

Quality and Productivity Commission
34th Annual Productivity and Quality Awards Program
"Leading with Excellence"

2021 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12-point font):

NAME OF PROJECT:

Partnering to Vaccinate Hard Hit Communities

DATE OF IMPLEMENTATION/ADOPTION: 12/18/20

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2020)

CHECK HERE IF THIS PROJECT IS BEING SUBMITTED FOR THE COVID-19 IMPACT AWARD ONLY. (Projects must be implemented on or before December 31, 2020. **Note:** Projects implemented less than one year ago will not be eligible for any other PQA awards. In addition, once a project is submitted, you cannot submit the same project for awards consideration in subsequent years).

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The Department of Public Health (DPH) began vaccinating with newly authorized
 2 vaccines to prevent COVID-19 in Dec of 2020. Within months, DPH observed different
 3 vaccination rates with hard hit communities having the lowest coverage. DPH launched
 4 an initiative in 25 areas with high COVID burden to improve vaccination by partnering
 5 cities with known and trusted clinic and pharmacy vaccinators. These sites did advance
 6 outreach, were jointly planned and operated, allowed walk-in appointments, and
 7 provided language appropriate onsite assistance. Using this community-focused
 8 approach, LA County residents at higher risk had improved access to vaccination
 9 services closer to their homes and workplaces. These efforts have resulted in an
 10 estimated 50,000 persons receiving vaccine with virtually no-cost to the County through
 11 the use of partner vaccine providers and city sites. Partner providers are reimbursed for
 12 vaccine from insurance companies and federal programs, cities offer locations,
 13 equipment and staffing and can bill FEMA for related costs, and DPH provides planning
 14 assistance, printing and volunteer staffing. This partnership allowed rapid expansion of
 15 vaccination into high need areas without incurring additional costs to the County.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$2,000,000	\$0	N/A	\$2,000,000	<input type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Public Health - 313 N. Figueroa Street, LA, CA 90012		TELEPHONE NUMBER (213) 288-8117
PROGRAM MANAGER'S NAME Stella Fogleman EMAIL sfogleman@ph.lacounty.gov		TELEPHONE NUMBER (213) 637-3600
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0222. YOU DO NOT SIGN YOUR PRODUCTIVITY MANAGER'S NAME) Catherine Mak 		DATE 6-25-21
PRODUCTIVITY MANAGER'S TELEPHONE NUMBER (213) 288-7240		EMAIL cmak@ph.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Dr. Barbara Ferrer 		DATE 06/25/21
DEPARTMENT HEAD'S TELEPHONE NUMBER (213) 288-8117		

ELECTRONIC, WET, OR SCANNED SIGNATURES ARE ACCEPTABLE

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and specify assessment time frame.

Challenges: Since December of 2020 when the Pfizer and Moderna vaccines against COVID-19 were given authorization by the U.S. FDA, and January when Johnson & Johnson was authorized, DPH has overseen the administration of more than 10M doses of vaccine across the county. Vaccine was extremely limited in the beginning and therefore DPH followed priority groups, focusing first on more than 500k healthcare workers, residents and staff at long-term care facilities, to nearly 1.5M persons ≥65 in January 2021, 1.2M essential workers in February, and 2M persons in certain age groups and with certain underlying medical conditions in March.

During that time, DPH established a network of authorized vaccine providers, including hospitals, community clinics, Fire/EMS agencies, pharmacies, large-scale community vaccination sites or Points of Dispensing (PODs), and later mobile vaccination teams. While the County had early success in using all doses of vaccine allocated, the County’s highest risk communities became some of the least vaccinated. Despite locating vaccination providers in hardest hit communities, conducting pilots to improve access, and focusing recruitment efforts, barriers existed that kept hard hit community members from scheduling appointments and getting to vaccination sites. POD sites that vaccinated large numbers often required traveling large distances, having access to a car, and being able to take time off work to get vaccinated. In addition, online scheduling systems that were designed to keep vaccination sites orderly, excluded those who did not have computers, internet access, were not computer proficient, or did not have time to dedicate to scheduling sites for availability. Unfortunately, this left behind many vulnerable residents.

Opportunity: Improved vaccine supply offered an opportunity to expand community vaccination sites and capacity. As eligibility became simpler and included more persons, smaller, community-based sites made way for targeted recruitment of residents in highest need areas. This allowed for increased participation by smaller cities and neighborhoods. The goal was to improve vaccination in hard-hit communities by improving community access, building long-lasting community capacity, increasing investment from cities with support from the supervisorial district offices, and leveraging strengths among partners. Using this community-focused approach, County residents at higher risk would have access to vaccination close closer to their homes and workplaces. In addition, it was expected that by offering vaccines in familiar settings by known and trusted vaccinators that vaccine disparities would improve.

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Solutions: DPH selected five sites in each of the five Supervisorial Districts with supervisorial district staff in hard hit and at-risk areas. We worked with district leadership to establish contact with cities, DPH recruited clinic and pharmacy providers near each site, and approved cities and providers jointly planned and conducted vaccination events with on-the-ground support from DPH with site planning, signage, printing, outreach, translation services, and medical volunteer staffing. The 25 sites expanded to nearly 40 and continue to grow. Some occurred once or twice, but most are recurring over a minimum of 6 weeks. The sites have been well-received by cities, providers, and district offices. The sites have resulted in solid turnout that has increased over time, despite the reduction seen at other vaccination sites.

Benefits: The City Partnership sites have been highly collaborative and strengthened the relationship between cities, local healthcare providers, the County and DPH. The sites were flexible offering the capacity to flex with demand and should boosters be needed. Most importantly, the sites are sustainable with local providers remaining as trusted community vaccination resources that may be needed in the future. This project is expected to continue for many months and where need persists expanding into schools, supporting special events, and at workplaces.

The project was a true partnership and did not require any exchange of funding to support. These efforts have resulted in an estimated 50,000 persons receiving vaccine with virtually no-cost to the County through the use of partner vaccine providers and city sites. Partner providers are reimbursed for vaccine from insurance companies and federal programs, cities offer locations, equipment and staffing and can bill FEMA for related costs, and DPH provides planning assistance, printing and volunteer staffing. This partnership allowed rapid expansion of vaccination into high need areas without incurring additional costs to the County. Project partners stepped up to work together to improve vaccination in our hardest-hit communities.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12-point font.

Goal 1. Make Investments That Transform Lives

We will aggressively address society’s most complicated social, health, and public safety challenges. We want to be a highly responsive organization capable of responding to complex societal challenges – one person at a time.

This project specifically addressed a set of complicated social, health, and public safety challenges that arose from an emerging infectious disease pandemic, COVID-19, made more complex with the introduction of a life-saving resource that was initially scarce in supply. By assessing the gaps and opportunities, DPH addressed the needs by investing time in engaging with community sectors and bringing the resources deeper into the hardest hit communities.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12-point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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\$2,000,000	\$0	N/A	\$2,000,000	<input type="checkbox"/>

ANNUAL= 12 MONTHS ONLY

The estimated cost avoidance to the County for the 4-month project period is approximately:

25 sites x 4 months x 500 persons vaccinated site/month x \$40/vaccine administered = \$2,000,000

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