

Appendix – Program Profiles

- [Asian American Drug Abuse Program \(AADAP\)](#)
- [Access to Prevention Advocacy Intervention & Treatment \(APAIT\)](#)
- [Asian Pacific Islander Forward Movement \(APIFM\)](#)
- [Asian Youth Center \(AYC\)](#)
- [Empowering Pacific Islander Communities \(EPIC\)](#)
- [Families in Good Health \(FIGH\)](#)
- [Korean American Coalition \(KAC\)](#)
- [Pacific Asian Consortium in Employment \(PACE\)](#)
- [Pacific Asian Counseling Services \(PACS\)](#)
- [South Asian Network \(SAN\)](#)
- [Search to Involve Pilipino Americans \(SIPA\)](#)
- [Thai Community Development Center \(Thai CDC\)](#)

Asian American Drug Abuse Program (AADAP)

Program details:

Target Populations

AADAP instituted two COVID outreach teams. The first, under its Indochinese Youth and Community Center (IYCC) division, focused its outreach to Southeast Asian (primarily Vietnamese and Cambodian) and Filipino communities in South Bay, Compton, and Long Beach. In their efforts, outreach staff on this team also encountered many Spanish-speaking individuals. The second, under its Youth and Family division, conducted outreach in Black and Latinx communities in areas with low vaccination rates in South LA and adjacent areas in Supervisorial District 2.

Outreach Methods

Both teams provided COVID information and resources (such as masks and hand sanitizers) to places where low-income and working-class communities congregated, including food banks, health fairs, laundromats, and transit centers. During the summer, the Youth and Family team also regularly went to the city-sponsored Friday Movie Nights at the Park to hand out information and answer any questions the community had. The IYCC team also reached out to the transient population. The outreach staff explained, "We target folks who feel like they're most underserved or don't have means and access to masks and sanitizers. They either lack the opportunity to engage or people don't engage them because of their appearance." Outreach staff thought that the community was more receptive at these venues than when they stopped people on the streets and tried to have a conversation with them about COVID. They also thought the "freebies" (masks, sanitizers, bags, etc.) were "very effective conversation starters." One outreach staff observed, even for those who didn't get vaccinated, they still wanted the masks because "thankfully wearing a mask has been normalized." At a transit center in South Bay, outreach staff reported that people were very appreciative of the masks and sanitizers as they were getting onto a bus to go to a Dodger game.

Both teams targeted local small businesses as well. The Youth and Family division staff targeted small businesses along Crenshaw Boulevard, including barbershops, wig shops, and restaurants, while IYCC had a larger coverage area. One outreach staff explained, "Big-name stores usually have signs and info about COVID from their corporate offices, but small business owners need a lot more support. I was outreaching in Inglewood, going from store to store. I went to this business and started talking about COVID. The staff was sharing how upset he was about people refusing to get vaccinated. He had four relatives who had COVID, and at least one had passed away. I was just dropping off some stuff, but it gave him a space to express how he felt. There's no COVID counseling for most people." In these instances, the outreach staff provided not only material support to the small business owners, but also mental health support. Staff also helped business owners understand the changing rules during the pandemic, such as mask mandates.

The teams found it effective to fold COVID outreach and education in existing services they already provide. For example, for the IYCC team, they incorporated COVID information when community members went to them for CalFresh application, information about substance abuse treatments, or employment services. Staff found it hard to bring up COVID alone, so providing other support often opened up that conversation. In some cases, the COVID conversation often led to more trust with outreach staff that the community members might even reveal needing help with substance abuse (either for themselves or someone in their families). The Youth and Family division combined COVID education with holiday “grab-and-go” events during Halloween, Thanksgiving, Christmas and Valentine’s Day. These grab-and-go events allowed people to celebrate the holidays safely even when many continued to feel socially isolated.

While outreach staff sometimes encountered people who were hyper-resistant to getting the COVID vaccine, it was more common to find community members who were genuinely confused and not sure how to make sense of the changing conditions of the pandemic. One outreach staff observed a difference in generational response to the pandemic: “I notice the younger folks are more concerned about when they can go back to work, or what it means to get a job with or without the vaccine, when the benefits are going to run out. A lot of the older aunties were more concerned about booster shots. They are more curious and want more information to talk to family members who might be reluctant [to get vaccinated].”

Overall, AADAP staff relied on existing relationships with schools, churches, small businesses and other organizations to amplify their COVID outreach. As they demonstrated their resourcefulness, staff expected that these strengthened relationships would yield dividends in future collaboration and referral opportunities for the agency. Similarly, their increased visibility among community members encouraged more community members to seek out other AADAP programs they needed, including substance abuse services.

Both teams often played a community liaison role to help their community partners, like food banks and churches, host vaccine clinics at their sites. (During the Omicron surge in early 2022, they increased to twice a month and also incorporated special enrollment in Covered California.) The Family and Youth program developed a close partnership with TEACH Academy of Technology in South LA to have County-sponsored vaccine clinics in their parking lots and worked with a church in Gardena and brought CVS to provide the vaccines to local communities. Staff also organized a pop-up clinic at the senior housing complex by West Angeles, the faith-based community development corporation, and vaccinated over a hundred older adults that otherwise would have a hard time getting to a vaccine clinic due to transportation barriers. In these cases, outreach staff reached out to local nonprofit organizations and canvassed local neighborhoods days leading up to the event (including during the clinic) to promote the vaccine clinics. These tended to be low-income and high vaccine hesitancy areas. In the case of one church partnership, the church even ran a raffle to encourage church members to come. Staff

reported that these clinics tended to be less intimidating and more convenient because community members regularly visited these places already.

The Omicron surge hit the community particularly hard. Even the Family and Youth program reported a temporary loss of half of its staff during the surge. Staff who had been infected were able to share their own testimonials in their outreach, which helped convince some community members to protect themselves against the next variant. With consistent presence, staff saw an increased participation in the vaccine clinic over the early months of 2022.

Both outreach teams also texted AADAP clients and supporters to promote and incentivize vaccinations and share ongoing pandemic developments. This tended to generate a 15% response rate, and the interactions were generally positive, where people appreciated the information. In a relatively new arena for the agency, outreach teams used AADAP's social media platforms to promote COVID information as well. The social media outreach was especially crucial early on when COVID restrictions prevented staff from doing their outreach in person. The social media outreach became much more commonplace as the pandemic raged on, with staff posting about twice a week. Staff reported the community was interested in posts that showed the different types of masks and their levels of protection, the importance and timing of booster shots, etc. Staff hired a media consultant to produce two PSA videos on how to gather safely during Thanksgiving and Christmas. These videos had a humorous tone and featured some of the youth and staff as actors, and one of them was staged at one of the staff's homes. The videos were posted on AADAP's YouTube channel as well as the network of the media consultant which had even a larger following. The YouTube channel also featured Dr. Yelba Castellon Lopez, AADAP's Medical Director, who gave regular COVID updates to staff and community.

In addition, AADAP took out PSA ads in ethnic newspapers in the Vietnamese, Korean, Spanish, and Filipino communities. Staff reported that at least in the Vietnamese community, the agency reported more calls and requests from community members after the ads appeared.

Community Needs

The pandemic has caused housing shortages in areas that had already been experiencing high rents. Locally, gentrification caused by new Metro rail stations and the new sports stadiums, pushed some low-income existing residents out of the neighborhood. With the end of the eviction moratorium, staff expected more people would lose their homes in the upcoming months.

COVID also shifted the labor market dynamics. Some businesses had to compete for workers, especially against bigger businesses like local fast food chains that offered \$18 or more an hour for an entry level job. Some older adults left the job market to keep safe from COVID risks and they might not return, while young people, including high school students, were in higher demand. "There is no shortage of jobs," explained one staff, "but people are becoming more

aware of their value.” Staff also observed that in some areas, like Compton, businesses had not resumed to pre-pandemic levels. It was challenging for some small businesses to pivot to online platforms.

Staff also observed that the need for mental health support in the community was at an all-time high. Especially during or even after Omicron, many people were in a constant state of anxiety about present risk of infection as well as future variants. Staff thought the cumulative trauma that the community experienced throughout the pandemic wouldn’t subside even after a reopening. “People might be healthier, but not happier,” said a staff. The agency was thinking about developing programs that help rebuild the community by providing opportunities for both physical activities and mental health.

Emerging Practices

Staff shared that they had gotten very proficient in simplifying difficult information for the community in a way that was more digestible and less threatening to community members. They also thought that serving the community more holistically by offering multiple services – rather than just focusing on COVID – was effective. One staff observed, “Sometimes they tune out when I talk about just one type of service. It might not apply to them. But when they realize that we also help with substance abuse and employment, they become more open to other services we provide.” Overall, staff employed the same harm reduction approach they used in other prevention work to help community members understand low- and high-risk behavior and empower them to make decisions for themselves.

Community Partnerships

- Food Pantry LAX (emergency food distribution)
- St. Mark’s Methodist Church (emergency food distribution, computer literacy program)
- Aaron Cultural Community Center (educational and employment preparation opportunities, emergency food distribution)
- Asian Community Service Center (mental health, adult protective services, senior programs, emergency food distribution)
- St. Margaret’s Center (case management and skills development, emergency food distribution)
- Salvation Army Inglewood (emergency food distribution, toy drives, donation goods)
- Pentecost Temple Ministries (emergency food distribution)

Access to Prevention Advocacy Intervention & Treatment (APAIT)

Program details:

Target Populations

APAIT primarily conducted outreach to LGBTQ people of color (Asian & Pacific Islander, Black and Latinx) in Service Planning Areas 4 (Metro/Hollywood) and 6 (South LA). Many of the people they outreached to are immuno-compromised (like their HIV-positive clients) and/or homeless. Occasionally, staff also conducted outreach to the LGBTQ populations in Long Beach and West Hollywood.

Outreach Methods

APAIT conducted outreach to its clients initially through emails and phone calls because the pandemic limited in-person outreach and many of these clients were immuno-compromised and isolated. APAIT staff also incorporated their COVID outreach and education in their existing programs and services. For instance, outreach staff participated in the monthly Midnight Stroll outreach to the homeless population in Koreatown, as well as to (mostly trans) clients at their residential homes in South LA. In these and other outreach activities, staff gave out information and COVID kits that included masks and hand sanitizers. APAIT also used its outdoor space to provide wellness activities to their clients safely during the pandemic. These activities included yoga and meditation as well as warm meals and food pantry. Staff conducted outreach and education during these activities. In September 2021, for instance, the outreach team hosted a yoga event called “Peace Space” to help participants proactively cope with the pandemic and provide information and resources. Staff regularly passed out COVID safety kits, hygiene kits, antigen tests, and even gift cards to clients accessing their food pantry.

Outreach staff also collaborated with other agencies co-located with APAIT to provide COVID information and resources at their events. These partners included Trans Wellness Center, TransLatin@ Coalition, and Restaurant Opportunities Center (ROC) – LA. The first two partners serve the trans and gender non-conforming community, while the latter works with essential workers in the restaurant industry.

Starting in June 2021, APAIT also collaborated with Kaiser Permanente and St. John’s Well Child and Family Center to provide vaccine clinics to its target populations. Overall, perhaps because of the target population’s history with the AIDS epidemic, outreach staff found the community generally receptive to their outreach and excited about the vaccine. Reliance on medication to thrive in the AIDS epidemic has made HIV-positive clients especially more predisposed to seeking help in this pandemic and trusting the vaccine. They were also more resilient in navigating resources because they had some familiarity with the healthcare bureaucracy through working with APAIT case managers or counselors.

Staff regularly posted information and even original contents on APAIT's social media, including videos about APAIT staff and clients talking about how the pandemic was impacting them and how they practiced self-care. (In one post, one staff showed off their dance moves). Most posts were planned at least two weeks in advance. For instance, anticipating that transmission would increase during the holidays, staff posted tips on how to have a safe Christmas. Later they created a post to address COVID fatigue after the holidays. A staff said, "We tried to not only be consistent with our social media posts, but to also make them interactive so our audience would engage with them and find our services." As part of the project's social media strategy, COVID was also incorporated into the agency's mental health campaign, My Wellness Journey. A significant part of this campaign featured celebrities like Alec Mapa, Margaret Cho, Laverne Cox and RuPaul to discuss the importance of mental health, especially how the pandemic had affected theirs personally. A post with actress Kelly Hu was shared on her platform and attracted over 9,000 views.

In late 2021 and early 2022, Omicron created a lot of confusion and anxiety, especially with the lack of testing. Many of the outreach activities had to be switched back to virtual. Two of the APAIT's residential homes had to be put in quarantine because of an outbreak. With the surge subsiding, staff were observing fatigue in the community and many community members were more lax with wearing masks and keeping social distance. "We're still working with a mostly immuno-compromised community. People who were homeless haven't had a lot of practice with hygiene, so that's already an ongoing education," said one staff. "I think that's where the battle [against COVID fatigue and frustration] is going to be."

Community Needs

Transportation has always been a huge need in this community because the target population lacks access and is very isolated, but this community need was magnified during the COVID pandemic. Many people in the target population did not own a car and needed transportation to get to the vaccine clinic. Fortunately, APAIT had received funding to provide Uber or Lyft rides to some of these individuals. In 2022, APAIT received funding from CDC that would allow the agency to expand the use of its community mobile clinic van for HIV and STI testing. This is an opportunity to incorporate COVID outreach and testing in the harder-to-reach communities.

Mental health is another community issue that worsened during the pandemic. The pandemic produced anxieties around unemployment or public benefits running out. Some were already unhoused, and others were worried about their ability to pay rent. As the pandemic persisted, people were becoming even more lacking in their social network. Both anxieties and isolation fueled addiction. Staff reported an uptick in overdose in their target populations. Even if things begin to open up, staff worried that this would be another adjustment for many people that might cause new stress and anxiety. To combat COVID isolation and fatigue and improve the community's mental health, APAIT provided wellness workshops like yoga, sound bathing, and gardening for consumers at its outdoor courtyard office in Koreatown called "Peace Space."

Housing has already been a challenge for many in the community APAIT serves, but during the pandemic, housing was becoming less accessible. Many unhoused people didn't feel safe moving into shared housing arrangements because living in the same room with multiple people might expose them to more risks than living on the streets. This limited their housing options.

Emerging Practices

The social media strategy was a huge success in this outreach project. The strategy relied on LGBTQ celebrities of color who are icons in the target communities as well as APAIT staff as trusted messengers. These posts received, on average, 2,000 views on Facebook and Instagram. Many of the followers were LGBTQ and/or Asian and Pacific Islander. Staff received a lot of good feedback. Staff produced and posted a parody music video on TikTok that went viral (338,000 views to date), and it was shared by followers, reaching audiences across the country, including Texas and Florida, where the vaccination rates lagged behind the nation. Staff said, "People enjoy the combination of comedy with information. It gained momentum and is still gaining views." In general, contents on TikTok reached a younger population (who were generally less vaccinated than other age groups or were ineligible until late 2021). Outreach staff described the viral video as fun and creative, using music that was trending with younger people, and this approach was more effective than the more boring "public health" posts that only relayed the facts. The agency will continue to grow their use of the TikTok platform to reach the younger population beyond COVID. Staff have started to think about how to assess the effectiveness and impact of this strategy.

API Forward Movement (APIFM)

Program details:

Target Populations

APIFM primarily conducted outreach to Native Hawaiian and Pacific Islander (NHPI) communities in Los Angeles County, especially in Service Planning Areas (SPA) 4 (Metro) and SPA 8 (South Bay/Long Beach), as well as the Pomona/Walnut in SPA 3 (San Gabriel Valley). The NHPI communities are relatively small but spread out in the county, so they adopted both a regional and a countywide approach to the outreach. Most of the outreach focused on older adults, though as the younger populations became eligible for the vaccines, APIFM staff also started outreaching to young people through an innovative outreach.

Outreach Methods

APIFM primarily relied on its existing relationships with churches and cultural and dance groups in the NHPI communities. Specifically, the organization leveraged its food distribution network to bring fresh produce to these communities and incorporated COVID outreach and education in these regular activities. APIFM also tried to expand their outreach network, even though “working with a new church is especially challenging without existing connections,” said one outreach staff. “One way to overcome this is to tap into someone you know who’s connected to that group. We spent a lot of time on relationship building, to see what the community needs are and offer what we have in order to be helpful.” APIFM also encouraged its community health workers to leverage their unique relationships in the community for outreach. One staff, who is also a football coach at Mount San Antonio College, started talking to the student athletes on the football team about the pandemic.

Often their persistence paid off. APIFM started a new food distribution relationship with a Tongan church in the Inglewood/Lennox area. Outreach staff said, “We started exchanging information and getting to know them and their needs. Through this exchange, we gauged their interest in signing their members up for COVID testing. It turned out they had a lot of seniors who were very confused about different COVID terminologies.” Outreach staff diligently answered their questions. When the vaccines became available, APIFM leveraged their relationship with an organization in Chinatown that was hosting a vaccine clinic with limited number of doses and brought some of the church members to become vaccinated. The outreach staff said, “They were also fearful to come out of their home. Some of them were undocumented. We had to address that concern and convince them that it was a safe space for them to get the vaccine.” But because of this growing relationship, the church later even co-hosted a vaccine clinic with APIFM. According to staff, word of mouth began to spread and they were approached by NHPI churches in Long Beach and Compton.

[Vaccine resistance was common in the NHPI communities](#) because of distrust in the healthcare system. As a result, this population had been disproportionately ravaged by the pandemic. The

community health worker who outreached to the Pacific Islander football players in Mount San Antonio College said, "A majority of them are Pacific Islanders from out of state, from places like Tacoma, Salt Lake City, Alaska and Hawai'i. They come to this program because there are a lot of Pacific Islanders on staff and a lot of them are related to us [staff]. A lot of them experienced distrust not with the healthcare system, but more about the U.S. government. Even when people in some of their families have died from COVID, they still chose not to get vaccinated. Some of them had to miss a few games. They'd rather risk not playing football, even though football is their ticket to a better life for themselves and for their families." Another staff added, "The distrust in government is historical in our community. We come from places that have been colonized by the U.S. People have been displaced. I think there is distrust in the government from the elders, too, but because they are more vulnerable, they're willing to get vaccinated. For young people, they're willing to draw that line." One young Marshallese that a staff outreach to talked about how the U.S. tested nuclear bombs on their island, that his brother had a skin disease as a result of it, and their families had to be relocated to Hawai'i. When they came to America, they were relegated to poor neighborhoods with bad schools and harassment from the police. The staff said, "There are a lot of layers to it. They don't feel supported, unless they're in the [football] field." Not getting the vaccine is almost like their way of defiance against authorities. With this population, the outreach workers had to adjust their messages to keep these young people safe and focus on harm reduction; for instance, focusing on wearing masks and keeping social distance, rather than getting vaccinated, which could shut down a dialogue.

People who live with the elderly or with anyone who's immuno-compromised tended to be more open to be vaccinated. That and vaccine mandates at work tended to be the motivation for people to get vaccinated, even if some of them initially didn't want to. Outreach staff shared a story of a Pacific Islander family with a child who was immuno-compromised. So even after all the adults were vaccinated, they had been strictly quarantining for a long time. They became even more cautious, after seeing so many others in the community succumbing to COVID. When the vaccine was finally available for children, they signed their child up right away. They had a little more trust in the healthcare system, because they were more familiar with navigating it, since their child had been coming in and out of the hospital. But for many NHP community members, their negative experience with the healthcare system (or lack of familiarity with it for many young people) might lead to distrust and deter them from seeking help. There was a prevailing feeling of neglect among community members by mainstream outreach efforts.

This made the outreach efforts by APIFM even more valuable. The outreach staff provided more than just information and resources. The outreach staff said, "People feel grateful that we're targeting our communities because nobody else is talking to Pacific Islanders." Often staff became outlets for grieving community members.

Early on, when in-person outreach was limited, APIFM had to rely on remote outreach. They started with phone-banking, calling their supporters and members of their community partners, and even personal networks of the many outreach staff. These outreach efforts were not just

one-shot deals. They periodically checked in with these community members and let them know about the most recent updates about the pandemic.

Staff also tried their hands with social media or holding events over Zoom but did not find much success because many NHPI members (especially the elderly, the most vulnerable age group) preferred more personal touches and/or did not have reliable access to technology. These were also the population that needed the most help with registering for vaccination appointments and reminders for follow-up doses. Many of them were not even able to attend religious services because of the lockdown. The outreach staff reflected, "Not being able to be in person was really tough for us."

Community Needs

Outreach staff witnessed many different needs in the NHPI communities that would likely persist beyond the pandemic, including housing, food assistance, and mental health challenges. APIFM has expertise in addressing issues around food assistance, through its food distribution program and by helping community members sign up for CalFresh. Many community members were struggling with grief and mourning because of the passing of loved ones due to COVID. Outreach staff said that some of these community members had trouble opening up because they did not want to be a burden or because culturally they were taught not to share their grief. They referred the more severe cases to Pacific Asian Counseling Services (PACS), another CHWOI partner, which had Pacific Islander case managers and social workers on their staff.

Emerging Practices

One new population focus emerged during the project. Based on the personal networks of one of the outreach staff, APIFM began reaching out to student athletes of all ages. These might be young people who participated in sports teams in school or community recreation programs, like AYSO. In one instance, a community health worker (the football coach at Mount San Antonio College) holds a training camp for children as young as eight in the community every other weekend. Through this effort, outreach staff were also able to educate adult family members of these athletes. Staff reported that their outreach number increased a lot as a result of that. This proved prescient when the vaccines became available to young people. By then APIFM has already developed trusting relationships with these young people, and these young people sometimes could influence others in their families to also get vaccinated.

Overall, the community connections community health workers at APIFM had allowed them to find community leaders who helped them promote COVID messages. In the same way, staff believed that the deepening of these relationships through this project (and the creation of new ones) would pay dividends in their ongoing work.

Asian Youth Center (AYC)

Program details:

Target Populations

AYC conducted outreach primarily in the San Gabriel Valley (SPA 3), especially the cities of San Gabriel, Monterey Park, Alhambra, Rosemead, Arcadia, and Temple City. The outreach focused on immigrant Asian (Chinese and Vietnamese) and Latinx populations.

Outreach Methods

One early outreach method AYC employed was phone-banking. Staff called residents all over LA County to keep them updated about the pandemic, answered any questions, and, later, let them know where they could get vaccinated. The agency trained a group of high school students to do the phone-banking outreach, up to four times a week and four hours per shift. In January 2021, when the outreach had just started and it had been almost a year since the beginning of the pandemic, people were very anxious or curious about the vaccines, which were becoming available to many adults. By March, people warmed up to the idea of vaccination and wanted to know how to get it. Staff observed that community members became convinced of the vaccine's efficacy when they saw their peers getting vaccinated (with no serious side effects) and because they were receiving positive messages from trusted community agencies like AYC. Staff explained, "Many community members just need a person they trust to tell them what to do, and they will follow. And they trust us because we've helped them with so many other things." They also listed humility and patience as essential attributes when talking to community members about COVID risks. These were the same attributes staff tried to instill in the young people working with them. By June, after many people had been vaccinated, there was less interest in engaging in any conversation about the pandemic. Later in the year, people began to inquire about the boosters. AYC also operated a WeChat group with about 380 members (including AYC clients and community members who had participated in previous AYC events).

Staff also conducted online workshops in Vietnamese, Spanish, Cantonese and Mandarin. (The first staff member, current coordinator, speaks Mandarin, and three additional CHWs were hired in July 2021 to cover the other languages.) In March 2021, the Mandarin online COVID workshop attracted about 50 participants. Staff thought that these workshops were effective particularly for those who couldn't read and write in their language. By summer, with more available information, more people getting vaccinated, and pandemic fatigue, that number dwindled.

Starting in October 2021, staff also conducted outreach in person at community events and health fairs organized by AYC partners. For instance, they distributed masks, hand sanitizers and flyers at the Beer and Dumplings Festival that month, which attracted a lot of community members. Staff also combined COVID outreach with its emergency food program to low-income families. That included distribution of hand sanitizers and flyers. AYC also issued press releases to ethnic Chinese media (primarily newspapers and radio stations) to spread the word about

COVID protection. Staff said that older immigrants tended to trust the newspapers in particular, and any mention of AYC and their staff in print articles about COVID also elevated their expertise and raised their credibility with this population.

AYC leveraged both staff and infrastructure from Census 2020 as a foundation for COVID outreach. For instance, staff stated that they had built a relationship with ethnic media during the Census, and when the pandemic began, they were able to build on that relationship to help amplify their COVID outreach. "They were already familiar with me," said one staff. "And they trust me with COVID information too." Also, staff used ThruText as a text-banking platform for COVID outreach, which was something they had become familiar with during their Census 2020 and Stop AAPI Hate outreach campaigns. These capabilities allowed AYC to reach a much larger population.

AYC hosted two mobile vaccine clinics in a public park in San Gabriel in November and December 2021, just before the Omicron surge. The first clinic gave out 312 shots, while the second one, 352 shots (both vaccines and boosters). Because of this success and demonstrated community need, even though funding had ended in December 2021, AYC continued their COVID outreach with their own resources until the end of February 2022.

Staff encountered some misinformation in their outreach. Staff recalled a woman who believed that the government made up the pandemic. As staff engaged her with COVID data, they also found out that her son contracted COVID (which she dismissed as a cold). The students who did the phone-banking had also experienced community members cursing at them. In those cases, staff supported them with breathing and other wellness strategies to cope with such hostilities.

Community members also had both language and technology challenges in going online and registering for vaccine appointments. Staff had to take down their information in their language, translate the information, and complete the registration for them. Transportation was another challenge. Staff tried to arrange Uber rides for these community members for free, but some of them were suspicious of the Uber drivers. AYC also received referrals from DPH for assisted navigation. In those cases, AYC received information about someone who had recently contracted COVID and reached out to them to see if they needed any help. Because AYC works with many households with multiple generations or even families, they also witnessed the difficulty of staying safe and healthy when one family member contracted the virus.

Community Needs

Some community members were pessimistic and anxious that there would be no end to the pandemic. Even though some businesses in the San Gabriel Valley, like restaurants, began to open up more by early 2022, many people were still struggling with employment. Staff shared a story about a low-income family where both parents had been working at a restaurant. When that restaurant closed during the pandemic, they lost their income and lacked funds for both food and housing. Staff connected them with some programs they were eligible for. (The family

made an agreement with their landlord that allowed them to stay where they were living.) Housing and food were also the two issues that came up the most in their assisted navigation work with people who recently contracted the virus. With food insecurity, staff noticed that this was becoming a huge community need and started to open their food pantry from one a month to every day during part of the pandemic. (The pantry later reduced their hours to 3-4 days a week, but still a lot more frequent than before the pandemic.)

Empowering Pacific Islander Communities (EPIC)

Program details:

Target Populations

EPIC conducted outreach primarily to Pacific Islander communities (Samoan, Tongan, Fijian, and Chamorro) in South Bay (Carson, Gardena, and Hawthorne) as well as other areas in Los Angeles, including Compton, Long Beach, Lakewood, Wilmington, and Pasadena/Monrovia.

Outreach Methods

EPIC primarily relied on outreach to churches, local businesses and community groups in the Pacific Islander communities. Outreach staff activated the network of Pacific Islander churches in the South Bay, but also “sister churches” in other regions, as far as Las Vegas and Seattle. In fact, EPIC was able to branch out their outreach to a Micronesian church in Monrovia because they were connected through the Micronesian community in Hawai`i that participated in EPIC’s *Talanoa* series on Facebook about Micronesians in 2020. Because of how spread out the Pacific Islander communities could be, these networks, even when not place-based, were crucial in spreading the messages. According to outreach staff, even those who don’t attend church regularly would be getting information from families and friends in different regions.

Since one of the outreach staff is married to a pastor, EPIC was able to co-host vaccine clinics at that church. Staff distributed fresh produce (through APIFM) or provided prepared food at these clinics to make it more like a “community celebration.” In one instance, they brought food trucks to draw more people in. Staff observed that the consistent presence of the vaccine clinics in the community also helped bring people in, emphasizing the importance of being visible and available whenever a community member finally became ready to get vaccinated. “It matters that we’re always there and them knowing that there is always a place that they can go to,” said staff. Another outreach approach the staff took was “meeting the community where they’re at, while still being grounded in our social justice roots.” Specifically, that means being patient, non-judgmental, active listening, seeing community members as whole persons, not just COVID risks, and letting them know that they’re there for them for all their needs.

Outreach staff also started going to bingo halls sponsored by these churches. These activities usually brought together 150-200 people at a time, depending on church hall capacity. In addition to a short COVID presentation, staff passed out hand sanitizers and raffled off gift cards to generate goodwill and increase receptivity. Staff reported that mask mandates were highly enforced at these events and the mask distribution was “a big hit.” “People really respond to incentives,” observed one staff. Small businesses that cater to the Pacific Islander community appreciated the PPEs and disinfectant wipes because they needed them to stay open and EPIC staff saved them from purchasing them themselves, savings that made a huge difference when these businesses were trying to survive through the pandemic. In return, these small businesses helped staff promote the vaccine clinics to their customers. Staff added how these relationships

would be helpful to EPIC and their other programs beyond the pandemic. They said, “These relationships don’t end when COVID ends. They would never say no to us if we want to outreach to the Pacific Islander in the future about something else.”

Another successful community attraction is the “Recipe for Joy” exhibition and celebration at the Pacific Islander Ethnic Art Museum (PIEAM) in Long Beach in July 2020. “I was thinking about who we are not reaching. Whose voices are missing from our outreach? And it was the kids and youth,” said an outreach staff. “We tried to make it fun and focus on joy: What they did to bring themselves joy during the lockdown. It started off as an educational engagement first.” Before the event, staff led an informational session with youth who signed up for the event. Young people, from age 5-12, talked about singing, getting hugs from their parents, playing with their favorite toys, watching YouTube, etc. At the event, young participants drew on banana leaves and talked about death and passing. Staff hung their works on trees at the Museum. “That brought in a lot of people, and media came as well,” said the staff. “It was a way to work through some serious topics with young people.”

EPIC also employed storytelling with adults in the Pacific Islander community. EPIC staff continued to collaborate with the museum as the guest curator for their upcoming exhibit (March-April 2022), *Toe Fo`i: The Return*, working with five community artists to “engage the power of storytelling to humanize the numbers behind those lost to COVID-19.” Their *Talanoa* series on social media brought people together every Wednesday. Some of the focus was on elders, mothers (on Mother’s Day), college students, and LGBTQ+ community. “We talked about how COVID was impacting them,” said staff. “We’re talking about the vaccine and the impact of the pandemic, without drilling it into their heads and making them feel bad about themselves. People are experiencing loss in different ways. There are these opportunities for grieving and storytelling at these online circles, and the artists responded to them with their pieces we’re going to put up at the exhibit.” In addition, staff also collected community testimonials during the vaccine clinics. One community member talked about how she came to the clinic, even though she was discouraged by her children to get the vaccine, so that she could get vaccinated and be able to travel back home. With consent from the participants, staff shared some of these stories on their social media and with funders and policymakers.

Not all of the Pacific Islander faith community was receptive to COVID information and vaccines. The outreach staff explained, “Some clergies have reservations if their congregation is against vaccination and might stop coming to church”, even though, at the height of COVID surges, they constantly performed funerals for church members who died of COVID every week. There was an outbreak at one of the churches, for instance, and three people died of COVID. “We have clergy who passed. We have three siblings in caskets sitting in a funeral home at the same time,” said the outreach staff. Still, not everyone was masked up at the funerals. The staff explained, “In the faith-based community, if we believe in God, God is going to take care of us. We had to craft a message that tells them, it’s not just about you, and if you don’t help yourself, if you don’t support the community, God is not going to do that for you.”

Initially, when in-person outreach was limited, outreach staff relied on phone-banking to promote COVID information. Staff called community members on the EPIC's contact list. These were people that staff had some relationship with. Using a snowball method, staff also reached out to families and friends of those on the list. Outreach staff also did "cold calls" using the PDI app. This is a tool that includes a voter registration list that EPIC staff had used for Census 2020 outreach before the pandemic.

In both in-person or remote outreach, staff found that it often took long and multiple conversations before they could even bring up the topic of COVID. The outreach staff explained, "Pacific Islanders are not culturally prone to asking for help. You just can't call and talk about COVID. They want to know who you are, and who you know in the community. You talk about things that are not related to COVID for an hour sometimes before you can get to COVID." Sometimes it took different messengers to reinforce the message. With one community member who was initially hesitant, the outreach staff enlisted the help of a pastor who was a good friend with that community member to convince him to get vaccinated. When that community member came back for the second dose, he also brought his wife (a cancer survivor) and his elderly uncle for their first dose.

Community Needs

Outreach staff reported both economic well-being and mental health to be ongoing challenges for the Pacific Islander communities during the pandemic. Staff had helped community members fill out applications for rental assistance and food distribution programs and referred others to the Los Angeles County Department of Mental Health. The outreach staff explained, "In our culture, we don't really do a lot of mental health. You're supposed to just toughen up. We encourage them to talk to someone." Often that someone was the outreach staff who had built the relationships with these community members, since these members had shared a lot of personal information with the outreach staff already (especially if the staff were helping them with benefits assistance). "Even then," added the outreach staff, "some people are either too proud or too ashamed to take the help."

Emerging Practices

EPIC relied on community storytelling to promote COVID information and vaccines. Outreach staff noticed that this was effective in countering the fatigue people felt about COVID outreach, both in person and on social media. The outreach staff explained, "We do talk stories. We talk to people whose loved ones have passed of COVID, and they talk about the experiences and emotional demands." This approach is more culturally aligned and effective than the more traditional public health prevention messages. Another staff said, "Art allows people to be themselves. They come together to view art and tell stories." In gathering these stories, outreach staff found that mandates worked for many people. Many Pacific Islanders reported that they eventually got vaccinated because their faith leaders needed proof of vaccination in order to come to church or because they needed it for travel to visit loved ones in the Pacific Islands.

The program also illustrated the diversity of community health workers, which allowed them collectively to penetrate different parts of the Pacific Islander community. As a pastor's wife, one outreach staff has a firm grasp on how to outreach and talk to the faith community. The other staff has a theater background. They both brought in their network and expertise into EPIC in general, but specifically in community outreach work.

Families in Good Health (FIGH)

Program details:

Target Populations

FIGH conducted outreach primarily to Cambodian and Latinx communities in Long Beach. Most of the outreach efforts are in some of the most vulnerable communities in Central Long Beach: 90813, 90805, and 90807, and 90810. A program of St. Mary's Medical Center, FIGH's outreach activities, according to the program manager, helped "to deepen trust and relationship and bring folks into other St. Mary's services." In addition, FIGH included COVID outreach and education in a federally funded grant to provide tobacco prevention in Rosemead, El Segundo, Lomita, Gardena, San Pedro, and Wilmington.

Outreach Methods

Outreach staff stated that it was effective to combine COVID outreach and education with existing programs and services. In addition to the tobacco prevention work, FIGH incorporated COVID information in its regular home visitation program to provide health education as well as in youth educational and leadership workshops for Educated Men for Meaningful Messages (EM3), its youth development program. Staff found young people to be very receptive to COVID messages. And some were trained to become Youth Ambassadors to advocate precautionary measures in the community through presentations and outreach at FIGH's community events. They also actively created COVID education contents on social media, like Instagram, for their programs. A few were even able to convince the adults in their own families to get vaccinated. Staff found these young leaders to be very effective intergenerational bridges.

In addition, when FIGH conducted virtual workshops in Khmer on mental health, outreach staff also included information about the COVID vaccines. FIGH also conducted COVID-specific activities, including door-knocking, phone-banking, and social media, especially initially when in-person outreach was not possible. Immigrant older adults tended to have a harder time with virtual outreach because they were not familiar with using social media or Zoom. Staff had actually gone to some of their homes to give them instructions. Many of them now preferred the convenience of virtual outreach, especially those who had transportation challenges. Staff expected that, even when the city started to become more open to in-person gathering, they would maintain a hybrid approach to outreach.

Since people did not always open their doors to strangers, outreach staff found it more effective to conduct outreach in laundromats and carwashes – local businesses that attract especially renters and people of color, those who needed COVID information and resources the most. In July and August 2021, FIGH partnered with the police departments in Long Beach and Signal Hill and conducted outreach to the homeless encampments in public parks and on the side of the 405 freeway between Atlantic and California Avenue, where they gave out blankets, pillows, and a backpack with COVID materials, such as masks, hand sanitizers and educational pamphlets.

A part of St. Mary's Medical Center, FIGH hosted a series of vaccine clinics with community partners. For instance, FIGH leveraged its long-held relationship with United Cambodian Community, a trusted community organization in Long Beach, to promote the vaccine clinics. Staff was able to secure fresh produce and gift cards from local supermarkets as incentives for people coming to the vaccine clinics. In San Pedro, where its presence was newer, outreach staff was developing relationships with the local elected officials and chambers of commerce, which sometimes invited FIGH staff to participate in their community events. FIGH also received a federal contract from Health Resources and Services Administration (HRSA) to collect survey data about community perceptions and attitudes in Long Beach, which they primarily did at these vaccination sites. From this survey, outreach staff learned a variety of reasons for vaccine resistance and developed different strategies accordingly to provide information and encouragement. For instance, they learned that a lot of mistrust of the vaccine had to do with community's disbelief that a vaccine could be developed so quickly, or with their fear of the side effects. These community members were not "anti-science." One outreach worker said, "They trust their family doctors to give them the vaccine, but not strangers at the vaccine site." The distrust of the broader healthcare system might have to do with lack of language access, their undocumented status, or generally bad experience with the healthcare system. As a big part of the healthcare system in Long Beach, FIGH outreach staff had to wield their affiliation with St. Mary's Medical Center very strategically to reduce resistance and build trust. Outreach staff also found it helpful to "sandwich" the COVID information by offering resources that the community needed first, so that they would be receptive to the message following.

Other community members were not resistant, but did not know there were free resources to help them get vaccinated. In these cases, outreach staff connected these community members to City's programs that provide free transportation to those who need or even go to people's houses to administer the vaccine. During the Omicron surge in late 2021/early 2022, many community members contacted FIGH staff about the booster. Many were confused by the difference between boosters and the initial vaccines, especially because there was not a good translation of boosters in some languages like Khmer. Staff clarified this confusion and connected these community members to vaccine clinics. Fortunately, many of these community members became effective messengers about the booster for their families and friends. Omicron in general made outreach harder because community members were experiencing higher levels of fatigue, anxiety and disappointment of the continuing pandemic, though staff reported that it was easier for the vaccine clinics to reach capacity during this period primarily because of the demands for the booster.

Because a lot of community members that FIGH outreached to had multiple needs and barriers, staff believed that outreach – especially about COVID – was not a "one-shot deal." Rather, they used a case management approach that required multiple interactions with a community member, each time helping them address a barrier and building trust, until they became ready to talk about protecting themselves against COVID, like getting the vaccine. This case

management approach also encouraged community members to access other programs and services at St. Mary's Medical Center, so that they could address their broader health and well-being.

Outreach staff shared this success story: A 65-year-old Long Beach resident was worried about getting the vaccine. She had high blood pressure and feared that the COVID-19 would cause an allergic reaction. In addition, her doctor was not allowing her to visit due to her unvaccinated status. This woman attended the Coolidge Park Community fair and talked with the FIGH outreach staff regarding information about the COVID-19 vaccine. She was open to the vaccine, as long as she could get it in a way that made her feel safe and comfortable. The outreach staff researched diligently and were able to make an appointment for her at Kaiser Harbor city that met her requirements, including medical personnel at the vaccine site, epi pen on standby, and the desire to have the shot in a medical environment. Thus, this community member was finally vaccinated and able to see her doctors about her other health needs.

During the pandemic, FIGH deepened a lot of relationships with other community-based organizations and found unique ways to support the target communities they have in common. FIGH staff named in particular the partnership with the City of Long Beach and Long Beach City College to host vaccine clinics in the community as being potentially useful in FIGH's future work. FIGH was also able to secure collaborative funding with other organizations to address mental health. Their collaboration with Centro CHA during the pandemic had broadened their reach and visibility beyond the Khmer community and into the Latinx community. Another youth organization was partnering with FIGH for joint social media training. One staff said, "COVID has been an easy bridge to talk to other groups."

Community Needs

Outreach staff was concerned about the long-term impact of unemployment, especially as federal relief efforts began to expire. Some people would rather lose their jobs than get the vaccine. Staff reported at least one case of a community member who contracted COVID and was let go because they didn't have any personal leaves. With young people not attending school in person during parts of the pandemic, childcare was also a challenge for working families.

The economic impact was tougher on renters. One outreach staff said, "Rent has always been high in Long Beach, even before COVID. The eviction moratorium helped stabilize the housing for now, but I'm not sure it could in the long term. Right now, landlords don't want to deal with the rental assistance program because there is a lot of bureaucracy. It asks for a lot of documentation that sometimes the renters don't provide or don't know how to provide. So many landlords haven't been paid." Staff observed that some clients had moved their families out of Long Beach to places like Inland Empire, which doesn't have as full a nonprofit service infrastructure. Some of them continued to come to FIGH for services.

Emerging Practices

COVID compelled FIGH staff to try different types of outreach. Despite the initial technological challenges, staff were able to build relationships with immigrant older adults through Zoom. As the city began to open up, staff created outreach opportunities for older adults in public parks, combining public health information with physical activities. This generated a lot of community excitement because it was new and many of the older adults had been socially isolated for a long time. FIGH also had upped their social media game with new funding opportunities. These new outreach strategies will continue even after the pandemic.

Korean American Coalition (KAC)

Program details:

Target Populations

KAC predominantly conducted outreach with the Korean American community in Los Angeles County, but they often received inquiries from Korean community members in neighboring counties, like Orange County, San Diego County, as well as Northern California and even other states.

Outreach Methods

KAC's areas of work include:

- 1) Civic engagement and community advocacy projects (e.g. voter registration and education, citizenship, Census Information Center (CIC), redistricting at City, County, State levels, language accessibility for government aids & resources, and hate crimes against Asian Americans);
- 2) Alternative Dispute Resolution; mediations and conciliations, educational monthly legal clinics and community educational webinars;
- 3) Leadership Development Programs;

COVID outreach was a "natural and inevitable extension of this work," according to KAC's assistant director. For instance, KAC's Alternative Dispute Resolution Center bilingual mediators supported many community members who had disputes around receiving these pandemic benefits with government offices; many of which did not have bilingual staff to assist and resolve issues due to communication barriers. In addition to language barriers, many community members, especially older adults, were not comfortable with the technology it took to enroll in COVID-related programs or register for vaccine appointments. KAC staff would open their office periodically to serve these vulnerable community members if they were not able to help them over the phone. This was done with proper health and safety guidelines in place. KAC staff also included COVID information and resources with the young people (high school- and college-aged students) in their leadership classes.

KAC's assistant director remarked that in the early stages of the pandemic, most materials were in English or Spanish. She said, "We were bridging the gap in language in government resources. From the onset of the pandemic, there was a lack of access, in terms of government relief and resources, for the Korean American community because of the language barrier issue. KAC serves community members comprising of immigrants, senior citizens and low-income households that are predominantly monolingual. When the in-language resources were not readily available, KAC had to step in to translate the resources into Korean in a timely and culturally appropriate manner. Even before receiving funding for COVID outreach through the CHWOI collaborative, we were already creating digital and printed flyers, taking calls, providing in-language information, promoting resources, and making referrals by acting as an ad hoc call center. We saw a four-fold increase in the volume of calls at the onset of the pandemic of

community members frantic for resources and information.” Throughout the pandemic, staff helped members apply for unemployment benefits, SBA loans, rent relief, stimulus checks, and CalFresh as well as making appointments for COVID testing and vaccination and booster shots.

In the early months of the pandemic, KAC, in compliance with the stay-at-home orders, closed its physical office and relied on remote and virtual outreach, including social media, phone, Zoom, and email consultations. Staff posted translated materials on social media and the organization’s website and emailed them to their contacts on KAC’s listserv. The agency also sent press releases to Korean newspapers and radio broadcasts (and occasionally TV stations) to let the community know they could contact KAC for help. KAC reported that ethnic media worked the best for many adults and older adults in the community, especially immigrants. They saw an increase in inquiries from the community after they sent out a press release.

When COVID incident rate came down in Summer 2021, KAC tabled at the K-Town Block Party (where they reached over 1,200 community members) as well as 6 other tabling events in Fall 2021. In these instances, staff were equipped with laptops to help community members register for vaccine appointments as well as pass out PPEs (mask and sanitizers) and COVID safety information along with their redistricting Koreatown campaign drive.

For COVID outreach, KAC leveraged a network of community partners with a long history of collaboration on subjects such as Census outreach and redistricting. Their collaborative Census outreach experience was a good foundation for this COVID prevention work. For instance, the current COVID outreach relied on the virtual communication infrastructure that was created during the 2020 Census, since the last months of that project coincided with the onset of the COVID pandemic. Also, as part of a network of LA County’s dispute resolution centers, KAC’s ADR Center provided warm-hand-off referrals of cases to its network when it better fits the client’s needs (e.g. Spanish-speaking clients, etc.)

KAC staff found that while community members were very motivated to get vaccinated, they were increasingly becoming frustrated and exhausted by the pandemic (i.e., “Covid fatigue”).

Community Needs

Mental health was a huge community need during COVID and will likely persist as a problem after the pandemic. Many adult Korean American community members were not open to talking about mental health with others. The staff explained, “We have to be strong, mentally and physically. Acknowledging mental weakness and asking for help could be perceived culturally as bringing shame to the family. But the younger generations see the value and importance of taking care of their mental health. I’m trying to learn from them.” In response, the youth leaders that KAC worked with carried out a social media project on this very topic with another community partner (Korean American Family Service, or KFAM) with expertise in mental health. They gathered stories from their families and communities and researched additional data for

these social media posts about the impact of COVID on mental health and the resources to seek assistance.

KAC staff also anticipated that there would be more disputes between tenants and landlords as the pandemic continued and the moratorium on evictions was lifted. Also, hate crimes against Asian Americans and Pacific Islanders had escalated with the pandemic and were not likely to subside soon. KAC is part of the Stop AAPI Hate coalition. "Hate crimes against Asian Americans have always been around. But unfortunately, the pandemic has amplified this atmosphere of hate," said the staff. The agency continued to receive many calls about this and in response, KAC created educational videos in English and Korean to educate why reporting hate incidents is important and to encourage community members to report. KAC also conducted monthly bystander intervention training in Korean for the community to provide the tools to help make their community safer.

In conclusion, KAC has played a vital role in acting as a conduit to provide the critical in-language resources as well as actively providing assistance to resolve disputes and thus help facilitate the path of access for the Korean community.

Pacific Asian Consortium in Employment (PACE)

Program details:

Target Populations

PACE conducted outreach primarily to the Korean and Latinx community in Koreatown and Japanese community in East LA.

Outreach Methods

Outreach staff provided COVID information and resources over social media as well as through street outreach. For the former, staff relied on their personal social networks, which included many community members. Staff found the latter less effective, even in the Wilshire corridor in Koreatown with heavy foot traffic. The staff explained, "The ones who don't want the information can easily turn you down on the street."

What was more effective was collaboration with other groups. This included local businesses (e.g. medical offices) and other community-based organizations. Outreach staff attended community events hosted by other organizations to pass out flyers and answer questions from community members. One example of a community event was the Central American day organized by the local police station that attracted about 150 people. (One outreach staff was a reserve officer at LAPD and leveraged his connection there.) In another instance, outreach staff was invited to speak at a community meeting about public safety, and the staff was able to include COVID information in their presentation. People were receptive to the information and staff followed up with individual audience members in the networking that followed the event. With the Japanese community, outreach staff worked with senior homes and senior centers in Boyle Heights and East LA. That outreach staff had been volunteering to teach an exercise class at four of the facilities run by Keiro, and she leveraged her personal relationships with their administrators to outreach to their residents. Outreach staff already had relationships with these facilities because PACE also provides employment opportunities for caregivers for Asian and Pacific Islander older adults.

Outreach staff found people to be fairly receptive in these general community settings. Staff explained, "With people who are already resistant, the more formal or direct way of giving information about COVID and the vaccines is not effective. If you have a COVID workshop, they wouldn't show up. A more casual manner works better. We tried to find a common denominator topic, like public safety, or economy or housing, before interjecting the COVID message. A lot of things can be a good segue because the pandemic has such a wide-ranging impact in our lives." In multiple cases (in both Korean and Latinx communities), staff had helped some families during the early part of the pandemic find resources to pay for the funeral services of loved ones who had died from COVID. There was some government support for funeral services, but the reimbursement application procedures were very cumbersome, especially for limited English proficient community members, to navigate.

The nature of outreach changed throughout the project period, depending on surges and the eligibility for vaccines, and later, boosters. The fear of death and dying was very real in early 2021, and access was an issue because the supply of vaccines was limited. The Delta surge in the summer of 2021 also convinced many to take the pandemic more seriously. By the Fall of 2021, many people in the community were already vaccinated. Staff also observed that vaccine mandate at work in general compelled many to get the vaccine. They cited the example of LAPD, where many in that workforce were very hesitant at first. It took a while, but in the end only a small fraction of the police officers refused to be vaccinated. In general, many who hadn't been vaccinated, according to staff, were "extremely set in their ways. It almost became part of their identity." Even with the more contagious Omicron surge, people did not change their beliefs. Many who had been vaccinated were glad they were protected or excited to get the booster. For those who were hesitant, the milder symptoms of Omicron reinforced their belief that the pandemic was not that serious or the vaccine's side effects were more harmful.

Nevertheless, the presence of the outreach staff needed to be consistent because it took some people several contacts before making the decision to get vaccinated. Outreach staff gave an example of a community member who finally got vaccinated because she kept seeing the vaccine clinic as she walked by it regularly.

Community Needs

Outreach staff were concerned about the economic well-being of community members. The eviction moratorium, the rounds of stimulus checks, and the extension of unemployment benefits helped many stay afloat. As an agency that helps community members find employment, staff observed that many had not returned to job-seeking yet. Some people are rethinking their options beyond a minimum-wage job they had had before the pandemic, while others were concerned about the safety of returning to work, with the succession of surges. It is too early to tell what would happen in the near future, as many of these benefits had just expired in late 2021. By March 2022, staff observed that more people were looking for employment, but nowhere near pre-pandemic levels. Even within PACE, when staff put out a caregiver job announcement on a job board, it could easily attract more than 50 applicants before the pandemic, compared to only about six applicants recently (which was still better than the response in the past two years). Many employers had to increase the pay rate significantly in order to attract a pool of qualified candidates. Anecdotally, staff had heard from community members that they had turned to a cash-based or underground economy for employment.

Many older adults in residential facilities continued to experience isolation because these facilities were still very strict about visitors and residents leaving the facility. Some of them had gone off the facilities for their doctor's appointments or emergency rooms and returned with COVID infection. Mental wellness was a concern among this population.

Emerging Practices

In addition to local outreach, staff also relied on transnational influences to encourage behaviors that reduce risks to exposure. Korean Americans in LA are still very connected to what is going on in South Korea, mostly through transnational media, but also through their personal connections to families in South Korea. Outreach staff explained, "In Korea, they've started to shift their thinking to 'how to live with the virus.' People don't think 90% vaccination rate is an attainable goal, so that mentality that COVID would be eradicated is not realistic. They're trying to get back to normal and open everything up as safely as possible. That is shared with the Korean community here. We're more resigned about the precautions, like wearing masks. That's probably better for the well-being of the people." This is more consistent with a harm reduction approach to community prevention. After the local Omicron surge, staff observed that the Asian immigrant communities in LA were paying close attention to the uptick of that variant in some of the Asian countries, so they believed that Asian immigrants in LA were still cautious even though the surge had subsided.

Pacific Asian Counseling Services (PACS)

Program details:

Target Populations

PACS conducted outreach primarily in Long Beach, especially Cambodia Town in Central Long Beach. Many of the people staff interacted with were Cambodians, Filipinos and Latinx. Staff also conducted outreach in North Long Beach, areas that had been identified by the Los Angeles County Department of Public Health as having low vaccination rates, even though these were not areas that PACS had traditionally served. The outreach sometimes extended to neighboring cities, like San Pedro, Carson, Lakewood, Cerritos, Paramount, Downey, Cudahy, Norwalk, Compton, Hawthorne, Venice, and Los Angeles. Sometimes, residents from these cities were coming to PACS for different services. Other times, because PACS staff are well trusted by the local community, they received referrals to the community's networks in other cities. A lot of ethnic small businesses and places of worship that PACS has outreached in their traditional service areas (Long Beach) attracted people from neighboring cities as well.

Outreach Methods

Outreach staff conducted door-to-door canvassing and outreach in community events, often in collaboration with churches and other organizations, but the most fruitful of its outreach was through small businesses.

PACS has had a long history of working with small business owners, especially in Cambodia Town (who are not only Cambodian, but also Korean, Latinx, and Vietnamese) because the organization was active in the development of the business district there. That relationship deepened during the pandemic, as PACS staff supported these small businesses to apply for forgivable loans from the Paycheck Protection Program (PPP) and other small business grants or loans. One outreach staff explained, "Certification and follow-up during the application process happened through email. Not everyone understood the process. We helped navigate and translate. Each client I helped could take months and months to get the funding because it required a lot of documentation. We'd take the opportunity to talk about the vaccine and booster during the follow-up." In May 2020, a riot broke out during a local protest against the police murder of George Floyd. "We raised money for businesses that were looted or burned in Cambodia Town. Just like back in 1992, the Long Beach Police Department didn't respond. So they were grateful for our help." Because of these trusting relationships, the business owners also allowed the staff to talk to their customers and put up posters. Many even became an extension of the outreach by passing out flyers to the community and talking to customers about vaccines.

With separate funding sources, PACS staff also partnered with Cambodian Health Professionals Association of America (CHPAA). PACS approached CHPAA because of the critical role healthcare professionals played as messengers in the Cambodian community. The joint project

led to the production of 15 public service announcements (PSAs) and five longer interviews, all featuring doctors who are CHPAA members. These contents, done either in Khmer or English, with subtitles, were primarily shared on various social media platforms by PACS and other organizations. Staff reported that they generated a lot of responses, in views, reactions, and shares. Similarly, in the Filipino community, PACS collaborated with a media consultant to make about a dozen videos (PSAs and interviews) in Filipino dialects to be posted on its social media platforms. One of the earlier videos was a humorous skit about taking precautions at family get-togethers during the holidays. Staff reported also posting these videos and other COVID information and resources on a Southern California Filipino Facebook group with 38,000+ members.

PACS staff reported that both the community-generated contents and the reposts of factual information from more official sources were necessary because they made different kinds of appeal to the community members to protect themselves. However, staff also highlighted that it was easier and more impactful for some community members, especially those who were less literate, to watch something in their preferred language rather than to read it. In one instance, through this social media presence, a mobile clinic in San Pedro reached out to a PACS staff and started a relationship where PACS staff helped them promote their vaccination services in their community.

In general, outreach staff reported that materials in Khmer and Tagalog could be hard to come by, but without them, outreach was impossible. They used some in-language flyers from DPH but often had to generate contents in the community's preferred language to meet this need. One outreach staff said, "When we first launched our first PSA, people told us they were thankful for our work because we made the information so easy to understand. They didn't feel like other sources were speaking to the community." Another staff added, "Early on, we did a lot of phone calls because we couldn't canvas in person. They were happy that someone who speaks Khmer was calling them and simplifying the information in their language plainly."

Outreach staff also provided attractive and useful materials to community members "as a friendly gesture," such as large bottles of hand sanitizers to small businesses, or backpacks to families. Outreach staff said that it was especially effective when they packaged masks and sanitizers "in a colorful tote bag" at a community event. The staff explained, "Some people would even come up to us because the bag was so attractive. It was a good ice-breaker."

Community Needs

Economic well-being was a huge concern among the community members outreach staff talked to. Particularly with the Spanish-speaking as well as Filipino communities, many had lost their jobs during the pandemic and were worried about how to pay rent and provide for their families. The restaurant industry especially was severely impacted at the beginning of the pandemic, and even though things have opened up more recently, many restaurants were not hiring everyone back. Those who were undocumented were especially vulnerable because they did not qualify

for a lot of public benefits or relief programs. The Cambodian community in Long Beach has lost a handful of small businesses during the pandemic. To revive business traffic for the community, PACS is working with the community to bring back the street parade and cultural festival in Cambodia Town. The business district has also been hurt by increasing homelessness that the city wasn't doing enough to address. Small business owners often called on PACS for help to address this issue, rather than the city or the police (even when they were confronted with violence). In North Long Beach, staff reported the homeless population was younger and more likely to have employment and live in cars and be more mobile. To address housing instability among vulnerable community members, PACS staff supported tenants to apply for rental relief programs.

Along with economic hardship came housing, substance use, domestic violence, and mental health challenges (such as depression). Cultural stigma around mental health has kept many from coming forward to ask for help.

Emerging Practices

Based on the experience of the outreach staff, it was clear that COVID outreach and education often needed to take multiple contacts before community members felt comfortable to talk about their challenges. With the Filipino community, undocumented status was a huge barrier. They didn't know where to access resources, like food assistance and vaccines, and were often deterred when a program (like vaccination) asked for too much information. To address this fear, the Filipino outreach staff gave out her cell number and invited people to call her if they needed anything. A Khmer staff said that community members would call her on her cell phone for support, too, and she felt compelled to take these calls because she knew these were often immediate needs and also because this responsiveness helped build trust in their relationship. Prior relationships and linguistic competence went a long way to build this trust and comfort level. "It's not just about passing out flyers," explained one outreach staff. "We helped so many people schedule their vaccine appointment. It wasn't enough just to give them the link or the address. That wouldn't have led them to get vaccinated. The website was complicated and asked a lot of questions. We referred them to programs. We helped them with applications. I helped them from A to Z. In the process, they told us very personal information, which builds trust."

The vaccination rate for the Cambodian community, according to outreach staff, was relatively high. One message they found effective was appealing to the community's experience as refugees in this country. One staff explained, "We told them, people back home [Cambodia] would pay thousands of dollars to get the vaccine that we get for free. We left Cambodia and went through so many terrible things like the Killing Fields and refugee camps to be here. It's not like we just got on a plane. If you don't get the vaccine, you're going to get sick and may not make it. Remember why we struggled to make it here." The message didn't work for everyone, but for many it was effective in building some peer pressure for vaccination. "They paused and really thought about it," the staff said.

South Asian Network (SAN)

Program details:

Target Populations

SAN primarily conducted outreach to South Asian populations across Los Angeles County, including: Little India (Artesia), Little Bangladesh and University Park (near USC), and occasionally in La Mirada, Cerritos, Norwalk, Torrance, Culver City, Pacoima, and Long Beach. In many of these cities, there are temples and mosques that attract many South Asians. SAN also had a COVID outreach contract in Orange County. SAN staff provided outreach materials in many South Asian languages, including Bangla, Urdu, Hindi, Gujarati, and Punjabi.

Outreach Methods

Initially, a lot of outreach was done over the phone, mostly to SAN clients, to minimize in-person contact. In addition to sharing COVID information and resources, staff checked in on the mental health of community members, connected them with other resources, like housing and food assistance, and helped them set up vaccination appointments. SAN also engaged in text-banking and social media posts, which were mostly sharing information from CDC and the Los Angeles County Department of Public Health. Outreach staff said that this type of outreach usually did not generate a lot of reactions.

As the County began to open up, SAN engaged in more in-person outreach, often incorporating it in existing programs. For instance, staff provided COVID information and resources to any clients who walked through its door, including those who were seeking help about domestic violence and with public assistance. SAN enrolled community members in Covered California and staff talked to clients about the COVID vaccines during the re-enrollment period. COVID outreach was also included in general community workshops as well as their food distribution program to low-income older adults. Integrating COVID outreach with existing SAN programs and resources allowed the organization to serve the community more holistically and community members to be more open about COVID information and resources.

In addition, SAN conducted street outreach and canvassing as well as outreach at community events, often in collaboration with other community organizations, such as the Pakistani Independence Day. Outreach staff also worked with mosques and temples and South Asian-owned businesses to reach the broader community. For instance, staff visited South Asian grocery stores and talked to their customers and tabled at health fairs at mosques.

Outreach staff reported that faith-based leaders were the most trusted in the community. The Muslim community had been supportive of SAN's public health efforts and mosque leaders often asked outreach staff to conduct workshops in their places of worship. SAN has built this trust over the years – long before the COVID pandemic – when they collaborated with these mosque leaders on health education workshops, on topics such as for colorectal and other

cancers. Outreach staff said that, after a COVID workshop, “they were asking us to have more vaccine clinics at the mosque so more people can access them.”

In general, outreach often took multiple encounters because of the persistent misinformation circulating the community. Outreach staff reported hearing community members misstate information they heard from even healthcare professionals about the need for vaccination, or from social media that the vaccines would cause infertility or that COVID was a hoax. Some people thought if they had gotten COVID once, they would not be infected again. An outreach staff said, “I have to follow up with families again and again to get the message across. It helps to have some interaction with them in the past, so they trust us and keep wanting to talk to us, even when they’re not sure.” During the Omicron surge, many community members were infected, even though they had been vaccinated. One staff said, “They suffered ten to fifteen days.” But because of the outreach prior to the surge, most people didn’t have to be hospitalized and they felt comfortable coming to SAN looking for help. At the height of the surge, SAN was distributing not only PPEs and hand sanitizers, but home testing kits as well. Even after Omicron subsided and some places began to roll back the mask mandates, staff observed that many in the community continued to be cautious and wear their masks in public.

For community members who were not resistant but curious, it was hard to keep up with information that kept changing. At first people had a lot of questions about the safety of the vaccine and how to make appointments. When the vaccines became available, many community members, especially older adults, needed help scheduling an appointment. Many of them were not tech-savvy enough to navigate the registration site, and the number of personal questions asked during registration intimidated some of them. Towards the end of 2021, people were asking about the booster and whether to mix the vaccines, as well as vaccines for teenagers and children and how to prevent possible exposures at schools. In the first two months of 2022 alone, SAN staff has conducted five vaccine clinics, vaccinating over 500 people.

To illustrate the importance of community relationships in COVID outreach, an outreach staff shared her experience with an ice cream vendor in the community, who had to suspend his business because he was worried about exposure. She explained, “He was a former client and he called me because he was scared and worried about his income. He would have to interact with so many people to make a living [including young children who could not be vaccinated at the time]. He didn’t speak English and he didn’t know how to make a vaccination appointment. So I made one for him in Downey. I gave him the route to get there, and I followed up with him until he did it. And now he’s started his business again because he’s vaccinated.” In other cases, outreach staff talked to parents who had been hesitant to vaccinate their children.

Community Needs

A lot of seniors in the community, especially those who are immuno-compromised, have felt isolated for more than two years. Staff expected social isolation and depression would continue

to be a huge challenge for this population. Even those who were living with their adult children were experiencing trauma when the family lost economic status because of unemployment. These older adults felt like they were a burden to their children.

[Small businesses have also taken a hit during the pandemic, trying to operate while being safe. Staff observed that a handful of small businesses have shut down in Little India, and customer traffic had been quiet.](#)

SAN is actually planning a program to support small businesses in response to this need. Some South Asian workers were especially vulnerable, especially many who are here on asylum and working in the underground economy. Their hours were cut, and they were first to be let go. They could not qualify for unemployment benefits. Without a green card and the eligibility to work, these asylees had very few employment options.

Emerging Practices

In general, mental health is a challenge for populations of all ages in this community, especially when the topic is so taboo to discuss. Oftentimes, community members felt better after talking to the community health workers, but they didn't want to be referred to mental health professionals. The community health workers then are the only trusted source of relief for many people until they become ready to seek mental health support.

Search to Involve Pilipino Americans (SIPA)

Program details:

Target Populations

SIPA conducted COVID outreach primarily in the Historic Filipinotown (Hi-Fi), where the agency is based (though currently under renovation), and adjacent areas, such as Echo Park, Westlake, East Hollywood, and Silverlake. Many of the residents in these areas are new immigrants and the elderly. A majority of them are Filipinos and Latinos, although this area includes a Cambodian temple and some Korean churches.

In addition, SIPA had an outreach partnership with an affordable housing development in East Hollywood that has a high concentration of Armenians and with an affordable housing development in Virgil Village with a diverse population of community members. Since SIPA is being renovated during the program implementation, it is temporarily based in a high school in Highland Park. Therefore, SIPA also conducted outreach to the students at the school and their families.

Outreach Methods

Outreach staff combined COVID outreach and education with existing SIPA programs, such as small business outreach. Working with SIPA's small business counselor, outreach staff canvassed local business in Hi-Fi and created and distributed a directory with COVID information and other resources for business owners, employees and their customers. One concrete action that came out of this service integration was a collaboration between outreach staff and the small business program in the development of the prepaid debit card that can only be used in local businesses in Hi-Fi, such as bakeries, restaurants and corner stores. This program could provide economic relief to both residents and small business owners in the community during a very difficult economic time. This is not being actively used but has been mentioned within partnership with SIPA.

Staff also distributed masks, hand sanitizers and COVID-19 rapid antigen tests to residents at low-income housing development, while connecting these residents with assistance like food, translation, and other basic needs, during the pandemic. Staff found a huge ongoing demand for PPEs in the community and also antigen tests during the Omicron surge. In early 2022, SIPA also signed onto a partnership with two testing labs to be a pick-up/drop-off site for free PCR tests in the community.

SIPA staff participated in local community events, such as health fairs and many Filipino American History Month events in October, where outreach staff leveraged these opportunities to distribute PPE and other COVID information. Staff also held their own events, especially when it became safer to gather in person, where they integrated COVID information and resources as part of the events. In December 2021, staff organized an in-person holiday festival with a toy

giveaway at Eagle Rock Plaza targeting the local Filipino community. Staff also held workshops (on topics such as housing and indigenous music and dance) in open air at Unidad Park in Hi-Fi. Staff thought people were “way more receptive” in these programs than in more COVID-specific settings, where the turnout was very low.

In addition, SIPA relied on social media for broader outreach and posted at least once a week during the program. Many of the posts were COVID updates, often from other partners, DPH, and other credible sources. Social media was most adept in letting the community know about ever-changing COVID conditions and restrictions, especially during the surges. It proved to be a more flexible platform to share up-to-date information than more traditional methods, like flyering. These posts usually generated about 100 reactions. The most successful post was when SIPA staff created a chart to help people figure out when they should get the booster, i.e. six months after their second shot). That post generated almost 4,000 interactions. SIPA staff also produced and posted many 1-minute videos of personal testimonies from community members (including students and health care professionals) about the impact of COVID. At least one testimonial was by an elderly person speaking Ilokano, a Filipino dialect. These personal posts were the most effective. “They blew up,” said the outreach staff. “It hit home to hear [real people] talk like that. They definitely got more reactions than the public health posts, especially on Facebook. Other people shared it, more than we anticipated.” These social media posts were also boosted by SIPA’s electronic newsletters to the community, for those who are not on social media.

Some of the outreach methods were informed by a community assessment early on. Outreach staff collected 160 surveys from community members about their perception of the pandemic and their needs and concerns, particularly around economic well-being, youth development and health access. They learned more specifically the reasons for vaccine hesitancy. Some of those reasons had to do with distrust because residents felt the development of the vaccine was rushed or because they heard rumors that some people got sick or even died after getting the vaccine. A lot of comments, however, had to do with the historical lack of access to health care in this community. Staff planned to use preliminary findings from the assessment to have deeper community conversations about emerging needs and to document community testimonies with the pandemic.

“Looking back now,” said the outreach staff, “I see why [they were vaccine-hesitant]. Hi-Fi didn’t have any vaccine clinics before our outreach. Community members felt like they weren’t able to get the vaccine. People who live in Hi-Fi had to go outside of their community to get it. It wasn’t terribly far, but it did require driving or taking a bus. It contributed to the feeling that ‘there’s nothing here for us.’ A lot of people just gave up and stopped looking and decided not to get the vaccine.” To address this sense of neglect, the outreach team was successful in partnering with other organizations like AAAJ-LA and the local middle school to bring a vaccine clinic to the neighborhood. That first clinic in August 2021 gave out the first 33 vaccinations in this community. Overall, staff reported that the year of legwork they did in outreaching to the

community prior to the Omicron surge helped the community be prepared to cope with that and upcoming surges.

Community Needs

During COVID outreach, SIPA staff also found out broader community needs related to the pandemic. These community needs could persist beyond the pandemic. Economic well-being was an overriding concern among residents, especially when rent continued to rise amidst gentrification of Hi-Fi. Staff already observed a lot more homelessness in the Hi-Fi neighborhood (including larger encampments in adjacent Echo Park, Silverlake and East Hollywood), even as Hi-Fi was becoming one of the trendier parts of LA. “The business and business owners are changing. The age and color of the community is changing,” stated one staff. “It makes you think about displacement.”

Mental health was another concern, as many felt isolated during the pandemic. This was confirmed by the preliminary results of SIPA’s community needs assessment. Staff has taken this into consideration when moving forward with program planning. The outreach staff explained, “Some people told us in the assessment that they were sad because they didn’t get to see their friends or loved ones or go outside. That’s where SIPA can step in. Once we can hold more in-person events, we want to bring back the cultural events.”

Since many of the community members SIPA serves are low-income and/or recent immigrants (some of whom are undocumented), access to health services will continue to be a challenge even after the COVID pandemic. One staff said, “There is only a handful of providers that community members would feel comfortable to go to.” There is especially a dearth of dental, optometry, and basic health services especially in the Latinx community. Staff felt the shortage was both a problem of cultural and linguistic competence of providers and the challenges of navigating very complicated systems.

Emerging Practices

The COVID outreach program revealed the following insights:

- **Service integration**

SIPA strategically embedded COVID outreach into its existing programs and services for different reasons. For instance, SIPA staff held an afterschool program at one of the affordable housing developments at the nexus of Hi-Fi, Echo Park and East Hollywood, and that was a consistent venue for COVID outreach to high-need families. Initially, community members were often resistant to a conversation about COVID. By addressing their other needs, SIPA staff developed trust and relationships that opened some of them to COVID information. Service integration also allowed the agency to serve the community more holistically (i.e. serving their whole person) so that they could make referrals more easily. This led to the final impact of building better working relationships among staff from different departments. As an outreach staff stated, “We all have the same objective about

helping community members out and connecting them to resources. This way, we work smarter, not harder.” To work as a tight-knit team, staff engaged in weekly huddles, where “we talked about what we each have planned and brainstormed how we can collaborate or refer clients who need different services.” It is also noteworthy that, while SIPA is physically located in Hi-Fi (and temporarily in Highland Park), the organization is such a stalwart in the Filipino American community in Los Angeles County that its services and programs often attract Filipino Americans across the county.

- Community collaboration

Outreach staff described the outreach program as “collaboration upon collaboration.” Community members benefited from hearing messages reinforced in different venues by multiple messengers, not only at SIPA programs, but community events sponsored by other organizations. SIPA also worked with schools, faith-based organizations, and small businesses. COVID messages saturated different parts of a community member’s life.

- Social media

In the early part of the pandemic, when in-person outreach was curtailed, remote outreach like social media was an essential means to disseminate COVID information. But it turned out to be more than just a necessity, as social media posts not only reached more people at once, but it also delivered emotional contents from “real people” who community members could relate to, in a way that was more effective than just public health facts on a flyer.

- Working with youth

As the vaccines became available in the later part of 2021 to the younger population, youth were emerging to be effective messengers. The overwhelming majority of youth SIPA worked with were vaccinated because most were excited by the prospect of being able to socialize with each other in person and at school. The outreach staff said, “They [young people] were excited that they could see their friends without worrying about bringing home the virus and affecting their grandparents. They’re pushing their parents to let them get vaccinated. It’s good to see them have that autonomy to make that decision and advocate for themselves.” It was too early to tell whether their enthusiasm would lead to a spike in adult vaccination in the community, though the outreach staff reported some anecdotal evidence for this and planned their outreach to harness this youthful energy. The youth program, for instance, was instrumental in setting up vaccine clinics in more than one school sites, including a charter middle school and a private high school. Staff also reported that it was more challenging to work with schools in the LAUSD systems because of its bureaucracy.

Thai Community Development Center (Thai CDC)

Program details:

Target Populations

Thai CDC conducted outreach primarily in Thai Town and adjacent areas in Hollywood, where the agency is located. Another outreach venue was the East Hollywood Certified Farmers Market (EHC FM), which Thai CDC operates at the Metro Plaza on Hollywood Boulevard and Western Avenue, where they had set up a vaccine clinic twice a week since April 2021. In addition, Thai CDC outreached to Thai temples in North Hollywood and La Puente. Many of the people Thai CDC outreach to were Thai and Latinx immigrants. Thai CDC also tried to reach out to the large Armenian community because Thai Town overlapped with Little Armenia in Hollywood. Since a large portion of the Thai community works in restaurants and massage businesses, Thai CDC focused their outreach on essential workers or workers who are at risk of unemployment during the pandemic as well.

Outreach Methods

On March 13, 2020, Thai CDC launched its CARES Program (COVID Aid Rapid Response Relief and Emergency Services) to come to the immediate aid and relief of vulnerable community members. The vulnerable members of our community include low-income Limited English Proficient immigrants, the housing and food insecure, unemployed, low wage workers, undocumented, and victims of trafficking and domestic violence. These included many low-income immigrant seniors who were most impacted by the pandemic but had a hard time accessing COVID information as well as undocumented workers who were not eligible for many of the federal COVID relief programs, including unemployment benefits. The CARES Program disseminated COVID education materials, Health Officer Orders, and public health directives in Thai, as well as PPEs (hand sanitizers, masks, disinfectant wipes) to protect the community from being exposed to the virus. Thai CDC then sought funding to provide cash assistance to the undocumented. The program also provided financial aid to small businesses. To address food insecurity, Thai CDC partnered with Off Their Plate, Asian Americans For Housing, Thai Town Rotary Club, and Asian Pacific Islander Forward Movement to distribute meals, food and produce boxes. This program distributed over \$2 million to over 2,000 households through 30 plus "COVID relief days" at the Center in the two years since the pandemic. On COVID relief days, these cash aid recipients also picked up flyers with the latest information on how to protect themselves, face masks, sanitizers, and home test kits. Outreach staff engaged with community members who came to the COVID relief days to receive their cash aid, meal or produce boxes, PPEs and COVID education materials to answer any COVID-related questions and inform them about its vaccination clinics. These community members came from multiple ethnic communities all over LA County, many of whom were referrals from existing Thai CDC partners and other institutions who didn't have the same COVID resources, such as the LA County Office of Immigrant Affairs, Korean Resource Center, Central City Neighborhood Partners, AH-RI, Clinica Romero, Legal Aid Foundation of Los Angeles, Asian Pacific Counseling and Treatment Center, Thai Health and Information Services, Southeast Asian Community Alliance, Chinatown

Community for Responsible Development, the Latter-day Saint church, and the Center for the Pacific Asian Family. Thai CDC also created two hot line numbers and trained staff as Intake Specialists to help undocumented households enroll into the cash aid program.

In addition, to help the housing insecure from being rendered homeless during the pandemic, Thai CDC's legal unit started the Eviction Defense program and partners with Neighborhood Legal Services to represent clients in court should they be unlawfully evicted during the moratorium. Thai CDC will also assist with rental assistance applications, conduct Know Your Rights workshops on tenant rights, and provide legal counsel.

Thai CDC has a long history of working with many restaurants in Thai Town and Thai restaurants in other areas of LA County. In addition to the CHWOI subcontract, Thai CDC also received a separate contract with the LA County Department of Public Health (DPH) to conduct COVID outreach and education among restaurant workers as part of the Public Health Council program. This contract was part of Thai CDC's mission to educate restaurant workers about their labor rights. In this case, DPH assigned Thai CDC a list of restaurants in areas with COVID outbreaks or complaints. Many of these restaurants were not Thai-owned or located in Hollywood. However, Thai CDC also visited Thai-owned restaurants across LA County to provide COVID education materials, PPEs, test kits and guidance on how to start a Public Health Council as well as how to report violation of Health Officer Orders by their employers.

Many of the restaurant owners Thai CDC outreached to were not familiar with the COVID-related regulations in keeping their restaurants open. And these regulations kept changing depending on the fluctuating incidence rates. Thai CDC provided a valuable service to help these restaurant owners navigate the changing rules so that they wouldn't be cited. For instance, some restaurant owners did not know that they couldn't turn on a television in the dining room because the Department of Public Health did not want people to congregate too long. Also, outreach staff provided signs to the owners to educate employees and customers about compliance. In response to this support, restaurant owners became more receptive to the outreach staff's public health messages. In addition, because Thai CDC has a reputation of fighting for workers' rights (like filing claims with Equal Employment Opportunity Commission, the State Labor Commission and US Department of Labor on workers' behalf), many low-wage workers also trust them as messengers about the pandemic and vaccines. These relationships were important for outreach effectiveness. As the outreach staff said, "Organizing is so much part of our outreach work. When you have people who relied on you for resources, you have trust built in. We have their ear. It's not a cold call."

The organization also develops affordable housing. One is located in Hollywood (where Thai CDC's office is located) and another one in Sun Valley (in partnership with Little Tokyo Service Center). The residents in the former multifamily housing are mostly Latinx, while the latter, an affordable senior housing project, is occupied by many Thai seniors. Many seniors couldn't go out to purchase groceries or cook their own meals. In these cases, Thai CDC provided fresh

produce or meal boxes to these residents and brought vaccination to them by doing a mobile vaccination clinic there. Prepared meal boxes were provided by a partner called Off Their Plate and White Spring Vegan. Off Their Plate received funding to pay for these meals from participating restaurants during the pandemic.

Thai CDC regularly operated a vaccine clinic at its East Hollywood Certified Farmer's Market (EHCFM). Thai CDC reported, "By setting up a recurring vaccination clinic at the EHCFM, we were able to use the foot traffic our market and the Metro subway station usually receive to get more people vaccinated. Along with our outreach efforts (social media, canvassing, all our events, etc.), we were able to establish the EHCFM as a location the community knows they can receive a vaccine simply and easily with no hassle and no residency requirement. The clinic is also accessible to the Thai community as it is located at the western entrance of Thai Town. The clinic is open until 6:30 p.m., making it convenient for parents and their children and workers to come get vaccinated after school or work. Because the clinic is also located above the Metro Red Line stop, we are also making vaccination convenient for Metro riders/commuters." At the EHCFM venue, some DPH nurses didn't feel comfortable with the number of unhoused people or people with mental health issues sometimes loitering there. As a result, DPH hired two security guards so that these hard-to-reach populations could still receive COVID information and vaccines. (Thai CDC reported, "Some incidents include: someone taking drugs in our porta-potties and destroying it, a conflict between a mom who was getting her daughter with down syndrome vaccinated and a woman filming her, and an unhoused man threatening to kill the nurses. One major incident included a nurse getting into a conflict with someone who was vandalizing the escalators near our vaccine site.") They also received collateral materials from partners like the Asian Pacific Counseling and Treatment Centers (Thai-language flyers about resources), State Senator Maria Elena Durazo's office (backpacks and back-to-school supplies) and St. Barnabas (grocery gift cards), which they used as incentives for vaccinations. County Supervisor Hilda Solis contributed tote bags with hand sanitizers and test kits – at a time when other CHWs were having a hard time getting their hands on these incentives. The Koreatown Youth and Community Center also tabled at our farmers' market clinic and the clinics at the LDS church in Hollywood providing emotional support resources.

Because many of its target population are immigrants, older adults and essential workers, who were highly vulnerable in the pandemic and have multiple barriers (language, technology, transportation, etc.), staff felt strongly about bringing the vaccine clinic to the community, but that advocacy was hard won. Thai CDC employed an outsider-insider strategy. While Thai CDC's executive director had to educate policymakers about community needs and speak up consistently at DPH for these resources many times over, she was also able to find an insider ally in the public agency to make the clinic tenable logistically. "We want to bring the vaccine to our community and make it accessible, and not have the community work so hard to go searching for the vaccines. That took a lot of work, and it wasn't easy. Community advocates inside DPH like Scott Chan [Center for Health Equity at DPH] helped," said the executive director.

At these clinics, staff provides system navigation support in Thai for many LEP clients every step along the way of the vaccination process (including registration, intake assessment, the actual vaccination, and post-vaccine observation), so that these clients understood what was going on (since the vaccine clinic nurses usually was not bilingual). Thai CDC had also been a part of the Alliance for Community-based Transit that morphed into the Healthy LA Coalition during the pandemic, which lobbied successfully for the eviction, rent hike and utility hike moratoriums in LA.

Thai CDC also focused on developing partnerships to broaden their outreach. For instance, they partnered with the office of LA City Council District 13 (which includes Hollywood) to conduct outreach and vaccine clinics at the Lemon Grove Recreation Center. In one case, a community member (a longtime client) who had been “on the fence” about getting the vaccine was only going to drop off his wife at the clinic. He offered the lack of parking as an excuse for not going with his wife. Staff offered to park his car, so that he could also get vaccinated with his wife. In this case, navigation support included parking valet! Thai CDC also partnered with State Senator Maria Elena Durazo whose district includes Thai Town to provide vaccinations to seniors at a union hall in Pico Union.

With the support of DPH and its contracted lab partners, Thai CDC also brought out pop-up vaccine clinics to Thai temples in North Hollywood and La Puente, Latter-Day Saint churches in Hollywood, Inglewood and Van Nuys, and a McDonald’s. Thai CDC also provided cash aid and PPEs to undocumented Latinx members from the LDS churches in Hollywood, Koreatown and South LA (near USC) as well as held mobile vaccination and testing clinics at the church in Hollywood. Bishops and missionaries who are Spanish-speaking from these churches were trained by Thai CDC staff on the cash aid intake process and were able to help Thai CDC perform intakes of the Spanish speaking members. The missionaries even came out to help at the COVID relief days, food distributions and the vaccine clinics. At these clinics, Thai CDC also vaccinated many of their missionaries, and staff took the opportunity to train them to include COVID information and flyers about different public benefit programs (like CalFresh) for their outreach all over LA. Since Thai CDC could not hold a vaccine clinic at its office per DPH specifications, Thai CDC relied on these partnerships with churches, temples, businesses, and city council and state legislative offices to operate mobile clinics at different sites.

Thai CDC’s outreach on social media primarily took place on Facebook. Typically, staff shared information from DPH (including the social media toolkit) and the Centers for Disease Control and Prevention to promote outreach messages. Early on, the agency also received some funding to post some original contents that were “more attuned to Thai and Asian communities and more culturally appropriate”; for instance, using photos of Asian family members or posting in the Thai language. In addition, outreach staff relied on the Line app, which many Thai immigrants use to share information with each other from their cell phones, for more personal remote outreach. They found this method of outreach a more effective way to connect with community members remotely.

According to outreach staff, vaccination rate in the Thai community is relatively high. In fact, COVID messaging was so effective that it often crossed the Pacific and brought people from Thailand to Los Angeles. The outreach staff explained, "In Thailand, they either don't have access or have access to the less effective vaccines. So we have a lot of vaccine tourists. They sometimes came to us straight from the airport. Travel agencies are marketing it in social media and Thai papers – get the vaccine and go shopping."

Finally, Thai CDC staff collected over 500 COVID surveys in the Thai community in Los Angeles. The findings will be released in a report later in 2022. The agency was able to leverage this effort into a longitudinal research project to study the impact of the COVID pandemic on three Southeast Asian communities (Thai, Filipino, and Vietnamese). This project is an academic partnership with Cal State LA and Cal State Northridge and funded by the National Institutes of Health (NIH)

Community Needs

During their COVID outreach, Thai CDC staff also found out broader community needs related to the pandemic. They're concerned these community needs could persist beyond the pandemic. Economic well-being was an overriding concern among community members, especially low-wage workers, such as those working in the restaurants. Outreach staff reported that there had not been any closure of Thai restaurants that they knew of, since these operations could easily be converted into all take-out business during the pandemic. However, that did not mean that many restaurant workers were not at risk of unemployment. Many owners still reduced labor in the face of economic uncertainty during the pandemic. As the outreach staff said, "They [the restaurants] were slammed with work, but they're not hiring people back. Workers are available but they can't find work. A lot of employers are trying to make more on less." These workers struggled with rent. Many of them are also undocumented and therefore have limited employment options. "They don't have work permits," explained the outreach staff. "They have to stay in the ethnic enclave and continue to be exploited by whatever they can find." Some people turned to driving Uber and Lyft, but staff believed that this was not very profitable (especially with the recent rise in gas prices). One community member even got into an accident and totaled their car.

While Thai CDC was able to take care of many basic and physical needs of vulnerable community members, staff recognized the importance of focusing on emotional support. As the pandemic persisted, more community members were experiencing pandemic fatigue, while still having the same anxieties about catching COVID (especially during Omicron). People who were unhoused or unemployed (or at risk of being so) were not just distressed, but were genuinely fearful of an uncertain future. Staff shared an experience of a family who was extremely stressed because their landlord was going to evict them because they didn't have an up-to-date lease. (Eventually, Thai CDC was able to access the rent relief program for this family, and they

were able to stay.) To this end, they welcomed Koreatown Youth and Community Center to table at the Farmer's Market and share their emotional support services.

Emerging Practices

- Service Integration

As the stories above suggest, outreach is most effective when it is combined with Thai CDC's existing programs and services. Outreach staff built on community trust because of its long history of supporting different community members, be it small business owners, workers, renters or the elderly. Many of these community members were most in need of COVID information and access to PPEs, resources and vaccines. In a pandemic where misinformation abounds, this trust was so essential for outreach staff to get their message across in a way that the community will receive. The outreach staff reflected, without these long-held relationships established over the years, "with COVID, you couldn't even get in the door." COVID outreach even provided staff an opportunity to "work with both employers and employees and get them on the same page."

- Community collaboration

Thai CDC leveraged its many relationships with community partners in their outreach and vaccination efforts. These partners provided incentives, facility space, and access to their constituents. In addition to the partnerships described in this profile, please see a comprehensive list in the appendix.

- Working with people with compounded challenges

Many of the low-income tenants and community members that Thai CDC works with are low-wage workers and low-income immigrants, some of whom are elderly (mostly Thai- or Spanish-speaking). There are language and technology barriers, sometimes complicated by lack of transportation ("We can't even order them an Uber because they wouldn't know how to use it on their phone.") and/or physical disabilities. Outreach staff recalled a pop-up vaccination clinic at a Thai temple, where they expected 200 people. The outreach staff said, "They all came in the morning. We almost had a mob! Our staff had to go person to person to get online and ask all the screening questions, and the questions are not in Thai. They're not tech savvy. We had to do it on their phone for them in many cases. It was so time-consuming. Some people [who came for the second shot] did not bring their vaccine card. So I had to use the Wat Thai's monk's office and his computer to access the state's database and print out the information. One lady was in a wheelchair. We had to navigate her to that office. It was also hard to locate some people on the database because some immigrants do not have consistent English spelling of their names. Thai CDC bridge all these gaps."

Appendix: Partnerships

Community Partners

- Koreatown Youth and Community Center on COVID emotional support
- AH-RI providing cash aid referrals
- Southeast Asian Community Alliance providing cash aid referrals
- Clinica Romero providing cash aid referrals and vaccinations
- Los Angeles Legal Aid Foundation providing cash aid referrals
- Korean American Family Services providing cash aid referrals
- Chinatown Community for Equitable Development providing cash aid referrals
- Thai Health and Information Services providing cash aid referrals
- Center for the Pacific Asian Family providing cash aid referrals
- Central City Neighborhood Partners providing cash aid referrals
- Community Organized Relief Effort providing COVID testing
- Asian Pacific Counseling and Treatment Center providing cash aid referrals
- Labor Community Services for vaccinations
- Wat Thai of Los Angeles as site for COVID education, outreach, PPE distribution and vaccination clinics
- Wat Pa in La Puente as site for COVID education, outreach, PPE distribution and vaccination clinics
- Wat Pa Youth Camp for volunteers to help with COVID education, outreach, PPE distribution and vaccination clinics
- LDS churches in Hollywood, Van Nuys, Inglewood as sites for COVID education, outreach, PPE distribution, and vaccination and testing clinics
- LDS Spanish Speaking Churches in Hollywood, Koreatown and South LA providing cash aid referrals
- Thai Chamber of Commerce of CA assisting us with outreach
- Thai Town Rotary Club assisting us with outreach and volunteers
- Thai Town Council assisting us with outreach and provided volunteers to our COVID testing clinics
- Thai Association of Southern CA assisting us with outreach
- Thai Spa and Massage Association assisting us with outreach
- Thai Mass Media Association assisting us with outreach
- Asian Americans Advancing Justice for outreach
- Fulgent Genetics - lab partner for vaccinations
- Remedia Care - lab partner for vaccinations
- Passport Health - lab partner for vaccinations
- Carbon Health - lab partner for vaccinations
- St. Barnabas Senior Center providing gift cards
- Asian Americans For Housing providing food/meal/produce boxes
- API Forward Movement providing produce boxes
- Off Their Plate providing meal boxes

- Thai pediatricians at Children's Hospital of LA who helped translate our COVID materials in layman's terms and will also be providing funding for our COVID vaccination and outreach equipment and materials

Civic Partners

- LA County Dept of Public Health AAPI Steering Committee where I made my demands for our own vaccination clinics
- LA County Dept of Public Health Center for Health Equity who helped us get our vaccination clinics going
- LA County Dept of Public Health COVID 19 Vaccination Strike Teams provides the nurses, security and equipment for our vax clinics
- LA County Dept of Public Health Emergency and Response Division provides additional support for our vax clinics and COVID education and outreach
- LA County Dept of Public Health COVID-19 Language Justice Workgroup
- LA County Office of Immigrant Affairs provided cash aid referrals
- LA Fire Department provides COVID testing logistical support
- LA County Dept of Public Social Services providing cash aid referrals
- LA County Dept of Consumer and Business Affairs providing our organization and small businesses financial assistance
- Office of State Senator Maria Elena Durazo provided vaccination slots for seniors at the beginning and the backpacks and school supplies for children as incentives for vaccinations
- Office of LA County Supervisor Hilda Solis provided COVID rapid test kits and hand sanitizers
- Office of LA County Supervisor Sheila Kuehl provided equipment for vaccination clinics and social media posting about our clinics
- Office of LA Mayor Eric Garcetti provided equipment for vaccination clinics and partnered with us on a vaccination blitz
- Office of Councilmember Mitch O' Farrell partnership on vaccination clinics at Lemon Grove Recreation Center in E. Hollywood
- US Small Business Administration funding for Thai CDC and small businesses
- Metro provides site for standing vaccination clinic and LIFE program outreach and enrollment
- Royal Thai Consulate provided meal boxes to our volunteers and staff at our vaccination clinics and to our seniors at our Palm Village Affordable Senior Housing
- White House Initiatives on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI) - co-organizing an upcoming roundtable on AAPI COVID Response and Recovery held in-person in LA in April 2022
- LA City Department of Transportation - piloted Slow Streets in Thai Town so that residents sheltering in place will have ample room to walk, stay active and exercise outdoor without the risk of being hit by a car

Business Partners

- McDonalds in West Hollywood providing site for pop-up vaccinations
- White Spring Vegan providing meal boxes to our seniors at our Palm Village Affordable Senior Housing (owner is trafficking survivor from the El Monte Thai Garment Slavery Case)

Academic Partners

- UCLA Center for Neighborhood Knowledge (UCLA CNK) and Professor Paul Ong - provided our survey team with guidance on the initial study and will be reviewing, promoting and publicizing our report before it gets incorporated into the NIH study.
- Cal State LA and Cal State Northridge – overseeing the National Institutes of Health COVID survey project, **Southeast Asian in the US: Health Equity and Research to Understand COVID-19 Stories (SEA US, HEAR US)**, that Thai CDC is part of on the Thai, Vietnamese and Pilipino communities.

Funding Partners

- LA County Dept of Public Health via AAPI Equity Alliance for CHWs
- LA County Dept of Public Health via Liberty Hill Foundation for PHCs (Public Health Council) - outreach to workers in restaurants
- CDC Foundation for vaccination outreach and education
- Urban Institute for vaccination outreach and education and clinics
- Mobile Pathways for vaccination outreach and education and clinics and testing as a vaccination coalition across the country
- Grantmakers Concerned with Immigrants and Refugees for the cash aid program (CA Immigrant Resilience Fund)
- Tides Foundation for the cash aid program
- US Small Business Administration for operations during COVID
- Satterberg Foundation for operations and capacity building during COVID
- Urgent Action Fund for operations during COVID
- California Community Foundation for the cash aid program
- Common Future for operations and Hardship Grant capacity building during COVID
- National Coalition for Asian Pacific American Community Development AAPI Community Resilience Fund for Thai CDC CARES
- Thai Town Rotary Club for food distribution
- Public Health Institute for food vouchers
- LA County COVID Grant for operations
- CA COVID Grant for operations
- US Health and Human Services via TDW for messaging on vaccination
- LA County Worker Resilience Fund for cash aid referrals
- Asian Pacific Community Fund for operations and COVID services
- National Institute of Health (NIH) - longitudinal study through 2023 analyzing the impact of COVID on the Thai community