Executive Summary

All Hands on Deck: How LA's AAPI CBOs Addressed Health Inequities through Culturally Competent Covid-19 Outreach and Education Strategies

An Evaluation of the Community Health Worker Outreach Initiative (CHWOI), 2020-2022

April 2023

Partners

AAPI Equity Alliance

AAPI Equity Alliance is dedicated to improving the lives of Asian American and Pacific Islanders through civic engagement, capacity building, and policy advocacy.

Asian Resources, Inc

Asian Resources, Inc. is a non-profit, community-based organization established in 1980 with offices in Sacramento and Los Angeles. ARI is dedicated to providing outreach, education, multiple social services and advocacy on behalf of Asian Americans, Native Hawaiians and Pacific Islanders, immigrants, refugees and communities who are limited-English proficient across California.

Pacific Asian Counseling Services

Pacific Asian Counseling Services (PACS) provides culturally responsive and trauma-informed mental health services to low-income individuals, families, and communities in Los Angeles County. As one of the few community mental health agencies specializing on Asian Americans and Pacific Islanders, PACS works collaboratively with our clients, community partners, and stakeholders to advocate for language justice, equity, and systemic change.

Community Partners

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What is a Community Health Worker?

A community health worker (CHW) is an umbrella term for a frontline public health worker who is a trusted member of, and has lived experience from the communities served, and/or has an unusually close understanding of the community served.[1,2] This trusting relationship enables the worker to serve as a liaison/link/intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.[3,4] A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, care coordination, case management, social support and advocacy.[5,6,7] CHWs are known by a variety of titles, such as outreach worker, systems navigator, care guide, community health advisor, peer educator, promotora (Latino communities) and community health representative (American Indian communities).[8] CHWs are trusted messengers of the community and are able to address health and social issues through community engagement, established partnerships, and meaningful connections across diverse community groups. In 2020, at the height of the global pandemic, there was a need to identify ways to reach communities and to provide accurate and timely information and resources.

AAPI Equity Alliance (formerly known as Asian Pacific Policy and Planning Council, A3PCON) with its co-leads Asian Resources, Inc. (ARI), and Pacific Asian Counseling Services (PACS) identified CHWs as a model to reach into diverse Asian and Pacific Islander (AAPI) communities for COVID-19 mitigation efforts in Los Angeles County.

The **Community Health Worker Outreach Initiative (CHWOI)** leveraged existing and strong networks to communicate and engage hard-to-reach AAPI communities. Longstanding experiences and relationships among over 40 coalition partners yielded trusted organizations and messengers to spread COVID-19 information and resources. There was a shared commitment across partners, bringing all hands on deck, to protect all AAPI communities in the County. Leaning into the evidence-based CHW model, partners sought to reach and engage in a culturally and linguistically concordant manner across various geographical catchment areas. Partners continued to meet regularly and to share accomplishments and challenges – working to address pain points to be responsive to community defined needs. This evaluative report describes outreach strategies to educate AAPI communities in Los Angeles County and reflects successes and learnings across four-funding cycles of support from federal funds for COVID-19 relief, highlighting recommendations for future consideration.

1 Definition from American Public Health Association at https://www.apha.org/apha-communities/member-sections/community-health-workers
2 Definition from the Centers for Disease Control and Prevention at https://www.cdc.gov/dhdsp/pubs/guides/best-practices/chw.htm
3 Ibid.
4 Definition from American Public Health Association at https://www.apha.org/apha-communities/member-sections/community-health-workers
5 Ibid.
6 Definition from the Centers for Disease Control and Prevention at https://www.cdc.gov/dhdsp/pubs/guides/best-practices/chw.htm
7 Definition from the National Association of Community Health Workers at https://nachw.org/about/
8 Ibid.

Background

The CHWOI Collaborative was supported by federal COVID-19 relief funds to outreach and to educate AAPI communities around COVID-19 mitigation efforts in 2020. AAPI Equity Alliance worked in partnership through their coalition and multiple funded CHWOI partners to reach diverse AAPI communities throughout Los Angeles County. AAPI Equity Alliance and partners were also able to leverage additional funds from another Los Angeles County (LAC) Department of Public Health (DPH) funded initiative, the County COVID -19 Community Equity Fund (EF) grant, allowing for a robust outreach effort. An external evaluator reviewed program reports and conducted 25 key informant interviews with the subcontracting partners and three team lead agencies from the CHWOI and EF collaborative to document learnings and recommendations for future CHW strategies.

Outreach

Nearly 13,000 outreach activities took place to over 734,000 people across LAC. Outreach activities were conducted in-person and virtually. Among in-person outreach, 30.9% were at venue visits or events. Among virtual outreach, 63.6% was conducted by phone. In addition to these outreach activities, materials were distributed by partners. More than 36,000 printed materials, 212,000 face masks, and 41,000 hand sanitizers were distributed.

Due to COVID-19 restrictions and efforts to keep both community members and CHWs safe from close contact, most people were contacted through virtual outreach strategies. The Collaborative not only reached a large number of community members, but they were able to connect and develop meaningful relationships through their multiple and sustained outreach efforts. Diversity among community members impacted how and when messages resonated with people.

SAN staff at a check-in table for their vaccination event.

Photo from SIPA's Holiday Event where they provided COVID vaccines and boosters and celebrate with their community.

Target Populations

CHWOI broadly reached diverse communities throughout LAC. While partner organizations had traditional target populations and geographic service areas, their efforts penetrated many parts of LAC. COVID-19 relief funds were to be directed to neighborhoods with high case rates.

However, the tool used to identify areas/zip codes, the Healthy Places Index, did not take race and ethnicity into account and hid the disproportionate impact on some of our communities. Aggregated data potentially masked inequities faced by AAPI subpopulations and the highly dispersed nature of some groups, who were not necessarily living in traditional ethnic enclaves, and were missed by assigned block codes by LAC DPH. This was especially true of Pacific Islanders in LAC; communities with one of the highest infection and death rates, but who are highly dispersed.

Additionally, staff from partner organizations shared that while AAPIs may reside in various parts of the County, they still relied on information and resources from traditional ethnic enclaves, such as Historic Filipinotown or Koreatown, as their main sources of information, commuting to these areas to eat, shop, worship and socialize.

Through this knowledge and after repeated conversations with the DPH and Public Health Alliance (the designer of the Healthy Places Index used to identify areas/zip codes), a population-based approach, in addition to the use of geocoded data, was considered to improve outreach and education efforts to more effectively reach the diverse AAPI populations. This allowed CHWOI partners to reach and educate the diverse underserved communities throughout all of LAC. The strength of the partner organizations allowed for different ethnic populations, intersectional communities and gender identities to be reached across different geographical areas.

[9] https://www.latimes.com/california/story/2020-07-19/california-pacific-islander-native-hawaiian-communities-hit-hard-by-coronavirus

Outreach Insights

Through the various outreach types noted above, CHWs identified key insights from their outreach and education efforts throughout the County:

- CHWs had to be nimble in response to the evolving and unpredictable pandemic.
- Trust and collaboration was key to effective outreach and education.
- Community members were most receptive to outreach when they were treated as whole human beings.
- Vaccine resistance was often linked to a history of neglect in AAPI communities.
- There was no one "magic bullet" COVID-19 message or messenger.
- Messages needed to reach the audience's hearts as well as their minds.
- The pandemic will have long-lasting repercussions for community members – particularly, on their economic well-being and mental health.

While CHWs made great efforts to provide information and resources and to link community members to available resources, the needs in the community are ongoing and more resources are needed to address the inequities experienced by AAPI communities beyond the immediate COVID-19 response. Creating the CHW infrastructure was a good first step, but more permanent and sustained support for CHWs is needed to continue the successes of the CHWOI collaborative to address ongoing health inequities in our health and public health system.

A picture of SIPA's staff

Conclusions and Recommendations

COVID-19 was hard, but it presented an opportunity to do things differently; allowing opportunities to better serve communities and making efforts to be more responsive to community needs. The key outreach insights noted above are important learnings to consider and to integrate into future work. The COVID-19 pandemic highlighted health and racial inequities which will continue to persist and need to continue to be addressed to move towards health equity and well-being. The lessons learned from the CHWOI offer the following recommendations to strengthen the local public health system to address existing health and racial disparities:

Invest in funding to sustain the CHW infrastructure beyond the pandemic

CHWs play a critical role in bridging communities to available programs and services by providing culturally responsive and linguistically appropriate outreach. They also play a critical role in transforming the system so that it is more responsive to community members. They serve as an integral part of the public health infrastructure and should have ongoing and continued support to continue to improve individual health outcomes and to be trusted conduits to address future public health crises.

Go Beyond the Geographical Model when working with AAPI Communities

Geographical targeting can be an effective way to identify needed resources. However, lessons learned from the CHWOI suggest that population-based approaches may be more effective in reaching small populations and geographically dispersed communities, such as the AAPI sub groups. Aggregated data may also mask vulnerable community members who are rendered invisible, and become even harder to reach with geographical modeling, as noted with the COVID-19 experience. Disaggregating data, especially among AAPIs, is vital to understanding inequities and responding to needs, considering resource allocation, and informing policy and decision making.

Adopt Social Determinants of Health (SDoH) for both Community and Policy Work

COVID-19 was a disease outbreak that demanded specific attention and resources. However, the impacts were not on health alone. COVID-19 exacerbated social determinants of health such as poverty, housing, food access, employment, violence and racism. Addressing SDoH with an intersectional lens can better inform community and policy work, such that efforts are not siloed and more opportunities are created to address the whole person and their needs. This may create opportunities for leveraging and creating synergy across sectors to maximize limited resources.

Maximize Collaboration between DPH and Community Partners to improve cultural and linguistic access to health and other needed services

Grounded in the recommendation for a county-wide Language Access Plan, ensuring collaboration for timely culturally and linguistically appropriate outreach and education materials will help to decrease misinformation and mistrust in the community and build consistent and common messaging that can reflect the un-siloed work of DPH with community partners.

CHWOI provided an opportunity to strengthen partnerships, using established trust and credibility in the community, to be nimble and responsive to community needs during the COVID-19 pandemic.

Rooted in an all hands on deck response, AAPI Equity Alliance, ARI, PACS and its partners nurtured existing partnerships, and forged new ones, to move towards achieving health equity for their communities.

The lessons learned through the key outreach insights and the CHWOI recommendations provide strategies for strengthening the public health and community partner infrastructure to address ongoing inequities and to be prepared and responsive to any potential public health disasters or threats in the future.