

Los Angeles County Department of Public Health

COVID-19 Vaccination Strategy

Phase 1B, Tier 1



Updated 2.25.21

<b>Los Angeles County Department of Public Health</b> .....	1
<b>COVID-19 Vaccination Strategy</b> .....	1
<b>Phase 1B, Tier 1</b> .....	1
Overview .....	3
Priority Groups .....	3
Limited Vaccine Supply Necessitating Equitable Prioritization.....	5
Timeframe.....	5
Phase 1B Tier 1.....	6
Residents 65 Years and Older .....	6
Strategies to Reach the Most Vulnerable 65+ Population.....	8
Mapping Data to Identify Areas with the Least Access and Greatest Need .....	8
Community-Based Pilots to Improve Vaccination Access for High-Risk Persons 65+.....	16
Health Plan Support for Mobility Challenged 65+ Age Group.....	17
Vaccination for 65+ with Underlying Medical Conditions .....	17
65+ Population Experiencing Homelessness.....	17
Emergency Services/First Responders/Law Enforcement.....	19
First Responders – Non-Law Enforcement.....	20
First Responders – Law Enforcement.....	20
Correctional Facilities .....	21
Eligible Court Personnel.....	22
Food and Agriculture.....	22
Food and Agricultural (FA) Community .....	23
Barriers to Vaccination .....	23
Community Outreach and Vaccination Strategy .....	23
Strategies to Reach These Populations Include.....	24
Vaccination Verification.....	25
Vaccination Methods.....	25
Education and Childcare.....	26
Early Childcare and Education .....	26
ECE Vaccine Delivery .....	27
K-12.....	28
Vaccinations for the Education Sector – Overview.....	29
Public School Districts Vaccine Allocation - Process Flow .....	29

District Vaccination Allocation/Grouping to create five (5) vaccination groups .....	30
Private/Independent Schools Vaccine Allocation .....	31
Instructions for School Districts .....	32
COVID-19 Vaccine Communications Plan.....	33
Communication Strategies to Address Vulnerable Communities .....	35
Appendices .....	37

## Overview

As with all aspects of the COVID vaccine rollout, the federal and state Phase 1b priority groups and rollout strategy is evolving. This is a dynamic document that will be updated as policies, dose allocation strategies, and methods of administration change.

### Priority Groups

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) made recommendations on groups of people who should be prioritized to receive COVID-19 vaccine while supply is limited. The state of California created a Priority Population Workgroup to help think through the epidemiology of the COVID-19 pandemic and refine the CDC recommendations specific to the local context.

During this process four main criteria were used to evaluate the sequence of the allocation of vaccine for groups of essential workers. They are listed below but not in a ranked order.

- Societal impact of job
- Equity
- Impact on economy
- Occupational exposure

Additional considerations included:

- Geography – Prioritizing regions and neighborhoods that have been disproportionately impacted
- Death/Adverse health outcomes risk – Not just consideration of risk of spread, but also likelihood of death or severe health outcomes
- Risk of community spread – potential vectors for community spread

After review and evaluation of the mortality and morbidity data as well as the outlined criteria, the following groups are determined to be in Phase 1b, tier 1:

- Persons 65 years and older
- Those at risk of exposure at work in the following sectors (not in ranked order):
  - Emergency Services/First Responders
  - Food and Agriculture workers
  - Education and Daycare



Table 1. Estimating Phase 1b, Tier 1 Groups

<b>Phase 1B</b>		
<b>Tier 1</b>	<b>Estimated Population</b>	<b>Source</b>
Persons aged > = 65 years old	1,449,926	CDPH LHJ Estimates
<b>Emergency Services/First Responders</b>		
Police/law enforcement officers	45,934	EMS work w/jurisdictional law enforcement
National Security	2,861	CDPH LHJ estimates (QCEW Data)
Corrections officers and workers	4,746	4746 juvenile facilities (US Census, 2010 (Table PCT20)
Courts/Legal Counsel & Prosecution	4,159	LA County DHR reported numbers
Campus and school police	1,048	School/Police Chief Reported numbers
Rehabilitation and Re-entry	1,923	Partner estimate
Federal law enforcement agencies	5,467	Agency reported numbers
Security staff to maintain building access control and physical security measures	40,713	US Bureau of Labor Statistics, Occupational Employment Statistics, May 2019
DCFS, APS (workers physically responding to abuse and neglect of children, elderly and dependent adults)	9,100	DCFS webpage, Jan 2021
<b>TOTAL</b>	<b>115,951</b>	
<b>Food and Agriculture</b>		
Food service workers	323,600	BLS Occupational Estimates, 2019; extrapolated for LA County (25.32% of CA) + informal food service workers
Food manufacturing	37,900	CDPH LHJ estimate (QCEW Data)
Grocery store workers	82,692	US Bureau of Labor Statistics, June 2020 Estimates for LA County; NAICS 4451
Animal agriculture workers including those involved in Vet health	4500	US Bureau of Labor Statistics, Occupational Employment Statistics, May 2019
Farm workers	32,000	UFW foundation data based on 2015 census by UC Davis
Veterinarians	8,190	CDPH LHJ estimate (QCEW Data)
Food and Agriculture-associated Port and transportation workers	14,000	Port of LA and Port of LB CEOs
<b>TOTAL</b>	<b>502,882</b>	
<b>Education and Daycare</b>		
Public Schools (K-12)	180,000	LACOE
Daycare and ECE workers	100,175	LAC unions, partners, daycare and childcare associations

Independent Schools	22,908	California Department of Education <a href="https://www.cde.ca.gov/ds/si/ps/index.asp">https://www.cde.ca.gov/ds/si/ps/index.asp</a>
Contracted Educational Support Staff	98,000	Discussions with education partners
Charter Schools	20,000	California Charter School Association (LA)
Junior Colleges	26,200	CDPH LHJ estimate (QCEW Data)
Colleges & Universities	98,944	CDPH LHJ estimate (QCEW Data)
<b>TOTAL</b>	<b>546,227</b>	
<b>GRAND TOTAL</b>	<b>2,614,986</b>	

**Limited Vaccine Supply Necessitating Equitable Prioritization**

On January 25, 2021, Governor Newsom announced the three frontline sectors of Education and Childcare, Food and Agriculture, and Emergency Services should be vaccinated in the same tier as the already initiated priority population of those individuals 65 years and older. With constrained vaccine supply and uncertainty on timing for increased production and new vaccine Emergency Use Authorization, a realistic and carefully developed plan for expanding vaccination to these additional sectors is needed.

The initial priority remained focused on ensuring our most vulnerable residents, those 65 years and older, are vaccinated. The data support this focus as the death rate due to COVID-19 among those 65 years and older in Los Angeles County (LAC) is approximately 502 per 100,000 population; more than 5 times that of the next highest death rate, among people 50-64 years old (Appendix table 1). LAC rates of hospitalization associated with COVID are highest among 80+ followed by people 65-79 years old, and these two age groups make up the majority of hospitalizations in LAC (Appendix figure 1).

It is important to note that people aged 65 and older in LAC are not equal in their risk of infection, being hospitalized, and dying from COVID-19. We consistently observe a significantly higher past 14-day, daily age-adjusted case rate among Hispanic/Latino residents of LAC than any other group since May 2020, with the second highest past 14-day daily age-adjusted case rate among Black LAC residents since December 2020 (Appendix figure 2). This is a very similar trend, unfortunately, in the Hispanic/Latino and Black communities in the past 14-day cumulative age-adjusted death rates in LAC (Appendix figure 3).

In addition, the weekly age-adjusted rate of hospitalization among Hispanic/Latino residents is the highest at approximately 80 per 100,000, almost double that of the next highest rate of hospitalizations seen among Black residents of LAC (Appendix figure 4). The hospitalization disparity among traditional marginalized communities of color is even more pronounced when we look at the age-adjusted cumulative hospitalization rates by race/ethnicity (Appendix table 2).

**Timeframe**

Using the latest information from the federal government and assumptions that our weekly allocation will remain relatively constant or slightly increase during February, and knowing that our percentage of second doses will increase to cover those given a first dose, it is likely to take until the third week in March to vaccinate our 65+ population (table 2). The additional sectors becoming eligible on March 1 and Governor Newsom’s announcement of persons with underlying co-morbidities becoming eligible on



March 15, will of course influence the numbers needed to vaccinate and how quickly we move through these populations. The FDA recently reviewed the Johnson & Johnson COVID vaccine Phase III clinical trial data. This approximation below includes an assumption J&J will receive an Emergency Use Authorization and begin shipping during the first week in March.

Table 2. Allocation Projections to Vaccinate 65+ (excluding Multi-County Entities)

	LAC LHJ Vaccine Dose Allocation				65+ Pop = 1,449,926 - 25% decline = 1087445		
Delivery Week	Pfizer	Moderna	J&J	Total allocated to LAC	% second doses	# new 65+ vaccinated	# of 65+ still needing vaccination
2/1/2021	45,825	133,700		179,525	60%	71810	1015635
2/8/2021	93,600	122,800		216,400	70%	64920	950715
2/15/2021	91,650	142,150		233,800	75%	58450	892265
2/22/2021	101,985	116,300		218,285	65%	76400	815865
3/1/2021	124,020	145,900	20,000	289,920	45%	159456	656409
3/8/2021	144,000	148,000	40,000	332,000	50%	166000	490409
3/15/2021	155,000	150,000	65,000	370,000	50%	185000	305409
3/22/2021	165,000	175,000	80,000	420,000	45%	231000	74409
3/29/2021	200,000	286,650	95,000	581,650	40%	348990	-274581
<b>Total</b>	<b>1,121,080</b>	<b>1,420,500</b>	<b>300,000</b>	<b>2,841,580</b>		<b>1302900</b>	

## Phase 1B Tier 1

### Residents 65 Years and Older

LAC Department of Public Health (DPH) is working to understand the needs of the various sub-groups of the 65+ adult population in LAC and ensure there is equitable access to vaccine. The State of California (CA) recently announced a shift toward using a more centralized healthcare system approach utilizing a third-party administrator (TPA) to rapidly vaccinate this population.

In LAC, it is estimated that 64% of the 1,443,186 individuals in the 65+ group have public health insurance, 8.8% have private insurance, 26.2% have a combination of both public and private, and 1% do not have insurance at all (Appendix table 3). In LA County, there are 1.48 million Medicare beneficiaries. Working with and through the healthcare systems to immunize those with insurance and a medical home will be essential as a part of the more rapid immunization rollout, and complemented by smaller, community clinics and other mobile strategies to meet those with the greatest needs where they are.

Relationships have been forged with the Accountable Care Organizations/Managed Care Organizations (ACO/MCO) and health plans such as L.A. Care, HealthNet, Kaiser Permanente, Optum, CareMore, SCAN, Adventist Health, Anthem Blue Cross/Blue Shield, and other partners such as the LAC Department of

Health Services, to support their efforts to vaccinate their 65+ empaneled patients, including developing strategies to reach their patients at highest risk for adverse outcomes of COVID.

Concerns of inequitable access to vaccines for sub-groups within the 65+ age group include persons experiencing homelessness, homebound individuals due to medical/psychiatric conditions, those living in multi-generational housing, those that lack insurance including undocumented individuals, those with limited or no access to technology, those that lack transportation options, those with language barriers, and racial and ethnic groups disproportionately affected by COVID-19.

To address these concerns, various stakeholders have been engaged to help LAC DPH implement a strategy that utilizes already established networks and identifies new partners and innovative methods of reaching the 65+ population including but not limited to:

- Area Agencies on Aging
  - LAC Department of Workforce Development, Aging, and Community Services, which serves LA County minus LA City
  - Los Angeles City Dept of Aging, which serves LA City
  - Both include the network of Senior Centers, home delivery meal programs etc.
- Health plans known to cover underserved 65+ populations:
  - My Health Los Angeles (MHLA)
  - SCAN
- Los Angeles Alliance for Community Health and Aging (LAACHA) and Office of Women’s Health (OWH), which is an alliance of many community-based organizations targeting the elderly
- Community Based Organizations:
  - WISE & Healthy Aging has helped link us to affordable senior housing sites and home delivery meal programs.
  - MSSP (Multipurpose Senior Services Program): waiver program for Medi-Cal eligible 65+ who would be nursing home eligible as a target for mobile vaccination. There are 6 agencies serving 6 geographical areas in LA County: Partners in Care Foundation, Huntington Hospital, AltaMed, SCAN, Jewish Family Services, Human Services Association
- Rideshare and transportation services
  - Using Uber Health to provide round-trip transportation to vaccination PODs
  - Ongoing discussions with Lyft for similar rides to vaccination sites
  - Coordination with LA Mayor’s Office, Metro, and other city’s transit lines to identify routes that access vaccination sites and ensure free rides for vaccination
  - Coordination with TAP to load 2 free rides for seniors for vaccination
- LAC Department of Mental Health to help link to affordable senior housing
- LAC Department of Health Services
- LAC Department of Public Social Services (DPSS)
  - a. In-Home Supportive Services (IHSS) and Personal Assistance Services Council
  - b. Great Plates Program/CalFresh/EBT, serve elderly (defined as 60+)
- American Association of Retired Persons (AARP)
- Housing for Health



- Federally Qualified Health Centers are best situated in their communities to reach those underinsured and uninsured
  - a. *Clinica Romero*: collaborating with *promotoras* to connect with the community, providing transportation (own clinic shuttle and Uber Health), working with consulates for vaccine outreach
- Los Angeles Homeless Service Authority (LAHSA)
- Los Angeles County Vaccine Workgroup (includes community-based organizations, essential worker groups, emergency management, health organizations, pharmacies, school districts, universities, funders, and county and city members)

### Strategies to Reach the Most Vulnerable 65+ Population

DPH is utilizing a multipronged approach to reach the most vulnerable 65+ population that includes identifying sub-populations with the least amount of access and the greatest need through mapping; working with community and faith-based partners, utilizing established networks that engage with this population; and working with our other Phase 1b, Tier 1 sector partners to have them identify their 65+ populations across education, emergency services, and food and agriculture and begin to stand up their models now in order to easily scale up once more vaccine becomes available. DPH is working with partners LA City, Curative and CARE ambulance and is in discussion with other partners to increase mobile vaccination units dispersed to those communities with the highest need and highest density of 65+; working with clinical partners to vaccinate 65+ with underlying medical conditions such as dialysis patients at their dialysis clinics; and collaborating with partners, such as In-home Supportive Services and other home care agencies that support the homebound, to encourage caregiver and client to be vaccinated together. In addition, we have been working to expand our network of registered pharmacy partners to hundreds of retail chain and neighborhood pharmacies that reach deep into communities.

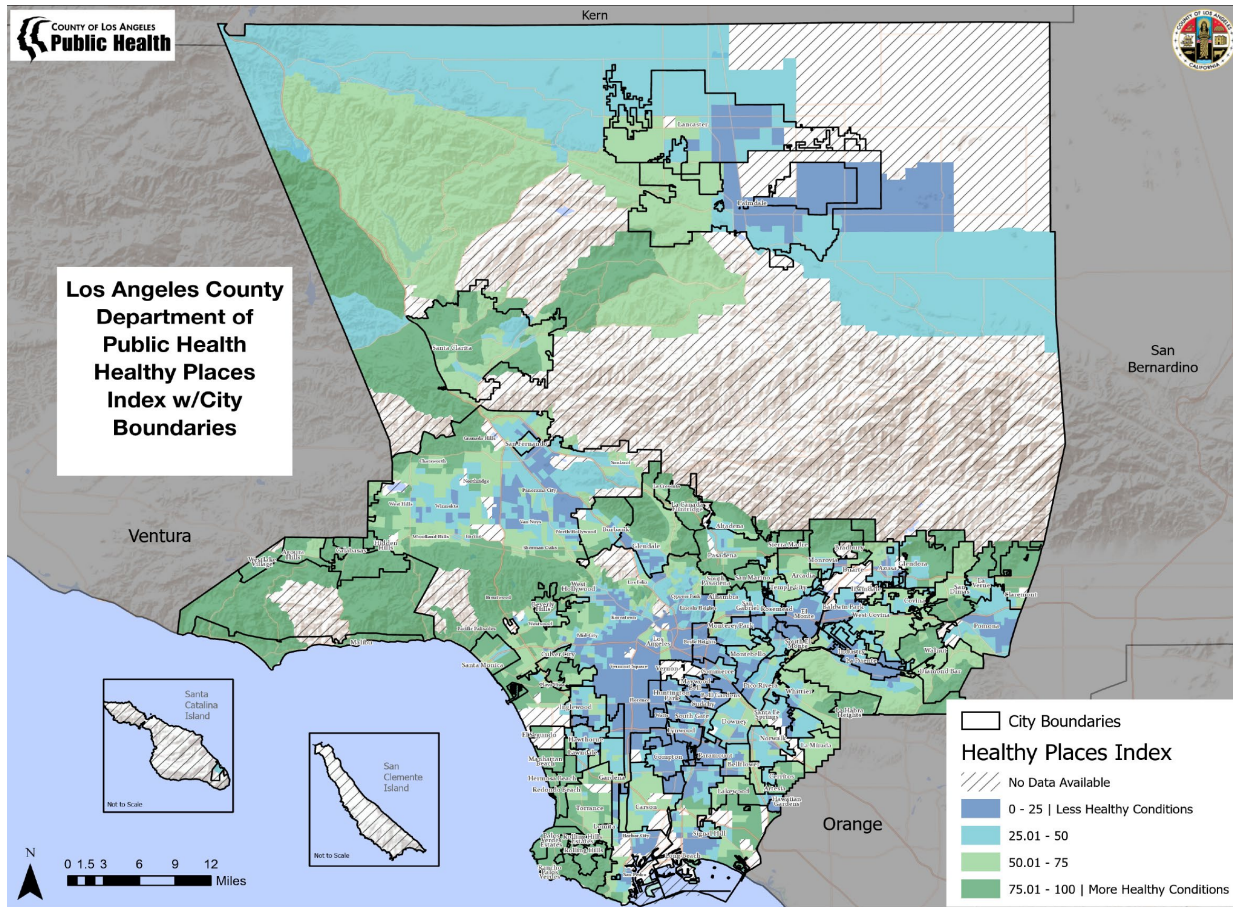
Operationally, to address potential barriers in signing up for vaccination appointments, residents with disabilities or without computer access may call a toll-free phone number 7 days a week for assistance.

### Mapping Data to Identify Areas with the Least Access and Greatest Need

Mapping is a strategy to visualize variability across a geographic region. DPH mapped a variety of data sources to better understand the geographic representation of the high density of 65+ populations with the least amount of access and the greatest need. The Healthy Places Index (HPI) is a social vulnerability index that combines 25 community characteristics into a single indexed HPI Score. HPI scores for each census tract can be compared across all of LAC and even California.



Map 1. Healthy Places Index and City Boundaries based on Census Tract, Los Angeles County



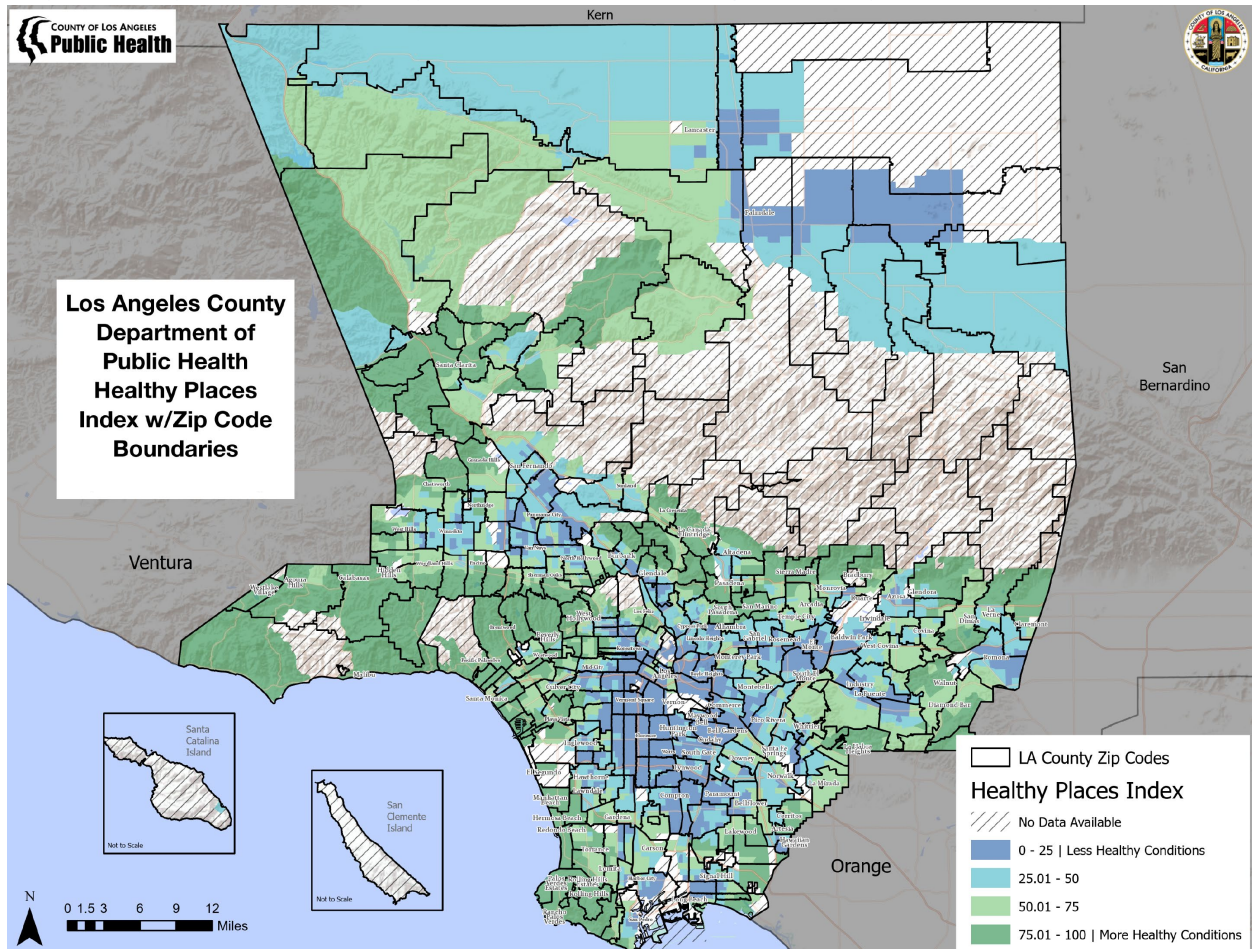
It serves to paint an overall picture of health and well-being in each neighborhood. The tool also allows multiple census tracts to be pooled together into a single score, allowing the comparison of zip codes, project areas, and other geographies.

In the map above (map 1), the census tract HPI scores are ranked and quartiles are created to visualize the scale of social vulnerability. The HPI for LAC shows great variability; the light purple areas represent communities that are most vulnerable/less healthy conditions with a gradient to green, indicating the healthiest/least vulnerable communities. City boundaries are overlaid on the HPI base layer.

In terms of operationalizing the HPI, we see that some cities are too large and vary greatly within their boundaries, so we look to zip code (map 2). Zip codes do not map perfectly to census tract boundaries as you can see in Map 2, but they provide a way to operationalize interventions to publicly recognized units and liken the HPI to a tangible set of guiding principles for vaccine implementation.



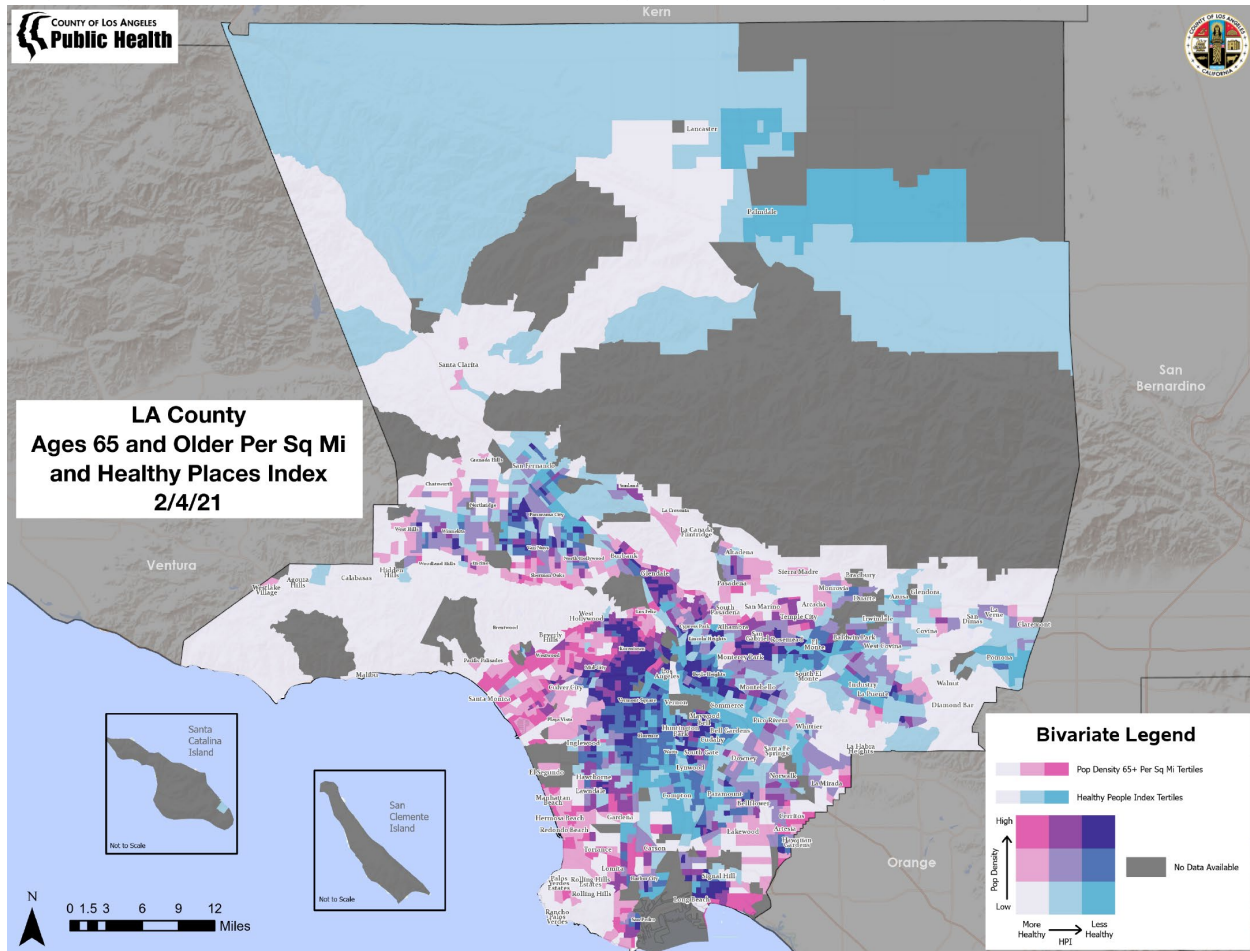
Map 2. Healthy Places Index and Zip Code Boundaries, Los Angeles County



The darkest purple areas are the communities with the greatest needs. Presenting data by geographic units that have different underlying age distributions could be misleading, so we also cross-referenced the HPI scores for each census tract with the population density of 65+ per square mile (map 3). We can see the purple areas are the geographic regions that both are the most socially vulnerable and have the highest density of 65+ population in LAC. This tells us where we should reach out to community groups serving the 65+ in those areas, set up additional clinical vaccination sites, and work to understand the mobile vaccination needs as well as the education and information needs.



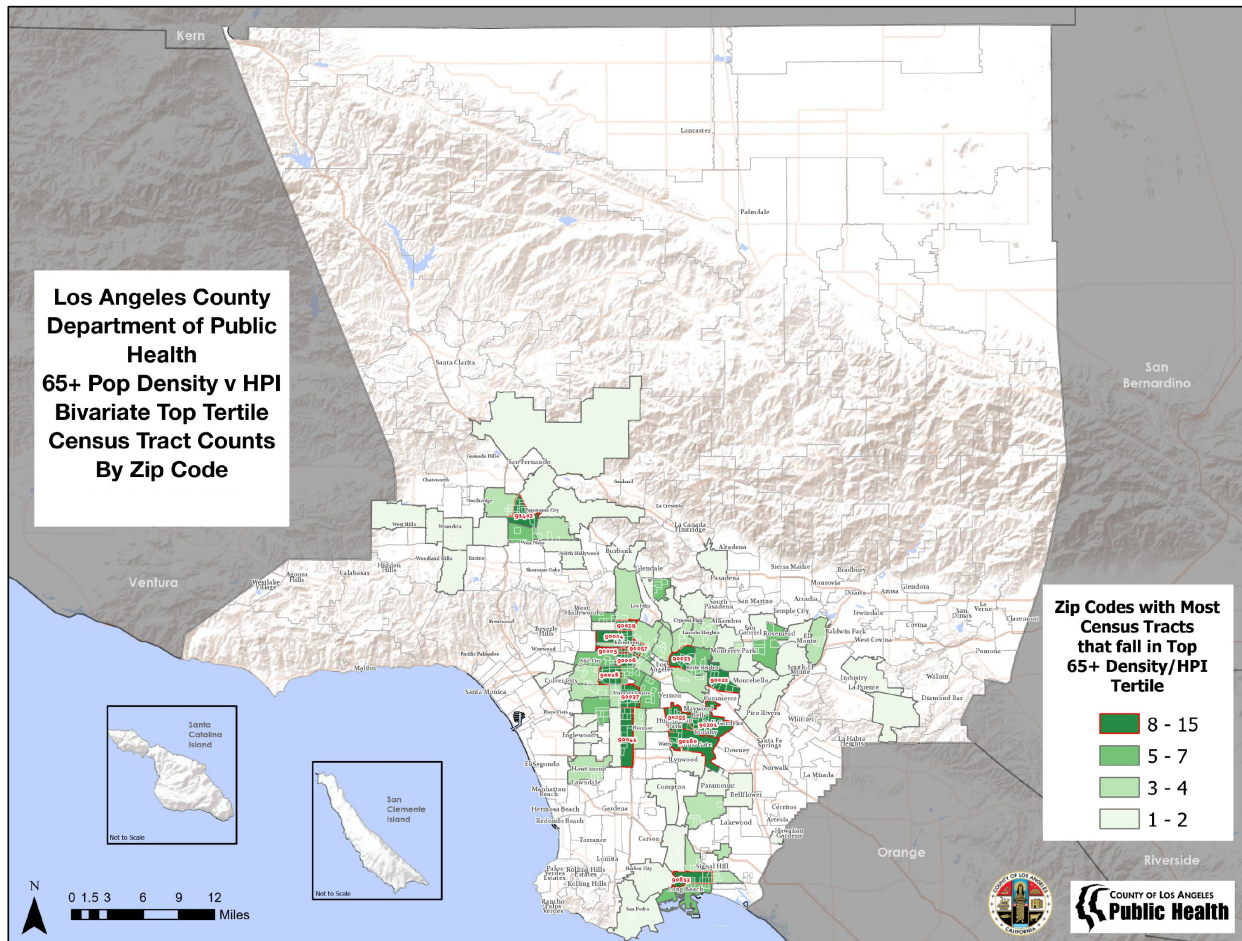
Map 3. Population Density of 65+ overlaid on Healthy Places Index, Los Angeles County



To operationalize this map to identify the most vulnerable, we mapped the census tracts with the highest density of 65+ and the HPI scores to zip codes (map 4). The darker green areas represent the zip codes with the greatest number of census tracts that have both the most vulnerable population by HPI and the greatest density of 65+. This allows us to target these zip codes (90004, 90005, 90006, 90018, 90022, 90029, 90033, 90037, 90044, 90057, 90201, 90255, 90280, 90813, 91402) for community-based and localized approaches to vaccination, including standing up mobile vaccine teams, targeted kiosks, pop-ups, and where we need to concentrate our community-based organization (CBO) engagement and coordination. We can also work to prioritize vaccination for the 65+ age group in these zip codes at FQHCs, pharmacies, and other points of dispensing.



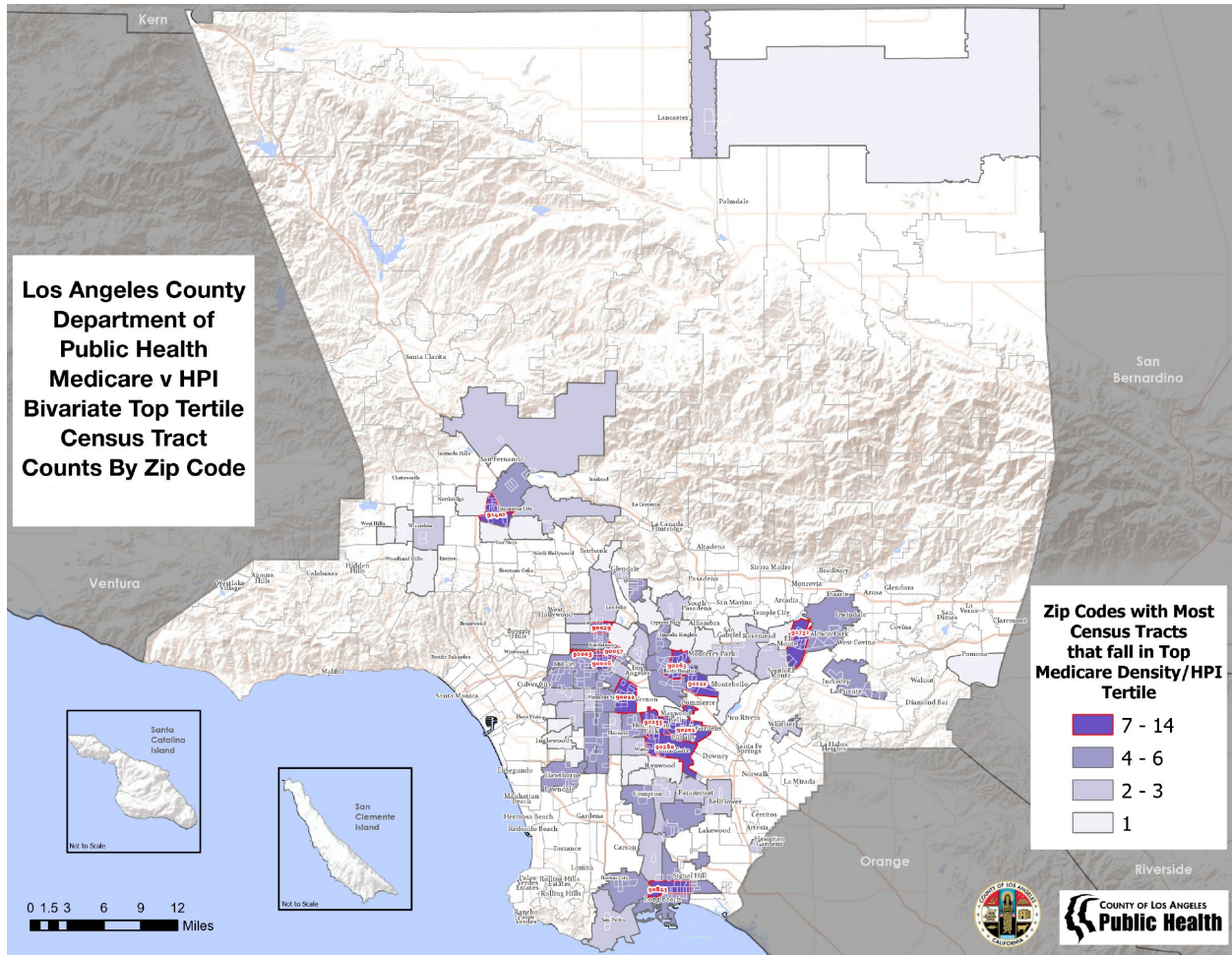
Map 4. Zip codes with the most census tracts with high density population of 65+ and low Healthy Places Index score, Los Angeles County



We also underwent a similar process looking at our 65+ Medicare population since they represent a sub-population (map 5). There is some variability in the zip codes from the just 65+ and HPI map (90005, 90006, 90011, 90022, 90029, 90057, 90063, 90201, 90255, 90280, 90813, 91402), and the darkest purple are those with the most census tracts with high density population of 65+ on Medicare and least healthy based on HPI. DPH has also engaged with the US Assistant Secretary for Preparedness and Response (ASPR) to work on a Medicare dashboard that drills down to LAC and they are making data available so we can identify those most recently in the hospital and at highest risk of needing emergency care.



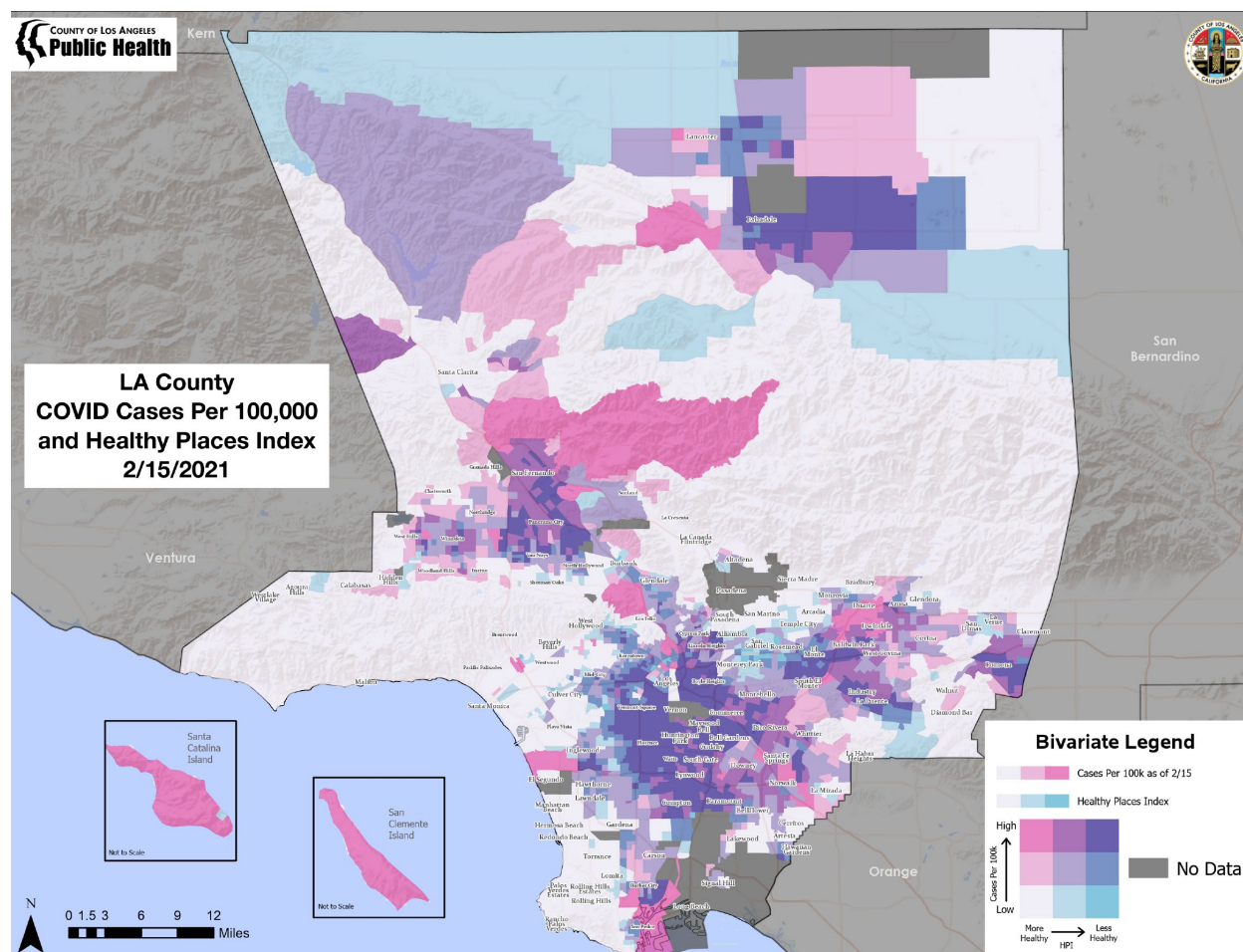
Map 5. Zip codes with the most census tracts with high density population of 65+ on Medicare and low Healthy Places Index score, Los Angeles County



To verify that highest need as determined by the HPI also aligns with the impact of COVID we have experienced in LAC, we mapped COVID cases and deaths per 100,000 population against HPI. In Map 6 we can see the purple areas represent communities with the highest COVID case rates per 100,000 and have the highest vulnerability/least healthy per the HPI. We see that the purple areas in Map 6 largely correlate with the most vulnerable/least healthy areas of just the HPI map (map 2) suggesting a strong relationship between social vulnerability and COVID case rates. Specifically, zip codes with largest number of census tracts in the highest tertile of COVID cases per 100,000 people and HPI include 90201, 90011, 90044, 90001, 90255, 90280, 91402, 90023, 90063, 90037, 90006, 90002, 90022, 90033, 91331.



Map 6. COVID-19 Cases per 100,000 residents in Los Angeles County by Healthy Places Index Percentile, February 15, 2021

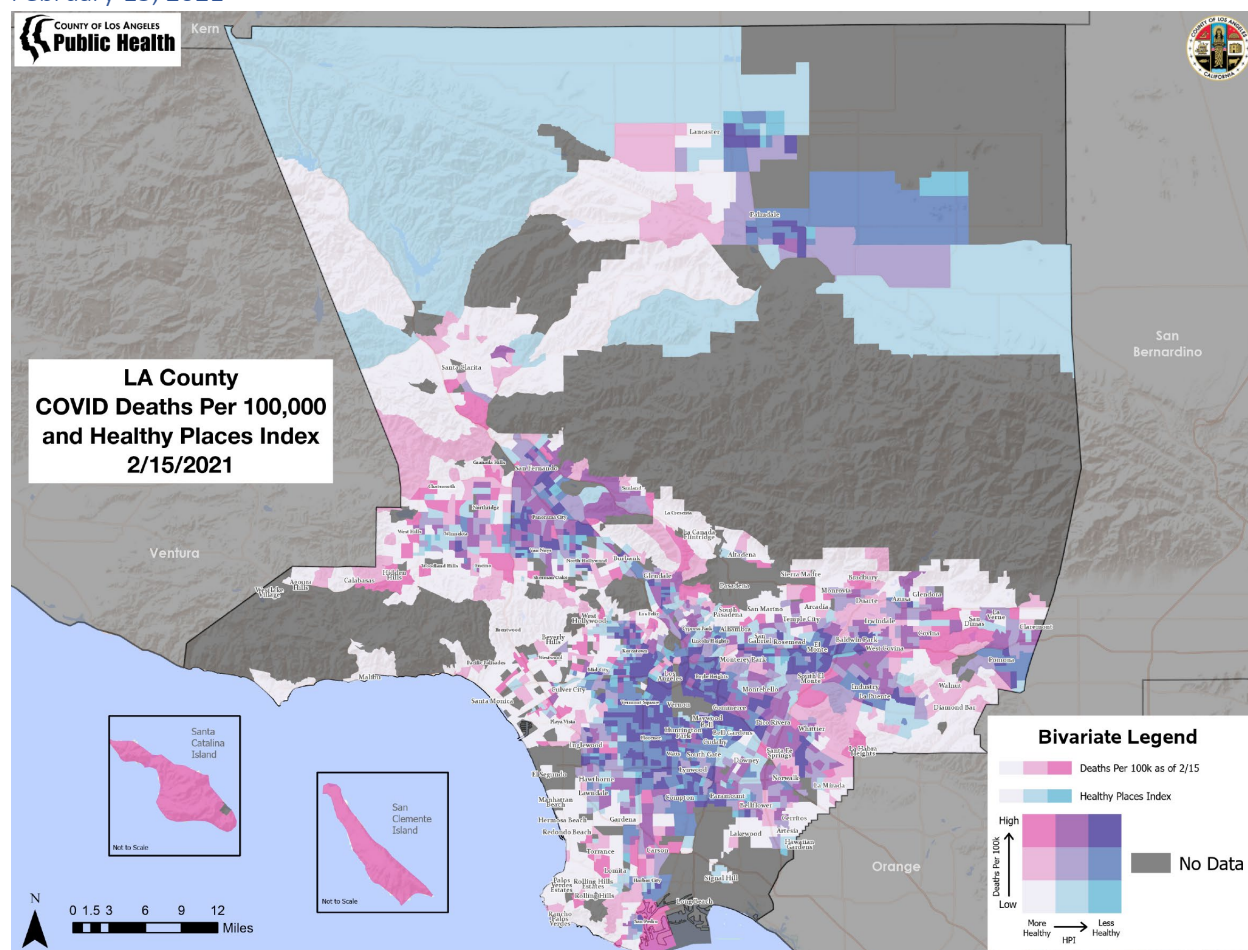


COVID-19 deaths in Los Angeles County by HPI percentile is shown in Map 7 and we can see it closely aligns to Map 4 where the population density of those 65+ and HPI are represented. The dark purple once again represents the areas with the highest needs and highest death rates. Zip codes with the largest number of census tracts in in the highest percentile of COVID deaths and HPI include 90011, 90044, 90006, 90057, 90001, 90023, 90255, 90063, 90201, 91402, 90033, 90037, 91732.

This exercise in better understanding the geography and the population through mapping is only one tool to target our efforts, but it does help triangulate data to outline the zip codes where we need to focus our limited vaccination resources. Using these maps, we can tailor specific outreach, education, and vaccination strategies in association with our LA County Vaccine Workgroup, Equity Committee and CBO partners. Further stratification by race/ethnicity and primary language is underway to help target these groups.



Map 7. COVID-19 Deaths per 100,000 residents in Los Angeles County by Healthy Places Index Percentile, February 15, 2021



As we work with our partners to better understand the needs of the most vulnerable 65+ population, targeted messaging/education on vaccine safety and increased access to vaccine will be prioritized. In addition, we have established relationships with two third-party entities (Curative and CARE Ambulance) to conduct mobile outreach specifically to DPH identified priority populations. Curative has logistics expertise in operating large fixed site PODs but has been expanding its mobile capacity. Curative is currently completing three visits as part of the initial 2-dose vaccine roll-out to all facilities licensed by Health Facilities and Inspection Division (SNFs, intermediate care facilities, and congregate living health facilities). Curative is now supporting vaccine outreach to senior residential developments and day centers. However, there are hundreds of senior residential developments that house low-income seniors or seniors in communities with high COVID-19 rates where vaccination rates are lagging the LA County average. Anticipating the increasing demand for mobile teams as a key tool for ensuring equity in vaccine distribution, we recently onboarded CARE Ambulance company to provide additional mobile outreach capacity. CARE has 12,000 clinically trained vaccinators (EMTs and MAs) so they have a very high ceiling for the number of mobile outreaches they can conduct, which allows them to scale up to



meet demand as more doses become available. They are available 24/7, so they are well-suited to support outbreak response. Both Curative and CARE Ambulance are CalVax approved, recover their costs by billing insurance, and have made a commitment to not balance bill their clients.

Although the mobile outreach teams are primarily focused on going into senior residential developments at this point, they are also available to support other sectors as needed (e.g., food and agriculture, education). These companies can coordinate close POD one day clinics targeting specific populations within these sectors. It is the role of the sector leads, in consultation with other community leaders and stakeholders, to identify the specific populations that would be best served by mobile outreach and work with stakeholders to provide a list of groups to coordinate with for organizing mobile vaccination. We recently expanded the call center to call the groups identified by community stakeholders to verify eligibility, assess interest in vaccination, and capacity to support a mobile team. Groups/facilities meeting the above criteria will be assigned to either Curative or CARE Ambulance for scheduling.

In addition to CARE and Curative, which work in close direct coordination with DPH under an MOU, there are other community partners who have established mobile vaccination capacity. Some of these partners are summarized in the table below. We plan to maintain a list of providers offering mobile vaccination as we become aware of them. For community groups interested in mobile vaccination and who do not meet criteria for a DPH coordinated mobile clinic (i.e., with CARE or Curative), we plan to connect those groups with providers in their community to see if they can meet their needs.

#### *Community-Based Pilots to Improve Vaccination Access for High-Risk Persons 65+ Active Recruitment and Scheduling Assistance for Pharmacy Patients*

Beginning on February 8, fifty-one (51) Albertsons umbrella pharmacies (Vons, Pavilions and Sav-On) throughout the county began actively assisting pharmacy patients with scheduling 1st dose and 2nd dose appointments by 1) Calling patients on current waitlists, 2) Reaching out to patients with high-risk medical conditions (similar to flu, pneumonia and shingles vaccine recruitment), and 3) Consulting with patients at drop-off/pick-up window during regular pharmacy visits. This effort has allowed each pharmacy to provide individual assistance to their community members and further strengthen provider-patient ties. Ralph's began a similar effort at thirty-seven (37) pharmacies on February 22nd.

#### *City/Federally Qualified Health Center Vaccination Partnership*

On February 8, 9 and 11, Herald Christian Health Center partnered with the cities of Monterey Park and San Gabriel for two walk-up and one drive-through vaccination clinics. They successfully vaccinated 900 seniors, recruiting participants from the nearby community who may have had difficulty accessing mass vaccination sites through traditional websites and call centers. This partnership was composed of city staff, Herald Christian staff, CORE, community volunteers, and student nurses and faculty from nearby Azusa Pacific University. Tri-State Community Healthcare Center conducted a similar vaccination clinic with the City of Glendale on February 20, and JWCH is planning clinics in the cities of Lancaster and Palmdale on February 23, 25 and 27.



## Health Plan Support for Mobility Challenged 65+ Age Group

The 65+ group with limited mobility cannot get into a car to reach a POD or even a local vaccination clinic. DPH has engaged with health plans to determine if they can offer supplemental payments to providers for mobile vaccination services. The health plans are willing to consider supplemental payments and have agreed to identify in-home service providers that have existing contracts with most of the health plans, to offer supplemental payments pending additional allocations of vaccines. DPH would rely on health plans to identify their members who meet criteria for limited mobility to qualify for the mobile service.

Lastly, messaging from DPH has been disseminated to In-Home Supportive Services (IHSS) and other home health agencies to ask these caregivers to bring themselves (eligible under Phase 1a) and their 65+ clients to vaccination sites to be vaccinated together if the circumstances are safe to leverage relationships of individuals already in close contact with each other and limit new potential exposures.

## Vaccination for 65+ with Underlying Medical Conditions

Adults 65+ with underlying medical conditions, such as those requiring dialysis, are particularly vulnerable to COVID both due to their need to visit clinics and the high probability that if they become infected with SARS-COV-2 they would very likely end up in the hospital. DPH has engaged our dialysis center partners to directly vaccinate their approximately 10,000 populations of those aged 65 and older on-site, beginning February 2021.

## 65+ Population Experiencing Homelessness

In alignment with the continuum of care for people experiencing homelessness (PEH), our vaccination plan aims, in partnership with DHS, to deliver COVID-19 vaccine to individuals currently experiencing homelessness, both sheltered and unsheltered, and includes formerly homeless persons who have been successfully placed in permanent supportive housing.

Our key partners from DHS, DMH, and LAHSA have provided estimated counts of currently eligible persons: healthcare worker (HCW) staff for the people experiencing homelessness (PEH) sector and PEH who are 65 and older. We begin with staff who support the IQ sites as these medical shelters also support the LAC hospital infrastructure. The remaining order was determined by risk of COVID-19 exposure and infection, and risk for poor medical outcome if infected. The last group listed, PEH 65+ in unsheltered settings, reflects anticipated difficulty in tracking and assuring a second dose of vaccine. However, we think that this unsheltered group should not be excluded out of hand without some preliminary pilots that could help assess ability to complete 2 doses and help develop protocols and procedures to immediately implement when a 1-dose vaccine is available.

Table 5. First Prioritization, Order, and Estimated Number of Persons Needing Vaccination

Site-Based Strategy	DPH Phase	Total Estimate
QI Sites (Staff only)	Phase 1a/Tier 2	1,200
Outreach Workers, CHWs, HCWs working with PEH	Phase 1a/Tier 2	2,000
Recuperative Care Centers (HCWs and PEH 65+)	Phase 1a/Tier 2	570



PEH 65+ Shelters	Phase 1b/Tier 1	500
PEH 65+ in Project RoomKey (PRK) and Project HomeKey (PHK)	Phase 1b/Tier 1	2,400
Former PEH 65+ in other permanent supportive housing (PSH)	Phase 1b/Tier 1	5,000
PEH 65+ Unsheltered	Phase 1b/Tier 1	1,200

### *Approach*

DPH is using our collective experience in delivery of care and services to this population; experience that has been tested and validated in prior vaccination efforts (hepatitis A, influenza) as well as in our current COVID-19 disease control and testing interventions. Key learning includes:

- Care is most effectively delivered when brought into the communities where PEH reside and where PEH access services. We are proposing a multipronged approach to vaccination delivery, that includes vaccine delivery by mobile teams that will bring vaccine to PEH where they live and access services, as well as vaccine delivery through vaccination PODs and clinics open to walk-ups and pre-registered persons in areas frequented by PEH and in areas where COVID clusters of outbreaks have occurred.
- Organizations and personnel with knowledge and existing ties with the community are the most effective in engaging and gaining vaccine acceptance for both staff and PEH. We ask partner organizations to begin or increase vaccine education and outreach immediately, prior to vaccine availability, to prep the community. Key partners in this work include LAHSA, DMH, and DHS, as well as various FQHCs that are currently engaged in outreach work, wellness checks, and surveillance testing. To engage former PEH in permanent supportive housing, potential partners identified are LA City and its connections with the Southern California Association of Non-Profit Housing, and the Skid Row Housing Trust. We will ask for their assistance to help amplify our messaging on eligibility and where to go for vaccination.
- Data collection needs to be streamlined and housing status needs to be uniformly collected to allow for adequate vaccination tracking and reporting. In partnership with LAHSA and DHS, expanding the build of our shared data platform developed by Akido Labs for testing and contact tracing will be necessary to also collect the required vaccination information and additional variables that capture housing status and geolocations of vaccination. DPH met with State data teams to discuss the possibility of data integration from Akido reports into CAIR. In addition, protocols have been developed for improving data capture in the various electronic health systems and State clinic registration platforms, and outreach to vaccinators has been initiated to assist FQHCs and other partners in the adoption of these data collection protocols.

### *Vaccine Distribution and Delivery Strategy*

Vaccine distribution and delivery will mirror the COVID-19 testing strategy in PEH, and the organizations that supported that testing. For example, we are onboarding Housing for Health (HFH) and its COVID Response Teams as key vaccinators in the PEH sector, leveraging their established relationships with many shelters where they have been performing surveillance testing and outbreak management throughout the pandemic. Housing for Health began vaccinating HCWs, outreach workers, and PEH the first week of February with a small quantity of 500 Moderna doses via the DHS parent organization

registered through CalVax. Vaccine was delivered to the central pharmacy at LAC-USC and repositioned by HFH throughout the 8 SPAs. This smaller initial rollout allowed them to smooth out operations before scaling up. When supply is sufficient, HFH will begin picking up vaccine at other DHS pharmacies/sites to further broaden their geographic reach.

In addition, we have begun discussions with FQHCs that are already registered through CalVax and have been vaccinating their communities and are ready to vaccinate PEH: LA Christian Health Center and JWCH, for example, to help vaccinate at the large Missions and URM (LACHC), and the Weingart (JWCH). We have connected with the FQHCs that have been supporting our Project RoomKey (PRK) and Project HomeKey (PHK) sites for site-based vaccination at PRK and PHKs. We are also reviewing the possibility of opening the Satellite Clinic in Skid Row for DPH's vaccination presence in the PEH community and considering the feasibility of utilizing our DPH mobile van as well.

#### *Selection of Sites for Vaccination Clinics*

We have mapped our outbreak locations and begun to layer locations proposed by Housing for Health and our FQHC partners to hold vaccination clinics. Our goal is to select areas that have experienced frequent outbreaks, ensure adequate geographic coverage, and coordinate among all the entities interested in helping us vaccinate. We have regularly scheduled weekly workgroup meetings to coordinate the vaccination work among our identified partners.

## Emergency Services/First Responders/Law Enforcement

The Emergency Services Sector (ESS) is a community of highly skilled, trained personnel (with physical and cyber resources) who provide a wide range of prevention, preparedness, response, and recovery services during both day-to-day operations and incident response. The ESS includes both paid and volunteer capacities, organized primarily through city police departments and fire stations, county sheriff's offices, and Department of Defense police and fire departments. The ESS also includes some private sector resources, such as industrial fire departments, private security organizations, and private emergency medical services providers.

Essential workforce, if remote working is not possible, may include public, private, and voluntary personnel (front line and management) in:

- Emergency management, law enforcement, fire and rescue services, emergency medical services, corrections, rehabilitation and reentry, search and rescue, and technicians supporting maritime and aviation emergency response.
- Public Safety Answering Points and 911 call center employees.
- Personnel conducting, supporting, or facilitating wildfire mitigation activities
- Courts/Legal Counsel & Prosecution
- Workers physically responding to abuse and neglect of children, elders and dependent adults.
- Workers in emergency communication centers, public safety communications centers, emergency operation centers, fire and emergency medical services stations, police and law enforcement stations and facilities.



## First Responders – Non-Law Enforcement

These agencies include fire and rescue services, public safety answering points, wildfire mitigation activities, workers who physically respond to abuse and neglect of children/elders/dependent adults, courts/legal counsel and prosecution, and workers in emergency communication centers. Given the diversity of this category, Public Health has been working with each type of agency to ensure it is connected to appropriate and allied partners to receive vaccine. For those groups where a partner has not been identified they will be routed to Emergency Response specific days at the County run mass vaccination sites. Adult Protective Services and Department of Children and Family Services workforce has been collated and stratified based on occupational risks (moderate and high occupational risk) to prioritize vaccine allocation. These identified individuals will be vaccinated in DPH clinics.

## First Responders – Law Enforcement

The law enforcement sector in LA County is composed of County, city, federal and school police departments. Given the range of jurisdictional and non-jurisdictional entities, a strategic and coordinated approach is necessary to ensure all law enforcement partners have access to vaccine.

### *Jurisdictional Entities*

Jurisdictional law enforcement entities have partnered with EMS and health clinic stakeholders to administer vaccine. The largest departments—Los Angeles County Sheriff's Department (LASD) and Los Angeles Police Department (LAPD)—have partnered with LASD Emergency Services Detail and Los Angeles Fire, respectively. Public health is working closely with LA County EMS to ensure allocations are appropriately distributed to EMS agencies partnered with police departments to provide vaccination.

In addition to LASD and LAPD, Los Angeles County is home to 44 independent city police departments. All city police departments have partnered with LA County Fire Department (LACoFD), local hospitals, or fire departments to receive vaccine. Allocations will be incorporated in local hospitals and fire department to account for these police department.

There are 13 California Highway Patrol (CHP) departments across the County. Care Ambulance – a private ambulance service provider – is slated to provide vaccine for this sector.

The Department of Probation, which has a workforce of over 5,000 employees, will be vaccinated through DPH clinics. Department of Probation employees have been aggregated to generate a list of eligible individuals that have then been stratified into moderate and high-risk categories that will be eligible for sequential vaccination.

### *Non-jurisdictional Entities*

Non-jurisdictional law enforcement departments include twelve school police departments. Public Health has identified the police chiefs of these departments and has reached out to them. Large school police departments have all been partnered either by an allied health system (UCLA) or the LAUSD. UCLA and LAUSD has committed to vaccinating all school police departments that have not established prior vaccine partners. Vaccines for these school police department will be included in LAUSD and UCLA weekly allocation to cover the addition of these police departments.

DPH will be designating one day a week at LA County Mega PODs open only to specific emergency service individuals. Security staff to maintain building access control and physical security measures that

are include in Phase 1b, Tier 1 will have access to a secure day at the Mega PODs to receive vaccination. Additional eligible Emergency Management, Search and Rescue, Emergency and public safety communication centers, and EOC personnel within Phase 1b, Tier 1 will have access to this secure emergency service day at the Mega PODs to ensure vaccination.

#### *Federal Entities*

Public Health has identified 13 federal law enforcement entities in LA County. These departments are under the FBI, Department of Homeland Security, Department of Justice, technicians supporting maritime and aviation emergency response, TSA, and other federal agencies. Public Health has identified points of contacts with these various agencies to explore vaccine roll out. The largest federal agencies - including the FBI Field Office, TSA and Customs and Border Protection - have been partnered with LAFD. Additionally, select federal entities are partnering with local VA hospitals to receive federally allocated vaccine. LA County has established one day per week at the 5 County Mega PODs open only to emergency services where federal agencies can book vaccine appoint slots.

#### Correctional Facilities

Within LA County are 5 correctional facilities: 1 County jail, 1 County juvenile probation department, 2 federal prisons under Bureau of Prisons (BOP), and 1 state prison under the California Department of Corrections and Rehabilitation (CDCR).

#### *County Jail and Juvenile Probation*

The population of County jail and juvenile probation inmates is estimated to be about 20,000. Public Health has already begun providing vaccine for the County jail as of 1/19/2021 for eligible personnel and inmates. All HCW staff have been vaccinated through DHS as well as inmates who meet criteria for 1A (inmates who are in the jail infirmary and receive SNF level of care) and inmates who are 65 and older. In addition, non-HCW staff who work in high-risk clinical settings have been offered vaccine that was supplied by Public Health. In total, 716 staff and inmates who meet this category have been vaccinated to date. Correctional Health Services providers (under DHS) administer the vaccine.

#### *Non-County Correctional Facilities*

The state and federal correctional facilities have been allocated vaccine by their respective parent agencies for use within their facilities. Federal correctional facilities receive vaccine allocations directly from the Bureau of Prisons. The state prisons (California State Prison Lancaster) receives vaccine allocations from CDPH.

#### *Releases Prior to Receiving Second Dose*

Incarcerated populations are transient, and an estimated 50% of those in jail are released within 14 to 21 days (median LOS is 2 months). Eligible inmates that qualify under Phase 1a or those who are over the age of 65 may be released prior to receiving the second dose of vaccine.

Although this poses a challenge in terms of follow up, Public Health has communicated that vaccine should not be withheld from eligible inmates due to these concerns. In addition to the CDC vaccination card, Public Health has provided a letter stating the date their second dose is due, and information on where to schedule a second dose of vaccine (website and phone number). Public Health is in discussions



with Whole Person Care and the Office of Diversion and Re-entry to provide additional case management for the inmates who are released into their programs.

### Eligible Court Personnel

Public Health is prioritizing eligible personnel of the Courts in Phase 1b Tier 1 based on Public Health's definition. This includes the Public Defender's Office, Alternate Public Defender, District Attorney's Office, Judges and court administrators/staff that are required to be in-person at court routinely and interact with clients in correctional facilities. Lists of court personnel have been collated to generate a list of eligible individuals which was then stratified into moderate and high-risk categories that will be eligible for vaccination through Public Health Clinics. Additionally, these individuals will be eligible to be vaccinated on emergency service days through the Mega POD.

### Food and Agriculture

The Food and Agricultural (FA) Sector is composed of complex production, processing, and delivery systems and has the capacity to feed people and animals both within and beyond the boundaries of the United States. Beyond domestic food production, the FA Sector also imports many ingredients and finished products, leading to a complex network of growers, processors, suppliers, transporters, distributors, and consumers. This sector is critical to maintaining and securing our food supply.

Essential workforce, if remote working is not possible, may include:

- Grocery store employees.
- Workers supporting restaurant carry-out and quick serve food operations, including food preparation, carry-out and delivery food employees.
- Food manufacturer employees and their supplier employees to include those employed in food ingredient production and processing facilities; aquaculture and seafood harvesting facilities; livestock, poultry, seafood slaughter facilities; pet and animal feed processing facilities; human food facilities producing byproducts for animal food; beverage production facilities; and the production of food packaging, including recycling operations and processing.
- Farmers, farm and ranch workers, support service workers producing food supply and engaged in raising, cultivating, harvesting, packing, storing agricultural or horticultural commodity for human consumption.
- Workers in cafeterias used to feed workers.
- Government, private, and non-governmental organizations' workers essential for food assistance programs (including school lunch programs) and government payments.
- Animal agriculture workers to include those employed in veterinary health (including those involved in supporting emergency veterinary or livestock services).
- Food and Agriculture-associated Port and transportation workers.
- At risk food service and restaurant workers.

According to the listening sessions conducted by LAC for Food and Agricultural workers and surveys done by stakeholders (United Food and Commercial Workers Union) representing FA workers across Los Angeles County a 60%-80% interest was seen by FA workers in being vaccinated. A major driver of

vaccination in this sector is fear of disease and death due to the high incidence of both within this sector.

## Food and Agricultural (FA) Community

The FA community is incredibly diverse. Key to the vaccine strategy in this sector is equitable distribution of vaccines to reach vulnerable and hard-to-reach individuals within this sector. At least half of the 2.4 million farmworkers in the United States are undocumented, as per advocates. A text message survey conducted by the United Farmworkers Foundation found that 78% of respondents said they lacked health insurance, 13% had never been to a doctor, 17% had not been in the last three years, and 30% had not been in a while or ever. Eighty percent were in California. Additionally, somewhere between 30%-50% of the meat-packing workforce is made up of undocumented workers from Mexico, Guatemala, and El Salvador as well as immigrants from East African countries.

## Barriers to Vaccination

FA workers have been disproportionately impacted by the COVID-19 pandemic. It is important to provide easy access to vaccination to prevent any added stressor. Workers have expressed concern about accessibility to obtain the vaccine if only available during regular working hours and fear of missing work to receive the vaccine. It will be important to work with employers to ensure employees are supported to take time from work to obtain the vaccine when available. Undocumented individuals, workers without employee identification, or workers who receive cash payment without a traditional paystub will remain eligible for vaccination. DPH is working to develop appropriate eligibility protocols applicable to this group.

## Community Outreach and Vaccination Strategy

Understanding that a “one size fits all approach” is inadequate, DPH will utilize a combination of approaches, communications, and messages at the public health level, plus support communications and engagement at the community level. Coordination with trusted sources is crucial to reaching individuals within the FA sector for widespread COVID vaccine acceptance. Authority figures, leaders in the workplace, or community leaders hosting in-person meetings and providing testimonials of receiving the vaccine both in-person and on social media would serve as valuable trust builders for vaccine acceptance. Trusted community-based organizations and LatinX consulates will be crucial in assisting their communities with vaccine registration and eligibility documentation.

Additionally, vaccine educational material will be developed and available in multiple languages and literacy levels, and in a variety of formats, including visual aids, to include those who are unable to read. Toolkits will be distributed through trusted community members with emphasis on target points of distribution, including but not limited to Spanish TV and radio, social media, community churches and faith-based organizations, unions, medical communities and community health workers, *promotoras*, grassroots organizations, and employers. Toolkits will be developed to be flexible so they can be easily customized for specific communities, employers, employees, and a range of sectors and audiences.

Toolkit with key communication topics include:

- When, where, and how to get the vaccine



Updated 2.25.21

- Vaccine safety and efficacy to promote vaccine confidence
- Risks and side effects for people with underlying or preexisting conditions
- Data showing diversity of people included in clinical trials
- What to expect when receiving the vaccine
- Cost.

To ensure equitable distribution, vaccine distribution must utilize a multipronged approach leveraging stakeholders and employers to deliver vaccinations by mobile teams that will bring vaccine to FA sector worksites and hard-to-reach communities, as well as vaccination PODs and pre-approved FQHCs. Organizations and personnel with knowledge and existing ties with the community are the most effective in engaging and gaining vaccine acceptance for both employers and employees of the FA community. We will ask partner organizations to begin or increase vaccine education and outreach now, prior to vaccine availability, to prepare the community.

Main points that were emphasized and synthesized for brevity, include:

- Workers may struggle to get time off to get vaccinated—can there be a paid time off programs or workplace protection if going to get vaccinated.
- How to get vaccinated if undocumented.
- Use of community health workers/*promotoras* to help build off already defined trusted networks.
- Bring vaccines to them rather than them having to go and find somewhere to be vaccinated – this was the most frequent comment.

#### Strategies to Reach These Populations Include

- Collaboration with agricultural and farm workers unions, food service industry workers unions, grocery store worker unions, and other unions
- Collaboration with the
  - Unions and labor partners
  - California Restaurant Association
  - California Grocers Association
  - Local Independent Grocer Association
  - Produce Association Trust
  - Food Manufacturers Association
  - Los Angeles County Farm Bureau
  - Agricultural and agribusiness associations
  - Produce Association Trust
  - Los Angeles County Department of Agricultural Commissioner/Weights and Measures
  - California Women for Agriculture-Los Angeles Chapter
  - Beekeepers Association and Southern California Beekeepers Association
  - Los Angeles County 4H-UC Cooperative Extension
  - Cal Poly Pomona
  - International Longshore and Warehouse Union
  - City of Vernon
- Collaboration with Veterinary Health



- Collaboration with food delivery entities (GrubHub, UberEats, InstaCart, DoorDash)
- Work with Environmental Health and Cities to identify relevant food-associated manufacturing facilities

### Vaccination Verification

Due to the diverse background and jobs within this sector traditional method of verification may not be practical. If available, use of a union or workers ID (with name and photo) is acceptable as verification of employment. For workers who do not have a union or worker ID, a pay stub is also acceptable with photo ID. For employees who do not have any of these forms of ID, worker attestation with job title and address of worksite plus photo ID is required.

Additionally, approved vaccine providers FQHC and community health centers that serve food and agricultural workers in their networks can verify eligibility based on their own screening protocols.

### Vaccination Methods

Strategy planning meetings with community leaders, FA employers, Unions, and other stakeholders within the FA sector reinforced the need for easy accessibility and access to the vaccine, as FA workers may be constrained by compounding health disparities, including geographic location and socioeconomic status. To help address the needs of this sector we will work with already established partnerships, local stakeholders, and FA employers to establish equitable distribution through the following strategies:

- 1) Grocery Store
  - a. Partnering with 51 Albertsons (Vons, Pavilions and Sav-on), 21 Costco and 37 Ralph's grocery store pharmacy chains to provide vaccination to approximately 22,000 in-store, food distribution and transport workers for these chains.
- 2) County Run Mass Vaccination sites
  - a. Sector specific vaccination days will be held across the county run large capacity vaccination sites each week in order to make vaccination available to the following groups:
    - i. The estimated 14,000 Port Workers that work in LA County most of whom work at both the Ports of LA and Long Beach. Long Beach will be providing an estimated 3000 vaccinations for this population and the remaining 11,000 will be offered vaccination through these county mass vaccination sites.
    - ii. The estimated 32,000 Farm Workers identified in collaboration with the United Farm Workers Union.
    - iii. 323,600 food service workers including those identified through the California Restaurant Association
    - iv. The roughly 8200 Veterinarians and 4500 Animal Agricultural Workers identified through licensing boards and unions.
    - v. The 60,692 Grocery Store Workers who do not work at a facility providing vaccination through onsite pharmacies
    - vi. The 7450 Food manufacturing workers who are not captured through other means noted in this section.



- 3) Curative
  - a. Partnering with UFCW 770 to provide vaccinations to an additional 22,000 Grocery store workers.
  - b. They are willing to expand to other areas of the food and agriculture industry and have the capacity to provide an additional 1000 doses/day at a fixed location or between 150-400 vaccinations through mobile teams.
- 4) City of Vernon
  - a. Stacey Medical will be assisting to vaccinate the estimated 11,500 individuals working in food manufacturing in the City of Vernon as well as those identified through the Produce Association through both fixed site locations and mobile units.
- 5) Targeted county FQHCs and approved vaccine providers
  - a. Recognizing that mass vaccination sites may not be ideal for all individuals within the groups noted above, DPH has worked with food stakeholders, unions, and workgroups to identify approximately 20 approved vaccine providers in communities with a high concentration of food and agriculture workers. DPH will be working to encourage these providers to vaccinate not only their own members working in the food and ag industry but will assess their ability to provide services to those within the sector that are outside of their patient population.

## Education and Childcare

This sector includes those in the education sector that may currently be home, but who are essential to vaccinate to resume in-person education services. Included in this sector are:

- Licensed and license-exempt childcare service providers
- K-12 Teachers currently providing routine instruction either in-person or at home
- K-12 Essential education support staff to run these schools
- Higher education instructors, teachers and professors currently providing routine instruction either in-person or at home
- Higher education essential support staff to run these entities

## Early Childcare and Education

Given that ECE providers have been offering in-person service over the course of the pandemic, they are a priority to be vaccinated. DPH has been in close contact with the Office for the Advancement of Early Childhood Care and Education (OAECE) and participated in several meetings to discuss vaccination rollout for the nearly 100,000 staff in the ECE programs, including attending the Community Care Licensing call for providers on January 19, 2021, and Policy Roundtable for Child Care and Development Monthly Meeting on January 12, 2021 and will participate in an educational webinar on 2/19/2021.

Of note, there are several different categories of ECE as described in table below. The 10 Resource and Referral Centers in Los Angeles are acting as liaisons between our vaccine sites and the over 8,000 ECE centers that are dispersed throughout the county. Children's Hospital Los Angeles (CHLA) has begun vaccinating ECE staff at its main campus. It is working with the Pathways Resource and Referral Center to do outreach to all Family Childcare Care Centers and calling all eligible participants 65 years of age and older to invite them to their clinic and making their appointments. DPH is actively seeking other

partners that can work with us to vaccinate remaining sectors. Childcare workers will also have dedicated days at the county vaccination sites.

### ECE Vaccine Delivery

Below are the current vaccine delivery methods by ECE provider type and estimated workforce.

<b>ECE Provider Type</b>	<b>CCLD Licensing Status</b>	<b>Employment Documentation</b>	<b>Considerations</b>	<b>Numbers of Workforce</b>
Center-based ECE	Licensed	-Copy of CCLD license -Employee ID or a letter signed by director on letterhead (ECE Response Team will draft template)		40,000 (estimate from CCALA Cristina Alvarado and Christina Acosta)
Family Child Care Homes (FCC)	Licensed	-Copy of CCLD license -Letter signed from operator on FCC/R&R letterhead (ECE Response Team will draft template)	Since the childcare is provided in the home, there is a need to vaccinate the entire household. Resource and Referral agency has information on all household members.	30,000 (estimate from Ed Sudario)
School District Based ECE	N/A	-School district ID or pay stub	Since the childcare is provided in the home, there is a need to vaccinate the entire household. Resource and Referral agency has information on all household members.	TBD
Family, Friends, and Neighbors (FFN) providing subsidized care	License Exempt	-Letter from local Alternative Payment Agency (AP)/R&R. (ECE Response Team will draft template.)	Since the childcare is provided in the home, there is a need to vaccinate the entire household. Resource and Referral agency has information on all household members.	20,000
Public Parks and Rec	License Exempt	-City/County Parks and Recreation IDs		460 -LA City TBD – Other cities



Youth Recreation (Boys and Girls' Clubs, YMCA, Community Based Organizations)	License Exempt	-Employee ID or a letter signed by director on letterhead (ECE Response Team will draft template.)		TBD
Resource and Referral /Alternate Payment Agencies		-Employee ID or a letter signed by director on letterhead (ECE Response Team will draft template.)	Administrators may go into classroom and provide direct support to ECE providers	3,044

K-12

To begin vaccinating K-12 teachers and essential staff, since December 2020, LAC DPH has been partnering with LA County Office of Education (LACOE) to engage superintendents from all public school districts, including surveying them regarding their interest and capacity for hosting school district-based PODs. DPH hosted a meeting on January 5 with 20+ school districts with previous capacity to distribute vaccines, and discussed the logistics involved in standing up COVID-19 vaccine PODs for their staff. With the cooperation of LACOE, we met with all superintendents again on January 13 to discuss vaccination strategies and answer questions. DPH met with school nurses on February 1 to answer questions and has been in close contact with Susan Chaides and LACOE to answer questions regularly. We have also met with Los Angeles Unified School District several times to discuss its plans to create PODs, offering them regular logistical support as well as connecting them with St Johns Wellness Center to train its nurses in vaccine administration. Dr. Ferrer has also met with union leaders to hear and address concerns and incorporate suggested strategies in vaccination plans.

DPH has reviewed vaccine distribution plans for various school districts, reviewed the process of creating school-based PODs, timeline for vaccine dispensing, and responded to other questions. We have discussed the various options with all stakeholders, including becoming a vaccine provider and hosting a closed POD for their staff; becoming a vaccine provider and creating open PODs for their community, or partnering with a pre-existing vaccine provider (hospitals, clinics, pharmacies, cities) to offer vaccine either on-campus or off-campus to staff and community.

Additionally, Dr. Ferrer and Dr. Gilchick continue to have weekly meetings with school district superintendents hosted by LACOE to discuss several items, including vaccinations, and Dr. Ferrer continues to update participants on her weekly telebriefing sessions for various sectors. Education leaders have been apprised of the significant shortage of vaccine allocation LAC is currently experiencing, and understand they are due to be vaccinated in the Tier 1 of Phase 1b. They are aware that a number of Local Education Agencies (LEA) are in process to receive vaccine and implement their own PODs when supply is available, although the sector as a whole has been advised to partner with another community provider to staff PODs and administer vaccine, such as a health care entity or city government.

In addition to speaking to public school districts, LAC DPH has reached out to the head of the California Association of Independent Schools (CAIS) to discuss vaccine strategy and has met with leaders from parochial schools to answer their questions and offer insights. Additionally, we have spoken with several private schools to discuss vaccine plans (Harvard Westlake, Brentwood, Sierra Canyon, and Viewpoint),

and reviewed how to become a vaccine provider versus partnering with local health systems that are already vaccine providers.

- For school districts that have asked to create PODs
  - Our medical epidemiologists and logistics team have met with them, answered questions, and provided the vaccine checklist and the POD Planning Guide. If the school cannot meet the requirements of creating a school-based POD, we then recommend they partner with community partners. Current schools that are planning to create PODs are LAUSD, Glendora and Culver City.
- For school districts that want to partner with outside organizations
  - DPH is facilitating regionally appropriate partnerships with Acute Care Hospitals, Pharmacies, Federally Qualified Health Centers, and Health Departments to create Closed PODs. All school districts have found an appropriate partnering health care facility.
- For independent/parochial schools
  - DPH has requested they partner with their local school districts for vaccine plans or to use county PODs that will have appointments specifically reserved for them.

### Vaccinations for the Education Sector – Overview

Starting March 1, Los Angeles County education staff are eligible to be vaccinated through a) MyTurn vaccination appointments at sites across the county, b) appointments made through their health care providers, or c) district-specific pods/partnerships.

- All education staff will have access to vaccinations through mega pods and their health care providers. Educators are encouraged to sign up for MyTurn to receive notification for when appointments become available at the many community vaccination sites across the county.
- Being mindful of persistent inequities and COVID-19's disproportionate impact, the LA County Department of Public Health and the Los Angeles County Office of Education have identified a strategy to distribute a proportional number of doses to each school district weekly, with consideration for district size, equity, COVID-19 community impact, and those districts offering in-person instruction and school-based services.
- A percentage of the county's weekly doses will be set aside for the education sector.
  - Of that amount, ~9% will be provided to private school teachers and staff, as private schools educate an estimated 9% of the county's K-12 students.
  - The remaining amount will be allocated to public school districts. Most school districts have created through vaccination partnerships with health care facilities who will receive and administer vaccine to school staff. Three school districts have become vaccine providers and will hold vaccine clinics independent of health care facilities.

### Public School Districts Vaccine Allocation - Process Flow

All districts receive weekly allocation of doses. Allocations are made by LACDPH to each district's confirmed vaccination partner. Allocation amount depends on which vaccination group the district falls in and proportionality. Vaccination allocations for districts include allotment for public schools and charter schools authorized by the district.



## District Vaccination Allocation/Grouping to create five (5) vaccination groups

- Districts grouped into five (5) vaccination groups, each group reflects ~20% of total public school student enrollment.
  - The creation of five vaccination groups allows for increased vaccine allocations to districts with highest need. To account for the difference in district sizes, each of the five groups will represent districts that serve roughly 20% of LA County’s student population.
- Grouping is based on three metrics:
  - % Students Eligible for Free/Reduced Lunch (Source: CALPADS 19-20)
  - Case Rate (Source: LACDPH monthly case rate)
  - School Opening Status: In-Person/Cohorts/Remote (Source: LACOE 2/16 District Survey)
- Weighted Average gives equal consideration to all three metrics

## Weekly Dose Allocation

- Total weekly allocation is split across 5 vaccination groups (see below). This ensures all districts receive an allocation each week.
- Within each vaccination group, doses are split proportionately by district size (determined by student population, source: CALPADS 19-20)

Group A	Group B	Group C	Group D	Group E
30% weekly doses	25% weekly doses	15% weekly doses	15% weekly doses	15% weekly doses
~20% LA County Student Population	~20% LA County Student Population	~20% LA County Student Population	~20% LA County Student Population	~20% LA County Student Population
Antelope Valley Union High Azusa Unified Baldwin Park Unified Bassett Unified Centinela Valley Union High Compton Unified Downey Unified Eastside Union Elementary El Monte City El Monte Union High El Rancho Unified Garvey Elementary Keppel Union Elementary Lancaster Elementary Lawndale Elementary Lennox Little Lake City Elementary Lynwood Unified	LAUSD-E LAUSD-C LAUSD-S	LAUSD-NE LAUSD-XS LAUSD-W LAUSD-NW	ABC Unified Acton-Agua Dulce Unified Bellflower Unified Bonita Unified Charter Oak Unified Covina-Valley Unified East Whittier City Elementary Glendale Unified Glendora Unified Gorman Joint Hawthorne Inglewood Unified Lowell Joint Montebello Unified Newhall Norwalk-La Mirada Unified Pomona Unified San Gabriel Unified Saugus Union South Whittier Elementary Torrance Unified	Alhambra Unified Arcadia Unified Beverly Hills Unified Burbank Unified Castaic Union Claremont Unified Culver City Unified Duarte Unified El Segundo Unified Hacienda la Puente Unified Hermosa Beach City Elementary Hughes-Elizabeth Lakes Union Elementary La Canada Unified Las Virgenes Unified Los Angeles County Office of Education (+state charters) Los Nietos Manhattan Beach Unified Monrovia Unified Palos Verdes Peninsula Unified Redondo Beach Unified Rowland Unified San Marino Unified

Mountain View Elementary Palmdale Elementary Paramount Unified Rosemead Elementary Sulphur Springs Union Valle Lindo Elementary Westside Union Elementary Wilsona Elementary			Whittier City Elementary Wiseburn Unified	Santa Monica-Malibu Unified South Pasadena Unified Temple City Unified Walnut Valley Unified West Covina Unified Whittier Union High William S. Hart Union High
---	--	--	--	---

\*Long Beach and Pasadena student counts are not included in LA County student population for vaccination allocation considerations.

### Weekly Dose Allocation - District Level

- Allocations are made directly from LACDPH to vaccination partner; districts provided with total allocation per week and the percentage of the allocation that should be provided to charter schools authorized by the district.
  - For districts that authorize charter schools, a percentage of each district’s allocation goes to charter schools (based on proportion of district’s charter students, source: CALPADS 19-20)
  - District has discretion over weekly staff dose assignments for remaining allocation and must prioritize staff working in person in schools with the highest risk of exposure.
    - Based on state and county guidance, districts are advised to **prioritize distribution** of vaccinations through an equity lens and to staff who are at higher risk of exposure due to serving students at **school sites** through in-person teaching or providing services such as food service, custodial staff, transportation, etc.
    - Districts should be mindful that the risk for contracting COVID-19 increases when individuals have increased and sustained interactions with a greater number of people, and when physical social distancing is not possible (whether due to the requirement of the job, e.g., food distribution, or the needs of students, e.g., serving students who require close contact).
- Districts coordinate with vaccination partner to provide weekly vaccination list for appointments, notify & confirm staff appointments, and staff the vaccination site to certify individuals getting doses are on the approved, district-provided list (which must include district + charter staff names)
- Certification - districts coordinate with vaccination partner to follow LACDPH requirements (e.g., state-issued ID, AND district ID or paystub AND picture ID)

### Private/Independent Schools Vaccine Allocation

Private school vaccinations will be available through MyTurn via closed POD appointments.



### Weekly Dose Allocation

- Private school students account for roughly 9% of LA County students (excluding Long Beach and Pasadena) and employ an estimated 22,370 staff.
- LACDPH allocates 9% of weekly Ed Sector doses to Closed Teacher POD days. Private schools are given access to closed POD appointments via MyTurn and share with staff.
- Private school staff are also eligible to schedule through general vaccination appointments with vaccination sites across the county
  - Certification - LACDPH requirements are state-issued ID, AND school ID/paystub AND picture ID

### Instructions for School Districts

1. Allocations will be made on Thursdays. DPH will email the health partner and district contact with the weekly allocation amount. Doses will only be allocated to the district's one (1) identified vaccination partner on record with DPH.
2. Districts who are working with a health care facility are required to work directly with their vaccination partner to create a process for appointment scheduling and provide a weekly roster of staff names who are eligible for allocated vaccination appointments.
3. In general, the health care facility will be responsible for receiving vaccine, storing vaccine with appropriate cold-chain requirements, and administering vaccine to school staff. School district should be in charge of prioritizing staff, making sure the appropriate staff members make appointments, and having one or more school district staff at the facility site to help with registration and verification of employment.
4. We recommend the following strategies to support vaccination scheduling and tracking:
  - a. Work with the vaccination partner to select one day each when they will distribute to the district/s they serve (i.e., Tuesday will be the distribution date for District X and/or Y).
  - b. Districts should maintain a roster of prioritized staff to notify staff of vaccination appointments. Before providing the link for the vaccination clinic to staff, the weekly list of staff names, districts must verify that identified staff members are interested in receiving vaccine. will receive the vaccine.
  - c. Districts are encouraged to have a representative at the vaccination site to assist the partner and verify that all individuals being vaccinated in the district's weekly allocation are district staff members. The individual performing this on-site task can be vaccinated after their shift should receive vaccination in the first round.
  - d. Districts should consider maintaining a stand-by list, in the event additional doses are available at the end of vaccine clinic. weekly appointment scheduling is needed.
  - e. Districts should develop a process where staff can notify district if they have been vaccinated elsewhere.
5. Staff should be notified to bring district-issued, staff identification to the vaccination site (District issued badge OR paystub AND picture ID).

If Districts do not have enough staff to accept a weekly allotment, they must IMMEDIATELY notify LACOE and LACDPH - no doses may be re-allocated to individuals who are not district staff members.

If a district authorizes charter schools, DPH will notify the district what percentage of their weekly doses must be allocated to charter schools and districts are responsible to coordinate this allocation with charter schools. Charter schools that are located in Pasadena and Long Beach, regardless of their authorizer, should partner with their local health departments for vaccination.



## COVID-19 Vaccine Communications Plan

**Objective:** To provide critical information to LA County residents and partners about the development, safety, efficacy, and distribution of the COVID-19 vaccine in a timely and effective manner through traditional media, earned media, digital platforms, and partner communications.

**Values:** In addition to empathy, the following values will influence our communication efforts.



**Messaging Pillars:** The messaging pillars below will guide and unify the communications strategy and inform content creation with the overarching goal of getting as many people vaccinated as possible. Each pillar will cover a series of themes, which include, but are not limited to the following:

Confidence	Development/Process	Distribution
Is the vaccine safe? How are we sure?	When will the vaccine be available?	How will the vaccine be distributed?
Why do I need to get a vaccine? Why is it important?	Why is it taking so long to get the vaccine? Why/How was this vaccine made so quickly compared to other vaccines?	When can I get the vaccine?
What is in the vaccine? Components? Preservatives?	Which vaccine am I receiving? Which company manufactured the vaccine?	Where can I get the vaccine?
Are there side effects?	How does the vaccine work?	How many doses will I need and why is a booster necessary?
Are there enough vaccines?	Is it mandatory to take the vaccine?	Should I get my kids vaccinated?
How do we know it works? How was it tested?	What happens if I refuse to take the vaccine?	Will I need to go through my health insurance? Or will insurance cover it?
How was it approved? By what agencies?	What groups are eligible for the vaccine?	How much does the vaccine cost?
How much testing/studying was done?		
Will I still need to physically distance, wear masks, etc.?		
Does it take time to take effect?		Why are some people receiving the vaccine before others?
Is there a chance I could still infect others?		



**Threshold Languages:** To ensure these messages are accessible to LA County’s diverse population and communities, information and fact sheets have been translated into the languages most spoken in LA County, including Arabic, Armenian, Cambodian, Chinese (Traditional and Simplified), Farsi, Japanese, Korean, Russian, Spanish, Tagalog, and Vietnamese.

**Messaging Pillar Timeline:** The messaging pillars will be communicated throughout the campaign, although it will be rolled out strategically as development continues and the vaccine distribution plan is finalized.

- Beginning December 2020: What? Why? How? (Confidence & Development)
- Beginning December 2020/January 2021: How? When? Who? (Development/Process & Distribution)
- Beginning January-July 2021: Where? When? Who? (Distribution)

**Audiences:** Communication efforts will be tailored along two tracks 1) to the general public and 2) to targeted audiences, which include but are not limited to the following:

- Medical providers
- Healthcare workers/First responders
- SNF Residents and Staff
- High Risk (underlying conditions)
- Older adults
- Communities of color
  - Black
  - Latinx
  - Asian
  - Native Hawaiian/Pacific Islander
  - American Indian/Alaska Native
- Non-English speakers
- Low-resourced communities
- Education (teachers, staff, students, parents)
- Essential workers
- People experiencing homelessness
- Incarcerated
- Food and Agricultural Workers

**List of Desired Assets:**

- Key Messages
- How were the COVID-19 Vaccines Developed?
- How Safe is the COVID-19 Vaccine?
- Priority Population Flyers
- Where Can I Get the COVID-19 Vaccine?
  - Uninsured
  - Insured
- COVID-19 Distribution by Population Timeline
- Providers
- COVID-19 Vaccine Myths

**Tactics:** The tactics used to communicate messages about the COVID-19 vaccine includes but is not limited to:

- Media Relations - Working with media outlets to spread messaging on the vaccine.
  - Earned Media – Pitching stories and securing interviews for subject matter experts and local media outlets.
  - Editorial Board – Conduct editorial board meetings with select outlets to provide greater context and information on the vaccine plan.
- Media Availabilities – Our top vaccine spokesperson should join already established media availabilities to provide an overview and answer questions (recommending they be added to Dr. Davis’ Thursday Media Avails).
- Ads – Paid/Donated ads focusing on the general public and select targeted audiences to communicate the three pillars.
  - Print
  - TV
  - Radio
  - Digital
- Social Media – Communicating the messaging pillars and dispel misinformation through graphics, videos, and influencers.
- Email – Bimonthly newsletters residents can sign up for to receive updates about the vaccine.
- Web – Displaying information about the vaccine and the distribution of the vaccine in an easily digestible, high-visibility format on a vaccination webpage.
- Telebriefings – Communicating important information to sector partners through telebriefings.
  - Each telebriefing will have top level vaccine information inserted into talking points.
  - Additionally, there will be dedicated vaccine telebriefings for specific sectors based on rollout (HCWs, SNFs, etc.)
- Virtual Town Hall Events – Coordinating monthly virtual town hall events for residents. Events will be conducted in partnership with hyper local community leaders, influencers and CBOs.
- Partner Communications – Partnering with community-based organizations, local government agencies, healthcare providers, faith-based organizations, businesses, and unions to elevate messaging and information to residents using assets such as pamphlets, flyers, or other pieces of literature.
- Local Influencers – Partner with local influencers (local clinicians, local leaders, elected officials, personalities, celebrities) to elevate messaging on the vaccine.
- 2-1-1 – Having a detailed script providing information about the COVID-19 vaccination to residents who call in.

## Communication Strategies to Address Vulnerable Communities

### *Outreach*

Public Health will coordinate and develop materials and assets with community partners to promote the COVID-19 vaccine, including how it is safe and effective. Public Health will also provide messaging intended to encourage and persuade residents to receive the COVID-19 vaccine when they are eligible. To maximize message resonance, messaging will be culturally and linguistically relevant to the community, and in various formats to account for illiteracy, disability, and other language limitations.

Outreach partners will include:

- Community-based Organizations
  - Community Health Worker Initiative



Updated 2.25.21

- Faith-based Organizations
- Labor Unions

DPH will create a Community Leader Toolkit that includes educational materials and presentations that can be tailored to support community discussion, outreach, and education and build trust for the vaccine in the leaders' communities. In addition, a Listening Session Toolkit may be created for community leaders to understand and address specific community concerns, including how to report outcomes to DPH. An Employer Toolkit can support employers in building vaccine confidence, including a sample project plan with sample resources for outreach to employees.

#### *Departmental Collaborations*

Public Health will collaborate with other county departments and other local governmental agencies to provide information on the COVID-19 vaccine, including its safety and efficacy, as well as persuasive messaging to address hesitancy, and when and where to receive the vaccine when residents are eligible. Departmental collaborators may include, but are not limited to:

- Los Angeles County Office of Education (LACOE)
- Los Angeles Unified School District (LAUSD)
- Metro
- Department of Consumer and Business Affairs (DCBA)
- Workforce Development, Aging and Community Services (WDACS)
- Los Angeles Homeless Services Authority (LAHSA)
- First5LA
- Department of Public Social Services
- Local City Elected Officials/Government
- State Elected Officials
- Federal Elected Officials

#### *Press*

Public Health will engage in an aggressive earned media campaign targeting key media outlets for residents newly eligible for the vaccine, including culturally and linguistically relevant outlets that carry greater message resonance than typical local media outlets. Earned media opportunities include information on the vaccine, interview with local health officials, leaders, and influencers to persuade residents to receive the vaccine, and information on how to get the vaccine once they are available.

- Local Black Community Media Outlets (*The Sentinel, The Bulletin, etc.*)
- Non-English-Speaking Community papers
  - Spanish
  - Chinese
  - Korean
  - Armenian
- Radio
  - Spanish
  - Chinese
  - Korean
  - Armenian
- TV
  - Spanish
  - Chinese

- Korean
- Armenian

*Paid Media*

Public Health will also create a comprehensive paid media campaign to inform, educate, persuade, and promote the COVID-19 vaccine. Messages and creative will be culturally and linguistically relevant to maximize message resonance.

- Radio (PSAs)
- TV (PSAs)
- Digital billboards in Highly Impacted Communities
- Social Media (targeted by zip code, languages)

*Social Media*

Public Health will engage in with residents in highly impacted communities through a variety of strategies to inform, education, persuade and promote the COVID-19 vaccine, including informing residents when they are eligible to receive the vaccine.

- Influencers (across race/ethnicity, languages, etc.)
- Targeted Social Media Posts (geo-location, languages, race/ethnicity)

## Appendices

Table 1. Lab Confirmed COVID-19 Cases and Deaths, by Age, LA County (Excluding Long Beach and Pasadena) as of December 25, 2020

Age	Cases	Case Rate per 100k	Deaths	Death Rate per 100k
0 to 17	85,002	4,054	1	<1
18 to 29	164,099	9,633	59	3
30 to 49	227,875	8,361	597	22
50 to 64	127,168	6,849	1,707	92
65+	65,978	5,201	6,366	502

\*Rate is per 100,000 population (2018 Population Estimates)



Figure 1. Hospitalization rate per 100,000 by age category

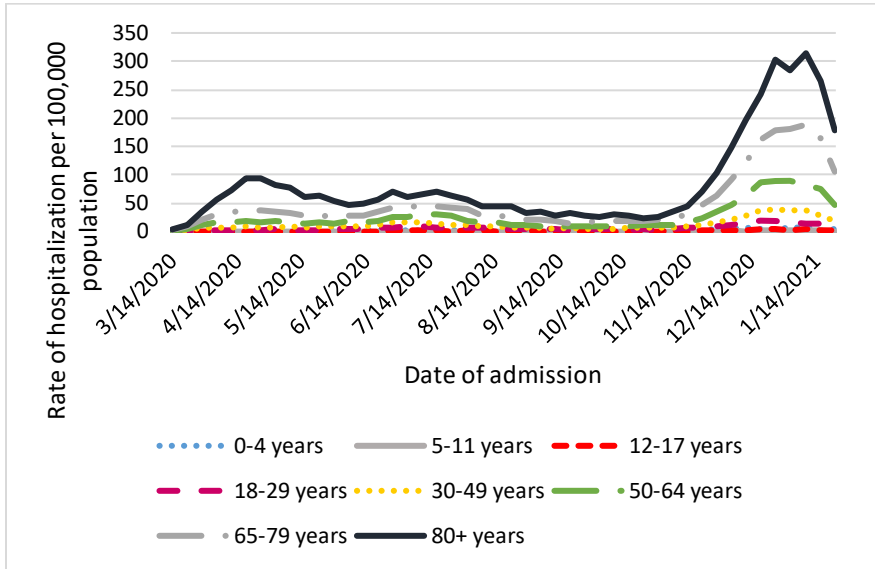


Figure 2. Daily Age-adjusted Case Rate per 100,000 Population by Race/Ethnicity, January 18, 2021

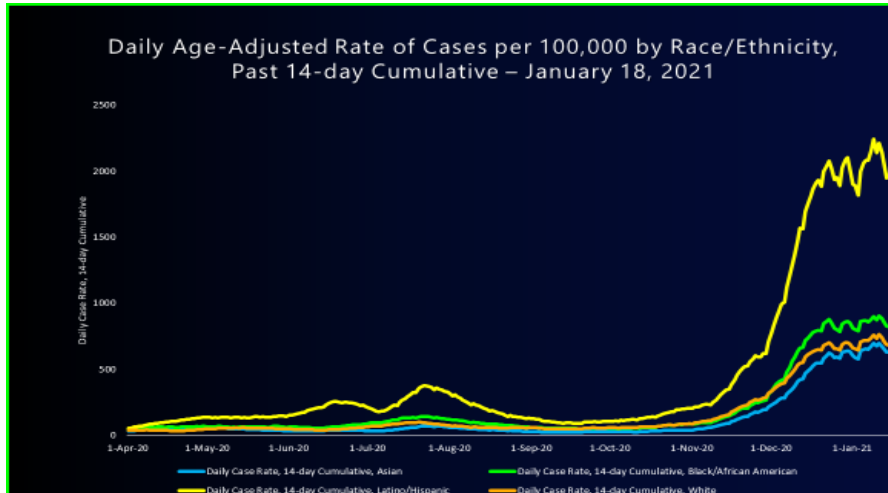


Figure 3. Daily Age-adjusted Death Rate per 100,000 Population by Race/Ethnicity, January 15, 2021

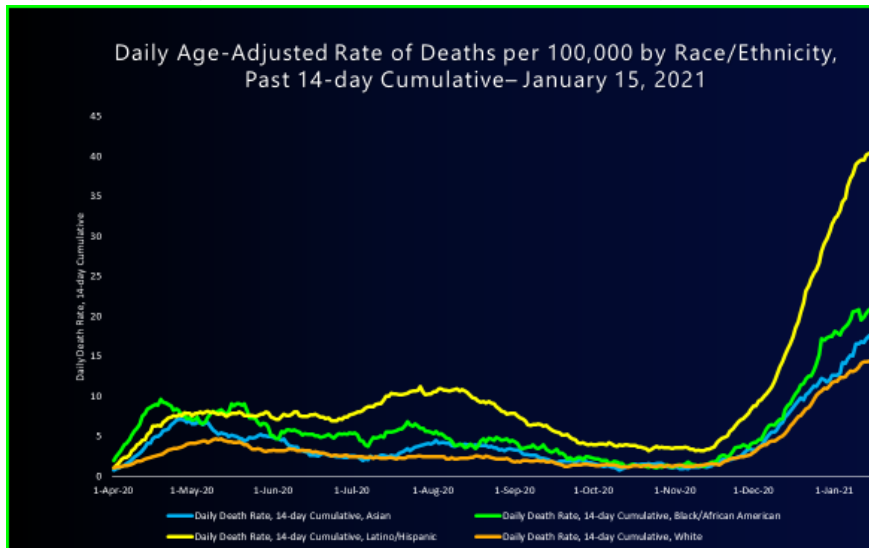


Figure 4. Age-adjusted hospitalization rate per 100,000 by race/ethnicity category

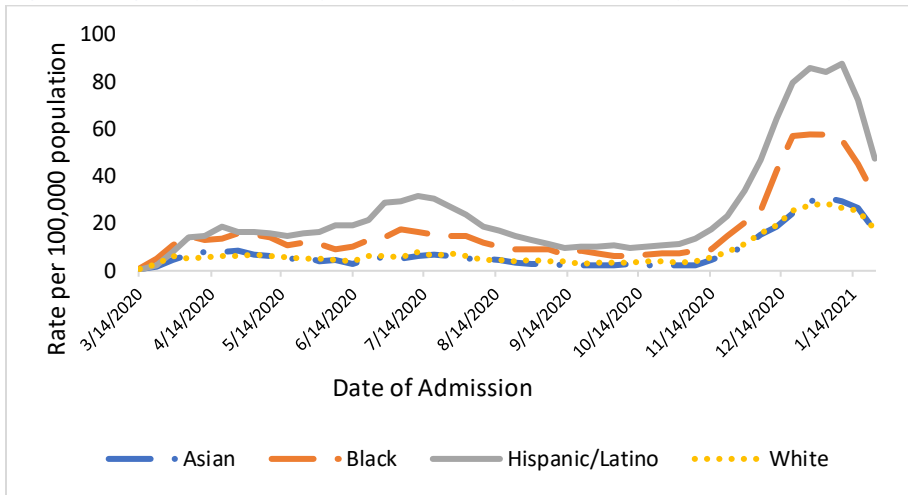


Table 2. Age-adjusted\* cumulative hospitalization rate per 100,000 population by race/ethnicity category

Race/ethnicity	Age-adjusted cumulative hospitalization rate per 100,000
Asian	367.9
Black	796.9
Hispanic/Latino	1202.5
American Indian/Alaska Native	301.1
Native Hawaiian/Pacific Islander	2366.0
White	385.5

\*Using general LAC population estimates as the standard population.

Table 3. Type of Insurance for Adults (Ages 65 and Older, Los Angeles County Health Survey, 2018).

Type of Insurance		Percent	2018 <sup>15a</sup>		Estimated #
			95% CI		
LA County	Public	64.0%	61.1	- 66.9	834,000
	Private	8.8%	7.2	- 10.4	115,000
	Private & Public	26.2%	23.6	- 28.9	342,000
	No Insurance	* 1.0%	0.3	- 1.7	13,000
<b>Gender</b>					
Male	Public	64.0%	59.6	- 68.4	358,000
	Private	9.9%	7.3	- 12.4	55,000
	Private & Public	25.8%	21.8	- 29.7	144,000
	No Insurance	-	-	- -	-
Female	Public	64.0%	60.1	- 67.9	473,000
	Private	7.9%	5.9	- 9.9	59,000
	Private & Public	26.6%	23.0	- 30.3	197,000
	No Insurance	* 1.5%	0.3	- 2.6	11,000
<b>Race/Ethnicity</b>					
Latino	Public	76.6%	71.8	- 81.3	254,000
	Private	8.2%	5.2	- 11.1	27,000
	Private & Public	13.2%	9.5	- 17.0	44,000
	No Insurance	* 2.0%	0.4	- 3.6	7,000
White	Public	57.7%	53.9	- 61.4	362,000
	Private	8.4%	6.4	- 10.5	53,000
	Private & Public	33.3%	29.7	- 36.8	209,000
	No Insurance	-	-	- -	-
African-American	Public	55.4%	47.5	- 63.4	64,000
	Private	16.3%	9.7	- 23.0	19,000
	Private & Public	28.2%	21.2	- 35.2	33,000
	No Insurance	-	-	- -	-
Asian	Public	71.1%	60.0	- 82.3	137,000
	Private	* 5.6%	1.0	- 10.2	11,000
	Private & Public	23.1%	12.4	- 33.8	44,000
	No Insurance	-	-	- -	-



NHOPI	Public	-	-	-	-	-	
	Private	-	-	-	-	-	
	Private & Public	-	-	-	-	-	
	No Insurance	-	-	-	-	-	
Asian/Pacific Islander	Public	N/A	N/A	-	N/A	N/A	
	Private	N/A	N/A	-	N/A	N/A	
	Private & Public	N/A	N/A	-	N/A	N/A	
	No Insurance	N/A	N/A	-	N/A	N/A	
American Indian/Alaska Native	Public	*	60.6%	17.8	-	100.0	n/a
	Private	-	-	-	-	-	-
	Private & Public	-	-	-	-	-	-
	No Insurance	-	-	-	-	-	-
<b>Education</b>							
Less than high school	Public		82.0%	76.3	-	87.6	216,000
	Private	*	5.1%	2.1	-	8.2	14,000
	Private & Public		10.0%	5.6	-	14.3	26,000
	No Insurance	*	2.9%	0.1	-	5.7	8,000
High school	Public		71.4%	63.9	-	78.8	154,000
	Private		9.6%	5.0	-	14.2	21,000
	Private & Public		18.3%	12.1	-	24.5	40,000
	No Insurance		-	-	-	-	-
Some college or trade school	Public		59.1%	53.4	-	64.7	243,000
	Private		7.7%	5.2	-	10.2	32,000
	Private & Public		32.5%	26.9	-	38.0	133,000
	No Insurance		-	-	-	-	-
College or post graduate degree	Public		52.8%	48.6	-	57.1	213,000
	Private		12.1%	9.1	-	15.0	49,000
	Private & Public		35.0%	31.0	-	39.1	141,000
	No Insurance		-	-	-	-	-
<b>Federal Poverty Level</b>							
0-99% FPL	Public		87.9%	83.3	-	92.6	167,000
	Private	*	3.8%	0.9	-	6.7	7,000
	Private & Public		7.9%	4.2	-	11.5	15,000
	No Insurance		-	-	-	-	-
100%-199% FPL	Public		80.9%	76.0	-	85.8	235,000
	Private		3.4%	1.6	-	5.2	10,000
	Private & Public		14.5%	10.0	-	18.9	42,000
	No Insurance	*	1.2%	0.0	-	2.6	3,000
200%-299% FPL	Public		59.6%	51.6	-	67.6	141,000
	Private		10.2%	5.7	-	14.7	24,000
	Private & Public		26.6%	18.9	-	34.2	63,000
	No Insurance	*	3.6%	0.3	-	6.9	9,000



300% or above FPL

Public	49.6%	45.3	-	53.8	290,000
Private	12.5%	9.9	-	15.1	73,000
Private & Public	37.9%	33.8	-	41.9	222,000
No Insurance	-	-	-	-	-