Report from Charles R. Drew University of Medicine and Science, Los Angeles County Department of Health Services, Martin Luther King Jr. Outpatient Center, and Los Angeles County Fire Department COVID-19 Testing Site

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Martin Luther King Jr.

June 24, 2020
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EXECUTIVE SUMMARY

The COVID-19 pandemic has and continues to be one of the most devastating public health crises in modern history. As the virus began to spread in the United States, California declared a state of emergency on March 4, 2020. During that time, areas with the largest number of cases in Los Angeles County were historically wealthier communities, both suburban and urban. Recognizing the lack of COVID-19 testing sites in unincorporated communities of South Los Angeles, Second District Supervisor Mark Ridley-Thomas mobilized resources and a partnership to provide testing and supplemental patient follow-up for the Watts/Willowbrook community. The Charles R. Drew University of Medicine and Science (CDU), Martin Luther King Jr. Outpatient Center (MLK OPC), and Los Angeles County Fire Department (LAC FD) partnered to operate a COVID-19 viral infection detection testing site located on the CDU campus (CDU/MLK OPC/LAC FD Testing Site).

The site has tested a large number of people from racial and ethnic minority groups that are at higher risk for poor outcomes and complications from COVID-19. We have tested over 25,000 people since early April and 85.9% of those tested self-identified as African American (15.2%) or Latinx (70.7%). We provided consistent access to testing including weekends, holidays, and days when other sites were closed during periods of civil unrest. Overall, we found that 9.4% of those tested were positive for infection with COVID-19. Those self-identifying as Latinx had the highest rates of positive results among those tested at 12.4% followed by those who refused to self-identify at 5.9% and 7.9% for those whom race ethnicity data was unavailable.

We addressed systemic barriers such as online registration or the need to have access to a vehicle and our outreach used promotional efforts more familiar and available to our surrounding community. This was accomplished by allowing walk-up registration and testing, providing direct outreach with culturally and linguistically appropriate educational resources and flyers, and promoting public service announcements by trusted community leaders.

After implementation of these unique approaches, we observed a threefold increase in our testing rates. We also took on additional steps in our effort to ensure that the follow-up with those who tested positive included addressing the potentially unique needs of community members. Those tested receive standardized emails and text messages and can check their results online. Patients that test positive for COVID-19 infection receive contact-tracing calls from the public health department and some testing sites offer personal follow-up calls. The personal follow-up calls at our site are completed in English or Spanish by clinicians who provide health education about infection and control measures, give information on 24-hour mental health resources if needed, share information on access to no-cost medical care, and provide information on housing resources for those in need of shelter. All of these are made available for both documented and undocumented residents. From this additional effort, we have found that over 32% of those reached did not have a primary care provider and roughly 3% needed shelter and 2% requested mental health support when offered.

The CDU/MLK OPC/LAC FD Testing Site has provided a response to the critical and unique COVID-19 related needs of South Los Angeles and the adjacent communities surrounding our site. The testing site began operating at a time when testing was not accessible outside of the wealthier parts of Los Angeles County. In addition, our efforts to address the health care and social service challenges in this population will support better health outcomes and reduce the spread of disease. By sharing our lessons learned, we hope to provide valuable insights into ways to control the spread of COVID-19 in similar vulnerable communities suffering from the excess burden of this disease and its social impact.
INTRODUCTION

Purpose of Report

1. Provide our community and partner organizations with relevant public health reporting on the CDU/MLK OPC/LAC FD COVID-19 testing site and the incidence of disease in the surrounding community and of South Los Angeles
2. Demonstrate the impact that the investment in health system resources and public-private partnerships can achieve to rapidly respond to this public health crisis through COVID-19 screening, detection, and health education
3. Highlight the unique public health and social support needs of the South Los Angeles community related to responding to the COVID-19 pandemic.
4. Share real-time approaches used to address these needs to increase testing and provide relevant feedback, education, and supportive resources tailored to reducing morbidity, mortality, and suffering from this public health crisis.

Community Context

The testing site is located on the 120th Street Campus entrance of Charles R. Drew University of Medicine and Science located in the Southeast section of the Los Angeles County Department of Public Health Service Planning Area 6 (SPA 6) also known as South Los Angeles (LA). The partnership also includes the Los Angeles County Fire Department (LAC FD) Station on 120th street and Los Angeles County Department of Health Services Martin Luther King Jr. Outpatient Center (MLK OPC). MLK OPC provides primary care services and is the sole outpatient provider of specialty medical and surgical care in South LA that accepts all patients for care regardless of cost or citizenship status.

The history of the South LA region includes the 1965 “Watts Rebellion” and a subsequent report by the McCone Commission, which cited diminished access to healthcare as a major factor contributing to that period of civil unrest. This resulted in increased resources to the region and the creation of what is now CDU. Despite the prior and recent increases in health care resources for the area, including the Affordable Care Act, the opening of the Martin Luther King Jr. Community Hospital, and a new Martin Luther King Jr. Outpatient Center, the region still has a high prevalence of risk factors for poor health. This includes 17.8% of residents without health insurance, 32.5% of residents reporting difficulty accessing medical care, an adult obesity rate of 34.1%, diabetes rate of 12.3%, and 24.5% of adults with hypertension. The region is also 68% Latinx and has the highest concentration of African Americans in the County at 27%. These health services, clinical, and demographic statistics demonstrate a population that is among those with the greatest risk for negative health outcomes and death related to COVID-19 infection.
TESTING DATA & DEMOGRAPHICS

Completed Tests

CDU/MLK OPC/LAC FD Testing Site Completed Tests, Figure 1
Between April 8, 2020 and June 14, 2020, we conducted 27,133 tests for COVID-19 at the CDU/MLK OPC/LAC FD Testing Site of which roughly 6% represented those who were repeat tests and less than 1% who tested more than twice. Figure 1 demonstrates the daily and cumulative count of completed tests at our site including the increase in completed tests in the latter part of April 2020 when we made site-specific changes in our outreach strategy. April 14, 2020 the local district supervisor’s office aired a public service announcement to promote awareness about the testing site, on April 17, 2020 the site began permitting community members to register on-site for testing and around this time we also began direct community outreach with flyers at local area shopping districts and community venues. The split contrast in the bar graph (gold/black) demonstrates the proportion of individuals who registered for testing through on-site registration. In the early weeks of testing site operation, persons were required to make on-line registration appointments or use 211 services and our site had a range of approximately 50-300 completed test appointments per day. However, after our site began the community engagement campaign and allowing onsite registration for testing, we observed increased testing numbers. Those registered through online and pre-registration appointments averaged and stayed between 100-200 per day and the growth from on-site registration appointments occurred in the range of 50-100/day in the early weeks to consistently over 500 on-site registration appointments in late May through June 2020.

Data source Figure 1: CDU/MLK OPC/LAC FD COVID-19 Testing Site; * denotes on-site registration implemented
Race Ethnicity

CDU/MLK OPC/LAC FD Testing Site Completed Tests by Race/Ethnicity, Table 1 and Figure 2

Table 1 and Figure 2 demonstrate the racial/ethnic distribution of people tested at our site. Approximately 70.7% were Latinx, 15% African American, 5% White, 5% Asian, with other race/ethnicity groups representing less than 1% each. These demographics represent a roughly 20 percent higher rate of Latinx and nearly twice as many African Americans than their representation in LA County. The Latinx population at our site was closely reflective of their percent representation in South LA. At our testing site, 15% of those receiving testing were African American, this is 12% lower than their representation in South LA. Race and ethnicity data was not collected at LA County sponsored testing sites at the time we began testing at our site on April 8, 2020. However, with support from the Second District Supervisor’s office, the centralized testing registration site began offering this option by April 10, 2020.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Charles R. Drew Campus Site</th>
<th>All Los Angeles County Testing Sites</th>
<th>LA County Population</th>
<th>SPA 6 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Person tested(n)</td>
<td>Person tested(%)</td>
<td>Person tested(n)</td>
<td>Person tested(%)</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>33</td>
<td>0.1%</td>
<td>1,714</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1,201</td>
<td>4.7%</td>
<td>85,013</td>
<td>13.7%</td>
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<tr>
<td>Black or African American</td>
<td>3,864</td>
<td>15.2%</td>
<td>45,011</td>
<td>7.2%</td>
</tr>
<tr>
<td>Hispanic, Latino, or Spanish origin</td>
<td>17,950</td>
<td>70.7%</td>
<td>296,560</td>
<td>47.7%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>88</td>
<td>0.3%</td>
<td>6,493</td>
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<tr>
<td>Refused</td>
<td>230</td>
<td>0.9%</td>
<td>15,828</td>
<td>2.6%</td>
</tr>
<tr>
<td>Some other race; specify</td>
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<td>0.7%</td>
<td>11,429</td>
<td>1.8%</td>
</tr>
<tr>
<td>White</td>
<td>1,192</td>
<td>4.7%</td>
<td>144,032</td>
<td>23.2%</td>
</tr>
<tr>
<td>Data unavailable</td>
<td>658</td>
<td>2.6%</td>
<td>15,465</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>25,381</td>
<td>100.00%</td>
<td>621,545</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 1: Race/Ethnicity of Persons Completing COVID-19 Testing and Population Representation

All Los Angeles County Testing Sites- Completed Tests by Race/Ethnicity, Figure 3

Figure 3 highlights the racial/ethnic distribution of people tested at all Los Angeles County sponsored testing sites. The Latinx population represents the largest group tested at 47.7%, White population 23.2%, Asian population 13.7%, and Black or African American population at 7.2%. Other populations including unavailable race/ethnicity data, Native Hawaiian or other Pacific Islander (NHOPI), American Indian or Alaskan Native, and Other Race category range between 0.3%-3.2% of those tested.
Race/Ethnicity of those tested at CDU/MLK OPC/LAC FD Testing Site compared to those tested at all LA County Testing Sites, Figure 4

Figure 4 provides a comparison of race/ethnicity of those who completed tests at the CDU/MLK OPC/LAC FD Testing Site compared to all LA County testing sites. Latinx populations were the largest group tested between the two testing sites with a total of 70.7% at our testing site and 47.7% among all LA County Sites. The Black or African American population represented the second largest group tested at our site at 15.2%, but was fourth largest among those tested at all LA County sites at 7.2%. The average between Asian and White populations tested at our site were the same at 4.7%, the White population consisted of 23.2% of the population tested in LA County wide, whereas the Asian population was 13.7%. All other racial/ethnic groups tested at our site ranged between 0.2%-3.7% with a similar LA County wide range from 0.3%-3.2%.

Data source Figure 4: CDU/MLK OPC/LAC FD Testing Site [Dates: 04/08/2020 through 06/14/2020]
Completed Tests by Gender

CDU/MLK OPC/LAC FD Testing Site Completed Tests by Gender, Figure 5

Figure 5 displays data for completed tests by gender from the CDU/MLK OPC/LAC FD Testing Site. Data for gender were available for all completed tests. The largest gender group represented was female with 52.8% of completed tests. Males represented 47.1% and the remaining 0.1% was represented by those identifying as Other.

### Completed Tests by Age Group

**Completed Tests by Age Group, Figure 6**

Figure 6 displays data for completed tests by age group from the CDU/MLK OPC/LAC FD Testing Site. Data for age group were available for all completed tests. The largest age group represented was the 18 to 40-year-old group with 47.4% of completed tests. The second largest age group represented was the 41 to 65-year-old age group with 35.3% of completed tests. Remaining age groups represented were those of the 0 to 17-year-old age group with 11.9% of completed tests and 65-year-old and over age group with 5.4% of completed tests.
POSITIVE TEST RESULTS

Test Results by Frequency and Percent

Overall, we found a 9.4% positive COVID-19 result rate in 24,243 individuals tested, with 0.4% quantity not sufficient, 0.2% test not performed, and 0.3% indeterminate. Patients with those non-resulted findings were called back to recommend repeat testing. Figure 7 demonstrates the location of those tested by zip code and Service Planning Area. Figure 8 shows the trend in percent of positive results among those tested by test date and figure 9 shows the positive test numbers by date and cumulatively.

CDU / MLK OPC / LAC FD Site Completed Tests and Percent Positive by Zip Code, Figure 7

Data source Figure 7: CDU/MLK OPC/LAC FD Testing Site [Dates: 04/08/2020 through 06/01/2020]

Denotes location of Testing Site
South refers to South Los Angeles/Service Planning Area 6
The diameter of the circle reflects the number of those tested and the yellow wedge in the circle reflects the percent positive among those tested in that area as shown in the legend located in the lower right corner of figure.
Positive Results among Population tested by Test Date, Figure 8 and Figure 9

**Percent Positive Cases by Test Date**

Data source Figure 8: CDU/MLK OPC/LAC FD Testing Site Results; * denotes changes in laboratories used to process results that occurred on 4/13/20, 4/18/20, and 5/22/20. Testing lab contracts were determined and changed at the County or City central administrative office level.

**CDU/MLK OPC/LAC FD Site - Daily and Cumulative Positive Cases**

Data source Figure 9: CDU/MLK OPC/LAC FD Testing Site Result; * denotes changes in laboratories used to process results that occurred on 4/13/20, 4/18/20, and 5/22/20. Testing lab contracts were determined and changed at the County or City central administrative office level.
CDU/MLK OPC/LAC FD Percent of Positive Cases by Race/Ethnicity, Figure 10 and Figure 11

Figure 10 represents race/ethnicity distribution of those with a positive test result among those tested at the CDU/MLK OPC/LAC FD Testing Site. Those testing positive were 88.8% Latinx, 5.2% Black or African American, 2.2% with data unavailable for race/ethnicity, 1.8% White, and 1.1% Asian.

Data source Figure 10: CDU/MLK OPC/LAC FD Testing Site COVID-19 Results [Dates: 04/08/2020 through 06/14/2020. Results reported do not represent outstanding results pending at this time]

Race/Ethnicity of those Tested and Race/Ethnicity of those Testing COVID-19 Positive at the CDU/MLK OPC/LAC FD site

Data source Figure 11: CDU/MLK OPC/LAC FD Testing Site COVID-19 Results [Dates: 04/08/2020 through 06/14/2020. Results reported do not represent outstanding results pending at this time]

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County of Los Angeles Public Health COVID-19 Surveillance Dashboard-Percent of Positive Cases by Race/Ethnicity, Figure 12

Figure 12 represents the race/ethnicity distribution of those with a positive test from the LA County-wide COVID-19 dashboard. The Latinx population represented 36.5% of the positive cases in LA County, however race/ethnicity data were unavailable for 30.7% of those reported positive, 13.9% were classified as other race, 10.1% White, 3.4% Black or African American, and 4.9% Asian. Dates for County of Los Angeles Public Health COVID-19 Surveillance Dashboard -Percent of Positive Cases by Race/Ethnicity: 03/10/20-06/14/20.

Data source Figure 12: County of Los Angeles COVID-19 Surveillance Dashboard http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/III[Dates: 03/10/2020 through 06/14/2020]
Percent Positive Cases within each Race/Ethnicity Group, Figure 13

Figure 13 demonstrates the percent of those within each racial/ethnic group that tested positive for COVID-19 among population tested at the CDU/MLK OPC/LAC FD Testing Site.

Hispanic individuals had a 12.4% positive rate. This within group percent positive rate is the highest among those who self-identified a race/ethnicity at our site. These findings are consistent with reporting from the Center for the Study of Latino Health and Culture. Their report noted that after the Native Hawaiian and Pacific Islander Community, the Hispanic/Latinx Community had the highest within group COVID-19 infection rate and that American Community Survey findings suggest that minority groups, including African Americans and Latinx, may be over represented in occupations and industries deemed essential at this time putting them at greater risk for infection.15

The next highest rate was among those who refused to report their race/ethnicity at 5.9% and the third largest group was for those with data unavailable at 7.9%. However, the data unavailable group reflects those testing between 4/8 and 4/10 when race ethnicity was not collected at registration. The Other race category represented the fourth largest group at 4.6%. Populations that represented the smallest portion of within group positive tests ranged between 2.3% to 3.3% with the following breakdown, Black or African American 3.3%, White 3.7%, Asian 2.3%, and Native Hawaiian or Pacific Islander at 2.5%. The average positive test result among all racial/ethnic groups tested was 9.4% as indicated by the horizontal line running through the bar chart in figure -13.

Data source Figure 13: Results received from the laboratory [Dates: 04/08/2020 through 06/14/2020. Results reported do not represent outstanding results pending at this time]
Percent of Positive Cases among tested Population by Gender, Figure 14

Figure 14 demonstrates the gender distribution of those testing positive at the CDU/MLK OPC/LAC FD Testing Site. The largest gender group represented was female with 52.5% of positive tests. Males represented 48.4% and the remaining 0.1% was represented by those identifying as Other.

![Percent of Positive Cases among Population tested by Gender](image)

**Data source Figure 14**: Results received from the laboratory [Dates: 04/08/2020 through 06/14/2020. Results reported do not represent outstanding results pending at this time]

Test Results by Age Group of Population tested, Figure 15

Figure 15 represents test results by age-group with those in the 0-17 group having the highest rate of testing positive at 13.4% compared to the 18-40 year old age-group at 9.8%, 41-65 at 9.3%, and those over 65 at 6.1%.

![Test Results by Age-Group](image)

**Data source Figure 15**: Results received from the laboratory [Dates: 04/08/2020 through 06/14/2020. Results reported do not represent outstanding results pending at this time]
ADDITIONAL FINDINGS AND OBSERVATIONS

Social Service Needs

As part of our follow-up efforts with patients who tested positive, we called them to ensure they received their results and to offer health education. On April 23, 2020, we began conducting an additional needs assessment that included questions about access to follow-up care, mental health needs, and housing support. We asked them if they had a primary care provider and if they did, we asked them to notify their provider of their results. If they did not, we provided these individuals with the contact information for the MLK OPC patient assistance center where they can make an appointment to receive care regardless of health insurance coverage and citizenship documentation.

We found that between April 23rd and June 5th, 32% of 1,762 individuals that tested positive did not have a primary care provider. We also asked if they were in immediate need of housing or in need of mental health support. Two percent of those called reported a need of mental health support and they were given the 24-hour Department of Mental Health hotline phone number. We provided the 3% of those called who needed urgent shelter with emergency housing resource information. Anyone who had any social service needs was offered referral for additional assistance to the Department of Public Social Services for additional social needs assessment and support.

In addition, our review of contact information records and during assessments for appointment enrollment we found that as of June 16, 2020, 1,914 people, 6% of those tested at our site did not have an email address, further highlighting the challenge that technology-based access barriers add to testing and communication of results in the surrounding community.

Volunteer and Staff Reflections

In addition to our needs assessment, we also received feedback from our CDU testing site volunteer students and staff who conducted outreach and promotion efforts. Their feedback shed light on the fears, misinformation, and apprehension community members expressed surrounding COVID-19.

Specific fears and concerns included:

- That COVID-19 is a manmade government developed virus meant to reduce the population of minorities
- Fear of discomfort from nasal swabs that go deep into the back of the head
- They think they must pay for testing
- They think if they test positive the government will take their children away from them
- Undocumented immigrant fears of being deported after testing
- Unable to get tested because of lack of insurance

Through our direct outreach and partner support we were not only able to identify these fears but at times were able to overcome them and since the time of completion of this data reported above we have completed over 35,000 tests averaging over 700 per day in the month of June.
SUMMARY AND RECOMMENDATIONS

1. **Summary:** Our findings demonstrate that persons from high-risk groups in under-resourced settings will engage in testing for COVID-19 when made available to them.
   **Recommendation:** Sites should utilize culturally and community sensitive outreach approaches such as bilingual signage, canvassing by staff and students in representative organization uniforms and logos, public service announcements from trusted community leaders, and promote testing in partnership with faith-based and community-based organizations.

2. **Summary:** We observed increases at the CDU/MLK OPC/LAC FD Testing Site after locally tailored efforts to increase test enrollment and access to the site.
   **Recommendation:** Provide options for those with limited access to technology and transportation such as on-site enrolment and walk through options for those without vehicles.

3. **Summary:** We have successfully engaged large numbers of African American and Latinx community members in COVID-19 testing. Among all of those tested, over 96% of who tested at our site self-reporting their race and ethnicity. Having this data enhances our understanding of racial and ethnic disparities in COVID-19 morbidity and mortality.
   **Recommendation:** Testing sites can and should collect race and ethnicity data and if needed, enlist the support of municipal leaders and health system administrators to ensure this data is available for public health planning and analysis.

4. **Summary:** 70.7% of those tested at our site were Latinx, they made up 88.8% of those who tested positive, and 12.4% of the Latinx individuals who tested at our site were positive for COVID-19, the highest positive infection rate of those who self-identified a race/ethnicity.
   **Recommendation:** Efforts for prevention, control, and care need to be tailored to address the higher rate of infection in the Latinx community. Additional research is needed to identify root causes of this disparity.

5. **Summary:** 15.2% of those tested at our site were African American, they made up 5.2% of those who tested positive, and 3.3% of African Americans who tested at our site were positive for COVID-19.
   **Recommendation:** Considering the excess mortality from COVID-19 within the African American population without overtly higher infection rates, there is a need for continued testing as well as assessment for gaps in coordination and receipt of care for those testing positive. In addition, research to identify the causes of excess mortality in African Americans is needed.

6. **Summary:** Our patient needs assessment for those who tested positive found that over 30% of those contacted did not have a primary care doctor, 3% indicated they were in need of housing resources, and 2% were referred for immediate mental health support.
   **Recommendation:** These findings suggest that similar needs assessments and resource connections should be a standard component of COVID-19 testing follow-up and support.
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   - Deborah Prothrow-Stith MD, Dean, College of Medicine
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   - Director of the Health Policy Pillar of the CDU Urban Health Institute

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   - Yolanda Vera, JD, Chief Executive Officer, Martin Luther King Jr. Outpatient Center
   - Ellen Rothman, MD, Chief Medical Officer, Martin Luther King Jr. Outpatient Center

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   - Dorinne Jordan, MBA, Chief Deputy
   - Hyunhye Seo, JD, Public Health Deputy

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   - Scott Hale, Assistant Fire Chief
   - Wesley Anzai, Battalion Chief
   - Clayton Kazan, MD, Medical Director

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