



Impact of COVID-19 on the Education of SELA Families

Collaboration with Great Public Schools Now

GROW BOLD

AltaMed

AltaMed Health Services

More than 50 Years of Service and Social Justice

For over 50 years AltaMed Health Services (AltaMed) has provided high quality health care services in medically-underserved areas of Los Angeles and Orange Counties and a high concentration in COVID-19 impacted communities.

Over the past five years, AltaMed has implemented and scaled it's My Vote. My Health. Integrated Civic Engagement program by leveraging the infrastructure of health centers with the purpose to increase civic participation, issue advocacy campaigns and voter turnout. By civically engaging underserved communities of color it provides a unique opportunity to help individuals overcome barriers to voting, improve their own health and address the Social Determinants of Health (SDoH) in their neighborhoods. Since 2018, we have engaged our patients, staff and community members through various successful campaigns from Get Out The Vote to the 2020 Census.



My Vote.
My Health.™
Mi Voto. Mi Salud.



GROW BOLD
AltaMed

Social Determinants of Health: At the Center of Addressing Health Disparities

Individuals' socioeconomic conditions, known as **Social Determinants of Health** (SDoH), include where people are born, live, work, and age in the complex, interrelated social structures and economic systems that shape individuals' overall health.

Inequities in health are avoidable, unnecessary, and unjust, yet deeply rooted in SDoH due to policies, processes, practices, and people that intentionally or unintentionally exclude communities of color.

The COVID-19 pandemic has impacted several facets of our communities life and exacerbated the long-standing structural vulnerabilities.

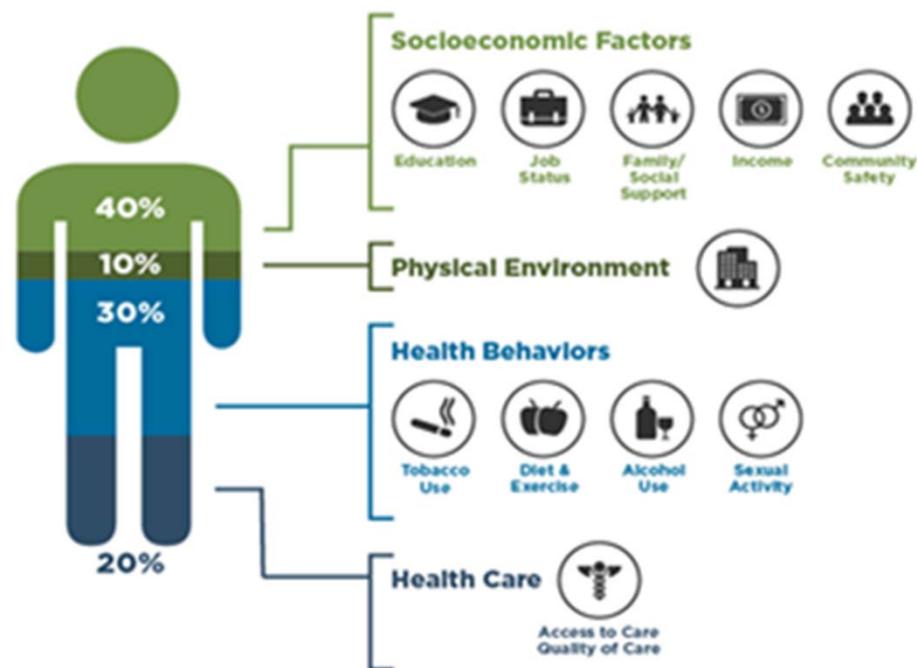


Community Health Centers are positioned perfectly to address the SDoH

AltaMed has proven that movement-building and people power among working-class, communities of color is possible through activation of Federally Qualified Health Centers (FQHCs) because we:

- Are long-standing trusted messengers in these hard to reach communities.
- Have deep infrastructure in hard-to-reach communities with a history of social justice.
- **1 out of 6** Californians is served by **1,370** community health centers; **7.2M** patients statewide
- **29M** patients served nationally

What goes into your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

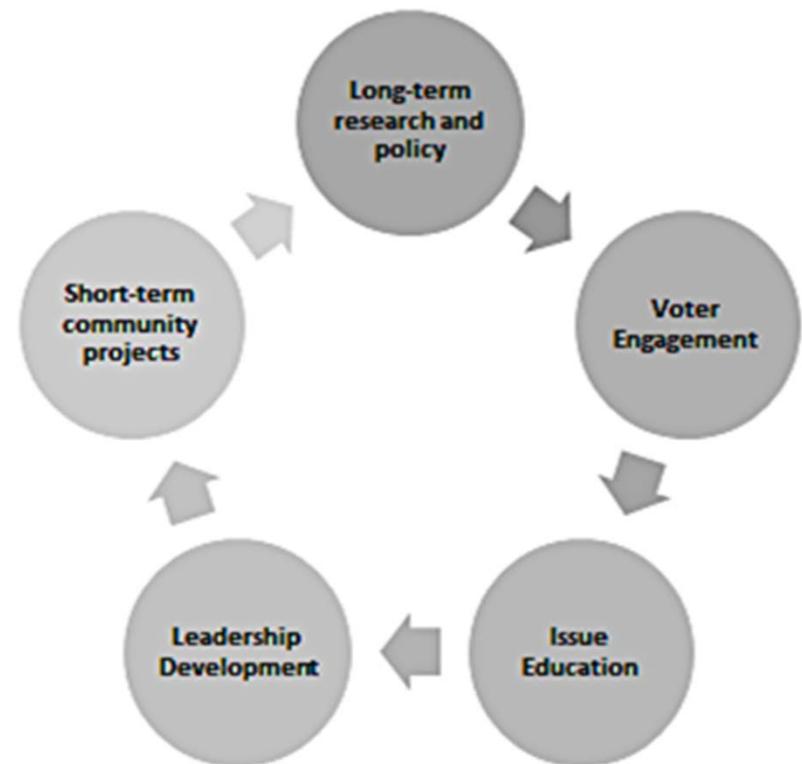
Integrated Civic Engagement Model: Addressing SDoH

Leveraging our role as a trusted messenger, My Vote. My Health.™ seeks to engage and empower our employees, patients, and community to be engaged and advocate to improve their health and of their communities.

We know civic participation is intrinsically tied to health and the quality of life for our communities. Research tells us that voting is directly correlated to better health. Kim S, Kim CY, You MS. “Civic participation and self-rated health: a cross-national multi-level analysis using the world value survey,” JPMPH. 2015;48 (1):18–27

Addressing SDoH in our communities includes community outreach, leadership development, coalition building and partnership mobilization, policy, systems and environmental; change champions.

Mobilization Cycle



SELA Background

Community Health Centers are positioned perfectly to address the SDoH

Southeast LA is the most socially vulnerable region in Los Angeles County, residents of this region are disproportionately more likely to experience various social determinants of health that keep them marginalized. According to the U.S. Census (2016), SELA is home to more than 440,000 residents, of whom more than 90% identify as Latinx.

44% of SELA residents identify as immigrants, and $\frac{2}{3}$ of them do not have citizenship. A large portion of SELA residents live in poverty when household size is considered. Over half of SELA residents live in a household with more than 3 people and the median income for the region is \$40,500, \$17,500 lower than the LA county median of \$58,000. Exacerbating that is the fact that the unemployment rate in the area is 11.01% which is almost 3 percentage points higher than the county average. SELA residents also face barriers to accessing health insurance and medical services. 16% of SELA residents are uninsured and a plurality of residents receive healthcare through government sponsored programs that are often difficult to navigate.

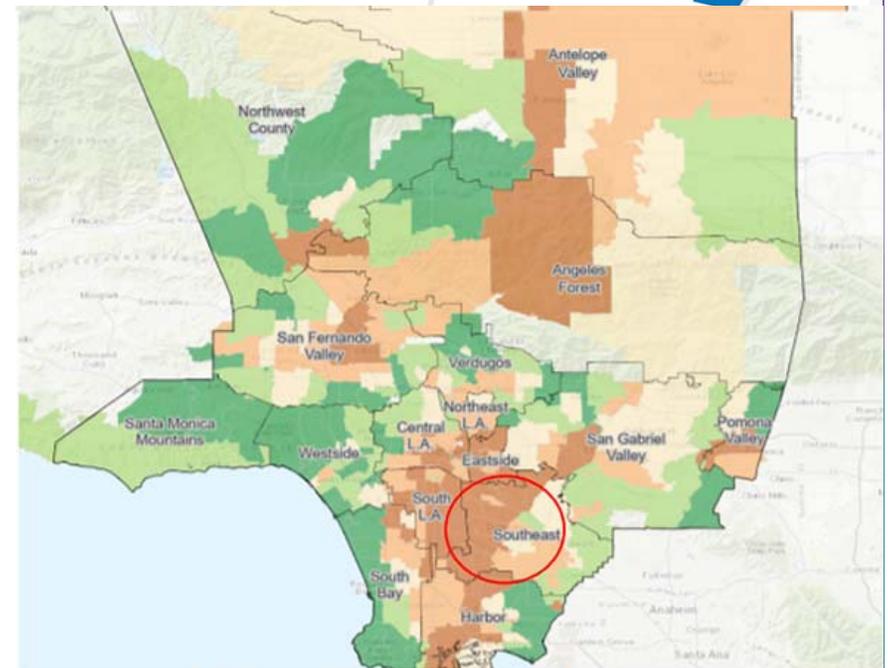
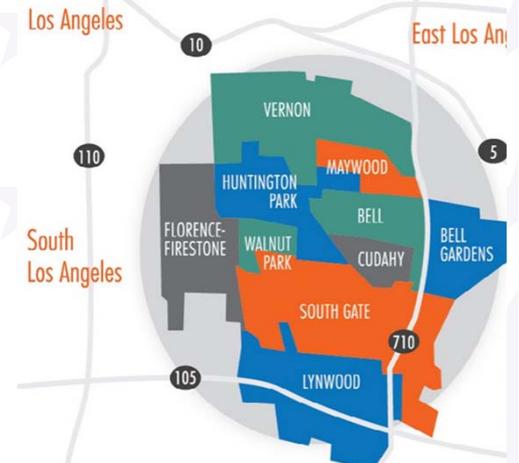


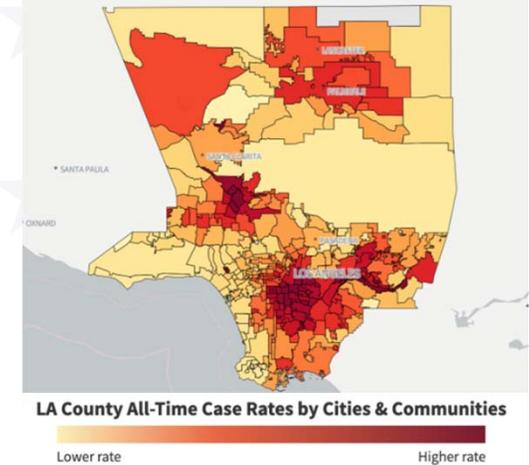
Figure 5. Social Vulnerability Index, Los Angeles County

Community Health Centers are positioned perfectly to address the SDoH

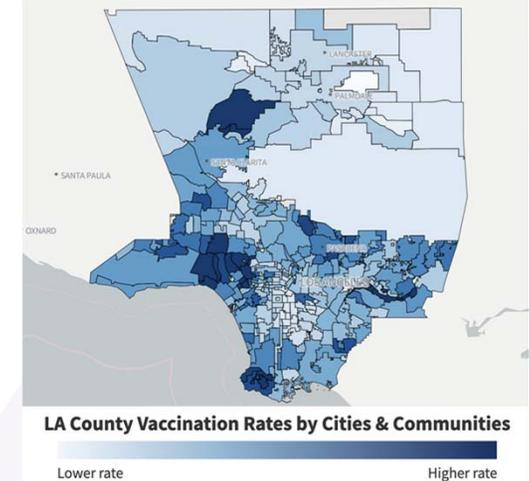
Beyond demographics, Southeast Los Angeles is home to many low-wage, front-line workers. Predominantly working-class Latino and Black residents are more likely to live in overcrowded, multigenerational households — conditions that exacerbated the pandemic in the region. The systemic issues and social determinants of health that led to severe COVID-19 disparities are now at the root of vaccination inequity and will significantly impact recovery efforts in the most marginalized communities in California and across the country. COVID-19 disproportionately impacted Californians of color, specifically Latinos, African Americans and Pacific Islanders, as well as low-income populations and essential workers. This is especially true for SELA who has a high percentages of people of color and working-class people and ranks high in the Social Vulnerability Index. According to the State of California, the death rate for Latino and Black Californians was 21% and 8% (respectively) higher than the statewide average which means that predominantly latino communities were disproportionately affected by COVID-19. In August of 2020 Southeast LA was identified by the LA times as an epicenter for the pandemic because the region represented 19% of infections in LA county. SELA also saw a disproportionate amount of deaths due to COVID, although the region represents 12% of the county population, it makes up 16% of deaths.

Similarly, disparities in vaccination rates are exposing parallel underlying issues that can only be addressed through locally implemented community-informed and community-led interventions. For example, the fact that the pandemic disproportionately impacted low-income communities of color has been a part of the state-wide and national narratives for months yet vaccination rates are showing parallel disparities for the same groups. Although Latinos in California are 40% of the population and composed over 63% of COVID-19 cases, 48% of COVID related deaths and they barely make up a quarter of vaccinated individuals in the state. In LA county only 35% of Latinos are vaccinated. In Orange County Latinos makeup 35% of the population but only 9.9% of vaccinated individuals.

Source: LA County Department of Public Health – Case data as of Mar.1



Lynwood Mayor Marisela Santana said in a statement. “Per capita, more people have died in the southeast region than anywhere else in L.A. County



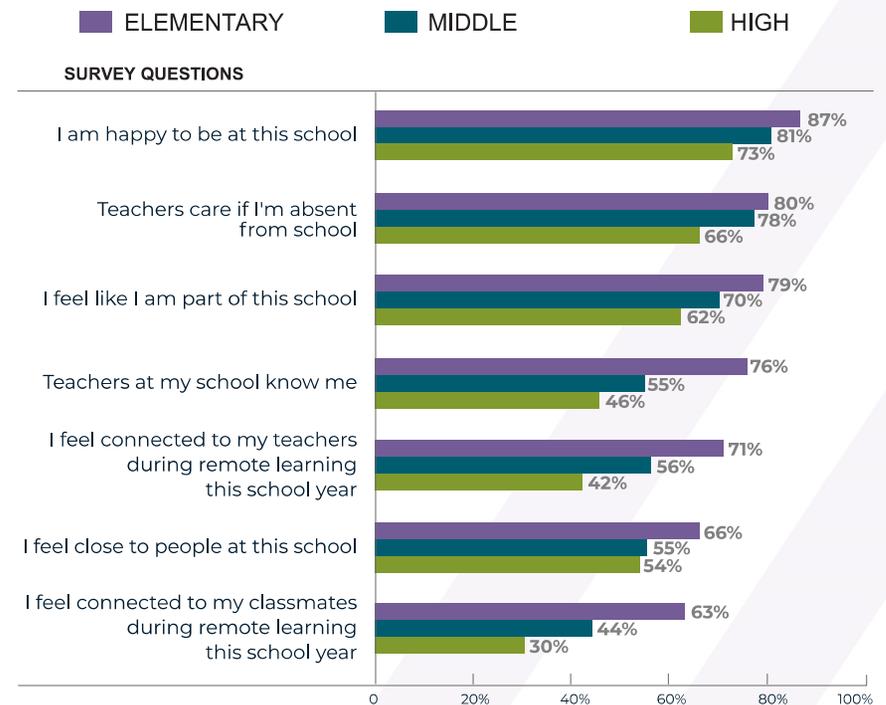
Source: LA County Department of Public Health – Vaccine data as of Feb.26

Connection between SDoH and Education in SELA

On March 13, 2020, LAUSD announced that all schools were closing and moving remotely due to the COVID-19 pandemic. The pandemic forced almost half a million students and 30,000 educators and staff to transition to distance learning. Data from the GPSN Educational Recovery Now report demonstrates the severe impact the pandemic has had on students' education. In Spring 2020, about 40% of LAUSD middle and high schoolers were disengaged or absent from classes. Two out of every three students are falling behind in literacy and math, with fewer students of color on target to learn how to read compared to this same time last year.

MANY LAUSD STUDENTS FEEL HAPPY WITH THEIR SCHOOL, BUT DISCONNECTED FROM THEIR PEERS AND TEACHERS DURING REMOTE LEARNING

Percent of students that agree or strongly agree, LAUSD School Experience Survey questions on school connectedness, fall 2020



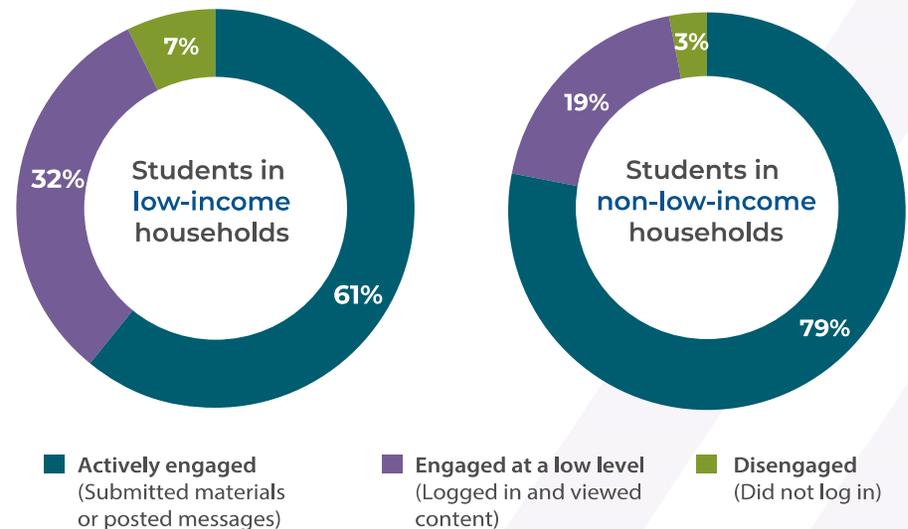
Source: Los Angeles Unified, Fall 2020 School Experience Survey, 2020-21.

Connection between SDoH and Education in SELA

For families in Southeast Los Angeles (SELA), this transitioned had a major economic and socio-mental strain. Families were forced to manage their children's education and safeguard their employment. Schooling from home and navigating the digital divide, literacy, and distance learning were compounded by the stress associated with the pandemic's uncertainty. 1 in 4 children lacked the appropriate technological resources to access distance learning, representing approximately 250,000 families.

LAUSD'S LOW-INCOME STUDENTS WERE LESS ENGAGED ON A DAILY BASIS

Average daily engagement on Schoology in fall 2020 by income status, middle schools, LAUSD



Source: Los Angeles Unified Independent Analysis Unit, Fall 2020 Schoology usage update: Student engagement online between August 18 and October 31, January 2021

Survey Overview and Methodology

COVID-19 Impact on Education for SELA Families: Survey Design

In January of 2021, AltaMed developed a survey that set out to measure the impact of COVID-19 on education for families in SELA, with input from community partners who reside and provide service directly to SELA residents.

The survey, available in English and Spanish, contains 25 questions that measure:

- Demographics
- COVID-19 impact on education
- Social Determinants of Health



GOAL: Measure the impact of COVID-19 on education



REACH: 15,000 households and receive 2,000 responses



TARGET POPULATION: SELA families with at least 1 student in K-12



PRODUCE: Community-informed data to understand the full impact of COVID-19

COVID-19 Impact on Education for SELA Families: Survey Deployment

In order to engage SELA families, survey deployment consisted of utilizing AltaMed clinic infrastructure, community organizational reach and partnership collaboration.

The survey was deployed from March-April 2021.

Based on our 2020 Census Kiosk model, we deployed the survey in our AltaMed Medical and Dental Goodrich and South Gate clinic sites. Adhering to COVID-19 Infection Control Guidelines, we encountered 1 out of 4 patients qualified and completed the survey.

Community-based organizations played a critical role in reaching SELA families through the My Community, My Health coalition. Additionally, we expanded to social media microtargeting in SELA to cast a wider reach to our community.



**ONLINE CLASSES
ARE TOUGH.**

Help every student
get the education
they deserve.

GROW BOLD
AltaMed

GROW BOLD
AltaMed

Questionnaire



The GPSN survey contained 23 total questions which gauge the impact the pandemic had on the education of the community. There were seven demographics questions at the beginning of the survey, and consisted of: ethnicity/race, income, city, and household questions. The rest of the 16 questions dove deep into analyzing how the pandemic and social determinants of health played a role in students education. The questions focus on identifying existing and new barriers students were struggling with during online learning; identifying key needs for the community in regards to education.

Language and technological barriers were taken deeply into consideration during the development of the survey. The entire survey was translated into a Spanish version for communities members who had trouble or did not speak any english. The final spanish version of the survey was sent to employees and community members to ensure linguistic and cultural competency. Extra precautions were also taken on the physical survey design, ensuring that the length of the survey was appropriate and that respondents would not be scrolling on the screen too much.

Thank you for participating in our survey. Participating in this survey will help us understand the impact that COVID-19 has had on students and families in SELA (South East LA). This survey is anonymous and will take you less than 10 minutes to complete. Unfortunately we have reached the maximum limit for gift cards and are no longer offering them, but we need as much data as possible on how COVID-19 is impacting our families so we hope that you will still complete the survey.

Gracias por participar en esta encuesta. Sus respuestas nos ayudaran a entender el impacto de COVID-19 sobre estudiantes y familias en SELA (Sur Este de Los Angeles). Esta encuesta es anónima y tardara menos de 10 minutos para completar.

Desafortunadamente hemos llegado al límite de tarjetas de regalo y no podremos ofrecer más. Es muy importante tener data sobre cómo COVID-19 está impactando a nuestras familias, estaríamos muy agradecidos si de todos modos completa la encuesta.

Select a Language [Seleccione un lenguaje]

Español

English

Data Analysis Methodology

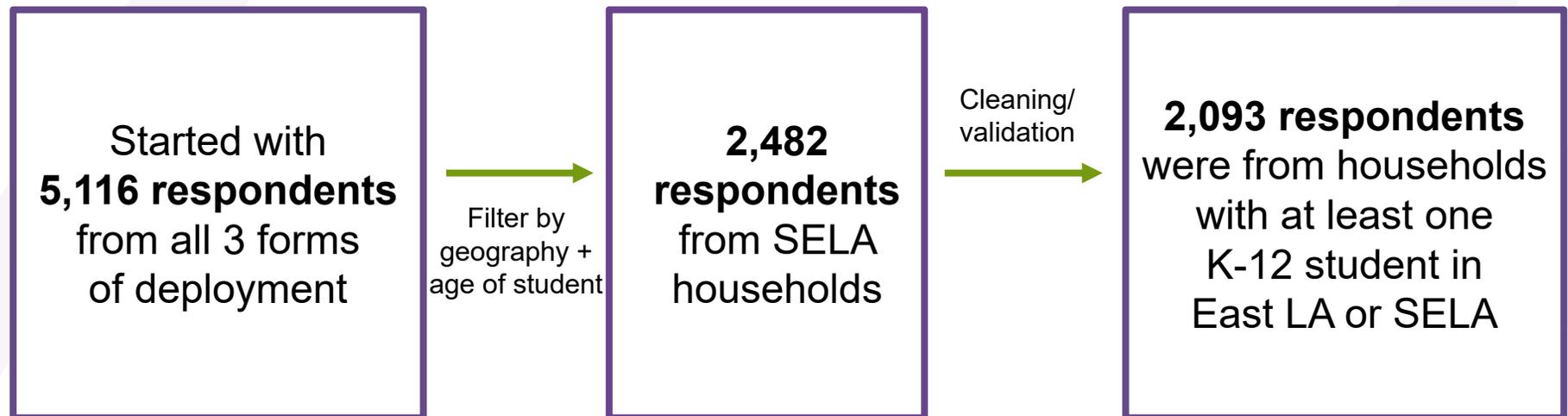
- Descriptive statistics were used to show the impact of COVID-19 on SELA communities
- Regression analysis was used to evaluate the relationship between COVID-19 and (1) psychosocial outcomes and (2) educational outcomes among K-12 students
- To determine if COVID-19 impacts were greater among low-income individuals and Latinx groups, we used a **mediation analysis**, which involves three regression analyses, which are centered around the following questions:
 - What is the relationship between COVID-related impact, income, and ethnicity?
 - What is the effect of COVID-related impact on psychosocial and educational outcomes?
 - How do income and ethnicity mediate, or explain, the relationship between COVID-related impact and psychosocial & educational outcomes?

Survey Sample

GROW BOLD
AltaMed

Respondents

- Started with **5,116 respondents** from all 3 forms of deployment
- When geography was considered with a selection for K-12 students, **2,542 responses** were from SELA households with at least one K-12 student.
- After extensive cleaning and validation of the data collected, the final sample came out to be **2,093 respondents**.

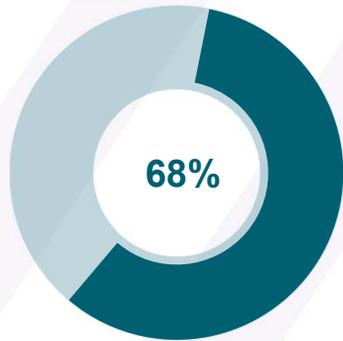


Demographic Breakdown

- Our sample is reflective of the population for which we are speaking, as we sampled a portion of the students and families most heavily impacted by COVID-19 in Southeast Los Angeles (440,000 total residents).
- **1 in 2** (53%, n=1,102) respondents reported an annual household income between \$35,000-\$74,999, which aligns with SELA median income of \$40,500.
- **2 in 3 respondents** (66%, n=1,040) of those surveyed were people of color, with **1 in 2 respondents** (43%, n=893) identifying as Hispanic/Latinx.
- **40%** (830) of survey respondents reported that there was more than one student in their household, where **1 in 2** Hispanic/Latinx students (49%, n=461) do not have their own room to complete schoolwork.

See Table 1 in Appendix for more information.

Overview of Survey Respondants: Survey Sample



RACE

1,409 (68%) of respondents were people of color

950 (45%) were Hispanic or Latinx

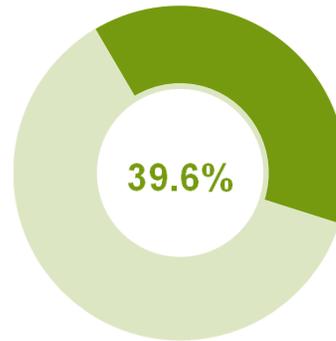


HOUSEHOLD INCOME

35k+: 298 (14.2%)

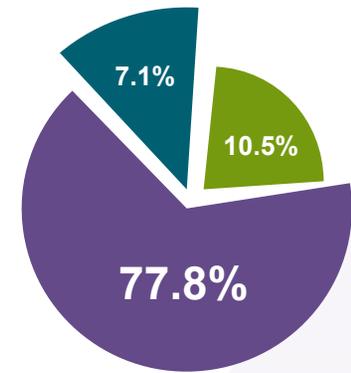
35k - 75k: 1,102 (52.6%)

75k+: 670 (32%)



HOUSEHOLD SIZE

830 (39.6%) respondents reported more than one student in their household



CONTACT MODE

In-Clinic: 150 (7.1%)

Social Media: 1730 (77.8%)

Partner Organization: 220 (10.5%)



Results

Toplines and Themes



Psychosocial Outcomes

Among all respondents we found that K-12 students in SELA represented showed heightened vulnerabilities that map onto current concerns for long-term children's psychological and physical health due to the pandemic.



Nearly 1 in 2 respondents (44.1%) reported they were “concerned or very concerned” about their child(ren)’s psychological wellbeing.



More than 1 in 2 respondents (54.6%) reported they were “concerned or very concerned” about their child(ren) having enough food to eat.



More than 1 in 2 respondents (60.3%) reported they were “concerned or very concerned” about their child(ren)’s physical health.

See Table 2 in Appendix for more information.

Education Finding:

Studies shows that communities with a high level on the social vulnerability index are seeing higher levels of learning loss and less academic support during he pandemic, our study found that this can be observed in SELA



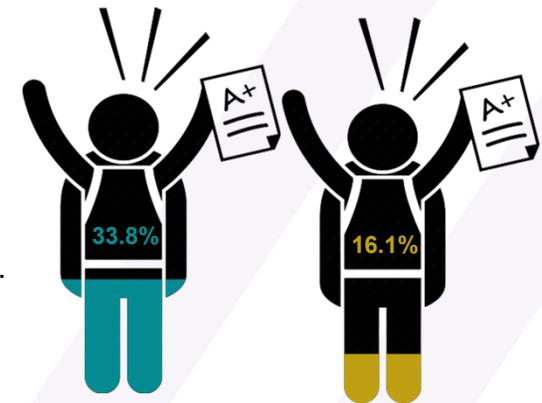
Our survey found that foughly **1 in 2** respondents (45.2%) expressed concern about their child(ren)'s quality of education during the pandemic. Rates did not differ significantly between families impacted by COVID-19 and those unimpacted.*

About 1 in 10 responded that their child(ren) will be “not at all prepared” for language arts (7.6%), math (9.3%), social studies (10.9%), and science (11.0%).



More than 1 in 2 children (56.6%) whose family has experienced COVID-related impacts reported **less academic support** during the pandemic, compared to 1 in 3 (29.9%) respondents whose family has not experienced COVID-related impacts.

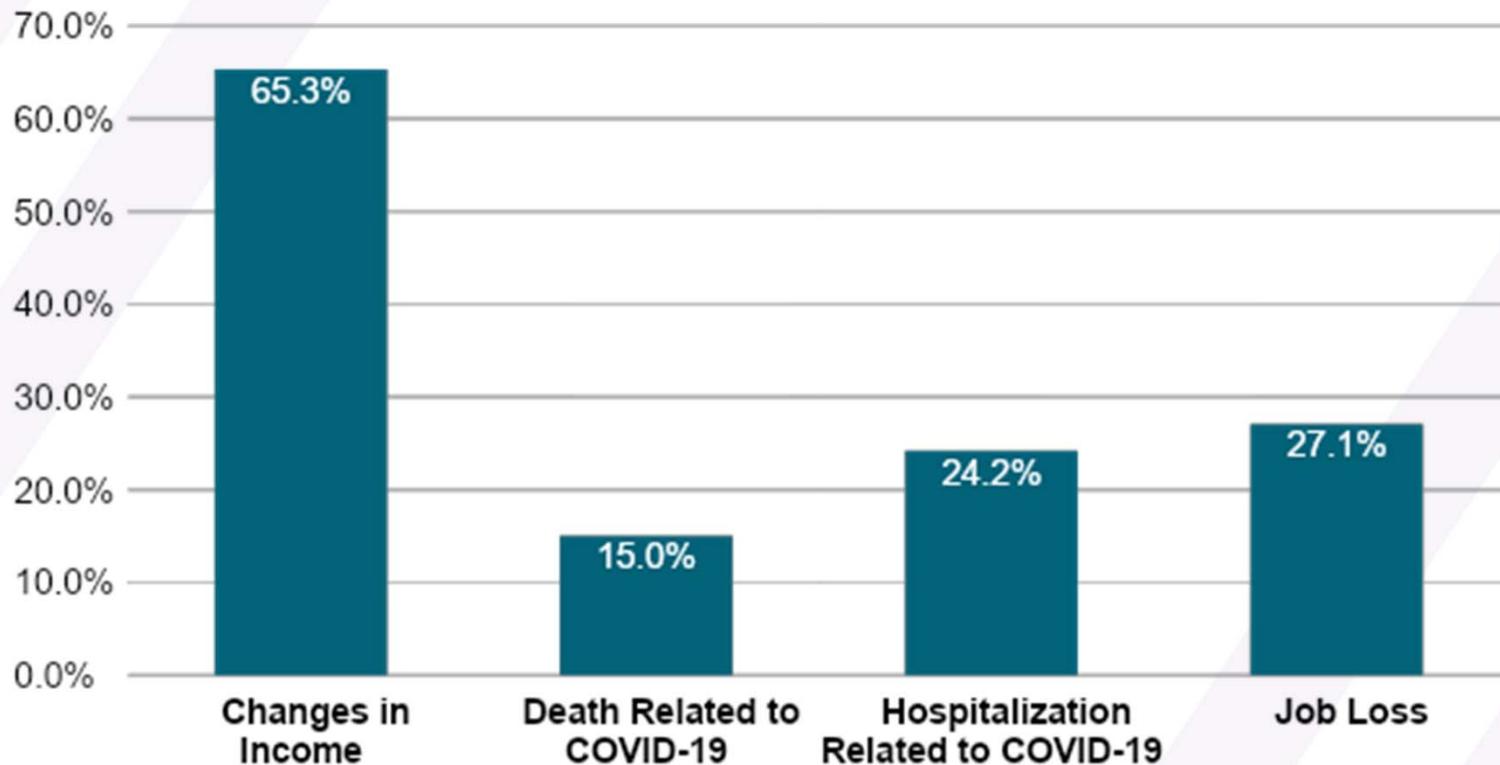
Grades worsened among **1 in 3 children** (33.8%) whose **family reported COVID-related impacts**, compared to 1 in 6 children (16.1%) whose families were **not impacted**.



See Table 3 in Appendix for more information.

Impact of COVID-19: We know that in CA socially vulnerable communities were disproportionately impacted by the pandemic

Our survey found that nearly **9 in 10 respondents (86.6%)** reported that their family experienced one or more **COVID-related impact(s)**, including changes in income, job loss, family death, and/or family hospitalization.



See Table 1 in Appendix for more information.

Education: COVID's disproportionate impact on SELA means that student's education and health is being impacted by more than just remote school difficulties. Our survey exposed concerns about the long-term mental and physical health effects and significant learning loss that the pandemic is having on kids who were directly impacted by it

Among those reporting COVID-related impacts

(change in income, job loss, family hospitalization/death),

- **1 in 3 (33.8%)** reported their child(ren)'s **grades had worsened** over the course of the pandemic, compared to 1 in 6 (16.1%) respondents whose family has not experienced COVID-related impacts.*
- **More than 1 in 2 (56.6%)** responded that their child(ren) has/have received **less academic support** from teachers over the course of the pandemic, compared to 1 in 3 (29.9%) respondents whose family has not experienced COVID-related impacts. *
- **About 1 in 10** responded that their child(ren) will be “not at all prepared” for language arts (7.6%), math (9.3%), social studies (10.9%), and science (11.0%), compared to roughly 1 in 52 respondents (1.2% for math, 1.6% for science, 3.1% for language arts, and 3.2% for social studies) whose family has not experienced COVID-related impacts.**
- **Roughly 1 in 2 (45.7%)** expressed concern about the quality of education their child(ren) has/have received over the course of the pandemic, and respondents whose family has not experienced COVID-related impacts reported similar rates (42.5%) of concern.***

*significant at P<0.001 level, assessed with Pearson's Chi-Square Test of Independence;

significant at P<0.01 level; *not statistically significant (P=0.28)

See Table 3 in Appendix for more information.

Psychosocial Outcomes

Among those reporting COVID-related impacts,

- **1 in 5** (19.8%) respondents expressed that they were “very concerned” about their child(ren)’s psychological wellbeing, compared to 1 in 20 respondents (5.0%) whose families did not experience any COVID-related impacts.*
- **1 in 4** (27.5%) respondents expressed that they were “very concerned” about their child(ren)’s physical health, compared to 1 in 16 respondents (6.2%) whose families did not experience any COVID-related impacts.*
- **1 in 5** (21.6%) respondents expressed that they were “very concerned” about their child(ren) having enough food to eat, compared to 1 in 10 respondents (10.0%) whose families did not experience any COVID-related impacts.*

**significant at $P < 0.001$ level, assessed with Pearson’s Chi-Square Test of Independence*

See Table 3 in Appendix for more information.

The effect of COVID-19 on education outcomes becomes more pronounced as the number and type of COVID-10 impacts increases:

- **1 in 2** (50.7%) respondents whose families experienced 3 or more COVID-related impacts reported that their child(ren)'s grades **have worsened** over the pandemic, compared to 1 in 3 respondents (30.6%) whose families experienced 1 COVID-related impact and 1 in 6 respondents (16.1%) whose families did not experience any COVID-related impacts.*
- **1 in 2** (53.5%) respondents whose families experienced 3 or more COVID-related impacts reported that their child(ren) has/have received **less academic support** from teachers during the pandemic, compared to 1 in 3 (29.9%) respondents whose families did not experience any COVID-related impacts.*
- As many as 1 in 4 respondents whose families experienced 3 or more COVID-related impacts reported that their child was “not at all prepared” for academics (23.2% for science, 21.7% for social studies, 13.4% for math, and 11.6% for language arts), compared to roughly 1 in 52 respondents (1.2% for math, 1.6% for science, 3.1% for language arts, and 3.2% for social studies) whose family has not experienced COVID-related impacts.**

*significant at P<0.001 level, assessed with Pearson's Chi-Square Test of Independence;

**significant at P<0.05 level

See Table 4 in Appendix for more information.

The effect of COVID-19 on psychosocial outcomes becomes more pronounced as the number and type of COVID-19 impacts increases:

The impact of COVID-19 is additive with respect to psychosocial outcomes among K-12 children. Among those reporting 3 or more COVID-related impacts (change in income, job loss, family hospitalization/death),



1 in 3 respondents (33.8%) reported they were “concerned or very concerned” about their child(ren)’s psychological wellbeing, compared to 1 in 5 respondents (20.2%) who experienced 1 COVID-related impact, and 1 in 20 respondents (5.0%) who reported no COVID-related impacts.



1 in 4 respondents (25.4%) reported they were “concerned or very concerned” about their child(ren) having enough food to eat, compared to 1 in 5 respondents (21.5%) who experienced 1 COVID-related impact, and 1 in 10 respondents (10.0%) who reported no COVID-related impacts.



1 in 2 respondents (45.1%) reported they were “concerned or very concerned” about their child(ren)’s physical health, compared to 1 in 4 respondents (26.2%) who experienced 1 COVID-related impact, and 1 in 16 respondents (6.2%) who reported no COVID-related impacts.

See Table 4 in Appendix for more information.

Overarching Themes

These major trends and findings from the survey results provide critical insights into how the COVID-19 has impacted families in South East Los Angeles and the education of students in the region:

- 1. Due to pre-existing social vulnerabilities in South East Los Angeles, Latinx and low income families were disproportionately impacted by the pandemic.**
- 2. Furthermore, our survey confirmed that the pandemic exacerbated pre-existing educational inequities in SELA communities. Latinx and low-income families are seeing higher levels of learning loss and less academic support.**
- 3. Finally, our survey found that the pandemic created a system that worsened health inequities in the region and exacerbated all other social determinants of health (like housing security, access to transportation, and access to healthcare), creating barriers to recovery for the community.**

Mediation Analysis



- The mediation analysis assesses whether income and ethnicity explain the relationship between COVID related impact(s) and psychosocial and educational outcomes, i.e, are the negative health and school effects due to COVID-19 experienced by individuals with lower-incomes and from Latinx communities
- This approach emphasizes the need to provide COVID-19 relief by addressing immediate needs but also tackling entrenched disparities due to the Social Determinants of Health
- Our Mediation Analysis found that the extent of these COVID-19 related outcomes are the result of entrenched social inequities long before COVID-19. Income and ethnicity are especially driving disparate health outcomes that will complicate the recovery of students, meaning
 - Hispanic/Latinx individuals were **2 times more likely** to report being “very concerned” about their child(ren)’s psychological wellbeing.
 - Households with an annual income <\$35K were **3 times more likely** to report being “very concerned” about their child(ren)’s psychological and physical wellbeing.

The background is a deep purple color with diagonal stripes of varying shades of purple and blue. In the upper right and bottom right corners, there are patterns of light blue stars. The text is centered in the middle of the page.

Conclusions and Recommendations

GROW BOLD
AltaMed

Conclusions

Overall, CR [2]2vey found that because of pre-existing social vulnerabilities in SELA, COVID-19 caused significant negative education, social and health outcomes and created new systemic barriers that will complicate the ability of this community to recover. Furthermore we found that when considering income and ethnicity, families making under 35k and latinx-identifying individuals experienced poorer education, health and social outcomes because their income and ethnicity were vulnerabilities that exacerbated the impacts of COVID-19 on their lives.

This data is especially relevant when you consider the fact that SELA's average household income is \$40,500, which means that 50% of SELA residents make under this amount, and that over 80% of its residents identify as Latinx. This means that the overlap of low-income people and latinx identifying people is significant. The fact that income and ethnicity exacerbate the impact that COVID-19 has on a region has increased inequality and has created increased barriers to recovery in the hardest hit communities. Although this survey was conducted in South East LA and these findings are specific to this community, South East LA is but one example of a socially vulnerable community that was disproportionately impacted by the pandemic. This survey has nationwide implications because the overarching themes of how socially vulnerable communities were the most impacted by COVID-19 and need community specific recovery policies can be observed in beyond the cities of South East LA.

Slide 31

CR [2]2

remove bold from the word Overall

Cynthia Romo, 6/17/2021

Overall Recommendations

AltaMed's survey on COVID-19's impact on the education of families in South East LA has exposed that the pandemic's effects were exacerbated by pre-existing systemic inequities and that without proper recovery efforts will create new systemic inequities that can marginalize the region further. Due to this AltaMed has developed overall recommendations for next steps and specific recommendations for school systems, Community-based organizations, and community members. Although this survey was conducted in South East LA these recommendations can also be considered for recovery initiatives in other socially vulnerable regions.

Overall Recommendations:

- 1. Invest in resources for community-engaged research to better understand the depth of the impact of COVID-19**
- 2. Build an inclusive process to engage community members in planning COVID-19 recovery initiatives**
- 3. Develop a regional equity plan that addresses the multifaceted impact of COVID-19 through a cross-sectoral approach**
- 4. invest in community resiliency by addressing key social determinants of health through community-wide approaches**

Recommendations: Community Based Organizations

The survey results can guide and aid in next steps for community based organizations (CBOs) that provide direct services to SELA and similar communities, in recovery COVID-19 efforts.

- Share survey results findings with your network and use the findings and overall recommendations to guide your recovery initiatives.
- Host opportunities for community members and CBOs to engage in meaningful conversation and plan next steps to address the adverse impacts of COVID-19 in our communities.
- Align survey results with organizational core values as it relates to SELA and similar communities.
- Join collaborative efforts in your region:
 - My Community, My Health Coalition
 - Great Public Schools Now Collective Action Initiative

Recommendations: Schools and Educational Systems

The survey findings can be used to elevate the concerns of SELA families and similar communities, decimated by COVID-19 along with historical lack of resources and infrastructure necessary for recovery.

- Utilize survey findings to advocate for students and families
- Create engagement structures at the school, district and county levels to elevate the voices of youth and parents and partner with them to develop solutions
- Engage school administrators and support staff in creating opportunities for discussion of COVID-19 adverse impacts and recovery planning and implementation

Recommendations: Community Members

The survey results highlighted the need to advocate for our communities. There are several opportunities to voice your concerns and receive training to expand your role of leader in the community.

Become a community leader!
¡Vuélvete un líder comunitario!



AltaMed's has several leadership training opportunities:

- Advocacy Leadership Academy: 6 week training to learn to stand up and speak out. work with your elected officials, represent your health center and community. Minimum age is 16 years old. Training are held in English and Spanish virtually.
- Community Organizing Initiative
- Youth Community Action Program provides training to youth in their own communities.

Contributors

AltaMed Team Survey Leads:

Rosa Vazquez – Consultant, AltaMed Institute for Health Equity
Cynthia Romo – Civic Engagement Program Manager

AltaMed Team:

Berenice Constant – VP, Govt Affairs & Civic Engmt
Lizette Escobedo – AVP, Civic Engmt & Advocacy
Gloria Montiel Hernandez – Research Scientist II
Corina Martinez- Community Engaged Initiatives Program Manager
Robert Blackmon – Civic Engmt Data Analyst
Alicia Rodarte – Comm Partnerships Specialist
Eulises Cibrian – Project Intern
Leslie Hernandez – Civic Engmt Coordinator
Paulina Le – AmeriCorps Fellow
Gaston Lassalle – Policy Analyst
AltaMed Communications Team

Evaluation Partners:

Ohio State University Center for Health Outcomes and Policy
Evaluation Studies
Dr. Saira Nawaz, Research Evaluator
Kyle Moon, Research Assistant

Clinic Partners

AltaMed Medical and Dental Group – South Gate
AltaMed Medical Group – Commerce



**Special Thank You to all our
partners and community
members for your contributions!**



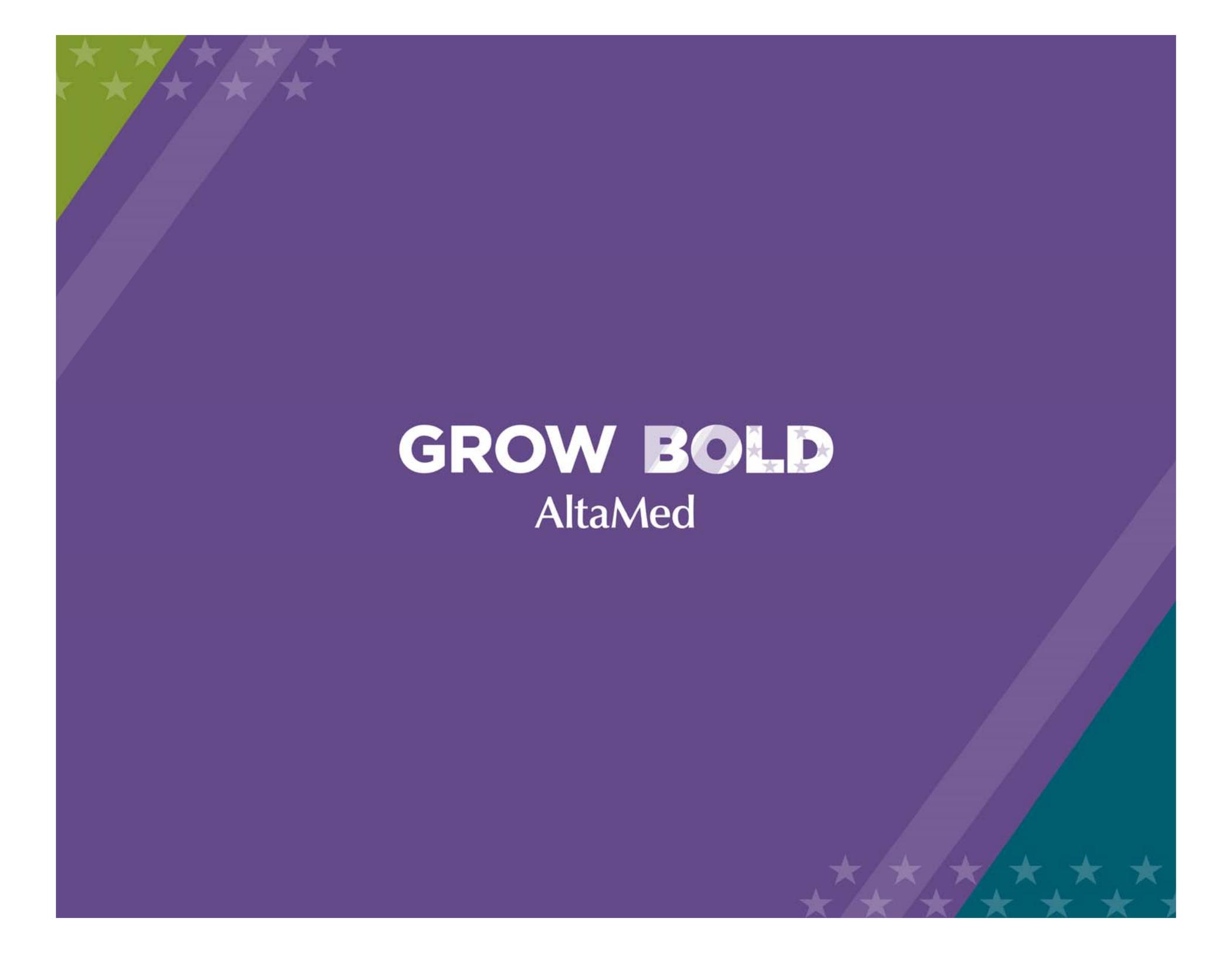
**BOYS & GIRLS CLUB
OF WHITTIER**



AltaMed
QUALITY CARE WITHOUT EXCEPTION™


**Great Public
Schools Now**

GROW BOLD
AltaMed



GROW BOLD
AltaMed