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DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

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June 26, 2020

TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director

SUBJECT: **REPORT RESPONSE TO THE MOTION, "EXPANDING
PROMOTORA/ES PROGRAMS TO REACH MORE CULTURALLY
DIVERSE COMMUNITIES IN LOS ANGELES COUNTY,"
DIRECTIVES 6-8 (ITEM 14, AGENDA OF MAY 26, 2020)**

BACKGROUND

On May 26, 2020, the Board instructed the Department of Mental Health (DMH) and the Department of Public Health (DPH) to explore opportunities to expand their respective Promotora/es (aka Promoter) programs to ensure that the populations and communities in Los Angeles County (LA County) most impacted by COVID-19 are at the center of a recovery that will ultimately ensure they will be better off than they were before the crisis. The Board requested a report back in 90 days to include an overview of the potential funding sources available and resources needed for such an expansion, along with a proposed implementation plan and metrics that would be used to evaluate the expansion.

In the same motion, the Board also directed DMH to explore opportunities through existing DMH contracts to expand the Promoter Program. This goal will be attained in part by training LA County residents who have a clear understanding of the oppressive systems which have detrimental impact on the lives of the Black, Latinx, LGBTQ+, and other under resourced communities, including those whose primary language is one of the County's 13 threshold languages, to become Community Ambassadors. Community Ambassadors shall possess a high degree of passion and commitment to helping others and a profound desire to improve their community. Once trained, Community

Ambassadors shall provide language and culture specific outreach and engagement, community mental health education, and linkage to services to increase the awareness and knowledge of community residents on mental health issues and help build up local capacity in their own neighborhoods.

The Board delegated authority to the Director of DMH to increase the Total Contract Amounts for the above referenced DMH contracts, as necessary, to expand the Promoter Program and requested a report back in 30 days on the above items.

This initial report provides a response to the following DMH-specific directives:

Directive 6

Direct the Department of Mental Health to explore opportunities to expand the Promoter Program through existing DMH contracts including but not limited to its Innovation (INN) 2 – Developing Trauma Resilient Communities Contracts to advocate for and meet the needs of communities suffering the effects of COVID-19.

DMH conducted initial consultations with the University of California, Los Angeles (UCLA) Public Partnership for Wellbeing (PP4W), through which the Bilingual and Spanish Interdisciplinary Clinical Training (Basic-T) program is currently providing training to Promoters, to determine the feasibility of expanding the current program to those communities most impacted by the COVID-19 crisis and recent civil unrest, beginning with the Black community. Through this model, the PP4W would expand the cohort of current Promoters to meet the needs of these communities, increase the training and compensation provided to Promoters to support these new responsibilities, and identify Promoters that may be particularly good candidates for the Community Ambassador program described in more detail below.

DMH will continue planning with UCLA to further develop the details of this model, which will be informed by data that identifies those communities hit hardest by the COVID-19 crisis with a particular focus on communities where inequities are most pronounced. DMH will be informed by the recommendations from the Committee for a Greater L.A. The Committee's 90 day report will include population specific data to ensure that communities most impacted are at the center of the recovery effort.

Directive 7

Direct the Department of Mental Health to consider developing and implementing an "Ambassador" type program through existing DMH contracts as described above wherein community members are trained to provide community outreach and mobilization related to: Social Determinants of Mental Health, COVID-19 Trauma Recovery, Service navigations for testing and contact tracing, and Census Participation.

DMH currently implements the INN 2 “Developing Trauma Resilient Communities through Community Capacity Building” project, which centers on building the capacity of the community to identify and support community members at risk of trauma or experiencing trauma. Per the Board’s directive, DMH is exploring the use of the current INN 2 contracts as a vehicle to develop a Community Ambassador Program (CAP). DMH has held virtual meetings with all nine Lead Agency organizations of the ten INN 2 projects to develop the following model for the CAP.

Using \$13 million in unspent INN 2 funds, the CAP will expand DMH’s existing Promoter Program, which currently provides services in Spanish. CAP will scale the Promoter Program beginning with the Black community and other minority status groups and expand to threshold languages in LA County. The CAP also aims to create a career pathway for community members with lived experience in their local neighborhoods.

The role of the Community Ambassador is to educate, identify, and link individuals to the right care at the right time by the right people. Community Ambassadors will help navigate and be responsible for identifying the needs in their specific communities, driven by a collaborative engagement process that creates space for individuals to present and advocate for what they need to maximize their wellbeing. The use of promoters has been a key strategy to reducing stigma around mental health and improving health equity throughout LA County.

The CAP will deliver services and create a career pathway, as illustrated below.



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By tapping the voice and power of our constituents in collaboration with partner agencies and network providers, the CAP aims to address racial/ethnic disparity and comorbidity, and leverage community engagement to increase access to resources, improve service delivery, and drive micro and macro change, from the individual to the community. DMH estimates that an available budget of \$13 million of INN 2 project funds can be used across Fiscal Years 2020-21 and 2021-22 to employ 50 Community Ambassadors.

Under this model the PP4W at UCLA will train the Community Ambassadors on coalition building, critical race theory, social determinants of mental health, COVID-19 trauma recovery, COVID-19 testing and contact tracing, and civic participation, including voting and the Census. Other trainings and activities will be determined through a community consultation process run by each INN 2 lead agency to elicit feedback and input to identify each community's specific needs and priorities.

Directive 8. Delegate authority to the Director of DMH to increase the Total Contract Amounts for the above referenced DMH contracts as necessary to expand the Promoter Program to become part of a larger Community Ambassador Program (CAP).

As noted above, the expansion of the Promoter Program will build on the existing model by broadening the scope of health promoters to build their skills, impact, and income as Community Ambassadors. DMH has identified existing INN 2 funds and INN 2 providers as the initial vehicle for deploying 50 new Community Ambassadors and will consider other options for further expansion of the CAP through additional resources. DMH will include details in the 90-day report back to this motion.

If you have additional questions, please contact me or Regina Waugh at (213) 251-6825 or rwaugh@dmh.lacounty.gov.

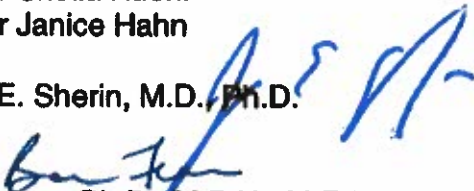
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c: Executive Office, Board of Supervisors
Chief Executive Office
Department of Public Health



October 26, 2020

TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

FROM: Jonathan E. Sherin, M.D., Ph.D.
Director

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

SUBJECT: **EXPANDING PROMOTORA/ES PROGRAMS TO REACH MORE CULTURALLY DIVERSE COMMUNITIES IN LOS ANGELES COUNTY DIRECTIVES 1-5 (ITEM 14, AGENDA OF MAY 26, 2020)**

On May 26, 2020, the Board of Supervisors (Board) directed the Department of Mental Health (DMH) and Public Health (DPH), in collaboration with the Chief Executive Office (CEO), to:

1. Examine the feasibility and cultural appropriateness of expanding their respective Promotora/es programs in geographic areas where there are large populations of communities of color whose native language is not English, taking into consideration the threshold languages, including Arabic, Armenian, Cambodian, Farsi, Korean, Russian, Tagalog, Vietnamese, Cantonese, and Mandarin. As part of that feasibility assessment, conduct a crosswalk between the roles of Promotora/es and those of other disciplines such as home visitors, doulas, community health workers, and navigators.
2. Include an assessment of potential funding streams, funding opportunities, and recommendations for funding and resources needed to expand the programs including staffing needs.
3. Identify a proposed implementation plan that would indicate how each Department will expand their programs to further connect community members in underserved areas with resources and information.

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4. Metrics that will be used to evaluate the expansion of the programs.

The attached reports from DMH and DPH provide the responses to the above directives.

If there are any concerns regarding these reports, please contact the appropriate DMH and DPH contacts indicated on the attached reports.

JES:BF

Attachments

C: Executive Office, Board of Supervisors
Chief Executive Office



EXPANDING PROMOTORA/ES PROGRAMS TO REACH MORE CULTURALLY DIVERSE COMMUNITIES IN LOS ANGELES COUNTY DIRECTIVES 1-5 (ITEM 14, AGENDA OF MAY 26, 2020)

On May 26, 2020, the Board of Supervisors (Board) directed the Departments of Mental Health (DMH) and Public Health (DPH), in collaboration with the Chief Executive Office (CEO), to explore opportunities to expand their respective Promotora/es (aka Promoter) programs to ensure that the populations and communities in Los Angeles County (LA County) most impacted by COVID-19 are at the center of a recovery that will ultimately ensure they will be better off than they were before the crisis. The Board requested a report back on an overview of the potential funding sources available and resources needed for such expansion, along with a proposed implementation plan and metrics that would be used to evaluate the expansion.

This report provides the responses to the following directives:

Directive 1: Examine the feasibility and cultural appropriateness of expanding their perspective Promotora/es programs in geographic areas where there are large populations of communities of color whose native language is not English, taking into consideration the threshold languages, including Arabic, Armenian, Cambodian, Farsi, Korean, Russian, Tagalog, Vietnamese, Cantonese, and Mandarin. As part of that assessment, conduct cross-walk between the roles of Promotoras/es and those of other disciplines such as home visitors, doulas, community health workers, and navigators. Feasibility and cultural appropriateness of Promotores de Salud Mental program expansion:

DMH recognizes the proven effectiveness of the Promotores de Salud Mental (Promotora/es) Program, particularly in improving access to care, education, and empowerment of the LA County Latinx population, and thus expanded it to become a countywide initiative. As such, the Promotora/es Program witnessed impressive growth and impact within the first year of the program's existence from its official start in calendar year 2018-19 to present. Despite working under staffing shortages, and an immediate need to shift from an in-person care model to telehealth, the Promotora/es were able to quickly adapt themselves to the demanding changes, increasing their technology literacy, as well as familiarity with increased COVID-19 specific mental health content. The next logical evolution is for a Promotora/es based model to be developed, adopted, and implemented by the linguistically and culturally underserved diverse communities in LA County. To that end, the existing integration of Promotora/es as significant contributors to the Speakers Bureau creates a natural incubation environment where these linguistically and culturally diverse versions of Promotora/es like models can be developed and implemented.

Speakers Bureau is comprised of highly experienced licensed clinicians who are linguistically and culturally certified to serve the cultural groups they represent and utilizes a multidisciplinary model of care that includes Promotora/es and Faith-Based Liaisons to deliver culturally and linguistically competent, multidisciplinary seminars, trainings, media interviews, town halls, and community interventions. In addition to Speakers Bureau, the distinct language and culture Promotora/es based models will use existing Underserved Cultural Committees (UsCC), the Cultural Competency Committee (CCC), and other community stakeholders to develop and implement linguistically and culturally relevant Promotora/es based models.

Development and implementation processes will be divided into first and second tier priority timeframes. First tier priority development and implementation timeline is developed in response to urgent and immediate community needs and includes:

Latinx Underserved Community: Representing over 48% of residents in LA County, the Latinx community continues to be disproportionately impacted by COVID-19 cases, deaths, and illness. In addition to longstanding issues associated with poverty, racism, mental health stigma, and lack of culturally and linguistically competent, the Latinx community has been impacted by disproportionately higher rates of unemployment and housing displacement.

Black and African Heritage Underserved Community: Nationally, African American deaths from COVID-19 are nearly two times greater than would be expected based on share of population. A legacy of structural discrimination has limited access to health and wealth. African Americans have higher rates of underlying conditions, including diabetes, heart disease, and lung disease linked to more severe COVID-19 cases. The added social unrest and recent protests have occurred concurrently. In addition to higher unemployment rates, African American men particularly, are over-represented in jails and prisons.

Asian, Pacific Islander Underserved Community: Historically underserved community, despite representing over 15% of residents in LA County, the API community receiving services from the Department accounts for less than 5% of services delivered. Initial steps have already begun within the Department to address service disparities including a series of meetings with the Asian Pacific Policy and Planning Council Islander (AP3CON) which has already identified a need for increased Prevention and Early Intervention services, Culture Specific initiatives, increased services for the elderly as well as the development and implementation of the Promotores based program.

Eastern European Underserved Community: This linguistically and culturally diverse underserved community includes the Armenian community which is an urgent priority given the impact of escalating conflict in the Nargorno-Karabakh region upon the Armenian community in LA County and family connections to Armenia. The increased fighting has resulted in increased trauma, fear and anxiety response from the LA local

Armenian community increasing the need for trauma informed intervention and mental health resources.

The second tier includes the LGBTQIA2-S and Access for All underserved communities. No less important, representing diversity not in terms of language or ethnic culture, but gender, sexual identity, and issues impacting hard of hearing, speech, sight, and physical abilities negatively impeding competent and sensitive care. Ongoing and simultaneous development to improve environment, as well as informed and improved access to care.

As part of that assessment, conduct cross-walk between the roles of Promotoras/es and those of other disciplines such as home visitors, doulas, community health workers, and navigators.

DISCIPLINE	DIVISION/PROGRAM	TARGET POPULATION	SERVICES PROVIDED
Promotores de Salud Mental	Community Education	Mono and bilingual Spanish and Latinx population	Community education, outreach & engagement, and linkage.
United MH Promoter	Community Education	Cultural and linguistic specific UsCCs	Community education, outreach & engagement, and linkage.
Outreach & Engagement CHW	Outpatient Care Services	Diverse populations in each Service Area	Community education, outreach & engagement, and linkage.
Parent Advocate	Child Welfare	Parents/foster parents of children/youth receiving mental health services	Navigation and education support for families.
Mental Health Advocate	Outpatient Care Services	Mental health clients	System navigation, independent living skills, benefit access support, peer support services and accompaniment to appointments and activities.

Directive 2: Include an assessment of potential funding streams, funding opportunities, and recommendations for funding resources needed to expand the programs including staffing needs.

DMH completed an assessment of the potential funding streams for the expansion of the Promotora/es Programs to reach more culturally diverse communities in LA County. DMH

will utilize Cares Act Funding through December 30, 2020, to implement the first Tier (Tier 1) of the expansion.

DMH will continue Tier I and implement Tier II funded with ongoing Mental Health Services Act (MHSA) Prevention and Early Intervention revenues.

DMH will utilize existing budgeted positions to initiate the expansion and will evaluate the staffing needs upon the full implementation of Tier I and II.

Directive 3: Identify a proposed implementation plan that would indicate how each department will expand their programs to further connect community members in underserved areas with resource and information.

The DMH Promotora/es program will be expanded in two phases. Phase one will consist of immediate hiring of vacant items to assure budgeted positions are allocated as planned across the eight Service Areas. Simultaneously, stakeholder groups representing UsCCs will meet with Promotora/es and be facilitated and assisted in culture specific content development by UCLA’s Basic-T affiliation to develop a language and culture specific model (United Promoters) to address needs of distinct groups. Please see anticipated timeline below:

DATE	OBJECTIVE
October 16, 2020	<p>Meet with UsCC, Stakeholders, and CCC to identify allocated Promotores slots to achieve full staffing and expansion of Promotores model as well as planned slots for expansion of United Promoters models for distinct underserved linguistic and cultural groups.</p> <p>Employment flyers completed, disseminated to all UsCC and critical stakeholders for Promotores and United Promoters expansion.</p>
October 23, 2020	<p>Complete UsCC meetings, meet with UCLA Basic-T to prepare cultural specific content and complete models. Complete Statement of Work (SOW) revisions for Bsuc-T to assist stakeholder groups in creating the training curriculum</p> <p>Complete budgets and finalize strategic implementation plans for the expansion of the existing Promoter and for United Promoters, full-time and vendor items based on the underserved culture and linguistic models.</p> <p>Coordinate onboarding process and complete plan with Human Resources (HR) to identify Promotores/United Promoters candidates for vendors and/or County positions.</p>
October 26, 2020	<p>Complete development of language and culture specific United Promoters model, including development of curriculum and training resources. Begin training.</p> <p>Meet with HR to finalize hiring criteria and disseminate hiring notifications. Conduct hiring fairs and complete hiring process.</p>

November 2, 2020	Begin training and deployment of United Promoters.
December 30, 2020 and ongoing	Conduct impact evaluation based on available outcome data including number of individuals served, gender, language and zip code, formation of culture specific initiatives, implementation of created language specific resources. Use outcome data of existing implementation impact to inform further development and growth. Develop outline for an independent annual Promotores and United Promoters report.

Directive 4: Identify metrics that will be used to evaluate the expansion of the program.

A stand-alone annual report for Promotora/es and United Promoters will be developed providing detailed evaluation and recommendations. This report will be integrated into other plans, including existing MHSA and Cultural Competency reports.

Additional metrics will provide UsCC associated training curriculum, number of culture and language specific trainings provided, as well as data used in the recruitment of Promotora/es and United Promoters for each distinct culture and linguistic group.

Operational measures will include the number of educational contacts and community members reached within specific periods of time for each UsCC population by zip code of residence. Community feedback/evaluation surveys of audiences will capture competency as well as content effectiveness. Improvements in service penetration by zip code of service recipients will be closely tracked and monitored. The program will also conduct a countywide bi-annual community survey to gauge mental health literacy and wellbeing levels by zip code and will utilize service report for development of language and culture specific content for training and resources.

If you have any questions or require additional information, please contact Dr. Jorge Partida, Chief of Psychology at (213) 738-4967 or Jpartidatoro@dmh.lacounty.gov.



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EXPANDING PROMOTORA/ES PROGRAMS TO REACH MORE CULTURALLY DIVERSE COMMUNITIES IN LOS ANGELES COUNTY

Directive 1: Examine the feasibility and cultural appropriateness of expanding the Promotora/es programs in geographic areas where there are large populations of communities of color whose native language is not English, taking into consideration the threshold languages, including Arabic, Armenian, Cambodian, Farsi, Korean, Rossinian, Tagalog, Vietnamese, Cantonese and Mandarin. As part of that assessment, conduct across-walk between the roles of Promotoras/es and those of other disciplines such as home visitors, doulas, community health workers, and navigators.

The Department of Public Health (Public Health) currently employs “health promoters,” an equivalent role to promotoras, in positions that emphasize the connection between individuals in the role and the geographic area they serve. The functional title has been modified both to avoid identifying the role as targeted solely to Latinos/Latinx communities and to remove a gendered description of the role. We focus on cultural and linguistic alignment between promoters and the residents of the communities they serve. Health promoters work out of the Department’s Regional Health Offices where their role involves community-focused outreach and health education. The work is defined not by a specific topic, but by a set of skills that enables learning about the basics around a variety of health issues and communicating those basics effectively to the populations served. Public Health also subcontracts with Planned Parenthood of Los Angeles for the services of their promotoras to work with communities in which our school-based Wellbeing Centers are located. The promotoras work exclusively with parents and community residents in these areas, while Public Health educators work with students and staff in the schools. In this case, the promotoras do focus topically on adolescent health and development, but their expertise includes a range of adolescent health-related and parenting topics.

In the context of COVID-19, Public Health is currently contracting with 10 community-based organizations who will be able to recruit and hire a new cohort of 500 health promoters to serve on the front lines in COVID-19 prevention. These staff will be deployed countywide but with a focus on areas with the highest rates of COVID-19 positivity, infection, and hospitalization. Public Health will carry out the training of these promoters and while it will emphasize basics of COVID-19 disease (risk factors, mechanisms of COVID spread, current epidemiology, and effective prevention) it will also address the chronic conditions (notably, diabetes and cardiovascular disease) as well as risk factors (such as smoking) that are associated with increased probability and severity of disease in certain groups. This broad training will enable the health promoters to address upstream factors that must be controlled if we are to succeed in eradicating COVID-19 in all Los Angeles County communities.

Public Health is also collaborating with the Department of Health Services and a fiscal intermediary to establish a County COVID-19 Equity Community Fund that will provide selected community-based organizations with funding, mentorship, training, and technical assistance to support their internal infrastructure, workforce development, and sustainability needed to serve their communities during this pandemic. As part of the program, Public Health is allocating \$10 million to implement key strategies that support individuals and their families affected by COVID-19 and to prevent further community transmission. Funded organizations will deliver culturally-informed and tailored outreach, education, system navigation, and/or contact tracing services to improve case and contact interview participation rates.

Both of these efforts will create a cadre of health promoters whose skills will remain useful even when COVID-19 is under control.

Feasibility of expansion/crosswalk with other community health disciplines

Given the success Public Health has had with its in-house staff of health promoters and current plans for COVID-focused expansion, it would be feasible to expand our deployment of health promoters in the future from a programmatic point of view. Public Health-employed health promoters serve Mandarin and Korean-speaking communities, as well as English and Spanish speakers. While a full assessment of need in all of the cultural and linguistic communities is not within Public Health's current capacity, the new health promoter deployment will offer an opportunity to look for pockets of unmet need that may be obscured by the relatively low rates of COVID spread in the white and Asian populations of the county when they are looked at as a whole. Given that insight, it would not be difficult to diversify the health promoter workforce as needed to meet needs of particular subcommunities.

At present, Public Health deploys home visitors, doulas, community health workers and navigators in a variety of settings. Table 1 reflects deployment of these disciplines across Public Health's programs. There is, as Table 1 suggests, substantial overlap in roles, with most involving some degree of navigation and health education. To expand the health promoter workforce, we could propose to build on our current model, deploying new staff through the Regional Health Office structure to address the baseline of chronic disease that affects all Los Angeles

County communities along with some community-specific needs related to particular outbreaks and/or exposures.

Table 1: Current Public Health Deployment of Community Health Workers

Discipline	Division/Program	Target population	Services provided
Home visitors	Maternal, Child and Adolescent Health, Perinatal and Infant Health	Low income pregnant and parenting women, infants, children up to 5	Education and support during pregnancy, postpartum period and childhood to age 5. Linkage and navigation to services.
Doulas	Maternal, Child and Adolescent Health, AAIMM (African-American Infant and Maternal Mortality Initiative)	African-American pregnant and postpartum women	Prenatal coaching, education and support, labor support, postpartum coaching and support. Linkage and navigation to services.
Navigators	Maternal, Child and Adolescent Health, Children's Health Outreach Initiative	A broad range of high- risk populations, including people with disabilities, elderly, and people with serious emotional disturbance (SED) and substance use disorders (SUD)	Navigation primarily to health coverage but to other benefit and support programs as needed.
Health Promoters	Disease Control Bureau, Regional Health Offices	Community residents	Health education with a focus on SUD prevention; navigation.
Promotoras	Substance Abuse Prevention and Control, Wellbeing Centers	Parents and residents in areas served by Wellbeing Centers	Education on adolescent health development and parenting. Some navigation around family and parenting needs.
Community Health Workers	Communicable Disease Prevention Clinics	STI, TB patients; Patients seeking vaccines	Assist with varied clinic tasks.

Directive 2: Include an assessment of potential funding streams, funding opportunities, and recommendations for funding resources needed to expand the programs including staffing needs.

Current expansion of the Public Health health promoter work force relies on CARES Act funding, which currently is time-limited through December 2020. No ongoing funding source exists to sustain this workforce when CARES funds are no longer available. While private funding could be sought in response to particular needs or to serve particular communities, private funding is unlikely to be sustainable or to address the

diversity of needs experienced by communities across the County. Public Health will continue to work to explore potential funding sources that could be used to expand the health promoter work force.

Directive 3: Identify a proposed implementation plan to expand programs to further connect community members in underserved areas with resources and information.

In the near term, and as mentioned above, Public Health is working to contract with community-based organizations to bring on a cohort of 500 health promoters to focus on COVID-19 prevention. Public Health will provide the training and will focus on upstream factors that must be controlled if we are to succeed in eradicating COVID-19 in all Los Angeles County communities. Public Health is also working with community-based organizations to develop their internal infrastructure and workforce capacity to provide culturally-informed and tailored COVID-19 outreach, education, system navigation, and/or contact tracing services to improve case and contact interview participation rates.

This cadre of health promoters from these initiatives will obtain skills that could be further utilized should resources continue to be available.

Given further opportunity to expand use of health promoters, Public Health could build on the current deployment of health promoters out of Regional Health Offices, strengthening the capacity to work on critical health issues at the community level. We would recommend the approach adopted in our current, short-term expansion, relying on hires by community-based organizations while Public Health assures the quality and standardization of the role via training and contract oversight. This approach brings the added benefits of a) strengthening social capital within communities and b) establishing the program as a partnership with true community roots.

Directive 4: Identify metrics that will be used to evaluate the expansion of the program

Key process measures for evaluation of expansion would include:

- Successful hiring and training of a full complement of health promoters;
- Representation among promoters of individuals from particular linguistic/cultural groups whose needs are not adequately met given current staff demographics;
- Development and implementation of an annual countywide and an annual regional health promoter work plan by June 30 of each year for the new fiscal year;
- Number of community residents reached at large-scale events and other community outreach strategies.

Key outcome measures for evaluation of expansion would include

- Changes in community knowledge and attitudes about areas of topical focus;
- Changes in health care utilization (increased for primary prevention and for chronic disease management; decreased for emergencies);
- Changes in community uptake of preventive practices;
- Over time, changes in prevalence of chronic disease or, in the shorter term, of poorly managed chronic conditions;
- Improved management of outbreaks and environmental crises.