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November 5, 2020

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director *Barbara Ferrer*

SUBJECT: ESTABLISHING THE COUNTY PUBLIC HEALTH COUNCILS PROGRAM (ITEM 24, BOARD AGENDA OF SEPTEMBER 1, 2020)

This report responds to your Board’s September 1, 2020 motion directing the Department of Public Health (Public Health) to report back by September 29, 2020 with an implementation plan to establish a County Public Health Councils (PHCs) Program, including elements outlined in the original Board motion on July 21 and Public Health’s August 6, 2020 report in response to that motion. Per your Board’s direction, the plan is to include: 1) A phased-in approach that prioritizes sectors based on reported cases, outbreaks and complaints; 2) A description of staff assigned to liaise with employers and key stakeholders about the PHCs and to share educational information and resources; 3) A designated phone number, email and website that workers can use to report Health Officer Order (HOO) compliance issues anonymously; 4) A process for certification and training of certified workers’ organizations (CWOs); and 5) A plan to enforce adherence to the HOOs through all available authorities and powers.

Your Board also: 1) directed Public Health, in collaboration with Department of Consumer and Business Affairs (DCBA) and Workforce Development, Aging and Community Service (WDACS), to conduct listening sessions with business representatives, as well as labor representatives, and worker advocates, to understand concerns and solicit ongoing feedback on strategies for implementing PHCs effectively; 2) directed the Acting Chief Executive Officer (CEO), in coordination with Public Health, to identify resources outlined in the August 6, 2020 report to implement the program; and 3) directed County Counsel, in collaboration with Public

Health and DCBA, to draft an ordinance enabling the implementation of PHCs, including provisions addressing retaliation against workers participating in the PHCs.

Summary

As described in detail below, after conducting listening sessions with business and labor groups, and discussing with DCBA and County Counsel, we recommend:

- 1) A phased-in PHC Program initially focused on food manufacturing, apparel manufacturing, warehousing and storage, and restaurants;
- 2) Enhanced enforcement of the HOOs and Public Health Protocols with DCBA and County Counsel; and
- 3) Consideration of an anti-retaliation ordinance.

This recommendation takes into consideration the business community concerns that the PHC program will create additional burden when many businesses are already experiencing significant hardship. At the same time, an anti-retaliation ordinance will allow employees to report potential HOO and Public Health protocol violations without retaliation. This ensures that businesses are fully and appropriately implementing the HOOs and reopening protocols for their sector so that the region can economically recover as quickly as possible. We can only continue to recover and seek to re-open more sectors if open sectors are operating safely. Public Health can only foster continued recovery by learning of potential violations through a robust education, outreach, and reporting program.

Background

Los Angeles County HOOs and Public Health protocols are mandated and legally enforceable local directives that businesses are required to implement to reduce the spread of COVID-19 in their workplaces and in the community.¹ When implemented, the HOOs and Public Health protocols can effectively prevent virus transmission. While many businesses are already diligently implementing the County's HOO and Public Health protocols in their workplaces, many others are not. This is contributing to COVID-19 outbreaks, illness and death, particularly when infected workers expose others in their homes or other settings. We also know that this virus is not affecting all communities equally, with low-income and communities of color experiencing disproportionate burden.

¹ The Health Officer Orders are consistent with the provisions in the Governor's Executive Order N-60-20, the State's Public Health Officer Order of May 7, 2020, and Sections 101040, 101085, 120175, and 131080 of the California Health and Safety Code and are enforceable pursuant to Sections 26602 and 41601 of the California Government Code and Section 101029 of the Health and Safety Code.

Unfortunately, COVID-19 has exposed and exacerbated numerous systemic inequities. For example, in Los Angeles County, low-income communities and people of color have higher risk of infection, hospitalization, and death from COVID-19 than higher-income and white communities. The County must address these disproportionate impacts, especially since many of the people disproportionately impacted are essential workers providing goods and services to everyone else. A wide range of actions are recommended to address the inequities. The PHCs program helps address the problems and increase compliance in workplaces.

The proposed PHC program complements WDACS' new *Safer at Work* initiative, a public awareness and education campaign aiming to create shared responsibility between businesses, employees, consumers, and communities for COVID-19 safety. The campaign will be implemented between October – December 2020 and will feature communication tools for businesses and creative public art messaging promoting safe practices. WDACS will leverage the County's *Safer at Work* education campaign notifying businesses about the HOOs and Public Health protocols, as well as providing technical assistance through the County's central Disaster Help Center. The campaign will increase awareness about the importance of compliance with HOOs, serving as an outreach and education period while the PHC Program is being launched.

Listening Session Overview

The following is an overview of the Board-ordered listening sessions with businesses and labor representatives and advocates.

Business Representatives

Business Concerns

Business community representatives expressed substantial reservations about a mandatory PHC program. The concerns included:

1. An overbroad scope, e.g., that requiring all businesses to allow the formation of PHCs would penalize businesses already in full compliance;
2. Unknown third-party organizations having direct access to employees or the workplace;
3. Union organizing activities, lack of neutrality by third parties, qualifications and training of third parties, and undermining confidence in Public Health by "outsourcing" this role to third parties;
4. Legal liability for businesses, including that businesses will be held liable for information provided by their employees to third parties or vice versa, and concerns about violating employee privacy and federal labor laws;

5. Costs and impacts of the program on businesses, including concerns about PHC activities being implemented on company time;
6. Placing the majority of blame on employers rather than employee choices when not at work;
7. Participation in the PHCs will shield workers from consequences for poor work performance at work and encourage disgruntled employees to accuse employers falsely; and
8. The County not considering the compliance efforts businesses have already taken to protect their employees or acknowledging that keeping employees safe is their number one priority.

Business Recommendations

Business representatives provided the following recommendations for the County:

- 1) Prioritize sectors not adequately following protocols or demonstrating frequent violations, rather than making public health councils a requirement for all businesses, and preferably, focus on specific businesses or sub-sectors rather than entire sectors;
- 2) Provide a sunset date for this program so that an end date is clear;
- 3) Work closely with employers in prioritized sectors and get their input into program development and preparation of training curriculum, and ensure the business community is familiar with the program before they are approached by third parties;
- 4) Create effective communications materials geared towards employers explaining the program and framing the initiative as a 'value-added' resource for businesses; suggestions included creating a website, videos, and toolkits people can access for information; and
- 5) Create peer learning forums that bring together employers successfully implementing the HOOs with employers struggling to implement them to create opportunities for business owners to learn from one another and share best practices.

Labor Representatives and Worker Advocates

Labor Concerns

Labor and worker advocate concerns included the following:

- 1) Time is of the essence; this program is being adopted too late and needless deaths from COVID-19 have occurred from lack of worker protections;
- 2) This program should have a broad scope and be available to any worker that wants to start a PHC in their workplace;
- 3) CWOs must not be organizations which represent or align with management in any way;
- 4) Safeguards must be in place to protect workers who participate in PHCs from retaliation;

- 5) Management cannot be responsible for selecting the PHC participants; and
- 6) Workers cannot be expected to join PHCs on their own time; they need to be compensated.

Labor Recommendations

Regarding Public Health's role in ensuring the PHC Program's effectiveness, labor representatives recommend:

- 1) Interviewing workers as part of the complaint investigation process to learn when and where violations are happening;
- 2) Assigning Public Health liaisons to collaborate and communicate directly with CWOs and PHCs.;
- 3) Clear processes for addressing non-compliance reports.
- 4) Clear enforcement mechanisms for dealing with retaliation complaints of retaliation;
- 5) Adequate support to professional training organizations that will train CWOs;
- 6) Identification credentials for CWOs indicating they are conducting outreach for Public Health; and
- 7) Templates for agendas, reporting forms, educational materials, etc.

Proposed Implementation Plan

As requested by the Board, Public Health proposes the following implementation plan components:

- Program Goals
- Prioritization of Sectors Based on Available Data
- Public Health Staffing Needed for PHC Program
- Systems for Reporting Complaints
- Proposed Roles for Entities Involved in PHC Program
- Process for Certification and Training of CWOs
- Process for Selection of CWOs
- Process for Training
- Process for Certification
- Plan to Enforce Adherence to Health Officer Orders
- Timeline
- Identifying Resources for Implementation
- Ordinance Development
- Report to Board

Program Goals

This program seeks to expand Public Health’s HOO compliance capacity by working with CWOs trained and certified by Public Health and professional training organizations to help educate workers about the health directives. CWOs will train and assist PHCs in understanding orders, guidance, and protocols; provide technical assistance to PHCs in identifying non-compliance; help PHCs communicate with Public Health; and provide guidance consistent with the HOO to maintain business operations in the safest manner for employees, customers and the community.

Prioritization of Sectors Based on Available Data

Per your Board’s request, Public Health evaluated data on COVID-19 cases, outbreaks, and complaints to determine specific sectors to introduce the program. Public Health recommends prioritizing the following sectors:

- Food manufacturing
- Apparel manufacturing
- Warehousing and storage
- Restaurants

Public Health’s Acute Communicable Disease Control Program used Los Angeles County COVID-19 worksite outbreak data to identify three of the four sectors recommended for Phase-1: food manufacturing, apparel manufacturing, and warehousing and storage. A total of 596 COVID-19 worksite outbreaks occurring in Los Angeles County from April through August of this year were classified according to the North American Industry Classification System (NAICS).²

Incidence rates, total number of outbreaks, and total number of cases associated with workplace outbreaks were calculated for each sub-sector. Incidence rates, which are an indicator of risk, were calculated for each sub-sector by dividing the total number of cases associated with outbreaks in the sub-sector by the average annual number of employees in that sub-sector. Public Health determined the sub-sector outbreak incidence rate to be the best measure to prioritize industries because it takes into account the number of cases associated with the outbreaks and the size of the population at risk. The three sub-sectors with the highest incidence rates were food manufacturing, apparel manufacturing, and warehousing and storage (the latter two are classified as one sub-sector by the NAICS).

² NAICS is the standard used by federal statistical agencies in classifying business establishments. NAICS classifies industries and aggregates them into sequentially larger groupings. For this analysis, we used the “sub-sector” grouping, which is aggregated into the larger “sector” grouping.

Public Health's Environmental Health Division analyzed restaurant investigation data to recommend inclusion of the restaurant sector in the initial implementation. Of the 6,874 restaurant investigations³ conducted by Environmental Health between August 1st to September 13th, 2020, 15% of restaurants investigated did not have physical distancing requirements properly implemented, 11% were not enforcing employee face covering requirements, 14% did not have customer notifications posted, and 28% had not provided the protocol to their employees. During this period, Environmental Health received 1,344 complaints about restaurants, which is more than twice the number received for gyms/fitness centers and triple the number of complaints received for hair salons and food markets.

Based on the above analysis, Public Health recommends that the PHCs initiative begin in these highly impacted sectors to offer additional support for reducing COVID-19 spread. Within the prioritized sectors, criteria to prioritize outreach to workplace settings will be used that may include businesses in geographic areas with a high number of cases and businesses with a history of outbreaks, complaints, and violations.

Systems for Reporting Complaints

Public Health has established a designated phone number (888-700-9995) staffed Monday-Friday from 8:00 a.m. – 5:00 p.m., for HOO compliance issues; anyone may complain anonymously. In addition, there is an online system where workers can confidentially report HOO compliance issues:

<https://ehservices.publichealth.lacounty.gov/servlet/guest?service=0&formId=4&saveAction=5>.

This website is also accessible from Public Health's website on its COVID-19 landing page: <http://publichealth.lacounty.gov/media/coronavirus>. CWOs can complain to Public Health on a PHC's behalf.

Proposed Roles for Entities Involved in PHC Program

Role of Certified Worker Organizations: 1) Speak to employees in prioritized sectors about implementing HOOs and Public Health protocols; 2) Inform workers about the voluntary opportunity to form a PHC; 3) Train PHCs and increase their awareness of the HOOs and protocols; 4) Provide ongoing technical assistance and training to PHCs on increasing compliance with HOOs; 5) Liaise with Public Health on behalf of the PHCs; 6) If a business already offers an employee education program to prevent the spread of COVID-19 in the workplace, but the workers still want to establish a PHC, then the CWOs should work to train that PHC to increase awareness of the HOOs and protocols.

³ Investigations conducted include investigations of complaints, routine inspections, and weekend surveillance activities for HOO compliance.

Role of Public Health Councils: 1) Workers at a worksite may voluntarily form PHCs on their own time that include people from different departments in the facility; 2) Workers in the PHC will train or facilitate training on the HOO and protocols for other workers and promote peer-to-peer education; peer educators may reinforce instructions regarding physical distancing and infection control in the workplace; 3) Convene brief, regular meetings of the PHC (e.g., one hour/once per week) offsite and on their own time unless the business grants permission for onsite meetings, to discuss plans to increase adherence to HOOs; and 4) Develop detailed recommendations for monitoring compliance with the HOOs and if feasible, share and discuss with management.

Role of Employers in Prioritized Sectors: 1) Work with Public Health to implement HOOs and protocols at the worksite. Public Health protocols are mandated and legally enforceable local directives that businesses are required to implement to reduce the spread of COVID-19 in their workplaces; 2) Collaborate with PHCs on implementation of HOOs and protocols; 3) Employers are encouraged to meet with PHCs on a regular basis to discuss their recommendations for implementation of HOOs and protocols at the worksite.

Process for Certification and Training of Certified Worker Organizations

Criteria for selection: An organization may apply to be a CWO and receive training and certification from Public Health in the PHC program if they meet specific criteria. These will likely include, but may not be limited to: 1) a nonprofit organization operating in Los Angeles County for a minimum of three years; 2) provides services in languages appropriate to workers in the prioritized sectors; 3) has experience providing outreach, engagement, education and advocacy services to low-wage workers and/or people living in communities highly impacted by COVID-19; 4) has experience communicating with and advising employees on work related issues in the industry for which the organization seeks certification; and 5) demonstrates knowledge of public health and infection prevention principles and local environmental health regulations.

Process for Selection of CWOs

Public Health envisions two ways in which CWOs will be selected, trained and certified:

Process I: Paid contractors are certified as CWOs: Public Health or a contracted fiscal sponsor will contract with qualified third-party organizations and community-based organizations to support CWO activities in one of the four prioritized sectors: food manufacturing, apparel manufacturing, warehousing and storage, and restaurants. Selected contractors will be required to have the qualifications, skills, experience, approach, and capacity to deliver the services requested in one or more of the prioritized sectors. All contractors will be required to participate in the training and certification processes described above in preparation for carrying out the

requested scope of work. Public Health anticipates making eight contracts of approximately \$150,000, with each contractor tasked with supporting the efforts of about five to ten PHCs.

Process II: Unpaid organizations certified as CWOs: To increase capacity to support PHCs more broadly, Public Health also anticipates training and certifying a limited number of organizations to serve as CWOs without grant funding from the County (e.g., unions). Public Health expects a limited number of organizations to volunteer to support the PHC initiative based on their support for increasing compliance with HOOs in highly impacted sectors. Public Health will require unremunerated CWOs to submit applications and respond to questions about their qualifications, skills, experience, approach, and capacity to deliver services in one or more of the prioritized sectors, as well as how many PHCs they can support. Public Health will also require evidence of fiscal capacity to serve in this role for one year without financial support from the County. A limited number of the highest scoring applicants will be selected to become unremunerated CWOs and will be trained and certified to support PHCs in one or more of the four prioritized sectors.

Process for Training

Once Public Health selects an organization to serve as a CWO, their representatives will undergo intensive training modules conducted by a professional, academic training organization. This training will be developed in cooperation with Public Health and experts from government, academia, and industry. Training modules will include, but may not be limited to: 1) detailed instruction about County HOOs and Public Health protocols specific to the prioritized sectors in which CWOs will work; 2) administrative and legal regulations and requirements relevant to the PHC Program; 3) instructions for how to prioritize businesses within their sector for the PHC Program- for example, criteria may include businesses in geographic areas with a high number of cases, and businesses with a history of outbreaks, complaints and violations; and 4) clarifying the role of CWOs and PHCs as limited to compliance with the HOO and Public Health's protocols.

Process for Certification

All applicants selected to be trained as CWOs will be required to certify to Los Angeles County that all activities conducted with workers throughout the duration of their role as a CWO in the PHC program will be solely for the purposes of: 1) education, support, and empowerment in implementing the HOOs and Public Health protocols to slow the spread of COVID-19, and; 2) providing technical assistance and resources aimed at increasing compliance with the HOO and Public Health protocols to slow the spread of COVID-19.

Public Health will certify CWO representatives once they have successfully completed the training and demonstrated competence. Once representatives are certified, they can begin to support workers and PHCs. Certification will be valid for one year from the date of certification;

yet if significant changes are made to the HOOs or protocols for the sectors in which the CWOs are working, Public Health will require CWOs to undergo a refresher course, and become re-certified in the updated HOOs and/or protocols. Certified CWOs who completed training will be the only authorized individuals from their organizations to work directly with PHCs and businesses. Regular check-ins with the training entity and Public Health will be required for a CWO to maintain good standing.

Plan to Enforce Adherence to Health Officer Orders

Environmental Health's primary means of gaining compliance is to educate business owners and employees to protect Los Angeles County residents from COVID-19. When education does not suffice to gain compliance, Environmental Health may take enforcement actions. Enforcement action can be taken as the result of a routine inspection or complaint investigation. Based on the severity of violation(s), informal or formal enforcement may be taken such as: issuing an Administrative Citation, Reinspection Fees, Permit/License suspension/revocation, HOO closure, and referral to the appropriate legal enforcement agency including but not limited to the County Counsel, District Attorney, or City Attorney.

To further encourage implementation of the HOOs, Public Health recently launched the COVID-19 Safety Certification Program that allows Los Angeles County businesses (currently permitted to operate) to self-certify voluntarily that they are fully implementing required Public Health COVID-19 protocols. The program includes a training video providing a general overview of the required protocols. After watching the video, participants complete a brief survey and can then print a COVID-19 Safety Compliance Certificate to be placed at all public entrances to their facility. By posting this certificate, businesses self-attest that their facility is following all required Public Health COVID-19 protocols. Employees can also watch this training to earn a Certificate of Completion after learning more about the protocols and the steps their employers must take to offer required workplace protections. Self-certification does not eliminate the possibility that Public Health will conduct inspections at businesses if complaints of violations are received.

Timeline

Nov 2020: Collaborate with training entities vetted by Public Health to develop curricula and modules to train cohorts of CWOs in the prioritized sectors to implement HOOs and Public Health protocols.

Nov – Dec 2020: Trainings begin with first cohort; training and certification processes will continue through 2021. Hire fiscal sponsor that will contract with CWOs to support PHCs

Dec 2020- Jan 2021: Contracts in place with CWOs; outreach in prioritized sectors begins

Jan to Nov 2021: PHCs form and work toward implementation of HOOs and protocols

Public Health Staffing Needed for the Public Health Council Program

Two Health Educators are needed to liaise and share educational information and resources with employers, employees, CWOs, and PHCs.

Five additional Environmental Health Specialist IIIs and IIs along with one Environmental Health Technician are needed to: investigate and conduct worksite inspections after receiving complaints of violations at sites with PHCs. Three Intermediate Typist Clerks are needed to increase capacity to process complaints through the HOO compliance call line described below.

Two Health Program Analyst IIs and one Administrative Aide are needed to provide management and administrative support to the program, including coordination across the various program components and serving as grant managers to oversee contracts with and provide programmatic guidance and support to: 1) a professional training organization to develop and implement a train-the-trainer program; 2) a fiscal sponsor to solicit and administer grants to third-party organizations; and 3) third-party organizations that will be trained to train and provide technical assistance to employees involved in PHCs.

Identifying Resources for Implementation

Per your Board's directive, the CEO has worked with Public Health to identify resources to fund the PHC program. Public Health anticipates the PHC Program will continue throughout the declared COVID-19 emergency; though it is unclear how long COVID-19 will continue. To move the program forward now and allow sufficient time to ramp up and roll out critical services, CEO and Public Health agree upon accounting for the PHC program for a 12-month period, starting in November 2020. The 12-month budget for the program is projected at \$5.012 million consisting of the following:

- Public Health Environmental Health and Administrative Support Staffing: \$1.592 million
- Public Health MOU with UCLA Labor Occupational Safety and Health Program: \$0.200 million
- Public Health Contract with Fiscal Sponsor to Solicit and Administer CBO grants: \$1.320 million
- DCBA Staffing and Database Management Costs: No more than \$1.9 million
- TOTAL COST FOR 12-MONTHS: \$5.012 million⁴

The proposed funding solution identified for the PHC program maximizes the use of COVID-19 response funding and quickly implements services. A CARES Act Coronavirus Relief Funding (CRF) allocation of \$0.5 million was approved to begin the PHC Program per the Supplemental

⁴ Total Public Health cost of \$3.112 million and total DCBA cost of no more than \$1.9 million.

CRF Spending Plan approved by the Board on September 15, 2020. Public Health also received a \$4.500 million allocation of CRF funding to augment Environmental Health staffing to further support PHC outreach efforts in response to COVID-19. Since CRF funding must be expended by December 30, 2020, CEO recommends that Public Health use their existing CRF funding for their portion of PHC program costs through December 2020. CEO will work with DCBA to identify an ongoing funding source for their staffing and database management costs.

With a total Public Health estimated cost of \$5.012 million for the 12-month plan duration, Public Health is expected to use CRF to offset November 2020 through December 2020 expenses. For the remainder of the 12-month funding plan, from January 2021⁵ through October 2021, CEO recommends using the Public Health set-aside in the Provisional Financing Uses (PFU) budget unit to fund the remaining Public Health program costs. The set aside funding in the PFU budget unit was established per your Board's June 4, 2019, motion to provide funding to Public Health for Board-directed emergencies or emergent priorities. The department will use existing appropriation for PHC expenses and PFU funding will be transferred to the department as part of the Mid-Year Budget Adjustment in Spring 2021.

The CEO's recommended approach includes a caveat—the determination to designate PFU for use now is intended to allow Public Health to immediately roll-out the PHC program and will provide additional time for the department to conduct an analysis of their existing COVID-related grants to determine if any of the grants can be used to fund the PHC Program in lieu of the set-aside PFU funding.

Before Fiscal Year 2020-21 book closing, Public Health will prepare, and CEO will review, an analysis identifying available COVID-response grant funding, including allowable uses, as well as Public Health's plan for spending. CEO will determine whether available grant resources can support the PHC program from January 2021 to October 2021.

Further, the analysis will include information around any available net County cost (NCC) in the Public Health budget that may be redirected to support the PHC program. Public Health's unprecedented response to COVID includes the need to redirect existing NCC-funded staff to other priority COVID-response activities, so there may be savings more clearly identified later in the Fiscal Year that may be flagged for use. In essence, CEO's recommended approach will be to prioritize available COVID-related grant funds first, existing NCC departmental savings not committed to other priority COVID-19 actions next, and the PFU will remain a last resort to fund the PHC program. Further, since the proposed PHC plan is expected to cross over into two Fiscal

⁵ CRF Funding expires December 30, 2020, so the January 2021 through October 2021 portion of the plan will actually begin December 31, 2020.

Years, CEO will determine the most streamlined approach to transfer funding to Public Health in FY 2021-22, if needed.

County Counsel has determined that Consumer Protection Settlement funds may be used by DCBA for the investigation and enforcement of worker retaliation protections in the workplace due to reporting actual or potential violations of Health Officer Orders. We anticipate that through Board motion, your Board will be asked to authorize DCBA to use Consumer Protection Settlement funds for investigation and enforcement of worker retaliation protections. DCBA will work with the CEO on appropriate staffing levels.

Ordinance Development

As directed by the Board, Public Health, DCBA, and County Counsel are meeting to develop an ordinance to provide anti-retaliation protections for workers for actions taken to report violations of the HOOs and Public Health protocols. To effectuate an enforcement strategy for worker retaliation, it is recommended that DCBA set up an enforcement unit to implement these protections.

Program Evaluation

Public Health will provide a six-month and 12-month progress report to your Board on implementation of the PHC Program. The report will provide a description of the program; describe successes, challenges, and lessons learned; and include data on program outcomes such as numbers of: PHCs formed and trained, workers involved, HOO violations reported, and enforcement follow-up actions taken.

If you have any questions or would like additional information, please let me know.

BF:ja

Attachment

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Department of Consumer and Business Affairs
Workforce Development, Aging and Community Service

Attachment

Business Listening Sessions:

To solicit feedback into the implementation plan, Public Health collaborated with leading business associations to convene listening sessions with their members and business community leaders. DCBA and WDACS provided key support for this effort, leveraging established relationships with business entities. From September 14th to 21st, eight listening sessions were conducted with over 60 organizations and individuals representing business interests in the county. Participating organizations represented small businesses, large businesses, multi-national corporations, Black-owned businesses and a 100% employee owned business. The following sectors were represented in these listening sessions: industrial and food manufacturing, restaurants, construction, retail, logistics, hotels, airlines, communications, utilities, janitorial, grocery, healthcare, entertainment, real estate and agriculture.

Convening Organization	Participants	Focus of Group
Business Federation (BizFed)	<ul style="list-style-type: none"> • Culver City Chamber of Commerce • West Hollywood Chamber of Commerce • San Fernando Valley Chamber of Commerce • Pasadena Chamber of Commerce • LA Area Chamber of Commerce • Maria's Italian Kitchen 	The COVID-19 Safe Certification Program
California Manufacturing Technology and Consulting (CMTC)	<ul style="list-style-type: none"> • Best Formulations, nutraceuticals and pharmaceuticals • Equuscs computer systems and software • Blue Pacific Flavors and Fragrances • Southwestern Industries, machine tools • CR&A Custom printing • Synear Foods, Chinese frozen foods • RTC Aerospace • Optical Zonu, Fiber optic components • Industrial Electronic Engineers • Sundial Powder Coatings • LA ProPoint, Rigging and transportation of entertainment structures • TabletKiosk, Mobile slate touchscreen devices • Hydroform USA, Industrial metal forming 	Manufacturing sector, small businesses
Greater Los Angeles African American Chamber of Commerce (GLAAACC)	<ul style="list-style-type: none"> • Los Angeles LGBTQ Chamber of Commerce • Drye & Warren LLP • Merriwether & Williams, Insurance Services • Agriculture, Farmer's market 	Black owned businesses, small businesses, LGBT business community
L.A. Area Chamber of Commerce	<ul style="list-style-type: none"> • SoCal Gas • Home Depot 	Mixed, large businesses and

	<ul style="list-style-type: none"> • Mercury Air Cargo • Marriott, LA Live • Charter Communications • Delta Airlines • United Airlines • American Airlines • Southwest Airlines • Ralph's Grocery Store • Santa Monica Chamber of Commerce • Beverly Hills Chamber of Commerce • Kindel Gagen Public Affairs Advocacy 	multi-national corporations
Hotel Association of Los Angeles	<ul style="list-style-type: none"> • McOsker Group 	Hospitality, small businesses, multi-national corporations
Los Angeles Economic Development Corporation (LAEDC)	<ul style="list-style-type: none"> • Acara Solutions • Servicon Systems • California Restaurant Association • CCALAC – Community Clinic Association of Los Angeles County • Giroux Glass • Grifols 	Small businesses, multi-national corporations, healthcare, advanced manufacturing, hospitality, janitorial, building services, employee-owned company
Malibu Chamber of Commerce	<ul style="list-style-type: none"> • Greater Conejo Valley Chamber of Commerce 	Woolsey Fire impacted businesses, small businesses
Valley Industry & Commerce Association (VICA)	<ul style="list-style-type: none"> • Home Improvement Retailers • Community Health Clinics • Airline Companies • Hospitals • Retail • Telecommunication Companies • E-Commerce • Restaurants • Entertainment Industry • Studios • Universities • Local Airports • Not-For-Profits 	Mixed, San Fernando Valley businesses, small businesses, multi-national corporations

Labor Listening Sessions:

To conduct outreach with the labor community, Public Health collaborated with the Southern California Coalition for Occupational Safety and Health and the UCLA Labor, Occupational Health and Safety Program to convene listening sessions with worker advocates and labor leaders. Two listening sessions were conducted the week of September 7th with participation from a total of 17 organizations. Participating organizations represented workers in the following sectors: food manufacturing, garment manufacturing, restaurants, warehousing, logistics, construction, retail, domestic work, car wash, janitorial, service industry, and grocery stores.

Session one organizations	Sector
Building Trades	Construction
CLEAN Carwash Campaign	Carwash industry
LA Alliance for a New Economy (LAANE)	Retail, port workers
LA Federation of Labor	Multi-sector
Maintenance Cooperation Trust Fund (MCTF)	Janitorial
Restaurant Opportunities Center (ROC LA)	Restaurants
Service Employees International Union, United Service Workers West (USWW)	Janitorial, airport
Service Employees International Union (SEIU) Local 2015	Nursing home, private homecare
Service Employees International Union (SEIU) Local 721	Fast food, rideshare drivers, public sector workers
Southern California Coalition for Occupational Safety and Health (COSH)	Multi-sector
Teamsters Local 396	Port workers, truckdrivers, warehouse, logistics, sanitation
UCLA Labor, Occupational Health and Safety Program (LOSH)	Multi-sector
United Food and Commercial Workers Local 770	Grocery, cannabis, meatpacking
United Steel Workers Local (USW) Local 675	Manufacturing
Warehouse Worker Resource Center	Warehousing, logistics

Session two organizations	Sector
Garment Workers Center	Garment
Institute of Popular Education of Southern California (IPEPSCA)	Domestic workers, day laborers, construction, warehouse, garment
Koreatown Immigrant Workers Alliance (KIWA)	Grocery, retail, restaurants
LA Alliance for a New Economy (LAANE)	Retail, port workers
LA Black Workers Center	Construction, retail, warehousing
LA Federation of Labor	Multi-sector
Southern California Coalition for Occupational Safety and Health (COSH)	Multi-sector
UCLA Labor, Occupational Health and Safety Program (LOSH)	Multi-sector