

The CORE Care Resource Coordination Program in Fulton County, Georgia

ENABLING SAFE ISOLATION AND QUARANTINE
THROUGH IN-PERSON CONTACT TRACING AND
DIRECT RESOURCE PROVISION



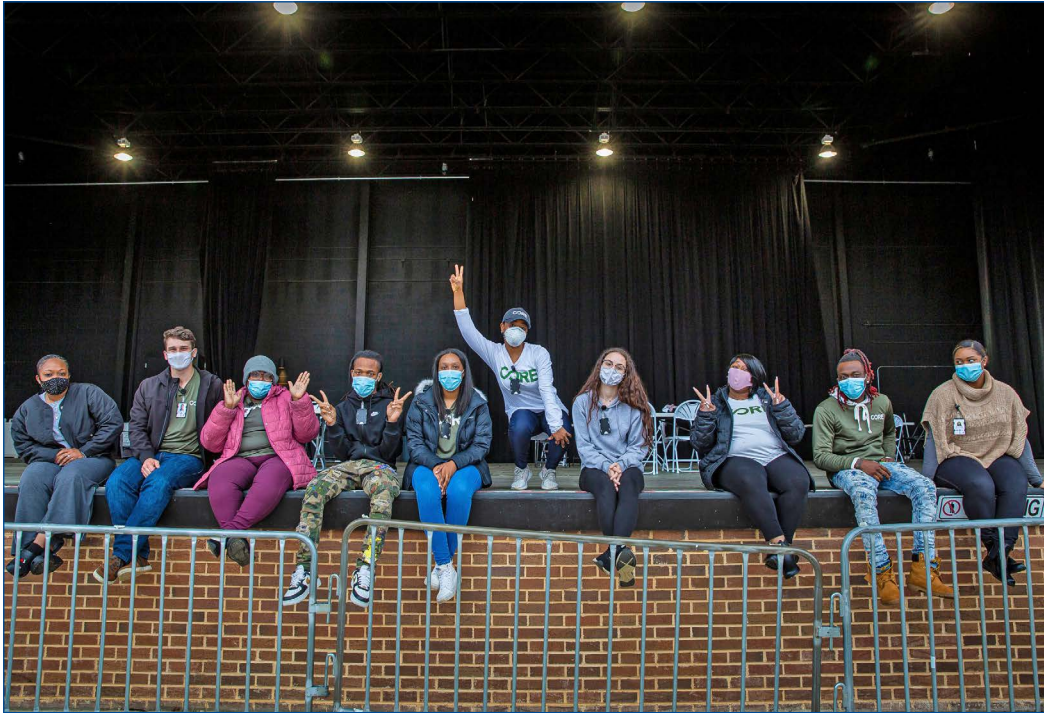
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Partners In Health
Community Organized
Relief Effort
Fulton County Board of Health

June 2021

CASE STUDIES ON CARE RESOURCE COORDINATION IN COVID-19



CORE Case Investigators during their end-of-day meeting. Employees from left to right: Tiffany Ester, Joseph Streets, Dorothy Ngene, Keyron Ester, Melissa Olive, Ezeigwe Ogochukume, Emily Gallagher, Diedra Fambro, Kim Murray, and Melody Boone. *Photo courtesy of CORE*

This case study is part of a PIH series on care resource coordination for COVID-19. care resource Coordination facilitates the social, material, and other supports that COVID-19 cases and contacts need to safely isolate or quarantine. Today, millions in the U.S. struggle to meet basic needs and not everyone can quarantine and isolate equally. Resource coordination is an essential part of an equitable pandemic response and can be applied far beyond COVID-19.

Each case study in this series is an example of how resource coordination programs have been designed and rolled out in a specific context and is written in collaboration with the program. Implementers reflect on successes, challenges, and share key lessons learned from their experience. There is some variation in terminology across case studies in the series, reflecting each program's unique work. For example, "care resource coordinators", "resource navigators", and "community health workers" can all fulfill a similar function: identifying needs and coordinating resource provision.

For some **Fulton County** residents, resource coordination is done by Resource Coordinators (RCs) at **Community Organized Relief Effort (CORE)**, a non-governmental organization (NGO) supporting the **Fulton County Board of Health (FCBOH)**. This case study describes CORE's Resource Coordination Program's operations, then analyzes key factors to its success, as well as challenges and lessons learned. **CORE's program is a model for an NGO-based resource coordination structure integrated with in-person contact tracing and direct resource provision at the household level, all done in support of and in cooperation with local public health structures.**

BACKGROUND

Fulton County is estimated to be the most populated county in Georgia, accounting for 10% of the state's population (Fulton County Government, 2021). Its residents are 45.5% White, 44.5% Black or African American, 7.6% Asian, and 7.6% Hispanic or Latino (United States Census Bureau, 2019). The county includes Atlanta, the state's capital. As of early April 2021, Fulton County has recorded over 79,000 COVID-19 cases and over 1,200 deaths (Fulton County Board of Health, 2021). In October, 2020, Community Organized Relief Effort (CORE) partnered with the Fulton County Board of Health (FCBOH) to support the county's contact tracing efforts for COVID-19 response.

CORE's programming traditionally focuses on emergency relief, disaster preparedness, environmental resilience, and community building, particularly in marginalized and vulnerable communities. In Fulton County, CORE initially worked with the FCBOH to expand testing capacity for COVID-19 with drive-through and walk-up testing sites in vulnerable communities. CORE quickly recognized that testing alone was insufficient to meet the needs of the most marginalized communities, and explored with FCBOH ways to augment and support the county's own contact tracing and case investigation programs. Starting in October 2020, CORE partnered with FCBOH to support the most vulnerable members of the community through in-person case investigation conducted at the household, at-the-doorstep testing of household contacts, and supportive resource coordination. This case study focuses on CORE's Resource Coordination Program.

CORE Georgia expanded their mobile testing footprint each week to support vulnerable populations. Through this model, CORE was able to serve hard-to-reach communities by bringing COVID-19 testing directly to their neighborhood. Photo courtesy of CORE

BOX 1

PROGRAM OVERVIEW

FULTON COUNTY: 1,063,937 residents

CONTACT TRACING MODEL: Phone-based contact tracing led by the FCBOH; CORE supports in-person contact tracing for hard-to-reach cases

CORE CONTACT TRACERS: 42 with 7 Case Investigation (CI) supervisors (full capacity)

CORE RESOURCE COORDINATORS: 25 (full capacity)

RESOURCE COORDINATION IT PLATFORM: Smartsheet, Aunt Bertha, and internal database

CARE RESOURCE COORDINATION MODEL: NGO-based to complement local board of health programming, integrated with contact tracing systems

FUNDING: CARES Act Funding through City of Atlanta and the FCBOH

PROGRAM IMPACT: As of March 2021:

- ▶ Over 3,700 cases screened by CI's for resource needs
- ▶ Over 900 cases referred to and assessed by a RC
- ▶ Over 1,700 service kits delivered (43% hygiene, 32% medical, 17% food, 8% comfort care (Box 3))

TOP SERVICE NEEDS: Food assistance, PPE, rent assistance, hygiene products

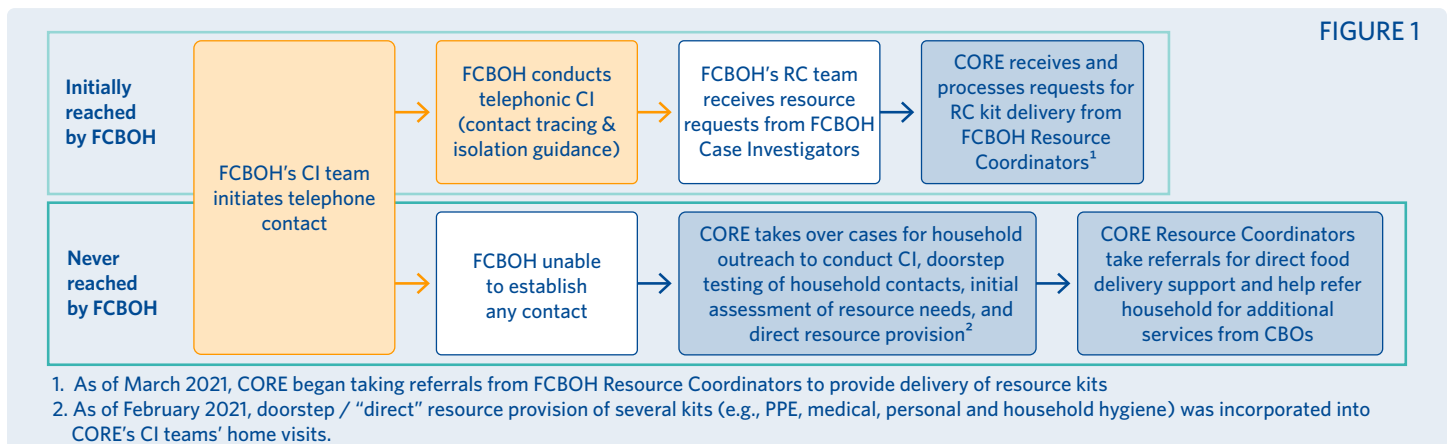


PROGRAM MODEL

FCBOH conducts the vast majority of contact tracing and case investigation for individuals who test positive for COVID-19 and their contacts in the county jurisdiction. During telephone outreach, FCBOH provides isolation and quarantine guidance to cases and contacts. If an individual indicates during the call that they are unable to safely isolate or quarantine, the Contact Tracer (CT) or Case Investigator (CI) makes a referral to a FCBOH Resource Coordinator (RC).

CORE supports the response by continuing follow-up for two groups: 1) individuals who have a missing or broken phone number; and 2) individuals the FCBOH team is unable to reach and are considered “lost to follow up”. CORE’s expertise in identifying, coordinating, and providing social support services compliments the county’s work and prioritizes services for the most vulnerable and hardest to reach populations.

PROGRAM OPERATIONS



SCREENING TO IDENTIFY INDIVIDUALS IN NEED

For these groups, the CORE Case Investigation (CI) teams conduct further outreach using in-person home visits (Box 2). During these visits, CORE CI teams 1) collect demographic information and conduct epidemiology surveillance, 2) collect recent contacts and 3) provide information about quarantine and isolation requirements and then 4) systematically screen for social support needs to allow safe isolation or quarantine. Much of the

information is recorded in the state’s epidemiology system, SendSS. The state system, however, is not configured to track information about social support needs, so the CORE CI team enters this data into a client tracking tool in SmartSheets. Once the CORE CI team identifies a client as needing social support, they make a referral to a CORE RC using SmartSheets.

BOX 2

IN-PERSON HOME VISITS

CORE’s in-person home visit program is based on similar models used for contact tracing in international contexts, but is somewhat unique for contact tracing programs in the United States. This in-person connection allows additional support for vulnerable communities; concentrating these in-person services to populations the county has had challenges reaching strategically offers added support.

In designing the home visit model, the CORE team carefully balanced the need to deploy a professional and recognizable workforce with concerns around privacy and stigma surrounding a COVID-19 diagnosis or exposure. Ultimately, the team decided that CORE staff should carry CORE identification badges with scannable QR codes to clearly identify themselves and their role in the community, and allow individuals to follow up with additional information.

The CORE CI team has largely been well received in the community. Between October 2020 and April 2021, they have successfully reached 57% of over 6,600 previously unreachable cases through in-person visits, and connected over 900 households with social support needs to CORE RCs.

CONNECTING INDIVIDUALS TO RESOURCES

After receiving a referral from a CORE CI, CORE RCs follow up with individuals by phone to conduct a more comprehensive evaluation and connect them with needed resources. RCs use a script for their telephone intake assessment (*Appendix A*), which includes questions on **immediate needs** to safely isolate or quarantine, such as language or interpretation needs, food assistance, rental assistance, personal protective equipment (PPE), hygiene products, and telemedicine services, as well as questions designed to assess need and eligibility for **longer term services** including health insurance, access to primary care, and benefits programs.

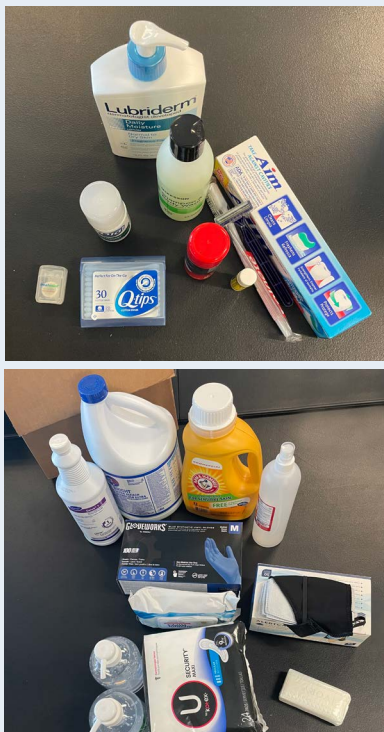
After a need is identified and a need assessment completed, CORE facilitates resource provision for cases and contacts through several pathways:

- ▶ **Direct resource provision:** CORE's Case Investigation team delivers a variety of resources, including hygiene products and PPE, in real-time during their home visits for qualifying individuals (*Box 3*). Food delivery is also coordinated directly by CORE's Resource Coordination team and is delivered to clients 12-48 hours after screening at a home-visit.
- ▶ **Referral by the RC to a local CBO:** CORE's Resource Coordination Program developed strong working relationships with local CBOs in Fulton County. **CHRIS 180**, for example, receives and handles many of CORE's referrals for rent and utility assistance. CORE's RCs work closely with liaisons at CHRIS 180 and other organizations to ensure timely completion of referrals. Additionally, CORE RCs utilize Aunt Bertha, a social services referral platform, to search through thousands of organizations that may be able to serve clients, filtering the results based on an individual's zip code and unique needs.
- ▶ **Referral by the RC for longer term services:** CORE RCs also help clients access longer term supports, including health insurance, primary care, or food support. They assist clients in assessing their eligibility for social services, and refer them to Gateway, Georgia's online portal to apply for benefits such as SNAP, TANF, MA, CAPS, or WIC.

FOLLOW-UP

RCs follow up regularly with cases and contacts as well as service providers (CBOs) to ensure resources are successfully and efficiently provided to clients. Within a five-day period, CORE checks with CBOs to ensure the referral

was received and is being processed, and also reaches out to clients to assess for any obstacles to receiving services, particularly related to paperwork or additional information required for the referral to be completed.



BOX 3

DIRECT SERVICE DELIVERY ALLOWS REAL-TIME RESOURCE PROVISION

Increasingly, CORE engages in direct, real-time resource provision for clients, dramatically reducing the wait between need identification and resource delivery (*Figure 3*). CI teams are equipped with Medical Kits (thermometers, pulse oximeters, first aid), Comfort Kits (personal hygiene products, grooming products), and Hygiene and PPE Kits (laundry detergent, bleach, sanitizers, masks, gloves) that they can distribute during home visits to individuals or families who indicate resource barriers. This immediate resource provision both allows effective quarantine and isolation to stop the spread of COVID-19 and also builds trust between the public health response, including the CORE team, and communities.

CORE also provides food kits containing enough ready-made breakfast, lunch, and dinner meals to feed two individuals for 14 days. These are delivered 12-48 hours after a CORE CI team identifies a food assistance need during a home-visit.

Some personal hygiene materials included in CORE Resource Kits.
Photos courtesy of CORE

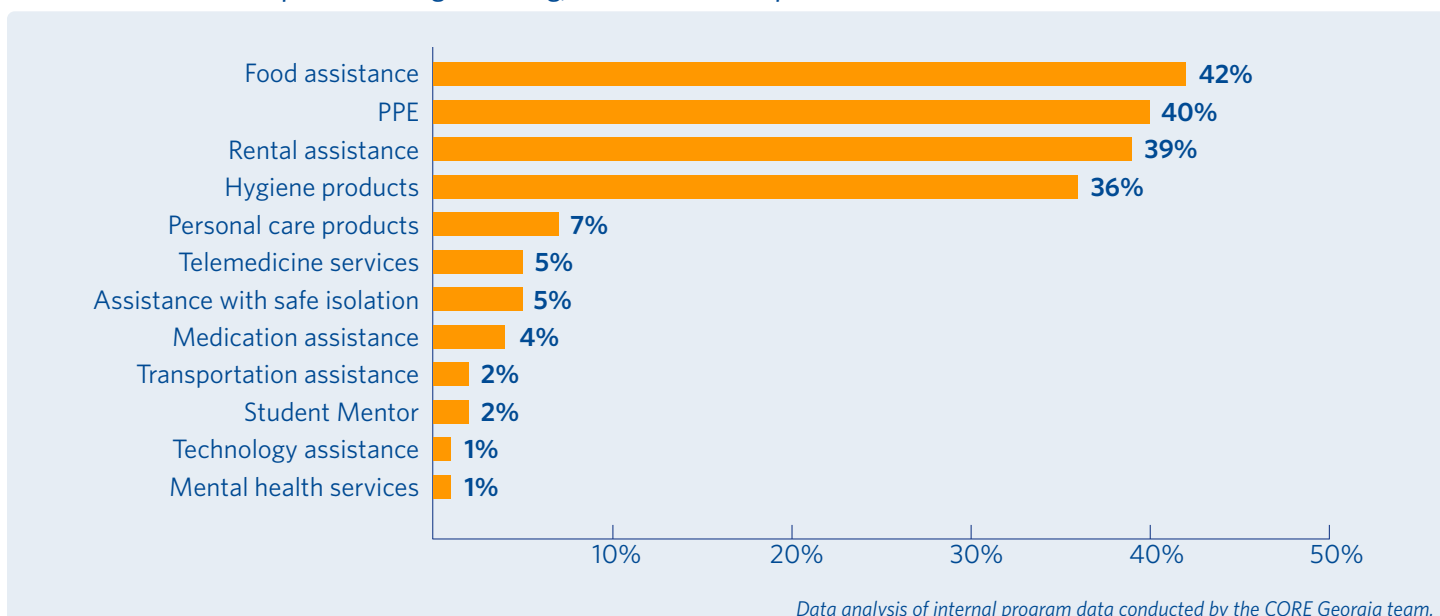
MONITORING AND EVALUATION

Regular monitoring and evaluation are key to CORE's continuous program improvement. Over time, their indicators evolved from a singular focus on outreach and completion rates to incorporate timeliness of services, recognizing the importance of timeliness on both client satisfaction and disease control. CORE closely tracks type and frequency of social support requests and tailors their resource provision accordingly.

TABLE 1: Resource Coordination & Kit Delivery Key Performance Indicators

TIMING KPIs	Response time to resource requests
	Referral time for eligible cases to CBOs
PROCESS KPIs	Number of resource support requests
	Number of RC screenings completed
	Proportion of eligible cases referred to CBOs
IMPACT KPIs	Number and proportion of requested CBO resources received
	Number of requested Resource Kits received
	Number of households receiving Resource Kits

FIGURE 2: Resources Requested During Screening, October 2020 – April 2021



Melissa Olive, a CORE employee, prepares to PCR test household contacts in Fulton County. Photo courtesy of CORE

ENABLERS OF SUCCESS

Reflecting on CORE's Resource Coordination program in Fulton County, program leadership identified several key decisions and strategies that promoted success.

1. Build collaborations between local boards of health and NGOs to maximize the skill sets and workforces of each:

The close partnership between CORE and FCBOH draws on the diverse skill sets of both groups and their shared mission to end the pandemic. For FCBOH, CORE's work offers a way to stretch their own contact tracing workforce further and reach vulnerable populations the traditional systems were unable to. It also offers a way to bring NGO experience with resource coordination to support public health initiatives; indeed, the FCBOH CIs now utilize the CORE RCs to support some cases reached through traditional contact tracing. For CORE, the mandate, technical guidance, and support navigating local structures from FCBOH was paramount to establishing a successful program.

The close working relationship between FCBOH and CORE is key to the success of CORE's Resource Coordination program. The partnership allows CORE to be a nimble and adaptive extension arm to support and strengthen FCBOH's efforts, while ensuring the local jurisdiction remains the driver of the population health-based response. These efforts have created opportunities to take these approaches and expand on them in potential future programs.

2. Engage early with diverse stakeholders to promote community involvement and buy-in for initiatives:

CORE employed multiple strategies to meaningfully engage with communities in Fulton County in advance of launching the home-visit program. CORE participated in and received feedback on planning efforts from the Greater Atlanta COVID-19 Response and Recovery Working Group managed by the United Way of Greater Atlanta and the Community Foundation of Greater Atlanta. In this forum, various stakeholders including local government officials, CBOs, philanthropic organizations, and corporate partners provided input into the development of the CI & RC programs before they were launched. They communicated their plans to local stakeholders including the fire and police departments, CBOs, and faith-based organizations. They used social media campaigns, ran a CNN segment, and widely distributed flyers and information about the in-person case investigation

and resource coordination services. Additionally, they utilized their COVID-19 testing infrastructure as another avenue for communication and information sharing. Community members are largely receptive to and appreciative of CORE's in-person work. Informal feedback suggests that CORE's ability to offer services like home-based testing and direct resource provision increases receptivity to testing and case investigation by reducing fear of isolation if the test is positive. This approach contributes to CORE's acceptance as a trusted community resource.

3. Develop close working relationships with CBO partners receiving social service referrals:

CORE's RCs learned quickly that simply making a referral to a CBO on a client's behalf did not guarantee their client would receive services. Instead, communicating early and often, developing close relationships, and establishing a liaison at the CBO were key to successful referrals and resource provision. First, CORE worked with local CBOs to prioritize CORE's referrals. Local CBOs already had their own clients and communities that they were committed to serving with limited resources, meaning new referrals were taxing at times. CORE facilitated discussions with their CBO partners to convey the critical importance of facilitating safe isolation and quarantine for their clients and to develop buy-in from the CBOs to prioritize CORE's referrals. Second, CORE developed close relationships including liaisons with different organizations to facilitate communication. CORE's Resource Coordination program encountered several challenges when relying on Aunt Bertha, a social services referral platform, for "closed-loop" referrals. Many CBOs either were not registered on the platform and could not receive referrals through it, or did not utilize it to its full potential to confirm a referral was processed and a service need met. Establishing liaisons at the case manager level at CBO partners, like CHRIS 180, allowed CORE's RCs to more easily follow-up on their clients' status. This closed-loop communication and case-management style of resource coordination is key to CORE's success and fundamental to their commitment to the communities they serve. For example, RCs have used direct email communication to ensure rapid rent payment for clients with imminent eviction deadlines to avert loss of housing.

4. Create a supportive case investigation model by investing in in-person outreach and integrated resource provision: CORE's in-person, home-visit approach to case investigation and care resource coordination allows them to quickly reach individuals who otherwise would not have been supported during their infectious period. As described above, CORE targets their outreach to individuals not reached by the FCBOH phone-based contact tracing systems. For multiple reasons, some individuals cannot or do not answer phone calls, particularly those from government numbers. In-person visits by trained staff promote a human connection that reaches vulnerable populations during the short time window critical for isolation, quarantine, and disease control. It is easier to develop a rapport—critical to earning patient trust—in person than over the phone. Training staff on trust-building outreach techniques and grouping CORE's diverse workforce into teams with complementary soft-skills further encourage trust and rapport.

CORE's in-person visits were particularly successful because they combined case investigation with resource coordination and delivery, creating a supportive relationship where the CI is not only asking for information, but also offering resources. This shifts the traditional focus of case investigation from extracting data to instead building a collaborative relationship with the case or contact to both support their needs and control disease spread.

5. Use regular data collection and monitoring to improve program operations and maximize impact: CORE RCs conduct regular follow-up with clients and partner organizations to ensure referrals are completed and services are delivered in a timely manner. This follow-up and data collection proved critical, as it identified significant delays and constraints in meeting client needs, as described above. This data informed key changes in program operations, including a shift from an electronic referral system to a liason-based, relationship-focused approach with a trusted partner CBO. Additionally, closely tracking the service provision capacities of partners informed CORE's decision to prioritize direct resource provision in the form of Medical, Comfort, Hygiene, and PPE Kits. An openness to continuous program improvement, supported by systematic data collection and analysis, allowed CORE to make data informed decisions and to foster a nimble, responsive program.



Naureen Sial, a CORE Case Investigator, walks up to conduct a home visit. *Photo courtesy of CORE*

FIGURE 3: Response Time to Fulfill Resource Requests October 2020 - April 2021

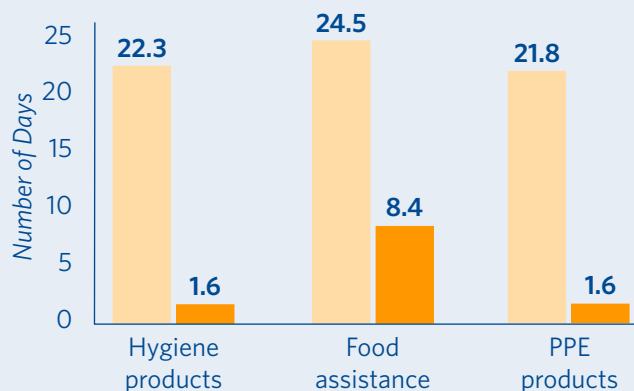
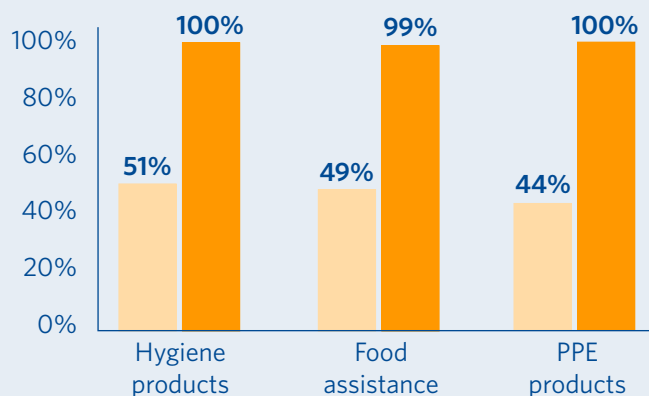


FIGURE 4: Proportion of Requests Filled October 2020 - April 2021



Prior to kit delivery start
 After kit delivery start

Data analysis of internal program data conducted by the CORE Georgia team.

ADDRESSING CHALLENGES

All programs encounter challenges, especially when operating during a crisis like the COVID-19 pandemic. The CORE Resource Coordination program overcame obstacles with creativity, collaboration, and strategic decision making.

- 1. When resource needs outstrip available resources, advocate for and facilitate adequate, dedicated funds to meet them:** CORE's Resource Coordination Program was originally designed to rely on a network of approximately ten local CBOs who would receive referrals from RCs and provide the necessary resources and services. However, like many organizations across the country, local CBOs in Fulton County were stretched thin during the pandemic. They quickly exhausted supplemental state funding granted to them early on in the pandemic to prioritize COVID-19 patients, and were unable to consistently meet the sustained demand for social support services. Without formal MOUs in place or reliable funding pathways, the individuals and families CORE referred were not receiving services when they needed them most, during the critical isolation or quarantine period. During this period of scarce or delayed resources, RCs were mindful to communicate openly and honestly with individuals and families, and not overpromise resources to maintain trust and credibility with clients and the community. CORE and FCBOH recognized that CBOs needed additional funding to meet resource provision needs. CORE and FCBOH overcame this challenge by leveraging CARES Act funding from the City of Atlanta and the FCBOH to support (1) pass through funding for specific CBOs to provide dedicated resources for cases and contacts and (2) CORE's "in-house" resource provision for direct, timely delivery of basic hygiene kits, PPE, and food to individuals in isolation or quarantine. This ensured resources were reliably available to cases and contacts during the critical isolation and quarantine time period.
- 2. When delays in resource provision are identified, modify procedures to meet the most critical social support needs early to allow for safe and effective isolation and quarantine:** CORE's Resource Coordination Program serves individuals that are considered "hard to reach" — cases and contacts that the county has been unsuccessful in reaching or whom they have no way to contact because of missing, broken, or out of service phone numbers. By nature of the program design, by the time CORE conducts in-person outreach, individuals are already several days into their infectious period if they have COVID-19. To reduce the time before support can be provided, CORE's Case Investigation and Resource Coordination team works closely with FCBOH's epidemiology team. FCBOH identifies cases lost to follow-up, as well as individuals with an address but no phone number listed. To maximize impact during the infectious period, CORE and the FCBOH decided that CORE would prioritize cases according to the time of their first specimen collection, focusing first on individuals who were within six days from their first positive lab result.

Once CORE reaches a case or contact, they are able to assess social support needs. For cases in need of resources to safely isolate and quarantine, any additional delays in resource delivery increase the risk cases will need to leave the home and infect others. To avoid these delays, since February 2021, CORE has accelerated service delivery for food, hygiene, and PPE through direct service delivery. This direct resource provision addresses what are often the most critical resource needs early in isolation or quarantine.

CONCLUSION: LOOKING AHEAD

CORE's work is a successful model for in-person contact tracing linked to resource coordination to meet the needs of vulnerable and hard to reach populations. CORE and FCBOH's close partnership prioritizes those unreached by traditional methods, and ensures they receive the resources needed to isolate, quarantine, and control disease spread. Though these populations are often underserved by traditional public health structures, this program demonstrates their needs can be successfully met with creativity, collaboration, and human centered care delivery.

The implications of this program extend beyond COVID-19 to other communicable diseases and health needs. The importance of resource coordination and social support continues to be recognized by CORE, FCBOH, and other partners. Currently, efforts are ongoing to expand resource coordination activities to broader populations. FCBOH and

CORE, recognizing the success of their collaboration and the importance of in-person services and connections to resource provision, continue to explore ways to collaborate and expand future services.

Importantly, the FCBOH CORE collaboration to address the COVID-19 pandemic presented a unique opportunity to reach a very vulnerable population that during normal times could be missed. This allowed resources to be delivered during a short and intense window to address COVID-19, but it also offered an opportunity to connect individuals to broader social supports to address long-term needs and to build trust in the public health system and response.

For additional information, please contact:
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CORE Case Investigation and Resource Coordination staff, left to right: Elanah Wafer, Tykira Johnson, Emily Gallagher, Melody Boone, Tanner Forbes, and Nicholas Smith. Photo courtesy of CORE

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PIH collaborates with CORE by providing technical assistance in the Fulton County COVID-19 Response as part of the PIH U.S. Public Health Accompaniment Unit.

Cover: Skyline of downtown Atlanta, Georgia from Piedmont Park. Photo by Robert Hainer / Adobe Stock

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APPENDIX

APPENDIX A: CORE RESOURCE COORDINATOR PHONE CALL SCRIPT

The script is to be used to help the resource coordinator conduct a meaningful telephonic intake for positive COVID-19 patients. You don't need to follow the script verbatim, nor do you need to have responses memorized for every situation. Using the scripts and training materials will help you practice calls to patients and CBOs. You'll become comfortable with the interview questions. Our goal is to help COVID-19 patients safely isolate by providing resources during their isolation period.

1) Introduce yourself

- Hello, my name is *[indicate your name here]*. I am a resource coordinator for CORE Atlanta. I am calling you today to address the resource needs you noted during the in-home visits with our case investigators.
- Could you confirm ...
 - DOB
 - Address
 - Phone
 - Email
 - City
 - Zip Code

The intake sheet on smartsheets will automatically populate the patients' identifiable information. It is your responsibility to have the Pt identify the information that is in front of you.

2) Acknowledge the pt. has verified the necessary information. Let the patient know what you aim to do at this point.

- I'm going to ask you a series of questions to determine what your needs are to isolate safely. Please do not hesitate to stop me during this session if I am going too fast for you or you don't understand the question. I will be happy to clarify it further.
 - Do you need an interpreter?
 - If so, what language?
 - Do you need food assistance?
 - Number of food kits needed: _____
Refer to federal poverty levels for eligibility guidance. Consider household size and current access to food.
 - Do you need rental assistance
 - Do you need PPE?
 - Do you need any protective equipment like masks, gloves, etc.?
 - Do you need hygiene products?
 - Do you need any cleaning products such as hand sanitizer, bleach, clorox wipes, etc?
 - Number of hygiene kits needed: _____
Determine based on household size and expressed need
 - Do you need personal care items?

- Do you need any personal care items such as toothbrushes, toothpaste, deodorant, etc.?
- Number of Comfort Care kits needed: _____
Determine based on household size and expressed need
- Do you need assistance with safe isolation?
- Do you have any other needs we should know about?

3) The next set of questions I will be asking you will aim to collect your family size and monthly income. These questions will help paint a clear picture to see if you are eligible for any or all of the government assistance programs available in your state. If you qualify for these services, I will be sending you a link to apply for these services to the email we have on file for you.

- How many people are in your household?
- What is your monthly income level?
- Has everyone in your household been tested?
- When did you get tested?
- When did you get your positive results?
- Have you had symptoms?
- If so, when did you start experiencing symptoms?
- What date did you start Quarantine?
- Are you able to still work at home?
- Do you have health insurance?
- Do you have a primary care doctor?
- If yes, have you spoken with your doctor?
- Are you pregnant?
- Do you have a child age 5 or under in the house?

4) We are almost at the finish line with our intake process. These questions that I will be asking are tailored around mental health. We understand this may not be easy to talk about, but I assure you that your information is kept confidential. Our only goal at CORE is to help each person access the resources they need to live a healthy and happy life.

- Do you need any mental health services?
 - How often have you been bothered by the following over the past two weeks?
- | | | | | | | |
|------------|---|--------------|----|----------------------------|----|---------------------|
| Not at all | 0 | Several Days | +1 | More than half
the days | +2 | Nearly every
day |
|------------|---|--------------|----|----------------------------|----|---------------------|
- Little interest or pleasure in doing things?
 - Feeling down, depressed, or hopeless?

5) The end: Thank the patient.

Thank you for answering all of our questions [patient's name]. I know this stuff is hard to talk about, and I am glad you trusted me enough to share them with me. I will be connecting you to one of the community-based organizations we collaborate with to address your needs. I will be in touch with you within three to four days to check up on you. Also, do not forget to apply for the government assistance program you are eligible for at this time. I have already sent the link to your email. I know this is hard, but please take a few minutes from your day to complete the application. Respectfully, [enter your name]






CORE

Community Organized Relief Effort

On behalf of Fulton County Board of Health, Community Organized Relief Effort (CORE) has come to your home to provide you information regarding your recent COVID-19 test results.

Please give us a call at

Hours of Operation:
Monday-Friday: 8am–5pm






CORE

Community Organized Relief Effort

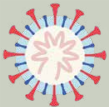
En nombre de la Junta de Salud del Condado de Fulton, Community Organized Relief Effort (CORE) ha venido a su hogar para brindarle información sobre los resultados de su prueba de COVID-19.

LLámenos al

Horario de Atención:
M-F: 8am–5pm








COVID-19: Protecting Yourself and Others




What to know:

- COVID-19 is an illness caused by a virus, spread from person to person.
- Symptoms can range in severity; some people may have no symptoms at all.




How to protect yourself and others from the virus:

- Stay home (if possible).
- Maintain a 6-foot distance from others (whenever possible).
- Wear a mask that covers your nose and mouth while in public.
- Clean surfaces in your home often.
- Wash/sanitize your hands.
- Know your risk level.




How COVID-19 is spread:







- Through droplets (coughing, sneezing, or talking) from someone who is COVID-19 positive.
- By touching surfaces that have the virus on it and then touching your mouth, nose, or eyes.



If you test positive:

- Get medical care to help with symptoms.
- Stay home.
- Avoid using public transportation, ride-sharing, or taxis.
- Separate yourself from others and pets within your home.



COVID-19: Protegiendo a otros y a ti mismo



Lo que tienes que saber:

- COVID-19 es una enfermedad ocasionada por un virus, y se contagia de persona a persona.
- La intensidad de los síntomas puede variar; es posible que nunca experimentes algún síntoma.



Así puedes proteger a otros y a ti mismo del virus

- Quédate en casa (si es posible).
- Manteniendo 6 pies de distancia con otras personas (cuando sea posible).
- Usar una máscara que cubra tu nariz y boca en lugares públicos.
- Limpiar las superficies en tu casa frecuentemente.
- Lava y desinfecta tus manos.
- Conoce tu nivel de riesgo de contagio.



Así se contagia COVID-19:

- Por medio de gotas (tos, estornudos o al hablar).
- Al tocar superficies que poseen el virus y después tocar tu boca, nariz u ojos.



Si eres COVID-19 positivo:

- Busca cuidado médico para tus síntomas.
- Quédate en casa.
- Evita usar transporte público, taxis o plataformas de viaje compartido.
- Evita contacto con cualquier tipo de mascota en tu casa.










THE CORE8

Guidelines for an Integrated Approach to Combating COVID-19

• • • • •

• GOVERNMENT •

1

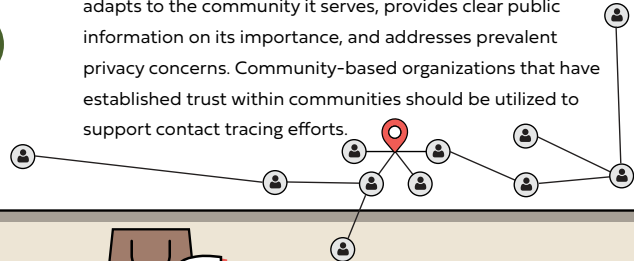
INCREASED TESTING CAPACITY

Prudent expansion of testing programs, specifically targeting vulnerable communities, low-income populations, and communities of color that have been disproportionately impacted by the pandemic. Dedicated commitment to delivering test results within a 48-hour maximum timeframe.

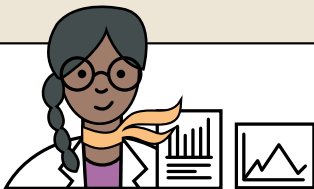


CONTACT TRACING

Responsive government-supported contact tracing established within 72 hours of a positive result. Effective contact tracing adapts to the community it serves, provides clear public information on its importance, and addresses prevalent privacy concerns. Community-based organizations that have established trust within communities should be utilized to support contact tracing efforts.



4



PUBLIC EDUCATION

Streamlined and coordinated messaging sourced from fact-based, science-backed data that clearly informs the public on best-known practices regarding preventing the spread of the virus and social distancing, as well as measures to take upon receiving positive test results and guidelines for the waiting period between test and results.

SUPPORTED WRAP-AROUND SERVICES

Government-supported wrap-around services for vulnerable communities, including safe quarantine, food and hygiene kits, financial aid for households with positive cases, and educational resources on best practices after receiving positive results.

3

• CITIZEN •

6



MASK WEARING

Always wear a mask or face covering over your mouth and nose when in public, and make sensible decisions on when to wear a mask within your own home. Do your part to help save lives.

5



SELF-ISOLATION

Follow the latest guidelines to know when you need to isolate yourself from others. Practice self-isolation between getting tested and receiving your result. If you receive a positive test result, know how to properly self-isolate to protect others and stop the spread of the virus.

7



SOCIAL DISTANCING

Practice social distancing when in public or interacting with others outside of your household. Remember that when you expose yourself, you're also exposing everyone else in your home.

8

ACCURATE INFORMATION SHARING

Share information responsibly. Only share vetted and science-backed information from trusted sources on public platforms such as social media. Keep your community safe by providing relevant and science-backed information and supporting public education within your community.



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