

COVID-19: Local Health Department Needs in Southern California

ABOUT THE ALLIANCE

The **Public Health Alliance of Southern California (Alliance)**, a program of the Public Health Institute, is a coalition of the executive leadership from eight local health departments (LHDs), including the Counties of Los Angeles, Riverside, Santa Barbara, San Bernardino, San Diego, and Ventura, and the Cities of Long Beach and Pasadena. Collectively, our members have statutory responsibility for the health of approximately 19.4 million people, nearly 50% of the State of California's population. Our local health department members represent a range of urban, suburban, and community contexts, and differing political environments. The Alliance works with our members to build healthy, equitable communities through upstream multi-sector policy, systems and environmental change, and mobilizes the transformative power of local public health for enduring health equity. Our vision is "vibrant and activated communities achieving health, justice, and opportunities for all."



As of March 9, 2020, six LHDs in Southern California have declared local health emergencies: the Counties of Los Angeles, Orange, Riverside, and San Diego, and the Cities of Long Beach and Pasadena. The State of California has also declared an emergency. We expect more LHDs in Southern California to declare emergencies in the near future now that the State and surrounding communities have declared them. Our region is also home to several major quarantine sites, including military bases in Ventura, Riverside and San Diego counties, as well as major airports and seaports that handle passenger and freight traffic, that have been at the frontline of addressing concerns over the spread of COVID-19. Several jurisdictions are also dealing with cruise ships coming into port with people diagnosed with COVID-19 and response management. Specific requests are highlighted for emphasis.

WHAT ARE THE TOP NEEDS OF SOUTHERN CALIFORNIA LOCAL HEALTH DEPARTMENTS TO ADDRESS COVID-19?

The Alliance has collected information about COVID-19 response efforts via an in-person convening of the directors, health officers, and executive teams from our LHD members on February 28th and additional one-on-one key informant communications the week of March 3rd. We also reached out to several healthcare partners to get their perspectives. The needs identified below represent the collective feedback we received:



INCREASED LAB TESTING CAPACITY & INFRASTRUCTURE

- LHDs have expressed a strong need for increased laboratory capacity and materials, especially with expanded persons under investigation.
- **Coordinated training and surveillance at all sites, including for-profit sites, is needed to ensure consistency in testing and diagnosis of COVID-19.**
- **Adequate testing kits are needed.** Some LHDs have not yet received any testing kits and are relying on neighboring LHDs to do lab testing. We understand that the state has a limited number of testing kits.
- LHDs are also reporting delayed testing and strict protocols. They are reporting anywhere from 48 hours to 7 days to get test results.
- It's hard to get lab testing even for the most critical patients.
- Testing guidelines are shifting constantly as more information is learned about COVID-19.
- **There needs to be criteria which allows for testing based on clinical judgment that's regularly updated.**



CONTAINMENT VS. MITIGATION

- As exposures spread, there is a pivot from containment to mitigation, as noted in a recent Los Angeles Times article, [“We’re past the point of containment’: Coronavirus fight enters new phase”](#) (March 8, 2020). The diagnosis of cruise ship passengers in several California ports has created a sense of urgency to shift to mitigation strategies if containment strategies are no longer sufficient. As a result, there has been increasing pressure to cancel large events, limit travel, and close schools and businesses. **LHDs need clear information and guidance on the triggers for canceling large events and recommending closures so that jurisdictions have consistency.**
- In shifting to a mitigation strategy, there may be a need for airborne precautions, which are much more staff and supply intensive than droplet precautions. **If such a shift is required, there will need to be greater clarification and resources to support this new direction.**



DEDICATED LOCAL FUNDING

- LHDs are constrained by their existing resources to provide the level of support needed to adequately address COVID-19 and are pulling staff from programs that have categorical funding to cover the response. Due to this diversion of staff from funded revenue streams, grants and overhead are not being billed and collected, leading to critical deficits that limited county/city dollars have to cover.
- **LHDs need dedicated local funding coming directly from CDC**, not combined funding for State and local efforts to address COVID-19. **New funding should not supplant any existing funding.**
- Specific funding needs include:
 - » Dedicated funding to support staffing at the frontlines, managerial and executive levels
 - » Disease control: staff are following up on all persons under investigation and travelers, which has required staff to be redirected to support these efforts. As we get actual community transmission, the need for additional staff will grow significantly
 - » Emergency Medical Services and Public Safety: these workers are also being pulled from other roles to ensure preparedness and response
 - » Lab testing: Increased disease investigation and contact tracing capacity, testing and response, including Public Health Nurses
 - » Back funding for costs already incurred by LHDs, including staff time for those being diverted from working on prevention and response efforts who are otherwise categorically funded (e.g. Women, Infants, and Children (WIC), Maternal, Child, and Adolescent Health (MCAH), and Nutrition Education and Obesity Prevention (NEOP))
 - » Increased salary costs from staff overtime
 - » Personal Protective Equipment
 - » Medical gear for suspected and unsuspected cases
 - » Expanded communication infrastructure (e.g. funding for additional licenses for our hospital emergency management system so that they could be included in messaging)
 - » LHD outreach to smaller, licensed health care facilities (there are 500+ in Riverside county alone)
 - » Data integration to be able to monitor the spread of disease in real time (such as an API-based integration with ESSENCE and CalREDIE)



ADDRESSING RACISM AND XENOPHOBIA

- Our LHD members shared several examples of members of the Asian and Pacific Islander communities being targeted with verbal and physical assaults and being faced with increased incidences of discrimination.

- **LHDs need specific guidance on how to combat and minimize these instances of discrimination, and request local, state and federal officials speak out against discrimination and stigma** in order to send a strong and unified message that discriminatory conduct is unacceptable.
- The COVID-19 response should not be linked to immigration enforcement, as it will undermine individual and collective health if individuals do not feel safe to utilize care and respond to inquiries from public health officials, for example during contact tracing. Similar enforcement-free zones have been declared during hurricanes and other emergencies, including after the September 11th terrorist attacks.



COMMUNICATION NEEDS

- LHDs are at the frontlines of COVID-19 communications. LHDs answer community concerns and fears, and meet with diverse constituencies to provide information about COVID-19. There is a strong need for coordinated and scientifically informed communications across all levels of Federal departments and officials about all aspects of COVID-19 to support these local communications.
- **LHDs also need specific guidance on the following:**
 - » Handling information requests from different audiences, including the media, elected officials, schools, city governments and the public
 - » Message campaigns for the general public and other audiences
 - » Combating fear and misinformation in the community about COVID-19, including racism and xenophobia
 - » Dealing with community opposition to locating quarantine sites within their jurisdictions
 - » Communicating potential closures to schools, government, businesses and others if they are needed
 - » Explaining the differences between COVID-19 and other respiratory illnesses, such as the seasonal influenza, that have similar symptoms and are much more common this time of year
 - » Simple FAQs for different sectors would be helpful (e.g. janitorial staff, public transportation, restaurants, large events, universities with international programs and travel, etc)
 - » Clear, standalone messaging on guidance for the use/reuse of N-95 masks and other equipment and materials
 - » Guidance for smaller, licensed facilities or regional facilities
 - » Guidance for LHD staff who do home visitation, reach out to In-Home Supportive Services recipients, those who work in skilled nursing facilities and health care workers
 - » Assistance informing older adult service organizations in addition to skilled nursing and medical facilities
- There is a pressing need to deliver these messages in a timely and accurate manner in **multiple languages. LHDs need written materials, videos, social media and other content that can reach multiple audiences and channels in multiple languages.**
- LHDs need clear guidance on **best practices** during epidemics, including:
 - » Best practices for **special populations**, in particular, homeless individuals, especially those who are unsheltered, individuals in nursing homes or long-term care facilities, and individuals who are incarcerated
 - » **Specific guidance around best practices for frequent tourist destinations, specifically those with frequent cruise ship activity**
 - » Proper personal hygiene and stocking up on, but not hoarding, needed supplies such as prescription medications
- There are reports that the CDC website is difficult to navigate for COVID-19 information and updates, as many of the links lead to a cycle of links without producing the content. As most LHDs report that the **CDC is a primary source of information and guidance on COVID-19, a clear, easy to navigate website is essential.**



STAFFING AVAILABILITY

- As exposures increase, there are concerns about staff capacity, including the number of staff who may be furloughed because of exposure.
- There are also staffing and workforce concerns, due to potential child care needs if schools close.
- Staff may be unable to do their jobs if supplies dwindle, such as medical gear, face masks, respirators, surgical gowns, gloves, etc.
- There needs to be **guidance and potential changes to the requirements for furloughing, and guidance on when workers can be brought back after exposure.**



MULTI-SECTOR COORDINATION

- Communications between local health departments and hospital systems within their jurisdictions have been strong and very cooperative.
- Larger hospital systems that cross jurisdictions have reported receiving mixed messaging, as some local health departments have declared emergencies and others have not.
- **There is a need for continued interagency coordination beyond public health.** Several of our LHDs have military bases that are serving as quarantine sites for airplanes, as well as airports and seaports with docked cruise ships that are being quarantined.
- Several LHDs have been talking with the business community, including Chambers of Commerce and Business Improvement Districts. Businesses want tangible actions to take so that they are getting messages out, contributing to the safety of the community, and protecting their employees. Some LHDs have developed informational materials to distribute to places of business, like restaurants, about steps they can take to minimize exposure. These messages can be shared with other jurisdictions with CDC support.
- There are concerns about availability and timelines of supply chains.

HOW WE CAN ASSIST MOVING FORWARD

PHI and the Alliance are well-positioned to be a conduit for providing information, guidance and feedback to the CDC as the COVID-19 outbreak progresses. **We are happy to assist CDC in any way that would be helpful as COVID-19 progresses, including:**

- Providing a mechanism for LHDs to have a dedicated central team to update and work with the State and CDC to clarify rapidly changing conditions, advice, protocols and needs
- Continuing to gather feedback on issues and needs from our LHD members, who are on the frontlines; we can help elevate those needs to the CDC in real time. We have regular lines of communication to the directors and local health officers of all 8 departments, who are all dealing with COVID-19 in a range of different community contexts and political environments
- Collecting feedback from other sectors we partner with, including hospitals, and facilitating greater coordination in their response efforts with those of LHDs
- Assisting with developing proactive messaging to address fear, racism and xenophobia
- Providing trainings through webinars on specific topics that are high needs, including lab testing coordination and surveillance, in partnership with other professional groups that have the capacity, reputation, and expertise to provide this information
- Other duties as needed

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