

Embed Equity throughout Local Public Health Department Emergency Planning, Response and Recovery Processes

SUPPORTING COMMUNITIES AND LOCAL PUBLIC HEALTH DEPARTMENTS DURING COVID-19 AND BEYOND — A ROADMAP FOR EQUITABLE AND TRANSFORMATIVE CHANGE



Public Health Alliance[™]
OF SOUTHERN CALIFORNIA

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This document is one section of the [Supporting Communities and Local Public Health Departments During COVID-19 and Beyond - A Roadmap for Equitable and Transformative Change](#) report drafted by the Public Health Alliance of Southern California that includes policy, program, and resource recommendations to ensure that local public health departments are adequately prepared to support communities most vulnerable to the health and socioeconomic impacts of COVID-19 as well as future public health emergencies.



RECOMMENDATIONS

- ▶ Support the Creation of a Robust, Structurally Funded Equity Team within Each Local Public Health Department
- ▶ Build and Activate Community Partnerships for Transformative Equity Solutions
- ▶ Embed Equity into Emergency Response Structures and Processes
- ▶ Incorporate an Equity Metric into All Emergency Response and Recovery Processes
- ▶ Fund Community-Based Partners to Conduct Culturally Informed and Relevant Outreach and Engagement
- ▶ Prioritize Hiring Community Members from Disproportionately Impacted Communities
- ▶ Integrate Equity into All Recovery Planning and Implementation Processes



OVERVIEW

COVID-19 has compounded the impacts of underlying inequities that have negatively impacted low-income communities and Black, Indigenous, and People of Color (BIPOC) communities for centuries. Rooted in historic and contemporary structural racism and discriminatory policies and practices, low-income communities and communities of color, particularly Black, Latinx, Indigenous, and Native Hawaiian, and Pacific Islander communities,¹ have been disproportionately impacted by COVID-19 infections and deaths. They are also frequently on the front lines of exposure as essential workers.

The pandemic has also made clear that public health emergencies are complex and resource-intensive and can rapidly overwhelm government systems designed for routine operations—which can make it difficult to implement equitable principles and practices. This is especially true when equity has not already been embedded into local emergency response protocols. For many jurisdictions, COVID-19 created a critical opportunity to integrate equity more formally into local emergency operations and throughout the COVID-19 response. Jurisdictions with funded equity staff in place, were able to do so more formally (through shifts in emergency response structures). Jurisdictions who were able to integrate equity more formally into the emergency response, as well as leverage already existing and authentic partnerships with community-based organizations (CBOs) and trusted community thought leaders, were better able to develop and implement equitable response solutions. In addition, those jurisdictions who were able to financially support community-based outreach, engagement, and education efforts throughout the response, have also been more successful in leveraging those community relationships in vaccine distribution and prioritization efforts.

The development of the State of California's first in the nation [Health Equity Metric](#) for reopening, also allowed many jurisdictions, some for the first time, to explicitly prioritize disproportionately impacted communities during the COVID-19 response and during vaccine prioritization and distribution. This intentional focus on equity has allowed many local public health departments (LHDs) to rethink their policies and processes for working in and with communities most impacted by inequities, both during COVID-19 and beyond.

¹ There is also [evidence to suggest](#) that some Asian American subgroups have also been disproportionately impacted by COVID-19 infections and deaths, however, a lack of disaggregated race/ethnicity data for Asian Americans have led to an incomplete picture of the disproportionate impact of the COVID-19 pandemic on the Asian American community.

Local public health departments and community partners agree that in order to prevent further exacerbating inequities during the COVID-19 response and recovery process, it is important that those communities most impacted by inequities play a leadership role in the development and approval of all response and recovery-related decisions. A focus on cultivating equity in emergency response processes, both in formal management structures and more informal decision-making processes, can help communities respond to and recover from the health and economic impacts of COVID-19 and future public health and climate change-related emergencies. Equity-centered practices and processes must receive ongoing support (both financially and politically) in order for California to emerge from the COVID-19 crisis more just and equitable.



CHALLENGES

1. Many jurisdictions did not have structurally funded or sufficient equity staff in place to help lead efforts throughout the response
2. A model/uniform approach for embedding equity into emergency response did not exist; this led to inconsistent processes for addressing disproportionate impact
3. Community-based partnerships were critical in reaching those most impacted throughout the crisis; jurisdictions without strong partnerships in place were less able to respond equitably to the crisis
4. There have been inconsistent opportunities to fund community-based partners throughout the crisis; when funding has been available, internal governmental contracting/procurement processes created barriers to accessing funding for some community-based organizations
5. There have been ongoing challenges in creating culturally relevant and effective public health messaging for communities most impacted by the COVID-19 crisis
6. There have been difficulties finding effective ways of reaching disproportionately impacted community members throughout the crisis

1. Many jurisdictions did not have structurally funded or sufficient equity staff in place to help lead efforts throughout the response.

In both survey responses and interviews, LHDs reported there were varying levels of equity capacity when it came to funded equity staff. This also led to inconsistent local approaches to addressing priority health and economic inequities that emerged throughout the crisis.

In the Community Survey:

- 59% of respondents indicated that they do not have funded equity staff – of those, 83% believe additional funding for dedicated equity staff would better support their department's COVID response.

Many LHDs described a local funding environment that makes it difficult to hire and retain dedicated health and racial equity staff in their departments, despite a near universal consensus among interviewees that this dedicated staffing would support their broader efforts to advance equity internally and in partnership with the communities they serve.

“We need ongoing funding to support health equity efforts”
LHD respondent

UTILIZING COVID-19 RESOURCES TO ADVANCE HEALTH EQUITY

Multiple jurisdictions worked to secure funding for dedicated equity staff or even formal equity offices throughout the COVID-19 crisis. In September 2020, **Sonoma County** launched a new Office of Equity in response to the disproportionate impact of COVID-19 on Latinx and Indigenous communities in Sonoma. In December, 2020, the **Orange County Health Care Agency** also launched the Agency's first Office of Population Health and Equity. Some LHDs are leveraging COVID-19 funds (specifically federal Environmental Laboratory Capacity (ELC) funds) to hire dedicated equity staff, some for the first time. In Santa Barbara County, ELC funds are supporting the launch of a new Office of Equity, with a focus on internal policy and systems change, and power-building and sharing with community-based organizations, with the goal of improving population health. Likewise, Riverside County leveraged ELC funding to support the onboarding of a COVID-19 equity response staff member. This strategy is one that can be leveraged and considered by health departments across California as additional funding support is identified to improve community health both during COVID-19 and beyond.

LEVERAGING REGIONAL LOCAL HEALTH DEPARTMENT COALITIONS TO PROVIDE CRITICAL EQUITY SUPPORT

Regional LHD coalitions, like the **Public Health Alliance of Southern California (Public Health Alliance)**, the **Bay Area Regional Health Inequities Initiative (BARHII)**, and the **San Joaquin Valley Public Health Consortium (SJVPHC)**, were able to pivot quickly to provide equity-based technical assistance and capacity-building support for their member health departments throughout the crisis. These regional coalitions were also able to elevate priority concerns impacting residents throughout their regions and worked to secure resources and identify gaps in service. Early in the crisis, the regional coalitions elevated the urgent need for communications support to address the multiple inequities that emerged as a result of the crisis. In partnership with public health communications partner, **Berkeley Media Studies Group (BMSG)**, regional coalitions responded to local public health departments' need for developing tailored communications support around everything from **Addressing Racism & Xenophobia**, to **communications strategies for putting data into context**. Regional coalitions have consistently elevated emerging and urgent policy and equity priorities at both the State and Federal levels, and have supported local members with **policy and investment priorities**, technical assistance around the State's health equity metric, and **emerging promising practices** for advancing equity throughout the COVID-19 response.



2. A model/uniform approach for embedding equity into emergency response did not exist; this led to inconsistent processes for addressing disproportionate impact

For many jurisdictions, COVID-19 created a critical opportunity to integrate equity more formally and comprehensively into local emergency operations. Jurisdictions without intentional, equity-centered staffing integration and support, were less able to identify and respond to early signs of disproportionate impact.

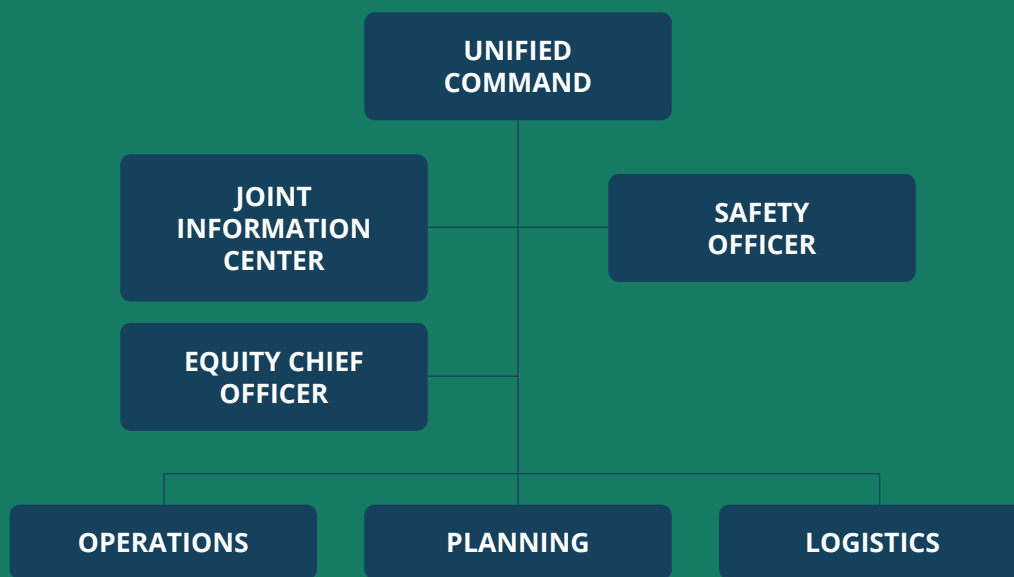
In the LHD Survey:

- Less than 1/3 of LHDs indicated that they always or often used an equity tool in decision-making during the response
- Local public health departments also identified a need for funding to support ongoing health equity efforts both during COVID-19 and beyond
 - » Of those LHDs that had funded equity staff, less than half (43%) were deployed to the EOC

Best Practices

A scan of jurisdictions that were successful in embedding equity into their COVID-19 response found that counties and cities with Equity Officers or dedicated equity staff teams who were actively deployed through the Incident Command Structure (ICS) and Emergency Operations Center (EOC) were best positioned to respond to the disproportionate impacts of the pandemic. These jurisdictions were also better able to collect, report, and track disaggregated demographic data that was initially missing from many public data dashboards.

INCIDENT COMMAND STRUCTURE EXAMPLE



SOURCE: Louisville Incident Command Structure

EMBEDDING AN EQUITY OFFICER IN THE ICS STRUCTURE

The City and County of San Francisco: Less than a week after the first national reports of stark disparities in COVID-19 hospitalizations and deaths among African Americans were released, San Francisco developed and published a map of COVID-19 impacts by ZIP code to help shape the City's response. This fast reaction was made possible by a host of structural and operational actions to embed equity into the City's crisis response framework. San Francisco's EOC began by including community, faith, and private sector organizations into its design and planning processes. The City integrated an Equity Officer position into the EOC structure and appointed the Equity Officer at full-time capacity for emergency response. It also activated a team of City staff to support the Equity Officer in implementing equitable response strategies.

The City of Long Beach: The City of Long Beach Office of Equity works on City-wide equity initiatives, focused on health equity and racial justice. Shortly after the first cases of Southern California COVID-19 cases emerged, the Office of Equity was activated, largely in response to City-wide language access needs. Prior to the COVID-19 response, equity was not officially embedded into the City's EOC structure. After identifying communities facing barriers to information, testing services, and essential protections, the Equity Officer was officially integrated into the EOC structure, reporting directly to the Incident Commander. In addition, the Equity Officer mobilized an equity unit within the EOC, a team of staff focused on responding to critical needs of the most impacted communities. Language Access staff were also deployed to the City's Joint Information Center (JIC) to provide equitable communications support.

INTEGRATING AN ACCESS AND FUNCTIONAL NEEDS COORDINATOR IN THE EOC

Marin County: In recognition of the specific needs of individuals living with access and functional needs (AFN) during an emergency,² **Marin County worked to integrate an Access and Functional Needs (AFN) Coordinator position** into the management section of the EOC. The AFN Coordinator works to evaluate planning and operations in the context of people living with disabilities and AFN. The AFN Coordinator also works to ensure that language and disability program access and physical accessibility issues are addressed at all levels of the emergency response.

"The pandemic moved faster than we did. We needed earlier identification of and response to COVID disparities" LHD respondent



² Individuals living with AFN can include but is not limited to individuals with physical, developmental, mental health or intellectual disabilities, chronic conditions or injuries, older adults, and individuals experiencing homelessness.

“Establishing strong ties with partners helped spread the work that this pandemic needed to be taken seriously and allowed us to rapidly respond to and meet vulnerable communities in appropriate language and formats with our outreach work” LHD respondent

3. Community-based partnerships were critical in reaching those most impacted throughout the crisis; jurisdictions without strong partnerships in place were less able to respond equitably to the crisis.

The importance of community-based partnerships in meeting the needs of disproportionately impacted communities throughout the pandemic cannot be overstated. In nearly every interview conducted with LHDs, community-based partners and the partnership network were uplifted as critical to protecting the health of disproportionately impacted communities, especially Black, Latinx, Indigenous and Native Hawaiian and Pacific Islander, and other disproportionately impacted Asian/Asian American community members. Local public health departments also recognized that many of their partner organizations were going above and beyond the defined scopes of their missions to ensure the populations they serve were getting the assistance and access to resources they needed.

The level of partnership and coordination between LHDs and CBOs varies widely across the State. Some LHDs have built strong, authentic partnerships with their community partners, while others have struggled to build trust and support. Many LHDs worked to build new trusted partnerships in the midst of the pandemic. Local public health departments need sustained staff capacity to support these partnerships during COVID-19 and beyond.

In the LHD Survey:

- Less than half (43%) of LHDs indicated that they “often” engaged community groups/ members most vulnerable to COVID-19 in the decision-making process.

In the Community Survey:

- Nearly 30% of respondents said that LHDs could have done better by acting more quickly and timely to ensure they were responsive to pressing community needs.
- Nearly 60% of respondents either strongly agreed or agreed that the COVID-19 pandemic facilitated new partnerships with LHDs and other government entities that are beneficial to supporting the communities that CBOs serve.
- Over 3/5 (60%) of respondents shared that they are engaged, to some degree, in decision-making processes by their LHD.
- Over 4/5 (82%) of respondents said that preexisting partnerships with LHDs or other local government agencies were very helpful or somewhat helpful in supporting communities that CBOs served.

“The County does not have strong ties to many of the most vulnerable communities. It’s part of the reason why they are the most at-risk and vulnerable” LHD respondent

“While existing relationships were not all of the relationships we eventually needed, we leveraged the existing to quickly identify and establish others” LHD respondent

“Partnerships with CBOs were essential to the effectiveness of our outreach program so far and supplemented deficits in culturally informed staffing and linguistic challenges for our department staff. Our outreach efforts were effective because of widespread buy-in from the community partners who work closely with vulnerable groups” LHD respondent

Best Practices

Many examples were shared in the interviews of LHDs partnering with and funding community-based organizations to reach members of their communities most disproportionately impacted by COVID-19. From partnerships with organizations offering services in multiple indigenous languages, to testing and vaccine partnerships with faith-based leaders, to outreach and communications with community health workers and promotores, LHDs demonstrated their ability to authentically partner with communities to reach those most in need of services. The below examples showcase LHDs engaging in robust collaborations:

- **Fresno County COVID-19 Equity Project:** The Fresno County COVID-19 Equity Project brought together multiple County coalitions, connecting the Fresno County Department of Public Health and community-based organizations (CBOs) around unique approaches designed to respond to, and recover from, the pandemic. The project included the Fresno County Department of Public Health, 22 CBOs, and the University of California San Francisco (UCSF) Fresno. The effort incorporated training and deploying community health workers/promotores with proficiency regarding 16 different languages and cultures, and distinct strategies developed for community members that have been most disproportionately impacted by the pandemic. The Fresno Equity Project brought together community partners from three different County coalitions (the Immigrant and Refugee Coalition, the African American Coalition, and the Disability Equity Project) to develop distinct strategies and approaches for the members of the communities they represent and/or serve.
- **Monterey County Coalition of Agriculture (MC-COA):** MC-COA was launched in Monterey County in response to the urgent need to protect the health and safety of the region’s large farmworker population. The coalition included representatives and leadership support from the Monterey and Santa Cruz County Health Department staff and clinicians, University partners, Monterey Board Supervisors, key agricultural industry partners (including most major Monterey County grower organizations), and community-based organizations and medical providers that represent and/or serve the region’s diverse farmworker population and their families. The coalition worked to address a variety of urgent and emerging issues impacting farmworkers and their families, including the need for increased personal protective equipment, workplace rights and safety, and increased coordination between healthcare providers at hospitals and clinics throughout the Salinas Valley.

Best Practices

- **Sacramento County COVID-19 Collaborative:** The Sacramento County COVID-19 Collaborative (The COLLAB) supports community members and business owners with up-to-date information, guidelines, and resources to stay informed and healthy. The collaborative includes trained Business Navigators and Resource Coordinators who worked in neighborhoods experiencing the worst impacts of COVID-19. The COLLAB is a community partnership supported by the Sacramento County Division of Public Health, The Center at Sierra Health Foundation, and multi-ethnic community-based organizations located in Sacramento County.
- **Sonoma County “On the Move”:** Sonoma County Department of Health Services partnered with **On the Move**, a non-profit that works to mobilize emerging leaders to take action in pursuit of social equity. The partnership worked to develop and implement a multi-sectoral, large-scale outreach and education campaign in response to the disproportionate impact of COVID-19 on the County’s Latinx and Indigenous communities. The initiative, deployed through On The Move’s **“La Plaza: Nuestra Cultura Cura,”** brought together County leaders, partner organizations, and a robust network of community organizations to provide up to date information and guidance on COVID-19, as well as connections to critical health services and other resources.
- **Riverside County Coachella Valley Equity Collaborative:** : The Coachella Valley Equity Collaborative, a partnership with the Riverside County Public Health Department, was formed after the Desert Healthcare District and Foundation (a foundation committed to connecting Coachella Valley residents to health and wellness services and programs) received \$1.2 million in CARES Act funds through Riverside County in 2020 to raise awareness and opportunities for testing communities most vulnerable to the COVID-19 pandemic. Those funds were awarded as grants to eight community-based and faith-based organizations that provided outreach to farmworkers and other residents who traditionally lack access to healthcare. The Equity Collaborative’s efforts have been featured nationally for their work to reach disproportionately impacted farmworkers throughout the Eastern Coachella Valley in vaccine distribution and administration. The collaborative placed an emphasis on multilingual, community-based partners who work to reach community members through direct outreach at their worksites. The success of these efforts led to the successful vaccination of thousands of farmworkers throughout the Eastern Coachella Valley.
- **Santa Barbara County Latinx & Migrant COVID-19 Response Task Force:** The Santa Barbara County Latinx & Indigenous Migrant COVID-19 Response Task Force is a partnership effort between the **Santa Barbara County Public Health Department** and over 90 cross-sectoral county partners, including the University of California Santa Barbara and trusted community partners, the **Mixteco Indigena Community Organizing Project (MICOP)**, and the **Central Coast Alliance United for a Sustainable Economy (CAUSE)**. The task force launched in March 2020, near the start of the COVID-19 pandemic, in response to early data on emerging inequities by race and place, and worked to identify and address barriers experienced by disproportionately impacted communities throughout the crisis. The task force was formed using a language justice framework, and worked to develop key outreach and communications strategies that specifically accounted for the multiple indigenous languages spoken by residents throughout the county. Task force efforts have also focused on workplace and housing health and safety for farmworkers, specifically those living in **H-2A Housing**.

4. There have been inconsistent opportunities to fund community-based partners throughout the crisis; when funding has been available, internal governmental contracting/procurement processes created barriers to accessing funding for some community-based organizations.

Local public health departments have long recognized the critical need to work with community-based partners to provide critical services and support throughout the crisis. This has ranged from in-language, culturally informed outreach and education services, to supporting individuals with navigating the complicated medical and social services systems, to providing critical food, housing, and legal support. However, despite the recognition that community partners are vital for addressing the disproportionate impact of the pandemic on community members, there have been inconsistent opportunities for health departments to provide financial support to community partners. Both CARES Act and ELC funds have supported departments in funding community partners; however, LHDs expressed concerns related to identifying longer-term, ongoing sources of financial support. In addition, internal contracting and procurement processes created barriers for some community partners in applying for and receiving funding support through local jurisdictions, thus limiting their access to available community-based resources.

In the Community Survey:

- Nearly 3/4 of respondents (70%) have not entered into any contracts with LHDs or other local government agencies during the pandemic.
- Nearly half (48%) of respondents indicated that technical assistance (TA) around contracts and procurement would somewhat or strongly impact their ability to quickly apply for funding.

“We need to be thinking about how to provide support to CBOs on how to contract with government...but government also need to think about the process on their end. [Government] needs to be more flexible and work more cooperatively.” LHD respondent

“Really small CBOs don’t have the backbone support, financial and administrative, to apply for governmental grants...the requirements are so strict” LHD respondent

“We need to be able to provide capacity building so our community partners can apply for funding to support our departments in our COVID-19 efforts” LHD respondent

ENSURING FUNDS QUICKLY AND EFFICIENTLY REACH COMMUNITY PARTNERS

The Public Health Institute's **Together Towards Health Funder Pool** is a joint program with 18 California philanthropic organizations, supporting more than 180 community-based organizations (CBOs) statewide that serve as trusted experts for COVID-19 education, testing and vaccination access in their communities. This funding pool was stood up in response to the need for quick, easily deployable and flexible resources to support community-based partners doing the critical work to reach disproportionately impacted communities on the ground. The application process was streamlined to ensure minimal barriers for community organizations to apply for and receive funds, and funds were deployed to organizations quickly to support critical outreach, education and communications support. Funds were also often more flexible than established federal funding sources (e.g., Federal Emergency Management Agency (FEMA) reimbursement). In another example, Alameda County worked to rapidly deploy COVID-19 funding support for community-based partners and clinics, **fast-tracking the Request for Proposal (RFP) process**, and ensuring certain CBOs were eligible to receive at least some amount of funding at the beginning of the implementation of services. This was crucial, as many CBOs were in desperate need of resources to respond to overwhelming community need.

LEVERAGING TRUSTED COMMUNITY PARTNERS TO STREAMLINE CRITICAL FUNDING NEEDS

For many LHDs, the governmental contracting and procurement process created nearly insurmountable obstacles for some community partners (especially those who had not previously received a government contract, or for smaller partners without sufficient staffing to support the application process). Many of these smaller or previously non-government funded community partners, were also critical partners for reaching disproportionately impacted members of the community. Some local jurisdictions worked with a trusted, community-based funding partner to streamline and simplify the funding application process for community partners, as well as provide needed technical assistance and capacity building support. In Los Angeles County, the LHD worked with a non-profit partner, **Community Partners**, to subcontract with 51 community-based organizations to conduct outreach, education, contact tracing and case investigation support in communities hardest hit by the pandemic. In Riverside County, funding support in the Eastern Coachella Valley was provided in partnership with the **Desert Healthcare District and Foundation**.



5. There have been ongoing challenges in creating culturally relevant and effective public health messaging for communities most impacted by the COVID-19 crisis.

The COVID-19 crisis has elevated the critical need to develop in-language outreach, education, and engagement materials. Many jurisdictions were accustomed to providing translation in threshold languages,² however, the crisis also elevated the need to provide language support for community members who might not speak a County or City's threshold language. In some jurisdictions, the need for multiple modes of communications became apparent as some community members most impacted by the crisis spoke primarily oral indigenous languages. In addition, community partners identified the need for community members most impacted by the crisis to play a key role in the development of outreach and education materials in order to ensure cultural relevance and understanding. For individuals living with disabilities, ensuring accessibility of information and communications was also elevated as a critical need (see the Center for Health Equity's [Recommendations for Improving Accessibility for Individuals Living with Disabilities](#)). Most LHDs did not have this type of holistic communications support available internally when the pandemic hit, making effective outreach and communications difficult, especially in the first few months of the crisis. Effective communications and outreach throughout this crisis have relied heavily on already established, trusted community partners.

Some LHDs also elevated the need for the State to consider specific regional needs/local context when developing outreach and communications materials for diverse communities throughout the state (specifically geographic considerations). This includes considerations for individuals with barriers to accessing technology and services, considerations for individuals who primarily speak an oral, not a written language, and considerations for individuals

who may be hesitant to access government services more broadly.

*“When it comes to being informed, being able to ask questions and communicate directly with public health leaders and officers, our Health Department has done a fantastic job on reaching our underserved communities throughout [the county].”
Community-based partner respondent*

In the LHD Survey:

- Less than 40% of LHDs surveyed indicated that the department's outreach and communications materials were “always” or “often” developed and/or reviewed by community advisors.

In the Community Survey:

- The majority of community partners surveyed and interviewed uplifted consistent and open LHD communications and channels throughout the crisis as one of the top things that have gone well in terms of supporting impacted communities.
 - » More than 1/2 of respondents (52%) indicated that communications was the top thing that went well when working with LHDs, including providing critical information, notifications about surges, exposure notices, and LHDs' efforts to reach the greater public.

² “Threshold Language” means a language identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

- However, there were also critical areas of need uplifted by community partners:
 - » 1/4 of respondents identified the need for LHDs to coordinate messaging in a quick, clear, unified, and consistent manner
 - » More than 1/3 of respondents identified insufficient multilingual and culturally informed information/outreach (37%) as a top communications challenge throughout the pandemic
 - » The top communications and/or outreach strategies identified for reaching

disproportionately impacted communities were:

- * LHDs hiring linguistically diverse staff from the communities they serve (95% listed as a top priority)
- * LHDs hiring outreach workers from the neighborhoods/communities disproportionately impacted by COVID-19 (2/3) and;
- * LHDs partnering with community-based organizations to conduct outreach and provide additional resources (2/3)

Best Practices

Many LHDs have responded to the need for culturally relevant, in-language outreach and communications support, by partnering with trusted community partners and messengers. Below are examples from across the state of strong, community-informed communications strategies:

The City and County of San Francisco's **Outreach Toolkit for COVID-19** includes general communications and information in a variety of the County's threshold languages. The outreach strategy also includes two communications campaigns specifically aimed at reaching the County's Black and Latinx communities: **Together We Heal** and **UnidosCOVID19**. Both campaigns brought together trusted community partners and messengers to lead community-informed outreach and engagement.

Contra Costa County's robust **COVID-19 social media toolkit**, includes a variety of culturally informed and culturally relevant images and messages designed to reach those members of their community most disproportionately impacted by the crisis. Contra Costa County Health Services also launched a paid **Youth Ambassador Program**. The program compensated local youth to design and drive public health social media messages online.

In response to the COVID-19 crisis, the Los Angeles City/County Native American Indian Commission (LANAIC) formed the **LA Native COVID-19 Response Working Group (Working Group)**. The Working Group consisted of leadership from Los Angeles County's American Indian and Alaska Native (AIAN) community-based organizations. The working group developed a specific AIAN communications campaign to ensure that the AIAN community was aware of and connected to response and relief efforts related to COVID-19.

The San Diego County **Together Against COVID** Campaign, led by the Multicultural Health Foundation in partnership with a robust group of stakeholders, was developed by and for Black San Diegans. The expert testimonials and educational materials provided were developed and delivered by trusted messengers in San Diego's Black community.

Santa Barbara County partnered with trusted community partners, Mixteco Indigena Community Organizing Project (MICOP), throughout the crisis, to create **in-language outreach and communications materials** designed to reach disproportionately impacted indigenous-language speaking residents.

6. There have been difficulties finding effective ways of reaching disproportionately impacted community members throughout the crisis.

From the interview findings, many LHDs identified the need to develop and implement multiple modes of outreach/communication in order to reach the communities most impacted by the COVID-19 pandemic. Local public health departments have relied on intra-governmental partnerships and robust, community partnership networks to reach their communities most in need of resources and support. Many LHDs also identified the lack of trust and consistent access to technology as barriers to reaching community members throughout the crisis. Finally, both LHDs and community members identified traditional forms of government outreach

most commonly used throughout the response (e.g. Facebook, email, etc.) as insufficient for reaching those community members most at risk throughout the pandemic.

In the LHD Survey:

- The top communications challenges identified by over 50% of respondents was that the outlets for communication are not reaching the communities that they represent and/or serve (52%).

In the Community Survey:

- Nearly 30% of respondents said that LHDs could have done better by acting more quickly and timely to ensure that they were responsive to pressing community needs.

Best Practices

Many LHDs, including in **Ventura County** and **Kern County**, leveraged their county's "Reverse 911" systems to send urgent communications related to the pandemic to their community members most vulnerable to the crisis. Partnerships with **211** in counties throughout the state have supported residents with connections to vital resources and medical and mental health supports throughout the crisis.

Many LHDs deployed Promotor(a) or Community Health Worker models to reach members of their communities most vulnerable to the health and economic impacts of the crisis. In San Diego County, the LHD partnered with **Vista Community Clinic** to provide outreach, education, and mobile testing for rural, migrant, and farmworker communities in San Diego County. Their Promotores, or community health workers, worked with County workers to do health education around COVID-19 testing and administer tests through mobile units. Solano County supported a Promotor(a)/Community Health Worker Program to provide culturally-responsive outreach and health education to connect disproportionately impacted communities to resources, tools, and knowledge to prevent the spread of COVID-19, increase engagement with testing, and decrease testing disparities. Many LHDs identified conducting on-the-ground community-based outreach with community-based partners, as being vital to the success of their outreach and engagement efforts.

In Ventura County and Orange County, local community-based radio stations, **Radio Indigena** and **Radio Santa Ana**, are vital resources for many Latinx and Indigenous community members in those communities. These local radio stations provide education in-language and have worked to address issues relevant to local community members throughout the crisis. Both entities have worked to share vital public health communications and resources from their LHDs with their local listeners.



RECOMMENDATIONS

Support the creation of a robust, structurally funded equity team within each local public health department

Local public health departments need dedicated, structurally funded staff committed to building internal and external capacity to advance health and racial equity. A robust equity team can support health departments and broader jurisdictions in advancing equity across all department policies, programs, and practices. Local health departments need funding support to be prioritized at the local level, through annual budgeting processes, with additional support provided by the State (when needed and as available). While many LHDs are utilizing short-term COVID-19 response funding to enhance internal capacity to advance equity, given the time bound nature of that funding, ongoing support at the local and state level will be critical in ensuring institutional capacity to advance health and race equity. Enhancing internal capacity to advance equity before an emergency, will support staff in responding equitably to future public health and climate emergencies.

While there are no universally accepted staffing ratios and/or structures when it comes to enhancing

LHD capacity to advance health equity, there is a recognition that [dedicated equity staff are critical to operationalizing equity in everyday health department work](#), as well as the development of resources and trainings to support LHDs in integrating health equity into programs, policies and plans. The 2018 Human Impact Partners Report, [“Advancing Health Equity in Public Health Practice: Recommendations for the Public Health Accreditation Board,”](#) recommends that LHDs have a “clear “backbone” mechanism or structures for integrating health equity across departments and programs, and that specifically, those mechanisms have the authority and capacity to work across the whole department (e.g. Chief Health Equity Strategist, a Health Equity Coordinator, Health Equity Manager/Officer, etc.). Local public health departments have also recognized that the work of advancing equity cannot just fall to one individual, and that the most effective equity work is often done in a collaborative environment. [The Center for Disease Control and Prevention \(CDC\)](#) in their “Practitioner’s Guide for Advancing Health Equity,” also elevates the need for organizations to establish an institutional commitment to advancing health equity through the establishment of permanent structures, such as cross-departmental equity workgroups and staffing positions.

Build and activate community partnerships for robust equity solutions

Jurisdictions who were able to leverage existing and authentic partnerships with community-based organizations (CBOs), other non-profits, and trusted community thought leaders, were better able to develop and implement equitable response solutions. For jurisdictions without these types of partnerships already in place, operationalizing equity proved more difficult. It is imperative that LHDs work to build strong, authentic partnerships with the communities they serve before an emergency occurs. It is important that these partnerships also include intentional consideration for community partners LHDs have not traditionally engaged with in the past.

During an emergency, strong partnerships can be leveraged throughout the response structure. This can include institutionalizing community advisory groups into the emergency management structure, incorporating community-based leaders from disproportionately impacted communities into decision-making processes, and planning to provide compensation for community time and resources.

[Community partnership agreements](#) are strong models for activating just partnerships during an emergency.

A best practice for valuing the time and knowledge of community organizations that serve populations most impacted by inequities is for jurisdictions to provide compensation to community organizations and residents for participation in emergency planning and response activities. Jurisdictions can also work to establish Community Advisory Groups, which are important venues for two-way communications between government and community entities that help create opportunities to identify concerns and provide timely feedback on recent activities and proposed actions. These bodies can be also be critical to help prevent, interrupt, and respond to misinformation or stigma. They can also allow for the creation of joint community-government strategies and initiatives.

Embed equity into emergency response structures and processes

The Public Health Alliance, in partnership with the Bay Area Regional Health Inequities Initiative, [produced a brief](#) that outlines priority strategies and recommendations for local health departments to embed equity into emergency operations. Key recommendations in this brief include:

- **The need to create a core equity unit with dedicated equity staff roles in the EOC/DOC**

This includes the need to designate an equity staff lead in the core command group of the EOC, preferably an Equity Officer. Other “equity staff” (either formal or informal) should be embedded throughout the EOC/DOC to support work that advances equity during the response. This can also include integration of an [Access and Functional Needs \(AFN\)Coordinator](#) in the EOC. It is important that staff work to incorporate and utilize a [health or racial equity](#) tool in all planning, response, and recovery related processes.

- **Provide equity training and capacity-building before and after emergency response activation**

It is important that staff involved in emergency response receive training in core equity principles. This also includes cross-jurisdictional training for other staff involved in emergency management and response. Staff training can include training in the use of an equity tool or lens in decision-making, along with strategies for creating authentic, trusted community-based partnerships.

- **Incorporate equity into standard and ongoing emergency response planning and processes**

It is important that equity considerations and training be incorporated into standard and ongoing emergency management processes.

It is also important that equity staff who are integrated into emergency response structures have ongoing equity-based training and preparedness opportunities. In addition, local jurisdictions can work to establish a Community Organization Active in Disaster (COAD) or Voluntary Organizations Active in Disaster (VOAD) group before an emergency strikes to ensure that culturally-responsive strategies, resources, and decision-making structures are in place, and use the COAD or VOAD to inform local equity response strategies, during a disaster.

Incorporate an equity metric into all emergency response and recovery processes

Many LHDs identified the [State of California's Health Equity Metric](#) as a helpful tool for supporting their work to advance equity during the COVID-19 response. The metric provided departments with the data needed to justify prioritizing the most disproportionately impacted communities throughout their jurisdictions. Many departments also felt the metric supported their ongoing work to prioritize communities most impacted by inequities in resource and investment allocations. The development of the State's health equity metric supported a more consistent approach to prioritizing disproportionately impacted communities in resource allocation and decision-making.

Low-income communities and communities of color are consistently disproportionately impacted during public health or climate change-related emergencies. For that reason, it is important for the State and LHDs to incorporate health equity metrics into all planning, response, and recovery decision-making processes. The success of the health equity metric for resource and investment prioritization during COVID-19 also reinforces the need to explicitly incorporate an equity tool (e.g., a health equity metric) into ongoing health department and broader jurisdictional operations both during emergency response and beyond.

Fund community-based partners to conduct culturally informed outreach and engagement

Local public health departments worked throughout the pandemic to identify community-based partners with long-standing, trusted relationships in communities most impacted by inequities. Local public health departments also worked to provide funding to support culturally relevant and community-informed outreach and education. It is important that LHDs and broader jurisdictions work to institutionalize the equitable processes and practices developed in response to COVID-19 in order to sustain ongoing, authentic community partnerships and engagement strategies. Community partnership agreements can also solidify these relationships for future emergencies.

During the pandemic, many LHDs also elevated the need to identify and work to address barriers to their contracting and procurement processes, specifically for small community-based organizations. Departments can work to provide technical assistance and capacity-building support to strengthen the network of community-based organizations throughout their jurisdiction. In addition, departments can work to address barriers to contracting and procurement for community-based organizations and businesses most impacted by inequities. The Government Alliance for Race and Equity (GARE) has a [guide for local government to advance equity in contracting and procurement](#) that local jurisdictions can utilize to address internal barriers to advancing equity in contracting and procurement.

Prioritize hiring community members from disproportionately impacted communities

As part of their efforts to institutionalize equitable practices and approaches, many LHDs recognized the need to work with and hire community members most impacted by inequities both during COVID-19 and beyond. For many LHDs, the COVID-19 crisis elevated the internal barriers that limit the

ability of departments to hire some members of the community for many departmental opportunities. These barriers often include language requirements, traditional educational requirements that prioritize formal education over lived experience, criminal background restrictions, testing requirements, and even requirements related to the need to obtain driver's licenses. Many LHDs are working to identify and address these barriers to hiring. It is important that developing low-barrier hiring processes that are responsive to community needs remain an ongoing and long-term priority for LHDs.

Many community partners also identified the need for funding to support their own capacity to provide services in partnership with LHDs. Community partners identified the desire to retain qualified staff that can provide critical services (in language outreach, engagement, and other activities), and the need for funding assistance from LHDs to support these services, both during COVID-19 and beyond. Strengthening both internal departmental capacity and community partner capacity to provide services to communities most impacted by inequities, will strengthen the ability of departments to respond to this and future public health and climate change-related emergencies.

Integrate equity into all recovery planning and implementation processes

In addition to managing the pandemic through vaccine distribution and other measures, local jurisdictions must also identify strategies and approaches for longer-term recovery. Emerging from this crisis a more just and equitable state will require integrating equity into all local and statewide recovery planning and implementation processes. In addition to involving key equity staff involved in the emergency response in recovery planning, community partners representing or serving groups most impacted by inequities must also be central to local and statewide decision-making. It is important these community partners play a leadership role in the development and approval of recovery-related decisions.

It is important that recovery planning also considers the development of specific equity metrics (similar to the health equity and vaccine equity metrics developed during the COVID-19 response), to ensure equity is prioritized, and jurisdictions are prioritizing disproportionately impacted communities throughout the recovery process. It is also important that jurisdictions consider actively advocating for key policy priorities (local, state, and federal) essential to both short- and long-term just recovery strategies. Policy priorities central to a just recovery should be community-informed and work to strengthen both individual and community health and well-being (for more on advancing community-informed policy priorities, see our chapter on [“Advance Health Equity & Strengthen Resilience Through Ongoing Community-Informed Policy and Practice Changes”](#)).

