

# Ensure Greater Coordination, Collaboration, and Consideration of Equity Impacts when Issuing Health Orders and Guidance

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



**Public Health Alliance**<sup>™</sup>  
OF SOUTHERN CALIFORNIA

JULY 2022

The Public Health Alliance is fiscally sponsored by the Public Health Institute



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

- ▶ Ensure That State of Emergency Declarations at All Levels are Broadly Framed and Communicated
- ▶ Develop Community-Informed Mitigation Plans that Analyze Equity Impacts and Incorporate Equity Metrics into Health Orders and Guidance
- ▶ Foster Greater Public Courage in Support of Local Public Health Officials
- ▶ Implement Basic Preventative Measures at the State or Federal Level
- ▶ Provide Local Public Health Departments with More Advanced Notice and a Greater Opportunity for Meaningful Feedback Before Enacting or Changing State Orders and Guidance
- ▶ Fund Regional Public Health Department Coalitions to Facilitate Collaboration and Provide Technical Assistance
- ▶ Ensure Culturally Competent Communications and Messaging About Orders/Guidance
- ▶ Engage Public Relations for Public Health Messaging



## OVERVIEW

As the threat of COVID-19 grew and eventually turned into a global pandemic, public health departments at all levels issued orders and guidance meant to protect community health and safety. Despite good intentions by all actors, these orders and guidance were not always consistent or coordinated with each other, and politics often came into play. As a result, there was often public confusion, which led to anger, backlash, and even violence in some cases. At a time when coming together was so important to protect each other's health and safety, and ultimately beat the virus, the nation became divided. This put communities most impacted by inequities at greater risk. In addition, orders at all levels were often instituted, as well as loosened or lifted, without adequate financial supports and protections for the hardest hit communities, including essential workers and small business owners. This is partly because there may not have been resources immediately ready at the time for other sectors to coordinate with public health and provide the necessary supports to implement the health orders and guidance without adverse impacts. Given the urgency of many orders at the start of the pandemic, equity analyses and mitigation plans generally could not have immediately provided relief, but could have helped address some of these issues as the pandemic continued. The implementation of the [Blueprint Health Equity Metric](#) and [Vaccine Equity Metric](#) are good examples of how the State incorporated equity into its strategies later on in the pandemic, and are best practices that are recommended to become standard practice and institutionalized across all orders and guidance moving forward.

Because of the rapidly changing nature of the pandemic, orders and guidance at all levels often had to be enacted or changed on short notice, and without opportunity for meaningful feedback from the agencies responsible for implementation. For local public health departments (LHDs), this has been a challenge, as they have had to answer questions from elected officials and constituents while still learning about newly-issued orders and guidance from the state and federal levels. There was also variation between jurisdictions on certain orders and guidance where state or federal orders were not issued, leading to public confusion over the variation in local responses. In many cases, the blame has unfairly fallen on local public health officials because of these sudden shifts and variation, and the impacts they had on communities. These challenges were raised repeatedly in the surveys and interviews conducted as part of this report, and also highlighted in other COVID-19 reports by the [National Academy of Medicine](#) and [National Homeland Security Consortium](#). Almost all public health officials have reported harassment and death threats from people angry at how these orders and guidance

have impacted their lives, and a significant number have resigned during the pandemic. [Nearly 1 in 6 Americans lost a public health leader](#) during this pandemic, the largest exodus in American history. At times, orders and guidance were rescinded or watered down to satisfy elected officials and businesses eager to reopen, even when the threat of COVID-19 transmission remained high. This endangered those already with the highest risk of getting COVID-19, many of whom are essential workers and living in multigenerational households in neighborhoods with high community spread. These same communities also faced a lack of tailored outreach, education, and communication about the pandemic, which resulted in many community members hearing information too late or not at all, not in their spoken language, or from unofficial sources that might not have been providing accurate information (e.g., misinformation through social media, word-of-mouth).

At all levels, the COVID-19 pandemic was often framed as a “public health emergency,” even when a broader state of emergency was also declared or proclaimed. Framing the emergency in a broader way as a serious event that impacted not only public health, but communities as a whole, similar to the way natural disasters are framed, could have helped build greater support and encourage all sectors to come together. Moreover, a greater focus on public relations could also have helped generate greater public support and compliance with health orders and guidance that was issued based on the evidence and risk. In future emergencies, all sectors need to come together and do everything possible to protect the health and safety of everyone, especially those most impacted by COVID-19, and support the orders and guidance that scientifically-trained health professionals are issuing with equity in mind.



## CHALLENGES

1. Coordination issues between different levels of government led to conflicting communications and messaging
2. Resistance from jurisdictional leadership, elected officials, other sectors, and the general public to ensure compliance with local public health officer orders undermined ability to protect impacted communities
3. Almost all health directors and health officers received harassment and even death threats
4. Health orders and guidance were difficult to communicate and disseminate to the most impacted communities

### 1. Coordination issues between different levels of government led to conflicting communications and messaging

There were varying levels of effectiveness with coordination reported by LHDs in both this report's survey and interviews.

HOW EFFECTIVE HAS YOUR COORDINATION BEEN IN RESPONDING TO THE NEEDS OF COMMUNITIES DISPROPORTIONATELY IMPACTED BY COVID-19 WITH THE FOLLOWING LEVEL OF GOVERNMENT?



\*Most LHDs interviewed noted that they had very minimal direct coordination with federal entities since it was mediated through the State

In addition to the statistics above, LHDs also provided open-ended responses on experience coordinating with the state and federal levels, and there was a consensus on the following challenges. The experience of California LHDs was not unique, and these challenges were also felt by LHDs in other states and with the federal government, as highlighted in other COVID-19 reports by the

National Academy of Medicine and National Homeland Security Consortium.

- Basic prevention strategies such as masking and social distancing were not always issued as statewide orders from the outset, so LHDs had to make the decision whether to issue them first. This resulted in many LHDs having to justify and battle these orders with the general public, taking time and effort away from the actual response. It also put local public health officials unnecessarily in the hot seat.

*“This could be more of a partnership rather than paternalistic” LHD respondent*

- Because things changed so rapidly with the pandemic, LHDs were not always given advance notice of new state orders and guidance, nor were they often given an opportunity for meaningful feedback before they were enacted. Many heard about new or changed state orders and guidance through media at the same time the public learned of them, including changes to vaccine eligibility and revisions to the reopening

framework. This resulted in LHD officials having to explain and answer questions about these new or changed state orders and guidance from a confused and angry public before they had all the information needed to implement the orders. For example, LHDs found out about both the lifting of the statewide Stay-at-Home orders in January 2021 and the Vaccine Equity Metric announcement in March 2021 from the media, with no advance notice from the State. In this report's LHD interviews, many expressed disappointment about not being given greater notice or the opportunity to provide feedback on these state orders and guidance. They spoke about being on State calls where orders and guidance were being explained as final decisions, without any chance to weigh in before enactment.

- In addition to a lack of adequate notice, there was also a lack of adequate preparation time to implement these State-issued orders and guidance. Sometimes orders were issued or lifted with no warning and went into effect immediately. Again, LHDs were not always given an adequate opportunity to provide any input on these decisions before they were made.

- State-issued orders and guidance sometimes lacked an equity focus, especially early on in the pandemic. They were also not always accompanied with policy and financial supports to ensure the most impacted communities could comply without any adverse consequences.
- City LHDs had their own challenges navigating the State's requirements, and whether they were required to submit their own plans and comply with certain orders and guidance as the local authority, or if the County was responsible for taking the lead role.

*“State changes guidance and protocols without informing locals beforehand. Makes announcements on Fridays to be implemented on Mondays without warning and not heeding our feedback.” LHD respondent*

---

## *Best Practices*

---

Existing regional public health department coalitions provided a valuable space for open dialogue, constructive brainstorming, and coordinated decision-making:

### **84% of LHD survey respondents stated that regional coordination has been effective**

- In March 2020, Six Bay Area health departments acted together in issuing a **regional stay-at-home order** and continued to work together and coordinate in issuing orders and determining reopening strategies
- In Southern California, LHDs within the Public Health Alliance of Southern California membership provided vaccines in open tiers to people that either lived or worked in their jurisdictions. This provided regional support and recognizes that jurisdictional boundaries are fluid and that working together is an asset.

## Best Practices

Regional public health department coalitions provided technical assistance and acted as a staff extender for overstretched LHDs. They hosted regular meetings, developed equity-focused guidance documents and resources, connected LHDs with CBOs and other partners, and weighed in on policies that impacted LHDs. Specific examples from the Public Health Alliance of Southern California (Public Health Alliance), Bay Area Regional Health Inequities Initiative (BARHII) and San Joaquin Valley Public Health Consortium (SJVPHC) are provided here:



The **Public Health Alliance** is a coalition of executive leadership from 10 LHDs in Southern California, representing 60% of the State's population.

Early on in the pandemic, the Public Health Alliance began convening its Leadership Council, which is comprised of the 10 LHD directors in the region, on a biweekly basis to discuss emerging issues and share best practices and lessons learned. The Leadership Council approved a **Rapid Response Policy Platform** to allow the Public Health Alliance to act on time-sensitive COVID-19 policy actions and elevate the need for an equitable response and recovery. The Public Health Alliance's Health Equity Working Group also met monthly to share resources and discuss pressing equity issues.

The Public Health Alliance also set up a **Public Health Alliance COVID-19 Resources** website to post helpful information for its member LHDs to ensure an equitable response and recovery. These materials include:

- A **guide for public health departments on addressing racism and discrimination during COVID-19**, with specific messaging examples. This guide assisted LHDs with addressing the racism and discrimination faced by many populations disproportionately impacted by COVID-19, including the Asian American and Pacific Islander populations.
- A **Vaccine Equity Video Series** to elevate promising and replicable practices for equitable vaccine distribution. The series works to showcase community-informed and equity-centered practices that specifically aim to

reach disproportionately impacted low-income Californians and Californians of color.

- **COVID-19 Equity Snapshots**, a curated, consistent resource designed to assist partners in continuing to prioritize equity and elevate the power of public health in response to the COVID-19 crisis. The snapshot topics include:
  - » **Racism as a Public Health Crisis**
  - » **Climate & Health Equity**
  - » **Using Data to Advance Equity**
  - » **Advancing Equity for Individuals and Families Experiencing Homelessness**
  - » **Food Security as Equity**
  - » **Advancing Racial Equity**
  - » **Health Justice Strategies**
  - » **Advancing a Welcoming & Inclusive Framework**
- A public health department funding **brief** and **collateral materials** to assist LHDs with making the case for increasing funding for their department in the face of budget cuts due to the COVID-19 pandemic.
- A co-developed brief and webinar with BARHII on **Embedding Equity into Emergency Operations** to assist LHDs throughout the State with identifying ways they can integrate equity into their emergency operations structure.

*“Counties are quick to share examples of policies, procedures, practices, forms, etc. Coordination by CHEAC and CCLHO very helpful. Some coordination with neighboring counties for outreach to shared most vulnerable communities, but scheduling conflicts make it difficult” LHD respondent*

## Best Practices



**BARHII** is a coalition of 11 LHDs in the Bay Area, representing 20% of the State’s population, plus the Rise Together Coalition, which includes over 200 non-profits focused on economic opportunity and racial justice.

BARHII convened its members on a monthly basis, and also provided technical assistance via webinars, learning circles, and general membership meetings on COVID-19 response, elevating best practices. Topics included:

- Black Led Recovery Roundtable
  - Embedding Equity Officers in Emergency Command Centers (a co-led webinar with the Public Health Alliance)
  - Safeguarding the Health of Essential Workers (done on both regional and then national level with NACCHO)
  - The New Eviction Policy Landscape
  - A Housing Racial Equity Lab
  - Webinar on Re-Entry & COVID-19
  - Understanding the Post-Election Landscape on the state & national levels and how it will inform BARHII’s COVID-19 response in 2021
  - Essential Worker Protections learning circles for Local Public Health Jurisdictions (a smaller roundtable for local public health jurisdictions)
  - California State health equity measure meeting with regional public health directors
- Like the Public Health Alliance, BARHII also established a **COVID-19 Resources website**. Specific resources include:
    - A Rapid Response and Rolling Recovery Framework, focused on 4 R’s for an equitable response and recovery:
      1. Require Protection for Essential Workers
      2. Rebuild Stability for Families, Small Businesses and Social Enterprises
      3. Reconnect Communities and Protect Mental Wellness
      4. Revolutionize the Status Quo to Protect the Health of People of Color
  - A **COVID-19 Equity Investment Guide**
  - Op-ed pieces, briefs, and white papers related to best practices; some of these were developed in partnership with others, such as the Public Health Alliance, NACCHO, Policy Link, the UC Berkeley Labor and Occupational Health Center, and the Berkeley Media Studies Group.
  - A series of focused presentations to key stakeholders





### SAN JOAQUIN VALLEY PUBLIC HEALTH CONSORTIUM

Calaveras • Fresno • Kings • Madera • Mariposa • Merced  
San Benito • San Joaquin • Stanislaus • Tulare • Tuolumne

**SJVPHC** is a coalition of 11 LHDs in the San Joaquin Valley, oSJVPHC is a coalition of 11 LHDs in the San Joaquin Valley, one of the largest rural and agricultural regions in the nation. SJVPHC members met twice a week or more since the early months of the pandemic, to serve as a sharing platform to exchange ideas on a host of COVID-19 related activities as well as provide mutual support around response success and challenges involving outreach and education, testing, and contact tracing activities. For example, during the meetings, those member counties with laboratory testing capacity were identified and

arrangements were made for testing services to be provided for those without public health laboratories. Similarly, not all members had access to an in-house Epidemiologist, or in some cases a Health Officer, and cross jurisdictional support and services were identified and arranged. These regular Zoom meetings served a variety of purposes and were essential to the local and regional response efforts. The weekly sessions also presented the opportunity for members to meet with CDPH staff for coordination purposes (i.e., California COVID-19 Testing Task Force). SJVPHC staff also developed a regional website at **Valley COVID Help** and a companion site in Spanish at **Ayuda del Valle COVID** to simplify access to local COVID-19 information and resources for both English and Spanish-language audiences. Finally, staff arranged for a contract with a media firm — JP Marketing— for the development of localized COVID-19 media messaging and to support members' communications requirements.

In addition to regional public health department coalitions, statewide public health associations, including the California Health Executives Association of California (CHEAC) and California Conference of Local Public Health Officers (CCLHO)/Health Officers Association of California (HOAC), also provided resources and a clearinghouse of COVID-19 information and updates through regular meetings, daily email updates, listservs, and other critical information sharing. For example, CHEAC sent a daily digest to local healthlocal public health department directors that packaged the Governor's press conference notes, newly-released state orders, guidance, and other resources in one email sent each evening, while HOAC sent a daily round-up of health officer orders.

As with public health department coalitions and statewide associations, the healthcare sector also found great value in a coordinated response. Early on, the **Community Clinic Association of Los Angeles County** (CCALAC) began regularly convening their peer network, including Chief Medical Officers and Behavioral Health Leads, to facilitate bi-directional communication and coordinated response efforts. CCALAC acted as a conduit between state partners, including the California Primary Care Association and CDPH and their clinic members. CCALAC provided templates, best practices, and compliance policies and procedures from the top down, and feedback and local needs from the bottom up. Similarly, the **L.A. Care Health Plan** established a standing weekly meeting (eventually shifted to monthly) with the Los Angeles County Department of Public Health and **HealthNet** to facilitate regular communication and coordination between public health and two health plans representing of 30% of the LA County population. This early and ongoing coordination enabled effective collaboration to manage COVID-19 outbreaks in LA County skilled-nursing facilities, and with early vaccination strategy planning.

*“State has been difficult to work with regarding vulnerable populations. Feels like they are trying too hard to accommodate disparate counties which results in odd watered-down policy decisions. I’d like to see more opportunities for Counties to make their own decisions.”*

*LHD respondent*

## 2. Resistance from jurisdictional leadership, elected officials, other sectors and the general public to ensure compliance with local healthlocal public health officer orders undermined ability to protect impacted communities

As local public health officials issued orders and guidance, coordination with key sectors like businesses and schools often proved difficult. There were many instances of resistance to orders for closures, instituting preventative measures, and restrictions on reopening. There was a false narrative that developed, pitting public health against the economy, rather than the real message that public health officials were trying to convey: these orders were the way communities could more safely and quickly open up the economy if they were followed. There was also a lack of enforcement of health orders and guidance by law enforcement, including mask mandates. The sheriffs in **Orange** and **Riverside** counties both went on record saying they would not enforce mask requirements. **Sonoma** County’s sheriff also did, but later backed down. Some county elected officials even rescinded health orders by legislative action. Later on in the pandemic, the push to reopen certain sectors also conflicted with health orders and guidance. Courts were involved to clarify the authority of local public health officials to issue these orders, and did not always rule in their favor. This all undermined the ability of LHDs to protect the communities most impacted by COVID-19.

### *Best Practices*

To provide guidance on the legal authority of local publichealth officials to issue health orders and guidance in the face of threats, ChangeLab Solutions published **Legal Authority for Local Public Health Officers’ & Local Governments’ Responses to COVID-19 in California**.

*“Sherriff and DA have publicly made their opinions known that they do not see COVID as a big deal and will not enforce”*

*LHD respondent*

*“Push to open in response to community pressures. Significant lack of support to enforce beyond educational responses from law enforcement”* LHD respondent

*A review by the Kaiser Health News service and The Associated Press found that at least 248 state and local health leaders had resigned, retired or been fired between March 31, 2020 and April 1, 2021. Nearly 1 in 6 Americans lost a public health official during the pandemic, representing the largest exodus of public health officials in American history.*

### 3. Almost all health directors/officers received harassment and even death threats

In this report's LHD survey, **71% of local public health officials reported they received threats or harassment. In the report interviews, almost all indicated receiving death threats. In some communities, elected officials themselves were making these threats and even encouraging them.** As of April 5, 2021, 16 local public health officials and three State health officials in California had resigned. A review by the Kaiser Health News service and The Associated Press found that at least [248 state and local public health leaders](#) had resigned, retired, or been fired between March 31, 2020 and April 1, 2021. Nearly 1 in 6 Americans lost a public health official during the pandemic, representing the largest exodus of public

health officials in American history. The media has written numerous articles about this alarming trend throughout the pandemic, documenting the threats and harassment of local public health officials across the United States in communities large and small. This is an unacceptable work environment, and almost nothing was done to correct it.

These threats and harassment impacted the ability of LHDs to address the response, especially for those most impacted by COVID-19. In this report's survey, **56% of LHDs reported that political pressures/the political environment were a barrier to their response.** LHDs reported having to walk a fine line with their orders and guidance to satisfy elected officials but also ensure the health and safety of the most impacted community members, and sometimes could not take as strong an action as was necessary because of these pressures.

#### HEADLINES FROM VARIOUS NEWS SITES, 2020

##### ***The Racism I Faced as Milwaukee's Health Boss Under COVID-19***

| HELL OF A JOB |

**Compromising the Role of Public Health Officials Makes Our Nation Less Safe**

##### **Public Health Meets a Public Menace**

**We ran the CDC. No president ever politicized its science the way Trump has.**

Health officials harassed and threatened over masks as coronavirus grips smaller U.S. cities

##### **Vilified And Burned Out, Health Officials Keep Quitting As COVID Outbreak Continues**

##### **The Pandemic Experts Are Not Okay**

Many American public-health specialists are at risk of burning out as the coronavirus surges back.

##### **The White House's campaign against Anthony Fauci is a symptom of a bigger problem**

## Best Practices

- To counter these threats and harassment, many groups issued supportive statements:
  - [California Endowment](#) (June 24, 2020)
  - [Trust for America's Health](#) (June 23, 2020)
  - [Public Health Alliance Statement](#) (June 22, 2020)
  - [Public Health Institute Statement](#) (June 22, 2020)
  - [Prevention Institute Statement](#) (June 22, 2020)
  - [NACCHO/Big Cities Health Coalition](#) (June 15, 2020)
  - [California Medical Association](#) (June 4, 2020)
  - [California Medical Association](#) (Sept. 14, 2020)
- California State Senator Richard Pan also **issued a statement** condemning threats of violence against the Yuba-Sutter County Health Officer (May 3, 2021)
- Polls and surveys also indicated that most people were in support of public health officials and COVID-19 related measures, despite many of the threats, violence and other opposition that arose:
  - The [California Health Care Foundation's](#) COVID-19 Tracking Poll found that nearly 7 in 10 people had trust in the State and LHDs.
  - The [California Endowment](#) similarly found that nearly two-third (68%) of people supported efforts by LHDs
  - The [U.S. Centers for Disease Control and Prevention](#) found 80% of people supported stay-at-home orders and non-essential business closures
  - In a [Washington Post-University of Maryland](#) poll, people gave federal public health officials a 71% approval rating

Philanthropy, including the California Endowment, also provided rapid response communications for several LHDs who were dealing with these threats. They also utilized their own social media and communications platforms to express support for local public health officials and offer a positive voice in these discussions.

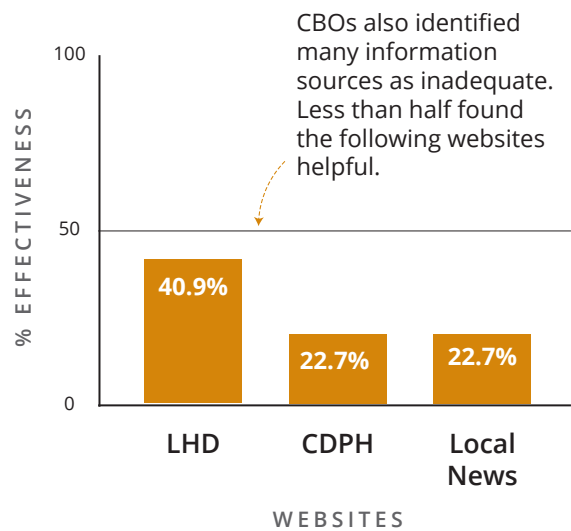
*“The political pressure to “reopen” and “get back to business as usual” as well as straight up opposition to “government overreach” present huge challenges to an evidence informed, effective and consistent response—caused a lot of confusion, political backlash and fueled mistrust.”*  
*LHD respondent*



#### 4. Health orders and guidance were difficult to communicate and disseminate to the most impacted communities

Because many health orders and guidance were issued on short notice and made effective immediately, not all community members were able to be reached right away via traditional communications channels. **In this report’s CBO survey, the top communications challenge identified by over 50% of respondents was that the outlets for communication were not reaching the communities that they represent and/or serve. Additionally, fear of stigmatization/discrimination (42.1%) and insufficient multilingual and culturally informed information/outreach (36.8%) rounded out the top three communication challenges.**

#### HELPFULNESS OF INFORMATION SOURCES



### Best Practices

Nearly two thirds of surveyed CBOs identified culturally informed communications/outreach (63.6%) as a key resource, and nearly 60% indicated that resources to expand testing access (59.1%) and relationships/partnerships with trusted messengers (59.1%) as important resources to increase awareness and accessibility of testing.

- Several LHDs reported conducting regular telebriefings with specific sectors throughout the response (e.g., healthcare, business, schools, etc.). For example, Fresno hosted biweekly calls with CBOs in English and Spanish to provide updates on COVID and receive feedback (<https://www.centralvalleycf.org/COVIDcall/>)
- Blue Shield created an **ethnic media guide**, and funded ethnic media outlets to provide information to the most impacted and hardest to reach communities. They also shared the guide and contact information with LHDs and community-based organizations to assist with getting the word out to media and serve as trusted messengers.
- Community partners created culturally and linguistically appropriate, community-friendly materials for COVID-19. For example, the California Pan-Ethnic Health Network (CPEHN) collected best practices from their network, which include:
  - » Mental Health: **Black Women for Wellness** in Los Angeles produced a **guide on Wellness & COVID-19**
  - » Immigrants:
    - **CHIRLA** in LA produced COVID-19 Know Your Rights Materials in **English** and **Spanish**
    - **California Rural Legal Aid Foundation** has a comprehensive guide for immigrants in the Central Valley in **English** and **Spanish**
- Indigenous Peoples: **CIELO** compiled **resources** in indigenous languages
- Stimulus check: **Neighborhood Legal Services of Los Angeles County** produced fact sheets on the stimulus check in English (**COVID-19 Stimulus Check Eng.pdf**) and Spanish (**COVID-19 Stimulus Check SPN.pdf**)



## Recommendations

### Ensure that State of Emergency Declarations at all levels are broadly framed and communicated

Governments at all levels in California declared states of emergency early on the pandemic, but in many cases these declarations were messaged narrowly as public health emergencies. This led many people to underappreciate the magnitude and threat of the pandemic, compared to a wildfire or other natural disaster that has widespread community impacts. As detailed in the [National Homeland Security Consortium's](#) report on the COVID-19 pandemic, this emergency more closely resembled a natural disaster than most recent public health emergencies, as for the first time in U.S. history, all 50 states and territories were under a simultaneous emergency declaration. In the future, it is important that when states of emergency are declared for pandemics and other major public health threats, they are framed more broadly so that all sectors are supportive and encouraged to come together to address the public's health and safety. There is also a need in the future for greater clarity and guidance on how non-health sectors can support public health orders to ensure protections for the communities likely to be most impacted when a state of emergency is declared.

### Develop community-informed mitigation plans that analyze equity impacts and incorporate equity metrics into health orders and guidance

Because the pandemic response was a fast-moving situation, many health orders and guidance at both the local and state level had to be issued on short notice, and immediate inequities unfolded. Later on, the State was able to be more proactive about addressing equity in the response, including the incorporation of equity metrics into the reopening and vaccine distribution processes. In the future, it will be helpful to build off of these models and develop community-informed mitigation plans at the local and state levels before enacting all orders, guidance, and policies. These plans would be guided by a funded and nimble community advisory committee, and include an equity analysis that identifies the equity impacts and assesses how to address them. Equity metrics would be incorporated to ensure that policies, investments and resources prioritize the most impacted communities. The plan would ideally include specific policy and financial supports that could lessen or eliminate adverse equity impacts, and a timeline for implementation, if they are not feasible in advance. The plan could also assess the policy implications of enacting an order, as well as identify the potential opposition and approaches for addressing it. This is an important

*“[Local health department staff] need our support. The experts who comprise our public health departments are true heroes. We should be thanking them for their tireless work and heeding their advice, not threatening their safety and careers.” National Association of City and County Health Officials, **Compromising the Role of Public Health Officials Makes Our Nation Less Safe***

paradigm shift in governmental operations that will help elevate equity and ensure that orders, guidance and policies do not adversely impact the hardest hit communities. It is also an opportunity to establish and institutionalize a funded community advisory committee to advise local and state health departments on equity across their operations. Tying health orders more directly to equity metrics, including financial aid and policy supports, will help truly implement the order, provide the resources for social needs that will be impacted by the health orders, and make it easier to comply and avoid adverse financial impacts.

### **Foster greater public courage in support of Local Public Health Officials**

Public health officials shared that they work to prioritize the most impacted communities when issuing orders and guidance. When challenged by elected officials or individuals within their own community, it threatens the safety of everyone. It is important for people in positions of power to support the ability of local public health officials to

issue local public health orders that are stricter than State guidance when local conditions warrant, and to encourage and incentivize compliance with orders and guidance. Moreover, it is important to support their encouragement of other sectors to do their part in supporting the most impacted communities. For example, the De Beaumont Foundation’s [7 Ways to Align Business & Health](#) provides concrete examples of how to promote greater coordination between the business and health communities. Finally, when local public health officials receive threats, harassment, or violence, State and local leaders need to denounce those activities, and take action. State and local officials could consider administrative/legislative actions that reaffirm public authority in times of emergency and bolster the protection and authority of local public health officials. Our society needs to create a culture with greater courage to stand up for and support public health officials in the face of threats, where there is an immediate and united response in support of these officials rather than staying silent and letting the loudest and most critical voices dominate.

*“The efforts to bully and sideline public health officials must stop. We are in the midst of a deadly pandemic, and in order to respond to and recover from it, we must have a robust public health system that rewards—rather than sanctions—strong, honest public health leadership and expertise....More than ever, our lives depend on being able to trust guidance from public health leaders and departments. When we silence or threaten those charged with safeguarding the public’s health, we undermine our ability to keep communities as healthy as possible.” Prevention Institute, **Stand up for public health leadership today***

## Implement basic preventative measures at the Federal or State level

Because the COVID-19 pandemic unfolded quickly and rapidly evolved, coordination between different levels of government was not always as effective as it could be or even possible. An example of this was the issuance of some basic preventative measures that are universally known to provide protection (e.g. masks, social distancing, closure of certain businesses/facilities). In many cases, LHDs acted quickly and issued orders on things like mask requirements before the State was able to act, but this led to confusion when there was variation between communities. In the future, it will be helpful if the state or federal government takes the lead on issuing these basic prevention measures so that local public health officials can focus more efficiently on orders and guidance that are specific to their communities. Prevention is the same regardless of where you live, and things like mask mandates proved to be more of a battleground than they imagined. In addition, LHDs were often stymied by elected officials or other public officials within their jurisdictions who were leading on messaging instead of them. It is important that these local public health officials have encouragement and authority to lead on messaging and communications and that their credibility is not undermined by other decisionmakers within their communities.

## Provide local public health departments with more advanced notice and a greater opportunity for meaningful feedback before enacting or changing state orders and guidance

Recognizing that the COVID-19 pandemic unfolded quickly and evolved rapidly, and that notice and feedback were not always possible, it is important that LHDs have the opportunity to coordinate with other levels of government, as well as other agencies within their jurisdiction, on the issuance of orders

and guidance that impact their communities. To that end, the following are important for local, state, federal and other levels of government to consider to promote greater coordination and effectiveness with LHDs moving forward. These recommendations were lifted up by LHDs in the surveys and interviews we conducted, and also recommended by the [National Homeland Security Commission](#) in their COVID-19 report:

- Provide more advanced notice about upcoming orders, guidance and policies to LHDs before they are implemented.
- Provide a greater opportunity for meaningful feedback from LHDs before orders, guidance and policies are enacted, so that local health officials can help identify the impacts, challenges and any unintended consequences.
- Share materials in advance of calls discussing these orders, guidance and policies
- Notify LHD executives before notifying the media, elected officials and public so that they learn of shifts in orders and guidance beforehand and have the needed context and can answer questions.
- Provide a minimum amount of time before orders, guidance, policies, etc. go into effect so that LHDs have time to prepare coordination.
- Ensure that other impacted sectors and communities receive adequate notice and a realistic timeline to ensure they avoid adverse impacts.
- Provide LHDs with a transparent, full list of State-level contacts so they can identify the right person to support them with a variety of different queries and assistance needs. This list needs to be updated frequently and have full contact information so that officials who to contact with specific requests or questions.



## Fund regional public health department coalitions to facilitate collaboration and provide technical assistance

In this report's LHD survey, 84% of respondents stated that regional coordination has been effective. The forum provided by regional public health department coalitions has been one of the most important places where neighboring LHDs have been able to work together to ensure an equitable response and recovery. Health orders and guidance that cross jurisdictional boundaries are more effective than those that are siloed, and discourage people from going to the next city or county to engage in activities not allowed in their own jurisdiction. Supporting these regional public health department coalitions in building regional capacity to elevate equity is critical for their ongoing equity work, as well as preparing for future emergencies. The regional public health department coalitions including: 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), have an important role in convening LHDs, sharing updates, providing technical assistance, and generating regionally-specific guidance and resources. They have deep relationships and are trusted partners with many LHDs and community-based organizations, and demonstrated experience bridging these relationships and providing technical assistance at a regionally focused level. These groups need more support and resources to assist their members with elevating health equity and acting in a more collaborative and coordinated way on LHD operations, public guidance, and policymaking.



## Ensure culturally competent communications and messaging about orders/guidance

Because orders and guidance shift rapidly in an emergency, there needs to be a greater emphasis on ensuring all communications and messaging can reach everyone, especially those who will be most impacted. It is important that all health orders and guidance be translated into multiple languages, and disseminated via ethnic media and other platforms where they can reach their intended audiences. Community-based organizations need to be looked toward as trusted messengers to deliver these communications to the most impacted communities.

## Engage public relations for public health messaging

Communications has been a major challenge for LHDs during the pandemic, and a stronger focus on public relations could have helped garner more support. The message that public health orders actually help us reopen the economy more quickly and safely could have been more effectively conveyed early on in the pandemic to combat the resistance that emerged. Instead, it got lost, and counter-messaging stating the exact opposite got stronger as pressure to reopen grew. State and LHDs would benefit from hiring a public relations firm to assist with messaging local and state health orders and developing a comprehensive and equity-focused communications strategy. This strategy could assist with more effectively translating the science into more compelling messages, and reaching target audiences such as elected officials. There are national examples such as the [Public Health Communications Collaborative](#) that have developed communications materials from a national perspective, but a more localized public relations efforts would reach more people locally and build greater support among communities across the State and encourage them to do their part to defeat COVID-19.

*“Public health really needs a heavy communications budget. Not health education professionals, but communications and public relations firms. The messaging would be better embedded in the psyche of the communities, it would make it be a value”*  
Philanthropy executive interviewee

*“Public health needs a PR Agent”* Philanthropy executive interviewee

