Supporting Communities and Local Public Health Departments During COVID-19 and Beyond—a Roadmap for Equitable and Transformative Change

EXECUTIVE SUMMARY

Public Health Alliance™ OF SOUTHERN CALIFORNIA

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This is the executive summary 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.

INTRODUCTION

The COVID-19 pandemic has caused immeasurable devastation and loss for individuals, families, communities, the State of California, and the nation. As of July 2022, COVID-19 has claimed over 6.3 million lives globally, over 1 million in the United States, and over 91,000 in California. These grave statistics do not begin to capture the emotional, social, and economic impacts that have unfolded since the pandemic began in March 2020, especially among communities of color, low-income communities, and those working on the frontlines in essential services. Furthermore, the chronic disinvestment in communities and systems designed to serve communities, such as public health, undermined the collective capacity for an efficient, effective, and equitable response. In the wake of this crisis, California and the nation are poised to transform their systems in a way that was not possible before, to advance an equitable and just future. Transitioning from short-term crisis response to longer-term recovery, provides a unique moment to catalyze transformative action to reimagine and rebuild systems, strengthen communities, and redefine social contracts with community resilience and equity at the core. The transformation will require co-visioning, and co-creating with community leaders and members to ensure that as California rebuilds its systems, the needs and priorities of communities most disproportionately impacted by inequities are the driving force and pillars of our reimagined systems.

Over the past decade alone, local and state health departments lost

20%

of their workforce, and LHD budgets shrank by as much as

24%

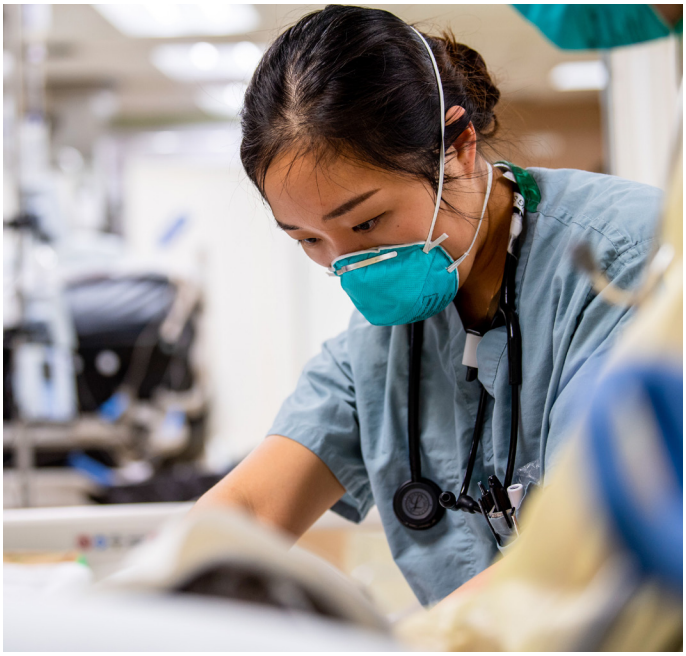
State and federal decisions have led to California's LHDs receiving

$177 million less

in total funding in 2018–2019 versus 2007–2008.

"Partnerships with CBOs were essential to the effectiveness of our [LHD] outreach program 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 interviewee, 2020

The California Department of Public Health's Office of Health Equity contracted with the Public Health Alliance of Southern California (Public Health Alliance) to produce this report with policy, program, and resource recommendations, and best practice examples, ensuring that local public health departments (LHDs) are adequately prepared to protect communities most vulnerable to the health and socioeconomic impacts of COVID-19 as well as future public health emergencies. This report elevates best practices, including local public health department, community-based, healthcare, and philanthropic efforts, to support communities most vulnerable to the impacts of COVID-19 throughout the response and recovery process. Research for this report took place from October 2020 thru January 2021 and represents the context of that time period. Certain statistics have been updated to reflect the most recent data as of July 2022, however the majority of the content of this report is reflective of the time period outlined above.



"When will public health and the critical role it plays in improving the quality of life collectively in the present and overall safety of communities in the future truly be realized?"
LHD interviewee, 2020

METHODOLOGY

To inform the content of this report, the Public Health Alliance collected information and insight from the following sources: 68 key informant interviews across sectors, including public health, community, healthcare, philanthropy and others; 110 survey responses; local, regional, and state level public health professional meetings; and a scan and review of policy and best practices.

This report is broken down into seven key content areas that emerged through in-depth interviews, surveys, and practice and policy scans over the past year with diverse stakeholders, including: public health professionals and data experts, community-based organizations and advocates, healthcare systems and health plans, philanthropic groups, and labor organizations.

1. **Bolster Investments in Public Health Departments and Communities to Advance Health Equity**
2. **Build a Resilient Equity-Focused Local Public Health Workforce for the 21st Century**
3. **Embed Equity throughout Local Public Health Department Emergency Planning, Response and Recovery**
4. **Catalyze Transformative Shifts in Utilizing Data**
5. **Advance Health Equity and Strengthen Resilience through Ongoing Community-Informed Policy and Practice Changes**
6. **Ensure Greater Coordination, Collaboration, and Consideration of Equity Impacts when Issuing Health Orders and Guidance**
7. **Build Effective, Actionable Partnerships between Local Public Health and Healthcare Systems**

Each section includes high level framing, challenges that influenced the COVID-19 emergency response and recovery, best practices, and a mixture of practical, short-term recommendations, and long-term guidance to address structural issues. The major challenges and associated best practices explored in the report include:

CHALLENGES & BEST PRACTICES

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Bolster Investments in Public Health Departments and Communities to Advance Health Equity	Public health departments have been chronically underfunded for decades, and the shift to pandemic response had major impacts on local public health department capacity and funding to protect the health of communities most impacted by inequities	• Federal funding and equity-based targeted investment plans • Pooled funding to enhance local public health department capacity
	Lack of resources and investments for community-based organizations to address the response and recovery	• Local health departments used fiscal intermediaries to allocate funds more quickly to community-based partners • Philanthropy made quick shifts in grantmaking to support rapid COVID-19 response activities, including support for community-based organizations
	Pandemic funding has focused on addressing short-term immediate needs, not long-term needs to build a more sustainable infrastructure, and to address root causes and the social determinants of health	• Emergency pandemic funding stabilized public health funding in many states
	Pandemic funding has had challenging requirements that have hindered an equitable response	
	Multi-sector partnerships between LHDs, CBOs and other sectors were stalled or slowed by the pandemic due to a lack of capacity	• Robust, established partnerships between public health, healthcare and the community enabled quick pivots to adapt to COVID-19 needs

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Build a Resilient Equity-Focused Local Public Health Workforce for the 21st Century	The COVID-19 emergency exacerbated existing chronic staffing shortages	• Local health departments worked quickly to rapidly hire and on-board staff, including case investigators, contact tracers, nurses, and others • Expansion of networks of Community Health Workers and Promotores increased outreach to and support for impacted communities
	Staff often do not reflect communities most burdened by inequities and disproportionate health impacts	• Funded programs within local public health departments designed to build trust, connect residents to resources, and navigate health and economic issues for disproportionately impacted communities • Inclusion of Community Organizer positions within local public health department staffing structure
	Lack of specialized staff, including epidemiologists, public health nurses, communicable disease specialists, and health equity experts	
	Diversion of staff from other critical public health programs that provide support to vulnerable populations	
	Local health departments are frequently in crisis response mode, therefore many departments are unable to prioritize health equity and the social determinants of health	• Local governments, in partnership with local public health departments and other sectors, passed critically important policies and programs to help protect and support communities disproportionately impacted by COVID-19

"We do not have enough staffing to support COVID nor the other emergencies we are facing such as the equity crisis, fires, public safety power shutoffs, extreme weather, economic stress, and the mental health crisis"
LHD respondent

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Embed Equity throughout Local Public Health Department Emergency Planning, Response and Recovery Processes	Many jurisdictions did not have structurally funded or sufficient equity staff in place to help lead efforts throughout response	• Local health departments utilized COVID-19 resources to advance health equity • Leveraging regional local public health department coalitions to provide critical equity support
	A model/uniform approach for embedding equity into emergency response did not previously exist; this has led to inconsistent processes for addressing disproportionate impact	• 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 • Embedding an Equity Officer in the ICS Structure
	Community-based partnership 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	• Authentic collaborative partnerships between local public health departments and community-based organizations
	There have been inconsistent opportunities to fund community-based partners throughout the crisis; when funding has been available, internal governmental contracting/procurement processes have created barriers to funding for some community-based organizations	• Ensuring funds quickly and efficiently reach community partners • Leveraging trusted community partners to streamline critical funding needs

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Embed Equity throughout Local Health Department Emergency Planning, Response and Recovery Processes *(continued)*	There have been ongoing challenges in creating culturally relevant and effective public health messaging for communities most impacted by the COVID-19 crisis	• Partnering with trusted community partners and messengers for culturally relevant, in-language outreach and communications support
	It has been difficult to find effective ways of reaching disproportionately impacted community members throughout the crisis	• Leveraged county's "Reverse 911" systems to send urgent communications related to the pandemic to their community members most vulnerable to the crisis • Deployed Promotores or Community Health Worker models to reach members of their communities most vulnerable to the health and economic impacts of the crisis • Local, community-based radio stations have been vital resources for many Latinx and Indigenous community members in those communities
Catalyze Transformative Shifts in Utilizing Data	Missing, incomplete, or inaccurate demographic data – particularly by race/ethnicity, alone or as a stratification variable for other outcomes – impede monitoring and addressing equity impacts	• State mandated the collection of race/ethnicity and sexual orientation and gender identity data
	Outdated and inflexible data systems paired with a lack of data standards failed to meet demands of COVID-19 response	• Enhancements of existing systems to reduce burden of reporting and increase uniformity and transparency
	Missing or incomplete methodology provided for State-required COVID-19 surveillance and reopening metrics	• State shared statistical code used by the California Department of Public Health to generate Blueprint metrics with local public health departments
	Communicating data to communities	• Local health departments released data disaggregated by gender and race/ethnicity • Local health departments analyzed their data to better understand the COVID-19 among their vulnerable populations, and identify local strategies and resources to address disparities in COVID-19 outcomes

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Advance Health Equity and Strengthen Resilience through Ongoing Community-Informed Policy and Practice Changes	The impact of structural racism and systemic disinvestment on health outcomes has been amplified throughout the pandemic; jurisdictions were not well equipped to communicate and address the role of structural racism on health inequities throughout the pandemic	• Declaring racism a public health crisis and developing strategies for addressing and dismantling the impact of racism on health outcomes
	Prior to COVID-19, there was not a consistent statewide mechanism in place for prioritizing disproportionately impacted communities in public health emergencies, resource allocation and policy decisions	• Established mechanisms to prioritize communities most impacted by Inequities, like the Health Equity Metric
	Policies in place at the federal, state and local levels prior to the crisis proved insufficient for addressing the needs of disproportionately impacted community members during the crisis; policy changes that occurred to address those needs during the pandemic, must be institutionalized long-term in order to better support individuals and families most impacted by inequities	• Established public health councils • Implemented "hero pay" for frontline workers • Strengthened eviction protections and rental assistance support • Increased and expanded food assistance
	Social service supports available to disproportionately impacted individuals and families before the crisis, proved insufficient during the crisis; eligibility restrictions and access challenges have created additional barriers for those most in need of assistance	• Expanded housing for those who needed it the most • Connected residents to basic resources • Provided vital financial support for undocumented residents
	The compounding impact of climate change further exacerbates inequitable outcomes during public health and climate emergencies	• Local health departments issued guidance for responding to climate events during the COVID-19 emergency

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Ensure Greater Coordination, Collaboration, and Consideration of Equity Impacts when Issuing Health Orders and Guidance	Coordination issues between different levels of government led to conflicting communications and messaging	• Regional public health coalitions provided valuable space for open dialogue, constructive brain-storming, and coordinated decision making • Regional public health coalitions provided technical assistance and acted as a staff extender for overstretched local public health departments • Statewide public health associations provided resources and a clearinghouse of COVID-19 information and updates through regular meetings, daily email updates, listservs, and other critical information sharing
	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	• Advocacy partners provided guidance on the legal authority of local public health officials to issue health orders and guidance in the face of threats
	Almost all health directors/officers received harassment and even death threats	• Many public health, philanthropic, and advocacy partners issued supportive statements • Philanthropy also provided rapid response communications for several local public health departments who were dealing with these threats
	Health orders and guidance were difficult to communicate and disseminate to the most impacted communities	• Local public health departments conducted regular telebriefings with specific sectors throughout the response • Philanthropy created an ethnic media guide, funded ethnic media outlets to provide information to the most impacted and hardest to reach communities • Community partners created culturally & linguistically appropriate, consumer-friendly materials for COVID-19

	CHALLENGES	BEST PRACTICES HIGHLIGHTED
Build Effective, Actionable Partnerships Between Local Public Health and Healthcare Systems	Overall lack of coordination and communication between the public health and healthcare systems	• Established communication and coordination between healthcare and public health systems • Cross-jurisdiction coordination between healthcare systems and health plans
	Difficulties making organizational and operational changes to reflect different local public health orders	• Regional trade organizations and professional associations facilitated coordinated response activities
	Challenges collecting, sharing, and using data between healthcare systems and public health	• Communication between healthcare systems and regional public health coalitions
	Inability to capture inequities using global, aggregated data analysis	
	Dramatic increase in social needs rapidly followed "stay at home" orders and business closures	• Healthcare systems and health plans pivoted resources to meet social needs of patients
	Limited ability to address root causes of COVID-19 disproportionate impacts	• Healthcare systems investing in place-based, upstream initiatives
	COVID-19 revealed the serious vulnerability of long-term care facilities	• Deployment of skilled-nursing facility strike teams to mitigate outbreaks • Organized local resources to meet staffing and supply needs
	Healthcare system is more prepared for short-term than long-term emergencies	• Rapid acquisition and distribution of PPE • Implementation of strategies to reduce exposure risk and burden on healthcare systems
	Negative financial impact on the healthcare system	• Rapid advocacy for telehealth to support patient access and healthcare system resilience • Maintain and support clinic and provider financial health

RECOMMENDATIONS

Each section also includes a robust set of recommendations for diverse actors and stakeholders, including local, state, and federal agencies, private sector partners in healthcare and philanthropy, and community-based organization and advocates. The recommendations were crafted to advance equity in ongoing COVID-19 emergency response, longer-term recovery efforts, and innovative strategies to further transformational change in essential systems. The sections include the following recommendations:

	RECOMMENDATIONS
Bolster Investments in Public Health Departments and Communities to Advance Health Equity	• Significantly increase funding for local public health departments • Invest in communities in ways that support public health and addresses health inequities • Infuse a health and equity in all policies approach with investments from other sectors • Promote innovative community investment strategies to address community health and equity • Ensure healthcare funding streams include investments in public health and community needs • Develop a statewide equitable public health resilience plan
Build a Resilient Equity-Focused Local Public Health Workforce for the 21st Century	• Establish programs and funding to advance a community-centered public health workforce • Adopt and implement structural changes to internal policies to retain, support, and promote staff, with a specific focus on communities most impacted by inequities • Establish standing, funded community-based partnership programs to strengthen the public health system • Increase cross-training for public health staff to strengthen and support a more nimble workforce • Coordinate with State and Federal public health agencies and leaders to establish incentives to draw and retain a robust public health workforce • Establish a national public health reserve program to rapidly expand the public health workforce during emergencies • Develop a statewide public health workforce resilience plan

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

- 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

Catalyze Transformative Shifts in Utilizing Data

- Support development of a modern public health data infrastructure
- Integrate local public health department stakeholders in state governance of data for policies, practices, and metrics
- Institute "Health Equity Metrics" across State and local government operations and investments
- Expand and improve collection of demographic data
- Standardize data practices statewide, in collaboration with local public health departments, to more effectively track disparities
- Support comprehensive and transparent public reporting of impact data
- Develop a unified, bidirectional statewide health information exchange with interoperability between State and local public health departments, and healthcare and hospital systems

Advance Health Equity and Strengthen Resilience through Ongoing Community-Informed Policy and Practice Changes

- Address racism as a public health crisis
- Support community-informed policy priorities both locally and in State and Federal policy priorities
- Institutionalize the use of a health equity framework, including the development of health equity metrics, in ongoing investment and resource allocation decisions
- Center communities most impacted by inequities in policy, program and resource allocation decisions
- Conduct a comprehensive review of emergency assistance funding sources at the Federal level and work to remove eligibility restrictions when said restrictions prohibit individuals from obtaining resources needed during an emergency
- Expand access to resources and protections needed to meet immediate social needs and protect health and safety during COVID-19 and beyond
- Identify and fund comprehensive strategies to strengthen community resilience during COVID-19 and in preparation for future public health and climate emergencies

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

- 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

"COVID impacts made it clear that equity and [social determinants of health] must be at the forefront of healthcare"
Healthcare interviewee

Build Effective, Actionable Partnerships between Local Public Health and Healthcare Systems

- Build and support stronger partnerships between healthcare, public health and community
- Develop a unified, bidirectional statewide health information exchange
- Establish effective, efficient, ethical and equitable data sharing agreements
- Embed equity into healthcare system emergency response structures
- Assess and address healthcare system vulnerabilities for future emergencies
- Improve oversight and resilience of long-term care facilities
- Support and expand opportunities for telehealth and telemedicine
- Incentivize pay for value-based care versus volume
- Leverage resources made available through Medicaid demonstration waivers to advance health equity
- Establish collaboratively funded investment mechanisms to advance equity and prevention
- Ensure existing healthcare funding streams include investments in prevention and local public health departments

CONCLUSION

This report provides a roadmap forward. It is informed by many firsthand accounts from community-based organizations, local public health departments, health systems, philanthropy and other sectors who were on the frontlines or served as intermediaries for groups experiencing the most inequitable impacts of this pandemic. Each of the seven content areas outline ways that the nation's systems both supported, and failed, the communities most impacted by COVID-19 and other longstanding health inequities and racial injustices. The report also provides concrete recommendations and emergent best practices for moving forward. Out of necessity, the pandemic provided the nation's systems with opportunities to rethink traditional approaches and test new models. There were many best practices of rapid adaptation to protect and support the most impacted communities, as well as sweeping and novel equity-driven approaches implemented across the State. Some of these approaches should be continued and expanded, while others that were not implemented can be advanced and explored. Promoting greater innovation in the approaches to addressing health inequities and racial injustices will catalyze the actions needed to reimagine and rebuild public health systems, strengthen communities, and redefine social contracts with community resilience and equity at the core.