

# COVID-19 Communication Hot Washes for Local Public Health

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*Breakout #405: 10-11 AM*

# Schedule/Objectives

- ▶ Hot Wash Procedure
- ▶ Findings from Hot Washes
- ▶ Reactions & Discussion
- ▶ Next Steps

# Process

- ▶ Need
- ▶ Development
- ▶ Hot Wash Planning
- ▶ Recruitment
- ▶ Conduct
- ▶ Reports and Next Steps

# Timeline

- ▶ MMDHD/CMDHD/DHD#10
- ▶ Jackson/Calhoun/Kalamazoo
- ▶ Macomb/St. Clair
- ▶ Bay/Saginaw
- ▶ Detroit
- ▶ Final Report
- ▶ Distribution
- ▶ September 2020
- ▶ January 2021
- ▶ May 2021
- ▶ July 2021
- ▶ October 2021
- ▶ December 2021
- ▶ February 2022

# Findings

- ▶ MDHHS Public Information Office
- ▶ Vaccination Supply and Distribution
- ▶ State Orders, Guidelines and Communication
- ▶ Emergency Preparedness
- ▶ Testing, Contact Tracing, and Quarantines
- ▶ School Guidance, Athletics and Mandates
- ▶ Private Providers/Healthcare Systems
- ▶ Other Issues

# MDHHS Public Information Office

- ▶ + MDHHS responded well to requests; PIO Listserv and calls were useful
- ▶ - Entities at MDHHS and Governor's Office were not always on the same page
- ▶ Ensure all entities at the State are kept up-to-date on orders and other COVID-19 related information

# Vaccination Supply & Distribution

- ▶ + UM Lighthouse COVID-19 data mapping helped
- ▶ + Emergency Preparedness plans were useful
- ▶ - Not always an articulated plan for vaccine distribution
- ▶ - Expanded cohorts announced before sufficient vaccine supply
  
- ▶ LHDs should coordinate/manage vaccine distribution in their jurisdictions

# State Orders, Guidelines, Communication

- ▶ + In some jurisdictions – little compliance issues
- ▶ - Announcements made without input from LHDs
- ▶ - Inconsistent enforcement occurred
  
- ▶ Genuinely seek input from LHDs on construct of orders and guidance
- ▶ Give LHDs embargoed information as early as possible; MDHHS, LHDs and Governor's office should be in agreement on messaging
- ▶ Strive for uniform procedures, orders and enforcement across the state



# Emergency Preparedness

- ▶ + Emergency preparedness plans were useful, when used
- ▶ - Emergency preparedness often ignored
- ▶ - Incident Command used inconsistently
  
- ▶ Use existing pandemic plans (or modifications)
- ▶ Use Incident Command to manage future outbreaks/crises

# Testing, Contact Tracing & Quarantines

- ▶ + TraceForce was useful
- ▶ + Intervention effective with small outbreaks
- ▶ - Became overwhelming, with negative effect on staff
  
- ▶ Limit use of contact tracing when case counts overwhelm the effort
- ▶ Develop timely and positive feedback for contact tracers and managers

# School Guidance, Athletics & Mandates

- ▶ + Early in pandemic LHDs created a school reopening guidance
- ▶ - Inconsistent enforcement and masking policy
- ▶ Send timely school guidance (and the logic behind it)
- ▶ Orders should be statewide and uniform (e.g., masking or quarantine)
- ▶ Send guidance sooner

# Private Provider/Health Care Systems

- ▶ + Meetings with hospital CEOs were effective
- ▶ - Capacity for LHD communication was limited
- ▶ Use statewide agencies/advising organizations to communicate consistent messaging (e.g., Department of Licensing and Regulatory Affairs, Michigan State Medical Society, Michigan Primary Care Association, Michigan Nursing Association, Michigan Health and Hospital Association)
- ▶ Medical advisory organizations should monitor the Michigan Health Alert Network

- ▶ + Consistency of messaging was useful
- ▶ + Hiring COVID-19 dedicated communication staff was effective
- ▶ - Numerous agencies created disruption for LHDs
- ▶ - Politics, disinformation and misinformation created conflict
- ▶ Counter political negative effects on public health policy
- ▶ Develop and implement a coordinated plan to confront disinformation/misinformation
- ▶ Reorganize so that a singular Michigan Department of Public Health is part of cabinet
- ▶ LHDs should coordinate/approve use of any outside agencies in their jurisdictions

# Limitations

- ▶ Scope: 11 of 45 LHDs, 50 of 3000+ employees
- ▶ LHDs only
- ▶ Focus groups
- ▶ Positive findings
- ▶ Hot Washes conducted over one year & are a “Snapshot in Time”
- ▶ Issues transitioned
- ▶ Some issues mitigated before report

# Report Distribution

MALPH Website

MALPH Board & Forums

Public Health Advisory Council

MDHHS

MPPHC

# Summary

- ▶ *MALPH and local health department officials should have input into development of statewide guidance and orders, in addition to receiving embargoed versions so that local messaging can be prepared*
- ▶ *Orders should be statewide and consistently implemented across jurisdictions*
- ▶ *Local health departments should coordinate and manage vaccine allocations in their jurisdictions*
- ▶ *Existing emergency preparedness plans should be used, with modifications as necessary. Future outbreaks and crises should be managed using Incident Command at all levels*
- ▶ *All parties should develop a strategy to mitigate the effect of disinformation and misinformation on public health programming*
- ▶ *A cabinet level Michigan Department of Public Health should be created*



# Contact Information

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