COVID-19 Communication Hot Washes for Local Public Health

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Michigan Premier Public Health Conference
Grand Rapids, Michigan
Friday, June 17, 2022
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 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/crisis
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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