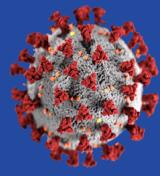


Chapter 7

Public Communications





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Chapter 7 – Public Communications

Version History

Version #	Date	Notes
0.1	10/4/2022	First Draft submitted to CPR Team
0.2	12/16/2022	Final Draft revised per review by CPR Team
0.3	2/10/2023	Final Draft revised per review by CPR Leadership
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0.5	1/19/2024	Final Draft revised per Expert review
1.0	5/24/2024	Final revised per CDPH Directorate review
1.1	3/12/2025	Final rebranded

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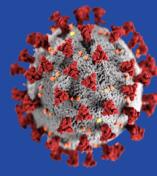
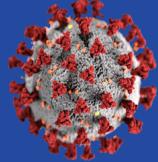


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7. Public Communications

Public Health Emergency Preparedness and Response Capabilities: Community Preparedness; Emergency Public Information and Warning; Information Sharing.

Related CDPH AAR Chapters: Public Call Center.

In this chapter, some abbreviations may be used interchangeably with their respective full spellings for ease of reading.

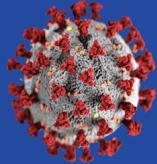
Chapter Summary

Overview

This section provides a high-level overview of milestones and activities related to this chapter.

The CDPH communications office is responsible for public health communications. Prior to the pandemic, the communications office, a small team with 17 positions, primarily responded to media inquiries and coordinated the posting of content on the department's website. In January 2020, due to COVID-19 repatriation, the arrival of cruise ships with COVID-19 positive passengers, and the first COVID-19 cases detected in California, the communications office became inundated with requests for information from media outlets, stakeholders, and the public. CDPH quickly realized the communications office was under-resourced and needed to expand its communications capabilities.

In response, CDPH increased its social media presence, created a team dedicated to outreach and education activities, expanded its capacity to respond to media inquiries, and improved the department's website. This resulted in a substantial increase in followers across the major social media platforms and improved CDPH's ability to disseminate information in real-time. The new outreach and education function allowed CDPH to better engage with traditionally under-served populations and communities, compile a knowledge base of information, and provide COVID-19 communication toolkits for the public, community-based organizations, and local health jurisdictions (LHJs) to use. In addition, the Department's revamped website allowed users to more easily navigate and find the information they were looking for. Based on these learnings, and investments under the Future of Public Health, the



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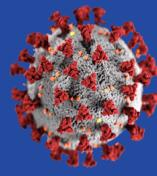
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communications office staff has since grown to 45 positions, as of September 2022, and developed expertise to provide public communications across a variety of channels including media relations (news releases, news events, response to media inquiries), outreach and education activities (developing and sharing educational materials across digital channels including social media), and improving distribution of communications via the Department's website.

An important partner in public communications has been LHJs. Early on, CDPH staff worked with the LHJ Public Information Officers (PIOs) to understand the information needs and identify ways to make messages empowering and impactful within the local communities. CDPH supported this important partnership with a weekly e-newsletter that provided timely information and resources LHJs could use to reach out to their own communities. CDPH was able to enlist the LHJs' assistance in outreach and communications through the use of CDPH-produced assets, that were designed to educate and engage traditionally under-served communities other populations that were disproportionately impacted by the pandemic, including farmworkers, healthcare workers, teachers, school and university administrators , parents, students, families living in multi-generational households, and some racial and ethnic communities, including Latinx, African-American, and American Indian populations.

Concurrent with the arrival of COVID-19 vaccines in California in December 2020, the State also launched the [Vaccinate All 58](#) (VA58) campaign to disseminate accurate, relevant, and timely information on the COVID-19 vaccine initial series and boosters to the public, vaccine providers, LHJs, and elected officials. The VA58 campaign focused on equitably vaccinating all Californians and increasing the State's overall COVID-19 vaccination uptake rate. The campaign conducted its own evaluation and, therefore, is not addressed in this report.

Additionally, CDPH initiated different public communications associated with specific workstreams and response areas, including testing, contact tracing and CA Notify, vaccines, therapeutics, long COVID, and pregnancy and COVID-19. For instance, the therapeutics communications team provided timely information to the public, providers, and LHJs on therapeutics ordering, grants, clinical considerations, and the Test to Treat Program. For further discussion, refer to the Therapeutics chapter in this AAR. For communications specific to other



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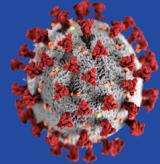
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workstreams, such as Contact Tracing and Testing or Vaccines, refer to the respective chapters in this AAR.

For a discussion of the CDPH Public Call Center, refer to the Public Call Center chapter in this AAR.

For a discussion of how policy development and guidance impacted the approval process and coordination of public communications, refer to the Policy Development and Guidance chapter in this AAR.

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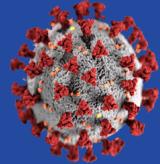
Main Strengths and Successes

This section describes the Main Strengths and Successes, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these strengths and successes can be found in the Analysis of Activities section.

1. CDPH's Office of Communications disseminated a substantial amount of information to the public, including traditionally under-served populations, through a variety of existing and new channels.

At the beginning of the pandemic, little was known about the novel coronavirus. CDPH's communications office began receiving media inquiries in early January 2020, and quickly became inundated with requests for information "on every question imaginable." While the office had focused mainly on media requests and website content coordination prior to the pandemic, it pivoted to grow and improve its communications capacity and channels (including daily news releases, a revamped website, flyers, communication toolkits, paid media campaigns, and proactive outreach on multiple social media platforms) in order to reach a wider public audience. Its social media communications expanded significantly in scope and reach, and quickly became the preferred way to disseminate factual information and prevention messages in real time. Additionally, CDPH partnered with LJs to identify ways to reach traditionally under-served populations and communities, and created accessible materials and resources in many languages to reach more Californians. Finally, a successful paid media campaign that engaged all Californians, with a focus on critical workers and the Latinx and African-American populations, created awareness about how to slow the spread of the disease. All of these channels allowed CDPH to disseminate up-to-date and consistent messages to the public quickly and effectively.

Finding/Corrective Action: CDPH has the opportunity to continue to use innovative communication strategies via multiple channels to disseminate public health information quickly to the public, including specific or traditionally under-served populations. (*ID: Public Communications 1*)



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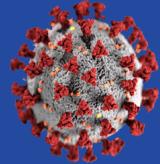
2. CDPH expanded both the numbers and skillsets of its communications team to meet changing pandemic communication needs.

Prior to the pandemic, the communications office was small and devoted largely to media relations and website content. At the beginning of the pandemic, as the public demand for information increased, CDPH recognized it was under-resourced to deliver a robust, comprehensive communications strategy. Consequently, CDPH began to expand its capacity in social media, web and outreach and education activities to meet the growing communications needs and reach key populations. For instance, CDPH hired a digital media specialist to implement an expanded social media strategy and publish a newsletter for LHJs. In addition, CDPH created a new team devoted to outreach and education. This new team was tasked with developing ways to reach out to traditionally under-served populations and communities (e.g., farm workers and ethnic minorities). In addition to focusing on outreach, this team also emphasized the importance of public education, and developed a knowledge base of information and toolkits for the public and LHJs. As a result, the communications office increased its staff from 17 at the beginning of the pandemic to 45 positions, as of September 2022, and expanded its capabilities in order to respond effectively to its key partners and communicate information in a dynamic environment.

Finding/corrective action: CDPH has the opportunity to anticipate and plan for pandemic staffing needs to support public communications activities, including identifying gaps in functional areas and determining the needed expertise to address those gaps. (*ID: Public Communications 2*)

3. Over time, CDPH utilized industry best practices and revamped its website so that users could easily navigate and find the information they were looking for.

The constantly changing nature of the pandemic increased the amount of content that CDPH programs needed to create and post. But as more content was created and new public health orders and guidance were issued, CDPH's website became increasingly difficult to navigate and



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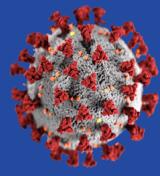
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contained outdated, static content. In response, the web team began to implement industry best practices to accommodate constantly changing information and content. As part of this effort, the web team advised content contributors on web content standards and best practices, and procedures for keeping content current. In addition, they deployed “evergreen links,” which minimized the need to update the same content in multiple places. CDPH also hired a contractor to redesign its COVID-19 webpages to provide a better user experience. Relaunched at the end of 2020, the revised website offered a new look and feel as well as enhanced search functionality to better help users find COVID-19 information. These efforts improved the way CDPH disseminated public health information through its website, with the goal of improving the public’s user experience.

Finding/Corrective Action: CDPH improved the usability of its departmental website over time and should continue to apply industry best practices to keep its website current. (*ID: Public Communications 3*)

4. Streamlined messaging approval process allowed CDPH to rapidly launch and produce the successful paid advertising “Mother” campaign that educated targeted populations on how to reduce the spread over the Winter 2020 surge.

The Governor’s Office and CDPH initiated the paid advertising “Mother” campaign to address the Winter 2020 COVID-19 surge. The campaign targeted the population of Latinx and African-American families who were making decisions on holiday activities to make them aware of how their behaviors could help slow the spread of the virus. Prior to the pandemic, a campaign of this magnitude involving television, radio, and digital vendors would take up to a year to produce. However, CDPH was able to produce and launch the campaign in only 12 days. This rapid production timeframe occurred because CDPH altered the normal message approval process for COVID-19-related advertising campaigns, from a long paper process to a verbal approval during the course of a single meeting. The type of production also contributed to the rapid launch because it was a simple production using real people—mothers—telling their stories about their family life and the importance of reducing the spread. The campaign’s success was measured by digital display click through rates, completion rates of



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videos and audio streams, and engagement on social media, all of which surpassed industry standards. One leader remarked that this was “an incredibly successful campaign, because it was the first emotional campaign that highlighted the heavy impact and toll of COVID-19.”

Finding/Corrective Action: CDPH has the opportunity to utilize the streamlined messaging approval process in future pandemics that deploy innovative messaging to targeted populations. (ID: Public Communications 4)

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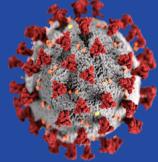
Main Challenges and Lessons Learned

This section describes the Main Challenges and Lessons Learned, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these challenges and lessons learned can be found in the Analysis of Activities section.

5. It was extraordinarily difficult to execute a statewide coordinated and consistent communications response.

Initially, the CDPH Office of Communications' media relations team handled incoming media inquiries with little involvement from the California Health and Human Services Agency (CalHHS) or the Governor's Office, because COVID-19 was viewed solely as a public health concern. Very quickly though, the CDPH media relations team became overwhelmed with the volume of media inquiries and struggled to address the misinformation that was circulating in social media. In February 2020, CDPH leadership decided to establish a Joint Information Center (JIC) in the CDPH Office of Emergency Preparedness, Medical and Health Coordination Center. The JIC was a physical location at CDPH where members of the media relations team worked together to handle crises communications and public affairs functions. Although not all members of the team had previously received training in JIC responsibilities, they developed a process and tracking method to handle the workload. In addition, CalHHS public information officers and emergency services officers from other State departments rotated into the CDPH JIC to assist with communications. With repatriation and the arrival of cruise ships with COVID-19 cases, the Governor's Office recognized this was an emergency that spanned all of State government and transitioned the JIC to Cal OES at the end of March 2020. The multi-agency representatives worked onsite together to deliver a coordinated response until the decision was made to work remotely in May 2020. At that point, one leader noted that "communications took on a life of its own" with CDPH media relations, CalHHS, the Governor's Office, and eventually VA58 no longer functioning through a single JIC, but creating messaging through separate communications teams.

Finding/Corrective Action: Evaluate the need for a Joint Information Center at either CDPH, for a single agency public health response, or



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Cal OES, for a multi-agency span of government response, and stand it up as soon as possible at the start of the pandemic. (*ID: Public Communications 5*)

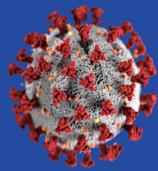
6. Due to the lack of a documented approval process, it was challenging to navigate the approval chain and disseminate public communications in a timely manner.

The initial lack of a clear approval process for external communications presented many challenges to the dissemination of timely public communications. According to one SME, “it took so many people to get approval and the message was constantly changing.” Often it was unclear who was responsible for providing approval, especially on weekends; and approval was often needed from CalHHS and the Governor’s Office. In these cases, CDPH communications leadership would coordinate with CalHHS and the Governor’s Office to obtain the required approvals, but this process also created bottlenecks and delays if staff had follow-up clarifications or questions. Having a single contact point for all communications approvals and interactions “up the chain” impeded CDPH’s ability to disseminate public information in a timely manner. At some point during the initial response, a separate JIC of key communicators within the administration was established to help streamline the approval of messages.

Finding/Corrective Action: Establish and document an approval process that identifies responsibilities for approval, sequence of approvers including final approval through the JIC, and timeframe for approval for public communications. (*ID: Public Communications 6*)

7. Due to numerous websites and resources, it was confusing for the public to find information and challenging for State staff to keep information aligned across websites.

Beginning in November 2019, CDPH’s web team began adding COVID-19 content to its departmental website, including the number of COVID-19 cases. This website is public-health oriented and was the source for public health orders and other COVID-19-related guidance. Early in the pandemic, the State also launched a separate website for general public communications, a Governor’s Office initiative that was managed by a different team. It contained more general information



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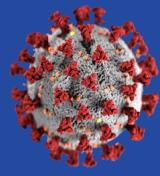
and linked to other websites and resources, such as hotlines and local information, social media sharing, Safe Schools for All, Vaccinate All 58, Safer at Work, CA Notify, and My Turn. However, the existence of two COVID-19 websites created confusion for the public and coordination challenges for the State teams. As one leader noted “all of these resources were useful for their intended purposes, but the drawback was that there many places to go for information,” and “the public didn’t necessarily understand the nuances among the different sites.” Because there was similar content on both websites, the CDPH communications team consulted frequently with the State website team to ensure alignment, but not every inconsistency was always caught.

Finding/Corrective Action: Maintain one central State website for pandemic-related information. (ID: Public Communications 7)

8. Due to a variety of factors including urgency and volume, the State was often unable to review communications for compliance with the Americans with Disabilities Act (ADA) in a timely manner, which created backlogs.

Typically, program contributors develop their program-specific content (including web, audio, or visual content), which is then reviewed by the communications office for Americans with Disabilities Act compliance. Even though the communications office provides training in standards for accessible design, it takes several months to complete. Because of the lengthy training period, many program contributors do not take advantage of the training, so they are not knowledgeable in accessible design principles. This causes iterations in the review process, as content submissions are sent back to the program contributor to bring content into compliance. The communications office lacked enough staff to review content fast enough. This was due to the sheer volume of information being created, the lack of standard approval processes, and the need to meet urgent deadlines. This created backlogs and prevented certain materials from being communicated in a timely manner.

Finding/Corrective Action: CDPH has the opportunity to ensure content on the website is accessible by providing accessible templates for CDPH Center and Programs to use to create content. (ID: Public Communications 8)



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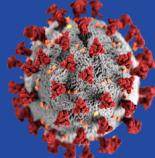
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Analysis of Activities

This section elaborates and provides more detail on the findings, corrective actions, and lessons learned that are presented in the Main Strengths and Successes and the Main Challenges and Lessons Learned sections.

Staff Developed a Process and Tracking Tool to Handle the Large Volume of Media Inquiries

- The communications office received its first COVID-19-related call on January 18, 2020. A media relations team of four CDPH staff was called to action a week later. Prior to the pandemic, the team would receive a few inquiries a day, but “the team rose to the occasion” and quickly ramped up to handle up to about 100 inquiries per day. This volume was “the most the department ever had to deal with,” one SME noted. The team worked on-call in order to be able to respond nearly around the clock. They would respond to emails from CDPH leadership, finalize press releases, edit documents, and clean out the media relations email box late into the night and into the early morning hours to keep up with the volume.
- SMEs commented that they were “drowning in the beginning due to the volume of requests from reporters.” The media relations team struggled to obtain answers to questions from the programmatic experts (e.g., epidemiologists, physicians, or public health experts), because these experts were heavily involved in the response and extremely busy. Consequently, at the end of each day the media relations team would often be left with unanswered questions, which prevented them from crafting responses to the inquiries in a timely manner.
- In February 2020, CDPH leadership established the JIC in the CDPH Office of Emergency Preparedness, Medical Health and Coordination Center. A JIC is an organization of individuals established to arrange all incident-related public information activities. It serves as a single place where public information officials can perform critical emergency information, crisis communications, and public affairs functions. Since the pandemic was initially viewed as a public health emergency, the JIC was established at CDPH and staffed by CDPH employees. Four members of the CDPH media relations team were assigned to the JIC, but they had not all received training in standard JIC responsibilities such as media monitoring, Federal

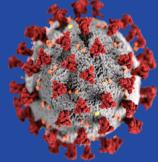


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agency media and information page monitoring, social media monitoring, media response, risk communications, and media response. In addition to this challenge, they worked in a war room that was separated from key leadership and decision-makers, which limited information sharing and coordination.

- Since there were new staff and leadership vacancies in the Office of Communications, CDPH recognized it needed to shore up its media relations capabilities. CalHHS public information officers helped to lead this group. In addition, staff from elsewhere in the department and emergency service officers from outside the department were brought into the CDPH JIC. This included analysts to track inquiries, and log answers that were being provided.
- During the time the media relations team was working together in the CDPH JIC, the team learned how to handle the large volume of media requests to quickly get information out to reporters “through trial and error.” The team developed an email tracking system that directed the media to one inbox that multiple people could view and manage. They also established a color-coded system to triage media requests including identifying which staff to handle the request, who was responsible for approving the message, and when the media request was completed. Once they started tracking this information, the team was better able to monitor their responses for consistency and adapt messages, as necessary. The team continued to use this practice throughout the pandemic and for non-COVID-19 and Mpox media requests.
- By March 2020, the Governor’s Office (GO) recognized this was an emergency that spanned all State departments and decided to move the JIC to Cal OES in order to coordinate a multi-agency response. There the CDPH media relations team worked directly with CalHHS and GO teams in a large conference room. Once the JIC moved to Cal OES, one staff member noted that “everything went smoother” since being in the same location facilitated easier collaboration and coordination across teams. As more multi-agency representatives joined the JIC, however, the room became very crowded and staff feared the spread of COVID-19 with everyone working in close proximity. Consequently, the decision was made to work remotely. One leader noted that once personnel began working remotely the collaboration temporarily broke down. There were “a lot of cooks in the



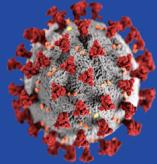
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kitchen,” with CalHHS and the Governor’s Office influencing messaging. At this point, coordinated communications ceased flowing through a single JIC organization. For further discussion of the JIC, refer to the Cal OES After Action Report.

CDPH Launched New Outreach and Education Functions Within the Office of Communications

- Prior to the pandemic, outreach and education campaigns were initiated by the individual CDPH programs, while the communications office focused primarily on media response. With the onset of the pandemic, the LHJs approached CDPH with lists of their wants and needs to educate the public and stakeholders in their communities about COVID-19 and prevention measures. However, CDPH lacked the resources to fulfill those needs on a statewide basis. One leader commented that this was a “blind spot” that CDPH did not have an outreach and education team from the beginning.
- In mid-2020, the communications office launched the new outreach and education team to address these needs. Initially, the team was staffed with just two employees but grew significantly with the addition of contractors. Over time, the branch has built capacity in-house to include staff members with multimedia expertise. Contractors are still utilized, but there is a shift underway from contractors as more in-house staff become permanent.
- At the outset, staff would react to partners’ public communications needs and then create materials or videos to address the need. Then, staff expanded relationships with the LHJs, particularly with their Public Information Officers. CDPH and Cal OES staff arranged weekly, bi-weekly and monthly phone calls with LHJs, which “became a lifeline to the PIOs as we could provide updates and answer their questions.” This strong partnership with the locals enabled CDPH staff to identify the locals’ emerging needs to communicate to targeted populations within their jurisdictions and proactively create videos and other materials.
- The outreach and education work has been guidance driven, rather than campaign driven. With the issuance of new guidance and policies, such as public health orders or updates to statewide plans, the team creates a knowledge base of information and then develops a package of communications tools that includes social media, handouts, videos, and other materials. These toolkits are published on the CDPH website. In addition,



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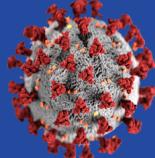
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the team developed and continues to issue a periodic e-newsletter with information that the LHJs can use to reach out to their own communities.

- Prior to the pandemic, CDPH did not have a robust social media presence, at most publishing 40 posts per year to its nearly 18,000 Facebook followers. In Spring 2020, the department hired a digital media specialist to oversee and promote 5-10 social media campaigns, consisting of up to 30 postings per month, including COVID-19 and everyday public health messaging. The number of followers grew to about 276,287 on Facebook, 108,865 on Twitter, and 81,867 on Instagram as of September 2022. Over time, traditional news media came to rely more on the social media feeds for information. One SME commented that “the value of press releases diminished as the social media presence grew.”
- In conjunction with the redesign of the CDPH website, the office worked with a contractor in a rebranding initiative to improve the art, look, and feel in for the department’s COVID-19 branding and style guide. In October 2020, the new branding pieces were published, which “elevated the image” of the messaging, according to one SME.
- As California emerged from the Omicron surge, the Governor launched the [SMARTER Plan](#), to address the next phase of pandemic response. The plan emphasized continued readiness, awareness and flexibility and maintained a focus on communities that were disproportionately impacted. Subsequently, the communications office has emphasized its messaging on the SMARTER steps—shots, masks, awareness, readiness, testing, education and treatment (Rx). Their work increases whenever mandates are lifted or guidance is issued, as the toolkit materials need to be updated and revised.

Coordination and Collaboration Required to Host, Find, and Maintain Information on the State and Departmental Websites

- Beginning in November 2019, when CDPH became aware of the first COVID-19 cases, the web team began adding COVID-19 content to its existing departmental website. This website was public-health-oriented, and initially included data, details, and case numbers. However, the website was “not user friendly, hard to navigate, and not updated frequently enough to be helpful,” according to one SME.
- Still, by March 2020, the CDPH web team was working long after normal business hours 7 days a week to post content to the departmental website.

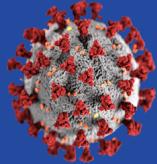


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The web team “received direction from everywhere” and often “did not know who was directing them to post content.” Often, they would receive multiple versions of final drafts, and there was no clear direction on the content owner or approver.

- The launch of the State of California’s website (COVID19.ca.gov) by the Governor’s Office early in the pandemic provided another resource of COVID-19 information. This State website was designed as an easy-to-use portal providing plain language information for the general public. As it was conceived, the State website focused on providing public information from across the Administration whereas the departmental website oriented toward providing public health information, including technical guidance. The State website contains links to other sites and resources, including hotlines and local information, social media sharing, Safe Schools for All, Vaccinate All 58, Safer at Work, CA Notify, and My Turn.
- Even though CDPH and GO staff coordinated almost daily to ensure the two websites were aligned, there were still many duplications and inconsistencies. With two different teams responsible for two different websites, the differences and distinctions between the State site and the departmental site was not clear. This sometimes caused confusion of where to host and find information, as well as ensuring that shared information was consistently maintained. This problem persisted through June 2022 until COVID19.ca.gov was transitioned to CDPH. According to one stakeholder, the goals of the two websites were “so different and have not merged.”
- The CDPH communications leadership “worked hard to resolve the chaos” and became the directors of the content approval process. Prior to and during the pandemic, specific CDPH web content would belong to a particular CDPH program, which would have its own web contributors and own approval process. In contrast, for COVID-19-related content, more people were involved in the approval process, including CDPH communications leadership, and, if necessary, CalHHS and the GO. In general, CDPH communications leadership would obtain approvals from the higher levels of leadership and, once obtained, authorize the web team to update the departmental website. At the end of June 30, 2022, the State website transitioned to CDPH, which is now responsible for posting content, updates, and content maintenance for both websites.



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Department's Website Revamped to Allow Staff to More Easily Update Information and to Provide a Better User Experience

- The CDPH web team traditionally has not developed content. Rather, the team serves as consultants to program contributors regarding the standards for web content, best practices for images, where content should be hosted, and how to update content. Early on, the web team posted contributors' COVID-19-related PDF documents, which was "the worst way to post dynamic information. We transitioned in short order to being more strategic." Consequently, the web team created so-called "evergreen links," as they knew the links would be used for updates down the road. Evergreen links allow updates to be made in just one place, streamlining processes and increasing efficiency.
- Recognizing that the COVID-19-related content on the CDPH website was not easy to navigate, in April 2020 CDPH hired a contractor to redesign the SharePoint-based COVID-19 webpages. The COVID-19 components were subsequently relaunched at the end of 2020 with the goal of providing a better user experience. As they were developing the website structure, the team documented the workflow and process for how to work with stakeholders. During testing, they created standard operating procedures for everyone to follow. In addition, a COVID-19 Web Style Guide was developed to assist content contributors to create content that is consistent in style, voice, and tone.

Communications Office Staff were Challenged to Review Program-developed Content for ADA Accessible Design Standards on a Timely Basis

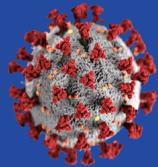
- One of the responsibilities of the communications office is to ensure web, audio, and visual content is compliant with Americans with Disabilities Act, Web Content Accessibility Guidelines (WCAG) 2.0 AA standards and that translated content is ADA accessible as well. Program subject matter experts develop the content and submit it to the communications office for review. If the content is not compliant, communications office staff consult with the SME on how to meet the design standards.
- The communications office staff all have received training in WCAG 2.0 AA standards for accessible design. In addition, the communications office offers the training to program contributors as an option. However, due to the

frequent turnover in program contributors and the length of time (several months) to complete the training, most program contributors have not received this training, and are not knowledgeable about the standards.

- During the pandemic, due to the urgency imposed for posting and publishing information, often the content went to CDPH, CalHHS, and Governor's Office leadership before it was reviewed by the communications office for ADA compliance. By then it was too late for the communications office staff to request that the program contributor fix or change the content. In the case of the website, because of the service level of two hours or less for publishing, staff ensured content was compliant as soon as possible after it had been posted in order to meet the State's standards. For the calendar year ending 2021, the content coming on to the website increased 88% in compliance. In the case of outreach and education materials, there were not enough communications office staff to review the programs' submissions fast enough. Consequently, this created a backlog, which impeded CDPH's ability to publish the outreach and educational content in a timely manner.
- Some program staff were redirected to assist the communications office web team during the pandemic, which proved to be "a great success." One member of the web team stated that the redirected staff were "the right people to step in and do the work." When the redirected staff returned to their regular roles, they expressed to the web team that "they learned a lot and brought skills back to their program."

Successful Paid Media Campaign Created Awareness About how to Slow the Spread of COVID-19

- In the midst of the Winter 2020 surge, the Governor's Office was concerned about families spending time together during the 2020 holiday season and spreading the virus. A paid media "Mothers" campaign was created to educate the public about how their choices and behaviors could stop the spread when they planned their holiday activities. The campaign specifically targeted LatinX and African-American families.
- The campaign used real mothers telling their stories. For example, a woman sitting in a chair talked about her family life and the importance of reducing the spread. The messaging reinforced how important it was for all Californians to stay at home during the holiday season with continued messaging through Valentine's Day. Each target audience was reached



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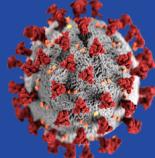
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through several channels, with the goal of building awareness and encouraging behavioral change through an emotional plea.

- This was the rapid stand up of a full-scale media campaign that included television, radio, digital, and social media platforms. Prior to the pandemic, a campaign of this magnitude would take about a year from conception, through production, to launch. However, this campaign was approved in November, production occurred over a 12-day period in early December, and media went on air in mid-December 2020. This accelerated timeframe was made possible by expedited approval processes. One team member noted that there was “a lot of thinking out of the box to cut the red tape for contracts with media providers.”
- The campaign’s performance indicators—digital display click through rate, video viewing completion, streaming audio completions—all exceeded industry benchmarks. For example, digital display and social media impressions drove traffic to the website, which averaged 4,000 daily visits. Furthermore, over 16 million video viewings reflected an 85.3% completion rate. These results indicate the campaign reached the target audiences at the right time and in the right places with media. The message also motivated the target audiences to take action by clicking to learn more in the digital spaces.

Governor’s Office Launched Vaccinate All 58

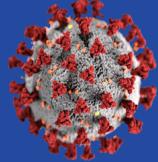
- Concurrent with the arrival of COVID-19 vaccines in California in December 2020, the State launched the [Vaccinate All 58](#) campaign for a safe, fair, and equitable vaccine for all 58 counties in the state. The campaign worked with community organizations statewide to engage Californians, including those experiencing the greatest health and social inequities, with culturally competent and actionable information to help improve the quality of their lives. Specifically, the campaign conducted outreach and related activities to support community needs and interests; helped community partners obtain information from state departments; and shared community insights with relevant state departments. Specific activities were targeted to communities based on relevant data such as each region’s share of hard-to-reach population as measured by the California Specific Hard-to-Count Index. The campaign used similar data-informed mechanisms to drive program decision making and resource allocation, and to measure program impact.



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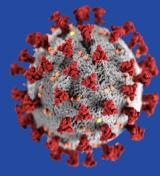
- The campaign was organized into 7 workstreams to execute media campaigns, monitor data trends to inform decisions, engage strategic partners to participate in campaign activities, maintain tools for collaboration, conduct outreach to develop a network of community partners, engage LHJs and health providers to support their vaccine administration efforts, and combat misinformation to bolster confidence in the vaccines.
- The Vaccinate All 58 campaign expanded its media communications beyond vaccines to include paid media harm reduction messaging. These are preventative messages communicate measures the public can take to reduce their risk of getting or becoming severely ill from COVID-19. Since the CDPH public communications team also created and disseminated harm reduction messaging, such as the need for masking, social distancing, and coughing into the elbow, it was sometimes challenging for the two teams to collaborate to ensure messaging aligned and to coordinate on messaging approvals.
- In July 2022, the Vaccinate All 58 general public communications, advertising, and public relations workstreams for COVID-19 vaccinations moved from CDPH to the Governor's Office of Planning and Research in a sub-office called the Office of Community Partnerships and Strategic Communications. The Vaccinate All 58 campaign conducted its own evaluation and, therefore, a summary of its activities is not included in this report.
- LHJ and provider communications, formerly a Vaccinate All 58 workstream, remained with CDPH. Its purpose was to engage LHJs, vaccine providers, and allied health professional to support their administration efforts with clinical guidance. See the Vaccines chapter in this AAR for a summary of activities.



Equity

This section describes equity considerations specific to this chapter.

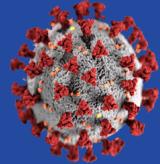
- Equity was a central focus of public communications. The communications office produced written and audio/visual materials to educate the public about a variety of COVID-19 topics. Staff deployed initiatives to engage farmworkers, health care workers, teachers, universities, parents, and the LatinX and African-American communities.
- During the pandemic, the communications office established the outreach and education team. To address equity, the team works with partners to identify ways to make messages empowering and impactful within their communities. For example, staff worked closely with LHJs to identify underserved populations in each locality and the best ways to reach those populations. Staff also work with the CDPH Office of Health Equity to identify important observances (e.g., Pride Month, Juneteenth, etc.) and how they relate to public health.
- For the COVID-19 response, the Emergency Preparedness Office issued an emergency contract for translation services to help translate communication toolkits and educational materials that were produced by the outreach and general education team. The team used the emergency contract extensively to translate all social media toolkits into Spanish and all flyers into the 13 threshold languages. In addition, the team also used the emergency contract to create visually and aurally accessible documents for the website and to ensure that all materials met the Americans with Disabilities Act Standards for Accessibility Design.
- The department increased the number of press releases issued in Spanish and also hired an additional bilingual PIO Specialist.



Data and Technology

- See the discussion of data and technology in the Analysis of Activities section in this chapter.

DRAFT



Communications

This section describes communications specific to this chapter.

Internal

- See the Analysis of Activities and Equity sections of this chapter.

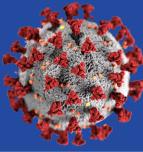
External

Communicating with LHJs

- Communications with LHJs was central to the outreach and education team. Staff continued to build on relationships with the LHJ Public Information Officers and held regular calls with this group. Staff worked with individual LHJs to identify their community needs for engagement and communications.

Communicating with Other State Departments

- CDPH worked closely with CalHHS and the Governor's Office on communications strategy, messaging, and alignment of the State and departmental websites. However, one leader indicated that "the majority of things were treated as fire drills." This urgency made it challenging to get direction, clarification, or approvals when needed.
- See the discussion of the JIC in the Analysis of Activities section above.



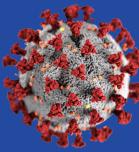
Workplan

This section is designed to be used as a workplan for future pandemics.

Definitions:

- **Phase:** The phase of the response in which the major tasks should be conducted (Planning; Initial start-up, Ongoing operations, or Close-out).
- **Major Tasks:** The tasks and activities that have to be conducted as part of the public health emergency response to a respiratory pandemic.
- **Success Criteria:** Criteria used to assess whether a task has been achieved successfully.
- **Considerations Based on COVID-19 Response:** Things to consider, including pitfalls, risks, and lessons learned, based on the COVID-19 response.
- **Finding ID:** The ID(s) from the related Finding/Corrective Action (where applicable).
- **Lead:** The lead person(s) responsible for task completion.

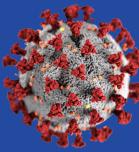
Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Initial start-up; Ongoing operations	Use innovative communication strategies via multiple channels.	<ul style="list-style-type: none">• CDPH has ability to use multiple channels to reach all Californians, including underserved and targeted populations.	<ul style="list-style-type: none">• Establish multiple channels, including social media, web, print, paid media, earned media, and others.	<ul style="list-style-type: none">• Public Communications 1	



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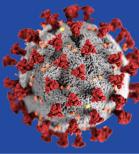
Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			<ul style="list-style-type: none">• Ensure messaging is consistent and coordinated across all communication channels.• Supplement communications with equity-focused outreach and education initiatives.• Assign roles and responsibilities for creating content and disseminating information for each of the channels.		
Planning; Initial start-up; Ongoing operations	Anticipate and plan for pandemic staffing needs to support public communications activities.	<ul style="list-style-type: none">• CDPH has the expertise and adequate resources to support operations.• CDPH communications teams can expand and contract to meet shifting demands.	<ul style="list-style-type: none">• Identify gaps in functional areas and develop a staffing plan to address those gaps.• Consider cross training staff in media relations, website administration, outreach, and general education	• Public Communications 2	



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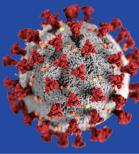
Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			so they can step in to address urgent needs.		
Planning; Initial start-up; Ongoing operations	Maintain one main website for pandemic-related information.	<ul style="list-style-type: none">State can revise, update, and maintain its website efficiently.Public communications are accurate, consistent, and timely.	<ul style="list-style-type: none">Avoid creating separate websites with the same content, which leads to inconsistencies over time.Use industry best practices to keep information on the website current.Offer training on best practices to program content contributors.	<ul style="list-style-type: none">Public Communications 3, 7	
Planning; Initial start-up; Ongoing operations	Utilize the streamlined media messaging approval process to deploy innovative messaging.	<ul style="list-style-type: none">CDPH can quickly produce and launch a full-scale multi-media campaign.	<ul style="list-style-type: none">Identify performance measures to evaluate message delivery, audience engagement, and behavioral changes as a result of messaging.Manage health and safety protocols on set	<ul style="list-style-type: none">Public Communications 4	



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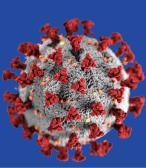
Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			and ensure funding in budget for daily testing of production staff and actors.		
Planning; Initial start-up; Ongoing operations	Establish Joint Information Center as soon as possible.	<ul style="list-style-type: none">State can scale JIC operations up or down rapidly to meet changing needs.State has the ability to develop and disseminate a consistent and coordinated statewide response.	<ul style="list-style-type: none">For a public health emergency, identify incident command (e.g., MHCC Deputy Director) who will evaluate the need to establish a JIC at CDPH for a public health response or Cal OES for a multi-agency response.Develop a plan to train staff in standard JIC roles and responsibilities.	<ul style="list-style-type: none">Public Communications 5	



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Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Planning; Initial start-up; Ongoing operations	Establish and adhere to a message approval process.	<ul style="list-style-type: none">Decision-makers consistently follow the established process and timeframe for approval.CDPH has the ability to disseminate communication in a timely manner.	<ul style="list-style-type: none">Message approval process should identify timeframes, sequences, and approvers.Use a dedicated email address that multiple employees can use, including those rotating and on-call.Create master talking points document that is regularly reviewed and approved.Invest in project management software to facilitate review and approvals across departments and agencies.	<ul style="list-style-type: none">Public Communications 6	
Planning; Initial start-up;	Establish templates and processes to maintain ADA	<ul style="list-style-type: none">CDPH can publish information that adheres to ADA	<ul style="list-style-type: none">Anticipate and build in time for ADA remediation	<ul style="list-style-type: none">Public Communications 8	



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Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Ongoing operations	Standards for Accessibility Design.	standards in a timely manner.	<ul style="list-style-type: none">when releasing content.Identify program contributors across the Department to participate in ADA Standards for Accessibility Design training.Rotate program staff to work with the communications web team on a temporary basis to help with review and approval as a reinforcement to their training.		