

**Title:** “Hearing from Households:” Assessing the Community Experience of Local COVID-19 Response, Marin County, CA

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**Background:** Public health leaders require household level information in the communities they serve to guide effective disaster response. Marin County Public Health (MCPH) aimed to measure community perception of our COVID-19 response efforts to facilitate disaster planning, response, and recovery.

**Methods:** We adapted the Centers for Disease Control (CDC) Community Assessment for Public Health Emergency Response (CASPER) methodology to survey county residents on their COVID-19 knowledge between June-October 2022. Our modified CASPER employed a cross-sectional epidemiological design with two-stage cluster sampling. Survey items, which were adapted from the CDC CASPER toolkit and the California Health Interview Survey, assessed respondents’ reports of trusted information sources, knowledge of COVID-19 resources, and satisfaction with County COVID-19 response. Knowledge and satisfaction were assessed with a Likert scale. Four census tracts in the lowest quartile of the Healthy Places Index (HPI) were chosen for assessing community perceptions in areas with high burden, while three census tracts in the highest HPI quartiles were randomly selected to ensure inclusion of perspectives from residents of different levels of socioeconomic vulnerability. A target number of households was pre-determined for each tract in proportion to the size of the tract, and census blocks within each tract were randomly selected for surveying. Trained bilingual MCPH staff administered a survey to one consenting adult in each selected household.

**Results:** MCPH teams conducted a total of 252 interviews within seven cities/regions. Responses were representative of the racial/ethnic characteristics of the selected regions. The most trusted sources of COVID information across respondents were healthcare providers and Internet/online news, with television as an additional trusted source in high HPI tracts and family/friends as a trusted source in low HPI tracts. Satisfaction with MCPH response was higher among respondents in high HPI tracts (78%) compared to respondents in low HPI tracts (74%). Trust in health recommendations of MCPH was also higher among respondents in high HPI tracts (90%) compared to respondents in low HPI tracts (86%). When stratified by race/ethnicity, 84.5% of Black/African American respondents trusted health recommendations of MCPH in contrast to 93.2% among White respondents.

**Conclusions:** While aggregated survey responses indicated high levels of trust and satisfaction with MCPH’s COVID-19 response, differences in levels of satisfaction and trust as well as communications sources across communities and race/ethnicities will guide equitable public health responses to future events.