COVID-19 Response: Community Resiliency in the Hoosier State—Local Government Partnerships and Communications Early in the Pandemic

This brief examines the types of partnerships that developed and communications strategies that Indiana local governments adopted in the early months of the pandemic.

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Introduction

Responses to the COVID-19 pandemic revealed differences in local governments’ abilities to provide services and protect employees in the face of demands placed upon them by the pandemic. In this brief, we focus on the efforts by local governments to communicate with members of the public and to communicate and collaborate with other local governments, emergency medical services providers, healthcare providers, and other community organizations.
General Description of Project and Survey

The goal of this study is to help federal, state and local officials better understand local government responses to the COVID-19 pandemic. We do this through a survey of local government officials. The survey was administered collaboratively by the Center for Business and Economic Research (CBER), the Bowen Center for Public Affairs, and the Indiana Communities Institute (ICI) at Ball State University in cooperation with Accelerate Indiana Municipalities (AIM) and the Association of Indiana Counties (AIC). The purposes of the survey are to provide local, state, and federal policy makers more comprehensive and in-depth data on budgetary/fiscal stress, technology, administration, public health, and community health as decisions are made regarding resource allocation and policy development moving forward.

The survey was administered May 16 – June 26, 2020 to municipal and county local officials via AIM and AIC mailing lists. A total of 209 city, town, and county officials answered at least part of the survey. The Qualtrics survey included questions about how each community or county responded to and was impacted by the pandemic. The largest share of respondents (140 total) hold elected or appointed positions in cities or towns including the office of Clerk-Treasurer (65 respondents), Mayor (42 respondents), and Town Manager (13 respondents). A total of 58 respondents held various county offices, including County Council (18 respondents), Recorder (9 respondents), Auditor (8 respondents), and Assessor (8 respondents). There were 11 respondents who held unspecified positions. The average respondent had been in office for 7.4 years. The minimum time of service was less than a year for newly elected municipal officials and the maximum was 35 years. Figure 1 shows the city, town or county location of the local government official who responded to the survey. See the appendix for a list of cities, towns and counties included in the analysis.

1. AIM emailed the survey link to 736 recipients and included a link to the survey in its monthly newsletter. Officials from 109 of Indiana’s 567 cities and towns responded to the survey. Eleven cities and towns had more than one official respond to the survey. AIC emailed the survey to the 4,273 people on their e-newsletter list two different times and included a link to the e-newsletter on the organization’s social media accounts. Officials from 47 of Indiana’s 92 counties responded to the survey. Eighteen counties had more than one official respond to the survey.

2. Charles Taylor and Emily Wornell wrote the survey.
Partnerships

We asked survey respondents four questions about interlocal agreements or partnerships between local governing bodies and other organizations.

- Has your office established any interlocal agreements with other local governments to treat infected individuals?
- Has your office established any interlocal agreements with other local governments to stop the spread of COVID-19?
- Has your office established any public-private partnerships or entered into any other contractual agreements with laboratories for coronavirus testing?
- Has your office partnered with any other nongovernmental organizations (nonprofits or businesses) for pandemic response?

A summary of the survey responses related to these questions is presented in Table 1.

Each of these questions was answered by at least 113 respondents. Survey responses indicate that large majorities (77% to 95%) of responding local governments have not established these partnerships at the time the survey was conducted (mid May through June 2020). Partnerships with other nongovernmental organizations for pandemic response was the most common form of partnership, with nearly a quarter (23%) of respondents indicating this sort of partnership.

A follow up question was asked about the types of organizations that local governments engaged in these partnerships. Responses included a variety of nonprofits and businesses including private businesses supplying PPE, chambers of commerce, the local or regional hospital, food banks or other food distribution services, United Way to provide food and housing assistance, and local community foundations. Although the question asked specifically about partnerships with non-governmental organizations (nonprofits and businesses), the more detailed responses often included other units of government including their county health department and economic development director.3

The other partnerships asked about in the survey were even less common. No more than 10% of respondents indicated that they had in place the interlocal agreements or public-private partnerships referenced in the other questions.

In follow up questions, we asked if the respondent’s office has taken any additional actions to address the needs of three key community partners: local emergency medical services (EMS) providers, their local health department, and local healthcare providers. For those responding “yes” we asked them to describe the actions taken. Table 2 provides a summary of the number of local governments responding to these questions and the percentage indicating they had taken specific actions.

Of the 116 respondents who answered the question about local EMS services, 22 percent indicated that their office has taken specific actions to meet EMS needs. The most common action was purchasing additional PPE supplies. Other actions included providing cleaning supplies, implementing daily temperature checks at the beginning and end of the workday, providing training on new protocols, hiring a professional cleaning service to sanitize work areas.

For the question regarding needs of local health departments, 21 percent of 112 respondents indicated that they had taken specific actions to meet their needs. These actions included providing translation services, developing a packet of information for reopening businesses, ordering masks when there was a shortage, purchasing PPE, working with the health department to do facility and office assessments, assistance with public relations and the distribution of information to businesses, and relaying information from the health department through the internet and local media.

Regarding local healthcare providers, 12 percent of 111 respondents indicated that their office had taken specific actions to meet their needs. These actions included establishing contact with a local hotel for potential quarantined individual colocation.

### Table 1. Local government interlocal agreements and other partnerships related to COVID-19

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Responses</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships with other nongovernmental organizations for the pandemic response</td>
<td>113</td>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>Interlocal agreements to stop the spread of COVID-19</td>
<td>113</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Interlocal agreements to help treat infected individuals</td>
<td>114</td>
<td>7%</td>
<td>93%</td>
</tr>
<tr>
<td>Public-private partnerships or other contractual agreements with laboratories for coronavirus testing</td>
<td>116</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>

### Table 2. Local governments acting to address needs of community partners

<table>
<thead>
<tr>
<th>Partner</th>
<th>Total Responses</th>
<th>Acted</th>
<th>Did Not Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local EMS services</td>
<td>116</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>Local health departments</td>
<td>112</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Local health care providers</td>
<td>111</td>
<td>12%</td>
<td>82%</td>
</tr>
</tbody>
</table>

3. The questions about partnerships with other local governments asked specifically about interlocal agreements. It is possible that respondents included less-formal partnerships with other local governments in their responses to this question.
providing PPE (face shields) not needed by office, donating supplies, supporting community wide education and awareness efforts, limiting the number of people in retail stores to flatten the curve.

Implications:
The scarcity of COVID-related interlocal agreements, public-private partnerships, or other contractual agreements may reflect that some of these activities, such as treating infected individuals, is outside the responding local governments’ scope of responsibility. It may also reflect that local governments could accomplish other activities, such as coronavirus testing, by means of existing contractual arrangements with their employee health insurance providers. It may also reflect that for many of their needs, formal agreements weren’t needed and they could utilize informal partnerships with non-governmental – and governmental – organizations. When helping other community partners, efforts frequently focused on sharing or obtaining PPE and other specialized supplies, conducting health assessment, and coordinating public communication campaigns.

Communication
The survey contained four questions inquiring about communication between public offices, healthcare experts, and the general public regarding COVID-related issues.

• How frequently does your office communicate with local emergency medical services (EMS) about COVID-related issues?

• How frequently does your office communicate with the local public health department about COVID-related issues?

• How frequently does your office communicate with healthcare providers about COVID-related issues?

• How frequently does your office communicate with the public to provide information about COVID-19 and your local response?

A summary of the survey responses related to these measures is presented in Table 3.

Survey responses indicate that a majority or near majority of responding local governments (43% to 57%) perform these communications fairly frequently – at least a few times a month. Roughly a quarter to a third communicated only as needed. A minority (9% to 22%) indicated that they never communicated with these audiences.

The audiences that these local governments communicate with the most frequently (daily or a few times a week) about COVID-related issues are local emergency medical services (EMS) and local public health departments followed by the public and healthcare providers.

The survey followed up these questions by asking who performed this communication for three of the four audiences: local emergency medical services, the local public health department, and healthcare providers. The responses available to these questions were “no specific person” and “specific staff member(s) or volunteer(s).” Distributions of these answers are presented in Table 4.

Survey responses indicate that in the case of communication with emergency medical services and local public health departments, Indiana’s local governments are more likely to designate a specific staff member to this task (at 68% and 61% respectively).

Table 4. Local government staff assigned to communicate with community partners

<table>
<thead>
<tr>
<th>Audience</th>
<th>Total Responses</th>
<th>No Specific Person</th>
<th>Specific staff member(s) or volunteer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local emergency medical services (EMS)</td>
<td>92</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Local public health department</td>
<td>103</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Healthcare providers</td>
<td>89</td>
<td>52%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Table 3. Frequency of COVID-related communications by audience

<table>
<thead>
<tr>
<th>Audience</th>
<th>Total Responses</th>
<th>Daily</th>
<th>A few times a week</th>
<th>At least a few times a week</th>
<th>Weekly</th>
<th>A few times a month</th>
<th>At least a few times a month</th>
<th>Monthly</th>
<th>Only as needed</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local emergency medical services (EMS)</td>
<td>115</td>
<td>23%</td>
<td>19%</td>
<td>42%</td>
<td>13%</td>
<td>2%</td>
<td>57%</td>
<td>2%</td>
<td>25%</td>
<td>16%</td>
</tr>
<tr>
<td>Local public health department</td>
<td>117</td>
<td>14%</td>
<td>22%</td>
<td>36%</td>
<td>12%</td>
<td>4%</td>
<td>52%</td>
<td>2%</td>
<td>34%</td>
<td>12%</td>
</tr>
<tr>
<td>Healthcare providers</td>
<td>116</td>
<td>8%</td>
<td>19%</td>
<td>27%</td>
<td>12%</td>
<td>4%</td>
<td>43%</td>
<td>2%</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>Public to provide information</td>
<td>116</td>
<td>15%</td>
<td>18%</td>
<td>33%</td>
<td>14%</td>
<td>10%</td>
<td>57%</td>
<td>3%</td>
<td>32%</td>
<td>9%</td>
</tr>
</tbody>
</table>
In the case of communication with healthcare providers, the results are split nearly equally, with slightly more indicating no specific person (52%). These results indicate varying levels and strategies of coordination.

We also presented respondents with a list of common public communication modes and asked them to indicate which had been used by their offices. Respondents could select multiple modes. The percentage of respondents selecting each mode is presented in Table 5.

The 109 respondents answering this question made a total of 431 selections, indicating that respondents used nearly four modes of communication on average. The most commonly selected modes were websites, social media, and newspapers, used by 86 percent, 78 percent, and 65 percent of respondents, respectively. Less commonly selected were radio, online forums, streaming video, and in-person forums. Television was the least commonly selected mode. Other modes of communication included newsletters and bill inserts and direct contact via mail, email, and text messaging.

Respondents provided descriptions of the topics of public communication. Common COVID-related topics included state and local COVID statistics regarding deaths and cases; safety guidelines from federal, state, and county health agencies; information about access to public meetings and offices; and information about access to testing, personal protective equipment, and other COVID-related goods and services.

**Implications:**

Local governments are not as proactive with regard to communication as they are with other COVID-related tasks, such as facility cleaning and sanitation measures. While most governing bodies communicate with all audiences listed, the frequency at which they communicate varies. In each case, a substantial minority or slim majority of the surveyed governing bodies did not dedicate the communication task to a specific person, indicating a possible need for more organization.

Local governments use multiple modes to communicate with the general public about COVID-19 and local government responses. In a precarious time, this communication can signal trustworthiness and stability of the local government.

**Conclusion**

The survey results presented in this brief suggest that Indiana local governments cooperated with other local governments, nonprofit organizations, and other community partners when responding to the coronavirus outbreak, but did so primarily by means of informal arrangements or existing contractual agreements, rather than entering into interlocal agreements or public-private partnerships for these specific purposes. Their cooperative efforts covered a wide variety of COVID-related needs, including sharing or obtaining specialized supplies, such as PPE, conducting health assessments, and coordinating public communication.

These local governments adopted a variety of strategies in communicating with the public and key community partners regarding COVID-related efforts. Roughly half communicated with these partners at least a few times per month, with most of these communicating at least a few times per week. A significant minority, roughly a third or more, communicated only as needed or never. Most of them, roughly half to two-thirds, assigned specific staff members to communicate with community partners.

In communicating with the public, these local governments used multiple modes, with the typical local government using four different modes. The most common modes of communication were websites and social media, followed by the more traditional modes of newspapers and radio.

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4. Websites and social media use are ubiquitous among local governments. In response to a related question, 96 percent of respondents indicated that their local government had an online presence in the form of a website and/or social media. Reasons for a lack of an online presence included lack of expertise, lack of time, not in the budget, and senior leaders and decision makers lack interest.

5. Please see COVID-19 Response: Community Resiliency in the Hoosier State—Implementing the “Roadmap to Reopen Indiana”.

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Appendix A: Respondent Locations

Table A1: Cities and Towns Officials Responded From

- Albion (2)
- Alexandria
- Angola
- Avilla
- Avon
- Bargersville
- Batesville
- Bedford
- Beech Grove
- Bloomington
- Bristol
- Brooklyn
- Brookville
- Burlington
- Butler
- Cedar Lake
- Center Point
- Chandler
- Chesterfield
- Chesterton
- Cicero
- Clinton
- Columbia City
- Columbus
- Converse
- Crothersville
- Crown Point
- Culver
- Cumberland
- Daleville
- Davies
- Decatur
- Dillsboro
- Dyer (2)
- Fowler
- Franklin
- Frankton
- Galveston
- Gas City
- Goshen
- Greencastle
- Greendale (2)
- Greensburg (2)
- Greenwood
- Hagerstown
- Hamilton (2)
- Highland
- Huntingburg
- Huntington
- Jasonville
- Jasper
- Jonesboro
- Kendallville
- Kirklin
- Kouts
- LaGrange
- LaPorte
- Lawrence
- Leo-Cedarville
- Madison
- Martinsville
- McCordsville
- Milltown
- Milton
- Mishawaka
- Monticello
- Muncie
- Munster
- Noblesville
- North Judson
- North Liberty
- North Manchester
- Oakland City
- Orleans
- Pittsboro
- Plainfield (2)
- Plymouth
- Porter (2)
- Portland (2)
- Redkey
- Remington (2)
- Rensselaer
- Richmond
- Rising Sun
- Rosedale
- Schererville
- Scottsburg (2)
- Seelyville
- Selma
- Shelbyville
- Shirley
- Shoals
- Spencer
- Straughn
- Sullivan (2)
- Syracuse
- Tennyson
- Terre Haute
- Upland
- Van Buren
- Veedersburg
- Vincennes
- Wabash
- Wanatah
- Warren
- Whiteland
- Winamac
- Winchester
- Yorktown

Table A2: Counties Officials Responded From

- Adams (2)
- Allen
- Bartholomew
- Benton
- Brown
- Carroll
- Clay (2)
- Clinton
- Daviess
- DeKalb (2)
- Delaware
- Dubois
- Elkhart
- Fayette
- Fountain (2)
- Franklin (2)
- Hancock (4)
- Henry (3)
- Jackson
- Jasper
- Jefferson (2)
- Jennings (2)
- Johnson
- Kosciusko (5)
- LaGrange (2)
- Lake (2)
- LaPorte
- Madison
- Marshall
- Miami (2)
- Monroe (2)
- Montgomery (2)
- Noble
- Ohio
- Owen (2)
- Pike (2)
- Pulaski
- Randolph (3)
- Spencer
- Starke
- Sullivan
- Vanderburgh
- Vermillion
- Vigo
- Warrick
- Wayne
- Whitley