



***WA Pandemic After Action Review
Task Force Roll-Out Meeting
February 24, 2022***



Welcome

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WA Military Department



Options for Setting Up Your Virtual Space



Desktop or Laptop

Log into Zoom and then open Google slides on a desktop or laptop and arrange the windows so you can see both.

Two Portable Devices

Log into Zoom on one device and Google on another device.



Tablet Only

Log into Zoom on a tablet but keep it in the background. Then open Google and keep it visible.



Smartphone Only

Log into Zoom on the phone. Keep it in the background and follow along with Google.

Warm-Up

1. Click and 'hold' on sticky notes.
2. Move it to another sticky note.
3. Plan for long-term closures
4. Enter your brief answer to the following

Brendan: having a PPE stockpile

Isaac: Have an employee telework plan / policies in place and ready to go.

Don't waste time worrying about alternate care facilities.

Plan for using the National Guard for mass vaccination sites.

Created statewide control and coordination of the response

Delegation of authority from county to state to allow truly unified command

More coordination with stakeholders.

Ensure that we respond using NIMS and the UCG.

Get better at technology and ensure my community has better access to technology

Ensure that State agencies understood and could function in ICS

Plan for long-term closures

Meet with my community leaders.

State level logistics plan for PPE procurement and distribution.

Nick - We were making decisions believing this was a short term crisis.

Brianne Probasco, Washington Association for Community Health: I would plan to slow down and take good care of myself and my colleagues.

4. Enter your brief answer to the following

More Data Collection Early and Targeted

Been prepared for a public health crisis like we are for a natural disaster.

Better home office set up

Clear activation plan to ensure effort alignment.

Sudhir - ensure better communications for quicker coordination of response

Start with language access plan

More inclusive information sharing and quicker decision making

Carina - ore staff training on ICS

Don't start a business Respond more quickly to the issue we saw unravelling in other parts of the work thereby mitigating our overall affect

The response structure to ensure true unity of effort
YES!!!

if you could turn back the response clock to March 2020, what's one thing you would plan for differently going into the pandemic?

Cristina Ortega, Distribution of vaccines to our BIPOC communities sooner than later. It would have prevented so much unnecessary loss.

Centralization of control for healthcare/hospitals

Title 32 NG from beginning

Faatima make a clear plan for my staff

Stronger recommendations to state

Acquire reserve of supplies and PPE

Nomi-I would make sure that messaging was clear and consistent

Strategic Plan in place with all possibilities covered

Continued Coalition-Building for shared resources and advocacy

Opening Comments

- Bret D. Daugherty (Adjutant General, WA Military Department)
- Umair Shah, MD, MPH (Secretary, WA DOH)
- Senator John Lovick (44th Legislative District)
 - joining later this morning



Our Agenda for Today



- Welcome
- Screen guidance & Warm-up
- Opening Comments
- Meeting logistics
- Meeting purpose
- Overview of Draft Charter
- Breakout discussion
- Debrief discussion
- Closing

Meeting Logistics



- Use breakout session for individual introductions
- Meeting attendance: Place your name & affiliation in 'Chat'
 - Opt-out of making your email public on roster
- Communicate with facilitators via 'Chat' box (questions, logistics)
- Use 'Raise Hand' function in Zoom if urgent or when prompted

- Video 'on', mute audio when not speaking
- Reduce distractions!
- Breaks

- Meeting summaries, slide deck & recordings
- Send your brief bios to the website link, and we'll compile them with the roster

Meeting Purpose

- Get acquainted and start to build collaboration
- Collective understanding of AAR - defined and undefined
- Align around timeline and process
- Begin to think more deeply together about pandemic experience and different response perspectives





- AAR background, focus & purpose
- Proviso: A → H and elements
- Roles & responsibilities: Who and what?
 - Co-Chairs
 - Steering Committee
 - Task Force
 - WSU facilitators
 - Other work groups/possible venues
- Task Force meeting representation/logistics
- Guidelines
- Communication
- Public input

Q&A

AAR General Timeline

Task Force Draft as of February 2022

- PURPOSE:**
- Introduce AAR, goals & intention
 - Begin to familiarize group and processes
 - Start discussion



Est. Date Range: February 2022

Spring/Summer 2022

Summer/Fall 2022

Fall 2022/Winter 2023

Winter 2023

Spring 2023

CONTENT:

- Welcome
- Warm-Up
- Opening Comments
- Logistics
- Meeting Purpose
- Draft Charter
- Breakout Groups
- Debrief Discussion
- Closing

RESULTS:

Breakout Groups

A: Slide #13/ Nick, Sheri, Carina, Faatima, Travis, Jennifer

B: Slide #14/ Issac, Brianne, Theresa A., Sara, Amy

C: Slide #15/ Matt, Melanie, Brendan, Ron, John

D: Slide #16/ David, Alison, Chandra, Robert

E: Slide #17/ Mike, Nariman, Cristina, Adam

F: Slide #18/ Sudhir, John, Jennifer, Fernando, Nathan

G: Slide #19/ Kendrick, Nomi, Darcy, Ekkarath, Sharlett

H: Slide #20/ Jason, Stacy, Angie, Winona, Nancy

First Breakout Group Instructions

1. ***Briefly introduce yourself to your group!***
2. ***Each tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?***
 - Take a few minutes now to organize your thoughts.
 - Each breakout group 'owns' one slide (group roster on slide 11 - go to that specific slide with your group).
 - Pick one group 'scribe' to document each person's story plus further discussion below.
 - Go 'round robin' to share stories; be mindful of time! (total **20 minutes**)

After everyone's told their brief story (and they are documented), discuss and document the following:

3. ***What essential topics or issues should the AAR focus on?***
 - Total time: **10 minutes**
 - Scribe to document.
 - Pick one team member to quickly debrief during full group session.

Breakout Group A: Scribe Notes

(Nick, Sheri, Carina (recorder), Faatima, Travis (recorder) & Jennifer)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

-Nick / Employment Security - very hard hit by the emergency nature due to managing the unemployment insurance and paid leave which had historic numbers served, 10-fold increase in claims overnight (1600 staff to 3K); the unemployment insurance fraud event added complexity; would have put different processes place in March 2020 if had known this was a 2+ year journey

-Carina / PH Seattle & King Co Faced challenge of responding at an incredible pace, the small team of 30 managing the outbreak expanded to >500 in incredibly short order. Incident Command allowed rapid escalation, but scaling at pace of need was still a tremendous challenge. Isolation and quarantine. Case investigation. Etc. Tremendous. Shifting from a daily assurance role, to a direct provider, was beyond the scope and design of the existing PH system. How do we return to regular role of PH is an open question to address. The cuts to public health funding nationally prior to the pandemic left us under resourced. The after effects of burnout, staff well being, and wellness are a continued challenge.

-Faatima / CCS - shelter management and the COVID spread - how to limit spread of disease with limited space; historical trauma and lack of trust were present among the community and that added complexity; needed to limit services like day centers; challenges with clients moving from hospitals and back to shelters; IQ centers were not low barrier and people could not be admitted; people needed to stay outside while they were infectious; mitigation such as panel between beds allowed shelters to open up

-Sheri / Gov Office - in the beginning stages - the closures and stay at home orders; the phases of the pandemic and what is opening or closing; guidance to businesses on measures they needed to take; PPE and hand sanitizer distribution - very heavy lift and EMD took a central role; Positive - the pandemic forced state government to bust through the silos (one example coordinating on how businesses could work together. The Gov doing what he thinks is right for public health and safety and balancing various interests has been and continues to be a challenge

Travis/DOH - Connection and coordination with Healthcare facilities but not a lot of visibility - innovation is that hospitals volunteered operational information that they had not previously shared with gov't to inform policy and resource allocation decisions

3. **What essential topics or issues should the AAR focus on?**

-- Understanding the limits of coordination among municipal, county and state systems, considerations for integration across government structures
- Activating, managing and sustaining regional resources that can support response across the western WA metro area (Snohomish, King, Pierce, Thurston) and the associated decision making, resource distribution and service delivery.

-As we move to a virtual environment - how can we ensure that we have the infrastructure; need to mobilize tech solutions more quickly. Service resiliency and continuity of operations and need to surge services - e.g. had moved from desktops to laptops and that was very helpful. The prior pandemic planning had helped agencies respond but was not enough.

-Working remotely allowed State and County agencies to maintain service delivery, what are the strengths and challenges with this rapid shift in workforce?

- Staff burnout and retention - how do we make this sustainable for staff and help them not burn out

Interagency communication among organizations - need to establish the communication channels in advance

Breakout Group B: Scribe Notes

(Amy, Issac, Brianne, Theresa A., Sara)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

-It is challenging to have stress at both work and home - balancing risk to keep self and family safe. Lot of change, doubt, navigating unclear information. Moving to remote work situation is challenging.

-School-age kids were able to interact with online school independently, moving back to school has been challenging. Children have fears about masking going away. Kids are resilient and have grown skills. Success was having the foresight to take early cases seriously and get plans in place. Were able to keep operations going. Were able to closely follow public health guidance and have high vaccination rates among city employees.

-Caring for elderly family members and communication between medical staff to coordinate care. Navigating medical system during pandemic can be extremely challenging. Success - able to connect state leader to African American community to build trust.

-Parenting during pandemic is hard. Being a leader that is being publicly criticized is hard for family. Feeling of isolation. Lost very few staff. Remote work is not available to everyone, but we are looking to increase this. There has been immense loss.

3. **What important 'latent' needs did the pandemic highlight?**

-Technology/access to technology

-Reliable broadband

-Schools are one-size-fits-all; needs more flexibility

-Childcare for first responders/essential workers/those who cannot work remotely and/or have young children

-Issues were simmering pre-pandemic and boiling over now!

-Systemic understaffing of government functions

Breakout Group C: Scribe Notes

(Matt, Melanie, Brendan, Bret, Ron & John)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

- Island County -

- Disparity between Counties and Schools
- Metrics - County had to comply, weren't able to make decisions on their own, Skagit County capabilities impacted their county
- Rural areas were not able to get vaccinations at the same rate as more urban areas

Positive

Stood up incident command right away – but expected short term duration. As pandemic evolved, had to move staff back to thier original work.

Purchased Cold Storage early on, were prepared to receive vaccine

DOH

Focus on decision management in death care

Mostly decentralized - private

No state-wide medical examiners

Positive

Came together to share resources, coordinate infrastructure issues and capabilities and share visabilty for them

King County DEM

Communication - this has been an issue prior to Pandemic - there was a lack of transparency and vertical continuity throughout the pandemic. Different written documents from one agency to the next

Positive - Regular coordination calls among Puget Sound/public health officials and responders

OIC

Positive -Were able to transition to remote work - proactive acquisition of hardware software to move call center, etc.

- Return to work remains difficult, high turnover and staff unwilling to return to office environment.

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3. **What important 'latent' needs did the pandemic highlight?**

-- Systems - challenges for DOH/Gov was data - communication - systemic issues - authorities - local, state, county roles were challenged.

Who is in charge of distributing - logistics challenge - just in time model for distribution has challenges

Misunderstanding of how FEMA public assistance program works - what is eligible for reimbursement and what isn't?

Every time there was a failure it impacted credibility

Breakout Group D: Scribe Notes

(David, Alison, Chandra, Robert) - Recorder: David Shannon

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

-Challenge

- Competing for PPE on the global market, PPE allocation to those working on the front lines of the pandemic
- Open Communication
- Plans were not utilized, struggle to form a unified response
- Responding to needs of people without housing, people in congregate settings, staffing needs
- How to serve vulnerable populations.
- Ensure robustness of response systems and core essential services pre-emergency
- Keeping the health and safety of residents in state care
- General public not having much understanding of Public Health
- Adult Long Term Services Administration - huge impact on senior communities. LTC facilities hit hard with outbreaks, staffing, getting necessary PPE, eventually funded LTC facilities to decompress the hospitals.
- Capacity to respond to concurrent emergencies.

3. **What important 'latent' needs did the pandemic highlight?**

- There was a crisis before the pandemic even began. Responding to housing needs i.e. people without homes, people who are sheltered, people who lost income. [critical nature of Eviction Moratorium in preserving health, lives, stability]
- Public not having a general understanding of Public Health messaging and guidance.
- NPI cascading impacts on communities through an equity lens.
- For sectors where essential workers are designated as essential. We need better preparation. At risk populations had to advocate strongly for priority access to PPE, vaccines. What kind of resources are you looking for? Infrastructure, added capacity, under resourced constituencies.
- Maintaining minimum staffing levels. (Burn out, vax mandate, retention, turn over, etc...)

Breakout Group E: Scribe Notes

(Mike, Nariman, Cristina & Adam)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

- **NH - Rapid decision making capacity on a large scale. Complete visibility or lack thereof; Bed capacity, ventilators, etc. by the end you knew down to the individual unit.**

- **CO - Large language barriers with respect to information about vaccines, testing, etc. Vaccination appointments inside of work hours for people who couldn't miss work. Began online and radio discussions focused on the Latinx Community. Engagements, meeting the people where they are. Starting pop up clinics central and eastern WA. Finding who was willing to step up during the pandemic to assist underserved populations. Being able to react and be on the ground. Adapting to the norm that people were dying.**

- **MD - Maintaining services throughout the state, especially in person services and how to handle that. Adapting to online ability to serve community. Just in time services. Modernizing business processes to have less on paper. Standing up an IMT quickly to handle challenges and begin thinking forward.-**

3. **What important 'latent' needs did the pandemic highlight?**

- Food insecurities. Provided food vouchers.

Employment security for people who got COVID and when they returned, their job was not there, leading to more insecurities.

Housing insecurities.

Cycle of grossness!

Need to have focused leadership that could rapidly manage the crisis. A plan in place! Who owns the next pandemic. Public/private partnerships.

Appeared no one was in charge; tough to find out who was in charge. No one was prepared.

From private healthcare, people were trying but resources were limited and things fell to private entities to get things done. Private coordination but no public coordination. Community health centers in an even worse situation. All prepared for an isolated event, but not for a universal long term event.

All about the resources or lack thereof. We prepare for the small isolated events but not for huge events.

Yellow masks. Perception and expectations.

Significant need for Mental Health support and wellness. Mental Health support should not be a reaction but a forethought; should be in the plan.

Coordinated messaging.

We don't have a good resource management system in place (things and personnel). We should always know our supply of beds, nurses, mental health counselors, etc etc. So that we just have to worry about deployment. And don't forget about authority, legal hurdles, political hurdles.

Support for youth and how their lives were impacted (depression, suicide, isolation) Domestic violence victims.

Breakout Group F: Scribe Notes

(John, Sudhir, Fernando, Jennifer, Nathan)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

--FM: from perspective of minority businesses, if they had experience with recession, emergencies,, they responded well to pandemic - acted quickly to reduce overhead, reduce staffing. Those without experience moved slowly. 60 businesses closed last year, and those with experience were those who survived.

-JH: impacted everyone differently, needed to continue service and couldn't just "go home." Following changes to the state's response and trying to implement was challenging. WSDOT had a plan, but it was worthless, because decisions were taken out of their hands by Gov office. [ex: business owners who had emergency response experience did well, but weren't able to implement their lessons learned because decisions were made by exec.]

-SO: DOL tech dept had tough job ahead, but staff teams were able to transition relatively easy, thought this would be a short-term change so didn't have long-term plans for adaptation. Brought staff back relatively early. Following the changes in implementation and guidance was difficult. Offices weren't fully staffed or opened, but streamlined processes to help adapt. Went out to meet the specific need.

JS: Needed to create our role and figure out how we could help constituents from our unique position. Let gov't and orgs do their job, but also make ourselves useful. Frontline receiving inquiries from constituents, immediate need for answers, \$, guidance, but we didn't have answers. Worked well to form an LA workgroup and collaborate, rather than being isolated by member office.

3. **What important 'latent' needs did the pandemic highlight?**

- Increase the infrastructure for supporting telework, schooling, businesses for better and more rapid assistance
- More disasters coming, and frequently. No longer a "once-in-a-lifetime" consideration
- Uneven impacts and ability to respond and adapt throughout various communities
- DOL seeks now to increase outreach and relationships with groups like 501 c 3s to team up
- "We offered to help the state" but no one would listen to us. We brought the right people.
- People in the community could not offer their input and felt as though the decisions being made didn't make sense for them, and couldn't find a way to make their voice heard

Breakout Group G: Scribe Notes

(Kendrick, Nomi, Darcy, Ekkarath, Sharlett)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

Kendrick, DOC:

- challenges for DOC include navigating the need to get money out quickly and getting it to right folks at the same time (speed v equity).
- Adaptations that worked well include all hands on deck. Resource capacity

Darcy, Hospital Association:

- challenges include the infrastructure around data. We need a better, quicker way to share info.
- Innovations that work include good cooperation, formal agreements were signed to support each other, creation of wa medical coordinating center to know where capacity is.

Nomi, pharmacist, DOH:

- Challenges: pharmacists charged with large number of vaccinations, lack of clear communication about responsibility, major loss of staff
- innovations, we need resources, resilience, clear and accurate info, focus on safety for providers
- what are we going to do about masking moving forward? How do we address people who do and do not want to mask. How do we accommodate folks who want to wear a mask going forward.

Ekkarath,CAPAA:

- Challenges: businesses, anti-Asian hate, everyone lumped into a monolith, not enough disaggregated data
- Adaptations/Innovation: connect state agencies like DOH with community groups to learn from each other, working with community navigators has worked really well as trusted messengers.

Sharlett, rep from immigrant community:

- Challenges: language access came months after the first lock down, essential workers had to go to work without hazard pay, undocumented workers did not have access to unemployment benefits
- Adaptations: Leg. passing hazard pay, UI for ALL workers, these needs to be permanent

3. **What important 'latent' needs did the pandemic highlight?**

- Exposed a lot of pressure on pharmacy personnel; a lot of holes in the workflow which hurts patient safety
- Need more real time coordination for rapidly evolving information - also need to identify clear leads
- We need contingency plan for statewide emergency
- Historical racial, economic, and geographic inequities compounding on each other
- Language access that is culturally relevant and readily accessible
- UI benefits and other government forms are very difficult to navigate, not user friendly

Breakout Group H: Scribe Notes

(Jason, Winona, Angie, Stacy, Nancy)

1. **Briefly introduce yourselves to your group members.**
2. **Each team member tells a three-minute 'COVID-19 response story': What has been one of the greatest challenges facing your agency, organization, or community? What was one adaptation or innovation that worked well?**

-DES - 3 main areas to support operations - PPE, contracts/warehouse/distribution, real estate services - expansion or contraction. PPE challenges included: in first 90-120 days, how do we get PPE to everyone by type and protection levels, supply chains were broken, watching for counterfeit materials, identifying vendors, on time and on schedule. Over 2 years, challenge shifted. I.e. Finding gloves in marketplace, overseas manufacturing, raw material demand, global demand. Had to establish priorities for how state would acquire PPE and evolve with interruptions in supply chains and marketplace contractions. DES was backstop to healthcare community. Collaborative with DOH and other agencies. DOH has now resumed operational responsibility. DES had two years of hard work. (Jason)

-Military Dept role was to facilitate the emergency support functions - 16 areas. Incident Command and Emergency Mgmt Plan guided how to stand up various emergency support functions. Over time, Military Dept was managing multiple disasters, natural disasters and pandemic. Emergency mgmt and also documenting disaster. Communication was a huge part of process. Wrangling legislators was a challenge throughout to get them good information, stave off misinformation, clarify authorities and powers, etc. Logistics is a key emergency support function. Pandemic quickly became a huge logistics exercise. (Nancy)

-angie hinojos Centro Cultural Mexicano/Commission on Hispanic Affairs need for outreach and communication within Hispanic community. Heard similar stories across state and developed plans to translate materials and get that out to community in common language, not at a level of Spanish that is not accessible to many in community. Indigenous languages included. Didn't have funding for majority of time, using own reserves and resources,. Vaccination plan was critical and left out Latinos and areas of workplace outbreaks and culturally relevant outreach needed in Spanish. Lack of weekend and walk-in clinics Lack of access to vaccinations was apparent very early. Getting to actual vaccinations presented many barriers. Started talking to vaccination sites - Microsoft, Overlake, Evergreen -Centro Cultural Mexicano created partnerships to provide cultural and linguistic outreach with them. Set up appts, door to door outreach, transportation to Redmond sites, facilitated communication on site, over 30000000 vaccinations facilitated with partners. BIPOC vax rate one of highest in nation. Often nonprofits and Latino community feel left out of conversation - afterthought - community orgs were key to success in BIPOC communities. NPs bring network of support that is not always visible but critical. Latinos do and did want to be vaccinated-many myths have been perpetuated that blame those that are being underserved.(Angie)

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Breakout Group H: Scribe Notes (continued)

(Jason, Winona, Angie, Stacy, Nancy)

Winona Hollins Hauge MSW LICSW- Involved with African American community in central area in Seattle and seniors community. Many seniors homebound and couldn't access services. Response to pandemic was to use resources to connect with homebound seniors and ensure needs met. 4,000 seniors in community were reached for vaccination in joining forces with local fire departments and Safeways. Volunteers from local churches critical, pooled resources and partnerships with local community were key. Provided food. Did not see enough effort to help with funding to provide transportation, outreach, information. Local community leaders who serve heart of community have to be included, can't just be government. Need to clearly include NPs and local orgs that serve BIPOC, disabled in communities. UW alum Winona Hollins Hauge has represented the health promotion research center (UWHPRC) and connected with CDC on food security efforts early in pandemic. Families and children were experiencing food scarcity. Helped Together Washington, and several corporate, faith based and CBOs formed with several local organizations to ensure families had access to food using Seattle Public Schools as distribution centers. Bailey Gatzert School already was a hub for needy families and had food drives and local resources available there. Kids who needed access to technology also part of effort. So many unrelated partners came together - business, gender based community, BIPOC. Vaccination efforts partnered with Central Area Senior Center, CCS, CASC, Mount Zions Gods Groceries Distribution and other faith-based orgs. Again, no access to outside funding - needed access to funding more immediately. So many underserved and health equity issues must be addressed. (Winona)

-Stacy Dym The developmental disabilities community is often invisible (DD) (autism, cerebral palsy, epilepsy, Down Syndrome, neurological and genetic conditions at birth or during developmental years). 120,000 plus in WA state, 2% of population, overall disabled population is up to 13% in WA state. There is an old assumption that many people with developmental disabilities live in facilities or institutions, but MOST people (80%) live with families or community-based residential homes and experience direct care within their own homes. When not a family member, the caregiving workforce is often largely an immigrant workforce paid at low wages and work 2-3 jobs, often in nursing homes, assisted living, and in homecare settings. Quick realization that caregivers were unwittingly going home to home (and back to other facilities) and spreading Covid. Flagged it and worked with govt and local public health agencies to bring realization that homecare and direct support professionals needed to be included in health directives and treated like healthcare workers and "facilities" to get access to PPE, training, guidelines for safety, priorities for vaccination. Worked with local fire departments for adult family home distribution, contracted with local pharmacies for in-home vaccination and vaccine clinics at local supported living agencies for both clients served and staff. For some time, clients/individuals with disabilities were getting access to vaccine, but not their family caregivers, homecare or direct support staff. We advocated for a shift so that both vulnerable individuals and staff and family caregivers could be included in vaccine priorities. People with developmental disabilities are 3x more likely to become severely ill, hospitalized, and die from COVID, for people with Down Syndrome, can be 10x higher. This immigrant workforce was often reluctant and distrustful of vaccination, needed more support and encouragement to stave off misinformation. Workforce shortages high with high infection COVID rates, when mandates occurred with vax hesitancy, confusion about mask mandates since many people with DD cannot comply with mask wearing and don't understand, lack of access to PPE was concerning early on. Better realization among public health needed for WHERE people with DD live and how they are cared for. Direct caregiving does not lend itself to isolation. Many challenges with hospitalization when sick person with DD needed support to communicate due to disability, lacked access, did not understand what happening or could not comply with care. People with disabilities cannot isolate themselves, they are reliant on others for direct care and therefore more exposed. School age children with disabilities suffered greatly because remote learning was not accessible to most (physical therapy, communication therapy, behavioral supports don't work well remote, etc) Struggled early to ensure discrimination toward people with disabilities was not pervasive when crisis standards of care may be utilized (a disabled life is worthy and worth living) and spoke alot about accommodations that people with disabilities needed to access care. People living at intersection of disability and other identities were even more affected. (Stacy)

Breakout Group H: Scribe Notes (continued)

(Jason, Winona, Angie, Stacy, Nancy)

1. *What important 'latent' needs did the pandemic highlight?*

-emergency preparedness measures around under-served and under-resourced communities, have higher mortality rates and thus immediate safety net resources should be in place. Addressing gaps of insurance, access to care, utilizing the Obama Care measures for affordable health care for all, to reduce mortality.

- Funding for cbos/nonprofits –we used our reserves
- Power of collaboration-need for increased relationship building
- Proactive thinking
- Preparation and availability from a supply pov
- Communication channels—utilize media from within community
- Relevant Linguistic and cultural outreach and education
- Shared resources
- Need for Current and accessible data
- Need for equity lens and up stream training and funding to ensure that BIPOC, Underserved, Under resourced ,elders, disparate communities are better served.
- Equity reviews needed
- Language access needed more universally across state in every community
- Information and outreach to BIPOC communities
- Lack of use of ethnic trainers, few adds to local, regional and small business media outlets, in future we need to spread the funding for social media campaigns that go directly to the core messengers and messages to the heart of the community.
- Accommodations and remove barriers for disabled community
- Better access to PPE and safety information for caregivers and vulnerable people who receive care in homes and community
- Strategies to relieve isolation of people with disabilities, seniors, non-English speaking communities, BIPOC communities who don't readily have access and understanding to public health information and resources
- Stave off MISinformation
- Higher mortality rates

Breakout Debrief:

- Group A (Faatima)
 - ESD hard hit w/unemployment claims, large staff up quickly.
 - Response at fast pace, small team became larger - Isolation centers from direct services
 - Homeless/congregate living, communication re: vaccine, past trauma
 - Closures, stay at home orders, PPE+ distribution, wasn't central before
 - Connecting with health facilities - not clear on how to do effectively
 - AAR Focus: limits of coordination between governments more effectively, managing regional resources, points of contacts for successes to scale
 - Remote work: how to maintain with tech, how to adapt quickly
 - Staff burnout/retention - how to sustain what was thought to be short term pandemic? Mitigation?
 - Interagency communication between orgs/baseline communication - who has resources, who to go to, make comprehensive & clear
- Group B (Theresa A.) - Brienne was scribe
 - Innovations to get staff home
 - Family balance; school kids home while parents/essential workers working- system- how to address?
 - Eldercare- coordinating/navigating a system not dealt with before, lack of connections
 - Tech/access issues. Great vs less broadband impacts. Need better access for schools to mitigate kids with special needs, etc. Struggle for parents to get kids into learning environment; underserved kids.
 - Symptomatic understanding of gov functions; jobs we haven't done before; learning; jurisdictional resources
 - Pandemic exposed old wounds, continue dialog, avoid short term memory loss
- Group C (Matt -also scribe)
 - Island County disparity between state direction (OSPI/Districts); difficult complying with metrics; difference in vax rates between urban and rural; positive: out in front of pandemic mgmt, but expected short term - purchased cold storage early
 - Decision mgmt decentralized in private industry, no statewide coordinator; but able to share resources/capabilities @ state
 - EMD: Communication became more transparent; gap in vertical continuity, documentation between agencies; but coordination between Puget Sound coordinators
 - Insurance Commissioner: in front of purchasing remote platforms, transitioned to remote work fairly well, moved consumer call center offsite; issue: return to work challenges with agency turnover, hard to fill positions and continuity.
 - Latent: Systems, data, communication, systemic issues, authorities between jurisdictions, how did FEMA public assistance program work confusion, public failures impacted everyone's credibility
- Group D (David - also scribe)
 - Challenges; competing for PPE on global mkt in early days, port/shipping issues; now....testing kits during Omicron, huge effort, not enough. Intersection with state's priorities: essential workers, took a while to understand process
 - Open communication - internal and with partners. Whole state approach between sectors, openness often challenging with CDC, L&I, CMS, all messaging, needed to navigate messages and operationalize.
 - Prior plans not referenced, people scrambling to have unified response at state level.
 - Lack of housing needs: suffered income loss, homelessness via pandemic, newly homeless
 - Robustness of response: building capacity across the board, people working outside of scope of their training challenging.
 - Serving vulnerable populations; seniors, DSHS clients, maintaining services hard
 - DSHS: have people in state care; state hospitals, RHCs huge challenge for dept for safety to minimize outbreaks
 - Homelessness existed before, pandemic exacerbated, lack of public health messaging/role, learned a lot about what DOH does at intersections with our work
 - Essential workers designation...what did that mean for vaccinations, PPE priorities
 - Maintaining good staffing levels for positions at state agencies, burnout, turnover
- Group E (Christina O.)
 - Adam scribe
 - Rapid decision making on a large scale, less visibility
 - Ventilators, got to know exact resources
 - Maintaining services in state, adapting to online to serve community, modernizing biz processes
 - Large language barriers, lack of info, eg vax distributions, many in rural areas without access to vax appointments, lost out
 - Latent: food insecurities, have program with food vouchers/cards, but also housing insecurity - with COVID went back to work, but were replaced, not qualified for unemployment, unable to pay rent, buy food, pay bills, need plan in place
 - Need focused leadership to rapidly manage. Who is in charge? What's the plan? Found out later, feds didn't prepare, need plans in advance
 - PPE - prepare for events; lack of mental wellness, skipped youth - jump in suicide rates due to isolation & depression; domestic violence victims - plan in place to consider stuck at home with abusers

Breakout Debrief:

- Group F (Fernando lead) Jennifer scribe
 - Discussion through equity lens
 - Intersection between minority biz org and state agencies; lacked access to capital, disrupt supply chain
 - WSDOT/DOL/Senator - meet needs of constituents, listening to communities to address. As non-govt entity, trying to access capital, lending institutions, couldn't help all businesses, 60 went under, detrimental impact - no support for families, unable to pay bills, put home at risk
 - How did state infrastructure play into this? Broken. Needs not met. Working remotely, leg aides built workgroups to meet client needs. Work as individuals, plans used by state agencies ineffective since control taken away from individual depts and from private sector. Mandates from state level, not realizing impacts.
 - Experienced biz better able to navigate pandemic; newer biz lost out.
 - Latent needs: to support and build infrastructure at state level and private sector. Children: families that have to go to work, more vulnerable for those who have to stay home with kids. Minority biz went to state with experts to help with unemployment issues - shut out. Didn't listen. Communities not listened to, all control taken away. Note: Undocumented people as well.
- Group G (Darcy Jaffe/Sharlett scribe):
 - Similar themes
 - Commerce: how to get \$\$ out to right folks at right time; adapt- all hands on deck, optimized resources
 - Pharmacy: vax, communication of roles, many left workforce; what to do re: masking and those who still what to wear.
 - Asian Pac-Islanders and how to respond: not monolithic!
 - Language barriers - took a long time, didn't recognize illiteracy in some communities
 - Hospitals: lack of data to assess situation and how to respond. Improved, but still challenges
 - Hazard pay, unemployment insurance for all workers
 - Latent needs: pressure on workforce, more real time coordination as info rapidly evolves - what's real or not? Confusing. Need contingent plan for statewide emergency, not geo contained.
 - Impact of geo, polarized politics, inability to respond. Incorporate in future planning.
 - Govt forms were complicated, hard to understand. Led to delays.
- Group H (Angie- scribe Stacy)
 - PPE, contracts, warehousing distribution/supply chain delays re: materials down to raw materials to manufacture
 - Impacts on different goods at different times, had to deal with constantly, how to look ahead, how to acquire, legitimate materials?
 - Mgmt plan , emergency functions, mult disaster with fires, communication and misinformation, include everyone who needs to be
 - Perspective similarities: operated without pandemic related funding, using non profit reserves, to ensure equitable outcomes for community (vax access on weekends, walk ins)
 - Need: culturally relevant resources: see red flags before they become apparent to wider level, need to be noticed. Eg, senior community and misconceptions re: I/DD with wider range of residents, also home-based seniors, home based those with I/DD, not enough protections in place.
 - Misconceptions: Latinos don't want to be vaxxed, untrustful. Look closer and address misconceptions!
 - Lack of addressing gaps in insurance access, affordable healthcare in place upstream
 - Communication channels, utilize media in served communities, DOH ads, wanted more focused use of media to create images/commercials
 - Anti-vax over created, due to lack of communication re: where to go to get vaxxed. Core messages created angst for communities, give more resources to address.
 - Higher mortality rates in some communities.

Once more with the sticky notes!

Leads to a stronger, more resilient response structure that is postured to meet the needs of the whole community

Is used and not shelved.

Melanie: will result in greater response, higher trust, and fewer deaths next time.

Finish this sentence:

When the After Action Review is completed, I hope the effort.....

Will provide a more realistic view into the future in a much more cohesive and equitable planned manner.

Identifies solvable issues and resources are applied to prioritized solutions

Results in better integration of response and recovery efforts for everyone

Include all communities in decision-making

actually focuses on things that the TF was created for, and that the recommendations of the TF are actually acted on.

Results in more equitable responses and outcomes for underserved communities

I hope that we have a plan moving forward to mitigate the effects of the next pandemic or long-term emergency/recovery efforts

Proactive plans-not reactive responses

Is meaningful, inclusive, and comprehensive.

We have real action to address systemic and institutional change

Results in a comprehensive plan for not just this pandemic but also other future emergencies.

Reflect recovery plan to help our communities heal and build resilience for the next response effort.

We will understand what systems we need to put in place to be prepared for next emergency

Leads to structural reform in state Government and in the private healthcare system

Results in change

Helps all agencies to understand that preparedness and continuity are a shared responsibility - not just government

Yields objective lessons on how we can work (as opposed to how leadership wants us to work)

More lives saved and brings our communities together

I hope more equity and Inclusion that health equity and health Justice are at the forefront

Protects the next generations from some of the pitfalls we experienced in these past two years.

Honors the lives lost to COVID-19 during the pandemic

Thank You...

...for learning and sharing with us today.

- Future Meetings: Fourth Thursday of each month
- Next Meeting: **March 24th** - 9:00 am to Noon
 - Deeper conversation around budget proviso requests
 - Other issues

Link to AAR website:

<https://mil.wa.gov/pandemic-after-action-report-task-force>

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