



***WA Pandemic After Action Review  
Task Force Meeting #12  
January 26, 2023***

# Our Agenda for Today



- Welcome & Where We're At (Kevin H.)
- Coming together.... Report/Idea Sequencing Based on TF input (Nate)
- Detailed Focus Area Workgroup Updates - Specific Recommendations
  - Lead-In (Kerstyn)
  - Detailed Recommendations (Workgroup Leaders)
- Breakouts: Top 5 Key Pandemic Lessons Learned (Phyllis/instructions)

## *Break*

- Full Group Debrief (Phyllis)
- Call for contributions: Short stories/videos/other media that convey different perspectives (Kevin B.)
- Summarize and Adjourn (Kevin H.)

# Where we're at!



→ All Task Force work to-date (resulting in 390 building block recommendations)

→ Initial 13 Themes & 390 Building Block Recommendations

→ Homework to prepare for December TF Meeting

→ December 15th: Refine Themes

→ **January: Refine Report Structure**

→ February: Condense

Input/Recommendations

→ 1st Q 2023: Prepare

11 Task Force Meetings

Task Force Member Presentations

2 Equity Planning Meetings

A → H Focus Group Meetings

Steering Committee Meetings

Equity Gatherings/Documents

AIHC Tribal Comp Report

Agency-Specific AARs

State/Agency Equity Processes

Task Force



*Equity Principles & Toolkit Questions*

*Principles for Effective Meetings (Charter)*

REPORT RECOMMENDATIONS

- Experience, Context, Lessons Learned, Emergent Themes & Stories
- Data and Other Inputs

*Informs.....*

**Equity:**  
Principles, Lived  
Experience &  
Impacts

**Operational, Policy & Planning Recommendations**

- Proviso A & H
- Other identified areas

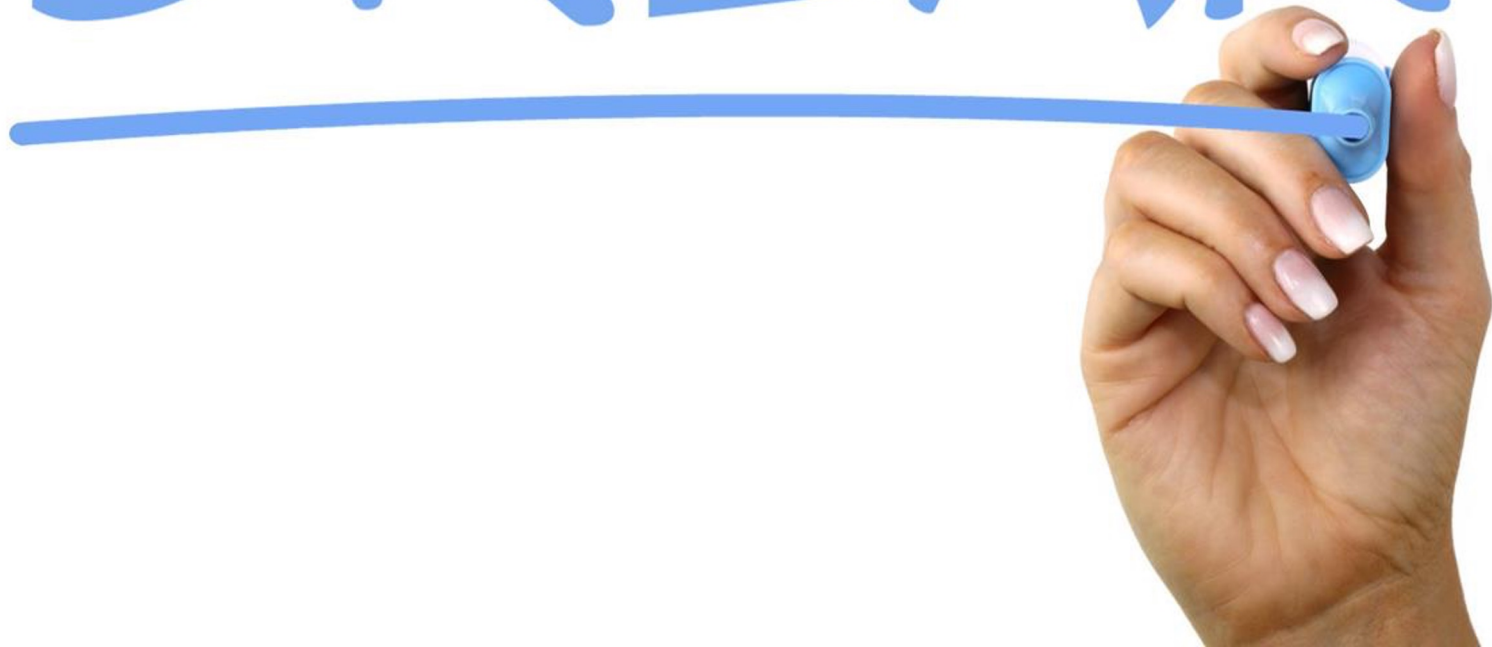
**Foundational Recommendations**

# Focus Area Workgroup Updates



- Specific recommendations

BREAK



# Breakout Group Instructions

**Goal:** What are your 'Top 5' key pandemic lessons learned?

Small Breakout Instructions: Discuss your observations from the homework.

1. *Think 'high level'. What are the most important (KEY) pandemic lessons you've learned to-date, and feel are necessary to convey to leaders and other report readers?*
1. *Why are these most important?*
1. *What context is important to convey around each key lesson?*

Each person write one key lesson learned on a single 'sticky' note (5 total per person). Double click on an empty note and write your lesson learned.



# Breakout Groups

Group **Blue**: Angie Hinojos, B Welch, Kerstyn Dolack, Nomi Peaks

Group **Red**: Tristan Allen, Carina Elsenboss, Christina Sanders, Winona Hollins Hauge

Group **Orange**: Brendan McCluskey, Martin Mueller, Matt Stoutenburg, Nariman Heshmati, Travis Nichols

Group **Purple**: Brianne Probasco, Darcy Jaffe, Faatima Lawrence, Rayanna Evans, Theresa Adkinson

Group **Green**: David Shannon, Heather Erb, Kevin Baker, Melanie Bacon, Ron Weaver

# Notes: Breakout Group Blue

Communication		Communication- improve consistency with operating guidance		Trust the info coming from community advocates to best address real needs esp of underserved communities Angie
Organization	Accessibility	Magnified disparities		Immediate multiple language access at same time English language resources go out/cultural relevance Angie
		Lack of trust- needs improvements		Provide funding and resources to cbos and work with them on relevant consistent trusted messaging Angie
Consistency	Disparities exposed by the process should be prevented next time	Operational organization		Data collection and sharing in real time with public (quantitative and qualitative) Angie
Cultural authority		Building relationships- state agency level, CBO's, etc.		Preplan engagement networks to mobilize quickly so we do not have 'resource deserts' Angie

# Notes: Breakout Group Red

Refine existing state funding processes, according to a pro-equity and anti-racism approach, to ensure future emergency funding is well suited to reach historically marginalized communities

The state should fully commit to a organizing structure for emergency management that is documented in state plans. These plans should be regularly exercised with elected officials.

Behavioral health recognition of significant impact and support everyday systems

EM/Operational coordination - how do we more effectively coordinate across programs?

More formal coordination/communication needs to take place between state and communities

Regional decision making - diversion from traditional decision making during the pandemic cost us

We need to move people (staff volunteers) around better - mobilization

We need to follow our already developed plans, instead of people/entities working in silos/

We have to embed equity and inclusion for all, across the spectrum - IN ADVANCE of an event

Need to address decision making at all levels

Communities with access and functional needs to be considered throughout

Leaders need to be familiar with their roles PRIOR TO a disaster - there seems to be no interest in this until it is too late

Publicly systems that are implemented (i.e. MYIR, WA Notify), we should establish understanding early that systems the state will stand up so locals don't need to

Honor existing decision making frameworks that already exist and refine as needed

Community & faith-based organizations need to be better resourced and compensated for their work

Utilize existing EM frameworks and plans and don't re-create develop new plans in the emergency

A way for making strategic decisions based on equity and racial justice including having a community review/input

Memorialize systems developed in COVID for future incidents - e.g. logistics/supply mgmt, etc. - and modify to scale, so we don't need to recreate

Ensure buy-in on standard processes among leadership and staff - and train and exercises to it

# Notes: Breakout Group Orange

Ensure everyone is at the table

Local planning is important

Communication/direction contradictory or coming from multiple agencies

Local driven plans supported by state and other resources

Rules and regulations need to be flexible, but still be implemented

Importance of public private partnership

Leadership and direction

One size fits all process may not fit smaller communities of vulnerable populations

Fed and state government should be clear about processes.

Communication coordination - missing feedback loops

JIC didn't coordinate information/communication across the state

Need to be able to adapt rapidly to new information

Be real about resource needs

Most vulnerable populations had the greatest impact

# Notes: Breakout Group Purple

Human factor science is just as important as virology science

Maintain relationships and IT systems

Guidance needed right away

Define essential workers for each specific support/resource

Dependence on hospitals will be required as a safety net

It is essential to connect with community group: BIPOC, People with disabilities, hospital/medical communities, Religious communities in the beginning not waiting till last minutes

A consistency in policies beyond politics.

More admin support

Reliance on federal government for healthcare support isn't realistic

If remote services, work, education, etc is the answer, then developing universal broadband across the state must be an ongoing priority.

Strategies to gain and keep trust in the system has to be in place before an emergency happens

End-users need to be part of supply inventory decisions for state emergency stockpiles, emergency P&Ps

Prepare medical and public health systems for an emergency that impacts our country's children as well

*Staying in an "activated" or emergency response mode for long periods of time is unsustainable and led to incredible amounts of burn-out.*

*Community health center staff are incredibly innovative. Their focus on continuous quality improvement, patient-centered care, and community-led services made them uniquely skilled to be leaders and partners in their local response.*

*Throughout the COVID-19 response, community health centers across the state had to take on functions that have traditionally been carried out by governmental public health, including mass vaccinations and mass testing. This pulled resources away from their primary mission - providing primary care.*

*Response leadership at all levels needed to be multi-sectorial and include governmental, non-profit, CBO and private partners.*

# Notes: Breakout Group Green

Local Jurisdiction Leader: No matter what means of communication you're using, you're not reaching everyone who needs to hear the message. Study the data, find the outliers, and figure out how to reach the people you've missed.

For the State/Feds: where there is military in the community, that unit needs to partner with the local govt to deliver information and services.

Need greater clarity on process/input for issuance of Governor Executive Orders

Tribal health jurisdictions need funding for dedicated public health staff in order to fully serve Washington state citizens residing within their jurisdictions

Streamlined internal process for training medical support volunteers to support at DSHS Behavioral Health facilities.

Local Jurisdiction Leader: People can't be taken from their normal jobs and put into pandemic jobs in perpetuity. If the crisis is going to last more than a month, make these new positions and hire for them.

For the State: give the local govts a comprehensive template on how to do pandemic response.

Need to review role of County Medical/Examiners/Corners in the management of deaths associated with the pandemic.

Tribal health jurisdictions need improved access to Washington state disease surveillance data in order to respond to public health emergencies within their jurisdictions

Mitigation efforts to support long-term care facilities and acute-care hospital decompression using monetary incentives, establishing long-term care COVID+ cohort units, and rapid response teams

Local jurisdiction leader: Be kind. This is a hard time for everyone. People make mistakes, but during a crisis they need grace more than ever.



Hospitals need to up-date their morgue storage holding capacities.

Tools and resources are needed to address staff burnout, mental health needs, and high turnover rates

In-person access at Community Service Offices - many services moved to call centers as we navigated infection control protocols. This caused challenges for some clients access to benefits/services in a timely way.

Local jurisdiction leader: Be brave and demand to get what your citizens need. If it's not available through normal channels, try alternate routes.



State needs to provide liability protection for all deployed volunteers.

Future planning is needed for iso/quar facilities and ensuring capacity and training on how to serve different population needs (e.g. Behavioral health disorders)



Local jurisdiction leader: Model behavior. If others are expected to mask, or get shots—you do it first, and willingly. Be a champion for what has to be done.



Health Workforce development needs discussion

Increase regional/statewide coordination since pandemic goes beyond county and tribal borders



# Full Group Debrief

# Presentations during Task Force Meetings



- Departments of Commerce, OSPI, and Agriculture
- NW Mountain MSDC
- Association of Washington Business
- NW Harvest
- WA Hospitality Association
- Restoration Community Impact
- Seattle Indian Health Board
- Nisqually Tribe
- Muckleshoot Tribe
- Suquamish Tribe
- American Indian Health Commission
- Hearing, Speech and Deaf Center
- Centro Cultural Mexicano
- NAACP Snohomish County
- Food Lifeline
- Catholic Community Services
- ARC of WA
- Pacific Islander Community Association of WA



# Thank You...

...for learning and sharing with us today.

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- Next Meeting: **February 23rd**: 9:00 AM to 12:00 PM

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

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