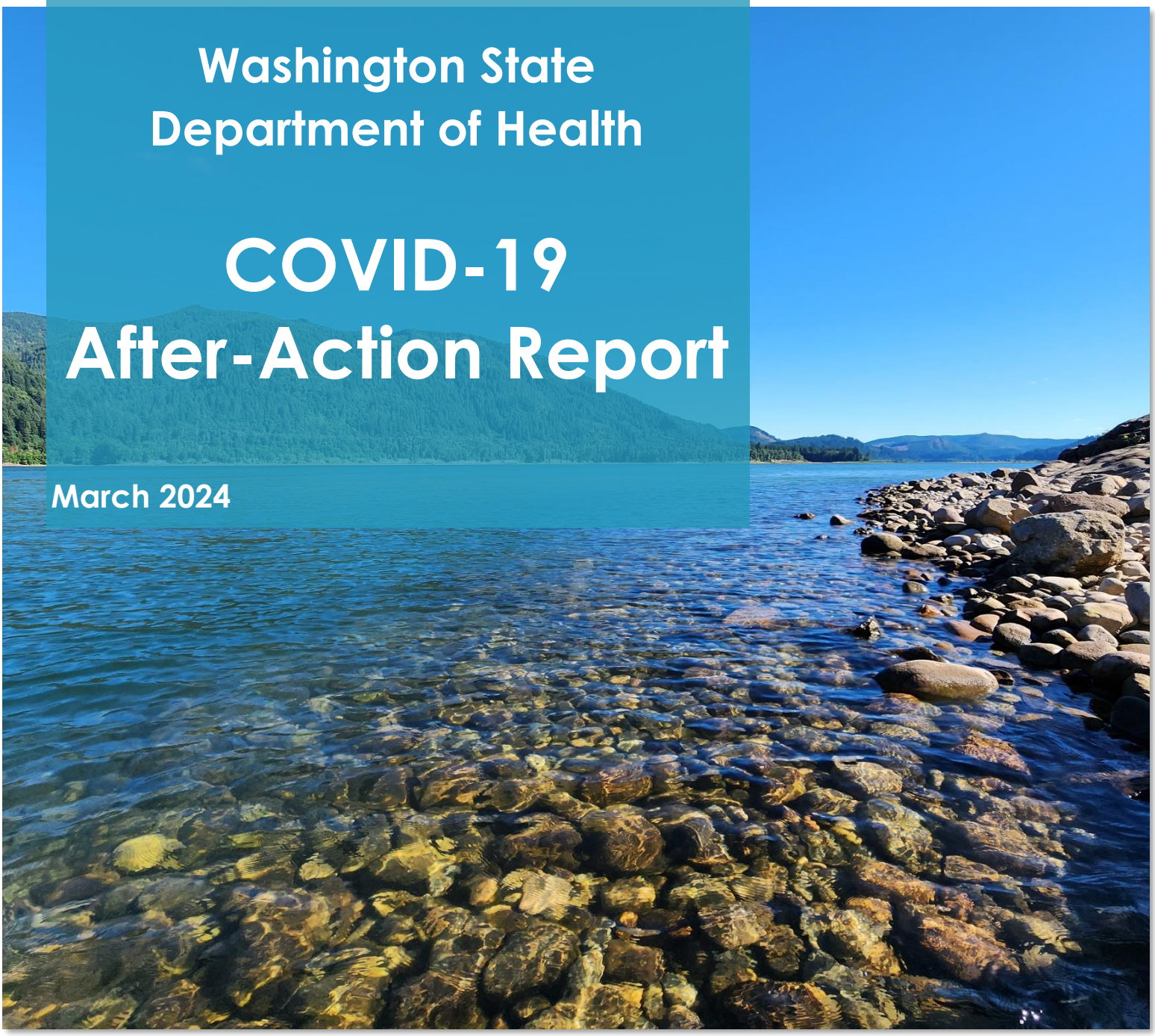
Washington State Department of Health

COVID-19 After-Action Report

March 2024



Prepared by:
The Office of Resiliency and Health Security

Washington State Department of HEALTH

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Umair Shah, MD, MPH
Secretary of Health

Publication Number
DOH 821-218 June 2024

Report Authors:

Amber McPherson
Pandemic After-Action Report Supervisor

Rosalinda Turk
Equity and Social Justice Manager

For more information or additional copies of this report, please contact:

Executive Office of Resiliency and Health Security
PO Box 47960
Olympia, WA 98501

Executive Summary

The Washington State Department of Health (DOH) has issued this After-Action Report detailing the DOH COVID-19 response, covering the period from June 2021 to October 2022. This report also incorporates insights from the 2020 DOH COVID-19 In-Action Report to enhance its comprehensiveness. It delves into 16 areas for analysis: Staff Safety and Wellness, Planning and Policy, Public Information and Messaging, Continuity of Operations, Surveillance and Case Monitoring, Community Needs and Impacts, Resource Management and Distribution, Medical Surge, Tribal Relations, Contracts and Cost Recovery, Contact Tracing, Isolation and Quarantine, Testing Operations, Vaccination Operations, Interagency Coordination and Partnerships, and Volunteer Management.

The unprecedented challenge brought about by the extended COVID-19 pandemic tested the resolve and capabilities of governments globally. Despite having emergency preparedness as a cornerstone, the state of Washington, like many others, found its systems and workforce under immense pressure due to the ongoing response required over three years., The unified front, encompassing state, tribal, local, nonprofit, community, and private sector partners, with unwavering resilience and dedication**,** rose to the challenge, leveraging collective expertise to tackle the unique hurdles of this pandemic, leading to Washington having one of the lowest COVID-19 mortality rates in the United States. As we discern evolving needs stemming from the pandemic and its subsequent impacts, the commitment remains steadfast to continuously strengthening of response and recovery efforts, implementing best practices, and identifying areas for future advancements.

The experiences garnered from the COVID-19 response and recovery provided valuable lessons. This After-Action Report accentuates the vital elements of the response by highlighting the successful initiatives and strategies. Equally important, the report points out areas that warrant enhancement, establishing a base for integrating these valuable lessons learned and formulating best practices for the future. To ensure diligent progress towards the suggested actions within the Improvement Plan, the agency will set specific review timelines for each implementation phase, thus affirming responsibility towards process enhancements.

We express our deepest appreciation to the multitude of staff, partners, and community members who participated in the after-action review process. Their invaluable contributions and candidness not only helped shape this report but also fostered thoughtful outcomes and actionable improvement steps.

As the DOH's journey continues, with sights set on bolstering response and resilience through innovation, engagement, and equity, we encourage all partners to join us in these efforts.

Washington State Department of HEALTH

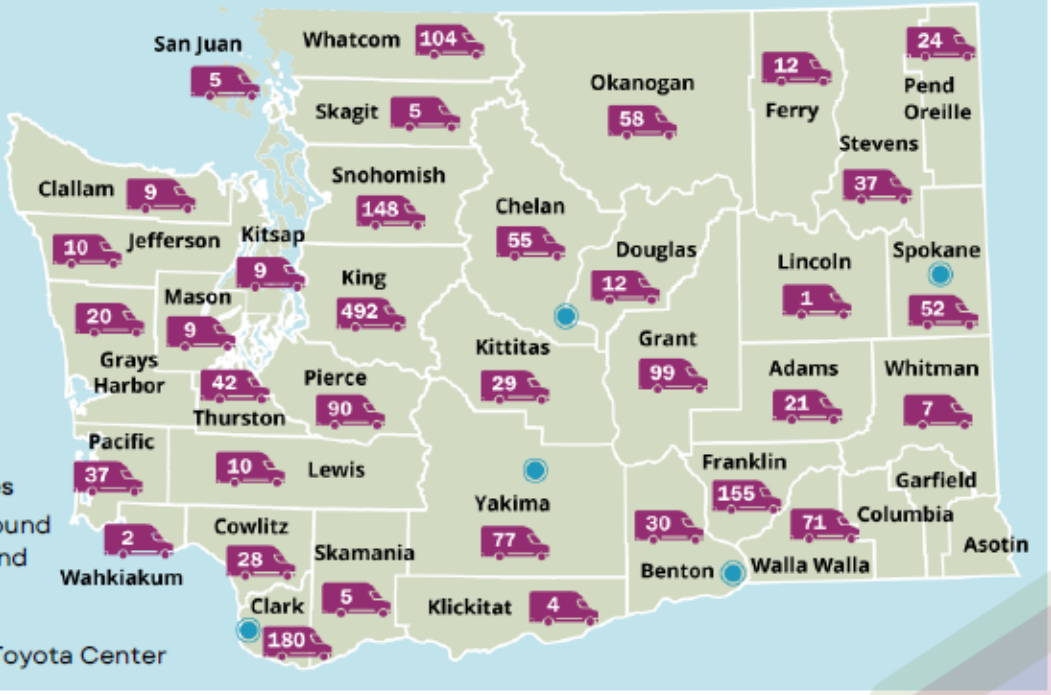
1. Department of Health COVID-19 Innovation and Engagement Summary

Figure 1: Innovation & Engagement at a Glance

VACCINATIONS

From 2021 to 2023, the Department of Health administered:

402,345 vaccinations at 5 Mass Vaccination Sites, 938 Homebound visits, and 1,949 Care-a-Van visits.



Care-a-Van Events

Mass Vaccination Sites

Benton County Fairground
Clark County Fairground
Spokane Arena
Yakima CVC
Chelan County Town Toyota Center

PERSONAL PROTECTIVE EQUIPMENT (PPE)

From 2020 to 2023, DOH made a total of:

26,796 PPE deliveries, with 3,608,134 units delivered (269,785,067 pieces).

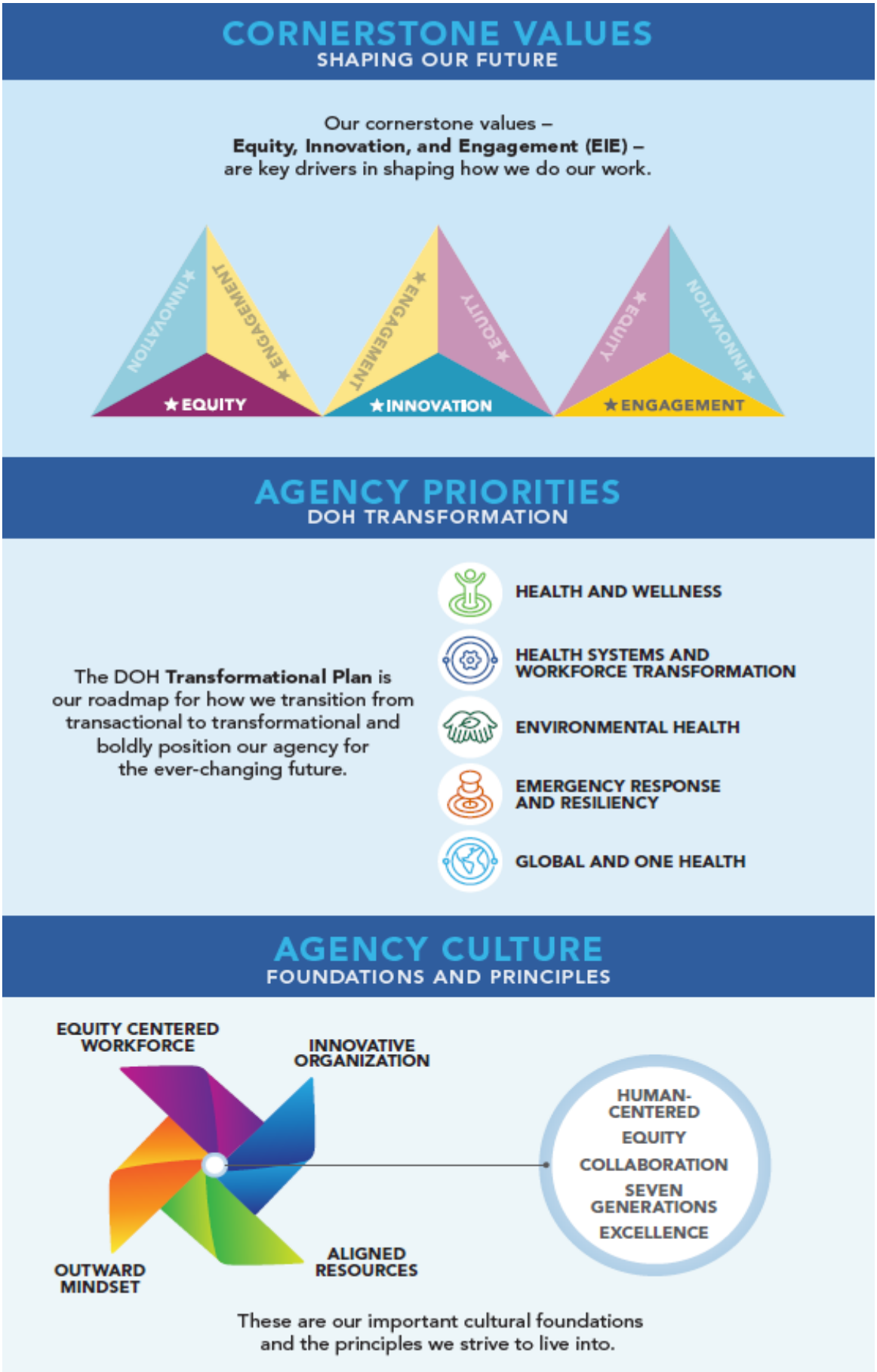
CARE CONNECT WASHINGTON

Care Connect Washington is one of the innovations that helped DOH optimize COVID-19 recovery. Developed as an infrastructure that linked state support with an on-the-ground, community-based workforce helping to meet their basic needs of people who were isolating and quarantining at home.

Care Connect helped **131,741** people with everything from personal protective equipment (PPE), food kits, fresh food and medication deliveries to assistance with housing and childcare supports.

Washington State Department of HEALTH

Figure 2: WA Department of Health Values, Priorities and Culture



Findings Overview

The following section outlines the main strengths and potential opportunities for success within each assessment theme during the specific reporting period of June 1, 2021, to October 31, 2023. For a more detailed explanation of each finding and additional strengths and opportunities for success, please refer to Section 3: Analysis.

Significant Findings		
Theme	Strengths	Opportunities for Future Success
Staff Safety and Wellness	Staff safety, Adaptability, assessment, and enhancement of occupational health measures	Developing tools to increase resiliency, onboarding and training new employees, employee workload management, Breaking down barriers in communication
Planning and Policy	Strategy and process flexibility/adaptability, Community of practice meetings, Reactive and innovative solutions, Collaborative decision making	Additional interdisciplinary collaboration, Increased proactive decision making, Policy implementation, Enforcement authority
Public Information and Messaging	PIO inquiry response framework, Implementation of specialized teams, DOH COVID-19 data dashboard, Increase in community engagement in a virtual environment	Combating misinformation and disinformation, Awareness of materials available in multiple languages, Cultural competence
Continuity of Operations	Collaborative partnerships, Information sharing, Flexibility in operations, COOP enhancements	Succession planning
Surveillance and Information Management	Expanding surveillance, Private/Public partnerships, Development of specialized teams, Addressing identified gaps	Data quality assurance, Data sharing standardization, Disease tracking limitations
Community Needs and Impacts	Partner collaboration, Focused efforts on addressing disparities and inequities, Building community partnerships	Unintended negative consequences, Equitable access to healthcare, Mental health impact
Resource Management and Distribution	Centralized distribution, Evolving distribution strategies	Building resilient supply chains, Interagency supply distribution planning
Medical Surge	Healthcare association relationships, Syndromic surveillance and disease information sharing	Support and situational awareness for healthcare staffing
Tribal Relations	Recognition of tribal sovereignty, Responsive support, Partnership with the American Indian Health Commission, Commitment to health equity	Restrictions on certain funding streams, Tribal allocation of vaccination-related resources
Contracts and Cost Recovery	Cross-Departmental collaboration, Secured multiple COVID-19 funding sources, Secured staffing agreements	Enhanced record keeping, Emergency financial process training, Improved financial collaboration within DOH

Significant Findings		
Theme	Strengths	Opportunities for Future Success
Internal Communications	Employee Feedback Efforts, Opening Communication Channels, Employee and Milestone Recognition	Breaking down Silos, Retention of Institutional Knowledge
Isolation and Quarantine Operations	I&Q Facility Operations, Adaptability to Evolving Guidance, Implementation of Care Connect Services	Agency Roles & Responsibility Clarification, On-site Security Concerns, Acquiring Sustainable Funding
Testing Operations	Expansion of Testing Supply Distribution, Increased Access to COVID-19 Testing, Formalized Testing Program Processes and Procedures	Long-term Infrastructure Planning and Cost Sharing
Vaccination Operations	Private and Public Partnerships, Formalized Vaccine Program Processes and Procedures	Standardizing Mobile Clinics
Interagency Coordination and Partnerships	Addressing Partner Concerns in a Timely Manner, Cross-Sector and Interstate Collaboration, Transformation from an Incident Management Team to an Incident Management Organization	Accessible Centralized Contact Database, Managing Misinformation
Volunteer Management	Cross County Deployment Authorization, Utilizing Volunteers for Staff Support, Identification of Legislative Gap Regarding Volunteer Needs	Equitable Volunteer Availability, Development of a State Operated MRC

TABLE OF CONTENTS

2. Report Overview

2.1 Background

The Executive Office of Resiliency and Health Security developed the Washington State Department of Health (DOH) COVID-19 After-Action Report (AAR) and Improvement Plan (IP) aimed to improve and enhance how the agency responds to future response operations. This report, a crucialfollow-up to the DOH In-Action Report, *COVID-19 In-Action Operational Assessment*, evaluates DOH's response to the COVID-19 pandemic from June 2021 (Delta Wave) to October 2022, with the aim of proposing urgent and important improvements.

2.2 Purpose and Scope

The After-Action Report (AAR) for the Washington State Department of Health (DOH) regarding COVID-19 is a pivotal step in enhancing the state's readiness to effectively respond to future health crises. It serves the purpose of conducting a comprehensive review and evaluation of the department's response to and recovery from the pandemic. It aims to assess DOH's performance during the COVID-19 response, outlining observations and identifying strengths and opportunities for future success. The assessment specifically focuses on the time frame between June 2021 and October 2022 in Washington State, utilizing a comprehensive and data-driven approach to analyze DOH's actions and capabilities. This process gathered valuable insights and experiences from relevant partners and participants. The AAR captures lessons learned (opportunities for future success) from the pandemic, documenting successful practices and areas requiring enhancement. It promotes accountability and transparency within DOH by evaluating decision-making processes, resource allocation, and coordination efforts. The report serves as an official record of DOH's actions, challenges, andoutcomes , and provides a foundation for continuous improvement. Importantly,, it aids communication and coordination with partners, playing a vital role in enabling collaboration in future emergency preparedness and response efforts. The AAR is designed to enhance the state's readiness to effectively respond to future health crises and build resiliency by providing valuable insights, enabling improvements, and informing strategic decision-making.

2.3 Report Contributors

To establish a comprehensive and inclusive network of partners for the review process, enabling the acquisition of specific information on the COVID-19 pandemic and facilitating the identification of successes and lessons learned, the AAR team engaged with several key contributors. The partners involved encompassed a wide range of stakeholders, including Department of Health (DOH) leadership personnel, DOH COVID-19 program area leads, DOH COVID-19 field team members, Tribal Partners, Urban Indian Health Clinics, Urban Indian organizations, local health jurisdiction partners, state governmental partners, non-governmental partners, nonprofit organizations, private sector partners, healthcare coalition staff, healthcare and fatality management partners, mortuary affairs professionals, medical staff, long-term care facility personnel, federal partners, and the general public. Their valuable feedback, collected through surveys, interviews, and focus groups, was instrumental in shaping the review process. For further details about report contributors, please refer to Appendix B.

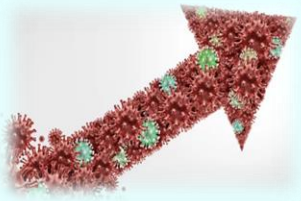
3. Analyses

The Analyses section details the significant strengths and opportunities for success identified during the after-action review process. Each observation is categorized as a strength or an opportunity for future success, and it also identifies the relevant Public Health Emergency Preparedness and Response (PHEP) capabilities and the Federal Emergency Management Agency (FEMA) Core Capabilities defined in the National Preparedness Goal. The analysis is based on documented observations gathered through the data collection process, further detailed in Appendix B: After-Action Review Methods., The study provides specific and highly tailored recommendations, designed to meet the unique needs of our audience. The observations are organized into 16 sections:

<table>
<tr>
<td> 
Staff Safety & Wellness</td>
<td> 

Planning & Policy</td>
<td> 
Public Information & Messaging</td>
<td> 

Continuity of Operations</td>
</tr>
<tr>
<td> 
Surveillance & Case Monitoring</td>
<td> 

Community Needs & Impacts</td>
<td> 
Resource Management & Distribution</td>
<td> 
Medical Surge</td>
</tr>
<tr>
<td> 
Tribal Relations</td>
<td> 
Contracts & Cost Recovery</td>
<td> 
Contact Tracing</td>
<td> 

Isolation & Quarantine</td>
</tr>
<tr>
<td> 

Testing Operations</td>
<td> 
Vaccination Operations</td>
<td> 
Interagency Coordination & Partnerships</td>
<td> 
Volunteer Management</td>
</tr>
</table>

3.1. Staff Safety & Wellness

This section provides strengths and areas of opportunity related to staff safety and wellness activities during the response to COVID-19.

Analysis:

The Washington State Department of Health (DOH) has been steadfast in its commitment to employee safety and continuous education, a testament to its proactive response throughout the response to the COVID-19 pandemic. DOH unwavering dedication to continuously assessing and enhancing occupational health measures, implementing comprehensive safety protocols, and adapting swiftly to evolving situations has been instrumental in safeguarding staff from potential health hazards and ensuring compliance with state and federal regulations.

However, some areas need strengthening. DOH's resilience-building initiatives and efforts towards burnout prevention need to be more comprehensive. While physical protection is critical, DOH must place equal emphasis on emotional and psychological well-being and be aware of personnel workloads. The intensity and urgency of tasks increased significantly during the pandemic, raising the risk of burnout and fatigue among staff. Later in the response, DOH rolled out programs and training to help staff build resilience and manage stress by creating a more predictable work schedule, allowing for all staff to receive overtime even if they were previously not overtime eligible, and providing resources through the Washington State Employee Assistance Program (EAP) and the behavioral health strike team.

The pandemic necessitated a rapid increase in staff, which in turn led to a rushed onboarding process. This highlighted the need for a more structured and efficient training system, particularly a just-in-time training framework. Such a framework should identify critical skills and knowledge gaps that need to be urgently addressed during emergencies. The absence of such a system and a lack of a well-organized repository of training materials resulted in training inconsistencies and potentially hindered new hires' performance. Addressing this issue will not only enhance the organization's preparedness for future emergencies but also instill a sense of confidence in the staff.

DOH's work environment has significantly been impacted by turnover, a challenge the department has resiliently faced. The staff, despite their commitment, have been under stress due to the unsustainable workload of the pandemic, emotional and mental health toll, the need for open and transparent communication and for supervisors to engage in dialogues with their staff to establish reasonable work expectations.

DOH would benefit from enhancing its communication channels, move forward towards a culture of collaboration and creating more opportunities for staff input to guide decision making. Clear, timely communication is crucial during crises, and active staff involvement in decisions can foster a sense of ownership and commitment. A supportive, collaborative environment can help boost staff morale, enhance resilience, and improve performance during high-stress situations like a pandemic.

3.1.1. Strength: Staff Safety

Observation: The feedback provided by Department of Health staff demonstrated a positive assessment of the department's endeavors to ensure the safety of its personnel amid the COVID-19 pandemic.

PHEP Capabilities: Responder Safety and Health

Core Capabilities: Health and Safety

Recommendation: Continue to regularly assess and enhance occupational health and safety measures to safeguard staff from hazards and infections. Enhance the centralized Respiratory Protection Program (RPP) with a unified location, process, and well-trained fit testers. Deliver continuous education on public health emergencies and pertinent subjects to maintain staff readiness and fortify their resilience.

3.1.2. Strength: Adaptability

Observation: The Department of Health displayed an ability to adapt swiftly to the evolving situation, which is crucial in responding effectively to a dynamic crisis.

PHEP Capabilities: Responder Safety and Health

Core Capabilities: Health and Safety

3.1.3. Strength: Occupational Health Measures

Observation: Regular assessments and improvements of occupational health measures demonstrated a proactive approach to employee safety.

PHEP Capabilities: Responder Safety and Health

Core Capabilities: Health and Safety

3.1.4. Opportunity for Future Success: Developing Tools to Increase Resiliency

Observation: Need for expanded resources aimed at promoting employee resilience.

PHEP Capabilities: Community Preparedness

Core Capabilities: Community Resilience

Recommendation: Create resources and training programs that build resilience among staff to enhance their ability to cope with challenging situations and adapt to change effectively. In conjunction, prioritize trainingfor supervisors and managers on how to build resiliency amongst staff. Continue to raise awareness and provide education on burnout prevention, stress reduction techniques, and strategies for achieving work-life balance.

3.1.5. Opportunity for Future Success: Mass Hiring

Observation: Mass employee hiring resulted in a limited onboarding process, which impacted new employees' understanding of the organization's processes and resources. This surge in hiring also created gaps in knowledge about how to succeed in their new roles.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Develop a structured, standard framework for just-in-time training that identifies key onboarding information, critical position skills, and knowledge gaps to be addressed during emergencies or rapidly evolving situations that all offices within DOH can utilize. Conduct a department- wide survey to determine if offices have their own framework built and integrate it into the standard framework when appropriate. Create a repository of training materials and resources that can be quickly accessed and deployed to staff. Establish a process for rapid training deployment, including clear communication channels and timelines for training delivery.

3.1.6. Opportunity for Future Success: Workload Management

Observation: Employee workload, along with the urgency and complexity of tasks, escalated considerably and sustained over an extended period of time.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Encourage supervisors to monitor workloads, collaborate with employees on reasonable work plans, and provide staff with clear operational directions. Implement sustainable work schedules and model well-being practices at all leadership levels.

3.1.7. Opportunity for Future Success: Barriers in Communication

Observation: As the pandemic progressed, there was a reemergence of silos and a deficiency in communication regarding organizational updates, policies, and resources.

PHEP Capabilities: Information Sharing

Core Capabilities: Intelligence and Information Sharing

Recommendation: Maintain open and transparent communication channels to inform staff about organizational updates, policies, and resources. These consistent channels will aid employees in finding information during an emergency. Continue campaigns to encourage staff participation in decision- making processes and provide opportunities for their input and feedback. Cultivate a culture of collaboration and teamwork, promoting peer support and recognition for accomplishments.

3.2. Planning and Policy

This section provides strengths and areas of opportunity related to planning and policy activities during the response to COVID-19.

Analysis:

The Washington State Department of Health's (DOH) response to the COVID-19 pandemic showcased a dedication to crisis management and adaptability. They adeptly adjusted their strategies and processes to align with the ever-evolving nature of the pandemic, attempting to ensure that critical information remained accurate and easily understandable. This approach facilitated efficient communication with various partners, equipping them with the necessary knowledge to respond. Moreover, concurrently with the ongoing pandemic, the Department's ability to address emerging health concerns, such as Mpox, underscores its skill in managing multiple public health challenges. Their adaptability, both in reacting swiftly and proposing innovative solutions, highlights their commitment to public health and bodes well for their preparedness for future health crises.

The Department of Health's success in hosting community practice meetings fostered cooperation, shared learning, and open dialogue among partners, creating an environment conducive to collaborative decision-making. However, some areas warrant improvement. Firstly, enhancing interdisciplinary collaboration between epidemiologists and economists is crucial to developing a more comprehensive, evidence-based approach that integrates public health and economic factors into monitoring, planning, and decision-making processes. Additionally, DOH's response to COVID-19 was predominantly reactive and should continue transitioning to a proactive and strategic decision-making approach to enhance long-term effectiveness and efficiency.

However, it's crucial to stress the urgency of addressing limitations in enforcement authority through legislative and regulatory changes. This is essential for effective policy implementation during public health

emergencies, ensuring compliance with health measures, and better equipping the department for future crises.

3.2.1. Strength: Strategy and Process

Observation: DOH demonstrated flexibility and adaptability by adjusting their strategies and processes based on the evolving nature of the pandemic.

PHEP Capabilities: Community Preparedness, Emergency Operations Coordination

Core Capabilities: Operational Coordination, Operational Communications, Planning

Recommendation: Continue to integrate health equity considerations into all planning and policy efforts to address disparities in access to healthcare, testing, treatment, and vaccination. Adjust as needed targeted outreach strategies, community engagement initiatives, and culturally appropriate interventions to assist with equitable distribution of available resources and services during an emergency.

3.2.2. Strength: Community of Practice Meetings

Observation: DOH hosted Community of Practice meetings, Western State Calls, and Health Officer meetings to promote collaboration, facilitate shared learning, and encourage open partner dialogue. Additionally, DOH held other external partner meetings and trainings throughout the department's multiple offices to enhance communication with partners.

PHEP Capabilities: Information Sharing, Emergency Operations Coordination

Core Capabilities: Operational Coordination, Operational Communications, Planning

3.2.3. Strength: Reactive and Innovative Solutions

Observation: DOH's policy adaptability reflects both a reactive and innovative approach to public health crises, demonstrating its commitment to public health preparedness.

PHEP Capabilities: Community Preparedness, Emergency Operations Coordination

Core Capabilities: Operational Coordination, Operational Communications, Planning

3.2.4. Strength: Collaborative Decision Making

Observation: DOH's approach to policy and planning demonstrated the power of open dialogue in promoting innovative strategies, collaborative decision-making and community-focused approaches.

PHEP Capabilities: Community Preparedness, Emergency Operations Coordination

Core Capabilities: Operational Coordination, Operational Communications, Planning

3.2.5. Opportunity for Future Success: Additional Interdisciplinary Collaboration

Observation: The effectiveness of response strategies may have been constrained by the absence of interdisciplinary collaboration.

PHEP Capabilities: Information Sharing, Emergency Operations Coordination

Core Capabilities: Operational Coordination, Operational Communications, Planning

Recommendation: Promote interdisciplinary collaboration between epidemiologists and economists during non-emergency periods to ensure a thorough, evidence-based approach to monitoring, planning, and policy development. Facilitate regular communication, joint research initiatives, and collaborative discussions to create effective response strategies for public health and economic considerations. This will enable a more efficient process for generating requested information when working under tight deadlines during emergency activations.

3.2.6. Opportunity for Future Success: Increase Proactive Decision-Making

Observation: Decision-making was reactive, driven by the urgency of the crisis, which often resulted in decisions made hastily without considering the broader implications. This demonstrates a need for a shift from a predominantly reactive approach to a more proactive approach to improve long-term effectiveness and efficiency, as reactive decision-making can lead to missed opportunities for strategic planning and a heightened risk of suboptimal outcomes.

PHEP Capabilities: Community Preparedness, Emergency Operations Coordination

Core Capabilities: Operational Coordination, Operational Communications, Planning

Recommendation: Prioritize proactive decision-making in strategic planning. Recognize the importance of building systems while responding to emergencies and identify opportunities to streamline processes and enhance efficiency. Establish knowledge-sharing mechanisms and collaborate with other regions to align with best practices and learn from their experiences. By balancing response and strategic planning efforts, the Washington State Department of Health can improve preparedness, response capabilities, and overall effectiveness in managing public health emergencies.

3.2.7. Opportunity for Future Success: Policy Implementation

Observation: The bilateral movement of information, especially policy decisions, between leadership and the implementation teams was not consistently clear or timely, leading to confusion, stalled processes, and potential work disruptions

PHEP Capabilities: Information Sharing

Core Capabilities: Intelligence and Information Sharing

Recommendation: Improve communication and coordination between leadership and implementation teams to ensure precise and timely bilateral movement of information, particularly policy decisions. Establish transparent channels for effective information flow, including regular updates, feedback loops, and streamlined approval processes. Enhance leadership support for implementation through a collaborative culture, providing necessary resources and prioritizing timely action on approved recommendations.

3.2.8. Opportunity for Future Success: Enforcement Authority

Observation: DOH had varying levels of enforcement authority, which limited the ability to enforce certain measures and requirements. This affected the effectiveness of implementing and ensuring compliance with COVID-19 guidelines.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination, Planning

Recommendation: In planning and policy development, consider the DOH's enforcement authority to ensure effective implementation and compliance with policy guidelines and measures. Review existing legislation and regulations to identify gaps or limitations in enforcement powers. Seek necessary legislative or regulatory changes to empower DOH with the authority to enforce measures and requirements effectively.

3.3. Public Information & Messaging

This section reviews strengths opportunities related to public information and messaging activities during the response to COVID-19.

Analysis:

DOH implemented several strategies to manage public information and messaging related to COVID-19 effectively One such strategy was establishing a triage system for media inquiries, allowing for the prioritization of urgent and critical information, thus ensuring prompt responses without compromising overall response time. This approach enabled efficient resource allocation and dissemination of accurate and timely information to the public. Additionally, implementing an assignment matrix for Public Information Officers (PIOs) effectively ensured was effective at ensuring the distribution of responsibilities based on expertise, enhanced the credibility of responses to media inquiries and prevented confusion or delays.

The organized triage systems and assignment matrices were influential and instrumental in controlling the deluge of daily media inquiries during the pandemic. They effectively managed public expectations and alleviated concerns. The resounding success of these approaches underscored their relevance for future responses and instilled confidence in the structured framework they provide for a well-coordinated response to unpredictable crises.

DOH's formation of specialized teams was a testament to its adaptability and problem-solving skills during the pandemic. These teams, specifically designed to address the unique challenges impacting marginalized communities, tailored strategies, and guidelines for various aspects of response, including testing, vaccination, and infection control. Their ability to adapt and provide tailored guidance was crucial for navigating the complexities of COVID-19. The establishment of the communications team further emphasized our commitment to transparent and accountable communication with various industries, working towards disseminating accurate information and maintaining public trust.

Data visualization was pivotal in allowing public health professionals, policymakers, and the public to understand health-related issues effectively. The DOH's COVID-19 Data Dashboard was a prime example, providing comprehensive visual representations of COVID-19 data specific to Washington State. Through interactive charts and maps, the dashboard had allowed for tracking trends, making informed decisions, and proactively addressing emerging health challenges.

In response to the limitations posed by the pandemic, DOH demonstrated adaptability and innovation by shifting community engagement efforts to a virtual environment. They maintained active connections with community members through webinars, virtual town halls, and social media campaigns, fostering meaningful dialogue and education. Collaboration with local community organizations and stakeholders also facilitated sharing resources and local insights, strengthening the connection between public health efforts and communities.

Despite these commendable efforts, the persistence of misinformation and disinformation highlighted the need for ongoing refinement of strategies. A multi-faceted approach that engages diverse partners and community leaders is essential in effectively countering false narratives. DOH needed to continue evolving these strategies to ensure the accuracy of information disseminated and reinforce their commitment to transparent and evidence-based communication.

While DOH made strides in language accessibility, ensuring comprehensive language coverage and improved awareness of available resources among community members remains. Regular assessment and adjustments to the language access plan, along with partnerships with community organizations and influencers, could enhance communication effectiveness, making vital health information accessible to all, regardless of linguistic or cultural background.

Cultural competence emerged as a critical factor in effective public health policy. Tailoring communications to align with the cultural dynamics of diverse communities fostered inclusivity, enhanced community relations, and addressed health disparities. A culturally sensitive approach streamlined departmental efforts, promoted cooperation, and improved DOH's overall performance in managing public health emergencies. In summary, DOH's multi-faceted strategies demonstrated its commitment to effective crisis management. Still ongoing refinement and enhancement are essential to comprehensively meet the evolving challenges of public health crises.

3.3.1. Strength: Department of Health (DOH) COVID-19 Data Dashboard

Observation: The COVID-19 Data Dashboard allowed for users to access detailed information throughout the pandemic.

PHEP Capabilities: Public Health Surveillance and Epidemiological Investigation, Information Sharing

Core Capabilities: Public Health, Healthcare, and Emergency Medical Services and Intelligence and Information Sharing

Recommendation: Sustain investments in data visualization tools and skills to optimize the use of data for decision-making and enhance communication with the public. Effective data visualization empowers public health professionals, policymakers, and the public by facilitating trend identification, comprehension of complex information, and promoting positive health outcomes.

3.3.2. Strength: PIO Inquiry Response Framework

Observation: The PIO team devised a structured approach to efficiently handle the numerous media inquiries received daily. This included a triage system for sorting inquiries and an assignment matrix to ensure PIO's were aligned with all pertinent and active COVID-19 topics. Moreover, the team sought to adopt a proactive versus reactive communications strategy. This proactive approach manifested through several initiatives: hosting regular media briefings (ranging from weekly to monthly depending on the need), issuing frequent press releases and media alerts, and conducting regular meetings with key stakeholder groups.

PHEP Capabilities: Emergency Public Information and Warning

Core Capabilities: Public Information and Warning

3.3.3. Strength: Implementation of Specialized Teams

Observation: By establishing specialized teams like the Health Equity team and the Guidance team, DOH demonstrated a focused approach in addressing specific areas of concern.

PHEP Capabilities: Emergency Public Information and Warning, Information Sharing

Core Capabilities: Public Information and Warning, Intelligence, and Information Sharing

3.3.4. Strength: Community Engagement in a Virtual Environment

Observation: DOH intensified its community engagement efforts through virtual platforms and online initiatives.

PHEP Capabilities: Community Preparedness, Community Recovery

Core Capabilities: Operational Communications

Recommendation: When deemed safe in non-emergency situations, return to actively engaging with community members in their own surroundings, such as physically attending community events, educational events, and participating in other local gatherings. This approach helps build relationships through direct interaction and meaningful dialogue.

Recommendation: Proactively address the growing polarization in public health messaging by continuing to persistently engage diverse partners, fostering community partnerships, and advocating for evidence-based decision making.

3.3.5. Opportunity for Future Success: Combating Misinformation and Disinformation

Observation: While efforts were made to combat misinformation disinformation continued to circulate, emphasizing the ongoing need for effective strategies to counter false narratives and promote accurate information.

PHEP Capabilities: Emergency Public Information and Warning

Core Capabilities: Public Information and Warning

Recommendation: Strengthen efforts to combat misinformation and disinformation by developing and implementing effective strategies to counter false narratives and promote accurate information. Incorporate insights from behavioral economics to improve communication and messaging, focusing on positive community actions, empathy, and fostering unity and collective responsibility.

3.3.6. Opportunity for Future Success: Awareness of Materials Available in Multiple Languages

Observation: Depending on the topic, participants in the community survey expressed varying degrees of agreement on the accessibility of COVID-19 materials in their spoken language.

PHEP Capabilities: Emergency Public Information and Warning

Core Capabilities: Public Information and Warning

Recommendation: Ensure maximum understanding of where to find DOH materials by employing culturally appropriate messaging and community engagement strategies. Continuously evaluate the effectiveness of language access initiatives through data collection, community feedback, and performance monitoring. Use the findings to make necessary adjustments and continuously improve and refine language services.

3.3.7. Opportunity for Future Success: Cultural Competence

Observation: Increased awareness of the cultural aspects of communities could lead to increased positive interactions and new policies and guidance positively impact Washington residents.

PHEP Capabilities: Community Recovery, Emergency Operations Coordination

Core Capabilities: Planning, Operational Coordination

Recommendation: Offer DOH staff comprehensive cultural competence training, emphasizing these skills in community outreach, messaging, and the development of data products tailored for diverse audiences. This training will enhance their understanding of diverse cultures, customs, and communication styles, fostering respectful and effective engagement with community members. Training should include how to customize

communication materials and messages to align with the cultural and linguistic preferences of Washington communities. .

3.4. Continuity of Operations

This section provides strengths and opportunities related to continuity of operations during the response to COVID-19.

Analysis:

DOH displayed a commitment to maintaining essential services through the implementation of the Continuity of Operations Plan (COOP) measures during the COVID-19 pandemic. Their adaptable response, emphasizing remote work, data management, risk communication, and cross-sector collaboration, created a safe and functional working environment. However, areas were identified for improvement, including the need to strengthen succession planning, improve data interoperability, address information gaps, and continue building equitable access to resources and information.

DOH's early activation, as detailed in the In-Action Report of emergency operations, facilitated a smooth transition to an alternative working structure during the pandemic. The department fostered collaboration across various sectors, including public health, healthcare, emergency management, education, the private sector, and community organizations. These partnerships proved invaluable for resource sharing, knowledge exchange, and for the implementation of best practices as the response progressed.

While DOH made significant strides in information management and communication, challenges arose due to high staff turnover and onboarding, both internally and with external partners. Despite these obstacles, the department's flexible approach enabled it to create a conducive work environment for staff while ensuring continued productivity. Minor interruptions occurred as it addressed inventory requirements for remote operations, considering its rapid expansion.

During the pandemic, staff members sometimes had to pause their tasks temporarily while waiting for leadership approval. This pause occurred as leadership juggled multiple responsibilities, and alternative approval channels were limited. The situation emphasized the need for clear delegation protocols and backup approval processes. Having these in place would allow for more agile and efficient operations, especially during crises.

The review of the COOP revealed a comprehensive approach to handling potential hazards and disruptions that could affect regular operations within DOH, but there were some gaps in identified disruptions. Considering the department's dedication to addressing potential challenges within the COOP, revising the plan by integrating lessons learned from the COVID-19 pandemic and other public health emergencies becomes essential. This proactive strategy will help ensure the plan remains current and capable of effectively addressing changing circumstances.

3.4.1. Strength: Collaborative Partnerships

Observation: DOH fostered collaboration with various sectors, including public health, healthcare, emergency management, education, the private sector, and community organizations. Partnerships were established to share resources, expertise, and best practices, leading to a coordinated response.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operations Coordination

Recommendation: Continue to enhance communication and collaboration by developing a seamless communications plan that includes DOH personnel, external partners, and the public. Utilize various communication channels, such as email, phone systems, social media, and emergency notification systems, to disseminate information.

3.4.2. Strength: Information Sharing

Observation: DOH made significant progress in information management and communication. However, information sharing was difficult due to high staff turnover and onboarding with internal and external partners.

PHEP Capabilities: Information Sharing, Emergency Operational Coordination

Core Capabilities: Intelligence and Information Sharing, Planning, Operational Coordination

Recommendation: To enhance information management and communication, it is recommended to develop a comprehensive database centralizing partner contact information with a list of agencies to engage depending on the type of emergency. This will serve as a valuable tool for DOH to effectively coordinate and collaborate with the appropriate organizations during an emergency.

Recommendation: Continue to nurture a culture of preparedness and resilience among DOH personnel through COOP awareness campaigns, trainings, and ongoing education initiatives. Raise awareness on how employees can proactively report potential risks, vulnerabilities, or suggestions to the COOP planning team.

Recommendation: Organize frequent training sessions and exercises to acquaint personnel with the COOP plan, assess its effectiveness, and identify areas for enhancement. Conduct regular debriefings and evaluations to pinpoint opportunities for improvement and formalize corresponding strategies.

3.4.3. Strength: Flexibility in Operations

Observation: DOH adopted a flexible strategy to create a conducive work environment for its staff while ensuring continued productivity. Minor interruptions arose because of inventory requirements for remote operations, considering DOH's rapid expansion.

PHEP Capabilities: Emergency Operations Coordination, Responder Health and Safety

Core Capabilities: Operational Coordination, Logistics and Supply Chain Management

Recommendation: Update existing policies and procedures to streamline telework and remote operations for DOH personnel in the event of disruptions. Maintain an inventory of essential equipment, establish alternate sourcing options, ensure seamless access to necessary systems, and establish reliable communication channels to enable remote fulfillment of responsibilities.

3.4.4. Strength: COOP Enhancement

Observation: The COOP review showed a thorough method for handling potential hazards and disruptions that could impact regular operations within DOH. Given DOH's dedication to prioritizing and addressing possible challenges within its COOP, it is imperative to update the plan by incorporating insights gained from the COVID-19 pandemic and other public health emergencies. This will ensure the plan remains up-to-date and effective in addressing evolving circumstances.

PHEP Capabilities: Community Preparedness

Core Capabilities: Planning

Recommendation: Ensure the Continuity of Operations Plan identifies potential hazards and threats that could disrupt normal operations, such as natural disasters, pandemics, cyber-attacks, or infrastructure failures. Assess the likelihood and impact of these risks to prioritize planning efforts.

3.4.5. Opportunity for Future Success: Succession Planning

Observation: During the pandemic, there were instances when staff members had to pause and wait for approval from leadership to move forward with their work. These delays emerged as leadership balanced multiple responsibilities, as alternative approval channels were limited.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operations Coordination

Recommendation: Implement agile decision-making practices by creating flexible processes that enable swift adjustments in response to rapidly developing situations and emerging data. Define clear lines of authority, designate decision makers, and establish escalation procedures to expedite critical decisions during emergency situations.

Recommendation: Identify critical personnel and develop a succession plan to maintain uninterrupted leadership and decision-making in the event key individuals are unavailable during disruptions. Offer training and cross-training programs to potential successors to enhance their preparedness and readiness.

3.5. Surveillance & Case Monitoring

This section reviews strengths and opportunities related to surveillance and case monitoring during the response to COVID-19.

Analysis:

During the initial stages of the pandemic, DOH faced challenges with surveillance and case monitoring when it came to its data systems. These systems, not originally designed to handle large data volumes, experienced frequent crashes and severe delays, which created difficulties in analyzing data. Despite the intense public, media, and leadership demand for data, there was a deficiency in capacity to interpret and analyze the information effectively due to the focus on core data management. Significant improvements were made, with assistance from Informatics, which elevated the systems to an acceptable level. Also, to increase surveillance and case monitoring capabilities DOH partnered with Microsoft early in the pandemic and developed a hospital data collection database and a public case monitoring portal, thereby improving operational visibility and enhancing comprehensive information provisions for public health surveillance and response.

DOH also addressed infrastructure concerns by augmenting computational power, ensuring resource access, and confronting policy restrictions, which facilitated more efficient data processing. It modified disease surveillance databases like the Washington Disease Reporting System (WDRS) to gather and analyze data from various sources. This proved critical for informed decision-making and resource allocation.

To address additional surveillance and case monitoring gaps identified in the COVID-19 In-Action Report, DOH utilized tools such as CREST (Case Risk and Exposure Surveillance Tool) and REDCap (Research Electronic Data Capture) to support outbreak investigation. However, challenges persisted, including reliance on self-reported data, which can introduce inaccuracies and potential biases. Confusion in reporting hospital and Intensive Care Unit (ICU) bed capacity data resulted in delays and inaccuracies. Additionally, some healthcare providers

were hesitant to share operational information due to fears of regulatory scrutiny, constraining DOH's effectiveness. Furthermore, shortages in testing supplies and delays in positive case detection and confirmation obstructed accurate disease spread tracking, causing increased illness and mortality in the first year of the response. As the response continued, testing was more widely available and at-home test kits were distributed. While home test kits provided quicker results, they may have reduced the states' ability to track positive cases accurately.

As the COVID-19 pandemic persisted, the emergence of multiple infectious diseases, including Mpox, necessitated immediate attention. DOH had to be adaptable in their response with the evolving public health crises, such as the transition from a singular focus on COVID-19 surveillance to an expanded surveillance effort encompassing emerging diseases. DOH adeptly reallocated its resources and intensified its surveillance initiatives, showcasing remarkable resilience in managing a multitude of concurrent public health emergencies. In recognition of this complex landscape, DOH proactively established specialized response teams within its ranks to ensure swift and effective responses to emerging disease outbreaks. This proactive approach has solidified DOH's capacity to address evolving public health crises comprehensively and efficiently.

3.5.1. Strength: Expanding Surveillance

Observation: DOH showed the ability to swiftly expand surveillance efforts from COVID-19 to emerging public health concerns such as Mpox. This demonstrated its adaptability and agility in promptly addressing new challenges, underscoring resilience in responding to multiple public health emergencies simultaneously.

PHEP Capabilities: Public Health Surveillance and Epidemiological Investigation, Emergency Operations Coordination

Core Capabilities: Operational Coordination

3.5.2. Strength: Private/Public Partnerships

Observation: In 2020, DOH's collaboration with Microsoft resulted in a database for hospital data collection and a public website, improving operational visibility and providing comprehensive information for public health surveillance and response.

PHEP Capabilities: Emergency Public Information and Warning, Emergency Operations Coordination

Core Capabilities: Public Information and Warning

Recommendation: Strengthen data management and analytics by improving data collection, management, and sharing systems to enhance real-time monitoring, situational awareness, and decision-making capabilities. Establish interoperability between different data systems to enable seamless data exchange among relevant agencies and partners. Additionally, invest in advanced data analytics and modeling capabilities and epidemiologic capacity to support evidence-based decision-making and predictive analysis for improved public health outcomes.

3.5.3. Strength: Development of Specialized Teams

Observation: The development of specialized response teams showcased DOH's agility in promptly addressing outbreaks, even deploying on-site interventions in congregate settings with remarkable speed and efficiency. This rapid response capability played a crucial role in containing and mitigating emerging health threats.

PHEP Capabilities: Non-pharmaceutical Interventions, Community Recovery

Core Capabilities: Long-term Vulnerability Reduction, Public Health, Healthcare, and Emergency Medical Services

Recommendation: Continue to promptly develop and promote syndromic surveillance processes that capture and monitor key symptoms and indicators related to the public health impact being monitored. This will provide early warning signals and enable rapid response to emerging trends, clusters, or hotspots, helping mitigate the impact to public health.

3.5.4. Strength: Addressing Identified Gaps

Observation: In response to the surveillance and case monitoring gaps identified in the COVID-19 In-Action Report, DOH implemented tools and technologies such as CREST and REDCap to bolster outbreak investigations and reporting. These initiatives achieved notable success in effectively capturing, documenting, and disseminating outbreak statistics, producing reports detailing outbreaks in various settings, including schools and non-healthcare environments.

PHEP Capabilities: Public Health Surveillance and Epidemiological Investigation, Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Continue to leverage advanced data analytics and predictive modeling techniques to gain insights into trends, patterns, and projections that impact public health. This will support targeted interventions for effective control and management of an incident.

3.5.5. Opportunity for Future Success: Data Quality Assurance

Observation: Delayed and conflicting partner data impeded the accuracy, comprehensiveness, and reliability of surveillance and monitoring initiatives. The lack of proactive measures and well-defined reporting protocols for identifying and addressing data discrepancies hindered response efforts.

PHEP Capabilities: Public Health Surveillance and Epidemiological Investigation, Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Implement robust data quality protocols. Conduct periodic audits, validations, and gather feedback to ensure data accuracy, completeness, and reliability. Promptly address any inconsistencies to maintain credibility in surveillance and monitoring efforts. Continuously evaluate the effectiveness of these strategies through performance assessments, partner input, and data analysis.

3.5.6. Opportunity for Future Success: Data Sharing Standardization

Observation: The reliance on self-reported data for surveillance systems introduced inaccuracies and potential biases in the collected information.

PHEP Capabilities: Public Health Surveillance and Epidemiological Investigation, Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Formalize a standardized mechanism and protocol for regular data sharing among partners, including healthcare providers, to facilitate joint analysis and enhance evidence-based decision-making. Collaborate to develop a transparent reporting framework that aligns with regulatory requirements and ensures confidentiality and privacy protections.

3.5.7. Opportunity for Future Success: Disease Tracking Limitations

Observation: Testing supply shortages and delays in detection and confirmation of positive cases due to Public Health Laboratory and other partner and commercial laboratories limitations, hindered accurate tracking and monitoring of disease spread, potentially leading to further illness and mortality.

PHEP Capabilities: Public Health Surveillance and Epidemiological Investigation, Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Improve and grow the existing surveillance systems, adding wastewater monitoring capabilities. This will allow capturing and analyzing real-time data to track different incidents. With this upgrade, DOH can promptly detect, trace, and monitor cases, enabling timely response and intervention measures.

3.6. Community Needs & Impacts

This section reviews strengths and opportunites related to community needs and impacts during the COVID-19 response.

Analysis:

DOH fostered crucial partnerships with external collaborators, including nonprofit partners such as Health Commons Project, educational service districts (ESDs), and related associations, as part of their comprehensive COVID-19 response and recovery efforts. These collaborations were crucial in guiding partners, communities, and promoting wellness programs in schools. Additionally, DOH started the "Nurse Connects" program which conducted surveys to support school nurses and addressed their questions and concerns about properly applying COVID-19 protocols within school environments. However, establishing communication with senior educational leaders and key contacts within schools proved challenging due to their demanding schedules, creating barriers to effective information dissemination in school settings.

DOH encountered additional challenges, including an initial lack of resources and staffing capacity, which hampered the departments initial response. Budgetary constraints prior to COVID-19 funding and staffing issues limited the ability to fully address community needs and swiftly implement strategies. This underscored the importance of proactive planning and sustained efforts in managing future public health crises.

As the state moved into a new phase of the pandemic, DOH placed a significant emphasis on tackling healthcare access and outcome disparities, particularly among marginalized communities. DOH advocated for decision-making and resource distribution through an equity lens. It actively engaged with community concerns and criticisms. By prioritizing the communities most affected by the pandemic and collaborating with more than 200 organizations, DOH worked hard to achieve health equity. Collaborative initiatives, like the vaccine implementation collaborative, played a key role in strengthening the overall response.

Moreover, DOH acknowledged the unintended negative consequences of non-medical countermeasures, and their impact on health equity, community well-being, and disruptions to cultural practices and traditions. To mitigate these repercussions, DOH stressed the significance of ongoing analysis of countermeasure effects on personal well-being, community trust, and health disparities. This analytical approach will facilitate a balanced and comprehensive crisis response in the future.

3.6.1. Strength: Partner Collaboration

Observation: DOH collaborated with various external partners, such as nonprofit Health Commons Project, ESDs, and education and health associations, to support COVID-19 testing, guidance, and wellness initiatives in schools.

PHEP Capabilities: Information Sharing, Emergency Operations Coordination

Core Capabilities: Intelligence and Information Sharing, Operational Coordination

Recommendation: Continue to enhance community engagement strategies to foster a sense of ownership and active participation. Create platforms for open dialogue, solicit feedback, and involve community leaders and organizations allowing a community voice to help guide decision-making. This will ensure community needs and perspectives are considered when developing response plans.

3.6.2. Strength: Addressing Disparities and Inequities

Observation: DOH applied pandemic lessons learned from the In-Action Report and worked towards rectifying healthcare disparities and inequities in access and outcomes, particularly among marginalized and disproportionately impacted communities. It advocated for an equitable approach in decision-making, information dissemination, and resource allocation.

PHEP Capabilities: Community Preparedness, Community Recovery

Core Capabilities: Operational Coordination

Recommendation: Boost communication channels to provide accurate, timely, and accessible information to the public. Develop clear and consistent messaging, utilizing multiple platforms and languages. Collaborate with trusted community partners, healthcare providers, and media outlets to disseminate information effectively.

Recommendation: Invest in community resilience by supporting initiatives that strengthen social cohesion, empower individuals, and promote community self-sufficiency.

3.6.3. Strength: Building Community Partnerships

Observation: DOH showed a strong commitment to building community partnerships through ongoing community engagement. This involved actively listening to community concerns and criticisms, funding key community partners to act as a communication bridge between the state and their communities and collaborating with more than 200 community organizations.

PHEP Capabilities: Information Sharing, Community Preparedness, Community Recovery

Core Capabilities: Intelligence and Information Sharing, Operational Coordination

Recommendation: Continuously prioritize proactive community engagement by actively listening to concerns and criticisms from communities. Implement mechanisms like community advisory boards or forums to ensure meaningful participation, giving marginalized communities a voice in processes and resource allocations that impact their health.

3.6.4. Opportunity for Future Success: Unintended Negative Consequences

Observation: The unintended negative consequences of non-medical countermeasures, such as impacts on health equity, community well-being, and the disruption of cultural practices and rituals, need to be addressed and mitigated.

PHEP Capabilities: Nonpharmaceutical Interventions

Core Capabilities: Operational Coordination, Planning

Recommendation: Embed health equity as a core principle in crisis response frameworks and policies. Develop guidance and tools that explicitly consider the potential impacts on health equity, community well-being, and cultural practices when designing and implementing countermeasures. Continue to develop procedures which ensure decision-making addresses unintended negative consequences.

3.6.5. Opportunity for Future Success: Equitable Access to Healthcare

Observation: The pandemic underscored the need to address state level health equity policies aimed at promoting equitable access to healthcare.

PHEP Capabilities: Community Preparedness, Community Recovery

Core Capabilities: Operational Coordination, Planning

Recommendation: Work towards policy changes that prioritize health equity and provide necessary resources to address community needs during crises. Collaborate with other public health agencies, advocacy groups, and policymakers to drive systemic changes that promote equitable access to healthcare and address the social determinants of health.

3.6.6. Opportunity for Future Success: Mental Health Impacts

Observation: The COVID-19 pandemic had negative impacts on the mental health of people, causing increased levels of stress, anxiety, and depression among individuals of all ages. Many individuals experienced heightened feelings of isolation and loneliness due to lockdowns and social distancing measures, which further exacerbated mental health challenges.

PHEP Capabilities: Community Preparedness, Community Recovery

Core Capabilities: Operational Coordination, Risk and Disaster Resilience Assessment

Recommendation: Recognize and address the mental health impacts of public health emergencies. Revise comprehensive mental health support plans that provide resources and services for individuals and communities experiencing psychological distress. Collaborate with mental health providers, community organizations, and advocates to ensure access to timely and culturally appropriate support.

3.7. Resource Management & Distribution

This section reviews strengths and -opportunities about resource management and distribution during the COVID-19 response.

Analysis:

In 2021, theDOH assumed operational management of the Medical Logistics Center, which included staff management of Personal Protective Equipment (PPE) warehouse. Utilizing WebEOC and REUSE for inventory tracking, DOH prioritized areas with high transmission rates and supplies were distributed based on population density. However, the stringent regulations governing FEMA's public assistance funding for medical supplies and PPE introduced additional challenges for local entities and resulted in inherent inequities in supply deployment.

The pandemic presented unique challenges for smaller healthcare organizations, rural communities, businesses, and individuals with disabilities, that encountered complications when requesting PPE in the

beginning of the response. The limitations on PPE distribution authority placed additional strain on local health and emergency management, exacerbating disparities in supply deployment. The absence of centralized information on COVID-19 protocols and communication regarding supplies and inventory management led to delays and obstacles in obtaining essential supplies and equipment. Consequently, achieving equitable resource allocation during such a crisis necessitates careful consideration of cultural backgrounds, ethical principles, and potentially a transformation of the current healthcare system to ensure fairness in distribution.

To address some of these challenges, a supply request system was swiftly established, and WebEOC was employed to submit and track supply request missions from local partners. Nevertheless, this system imposed an additional burden on local health and emergency management entities, which had to devise a system for distributing and tracking supplies and securing storage locations. Consequently, future emergencies may require local health and emergency management entities to identify points of distribution based on their community's specific needs and demographics.

The absence of initial guidance on distributing medical supplies, especially for therapeutics, made it challenging to achieve equitable distribution. Federal systems for allocating and distributing therapeutics were introduced without being fully ready, gave short notice, and lacked comprehensive training for state agency staff. While the aspiration of establishing a unified system for ordering, allocating, and tracking distribution is commendable, frequent, and abrupt changes presented communication challenges with healthcare providers and local partners.

3.7.1. Strength: Centralized Distribution

Observation: During the pandemic, DOH took control of procuring and handling requests for PPE. This resulted in a more centralized and efficient coordination of PPE distribution.

PHEP Capabilities: Medical Material Management and Distribution

Core Capabilities: Logistics and Supply Chain Management

Recommendation: Enhance the centralized resource tracking system to provide real-time visibility resources, demand, and distribution status. This will ensure effective allocation of resources.

3.7.2. Strength: Evolving Distribution Strategies

Observation: The distribution of emergency supplies adapted to address evolving needs during the pandemic by implementing innovative strategies informed by the insights gained from the evolving pandemic.

PHEP Capabilities: Medical Material Management and Distribution

Core Capabilities: Logistics and Supply Chain Management

Recommendation: Codify best practices for the distribution of emergency supplies, incorporating specific guidelines to prioritize the allocation of resources. Consider the intended mission objectives, assess critical factors such as the severity of the outbreak, vulnerability of affected communities, and the capacity of the healthcare system, all aimed at safeguarding the overall health of the population in Washington state.

3.7.3. Opportunity for Future Success: Resilient Supply Chains

Observation: Establishing resilient supply chains is essential to ensure the availability of critical resources during emergencies.

PHEP Capabilities: Medical Material Management and Distribution, Community Preparedness

Core Capabilities: Logistics and Supply Chain Management, Community Resilience

Recommendation: Build resilient supply chains by reviewing and improving supply chain management processes. This ensures availability of critical resources like PPE, vaccines, test kits, medications, and medical supplies. Foster strategic partnerships, diversify supply sources, and maintain stockpiles of essential items for rapid deployment during emergencies. Establish contingency plans with alternative sourcing options and mechanisms for surge capacity to address disruptions effectively. Consider forging agreements with suppliers based in Washington state, while being aware they may also be impacted and unable to fulfill commitments.

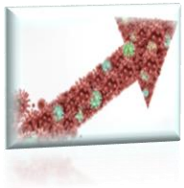
3.7.4. Opportunity for Future Success: Supply Distribution Plans

Observation: The distribution of PPE was limited by legal authority, resulting in additional strain on local health and emergency management to distribute supplies to their communities and leading to inherent inequities in deployment.

PHEP Capabilities: Medical Material Management and Distribution, Community Preparedness

Core Capabilities: Logistics and Supply Chain Management, Planning

Recommendation: Maintain open and transparent communication with partners regarding resource availability, allocation decisions, and distribution plans. Provide regular updates on the status of resources, any changes in distribution strategies, and the rationale behind allocation decisions. Address concerns, provide clarity, and engage in two-way communication to build trust and manage expectations.



3.8. Medical Surge

This section reviews strengths and opportunities about medical surge the COVID-19 response.

Analysis:

During the early stages of the pandemic, significant challenges emerged, including supply chain shortages, workforce limitations, and underfunded public health resources. These issues had a cascading effect on the healthcare system, resulting in unreliable disease surveillance, insufficient medical surge capacity, staffing shortages, operational disruptions, and financial setbacks.

One critical consequence of these challenges was the inability to effectively track and monitor the spread of the disease. At the beginning of the pandemic, this was primarily due to the lack of testing access, including testing supply shortages and delays in confirming suspected positive cases. As the response continued, and home test kits became available, home testing contributed to the lack of visibility of positive cases throughout the state.

Additionally, patients seeking non-COVID-related care experienced delays in accessing services due to appointment backlogs, exacerbated by staffing shortages. As a result, many patients turned to Emergency Departments (EDs) for care, increasing the strain on these facilities and potentially raising the risk of COVID-19 exposure.

The healthcare staffing crisis remained a persistent concern throughout the pandemic. To address this, DOH focused on utilizing volunteers at mass vaccination sites, allowing medical personnel to concentrate on

technical needs. Efforts were also made to strengthen relationships between DOH and healthcare associations to address medical surge issues better. These partnerships are considered crucial for future surge preparedness efforts.

Between June 2021 and October 2022, the healthcare system's capacity was notably affected by simultaneous emergencies, as well as burnout and illness among healthcare workers. This period also saw strategic interventions. Notably, the state enlisted and financed additional healthcare personnel from fall 2021 to spring 2022 and temporarily halted non-urgent procedures from January to February 2022 to preserve system capacity. Amidst surges in COVID-19 cases leading to repeated hospitalization waves, hospitals often operated at or near full capacity. The role of hospitals and Healthcare Coalitions (HCC) in surge planning was vital, though initially, their exact involvement could have been more apparent, impacting the efficacy of planning and coordination efforts.

Hospitals were tasked with providing daily updates on census and resources, a challenge compounded by changing guidelines and conditions. Despite these hurdles, healthcare facilities successfully maintained necessary bed capacity, with DOH vigilantly overseeing the capacity across the state's healthcare system. In response to the escalating need for additional capacity, DOH, in partnership with state agencies and the U.S. Coast Guard, established a field hospital at Seattle's football stadium. A cooperative agreement with hospitals was reached to restrict patient transfers to this field hospital, thus ensuring ongoing financial support for the healthcare systems.

As the pandemic continued, healthcare partners made significant contributions, such as securing more ventilators in collaboration with Ambulatory Surgery Centers (ASC) and training anesthesiologists to use these machines. Microsoft's development of a unified operating platform for hospital data significantly enhanced transparency and collaboration by tracking ICU and staffing capacities, as well as ventilator availability.

The implementation of an expedited approval process for out-of-state healthcare providers under the Uniform Volunteer Health Practitioner Act was crucial in swiftly bolstering the healthcare workforce. Efforts to reduce nursing license application processing times further accelerated the reinforcement of healthcare personnel, a practice aimed to sustain post-pandemic.

Throughout the COVID-19 pandemic, Washington's healthcare system faced a myriad of challenges, from supply chain disruptions and staffing shortages to intricate data management issues. Addressing these challenges required a concerted effort, innovative strategies, and the flexibility to adapt to changing scenarios, showcasing the resilience and collaboration inherent in the state's healthcare infrastructure.

3.8.1. Strength: Healthcare Association Relationships

Observation: Recognizing the significance of robust partnerships, DOH took steps to strengthen its relationships with healthcare partners. This collaborative effort aimed to enhance the understanding of medical surge challenges and issues faced by the healthcare sector during the pandemic.

PHEP Capabilities: Emergency Operations Coordination, Community Recovery, Medical Surge

Core Capabilities: Operational Coordination, Public Health, Healthcare, and Emergency Medical Services

Recommendation: Work to help strengthen coordination and communication among healthcare facilities, public health agencies, and emergency management authorities to effectively manage medical surge situations.

Recommendation: DOH should engage with other state and local agencies for support in developing an annual cycle of healthcare emergency preparedness trainings and exercises that involve healthcare, public

health, EMS and first responder agencies, county and city officials, state agencies, and community volunteers, including the Medical Reserve Corps, and ensure the availability of adequate medical surge capacity.

3.8.2. Strength: Syndromic Surveillance and Disease Information Sharing

Observation: DOH delivered public health messaging aimed at educating the public about current disease prevention strategies, early detection, and the importance of seeking appropriate healthcare during surge situations. This was particularly successful because it used a combination of clear, assessable communications, information. Collaborating with other organizations also helped broaden the reach and impact of messages.

PHEP Capabilities: Medical Surge, Emergency Public Information and Warning

Core Capabilities: Public Information and Warning

Recommendation: Streamline and increase availability of public health messaging that promotes current disease prevention strategies, early detection, and appropriate healthcare-seeking behaviors during surge situations. Educate the public on the importance of adhering to guidelines, seeking care when needed, and accessing healthcare resources responsibly.

3.8.3. Opportunity for Future Success: Support for Healthcare Staffing

Observation: DOH identified insufficient healthcare staffing as a critical challenge during the pandemic. To help address staffing shortfalls, it implemented contracts with healthcare staffing agencies yet ran into delays when healthcare workers were licensed out of state.

PHEP Capabilities: Medical Surge

Core Capabilities: Public Health, Healthcare, and Emergency Medical Services

Recommendation: Legislation should be introduced t0allow for expedited licensure of out-of- state registered nurses and licensed practical nurses. This will assist healthcare facilities with having the appropriate and necessary staffing levels to care for patients in medical surge events.

3.9. Tribal Relations

This section reviews strengths and areas of opportunities about tribal relations during the COVID-19 response.

Analysis:

The COVID-19 pandemic significantly impacted Native American and Alaska Native populations, with infection, hospitalization, and mortality rates far surpassing those of non-Hispanic whites. This underscores the need for comprehensive, culturally sensitive personal and public health services within these communities. DOH is fully committed to strengthening public health infrastructure and resilience for Tribal Nations by ensuring access to culturally appropriate healthcare services, allocating resources, and delivering training to bolster emergency readiness, all while respecting tribal sovereignty and advancing health equity.

At the onset of the pandemic, it was evident that closer collaboration between Tribal Nations and DOH was imperative. To facilitate this collaboration, DOH integrated the Tribal Liaison Officer (TLOFR) role into the DOH IMT (Incident Management Team) right from its activation. This critical role was filled by the American Indian

Health Commission (AIHC) and has proven to be of immense value in facilitating coordination and communication between the state, Tribal Nations, and Urban Indian Health Programs (UIHP). Along with AIHC support, DOH also hosted collaborative meetings and listening sessions with tribal representatives to ensure the interests and needs of tribal communities were addressed. There was a consistent effort to engage tribes in emergency operations coordination and information sharing during the pandemic, which continues today.

Still, the response was not without its challenges. Tribal-Nations and UIHPs encountered financial limitations, compelling medical personnel to take on multiple roles. This constraint hampered their response capacity and posed challenges in conducting testing and epidemiological investigations. Additionally, the availability of vaccines and vaccination supplies was more consistent through federal channels than from DOH. Consequently, UIHPs actively pursued allocations of vaccination supplies from federal sources, underscoring their critical role in ensuring adequate support for tribal communities. Despite these hurdles, health equity and the preservation of tribal sovereignty were prioritized through collaboration, placing them at the forefront of the response and recovery efforts when tackling these challenges.

3.9.1. Strength: Recognition of Tribal Sovereignty

Observation: DOH supported Tribal Nations while recognizing tribal sovereignty and the inherent authority of tribes to govern and protect the health, safety, and welfare of their citizens.

PHEP Capabilities: Emergency Operational Coordination

Core Capabilities: Operational Coordination

3.9.2. Strength: Partnership with American Indian Health Commission

Observation: DOH worked closely with the AIHC throughout the COVID-19 response through the TLOFR on the DOH IMT to gain a better understanding of tribal needs and increase timely and accurate communications.

PHEP Capabilities: Emergency Operational Coordination, Information Sharing, Community Recovery

Core Capabilities: Operational Coordination, Intelligence and Information Sharing

Recommendation: Maintain cross-jurisdictional collaboration efforts by formalizing communication strategies through open and transparent channels with Tribal Nations. Actively listen to concerns, perspectives, and recommendations. Build trust, nurture partnerships, and improve collaborations through consistent, respectful engagement and action.

Recommendation: Enhance Tribal capacity for emergency preparedness and response by providing resources and training tailored to the specific needs and circumstances of Tribal Nations.

3.9.3. Strength: Commitment to Health Equity

Observation: DOH demonstrated a commitment to health equity by acknowledging the disproportionate impact of COVID-19 on Native American and Alaska Native populations and actively worked to provide comprehensive, culturally appropriate public health guidance.

PHEP Capabilities: Community Preparedness, Community Recovery

Core Capabilities: Operational Coordination

3.9.4. Opportunity for Future Success: Funding Restrictions

Observation: Restrictions on certain funding streams limited the resources available to Tribal Nations and UIHPs, leading to staff assuming multiple roles and facing challenges in testing and epidemiological investigations.

PHEP Capabilities: Emergency Operational Coordination

Core Capabilities: Operational Coordination

Recommendation: Advocate for sustained funding commitments to support Tribal Health Jurisdictions and UIHPs beyond the immediate response to the pandemic. It is crucial that these funds are allocated with limited requirements to allow for flexibility and adaptability in addressing the unique needs and priorities of each tribal community.

3.9.5. Opportunity for Future Success: Tribal Allocation of Vaccination-related Resources

Observation: DOH utilized a strategy specific to tribes for vaccines and antivirals distribution that multiple tribes felt were helpful. However, UIHPs actively sought supply allocations from federal sources, as these resources were more easily accessible.

PHEP Capabilities: Medical Material Management and Distribution

Core Capabilities: Logistics and Supply Chain Management

Recommendation: Increase the allocation of a specific proportion of testing, vaccination, and other emergency supplies exclusively for distribution to Tribal Nations and UIHPs. This allocation aims to ensure tribes and UIHPs have access to essential supplies, promoting health equity and supporting their response to public health emergencies. Note, the sovereign rights of Tribal Nations should be respected as they determine how to best utilize funding and supplies.

3.10. Contracts & Cost Recovery

This section reviews strengths and opportunities about contracts and cost recovery during the COVID-19 response.

Analysis:

The collaboration between the Emergency Management Division (EMD) and DOH IMT was critically successful in handling the financial aspects of the pandemic response. By establishing clear guidelines for funding and reimbursement, they streamlined resource allocation, demonstrating the power of cross-departmental collaboration in crisis situations.

Shared decision-making and leveraging each department's unique expertise facilitated this successful partnership. EMD's proficiency in disaster management and financial handling in emergencies complemented the DOH IMT's deep understanding of healthcare perspectives, culminating in funding guidelines enabling the judicious use of financial resources.

These mutually created guidelines delineated which pandemic-related expenses were reimbursable by FEMA, reducing confusion and enhancing the efficiency of financial management during the crisis. The synergy between EMD and DOH set a standard for future collaborations during health emergencies, highlighting the benefits of intersecting diverse expert knowledge to achieve better outcomes.

Addressing the healthcare worker shortage, agreements with staffing agencies were utilized to reinforce the workforce. However, these solutions introduced complexities in tracking worked hours, with cases of both over- and under-reporting. This underscored the importance of maintaining accurate records and reinforced the need for robust financial oversight and monitoring protocols.

Communication breakdowns, especially concerning supply ordering, were exacerbated by the shift to a virtual work environment. This underscores the importance of maintaining robust communication mechanisms in emergency situations, necessitating the establishment of effective logistics management systems for future responses.

Comprehensive checks and balances should be in place to ensure DOH transparency, accountability, and adherence to financial regulations. Regular audits, contractual reviews, and careful examination of financial transactions can help identify and rectify discrepancies. Further, staff need training in financial processes relevant to emergency response to minimize errors and mitigate risk.

3.10.1. Strength: Cross-Departmental Collaboration

Observation: The collaboration between the Emergency Management Division (EMD) and DOH IMT demonstrated the effectiveness of cross-departmental partnerships in crisis situations.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Sustain the partnership between EMD and IMT to determine eligible expenses for reimbursement.

3.10.2. Strength: Secured Multiple COVID-19 Funding Sources

Observation: Throughout the COVID-19 response, DOH sought and successfully obtained various funding streams to sustain and expand response, recovery, and resilience initiatives.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

3.10.3. Strength: Securing Staffing Agreements

Observation: Efforts made in developing agreements with contracted staffing agencies provided additional resources to address the shortage of healthcare workers.

PHEP Capabilities: Emergency Operations Coordination, Community Preparedness

Core Capabilities: Operational Coordination

Recommendation: Formalize protocols for transferring contracts from IMT to DOH offices throughout response to recovery.

3.10.4. Opportunity for Future Success: Accurate Record Keeping

Observation: Tracking the hours worked by temporary staff hired through staffing agencies was complex. Some agencies over-reported hours, while others under-reported, requiring ongoing efforts to reconcile the reported hours with actual hours worked.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Enhance protocols related to monitoring processes to ensure accountability and compliance with financial regulations and reporting requirements. Implement regular audits, reviews of contracts, and financial transactions to identify any potential discrepancies or overlaps in ordering during emergency responses.

3.10.5. Opportunity for Future Success: Emergency Financial Process Training

Observation: Providing staff with training in financial processes relevant to emergency response can help minimize errors and mitigate financial risks.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination, Planning

Recommendation: Conduct exercises that specifically review the DOH financial process during an emergency activation, encompassing activities such as ordering supplies and acquiring proficiency in accurate coding and documentation to ensure effective execution of contracts and maximize cost recovery efforts.

3.10.6. Opportunity for Future Success: Financial Oversight

Observation: There needs to be improved collaboration between IMT and accounting teams. This will help address concerns regarding financial oversight, FEMA reimbursement, and invoice management.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Ensure effective collaboration and strengthen financial oversight between IMT and accounting teams to address long-term concerns regarding FEMA reimbursement and invoice management. Incorporate accounting personnel into IMT structure (under Finance), tasked with capturing all invoices related to emergencies. This will help improve accountability and ensure invoices with relevant emergency codes are consistently routed to the appropriate teams for reimbursement.

Recommendation: Develop strategies to address the communication breakdown in supply ordering that happened when transitioning to remote work. Implement detailed data management practices, including consistent tracking and documentation of purchases, expenses, and invoices. Establish clear procedures for capturing and storing relevant financial information to facilitate reimbursement processes, particularly for FEMA funding.

3.11. Internal Communications

This section reviews strengths and opportunities about internal communications during the COVID-19 response.

Analysis:

During the crisis, DOH grappled with challenges from leadership transitions and a consequential loss of institutional knowledge. This leadership flux affected efficient information gathering and knowledge sharing and led to inexperienced leaders filling IMT positions. Unfortunately, these leaders often lacked the necessary training for their roles, resulting in suboptimal performance and inadequate crisis management.

The rapid reshuffling of leadership roles and the attempt to fill IMT positions with untrained individuals turned out to be flawed strategies and created communication obstacles. The assumption that individuals with general leadership skills could easily adapt to the specialized roles within IMT disregarded the need for specific skill sets and experience critical during a crisis. This led to inefficiencies in the response and recovery efforts, contributing to the overall difficulty of managing the crisis.

As the pandemic progressed, initial efforts to dismantle departmental silos started to return as response-related meetings decreased, creating communication issues. To prevent such issues in the future, it is necessary to provide leaders with proper training, especially those expected to fill crucial IMT positions.

Communication styles became more complex in the remote work environment adopted by DOH. This highlighted the need to improve communication skills across the board. Employees have difficulties knowing where to access necessary information, pointing to the need for a more effective and user-friendly information management system.

In light of these challenges, it became imperative for organizations to invest in robust leadership development programs and establish clear communication channels. Regularly recognizing and celebrating achievements played a key role in boosting morale and engagement.

3.11.1. Strength: Employee Feedback

Observation: DOH nurtures a culture of open communication by actively seeking and addressing feedback from employees about the challenges they encounter. This commitment creates an environment of mutual respect and collaboration, ultimately contributing to a more effective and resilient organization during times of crisis.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Communications

Recommendation: Encourage two-way communication by providing multiple avenues for employees to ask questions, provide feedback, and express concerns. This is currently happening at an agency level through virtual town halls and listening sessions.

3.11.2. Strength: Communication Channels

Observation: DOH's leadership recognized the importance of communication challenges during emergencies. They established communication channels through virtual meetings and print materials. However, rapidly onboarding new staff during the pandemic led to some employees being unfamiliar with processes for accessing pandemic response information.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Communications

Recommendation: Assess and streamline the various communication channels used within the agency to ensure consistent and efficient information flow. Avoid overwhelming employees with excessive emails. Instead prioritize concise and relevant messaging. At the start of a response, and when appropriate, leadership should make employees aware of how to access emergency-related information.

3.11.3. Strength: Employee Recognition

Observation: DOH recognizes the importance of commemorating employee accomplishments and organizational milestones.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Communications

Recommendation: Continue regularly recognizing and celebrating the achievements and milestones reached by employees and the organization. Do this through internal newsletters, remote recognition

events, or shout-outs in team meetings. Celebrating success helps boost morale and creates a sense of unity among employees.

3.11.4. Opportunity for Future Success: Breaking Down Silos

Observation: Transitioning from emergency response back to regular operations presented challenges. Some sections were slow return to move out of work silos. Employees also had an unclear understanding of the future direction and scope of their tasks, particularly tasks related to COVID-19 work.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Communications

Recommendation: Encourage collaboration and information sharing across teams and departments to prevent silos and improve coordination. This can be achieved through regular cross-functional meetings, designated points of contact for information exchange, and clear channels for reporting and sharing updates.

Recommendation: Offer training programs to enhance employees' communication skills, especially in remote work environments. These programs can focus on effective remote communication, processes for holding difficult conversations, active listening, and providing clear instructions and expectations. This will help ensure better understanding among team members.

3.11.5. Opportunity for Future Success: Retention of Institutional Knowledge

Observation: Due to DOH leadership and support staff changes, there was a significant loss of institutional knowledge, which impeded the ability to gather and share information effectively.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Communications

Recommendation: Develop and formalize knowledge transfer protocols to ensure smooth transitions when personnel leave their positions. Ensure employees consistently record important contacts and essential procedures throughout their employment.

3.12. Isolation & Quarantine Operations

This section reviews strengths and opportunities related to DOH isolation and quarantine operations during the COVID-19 response.

Analysis:

During the COVID-19 pandemic, DOH adopted a comprehensive approach DOH in collaboration with various partners. These partners included the Department of Corrections (DOC), the Center for Disease Control and Prevention (CDC), Local and Tribal Health Jurisdictions, the U.S. military, and international vessels. A crucial part of the response was the effective management of isolation and quarantine (I&Q) efforts, which played a key role in minimizing the impact of the virus within our communities.

The establishment of the Care Connect Washington program marked a significant shift toward enhancing community support, particularly through the provision of essential resources for individuals isolating at home. This initiative ensured that those required to isolate received necessary support, including food delivery and health guidance, to mitigate the spread of COVID-19 and support their well-being during isolation.

Also, DOH had to open an I&Q facility to further support individuals needing a safe place to isolate or quarantine. The DOH I&Q facility demonstrated agility in adapting to the pandemic's evolving guidelines, with I&Q staff quickly establishing new partnerships to ensure the availability of crucial resources and for staffing needs. This adaptability was particularly vital in catering to unique situations, such as aiding stranded travelers who needed to isolate.

However, executing I&Q protocols highlighted the need for clearer communication and well-defined roles and responsibilities among involved agencies. Ambiguities in these areas led to overlaps and conflicts, underscoring the necessity for improved coordination and management. Furthermore, security challenges at open-location I&Q facility prompted concerns over unauthorized access and potential cross-contamination, emphasizing the importance of control measures to protect the health of staff and the community.

3.12.1. Strength: I&Q Facility Operations

Observation: Facility operations between DOH and the Department of Corrections (DOC) evolved and strengthened during the pandemic, resulting in improved coordination for isolation and quarantine facility management.

PHEP Capabilities: Nonpharmaceutical Interventions, Mass Care

Core Capabilities: Mass Care Services

Recommendation: Document standard operating procedures (SOPs) for various aspects of the response, including facility setup, staffing, communication protocols, and security measures. Having clearly defined processes will ensure consistency and guide future responses.

Recommendation: Formalize a I&Q facility best practices document identifying resources, guidance, and technical assistance used to assist partners in meeting the evolving needs of guests in isolation and quarantine.

3.12.2. Strength: Adaptability to Evolving Guidance

Observation: The I&Q staff demonstrated their ability to adjust to evolving requirements while maintaining functional operations swiftly, forming new partnerships that greatly enhanced the availability of essential resources for guests undergoing isolation and quarantine.

PHEP Capabilities: Nonpharmaceutical Interventions, Mass Care

Core Capabilities: Mass Care Services

3.12.3. Strength: Care Connect

Observation: Implementing Care Connect services assisted Washington residents who met the criteria for isolation and quarantine but were isolated or quarantined in their homes. The Care Connect program ensured they received the necessary support and services.

PHEP Capabilities: Nonpharmaceutical Interventions, Mass Care

Core Capabilities: Mass Care Services

Recommendation: During an emergency where isolation and quarantine services are anticipated, activate Care Connect as funding is available. By doing so, residents who are exposed or infected can receive timely assistance in meeting their basic needs while isolating or quarantining in their homes. This proactive approach will contribute to the health and well-being and adherence to public health guidance, and of individuals while reducing transmission of infectious diseases during public health emergencies.

3.12.4. Opportunity for Future Success: Agency Roles & Responsibility Clarification

Observation: There needed to be a clearer delineation of the roles and responsibilities of each agency involved in operating an I&Q facility. Specific guidelines that clearly delineate the roles and obligations of state and local health officers concerning their support for local health jurisdictions in carrying out isolation and quarantine duties also need to be established

PHEP Capabilities: Emergency Operations Coordination, Mass Care

Core Capabilities: Operational Coordination, Planning, Mass Care Services

Recommendation: Establish clear guidelines outlining the roles and responsibilities of state and local health officers in supporting local health jurisdictions with their isolation and quarantine duties. Clarifying the expected responsibilities and capacity of local health jurisdictions in this regard is essential

Recommendation: When working with partners to establish an isolation and quarantine facility, well-defined isolation and quarantine facility roles and responsibilities should be established in written form and agreed upon by all parties involved, ensuring clarity and transparency throughout the process. Any necessary adjustments or updates to agency roles should be communicated in a new agreement.

3.12.5. Opportunity for Future Success: On-site Security Concerns

Observation: Security concerns emerged at the I&Q facility, primarily due to its open location, necessitating the implementation of control measures to manage access and prevent cross-contamination.

PHEP Capabilities: Responder Health and Safety

Core Capabilities: Physical Protective Measures, Environmental Response/Health and Safety

Recommendation: Consider the layout and accessibility of the facility when selecting a location for isolation and quarantine sites. Find a site that is strategically located, isolated, and secure. When necessary, consider installing physical barriers, such as fences, gates, or turnstiles, to restrict access to the open location. This will provide an additional layer of security and help prevent unauthorized entry.

3.12.6. Opportunity for Future Success: Sustainable Funding

Observation: The sustainability of funding for isolation and quarantine facilities presents a critical challenge and needs to be addressed for long-term preparedness.

PHEP Capabilities: Emergency Operations Coordination, Mass Care

Core Capabilities: Operational Coordination, Planning, Mass Care Services

Recommendation: Explore sustainable funding options to support the maintenance and operation of isolation and quarantine facilities in the long run. Consider potential partnerships or budget allocations that can ensure the availability of resources without straining the organization's finances. Consider having the facility serve additional roles when not being used for I&Q services.

3.13. Testing Operations

This section reviews testing operations strengths and opportunities related to the COVID-19 response.

Analysis:

Throughout the pandemic, partnerships significantly expanded community access to COVID-19 testing, with more than 11 million tests distributed in less than ten months during the 2021 to 2022 timeframe. Local Health Jurisdictions (LHJ), Tribal Health Jurisdictions (THJ), and the Department of Health (DOH) have all worked in conjunction with other partners to respond to outbreaks and expand access to diagnostic and screening testing in diverse settings, from schools to workplaces.

Private and public partnerships were particularly vital in increasing COVID-19 testing capabilities. For example, the Walgreens program successfully provided free antigen testing at drive-through locations across the state. This partnership leveraged existing infrastructure and resources to establish convenient testing sites close to people's homes, encouraging early detection and containment of COVID-19 cases. Care Evolution and Amazon helped the state send tests to the doorsteps of Washington residents beginning in January 2022. This support allowed residents to test without leaving their homes.

The testing operations faced challenges, with issues related to coordination, agreement on roles and responsibilities, and transition planning. Timely communication and alignment of priorities with agency leadership could help mitigate these challenges. Similarly, there's a need for enhanced high-level coordination and strategy development among different entities, including DOH, federal partners, local health jurisdictions, and other state agencies. Work has begun on developing interagency agreements, like with the DOC, but further clarification on the evolving roles and responsibilities is required. Clear expectations and decision-making processes could improve this coordination.

The development of long-term infrastructure planning and cost-sharing is ongoing with the goal leverage centralized purchasing power for testing supplies to achieve cost savings. This process, however, still needs further guidance on authority requirements, implementation timelines, and considerations while developing this infrastructure. Efforts to maintain the current testing infrastructure have been paired with a look towards the future. Possibilities of leveraging this infrastructure to support the at-home distribution of other tests, such as sexually transmitted infection (STI) tests, should be explored with LHJs and THJs. However, transition planning and future guidance in this area require clear direction from DOH executive leadership to proceed effectively. The aim is to maintain preparedness for future emergencies while ensuring access to vital health resources.

3.13.1. Strength: Expansion of Testing Supply Distribution

Observation: As the pandemic continued and supplies became readily available, the distribution strategies employed by the warehouse and testing teams expanded the allocation of testing supplies across Washington.

PHEP Capabilities: Medical Materiel Management and Distribution

Core Capabilities: Public Health, Healthcare, and Emergency Medical Services

3.13.2. Strength: Increased Access to COVID-19 Testing

Observation: Community access to COVID-19 testing was enhanced through collaborative partnerships, both private and public, which were utilized to expand access to COVID-19 testing and increase COVID-19 test processing capabilities.

PHEP Capabilities: Emergency Operations Coordination, Public Health Laboratory Testing

Core Capabilities: Operational Coordination, Public Health, Healthcare, and Emergency Medical Services

Recommendation: Sustain collaboration with local and tribal health jurisdictions throughout the state and annually identify suitable testing sites and revise effective communication plans.

Recommendation: Continue high-level partner coordination and memorialize strategies developed for mass testing and test kit distribution efforts.

3.13.3. Strength: Testing Program Processes and Procedures

Observation: As the pandemic progressed, the testing team established robust processes and procedures that facilitated the swift exchange of critical information, data, and updates related to testing efforts. This streamlined communication ensured team members were well-informed, aligned with their objectives and provided data visibility to DOH leadership.

PHEP Capabilities: Community Preparedness

Core Capabilities: Planning

Recommendation: Codify and update successful processes and procedures of offering testing services in the related sections of the Washington State Comprehensive Emergency Management Plan.

3.13.4. Opportunity for Future Success: Long-term Planning

Observation: High-level strategy development is required to sustain testing infrastructure, as well as additional long-term infrastructure planning and exploration of cost-sharing options.

PHEP Capabilities: Community Preparedness, Community Recovery

Core Capabilities: Planning, Infrastructure Systems

Recommendation: Preserve the current testing infrastructure to maintain preparedness for future emergencies. Working with local and tribal health jurisdictions, explore using the COVID-19 testing infrastructure to support the at-home distribution of other testing resources like STI tests. Maintain the current high-throughput test processing capacity at the DOH Public Health Laboratory.

3.14. Vaccination Operations

This section reviews strengths and areas of opportunity for vaccination operations during the COVID-19 response.

Analysis:

During the pandemic, DOH took a proactive approach to achieve equitable vaccine distribution by collaborating with a wide range of partners, including private companies, government agencies at different levels (including local health jurisdictions), Tribal Nations organizations, health care commissions and professional associations, and community-based organizations, including nonprofits. This collaborative effort was essential in addressing the unique challenges posed by the pandemic and ensuring that vaccines were accessible to all communities, particularly those historically marginalized and underserved.

Working alongside local health jurisdictions, tribal partners, and healthcare providers, including pharmacies, DOH was able to streamline the distribution of vaccines equitably through a pro-rata strategy that monitored vaccine usage and got vaccines to areas that needed them most. DOH provided thorough technical assistance to providers to understand vaccine storage and handling requirements and evolving COVID-19 vaccine guidance through site visits, comprehensive newsletters, and regular provider and stakeholder meetings. During this period, DOH managed the distribution of 5,105,075 COVID-19 vaccine doses during the AAR period. DOH mobilized vaccination efforts, including mass vaccination clinics, mobile vaccination through DOH nurses, and Care-a-Van.

DOH engaged with local, state, and federal government agencies to coordinate efforts and align strategies. This inter-agency collaboration played a pivotal role in shaping public policies related to vaccine allocation and distribution, ensuring that they were both efficient and equitable. It also fostered a unified response to the pandemic, leveraging resources and expertise from different government sectors.

The close collaboration between DOH and its diverse partners was pivotal in achieving equity in vaccine allocation and distribution, facilitating effective public engagement, and building trust in the vaccine among the public and the healthcare provider community. Community partners, including nonprofit organizations, played a vital role in DOH's prioritization of scarce resources and outreach efforts. These organizations, deeply rooted in their respective communities, helped build trust and disseminate crucial information about the vaccine. They served as bridges, connecting DOH with the public, especially in hard-to-reach or underserved areas. They provided valuable insights into these communities' unique needs and concerns, shaping DOH's strategies to ensure vaccine allocation was fair, inclusive, and sensitive to their specific circumstances.

Public engagement emerged as another critical focus for DOH. Through initiatives such as public information campaigns, town hall meetings, and consultation sessions, the department facilitated open dialogue with the public. This approach allowed DOH to listen to the public's concerns, provide essential information about the vaccination process, and work to foster a sense of transparency and trust.

3.14.1. Strength: Provider Partnerships

Observation: DOH collaborated closely with various partners, including private entities, public organizations, community groups, and healthcare providers. This collaborative effort aimed to ensure equitable vaccine allocation, deliver educational initiatives, and engage in discussions regarding best practices and updated guidance to increase vaccination rates.

PHEP Capabilities: Emergency Operations Coordination, Medical Countermeasures Dispensing and Administration

Core Capabilities: Operational Coordination

Recommendation: Promote and facilitate ongoing partnerships with health care by organizing peer-to-peer educational webinars on relevant public health topics and inviting input from external partners on programming via an Advisory Group and direct engagement work. Consider leveraging the Power of Providers to support these efforts. Define how DOH maintains and fosters relationships with private entities outside of the response posture, to maintain foundational collaboration. Recognize vaccine confidence among healthcare providers may need support when a new vaccine rolls out.

Recommendation: Sustain the ongoing collaboration with the Executive Office of Public Affairs and Equity (OPAE) and Prevention and Community Health (PCH) to create educational and promotional materials for providers and their patients.

3.14.2. Strength: Development of Processes and Procedures

Observation: As the pandemic persisted, the vaccination team collaborated with partners to establish efficient processes and protocols for equitable vaccine allocation and distribution across the state. These processes also facilitated the swift exchange of crucial information, updated guidance, and vaccine-related updates.

PHEP Capabilities: Community Preparedness

Core Capabilities: Planning

Recommendation: Leverage successful processes and procedures to inform partners and stakeholders developed during the COVID-19 response to provide information about routine immunization efforts and introducing new immunization products.

Recommendation: Codify and update successful processes and procedures for allocation and distribution, depot use and redistribution, Care-a-Van use, Homebound, and mass vaccination services in the related sections of the Washington State Comprehensive Emergency Management Plan.

3.14.3. Opportunity for Future Success: Standardizing Mobile Clinics

Observation: DOH's mobilization efforts supported homebound individuals, adult family homes, long-term care facilities and communities underserved and disproportionally impacted by COVID-19. Vaccine administration via these efforts was completed by the DOH mobile nurse team, National Guard, and contracted providers. Vaccines were distributed through multiple channels including regional vaccine hubs and depots, in partnership with local health jurisdictions.

PHEP Capabilities: Emergency Operations Coordination, Medical Countermeasures Dispensing and Administration

Core Capabilities: Operational Coordination, Public Health, Healthcare, and Emergency Medical Services

Recommendation: Codify and update successful processes and procedures of the Care-a-Van mobile vaccination, homebound vaccination, and mass vaccination services in the related sections of the Washington State Comprehensive Emergency Management Plan.

Recommendation: Mobile vaccine clinics and services are available when vaccine administration is needed to reach special populations Capacity should be built to bring vaccine administration to communities that cannot provide this service. Explore mechanisms for leveraging volunteer or paid vaccinators with the necessary standing order and liability protections outside a declared public health emergency. Further, define jurisdictional authority and roles and responsibilities of various jurisdictional partners in advance of future emergencies.

3.15. Interagency Coordination & Partnerships

This section reviews strengths and opportunities related to interagency coordination and partnerships during the COVID-19 response.

Analysis:

DOH exhibited commendable efforts in maintaining its availability, transparency, and responsiveness to partner concerns during the health crisis. This conscious effort enhanced relationships with various partners and fostered a sense of ownership, creating a more collaborative and effective approach to managing the pandemic.

DOH's collaborative approach extended beyond local and state boundaries as it also worked closely with other states, private industries, and sister agencies. By sharing information and leveraging each other's experiences and expertise, these entities collectively paved the way for innovative solutions to the challenges posed by the pandemic. This spirit of collaboration highlighted the potential of cross-sector and interstate cooperation in managing public health emergencies.

However, DOH faced the significant challenge of managing misinformation, a common issue during health crises. The department had to strike a delicate balance between asserting its authority as a trusted source of information and nurturing its role as a collaborative partner. Ensuring the communication of accurate and timely information was crucial, as misinformation could undermine public trust and the effectiveness of response strategies.

Recognizing the need for efficient information management, the department identified the need for a comprehensive, centralized database to consolidate contact information and partnerships. Such a database could have significantly improved the management of information, facilitated communication, and promoted more efficient engagement with partners, highlighting an opportunity for future success.

The transformation of the Incident Management Team (IMT) into an Incident Management Organization (IMO) was a strategic move that brought together different agencies responding to the pandemic. The IMO facilitated a more coordinated and comprehensive response by shifting the structure and approach from a team-focused to an organization-wide perspective. This organizational transformation allowed for the integration of diverse expertise and resources, contributing significantly to the effectiveness of the response.

DOH demonstrated the power of transparency, responsiveness, and collaboration in effectively managing a health crisis. However, the experiences also highlighted areas for improvement, particularly in managing information and combating misinformation, underlining the importance of continued learning and adaptation in public health emergency responses.

3.15.1. Strength: Addressing Partner Concerns

Observation: DOH ensured it was available, transparent, and responsive to partners' concerns, which resulted in improved relationships and a sense of ownership among partners.

PHEP Capabilities: Emergency Operations Coordination, Information Sharing

Core Capabilities: Operational Coordination, Intelligence and Information Sharing

Recommendation: Utilize streamlined and secure channels for sharing critical information, updates, and data between agencies. Explore using shared databases or platforms to facilitate real-time data exchange and ensure relevant information reaches all partners promptly. Regularly communicate changes in guidelines, protocols, and policies to foster alignment and consistency across agencies.

3.15.2. Strength: Cross-Sector and Interstate Collaboration

Observation: DOH worked closely with other states, private industry, and sister agencies to collaborate and share information, leading to a positive experience and innovative solutions.

PHEP Capabilities: Emergency Operations Coordination, Information Sharing

Core Capabilities: Operational Coordination, Intelligence and Information Sharing

Recommendation: Build long-term partnerships between public health agencies and private sector organizations that extend beyond the immediate crisis. Explore opportunities for joint initiatives, shared resources, and ongoing collaboration on public health initiatives. This can include regular meetings, workshops, or forums where public and private sector representatives come together to address ongoing health challenges and promote public well-being.

Recommendation: Continue to maintain strong relationships with sister agencies and public health and emergency response partners. This includes regular communication, collaboration on planning and decision-making, and establishing clear lines of communication for timely information sharing.

3.15.3. Strength: Transformation to an Incident Management Organization (IMO)

Observation: The Incident Management Team (IMT) transformation into an Incident Management Organization (IMO) facilitated a more coordinated and comprehensive response, integrating diverse expertise and resources.

PHEP Capabilities: Emergency Operations Coordination

Core Capabilities: Operational Coordination

Recommendation: Advocate for policies that promote interagency coordination, collaboration, and information sharing during public health emergencies. Work with policymakers to address legal, regulatory, or bureaucratic barriers hindering effective interagency cooperation. This can include exploring opportunities for legislative changes or policy reforms to facilitate seamless coordination and partnership among agencies.

3.15.4. Opportunity for Future Success: Accessible Centralized Contact Database

Observation: The pandemic exposed a need for an easily accessed comprehensive database to centralize contact information and partnerships. A centralized database could have improved information management and facilitated future communication and engagement with partners.

PHEP Capabilities: Information Sharing

Core Capabilities: Operational Communications

Recommendation: Ensure the availability of a readily accessible comprehensive centralized database system that consolidates contact information, partnerships, and relevant data to enhance information management, streamline communication, and facilitate more efficient engagement with partners. This database should be designed to accommodate real-time updates and ensure data accuracy, serving as a valuable resource for future public health emergency responses.

3.15.5. Opportunity for Future Success: Managing Misinformation

Observation: DOH faced challenges in managing misinformation, requiring a delicate balance between asserting authority as a trusted information source and maintaining collaborative partnerships.

PHEP Capabilities: Information Sharing

Core Capabilities: Intelligence and Information Sharing

Recommendation: Continue coordinating with Emergency Support Function 15 (ESF-15) on messaging and communication strategies across agencies to ensure consistent and accurate information is shared with the public. Refine joint communication plans, align key messages, and establish protocols for sharing information during emergencies to avoid confusion and conflicting messages.

Recommendation: Clearly define lines of authority and decision-making processes between agencies to ensure efficient and effective coordination. Identify key decision-makers and establish protocols for making and communicating decisions promptly. This clarity will minimize delays and confusion during critical moments of a response.

3.16. Volunteer Management

This section reviews strengths and opportunities related to volunteer management activities during the COVID-19 response.

Analysis:

The deployment of volunteers from diverse jurisdictions played a pivotal role in supplementing staffing needs, driving the pandemic response forward. Cross-county deployment, facilitated by the Emergency Management Department (EMD) under the guidelines of WAC 118-04, effectively eliminated geographical barriers, enhancing the overall effectiveness of the MRC units. This experience underscores the potential advantages of adopting more flexible deployment structures during emergency situations.

The existing structure of the locally controlled Medical Reserve Corps (MRC) has led to disparities in resource allocation, primarily favoring urban areas over their rural counterparts. This imbalance is evident in the availability of volunteers throughout the state, where certain regions received more support than others, resulting in unequal pandemic response efforts.

The challenges stemming from this disparity were compounded by the absence of coordinated strategies among various entities, including DOH, federal partners, local health jurisdictions, and other state agencies. Despite having shared objectives, the limited opportunities for deliberate coordination and the lack of clarity in roles and responsibilities hindered effective information sharing and collaboration. This situation underscores the urgent need for a more integrated approach to emergency response planning, emphasizing the alignment of resources across jurisdictions and sectors.

Additionally, the Uniformed Emergency Health Volunteer Practitioner Act failed to address the inclusion of non-clinical volunteers adequately. Consequently, critical support services such as janitorial work, facility services, and food provision were insufficiently accounted for in hospitals and healthcare facilities. Recognizing these support services' pivotal role in maintaining operational efficiency, it becomes evident that the broader inclusion of all essential services in emergency health response planning is imperative.

This analysis underscores the importance of prioritizing equitable resource access for urban and rural areas, enhancing collaboration among agencies, broadening the scope of roles acknowledged within emergency health legislation, and cultivating flexible deployment systems for volunteers. Addressing these aspects is crucial for improving the efficiency and fairness of future emergency responses.

3.16.1. Strength: Cross County Deployment Authorization

Observation: Washington State Emergency Management Division (EMD) granted local emergency managers the authority to deploy registered volunteers across county boundaries per the regulations specified in WAC 118-04. This authorization removes geographic constraints, allowing for the efficient deployment of Medical Reserve Corps units and their volunteers, offering flexibility and assistance during emergencies.

PHEP Capabilities: Volunteer Management, Emergency Operations Coordination

Core Capabilities: Operational Coordination

3.16.2. Strength: Utilizing Volunteers for Staff Support

Observation: The utilization of volunteers from diverse jurisdictions bolstered staffing requirements and contributed to advancing DOH's pandemic response.

PHEP Capabilities: Volunteer Management, Mass Care

Core Capabilities: Operational Coordination, Mass Care Services

3.16.3. Opportunity for Future Success: Identification of Legislative Gap

Observation: The Uniformed Emergency Health Volunteer Practitioner Act did not have provisions for non-clinical volunteers. This led to a lack of support services such as janitorial, facility services, and food in hospitals and healthcare facilities.

PHEP Capabilities: Volunteer Management, Mass Care

Core Capabilities: Operational Coordination, Mass Care Services

Recommendation: Ensure that Washington State EMRC volunteers receive appropriate training and resources to assist in various roles effectively. This may include support services, specialized training programs, access to relevant tools and equipment, and ongoing professional development opportunities. By equipping EMRC volunteers with the necessary skills and resources, they can contribute effectively to roles that do not utilize volunteers such as those in medical examiners or coroners offices.

3.16.4. Opportunity for Future Success: Equitable Volunteer Availability

Observation: Volunteer availability was not equitable across the state, as each jurisdiction had autonomy in determining personnel needs and deployment, potentially leading to disparities in support across different areas.

PHEP Capabilities: Volunteer Management, Mass Care

Core Capabilities: Operational Coordination, Mass Care Services

Recommendation: Encourage collaboration and resource-sharing among diverse agencies, fostering cooperation between urban and rural areas. Establish guidelines and protocols for volunteer deployment that consider jurisdictional needs while contributing to an equitable distribution of volunteers across the state. This will help address disparities in volunteer availability and ensure that all communities, including rural areas, receive adequate support during emergencies.

Recommendation: Implement comprehensive and continuous outreach strategies to raise awareness about volunteer opportunities in various areas. To effectively reach and engage potential volunteers, use multiple communication channels, including social media, community websites, local newspapers, and community centers,. Regularly update recruitment materials, actively engage with local communities, and explore innovative methods to ensure a consistent pool of volunteers.

3.16.5. Opportunity for Future Success: Develop State Controlled MRC's

Observation: The current locally controlled Medical Reserve Corps (MRC) system primarily benefits urban areas, highlighting a lack of equitable access to resources for rural areas.

PHEP Capabilities: Volunteer Management, Mass Care

Core Capabilities: Mass Care Services

Recommendation: Develop a resource allocation strategy that addresses the disparity in state-organized MRC resources between urban and rural areas. This strategy should include measures to bolster the capacity and support of MRC units in rural regions, ensure equitable access to resources and strengthen public health emergency response capabilities across the state.

4. Readdressed Long-term Concerns

Overview

The In-Action Report addressed important long-term concerns DOH staff and partners expressed regarding the COVID-19 response. Funding and momentum for ongoing resiliency improvement efforts beyond the pandemic re-emerged as a concern, as the diminishing COVID-19 relief funding may hinder the implementation of adaptive measures. The report also emphasizes the long-term resiliency of the public health workforce, including addressing burnout and retaining valuable expertise. In this section, we will readdress these long-term concerns and address concerns brought about through conversations with Tribal Health Jurisdictions. A comprehensive approach involving collaboration and sustainable solutions is necessary to address these concerns

1: Funding and momentum for ongoing resiliency improvement efforts that may last beyond the end of the pandemic remains a staff concern

The concerns expressed by the staff regarding funding and momentum for ongoing resiliency improvement efforts that may extend beyond the end of the pandemic are valid and important to readdress. As the COVID-19 pandemic evolves, it is crucial to recognize its long-term impact on the organization and its ability to respond to future challenges effectively. Sustaining the necessary funding for resiliency improvement efforts is essential to ensure that the organization can continue to adapt and strengthen its ability to respond to emergencies and crises. Ongoing investment in resources, training, infrastructure, and technology is crucial for building and maintaining resilience in the face of future uncertainties.

Maintaining momentum is equally important as we move from the pandemic's beginning. It is essential to prioritize and actively support ongoing resiliency initiatives to prevent them from losing traction or being deprioritized as the immediate crisis subsides. With sustaining momentum, the organization can continue to learn, evolve, and implement improvements that will enhance its ability to handle future disruptions effectively.

Readdressing these concerns requires open communication channels and a collaborative approach. Engaging with staff to understand their needs, challenges, and ideas is critical to developing strategies addressing funding and ongoing momentum concerns. This collaborative approach fosters a sense of ownership and investment among staff members, leading to a shared commitment to sustaining resiliency improvement efforts. By recognizing and addressing the concerns related to funding and momentum, the organization can prioritize and allocate resources effectively, ensuring ongoing resiliency and preparedness even beyond the immediate impact of the pandemic.

Throughout the response efforts, various improvements, such as data system upgrades, formalized partner agreements, updated plans, and policies, were identified as essential. To sustain progress and build upon these advancements, continued funding and support are necessary. Otherwise, potential benefits gained from these initiatives risk being lost.

2: The long-term resiliency of the public health workforce presents a significant threat to the mission and vitality of DOH

The concern surrounding the long-term resilience of the public health workforce poses a significant threat to DOH's mission and vitality, as highlighted in the COVID-19 In-Action Report and echoed in the data gathered for the COVID-19 After-Action Report. Interviews further underscored burnout resulting from the extended

activation during the COVID-19 response as a prominent issue affecting retention and recruitment within the public health field.

To combat burnout among public health workers, it is essential to recognize the signs and symptoms associated with it. By proactively acknowledging and identifying these indicators, DOH can take necessary measures to mitigate burnout and promote the overall well-being of its workforce. Encouraging public health employees to take regular breaks, prioritize self-care, and utilize available vacation time can give e them the necessary respite to recharge and reduce stress levels. Establishing clear boundaries between work and personal life is crucial in preventing burnout. Public health workers should be encouraged to refrain from checking work-related emails or engaging in work-related activities during their time off. By setting these boundaries, individuals can better prioritize self-care and maintain a healthy work-life balance. Demonstrating and reinforcing these practices, developing predictable, sustainable work schedules and workloads, and setting a healthy example at the supervisor, manager, and executive leadership level is crucial.

Effective internal messaging and communication also play a significant role in combating burnout. Transparent communication channels facilitate the dissemination of important information, promote collaboration, and create a supportive work environment. Regularly assessing the effectiveness of internal communication strategies and adapting them as needed ensures that employees feel heard and provides an opportunity for information to be received effectively.

Recognizing and appreciating the value of the expertise gained is equally important as the practices mentioned above. Public health workers who feel valued and acknowledged for their contributions will likely remain engaged and motivated. This recognition can take various forms, such as public commendations, internal awards, or opportunities for career advancement. Celebrating successes, sharing stories of impact, and acknowledging the dedication and hard work of the public health workforce are powerful ways to boost morale, enhance job satisfaction, and reduce the risk of burnout.

In addition, retaining the knowledge and expertise acquired during the response is crucial for DOH's long-term resilience and for its ability to address future public health challenges effectively. Continued efforts should be made to capture the valuable lessons learned from the response, move forward on best practices, and create a comprehensive knowledge repository. This can involve conducting thorough post-incident analyses and organizing workshops or meetings to share insights and experiences. By capturing and documenting this knowledge, DOH can establish a foundation of expertise that can inform future responses and enhance the effectiveness of its public health workforce. Lessons learned can help identify opportunities for future success, develop more efficient protocols and procedures, and better equip public health workers to navigate similar crises.

By prioritizing its workers well-being, professional development and successes, DOH can create a supportive and empowering work environment. This strengthens the workforce and fosters a culture of resilience, adaptability, and appreciation while building upon continuous improvement and innovation. As a result, DOH will be better equipped to address future public health challenges, navigate crises with confidence, and protect the well-being of the communities it serves.

3: COVID-19 Long-term Concerns in Tribal Health Jurisdictions

Health Inequities: Tribal communities face health disparities due to historical and systemic factors. The COVID-19 pandemic exacerbated these inequities, leading to higher infection rates, severe illness, and mortality among

tribal populations. Addressing the underlying health inequities and ensuring equitable access to healthcare services is crucial for the long-term well-being of tribal communities.

Long COVID: Some individuals who had COVID-19 continue to experience symptoms and health issues long after the acute phase of the illness. This condition, known as "long COVID," can significantly impact individuals' physical, mental, and cognitive functioning. The long-term management and support for individuals with Long COVID in Tribal Health Jurisdictions is a concern that requires attention, including appropriate healthcare services, rehabilitation programs, and research into the long-term effects of the virus.

Addressing these long-term concerns in tribal health jurisdictions requires a comprehensive approach encompassing healthcare, social determinants of health, cultural preservation, and community resilience. Collaboration among tribal leaders, health authorities, researchers, and government agencies is essential to developing sustainable solutions and ensuring the health and well-being of tribal communities for the present and future generations.

5. Jurisdictional Challenges

Washington operates under a hybrid system combining Home Rule and Dillon's Rule elements. This means that local governments have the authority to govern local affairs without interference from the state unless they cannot fulfill their responsibilities, in which case the state will intervene. Also, tribal nations, as sovereign entities, have the autonomy to determine the most suitable actions for their communities. This decentralized system and unclear backup authority presented challenges in coordinating a unified response to the COVID-19 pandemic.

Washington's public health system involves multiple entities, including its state Department of Health, the Board of Health, 35 local health departments and local health jurisdictions serving 39 counties, , tribal health jurisdictions and tribal governments, two urban Indian health jurisdictions, and other partners, making coordination across the state challenging. With each entity operating relatively independently and varying in their capacity to manage a crisis of magnitude, coordination across has proven difficult. This lack of alignment impacted various aspects, such as policy enforcement, funding allocation, public safety measures, infection prevention guidelines, community messaging, and addressing misinformation.

While decentralization aims to empower local communities and promote efficiency, it has resulted in jurisdictional issues, confusion regarding roles and responsibilities, misinterpreting policies, and conflicting messaging during the statewide pandemic response. To address these challenges, efforts have been made to foster alignment and coordination between community and government entities. Regular communication channels, clear policies and protocols for inter-agency coordination, and coordination meetings have helped break down silos and strengthen the state's ability to support community resilience. Additionally, involving local communities in emergency response planning is crucial for building capacity, identifying risks and vulnerabilities, and tailoring response efforts to community needs. As the initial responders in emergencies, local communities possess valuable knowledge and expertise that can contribute to effective response plans.

Incorporating a community voice component and adopting a systematic whole-community approach is essential for promoting collaboration and addressing systemic inequities. The time and effort invested in preparation significantly impacts the effectiveness of emergency response and recovery. Engaging local communities in planning builds trust, increases resident engagement, and ensures comprehensive and effective response plans. It allows for leveraging local expertise, resources, and community networks, and developing robust communication and coordination strategies.

All partners in the public health system must recognize the importance of working together to enhance efficiency, effectiveness, and preparedness for future public health emergencies. By fostering alignment and coordination, we can improve our ability to respond to crises, enhance resilience, and mitigate the impact of future public health challenges.

Role of Washington State Department of Health

The Washington State Department of Health (DOH) plays a critical role in promoting and protecting the health of its residents with a mission to work with others to protect and improve health of all people in Washington state and a vision of equity and optimal health for all. Below are some of the department’s key functions and responsibilities:

Disease Surveillance and Control: DOH works to prevent and control the spread of communicable diseases. This includes monitoring disease outbreaks, conducting surveillance, and implementing interventions to limit the transmission of infectious diseases.

Health Promotion and Disease Prevention: DOH promotes healthy behaviors and lifestyles to prevent chronic and infectious diseases and injuries and improve overall health. It develops and implements public health campaigns, provides education and resources on various health topics, and works to reduce health inequities. DOH also collaborates with community organizations and healthcare providers to implement prevention strategies.

Health Regulation and Licensure: DOH and its partner boards and commissions regulate and license healthcare providers, facilities, and organizations to facilitate access to quality healthcare and ensure they meet state and federal standards.

Emergency Preparedness and Response: DOH plays a crucial role in preparing for and responding to emergencies and disasters, focusing on public health and medical and mortuary components as outlined in Emergency Support Function (ESF) 8 of the State Comprehensive Emergency Management Plan (CEMP). It coordinates with local, state, tribal, and federal agencies to develop emergency response plans, provide guidance to healthcare providers and the public, and mobilize resources during crises.

Data Collection and Analysis: DOH collects and analyzes health data to monitor population health, identify trends, and inform public health policies and interventions. This includes tracking vital statistics, conducting health surveys, and maintaining disease registries. The data collected in these registries is used for various purposes, such as monitoring disease trends, understanding risk factors, evaluating treatment outcomes, and informing public health interventions.

Policy Development and Advocacy: DOH develops public health policies and advocates for evidence-informed approaches to improve health outcomes. It collaborates with stakeholders, lawmakers, and community organizations to develop and implement policies that address public health challenges.

Health Equity and Social Determinants of Health: DOH addresses health disparities and social determinants of health that impact population health outcomes. It focuses on promoting health equity, reducing health inequities, and addressing the social, economic, and environmental factors influencing health. It aims to create an environment where individuals and communities can thrive and achieve optimal health outcomes.

Public Health Communication: DOH communicates important health information to the public, healthcare providers, and other stakeholders. This includes issuing health advisories, providing guidance on health topics, and disseminating information during emergencies or outbreaks.

Partner and Community Engagement

The Washington State Department of Health (DOH) plays a vital role in community engagement and collaboration with local health jurisdictions, tribal health jurisdictions, and other health partners to promote community health, address health disparities, and ensure effective public health interventions. By fostering engagement and collaboration, DOH enhances the capacity and resilience of the public health system, leading to improved health outcomes for Washington residents.

Community Engagement: DOH actively engages with communities across Washington to understand their health needs, concerns, and priorities. It seeks input from community members, organizations, and

stakeholders to inform DOH policies, programs, and decision-making processes. This engagement helps ensure public health efforts are tailored to local contexts and responsive to community needs.

Local and Tribal Health Jurisdiction Collaboration: DOH works closely with local and tribal health jurisdictions to coordinate and support public health activities at the local and tribal level. It provides technical assistance, guidance, and resources to help implement effective public health programs and respond to local health challenges.

Capacity Building and Training: DOH is crucial in building the capacity of local health jurisdictions and other health partners by providing public health professionals and community partners. the training, resources, and technical assistance to enhance their skills and knowledge. This capacity-building approach strengthens public health infrastructure and supports community engagement. When public health emergencies occur, DOH collaborates closely with local health authorities and healthcare partners. Together, they coordinate response efforts by ensuring clear communication channels, allocating resources efficiently, and providing support services to communities affected by the crisis. This collaborative approach is vital for enabling a timely and well-coordinated emergency response that protects the health and safety of residents across the state.

Collaboration with Health Partners: DOH collaborates with various health partners, including healthcare providers, community-based organizations, schools, businesses, and other governmental agencies. They work together to address public health priorities, implement health promotion initiatives, and coordinate responses to public health emergencies. This collaboration fosters a multidisciplinary and holistic approach to improving community health.

Data Sharing and Communication: DOH facilitates data sharing and communication among local health jurisdictions and health partners. It collects and analyzes health data at the state level and disseminates relevant information to local jurisdictions and partners. This enables evidence-based decision- making, supports targeted interventions, and promotes information exchange for effective public health action.

Policy Development and Advocacy: DOH engages in policy development and advocacy efforts to address community health needs. It collaborates with local health jurisdictions, community-based organizations and workforce partners to identify emerging health issues, develop evidence-based policies, and advocate for necessary resources and legislation. This collective approach helps shape public health policies and programs at the local and state levels.

6. The Future of the Washington State Department of Health

The Department of Health's (DOH) future will be influenced by a complex interplay of various factors, and its priorities and focus areas may evolve over time to meet the changing needs of the population. Below are transformational plans and focus areas shaping the department's future:

Equity: Achieving health equity is and will continue to be a central focus for DOH. This involves addressing health disparities, promoting equal access to quality healthcare, and eliminating barriers to health and well-being based on race, ethnicity, socioeconomic status, and geographic location. The department should develop targeted interventions and policies to reduce inequities, improve healthcare access in underserved areas, and promote culturally sensitive care. Collaborations with community organizations and stakeholders will be crucial in implementing strategies to achieve equitable health outcomes.

1. Health Disparities: Equity in health outcomes and access involves addressing and reducing health disparities, which are systemic and avoidable differences in health outcomes between different population groups. DOH can actively identify and address disparities based on factors such as race, ethnicity, socioeconomic status, gender, sexual orientation, age, disability status, and geographic location. This may involve developing focused interventions and policies addressing the underlying causes of health inequities.

2. Access to Care: Promoting equity requires ensuring equitable access to healthcare services for all individuals. The department can continue to eliminate financial constraints, transportation issues, language barriers, stigma, and limited healthcare infrastructure in underserved areas. This can be achieved by identifying and addressing potential policy changes, supporting community health centers, promoting telemedicine services, and improving cultural competency among healthcare providers.

3. Social Determinants of Health: Recognizing the impact of social determinants of health is crucial for achieving health equity. DOH can review its policies and programs and collaborate with other sectors, such as housing, education, employment, and transportation, to address social determinants that contribute to health disparities. By addressing factors such as poverty, education, employment, neighborhood conditions, and discrimination, the department can create conditions that support equitable health outcomes for all.

4. Culturally Responsive Care: Equity in healthcare requires providing culturally responsive care that acknowledges and respects diverse populations' unique needs, values, and beliefs. The department can support initiatives that promote cultural competency training for healthcare providers, encourage diverse workforce representation, and foster inclusive healthcare practices. By ensuring healthcare services are responsive to individuals' cultural backgrounds and preferences, the department can improve health outcomes and patient satisfaction.

5. Data and Research: DOH will prioritize the collection and analysis of data that allows for the identification of health inequities and evaluation of interventions aimed at reducing disparities. By analyzing disaggregated data, the department can better understand the health needs of different population groups and develop targeted strategies to address them. Additionally, investing in research on health disparities and health equity can inform evidence-based interventions and policies.

Innovation: DOH will progressively embrace innovation to improve healthcare delivery, enhance public health outcomes, and optimize resource allocation. Incorporating innovation into the department's health

strategies and operations can lead to improved healthcare outcomes, increased efficiency, and better population health management. It is important for the department to stay informed about emerging technologies, foster a culture of innovation, and allocate resources for research and implementation of innovative solutions. Below are a few areas DOH can continue to explore innovation:

1. Digital Health Solutions: The department can continue to promote digital health solutions to improve access, efficiency, and quality of care. This may include telemedicine platforms that enable remote consultations, virtual monitoring tools for chronic disease management, and mobile applications for health education and self-care. By embracing digital technologies, partners can increase convenience for patients, reduce healthcare costs, and reach underserved populations.
2. Public Health Informatics: Implementing robust public health informatics systems can enhance DOH's ability to collect, analyze, and disseminate data for effective decision-making. This may involve developing a comprehensive electronic reporting system for communicable diseases, implementing real-time syndromic surveillance systems, and utilizing data visualization tools to communicate public health information to policymakers and the public.
3. Data Analytics and Predictive Modeling: Leveraging advanced data analytics and predictive modeling techniques can help DOH identify and respond to health trends, outbreaks, and emerging public health threats. By analyzing large volumes of health data, including electronic health records, surveillance data, and social determinants of health, it can continue to gain insights into population health patterns, risk factors, and intervention strategies.

Engagement: The future DOH will prioritize engaging and sharing power with individuals, communities, and stakeholders in healthcare decision-making processes. There will be greater emphasis on patient-centered care, shared decision-making, and promoting health literacy. The department may implement strategies to enhance public awareness and education, improve communication channels, and involve diverse voices in shaping healthcare policies and programs. This could involve utilizing social media platforms, online communities, and other digital tools to foster active engagement and collaboration.

1. Health Education and Promotion: DOH may continue to develop comprehensive health education programs aimed at improving the population's health literacy. By providing accessible and accurate information about various health topics, the department can empower individuals to make informed decisions about their health. This can be accomplished with educational materials, workshops, community outreach programs, and partnerships with schools and community organizations.
2. Community Partnerships: Collaborating with community organizations, nonprofits, and advocacy groups can help DOH increase engagement with diverse populations and address specific healthcare needs. By working together, they can ensure DOH's policies and programs are tailored to the unique cultural, social, and economic contexts of different communities. This collaboration can involve joint initiatives and community forums that foster trust, dialogue, and participation.
3. Digital Engagement: Continuing to utilize digital platforms and technologies can expand DOH's reach and engagement efforts. Social media, online communities, and mobile applications can serve as channels for disseminating health information, promoting healthy behaviors, and facilitating two-way communication with the public. Engaging with the community through digital platforms has successfully enabled the department to receive feedback, address concerns, and provide timely updates on public health issues.

4. Partner Engagement: Involving various partners, such as healthcare providers, researchers, policymakers, and industry representatives, is vital for effective decision-making and policy development. DOH will build upon the relationships developed during the pandemic to form advisory committees, task forces, and existing forums to provide input, share expertise, and collaborate on important health initiatives. Steps have already been taken to engage partners in policymaking, helping to ensure diverse perspectives are considered as DOH fosters a sense of ownership and collective responsibility.

It is important to recognize priorities and approaches may differ across sections based on their specific needs and circumstances. DOH will continuously adapt its strategies to address emerging challenges and opportunities as it works to ensure the well-being and health of the people it serves. Additionally, it is expected local health jurisdictions and districts will embrace these principles and implement them as appropriate within their areas of responsibility while considering the unique needs of the 35 areas they oversee.

Appendix A: Incident Timeline

COVID-19 PANDEMIC

2020

JANUARY 2020

21 – The Center for Disease Control and Prevention (CDC) confirm the first case of the novel coronavirus in the United States in the state of Washington. The patient recently returned from Wuhan, China on January 15.

22 – Washington's State Emergency Operations Center (SEOC) and WA DOH activated.

MARCH 2020

1 – Secretary of Health John Wiesman submitted his resignation to be effective January 10, 2021.

10 – Governor Inslee issues new rules to protect older adults in nursing homes and assisted living facilities to focus on better protecting older adults.

11 – The WHO declares COVID-19 a pandemic. Governor Inslee issues a proclamation that limits large events to minimize the public health risk during COVID-19.

12 – Governor Inslee announces school closures in King, Snohomish, and Pierce counties. First confirmed case for a Department of Health Employee.

13 – U.S. President Donald J. Trump declares a national emergency in response to the COVID-19 outbreak. Governor Inslee announces statewide school closures.

16 – Governor Inslee announces statewide shutdown of restaurants, bars, and expanded social gathering limits.

DECEMBER 2019

31 – The World Health Organization (WHO) picked up a media statement by the Wuhan Municipal Health Commission regarding cases of "viral pneumonia" in Wuhan, Hubei Province, People's Republic of China.

FEBRUARY 2020

28 – DOH Public Health Lab began doing their own COVID-19 PCR testing.

29 – Washington State Governor Jay Inslee declared a State of Emergency. The CDC and Washington State report first COVID-19 death.

APRIL 2020

4 – Governor Inslee extends the "Stay Home, Stay Healthy" order through May 4.

6 – Governor Inslee extends school closures for the remainder of the 2019-2020 school year.

13 – Governor Inslee issues proclamation for high-risk workers giving them the right to protect themselves from COVID-19 without jeopardizing their employment status or loss of income.

15 – DOH, in partnership with Microsoft, launched information dashboard: WA HEALTH. Governor Inslee issues new orders to reduce prison populations during COVID-19 outbreak.

21 – Governor Inslee reveals Washington's COVID-19 recovery plan.

27 – Governor Inslee announces distribution of funding to local governments from federal stimulus package.

17 – Governor Inslee signs bill package to support state effort combating the COVID-19 outbreak.

19 – Governor Inslee issues a proclamation that restricts non-urgent medical and dental procedures. Governor Inslee sends letter to President Trump requesting the U.S.S. Mercy be sent to the Puget Sound region to increase medical capacity.

20 – Governor Inslee sends letter to President Trump requesting major disaster declaration.

23 – Governor Inslee issues the "Stay Home, Stay Healthy" order.

27 – President Trump and Congress approve a $2.2 trillion Coronavirus Aid, Relief, and Economic Security Act (CARES) aid package to assist individuals and companies with COVID-19 impacts.

31 – Governor Inslee and the Washington State Department of Financial Institutions (DFI) announce assistance for homeowners unable to make mortgage payments. Governor Inslee issues additional guidance on "Stay Home, Stay Healthy" order and proclamation for retired workers to return to essential jobs.

MAY 2020 CONTINUED

15 – Governor Inslee extends COVID-19 proclamation aimed at protecting domestic violence victims.

18 – Governor Inslee announces restart of all medical services in Washington.

27 – Governor Inslee announces religious and faith-based services guidance.

29 – Governor Inslee announces Safe Start—Washington's phased reopening by county. DOH issued Order 20-02 requiring widespread testing within long-term care facilities.

30 – President Trump launches Operation Warp Speed, an initiative to produce a vaccine for the coronavirus as quick as possible, with CDC as an integral member.

MAY 2020

4 – Governor Inslee signs COVID-19 order for a phased re-opening of Washington's economy.

7 – Governor Inslee issues proclamation addressing cost increases related to COVID-19. Governor Inslee issues guidance for restarting essential workforce development programs.

11 – Governor Inslee issues guidance for partially resuming the dine-in restaurant and tavern industry in Phase 2.

12 – Governor Inslee announces contact-tracing initiative. Governor Inslee issues guidance for partially resuming in-store retail and additional manufacturing operations in Phase 2.

13 – Governor Inslee issues directive to state agencies to freeze hiring, personal service contracts, and equipment purchases. Governor Inslee issues guidance for resuming personal services and professional services in Phase 2.

JUNE 2020

23 – Governor Inslee announces a statewide mask mandate. Governor Inslee releases plans to resume higher education in the fall.

20 – DOH Order 20-03 goes into effect mandating the use of face coverings in public settings statewide.

SEPTEMBER 2020

16 – The Trump administration releases a vaccine distribution plan to make the vaccine available and free for all Americans by January 2021.

2021

JANUARY 2021

5 – The Federal Emergency Management Agency (FEMA) modifies an allocation order on exports such as personal protective equipment, scare health resources, and medical resources to ensure that these resources are widely available to the American public. Governor Inslee announces the Healthy Washington—Roadmap to Recovery plan.

11 – Governor Inslee signs Healthy Washington—Roadmap to Recovery proclamation.

25 – Governor Inslee announces that 500,000 doses of the COVID-19 vaccine have been administered.

MARCH 2021

3 – Governor Inslee authorizes the use of the Johnson & Johnson vaccine for COVID-19.

11 – U.S. President Joseph R. Biden Jr. signs the $1.9 trillion American Rescue Plan into law.

12 – All Washington State counties move to Phase 3 of Healthy Washington Plan.

DECEMBER 2020

11 – The U.S. Food and Drug Administration (FDA) issues an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine.

18 – The FDA issues an EUA for the Moderna COVID-19 vaccine.

20 – Governor Inslee announces the authorization of the Moderna COVID-19 vaccine.

31 – The WHO issues its first emergency use validation for a COVID-19 vaccine and emphasizes the need for equitable global access.

FEBRUARY 2021

19 – Governor Inslee signs a $2.2 billion COVID-19 relief bill.

26 – FEMA announces federal support to community vaccination clinics nationwide, putting $3.97 billion to vaccination efforts.

APRIL 2021

15 – All Washingtonians aged 16 and up are eligible for a COVID-19 vaccine.

19 – All Washington K-12 Schools are required to offer at least 30% in person instruction.

21 – COVID-19 Immigrant Relief Fund applications open.

MAY 2021

13 – Those fully vaccinated are no longer required to wear a mask indoors.

JUNE 2021

1 – The "Shot of a Lifetime" Campaign and other vaccine incentives are offered.

14 – The Family Emergency Assistance Program is expanded.

20 – Most of the Washington State COVID-19 restrictions on businesses and individuals have ended.

28 – First of the two "Heat Domes" begins to impact Washington State.

30 – Most of the Washington State COVID-19 restrictions on businesses and individuals have ended.

JULY 2021

14 – COVID-19 cases begin to spike in Washington State.

29 – President Biden announces new actions to get more Americans vaccinated and slow the spread of the Delta variant.

AUGUST 2021

9 – Governor Inslee announces requirement that most state employees and all health care and long-term care workers to be fully vaccinated by October 18.

18 – Governor Inslee amends the vaccination requirement to include all education (early care, K-12, and higher education) employees, who similarly are required to be vaccinated by October 18.

18 – Governor Inslee and Secretary of Health expand the indoor mask requirement to all people, regardless of vaccination status, due to surge in transmission and hospitalizations associated with the Delta variant.

SEPTEMBER 2021

3 – Governor Inslee amends the Washington Ready proclamation and issues a new COVID-19 proclamation for nursing homes.

9 – President Biden signs an executive order requiring COVID-19 vaccines for all federal employees.

13 – Governor Inslee amends the Washington Ready proclamation to require facial coverings for large outdoor events with 500 or more individuals, regardless of vaccination status.

OCTOBER 2021

18 – Governor Inslee issues proclamation requiring vaccination verification for large events.

NOVEMBER 2021

26 – The WHO announces the classification of Omicron (B.1.1.529) as a variant of concern.

DECEMBER 2021

1 – The CDC announces that the first confirmed case of the Omicron variant was detected in the United States.

2022

JANUARY 2022

2 – President Biden announces new actions to protect Americans against the Delta and Omicron variants.

22 – The FDA issues an EUA for Pfizer's Paxlovid for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients, 12 years of age and older.

2 – The Biden administration announces they will make available 10 million tests per month for schools to ensure they remain safely open.

14 – The Biden administration announces a new plan for distributing free at-home COVID-19 rapid tests to the American people.

14– The WHO recommends two new drugs to treat COVID-19.

FEBRUARY 2022

28 – Governor Inslee, along with California and Oregon's governors, announce updated health guidance that will lift indoor mask requirements on March 11, except for health care, corrections, and long-term care facilities.

17 – Governor Inslee temporarily (one month) prohibits all non-urgent medical procedures to protect healthcare capacity during the first wave of the Omicron variant.

21 – The CDC updates its guidance to protect healthcare personnel, patients, and visitors due to the new Omicron variant. Say Yes! COVID Test program goes statewide.

MARCH 2022

17 – The WA Forward Plan is released to the public.

OCTOBER 2022

28 – Governor Inslee announces Washington's COVID emergency orders end the following week.

Washington State Department of HEALTH

2020 Timeline

- **December 31, 2019:** The World Health Organization (WHO) picked up a media statement by the Wuhan Municipal Health Commission regarding cases of "viral pneumonia" in Wuhan, Hubei Province, People's Republic of China.
- **January 21:** The Center for Disease Control and Prevention (CDC) confirms the first U.S. case of the novel coronavirus in Washington state. The patient recently returned from Wuhan, China on January 15.
- **January 22:** Washington's State Emergency Operations Center (SEOC) and WA DOH activated.
- **February 28:** DOH Public Health Lab began doing their own COVID-19 PCR testing.
- **February 29:** Washington State Governor Jay Inslee declared a State of Emergency.
- **February 29:** The CDC and Washington State report first COVID-19 death.
- **March 1:** Secretary of Health John Wiesman submitted his resignation to be effective January 10, 2021.
- **March 10:** Governor Inslee issues new rules to protect older adults in nursing homes and assisted living facilities to focus on better protecting older adults.
- **March 11**: The WHO declares COVID-19 a pandemic.
- **March 11:** Governor Inslee issues a proclamation that limits large events to minimize the public health risk during COVID-19.
- **March 12:** Governor Inslee announces school closures in King, Snohomish, and Pierce counties.
- **March 12**: First confirmed case for a Department of Health Employee.
- **March 13**: U.S. President Donald J. Trump declares a national emergency in response to the COVID-19 outbreak.
- **March 13:** Governor Inslee announces statewide school closures.
- **March 16:** Governor Inslee announces statewide shutdown of restaurants, bars, and expanded social gathering limits.
- **March 17:** The first human trial for a vaccine against COVID-19 begins in the United States.
- **March 17:** Governor Inslee signs bill package to support state effort combating the COVID-19 outbreak.
- **March 19:** Governor Inslee issues a proclamation that restricts non-urgent medical and dental procedures.
- **March 19:** Governor Inslee sends letter to President Trump requesting the U.S.S. Mercy be sent to the Puget Sound region to increase medical capacity.
- **March 20:** Governor Inslee sends letter to President Trump requesting major disaster declaration.
- **March 23**: Governor Inslee issues the "Stay Home, Stay Healthy" order.
- **March 27**: President Trump and Congress approve a $2.2 trillion Coronavirus Aid, Relief, and Economic Security Act (CARES) aid package to assist individuals and companies with COVID-19 impacts.
- **March 31:** Governor Inslee and the Washington State Department of Financial Institutions (DFI) announce assistance for homeowners unable to make mortgage payments.
- **March 31:** Governor Inslee issues additional guidance on "Stay Home, Stay Healthy" order and proclamation for retired workers to return to essential jobs.

- **April 4:** Governor Inslee extends the "Stay Home, Stay Healthy" order through May 4.
- **April 6:** Governor Inslee extends school closures for the remainder of the 2019–2020 school year.
- **April 13:** Governor Inslee issues proclamation for high-risk workers giving them the right to protect themselves from COVID-19 without jeopardizing their employment status or loss of income.
- **April 15:** DOH, in partnership with Microsoft, launched information dashboard: WA HEALTH.
- **April 15:** Governor Inslee issues new orders to reduce prison populations during COVID-19 outbreak.
- **April 21:** Governor Inslee reveals Washington's COVID-19 recovery plan.
- **April 27:** Governor Inslee announces distribution of funding to local governments from federal stimulus package.
- **April 30:** President Trump launches Operation Warp Speed, an initiative to produce a vaccine for the coronavirus as quick as possible, with CDC as an integral member.
- **May 4:** Governor Inslee signs COVID-19 order for a phased re-opening of Washington's economy.
- **May 7:** Governor Inslee issues proclamation addressing cost increases related to COVID-19.
- **May 7:** Governor Inslee issues guidance for restarting essential workforce development programs.
- **May 11:** Governor Inslee issues guidance for partially resuming the dine-in restaurant and tavern industry in Phase 2.
- **May 12:** Governor Inslee announces contact-tracing initiative.
- **May 12:** Governor Inslee issues guidance for partially resuming in-store retail and additional manufacturing operations in Phase 2.
- **May 13:** Governor Inslee issues directive to state agencies to freeze hiring, personal service contracts, and equipment purchases.
- **May 13:** Governor Inslee issues guidance for resuming personal services and professional services in Phase 2.
- **May 15:** Governor Inslee extends COVID-19 proclamation aimed at protecting domestic violence victims.
- **May 18:** Governor Inslee announces restart of all medical services in Washington.
- **May 27:** Governor Inslee announces religious and faith-based services guidance.
- **May 29:** Governor Inslee announces Safe Start—Washington's phased reopening by county.
- **May 29:** DOH issued Order 20-02 requiring widespread testing within long-term care facilities.
- **June 23:** Governor Inslee announces a statewide mask mandate.
- **June 23:** Governor Inslee releases plans to resume higher education in the fall.
- **June 20:** DOH Order 20-03 goes into effect mandating the use of face coverings in public settings statewide.
- **September 16:** The Trump administration releases a vaccine distribution plan to make the vaccine available and free for all Americans by January 2021.
- **December 11:** The U.S. Food and Drug Administration (FDA) issues an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine.
- **December 18:** The FDA issues an EUA for the Moderna COVID-19 vaccine.

- **December 20:** Governor Inslee announces the authorization of the Moderna COVID-19 vaccine.
- **December 31:** The WHO issues its first emergency use validation for a COVID-19 vaccine and emphasizes the need for equitable global access.

2021 Timeline

- **January 5:** The Federal Emergency Management Agency (FEMA) modifies an allocation order on exports such as personal protective equipment, scare health resources, and medical resources to ensure that these resources are widely available to the American public.
- **January 5:** Governor Inslee announces the Healthy Washington—Roadmap to Recovery plan.
- **January 11:** Governor Inslee signs Healthy Washington—Roadmap to Recovery proclamation.[lxviii]
- **January 25:** Governor Inslee announces that 500,000 doses of the COVID-19 vaccine have been administered.
- **February 19:** Governor Inslee signs a $2.2 billion COVID-19 relief bill.
- **February 26:** FEMA announces federal support to community vaccination clinics nationwide, putting $3.97 billion to vaccination efforts.
- **March 3:** Governor Inslee authorizes the use of the Johnson & Johnson vaccine for COVID-19.
- **March 11:** U.S. President Joseph R. Biden Jr. signs the $1.9 trillion American Rescue Plan into law.
- **March 12:** All Washington State counties move to Phase 3 of Healthy Washington Plan.
- **April 15:** All Washingtonians aged 16 and up are eligible for a COVID-19 vaccine.
- **April 19:** All Washington K-12 Schools are required to offer at least 30% in person instruction.
- **April 21:** COVID-19 Immigrant Relief Fund applications open.
- **May 13:** Those fully vaccinated are no longer required to wear a mask indoors.
- **June 1:** The "Shot of a Lifetime" Campaign and other vaccine incentives are offered.
- **June 14:** The Family Emergency Assistance Program is expanded.
- **June 28:** First of the two "Heat Domes" begins to impact Washington State.
- **June 30:** Most of the Washington State COVID-19 restrictions on businesses and individuals have ended.
- **July 14:** COVID-19 cases begin to spike in Washington State.
- **July 29:** President Biden announces new actions to get more Americans vaccinated and slow the spread of the Delta variant.
- **August 9:** Governor Inslee announces requirement that most state employees and all health care and long-term care workers to be fully vaccinated by October 18.
- **August 18:** Governor Inslee amends the vaccination requirement to include all education (early care, K-12, and higher education) employees, who similarly are required to be vaccinated by October 18.
- **August 18:** Governor Inslee and Secretary of Health expand the indoor mask requirement to all people, regardless of vaccination status, due to surge in transmission and hospitalizations associated with the Delta variant.

- **September 3:** Governor Inslee amends the Washington Ready proclamation and issues a new COVID-19 proclamation for nursing homes.
- **September 9:** President Biden signs an executive order requiring COVID-19 vaccines for all federal employees.
- **September 13:** Governor Inslee amends the Washington Ready proclamation to require facial coverings for large outdoor events with 500 or more individuals, regardless of vaccination status.
- **October 18:** Governor Inslee issues proclamation requiring vaccination verification for large events.
- **November 26:** The WHO announces the classification of Omicron (B.1.1.529) as a variant of concern.
- **December 1:** The CDC announces that the first confirmed case of the Omicron variant was detected in the United States.
- **December 2:** President Biden announces new actions to protect Americans against the Delta and Omicron variants.
- **December 22:** The FDA issues an EUA for Pfizer's Paxlovid for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients, 12 years of age and older.

2022 Timeline

- **January 12:** The Biden administration announces they will make available 10 million tests per month for schools to ensure they remain safely open.
- **January 14:** The Biden administration announces a new plan for distributing free at-home COVID-19 rapid tests to the American people.
- **January 14:** The WHO recommends two new drugs to treat COVID-19.
- **January 17:** Governor Inslee temporarily (1 month) prohibits all non-urgent medical procedures to protect healthcare capacity during the first wave of the Omicron variant.
- **January 21:** The CDC updates its guidance to protect healthcare personnel, patients, and visitors due to the new Omicron variant.
- **January 21:** Say Yes! COVID Test program goes statewide.
- **February 28:** Governor Inslee, along with California and Oregon's governors, announce updated health guidance that will lift indoor mask requirements on March 11, except for health care, corrections, and long-term care facilities.
- **March 17:** The WA Forward Plan is released to the public.
- **October 28:** Governor Inslee announces Washington's COVID emergency orders end the following week.

Appendix B: After-Action Review Methods & Methodologies

Methods & Methodologies

To evaluate lessons learned from the Department of Health's (DOH) COVID-19 response, a multifaceted data collection process was used to obtain both quantitative and qualitative data. These processes included document reviews, passive data reviews, surveys, focus groups, and interviews.

Data was collected between July 2022 and February 2023; all participants were 18 years old or older, and participation was voluntary. Survey, focus groups, and interview participants included Department of Health leadership personnel, COVID-19 program area leads, COIVD-19 field team members, Tribal Partners, Urban Indian Health Clinics and Urban Indian organizations, local health jurisdiction partners, state governmental partners, non-governmental partners, nonprofit organizations, private sector partners, health care coalition staff, healthcare and fatality management partners, mortuary affairs professionals, medical staff, long-term care personnel, federal partners, the public, and many more. Equity considerations were braided throughout the process to ensure that they were given appropriate weight in developing the recommendations outlined in this document.

Qualitative Data

Qualitative data was collected through focus groups, interviews, document reviews, and passive data reviews. The qualitative data collection and analysis followed a systematic process to ensure the reliability and validity of the research findings.

Eight open-ended questions were prepared to guide the interview and focus group discussions. The team created and maintained an observation workbook and interview tracker throughout the data collection process. All sessions were conducted using a semi-structured format, following the inverted pyramid design framework, aimed at presenting information in descending order of importance. As a strategy to reduce "groupthink," a phenomenon that occurs in group settings where the participants set aside their own beliefs and adopt the loudest opinions of the group, the team utilized Mural, an online platform designed for collaborative problem-solving. This provided participants with an opportunity for anonymous feedback.

The team employed ATLAS.ti, a computer-assisted qualitative data analysis software tool, to assist with the data analysis process. Data gathered was analyzed using a hybrid coding model consisting of inductive, in vivo, and descriptive coding techniques. The team also used root-cause and thematic analyses frameworks, especially during instances when relationships and categories were derived to extrapolate conclusions that triangulated with survey results and documentation reviews.

Quantitative Data

Three surveys were used to gather quantitative data: the Community Survey, Partner Survey, and Internal DOH Survey. The survey instruments were designed using various methods, including those derived from standard AAR questions. Additionally, the team developed and utilized a Pandemic Response Inventory Tool to formulate survey questions for the Community and Partner survey instruments. The tool tracks various governmental pandemic-response projects, campaigns, partnerships, and initiatives aimed at protecting and informing the

public. The team used it to isolate each response-project, list the project's goals, and incorporate an equity assessment. From there, the team developed questions used to measure the project's success.

The survey platform was conducted on Survey Monkey. The Community Survey was translated in 36 languages to ensure accessibility for non-English speakers. The Partner and Internal DOH Surveys were in English, with translation services available upon request. The AAR team pre-tested each survey with five respondents prior to launch. It took approximately 15-20 minutes for participants to complete the survey instruments. Prior to launching the Community and Partner surveys, DOH leadership s notified partners of the survey.

A data dictionary was created and maintained throughout the research process. The data was analyzed using statistical software in SurveyMonkey, Excel, and ATLAS.ti. As a strategy for minimizing respondent ambiguity, the five-point Likert scale survey questions were collapsed into two-to-three response categories.

Documentation Review & Passive Data Collection

The documentation reviewed for this analysis included COVID-19 in-action and after-action reports, situational awareness reports, emergency annexes, policies, open-source data, public communications, and much more. Passive data was also collected, such as reoccurring meetings, recorded meetings, and community partner crafted video footage. During documentation review, the team developed a Pandemic Response Inventory Tool to track various governmental pandemic-response projects, campaigns, partnerships, and initiatives aimed protect and inform the public.

Surveys

Three survey instruments were created to evaluate the pandemic response post incident. These include a Community Survey, Partner Survey, and Internal DOH Survey. The surveys were facilitated through SurveyMonkey between August 2022 and February 2023. The Community Survey was available in 36 languages (Amharic, Arabic, Burmese, Chinese - Simplified, Chinese - Traditional, English, Farsi, French, German, Hindi, Hmong, Japanese, Karen, Khmer, Korean, Lao, Marshallese, Mixteco Bajo, Nepali, Oromo, Portuguese, Punjabi, Romanian, Russian, Samoan, Somali, Spanish, Swahili, Tagalog, Tamil, Telugu, Thai, Tigrinya, Ukrainian, Urdu, and Vietnamese). The Partner and Internal DOH Surveys were in English, with translation services available upon request. The survey took participants approximately 15 minutes to complete. The Community Survey yielded 9,256 responses, whereas the Partner Survey yielded 108 and the Internal DOH Survey 351.

Survey Recruitment Strategy: The recruitment strategy leveraged a variety of existing communication channels to enhance the team's ability to collect a representative sample across socio-economic, demographic, and geographical boundaries. These include, but were not limited to:

- Posting the surveys on the DOH webpage
- Posting the surveys on DOH social media sites
- Utilizing personal and professional networks through direct contact
- For the Community survey, the team created a flyer with a QR Code to the survey link. The flyer was emailed to community partners to disseminate amongst their networks and in the community. The flyer was available in the 36 languages listed above.
- The AAR Team followed the Community Outreach Plan. Prior to launching the Partner survey, the AAR team contacted partners via email to notify them of the upcoming survey.

Interviews & Focus Groups

Between August 2022 and January 2023, the AAR team conducted 44 60–90-minute interviews, and five 60–120-minute focus groups consisting of up to 25 participants each. Participants included DOH community partners, internal partners/DOH staff, and tribal partners. The team requested verbal consent from all participants prior to starting the session. Facilitation of each session included asking a set of pre-determined questions, clarifying participants' responses, and supporting healthy group dynamics. Virtual sessions occurred over Microsoft Teams and were transcribed using the Teams transcription function. For the focus groups, Mural, an online platform designed for collaborative problem solving was utilized to provide participants an opportunity for anonymous feedback. In-person sessions were recorded by manual notetaking.

> **Recruitment Strategy:** The AAR team worked with DOH leadership, the DOH Equity Team, and the Statewide COVID-19 Comprehensive AAR Task Force to identify interview participants. Interview participants included DOH leadership personnel, local health jurisdiction partners, partners from other state agencies, private sector partners, health care coalition staff, partners in healthcare and fatality management, tribal partners, and federal partners.

EQUITY RESEARCH FRAMEWORK

The DOH COVID-19 AAR meets the national standards for emergency after-Action reviews and that it considers issues relating to equity, disparities, and discrimination in both the DOH COVID-19 AAR analyses and the ensuing recommendations. Considering equity when conducting a formal after-action review is not standard practice in emergency management at a national level. To meet the legislature's request, the team started the initial research process with a comprehensive literature review on equitable emergency management and response practices. The research, in combination with the team's professional and lived experiences, yielded discussions around complex theories that connected with emerging themes. The braiding together of these themes gave way to a new approach on how to implement equity when conducting a formal after-action review. The team coined this process the "AAR Equity Research Framework," which is designed to integrate several nationally and globally recognized AAR evaluation models. All the research outlined in this report was conducted using the AAR Equity Research Framework. The intricacies and modeling of the AAR Equity Research Framework will be identified in a formal report that is currently underway.

To evaluate lessons learned from the COVID-19 response, as it pertains to DOH's response, a multifaceted data collection process was used to obtain both quantitative and qualitative data through document reviews, passive data reviews, surveys, focus groups, and interviews. Employing a multifaceted data collection process enhanced the opportunity for data triangulation, thus increasing the credibility and validity of the research results.

Appendix C: Acronym List

Acronym List	
Acronym	Definition
AAR	After-Action Report
ASC	Ambulatory Surgery Centers
AIHC	American Indian Health Commission
CARES	Coronavirus Aid, Relief, and Economic Security
CBO	Community-based Organization
CDC	Center for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
COOP	Continuity of Operations Plan
CREST	Case Risk and Exposure Surveillance Tool
DFI	Department of Financial Institutions
DOC	Department of Corrections
DOH	Department of Health
EAP	Employee Assistance Program
EAU	Emergency Use Authorization
ED	Emergency Department
EIE	Equity, Innovation, and Engagement
EMAC	Emergency Management Assistance Compact
EMD	Emergency Management Division
EOC	Emergency Operations Center
ESD	Educational Service Districts
ESF-8	Emergency Support Function-8 (Public Health, Medical, and Mortuary Services)
ESF-15	Emergency Support Function-15 (External Affairs)
FDA	U.S. Food and Drug Administration
FEMA	Federal Emergency Management Agency
HCC	Health Care Coalition
ICU	Intensive Care Unit
IMO	Incident Management Organization
IMT	Incident Management Team
IP	Improvement Plan

Acronym List	
Acronym	Definition
I&Q	Isolation and Quarantine
LHJ	Local Health Jurisdiction
MCM	Medical Countermeasures
MRC	Medical Reserve Corps
OPAE	Office of Public Affairs and Equity
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
PPE	Personal Protective Equipment
PCH	Prevention and Community Health
REDCap	Research Electronic Data Capture
RPP	Respiratory Protection Program
SEOC	State Emergency Operations Center
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infection
THJ	Tribal Health Jurisdictions
TLOFR	Tribal Liaison Officer
UIHP	Urban Indian Health Programs
VACCS	Vaccine Command and Coordination System
WA	Washington
WDRS	Washington Disease Reporting System
WHO	World Health Organization

Appendix D: References

About the CARES Act and the Consolidated Appropriations Act. U.S. Department of the Treasury. March 27, 2020, available online at: https://home.treasury.gov/policy-issues/coronavirus/about-the-cares-act.

American Indian Health Commission, "Our History, Priorities, & Bylaws," available online at: https://aihc-wa.com/about/our-history-priorities-bylaws/.

Andy Rose and Christina Maxouris, "Washington state announces partnership with companies including Starbucks and Microsoft to boost vaccinations," CNN, January 19, 2021, available online at: https://www.cnn.com/2021/01/19/us/washington-state-vaccinations-plan-partnerships/index.html.

Background Press Call on the Rollout of 500 Million Free Tests to American Homes. January 14, 2022. The White House. Accessed January 22, 2022, available online at: https://www.whitehouse.gov/briefing-room/press-briefings/2022/01/14/background-press-call-on-the-rollout-of-500-million-free-tests-to-american-homes/.

CDC, Washington State Report First COVID-19 Death. February 29, 2020. Centers for Disease Control and Prevention, available online at: https://www.cdc.gov/media/releases/2020/s0229-COVID-19-first-death.html.

COVID-19: Inslee Issues Proclamation Addressing COVID-19 Related Cost Increases. May 7, 2020, available online at: https://www.governor.wa.gov/news-media/covid-19-inslee-issues-proclamation-addressing-covid-19-related-cost-increases.

"COVID-19's Tragic Effect on American Indians: A State-by-State Analysis," U.S. News and World Report, October 2020, available online at: https://www.usnews.com/news/healthiest-communities/articles/2020-10-07/a-state-by-state-analysis-of-the-impact-of-covid-19-on-native-americans.

Governor Inslee Announces Distribution of Funding to Local Governments from Federal Stimulus Package. April 27, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-distribution-funding-local-governments-federal-stimulus-package.

Governors Newsom, Brown, and Inslee Announce Updated Health Guidance. February 28, 2022. Washington Governor. Accessed January 31, 2023, available online at: https://www.governor.wa.gov/news-media/governors-newsom-brown-and-inslee-announce-updated-health-guidance.

Guest, G., Namey, E., & McKenna, K. (2017). How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes. Field Methods, 29(1), 3–22, available online at: https://doi.org/10.1177/1525822X16639015.

FACT SHEET: Biden-Harris Administration Increases COVID-19 Testing in Schools to Keep Students Safe and Schools Open. January 12, 2022. The White House, available online at: https://www.whitehouse.gov/briefing-room/statements-releases/2022/01/12/fact-sheet-biden-harris-administration-increases-covid-19-testing-in-schools-to-keep-students-safe-and-schools-open/.

FACT SHEET: President Biden to Announce New Actions to Get More Americans Vaccinated and Slow the Spread of the Delta Variant. July 29, 2021. The White House, available online at: https://www.whitehouse.gov/briefing-room/statements-releases/2021/07/29/fact-sheet-president-biden-to-announce-new-actions-to-get-more-americans-vaccinated-and-slow-the-spread-of-the-delta-variant/.

First Confirmed Case of Omicron Variant Detected in the United States. December 1, 2021. Centers for Disease Control and Prevention. Accessed December 30, 2021, available online at: https://www.cdc.gov/media/releases/2021/s1201-omicron-variant.html.

History.com, "First confirmed case of COVID-19 found in U.S." Accessed July 21, 2022, available online at: https://www.history.com/this-day-in-history/first-confirmed-case-of-coronavirus-found-in-us-washington-state.

Inslee Amends Washington Ready Proclamation, Issues New COVID-19 Proclamation for Nursing Homes. September 3, 2021. Washington Governor. Available online at: https://www.governor.wa.gov/news-media/inslee-amends-washington-ready-proclamation-issues-new-covid-19-proclamation-nursing.

Inslee Amends Washington Ready Proclamation. September 13, 2021. Washington Governor. Accessed January 31, 2023, available online at: https://www.governor.wa.gov/news-media/inslee-amends-washington-ready-proclamation.

Inslee and DFI Announce Assistance for Homeowners Unable to Make Mortgage Payments. March 31, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-and-dfi-announce-assistance-homeowners-unable-make-mortgage-payments.

Inslee Announces Authorization of J & J Vaccine by Western States Scientific Safety Review Workgroup. March 3, 2021, available online at: https://www.governor.wa.gov/news-media/inslee-announces-authorization-j-j-vaccine-western-states-scientific-safety-review.

Inslee Announces Authorization of Moderna Vaccine by Western States Scientific Safety Review Workgroup. December 20, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-announces-authorization-moderna-vaccine-western-states-scientific-safety-review.

Inslee Announces Contact Tracing Initiative. May 12, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-contact-tracing-initiative.

Inslee Issues Guidance for Partially Resuming the Dine-In Restaurant and Tavern Industry in Phase 2. May 11, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-issues-guidance-partially-resuming-dine-restaurant-and-tavern-industry-phase-2.

Inslee Announces, "Healthy Washington–Roadmap to Recovery." January 5, 2021, available online at: https://www.governor.wa.gov/news-media/inslee-announces-healthy-washington%E2%80%93roadmap-recovery.

Inslee Announces Restart of All Medical Services in Washington. May 18, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-announces-restart-all-medical-services-washington.

Inslee Announces Safe Start — Washington's Phased Reopening by County. May 29, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-announces-safe-start-%E2%80%94-washington%E2%80%99s-phased-reopening-county.

Inslee Announces School Closures in King, Snohomish, and Pierce Counties. March 12, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-school-closures-king-snohomish-and-pierce%C2%A0counties

Inslee Announces Statewide Mask Mandate. June 23, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-announces-statewide-mask-mandate.

Inslee Announces Statewide School Closures, Expansion of Limits on Large Gatherings. March 13, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-statewide-school-closures-expansion-limits-large-gatherings.

Inslee Announces Statewide Shutdown of Restaurants, Bars and Expanded Social Gathering Limits. March 16, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-announces-statewide-shutdown-restaurants-bars-and-expanded-social-gathering-limits.

Inslee Announces, "Stay Home, Stay Healthy" Order. March 23, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-stay-home-stay-healthy%C2%A0order.

Inslee Announces Religious and Faith-Based Services Guidance. May 27, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-religious-and-faith-based-services-guidance.

Inslee Announces Washington's COVID-19 Recovery Plan. April 21, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-announces-washington%E2%80%99s-covid-19-recovery-plan.

Inslee Extends COVID-19 Proclamation Aimed at Protecting Domestic Violence Victims. May 15, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-extends-covid-19-proclamation-aimed-protecting-domestic-violence-victims.

Inslee Extends School Closures for the Rest of the 2019–20 School Year. April 6, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-extends-school-closures-rest-2019-20-school-year.

Inslee Extends "Stay Home, Stay Healthy" through May 4. April 2, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-extends-stay-home-stay-healthy-through-may-4.

Inslee Issues Additional Guidance On "Stay Home, Stay Healthy" Order and Proclamation for Retired Workers to Return to Essential Jobs. March 31, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-issues-additional-guidance-stay-home-stay-healthy-order-and-proclamation-retired.

Inslee Issues COVID-19 Emergency Proclamation. February 20, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-issues-covid-19-emergency-proclamation.

Inslee Issues Directive to State Agencies to Freeze Hiring, Personal Service Contracts and Equipment Purchases. May 13, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-issues-directive-state-agencies-freeze-hiring-personal-service-contracts-and-equipment-purchases.

Inslee Issues Emergency Proclamation that Limits Large Events to Minimize Public Health Risk During COVID-19. March 11, 2020. Washington Governor. Accessed September 31, 2023. https://www.governor.wa.gov/news-media/inslee-issues-emergency-proclamation-limits-large-events-minimize-public-health-risk.

Inslee Issues Guidance for Partially Resuming In-Store Retail and Additional Manufacturing Operations in Phase 2. May 12, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-issues-guidance-partially-resuming-store-retail-and-additional-manufacturing.

Inslee Issues Guidance for Restarting Essential Workforce Development Programs. May 7, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-issues-guidance-restarting-essential-workforce-development-programs.

Inslee Issues Guidance for Resuming Personal Services and Professional Services in Phase 2. May 13, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-issues-guidance-resuming-personal-services-and-professional-services-phase-2.

Inslee Issues New Orders to Reduce Prison Populations during the COVID-19 Outbreak. April 15, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-issues-new-orders-reduce-prison-populations-during-covid-19-outbreak.

Inslee Issues New Rules to Protect Older Adults in Nursing Homes, Living Facilities. March 10, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-issues-new-rules-protect-older-adults-nursing-homes-living-facilities.

Inslee Issues Proclamation Requiring Vaccination Verification for Large Events. October 18, 2021. Washington Governor. Accessed January 31, 2023, available online at: https://www.governor.wa.gov/news-media/inslee-issues-proclamation-requiring-vaccination-verification-large-events.

Inslee Issues Protection for High-Risk Workers. April 13, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-issues-protection-high-risk-workers.

Inslee Letter to Trump Requests Federal Major Disaster Declaration. March 20, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-letter-trump-requests-federal-major-disaster-declaration.

Inslee Orders Halt to Elective Surgeries and Dental Services to Reserve Critical Equipment for COVID-19 Health Care Workers. March 19, 2020. Washington Governor. Accessed January 31, 2023. https://www.governor.wa.gov/news-media/inslee-orders-halt-elective-surgeries-and-dental-services-reserve-critical-equipment.

Inslee Releases Plan to Restart Higher Education in the Fall. June 24, 2020, available online at: https://www.governor.wa.gov/news-media/inslee-releases-plan-restart-higher-education-fall.

Inslee Requests the U.S.S. Mercy Be Sent to Puget Sound Region. March 19, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-letter-requests-uss-mercy-be-sent-puget-sound-region.

Inslee Signs $2.2 Billion COVID Relief Bill. February 19, 2021, available online at: https://www.governor.wa.gov/news-media/inslee-signs-22-billion-covid-relief-bill.

Inslee Signs Bill Package to Support State Effort Combating the COVID-19 Outbreak. March 17, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-signs-bill-package-support-state-effort-combating-covid-19-outbreak.

Inslee Signs New COVID-19 Order for Phased Re-Opening of Washington's Economy. May 4, 2020. Washington Governor, available online at: https://www.governor.wa.gov/news-media/inslee-signs-new-covid-19-order-phased-re-opening-washingtons-economy.

Lou Schmitz, "AIHC Tribal Communicable Disease Emergency Response Planning Project 2019-2020." American Indian Health Commission.

President Biden Announces New Actions to Protect Americans Against the Delta and Omicron Variants as We Battle COVID-19 this Winter. December 2, 2021. The White House. Accessed December 30, 2021, available online at: https://www.whitehouse.gov/briefing-room/statements-releases/2021/12/02/fact-sheet-president-biden-announces-new-actions-to-protect-americans-against-the-delta-and-omicron-variants-as-we-battle-covid-19-this-winter/.

Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak. March 13, 2020. The White House, available online at: https://trumpwhitehouse.archives.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/.

State's COVID Emergency Order Ends Next Week. October 28, 2022. Washington Governor. Accessed January 31, 2023, available online at: https://www.governor.wa.gov/news-media/state%E2%80%99s-covid-emergency-order-ends-next-week.

Smith, David. "Trump Unveils 'Warp-Speed' Effort to Create Coronavirus Vaccine by Year's End." *The Guardian*. May 16, 2020, available online at: https://www.theguardian.com/us-news/2020/may/15/trump-coronavirus-warp-speed-vaccine-white-house.

Washington State Department of Health, "COVID-19 Vaccination Progress Dashboard and Data." Accessed June 27, 2022, available online at: https://www.doh.wa.gov/Emergencies/COVID19/VaccineInformation/DashboardsandData.

Washington State Department of Health, "COVID-19 Vaccine." Accessed June 27, 2022, available online at: https://www.doh.wa.gov/Emergencies/COVID19/vaccine.

Washington State Department of Health, "Department of Health Incident Management Team," Command and Control Annex, Emergency Response Plan. February 2018.

Washington State Department of Health, "Executive Order 16-07: Building a Mobile Work Environment." Available online at: https://www.doh.wa.gov/AboutUs/WorkatHealth/MobileWorkforce.

Washington State Department of Health, "Notification and Communications Annex," Emergency Response Plan. September 2019.

Washington State Department of Health, "Strategic Plan." January 2020, available online at: https://www.doh.wa.gov/Portals/1/Documents/1000/820083-StrategicPlan.pdf.

Washington State Department of Health, "Vision, Mission, and Values." Available online at: https://www.doh.wa.gov/AboutUs/VisionMissionandValues.

Appendix E: COVID-19 Community Survey Flyer

Washington State Department of Health

COVID-19 COMMUNITY SURVEY

LET YOUR VOICE BE HEARD

The Washington State Department of Health wants to hear from you on our response to the COVID-19 pandemic!

The Washington State Department of Health is conducting an After-Action Review for the COVID-19 pandemic to learn more about what has worked well and where there are opportunities for future success as DOH continues to take steps to keep Washingtonians safe.

You can participate in this process by completing the anonymous online survey to share with DOH what you are seeing in your community.

Although the COVID-19 pandemic is not over, the Washington State Department of Health is committed to keeping you, your loved ones, and community as safe as possible.

TAKE OUR SURVEY

SCAN THE QR CODE:

1. OPEN THE CAMERA ON YOUR PHONE
2. SCAN QR CODE
3. CLICK ON THE NOTIFICATION TO OPEN THE LINK

ENTER THE LINK:

HTTPS://WWW.SURVEYMONKEY.COM/R/2STCKS9

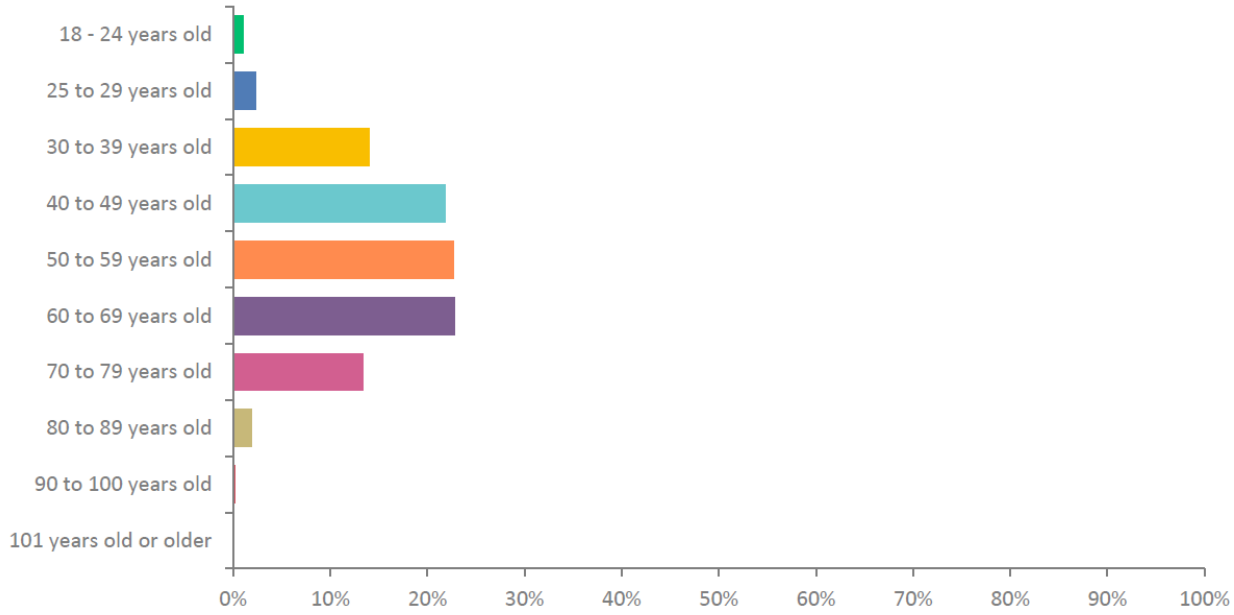
Your participation in the survey is important to us!

August 2022

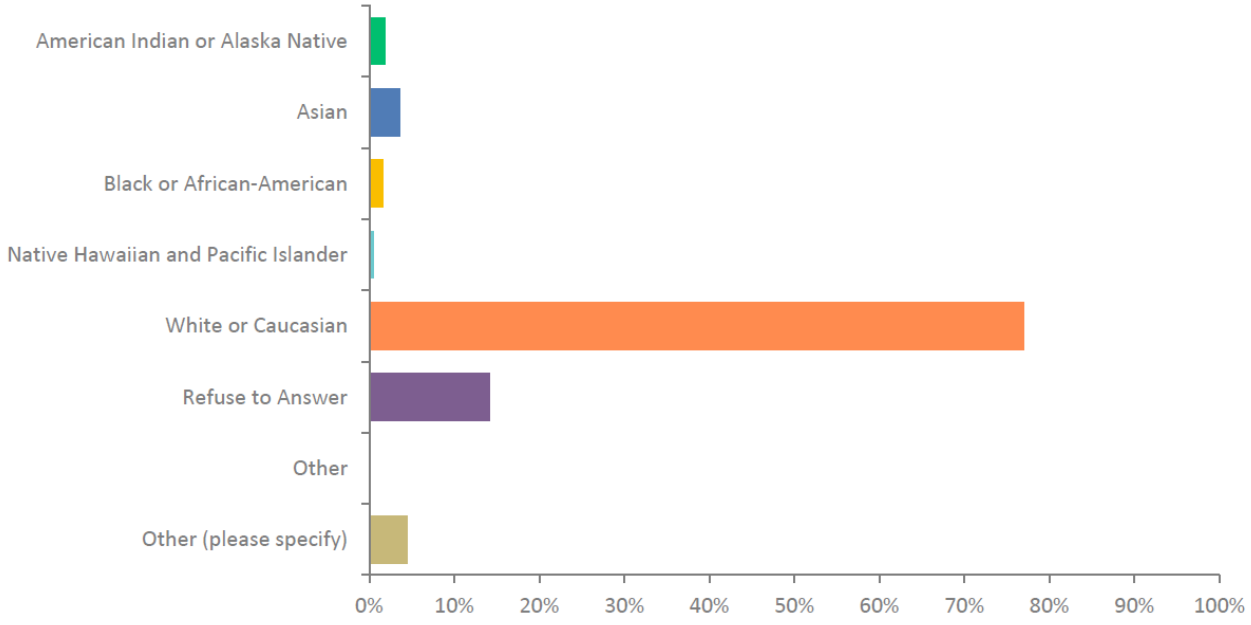
Appendix F: COVID-19 Community Survey Quantitative Data

The Community Survey yielded 9,256 responses, below are the responses received to the quantitative questions. The survey was broken into 8 categories: Demographics, COVID-19 Testing, COVID-19 Vaccinations, COVID-19 Treatments, Support and Assistance, Data and Surveillance, Isolation and Quarantine, and Communications.

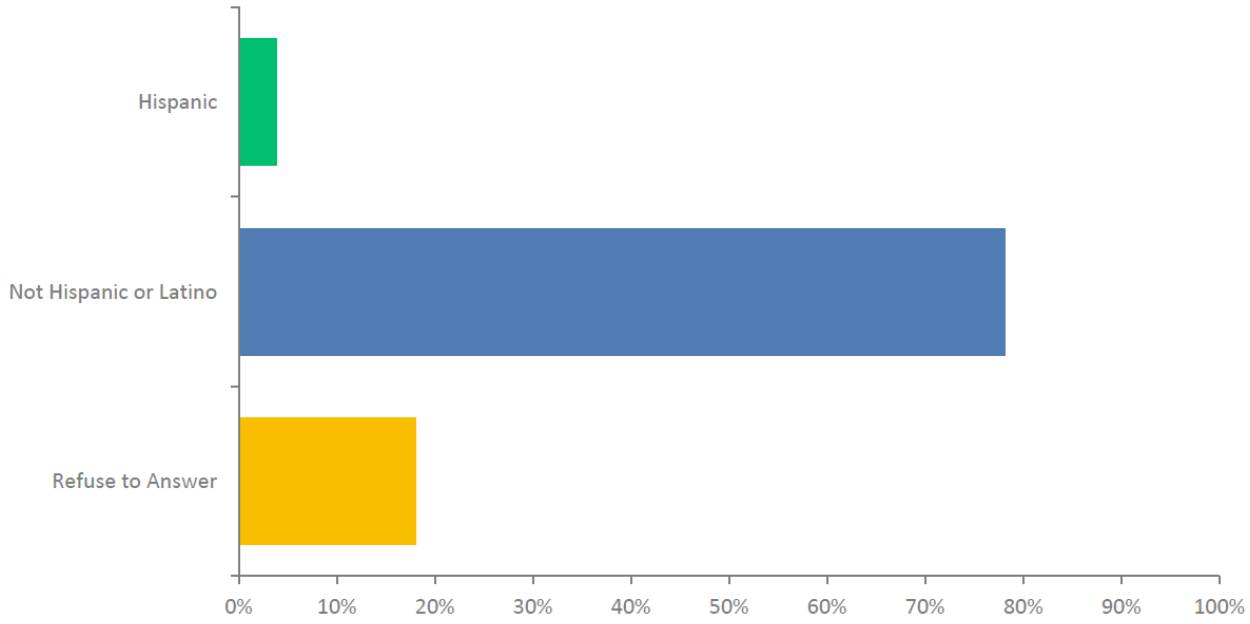
Please select your age group:



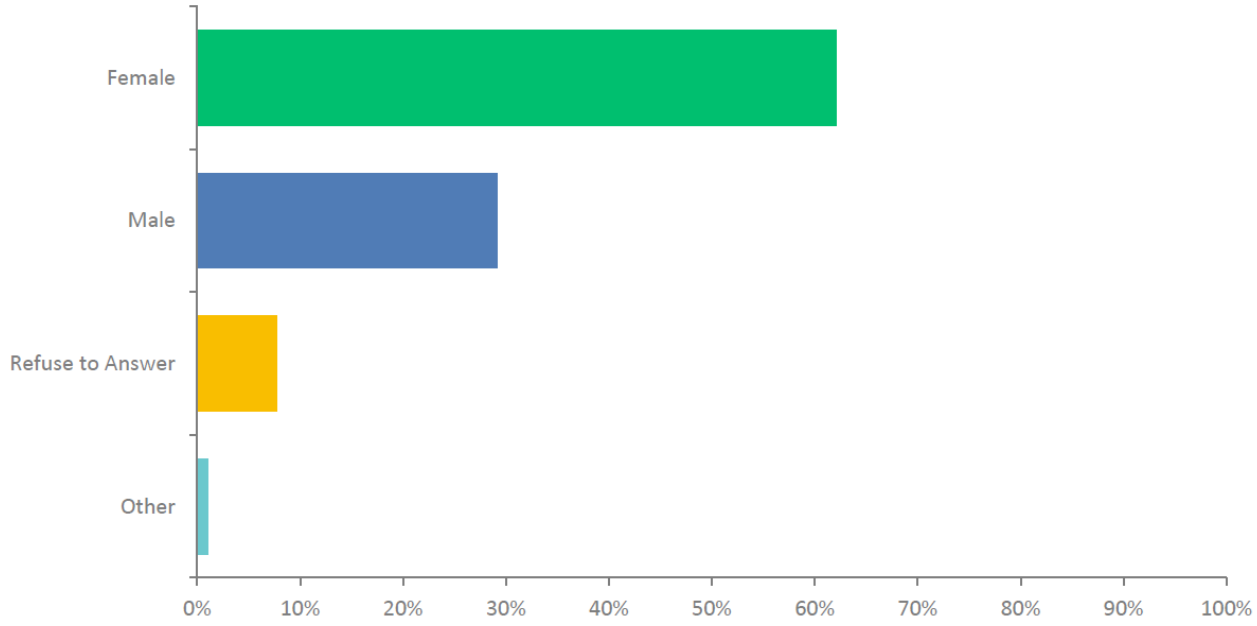
Race



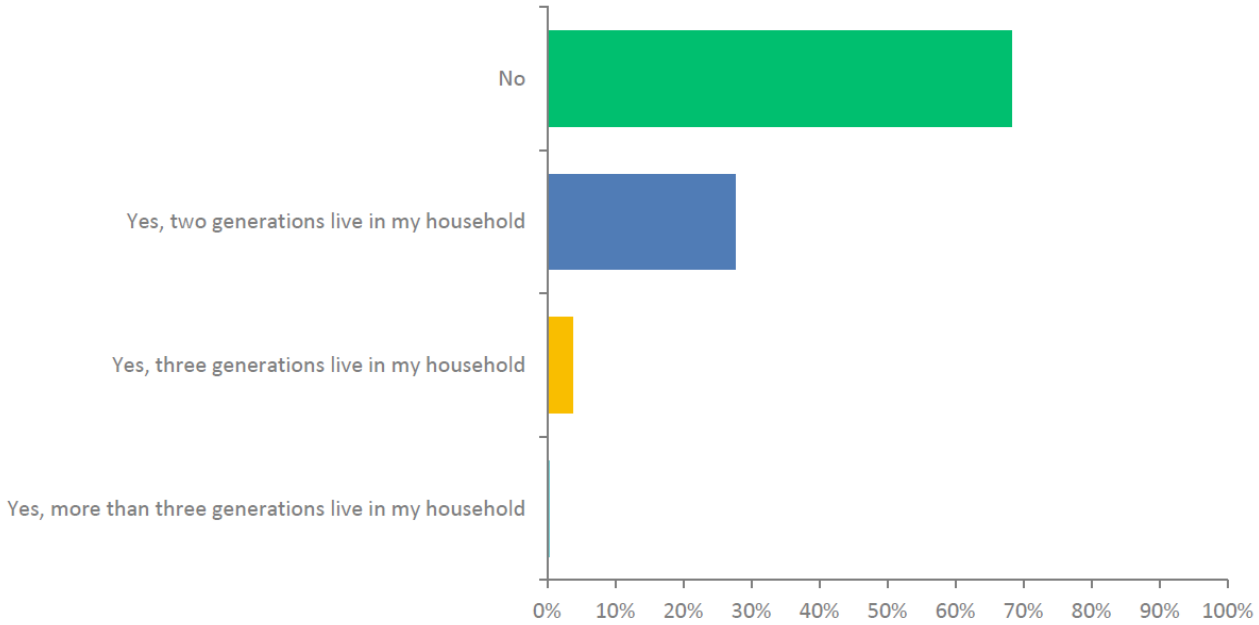
Ethnicity



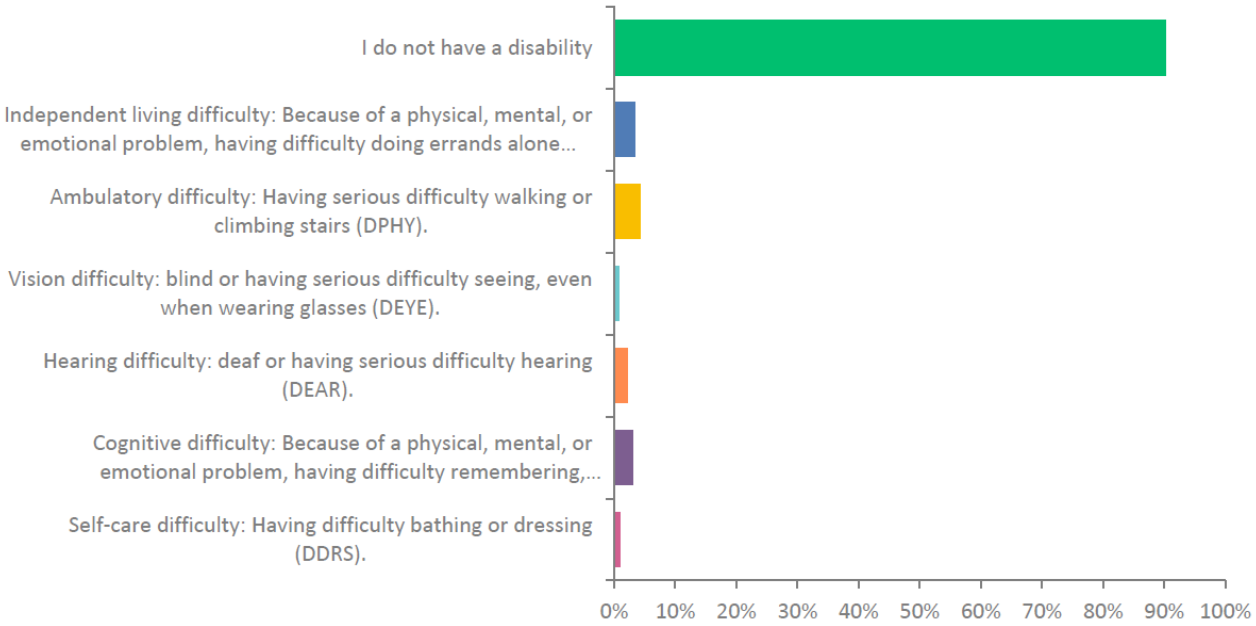
Gender



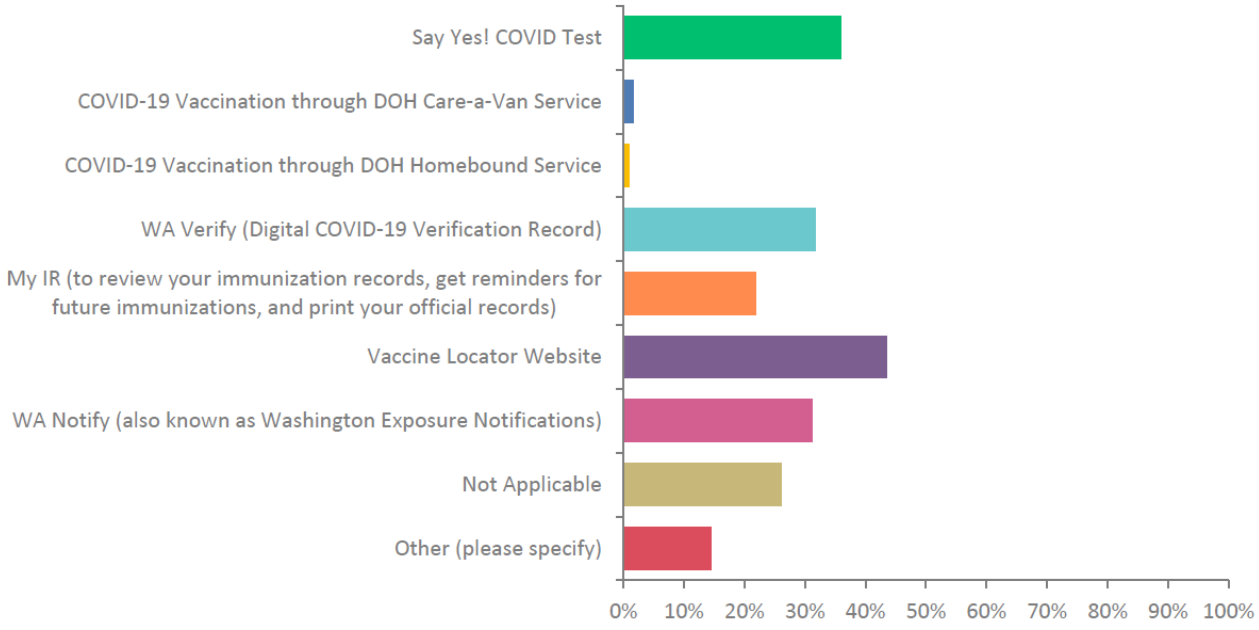
Do you live in a multigenerational household?



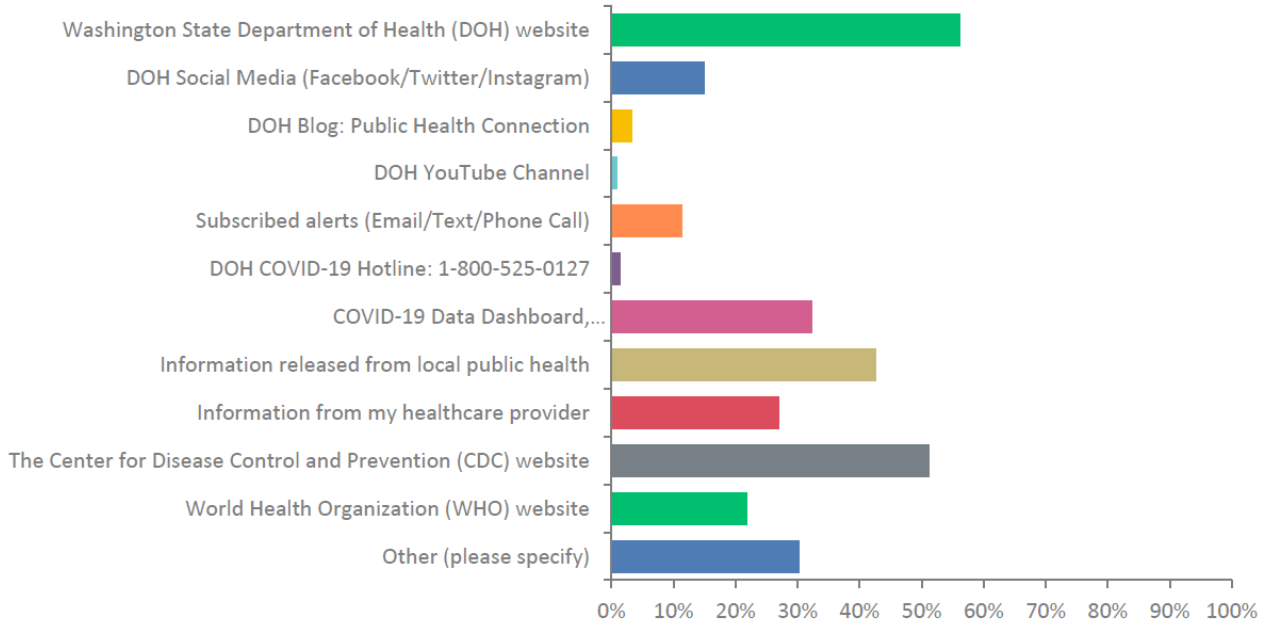
Please select all that apply to describe your disability status.



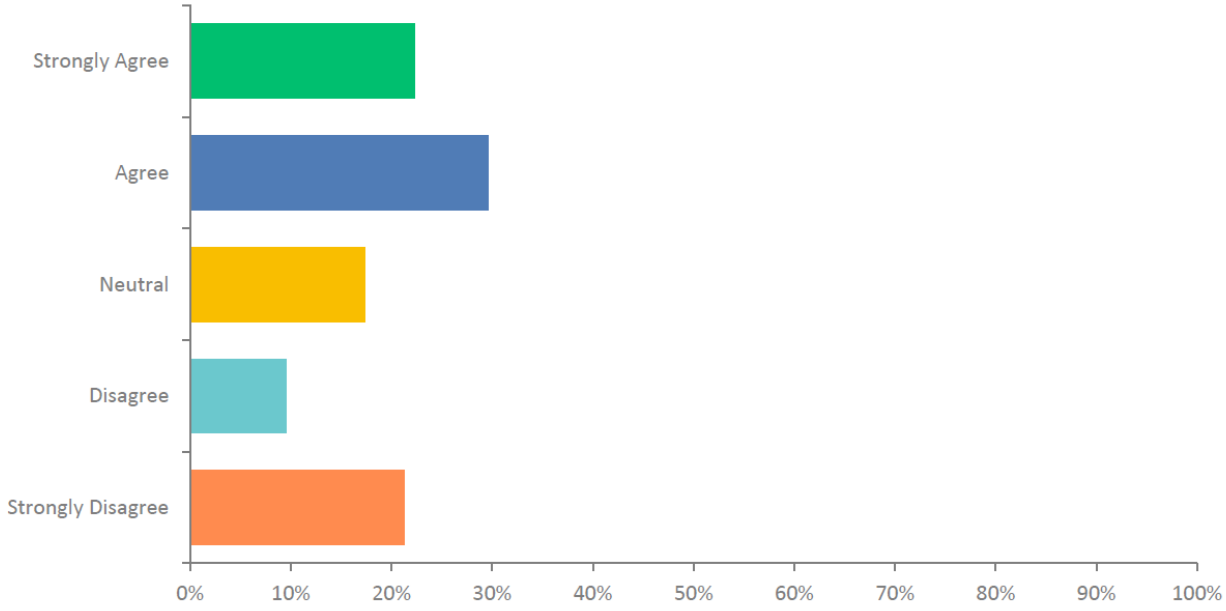
I have accessed the following COVID-19 related services:



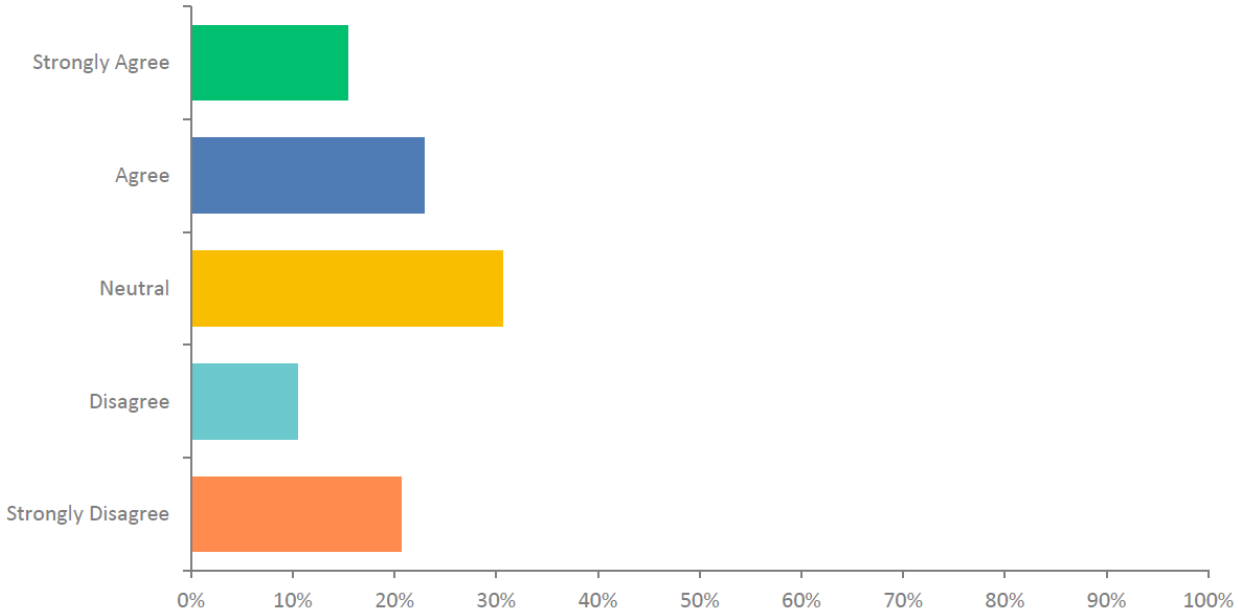
To find up to date COVID-19 information I accessed:



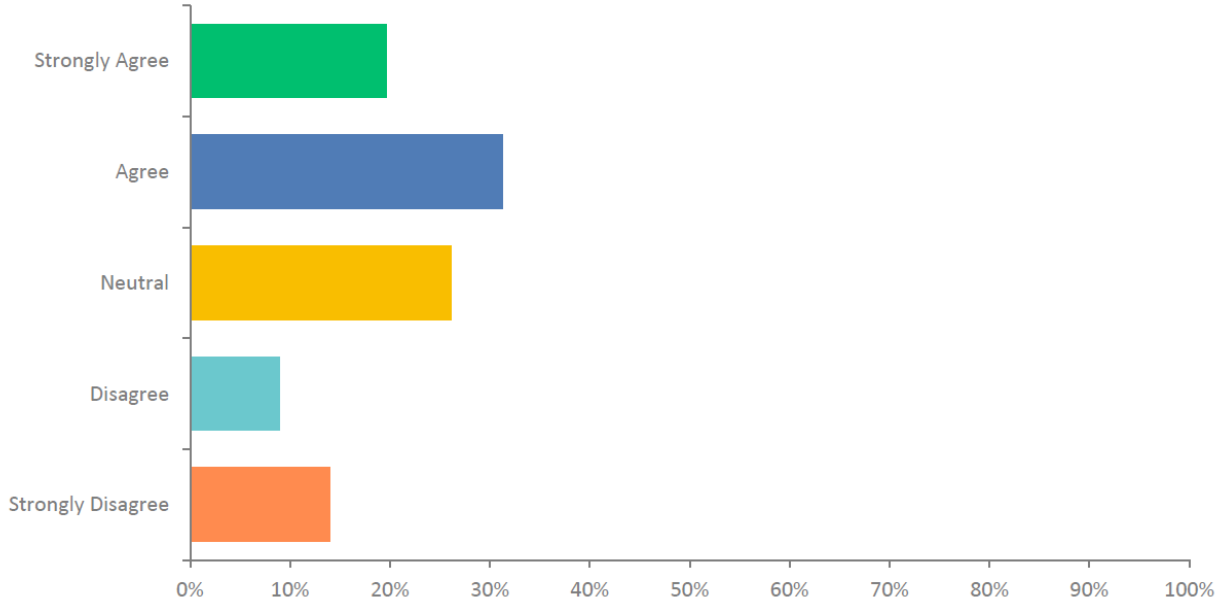
Department of Health provided appropriate and accessible information and resources pertaining to vaccine communications, education, outreach efforts, and isolation/quarantine protocols in my spoken language.



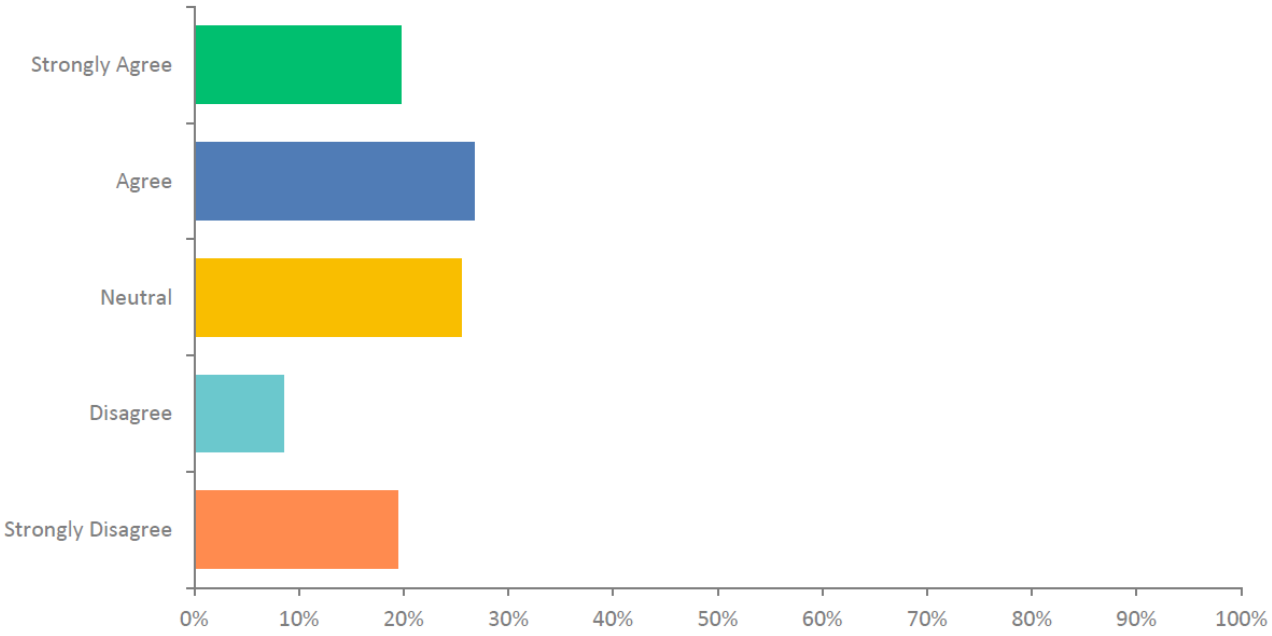
Department of Health supported my community by working with local and state volunteer agencies, non-profits, faith-based and community-based organizations.



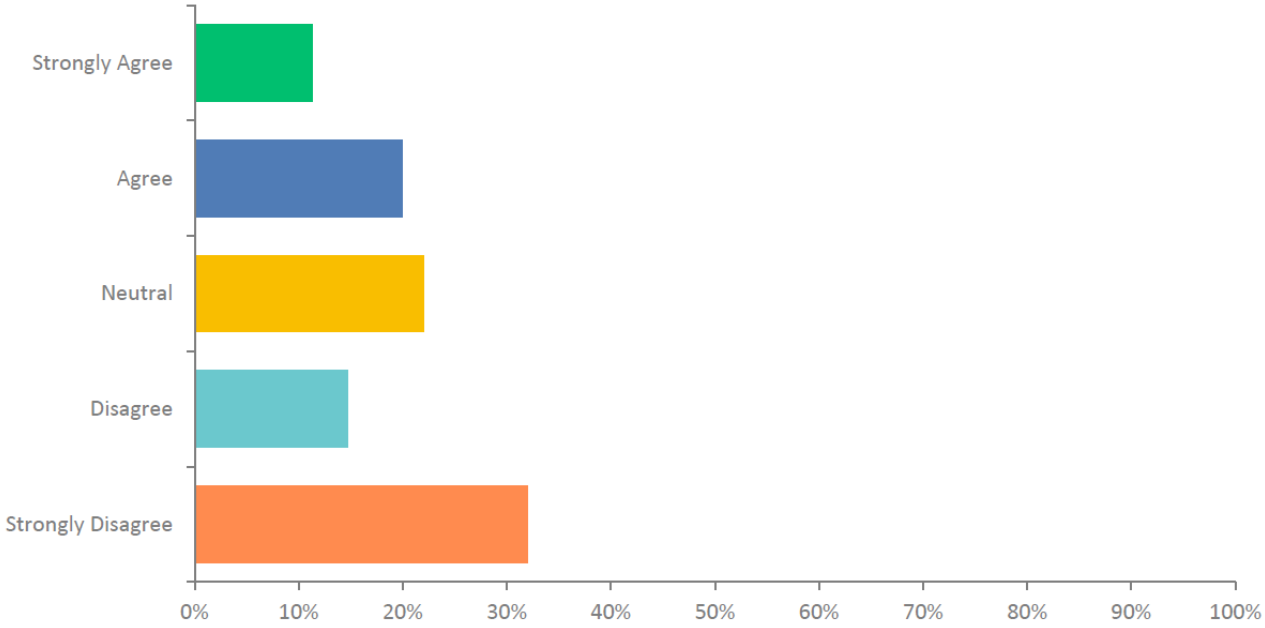
I was able to access resources and information pertaining to COVID-19 prevention, vaccines, vaccine access, and isolation/quarantine protocols through community-based organizations in my area.



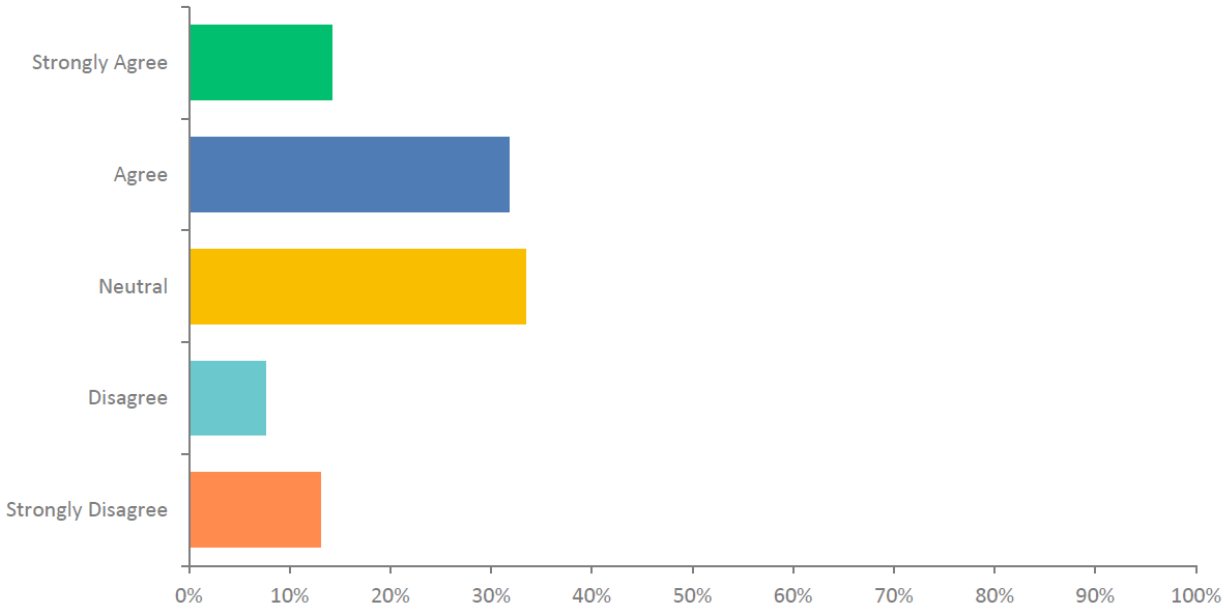
I believe the Department of Health made an effort to ensure the equitability of COVID-19 related resources throughout the state.



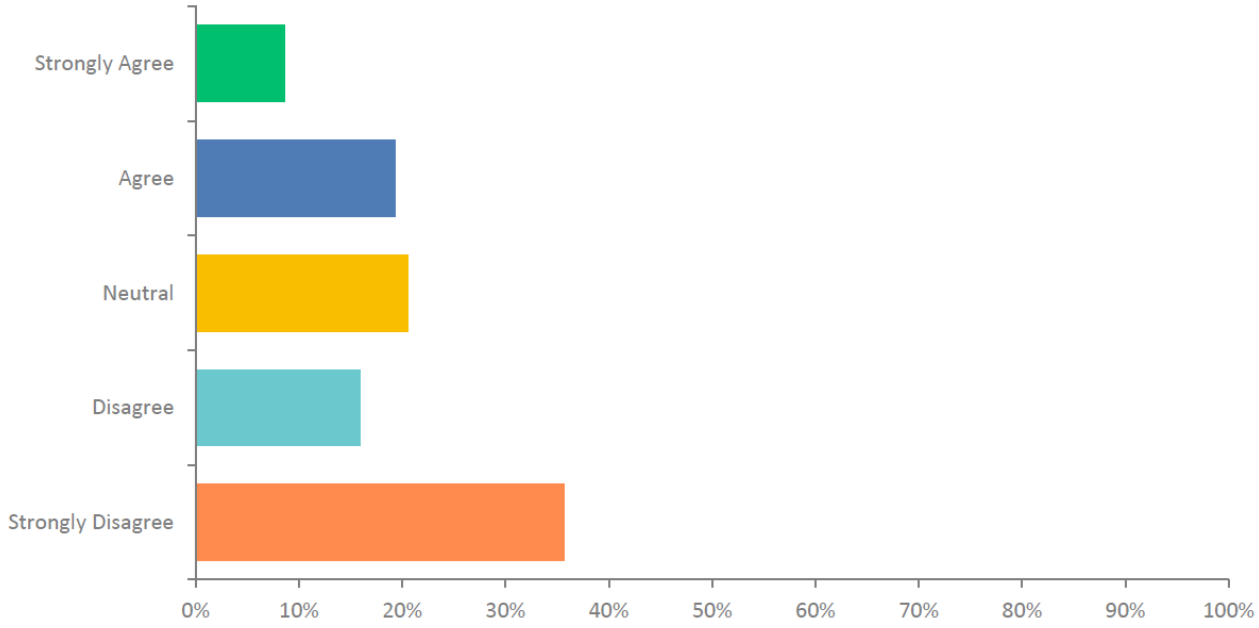
Department of Health properly addressed vaccination hesitancy in response to misinformation that circulated among the public.



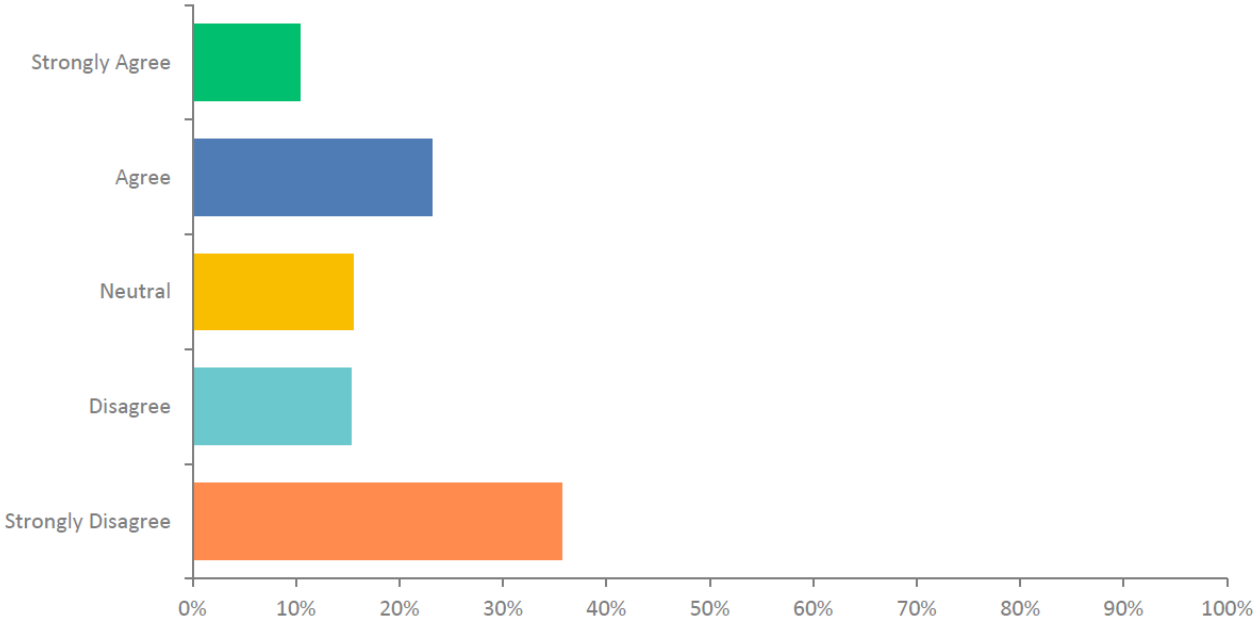
Department of Health used innovative digital technology to help the public identify vaccination and/or testing site locations.



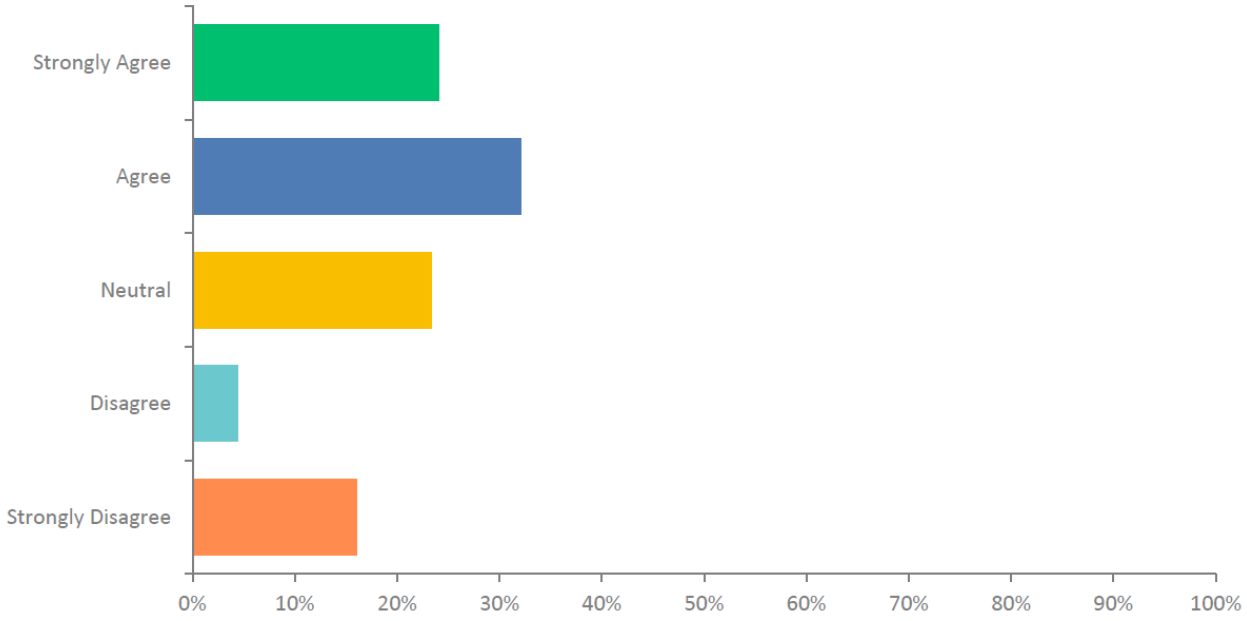
Department of Health appropriately addressed new and complex community challenges such as guidance for re-opening of businesses.



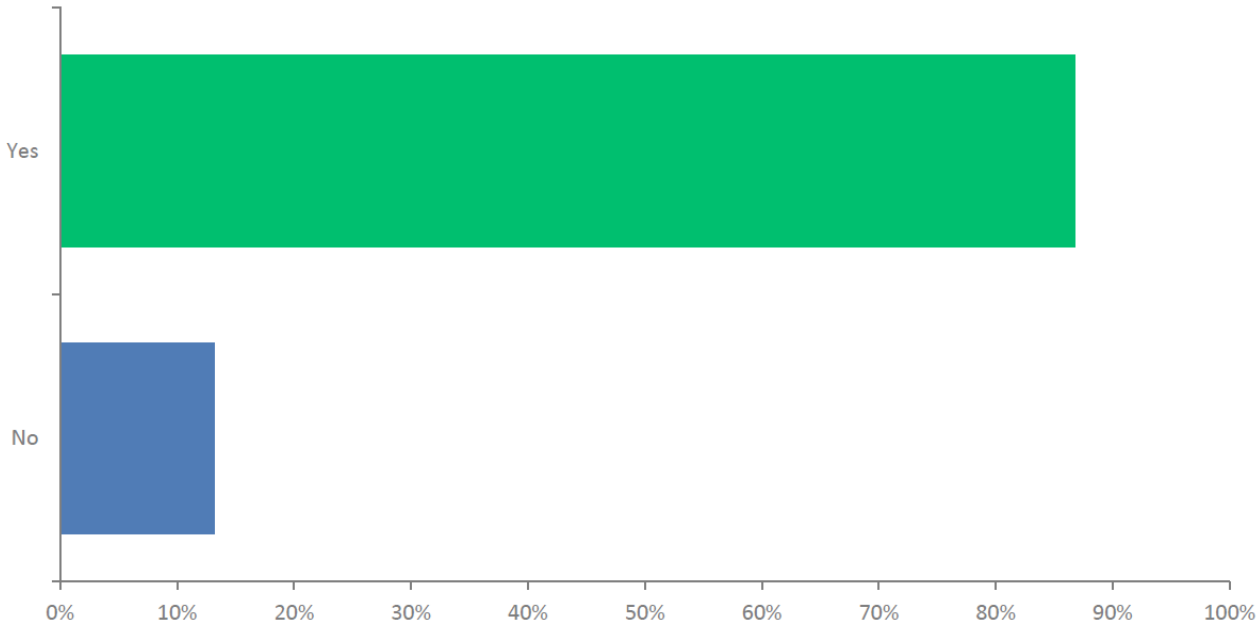
Department of Health appropriately addressed new and complex community challenges such as guidance for social gatherings.



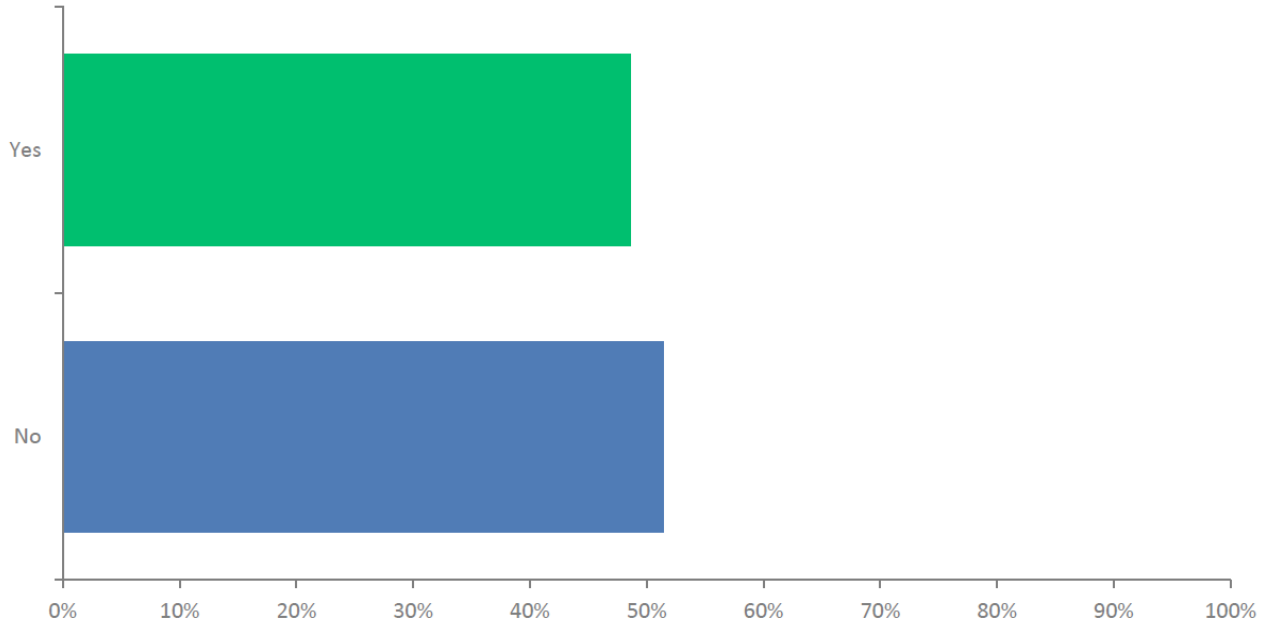
Department of Health provided appropriate and accessible information pertaining to the COVID-19 pandemic, in my spoken language.



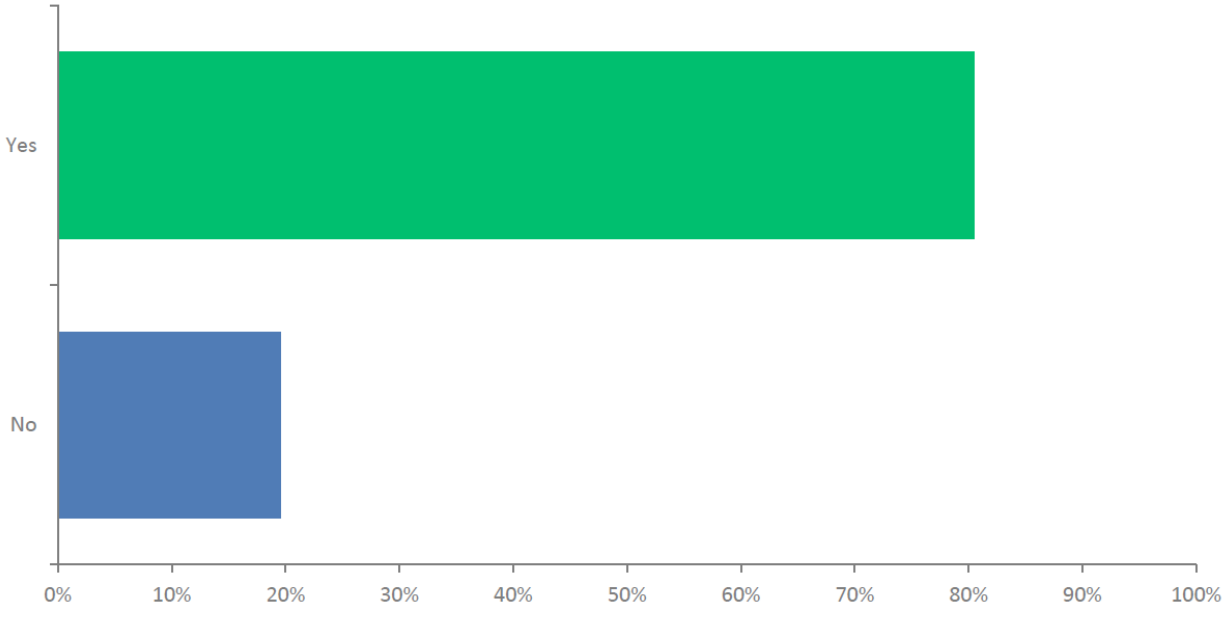
I'm aware of COVID-19 treatments such as monoclonal antibodies, oral antiviral medication, intravenous antivirals.



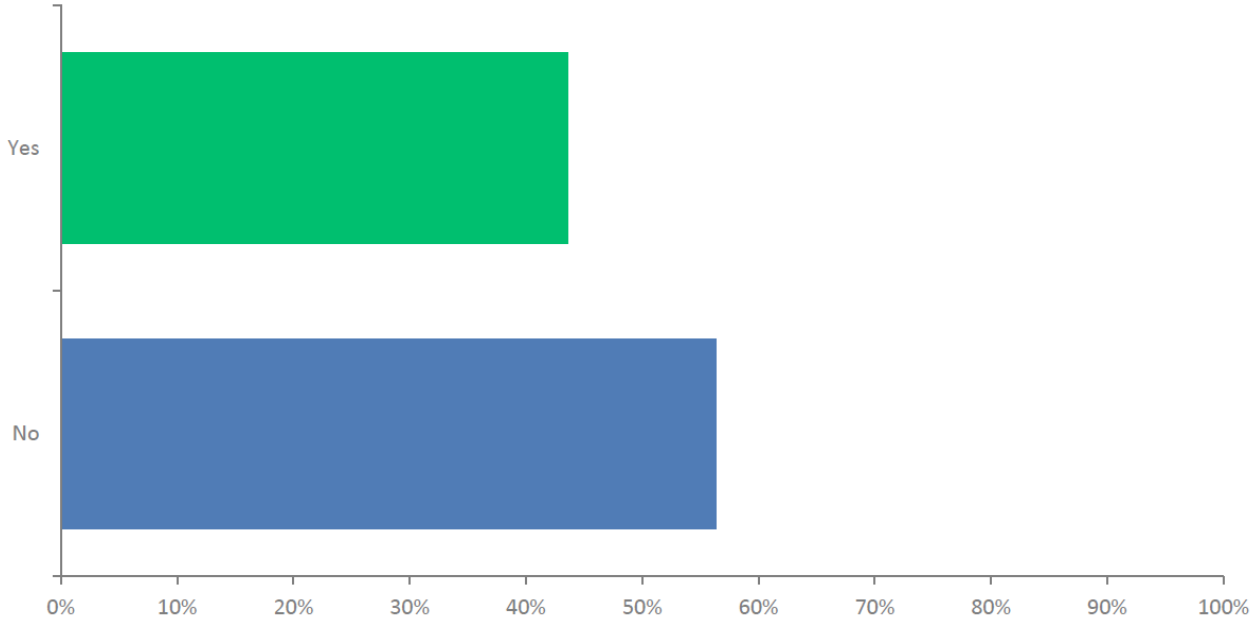
I found it easy to access these treatments in my area.



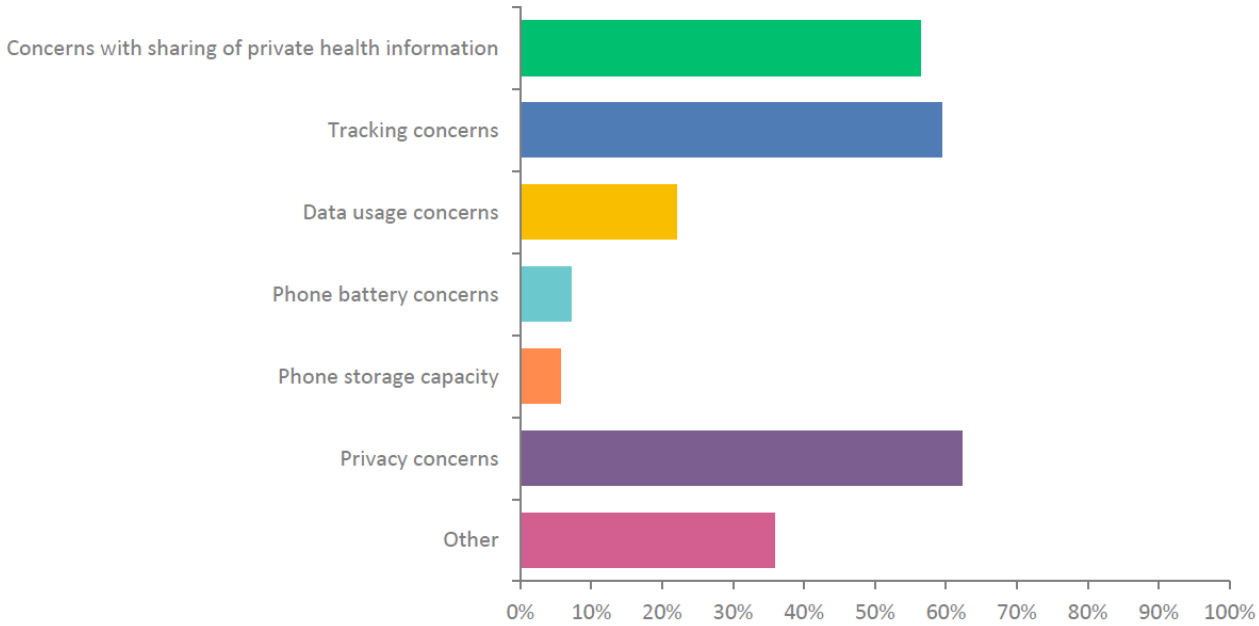
Are you aware of WA Notify (also known as Washington Exposure Notifications), a free tool you can add to your smartphone to alert you of potential COVID-19 exposures?



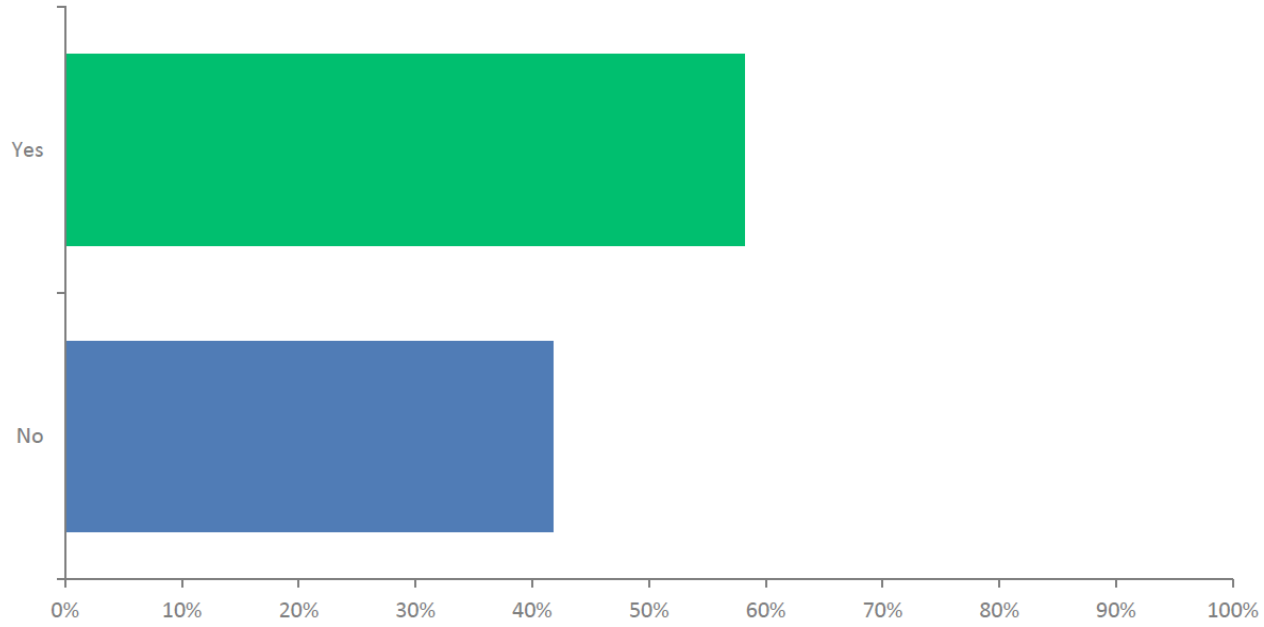
Are you signed up to receive WA Notify notifications?



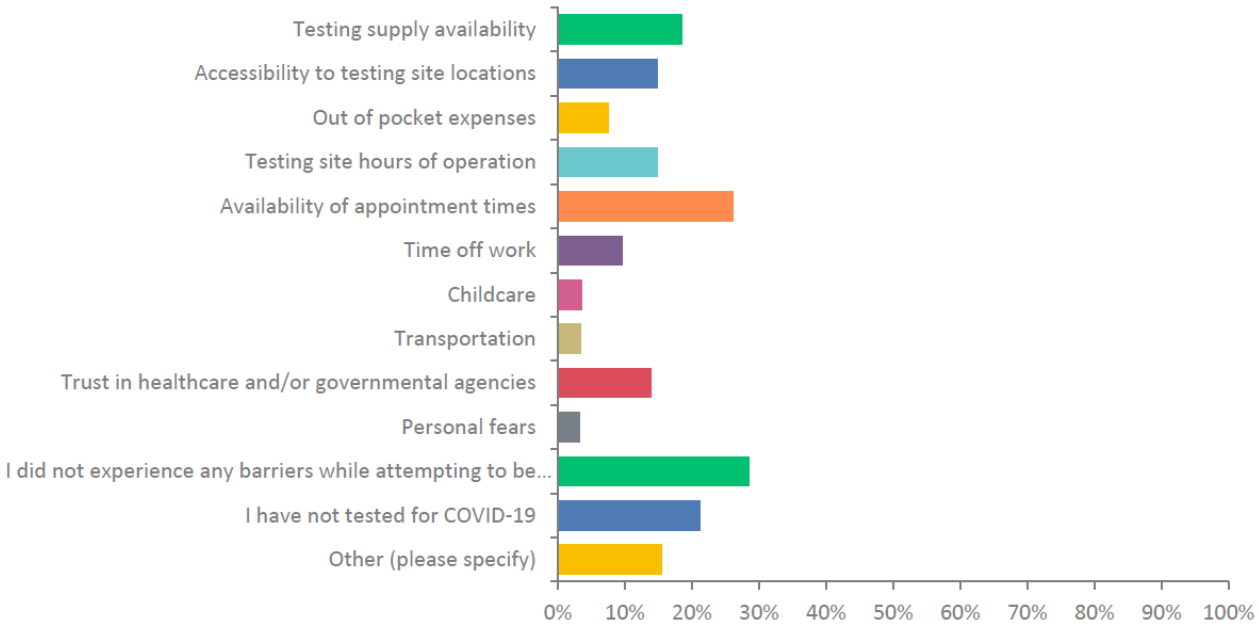
Please select the reasons you did not sign-up for WA Notify.



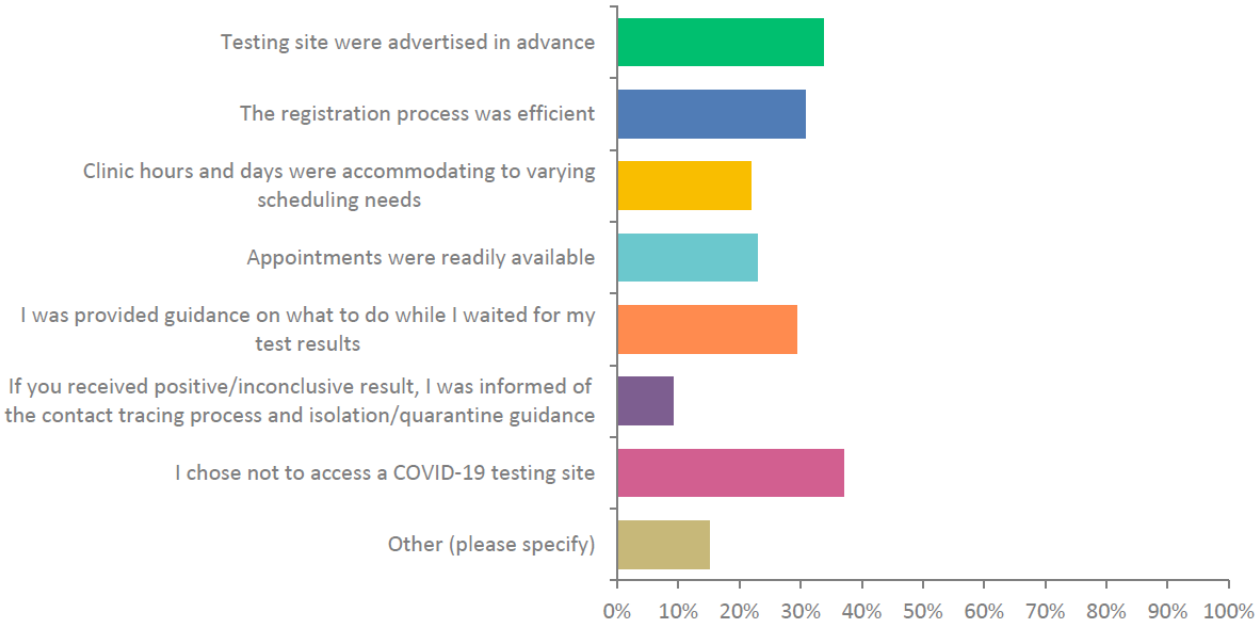
Did you find it beneficial to receive the WA Notify notifications of possible exposure?



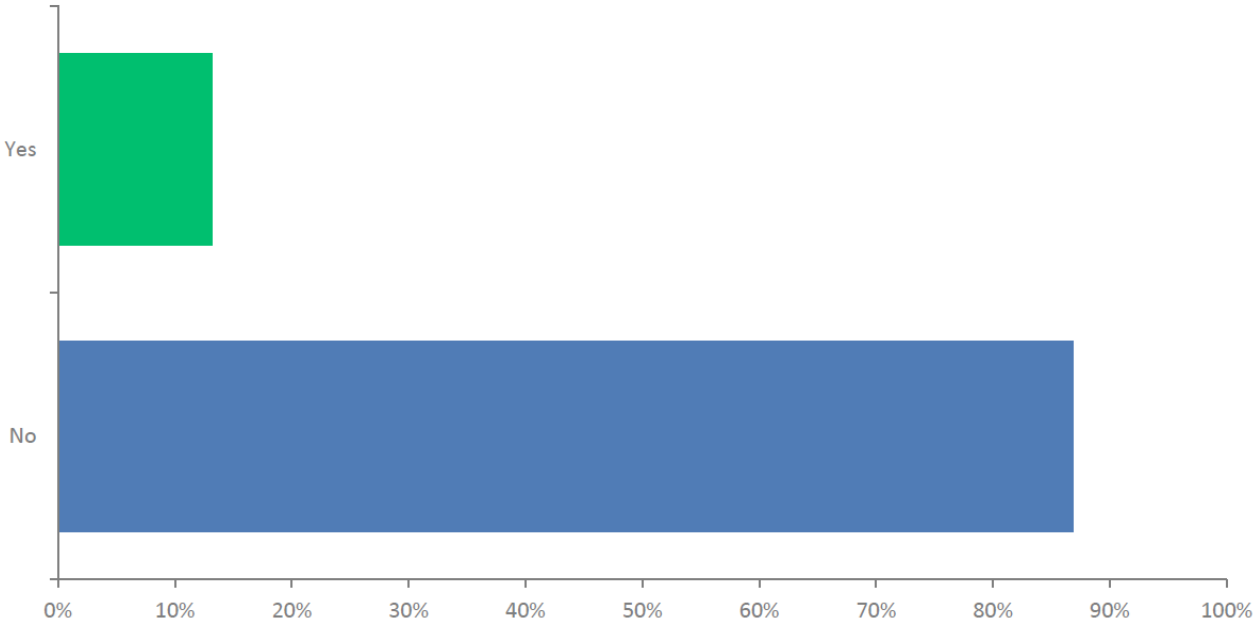
Please select any barriers you experienced while attempting to be tested for COVID-19 at testing sites.



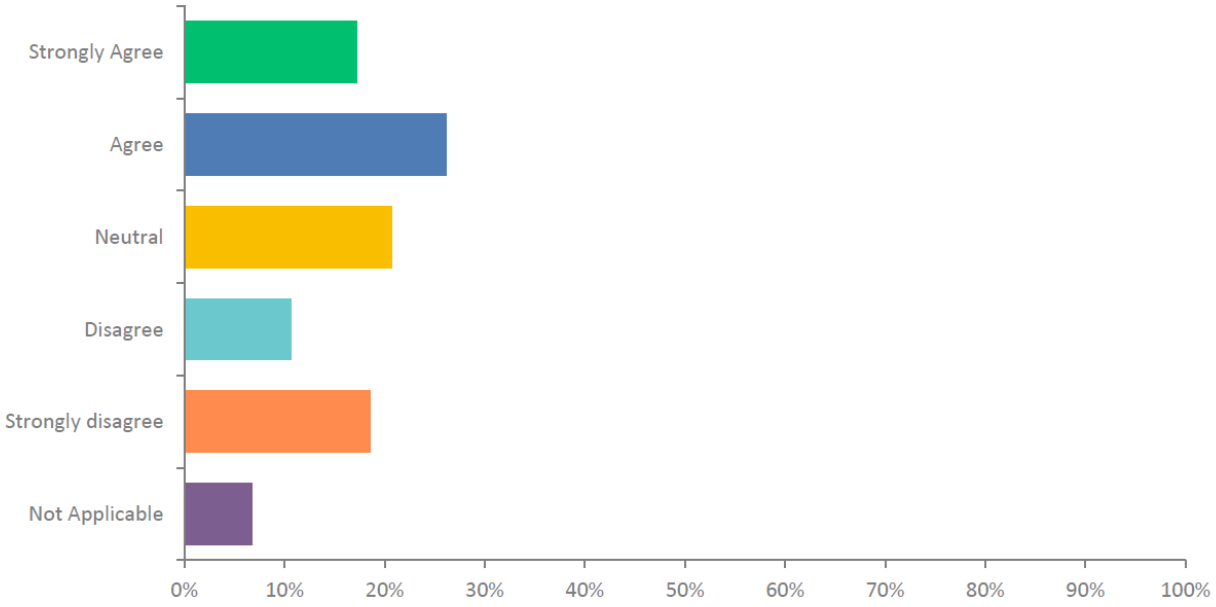
Please select all the statements that are/were true as they relate to COVID-19 testing sites in your area.



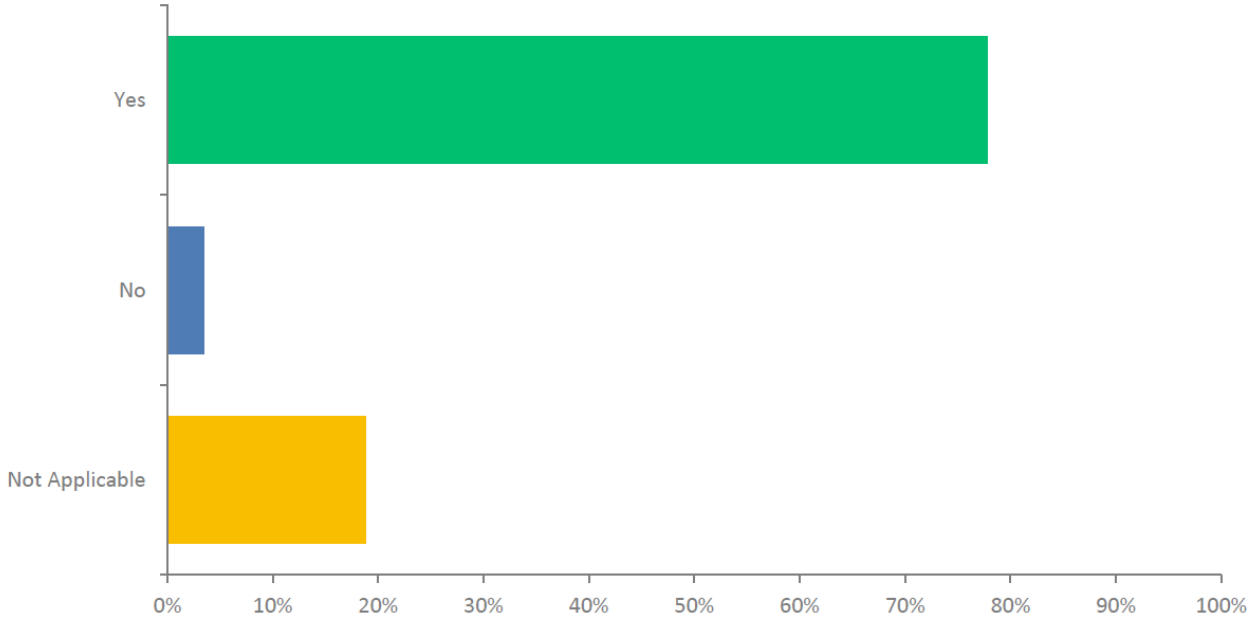
Have you been contacted by a contact tracer, past or present, and informed that you have been exposed to someone who tested positive for COVID-19?



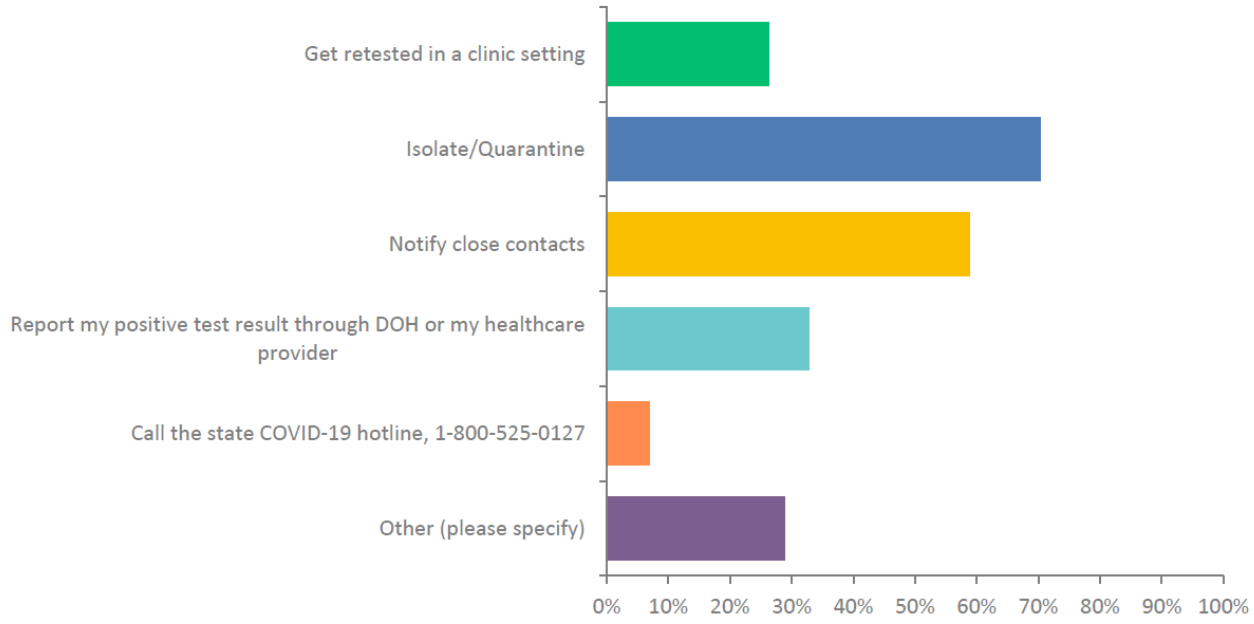
The information provided by the contact tracer on how to safely isolate/ quarantine was valuable.



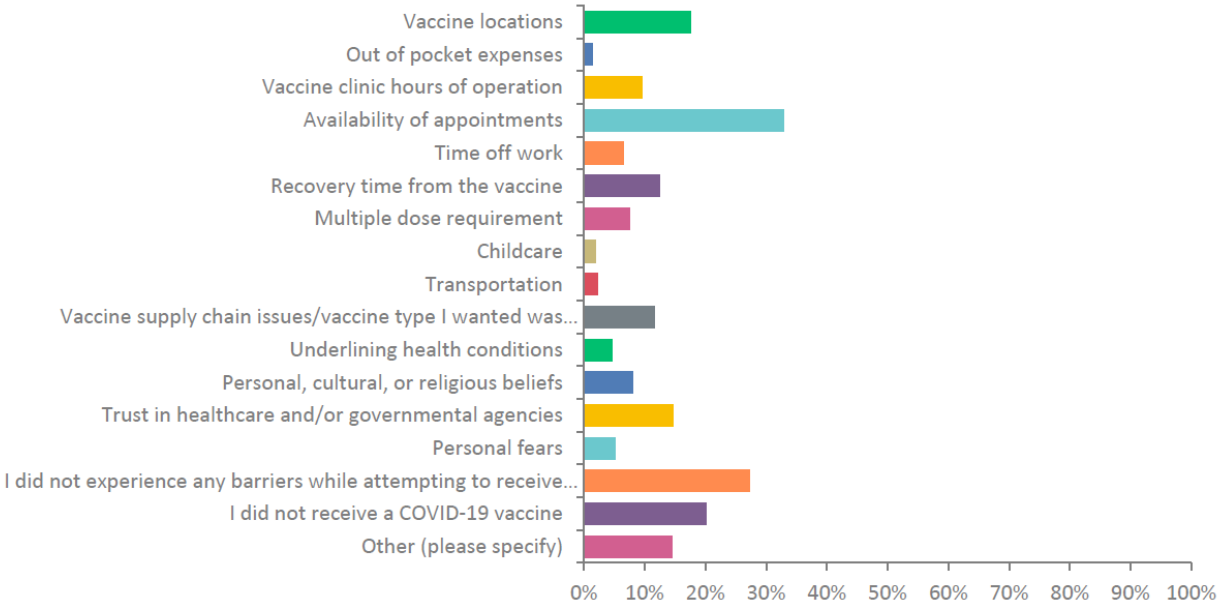
The information and resources provided by the contact tracer were accessible in my spoken language and easily understood.



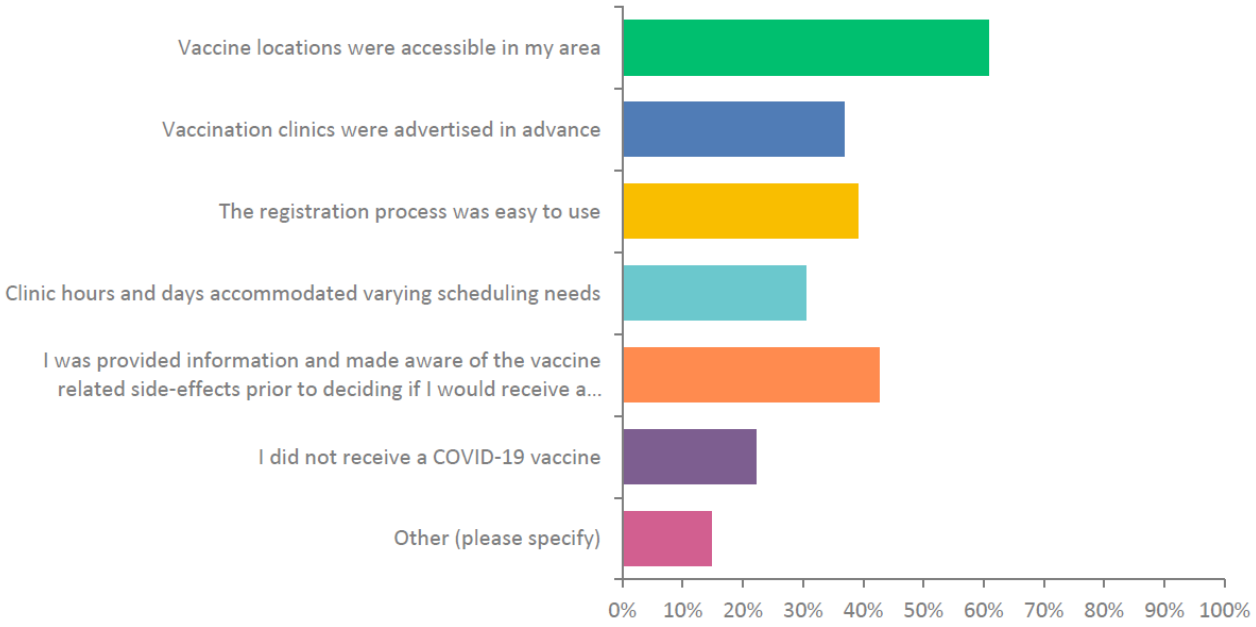
If you tested positive on an at-home COVID-19 test kit what next steps would you take?



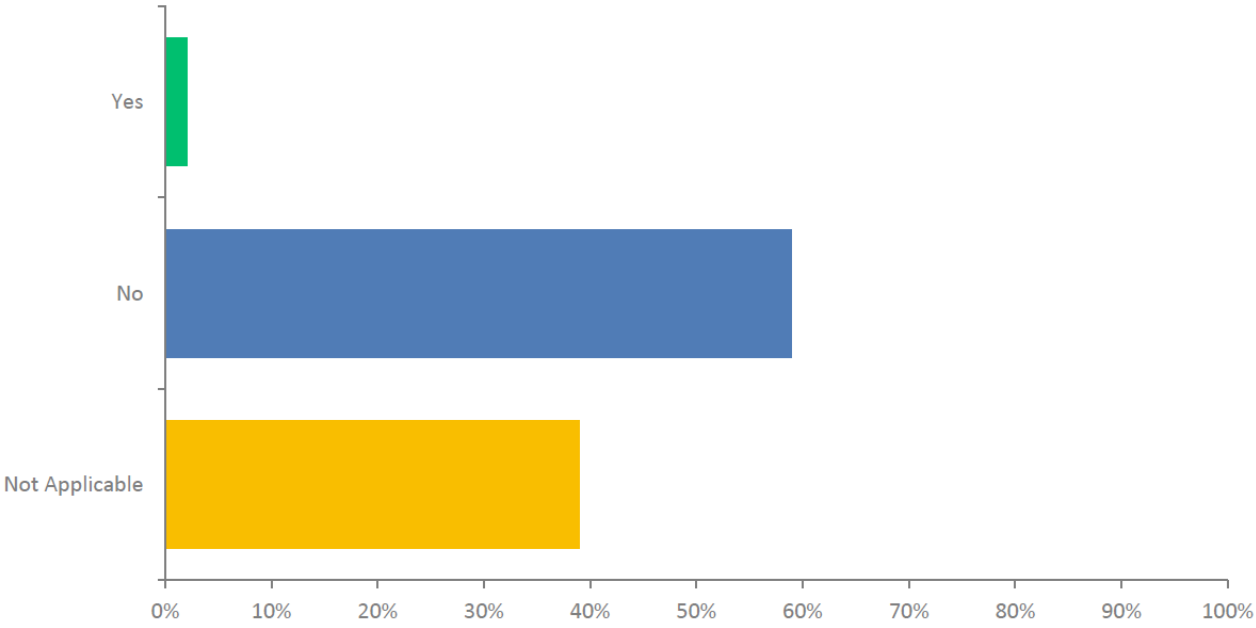
Please select any barriers you experienced while attempting to receive a COVID-19 vaccine.



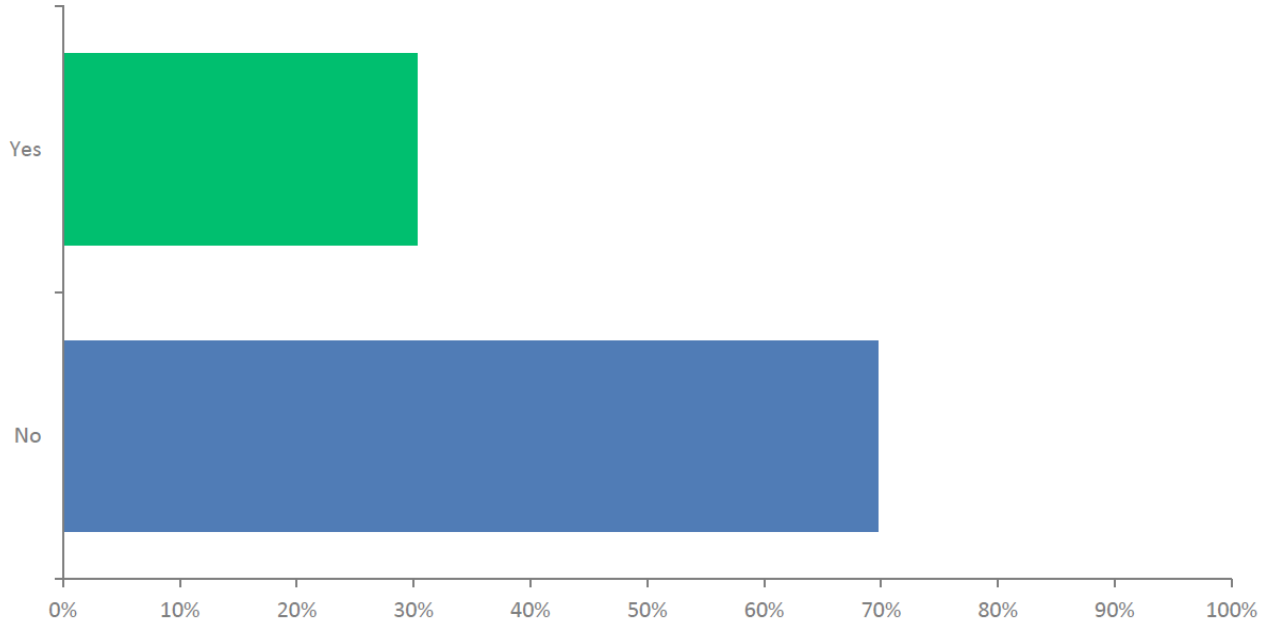
Please select all statements that are/were true as they relate to COVID-19 vaccinations sites in your area.



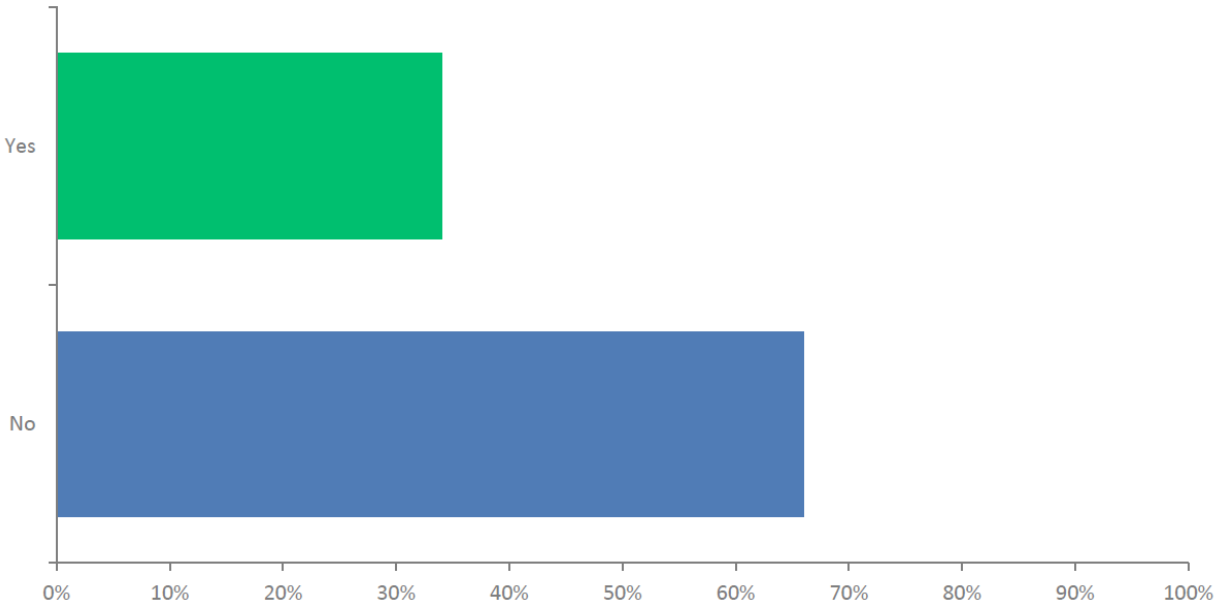
The Washington State Department of Health gift cards for vaccination incentive encouraged me to receive the COVID-19 vaccine. Required to answer. Single choice.



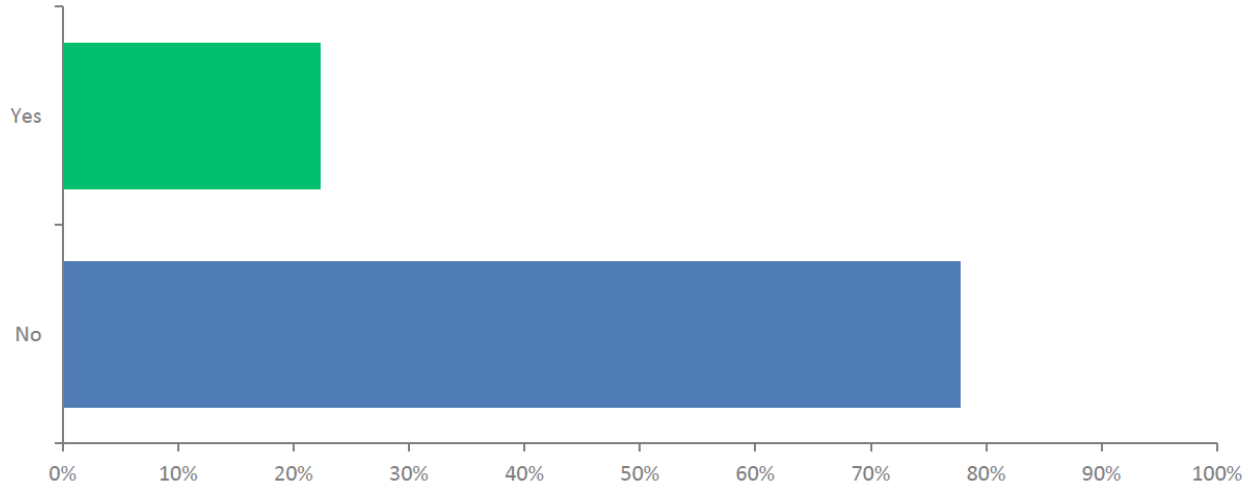
Resource gaps still exist in my community (i.e., staffing, funding, PPE, testing, vaccine distribution, etc.)



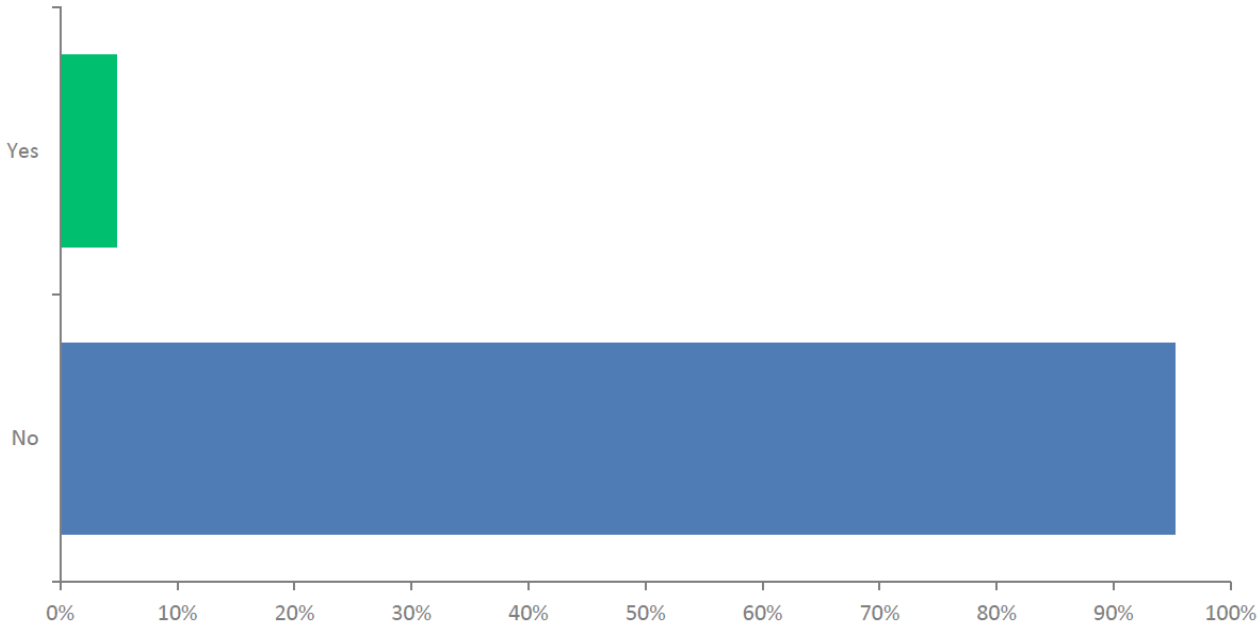
I believe my community needs additional support from the Department of Health to move forward post pandemic.



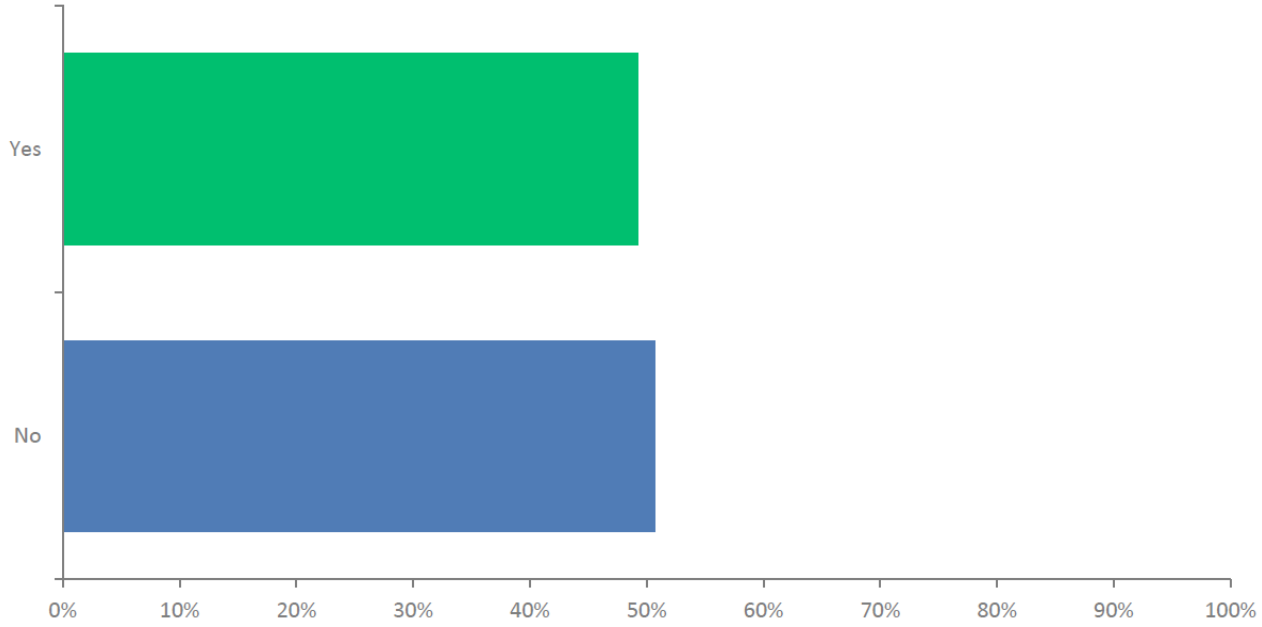
I am aware of the Care Connect program and the available resources its provides to people who need to isolate/quarantine, such as medication delivery, healthcare, grocery/supply delivery, personal care kits, nonperishable food kits, and help applying for unemployment, local housing agencies, food banks, childcare providers and more.



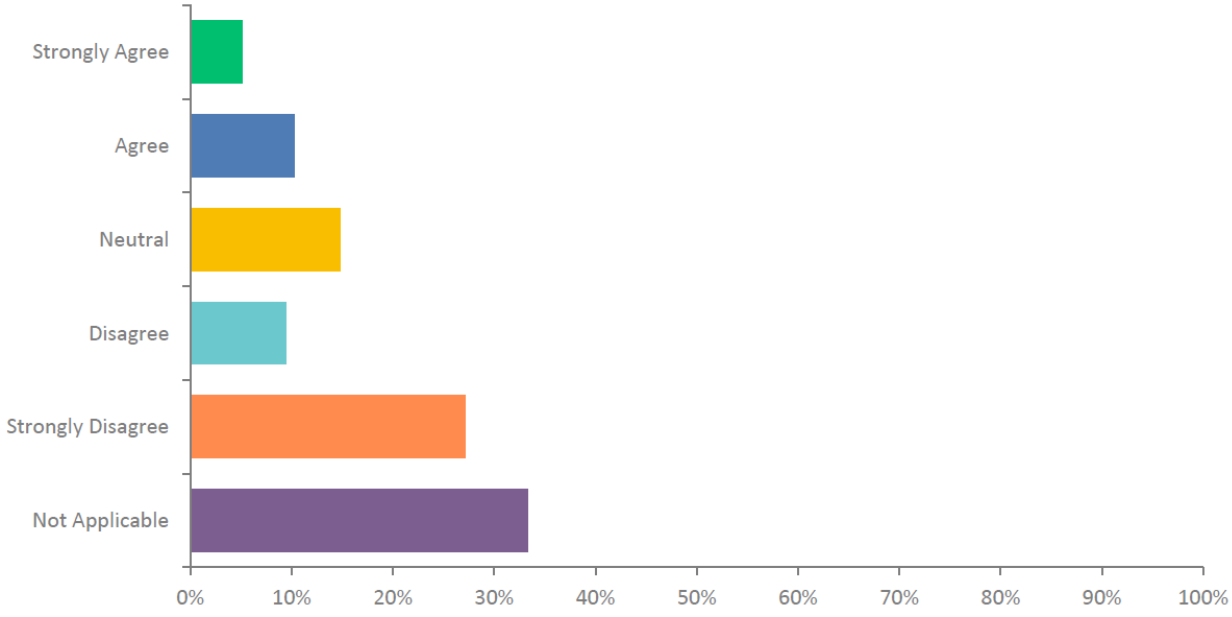
Did you access the Care Connect service?



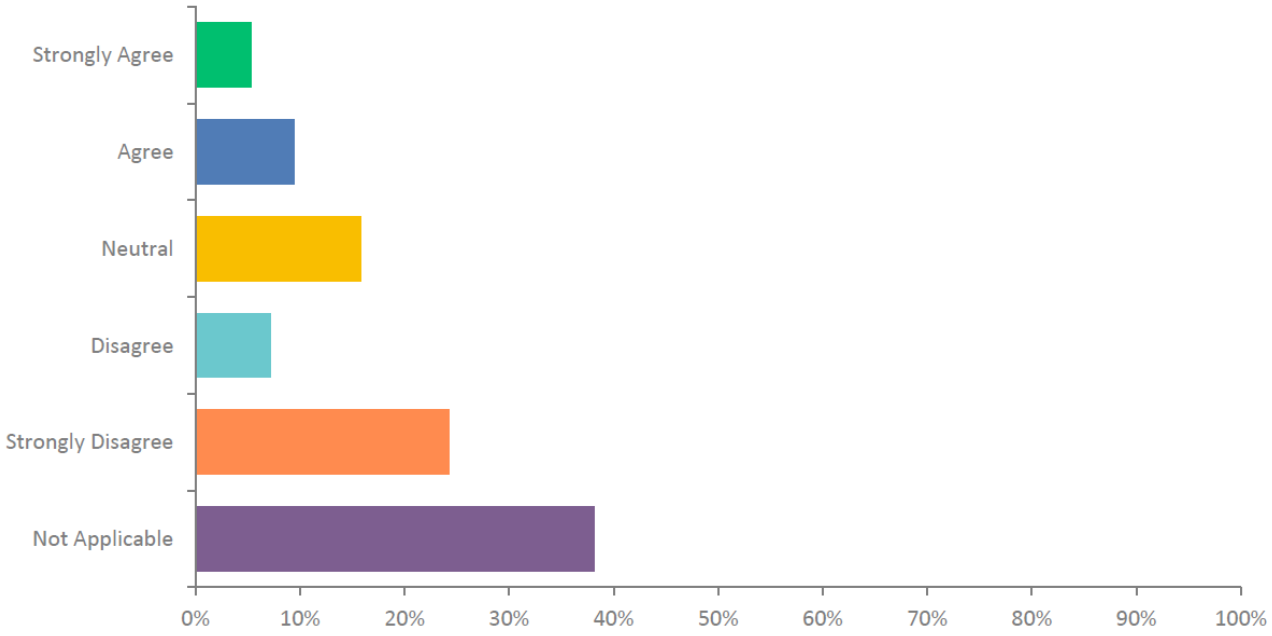
Did the service help you safely isolate and/or quarantine?



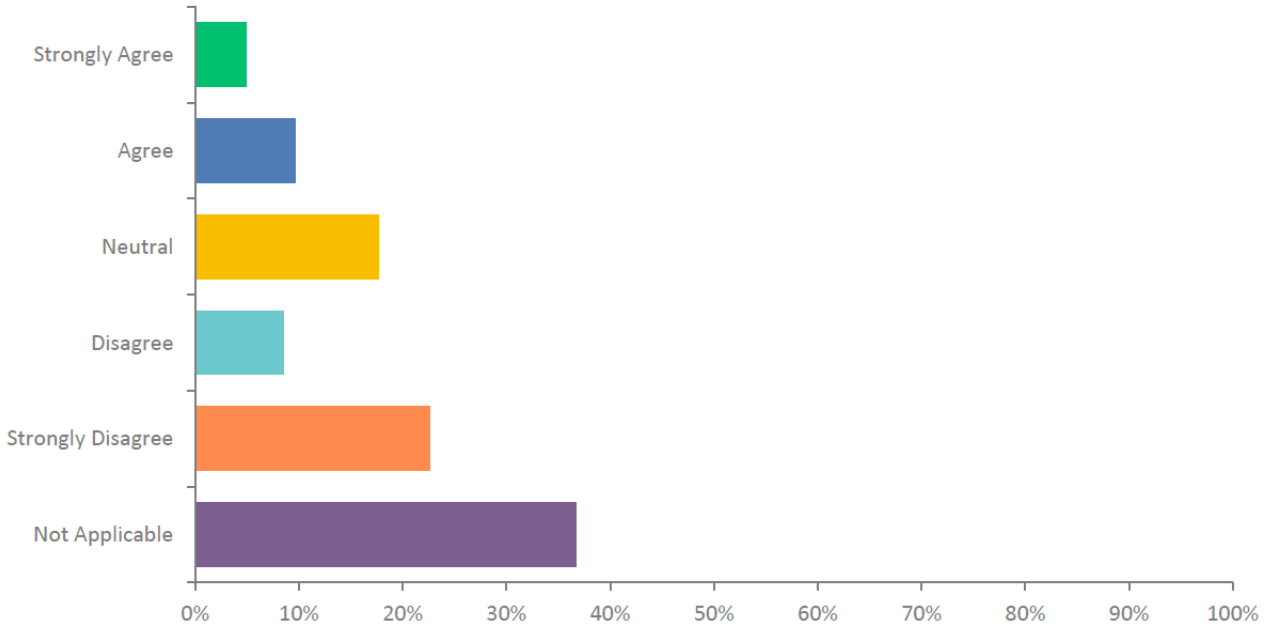
Department of Health provided clear school related guidance that I could utilize to make informed decisions.



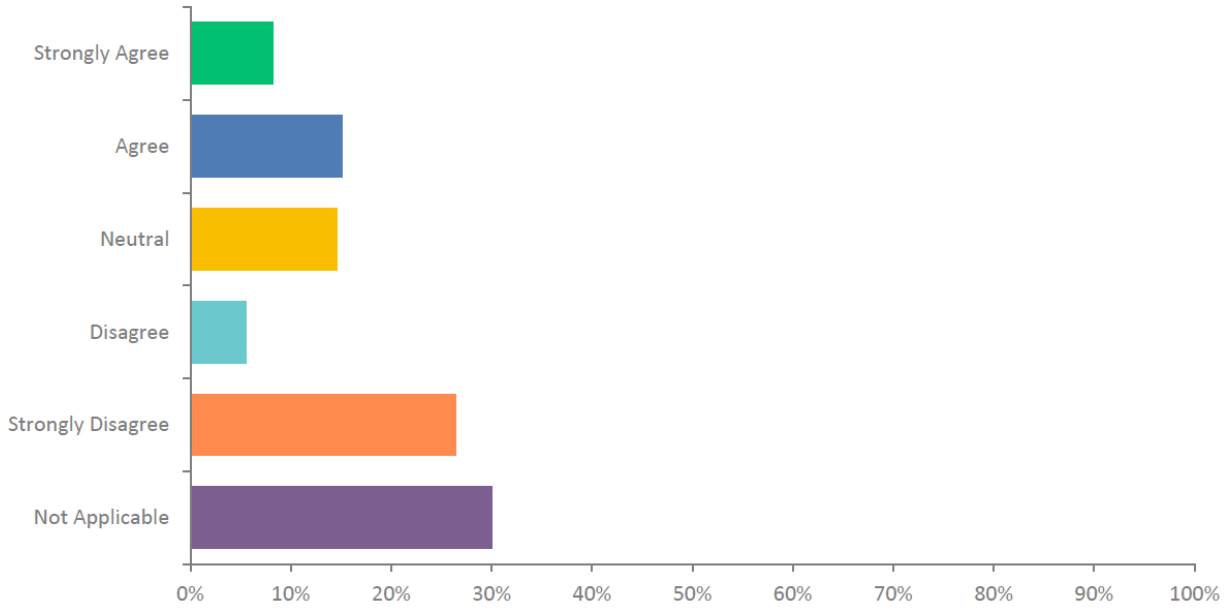
On-site testing kits in schools allowed for a safe learning environment.



Students had adequate resources available through the school to stay safe.



Department of Health provided appropriate and accessible information pertaining to the COVID-19 vaccine safety and effectiveness for people under 18 years of age, in my spoken language.



Please select the resources made available to students in the educational setting.