SPOKANE REGIONAL HEALTH

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ASSOCIATES

SPOKANE REGIONAL HEALTH
DISTRICT COVID-19 INTERIM
AFTER-ACTION REPORT

September 2020

Acknowledgements

Thanks

The Spokane Regional Health District (SRHD) would like to extend its gratitude to staff, community partners, and residents of Spokane for their support and resilience through these incredibly difficult times.

The response to the COVID pandemic continues to require support from many county, city, state, and federal responders, hundreds of volunteers, and countless Spokane residents, all of whom are instrumental in supporting neighbors and community members.

Despite the ongoing global pandemic, the response efforts seen from SRHD staff and regional partners highlight the unity necessary to help overcome the challenges presented by the COVID pandemic. This effort to help the community cope with unprecedented circumstances is universally appreciated by everyone involved in the development of this report, and SRHD would like to thank everyone who offered their selflessness, dedication, and determination throughout the process.

Acknowledgement

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In particular, the Project Oversight team for this effort deserves appreciation for their leadership and review in the development of this document, especially Amelia Clark, Lyndia Wilson, Ray Byrne, Steve Smith, Casey Schooley, and the SRHD project manager, Tiffany Turner. The dedication to this report from all involved while amid an active response is commendable.

This AAR was written and developed in conjunction with Constant Associates, Inc. (CONSTANT), which is a third-party, private sector emergency management and public health preparedness consulting firm contracted to compile this AAR.

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Executive Summary

Situation

As of the writing of this report, there were over 6 million cases of COVID-19 in the United States. Of those cases, over 201,000 resulted in death.[1] Federal, state, and local public health and safety officials continue working tirelessly to promote and enforce physical distancing strategies and good hygiene practices to reduce the spread of COVID-19.

A few weeks after the identification of a novel coronavirus in Wuhan, the Washington State Department of Health (DOH) confirmed the first case of COVID-19 in the United States on January 21, 2020. The patient was a recent traveler returning from Wuhan. Immediately upon the identification of the first confirmed case of COVID-19 in Washington, WA-DOH and the Washington State Emergency Management Division activated the State Emergency Operations Center (SEOC) to conduct emergency operations. On February 29, Governor Jay Inslee proclaimed a state of emergency for Washington due to COVID-19. As of September 23, 2020, Washington, recorded 82,848 total confirmed COVID-19 cases and 2,131 total deaths. The hardest-hit counties were King County, Yakima County, and Pierce County.[2]

On March 14, the first confirmed cases of COVID-19 were identified in Spokane County and on March 20, Dr. Bob Lutz, SRHD Health Officer, issued a state of emergency for Spokane County. Shortly after, on March 28, the first Spokane County resident died from COVID-19. Spokane County is currently entering a third wave of cases resulting in 9,887 cases, 508 hospitalizations, and 203 deaths due to this disease.[3]

Background

SRHD partially activated response operations on January 30, 2020 to support situational awareness, public messaging, and planning for local cases of the virus. Approximately three weeks later, SRHD elevated to full activation upon notification that four repatriated individuals from the Diamond Princess Cruise Ship who tested positive would be transferred to Providence Sacred Heart Medical Center (PSHMC). The SRHD incident command structure (ICS) was set up and quickly expanded to include activities, such as disease investigation, outbreak management, contact tracing and ongoing public messaging.

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[1] Coronavirus Resource Center. *COVID-19 Dashboard.* Johns Hopkins University. Accessed Sept 23, 2020. https://coronavirus.jhu.edu/map.html

[2] Washington State Department of Health, COVID-19 Data Dashboard. Accessed Sept 23, 2020. doh.wa.gov/Emergencies/COVID19/DataDashboard

[3] Spokane Regional Health District, COVID-19 Data Dashboard, October 30, 2020. https://covid.srhd.org/topics/spokane-county-case-data

Spokane County Department of Emergency Management (DEM) activated the local Emergency Operations Center (EOC) to address additional community impacts of this pandemic and align various efforts happening in the city and county. This initially created two different response operations, one at the EOC and one at SRHD. Incident Management Teams were requested throughout the response to assist with ICS operations and structure changes. The response efforts were combined into one operation and Unified Command (UC) was established at the EOC. Three primary agencies were placed into command roles. SRHD, Spokane County, and the City of Spokane each assigned an Incident Commander to co-lead the response. SRHD committed over 30 staff to fill various positions in the EOC. During the peak of the response, SRHD had reassigned 131 out of 258 staff either full time or part time to support response efforts.

As the incident progressed and more partners were pulled in, more efficient measures and solutions were found resulting in decreased need for a UC at the EOC. Therefore, on May 29, the EOC was de-mobilized with ongoing response operations absorbed back into partner home agencies.

As of the date of this report, SRHD continues to staff an internal ICS managing ongoing public health operations. SRHD received local Coronavirus Aid, Relief, and Economic Security Act (CARES) dollars from the Board of County Commissioners to support ongoing public health efforts. SRHD has contracted with additional partner agencies, hired 29 temporary or project staff and still have numerous staff reassigned to continue to provide services, such as case investigations and contact tracing, isolation and quarantine locations and services, business consultants, facility outbreak management, care coordination, testing and vaccination planning, healthcare coordination, and ensuring the needs of those disproportionately impacted by this pandemic are being addressed.

Assessment

The intent of this Interim After Action Report (AAR) was to collect and evaluate best practices and lessons learned during SRHD's initial COVID-19 response from January through July 2020. The information was compiled using a mixed method data gathering approach, including a comprehensive review of SRHD's incident documentation, an online survey distributed to key stakeholders, and group interviews, hot washes and debriefs held with SRHD staff and partner organization staff who held response roles. The intent of the AAR is to strengthen the capabilities of SRHD and address key challenges the district faced during the initial response period.

This AAR assessed the capabilities of SRHD in a comprehensive and data-driven way which allows experiences to be shared with relevant partners and stakeholders. Because the COVID-19 pandemic response is ongoing, special attention was paid to emerging practices that have benefitted the pandemic response, and which should be continued or enhanced as response continues. This Interim AAR serves as a baseline for continued evaluation efforts, in which SRHD will be able to collect data at key intervals during ongoing response efforts.

Recommendations

This report summarizes the strengths and areas for improvement that were identified as having the highest potential impact on ongoing COVID-19 response efforts and feasible recommendations for future response efforts. Five themes emerged from the data as follows.

1.0 Internal and External Communications
The threat of the novel virus warranted a need for timely and accurate public health information.

Strength: Social media and streaming platforms are integrated into the risk communication strategy and used daily to push information and interact with the public.

Area for Improvement: Enhanced internal communications are needed to support all employees including those not directly engaged in the active response.

2.0 Agency Continuity
Continuity is a priority for SRHD and requires executive-level discussions on staffing as well as collaboration with external partners to create surge capacity.

Strength: SRHD engaged individuals from municipalities, county, and regional IMTs early in the response to provide surge staffing to maintain the delivery of essential public health services.

Area for Improvement: SRHD should continue to convene discussions around continuity planning to support the ongoing needs of the response.

3.0 Responder Safety and Health
The ability to protect public health staff responding to an incident is critical in ensuring ongoing incident management to protect the public. Risks identified for public health responders include medical, environmental, and mental/behavioral health.

Strength: Health and safety information, resources, and procedures have been implemented and led by the Safety Officer and Interagency Cadre.

Strength: SRHD provided emotional and psychological support services to staff.

Area for Improvement: Staff morale could be built up by offering additional training.

Area for Improvement: Explore options for surge capacity to increase long-term response sustainability and reduce fatigue.

4.0 Interagency Coordination
Effective response to COVID-19 relies on the ability of multidisciplinary partners to prepare, mobilize, and coordinate the delivery of critical public health services.

Strength: The response has strengthened relationships with response partners and broken down existing internal SRHD silos.

Area for Improvement: Command and control during Unified Command was not well defined or understood.

5.0 Whole Community Partnerships

Community partnership is an important aspect to incorporate into the ongoing COVID-19 pandemic response to enhance the delivery of an overall effective response.

Strength: SRHD leveraged partnerships to strengthen whole community engagement and delivery of public health services.

Area for Improvement: SRHD should expand public and private partnerships to increase the impact of public health response and address social equity issues.

Conclusion

The findings and lessons learned are intended to help guide SRHD forward as it bolsters its capacity to protect the community against this pandemic and other incidents that may threaten public health, community safety, and operational vitality in the future.

The Corrective Action Plan (CAP) flows from the AAR and uses the strengths and areas for improvement to develop a list of specific activities to be completed for the ongoing and future responses. The CAP also provides details for who is responsible for each improvement plan item and the expected date of completion. This CAP will be monitored regularly to ensure progress and completion of the identified activities.

SRHD has committed themselves to the process of continuous and comprehensive improvement in the wake of an unprecedented global pandemic; seeking support from partners and the community to improve the public health response capabilities resulting in a more resilient community with better health outcomes.

Introduction

Summary

This Interim AAR was written with the intent to collect and evaluate best practices and lessons learned during SRHD's initial COVID-19 response from January 2020 through July 2020. The intent of the AAR is to strengthen the capabilities of SRHD and address key challenges the district faced during the initial response period.

This AAR assessed the capabilities of SRHD in a comprehensive and data-driven way which allows experiences to be shared with relevant partners and stakeholders. Because the COVID-19 pandemic response is ongoing, special attention was paid to emerging practices that have benefitted the pandemic response, and which should be continued or enhanced as response continues. It is not the intent of this report to comprehensively list all feedback provided during data collection. Rather, this report summarizes the strengths and areas for improvement that were identified as having the highest potential impact on ongoing COVID-19 response efforts and feasible recommendations for future response efforts.

This Interim AAR presents recommendations for implementation to improve COVID-19 response efforts at this point in time. This report also serves as a baseline for continued evaluation efforts, in which SRHD will be able to collect data at key intervals during ongoing response efforts and continue to add to this report.

Data Gathering Process

This Interim AAR has been compiled using a mixed method data gathering approach. This included a comprehensive review of SRHD's incident documentation, an online survey distributed to key stakeholders, and group interviews with SRHD staff and partner organization staff who held response roles.

Additionally, the data was reviewed through various Project Oversight meetings with SRHD staff and project manager, and the CONSTANT project manager and team.

All data was reviewed and analyzed by a team of emergency management and public health professionals to provide a fair and honest analysis of the response and to develop realistic and actionable improvement recommendations.

Document Review

Experts from CONSTANT collected and reviewed documentation and resources provided by SRHD relative to the COVID-19 response. Through this review process, CONSTANT performed an analysis of activities and supplemental information provided as part of the survey and interviews. A sampling of documents reviewed includes:

- SRHD & Emergency Operations Center (EOC) situational reports from January 31 through May 18, 2020
- SRHD & EOC Incident Action Plans from January 30 through June 1, 2020
- Public-facing updates on SRHD Facebook and Twitter accounts, and SRHD blogs

Survey

The SRHD COVID-19 interim AAR survey was developed in collaboration with the Project Oversight team from SRHD and distributed widely to SRHD staff, EOC staff, and key stakeholders and partners involved with the overall response. It was available electronically from July 30 to August 20, 2020.

A total of 149 survey respondents completed all or some of the questions. SRHD staff accounted for 58% of total respondents. Other respondents included 18% from local county/city government, 13% first responder agencies, 7% state or federal agencies, 3% community-based organizations and 1% healthcare providers.

Respondents were asked for their primary role. SRHD staff assigned to the response at the SRHD building accounted for 39% of respondents, 35% were in the EOC)/Joint Information Center(JIC), 11% senior or elected officials, 6% general SRHD staff not assigned to incident, 5% community partners, and 4% field responders.

Survey participants were asked to provide their perspectives on the SRHD COVID-19 response efforts using Likert scales. They were provided open-ended questions to share what they observed as strengths as well as any areas for improvement regarding response operations.

Data from the surveys informed the identification of themes and respondent comments informed the strengths and areas for improvement. Relevant results are provided in each section of the report.

Interviews

One-on-one and group interviews were conducted to review major events in the response that determined the critical issues and strengths related to the response efforts. Interviewees were identified by SRHD as key stakeholder partners and staff during the initial COVID-19 response period. Interviews allowed participants to outline critical preparedness activities that occurred prior to the pandemic, as well as list key strengths and areas for improvement relating to their response efforts and recommendations for future implementation.

Eleven individual interviews and eight group interviews were conducted for a total of 42 participants, which included stakeholders from areas such as administration, communications, EOC operations, epidemiology, field operations, and logistics.

Group Hot Wash

In addition to one-on-one and group interviews, CONSTANT conducted a group debriefing or "hot wash" with key stakeholders and SRHD staff on September 2, 2020. Overall, 13 people attended the hot wash, including core team planning members from SRHD, elected and appointed officials, and representatives from other key response agencies.

This hot wash provided a forum for open and solution-focused dialogue regarding the major strengths, areas for improvement, and lessons learned identified throughout the data collection process.

Report

This Interim AAR aims to provide readers with an overview of the SRHD response and recovery efforts during the COVID-19 pandemic. Overall, it aims to provide context to the conditions, events, and factors that occurred during response and recovery efforts from SRHD's perspective, as well as the perspective of a select group of partner agencies and stakeholders.

This report was organized to include an Incident Overview, Analysis of Key Findings, and detailed write-ups about the major themes of the SRHD response and recovery efforts. Those themes include Internal and External Communications, Agency Continuity, Responder Safety and Health, Interagency Coordination, and Whole Community Partnerships.

The core content of the report is included in the Analysis of Findings section. This section organizes key findings into major themes. Those themes share strengths and areas for improvement resultant from the data collection process. An improvement plan section at the end of each theme summarizes actions SRHD will take to build upon strengths and address areas for improvement.

Incident Overview

Description

Overview of the COVID-19 Pandemic

In December 2019, health officials in Wuhan, a metropolitan city in the Hubei Province of the People's Republic of China, identified cases of an unknown viral pneumonia.[4] Symptoms manifested most commonly in the upper respiratory system and included fever, dry cough, and trouble breathing. As cases began to cluster, the World Health Organization (WHO) launched an investigation which confirmed the existence of a novel coronavirus now known as SARS-CoV-2. The virus causes a disease now known by the global community as COVID-19 (Coronavirus Disease – 2019). As China instituted public health measures to contain the virus, officials found evidence of community spread in surrounding countries. On January 30, 2020, the World Health Organization declared a Public Health Emergency of International Concern. Countries implemented travel restrictions, stay-at-home orders, and controlled screenings for the disease. During the development of this report, there were over 31 million confirmed cases of COVID-19 worldwide, with the highest numbers of confirmed cases in the United States, Brazil, and India.[5]

COVID-19 in the United States and the State of Washington

As of the writing of this report, there were over 6 million cases of COVID-19 in the United States. Of those cases, over 201,000 resulted in death.[6] Federal, state, and local public health and safety officials continue working tirelessly to promote and enforce physical distancing strategies and good hygiene practices to reduce the spread of COVID-19.

A few weeks after the identification of a novel coronavirus in Wuhan, the Washington State Department of Health (DOH) confirmed the first case of COVID-19 in the United States on January 21. The patient was a recent traveler returning from Wuhan. Immediately upon the identification of the first confirmed case of COVID-19 in Washington, WA-DOH and the Washington State Emergency Management Division activated the State Emergency Operations Center (SEOC) to conduct emergency operations. On February 29, Governor Jay Inslee proclaimed a state of emergency for Washington due to COVID-19. As of September 23, 2020, Washington, recorded 82,848 total confirmed COVID-19 cases and 2,131 total deaths. The hardest-hit counties were King County, Yakima County, and Pierce County.[7]

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[4] World Health Organization. *Timeline of WHO's Response to COVID-19.* Accessed July 30 2020. https://www.who.int/news-room/detail/29-06-2020-covidtimeline
[5] Coronavirus Resource Center. *COVID-19 Dashboard.* Johns Hopkins University. Accessed Sept 23, 2020. https://coronavirus.jhu.edu/map.html
[6] Coronavirus Resource Center. *COVID-19 Dashboard.* Johns Hopkins University. Accessed Sept 23, 2020. https://coronavirus.jhu.edu/map.html
[7] Washington State Department of Health, COVID-19 Data Dashboard. Accessed Sept 23, 2020. doh.wa.gov/Emergencies/COVID19/DataDashboard

Development of COVID-19 in Spokane County

SRHD partially activated response operations on January 30 to support situational awareness, public messaging, and planning for local cases of the virus. Approximately three weeks later, SRHD elevated to full activation upon notification that four repatriated individuals from the Diamond Princess Cruise Ship who tested positive would be transferred to Providence Sacred Heart Medical Center (PSHMC). PSHMC is one of 10 hospitals in the United States equipped with a Special Pathogens Unit. SRHD worked closely with DOH, EMS transport agencies, and healthcare partners to coordinate the transfer and care of these patients. These partners have practiced this type of scenario in response exercises together.

To address increasing public anxiety and provide the most current information in a constantly changing environment, SRHD provided continual communication to both the public and partners through a variety of channels. SRHD created a landing page to post COVID-19 information and updates. Numerous guidance documents, fact sheets, and Frequently Asked Question documents were created and posted to these sites and distributed broadly to partners. Regular press releases and press conferences were held to keep the public informed of the constantly changing situation.

SRHD continued to keep partners updated on the situation and response activities at SRHD through regular distribution of situation reports. SRHD shared its first external situation report on February 21 to a few partner response agencies. The distribution list quickly grew as more interest in SRHD response efforts grew. As the threat of local cases continued to loom closer, SRHD in partnership with Spokane County Department of Emergency Management (DEM), held a meeting on March 12 with key decision and policy makers to discuss particular action points and prepare for school closures. Shortly after this meeting, SRHD hosted a forum for community partners to share SRHD's current and anticipated action steps and to address their concerns and questions.

On March 14, the first confirmed cases of COVID-19 were identified in Spokane County and on March 20, Dr. Bob Lutz, SRHD Health Officer, issued a state of emergency for Spokane County. Shortly after, on March 28, the first Spokane County resident died from COVID-19.

This quickly elevated response operations. The SRHD incident command structure (ICS) expanded to include activities such as disease investigation, outbreak management, contact tracing and ongoing public messaging. A call center was activated on March 16 to assist staff with public inquiries regarding the COVID-19 pandemic. Despite a widely publicized 800-number and the ability to directly transfer calls to the state-wide call center, there were still many members of the community who wanted to speak to a "live person" directly at the Health District.

On March 13, Spokane County DEM activated the local Emergency Operations Center (EOC) to address additional community impacts of this pandemic and align various efforts happening in the city and county. A local Type 3 Incident Management Team (IMT) was requested to assist at the EOC. This initially created two different response operations, one at the EOC and one at SRHD. Coordination and communication grew increasingly challenging.

Public information officers from various agencies formed a Joint Information System (JIS) and shortly after stood up a Joint Information Center (JIC) adjacent to the EOC on March 14. The goal was to coordinate public messaging among stakeholders; develop a messaging strategy; and create a "brand" and social media presence which would be trusted by the community.

On March 23, 2020, Governor Inslee imposed a statewide "Stay Home – Stay Healthy" order closing all non-essential businesses in Washington. The SRHD building was partially closed. Treatment Services continued providing services to clients and Vital Records was providing curbside pick-up for birth and death records. SRHD began assigning staff to work from home where possible and re-assigned staff who could not continue normal work activities, thus preventing the layoff of numerous employees.

SRHD staff were overwhelmed with case and contact investigations, along with providing the community with technical assistance and guidance. Staff were pulled from programs throughout the agency to support the communicable disease epidemiology unit. SRHD staff provided extensive consultation and guidance to businesses, schools, and healthcare facilities to reduce the potential spread of this virus.

During the peak of the response, SRHD had reassigned 131 out of 258 staff either full time or part time to support response efforts. On April 6, the Governor instructed schools to close for the rest of the year, thus complicating staff ability to work.

Due to the complex nature of this incident, in early April, SRHD requested and received a Type 2 IMT to assist in interagency coordination. It was quickly determined there was a need to combine response efforts into one operation and Unified Command (UC) was established at the EOC. Three primary agencies were placed into command roles. SRHD, Spokane County, and the City of Spokane each assigned an Incident Commander to co-lead the response. SRHD committed over 30 staff to fill various positions in the EOC. The IMT was instrumental in training EOC staff and guiding the response structure as many were new to ICS.

Additional response operations were identified and assignments issued resulting in extensive planning and resources devoted to address establishment of an alternate care facility, community screening and testing capacity, isolation and quarantine locations and services, addressing the needs of vulnerable populations, and managing the lack of resources such as personal protective equipment, food, childcare, etc. happening in the community. A strategic planning group was formed in April to conduct long-range forecasting of cascading impacts and identify potential issues and action points. A policy group was also created for information sharing and policy discussions.

In mid-May, Dr. Lutz issued a directive to the population of Spokane County to wear face coverings in certain public places to maintain health and to control and prevent the spread of COVID-19 throughout Spokane County.

As the response operations grew increasing complex and the agency ICS structure was rapidly expanding, a SRHD request was granted for a Type 1 IMT to come in and assist local and regional agencies with coordination of the various aspects of the response effort.

As the incident progressed and more partners were pulled in, more efficient measures and solutions were found resulting in decreased need for a Unified Command at the EOC. Drive through screening operations initially housed at the Spokane County fairgrounds were absorbed by healthcare partners in the community. Isolation and quarantine sites at the fairgrounds were demobilized and transitioned to a local hotel. The need for alternate care facility planning was de-prioritized as healthcare facilities were able to absorb the surge of patients within their buildings. Community issues of food, mental health, childcare, etc. were taken on by task forces developed consisting of community partners who had the experience and expertise to address these issues. Therefore, on May 29, the EOC was de-mobilized with ongoing response operations absorbed back into partner home agencies.

As of the date of this report, SRHD continues to staff an internal ICS managing ongoing public health operations. Additional duties were added to the public health scope, such as care coordination to support those individuals and families who are in isolation or quarantine and business technical assistance. SRHD received local CARES dollars from the Board of County Commissioners to support ongoing public health efforts. SRHD has contracted with additional partner agencies, hired 29 temporary or project staff and still have numerous staff reassigned to continue to provide services, such as case investigations and contact tracing, isolation and quarantine locations and services, business consultations, facility outbreak management, vaccination planning, healthcare coordination, and ensuring the needs of those disproportionately impacted by this pandemic are being addressed.

Analysis of Findings

1.0 Internal and External Communications

Overview

The ability to develop, coordinate, and disseminate information and notifications to the public becomes critical in a pandemic. Early pushes to disseminate public information were important to build public trust and anticipate the need for information as Washington became the early epicenter of the national public health crisis. The ongoing COVID-19 pandemic has necessitated an extended communication strategy to be implemented and managed over a period longer than SRHD and most local, state, and federal health jurisdictions had previously sustained.

The JIC included representatives from local government, healthcare, non-profits, and community partners to collaborate on messaging and shared resources to ensure effective communications with the public. The JIC was challenged with providing the public with accurate and timely health information on the novel virus. A careful balance was required to refine communications to remain evidence-based, un-biased, and factually correct, while still getting the message out on time.

> "There was a rush and demand for information on a disease that we didn't know anything about."
>
> - Interview Participant -

Daily Facebook Live events and media briefings began immediately at the JIC. They were followed by live media briefings. These began as in-person briefings and transitioned to virtual as more information about the risks of COVID-19 transmission became apparent. The Facebook Live medium allowed easy connection to people with high-quality, accessible, and credible public health information. In addition, there was a need to ensure the media had regular access to credible representatives and subject matter experts to ensure accurate, trusted information was being distributed to the public to combat falsehoods and conspiracy theories.

After the EOC was deactivated, the JIC followed on June 5. PIOs continue to meet twice a week using Zoom. Beginning June 22, the Facebook Live production moved to SRHD. SRHD has sustained and continues to lead the ongoing public information effort and coordination for the pandemic response to date.

Results of the SRHD COVID-19 interim AAR survey demonstrated that overall, respondents had positive feedback on communication during the COVID-19 response. There was a perception that SRHD provided relevant, credible, and timely information and guidance to the public with most of the respondents agreeing (35%) or strongly agreeing (55%).
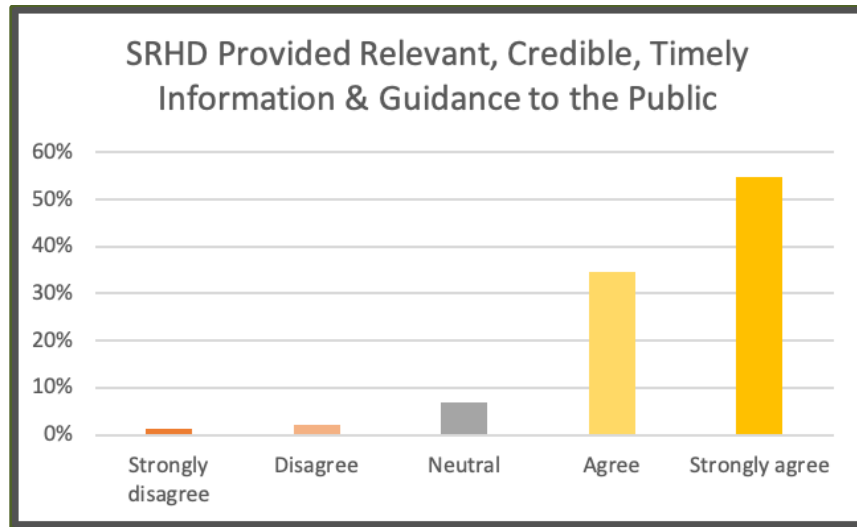

Figure 1: Rates adjusted for the number of respondents to the question (n=144).

Most individuals (89%) who provided feedback on SRHD services regarding public information/call centers felt that it went well or very well. In fact, this was found to be one of the most positively rated elements of SRHD's COVID-19 operational objectives. When looking at all respondents (including those who did not reply to one or more of the service questions) the public information/call center was the only service to have more than 75% of respondents say it went well or very well.
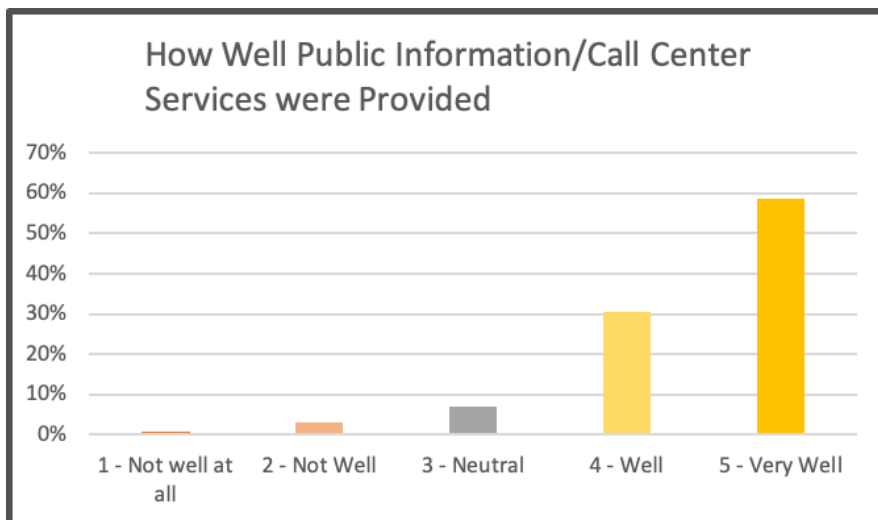
Figure 2: Rates adjusted for the number of respondents to the question (n=128).

When asked how effective SRHD's incident management support was for communications, most of the respondents said it was "effective" (44%) or "highly effective" (25%), (20%) were neutral, and (11%) felt that SRHD's support for communications was ineffective particularly related to internal communications.
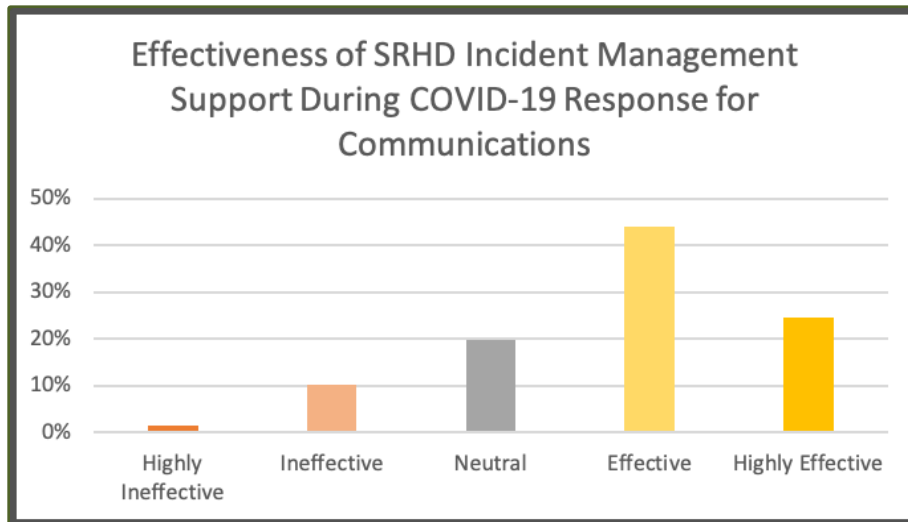

Figure 3: Rates adjusted for the number of respondents to the question (n=146).

Findings

The threat of the novel virus warranted a need for timely and accurate public health information. The following strengths and areas for improvement were identified through responses to the SRHD COVID 19 interim AAR online survey in addition to group and individual interviews.

STRENGTHS	AREAS FOR IMPROVEMENTS
Social media and streaming platforms are integrated into the risk communication strategy and used daily to push information and interact with the public.	Enhanced internal communications are needed to support all employees including those not directly engaged in the active response.

Strength 1: Social media and streaming platforms are integrated into the risk communication strategy and used daily to push information and interact with the public.

Social media and collaborative technologies have become a source for daily news for Americans. In a 2018 Pew Research Center poll, 34% of U.S. adults said they preferred to get news online, whether through websites, apps, or social media. That is compared with 28% in 2016.[8]

Taking the lead, SRHD has embraced this need for public information leveraging social media platforms such as Facebook Live to easily connect people with high-quality, accessible, and credible public health information.

SRHD Facebook Live

One example of operationalizing social media platforms is the SRHD Facebook August 10 Live Update. This Facebook Live post addressed the opening of schools for the Fall 2020/21 school year and received over thirteen-thousand views alone.[9]

Not only have Facebook Live updates been used to provide updated information on decision making and protective measures but also to help educate and increase awareness. Posts feature engagement from representative SRHD departments in addition to participation from partner agencies to breakdown current health guidance, provide further education on prevention and response strategies, as well as empower viewers to build their skills in topics such as data literacy.

Image 1: SRHD Facebook Live Stream post on the agency website August 10.

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[8] Pew Research Center. "For Local News, Americans Embrace Digital but Still Want Strong Community Connection." Pew Research Center's Journalism Project, March 2019.

"We broadcast daily, and people can view from their phones which makes it convenient."
– Interview Participant

While timely dissemination of rapidly changing guidance for the public can be challenging, survey respondents noted SRHD's success in this area. Respondents commended the health district for its presence and engagement in information dissemination. They recognized that the public does not often realize how quickly information can change, but that SRHD's use of "Facebook Live was an excellent tactic to get the message out." Respondents also specifically noted that "using streaming media services, ex. Teams and Facebook Live/YouTube Live" was an innovation that should continue.

Additionally, the agency website serves as an important tool to disseminate messages and store information. As with previous incidents, a dedicated COVID-19 page has been curated and remains accessible by a banner on the agency's landing page.

Area for Improvement: Enhanced internal communications are needed to support all employees including those not directly engaged in the active response.

Internal communications play a critical role within the organization to enable effective cross-departmental and internal response system communication, ensure public messaging consistency, and cultivate a positive employee experience.

Throughout the response, SRHD shared information to staff on various levels and through a variety of methods. These included email updates, situation reports, briefings, conference calls, meetings, COVID intranet site development, Inland COVID newsletter, and staff forums.

Respondents to the survey highlighted the importance of clear and consistent internal communication to facilitate an effective response to COVID-19. Cross-departmental and interagency cooperation could be improved through better communication (e.g. establishing common terminology, improving responsiveness within the chain of command, ensuring relevancy of information).

This presents an opportunity for SRHD to expand their internal communications strategy. Employees desire regular, tailored, personalized messaging from within the organization which can add to the positive health of business operations. The creation of a framework can ensure employees are aware of the situation, feel engaged, and see that the organization is able to address their concerns and questions. Clear internal guidance and consistent communication from leadership can facilitate a greater sense of a shared mission and connection.

Communications Improvement plan

While SRHD continually strived to keep information flowing both internally and externally through multiple avenues, it is very difficult to keep pace with constantly changing information. SRHD intends to enhance the communications response structure by assigning a deputy PIO and an internal communications position upon activation to ensure consistent communication flows to all staff and the

public in a timely manner. Just as we develop an external media plan, SRHD will develop an internal communications strategy to address the various levels of staff involvement and the need for multiple types of communication.

SRHD realizes the importance of providing reliable data to assess the impacts and inform decision making. A standard activation activity will include assigning centralized data collection and management responsibilities to a position and the creation of a data dashboard so information can be shared with staff, community partners and the public to create better situational awareness and decision making.

2.0 Agency Continuity

Overview

SRHD has established procedures to support a continuity strategy for the agency. In the agency Continuity of Operations Plan (COOP), each program identifies essential services and critical information and a plan for how to keep these operational. Each program updates this information yearly. Maintaining essential services while adhering to the pandemic mitigation efforts was a challenge. Administrative functions such as procuring supplies, establishing contracts, and recruiting additional personnel needed to be expedited to keep up with the pace of the response. These functions remain vital to ensure the ongoing fiscal, legal, and administrative authorities and practices to support the ongoing response.

At the height of the initial response, SRHD was able to staff positions at the EOC, and sustain SRHD essential functions supporting agency continuity. Establishing and coordinating the delivery of response actions in addition to maintaining day-to-day continuity within programs during a disaster can be challenging and complex. However, most respondents to the SRHD survey felt the COVID-19 related services were being provided well.

> "…the pandemic is testing all national health systems, with an impact on essential health service delivery and utilization in almost every county."
>
> - World Health Organization 2020 -

Additionally, to enhance continuity efforts and adhere to physical distancing measures, SRHD was able to successfully leverage employee telework and data agreements to successfully support the majority of its employees to work from home to help stop the spread of COVID-19.[10] This shift to remote work and familiarity with technology, such as Microsoft Teams, was recognized as "a win" for SRHD as they observed other partners struggled with rapid implementation and adoption of technology to facilitate remote work.[11]

Some survey respondents indicated they felt the level of planning and preparedness for SRHD to respond to this type of disaster was lacking and shared personal concern regarding their day-to-day "normal program tasks" due to their reassignment in the COVID-19 response.[12]

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[10] SRHD interview.
[11] SRHD interview.
[12] SRHD interview.

Findings

Continuity will need to continue to be a priority for SRHD and will require additional executive-level discussions on staffing as well as collaboration with external partners to create surge capacity.

STRENGTHS	AREAS FOR IMPROVEMENTS
SRHD engaged individuals from municipalities, county, and regional Incident Management Teams (IMTs) early in the response to provide surge staffing to maintain the delivery of essential public health services.	SRHD should continue to convene discussions around continuity planning to support the ongoing needs of the response.

Strength 1: SRHD engaged individuals from municipalities, county, and regional IMTs early in the response to provide surge staffing to maintain the delivery of essential public health services.

"Proper implementation of Presidential Policy Directive 40 will ensure that essential functions are sustained in an all-hazards environment." – U.S. Department of Homeland Security 2017

The way SRHD has been able to manage their incident response to COVID-19 has created opportunities to strengthen the resilience of the organization and jurisdiction.

"Any response by an agency to an incident of this magnitude for the duration experienced will severely tax capacity."

- Survey Respondent -

One critical challenge SRHD faced in the early response period included finding trained individuals to help staff the response. Knowing this, SRHD took three proactive approaches: 1) SRHD requested an IMT to support local COVID-19 response within their jurisdiction, 2) SRHD reassigned and provided just in time training to internal staff on ICS to provide long-term staffing capacity to respond to the incident, and 3) SRHD engaged with other city and county departments to engage individuals to provide interdisciplinary, cross-agency response support to the pandemic.

These three strategic steps have increased the jurisdiction's ability to respond to the incident and simultaneously implement continuity strategies and programs.

As one interview respondent shared, "there's so many programs that still have to remain open like the Opioid clinic and school food programs, so we didn't have an incident within an incident."

Approximately 130 of SRHD's 258 staff have been assigned to the COVID-19 response since it began, to help augment staffing levels for the public health response. This has allowed SRHD to activate continuity plans and procedures to remain operational even during multiple surges throughout the pandemic. It also allowed for staff to remain employed versus having to lay off staff when their grant programs were not being administered due to the restrictions, like staying home, due to the pandemic.

Area for Improvement: SRHD should continue to convene discussions around continuity planning and administrative preparedness capabilities to support the ongoing needs of the response.

Administrative preparedness encompasses a broad range of processes that may include emergency fund management, service contracting, critical supply and equipment purchasing, fiscal reporting, and staffing.[13] Therefore, planning for administrative preparedness relies on the engagement and coordination of legal, human resources, procurements, and other staff to ensure proper application of jurisdictional laws and policies based on the event.

The National Association of County and City Health Officials (NACCHO) states Administrative Preparedness is often an overlooked component of public health preparedness.[14] Since 2014, CDC has emphasized the importance to develop and implement administrative preparedness strategies at state and local levels.

Interviews explored three areas of preparedness including staff reassignments, recruitment and hiring, and procurement. One example of concerns is timecards. Timekeeping became an issue as individuals were reassigned to the response. Electronic timecards were a challenge to access remotely and required to be validated by program managers – not by those managing staff in the ICS response. With long-term reassignments to response, upholding proper timekeeping was an administrative priority.[15] It is recommended that these areas all be included in the agency COOP.

Reassignment of SRHD Staff

SRHD was able to implement two methods to acquire surge staffing internally for COVID-19 response. SRHD was able to hire temporary staff and reassign current SRHD personnel to response roles. Reassignment was complicated by programs' funding source, status of services provided during this time, and risk factors of the staff themselves.

Staff reassignment was met with mixed reviews. At first, many staff were reassigned based on the allowance of their funding streams for their day-to-day position, as well as general availability. While this worked in the short-term, it did result in several staff being assigned to roles that they did not have adequate skillsets and training to perform.

Midway through the response, supervisors and lead staff were able to begin reallocating some of these surge staff members into positions and functions that were better suited to their abilities. This pivot midway through the response was a strength. Several respondents did comment that their reassignment was successful because their supervisor "knew them" and their skillsets beyond their position description.[16] Some individuals were engaged in conversations prior to official reassignment

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[13] Association of State and Territorial Health Officials. Administrative Preparedness: Strategies for Managing and Streamlining COVID-19 Response and Recovery.
[14] NACCHO, The Public Health Emergency Preparedness Landscape: Findings from the 2016 Preparedness Profile Assessment, available at
[15] SRHD interview.
[16] SRHD interview.

to help translate their daily position into experience and skills, and assess their level of external engagement with outside organizations within the community.[17] This forward-leaning conversation may present a best practice which may better connect staff for reassignment and help facilitate a smooth transition into the response structure and success within their newly assigned position.

Prior to COVID-19, SRHD had not implemented a broad staff reassignment for an emergency. Many of the tools and processes developed can now be used as foundational tools within SRHD's Administrative Preparedness strategy.

Agency Continuity Improvement Plan

While SRHD did have a COOP in place, the lessons learned, and practices implemented during this response will necessitate the review and revision of this plan and procedures for how SRHD will maintain critical operations. A comprehensive staff re-assignment plan should be developed and included in the COOP to address some of the challenges faced during this response. Training to and exercise of these plans and procedures will be key to success of future responses. While administrative staff have been invited to participate in exercises in the past, this event has highlighted the importance of being prepared with systems in place for continuity.

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[17] SRHD interview.

3.0 Responder Safety and Health

Overview

The ability to protect public health staff responding to an incident is critical in ensuring ongoing incident management to protect the public. Risks identified for public health responders include medical, environmental, and mental/behavioral health.

This can be especially challenging during a pandemic of a novel virus. Guidance from federal, state, and local authorities of safety measures and virus prevention techniques rapidly changes as new information arises. There can be interruptions in supply chains and limited resource availability. Fear and stress are amplified by uncertainty, social isolation, and disruptions in daily life.

Throughout the response, responder safety and health were part of a standing objective. Safety messages were covered in the Incident Action Plan and daily briefings. Human Resources and agency leadership disseminated safety and self-care messages to employees using social media, manager touch-bases, emails from senior leadership, and the agency website. Interviewees and survey respondents noted they received multiple reminders of the availability of the employee assistance program.

Safety Message

During an incident, staff are on constant vigilance to keep their community safe and secure. When driving home at the conclusion of the day, dedicated staff review and reassess decision points and tasks. Constant work vigilance, coupled with added stress, can take your focus off the wheel.

A wandering mind is a distracted driver. You are all doing great work and providing the highest quality of service; defensive and attentive driving will get you home safely for the next operational shift.

Image 2: SRHD Incident Action Plan. March 31, 2020

SRHD COVID-19 Interim AAR Online Survey Analysis

Approximately 87 of the 149 respondents (58%) to the online survey were SRHD employees. Only SRHD employees could respond to survey questions about roles and responsibilities. Therefore, percentages are calculated using 87 as the denominator, although not all people responded to every question.

Two survey questions for SRHD employee respondents focused on assessing their perceptions of information provision in the form of training and communication. They were asked if the training they received prior to COVID-19 activation or the just-in-time training they received upon activation adequately prepared them for the response role to which they were assigned, 40% either agreed or strongly agreed, 31% disagreed or strongly disagreed, and 24% were neutral.

Figure 4: Percentages are calculated using 87 as the possible number, although not all staff responded to every question.

Staff were asked if they believed they received adequate communication and updates and knew where to find information they needed to fulfill their job responsibilities. A majority (52%) felt the communication/information was sufficient, with much fewer indicating that they disagreed (21%).

Figure 5: Percentages are calculated using 87 as the possible number, although not all staff responded to every question.

SRHD employee respondents were asked if adequate safety information and measures, including PPE, were provided and if they felt safe in their working environment. Overwhelmingly respondents agreed/strongly agreed (72%) with this statement.
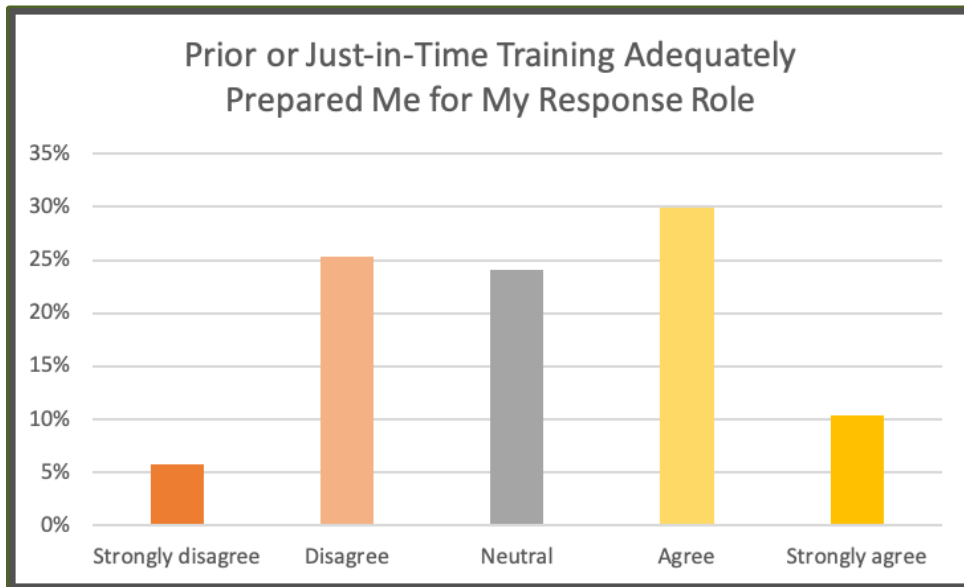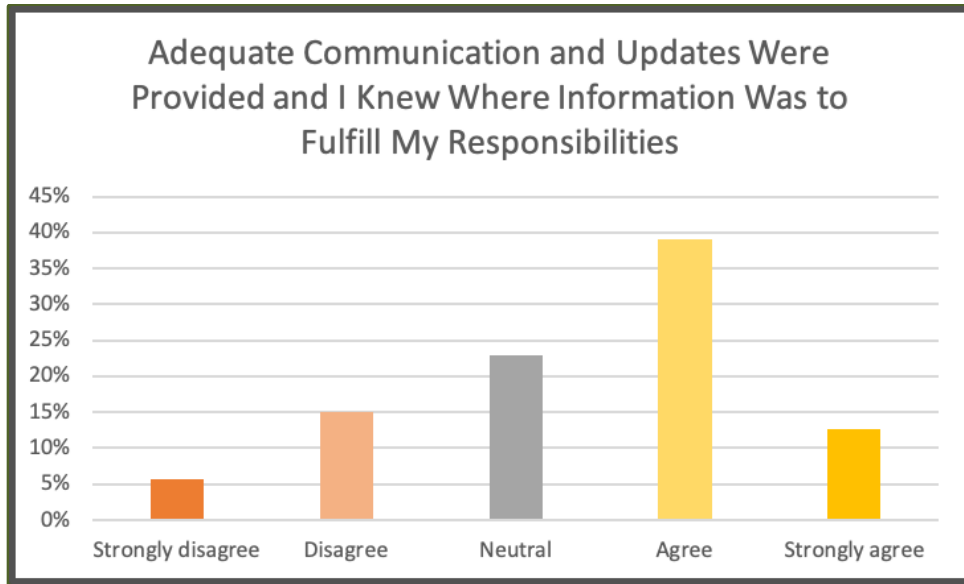

Figure 6: Percentages are calculated using 87 as the possible number, although not all staff responded to every question.

SRHD employee respondents were asked if psychological and emotional support programs and resources were readily made available to response and recovery staff. Staff mostly agreed (39%) and strongly agreed (21%) with this statement.

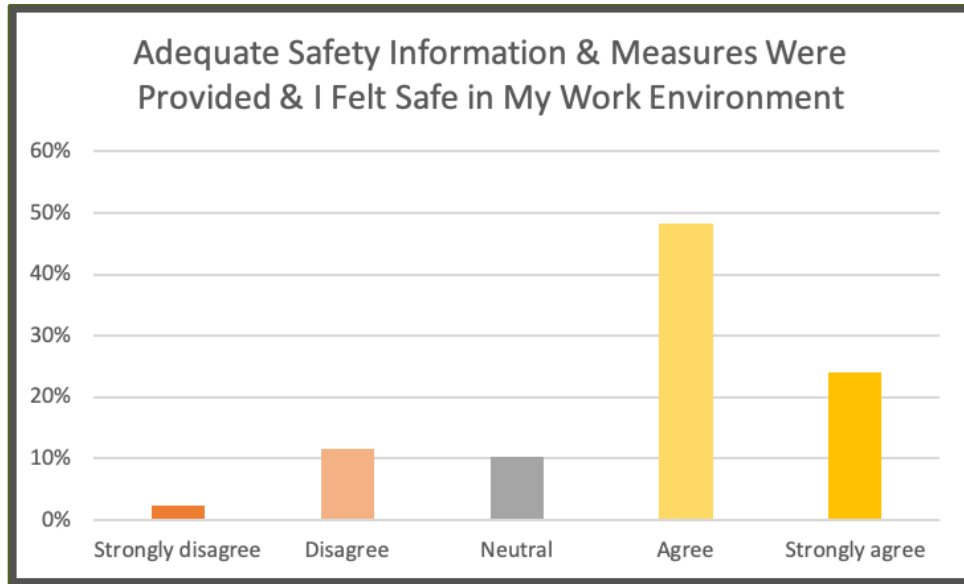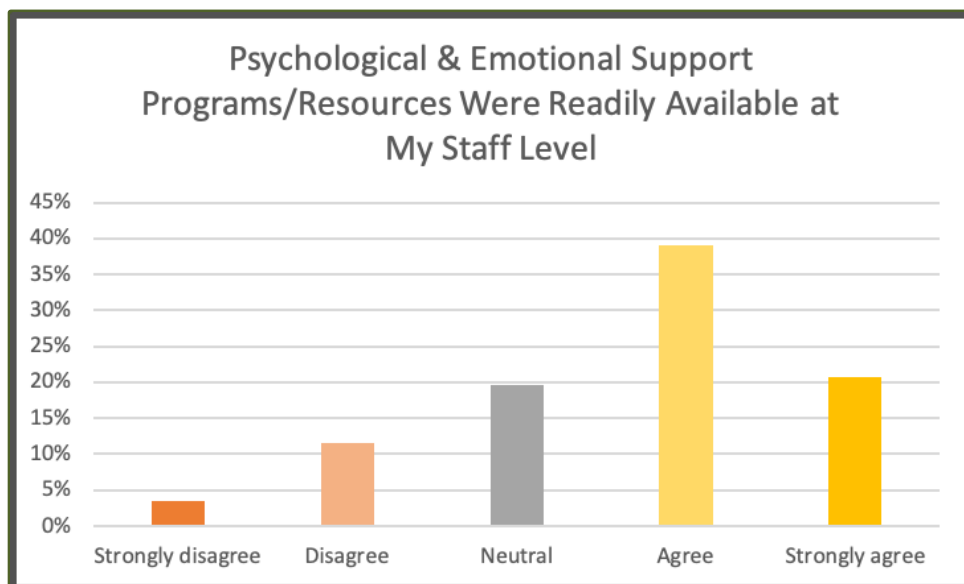*Figure 7: Percentages are calculated using 87 as the possible number, although not all staff responded to every question*

Findings

STRENGTH	AREAS FOR IMPROVEMENT
1: Health and safety information, resources, and procedures have been implemented and led by safety officer and interagency cadre.	1: Staff morale could be built up by offering additional training.
2: SRHD provided emotional and psychological support services to staff.	2: Explore options for surge capacity to increase long-term response sustainability and reduce fatigue.

Strength 1: Health and safety information, resources, and procedures have been implemented and led by the Safety Officer and Interagency Cadre.

Participants in both the interviews and the survey shared that SRHD has used several methods to increase knowledge and provide accessible resources for staff to support their individual safety and health. The survey results showed that most people felt they received adequate safety information, safety measures were provided, and/or they felt safe in the work environment. This is a notable strength of SRHD's response.

SRHD recognized the need for additional safety officer resources and to create depth within the position, looked towards response partners to help develop an interagency cadre of safety officers to support the incident.

> "All responders will work to protect their own health, safety, and wellness as well as that of their fellow responders."
>
> - SRHD Incident Action Plan, Feb. 20, 2020 -

Interagency safety teams from the city and county joined to effectively conduct facility assessments and to help inform new COVID-19 protocols and policies for the agency and the response. This interagency coordination led to the assessment of all SRHD facilities including the EOC to protect the health and safety of response staff.

"Risk assessments help to capture where we are falling short, how we can fix the issue and what the outcome will be when fixed." – Survey Respondent

Strength 2: SRHD provided emotional and psychological support services to staff.

Staff have appreciated resources for individual counseling offered by SRHD and information to support selfcare, mental health, stress management, and 24/7 emergency resources during the ongoing response. In the set of survey questions for SRHD staff, the second-best ratings were respondents agreeing that psychological and emotional support were readily available.

"We all give people bad news all day. It does weigh on us. And we all have our own situations at home too to deal with." – SRHD online survey

The emphasis from leadership on the importance of employee well-being was also a source of support. Response documentation and interviews demonstrated a high-level of accountability from leadership to ensure the health and safety of their staff. Command staff regularly shared statements and encouraged response personnel to be safe and take breaks and contracted with an agency to provide virtual mental health support services. On a team level, SRHD staff were often described as having a sense of camaraderie, providing one another support, practicing flexibility, and maintaining dedication to the response.

Area for Improvement 1: Staff morale could be built up by offering additional training

In general, staff who perceive they have adequate training and experience are less stressed and feel more confident in their ability to respond. They also perform better as they are more prepared for their role. Almost one-third of survey respondents indicated the training they received did not adequately prepare them and a quarter indicated they were neutral. This presents an opportunity for SRHD to not only prepare staff to respond successfully in their role, but simultaneously decrease staff stress through training improvements.

As identified in other sections of this report, advanced training on role and responsibilities was requested by interviewees and survey respondents. Specifically, training in ICS was noted as a topic on which to provide more training. The lack of understanding of ICS and challenges with chain of command was described as leading to confusion, conflict, and frustration. Multiple interviews and survey respondents indicated they felt a disconnect and lack of communication between the county EOC and the SRHD EOC. Clearing up this concern could have improved staff morale working at either location.

Area for Improvement 2: Explore options for surge capacity to increase long-term response sustainability and reduce fatigue.

As the COVID-19 response continues, concerns about burnout and fatigue are increasingly connected to questions of sustainability. Overwhelmingly, SRHD staff reported working beyond an average 40-hours per week, with some putting in 70-80 hours. Some staff remained on call, working nights, and/or responding over the weekend. Response duties frequently take time away from day-to-day responsibilities, and often there are not enough people available to provide adequate position depth. This contributes to staff feeling burned out and exhausted, but unable to fit in time off or take care of themselves. With no end in sight for the pandemic, the ability to sustain the needed response, without further impacting regular SRHD programs, was a concern for employee respondents. As the response operations have continued for a long duration, it became a priority to find alternate solutions to alleviate the stress and burden of staff responsibilities and allow more staff to attend and return to their daily activities. Temporary and project staff were hired, agreements with other agencies implemented, and partnerships with agencies were created to help share the load of public health response roles.

Responder Safety and Health Improvement Plan

SRHD recognizes the importance for every staff member to understand the basics of public health response, ICS used to manage a response, and potential roles they may fill during a public health emergency. SRHD has an all-hazards response plan which includes a training and exercise plan to prepare staff to respond. These plans will be revised based on learnings from this response including additional training to ensure all staff understand response procedures, ICS, and roles within this system. Additional staff will be identified to serve on the IMT based on their skills and knowledge and will receive additional training to prepare to serve in these roles. SRHD will continue to search for efficiencies and solutions to address the overload and fatigue of staff. Capitalizing on existing partnerships and identification of new collaborative efforts will continue to be a priority to reduce staff burnout.

SRHD will continue their commitment to responder safety and health by reviewing and revising the current safety officer job action sheets and responder health and safety plan to ensure future responses have the tools and resources available to meet this objective.

4.0 Interagency Coordination

Overview

Interagency coordination is a critical element of the efficiency and effectiveness of incident response.

Through interagency coordination, participating and coordinating agencies can support tactical planning and optimize resources for the response.

From interviews, SRHD has been able to develop and adapt flexible processes to address the current pandemic.[18] This has heavily relied on strong collaboration and a pre-disaster whole-of-government approach by SRHD to expand capabilities and quickly mobilize resources.

> "Whole-of-Government: Refers to public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response."
>
> - U.S. Department of Health and Human Services -

Individuals stated response partners were able to center around a common mission to protect public health and safety.[19] However, for those interviewed with prior incident management experience, there was extensive deliberation over whether SRHD and response partners actually achieved 'Unified Command' in daily authority and reporting structure between response agencies.[20]

SRHD COVID-19 Interim AAR Online Survey Analysis

Respondents to the online survey represented a variety of organizations involved in the county's response to COVID-19. All respondents were invited to provide feedback on the effectiveness of SRHD's incident management support.

Overall, feedback was positive, with more than 40% of respondents perceiving SRHD's support as effective for each section. Most sections had 65% or more respondents rate support as being effective or highly effective. Administration/Finance was the only section to receive a less than 60% effectiveness response due to over a third of respondents (34%) indicating they were neutral on the level of support SRHD provided in this section. This is likely a result of being unfamiliar with SRHD finance support to the incident.

The survey results show most respondents felt SRHD effectively supported all the sections of ICS. When provided space for suggestions on improvement around SRHD's support for ICS sections, numerous respondents used the space to commend SRHD staff. They stated staff took the initiative and engaged in their ICS response roles, even if they had limited or no training or experience in ICS.

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[18] SRHD interviews.
[19] SRHD interviews.
[20] SRHD interview.

Others indicated that the response improved once staff gained more understanding of their roles. The chart below includes respondent answers to individual questions rating the effectiveness of SRHD's support in all sections of ICS.
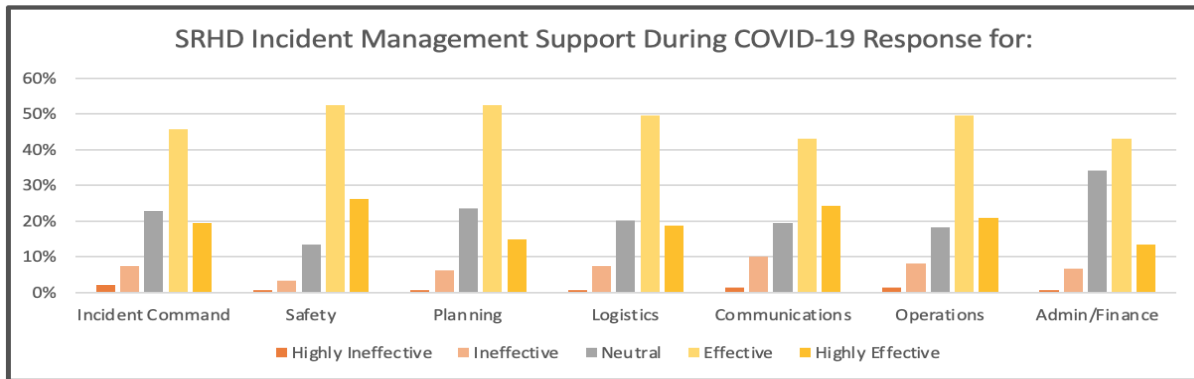

Figure 8: Rates based on total number of survey respondents. (n=149)

Understanding of and adherence to ICS was frequently identified by respondents as needing improvement. Multiple respondents indicated that many responders were not familiar with ICS and there were misunderstandings of roles and level of authority. With frequent reassignments, constantly changing roles, and shifts in chain of command, respondents felt this led to confusion and mixed messaging.

Levels of authority and command within the EOC was an additional challenge described by respondents. At a section level, purchasing decisions and logistics were specifically identified as areas where approval processes were uncertain and multiple individuals needed to be contacted to have questions answered or delegation of authority for contracts signed.

Unified Command was identified as a common area of difficulty. Respondents indicated there were disagreements over chain of command and decision making. SRHD was perceived as the correct agency to lead the response since it is a public health emergency. However, some respondents felt coordination and unity of efforts between agencies was lacking and resulted in a splintered approach. Frequently the concepts of Unified Command and Unity of Command were raised.

There were a variety of services being provided by SRHD that fell within the operational objectives for the COVID-19 response. Each of these was presented to survey respondents to rate on a scale of one to five (one meaning not well at all and five meaning very well), on how well they were being provided. By far, the service identified by respondents as being provided the best was public information/call center with 50% rating it as being provided very well.
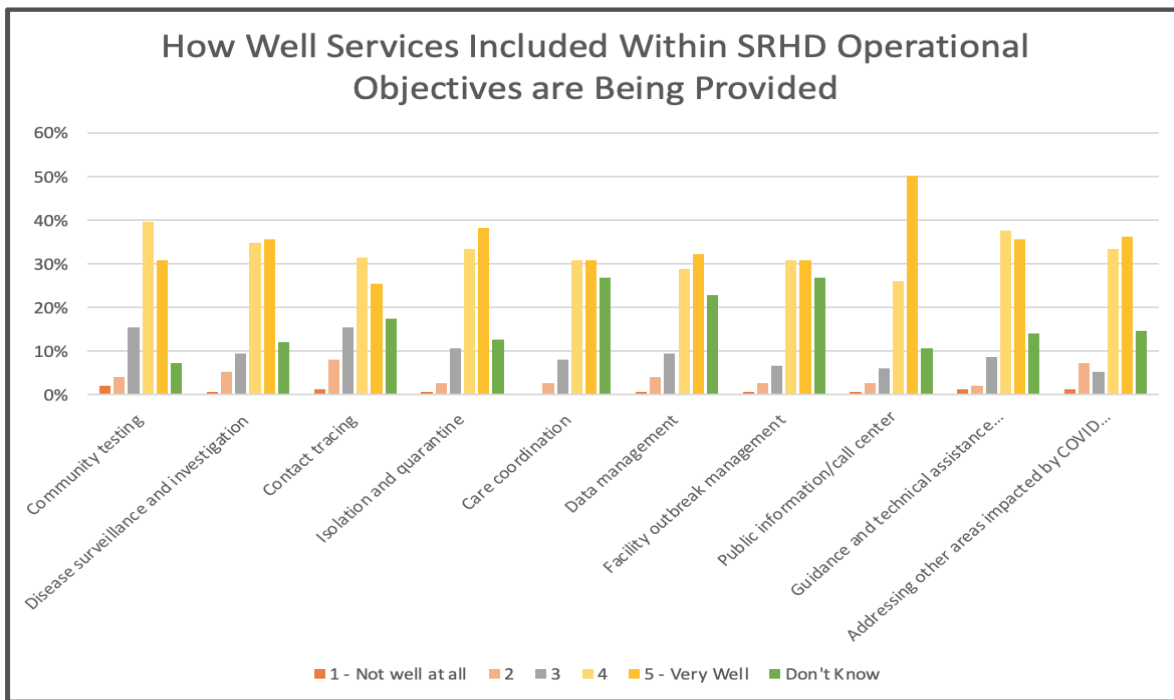

Figure 9: Rates based on total number of survey respondents.
(n=149)

Services that 70% or more of respondents perceived as being provided well or very well included community testing, disease surveillance and investigation, isolation and quarantine, guidance and technical assistance to health care, schools, businesses and other sectors, and addressing other areas impacted by COVID-19 (i.e., childcare, food insecurity, etc.) through coordination with other community partners.

The remaining services – contact tracing, care coordination, data management, and facility outbreak management – had between 57-62% ratings being done well or very well. However, these services do not have notably higher rates of respondents indicating that they are not being provided well. Instead, they have the highest number of "I don't know" responses. When asked for feedback on ways to improve the ratings of services, respondents indicated they felt that for some services there was not much planning or that when plans changed (e.g., ownership of community testing) roles and responsibilities were not clearly expressed.

Findings

Effective response to COVID-19 relies on the ability of multidisciplinary partners to prepare, mobilize, and coordinate the delivery of critical public health services.

STRENGTHS	AREAS FOR IMPROVEMENTS
The response has strengthened relationships with response partners and broken down existing internal SRHD silos.	Command and control during a Unified Command was not well defined or understood.

Strength 1: The response has strengthened relationships with response partners and broken down existing internal SRHD silos.

From interviews conducted there is a sense that the pandemic response both due to the duration and necessity to engage across agencies to address response staffing has created a new culture between and within agencies.[21]

Prior to COVID-19, SRHD had built many great partnerships with other responder agencies and healthcare organizations. The coordinated response has strengthened previous relationships built as well as created opportunities to develop new ones. Over 50% of 100 survey respondents agreed they had established relationships and opportunities to plan, train and exercise with SRHD. Another 80% of 147 respondents agreed or strongly agreed that SRHD provided relevant, credible, timely information and guidance to them and their organization.

> "Positives? Cross-agency relationships. That's the great thing about these kinds of situations where you get forced to work with one another."
>
> - Interview Participant -

Agencies coming together to address a public health threat, helped improve capacity in various areas, such as case and contact investigation, long-term care outbreak technical assistance, laboratory capacity, alternate care facility locations, case and contact investigation, and isolation and quarantine services. Working together allowed each partner to better understand the roles and capabilities of each agency and reinforces the adage that no single agency can provide an effective response alone.

Within SRHD, the pandemic response provided an opportunity for staff to learn about SRHD programs which made a difference to their understanding of the agency and its mission as a whole.[22] During the interviews, individuals talked about the new people they met while on the response and they often commented how they were generally unaware about other department roles and programs prior to COVID-19.

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[21] SRHD interviews.
[22] SRHD interviews.

Area for Improvement: Command and control during Unified Command was not well defined or understood.

Prior to COVID-19, SRHD had only been involved in a few coordinated community wide responses such as 2009 H1N1, 2015 Windstorm, 2016 Norovirus outbreak at House of Charity, and hazardous air quality incidents from wildland fires. The COVID-19 response was the only time SRHD has been involved in a true Unified Command structure with the county and municipalities. This resulted in some great collaborative efforts as well as some unique challenges with command and control.

> "Getting people to listen to health was a challenge."
>
> - Survey Respondent -

Factors that may have contributed to the challenging environment deduced from interviews and responses from online survey results include: 1) lack of experience with Unified Command and SRHD assuming a lead role in local incident management or large-scale exercise, 2) the lack of comprehensive ICS training and experience for those responding to the incident, and 3) the impression and experience of these factors on individuals from traditional response agencies who lacked sufficient public health expertise and authority to manage the incident without SRHD.

> "Early on there was little unity of command, was it general staff in charge, the Sheriff, or the Doctor?"
>
> - Survey Respondent -

"Once the City, County and SRHD came together in Unified Command, the Incident Command as a whole was more effective - not quite highly effective, but close."
– Survey respondent

Unified Command was eventually demobilized and SRHD returned to operating and leading the response from their public health command center. Many interviewees commented that this did help consolidate resources and contribute to a returned sense of normalcy. With the demobilizations of Unified Command, difficulties in coordinating across external partners on key components such as public messaging, resource sharing, and advocating for vulnerable populations were diminished.

Interagency Coordination Improvement Plan

SRHD will facilitate conversations with city and county partners to gain a better understanding of command and control in Unified Command. Additional training on command features such as Unified Command, Unity of Command, Delegation of Authority, Decision Making Authority and other ICS concepts will serve to ensure a more defined and coordinated response. SRHD intends to conduct exercises with a public health focus to provide more opportunities to strengthen response capabilities with our partners.

Based on additional staff feedback, SRHD will continue to build upon the necessary bond between public health and health care through establishing a healthcare liaison role. SRHD's Health Officer will establish a clinical healthcare committee to help inform and promote the future work of public health.
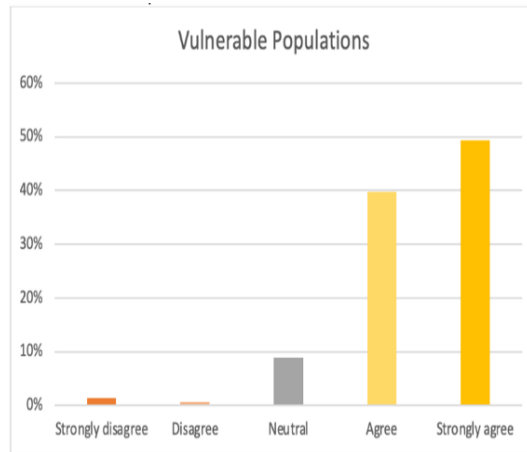
5.0 Whole Community Partnerships

Overview

The responsibility to engage with the whole community during response is imperative to understanding and assessing their needs[23] and ensuring positive health outcomes. During this response, community partnerships addressed other impacts beyond the physical health aspect of this pandemic. Task forces were created with the whole community approach to address lack of childcare, food insecurity, impacts of school and business closures, lack of resources, increasing behavioral health needs, and addressing the needs of vulnerable populations and those disproportionately impacted to support better health outcomes.

SRHD COVID-19 Interim AAR Report Online Survey Analysis

During interviews, 64% of individuals spoke to social justice and equity issues impacting the COVID-19 response. Examples of how community partnerships were leveraged to minimize the spread of COVID-19 for people experiencing homelessness and limited English proficiency were shared by respondents. Figure 10 shows ratings of how well SRHD addressed these issues.

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[23] Federal Emergency Management Agency. "A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action" 2011.

146 responses
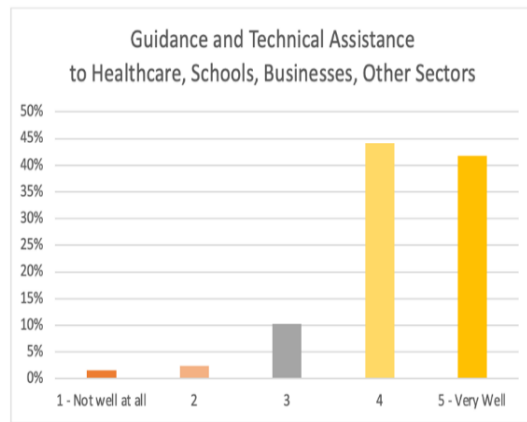
127 responses
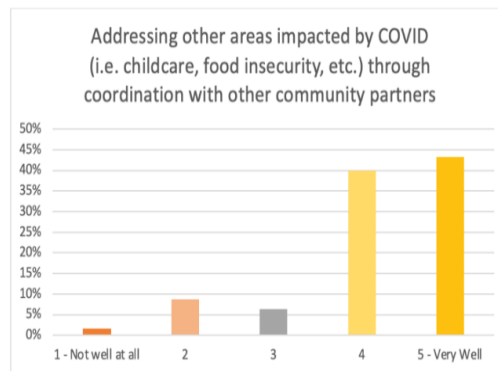
125 responses

Findings

Community partnership is an important aspect to incorporate into the ongoing COVID-19 pandemic response to enhance the delivery of an overall effective response.

STRENGTHS	AREAS FOR IMPROVEMENTS
SRHD leveraged partnerships to strengthen whole community engagement and delivery of public health services.	SRHD should expand public and private partnerships to increase the impact of public health response and address social equity issues.

Strength 1: SRHD leveraged partnerships to strengthen whole community engagement and delivery of public health services.

SRHD displayed an impressive ability to leverage existing and new partnerships to strengthen their whole community engagement. This enhanced their delivery of public health services to underserved populations.

This was largely seen with SRHD's engagement and response to people experiencing homelessness. Partnerships were developed to galvanize support for the population as they were seen to be severely at risk from the pandemic. By partnering with shelters, SRHD was able to comprehend specific challenges the community was experiencing.[24] Ultimately, this helped inform the shelters response and the services they were able to provide.

> "Everyone was connecting, and we created a taskforce that was literally up and going within a month and kept on building."
>
> - Interview Participant -

Stakeholders shared that food security for vulnerable populations became a key area of concern. The response saw the creation of a large and extensive network; including shelters, food banks, and local businesses. [25] This partnership allowed strong coordination with food banks to service underserved communities. Prior to COVID-19, the idea of a food coalition was routinely dismissed due to lack of resources.[26] However, the strong partnerships developed during response have been well received and now more stakeholders are receptive to developing ongoing capabilities for the future.

Promoting Health Equity in Response

COVID has disproportionately and negatively impacted communities of color and marginalized groups locally and nationally. SRHD assigned an Equity Officer position to the response in April. The staff then worked with community partners on organizing listening sessions with impacted groups to create population specific communication plans, including identifying appropriate messengers and modes of communication and developing white papers detailing specific policy/system recommendations to address the health disparities. This group evolved into an equity taskforce that meets regularly and

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[24] SRHD interview.
[25] SRHD interview
[26] SRHD Interview.

includes representatives for: LatinX, Native American, African American, Slavic speaking, Pacific Islander, healthcare workers, long term care workers, industry/retail workers, aging/disability, childcare providers, and more. The goal of the taskforce is to convene a group of people that represent communities disproportionately impacted by the COVID-19 pandemic to help inform SRHD's response to reduce unintended impacts of the pandemic. Throughout interviews, stakeholders acknowledged that addressing equitable needs in the community was important to their functions.

> "If we can all work together to include everyone in this community, we could be in a better place."
>
> - Interview Participant -

SRHD also added race and ethnicity to its data dashboard to show how COVID-19 is affecting certain racial and ethnic groups more than others in Spokane County. It also provides a narrative context about how existing health/social inequities and discrimination can lead to some communities being disproportionately impacted by COVID-19.

Area for Improvement: SRHD should expand public and private partnerships to increase the impact of public health response and address social equity issues.

Within public health, these partnerships can address tangible solutions for challenges in underserved communities pertaining to community education, health services, and resources. Additionally, these partnerships could help relieve the public health system by relying on those embedded in the local community to provide their guidance and services to support people during these times.

In interviews, stakeholders acknowledged that they were able to set up and engage with public and private partners across the region to address community needs. However, many expressed that these partnerships and engagements should have occurred prior or even earlier in the response. Many noted that coordination with groups serving people experiencing homelessness could have been better managed by incorporating those partners into operations earlier rather than later.[27]

> "I'm worried if we don't come up with a very significant equity structure soon, we will lose credibility with marginalized populations."
>
> - Interview Participant -

Underserved communities have experienced hardships because of the safety measures implemented by the COVID-19 response. An example of heavily impacted communities includes multi-generational families living in a single household with limited English proficiency and those living in non-traditional arrangements (e.g. shared housing) [28].

"COVID-19 has underscored longstanding societal differences in the drivers of health and demonstrated the value of applying a health equity lens to engage at-risk communities, communicate with them effectively, share data, and partner with them for program implementation, dissemination, and evaluation." – Michner 2020

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[27] SRHD interview.
[28] SRHD interview.

Whole Community Partnerships Improvement Plan

Equity is a core SRHD value and the agency will continue to find ways to engage with marginalized and disproportionately impacted populations throughout the rest of this response.

SRHD is using the Robert Wood Johnson's Health Equity Principles framework to guide the agency and community toward equitable and lasting recovery efforts. Improvement areas identified from these principles include: collect data on additional metrics regarding impacted populations, use the equity task force to inform future public health work and responses, work with communities impacted the hardest to assist in response planning efforts to become more resilient, and address policy issues that will assist in removing barriers to health and recovery for these communities.

SRHD will continue to assess where additional partnerships with public and private entities can strengthen public health response efforts and provide more efficient use of resources. Existing Memorandums of Understanding (MOUs) will be reviewed and revised as necessary to ensure they adequately cover the areas of assistance SRHD may need and include potential partners that may be able to provide better health outcomes for the whole community.

Final Thoughts

Implications for the Ongoing Response

The narrative of the ongoing COVID-19 response efforts undertaken by SRHD and multiple jurisdictional and regional partners shows a dedication from all involved to community resiliency and well-being. In addition to balancing the changing health guidelines and new emerging information regarding the virus, SRHD staff, responders, and partners continued to deal with political sensitivity surrounding this health crisis. SRHD staff and community partners will continue to form new relationships amid the onslaught of complex challenges to apply innovative solutions throughout the continued response period.

Going forward, success in the COVID-19 response hinges upon unrelenting commitment to following public health guidance and mitigation measures. This ongoing response is difficult to undertake, given that there is no clear end date in sight, and many are experiencing pandemic fatigue. We cannot let up on the charge to fight this pandemic.

Conclusion

This interim AAR was commissioned by SRHD to document and analyze the actions taken in response to the COVID-19 pandemic during the period of January through July 2020. The findings and lessons learned found herein are intended to help guide SRHD forward as it bolsters its capacity to protect the community against this pandemic and other incidents that may threaten public health, community safety, and operational vitality in the future.

SRHD has committed themselves to that cause wholeheartedly in the commissioning of this interim AAR, committing to the process of continuous and comprehensive improvement in the wake of an unprecedented global pandemic.

SRHD is committed to addressing the improvement plan items identified in this report and will be asking for support from partners and the community to improve the public health response capabilities resulting in a more resilient community with better health outcomes.

Corrective Action Plan

The Corrective Action Plan (CAP) is an appendix to this report. The CAP uses the strengths and areas for improvement from this report to develop a list of specific activities to be completed to improve the ongoing and future responses. The CAP also provides details for who is responsible for each improvement plan item and the expected date of completion. This CAP will be monitored regularly to ensure progress and completion of the identified activities.

Corrective Action Plan

This Corrective Action Plan (CAP) has been developed to aid the Spokane Regional Heath District (SRHD) as it plans for and implements the recommended improvement actions that were identified in the SRHD COVID-19 Interim After Action Report (AAR). It is understood that the agency is still in the process of learning from and responding to COVID-19 and its unprecedented impacts. As such, special consideration must be given to the prioritization of the following improvement recommendations and the time frames in which they are fully implemented.

Prioritization of corrective actions is helpful because funding and time are usually limited. Prioritization can also identify significant deficiencies that should be reported to management and corrected as quickly as possible. Criteria or categories for prioritization of a corrective action may include the following:
- Hazards to health and safety
- Impact on current response
- Regulatory compliance
- Hazards to property, operations, the environment, or the entity (e.g., image or reputation)
- Conformity to national standards
- Following industry best practices
- Resources available

THEME:
Internal and External Communications

		Strengths				
CDC CAPABILITY	**FINDING /AREA FOR IMPROVEMENT**	**IMPROVEMENT PLAN ACTION**	**SRHD POC**	**TARGET DATE/ PRIORITY**	**COMPLETION DATE**	**NOTES/ STATUS**
Emergency Public Information and Warning	Social media and streaming platforms are integrated into the risk communication strategy and used daily to push information and interact with the public	Develop a communication plan utilizing social media and streaming platforms to provide the public information on vaccination efforts & activities	Kelli	December 2020/ High		
Emergency Public Information and Warning Information Sharing	Information Sharing	Create webpage to post canned talking points and documents for staff & partners to use to spread public health messaging	Kelli	May 30, 2021/ Medium if time allows.		DOH webpage example

THEME:
Internal and External Communications

Areas for Improvement

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Emergency Public Information and Warning Information Sharing	Updated plan based on lessons learned and new resources	Update the Risk and Emergency Communication Plan	Cindy	November 30, 2021/ Low		
Information Sharing	Internal communications to support all employees including those not directly engaged in the active response - staff request consistent communication for all SRHD staff and in multiple formats	Create an internal communication strategy template (include who, when, what, how internal communications will happen) - add to the Risk & Emergency Communications Plan & link in the Activation Checklist	Cindy	May 30, 2021/ Medium		Include how Emergency Operations Center (EOC) will communicate with SRHD
Information Sharing	Data management and a centralized data hub to collect all data relevant to incident	Add to the Activation Checklist the need to identify data needs, create a data hub, create data sharing	Summer Rose	May 30, 2021/ Medium		

		plan and assign data management tasks to the Situation Unit Leader (SUL) position - add to the SUL Job Action Sheets (JAS)				
Emergency Public Information and Warning Information Sharing	Additional depth in communications upon activation and throughout incident	Update the Activation Checklist to include the designation of both an internal communications position and a deputy PIO - create JAS and add to Incident Command System (ICS) org chart	Summer Rose	May 30, 2021/ Medium		
Emergency Public Information and Warning	Spokesperson training for staff	Schedule a spokesperson training course and identify staff to complete	Kelli Hawkins	November 30, 2021/ Low		
Information Sharing	Internal communication & incident management improvements	Revise SharePoint internal response page	Jeannie Schueman	November 30, 2021/ Low		

THEME:
Agency Continuity

Strengths

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Community Recovery	Surge staffing to maintain the delivery of essential public health services	Review existing agreements and identify additional partnerships needed to provide surge staffing and capability - add to staffing resources in Emergency Response Plan (ERP)	Cindy Thompson	November 30, 2021/ Low		

THEME:
Agency Continuity

Areas for Improvement

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Community Recovery	Continuity planning and preparedness capabilities to support the ongoing needs of the response	Update Continuity of Operations Plan (COOP) and essential service worksheets with lessons learned from response - train & exercise the plan	Summer Warfield/managers	May 30, 2021/ Medium		
Community Recovery	Continuity planning and preparedness capabilities to support the ongoing needs of the response	Update COOP to include addressing reassignment, procurement, hiring/onboarding, resource management, and information systems	Deputy Administrator	November 30, 2021/ Medium		
Community Recovery	Demobilization plan not available	Create a demobilization plan to return SRHD staff and services back to normal operations	Tiffany	February 2021/ High		

THEME:
Responder Health & Safety

<div align="center">Strengths</div>

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Responder Safety & Health	Health and safety information, resources, and procedures by safety officer and interagency cadre	Revise and better define Safety Officer JAS to include lessons learned and resources created such as risk assessment template	Summer Warfield in conjunction with incident safety officers	November 30, 2021/ Low		Include scope of work
Responder Safety & Health	Health and safety information, resources, and procedures by safety officer and interagency cadre.	Develop an all hazards Responder Safety and Health Plan based on lessons learned	Summer Warfield	May 30, 2021/ Medium		
Responder Safety & Health	Emotional and psychological support services to staff	Continue to provide virtual support services to staff throughout the duration of the response including a Trauma training & Mental Health Train-the Trainer course	Heleen Dewey/AJ Sanders	May 30, 2021/ Medium		

THEME:
Responder Health and Safety

Areas for Improvement

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Community Recovery	Additional ICS training for staff	Update the Training and Exercise Plan to include ICS training for all staff & Incident Management Team (IMT) positions	Summer Rose	December 2020/ High		
Community Recovery	Staff response roles and responsibilities	Update new staff orientation (online training and checklist)	Summer Rose	May 30, 2021/ Medium		Include expectations, COOP, and required ICS training
Responder Safety & Health	Surge capacity to increase long-term response sustainability and reduce fatigue	Revise & expand SRHD IMT staffing based on skills, knowledge, and availability - revise JAS	Summer Rose	May 30, 2021/ Medium		

THEME:
Interagency Coordination

<div align="center">Strengths</div>

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Emergency Operations Coordination	Strengthened relationships with response partners and broke down existing internal SRHD silos	Complete data sharing agreements with healthcare agencies for improved epi investigations	Steve Smith	December 2020/ High		

THEME:
Interagency Coordination

Areas for Improvement

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Emergency Operations Coordination	Command and control during a Unified Command not well defined or understood	Engage with community partners around future Unified Command situations	Tiffany Turner	November 30, 2021/ Low		
Emergency Operations Coordination	Command and control during a Unified Command not well defined or understood	Conduct a public health exercise with partners to better define roles and responsibilities in a public health incident	Casey Schooley	November 30, 2021/ Low		
Medical Surge	Isolation/Quarantine Planning & Alternate Care Facility plans	Update plans from lessons learned	Cindy Thompson	November 30, 2021/ Low		
Emergency Operations Coordination	Command and control during a Unified Command not well defined or understood	Revise Emergency Support Function (ESF) 8 plan	Summer Rose	November 30, 2021/ Low		
Emergency Operations Coordination	Interagency coordination	Revise Liaison Officer JAS and duties in Activation Checklist; create Liaison Officer checklist	Tiffany Turner	November 30, 2021/ Low		Include healthcare liaison role.

THEME:
Community Partnerships

		Strengths				
CDC CAPABILITY	**FINDING /AREA FOR IMPROVEMENT**	**IMPROVEMENT PLAN ACTION**	**SRHD POC**	**TARGET DATE/ PRIORITY**	**COMPLETION DATE**	**NOTES/ STATUS**
Community Preparedness	Partnerships leveraged to strengthen whole community engagement and delivery of public health services	Create a healthcare subcommittee to strengthen public health collaboration	Susan Sjoberg	December 2020/ High		Have a few different committees going; testing, surge planning, vaccine
Community Preparedness	Partnerships leveraged to strengthen whole community engagement and delivery of public health services	Continue equity task force and add to the Equity officer checklist and activation list to include in future responses	Heleen Dewey	November 30, 2021/ Low		

THEME:
Community Partnerships

Areas for Improvement

CDC CAPABILITY	FINDING /AREA FOR IMPROVEMENT	IMPROVEMENT PLAN ACTION	SRHD POC	TARGET DATE/ PRIORITY	COMPLETION DATE	NOTES/ STATUS
Community Preparedness	Public and private partnerships to increase the impact of public health response and address social equity issues	Work with Black, Indigenous, People of Color (BIPOC) communities to establish their own emergency response plans, if needed	Heleen Dewey	November 30, 2021/ Low		