

WASHINGTON STATE **PUBLIC HEALTH** **ADVISORY BOARD**



Recommendations for
Public Health Emergency
and COVID-19 Responses



CONTENTS

Washington State Public Health Advisory Board Recommendations for Public Health Emergency and COVID-19 Responses

I. Messages from the Chairs	3
II. Public Health Advisory Board—Background & Membership.....	6
III. Report Development Process & Timeline	9
IV. Recommendations & Actions	11
V. Limitations	14
VI. Conclusion	15
VI. Acknowledgements	16



810-020 December 2024

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



MESSAGES FROM THE CHAIRS

The Centers for Disease Control and Prevention states that public health is concerned with protecting the health of entire populations, from small neighborhoods to the entire world! The Washington State Legislature created a twenty-member Public Health Advisory Board (PHAB) to provide recommendations to state leaders that will prepare us to do just that for future emergencies and pandemics. I am humbled to be appointed to represent the consumer nonprofit organizations representing marginalized populations.

Prior to COVID-19, certain communities already experienced inequities. When the COVID-19 pandemic shut down our economy in March 2020, our justice-involved friends called with concerns because many are in food services and their livelihood only happens when they work. In two weeks, my partner pivoted his organization by partnering with a food distributor and delivered food, door-to-door, across the state to support system-impacted people and their families.

While we delivered food, I was on Zoom calls with community leaders and the governor's office to find better ways to serve our community. I heard about our gaps firsthand from essential workers in agriculture, healthcare, and nonprofits. Farmworkers spoke about inequities like not having access to handwashing stations, hospital housekeeping worked in hazardous environments, and nonprofit colleagues serving marginalized populations across the state shared about being left out of conversations to serve their communities.

The pandemic exacerbated the blatant inequities experienced by some Washingtonians and cannot be ignored any longer. We have an opportunity to build capacity, the necessary relationships, and infrastructure to prepare for the next pandemic or other calamity: to focus on the common good. Counties and Tribes who had existing relationships and focused on the common good were able to serve their communities more effectively. Now is the time to invest in building and strengthening these relationships and infrastructures.

We need to develop staff and restore our relationships with all Washingtonians. We need to be accountable for our actions, admitting our own vulnerabilities so that we can regain our community's trust. And we need to be open to work together and co-create what that better future looks like. We saw how healthy relationships were pivotal to successful communities. I advocated for PHAB to experience a values-based leadership approach that provided us with tools to experience healthy relationships.



Together we built a space that allowed us to be authentic, respecting our different perspectives and making decisions based on learning, unlearning, and relearning. That process helped us create a foundation to work well together and identify three recommendations.

- Adequately fund capacity to build and sustain relationships and partnerships.
- Identify and sustainably fund streamlined data and communication systems.
- Prioritize community integrated health and emergency response planning that supports improved system capacity, funding flow, and decision-making.

The three recommendations, when financed and developed well with the communities most affected, will yield a better future for all. Let's get it done!

All the best,

Alice Fong, MSM, Co-Chair, Public Health Advisory Board



The COVID-19 pandemic will long be remembered as the costliest and most deadly public health emergency in modern history. The worldwide spread of the SARS-CoV-2 virus resulted in 1.2 million deaths and \$14 trillion in economic costs in the U.S. alone. Over 17,000 Washington state residents died from COVID since the pandemic began. Among the millions of COVID-19 survivors, rates of the persistent and potentially disabling condition known as “long COVID” are estimated to exceed nine percent.

Added to these staggering health impacts is the disrupted education of a whole generation of students, increases in mental health problems, a surge in violent crime, and ongoing workforce disruptions in hospitals, skilled nursing facilities, and public health agencies. While the COVID-19 pandemic emergency has officially ended, the virus continues to circulate in its endemic form, steadily mutating into increasingly transmissible strains that are more adept at evading immune defenses.

Preexisting inequities in housing, income, employment, and access to services were worsened by the stresses of pandemic response. Those who were most at risk for infection and its complications were often least able to protect themselves as the pandemic raged. And for many, the inequities the pandemic exposed and worsened have yet to return to pre-pandemic levels. It has often been said that those who fail to learn from history are doomed to repeat it. A public health calamity of this magnitude makes it imperative that we critically appraise our response to the COVID-19 pandemic and learn all we can as we prepare for the inevitability of future pandemics.

Over the past two years, the Public Health Advisory Board (PHAB) has followed its statutory mandate to evaluate pandemic response in Washington state. We reviewed the COVID-19 After-Action Reports compiled by Tribal, local, and state governmental agencies and heard testimony from these organizations and a broad range of community representatives. Guided by this input, the PHAB selected the three top recommendations and released them as a preliminary report in June 2024.

After publishing the preliminary report, the PHAB sought input from a variety of individuals and groups and focused on specific actions for each of our recommendations. We convened a subcommittee to establish criteria for identification of actions that will help implement our recommendations and collectively reviewed over 320 potential actions. The recommendations contained in the report you are about to review represent the PHAB’s final consensus recommendations on the highest priorities for action to prepare Washington state for future public health emergencies.

Thomas Locke, MD, MPH, Co-Chair, Public Health Advisory Board

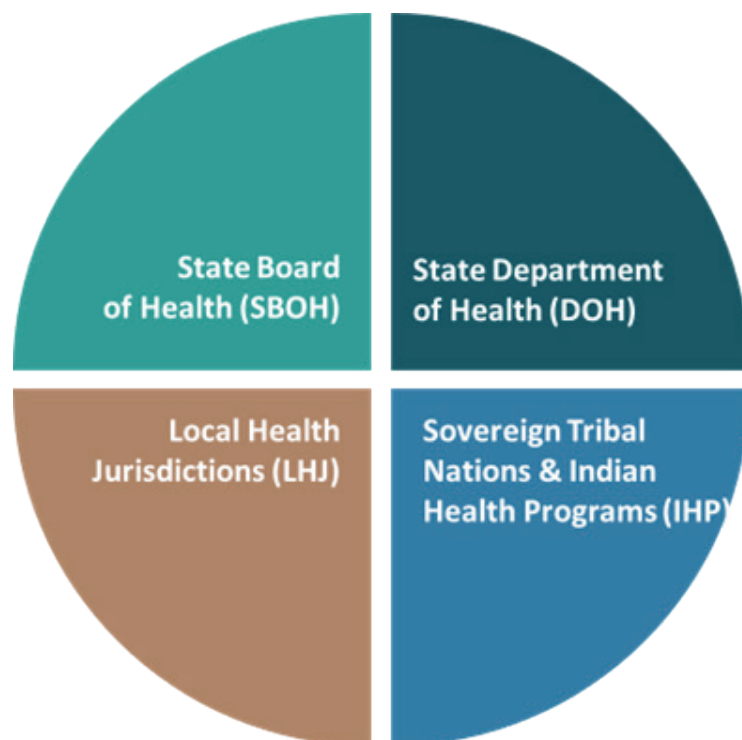
II. PUBLIC HEALTH ADVISORY BOARD — BACKGROUND & MEMBERSHIP

The Public Health Advisory Board (PHAB) was established in 2021 with Engrossed Second Substitute House Bill 1152. The legislature sought to ensure that everyone in Washington state, regardless of the community they reside in, would have a standard and reliable public health system with foundational programs and foundational capabilities.

In reviewing the state’s public health emergency response, PHAB notes the importance of understanding the structure of Washington’s governmental public health system. The governmental public health system is a decentralized system comprised of four essential entities: the State Board of Health, Local Health Jurisdictions, Sovereign Tribal Nations and Indian Health Programs, and the State Department of Health. Each entity plays an essential role.

The Department of Health promotes and protects public health, monitors health care costs, maintains standards for quality health care delivery and plans activities related to the health of Washington citizens. The Department’s programs and services focus on population health and help prevent illness and injury, promote healthy places to live and work, provide education to help people make good health decisions and ensure our state is prepared for emergencies. It is a cabinet agency led by the Secretary of Health.

Established by the State Constitution, the State Board of Health monitors the public’s health to understand and prevent disease and serves as public forum for the development of public health policy. The Board adopts foundational public health and safety rules that are implemented and enforced by Department of Health and Local Health Jurisdictions to prevent disease and keep people safe. The Board recommends strategies and promotes health goals to the Governor and Legislature and completes health impact reviews in collaboration with the Governor’s Interagency Council on Health Disparities. The ten-member board is appointed by the Governor and includes consumers, people with health and sanitation experience, elected city and county officials, and representatives from each part of the governmental public health system.





Washington state law gives primary responsibility for the health and safety of Washington residents to 39 county governments. Local Health Jurisdictions carry out essential activities to preserve, promote, and improve public health in local communities. They provide a range of essential public health services such as: administering immunizations, implementing opioid response, conducting restaurant inspections, ensuring clear water systems, and connecting people to healthcare. In Washington state, the governmental public health system consists of 35 Local Health Jurisdictions (LHJ's) (three counties combine to provide services).

In Washington state, Tribes have the sovereign right and the authority to maintain the health and safety of their community. To provide public health services and support their communities, Tribes and Urban Indian Health Programs work in collaboration with LHJ's and the state Department of Health.

Additional materials regarding different levels of authority and how federal agencies, state, local and Tribal agencies work together during an emergency is forthcoming. In the interim, the King County Public Health Communicable Disease Bench Book, published in June of 2021, is a great resource.¹

PHAB membership was specifically stipulated in ESSHB1152 (2021), and is now codified at RCW 43.70.675, to include all four quadrants of the governmental public health system as well as other essential partners-such as health care, government, providers, business, professional groups and marginalized communities. The PHAB membership represents a wide array of communities and professions and brings expertise, knowledge, and experience to an advisory role function. PHAB members may take the following actions:

- Request data and reports to assist in preparing recommendations for the Secretary of Health.
- Make recommendations via reports.
- Charter committees as needed (for ongoing work) and/or work groups (for short-term work) on various topics related to governmental public health.
- Serve as a liaison to other committees or groups, as requested.
- Request presentations from relevant groups that advance the core work and understanding for PHAB.

¹ <https://www.courts.wa.gov/content/manuals/publicHealth/pdf/publicHealthBenchBook.pdf>

Current PHAB members include:

Name	Representing Organization
Samantha Pskowski	The Governor's Office
Michelle Davis	The Director of the State Board of Health
Dr. Tao Kwan-Gett	Department of Health - Secretary's designee
Dr. Benjamin Danielson	Chair - Governor's Interagency Council on Health Disparities
Dylan Dressler	Tribal government public health sector rep. selected by AIHC
Dr. Thomas Locke	Tribal government public health sector rep. selected by AIHC
Commissioner Chris Branch	County legislative authority - Eastern WA
Councilmember Jani Hitchen	County legislative authority - Western WA
Dr. Amy Laurent	An organization representing businesses in a region of the state
Joe Vessey	Representing community and migrant health centers
VACANT (formerly Mayor Sofia Aragon, term ended 12/31/2023)	Representing Washington cities
Heather Hill	Representative from local health jurisdictions - Eastern WA - 200-600k population
Corrin McMichael	Representative from local health jurisdictions - Eastern WA - under 200k population
Yolanda Fong	Representative from local health jurisdictions - Western WA - 200-600k population
Katie Lindstrom	Representative from local health jurisdictions - Western WA - under 200k population
Taya Briley	A statewide association representing Washington hospitals
Dr. William Hirota	A statewide association representing Washington physicians
Patty Hayes (term ended 7/25/2024)	A statewide association representing Washington nurses
Megan Moore	A statewide association representing Washington public health or public health professionals
Alice Fong	Consumer nonprofit organization representing marginalized populations
Representative Marcus Riccelli (nonvoting member)	Washington State House of Representatives - Democrat Caucus
Representative Paul Harris (nonvoting member)	Washington State House of Representatives - Republican Caucus
Senator Shelly Short (nonvoting member)	Washington State Senate - Republican Caucus
Senator June Robinson (nonvoting member)	Washington State Senate - Democrat Caucus



III. REPORT DEVELOPMENT PROCESS/TIMELINE

The PHAB first convened in March 2022. Initial activities included adopting a charter, getting to know one another, and learning about Washington’s public health system. The PHAB also decided to hold either virtual or hybrid meetings every six to eight weeks. The PHAB adopted a values-based leadership framework and chose a consensus-based system for making decisions. The values-based leadership approach created space for members to learn about each other’s core values and develop group values for PHAB.

At the March 2023 meeting, the PHAB selected co-chairs to help lead the group who represented Tribes, public health, and community voices. Due to the timing of the pandemic and to overlap with After-Action Reports (AARs) in progress across the state, the PHAB decided to initially focus on this legislatively mandated task from RCW 43.70.675(1)(f): “Evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVID-19 public health response.”

Throughout the remainder of 2023, the PHAB heard from local and state public health experts, Tribal health leaders, and academic leaders. The PHAB also engaged in a series of conversations between members to review AARs and discuss other lessons learned from the pandemic and public health emergency responses. The PHAB decided not to conduct its own AAR or get bogged down in a potentially duplicative and overly detailed analysis of how the pandemic played out across the state. Instead, the PHAB chose to utilize its unique cross-sectorial membership to focus on making high-level recommendations that could act as a catalyst for long-term improvements to the state’s public health emergency response systems and potential future emergencies.

PHAB members released preliminary recommendations in June of 2024 and then solicited feedback with their constituents and communities. Feedback was provided from a wide variety of businesses, lawmakers, philanthropic and not-for-profit organizations, community-based organizations and community members, Tribes and Tribal health associations, public health practitioners, hospitals and health professionals. Feedback shared with PHAB members and staff was then incorporated into this report or turned into potential actions. PHAB also designed and implemented a process for selecting actions to accompany the recommendations. This process included the following steps:

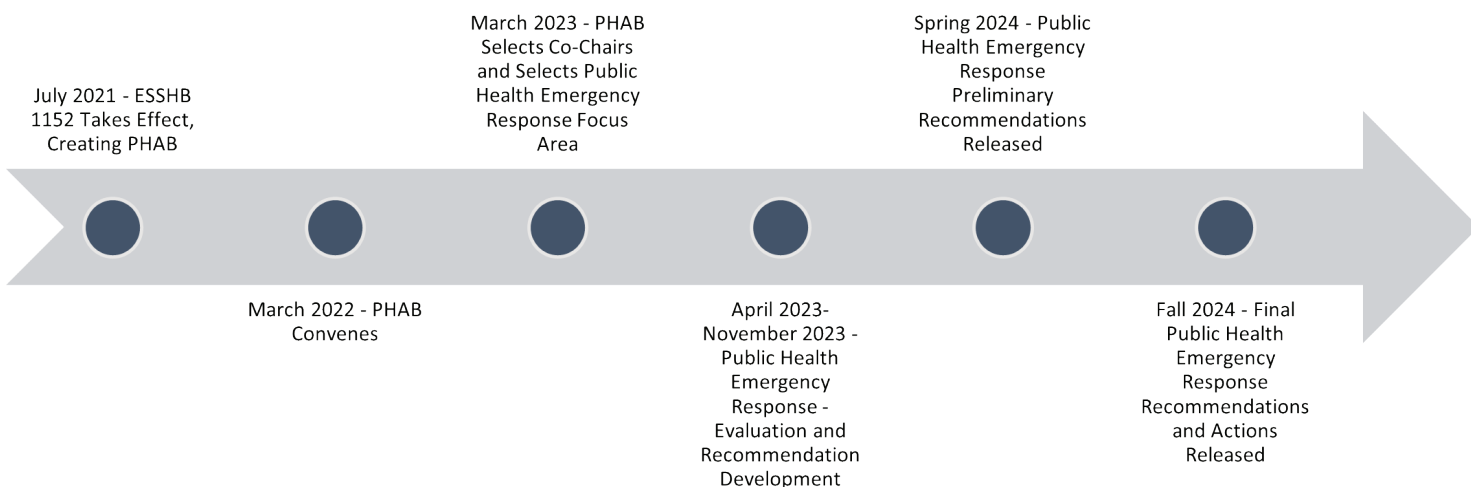
- Action ideas could come from any source, including PHAB members and partner feedback, but particular emphasis was placed on four AARs – Washington’s COVID-19 After-Action Report¹; Washington State Department of Health – COVID-19 After-Action Report – March 2024²; the American Indian Health Commission’s - Tribal COVID-19 Pandemic After Action Report³; and the report A Chorus of Covid: Voices from the Frontlines⁴.



- A subcommittee of PHAB members was formed to review and rate potential actions. The subcommittee developed a prioritization process and then reviewed and rated over 320 potential actions.
- The prioritization process included review of actions by subcommittee members who considered whether an action was – actionable, equitable, addressed system deficiencies, impactful, and politically feasible. Subcommittee members then compared rankings and selected actions to be reviewed by the full committee.
- Top-rated actions were then discussed and PHAB voted to further refine the action language at the September 19, 2024, meeting.
- Final action language was reviewed and approved by PHAB members for incorporation into this report at the October 29, 2024 PHAB meeting.

PHAB is committed to revisiting the recommendations and actions in this report in the future. At a minimum, PHAB will review this report in the next two to three years to see whether any recommendations or actions were implemented as part of its ongoing charge to evaluate public health emergency responses.

PHAB – Timeline of Milestones



¹https://mil.wa.gov/asset/65d618d1a4f55/Pandemic%20AAR%2002-07-2024_final.pdf

²<https://doh.wa.gov/sites/default/files/2024-06/821218-DOHCOVID-19ResponseAAR.pdf>

³<https://aihc-wa.com/wp-content/uploads/2023/05/Final-AIHC-Tribal-COVID-19-Pandemic-AAR-Report-5-18-23.pdf>

⁴<https://doh.wa.gov/sites/default/files/2024-06/830036-ChorusOfCOVIDReport.pdf>

IV. RECOMMENDATIONS AND ACTIONS

Under RCW 43.70.675, the PHAB was established to advise and report to the Secretary of Health and provide feedback to the governmental public health system. In addition to these primary audiences, PHAB encourages federal, state, local, and community leaders to review the recommendations and actions and take appropriate steps to implement them. After hearing from public health colleagues, individuals involved in conducting AARs, and PHAB-represented constituencies, PHAB identified the following recommendations and corresponding actions for improving future public health emergency responses in Washington state:

Recommendation **ADEQUATELY FUND CAPACITY TO BUILD AND SUSTAIN RELATIONSHIPS AND PARTNERSHIPS**

To drive equity, improve quality of life, and prepare effectively for emergencies, the public health system should invest in developing, growing, and sustaining durable relationships and partnerships across sectors and with culturally, politically, and geographically diverse communities.

To operationalize this recommendation and others, it is critical that the public health system manage and approach partners in a way that promotes well established, ongoing, and durable relationships and partnerships where public health can co-create in partnership with others in and outside of emergency situations.

With strong and trusting partnerships, public health should work to target public health messages via community partners and trusted messengers.

Actions **The following actions would advance the recommendation above:**

- Support Washington state leaders to, at minimum maintain existing funding, and consider providing increased and ongoing funding to the governmental public health system to establish and maintain relationships and partnerships with vulnerable communities, including BIPOC communities, schools, and community-based organizations.
- Support and enhance collaboration between public, private, and community sectors to advance policies that address economic and social justice to reduce poverty and inequality.
- Provide increased capacity for state, local, and Tribal leaders to develop culturally appropriate communications frameworks for use across all levels of government, the private sector, and community partners that will support messaging tailored to the individual needs of communities across Washington. These resources should be made available in multiple languages and evaluated for effectiveness.



Recommendation

IDENTIFY AND SUSTAINABLY FUND STREAMLINED DATA AND COMMUNICATION SYSTEMS

Identify and sustainably fund streamlined data systems that efficiently - and with minimal duplicate reporting - share information between public health partners nationwide, healthcare systems, Tribes, and the public to inform actions and policies that improve health as well as coordinate emergency preparedness and response.

Identify and improve communication systems by providing clear communication paths, synergy with data systems, and decision-making strategies across the state's public health systems. Strong channels of communication with community partners and trusted messengers are necessary to ensure timely, accurate, responsive communication messages for diverse audiences.

Actions

The following actions would advance the recommendation above:

- Enact policies to eliminate redundant reporting by and between state agencies, local jurisdictions, private companies, long-term care facilities, health providers, and other partners. Include resources and funding for collaboration between governmental public health entities and critical infrastructure, such as acute care hospitals, emergency departments, long-term care facilities, and laboratories.
- Honoring Tribal data sovereignty and Tribal public health systems by funding staffing for data and communications; specifically prioritizing implementation of the following items from the American Indian Health Commission's - Tribal COVID-19 Pandemic After Action Report:
 - "DOH should ensure Tribal health jurisdictions have access to the Washington Disease Reporting System in the same manner LHJ's [local health jurisdictions] do, so they can perform their governmental duties as public health jurisdictions."
 - "The State should prioritize funding to Tribal health jurisdictions and UIHPs [Urban Indian Health Programs] for a 1.0 FTE public health staff position so that Tribal health jurisdictions may hire Tribal public health officers, public health nurses, and/or epidemiologists to support emergency preparedness. Tribal health jurisdictions provide public health services to Washington state citizens, including surveillance, and are a part of the Washington state public health system. Such efforts to strengthen all of Washington's public health system will reduce the burden on LHJs [local health jurisdictions] in conducting surveillance activities such as case and contact investigations."



- Support state and local leaders to work together and across government agencies to more clearly define roles, authority, and responsibilities for governmental entities during emergencies and make communications materials about the roles easily accessible for outside partner organizations and audiences. State and local agencies should also explore creating or updating plans that clearly explain how decisions are made and communicated to the public, including sharing training and educational materials.
- Combat public health misinformation and disinformation with evidence-based strategies that promote positive and empathetic messaging.

Recommendation

PRIORITIZE COMMUNITY INTEGRATED HEALTH AND EMERGENCY RESPONSE PLANNING THAT SUPPORTS IMPROVED SYSTEM CAPACITY, FUNDING FLOW, AND DECISION-MAKING

Health and emergency planning should prioritize investment in early, ongoing, strategic upstream community integrated planning that is culturally, politically, and geographically inclusive.


Address Washington’s current public health and healthcare system capacity limitations to plan and build the infrastructure necessary for adequate emergency response.

Assure that responders in a public health emergency can quickly gain access to funding in less restrictive, more streamlined ways that allows them to work across systems.

Actions

The following actions would advance the recommendation above:

- Advance policies, at the federal and state level, that expand the use of telemedicine to address health care access and workforce challenges.
- Support public and private sector collaboration to ensure supply chains are resilient and flexible during emergency situations for critical equipment such as personal protective equipment, vaccines, medications, IV solution, life-sustaining medical equipment, and other medical supplies. This should include working with federal emergency preparedness partners for planning when federal resources may be needed.
- Establish a disaster financial relief task force, which would include state and local agencies, community-based organizations, private entities, and consumer groups, to assess barriers, develop definitions and protocols that allow funding to move more quickly and with reduced bureaucratic hurdles and identify ways to monitor compliance for disaster funding during emergencies in the least disruptive way possible for those involved in the response work, while ensuring public accountability. The task force should produce a playbook of best practices.

- 
- Integrate health equity into planning and policy efforts to address disparities in access to healthcare, testing, treatment and vaccination. This work should include:
 - Capacity for regular training and exercise cycles that include relevant partners, including, but not limited to, healthcare, community representatives, governmental public health, emergency medical services, first responder agencies, local health jurisdictions, Tribes, Medical Reserve Corps, etc.
 - Create flexible systems to ensure that resources are distributed equitably during emergencies, including vaccines, medical countermeasures, surge capacity, and financial relief.

V. LIMITATIONS

We recognize that there are limitations inherent in our collective work. A board is never representative of everyone and every group. The PHAB aims to be a cross-sectorial group of leaders that seek to hear feedback and learn the experiences of others across the state to drive improvement. Board members reviewed a variety of AARs, listened to emergency response experts, community leaders, hospital leaders, business leaders, Tribal leaders, county officials, engaged their respective constituents and drew from their own experiences to distill the recommendations listed above. The PHAB did not conduct its own AAR and did not conduct an exhaustive interview process.

As a cross-sectorial group, the PHAB identified that its primary function was to utilize the experience of its members to help elevate the top issues that Washington's leaders should focus on for future emergencies and prioritize recommendations from AARs that are essential to move forward. There are many actions that should be taken to improve emergency response and recover from the COVID-19 pandemic. Rather than a comprehensive and exhaustive list, this report aims to provide a prioritized roadmap to focus early next steps in recovery that are actionable, equitable, impactful, address system gaps and are politically feasible within current conditions in Washington state. This effort by the PHAB should be viewed as complimentary to the AAR work and other efforts that have been underway.



VI. CONCLUSION

Washington state's governmental public health system should use lessons learned from the COVID-19 response and plan for the next emergency response. The preceding recommendations and actions reflect gaps identified in the COVID-19 response and necessary changes to system capacity to address those gaps.

At this critical juncture, it is important to build strong and sustainable relationships, develop ways to collect data and communicate across communities, and integrate health and emergency response planning for improved system capacity, funding flow, and decision-making. It is necessary to create these systems and relationships so that Washington state will be more resilient and better prepared for the next emergency.

VII. ACKNOWLEDGEMENTS

We would like to acknowledge the following individuals for their time, contributions, and effort while the PHAB has been focused on evaluating the emergency response, developing

PHAB members past and present (March 2023 to November 2024):

Sophia Aragon, JD, BSN, RN, FAAN	Councilmember Jani Hitchen, MEd
Commissioner Chris Branch	Tao Kwan-Gett, MD, MPH
Taya Briley, RN, MN, JD	Jefferson Ketchel, MA
Benjamin Danielson, MD	Katie Lindstrom
Michelle Davis, MPA	Thomas Locke, MD, MPH
Luke Davies, MPH	Corrin McMichael, MPH CPH
Dylan Dressler, MPA	Megan Moore, MPH
Alice Fong, MSM	Samantha Pskowski, MPH
Yolanda Fong, RN, MN, PHNA-BC	Diana Birkett Rakow
Tracey Kasnic, MBA, BSN, RN, CENP	Representative Marcus Riccelli, MPA
Representative Paul Harris	Senator June Robinson, MPH
Patty Hayes, MN, RN	Senator Shelly Short
Heather Hill, BSN, RN	Joe Vessey, CPA, MBA, CHFP
William K. Hirota, MD	Amy Laurent, PhD, MPH



Presenters:

Alice Fong, MSM	CEO, Center for Ethical Leadership
Kevin Harris, MBA, MPA	Senior Facilitator-Health Policy, Associate Professor, William D. Ruckelshaus Center
Phyllis Shulman	Associate Director, Assistant Professor, William D. Ruckelshaus Center
Mark Tompkins, RS	Director, San Juan County Health and Community Services
Nancy Wenzel	Director of Public Health, Walla Walla County of Community Health
Dylan Dressler, MPA	Clinic Director, NATIVE Project
Nathan Weed, MPH	Chief of Resilience, Department of Health
Andrew Rose	(Former) Performance and Readiness Coordinator, Department of Health
Vicki Lowe	Executive Director, American Indian Health Commission
Jessica McKee, MPH	Foundational Public Health Services Coordinator and Emergency Response Lead, American Indian Health Commission
Todd Holloway	Senior Independent Living Advocate, Center of Independence
Mulki Muhamed	Managing Editor and Public Relations, Runta News



Contractors and staff past and present:

Allegra Calder, MA	Principal, BERK Consulting
Kristin Peterson, JD	Chief of Policy, Department of Health
Lisa Brooks	Confidential Secretary, Department of Health
Gina Legaz, MPH	Director of Policy & Performance, Department of Health
Molly Biehl, MPH	Program Development Manager, Department of Health
Mark Cooke, JD, MSW	Policy Analyst, Department of Health

Additionally, we appreciate and recognize the tremendous work of the organizations and individuals that created, contributed to, and published COVID-19 AARs, thought partnerships, articles, summaries, and lessons learned.



810-020 December 2024

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