

Washington State COVID-19 After Action Reports – Table and Basic Information – Not Comprehensive - Based on Publicly Available Info

Report Title, Authors, Dates	Purpose and Scope of Report	Key Points	Nexus to PHAB	Comments
<p>Forthcoming, Pandemic After Action Report, summer 2023, the Washington Military Department and Department of Health</p>	<p>Legislatively required content: “The task force shall conduct the comprehensive after action review of the COVID-19 pandemic response in accordance with established national standards for emergency or disaster after-action reviews. In order to improve the response to and recovery from future pandemics, the task force shall develop lessons learned and make recommendations that include, but are not limited to, the following: (A) Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses;2(B) Emergency responses that would benefit the business community and workers during a pandemic; (C) Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic; (D) Whether establishing regional emergency management agencies would benefit Washington state emergency response to future pandemics; (E) Gaps and needs for volunteers to support medical professionals in performing their</p>	<p>TBD</p>	<p>This report will likely cover many topics that overlap with issues PHAB is tasked with examining</p>	<p>This report has a broad mandate and includes input from specific communities and state agencies. Links to state agency AARs are linked at the end of this table.</p>

	<p>pandemic emergency response functions within Washington state; (F) Gaps and needs for tools to measure the scale of an impact caused by a pandemic and tailoring the pandemic response to affected regions based on the scale of the impact in those regions; (G) Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation and quarantine, and deploying medical supplies and personnel; and (H) Implementing guidelines for school closures during a pandemic.”</p>			
<p>February 2023 PPT Presentation, American Indian Health Commission – COVID-19 AAR, which is part of the state AAR references above.</p>	<p>“AIHC utilized the CDC public health emergency preparedness response capabilities as the framework for conducting after action reviews with Tribes.”</p> <p>“-44 webinar style hotwashes and after-action reports with individual Tribes and UIHPs -each two hours in length -November 2021 to January 2023 -THJs and UIHPs identified over 45 recommendations for federal, state, and local health jurisdictions to improve preparedness for the next public health emergency.”</p>	<p>Highlighted Recommendations</p> <p>“Funding for Tribal public health staff -Applicable capabilities: • Medical Surge – Due to lack of funding clinic staff at Tribes and UIHPs, medical staff had to lead pandemic efforts and wear multiple hats • Testing – Again, lack of staff meant Tribes and UIHPs had to dedicate staff to testing efforts • Public Health Surveillance and Epidemiological Investigation – Tribes and UIHPs also dedicated limited staffing to conduct case and contact investigations.”</p>	<p>Content of this presentation covers many topics that overlap with issues PHAB is tasked with examining, including – direction of public health in Washington and emergency response</p>	

		<p>“Invite Tribes and UIHPs to the table (1 of 2)</p> <p>-Applicable PHEP capabilities:</p> <ul style="list-style-type: none"> • Emergency Operations Coordination – Create IMT positions and invite Tribal representation to state, county, and local EOCs. • Emergency Public Information and Warning – Coordinate information sharing to ensure that all health jurisdictions are sharing the same information at the same time. • Internet – Ongoing issue on several reservations.” <p>“Invite Tribes and UIHPs to the table (2 of 2)</p> <ul style="list-style-type: none"> • Cross-jurisdictional Collaboration (NOT a CDC PHEP capability) • Inclusion of THJs on all DOH maps and regional planning/information documents. • Refer to Tribes as THJs in federal, state, and local materials where applicable. • Maintaining the collaboration – continue inclusion in cross-jurisdiction meetings, AIHC’s weekly response updates calls.” <p>Best Practices</p> <p>“• Planning ahead for Tribe and UIHP access to medical materiel and medical countermeasures</p>		
--	--	--	--	--

		<ul style="list-style-type: none"> • Regular attendance at AIHC’s weekly response updates call • Having a dedicated Tribal liaison during response • Working government to government • Making changes to improve after an emergency (evaluation cycle in action!) <ul style="list-style-type: none"> • H1N1” 		
<p>November 2020, <i>First in the Nation, COVID-19 Initial Response After Action Report</i>, City of Kirkland</p>	<p>“This report focuses on organizational impacts of the pandemic on City of Kirkland (“City”) departments and the City’s ability to maintain general government operations and service provision. It is not focused on field operations or specific department procedures, but it does address policies and actions taken by City leaders.”</p>	<p>Successes:</p> <ul style="list-style-type: none"> -City government was a well established organization with good working relationships/funding. -Previous emergency management planning -Early activation on city’s emergency operations center <p>Recommendations:</p> <ul style="list-style-type: none"> -Clarify decision making processes and adaptations -Communicate ongoing nature of incident even after emergent events have passed -Centralized documentation -Improve internal communications -Refine remote work options -More robust public information capacity -Labor relations -Employee wellness -Update continuity of operations plan 	<p>Example of a local jurisdiction dealing with the impacts of the pandemic very early on</p> <p>Example of local jurisdiction collaborating with a local public health agency (PHSKC)</p>	<p>The time period addressed in this plan is roughly from February 29 through May 31, 2020, so very early in the pandemic.</p>

<p>June 2022, Learning from Responses to Covid-19: Improving Preparedness, Recovery, and Resilience in Washington State Summary of Phase One</p> <p>Conducted by: The William D. Ruckelshaus Center</p>	<p>“the Center engaged in conversations to begin the process of learning and to identify the cross-sector themes that emerged from interviews.” There were 80 interviews with a wide range of people.</p>	<p>The following are some of the overarching messages that were strongly stated in interviews:</p> <ul style="list-style-type: none"> -It is important to take the time now to identify lessons learned and apply them before individuals and organizations revert to the status quo. -There is a need to challenge complacency and to work towards needed structural changes and transformational shifts. -It is important to address issues identified at a systems level. -It is essential to break down internal and external silos, to develop multiple sector approaches, and to recognize and strengthen interrelationships and interdependencies. -Acknowledge what has been revealed about disparities, vulnerabilities, and inequities and utilize this awareness to make change. -Tend to the differences between urban and rural needs and issues. <p>Interviewees also emphasized that it is important to:</p> <ul style="list-style-type: none"> -Establish relationships and develop structures to maintain those relationships in advance of emergencies. -Identify and break down bureaucratic barriers and complex bureaucracies. 	<p>Content of this report covers many topics that overlap with issues PHAB is tasked with examining, including – direction of public health in Washington and emergency response</p>	
---	---	---	--	--

		<ul style="list-style-type: none">-Create conditions to align and develop a unity of purpose in response.-Establish mechanisms for collaboration.-Strengthen interoperability of data.-Build upon the creativity and innovations that occurred especially when decisionmakers were given more latitude to experiment and create. <p>In addition to these messages, the information shared by interviewees highlighted a number of tensions that impacted the ease of unified response to the pandemic. Some examples of these tensions include the tension between:</p> <ul style="list-style-type: none">-Public health priorities versus economic priorities-Individual liberties versus community health measures-Reliable and consistent information versus misinformation and disinformation-Locally based versus statewide based approaches and decision-making, i.e., centralized versus decentralized response and decision-making-People and entities who don't usually collaborate needing to find common ground-Scientific (or data) versus politically based decisions		
--	--	--	--	--

		-Prioritizing serving the most impacted versus serving the whole		
<p>March 2023, A Question of Emergency Response Regionality – Perspectives from cross jurisdictional COVID-19 responders throughout Washington State, The William D. Ruckelshaus Center</p>	<p>This is a subpart of the larger legislatively mandated AAR, it focuses on “whether establishing regional emergency management agencies would benefit Washington State emergency response to future pandemics.”</p>	<p>Potential benefits of regionalization of emergency response:</p> <ul style="list-style-type: none"> -Increased localized support via state having a better understanding of local needs. -Would allow for for stronger communication from the state. -Allow for more equitable distribution of resources, especially for rural communities with less representation. -Less competition for spending by entities that have sometimes competed. -Better decision making by reducing the distance between emergency response manager and policy/decision makers. -Reduce likelihood of duplicative efforts -Allow for more coordination between local jurisdictions, FEMA and the state. <p>Concerns:</p> <ul style="list-style-type: none"> -Increased bureaucracy if regionalization happens. -Duplication of efforts and possible inefficiencies based on current regional structures, such as homeland security regions. -Worry that this could reduce existing funding and staffing in some way. 	<p>Content of this report covers many topics that overlap with issues PHAB is tasked with examining, including – emergency response.</p>	

		<ul style="list-style-type: none">-Lack of consistency due to things like leadership changes and workforce turnover.-Confusion (i.e. who is in charge) and reduced local authority. <p>Prominent Tensions:</p> <ul style="list-style-type: none">-Lack of understanding of local communities unless a person is based there.-Existing inequity in distribution of resources wouldn't change. <p>Core principles:</p> <ul style="list-style-type: none">-Local control and support, relationship and trust building, flexibility, sustainable funding and support, resource equity <p>Policy options for regional models:</p> <ul style="list-style-type: none">-Enhance existing regional structures-Community liaison teams – Olympia based-Field representatives - Mobile-Adaptive regionality (activated in times of emergency) <p>Other ideas:</p> <ul style="list-style-type: none">-Move EMD out of Washington State Military Department and make it its own department or part of Governor's office.		
--	--	--	--	--

<p>Forthcoming, Crisis Governing and Decision-making: Reviewing Pandemic Lessons from Emergency Management Systems in Washington, William D. Ruckelshaus Center</p>	<p>“The Washington State Legislature provided funding to the Washington Military Department to contract with the William D. Ruckelshaus Center to compare the traditional Emergency Management decision-making systems in Washington State with other decision-making structures and provide recommendations for future emergency responses. Project Goal: Identify lessons learned from responding to Covid-19 examining decision making and regional coordination to develop a set of recommendations for emergency management decision making systems utilized in governments, universities, businesses, and other entities.”</p>	<p>TBD</p>		<p>I am not sure whether this is a subpart of the larger state After Action Report with a due date of June 30, 2023 or something separate.</p>
<p>Forthcoming?, K-12 Pandemic Report, William D. Ruckelshaus Center</p>	<p>“The project will utilize lessons learned about the impacts of the pandemic, and responses to it, to determine how best to improve the long-term social, emotional, and educational outcomes of students disproportionately impacted by the Covid-19 pandemic in Washington State. This project will also look for opportunities to improve future K-12 crisis response and planning.”</p>	<p>TBD</p>	<p>Possible overlap with issue PHAB is tasked with looking at – COVID-19 public health response.</p>	

<p>March 2021, <u>Facing Learning Disruption: Examining the Effects of the COVID-19 Pandemic on K-12 Students</u>, Washington Student Achievement Council</p>	<p>“This report presents insights about the impact on learning, highlighted below,” as a result of COVID-19 pandemic.</p>	<ul style="list-style-type: none"> -One out of four public high school students in Washington received a grade that does not earn them credit during the 2020-2021 academic year as of March 2021. This may indicate that students face challenges that are impacting their coursework and may have the potential to affect their high school graduation outcomes and postsecondary preparedness. -There was a 42 percent increase in the proportion of high school students in Washington receiving grades that do not earn them credit in the 2020-2021 academic year compared to the prior year. A higher proportion of students received an “F,” “No Credit,” or “Incomplete” grade as of March 2021 than during the same period in the year before. -Fewer high school seniors in Washington have completed a FAFSA during the 2020- 2021 academic year compared to the previous year. The drop in financial aid applications may signal the potential for a lower postsecondary transition rate in the coming year. -Washington families report that children are spending less time on learning activities than before the pandemic. In addition, many families report that children have less frequent 	<p>Possible overlap with issue PHAB is tasked with looking at – COVID-19 public health response.</p>	
---	---	--	--	--

		<p>live contact with teachers (U.S. Census Household Pulse Survey, 2021).</p> <ul style="list-style-type: none">-Almost half of public school students in Washington still have no regular in-person instruction, and in-person instruction is even less common for high school students. However, an emergency proclamation by Governor Inslee issued on March 15, 2021 aims to increase opportunities for in-person learning for all public K-12 schools by April 19, 2021.-National diagnostic testing data for 1st through 8th grade students revealed that more students were behind grade level at the start of the 2020-2021 academic year during the pandemic compared to historical patterns. The drop in math proficiency was greater than in reading, and younger students tended to have a greater change from historical patterns than older students (Curriculum Associates, 2020).-Students from lower-income schools - and schools with a higher proportion of students of color tended to have a greater increase in testing below grade level. These patterns suggest that the pandemic is having an uneven impact and may intensify existing equity gaps in student outcomes for low-income students and students of color (Curriculum Associates, 2020).		
--	--	--	--	--

		<p>-Learning disruption could have profound long-term implications not only for individual students but for our future economy. National research projects that, if in-person instruction does not resume until Fall 2021, the consequences of learning disruption could create an additional 1 million high school dropouts and cause a loss in national GDP of up to \$483 billion by 2040 (Dorn et al., 2020).</p> <p>Emerging policies:</p> <ul style="list-style-type: none">-Early warning systems that identify key predictors of high school graduation can help target interventions to students who are falling behind.-High dosage tutoring that is tied to classroom learning has been shown to improve academic achievement and can help mitigate the pandemic's impact on learning.-Extended learning time interventions can accelerate learning and have been shown to help struggling students improve academic performance.-Learning disruption programs held after school and during summer break are emerging as a key strategy to address the impact of the COVID-19 pandemic on K-12 students.-Math and reading corps programs are being adapted as emerging approaches to provide additional resources to		
--	--	---	--	--

		schools to help address the pandemic's impact on learning.		
September 2022, Public Health-Seattle and King County Covid-19 After Action Report	<p>“This After-Action Report (AAR) was created to better understand the efforts undertaken by PHSKC during the COVID-19 pandemic and identify ways to improve future responses to public health emergencies. An AAR is a document that summarizes key information related to a disaster response to help evaluate activities and memorialize the efforts of those who responded. This report analyzed the response from January 2020 – January 2022 and the findings in the report identified strengths and areas for improvement raised by stakeholders and partners. This report is not inclusive of all work related to COVID-19 but is a sampling of activities collected from PHSCK. The end of this report includes a brief list of recommended actions for PHSKC to address, as areas for improvement. Staff within PHSKC collected a comprehensive list of these actions and recommendations, which are</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> -PHSKC's collaboration across departments, including the prominent leadership role it played for the nation in the pandemic response, was award-winning. -PHSKC's COVID-19 dashboards, such as those created by the Analytics and Informatics (A&I) Team, enabled public health decision-making supported by data. -Community navigators were consistently seen as a strength by PHSKC staff, partners, and stakeholders. -PHSKC's Language Access Team raised the standard for language accessibility through innovation and collaboration with key partners. <p><u>Areas of Improvement:</u></p> <ul style="list-style-type: none"> -There remain numerous barriers to achieving equity in PHSKC's response. There were delays in leadership decisions that compromised work, including an emphasis on urgency over equity, decisions made without community input, occasional difficulties identifying how to influence work in established coordination structures, 	Example of a local public health agency's response to COVID-19 which is relevant to PHAB's evaluate emergency response and COVID-19, as well as the state's overall public health system.	PHSKC has a running list of COVID-19 related reports

	<p>being tracked internally to improve PHSKC’s response to future emergencies.”</p>	<p>and a lack of equity training across activated staff.</p> <ul style="list-style-type: none"> -Access and Functional Needs planning was noted as a significant area for improvement throughout the response. Many of the people at highest risk of infection and death from COVID-19 were unable to access early interventions such as testing and then later vaccines until substantial communication and assistance was provided by CBOs and advocacy groups. -PHSKC teams widely agreed that they were overwhelmed with workload, and response demands dramatically outpaced their resources. -Hiring and onboarding was critical to scale up the workforce to meet the public health response needs. 		
<p>February 2022, Whatcom County COVID-19 Data Report, Whatcom County Health Department</p>	<p>“The purpose of the Whatcom County COVID-19 data report is to provide a summary of how the SARS-CoV-2 virus spread throughout Whatcom County in the first two years of the pandemic (March 2020 - February 2022). This report focuses on four major areas: confirmed cases, hospitalizations, deaths, and vaccinations. It highlights significant national or state policies that were implemented to combat the spread of the virus</p>	<p><u>Key Findings:</u></p> <ul style="list-style-type: none"> -In the first two years of the COVID-19 pandemic, Whatcom County reported 36,651 documented COVID-19 cases, 1,485 COVID-19-associated hospitalizations, 295 COVID-19 deaths. -Whatcom County experienced better COVID-19 outcomes than most of Washington’s counties during this time. Whatcom County reported the 11th lowest case rate (16,107 per 100,000), the 10th lowest hospitalization rate (650.9 per 100,000), and the 7th lowest 	<p>Example of a local public health agency’s response to COVID-19 which is relevant to PHAB’s evaluate emergency response and COVID-19, as well as the state’s overall public health system.</p>	

	<p>and an overview of how COVID-19 impacted different populations within Whatcom County. This report provides the most complete and reliable local data available for the first two years of the COVID-19 pandemic through February 2022.”</p>	<p>death rate (129.0 per 100,000) among Washington’s 39 counties.</p> <p>-For the first two years of the COVID-19 pandemic in Whatcom County, reported case rates and hospitalization rates have been characterized by intermittent waves or surges. These surges have been associated with changes in behaviors such as travel, masking, and also with the emergence of more transmissible COVID-19 variants. Particularly prominent examples included the “Delta variant wave” in the late summer and fall of 2021 (average 7-day case rate of 173.5 per 100,000), and the ongoing “Omicron variant wave” which peaked in January of 2022 (average 7-day case rate of 733.1 per 100,000).</p> <p>-In Whatcom County, COVID-19 infections were reported at higher rates among nonwhite Hispanic, American Indian Alaskan Native, and Pacific Islander groups as compared to other racial groups in the county population.</p> <p>-The COVID-19 pandemic affected older and younger individuals differently. Reported cases in Whatcom County were greater among younger sections of the population (less than 60 years). COVID-19-associated hospitalizations and deaths, however, were greater among older individuals in the county (60+ years).</p>		
--	--	---	--	--

		<p>-During the first two years of the COVID-19 pandemic in Whatcom County, the greatest number of cases, hospitalizations, and deaths were recorded in the month of January 2022 during the Omicron variant surge. During this month alone, WCHD recorded 12,505 cases, 310 hospitalizations, and 51 deaths due to COVID-19.</p> <p>-A total of 367,926 doses COVID-19 vaccines were administered through February 2022 in Whatcom County. The month with the greatest number of vaccines administered was in March, 2021 when more than 38,000 doses were administered.</p> <p>-Since vaccines became widely available, the rates of COVID-19 cases, hospitalization, and deaths have remained lower among those who had been vaccinated, than those who were unvaccinated. The degree of difference has varied with changes in the dominant COVID-19 variant, but has persisted through all variant periods included in this report.</p>		
Pierce County, RFP for COVID-19 After Action Report	2021 RFP – “Tacoma-Pierce County Health Department (Department) is seeking a qualified vendor to provide a comprehensive after-action report and improvement plan to evaluate the Department’s COVID-19	TBD		

	emergency response successes and areas for improvement. This report will provide formal recommendations to inform future emergency response activities and support our organization’s quality improvement and recovery efforts.”			
2022, COVID Recovery Plan – A Call to Action , Skagit County Public Health	“This COVID Recovery Plan is the follow-up to the 2020-21 Community Health Assessment. It is intended to bring the community together in focused efforts that will help us deal with the pressures the pandemic placed—and continues to place—on individuals, families, organizations, and systems within our County.”	Includes goals and strategies for seven topics – Equity, Housing, Access to Care, Behavioral Health, Child Care, Economic & Fiscal Security, Food Security, and Crossover Strategies.	Example of a local jurisdiction’s plan to move beyond COVID-19, as well as the state’s overall public health system.	This is a forward looking report versus an after action COVID-19 report, but provides an example of what a local jurisdiction is focusing on.
July 2022, NFDA Cremation & Burial Report , National Funeral Directors Association	“Statistics, projections and analysis of consumer preference for cremation and burial in the United States, Canada and worldwide.”	Provides data on number of coronavirus related deaths, funeral service industry, etc.		I wasn’t able to find Washington state specific report, but there industry associations: Home Washington State Funeral Directors Association (wsfda.org) WCCFA

<p>State Agencies After Action Reports:</p> <ul style="list-style-type: none"> • Department of Children, Youth and Families • Department of Commerce • Department of Corrections • Department of Ecology • Department of Enterprise Services • Department of Financial Institutions • Department of Licensing • Department of Social and Health Services • Employment Security Department • Office of Financial Management • Office of Insurance Commissioner 	<p>As part of the Pandemic After Action Report, directed by Washington Military Department and Department of Health, state agencies have submitted agency after action reports. Each provide details of how the agency responded to COVID-19.</p>			
--	---	--	--	--

<ul style="list-style-type: none"> • Utilities and Transportation Commission • Washington State Department of Agriculture • Washington State Department of Transportation • Washington State Labor & Industries • Washington State Patrol • WATech 				
--	--	--	--	--

Further Reading:

The Covid Crisis Group - [Lessons from the Covid War - Harvard Book Store](#) (April, 2023)

CSIS – Building the CDC the Country Needs - [230112 Morrison Building CDC.pdf \(csis-website-prod.s3.amazonaws.com\)](#)

HHS – [COVID-19 After Action Report Resources and Examples](#)

DOH - [COVID-19 Data Dashboard | Washington State Department of Health](#)

CSIS Global Health Policy Center, Brown University Pandemic Center, and COVID Collaborative - [230209 GHPC AmericanDemocracy PandemicSecurity.pdf \(brown.edu\)](#)

The Lancet – [Assessing COVID-19 pandemic policies and behaviours and their economic and educational trade-offs across US states from Jan 1, 2020, to July 31, 2022: an observational analysis - The Lancet](#)

Example of state by state comparison - [Covid by the numbers: How each state fared on our pandemic scorecard \(politico.com\)](#)