

Crisis Governing and Decision-Making in Response to COVID-19

Lessons and Reflections Across Washington State

Prepared for the Washington State Legislature

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The William D. Ruckelshaus Center is an impartial resource for collaborative problem solving in the State of Washington and the Pacific Northwest, dedicated to assisting public, private, tribal, non-profit, and other community leaders in their efforts to collaborate and resolve conflicts around complex public policy issues. It is a joint effort of the University of Washington (hosted by the Daniel J. Evans School of Public Policy and Governance) and Washington State University.

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The Center engaged BERK Consulting and the Pacific Northwest Economic Region, who brought subject matter expertise as well as facilitation skills to the project.

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DISCLAIMER

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INTRODUCTION

Origination of the Project and Purpose

In the spring of 2020, the William D. Ruckelshaus Center (Ruckelshaus Center or Center) Advisory Board, faculty, and staff, engaged in vigorous discussions to consider how the Center could best serve Washington State in the midst of a global pandemic. The Board and staff agreed that the Center's talents, expertise, credibility, and experience could best be used to identify lessons being learned from the lived experience of responding to COVID-19. The Center proposed a unique initiative to identify, synthesize, integrate, and apply the knowledge and experience being gained by and across multiple sectors during the response to COVID-19.

The Center vetted the project with leaders from a wide range of sectors who agreed that it is vital to identify and share what has been and is being learned during this pandemic. It is also important to identify innovations, improvements, and new directions that can be applied to ongoing decisions, policymaking, and emergency planning, preparedness, and response to future crises.

In 2021, the Center, with funding from Kaiser Foundation Health Plan of Washington, initiated the first phase of a two-phase project: Learning from Responses to COVID-19: Improving Preparedness, Recovery, and Resilience in Washington State. Phase One involved interviewing over 80 individuals and groups who had responsibility for making decisions and implementing operations. These interviewees shared reflections, priorities, vital questions, and approaches that would help identify essential topics and cross sector themes for follow-up comprehensive learning efforts (Phase Two) to be initiated in 2022/23. Interviewees included people from multiple levels of government and multiple sectors, including directors of state agencies, business representatives, university leaders, health care organizations, funders, community leaders, community organizations, tribal interests, nonprofit leaders, economic development organizations, and others.

Since COVID-19 has disproportionately impacted communities of color and other marginalized people, the project was designed to collect and synthesize information, frame issues, and consider themes through race, equity, and social justice principles. An advisory group focused on race, equity, and social justice, as well as a consultant, provided guidance in the design and scope of Phase One as well as identifying emerging themes that would provide the focus for potential Phase Two projects. The full Phase One report can be found [here](#).

Six cross-sector themes emerged from the many stories and information gathered in the interviews:

- Multi-Sector Partnerships
- Crisis Governing and Decision-Making
- Disaster Risk Communication
- Race Equity, Accessibility, Equity, Diversity, and Inclusion
- The Future of Health
- Community Resilience

Based on the wealth of information shared by interviewees, the project team designed project ideas they felt would address the key themes, enhance recovery, and prepare for new and recurring emergencies.

The pandemic presented a new kind of crisis that provides important learning opportunities for the future. The constantly changing conditions and new information generated during the pandemic created tremendous uncertainty. The high degree of uncertainty and complexity created governance and decision-making challenges for government officials and decision-makers in other sectors. The same was true for emergency management professionals. Emergency management systems are typically designed for discrete, time-bound, place-based incidents. The pandemic confronted them with a global, long-term public health crisis that created challenges to traditional emergency management decision-making structures. The prolonged nature of COVID-19, the magnitude of its impacts, its lack of geo-spatial boundaries, and multi-sectoral impacts created new challenges for how to structure decision-making and who to involve at all levels of the responses.

In fiscal year 2023, the Washington State Legislature provided funding for this project to explore the theme of crisis decision-making more fully, including to compare the traditional crisis decision-making systems in Washington State with other decision-making structures utilized in response to the pandemic. The purpose is to explore how decisions were made by decision-makers at multiple levels of government and other key responders throughout the COVID-19 response in Washington State, learn what participants found worked well and what was challenging, and identify recommendations for improving decision-making in a crisis. The project included exploring potential embedded or practiced biases and/or structures that impact considerations of equity, inclusion, and diversity.

The Legislature also directed the Washington State Department of the Military to conduct an After-Action Review (AAR) of the State's response to the pandemic. One of the topics that was required to be reviewed in the AAR was "whether or not establishing regional emergency management agencies would benefit Washington state emergency response to future pandemics". The Center included this topic in its interviews with decision-makers. A separate report of those findings and recommendations are included in the AAR. The report can also be found [here](#).

The focus of this report is broad, including public and private organizations of varying sizes, resources, and organizational structures across a variety of political, social, and economic contexts. The findings and recommendations in this report are therefore descriptive and general, not specific and prescriptive to a single entity. The intent is to provide entities with findings and recommendations that stimulate their own reflections and consideration of how best to incorporate this information into their own practices and structures.

This report is organized in the following sections:

- An **introduction** with a description of the approach to this project and the analytic framework used to guide the exploration.
- **Findings** from participants on how decisions were made during the pandemic and influential factors, challenges, and successes.
- **Recommendations** presented as seven transformational ideas with supporting recommendations and considerations.

Approach

The findings and recommendations in this report are based on interviews with a variety of participants who had key decision-making responsibilities in the pandemic response and focus groups with elected officials, emergency management professionals, and members of the public health community. This input

is supplemented by research on decision-making frameworks and reviews of completed pandemic after-action reviews.

Between November 2022 and June 2023, the team engaged with 77 individuals who represent organizations in the public, private, nonprofit and university sectors across the State of Washington. Engagement occurred through interviews, surveys, and forum discussions. Each interview was conducted virtually and lasted one hour. All interviewees were directly involved in the COVID-19 pandemic response at varying levels, from local communities to state agencies and elected officials. The list of interviewees can be found in Appendix A. Focus groups were held in December 2022, and May and June of 2023. The list of focus group members can also be found in Appendix A. The following were the interview questions asked, although the participants were free to focus on the areas of most interest or importance to them:

Interview Questions

Overall

1. How were your traditional crisis decision-making models modified during the COVID-19 response? In what ways were these adaptations successful or problematic?
2. What went well during your COVID-19 response decision-making?
3. What were/are the tensions and challenges you experienced in decision-making?
4. What systemic policy, operational, or structural issues created challenges for decision-making? What would you recommend changing?
5. What information guided action throughout your pandemic response? What issues did you encounter in access to and timeliness of information?
6. How did effective internal communication support effective decision-making? How can your internal communication be improved for future crises?
7. When interacting with other jurisdictions or organizations, what worked well and what didn't? Consider information sharing/communication, coordination/collaboration, and shared decision-making.

Equity Considerations

8. What observations do you have about how crisis decision-making during COVID-19 addressed race equity, accessibility, equity, diversity, and inclusion?
9. What improvements could be made to embed race equity, accessibility, equity, diversity, and inclusion into future crisis decision-making?

Potential Regional Emergency Management ("Regional" could be multi-state, multi-county, or neighboring cities and/or organizations within a geographic area.)

10. How might strengthened regional information sharing, coordination/collaboration, or joint decision-making be beneficial?
11. What concerns would you have about if regional emergency management functions were to be strengthened?

Closing

12. Overall, what are the most important lessons to take away from the pandemic response to improve future crisis decision-making?
13. Is there anything you feel passionately about that should be included in the discussion of crisis decision-making?

14. What did we not ask you that we should have?

15. Who else do you suggest we speak with?

Additional questions were asked during the interviews—in a semi-structured manner—to follow-up and probe into the insights provided by participants. Furthermore, the above questions were used to inform the discussion during forum events.

Crisis Decision-Making Structures and Processes

“Decision-making” refers to the moments when individuals, organizations, and communities select which actions to take to address an issue, and the processes by which such a selection is made. “Crisis decision-making” refers to the selection of actions and the processes for these selections by individuals, organizations, and communities in response to a crisis. Interviewees reflected on decisions made prior to the pandemic, that affected response, as well as decisions made during the pandemic.

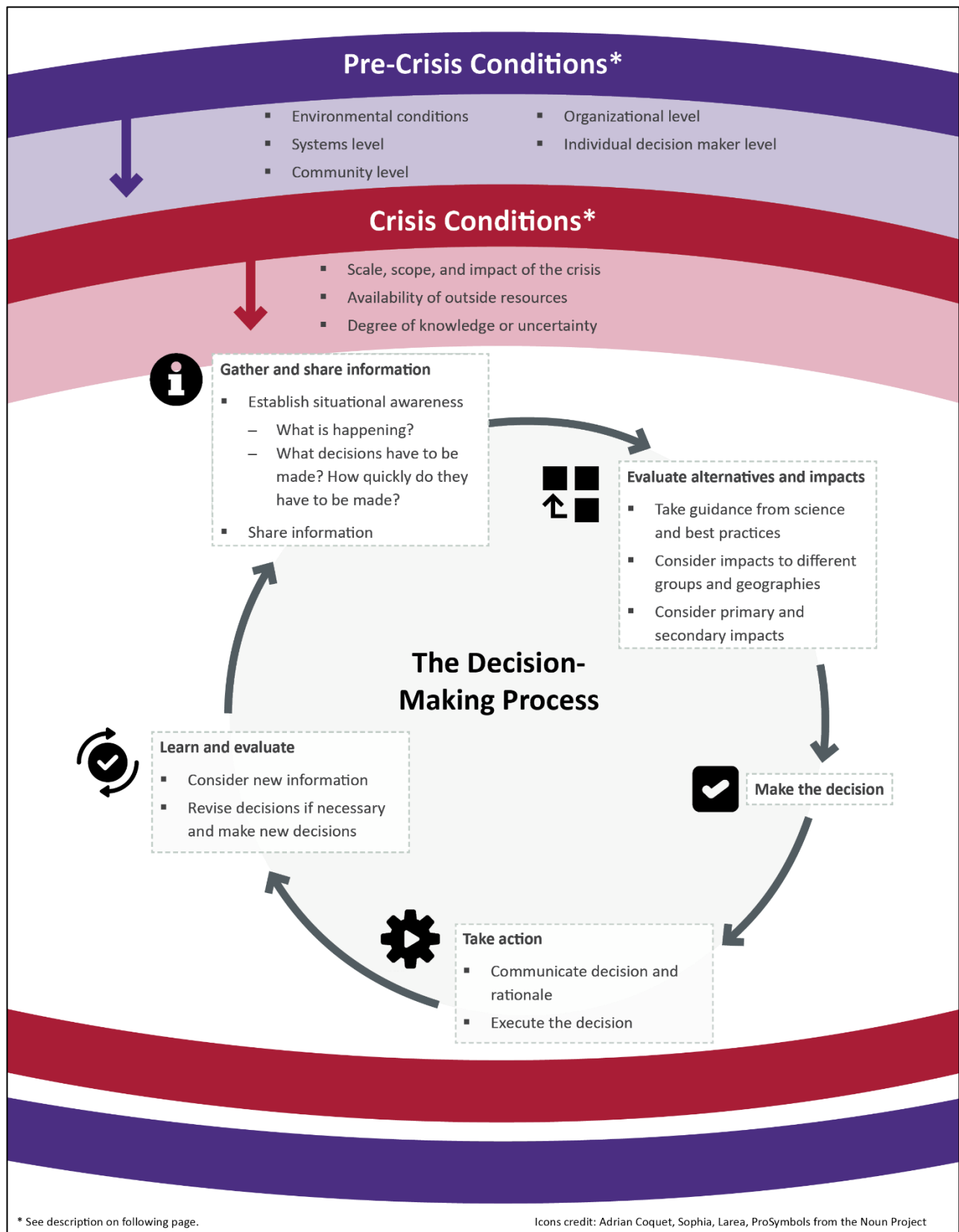
Across disciplines and conditions, the general steps for decision-making are the same. A decision-maker defines the problem, collects data, develops alternatives, determines how to evaluate the alternatives, understands the potential outcomes, decides, and then shares the decision.¹ This process is substantially affected by context. As evidenced in what occurred during the COVID-19 pandemic, the pressure to act quickly and deal with uncertainty means some decisions are made without complete information and under challenging time constraints.

The questions listed below, and the steps shown graphically on the following page helped to guide this inquiry:

- How did pre-emergency conditions and preparations affect decision-making?
- How did the COVID-19 context affect decision-making?
- What decision-making models were utilized during the responses to the pandemic?
- What were the dynamics and challenges of decision-making?
- What was learned about who is involved in decisions and where decision-making authority lies?
- What conditions supported effective decision-making?
- How were decisions communicated, executed, and evaluated?
- How was communication and execution perceived?
- What changes need to be made to better address disparities and the potential for disproportionate impacts in decision-making processes?

¹ Bardach, E. (2011). *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*. CQ Press College, Fourth edition.

Decision-Making Context and Process



The following text expands on ideas represented in the graphic.

Pre-crisis Conditions

- **Environmental conditions.** Factors in the natural and physical environment, including climate, geology, and the state of physical infrastructure may affect crisis conditions.
- **Systems level.** Inter-organizational roles, responsibilities, and relationships, institutional bias and racism, including legal parameters are all influential, as are structural forces at play in the social environment, including social inequities that affect communities, organizations, and individuals.
- **Community level.** Factors at the community level include inter-organizational roles, trust, and relationships; community well-being; community assets, infrastructure, resources, expertise, and capacity.
- **Organizational level.** The ability of organizations to respond is shaped by their size, capacity, and complexity; established emergency plans and decision-making structures; and organizational culture, values, trust, and relationships.
- **Individual decision-maker level.** Decision-makers are individual human beings. Their response to crises will be affected by their prior involvement and familiarity with established emergency plans and decision-making processes; length of tenure; personal context, including health, economic well-being, access to childcare; mental models, personal values, beliefs, and decision-making practices and patterns; and many other factors.

Crisis Conditions

- **Scale, scope, and impact of the crisis.** Decisions are profoundly affected by the magnitude and extent of impact, both in physical space and over time.
- **Availability of outside resources.** In large events, including catastrophic disasters or pandemics, the availability of outside resources may be very limited or non-existent, whereas outside assistance is more likely in a more localized occurrence.
- **Degree of knowledge or uncertainty.** Decision-making is complicated by a lack of knowledge of the underlying causes and conditions of the event. As experienced in the COVID-19 pandemic, decision-makers may face great uncertainty, as well as rapidly changing, and even contradictory, guidance on best practices.

An important note for this content is that pre-crisis conditions have a large impact on how decisions become made when a crisis occurs. For instance, if an organization has established strong commitments to collaborative efforts and embedding equity and social justice as a core principle in its day-to-day activities prior to a crisis, then when a crisis does arise, these commitments are more likely to be brought into crisis response.

Guiding Decision-Making Models and Frameworks

The models and frameworks presented below are brought into this report due to their connection to the input provided during interviews and group forums. While not all these models and frames were directly articulated in the engagement process, the data collected through these engagements align with them.

The Emergency Management Decision-Making Model

Public agencies across the country and in Washington use the National Incident Management System (NIMS)² and the Incident Command System (ICS)³ to respond to emergency events. Private organizations can also use ICS to work with public agencies during an emergency. NIMS and ICS guide how responders work together during an incident. ICS has a defined set of roles and responsibilities, including an Incident Commander to manage the response. The model also uses an emergency operations center (EOC) as a location for staff to coordinate the response. During an emergency, responders can rely on this established and practiced framework to immediately begin the response effort. Emergency plans based on this model put the subject matter expert agency in the lead role, as Incident Commander. The model is set up so responders can manage the flow of resources, share information, and coordinate with partners. While there is this national model for how to respond using ICS, many agencies and jurisdictions modify that model to fit their individual circumstances.

Adaptive Leadership Framework and Crisis Decision-Making

“The most common leadership failure stems from trying to apply technical solutions to adaptive challenges.” Ron Heifetz

It was emphasized throughout the interviews that leadership is a core aspect of crisis decision-making. Some interviewees provided examples of the leadership attributes that contribute to making and implementing effective decisions (i.e., transparency and decisiveness, and/or continued efforts towards relationship building even during response). Interviewees also shared examples of leadership challenges (i.e., blurred lines of who had and who should have which roles and where the boundaries of those roles end). As COVID-19 was rapidly evolving, leaders were challenged to analyze information and determine appropriate action as they were facing waves of new information, constant uncertainty, urgency, escalating scales, and the multi-dimensional impacts to people, communities, and all sectors in society.

Reflecting upon the stories shared, a significant challenge that became evident was how leaders fundamentally viewed the nature of the issues that they faced and their roles in addressing them. Furthermore, as leaders made decisions and operationalized them, implementation sometimes did not result in the expected or hoped for outcomes. One concept that may be helpful for leaders as they face complex issues is to differentiate between whether they are trying to **solve technical problems** or **address adaptive challenges**.⁴

Technical problems may be easy to identify, often lend themselves to known approaches, require straightforward application of expertise to solve the problems, and can often be implemented fairly quickly using current problem-solving processes.

An adaptive challenge is more complex in that it necessitates addressing and/or changing people’s values, habits, beliefs, practices, and priorities. This requires leadership that orchestrate a process that initiates a diversity of people to change and be responsible for some aspect of adaptation, requires changes in numerous places—usually across organizational boundaries—involves innovation and experimentation,

² [National Incident Management System](#)

³ [Incident Management](#)

⁴ This concept is based on the following works:

Heifetz, R. (1994). *Leadership Without Easy Answers*. Harvard University Press.

Heifetz, R.; Grashow, A; and Linsky, M. (2009). *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Harvard Business Press.

and recognizes there may be resistance to change. Addressing an adaptive challenge requires new ways of thinking, increased inquiry, increased involvement of multiple perspectives, and the development of strategies that create mutual understanding and support for the actions by those impacted by decisions. While in a crisis, the tendency might be to narrow who is involved in decision-making to a trusted few; addressing adaptive challenges benefit from a broadening of who is informing the strategies and policies to be decided upon. This emphasis on increasing the diversity of ideas and interests can also serve to embody considerations of equity in decision-making as more perspectives and experiences inform decisions.

COVID-19 created both technical problems and adaptive challenges. For example, a technical problem was how to set up a vaccination site. The related adaptive challenge was how to convince people that becoming vaccinated was beneficial and working with cultural concerns about vaccinations. Another example of a technical problem was securing personal protective equipment. A related adaptive challenge was to get people to wear a mask.

The ability to differentiate between technical problems and adaptive challenges requires adaptive leadership. Adaptive leaders develop the ability to manage complexity, improvise, adjust to new circumstances, distribute leadership, manage conflict, maximize diversity of perspectives, consider feedback loops, and adjust to new conditions and information. Adaptive leaders also adapt their responses based on continuous learning and adjustment of decisions, as needed. Adaptive leaders can help develop the collaborations and partnerships that are needed to address the interrelated issues and impacts especially in a complex crisis like a global pandemic. Adaptive leaders need to support opportunities for creativity and breaking down silos.

It is also important for adaptive leaders to be as transparent as possible in communicating what they base their decisions on, how decisions were made, why certain actions are being taken, and the degree of certainty they have with the information that they are basing their decisions on. Several interviewees commented that without this communication and transparency, trust with the public—as well as trust across jurisdictions and sectors—was difficult to maintain. Effective decision-making is based on the best available information. Trusted relationships facilitate effective information sharing. The Pacific Northwest Economic Region (PNWER) developed a resiliency tautology, which highlights the importance of trust as a foundation for information sharing. It states that, “cross sector and public/private information sharing requires the creation of an environment of trust where stakeholders feel ‘safe’ to share their vulnerabilities.”⁵ This is also essential in understanding interdependencies between organizations. Trust is local and is built by face-to-face interaction in a community where people know and depend upon each other.

Adaptive leadership can be taught. As Washington prepares for the next crisis, whether that be a future pandemic, fire, earthquake, or other disruptive force, engaging leaders to learn and reflect upon leadership approaches will be important to effective decision-making.

Attributes of Well-Functioning Groups that Assist in Decision-Making

Crisis decision-making is not done in a vacuum or by a sole individual. Groups of people are typically convened to assist in sharing information, evaluating options, and developing strategies and policies. As with any “workplace team”, crisis decision-making improves when the group is well functioning and can

⁵ PNWER Resilience Tautology. [RCCC Regional Partnership Study Report 2011-03-22.pdf \(safeguardiowa.org\)](#) Page 1

constructively resolve conflict. Interviewees shared examples of how well-functioning groups greatly contributed to successful outcomes as well as provided needed emotional support and camaraderie. They also shared many examples where groups did not function well, affecting the amount of stress in an already highly stressful environment and making decisions more difficult. In many cases, interviewees shared that often groups were convened where the individuals had not already established norms of working together. Tending to relationships and group dynamics may be overlooked as a crisis unfolds, but it can play an important role in determining the ease and effectiveness of decisions. It is not a step that should be overlooked in the hopes of quicker resolution as the absence of necessary trust, camaraderie, and relationship often leads to tension that ultimately slows down progress with pushback and a lack of unified commitments.

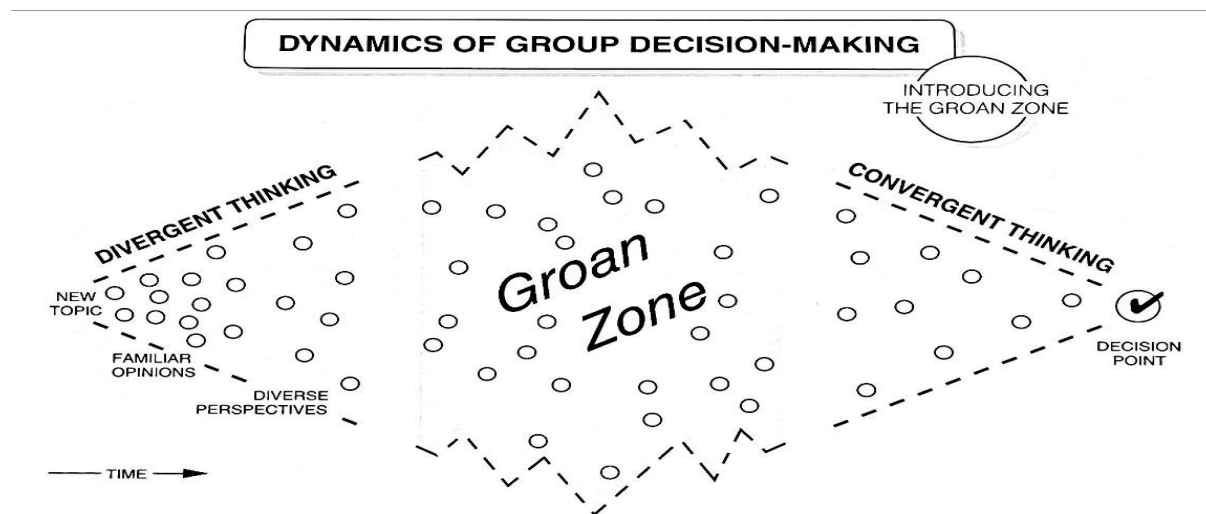
The following are some attributes of well-functioning groups, some of which were highlighted by interviewees:

- **Approach people with dignity.** At the core of effective functioning, even when there are deep disagreements or differences.
- **Ability to consider differing perspectives.** The ability to step into someone else's shoes, consider from a different perspective.
- **Engaging in inquiry.** Asking questions to get more understanding, exploring assumptions.
- **Mindfulness.** Being present to self and others.
- **Being adaptive.** Ability to deal with emerging issues.
- **Effective communication, ability to connect, and development of relationships.** Important to be able to know enough about each other to work together.
- **Clarity of roles, responsibilities, and authorities.** Important to have a common understanding.
- **Trust.** Agreed-upon level of transparency, accountability, and confidentiality.
- **Encourage creativity.** Create a brave space for innovation.
- **Nurture relationships.** Connect to people's humanity and not just their role.

Groan Zone

When it comes to group decision-making, a common model used is that of Sam Kaner's "Groan Zone"⁶—featured in the graphic below. The first step in the Groan Zone, once a topic or issue is identified, is for groups to engage in *divergent thinking* where they combine familiar opinions and perspectives with new ones collected through dialogue with diverse individuals. Once as many perspectives as possible have been brought to the conversation, those involved converse through the Groan Zone to seek understanding of the diverse views and identify points of tension, alignment, and transformation that can occur. It is important that while working through the Groan Zone, judgement and evaluation of perspectives are suspended. The purpose is to present as many perspectives as possible and fully understand them prior to evaluating them based on contextual fit. Once the group has talked through each perspective and opinion, then the group engages in *convergent thinking*. This is the stage where the collective works to narrow down which actions would best fit the situation—evaluating each perspective for how it would play out in the current context—and address the topic issue at hand. This then leads to a, or multiple, decision point(s).

⁶ Kaner, S. (2014). *Facilitator's Guide to Participatory Decision-Making*. Jossey-Bass



Source: Kaner, S. (2014). *Facilitator's Guide to Participatory Decision-Making*. Jossey-Bass

As stated previously, a decision-maker(s) defines the problem, collects data, develops alternatives, determines how to evaluate the alternatives, understands the potential outcomes, decides, and then shares the decision. When this process is completed by one, or a limited group of individuals, it can often be viewed as a more efficient process; however, especially when addressing adaptive challenges, that is usually not the case. Effort is simply required post-decision rather than pre-decision. That is, following the decision, decision-makers must engage in persuasion campaigns aimed at convincing individuals that the decision itself is the right one. If the persuasion campaign is omitted, it can often lead to unnecessary tension and new conflict as people affected by the decisions are left in the dark, as was sometimes witnessed during COVID-19. This frequently led to having to spend energy addressing new conflicts—that could have been avoided—while still addressing the pandemic itself.

In using the Groan Zone as a model for more adaptive leadership techniques, decision-making groups are broadened to be more inclusive. This results in improved data collection, an increase in developed alternatives, a more equitable evaluation process, and a more holistic examination of potential outcomes that lead to the decision(s) made. During these steps, relationships and trust can be built and maintained. Communicating the decision no longer requires as much persuasive effort, as affected parties were more included in the decision and understand the reasoning even if it was not the desired outcome they had hoped for.

FINDINGS AND OBSERVATIONS ON DECISION-MAKING DURING THE COVID-19 PANDEMIC

The findings and observations presented in this section are a synthesis of what we heard from interviewees and focus group participants. For simplicity, findings are organized in two sections, those describing the pre-pandemic context and what occurred during the pandemic.

Pre-Pandemic Context

The pandemic did not occur in a vacuum, but rather existed in a particular context influenced by a multitude of factors. These included political and economic factors, jurisdictional structures and practices,

and varied network strengths. Interviewees discussed a number of key factors, described below, that contributed to a wide range of experiences and lessons that surfaced during interviews.

Home Rule

One of the important factors to consider for the context in which the pandemic occurred is that Washington State is a home rule state: within the limits of federal and state law, cities and counties have the rights/authority to govern specific issues of local concern. The Governor has emergency powers which can be utilized in a crisis. During an emergency with a statewide scale, as COVID-19 was, tension existed between the need for statewide mandates and unity of strategies/policies and local control. Another tension that arose concerns the appropriate role of the state legislature during an emergency of this scale and duration.

Organizational Variance

Another recognition is that emergency management's role in an organization varied. In some organizations, the emergency management function is a standalone department while in others, it is part of a larger entity. Another example of variation is that some jurisdictions have dedicated staff for emergency management while others have one individual who has emergency response responsibilities added to their non-emergency management day-to-day role —such as adding emergency management responsibilities to a position in a Planning Department.

Turnover in Key Roles

Employee and elected official turnover in entities just prior to the pandemic influenced the decision-makers' level of experience, training, institutional knowledge, relational networks, and engagement with past emergency planning efforts. This impacted decision-makers' and key responders' familiarity with roles, responsibilities, plans, policies, and partners which in some cases made decision-making less structured and more improvisational. In some cases, previous emergency plans were not fully considered due to the impact of turnover.

Contemporary Planning and Experience

Throughout the interviews and forums, planning also presented as a pre-pandemic context. Many interviewees recognized that emergency preparedness planning usually revolves around acute and geographically contained responses that do not factor multi-year longevity nor a globally effected emergency. Additionally, they also expressed that most of their training revolved around natural disasters such as fires, floods, and earthquakes. Others did note having planned for virus outbreaks, but they expressed that most viral outbreak planning revolved around variations of the flu. Pretty universally, this planning happened in the 2007-2014 era when the threat of a flu pandemic was accentuated by the SARS outbreak in 2004 and H1N1 outbreak in 2009-10. The difference between these plans and the COVID-19 experience is that public health staff had good data on how the flu virus would behave, how it was transmitted, and how to treat patients and prevent subsequent infections and the spread of the virus. This information did not exist in the early stages of the COVID-19 response. COVID-19 was unprecedented in its scale and level of uncertainty. A number of the individuals who were part of the 2007-2014 flu planning and training era were no longer the ones in response positions for COVID-19.

Some participants also pointed out that it is more common for public health staff working in environmental health to partner and participate in training with emergency management staff. Public

health staff working in communicable disease may less often be involved in emergency planning and response; these individuals work more routinely with the medical community.

Variance in Emergency Management and Public Health Structure and Practice

NIMS and ICS are the response structures mainly used by emergency management professionals. These structures factor in changing information and circumstances in many ways, which has resulted in emergency managers being adept at acting within a shifting context. Many engagement participants shared a view that public health staff are generally less accustomed to planning and responding for crisis decision-making and are less structured to respond to crises with a high degree of uncertainty and significantly incomplete data. Nor are they typically placed in an Incident Commander position.

It was also noted by numerous participants that the relationship between emergency management and public health entities was not always well established. There was sometimes a lack of joint training and planning or standard practices for joint decision-making. Also, some participants pointed out that both public health and emergency management entities are underfunded; therefore, they have limited resources to engage in joint planning and training.

Equity

The historical and ongoing impacts of institutional and systemic racism existed pre-pandemic and were exacerbated by the impacts of COVID-19. Many communities were already underserved for health care. These underlying issues were further highlighted by the public murder of George Floyd and subsequent protests that occurred during COVID-19 while many people were following stay-at-home orders, with increased time and access to news.

Interpersonal Relationships

The degree to which relationships and established trust exists among decision-makers and responders is an important factor that affects crisis decision-making. The importance of relationships was continuously highlighted as a key component of effective decision-making regardless of the jurisdiction or organization. In short, the stronger the cross-jurisdictional and cross-sector relationships within a community the better. However, the strength, necessity, and vastness of these relationships vary dramatically from community to community.

In our interviews and group forums, participants commented that smaller jurisdictions and organizations, by necessity, depend upon partnerships and collaborations between organizations, departments, and agencies. In small communities, people know one another on a personal basis and interact frequently. These decision-makers often are familiar with the expertise within their communities and are used to being collaborative and inventive with limited resources. The smallness of this footprint requires them to have the relationships and trust necessary for successful disaster decision-making and response already established. These relationships are more frequently tended to as a means of community and economic health.

Larger jurisdictions and organizations experience different challenges. Their size and organizational complexity make it more difficult to have pre-established relationships in place with all the necessary players who will be engaged in crisis decision-making, planning, and response. Often, entities are able to find multiple means of satisfying their organizational needs and therefore established relationships are more spread out. The increased size further affects relationships as different organizations—including businesses from information technology to manufacturing—have diverse interests and national/global

community ties. Gaining and maintaining a working relationship with the plethora of public and private organizations requires intent and time. It is possible that, in a disaster situation, many of the parties engaged in the response will never have worked together. Required trust and understanding of roles and responsibilities may be undeveloped to a significant degree.

While the above list does not identify every contextual factor present at the onset of the COVID-19 pandemic, these are salient ones that were represented within the engagement data and have a connection to the recommendations.

Findings and Observations: During the Pandemic

Interviewees discussed experiences and perspectives related to the dynamics and challenges of decision-making that occurred during the pandemic. They reflected on the conditions that supported effective decision-making, identified difficult issues, and shared key lessons learned. Although observations may seem to relate to just one sector (for example, government), similar reflections were made by other entities.

Unique Nature of the COVID-19 Pandemic

Uncertainty. The pandemic went through an early phase, which many classified as a “period of uncertainty”. At its onset, it was not known how the virus was transmitted, who was at most risk of contracting and dying from it, and what protective measures could help stem the spread of it. As more was learned about the virus and protective measures, there was still significant uncertainty as the pandemic evolved.

Interviewees discussed the challenge of communicating accurate information to the public, and even internally in their agencies and organizations, since there was such a high degree of uncertainty and information often changed. Decision-makers looked for multiple sources of information to guide their decisions, but it was difficult to determine which sources to base their decisions on. The high degree of uncertainty made it difficult to develop strategies and to build trust with the public. Some interviewees stated that a lesson learned is that it is important to increase transparency of the criteria utilized to make decisions, including communicating to the public that there is a high degree of uncertainty, and that advice and strategies are likely to change. Some interviewees noted that the constantly changing advice to the public without sufficiently communicating the reasons why eroded trust.

Longevity of the Crisis. Many interviewees highlighted the novel nature of this crisis in terms of its extent, scale, and duration. Some interviewees stated that many decision-makers including emergency managers, public health officials, and elected officials had never responded to a crisis that went on for many months and years at a time. Responders therefore had to plan for rotations in leadership and to address burnout and even trauma among employees and volunteers. In some cases, rotating leadership meant decisions changed when the person in the leadership role changed. The longevity of the crisis itself caused further turnover. In some instances, key players rotated out and the institutional knowledge, relationships, and styles of decision-making changed. It was noted that turnover—during the pandemic—impacted relationships with other organizations and key personnel. The lost connections and relationships built over time often impacted the ability to access information, resources, or align policies and strategies.

The longevity of the crisis greatly impacted the mental and physical health of those in decision-making and key implementation roles. Interviewees shared how exhausting the experience was, especially as they also tended to their own families and friends. This exhaustion and the burden of the responsibilities they had

for making decisions that affected the greater society created unique challenges during and even after the crisis. Some interviewees found camaraderie and support through establishing relationships with colleagues and others who were in similar situations. Many interviewees pointed out the need to develop intentional mechanisms that can assist with tending to the mental and physical health needs of decision-makers.

Resource Scarcity. Since the pandemic was worldwide, there was a tremendous demand for various resources including such things as personal protective equipment (PPE) and human capital. At the beginning of the pandemic, a mad scramble ensued as governments and organizations attempted to find PPE to meet the needs of their institutions. This created unintended competition for resources. Interviewees stated that they often depended upon existing relationships to secure needed resources when traditional sources were unavailable or processes for procuring resources were complex and misunderstood. Some interviewees emphasized the need for advanced planning that includes identifying potential resource needs for future crises and establishing mechanisms for coordination prior to a crisis that affects every community.

The traditional emergency response structure calls for jurisdictions to use their resources and then reach out for support from surrounding communities, the state, and the federal government. During the COVID-19 pandemic, this system was disrupted as every community was affected. Mutual aid in the form of resources coming from surrounding communities was not available since they were using their resources at the same time. One example of this was provided by multiple health professionals who recognized that there was a high demand for nurses across the country to ensure a successful rotation of nursing staff without burn out and excessive overtime. However, since every hospital was using its nurses at full capacity, there were no additional nurses to be brought in. This example also connects to the complications created by the longevity of the crisis discussed above.

Information and Communication

The uncertainty present in the beginning of the pandemic, combined with efforts to rapidly learn about the virus, meant information changed quickly. Nearly all interviewees noted that initially sufficient information was not available from the Center for Disease Control (CDC) or the State Department of Health. For many decision-makers this caused differing levels of tension as efforts to quickly inform the public were in conflict with desires to only release data-driven information.

Different Sources of Information. Organizations and jurisdictions sought out and used many different sources of information. Entities often made independent choices as to what information to gather and from what source. Interviewees shared that in many ways it was a free-for-all as decision-makers were seeking credible information to base their decisions on. In some cases, decision-makers collaborated with others outside of their entities to share and analyze information. Interviewees noted that the lack of a centralized credible information source contributed to a fractured understanding of the situation and different approaches in response. Some interviewees reflected that they were provided too much information. Given that many of the decisions were urgent, they reported that this deluge of information was overwhelming. Also, there were many sources of information, and it became difficult to determine which source to base decisions upon.

Coordination of State Communications and Directives. Participants noted a lack of coordinated messages coming from state, commenting that they received different information and messaging from different state sources. This created confusion and difficulty in deciding appropriate actions. Even though some

interviewees appreciated the difficulty in coordination communication, they emphasized that improvements could be made to establish a coordinated information center especially for key broad information. Some interviewees reported receiving conflicting information within the same day which challenged their ability to prepare local implementers and constituents.

Challenges of Public Health Data. Within interviews and forums, the challenge of sharing protected health data was discussed. Some public health staff expressed concerns of confidentiality with sharing medical information – such as the location of viral outbreaks—that other entities believed needed to be shared internally and externally. This created tension between some decision-makers as they wrestled with which information could be and needed to be shared.

Situational Awareness. It was hard to establish big picture situational awareness at the local and state level, where significant decisions had to be made. Disaggregated data was difficult to find, and reporting was not necessarily accurate. Gathering data related to the impacts of COVID-19 as well as other related social and economic impacts, particularly to underserved and marginalized communities, was difficult. Interviewees from different levels of response commented on the importance of establishing processes and roles for analyzing the multiple interrelated aspects of the decisions made and their ripple effects and impacts to inform on-going decisions. They emphasized that there is a tendency to narrowly focus on key priorities for decision-making and the necessity to maintain a focus on the big picture. Some commented that this focus on the big picture and the ability to take into account changing conditions was often lacking. Many interviewees suggested that there is a need for integrating more systems approaches to decision-making and that, especially for a large scale, complex event, analyzing the big picture should be established as a critical role in decision-making.

Pace of Public Communications. As decisions were being made, many individuals in the interviews and forums expressed frustration with how quickly information was released from the state to the public. These individuals expressed that due to the rapid pace, they found out important information at the same time as the public, rather than receiving information prior to it becoming public knowledge. For example, some participants who were responsible for implementing decisions stated that they learned about the Governor’s directives and mandates during press conferences. This challenged their ability to be prepared. They would have preferred that the information be received with sufficient time to prepare and implement operations and policies more smoothly and to develop appropriate public communications. It was noted that there may have been other considerations that affected the pace of public communications including the importance of a unified message without being preempted by the early release of information. Another consideration may be the objective of minimizing dissent.

Communicating Decisions and their Rationale. Once a decision is made, it needs to be communicated to those responsible for implementation. Many reported a lack of communication between executive level decision-makers and those responsible for carrying out operations and implementation of policies. Those at the operational level needed the appropriate information in a timely manner to successfully execute the decision. Some interviewees mentioned that it is important to involve people responsible for operations as part of policy decision-making.

Transparency and honesty are appreciated, especially in an environment where information changes rapidly and decision makers may have to change course. Some interviewees noted that decision-makers did not always share the context and reasoning behind decisions. Communicating the “why” behind a decision or how it was reached helps build trust among the public as well as colleagues. For example,

interviewees noted there was a lack of transparency about the criteria for certain decisions which led to suspicion for some.

Coordination and Partnerships

The Role of Informal Networks and Associations. Some interviewees noted that they established informal coordination groups. For example, several mayors in one county started meeting to share information and problem-solve together. They held weekly calls where their local public health agency could provide updates, city and county leadership could share information, and they could develop a shared understanding of how to move forward. Interviewees found there was more success when there was unity of effort and shared objectives. In many instances, interviewees expressed that these informal networks have continued for regional or subregional coordination on other topics, even after the “State of Emergency” from the Federal Government was lifted.

Regional or statewide associations filled a gap for many jurisdictions, businesses, and facilities in terms of information sharing, correcting misinformation, and coordination. These associations became a point of contact to connect people with different resources, inform them of various successful approaches, share information, problem solve together, and work to help provide relief where possible. Associations were very helpful because of their already established trusted relationships with their members ahead of the pandemic.

Formalized Relationships. Many organizations have formalized relationships with partners through mutual aid, interlocal and other planning arrangements. These types of agreements often helped organizations during COVID-19 that did not have the necessary expertise or capabilities on staff or within their communities. A good example of this included partnerships established between some Tribal Governments and some counties and cities during vaccine distribution and shared allocation of critical resources. Often Tribal Governments had well established processes and capabilities that they shared with neighboring jurisdictions. It was noted that Tribal Governments should be included in regional pre-disaster planning and exercises to ensure plans are aligned and tested on a regular basis with state and local government.

Public-Private Partnerships. Public-private partnerships were another example of utilizing assets that should be considered during disaster planning. In a number of keyways, public-private partnerships enhanced decision-making and response by providing needed expertise and experience. Many private sector partners had resources and capabilities that they were willing to provide, such as locations for vaccine distribution, assistance with locating personal protective equipment, supply chain distribution expertise, creating dashboards and other technology needs, research, and other unique capabilities and capacity that the public sector did not sufficiently have. Interviewees commented that these public-private partnerships were essential to effective decision-making, communication, and response. Many interviewees noted that these relationships should be maintained, strengthened, and included in emergency preparedness planning for future disasters. It was suggested that these assets are identified and included in emergency plans.

Similarly, interviewees also recognized the important role universities played, for example, in providing information, assisting with research and data collection, vaccine development and distribution, and maintaining websites.

Consideration of Equity

When asked about equity, some interviewees noted aspects of the response in which it was considered or even described efforts to make it a guiding principle in decision-making. Still, many stated this is an area for improvement, feeling that equity concerns were not always integrated into the decision-making process but considered once a decision was made and feedback was received, if at all. Some interviewees felt that feedback was sought immediately after a decision was made so that it could be adjusted as needed. Others noted that feedback was only addressed once disproportionate impacts became evident.

Equity in decision-making is affected by how deeply equity has been integrated in pre-emergency planning and organizational culture. Interviewees who had an equity officer or team as part of the command structure highlighted this as a success. This individual or team's role is to evaluate alternatives from an equity perspective. Conversely, feelings of success were also recognized when decision-makers had strong relationships with community leaders from historically marginalized groups and used these relationships to collaboratively identify community-based action.

Beyond general concerns towards equity, our interviews surfaced interesting insights that are important to recognize. First, participants expressed equity is often considered a "lens" rather than a core principle in crisis decision-making. As individuals discussed, a lens can be taken on and off, but core principles inform all aspects of an organization's work. Some interviewees shared concerns that commitments to diversity were often felt by marginalized communities to be a "check box" mentality, or what one participant referred to as "che-qity." That is, historically marginalized people may feel "othered" when brought into the discussion as if only present so claims of inclusivity can be made. It was suggested that it would be important to be authentic in engaging with historically marginalized and underserved communities, providing opportunities for input and influence not only related to their communities, but on the whole population and response efforts.

One example shared is bringing in non-white individuals, who are leaders in historically racialized communities, and only asking them questions about how to address non-white communities, but not asking for their input on other aspects of the crisis response. A lack of authentic engagement results in feelings of decisions being made *for* historically marginalized communities, not *with* them. Therefore, multiple interviewees expressed that equity requires full engagement of diverse individuals. This was highlighted as an extremely important point across the board, especially in discussion with and around tribal governments and communities, historically marginalized racial groups, and the disabilities and other access and functional needs (D/AFN) communities.

Another conversation that was regularly brought up by interviewees is that in emergency situations decisions are usually made with a focus on addressing the largest population. However, these efforts may not serve the diversity of communities who are not part of the majority. When combining these diverse communities, they are a large collective of individuals. Put differently, although each of these demographic communities are significant on their own behalf, when taken as a collective these communities make up a substantial portion of the population who are often overlooked or feel like they are only considered once others in the community are stable. For instance, it was stated that there are 1.3 million adults living with disabilities across Washington State. Comparatively, the 2020 census numbers indicated that the overall population of Washington State is above 7.7 million.⁷ 1.3 million is substantial, and when you combine that with other groups who have historically been marginalized such as Black, Indigenous, and People of Color

⁷ [WASHINGTON: 2020 Census](#)

(BIPOC) populations, low-income households, tribal communities and incarcerated individuals, these underserved communities make up an even larger percent of the 7.7 million total. Therefore, interviewees advocated that decision-making should actively shift away from viewing choices of who to help in a crisis as an either/or issue –i.e., we either help the largest concentration of individuals or we focus on historically marginalized communities—to a both/and mindset. That requires recognizing that often when things are made accessible to historically marginalized populations, they are still accessible to populations who do not have specific needs. On the other hand, many decisions made for mass populations—that overlook cultural sensitivities—do not maintain accessibility for historically marginalized groups. One example that came up in the interviews was that if you make all written information accessible for individuals who require the assistance of reader technology, then those who do not need these technologies can still access the information. The reverse is not true.

The impacts of decisions on rural and smaller communities are often very different than those on larger and more urban communities. Interviewees noted that decisions did not necessarily take into account the nuances and differences between urban and rural and small and large communities. Resource equity is something that needs consideration given the differing needs of these communities. For more information regarding these comments, you can refer to the William D. Ruckelshaus Report, [A Question of Emergency Response Regionality](#).

Changes in Decision-Making Roles and Structures

Modification from the Standard Response Model. As interviewees discussed, NIMS and ICS create the foundation for emergency response nationwide with the expectation of some modification based on the organization. Many interviewees acknowledged that existing structures may have been insufficient to respond to the pandemic and it was reasonable to change them. However, when a decision-making structure was changed, it was not always done in ways that were explicit and clearly communicated. It was also not always explicit who would make decisions in a modified structure and which roles entities should play. This resulted in dual response efforts or a lack of clarity as to who were the ultimate decision-makers in some organizations.

The Role of the State. As noted previously, disasters are typically contained to a geography and managed by local responders. The pandemic's scale and scope pulled the state into a decision-making role unlike any other crisis. Early in the response, the state set guidelines for every jurisdiction to follow and later set guidelines that varied based on criteria. This involvement by the state challenged the established principles of local control and home rule. Some local governments felt state mandates undercut local control and applied a blanket solution despite different local conditions. Some expressed desire for more conditional calibration of restrictions based on local conditions.

Others appreciated state mandates because they relieved local leaders of difficult or unpopular decision-making. They helped provide consistency for organizations that cross jurisdictional boundaries such as hospital systems or businesses. Interviewees in varied types of organizations found state guidelines and mandates were helpful especially when there were conflicts about what guidelines to follow. For these interviewees, a common recognition was not that the state overstepped, but that they had wished the state had provided guidance earlier, citing the state's responsibility to enact control, when necessary, in statewide emergencies.

Role of Public Health. As mentioned earlier, emergency plans based on the NIMS and ICS model put the subject matter expert agency in the lead role as the Incident Commander. Following this guidance, the

public health agency served in the lead role in many jurisdictions and if it did not, many believe it should have. Some interviewees noted that public health staff seemed reluctant to take the lead role. Furthermore, other organizations were not used to the public health agency being in the lead. This led to confusion early on about which agency would lead the response and the role the public health agency would play.

Some interviewees noted that having a public health agency in a leadership role highlighted that there is a misunderstanding of the scope of public health. Some interviewees stated that there appeared to be a lack of recognition that public health agencies are not structured as crisis response organizations.

Other models in different jurisdictions across the state included emergency management having the lead, or the use of what is called “Unified Command” where agencies share the command responsibilities. In one instance, a county established a Multi-Agency Coordination Center (MACC) which is a NIMS entity that allocates resources between different incident sites. For communities with strong relationships and trust between entities, this appears to have led to stronger feelings of success.

Collaborative vs Unilateral Decision-Making. Many noted that where collaborative decision-making occurred, the response effort was more effective. However, collaborative decision-making did not always occur. In a crisis when decisions must be made quickly, and decisions would be controversial, it is common to consolidate decision-making among a few people. Some interviewees acknowledged that this was understandable in this crisis, but that over time, an organization could have adapted to a different decision-making model that allowed for more input once the acute response was activated.

Involving more individuals can also avoid duplication of effort. In one organization, the leaders found that there were many committees who were managing different elements of the response without good coordination and communication. People began to panic and wanted to do something. The organization created a central coordinating group, led by one individual, who could understand what different people were doing and coordinate the response. In communities where this was lacking, unilateral decisions often led to replication of efforts. For example, multiple local communities discussed how a lack of collaboration with state entities led to the state taking actions that conflicted with actions already being taken by local jurisdictions. For instance, one interviewee discussed how the state made plans to set up a vaccine clinic without consulting local entities about the specific needs of their community, such as clinic siting.

Involvement of Elected Officials. One of the unique dynamics of the COVID-19 pandemic is the involvement of elected officials and senior leadership in not only policy, but operational decision-making. Because of the significant ramifications of decisions, uncertainty and information gaps, and political polarization that arose, elected and senior leaders became involved in operational decisions. Some interviewees experienced a disconnect between the senior leadership and those responsible for and most familiar with operational implementation.

Additionally, this increased the likelihood of people unfamiliar with emergency management plans and procedures being involved in operations. This would include working in the EOC in an operational capacity. While NIMS and ICS have been a national standard for over 20 years, it is not a given that elected officials will have familiarity with the structure of the ICS system, how the EOC fits into that structure, and their role within ICS. Some interviewees emphasized the need for increased training or practice in disaster exercises for senior leaders. This was very evident early in the pandemic during the period of uncertainty, when it was not known if the actions being recommended or implemented were the appropriate ones to implement.

As the lines between elected leaders and policy makers and operations continued to be blurred, some interviewees expressed that confusion began to spread. Some interviewees noted different perceptions regarding appropriate roles even amongst elected officials, especially between legislative and executive branches of government. For example, some communities experienced tension between mayors and city council members as to who should be consulted on what matters in what timeframe.

Due to the politicized nature of the pandemic and the low trust in government that was already declining prior to COVID-19, elected officials faced many challenges in crisis decision-making. Information at the federal level was highly scrutinized which had continued politicalizing effects for state and local elected officials. This also occasionally manifested in extreme criticisms and disagreements for actions taken, exacerbating decision-makers' ability to create a unified approach.

RECOMMENDATIONS

Overview of Recommendations

To address the challenges discussed in the Findings and Observations section, the following section is structured around seven **Transformational Recommendations**. These are enriched by **Supporting Recommendations**. See the section titled **Adaptive Leadership Framework and Crisis Decision-Making** for a definition of adaptive challenges.

Transformational Recommendations include:

1. Strengthen Systems Thinking
2. Engage in Collaborative Decision-Making
3. Embed Equity at the Core
4. Build Resilience and Capacity for Adaption
5. Enhance Transparent Communication and Information Sharing
6. Foster Aligned Decision-Making through Formal and Informal Means
7. Evaluate and Strengthen Formal Structures/Systems for Decision-Making

The following icons are used to identify Transformational and Supporting Recommendations:

Transformational Recommendations



Icon credit: transformational change by Bold Yellow
from [Noun Project](#) (CCBY3.0)

Supporting Recommendations



Icon credit: Tool by Fabien
from [Noun Project](#) (CCBY3.0)

1. Strengthen Systems Thinking



Traditionally, approaches to decision-making are relatively mechanistic, analyzing specific parts or determining priorities without considering how they interrelate or what the ripple effects of a decision might be. There was tremendous complexity related to crisis decision-making during the response to COVID-19. Interviewees shared numerous experiences that reflected the struggles and challenges that they faced due to engaging in the more mechanistic and siloed approach to decision-making. Many also shared stories of how important it was to engage those with different experiences and broader

perspectives, in order to get a whole system view. At the core of these reflections is the importance of strengthening systems thinking tools for crisis decision-makers and those that influence the decisions. Integrating systems thinking into crisis decision-making inherently is more inclusive and can help to address equity issues. Systems thinking can provide approaches to thinking that consider issues of uncertainty, highlight vulnerabilities and potential impacts of decisions, incorporate feedback loops over time, and assist with adapting decisions as new conditions emerge.

Becoming adept at systems thinking may require additional professional development for leaders and others who engage in crisis decision-making and emergency planning. Given that the way each person thinks is fundamental to how one acts or how one approaches a situation, incorporating systems thinking into crisis decision-making and emergency planning can contribute to informed choices. The following are some elements of what utilizing a systems approach includes:

- Taking a long-term, multi-generation view of the issues and desired outcomes.
- Identifying interconnections, especially across sectors.
- Identifying influences and trade-offs.
- Considering patterns, trends, and changing conditions.
- Challenging individual and group assumptions.
- Not being bound by how things were approached in the past.
- Breaking down silos and working across disciplinary and sectorial boundaries.
- Addressing multiple objectives whenever possible.
- Considering the appropriate scales to address issues, which in some cases will not correspond to political boundaries.

Supporting Recommendation: Assign Systems Thinking Role



It was recommended by a number of interviewees that each decision-making group assign as a role people whose responsibilities are to view the crisis holistically, look at how all of the issues are interrelating, develop and analyze feedback loops, develop alignment in approaches and communications about decisions, and provide guidance to the decision-makers based on their analysis.

Supporting Recommendation: Ask Questions



There are specific questions that an organization, or individual seeking to engage in systems thinking can begin to ask themselves. Examples of questions include:

- What values underpin the system?
- What are the connections or interrelationships of the issues and proposed actions?
- What are other perspectives that need to be considered?
- What are the intersecting impacts likely to result following this decision?
- What feedback loops do we have in place?
- Are there key leveraging points that will affect multiple systems simultaneously?
- How is the current approach contributing to the issues that we are attempting to work past?
- Who else is or will be affected by this action/decision?
- What unintended consequences are likely to result following this decision/action?
- Who can I partner with to minimize these consequences?
- What long-term consequences will short-term decisions have?

Supporting Recommendation: Develop or Utilize a Social Vulnerability/Impact Assessment as part of Crisis Decision-Making



Social Impact Assessments includes the processes of analyzing, monitoring, and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment.⁸ There are different models for social vulnerability and social impact assessments. It could be helpful to identify what aspects of these models could be useful in crisis response and incorporate them into the crisis response decision-making processes.

Supporting Recommendation: Prepare for Migration



One example of utilizing systems thinking is to pay specific attention to the needs of local communities that are destination locations or other locations where people are likely to retreat to during emergencies. For instance, during COVID-19, stay at home orders resulted in migration to destination locations, such as beach towns, where people owned or rented secondary homes. As many of these locations are smaller in size, these migrations caused local communities to be overburdened and under prepared, especially as more people need access to healthcare, food, and basic supplies.

When other emergencies, like an earthquake, have higher impacts on coastal communities, migration inland is likely to occur and could cause similar stresses on different small communities. Considering these potential migration patterns and impacts is an important element to incorporate into local, regional, and state preparedness plans.

2. Engage in Collaborative Decision-Making



In the initial days and months of COVID-19, saving lives and reducing transmission were essential priorities. Urgent and critical decisions needed to be made based on incomplete information as it took time to understand the nature of the virus. During this initial phase, decision-makers need to provide leadership and direction, often without the time to include all perspectives or consider all alternatives. Decision-makers and those who advise decision-makers bring their existing beliefs, values, style of leadership, knowledge, and how they think to the decision-making process. This collection of characteristics pattern what is considered when making decisions. If the participants reflect siloed structures or relationships, then the decision-maker's orientation to decision-making will likely be narrow, focusing on the silo that they represent or are a part of. Also, existing or new decision-making structures provide a context in which who can influence the decision either becomes narrowed or broadened. Limiting participation in crisis decision-making may impede broader perspectives and intentionally or unintentionally exclude a diversity of thought and experience.

Many interviewees expressed that it became essential for both effective decision-making as well as for personal support to engage in cross-sector, cross-jurisdictional, and community-based collaborations. Many of these collaborations were innovative and unprecedented, and depended upon engaging with existing relationships as well as developing new ones. For example, in Snohomish County, a collection of community-based organizations convened a collaborative effort for vaccine distribution as well as other shared issues. In some regions, mayors created informal groups of mayors for support, information

⁸ Definition from the International Association of Impact Assessments.

sharing, and strategy development. Some counties created equity working groups with diverse representatives to assist in identifying disproportionate impacts and strategies to address discrimination and equity. The Washington Department of Health convened over a hundred community-based organizations to provide input into vaccine distribution and vaccinations. Another example was that in some counties' local public health entities or county governments and neighboring tribes collaborated.

Collaborations between local, regional, state, and tribal governments and business and local community organizations were depended upon for everything from procuring personal protective equipment, development of data systems, data analysis, gathering information, to operational assistance in setting up vaccination sites and reaching out to various communities. These collaborations provided opportunities to create new connections and work together on shared interests. This was especially true for bringing together the public and the private sector into partnerships. These collaborations provided insight into the specific assets of the public and private sector for emergency response and the potential to strengthen these partnerships for future crises in addition to on-going civic affairs.

Many interviewees expressed concern that collaborations that were created during the pandemic would fade away once COVID-19 was under control and the crisis subsided. There was strong support for decision-makers to identify how to maintain and strengthen collaboration. Collaboration needs leadership and effective processes to succeed. It is recommended that the public and private sectors modify and transform their planning, training, and exercising for future emergencies, to ensure collaborative operational and decision-making structures are developed and maintained prior to emergencies. This is also relevant to operational and policy decisions that need to be made during recovery from major incidents, for example earthquakes, floods, and fires. Crises and actions focused on recovery cross political and sector boundaries and benefit from collaboratively seeking understanding of how actions interrelate and impacts others.

Another key take way from interviews and forum participants was the recognition that NIMS and ICS models were not always followed fully or at all. Many jurisdictions that moved away from these models did so believing that they were not sufficient to address a crisis as geographically and chronologically large as the COVID-19 pandemic. While others advocated that the models were sufficient and have been designed to be adaptable based on scale. This disconnect between those who thought NIMS and ICS were sufficient and those who were not caused tension in crisis response. Commitment to collaboration can be one means of mitigating this tension in the future. The more collaborative training and planning processes are for emergencies, the more diverse input is included. Furthermore, there is greater buy in, commitment to, and confidence in the plans by more individuals, agencies, and organizations. In all, this will likely result in an increase in utilizing pre-developed plans when decisions have to be made quickly.

Supporting Recommendation: Take Advantage of Formal and Informal Collaborative Structures



There are numerous examples of how formal and informal collaborative structures supported people and organizations during the COVID-19 pandemic. They brought people together in dialogue, shared information and resources, aided the response, and captured many lessons learned. In some cases, these entities were pre-established – such as the Washington State Hospitality Association, the Association of Washington Cities, the Washington State Association of Counties, or Challenge Seattle and in others they were ad hoc collaboratives created during the pandemic—many of which communities have maintained even after the height of the pandemic was over.

Where it is feasible, organizations should identify places where collaboration with different entities would be useful for emergency response and build collaboratives. While it is recommended that these collaboratives meet regularly for planning, training, and relationship building even in times of no active response, these can also be established as collaboratives that maintain relationships but are primarily activated during times of crisis response and recovery. However, as this indicates, even in times with no active response, efforts still need to be dedicated to maintaining relationships and trust between organizations.

Supporting Recommendation: Shift to Collaboration at Earliest Possible Time



Recognizing the immense pressure many decision-makers felt to act fast, especially during the initial stages of the COVID-19 pandemic, there is a tension between such pressures and a commitment to collaboration. If collaboration is a core practice prior to a crisis occurring, then it is likely that even under pressure, collaboration is more likely to occur. However, even if isolated decision-making is required at the start of a future crisis, our interviews surfaced that decision-makers could benefit from actively shifting to collaborative efforts as soon as possible, rather than continuing in unilateral means for the longevity of the response. Again, this will also help to provide a natural focus on and maintenance of relationships and trust that is relied upon for effective crisis response.

Supporting Recommendation: Establish Roles and Delegate



When engaging in collaboration, it is also important to recognize that roles for individuals are important to establish along with decisions. This is tied to delegation. Deciding who will do what needs to be part of the collaborative decision process. This will help to ensure everyone knows who is going to take care of what aspects, while also continuing to establish required trust and relationships for decision-makers to delegate with confidence. Following clear roles for those involved, the decision-maker(s) can help provide support when needed rather than feeling the pressure to take on all responsibilities.

3. Embed Equity at the Core



A common theme that emerged in interviews is that equity principles need to be embedded in emergency planning, decision-making, response, and recovery. This requires the development of frameworks, analyses, and core questions that help guide decision-making. It also requires developing and sustaining relationships with a diversity of communities and the creation and maintenance of opportunities, especially for underserved and marginalized communities, to engage with and provide influence on decision-making and key implementation actions. Equity has become a much more visible factor in responding to disasters. Participants shared that some communities bore disproportionate health, social, and economic impacts due to the pandemic and actions taken to protect the public. For example, with the designation of essential personnel, those required to be physically at work were often in low wage and service jobs that required much more person-to-person contact. These low-wage workers were often from communities that care for their elderly family members at home; therefore, the likelihood of transmission to vulnerable elders was increased, while also having less access to healthcare. Also, BIPOC communities

that already tended to have lower quality of healthcare were disproportionately impacted. Research conducted by various entities throughout the pandemic support the experiences shared by interviewees.⁹

Involving a diversity of communities in emergency preparedness and response planning and in decision-making, as well as considering the unique needs of underserved communities enhances equity for individuals and communities who have been historically marginalized within society.¹⁰ It is important to actively work to include, in decision-making, representatives of a diversity of communities that will be affected by the decisions made.

Focusing specifically on the inclusion of historically marginalized communities, cultural sensitivity was a term regularly used by interviewees when discussing concerns of equity. Cultural sensitivity acknowledges that people of different cultures may have different beliefs, values, histories, and practices that affect trust and behavior. Following adaptive leadership principles, it is important to build trust and relationships within communities and their leaders to best adapt strategies that take into account their cultures. Some cultural differences became apparent during COVID-19. It is important to build upon the knowledge gained, lessons learned, and relationships developed to improve awareness and create new practices to enhance cultural competence for crisis decision-makers.

Supporting Recommendations: Create an Equity Officer Position



Discussed in many interviews was the idea that jurisdictions involved in crisis response would benefit from having staff dedicated to addressing equity as part of decision-making and response. Interviewees often shared that organizations that had an equity officer—a term being used here as a general reference, but not representative of the official title these individuals hold in each organization or team—and/or advisory group were often more adept at addressing equity issues during the pandemic. Furthermore, it is recommended that the equity officer(s) be organizationally positioned high enough in the organization to ensure their continued inclusion in all aspects of crisis management. Beyond informing the internal decision-makers of equity issues, the equity officer, team, and/or advisory group could also actively work to build relationships and trust with community leaders. Understanding the unique and intersecting cultural needs within diverse communities requires sustained dedication and effort. Therefore, establishing an equity officer and/or equity team committed to building relationships within communities, educating themselves on the needs at the individual and community—not generalized categorical—level, and bringing that knowledge back to the decision-makers, is recommended. It is also recommended to embed staff who are focused on equity into emergency preparedness planning, training, and response. This establishes a foundation for quicker recognition of potential and emergent disproportionate impacts of decisions.

⁹ Lancet (2020). The Plight of Essential Workers During the COVID-19 Pandemic. *National Library of Medicine*. doi: 10.1016/S0140-6736(20)31200-9.

Reid, A., Ronda-Perex, E., Schenker, M. (2020). Migrant Workers, Essential Work, and Covid-19. *American Journal of Industrial Medicine*. doi:10.1002/ajim.23209.

Rogers, T.N.; Rogers, C.R.; VanSant-Webb, E.; Gu, L.Y; Yan, B.; and Qeadan, F. (2020). Racial Disparities in Covid-19 Mortality Among Essential Workers in the United States. *World Medical and Health Policy*. doi: 10.1002/wmh3.358.

¹⁰ For more information, contact the Alliance of People with DisAbilities and gain access to their report, "Beyond Physical Accessibility: Creating Inclusive, Accessible, and Accommodating COVID-19 Vaccination Clinics for All Disabilities," written by Sainati, Meck, and Tatsuda (2021).

Supporting Recommendations: Establish a D/AFN Coordinator Position



While a general equity officer/team was recommended, a particular focus on disabilities and access and functional needs (D/AFN) is also recommended. D/AFN individuals represent 22% of the state's population alone, yet—as with any group—are diverse in their own right. Deaf and hearing-impaired communities require different needs than blind and vision-impaired communities, while people in wheelchairs or those experiencing genetic disabilities require others. Due to the diversity of D/AFN communities, it is recommended that the Washington State EMD, local emergency management agencies, and other crisis response organizations, implement a D/AFN coordinator specifically dedicated to ensuring equity for D/AFN communities. These recommendations can be further explored in “Building a Case for a D/AFN Coordinator at Emergency Management Division” produced by the Washington State Independent Living Council.⁷ According to this report the D/AFN Coordinator can help ensure equity across five primary needs areas:

- Communication
- Maintaining Health
- Independence
- Safety, support services, and self determination
- Transportation

Recognizing the varied structures of departments within emergency management—some jurisdictions having full departments while others have one person with added responsibilities—smaller jurisdictions are unlikely to be able to afford hiring an equity officer or D/AFN coordinator. In situations where funding and other resources are limited, relationships with community leaders who can help inform decisions continue to be of high importance. It would be beneficial for those tasked with emergency preparedness duties in small jurisdictions to actively build trusted relationships with community leaders associated with underrepresented communities to ensure that the community's needs are considered in emergency response. If on-going engagement is expected, compensation of their time should be prioritized.

Supporting Recommendations: Translate Information Simultaneously



Another discussion had in the engagement efforts was that during the pandemic, translation of materials was a struggle. After decisions were made and information was needed to be made public, individuals were called upon to translate information into various languages for different communities. However, as some participants discussed, due to the rapidly changing informational context and uncertainty, by the time translation was completed, the information had changed and required updating. By incorporating diverse community leaders into decision-making advisory groups, information can more readably be translated in parallel to decisions being made and information changing. It is also recommended that during press conferences there is a sign language interpreter to help ensure that signing is part of mass media live messaging.

Supporting Recommendations: Establish Equity Values and Toolkits



Interviewees described some organizations that pre-pandemic had strong values around diversity, equity, and inclusion (DEI), noting that these practiced values organically extended from daily operations into crisis operations. Other organizations made significant efforts to define and prioritize DEI values during the pandemic, in part because of the attention brought to them by the concurrent national conversation about

police brutality and Black Lives Matter. Public Health – Seattle & King County (PHSKC) provides a strong example of an organization taking the time to reassess and reassert its values while under tremendous pressure to move quickly during the pandemic. The resulting “Bill of Rights” provided important guidance to decision-making by PHSKC and its Health and Medical Area Command (HMAC). An excerpt is shown below, and the full document is contained in Appendix B.

From the Public Health – Seattle & King County “Emergency Bill of Rights”

In an emergency response, Public Health and its Health and Medical Area Command have the duty to:

- Do no harm.
- Consider those most vulnerable both in the short- and long-term view.
- Provide safe, respectful and culturally responsive care, provided in a manner consistent with their beliefs;
- Provide access to all crisis related services and/or resources for all community members and to redress community members within established mechanisms when barriers or gaps are identified.
- Provide clear and transparent information in an understandable way.
- Engage residents across identity groups.
- Listen to all community members, but more explicitly with Black, Indigenous, and People of Color (BIPOC) and other marginalized communities (e.g. immigrant/refugees, LGBTQ, undocumented, prison populations, individuals experiencing homelessness, individuals living with disabilities, etc.).
- Not to re-traumatize communities who have experienced historical trauma.
- Establish a mechanism for reconciliation and restorative justice

Many interviewees and forum participants discussed that equity decision-making toolkits or policy screens have become helpful for organizations. These toolkits outline questions and practices that can be considered in the development of policies and operations. One example of these equity toolkits is King County’s [Equity Impact Review Tool](#) and the [Equity Impact Awareness Tool](#) to help ensure decisions around COVID-19 vaccine sites factored in racial disparities across the community.¹¹ Similarly, Washington State University has established the [Equity Impact Assessment Tool](#) to Evaluate and Develop Policy that uses an assessment to assist with existing and future policies to help identify potential disparate effects on difference groups.

Supporting Recommendations: Embed Equity in NIMS and ICS



Another recommendation that surfaced during our interviews was the idea that communities should have a diversity committee evaluate NIMS and ICS models for equity concerns based on the needs associated with the communities in which their emergency response teams work. This came with the recognition that NIMS and ICS could be enhanced by analyzing ways in which biases may be incorporated into decision-making and operational structures and how best to tailor the ICS and NIMS to incorporate equity at its core.

¹¹ General King County Tools and Resource Page: [Tools and Resources - King County](#)



4. Build Resilience and Capacity for Adaptation

COVID-19 and the responses to the pandemic impacted every aspect of civic life. Some communities were disproportionately impacted and suffered significant negative impacts and discrimination. Individuals who had responsibilities for decision-making and implementing decisions, whether that be community-based leaders, personnel in businesses and organizations, or public servants were challenged with highly stressful situations, trauma, exhaustion, constantly changing information, and on-going uncertainty over a long period of time. That the pandemic was global created unfamiliar and unusual circumstances in which to respond. Residents in Washington benefited from decision-makers in the public, private, and community-based sectors who committed time and talent to assist residents in the many challenges that they faced.

There were vital and essential contributions made by community-based organizations and individuals who provided residents, especially underserved communities, with food and services that enhanced their well-being. Without the efforts of these groups, the impacts would have been significantly greater. Emergency preparedness is often thought of as key to minimizing the impacts of a specific incident or situation. One key aspect of emergency preparedness is whether impacted organizations, jurisdictions, and businesses have plans in place for continuity of operations so that they are available to respond in an emergency. COVID-19 response highlighted how critical community-based organizations are to emergency response and that they are under resourced and often not included in planning and decision-making. Many community-based organizations drained their financial resources in order to respond to the needs of their communities. The assets that these organizations bring need to be recognized and resourced in the planning, training, exercising, and response to future crises. Emergency preparedness funding should be set aside to supplement community organizations when helping in crisis response.

In thinking about future emergencies, it is important to consider how to strengthen organizational as well as community resilience. Interviewees often commented that the decreased organizational bureaucracy and increased creativity in developing policies, operations, and programs provided needed flexibility and adaptations that greatly enhanced successful outcomes. Interviewees recognized that when funding streams adapt to fit the strategies of local communities, rather than strategies fitting pre-determined funding structures, more innovation and the satisfaction of community needs is improved.

Reducing bureaucracy was another important discussion had throughout engagement efforts. Interviewees and participants recognized that due to the need to accomplish tasks quickly during the pandemic, many organizational and government bureaucratic barriers were broken down which allowed for more efficiency in action and decision-making. Therefore, organizations should take stock of where the reduction of bureaucracy occurred and its results as a means of re-evaluating policies and procedures for normal operations and where reduction can formally occur in times of emergency.

Also, many entities redeployed employees to new roles, often quite different than their existing roles. This organizational nimbleness was crucial in implementation of decisions and continuing essential services and functions and interviewees recognized the need to prepare employees to be comfortable in various roles that they may be put into once a crisis arises.

Strengthening the conditions for community resilience can also reduce negative impacts from a crisis. There were many aspects of community resilience that were expressed during the pandemic. For example, some community-based organizations pivoted from their stated missions to fill the needs of their communities, especially related to access to food. Eventually, innovative businesses shifted their business

models to account for the constraints they faced. Numerous lessons from the response to COVID-19 point to the importance of intentionally identifying and strengthening community resilience as an aspect of emergency preparedness and recovery.

Supporting Recommendation: Tend to the Mental Health Needs of Decision-Makers and Responders During a Crisis



Providing trauma care and other mental health services for employees and elected officials during emergency response was emphasized during interviews and forums. People recognized the stress and uprooting of normal routines that came with helping to respond to COVID-19 over such a long period of time with often limited availability for rotation or time off. Therefore, it is important to identify strategies for how to best support the mental health of key responders and decision-makers during and following a crisis. The traumatic and exhausting impact of crisis response is often overlooked and untended. Dedicating a wellness liaison or team is one option that was discussed that could help improve the focus on well-being. Addressing mental health and trauma needs of key responders and decision-makers may also help decrease turnover rates for those who have significant responsibilities in a crisis.

Supporting Recommendation: Identify and Leverage Full Community Assets, including Community-Based Organizations and Private Sector Entities



Decision-makers could benefit from performing an inventory of community assets that could be called upon during a crisis. This could include community-based organizations, community leaders, and private entities. A good place to start this inventory is to evaluate what assets were and were not used during the pandemic. How they could have been used to their fullest extent—without unfair and inequitable over-extension, and how can more community assets be leveraged. Keeping collaboration and adaptive leadership in mind, including community-based partners in this evaluative process is important. They can likely help to broaden possible asset use. The private sector has many assets that could be utilized during a crisis. The public and private sectors could benefit from identifying these potential assets and shared interests so to enhance emergency preparedness.

Supporting Recommendation: Redundancy as an asset



As discussed, nimbleness in structure, policies, and procedures was highlighted as a benefit, especially in times of crisis response. Creating redundancy in training and responsibilities is one way to further enhance the nimbleness of an organization and structure. As more individuals become practiced in different aspects of crisis response roles and responsibilities, there is more flexibility in adjusting to the context as needed. This also allows people to become practiced in unfamiliar roles so that when a crisis arises, they are more confident in taking on new responsibilities, if needed. Cross training can enhance comfort as circumstances shift which can be an asset in response efforts.

Potentially, redundancy in roles and responsibilities can help to address fatigue and mental health as different individuals can step in and provide, if only temporary, relief to one another when needed. By having this redundancy, the consequences of turnover can also be minimized. Often with turnover, cross-jurisdictional, organizational, and communal relationships and trust as well as institutional knowledge is lost as a new person steps into a role. Redundancy in planning and training can ensure that the relational aspects and knowledge base for the role are stronger and less affected by shifts.

5. Enhance Transparent Communication and Information Sharing



Communication, specifically the sharing of information, was a common frustration brought up throughout engagement efforts. This included internal and external communications. Based on the information provided in interviews and forum engagements, transparent communication of all relevant information is key to a successful pandemic, and emergency response. One of the most important messages conveyed by interviewees was that there needed to be more transparency in communications with the public, especially in the first few months of COVID-19, when there was significant uncertainty about the information that was shared regarding what was known about COVID-19 and how best to protect oneself and others. It was emphasized that it is important to be transparent about the degree of uncertainty around the information that affects decisions. It is equally important to communicate what criteria underlies decisions in a time of uncertainty. Continued transparency in information sharing was identified as an effective means to help maintain trust in government. Interviewees commented that the public often seemed confused or cynical due to impressions that information was static and stable, when in fact, communicators needed to help the public realize why information was continuously shifting. Transparency may also increase the common information base that all community decision-makers—regardless of jurisdictional size or organizational structure—use to make decisions and increase the likelihood of a unified message.

It was also pointed out that communication is more effective when there is a reciprocal and continuous process between decision-makers and those impacted by the decisions. Feedback loops, to receive input on the results of actions, are regularly needed to ensure that strategy matches outcome. Furthermore, reciprocal communication continues collaborative and inclusive efforts, while providing opportunities for communities to address questions and concerns they face. Some interviewees commented that it was not uncommon for decision-makers to feel as though they had done an adequate job of conveying information to others, while those received the information shared concerns that information was not adequately communicated.

Prior to communicating with the public, however, another prominent discussion was that there needed to be more transparency in why certain decisions were being made. Many individuals tasked with operationalizing decisions felt as though they were often left in the dark on why a certain course of action was being taken. This was particularly prevalent when decision-making deviated from traditional structured approaches, such as utilizing NIMS and ICS, to more emergent approaches. Therefore, it is recommended that time be taken to communicate the logic and justifications behind decisions to entities operationalizing decisions.

Supporting Recommendation: Provide Messages in Repeated and Diverse Ways



Some interviewees commented that information was not always effectively received, even though the entity that provided the information thought they had been successful. One tactical recommendation is to ensure that information is shared repeatedly and through diverse means. This includes translating information, utilizing trusted community messengers, posting on social media and community newspapers, blogging, TV and radio announcements, holding on-line Q and A forums, posting on community bulletin boards or telephone poles, and providing information to those hard of hearing, deaf and blind. One rural community saw great success in establishing a weekly podcast between public health and emergency response officials about what was occurring. Others discussed blogs being a helpful way to

disseminate messages in different and non-traditional ways. Another recommendation is for decision-makers and organizations to review how they share information with their communities and explore how information can be shared in multiple ways that are culturally sensitive and responsive to a diversity of communities. Furthermore, it is helpful to embrace redundancy in communication, especially in active response, when people are experiencing high levels of stress and exhaustion.

Supporting Recommendation: Establish Opportunities for Learning and Improved Decision-Making



During the pandemic, conditions and information were constantly changing. It was noted that decisions needed to be constantly evaluated and re-evaluated considering new information. As part of the decision-making process, it is beneficial to create opportunities for reflection on what is being learned and how that might modify decisions. Also, a key lesson was the need to more effectively engage a diversity of communities to provide feedback on decisions to fully understand impacts and needs.

Supporting Recommendation: Evaluate Pandemic Dashboards



During COVID-19 many communities and entities created dashboards of information to be used to communicate to the public. However, interviewees commented that some of these dashboards provided useful information while others were identified as overly complex and confusing. Based on lessons learned during the pandemic, proactively evaluate dashboards for their effectiveness for information sharing.

Supporting Recommendation: Coordinate and Improve Access to Information



Many interviewees felt that information was not well coordinated and did not always consider how communities best access information. For example, many reported conflicting information from different sources within the same day. Others discussed not having timely access to information due to various barriers, for example, information for non-English speaking individuals or D/AFN communities. Another barrier discussed was that information took time to disperse across the various networks and depending on how strong network ties were, some entities received information much later than others.

To address these issues, it is recommended that information coordination structures be proactively established and fully utilized during a crisis at the state, regional, and local governmental levels. It is encouraged that entities evaluate their experience during COVID-19 related to the coordination and access to information and identify improvements for future emergencies. It is important to create mechanisms for information coordination and access that include all relevant departments or agencies so that the substance of the information is aligned. Adding to this recommendation, is dedicated and proactive effort to identify and implement communication practices that will help to disseminate messages more equitably across the state—or locally tied communities—to ensure that regardless of where individuals are within a network structure or community, they receive information along with everyone else. It will be important to proactively establish trusted community partners in the development of strategies that will ensure equal access to information.

Once decisions have been made and information is shared, it is also important to communicate the best ways to access needed resources. For example, some interviewees recognized that even when grants were made available, it was too difficult for them to identify how to apply for the funds because process information was not readily accessible. They knew the grants were available but did not know what steps to take to apply for them.



6. Foster Aligned Decision-Making through Formal and Informal Means

Decision-making within organizations is shaped by formal structure and plans, as well as informal factors, such as pre-existing interpersonal relationships and trust as well as organizational values and culture. Interviewee reflections on their experience with COVID-19 indicates that informal factors can have a significant impact on whether pre-emergency planning and decision-making structures are followed during a crisis. The intense pressures of a significant crisis, which the pandemic certainly was, exacerbate this impact.

Continue to establish, train, and exercise to emergency response plans. The disaster preparedness cycle is to first formulate a plan; train all the individuals who will be engaged in responding to a disaster on the plan, including policy makers and staff; and finally exercise that plan in some form of simulation, either a tabletop discussion format or an actual scenario with the EOC being activated.

When new people take on roles as key decision-makers, it is important for emergency response preparation be a priority. Since the timing of crises is unknown, early engagement with newly elected officials on roles and responsibilities in an emergency as well as emergency plans is beneficial as soon as possible. COVID-19 began shortly after some elected officials, as well as others in key positions, had just started their jobs. Formalizing knowledge of emergency planning as part of the on-boarding process is a key to ensuring preparedness and helping to establish necessary relationships from the start.

Embed critical questions directly in emergency response plans and procedures. The value of plans is not that they are “right” and accurately predict future crisis conditions and the “correct” response. The value is in the consideration of what might happen in the strategies, resources, and thought processes that might prove valuable. Importantly, plans and processes can build in critical questions, reminding responders to pause and evaluate before acting. Based on interviewees experience during the pandemic, the following ideas and critical questions were suggested to embed in emergency planning and response:

Diversity, Equity, and Inclusion

- How are different populations being impacted by the crisis?
- How do we engage different groups and perspectives in the decision-making process?
- How might potential decisions impact different groups?
- How will we evaluate the actual impact of decisions on different groups?

Pace of Decision-Making

- How quickly do we have to make decisions?
- Can pressure to make decisions quickly be evaluated and reconsidered?
- What is needed to support collaborative decision-making and communication?
- How quickly can decisions be implemented in the real world?

Who Will Make What Decisions

- What do existing plans suggest?
- What do conditions require?
- How will we explicitly communicate changes in decision-making roles and structures within our organization?

Learning and Evaluation

- How can we continue to evaluate conditions and best practices?
- How can we evaluate the impact and effectiveness of our decisions?
- How quickly should we revise or redo decisions based on new knowledge?

Communication

- How can we effectively communicate our decisions – and the rationale for them to affected parties, including our staff, our partners, and our public?

Supporting Recommendation: Conduct an After-Action Review Focused on Decision-Making



While there are many common themes in interviewee reflections on decision-making during the pandemic, the experience of each organization or jurisdiction was different and most would benefit from an after-action review focused on decision-making. Consider formal or informal reflections on the following questions, focused less on what specific decisions were made, and more on the process of decision-making:

- Who made what decisions? Was this aligned with pre-disaster planning, or different?
- What information was used to inform decision-making?
- How were decisions communicated?
- What did we learn? What worked well and where did we face challenges?
- What would we do differently?

Incorporate learnings in plans and other documents that seek to define and guide organizational values and other cultural elements that will affect future decision-making.

Supporting Recommendation: Engage Policy Makers in Planning, Training, and Exercising



Senior members of an organization are often not directly engaged in the emergency planning process. On occasion, they may be involved in training exercises. During COVID-19, senior members of an organization sometimes ended up being more (and sometimes less) involved in policy and/or operational decisions than planned for. As such, this points to the importance of having them as part of training processes. Being more actively involved in training and planning will increase their familiarity with their roles and responsibilities as well as understanding the issues involved in the response.

Potential strategies to effectively involve senior members of an organization include:

- Cultivate a relationship between the emergency manager and/or staff who have key responsibilities in an emergency and senior members of the organization.
- Make the case by communicating the benefits of being prepared and the risks of not being prepared in the face of increasingly frequent crises.
- Tailor trainings for senior members of an organization to focus on their roles and the specific challenges they will face in a crisis.

Supporting Recommendation: Explicitly Communicate Changes to Decision-Making Structures and Roles



The approach to decision-making may change in a crisis as events unfold. When this occurs, it may be helpful to explicitly communicate changes to decision-making structures and roles to all affected

participants in the response. A number of interviewees remarked on the confusion that was created when this did not happen. This communication may include:

- A change in who is making and influencing decisions- This includes policy decisions (those that impact the whole organization) and operational decisions (how to achieve the adopted policy).
- What new information is affecting the decisions? Establish shared understanding and agreement on what information is being utilized for decision-making.
- Who needs to be notified of the changes to decision-making structures and roles? Communicate essential changes to those who need to know.

Supporting Recommendation: Strengthen Relationships Across Organizational Silos, Levels of Government, Communities, and Sectors



Interviewees commonly stressed the importance of establishing relationships and trusted partnerships prior to an event and maintaining effective partnerships developed during the pandemic.

Before a crisis, establish relationships and build trust within and across organizations. While formal plans and partnership agreements are important, the essential nature of strong personal connections cannot be underestimated. Trust is a key factor in decision-making, yet it is challenging to establish during the stress and uncertainty of a crisis. Interviewers stressed they relied on people they knew and trusted, people who they could reach because they had their phone numbers in their cellphones. This also draws attention to the need to establish equity as a core principle prior to a crisis occurring as a means of ensuring that the known and trusted people one reaches out to are a diverse representation of the larger community in which they are making decisions within.

During a crisis, identify relationships and partnerships that may be beneficial. Consider peers in neighboring jurisdictions, businesses, as well as associations and networks of partners. There are numerous examples of how both formal and informal collaborative structures supported people and organizations during the COVID-19 pandemic. They helped people come together in dialogue, share information and resources, assist in the response, and capture lessons learned. In some cases, these were pre-existing groups, and in other cases they were ad hoc, created during the pandemic. At times, the role for pre-existing organizations was planned and considered prior to the pandemic, and in other cases, pre-existing groups adopted innovative ways of serving their constituents.

7. Evaluate and Strengthen Formal Structures/Systems for Decision-Making



While the previous Transformational Recommendation focused on the plans, relationships, and cultural factors that affect crisis decision-making, this recommendation is more focused on formal inter-agency relationships and organizational structures.

Elevate the Importance of Emergency Management at the State, Regional, and Local Level

Emergency management has traditionally been oriented towards preparing for, responding to, and recovering from natural and human-caused emergencies and disasters. These have been traditionally considered as point-in-time events, even if catastrophic in scope. Climate change, social inequities, and economic and social issues such as homelessness, as well as the COVID-19 pandemic, have highlighted the need for expert management of “crises.” Also, the challenges of emergency management, response, and recovery increase as emergencies coincide in time; for example, as occurred during COVID-19- -wildfires, extreme heat events, and significant social unrest. These compounding events require the emergency

management system, and the professionals who staff it, to handle more frequent simultaneous crises. Add in consideration of long-standing structural inequities and underserved communities, severe resource constraints, as well as incredibly taxing conditions for the individuals who are responsible for decision-making and response.

It is recommended to evaluate and re-envision the level of priority and resources needed, as well as the role of emergency management, in relation to efforts to create resilient, thriving, and functioning communities. For example, consideration might be given to how best to integrate emergency management with climate impact mitigation, community resilience initiatives, or actions to reduce social vulnerabilities, for example, poverty reduction. Also, the planning and response frameworks could be evaluated and revised to consider equity, inclusion, and diversity in order to minimize disproportionate impacts of crises.

Supporting Recommendation: Evaluate the Location of the Emergency Management Division within the Washington State Organizational Structure



Within the context of the above Transformational Recommendation, it is important to evaluate the most effective placement of the Washington Emergency Management Division within the state organization. The placement would somewhat depend upon the nature of the vision for emergency management into the future. For more details on this recommendation please view the [“A Question of Emergency Response Regionality”](#) Report completed by the William D. Ruckelshaus Center.

Supporting Recommendation: Increase Funding and Funding Flexibility for Emergency Management and Public Health



The emergency management and public health functions at the state, regional, and local level need resources appropriate to the demands placed upon them. This may come in the form of increased funding and/or increased funding flexibility. Categorical funding for public health was often cited by interviewees as too prescriptive and inflexible to support emergency planning and other needed investments.

- Tribal, state and local emergency managers require funding to engage other jurisdictions, Tribes, and community-based organizations and communities in additional relationship building, planning, training, and exercising.
- As described in the [“A Question of Emergency Response Regionality”](#) Report, the creation of a stronger regional presence of the Emergency Management Division is one way the state could support enhanced local and regional planning. The state could also provide incentives for larger jurisdictions to actively support smaller jurisdictions. However, our interviewees recognized that this would require further investment by the state, not allocation of current funds.
- Evaluate opportunities to use more flexible state dollars to bridge gaps not covered by more restricted federal sources.

Supporting Recommendation: Strengthen Intergovernmental Coordination



Interviewees noted the importance of strengthening formal intergovernmental coordination across multiple dimensions.

Across Disciplines

It is recommended that emergency management and public health entities strengthen their connections at the state, regional, and local levels. Joint planning, training, and exercising would be valuable. If not already implemented, it would be important for public health and emergency management entities to share lessons learned during the response to COVID-19 to improve response to future pandemics.

Across Levels, Branches, and Agencies of Government

Restaurants and bars, health care, and other sectors are affected by rules and regulations emanating from multiple agencies. These agencies should share information, align policies and communications, and engage private sector partners in determining the most effective way to manage the challenges of a crisis, potentially including measures designed to reduce spread of a disease, while causing the least disruption possible.

Supporting Recommendation: Review Centralized versus Decentralized Decision-Making



As described in the Findings Section, the COVID-19 pandemic highlighted tensions between centralized decision-making and home rule. More study and discussion are recommended on the topic of centralized and decentralized decision-making. Some interviewees commented that pandemic conditions warrant a consolidation of decision-making and the implementation of statewide approaches to disease prevention strategies. Others stated that high variance in local conditions called for a more nuanced, conditional response that might lead to less negative impacts on learning, social interaction, and economic activity. It is recommended that local and state entities be brought together to discuss and address the tensions between state and local decision-making. Sharing lessons learned and clarifying when it might be important for a statewide unified approach vs a variety of local approaches may ease decision-making for future emergencies.

Supporting Recommendation: Review the Roles of the Executive and Legislative Branches



As described in the Findings Section, the COVID-19 pandemic highlighted tensions between the roles and authorities of the executive and legislative branches. Many interviewees noted that it is important that the Governor and other executive-level elected officials (e.g. mayors or county executives) have the ability, and bear the responsibility, to respond to immediate crises with enhanced autonomy. Interviewees also noted that this could be enhanced by requirements to engage the Legislature and/or city and county councils in providing guidance for less urgent decision-making. There may be ways to enhance the Legislature's or a council's ability to provide input and consultation, without necessarily changing the authority to make certain decisions. It is recommended that if this conversation could be constructively held, there may be some valuable lessons learned from decision-making during COVID-19.

APPENDICES

Appendix A: Interviewees and Focus Group Participants

These lists provide the names, roles, and organization of the participants who contributed their valuable insights to this report. The first table is a list of individual interviews. The remaining lists are from various group workshops listed in chronological order: the Emergency Management Advisory Group (EMAG) Meeting in December 2022, and the Emergency Management Division (EMD) Meeting, Association of Washington Cities (AWC) Meeting, and Washington State Association of Local Public Health Officials (WSALPHO) Meeting. The EMD, AWC, and WSALPHO meetings all took place in May 2023.

Individual Interviews		
Name	Role	Organization
Tristan Allen	Risk and Resilience Manager	Washington Department of Commerce
Anthony Anton	CEO and President	Washington Hospitality Association
Dr. Allison Berry	Health Officer	Clallam and Jefferson Counties
Jason Biermann	Senior Policy Advisor for Resilience/ (Prior) Director	Snohomish County Executive's Office/ (Prior) Snohomish County Emergency Management
Angela Birney	Mayor	Redmond, Washington
John Braun	Senator	Washington State Senate
Ron Cameron	Undersheriff and Emergency Manager	Clallam County
Steve Charvat	Emergency Management Director	University of Washington
Anne Chastain	EOC Coordinator	Clallam County Emergency Management
Brendan Cowan	Director	San Juan County Emergency Management
Deanna Davis	Emergency Manager	Benton County
Sean Davis	Director	Franklin County Emergency Management
Deanna Dawson	CEO	Association of Washington Cities
Sandi Duffey	Director	Adams County Emergency Management
Carina Elsenboss	Preparedness Director	King County
Heather Erb	Legal and Policy Analyst	American Indian Health Commission
Robert Ezelle	Director	Washington Military Department, Emergency Management Division

Individual Interviews		
Name	Role	Organization
Chandra Fox	Deputy Director	Spokane County Emergency Management
Jim House	Disability Integration Manager	Coalition on Inclusive Emergency Planning (CIEP)
Amy Howard	Deputy Mayor	Port Townsend, Washington
Darcy Jaffe	Senior Vice President, Safety and Quality	Washington State Hospital Association
Hailey James	COVID-19 Project Manager	Washington State University
Eric Johnson	Executive Director	Washington State Association of Counties
Erika Lautenbach	Director	Whatcom County Health Department
Onora Lien	Executive Director	Northwest Healthcare Response Network
Travis Linares-Hengen	Operational Readiness office Director	Washington State Department of Health
John Lovick	Senator	Washington State Senate
Curry Mayer	Director	City of Seattle Emergency Management
Brendan McCluskey	Director	King County Emergency Management
John McDonagh	CEO	Greater Vancouver Chamber of Commerce
Jessica McKee	Tribal Foundational Public Health Services Coordinator and Liaison	American Indian Health Commission
Dr. Alan Melnick	Director and Health Officer	Clark County Public Health
Deborah Needham	Director	City of Renton Emergency Management
Jon Nehring	Mayor	Marysville, Washington
Mary Lou Pauly	Mayor	Issaquah, Washington
Joshua Penner	Mayor	Orting, Washington
Dana Ralph	Mayor	Kent, Washington
Andrew Rose	Assistant Secretary Response	Washington State Department of Health
Cindy Ryu	Representative	Washington State House of Representatives

Individual Interviews		
Name	Role	Organization
Dara Salmon	Interim Director	Snohomish County Emergency Management
Michelle Vasquez-Stickley	Secretary	League of Latin American Citizens Vancouver, Washington
Charles Wallace	Safety and Disaster Coordinator/ (Prior) Campus Safety and Security Manager	Edmonds, Washington/ (Prior) Centralia College
Dr. John Weisman	Former Secretary	Washington State Department of Health

Emergency Management Advisory Group (EMAG) Meeting (12/1/2022)		
Name	Role	Organization
JoAnn Boggs	Deputy Director	Pend Oreille County Emergency Management
Eric Brooks	Deputy Director	Island County Emergency Management
Ron Cameron	Undersheriff and Emergency Manager	Clallam County
Brendan Cowan	Director	San Juan County Emergency Management
Steve de los Angeles	Vice Chair	Snoqualmie Tribal Council
Sandi Duffey	Director	Adams County Emergency Management
Robert Ezelle	Director	Washington Military Department, Emergency Management Division
Jody Ferguson	Director	Pierce County Emergency Management
Lisa Figueroa	Emergency Manager	Redmond, Washington
Chandra Fox	Deputy Director	Spokane County Emergency Management
Maurice Goodall	Director	Okanogan County Emergency Management
Joel Haarstad	Mitigation and Recovery Section Manager	Washington Military Department, Emergency Management Division
Darren Higashiyama	Chief Civil Deputy	Kittitas County
Scott Johnson	Emergency Management Division Manager	Clark Regional Emergency Services Agency
Heather Kelly	Emergency Manager	Kirkland, Washington
Anne LeSage	Emergency Management Coordinator	Bainbridge Island, Washington
Cherrie May	Emergency Management Coordinator	Suquamish Tribe
Curry Mayer	Director	City of Seattle Emergency Management
Stacey McClain	Operations Unit Manager	Washington Military Department, Emergency Management Division
Brendan McCluskey	Director	King County Emergency Management

Emergency Management Advisory Group (EMAG) Meeting (12/1/2022)		
Name	Role	Organization
Scott McDougall	Director	Pacific County Emergency Management
Antone Miller	Director	Yakima County Emergency Management
Troy Newman	Preparedness Section Manager	Washington Military Department, Emergency Management Division
Adenea Sellars	Director	Stevens County Emergency Management
Peter Tassoni	Manager	Thurston County Emergency Management
John Unfred	Assistant Police Chief	Lakewood, Washington
Sharon Wallace	Deputy Director	Washington Military Department, Emergency Management Division
Sierra Wardell	Financial Operations Sections Manager	Washington Military Department, Emergency Management Division
Adam Wasserman	State 911 Unit Manager	Washington Military Department, Emergency Management Division
Ryan Zavala	Emergency Management Coordinator	Shoreline, Washington
Kathryn Zetzer	Preparedness Grants Section Supervisor	Washington Military Department, Emergency Management Division

Washington Emergency Management Division Meeting (5/1/2023)		
Name	Role	Organization
Robert Ezelle	Director	Washington Military Department, Emergency Management Division
Joel Haarstad	Mitigation and Recovery Section Manager	Washington Military Department, Emergency Management Division
Stacey McClain	Operations Unit Manager	Washington Military Department, Emergency Management Division
Troy Newman	Preparedness Section Manager	Washington Military Department, Emergency Management Division
Sharon Wallace	Deputy Director	Washington Military Department, Emergency Management Division
Adam Wasserman	State 911 Unit Manager	Washington Military Department, Emergency Management Division
Kevin Wickersham	Response Section Manager	Washington Military Department, Emergency Management Division

Association of Washington Cities (AWC) Meeting (5/25/2023)		
Name	Role	Organization
Kate Dexter	Mayor	Port Angeles, Washington
Tara Leininger	Mayor	Metaline Falls, Washington
Stephanie Lucash	Deputy City Manager	Kenmore, Washington
Troy Niemeyer	Finance Director	Tumwater, Washington
Garrett Oppenheim	Assistant to the City Manager/American Rescue Plan Act	Kenmore, Washington
Jerry Phillips	Mayor	Long Beach, Washington
Janet Quinn	Management Analyst/American Rescue Plan Act	Kenmore, Washington
Tiffany Speir	ARPA Program Manager, Long Range & Strategic Planning Manager	Lakewood, Washington
Nathan West	City Manager	Port Angeles, Washington

Washington State Association of Local Public Health Officials (WSALPHO) Meeting (5/30/2023)		
Name	Role	Organization
Katie Curtis	Prevention Services Division Director	Snohomish County Health Department
Vicki Guse	Public Health Director	Adams County Integrated Health Care Services
Meja Handlen	Deputy Director	Lewis County
Jessica Jeavons	Director of Policy and Planning	Public Health – Seattle & King County
Lauri Jones	Public Health Administrator	Okanogan County Health District
Martha Lanman	Public Health Administrator	Garfield County Public Health District
Dr. Gib Morrow	Health Officer	Kitsap Public Health District
Nick Solari	Preparedness Director	Public Health – Seattle & King County
Nicole Thomsen	Public Affairs and Policy Manager	Snohomish County Health Department
Joe Wiley	Lewis County Health Officer	Lewis County
David Windom	Public Health Director	Mason County Public Health
Roxanne Wolfe	Deputy Director	Clark County Public Health

We all have a responsibility to protect our cherished elders and those who are also vulnerable and valuable members of our communities.

JADE BEGAY, NDN Collective

Preamble:

Human rights and fundamental freedoms are the birthright of all human beings; their protection and promotion are the first responsibilities of Government.¹ Key to these rights and freedoms is the maintenance of the public’s health and well-being; yet, especially in times of emergency, these are threatened by discrimination and violence, and deep and persistent inequities by race and place. Because a declaration of emergency authorizes our government to impair or infringe upon individual rights and the liberties enjoyed in normal times, it is important that in doing so the government give special consideration to its underlying values and principles.

Public Health — Seattle & King County (Public Health) works to protect and improve the health and well-being of all people in King County. Public Health protects the public from threats to their health, promotes better health, and helps to assure that people are provided with accessible, quality health care. [06] As this protection is done in coordination with elected officials and policymakers, it is crucial to place long-term benefit to the public as a whole above all other considerations, including important individuals and special interests. However, the public interest includes protecting the rights of under-represented communities, indigenous communities, as well as assuring fairness of procedures, clarifying policies or improving service for all residents.

Resolution:

Public Health - Seattle & King County and its Health and Medical Area Command reaffirms:²

- 1) it’s commitment to fulfil its obligations to protect the health and wellbeing of the community;
- 2) the shared values of equity and social justice continue to guide our decision making and work; and
- 3) we remain inclusive and collaborative, diverse and people-focused, responsive and adaptive, transparent and accountable, racially just, focused upstream and where needs are greatest.

Purpose:

The COVID-19 outbreak has underscored the inequities and challenges experienced by marginalized communities as a result of systemic discrimination pervasive in our region’s, state’s, and nation’s health, economic, judicial, and social institutions. Public Health – Seattle and King County and its Health and Medical Area Command is unique in how it has included equity in its operations. However, the scope of the COVID-19 has accentuated the HMAC’s responsibility to ensure that necessary policies and practices are in place to protect the health and wellbeing of all county residents as well as assure that resources are equitably available.

¹ Vienna Declaration and Programme of Action. Adopted by the World Conference on Human Rights in Vienna on 25 June 1993. <https://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx>

² King County Equity and Social Justice Strategic Plan 2016 – 2022. <https://aqua.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf>

The intent of the Emergency Response Bill of Rights is to develop a shared language that expresses the HMAC's equity values as well as provide a pathway to operationalize equity throughout its efforts. As stated by the NAACP, even as we advance changes in response to what's before us now, we must examine the systemic inequities that have exacerbated impact and ensure that we begin to enact transformational societal shifts to address the root causes of vulnerabilities and systems failure.³ This examination is critical not only as it relates to COVID-19 but to all types of crisis response and the subsequent "recovery" phases given that these systemic inequities not only exacerbate negative impacts but also inhibit positive outcomes for marginalized communities.

Guidance:

The COVID-19 outbreak has not only brought to light the social inequities that normally imperil the health and safety of the most vulnerable members of our community but have unfortunately exacerbated them in an emergency. As part of HMAC's efforts to address and mitigate these inequities, an Emergency Response Bill of Rights was drafted by the Equity Response Team to guide our efforts. The following guidance is intended to further ground the HMAC's commitment to ensuring that equity considerations are included in public health policy level decisions, resource allocation, and response priorities related to its crisis response.

In an emergency response, Public Health and its Health and Medical Area Command have the **duty** to:

- Do no harm.
- Consider those most vulnerable both in the short- and long-term view.
- Provide safe, respectful and culturally responsive care, provided in a manner consistent with their beliefs.
- Provide access to all crisis related services and/or resources for all community members and to redress community members within established mechanisms when barriers or gaps are identified.
- Provide clear and transparent information in an understandable way.
- Engage residents across identity groups.
- Listen to all community members, but more explicitly with Black, Indigenous, and People of Color (BIPOC) and other marginalized communities (e.g. immigrant/refugees, LGBTQ, undocumented, prison populations, individuals experiencing homelessness, individuals living with disabilities, etc.).
- Not to re-traumatize communities who have experienced historical trauma.
- Establish a mechanism for reconciliation and restorative justice

³ Coronavirus Equity Considerations: The Imperative for Civil Rights Advocacy, Monitoring, and Enforcement. NAACP. April 3, 2020. <https://naacp.org/wp-content/uploads/2020/04/Coronavirus-Equity-Considerations.pdf>