WASHINGTON STATE UNIVERSITY

THE
WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Learning from Responses to Covid-19: Improving Preparedness, Recovery, and Resilience in Washington State

Summary of Phase One

Graphic by Civitas Learning

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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 build consensus and resolve conflicts around difficult public policy issues. It is a joint effort of Washington State University, hosted and administered by WSU Extension and the University of Washington, hosted by the Daniel J. Evans School of Public Policy and Governance. For more information visit www.ruckelshauscenter.wsu.edu

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Origination of the Project and Goals

In the spring of 2020, the William D. Ruckelshaus Center (Ruckelshaus Center or Center) Advisory Board, faculty, and staff, engaged in vigorous discussions to figure out 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 improve preparedness, recovery, and resilience in Washington State by identifying lessons being learned from responses to Covid-19. They 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.

Lessons that continue to be learned highlight a need to enhance recovery from Covid-19 and to prepare for new or recurring emergencies. The magnitude and complexity of Covid-19 responses and recovery requires effective crisis decision-making, adaptive management, and innovation to address critical needs, policy challenges, and infrastructure gaps. 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 and preparedness.

Beginning in March 2021 until late summer, 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. The intention of Phase One was to involve individuals and groups who had responsibility for making decisions and implementing operations to identify priorities, vital questions, and approaches that would help identify essential topics and cross sector themes for a more comprehensive learning effort (Phase Two) to be initiated in 2022. The Center felt that key areas of focus for Phase Two needed to be informed by input from elected, appointed, and other leaders from a wide range of sectors. 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 recommendations 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 potential projects for Phase Two.

The overall project goals are to:

1. *Initiate a multi-year comprehensive learning effort, based on the lived experience of people from multiple sectors in the role of making decisions and implementing operations in response to Covid-19, that identifies and shares key insights and lessons from responses to the Covid-19 pandemic in Washington State.*

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[*] The Center's Advisory Board is comprised of prominent local, state, and regional leaders representing a broad range of constituencies and geographic locations.

2. *Provide decision-makers in the public, private, nonprofit, tribal, and civil sectors (at statewide, regional, and local governance levels) information to continually inform and improve decisions related to long-term recovery and resilience, emergency preparedness, and crisis management, and to implement key improvements across sectors.*
3. *Identify the intersections among and interconnections between what is being learned in and across multiple sectors, and how strengths and gaps can inform improvements.*
4. *Use those learnings to adapt, innovate, and stimulate new approaches, interventions, and systemic solutions to address emergent and long-standing public policy and operational challenges.*
5. *Apply race, equity, and social justice principles throughout the comprehensive learning effort, including focusing on disproportionate impacts, access, and outcomes.*

The Context

The Covid-19 learning initiative took place within a specific cultural, social, economic, and ecological context in the United States and Washington State. These enabling conditions guided how responses unfolded across all sectors and areas of society and the economy.

As several interviewees noted, pre-pandemic normal was not necessarily good for many people in Washington State and the nation. If anything, the pandemic exacerbated America's disparities, for example, based on wealth, race, justice, gender, age, physical ability, and geography. The pandemic unfolded as the effects of the global climate crisis, including massive wildfires, flooding, drought, and new heat records, are increasingly felt by Washingtonians.

Because of the deep interconnectedness of supply chains, labor markets, and trade in today's economy, globalization, particularly of the supply chain for resources and products, continues to a be source of vulnerability and instability in our trade-dependent state and around the world. This was especially true in the beginning of the pandemic, when it was nearly impossible to obtain sufficient supplies of personal protective equipment (PPE). Trade and supply chain woes have continued, as labor, resource, and energy shortages in different parts of the world, including the U.S., have impacts that ripple throughout the global economy.

Over the past several decades, the media industry has fractured and restructured in ways that have transformed the national media environment, including Washington's. The rise of online media and social media, along with a shift of advertising dollars away from newspapers, has decimated many local newspapers that were an important source of locally relevant information for both urban and rural communities. At the same time, social media algorithms have created and reinforced media bubbles at the individual and group levels, based on online user preferences and behavior, so that the views and opinions an individual is exposed to narrows over time in response to what the algorithms determine to be preferences.

Social media has partly contributed to increasingly stark partisan divisions at both national and local levels. At the same time, the murder of George Floyd on May 25, 2020, touched off nation-wide protests and calls to address deep-seated and long-standing racial and ethnic disparities. All of this is taking place in the context of low levels of trust in government. The consequence of a long history of partisanship and mistrust created challenges to implementing a unified public health response to the pandemic.

Several major social and technological shifts that happened during the pandemic were poised for broader adoption and scale-up. Many of them seem likely to endure. Thanks to widespread internet access, video chat, and video conferencing software, many office workers were able to work from home, many students were able to study from home, and socially isolating families and friends were able to connect. However, these technological innovations also revealed disparities in access to the internet, access to technology, and ability to use technology that significantly contributed to the disproportionate impacts of the pandemic.

Within this context, and as other crises such as climate change grow in impact, the pandemic acted as an important stress test of Washington State's emergency management systems, as well as its governance, political, economic, social, and community systems. During the pandemic, the state's emergency management, healthcare, public health, long-term care, supply chain, education, food, labor, and social safety net systems came under particularly visible strain.

Learning from the responses to Covid-19 provides an opportunity to shine a light on some of the underlying conditions that challenge the state's ability to thrive. These include:
- wealth and social disparities across the state, particularly in terms of people of color, people with disabilities, and people with low incomes;
- the rural-urban divide, including local economies, healthcare access, access to resources, internet connectivity, political views, and the relative availability of local news;
- the under-resourced public health system; and
- the capacity and capability challenges of the healthcare delivery system.

There is an opportunity to learn from the challenges, successes, and innovations of pandemic responses and apply the lessons to enhance emergency preparedness, response, and recovery and increase long-term community and organizational resilience. There is also the opportunity to highlight and learn from the incredible compassion and caring of Washington State residents, businesses, government workers, nonprofits, faith-based organizations, and volunteers. The project team heard many stories of state and local government officials, private sector workers, nonprofit organizations, community leaders, and faith-based organizations working long days, often without rest, for many months at a time. There were also a wide range of compassionate actions, from the organization of large food donations to neighbors coming together to support one another.

Vital Conversations: Stories, Impacts, and Reflections

During Phase One, the Center engaged in conversations to begin the process of learning and to identify the cross-sector themes that emerged from interviews. Participants were initially identified by considering the following:

1. Person who has a key role in decision-making, setting policy, and/or implementing decisions, policy, or operations related to response to Covid-19 in private, public, or nonprofit realm.
2. Person who represents or has key involvement in addressing social and racial inequities related to responding to Covid-19.
3. Person whose work or viewpoint cut across multiple sectors and systems.
4. Person who may have a unique viewpoint.

Each interviewee was also asked to provide recommendations for who they thought would be important to interview.

The project team interviewed more than 80 people. 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 more (see Attachment A for a listing of interviewees). The following questions were asked:

1. *Please introduce yourself and tell us about your role in responding to the pandemic.*
2. *What have been the greatest challenges or missed opportunities in the responses to the pandemic in Washington?*
3. *What do you believe are the most important lessons that were learned or are still being learned in the response to the pandemic in Washington? Do you have specific observations about race? About equity? And/or about social justice?*
4. *What innovations and/or positive changes are resulting from the responses to the pandemic that should be sustained?*
5. *What has the pandemic revealed about key strengths and vulnerabilities that cut across systems, sectors, and/or regions in Washington State (e.g., supply chain, infrastructure, communication, decision-making, and preparedness)?*
6. *Communities of color and other historically marginalized groups are being disproportionately impacted by the pandemic. A key element of the Assessment will be to collect and synthesize information, frame issues, and consider recommendations that address issues of race, equity, diversity, inclusion, and social justice. What observations do you have about efforts to address these disparities?*
   o *Who was involved in these efforts?*
   o *What was done, could have been done or should have been done to address disparities?*

7. *If you were to do this assessment, what would you focus on and why? What did the pandemic bring to light that you think should be further explored? What is most essential?*
    o *What could the value of this assessment be to you, your organization, or others?*
    o *What impacts would you hope the assessment might make?*
    o *How might the assessment help to illuminate and/or address key issues related to race? To equity? To social justice?*
8. *Is there anything you feel passionately about that should be included in the scope of the assessment?*
9. *What did we not ask you that we should have?*
10. *Who else do you suggest we speak with?*
    o *At this early stage?*
    o *As we move into the more comprehensive stage?*

Interviewees often became emotional. For many people the team spoke with, the interview was the first time they had the opportunity to reflect on and share their experiences. For many, the experience of being in a decision-making role while juggling their own personal challenges was exhausting and traumatic, even while many were invigorated by their contributions to the common good. The project team came away with a sense of the magnitude of the leadership challenges during this unprecedented, constantly changing crisis, as well as the profound collective impact of the decisions and actions made by people working to address the needs of Washington State residents.

Key Messages, Cross-cutting Issues and Themes

Key Messages

Interviewees provided a wealth of information about the specific challenges and lessons they faced and are facing in responding to Covid-19. The project team utilized numerous frameworks to analyze and synthesize the information gathered, including the social determinants of health, conditions for community resilience, and systems thinking. The team integrated multiple approaches to the process of discernment and synthesis. The following are some of the overarching messages that were strongly stated in interviews:

- It is important to take the time now to identify lessons learned and apply them before individuals and organizations revert to the status quo.
- There is a need to challenge complacency and to work towards needed structural changes and transformational shifts.
- It is important to address issues identified at a systems level.
- It is essential to break down internal and external silos, to develop multiple sector approaches, and to recognize and strengthen interrelationships and interdependencies.
- Acknowledge what has been revealed about disparities, vulnerabilities, and inequities and utilize this awareness to make change.
- Tend to the differences between urban and rural needs and issues.

Interviewees also emphasized that it is important to:

- Establish relationships and develop structures to maintain those relationships in advance of emergencies.
- Identify and break down bureaucratic barriers and complex bureaucracies.
- Create conditions to align and develop a unity of purpose in response.
- Establish mechanisms for collaboration.
- Strengthen interoperability of data.
- Build upon the creativity and innovations that occurred especially when decision-makers were given more latitude to experiment and create.

In addition to these messages, the information shared by interviewees highlighted a number of tensions that impacted the ease of unified response to the pandemic. Some examples of these tensions include the tension between:

- Public health priorities versus economic priorities
- Individual liberties versus community health measures
- Reliable and consistent information versus misinformation and disinformation
- Locally based versus statewide based approaches and decision-making, i.e., centralized versus decentralized response and decision-making
- People and entities who don't usually collaborate needing to find common ground
- Scientific (or data) versus politically based decisions
- Prioritizing serving the most impacted versus serving the whole

Cross-Cutting Issues and Themes
The following themes emerged from the many stories and information gathered in the interviews regardless of sector.

- **Multi-Sector Partnerships**;
- **Crisis Governing and Decision-Making;**
- **Disaster Risk Communication**;
- **Race Equity, Accessibility, Equity, Diversity, and Inclusion;**
- **The Future of Health, and**
- **Community Resilience -Increase Social Cohesion, Strengthen the Resilience of Small and Mid-sized Businesses, Increase Food Security.**

Multi-Sector Partnerships
Cross-sector and multi-sector partnerships across the public, private, and nonprofit sectors increased during the pandemic. Public officials, private sector actors, and nonprofit leaders spoke of their new appreciation for the expertise, capabilities, and commitment that each sector brings to the table. The cross and multi-sector partnerships that formed during the pandemic provided important experience in learning how to work together. There is a great deal of interest in sustaining and expanding these partnerships, particularly for future disasters, but also to address current issues, such as the improvement of government data collection and analysis. Some felt that public-private partnerships should become a cultural practice and that systems should be put in place to continue them so that they are not solely dependent on personal relationships. Interviewees emphasized that it is important to jointly identify the assets of universities, the private sector, and the public sector and to structure ongoing approaches to current issues as well as planning for emergencies.

Interviewees were also interested in multi-sector partnerships that include health systems in key areas like emergency response planning, surveillance for future communicable diseases, vaccines, data sharing, and prevention of flu hospitalizations. In addition, some interviewees raised the idea of broadening private sector and government collaboration, so it is less focused on the regulatory aspects of the relationship and more focused on working toward mutual goals.

Crisis Governing and Decision-Making
The pandemic is a new kind of crisis that presents important learning opportunities for the future. The constantly changing conditions and new information being 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. As a result, government officials, leaders, and emergency management professionals deviated from traditional approaches for crisis decision-making. These decision-making adaptations sometimes conflicted with emergency planning and response structures intended to be utilized for crises. This created some confusion about who needed information or should be involved in decision-making, complicated coordination and communication, and limited opportunities to integrate resources. Tensions also arose around Home Rule and who had decision-making authority in certain situations. These tensions impacted the ability to create consistent and unified approaches. On the plus side, the novelty of the situation sometimes led to innovation unconstrained by knowledge or commitment to existing frameworks.

The pandemic highlighted the need for increased collaboration in decision-making among and between sectors and across geographic boundaries. Interviewees emphasized the need to build relationships prior to emergencies and to create structures for collaboration that will maintain the ability for different entities to work together more effectively.

Disaster Risk Communication
During the pandemic, state and local officials needed to get factual and timely information about Covid-19 out to communities and individuals on a regular basis. This critical task was complicated by several factors, including the shrinking number of many local newspapers around the state. For many communities, there was no set of common facts about Covid-19 and how best to respond. In addition, as many interviewees noted, misinformation and disinformation were being spread by multiple actors and media outlets.

Social media facilitated the spread of both misinformation and disinformation and played a role in attracting people to more extreme positions than they might otherwise take and then reinforcing those positions. Social media algorithms also enabled the creation of social media bubbles, in which different groups of people receive different information, some of it less factual. All of this, in addition to confirmation bias, contributed to our national climate of hyper-partisanship and distrust in government and science.

The lack of trust in government, combined with the dissemination of misinformation and disinformation, made the task of protecting public health much more difficult, greatly complicating efforts to control the spread of the virus and limit severe disease and death. Many interviewees stated that an essential issue is whether information is available in multiple languages, how the information is distributed, and who communicates with communities. Interviewees pointed out that some people are unable to get information because they lack access to computers and/or internet and information is often only available in English. They

also pointed out the importance of understanding historical trauma in crafting and delivering communication.

Race Equity, Accessibility, Equity, Diversity, and Inclusion (READEI)

Perhaps partly because it was an important focus of this interview process and partly because of the George Floyd murder and associated protests around the country in 2020, racial equity and social justice were top of mind for many interviewees and cut across all sectors and issues. The pandemic also laid bare and exacerbated disparities that had been receiving limited attention. For example, wide disparities in health outcomes for certain racial groups, particularly Black, Pacific Islander, and Native American people have been known for a very long time. Some interviewees said that solving long-standing issues of equity, racism, and social justice during an acute crisis is not possible. Others felt that considerations of diversity, equity, and inclusion were the first things to be disregarded in the crisis. Interviewees did point out that consideration of disparities in a crisis is partly a factor of who is at the table when decisions are being made. Several interviewees noted that one-size-fits-all policies and approaches can cause harm. Specifically, they can increase disparity and are likely to overlook the needs of underrepresented groups, whose cultural and social norms may not fit dominant social models in terms of housing arrangements, food, and how they obtain trusted information.

Other disparities were highlighted by interviewees. Some interviewees noted that the pandemic showed how much our economy depends on low-wage workers who lack health care benefits, safety measures, and job protections. Many of these so-called "essential workers," including people like meat plant workers, grocery employees, nurses, home healthcare providers, and long-term care providers are less likely to be White and much more likely to be paid low wages. These workers were exposed to much higher levels of risk than the general population and for the most part lacked critical wage, safety, benefits, and job safeguards.

Interviewees said that the needs and requirements of certain groups, such as people with disabilities, needs to be elevated. As some interviewees put it, it was difficult for the deaf community to receive accurate information and there was a lot of confusion in the community. There were insufficient funds to reach clients and many people were isolated.

Tribal organizations shared lessons from their own unique set of experiences and circumstances, emphasizing areas where collaboration and improved relationships with local, regional, and state government could be beneficial. They also highlighted the challenges they faced because of a lack of tribal public health entities and resources. The tribes have the knowledge of how to work in their own communities, they noted, and several tribes and tribal health organizations did remarkable work within their own communities and even outside of their communities.

Women and children were dramatically impacted by the pandemic. A significant number of children have dropped out of school and others have fallen significantly behind. Children's mental health and ability to appropriately socialize suffered when physical school buildings were closed, and as other routines continue to be disrupted by the pandemic. Foster children,

children living in poverty, and children without permanent housing were particularly affected by these disruptions and lack of access to the internet and other resources. Numerous interviewees noted that there was a lack of affordable childcare. Many women left the workforce to take care of their children. Interviewees were especially concerned about the disproportionate impacts of school building closures on students living in poverty and non-White students and their educational progress.

The following are examples of some of the issues raised regarding equity, race, and social justice:

- *Tribes do not typically have public health funding so tribal organizations have to carry out roles that are unfamiliar to them*
- *Access to culturally appropriate behavioral health (and behavioral health, in general) has been difficult and demand has increased dramatically*
- *Issues related to impacts on people with disabilities may not be fully considered*
- *The impacts of the pandemic on K-12 students, particularly those who have fallen most behind*
- *Evictions and the debt associated with delayed payments have impacted many lower income people dramatically*
- *The need to build relationships with community organizations before there are crises, have community liaisons to specific communities, and establish advisory groups to facilitate ongoing communication with targeted communities*
- *Access to information is not equal and there are media deserts, especially in rural communities*
- *Translation is critical to ensure all communities are engaged*
- *Data systems and data systems are fragmented and not able to "talk to" each other and this made it difficult to identify where impacts were worse*
- *There is a strong societal bias against incarcerated people and partly as a result, access to vaccines in prisons was not prioritized*
- *Systems within the banking and insurance industries foster greater inequity, for example, the use of credit scores to secure loans for businesspeople or for lines of credit*
- *There is a need for communities to co-create and get funding to implement responses*
- *How governments budget in silos, and not in a more integrated way, is an issue that prevents a more holistic way of addressing issues*
- *Local, regional, and state government procurement policies made it difficult to support contracts with small community groups*
- *There was a common push to address equity, but many organizations found it difficult to understand equity and identify specific actions; there is a need to develop common ways to address inequities*
- *There is a need to have flexibility and expediency in decision-making, along with input from appropriate entities, to address real time issues and needs, for example, not to quarantine farmworkers when they typically live in group settings*
- *State orders to delay non-urgent health visits had a disproportionate impact on people who are typically less likely to see care and who have higher health risks*

- *Class divides between those who can work remotely and those who can't*
- *Approaches may still be biased toward White people, for example, once the disproportionate impacts on the Latinx communities became clearer, messaging in Spanish should have been prioritized*
- *Importance of having non-Whites as well as other underrepresented populations give input and lead decisions and provide guidance on ways to address inequities*
- *Equity principles and policies need to be in place prior to an emergency*

Most interviewees emphasized that READEI principles need to be woven throughout each potential project implemented based on the findings from Phase One, as well as ongoing learning, policies, operations, and programs.

The Future of Health

The pandemic highlighted long-standing vulnerabilities within Washington's public health and healthcare delivery systems. Interviewees mentioned a public health structure that has been chronically underfunded and undervalued for decades. Some emphasized the need to build systemic capacity to integrate and coordinate effective public health, healthcare delivery, emergency management, and social services delivery to reduce the silos that exist between these interrelated systems. Others focused on the impacts of policies at federal, state, and local levels that lead to disparities in health outcomes that affect historically marginalized groups differently, including racial or ethnic groups, people with disabilities, immigrants, LGBTQ+ communities, and others. Many noted that the healthcare delivery system has undergone significant pandemic strain, as healthcare professionals burned out or left their profession, even while hospitals have managed successive waves of infection comparatively well in Washington.

Some interviewees mentioned notable successes. For example, the nine regional Accountable Communities of Health that were created in 2015 as part of Washington's Medicaid Transformation Waiver began to improve the interface between local communities and healthcare providers, as well as to address equity disparities, chronic disease, care coordination, and other important goals. Others noted that community health workers and health navigators have helped to close equity gaps. In addition, many healthcare institutions incorporated learnings into their operations and emergency response and created community partnerships that had not existed pre-pandemic.

The state's local public health system was designed to be the first line of response in a public health emergency like a pandemic. Several interviewees mentioned that the state's public health infrastructure of staff, expertise, and capability, long under resourced, was significantly lacking. Public health agencies were stretched beyond the limits of their capacities, leading to significant burnout among staff. And because public health is decentralized to the county level in most parts of Washington, there is wide variation in how local health jurisdictions are structured, staffed, and resourced. Consequently, some counties fared better than others in terms of public health support. While the pandemic has led to an increase in public health

funding, several interviewees expressed skepticism that funding or public awareness would continue as a post-pandemic priority.

Some interviewees said that the pandemic created an opportunity to reimagine public health to incorporate lessons learned and make it more effective in the future. In addition, others noted the need for integration of data systems across all local health departments to coordinate better during periods of stress.

Although the federal and county governments do not fund tribal public health, several tribes stepped in to address critical pandemic needs, including vaccinations beyond their tribal communities. Some interviewees noted that improving coordination and collaboration between tribes and other governmental jurisdictions would be impactful.

Other interviewees said that the pandemic highlighted the need for improved healthcare for everyone. They noted that healthcare systems in the U.S. are designed to support those with insurance and are optimized for those with access to the internet and other resources. Most insurance is employer provided; part-time underinsured workers and the unemployed (even those who are Medicaid beneficiaries) are still often unable to access needed care. Even those who are insured often find care to be unaffordable, given the high cost of deductibles, co-pays, and co-insurance. This impacts marginalized populations disproportionately, creating further disparities in health outcomes.

Some interviewees spoke of a history of medical abuse and neglect within our medical culture against some racial and ethnic groups in the U.S., including African Americans and Pacific Islanders. As a result, many individuals and communities lack trust in healthcare providers and public health officials. Some noted that providers need to improve their relationships with community organizations that provide culturally sensitive services in historically disadvantaged communities. While the Community Health Navigator has been successful in some areas, interviewees emphasized the need for more trusted community messengers and Navigators, especially in non-White communities. They also noted that the data required to disaggregate race and ethnicity for appropriate identification and analysis is often unavailable, due to incomplete data fields. This creates further barriers to effective policy change.

The pandemic has caused new stressors in peoples' lives throughout the state, including the stress of the pandemic itself, isolation, burnout, financial strain, loss of work, lack of access to treatment options, lack of childcare impacting employment (especially for women) and a wide range of other factors. Several interviewees pointed out that behavioral health has not been a major focus of pandemic response, even though mental health and substance use disorder issues have significantly increased throughout, including fentanyl abuse and opioid overdose. Some interviewees noted that the response to drug and alcohol issues has been limited. This underscores the pre-pandemic lack of funding and capacity limitations within our behavioral health programs.

Interviewee responses highlighted many latent health systems needs and systemic gaps, including the gulf between health, healthcare, and related social service silos. In addition, the pandemic naturally focused on emergency response, creating backlogs of non-Covid related clinical and behavioral health needs. These needs continue to cycle, creating further unintended health consequences, especially relative to chronic disease (for example, diabetes) within communities of color and others.

The use of new governance structures across sectors and organizations to oversee investment in removing silos, elevate social determinants of health as important root causes of health outcomes, and build intelligent capacity to support systemic change and harden emergency response may be one of the best opportunities to emerge from this pandemic.

Community Resilience -Increase Social Cohesion, Strengthen the Resilience of Small and Mid-sized Businesses, Increase Food Security

Community resilience has been dramatically tested by the pandemic. Issues of social cohesion, sustainability of small and mid-sized businesses, and food security emerged as being critical to supporting community resilience in the project team's interviews and analysis.

Deep partisan political divisions, mistrust in government, and declining membership in local clubs and associations have contributed to declining social cohesion in the U.S. The need to socially isolate during the pandemic may have exacerbated a decline in social cohesion that seems to be linked to an increase in violence, substance abuse disorders, and mental illness. However, by isolating, masking, and vaccinating, many people saw themselves as contributing to the common good as much as they were protecting themselves and their loved ones. Throughout the state, the project team heard about individual and group efforts to connect with neighbors and provide food, care, and support to the elderly, ailing, and others who needed help.

Small and mid-sized businesses are the backbone of communities and their ability to weather major crises is critical. It is important to understand the resources businesses need for survival, recovery, and sustainability. In addition, understanding who benefited from federal, state, and local government financial support programs and who did not can help to address inequities and get critical funding to businesses that need them.

Hunger and food insecurity, already prevalent, became a secondary health emergency during the pandemic. The multiple economic impacts of the pandemic and its ripple effects across the economy significantly increased the number of people facing food insecurity. This dramatic increase in demand for food assistance coincided with massive supply chain disruptions. Hunger, including child hunger, increased during the pandemic as people lost jobs and housing.

The pandemic has highlighted the imperative to strengthen initiatives that increase food security for people, not only during emergencies. Food banks and the large networks that supply them across the state and region have been challenged to reinvent how they address the three dimensions of food security: access, availability, and appropriateness. One of the

biggest changes is a shift from a charity model to a food justice model. As it has with many pandemic impacts, food insecurity is having a disproportionate impact on historically underserved communities. Many communities lack access to culturally and socially appropriate foods. Hunger impacts every aspect of societal functioning. There is a strong connection between hunger and chronic diseases, behavioral health, and scholastic achievement.

Next Steps: The Opportunity to Apply Lessons Being Learned- Phase Two Potential Projects

Interviewees confirmed the value of identifying key leveraging initiatives where participants jointly deepen their understanding of important lessons being learned and identify how to utilize those lessons to improve policies, operations, plans, and relationships. Interviewees emphasized the need to challenge and shift thinking and practices and utilize this crisis as an opportunity to become more resilient, adaptive, and just. 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 potential projects descriptions below are intended to stimulate conversation. Each project idea has the potential to be implemented and funded by multiple partners from people with a broad range of lived experience, including service providers, research professionals, and others. Some project ideas may ultimately be synthesized or combined. Further work is needed to flesh out a comprehensive scope, budget, and approach for each project. The Center is planning to seek funding to implement one or more of the projects. There may also be other entities that could design and implement the project ideas. As noted earlier, each project integrates race, equity, and social justice principles as a key component of project design.

The following are brief thumbnail descriptions of potential projects. The design and scope of the potential projects are flexible. Underlying concepts and the scope of a project can be modified to align with the vision and goals of a sponsor or implementer. These projects focus on the six key themes identified from the Phase One interviews:

THEME: MULTI-SECTOR PARTNERSHIPS

Collective Action for the Common Good

Why: Cross-sector and multi-sector partnerships across the public, private, and nonprofit sectors became much more commonplace during the Covid-19 pandemic. Public, private, and nonprofit leaders gained new appreciation for the expertise, capabilities, and commitment that each sector brings to the table. The cross and multi-sector partnerships that formed during the pandemic provided important experience in learning how to work together. There is a great deal of interest in sustaining and expanding these partnerships, particularly for future disasters, but also for other efforts to address the common good, but the structures and mechanisms for continuing partnerships and creating new ones often does not exist.

Goal: Enhance existing cross and multi-sector partnerships and create new ones to address the common good and improve community response to disasters.

Objective: Develop mechanisms, structures, and resources for the creation and sustainment of mutually beneficial partnerships between government, business, philanthropy, and nonprofits

based on the experience of partnerships in the Covid-19 pandemic and other research on the subject.

Key Questions: What was learned from multiple sectors working together to respond to Covid-19? How might these lessons improve cooperation for both disaster response and to address other societal issues? What are the needs of different sectors for potential partnering? Where are the greatest opportunities for multi-sector partnership? For cross-sector partnership? What are the elements of successful partnership? What can be learned from unsuccessful partnerships?

Potential Participants and Partners: Participants from all sectors in attempted, successful, and failed partnerships across sectors and among multiple sector actors; Challenge Seattle, New Impact, All-In Washington, universities, Microsoft, Amazon, representatives from other businesses, local, regional, and state and tribal government representatives.

THEME: CRISIS GOVERNING AND DECISION-MAKING

Reviewing Lessons from Emergency Management Systems in WA

Why: Traditional approaches to emergency management are generally designed for discrete, time-bound, place-based incidents. Moreover, as the field of emergency management has become increasingly professionalized, advanced training is limited to highly specialized professionals. As such, the prolonged nature of Covid-19 response, lack of geo-spatial boundaries, and multi-sectoral impacts and engagement in response and recovery operations led to deviations from traditional approaches. Some adaptations were due to engagement of professionals and sectors that lacked familiarity with existing systems, leading to innovation unconstrained by knowledge or commitment to existing frameworks. Other adaptations were made because existing decision-making frameworks were determined to be insufficient or inefficient for the task at hand. In some cases, confusion or conflicts emerged between existing frameworks for emergency response decision-making and other decision-making processes.

Fortuitous and intentional adaptations should be examined to identify successes and lessons learned to inform system transfigurations and transformations. It is also important to explore how emergency management systems are addressing social disparities, discrimination, and vulnerabilities and identify changes that could address these issues. This project proposes a comprehensive, cross-jurisdictional exploration of lessons from the pandemic about the dynamic between traditional emergency management decision-making systems and other ways decision-making was structured for responses to the pandemic in WA.

Goal: A set of recommendations and potential responses to lessons learned from the pandemic for emergency management systems utilized in governments, universities, businesses, and other entities.

Objectives:
- Identification of key areas in emergency management and recovery where the pandemic led to shifts in practice and/or thinking, or highlighted challenges.
- Revisions, if needed, of decision-making structures for future disasters, including long-term crises and multiple, simultaneous crises, based on lessons learned from the pandemic.
- Exploration of the potential need for regional emergency management agencies in Washington State for future complex crises.

Key Questions: 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 lie? What changes need to be made to better address disparities?

Potential Participants and Partners: Federal (Region X), tribal, state, and local emergency managers, public health emergency preparedness practitioners, healthcare emergency managers, university emergency preparedness practitioners, business continuity professionals, disaster researchers and scholars.

Increase Capacity for Systems Thinking for Decision-Makers in Government

Why: During the pandemic, decision-makers have been faced with a highly complex set of problems and dynamics, significant uncertainties, and continually emerging conditions. While this is true for nearly all major policy issues facing government decision-makers, the pandemic highlighted the need for new tools and ways of approaching problems. Traditionally, the structure of government is siloed and conventional approaches to problem-solving address separate elements of a situation or issue into discrete units for analysis and response. The complexity and interrelationships among the impacts of the pandemic often compound one another. The experience of the pandemic has consequently increased the need to understand and analyze the big picture, explore the interrelationships and connectivity between the elements in the situation, and understand the trade-offs and ripple effects of decisions. Building the capacity for systems thinking among policy staff and decision-makers can help governments to grapple more effectively with complexity in decision-making.

Goal: Build the capacity of government policy analysts and decision-makers to apply systems principles, tools, and approaches to complex and emerging policy challenges.

Objectives:
- Develop and implement training for public servants to increase their understanding of basic systems principles and how to practically apply them to problem-solving, policy challenges, and decision-making.
- Improve public servants' understanding of the ripple effects of decisions and improve outcomes for complex policy challenges through application of systems thinking.

Key Questions: How can utilization of systems thinking and systems thinking tools enhance the ability of decision-makers to identify key leverage points for action? What has been learned from understanding the ripple effects and relationships of actions during the pandemic? How can enhancing the ability for decision-makers to apply systems principles and tools improve the outcomes of decisions?

Potential Participants and Partners: Local, regional, and state public servants, Washington State Association of Counties, Association of Washington Cities.

Improve Disaster Governance Using Lessons from the Pandemic

Why: Complex, multi-sectoral challenges faced throughout the pandemic required collaborative and coordinated decision-making, within and across sectors and with nontraditional partners. Innovative adaptations to decision-making and governance may have applications beyond Covid-19, including for better coordination on a regular basis and in future disasters. This project aims to enhance the capacity for and practice of collaborative governance during crises.

Goal: Enhance and develop regional collaborative governance decision-making processes across public, private, and nonprofit sectors for disaster response and recovery.

Objectives:
- Increase intra- and intergovernmental disaster and disaster recovery coordination and alignment, both vertically and horizontally across political boundaries.
- Increase coordination between city and county governments and tribal governments. Apply lessons from pandemic recovery to future disaster recovery efforts across sectors.
- Improve governance processes in disasters using lessons learned from the pandemic.

Key Questions: What was learned about governance from the pandemic that can be more broadly applied to future disasters across all sectors? How can collaborative governance approaches support better coordination and alignment within and across government and with community and other partners during disasters and recovery? How might this lead to improved or more informed decision-making? What decision-making structure would assist local, regional, and tribal governments in addressing cross-cutting issues and minimize the negative ripple effects of decisions on neighboring communities?

Potential Participants and Partners: City and county governments, regional, and tribal governments, American Indian Health Commission, Washington State Association of Counties, Association of Washington Cities, public, private, and nonprofit leaders, emergency managers.

The Pandemic and Policy Impact

Why: Laws, and policies more broadly (including written documents that describe a decision or course of action taken or to be taken by a state, regional, or local government), establish emergency preparedness and response infrastructure, authorize responders to act, facilitate interjurisdictional coordination, establish availability of resources, and provide guidance in

times of uncertainty. Existing laws and policies can help or hinder response to, and recovery from, disasters and public health emergencies. Emergency laws and policies can change the legal landscape to facilitate response and recovery. In the context of Covid-19 response, state, regional, and local governments enacted several emergency laws and policy changes (e.g., to provide additional authorities or responsibilities to government agencies), including through the issuance of emergency orders and legislative change. Additional information is needed to determine whether these changes should be fully or partially sustained and/or integrated into emergency laws and powers for public health emergency and/or all-hazards disaster response.

Goal: Determine if and how local, regional, and state emergency policy changes (emergency orders, mandates, etc.) instituted to respond to the pandemic should be fully or partially sustained.

Objectives:
- Identify local, regional, and state emergency policies that were instituted or changed to facilitate response or recovery from the pandemic.
- Conduct process and summative evaluation of new policies and policy changes to describe impacts, as well as barriers and facilitators to their implementation.
- Assess if and how new or modified policies should be sustained or integrated into non-emergency or emergency laws and powers.

Key Questions: What were the impacts, outcomes, and/or benefits of changes in policies? What was learned from these impacts, outcomes, and/or benefits that can inform whether and how these policies might be modified? In what way did these changes break down or create new barriers, or result in unintended consequences? Which policies, or components thereof, should be sustained and/or integrated into emergency laws and powers?

Potential Participants and Partners: University of Washington Evans School of Public Policy, Washington State University, Washington State Academy of Sciences, government staff, associations that represent constituencies significantly impacted by shifts in policy, Washington State Association of Counties, Association of Washington Cities.

THEME: DISASTER RISK COMMUNICATION

Disaster Risk Communication

Why: Pandemic response was and continues to be impeded by politicized misinformation and disinformation campaigns. Strategies and systems for developing and delivering consistent and apolitical messaging, as well as addressing and overcoming misinformation and disinformation, are necessary before and after a disaster. Establishing inclusive mechanisms for developing and distributing accurate information is essential for creating equitable access to information.

Goal: Identify opportunities to improve disaster risk communication using lessons learned from the misinformation and disinformation that impeded Covid-19 mitigation and response efforts.

Objectives:
- Identify lessons learned about disaster risk communication during the pandemic.
- Develop culturally appropriate approaches to communicating disaster risk and addressing misinformation and disinformation in the context of a crisis.
- Identify strategies for improving media literacy. Increase people's ability to filter and discern information.
- Identify the information and information delivery needs of different communities, including how best to work with trusted community messengers.
- Improve access to valid and consistent disaster risk information.

Key Questions: What were the key challenges and lessons learned regarding combating misinformation and disinformation during the Covid-19 pandemic? What are solutions to combat misinformation and disinformation more effectively during a future disaster or public health emergency? How can trusted information be broadcast and/or accessed effectively in a highly atomized and polarized media environment? What are strategies for improving access to information for all?

Potential Participants and Partners: Emergency managers, policy makers, public information officers, media, Center for an Informed Public, UW-WSU News Literacy Project, relevant nonprofits, and community groups.

THEME: RACE EQUITY, ACCESSIBILITY, DIVERSITY, EQUITY, AND INCLUSION (READEI)

Serve Educational Needs of K-12 Students Who Fell (or Are Falling) Behind

Why: The pandemic dramatically interrupted K-12 education for all students across the state, particularly in the spring of 2020, when in-school learning was suspended, and all students were required to study remotely. As Covid-19 has progressed, other disruptions have resulted from events such as school building closures and occasional extended absences of teachers, staff, and students from Covid-19 infection or exposure and the need to quarantine. Additionally, food supply chain issues have impacted school food programs.

Meeting the educational needs of students over an extended period has been challenging, particularly those who are low-income, from historically disadvantaged communities, those with compromised immune systems, special needs students, and those who had or have challenges with technology and internet access. Remote and disrupted learning has also been a challenge for parents and caretakers who do not necessarily have the time or resources to fully serve students' needs. Behavioral and mental health issues have also risen for students, but also for caregivers and families, as Covid-19 has dragged on. Some students managed well

despite these many difficulties and obstacles, but many students, particularly non-White students, students living in poverty, and others who were most impacted by Covid-19 and its negative economic and social effects, fell behind academically. This project will utilize lessons learned from the educational impacts of the pandemic and determine which K-12 students fell behind, what their needs are, and develop coordinated and comprehensive strategies for how best to address the disparities over time.

Goal: Support students who fell (or are falling) behind academically because of Covid-19 impacts to narrow or eliminate their educational and achievement gaps.

Objectives:
- Identify the students most negatively impacted, academically and socially, by Covid-19.
- Identify coordinated and comprehensive strategies, applicable statewide, to eliminate disproportionate impacts and to fill educational and achievement gaps.
- Identify the supports and resources required for schools, educators, families, students, and others to meet the educational needs of students.
- Based on lessons learned, develop recommendations for decision-makers to improve equity and continuity for K-12 education in future emergencies.

Key Questions: To what extent has Covid-19 impacted the learning of some of Washington's most vulnerable students? How might this impact their learning, educational achievement, and future life choices? Are there sufficiently disaggregated data systems to identify the students most negatively impacted academically by Covid-19? What existing efforts are underway to better understand and address this issue?

Potential Participants and Partners: State Legislature, Office of the Superintendent of Public Instruction, State Board of Education, Professional Educator Standards Board, Washington Parent Teacher Association, Educational Opportunity Gap Oversight and Accountability Committee, Tribes and tribal interests, education-focused nonprofits, community-based organizations, unions.

Community-Based Learning Exchange

Why: Community-based organizations and groups are providing critical services to respond to the disproportionate impacts of the pandemic. Many community-based organizations and groups serve historically marginalized communities, provide essential services, fill gaps in services and inclusion, and bridge communications between government and people. During the pandemic, these organizations and groups often improvise and are providing services outside of their usual activities. New community-based initiatives have also been created by concerned individuals that network with others to serve essential needs. In some cases, new collaborations are emerging among organizations. There are significant lessons being learned by each of these organizations and groups that, if shared, could create new collaborations among them as well as improve relationships, strategies, equity, and inclusivity between these organizations and groups and local, regional, and state government.

Goal: Create relationships and share lessons being learned during the pandemic among community-based organizations and associations working with historically marginalized communities in the state to identify comprehensive and systemic changes and improvements that support READEI.

Objectives:
- Build and strengthen relationships among a diversity of community-based organizations and groups and explore collaborations that can improve community resilience.
- Increase community organizations' influence on local, regional, and state government operations, decision-making, policymaking, and resource allocation to support READEI.
- Utilize lessons learned to improve READEI in emergency planning, preparedness, response, and recovery.

Key Questions: What lessons are being learned from responses to the impacts of the pandemic from community-based organizations and groups and how can these lessons be utilized to improve race, equity, inclusion, and social justice? Are there opportunities for increased collaboration among a diversity of community organizations? How can these lessons influence local, regional, and state government operations, decision-making, policymaking, and resource allocation to support READEI? How can these lessons inform emergency preparedness, planning, and response for future pandemics or emergencies?

Potential Participants and Partners: Leaders from a diversity of community-based organizations and groups; philanthropic organizations; and local, regional, state, and tribal government representatives.

Convergence of Professionals Implementing (READEI) Initiatives

Why: During the pandemic, which dramatically highlighted issues of inequity, there has been an increased focus on issues of race equity, accessibility, diversity, equity, and inclusion. This has stimulated new and evolving initiatives to increase understanding and to address underlying systemic issues. Government, businesses, and nonprofits are hiring new positions and creating or expanding programs and initiatives to address diversity, equity, and inclusion. These efforts are mostly independent of each other and could benefit from the sharing of experiences, insights, strategies, and collaboration among practitioners.

Goal: Deepen and increase the effectiveness and alignment of READEI initiatives across sectors.

Objectives:
- Develop a READEI support network for practitioners in government, the private sector, and nonprofits.
- Use lessons being learned from Covid-19 to design new initiatives and adapt existing ones.
- Share best practices, tools, approaches, and research on READEI initiatives.

Key Questions: How can READEI policies, initiatives, and strategies be better aligned across sectors to better support systemic change? What is needed to support people who are taking leadership roles in READEI initiatives? What is working best in READEI initiatives and practices? What is not? How can READEI efforts more effectively address structural racism, bias, and oppression?

Potential Participants and Partners: A variety of community-based organizations and nonprofits, businesses with READEI initiatives, READEI leaders across sectors. Tribes and/or tribal interests.
(This and the previous project idea could be two components of the same project.)

Tribal Resourcefulness, Assets, and Lessons
This potential project is still in development.

Phase One of the Covid Learning Initiative found that there is the potential for a more intensive exploration of tribal resourcefulness, assets, and lessons learned from the pandemic response in Washington State. The Center is currently exploring with several tribal representatives whether and how something like this might unfold and how the Center might best support it.

THEME: THE FUTURE OF HEALTH

Reimagining Public Health

Why: Covid-19 highlighted many long-standing weaknesses in our public health system, including chronic underfunding; public health, social services, healthcare delivery systems silos, barriers to healthcare access, and mistrust or lack of public awareness. Recent legislative funding increases may not address longer-term systemic resilience or prioritize population health and reduce health outcome disparities.

Goal: Strengthen Washington state's public health system to withstand future crises and eliminate health outcome disparities.

Objectives: Identify the challenges, transitions, and actions needed to transform Washington's public health system to address the systemic limitations and implementation barriers revealed throughout Covid-19, including:
- Organizational, governance, and communication weaknesses
- Public health misinformation and lack of effective engagement of scientific literacy
- Silos and missing communication and innovation channels between public health and healthcare delivery, financing, and social determinants

Key Questions: How can leaders leverage the pandemic's lessons to prioritize and strengthen public health systems and goals, including public health preparedness, surveillance capabilities, case investigation, health outcome inequities, systemic root causes, misinformation, and

disinformation? How will leaders collectively transform reactive crisis management, re-evaluate definitions of population risk, engage sectors that influence social determinants of health (and their structural root causes), and apply 21st century information capabilities to ongoing or future crises? How should policymakers and leaders plan for ripple effects and unintended consequences, including growing behavioral health manifestations and continuing chronic disease within marginalized communities? What new pathways to evidence-informed information will support public health policy decisions, and resources needed for their implementation? How can challenges identified during Covid-19 best lead to opportunities to re-focus, reinvent, and properly fund a more resilient public health system in Washington?

Potential Participants and Partners: Community and tribal leaders; public health leadership and management; leaders across education, housing, employment, law enforcement and other social determinants; healthcare payers and providers; foundations; NGOs; local and state elected officials and staffers; state agency leadership; university researchers and practitioners; Governor's senior aides; private sector leadership.

Community Health Connections: Leveraging Local Transformation

Why: Health transformation is often led at a statewide level with or without federal partnership. For example, Washington State's $1.5B Medicaid Transformation waiver, the public option, and the upcoming '988' federally mandated crisis line, Washington State's crisis response system reform. Communities, counties, and regions often find themselves reacting to these important statewide reform efforts, in response to enabling legislation and program implementation requirements. In contrast, community-led efforts may be effective, but are often fragmented and lack shared communication and learning pathways to leverage knowledge and experience between communities.

Goals:
- Measurably improve community physical and behavioral health outcomes within and between privileged and marginalized communities.
- Build community resilience to the effects of future pandemics and other crises.

Objectives:
- Create coordinated cross-community-led prevention, wellness, assessment, intervention, and referral practice.
- Apply shared community healthcare response and delivery lessons.
- Identify shared learning opportunities and communication frameworks to improve healthcare coordination between cross-community networks (for example, Accountable Communities of Health; hospital districts, safety net providers, public health agencies, tribes, law enforcement and criminal justice, schools, primary care providers, rural health centers, faith-based organizations) based on Covid-19 response experience.
- Build stakeholder-led learning cooperatives to nimbly leverage initiatives and results.
- Create or adapt monitoring and evaluation techniques to build more practical and efficient 'real time' community practices to respond and quickly pivot during pandemics

or other crises, including use of trauma-informed practices and Healing Centered Engagement (HCE).

- Apply new technology solutions to improve real-time communications response between community partners, between communities, and between communities and state leaders.

Key Questions: How did existing community-based coordination efforts fare during the pandemic? What gaps were exposed (and adaptive responses implemented) that may lead to wider sharing of local experience between communities and state leaders to leverage new policy and implementation techniques? What new types of communication frameworks could improve feedback between communities and state leaders to improve real-time healthcare response during crises? How can shared community-led initiatives and improvements to response times be used to balance equity between privileged and marginalized communities? How might this project inform policy leaders and decision makers of funding priorities to leverage the most impactful community healthcare responses, as well as important drivers of social determinants?

Potential Participants and Partners: Community and tribal leaders, local coordinated health entities, social service agencies, hospitals, health systems, primary care providers, behavioral health agencies, law enforcement and other diversion program partners, local education leaders, housing agencies, faith-based organizations, rural health centers, federally qualified health centers, university researchers, Accountable Communities of Health, technology and telecommunications firms, technology innovation hubs, the Health Care Authority, DSHS, Department of Health.

The Future of Healthcare Workforce Capacity: Repair and Innovate

Why: Our state's healthcare workers are increasingly suffering from mental health impacts and burnout from the pandemic response. Vaccination rates, infection waves, system overloads, variant uncertainties, and the longer-term nature of Covid-19 response has created unsustainable mental and physical stress. Resignations are increasing. These impacts are felt across the health continuum, from hospital-based clinicians to home-based personal care aides. The pre-pandemic demographic trends, boomer retirements, practitioner barriers to entry, rural capacity, and funding limitations have long predicted severe provider shortages in many critical areas of need. Behavioral health provider capacity has been untenable for decades. Covid-19 has created more stress on an already-stressed sector. Long-standing barriers, including scope of practice restrictions, restricted education pipelines, and lack of trust of systems, especially within marginalized communities, have elevated workforce capacity issues to the public forefront.

Goals:
- Stabilize and grow provider and practitioner capacity, along with technological advancement and education.

- Fill systems gaps in workforce capacity, including those with greatest impacts on marginalized communities.
- Create sustainable pipelines of 'missing' and marginalized workers and mitigate care and support gaps with practical innovations, including technology.
- Determine Healing Centered Engagement practices useful in offsetting burnout and traumatic stress necessary to retain and sustain workforce.

Objectives:
- Improve community wellness and prevention across the state.
- Leverage existing resources more efficiently.
- Reduce long-standing professional barriers to entry for aspiring medical practitioners.
- Create sustainable practitioner pipelines and build thriving community health worker programs that create personal, trusted, and durable partnerships between people and their healthcare systems.
- Re-evaluate provider and practitioner capacity shortages based on Covid-19 experience, as well as recent labor trends.
- Identify opportunities and policy changes necessary to allow practitioners to fully practice their education and training, to maximize care and support for physical, behavioral, and social health needs across Washington state.
- Provide new pathways and community and systems supports for the most marginalized healthcare practitioners in our system (for example, paid personal care aides are disproportionately lower income women of color working at minimum wage, and often on public assistance themselves).

Key Questions: What nimble and less conventional responses to Covid revealed strategies to help strengthen our health networks and workforce? What changes to policy and program implementation are needed to sustain support for essential healthcare workers throughout long-haul crises and demographic shifts that require effective aging in place? Which essential healthcare workers are the most economically vulnerable, most susceptible to burnout, and most likely to become increasingly important to address our aging population and cultural demographic trends? How can we re-think ways to prioritize longer-term healthcare workforce needs, mitigate shorter-term care gaps, and create innovative partnerships between sectors to create new solutions that allow people to sustain work, retire with dignity and safely age in place? Can the pandemic be leveraged to break through long-standing barriers and organizational 'positions' to create change, and avoid reverting to the status quo in less urgent times?

Potential Participants and Partners: Community and tribal leaders, hospitals, health systems, primary care providers, behavioral health agencies, rural health centers, federally qualified health centers, community colleges, universities, healthcare workforce collaboratives, Accountable Communities of Health, professional associations, the Health Care Authority, DSHS, Department of Health, WA Labor & Industries, SEIU, WFSE, county commissioners, legislators, Governor's office.

<h1 style="text-align:center">THEME: COMMUNITY RESILIENCE</h1>

Strengthening the Conditions for Thriving and Resilient Communities

Why: Broad outcomes, such as community resilience, cannot be achieved through a single issue or sector approach. This project would address three key leverage points that support important aspects of community resilience highlighted in the Covid-19 learning project: social cohesion, small and mid-sized business resilience, and food security.

Goal: Strengthen the underlying conditions that promote resilient, thriving communities.

Objectives: To deepen understanding of the lessons learned from responses to Covid-19 as they relate to improving community resilience and a healthy society.

Key Questions: What strategies, operational changes, and policies need to be in place to support these three elements of community resilience? What can be learned from the experiences and impacts of the pandemic to increase community resilience? What innovations occurred in operations, coordination, and relationships that should be sustained and developed further? How can the impacts of and responses to the pandemic inform new strategies and the potential for systemic change?

Part One: Increase Social Cohesion

Why: The pandemic began at a time when the U.S. public has been more divided than at perhaps any time in its past. These divisions have primarily occurred along partisan lines, as well as through the echo chamber of social media, which has both deepened and broadened partisan divides. These national partisan divisions have increasingly become localized. At the same time, the pandemic has increased isolation, mental illness, and anxiety that often results in aggressive or antisocial behavior. Teen suicide rates have also increased dramatically over the past decade. Research and experience have shown that opportunities for bridging partisan ideological differences is at the local level, where potentially fewer issues are highly politicized and there are strong incentives for finding common solutions. This project will encourage gratitude and highlight acts of kindness and compassion to encourage local action and projects to increase civility and social cohesion across partisan, racial, ethnic, and other lines.

Goal: Increase social cohesion across partisan, racial, ethnic, and other lines.

Objectives:
- To deepen understanding of the lessons learned from responses to Covid-19 as they relate to strengthening community cohesion and civility.
- Increase the visibility of acts of kindness, compassion, social support, and mutual aid, both during and after the pandemic.

- Identify the contributions acts of kindness and compassion made in addressing the needs of individuals, families, and communities or where they filled in for gaps in servicing those needs.
- Identify programs and initiatives that can increase social cohesion through a focus on gratitude and compassionate action.
- Increase historical knowledge and humility as a basis for cross-community cohesion.

Key Questions: What are some ways of identifying and bringing to light acts of compassion within a community? How can highlighting the myriad of acts of compassion demonstrated during the pandemic strengthen social cohesion and contribute to a positive social narrative.

Potential Participants and Partners: Media, Compassion Games International, religious organizations, businesses, tribes, foundations, government.

Part Two: Strengthen the Resilience of Small and Mid-Sized Businesses

Why: The pandemic unlocked billions of dollars of support nationally and millions of dollars from state and local governments in Washington State to support small and mid-sized businesses that struggled during the pandemic. This project would review the research on the results of this support to determine what worked best and what did not. It will also look at the research on those businesses that managed to thrive during the pandemic by innovating or pivoting aspects of their business model and compare them to less successful businesses. The project will also conduct primary research in the form of interviews of key stakeholders and researchers. Based on the research, the project would make recommendations to state and local governments and businesses on key elements of business resilience moving forward.

Goal: Increase the baseline resilience of small and mid-sized businesses, as well as their resilience to future shocks.

Objectives:
- Identify the key factors that contributed to or inhibited business nimbleness. What were the nature of the adaptations that worked or failed?
- Identify the government-provided business support services that were most successful at increasing business viability and recovery, and which did not.
- Identify which businesses benefited from the services and which did not.
- Better understand how minority and women-owned businesses fared relative to other businesses.

Key Questions: How best can government, business associations, landlords, the banking industry, and insurance industry support small and mid-size businesses in a crisis? What worked and what didn't during the pandemic response? What needs to be changed to better serve minority and women owned business enterprises as well as rural businesses?

Potential Participants and Partners: Small Business Administration, chambers of commerce, Department of Commerce, university researchers, Pacific NW Economic Region.

Part Three: Increase Food Security

Why: Hunger and food insecurity, already prevalent, became a secondary health emergency during the pandemic. The multiple economic impacts of the pandemic and its ripple effects across the economy significantly increased the number of people facing food insecurity. This dramatic increase in demand for food assistance coincided with massive supply chain disruptions. Food banks and the large networks that supply them across the state and region have been challenged to reinvent how they address the three dimensions of food security: access, availability, and appropriateness. One of the biggest changes is a shift from a charity model to a food justice model. As it has with many pandemic impacts, food insecurity is having a disproportionate impact on historically underserved communities. Many communities are lacking access to culturally and socially appropriate foods. Hunger impacts every aspect of societal functioning including a strong connection between hunger and chronic diseases, behavioral and mental health, and scholastic achievement. The pandemic has highlighted the imperative to strengthen initiatives that increase food security for people, not only during emergencies.

Goal: Decrease hunger in Washington State.

Objectives:
- Bring the many actors in the food system together to consider the root causes of food insecurity in Washington state and to strengthen initiatives to address them.
- Identify and build on lessons being learned during the pandemic to improve hunger prevention, access to and availability of culturally appropriate food, emergency food distribution, food procurement, and other factors.
- Enhance multi-sector approaches and innovations to food security.
- Bridge local and statewide initiatives. Increase collaboration among initiatives.

Key Questions: What was learned that can improve food-related emergency planning, preparedness, and response for future disasters? Where were there gaps in food security during the pandemic and how were those gaps filled? How does what is being learned during the pandemic inform and change approaches to food security?

Potential Participants and Partners: Large and small emergency food providers and distributors (Northwest Harvest, Food Lifeline, and others), community-based initiatives, United States Department of Agriculture, Washington State Department of Agriculture, Washington State University, Washington State University Extension, universities, county conservation districts, farmers, school districts, Office of Superintendent of Public Instruction, tribes, nonprofits.

ATTACHMENT A
Learning from Responses to Covid-19 Interviewees (Phase One)

Name	Title	Affiliation/Agency
Dr. Alan Melnick	Director, Health Office	Clark County Public Health
Amber Leaders	Senior Policy Advisor	Office of Governor Jay Inslee
Amy Huang	SJCPF Program Officer	Providence
Ann Bostrom	Weyerhaeuser Endowed Professor in Environmental Policy	University of Washington
Ariele Belo	Director of Deaf and Hard of Hearing Services	Hearing, Speech & Deaf Center
Dr. Ben Danielson	Physician	University of Washington Medical Center, Department of Pediatrics
Benjamen Wilson	Director of Strategic Execution	Kaiser Permanente
Betsy Cowles	Chairman	Cowles Company
Betz Mayer	Program Manager	Pacific Northwest Economic Region
Bill Gardner	Associate Vice President & Executive Director of Public Safety	Washington State University
Bill McSherry	Vice President Government Operations	Boeing Company
Bobby Rodrigo		We Do Better Relief
Brandon Hardenbrook	COO	Pacific Northwest Economic Region
Brenda Anibarro	Director of Learning	Group Health Foundation
Bret Daugherty	Major General	Washington State Military Department
Bruce Pinkelton	Dean of Murrow College of Communications	Washington State University
Cami Feek	Commissioner	Washington State Employment Security Department
Cassie Sauer	President & CEO	Washington State Hospital Association
Cheryl Strange	Secretary	Washington State Dept. of Corrections/ past Dept. of Social and Health Services

Dr. Chris Dale	Chief Medical Officer	Swedish
Chris Mulick	Director of State Relations	Washington State University
Christine Hoyt	Chief of Staff, President	Washington State University
Chris Reykdal	Superintendent	Washington State Office of the Superintendent of Public Instructions
Dr. Colleen Daly	Director, Occupational Health, Safety and Research	Microsoft
Dr. David Fleming	Distinguished Fellow	The Trust for America's Health
Debbie Roberts	Assistant Secretary	Washington State Department of Social and Health Services/ Developmental Disabilities Administration
Derrick Belgarde	Executive Director	Chief Seattle Club
Dianne Chong	Board Member	Washington State Academy of Sciences
Eric Johnson	Executive Director	Washington State Association of Counties
Francesca Murnan	Policy Director	Seattle Indian Health Board
Hailey Rupp	Covid Project Manager	Washington State University
Jaime Bodden	Managing Director	Washington State Association of Local Public Health Officials
James Thompson	Executive Director	Washington Public Ports Association
Jan Yoshiwara	Executive Director	WA State Board of Community and Technical Colleges (SBCTC)
Janice Greene	President & CEO	Women's Business Enterprise Council Pacific; President Snohomish County NAACP
Jessie Coen	Development Director	Pacific Islander Community Association
Jie Tang	Budget Manager	Washington State Office of Financial Management
Jim Rogers	Presiding Judge	King County Superior Court
Joe Dacca	Director of State Relations	University of Washington
John Braun	Senator	Washington State Legislature

John Lovick	Representative	Washington State Legislature
Dr. John Weisman	Former Washington State Department of Health Secretary	University of North Carolina School of Public Health
Julie Martin	Chief of Staff	Washington State Department of Corrections
Katie Kolan	Contract lobbyist	Kathryn Kolan Public Affairs
Katie Rains	Policy Advisor to the Director	Washington State Department of Agriculture
Kelly Guy	Regional Director Community Health Investment	Swedish (Previously of YMCA Greater Seattle)
Kristen Jewell	Housing and Homelessness Division Manager	Kitsap County Department of Human Services
Lacy Fehrenbach	Deputy Secretary for Covid-19 Response	Washington State Department of Health
Linda Nageotte	CEO	Food Lifeline
Lindsay Klarman	Executive Director	Hearing, Speech & Deaf Center
Lou Schmitz	Emergency Preparedness & Response	American Indian Health Commission
Marisol Bejarano	Health and Wellness Coordinator	The Latino Educational Training Institute
Matt Morrison	CEO	Pacific Northwest Economic Region
Mellani McAleenan	Director, Government Relations & General Counsel	Washington State Association of Counties
Michael Jacobson	Deputy Director, Performance & Strategy	King County
Michelle Merriweather	President & CEO	Urban League of Metro Seattle
Nathan Weed	Acting Deputy Secretary for Emergency Preparedness	Washington State Department of Health
Nick Streuli	Director of External Relations	Office of Governor Jay Inslee
Nona Snell	Assistant Director for Budget	WA Recovery Group/Washington State Office of Financial Management
Dr. Nwando Anyaoku	Chief Health Equity Officer	Swedish

Pat Callans	Executive Vice President Administration	Costco
Peter Ehrenkranz	Lead Local Covid-19 Response	Gates Foundation
Rachel Smith	President & CEO	Seattle Metropolitan Chamber of Commerce
Renee Rassilyer Bomers	Chief Quality Officer	Swedish
Rick Peterson		Washington State Office of Financial Management
Robert Ezell	Director, Emergency Management division	WA Military Department
Robin Dale	CEO	Washington Healthcare Association
Ron Thom	Former President	Washington State Academy of Sciences
Rosario Reyes	Founder & CEO	The Latino Educational Training Institute
Roxana Pardo Garcia	Founder	Alimentando al Pueblo
Judy Warnick	Senator	Washington State Legislature
Christine Rolfes	Senator	Washington State Legislature
Scott Forslund	Executive Director	Providence Institute for a Healthier Community
Shannon Manion	Director of Field Services	Department of Social and Health Services, Developmental Disability Administration
Steve Smith	Executive Director	Black Education Strategy Roundtable
Sue Birch	Secretary	Washington State Health Care Authority
Taya Briley	Vice President & General Counsel	Washington State Hospital Association
Teresita Batayola	CEO	International Community Health Services
Tracy Jones	Program Manager	Washington State Dept. of Veterans Affairs
Trang Tu	Consultant	Trang Tu Consulting
Dr. Umair A. Shah	Secretary of Health	Washington State Department of

		Health
Van Dinh-Kuno	Director	Refugee and Immigrant Services Northwest
Vice Admiral Raquel Bono	Chief Health Officer	Viking Cruises
Vicki Lowe	Executive Director	American Indian Health Commission

Additional consultation

Paul Ward, Rob Lothrop, and other members		Columbia River Inter-Tribal Fish Commission