COVID-19 Response

External Coordination
After Action Report
Report Date: December 30, 2022
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COVID-19 Response
After-Action Report/Improvement Plan
Date Completed: December 30, 2022
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Approved Date: January 31, 2023
Event Overview

**Event Name**
DuPage County Health Department (DCHD) COVID-19 Response

**Event Timeframe**
January 2020 – June 2022

**Purpose & Scope**
This after-action report (AAR) aims to examine the value of the communication and coordination by DCHD and external partners and agencies throughout the response. This report includes documented strengths and opportunities for improvement in future responses.

**Mission Area(s)**
Response

**Evaluation Objectives**
1. Information sharing was conducted with external agencies and partners throughout the pandemic.
2. External agencies and partners understood DCHD’s response priorities.
3. DCHD coordinated testing and vaccination activities equitably.
4. External agencies and partners could utilize DCHD guidance and instruction to continue operations and support public health mandates.

**Hazards**
Novel, high consequence infectious disease (HCID) pandemic (COVID-19)

**AAR Sponsor**
DuPage County Health Department
EXECUTIVE SUMMARY

This report summarizes notable external coordination activity conducted by and through the DuPage County Health Department (DCHD) since the start of the COVID-19 response. This summary includes the highest-level strengths and opportunities for improvement demonstrated during the response.

**Major Strengths**

The major strengths identified are as follows:

1. **New and Enhanced Partnerships**: DCHD served as the communication hub for many organizations that it had not previously engaged at this level. Coordination measures taken with public safety, schools, healthcare and the business community have resulted in identification of synergistic capabilities to collectively respond to emergencies/disasters. DCHD has a unique opportunity to leverage these relationships during non-emergency times to plan for other public health emergencies.

2. **Communication/Accessibility**: Communication from DCHD to the DuPage County Mayors and Village Managers and public safety agencies (e.g., police and fire) was consistent and robust. This was specifically demonstrated in the weekly calls/webinars. DCHD was open to answering all questions at any time of the day or night should any external agencies or partners have them. The webinars and dashboards provided by DCHD helped fire, schools, businesses, and other agencies to inform and implement policies and practices.

3. **Guidance**: DCHD ensured that any new guidance received from the Centers for Disease Control and Prevention (CDC) or Illinois Department of Public Health (IDPH) was transmitted to external partners and agencies as quickly and efficiently as possible. The isolation and quarantine guidance provided by DCHD was extensively utilized by County schools to reduce risk of infection.

4. **First Responder Health and Safety**: DCHD effectively facilitated vaccinations for critical personnel such as public safety (e.g., police and fire) and others from villages and municipalities designated as essential personnel. In addition, the
information and process developed to share information from public health to 911 dispatchers helped fire emergency medical services (EMS) to make response-based decisions (as it relates to worker protection) early in the pandemic response.

5. **Business Coordination**: DCHD maintained frequent and regular communication with businesses and coordinated with Choose DuPage to push information to the business community (e.g., [https://www.choosedupage.com/dupage-business-resources-related-to-covid-19/](https://www.choosedupage.com/dupage-business-resources-related-to-covid-19/)).

6. **Public Information**: Schools and villages indicated that hyperlocal public information efforts were greatly aided by the consistency and frequency of information sharing provided by DCHD.

7. **Healthcare System Coordination**: Regular check-ins and briefings with DCHD allowed hospitals to not only share the situations and issues taking place within their facilities or systems but also to hear about the issues and situations taking place at other hospitals and throughout other systems. This provided them with opportunities for problem-solving and information/resource sharing.

8. **Vaccination**: Hospitals felt that without the support of, and coordination with DCHD, the vaccine distribution process would not have been as successful as it was. The *homebound vaccination program* offered another vaccination resource for the community. This program utilized paramedics to distribute vaccinations, a brand new, successful initiative.

9. **Vaccination**: Vaccines were equitably distributed within the County by utilizing the decentralized vaccine providers in communities with the greatest need. DCHD coordinated with vaccine providers to quickly answer questions and provide information.

### Opportunities for Improvement

The primary opportunities for improvement are as follows:

1. **Public Health Authority/Enforcement**: Some Mayors, Village Managers, and the DuPage Mayor’s and Manager’s Conference (DMMC), felt that there was a lack of clarity regarding DCHD’s authority for enforcing guidance and mandates.
within the County (particularly those mandated by IDPH). It was unclear whether it fell to the Cities and Villages to enforce mandates if the Health Department did not have enforcement authority.

2. **Homebound Vaccinations:** While considered successful, the set-up and training timeline for the homebound vaccination program was lengthy, which impacted the utilization of the program as people found other routes for vaccination. Plans made for this program should be archived and formalized so that it can be activated and utilized more quickly for future responses.

3. **Responder Health and Safety:** There were challenges with personal protective equipment (PPE) in the early response due to supply chain shortages. DCHD should leverage lessons learned from the pandemic to develop a distribution strategy for future public health emergencies. Such a strategy should be based on healthcare settings versus non-healthcare settings and include provisions for preservation of PPE and methods of acquisition. Similarly, there were challenges with testing demand and shortage of testing capabilities in the first several months of the pandemic and during variant surges (e.g., omicron). Testing access for first responders provided by the County was limited at times, increasing staffing challenges for police departments.

4. **Schools Coordination:** Many Superintendents felt that the line between what school districts were expected to handle on their own and what DCHD would support was too blurry. Additionally, they felt that there should have been more support from DCHD regarding the decisions made by the schools. DCHD should investigate policies and processes that allow a better balance between school autonomy and the support that DCHD can and will provide and ensure that these policies and procedures are communicated and understood by local schools.

5. **Long-Term Care Facilities (LTCFs):** Some LTCFs felt unaware of the resources and services available to them and their residents through DCHD. DCHD should regularly communicate the resources they have available to LTCFs, especially when supply chain issues arise. This could be enhanced through coordination with the Region 8 Healthcare Coalition with non-hospital healthcare facilities.

6. **Vaccinations:** Some hospitals felt they were not receiving adequate information regarding who and where vaccination clinics were taking place, which led to a
duplication of efforts. DCHD should work with hospitals to investigate the creation of a repository of events hosted throughout the County: not just events held by DCHD but also those hosted by the various hospitals in the County, especially around testing and vaccination efforts available to the public.
Information and data to inform the development of this report was received through group interviews/focus groups, review of various DCHD policies and procedures and through general and targeted online surveys.

Interviewees were offered two separate sessions to register for their group interview with their peers. Prior to each group interview, the participants were provided a listing of the questions that would be asked. Each interview was recorded and used to supplement the notes.

There were five separate surveys provided:

1. Pre-interview survey
2. Health equity group survey
3. Long-term care facility survey
4. Businesses survey
5. Vaccine providers survey

Each survey included nuanced questions based on the discipline, but also the following general questions amongst all groups:

1. Please rate how well the communication you received from DCHD supported your decisions regarding the COVID-19 pandemic. (1=lowest, 10=highest)
2. Please rate how well you understood DCHD’s COVID-19 response priorities and actions throughout the response. (1=lowest, 10=highest)
3. Please rate how well you felt DCHD addressed health inequities related to the COVID-19 response in DuPage County. (1=lowest, 10=highest)

There were a total of 195 individual contributors (combined from surveys and interviews) that informed the development of this report.