Post-Pandemic Recovery: From What, For Whom, and How?

Conference Report – October 4 and 6, 2022

JOHNS HOPKINS
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Center for Health Security

Project Team

Johns Hopkins Center for Health Security

Monica Schoch-Spana, PhD (Principal Investigator)
Senior Scholar

Sanjana Ravi, PhD (Co-Principal Investigator)
Senior Scholar

Christina Potter, MSPH
Senior Analyst

Noelle Huhn, MSPH
Analyst

Center for Community Health and Economic Resilience Research

Rex Long, MA
Doctoral Research Assistant

Emily Repasky, MA
Research Associate

Britney Treviño
Graduate Research Assistant

National Expert Advisors

Arrietta Chakos, MPA
Principal, Urban Resilience Strategies

Jennifer Horney, PhD, MPH, CPH
Professor of Epidemiology, University of Delaware

Stephen Moddemeyer
Principal, CollinsWoerman

James C. Schwab, FAICP
Principal, Jim Schwab Consulting LLC

Project Sponsor

Acknowledgements

Suggested citation: Schoch-Spana M, Ravi S, Potter C, et al. Post-Pandemic Recovery: From What, For Whom, and How? Conference Report – October 4 and 6, 2022. Baltimore, MD: Johns Hopkins Center for Health Security; 2023.

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Executive Summary

On October 4 and 6, 2022, the Johns Hopkins Center for Health Security, in collaboration with the Center for Health and Economic Resilience Research at Texas State University, convened a virtual symposium to consider how to operationalize the process of holistic recovery from the COVID-19 pandemic. The purpose of the event was to advise leaders in local and state government on what strategies they might adopt and/or support to facilitate recovery of the whole person from COVID-19, reverse the societal determinants of uneven impacts, and develop resilience to future public health emergencies.

Participant discussions produced a set of strategic actions that government authorities and partners can implement now and moving forward to effect necessary repair and change when the impulse to forget and move on is strong. Speakers represented a broad range of stakeholders, including local elected officials, recovery/resilience officers, planners, public health practitioners, disaster managers, financial investors, mental health professionals, healthcare administrators, religious leaders, housing advocates, community health providers, rural health experts, food security providers, social service administrators, academic researchers, restorative justice experts, equity strategists, artists, writers, and journalists.

Major messages that emerged from the 2-day symposium include:

Organize your jurisdiction's recovery strategy so that communities can experience healing effects in the present, over the course of a lifetime, and across generations.

- ✓ Have the courage not to "unsee" systemic biases (eg, racism, sexism, classism) revealed by the pandemic that have led to disparities in community vulnerability to COVID-19, chances to survive and thrive, and timelines for recovery

- ✓ Coordinate a "collective action" recovery coalition aligning local government, philanthropy, nonprofit organizations, and communities around a common agenda, progress measures, and synergistic actions

- ✓ Learn from veterans in natural disaster recovery about the importance of partnerships *and* seek out people practiced in social justice and civil rights who understand the data, analytics, and institutional processes needed for societal repair

- ✓ Support differently paced processes and plans: care for people right now (eg, stabilize housing, address mental health), reform flawed or neglected systems (eg, improve healthcare access, bolster public health), and expand opportunities to build economic resilience in underserved communities (eg, build more capacity for community development financial institutions [CDFIs])

- ✓ Tend to people's emotional needs: acknowledge their trauma experiences, empathize with any fear of and/or resistance to change, and instill a sense of possibility—"we can do hard things"

Collaborate with affected communities in setting priorities for recovery funds and in the creation, implementation, and evaluation of pandemic recovery initiatives.

✓ Develop a community engagement strategy; begin by identifying which communities have been left out of the conversation, provisioning their genuine involvement, and actively *listening*

✓ In concert with communities, identify the desired results of recovery initiatives, determine acceptable evidence of progress, and work jointly to implement and sustain solutions

✓ Thoughtfully apply metrics to target and evaluate pandemic recovery efforts; use a mix of quantitative and qualitative indicators for quality of process and outcomes

✓ Ensure accountability to the community by engaging staff to analyze recovery data, monitoring progress, and communicating regularly and broadly

✓ Hold onto, continue to resource, and put to ongoing routine purposes the novel community partnerships that closed gaps in COVID-19 testing, vaccination, and health promotion, reaching people from different racial, ethnic, and religious backgrounds and income brackets

Make trauma recovery at the population level a centerpiece of getting through and beyond the pandemic, focusing on safety, memorialization, and social connection.

✓ Evaluate your leadership performance against the 5 elements of psychological first aid: do my words and deeds instill a sense of safety, calmness, self-efficacy, community efficacy, and hope?

✓ Prioritize investments and improvements in infrastructure that serves—both in-person and remotely—people experiencing mental illness and/or substance use disorders

✓ To help decrease stigma, speak meaningfully with constituents about mental and psychological health, including the benefits of and local pathways for obtaining care

✓ Support initiatives of faith-based organizations, mutual aid networks, and other support groups to address social isolation, reflect on COVID-19 experiences, and strengthen community ties

✓ Work with local artists and affected communities to establish gathering spaces (real and virtual) to recognize, grieve, and process losses; connect socially; and plug into support systems

The symposium kicked off a larger project, Pandemic Recovery Metrics to Drive Equity (PanREMEDY), that supports local and state leaders in assessing COVID-19 recovery efforts, with an emphasis on the communities most severely affected. Stakeholders can follow the project's progress here.

Introduction

On October 4 and 6, 2022, the Johns Hopkins Center for Health Security, in collaboration with the Center for Health and Economic Resilience Research at Texas State University, convened a virtual symposium to consider how to operationalize the process of holistic recovery from the COVID-19 pandemic. The purpose of the event was to advise leaders in local and state government on what strategies they might adopt and/or support that would facilitate recovery of the whole person from COVID-19, reverse the societal determinants of uneven impacts, and develop resilience to future public health emergencies.

The 335 people in attendance each day included local elected leaders, city planners, public health practitioners, healthcare administrators, emergency managers, recovery and resilience officers, mental health providers, financial investors, religious leaders, community health providers, community advocates, grassroots organizers, philanthropists, academics, artists, and journalists. Government officials (primarily local and state) accounted for a third of all attendees. While most participants were from the United States, individuals from 28 other countries also took part.

Over the series of talks and roundtables summarized below, speakers collectively roughed out for local and state leaders a preliminary blueprint—including an overriding vision and specific actions—for implementing a comprehensive pandemic recovery. The symposium kicked off a larger project, sponsored by the Open Philanthropy Project, that supports leaders in assessing COVID-19 recovery efforts, with an emphasis on the communities most severely affected.

Background

Now entering its fourth year, the COVID-19 pandemic is full of contradictions: novel mutations of the SARS-CoV-2 Omicron variant continue to emerge, and the United States has suffered, to date, nearly 1.1 million COVID-related deaths with hundreds more added each day.[1] At the same time, most Americans report taking off their masks, and half of the country reports already returning to pre-COVID routines.[2] So far, only 15.4% of individuals 5 years and older have received a bivalent booster dose, in contrast to the 73.1% who have completed the COVID-19 vaccine primary series.[3] Government executives have received both chastisement and support when suggesting COVID-19 was no longer a crisis: In September 2022, US President Joe Biden experienced backlash from some experts and long COVID sufferers after saying "the pandemic is over,"[4] while other leaders asserting "return to normal" messages—that it is time "to live with the disease" and "move on"—found more sympathetic audiences.[2,5]

A greatly fatigued United States remains caught up in the push-pull dynamic of a mutable, transmissible pathogen. Response and recovery phases overlap, and envisioning a path through and beyond the public health emergency is difficult. Already stunting our collective imagination is a history in which recovery from a catastrophic outbreak of infectious disease has been less of a research and practice priority than preparedness

and response.[6,7] Efforts are underway to develop comprehensive and serviceable ways of thinking about and grappling with the pandemic's myriad intermediate and enduring effects; current post-pandemic recovery approaches, however, are uneven in their treatment of different sectors of society, types of human suffering, and people of varying social and economic means.[8-12]

As of now, local and state leaders must tend to COVID-19's multiple harms, mitigate further losses, anticipate and offset the pandemic's lingering effects, and think ahead to the next crisis, all while juggling other pressing, if routine, demands on government. Thus, symposium organizers conceived of holding discussions that could sharpen leaders' understanding of recovery on par with that of response, elevate primary aspects of recovery such as mass trauma that typically command less attention, and identify strategic actions that government authorities and partners can implement now and later to effect necessary repair and change when the impulse to forget and move on is strong.

Synopses of Talks and Roundtables

Full transcripts, presentations, and speaker bio sketches are posted at https://www.centerforhealthsecurity.org/our-work/events/2022-10-PanREMEDY/index.html. Report authors' synopses of conference proceedings follow below.

Opening Keynote: Democracy is the Recovery

Dr. Lawrence T. Brown, a public health scholar, equity scientist, and urban Afrofuturist at Morgan State University, argued that holistic recovery from recent, compounding events— the COVID-19 pandemic; Hurricane Ian; flooding in Kentucky; a mass shooting in Buffalo, New York; and an ongoing water crisis in Jackson, Mississippi, among others—requires concerted, whole-of-society action underpinned by principles of equity, abolition, and democracy.

Major Themes
Legacies of racial hypersegregation give rise to contemporary health inequities. Dr. Brown drew on county-level choropleth maps illustrating various outcome measures of population health across the United States, such as life expectancy and child poverty. This spatial analysis underscored that the poorest, least healthy counties are often clustered in regions with longstanding histories of racial hypersegregation. During the COVID-19 pandemic, many of these places suffered from large numbers of infections and reported significant racial and income-based disparities with respect to testing access, prevalence of preventable hospital stays, and access to primary care. Hypersegregation thus gave rise to hyper-deprivation in many Black and Latino communities while concomitantly hyper-allocating wealth, health resources, and other benefits to whiter, wealthier neighborhoods.

> *"Biological viruses attack social vulnerability, especially the people and places that are redlined, sub-primed, marginalized, and demonized."*
>
> —Dr. Lawrence T. Brown

Chronic underinvestment in hypersegregated communities leaves them uniquely vulnerable to health crises. The gradual and intentional extraction of capital, infrastructure, and other resources from hypersegregated communities—combined with enduring neglect of chronic diseases like obesity and lead poisoning—left communities unprepared to withstand a fast-moving infectious disease epidemic like COVID-19. Asserting that "one of the best measures of understanding public health is when something does not occur," Dr. Brown pointed out the challenges of incentivizing investment in health infrastructure during non-crisis periods, citing rural hospital closures and failures to expand Medicare and Medicaid. Though federal recovery funds allowed many such hospitals to remain open during the pandemic, withdrawing this support after the pandemic ends is likely to trigger continued closures in the future—a symptom of the "panic and neglect" cycle attached to pandemic preparedness, response, and recovery.

Abolition democracy is the key to health equity. Dr. Brown's solution to the health equity challenges posed by racial hypersegregation lies in abolition democracy, a concept the scholar W.E.B. Du Bois introduced in his treatise, *Black Reconstruction*. Per Du Bois, abolition democracy entails "the construction of new institutions, new practices, new social relations that would have afforded freed Black persons the economic, political, and social capital to live as equal members of society." Dr. Brown expanded on this definition, adding, "Abolition democracy [is] when you listen to people from all backgrounds, cultures, perspectives, and communities…Democracy means listening." Recent threats to democratic institutions in the US, however, imperil the health of already vulnerable communities, especially amid other impending health emergencies like the climate crisis and future pandemics.

Action Item

✓ **Actively listen to disproportionately harmed communities:** Be receptive to what the community tells you, adopt their stated health priorities, and distribute resources for policy implementation in alignment with said priorities. By doing so, elected leaders and community champions can facilitate achievement of equitable health outcomes and preparedness for future health threats.

ROUNDTABLE #1: What Are the Pandemic's Urgent and Enduring Harms, and Which Repairs/Remedies Are Essential for the Recovery Process?

Representing government, private, and nonprofit sectors, roundtable members discussed damages to community systems during the COVID-19 pandemic and identified

interventions to restore those systems so they can meet people's needs fully and equitably. Key points in the roundtable included characterizing both urgent *and* enduring harms, outlining the role of local leaders in facilitating remedies, and determining a reasonable timeline as well as proper measures for COVID-19 pandemic recovery. The moderator was **Dr. Jennifer Horney**, Professor of Epidemiology and Core Faculty Member with the Disaster Research Center at the University of Delaware, who conducts research on disaster impact measures.

Participants

- **Donna Gambrell**, President/Chief Executive Officer (CEO) of Appalachian Community Capital and Board Chair for the African American Alliance of CDFI CEOs, advocates for revitalizing the most vulnerable, low-wealth communities

- **John Henneberger**, Co-director of Texas Housers, supports low-income Texans' efforts to obtain safe, affordable housing in quality neighborhoods

- **Onora Lien**, Executive Director of the Northwest Healthcare Response Network, leads a regional effort to build a disaster-resilient healthcare system

- **Dr. Sarah D. Matthews**, Principal Scientist and Owner of Health Communications Consultants, Inc., provides training, facilitation, and evaluation to design health, leadership, and communication solutions

- **Gayla Quillin**, CEO of Parmer Medical Center and member of the Texas Rural Health Association, uses her knowledge of community functioning to respond to rural healthcare needs

- **Janet Zeis**, Senior Community Health Program Coordinator for Pottstown Hospital, has a history of coalition-building for food security and disaster resilience and now works to ensure that local healthcare is responsive to community needs

Major Themes

We can't be satisfied with recovery if we simply return to the pre-pandemic status quo. The pandemic ravaged community systems, hitting some communities harder than others. In many cases, the pandemic exacerbated more chronic crises and issues, such as inadequate affordable housing, a lack of social safety nets, and poorly administered interventions. Some communities, such as those in Appalachia, already had longer recovery timelines from past economic or hazard events, leaving then vulnerable to new shocks like COVID-19. A variety of communities, including rural ones, have long experienced healthcare access issues that have worsened due to hospital staffing shortages and lack of funding.

Across all sectors, COVID-19 exposed system weaknesses and damaged public trust, so solutions must target root causes, not only symptoms. To enable pandemic recovery, solutions must be implemented at the community level and driven by community needs. Although COVID-19 further damaged the economic health of Black communities, the root causes of baseline economic inequity rest outside the pandemic. Affordable housing has

long been a policy problem, often abetted by ineffective use of public funds. The public health workforce, generally, has experienced a great deal of trauma and burnout; how this trauma manifests, and its impact on ongoing service delivery, will be different for rural and urban communities.

Recovery is not linear and the idea of an "end state" is wanting. A "one-size-fits-all" approach to pandemic recovery is insufficient to address historic and systemic issues. Some communities experienced a combination of crises, caused or exacerbated by the pandemic, and their recovery will require differential pathways. Key steps toward recovery include identifying which communities have been left out of the conversation and provisioning them with necessary resources. Recovery will require both improving the flexibility and nimbleness of the response and re-thinking "recovery" as an ongoing process of community-building and resilience-strengthening, rather than arriving at an endpoint.

Action Items

Cross-Cutting

✓ **Identify desired results, determine acceptable evidence, and work with the community to implement and sustain solutions:** It is necessary to practice 2-way communication; go to the community rather than ask them to come to you.

> *"The people that most need advocacy are too busy trying to live."*
>
> —Dr. Sarah D. Matthews

Sector-Specific

✓ **Expand the health literacy of local leadership:** Leaders should seek out deeper understanding of the political and social determinants of health as well as the benefits of adopting a health-in-all-policies approach. Food security, for instance, requires strategies to address a lack of food (as in overcoming food deserts and maintaining food banks for emergencies) and to promote people's understanding of preparing foods in ways that support healthy eating.

✓ **Advance public health by adopting a collective impact approach and engaging the community:** Build a coalition that aligns government, philanthropy, nonprofits, and communities around a common agenda, common progress measures, and synergistic actions. Create opportunities for individuals to play an active role in advancing health and wellness at all levels: for example, develop skills in first aid classes, volunteer at food banks, or contribute to a community-led health assessment and improvement plan.

✓ **Bolster the workforce charged with preventive and therapeutic care:** Healthcare worker shortages—arising before, during, and likely in the aftermath of the pandemic—will have downstream impacts over time, so it is important to maintain the healthcare worker pipeline. At the same time, community health workers and

other trustworthy partners are necessary to deliver consistent information to the public.

✓ **Stabilize housing for renters by removing ad hoc and punitive approaches:** Legislators need to clarify the authority of chief executives at all levels of government to exercise emergency power. Emergency rent assistance should be institutionalized at the federal level, with sustained funding for an ongoing national rent assistance network. Improved regulation and guidelines around eviction record tracking and blacklisting will ensure that people can find housing in the future.

✓ **Expand economic opportunity and help to build wealth within underserved communities:** With public and private sector partners, community development financial institutions (CDFIs) are a valuable mechanism for addressing community-stated needs, and building greater capacity for CFDIs will strengthen pandemic recovery. To be effective, CDFIs should focus on intersecting community needs (eg, financial security and public health) instead of trying to take on all of them.

> *"We have to look not just at the symptoms, but the root causes, which oftentimes, is not just food insecurity and environmental insecurity, but also financial insecurity."*
> —Donna Gambrell

ROUNDTABLE #2: What is Necessary to Heal the Collective Wounds from the COVID-19 Pandemic?

Thought leaders from spiritual, trauma recovery, and restorative justice traditions discussed what forms of relief and caretaking could address inner wounds inflicted by COVID-19. They considered what practical steps local leaders could take to facilitate the mass delivery (or "scaling up") of healing modalities as part of the pandemic recovery process and how to measure the success of interventions in alleviating emotional and spiritual distress. **Arrietta Chakos**, Principal with Urban Resilience Strategies and an expert in urban public policy and disaster resilience and recovery, moderated the roundtable.

Participants

● **Rev. Anthony Evans**, President of the National Black Church Initiative, has worked on racial, social, and economic justice issues for 25 years

● **Dr. Brian W. Flynn**, Associate Director of the Center for the Study of Traumatic Stress, Uniformed Service University, teaches and writes on psychological recovery in the wake of large-scale emergencies

● **Jennifer Llewellyn**, a global leader in restorative justice, directs the Restorative Research, Innovation and Education Lab (RRIELab) at Dalhousie University

- **Eboo Patel**, President of Interfaith America, works to make faith a vehicle for cooperation rather than division
- **Dr. Debra Pinals** directs behavioral health for the Michigan Department of Health and Human Services and is Senior Medical Advisor to the National Association of State Mental Health Program Directors
- **Rabbi Deborah Waxman**, President of the Reconstructionist Rabbinical College, engages in educational initiatives to encourage a Jewish vision that creates strong allyship with vulnerable communities

Major Themes

Communities are experiencing trauma well beyond COVID-related losses. The pandemic coincides with economic crisis, political division, social fragmentation, natural and man-made disasters, and movements for social justice. The country is in much turmoil. The combined stressors have made obvious—and more acutely felt—the underlying inequalities leading to the pandemic's disproportionate social, economic, and health effects on communities of color, low-income communities, and people living with disabilities. Communities of color, for instance, are at greater risk of COVID-19 infection, hospitalization, and death when compared to White communities[13]; these human losses, coupled with an emergency response that has poorly served communities of color, are powerful reminders of racism and other forms of ongoing oppression. Genuine healing from the pandemic will depend upon an equity-driven recovery process.

Across government, religions, and civil society, we should reevaluate how we support one another. People's experiences of isolation, loneliness, fear, stress, and more can be normalized (ie, seen by the sufferer as something others are experiencing as well) and lessened through both behavioral health infrastructure and community-led initiatives for social connection. During the pandemic, infrastructure such as crisis hotlines and mobile crisis services have been very successful; at the same time, the country can continue to improve upon, and scale up the delivery of mental healthcare, which is historically and currently neglected. The pandemic reminds us of the importance of community, religious, and other support networks for healing, connecting, and empathizing with one another as we go through difficult times. Online platforms have improved access for people living with disabilities to both care and fellowship during the pandemic, and they have great potential to ensure that no one is left behind as we move forward.

> *"COVID-19 shined a spotlight on the profound sense of isolation and alienation that is affecting so many people before, and perhaps even more, after. One positive outgrowth, I think, of the pandemic is that it has re-emphasized the importance of community, and it has rehabilitated the power of networks of communities."*
>
> —Rabbi Deborah Waxman

Pandemic recovery must be meaningful and culturally relevant for diverse communities, as the response has needed to be. Religious congregations and other community-based organizations have been key actors in delivering and communicating the benefits of COVID-19 testing and vaccinations to populations that mainstream institutions have not been fully prepared to serve. Mission-driven organizations have engaged the pandemic response as an opportunity to fulfill community obligations in culturally relevant and values-driven ways. In planning for recovery from the pandemic, where the scale and scope of needs may differ across neighborhoods and social groups, local and state leaders must become good at listening, to appreciate community-stated needs, develop appropriate interventions, and enlist partners.

Action Items

✓ **When strategizing for recovery, seek out people practiced in social justice and civil rights:** To achieve equity within recovery, local and state leaders should incorporate in planning people who understand affected communities and the data, analytics, and institutional processes necessary for achieving *societal* repair. Community and education leaders, too, can scale-up restorative justice movements to create opportunities and skills for people in their communities.

✓ **Frame and finance emotional health as a key pillar of pandemic recovery:** To help decrease stigma, leaders should speak meaningfully with constituents about mental health, including the benefits of and pathways for seeking care. To promote collective healing, executives should evaluate their performance against the 5 elements of psychological first aid: To what extent do their deeds and words instill a sense of safety, calmness, self-efficacy, community efficacy, and hope? Infrastructure funding for mental health services and care for those experiencing lasting COVID-19-related symptoms, often known as long COVID, should be priorities.

✓ **Partner with intermediary groups who can relay community needs and mobilize support that government is less able to provide:** Government should ally with and/or back initiatives of faith organizations, mutual aid networks, and community support groups to strengthen community ties, address social isolation, and reflect on COVID-19 lessons learned. Every public health department should hire, train, and retain personnel skilled in engaging with diverse racial, ethnic, and religious communities to improve health and wellbeing outcomes.

ROUNDTABLE #3: How Are We Framing the Pandemic Experience Now and When It Draws to a Close?

Elected and community leaders, journalists, and artists discussed how to make collective sense of the change, loss, and grief experienced during the COVID-19 pandemic. Among the questions they considered: What forms of public expression might memorialize what has happened? Which stories might foster greater resilience to future crises?

What meanings might close the gap between people still hurting and those moving on? What understandings might propel needed transformations? Moderating the roundtable was **Steve Moddemeyer**, Principal at CollinsWoerman, who has 31 years of experience leading governments, landowners, and project teams toward increased sustainability and resilience.

Participants

- **Suzanne Brennan Firstenberg** is a Washington, DC-based visual artist who has developed installations that take on conflicted and intractable issues

- **Zeke Cohen**, Baltimore City Council Member for District 1, has experience developing policy for trauma-informed city services

- **Jane Cage** is a community long-term recovery expert and former Chair of the Joplin (Missouri) Citizens Advisory Recovery Team

- **Linda Langston**, a survivor of the 2008 catastrophic floods in Iowa and former President of the National Association of Counties, advocates for community resilience policies

- **Amanda Ripley** is an author and journalist who blends data and storytelling to help illuminate complex problems and spur solutions, including how to handle conflict and survive disasters

- **Kristin Urquiza** is the Co-founder and Co-executive Director of Marked by COVID, a grassroots nonprofit leading the national movement for pandemic justice and remembrance

- **Apoorva Mandavilli**, a global health and infectious diseases reporter for *The New York Times*, covers the COVID-19 pandemic, vaccinations, the World Health Organization, and other topics

Major Themes

Numbers hold little meaning for people. Reported continually, the number of COVID deaths in the US has become immense, making the losses difficult to understand and perhaps easier to forget and move on. To counteract this effect, the data visualization project "In America: Remember" involved placing white flags on the National Mall, one for each person who passed away from COVID-19. The installation became a national place of mourning, and it allowed non-locals to virtually place and locate a flag for their loved one. Marked by COVID also is building a real-life and augmented reality national COVID-19 memorial for people to visit and interact with—somewhere to bring their grief, hope, and rage, and to process what happened.

Discord and debate mark the COVID-19 response; listening has been left out. In previous national disasters and emergencies as experienced by some panelists, there was a sense of camaraderie, togetherness, and a push toward a common cause. With the COVID-19 pandemic, barriers and lines were drawn to label fellow community members as "other"

or "those" people. These descriptions drove further separation that only hindered the country's response. Now that we are moving into a period of recovery, these divisions have made it more challenging to establish partnerships and begin rebuilding.

Journalists are in the business of reflecting on the real world that we live in, including our resilience. Reporters play a large role in bringing forth stories that highlight critical information during high conflict periods. Often missing from the news are stories of hope, agency, and dignity. When there are glimmers of hope, reporters need to shine a spotlight on those stories. The role of journalists is to share the truth, given what we as society know at the time, with the understanding that the information may evolve.

> *"How do you talk about threats, fear, distrust, grief, betrayal, underreaction, overreaction when distrust is so high?"*
>
> —Amanda Ripley

Action Items

✓ **Amplify stories of hope, agency, and dignity:** People need to have a sense of possibility. To facilitate recovery, reporters and others can capture and communicate genuine instances that illustrate how strong our communities are and that we can do hard things.

✓ **Establish accessible and flexible spaces to grieve and process pandemic losses:** Memorializing shared and individual experiences during the COVID-19 pandemic is an important step for reconnecting with one another. Local officials can work with artists and affected communities to develop permanent COVID-19 memorials.

✓ **Use gathering places to connect people with resources for recovery:** Baltimore required training for every city agency in trauma-informed care; the first was the public library system. Having centrally located spaces with staff trained to connect individuals to appropriate mental health resources and community services will eliminate barriers to recovery for the most vulnerable.

ROUNDTABLE #4: What Pandemic Recovery Planning is Underway Now and How Might We Strengthen It, Including Through Better Metrics?

Practitioners responsible for recovery and resilience at the state and local levels discussed their ongoing involvement in pandemic recovery planning and related activities. During the roundtable, speakers addressed the goals of these recovery initiatives—several of which are hyperlinked below—as well as lessons learned related to processes and evaluation. **James C. Schwab**, a nationally recognized leader in the field of planning for hazard mitigation and post-disaster recovery, moderated the roundtable.

Participants

- **Thomas Bonner** is a Recovery Officer in Montgomery County, Pennsylvania, working on development and execution of pandemic recovery processes

- **Joanne Cech**, Fiscal Recovery Manager for Fort Collins, Colorado, is responsible for implementing the city's recovery plan and managing American Rescue Plan funding

- **Cate Eckenrode** served on the Recovery Core Team for Fort Collins' pandemic recovery efforts as the lead for data, performance measurement, and reporting functions

- **Russell Hopkins**, Director of Public Health Emergency Preparedness for the Northeast Texas Public Health District, is heavily involved in recovery efforts for the area, particularly natural disaster recovery

- **Khara Jabola-Carolus**, Executive Director of the Hawaii State Commission on the Status of Women, is heavily involved in feminist economic recovery planning efforts for the state

- **Dr. Kara Main-Hester** serves as the Chief Recovery and Resilience Officer for Snohomish County, Washington, developing and implementing pandemic recovery efforts

- **Leslie Wright** is former Senior Vice President of Community Building for United Way of East Central Iowa who facilitates disaster recovery and resilience activities in Linn County, Iowa

Major Themes

Addressing the recovery of the most devastated communities requires novel processes and participants. A major goal of recovery programs should be the correction of historical multisectoral inequities that were further exacerbated during the pandemic. Recovery planning, too, should account for other harmful events occurring during the years of the pandemic. A key procedural feature is the collaboration between affected communities and recovery program leadership in priority setting for recovery funds as well as the creation, management, and evaluation of recovery initiatives. Jurisdictions included in the roundtable have developed novel processes to solicit the involvement and feedback of communities often overlooked in prior processes, and they grounded every step of their recovery processes in absolute transparency. Also key to their processes was the development of clear objectives for recovery.

Thoughtful use of metrics enables the targeting and evaluation of pandemic recovery efforts. Qualitative and quantitative indicators supported the best use of limited recovery funds, in panelists' experiences. For instance, panelists assessed proposals based on public comment periods, applications for direct assistance to individuals, and community member scorecards. Once initiatives were implemented, evaluation entailed collecting narratives from affected individuals, instituting financial and performance reporting requirements, and assembling quantitative indicators as part of reporting requirements

or from public sources. Example indicators included percentage of initiative leadership who are part of the target community, percentage of initiative leadership trained in cultural competency or other relevant equity-grounded trainings, and other demographic, economic, geographic or health outcomes-driven indicators. Staff dedicated to evaluation, such as a data analyst to coordinate data streams, also were beneficial.

> *"We are what we measure, or maybe I might say, what we choose to measure."*
> —James C. Schwab

Short-term recovery and long-term recovery are interconnected but disparate objectives. Many recovery programs rely upon American Rescue Plan Act (ARPA) funds, which may be broadly applied. This flexibility obliges government to draw up its own priorities for the funding, including specifying those for short-term and long-term recovery. Short-term and long-term recovery may be defined and addressed very differently. For example, roundtable practitioners defined short-term and long-term recovery based on funding tranches (eg, ARPA and Coronavirus Aid, Relief, and Economic Security Act [CARES] funding versus other sources, such as city or nonprofit funding) and timing of effect (eg, food assistance and rental assistance to address urgent needs for housing or food, rather than to redress injustices). If this priority setting is not done early on, panelists cautioned, then it is easy for ARPA funds to disappear into operational budgets instead of being used for programs wholly dedicated to recovery.

While vastly different from pandemics, natural disasters still offer relevant lessons about recovery. Natural disaster recovery focuses largely on damage to infrastructure or how individuals may access their finances, but these priorities are different for pandemics, when there are large-scale and long-term disruptions in social networks and access to state and federal safety net programs. At the same time, partnerships, including working with local academic institutions to secure supplemental workforce or to feed recovery evaluation metrics with previously collected health outcomes, are key for designing and implementing effective programming for natural disaster recovery. Lessons learned from building these partnerships are certainly applicable to pandemic recovery. Additionally, out-of-the-box thinking in connection with natural disaster recovery may be relevant for pandemic recovery as well, such as providing direct assistance with medical debt forgiveness and forming nonprofits to fund proposals if other funding mechanisms are unavailable.

> *"One of the opportunities of our recovery is really being able to reach out to our communities in ways that we hadn't before, because pandemic recovery has been so incredibly different than typical disaster recovery."*
> —Dr. Kara Main-Hester

✓ **Actively involve citizens in ongoing and prospective local recovery efforts:** A pandemic recovery that is equitable, effective, and commands public confidence requires that decision-making processes genuinely involve affected communities. Moreover, recovery program leadership should ensure that communication with the public is truthful, frequent, and transparent. Using recovery programs to correct inequities should involve a panel of directly affected community members in the processes of goal setting and evaluation.

✓ **Clearly align evaluation processes, evaluation metrics, and data collection capacities with recovery goals at every step:** There should be realistic, actionable plans to collect and analyze data to evaluate the goal-setting process of a recovery program, to develop a recovery program that meets those goals, to confirm if recovery program activities align with those goals, and to determine the degree to which the recovery program has succeeded in its goals.

Closing Keynote: How Mayors Can Advance a Transformative Pandemic Recovery Process

At the outset of her administration, **The Honorable Satya Rhodes-Conway**, Mayor of Madison, Wisconsin, focused on affordable housing, rapid transit, climate change, and racial equity. Building on this record and continuing to steer her city through the pandemic, Mayor Rhodes-Conway addressed the questions of what does it mean to recover, what does it mean to build back better, and how do executive leaders and communities engage with these ideas? She called out the following lessons:

"Get the scale right." Recovery requires expansive thinking, in terms of both time and scope. The COVID-19 pandemic replaces any idea of "an endpoint" with the realization "this is the rest of our lives." Such a timescale is appropriate given what we are recovering *from*. It is not just a question of health or the economy, but also our educational system, how and where we work, and more, and it includes cross-cutting issues of racism and racial inequalities, gender and sexism, class and work, and climate.

"Learn and act on" flaws **"exposed by COVID-19."** In Madison, as elsewhere, the pandemic revealed systemic weaknesses, including pain points in the healthcare system, racial disparities in access to healthcare, and limited economic resilience. Recovery means attending to deficits that have been long ignored.

"Allow there to be different answers and processes." Apart from the virus's health effects, social responses to the pandemic are showing up in Madison and other cities as increases in gun violence, school fights, traffic accidents, substance abuse, depression, domestic violence, food insecurity, and housing insecurity. To relieve these "different symptoms" will require multiple processes and plans developed with community input, some led by government but not all.

"Have a really strong team in the city." Essential to Madison's recovery are 2 strategies: having a strong management team—one able to leap into action immediately and to discern what the community needs in the medium and long terms—and strengthening community partnerships such as those with community-based organizations enabling COVID-19 testing and vaccinations to reach throughout the city.

"Do not waste a good crisis." A crisis like a pandemic forces an awareness that bandage solutions, which may have barely worked in the past, cannot stand. Madison was "kicked out of the status quo" in how it sheltered men experiencing homelessness. Rather than warehouse the men in church basements, the city is now constructing the first purpose-built shelter for them.

"Take care of people in an emotional way." While recovery presents the opportunity for transformation, the pandemic has been traumatic, and change can elicit fear and resistance. Therefore, helping people navigate the recovery process requires tending to their emotional needs. It is also important to balance the need for systems change with the need to take care of people right now.

Next Steps

The symposium represents the first phase of a larger project known as PanREMEDY, which stands for Pandemic Recovery Metrics to Drive Equity. Combining the strength of disparate disciplines, the project intends to elaborate a model, set of metrics, and implementation support for comprehensive pandemic recovery in the United States context, and later pilot test them as part of local pandemic recovery planning processes. Central to the project is the research question: By what measures could public sector decision makers, at the local level, know that their efforts to facilitate COVID-19 recovery are working for the socially vulnerable individuals and communities who have experienced the greatest losses during the pandemic?

PanREMEDY's goals include advancing an understanding of pandemic recovery as a process of societal transformation rather than a one-off, short-term effort at reconstruction, and elevating human aspects of recovery not yet receiving sufficient attention such as how to relieve collective distress, bolster social connection, and promote common ground for pandemic recovery. We invite all interested stakeholders to follow the project's progress here.

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JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Center for Health Security