BROWN
Pandemic Center

Keeping Businesses Open and Safe During Health Emergencies:
Toward Better Platforms and Tailored Playbooks for the Future

Executive Summary

Businesses are a cornerstone of American society, driving economic growth, creating employment, and fueling innovation. During health emergencies, businesses play a vital role in protecting the workforce, preventing economic collapse, managing and supply chains. Employers are frequently the most well-trusted community messengers, particularly during an emerging crisis or when public health guidance is fragmented or unclear. Simultaneously, due to their reach into communities, operational agility, and ability to translate policy into action, businesses are indispensable partners for federal, state, and local leaders during health crises. Drawing on the American Democracy and Health Security Initiative, the Brown Pandemic Center and the Private Sector Roundtable on Global Health Security brought together senior leaders from U.S. businesses across the country to discuss lessons from the COVID-19 pandemic and pragmatic, replicable models to safeguard employees and boost state and local response to major health emergencies.

Key Outcomes

Senior business leaders agreed that COVID-related tools are at risk of being lost for the next major health emergency. Recognizing that each emergency is different, rather than build a bespoke "playbook" for every scenario, participants favored the development of digital toolkits and/or decision-trees, principles, and checklists that could prompt business leaders with key questions, actions, and tailored approaches for adapting public health guidance to disparate workplaces, business models, and localities.

Prior to the next health emergency, business leaders concurred on the following types of advance actions:

- Trusted, bidirectional relationships – and fora for sustaining them – should be created among state and local public health officers and businesses through formal liaisons, ongoing engagement, and scenario-based crisis planning.

  Example: Once connections with public health departments were established from an earlier collaboration, 3M was able to support the U.S. government vaccine rollout more effectively due to this pre-existing reciprocal relationship.

- Dedicated feedback loops for crisis management are vital to the creation of adaptable policies that are informed by both businesses and community leaders.

  Example: Challenge Seattle provided a model for bridging state and local response officials with business assets and logistics during the COVID-19 pandemic

- Tools are needed that can translate and scale public health guidance to account for varied business models, risk tolerances, and populations.

  In the absence of such tools during COVID-19, some businesses were able to innovate and others turned to external partners for tailored strategies to respond quickly and mitigate workplace health risks.

- Static playbooks will fail during a crisis. What is needed are interactive, AI-powered platforms with access to bespoke datasets, tailored decision trees, predictive models, and checklists focused on specific private sector needs.

  Example: United Airlines updates and refines checklists annually for all foreseeable emergent situations, ensuring preparedness across operations.

A First Convening

On August 6, 2025, the Brown University School of Public Health Pandemic Center, in partnership with the Private Sector Roundtable on Global Health Security, convened senior business leaders from diverse sectors, ranging from the finance, to transportation, to the poultry industry. Participants captured lessons from the COVID-19 pandemic and needed actions to better equip the business sector for future health emergencies.

The Roundtable aimed to:

1. Elevate pragmatic solutions and replicable models that can transcend political context and yield a workforce and an environment for small and large businesses that is better safeguarded against health emergencies in service of workers and their families.

2. Understand what resources small and large businesses need to assist in the co-creation and translation of guidance from federal, state, and local officials into local context and actions for health emergencies.

3. Identify replicable models for state and local leaders to leverage the knowledge and capabilities of businesses to assist with health emergency response.

Key Findings

Trusted Relationships and Communication are Central to Effective Crisis Response. Businesses and employers hold a place of trust within American society. According to the Edelman Trust Barometer, businesses are the most trusted institution in the United States, making them **critical in communicating health guidance**. However, in order for businesses to act as trusted leaders and communicators during public health crises, they require **clear, consistent and tailored guidelines from credible sources**. Inconsistent guidance and political tensions during the COVID-19 pandemic made it difficult for businesses to fully understand the varying landscapes and how to apply changing rules to specific companies, sectors, business models, and geographies.

Participants discussed and broadly agreed:

- **Pre-established, bidirectional relationships – and fora for establishing and sustaining them** between public health agencies and the private sector are essential for rapid coordination and trust. These relationships should be prioritized and maintained between crises as well.

- **Federal, state and local leaders and public health officials should create clear, easily replicable policies** that can be adaptable to businesses, individuals and larger populations that have varying risk tolerances. The messages about how to implement these policies should be unified and relayed by trusted messengers to employers, community leaders, and other influencers.

Practical, Actionable, and Scalable Preparedness and Response Tools are Needed. When conversing about future preparedness tools, most business leaders were skeptical of developing static playbooks. The group preferred tools that can be practical, adaptable, and frequently updated, such as digital checklists and decision trees. Participants also agreed that preparedness resources must be scalable across sectors, and adaptable to different organizational sizes, capacities, workforce needs, and phases (e.g., preparedness vs. response).

To make playbooks more easily actionable, the Roundtable participants emphasized the need to leverage Artificial Intelligence (AI) and Large Language Models (LLM) to:

- Streamline complex information
- Identify and adapt guidance from lengthy documents
- Tailor messaging for diverse audiences
- Help small-to-medium businesses access predictive models and decision support tools.

Formalized Public–Private Coordination Strengthens Response Capacity. Health emergencies, like the COVID-19 pandemic, are moments filled with uncertainty and fear. During the COVID-19 pandemic, the United States struggled to organize cohesive leadership and messaging among levels of government, establish trusted communication channels, and develop public health tools that addressed diverse needs of American communities. Fixed, well-exercised state and local public-private partnerships can help overcome these gaps in the future.

The roundtable highlighted the need for:

- **Formalizing and institutionalizing state and local channels for businesses to engage in health emergency preparedness and response**, including through embedded public health liaisons and multi-sector forums. During the COVID-19 pandemic, such channels allowed for honest communication and enabled faster problem-solving, policy alignment, and resource distribution.

- **Acknowledging the operational insights, logistical capacity, and data gathering expertise that the private sector brings**. These strengths that the private sector possess can and should inform public health policy and guide decision-making during health emergencies.

Moving Forward

Participants concurred that the time is now to build and sustain the partnerships and tools discussed during the roundtable, including:

- Establishing and sustaining formal feedback loops to facilitate the development and execution of adaptable outbreak preparedness and response policies, designed with input from both businesses across different sectors and geographies. These policies should be applicable to audiences with different public health needs.

- Moving beyond static playbooks toward digital, interactive, AI-enabled public health emergency response tools. To institutionalize and store the knowledge gained from the pandemic, private sector leaders should begin to work together to develop an AI powered platform that can create decision trees, predictive models, and checklists tailored to an organization's size, sector, and phase of response.

- Identify model practices for integrating businesses into state and local response strategies, including holding regular state and local exercises focused on different biological threats.

As next steps, the Brown Pandemic Center will:

1. Organize a private sector steering committee for an effort focused on implementing these recommendations.

2. Build private sector needs and interests into existing efforts to build an AI-enabled public health assistant and adaptable checklists for state and local response to public health events.

3. Solicit written best practices for state and local scenario-based exercises focused on integrating businesses into state and local public health emergency response.

Participants: Business Leader's Roundtable

A high level convening to capture private sector learnings was held on August 6, 2025, under Chatham House Rule.

The following leaders participated in the Roundtable:

- **Rich Accordino**, Director, Business Continuity and Emergency Response Planning
- **Blythe Adamson**, Founder and CEO Infectious Economics
- **Elizabeth (Beth) Cameron**, Professor of the Practice and Senior Advisor, Brown Pandemic Center, Brown University School of Public Health
- **Chelsea Cipriano**, Managing Director Common Health Coalition
- **Janis Davis-Street**, Manager of Workforce and Community Health, Chevron
- **Melina Evdemon**, Advisor, Public Health Research and Informatics, Chevron
- **Stephanie Formas**, Vice President, Challenge Seattle
- **Pritesh Gandhi**, Chief Health Equity and Community Impact, Officer, Common Spirit Health
- **Jiseon (Alice) Im**, Research Assistant, Brown Pandemic Center
- **Kevin Lass**, Senior Consultant, Rabin Martin
- **Meghan Long**, Director, Innovation Platform & Community Engagement, Ariadne Labs
- **Erin McCallister**, Director of Health Care Research, TD Securities
- **Judy Monroe**, CEO and President, CDC Foundation
- **Alison Neale**, Vice President Public Policy and Global Health Strategies, Henry Schein
- **Jennifer Nuzzo**, Director, The Pandemic Center and Professor of Epidemiology, Brown University School of Public Health
- **Lydia Ogden**, Communicable Diseases Strategy and External Engagement Leader, Johnson & Johnson
- **Michelle Padilla**, Assistant Director of Administration, Lincoln Premium Poultry
- **Lisa Reshaur**, Vice President, Risk Management, Microsoft
- **David Rhew**, Global Chief Medical Officer, Vice President, Healthcare, Microsoft
- **Nuphar Rozen-Alder**, Director of Global Public Health, BD
- **Vivian Sanchez**, Training and Development Manager, Lincoln Premium Poultry
- **Maria Schneider**, Partner, Rabin Martin
- **Cindie Serrano**, Director of Organizational Development, Lincoln Premium Poultry
- **Craig Spencer**, Associate Professor of the Practice of Health Services, Policy and Practice Faculty Affiliate, Brown Pandemic Center, Brown School of Public Health
- **Oyebode Taiwo**, Senior Vice President and Chief Medical Officer, 3M
- **Brandon Talley**, Chief Program Officer and Innovation Officer, CDC Foundation