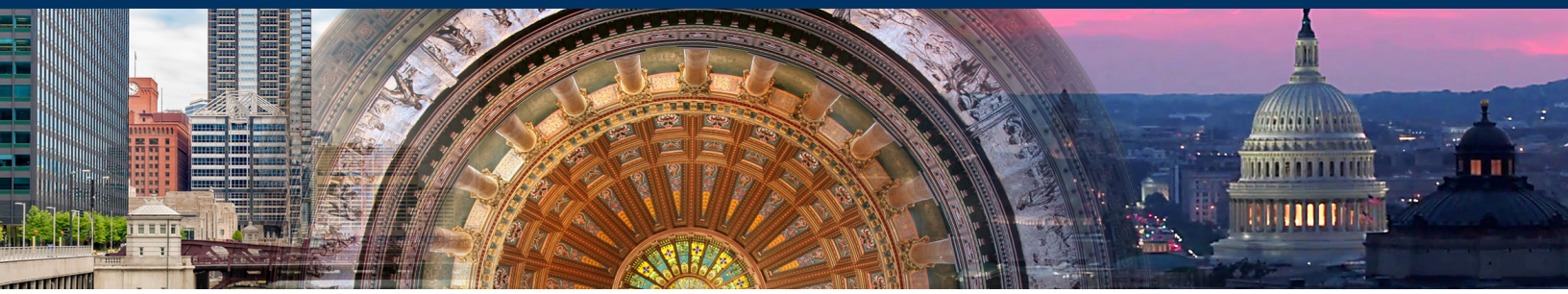

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Strengthening Disaster Response in Illinois: How Universities and Community Organizations Build Local Resilience

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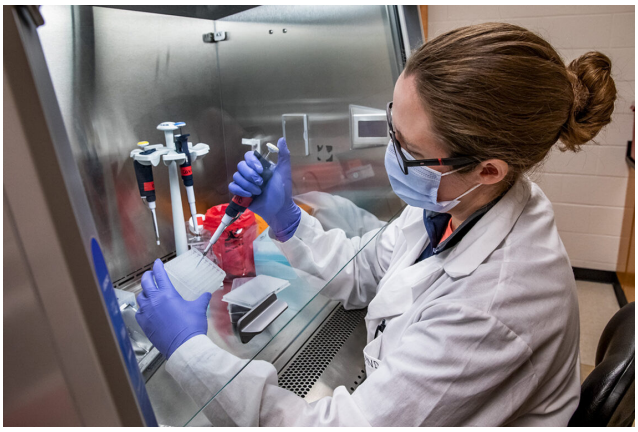
Illinois faces mounting threats from both natural disasters and public health emergencies. Notably, the state has experienced a sharp rise in billion-dollar weather events and has recorded over 40,000 deaths from COVID-19. This brief examines how universities and community organizations contributed to Illinois's capacity for disaster response. Drawing on interviews with 29 emergency professionals across 10 counties, we find that non-governmental stakeholders were essential for resource mobilization, public communication, and operational coordination. Nonetheless, persistent challenges remain, including gaps in volunteer systems, resource disparities between rural and urban counties, inconsistent communication, and insufficient training for novel disaster scenarios. This policy brief offers concrete steps to enhance statewide preparedness for public health disasters such as the COVID-19 pandemic, with an emphasis on rural resource equity, institutional partnerships, and scalable volunteer networks.



BACKGROUND: COVID-19 IMPACTS AND RESPONSE STRUCTURES IN ILLINOIS

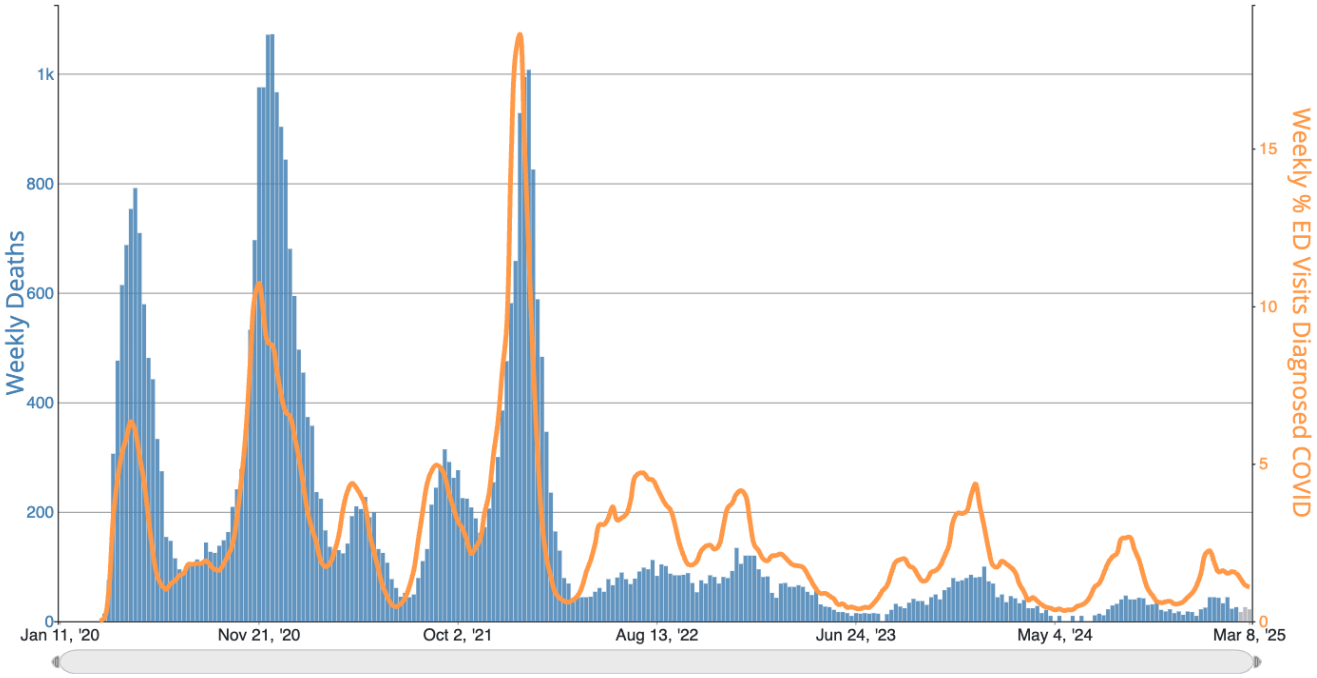
Disaster Frequency and Impact

As shown in **Figure 1** (next page), the period from early 2020 to early 2022 was especially severe – before vaccines were widely available and administered. The pandemic claimed more than 40,000 lives across the state2 and placed immense strain on public health and emergency response infrastructure.

State Response Frameworks

The Federal Emergency Management Agency (FEMA) advocates a whole community approach to responding to disasters. This approach emphasizes collaboration among government agencies, private organizations, nonprofits, and individuals

Figure 1. Provisional COVID-19 Deaths and Percentage of Emergency Department (ED) Visits Diagnosed as COVID-19, by Week, in Illinois, Reported to CDC



Source: CDC. https://covid.cdc.gov/covid-data-tracker/#trends_weeklydeaths_7dayeddiagnosed_17

to enhance disaster resilience (Dai & Azhar, 2024; Kapucu et al, 2010). In the process, emergency management efforts can address diverse community needs, including those of vulnerable populations. During the COVID-19 response, FEMA coordinated federal support by managing logistics, distributing personal protective equipment (PPE), funding emergency protective measures, and supporting state and local response efforts. It played a key role in hospital expansion, vaccine distribution, and the mobilization of the National Guard to assist overwhelmed healthcare and emergency systems.

Illinois Emergency Management Agency (IEMA) adopts FEMA's Whole Community approach and operates under the Illinois Emergency Management Agency Act (20 ILCS 3305)3. IEMA coordinates with local governments, nonprofits, and private-sector actors during disasters. During the COVID-19 pandemic, IEMA supported local emergency management agencies by coordinating resource requests, distributing PPE, and facilitating communication between state and local agencies. IEMA also helped manage Emergency Operations Centers, provided situational awareness, and ensured timely information sharing to strengthen the statewide response.

The Illinois Emergency Operations Plan (IEOP) establishes a comprehensive framework for coordinated disaster response among state agencies, local governments, and nongovernmental partners (IEOP Plan 2021). It outlines specific roles and responsibilities for each entity involved in emergency management, ensuring effective communication, resource sharing, and unified action during crises such as pandemics, natural disasters, or technological incidents (Flint & Stevenson, 2010). The IEOP supports a scalable response structure through the Incident Command System (ICS), allowing flexibility depending on the scope and severity of the emergency. Complementing this plan, key state laws promote civic participation and resilience. The Illinois Emergency Management Agency Act (20 ILCS 3305) authorizes the governor to declare disaster emergencies and mobilize resources accordingly. Meanwhile, the Illinois Disaster Relief Act (15 ILCS 30) provides funding mechanisms and procedures for post-disaster recovery efforts. Additionally, the Disaster Service Volunteer Leave Act (5 ILCS 335) empowers state employees to take paid leave to serve as volunteers during declared disasters, encouraging

civic engagement and strengthening the overall emergency workforce across the state.

As noted in the COVID-19 After-Action Report, the strengths of Illinois state government in responding to the pandemic included "strong central leadership at the top, including setting out a clear vision and priorities; effective use of community relationships and public private partnerships; and effective use of executive orders that speeded up the delivery of PPE and other resources"4. Although the COVID-19 pandemic has ended, it remains essential to review the actions taken by various stakeholders, acknowledge their contributions, and reflect on lessons learned to better prepare for future emergencies.

ILLINOIS'S DISASTER RESPONSE CAPACITY DURING COVID-19

To examine Illinois's disaster response capacity for COVID-19, our research team from the University of Illinois Springfield conducted 29 semi-structured interviews and a focus group between March and April 2024. We engaged participants from 10 counties across the state (4 urban, 6 rural), including emergency management agency (EMA) directors, public health officers, nonprofit leaders, university emergency staff, and local elected officials. Participants offered critical insights into disaster planning, response coordination, and community collaboration during COVID-19. Below are key themes we identified from our interviews regarding Illinois's capacity to manage COVID-19.

1. Universities Were Central to COVID-19 Response Logistics

The University of Illinois system played a leading role in coordinating testing, vaccine deployment, and data collection. The University of Illinois at Urbana–Champaign (UIUC) developed saliva-based COVID-19 testing kits that enabled rapid, scalable testing across the state. University emergency units provided personnel, lab capacity, and physical spaces for mass testing and vaccination efforts. According to one county-level EMA leader, "We couldn't have set up the testing and vaccine sites without their [UIUC's] help. Their labs made the difference."

A police officer said, *"The University [UIUC] is the economic engine of most of downstate Illinois, and we were able to leverage that economic and scientific energy for the betterment not just of our community but of the whole state."* He also emphasized the University's critical role in downstate COVID-19 response through testing, vaccine clinics, and serving as a convening force for the community.

2. Community Organizations Ensured Equitable Resource Distribution

Community organizations such as United Way played a crucial role in Illinois's COVID-19 response by rapidly coordinating support services and addressing urgent community needs. United Way organized volunteers, distributed food, and worked with local schools and pantries to ensure continued access to meals. They facilitated collaboration among nonprofits, public agencies, and businesses, helping streamline resources and fill service gaps. Additionally, they coordinated local donations, supported housing stability, and ensured that vulnerable populations had access to essential items such as masks and hygiene products. Their established community trust and networks enabled them to act quickly and effectively in crisis response and recovery efforts.

These nonprofit organizations leveraged their deep community ties to identify and support

vulnerable families, particularly in rural areas where government reach is limited. *"We had churches and community groups lining up to help. They knew who needed what better than we did," one county-level EMA leader shared. Another health official said, "United Way, the housing authority, the food pantries, and the schools all came together in a way that I've never seen before."*

3. **County-Level Collaboration Across Agencies and Sectors Was Strengthened During COVID**

We found that partnerships forged during prior emergencies—such as floods, snowstorms, and droughts—expanded and strengthened local COVID-19 response capacity. Collaborations among fire, police, emergency management, public health agencies, and universities created enduring networks for joint training and drills, enabling partners to map available resources and assess each organization's response capacity. Importantly, these partnerships also institutionalized shared decision-making processes.

This built trust and created a sustained communication network that remains active today. As one public health department director noted, *"COVID forced us to talk to each other regularly. That built trust. Now we're much more prepared for the next event."*

These established partnerships also helped keep the public informed during the COVID-19 pandemic. Various stakeholders—including public health departments, emergency management agencies, universities, and community organizations—coordinated closely to deliver consistent and accurate messages to the public. They used centralized communication channels, such as daily briefings and joint press releases, to ensure the public received clear, unified updates. Trusted institutions, including universities and local nonprofits, amplified official guidance through their own networks to combat misinformation and maintain public trust. This coordinated messaging helped reinforce public health protocols and reduced confusion during a rapidly evolving crisis.

A public health official noted, *"So when we had messaging, we worked very closely with the mayor's office, with our public health partners, and our internal team, and we made sure that the message that was going out to the public—whether it was about testing or closures or masking—was the same across every platform. We didn't want people hearing one thing from the city, another from the university, and something else from the county. That consistency helped build trust and reduce confusion."*

4. **Rural Counties Faced Disproportionate Resource Challenges**

Rural counties in Illinois faced multiple challenges during the COVID-19 response. Limited healthcare infrastructure and staffing shortages made it difficult to provide timely testing, treatment, and vaccination services. Many rural health departments operated with minimal personnel, often with a single public health official covering multiple roles. Access to resources such as PPE, test kits, and vaccines was slower than in urban areas, creating disparities in response capacity. Without pre-stocked supplies, many counties had to wait up to 30 days for state support. *"We had to improvise. Urban counties had backup; we didn't,"* a rural EMA director noted.

Communication infrastructure also posed issues—broadband limitations hindered remote coordination and information dissemination. Additionally, rural communities faced trust issues, with residents often skeptical of public health guidance. Misinformation, political polarization, and resistance to mandates such as masking and vaccination further complicated outreach efforts.

Transportation barriers made it difficult for residents to reach clinics or testing sites, especially for the elderly. Overall, these systemic limitations exposed long-standing vulnerabilities in rural public health systems and underscored the need for better investment and preparedness in rural emergency management.

5. **Informal Networks Helped but Need Formalization**

   Although collaboration during the COVID-19 response was generally effective, much of it depended on informal relationships rather than formal agreements such as memoranda of understanding (MOUs). This left agencies vulnerable during high-stress situations. *"Disasters aren't the time to be handing out business cards. We need to know each other before the storm,"* said one emergency official.

   While emergency managers regularly coordinated with nonprofits such as the Red Cross, United Way, and the Salvation Army, much of this engagement was voluntary and lacked formal structure. The absence of binding agreements meant that agencies had limited authority to compel participation, leaving coordination contingent on goodwill and prior familiarity. As noted in the interviews, ongoing engagement and persistent follow-up—*"If you give me your contact, I will bother you"*—were often necessary to sustain partnerships. This underscores the importance of proactive relationship-building well before a crisis emerges.

POLICY RECOMMENDATIONS

Illinois's experiences during the COVID-19 pandemic revealed strengths in grassroots partnerships and institutional support systems but also exposed persistent structural challenges. While many agencies collaborated effectively for routine emergencies, a public health crisis of COVID-19's scale required additional capacity—particularly from organizations with specialized expertise (e.g., the University of Illinois)—and much faster mobilization of resources and services. The pandemic thus challenged the dynamics and composition of response capacity, testing the limits of cross-sector collaboration. It served as both a stress test and a wake-up call, revealing how critical it is to convert trust-based partnerships into sustainable policies, formal agreements, and shared operating procedures that can withstand the pressures of future emergencies. The following recommendations aim to turn these insights into sustainable policy action that enhances disaster preparedness and response, particularly for local government agencies responding to public health disasters.

1. **Updating Response Plans and Strengthening Training for Novel Public Health Disasters**

   The COVID-19 pandemic presented an unprecedented challenge for government agencies; response strategies often diverged from those used for familiar hazards such as floods or snowstorms. This experience underscores the urgency for state and local agencies to revise and regularly update their emergency operations plans. As one city fire chief reflected, *"COVID reminded us to think outside the box to keep responses safe. It also showed that, while we were prepared, we can do much more for the next 'COVID,' whatever that is. We've set up committees for planning and training so we're better prepared—hopefully for nothing, but prepared nonetheless."*

   Training specific to public health disasters should likewise be strengthened. Scenario-based exercises for large-scale events—rather than reliance on routine training oriented to typical emergencies—would enhance preparedness. As a county-level public health employee observed, *"Basic training that everyone completes at hire—such as ICS-100—is not sufficient for a public health disaster like COVID. We are looking for opportunities to increase training and to adapt our plans and exercises to account for the nuances."* Together, these insights highlight the need for expanded, hazard-specific training and iterative planning to build long-term adaptability for future pandemics.

2. **Strengthen the Medical Volunteer System, Training, and Equitable Compensation**

Medical volunteers played a pivotal role in Illinois's COVID-19 response, supporting healthcare delivery, logistics, and community outreach. Yet recruiting, training, and deploying medical volunteers effectively—especially during a public health emergency—remains a critical challenge. As one county-level public health employee noted, *"Staffing is the issue we keep returning to. Some health departments have a Medical Reserve Corps (MRC); we did not—and still do not—have an active MRC. Some volunteers expressed interest, but they were not very active—either they sought compensation rather than volunteering or they did not pass the background check or other requirements."*

To address these gaps, the state should establish a centralized, statewide medical volunteer registry accessible to local emergency managers. Standardized onboarding, regular training modules, and periodic preparedness drills would professionalize the volunteer pipeline and improve surge capacity. Finally, although volunteers are not salaried staff, policymakers should develop clear, fair compensation mechanisms (e.g., stipends, per diem reimbursements, or hazard pay where appropriate) that recognize volunteers' time, effort, and risk during public-health crises.

3. **Expand Resource-Sharing Agreements for Rural Counties**

Rural counties frequently experience substantial logistical delays in obtaining essential supplies—such as PPE, generators, and potable water—during public health emergencies. The state should therefore support regional resource-sharing networks and strategically located emergency stockpiles. Building and maintaining warehouses and Emergency Operations Centers (EOCs) is especially critical for rural jurisdictions, given limited healthcare capacity and volunteer pools. State-funded regional supply depots, managed in coordination with local partners, would markedly improve responsiveness.

As one rural emergency manager explained, *"We serve roughly 37,500 residents, and funding for emergency management is limited. We take a whole-community approach and work to be as robust and resilient as possible with what we have. But when it comes to logistics—having certain supplies on hand—it's too costly to store and rotate them, so we must request them from the State Emergency Operations Center. The state does not warehouse many of these items either; it relies on private vendors. During the nationwide COVID-19 pandemic, supplies were quickly depleted; our requests took at least 30 days before shipments began arriving because the state was coordinating with FEMA to procure and distribute materials."*

Additionally, expanding IEMA's distribution infrastructure and streamlining logistics coordination during public health emergencies will help mitigate delays. Importantly, policymakers should prioritize reducing red tape and administrative burdens that rural counties face when requesting resources from the state. Simplifying paperwork and approval processes can ensure that local governments receive timely support when they need it most. These combined measures would significantly enhance disaster readiness and equity across both resource-rich and under-resourced jurisdictions.

4. **Invest in Emergency Leadership Training**

Disaster response hinges not only on systems and supplies but also on the leadership capacity of those on the frontlines. Local emergency managers, particularly in smaller jurisdictions, often lack access to robust leadership development opportunities. Therefore, the state should invest in cross-sector training programs that cultivate core emergency management competencies—such as adaptive leadership, coordinated command structures, multi-stakeholder communication, and inclusive decision-making. These programs should incorporate simulation-based exercises and peer mentorship and should be accessible to public health leaders, municipal officials, and nonprofit partners alike (Li, 2018; Røiseland & Trætteberg, 2024). Notably, our interviews re-

vealed that many female leaders demonstrated a distinctive strength during the COVID-19 crisis: they were unafraid to show vulnerability and admit, "I don't know." This openness built trust and fostered stronger emotional connections with their teams, which, in turn, supported morale and team cohesion during periods of uncertainty. Emphasizing authenticity and emotional intelligence in leadership development efforts can further strengthen the human dimensions of emergency management.

5. **Integrate Universities into Emergency Operations Plans**

   Higher education institutions in Illinois are underutilized assets for emergency preparedness. Their contributions during the COVID-19 pandemic—such as developing testing kits, hosting vaccination clinics, and mobilizing volunteers—demonstrate their potential as long-term emergency management partners. Counties should therefore formally incorporate universities into local Emergency Operations Plans (EOPs), assigning them specific roles in data analytics, healthcare logistics, shelter management, and communication strategies (Yu & Gerber, 2025; Weber et al., 2018). The state can promote this integration by facilitating co-planning sessions and offering competitive funding for university-county disaster partnerships.

CONCLUSION

This policy brief highlights the vital role that universities and community organizations played in Illinois's disaster response efforts during the COVID-19 pandemic. Universities served as conveners and logistical hubs—offering testing infrastructure, public health expertise, and trusted leadership. Community organizations such as United Way and local food pantries mobilized quickly to deliver essential supplies, coordinate volunteers, and address housing and food insecurity. These actors extended the reach of emergency services across both urban centers and underserved rural regions.

However, the pandemic also exposed critical structural challenges—especially in rural areas—such as understaffed health departments, limited broadband access, and weak interagency coordination. Many effective collaborations were built on preexisting partnerships formed through training exercises and responses to other hazards (e.g., floods and winter storms). These findings underscore the importance of leveraging community assets, cultivating durable cross-sector partnerships, and investing in civic infrastructure—especially volunteer networks and local leadership capacity—to prepare for future public-health emergencies.

ENDNOTES:

1. National Centers for Environmental Information: https://www.ncei.noaa.gov/access/billions/state-summary/IL
2. How COVID-19 changed Illinois: 5 impacts, 5 years later. https://www.axios.com/local/chicago/2025/03/18/how-covid-19-changed-illinois
3. Illinois Emergency Management Agency and Office of Homeland Security. See here: https://iemaohs.illinois.gov/
4. See here: https://gov.illinois.gov/news/press-release.30008.html

Given space constraints, readers seeking more detail on how local governments collaborated with universities and other community organizations during COVID-19 may consult:

1. Eshun, E. & Yu, S., & Boampong, E. (2025). "Disaster risk reduction Trough Public Private Partnerships: A qualitative Study of Emergency Management Agencies in Illinois". *Illinois Municipal Policy Journal*.
2. Yu, S. & Gerber, B. (2025). "Understanding the Co-provision of Disaster-Related Services in the United States: Universities and Colleges as Community Stakeholders". *Public Administration*.

REFERENCES

Dai, J., & Azhar, A. (2024). Collaborative governance in disaster management and sustainable development. *Public Administration and Development*, 44(4), 358–380.

Flint, C. G., & Stevenson, J. (2010). Building community disaster preparedness with volunteers: Community emergency response teams in Illinois. *Natural Hazards Review, 11*(3), 118–124.

Kapucu, N., Arslan, T., & Demiroz, F. (2010). Collaborative emergency management and national emergency management network. *Disaster Prevention and Management: An International Journal, 19*(4), 452–468.

Plan, B. (2021). *Illinois Emergency Operations Plan.*

Røiseland, A., & Trætteberg, H. S. (2024). Emergency management through enduring collaborative networks: Lessons on phases and levels. *Public Administration, 102*(4), 1728–1744.

Weber, M. C., Schulenberg, S. E., & Lair, E. C. (2018). University employees' preparedness for natural hazards and incidents of mass violence: An application of the extended parallel process model. *International Journal of Disaster Risk Reduction, 31*, 1082–1091.

Yu, S. (2023). *Managing Disasters Through University Co-provision of Public Services: The Role of Managerial Problem Framing and Organizational Structure* (Doctoral dissertation, Arizona State University).

Yu, S., & Gerber, B. J. (2025). Understanding the co-provision of disaster-related services in the United States: Universities and colleges as community stakeholders. *Public Administration*.

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PHOTOGRAPHS

Mast - Chicago cityscape - Elena Sivitskaia, stock.adobe.com, Illinois State Capitol Dome - Frame from video at https://www.youtube.com/watch?v=F2wPy7DfXfQ, Capitol Dome at Dusk - Frame from Adobe Stock video file 187821651, by VIA Films

All other photos - UNIVERSITY OF ILLINOIS/FRED ZWICKY