

Date: Tuesday, September 29, 2020 Time: 7:00 to 8:00 AM

Remote Link:

https://dhswi.zoom.us/j/92188204777 Call In: 1 646 558 8656; 980 2058 6371

Meeting Invitees:

X	Alyson Capp, PhD Director of Ethics Advocate Aurora Health	х	Mitchell Hagopian, JD Managing Attorney for Community and Institutions Disability Rights Wisconsin	x	Rajiv Naik, MD Medical Director of Informatics and Pediatrics Gunders en Health System	х	Ericka M. Sinclair, MS, MPH Founder and CEO Health Connections
х	R. Alta Charo, JD Professor of Law and Bioethics UW-Madison		Nancy Hernandez President Hispanic Collaborative		Sandra Rowe, JD Department of Health Services Office of Legal Counsel		Jonathan Temte, MD, PhD Associate Dean for Public Health and Community Engagement School of Medicine and Public Health UW-Madison
	Michaela Daubon, RN Public Health Nurse Lac du Flambeau Wellness Center	х	Maysee Herr, PhD Executive Director Hmong Wisconsin Chamber of Commerce	x	Jose Salazar HIV Program Director Sixteenth Street Community Health Center	х	Kevin Murtha SDMAC Ethics Subcommittee Project Management Support Director, WI Department of Health Services Project Management Office
Х	Arthur Derse, MD, JD Professor and Director, Center for Bioethics and Medical Humanities Medical College of Wisconsin	х	J. Paul Kelleher, PhD Associate Professor UW-Madison	х	Kathryn Schroeter, PhD, RN, CNOR, CNE Nurs e Scientist - Froedtert Hos pital & Medical College of WI Clinical Associate Professor - Marquette University College of Nursing	х	Kathleen Caron SDMAC Project Management Support Lead WI Department of Health Services Division of Public Health
Х	Helen Marks Dicks, JD State Issues Advocacy Director AARP Wisconsin		Michelle Myers, BSN, RN Community/Public Health Officer Oneida Nation Community Health Services Dept.	х	Kofi Short Prevention Program Manager Diverse and Resilient, Inc.		

Agenda:

Time:	Topic:	Lead:	Follow-up Items:	
7:00 to 7:02 AM	7:00 to 7:02 AM Introduction/opening/roll call.		12 of 16 members in attendance (a quorum)	
7:02 to 7:05 AM Review/approve minutes from September 24, 2020 meeting.		Kevin Murtha	Approved without correction	
7:05 to 7:15 AM	Discuss weighted lottery allocation video and principle in relation to the Wisconsin framework.	Alyson Capp Rajiv Naik	The team discussed the weighted lottery allocation method:	



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			 Weighted lottery allocation has not yet been used for vaccines. Aly Capp clarified the framework included a weighted lottery allocation for both vaccines and therapeutics. Alta Charoasked if it's possible to separate lottery from a discussion of disadvantaged areas. Lotteries can be challenging for individuals who live in close proximity. Any lottery tied to racial categories wouldn't likely pass legal muster. There are health systems that have been operationalizing this lottery approach for medications and ventilators. The vaccines and therapeutics subcommittees can provide more granularity in the application of the framework.
7:15 to 7:50 AM	Review hypothetical scenarios and National Academy of Medicine Preliminary Framework for Equitable Allocation of COVID-19 Vaccine (2020) priority groups in relation to Wisconsin framework.	Alyson Capp Rajiv Naik	Aly Capp proposed we circle back on these questions. Raj Naik reviewed hypothetical scenarios. Scenario: The intervention is ineffective/less effective in a population in which there is high morbidity/mortality. At the same time, the vaccine/therapeutic is significantly more effective in a population with less morbidity/mortality. Example: COVID 19 vaccine is much less effective in the elderly, higher risk population than the younger, healthier population. O Helen Marks: There are occasionally deficits in the studies where the elderly aren't part of the testing groups. O Art Derse indicated the national literature highlighted the concept of effectiveness is based on the population. (National Academy's report potentially due out later this week).



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			 Multiple vaccines may come out with different risk profiles. Once you've had one, you likely won't get a nother. If you give them the less effective vaccine, you may disadvantage them because they won't get the more effective vaccine. Mitch Hagopian suggested the scenarios are helpful for our future subcommittees on vaccines and therapeutics. Jose Salazar pointed out several values can come into play in considering the scenarios. Alta Charo highlighted the maximization of safety and not effectiveness. Suggest the concepts of safety and effectiveness be maximized for different vaccine. Aly will put in new language to add these thoughts. Aly Capp made proposed edits to the framework. Raj Naik moved to next scenario: effective vaccine offered but low rates of acceptance in a community. As long as the cold chain is maintained, there is potential to move the vaccine around if there are low rates of acceptance. Raj Naik discussed about what's being done in the community to gain level of trust so allocation doesn't need to be moved to another location. There may be some reallocations based on hot spots within the state. An area may allocate some of their share to another area.



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			 1 in 4 teachers has a high risk condition. It doesn't necessarily take into account someone who may be taking care of a high risk individual at home even if not high risk him/herself. Raj Naik: Emergency use authorization use is granted for frontline healthcare workers. What defines a frontline healthcare worker? This scenario assumes we know who has COVID and is spreading. The superspreaders may never know they are ill. Jose Salazar highlighted we don't always consider social workers part of the healthcare team. Raj indicated we'll discuss in more detail at Thursday's discussion due to lack of time to finish the discussion at this meeting. Aly asked the team to take a look at the draft and let her know what scenarios you'd like to discuss Thursday.
7:50 to 8:00 AM	Discuss public comment period and next steps.	Alyson Capp Rajiv Naik	The public comment period will be open to the public as well as committee members.
8:00 AM	Adjourn.	Alyson Capp Rajiv Naik	Meeting adjourned at 8:02 AM.

Meeting recording