



Wisconsin Division of Public Health

PROGRAM/GROUP: Public Health Council – Public Health Emergency Preparedness Advisory Committee

MEETING TITLE: Public Health Emergency Preparedness (PHEP) Advisory Committee Meeting

LOCATION: Zoom: <https://dhs.wi.zoomgov.com/j/1616095779>

Meeting ID: 161 609 5779

One tap mobile

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DATE/ TIME: Tuesday, June 18th, 2024, 10:00 – 11:30 AM CT

Context: (Purpose, Vision, Mission, Goal):

The purpose of Public Health Emergency Preparedness (PHEP) Advisory Committee is to provide policy, program, and resource allocation recommendations to the State of Wisconsin Public Health Emergency Preparedness Program to assure that Wisconsin is prepared to effectively and efficiently prevent, detect and report, investigate, control, and recover from public health emergencies. The charge to this committee is to make recommendations to the Public Health Council on priorities and strategies to achieve public health emergency preparedness goals in Wisconsin.

The purpose of the PHEP Cooperative Agreement is to support health departments at the state, local, Tribal, and territorial government levels to build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.



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The Public Health Council was created by 2003 Wisconsin Act 186 (Wis. Stat. §15.197[13]). By statute, the Council's purpose is to advise the Department of Health Services, the Governor, the Legislature and the public on progress in implementing the state's 10-year public health plan and coordination of responses to public health emergencies.

Meeting Facilitator: Brittany Fry

Meeting Recorder: Jaime Niedermeier

Agenda:

Time:	Topic:	Notes/Follow-up:
10:00 – 10:05AM (5 minutes)	Welcome (Fry) <ul style="list-style-type: none">• Roll Call (Confirm Quorum)• Introductions• Opportunity for public comment• Approve previous meeting minutes, 2/13/24 and 4/9/24• Walk-on agenda items	<ul style="list-style-type: none">• Roll Call (Confirm Quorum)• Introductions<ul style="list-style-type: none">○ Three new local health department (LHD) representatives introduced:<ul style="list-style-type: none">▪ AZ Snyder (Western region), PHD Pierce Co HD and Cities Readiness Initiative (CRI), background in epidemiology▪ Jamie Weaver (rural)▪ Tammi Boers (Northern)• Opportunity for public comment- none• Approve previous meeting minutes, 2/13/24 and 4/9/24- no quorum• Walk-on agenda items- none
10:05 – 10:15AM (10 minutes)	State Updates (Baldoni-Lake) <ul style="list-style-type: none">• Public Health Emergency Manager (PHEM) Certification update• COOP/COG template• HPP NOFO released, updated capabilities	<ul style="list-style-type: none">• Public Health Emergency Manager (PHEM) Certification update- pending DHS Communications team approval• COOP/COG template- updated guidance needs to be included in new template. Need to bring to this group for discussion because we have wide range of partners. What functionality would be important? What questions need to be addressed? How does this fit into overall COOP plan, including Wisconsin Emergency Management (WEM) and Local and Tribal Health Departments (LTHDs). Add to next meeting agenda.



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<p>10:15 – 11:25AM (70 minutes)</p>	<p>AC Business (Fry)</p> <ul style="list-style-type: none">• Update on PHC recommendations- will be discussed at August meeting• Review charter• Role of PHEPAC during emergencies	<ul style="list-style-type: none">• Update on PHC recommendations- will be discussed at August meeting• Review charter<ul style="list-style-type: none">○ EMS- role during emergencies is clear but could support existing roles after emergencies/fill gaps, including water testing support. Same w/ other nontraditional/underutilized resources, including dog walkers- prevention of trips and falls of elderly, companionship to owners etc. Contact Corey Straubhaar with resources.○ Purpose: key word “recommendations” to OPEHC (ex., Baldoni-Lake sharing 5year contract, PHEP office hours)<ul style="list-style-type: none">▪ PHEP AC role is to develop strategies/recommendations that OPEHC can implement▪ How do recommendations get distributed? Fry: It depends. With the resolution, recommendations got put forward in the charge to PHC, PHC distributed to legislature, WEM etc. For the contract, OPEHC implemented recommendations directly.▪ It would be helpful to be explicit about what this group’s levers/tools are. Broader language is better to avoid limiting the PHEP AC’s options.▪ Request for process flow chart. Fry will develop.○ Charge: Make recommendations to PHC on priorities and strategies to achieve PHEP goals in WI. Could include goals in PHEP Cooperative Agreement (CoAg) but also opportunities in PHC to identify priority goals identified by PHEP AC. Call for Agenda Items is a good venue for bringing those forward.
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		<ul style="list-style-type: none">▪ Do PHEP AC members feel able to bring items forward, or if not what are some barriers?<ul style="list-style-type: none">• Need to make apparent to all LTHDs that PHEP AC exists, may not be full understanding of what this committee does. Could share info during PHEP QA webinar, but sometimes PHEP QA is just coordinators and not Health Officers, so sometimes info gets lost. Presentations on this committee to WALHDABs in regions, HO groups would be beneficial• WEM working on things that Gann will present to this group. Next year Emergency Support Function (ESF) 8 will be a primary objective for WEM. Gann will be redoing that plan in conjunction w/ DHS- public health countermeasures etc. WEM has many areas as well as regional/local staff. Similar outreach w/in WEM to promote PHEP AC would be beneficial.• Are there other partners besides public health that need support in bringing items to PHEP AC?○ PHC, reporting. Overlap w/ when resolution went forward. Focus on state's 10year PH plan, coordination of response. Most PHEP AC work will happen before emergency occurs including priorities, strategies, lessons learned from prior responses.○ Functions: PHEP CoAg also called out needing to include representatives from other CDC grants, involvement in HERC Advisory group, HPP program. PHEP AC already
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includes HERC representation. Opportunities to break down silos important, hospitals impacted during PH emergencies. HPP will be pushed to look more broadly to clinics, dialysis centers, long-term care facilities, home care/hospice, all other partners. HPP includes 17 different provider types, blood banks etc.

- Also add trauma program. EMS shortages impact response time which increases mortality.
- EM operates differently in different regions of state, more or less integrated w/ PH. Including them here might increase participation. For clarity- not trying to tell WEM/local EM what to do but ask about their priorities and find alignment for collaboration.
- Gann can give Integrated Preparedness Plan (IPP), outline of next 4-5 years of WEM priorities and plan for training and exercising etc. This year the priority is mass care, working with OPEHC. Next year ESF 8, Strategic National Stockpile/Medical Countermeasures (SNS/MCM). If want more diversity in WEM representation, Gann can pull folks from other sections to attend these meetings. About 15 staff doing significant work that overarches all mission areas.
- PHEP AC should pull in other SMEs/representatives from different groups as needed even if not officially members, to participate in discussions.
- WEM/DHS has high degree of collaboration but doesn't trickle down to local/regional. Not sure what process flow is. There are different layers- state, regional, local. Specifically at local level, high degree of variation. In the South Milwaukee St Francis area, there are 10 HDs at local level, hard to connect local EM to 10 LHDs. Other



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		<p>regions have different interactions w/ local/county EMs. Sometimes easier to connect w/ local than at county/regional level.</p> <ul style="list-style-type: none">○ Local EMs beholden to different rules than at state level. Home rule means EM is not required to adhere to any specific WEM approach.○ Should this group focus on higher level items that are relevant to all/most areas?● How to bring items forward? For PHC, resolution was drafted in this group then went to Executive Committee (EC), then put back for more edits before being put forward to PHC by EC.● Membership:<ul style="list-style-type: none">○ Add Vice Chair for continuity of operations. Any concerns from membership about adding Vice Chair? Role would be to fill in for chair.○ 2-year terms. Appointed by PHC. When changes, Chair will bring recommendations forward to PHC for approval. Fry worked w/ OPPA staff who sent out messages to local HOs to see if interest in filling vacancies.<ul style="list-style-type: none">▪ When did current membership start? Fry will gather information for next meeting.○ Wollman Nesseth is reflected about 10 lines down in membership roster but can we get clarification that Lauri Maki (HPP Coordinator) should also be a member as 3rd line down?○ Don't necessarily need to fill every line in membership roster. State to state is different as well. Are we missing other partners? Department of Public Instruction (DPI)?○ Change "citizen" to "resident" in last bullet point
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		<ul style="list-style-type: none">○ State lab also working with private partners to help clinical labs across the state keep functioning. public-private partnerships○ DOT? For logistics. In covid, transporting vaccine. Utilized state troopers which are part of DOT. Also information going out. EMS works closely w/ DOT based on statute. They can also provide info that's not commonly known. Lab also used them for transport in certain circumstances. Would be utilized if Ebola in WI, currently could be go-to partner if needed certain types of transport.○ Is BCD/BEOH represented? Yes, our medical orders from PHEP come from Dr Bedno. RSS/SNS regularly meets w/ State Patrol assigned to SNS operations. We did have that relationship built so was seamless in Covid response. Re: Dr Bedno, that's where "senior leadership" fills that role in charter. Lab works closely w/ BCD on any response in most situations.○ Staffing responsibilities: OPEHC, OPPA, open records○ Meeting schedule○ Open meetings, follow rules of order <p>•</p>
11:25- 11:30AM (5 minutes)	Wrap-up and Adjourn (Fry)	<p>Action items: levers for going to PHC, DHS, what are potential action items to make that flow</p> <p>PHEP QA, HO calls to further explain and provide examples so when topics are requested from regions everyone has better understanding</p> <p>Membership- DPI, BCD, DOT?</p> <p>Put in charter how membership determined? There is currently some dual coverage in some regions due to how rollout occurred. Moving forward, there is language for how new members will be determined. Difference between how new members</p>



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		approved vs how members selected? The goal is to be as inclusive as possible. When rural rep slot opened, went out to everyone. Then will use diversity to determine. For community based partners, if slot opens, BF will work with OPPA to get their recommendations on strategies for membership.
11:30AM	Next Meeting: Tuesday, August 13 th , 2024, 10:00 – 11:30AM	

Notes: The Department of Health Services is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Jaime Niedermeier at (608) 335-0914 or jaime.niedermeier@dhs.wisconsin.gov. You must make your request at least 7 days before the activity.