



Wisconsin Division of Public Health

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

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

LOCATION: <https://dhs.wisconsin.gov/public-health/PHEP/1606114973?pwd=cC9xYTJIN0pSMGVPaWVHS0MvN3dZUT09>

Meeting ID: 160 611 4973

Passcode: 067139

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DATE/ TIME: Tuesday, February 14, 2023 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 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: Brian Kaczmariski

Meeting Recorder: Hannah Sorensen

Agenda:

Time:	Topic:	Notes/Follow-up:
10:00AM	Welcome and Roll Call (Kaczmariski) Walk-on agenda items	Present: Aimee Wolman Nesselth, Amanda Weiler, Brenda Lutz-Hanson, Brittany Fry, Corey Straubhaar, Doug Hill, Erin Bowles, Gail Nahwahquaw, Hmongshee Khang, JP Heim, Kay Mittelstadt-Lock, Kelli Engen, Linda Conlon, Lisa Herritz, Lisa Sobczyk, Mary Dorn, Melissa Ellis, Michael Niles, Nick Tomaro, Ramona Baldoni-Lake, Sophie Lee, Stephanie Borchardt, Svea Erlandson, Vincent Cha, Olga Meza



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		<p>Absent: Tom Balsley, Kurt Southworth, Lisa Olson-McDonald</p>
<p>10:10AM</p>	<p>PHEP Advisory Committee Business:</p> <ol style="list-style-type: none"> 1. Opportunity for public comment (Kaczmarski) 2. WI Public Health and Healthcare Preparedness Update <ol style="list-style-type: none"> a. Public Health Council Initiatives (Kaczmarski) <ol style="list-style-type: none"> i. Subcommittees ii. Process for elevating issues iii. How do we define preparedness? iv. Action-oriented b. Hospital Preparedness Program (HPP) Healthcare Emergency Readiness Coalition (HERC) Advisory Group Initiatives (Kaczmarski) <ol style="list-style-type: none"> i. Mid-year progress report ii. Outlook for remainder of BP4 (7/1/22 – 6/30/23) deliverables iii. Upcoming exercises iv. Vacant coordinator positions v. Strategic plan update c. Healthcare Associated Infection Workgroup Initiatives (Kaczmarski) <ol style="list-style-type: none"> i. Summary of key activities from most recent HAI workgroup meeting d. Other relevant initiatives (Kaczmarski) <ol style="list-style-type: none"> i. Alverno College/OPPA/OPEHC Collaborative Project - Best Practices for the Role of Public Health Nurses in Emergency Preparedness ii. 2024 Republican National Convention (RNC) preparations iii. Other? e. Opportunities for Alignment (Kaczmarski) <ol style="list-style-type: none"> i. Integrated Preparedness Plan (IPP) 	<p><i>Note: The Zoom link that was posted in the original meeting notice was invalid. This issue was identified at the time of the meeting. This link was replaced with the link and call information above.</i></p> <p>WI Public Health and Healthcare Preparedness Update - Public Health Council Initiatives (Kaczmarski)</p> <ul style="list-style-type: none"> • The Public Health Council (PHC) is standing up several new subcommittees, including the Issues subcommittee. • Any preparedness partners can raise issues to the Issues subcommittee, and they will discuss issues for consideration. • The focus of the Issues subcommittee is prioritizing issues and then disseminating to proper committees for potential action. • PHC is working on outlining a process for an individual or group raising issues to that Issues subcommittee. • Mary Dorn noted that it would be beneficial for this group to understand the purpose and function of the PHC. • The PHC is charged with advising the Governor on the state health plan and preparedness issues. • PHC strives to represent all sectors of the state based on those listed in statute. • Recently, there has been intention to use a justice, equity, diversity, and inclusion (JEDI) approach to PHC representation. • Item for discussion: how do we want this group to define “preparedness”? • The PHEP cooperative agreement started in 2022; 9/11 attacks and subsequent anthrax attacks highlighted a need for national public health preparedness structure. • The initial focus of PHEP funding was on preparing public health agencies to dispense antibiotics to their communities in the event of an anthrax event. • The PHEP program has evolved beyond its initial strong focus on anthrax and bioterrorism response to recognize a need for all-hazards planning.



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	<ul style="list-style-type: none">ii. Future opportunity (integrated exercise cycle)iii. Local and Tribal PHEP self-directed deliverablesiv. Other? <p>3. PHEP Discussion (Sorensen)</p> <ul style="list-style-type: none">a. PHEP Program Overview Training provided in October 2022b. PHEP 2023-2024 Capabilities Planning Guide Assessment and Funding Applicationc. PHEP 2022-2023 Deliverables<ul style="list-style-type: none">i. Modified Operational Readiness Review reporting requirementsii. PHEP Plan work groupiii. Local and Tribal Capabilities Support positioniv. Local and Tribal self-directed deliverables <p>4. Discuss opportunities for embedding equity (Lee)</p> <ul style="list-style-type: none">a. Public Health Council Special Session<ul style="list-style-type: none">i. Subcommittee interest in future training opportunitiesb. PHEP subcommittee member discussionc. Wisconsin State Health Improvement Plan (SHIP) 2023 - 2027d. 2023 Governor's Health Equity Council Report <p>5. Items for referral to Public Health Council, as necessary (Kaczmariski)</p> <ul style="list-style-type: none">a. PHEP Subcommittee member discussion <p>6. Other items for discussion (Kaczmariski/Sorensen)</p> <ul style="list-style-type: none">a. Workforce development (focus on new preparedness staff)b. Process for filling vacancies (alignment with other DHS boards and councils)	<ul style="list-style-type: none">• While some large jurisdictions in the U.S. are still required by their cooperative agreements to maintain “full operational readiness” for an anthrax-related event, most jurisdictions, including Wisconsin, have shifted to baseline readiness for anthrax and full operational readiness for emerging infectious disease events.• Goal of PHEP funding is to help health departments at the state, local, tribal, and territorial government levels 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.• There have been several models of preparedness tried in Wisconsin; some have worked well and remained in place and others have dissolved.• The Office of Preparedness and Emergency Health Care (OPEHC) did not exist in 2002; preparedness staff were hired with PHEP funding and embedded within the Wisconsin Division of Public Health.• Local public health and Tribes self-selected into regional preparedness consortia that shared funding and resources and coordinated preparedness activities. Most of these consortia later dissolved in 2011 when participation was no longer a requirement for receiving funds. Today, some regional consortia remain, but vary greatly in size and structure.• Lisa Sobczyk discussed the many instances of people with disabilities being denied reasonable accommodations during the pandemic; cited data on the percentage of individuals that enter an institution during an emergency do not leave that institution after.• This group may be able to issue best practices or policies as this continues to be an issue across multiple sectors.• We need safeguards in place so that in future declarations, the Americans with Disabilities Act (ADA) is not put on the backburner, but rather embedded in response.• There was a sense that because it was an emergency, some of these issues could be excused, and that is not okay.• Infrastructure issues should be part of conversation as well, especially considering the public health infrastructure funding that the state has received.• Doug Hill suggested including a member from Bioethics Network of the Upper Midwest (BENUM) on this subcommittee. Doug sits on the BENUM
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board. Doug will reach out and see if they have capacity to sit in on this group.

- Multiple attendees emphasized a recommendation to focus on public health emergency preparedness as a foundation to build upon, and noted that PHEP capabilities are inclusive of a wide range of partners.
- JP Heim noted a need to provide better definitions and expectations of what public health and other partners' roles are in an emergency.
- Linda Conlon noted that public health does not currently have some of the advisory structures that other partner sectors do.
- Melissa Ellis noted that public health did not have adequate resources to respond during the pandemic and that now, much of public health's COVID-19 supplemental funding is running out.
- Brian Kaczmarek described the common pattern of preparedness and response funding increasing after an emergency and then decreasing shortly after.
- Attendees agreed that there is a huge need for consistent public health funding.
- Brian Kaczmarek summarized the discussion: this group can lift things to PHC from a foundation of the PHEP cooperative agreement, but we will also be mindful of opportunities for alignment with other partners and stakeholders.
- Brenda Lutz-Hanson noted that there are two ways that people are referring to public health, public health as a science and public health as a discipline. Statutorily, public health is responsible for anything directly infectious disease, but also supports many functions. There are many folks in this group that may not know what public health is working on. Brenda suggested to clarify these two definitions of public health when making comments.
- Brian Kaczmarek noted that with high staff turnover, there really is a need to go "back to the basics".
- Robbie Deede noted a need to leverage existing PHEP experience in the state to retain the workforce.
- Olga Meza noted that an important reason that community health workers (CHWs) are leaving their jobs is because there are not sustained, full-time CHW positions with benefits. CHWs do a lot of important work in the



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community. It unfortunately took a pandemic for health equity to be a priority.

- As CHWs, Olga and others can share information with this committee to help them understand the needs and concerns of CHWs and how to support that.
- Brian Kaczmarek suggested that this committee make recommendations to those that are managing current workforce development funds.
- Lisa Herritz noted that PHEP is a very important program to the Tribe. What Tribes get for PHEP funding is low for the amount of work being done; we need to work to increase this. It is critical to secure funding for PHEP coordinators for the Tribes.
- Robbie Deede noted that the PHEP program is important for synergizing messaging; PHEP is a portion of overall preparedness and response system and we need to be working collaboratively with partners so that we maximize and don't duplicate or even harm efforts.
- Brian Kaczmarek noted that there is a shift happening where preparedness is no longer seen as a standalone program and more so one that is embedded within many programs.
- Gail Nahwahquaw noted that going "back to the basics" includes acknowledging that marginalized communities, including Tribal communities, Hispanic communities, and others have been excluded from preparedness and response efforts. Often these communities are brought in after the fact.
- Ensuring equity is our collective responsibility.
- Through COVID, Tribal communities shared that there was a lot of misunderstanding about what Tribal communities could do.
- "Back to the basics" means having a better understanding of our partners' assets.
- Hmongshee Khang noted that during the COVID-19 pandemic in Central Wisconsin, many community-based organizations stepped up to fill gaps in vaccinating their community. As CHWs, being part of the community that you are serving allows you to see gaps. This is critical to addressing barriers to access. Equity was not at the forefront when the pandemic hit.
- Brian Kaczmarek summarized the discussion: we want to look at issues through the lens of the PHEP cooperative agreement, which by the nature of the program, means that we will also be inclusive of partner sectors. Our



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goal is to advise in three key areas: policy, program, and resource allocation recommendations. As we make recommendations to the PHC, let's make sure we are framing them in terms of these three areas.

- PHC has been very adamant to all subcommittees that they want to see recommendations and action items, not minutes that lack action-orientation.

Hospital Preparedness Program (HPP) Healthcare Emergency Readiness Coalition (HERC) Advisory Group Initiatives (**Kaczmariski**)

- OPEHC manages Wisconsin's PHEP and HPP cooperative agreements.
- Both cooperative agreements run July to June annually.
- HPP program is on track to meet its remaining deliverables for the current budget period.
- Two key upcoming exercises: radiological HazMat and Medical Response and Surge Exercise (MRSE).
 - HERC partners will likely hear about these shortly but reach out if you are interested and haven't received information from your HERC.
 - A key aspect of the radiological exercise will be identifying the role of public health in radiological events
 - MRSE requires participants to demonstrate that they can free up 20% of available staffed beds to accommodate patient surge. This includes an EMS component, as they need to demonstrate how to transport patients appropriately. Hospitals have demonstrated during COVID that they can surge, but the biggest challenge is getting a patient from point A to B.
- If there is a prolonged event, there will be a need to rotate staff and basic awareness of plans by public health staff is important for this reason
- The Division of Public Health is recruiting the Hospital Preparedness Program (HPP) Coordinator, within the Office of Preparedness and Emergency Health Care (OPEHC). The HPP Coordinator will provide statewide guidance and leadership managing the HPP grant and serve as the primary liaison with the healthcare emergency readiness coalitions (HERCs) throughout Wisconsin. This position may be located at one of the



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five regional offices. The deadline to apply is Thursday, February 16, 2023 at 11:59 p.m. See the posting for full details.

- HPP program has undergone a strategic planning process and is currently working on standing up identified committees
- 16 activities have been identified and prioritized in terms of focus areas for each year

Healthcare Associated Infection Workgroup Initiatives (**Kaczmariski**)

- Many may be unaware of the products and recommendations that this group makes.
- Moving forward, Brian will share minutes from this group with this subcommittee.
- Please participate in the Alverno College project if interested, which focuses on the role of public health nurses in preparedness; information is included in the meeting invite.

Other relevant initiatives (**Kaczmariski**)

- Republican National Convention (RNC) Preparations
 - February 7-9, RNC Integrated Preparedness Planning Workshop taking place in West Allis
 - Participants include Wisconsin Department of Health Services (WI DHS), Wisconsin Emergency Management (WEM), Federal Emergency Management Agency (FEMA) region 5, representatives from several national regional preparedness consortia
 - Purpose: develop an exercise and training plan leading up to the RNC
 - HERC Region 7 hospital caucus will begin reviewing the 2020 Democratic National Convention (DNC) plans to start discussing updates needed for RNC during our monthly hospital caucus meetings.
 - Federal subcommittees will be formed in May/June and then planning will increase
 - OPEHC/DHS may hire an LTE position to conduct related project management activities



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		<p>Opportunities for Alignment (Kaczmariski)</p> <ul style="list-style-type: none">• Integrated Preparedness Plan (IPP)<ul style="list-style-type: none">○ This is a training and exercise plan○ Rather than state agencies doing separate IPPs, which has been the case historically, they are currently in the process of integrating them○ There are opportunities to better align exercise cycles – this maximizes efficiency, collaboration○ There is benefit not only on exercise day, but also in the exercise design and preparation• Local and Tribal PHEP self-directed deliverables<ul style="list-style-type: none">○ During the current PHEP budget period, local and Tribal public health were asked to identify one preparedness activity of their choosing to complete as part of their contract requirements.○ HPP program is looking into doing something similar in future years.○ In the interim, suggestion for public health to include HPP and other partners within their self-directed deliverable. <p>PHEP Discussion (Sorensen)</p> <ul style="list-style-type: none">• PHEP Program Overview Training<ul style="list-style-type: none">○ The WI PHEP program held an optional two-part PHEP Program Overview webinar for local and Tribal public health staff in October 2022.○ This provided an overview of the PHEP program at the national and state levels.○ The intended audience was local and Tribal staff that are new to the PHEP program.○ Both sessions were recorded, and the recordings and slides are available to view for those that are interested.○ The PHEP program plans to hold this on an annual basis moving forward and is reviewing attendee feedback from these sessions to implement into future offerings.○ The PHEP program continues to hear that this is a huge need given high levels of turnover among public health staff at all levels.
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		<ul style="list-style-type: none">○ The PHEP program also offers a set of onboarding resources for staff to review on their own time that will be continually reviewed and updated● PHEP 2023-2024 Capabilities Planning Guide (CPG) Assessment and Funding Application<ul style="list-style-type: none">○ In January, the WI PHEP program completed its required annual CPG assessment, which is a platform for PHEP and HPP recipients to self-assess their current programs across all HHS preparedness capabilities.○ The intent of the CPG is to serve as a source of information to help set strategic priorities, inform application goals, objectives, and planned activities, and guide preparedness investments by helping to identify preparedness capability gaps.○ Centers for Disease Control and Prevention (CDC) use aggregate CPG assessment data to better understand the full scope of recipient programs across the nation and as a data source for national reports and strategies.○ The platform generates a priority report that provides recommendations about which preparedness functions recipients should consider prioritizing in future planning efforts.○ The PHEP BP5 (7/1/23 – 6/30/24) cooperative agreement continuation guidance was released on January 24, which effectively opens the PHEP program’s annual application for federal funding.○ PHEP is a 5-year cooperative agreement, but we must apply annually for funds.○ The BP5 application is due March 24; state PHEP program has 30 days to compile materials followed by 30 days of DHS internal review.○ The current planning assumption is level funding, but budget numbers are not yet final.○ CDC intends recipients to use Budget Period 5 to focus on reconstituting their workforce, updating outstanding plans, and identifying opportunities for improvement based on recent lessons learned. CDC also encourages recipients to engage in peer-to-peer knowledge sharing, continue to work on their multiyear integrated
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preparedness plans (IPP) and after-action reports (AARs), and identify efforts that advance health equity as the PHEP program transitions toward the 2024-2029 performance period.

- PHEP program must produce capability-based work plan (including local and Tribal activities) and budget, address program requirements, federal forms, etc.
- This involves lots of liaising with external partners and using identified priority functions to inform work plan development

Discuss opportunities for embedding equity (**Lee**)

- Sophie discussed the importance of this group having an awareness of the State Health Improvement Plan (SHIP)
- On February 2, Wisconsin Department of Health Services [released](#) the [2023-2027 State Health Improvement Plan](#) (SHIP) on its [website](#). This publication introduces Wisconsin's public health priorities for the next 5 years and will be followed by a detailed implementation plan outlining partnerships and action across the priority areas. The SHIP serves as a roadmap for community health improvement in our state and is meant to guide resource allocation. The Wisconsin Public Health Council is the body charged with monitoring and providing guidance on this plan.
- The 2023-2027 SHIP centers on health equity and introduces three foundational shifts and five priority areas for promoting individual, community, and population health.
- The **foundational shifts** include
 - Institutional and systemic fairness,
 - Representation and access to decision making,
 - Community-centered resources and services.
- The **priority areas** are
 - Improving social and community conditions, focusing on healthy housing, economic well-being and supportive systems of dependent care;
 - Physical, mental, and systemic safety;
 - Social connectedness and belonging, including civic health and representation;
 - Person and community centered health care;



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		<ul style="list-style-type: none"> ○ Mental and emotional health and well-being, including substance use treatment and care. ● Please visit the DHS website for more information about Wisconsin's State Health Plan. ● An equity 101 presentation was recently provided to the PHC ● Sophie asked about interest from this group on future health equity trainings and noted that she or other subject matter experts may provide these ● The 2023 Governor’s Health Equity Council Report includes important health equity-related items that the Governor will be focused on in 2023 <p>Items for referral to Public Health Council, as necessary (Kaczmarski)</p> <ul style="list-style-type: none"> ● What can we do better in future public health emergencies to ensure that ADA regulations are followed to a level consistent with that of non-emergency scenarios? ● Across the public health system, there is a significant work force shortage. How can we leverage workforce development funding to make progress in this area? <p>Other items for discussion (Kaczmarski/Sorensen)</p> <ul style="list-style-type: none"> ● Doug Hill will provide contact information for BENUM
11:25AM	Wrap-up and Adjourn (Kaczmarski)	
11:30AM	Next Meeting: April 11, 2023 10:00 – 11:30AM	Hannah Sorensen will send out updated calendar invites with a new Zoom link.

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 Hannah Sorensen at 608-772-6829 or hannah.sorensen@dhs.wisconsin.gov. You must make your request at least 7 days before the activity.