



Wisconsin Division of Public Health

PROGRAM/GROUP: Public Health Council

MEETING TITLE: Public Health Council Meeting

LOCATION: <https://meet.dhs.wisconsin.gov/ruth.sullivan/WWDL4VKG> OR 608.316.9000 / Passcode: 792149

DATE/ TIME: Friday, May 8, 2020 9:00am – 12:00pm

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

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: Terry Brandenburg **Meeting Recorder:** Ruth Sullivan

Members Present: Terry Brandenburg, Gary Gilmore, Ann Hoffman, Bill Keeton, Bob Leischow, Tatiana Maida, Paula Morgen, Catoya Roberts, Laura Rose, Alan Schwartzstein, Joan Theurer, Darlene Weis

Members Excused: Mary Dorn, Dale Hippensteel

Staff Present: Jeanne Ayers, Dominique Barthel, Cassie Frankel, Andrew Hoyer-Booth, Mimi Johnson, Maggie Northrop, Jeff Phillips, Ruth Sullivan

Agenda:

Time:	Topic:	Lead:	Notes/Follow-up:
9:00 – 9:10 am	Roll Call Welcome Public Comment	Terry Brandenburg, Chair	<p>Roll call was conducted. There was no public comment.</p> <p>Mr. Terry Brandenburg invited members to share reports of what is happening within their work or location in the state.</p> <ul style="list-style-type: none"> Members raised questions regarding, testing capacity, contact tracing capacity, and Badger Bounce Back processes. Dr. Alan Schwartzstein shared his experience in his medical practice, and that he is also working with faith communities regarding reopening Ms. Ann Hoffman shared her experience continuing to minimally operate their clinic, including the separation of a sick and well clinic. Ms. Joan Theurer shared the experience of her health department which has completely redirected their staff and services to COVID-19 response since the beginning of March.



Wisconsin Division of Public Health

			<ul style="list-style-type: none"> Ms. Laura Rose gave an update that hospitals had not reached the level of crisis care need anticipated. Now, there are plans to gradually phase back in elective procedures at the hospitals. Ms. Rose sits on a long term care advisory committee for the State Disaster Medical Advisory Committee. Mr. Brandenburg added an update from his work at the Medical College of WI. There are fiscal issues and 700 employees have been furloughed. All research labs had been effectively shut down and have now started the process of coming back. Education has been moved online.
9:10 – 9:20 am	<p>Council Business:</p> <ul style="list-style-type: none"> Review and approve February 7, 2020 meeting minutes 	Terry Brandenburg, Chair	<p>Review and approve February 7, 2020 meeting minutes.</p> <ul style="list-style-type: none"> Dr. Gary Gilmore asked about the intent of the word “othering” on page 3 of the minutes. Deputy Secretary Willems Van Dijk had stated that “we need to also remember that we are deep into influenza season in a state with high activity. We are working to destigmatize and avoid any othering in this occurrence.” After confirming this was the word used verbatim in discussion, the members determined it was appropriate to keep with the addition of a clarification from Deputy Secretary Willems Van Dijk if possible. Dr. Gilmore motioned to approve the minutes with the added clarification. Dr. Schwartzstein seconded. The minutes were unanimously approved.
9:20 – 10:20 am	<p>Council Updates:</p> <ul style="list-style-type: none"> Department of Health Services updates DHS Legislative updates Division of Public Health updates Preparedness updates 	<i>To Be Announced Pending Availability</i>	<p>Division of Public Health Updates, Jeanne Ayers</p> <ul style="list-style-type: none"> Ms. Jeanne Ayers thanked the members for leading from their various roles, as we’re all navigating the response to the COVID-19 pandemic. Ms. Ayers asked for any questions of particular interest from the group. Dr. Schwartzstein asked about efforts to ensure adequate PPE, specifically not having enough masks to use in hospitals and clinics. There is a sense of urgency and emergency for acquiring as much PPE as possible for the state. Ms. Ayers responded that this has been a clear issue from the beginning of the pandemic. There are three major crises in relationship to PPE: 1- the virus, 2- the supply lines, and 3- personnel availability. These three issues are feeding each other and in many cases amplifying the problems. However, we are fortunate to have a great team including Dr. Ryan Westergaard and infectious disease epidemiologists to work through the issues. There are many teams working on the PPE issue and assessing each creative solution possible. Ms. Ayers spoke on testing. She stated that Wisconsin is moving into a box it in strategy, to conduct case finding and search for other cases and isolate them. As there is more freedom and people move around more, we will need to be able to quickly respond when there’s another case. That will be an important part of our strategy and has required thinking about the use of our testing resources in a different way than we did at the start.



Wisconsin Division of Public Health

- Dr. Gilmore said the DHS website has been greatly appreciated with all the information and data shared. He has been tracking the case fatality rate and the recovery ratio in comparison to the number of deaths and urges for more information on recovered cases to be made available.
- Ms. Ayers responded that yes, this has been a difficult item to accurately track. Note current available data on recovered cases can be found on the DHS website: <https://www.dhs.wisconsin.gov/covid-19/cases.htm>.
- Ms. Tatiana Maida urged the group to consider the side effects the safer at home order may be having in our communities. While the order is extremely needed, it doesn't come without a price. In Milwaukee, many residents were already living in survival mode before the pandemic. Milwaukee has now seen an increase of homicides, domestic violence, mental health emergency calls, etc. There is a need to look more closely and intentionally at the social determinants of health that are being exacerbated by this pandemic.
- Ms. Ayers agreed. She said the beginning steps of this emergency was tactically focused on the virus, PPE, and testing. Even our own response in DPH was focused on pushing information and supplies out. We want to be stronger when we come out on the other side of this crisis. This includes focusing on the most vulnerable and how we are advancing health equity. There is a task force through the State Emergency Operations Center for Community Resilience and Recovery. [Resilient WI](#) has also been stood up. There is a sub-group within the Community Resilience and Recovery Task Force which is focused on domestic violence.

Preparedness Updates, Jeff Phillips

- Mr. Jeff Phillips said his focus is currently on community testing, contact tracing, supporting local health departments, and backfilling with state capacity as needed. He is looking for the funding sources to keep this going as it becomes the new normal. The State Emergency Operations Center opened in February and has been in COVID response exclusively.
- Mr. Phillips provided information on PPE issues that had occurred with procurement, with the need to vet and understand suppliers to ensure the PPE was legitimate and safe. WI did not have a robust system to manage the inflow and outflow through a warehouse system, which needed to be set up. At the beginning, the PPE obtainment team was focusing on PPE provided from the national stockpile (SNS). WI received 2% of what was available.
- They are aware there is not enough N95 masks available and the supply chain has not opened up enough to get as many N95s as needed.
- Decontamination efforts are the best solution – Battelle hydrogen peroxide decontamination system available now in the state; They are also looking at UV resources and disinfection services across the state, WEM staff trying to make those available (some sites in the university system have those available).
- OPEHC is working closely and quickly at getting additional funds out to local partners, coming



Wisconsin Division of Public Health

through CDC COVID grant. They are asking local partners to utilize the GPR funding assigned to isolation and quarantine as first line of funding followed by CDC COVID funding. As the PHEP preparedness funding becomes available it will be pushed out, and that is expected to be the last line of funding for local and tribal health departments.

- Mr. Bob Leischow asked about timing of funding and whether quarantine funds would potentially be re-scoped for other uses.
- Mr. Phillips answered yes. The isolation and quarantine funding is largely available for any costs before May 12.

DHS Legislative Updates from Andrew Hoyer-Booth

- Ms. Lisa Olson has moved into Assistant Deputy Secretary role, and Mr. Andrew Hoyer-Booth has taken on the Legislative Director role.
- The Assembly met at the end of February for final floor period. They passed a number of bills. The Senate was expected to pick up at end of March but had to cancel that floor session, so the items on the docket for end of March did not happen. In lieu of that, the state passed a COVID bill which had a number of provisions in it that impacted health care and workforce development. There were no dollars appropriated for COVID-19. The legislature decided to rely on federal funds.
- The state COVID bill did authorize the Joint Committee on Finance the ability to transfer appropriations related to the public health emergency for a period of up to 90 days after the termination of the public health emergency. The plan is to use those funds as a last resort if needed at all.
- Per broader CAREs act dollars, there is just under \$2 billion coming to the state through that act. A majority are earmarked for SEOC, the hiring of contact tracers, and for testing initiatives in both community and outbreak response. They expect more announcements of how those dollars will be allocated over the next week.
- There is a general consensus that the Senate might come back at some point. There was hesitation to pass any bills that had fiscal notes attached to them pre-COVID. The state is in a much different financial picture now, so do not expect many things to pass due to that financial reality.
- The Department of Administration has asked each state agency to do a five percent cut on their overall budget as an initial step.
- Mr. Brandenburg said depending on the Supreme Court decisions, the Council may need to further take up discussions on the consequences of it. It would be helpful to continue to be updated on any bills and activity that is happened.
- Mr. Hoyer-Booth shared an update that the joint legislative committee charged with reviewing administrative rules met this week and took up chapter 144, which relates to the student immunization code. The DHS immunization program was looking to make updates to



Wisconsin Division of Public Health

			<p>be in line with CDC recommendations, including the meningitis vaccine. The joint committee voted 6-4 against those proposed changes, so there will be no change to rule. This was an impactful decision that effects our immunization program and students around the state.</p> <p>OPPA Leadership update</p> <ul style="list-style-type: none"> Mimi Johnson has taken on a new role with DNR as a policy advisor on PFAS primarily. This will be her last meeting with the Council.
<p>10:30 – 10:45 am</p>	<p>Committee Updates</p> <ul style="list-style-type: none"> Preparedness Policy State Health Plan 	<p>Committee Chairs</p>	<p>Preparedness Committee update</p> <ul style="list-style-type: none"> In February the Council approved a merger with the OPEHC public health preparedness advisory committee. Initial conversations on the logistics and merger of the group had to be put off due to COVID-19 response. This is still an important area that we want to get going. Ms. Theurer said she does not know how we can proceed with this in the current reality. It would be important to have state staff available. OPEHC has vacancies and staff have been redirected to COVID-19. We would need a highly skilled facilitator to plan for how to best use people’s time because time is precious now. Mr. Brandenburg said in interim we continue to take up preparedness issues as a Council, but may need to do it in an ad-hoc way via the Executive Committee or Council as a whole. <p>Policy Committee update:</p> <ul style="list-style-type: none"> The group had been engaging on vaping, but had to cancel efforts due to response needs. May need to be on a hiatus due to this. Mr. Brandenburg said it would be unlikely we could have a policy agenda, may need to be ad-hoc as things come up. <p>State Health Plan Committee update:</p> <ul style="list-style-type: none"> Ms. Theurer explained that 99% of her work is COVID related, so capacity has not been there. It’s unfortunate that much of public health momentum building has been redirected. She welcomes other members if they have capacity to step forward, but she does not have the capacity. Time as a council may be better spent on what the highly critical issues are as a Council and addressing them, rather than leveraging committee structure. Mr. Brandenburg agreed, it may be that action comes instead via Executive Committee, or chair, or ad-hoc capacities rather than through formal committee structure. It’s important that the Council engage on issues. We have valuable contributions to make. We’ve been in incident command mode for 6 weeks now. It’s no time to have committee actions. There’s very little time for input and weighing in on decisions. Given our expertise, we may have issues in the next year that we can bring forward.



Wisconsin Division of Public Health

<p>10:45 – 11:45 am</p>	<p>Council Business:</p> <ul style="list-style-type: none"> 2020 Council priorities and engagement on COVID-19 	<p>Terry Brandenburg, Chair</p>	<p>Discussion on future steps for the Council:</p> <ul style="list-style-type: none"> Ms. Rose said as a general comment, when we're further down the road we as a Council need to look at the entire public health system. There are gaps. This has exposed the fault lines further. If we could be noting what is needed that isn't there, we could compile that kind of statement in the next year about what resources are needed. Ms. Paula Morgen said she fully supported Ms. Rose's suggestion. Another opportunity is building on Ms. Maida's earlier comments to understand the impact of COVID across the state and what that is doing to the factors that create health in the first place. This would be foundational to the state health plan going forward. Dr. Darlene Weis said Governor Andrew Cuomo gave the impression in remarks that there was no public health system in his state to respond to COVID-19. I would hope that our state recognizes that we have local public health departments that are very active in engaging on this and addressing the pandemic. We need to have more visibility to public health departments and what they do. Ms. Maida is interested to learn about the task force that Ms. Ayers mentioned. Is the task force going to identify all these other areas of interest? She is particularly concerned about children's health which she has not seen a focus on. Ms. Catoya Roberts said we need to be thinking about how this impacts our communities on so many levels into the future. Mr. Terry Brandenburg said another update on what the Council wanted to pursue was taking up a report around funding of the public health system. This is revisiting one that was done a number of years ago. Mr. Brandenburg agreed to chair that workgroup. Dr. Gilmore said he was on the Council when the public health funding workgroup put together the paper. It was an important report which looked comprehensively at the system. Mr. Brandenburg added that it was put out right at the start of the great recession, and we know what happened to public health funding then. So, it is very timely for where we are now too. He can't say exactly when we will get started, but would be beneficial to have concurrently as we look at next biennial state budget. ACTION ITEM: Members who are interested in working on this should contact Mr. Brandenburg. From an operational standpoint we may have to request the Executive Committee do the bulk of work without committee member processes working well. Ms. Maida raised that in the past the Council had a conversation on adding additional members, and she recommended the group continue exploring that idea, especially with looking at what gaps exist. Ms. Mimi Johnson shared that state staff had a conversation earlier this week with the Secretary's Office about what the bandwidth is to move forward appointments. The goal had been to get seats filled this summer in an effort to stagger terms. DHS is also looking at the
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Wisconsin Division of Public Health

			Governor's Health Equity Council which may be on hold and therefore whether there should be some intersection with this group. State staff will update Council members via email as those conversations continue and ask for Council member recommendations.
11:45 am	Next steps and Adjourn <i>Reminder to complete meeting feedback form</i>	Terry Brandenburg, Chair	Ms. Rose moved to adjourn. Dr. Weis seconded. Meeting adjourned at 11:21 am. https://www.surveygizmo.com/s3/4405011/Public-Health-Council-Meeting-Survey

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 Ruth Sullivan at 608-867-4374 or DHSPublicHealthCouncil@wisconsin.gov. You must make your request at least 7 days before the activity.