

WISCONSIN PUBLIC HEALTH COUNCIL

*Assure safe and healthy people by monitoring progress on the state health plan
and on the readiness for public health emergencies*



June 27, 2025

Public Health Emergency Preparedness Prioritized Outcomes

Prepared and submitted by Public Health Emergency Preparedness Advisory Committee of The Wisconsin Public Health Council

One of the major constraints of public health emergency preparedness is that funding remains largely dependent on relatively flat federal allocations, effectively representing a decrease when adjusted for increasing operational costs. Threats and cuts to funding that support emergency preparedness and the disruption to critical infrastructure can open the door to more pandemics. Within this, critical gaps persist that must be addressed to have a public health preparedness system that functions with high efficacy and avoids widespread illness that can weaken our resilience, readiness, and productivity, posing long-term threats to national stability and prosperity. To overcome these challenges, it is vital to identify and prioritize key functions to support planning, response, and recovery.

During the Public Health Emergency Preparedness Advisory Committee (PHEPAC) April 2025 Meeting that included the State Health Officer, Office of Preparedness and Emergency Healthcare Director, and Wisconsin Association of Local Health Departments and Boards (WALHDAB) and Wisconsin Public Health Association (WPHA) staff, it was proposed that the committee identify and prioritize desired preparedness outcomes related to the public health emergency preparedness program. While the PHEPAC identified and prioritized many important preparedness-related outcomes, there are two that are core to all preparedness work and must be addressed before others can be further delivered under the current constraints.

1. Sufficient local and state staff well-trained in public health capabilities, who feel prepared for their role

- Due to Wisconsin's state government structure and respective statutory requirements, staff in the Department of Public Health (DPH) and local health departments with public health capabilities are vital.
- Wisconsin DHS 250.042 identifies requirements of DPH and Wisconsin Admin Code 140 establishes the required services that local health agencies shall provide, inclusive of "[Emergency preparedness and response](#)".
- Furthermore, preparedness is a foundational capability of the [Public Health Foundational Services Model](#)ⁱⁱ, which outlines the fundamental responsibilities of governmental public health agencies.
- Additionally, all emergency responses begin and end at the local level, which cannot successfully occur without local staff to plan, respond, and recover.

2. Every jurisdiction should have a complete, well-exercised Public Health Emergency Plan

- Public health needs to have plans for all-hazards incidents and events that have the potential to impact the public's health.
- To have a comprehensive PHEP, the 15 preparedness capabilities, Wisconsin Admin Code 140, Public Health Foundational Services Model, and other agency-specific requirements, such as Public Health Accreditation Board Requirements, must be addressed.
- The development of these plans must also occur in collaboration with other key local and state partners. For instance, the Wisconsin State Lab of Hygiene plays a critical role in the majority of local and tribal health departments' ability to accomplish public health lab testing.
- While plans are important, there also needs to be testing of plans to ensure understanding and address identified improvements to further enhance capabilities.

The Committee's expectation is that these priority outcomes will inform and influence any anticipated or necessary funding changes. It is this committee's recommendation as these priorities are addressed, under current limitations or funding changes, that the state proactively collaborates with stakeholders at the local and state level who will be impacted by these changes, including but not limited to public health departments of various sizes throughout Wisconsin and the Wisconsin State Lab of Hygiene. Venues for this collaboration may include PHEPAC meetings, WALHDAB, and other recurring calls with local and tribal health officers.

The PHEPAC recognizes the potential impacts of upcoming federal budget decisions. These decisions could result in a significant change in public health preparedness funding which, if not replaced, would create a need to collaboratively determine the most effective path forward for the public health preparedness system. Regardless of potential changes, in Wisconsin's decentralized public health state, having staff at both the local and state levels, along with supporting the Wisconsin State Lab of Hygiene, is vital to the continued functioning of the program. If changes occur, it is the committee's expectation that DPH collaborates with the Public Health Council and PHEPAC related to prioritization under that new environment.

As part of the Public Health Council's role in advising on public health emergencies, it is important to share this prioritization so that Wisconsin can prepare for, respond to, and recover from public health emergencies. The PHEPAC welcomes partnership on these priorities and recommendations. When contacted, the PHEPAC will prioritize assisting within the scope of the committee.

Thank you for your time and consideration,
Public Health Emergency Preparedness Advisory Committee of The Wisconsin Public Health Council

ⁱhttps://docs.legis.wisconsin.gov/code/admin_code/dhs/110/140/04/1/d

ⁱⁱ <https://phaboard.org/wp-content/uploads/FPHS-Factsheet-2022.pdf>