

## Minutes of the Tuesday, June 14, 2005 Meeting of the Public Health Council Committee on Emergency Preparedness

Agenda Item	Discussion	Follow-Up Action
Introductions		Dennis Tomczyk will send the Contact Information List to all committee members.
Review of Minutes of 3/8/05	Motion was made, seconded and approved to accept the Minutes as written	
Follow-Up Issues	<p><u>Funding of DPH</u> Members agreed that dependence on federal funding makes for a fragile public health system. Many concerns about the future of public health workforce were discussed.</p> <p><u>Funding History of Public Health and Hospital Preparedness Grants</u> Funding must support pandemic flu (“avian flu may be the biggest public health issue in our lifetime”)</p>	Dennis Tomczyk will include both the public health workforce issues and the funding for flu pandemic under the Strategic Issues.
Committee Charter	Kurt Reed reviewed the Charter for the Committee as discussed by the PHC. Kurt deferred approval of the charter by the PHC until this committee could review it. It was also requested that the committee meet six times annually versus quarterly.	<ol style="list-style-type: none"> <li>1. There was consensus among Committee members to continue to meet on a quarterly basis. The Committee is willing to add ad hoc meetings as necessary.</li> <li>2. The Committee is to investigate other ways to meet such as by video conferencing and other technologies.</li> <li>3. It was suggested that the charter specifically mention the State Trauma Advisory Council.</li> <li>4. It was suggested that this Committee have representation from the HRSA Training Grant.</li> <li>5. The Mission Statement from the Joint Committee is to be included in the Charter with “bioterrorism” replaced by “emergency”.</li> </ol>
Strategic Issues	Each member was asked to identify gaps in emergency preparedness so as to identify Strategic Issues for this Committee to consider. The issues below are a compilation of the issues, identified by the Committee: <b>Public Health Workforce:</b> The public health workforce is	

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	<p>aging; not many young people are unaware of this career opportunity; wages make it difficult to recruit; there needs to be a plan with timelines and targets and incentives to achieve the desired goals;</p> <p><b>Health Care Workforce:</b> some of these same workforce issues apply to other areas of the health care workforce; a physician shortage is expected to occur over the next 4 years;</p> <p><b>Sustainability of Preparedness:</b> Federal and state funding is necessary to sustain preparedness after major funding from CDC and HRSA stops; it is challenging to maintain proficiencies without sufficient and on-going funding; funds must be used for dual use;</p> <p><b>Pandemic Flu:</b> funds must be used by all emergency responders for planning and responding to pandemic flu;</p> <p><b>Measures of Preparedness:</b> There needs to be a “dashboard” of key indicators to measure the preparedness of the state emergency responders; this is also necessary to assist with integration of planning and response efforts;</p> <p><b>Interoperable Communications:</b> The state has no communications plan; many responders cannot communicate with other responders;</p> <p><b>Special Populations:</b> it is not clear how well emergency responders are aware of the needs of special populations and how communications gets to these groups; training must be provided to emergency responders on how to reach these groups;</p> <p><b>Home Rule:</b> home rule fosters the silo mentality; emergency response runs across all jurisdictions; there are different boundaries for each of the emergency response organizations;</p> <p><b>Behavioral Health:</b> there must be further integration of behavioral health response in emergency preparedness planning;</p>	
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	<p><b>Education of Youth:</b> The role of schools in emergency preparedness is not well known nor is there significant education of the youth taking place about preparedness; this also includes educating them about job opportunities in the preparedness fields;</p> <p><b>Funding for Tribes:</b> tribes will fall out under any risk-based funding;</p> <p><b>Physician Offices:</b> there is limited funding for preparedness of physician offices; yet this is the place where patients will first present;</p> <p><b>Public Awareness:</b> it is not well known how well the public is prepared or how much the public knows about preparedness efforts; if the public does not advocate for preparedness, then the legislature will not act to support preparedness;</p> <p><b>EMS:</b> EMS is not always at the table because the majority of EMS is volunteer-based; there is no EMS representation on the State Homeland Security Council; EMS capacity needs to be one of the “dashboard” indicators; there is a significant problem with EMS communications interoperability.</p> <p>In the discussion about the public health workforce, it was mentioned that there was a bill in the Assembly (AB 385) to allow HCWs who have retired or who have allowed their license to lapse be allowed to be deployed in an emergency.</p> <p>Dennis Tomczyk also discussed the “Hospitals’ Guide to Mass casualty Incidents”, a compilation of federal and state law for emergency situations.</p>	<p>It was moved, seconded and approved that the Public Health Council support AB 385.</p> <p>Dennis will mail a copy of the Manual to all Committee members.</p>
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Agenda Item	Discussion	Follow-Up Action
Review of CDC Public Health and HRSA Hospital Preparedness Grants	Steve Marshall and Dennis Tomczyk reviewed the key components of the FY 2005 grants.	Steve Marshall and Dennis Tomczyk will provide the Committee members with copies of the Critical Benchmarks for these grants,
NIMS and NRP	Larry Reed provided the Committee with an overview of the National Incident Management System (NIMS) and the National Response Plan (NRP).	
Next Meeting	The State Preparedness Conference falls on the same date as the September Committee meeting.	It was agreed that the Committee will hold a breakfast meeting on Tuesday, September 13 from 7:00 AM until 8:30 AM in lieu of its regularly scheduled meeting. The focus of the meeting will be on the prioritization of the Strategic Issues
Committee Members In Attendance (BOLD)	<b>Bevan Baker</b> John Bartkowski Bill Bazan <b>Jayne Bielecki</b> <b>Lloyd Clark</b> Christopher Fischer <b>Gregg Gibbons</b> <b>Oren Hammes</b> Aaron Harris Maureen Kartheiser <b>Terri Kramolis</b> Loren Leshan	<b>Sarah Lewis</b> <b>Doug Mormann</b> <b>Marianne Peck</b> <b>Kurt Reed</b> <b>Lawrence Reed</b> <b>Glen Safford/Carol Wright</b> Ernest Stremski <b>JoAnn Weidmann</b> <b>Robert Wilcox</b> <b>Dan Williams</b> <b>Jeff Wilson</b> <b>Thai Vue</b>
Resource Staff	<b>Thomas Anderson</b> Stacia Jankowski	<b>Steve Marshall</b> <b>Carolyn Strubel</b> <b>Dennis Tomczyk</b>

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Handouts at the Meeting	<ol style="list-style-type: none"><li>1. Wisconsin Public Health and Hospital Preparedness Grant History</li><li>2. 2003 – 2005 DHFS Total Budget by Division</li><li>3. Recommendations of the Joint CDC/HRSA Bioterrorism Preparedness Advisory Committee Regarding the Public Health Council Emergency Preparedness Sub-Committee</li><li>4. CDC Goals and Outcomes</li><li>5. FY 2005 HRSA Grant Budget</li><li>6. National Incident Management System</li><li>7. Organization of the National Response Plan (NRP)</li><li>8. Defining Target Levels of Capability (NRP)</li></ol>
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