

Minutes of the Public Health Council Committee on Emergency Preparedness, June 3rd, 2008

<p>Mission Statement: The Public Health Council Committee on Emergency Preparedness will provide guidance and oversight to the planning and implementation of the public health, hospital and pre-hospital emergency preparedness programs. Members will work to ensure the engagement of local health departments and hospitals, EMS and their key partners in the program and will facilitate the integration of public health and hospital preparedness programs with other emergency preparedness efforts statewide.</p>	
<p>Members can access the minutes of the Public Health Council and its committees at http://publichealthcouncil.dhfs.wi.gov ⇒ indicates that a follow-up action needs to be taken</p>	
Agenda Item	Discussion
Review of Minutes of 3/11/08	Minutes were approved as written.
Pan Flu Update	<p>Lisa Pentony briefed the group on the latest activities related to Pan Flu.</p> <ul style="list-style-type: none"> ➤ The United States Government (USG) requested state governments create a Pan Flu Operational Plan (PFOP). The Governor's office sent a letter to state agencies to work together in this effort. The state was given the option of submitting one plan or referencing existing plans; Wisconsin will be referencing existing plans. Some of the agencies tasked with this project include the Department of Administration, Dept. of Commerce, Dept. of Workforce Development, University of Wisconsin, Dept. of Corrections, OSER, DHFS, DATCAP, among others. DHFS will be the lead agency. There are weekly teleconferences for agencies to communicate and ask questions. The final PFOP is due July 9th; the final version needs to include signatures from the highest position for each agency, including the Governor. The submitted plan will then be graded by the USG; this grade will be released to both Congress and the general public. This score will also factor into what Public Health Preparedness (PHP) AND Hospital Preparedness Program funding is awarded the following year. ➤ Question: Is there a baseline for the score? Answer: The scoring is rather complex, but they will primarily be reviewing the Health and Medical portion to assure there are no major gaps. ➤ Question: When the administration changes after the presidential election, will this be a moot point? Answer: Time will tell, but we need to keep advocating. <ul style="list-style-type: none"> ✓ Lisa will send the committee the PFOP grading criteria
PHC Meeting Update	<ul style="list-style-type: none"> ➤ Bevan Baker shared an update from the PHC meeting with the rest of the group. The PHC is evaluating the effectiveness of their meetings; specifically they are looking at meeting management and attendance. ➤ The PHC has an annual briefing with the Governor; this has not yet occurred this year. Date may be finalized at the next PHC meeting on June 13th, 2008. ➤ Margaret Schmelzer gave an update on the State Health Plan 2020. It was noted that the 2010 plan was a great plan and the 2020 plan should be centered on the 2010 plan.

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	<ul style="list-style-type: none"> ➤ The PHC addressed alcoholism and drunk driving. From this, the legislature is looking at drunken driving laws to make the 2nd or 3rd offense a felony. ➤ There was a report on funding for Public Health Services. The LaCrosse County Board passed an increase on alcohol to increase the county's funding. ➤ Question: Did the PHC discussion of funding address PHP and emergency management? Answer: Stop-gap funding was discussed; funding was looked at not just for PHP but for PH in general from GPR. ➤ PHC meeting topics for next year need to be strategic and lead the way versus being reactive. This will also be discussed at the June 13th, 2008 meeting.
Homeland Security Council Update	<ul style="list-style-type: none"> ➤ Bevan Baker briefed the group on the April 16th Homeland Security Council (HSC) meeting which he attended at the request of General Dunbar. At the meeting, Bevan and Dr. Sheri Johnson shared the PHC Subcommittee's 9 recommendations and reported that they were very well-received and were approved unanimously. ➤ Special Populations is an important issue to the HSC and they are trying to identify best practices and strategies. No one has addressed this issue yet due to finances. HSC acknowledged that they have no budget or spending authority on this issue. ➤ Minutes for this meeting are on the HSC website. ➤ Question: Is the PHC Subcommittee meeting its mission? Answer: We need to hear opinions from the public sector to gauge if we're representing their interest. ➤ Question: Will HSC offer updates on activities regarding the 9 recommendations? Answer: Some have already been met. They need to be carried to the DHFS Secretary.
CDC Update	<p>Diane Christen briefed the PHC committee on the latest grant guidance for the CDC Cooperative Agreement for 2008-2009.</p> <ul style="list-style-type: none"> ➤ The guidance was received on May 27th. The base PHP funding was a slight increase overall. The grant guidance for this year is more prescriptive than in previous years. Many of the activities that were initiated in the last application will be continued in this one. ➤ The funding awarded for the Budget Period (BP) 10 will be dependent on benchmarks that are met (or not) during BP 9, which is August 2008 – August 2009. One of the critical benchmarks is the PFOP score. ➤ Senior Advisory Committee meetings are being held to discuss the funding allocations between DPH, Local Health Departments, PHIN, and State Lab. ➤ The recommendation was made to reduce the number of consortia from 11 to 5 (not more than 6) by 12.31.09. ➤ A subgroup of the committee met to discuss strategic goals using the CDC goals and determine roles and responsibilities for each by assigning a value. ➤ Question: In changing the number of consortia, how will consortia bylaws and MOU's work? Answers: DPH is planning to have regional meetings with consortia members to discuss the logistics.

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	<ul style="list-style-type: none"> ➤ A Fiscal Agent will need to be determined by March 31st, 2009. ➤ Question: Why is the number of consortia decreasing? Answer: Funding is decreasing and there is a need to plan strategically for future funding cuts. ➤ At an Association of State and Territorial Health Officers meeting, Tom Sieger reported that with the change in administration, it is highly likely that funding will go away altogether. ➤ A “match” in funding will be required for BP 10 – no dollar amount has been decided yet, but we do know that it will be 5% that year, and likely 10% the following year. If funding remains level, 5% of the current award is roughly \$565,040. ➤ Question: Is it a possibility for match to come from local taxes? Answer: This is unlikely. ➤ Question: Are the Local Health Officers in favor of the decrease in consortia? Answer: From what we’ve heard, the LHO’s understand that this is practical and reasonable. Funding was for staff training and resources and now not as much is needed. It is easier to maintain plans than create them. Expectations also need to decline, such as those in the 3 year plan. A natural transition is occurring in northern Wisconsin. Milwaukee becomes extremely large with their Metropolitan Statistical Area. They are concerned with bylaws and votes with 15 entities, the smaller LHD’s and Milwaukee will each count for an equal vote. <li style="padding-left: 40px;">✓ Diane will send PHC Subcommittee the guidance documents.
ASPR Update	<ul style="list-style-type: none"> ➤ ASPR received their grant award of roughly 7 million dollars. The grant application is due June 20th. ➤ ASPR is working to get a State Trauma Coordinator to increase their efforts; this will be done with one-time funding. ➤ ASPR progress includes increasing the state’s ventilator resources by 40% (ventilators that are capable of pediatric conversion as well). ➤ Water Sustainability Project: for potable water for hospitals. EPA has some buy-in and there are currently several test hospitals in Wisconsin. ➤ Patient Tracking Project is reliant on field activities by first responder volunteers. ➤ Majority of money in 2008 went to water supply, cafeteria style funding for hospitals, increased number of isolation rooms. ➤ Focus of grant guidance for next year was prescriptive, especially with exercises. Emphasis on Fatality Management policies (State expert panel is for mass casualty events, not pandemic flu where everyone will be affected statewide); Special Needs populations; Interoperable Communications. ➤ No match requirements were stated yet, but match would come from each hospital. Dennis will provide group with guidance as more information is known.

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Special Populations	<p>Sara Strell, Regional Coordinator, updated the committee on the work being done by public health for special populations:</p> <ul style="list-style-type: none"> ➤ A State Expert Panel to address this issue was formed and met several times over the previous 4 months. ➤ The charge of this Panel is to establish standardization of communications to special populations at the local level. This will be based on the CDC Special Populations Workbook. ➤ The group has developed a “Parking Lot Issues” document for those issues related to Special Populations that fall outside the charge and scope of this group. Included in this document is the issue of special populations sheltering, a designee for special populations on the Homeland Security Council to coordinate statewide activities, recommendation for the Governor to declare a lead agency in dealing with special populations with the understanding that there are many support agencies involved. ➤ At the previous meeting in March, the subcommittee agreed with these recommendations and offered to either endorse those of the Special Populations Expert Panel and/or submit their own recommendations based on the work of the panel. <ul style="list-style-type: none"> ✓ Sara will send out a copy of the complete toolkit that the panel created. The subcommittee will then review the panel and decide whether or not a special face-to-face session needs to be called sometime this summer to address this issue. Funding for a face-to-face meeting needs to be determined as well.
Identification of Universal Indicators	<p>The group needs to identify roughly 3 universal indicators per recommendation.</p> <ul style="list-style-type: none"> ➤ The group identified 3 major themes in measurable indicators that each discipline uses: PLAN, TRAIN, and EXERCISE. ➤ The exercises need to be multi-jurisdictional and multi-agency. Exercises should set a goal of community penetration, in addition to those goals identified by each agency’s governing body. <ul style="list-style-type: none"> ✓ Group will email Dennis ideas for universal indicators to get input from other agencies. ➤ It was discussed that this could be a project for a student or fellow. ➤ There is no definitive timeline with this project but pushing forward is a good idea to keep momentum with HSC.

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Membership	<ul style="list-style-type: none"> ➤ Decrease in member participation could be due to member fatigue; Bevan noted that the same is true of the PHC and the PHC Executive Committee. Bevan also noted that the recommendation to the PHC was to reconstitute and reconfigure; currently there are 12-15 members, 6 standing members, and the rest are ad hoc. 	
Items for next meeting agenda and Action Items	<p>The Committee should discuss</p> <ul style="list-style-type: none"> ⇒ Special Populations (potentially “special session”) ⇒ Updates on Pan Flu, CDC, and ASPR ⇒ Universal Indicators ⇒ Guidance regarding 5% match requirement for grants. 	
Next Meeting	<p>Meetings in CY 2008 and CY 2009 are:</p> <ul style="list-style-type: none"> ➤ October 7, 2008 (CHANGED TO WISCONSIN DELLS) ➤ February 3, 2009 (Wisconsin Dells) 	
Committee Members In Attendance (BOLD)	<p>Bevan Baker John Bartkowski Bill Bazan Christopher Fischer Gregg Gibbons Oren Hammes Stephanie Harrison/Amanda Wilkins Terri Kramolis Loren Leshan Marge McFarlane</p>	<p>Doug Mormann Lawrence Reed Glen Safford Peggy Sivesind Ernest Stremski JoAnn Weidmann Thai Vue (Vacant – State Trauma Coordinator) (Vacant – Hospital Representative) (Vacant – PHC member)</p>
Resource Staff	<p>Thomas Anderson Lisa Pentony (via phone) Sara Strell</p>	<p>Dennis Tomczyk Paul Wittkamp Diane Christen (via phone)</p>