

# Public Health Emergency Preparedness Advisory Committee

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## Committee Charter

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### Purpose

The purpose of Public Health Emergency Preparedness (PHEP) Advisory Committee is to make recommendations to ensure Wisconsin can prepare for, respond to, and recover from public health emergencies with high efficacy.

The charge to this committee is to make recommendations to the Public Health Council (PHC) on priorities and strategies to achieve public health emergency preparedness goals in Wisconsin and to support the effective administration of the PHEP program objective.

The Public Health Council was created in 2003 by Wisconsin Act 186 and operates under the authority of Wis. Stat. §15.197(13). This state statute identifies PHC's purpose to advise the Department of Health Services (DHS), the Governor, the Legislature, and the public on progress in implementing the [2023-2027 State Health Improvement Plan](#) and coordination of responses to public health emergencies.

Establishing and maintaining an advisory committee (s) is a programmatic requirement of the [PHEP Cooperative Agreement \(CDC-RFA-TU24-0137\)](#) from the Centers for Disease Control (CDC) and Prevention under CDC's [Response Readiness Framework](#) program priorities, Local Support Activities (LOC-A, LOC-C) and Health Equity (HE-B, and HE-C).

### Functions

The Committee will advise on the CDC PHEP cooperative agreement. The Committee's work should include other applicable preparedness grants or funding sources that may become available in the future. This Committee should maintain awareness of the activities of Wisconsin's Hospital Preparedness Program (HPP) advisory entity, Healthcare Emergency Readiness Coalition (HERC) Advisory Group (AG), as well as awareness of the activities of Wisconsin Emergency Management. Opportunities for joint or coordinated activities between public health departments, the hospital community, and/or emergency management entities should receive special attention.

The Committee will discuss public health emergency preparedness issues, concerns, and proposals brought forth by DHS, local health departments, tribal health centers, and individual Public Health Council and PHEP Advisory Committee members. Recommendations deliberated and developed by the PHEP Advisory Committee will be forwarded to the Public Health Council, who will finalize and forward to DHS leadership.

The Committee will ensure that the DHS Office of Preparedness and Emergency Health Care (OPEHC) can solicit input on public health emergency preparedness issues and concerns relevant to the disciplines and partner organizations represented by its membership, including on items that may not warrant a formal vote.

## Summary of Objectives of the PHEP Cooperative Agreement

CDC's Response Readiness Framework describes 10 cross-cutting program priorities to focus efforts on during the federal fiscal years (FY) 2024-2028 period of performance. These priorities inform the PHEP logic model.

Additionally, the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health describes the 15 capability standards designed to support STLT jurisdictions as you prepare for, respond to, and recover from public health threats and emergencies. These 15 capabilities are foundational to the CDC Response Readiness Framework.

PHEP recipients will be expected to show measurable progress toward achieving the outcomes outlined in the logic model during the five-year period of performance. CDC will evaluate recipients on the strategies and activities outlined in the PHEP logic model to ensure that recipients show measurable progress in achieving desired outcomes.

CDC expects recipients to use three strategies to achieve the following program outcomes during the 2024-2028 performance period.

### Strategy 1

Use CDC's established national preparedness and response capabilities, as applicable, to prioritize a risk-based approach to all-hazards planning and improve readiness, response, and recovery capacity for existing and emerging public health threats and modernized laboratory and electronic data systems

#### *Short-term outcomes*

Refined risk assessment for equitable community planning that address prioritized populations for all jurisdictional threats. Completed exercise requirements that identify areas for improved readiness, response, and recovery Modernized electronic data systems to advance timely identification and reporting of incidents or events that require public health action. Improved capacity of public health laboratory networks and surveillance systems to detect and report existing and emerging public health threats.

#### *Intermediate outcomes*

- Improved public health readiness, response, and recovery capability that follows standardized emergency management practices
- Implemented timely public health recommendations and control measures for all hazards
- Earliest identification and investigation of incidents with public health impact
- Enhanced ability of laboratories to respond to public health incidents by applying modern methods

### Strategy 2

Use CDC's established national preparedness and response capabilities, as applicable, to improve whole community readiness, response, and recovery through enhanced partnerships and improved communication systems for timely situational awareness and risk communication

#### *Short-term outcomes*

- Revamped communication strategies and tools
- Developed and maintained partnerships to ensure messages and dissemination strategies are effective for the whole community

#### *Intermediate outcomes*

- Timely communication of situational awareness and risk information
- Timely coordination and support of response and recovery activities with health care systems and

- partners
- Integrated equity into public health response and recovery

### Strategy 3

Use CDC's established national preparedness and response capabilities, as applicable, to improve capacity to meet jurisdictional administrative, budget, and public health surge management needs and to improve public health response workforce recruitment, retention, resilience, and mental health

#### *Short-term outcomes*

- Established mechanisms to meet administrative, workforce, and response surge requirements
- Revamped preparedness training requirements to promote readiness, response, recovery, and resiliency
- Established communities of practice focused on readiness, response, and recovery guidance and resources

#### *Intermediate outcomes*

- Increased hiring and retention of surge staff resources
- Prepared public health workforce ready to sustain public health investigations, response, and recovery
- Active engagement in communities of practice

Ultimately, the outcomes from all three strategies will lead to long-term outcomes that promote and provide for the earliest possible recovery and return of the public health system to pre-incident levels or improved functioning, and prevention or reduction in morbidity and mortality for all impacted populations from incidents with public health consequences whose scale, rapid onset, or unpredictability stresses the public health system.

### Membership

The Chair of the PHEP Advisory Committee is appointed to a two-year term by the Chair of the Public Health Council.

The membership of the Committee will be broadly representative of public and private entities that have a significant role in preparedness for and response to bioterrorism and other public health emergencies.

The Chair of the PHEP Advisory Committee will recommend committee members, with input from Office of Preparedness and Emergency Health Care staff, to be discussed and voted upon by Public Health Council members. All members of the PHEP Advisory Committee will be appointed to a two-year term.

The role of the Chair of the PHEP Advisory Committee is to:

- Develop and approve meeting agendas and assure that meetings are scheduled and announced to Advisory Committee members
- Lead and facilitate discussions within Advisory Committee meetings
- Assure that Advisory Committee meeting minutes are captured as per Public Health Council requirements
- Assure that decisions made by the Advisory Committee are forwarded to the Chair of the Public Health Council for consideration

The Vice Chair of the PHEP Advisory Committee is appointed to a two-year term by the Chair of the Public

Health Council.

The role of the Vice Chair of the PHEP Advisory Committee is to ensure continuity of operations, acting as a deputy for the chair and preparing to assume the office of the chair if needed.

Wisconsin's PHEP Advisory Committee membership aligns with CDC's recommendation to include senior representatives from multiple disciplines and partner organizations, including but not limited to:

- State administrative agency (SAA)
- State office on aging
- Jurisdictional Hospital Preparedness Program (HPP) director, principal investigator, or coordinator (DHS)
- Jurisdictional PHEP director or principal investigator (DHS)
- Jurisdictional emergency management agency representative
- Jurisdictional emergency medical services representative
- Jurisdictional medical examiner
- Jurisdictional hospital representative
- Jurisdictional immunization representative
- Tribal representatives
- Jurisdictional Health Care Coalition (HCC) coordinator(s)
- Jurisdictional mental/behavioral health representative
- Local health department governing board representative, local jurisdictions and associations, or regional working groups
- Community-based organizations reflecting a diverse group of Wisconsinites
- The community

## Staffing Responsibilities

Direct support of the PHEP Advisory Committee will come from DHS, Division of Public Health OPEHC staff. Additional staff support may also come from Office of Policy and Practice Alignment staff.

OPEHC staff supporting the PHEP Advisory Committee are available to take notes, distribute information, coordinate meetings and actions taken, including ensuring compliance with Wisconsin's Open Meetings Law. DHS staff are invited to the Public Health Council and PHEP Advisory Committee meetings and discussions as invited guests. DHS staff supporting the PHEP Advisory Committee have no authority to speak for the Department, nor are they allowed to vote on Public Health Council or PHEP Advisory Committee motions.

## Meeting Schedule

The PHEP Advisory Committee is a direct subcommittee of the PHC and exists at the discretion of the Council. Therefore, the PHEP Advisory Committee will operate under the existing rules of the Public Health Council and all Committee meetings will be open to the public under Wisconsin's Open Meetings Law.

The Committee will obtain public comment and input on public health emergency preparedness and response plans and their implementation, using existing advisory committees or a similar mechanism, to ensure continuous input from other state, local, and tribal stakeholders, and the public, including members of populations disproportionately impacted by public health emergencies.

The Committee will follow the same frequency as the PHC meeting schedule and will maintain a record of its

major decisions and other actions. Efforts will be made to hold PHEP Advisory Committee meetings shortly after PHC meetings so that actions taken are informed by discussion and outcomes of PHC meetings.

A quorum of at least half of the full Advisory Committee membership is required for votes on final decisions to be forwarded to the Public Health Council Chair. Decisions are carried by a simple majority vote of the Advisory Committee quorum.

Per the Public Health Council charter:

- **Rules of order** The proceedings of the Council shall be governed by the latest edition of Robert's Rules of Order, Newly Revised, insofar as it does not conflict with applicable state laws or these procedures.
- **Voting** Each member shall vote on all issues unless excused by the Council prior to voting for reason of a conflict of interest. A recorded vote shall be taken on every resolution, or at the request of a Council member. Proxy voting is not permitted. Amendments to Bylaws and Rules of Order and Procedure shall require approval by the recorded vote of two-thirds (2/3) of those present at any duly called meeting of the Council convened for that purpose.