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WHA Public Policy Council to develop recommendations to address public health shortcomings

The COVID-19 public health emergency exposed weaknesses in Wisconsin’s public health infrastructure and led to over-reliance on hospitals and health systems to take on public health roles, at a time when the hospital workforce and resources were already stretched to the limit providing medical care to the communities they serve. In 2022, the WHA Public Policy Council Subcommittee on Public Health will convene to develop recommendations for slowing this migration of public health functions to hospitals, resourcing these functions for hospitals, or both. A new report by the Wisconsin Policy Forum (WPF) provides insight into current public health department functioning and opportunities to improve.

The WPF report describes the roles played by different levels of government in the delivery of public health services and proposes potential policy options to enhance the breadth, scope and quality of those services within the federal framework of the Centers for Disease Control and Prevention’s (CDC’s) 10 Essential Public Health Services and the U.S. Department of Health and Human Services Public Health 3.0 model.

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Join WHA in Washington, D.C., April 25-26 for AHA Annual Meeting

WHA invites its members to join fellow Wisconsin hospital and health system leaders at the upcoming American Hospital Association (AHA) Annual Meeting April 25-26 at the Marriott Marquis in Washington, D.C. While the last two annual meetings have been canceled due to the COVID-19 pandemic, AHA is planning to hold this one in-person, and WHA will again be in attendance.

EDUCATIONAL EVENTS

March 23

WHA Advocacy Day 2022
Virtual

April 6

Patient Financial Engagement Solutions that Drive the Revenue Cycle
Webinar

April 6

The CMS Hospital Conditions of Participation (CoPs) 2022 - Session 1
Webinar Series



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The AHA Annual Meeting provides insightful programming and offers a great opportunity for networking and connecting with key decision makers on Capitol Hill on issues important to Wisconsin hospitals and health systems. In addition, WHA hosts several Wisconsin-specific events during the meeting, including a luncheon issues briefing, a members-only dinner, and WHA-scheduled Hill visits with Wisconsin's members of Congress.

WHA's issues luncheon and member dinner will be held on Monday, April 25, followed by a Capitol Hill lobby day on Tuesday, April 26. This is a great opportunity to share personal stories about how your hospital fits into the bigger picture of important federal health care policies. WHA briefs attendees on issues and facilitates all Hill meetings on members' behalf. With everything hospitals have been through over the last two years of the pandemic, there has perhaps never been a more important time for federal elected officials to hear directly from their hospital leaders.

Those interested in attending this year's meeting can [sign up on WHA's webpage](#) or contact WHA Vice President of Federal and State Relations [Jon Hoelter](#) with questions. Visit [AHA's website](#) for more details and registration information for AHA-specific programming.

Fort McCoy Celebrates End of Operation Allies Welcome

On Feb. 15, leadership at Fort McCoy celebrated the conclusion of Operation Allies Welcome, with the last family of more than 13,000 Afghan guests successfully departing the base that day.

Hospital leaders from across the region gathered to attend the ceremony, which was also attended by U.S. Rep. Ron Kind, who thanked all those involved in making the effort a success.

From the beginning of the operation, WHA had worked with the state of Wisconsin, Wisconsin's congressional delegation and [federal officials](#) to advocate for additional federal resources to keep as much medical care on the base as possible, given that COVID had already severely stressed hospital resources across the state.



Area hospital leaders joined Fort McCoy officials to celebrate the end of Operation Allies Welcome. L to R: James Newlun, Tomah Health; Tia Meyer, Mayo Clinic Health System; Colonel Arthur Jenkins, Task Force McCoy; Chris Eberlein, MD, Gundersen Health System; Jon Hoelter, WHA; Kim Beseler, Gundersen Health System; Mary Beth White-Jacobs, Black River Memorial Hospital (BRMH); Katherine Johnson, WI Dept. of Health Services (DHS); Dan Henderson, BRMH; Kyle Kovacevich, BRMH; Tiffany Geisler, Monroe County Public Health; Bill Klemp, HERC Region 4; Paula Tran, WI DHS; and Henry Nehls-Lowe, WI DHS.

All told, area hospitals provided more than 800 emergency room or urgent care visits for Fort McCoy guests and close to 175 inpatient hospitalizations, including the delivery of 65 babies, all during a sustained surge in demand for care due to the COVID-19 pandemic. They also provided many additional clinical and specialty care visits.

Throughout the operation, leaders of Fort McCoy's medical task force praised the coordination of area hospitals and the Region 4 Healthcare Emergency Readiness Coalition (HERC), which held regular planning calls bringing together hospital leaders, state officials and Fort McCoy leadership to tackle various challenges, including a measles outbreak, coordination of prenatal and birthing services for a large number of pregnant guests and ongoing issues with medical records and care coordination.

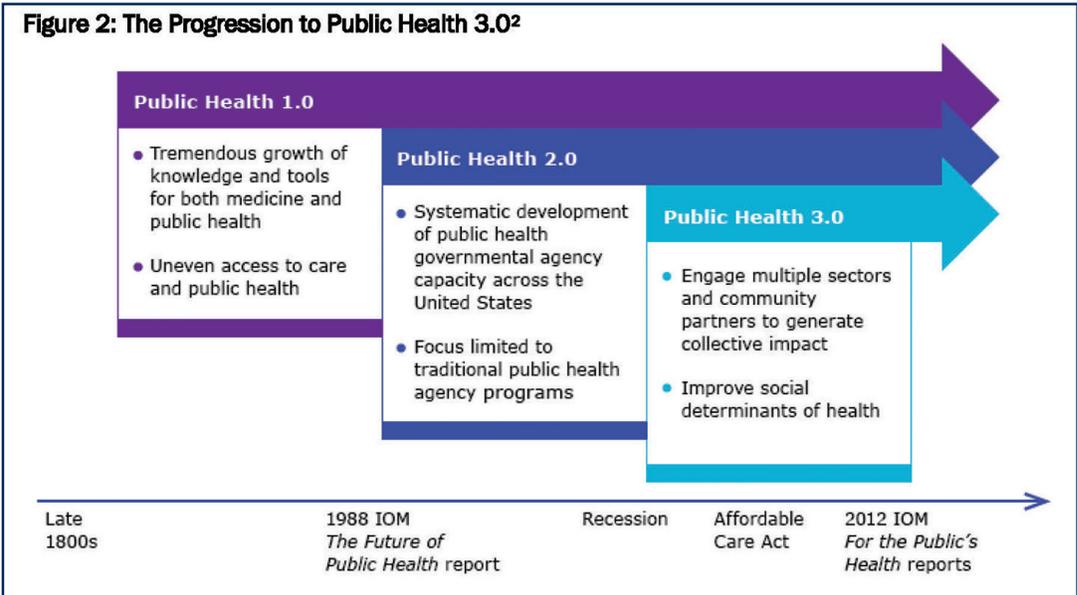


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WPF analyzed municipal health departments in Milwaukee, Racine and Dane counties and found providing basic health services like flu shots, maternal and infant health programs, restaurant inspections and investigations of communicable disease “continue to be the strong suit” of the suburban health departments. The report includes a tally of 11 public health departments in Milwaukee alone. There are 85 public health departments across Wisconsin.

A key theme of the report is the lack of capacity and, in some instances, motivation among public health agencies to go beyond basic service levels. WPF’s analysis found challenges in public health departments’ ability to quickly respond to new public health challenges as they emerge, as well as their capacity to conduct the types of activities needed to better inform their services.

In many of the assessed cities and villages, the report shows the existing service model “essentially is delivering the same types of services” that were delivered two decades ago. “That this is the case despite substantial progression in the thinking and recommendations of federal public health agencies, the [Wisconsin Department of Health Services], and experts with regard to what local health agency services should look like is worthy of community-wide review and deliberation,” report authors wrote.



The report also identified gaps between services provided and the community public health issues identified in the Community Health Improvement Process (CHIP), gaps which must be addressed by strengthening the infrastructure, resourcing these functions for hospitals, or perhaps, a combination of both.

The WPF report provides insights into why and how the public health infrastructure could and should be strengthened, which will prove valuable to the WHA Public Policy Council’s Subcommittee on Public Health. Commenting on the WPF study and the important work to be undertaken by the subcommittee, WHA Senior Vice President of Public Policy Joanne Alig said, “Wisconsin’s medical infrastructure is a finite resource that cannot assume both the health care and public health mantle for the state.”