Welcome, attendees!

• Your microphone is muted on entry into the event to avoid background noise/feedback. You won’t be able to unmute yourself.
• To reduce video bandwidth, your camera will remain off.
• The chat feature is turned off for this event.
• The event will begin at 4:30 pm, but please note you are live upon sign-in.
• Use the Q&A feature to send your questions to Kaine Korzekwa.
• This meeting is being recorded, and your Q&A submissions will also be saved for follow-up as needed.
University of Wisconsin
School of Medicine
and Public Health
Summer Faculty & Staff
Town Hall

Robert N. Golden, MD
Robert Turell Professor in Medical Leadership
Dean, School of Medicine and Public Health
Vice Chancellor for Medical Affairs
University of Wisconsin–Madison
Agenda

• Welcome
• Administrative Updates
• Panel Discussion on Anti-Racism: Taking Action in SMPH
• Town Hall
• Closing Remarks
• Adjournment
University of Wisconsin-Madison
Campus Reopening Plan

Jonathan L. Temte, MD/PhD
Associate Dean for Public Health and Community Engagement
School of Medicine and Public Health
## SARS-CoV-2 by the numbers
(as of June 22, 2020)

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>8,986,016</td>
<td>468,907</td>
</tr>
<tr>
<td>United States</td>
<td>2,281,903</td>
<td>119,997</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>24,819</td>
<td>744</td>
</tr>
<tr>
<td>Dane County</td>
<td>1,141</td>
<td>32</td>
</tr>
</tbody>
</table>

**We are in this for the long haul...**
Phasing

– Identify categories of on-site, non-essential functions not currently being performed.
– Group activities into phases based on their transmission risk and the program and campus impact of not resuming them.
– Recommend any campus services necessary to support the resumption of additional on-site functions.

Public Health Protocols

– Identify necessary public health precautions needed for each phase.

Case Response Protocols

– Outline campus protocol in the event of a presumed positive COVID-19 case of an employee working in an on-site, non-essential function.
– Outline how the protocol changes if a case is confirmed positive.
## Supporting Operations

### Key Functions

<table>
<thead>
<tr>
<th>Setting/Activity</th>
<th>Category</th>
<th>Campus Example</th>
<th>Contact Intensity</th>
<th>Number of Contacts</th>
<th>Modification Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>Mail service</td>
<td>Campus mail, USPS, third party packages services</td>
<td>Low</td>
<td>Low</td>
<td>Medium/High</td>
</tr>
<tr>
<td>Operations</td>
<td>Transportation</td>
<td>Parking lot enforcement</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Service</td>
<td>Employee only food service</td>
<td>Union, Housing, academic &amp; administrative bldgs operations scaled to campus need</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Service</td>
<td>Employee Support</td>
<td>Supervisory, Employee Disability Resources, Human Resources. Employee Assistatance Office</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Operations</td>
<td>Transportation</td>
<td>Multiple Passenger use of fleet &amp; campus vehicles</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Operations</td>
<td>Health Sciences Students; Veterinary Students</td>
<td>Medical, MPH, Pharmacy, Nursing, PT, PA, Vet Med</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Operations</td>
<td>IT support</td>
<td>IT support</td>
<td>Medium/High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Operations</td>
<td>Childcare facilities</td>
<td>Campus childcare facilities</td>
<td>High</td>
<td>Medium/High</td>
<td>Medium/High</td>
</tr>
<tr>
<td>Service</td>
<td>Police and Security</td>
<td>UWPD</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Service</td>
<td>High Traffic Admin Office</td>
<td>Wiscard, International Student Services, Bursar</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Operations</td>
<td>Transportation</td>
<td>Campus circulating buses</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
</tbody>
</table>
## Phase 1:
Low Transmissibility and High Modification

<table>
<thead>
<tr>
<th>Setting/Activity</th>
<th>Category</th>
<th>Campus Example</th>
<th>Contact Intensity</th>
<th>Number of Contacts</th>
<th>Modification Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>Maintenance</td>
<td>Building maintenance</td>
<td>Low/Medium</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Operations</td>
<td>Custodial Services</td>
<td>Daily cleaning of buildings, annual deep cleaning e.g. stripping &amp; waxing floors</td>
<td>Low/Medium</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Operations</td>
<td>Grounds</td>
<td>Campus grounds, Athletic fields, University Ridge golf course</td>
<td>Low/Medium</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Service</td>
<td>Libraries</td>
<td>Campus libraries</td>
<td>Low/Medium</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Group Activities</td>
<td>Non-contact sports training &amp; fitness</td>
<td>Running, tennis, swimming, and golf. Controlled access to Wisconsin Athletics &amp; RecWell facilities. Individual or small group training with high modification</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Service</td>
<td>Renovation &amp; construction Projects</td>
<td>Lab renovations, classroom remodels</td>
<td>Low/Medium</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Research</td>
<td>Select Research Projects</td>
<td>Evaluated by OVRGE</td>
<td>Evaluated by OVRGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Phase 2:
**Medium Transmissibility and Medium Modification**

<table>
<thead>
<tr>
<th>Setting/Activity</th>
<th>Category</th>
<th>Campus Example</th>
<th>Contact Intensity</th>
<th>Number of Contacts</th>
<th>Modification Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Activities</td>
<td>Low traffic employee &amp; student informal gathering spaces</td>
<td>Red Gym, lobbies &amp; lounges of academic buildings</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Service</td>
<td>Low contact theaters, museums, and other indoor leisure spaces</td>
<td>Chazen, Geological museum, Union art galleries</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Outdoor Spaces</td>
<td>Facilitating use of low density outdoor recreation and congregate settings</td>
<td>Picnic Point, Lakeshore path, Arboretum, Playgrounds at Eagle’s wing &amp; University apts, practice fields, Picnic Point fire pits, Union piers &amp; boat launches</td>
<td>Low/Medium</td>
<td>Low/Medium</td>
<td>Low/Medium</td>
</tr>
<tr>
<td>Service</td>
<td>Gyms, pools, &amp; fitness studios</td>
<td>Athletics &amp; Recreation &amp; Wellbeing facilities</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium/High</td>
</tr>
<tr>
<td>Service</td>
<td>Enrollment Management Activities</td>
<td>Admissions visits, campus tours</td>
<td>Medium/High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Service</td>
<td>Public Retail</td>
<td>Shops in Union, Housing, &amp; Athletics</td>
<td>Medium</td>
<td>Medium/High</td>
<td>Medium</td>
</tr>
<tr>
<td>Group Activities</td>
<td>&gt;10 people learning events</td>
<td>Professional development courses, smaller than conferences</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Research</td>
<td>Select Research Projects</td>
<td>Evaluated by OVCRGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting/Activity</td>
<td>Category</td>
<td>Campus Example</td>
<td>Contact Intensity</td>
<td>Number of Contacts</td>
<td>Modification Potential</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Operations</td>
<td>Non-essential overnight housing</td>
<td>University Housing, Overnight student trips</td>
<td>Medium/High</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Service</td>
<td>Public food service</td>
<td>Union, Housing, academic &amp; administrative bldgs operations scaled to campus need</td>
<td>Medium/High</td>
<td>Medium/High</td>
<td>Medium</td>
</tr>
<tr>
<td>Service</td>
<td>High density theaters, museums, and other indoor leisure spaces</td>
<td>Union theaters, Sett</td>
<td>Medium/High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Group Activities</td>
<td>Contact sports practice (not competition with audience)</td>
<td>football, basketball, hockey</td>
<td>High</td>
<td>Medium/High</td>
<td>Medium</td>
</tr>
<tr>
<td>Group Activities</td>
<td>High traffic public informal gathering spaces</td>
<td>Student Unions, Eagle Heights, Terrace</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Group Activities</td>
<td>Business &amp; social gatherings, &gt;10 people</td>
<td>Conferences, conventions, workshops, retreats, weddings</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Research</td>
<td>Select Research Projects</td>
<td></td>
<td>Evaluated by OVCRGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Indeterminate:
### High Transmissibility and Low Modification

<table>
<thead>
<tr>
<th>Setting/Activity</th>
<th>Category</th>
<th>Campus Example</th>
<th>Contact Intensity</th>
<th>Number of Contacts</th>
<th>Modification Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Activities</td>
<td>Entertainment related</td>
<td>Concerts, festivals, carnivals, shows, parades</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Group Activities</td>
<td>Politically related</td>
<td>election rallies, polling centers, speeches</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Group Activities</td>
<td>Sports related</td>
<td>Sports games, tournaments, championships</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Operations</td>
<td>Summer Camps</td>
<td>Summer Camps</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Service</td>
<td>Indoor large venues (concerts, sports)</td>
<td>Kohl Center, LaBahn Center</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Service</td>
<td>Outdoor large venues (concerts, sports)</td>
<td>Camp Randall, Athletics and Rec Sports fields, marching band field</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Research</td>
<td>Select Research Projects</td>
<td>Evaluating Research Projects</td>
<td>Evaluated by OVCERGE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public health protocols and associated practices to reduce the risk of COVID-19 transmission

- **Distance & Elimination**: Physically remove the hazard
- **Engineering Controls**: Isolate people from the hazard
- **Administrative Controls**: Change the way people work and behave
- **PPE**: Protect people with nonmedical protective equipment

More effective

Less effective
Public health protocols and associated practices to reduce the risk of COVID-19 transmission

June 8, 2020

Public Health Protocols:

*Initial Guidance for Phase 1 Reopening*

**Executive Summary**

This document provides a high-level overview of campus public health protocols designed by our Environment, Health and Safety (EHS) team to support the resumption of UW-Madison research activities and other approved UW-Madison activities under Phase 1 of the reopening process. Unless explicitly authorized to return to campus as part of the Phase 1 reopening process, all employees currently working from home should continue to work remotely.

This risk mitigation framework includes a number of layered protocols, each of which supports the overall goal of protecting employee safety, health, and well-being when returning to campus. Together, they are designed to reduce the risk of COVID-19 transmission and are founded on best practices and guidance from the CDC, UW-Madison health and safety experts, and other subject matter experts.
A Smart Return to Campus for Fall 2020

We all have a role in protecting the health and safety of our Badger community.

The University of Wisconsin-Madison will welcome students back to campus as scheduled for the start of fall classes on September 2. To ensure a “Smart Restart” amid the COVID-19 pandemic, we are developing a comprehensive plan for resuming campus activities.

Our approach:

- The health and safety of everyone in our campus community will continue to be our top priority as we bring more people back to campus. New health measures are being put in place for everyone on campus.

https://smartrestart.wisc.edu/

Released 6/17/2020
On Campus SARS-CoV-2 Surveillance  
- situational awareness -

- Development of ~100 cohorts of 10 individuals
  - Representing schools, divisions, buildings etc.
  - Faculty, staff, graduate assistants (~24,000)
    - SMPH = 5,400 (~26 cohorts)
- Weekly specimen self-collection
  - Nasal swab (or saliva sample)
  - Workplace drop-off point on same day each week
- On-campus testing by RT-PCR
- Notification if PCR(+) 
- Weekly Analytics for incidence of SARS-CoV-2
Panel Discussion on Anti-Racism: Taking Action in SMPH

Moderator: Angela Byars-Winston, PhD
Department of Medicine

How Can We Break the Bias Habit?
Molly Carnes, MD, MS (Medicine)

Experiences with and Observations of Racism in SMPH
Amy Zelenski, PhD and Bennett Vogelman, MD (Medicine)

Resources for the Process of Eradicating Racism and Anti-Blackness
Karin Silet (Division of Diversity, Equity & Educational Achievement)
We must all break our bias habits to successfully combat anti-blackness

Presentation to SMPH Town Hall
June 22, 2020
Stereotypes underlie overt anti-blackness and complicit unintentional anti-blackness

1. We all know cultural stereotypes even if we consciously disavow bias against any group

2. Just knowing stereotypes creates bias habits that distort perceptions of objective information

3. Bias habits can be broken but it takes more than good intentions
Knowing common stereotypes creates bias habits even if we don’t believe them

<table>
<thead>
<tr>
<th>Men¹</th>
<th>Women¹</th>
<th>White²</th>
<th>Asian²</th>
<th>Black²</th>
<th>Latino²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>Caring</td>
<td>High status</td>
<td>Intelligent</td>
<td>Ghetto or unrefined</td>
<td>Poor</td>
</tr>
<tr>
<td>Decisive</td>
<td>Nurturing</td>
<td>Rich</td>
<td>Bad drivers</td>
<td>Criminal</td>
<td>Illegal immigrant</td>
</tr>
<tr>
<td>Stubborn</td>
<td>Family-oriented</td>
<td>Intelligent</td>
<td>Good at math</td>
<td>Athletic</td>
<td>Uneducated</td>
</tr>
<tr>
<td>Competitive</td>
<td>Emotional</td>
<td>Arrogant</td>
<td>Nerdy</td>
<td>Loud</td>
<td>Family-oriented</td>
</tr>
<tr>
<td>Ambitious</td>
<td>Supportive</td>
<td>Privileged</td>
<td>Shy</td>
<td>Gangsters</td>
<td>Lazy</td>
</tr>
<tr>
<td>Risk-taking</td>
<td>Sympathetic</td>
<td>Blonde</td>
<td>Skinny</td>
<td>Poor</td>
<td>Unintelligent</td>
</tr>
<tr>
<td>Assertive</td>
<td>Nice</td>
<td>Racist</td>
<td>Educated</td>
<td>Unintelligent</td>
<td>Lazy</td>
</tr>
<tr>
<td>Logical</td>
<td>Helpful</td>
<td>All-American</td>
<td>Quiet</td>
<td>Ghetto</td>
<td>GANGSTERS</td>
</tr>
<tr>
<td>Authoritative</td>
<td>Dependent</td>
<td>Ignorant</td>
<td>Passive</td>
<td>Unrefined</td>
<td>Poor</td>
</tr>
<tr>
<td>Independent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bias habits fill in stereotypes and distort the perception of objective data

- Patient satisfaction scores in a large HMO were significantly more negative for physicians of color than White physicians with the same objective quality metrics Hekman et al., 2010

- Text analysis of 6000 MSPEs from 134 med schools to 16 residencies found White students more likely to be described as “intelligent” and Black students as “competent” controlling for USMLE scores Ross et al., PLOS ONE 2017

- White medical students up to 6 times more likely than Black students to be selected for AOA after controlling for multiple academic factors Boatright et al., JAMA Intern Med 2017; Wijesekera et al., Acad Med 2018
Physicians of color face workplace discrimination

Systematic review of 19 studies:

• Discrimination included:
  • Facing greater scrutiny,
  • Being held to higher standards,
  • Having their competence questioned,
  • Needing to justify their credentials, and
  • Being mistaken for maintenance, housekeeping or food service workers in the workplace

• Black physicians face the most discrimination (59-71% vs. 20-27% Latinx, 31-50% Asians, 6-29% of white physicians)

• Experiencing discrimination had adverse health outcomes and employment outcomes including job turnover

Filet, Alvarez & Carnes, Discrimination toward physicians of color: A systematic review. JNMA, 2020
Physicians of color at UW Health face similar indignities

- WISELI’s *Study of Faculty Worklife* surveyed all SMPH faculty, all tracks in 2016
- Faculty of color significantly less likely to feel respected by patients than White faculty
How often are you treated with respect by patients?

Response choices: Not at all, 2=A little, 3=Somewhat, 4=Very, 5=Extremely. Survey response rate = 58%. * p<.05.
FOC N=83. White N=630. FOC mean=4.47 (.62); White mean=4.63 (.56).
FOC=all American Indian/Alaskan Native, Black/African American, Native Hawaiian or Other Pacific Islander, and Asians who are US Citizens.
Patients score the only Black physician in three departments consistently lower than colleagues on “cleanliness of the clinic”

- All physicians are working in the same clinic and exam rooms
- Due to a concerted effort from dept chairs UW Health has stopped sending these monthly evaluations
Cleanliness is part of a deep-seated negative stereotype about Blacks

• The Flexner Report (1910) which laid the groundwork for training of U.S. physicians recommended:
  • Black physicians should be trained but only to care for Black patients, primarily to prevent Whites from being exposed to “a potential source of infection and contagion”

• Jim Crow laws segregating Black and White Americans were justified under the false pretenses of cleanliness and disease prevention

• Joe Biden said Barack Obama was: “the first mainstream African-American who is articulate and bright and clean”

*Flexner A. Medical Education in the United States and Canada, 1910, p.180

*Biden, J. February 9, 2007
Bias habits distort perception of objective data

- Patients’ lower clinic cleanliness rating for Black doctors is typical of how stereotypes distort perceptions
- Patients “see” a dirtier clinic when they have a Black doctor
- Knowing the cause of this bias relieves blame but not responsibility
- Changing the culture of an organization requires changing the attitudes and behaviors of members of the organization – i.e., breaking bias habits
Breaking the bias habit takes *more than good intentions*

Changing any habit is a multistep process:

- Awareness
- Motivation
- Self-efficacy
- Positive outcome expectations
- Deliberate practice

Cluster randomized trial of bias habit-reducing workshop

92 depts. at UW-Madison
2,290 faculty

46 experimental
1,137 faculty
Attendance/dept 31% ± 21
Overall 310 = 26%

46 control
1,153 faculty

Baseline, 3 d & 3 months
Survey response: 587 (52%)

Baseline, 3 d & 3 months
Survey response: 567(49%)

Targeting individual faculty had long term institutional impact

**Institutional Outcomes:**
Gender parity and more ethnic/racial diversity among new hires, greater retention of male faculty

**Department Climate:**
Improved feelings of fit, feeling valued, raising personal issues

**Individual Behaviors:**
Increased motivation, self-efficacy, and action
2 strategies to practice to break your own bias habits

• **Growth mindset messages**: e.g., “with *hard work* I can overcome the influence of stereotypes on my judgment and decision-making” *(Carr et al., 2012)*

• **Perspective-taking**: The active contemplation of another’s perceptions and experiences *(e.g. Todd et al., 2011)*
Resources for the Eradication of Racism and Anti-Blackness

Karin Silet, MA
Director, Student SEED Programs
Division of Diversity, Equity and Educational Achievement
Associate Lecturer, Department of Counseling Psychology
University of Wisconsin-Madison
Steps to becoming Anti-Racist
(Adapted from Anti-Racist Resource Guide)

• Awareness
  • Shift away from understanding racism at the individual level to seeing its full complexity and how it lives at the interpersonal, institutional and systemic levels
  • In order to see group power relations, we must re-learn our history and our place within it.
  • We must stop overlooking our own complicity in creating environments in which black lives are not treated as equal.
    • Our choice is not between being racist/not racist but between racist/anti-racist
      • Are we supporting policies that yield and create racial equity? Anti-racist
      • Are we supporting policies that do not yield and create racial equity? Then we are being racist

• Education
  • [https://diversity.wisc.edu/resources-for-white-allies/](https://diversity.wisc.edu/resources-for-white-allies/)

• Self-Examination
  • Health Equity & Social Justice (S&APHM480)
  • Leadership Institute

• Community Action
  • Elevate the intellectual and emotional contributions and scholarship of black colleagues, students and thought leaders
  • Center racism as a public health crisis in our curriculum
  • Conduct an equity audit and re-evaluate medical guidelines and institutional protocols to pinpoint “how is racism operating here” and to implement solutions
    • [Equity Scorecard](https://diversity.wisc.edu/resources-for-white-allies/)
  • Leverage our positions of leadership and spheres of influence to normalize and encourage work in anti-racism.
Impact of HESJ on Students

• “By learning about ourselves and how our thoughts and views have been formed, we were able to relate better to others and understand why others may have differing viewpoints. It helped me to see the humanity in all other people, something no other course in my curriculum could’ve done.”

• “As a future health care provider, the identities I hold and my exposure to other identities will impact my care, and that I can use my privilege to advocate for others. Because of this class, I more consciously question the impact my actions may have on others and the role I play in systems.”
My Grandmother's Hands
Racialized Trauma and the Pathway to Mending Our Hearts and Bodies

RESMAA MENAKEM
MSW, LICSW, SEP
Open for Questions, Comments, and Discussion

Use the Q&A feature on the bottom right of your screen to send your questions to Kaine Korzekwa.