Welcome, attendees!

• Your microphone and camera will remain off for this meeting.
• The chat feature is turned off for this event.
• Use the Q&A feature to send your questions.
• This meeting is being recorded, and your Q&A submissions will also be saved for follow-up as needed.

Land Acknowledgment

We acknowledge that the land our university and school stands on is ancestral Ho-Chunk land.
Agenda

• Welcome

• Global Perspectives on the Pandemic
  – James Conway, MD

• Office of Diversity & Equity Transformation: Overview of Role & Work Ahead
  – Shiva Bidar-Sielaff, MA, CDM

• Wisconsin Medicine Institute for Clinical Trials
  – Betsy Nugent, MSPH, CCRP & Nasia Safdar, MD, PhD, FIDSA, FSHEA, FACP

• Town Hall
SMPH Global Health in 2022
& the Global SARS-CoV2 pandemic

James H. Conway, MD, FAAP
Professor of Pediatrics – Divisions of Pediatric ID & Global Pediatrics
Medical Director – UW Health Immunization Program
Director, SMPH Office of Global Health
Associate Director – UW Global Health Institute
UW Global Health & Managing Pandemic Issues

- Pandemic overview & ‘predictions’
- Risk Assessment in a COVID world
- UW-Madison oversight of international programs
- SMPH Global Health programs
Stages of Pandemic(s) – COVID19 & COVID21/22

1) True Pandemic
2) Deceleration
3) Control (endemicity)
4) Elimination
5) Eradication
Share of the population fully vaccinated against COVID-19, Jan 21, 2022
Total number of people who received all doses prescribed by the initial vaccination protocol, divided by the total population of the country.

Source: Official data collated by Our World in Data – Last updated 22 January 2022, 11:30 (London time)
Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.
OurWorldInData.org/coronavirus • CC BY
COVID-19 Stringency Index, Jan 21, 2022

The stringency index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index shows the response level of the strictest subregion.

Pandemic Predictions?

- Expect gradual downturn in case rates March-May
- Variable modeling for resurgent Omicron cases summer in US
- Expectation of similar pattern across Europe & Asia
- Serologic estimates of infection:
  - US >20%, Africa 80%?
- Unknowns:
  - New variants
  - Variable vaccine efficacy
  - Testing capacity
  - Stringency of mitigation
SARS-CoV-2 sequences by variant, Jan 21, 2022

The share of analyzed sequences in the preceding two weeks that correspond to each variant group. This share may not reflect the complete breakdown of cases since only a fraction of all cases are sequenced.

- **South Africa**: 99% (Omicron)
- **United States**: 97% (Omicron)
- **Brazil**: 7.3% (Lambda), 90% (Omicron)
- **France**: 10% (Lambda), 90% (Omicron)
- **India**: 23% (Lambda), 77% (Omicron)
- **Thailand**: 30% (Omicron), 70% (Lambda)
- **Germany**: 71% (Epsilon), 29% (Omicron)

**Source**: GISAID, via CoVariants.org – Last updated 22 January 2022, 20:00 (London time)

Note: Recently-discovered or actively-monitored variants may be overrepresented, as suspected cases of these variants are likely to be sequenced preferentially or faster than other cases.
Risk Assessment & Mitigation

• Traditionally focused on direct threats to travelers
  – Ex. natural disasters, social unrest, political instability, crime, terrorism
• COVID-19 concerns dominated for 2020-2021
  – All UW travel initially suspended in 2020, gradual easing of restrictions
• Increasing recognition that both traditional threats AND communicable diseases merit equal attention, but are manageable with planning
  – Increasing attention to ‘indirect threats’ & bilaterality
France Travel Advisory

Travel Advisory
December 6, 2021

France - Level 4: Do Not Travel

Do not travel to France due to COVID-19. Exercise increased caution in France due to terrorism and civil unrest.

Read the Department of State's COVID-19 page before you plan any international travel.

The Centers for Disease Control and Prevention (CDC) has issued a Level 4 Travel Health Notice for France, indicating a very high level of COVID-19 in the country. There are restrictions in place affecting U.S. citizen entry into France. Your risk of contracting COVID-19 and developing severe symptoms may be lower if you are fully vaccinated with an FDA authorized vaccine. Before planning any international travel, please review the CDC's specific recommendations for fully vaccinated and unvaccinated travelers.

Due to COVID-19, transportation to/from France may be limited. Please contact your transportation provider/air carrier for information. Visit the Embassy's COVID-19 page for more information on COVID-19 in France.
Reconsider travel to Thailand due to COVID-19. Read the entire Travel Advisory.

Read the Department of State’s COVID-19 page before you plan any international travel.

The Centers for Disease Control and Prevention (CDC) has issued a Level 3 Travel Health Notice for Thailand due to COVID-19, indicating a high level of COVID-19 in the country. Your risk of contracting COVID-19 and developing severe symptoms may be lower if you are fully vaccinated with an FDA authorized vaccine. Before planning any international travel, please review the CDC’s specific recommendations for vaccinated and unvaccinated travelers.

Visit the Embassy’s COVID-19 page for more information on COVID-19 and related restrictions and conditions in Thailand.
Student Risk Management & Review/Approval Process

- [https://internationaltravel.wisc.edu/](https://internationaltravel.wisc.edu/)
- Waiver requests decentralized to UW colleges/schools for primary review
  - Student/mentor articulate mitigation & contingency plans
  - Permission to require vaccines for traveling students
- Campus review process through University International Travel Committee (UITC)
  - Oversight: International Division Dean & UW International Safety & Security Director
- CISI (Cultural Insurance Services International) required
  - Includes coverage for COVID-19 related factors & automatic extension for isolation or quarantine
Effective November 8, 2021, the university’s suspension of outbound international travel is lifted. See “Updates to university travel for employees, guests, students and registered student organizations” for more details.

Students remain subject to the UW-Madison International Resources, Guidelines, and Policies (known on campus as the “International Travel Policy”). Under this policy, students are precluded from traveling to any location that remains under a level 3 or 4 U.S. Department of State Travel Advisory or a level 3 CDC Travel Health Notice. The International Travel Policy offers a process by which waivers can be requested if risks can be mitigated effectively. See the “Policy” tab on this website for more information about the policy and waiver process.

UW Spring semester 2022: international programs approved for >2000 students (about ½ of normal number)

Preferential for graduate & professional students
›200
have earned the Graduate • Professional • Capstone Certificates in Global Health

›800
graduate and health professional students in international field experiences
5 core courses, 2 credits each
- PUBHLTH 710: Introduction to Global Health
- PUBHLTH 711: Global Health systems
- PUBHLTH 712: Infectious disease
- PUBHLTH 713: Noncommunicable disease
- PUBHLTH 714: GH Field course prep

Field experience, 1 credit
- [PUBHLTH 715: virtual field work]
<table>
<thead>
<tr>
<th>Country</th>
<th>Status</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecuador</td>
<td>Approved for Summer 2022</td>
<td>Indigenous health, One Health</td>
</tr>
<tr>
<td>Thailand</td>
<td>Approved for Summer 2022</td>
<td>Public Health and Infectious Disease</td>
</tr>
<tr>
<td>India</td>
<td>Planning for Jan 2023</td>
<td>One Health</td>
</tr>
<tr>
<td>Uganda</td>
<td>Not in 2022</td>
<td>Community Partnerships</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Prelim planning for summer 2022</td>
<td>“MEDIC” model clinical care</td>
</tr>
</tbody>
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Student applications due Jan 28, 2022: [https://studyabroad.wisc.edu/programs/](https://studyabroad.wisc.edu/programs/)
Office of Diversity & Equity Transformation: Overview of Role and Work Ahead

Shiva Bidar-Sielaff, MA, CDM
Associate Dean for Diversity and Equity Transformation
Vice President & Chief Diversity Officer, UW Health
Our goal is to be a national leader in DEI which requires alignment across the academic medical center.

**Targeted**
- Fewer strategies that are integrated/aligned will allow us to be more intentional and lead to systemic and climate change at both SMPH & UW Health.

**Streamlined**
- Shared resources
- Breaking down siloed work and connecting across the system will allow us to develop more strategic and transformative approaches.

**Greater Impact**
- Expanded Focus
- Staff
- Basic Sciences Training Programs
## Role of the Office of Diversity & Equity Transformation

<table>
<thead>
<tr>
<th>Lead</th>
<th>Oversee</th>
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<tbody>
<tr>
<td>• Provide overall and strategic leadership, direction and coordination of DEI practices</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinate</th>
<th>Triage DEI initiatives and efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lead, oversee and promote effective DEI-related collaborative efforts across SMPH &amp; UW Health</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Accelerate</th>
<th>Measurable progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Compose high impact and effective DEI innovation across our mission (research, clinical care, education) through transformation.</td>
<td></td>
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</tbody>
</table>
Foundational Strategies

Expand breadth & reach of professional development & training programs for faculty & staff

Intentionally support of BIPOC & LGBTQ+ faculty & staff

Embed systemic application of equity lens across policies and processes

Support basic sciences departments and training programs

Programmatic Accountability
- Evaluation
- Reporting
- Communication
Work Already in Motion

• **Learning & Development**
  • Department DEI Community of Practice
  • Making L&D developed by our team available through Canvas
  • Continuing to build L&D roadmaps

• **Intentionally Support BIPOC and LGBTQ+ staff**
  • Employee Resource Groups/Affinity Groups/Learning Communities

• **Embed application of equity lens**
  • Policy Review Committee

• **Basic Sciences Strategic Plan Implementation**
  • Member of Strategic Leadership Committee
  • Subcommittee Co-chair for Objective 1: Integrate diversity, equity, and inclusion into every aspect of the SMPH Basic Sciences through the Building Community framework

• **Programmatic Accountability:**
  • Building Community **Staff** Pulse survey
  • **CASI** DEI Subcommittee

• **Additional FTE resources**
Wisconsin Medicine Institute for Clinical Trials

Betsy Nugent, MSPH, CCRP
Chief Clinical Research Officer
Director of Wisconsin Medicine Institute for Clinical Trials

Nasia Safdar, MD, PhD, FIDSA, FSHEA, FACP
SMPH Associate Dean for Clinical Trials
Research Director of Wisconsin Medicine Institute for Clinical Trials
SMPH ICTR Faculty Director of Investigator-Initiated and Multisite Research
• Our **mission** is to promote excellence in clinical trials by enabling partnerships, creating operational efficiency, building capacity and discovering care innovations for patients embedded in a culture of quality and discovery.

• Our **vision** is to differentiate ourselves as a unique premier academic clinical research organization.
Develop structures to support industry research sponsors and investigators with easier access to clinical trials services

Build systems and processes that support enterprise-wide clinical research today and allow for future growth

Create a quality program that supports clinical research quality and compliance and ACRES Accreditation

Drive culture change by engaging with staff, providers and patients to enhance participation in clinical research
Goals

• Key goals for success
  – Build reputation  
  – Build PI capacity  
  – Build engagement  
  – Build infrastructure  
  – Improve compliance  
  – Complete accreditation
Industry Sponsored Clinical Trials

- Data from 2018-2020
- Shows small proportion of industry sponsored research
## Industry Funded Clinical Trials By State

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Clinical Trials</th>
<th>Number of Participants</th>
<th>Clinical Trials Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>1,092</td>
<td>26,741</td>
<td>$387 Million</td>
</tr>
<tr>
<td>Michigan</td>
<td>941</td>
<td>19,877</td>
<td>$288 Million</td>
</tr>
<tr>
<td>Minnesota</td>
<td>653</td>
<td>13,942</td>
<td>$218 Million</td>
</tr>
<tr>
<td>Indiana</td>
<td>637</td>
<td>12,152</td>
<td>$184 Million</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>409</td>
<td>6,811</td>
<td>$90 Million</td>
</tr>
<tr>
<td>Iowa</td>
<td>293</td>
<td>5,650</td>
<td>$78 Million</td>
</tr>
</tbody>
</table>

Source: PhARMA 2018
Investigator Capacity

- Growth in clinical trials needs a deep bench of trained, equipped and diverse investigators

- The “one and done” phenomenon

- Team approach

- Physician-scientist and clinicians; different but complementary roles

- Distinction between investigator initiated, federal funded or pharma sponsored

- Encourage, recognize, incentivize, mentor and sponsor those engaged in clinical trials
Infrastructure/Staff Capacity

- Availability of appropriate space and locations for conduct of clinical trials
  - Both clinical and non-clinical
- Appropriately skilled research staff support
- Adequate infrastructure staffing for growth
  - Pharmacy, laboratory, nursing, Health Link support, analytics, compliance/quality
Infrastructure Capacity

Capacity by Infrastructure Area vs. Number of Clinical Trials

- Pharmaceutical Research Center Capacity
- Health Link (EPIC)-Research Builds Capacity
- Number of Clinical Trials Using Service

2022 Projected
Recruitment Capacity-Patient Engagement

• Patient engagement necessary for robust participation

• Engagement can take many different forms
  – Intentional patient engagement during COVID-19 led to adequately diverse research participants

• Diverse teams of investigators can more effectively promote patient engagement to directly hear the patient’s voice about what matters

• UW health Patient Family Advisory Council outreach
Open for Questions
Use the Q&A feature to submit