

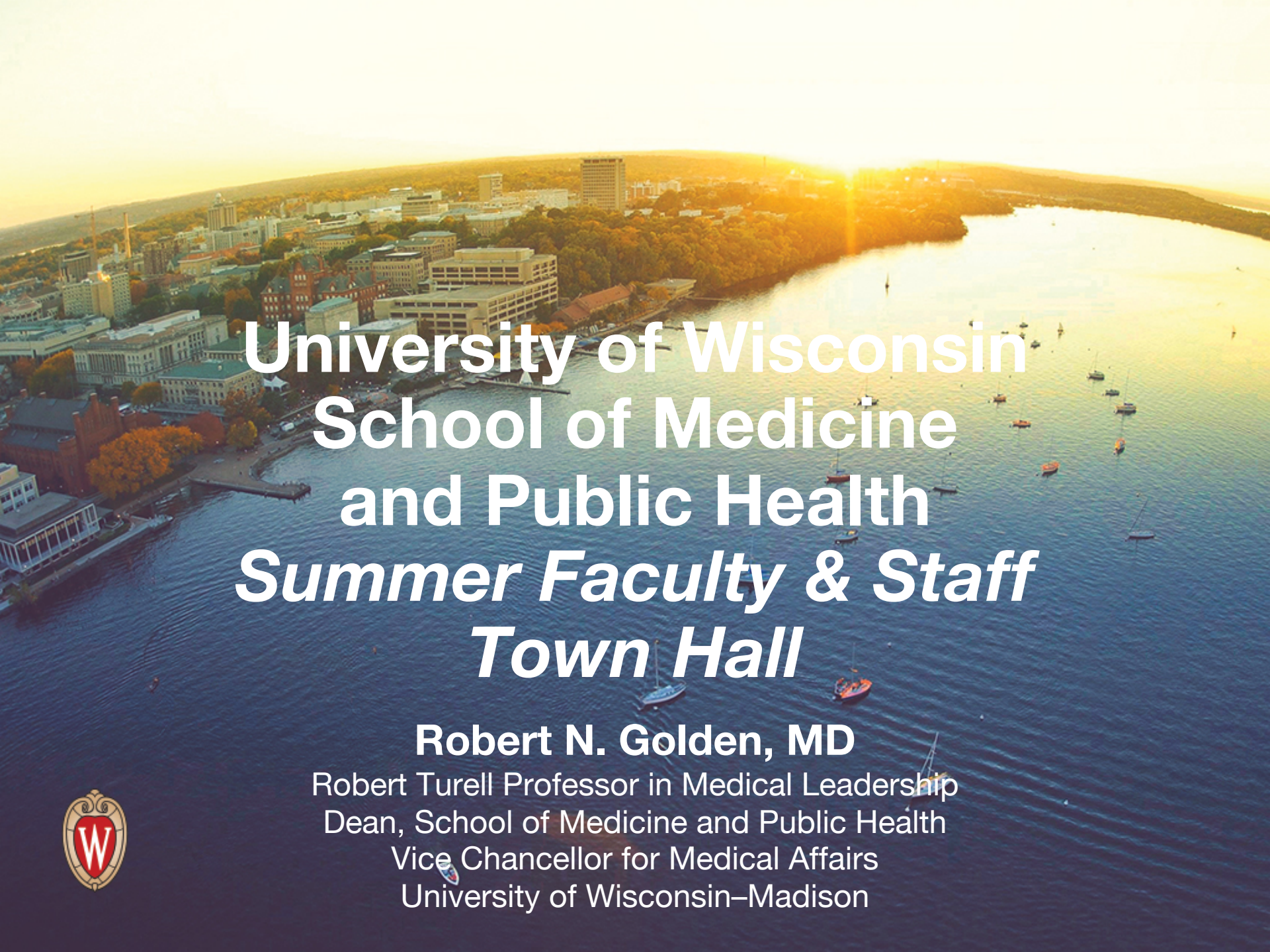
Welcome, attendees!

- 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.



Building Community
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Every person.
Every action.
Every time.



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



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

SARS-CoV-2 by the numbers

(as of June 22, 2020)

	Cases	Deaths
• Global	8,986,016	468,907
• United States	2,281,903	119,997
• Wisconsin	24,819	744
• Dane County	1,141	32

We are in this for the long haul...



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Guidelines for Reopening Campus Operations

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

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

Phase 1:

Low Transmissibility and High Modification

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



Phase 2:

Medium Transmissibility and Medium Modification

Setting/Activity	Category	Campus Example	Contact Intensity	Number of Contacts	Modification Potential
Group Activities	Low traffic employee & student informal gathering spaces	Red Gym, lobbies & lounges of academic buildings	Low	Medium	Medium
Service	Low contact theaters, museums, and other indoor leisure spaces	Chazen, Geological museum, Union art galleries	Low	Medium	Medium
Outdoor Spaces	Facilitating use of low density outdoor recreation and congregate settings	Picnic Point, Lakeshore path, Arboretum, Playgrounds at Eagle's wing & University apts, practice fields, Picnic Point fire pits, Union piers & boat launches	Low/Medium	Low/Medium	Low/Medium
Service	Gyms, pools, & fitness studios	Athletics & Recreation & Wellbeing facilities	Medium	Medium	Medium/High
Service	Enrollment Management Activities	Admissions visits, campus tours	Medium/High	Medium	Medium
Service	Public Retail	Shops in Union, Housing, & Athletics	Medium	Medium/High	Medium
Group Activities	>10 people learning events	Professional development courses, smaller than conferences	Medium	High	High
Research	Select Research Projects		Evaluated by OVCRGE		

Phase 3:

High Transmissibility and Medium Modification

Setting/Activity	Category	Campus Example	Contact Intensity	Number of Contacts	Modification Potential
Operations	Non-essential overnight housing	University Housing, Overnight student trips	Medium/High	Medium	Low
Service	Public food service	Union, Housing, academic & administrative bldgs operations scaled to campus need	Medium/High	Medium/High	Medium
Service	High density theaters, museums, and other indoor leisure spaces	Union theaters, Sett	Medium/High	High	Medium
Group Activities	Contact sports practice (not competition with audience)	football, basketball, hockey	High	Medium/High	Medium
Group Activities	High traffic public informal gathering spaces	Student Unions, Eagle Heights, Terrace	High	High	Medium
Group Activities	Business & social gatherings, >10 people	Conferences, conventions, workshops, retreats, weddings	High	High	Medium
Research	Select Research Projects		Evaluated by OVCRGE		



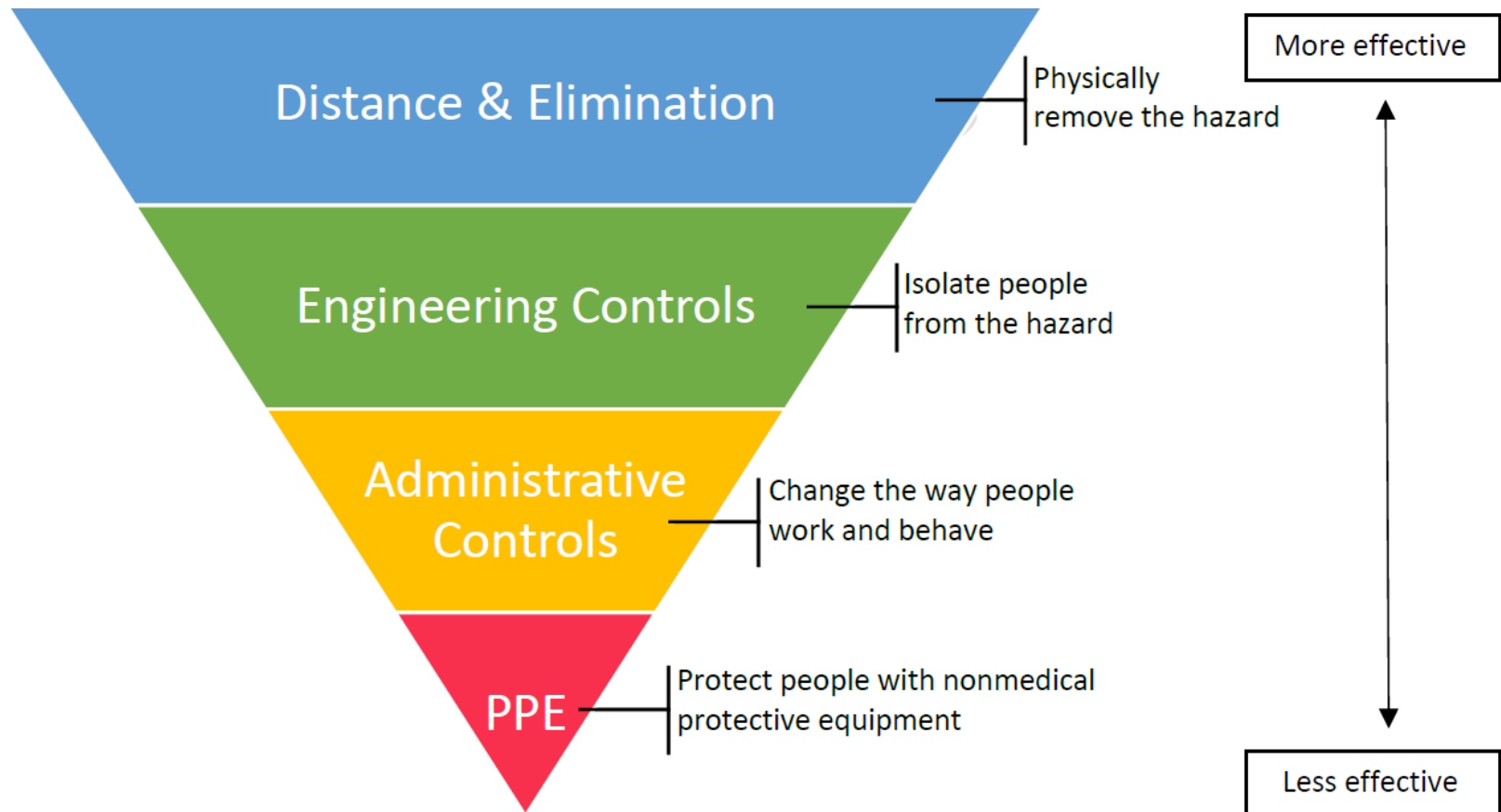
Indeterminate:

High Transmissibility and Low Modification

Setting/Activity	Category	Campus Example	Contact Intensity	Number of Contacts	Modification Potential
Group Activities	Entertainment related	Concerts, festivals, carnivals, shows, parades	High	High	Low
Group Activities	Politically related	election rallies, polling centers, speeches	High	High	Low
Group Activities	Sports related	Sports games, tournaments, championships	High	High	Low
Operations	Summer Camps	Summer Camps	High	High	Low
Service	Indoor large venues (concerts, sports)	Kohl Center, LaBahn Center	High	High	Low
Service	Outdoor large venues (concerts, sports)	Camp Randall, Athletics and Rec Sports fields, marching band field	High	High	Low
Research	Select Research Projects		Evaluated by OVCRGE		



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



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



Facilities Planning
& Management
UNIVERSITY OF WISCONSIN-MADISON

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.



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Smart Restart

Planning for Fall 2020 and Beyond

[Home](#)

[Our Plan](#)

[Contact Us](#)

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



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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 Vogelmann, MD (Medicine)

Resources for the Process of Eradicating Racism and Anti-Blackness

Karin Silet (Division of Diversity, Equity & Educational Achievement)



**School of Medicine
and Public Health**
UNIVERSITY OF WISCONSIN-MADISON

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

Men¹

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent

Women¹

- Caring
- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent

White²

- High status
- Rich
- Intelligent
- Arrogant
- Privileged
- Blonde
- Racist
- All-American
- Ignorant

Asian²

- Intelligent
- Bad drivers
- Good at math
- Nerdy
- Shy
- Skinny
- Educated
- Quiet
- Passive

Black²

- Ghetto or unrefined
- Criminal
- Athletic
- Loud
- Gangsters
- Poor
- Unintelligent
- Uneducated
- Lazy

Latino²

- Poor
- Illegal immigrant
- Uneducated
- Family-oriented
- Lazy
- Unintelligent
- Loud
- Gangsters

¹Carli et al. 2016, Eagly & Sczesny 2009, Bem 1974; ²Ghavami & Peplau 2013.

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

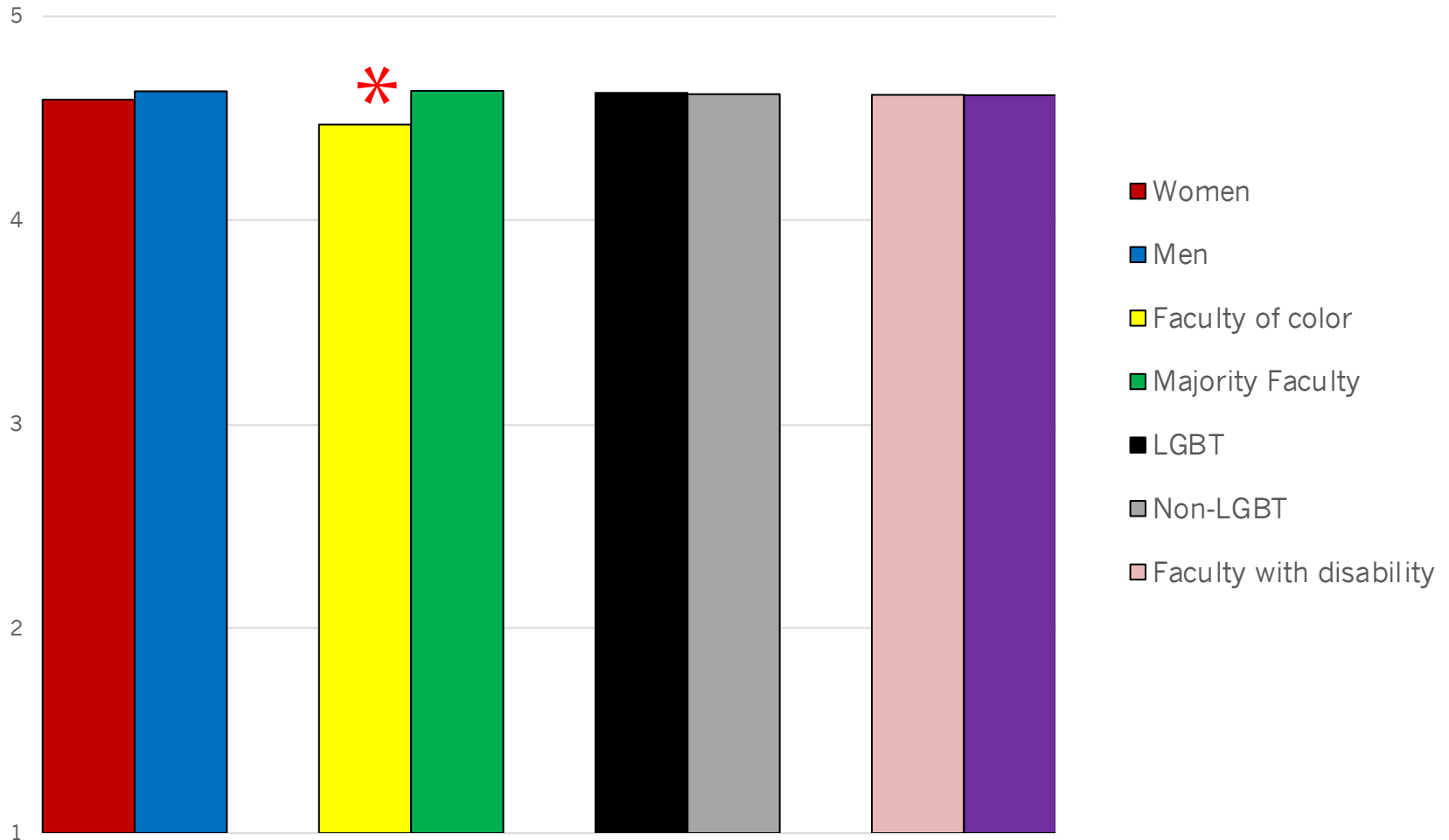
Systematic review of 19 studies:

- 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

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?

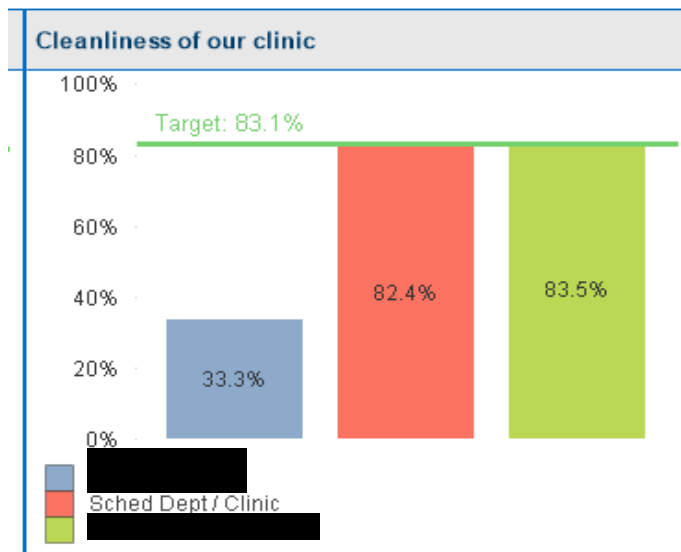
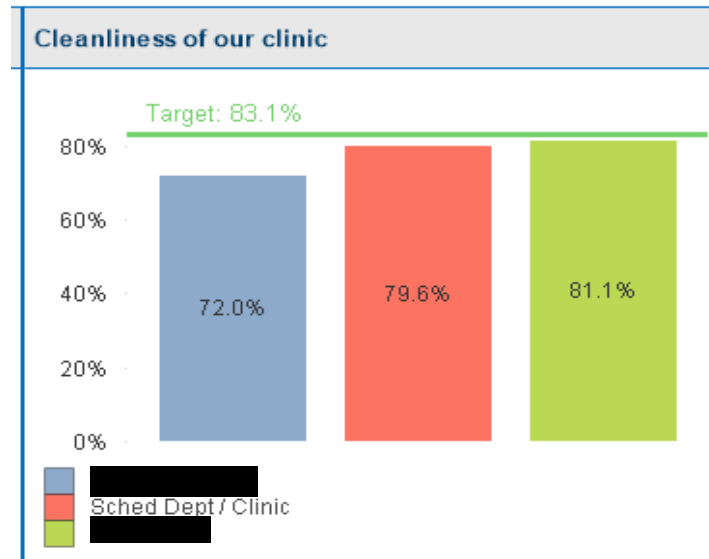
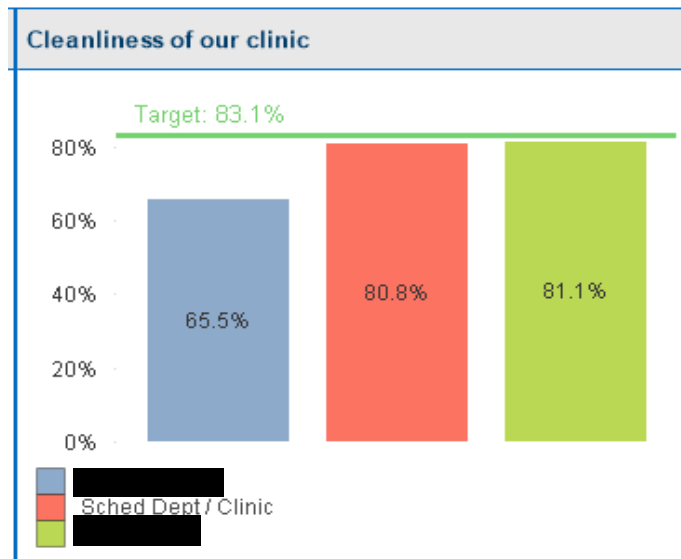


Response choices: Not at all, 2=A little, 3=Somewhat, 4=Very, 5=Extremely. Survey response rate = 58%. * $p < .05$.

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

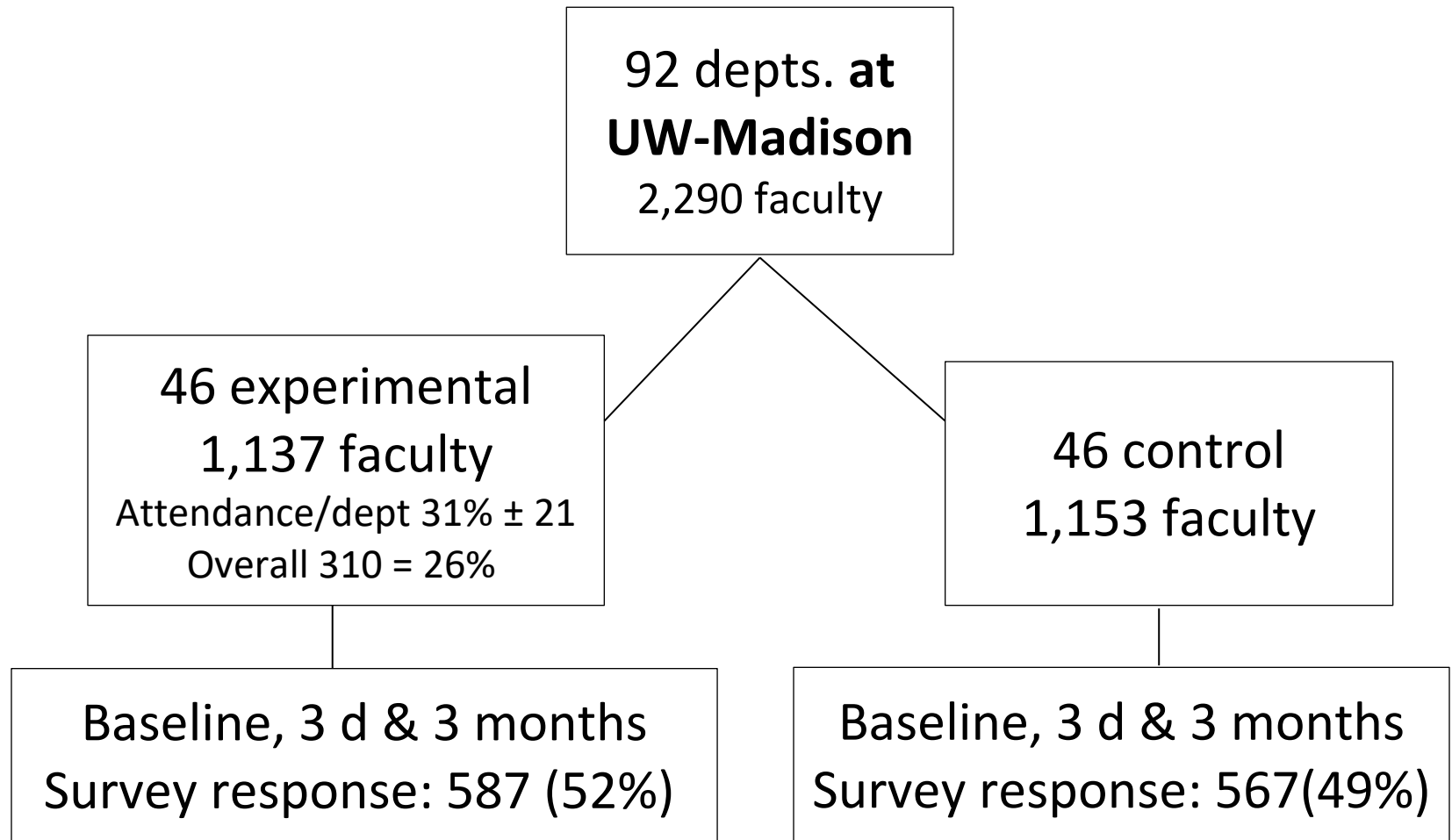
Breaking the bias habit takes *more than good intentions*

Changing any habit is a multistep process:

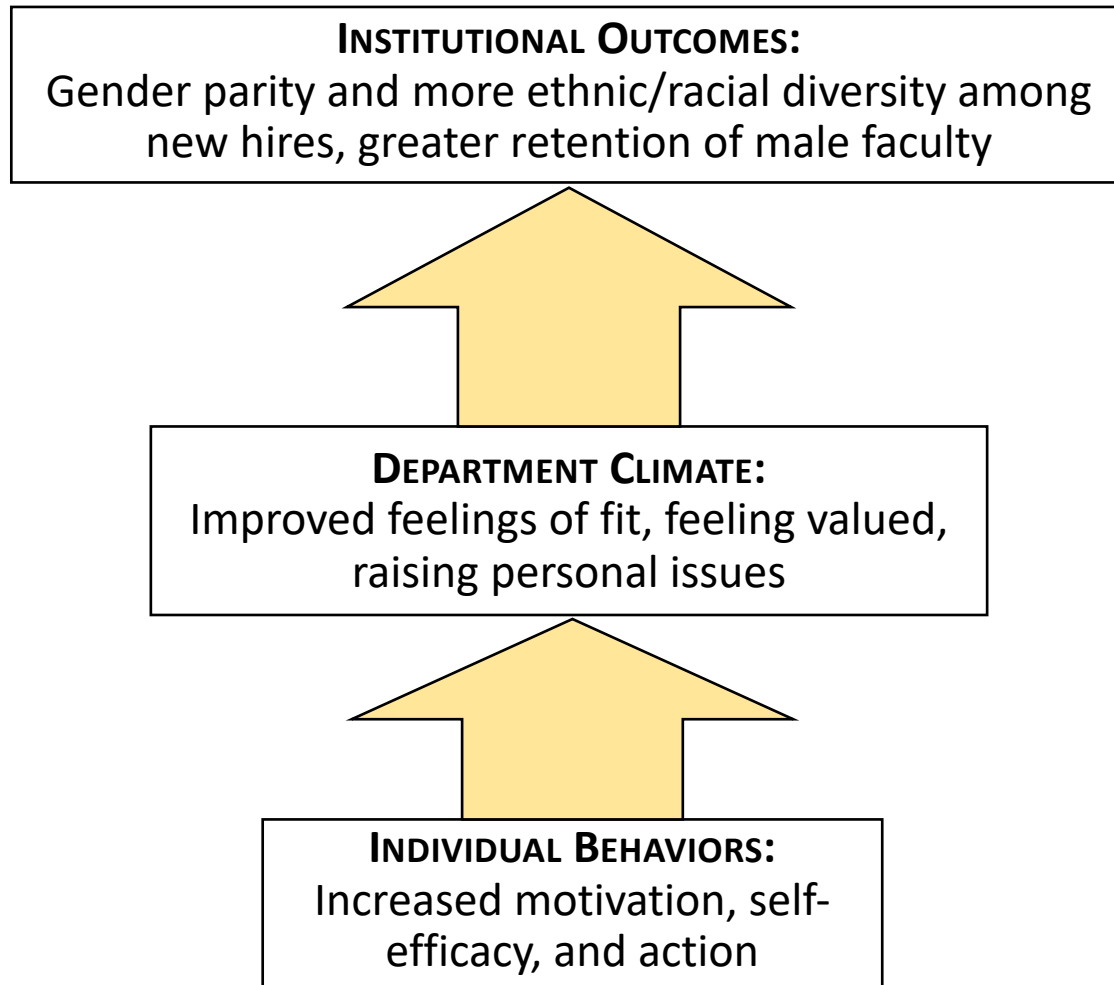
- Awareness
- Motivation
- Self-efficacy
- Positive outcome expectations
- Deliberate practice

e.g. Bandura, 1977, 1991; Devine, et al., 2000, 2005; Plant & Devine, 2008; Ericsson, et al., 1993; Prochaska & DiClemente, 1983, 1994

Cluster randomized trial of bias habit-reducing workshop



Targeting individual faculty had long term institutional impact



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 it's 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/>

- Self-Examination

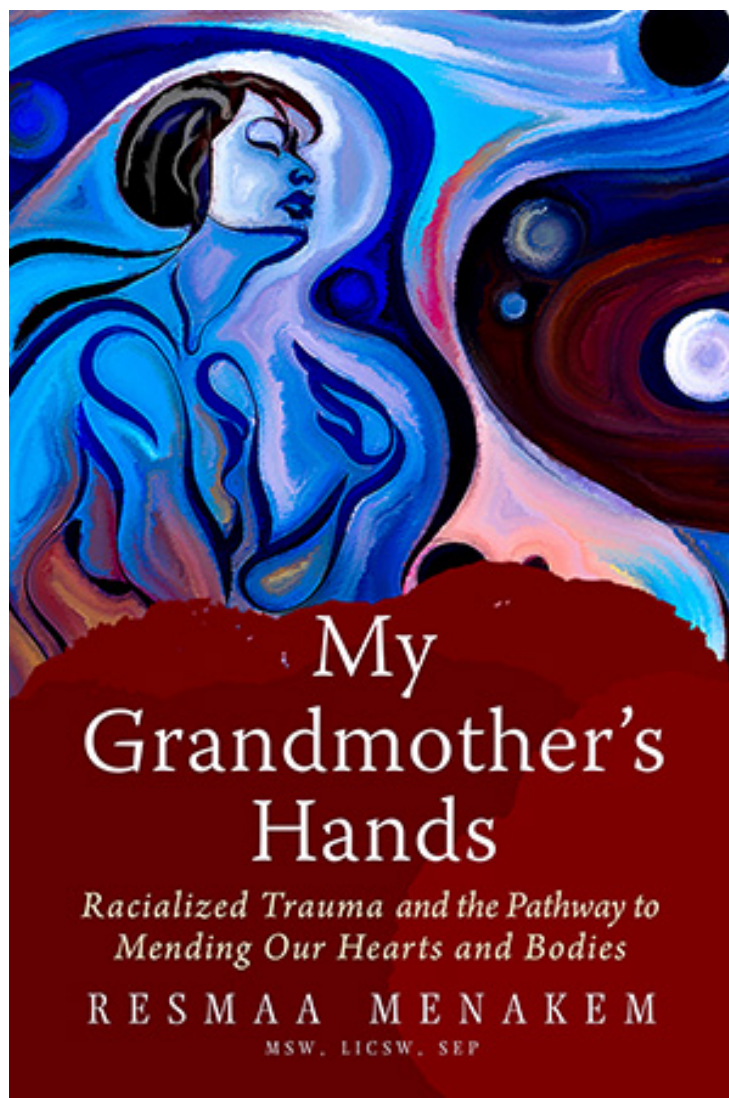
- Health Equity & Social Justice (S&APHM480)
- [Leadership Institute](#)

- 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](#)
- 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

HISTORY

INTERNAL

Bias
Privilege
Internalized
Racism

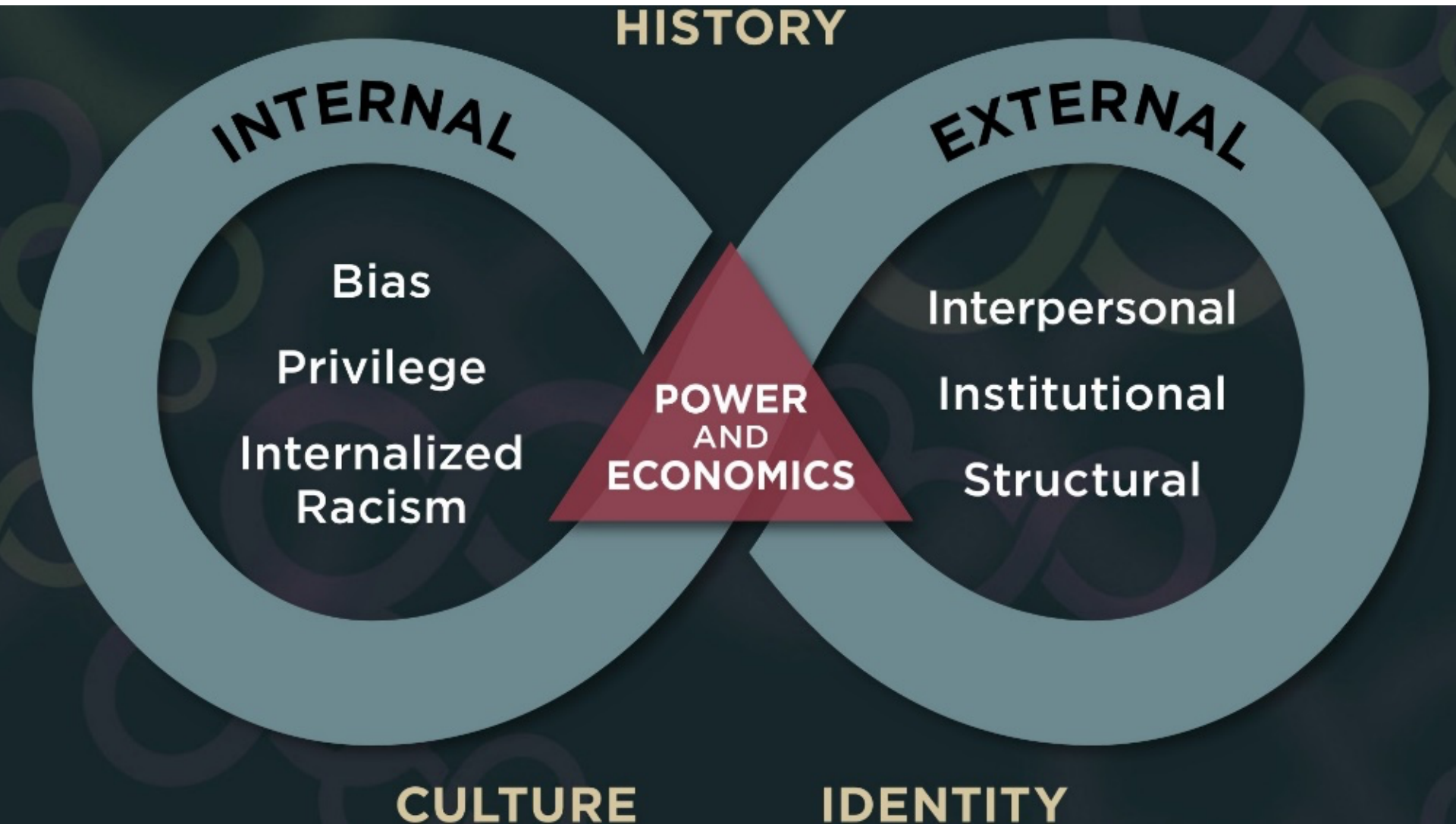
EXTERNAL

Interpersonal
Institutional
Structural

**POWER
AND
ECONOMICS**

CULTURE

IDENTITY



Town Hall

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.



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