

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.



Building Community
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Every person.
Every action.
Every time.

Winter Faculty & Staff Meeting

January 24, 2022



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

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

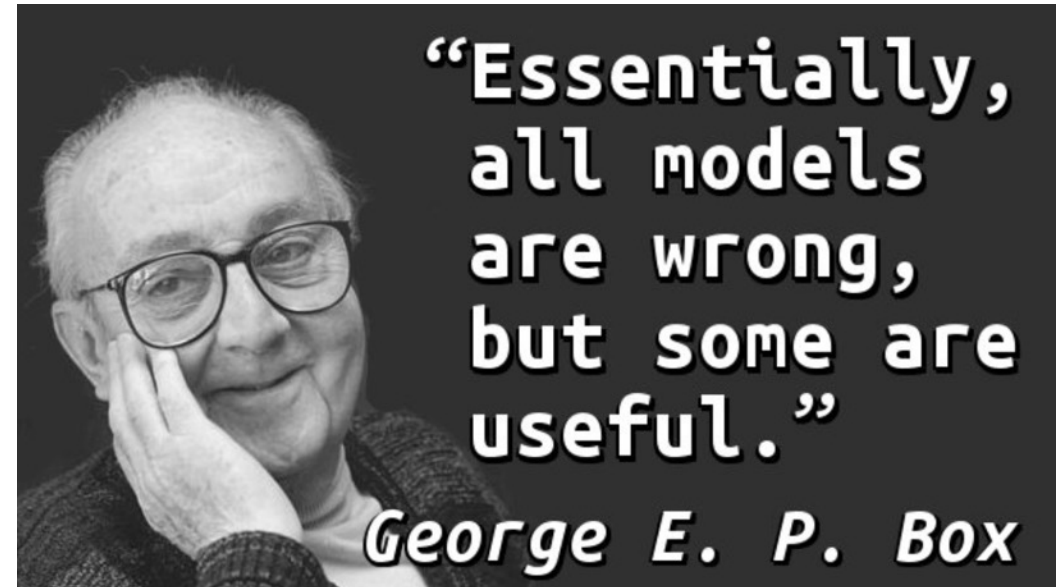
Professor of Pediatrics – Divisions of Pediatric ID & Global Pediatrics
Medical Director – UW Health Immunization Program
Director, SMPH Office of Global Health
Associate Director – UW Global Health Institute



School of Medicine
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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



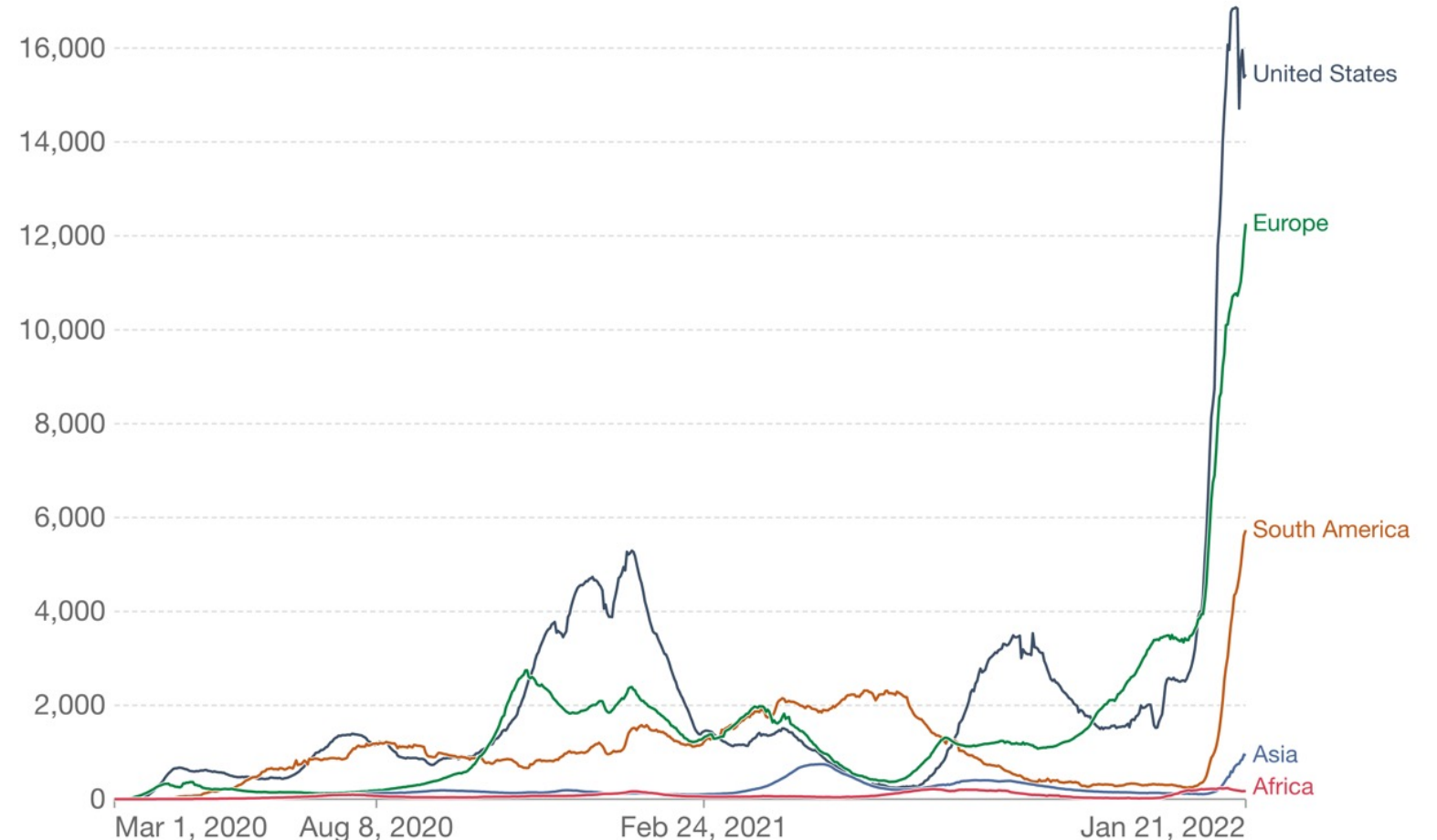
Stages of Pandemic(s) – COVID19 & COVID21/22

- 1) True Pandemic
- 2) Deceleration
- 3) Control (endemicity)
- 4) Elimination
- 5) Eradication

Weekly confirmed COVID-19 cases per million people

Weekly confirmed cases refers to the cumulative number of cases over the previous week.

Our World
in Data



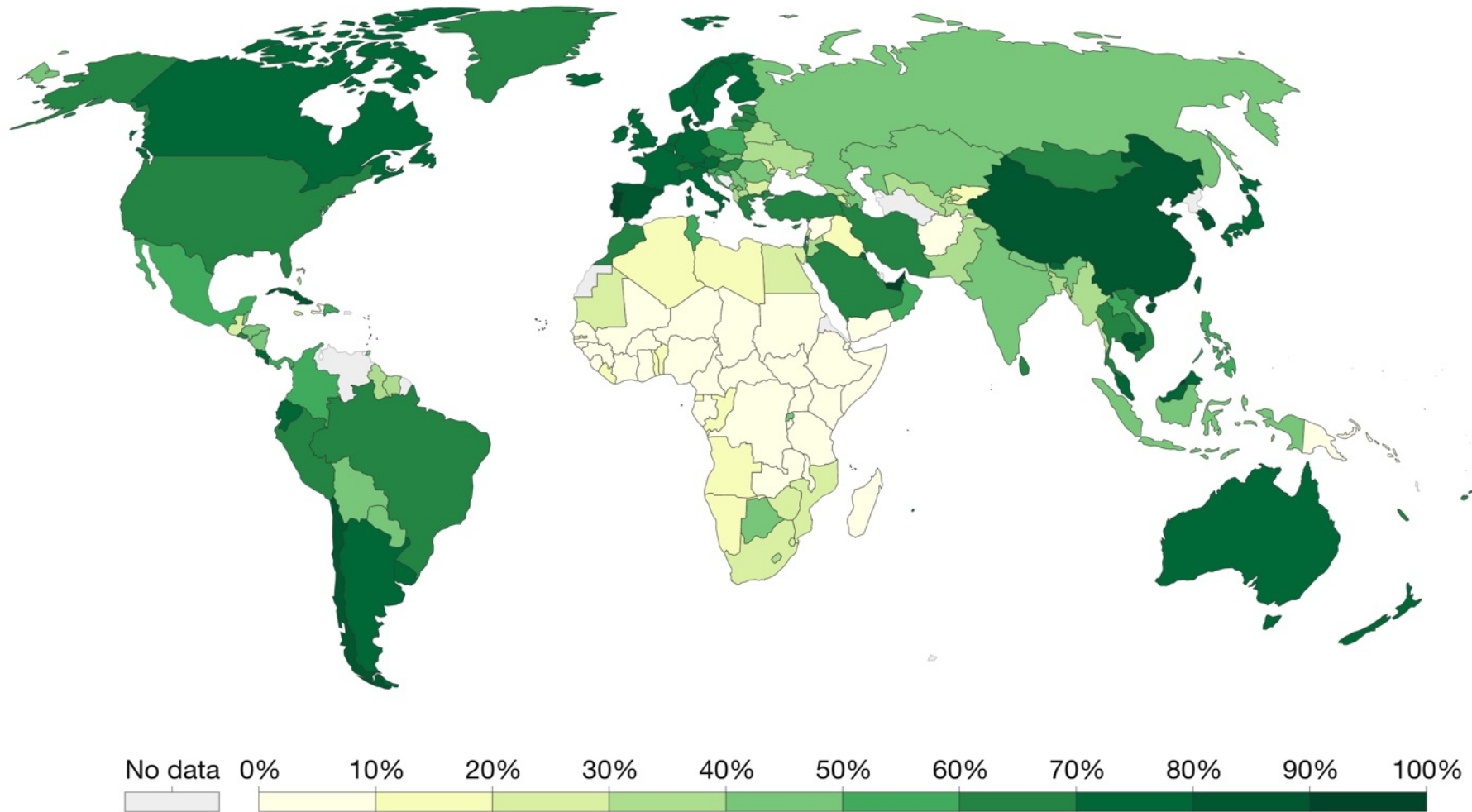
Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 22 January, 16:05 (London time)

CC BY

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.

Our World
in Data



Source: Official data collated by Our World in Data – Last updated 22 January 2022, 11:30 (London time)

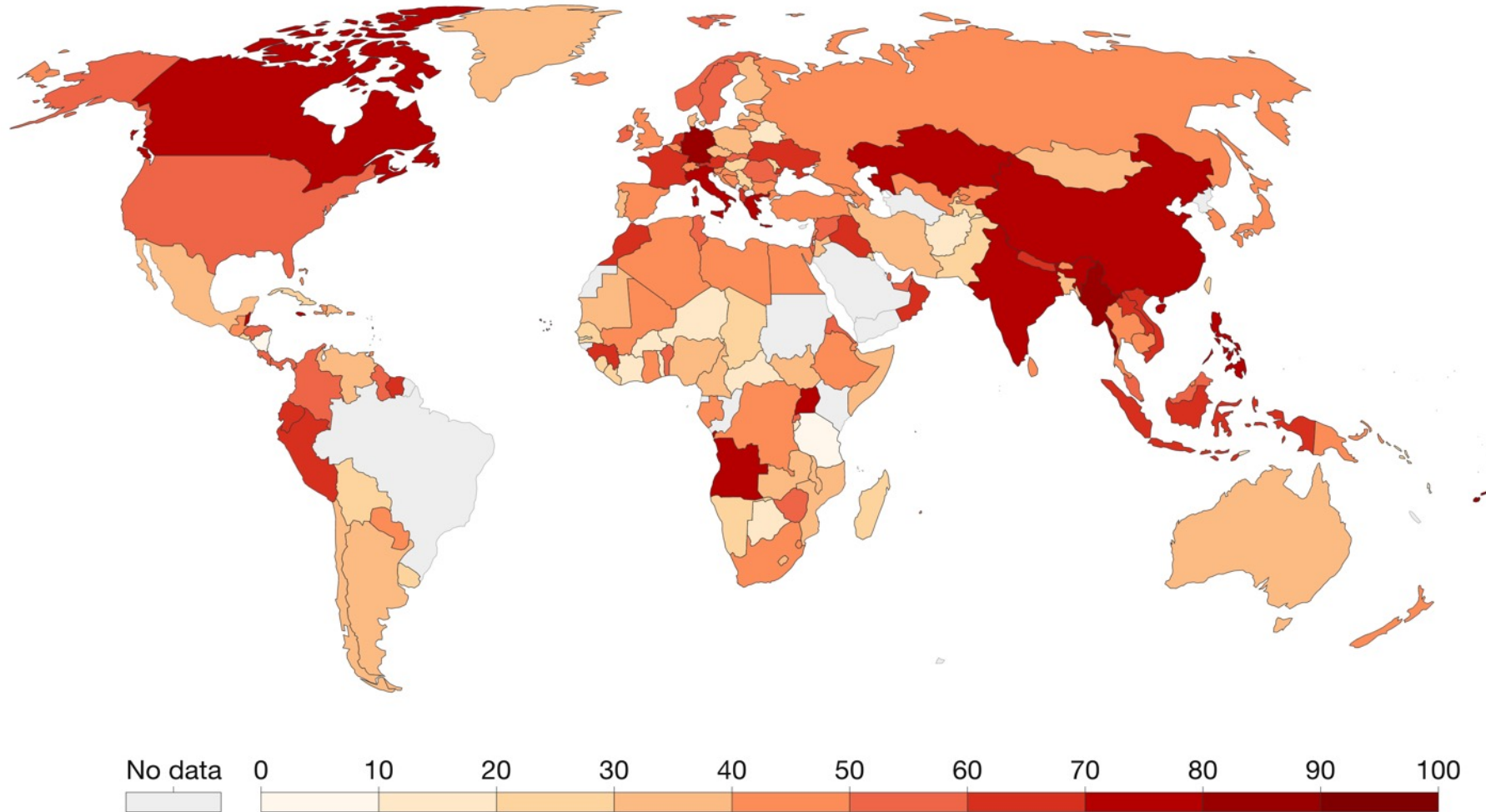
Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

OurWorldInData.org/coronavirus • CC BY

COVID-19 Stringency Index, Jan 21, 2022

Our World
in Data

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.



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 22 January 2022, 06:50 (London time)

OurWorldInData.org/coronavirus • CC BY

Pandemic Predictions?



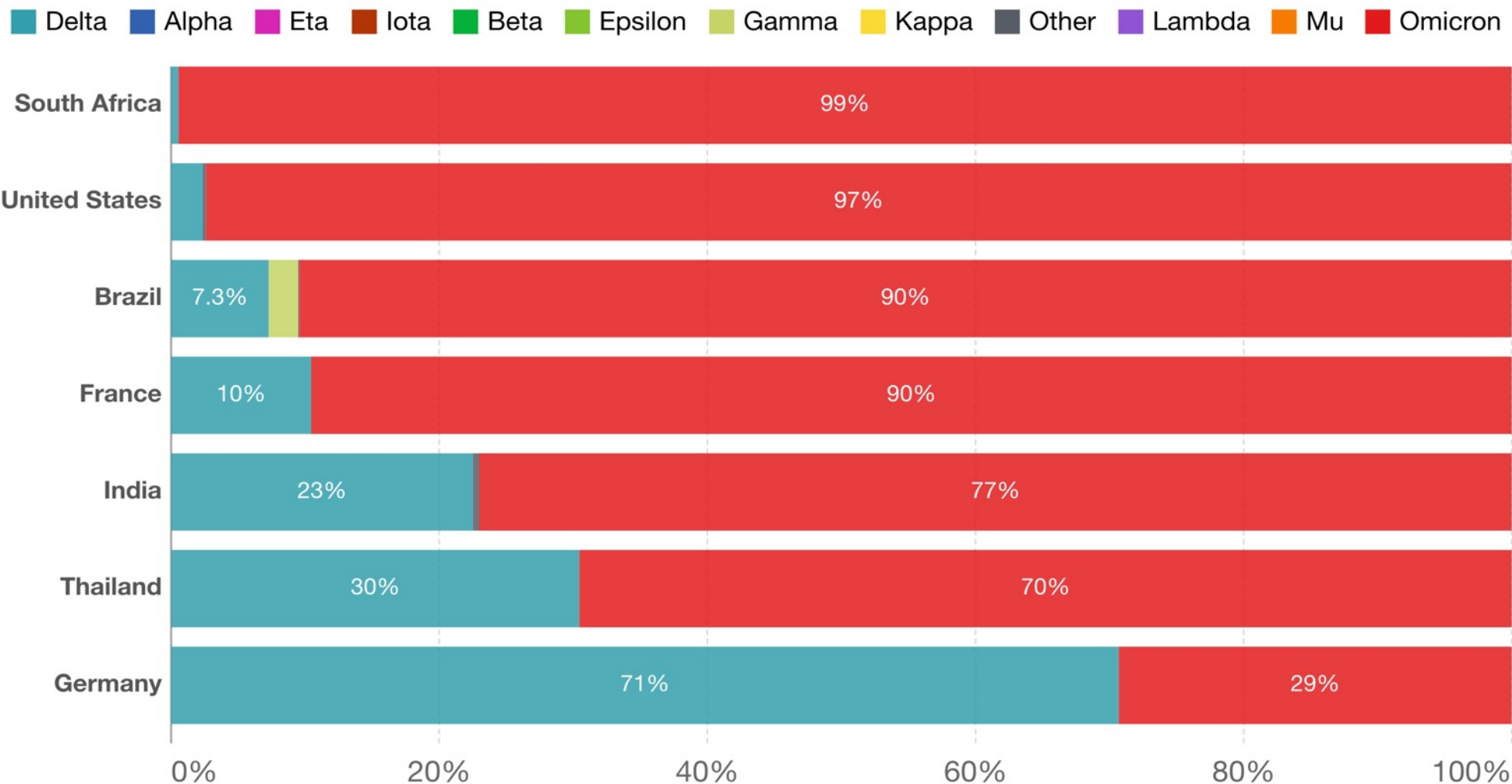
- Expect gradual downturn in case rates March-May
- Variable modeling for resurgent Omicron cases summer in US
- Expectation of similar pattern across Europe & Asia
- Serologic estimates of infection:
 - US >20%, Africa 80%?
- Unknowns:
 - New variants
 - Variable vaccine efficacy
 - Testing capacity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



SARS-CoV-2 sequences by variant, Jan 21, 2022

Our World
in Data

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.



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

OurWorldInData.org/coronavirus • CC BY

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



Published on *Inside Higher Ed*
(<https://www.insidehighered.com>)

[Home](#) > Issues concerning overseas travel that international educators must consider in the coming months (opinion)

Issues concerning overseas travel that international educators must consider in the coming months (opinion)

Authored by
James H. Conway, Ronald G. Machoian and Christopher W. Olsen
on May 12, 2020 - 3:00am



Travel.State.Gov

U.S. DEPARTMENT of STATE — BUREAU of CONSULAR AFFAIRS

U.S. Passports

International Travel

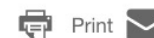
U.S. Visas

Intercountry Adoption

International Parental
Child Abduction

Records and
Authentications

[Travel.State.Gov](#) > [Travel Advisories](#) > France Travel Advisory



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.

Travel Advisory Levels

- 1 Exercise normal precautions
- 2 Exercise increased caution
- 3 Reconsider travel
- 4 Do not travel



Travel.State.Gov

U.S. DEPARTMENT of STATE — BUREAU of CONSULAR AFFAIRS

Congressional Liaison

U.S. Passports

International Travel

U.S. Visas

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Authentications

[Travel.State.Gov](#) > [Travel Advisories](#) > Thailand Travel Advisory

Print Email

Thailand Travel Advisory

Travel Advisory
November 8, 2021

Thailand - Level 3: Reconsider Travel



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.

Travel Advisory Levels

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- 2 Exercise increased caution
- 3 Reconsider travel
- 4 Do not travel

Student Risk Management & Review/Approval Process

- <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



International Safety and Security

UW-Madison International Division

Home

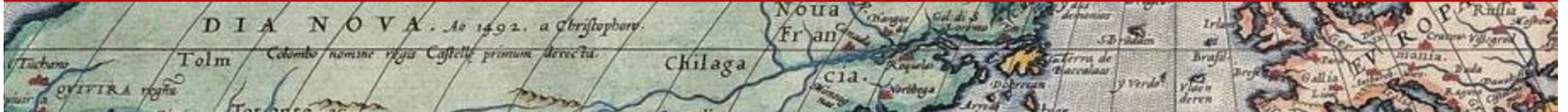
About ▾

Policies ▾

Resources ▾

Insurance

Conversations with Travelers



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 1/2 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
 - PUBLHLTH 710: Introduction to Global Health
 - PUBLHLTH 711: Global Health systems
 - PUBLHLTH 712: Infectious disease
 - PUBLHLTH 713: Noncommunicable disease
 - PUBLHLTH 714: GH Field course prep

- Field experience, 1 credit
 - [PUBLHLTH 715: virtual field work]

Faculty-Led Field Courses: POP HLTH 645

Country	Status	Focus
Ecuador	Approved for Summer 2022	Indigenous health, One Health
Thailand	Approved for Summer 2022	Public Health and Infectious Disease
India	Planning for Jan 2023	One Health
Uganda	Not in 2022	Community Partnerships
<i>Guatemala</i>	<i>Prelim planning for summer 2022</i>	<i>“MEDIC” model clinical care</i>

Student applications due Jan 28, 2022: <https://studyabroad.wisc.edu/programs/>

Office of Global Health - ogh.med.wisc.edu

Dr. Jim Conway

Dr. Ann Evensen

Betsy Teigland, BSN

1191E and F HSLC

608-262-3862

jhconway@wisc.edu

ann.evensen@fammed.wisc.edu

teigland@wisc.edu

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



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON

UWSMPH & UW Health Integrated Office of Diversity & Equity Transformation: Why?

Targeted

Our goal is to be a national leader in DEI which requires alignment across the academic medical center

- 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

Lead

Oversee

- Provide overall and strategic leadership, direction and coordination of DEI practices

Coordinate

Triage DEI initiatives and efforts

- Lead, oversee and promote effective DEI-related collaborative efforts across SMPH & UW Health

Accelerate

Measurable progress

- Compose high impact and effective DEI innovation across our mission (research, clinical care, education) through transformation.

Foundational Strategies



Diversity & Equity Transformation Team



Shiva Bidar-Sielaff

Associate Dean
Vice President of
Diversity, Equity &
Inclusion



Naomi Takahashi

Director of Diversity,
Equity & Inclusion



Beverly Hutcherson

Manager of
Diversity, Equity &
Inclusion



Pearl Leonard-Rock

DEI Consultant
Learning and
Education



Afra Smith

DEI Consultant
Employee Support



Ginger Francis

DEI Consultant
Equity Tools

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



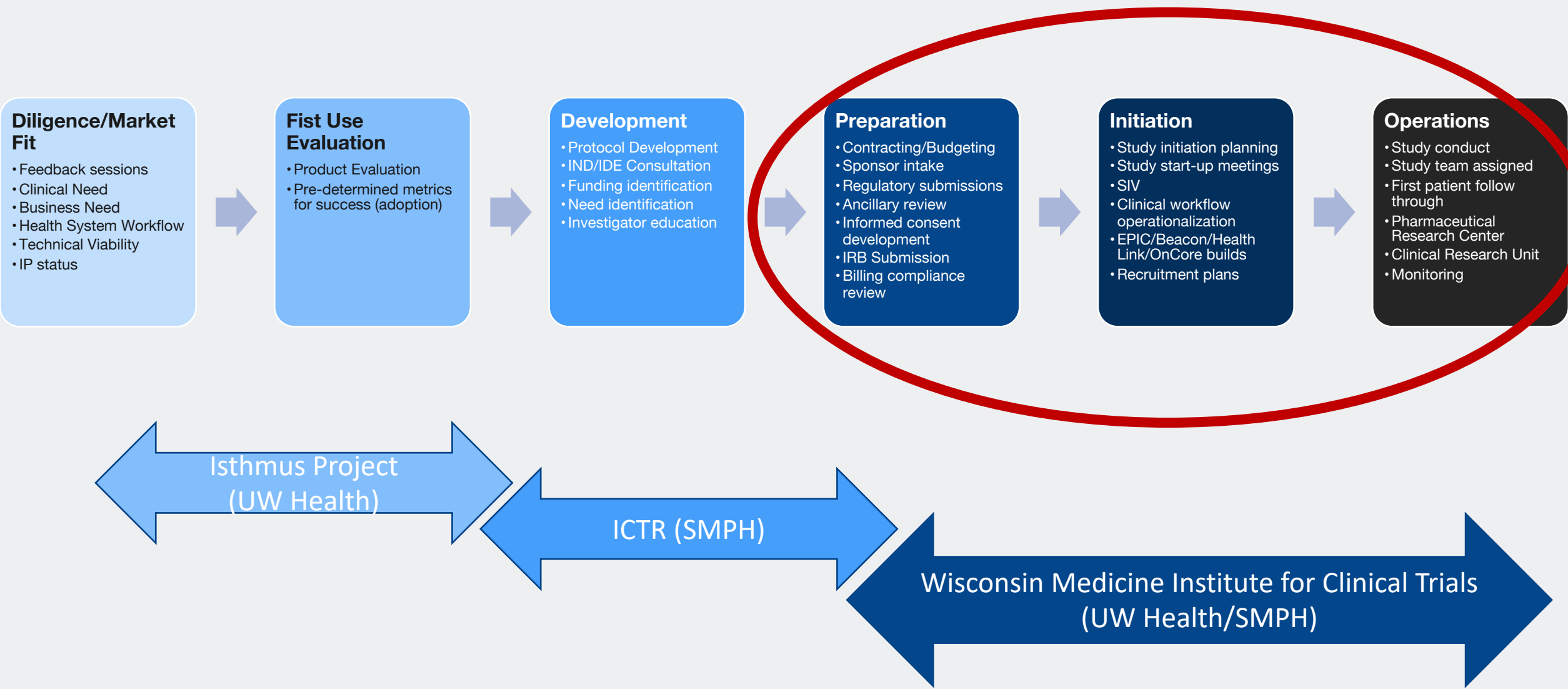
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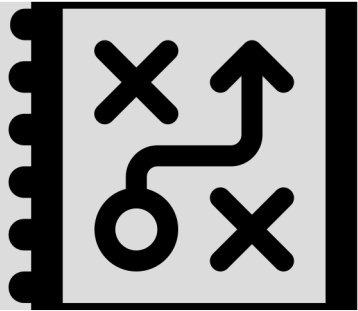
Mission & Vision

- 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

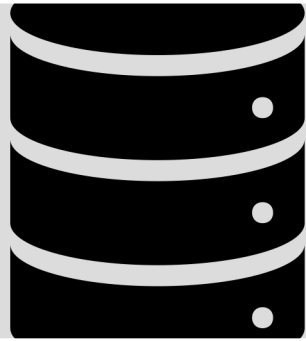
Innovation & Clinical Research Continuum



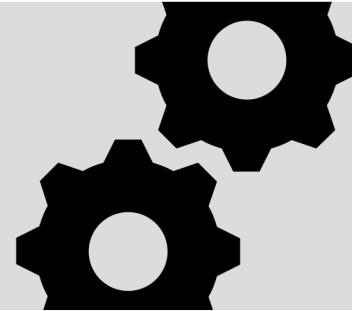
UW Clinical Trials Strategic Plan



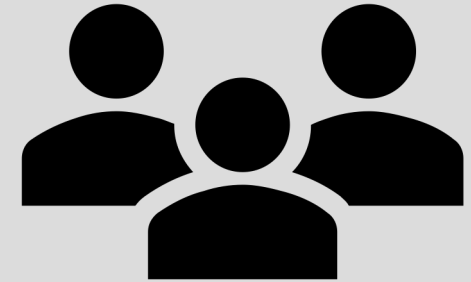
Develop structures to support industry research sponsors and investigators with easier access to clinical trials services



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



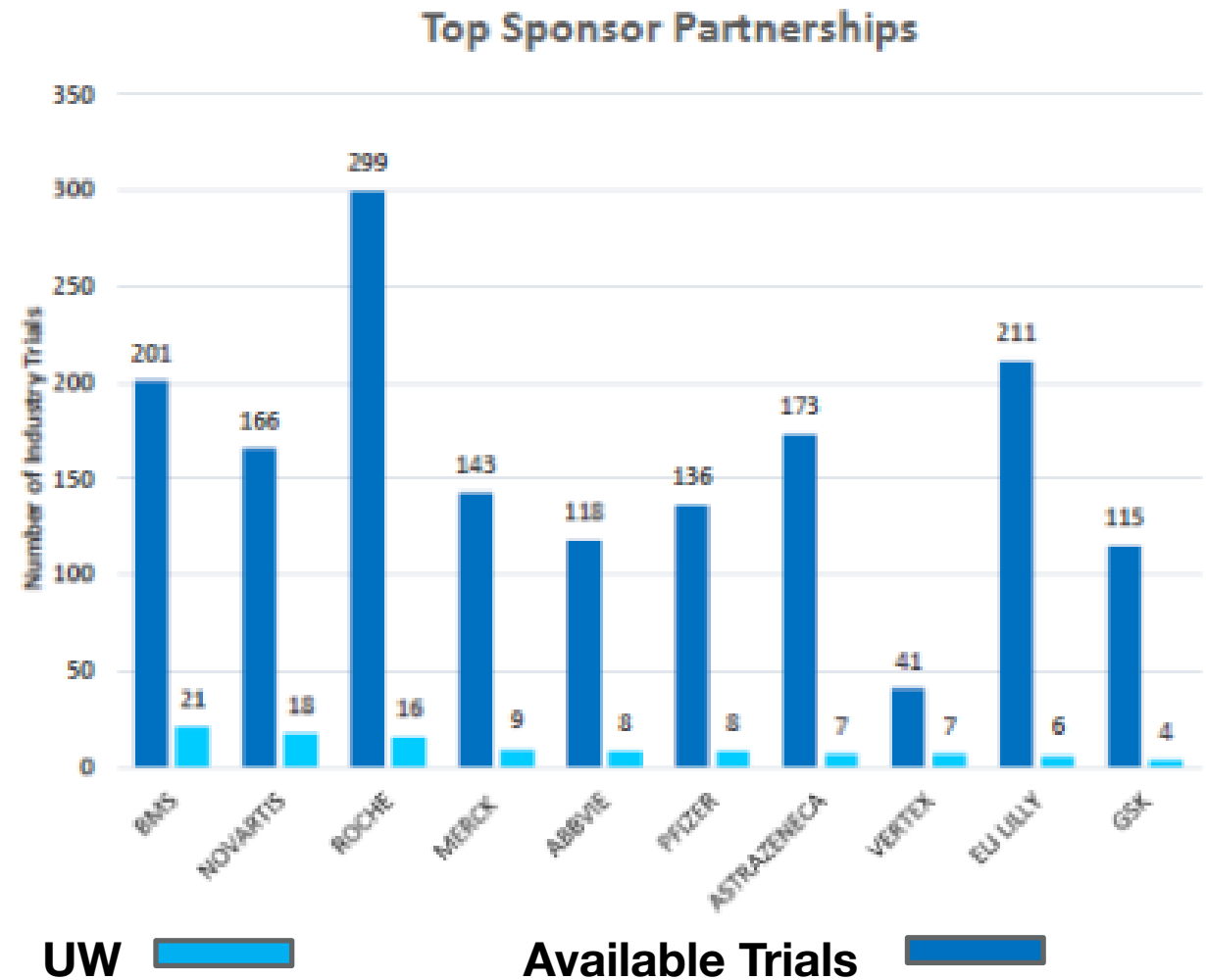
Drive culture change by engaging with staff, providers and patients to enhance participation in clinical research

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



Source WCG

Industry Funded Clinical Trials By State

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

Source PhARMA 2018

Investigator Capacity

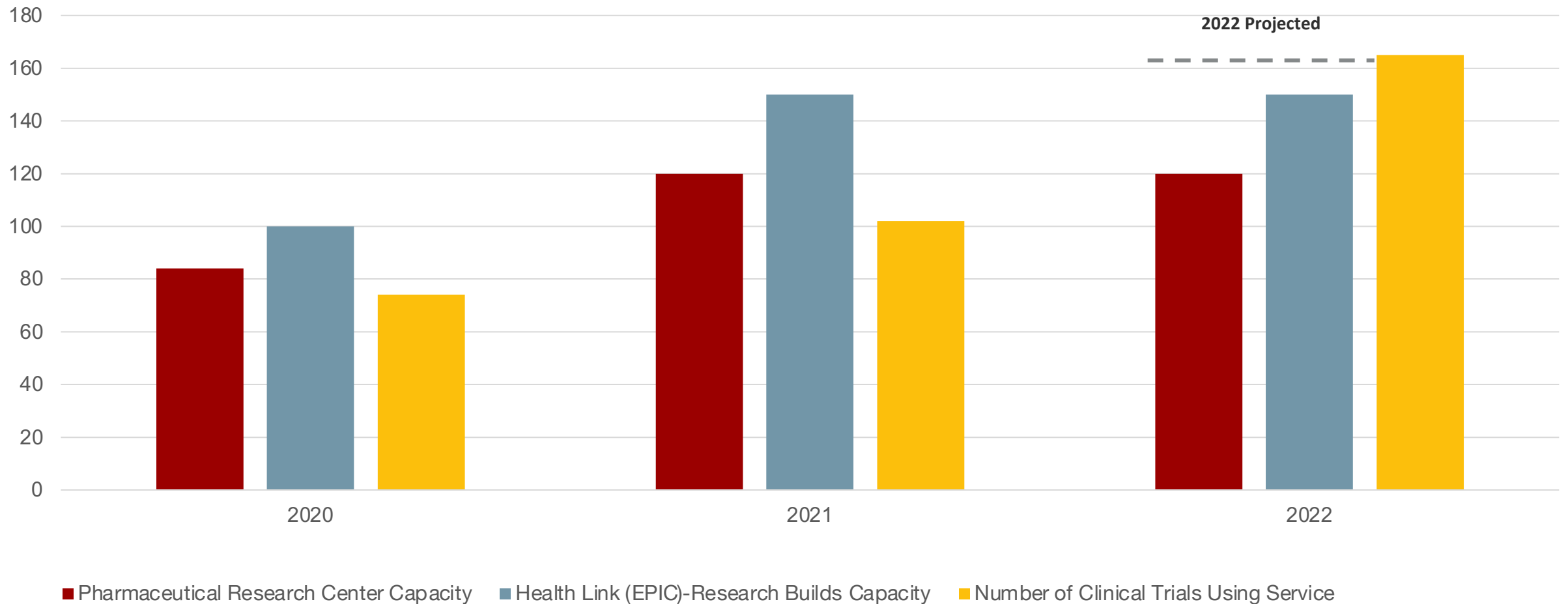
- Growth in clinical trials needs a deep bench of trained, equipped and diverse investigators
- The “one and done” phenomenon
- Team approach
- Physician-scientist and clinicians; different but complementary roles
- Distinction between investigator initiated, federal funded or pharma sponsored
- Encourage, 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



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

Town Hall

Open for Questions

Use the Q&A feature to submit