Milwaukee Press Club 29 March 2021 Julie Willems Van Dijk Interview

[00:00:00] Good afternoon and welcome to the latest Milwaukee press club virtual newsmaker I'm your host Milwaukee press club, president Corey Hess from Wisconsin public radio. Today we have state department of health, deputy secretary, Julie Willems Van Dijk, but first I'd like to thank our sponsors. Our presenting sponsor is spectrum news one or again, partner is whisk politics.com.

[00:00:24] Which politics.com partners with the press club for this luncheon as part of its ongoing event series of Milwaukee, sponsored by UWM, Milwaukee, Wisconsin Academy of global education and training 1125 at Pabst Milwaukee police association, the firm consulting medical college of Wisconsin and spectrum.

[00:00:45] So once again, today we have Julie Willems Van Dijk. Bendeich Julie has been front and center at the department of health services. For more than a year during the Corona virus pandemic, before Joni joining the state department of health, Julie was a director [00:01:00] of County health rankings and roadmaps, which is a national collaboration between the university of Wisconsin population health and the Robert Wood Johnson foundation.

[00:01:09] She previously served as marathon County public health officer. Welcome Julie. Thanks for being here today. Thanks Corey. And thank you so much for the invitation to be with all of you. It's really an honor to be speaking at a meeting of the oldest, continuously operating press club in North America.

[00:01:29] Congratulations to all of you. So, let me begin by thanking all of you for doing your part to prevent the spread of COVID-19. Um, your stories and messaging to Wisconsinites have made a huge difference in this, uh, campaign to eliminate the disease, your work to model the use of masks and social distancing.

[00:01:51] When you're out on interviews. The sacrifices, all of you have made to cover these stories and your day-to-day [00:02:00] activities are all part of what has helped us protect the people of our state. And we know these efforts, uh, happen across the state. It doesn't matter if you're in Milwaukee or West Dallas.

[00:02:10] Bayside or Oak Creek, or if you're on the Western side of the state or in the North woods, we've appreciated the stories that you have told and how you have kept Wisconsinites up to date on all things COVID related. So I know many of you want to focus on vaccine today, and I am proud to do that because we have lots of good news when it comes to vaccine in Wisconsin, we are one of the top States in the nation when it comes to vaccine administration.

[00:02:43] Uh, more than 17% and we crossed the 1 million Mark this morning of our population have completed their vaccine series and nearly 30% have received at least one dose of [00:03:00] vaccine. This is incredible progress in a little over three months made possible. Thanks to the increased vaccine supply we've received from the federal government.

[00:03:10] The hard work of our network of vaccinators across the state and the willingness of the people of Wisconsin to stay step up and be vaccinated. In Milwaukee, our vaccinating

partners have not only worked to get shots in the arms of Wisconsinites who are currently eligible, but have ensured. We are reaching our state's most vulnerable populations with special efforts to reach adults living in 10 Milwaukee, zip codes with the highest social vulnerability scores per the center for disease control.

[00:03:44] The SVI is determined by 15 data elements in four thematic areas, socio not socioeconomic status, housing competition, excuse me, composition, race, ethnicity, and [00:04:00] language and housing and transportation. We are making intentional decisions to reduce systemic barriers and encourage vaccine uptake and communities who have faced disadvantage across Wisconsin.

[00:04:14] These intentional decisions include prioritizing vaccine orders. For our tribal partners, our community health clinics, federally qualified health centers and local health departments providing services for socially vulnerable Wisconsinites. We are also directing over $6 million in grant funds to support community-based organizations to do vaccine.

[00:04:40] Outreach and education. And we also aim to close gaps in access to vaccine through programs like our mobile vaccination teams, community-based clinics and the federal retail pharmacy program, which continues to add pharmacies with a priority of hitting them in [00:05:00] high SVI neighborhoods. We know we have work to do in Wisconsin to achieve equitable vaccine distribution and uptake, and DHS continues to be committed to do that.

[00:05:12] Um, uh, and to make us safe and quick, and the distribution of the COVID-19 vaccine. To build on the progress we have made. As you know, last week we expanded eligibility for the vaccine to Wisconsinites age 16 and older, who have medical conditions that increase the risk for serious illness.

[00:05:34] Hospitalization. Or death from COVID-19. These medical conditions include things such as cancer, heart, or lung conditions and diabetes, as well as people who are immunocompromised, overweight, or obese, or who have high blood pressure, you can find a full list of medical conditions for that, for this eligibility group.

[00:05:56] By going to our website, [00:06:00] dhs.wisconsin.gov/covid 19. Our decision to include these particular medical conditions was informed by the work of the state medical advisory committee. The CDC and our VHS medical advisors, it's based on the best evidence we have about which medical conditions make someone more vulnerable to severe illness or death.

[00:06:25] Um, We also continue to vaccinate all the previously eligible populations, including healthcare personnel, including those who provide spiritual care residents and staff as long-term care and other congregate, living facilities, public safety personnel, like police and fire, as well as essential court personnel.

[00:06:46] People aged 65 and older educators and all staff of K-12 schools and childcare and higher ed who are student facing and Wisconsinites enrolled in long-term [00:07:00] care programs through Medicaid, like family care and Iris and public facing essential workers. Like our food supply chain workers, including farmers, grocery clerks, hunger relief workers, and restaurant workers.

[00:07:14] We've expanded eligibility many times, and we are hopeful. We will do that one last time, opening up vaccine eligibility to everyone who lives works or studies in Wisconsin. By May 1st, we continue. To evaluate uptake in our current phases and assess our future vaccine supply from the federal government to determine if we will be able to move that date up earlier than May 1st.

[00:07:42] So it has been partnership and collaboration that has got us to this point as governor governor Eavers often says. Public health is a team sport, and I am proud to be part of the Wisconsin public health team, working with [00:08:00] all of our colleagues to make sure that we get everyone vaccinated as quickly and equitably as we can.

[00:08:08] And those of you who know me know, I can't end my comments without reminding us that COVID is still among us. And so we continue as we increase our vaccination rate, continue to need to use good protective measures, especially when we're out in public face masks. Social distancing, keeping our social circles small, and hopefully we will move our vaccination rate faster than the new COVID variance.

[00:08:38] We'll get into our state and we will get to a place that will look a lot more like life before COVID-19 sooner than later. So with that, Corey, let me turn it back to you and I'm happy to be here and answer all of your questions. Thank you again, Julie, let me introduce our panel of journalists. We have Tony [00:09:00] Atkins from today's TMJ for she made mills from Wisconsin, public radio and Sarah pennant.

[00:09:06] Volkan from the Milwaukee journal Sentinel. I'm going to let them get started. Take it away, guys. All right. Uh, I'll kick things off. Uh, thank you all for being here is a really good opportunity for a lot of people to learn about this. Um, my first question is, um, for the sec, Madam secretary, um, uh, with the, with the vaccination rate, very successfully as it has been, there are still many people who are hesitant to get the vaccine.

[00:09:35] So my question for you is how do you use the success over the past three months or so to really convince them. Those hesitant, um, to finally take their vaccine. Yeah, that's a great question, Tony. And, and we know, um, from surveys that were done in the late fall, um, and surveys that have done recently, that we are seeing more people [00:10:00] who are indicating they are open to receiving the vaccine.

[00:10:03] So that. That's really a great thing. I think one of the most important things we need to do is help people understand the millions of doses we've given and the very minimal side effects, serious side effects that we've seen. I know we've all heard of. Of, um, friends and family who've received the vaccine and had a day or two of fever and chills and feeling pretty rotten.

[00:10:28] Um, but that's actually a good sign because that shows that your body is reacting to the antibodies that are being created through the vaccine. And you're having a really good immune response, but the incidents of anaphylaxis continues to drop. That was a concern in the beginning that a number of people had and.

[00:10:50] And, and we've now have millions and millions of people who have received this vaccine, which is first of all, a good sign of the continued, um, safety that was [00:11:00] demonstrated in the clinical trials. I think the second thing is people just need to hear this from people they trust, um, that is often their doctor.

[00:11:09] And so calling your doctor, um, especially if you're in a special situation, for example, pregnant women, talking to your doctor about whether receiving the vaccine or not as a good thing is very important for someone who is pregnant or breastfeeding, but also people want to know from their family, you know, if your mom got the vaccine, how.

[00:11:31] How did she feel if your sister or your brother got the vaccine, how did they feel? And so that's, um, really important. And we have seen this in our work so far as we've done work early with health care organizations and, uh, long-term care facilities. We have seen that at, when we come through for the first round, certain number of people get the vaccine.

[00:11:58] And there's others who just want to [00:12:00] hold back and say, let me see how it goes with my coworkers. And then when we've come back for the second time, then I'm more willing, more people have been willing to accept the vaccine. So I think it's also understanding everyone has a different tolerance for risk, and we need to keep offering.

[00:12:19] Over and over again, it's not like you get offered the vaccine once. It's that we keep saying to everyone, um, there's there continues to be an opportunity for you. You want to wait and see that is just fine. Um, and I think all of those things are really important as we move forward. Awesome. Thank you, Julie.

[00:12:38] I'm going to send things over to Charmaine for our next question. Thank you. Uh, and thank you, Julie. I think there are a lot of questions the public has, and we can't do these enough. I'd like to continue the theme of vaccines and hesitant hesitancy. The Biden administration has a Corona virus campaign.

[00:12:58] That's enlisting the help of the Christian [00:13:00] broadcasting network and NASCAR. I'm wondering will state health officials reach out to religious organizations, sports groups, et cetera. In an effort to convince people, to get the vaccine. Yes. Well, we're already doing that. We've already reached out, um, to the Wisconsin council of churches.

[00:13:20] And I are working with pastors throughout the state to talk about, um, sharing information about vaccines. And many of them have raised their hand and said, not only do we want to talk about it, but we want to host a vaccine clinic at our house of worship. Um, and so, um, Right. I think that's an excellent route, um, to move through.

[00:13:43] Um, we've also been reaching out to a number of other spokespeople in the state, and I know many of our vaccinators have too, um, in terms of, um, reaching out to, uh, sports figures and to, um, a variety of other [00:14:00] local messengers because people trust who they trust in their community, then they might trust their mayor more.

[00:14:07] Then they trust, um, Uh, someone at the state or federal level. And so I think getting trusted messengers from across Wisconsin is very important. I know the Biden campaign or the Biden administration is, uh, working on, uh, a media campaign. We are as well, and we'll be releasing a new content on our stop, the spread campaign that will focus on vaccine and really reach out to a variety of folks across the state.

[00:14:37] How soon could that come out, be made public. And is it a one size fits all approach or is it different messages? Depending on the community, we are working on customizing messages for different parts of the state and the campaign will begin to roll out in April. Um, and, um, [00:15:00] and. We'll continue throughout the summer because we

know that, um, there's, you know, we're at a point in the campaign right now that we're getting the early adopters, right.

[00:15:12] We're getting. As I always say, we're getting the low hanging fruit right now. And, um, at our current rate and current rate of vaccine coming in, I anticipate, as I've said before that we could vaccinate 80% of eligible adults by the 4th of July. And that is very realistic. However, that means 80% of adults have to keep raising their hand and saying, we want to get vaccine now.

[00:15:37] So I suspect it's going to take us a bit longer as we continue to reach out to people who may not be the ones who want to be first in line. And would that be early April or late April, then I'll pass it off to Sarah. Um, some pieces of the campaign. Um, we'll be rolling out in early April and the bulk of the campaign.

[00:15:58] We'll be rolling out later in the month. [00:16:00] Okay. Hi, Julie. Thanks again for doing this. And, um, I'm also going to ask a question along the lines of vaccine hesitancy. Um, can you talk a little bit about, and you have said that DHS is prioritizing underserved communities, uh, through its vaccine allocation. What are, what are some of the best practices or some of the initiatives that you're seeing vaccine providers doing that are having the most success with?

[00:16:34] Getting the vaccine to underserved communities that you would encourage other vaccine providers to implement as well. Great question, Sarah. I, um, you know, as you said, we do prioritize, we use the social vulnerability index in our distribution formula for vaccine, but. It's one thing to send the vaccine to a community.

[00:16:57] And it's another thing to actually [00:17:00] get that vaccine delivered in neighborhoods where socially vulnerable populations live. And so, um, one, uh, example that I'd love to, um, give further, uh, uh, Um, focus on is the work recently started in Milwaukee, focusing on 10 zip codes in Milwaukee that are the highest socially vulnerable, um, neighborhoods in Milwaukee.

[00:17:29] And the, you know, the tragic thing we found was they're the most vulnerable. And when we plotted out, when that we, our colleagues in Milwaukee County plotted out the vaccine uptake in Milwaukee County, where we've sent a lot more vaccine because of the social vulnerability index we found the majority of it was in the lower socially vulnerable neighborhoods.

[00:17:52] So this campaign. Is really working with organizations within those neighborhoods. So for [00:18:00] example, working with a community health center and with a church to work together, to have a pastor and a physician who is known to the community, reaching out to folks and saying, come, this is a good thing. We've located.

[00:18:16] Uh, two enduring sites, um, at North division high school and South division high school. And, um, those sites started last week. We went to those sites because people in the community were telling our colleagues at. The city of Milwaukee health department, people know their schools, they know their high school, many people in the community went to that school.

[00:18:39] And that is a welcoming place for people to go to. And we're already starting to see daily doses is increasing at each of those sites. And I think it's really helpful to have a place people can count on to go to every day. Um, again, if you're not ready today, And now you decide on Friday, you're [00:19:00] ready to go.

[00:19:01] Um, but now you don't know where to go get a vaccine because the mobile clinic was only here on Monday. You're at a loss. So having some places that people know they can go every day, also creating walk-in sites so that people don't have to make an appointment. That again, when the spirit moves shoe that you want to get a vaccine, you can go and get that backseat.

[00:19:24] So that's one example in the city of Milwaukee. The second example I'd highlight is we're also working with, um, the. Well, family LA Clinica, which is a federally qualified health center in the central part of the state. And they have a long history of providing medical care to migrant workers, uh, on farms across Wisconsin.

[00:19:48] And so last year we worked with, um, the staff at LA Clinica to reach out, um, to migrant farmers. Um, Or migrant workers on farms [00:20:00] and offer testing and counsel when there were outbreaks, uh, in some of their settings, um, this year we're building on that and we'll be, um, going to those same sites and offering vaccines and, um, You know, it might seem early for some of us that were already into planting and, um, working on, um, those farms, but we've already conducted the first clinic.

[00:20:28] They're a partnership between a mobile vaccination team and the staff at LA Clinica. And again, I think the vaccine uptake goes much better when. Those people that have been there year after year, providing care that are trusted, providers are there to provide care. So those are a couple of examples, um, that I think are, are good examples that others could build on.

[00:20:52] Okay. All right. I have a question about some breakthrough cases and it was constant is [00:21:00] tracking the amount of people who have gotten COVID after being vaccinated. And I'm in a soda. That's tracking that number. Wondering if we are here in Wisconsin and if so, how many people have gotten COVID 19, despite their vaccinations?

[00:21:15] So we are, and I don't have a number to report quite yet, Tony, because we're working on some coordination between two different data systems. And so, um, we want to clean that up on the front end. Um, and so that we're reporting, um, accurate data there, but we do know there are people who have received both fixings.

[00:21:38] Who have been infected with COVID. The other thing is it's also part of reconciling. If it's a true breakthrough in that the person actually became infected, um, at least two weeks after they're completing dose or trying to sort out, whether they may have been infected. You know, either [00:22:00] prior to receiving the first dose or between the first and second post, before their immunity was fully conferred.

[00:22:06] So that's the other, um, uh, piece that we're we're working through on those cases. But I think the bigger question here is. This is partly why we continue to, um, encourage people to wear a mask, to use precautions, particularly when they are out in public, because we still have very high rates of disease in this state.

[00:22:30] Um, you know, we're at. Somewhere around 450 or so cases per day over the last seven days, that's our seven day average. We've really stalled out there. You know, we actually were in the 300, so 10 days ago, so we've risen a little bit, and we're really stalled in that 400 and some cases per day. Um, as a state.

[00:22:54] We have a disease burden that puts us in the high range based on the [00:23:00] CDCs classification. And so in some ways it feels so much better to so many of us, cause we were at 6,000 cases a day and 400 is sure better than 6,000, but it's still very high in terms of, um, Presence of disease and opportunity to be infected.

[00:23:19] And so the vaccines are highly effective, but of the million people, who've gotten a vaccine with a vaccine that's 90 to 95% effective. You're still going to have some people who did not get immunity, conferred, and who will get. Um, in fact that the other thing is that the vaccines are most effective against preventing severe illness, hospitalization, and death.

[00:23:44] And so are our hope, this, and what we've seen in the studies is that. Even if someone does get infected after they've been vaccinated, they will have a milder form of the disease and not have the evidence shows. They will [00:24:00] not end up being hospitalized, um, and not die. But. Again, that's why it's so important for us to continue to do prevention until we get that.

[00:24:12] It's, it's a combination. It's getting disease levels down and vaccines rates up. And when we can get both of those things in place, you'll see less of that breakthrough. Thank you. Thanks Donnie. Julie, I'm wondering how concerned state health officials are about the COVID outbreaks in neighboring States like Michigan.

[00:24:36] Yep. We're concerned. Um, you know, as we've said all along, this was never a local disease. This was never a state disease. It was never a national disease. This is a global pandemic. And so, um, we are both concerned about rises and disease rates in Michigan and. In Minnesota. Um, we know state boundaries are, [00:25:00] um, arbitrary when it comes to disease transmission.

[00:25:04] Um, it's also why, um, I know sometimes people think I'm Debbie downer, but that's why I've encouraged people to stick close to home for spring break, um, and not travel around the country, particularly to States like Florida that we know are a hotbed of, um, Of COVID variants. Um, and we want to avoid bringing these much more infectious variants back into our state before we can get the vaccine ramped up, um, vaccine rates ramped up.

[00:25:36] So it is definitely a concern. Um, the other concern related to this is number one, we know the variants are much more infectious, so. If you are exposed to someone with, onto these variants, um, you are much more likely to become infected and unless you're using absolutely perfect infection control. And [00:26:00] secondly, what we're seeing in other parts of the world is that we're starting to see younger people.

[00:26:06] Get more sick from these variants. And, you know, as we know this disease has been particularly harmful. Um, in fact, deadly to older adults in our state, um, 87% of the deaths have been in people over age 65. And we sure don't want to see. A new form of the vaccine really take hold that could have those kinds of deadly effects or harmful effects on younger populations.

[00:26:35] And then finally, what we've, you know, This is novel virus, even a year into it. There is still so much we're learning and we don't know what the longterm effects of COVID infection will be. And so, um, it just, as I think about it, it's like we are so close to being able to really. Knocks this virus [00:27:00] off its legs, uh, with high vaccination rates, let's just not tempt fate right now.

[00:27:07] And give ourselves a little bit more time for cautious interaction and strong prevention, um, so that we can get that balance right between higher vaccination rates and hopefully lower disease rates. Great, Sarah. Thanks. I want to ask Julie about data transparency since that is something that the state has said is important.

[00:27:34] Um, from the beginning of the pandemic, uh, the state health department has revealed little about outbreak locations, and I'm talking about places like bars, restaurants, um, stores, meat, packing plants, uh, You know, people have not throughout the pandemic, been able to check somewhere online to see is the bar that I frequent.

[00:27:57] Um, um, does it have an outbreak [00:28:00] currently? Um, but the state health department has said that there is no public health value in releasing the names of businesses with outbreaks and the state has also not released the names of assisted living facilities with outbreaks of COVID-19. Why is there no value in telling the public where those outbreaks are occurring?

[00:28:20] Well, the reason we hold that position is because of what I just said, which is COVID is everywhere. And we don't want to give people a false sense of security that if you go to bar a, you don't have to worry about these kind of preventive measures. And if you go to bar B, you do have to do that. And so, um, Our focus has really been on messages about how we all need to assume COVID-19 is present.

[00:28:54] And we need to take action no matter what, in order to, [00:29:00] um, Uh, behave in ways to reduce transmission of disease. And so, um, we have, uh, a belief that if you are saying, these places are bad and these places are safe. Um, it, it implies that these places are safe and it can change people's behavior. And that was not what we were seeking a second piece is that, um, people.

[00:29:28] Feel who are in those facilities, feel blamed for that happening and it, and, um, and it. May have nothing to do with the practices of the facility, a bar. If someone came in with COVID-19 into that bar and spread it to other people, they may be doing safe practices in that facility. Um, and so there's not a direct linkage to the fact that there were cases in a particular business and culpability of that business.

[00:30:00] [00:29:59] Now. We know the number of our local health departments have a times release the names of businesses in service to identifying contacts, to cases. And that's a, that's a different situation, which is if there's a, uh, um, public health benefits to people knowing they may have been exposed to someone in a particular setting that would lead to them getting tested or to them, um, uh, Uh, needing to isolate, um, that can be in certain situations, a helpful, um, practice, but for the most part, our viewpoint has been, um, that we want people to practice these preventive measures regardless.

[00:30:50] Um, and to follow up, do you think people would have taken more seriously? Public health guidelines. If there had been data available about, [00:31:00] you know, why

these warnings against being masked lists and bars or restaurants were important. You know, Sarah, I think honestly people would have taken public health guidance more seriously.

[00:31:11] If we had had the opportunity to, um, put restrictions on what businesses were open and closed as we did earlier in the pandemic. One of the things that is true about Wisconsin, That is not true about nearly all of the 49 other States is that because of the actions of the Supreme court in may, when we hit surges in July and hit surges in the fall, the huge surge we had in the fall, we did not have the same tools in our toolbox as many other States, when those huge surges hit States like Florida and Texas, they were able to close or to.

[00:31:54] Well, first to close bars and restaurants and places where people were congregating and then [00:32:00] eventually to open them up with limited occupancy, but the state of Wisconsin did not have those same tools. And I think those, that was a huge issue in terms of, um, the incredible surge that this state saw, particularly in the fall months.

[00:32:19] Thank you, Tony. Um, one question is, are you concerned that opening up can temp people, um, just a little background. You mentioned low-hanging fruit. Like everyone wants to get vaccinated now, but as. The, um, you know, the world opens up and there are events, summer Fest and the games, bigger capacities. Are you concerned that people who haven't been vaccinated would not have a reason to get vaccinated?

[00:32:48] Um, if the state continues to open up and what would you say to them? Well, I would say that potentially they risk those great things that [00:33:00] are happening now. Ending. And so that part of our social contract with each other, to make sure that we can gather together that we can be safe together is to give full consideration to becoming vaccinated and being part of not only.

[00:33:17] Vaccination is not only about protecting yourself, but protecting the people who sit by you at the brewers game. This people you walk by at Summerfest, um, the people you walk by at the Milwaukee art museum, the people you sit by at work. Um, and so it really is part of our social contract to protect all of us.

[00:33:38] I mean, the reality is if, if COVID. If we have a huge surge in the middle of the summer, um, I think organizations like major league baseball and festival organizers are going to have to take another look at the safety of their patrons and make different decisions. Um, [00:34:00] And so if we want the kind of life we have had before COVID now, um, vaccine is really, um, an important tool that each of us should give full consideration to in order to.

[00:34:15] To be sure that we can continue to have those kinds of activities. I mean, I will tell you, um, you know, I heard this morning, New York and New Jersey are seeing, uh, cases rising again. And it just, you know, the thing I want to do, one of the things I want to do most go back to Broadway and see a live show.

[00:34:36] And, um, I just, you know, like everyone else who has that thing they want to do are just really. Hoping that, you know, the people of New York, the people of New Jersey, the people of Wisconsin, the people across this nation all see the opportunity for us. If we can build this kind of community immunity and protect each other, Ms.

[00:35:00] [00:34:59] Brown away too.

[00:35:04] Well, if a state health official feels confident to go to New York when, and if it's safe, then I guess travel can open up for all of us. Good news. Um, We've heard a lot about a nursing home in rock County, which laid off workers who refused the COVID-19 vaccine. Does the state know what percentage of healthcare workers are choosing not to be vaccinated against this disease?

[00:35:29] And what do we do about it? Yeah, we don't know exactly. And part of the challenge with knowing percentage of any group is having, uh, a really clear denominator and we don't have an exact denominator of healthcare workers and we don't have all of people vaccinated. Categorized by occupation, but we've certainly heard from healthcare providers across the state is a wide range.

[00:35:55] You know, what I've heard from people reported, you know, their estimations of their own [00:36:00] staff is anywhere from 60 to 90% of healthcare workers have been vaccinated in longterm care. Um, the CDC did a study of the early, the first month of roll out a vaccine from mid December to mid January. And looked at that, the data in that first month and they, um, categorized Wisconsin in the range of having, um, uh, 40 to 60% of, um, our residents vaccinate it, excuse me, not residents, staff, um, vaccinated.

[00:36:36] Um, and that probably. Matched what we were also seeing, um, based on rough estimates in that period of time. But again, as we've said, we continue to see as we've gone back for the second visit and the third visit, more and more staff in those facilities, um, saying yes to vaccine. Um, we also have [00:37:00] certainly heard stories that.

[00:37:02] You know, going back to what we just said about vaccine hesitancy, um, that especially in a small facility, a small assisted living facility, if you know, one staff member, especially if it's someone like a nurse says, I'm not taking that vaccine, you know, I'm not ready. I don't think it was tested enough. It will have a ripple effect on many other staff.

[00:37:25] And so again, what we can do to help people. Um, who have had a good experience with vaccine step up and tell their story will be really important in healthcare settings and educational settings in factory settings and office settings, uh, as we continue to move this forward.

[00:37:48] And, um, I want to ask you about, um, when the state decides to. Open up eligibility for the vaccine to the next groups. It's been kind of a moving target. [00:38:00] And most recently the state originally planned to open up vaccine eligibility to people with underlying conditions today, but that got moved up by a week.

[00:38:10] And that started last week, last week on last Monday. Um, could you talk about how the state health department makes the decision to move to the next eligible priority group to get the vaccine? Yeah. Um, and I appreciate it looks like a moving target and that's because it actually is, it is a matter of us continuously evaluating, uh, new data that is coming into us.

[00:38:37] So, um, part of the challenge early in the vaccine rollout was we had very little visibility on how much vaccine would be coming in future weeks. In fact, we would find out. On a Tuesday or a Wednesday, how much vaccine we could order on Thursday for the following week? Um, [00:39:00] since, uh, late January, uh, the federal government has been shifting and trying to give us a little bit longer estimates first, it was two weeks.

[00:39:10] Now they're trying to give us three weeks, um, of estimates of how much vaccine we'll receive, you know, frankly in the beginning. I didn't trust their estimates. I wanted to be sure what they said they would give us two weeks from now is actually what we got and, you know, to their credit, they've been very accurate.

[00:39:32] Um, save the couple of weeks we had. A bunch of disruption of vaccine delivery because of massive snow storms it's across the country. Um, and so, uh, this building trust between us and the federal government and their ability to make accurate predictions has helped us, um, uh, make, uh, decisions moving forward.

[00:39:53] So, uh, we originally thought given the size of the group, one B that we [00:40:00] began on. Um, uh, March 1st, we wanted to be sure that we were continuing to move our 65 and older population through the vaccine, uh, pipeline. And that we were seeing about 50% of the people in that new eligibility group. Ready, um, already vaccinated.

[00:40:21] That's kind of been our, our watermark for when we move to the next phase. Um, And we thought that would take till March 29th. And we could see pretty quickly based on how we had more vaccine coming in from the federal government that our original estimates we made, you know, in late February. Uh, we're, we're a little bit too conservative.

[00:40:43] And so again, in the spirit of, we don't want people waiting. If there are shots here to be given, we want them to be getting into arms. We moved up the eligibility to this week and, um, I anticipate. Yeah, I know everybody's asking, is it May 1st [00:41:00] or is it going to be sooner? I anticipate that very soon we'll be banking an announcement that it will be sooner than May 1st.

[00:41:07] So stay tuned for that. We continue to evaluate this vaccine supply coming from the federal government. And we also know phase one C that we just announced is the largest group. Of any phase, even going from phase one seat to what the federal government calls phase two, which is everybody, there's a smaller number of people to bring in in the next phase.

[00:41:31] Then we brought in last Monday. So it was very important to us that we gave people with chronic conditions, a headstart. Before the general public, because of the risks that the virus poses to them. And we will, um, we are continuing to evaluate supply, which is thankfully increasing each week. And we'll make a decision about.

[00:41:58] When we'll be ready for the [00:42:00] total population. Um, very soon here. Do, besides vaccine supply, do you, do you use things like vaccine inventories that specific providers have to make that decision of when. A lot of them are ready to move on, or we don't use vaccine inventory as much for that purpose, but we certainly do use vaccine inventory to decide who gets faxing.

[00:42:24] You know, if we see particular providers who have not been moving their vaccine through on a weekly basis, um, they may not get as much vaccine the following week. Um, so. Vaccine inventory is more a measure of who gets vaccine. Then when we're ready. Certainly we do also look at vaccine appointment availability, and if we're starting to see open appointments, um, in parts of the state that are not being filled, that certainly also, um, is an input we consider as we think about moving to the next phase.

[00:43:02] [00:43:00] Julie, uh, there seems to be a significant gender gap and those being vaccinated here in the state, is there any reason you're seeing as to why more women than men and, uh, what are you doing to adjust that, that discrepancy there? Yeah. Well, Tony, I'd love to hear your response to that as well. Very good.

[00:43:27] Well, Part of it is certainly related to the way we phased groups. So, you know, when you think about healthcare workers, they are disproportionately women. Um, when you think about educators, they are disproportionately women. Um, uh, and so some of it was built in inequity in terms of the earlier groups, even when you think about people aged 65 and older, they are disproportionately women because women have longer lifespans than men do.

[00:44:00] [00:43:59] So that's part of it. Um, I, I also know that, you know, we have, um, Research that shows women are higher consumers of healthcare than men are. So the whole act of, um, going and making an appointment and getting a vaccine is something that women is, um, the traditional healthcare, um, people who select healthcare in their family are probably more attuned to doing, uh, and thinking about, but certainly.

[00:44:34] You know, we cannot get to at least 80% community immunity and have disparities in any way. We want equal numbers of men and women vaccinated. We want equal numbers of black people, Asian people, Hispanic people, native American people, white people vaccinated. We want people across all ages. At least those age groups that are [00:45:00] currently eligible vaccinated.

[00:45:02] And so as we move into the next phase, uh, and get into a time where people aren't raising their hand as much, I think it will require us to think more and more creatively about how do we reach out to places, um, where we see less vaccination. And if that's by gender or race or ethnicity or geography and the state, we will.

[00:45:26] Do targeted, uh, outreach work to reach folks and talk with them about the opportunity and the benefits of vaccination

[00:45:37] health officials like yourself. Keep reminding us the pandemic. Isn't over some experts nationally. Believe the worst of it may be. I'm wondering, do you agree?

[00:45:50] Well, you know, Uh, sitting up on that book cases of bottle, head of Dr. Fowchee, um, who I think [00:46:00] has just been an outstanding scientist and public servant throughout this whole pandemic. And I often turn to him. And I am grateful to hear hopeful words from Dr. and also a word of caution because these variants are, are tricky.

[00:46:19] This virus has been a sneaky, tricky virus since the very beginning. And so. I am hopeful. If we could all band together and do this combination of get vaccinated and be continuing to use preventative measures, we can stall the reproduction of this vaccine and rapidly reproducing virus is what creates.

[00:46:48] Mutations, which creates variance. So, um, and I've heard Dr. Fowchee say that as well, too. So that is what gives me great hope, but there is a [00:47:00] little piece as I'm hopeful Shameen that is very scared that if we get a variant of this disease, that particularly is lethal to young people, um, Who may be less inclined to get the accent.

[00:47:19] And we know our lessons to want to do all these preventive behaviors. Um, we could be in a bad situation and I hope that is not the case, but that's why I am so vehement about let's get fast vaccinated and let's just hold the line for a little bit longer, because we all want, um, this to pass.

[00:47:46] Thanks. Um, in, in the wake of the shootings in, at w in the Atlanta area where it's six Asian women died, th there have been calls by some Asian American leaders [00:48:00] to dis-aggregate data around Asian people, uh, related to COVID-19. So that we can tell which specific Asian communities, whether they're mom or cranny or, um, Chinese have been most affected by COVID and where they are, which specific census tracks, uh, which specific communities, uh, and then also that there have long been calls by other minority groups, like native people and, um, Asian Americans as well, uh, to.

[00:48:37] Step up our data collection practices that they aren't, you know, termed as other, when, um, when they're being counted in the data. Um, first question is, are there any discussions at the state level about trying to desegregate some of this data? And second of all, what is the state doing to make sure that native people [00:49:00] or Asian people or other racial minorities who may have been termed as other, or actually counted as native or Asian or whatever their race or ethnicity is in the COVID data?

[00:49:15] Yeah, those are great questions. And, um, you know, one's racial and ethnic identity is often not fully described by broad categories that are often used in data collection. And so I think this is an important topic for discussion around all health data. Um, I, I will say one of the things that I think really helps us as we think about, um, equity in our state is that we have a very high rate of collection of data on race and ethnicity in Wisconsin compared to a number of other States.

[00:49:55] And I think a lot of this work has been, uh, the diligent work [00:50:00] across our healthcare community to be rigorous about, uh, collection of data. Related to race and ethnicity throughout healthcare that has contributed to the better quality of data at the level we are currently collecting it. So I think, um, you know, you, you climb a mountain one step at a time, right?

[00:50:22] First you get people to understand how important it is to collect race and ethnicity data. And then you look at the quality of the data that you are collecting and you say, what more could we do to make this even better? And, um, I think there's great opportunity for that. Moving forward. I will say, as someone who's done lots of research and statistical analysis, part of what happens then is when you get into very small groups, um, Then you have a hard time analyzing the data because of small numbers.

[00:50:54] And so there's both pros and cons to it. Um, and I think it's an important [00:51:00] area for all of healthcare to be focusing on as we move into the future. I'm back. I'm sorry to interrupt, but we've got some questions from the audience that I wanted to get to before we run out of time. Um, I, I've got a few from people kind of wondering the order of how the vaccine rollout has gone.

[00:51:21] People have said, you know, they understand the need for medical personnel to be vaccinated first, but they're wondering why, um, given the statistics of how people were getting sick and dying. Why, um, people who were elderly weren't in the first round and then also people of color, since those two groups were shown to be, to be getting sick.

[00:51:47] Why they weren't in that first round? So we actually did elevate, um, older adults, very early. Um, we made the announcement, I think on January [00:52:00] 18th. So one month into the vaccine distribution that we were going to begin people aged 65 and older and, um, Officially as of January 25th, but we said anyone who has vaccine can begin that now.

[00:52:15] And of course we did include those who, uh, older adults who lived in congregate settings, uh, in that early phase two. So, um, I would say, and that was done because of the rationale that those, um, who we could demonstrate had the highest risk of disease, hospitalization and death would be, um, uh, Included first.

[00:52:42] I think the question about, um, uh, race, uh, people of certain racial groups is a good one. Um, and I think the other thing is it also is more complicated, um, because. As you look at the data, it is not [00:53:00] simply being a person of color that has put you at greatest risk. It is a combination of being a person of color with other social factors that has put you at higher risk for this disease.

[00:53:12] And that is why we have largely focused on the social vulnerability index as we've thought through this. So it is both being a person of color and. Um, living in crowded housing or being a person of color who doesn't have transportation options and must be on public transportation, which puts you at greater risk or being a person of color who had to go to work every day through safer at home, um, and throughout the pandemic, and didn't have options around working at home.

[00:53:46] And so. It's both that combination of race and ethnicity and social disadvantage. And as you would talk to some of the good people that I've talked to on our health equity [00:54:00] task force, it's also the history of people and the generational trauma that they have suffered. Um, particularly African-American people who are the descendants of slaves, uh, who do.

[00:54:16] I experienced death and disease in different ways than more recent immigrants who are of African descent to this country. So it's, it is. Very important. And it is also a little bit more complicated when you're trying to categorize by phase, um, whether to include that group or not. Okay. Somebody else is asking, are there people in the priorities of codes getting vaccinated?

[00:54:45] And if not, is that because they still don't have the access to get there or because they're just choosing not to get, get the vaccine. And this is a Milwaukee County. Yep. In Milwaukee County, um, the real targeted [00:55:00] campaign, um, In those 10 zip codes has just recently begun and we're seeing people come and ask for a vaccine.

[00:55:09] Um, and so I don't think we're at a point we can say people aren't coming yet. Um, you know, we may hit that point, but, um, and there's a variety of outreach. Um, um, Uh, avenues underway were word of mouth. There's people calling people, setting up clinics at locations where people normally go to, you know, great article this weekend about setting up a vaccine vaccine clinic and in a local barbershop can get your hair cut and get a vaccine.

[00:55:40] Um, And so I think there, there's lots of good thinking and good activity right now around a number of different ways to increase vaccine access in those communities. It's also thinking about walking options, as I mentioned earlier, so that if people don't have access to

the [00:56:00] internet, um, or have limited cellular data, that they don't have to spend their, their limited data on.

[00:56:07] You know, navigating a complex website and they can just come to a clinic and get vaccinated. Um, are there any plans to have the vaccine card showing that you've been vaccinated? Um, something that will be an app that people can just show it on their smartphone. Yeah, there's a lot of discussion at the national level about, um, vaccine verification or sometimes people calling this a vaccine passport and, um, we'll see where that goes.

[00:56:38] Um, I, we're not doing that at the state level at this point in time. And then we, we do have somebody asking, um, why you're wearing your mask while you're in your office. I am wearing my mask because we model mask wearing when, whenever we are broadcasting live, um, or being videotaped where w will [00:57:00] be broadcast.

[00:57:01] Obviously I am not impacting anyone here in my office, but I am demonstrating that this is still critically important in order for us to contain the spread of this disease. When the mask mandate expires. Uh, early next month. Will that be, will there be another one in the state? Those are policy questions that are currently under consideration.

[00:57:27] Okay, great. Well, thank you so much, Julie. Thank you to our media panel today and we're running out of time. So I'm sorry to cut this off.