Background. In October of 2011, a concept for redesign of Division of Public Health (DPH) Regional Offices was proposed and shared with the Secretary of the Department of Health Services (DHS), DPH regional office staff, bureaus, offices, programs and local health departments via the Wisconsin Association of Local Health Departments and Boards (WALHDAB). This paper and the accompanying table of proposed core functions reflect modifications based on the initial feedback and propose next steps.

Issue. DHS is required by statute to maintain a public health system in cooperation with local health departments, community organizations, and tribes. Within the Department, the Division of Public Health (DPH) provides leadership for the statewide public health system and assures accountability for tax dollars that are allocated to public health through the division. Leadership in developing strong collaborative relationships to leverage investments that “promote and protect the health and well-being of people in Wisconsin” is one of our accountability practices. Imbedded in both statute and practice is the critical importance of state policy decisions that are made centrally considering and being sensitive to circumstances of local health departments, tribes and other partners in the public health system. The DPH regional offices are a critical link in meeting these obligations in our decentralized public health system.

This proposal recommends a change in DPH operations and organizational structure that refocuses and reprioritizes the work of the regional office teams under a clearly delineated performance management plan that will strengthen and improve the accountability of the state public health system, local health departments and other entities funded with public health dollars. This change requires very clear and deliberate delineation of the regional office roles and performance expectations. The regional office redesign is built on fundamental changes in how work gets done for the division with four core functions providing the framework.

Current Status. The current governmental public health system in Wisconsin is comprised of 91 local health departments, 11 tribal health departments, the Division of Public Health, and the Department of Health Services. The five DPH regional offices include approximately 45 staff positions, with public health nurses, nutritionists, health educators, epidemiologists, support staff, and regional office directors; prior to 2012, sanitarians were also included in the regional offices. Funding to support regional office staff currently comes primarily from state and federal grants and program revenue.

Wisconsin statutes give authority to the state and local partners for a broad range of required public health activities, specifically s.250 – 255. Selected statutory
requirements where Regional offices provide the leadership role to meet the Department’s responsibilities include activities under the following statutes:

- **s.250.03(1)**
  - Maintain a Wisconsin public health system in cooperation with local health departments, community organizations, medical clinics, American Indian tribes and others;
  - Establish statewide health objectives with delegated power to LHDs to achieve the objectives;
  - Support local public health service capacity building;
  - Develop policy and providing leadership in public health throughout the state that fosters local involvement and commitment;
  - Distribute state and federal public health funds in an manner that will promote an integrated system of community health services;
  - Facilitate the required coordination of local services;
  - Promote cooperation and formal collaborative agreements among the state, local health departments, American Indian tribes and others;
  - Perform or facilitating the performance of the Ten Essential Public Health Services;

- **s.250.04(2)(b)** - related to the powers and duties of the Department under if local health departments fails to enforces public health statutes;
- **s.250.04(3)(b)(2)** - maintain a public health data system;
- **s.250.04(6)** – provide consultation, technical assistance and training regarding public health to local health departments, tribes, community organizations, and others;
- **s.250.04(7)** – promulgate and enforce rules and orders governing the duties of all local boards of health that are necessary to provide efficient administration and protect health;
- **s.250.04(12)(m)** – collaborate with local health departments on an ongoing basis and consult with private sector entities
- **s.250.05(3)** – examine and make recommendations regarding the practice of public health nursing;
- **s.250.07(1)** - provide technical assistance to local units of government for local public health planning;

Regional offices also provide leadership for administrative rules DHS 139 and 140 regarding the assurance of qualification of public health professionals and required services in local health departments, and for the review and recommendations for approval of local health department adherence to statute and administrative rules.

Regional Offices have worked in support of the relevant statutes and rules through communication, collaboration, convening, and coordination with local public health system partners, in additional to direct technical assistance, contract monitoring, and review for program and statutory compliance.
The proposed re-design of Wisconsin Regional Offices brings into focus the leadership role that Regional Offices have in implementing and supporting the above statutory and administrative activities. It recognizes and places value on the capacity of Regional Offices to contribute to implementation of Department, Division, and local priorities through the relationships developed via Regional Offices and their knowledge about local and regional geographic characteristics, culture and resources that can be leveraged to meet public health needs.

The proposed re-design establishes through the accompanying Table of Core Functions the support of the above statutory requirements as the highest priority of the Regional Offices.

**Drivers of the Proposed Change.** Primary drivers for addressing the role of regional offices at this time include:

- Focus on limiting the role of government to clearly defined core functions, such as workforce, statutory requirements, performance improvement, community assessment, and accreditation.
- Accountability requirements, including identification of quantitative, measurable indicators of progress linked to the DHS and DPH strategic plans.
- Decreasing funds for program specific activities and complex rapid program changes creating less efficiency in program and system work that compete for limited time and resources.
- Current and developing technology with opportunities for improved communications and reduced transaction costs.
- Increasing need to have effective strategies implemented across program silos for policy and practice change state-wide.
- Twenty-four program revenue funded positions transferred to central office supervision and home-based work locations – Public Health Sanitarians.
- Changes in skill sets needed to provide system level support to partners.
- Vacant positions in regional offices that need to be filled or work that needs to be re-directed or abandoned.

**Proposed Core DPH Regional Office Functions.** DPH regional office teams have supported success of the local and state public health system in many ways. This proposal refocuses on specific functions that all regional offices will be accountable for and measured against to assure efficiency, standardization and excellence in practice. The proposed core functions for DPH regional office teams are:

1. Assure consistent and accountable public health services in local government
2. Provide leadership in the development of public health system capacity
3. Link the work of the Department of Health Services and local and state public health system partners.
4. Monitor and respond to regional issues, conditions, events and emergencies

The table, *Proposed Regional Office Core Functions, February 3, 2012* indicates activities associated with each of the functions and potential measures. While these activities are not entirely new for DPH regional offices, this proposal refines the focus of
regional office activity and adds an emphasis on measures of accountability to assure a greater consistency in outcomes. In this model, program specific activities would be identified and integrated into the activities as a complement to the RO primary responsibilities as identified in the RO core functions. Measures of accountability for program activities that support the needs of DPH, programs and partners would be included.

The appropriate number and competency of staffing for regional office positions is critical for DHS to have positive outcomes. While all regional offices need a core level of staffing to provide a defined set of activities and serve as the “face” for the Department and the Division, some staffing functions would be shared across regions.

**Expected outcomes of the redesign:** This section is developed with explicit consideration to the questions and concerns that have been raised by members of WALHDAB and DPH bureaus and staff regarding the redesign. In general, broad support existed for the new direction and focus of DPH regional offices. However, with opening the issue of a redesign, a number of questions emerged. Many of the questions focused on specific implementation issues that require collaboration and input from the groups as identified above, as well as with the tribes. However, other issues were raised regarding the needs of local health departments and DPH programs in terms of how regional offices would function to support their respective missions and requirements. While it is not possible at this point to address all of the specific implementation questions in this document, the following expected outcomes are expanded to acknowledge the intent to be responsive and inclusive as the process continues to move forward. [The #s in parentheses, below, reference the specific item from the WALDHDAB recommendations.]

- **Core services provided consistently in every region of the state.**
  - Quality Improvement (QI) and performance management (PM) tools and methods will be used to improve, monitor and guide processes and services (3)
  - Will explore options, such as assigning a single lead (or team) with responsibility across the regions for developing, tracking, and regular reporting out on progress toward achieving identified objectives (5)

- **Deliberate division of labor within regional offices with staffing, accountability, and funding aligned.**
  - Position descriptions for all staff will be revised using the Council on Linkages Core Competencies for Public Health Professionals (1,4)
  - Performance management planning will link strategic planning, RO performance and individual performance (3,4)
  - Roles and responsibilities assigned to staff within the regions will include accountability to the regional performance management plan(2).
  - DPH will engage with key public health stakeholders in the Southeastern Region using a deliberate quality improvement approach in order to address regional needs and concerns (1)
• Deliberate division of labor and functions across regions to reduce duplication and support statewide consistency
  o Specialized skills, and positions (individual and/or teams) will be identified for selected high priority functions to serve all regions (5)
  o Will explore options, such as assigning a single lead (or team) with responsibility across the regions for developing, tracking, and regular reporting out on progress toward achieving identified objectives (5)

• Improved efficiency and reduced staffing in regions
  o The current RO local support function will be evaluated and a system for consistency across the state implemented (2)
  o Contracting functions will be defined to improve efficient and effective use of resources (6)

• Improved internal communication in DHS/DPH related to public health issues and policy.
  o The position of the RO to efficiently and effectively act provide liaison for local partners will be improved using performance management and quality improvement methods and tools (6)

**How we will get there?** This document reflects critical work that will inform the next steps of the regional office redesign process. The most challenging work is still ahead as more people in our public health system are brought into the process to develop documents that add detail and specific performance expectations to guide this process from concept to implementation. Process steps include:

• Engage and utilize expertise from WALHDAB, Tribes, and DPH regional offices, bureaus, offices and programs throughout the process
  o Utilize the performance management and quality improvement methods and tools
  o Clarify roles and what is needed from key groups
    ▪ DHS/DPH Administration
    ▪ DPH Bureaus/Offices
    ▪ DPH Programs/Regional Offices
    ▪ WALHDAB Board/Locals
    ▪ Tribes
  o Develop guiding documents
    ▪ RO Core Functions/Activities/Measures
    ▪ Business Plan – February 29, 2012
    ▪ Staffing/Training Plan
    ▪ Financial Plan
    ▪ Communication Plan
    ▪ Performance Management Plan

• Begin the transition and implement changes as they are developed and as implementation is feasible – March to September 2012
Because these changes will affect stakeholders at multiple levels, the next steps will take place with their engagement, including DPH Bureaus/Offices, WALHDAB and Trial Health Officers.

**Conclusion:** In order to "protect and promote the health and safety of the people of Wisconsin" (DHS Mission), we need a strong public health system that is working collaboratively to address population health issues. The DPH regional offices play a key role in this system through their work collaborating with partners, communicating clearly and effectively, building performance capacity, assuring compliance with standards and statutes, responding to unique needs, and mobilizing for public health events and emergencies. Regional offices are uniquely responsible for this cross-programs, systems and performance management work. As work continues on developing and implementing this redesign, DHS, DPH and the public health system will be strengthened under this new model and through the use of performance management and quality improvement methods and tools.