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# Wisconsin: Promising Practices in Coordination of State and Local Public Health

*With support from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago is compiling a series of promising practice reports highlighting successful practices in public health coordination on the state and local levels.*

## WISCONSIN'S PUBLIC HEALTH SYSTEM

Wisconsin's public health system has a decentralized governance structure. The Wisconsin Department of Health Services (DHS), through the Division of Public Health (DPH), oversees the provision of public health services throughout the state. Under DPH, the Office of Policy and Practice Alignment (OPPA) operates five Regional Offices (Northern, Northeastern, Western, Southern, and Southeastern). The Regional Offices have an active relationship with the local health departments (LHDs) throughout the state and help to foster connections between LHDs and DPH.

There are 92 local health departments in Wisconsin—a mix of county and city units—that are responsible for implementing public health programs and providing public health services at the community level. These local health departments operate independently from DPH. LHDs are staffed by local governmental employees and these staff, including senior executives, report to local officials. Each local health department establishes its own budget and has the authority to issue public health orders. In addition, local governments may establish taxes and fees for public health. The state is not the primary funder of LHDs but DPH contracts with them to provide some services and implement some programs locally, such as restaurant and other license inspections, immunization, and childhood lead poisoning prevention, among others.

## OVERVIEW

In Wisconsin, public health entities rely on regional organization for state-local coordination and communication. The state's five Regional Offices communicate messages from the state to the local level, while local health departments are similarly organized into five regional Wisconsin Association of Local Health Departments and Boards (WALHDABs). A state-level WALHDAB provides additional coordination between the state and local levels. Together, these entities engage local health departments by organizing advisory committees of state and local employees that examine public health topics in Wisconsin and provide recommendations.

## THE STATE-LOCAL RELATIONSHIP IN WISCONSIN

Both local health departments and DPH report having a positive working relationship rooted in mutual respect. The five Regional Offices of DPH actively engage with the local health departments within their region and support them with technical assistance in areas such as public health nursing, chronic disease prevention, capacity building, and development of community health improvement plans and organization-wide strategic plans. DPH values the unique issues and circumstances present within each of the state's regions and relies on the Regional Offices to provide appropriate program support and personalized communication for the LHDs within their jurisdiction.

LHD officials are comfortable reaching out to Regional Offices or central office staff with questions or concerns and commented on the approachability of state employees. One local health officer said that the state is "good at soliciting input and asking for feedback ahead of time, before they make decisions." In addition, the state typically solicits input from local health departments prior to making decisions around specific public health programs or general policy issues.

### ***Organizational Strategies***

Routine communication from DPH to the local health departments is coordinated through the Regional Offices of the state. The Regional Offices send regular, comprehensive email updates to local health departments that provide information such as specific public health updates, current events, information on trainings, and deadline reminders. These email updates are sent as frequently as deemed necessary, usually a few times per month. In addition, DPH's central office programs send formal communication to local health departments at least weekly. Questions and concerns from the local health departments are typically directed to the state through the Regional Offices, although depending on the program area, local health officers may contact central office directly. State and local representatives also interact through the 140 Review, which is coordinated by both DPH and the Regional Officers. This review is statutorily required every five years through the DHS 140 Administrative Rule. The review process, which has been in place for 12 years, ensures that local health departments operate in compliance with state statute. To conduct the review, a team of DPH central and Regional Office staff visit LHDs to ensure compliance with statutes and administrative rules.

In addition to direct communications between DPH and local health departments, the Wisconsin Association of Local Health Departments and Boards (WALHDAB) provides opportunities and venues for input and feedback regarding DPH operations and decisions. WALHDAB is a state association representing both local health officers and local boards of health that provides leadership, advocacy, and partnership to improve public health at the local level. There are regional divisions of the state WALHDAB that correspond with the five DPH regions. WALHDAB helps foster collaboration among local health departments and sometimes provides technical assistance or other education to health departments in the region. Regional WALHDAB meetings occur monthly, are chaired by a local health officer, and include representatives from each local health department within that region. While local health officers serve as regional chairs, state Regional Offices also frequently assist in coordinating these meetings.

The regional WALHDABs provide a formal, collaborative structure for public health regions to approach the state with public health policy issues and concerns. A representative from each regional WALHDAB sits on the Board of Directors for the state-level association. That representative gathers information locally and shares those perspectives with the state WALHDAB. The WALHDAB Board of Directors plays a key role in communicating messages to DPH, and serves as a conduit for regional representatives to communicate to the local level.

DPH also engages local health departments in state-level discussions by organizing advisory committees to inform decision-making around public health topics, strategic planning, or budget issues. To solicit membership in these committees, DPH seeks health officers with relevant programmatic expertise, or, more frequently, requests permission from the state WALHDAB to connect with regional WALHDABs, who, in turn, request that health officers volunteer for specific advisory committees. One such advisory committee established by DPH is

the Public Health Preparedness Advisory Committee. It was begun to address the distribution of preparedness funding throughout the state in recognition of the fact that DPH, local health departments, and public health consortia had conflicting interests in terms of funding allocations. The majority of advisory committee members are local health department representatives, and meetings are co-led and organized by DPH and WALHDAB representatives. Decisions that emerge from these advisory committees are communicated to local health departments by the state, and WALHDAB reinforces these messages by sending personalized emails to the local health departments within their regions. These messages usually address the impact that committee decisions will have on their region, specifically.

## ACCOMPLISHMENTS

The Public Health Preparedness Advisory Committee has advised the state on the strategic planning process for public health preparedness. In particular, the committee guided the state's response to a CDC grant for public health preparedness funds. The committee also provided consultation to the state for the development of objectives for local health departments, which are revised and updated annually. Based on feedback from the Public Health Preparedness Advisory Committee, the state of Wisconsin recently decided that in light of a reduction in public health preparedness funds, they would no longer require local health departments to be a part of a consortium for public health preparedness. This will allow health departments to retain those funds in their local communities, rather than sharing them across the consortium. The local health officers that serve on the advisory committee were able to provide input on this controversial decision, and then effectively communicate the decision back to their peer local health departments.

This structural approach to addressing contentious issues has proven successful in Wisconsin, and has worked for other issues and processes as well, including advisory committees around issues such as home visitation (in the maternal and child health program), contract negotiations, and health disparities. DPH officials explained that for certain areas, especially contractual agreements with local health departments, they rely on local health departments to contribute ideas and acceptable compromises. For example, the state formed an advisory committee to assist with the development of the state's health improvement plan, which outlines the public health agenda in Wisconsin for the next 10 years. The advisory committee, consisting mostly of local health officers, helped review data and outline objectives and goals for the plan.

WALHDAB provides local health departments in Wisconsin the structure to collaborate on a regional level. Although local health departments may compete with one another for grant funding or some state dollars, WALHDAB is one mechanism that has helped local health departments to collaborate on joint applications for some funds. The association also encourages those local health departments with more resources to be fiscal agents for local health departments with fewer resources, which is particularly important during an economic downturn. For example, one local health department that received a higher level of infrastructure funding for accreditation preparation from the state grant is working to share their materials with neighboring health departments. In an effort to increase collaboration, the state has also designated funds for a best practices website so that local health departments can more easily share these accreditation resources. The website houses templates, best practices, and procedures that are easily accessible by all health departments. In addition, WALHDAB is implementing a training program for newly hired local health officers, which is funded through the NACCHO Survive and Thrive program. WALHDAB is working in partnership with DPH and the University of Wisconsin Center for Public Health Education and Training to develop an orientation program and training materials that can be implemented locally.

## CHALLENGES, LESSONS, AND OPPORTUNITIES

While local and state representatives value the regional structure as a means of being responsive to local needs, it is not without challenges. Although the Regional Offices are typically organized and coordinated with program directors at the central office, some messages have the possibility of being conveyed differently in

different regions. This may also be the case with the regional WALHDABs. For example, budgetary decisions that are conveyed to local health departments with a negative undertone may not be as well received in one region, compared to a different region that explains the decision in terms of what is being done to save money and create a more balanced budget. To try to avoid this inconsistency, the program directors in central office work to ensure coordination and standardization across all of Wisconsin's regions. In addition, the Regional Office staff meet once a month with DPH program managers and bureau directors to coordinate and exchange information.

The advisory committees developed by the state, which consist of both state and local health department representatives, represent a model that has worked well in Wisconsin because, according to one local health officer, it “sends a positive message to health officials across the state that DPH understands what is difficult.” It also shows that the state is willing to work through those difficult issues in partnership with local health officials. In developing these committees, state staff are able to work closely with local health officers and the two entities are able to get to know each other better, which makes communication, especially around challenging issues, more comfortable for both parties. Similarly, it is important for local health department officials to strive to engage with the state office as partners.

Another way that local and state officials interact with one another is through the 140 Review of local health departments. The 140 Review provides an opportunity for state staff to learn about local health department activities, including service areas, program goals, and outcomes. While statutorily required reviews of local public health by the state have the potential to be contentious, DPH has strived to make these interactions with local representatives less stressful and adversarial. One local health department administrator noted that during their most recent 140 Review, the state-led review team pointed out successes and positively reinforced areas for improvement. In many instances, the 140 Review helps strengthen the relationship between the state and local health department because it provides the opportunity for LHDs to showcase public health efforts—and for the state to learn about local activities—while simultaneously allowing the state to provide assistance and guidance for the highest possible level of achievement. Another local health officer commented that it may be beneficial for central office staff to visit local health departments more regularly. This could provide additional opportunities for the state to reinforce local successes and identify areas for improvement.

## FOR MORE INFORMATION

### ***About the Wisconsin Division of Public Health:***

- [www.dhs.wisconsin.gov/aboutdhs/dph/dph.htm](http://www.dhs.wisconsin.gov/aboutdhs/dph/dph.htm)

### ***About the Office of Policy and Practice Alignment (OPPA):***

- [www.dhs.wisconsin.gov/aboutdhs/dph/oppa.htm](http://www.dhs.wisconsin.gov/aboutdhs/dph/oppa.htm)

### ***About the Wisconsin Association of Local Health Departments and Boards (WALHDAB):***

- [www.walhdab.org/](http://www.walhdab.org/)

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