The Keeping Us Better survey was an online survey sent out to all DPH staff in an effort to incorporate more staff voices into the PHAB annual report. It was available from June 2 to June 20 and contained 4 questions out of a total 19 questions asked by the Public Health Accreditation Board in Section II of the Annual Report. These questions asked about strengthening collaborative partnerships, work conducted in emerging areas, and work in innovation. 57 respondents completed at least one of the four questions. Among these respondents, all DPH bureaus and offices were represented.

Many examples of great work were mentioned in survey responses. Deciding which to include in the constraints of the annual report was a difficult task. The purpose of this internal document is to share all survey responses and give you the opportunity to see the work that your fellow DPH staff has been involved in this year.
**STRENGTHENING PARTNERSHIPS**

**QUESTION:**
Describe how you have strengthened your collaborative working relationships. Provide one example of how you have strengthened relationships either a) with community and partner organizations or b) with other levels of public health departments.

"The western region health departments are very close. They each attend a monthly WALHDAB meeting to discuss current happenings in their jurisdictions, as well as learn from guest speakers of their choice. As the regional office associate, counties look to me to facilitate communication to one another and learn how to do things by using other counties’ examples." - Madigan Knuth, OPPA Western Region

"Provided technical assistance to group of Hmong community organizers who were organizing a new health fair in the Fox Valley. Arranged for DHS staff to attend and provide public-facing materials." - Regina Vidaver, Chronic Disease Prevention & Cancer Control, BCHP

"I have referred several consumers to Independent Living Resources for specialized telephones. I am also working with the Diabetes Association Group by networking to tell them of Office for the Blind Services such as doing Stepping On Programs (Falls Prevention) and Office for the Blind Services for Diabetics." - Linda S. Palmer, Office for the Blind, BADR

"The Office for the Promotion of Independent Living works with a variety of Councils that focus on the needs and interests of people with disabilities. Over the past two years we have invested in our Council relationships and have provided staff the opportunity to provide leadership and support to these Councils. We have streamlined materials and resources in order to ensure full accessibility, cross Council participation, DPH updates and opportunities for engagement and discussion." - Amber Mullett, Office for the Promotion of Independent Living, BADR

"Our program continues to work as a Network of providers across the state supporting families with children or youth with special health care needs. We have 11 programs represented in our Network. The directors of the programs meet quarterly to discuss our goals and resolve challenges." - Becky Burns, CYSHCN
"I have spoken for the last 3 years at the annual Conference for the Wisconsin Society of Radiologic Technologists" - William Balke, RPS

"In partnership with OPPA, we have provided QI training to a local health departments (Sauk/Adams) and plan to provide QI training to Watertown on 06/07." - Kathleen Caron, QI

"I participate in events that are planned by community partners. I plan events collaboratively with community partners. My office is within a building with other community partners. I seek advice from community partners. I offer presentations about vision loss and OBVI services to community partners. All these things strengthen relationships." - Jean Kenevan, Office for the Blind and Visually Impaired, BADR

"In addition to assisting local health departments, assist public health partners and community coalitions to shape services that are culturally acceptable and more closely meet specific needs. Also, work to with individuals, community associations, businesses, and faith communities which creates greater community support for public health." - Curtis Marshall, OPPA

"Our Section interacts with a number of EMS agencies on a daily basis. By providing guidance, based on Statute and Administrative Rule we are able to assist the agencies to be better prepared to ensure compliance with the laws that regulate EMS in Wisconsin" - Ray Lemke, EMS, OPEHC

As the WIC Internship coordinator, I have enhanced my relationship with the existing dietetic Programs as well as UW Health who is our partner with the internship." - Diane Moreau, WIC, BCHP

"Working in a positive environment with all of our state and national partners." - Helen Pullen, EMS

Paint Chip Analysis Research with the State Lab of Hygiene

Submitted by: Christine Lilek, Lead and Asbestos, BEOH

"Partnerships are important for the Lead and Asbestos Section's ability to deliver quality training and certification to Wisconsin contractors and local health department staff. Chris voluntarily enhanced our partnership relationship with WI State Laboratory of Hygiene this year by setting up a tour of the lab’s facility on WI State Laboratory of Hygiene on February 18, 2019 and then a follow-up meeting on March 19, 2019 to discuss resolving Lead Paint Chip analysis challenges. DHS staff and the Lab staff then worked together on a research project to establish the best way to take Lead Paint Chip samples in Wisconsin. A "win-win" for DHS, the Lab and all our Wisconsin Inspectors, Hazard Investigators and Risk Assessors."
"DHS/DPH is a lead organization in the Wisconsin Family Caregiver Support Alliance, a relatively new statewide alliance of caregiver support agencies and advocate organizations. A DPH/BADR staff person is the co-chair for the Alliance, setting monthly steering committee agendas, leading an employer engagement workgroup, and providing direction to partner organizations for discussion around and addressing family caregiver issues facing Wisconsin’s older adults and people with physical, developmental and intellectual disabilities."

- Lynn Gall, Family Caregiver Support, BADR

"We answer questions from local public health departments around the state as well as from individual citizens who have communicable disease related questions. More importantly, my job is to travel around the state to do assessments, teaching and data validation in hospitals, LTC’s and ASC’s”

- Linda Coakley, HAI

"We have an initiative to modernize how our department reports data. we are starting with opioid-related and as such have been collaborating closely with the Division of Care and Treatment Services. We also have an External Stakeholder Group from whom we solicit feedback about how we should best display these data to improve their use of it. Overall this initiative strengthens relationships with our partners and local health departments by understanding that they know what they need and listening to their requests."

- Lynne Cotter, OHI

"Developed Public Health Nurse Residency with other health departments in the SE region, working to expand it statewide and nationally."

- Deb Heim, Southeast Regional OPPA

"We worked directly with Minnesota Department of Health’s Environmental Public Health Tracking team to pool heat-related data and assess who was most at risk for heat illness in our two states. We wrote up a summary of our findings and jointly released a press release."

- Christy Vogt, Environmental Public Health Tracking, BEOH

"Actively work with local partners and coalitions to actively engage communities experiencing the problems, addressing the problem, identifying solutions, evaluating progress and sharing results with the community."

- William Marshall, OPPA

"I have created a SharePoint site that allows for our LPHD partners to more easily share and collaborate with each other and discuss topic sand get updates. We have also been more inclusive of the tribal nations in our invites to our Education Committee Meetings. We now have two tribal reps and are working on more. We continue to build our relationships with DCF and bridge the gap between DCF and LPHD through our regional meet n greet opportunities. We are developing the 2019 Childhood Lead Poisoning Prevention conference for our LPHD’s and other partners this September."

- Kristi Tennie, Lead and Asbestos, BEOH

"WI Title V MCH/CYSHCN Program along with selected partners (Family Voices of WI, WI PATCH Program) participated in a MCHB sponsored Work Force Development cohort that focused on increasing youth, family and community engagement in MCH/CYSHCN programming. Seven WI pilot sites were selected to participate."

- Sharon Fleischfresser, MCH/CYSHCN

The Public Health Nurse Residency Program has been presented at various national conferences, including the 2019 Public Health Nurses Annual Conference and the 2018 American Public Health Association (APHA) Conference.
"We work with WISHIN, our State-designated Health Information Exchange (HIE) to increase completeness of syndromic data coming into the State. We work with a few local health departments to access syndromic data and receive alerts on potential health risks." - Daniel Bedford, Syndromic Surveillance

"Reaching out to local health departments to meet and address common concerns; offering compliance assistance to regulated community" - Jessica Lawent, Lead and Asbestos, BEOH

"Provide radiation training to first responders and county public health nurses." - Charles Adams III, Radiation Protection

"Coordinated the State Health Assessment Community Conversation Mini-grants" - Sara Koliner, OPPA

"Several members of the Family Health Section leadership, led by Jody Brassfield, embarked on a tour of all WAHLDAB regional meetings last year. This tour was designed to enhance two-way communication. A number of issues arose at each of the meetings, providing opportunities to improve operations and communication." - Gary Kirk, BCHP

"We recently had a collaborative project with the MDH where we looked at heat illness in both states. We had some interesting findings that were picked up by the media. This led to our ability to communicate our findings more broadly with our community partners." - Paul Creswell, Environmental Public Health Tracking, BEOH

"We are working collaboratively with local health departments on a new inventory tracking system (IMATS). This is a system we decided we would like to implement at the state level, but we also decided to take it to the local level as it is that helpful. Our relationship with the locals has increased as we are going through this journey together and asking for their feedback as we go along and truly listening to their input. We also encourage them to join us at our IMATS workgroup meetings at the state building to give their input as needed. I think this project alone has increased our relationship with the locals." - Lauren Sheahan, OPEHC

"DATCP - becoming more informed on collaborative response used for food borne outbreaks between DPH, DATCP and LPHAs." - Paul Schmidt, Radiation Protection

"Collaborate with Independent Living Centers to ensure the needs of aging and disabled people are being met." - Tim Wellens, Office for Physical Disabilities and Independent Living, BADR

Increased community representation for PRAMS steering committee
Submitted by: Fiona Weeks, MCH, BCHP

"I did an assessment and restructuring of the steering committee for Wisconsin PRAMS to improve community representation. We now have representation from one community member and two groups of community health workers serving black and Latinx families in Wisconsin.

Additionally, I work with the community health worker representatives outside the steering committee meetings to build capacity and relationships. I also conduct supplementary steering committee meetings in parallel to the full meeting in Spanish with the Latinx CHWs."
While funding the WI Native American Tobacco Network through Great Lakes Inter Tribal Council, we experienced many staffing changes at GLITC. Several Leadership positions have changed as well the Coordinator of the Network and leadership of the Epi Center. Several of our staff have been on calls with all of these new staff, met in person here at DHS, and gone to GLITC to assure that there are frequent communications taking place so that there is an understanding about expectations of current contract/scope of work and to also hear what the changing needs are from GLITC and the tribes so that adjustments can be made to the current scope of work. All of these communications and meetings are helping to reestablish and improve the collaborative working relationship that we have had with GLITC for the past 15 plus years. - Vicki Huntington, TPCP

"I take phone calls from the public and forward to the appropriate contacts." - Annette Gates, BEOH

"I work closely with 7 different Aging and Disability Resource Centers. I encourage them to collaborate and partner with other organizations for prevention, networking, and implementing a variety of programs in the communities they serve." - Rhonda Lechner, Aging and Disability Resource Centers

"Presentation on CWF to Wisconsin Association of Local Health Department and Boards on water fluoridation and tools available to educate community leaders on the public health benefits. Worked with DMS to provide technical assistance and clarification on fluoride varnish application and Medicaid billing by local health departments. At the request of a local health department, attended a city council meeting to answer questions and provided education on community water fluoridation. (Barneveld is just one example of a community that was considering discontinuing water fluoridation). Convened a broad based workgroup to discuss development of a state CWF sustainability plan." - Robbyn Kuester, Oral Health Program

"The TPCP’s regular contract meetings with funded agencies allow for consistent communication between us and our funded partners. I think this builds and strengthens relationships because we’re able to provide TA on a timely basis and agencies are able to provide feedback, concerns, suggestions with us." - Tana Feiner, TPCP

"I have strengthened relationships with the Deaf and Hard of Hearing communities by asking them to partner with ODHH to provide legislative workshops and also will be doing the same with a proposed wellness workshop for these communities." - Bette Mentz-Powell, ODHH

"The Data Management Advisory Team has created an introductory training on DPH data. The training has been routed through EIA so that we can make it available to LHDs if there is interest. We have shared the slides for the introductory training with Chris Culotta to include in the new public health employee orientation." - Laura Ninneman, Vital Records

"I’m doing a lot of work to make WISH a better public web resource. WISH is used by both the community and public health at all levels." - Torrey Nelson, OHI

"The DPH Communications Team created a GovDelivery Guide for local health officers to help them determine the subject and priority level of bulletins from the subject line. We also created instructions on how to distribute GovD bulletins to their staff using Outlook the autoforwarding feature." - Karen Kopetskie, BOO

One of several canvases created by staff, children of staff, and partners to represent their own vision for our State Health Assessment theme, "Painting the picture of Wisconsin’s health"
"The asthma program has built an infrastructure with an array of strategic partners including Children's Hospital of Wisconsin (CHWI), the Medical College of Wisconsin, LPHDs, school districts, FQHCs, the Wisconsin Collaborative of Healthcare Quality, the Pharmacy Society of WI, ALA, and UniteMKE to implement evidence-based strategies and deliver components of comprehensive asthma control services. For example, CHWI will continue to implement our Asthma Care Program and is committed to exploring long-term options for sustainability within their organization. Additionally, we have built a relationship with Medicaid to advance coverage of asthma services." - Christine Rameker, Asthma Program

"I coordinate monthly Contracted Partner meetings for the 1815 CDC grant. The meetings have strengthened working relationships, improved alignment of crosscutting activities and increased collaboration to advance the work to improve HTN and CVD outcomes. Many of these partners are now working with our 5 selected Communities (LHDs). Work includes collaborating with the health systems/clinics, pharmacies, pharmacists and others (senior centers or EMS) to apply interventions to improve health outcomes for at risk populations with chronic conditions- HTN and CVD." - Rebecca Cohen, CDPP

"Recently, we invited local health departments to work with a community organization (e.g., food pantry, free clinic, homeless shelter) to administer state-supplied vaccines to underserved adults." - Stephanie Borchardt, Immunization

"The following examples would fall under both a and b. The Dental Pain Protocol Project in La Crosse Co. would be a great example of both community, partner organizations and public health departments. A second example would be the work done within the departments on getting Silver diamine Fluoride(SDF) approved through the system so it is now a billable procedure under Medicaid." - Russel Dunkel, Oral Health Program

"The Radiation Protection Section works with local emergency response teams (fire and health depts.) to coordinate how we will respond to radiation emergencies." - Joseph Ross, Radiation Protection

"We are providing more (and better) communication to our external partners (LPHDs) and giving them additional resources and options to assist them with complying with our requests and policies" - Yvette Smith, BOO

"We are working with the Immunization Program and the Office of Preparedness and Emergency Health Care to develop a hepatitis A toolkit and webinar to engage local and tribal public health agencies and community and other partner organizations to enhance hepatitis A preparedness and prevent an outbreak in Wisconsin." - Anna Kocharian, BCD

"We've strengthened relationships with the DNR by attending public meetings to support them in PFAS investigations. Additionally, we've ensured strong communication when working on cross-agency issues, such as the recommended groundwater standards (aka. Cycle 10 or Wisc. Stat. ch. 160). Furthermore, we've worked closely with local health by providing the Equipment Loan Program so LHDs can conduct environmental assessments. We've also supported LHDs in risk assessments of new and emerging contaminated sites."
QUESTION: Have DPH staff conducted work in any of the following areas?

- Health Equity
- Data for decision-making
- Emergency preparedness and response
- Public health systems transformation
- Behavioral health
- Public health or health care integration
- Community resilience
- Health strategist
- Adoption of emerging tech
- Other
- Climate change
- Emerging infectious disease
- Public health financing modernization
- Environmental bio-monitoring
- Genomics

based on submissions from 50 respondents, the top 3 emerging areas DPH staff said they have conducted work in are...

#1 Data for decision-making
#2 Health equity
#3 Emergency preparedness and response
WORK IN EMERGING AREAS, PT. 2

QUESTION:

- If so, please tell the story of the health department’s work in one area.

"Assessing the opportunities to lead with equity in developing plans and reports. Communicating about those needs, and ensuring equity is at the forefront of discussions." - Regina Vidaver, Chronic Disease Prevention & Cancer Control

"In the Diabetes Association Group I attend I have told the group that we can help by doing presentation as vision experts on Falls prevention. I have also given information of Rehabilitation Specialists who can help nurses who have Diabetics with vision loss in various counties by providing information and equipment."
- Linda Palmer, Office for the Blind

"I have been part of an implementation team to ensure family, youth or community member engagement within all MCH programs in Wisconsin. By having the people we serve being involved with our programs, we will be better able to meet their needs." - Becky Burns, CYSHCN

"I have been conducting qualitative data collection and analysis to bring the community voice to the state health assessment. I am also leveraging multiple sources of data, such as PRAMS and vital records to inform the Title V block grant needs assessment. Additionally, the PRAMS program has published three data briefs in the last six months highlighting opportunities to improve services and systems (e.g. safe sleep counseling and perinatal depression screening), including tips and resources for service providers."
- Fiona Weeks, MCH, BCHP

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- Tony Zech, SNAP-Ed

"Participated in Emergency Preparedness activities for Radiation Protection/Nuclear Power Plant trainings, Drills and Exercises" - William Balke, RPS

"I created surveys, participated in collecting data, summarized and worked with leaders to present data on the Employee Wellness and Resilience initiative." - Kathleen Caron, QI

"When providing TA to local WIC projects, I am always promoting "motivational interviewing" strategies as a method of promoting behavior change with the women and children seen in the WI WIC clinics. Also, I am reviewing for updating the "Special Supplemental Nutrition Program for Women, Infants and Children's Guide to Coordinating WIC Services During a Disaster"."
- Diane Moreau, WIC
"The Office on Aging has implemented a caregiver support program data collection system using DHS REDCap to collect data about family caregiver needs and to record data from a program evaluation process that was implemented as a pilot in 2018 and became a fully-integrated program requirement in 2019. Data will be shared with policymakers and other interested individuals to emphasize more clearly what our programs have known anecdotally for years - That caregivers mental and physical well-being benefit from inexpensive supports, and that our programs save the state Medicaid dollars by allowing people to remain living at home longer." - Lynn Gall, Family Caregiver Support, BADR

"By doing data validation at hospitals or nursing homes, I can see if infections are being reported appropriately and teach staff about criteria to count the infections in the NHSN data base." - Linda Coakley, HAI

"Assisting with Clear Impact roll out" - Riley Reyes, OPEHC

"Youth, family and community engagement is a strategy being utilized to support health equity. Pilot sites (LHDs, Northern RC, Family Voices of WI) were asked to complete an assessment in partnership with youth, family or community. The assessment tool will be revised based on feedback. In 2020, 35 sites will pilot the revised tool and develop action plans in a selected area to improve youth, family, community engagement in the focus area." - Sharon Fleischfresser, CYSHCN

"We are trying to assist in creating a more resilient and Trauma informed workforce in public health, especially when dealing with families that have led poisoned children and contractors that do the work and other interested community partners. In our 2019 Lead Conference, the theme is messaging and how to build a message through story telling. We have a half day preconference on the power of storytelling in health messaging and to compliment that we have two sessions the next day that will discuss cultural competence and bias and how to use your data to tell a story." - Kristi Tennie, Lead and Asbestos, BEOH

"Recently, many states have experienced large hepatitis A outbreaks. In the spirit of prevention, we are collaborating with the Communicable Disease Epidemiology Section and the Office of Preparedness and Emergency Health Care to develop a facilitated discussion which will be recorded and shared with partners. The goal is to get partners thinking of their at-risk populations and how they will vaccinate them against hepatitis A." - Stephanie Borchardt, Immunization

"Our dashboard initiative is data for decision-making. We're working with IT staff to modernize the flow of data in a secure and timely way. This allows agencies to use data for decision making in a much more real-time manner." - Lynne Cotter, OHI

"OPPA is currently collaborating with partners on modernizing public health practice through database management." - Deb Heim, SER OPPA

"Helped plan Health Equity Brown Bags" - Elizabeth Miller, HIV, BCD

"We have piloted alert messages out to local health departments about opioid data in their county." - Daniel Beford, Syndromic Surveillance

"worked collaboratively with MATCH to provide technical asst to local coalitions" - Carleigh Olson, TPCP
"I have supported the translation of state health plan, Healthy Wisconsin, to applications in funding opportunities and PHAB standards, by determining where broad, inclusive strategies and objectives can be better defined through data, lessons learned, and stories. Soon we will begin applying these lessons to the next cycle of the SHIP." - Sarah Koliner, OPPA

"climate change: I bike to work." - Torrey Nelson, OHI

"We prepare to ensure that all levels of government are ready and equipped to respond to radiological emergencies" - Charles Adams III, Radiation Protection

"We are in the process of writing a request for applications for the local community interventions contracts for SFY 21 and have been using our most current data to help determine the focus of those grants as well as putting an even greater emphasis on addressing tobacco-related disparities in order to achieve health equity." - Vicki Huntington, TPCP

"1) The work that I did with Medicaid to review, set policy and get financial coverage for the clinical use of SDF. 2) The joint work that done on the Dental Pain Pilot Project between the OHP and the Opioid Harm and Prevention Program." - Russel Dunkell, Oral Health Program

"We have a pool of trained sign language interpreters that we can send to respond and interpret for a press conference or shelter during a natural disaster." - Carly Bieri, ODHH

"Our program has partnered with UniteMKE, which is one of two Pathways Community HUB models in WI to address risk factors for poor health outcomes. The HUB model utilizes best practices and the payment-for-outcomes process, and connects health care providers, social service agencies, and payers. UniteMKE serves as Milwaukee’s Pathways Community HUB comprising six care coordination agencies within the city. While Milwaukee is one of 42 cities implementing Care Coordination Systems, it is the first city to provide medical assessments and medication reconciliation by direct connection to pharmacies, direct referrals from UnitedHealthcare Community Plan, and to offer the Asthma Care Program." - Christine Rameker, Asthma Program

"The CDPP Epis provided data and SDOH to identify health outcomes in the five communities. The Pharmacy Society of WI (PSW), our partner is working with an insurer, WEATrust to use their claims data to identify those clients with HTN and CVD in the 5 communities to enhance Medication Therapy Management (MTM) services delivered to these clients to improve or control HTN, Diabetes or CVD outcomes." - Rebecca Cohen, CDPP

"As part of the Health Equity Advisory Team, I am working with the team to create a Health Equity Resource Guide to help DPH staff approach their work with a Health Equity lens. We are also creating recommendations to DPH leadership about steps the division can take to further our efforts to foster equity in the division." - Karen Kopetskie, BOO
"The Office for the Promotion of Independent Living has supported several initiatives aimed at improving the lives and access to services for people with disabilities. We have been working with OHI and our BADR demographer to better understand the prevalence of disability in Wisconsin. We have reviewed BRFSS data to determine if people with disabilities have more or less behavioral risk factors. We have supported OPHEC and the Disaster Response Interpreter Training Program and the Emergency Toolkit for people with Disabilities created by the Council on Physical Disabilities. We have participated in the Inclusivity and Access subcommittee of the Health Equity Advisory Team and developed an "event accommodations checklist" for individuals who host meetings to use to ensure access for all." - Amber Mullet, Office for the Promotion of Independent Living, BADR

"Was Liaison Chief for IMS on synthetic cannabinoids (aka K2, fake weed). Worked closely with local health departments, the SO, and epis across the division to ensure an effective response to an unknown outbreak." - Disa Patel, BEOH

"I currently work in various areas of the Office of Preparedness and EMergency Health Care. Most of my role has been with local public health agency's Public Health Emergency Preparedness (PHEP) budgets." - Lauren Sheahan, OPEHC

"I've done a lot of work with data visualization and improving the data communication of our reports so that the insights from the data are more clear. I worked with the division-wide Health Equity Baseline and Evaluation subcommittee to catalogue our current health equity initiatives, and measure our current capacity for health equity work." - Cory Steinmetz, OHI

"As someone who works with people with vision loss, I must continue educating myself on technology that can be useful to my consumers. I can then share that technology with them." - Jean Kenevan, Office for the Blind and Visually Impaired, BADR

"Some of my work to support and strengthen health equity in local health departments was as the convener of the Southeast Regional Public Health Generalist Network beginning in 2017. The network is now lead and facilitated by local health department staff. Health equity was identified as one of the focus areas for the network. The health equity subcommittee was established as stated in the purpose statement "to create a health equity toolkit for all SE regional public and community health professionals to adapt and use to continually implement health equity strategies". Four chosen focus areas of the committee are 1. Evaluation 2. Education 3. Engagement 4. Explore the understanding of health equity. The support provided by Regional OPPA Technical support continues as resources, and DPH health equity updates, tools and other as requested." - Curtis Marshall, OPPA

"1. Increasing BITS support of technology used in DHS FOC/mobile lab all hazards response vehicle. 2. Utilizing the automated RAVE system to notify and activate RPS response staff. 3. Incorporating use of the federal Radresponder system to allow field staff to directly input and share field measurement data with Madison based decision makers." - Paul Schmidt, Radiation Protection

"Data Management is all about ensuring that the right people have access to the right data at the right time to make better informed decisions. DPH created a 5-year Data Management Strategic Plan which focuses on becoming a more data-driven organization. We have 20 recommendations that include improving data quality so that they decisions we make based on the data are better decisions. We have a recommendation to review and fill gaps in the data available to DPH staff." - Laura Ninneman, Vital Records

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"Data report on the oral health status of 3rd grade children. Incorporated oral health data in the environmental public health tracking portal Dental Medicaid Pilot Project report. Dental Director served on the Children’s Health Alliance medical dental integration steering committee. Assisted safety net dental clinics and Wisconsin Seal-A-Smile programs with developing infection and exposure control plans (provided technical assistance, training, workbooks, and templates)." - Robbyn Kuester, Oral Health Program

"I receive quarterly reports from the ILCs and help compile information to ensure that the goals in the State Plan for Independent Living are being met." - Tim Wellens, Office for Physical Disabilities and Independent Living, BADR

"We routinely rely on data collection to make informed decisions relating to EMS in Wisconsin. We are constantly asked to provide reports to numerous state agencies to assist them in making evidence based decisions" - Ray Lemke, EMS, OPEHC

"I prepared a Scope of Work to implement electronic case reporting in WEDSS to enable providers to more easily report communicable disease." - Misty Johnson, OHI

"Our funded agencies have completed a health equity assessment which helped them identify areas to focus their health equity work on and which we used to create action plans for the TA we’re providing around health equity." - Tana Feiner, TPCP

"I look at data on contacts, outcomes, and types of interactions customers have with ADRC’s. From this information, we are able to do quality improvement in areas that may be lacking or could be improved upon." - Rhonda Lechner, ADRCs, BADR

"I entered the Blood Lead Reports and took notes for the Fraser incident meetings." - Annette Gates, BEOH

A "Painting the picture of Wisconsin’s health" canvas

The Mobilizing for Action through Planning and Partnerships (MAPP) framework, which is composed of four different assessments, is being used to inform the current State Health Assessment process.
PUBLIC HEALTH INNOVATION

QUESTION:
PHAB defines public health innovation as the development of a new process, policy, product, or program that increases quality, impact, and efficiency. Please describe the health department’s approach to pursuing innovation and any innovations that have emerged since you were accredited.

"Receipt of Title X funding; efforts to stand up the program from DHS." - Regina Vidaver, Chronic Disease Prevention & Cancer Control

"SNAP-Ed is fully utilizing the Program Evaluation and Reporting System (PEARS), which is used to track and report behavioral outcomes and success stories for SNAP-Ed in several states." - Tony Zech, SNAP-Ed

"There is a group of us working on Family, Youth and Community Engagement throughout all MCH programs in Wisconsin. This is a new effort that is being piloted with 7 programs in 2019 and targeted to pilot with 35 programs in 2020." - Becky Burns, CYSHCN

"I believe the work on Wellness and Resilience would meet the definition of innovation. We created new processes for improving satisfaction based on several practices." - Kathleen Caron, QI

"Focus on health equity" - Bette Mentz-Powell, ODHH

"In order to meet the State's Objective regarding a "Competent and Sufficient Future Workforce", the WIC program has undertaken the challenge of developing a WIC Internship in partnership with UW Health. The internship will provide current nutrition staff working in WIC to become registered dietitian with enhanced public health nutrition skills which have different competencies that those of clinical dietitians." - Diane Moreau, WIC

"I'm not sure of the dates or if this counts, I am aware of trauma informed care, using person first and appropriate language for people with disabilities, health equity initiatives." - Jean Kenevan, Office for the Blind and Visually Impaired in BADR

"Communicable disease - always updating and always emerging. This area always demands being on the cutting edge of technology, prevention and preparedness." - Ray Lemke, EMS, OPEHC

"DPH/BADR revised the uniform caregiver needs assessment being used to collect data about family caregiver needs. The assessment was revised using feedback gathered from family caregiver support coordinators at counties and tribes who use the instrument. Coordinators are overwhelmingly pleased with revisions made and report the assessment is a useful tool when trying to determine a caregiver’s most pressing needs." - Lynn Gall, Family Caregiver Support, BADR
"Working on the DHS Enhancing Preparedness and Emergency Response (DEPER) project, to leverage DHS resources and increase response capacity" - Riley Reyes, OPEHC

"Use of a server to host visualizations that can be shared across the state. Process changes such as using agile methodology to develop software." - Lynn Cotter, OHI

"Updated 140 rule" - Deb Heim, SER OPPA

"We’ve started providing subrecipient agencies with more explicit written documentation of procedures and policies for our grants and are working on a subrecipient manual to collect all this information in one place." - Elizabeth Miller, HIV, BCD

"Around August 2018, carbon monoxide poisoning became a reportable condition in Wisconsin. As such, we created a WEDSS module to monitor it, collect data, and improve messaging. We created many new products and systems to collect information on carbon monoxide poisoning events in Wisconsin. It’s our understanding that few—if any—states have similar surveillance for carbon monoxide." - Christy Vogt, Environmental Public Health Tracking, BEOH

"The Health Equity work and related policy has been very exciting." - Amber Mullett, Office for the Promotion of Independent Living, BADR

"While this innovation isn’t totally new, DPH is creating new ways of thinking and working with a focus on the unmet needs of vulnerable populations." - Curtis Marshall, OPPA

"OHI’s Data Display project is a collaboration with DCTS and will soon result (later this summer) in interactive data dashboards for substance use topics." - Cory Steinmetz, OHI

"DPH has always been a very innovative place! We’ve had to be with our level of funding. ;-) Vital Records has a project where they are working to get physicians to file death records electronically. This will drastically improve our data quality. I have one other small example, birth data was only cleaned annually and took 160 hours to complete. We have created a package that is so efficient it now takes us only 44 hours per year. We can now clean the birth data on a quarterly basis which leads to better provisional data." - Laura Ninneman, Vital Records

"The Health Homes and Lead Poisoning Surveillance System (HHLPS)." - Annette Gates, BEOH

"As more health improvement strategies appear outside of the realm of governmental public health, it is our responsibility to begin working with our non-public health partners to see where missions align and support can be provided. DPH has leveraged Healthy Wisconsin to create these bonds with DMS, DCTS, and third party coalitions, and is now determining where data and actions can be further aligned." - Sarah Koliner, OPPA

"I think we have done a better job at getting remote employees involved" - Carleigh Olson, TPCP

"Rebuilt WISH injury queries based on subject matter expert’s recommendations. To meet requirements, I had to write some new JavaScript functions in addition to the more usual WISH work." - Torrey Nelson, OHI
Wisconsin Medicaid coverage of Silver Diamine Fluoride

Submitted by: Robbyn Kuester / Russel Dunkel, Oral Health Program

"Wisconsin Collaborative for Healthcare Quality started an oral health section that the OHP will participate in. Silver Diamine Fluoride is a newly FDA approved product for arresting tooth decay that is cost effective, may prevent children from needing to go to the operating room, can be used on people of all ages that may have difficulty accessing affordable dental care, etc. The OHP was instrumental in policy development that provides WI Medicaid coverage for the use of this product."


"BCHP pilot tested an electronic process for the steps to review and approve materials through the unit, section and bureau level in order to have it entered into EIA. It has improved the efficiency of that process and eliminated the old paper process where the documents sometimes were misplaced and stalled for periods of time." - Vicki Huntington, TPCP

"I think our collaboration with MDH was innovative. We had to figure out how to compile data across states, which is rarely done. I would like to see more collaborations like this in the future." - Paul Creswell, Environmental Public Health Tracking Program, BEOH

"I would say the work done with Medicaid on SDF and the ongoing work on the Dental Pain Pilot Project should qualify." - Russel Dunkel, Oral Health Program

"DPH LPHD contracting was included in Contract Centralization and is now being processed via DocuSign and we are seeing a vast improvement in the rate that contracts are being executed from start to finish. They are more comprehensive, consistent and meet all Federal Reporting and Uniform Guidance standards for audit compliance" - Yvette Smith, BOO

"The Maternal and Child Health Advisory Committee (MCHAC) underwent a significant transformation to make it more robust and to enhance community engagement. The MCHAC had developed into a committee with 300 members. Unfortunately, only about 50 members would show up at any given meeting and they could be different from the 50 members who showed up at the previous meeting. This led to inconsistency and poorer quality advice, especially on important things, such as the required MCH needs assessment (performed every five years). After thoughtful, intentional discussion, the MCHAC was revamped. A core MCHAC membership wish list was developed, according to agency sector representation and invitations were issued to elicit commitment to making each meeting. Seven of the thirty core slots were reserved for community membership, e.g., youth and parents without an agency tie. Additional non-core members were invited to the quarterly meeting with the knowledge that they may or may not be able to attend. The net result has been a more engaged MCHAC, providing higher quality advice and community representation." - Gary Kirk, BCHP

"Having the LHDs incorporate effective HTN approaches within their role as chief strategist by convening local and other partners in their communities to address risk factors for heart disease and stroke." - Rebecca Cohen, CDPP
Thank you from Hannah Sorensen and Susan Uttech

We hope this resource allows you to reflect on your own work as well as that of your fellow DPH staff.

A big thank you to all that took the time to complete the PHAB Annual Report Survey, and an additional thank you to those that took time out of your day to meet with me and talk more about your projects. It made both the finished product and the process far more meaningful. The enthusiasm you have for the work that you do is apparent and inspiring.
- Hannah Sorensen, AHEC intern