

**Office of Policy and Practice Alignment and
Bureau of Operations**

**2016 Local and Tribal Health Department
Satisfaction Survey**



October 2016

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Public Health
Office of Policy and Practice Alignment
P-00750 (10/2016)

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Foreword

The Division of Public Health (DPH) Office of Policy and Practice Alignment (OPPA) regional teams have collaborated with DPH Bureau of Operations (BOO) staff to conduct satisfaction surveys of local and tribal health department (LTHD) partners since 2013. These assessments of partner satisfaction have been used to measure progress made in reaching the objectives of the 2012 reorganization of DPH Regional Offices, improving public health infrastructure support, and technical assistance to LTHDs. The results of the assessments inform the Regional OPPA and BOO work plans, and identify how services can be enhanced to meet the changing needs of LTHDs.

The 2016 Local and Tribal Health Department Satisfaction Survey used many of the same questions as the 2013 and 2015 surveys, though some additional questions were added for more comprehensive LTHD partner satisfaction results. Respondents were asked to consider the timeline of January 2015 until the date of survey completion when formulating their answers.

Data used for this report were self-reported by local and tribal health departments through an electronic survey developed by Regional OPPA staff in collaboration with BOO and DPH communications staff. The survey was made available from May 6 through June 3, 2016.

Results of the survey will be published for review and shared with the DPH State and Local Operations Team and regional health officer groups. Our aim is to identify areas of improvement in local and tribal health department satisfaction with Regional OPPA support, DPH communications, and BOO contracting with LTHDs.

Survey development, communication, data analysis, and reporting of results was completed by a Regional OPPA team led by Sara Baars and included Janet Lloyd, Dawn Mumaw, Tim Ringhand, Sheri Siemers and Nick Zupan.

Technical Notes

Survey Responses

The number of complete, unduplicated responses to the survey is 62, with a 63 percent response rate from the 87 local health departments and 11 tribal health centers. There were an additional three partial replies for an overall total of 65 responses for certain questions. As some questions were conditional upon previous responses, the number of responses to each question varies; therefore, percentages are presented instead of actual counts. Note that through the process of rounding to whole percentages, graph totals may not equate to exactly 100 percent. The complete survey instrument is provided as an appendix.

Comments

Comments included as responses in the survey provide important contextual meaning to the reported satisfaction results. In the analysis process, comments were reviewed for themes based on content of similar nature. The themes that were identified are provided alongside the data in addition to a representative quotation transcribed from the survey results. A comprehensive list of comments is provided as an appendix.

Comparisons

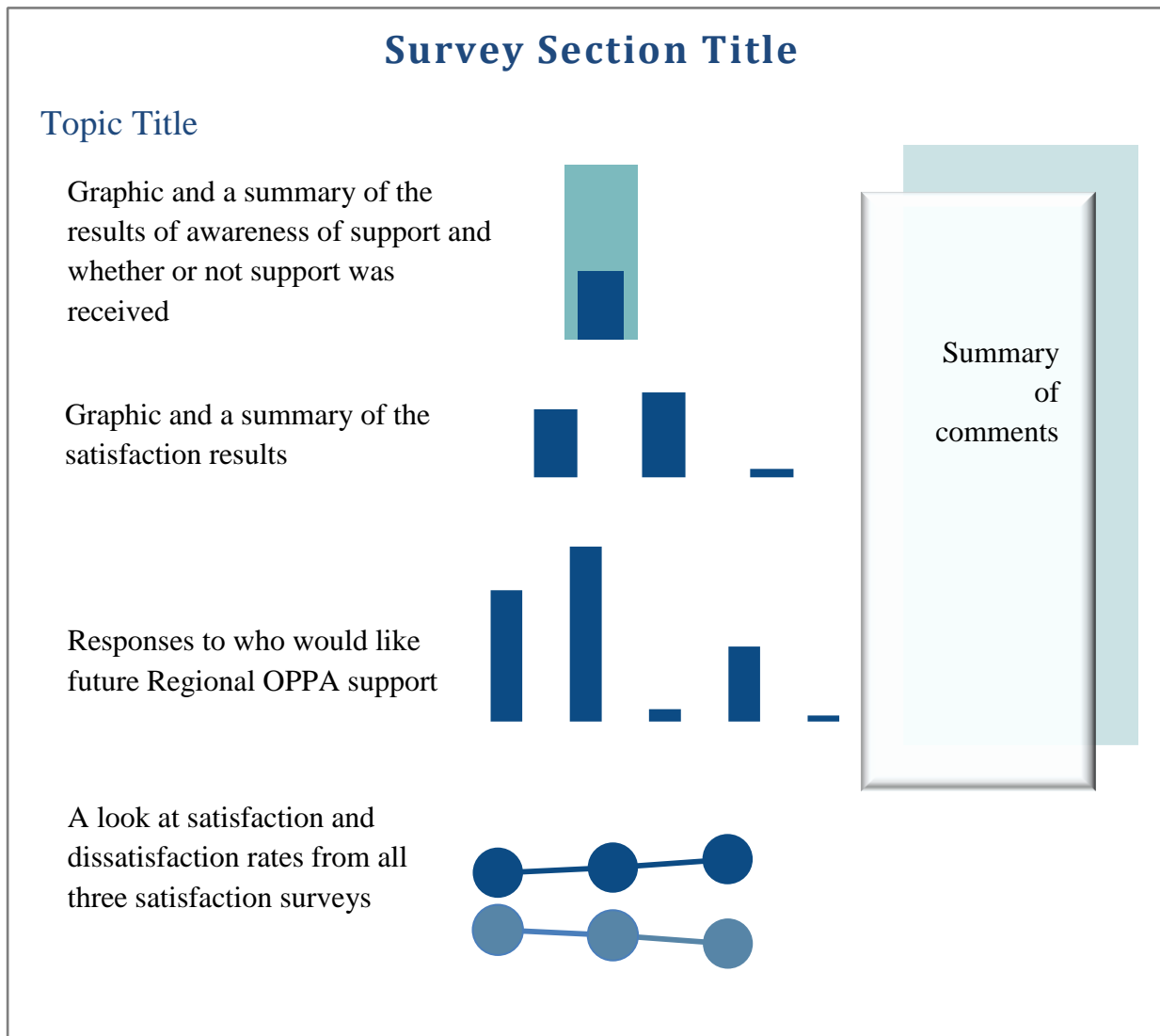
A comparison of the satisfaction ratings from each year of the survey is provided. The satisfaction slope encompasses both satisfied and very satisfied responses, while the dissatisfaction slope includes both dissatisfied and very dissatisfied results. Note there were some differences among the survey iterations, which are outlined in the chart below. The “No” and “Did Not Receive Support” responses are not included in the slope graph data so that they solely reflect satisfaction ratings. The “Neutral” and “Not Applicable” responses were included in the comparison graph data analysis but are not displayed in the slope graphs; therefore, percentages displayed may not total 100 percent. Through the process of rounding to whole percentages, data in the slope graphs may vary from data in the satisfaction bar graphs by up to 1 percent.

	2013, 2015 Surveys	2016 Survey
Satisfaction Ratings	<ul style="list-style-type: none">• All respondents rated satisfaction for core function questions.	<ul style="list-style-type: none">• Respondents indicating support was received were prompted to rate satisfaction.
Satisfaction Rating Scale	<ul style="list-style-type: none">• “Not Applicable” included as an option for core function questions.• “Did Not Receive Support in this Area” included as an option for technical assistance questions.	<ul style="list-style-type: none">• “Neutral” added to the rating scale.

Report Overview

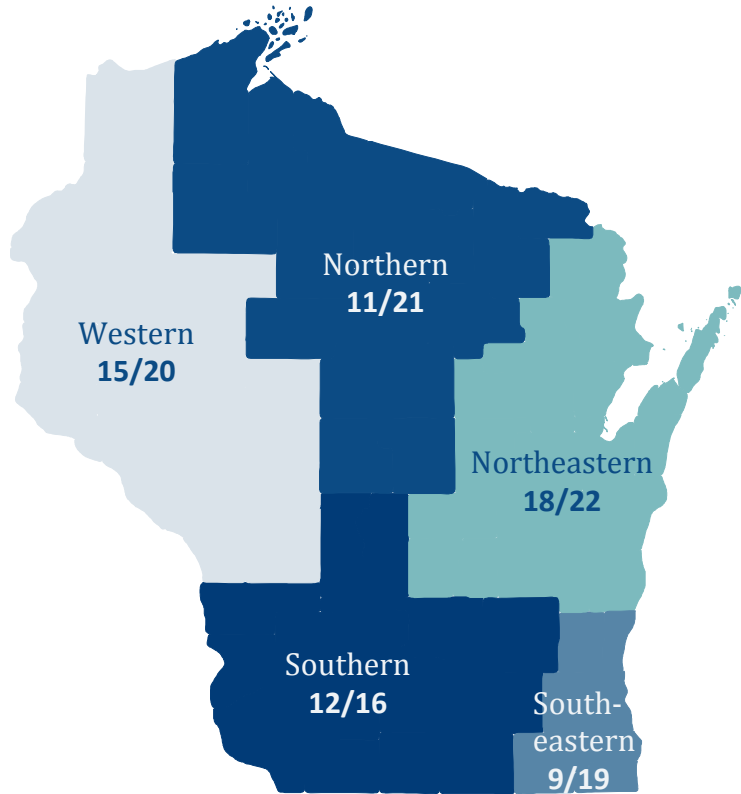
In the 2016 Survey, the same series of questions was asked about a range of topics; as a result, the general layout of the results for each topic will be consistent throughout this report. Respondents were first asked to identify whether they were aware of the support offered by Regional OPPA, and whether they had received Regional OPPA support in that topical area. Those who indicated they had received support were then asked to rate their satisfaction with the support received. All survey respondents were asked whether they would like to receive future Regional OPPA support in that area. Finally, respondents were given an opportunity to include any comments or additional feedback on that topic.

An example of this layout is provided below. Note that some questions deviated from this general layout, and in these instances further explanation will be provided throughout the report as needed.

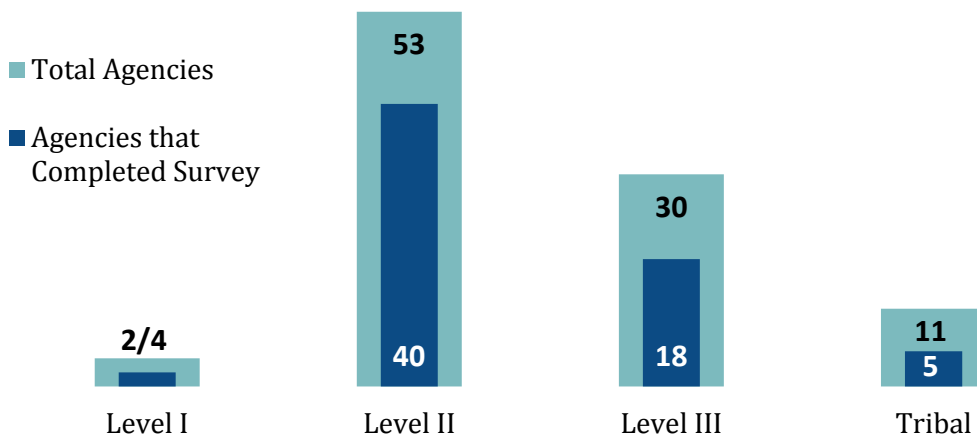


Survey Respondent Information

A total of 65 responses were submitted. Respondents provided representation from each of the five DPH regions. The number of responses received out of the total number of agencies in each region is provided in the map below.



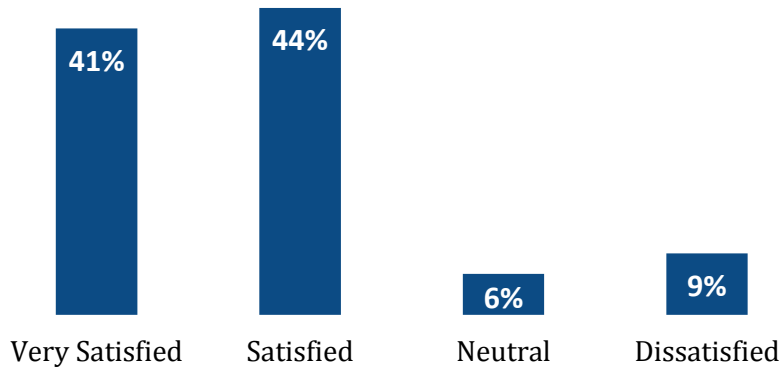
Responses were received from tribal agencies and from all levels of local public health agencies. The breakdown of surveys received by each agency’s classification, along with the total number of agencies of that classification, is provided below.



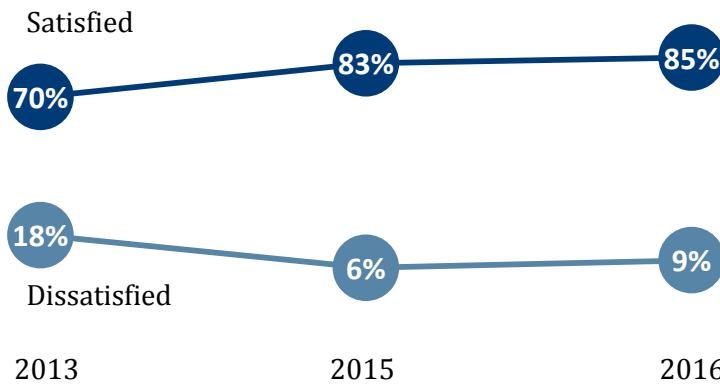
Regional OPPA Results

DHS 140 Review Process

Respondents were asked whether they had a DHS 140 Review conducted, or DHS 140 Review results communicated to their agency during the survey timeline. Just over half (53%) indicated that they had, and were subsequently asked to rate their satisfaction with Regional OPPA’s implementation of the DHS 140 Review process. Eighty-five percent of respondents were either satisfied or very satisfied with the process, and 9 percent were dissatisfied.



An overall increase in satisfaction with the DHS 140 Review process was seen in the three satisfaction surveys conducted, with 70 percent satisfied in 2013 compared to 85 percent satisfied in 2016.



Most comments reflected that respondents felt supported by Regional OPPA through the DHS 140 Review process. Other feedback addressed further streamlining the process, and that questions asked were at times over and above the minimum requirements.

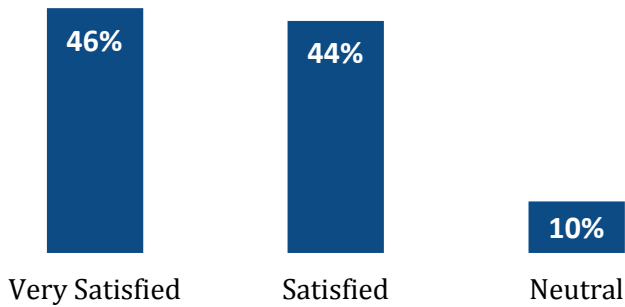
“The process needs to be further streamlined to eliminate redundancies with PHAB and made clearer to eliminate confusion and uncertainties in process, documents needed, definition of programs, etc.”

“It was a supportive adventure that was aimed at maintaining and improving the function of the public health office as set by law and requested by population.”

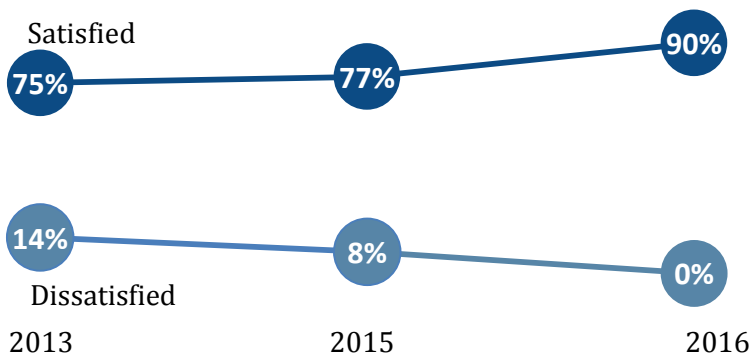
Regional OPPA Results

Response to Questions, Concerns, and Complaints

Respondents were asked whether a representative from their agency had presented a question, concern, or complaint to Regional OPPA related to public health services, public health nursing practice, public health programs and policies, board of health, staffing, or state statute or administrative rule. Two-thirds (66%) reported that they had, and were asked to rate their satisfaction with the response received by Regional OPPA. Ninety percent were either very satisfied or satisfied.



Overall satisfaction relating to Regional OPPA’s response to questions, concerns, and complaints has improved over the time in which each satisfaction survey was conducted.



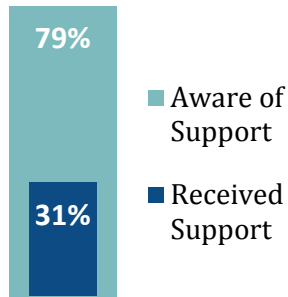
The majority of comments identified that Regional OPPA staff are a helpful resource and provide timely responses to questions and concerns.

“We have submitted questions, concerns often to the Regional OPPA staff and they have always responded in a timely manner and are always willing to assist. The staff are very approachable and are an important resource to us.”

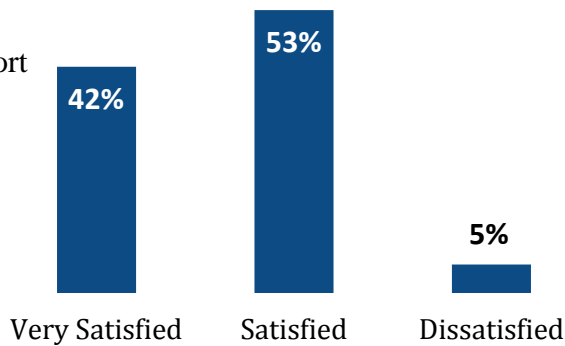
Regional OPPA Results

Policy and Procedure Development

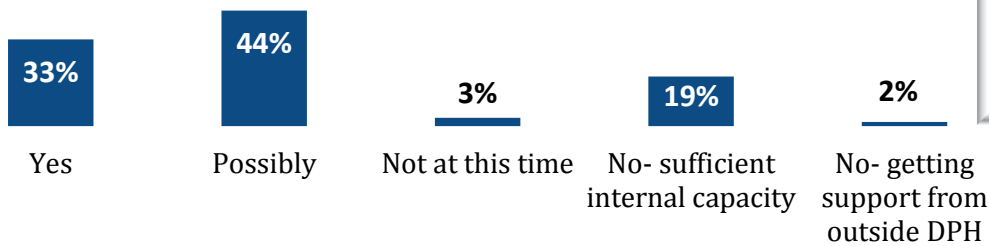
Seventy-nine percent of respondents were aware Regional OPPA staff provide support with development of policies and procedures that comply with state statute and administrative rule. Thirty-one percent reported receiving support from Regional OPPA.



Of those that received support in policy and procedure development, 95 percent were either very satisfied or satisfied, and 5 percent were dissatisfied.



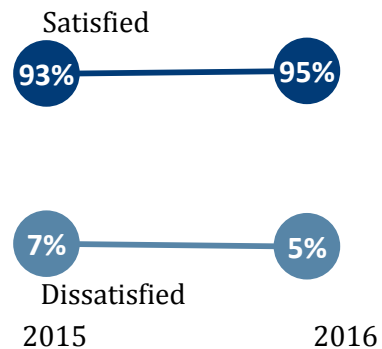
One-third (33%) of survey respondents would be interested in receiving future support in policy and procedure development from Regional OPPA, and an additional 44 percent are interested in more information about the type of support offered.



Comments reflected that it would benefit local health departments if policy and procedure templates were available, as well as additional tools/trainings being identified as a need.

“If there are templates already created of the most commonly used P&P’s, I would love to see them if they were created based on best practices and those practices referenced.”

Satisfaction with policy and procedure development increased slightly from 93 percent in 2015 to 95 percent in 2016. Data was not collected on this measure in 2013.



Regional OPPA Results

Local Financial and Staffing Survey

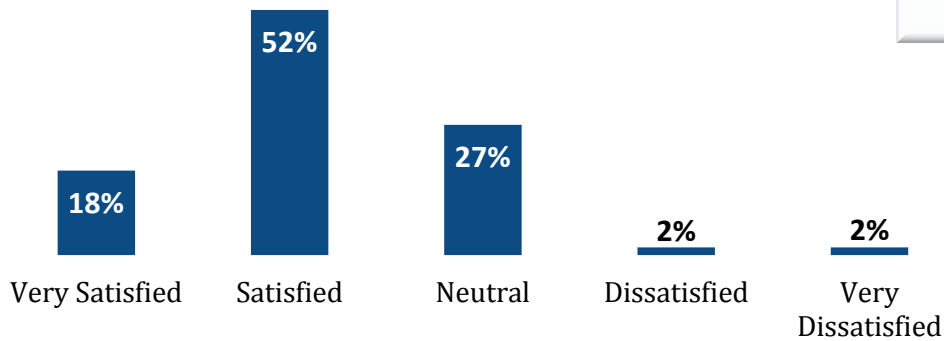
In 2015, a Regional OPPA work group convened to evaluate the Local Financial and Staffing Survey and consider quality improvement options. As a result of this process and in an effort to reduce redundant surveying of local health department partners, Regional OPPA encouraged local health departments to complete the National Association of County and City Health Officials' (NACCHO) National Profile of Local Health Departments survey instrument in 2016.

Survey respondents were asked to rate their satisfaction with the communication they received throughout the Financial and Staffing Survey quality improvement process.

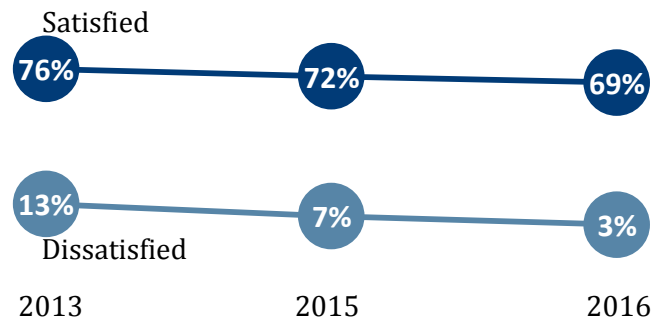
Overall, respondents reported being satisfied or very satisfied with the communication received. A small percentage (4% total) reported being dissatisfied or very dissatisfied.

Overall, the local health departments appreciated only completing one survey, which avoided duplication.

“Thanks for getting rid of the redundancy! I liked only having to take one survey and if there is additional information DPH would like, I think the place to ask them is at the end of this survey.”



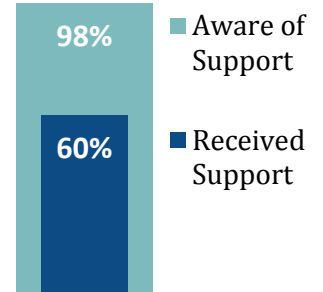
From 2013 to 2016, satisfaction with the Local Financial and Staffing Survey has decreased from 76 to 69 percent.



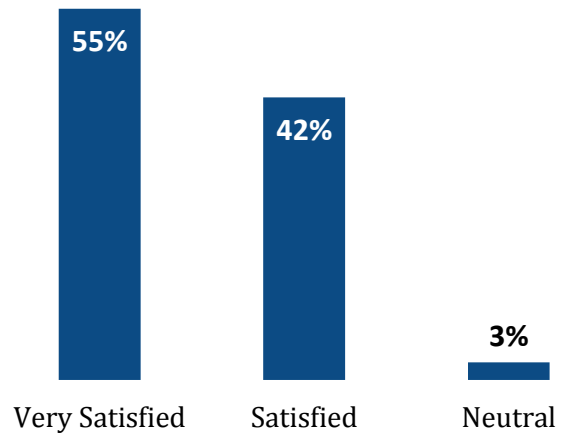
Regional OPPA Results

Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP)

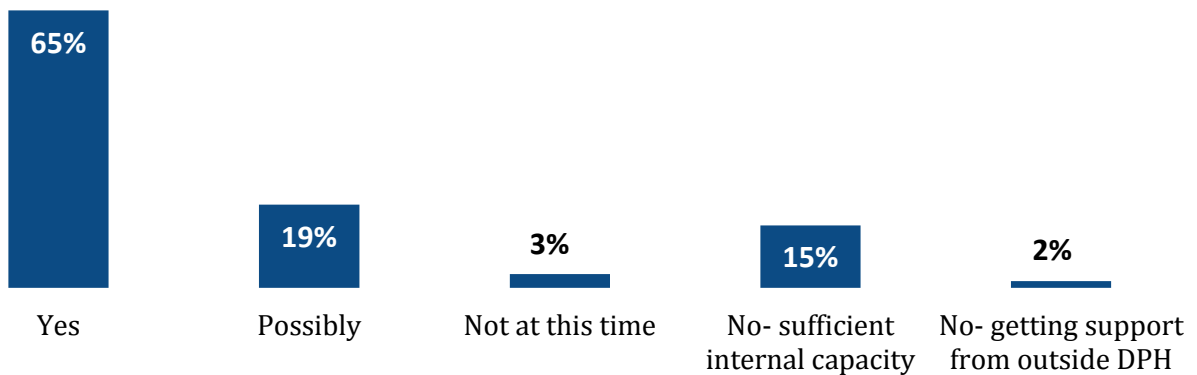
Ninety-eight percent of respondents were aware Regional OPPA staff provide support in Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) processes. Sixty percent received support in this area from Regional OPPA.



Those who reported receiving support were asked to rate their satisfaction. Over half (55%) were very satisfied, and 42 percent were satisfied with the CHA/CHIP support received.



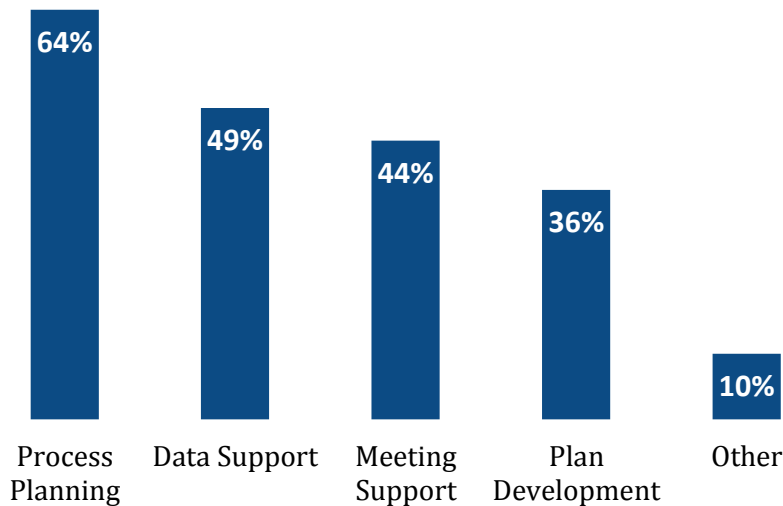
Almost two-thirds (65%) indicated they would like future support with their Community Health Assessments and/or Community Health Improvement Planning processes.



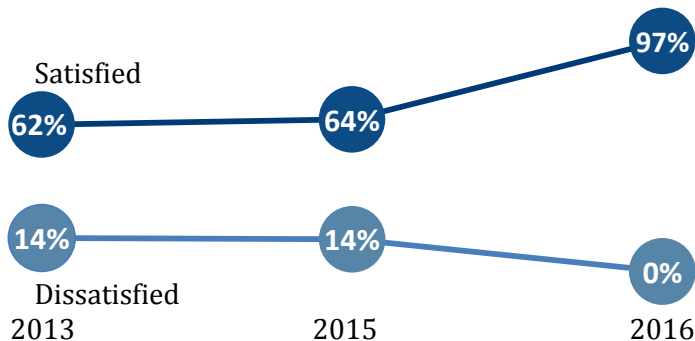
Regional OPPA Results

Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP)

Agencies who had reported receiving support with CHA/CHIP processes were asked to further clarify the areas in which they had received assistance. All areas of CHA/CHIP work were represented, with process planning the most commonly identified area of assistance received. Four responses for “Other” were received, identifying that Regional OPPA assisted with CHA/CHIP documentation and strategic planning, provided tools for CHA/CHIP work, and attended and participated in CHA/CHIP work groups.



Satisfaction with CHA/CHIP support has increased from 62 percent in 2013 to 97 percent in 2016.



Survey respondents expressed appreciation for continued support from Regional OPPA staff with CHA/CHIP processes. Respondents described additional support for CHA/CHIP work is obtained from hospital partners, students and internal health department staff.

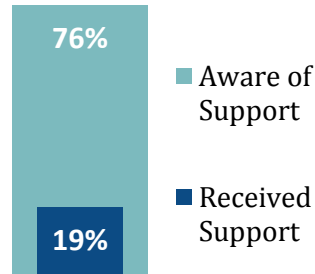
Suggestions for future support included having a Community of Practice as a way to build CHA and CHIP skills, and assisting cross-border action planning for CHIP priorities.

“Consistent processes in public health regions would be valuable to improving the health of our communities on a broader level. Regional or state staff could help achieve that.”

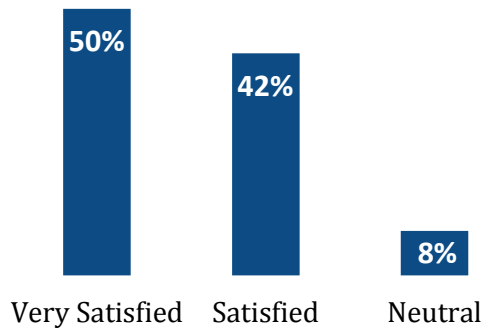
Regional OPPA Results

Performance Management

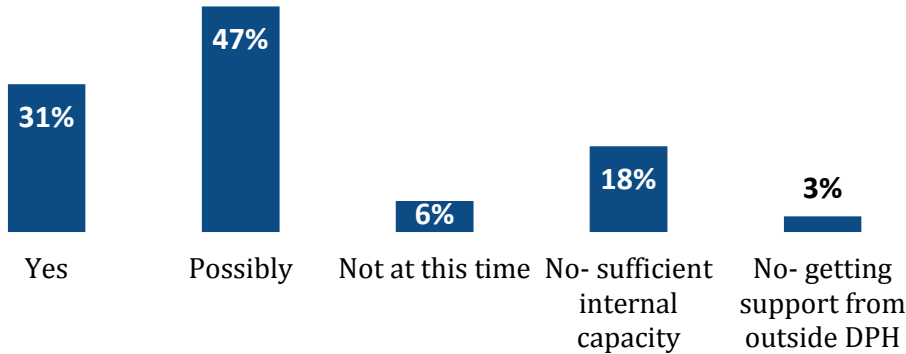
More than three-quarters (76%) of respondents were aware Regional OPPA staff provide support in performance management planning and system development. Nineteen percent received support in this area from Regional OPPA.



Of those that received Regional OPPA support in performance management, 92 percent were either very satisfied or satisfied.



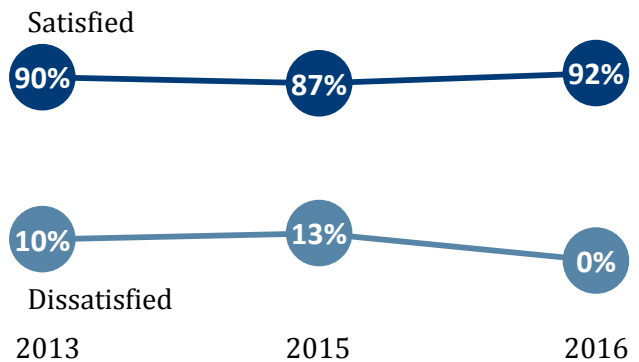
Nearly one-half (47%) of respondents are interested in more information about the performance management support offered, and 31 percent would like future support in this area.



Comments revealed some were unaware of the specific type of performance management support Regional OPPA can offer, while others shared they have utilized support in this area.

“Not certain what this would entail and would need more information and examples of the types of performance management and system development that could be provided. We no doubt could use some help with this.”

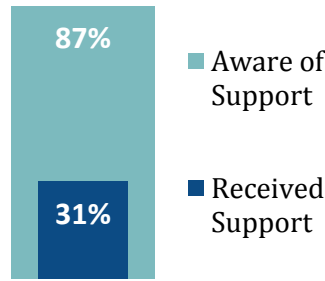
A slight overall increase in satisfaction with support in performance management planning and system development was seen, with 90 percent satisfied in 2013 compared to 92 percent satisfied in 2016.



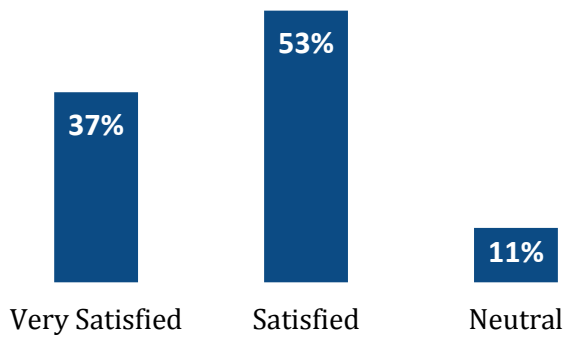
Regional OPPA Results

Quality Improvement

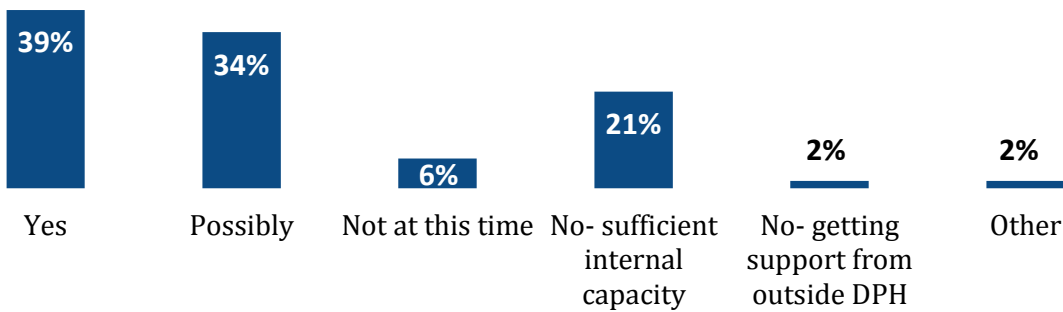
Eighty-seven percent of respondents were aware Regional OPPA staff provide support in quality improvement projects and processes. Thirty-one percent received support in this area from Regional OPPA.



Of those that received Regional OPPA support in quality improvement, 90 percent were very satisfied or satisfied.



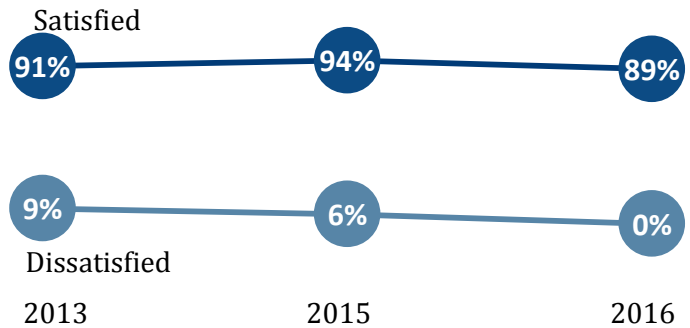
Nearly a quarter (21%) of respondents reported having sufficient internal capacity for quality improvement projects and processes, while 39 percent would be interested in future support in this area from Regional OPPA. In the single response in the 'other' category, a respondent shared the process used for quality improvement on their immunization rates.



Survey comments reflected examples of QI support agencies have received, including training and funding for QI projects, while others shared they have not yet requested Regional OPPA support in this area.

“The department received training on logic models and how to derive QI projects from the models.”

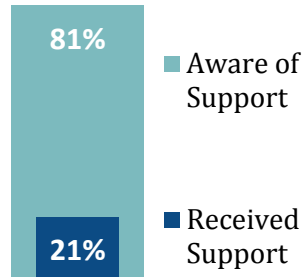
Satisfaction with support in quality improvement projects and processes decreased overall from 91 percent in 2013 to 89 percent in 2016.



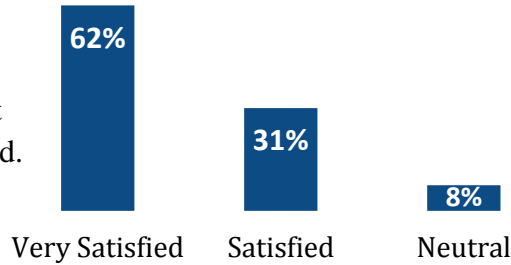
Regional OPPA Results

Strategic Planning

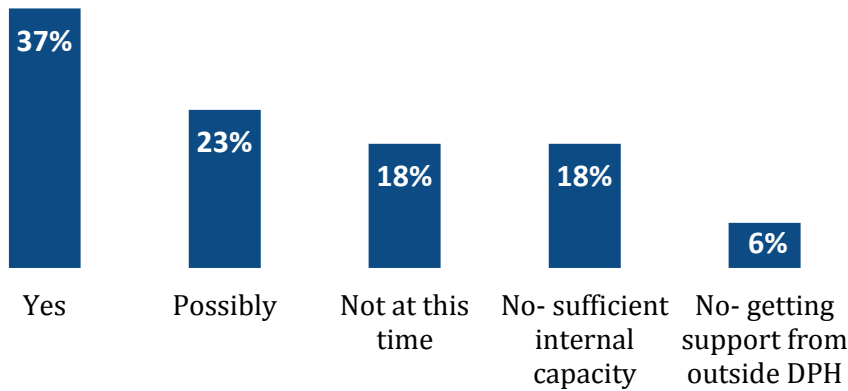
Eighty-one percent of respondents were aware Regional OPPA staff provide support in strategic planning. Twenty-one percent received support in this area from Regional OPPA.



Of those that received Regional OPPA support in strategic planning, 93 percent were very satisfied or satisfied.



The same percentage of respondents (18%) expressed that their agency has sufficient internal capacity in strategic planning, or that they are not interested in support from Regional OPPA in this area at this time. Roughly one-quarter (23%) are interested in receiving more information, and 37 percent are interested in future Regional OPPA support in this area.

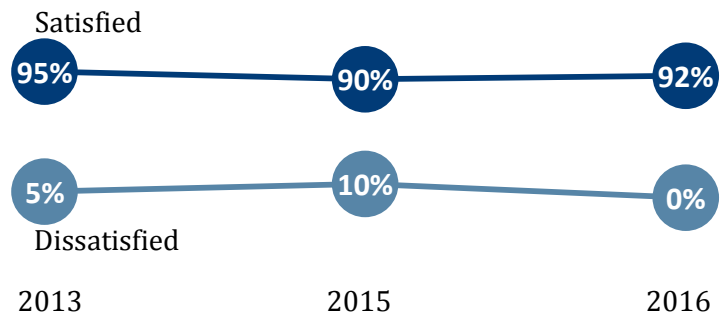


Survey responses ranged from some agencies managing the strategic planning process on their own or with local support, to requesting assistance from Regional OPPA.

“We used the Regional Office for strategic planning support in 2014. It was very helpful to have an outside facilitator help with this process.”

“We also like to leverage our local partners and utilized UW Extension for our latest Strategic Planning. Both agencies would have done a great job, and both agencies know the work we do.”

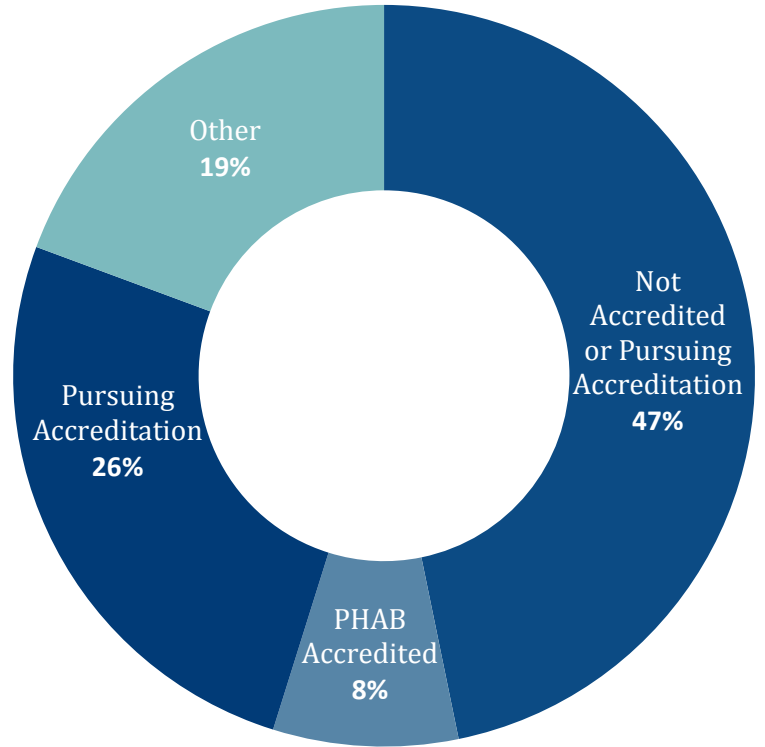
Satisfaction with strategic planning support decreased from 95 percent in 2013 to 92 percent in 2016.



Regional OPPA Results

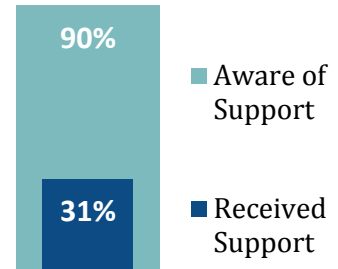
Public Health Accreditation

Survey respondents were asked to identify whether their agency was accredited, or pursuing accreditation, through the Public Health Accreditation Board (PHAB). Eight percent are currently accredited, while 26 percent are pursuing accreditation. Just under half (47%) are not accredited or pursuing accreditation through PHAB.

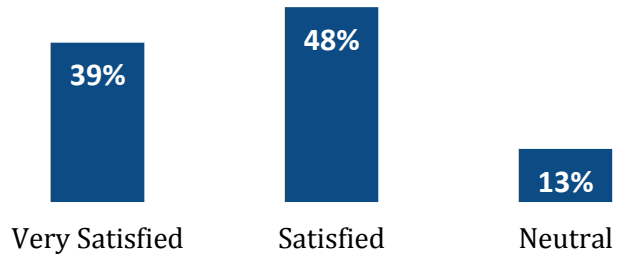


Twelve respondents (19%) selected ‘Other’; these agencies identified they are considering or planning for PHAB accreditation in the future (n=6), completing an accreditation readiness self-assessment (n=2), or are planning to be accreditation ready but not pursuing or not committing financially through PHAB’s accreditation process (n=4).

Ninety percent of respondents were aware Regional OPPA staff provides support in public health accreditation efforts. Thirty-one percent received support in this area by Regional OPPA.



Of those that received Regional OPPA support in public health accreditation, 87 percent were very satisfied or satisfied.

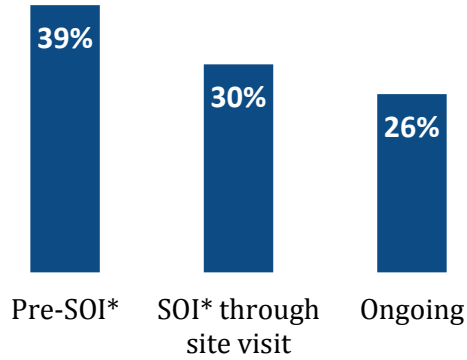


Regional OPPA Results

Public Health Accreditation

Agencies who had reported receiving support with public health accreditation were asked to further clarify the areas in which they had received assistance.

Respondents received comparable support in the areas of pre-statement of intent activities, post-statement of intent through PHAB site visit activities, and ongoing support. Examples of activities from each stage of accreditation support were provided in the survey.

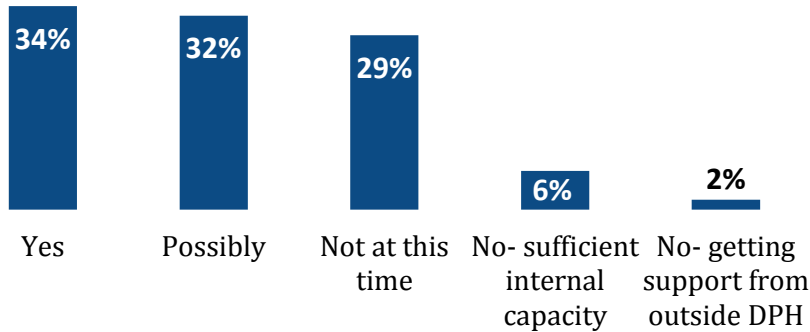


*SOI=Statement of Intent

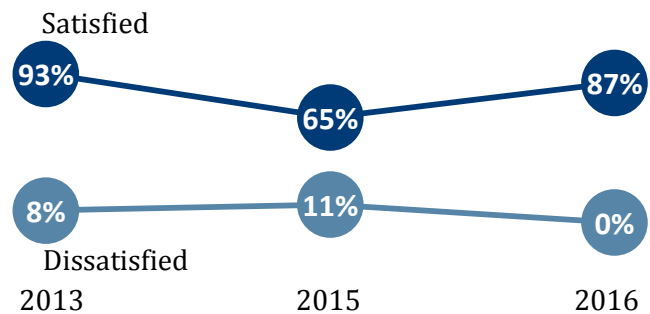
Comments were given by health departments from different places on the accreditation journey. Some were unaware of technical assistance available from Regional OPPA and others have received support or indicated they will request support in the future.

“I have been supported by OPPA staff to consider and work towards Public Health Accreditation Board (PHAB) accreditation; however we are not taking active steps to pursue the process at this time.”

Just over one-third (34%) of respondents would like future Regional OPPA support with public health accreditation, while 32 percent would like more information about the support offered. Thirty-seven percent do not want support at this time, have sufficient internal capacity, or are getting support in this area from outside of DPH.



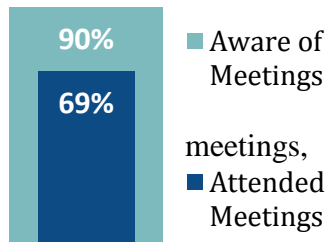
Satisfaction with support in public health accreditation had an overall decrease from 93 percent in 2013 to 87 percent in 2016.



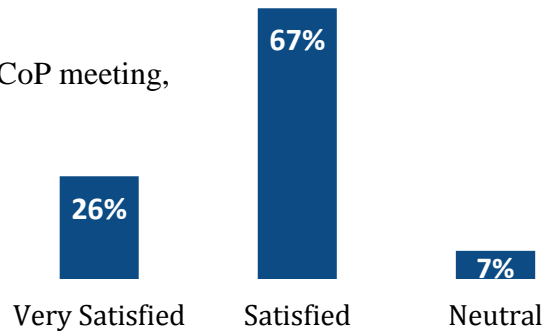
Regional OPPA Results

Regional Meetings

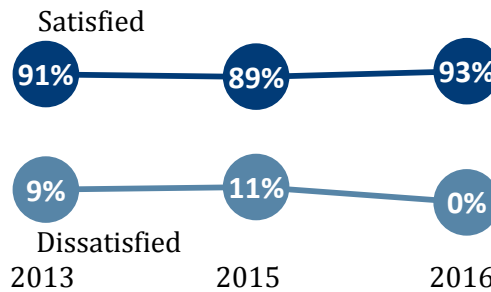
Ninety percent of respondents were aware Regional OPPA facilitates regional Community of Practice (CoP) for Public Health Infrastructure and 69 percent of agencies have had staff attend a CoP meeting.



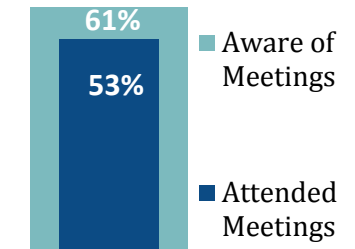
Of those that attended a CoP meeting, 93% were very satisfied or satisfied.



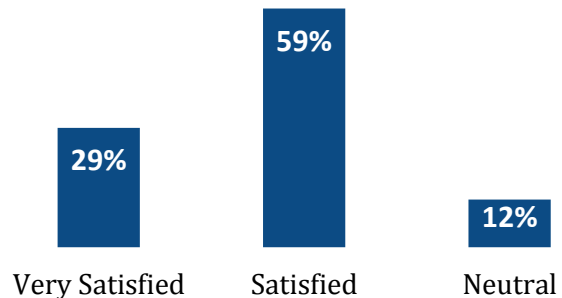
There was an overall increase in satisfaction with the regional CoP meetings, from 91 percent in 2013 to 93 percent in 2016.



Sixty-one percent of respondents were aware that, based on regional needs, Regional OPPA provides facilitation of partner meetings on public health practice and quality improvement issues. Fifty-three percent of agencies had staff attend these meetings.



Of those that attended a partner meeting on public health practice and quality improvement issues, 88 percent were very satisfied or satisfied.



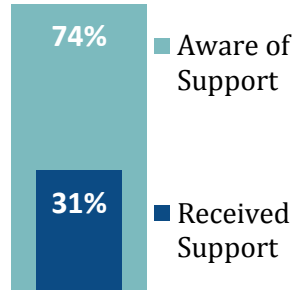
Communities of Practice (CoP) meetings were described as fun, informative and inspiring. Some expressed they had not been able to attend because of limited staff and multiple conflicts.

“They (CoP meetings) are excellent and our staff felt they get a lot out of the meetings, as well as additional helpful resources.”

Regional OPPA Results

Workforce Development

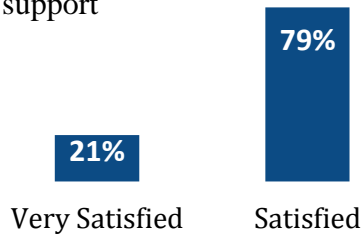
Seventy-four percent (74%) of respondents were aware that support in public health workforce development and orientation is provided by Regional OPPA. Almost one-third (31%) reported receiving support from Regional OPPA in this area.



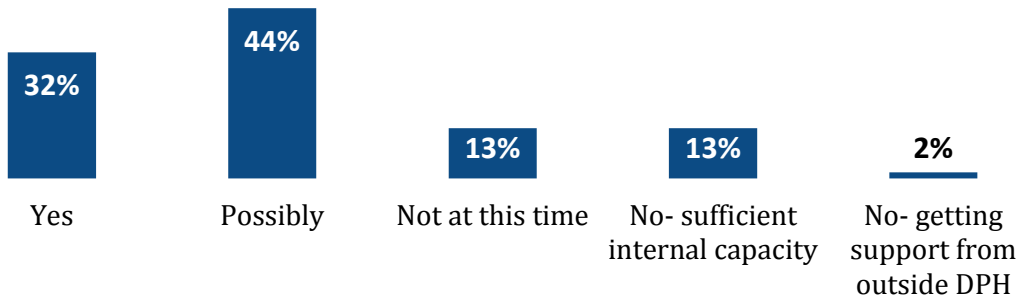
Comments ranged in responses from health departments requesting and receiving staff orientation information to health departments being host sites for students.

“The new health officer orientation and workforce development is critical as we have new group of health officers in region.”

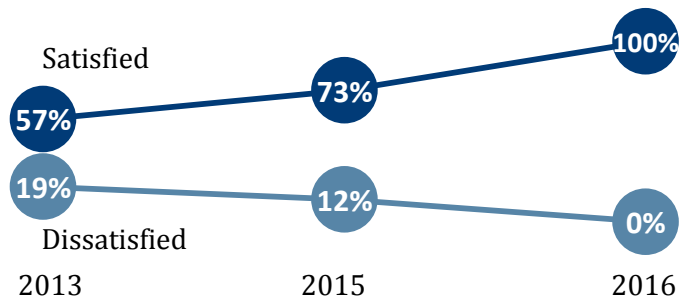
All of those that reported receiving support with workforce development and orientation were satisfied or very satisfied.



About one-third (32%) of respondents indicated they would like future Regional OPPA support with workforce development and orientation, while 44 percent would like more information.



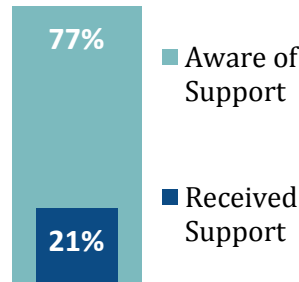
Satisfaction with support in workforce development and orientation increased from 57 percent in 2013 to 100 percent in 2016.



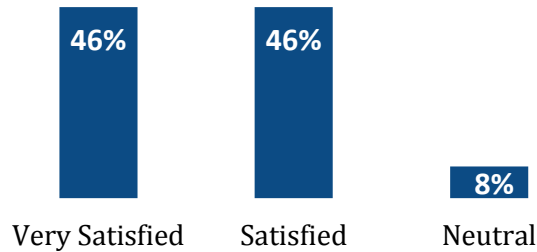
Regional OPPA Results

Board of Health Development

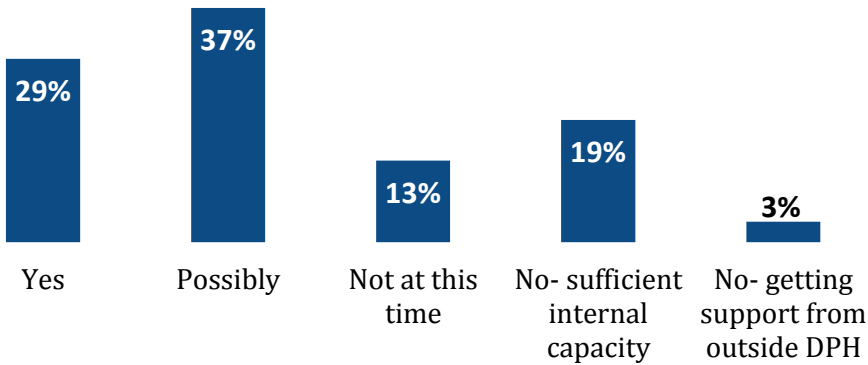
Over three-quarters (77%) of respondents were aware Regional OPPA provides support in board of health development through clarifying board of health roles and responsibilities.



Of those that reported receiving support with board of health development, 92 percent were very satisfied or satisfied.



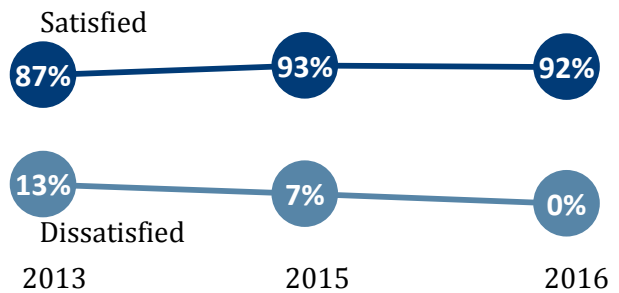
Two-thirds (66%) of respondents would either like support, or would like more information about the support offered in board of health development, while 19 percent of respondents have sufficient internal capacity for this activity.



Comments reflected that the health departments that received support from Regional OPPA with their board of health were very appreciative, while others indicated that as board members turn over they will request assistance from Regional OPPA.

“It’s always a good idea to refresh board members memory with their role and responsibilities. I think examples are good to share with them of how other boards have used their influence to implement policy.”

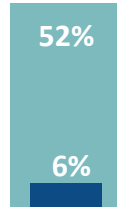
Eighty-seven percent of respondents were satisfied with support in board of health development in 2013, and 92 percent were satisfied in 2016.



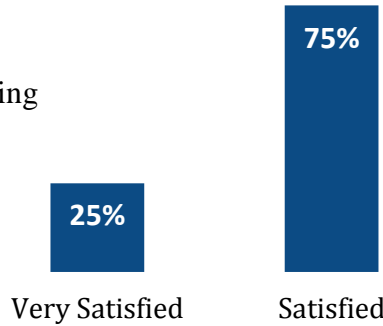
Regional OPPA Results

Academic Partnerships

Just over one-half (52%) of respondents were aware support in facilitating relationships with academic partners is provided by Regional OPPA. Six percent reported receiving Regional OPPA support in this area.



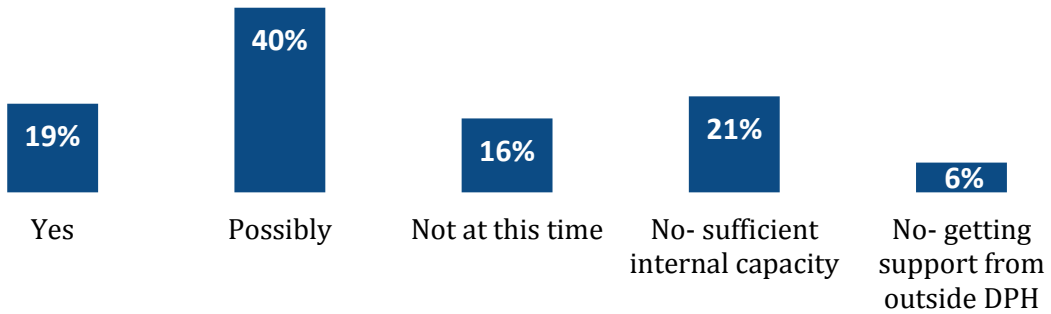
All of those that reported receiving support with facilitation of academic partnerships were satisfied or very satisfied.



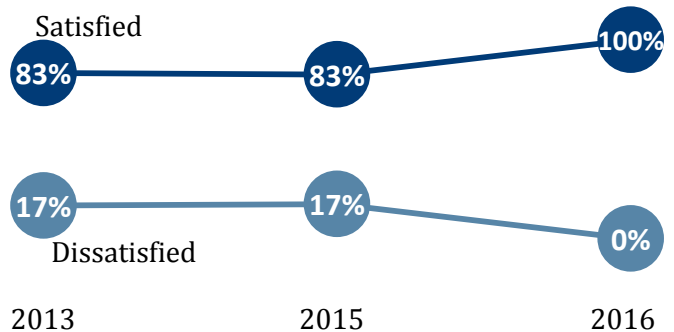
Survey responses indicated some health departments are currently connected with their academic partners, while others responded it would be helpful to have Regional OPPA support.

“This would be helpful on a regional level, since clinical sites for public health rotations are in demand.”

Nearly a quarter (21%) of respondents reported having sufficient internal capacity for facilitating relationships with academic partners, while 19 percent are interested in future support from Regional OPPA, and 16 percent are not currently working on this issue.



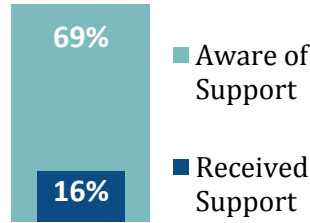
Satisfaction with support in facilitating relationships with academic partners increased from 83 percent in 2013 to 100 percent in 2016.



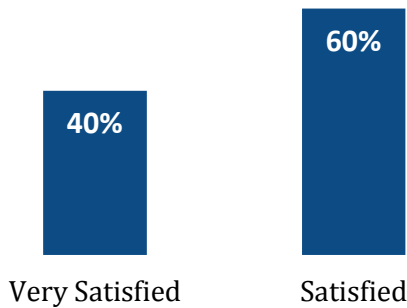
Regional OPPA Results

Collaboration, Shared Services, and Mergers

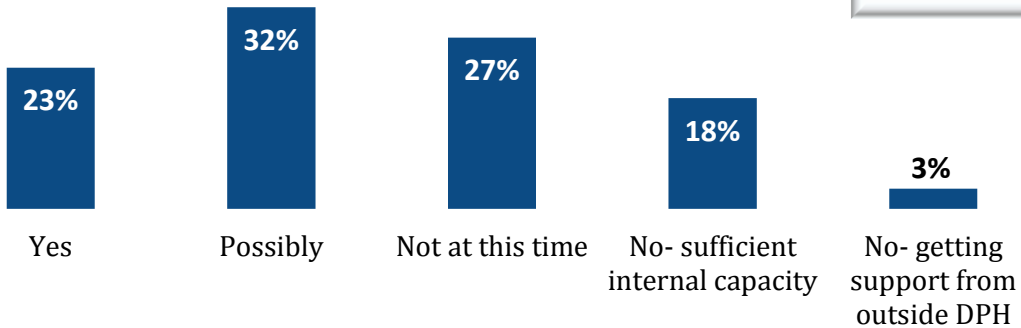
Sixty-nine percent of respondents were aware support with collaborations, shared services, and mergers is provided by Regional OPPA. Sixteen percent reported receiving Regional OPPA support in this area.



All of those that reported receiving support with collaborations, shared services and mergers were satisfied or very satisfied.



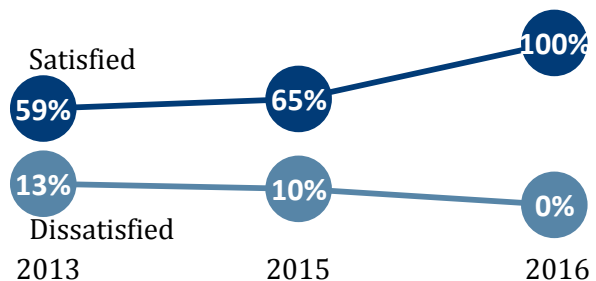
Almost a quarter (23%) of respondents are interested in future support from Regional OPPA in this area, while 27 percent are not currently working on this and 18 percent reported having sufficient internal capacity.



Some reported already working across county lines with several health departments and receiving support from Regional OPPA. Others would like to explore options or opportunities of shared services.

“As more discussion around multi-county health departments is happening, I think OPPA should be a bridge between local health departments and the state.”

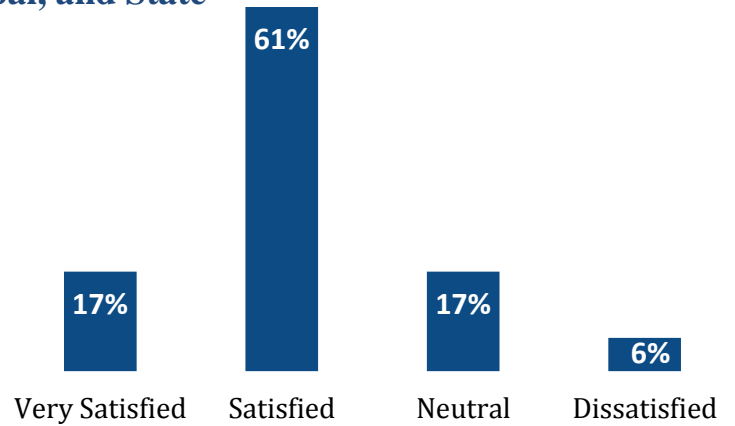
Each year of the survey there was an increase in respondents satisfied with support with collaborations, shared services, and mergers, from 59 percent in 2013 to 100 percent in 2016.



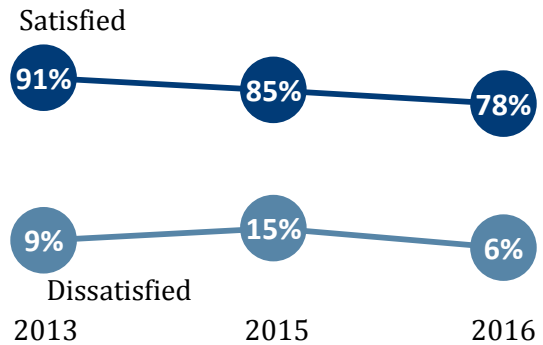
Regional OPPA Results

Linking the work of DHS and Local, Tribal, and State Public Health System Partners

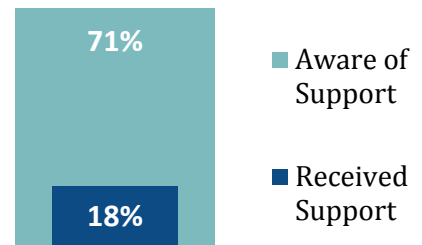
Eighty-seven percent were aware Regional OPPA facilitates communication on state, regional, and local public health issues among DPH programs and local and tribal health partners. Over three-quarters (78%) were either satisfied or very satisfied with this communication, while 6 percent were dissatisfied.



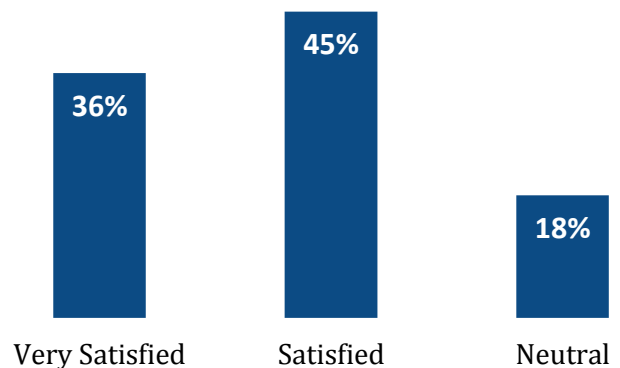
There was a decrease in satisfaction with Regional OPPA's facilitation of communication on public health issues, from 91 percent in 2013 to 78 percent in 2016.



Seventy-one percent of respondents were aware Regional OPPA provides support in aligning local initiatives and priorities with Healthiest Wisconsin 2020. Eighteen percent received support in this area from Regional OPPA.



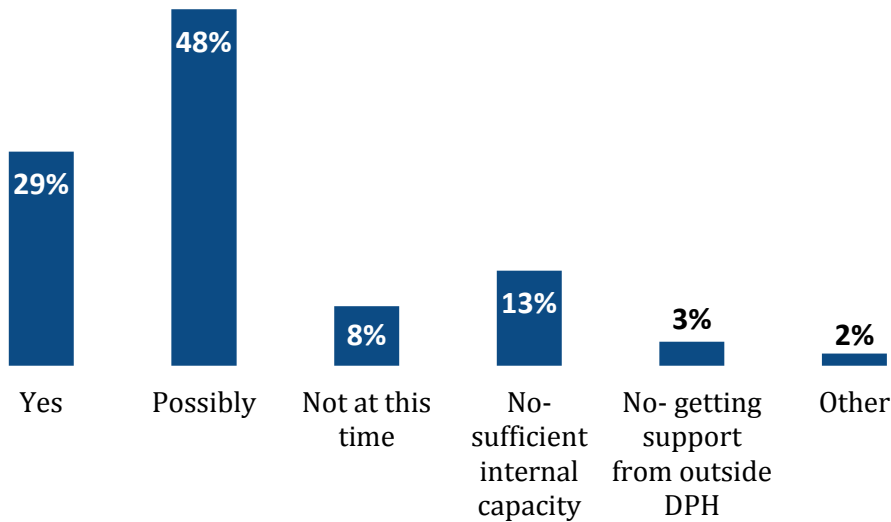
Of those that received Regional OPPA support in aligning local initiatives and priorities with Healthiest Wisconsin 2020, 81 percent were satisfied or very satisfied with the support received.



Regional OPPA Results

Linking the work of DHS and Local, Tribal, and State Public Health System Partners

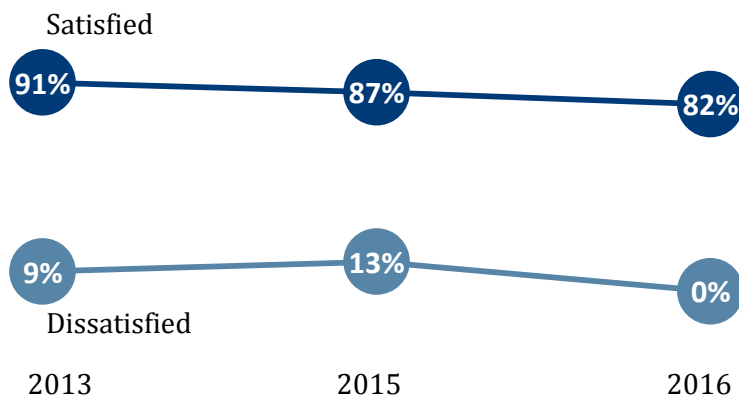
Twenty-nine percent of respondents indicated they would like future Regional OPPA support in aligning local initiatives and priorities with Healthiest Wisconsin 2020 and/or the new State Health Improvement Plan, while almost half (48%) would like more information about the support offered.



Commenters shared how they have aligned local initiatives to HW2020--through CHA/ CHIPs, workforce development plans, strategic plans and QI plans—and examples of emerging priorities.

“Especially around priority areas of Adverse Childhood Experiences (ACEs) and trauma-informed care.”

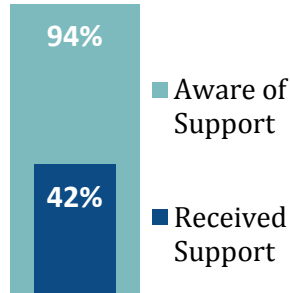
Satisfaction with support in aligning local initiatives and priorities with Healthiest Wisconsin 2020 decreased from 91 percent in 2013 to 82 percent in 2016.



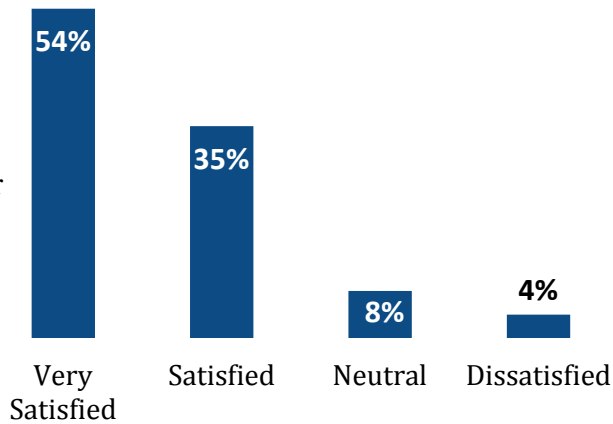
Regional OPPA Results

Linking the work of DHS and Local, Tribal, and State Public Health System Partners

Almost all (94%) respondents were aware Regional OPPA provides support in linking local and tribal agencies to DPH program experts. Forty-two percent reported receiving Regional OPPA support in this area.



Of those that received Regional OPPA support, 89 percent were either satisfied or very satisfied, and 4 percent were dissatisfied with the support received.



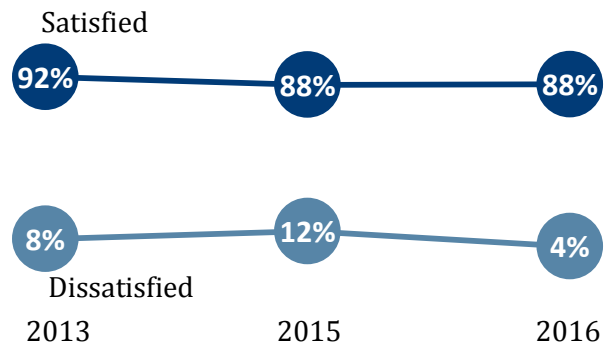
Comments ranged from health departments identifying concern with reaching DPH staff to expressing value in Regional OPPA as a link between DPH and LTHDs.

“Public Health should see LHDs as a hand and glove partner with OPPA as the group that really makes that relationship work.”

Forty-four percent of respondents would like future Regional OPPA support in linking local and tribal agencies to DPH program experts.



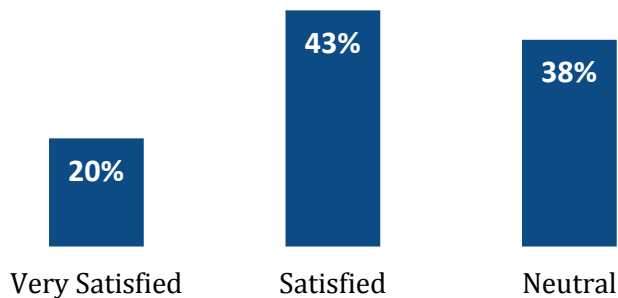
There was an overall decrease in satisfaction with support in linking local and tribal agencies to DPH program experts, from 92 percent in 2013 to 88 percent in 2016.



Regional OPPA Results

Representation on Regional and Statewide Committees on Public Health Practice and Policy Issues

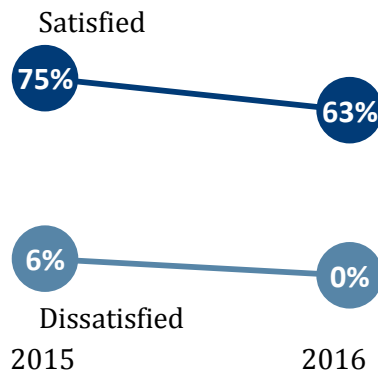
Ninety percent of respondents were aware Regional OPPA staff participate in statewide committees on public health practice and policy issues. Sixty-three percent were very satisfied or satisfied with Regional OPPA’s participation in statewide committees on public health practice and policy issues.



In the comments, respondents identified that Regional OPPA participation on statewide committees was positive, and requested reminders of committees Regional OPPA are members.

“I think this comes out in the regional reports at WALHDAB meetings, but am not sure. Perhaps this is something that can be part of the report to help us remember they do this for us.”

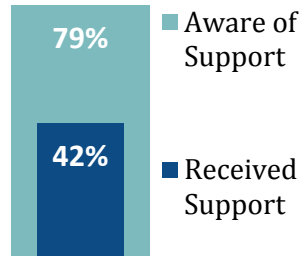
Satisfaction with Regional OPPA’s participation in statewide committees on public health practice and policy issues decreased from 75 percent in 2015 to 63 percent in 2016. This area was not measured in 2013.



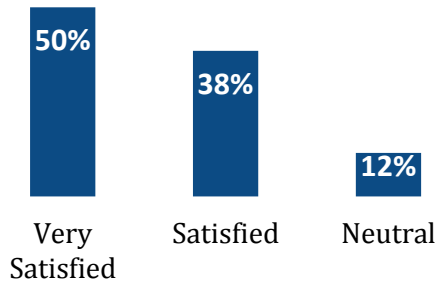
Regional OPPA Results

Monitor and Analyze Regional Assets, Conditions, and Data

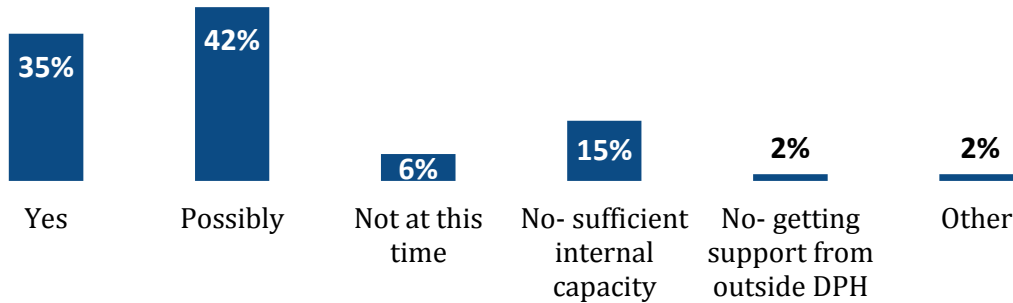
Seventy-nine percent of respondents were aware support in identifying or using regional or state survey data is provided by Regional OPPA. Forty-two percent reported receiving support in this area.



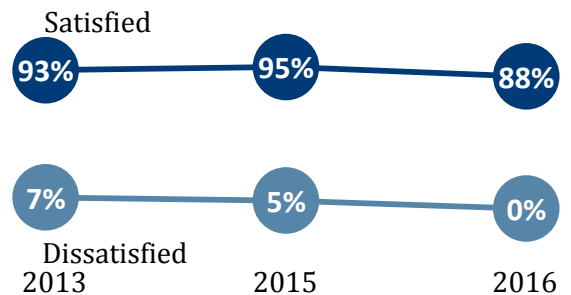
Of those that reported receiving support, 88% were very satisfied or satisfied.



Thirty-five percent of respondents are interested in receiving future Regional OPPA support in identifying or using regional or state survey data, while 42 percent would like more information about the support offered. One “other” response highlighted the need for local data support.



Satisfaction with support in identifying or using regional or state survey data decreased from 93 percent in 2013 to 88 percent in 2016.



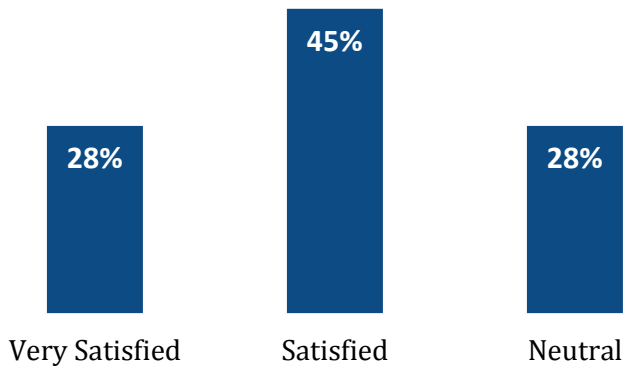
Comments identified that the state plays a critical role in providing data support to the local health departments. A need for tribal specific data was expressed.

“The regional office provides critical linkage between other DPH and state departments for data access for CHNA and CHIP.”

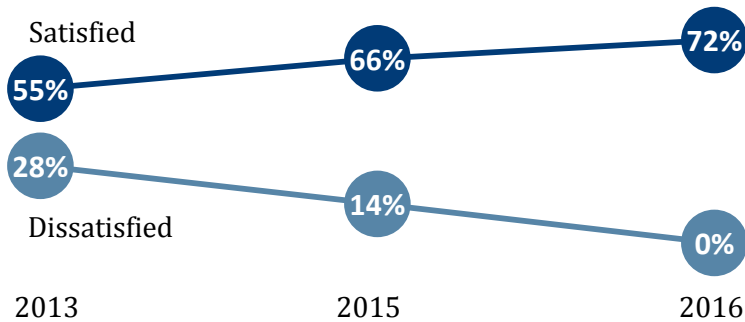
Regional OPPA Results

Participation in Collaborative Teams to Address System and Population Needs in Region

Just under half (45%) of respondents were aware Regional OPPA staff participate in collaborative teams to address system and population needs in regions. Seventy-three percent were satisfied or very satisfied with Regional OPPA's participation in these teams.



Satisfaction with Regional OPPA staff participation in collaborative teams increased from 55 percent in 2013 to 72 percent in 2016.



Some local health departments were aware that Regional OPPA staff participate in collaborative teams to address system and population needs

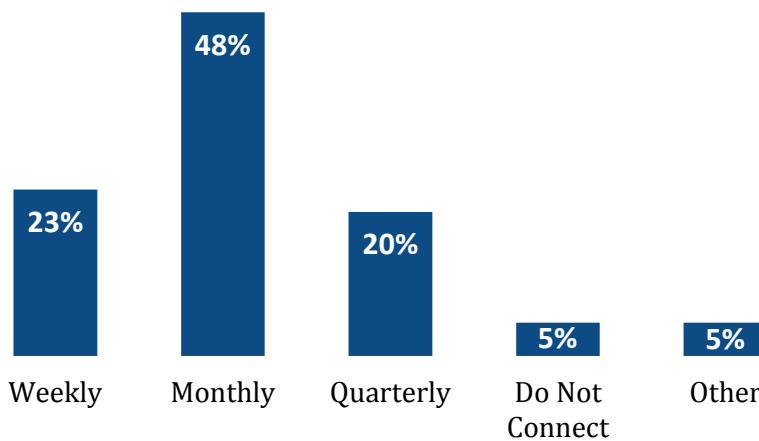
Over half of the respondents were not aware, and a few said they would like more information. Assistance with gathering information on tribal-specific population needs was also expressed.

“They (Regional OPPA staff) can serve as an independent view when working on efforts with partners.”

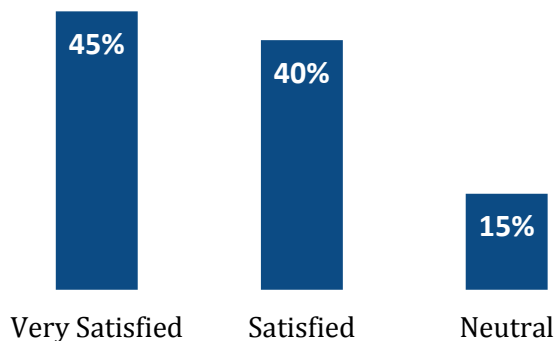
Regional OPPA Results

Overall Satisfaction with Regional OPPA Performance

Survey respondents were asked how often someone from their agency connected with Regional OPPA staff on public health issues. The majority of respondents connect with Regional OPPA on at least a monthly basis. Responses for “Other” included bi-monthly and as needed.



Respondents were then asked to provide an overall rating of their satisfaction with the Regional OPPA team. Eighty-five percent indicated they were either Very Satisfied or Satisfied.



Many survey respondents reported positive relationships and support from regional offices. Some were unclear about the current regional office model and roles, as well as the services offered.

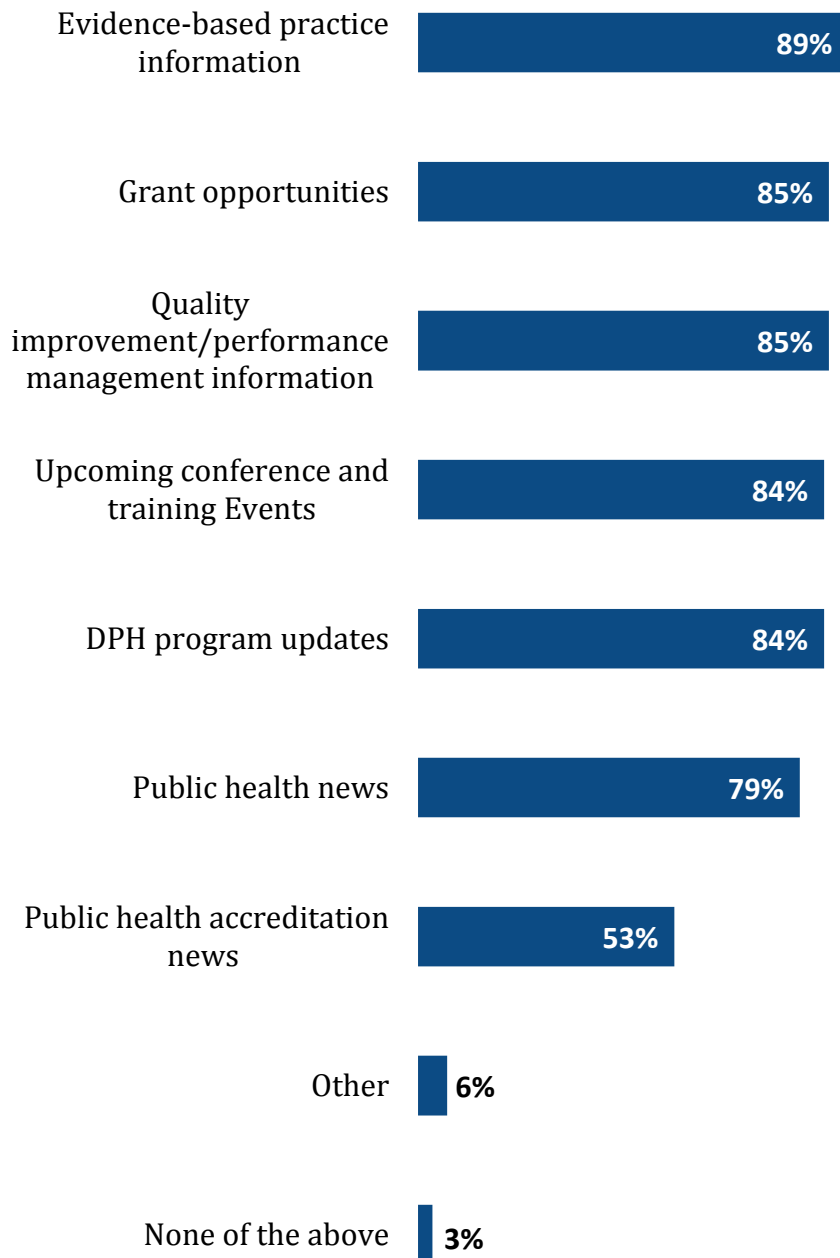
“I just cannot express in words how valuable it is to have Regional OPPA. It is so helpful to know we have a linkage to the state and that this linkage understands what happens at the local level. They offer to help despite their capacity strains and it is so valuable to us here.”

“I was not aware of all these services or the extent to which these services could be provided.”

Division of Public Health Communications Results

Types of Information Desired

Respondents were asked what kind of information they would like to regularly receive from the Division of Public Health. In addition to the results graphed below, respondents also indicated a desire to receive alerts, updates on policy, and information on emerging public health issues and statewide activities.



Comments about communication were used to explain why certain methods may be preferred over others, such as usability of available methods including SharePoint and the DHS website.

“I like the information available in multiple formats depending on the topic and the complexity of the information. If the information is complex it helps to receive it in an email ahead of time to review, followed by a webinar with the opportunity to ask questions.”

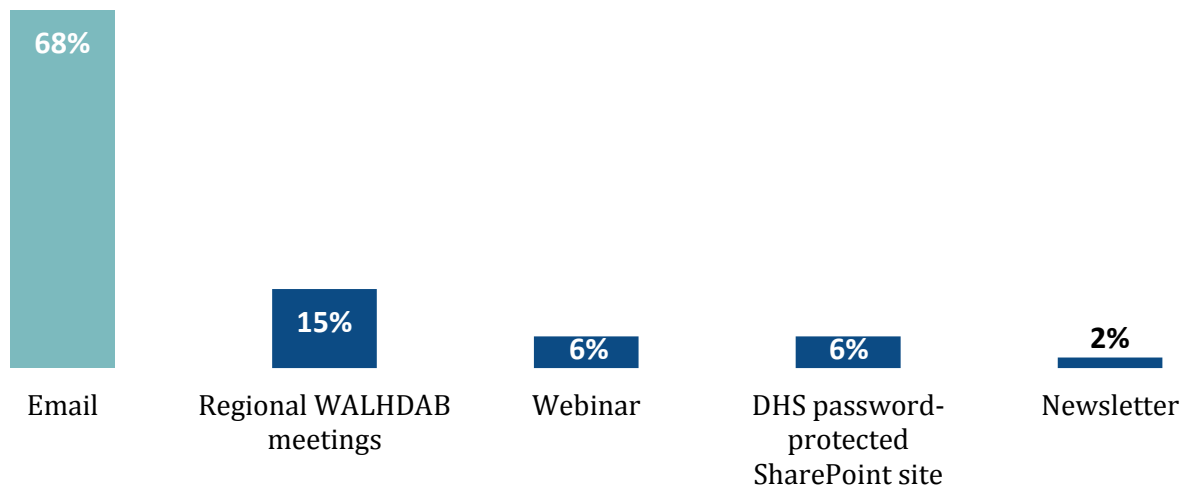
Division of Public Health Communications Results

Preferred Channels of Communication

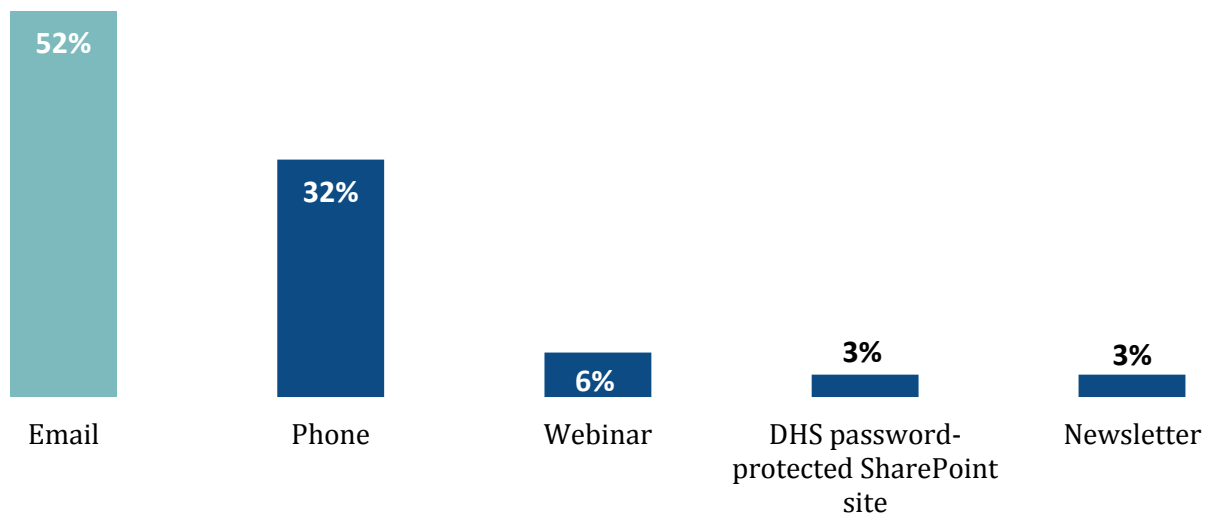
Respondents were asked to rank their preferred methods of receiving both general and emergency public health practice information and updates from the Regional OPPA team and other bureaus within DPH.

Email was the most preferred method for receiving both general (68%) and emergency (52%) information. While all methods were identified as having some degree of preference by respondents, these graphs depict the rankings of the *most* preferred methods to receive information only.

Most Preferred Method for Receiving General Information

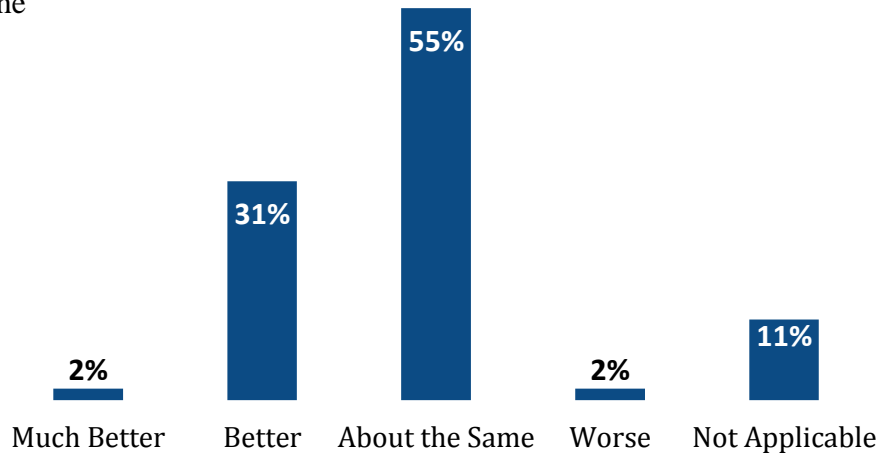


Most Preferred Method for Receiving Emergency Information

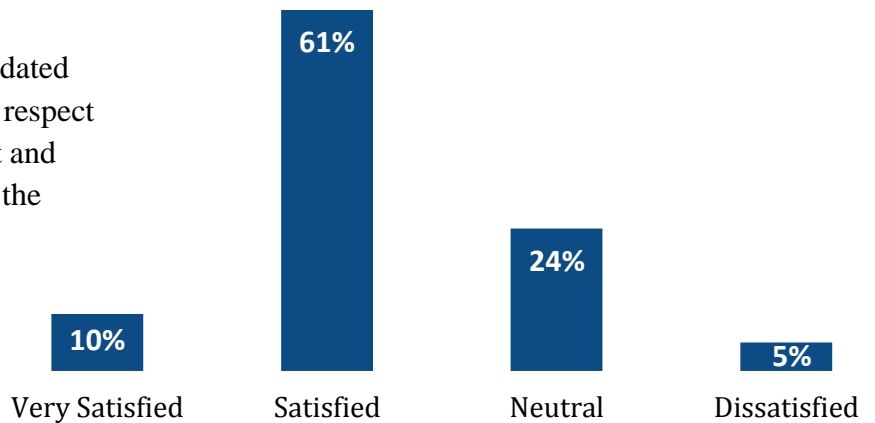


Bureau of Operations Consolidated Contracting Results

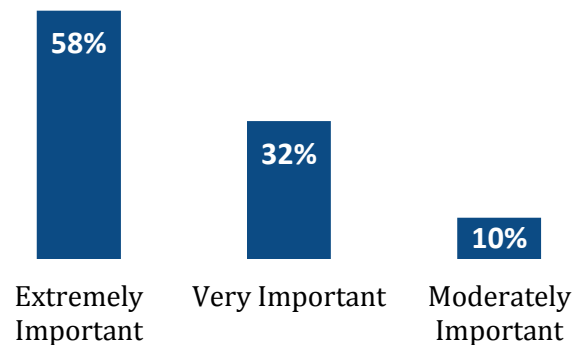
Respondents were asked to describe the overall 2016 contracting process compared to the 2015 contracting process. Just over half (55%) of respondents described the 2016 contracting process as about the same as the 2015 process, and 33 percent described it as better or much better. Eleven percent selected “Not Applicable” as they did not experience both contracting processes to make a comparison.



In rating satisfaction with the Consolidated Contract Overview spreadsheets with respect to the distribution of the base contract and subsequent contract amendments and the availability of general contractual information, 71 percent were either satisfied or very satisfied and 5 percent were dissatisfied.

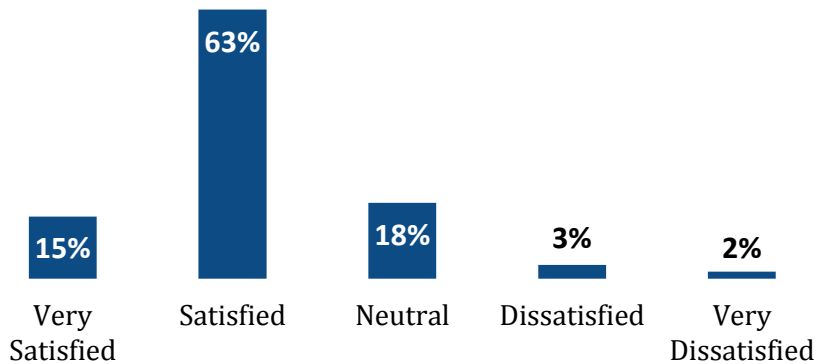


Over half (58%) of respondents indicated that the development of a centralized source for programmatic reporting requirements (due dates, formatting guidelines, submission instructions, etc.) is extremely important, while another 32 percent indicated it is very important and 10 percent moderately important.

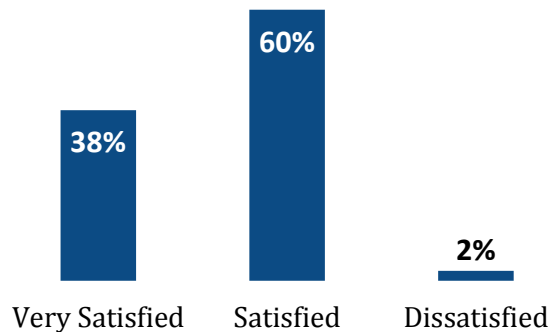


Bureau of Operations Consolidated Contracting Results

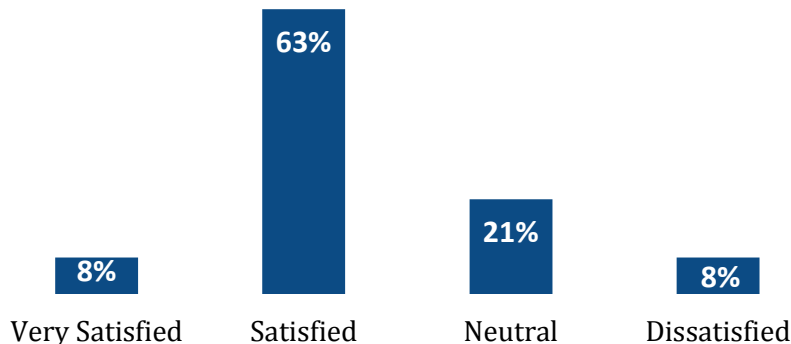
Respondents were asked to rate their satisfaction with the content and frequency of email communications issued regarding the consolidated contract. Over three-quarters (78%) were satisfied or very satisfied, while 5 percent were dissatisfied or very dissatisfied.



Seventy-three percent of responding agencies indicated they received assistance from DPH Bureau of Operations staff in response to contracting questions. Of those that did, 98 percent were satisfied or very satisfied with the assistance they received.



Overall, 71 percent of respondents reported being satisfied or very satisfied with the general consolidated contracting process, while 8 percent were dissatisfied.



Many commented the online Grants and Contracts (GAC) system had been simplified, was less cumbersome and easier to navigate, though some concerns were expressed that the process is disjointed, lacking a clear process or timeline.

“I like the agency overviews by year that lists the health department, program name, profile number, agency type, dollar amount and final report due date are especially helpful, except for the grants that occur over several years.”

Appendix A:

Comments Organized by Survey Topic Title

Please add any additional feedback you have on the performance of Regional OPPA in implementing the **DHS 140 Review Process**.

1. We had our review in late 2014 and the results were communicated in January 2015. I thought the process went smoothly and the regional OPPA staff kept us informed as to the timeline for getting our requested Level III designation.
2. Regional OPPA staff has little knowledge of what LPHA do and used the 140 process to educate regional office staff. This put unnecessary work on the LPHA in completing the 140 process. The 140 process is an assessment of whether an agency is meeting the standards set forth in chapter 140 not an education session for our regional office staff.
3. The process needs to be further streamlined to eliminate redundancies with PHAB and made clearer to eliminate confusion and uncertainties in process, documents needed, definition of programs, etc.
4. It was a supportive adventure that was aimed at maintaining and improving the function of the public health office as set by law and requested by population.
5. Training sessions with consultants were not consistent with preparation needed for 140 review.
6. The Regional OPPA staff were very helpful and very user-friendly to my Board of Health.
7. They did the best they could with the staff on hand. There was a lot of transition during this time.
8. We spent at least 3 months preparing for the 140 Review. We had to provide an extensive number of documents as evidence and the process to upload the docs was unreasonable.
9. I appreciated that they took the time to review the documents and ask process and data oriented questions. If DPH has an expectation that LHDs take the 140 Review seriously, I expect the same from the reviewers and this was true for my experience. It was also a great opportunity to have a nice dialogue with the regional office as staff was new.
10. It took far too long to obtain certificate from DHS.
11. We did ours in 2014. Regional OPPA staff was very new but was back up nicely by other staff.
12. This process for completing the 140 review was new to us. I was surprised that the rural safety day program was not accepted as a program for a level 2 health department. I would like a review on how data needs to be presented prior to the actual submission. The format will need adjustment to population based programs.
13. This was done in 2014.
14. I was not present at this health department during this time.
15. We completed our 140 in 2014 with the rest of the Region.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on the performance of Regional OPPA in implementing the **DHS 140 Review Process**.

16. Regional OPPA staff did a nice job presenting results to BOH. Important piece of the process.
17. Uploading information is complicated.
18. We are a Tribal Health Department and are not required to undergo the DHS 140 Review. Regional OPPA staff has offered to do a similar survey with our department - we just have not taken advantage of that offer as of yet.
19. We had excellent support from our regional office with our 140 review. They answered our technical questions about the online entry of information and were extremely professional during the onsite review. We felt that we were supported yet held to a high standard of practice during this review.
20. They need to remember that evidence needs to be limited to the minimal standards that are required. Some of the questions asked were over and above what is required.

Please add any additional feedback you have on the performance of Regional OPPA in **responding to questions, concerns, and complaints**.

1. We have submitted questions, concerns often to the Regional OPPA staff and they have always responded in a timely manner and are always willing to assist. The staff are very approachable and are an important resource for us.
2. Staff member provided guidance on alcohol policy from experience in their previous position which was not in governmental public health and advised my health educators on some methods that they should try that would not be allowable for governmental employees to engage in the type of activities proposed.
3. They are usually quick to respond and either answer the concern or find us someone who can.
4. Regional OPPA staff has been incredibly helpful in helping us to better understand strategic ways to work on local public health issues.
5. Quality improvement questions were answered.
6. At times when I cannot reach a program specific staff, I contact the regional office and they are usually able to put me in touch with the person I need for specific questions.
7. The staff go the extra mile to assist health officers with any concerns. I appreciate and value their opinion.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on the performance of Regional OPPA in **responding to questions, concerns, and complaints.**

8. Office staff knowledgeable on state statutes and administrative rule. I was surprised to find out that regional office staff not aware when 139 and 140 rules were being opened up that they did not know why this was happening.
9. Regional OPPA has been very good about getting back in a timely manner and if they don't know the answer, making sure that they connect the LHD to the person who does. They also follow-up to make sure there haven't been questions missed.
10. I have found that they are timely in returning/answering calls or emails.
11. All staff meet expectations (i.e.-send out question to other Health Officers and collect the data for submission back to requester), and go beyond my expectations in answering questions (i.e.-query other regions/health departments about HIPAA questions and document examples).
12. Regional office isn't able to answer many questions needed because it needs to go higher up. They forward the message.
13. I have previously asked many questions around these areas Regional OPPA quickly provided a lot of information around these topic areas. Now that I am a bit more up to speed, I have less need for this information.
14. Regional office has been extremely responsive to email and phone questions and willing to research tough issues. Particularly helpful to have a neutral expert available to talk/walk through tough situations that don't have a clear answer. Having diversity of perspective on the Regional OPPA team as well the statewide group is good. Continue to be concerned about the central office perspective on the importance and strength of regional OPPA and the value that central office places on this relationship. While regional OPPA does their best to communicate issues/questions to central office, they could be a more powerful voice in Madison.
15. We had an issue with prevention block grant reporting that was handled professionally.
16. Received timely response to question related to requirements for Level 3.
17. Helpful in assisting staff and county leadership on the modernization of public health. Willingness to travel and support us at our location is incredibly helpful. I expect that I will continue to utilize them as this process evolves.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support **in development of policies and procedures** compliant with statute or rule requirements.

1. I know that I can request support if needed.
2. We would generally go to the central office staff who are experts in the area that we would be developing the policy in versus a generalist staff member in the region.
3. The above question doesn't allow selection of other. The key for me would be whether there was a skill set among the particular OPPA Regional staff for assisting. If there isn't knowledge, or experience, then there is little benefit to ask for assistance and it's better to go elsewhere.
4. Currently, I feel we are in a better place than we have been in the past as far as policy and procedure development. However, it is always helpful to have an outside set of eyes look at current practice.
5. Direction was given to standing policies templates that could be adapted to meet our needs.
6. Will be meeting with new Regional OPPA staff this month. Look forward to hearing about new Regional OPPA support.
7. It would be nice to have a policy and procedure for things that all LHDs do so that each of us are not inventing 80-some different types of wheels. A good example of this is TB or administrative P&Ps. This would particularly be helpful in areas that the state has the role and responsibility. For example, LHDs that do not have a sanitarian and rely on the state to conduct all licensing business and inspections. It doesn't make sense for us to develop a policy that we don't implement. But having a policy created by the state that we all can follow would be helpful.
8. A training for staff on writing/developing policies and procedures or tools to help local staff develop this skill set.
9. The departments P&P follow state statute and rules. I would like more assistance with using EBP on decision making.
10. If there are templates already created of the most commonly used P&P's, I would love to see them if they were created based on best practices and those practices referenced. They could be customized by the LHD after that. It is time consuming to update policies and procedures so at a smaller health department, some P&P's are not updated on a regular basis. Any assistance with this would be very helpful. Especially in light of voluntary accreditation.
11. We have a new health officer that may need this assistance.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on the **Local Financial and Staffing Survey** quality improvement process.

1. This was discussed at our regional WALHDAB meeting so we were very aware of the process.
2. I am more interested in the information gathered from more local agencies than nationwide. I would rather do the local financial and staffing survey than the NACCHO survey and in the past I have not responded to the NACCHO survey but I did respond to the local requests for information.
3. The only updates on this topic I have received have been verbal from staff at the regional WALHDAB meetings. I don't recall ever reading a final decision that the state will be requiring LHD to complete the NACCHO survey.
4. Thank for getting rid of the redundancy! I liked only having to take one survey and if there is additional information DPH would like, I think the place to ask them is at the end of this survey.
5. We routinely fill out the NACCHO survey and see no reason to duplicate surveys as we have not used this data often.
6. I didn't have questions.
7. This change made sense and avoided duplication of the work.
8. I am not aware of any communications with our Tribal Health Department on this survey instrument.
9. Occurred prior to my start on the job.
10. Consistent explanations and directions for completing the survey year to year is necessary for these to have meaning when used by LPH, policy makers etc. This has been inconsistent in the past. This is especially true when new health officers are completing the survey for the jurisdiction for the first time and no documentation exists for the previous years' calculations.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support in **quality improvement**.

1. We will ask for support.
2. I don't regularly see this expertise in the region; would need to know it exists before I could outreach for assistance.
3. The department received training on logic models and how to derive QI projects from the models.
4. We have completed a strategic planning process in 2015 but not a specific quality improvement project other than the strategic plan, CHA and CHIP which is in process.
5. We received funding to do a QI project, but have not requested any further support.

Please add any additional feedback you have on Regional OPPA support in **CHA/CHIP processes**.

1. We have already connected with Regional OPPA about providing some support while we complete our CHIP so this is in process.
2. Consistent processes in PH regions would be valuable to improving the health of our communities on a broader level. Regional or state staff could help achieve that.
3. Survey doesn't allow other selection above. Again, it depends on the skills and abilities of the OPPA staff member about whether they can provide what I may need.
4. Our last CHA used the Data in a Day model, which community partners appreciated and we received nice feedback about the process. Maintaining commitment among partners can be challenging and branching out and working with the hospital on their CHA is our next step.
5. We are preparing to work on our CHA and CHIP at this time. The data has been collected by hospital and public health and has been assessed for trends and importance.
6. Health Educator staff are managing this process.
7. We are still in the process of a regional CHA/CHIP.
8. Continued support in the planning and implementation is always appreciated.
9. Good to have their support, and I think having the CoP are a helpful way to build CHA/CHIP skills.
10. In 2011 the regional office did assist in the process. This time I was able to secure help with the local hospitals and an AHEC student. I did get input into completing the CHIP from the regional office which was beneficial.
11. We did not need to update our CHA/CHIP in 2015 so that is why we did not use them. Otherwise we would have.

Appendix A: Comments Organized by Survey Topic Title

12. The support from the regional office on CHA/CHIP was more than I could have imagined. I had not asked about this level of support in other counties I've led, but it was already happening at our agency and Regional OPPA has continuously offered to help. The assistance has been phenomenal!
13. Ongoing support needed in region to facilitate cross-border action planning for CHIP priorities.
14. May need assistance with CHIP work groups compiling their work into a Community Health Improvement Plan with short term and long term goals and evaluation measures.
15. Local health departments need support with CHA/CHIP of process.
16. We are quite experienced and comfortable with CHA/CHIP but we have a new health officer that may need additional support.
17. Ongoing as we are still working on the data component.
18. When and if the need arises.

Please add any additional feedback you have on Regional OPPA support in **performance management**.

1. We will ask for support if and when needed.
2. I don't see this skill set in existence within the region. I'd need to know it existed before asking for assistance.
3. Can only do one thing at a time with small staff and large duties.
4. My agency has used the Regional OPPA team several times for PM--all I can say is thanks for having this TA. It has greatly helped my staff and me.
5. I intend to schedule a planning meeting with Regional office staff to talk more about getting staff members engaged with PM in the department. Maybe some training.
6. We had consultation with IWHI for our PM planning. Feel we are in good shape, not excellent yet but making positive progress with the consultation.
7. We need assistance with our strategic plan that is acceptable to PHAB.
8. Besides outside support, how would this look internally for an organization.
9. Good to get feedback on process for PM and developing measures.
10. Not certain what this would entail and would need more information and examples of the types of performance management and system development that could be provided. We no doubt could use some help with this.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support in **strategic planning**.

1. Does this expertise exist? If so, we don't know about it.
2. We used the Regional Office for strategic planning support in 2014. It was very helpful to have an outside facilitator help with this process.
3. Health Officer is managing this process.
4. We also like to leverage our local partners and utilized UW Extension for our latest Strategic Planning. Both agencies would have done a great job, and both agencies know the work we do.
5. We are arranging a time to complete our strategic plan.
6. Perhaps with mission/vision development later this year, early in 2017?
7. Many agencies are now struggling with best way to move from an existing strategic plan to a new 5 year strategic plan. Efficiency and effectiveness with this is important
8. In process now. Going well, Regional OPPA has been a great resource.
9. We are in process of obtaining support for strategic planning process.

Please add any additional feedback you have on Regional OPPA support in **public health accreditation**.

1. I appreciate the support the regional office has provided my department with the accreditation process.
2. I think if they were going to provide public health accreditation support they would need to attend the IWHI Summit for the most up to date information statewide.
3. We are accredited but will ask for support to maintain accreditation if we need it.
4. Someone has these skills? Is familiar with PHAB criteria? Is a site visitor and can bring practical expertise? If so, we don't know.
5. Our department currently looks at bits and pieces of accreditation work that can improve our outcomes, but at this point we do not have the staff time or fiscal capacity to actively work towards accreditation.
6. I have been supported by OPPA staff to consider and work towards PHAB accreditation however we are not taking active steps to peruse the process at this time.
7. It is good that they are aware of local efforts in the region but also throughout the state. I feel that this helps identify best practices that can be adopted or utilized by all LHDS.
8. I feel that the communities of practice support the ongoing activities in accreditation.
9. We have had assistance from the regional office with developing the action plan.
10. We need Regional OPPA to be the guru's relating to PHAB requirements so having them be part of site visits and staying abreast of changes and interpretations is key!

Appendix A: Comments Organized by Survey Topic Title

11. Community of Practice is important - thanks for this work. Will be needing support as we continue to take steps forward in process this year!
12. I want to start the process but am concerned about the initial and ongoing costs to become accredited. It seems like the fees should be based on either the size or level of the health department or the municipality. I would have to seek extra funding to become accredited.
13. At the point we are ready to make application, we would look to Regional OPPA to provide support.

Please provide any additional feedback you have on Regional OPPA **participation on statewide committees**.

1. I do not have firsthand experience in this as of yet.
2. Regional OPPA participation in the TB Summit has been very useful.
3. Participation is good on their part however their hands are tied.
4. I think this comes out in the regional reports at WALHDAB meetings, but am not sure. Perhaps this is something that can be part of the report to help us remember they do this for us.
5. No opinion

Please add any additional feedback you have on **regional CoP or partner meetings**.

1. We have participated in other regional COP meetings due to the inconsistent frequency of our regional meetings which may have been contributed to by OPPA staff turnover.
2. Will be attending.
3. COP meetings planned by OPPA staff have been fun and informative as well as inspiring.
4. Training in quality improvement need to continue so that new PH staff can participate.
5. This may have been covered in my orientation with OPPA staff but all of info was covered and someone from our Agency may have attended prior meetings that I am not aware of.
6. They are excellent and our staff feel they get a lot out of the meetings as well as additional helpful resources.
7. Regular QI trainings are helpful for new staff.
8. Due to a limited number of staff and multiple conflicts, we have not been able to consistently attend. This does not reflect on the offering.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support in **public health workforce development and orientation**.

1. We currently are a host site for UWGB RN to BSN completion students and at times are a host site for UW Oshkosh Accelerated nursing students.
2. Orientation of new PH employees.
3. Have gotten some feedback that PH orientation is too long of a time commitment but still am generally supportive. Also think that new health officer orientation and workforce development is critical as we have new group of health officers in region.
4. Would love assistance with orienting a public health specialist currently being hired.
5. I have received orientation materials.
6. I would like to look at what other mid-size health departments have done.
7. There has been discussion of developing a new PH supervisor training. I am very interested in this curriculum for staff development.

Please add any additional feedback you have on Regional OPPA support in **board of health development**.

1. We have 3 new board members on our HHS Committee, so this may be a future need.
2. At this point, we are working within new state statutes for cross jurisdictional health departments.
3. It's always a good idea to refresh board members' memory with their role and responsibilities. I think examples are good to share with them of how other boards have used their influence to implement policy.
4. My Board staff has stayed stable. In the event we get new staff in the future I will use the OPPA support to educate the new staff. Also will keep in mind if we have any difficulty with clarification of roles.
5. Regional OPPA staff came to the BOH meeting and did an orientation for the BOH. The board was very appreciative and the members that had received this orientation like the reinforcement.
6. I am expecting changes in our BOH membership which may require some assistance with orienting new members to public health if they have no back ground in PH and the role of a BoH.
7. I received support at board of health meeting prior to 2015. Very helpful.
8. With being a Tribal Health Department, we do not have a board of health as the local health departments have. We have a Tribal Health Advisory Committee which operates differently than a County Board of Health.
9. The sooner the better please contact me.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support in **facilitating relationships with academic partners**.

1. This would be helpful on a regional level, since clinical sites for public health rotations are in demand.
2. Distance from academia has impeded us in the past for application for grants.
3. With UWEC in EC it might be helpful to have regional OPPA help us navigate cross regional connection. We are working hard on this UWEC relationship and lots of new things are happening but it strikes me that I am not always thinking about how what we do impacts the broader region.
4. I may look for updated on partnership agreements and student orientation.
5. We currently have relationships with academic partners in our area.
6. We have a new health officer that likely needs more information about this service.

Please add any additional feedback you have on Regional OPPA support in **collaborations, shared services, or mergers**.

1. We work across county lines.
2. I would like to explore options or opportunities of shared services for environmental health for my county.
3. As more discussion around multi-county health departments is happening, I think OPPA should be a bridge between LHDs and the state. The Regional offices get the local experience and perspective and this is invaluable when decisions are made that affects LHDs but might not involve LHDs in the decision making process. I cannot stress that enough.
4. Absolutely wonderful support in looking at shared services related to WWWP, NFP, and other programs. Critical work as a regional OPPA.
5. We need assistance with a possible shared service model around environmental health service while becoming agents of the state for DATCP.
6. We may look for assistance with tribal and health department agreements.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support in **identifying or using regional or state data**.

1. I look toward the state for data and see it as a critical role they should play.
2. We have assistance at this time.
3. Analysis and use of data for surveillance and investigation is a bigger and more important local issue with accreditation. Help with this functionality locally - including hiring an epi within the regional OPPA offices would be hugely helpful.
4. We would be interested in Tribal specific survey data.
5. Critical linkage between other DPH and state departments for data access for regional CHNA/CHIP.

Please add any additional feedback you have on Regional OPPA **participation on collaborative teams**.

1. They can serve as an independent view when working on efforts with partners.
2. After several 'no' answers, I feel compelled to note that we can't know about training/experiences without being told who has what skills and how they can be leveraged.
3. What are these teams?
4. What does this mean?
5. I would like more information.
6. Any assistance with gathering Tribal specific population needs would be greatly appreciated.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have on Regional OPPA support in **linking local and tribal agencies to DPH program experts**.

1. I continue to be concerned about the appearance that central office DPH does not value the critical link that OPPA regional offices provide to LHDs and tribes who do the boots on the ground work of governmental public health. DPH should see LHDs as a hand and glove partner with OPPA as the group that really makes that relationship work. Too often lately DPH central office does not include OPPA in communication with locals which means that DPH folks that are in closest relationship with LHDs do not know what is going on. Often there are also gaps in DPH communication with locals on issues that if OPPA staff knew about the issue, they could advocate that locals be told about it. Somehow it appears that locals are only one of the partners and not a unique partner for DPH that is called out in statute and rule. We could have stronger public health outcomes if this relationship was strengthened and prioritized by DPH by having resources in OPPA offices.
2. I would like to explore environmental and communicable disease expertise assistance.
3. Especially around priority of ACE's and trauma informed care.
4. Already doing this in our CHA/CHIP, Workforce Development, Strategic Planning, and QI plans.
5. Working on our CHA and a regional CHA now. OPPA is involved in data and the regional process.
6. Having DPH Programs come and talk at Regional WALHDAB meetings is very helpful. Thank you.
7. DPH program experts are very hard to access in a timely manner. Even the main line may only have an answering service.
8. DPH program experts are great at connecting with public health and keeping lines open.
9. Difficult to reach staff to facilitate these questions.
10. The regional office has been supportive of our county especially around environmental hazards, epidemiology and communication with other department such as DATCP.

Appendix A: Comments Organized by Survey Topic Title

Please enter any additional comments or suggestions for improvement in supporting local and tribal health departments you would like to see from the Regional OPPA teams.

1. I just cannot express in words how valuable it is to have Regional OPPA. It is so helpful to know we have a linkage to the state and that this linkage understands what happens at the local level. They offer to help despite their capacity strains and it is so valuable to us here in our agency.
2. Regional OPPA provided excellent support during my time as a new health officer.
3. Our regional OPPA was extremely helpful in assisting with a WNA application for CEUS for an educational event. They also assisted very well with a second CEU application.
4. We have excellent relationships with our Regional OPPA team and are very satisfied and grateful for their expertise and support.
5. I am not sure if the current model is clearly known to LHD's and consistent throughout the regions. I have seen more presence in our county from Regional OPPA staff that represents their previous backgrounds and interests and they are invited to the table due to those prior relationships versus us inviting them to assist us on the issue. If that is going to be a role of the staff it would be good for us to discuss what the role is.
6. Staff are too new right now to provide a valid assessment. The responses herein related to the past year, when interim staff were assigned by DPH.
7. We look forward to future collaboration.
8. In the past, we have not had much interaction with the Regional office. We were not aware of many of the support services/resources offered by the Regional Office.
9. Try and align work at the State and Tribal level to issues we are dealing with in our Tribal communities. Trauma issues are being talked about more, along with the need to improve behavioral health issues. These are interconnected as we look at public health issues in our community.
10. The regional offices are in a very unique situation that can be better leveraged to improve the relationship between LHDs and the state. While state employees, they get the local experience and issues that come up. They are able to have that knowledge while being objective and supportive. There have been a few issues in our region that have needed state support and the regional office has been unable to provide per their directive. I don't agree with this. When LHDs ask for support and assistance on a tough and controversial issue the state needs to offer that and have their back and the regional office can provide that because they have both perspectives. I think there have been missed opportunities to utilize the resources available at the regional offices because they have been directed not to get involved.

Appendix A: Comments Organized by Survey Topic Title

If you have feedback on Regional OPPA support received in an area not listed above, please note it here. / Please enter any additional comments or suggestions for improvement in supporting local and tribal health departments you would like to see from the Regional OPPA teams.

11. I was not aware of all of these services or the extent to which these services could be provided. A listing of services available to the locals would be very helpful.
12. I wasn't sure what certain areas were exactly so it was hard to determine if I used or needed the service. Some examples of work within an area where support is available might have helped me better respond to the survey.
13. Regional OPPA teams' contact with the Tribal Health Department (Community Health Department Director / Supervisor) would be helpful while we are going through the accreditation process.
14. I'm glad there is an office assistant now. Sometimes a lag in communication based on OPPA team needing to be out of the office and phone messaging but not significant. I'm very pleased with the skill set and excellent people that work together in our regional office.

Please add any additional feedback you have on **communication** from the Regional OPPA team and other DPH Bureaus.

1. We don't have staff at email workstations 24-7 so need direct contact in an emergency situation.
2. It depends on the topic, the time of day, after hours or weekends or if an emergency. I like the information available in multiple formats depending on the topic and the complexity of information. If the information is complex it helps to receive it in an email ahead of time to review, followed by a webinar with the opportunity to ask questions.
3. SharePoint is not utilized by LHDs - it is hard to navigate and feels like it is constantly changing. And it doesn't like to all other sites we use (WEDSS, WIR, SPHERE...).
4. None, thank you.
5. Website is not always user friendly.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have in relation to the overall Division of Public Health **consolidated contracting process**.

1. The biggest complaint is that the process seems disjointed as there are different grant years and not a clear process and timeline. The staff are good to answer questions when asked but I think the upfront information could be more uniform and organized.
2. With the different funding cycles, contracts and reporting timelines get complicated. The spreadsheet that shows amendments and if they are in need of signature has been very helpful. It is challenging to find this spreadsheet online, but the link through emails works well.
3. Template options have been a great improvement.
4. I like the simplified version and use of GAC.
5. The more frequent the communication the better. I appreciate emails with specific action items highlighted which might seem like a small thing, but is really helpful. The spreadsheets have been a way to keep things easily organized and on time. My only complaint about the contracting is the vast differences between the different programs - but that is not the state's issue. I would also recommend sending consolidated contract info to two people at each LHD just in case there is a vacancy in leadership. This will help keep the process going at the local level.
6. Difficult to reach DHS staff contacts in Madison at times.
7. There were some issues surrounding timeliness of signature page returns and updates to CARS. Overall the process went well.
8. It is difficult to follow when objectives are listed within two different contract years. It is also difficult for fiscal management when there are overlapping contracts.
9. The process is still confusing with the different timelines. Overviews and webinars have helped (i.e.-on prevention cycle and multiple year contracts). It would be helpful if the contract description is on communications, not just the contract # & title (i.e.-the addendums). Also, if an email could come out indicating an addendum is ready so we don't have to always be checking the addendums list to look for which ones are highlighted.
10. I received emails telling me that we could not get paid since we did not have signed contracts even when I had copies signed. After much searching to see what I was missing, I found out that the state people did not enter my information and they actually had everything from me--it was on your end. BOO staff must be new--was not helpful.

Appendix A: Comments Organized by Survey Topic Title

Please add any additional feedback you have in relation to the overall Division of Public Health **consolidated contracting process**.

11. The process seems less cumbersome and easier to navigate. I like the agency overviews by year that lists by my health department, the program name, profile number, agency type, dollar amount and final report due date especially helpful except for the grants that occur over several years. The yearly overviews are helpful tools and much appreciated to stay on track with multiple grants.
12. Continues to be challenging that reporting requirements, timelines, and data collection tools are different for different DPH programs/contracts.
13. Still learning, becoming more familiar with the contracting process. Assigned staff members to act as a POC on at least one grant, in an effort for staff to understand the GAC process & also help track the contract cycle, due dates & grant requirements.
14. My documents are challenging to download and access. Cumbersome process.
15. Consistency with program contracting would be appreciated - some of our programs are work plans while others are negotiated through GAC. This also becomes confusing when the due dates are all different and funding announcements for programs are coming at all times of the year.
16. I wish we still had one contract monitor at the Regional Office. It was much easier asking questions of one person rather than trying to negotiate with each program.
17. Need to have a calendar and or timeline.
18. I don't think the State people understand the issue. BOO staff is very helpful but the issue isn't their issue. It was better when we received organized information and had a regional person shepherding the process. It's too easy to lose track of the information when it is held in several places and we get communication from various email addresses/program staff etc.

Appendix B: Survey Instrument

Wisconsin Division of Public Health Regional Office of Policy and Practice Alignment - Bureau of Operations 2016 Local and Tribal Health Department Satisfaction Survey

Survey Reminders

- Please consider the timeline of January 2015 until today's date when formulating your responses.
- This survey takes 15-20 minutes to complete
- Certain questions are presented based on your previous response. Your screen may refresh in order to provide these conditional questions.
- One response per agency will be accepted.
- The survey tool has a "time-out" setting of one hour, which is activated when you open the survey, and resets each time you move to the next page. You can come back to the survey. If you are unable to finish the survey in one sitting, you can select *Next* or *Done*, exit the survey, and then return at a later time to edit or add to your saved responses.
- If you plan to return to the survey, you will need to use the same computer because the IP address is the only way to automatically find your earlier responses. Make sure that you complete a page or section before leaving the survey if you are going to be away for over an hour. You can return to your survey by clicking on the original hyperlink.
- Regional Office of Policy and Practice Alignment (OPPA) teams are formerly known as Regional Assessment, policy Development, And Response (RADAR) teams located in the DPH Regional Offices.
- The data collected will be analyzed at the regional level.
- For your protection, do not provide any personally identifiable information (i.e., names, initials of names, addresses, social security numbers, etc.) in your responses.

1. Please identify your agency below. (*Select agency from dropdown list*)
2. Please identify your agency level/type.
 - *Level I*
 - *Level II*
 - *Level III*
 - *Tribal Health Agency*

3. Identify the DPH region in which your local or tribal health department resides. (Regional OPPA Staff names are in parenthesis).
 - *Northeastern (Chris Culotta, Beth Scheelk, Janet Lloyd)*
 - *Northern (Angela Nimsgern, Jim Lawrence, Charlotte Ahrens, Jamie LaBrasca)*
 - *Southeastern (Dawn Mumaw, Curtis Marshall, Deborah Heim, Eloise Russ)*
 - *Southern (Dave Pluymers, Sheri Siemers, Michelle Bailey)*
 - *Western (Tim Ringhand, Christa Cupp, Sara Baars, Nick Zupan)*

 4. On average, how often does your agency connect with Regional OPPA staff on public health issues?
 - *Weekly*
 - *Monthly*
 - *Quarterly*
 - *Annually*
 - *We do not connect with Regional OPPA staff*
 - *Other, please specify*

 5. Overall, how satisfied are you with your Regional OPPA team's performance?
Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied
-

DHS 140 Review

6. Did your agency have a DHS 140 Review conducted, or DHS 140 Review results communicated to your agency between January 2015 and today's date? (*Yes/No*)
If yes >> How satisfied are you with Regional OPPA's implementation of the DHS 140 Review process?
Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied

Please add any additional feedback you have on the performance of Regional OPPA in implementing the DHS 140 Review Process. (*open-ended*)

Response to Questions, Concerns and Complaints

Did your agency present a question, concern or complaint to Regional OPPA related to any of the following areas? (*Yes/No*)

- Public health services
- Public health nursing practice
- Public health programs and policies
- Board of health
- Staffing
- State statute or administrative rule

If yes >> How satisfied are you with the Regional OPPA response to your question, concern or complaint?
(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

Please add any additional feedback you have on the performance of Regional OPPA in responding to questions, concerns, and complaints. (*open ended*)

- - - - -

Are you aware Regional OPPA staff support development of local and tribal health department policies and procedures that comply with statute and rule requirements? (*Yes/No*)

Did your agency receive Regional OPPA support in development of policies and/or procedures compliant with statute or rule requirements? (*Yes/No*)

If Yes>> How satisfied are you with the support you received?
(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

Would you like future Regional OPPA support in development of policies and/or procedures compliant with statute or rule requirements? (*Select all that apply*)

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*
(if selected)>>From whom are you receiving/do you plan to receive support? (*optional*) (*open ended*)
- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in development of policies and procedures compliant with statute or rule requirements. (*open ended*)

Local Financial and Staffing Survey

In 2015, a Regional OPPA work group convened to evaluate the Local Financial and Staffing survey and consider quality improvement options, and in an effort to reduce redundant surveying, promoted the use of the National Association of County and City Health Officials (NACCHO) National Profile of Local Health Departments survey instrument.

How satisfied are you with the communication throughout this process?
{*Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*}

Please add any additional feedback you have on the Local Financial and Staffing survey quality improvement process. *(open ended)*

Community Health Assessment (CHA)/Community Health Improvement Planning (CHIP) Support

Are you aware support in CHA/CHIP processes is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in CHA/CHIP processes? *(Yes/No)*

If yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

If yes >> Please indicate the CHA/CHIP processes in which you received Regional OPPA support. *(Select all that apply.)*

- CHA/CHIP Process Planning*
- CHA/CHIP Data Support*
- CHA/CHIP Meeting Support*
- CHA/CHIP Plan Development*
- Other, please specify*

Would you like future Regional OPPA support in your CHA/CHIP processes?

(Select all that apply)

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected >> From whom are you receiving/do you plan to receive support? *(optional) (open ended)*

- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in CHA/CHIP processes. *(open ended)*

Performance Management

Are you aware support in performance management planning and system development is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in performance management planning and system development? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in performance management planning and system development? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*
(if selected)>>From whom are you receiving/do you plan to receive support? (optional) *(open ended)*
- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in performance management. *(open ended)*

Quality Improvement

Are you aware support in quality improvement projects and processes is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in quality improvement projects or processes? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in quality improvement projects or processes? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*
If selected >> From whom are you receiving/do you plan to receive support? (optional) *(open ended)*
- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in quality improvement.
(open ended)

Strategic Planning

Are you aware support in strategic planning is provided by Regional OPPA? (Yes/No)

Did your agency receive Regional OPPA support in strategic planning? (Yes/No)

If Yes >> How satisfied are you with the support you received?

(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

Would you like future Regional OPPA support in strategic planning?

(Select all that apply)

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

if selected >>From whom are you receiving/do you plan to receive support? (optional) (open ended)

- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in strategic planning.
(open ended)

Public Health Accreditation

Are you aware support in achieving public health accreditation is provided by Regional OPPA?
(Yes/No)

Is your agency accredited or pursuing accreditation through the Public Health Accreditation Board (PHAB)? (Yes/No)

- No*
- Yes, our agency is accredited through PHAB*
- Yes, our agency is pursuing accreditation through PHAB*
- Other, please specify (open ended)*

Did your agency receive Regional OPPA support in public health accreditation? (Yes/No)

If Yes >> How satisfied are you with the support you received?
(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

If Yes >>Please indicate the public health accreditation processes in which you received Regional OPPA support (*Select any that apply*)

- Pre-statement of intent activities*
(*i.e., training for health department staff on accreditation processes and components; connecting with accreditation resources, etc.*)
- Post-statement of intent through PHAB site visit activities*
(*i.e., Pre-PHAB site visit preparation; PHAB site visit support, etc.*)
- Ongoing support (applicable to accredited health departments only)*
(*i.e., PHAB annual report assistance or review; technical assistance on accreditation action plan or identified areas of improvement, etc.*)
- Other, please specify*

Would you like future Regional OPPA support in public health accreditation?
(*Select all that apply*)

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected>>From whom are you receiving/do you plan to receive support? (optional) (*open ended*)

- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in public health accreditation. (*open ended*)

Communities of Practice

Are you aware Regional OPPA facilitates regional Community of Practice (CoP) for Public Health Infrastructure meetings? (*Yes/No*)

Did you or any staff from your agency attend a CoP meeting? (*Yes/No*)

If Yes >> How satisfied are you with the CoP meeting(s) you or your staff attended?
(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

Are you aware that, based on individual regional needs, Regional OPPA provides meeting facilitation for partner meetings on public health practice and quality improvement issues?
(Yes/No)

Did you or staff from your agency attend regional public health practice or quality improvement meetings facilitated by Regional OPPA? (Yes/No)

If Yes >> How satisfied are you with the meeting(s) you or your staff attended?
(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

Please add any additional feedback you have on regional CoP or partner meetings (*open ended*).

Workforce Development

Are you aware support in public health workforce development and orientation is provided by Regional OPPA? (Yes/No)

Did your agency receive Regional OPPA support in public health workforce development or orientation? (Yes/No)

If Yes >> How satisfied are you with the support you received?
(Likert Scale: *Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied*)

Would you like future Regional OPPA support in workforce development or orientation? (*Select all that apply*)

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected >> From whom are you receiving/do you plan to receive support? (optional) (*open ended*)

- Other, please specify (*open ended*)*

Please add any additional feedback you have on Regional OPPA support in public health workforce development and orientation. (*open ended*)

Board of Health Development

Are you aware support in clarifying board of health roles and responsibilities is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in clarifying board of health roles and responsibilities? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in clarifying board of health roles and responsibilities? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected >>From whom are you receiving/do you plan to receive support? (optional) *(open ended)*

- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in board of health development. *(open ended)*

Academic Partnerships

Are you aware support in facilitating relationships with academic partners is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in facilitating relationships with academic partners? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in facilitating relationships with academic partners? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*

- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected >> From whom are you receiving/do you plan to receive support? (optional) *(open ended)*

- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in facilitating relationships with academic partners *(open ended)*

Collaboration, Shared Services, or Mergers

Are you aware support in collaborations, shared services, or mergers is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in collaborations, shared services, or mergers? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in collaborations, shared services, or mergers? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected >> From whom are you receiving/do you plan to receive support? (optional) *(open ended)*
- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in collaborations, shared services, or mergers. *(open ended)*

Linking the work of the Department of Health Services and local, tribal, and state public health system partners

Are you aware Regional OPPA facilitates communication on state, regional, and local public health issues among DPH programs and local and tribal health partners? *(Yes/No)*

How satisfied are you with this communication?
(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

- - - - -

Are you aware support in aligning local initiatives and priorities with Healthiest Wisconsin 2020 is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in aligning local initiatives and priorities with Healthiest Wisconsin 2020? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?
(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in aligning local initiatives and priorities with Healthiest Wisconsin 2020 and/or the new State Health Improvement Plan (in development)?
(Select all that apply)

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*
If selected >>From whom are you receiving/do you plan to receive support? *(optional) (open ended)*
- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support of Healthiest Wisconsin 2020 *(open ended)*

- - - - -

Are you aware Regional OPPA provides support in linking local and tribal agencies to DPH program experts? *(Yes/No)*

Did your agency receive Regional OPPA support in linking to DPH program experts? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?
(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in linking to DPH program experts? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information*
- No, not at this time.*
- No, we have sufficient internal capacity in this area.*
- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in linking local and tribal agencies to DPH program experts *(open ended)*

Provide representation for regional and statewide committees on public health practice and policy issues.

Are you aware Regional OPPA staff participate in statewide committees on public health practice and policy issues? *(Yes/No)*

If Yes >> How satisfied are you with their participation?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Please provide any additional feedback you have on Regional OPPA participation on statewide committees. *(open ended)*

Monitor and analyze regional assets, conditions and data

Are you aware support in identifying or using regional or state survey data is provided by Regional OPPA? *(Yes/No)*

Did your agency receive Regional OPPA support in identifying or using regional or state survey data? *(Yes/No)*

If Yes >> How satisfied are you with the support you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Would you like future Regional OPPA support in identifying or using regional or state survey data? *(Select all that apply)*

- Yes.*
- Possibly, but I need more information.*
- No, we are not working on this at this time.*
- No, we have sufficient internal capacity in this area.*
- No, we are receiving or plan to receive support in this area from outside Regional OPPA/DPH.*

If selected >> From whom are you receiving/do you plan to receive support? (optional) *(text box)*

- Other, please specify (open ended)*

Please add any additional feedback you have on Regional OPPA support in identifying or using regional or state data. *(open ended)*

Participation in collaborative teams to address system and population needs in regions.

Are you aware Regional OPPA staff participate in collaborative teams to address system and population needs in regions? *(Yes/No)*

If Yes >> How satisfied are you with their participation?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

Please add any additional feedback you have on Regional OPPA participation on collaborative teams. *(open ended)*

If you have feedback on Regional OPPA support received in an area not listed above, please note it here. *(open ended)*

Please enter any additional comments or suggestions for improvement in supporting local and tribal health departments you would like to see from the Regional OPPA teams. *(open ended)*

Contracting Survey Questions

1. How would you best describe the overall 2016 contracting process compared to the 2015 contracting process?

-
- Much Better*
 - Better*
 - About the Same*
 - Worse*
 - Much Worse*
 - Not Applicable- I did not experience both contracting processes*

2. How satisfied are you with the Consolidated Contract Overview spreadsheets with respect to the distribution of the base contract and subsequent contract amendments and the availability of general contractual information?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

3. How important is the development of a centralized source for programmatic reporting requirements (due dates, formatting guidelines, submission instructions, etc.)?

- Extremely Important*
- Very Important*
- Moderately Important*
- Slightly Important*
- Not at all Important*

4. How satisfied are you with the content and frequency of email communications issued throughout the course of the last year from the DHS DPHContracts mailbox regarding the consolidated contract?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

5. Did your agency receive assistance from DPH Bureau of Operations staff in response to contracting questions?

If yes >> How satisfied are you with the assistance you received?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

6. Overall, how satisfied are you with the general consolidated contracting process?

(Likert Scale: Very Satisfied, Satisfied, Neutral, Dissatisfied, Very Dissatisfied)

7. Please add any additional feedback you have in relation to the overall Division of Public Health consolidated contracting process. *(open ended)*

DPH Communication Questions

1. What type of general public health practice information would you like to receive from the Regional OPPA team? *(select all that apply)*
 - Public health news*
 - Grant opportunities*
 - Upcoming conference and training events*
 - DPH program updates*
 - Evidence-based practice information*
 - Quality improvement/performance management information*
 - Public health accreditation news*
 - None of the above*
 - Other, please specify*

2. How do you prefer to receive GENERAL public health practice information and updates from the Regional OPPA team and other Bureaus within DPH? *(Rank most to least preferred)*
 - DPH Website
 - Email
 - DHS password protected SharePoint site
 - Regional WALHDAB meetings
 - Newsletter
 - Phone
 - Webinar

3. How do you prefer to receive EMERGENCY public health practice information and updates from the Regional OPPA team and other Bureaus within DPH? *(Rank most to least preferred)*
 - DPH Website
 - Email
 - DHS password protected SharePoint site
 - Regional WALHDAB meetings
 - Newsletter
 - Phone
 - Webinar

4. Please add any additional feedback you have on communication from the Regional OPPA team and other DPH Bureaus.

(End of survey instrument)