

Disease Intervention Specialist Supplemental Grant Proposition

By the State of Wisconsin STI Unit

Disease Intervention Specialist (DIS)

Disease Intervention Specialists (DIS) are non-licensed public health professionals who take on many roles to protect people across the nation.

DIS tackle STD prevention, tuberculosis outbreak response, HIV exposure notification, or emergency response – DIS bring a special set of skills and level of dedication matched by few in the field.

DIS skills include expertise in case analysis, education and counseling, linkage to care, provider and community engagement, and, critically, contact tracing and partner services.

- Per Centers for Disease Control

<https://www.cdc.gov/std/program/partners.htm>

Agenda

- ▶ Requirements for Grant
- ▶ Proposed DIS Capacity Plan
- ▶ Outbreak Response Plan
- ▶ DIS Evaluation

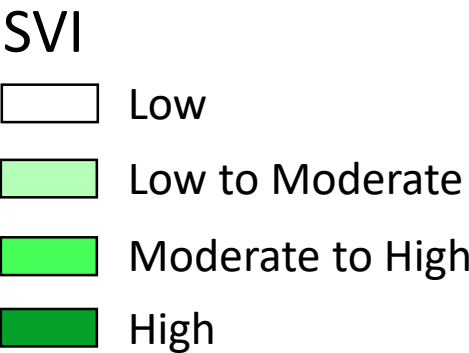
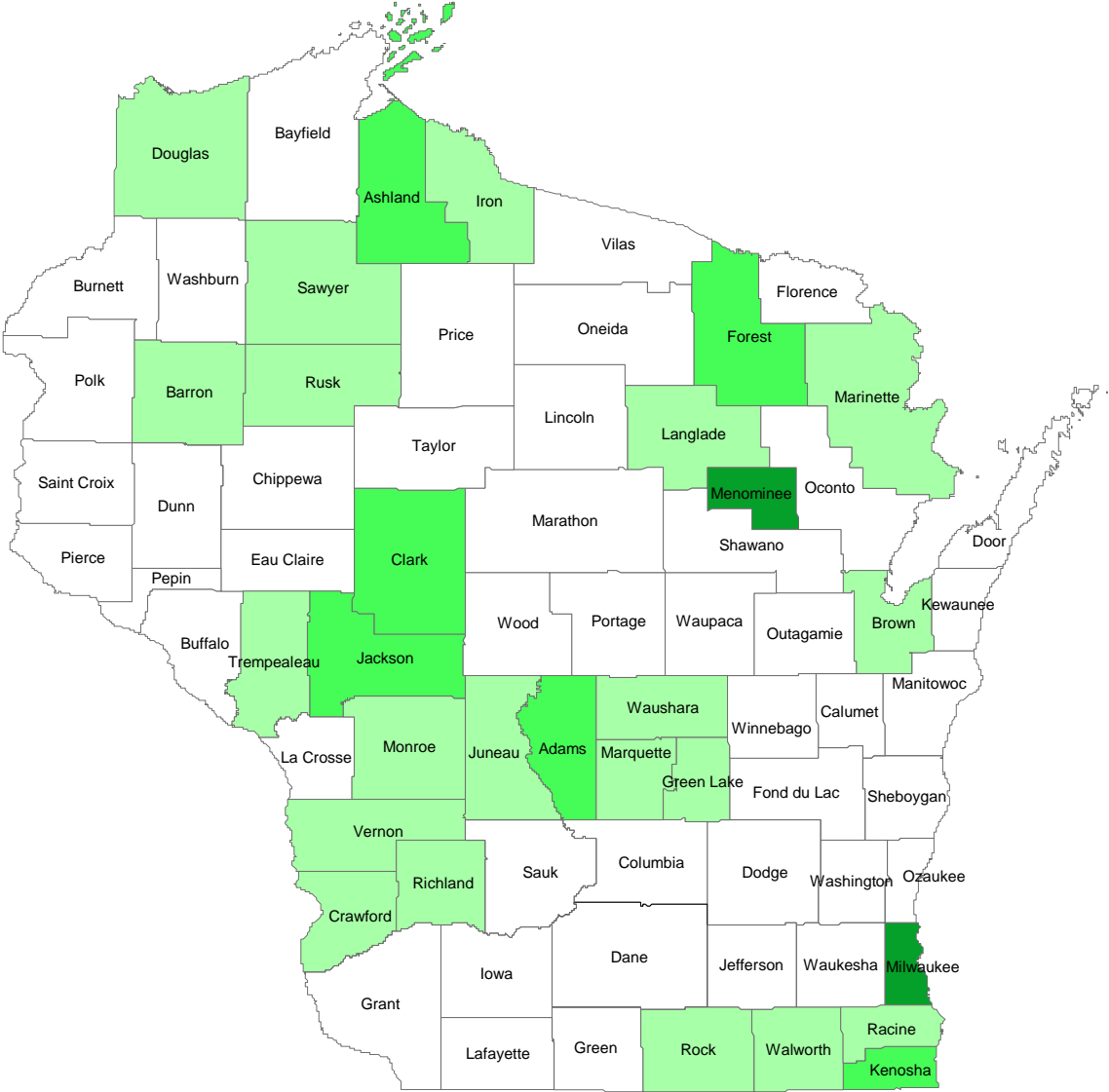
CDC Requirements

- 1) Grant funds are from the American Rescue Plan Act of 2021, which addresses the continued impact of the COVID-19 pandemic.
- 2) President Biden redirected \$1 billion over five years (\$200 million a year) to enhance, hire and support disease intervention specialist capacity in state, Tribal and local health departments. The hiring priority is front-line workers (DIS) to mitigate the spread of COVID-19 and other infections.
- 3) Wisconsin is receiving \$3,002,404 a year for the next five years starting on January 1st, 2021.

CDC Requirements

- 4) Recipients must demonstrate a focus on diversity, health equity and inclusion by delineating goals for hiring and training a diverse workforce across all levels.
- 5) The use of the CDC's Social Vulnerability Index should be used to inform jurisdictional activities. Twenty eight of the 72 counties in Wisconsin currently fall in the CDC's SVI at either a low-moderate, moderate-high or high.
- 6) Only two counties have a high SVI, Milwaukee and Menominee counties.

CDC Social Vulnerability Index (SVI) map of WI



Wisconsin counties with an SVI higher than moderate to low by region

I. **Northeastern Region**

- A. High – Menominee
- B. Moderate to Low – Brown, Green Lake, Marinette, Marquette, Waushara

II. **Northern Region**

- A. High to Moderate – Ashland, Forest
- B. Moderate to Low – Iron, Langlade, Sawyer

III. **Southeastern Region**

- A. High – Milwaukee
- B. High to Moderate – Kenosha
- C. Moderate to Low – Racine, Walworth

Wisconsin counties with an SVI higher than moderate to low by region

IV. Southern Region

- A. High to Moderate – Adams
- B. Moderate to Low – Crawford, Juneau, Richland, Rock, Vernon

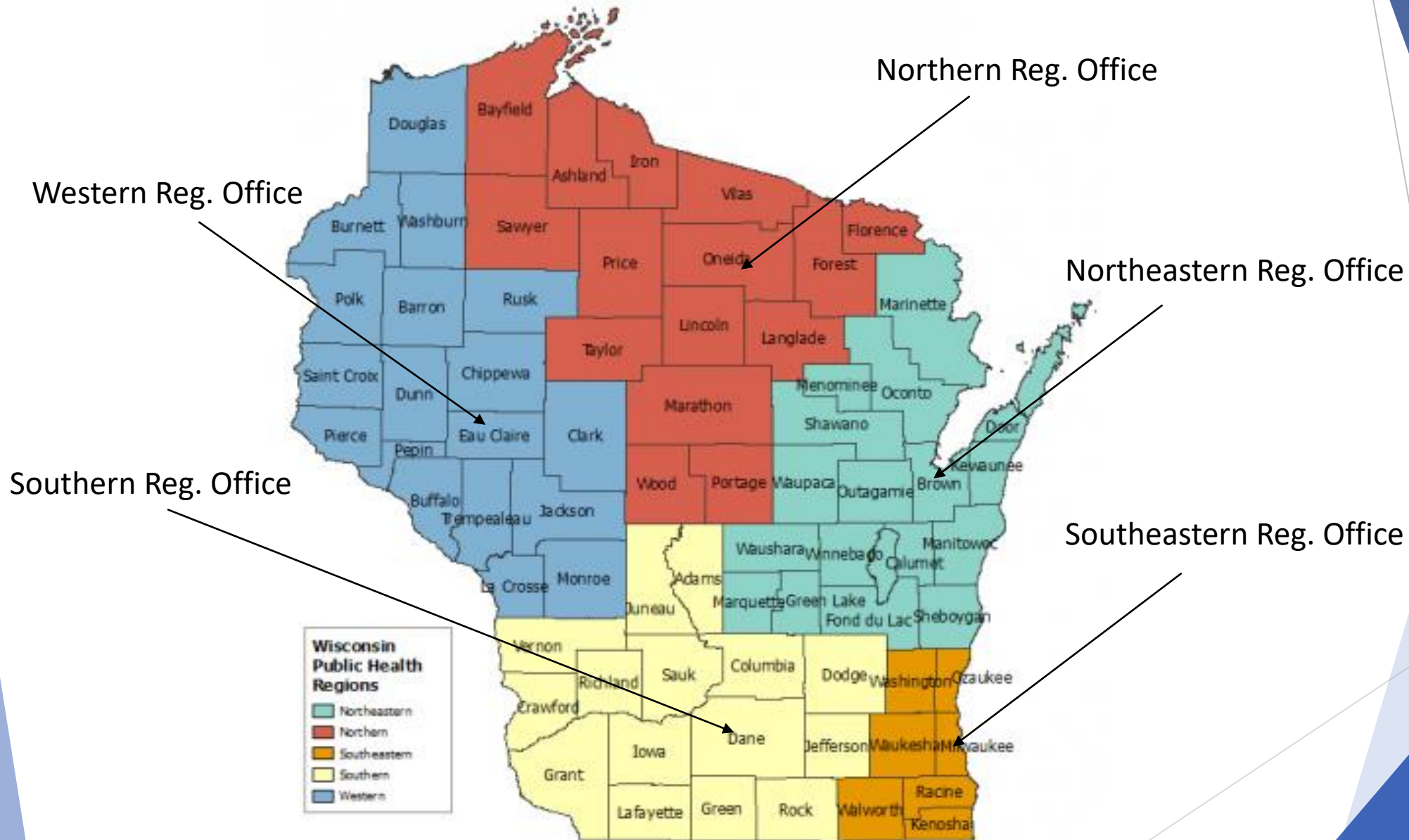
V. Western Region

- A. High to Moderate – Clark, Jackson
- B. Moderate to Low – Barron, Douglas, Jackson, Monroe, Trempeleau

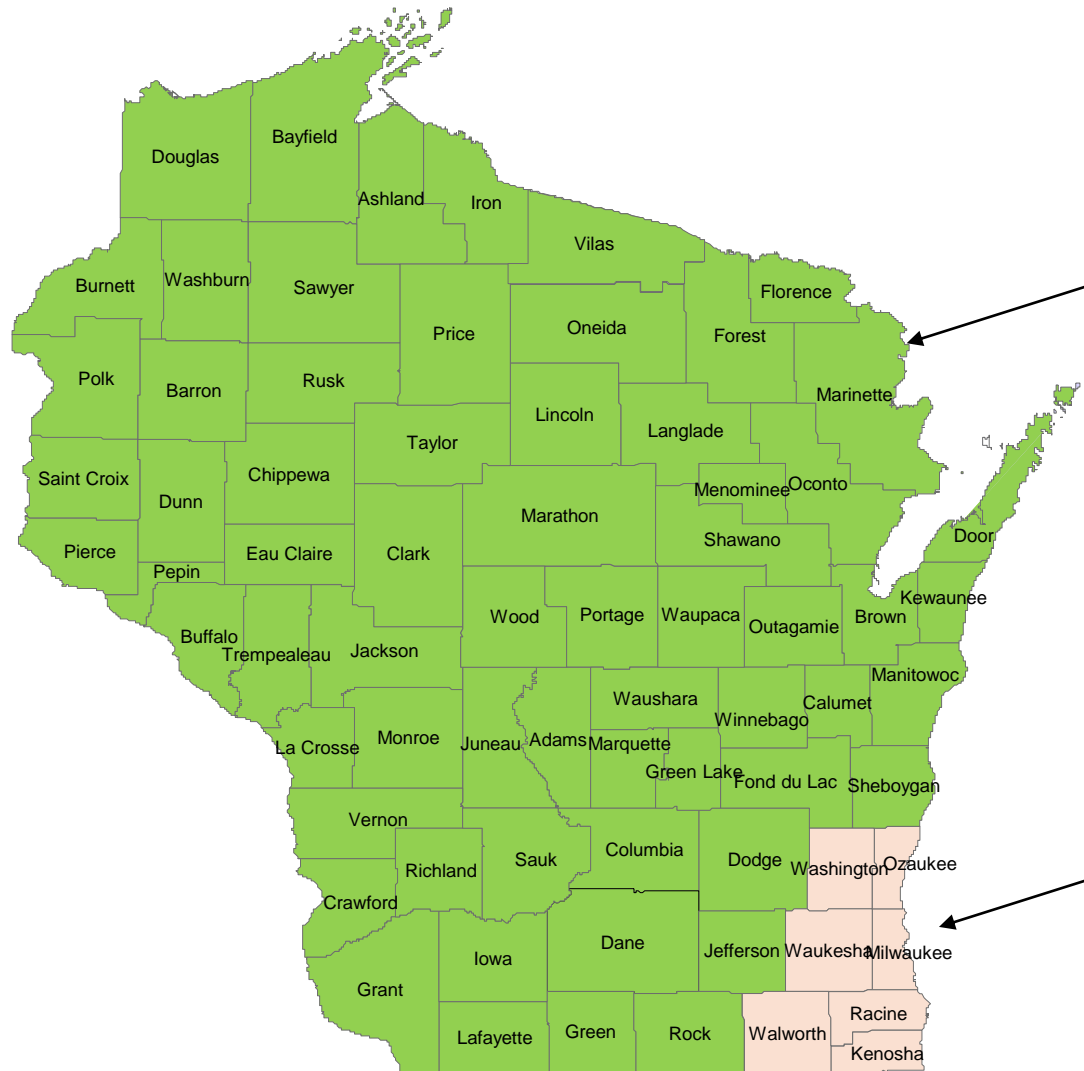
Proposed DIS Capacity Plan - Hiring

- 1) Ten Regional DIS located in the regional offices
- 2) Two DIS Case Coordinators
- 3) Three DIS located in Tribal Health Centers
- 4) One State DIS Team Lead
- 5) One DIS in the Milwaukee TB Clinic
- 6) One State DIS for Hepatitis C (Risk Reduction Unit)
- 7) Eight additional DIS located in Milwaukee

Two DIS at each of the Five Regional Offices



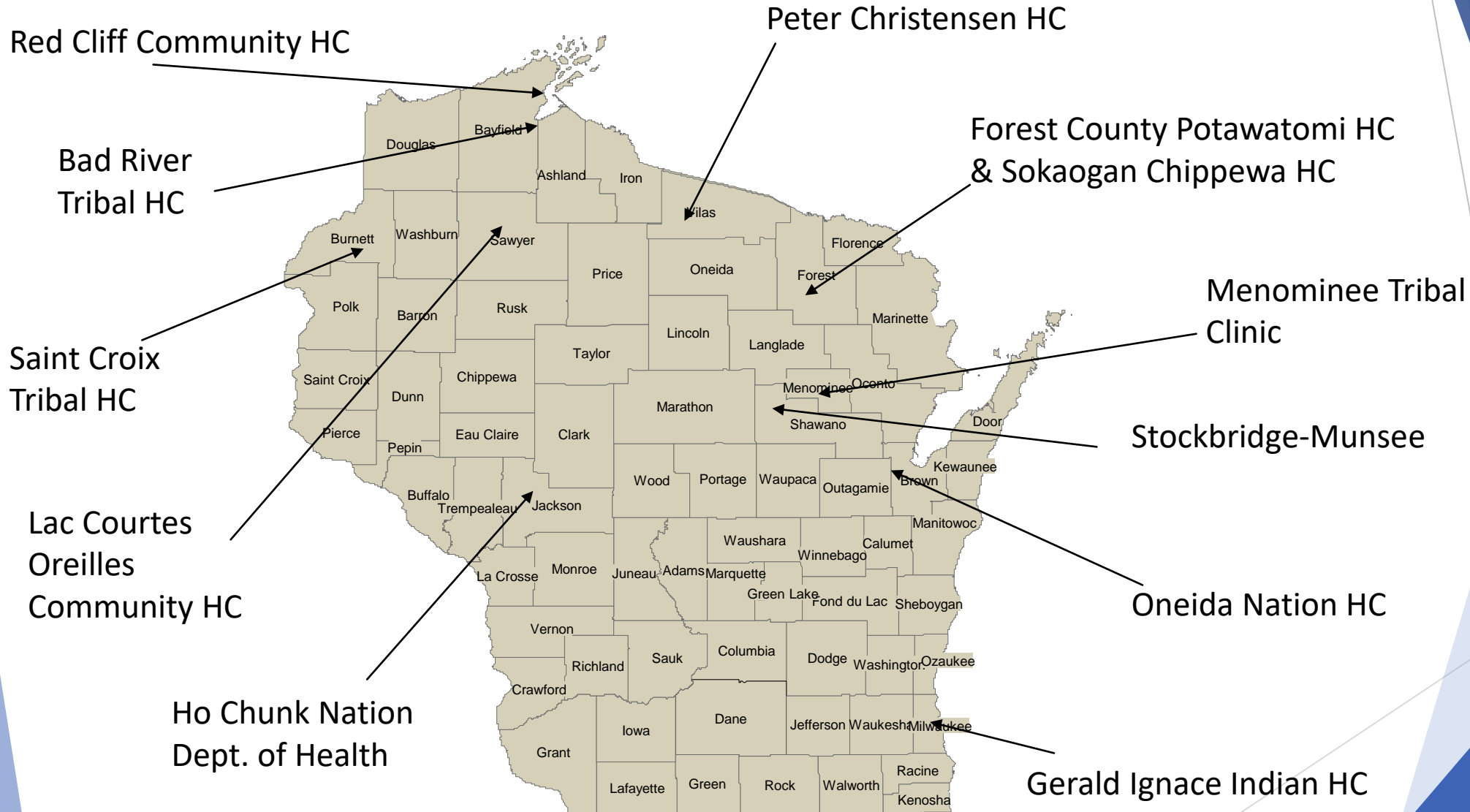
Two DIS Case Coordinators



One DIS Case Coordinator for the
Northeastern, Northern, Southern
and Western Regions

One DIS Case Coordinator for
the Southeastern Region

Tribal Clinic Locations



Tribal Clinic DIS Locations

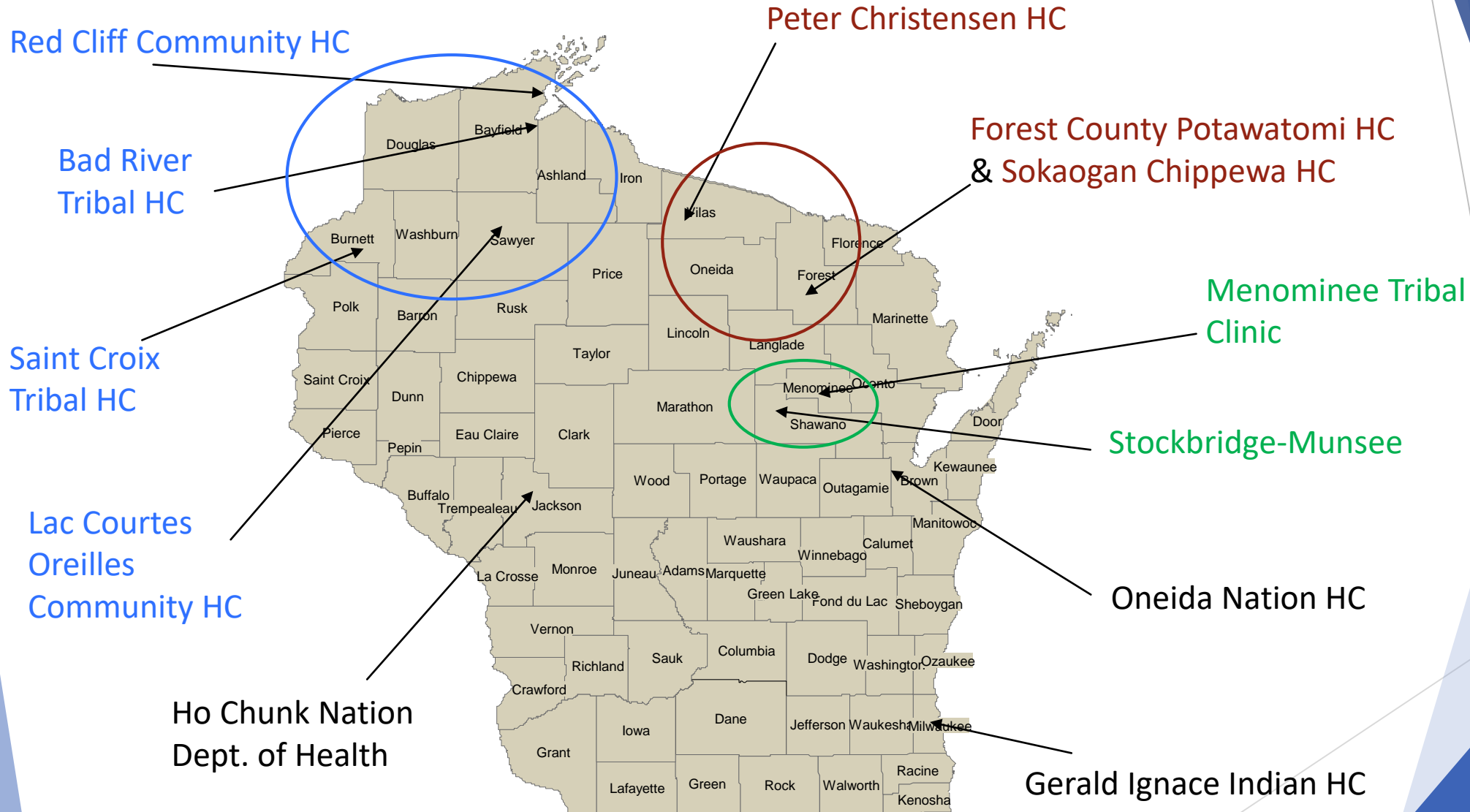
One DIS – Bad River Tribal Clinic, Lac Courte Oreilles HC, Red Cliff Community HC and Saint Croix Tribal HC

One DIS – Forest County Potawatomi HC, Peter Christensen HC, and Sokaogon Chippewa HC

One DIS – Menominee Tribal Clinic, Stockbridge-Munsee

Health Center which will have a Regional DIS come once a day – Gerald Ignace Indian HC, Ho Chunk Nation Dept. of Health, Oneida Nation HC

Tribal Clinic Locations

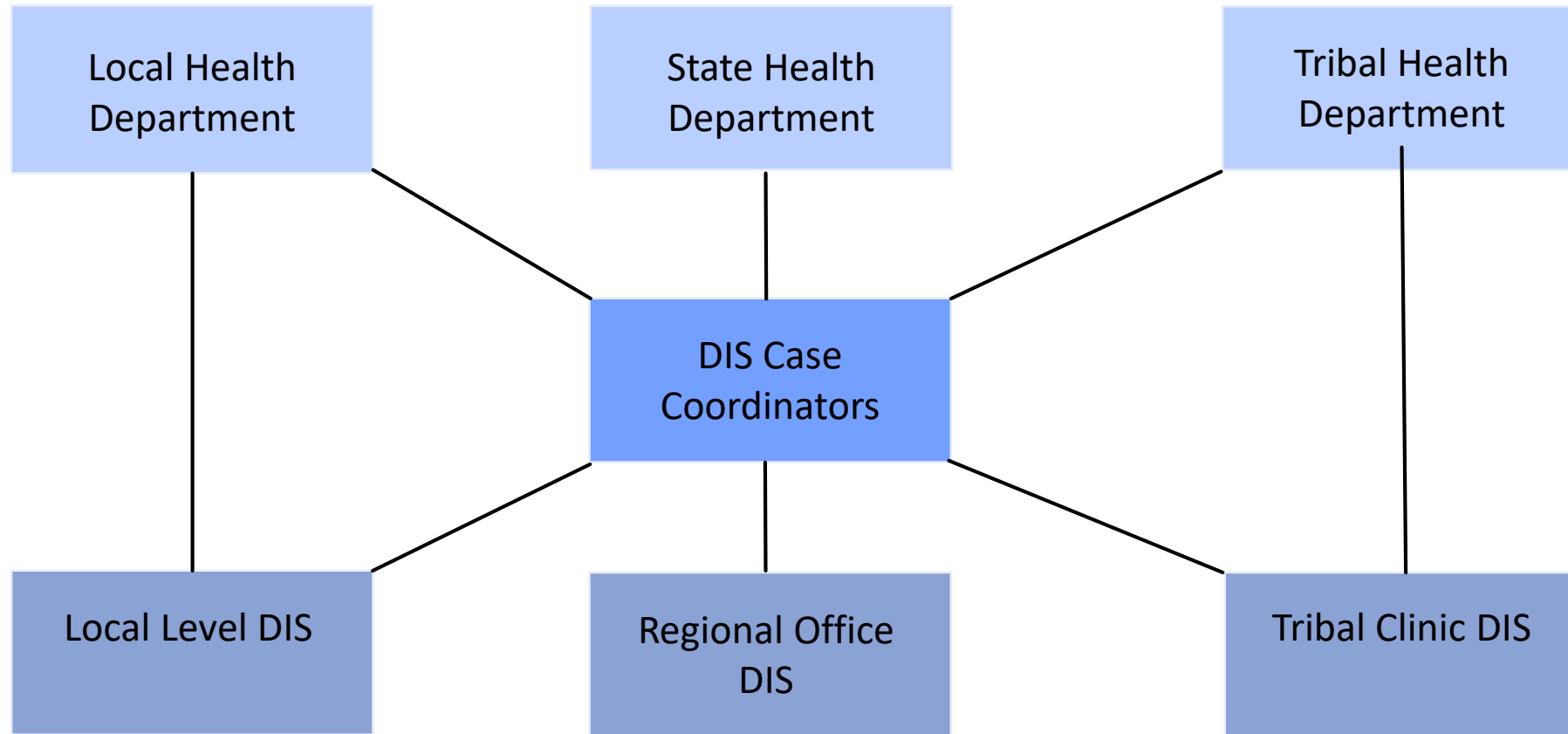


DIS Capacity Plan – DIS Duties

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- 1) Working with State, Tribal and Local Health Departments determine what diseases will be followed up by DIS to help with capacity for state, Tribal and local health departments. This could include working with just an overflow of cases to taking over follow-up depending on agency needs.
- 2) Cases will be assigned according to a Disease Intervention Prioritization Chart which will help DIS Case Coordinators assign cases to DIS.
- 3) Assist other units in outbreak situations according to the DIS Outbreak Response Plan.

DIS Capacity Plan – Work Flow



DIS Outbreak Response Plan

The creation of the DIS Outbreak Response Plan will work with other communicable disease units. An assessment will be made of what the current DIS capacity is for individual diseases, which diseases would benefit from disease intervention and where capacity can be increased for disease intervention according to the other units outbreak response plans. This information will then be collated into an overall response plan. If there is a need for an incident command structure to be implemented, the DIS Team Lead will attend to help with coordination of DIS activities.

DIS Evaluation

Create an integrated disease intervention specialist performance measure plan. Working with Health Care Education and Training (HCET) develop core competencies for DIS. Working with disease matter experts develop individual level disease intervention competencies. Create performance measures which measure the core competencies as well as individual level disease intervention competencies.

Create evaluation tools for the performance measures which report to the DIS Team Lead as well as individual units in the state, tribal and local health departments.

Questions

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