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Mission, Vision, and Core Values

Our Mission
To promote, support, protect, and improve the health of Oneida County by providing leadership, education, and services

Our Vision
Healthy People living in safe and healthy environments

Our Core Values
1. Cohesive and Competent Workforce: We are a cohesive agency achieving and enhancing our shared vision.
2. Collaborative Partnership-Based: We strive to have strong collaborative partnerships within Oneida County and beyond its geographic boundaries
3. Evidence-Based: Our practice is science based and uses best practices that improves population health status
4. Social Justice: We respect and advocate for vulnerable populations and work to empower families to assure optimal quality of life
5. Responsive: We provide leadership on health related issues and concerns expressed by the community, by population data and by the Board of Health
6. Effective, Efficient, Sustainable: We strive to deliver services in a cost effective and efficient manner that address the health priorities of our community and last over time
Organizational Chart

Oneida County
Board of Supervisors

Board of Health

Director/Health Officer
Linda Conlon

Wisconsin Division of Public Health

Assistant Director/Nursing Manager

Reproductive Health Program
Support Staff
Environmental Health
Tobacco Control Program
WIC

Public Health Nursing (5)
Health Department Staff

**Director/Health Officer**
Linda Conlon, RN, MPH

**Assistant Director**
Ann Ovsak, RN

**Public Health Nursing**
Charlotte Ahrens, BSN, Public Health Nurse
Jill Blake, BSN, Public Health Nurse
Robert Deede, BSN, Public Health Nurse
Dawn Van Den Heuvel, BSN, Public Health Nurse

**Environmental Health**
Todd Troskey, RS
Jody McKinney, RS
Teri Schwab, Sanitarian Technician

**Support Staff**
Phyllis Wendler, Receptionist
Patti O-Theiler, Account Clerk
Linda Pipgras, Secretary

**Reproductive Health**
Anne Cirilli, CHES, Health Educator
Cynthia Olson, NP, Nurse Practitioner
Beth Stamper, Clinic Clerk
Liz Whalen, BSN, Public Health Nurse

**WIC/Public Health Nutrition**
Sarah Alberg, Breast Feeding Peer Counselor
Julie Brink, WIC Clerk
Brenda Husing, RD, CD, CLS, WIC Director/Dietician

**Multi-Jurisdictional Tobacco Coalition and Special Grants**
Niki Kostrova, Tobacco Control Coordinator
Kyla Waksmonski, Health Educator, Assistant Tobacco Control Coordinator

**Board of Health (BOH)**
Romelle Vandervest, Chair, County Board Supervisor
Carol Pederson, Vice-Chair, County Board Supervisor
Greg Berard, County Board Supervisor
Jim Sharon, County Board Supervisor
Jackie Cody, Community Member, Appointed
Marge Saari, Retired Public Health Nurse, Appointed
Joanna Gudel, MD, Physician, Appointed
Client Comments

Reproductive Health

"The staff and nurses are so nice and helpful and understand the nervousness of first time patients".

"I appreciate what you guys do for us women!"

Sanitarian Program

“We appreciate all you do for us and the training we get is second to none!”

“Thank you for the positive feedback and the nice compliment, we are very pleased to have the relationship we have with all of our local inspectors.”

General Public Health

“A number of parents thank OCHD for being proactive and offering the immunization clinic at school. This saves them time and money and they say the kids like getting shots with their classmates. So a big thank you to your staff.”

WIC

“Please accept this card as the greatest thank you some could give. You girls have been an absolute miracle in lives of my son and I. Everything from filling a gap in our food every month to the toothbrushes with the smiley face they get my son to brush his teeth. I was almost in yesterday when we received the pack and play you girls so very kind to help me with the new baby. I believe you girls love your job and are actually dedica achieving all your agency stands for, and it shows! (The male nurse is doing an excellent job also very caring and knowledgeable!)

Many, many times, we made it through due to your help think it would be horribly wrong if I did not take the time to tell you so. Thank you, thank you, thank you!”

Well Woman Program

“I’d like to thank you that I have the Well Women’s Program here for me during a very costly and scary time. The warm welcome I’d received from you Char, and just the fact that this program exists has been a Godsend to me.”

“Financially I would not have been able to continue on with my screening. I can only pray this program stays on as long as there is a need for it as I have had. I know many women appreciate having this in place, not just myself. Again thank you and may God bless everyone that works to keep this program.”
Monitor Health Status to Identify and Solve Community Health Problems

**Introduction:** Essential Service 1 activities include assessing the health status of the community through formal and informal needs assessments and data analysis. Oneida County collaborates with a diverse group of community partners to address community health problems. In this section community health improvement data related to leading health indicators to determine the top health focus areas in Oneida County are highlighted.

**Community Health Improvement Planning (CHIP)**

Please view our Community Needs Assessment (CNA) conducted in 2011. The CNA document represents the work of over 50 community leaders and partners in addition to health department staff. The CNA report summarizes the key findings from the day long community needs assessment conducted on March 31, 2011, secondary data analysis, and community surveys. The report and power point presentation can be found at the Oneida County Health Department website at: www.oneidacountypublichealth.org

A companion document, the Oneida County Health Improvement Plan (CHIP), is also available on the website. This companion document provides a template to assist public health stakeholders with implementing the evidenced-based strategies that address the top three health priorities of:

- Alcohol and Other Drug Addiction
- Mental Health
- Chronic Disease Prevention
Demographic Profile
The population of Oneida County is aging more rapidly than many other counties in the state. One-fifth of the county’s population is over the age of 65, which is nearly double the national percentage of 12.6%.

Socioeconomic Trends
- The population in the northern region of Wisconsin is more impoverished. Oneida County households make, on average, nearly $7,500 less per year than household across the state.
- The median household income in Oneida County (2008) was $44,782 compared with $52,249 (Wisconsin) and $52,175 (United States).
- 91.5% of Oneida County residents are high school graduates compared to 85.1% in Wisconsin and 84.5% in the United States.
- 21.2% of adults in Oneida County have a Bachelor’s degree or higher compared with 22.4% in Wisconsin and 27.4% in the United States.

Leading Health Indicators for Oneida County

<table>
<thead>
<tr>
<th>Birth Data</th>
<th>Oneida</th>
<th>WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Live Births (2010 data)</td>
<td>306</td>
<td>66,386</td>
</tr>
<tr>
<td>Percent of Low Birth Weight</td>
<td>7.9</td>
<td>7.0</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>23</td>
<td>32</td>
</tr>
<tr>
<td>Percent of Mothers Receiving 1st Trimester Care (2001-2008)</td>
<td>90.6</td>
<td>83.8</td>
</tr>
<tr>
<td>Percent of Women Smoking While Pregnant (2005-2008)</td>
<td>23</td>
<td>14.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mortality Data</th>
<th>Oneida</th>
<th>WI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of Motor Vehicle Accidents Causing of Death</td>
<td>20.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Rate of Breast Cancer</td>
<td>13.2</td>
<td>12.2</td>
</tr>
<tr>
<td>Rate of Death related to Smoking</td>
<td>267.9</td>
<td>250.2</td>
</tr>
<tr>
<td>Rate of Ischemic/Coronary Heart Disease</td>
<td>123.1</td>
<td>120.3</td>
</tr>
<tr>
<td>Rate with Influenza/Pneumococcal</td>
<td>15.9</td>
<td>16.8</td>
</tr>
<tr>
<td>Premature Death</td>
<td>6,986</td>
<td>6,230</td>
</tr>
</tbody>
</table>
Alcohol and Drug Use Data
- Oneida County has one of the highest numbers of liquor licenses per capita in Wisconsin with 147 residents per liquor license.
- Corresponding to the high number of residents per liquor licenses is the 344 arrests for operating while intoxicated in 2009.
- Within the State of Wisconsin, the number of men reporting drinking 5 or more drinks on one occasion has been decreasing, however, that is not true for women. Percentage of binge drinking for women is actually increasing.
- 32.5% of students in grades 9-12 report drinking one drink of alcohol in the past 30 days compared to 41.3% in Wisconsin and 41.8% in the United States.

Chronic Disease Prevention and Management Data
- In Oneida County, 36.6% of adults are overweight.
- In 2008, there were 256 hospitalizations due to coronary heart disease.
- Oneida County has low rates of Tuberculosis and Hepatitis B.
- Oneida County has a high number of tick borne diseases, specifically Ehrlichiosis and Lyme disease.

Injury and Violence
- Falls in the State of Wisconsin and in Oneida County rank as the number one cause for emergency room visits.
- The Oneida County Child Death Review Team has identified drowning as the major area of concern in 2011. Strategies are being developed to address this issue.

Mental Health
- 21.4% of Oneida County students in grades 9-12 report feeling sad or hopeless and stopped doing some usual activities, compared to 20.8% in Wisconsin and 26.1% in the United States.
- On average, Oneida County residents report 3.2 days per month as mentally unhealthy.
- In 2008, there were a total of 245 psychiatric hospitalizations in Oneida County.
- One in five respondents to the Oneida County Health Survey state they have a specific mental health provider (22.2% males and 20.2% females, generally consistent across age groups).

Nutrition and Physical Activity
- In 2007, in Oneida County 43% of WIC respondents reported being food insecure, compared to 51% in Wisconsin.
- In 2007, in Oneida County 18% of WIC respondents reported being hungry, compared to 15% in Wisconsin.
- In 2005, 31% of Oneida County schools were considered high poverty compared with 30% in Wisconsin.
In 2006, 34.62% of Oneida County school age children were approved for free or reduced price lunch compared with 32.23% in Wisconsin.

- 22% of adults in Oneida County report being physically inactive.
- 74% of adults in Oneida County report eating few fruits and vegetables
- 20% of adults in Oneida County are obese.

**Oral Health**
- Oneida County has been identified as a shortage area for dentists for low-income populations.
- One-third (32.8%) of the Oneida County Community Survey respondents said there was a time in the last year where they or an immediate family member did not go to a dentist when needed because of cost.

**Reproductive and Sexual Health**
- In 2008, there were 32 births to women under the age of 20 in Oneida County.
- Chlamydia is the most common sexually transmitted disease reported in Oneida County.
- 55% of clients served at the Oneida County Reproductive Health Clinic are between the ages of 12-21.
- 60% of Oneida County Reproductive Health Clinic patients are enrolled in the Wisconsin Family Planning Only Service program (WFPPOS), 29% Badger Care+ Medicaid program and 11% have other insurance coverage.

**Tobacco Use and Exposure**
- 24% of Adults in Oneida County report that they smoke (2006-2008).
- 26.4% of people who smoke in Oneida County are women.
- 23% of women who gave birth report smoking during pregnancy (2005-2008).
- 41% of 9-12 grade students in Oneida and Vilas Counties report ever trying a cigarette.
- Approximately 79 individuals die annually in Oneida County directly related to smoking.

Data from this section was taken from the following references:
3. Wisconsin Deaths 2009, Office of Health Informatics, Division of Public Health Wisconsin, Wisconsin Department of Health Services, February 2011
4. Wisconsin Behavior Risk Factor Survey, Wisconsin Division of Public Health
5. 2011 County Health Rankings, University of Wisconsin Population Health Institute
6. 2009 Wisconsin Traffic Crash Facts, Wisconsin Department of Transportation
Diagnose and Investigate Health Problems and Health Hazards in the Community

Introduction: Essential Service 2 includes provision of epidemiological identification of emerging health threats, active investigation of infectious disease and human health hazards and prevention of vaccine preventable disease through immunization. The following programs/activities are highlighted in this section: seasonal influenza, communicable disease control, immunization program, lead poisoning prevention, human health hazard control, and radon.

Seasonal Influenza
The 2012-2013 influenza vaccine was identical to those contained in the 2011-2012 vaccines and included H1N1, the causative agent for the 2009 pandemic influenza outbreak. Increased production and availability in the community allowed the health department to focus vaccinating efforts on school age children and school personnel.

2012 Outcomes
Flu clinics were held at all schools in Oneida County and most senior meal dining sites throughout the county. 3,992 doses of seasonal flu vaccine were administered to adults and children.

Communicable Disease Control
Surveillance, investigation and follow-up of reportable communicable disease are statutory responsibilities of local health departments. In addition, animal bites are reported to the health department to assure that measures are taken to prevent potential rabies transmission.

2012 Outcomes
- Public health nurses conducted follow-up on 403 reportable diseases. Of those 152 were confirmed, 87 were probable and 23 suspect as classified by the state
- 443 hours were spent on communicable disease surveillance, follow-up, and control activities
- 63 animal bites from were investigated as human exposure incidents. Of which 47 dogs, 13 cats, 1 raccoon, 1 muskrat, and 1 unknown animal
- OCHD investigated 8 norovirus outbreaks within the county in 2011

<table>
<thead>
<tr>
<th>Selected Diseases</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviral Illness (West Nile Virus)</td>
<td>2</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>4</td>
</tr>
<tr>
<td>Blastomycosis</td>
<td>3</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>8</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>66</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>4</td>
</tr>
<tr>
<td>E.Coli, STEC</td>
<td>2</td>
</tr>
<tr>
<td>Ehrlichiosis</td>
<td>71</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>6</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>1</td>
</tr>
<tr>
<td>Haemophilus Influenza</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>3</td>
</tr>
<tr>
<td>Hepatitis B, Acute</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B, Chronic</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>21</td>
</tr>
<tr>
<td>Hepatitis C, Acute</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis E, Acute</td>
<td>1</td>
</tr>
<tr>
<td>Influenza Associated Hospitalization</td>
<td>8</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>114</td>
</tr>
<tr>
<td>Measles (Rubeola)</td>
<td>2</td>
</tr>
<tr>
<td>Mumps</td>
<td>3</td>
</tr>
<tr>
<td>Mycobacterial Disease</td>
<td>3</td>
</tr>
<tr>
<td>Parapertussis</td>
<td>7</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>347</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>3</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>1</td>
</tr>
<tr>
<td>Streptococcal Invasive Disease, Group B</td>
<td>2</td>
</tr>
<tr>
<td>Streptococcus Pneumoniae, Invasive Disease</td>
<td>2</td>
</tr>
<tr>
<td>Syphilis Reactor</td>
<td>5</td>
</tr>
<tr>
<td>Syphilis, Primary</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>3</td>
</tr>
<tr>
<td>Tuberculosis, Latent</td>
<td>3</td>
</tr>
<tr>
<td>Varicella</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>710</strong></td>
</tr>
</tbody>
</table>
Immunization Program
The health department strives to reduce or eliminate indigenous cases of vaccine preventable diseases through vaccine administration. The immunization program promotes and provides adult and childhood immunizations, and assures that immunizations are a part of health promotion services in primary care systems. In additions to administering vaccines in the office, immunization services are offered monthly in Minocqua. Health department staff works with local school nurses and district staff to assure compliance with Wisconsin Student Immunization Law.

2012 Outcomes
- In Oneida County 95% of school-age children are in compliance with required vaccinations.
- County wide 74% of children are up-to-date with required vaccinations by their second birthday, and 82% are late up-to-date.
- The Oneida County Health Department administered 4594 immunizations in 2012.
- Influenza immunization outreach was held at the Public Health office, various businesses, and Oneida County Schools. A total of 3312 influenza immunizations were given.
- Oneida County immunized 354 Oneida County residents against Pertussis by updating there tetanus immunizations.

Northwood’s Immunization Coalition
The health department collaborates and chairs the Northwood’s Immunization Coalition. Coalition membership is comprised of local health care providers, school nurses, surrounding health departments, tribes, pharmacy and infection control providers.

2012 Outcomes
The Northwood’s Immunization Coalition met four times in 2012. The meetings focused on planning for the 2012 immunization workshop for providers, health departments and tribes, assuring availability of influenza vaccine in communities and collaborating together to address immunization issues within the northern region.

Lead Poisoning Prevention
Children participating in the Oneida County Health Department WIC program receive blood lead screenings at age 1 and again at age 2 years or older, and at age 3-5 if they have not had a previous lead test done. Lead test results from private medical providers are also reviewed and if the child is in the WIC program the result is updated in their health record. A public health nurse follows up with all elevated lead results in the county. Children with elevated capillary lead levels are referred to their physician for a confirmatory venous blood lead test. This program provides education on prevention of lead exposure to families of children whose confirmed lead levels are 5mcg/dl or
higher, as well as home inspections and case management services for lead levels 10mcg/dl and higher.

2012 Outcomes
Of Oneida County WIC children less than 5 years of age, a total of 237 lead screenings were completed. No environmental Health hazards were conducted as no children had follow up venous lead levels greater than 10 mcg/dl.

Human Health Hazard Control
To protect the health of the citizens of Oneida County, the health department investigates complaints with the potential of a human health hazard and brings health hazards that are not regulated by other governmental agencies to resolution under Oneida county ordinances.

2012 Outcomes
Oneida County received 35 health hazard complaints. Of those complaints, 5 were referred to other agencies, 5 were related to housing issues, 12 mold related, 2 air quality complaints, 5 garbage complaints, 2 animal complaints, 2 infestation complaints, and 2 dilapidated structure complaints.

Radon
Radon test kits are available through the Oneida County Health Department in cooperation with the North Central Wisconsin Radon Information Center. The Radon testing program promotes radon testing, education and mitigation information.

2012 Outcomes
Approximately 237 test kits were distributed in Oneida County by the health department. The health department coordinated a radon education program for 8th grade students at James Williams Middle School in Rhinelander Wisconsin. Free test kits were given to students and the teacher required testing as apart of the curriculum. Approximately 135 tests were performed. Outreach was also done during Radon Action Month in January and kits were offered at $3.00. Media releases went out to increase public awareness of testing, as well as information on the health department website and Face book page. The Radon grant ended December 31, 2012, however, radon test kits are available for $7.00 during the year.
**Inform, Educate and Empower People About Health Issues**

**Introduction:** Essential Service 3 includes social marketing, targeted media public health communication and providing accessible health information resources to reinforce health promotion messages and programs.

**General Health Education**
Oneida County Health Department (OCHD) staff provides educational sessions to staff in local school districts, diverse community groups and to clients receiving public health services at the health department. Topics include prenatal and postpartum care, healthy nutrition, food safety, infections, disease prevention, infant massage, car seat safety, breastfeeding, tobacco, blood borne pathogens, first aid, contraceptive methods, and other general health topics.

**The OCHD website**
http://www.oneidacountypublichealth.org/ has become a clearing house for a multitude of health related topics and programs. The OCHD strives to use technology to enhance health education and public awareness about public health issues.

**2012 Outcomes**
Health department staff conducted 246 media events in 2012 related to injury prevention, tobacco, breast feeding, family planning and communicable disease. Staff spent over 341 hours on education. Over 52 blogs relating to health care topics and priorities were posted in 2012.

**Safe Sleep Infant Program**
The safe sleep program is an educational program that educates pregnant women and caregivers of infants on safe sleep environments for infants. The goal of the program is to assure that all infants have a safe place to sleep. All public health nurses educate new parents on safe sleep and assess for a safe sleep environment when they contact new parents in Oneida County. Note: all parents in Oneida County get a phone call, &/or letter after having a newborn.

**2012 Outcomes**
Nine pregnant women and caregivers of infants received safe sleep education and a port-a-crib. 237 new parents in Oneida County were contacted by a public health nurse regarding safe sleep.
**Introduction:** Essential Service 4 involves convening and facilitating community groups to undertake defined preventative and population focused activities in order to capture the full range of potential resources to solve community health problems. Highlighted in this section are: Northwoods LEAN—Linking Education, Activity and Nutrition, the Northwoods Tobacco Coalition, Oneida County Biking and Walking Trails Council, Northwoods Breastfeeding Coalition, Mental Health Interagency Council, AODA Coalition, Child Death Review Team and the Northwoods Immunization Coalition.

**Northwoods LEAN—Linking Education, Activity, and Nutrition**
In 2011 the Oneida County Health Department and its partners identified and created a five year county health improvement plan focusing on three identified health priorities, one of these being chronic disease. In 2012 the Northwoods LEAN, serving Oneida and Vilas counties, was established to begin addressing this concern. The goal of LEAN is to “Establish a functioning chronic disease prevention and management coalition in Oneida and Vilas Counties.” This goal is supported by both LEAN’s vision; “Oneida and Vilas County residents will live in a community that promotes and supports residents in achieving a healthy lifestyle across the lifespan “ and mission; “Northwoods LEAN is a coalition that promotes a culture of healthy living through physical activity and nutrition in Oneida and Vilas Counties.”

Through their work plan, the coalition sought to achieve three primary objectives in 2012:
Objective 1: Establish a functioning coalition
Objective 2: Develop a strategic plan
Objective 3: Apply for CDC CHANGE grant

Coalition successes for 2012 include: Acceptance in Healthy Wisconsin Leadership Institute, establishment of coalition leadership, successful application for CDC CHANGE grant and over 34 members on contact list. The 2012 successes of Northwoods LEAN have paved way for a promising 2013. Objectives for 2013 include:

- **Objective 1: Establish an effective coalition structure that allows for long term growth and success**
  - Establish executive committee membership
  - Create and obtain coalition approval for bylaws
  - Create coalition organizational chart
  - Investigate legal options (ex. 501C3) for grant and fundraising opportunities
  - Establish media/communications sub-committee
  - Establish project sub-committee’s and chairs
• **Objective 2: Increase member engagement in coalition**
  - Create a stakeholder engagement plan
  - Meet with key stakeholders (individuals and organizations) to generate support and participation
  - Establish meeting times and locations that take into account diverse membership
  - Provide multiple opportunities for coalition members to contribute
  - Establish methods of communication that disseminate coalition information effectively to members and stakeholders

• **Objective 3: Participate in Healthy WI Leadership Institute (HWLI)**
  - Conduct community assessment through town hall meeting
  - Attend workshops
  - Participate in site visits

• **Objective 4: Implement “Healthy Check Out” program at local grocery stores**
  - Project sub-committee chair to work with committee members to evaluate program opportunities and create a separate work plan to include tasks, responsible persons, and timeframe.

• **Objective 5: Implement “Strong Bones, Strong Women” program in Oneida and Vilas Counties**
  - Project sub-committee chair to work with committee members to evaluate program opportunities and create a separate work plan to include tasks, responsible persons, and timeframe.

• **Objective 6: Actively participate in opening of the Eagle River section of the Three-Eagle bike/pedestrian trail.**
  - Evaluate opportunities for support and/or partnership with the other bike/pedestrian trail groups in Vilas and Oneida County.
  - Project sub-committee chair to work with committee members to evaluate program opportunities and create a separate work plan to include tasks, responsible persons, and timeframe.

• **Objective 7: Support and participate in further implementation of the “Living Well with Chronic Disease” educational series in collaboration with the Commission on Aging**
  - Project sub-committee chair to work with committee members to evaluate program opportunities and create a separate work plan to include tasks, responsible persons, and timeframe.
- **Objective 8: Complete CDC Change grant assessment**
  - Create separate work plan based on CDC grant parameters to complete the assessment by June 2013
  - Integrate findings from assessment into coalition projects

LEAN is currently funded by Wisconsin Partnership Program/UW-Population Health two-year planning grant (~$50,000) as well as the CDC CHANGE grant (~$10,000). The coalition is progressing towards an active website [www.northwoodslean.org](http://www.northwoodslean.org), but until then can be visited on Face book [https://www.facebook.com/NorthwoodsLean](https://www.facebook.com/NorthwoodsLean) or the Oneida County Health Department website at [http://oneidacountypublichealth.org/?p=481](http://oneidacountypublichealth.org/?p=481)

**Northwoods Tobacco–Free Coalition (NWTFC)**

In 2012, the Tobacco Prevention and Control Program funded Oneida County for the third year as a lead agency for a multi-jurisdictional coalition (MJC). The Northwoods Tobacco-Free Coalition (NWTFC) consists of Oneida, Florence, Forest, Lincoln, Price, and Vilas Counties as one combined MJC. In 2012, the NWTFC continued to do tobacco prevention and education in all 6 counties.

The Oneida County Health Department continues to offer tobacco treatment programs to youth, adults and pregnant women in our community. Oneida County Health Department also delivers leadership, technical assistance and organizational support to the Northwood’s Tobacco-Free Coalition. The mission of the coalition is to improve the health of the residents of Oneida, Florence, Forest, Lincoln, Price and Vilas Counties by encouraging reduction in the use of tobacco through public information and community involvement.

In 2012, the NWTFC provided education and awareness on New and Other Tobacco Products by giving presentations to 10 different organizations throughout the coalition area. The coalition also focused on program sustainability by meeting with legislative candidates prior to the election and hosting a Candidate Forum. In addition, the NWTFC continued to provide assistance and education to the community and area businesses with the Smoke-Free Air Law. Wisconsin Wins Compliance Checks were also conducted throughout the 6 county area and the NWTFC also provided support for the FACT (Fighting Against Corporate Tobacco) group which is a youth peer to peer education group which focuses on how Tobacco Companies market their products to kids.
FACT (Fighting Against Corporate Tobacco)

- Facilitated FACT (Fighting Against Corporate Tobacco) youth group who actively planned and led anti-tobacco activities including: community outreach activities, meetings with legislators, school education activities, media advocacy, and a youth mini lock-in.
- Coordinated and educated over 200 students with the FACT Tour to Pelican, Crescent, and NCES schools in Rhinelander.
- JWMS FACT group met with Representative Swearingen to talk about Other Tobacco Products and how the Tobacco Companies are targeting youth.

Mental Health InterAgency Council

The Mental Health Interagency Council (MHIAC) continued to grow in diverse membership in 2012 with 21 active members by extending collaboration with Vilas and Oneida County agencies, schools, the National Alliance on Mental Illness (NAMI) Rhinelander Chapter, and the AODA Coalition. The council completed various mental health anti-stigma and awareness initiatives that included radio topics on postpartum depression and dealing with mental health crisis situations; educational blogs and mental health webpage updates on the Oneida County Public Health website; and continued collaboration with local school district high school classes.

The council continues to provide technical support and sponsorship of the Coordinated Service Teams (CST) Committee, with active membership of 56 interdisciplinary agencies. CST enhances local access to care by providing community-based, wraparound care opportunities for at-risk adolescents within the current program. The CST program for adolescents is managed and serviced by the Human Service Center, Department of Social Services, and Family Partners.

To promote early childhood brain development and emotional/behavioral awareness initiatives, the Council supported and collaborated with Birth to 8 Council, Headwaters, and the Rhinelander School District by providing Deborah McNelis’ Braininsights books, calendars, and activity handouts to post-partum mothers, WIC clients, Birth to 3 clients, Mental Health Summit attendees, and at Ministry Pediatrics Department. The Council also co-sponsored speaker Flo Hilliard in March, along with the AODA Coalition and Rhinelander School District in presenting the day-long event: “Alcohol Use & Gender”.
NIAAA Alcohol Screening & Brief Interventions for Youth Guide has been distributed to MHIAC and CST members, as well.

QPR (Question, Persuade, Refer) Suicide Prevention Training will continue in 2013, with funding from a grant award from Northern Highland Area Health Education Center. A QPR Train-the-Trainer session planned for April 19, 2013 drew 20 attendees, and was the first of its kind.
available to Northern Wisconsin residents. The Council will have three trainers available to present QPR training sessions to interested front-line staff employed in community businesses, healthcare facilities, and area agencies.

In 2012 a Mental Health Summit was held at the Waters of Minocqua on May 11, 2012. 211 people attended the conference (165 attended in 2011). Of those, 65 were high school students, and a special Veteran’s Panel from experts on VA issues was open free of charge to veterans. Attendees could hear from experienced persons and professionals regarding topics such as: “Healing Trauma with Words, Wit and Wisdom”, holistic remedies like yoga and brainwave optimization, “Impact of Toxic Stress on Brain Development”, “Sexting, Cyberbulling, and other Digital Dangers”, “Taming the Noisy Brain”, and gain valuable insight regarding self-injury and communication deficits in children. Of special note, a Trauma Survival Panel presented ways of surviving, thriving and finding peace and hope to move beyond trauma. National presenter Charles Schoenfield concluded the successful event with his humorous, yet personal story, “A Funny Thing Happened to Me on the Way to the Dementia Ward”. The Council is currently planning another mental health summit in May 2014, to be jointly presented with the Frank B. Koller Summit Foundation. A Save the Date will be distributed February 2014.

**Child Death Review Team**

Child Death Review is a multidisciplinary process to help us better understand why children in our community die and to help us identify how we can prevent deaths. The child death review program in Oneida County has been in place since the beginning of 2011. Our team meets four times a year to review deaths of children under twenty five years of age. Team members share case information on child deaths that occur in the community with the goal of preventing other deaths.

After review of the recent drowning deaths in Oneida County lakes the Oneida County Drowning Prevention Task Force was formed to begin a prevention campaign prior to the 2012 summer season. The Task force met and after a county wide assessment, the task force decided to focus on 4 priority areas; teach children to swim, increase the use of life jackets, emphasize the importance of constant adult supervision, and teach teens how assess to their own risk in the water when dealing with peer pressure. The Task force was visible at the beach, in the media, at the library and at Fishing Fun Day and Healthy Kids Day.

**2012 AODA Coalition Accomplishments:**

1.  **Increase Adult Education on AODA issues (Rx abuse and UAD):**
1.) Parents Who Host (PWH) campaign to increase awareness of underage drinking and its consequences. Lawn signs and posters were distributed by students. AODA Coalition members were interview on TV12 Live at Five on April 25th, 2012.

2.) Post Prom Parties- Sent letter to law enforcement to increase party patrols during prom season. Purchased I-Tune cards to donate to school sponsored post-prom parties.

3.) RHS Graduation- Notices via letters and electronic messaging system sent to parents of graduating seniors about the consequences of providing alcohol at graduation parties.

4.) Created a fact sheet on alcohol effects on Adolescent Brain Development.

5.) Organized an AODA presentation for the CHAMPS parents supper scheduled to be held early Spring 2013 to increase parents awareness of young people access to drugs and alcohol in the younger grade levels.

6.) AHEC medical students developed fact sheets and a PowerPoint presentation on Rx abuse which was shared among HPHOC Coalitions.

7.) Koinonia Recovery celebration raised money to purchase additional videos for AODA Coalition lending library per school requests.

II. Increase Community engagement to reduce alcohol and drug abuse:
1.) Promoted the April 28th and Sept. 29th the National TAKE BACK Rx drug collection dates. Promoted on TV Channel 12 for the September event.

2.) Contacted Chamber of Commerce to determine if there was interest to look at “social host ordinance” for community events to not include alcohol, (Art in the Park, downtown events, 4th of July parade, etc.).

3.) Participated in a Candidate Forum for the State Senate and 34th State Representatives to address what legislators can do to help reduce AODA problems in our community.

4.) Participated in Oneida County Health Department’s OPEN HOUSE on November 13th to discuss AODA Coalition work.

5.) Wrote a petition urging the Rhinelander City Council not to eliminate the city ordinance that prohibits gas stations to sell alcohol.

6.) Posted Blog on Oneida County Health Department website on Alcohol Awareness month.

III. Data collection and management system:
1.) Used SURVEYMONKEY to solicit AODA Coalition members’ interest and participation in the coalition work.

2.) Use YRBS information to develop community educational materials.

IV. Strengthen the capacity of the coalition:
1. Used AODA budget to pay for AODA Coalition members travel to other statewide prevention meetings (WIS DELLS Prevention Conference and Stevens Point Prevention Network meeting).
2. We paid for AODA Coalition members to attend Flo Hillard lecture on March 1\textsuperscript{st}, 2012 at Rhinelander High School.
3. Paid for tele-conferencing for each monthly meeting for those members who want to attend from their work computer stations.
4. Promoted the GRANDROUNDS \url{http://www.cdc.gov/about/grand-rounds/archives/2012/march2012.htm} and Policy Webinars for our members to become more familiar with the concepts of prevention coalition work.
5. Highlighted links that provides more information on AODA issues including SAMHSA website at: \url{http://www.samhsa.gov/index.aspx}, KNOW! \url{https://www.drugfreeactionalliance.org/know} and cyber bullying at: \url{http://www.cyberbullying.us/}. We also informed our members of the link to medical articles published in \textit{CDC MMRW on Hepatitis C Cluster Outbreak} in Northern WI, related to drug abuse user under the age of 30.
6. Collaborated with Mental Health Coalition during their Mental Health Summit on May 11, 2012. We had the opportunity to present AODA coalition information there. Also shared Power Points and fact sheets on Drug interaction with adolescent brain development at: \url{http://oneidacountypublichealth.org/wp-content/uploads/2010/07/Alcohol-and-Prescription-Drug-Use-by-Teens-Information-for-Parents.pdf}
7. At least one member of the AODA Coalition and the Mental Health Coalition attend each other’s meetings to provide coordination and collaboration on common goals.

\textbf{Northwoods Breastfeeding Coalition}

In 2012, the Northwoods Breastfeeding Coalition made progress on the 2012-2013 work plan. The Obesity Prevention Grant was completed in 2011. However, both local birthing hospitals began to implement policies that were created and accepted as a result of the grant in 2012. The Northwoods Breastfeeding Coalition was recognized on a state level for work completed with the hospitals and received the Obesity Prevention Superhero Award.

New members this year include a local La Leche League Leader, medical supply personnel and OB/nursing staff from Marshfield Minocqua Center. These new members bring with them expertise in their respective areas as well provide a more rounded representation of the businesses supporting breastfeeding moms and families.
In December of 2012 the Coalition held its first annual meeting. At this meeting, accomplishments from 2011 and 2012 were reviewed as well as looking forward to 2013 for what is expected to be accomplished. Officers were voted in for a two year term.

The Northwoods Breastfeeding Coalition Website has been updated on a regular basis through 2012. It has become a great place for Coalition members to access the most up to date information. Please visit the website at: http://oneidacountypublichealth.org/?p=628.

All coalition members continue to advocate for breastfeeding moms and families in Oneida, Vilas and Forest counties.

**Northwoods Immunization Coalition**
The health department collaborates and chairs the Northwoods Immunization Coalition. Coalition membership is comprised of local health care providers, school nurses, surrounding health departments, tribes, pharmacy and infection control providers.

**2012 Outcomes**
The Northwoods Immunization Coalition conducted three primary meetings in 2012. Supplemental to this, the coalition’s planning committee met an additional six times to plan and host an immunization workshop for health care providers. Workshop invitations were extended to the community medical providers, health departments and tribes, assuring availability of influenza vaccine in communities and collaborating together to address immunization issues within the northern region.

**Biking and Walking Trails Council**
Public health’s role in promoting a healthy community through the Healthy People Healthy Oneida County Initiative continues to be instrumental in the Biking and Walking Trails Council’s (Council) continued mission. Accessibility and availability of biking and walking trails, sidewalks, and bike lanes provides opportunity for increased physical activity. Increased physical activity decreases obesity, cardiovascular disease, and hypertension. At least 10 trails are currently available for hiking, biking, skiing, and bird watching.
Current council-supported trails include:

- The Rhinelander Lincoln Street pathway lane marking. This project was completed in the spring of 2012;
- The council continues to work with the Rhinelander Area Silent Trails Association (RASTA) to develop additional biking, skiing, hiking, and snowshoe trails at the Washburn trail system;
- The Eisenhower Pathway project, completed in the fall of 2012, connected the Highway 17 by-pass to Lincoln Plaza. This project was completed in cooperation with the City of Rhinelander, WI DOT, Lumberjack Resource Conservation and Development Council and contractors to design, fund and obtain bids for the project. The businesses in Lincoln Plaza were contacted for donations. Goodwill Industries contributed $1,500.

Projects like these provide health benefits, increased tourism, and other economic benefits.

The Health Department works with the council on fundraising activities. Awareness and educational presentations continue to be offered by the council to gain support for increasing the accessibility of trails in Oneida County.
Essential Service 5

**Develop Policies and Plans that Support Individual and Community Health Efforts**

**Introduction:** Essential Service 5 involves providing leadership for systematic community and state level planning for health improvement; development and tracking of measurable health objectives as a part of continuous quality improvement strategies and development of codes, regulations and legislation to guide the practice of public health. Highlighted in this section are the agency’s strategic plan, quality improvement and Performance Management plan.

**Agency Strategic Plan**
The Oneida County Health Department has completed the second year of the agency’s strategic plan. The goals highlighted in the plan are: 1) Improve communication, enhance partnerships, and expand public health awareness, 2) To provide, maintain and develop quality public health services, 3) Support, enhance and retain a well-trained competent workforce, 4) Maximize resources to support Oneida County Public Health System in fulfilling its mission.

**2012 Outcomes**
The Oneida County Health Department implemented several strategic plan activities in 2012. The health department goals and respective activities for 2012 are listed below:

Goal 1: Improve communication, enhance partnerships, and expand public health awareness.
- Increased outreach to those who qualify and would benefit from services
- Expanded the use of technology, to include Lync web meeting
- Implemented an internal and external communication policy and procedure
- Created and implemented a customer service evaluation tool (also to include “welcomeness” of new location)

Goal 2: Provide, maintain, and develop quality public health services.
- Completed PHAB Local Self Assessment Tool
- Continued supporting community-based focus area workgroups around top 3 identified focus areas
  - Oneida County AODA
  - Mental Health Inter-Agency Council
Northwoods LEAN (Linking Education, Activity, and Nutrition)

- Continued to facilitate CHIP Steering Committee to monitor progress of CHIP
- Reported at least annually on CHIP to the BOH and stakeholders
- Incorporated Performance Management into QI & Accreditation Team’s responsibilities
- Identified and implemented a quality improvement process for multiple agency processes or programs
- Conducted at least one training to all staff on performance management, to include quality improvement annually
- Reviewed its Performance Management Plan at least quarterly

Goal 3: Support, enhance, and retain a well-trained, competent workforce.

- Convened a Leadership Team that met 5 times in 2012
- Reviewed and updated job descriptions
- Conducted a staff competency assessment
- Maintained staff development training log
- Conducted annual performance reviews
- Developed an internal workforce satisfaction tool
- Researched and identified strategies to improve workforce satisfaction

Goal 4: Maximize resources to support Oneida County Public Health System in fulfilling its mission.

- Sought additional partnerships to increase sharing of resources and expertise
- Identified potential funding sources and applied for those consistent with mission and vision of OCHD
- Moved into new building
- Evaluated client accessibility of new building
- Measured “welcomeness” of new building by surveying customers

Quality Improvement Team

A Quality Improvement Team was established in 2010 with members from each program area represented. The team met monthly to identify and develop quality improvement projects within the department.

The mission of the QI process at the Oneida County Health Department (OCHD) is:

To improve the health of Oneida County residents by understanding and improving the efficiency, effectiveness, and reliability of public health processes and practices.

The Quality Improvement Plan is updated annually and was most recently updated in March 2014.

2012 Outcomes

The Quality Improvement Team implemented several quality
improvement projects in 2012. Projects included the following:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
<th>Baseline</th>
<th>Goal</th>
<th>Status/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Project</td>
<td>% of clients that receive secondary nutrition education contact per policy</td>
<td>66.7%</td>
<td>60%</td>
<td>Completed 6/30/12</td>
</tr>
<tr>
<td>Oneida County Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Project</td>
<td>% redemption rate</td>
<td>38%</td>
<td>40%</td>
<td>Completed 10/1/12</td>
</tr>
<tr>
<td>The percentage of Oneida County Health Department staff that agrees or strongly agree that in the last seven days, they have received recognition or praise for doing good work will increase.</td>
<td>% of employees stating that they received recognition or praise</td>
<td>61.5%</td>
<td>75%</td>
<td>In Process. Final survey to be completed first week program.</td>
</tr>
<tr>
<td>The employee annual evaluation will include core competencies as well as personal goals based on department strategic plan.</td>
<td>% of employees completing new annual evaluation</td>
<td>New initiative</td>
<td>100%</td>
<td>Completed 3/31/12. 100% of staff completed new format</td>
</tr>
<tr>
<td>Family Planning clients who are eligible for the Medicaid Family Planning Only Service program will be able to successfully apply for the 12 month continuous coverage.</td>
<td>% of FP clients successfully applying for continuous FPO Medicaid coverage</td>
<td>73%</td>
<td>90%</td>
<td>On-going</td>
</tr>
<tr>
<td>Reproductive Health Clinic clients will receive documentation of the true cost of providing reproductive health services at our clinic (per required by state FP/RH/Women’s Health 2012 grant).</td>
<td>% of clients who receive documentation regarding true cost of reproductive health service</td>
<td>New initiative</td>
<td>100%</td>
<td>On-going</td>
</tr>
<tr>
<td>All animal bites that occur in Oneida County will be reported to Oneida county Health Dept within 48 hours.</td>
<td>% of animal bites reported to OCHD within 48 hrs</td>
<td>25%</td>
<td>50%</td>
<td>On-going</td>
</tr>
</tbody>
</table>

While some of these projects are still in progress, there were significant improvements within the finished projects. OCHD also holds regular Quality Improvement and Performance Management trainings for all staff. These trainings include continuing education on both topics as well as selection of future Quality Improvement initiatives.
Performance Management Tracking Plan

In 2011, an agency Performance Management Plan was developed. The plan includes how OCHD’s performance standards, measures, reporting of progress, and quality improvement are selected and carried out. The plan also includes a tracking log to manage outcomes for program areas. Staff were responsible for creating performance standards and measures as well as tracking progress.

2012 Outcomes

Performance Management Plan and Tracking Log were updated. The Performance Management Tracking log includes standards from the agency strategic plan, community health improvement plan, contracts, and other program specifications. This data is monitored quarterly at all-staff meetings. Staff was responsible for reporting the progress on their respective performance standard. Performance standards are also monitored for potential quality improvement selection.
Enforce Laws and Regulations That Protect Health and Safety

Introduction: Essential Service 6 involves enforcement of sanitary codes in a multitude of program areas including restaurants and retail food, protection of private and public drinking water supplies, monitoring of clean air standards and investigation and remediation of a variety of other health hazards. The emphasis of this section is on the Agent programs with the State Department of Health Services (DHS), the Department of Natural Resources (DNR), the Department of Agriculture, Trade, and Consumer Protection (DATCP), the Department of Safety and Professional Services-Commerce (SPS), and Youth Tobacco Compliance Inspections.

Agent Program
Since 2006, the OCHD has been an agent for DHS to administer the licensing and inspection programs for hotels, motels, bed and breakfasts, tourist rooming houses, restaurants, retail food, swimming pools, campgrounds, recreational-educational camps, tattoo and body art, mobile home parks, school food service, and temporary/special event food and campgrounds. The goal of the program is to ensure safe food and protection of public safety in these program areas.

2012 Outcomes
- 789 establishments were licensed with 756 inspections occurring.
- No foodborne outbreaks were identified in Oneida County in 2012.
- 28 food and other licensed facility complaints were investigated and abated.
- 6 large Special/Temporary food and campground events were held with 52 inspections taking place at those events.

DNR Well Water Program
Oneida County has been an agent for the Department of Natural Resources (DNR) since 2006 for inspecting and testing close to 300 transient non-community (TN) wells in Oneida County. Program requirements include annual testing for bacteria and nitrates for all wells that serve the public for 25 or more people at least 60 days out of the year. In addition to annual water testing, the wells and water distribution systems are also inspected to ensure all the system components meet plumbing code requirements.
2012 Outcomes
- All 290 transient wells were tested for bacteria and nitrates. Three of the TN’s had unsafe bacteria levels, and 51 bacteria follow up samples were collected to ensure well disinfection was successful.
- Nitrate samples were collected for all 290 TN’s. Three exceeded the public health standard of 10mg/L. These TN’s required public postings in the facilities. One facility had a nitrate level that exceeded the maximum concentration of 20mg/L. That well was reinstalled in a deeper part of the aquifer by a licensed well installer and has returned to compliance.

Disinfection of the Crescent Town Spring-July 2012

Wisconsin Wins Compliance Checks
For 2012, Oneida County completed Wisconsin Wins compliance checks in Oneida, Lincoln, Florence, Forest, Price and Vilas counties.

2012 Final Results of WI WINS Tobacco Compliance Checks:

<table>
<thead>
<tr>
<th>County</th>
<th>Checks Completed</th>
<th>Non-Compliance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence County</td>
<td>10</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Forest County</td>
<td>18</td>
<td>4</td>
<td>22.2%</td>
</tr>
<tr>
<td>Lincoln County</td>
<td>31</td>
<td>4</td>
<td>12.9%</td>
</tr>
<tr>
<td>Oneida County</td>
<td>60</td>
<td>11</td>
<td>18.3%</td>
</tr>
<tr>
<td>Price County</td>
<td>26</td>
<td>9</td>
<td>31.6%</td>
</tr>
<tr>
<td>Vilas County</td>
<td>48</td>
<td>11</td>
<td>22.9%</td>
</tr>
</tbody>
</table>

*The Wisconsin average non-compliance rate (illegal sales rate) was 5.4% for 2012.
Introduction: Essential Service 7 involves assuring effective entry for disadvantaged people in to a coordinated system of clinical care; linkage to services for special population groups; ongoing care coordination; and targeted health information to high risk population groups. Highlighted in this section are the Wisconsin Well Woman Program, the Oneida County Health Department Reproductive Health Clinic, Prenatal Care Coordination Program, Visits to Young Families Program, Children and Youth with Special Health Care Needs, Infant Massage, Public Health Nursing Program, summary of group health education events, Fluoride Supplement program, and the Northwoods Dental Project.

Wisconsin Well Woman Program
The goals of the Wisconsin Well Women Program are to improve access to preventive health services and eliminate preventable death and disability from breast and cervical cancer. Oneida County provides uninsured women ages 45-64 with preventive health screening services to women with little or no health insurance coverage. Well Woman pays for mammograms, Pap tests, certain other health screenings, and multiple sclerosis testing for women with high risk signs of multiple sclerosis.

2012 Outcomes
In 2012, there were 210 clients enrolled. Approximately 21 women were referred for additional testing for abnormal results. 61 new patients were enrolled in 2012. 5 new clients were diagnosed with breast or cervical cancer, and 9 were case managed in Well Woman Medicaid.

Enrollment in WI Well Woman Program

![Enrollment Chart](chart.png)
Reproductive Health
In October 1982, the Oneida County Health Department received a 15 month Maternal and Child Health grant to develop and implement a Family Planning Program for the residents of Oneida County who could not afford reproductive health care services or contraceptives. The first three months created the “systems plan” for the program including hiring the staff that would run the Family Planning program. This new program followed in the steps of the newly established WIC program that had been running for one year prior. January 1983, the first clients walked through the door. The goal was to provide services for 200 women who were at risk of having an unintended pregnancy. Since that time, our name has changed from the Family Planning Program to the Women’s Health Clinic in 1990 and ten years later to the Reproductive Health Clinic. Our mission has always been the same: to allow couples to plan their pregnancies so they are well timed in their life plans and so families will have the number of children they want to care for.

October 2012, we reached our 30 year anniversary of providing reproductive health care to thousands of women and men. At the end of 2012, we saw 773 unduplicated clients for reproductive health services. These services include on-site reproductive health exams and STD/STI screenings and treatment, pregnancy testing and counseling, contraceptive services and health education on reproductive issues. Our two main goals are to protect fertility and avoid unintended pregnancies.

Our services will continue to be affordable, accessible and confidential and clients will find us as comfortable alternative.

RHC Staff: (left to right)
Anne Cirilli, Health Educator- hired October 1982,
Beth Stamper, Account Clerk- hired February 2012
(Missing from photo, Cynthia Olson, Nurse Clinician, hired June 2011.)

*With a special thank you to Dr. Judith Pagano for being our Medical Director over the last 30 years. She officially retired at the end of December from Ministry Medical Group but before then found us a new Medical Director, Dr. James Frimpong who continues to oversee our work at the Reproductive Health Clinic.
2012 Outcomes
1.) **Client Satisfaction:** The responses to the client surveys related to our move have been very favorable about the move to the well lighted, more efficient set-up.

2.) **Access to Emergency Contraception:** 1659 Plan B One Step Emergency Kits were dispensed.

3.) **Dual Protection:** Method to reduce STD/STI risk as well as protect from unintended pregnancy. In 2012, over 24,313 male condoms and 365 female condoms were dispensed.

4.) **Medicaid Family Planning Waiver Outreach:** A main goal of the Reproductive Health Program is to provide access to health insurance. Staff are Medicaid ACCESS Partners and have the ability to help clients register for the WI Family Planning Only Services program on-line through the ACCESS website.

5.) **Access to Contraceptive Supplies:** In 2012 50% of clients were 12-21 years old and 50% were 22 years old and older.

6.) **Outreach:** The Reproductive Health staff continues to provide community and school presentations on health topics. 17 presentations were given to the community related to reproductive health, HIV/AIDS and STD/STI. Presentations are given at the Rhinelander School District and Three Lakes School District.

**Visits to Families**
The Visits to Families program provides over the phone consultation and public health home visits to parents of newborns. The purpose of this program is to assess infant and maternal physical and emotional needs, parent-child interaction, provide breastfeeding support, and to provide education on immunizations, infant care, nutrition, and pre/post partum concerns.

**2012 Outcomes**
The health department received 308 birth referrals in 2012. Phone calls &/or letters were sent to all birth referrals offering a home visit.

**Prenatal Care Coordination Program**
The Prenatal Care Coordination Program (PNCC) assists women on Medicaid and Badger Care get the support and services they need to have a healthy baby. The (PNCC) program at Oneida County Health Dept. offers the First Breath and My Baby and Me program to pregnant woman who want to quit smoking &/or drinking during their pregnancy and after baby is born. The (PNCC) program provides referrals for services such as health care, alcohol and other drug treatment, mental health services, nutrition counseling, transportation, housing, childcare, domestic abuse services and preconceptual planning for the next pregnancy. Education on a
varied topics is provided. A care coordinator, (public health nurse) assists in a personalized plan of care for a health pregnancy, birth, and beyond.

**2012 Outcomes**

40 women were referred to the program and 30 of those 40 enrolled. Six of the 10 who did not enroll moved to another county prior to enrolling. The graph indicates the number of birth outcomes from 2006-2012. Due to the success of the Prenatal Care Coordination program we are seeing an increase in full-term babies, and this is the healthiest birth outcome.

**Generalized Public Health Visits**

A “Walk-In” nurse is available Monday through Friday. The chart below is a breakdown of the “walk-in” nurse visit reasons.

<table>
<thead>
<tr>
<th>Breakdown of “Walk-In” Visits</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>4821</td>
<td>5014</td>
<td>5860</td>
<td>6038</td>
<td>8612</td>
<td>5550</td>
<td>5061</td>
<td>4782</td>
</tr>
<tr>
<td>Well-Child</td>
<td>361</td>
<td>259</td>
<td>150</td>
<td>156</td>
<td>401</td>
<td>213</td>
<td>144</td>
<td>73</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>103</td>
<td>73</td>
<td>35</td>
<td>17</td>
<td>10</td>
<td>17</td>
<td>42</td>
<td>23</td>
</tr>
<tr>
<td>Adult Health</td>
<td>429</td>
<td>426</td>
<td>236</td>
<td>147</td>
<td>237</td>
<td>147</td>
<td>272</td>
<td>356</td>
</tr>
<tr>
<td>Health Risk Appraisal</td>
<td>52</td>
<td>61</td>
<td>53</td>
<td>72</td>
<td>48</td>
<td>75</td>
<td>36</td>
<td>2</td>
</tr>
<tr>
<td>TB Skin Tests</td>
<td>418</td>
<td>529</td>
<td>836</td>
<td>520</td>
<td>451</td>
<td>411</td>
<td>417</td>
<td>350</td>
</tr>
<tr>
<td>Paternity Testing</td>
<td>95</td>
<td>68</td>
<td>40</td>
<td>58</td>
<td>108</td>
<td>58</td>
<td>47</td>
<td>12</td>
</tr>
<tr>
<td>Drug Testing (Oneida County Social Services)</td>
<td>68</td>
<td>75</td>
<td>50</td>
<td>44</td>
<td>39</td>
<td>44</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6355</td>
<td>6512</td>
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<td>7053</td>
<td>9906</td>
<td>6515</td>
<td>6062</td>
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**Children and Youth with Special Health Care Needs**

Oneida County Health Department provided information and referral services to families of children and youth with special health care needs through a contract with the Northern Region Children and Youth with Special Health Care Needs Center. These families face special challenges in accessing services that support their children and in coordinating the numerous activities associated with caring for their children. Because of Public Health Nurses contact with these families in many of our other programs, the nurses are in a unique position to assess the family’s needs and refer them to resources.
2012 Outcomes:
A Children and Youth with Special Health Care Needs Tri County Area Resource Guide was developed

Child Safety Seat Program
Two public health nurses are certified as car seat technicians and are available by appointment to instruct caregivers on installation provide education and inspect car seats.

2012 Outcomes
- 61 parents/caregivers in Oneida County received instruction and were assisted with installation of child safety seats
- Oneida County received a grant for a car seat exchange program for low income families. 28 new convertible car seats replaced unsafe/expired seats through this grant program.
- The attached picture is from our annual car seat event held 6/18/12 at the Rhinelander Fire Department.

Infant Massage
The role of the Certified Educator of Infant Massage (CEIM) is to facilitate and help enhance the loving relationship between infants and parents. Infant massage is an ideal medium, because it naturally encompasses all of the elements of the bonding process including eye to eye contact, warmth, scent, vocalizations, skin-to-skin, and responsiveness.

Benefits of infant massage include: promotion of bonding and attachment, brain stimulation, growth and development, improvement of sleep, improvement of digestion and blood circulation, and reduction in the incidence of Sudden Infant Death Syndrome (SIDS).

Cholesterol Screening
Fasting lipid panels and blood sugars are done through an agreement with St. Mary’s Hospital. They are offered the first Tuesday of every month at a low price of $30.00 for a lipid panel and $5.00 for a fasting blood sugar. Many residents of Oneida County do not have insurance, or their insurance does not pay for these important services. Follow-up recommendations as well as physician and dietitian referrals are done as needed. This screening program is for uninsured individuals or individuals with high deductibles. Cholesterol screenings have decreased due to the Wisconsin Well Program discontinuing paying for the testing. People who are underinsured who cannot afford to pay for cholesterol testing are referred to the Community Care Program through their provider and/or area Health Fair Screenings.
2012 Outcomes
Six people were screened in this program in 2012.

Breastfeeding Program
The goals of the Breastfeeding Program are to increase the number of Oneida County mothers who initiate breastfeeding, and to increase the duration, or length of time they breastfeed their infants.

The County breastfeeding program continues to provide:
- Parents with individual appointments to counsel and support them with breastfeeding
- Community promotion of breastfeeding
- Technical assistance to worksites interested in supporting their breastfeeding employees
- A lending library of videos and books open to all residents
- Breast pump distribution program

Oral Health Access and Services—
Fluoride Supplement Program
Dentists, physicians and pediatric health care providers have recommended fluoride supplements for more than the past two generations. However, not all Oneida County children have access to fluoride supplements for various reasons. The Health Department offers a Fluoride Supplement Program to address the needs of children in such circumstances, from ages 6 months to 16 years of age. Water test kits are provided by the Health Department with complete instructions for the water sample collection and submission. Families, who can afford to pay $5.00 for mailing and handling of a three month supply of fluoride, are asked to do so.

Northwoods Dental Project
The Northwoods Dental Project was formed in March 2007 by Oneida and Vilas County Health Departments as an effort to reduce the “lack of access to dental care” that was identified as a health priority in their County. Community Health Improvement Plans. Northwoods Dental Project is a public-private partnership that provides children in Forest, Oneida and Vilas Counties access to preventive oral health care. Forest, Oneida and Vilas County Health Departments believe that
everyone deserves access to these essential dental services, no matter where they live, or whatever their economic status.

Seal-A-Smile is a FREE dental sealant program that can be found in 21 schools throughout Forest, Oneida and Vilas Counties. Seal-A-Smile is the largest of the Northwoods Dental Projects preventive oral health programs reaching over 1300 children annually for oral health education with over half of those receiving oral health screenings/risk assessments and/or dental sealants. Healthy Smiles, the second largest program of the Northwoods Dental Project, offers fluoride varnish applications FREE to children 6 months to 5 years of age enrolled in or eligible for Early Head Start, Head Start or Pre-K classes.

Northwoods Dental Project relies on funding from the generosity of community members, foundations and organizations, various grants and the ability to bill Medicaid for sustainability of its programs. It is important to stress that Northwoods Dental Project programs are not meant to take the place of regular dental visits but to be used as a tool in addition to regular dental care. Families are encouraged, to seek a family dentist for routine dental care.

2012 Outcomes

<table>
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<th>NORTHWOODS DENTAL PROJECT – 2011/2012 County Report</th>
<th>Florence</th>
<th>Forest</th>
<th>Oneida</th>
<th>Vilas</th>
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<td>2</td>
<td>15</td>
<td>14</td>
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<td># Children Participating</td>
<td>10</td>
<td>32</td>
<td>325</td>
<td>350</td>
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<tr>
<td># Children referred for untreated dental decay</td>
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<td>1</td>
<td>23</td>
<td>50</td>
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<tr>
<td># of Fluoride varnish applications</td>
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<td>400</td>
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<td>47</td>
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<td># Students receiving sealants</td>
<td>13</td>
<td>110</td>
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<td># of Sealants placed</td>
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<td>% of Students screened receiving sealants</td>
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<td>61%</td>
<td>69%</td>
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<td># Students receiving varnish applications</td>
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<td>152</td>
<td>347</td>
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Assure a Competent Public and Personal Health Care Workforce

Introduction: Essential Service 8 involves educating and training personnel to meet the needs for public personal health service; adoption of continuous quality improvement and life-long learning; active partnership with academic institutions. In order to provide the highest quality public health service, the OCHD strives to ensure that all staff posses the knowledge, skills, and abilities necessary to perform their jobs effectively and efficiently. Highlighted in this section are the public health preparedness competency development, quality improvement, performance management, staff development, and linkages with academia.

Public Health Preparedness Competency Development
For the third year, the OCHD participated in a regional competency development process with the Northwoods Public Health Preparedness Consortia to identify workforce training needs. Staff were evaluated based on public health preparedness core competencies for 15 emergency preparedness related focus areas. This resulted in identification and development of individual competency development plans for every staff member.

2012 Outcomes
- Improved agency competency scores from 2011
- All staff trainings in the following areas: Risk communications, Epidemiology in Public Health, Public Health Law, Mass Clinic Functional Exercise, Mass Clinic After Action Improvement Plan, Public Health Emergency Plan review, table top exercise of a Hepatitis A incident.

Staff Development Program
Staff development programs at OCHD are required trainings based on state and federal requirements, grant requirements, competency scores, and based on the training needs and requests of the of the organization.

2012 Outcomes
- Trainings for staff were held monthly based on the above needs.
Linkages with Academia
The OCHD has strong linkages with numerous institutions of higher learning and serves as a site for student placement, observation, practice experience, and internship.

2012 Outcomes
- One MSN student from Yale completed a 110 hour practicum experience during the summer of 2012
- One MSN student from Walden University completed a 200 hour practicum experience during the summer of 2012
- One AHEC intern from the University of Wisconsin-Madison completed a summer internship program at OCHD
- One UW LaCrosse student completed a hour community health rotation during the summer of 2012
- Two University of Green Bay nursing students in the accelerated program finished their community practicum
Introduction: Essential Service 9 calls for ongoing evaluation of health programs to assess program effectiveness and to provide information necessary for allocating resources and shaping programs. Measures for assessing this essential service indicate a need for strengthening OCHD activities in this domain. Highlighted in this section is the Public Health Accreditation Board (PHAB) standards, results of the agency statutory review, consolidated and other state contracts review process, and the professional advisory committee meetings.

Public Health Accreditation
The Public Health Accreditation Board (PHAB) was incorporated in 2007 to implement and oversee public health department accreditation. Public health accreditation is a process of ensuring that a public health agency is committed to self-study and external review by peers in meeting standards and continuously enhancing the quality of services offered.

Oneida County Health Department recognizes many benefits in becoming accredited. The accreditation process will encourage and stimulate quality and performance improvement in the health department. It will also stimulate greater accountability and transparency. Successfully completing the accreditation process indicates that the Health Department is performing at a high standard and providing high quality services. In the future, there may be preference given to those who are accredited when applying for funding opportunities.

There are twelve domains, 32 standards, and 97 measures in which health departments must demonstrate their capacity. April 2012, OCHD sent two staff members to Alexandria, VA for formal accreditation training required to officially apply for accreditation. In 2012, OCHD uploaded hundreds of documents as evidence of performing high level work in the twelve domains required by PHAB. OCHD anticipates accreditation determination Spring 2013.

Consolidated Contract and State Grant Program Reviews
Each year the State Division of Public Health enters into contracts with local health departments for a package of grant dollars targeting various public health initiatives. These grants are performance based and require attainment of negotiated objectives to assure future funding.

2012 Outcomes
- Program objectives were met in the following programs: Immunization, Prevention, Lead Poisoning Prevention Program, Radon, Maternal Child Health, Reproductive Health, Tobacco Control, Fluoride, Local Public Health Preparedness
- The Agent Program also continues to meet program objectives
Research for New Insights & Innovative Solutions to Health Problems

**Introduction:** Essential Service 10 includes continuous linkage with appropriate institutions of higher learning and research. Highlighted in this section are the agency’s participation in Wisconsin’s new Practice Based Research Network (PBRN) grant and other research related efforts.

**Wisconsin Public Health Practice-Based Research Network (PBRN)**

Public Health Practice-Based Research Networks are an organized group of public health agencies engaged in ongoing collaboration with public health research centers to conduct rigorous, applied studies designed to identify strategies to improve the organization, financing, and delivery of public health services in real work community settings. The Robert Wood Johnson Foundation funded an initial round of five states for PBRNs. Wisconsin received second round funding at the end of 2009.

**Other Research Related Involvement**

The health department participates in numerous data collection surveys and information gathering efforts.

**2012 Outcomes**

Oneida County participated in a research project during the summer of 2012 involving Blastomycosis in dogs and any correlation to Blastomycosis diagnosis in humans. OCHD partnered with Marshfield Clinic on the research project and facilitate a survey of local veterinarians. This research project unfortunately ended when the researcher left the position with Marshfield clinic, however, OCHD now has an established communication method with local veterinarians related to Blastomycosis and hopes to work with veterinarians annually on Blastomycosis work.
## Financial Statement

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<th>TAX LEVY</th>
<th>REVENUES</th>
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