2015 Report to the Community

Oneida County Health Department

To protect, nurture and advance the health of our community.
Dear Colleagues,
Partners & Friends

Oneida County Health Department

I am pleased to present the Oneida County Health Department 2015 Report to the Community. This report provides an overview of the Department’s programs and services that protect and promote the health of our residents and visitors. It also highlights important public health issues and trends which help to guide the work of the Department to make our community healthier.

This has been a year filled with reflection—becoming a PHAB accredited health department in 2014 has challenged us beyond recognition and certification. On a daily basis we are viewing the way we work differently to further advance our community’s health, demonstrate effective use of our resources and increase efficiency. As our 2011-2014 strategic plan came to a close we reflected on our achievements, failures and opportunities. Committed to responding to 21st Century Public Health needs, we embraced the 2015-2018 strategic planning process with an accredited health department mindset. The plan provides guidance for decisions about future activities and resource allocation. We designed the plan to be a working document to constantly adapt to the changing environment, and respond to new opportunities and emerging threats.

Every day, we protect our community from health threats such as foodborne illnesses, natural and man-made disasters, toxic exposures, and preventable illness and injury. Public Health also works against chronic diseases such as heart disease, cancer, and diabetes. Our efforts to address underlying causes have brought us new partnerships and initiatives surrounding the built environment and other factors that influence health.

Please continue to read and explore the many facets of public health outlined in this annual report. For more information about our programs, please visit our website www.oneidacountypublichealth.org and follow us on Facebook. I would like to extend our sincere appreciation to our Medical Director, Dr. Koeppl, our past and present Health and Aging committee members, our community partners and the staff of the Oneida County Health Department.

As we move forward in 2015 we face many similar challenges as other Wisconsin communities. Some of these challenges include high rates of children and adults being overweight and obese, high consumption of alcohol, tobacco use in our youth and pregnant moms, mental health stigma, and increasing chronic diseases. These challenges will impact the health of our community and will also have a negative effect on our economy. Together with our community partners, the health department will continue to focus our efforts on creating a community where people can easily make healthy choices and have access to services that support a long, healthy and happy life.

Accreditation: High Standards—Healthy Outcomes
In an attempt to hold itself to the highest standard, Oneida County Health Department sought and was awarded national accreditation in 2014. This achievement is exemplary considering fewer than 200 health departments across the nation have reached this status with Oneida County Health Department being the smallest at the time of its award.
Health Department Staff

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

**Assistant Director**
Carl Meyer, MPH

**Public Health**
Charlotte Ahrens, RN, BSN, Public Health Nurse
Robert Deede, RN, BSN, Public Health Nurse
Dawn Klink, RN, BSN, Public Health Nurse
Marta Koelling, MS, CHES, Community Health Specialist
Nichole Peplinski, RN, BSN, Public Health Nurse

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

**Reproductive Health**
Anne Cirilli, CHES, Community Health Specialist
Tracey Snyder, NP, Nurse Practitioner
Beth Stamper, Support Clerk
Liz Whalen, RN, Reproductive Health Nurse

**Multi-Jurisdictional Tobacco Control**
Corie Zelazoski, Community Health Specialist

**Chronic Disease**
Maria Skubal, Community Health Specialist
Kyla Waksmonski, Community Health Specialist

**Women, Infants & Children (WIC)**
Andrea Johnson, Breast Feeding Peer Counselor
Julie Brink, WIC Clerk
Brenda Husing, RD, CD, CLS WIC Director/Dietician

**Support Staff**
Dani Benzinger, Secretary
Patti Olson-Theiler, Account Clerk
Kristi Wehrwein, Administrative Assistant

**Board of Health**
Jackie Cody, Vice-Chair, Citizen Member, Appointed
Bill Freudenberg, County Board Supervisor
Tom Kelly, County Board Supervisor
Bob Mott, Chair, County Board Supervisor
Marge Saari, Retired Public Health Nurse, Appointed
Amy Slette, MD, Citizen Member
Alan VanRaalte, County Board Supervisor
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. This section highlights health focus areas which are indicative to health improvement data.

COMMUNITY NEEDS ASSESSMENT
In 2015 Oneida, Vilas and Forest county health departments and Ministry Health Care started a new Community Health Assessment process with key leaders, partners and community members. This process demonstrated a strong commitment to assessing the health needs of Forest, Oneida and Vilas Counties to make our communities healthier. The key findings from the day long community needs assessment conducted on December 11, 2015, secondary data analysis, and community surveys are on each of the health departments' websites.

COMMUNITY HEALTH IMPROVEMENT PLAN
During 2016 the Oneida County Health Department and its partners will be completing the 2016-2019 Community Health Improvement Plan with new priorities, goals and strategies to impact the health of our community.

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.
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.

COMMUNICABLE DISEASE CONTROL

Oneida County Health Department conducts surveillance, investigation and follow-up of reportable communicable diseases as part of statutory responsibilities of local health departments. Wisconsin has an electronic reporting system allowing health departments to receive communicable disease reports 24 hours per day from a variety of healthcare entities. Health department staff, primarily public health nurses, regularly receive and investigate these communicable diseases. In addition, animal bites are reported to the health department to assure that measures are taken to prevent potential rabies transmission.

- Public health staff conducted follow-up on 444 reportable diseases.
- 84 animal bites were investigated as human exposure incidents. These animal bites originated from 64 dogs, 18 cats and 2 bats.
- OCHD investigated 14 outbreaks within the county in 2015.

PERTUSSIS TREND ANALYSIS

Trending data for pertussis in Oneida and surrounding counties indicates a spike in pertussis in 2012. This increase in pertussis cases was predominately due to outbreaks in recreational camps. Oneida County continued to experience higher than normal cases in 2013, but did not reach the level of severity as compared to 2012. Only 43 cases of pertussis were reported in 2014 and 103 cases reported in 2015.

ANIMAL BITE CONTROL

Animal bites are reported to the health department to assure that measures are taken to prevent potential rabies transmission. In 2015, 84 Animal bites were investigated as human exposure incidents. In 2013 OCHD launched a quality improvement project to improve Rabies Control. Through the Health Department’s Performance Management system it was documented that rabies partners would report animal bites within 48 hours of initiation of bite report form. However, only 25% of animal bites were being reported during this time period.

The project aim statement was “By 12/31/2013, 50% of all known animal bites that occur in Oneida County will be reported to Oneida county Health Department within 48 hours”.

<table>
<thead>
<tr>
<th>Reported Communicable Diseases</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>444</td>
<td>261</td>
<td>710</td>
<td>345</td>
<td>486</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confirmed Pertussis Cases</th>
<th>Oneida County</th>
<th>Vilas County</th>
<th>Forest County</th>
<th>Lincoln County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>110</td>
<td>42</td>
<td>38</td>
<td>108</td>
</tr>
<tr>
<td>2013</td>
<td>29</td>
<td>9</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>215</td>
<td>58</td>
<td>44</td>
<td>114</td>
</tr>
</tbody>
</table>
Project aim was to improve the Rabies Control process by increasing the percentage of bites being reported within a 48-hour time period from 25% to 50%.

The Rabies QI project was extended through 12/31/14. The project team followed through on plans to creating a universal animal bite report form, developing guidelines for law enforcement to follow, developing a new animal quarantine order, updating OCHD policy and procedure, educating veterinary staff on process and forms and providing rabies education seminar/training for Health Department staff, local health departments, law enforcement, veterinary staff, and local emergency room healthcare staff. Since the implementation of the QI project, reporting has increased to 52%, surpassing the goal.

### Number of Animal Bites

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>77</td>
<td>80</td>
<td>83</td>
<td>63</td>
<td>84</td>
</tr>
</tbody>
</table>

### Communicable Diseases (2015)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviral Illness (West Nile Virus, Powassan, other)</td>
<td>2</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>1</td>
</tr>
<tr>
<td>Blastomycosis</td>
<td>1</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>28</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>63</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>7</td>
</tr>
<tr>
<td>E.Coli, STEC</td>
<td>2</td>
</tr>
<tr>
<td>Ehrlichiosis, E. Chaffeensis</td>
<td>2</td>
</tr>
<tr>
<td>Ehrlichiosis/Anaplasmosis</td>
<td>29</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>13</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>4</td>
</tr>
<tr>
<td>Hemorrhagic Fever, Ebola</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B, Chronic</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B, Unspecified</td>
<td>7</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>24</td>
</tr>
<tr>
<td>Hepatitis C, Acute</td>
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</tr>
<tr>
<td>Hepatitis E, Acute</td>
<td>1</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>53</td>
</tr>
<tr>
<td>Mumps</td>
<td>2</td>
</tr>
<tr>
<td>Mycobacterial Disease</td>
<td>6</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>103</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>1</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>4</td>
</tr>
<tr>
<td>Streptococcal Invasive Disease, Group A</td>
<td>1</td>
</tr>
<tr>
<td>Streptococcal Invasive Disease, Group B</td>
<td>6</td>
</tr>
<tr>
<td>Streptococcus Pneumoniae, Invasive Disease</td>
<td>4</td>
</tr>
<tr>
<td>Syphilis Reactor</td>
<td>1</td>
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<tr>
<td>Syphilis, Early Latent</td>
<td>1</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>2</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2</td>
</tr>
<tr>
<td>Varicella</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>345</td>
</tr>
</tbody>
</table>

### Performance Management

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
<th>Baseline</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease amount of time to follow-up on communicable disease case once WEDSS [data system] or faxed report received (Lyme Disease).</td>
<td>% of cases contacted within 48 hours in WEDSS jurisdiction.</td>
<td>86% in 2013  58% in 2014</td>
<td>90%</td>
<td>53% (in part due to data system formatting)</td>
</tr>
</tbody>
</table>
IMMUNIZATIONS
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 addition 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.

The health department is committed to assuring accurate data entry and collection into the Wisconsin Immunization Registry (WIR). This is accomplished by monitoring internal quality control of all immunizations by way of monthly Provider Report Cards, and WIR Inventory Reconciliation processes done weekly.

Due to noted decreasing vaccination outcomes in 2-3 year-olds (WIR Benchmark Report, 2015) and Adolescent Immunization Coverage (13-18 yr) rates for our area (Assessment, Feedback, Incentives, and eXchange [AFIX] Program 2015 reporting), primary improvement objectives will focus on parent/guardian education, healthcare provider resources, and identification of health inequities and access to care issues in the community.

2015 Immunization Outcomes

• In Oneida County, 92% of school-age children were in compliance with required vaccinations.
• Of all children residing in Oneida County, 72% are up-to-date with required vaccinations by their second birthday; 78% are up-to-date before they are three years old.
• The Oneida County Health Department administered 3135 immunizations.
• Oneida County immunized 192 Oneida County residents against pertussis (whooping cough) by updating their tetanus immunizations.
• Influenza immunization outreach was held at the Public Health office, various businesses, and Oneida County Schools. This included 4 mass flu clinics to serve people across the lifespan. A total of 2604 influenza immunizations were given.

IMMUNIZATION COALITION
The health department collaborates with the Northwood’s Immunization Coalition of Florence, Forest, Oneida, and Vilas Counties. Coalition membership has grown over the year and includes local health care providers, school nurses, surrounding health departments, tribes, pharmacies and infection control providers.

2015 COALITION OUTCOMES
The Northwood’s Immunization Coalition met six times in 2015. The meetings focused on: Promoting Strategies to Improve Access to Care, Promoting Strategies to Improve County Immunization Rates, and receiving updates from the Northern Regional Office and other coalition members. Activities included: Disease surveillance and updates of statewide mumps and pertussis outbreaks, tracking county immunization rates of 2 year olds and adolescents 13-18 years old; maintaining partnerships with health care providers and working with WIR databases; promoting immunizations of school-age children by working with school district nurses;
communicating consistent immunization messages to the public; and providing education about 9vHPV (Gardasil 9), pneumococcal, and new meningococcal B vaccine, along with the 2015-2016 influenza vaccine, in order to promote increased coverage, address vaccine hesitancy, and improve communication with healthcare providers and staff.

A tri-county Lunch 'n Learn seminar was held for pediatric and family practice healthcare clinicians and staff on April 14, 2015, in collaboration with Marshfield Clinic Research Foundation, Ministry Healthcare, and presenter, Dr. Holly Frost. It was simultaneously broadcast to other Ministry sites in Eagle River, Crandon, and the Forest County Health Department. Approximately 30 people were in attendance, and post-session evaluation forms showed majority agreement to the training being useful, with clear educational objectives and opportunities for questions and answers.

For the second year in a row, the Coalition was awarded a grant from the WI Immunization Program and WI Comprehensive Cancer Control program to promote and support activities to “Increase Human Papillomavirus (HPV) Vaccination Coverage Among Adolescents”. First goal consists of increasing public knowledge regarding HPV vaccination safety and effectiveness. This is being accomplished by billboard, movie theatre ads, radio and TV public service announcements, and a school poster campaign in all four counties.

Second goal focuses on increasing administration of HPV vaccine doses consistent with current Advisory Council on Immunization Practices (ACIP) recommendations. This will be accomplished by sending educational mailing to all parents of 11-12 year old in all four counties.

In the final goal, healthcare providers and their staff will be encouraged to be educated about HPV-related diseases and HPV vaccine safety and effectiveness. The Coalition plans to develop and re-distribute a toolkit of CDC HPV resources to share with all providers in the four county area. Grant and goal outcomes will be evaluated via twice-yearly WIR Assessment Summary for Adolescent Immunization Coverage Rate Reports by Clinic, and by Marshfield Clinic Research Foundation coverage data reporting.

**RADON**

Radon is an odorless radioactive gas that is dangerous if it accumulates at heavy concentrations within buildings and homes. According to the WI Department of Health Services (DPH), “the only risk from radon in air is lung cancer, after many years of breathing it”. About 8 million U.S. homes are estimated to have radon levels at or above the EPA action level of 4 picocuries per liter (pCi/L) of air (10/2011, http://radonweek.wordpress.com). In Wisconsin, 5 to 10% of homes have elevated radon levels on the main floor of the home. Radon levels vary greatly within neighborhoods, which is why everyone should test their home for radon (01/2010, WI DPH).

Radon test kits are made available through the Oneida County Health Department in cooperation with the NorthCentral Wisconsin Radon Information Center at Marathon County Health Department. Test results are mailed directly to participants. Referrals are made to the NorthCentral Radon Information Center when radon remediation assistance is needed.

The Radon testing program promotes radon testing, education and mitigation information.
2015 Radon Outcomes
Sixty-one test kits were distributed in Oneida County by the health department. Outreach was done during Radon Action Month in January and kits were offered at $6.00. Kits are made available the rest of the year for $8.00. Media releases went out to increase public awareness of testing, as well as information on the health department website and Facebook page.

Lead Poisoning Prevention
Thirty-six percent of the children under age 5 in Oneida County received blood lead screenings during their health screening at their Women Infant and Children (WIC) appointment. Children are screened at ages 1 and 2, and again at an age between 3-5 if they have not had a previous lead test done. Lead test results from private medical providers are reviewed by a Public Health Nurse. Children with elevated capillary lead levels of 5mcg/dl or greater 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. Families are also offered an in home assessment to help determine the source of the lead poisoning.

2015 Outcomes
Of Oneida County WIC children less than 5 years of age, a total of 362 lead screenings were completed. One child had a capillary blood draw with a venous confirma tory lead level of 5-10 mcg/dl. Three children had a capillary blood draw level greater than 10mcg/dl with of the children having venous confirmatory levels of 8mcg/dl and 13 mcg/dl. All of the caregivers of the children with elevated lead levels were provided lead poisoning education. A Wisconsin State Chapter 16 investigation of children with Elevated Blood Lead Levels was completed in two of the homes in which the children resided. One of the homes had a lead hazard investigation completed by the Marathon County Health Department in collaboration with Oneida County Health Department.

Human Health Hazards
To protect the health of 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.

50 health hazard complaints were received in 2015, 25 of which required additional follow up from OCHD (25 referred or unsubstantiated).

<table>
<thead>
<tr>
<th>2015 Health Hazards</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mold</td>
<td>6</td>
</tr>
<tr>
<td>Animals</td>
<td>2</td>
</tr>
<tr>
<td>Garbage</td>
<td>4</td>
</tr>
<tr>
<td>Water Issues</td>
<td>3</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>4</td>
</tr>
<tr>
<td>Multiple Factors</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>
ESSENTIAL SERVICE 3:
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
Health Department staff provides an array of community education through presentations, trainings and educational seminars. Recipients include local school district staff and students, diverse community groups and to clients receiving public health services at the health department. Topics range from prenatal and postpartum care to environmental concerns, as well as chronic disease, healthy nutrition, food safety, infections, disease prevention, car seat safety, breastfeeding, tobacco, blood borne pathogens, first aid, contraceptive methods, and other general health topics.

SAFE SLEEP INFANT PROGRAM
The safe sleep program is an educational program designed for pregnant women and infant caregivers. The goal of the program is to assure all infants have a safe place to sleep.

Health Department staff educate new parents on safe sleep practices and assess for a safe sleep environment. Pack ‘N Plays are available for income eligible parents/caregivers who cannot afford to provide a safe place for their infant to sleep.

2015 Outcomes

- 300 parents/caregivers were contacted by health department staff and provided safe sleep information in verbal or written form.
- Of those 300, 17 income eligible parents/primary caregivers were provided a Pack N Play.

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.

In 2015, Health Department Staff conducted over 250 media events related to injury prevention, tobacco, chronic disease, breastfeeding, family planning and communicable disease.
SAFE SLEEP INFANT PROGRAM

Despite the existence of compelling research and statistics about the importance of safe sleep in reducing our nation’s high rate of infant mortality, the number of babies who die in adult beds and other unsafe sleep environments is on the rise.

In fact, of the more than 4,500 sudden, unexpected infant deaths each year, statistics show that as many as 80-90 percent are the result of unsafe sleep practices. These are preventable deaths. *(Source: First Candle)*

Wisconsin 2011—How often does your new baby sleep in the bed with you or anyone else?

2015 OUTCOMES

- 51 parents/caregivers in Oneida County received instruction and were assisted with installation of child safety seats
- Oneida County wrote for and received a Wisconsin Safety and Enforcement grant which provided money to purchase convertible car seats for a car seat exchange program for low income families. 34 new convertible car seats replaced unsafe/expired seats through this grant program.
- A community partner/The Rhinelander Kiwanis Volunteer Organization, donated match funds required by the above grant.
- On June 10, 2015 our annual car seat check event was held at the Rhinelander Fire Department.
- The OCHD collaborated with Forest County Potawatomi Community Health and Wellness Fair on June 10, 2015, during which time car seat checks were done in collaboration with Safe Kids.

Oneida County Health Department is providing information for a safe sleep environment to assure parents/caregivers of newborns in Oneida County have the necessary tools to provide a safe sleep environment for their infant.

CAR SEAT SAFETY 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.

PERFORMANCE MANAGEMENT

<table>
<thead>
<tr>
<th>Car Seat Grant Exchange Program</th>
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</thead>
<tbody>
<tr>
<td># of car seats distributed through WISE-Grant</td>
<td>34</td>
</tr>
<tr>
<td># who reported knowledge of car seat use has increased moderately or significantly after instruction</td>
<td>33</td>
</tr>
<tr>
<td># able to properly install car seat independently after instructed by OCHD Certified Car Seat Technician</td>
<td>34</td>
</tr>
</tbody>
</table>

In 2015, a new bill was proposed that would require children to remain in rear facing car seats until the age of two. It is anticipated that this amendment to state statute 347.48 will be enacted in 2016.
**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 Free Coalition, Oneida County Biking and Walking Trails Council, Northwoods Breastfeeding Coalition, Mental Health Interagency Council and AODA Coalition.

**NORTHWOODS LEAN**

In 2011, the Oneida County Health Department and its partners created a five-year county health improvement plan focusing on three identified health priorities, one of these being chronic disease. In 2012, Northwoods LEAN was formed to address chronic disease prevention and management in Oneida and Vilas Counties. The coalition focuses on environmental, policy, and program changes to positively impact the health of Northwoods residents.

This coalition is funded by a $400,000 Wisconsin Partnership Program (WPP) grant in which OCHD is the fiscal agent. LEAN currently maintains a highly functioning partnership with UW-Stout Applied Research Center for data analysis and evaluation of all program outputs and also has an academic partner through the University of Wisconsin Pediatric Fitness Clinic. OCHD has a subcontract with the Vilas County Public Health Department to implement activities within Vilas County as well.

**Mission:** Northwoods LEAN is a coalition that promotes a culture of healthy living through physical activity and nutrition in Oneida and Vilas Counties.

**2015 OUTCOME HIGHLIGHTS**

- Disseminated monthly information to community residents via press releases, brochures, radio interviews, TV interviews, and over 15 community presentations
- Point-of-Decision Prompt interventions related to physical activity were implemented in various Vilas County buildings as well as Ministry Healthcare Northern Region buildings locations (Rhinelander, Minocqua, Eagle River, Tomahawk, and Crandon)
- Provided 6 out of 9 school districts within Oneida and Vilas County funding and technical assistance for garden based nutrition initiatives for students
- Partnered with Community Ground Works to develop a garden based nutrition intervention toolkit for widespread use and publication
- Provided financial support to a school representative from North Lakeland School District to attend a garden conference and enhance skills related to the school’s garden based nutrition grant provided by Northwoods LEAN
- Increased coalition education and membership by 21%
- Created 3 subcommittees to focus on grant initiatives (worksite wellness, garden based nutrition, and point-of-decision prompt interventions)
- Hosted two worksite wellness summits (April and October) to local businesses
- Developed and implemented a Winter’s Farmers’ Market in partnership with the YMCA
- Developed and implemented a 100 mile challenge in promotion of Bike or Walk to School Day for local school districts
- Supported the HEAL Creek Project
NORTHWOODS LEAN EVENTS, PARTNERSHIPS AND SUCCESS STORES

In 2015, Northwoods LEAN hosted two Worksite Wellness Summits as opportunities for local businesses to learn, and put into action, the steps to improve the health of their employees.

As health care costs continue to rise, employers are searching for effective ways of lowering—or at least controlling—those costs. One effective solution is worksite wellness programming. Studies show that wellness programs reduce employee risks for disease and work-related injuries, decrease health insurance claims, and improve productivity and employee moral. In addition, wellness programs are a benefit, useful in attracting and retaining employees. Worksite wellness programs are a savvy business investment. For every $1 spent on worksite wellness initiatives, employers can see a return of up to $6. Additionally, wellness programs can reduce sick leave, medical costs, and worker’s comp claims by as much as 25%.

The survey questions below demonstrate participant’s increased understanding of the benefits of worksite wellness, resources needed to start a program, and how to measure the impact of a program.

An Equity Lens

Northwoods LEAN strives to ensure all community members have access to fresh fruits and vegetables as well as physical activity opportunities.

- Provided garden based nutrition mini grants to local schools to increase youth access to fresh fruits and vegetables
  - Local schools have a high percentage of students who receive free and reduced lunch rates, so it is crucial that we put programs such as this into those schools
- Collaborated with partners to offer cooking classes specifically designed to help populations that have a lower socioeconomically status
- Hosted two worksite wellness summits which were attended by employers of all working classes
- Established Winters Farmers Market to increase access to local, fresh produce

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<tr>
<th></th>
<th>8-Oct-14</th>
<th>6-May-15</th>
<th>7-Oct-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Williams</td>
<td>42</td>
<td>32</td>
<td>87</td>
</tr>
<tr>
<td>Central Intermediate</td>
<td>12</td>
<td>36</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 1: Pre-Survey Content Knowledge – I have an understanding of...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>Benefits of investing in a worksite wellness program.</td>
</tr>
<tr>
<td>What resources my organization will need to start a worksite wellness program.</td>
</tr>
<tr>
<td>How my organization can measure the impact of a worksite wellness program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2: Post-Survey Content Knowledge – The Worksite Wellness Summit increasing my understanding of...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>Benefits of investing in a worksite wellness program.</td>
</tr>
<tr>
<td>What resources my organization will need to start a worksite wellness program.</td>
</tr>
<tr>
<td>How my organization can measure the impact of a worksite wellness program.</td>
</tr>
</tbody>
</table>
Mental Health Interagency Council

The Mental Health Interagency Council (MHIAC) is a coalition of Oneida, Vilas, and Forest County-based individuals and organizations who are dedicated to:

1. Increasing awareness of mental health disorders while simultaneously decreasing social stigmas through collaboration with key community partnerships
2. The development and growth of an evidence-based mental health collaborative system of care across the lifespan
3. Establishment of a system for data collection and management to provide a stable and ongoing source of reliable community-specific information about mental health issues; and
4. Strengthening the capacity of coalition and coalition membership to continually improve effectiveness and sustainability of programmatic efforts

Members provide in-kind support with activities including: community and regional education, outreach, biennial mental health summit, and mental health resource listings. MHIAC also collaborates with the Rhinelander Chapter of National Alliance on Mental Illness (NAMI) in support of their Drop-In Center Initiative, works with the AODA Coalition, and supports consumer groups such as EMIS (Eliminate Mental Illness Stigma).

MHIAC identified individuals who suffer from mental illness and use tobacco products as a vulnerable population. 31% of adults in Wisconsin who suffer from depression are current tobacco users. MHIAC worked with the Northwoods Tobacco-Free Coalition to establish a partnership between mental health providers in the area and the Wisconsin Nicotine Treatment Integration Project (WiNTiP). This project provides education and support for integrating evidence-based nicotine dependence treatment into Mental Health/AODA programs, healthcare, and community based programs.

Mental Health Crisis Line—Access for those in need.

Oneida, Vilas, and Forest County residents have access to the Mental Health Crisis Line which received 1,076 phone calls in 2014. 81% of people who utilized the crisis line were adults and 19% were children.

The top 3 reasons adults called the Mental Health Crisis Line were: attempt or threat of suicide, issues with alcohol use, and marital or family problems.

The top 3 reasons that children called the Mental Health Crisis Line were: attempt or threat of suicide, social problems, and family or marital problems.

In 2013 out of all the calls received by children 22% were related to attempt or threat of suicide where in 2014 it was 44.9%.

2015 Program Highlights

- MHIAC provided 4 QPR (Questions, Persuade, and Refer) community presentations to schools, healthcare agencies and business facilities.
- MHIAC completed media outreach to educate community members on Suicide, Mental Health Stigma, and Holiday stress.
- MHIAC created a Facebook page to disseminate information on emerging mental health issues.
- MHIAC continues to provide technical support, training, and sponsorship of the Coordinated Service Teams (CST) Committee, with active membership of 61 interdisciplinary agencies. CST enhances local access to care by providing community-based, wraparound care opportunities for at-risk adolescents within the current program.
- Collaborated with Ministry Health Care facility to establish a data collection group and to begin sharing of information related to depression and emergency room visits.
**NORTHWOODS TOBACCO-FREE COALITION**

In 2015, the Wisconsin State Tobacco Prevention and Control Program funded Oneida County Health Department for the sixth 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 2015, NWTFC continued to conduct coalition building and maintenance for a successful and functioning six county coalition. Additionally, NWTFC continued to implement tobacco prevention and education initiatives in all six counties.

OCHD continues to offer tobacco quit resources to youth, adults and pregnant women within the community and delivers leadership, technical assistance and organizational support to NWTFC. The mission of NWTFC is to promote the health of the residents to Florence, Forest, Lincoln, Oneida, Price and Vilas Counties by preventing and reducing the use of tobacco products and nicotine addiction through leadership, public information, community involvement and policy development.

NWTFC provided support for the FACT & CHANGE (Creating Healthy Actions for New Growth and Empowerment) youth groups which are youth peer to peer education groups that focus primarily on tobacco prevention, but also implement prevention activities such as alcohol and other drugs, bullying and peer pressure.

**Smokers in Wisconsin and Oneida County**

<table>
<thead>
<tr>
<th></th>
<th>Wisconsin</th>
<th>Oneida County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (18+)</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>High School Youth</td>
<td>10.7%</td>
<td>--</td>
</tr>
<tr>
<td>Middle School Youth</td>
<td>1.6%</td>
<td>--</td>
</tr>
<tr>
<td>Maternal Smoking</td>
<td>13.1%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, 2014Youth Tobacco Survey

In 2015, NWTFC provided education and awareness on new and emerging trends within the realm of tobacco prevention and control. A primary focus this year was to educate residents and community leaders on the dangers of electronic cigarette use. The coalition also focused on program sustainability and policy development by meeting with state legislators and local community leaders. Additionally, NWTFC successfully hosted a Community Lunch N’ Learn in Arbor Vitae, WI focusing on emerging health trends, including tobacco use.

OCHD facilitated the Rhinelander FACT and CHANGE (Creating Healthy Actions for New Growth and Empowerment) youth groups who actively planned and led anti-tobacco activities including: community outreach, legislator meetings and communication, school education activities, media advocacy, and other special events. In 2015, the FACT and CHANGE group educated over 1,000 students and community members with their peer to peer education strategies.
In 2015 NWTFC identified residents in Oneida County with an income lower than $24,999 as a vulnerable population. 32% of individuals in that population are current smokers. Based on this number NWTFC focused on adopting Smoke-Free Multi-Unit Housing policies and conducted a presentation on the dangers of tobacco use and quit resources at the Northern Advantage Job Center.

Additionally, 31% of adults in Wisconsin who suffer from depression are current tobacco users. NWTFC helped establish a partnership between mental health providers in the area and the Wisconsin Nicotine Treatment Integration Project (WiNTiP). This project provides education and support for integrating evidence-based nicotine dependence treatment into Mental Health/AODA programs, healthcare, and community based programs. WiNTiP has developed some specialized tobacco dependence treatment resources in addition to other consumer resources that are helpful in delivering treatment interventions.

2015 Outcomes

- NWTFC members showed support of the continuation of the Tobacco Prevention and Control Program funding by attending the Joint Finance Hearing in Reedsburg, WI and submitting written testimonies directly to their legislators.
- Provided technical assistance to two counties within our MJC to adapt local smoke-free ordinances to include electronic cigarette devices.
- Held 5 legislative meetings with state leaders representing the 6 counties. During these meetings we educated leaders on NWTFC’s current work, Tobacco Legislation, Electronic Cigarettes, Environmental Scans, Wisconsin WINS results and the Rhinelander FACT and CHANGE group.
- Organized and hosted a Community Lunch N’ Learn with presentations focusing on mental health, alcohol and other drugs, tobacco, chronic disease, marketing and legislative updates. Thirty-three people attended the meeting and 70% of attendees stated that the information presented was useful.
- Completed monthly media outreach throughout the 6 county area educating residents on tobacco related issues. Topics included: electronic cigarettes, 2015 Youth Tobacco Survey results, personal testimonies about the health affects of tobacco, Wisconsin WINS compliance check results, other tobacco products, etc.
- Completed 8 Other Tobacco Products (OTP) presentations educating various organizations throughout the 6 counties. These presentations focused on the dangers of OTP, state regulation and new and emerging trends.
- Completed 20 environmental scans in the 6 county areas which assess tobacco marketing strategies, product placement and tobacco discounts in gas stations and convenience stores.
AODA Coalition
The Oneida County AODA Coalition is a sub-committee of Healthy People Healthy Oneida County (HPHOC). The mission is to support county-wide evidenced-based education programs that reduce the negative consequences of substance abuse. AODA Coalition members are students, parents, concerned community members, Law Enforcement, Health Care Professionals, School faculty and administrators, volunteers and AODA counselors. The main goal of the AODA Coalition is to increase awareness of the consequences of under-age drinking and prescription drug abuse. For 2016, the Mental Health Inter-Agency Coalition merged with the Oneida County AODA Coalition and expanded outreach to Vilas and Forest Counties.

Data-in-a-Day
The Oneida County AODA Coalition participated in the “Data-in-a-Day”, as part of the Community Health Assessment process, at Nicolet College on December 11th, 2015. Many AODA members attended the meeting and were provided infographics on the cost of excessive alcohol use in Oneida, Vilas and Forest Counties. The number of liquor licenses per residents and number of arrest for drug sales were also reviewed. The community data portrayed consensus among all three counties that the use of “Other Illegal Drugs” and the abuse of Over-the-Counter & Prescription Drugs is only a moderate problem. Oneida County male residents report that the average occasion of binge drinking in the past month is 6 days.

2015 AODA Initiatives

Parents Who Host:
The Oneida Co. AODA Coalition continued to promote the Parents Who Host (PWH) campaign in 2015. The Rhinelander school district sends letters to parents who have a graduating senior to inform them of the legal consequences they may face if they host a party that serves alcohol to minors. The yard signs and posters are put up in the city of Rhinelander during the prom and graduation season to increase community awareness and a local law firm collaborates with the DA to put a community letter in the local newspaper to discuss the Parents Who Host (PWH) initiative. This year the yard signs and posters were also distributed to the Three Lakes and Minocqua areas.

Community Outreach:
SAMSHA Partnership for Success grant was in its’ final year at the Human Services Center. The AODA Coalition held extra meetings this summer to discuss the best way to use the prescription abuse prevention funds in Oneida and Forest County. Many Coalition members were able to attend Prevention Conferences in the area because of this additional funding.

KNOW! Project:
During 2015, the Oneida County AODA Coalition continued to promote the KNOW! Project designed for parents of middle school aged youth to raise their children alcohol, tobacco and other drug-free. Each month parents who sign up for this project, will receive two KNOW! Parent tips via their computers. The main goal of this program is to increase parental awareness that their children are at risk and to empower these parents with simple and effective parenting strategies proven to prevent substance abuse.

“\textbf{All residents of Oneida County will live lives free of mental and physical health problems associated with misuse and abuse of drugs, including alcohol, pharmaceuticals, illicit and emerging drugs.}”

-AODA Vision Statement

Source: University of Wisconsin Population Health Institute 2015 WI Health Trends
Community Health Improvement in Action (CHIA) Grant:
The Oneida County AODA Coalition committee members participated in the WALDAB CHIA 2 year grant initiative to strengthen Coalitions work plans and to demonstrate to Coalition members how to effectively share data with the community and stakeholders. Participants have the ability to join the webinars and/or the statewide Summits.

Take Back RX Drug events:
The DEA’s National Prescription Drug Take-Back Days events were again held in the spring and fall of 2015. The local police departments, along with the Oneida County Highway Department collected unused prescription drugs and disposed of them properly. This year the Three Lakes Police Department also participated by arranging for a permanent “RX Drop-off” site at their offices. The AODA Coalition will continue to promote these events as long as there is funding available because this project protects the people and the environment.

DEC program:
Rhinelander Police Department Investigator, Kyle Parish participated in the AODA Coalition this year and gave a Marijuana presentation for the Three Lakes school system and is hoping to do similar presentations at the Rhinelander High School in 2016. Mr. Parish is also instrumental in getting a Drug Endangered Children (DEC) program implemented in 2016.

In 2015, the Oneida County AODA Coalition revised their workplan, completing 14 of the 21 annual strategies. “Reducing Barriers/Enhancing Access to Treatment” was the one strategy that did not see any completed activities in 2015. The other six strategies were successfully implemented: Providing Information; Enhancing Skills; Providing Support; Changing the Physical Design; and Modifying or Changing Policies. Many strategies will continue into the 2016 work plan. Information on the AODA workplan and all meeting minutes can be found at: http://oneidacountypublichealth.org/priority-alcohol-and-other-substance-use-and-addiction/

The chart below shows that Oneida County’s rate for alcohol-impaired driving deaths is higher than the southern counties. This may indicate that more is needed to work with the Tavern League to develop prevention strategies for alcohol impaired drivers.

<table>
<thead>
<tr>
<th></th>
<th>Wisconsin</th>
<th>Oneida County</th>
<th>Racine County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Drinking</td>
<td>24%</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Alcohol-Impaired Driving Deaths</td>
<td>39%</td>
<td>38%</td>
<td>31%</td>
</tr>
</tbody>
</table>

NORTHWOODS BREASTFEEDING COALITION
As breastfeeding advocates, the coalition represents childbearing women and their families. We believe that breastfeeding is natural and provides the normal nourishment for infants, benefiting both mother and child. We come together in this coalition to provide a strong unified voice in the protection, promotion and support of breastfeeding in Oneida, Vilas, Forest and Price Counties.
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.

Biking and Walking Trails Council

In an effort to continue promoting a healthy community through the Healthy People Healthy Oneida County Initiative, the health department continues to be instrumental in the Oneida County Biking and Walking Trails Council. 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.

2015 Outcomes

- Hosted a biking event involving Vilas and Oneida counties.
- Continued financial support for the Newbold Trail, funding maintenance and enhancement of the Three Eagle Trail.
- Continued education efforts of elected officials and the public regarding the importance of biking to the economy of Oneida County and the health of residents.

Health, safety, environment, and the economics of tourism all benefit when walking and biking routes are readily available in the community.
**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.

**STRATEGIC PLAN**

In 2015, the department initiated the strategic planning process to create a comprehensive, PHAB compliant strategic plan. This plan outlines our new mission, vision, and core values defining the purpose, direction, and guiding principles of our department. It also contains strategic priorities, goals and objectives that represent OCHD’s firm commitment to assuring a healthy community for all residents. This plan lays the groundwork for our department to continue to be a leader in public health. As a Public Health Accreditation Board (PHAB) accredited health department we operate at a high level and reflects our commitment to public accountability, effective community engagement, and ability to manage our resources and assets.

The plan sets forth what the agency intends to achieve, how it will achieve it, and how to measure the achievements. The strategic plan provides a guide for making decisions on resource allocation and on taking action to pursue strategies and priorities.

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**The Vision**

In five years, the Oneida County Health Department will be even stronger than it is today. Internally, there will be an environment that embraces change, staff input and advancement, cooperation, and great new ideas. There will be a strong sense by governing body and staff members that the department is thriving. Operations will reflect solid funding, strong and diverse partnerships, consistency, use of best practices, innovation, and a commitment to exceeding standards. Publicly - the department will be (and will be recognized as) the go-to resource for public health knowledge in the community. OCHD will be a leader in public health in the region, state, nation, and if the opportunity arises, beyond national boundaries. The department will be highly valued by partner organizations and will be a catalyst for change in Oneida County and beyond.

“Embracing change, partnerships, and best practices to lead Oneida County to a healthy future”
The strategic plan focuses on the entire health department and is not intended to be a stand-alone document. It aligns with other important assessment, planning, and evaluation work such as the community health assessment, community health improvement plan, state-wide health improvement plan, and quality improvement plan, among others.

**Strategic Plan Goals**

**Goal 1: Improve Integration of Agency Systems**
- Designed to break down silos and build systems to better integrate agency initiatives among staff.

**Goal 2: Strengthen Communications**
- Committed to internally addressing staff concerns and assuring consistent communication practice and externally increasing visibility.

**Goal 3: Strengthen Workforce**
- Develop and implement a robust workforce development plan, continue to enhance and support staff training, assure the highest level of staff competence and be a valuable contributor to the public health field.

**Goal 4: Improve Community Health through Collective Impact**
- Involve partner organizations to maintain a shared agenda, shared measurement system, mutually reinforcing activities, and constant communication.

**Goal 5: Strengthen Data Use**
- Utilize best practice models, but also contribute to the public health science through research and information sharing.

**QUALITY IMPROVEMENT TEAM**

A quality improvement team was first developed in 2010 with representation from multiple disciplines within the department. The purpose of this team is to develop and implement the Oneida County Health Department Quality Improvement Plan and contribute to the accreditation maintenance of the Oneida County Health Department. The Quality Improvement Plan underwent extensive revision in 2015 to become compliant with the Public Health Accreditation Board Version 1.5 Standards and Measures document. This plan will now be effective through 2018. By implementing the QI work plan outlined in the document, the team leads the quality improvement program in maximizing agency and staff efficiency and effectiveness and building the culture of quality within the organization.

**2015 OUTCOMES**

The Quality Improvement Team implemented several quality improvement projects in 2015. Project selection is based on performance management tracking and staff input. OCHD 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 QI initiatives. Here are some of the 2015 QI project highlights:

- 23 quickstrike project ideas were submitted
- 5 QI projects resulted in policy changes
- 13 projects were initiated: 3 large, 10 quickstrike
- 6 of the projects were administrative, 7 were programmatic
- Examples of QI projects include:
  - Reducing Overdue Food Inspections
  - Program Budgets: Increasing staff capacity
  - Improving alternative work schedule submission
PERFORMANCE MANAGEMENT

In 2011, the initial OCHD Performance Management Plan was developed. The plan underwent significant revision in 2014 to comply with Public Health Accreditation Board standards. The plan includes how OCHD’s performance standards, measures, reporting of progress, and quality improvement are selected and carried out. Performance measures were tracked in an Excel based dashboard for data entry and data analysis. Performance standards and measures and report progress quarterly. Performance measures are also monitored for potential quality improvement initiatives.

2015 OUTCOMES

- Performance measures tracked quarterly
- Staff revised standards and measures
- Quality Improvement initiatives identified through 2014 performance measures
- Research was completed related to performance measuring tool best practices
- Agency staff member had opportunity to attend two national performance management and quality improvement conferences

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Whether caused by natural, accidental, or intentional means, public health threats are always present and can lead to the onset of public health incidents. Since 2001, the Oneida County Health Department has been collaborating with local, state and national partners to prevent, respond to, and rapidly recover from these ever changing public health threats, protecting the community’s health. Program requirements include annually updating, training and developing relationships and procedures while adhere to national standards. This assures the highest level of preparedness for Oneida County. Program components are executed by all staff members of the Health Department and spear headed by one Preparedness Coordinator.

2015 PREPAREDNESS PROGRAM HIGHLIGHTS

- Surpassed state contract deliverable goal by closing thirteen identified assigned by state preparedness program for the Local Public Health Preparedness Contract.
- Co-facilitated the Syndromic Surveillance (SS) Group, performed continuous updates and revisions to the SS contact list and ensured critical community partners were presented with pertinent emergency health information.
- Developed an “Oneida County Senior Residence Facility Contact List”, sharing emergent health information and inviting agencies to sit in on SS team meetings. Twelve primary point of contacts added.
- In collaboration with the PLOW (Portage, Lincoln, Oneida, and Wood Counties) Preparedness group and regional partners, finalized a Regional Mass Fatality Plan and a Family Assistance Center (FAC) Plan. Plan adopted as a regional plan for Northeast WI.
- Conducted an Ebola Mass Clinic functional exercise in collaboration with identified preparedness partners. An After Action Report (AAR) was developed and submitted to Wisconsin Department of Health Services.
- Conducted a ninety-day preparedness functional exercise, with three 30-day exercise periods, holding 4 open point of dispensing (POD) clinics, forty-seven satellite clinics and one continuous clinic vaccinating 2523 community members.
- Reconfigured current preparedness plan to have an all hazards approach, dividing the preparedness plan into fifteen capabilities as identified in the “Public health Preparedness Capabilities: National Standards for State and Local Planning”.
- Conducted a “Responder Preparedness Training” to the Oneida County Department of Social Services (OCDSS).
- Implemented the “Oneida County Preparedness Buddy Program” with the Aging Disability Resource Center, Oneida County Department of Aging, the Human Service Center, and the OCDSS.
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.

2015 OUTCOMES

- 762 establishments were licensed with 805 inspections occurring.
- No foodborne outbreaks were identified in Oneida County in 2015.
- 12 food and other licensed facility complaints were investigated and abated.
- 6 large Special/Temporary food and campground events were held with 54 inspections taking place at those events.
- Oneida County Health Department Water Analysis Lab is state certified for bacterial analysis of drinking water.

Licensed Facility Types in Oneida County in 2015
OCD collects CDC Risk Factor data from violations written at food establishments. CDC Risk Factors are activities or methods that are likely to increase the risk of people getting a food borne illness. For example, the category Inadequate Cooking would include a violation written when a hamburger, which is ordered by a consumer to be fully-cooked, is served medium (less than 155°F). This significantly increases the risk of a food borne illness from E-Coli.

During the FY 2011-2012, the State of Wisconsin Department of Health Services collected CDC Risk Factor data from violations written at food establishments for 32 jurisdictions (counties and/or county consortiums). The results on the graph on the next page compare the State of Wisconsin study with risk factor violations reported in Oneida County during the 2014-2015 Fiscal Year.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsafe Sources</td>
<td>3</td>
<td>2</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Inadequate Cooking</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Improper Holding</td>
<td>42</td>
<td>41</td>
<td>27</td>
<td>40</td>
</tr>
<tr>
<td>Cross Contamination</td>
<td>32</td>
<td>34</td>
<td>48</td>
<td>62</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>41</td>
<td>35</td>
<td>32</td>
<td>54</td>
</tr>
<tr>
<td>Other CDC Risk Factors (including C.F.M.)</td>
<td>55</td>
<td>55</td>
<td>65</td>
<td>99</td>
</tr>
<tr>
<td>Good Retail Practices</td>
<td>142</td>
<td>174</td>
<td>200</td>
<td>363</td>
</tr>
<tr>
<td>Total Violations</td>
<td>315</td>
<td>343</td>
<td>384</td>
<td>624</td>
</tr>
</tbody>
</table>
**2015 Comparison of Licensed Facilities in Oneida, Vilas, and Lincoln Counties**

- **FBI** – Food borne Illness
- **CLN** – Cleanliness
- **FOB** – Foreign Object
- **LBL** – Labeling
- **MIS** – Miscellaneous/Other
- **VMN** – Vermin/Pests
- **SRV** – Service/Food Handling
- **TPR** – Tampering
- **QLY** – Quality

**Oneida County Complaints Received in 2015**

- **FBI**
- **CLN**
- **FOB**
- **LBL**
- **MIS**
- **VMN**
- **SRV**
- **TPR**
- **QLY**

**Complaint Category Examples:**
- Dog in restaurant
- Ill food handler
- Unlicensed facility
- Grease trap leaking
- Unlicensed tattooist
- Inufficient restrooms at temporary event
- Ventilation problems in pool rooms

---

**Miscellaneous category examples:**
- Dog in restaurant
- Ill food handler
- Unlicensed facility
- Grease trap leaking
- Unlicensed tattooist
- Inufficient restrooms at temporary event
- Ventilation problems in pool rooms

---

**Legend:**
- DPI School Food Service
- Restaurants
- Retail Food
- Lodging
- Campgrounds
- Rec-Ed Camps
- Pools
- Body Art
- Vending
- Manufactured Home Communities
Performance Measures

<table>
<thead>
<tr>
<th>Standard</th>
<th>Measure</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdue lodging inspections will not exceed 5% of total licensed facilities, as measured each calendar quarter.</td>
<td>% of lodging inspections overdue</td>
<td>&lt;5%</td>
<td>2% 5 overdue out of 314 licensed</td>
</tr>
<tr>
<td>Overdue food inspections (DATCP and DHS) will not exceed 8% of total licensed facilities, as measured each month</td>
<td>% of food (DATCP and DHS) inspections overdue</td>
<td>&lt;8%</td>
<td>15% 53 overdue inspections out of 347 licensed</td>
</tr>
<tr>
<td>80% of food facilities requiring re-inspection, based on CDC risk factor violations, will receive a re-inspection.</td>
<td>% of re-inspections completed, as required due to CDC risk factor violations</td>
<td>100%</td>
<td>5/5</td>
</tr>
</tbody>
</table>

DNR Well Water Program

Oneida County has been an agent for the Wisconsin Department of Natural Resources (DNR) since 2006 for inspecting and testing approximately 290 transient non-community (TN) wells in Oneida County. Wells that serve 25 or more people 60 days out of the year meet the criteria for a TN well. Bacteria and nitrate drinking water samples are collected annually. Public access to results is available on the DNR water supply website. In addition to annual water testing, the wells and water distribution systems are also inspected to ensure all system components meet plumbing code requirements.

2015 Outcomes

- 294 TN wells were tested for bacteria and nitrates. Of the 8 TN wells that had unsafe bacteria levels, 172 follow up samples were collected for well disinfection compliance.
- Nitrate samples were collected for all 294 TN wells. One exceeded the public health standard of 10mg/L.
- Nitrite samples were collected on 8 new TN wells. All samples were below the public health standard of 1 mg/L.
- Public posting of unsafe water, from nitrate levels above 10mg/l and/or bacterial contamination, is a requirement of the DNR TN program. Facilities are required to provide safe drinking water to customers. Water for ice and food preparation must also be from a known safe source.

WATER LAB ANALYSIS

In November 2014, the Water Analysis Lab became certified by Wisconsin Department of Agriculture, Trade, and Consumer Protection (DATCP) to conduct bacteriological testing of public and private (wells) drinking water. The lab also monitors the public drinking water supplies of facilities involved in Oneida County’s Department of Natural Resources (DNR) transient non-community water (TNC) systems program. To maintain state certification, the laboratory conducts annual proficiency testing and completes quality assurance and quality control checks routinely. Though a partnership with UW Oshkosh Environmental Research and Innovation Center (ERIC Lab), the Health Department offers additional testing options including nitrates, nitrites, and arsenic.

2015 Outcomes

- 45 private wells analyzed for bacteria, 21 for nitrates, and 5 for arsenic
- 232 bacteria analyses completed on well water from licensed facilities (usually tourist rooming houses or small resorts), not meeting the DNR TNC system criteria, 9 wells tested for nitrates
- 445 bacteria analyses completed on DNR TNC systems
**WISCONSIN WINS COMPLIANCE CHECKS**

The Wisconsin Wins (WI Wins) campaign is a State-level initiative designed to decrease youth access to tobacco products. The WI Wins campaign was launched in the spring of 2002 to assure compliance with the Federal Synar regulation which requires states to maintain a youth access rate of less than 20% and is part of a comprehensive approach to preventing youth retail access to tobacco. Wisconsin’s current youth access rate is 7.3%.

In 2014, OCHD tobacco staff presented WI Wins data to Board of Health Members whom had one major question “Why the huge increase in non-compliance from 2013 to 2014?” Staff explained that one possibility was the lack of retailer trainings offered in 2014. The Board of Health was very supportive of a 2015 retailer training to improve numbers for 2015.

Although staff hosted 7 retailer trainings to educate retailers on the proper way to check I.D.’s and the consequences of selling tobacco to minors, sales to minors increased in the 166 checks in 2015.

<table>
<thead>
<tr>
<th>County</th>
<th>2014 Checks Completed</th>
<th>2015 Checks Completed</th>
<th>2014 Non-Compliance</th>
<th>2015 Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florence</td>
<td>12</td>
<td>11</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Forest</td>
<td>20</td>
<td>19</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Lincoln</td>
<td>31</td>
<td>29</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>Oneida</td>
<td>46</td>
<td>41</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>Price</td>
<td>21</td>
<td>21</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Vilas</td>
<td>41</td>
<td>35</td>
<td>12%</td>
<td>23%</td>
</tr>
</tbody>
</table>
INTRODUCTION

Essential Service 7 involves assuring effective entry for individuals from all socioeconomic backgrounds 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, Children and Youth with Special Health Care Needs, Public Health Nursing Program, Fluoride Supplement program, and the Northwoods Dental Project.

WISCONSIN WELL WOMAN PROGRAM

The goals of the Wisconsin Well Women Program (WWWP) 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.

NEW WWWP SERVICE COORDINATION MODEL

In 2015, the WWWW underwent a major restructuring from 72 local coordinating agencies to 13 multi-jurisdictional agencies to improve efficiency of the program and increase consistency of coordination. As a result of this restructuring process, Oneida County is now a WWWW Multi-Jurisdictional Agency and provides coordination of WWWW services for nine northern counties in Wisconsin – Ashland, Bayfield, Florence, Forest, Iron, Oneida, Price, Sawyer, and Vilas. The transition began April 1, 2015 and the new WWWW service coordination model began July 1, 2015.

At that time, Oneida County had 33 active clients and 42 inactive clients. 137 active clients were transitioned to Oneida County for case management. 15 additional clients from the multi-jurisdictional area were newly enrolled, totaling 229 clients for 2015. 187 of those clients were active clients.

2015 OUTCOMES

In 2015, 210 clients received Well Woman services and 19 clients received Well Woman Medicaid services. 71 clients or 34% received breast and/or cervical cancer screening services. 23 clients or 32% were referred for additional testing and 2 clients were diagnosed with breast or cervical cancer.

The WWWW has seen a decline in re-enrollments due to clients obtaining health coverage through the Federal Health Insurance Marketplace or BadgerCare Plus (Medicaid) Program. Coverage through these programs provides a wide array of comprehensive health care services for the client. Over the course of 2015, 100 clients became inactive in the WWWW through Oneida County. 85% obtained insurance, qualified for BadgerCare Plus, and/or started coverage through Medicare.
**FLUORIDE 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. According to WI DHS only 21% of Oneida County residents have access to optimally fluoridated water.

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. The well water needs to be tested prior to getting the fluoride supplements to determine the amount of fluoride that exists in the well water. Water test kits can be obtained from the Oneida County Health Department with complete instructions for the water sample collection and submission. If the family participates in the Women Infant and Children, (WIC) program at Oneida County Health Dept. they can get the well water test kit at no cost. Families, who can afford to pay $5.00 for mailing and handling of a three-month supply of fluoride, are asked to do so.

**2015 OUTCOMES**

- 63 well water tests kits were distributed by the WIC, (Women Infant and Children), program participants and submitted to the State Lab of Hygiene for testing to determine the amount of fluoride in their well water. Recommended fluoride level in well water is 0.7 parts per million for Wisconsin.
- Of these 63 wells tested 28 children were provided with fluoride supplements through the Oneida County Health Dept. fluoride program. The remaining children were able to get their fluoride supplements through their primary physician.

**CHILDREN AND YOUTH WITH SPECIAL NEEDS**

Oneida County Health Department provided information and referral services to families of children and youth with special health care needs through 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.

**PREGNATAL CARE COORDINATION**

The purpose of the Medicaid Prenatal Care Coordination (PNCC) Program is to provide access to medical, social, educational, and other services to pregnant women who are considered high risk for adverse pregnancy outcomes. PNCC assists women on Medicaid and BadgerCare to get the support they need to have a healthy baby. A public health nurse at Oneida County Health Department provides assessment, care plan development, ongoing care coordination, referrals and health education to PNCC women. The personalized plan of care is developed for a healthy pregnancy, birth, and beyond.

**2015 OUTCOMES**

- 29 women enrolled
- 28 women screened prenatally for depression
- 23 screened for depression after they had their baby
- 22 of the 26 women who delivered in 2015 received, or arranged for contraception prior to delivery (pre-conceptual planning)
- 24 of the 26 babies in Oneida County whose mothers were enrolled in PNCC were born at a normal birth
**FIRST BREATH AND MY BABY & ME**

First Breath and My Baby & Me are evidenced-based programs that help pregnant women to reduce or quit smoking and alcohol use. Women receive one-on-one counseling support, self-help and educational materials as well as follow-up support after delivery, access to the WI Tobacco Quit Line and incentives to quit smoking.

**2015 OUTCOMES**

Seventeen new women were referred to the program in 2015. Out of the seventeen women referred to the program, fifteen were working with a Prenatal Care Coordination (PNCC) RN. Of the fifteen in PNCC, fourteen agreed to sign up for the program. A total of nine women were enrolled in the program in 2015 as some had not delivered from 2014. Of the fourteen total women enrolled who delivered their baby in 2015 seven were able to decrease their smoking and one stopped smoking by delivery and one stopped smoking after delivery.

This figure above, from statewide First breath statistics, shows that the majority of First Breath participants were heavy smokers prior to pregnancy.

**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

**WOMEN INFANT AND CHILDREN**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federal assistance program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) for healthcare and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of five. The WIC program provides nutritious foods, nutrition education and community referrals to low-income families throughout Oneida County. Positive food and lifestyle choices during these critical times in life can lead to improved birth outcomes as well as improved body and brain development. At WIC, we provide a safe place for families to come to learn how these positive choices can be incorporated into their daily lives.
In 2015 a total of 450 participants received services from the Oneida County WIC program.

- 40 pregnant women
- 37 breastfeeding women
- 41 non-breastfeeding women
- 105 infants
- 74 one-year-old children
- 54 two-year-old children
- 60 three-year-old children
- 39 four-year-old children

2015 OUTCOMES
At WIC, we provide a safe place for families to learn how positive choices can be incorporated into their daily lives. Participation in WIC lowers anemia rates among children ages 6 months to 5 years and significantly improves children’s dietary intake of vitamins and nutrients such as iron, vitamin C, vitamin A, thiamine, protein, niacin and vitamin B6. For every dollar spent in WIC services, 3 dollars are saved in health care costs.

Approximately 75-80% of WIC moms intend to breastfeed their baby. Some set a goal to nurse their baby for a day in the hospital and others set a goal to nurse for a year and beyond. Our goal at WIC is to support moms in reaching their infant feeding goal and to have it be positive experience for their family.

WIC participants receive Farmers Market checks during the summer months to increase their access to fresh, locally grown fruits and vegetables. Each family is allotted $17.00 per season to spend at approved Wisconsin Farmers Markets or Farm Stands.

In 2015 a total of 208 families received $17.00 to use at Wisconsin Farmers markets for a total value of $3,536. Of the $3,536 available to the WIC clients, $1,480 were redeemed at local farmers markets or farm stands (42% redemption rate).

WIC is funded by the USDA. Annually, each state is awarded a set amount of money and that money is then allocated to the local WIC projects using a standard formula. At this time there is no noted large increase or decrease for 2015 funding. Funding is primarily based on caseload and though Oneida County WIC’s caseload has been decreasing over the last five years, there has been a noted increase in participation over the past few months which will help to maintain and hopefully increase future funding.

In 2015, Wisconsin WIC transitioned from paper checks for monthly food benefits to an electronic benefit transfer (EBT) card. This was a large financial undertaking as well as a big change for local WIC staff. Additional funding for this transition was awarded from the USDA.

Additional grant funding allowed Oneida County WIC to purchase several age appropriate children’s books. During November and December of 2015, each child participant received either a set of alphabet board books or a Hug and Hide Olaf book, depending on their age. Different books have been purchased for 2016 and will be given away throughout the year.

Oneida County Breastfeeding Rates

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2015 State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Incidence</td>
<td>76.60%</td>
<td>75.80%</td>
<td>76.90%</td>
<td>81.80%</td>
<td>72.50%</td>
</tr>
<tr>
<td>Breastfeeding Incidence</td>
<td>74.60%</td>
<td>72.70%</td>
<td>77.10%</td>
<td>81.10%</td>
<td>72.50%</td>
</tr>
<tr>
<td>Breastfed infants nursed</td>
<td>75.00%</td>
<td>81.60%</td>
<td>82.40%</td>
<td>49.60%</td>
<td>47.70%</td>
</tr>
<tr>
<td>All infants 6+ months</td>
<td>42.10%</td>
<td>34.50%</td>
<td>30.80%</td>
<td>26.20%</td>
<td>27.60%</td>
</tr>
<tr>
<td>All infants 12+ months</td>
<td>9.50%</td>
<td>15.20%</td>
<td>19.40%</td>
<td>16.70%</td>
<td>19.75%</td>
</tr>
</tbody>
</table>
**Fit Families**

OCHD has been enrolling families in the Fit Families program in Oneida County since 2013. Fit Families is a successful behavior change program that is offered to low income 2-4 year olds and their families in our community.

In 2015, nearly 40 Families were enrolled in the program. Enrolled families select a goal of their choice to work on based on one of the core messages above. Fit Families Counselors assist parents in choosing nutrition/physical activity goals to work on during the one-year program, encourage parents to model good behavior, and provide monthly in-person and telephone contacts. Incentives are provided throughout the year to cheer on families to continue with their healthy behaviors. The incentives correlate with the goal they set for their family. For example, if a family is working on increasing water intake and decreasing juice/soda intake they might be presented with a new child size water bottle and a children’s book on drinking water.

The second year of Fit Families in Oneida County has proven to be a big success. Improvement was noted after a year of participation in all of the categories when compared to at enrollment. For most of the categories, the SNAP-Ed objective was met or exceeded. Compared to the SNAP-Ed objective and state average post participation, fruit and vegetable intake >=4 servings per day was on the lower side. This will be a performance management goal for 2015.

Fit Families is funded through SNAP-Ed money, the education money tied to the Foodshare program in Wisconsin. As the program continues to show success, funding continues to be secured to continue this program.

**Memos from Clients**

“It has been a great help to increase activity and limit juice between meals.”

“Increased activity a lot for our family, made us aware of what we were doing with our health.”

“It's helped us to become more active and learn to continue activity on a daily/weekly routine”

“My child loved the incentive, so he ate the fruits and vegetables”

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**For Children Who Completed, Percent at Recommended Levels at Enrollment and at One Year**

![Graph showing the comparison of recommended levels at enrollment and at one year for fruit and veg, juice, sweet beverages, screen time, and activity.](Image)
Since 1982, the Oneida County Health Department has received the State of Wisconsin’s Maternal and Child Health/Women’s Health/ Family Planning Title V funding to provide reproductive health services to those people who are not insured or under-insured so they can access affordable and confidential health care and contraceptive supplies.

In 2015, Reproductive Health Clients were seen on a daily basis. To be more client centered, the clinic has designated late hours in which the Nurse Practitioner conducts examinations until close. Late clinic continues to be very popular for clients with school and work schedules. The use of technology has been increasing in our clinic over this last year. Clients were surveyed on preference of electronic information modalities and found that most clients have access to cell phones or smart phones and are connected to social media, such as Facebook. Therefore, in 2015, RHC began messaging via “posts” on Facebook to promote services and increase the number of “likes” to the OCHD Facebook page. Additionally, a QR code reader was developed and promoted to allow smart phones to directly connect to our program and services section of the OCHD website. This served very useful this fall when Representative Swearingen was invited to tour the clinic and could see how important the educational component of our clinic was by using technology to connect to additional health related websites, such as the Center for Disease Control’s website.

“Making effective methods of contraception available to women who want them, but could not otherwise afford to use them consistently and correctly, will prevent a substantial number of unintended pregnancies. That, in turn, reduces the incidence of the unplanned births, abortions and miscarriages that would otherwise follow. Many unplanned births also result in short inter-pregnancy intervals (defined as less than 18 months between a birth) and a subsequent pregnancy and in babies being born prematurely or at low birth weight (LBW). In the absence of the publicly supported family planning services provided at safety-net health centers, the rates of unintended pregnancy, unplanned birth and abortion for all women would be 50% higher in Wisconsin, and the teen pregnancy rate would be 64% higher.”
- Guttmacher Institute on the Impact of Family Planning Services

2015 OUTCOMES
The OCHD RHC website is also useful when invited to the Sophomore PE classes at Rhinelander High school in the spring and the winter sessions to discuss Reproductive Health services including contraception and sexually transmitted disease information. Get Yourself Tested campaign (STD screening) was expanded to a year round program. Nicolet College students are the target group for the outreach for this testing. In 2015, the Reproductive Health Clinic provided 116 pap exams and inserted 40 Nexplanon kits. There were 253 Chlamydia screenings and 92 pregnancy tests performed in 2015. Also this year, ICD 10 diagnosis coding was successfully implemented. Arrangements were made this year to purchase the LYTEC MD and upgrade the LYTEC Performance Management electronic data collection format for state grant reporting. For privacy and security reasons, the SPHERE Statewide Electronic reporting system was not used in 2015, and instead, those numbers were hand-counted for reporting purposes. The state provided grant funds to purchase the upgrade for LYTEC PM in December 2015.
Calculated benefits and cost savings for Publicly Funded Family Planning for Oneida County serving 551 unduplicated females in 2015:

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td># of unintended pregnancies prevented</td>
<td>140</td>
</tr>
<tr>
<td># of unplanned births prevented</td>
<td>70</td>
</tr>
<tr>
<td># of abortions prevented</td>
<td>50</td>
</tr>
<tr>
<td># of miscarriages following unintended pregnancies prevented</td>
<td>20</td>
</tr>
<tr>
<td># of unplanned births after short (&lt;18 months) inter-pregnancy intervals prevented</td>
<td>20</td>
</tr>
<tr>
<td># of unplanned preterm/low-birth-weight births prevented</td>
<td>10</td>
</tr>
<tr>
<td>Maternal and birth-related gross costs saved from contraceptive services provided</td>
<td>$907,070</td>
</tr>
<tr>
<td>Miscarriage and ectopic pregnancy gross costs saved</td>
<td>$27,580</td>
</tr>
<tr>
<td>Averted abortions gross costs saved</td>
<td>$40</td>
</tr>
<tr>
<td># of Chlamydia infections prevented</td>
<td>10</td>
</tr>
<tr>
<td>Gross costs saved from STI testing</td>
<td>$2,370</td>
</tr>
<tr>
<td>Gross costs saved from Pap and HPV testing and vaccinations</td>
<td>$750</td>
</tr>
<tr>
<td>Total gross savings</td>
<td>$937,820</td>
</tr>
<tr>
<td>Total family planning costs</td>
<td>$114,510</td>
</tr>
<tr>
<td>Total net savings</td>
<td>$823,310</td>
</tr>
</tbody>
</table>

*Estimates are based on user inputs and formulas from Frost JJ et al., Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *The Milbank Quarterly*, 2014.

**Quality Improvement-Quick Strike**

On October 1st, 2015, the medical diagnosis coding switched from ICD9 to ICD10. Knowing we had 9 months to implement this new billing system, we did a rapid cycle improvement Quick Strike project internally to help the RHC staff understand the different components of the new coding requirements. The statewide family planning network also helped individual clinics learn about the new “z” codes in their quarterly membership meetings. The transition went smoothly without loss of income or denials for procedures by Medicaid to our agency. The entire staff had the opportunity to participate in this system change.

**POLITICAL AND FINANCIAL CHANGES**

In 2015, the Wisconsin Senate and State Assembly had public hearings to discuss legislation that would impact the state and federal family planning programs by reducing their reimbursement from Medicaid to cover the cost of the drug and the dispensing fee. The Reproductive Health staff invited Representative Rob Swearingen to tour our Family Planning / Reproductive Health Clinic and to review our budget and expenditures. He left our office with a greater understanding on how the clinic does not act simply as a pharmacy filling a prescription order, but that it develops a patient/provider “relationship” to provide education on various reproductive health issues including contraception and prevention of sexually transmitted diseases. Since this bill was introduced amendments have been put forth to protect Family Planning state programs in Northern Wisconsin, but not in the southern part of Wisconsin. These harmful bills will continue to be introduced by the state legislators in 2016. Other states, like Texas, have defunded Title X clinics with disastrous consequences.

The 2015 County Health rankings for Oneida County indicated that the Quality of Life was ranked 45 and the Social and Economic Factors ranked 46 in the state. 74% of the female clients served at the OCHD-Reproductive Health Clinic are at or below 100% of poverty. Over 20% of our female clients say they are diagnosed with a chronic physical, emotional or behavioral health problem.

Reducing health disparities is being addressed in the program by enrolling eligible people into the *Wisconsin Medicaid Family Planning ONLY Services* program which allows all clients accessible and confidential reproductive health care. OCHD works to ensure clients are able to successfully apply for this program.
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.

The photo below represents NDP’s fourth participation in “ZooBoo”, an annual trick-or-treat event held at Wildwoods Wildlife Park in October. As part of community outreach, NDP hands out toothbrushes, toothpaste and toothbrush covers.
A clinical nurse or trained staff member is available Monday, Tuesdays and Fridays for a variety of services.

The chart below depicts reasons for nurse clinic visits.

### Generalized Public Health Visits

* Significant increase due to H1N1

*Due to change CDC Immunization Policy

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</thead>
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<td>Immunizations</td>
<td>5860</td>
<td>6038</td>
<td>8612</td>
<td>5550</td>
<td>5061</td>
<td>4782</td>
<td>3368</td>
<td>3524</td>
<td>3244</td>
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<tr>
<td>Well-Child</td>
<td>150</td>
<td>156</td>
<td>401</td>
<td>213</td>
<td>144</td>
<td>73</td>
<td>107</td>
<td>132</td>
<td>362</td>
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<tr>
<td>Blood Pressure</td>
<td>35</td>
<td>17</td>
<td>10</td>
<td>17</td>
<td>42</td>
<td>23</td>
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<td>8</td>
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<tr>
<td>Adult Health</td>
<td>236</td>
<td>147</td>
<td>237</td>
<td>147</td>
<td>272</td>
<td>356</td>
<td>274</td>
<td>252</td>
<td>40</td>
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<tr>
<td>TB Skin Tests</td>
<td>836</td>
<td>520</td>
<td>451</td>
<td>411</td>
<td>417</td>
<td>350</td>
<td>313</td>
<td>273</td>
<td>493</td>
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<tr>
<td>Paternity Testing</td>
<td>40</td>
<td>58</td>
<td>108</td>
<td>58</td>
<td>47</td>
<td>12</td>
<td>18</td>
<td>13</td>
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<tr>
<td>Other</td>
<td>7</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>7164</strong></td>
<td><strong>6937</strong></td>
<td><strong>9819</strong></td>
<td><strong>6396</strong></td>
<td><strong>5983</strong></td>
<td><strong>5596</strong></td>
<td><strong>4107</strong>**</td>
<td><strong>4211</strong></td>
<td><strong>4158</strong></td>
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<tr>
<th>Healthy Smiles-Fluoride Varnish</th>
<th>Florence</th>
<th>Forest</th>
<th>Oneida</th>
<th>Vilas</th>
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<tbody>
<tr>
<td># Participating schools</td>
<td>1</td>
<td>5</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td># Children Participating</td>
<td>41</td>
<td>316</td>
<td>371</td>
<td>207</td>
</tr>
<tr>
<td># Children referred for untreated dental decay</td>
<td>13</td>
<td>42</td>
<td>63</td>
<td>34</td>
</tr>
<tr>
<td>% of Children in Head Start reporting Medicaid</td>
<td>---</td>
<td>75.9%</td>
<td>73.5%</td>
<td>64.3%</td>
</tr>
<tr>
<td>% of Total children receiving Medicaid</td>
<td>39.0%</td>
<td>49.3%</td>
<td>49.9%</td>
<td>46.9%</td>
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<tr>
<td># of Fluoride varnish applications</td>
<td>164</td>
<td>1253</td>
<td>1200</td>
<td>610</td>
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<table>
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<th></th>
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<th></th>
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</thead>
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<tr>
<td># Participating schools/events</td>
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<td>3</td>
<td>7</td>
<td>8</td>
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<tr>
<td># Students receiving education</td>
<td>56</td>
<td>261</td>
<td>534</td>
<td>352</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students receiving oral health exams/dental supplies (includes retention students)</td>
<td>55</td>
<td>184</td>
<td>386</td>
<td>345</td>
<td></td>
<td></td>
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</tr>
<tr>
<td># Students participating with special health care needs</td>
<td>3</td>
<td>43</td>
<td>75</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td># Students receiving sealants</td>
<td>27</td>
<td>159</td>
<td>378</td>
<td>222</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Sealants placed</td>
<td>130</td>
<td>668</td>
<td>1071</td>
<td>1197</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of Students screened receiving sealants</td>
<td>65.79%</td>
<td>72.96%</td>
<td>61.2%</td>
<td>66.38%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Average # sealants per student</td>
<td>5.20</td>
<td>5.30</td>
<td>5.24</td>
<td>5.45</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td># Students referred for untreated dental decay</td>
<td>13</td>
<td>34</td>
<td>58</td>
<td>54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Students receiving varnish applications</td>
<td>38</td>
<td>192</td>
<td>353</td>
<td>366</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Fluoride varnish applications</td>
<td>56</td>
<td>284</td>
<td>530</td>
<td>545</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total students receiving Medicaid</td>
<td>44.74%</td>
<td>44.77%</td>
<td>43.35%</td>
<td>43.43%</td>
<td></td>
<td></td>
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</tbody>
</table>
I**NTRODUCTION**

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 possesses the knowledge, skills, and abilities necessary to perform their jobs effectively and efficiently.

**P**ublic **H**ealth **C**ompetencies

The Core Competencies are a set of skills desirable for the broad practice of Public Health. They reflect the characteristics that staff of public health organizations needs to possess as they work to protect and promote health in the community. The Core Competencies help:

- Identify gaps in workforce skills, develop job descriptions, and implement staff performance objectives and reviews.
- Meet individual and departmental training needs.

**Staff Development Program**

The Health Department strives to remain on the cutting edge of new public health initiatives, science and technology. In order to assure a well-versed and highly competent staff, administration has implemented an annual staff development program.

The program includes monthly all staff trainings based on state and federal requirements, grant requirements, competency scores and based on the needs and requests of staff from the department. In addition to monthly all staff trainings, OCHD also has special in-services and encourages staff to attend regional and statewide conferences.

**Linkages With Academia**

Equally as important to assuring a strong existing public health workforce is to train, motivate and mentor the future public health workforce. OCHD has strong linkages with numerous institutions of higher learning and serves as a site for student placement, observation, practicum experience and internships. OCHD’s comprehensive internship experience thoroughly prepares students to be successful in their future endeavors.

**2015 Outcomes**

- Strengthened internship program and began formalization process with Universities.
- Partnership with UWGB to host RN to BSN candidates during their community health practicum.
- AHEC intern from UW-Madison completed summer internship in Tobacco Compliance and Environmental Health Water Testing.
- Conference presentations across the nation to contribute to the profession and increase competency outside the agency.
- Various other interns participated in OCHD’s program including students from across the nation.
ESSENTIAL SERVICE 9:
Evaluate Effectiveness, Accessibility & Quality of Personal and Population Based Health Services.

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 encouraged and stimulated quality and performance improvement in the health department. Additionally, it stimulated 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.

In March of 2014, OCHD was officially awarded National Accreditation Status. Accreditation status will last for five years, but continuous improvement in meeting these standards is ongoing.

CONSOLIDATED CONTRACT & 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.

2015 OUTCOMES
- All deliverables for state contracts were met.
- National Accreditation awarded in March 2014; 2015 reporting requirements were met to retain Accreditation status.
- Through performance management, quality improvement and the accreditation process, OCHD continues to refine and improve the efficiency of the agency. 2015 yielded many positive agency-wide changes resulting in improved systems and significant contribution to the profession.
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 Public Health Research Network and other research related efforts.

WISCONSIN PUBLIC HEALTH RESEARCH NETWORK

Public Health Research Networks are organized groups 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 world 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 INVOLVEMENT

Oneida County Health Department participated in several research surveys in 2015. These surveys assisted in research of local health department finances, programs, accreditation readiness, staff development training efforts, public health workforce competencies and various pilot programs, just to name a few.

The biggest research accomplishment of 2015 is demonstrated through Northwoods LEAN: Linking Education, Activity and Nutrition, the health department’s chronic disease prevention and management coalition. OCHD partnered with both the University of Wisconsin—Stout, specifically the Applied Research Center, and Dr. Aaron Carrel, M.D. of the University of Wisconsin—Madison to engage in chronic disease research related to interventions in small rural communities. This is a three-year research project that began in 2014 and includes emphasis in the following components:

- Safe Routes to Schools
- Worksite Wellness
- Garden-Based Nutrition Interventions
- Community Education—Point of Decision Prompts