



Local Health Department Profile

Contact Information:

Health Department (H.D.) Name: Rusk County Dept. of HHS, Public Health Department

Telephone: (715) 532-2299 Fax: (715) 532-2217

Address: 311 Miner Ave. E., C220 Ladysmith 54848
Street City Zip

Distance from UW-Eau Claire: 65 miles 1 hours 15 minutes

Link to map and directions: www.mapquest.com

Website: http://www.ruskcounty.org/services/hhs_phelath.asp Level of Department: I II III

Health Officer: Margaret “Kayo” Nash, R.N., Health Officer/Public Health Supervisor
Name Title/Credentials

Telephone: (715) 532-2299 x 209 Email: knash@ruskcountywi.us

Public Health Supervisor: same as above
Name Title/Credentials

Telephone: (_____) _____ Email: _____

Home Care Supervisor: Shirley Van Dam, R.N.
Name Title/Credentials

Telephone: (715) 532-2299 x 218 Email: svandam@ruskcountywi.us

Preceptor Coordinator: Margaret “Kayo” Nash, R.N. Health Officer/Public Health Supervisor
Name Title/Credentials

Telephone: (_____) as above Email: _____

Population Characteristics:

Total County Jurisdiction Population: 15,436 per 2006 census

Racial/Ethnic/Specialty Populations within Jurisdiction:

African American Caucasian Latino Somalian
 Amish Hispanic Native American Other _____
 xAsian Hmong Pacific Islander _____

Most Recent Community Health Assessment: 2003 (date)

Population Characteristics (Cont.):

Local Health Data Websites:

Contact LHD for report _____
 (Annual Health Department Report)

www.dhfs.wisconsin.gov
 (Dept of Health and Family Services)

Contact LHD for report _____
 (Community Health Assessment)

Staff:

Health Department Team: (Number of each type of staff employed at the Health Department)

Benefit Specialist Health Educator Nurse Practitioner Sanitarian
 1 Birth to Three Hygienist 1 Registered Dietician
 Environmental Health Interpreter 4 RN
 Epidemiologist LPN 2 ADN Certificate PHN
 2 Bachelor's Diploma Master's
 Other: _____ Other _____

***Preceptor Course Training:**

How many staff have completed all 10 modules of the free preceptor course at the UW-Madison School of Nursing Website (<http://mynursingce.son.wisc.edu/>)? 1

*It is strongly encouraged that all staff working with students complete this course.

Public Health Services:

Individual Services/Programs (Service/program is offered at the Health Department - potential clinical sites for students)	Observation Only (student can only observe this service)	Instructor Required On-site for observation	Hands-On Clinical Experience	Instructor Required On-site for Hands-On
<input type="checkbox"/> Adult Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Birth to Three	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Communicable Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CYSHCN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dental Varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Home Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Jail Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Maternal Child Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Occupational Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parish Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PNCC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> School Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Targeted Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Well Woman	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tobacco Control/Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Health Services (Cont.):

Community/System Level: (Coalitions/committees that the Health Department leads or participates in)

<input checked="" type="checkbox"/> Alcohol & Other Drug	<input checked="" type="checkbox"/> Nutrition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Oral Health
<input checked="" type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Immunization	<input checked="" type="checkbox"/> Wellness
<input checked="" type="checkbox"/> Maternal Child Health	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Mental Health	

Collaboration with Schools of Nursing:

Schools of Nursing: (Schools that the Health Department currently accepts nursing students from)

<input type="checkbox"/> Bellin	<input type="checkbox"/> UW-Eau Claire	<input type="checkbox"/> UW-Oshkosh	<input type="checkbox"/> WTC
<input type="checkbox"/> CVTC	<input type="checkbox"/> UW-Green Bay	<input type="checkbox"/> Viterbo	
<input type="checkbox"/> Marquette	<input type="checkbox"/> UW-Madison	<input type="checkbox"/> WITC	
<input type="checkbox"/> Other:			

All of the above _____

Students: (Type of nursing students Health Department is willing to accept for clinical experiences)

ADN to BSN BSN MSN

(Check duration for which Health Department is willing to accept students)

Short-term (1-2 days) Mid-Range (3 days-2 weeks) Long-Term (semester/internship)

Maximum number of students Health Department will accept at one time: 4

Collaboration with Schools of Nursing (Cont.):

Student Housing: (Duration for which housing is available for students)

Short-term (1-2 days) Mid-Range (3 days-2 weeks) Long-Term (semester/internship)

Contact: Margaret "Kayo" Nash

(715) 532-2299 x 209

Name

Number

Requirements:

For Students: (Required by the Health Department prior to student clinical)

- Completed Learning History Guide
- Copy of background check
- Copy of immunization record
- Copy of RN license; if applicable
- Copy of CPR certificate
- Dress code; specify _____
- Lab coat
- Name tag
- Picture ID
- Other: _____

For S.O.N.:

- Copy of course syllabus
- Copy of School of Nursing HIPAA policy
- Primary faculty contact name and contact information
- Other: _____

Please return to:

Eau Claire/Western Regional Office
610 Gibson Street, Suite 3
Eau Claire, WI 54701-3687
Attention: Tim Ringhand, Karen Morris, or Pam Guthman

