2016 Rusk County Public Health Annual Report
Dear Rusk County Board Members, Health & Human Services Board Members, Partners, and Citizens:

It is my privilege, on behalf of the staff of the Public Health Department, to present the 2016 Annual Report to you. The dedicated staff worked efficiently and effectively to fulfill the mission of maximizing the quality of life across the lifespan by promoting health, protecting the environment, and preventing disease and injury.

Evidenced-based, population-focused Essential Public Health Services were provided in accordance with the “Healthiest Wisconsin 2020: Everyone Living Better, Longer” state health plan.

2016 highlights included:

- Continuation of the UW-Madison School of Nursing Rural Immersion Program.
- Collaboration and strategic planning with Rural Health Network of Rusk County to improve the overall health of the community.
- Participation in community coalitions including Mental Health, Food Security, Rusk County Youth Council, and Ladysmith Area Safety and Wellness.
- Partnership with Indianhead Community Action Agency and the Healthiest Wisconsin Partnership Program to impact underage substance abuse.

Challenges continue in Public Health as programs and funding levels change while expectations remain high. We will continue to strive to meet these challenges, and work to improve the health of our community. Your continued support is greatly appreciated. If you would like more information on any of the programs or activities discussed in this report, please contact me at 715-532-2299.

Sincerely,

Dawn Brost BSN, RN
Interim Health Officer/Public Health Program Manager
# Table of Contents

- **Cover Page** 1
- **Table of Contents** 2
- **Health & Human Services Board, & Public Health Staff** 3
- **Essential Service 1 (Monitor Health Status to Identify & Solve Community Health Problems)** 4
- **Essential Service 2 (Diagnose & Investigate Health Problems & Health Hazards in the Community)** 6
- **Essential Service 3 (Inform, Educate, & Empower People about Health Issues)** 13
- **Essential Service 4 (Mobilize Community Partnerships & Action to Identify & Solve Health Problems)** 15
- **Essential Service 5 (Develop Policies & Plans to Support Individual & Community Health Efforts)** 21
- **Essential Service 6 (Enforce Laws & Regulations that Protect Health & Ensure Safety)** 22
- **Essential Service 7 (Link People to Needed Personal Health Services & Assure the Provision of Health Care when Otherwise Unavailable)** 24
- **Essential Service 8 (Assure Competent Public & Personal Health Workforce)** 31
- **Essential Service 9 (Evaluate Effectiveness, Accessibility, & Quality of Personal & Population-Based Health Services)** 33
- **Essential Service 10 (Research for New Insights & Innovative Solutions to Health Problems)** 35
**RUSK COUNTY PUBLIC HEALTH OVERSIGHT**

*Health & Human Services Elected Board Members*

Phillip Schneider, Chairperson  
Randy Tatur, Vice Chairperson  
Peter Boss  
Roger Gierke  
Kathleen Mai  
Mark Schmitt  
David Willingham

*Health & Human Services Citizen Board Members*

Charles Frafjord  
Henry Golat  
Dan Gudis

*Medical Advisor*

Dr. Johanes Prawira, MD (through September 30, 2016)  
Dr. Eseoghene Abokede, MD (beginning October 1, 2016)

**RUSK COUNTY HEALTH AND HUMAN SERVICES-PUBLIC HEALTH STAFF**

**Executive Director**  
Theodore East

**Health Officer/Public Health Supervisor**  
Anita Zimmer, BSN, RN

**Public Health Nurse**  
Dawn Brost, BSN, RN

**Registered Nurse**  
Amanda Johnson, RN

**Birth To 3 Coordinator**  
Michele Kinney

**WIC Staff**  
Lindsey Brost, RD  
Amber Feira, Breastfeeding Peer Counselor

**Support Staff**  
Chris Kammerud (Financial)  
Brooke Clark  
Lora Wimer
Essential Service 1: Monitor health status to identify community health problems

Introduction: Essential Service 1 activities include monitoring and assessing a community’s health status, identifying a community’s strengths (assets) and challenges (threats) and determining current and emerging health needs of all.

Community Health Improvement Planning and Processes (CHIPP)

A Town Hall Meeting was held on January 14, 2014 to bring feedback on the survey and focus groups to the broader community and to engage attendees in further refining the four core areas identified above. 53 attendees ultimately included representatives from youth groups, law enforcement, human services, economic development, UW-Extension, Rusk County Board of Supervisors, mental health providers, private industry, schools, health services, civic organizations, and the community at large. After a short presentation and consideration of local data, attendees were grouped into tables by topic area, and asked to create SMART (Specific, Measurable, Achievable, Realistic, and Timely) goals in relation to that issue. At the end of the evening, attendees voted on the goals to determine top priorities. These goals are analyzed below:

Top Goals for next five years (from Town Hall Meeting)

- **MENTAL HEALTH**: Reduce eighth-grade students reporting “depressed most days” (46.1%) by 2-3% after one year, by 10% in five years;
- **ALCOHOL AND OTHER DRUG ABUSE**: Increase educational opportunities (including drug and alcohol free activities) for youth and adults in the community to decrease percentage of tenth-graders reporting families with severe drug/alcohol problems by 5%;
- **PREVENTATIVE CARE**: Develop and distribute material for public use to at least 50 agencies, radio stations, through at least 25 talks designed to promote healthy lifestyles (increased physical activity and healthy diet, decreased alcohol use, decreased smoking, decreased obesity);
- **SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH**: Ensure that 5-10% of Rusk County employers are committed to pay a Rusk County Living Wage (TBD) by 2020;
- **MENTAL HEALTH**: Decrease mental health crisis assessments in 2014 by 10% through increased education/awareness of crisis line and other mental health services;
- **PREVENTATIVE CARE**: Promote awareness and participation in wellness activities through formation of a “fun” coalition.
Next Steps

Following the establishment of specific goals, the Community Health Steering Committee met to establish an expanded Rusk County Rural Health Network, with a mission to facilitate improvement of health network systems through coordination of existing health resources and services, development of new services, and expanding current services. The network’s vision is for encourage informed and healthier populations with coordinated Rural Health Network close to home, and incorporates the following values:

- Health involves the entire community
- Inclusive for all people
- Close to home
- Maximize Resources
- Efficient
- Avoid duplication
- Optimal wellness/health where we live, work, and play
- Community engagement and education
- Health is a local issue
- Support/integrate
- Changing cultural norms
**Essential Service 2: Diagnose and Investigate health problems and health hazards in the community**

**Introduction:** Essential Service 2 activities include using health laboratories and other resources to investigate disease outbreaks and patterns of environmental health hazards, chronic disease, and injury. It also includes identifying relationships between environmental conditions and the public’s health and developing and implementing prevention and intervention strategies.

**Communicable Disease Control and Prevention Program**

Communicable disease reports are tracked through an electronic reporting system linking the local, regional and state public health officials with private physicians, hospitals and labs. This allows for prompt investigation of possible outbreaks and unusual situations, and to implement control measures to minimize further spread of disease to others.

In 2016, nursing staff received 273 reports of communicable disease. Chlamydia rates continue to be in the average range according to the data from the past five years however it is worth noting, Chlamydia is often asymptomatic and persons may not seek health care or receive appropriate testing which would decrease detection and treatment.

Rusk County nursing staff performed 106 Tuberculosis skin tests (Mantoux) for community members and additional for employees.
### Frequency of disease investigations (note: not all investigations are positive):

<table>
<thead>
<tr>
<th>Frequency of Reportable Disease</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviral Illness, west nile and other</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Blastomycosis</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>39</td>
<td>43</td>
<td>41</td>
<td>51</td>
<td>34</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>E-Coli</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Erlichiosis</td>
<td>19</td>
<td>15</td>
<td>22</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Haemophilus Influenza, invasive disease</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Influenza-Associated Hospitalizations</td>
<td>2</td>
<td>8</td>
<td>18</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Influenza-Novel type A</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lyme Disease and lab report</td>
<td>80</td>
<td>90</td>
<td>48</td>
<td>64</td>
<td>80</td>
</tr>
<tr>
<td>Measles (Rubeola)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Methemoglobinemia</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Mumps</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Mycobacterial Disease(not reportable)</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Pertussis</td>
<td>311</td>
<td>93</td>
<td>442</td>
<td>81</td>
<td>50</td>
</tr>
<tr>
<td>Parapertussis</td>
<td>0</td>
<td>3</td>
<td>19</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Streptococcal Disease, Invasive and Group B, and Group A</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Syphilis Reactor and Primary</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Trichinellosis</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis, Latent</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Varicella (chicken Pox)</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>504</td>
<td>289</td>
<td>624</td>
<td>269</td>
<td>273</td>
</tr>
</tbody>
</table>
Environmental Health Program

A Registered Sanitarian, Public Health Officer, Environmental Health Nurse, and support staff are available to respond to concerns and questions from the general public involving, but not limited to: food and water safety; hazardous materials such as asbestos, lead, mercury, radon, carbon monoxide, etc.; indoor air quality; mold; general sanitation; pest and vector activity; and housing. Home and site visits are frequently conducted to evaluate and address concerns involving health and safety of the environment.

Well water testing is available through the Wisconsin State Laboratory of Hygiene (WSLH) on a fee-exempt basis for WIC clients and for investigative purposes. Coliform Bacteria and Nitrate testing is available through Rusk County Environmental Health for private well owners and facilities that serve water to the public, including municipalities, for a nominal fee. Annual testing for the presence of nitrates and bacteria is recommended by the WI DNR. The DNR will require a Level 2 Assessment in cases where public water systems detect coliform bacteria. Public Health assists with public notification, complete assessments at non-community public water systems and responds to health-related questions.

One county-owned beach is tested for E. coli weekly during the summer in a lab set up in the Environmental Health office as well as one beach owned by the City of Ladysmith. Advisories or closures may be issued based upon results.

Outcomes for 2016: Environmental Health

- Facilities requiring a Level 2 Assessment: 5
- Beach water samples were analyzed: 20
- Beach Closures or advisories: 2 advisories and 0 closure

Outcomes for 2015: Environmental Health

- Facilities issued Boil Water Notices by DNR: 7 (All TN)
- Beach water samples were analyzed: 63
- Beach Closures or advisories: 2 advisory and 1 closure

Immunization Program

Immunizations are one of the best ways to protect our community from infectious disease. Through the introduction of routine vaccinations many diseases are becoming rare in the U.S. However, the viruses and bacteria that cause them still exist. Some diseases considered under control have re-emerged in recent years or are still seen on occasion. Many challenges still exist in the prevention and control of infectious diseases. The public health department provides immunizations to both adults and children by appointment. Vaccines for children are provided by the state Vaccine for Children (VFC) Program and are available to eligible children free of charge.
The public health department can also offer some VFC vaccines to people of all ages who have been exposed to certain communicable diseases and are not immunized. Other vaccinations are available to adults for a fee. Public Health nursing staff continues to work with the public, private and international schools in Rusk County in an effort to fully immunize students. We also provide visits to our Amish community to offer immunizations. We were able to offer Tdap (Tetanus, Diphtheria, and acellular Pertussis) vaccinations to the general public, including adults, free of charge in 2016. Tdap is a state-supplied vaccine normally available only to Medicaid enrolled, uninsured, underinsured, or American Indian/Alaska Native children. However, due to recent pertussis cases statewide, the vaccine is available at no charge for anyone because vaccination is the best way to protect the community. It is unknown how long we will be able to offer this vaccine at no charge.

A benchmark commonly used by the state is the number of children who turned two years old who were up to date or had appropriate documentation to not have received a vaccine. In 2016, a 74% compliance rate was achieved in Rusk County. This falls short of Rusk County’s objective goal of 75%. Rusk County Public Health made reasonable efforts to achieve accountability targets, including sending out reminder mailings to parents quarterly, ascertaining effective use of both RECIN and WIR, offering immunizations at our office and visits to the Amish community to offer vaccinations. However, some parents are choosing not to vaccinate as part of the anti-vaccination movement. We focus on educating those parents to the extent possible.
<table>
<thead>
<tr>
<th>Immunizations provided</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Hepatitis B</td>
<td>12</td>
</tr>
<tr>
<td>Human Papilloma Virus</td>
<td></td>
</tr>
<tr>
<td>HPV4</td>
<td>6</td>
</tr>
<tr>
<td>HPV9</td>
<td>9</td>
</tr>
<tr>
<td>Adult Tetanus/diphtheria/acellular pertussis (Tdap)</td>
<td>141</td>
</tr>
<tr>
<td>Children Tetanus/diphtheria/acellular pertussis (Tdap)</td>
<td>34</td>
</tr>
<tr>
<td>Children Conjugated pneumococcal (PCV13)</td>
<td>16</td>
</tr>
<tr>
<td>Children diphtheria/tetanus/acellular pertussis (DTaP)</td>
<td>15</td>
</tr>
<tr>
<td>Children Combination DTaP/IPV/hepatitis B</td>
<td>15</td>
</tr>
<tr>
<td>Children Hepatitis A</td>
<td>9</td>
</tr>
<tr>
<td>Children Hepatitis B</td>
<td>19</td>
</tr>
<tr>
<td>Children haemophilus influenza type B (HIB)</td>
<td>13</td>
</tr>
<tr>
<td>Children inactivated polio (IPV)</td>
<td>29</td>
</tr>
<tr>
<td>Children measles, mumps, rubella (MMR)</td>
<td>42</td>
</tr>
<tr>
<td>Children meningococcal</td>
<td>20</td>
</tr>
<tr>
<td>Children varicella</td>
<td>24</td>
</tr>
<tr>
<td>Adult Influenza</td>
<td>47</td>
</tr>
<tr>
<td>Children Influenza</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>471</strong></td>
</tr>
</tbody>
</table>
**Lead Poisoning Prevention Program**

Children participating in the WIC program through Public Health, and children screened in the Health Check program through the Marshfield Clinic – Ladysmith Center, receive age-appropriate blood lead screenings. Ideally, each child should have two blood lead test by the age of three. Children with elevated capillary lead levels (over 5 µg/dl) are referred to their health care provider for a confirmatory venous blood lead test and if any siblings have not been tested recently, they will also be referred. This program provides education on prevention of lead exposure, home inspections, and case management services to families of children whose confirmed lead levels are 5 µg/dl or higher. Public Health has two staff members that are certified to conduct in-house blood lead testing. Pregnant women enrolled in the PNCC program and post-partum women receiving a home visit as part of the MCH program receive an assessment for lead and other environmental hazards.

**Outcome for 2016: Blood lead tests completed**

- Children that received age appropriate blood lead tests in 2016: 92
- Children with elevated results: 1
- Children with results between 3.3 – 5: 7

**Outcome for 2015: Blood lead tests completed**

- Children that received age appropriate blood lead tests in 2015: 68
- Children with elevated results: 0

**Rabies Control Program**

We collaborate with the Rusk County Animal Shelter, the Rusk County Sheriff’s Department, and the Ladysmith Police Department to investigate animal bites (rabies) reports, and send specimens to the WI State Lab of Hygiene (WSLH) for rabies testing. Follow-up on all quarantined animals is provided by the Animal Shelter.

**Outcomes for 2016: Rabies cases investigated**

- Specimens were submitted for analysis: 13, 0 tested positive for rabies.

**Outcomes for 2015: Rabies cases investigated**

- Specimens were submitted for analysis: 22, 0 tested positive for rabies.
West Nile Virus Surveillance Program

Rusk County Public Health participates in the DHS West Nile Virus Surveillance program, which allows us to send in dead birds to the WI State Lab of Hygiene (WSLH) to be tested for West Nile Virus. One bird tested positive for WNV in Rusk County in 2016. This is the first positive bird since 2013.

Human Health Hazard Control Program

The Health Officer, or designee, following Rusk County Code Chapter 30, investigates human health hazard complaints. A Human Health Hazard is any condition that is or may pose a serious threat to human health or safety. Collaborative relationships exist with other agencies including, but not limited to, Rusk County Zoning, Department of Natural Resources, Children & Family Services, Rusk County Sheriff’s Department, Ladysmith Police Department, Rusk County Animal Shelter, all townships and municipalities, and the Rusk County Corporation Counsel to investigate these complaints. Orders may be issued, or the structure may be placarded, as needed to protect the health and safety of the occupants or the public. The nature of complaints received in 2016 includes general condition of home (16), outdoor air quality (1), insects (3), mold (3), vermin harborage (4), and solid waste disposal (6). No placards were issued.

Outcomes for 2016: Human Health Hazards investigated

- Investigations completed: 33
- Investigations resulting in the issuing of orders and/or additional follow up: 11
- Properties placarded: 0

<table>
<thead>
<tr>
<th>Outcomes Human Health Hazards</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigations completed</td>
<td>33</td>
<td>46</td>
<td>33</td>
</tr>
<tr>
<td>Investigations resulting in issuing orders and or additional follow up</td>
<td>14</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>Properties placarded</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>
**Radon Program**

Radon is a naturally occurring radioactive gas that causes lung cancer. The only way to know if a home has radon is to test for its presence. Public Health administered a radon program centered on providing educational information, distribution of test kits, and assistance in the analysis of test results, with the desirable result being less than 4 picoCuries per liter (pCi/L). Educational information and follow-up guidance is given to the owners of homes that tested high for radon. Error results occurred when the testing laboratory was unable to analyze the submitted test. Follow-up was given and re-testing recommended for error results.

**Outcomes for 2016: Radon**

- Test kits distributed: 244
- Test kits returned: 104

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Kits distributed</td>
<td>22</td>
<td>42</td>
<td>244</td>
</tr>
<tr>
<td>Test kits returned</td>
<td>20</td>
<td>31</td>
<td>104</td>
</tr>
</tbody>
</table>

**Essential Service 3: Inform, Educate, and Empower People about Health Issues**

**Introduction:** Essential service 3 activities include promoting and engaging in health behavior and lifestyles by making health information available in a variety of formats, styles, languages, and reading levels so it can be effectively communicated to the diverse people of Wisconsin. It also includes regularly sharing and discussing current and emerging health information, statistics, and issues with communities, policy-makers, and decision-makers.

**Health Education via Social Media**


The Rusk County Public Health Facebook page was established on October 21, 2010. Since that time a wide variety of articles have been posted, and have links to enable the user to obtain additional information.
Outcomes for 2016: Variety of information posted to Facebook page

- Reproductive Health
- Cancer
- Communicable Diseases
- Weather
- World Heart Day
- Health & Fitness
- Rabies
- HIV/AIDS Awareness
- Alzheimer’s Disease
- Home Safety
- Emergency Preparedness
- Mental Health Awareness
- Lice Prevention
- WI Well Woman Program
- WIC
- Breastfeeding Benefits
- Zika Guidance
- Children’s Safety
- Heat Stress
- Drinking Water Testing
- Teen Pregnancy
- Healthy Eating Habits
- Kidney Disease
- Poison Prevention
- Dental Health
- Dangers of E-cigarettes
- Radon

Health Education to community groups by Environmental Health staff

- Rusk County Farm Show to promote Public Health Programs
- Rusk County Safety and Wellness Fair to promote Public Health Programs

Health Education to community groups by Public Health Registered Nurses

- STI and healthy sexual choices education for Ladysmith High School health classes
- Public Health Programs and Services to the Rural Health Network of Rusk County

Health Education to community groups by Birth to 3 Coordinator

- Ages & Stages childhood development screening tool to TLC Child Care Center
- Childhood Development to parents at Flambeau School Early Childhood Development Day
Health Education–other

Appropriate health education is provided to all clients receiving Public Health services in all programs:

- Birth to 3
- Communicable Disease
- Community Health Assessment
- Cribs for Kids
- DNR Transient Non-Community Well Program and DATCP Certified Microbiological Water testing
- Environmental Health
- Food Safety and Recreational Licensing Full Agent Program
- Immunizations (clinic, school-based, Amish population, Ladysmith International School, Flu vaccines to Government Center employees)
- Healthiest Wisconsin Partnership Program
- Lead Poisoning Prevention
- Women, Infants, & Children (WIC)
- Breastfeeding
- Maternal Child Health (postpartum/newborn assessments, child passenger safety, etc.)
- Oral Health
- Paternity Testing
- Healthy Beginnings+ (Prenatal Care Coordination)
- First Breath
- My Baby & Me
- Public Health Emergency Preparedness
- Radon
- Rabies
- Teen Intervene
- Question, Persuade, Refer (QPR)
- Reproductive Health
- School Health
- Tobacco Control and Prevention
- WI Well Woman

Essential Service 4: Mobilize community partnerships to identify and solve health problems

Introduction: Essential service 4 activities include collaborating with community groups and individuals (including those not traditionally considered connected to “health care”) to identify and address local and statewide health and environmental issues. It also includes providing needed infrastructure support to build, support, and maintain inclusive, viable partnerships to improve and protect the public’s health. Finally, it includes developing strategies for inviting and engaging the full range of human capital, social networks, and community assets to improve health for all. Public Health is actively involved in several local and regional coalition efforts.

Outcomes for 2016: Local Collaborative Groups

Rusk County Rural Health Network (RCRHN) (formerly CHA Steering Committee)

Developed as a result of the 2013 Community Health Assessment, this Rural Health Network includes representation from Indianhead Community Action Agency, Rusk County Memorial
Hospital, Rusk County Health & Human Services, and Rusk County Public Health. This group of community leaders seeks to provide structure and guidance to community workgroups to ensure a common vision for the health of the community, and encourages collaboration, rather than duplication of efforts.

**Mental Health Coalition**

Rusk County Public Health has participated in the Rusk County Community Mental Health Coalition since its inception in April 2013. The group announced its mission statement in 2014. The mission is “To Promote Awareness of Mental Health Issues, Share Information and Reduce the Stigma of Mental Illness in our Community. Youth mental health was identified as the top issue in the 2013 Community Health Assessment. This coalition will be a key partner in affecting health outcomes of the community.

**Ladysmith Area Safety & Wellness Council**

The primary purpose and mission of the Ladysmith Area Safety & Wellness Council is the overall promotion of accident prevention and healthy lifestyles for people living in Rusk County. Meetings are held on every other month and a variety of topics such as ergonomic updates, nutrition, HAZMAT, drug abuse trends, Clean Sweep, etc., are discussed. The 14th Annual Safety & Wellness Fair was held on September 10, 2016. A wide variety of health and wellness-related booths offered educational information and activities to attendees.

**Local Emergency Planning Committee (LEPC)**

The purpose of the LEPC is to develop policies, procedures, and emergency plans for prevention of and responding to accidental releases of hazardous chemicals pursuant to 42 USC 11000 to 11050 and under 166.20 and 166.21 WI Statutes. Members include representatives from the Rusk County Board of Supervisors, Rusk County Sheriff’s Department, Ladysmith Police Department, Rusk County Emergency Government, Rusk County Public Health, Rusk County Highway Department, City of Ladysmith, WI Department of Natural Resources, WI State Patrol, Bruce Fire Department Hazmat, WJDL/WJBL radio stations, Jeld-Wen, Ladysmith Fire Department Hazmat, Rusk County Memorial Hospital, and a private citizen. This committee meets biannually.
Rusk County Traffic Safety Commission (TSC)

The TSC is required, by WI State Statute 83.013, to meet at least quarterly and:

- Review local crash data and other traffic safety-related matters
- Prepare “spot maps” showing crash locations on county and town roads and on city/village streets of places under 5,000 population
- For municipalities of 5,000 or more, spot maps aren’t required, but the TSC must look at the crash data.

Based on their review of this data and reports of citizens’ concerns, TSC’s can recommend corrective action to the Department of Transportation (DOT), the county board or highway committee, or any other appropriate branch of government.

TSC’s can also:

- Ask the state patrol or local law enforcement to increase patrols in problem areas
- Ask DOT to review possible engineering problems on a state highway, and advise DOT on planned work zones or detour routes
- Review proposals for local traffic safety improvements
- Review fatal or other high-profile crashes
- Foster public awareness of traffic safety issues and initiatives
- Encourage or sponsor local activities

Members include representatives from the Rusk County Board of Supervisors, Rusk County Sheriff’s Department, Rusk County Public Health, Rusk County Highway Department, Rusk County District Attorney, Ladysmith City Council, Ladysmith Public Works, Ladysmith Police Department, WI State Patrol, WI DOT, and WI DOT Bureau of Transportation Safety (BOTS).

Rusk County Youth Council (RCYC)

The mission of the RCYC is to combine the resources of the county for the purpose of preventing and solving violence, alcohol, tobacco, and other drug problems of our children and youth by integrating resources through communication and collaborative planning towards prevention at-risk behavior, encouragement of health and wellness, positive youth development, and resiliency for youth ages 0-21 and their families. Activities include National Night Out with law enforcement, Parents Who Host Lose the Most, Fierce Freedom presentation, Teen Intervene, Teen Leadership Academy and various print and media campaigns. Many organizations are involved with RCYC which include Abundant Life Assembly of God, Aurora Community Counseling, Bruce’s Place, Bruce School District, CEP, Inc., Crossroads Literacy, Flambeau AODA Taskforce, Flambeau School District, Indianhead Community Action Agency, Ladysmith News, Ladysmith School District, Ladysmith Police Department, Lighthouse, Marshfield Clinic,
McDonald’s, Time Out Abuse Shelter, Rusk County Chaplains, Rusk County Community Connections (RC3), Rusk County Health and Human Services, Rusk County Public Health, Rusk County Sheriff’s Office, Rusk Restorative Youth Programs (RRYP), Sheldon First Church of Christ, UW-Extension, and WLDY/WJBL.

**Children’s Council**

The Rusk County Children’s Council serves to promote and develop early childhood systems in Rusk County. Participants include social service organizations, schools, and day care providers. Training is provided on various topics, including the Ages & Stages Questionnaires to gauge early childhood development. Other activities include Dr. Seuss’s Birthday activities, and an information network via UW-Extension’s CRC (Community Resource Center) list serv.

**Other Advisory & Quality Improvement Committees**

Representatives from Rusk County Public Health serve on advisory and/or quality improvement committees for the Rusk County Behavioral Health Program, Advanced Correctional Healthcare (providing nursing services to Rusk County Jail), Rusk County Home Care, and the Rusk County Privacy Committee (to update HIPAA policies for the county).

**Outcomes for 2016: Regional Collaborative Groups**

**Birth to 3 Western Region Networking group**

The Rusk County Coordinator and Physical Therapist attend bimonthly Western Region Networking group meetings. These meetings provide informal support for the counties. There has been sharing on infant mental health, reflective practices, changes in the Individualized Family Service Plan, and county reviews. There are spring and fall meetings held in the region where the state Birth to 3 staff provides updates.

**Healthy Beginnings+ (PNCC) Western Region Networking group**

The Healthy Beginnings+ Networking group is comprised mostly of public health nurses from across the Western Region of Wisconsin. The mission of the group is to collaborate with health professionals and community partners to promote and improve the health of pregnant women and babies with a focus on the needs of populations with less than optimal health outcomes. The group typically meets monthly throughout the year. A Public Health Registered Nurse is an active member.

**Western Wisconsin Nutrition Network (WWNN)**

WWNN is comprised of eighteen counties in the western part of the state that gather quarterly in addition to monthly conference calls. Meetings consist of continuing education, program improvements, guest speakers, sharing of coalition activities in each project, as well as sharing the struggles, successes and rewards experienced by individual WIC projects. Not only is this a time for quality education, but a time to encourage each other and praise each other for work well
done and otherwise unnoticed accomplishments. Business is covered as far as what new standards are in terms of food packages, breastfeeding recommendations, software updates/upgrades and policy implementation. This is also a way to gain support for various changes that we would like to see within the program and what is offered to staff. The WIC Director is an active member of WWNN.

**Western Wisconsin Working for Tobacco Free Living (W3TFL)**

The mission of W3TFL is to prevent, reduce exposure to, and eliminate the use of tobacco products in Burnett, Pierce, Polk, Rusk, and St. Croix counties through policy work, education, and informational/service efforts. The Multi-Jurisdictional Tobacco Control Program contracts with DHS to conduct tobacco compliance investigations. The goal of this program is to prevent sales of tobacco products to minors by educating retailers on not selling tobacco to minors. A specific on-line training tool is provided at smokecheck.org. The state goal is to get sales rates to fewer than 10 percent. In Rusk County, tobacco products were sold to minors 3 times, resulting in a 13.6% sales rate, which is a 5.9% increase from 2015.

**WI WINS Tobacco Compliance Investigations**

The Multi-Jurisdictional tobacco consortium, W3TFL, contracts with Indianhead Community Action Agency to conduct tobacco compliance investigations. The goal of the investigations is to prevent sales of tobacco products to minors. Indianhead Community Action Agency was contracted to conduct 22 compliance checks according to standards established by the WI WINS organization.

**Wisconsin Association of Local Health Departments and Boards (WALHDAB)**

WALHDAB “is the state-wide organization of boards of health members and health department administrators providing a unified forum for public health leadership development, advocacy, education, and forging of community partnerships for the improvement of public health at the local level.” (Bylaws, Article II–Mission). The WALHDAB–Western Region group, which is composed of representatives from eighteen counties and two tribes meets monthly. The Health Officer is an active member of the group.

**WALHDAB Environmental Health Section and LabNetwork**

Environmental Health staff actively participates in two WALHDAB sections via email: LabNetwork, and WALHDAB–EH.

The Wisconsin Public Health LabNetwork, as a section of WALHDAB, is a network that provides public health laboratory leadership, education, training, and analysis. The mission of the LabNetwork is to work collaboratively to provide public health services through laboratory
capacity. Rusk County participates in this group through the context of the DATCP-certified microbiological water lab.

The EH Section of WALHDAB meets quarterly and creates a forum for local health department EH professionals via email. The organization provides discussion on topics that affect local health departments across the state, regardless of their size, agent status, or EH capacity. Members keep abreast of current legislative actions affecting EH programming in the state, and seek to provide direction in EH policy including requesting legislative action on current EH issues.

**Western Region Environmental Association (WREN)**

A new organization, formed in 2015, for Environmental Health staff to collaborate on topics specific to Western Wisconsin. Environmental Health staff meets quarterly to converse about concerns, licensing matters and legislation affecting Western Wisconsin.

**Wisconsin Environmental Health Association (WEHA)**

Environmental Health staff attends conferences and workshops sponsored by WEHA. Conference and workshop attendance educates Environmental Health staff on regulation, enforcement, and general environmental health topics important to Wisconsin Environmental Public Health.

**Wisconsin Family Planning and Reproductive Health Association (WFPRHA)**

Wisconsin Family Planning and Reproductive Health Association (WFPRHA) is a statewide professional association of publicly supported family planning providers and advocates for high quality, affordable, confidential reproductive health care. Members of the association work with governmental health agencies and private organizations to bring together family planning providers to strengthen and maintain high-quality family planning services in Wisconsin for women and men of reproductive age. WFPRHA members collaborate throughout the year to discuss current issues in reproductive health and family planning and to stay updated on evidenced-based practice within reproductive health care. WFPRHA’s mission is to provide leadership, advocacy and support for services to individuals and couples, enabling them to:

- Make informed choices and decisions
- Develop pregnancy plans
- Achieve family planning goals
- Prepare for desired future pregnancies and parenthood
Wisconsin Public Health Association (WPHA)

WPHA promotes public health policy, and provides public health advocacy and education for its members and the people of Wisconsin. An agency membership is maintained on an annual basis.

**Essential Service 5: Develop policies and plans that support individual and community health efforts**

*Introduction:* Essential service 5 activities include providing the leadership to drive the development of community health improvement processes, plans, and policies that are consistent throughout the state, but address local needs and conditions.

**Public Health Preparedness**

The Rusk County Health Department is a member of the 9 local public health agency and 1 tribal health agency consortium known as the Western Wisconsin Public Health Readiness Consortium (WWPHRC). The consortium was established in 2003 with funds from the Center of Disease Control and Prevention (CDC); the WWPHRC was established to develop core expertise and preparedness in response to bioterrorism, infectious disease outbreaks, and other public health threats. We do this through networking, coordinative, standardizing, and centralizing our resources and planning efforts among the 10 local public health agency partners in Western Wisconsin.

2016 Key Achievements

- Participated in the Western/Northwestern Regional Exercise (related to Ebola)
- Attended WWPHRC Board of Directors meetings
- Attended Rusk County Local Emergency Planning Committee meetings

**Western WI Public Health Readiness Consortium (WWPHRC)**

The WWPHRC was established to develop local capacity to effectively respond to all types of health emergencies including bioterrorism, infectious disease outbreaks, and natural disasters. The mission of the WWPHRC is to protect the health and safety of the citizens living in the jurisdictions of the member agencies and customers by supporting and promoting the professional development of its individual and organizational members in public health emergency preparedness. The Consortium includes Barron, Chippewa, Douglas, Eau Claire, Pepin, Pierce, Polk, Rusk, St. Croix, and Washburn Counties.
Northwest Wisconsin Healthcare Coalition (NWWIHCC)

Rusk County Public Health has partnered with NWWIHCC since its inception in July 2015. The goal of NWWIHCC is to provide a coordinated response should disaster strike northwestern Wisconsin. The coalition brings together competing organizations across 15 counties in northwestern Wisconsin. Together, we brace for threats and emergencies from disease outbreaks and winter storms to natural disasters and terrorism. Members consist of:

- Trauma Centers and Hospitals
- Emergency Medical Services
- Blood, Dialysis, and Lab Services
- Emergency Management Organizations
- Pediatric Care Providers
- Behavioral Health Providers
- Long-Term Care Providers
- Public Health Organizations

Healthiest Wisconsin Partnership Program (HWPP)

The number one health priority identified in the 2008 Community Health Assessment was underage alcohol use. One collaborative community partner, Indianhead Community Action Agency (ICAA), obtained significant grant funding to address this priority. Grant staff, along with the Rusk County Youth Council of which Public Health is an active member, have been diligently working to educate the county about this problem and have successfully implemented several county-wide evidenced-based policy changes. This effort continues and has been expanded to include prescription drug abuse, suicide/bullying prevention, and youth tobacco use.

Maternal Child Health (MCH) Program

Rusk County has chosen to focus on the Wisconsin Healthiest Families Initiative (WHFI) component of MCH. WHFI focuses on improving systems to address family supports, child development, mental health, and safety and injury prevention. Rusk County started a new initiative in 2016 which is focusing on reducing mental health stigma and bringing awareness to the community.

Essential Service 6: Enforce laws and regulations that protect health and ensure safety

Introduction: Essential service 6 activities include the efficient and effective enforcement of state and local laws and regulations that protect and promote the public’s health. These laws are especially important in the food industry, in the protection of drinking water supplies, and the enforcement of clean air standards.
Food Safety & Recreational Licensing (FSRL)–Agent of the State

Under the Department of Health Services FSRL Agent Contract, Environmental Health Staff, supervised by a Registered Sanitarian, conduct inspections of campgrounds, lodging facilities including bed and breakfasts, public swimming pools and whirlpools, body art establishments, recreational/educational camps, vending machines, and restaurants. Each facility under the contract is inspected at least once per year, with additional inspections warranted by complaints or changes in ownership or capacity. DHS administrative codes, including the food code, are used to evaluate health and safety principles. Common components of inspections are availability of a safe water source, proper handling of wastewater, fire safety, infection control, safe food handling, and basic sanitation principles.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities Roster</td>
<td>145</td>
<td>150</td>
<td>158</td>
</tr>
<tr>
<td>Inspections Completed</td>
<td>179</td>
<td>173</td>
<td>180</td>
</tr>
<tr>
<td>Complaint inspections</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Foodborne outbreaks</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Department of Natural Resources (DNR) Transient Non-Community Well Program

Under a contract with the DNR, Rusk County Public Health Department administers the DNR Transient Non-Community (TNC) Well Program, which involves testing drinking water and evaluating systems of public facilities within Rusk County. Environmental Health Staff conducts a sanitary survey (inspection) of systems enrolled in the program every 5 years, evaluating for the well and distribution system for contamination risks. Deficiencies, ranked by severity, are noted in a letter sent to the operator, along with compliance dates. On an annual basis, water is tested for coliform bacteria and nitrates. Exceedances of Maximum Contaminant Levels (MCL’s) are followed up with additional testing, remediation, and public notifications as required. Samples are analyzed in-house (bacteria) or at Commercial Testing Lab (Colfax).
Microbiological Water Lab

Drinking water samples are analyzed at for bacteria at Rusk County's own DATCP-certified laboratory. Samples are dated, processed, incubated for 24 hours, and read out for safety based upon whether or not a color change has occurred. Compliance sample results for public systems are reported online to the DNR. Besides the Transient Non-Community systems, our lab also processes samples for area municipalities and private residences.

<table>
<thead>
<tr>
<th>Outcomes for Water Lab</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNC</td>
<td>66</td>
<td>69</td>
<td>67</td>
</tr>
<tr>
<td>Follow up</td>
<td>114</td>
<td>162</td>
<td>87</td>
</tr>
<tr>
<td>Municipal or other</td>
<td>145</td>
<td>289</td>
<td>240</td>
</tr>
<tr>
<td>Private</td>
<td>-</td>
<td>-</td>
<td>87</td>
</tr>
<tr>
<td>TOTALS</td>
<td>325</td>
<td>520</td>
<td>481</td>
</tr>
</tbody>
</table>

Proficiency Tests

Public Health regularly receives blood lead and water microbiology unknown samples from the Wisconsin State Laboratory of Hygiene (WSLH). These samples are analyzed in-house, and results sent back to WSLH to confirm that the equipment and staff are running tests, interpreting results, and maintaining equipment as appropriate.

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Introduction: Essential service 7 activities include providing education, outreach, case-finding, referral, care coordination, navigation, and other services that help individuals and families access high-quality health and public health services.
Birth to 3 Program

Birth to 3 services are provided for families with children who have a diagnosed disability, a developmental delay, or a diagnosis known to result in a developmental delay. Services may begin before the child leaves the hospital after birth, and may continue until the child is transitioned into other services when they turn three years old. Birth to 3 services include family services coordination, special instruction, parent education, vision instruction, hearing services, assistive technology, referral to community resources, and therapy services. The program staff provides screenings, evaluation, and comprehensive developmental assessments to determine eligibility for the program. An individual family service plan is developed with the family to determine a plan for early intervention services. All children are seen in their natural environment, and also have the opportunity to participate in a community playgroup. The Rusk County program is a leader in the state due to the full implementation of the Primary Coach Approach to Teaming. This approach supports families by teaching them how to work with their children throughout the day in their daily routines, every day of the week. Evidence shows that providing therapy for a child for one hour per week does not change client outcomes. Primary Coaching does, however, result in positive outcomes. The Rusk County Birth to 3 team consists of the Program Coordinator/Service Coordinator, Special Education Teacher, Physical Therapist, Speech Therapist, and Occupational Therapist, who meet on a monthly basis to staff the children enrolled in the program. The team meetings allow the primary coach to access the expertise of the other team members. We support the philosophy and core values by the practice of team meetings, the primary coach approach, collaboration with other county leaders, collaboration with other service coordinators, and regular meetings within the department.

Outcomes for 2016: Birth to 3

- Number of new referrals who qualified for and enrolled in program: 32
- Number of children enrolled in program at the end of 2016: 14
- Number of children who did not qualify or for whom parent/guardian refused service: 17
**Cribs for Kids Program**

A program entitled, “Cribs for Kids,” was implemented in 2007, and has continued since its implementation. This is a “safe sleep” education program with the goal of helping to reduce the risk of injury and death of infants due to unsafe sleep environments. Parents and caregivers are provided education on safe infant sleep practices. New and safe portable cribs may be provided if needed.

**Outcomes for 2016: Cribs for Kids**

- Number of families reached with “safe sleep” education: 18
- Number of portable cribs provided: 18

**Outcomes for 2015: Cribs for Kids**

- Number of families reached with “safe sleep” education: 24
- Number of portable cribs provided: 24

**Department of Transportation/Maternal Child Health (MCH) Car Seat Program**

Through funding from the Wisconsin Department of Transportation, and as part of our match dollars through the MCH program, two techs educate parents and caregivers on the proper installation and positioning of children in car seats. The program also allows for the distribution of free car seats to those who indicate a need.

**Outcomes for Oct 2015- Sept 2016 DOT grant period**

- Number of seats properly installed in vehicles and number of children properly positioned in a child passenger safety seat (includes women who are still pregnant): 49

**Outcomes for Oct 2014- Sept 2015 DOT grant period**

- Number of children properly positioned in a child passenger safety seat (includes women who are still pregnant): 43

**Oral Health Program**

Students in the Bruce School District, grades one through six, are given the opportunity to participate in a weekly fluoride mouth rinsing program at no cost to them in an effort to prevent dental caries. Parents of children are notified about the program by letter at the beginning of the school year. The school nurse, who is employed by Rusk County Health and Human Services, Public Health Department, coordinates the program.
Outcomes for 2015-2016 school year: Oral Health

- Number of Bruce School District students that participated: 99

Outcomes for 2014-2015 school year: Oral Health

- Number of Bruce School District students that participated: 118

Prenatal Care Coordination (PNCC)/Healthy Beginnings+

Prenatal Care Coordination (PNCC) services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes. The Western Region PNCC group has renamed or “branded” the PNCC program in the Western Region to be “Healthy Beginnings+”. The group of Western Region PNCC providers felt the name is more user friendly with clients. All pregnant women who are applying for WIC benefits are given the opportunity to complete a risk assessment questionnaire. Referrals may also be received from other care providers such as physicians, school nurses, reproductive health programs or social workers. A Public Health Registered Nurse reviews the questionnaires and meets with women who are eligible for, and interested in participating in the Healthy Beginnings+ program. Women are encouraged to enroll in the “First Breath” smoking-cessation program and/or the “My Baby & Me” alcohol cessation/reduction program if they are using or at high risk of using these substances. Healthy Beginnings+ services for non-medical interventions, coordination of services, and education are billed to Medicaid. Throughout Wisconsin this Medicaid benefit has been highly underutilized. In 2016 the program had its first statewide meeting. Each regional group presented information on work they are doing in PNCC in an effort to make the program more uniform throughout the state and to increase participant referrals and enrollment.

Outcomes for 2016: PNCC

- Number of women who received PNCC/Healthy Beginnings+ services: 10

Outcomes for 2015: PNCC

- Number of women enrolled to receive PNCC services: 19
Reproductive Health Program

The Reproductive Health program aims to decrease unplanned pregnancies and sexually transmitted infections by providing high-quality, yet affordable health care. Education is a key component of the program, which serves both female and male clients. Barriers to receiving care are minimized by focusing on the following priorities:

- Providing contraception in advance of physical exams
- Providing emergency contraception and condoms in advance of need
- Providing same-day contraception following a negative pregnancy test

In 2016, 128 clients received family planning/reproductive health services. This has remained stable from last year. Assistance with enrollment in Family Planning Only Services or BadgerCare+ resulted in 128 clients obtaining coverage to pay for contraceptive and prenatal care services. Pregnancy testing services were provided for 25 clients in 2016. Pregnant women are linked to a variety of services to ensure a healthy pregnancy and birth. Sexually Transmitted Disease testing was performed on 128 clients in 2016 with about a 17% positive result. This increase in early detection and treatment for chlamydia and/or gonorrhea is critical. Untreated infections can cause serious and permanent problems in both men and women. Services are closely coordinated with other health care providers and programs, such as the Marshfield Clinic – Ladysmith Center, Riverside Clinic at Rusk County Hospital, WIC, Prenatal Care Coordination, and health professionals at local school districts. Evening clinic hours are available to facilitate access to services.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unduplicated clients</strong></td>
<td>133</td>
<td>133</td>
<td>128</td>
</tr>
<tr>
<td><strong>Pregnancy Tests</strong></td>
<td>16</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td><strong>Performed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexually Transmitted</strong></td>
<td>40</td>
<td>88</td>
<td>128</td>
</tr>
<tr>
<td><strong>disease testing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>performed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcomes for 2016: Reproductive Health

- Number of unduplicated clients receiving contraceptive services: 128
- Number of unduplicated pregnancy tests completed: 25

Outcomes for 2015: Reproductive Health

- Number of unduplicated clients receiving contraceptive services: 133
- Number of unduplicated pregnancy tests completed: 22
School Nursing Program

We provide school health nursing services for the School District of Bruce on a contractual basis. Informal consultative services are provided to the School Districts of Ladysmith and Flambeau, and to Our Lady of Sorrows.

Outcomes for 2015-2016 School Year (Bruce)

- Number of nursing service hours provided: 831
- Number of student visits to the health office: 2,046
- Number of prescription medication doses delivered: 1,673
- Number of over-the-counter medication doses delivered: 40

Outcomes for 2013-2014 School Year (Bruce)

- Number of nursing service hours provided: 817
- Number of student visits to the health office: 1,852
- Number of prescription medication doses delivered: 904
- Number of over-the-counter medication doses delivered: 199

Women, Infants, and Children (WIC) Nutrition Program

WIC results in overall positive health outcomes including healthier pregnancies, healthier birth outcomes, better growth and development of young children and improved health status of participants. Greater than 50% of the infants born in the United State participate in WIC.

WIC is a gateway to health care and social services for many families. In Rusk County in 2016 nearly 150 referrals were made for WIC participants to other programs and providers. Thirteen of those referrals were made to health care providers (doctors) for a medical condition(s).

Prenatal

In 2016, 35 pregnant women participated in WIC in Rusk County.

Infants

In Rusk County in 2016, 108 infants participated in WIC, 2 of those infants were born with low birth weights, less than 5.5 pounds. Five of the infants born on WIC in 2016 were premature.

WIC Participation in 2016
Breastfeeding

The national average for breastfeeding initiation at birth is only 77%. In 2016, the amount of infants that participated in Rusk County WIC that were initially breastfed at birth was 82%. Roughly 17% of infants were breastfed until at least six months of age in 2016. It has been estimated that $13 billion per year could be saved if 90% of US infants were breastfed exclusively for six months. In Rusk County Registered Dietitian and Breastfeeding Peer Counselor provide unique breastfeeding education and support. They work closely with the Prenatal Care Coordinator and the Reproductive Health Program PHN to ensure that clients have ready access to contraceptive services prior to delivery.

Children

In 2016, 247 children participated in WIC in Rusk County. WIC participants must purchase the foods that are listed on their food prescriptions (packages), which are healthy foods designed to meet the nutritional needs of pregnant and breastfeeding mothers and their young children. For the roughly 198 families served in Rusk County in 2016.

Farmer’s Market Nutrition Program

WIC families received vouchers to purchase fresh fruits, vegetables and herbs at the Rusk County Farmers’ Market, or any surrounding Wisconsin County. In 2016, $3,420 was issued in farmers market checks. Each family received $20.00. Thirty-one percent of the checks were redeemed for a total of $1,065.

Areas of focus in 2017

Focus areas for 2017 are to improve education provided to families of 6-9 month old infants, education for low hemoglobin results, and procedural process of hemoglobin testing to improve current testing rates. Also, to gain a better understanding of the Child and Youth with Special Health Care Needs Network to better serve Rusk County families with gaining access to appropriate assistance by working with Chippewa County.

Wisconsin Well Woman Program

The Wisconsin Well Woman Program (WWWP) is a breast and cervical cancer screening program for un-insured or under-insured women ages 45-64. Women can enroll in the program at ages 35-44 for evaluation of a breast condition. As of December 31, 2016, 8 women from Rusk County were enrolled in the program.

The WWWW is part of a multi-jurisdictional model which is coordinated through Polk County. Polk County coordinates the WWWW for the western region which includes Barron, Burnett, Douglas, Polk, Rusk, and Washburn Counties.
Eight members obtained services (breast exams/mammograms/pelvic exams) through the WWWP in 2016. WWWP has adopted cervical cancer screening guidelines from ASCCP, therefore, many members are only eligible for cervical cancer screening every 5 years.

The need for WWWP services has continued to diminish as women gain access to health insurance coverage as a result of the Affordable Care Act and changes to BadgerCare Plus. The Polk County program coordinator did outreach to local churches in Rusk County on Mother’s Day to bring awareness to the service for women whose income may exceed BadgerCare Plus guidelines, but may not be enough to comfortably afford other health insurance options. This particular outreach will hopefully reach women who may otherwise “fall through the cracks”.

**Essential Service 8: Assure a competent public health and personal health care workforce**

**Introduction:** Essential service 8 activities will lead and support efforts to improve the quality, quantity, and diversity of health professionals in the state. The activities will also promote the development of professional education strategies and programs that address state and local health needs. Active partnerships with academic institutions will be promoted. All staff will possess the knowledge, skills, and abilities necessary to perform their jobs effectively and efficiently.

**Professional Development**

All staff members are strongly encouraged to participate in professional development opportunities.

**2016 Outcomes: Professional Development Opportunities—meetings, teleconferences, or webcasts**

- Targeted Case Management
- Wisconsin Immunization Registry
- Reproductive Health Program fiscal management, contraceptive technology, local program administration
- STD Summit
- Minnesota Reproductive & Sexual Health Update
- HPV Summit
- Quality Improvement Tools
- Housing Issues
- Tuberculosis Summit
- Hepatitis
- Building and maintaining partnerships
- Area Services: ICAA, Ladysmith Dental Center, Group Health Cooperative, Quit Line, Wisconsin State Laboratory of Hygiene (WSLH)
- Child Passenger Safety
- Logic Models
- Drug and Alcohol Education and Interventions
- Suicide Prevention
- Rabies
- Vaccines for Children (VFC)
- Biannual DHS Birth to 3 Updates
As part of our MCH grant objectives, we are required to complete an agency-level inventory of skills, abilities, and attitudes that contribute not only to the MCH grant program, but to our work as a Public Health department. This has helped us to identify and address strengths and weaknesses.

2016 Annual Preparedness Exercise

Our Regional Preparedness Exercise was held on April 27th in Rice Lake. The scenario depicted an individual, who upon returning to the United States, contacted his local health department complaining of symptoms associated with Ebola. Overall the exercise was a success. Lessons were learned on how to best utilize decontamination, housing and surveillance resources in a communicable disease incident. Rusk County had representation from EMS, Local Hospital, County Board, Public Health and Health & Human Services who participated in the exercise.

Linkages with Academia

Rusk County Public Health has developed strong collaborative relationships with several educational institutions of higher learning: UW-Madison, UW-Eau Claire, Lac Courte Oreilles Ojibwa Community College, Viterbo College of Nursing, and WI Indianhead Technical College.
Many of these relationships have been fostered by the LEAP program, also listed in this report under Essential Service 4. We provide a setting for students from a variety of programs to complete Public Health clinical experiences. These programs range from sixteen hour observational experiences, to two-semester-long accelerated BSN students, to three-week immersion experiences. We also host an Area Health Education Center (AHEC) intern for eight weeks each summer. The 2016 intern worked closely with the Environmental Health Staff and WIC. We are extremely proud of our award-winning (WPHA) three week immersion program that we host in collaboration with the UW-Madison School of Nursing. This immersion program, the only one of its kind in the state, was initiated in 2010. This experience provides students with the opportunity to participate in the provision of population-based public health interventions at the individual, systems, and community-focused practice levels. It is important for students to participate in numerous activities beyond the work setting so that they can truly gain an appreciation and understanding of what it is like to live in our beautiful county.

Additionally, Public Health Staff are invited to participate in discussion panels and advisory committees for colleges, including WITC-Rice Lake, UW-Eau Claire, and Lac Courte Oreilles Community College along with job shadowing or mentorships.

**Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services**

**Introduction:** Essential service 9 activities will enable a department to regularly evaluate the public health system’s performance to include programs, processes, results, and outcomes. It includes providing information necessary to define accountability, allocate resources, reshape policies, and redesign services. It includes aligning policies and systems to improve productivity, prosperity, participation, and the well-being of the citizens of Rusk County and the State of Wisconsin.

**Quality Improvement (QI) and Public Health Accreditation Board (PHAB) Standards**

Quality Improvement processes are increasingly being used in many programs such as Immunization, PNCC, Birth to 3, WIC, Reproductive Health, DNR Non-Transient Community Well Program, and the DATCP Certified Microbiological Water Lab.
Consolidated Grants and Contracts Program Reviews

The State of Wisconsin, Department of Health Services, and Division of Public Health enters into annual contracts with Public Health to provide funding for the provision of a variety of Public Health programs. These grants are performance-based, and require local health departments to attain predetermined target goals.

2016 Outcomes: State Reviews

- February 2016, Immunization Program: Vaccines for Children (VFC) Program documentation and general vaccine storage and handling methods were evaluated—no items of violations were noted.
- Ongoing, Reproductive Health: Cost Analysis and technical assistance from Cathy Sendelbach (DHS) to evaluate program sustainability, and integrate into PNCC program. Annual review of program in July 2016 was completed to ensure best practices.
- Ongoing, WIC: staffing changes to improve flow, service, and cost efficiency of program.
- August 2016, DATCP Certified Microbiological Water Lab biennial valuation. The procedures and equipment at the time or evaluation were in compliance with the Primary Drinking Water Regulations.
- July 2016, MCH: Mid-year grant review to discuss implementation objectives.
- Ongoing, Birth to 3: 100% of federal indicators leaders in the state in fully implemented Primary Coach Approach to Teaming
Essential Service 10: Research for new insights and innovative solutions to health problems

Introduction: Essential service 10 activities include developing partnerships with institutions, colleges, vocational, and technical colleges, and universities to broaden the range of public health research to eliminate health disparities, and testing innovative approaches to what works to improve and protect the health of the public. This includes conducting timely scientific analysis of current and emerging public health issues.

Research-related involvement

All Public Health programs are evidenced-based (Essential Service 7). Staff members keep abreast of current research through active participation in applicable professional organizations (Essential Service 4), professional development opportunities (Essential Service 8), and review of a wide variety of publications and sources, such as:

- American Academy of Pediatrics
- American Journal of Public Health
- Centers for Disease Control (CDC) Publications
- Contraceptive Technology Update
- Department of Health Services, Division of Public Health
- Internet trusted sources
- Journal of Environmental Health
- On-line blogs, and Listservs
- Public Health Dispatch – NACCHO
- Safe Ride News
- The Nation’s Health
- Zero to Three