Dear Chair Erdmann, members of the Shawano and Menominee County Boards, Board of Health, and citizens of Shawano and Menominee Counties,

Shawano-Menominee Counties Health Department (SMCHD) presents the 2013 Annual Report.

First, I would like to thank the 2013 Board of Health. Through their continued support and leadership the 2012 merger of Shawano and Menominee Counties occurred smoothly and the new health department has continued providing a number of services for its community. Since starting as the Health Officer in late 2013, I have had the pleasure to meet numerous community partners, county employees, and passionate individuals who share our vision; healthy people in healthy Shawano and Menominee Counties. I have had an overwhelming show of support which has been greatly appreciated. I must extend a thank you to Rebecca Hovarter, my predecessor, for her hard work, leadership, and dedication to the health department. In many ways, her direction has allowed me to continue to propel SMCHD into the future.

SMCHD has continued its efforts to seek national accreditation. A great deal of preparation, planning, and improvement occurred in 2013. Quality improvement projects have helped establish a culture of continuous process evaluation, ensuring SMCHD is striving for efficient and effective services. Similarly, our Strategic Plan has allowed us to visualize goals and objectives in moving the department to population-focused services.

SMCHD continues to provide a variety of services and programs to the community: immunizations, lead tests, fluoride varnishes, school nursing, Wisconsin’s Well Woman Program (WWWP), and the Women, Infants and Children program (WIC). These programs promote positive health behaviors, chronic disease prevention, nutrition, and health education. Additionally, SMCHD is involved with a number of collaborations and coalitions such as the Shawano-Menominee CHAT, Northwoods Shared Services, Healthy Families Coalition, Reaching Out About Depression and Suicide (ROADS), Northeast Wisconsin Immunization Coalition, Wisconsin WIC Advisory Council, Wisconsin Public Health Association, and the Child Death Review Team. SMCHD provides leadership, expertise, consultation and information in each of these groups.

An important addition to this year’s report is the emphasis on the 10 Essential Public Health Services. These services represent the Four Core Functions of any local public health department and provide a basic framework for all public health activities. Additionally, this framework is meant to highlight the “big picture” work of the dedicated SMCHD staff. By its nature, public health impacts are long term and take time to affect large populations. The Essential Services tie the work the department does now into the health of our community in the future. The Core Functions and Essential Services are:

**Core Function 1 – Assessment**
- Monitor health status to identify community health problems
- Diagnose and investigate health problems and hazards in the community

**Core Function 2 – Policy Development**
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

**Core Function 3 – Assurance**
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal healthcare workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

**Core Function 4 – System Management**
- Research for new insights and innovative solutions to health problems
Similarly in each section, you will find a “pop-up” that highlights the State Health Plan, *Healthiest Wisconsin 2020*. Our health department recognizes that we are part of larger public health systems at the state and national levels. By linking our services and programs to the larger state initiatives and focuses, we connect what we are doing in Shawano and Menominee Counties to the larger state and national health goals and objectives.

I hope these new additions provide you with a comprehensive understanding of the work we do at Shawano-Menominee Counties Health Department. I also hope that it makes clear our department’s commitment to provide evidence based programs that best suit the needs and concerns of Shawano and Menominee Counties while keeping in mind the health of greater Wisconsin.

Our vision continues: Healthy people in healthy Shawano and Menominee Counties!

Sincerely,

_____________________________________________
Jaime Bodden, MPH MSW
Director/Health Officer
In 2011, the Shawano County Health Department developed their first agency Strategic Plan to strengthen its capacity to serve the community. In 2013, the Strategic Plan was revised by staff and adopted by the Board of Health after a review of previous goals and objectives. This plan serves as a two year “road map” as SMCHD moves forward in improving and enhancing the health of Shawano and Menominee Counties.

Goal #1: Provide High-Quality Public Health Services

Objective 1:
Engage community partners to improve the health outcomes of Shawano and Menominee County residents

On-going: Department membership and participation in CHAT, Menominee Community Engagement, Healthy Families Coalition, ROADS and other local and regional groups

Objective 2:
Engage the health department staff in accreditation application preparations

Ongoing: All staff secures documentation for measures criteria

Completed: All staff received Cultural Competency Training through the ‘Bridges Out of Poverty’ Training

Objective 3:
The Shawano-Menominee Counties Health Department will become Public Health Accreditation Board (PHAB) accredited by 2014.

On-going: On track to meet our target site visit date in early fall 2014. Documentation must be submitted by November 13, 2014.

Goal #2: Maximize Health Resources and Infrastructure

Objective 1:
Evaluate and continuously improve the health department processes, programs, and interventions

Completed: Office protocols created upon move to new location

On-going: Performance Management and Workforce Development training and evaluation

Completed: Department Performance Management Plan

Completed: 5 Quality Improvement Projects

Objective 2:
Enhance the use of technology to improve efficiency and storage capacity.

Completed: Acquired scanner to maintain compliance with accreditation documentation protocol

Completed: Acquired Mondopad and trained staff to utilize for Board of Health meetings, staff meetings, group webinars, and vendor training.

Goal #3: Strengthen Public Health Communication, Promotion, and Outreach

Objective 1:
Inform and educate about public health issues, functions, and policies or laws with public health impact.

On-going: Use of multi-media outlets for health information and promotion
Shawano County’s Committee on Wellness (COW) is an internal steering committee that promotes a culture of health and wellness among Shawano County employees. Its vision is that Shawano County employees and families will improve their health status by adopting positive health behaviors. In turn, this will reduce costs associated with illness and chronic disease.

COW’s focus for 2013 included promoting physical activity and wellness. Major COW activities for 2013 included: Personal Health Assessments in partnership with ThedaCare, employee wellness challenges, newsletters, and a county employee blood drive. COW will continue to support the health and wellness of county employees in 2014 by maintaining its focus on physical activity as well as weight management and increasing energy levels.

2013 COW members included: Ray Faehling, County Board representative; Judy Kressin-Reindl, Community Programs; Teddie Mitchell, Jail; Holly Konitzer, Social Services; Julia Kratzke, Finance; Tom Madsen, Administration; Dave Poffinbarger, Technology Services; John Gutho, Sheriff’s Department; Keith Marquardt, Parks; Megan Suehring and Jaime Bodden, Public Health.

Shawano – Menominee Community Health Action Team

Early this year Healthy Shawano County reorganized into the Shawano – Menominee Community Health Action Team (CHAT). Similar in mission, CHAT works to build Shawano and Menominee Counties into safe and healthy environments to live, work, and play. Coalition members include health care providers, service agencies, faith groups, government entities, and community organizations. SMCHD staff members provide leadership and public health expertise. Through a 2013 community health assessment, CHAT determined three health priorities: Alcohol and Other Drug Abuse (AODA), obesity and physical activity, and parenting skill-building. In October of 2013, CHAT members attended an AODA Plunge gaining insight into AODA issues in the local context. AODA continues to be a priority in 2014 as CHAT focuses its efforts on prevention and education, policy development, and community engagement.

Child Death Review Team

In 2013 the Child Death Review Team (CDRT) was reorganized to include several agencies and organizations such as SMCHD, law enforcement, child support, social services, county coroner, and other health care providers. SMCHD Health Officer co-facilitated the meetings. Functioning within the guidelines set by the Children’s Health alliance of Wisconsin, the CDRT reviews any child death in Shawano County to better understand how and why children die. In turn, this informs local injury prevention efforts with the goal of reducing child death throughout the state. CDRT’s long term goal is to assure that all Shawano County families have access to an integrated system of services and supports focused on health promotion and prevention.

UW Population Health Service Fellow

In July of 2013, Lauren Lamers, a Wisconsin Population Health Service Fellow, began her 2-year placement with the Menominee Tribal Clinic and Shawano-Menominee Counties Health Department. The Wisconsin Population Health Service Fellowship is a two-year program through the University of Wisconsin Population Health Institute for early-career public health professionals. The Fellowship has dual goals of providing service to Wisconsin communities and developing Wisconsin’s public health workforce by building Fellows’ population health and leadership skills.

During her time with the Shawano-Menominee Counties Health Department, Lauren has worked to synthesize community health assessment data and has collaborated with several local coalitions addressing alcohol and other drug abuse (AODA) issues in Shawano and Menominee Counties.

Lauren’s work with the Menominee Tribal Clinic focuses primarily on building sustainable systems for collecting and analyzing population health data and utilizing the data to plan, implement, and evaluation community health initiatives.
Communicable diseases, also known as infectious diseases or transmissible diseases, are illnesses that result from infection with viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions. Infections may range in seriousness from having no symptoms to severe or sometimes even fatal. Transmission of these agents can occur in a variety of ways, including direct physical contact with an infectious person, consuming contaminated foods or beverages, contact with contaminated body fluids, contact with contaminated inanimate objects like a counter top, airborne, or being bitten by an infected insect or tick.

Wisconsin Statute Chapter 252 directs the local health department regarding the activities of investigation and control. Public health nurses are notified of reportable communicable diseases through an electronic system called WEDSS (Wisconsin Electronic Disease Surveillance System). It is then the job of the public health nurse to determine if the disease is a confirmed, probable, or suspect case or not a case depending on clinical and laboratory information and patient interviews. If it is a case, the nurse must investigate, provide education and follow up in order to help prevent or reduce further transmission of the disease.

Shawano County had a total of 450 communicable disease reports in 2013.

**2013 Menominee County Communicable Disease**

- Pertussis: 105
- Lyme Disease / Lap Reports: 55
- Campylobacter: 25
- Chlamydia: 4
- Blastomycosis: 3
- Ehrlichiosis / Anaplasmosis: 3
- Gonorrhea: 3
- Streptococcus Pneumoniae: 3

**2013 Shawano County Communicable Disease**

- Pertussis: 129
- Lyme Disease / Lab Reports: 97
- Campylobacter: 81
- Chlamydia: 18
- Ehrlichiosis / Anaplasmosis: 15
- Cryptosporidiosis: 12
- Salmonella: 12
- Giardia: 10
- Gonorrhea: 9
- Hepatitis C: 8
- Influenza (Hospitalizations): 6

**Healthiest WI: Communicable Diseases, Reproductive and Sexual Health**
Public health nurses (PHN’s) provide contracted school nursing services to three public school districts in Shawano County; Bonduel, Bowler and Tigerton. Additionally, school nursing services are also contracted to two parochial schools; St. Paul Lutheran in Bonduel and Wolf River Lutheran High School in Cecil. Our school PHN’s are often a resource for staff, parents and students on a variety of health topics. They also assist school districts in developing and implementing various state mandated services which promote the health of students including medication administration training, blood-borne pathogen training, and accidental injury or illness preparedness. Additionally, PHN’s educate students on a variety of health topics such as human growth and development. Each year, PHN’s also screen students for vision and hearing, referring children for appropriate treatment when necessary. They also ensure students are up-to-date on immunizations and monitor student illnesses to keep the greater school population healthy.

The Shawano County WIC Program had another busy year. The average monthly caseload was 769 clients, serving about 500 families each month. The total client caseload for 2013 was 1279 individuals. This includes families that transferred from another WIC Program and individuals who are enrolled but do not continue the program. In July, WIC welcomed Sami Kohn who became the new Nutrition Educator. During the summer, WIC partnered with UW Green Bay and hosted a dietetic intern. Part of her work included developing lesson plans that will be used on our registration Kiosk that clients can see as they sign-in for their appointment.

Farmers Market checks were available in early June and lots of families took advantage to support local food vendors. The redemption rate for Farmers Market Checks is about 60%. This is something WIC is continuing to promote as it provides clients with fresh fruit and vegetables while supporting the local economy.

WIC staff received training on Being Person-Centered. The Wisconsin WIC Program has been evolving over the past several years to become more person-centered—a business model that places the needs and interests of the customer at the forefront of all program activities. The principles of this approach are practiced by WIC staff and include:

* *Respect
* *Empathize
* *Listen to understand
* *Individualize
* *Motivate
* *Acknowledge Success
To improve access to and provide preventative dental care for children of low-income families in Shawano County

Using grant funding from Seal-a-Smile and the Wisconsin Dental Association to deliver school-based services, with additional funding secured through Medicaid claim reimbursement, SCHS has provided a dental sealant and fluoride program since 2008. Local organizations are also important financial contributors.

Dental decay (cavities) is the most common chronic childhood disease. Despite advances in prevention, some children still suffer unnecessarily or miss school due to dental pain and infection. Dental sealants are an evidence-based strategy for preventing cavities. Our target population includes all second-graders within Shawano County: Birnamwood, Bonduel, Bowler, Gresham, Shawano, Tigerton, and Wittenberg.

The goal of SCHS to provide oral health education and direct care, while promoting preventative dental care access for Shawano County children, especially children in need, such as low-income families, farming families with high insurance deductibles, and children requiring access to dental care.

Local dentists volunteer their time to screen children, evaluate oral healthcare needs and prescribe sealant placement and/or referrals. With parental consent, dental hygienists apply fluoride varnish treatments or place sealants on first permanent molars. If teeth are infected or have significant decay, those children are referred for urgent care and early restorative needs.

SCHS works under the fiscal management umbrella of the health department. Evidence-based practices and quality improvement goals are included in the SMCHD performance management plan for accreditation. Judy Sengstock, BSN, RN, is the fiscal agent for SCHS and Accreditation Coordinator for the SMCHD. Other services provided by SMCHD include: Medicaid/BadgerCare billing, grant writing, web and Facebook maintenance and support services.

Linda Burrack, RDH, Shawano County Healthy Smiles Coordinator, implements the school-based fluoride/sealant program, serves as liaison between the dental volunteers and school staff, and provides case management, retention checks and referral services for high-risk children.
The Healthy Families in Shawano County was launched in 2012 and continues to have a strong presence in Shawano County. Its members consist of SMCHD staff, social service organizations, public safety, faith leaders, family service organizations, and members of surrounding tribal clinics. We welcome additional community partners who have an interest in improving the health and safety of families with young children to join the coalition.

To sustain the coalition’s mission to promote the health and safety of Shawano County families, several injury prevention activities were continued from 2012:

- The car seat safety program provided a total of 36 new car seats for low income families as a result of grant funding. To assure safe and proper usage, these seats were installed by certified car seat checkers employed by the Shawano Ambulance Service. An additional 24 inspections conducted by these certified checkers occurred for families who already owned their car seats but who wanted to make certain their seats were being used properly.

- The grant funded safe sleep program provided education on a safe sleep environment to 60 low income families with infants in Shawano and Menominee Counties. These families watched a safe sleep DVD reviewing what a safe sleep environment looks like, received written information on safe sleep, and were provided a Graco Pack N Play® Crib, a fitted sheet, and infant sleep sack to promote safe sleep for their infant.

- In 2013, the coalition initiated an “animal bite prevention” education program to deliver to children and their parents. A total of 450 daycare center children and 1st graders in Shawano County received a message from Chris Olson and Gitche, a Norwegian elkhound, on animal safety rules and defensive measures to prevent serious dog bite wounds. “Send home messages” were provided to parents of children participating in this program.

- Animal bite statistics for Shawano County in 2013 included 40 dog bites and 17 cat bites. Of these bites, nine cases occurred in children 1-6 years of age and twelve cases occurred in children ages 7-19. Many of these bites occur because children do not know the correct way to approach and interact with their pets. When a bite occurs, law enforcement issues quarantine orders and provides the health department with information surrounding the bite. The health department assures that the bite victim receives appropriate follow up and monitors the health of the animal via local veterinarians. Because rabies is a fatal viral infection spread from animals to humans, usually from a bite exposure, Wisconsin state law requires that any dog or cat that bites a person be quarantined. Hopefully, through continued education efforts, we can reduce the incidence of bites incurred by children and adults.
Public health threats are always present. Whether caused by natural, accidental, or unintentional means, these threats can lead to the onset of public health incidents. Being prepared to prevent, respond to, and rapidly recover from public health threats is critical for protecting and serving the residents of Shawano and Menominee Counties.

The Centers for Disease Control and Prevention (CDC) plays an important role in ensuring that we are prepared for these incidents while providing funding and technical assistance. The CDC began a systematic process in 2011 to define a set of fifteen public health preparedness capabilities to guide local health departments with strategic planning. These capabilities ultimately assure safer, more resilient, and better prepared communities.

During the first half of 2013, SMCHD completed work toward addressing gaps in three capabilities:

- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing

Partnering with Menominee County Emergency Management, Menominee Tribal Emergency Management, Stockbridge-Munsee Emergency Management, Shawano Medical Center, and Shawano Municipal Utilities, we tested our Emergency Operations Coordination ability during a regional “Ice Storm Power Outage” exercise in April 2013. A real-event “Load Relief Failure” in January 2013 tested our warning and response for customers without gas service during freezing temperatures.

Power outages, winter safety in the home or while traveling, heat and cold extremes, cooling center activation, tornado and wind damage are common incidents in our area. We have systematically developed Information Sharing processes and can quickly disseminate Emergency Public Information and Warning messages in a variety of formats including our traditional website, Twitter, and Facebook. During the extreme cold event in January of 2013, our Facebook messages were viewed over 280 times and shared within a matter of hours to help promote safety during emergencies.

SMCHD staff participates in a June 2013 preparedness retreat to develop mass clinic plans at Shawano High School. Alternate Shawano County sites include Wittenberg-Birnamwood High School and St. Paul’s Church and School, Bonduel. In the event of a pandemic or public health threat, the mass clinic plan would be activated to dispense prophylaxis. Medical Countermeasures Dispensing is the ability to distribute vaccines, antiviral drugs, antibiotics or antitoxins for treatment or prevention in an identified population.

During the second half of 2013, SMCHD began work on three new capabilities:

- Responder Safety and Health
- Fatality Management
- Community Preparedness

Community Health Educator Megan Suehring took the message “Make a Kit. Have a Plan. Stay Informed” at the Marion Health Fair and the Olga Brener Intermediate School Health Fair. Special emphasis was placed on the importance of having a family emergency plan and meeting place.

Megan Suehring also coordinated events at Hanke’s Supervalue Foods in Wittenberg and at Qualheim’s True Value in Shawano to promote “September Preparedness Month” with Shawano County Emergency Management Director Natalie Easterday, focusing on older adults, people with pets, families, and people on a budget.

Judy and Megan promoted the message, “Make a Kit. Have a Plan. Stay Informed” at Manor Care’s “Take Out Tuesday.” Additional information was provided on winter driving, stockpile kits, and special needs for seniors and pets.
Public health nurses administered 1,278 vaccinations to infants, children, teens and adults in 2013. This number includes 703 doses of seasonal influenza vaccine given in the fall.

Immunization clinics are held monthly in Shawano. A $5 administration fee is requested per vaccine from all non-Medicaid clients. Adult seasonal flu vaccine was administered for a $30 fee.

In 2012, policy changes to the State of WI Immunization Program prohibiting vaccinating any person with state supplied vaccine who has insurance that covers immunizations. Vaccinations are allowed to be given to adults without insurance and children who qualify for the Vaccine for Children (VFC) program. This includes children who have no insurance, qualify for Medicaid, are Native American or Alaska Native, or are insured but the insurance does not cover vaccinations. An exception to this policy change is granted for pertussis containing vaccines and children’s influenza vaccine.

Wisconsin Well Women Program (WWWP)

The Wisconsin Well Woman Program (WWWP) serves income-eligible women between the ages of 45 and 64. WWWW is a part of the National Breast and Cervical Cancer Detection Program. Shawano County had 113 active clients during 2013.

Screenings are obtained at nine participating Shawano County providers, and other providers in the area. WWWW clients may go to any participating clinic in the state. This state-wide participation is beneficial especially to our Spanish-speaking clients who seek services at locations that can provide direct language translation, making sometimes complicated medical jargon understandable and having the ability to understand and appropriately answer questions.

Women enrolled in WWWW who are diagnosed with breast or cervical cancer may be eligible for Well Woman Medicaid. This is a separate program to cover costs. Currently, Shawano County has twelve participants in the Wisconsin Well Woman Medicaid Program. With more than 80% of our clients claiming no insurance, WWWW clients received information urging research into their health insurance options. With the advent of the Affordable Care Act (ACA) and the subsidies available, every Well Woman would be eligible for some sort of cost-share. It is expected that WWWW client numbers will decrease as more women enroll in insurance and receive the essential health benefits required (which includes preventative care such as mammograms and Pap smears.)

In November 2013, Central District Well Woman Staff shared that the program would be facing restructuring during the 2014 year. It was shared that WWWW would go towards a hospital-based model, with local county coordinators responsibilities eliminated in July of 2014. Concerns were shared about the short time frame for change and lack of input from Health Officers and local coordinators. In March 2014, an adjusted time-frame was shared which leaves local coordinators with their current responsibilities through April of 2015, and the willingness to share contracts with a variety of healthcare providers. We look forward to a longer time-frame to adjust to the new service model with our clients and our providers.
The Health Department's lead poisoning prevention program continued efforts in 2013 to offer blood lead testing services for children at risk, and to educate families whose children have elevated blood lead levels. The Centers for Disease Control recommends an action level of 5mcg/dl, which is lower than in the past. If we can find lead poisoning in its earliest phase, we can interrupt the health, long term learning & behavioral effects on children.

Blood lead tests are done during WIC certification visits for enrolled children. In 2013, our staff tested 206 children. Our staff also gathers reports of blood lead tests done at private and tribal clinics.

The public health nurse offers information and makes home visits to discuss how to minimize lead hazards for every family whose child has an elevated blood lead level. There was one family in 2013 whose child had a very high blood lead level; our staff coordinated a full lead risk inspection of the home where the child was residing. We have an agreement with the Marathon County Health Dept for certified sanitarian services when such inspections are mandated.

Most exposures occur in homes or daycares built before 1978 from chipping and peeling lead-based paint and the lead-tainted dust it creates or where lead hazards have been created through renovation done without using lead-safe work practices. Lead paint was commonly used in homes until 1950, at which time regulatory standards were enacted; lead in paint was banned for consumer uses in 1978.

The following table illustrates that Shawano Co has a higher percentage of older homes than the Wisconsin average, and than the US as a whole. The health risks to children are still present if their homes have deteriorated painted surfaces or lead contaminated soils.
Throughout the year, SMCHD receives a variety of environmental complaints including mold, sanitation, vermin and vector infestations, and air, water, food quality concerns. Complaints and referrals come from a variety of sources including tenants and landlords, customers, neighbors, other professionals, and employees. In 2013, SMCHD responded to 45 environmental complaints. June and July were the most active months for environmental complaints, however complaints occurred year round. The most common complaint was sanitation issues and most complaints either came from customers or tenants. In addition to responding to complaints, SMCHD offers water testing kits for private wells. These kits test for natural fluoride content as well as harmful substances that can be found in water including lead and arsenic. Water testing is free for families with newborns. SMCHD also offers radon test kits to the public for a small fee as the western portion of Shawano County has demonstrated high levels of radon in the past.

**Accreditation and the Public Health Accreditation Board (PHAB)**

Improving and protecting the health of the public by advancing quality and performance of all health departments in the country.

Accreditation is a demonstration of accountability to our community through a process of measuring health department performance against nationally-established standards, and rewarding or recognizing those health departments who meet the standards. It’s moving toward a place where, regardless of where you live, you receive the same level of service from your governmental health department. The PHAB accreditation program is designed to serve as a platform for continuous quality improvement. With the current economic climate and limited funds and resources, accreditation and quality improvement can make our agency function more efficiently while maintaining the integrity of our work.

**Where We’ve Been**

March 2010 – The assessment process begins
February 2011 – First health department strategic plan produced
Summer 2012 – Staff reviews evidence for standards and measures
September 2012 – Culture of quality improvement begins
January 2013 – CHAT begins working on new CHA and CHIP
January 2013 – BOH signs letter of support
February 2013 – Statement of Intent submitted
June 2013 – PHAB application submitted and $12,084 fee paid
November 2013 – e-PHAB training in Virginia

**Where We’re Going**

February 2014 – Measures documentation upload begins
May 2014 – We hit the “SUBMIT” button
June 2014 – Site review training (all staff and Board of Health)
Summer/early fall 2014 – On-site review
Accreditation awarded by November 13, 2014 - Celebrate!
### Shawano-Menominee Counties Health Department Finance Report

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<td><strong>TOTAL REVENUE</strong></td>
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<td><strong>TOTAL EXPENDITURES</strong></td>
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**Finance**

**Essential Services: Assure a Competent Workforce, Evaluate Effectiveness**

**Healthiest WI: Effectively Use Funding**
Mission:
Assure the health of Shawano and Menominee Counties by promoting healthy lifestyles, preventing illness and disability, and protecting communities.

Vision:
Healthy people in healthy Shawano and Menominee Counties