

# Oneida Business Committee Meeting Agenda Request Form

Excerpt from April 08, 2015 BC meeting: Motion by Lisa Summers to defer the Comprehensive Health Division FY '15 2nd quarter report to the April 22, 2015 Business Committee regular meeting, seconded by Brandon Stevens. Motion carried unanimously:

1. Meeting Date Requested: 4 / 22 / 15

## 2. Nature of request

Session: ☒ Open ☐ Executive - justification required. See instructions for the applicable laws that define what is considered "executive" information, then choose from the list:

Agenda Header (choose one):

Report

Agenda item title (see instructions):

Consolidated Health FY 2015 2nd Quarter Report

Action requested (choose one)

☐ Information only

☒ Action - please describe:

Motion to approve Consolidated Health FY 2015 2nd Quarter Report

## 3. Justification

Why BC action is required (see instructions):

Mandatory quarterly reporting.

## 4. Supporting Materials

[Instructions](#)

☐ Memo of explanation with required information (see instructions)

☒ Report ☐ Resolution ☐ Contract (check the box below if signature required)

☐ Other - please list (**Note:** multi-media presentations due to Tribal Clerk 2 days prior to meeting)

1.

3.

2.

4.

☐ Business Committee signature required

## 5. Submission Authorization

Authorized sponsor (choose one):

Dr. Vir, Division Director/Medical

Requestor (if different from above):

Debbie Danforth, Operations Director/Comprehensive Health

Name, Title / Dept. or Tribal Member

Additional signature (as needed):

Name, Title / Dept.

Additional signature (as needed):

Name, Title / Dept.

1) Save a copy of this form in a pdf format.

2) Email this form and all supporting materials to: BC\_Agenda\_Requests@oneidanation.org

**Oneida Comprehensive Health Division  
Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing**



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

PO Box 365



Oneida, WI 54155



UGWA DEMOLUM YATEHE  
Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

**ONEIDA COMPREHENSIVE HEALTH DIVISION  
DR. RAVINDER VIR MEDICAL DIRECTOR  
DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR  
DIVISION UPDATE QUARTER 2  
January, February, March, 2015**



**Executive Management Team:**

<b>Division Dir-Operations,</b> Debra Danforth RN, BSN,	869-4807
<b>Division Dir-Medical,</b> Ravinder Vir, MD,	869-4808
<b>Asst. Operations Director,</b> Judi Skenandore,	869-4809
<b>Executive Assistant,</b> Mercie Danforth	869-4810
<b>Business Operations Director,</b> Jeff Carlson,	869-4805
<b>Ancillary Services Director,</b> Dave Larson,	869-4820
<b>Director of Nursing-OCHC,</b> Sandra Schuyler,	869-4906
<b>Behavioral Health Manager,</b> Mari Kriescher,	490-3737
<b>Employee Health Manager,</b> Mary Cornelissen	405-4492
<b>AJRCCC Nursing Home Administrator,</b> Nola Feldkamp,	869-2797
<b>Public Health Officer,</b> Eric Krawczyk,	869-4812



**THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:**

*Oneida Community Health Center (OCHC)  
Anna John Resident Centered Care Community (AJRCCC)  
Oneida Behavioral Health (OBH)  
Employee Health Services (EHS)*

**VISION:**

*We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.*

**VALUES:**

**Responsive Leadership:** *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

**Culturally Sensitive:** *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

**Continuous Improvement:** *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

**Communication:** *Fostering honest, respectful and timely communication with the appropriate level of transparency.*

**Safety:** *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

**Respect:** *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

## OUR 2013-2016 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Access to care across the Health Division
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

## OUR 2014-2015 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

1. **Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by September 2015 through team work, leadership and commitment.
2. **Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.
3. **Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 20, 2015.

### **IMPROVE ACCESS TO CARE ACROSS THE HEALTH DIVISION**

#### **Initiatives: Optimizing staffing processes and Accreditation**

No show rates continue to be high and we continue to educate the community on the importance to keep their appointments. We have developed a new no show policy in the Medical Clinic which is ready to be implemented.

- Routine appointments are currently booking **4-6 weeks out for the Medical Clinic**
- Routine appointments are currently booking **6-8 weeks out for Behavioral Health**
- Routine exams are booking **5 months out for Optical**
  - Optical does have a walk-in clinic on Monday and Thursday mornings for patients who needs their appointments sooner. A sign-up begins at 7:45 AM and the patient will need to wait to be seen.
  - Optical also sees emergencies as needed
- Routine exam & filling appointments are currently booking **1-2 weeks out for Dental Clinic**
- Dental Clinic **cleaning appointments, are 24 weeks (6months) out**
  - Patients are called to come in sooner if there are cancelations in the schedules
- Access to care remains sub optimal across the Health Division.
- We continue to recruit for vacancies in Primary Care including Pediatrics, Family Practice and Internal Medicine
- The HR/OCHD Management team have been meeting to develop a Recruitment and Retention Plan and have requested assistance of the Chief Financial Officer in reviewing the financial feasibility of such a proposal to be presented to the Business Committee
- Recruitment and retention of Health Care Providers and professionals continues to be a challenge
- The October 2013 Government Shut Down exposed our organizations' lack of health contingency funding. The Health Division Leadership took pro-active steps to maintain operations that were constrained by lack of contingency funds and a tight cash flow situation within the organization. The Finance office and Tribal Leadership have verbalized their support to fund a Health Emergency Contingency Fund. Comprehensive Health Leadership will continue to work with the Oneida Business Committee to fill this critical gap

and reduce exposure to our community of the possibility of interruption of health services in the future. The carryover funds may be a consideration to fund the contingency health fund. Will continue further discussions with Oneida Business Committee

- Lack of dedicated Information Technology (MIS) resources continues to be major risk for continued operations in an environment where all records are now electronic. We have only one security officer for the whole organization! Our Electronic Medical Records policies have been difficult to complete/finalize due to lack of dedicated resources
- Not providing market competitive compensation to healthcare professionals poses a challenge in retaining dedicated staff and morale is low throughout the Division
- Limited Succession planning for future retirements of staff with longevity and the restraints within the organization limit options available

### **ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC) UPDATE:**



- Shared activities between AJRCCC and Elder Services continue on a scheduled plan.
- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM and continues to average 80-100 per day in attendance.
- We are awaiting “official” approval of the VA certification. All site visits have been completed and follow up paperwork submitted.
- Current census is on average 42-44 as of March, 2015. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs.
- The following positions continue to be filled through the use of Stat Agency staff to be in compliance with the State license requirements based upon patient acuity and number of admissions: Certified Nursing Assistants and some Nursing positions.
- Work began in March for the bathroom floors that are having issues with improper drainage. There has been extensive research completed by the staff in conjunction with the Planning department and Engineering to determine the correct and least costly approach to fix the problem. At this point, it is anticipated that 15 bathrooms will need to be repaired.



- The Finance Coordinators have been doing an excellent job in submission and recoupment of third party revenues for the facility and have made tremendous progress in collections.

## **OPTIMIZE TECHNOLOGY**

### **Initiatives: Advancing Technology and Accreditation**

#### **ELECTRONIC MEDICAL RECORD (EMR):**

- The EMR continues its work within the Oneida Community Health Center and Oneida Behavioral Health. The Clinic continues ongoing review and updating of the system on a quarterly basis. Every update requires numerous testing and implementation to assure that all the kinks are worked through before going live each quarter. The most recent upgrade was made to Centricity Practice System (CPS-Version 12.06).
- My Health Oneida (GE) Patient Portal went live in December of 2014. The portal allows patients to be more involved in their healthcare. Communication to the community and patients has been an ongoing effort. The registration staff have been issuing Portal Personal Identification Numbers (PIN) to all patients who desire to have access. There is information on the website under Comprehensive Health, and follow up articles in the Kalihwisaks. We strongly encourage all our patients to check out the portal.
- Electronic Signature Capture is in process. We have had the software installed and continue to work on the departmental workflows, project plan rollout and choosing the technical hardware that will be used with the Electronic Signature Capture once it is implemented.
- HIPAA Security Policies/Procedures are in the process of being completed through the coordination of Administration, MIS and the Law Office. The next step will be education of the staff on all policies and procedures.
- Immslink- is the selected vendor and is assisting us with our interface with the Wisconsin Immunization Registry (WIR). The interface will be complete as of 3/24/15. However, there are still issues related to the WIR system and inventory for the place of care. Until this is resolved, the Super Users will not be trained. Testing, QA and a training plan will be developed once the training of the Super Users is completed. A date for full implementation and training for the staff has not yet been finalized.
- Access to all other areas that are in need of EMR access is still in process.

#### **CONCERNS and/or ACTIONS NEEDED BY THE OBC:**

There remains a lack of future allocation of funding for ongoing resources & support of EMR. Oneida Comprehensive Health Division's (OCHD) Management recommends the long-term need for an additional Clinical Applications Coordinator and the Link logic manager roles in Medical and Behavioral Health environment. The Health information technology area remains under resourced resulting in potential risk for the division and the organization.

#### **PATIENT MANAGEMENT SYSTEM (PMS)**

- Batch Eligibility- Emedapps is continuing to work on getting the Test file through without receiving errors. As of today, test files are still having errors due to the way Emedapps is putting together the data in the 271 Submission file
- Contract Health Services base software-the upgrades for the Medicare Like Rate software and the fees have been completed by MIS.
- No CHEF cases have been submitted to date, we have not received authorization from Bemidji to begin submissions.

- Optical is testing the Meaningful Use version of Compulink V 12. There are still a number of errors that Compulink must fix before the new version install can be completed for production
- We are still awaiting final hiring of the Comprehensive Health Business Systems Analyst position which was vacated by Mark Osterberg who continues to work with the Division to finalize various projects that he was working on.

**CONCERNS and/or ACTIONS NEEDED BY THE OBC:** No formal action required, just continued awareness and support .

## **CONTINUOUS QUALITY IMPROVEMENT**

### **Initiatives: Accreditation**

#### **Accreditation of the Health Division**

- We have added an additional hour each month to the Quality Assurance (QA) meeting time to accommodate for the necessary time to address only issues related to accreditation on a monthly basis.
- Initial planning is taking place on creating a reporting structure for the additional Health Division Committees i.e. Pharmacy and Therapeutics, Infection Control etc to report their meeting minutes to the QA team.
- Continuing to work on Accreditation Association for Ambulatory Health Care (AAHC) Standards

#### **Public Health Accreditation**

- Community Health's two main focus areas are on Public Health Accreditation and the development of our Family Care and Personal Care agency.
- We are focusing on completing the Community Health Services Strategic Plan and the development of Community Health's Continuous Quality Improvement Plan.
- We are also developing a comprehensive Performance Management Plan for Community Health.
- Reviewing of all policies and procedures within Community Health as part of the Accreditation process.
- Development of the Public Health Accreditation Advisory Team which will continue to be a part of the OCHD Quarterly Report as we move towards the Accreditation of Public Health.
- Public Health Accreditation requires that specific standards are met similar to AAHC accreditation.

## **ENHANCE OUR WORKFORCE**

### **Initiative: Optimizing our staffing processes**

#### **HUMAN RESOURCE MANAGEMENT**

##### **➤ Number As of 03/01/15 Comprehensive Health Division Employees: 291**

- **\*\* ( 1<sup>st</sup> quarter 2014-292, 2<sup>nd</sup> quarter 2014-289, 3<sup>rd</sup> quarter 2014-290 4<sup>th</sup> quarter 2014-292)**

**97 Oneida Enrolled**

**24 American Indian/Alaskan**

**3 Black/African American**

**1 Asian**

**2 Hispanic/Latino  
164 Caucasian/other**

**Positions recently filled and/or in process as of 03/01/15:**

- **The following positions are in process and/or have been finalized during this quarter reporting period:**
  - Receiving Clerk
  - Contract Health Supervisor
  - Psychotherapist
  - Dual Diagnosis Therapist
  - Triage Counselor
  - Clinical Substance Abuse Counselor
  - Youth/Adolescent Social Worker
  - Pharmacist
  - Dental Assistant
  - Administrative Assistant III

**Vacancies as of 03/01/15 :**

- **OCHC Medical Clinic**
  - Diabetes Supervisor
  - Certified Medical Assistant-on hold until after January, 2015
  - Physician Internal Medicine
  - Physician Family Practice (2)
  - Registered Nurse
  - Pediatrician
  - Nurse Practitioner
- **Dental**
  - Dental Hygienist
  - ET Dental Assistants
- **Behavioral Health**
  - Clinical Psychologist
- **CONCERNS and/or ACTIONS NEEDED BY THE OBC:** No formal action required at this time. Continued support and awareness of the need to continue to fill vacancies as they occur. Competitive wages continue to be a concern across the Division.
- The critical vacancies that will need to continue to be filled to achieve our Strategic Plan are all Direct Care Providers which are identified as Revenue generating.
- The need to remain competitive with wages is becoming more critical. We are having difficulties filling positions and retaining positions due to wage stagnation.
- With the continued census averaging 41-44, we will be ramping up permanent staffing which is in our FY 2015 budget for the AJRCCC. We will begin filling RN, LPN and CNA positions and are currently revising job descriptions. Use of Agency Staffing for AJRCCC will continue until permanent positions are filled. If we are not able to utilize Agency staff, then we will be unable to fulfill the needs of our residents based upon our acuity levels which could jeopardize patient safety and patient care as well as our licensure for the AJRCCC.



## LONG TERM CARE:

Oneida Comprehensive Health Division continues to work with Governmental Services Division on implementation of an integrated case management system. The case management system is moving forward and the various parts of the system are beginning to come together. The Tribe received a \$14,000 The Money Follows the Person grant which is intended to help Tribes administer their own Long Term Care Support System. Elder Services has hired the Aging and Disabled Resource Specialist (ADRS). The Tribal Aging and Disability Resource Center (ADRC) office will be composed of staff from Oneida Comprehensive Health Division, Elder Services and Income Maintenance. This office will work with both the Brown and Outagamie ADRC's. There will need to be some staff reorganization required in order to meet the federal requirements of the ADRC. The case management system has been preparing for the Family Care expansion, however with the confusion of what will occur due to the unknown with the proposed State Budget for 2016 it has been a challenge. The Tribe is planning to move to Family Care and/or some form of Family Care at the same time as Brown County.

The State of Wisconsin has proposed and submitted the Tribal Only Waiver option for Tribes to Centers for Medicare and Medicaid Services (CMS). The Tribal Only Waiver option proposed by the State would allow the Tribes to run their own Long term Care system and not have to be involved with Family Care. However, the it has been voluntarily withdrawn by the State. The withdrawal is based upon changes that CMS have requested to the Waiver to be in compliance with Federal laws and regulations. The Tribes have discussed this with the State and requested the CMS comments in writing in February but have not received these to date. There was a meeting of the Long Term Care Group with the State in March to review the recommended changes to the Waiver, but Tribes have still not seen any of the CMS recommendations in writing. Following the initial meeting of the Long Term Care group, the Tribal representatives requested that there be a special consultation session solely on the Tribal Only Waiver Option which is scheduled for April 17. There are still numerous questions as to how and what will happen if any Tribe opposes the Waiver submission which have been forwarded to the State of WI via the Tribes Lobbyist. At this point, following lengthy discussions with the Long Term Care Core Team comprised of representatives ONCOA, Elder Services, Law Office, GSD and OCHD the group consensus is to support resubmission of the Tribal Only Waiver Option and continue to prepare for implementation of Family Care. Meanwhile we are continuing to work with the State on Family Care issues and continue to meet regularly with the Long Term Care Group

## FINANCIALS

YTD FINANCIAL Revenue REPORT										
AS OF 12 /31/2014										
	Tribal Contribution		Grants		Other Income		External Sales		TOTAL	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Consolidated Health	10	0	4,918,753	3,852,776	6,886	7,103	5,302,697	4,363,143	10,228,346	8,223,022
Anna John Nursing Home	153,585	128,630					947,530	992,917	1,101,115	1,121,547
Employee Health Nursing	201,533	149,133							201,533	149,133
Misc Grants	63,222	62,061	522,540	415,912					585,762	477,973
<b>TOTAL</b>	<b>418,350</b>	<b>339,824</b>	<b>5,441,293</b>	<b>4,268,688</b>	<b>6,886</b>	<b>7,103</b>	<b>6,250,227</b>	<b>5,356,060</b>	<b>12,116,756</b>	<b>9,971,675</b>
* NOTE: From Infinium Report DIVSUMHLT Budget and Actual Report										
Annual TC Funding*	T/C									
Consolidated Health	0	0.00%								
Anna John Nursing Home	614,340	14.17%								
Employee Health Nursing	806,132	18.59%								
Misc Grants	252,888	5.83%								
<b>TOTAL</b>	<b>1,673,360</b>	<b>38.59%</b>								

YTD FINANCIAL Revenue REPORT										
AS OF 2 /28/2015										
	Tribal Contribution		Grants		Other Income		External Sales		TOTAL	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Consolidated Health	0	0	8,197,919	8,189,519	11,478	4,209	8,837,831	6,837,738	17,047,228	15,031,466
Anna John Nursing Home	256,009	(178,440)					1,579,210	1,924,914	1,835,219	1,746,474
Employee Health Nursing	335,905	258,103						125	335,905	258,228
Misc Grants	105,416	107,410	870,892	775,798					976,308	883,208
TOTAL	697,330	187,073	9,068,811	8,965,317	11,478	4,209	10,417,041	8,762,777	20,194,660	17,919,376
* NOTE: From Infinium Report DIVSUMHLT Budget and Actual Report										
Annual TC Funding*	T/C									
Consolidated Health	0	0.00%								
Anna John Nursing Home	1,024,036	23.61%								
Employee Health Nursing	1,343,620	30.98%								
Misc Grants	421,664	9.72%								
TOTAL	2,789,320	64.32%								

## SUCCESSSES OR CELEBRATIONS:

- AJRCCC- Average occupancy fluctuates between 40-44 with full capacity at 48 beds.
- Conducted three successful community flu clinics at the Oneida Nation Elementary School. Used these clinics as grant objectives to validate continuous funding.
- Completed annual Public Health calendar and distributed 500 plus copies to Oneida residents.
- Developed and participated in a regional table-top exercise in Wausau on mass fatality.
- Obtained a five year "Healthy Start" grant thru GLITC, also partnering with the Menominee Nation.
- Designed and implemented four new mission statements for all four areas within Community Health Services Department.
- Dealt with Ebola outbreak scenario in a pro-active and educational manner.
- Completed "Speed of Trust" Leadership training with management team and HRD.
- Significant progress is being accomplished with regard to the current and retro billing of our Accounts Receivable for the AJRCCC
- Dr. Dzubinski rescinded his resignation. His new start date 2/11/15
- Full Time Youth/Adolescent Social Worker posted- Christina Courtney started Full Time 3/8/15
- Clinical Substance Abuse Counselors-Rebecca Krueger started. 3/16/15. We have Carmen Collier starting 5/10/15
- Awareness Group Presentations for the RAS program by Behavioral health
- There is continued uncertainty surrounding the direction the Tribe will be taking with Family Care or the Tribal Waiver Option. Currently we are planning for 1 of 3 options not knowing which direction CMS and the State will send us in. This is consuming large amounts of time with planning and implementation meetings across the Health Division and Governmental Services.
- Celebration of 29 years of service on 4.07.2015 for Dr. Bill Stempiski
- Anna Lemke has started the recycling of amalgam on a daily bases, 5 gal pail to collect & is shipped at 20# weight
- Anna Lemke also has requested the water testing of water from the well into the OCHC on a monthly bases, along with the testing of the water in the dental lines in the department.
- 1/12/15: Health Promotion Department completed the Food Handler's renewal certification.
- OBC support for the provider retention initiative proposal
- New OBC engaged in Organizational Culture change and formulating a strategy driven budget process
- Celebrate National Laboratory Week April 20-24
- All storage and clinical staff relocated for pending Pharmacy re-build.
- Job-Share of Nurses between OBH and OCHC was successful during An OBH medical leave and an educational time.
- AJRCCC- Average occupancy fluctuates between 40-44 with full capacity at 48 beds. Valley Bay Therapy for Occupational Therapy and Speech Therapy with a back-up for Physical Therapy continues to demonstrate very positive reimbursements. The AJRCCC as a whole has been doing

very well with the AR and the justification for the LTE Finance Coordinator has certainly justified the need to continue and make this a permanent position.

- Awaiting results of the Veterans Administration site visit which took place in February, 2015.
- Reorganization of the Community Health Nursing Area team is working hard toward accreditation.
- The Management Team completed “leading at the speed of trust” training and will be participating with the Directors and Supervisors in the training within the next month.
- Congratulations to Eric Krawczyk who celebrated 25 years with the Oneida organization in January!
- A second Purchased/Referred Care office has been set up in room MC160 to assist with medical referrals, patient walk-in's, and patient phone calls. The extension for room MC160 is x4942. The desk at window 1 of the PARS area is no longer in use by Purchased/Referred Care.
- The first CHEF case of 2015 has been approved by the Bemidji area office for reimbursement. CHEF Case # 15-BE-001 SG received 100% reimbursement totaling \$105,856.00.
- Sid White, PT and Connie Danforth, PTA completed 4 hours of Ethics and Jurisprudence Continuing Education, February 2015
- Increase reimbursement through Medicare part A and part B patients at AJRCCC.
- Ergonomic assessments done on 3 Health Center employees, 4 footrests given out.
- Ergonomic assessment done in dental for their placement of computer monitors. Adjustable arms for monitors in 10 exam rooms are ordered and to be installed in April. This will eliminate current neck and shoulder pain employees are currently having.
- Car seats – 74 seats with education was provided by 5 technicians. 41 old seats were destroyed. The FACE program received 6 booster seats for their program. They were given education on proper installation.
- Superbowl of Safety was held on February 21st at the KI Center. Oneida was represented by 4 technicians doing education and demonstrations at a car seat booth. 400 people attended the event.
- Recordable Incidents (Lost time, Medical treatment) – 4. None of the injuries were recordable. Two of the incidents involved slipping on the sidewalk by the employee entrance. I let maintenance know when it happened and they fixed the problem right away.
- Public Health Accreditation Status:
  - Completed strategic planning for Community Health Services Department in January 2015.
  - Approval signatures on PHA Project Charter February 2015. Provided an introduction to what is PHA, activities involved, and purpose of the PHA Work team.
  - 1st PHA Work Team meeting was 02/25/15.
  - 1st Workforce Development Team meeting was 02/25/15. Began working through first draft of Workforce Development Plan for Community Health Services Department. Will added another team member for next meeting from HRD training- Regina Robinson.
  - 1st PHA Advisory Team meeting was 03/25/15. Provided an introduction to what is PHA, activities involved, and purpose of the PHA Advisory Team. First decision from Advisory team was to develop an Oneida specific video to educate the community on Public Health.

**ONEIDA  
FAMILY  
FUN  
NIGHT  
2015**

