



**MARATHON COUNTY
BOARD OF HEALTH AMENDED AGENDA**

Date & Time of Meeting: **Tuesday, December 12, at 8 a.m.**

Meeting Location: **Courthouse Assembly Room, B-105, 500 Forest Street, Wausau WI**

Committees Members: Michelle Van Krey-Chair, Tara Draeger-Vice Chair, Helen Luce, Stacey Morache, Jennifer Aarrestad, Yee Leng Xiong, Ann Lemmer

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Persons wishing to attend the meeting by phone may call into the **telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:**

Phone #: +1-408-418-9388

Access Code: 2486 058 5170

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**

- 1. Call Meeting to Order**
- 2. Pledge of Allegiance**
- 3. Public Comment (15 Minutes)** *(Any person who wishes to address the County Board, or one of its committees, during the "Public Comment" portion of meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting.)*
- 4. Approval of the October 10, 2023, Board of Health Meeting Minutes**
- 5. Policy Issues for Discussion and Possible Action**
 - A. Wisconsin Lead Safe Homes Funding Proposal
 - B. Bylaws review
 - C. Discussion on Board of Health Response Regarding COVID-19 Resolution
- 6. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
- 7. Educational Presentations and Committee Discussion**
 - A. Unhoused survey analysis by MCW Medical Student Reilly Coombs
- 8. Next Meeting Date & Time, Location, Announcements and Future Agenda Items:**
 - A. Committee members are asked to bring ideas for future discussion.
 - B. Next Board of Health Meeting: Tuesday, Feb. 13 at 8 am
- 9. Adjournment**

**Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting*

SIGNED: _____
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups

NOTICE POSTED AT COURTHOUSE _____

EMAILED BY: _____

BY: _____

DATE & TIME: _____

DATE & TIME: _____



BOARD OF HEALTH MEETING AGENDA WITH MINUTES

Date & Time of Meeting: **Tuesday, October 10th, 2023, at 8 a.m.**

Meeting Location: **WebEx/ Courthouse Assembly Room (B105), 500 Forest Street, Wausau, WI 54403**

Committee Members:

Michelle Van Krey	Absent
Tara Draeger	X
Helen Luce	X
Jennifer Aarrestad	X
Yee Leng Xiong	Absent
Ann Lemmer	X
Stacey Morache	X

MCHD Staff Present: Laura Scudiere, Kang Chu Yang, Aaron Ruff, Amanda Ostrowski, Meranda Eggebrecht, Mai Choua Lee

Others via WebEx: Caller 715-XXX-XX43, Caller 715-5XX-XX06, Caller 715-2XX-XX35

Others In Person: Dejon Adzic, Supervisor Gayle Marshall

1. **Call to Order-** Tara Draeger called the meeting to order at 8:00 AM.
2. **Pledge of Allegiance.**
3. **Public Comment Period.**
 - A. The following members of the public provided comments on the COVID-19 Resolution, masking, and marijuana usage.
 - i. Hadden Steffen, Tom Schuette, Dennis Draeger and Colleen Yaeger.
4. **Approval of the August 8th, 2023, Board of Health Meeting Minutes**
 Motion to approve the minutes of the August 8th, 2023. Board of Health meeting made by Jennifer Aarrestad. Second by Stacey Morache. Motion approved.
5. **Policy Discussion and Possible Action**
 - A. Discussion on Board of Health Response Regarding COVID-19 Resolution
 Co-Chair Tara Draeger opened the floor for discussion. Questions and comments regarding the impact of the resolution were asked and discussed. Health Officer Laura Scudiere shared Health Officer authorities regarding COVID-19.
 Motion made to draft letter in response to COVID-19 resolution. Draeger moved to vote, motion passed with Draeger, Luce, and Lemmer voting in favor. Morache and Aarrestad voted in opposition.
6. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
7. **Educational Presentations and Committee Discussion**
 - A. Review of Marijuana Legislation and Health Information
 Scudiere provided a brief overview on marijuana and introduced Community Health Improvement staff, Aaron Ruff. Ruff presented and shared information on the status of marijuana legalization, various marijuana products, and the ramifications it exerts on both personal health and society. Questions were asked regarding future preventative legislative opportunities.
 - B. Tuberculosis Incidence and Response
 Scudiere shared an overview of tuberculosis and elaborated on the circumstances that necessitate isolation. Family Health and Communicable Disease Director, Meranda Eggebrecht delivered an in-depth presentation, delving into the nature of tuberculosis, its



BOARD OF HEALTH MEETING AGENDA WITH MINUTES

significance, and the role of public health in managing this disease. Questions were asked and answered.

8. Next Meeting Date & Time, Location, Announcements and Future Agenda Items:

A. Committee members are asked to bring ideas for future discussion.

B. Next Board of Health Meeting: Tuesday, December 12th, at 8am.

9. Adjournment

Motion to adjourn made by Helen Luce second by Jennifer Aarrestad. Motion approved. Meeting was adjourned at 9:26 AM.

Minutes prepared by Mai Choua Lee, Marathon County Health Department Senior Administrative Specialist.

DRAFT

Grant Program – Wisconsin Lead-Safe Homes Program – Local Public Health Department Coordination Grant

Grantee – Marathon County Health Department
Grantor – State of Wisconsin Department of Health Services
Grant duration – 10/1/2023-9/30/2024
Grant Amount (Maximum) – \$15,600.00

Overview

The Marathon County Health Department follows DHS 254 on all lead mitigation testing and activities. In cases where a child has a blood lead level over the state level (≥ 5 $\mu\text{g}/\text{dL}$: 5 micrograms of lead per deciliter of blood or higher), we are required to conduct a lead investigation and work with the families or property owners on lead intervention and abatement.

Lead is a health hazard. There is no safe blood lead level in children. Even low levels of lead in blood have been shown to affect learning, overall IQ, a child's ability to pay attention, academic achievement, and long-term harm. Exposure to lead can seriously harm a child's health and cause well-documented adverse effects such as:

- Damage to the brain and nervous system
- Slowed growth and development
- Learning and behavior problems
- Hearing and speech problems

Lead Safe Homes Program

The Lead-Safe Homes Program (LSHP) is housed within the Bureau of Environmental and Occupational Health of the Division of Public Health at the Wisconsin Department of Health Services (DHS), funded by a Health Services Initiative through the Children's Health Insurance Program (CHIPs) at the Centers for Medicare and Medicaid Services (CMS) with matching state funds.

This grant supports and enhances the health department's required lead intervention and abatement activities.

LSHP creates safe and healthy home environments free of lead hazards for families in Wisconsin. LSHP focuses on homes built before 1978, families with children under 19, and pregnant women eligible for Medicaid or CHIPs. The highest priority for LSHP is to protect children from further lead exposure by prioritizing lead hazard reduction work orders issued by local health departments (LHD) and homes of lead-poisoned (≥ 5 $\mu\text{g}/\text{dL}$: 5 micrograms of lead per deciliter of blood or higher) children. LSHP collaborates with local, regional, and other state agencies and partners to minimize and further prevent the long-term adverse health effects of lead exposure in homes statewide.

Projects are prioritized as follows (from highest to lowest):

Priority 1: Homes of children with blood lead levels meeting the Wisconsin Statutes § 254.11(5m) definition for elevated blood lead level (EBLL) and subject to lead hazard reduction work orders issued by the local health department.

Priority 2: Homes of children with blood lead levels meeting the Wisconsin Statutes § 254.11(9) definition for lead-poisoning (≥ 5 $\mu\text{g}/\text{dL}$) that are not subject to lead hazard reduction work orders.

Priority 3: Homes identified from specific target areas with high rates of both childhood lead poisoning and pre-1950 housing.

Priority 4: any other pre-1978 eligible property.

Project Scope and Budget

Total number of projects: 5

Total number of Training and Certification: 1

The grant total is contingent on the availability of state funding. It is awarded in the form of reimbursement for actual and eligible expenses incurred by MCHD.

- Administration: Up to \$2,100 per enrolled application for actual costs incurred, which can be comprised of the following:
- Application enrollment and referral fee: MCHD may be reimbursed \$100 to assist the property owner and/or occupants in completing the LSHP application materials and refer/communicate with the Program Administrator Grant Partner (PAG), which is the City of Wausau. The amount is eligible for reimbursement after the State has verified the completed application.
- Risk Assessment (RA) and Clearance Investigation: MCHD may be reimbursed \$1,250 for additional program requirements while conducting the risk assessment and clearance investigation on Priority 1 or Priority 2 applications.
- Project completion fee: MCHD may be reimbursed \$750 for cooperation with the PAG and lead hazard reduction company during lead hazard reduction work, risk assessment, clearance testing, and occupant relocation.
- The actual combined cost is up to \$300 (Risk assessment) and \$400 (clearance) for analysis not performed at the Wisconsin State Laboratory of Hygiene (WSLH). (Currently, all samples are sent to the WSLH at no cost. Because of the high work volume they must complete, this grant allows grantees to submit samples to another certified lab at no cost to the Health Department.)
- Workforce Development – Cost for one (1) Lead Risk Assessor Initial or Refresher class registration cost. Reimbursement is made after the successful completion of the class, certification of the lead risk assessor, and the successful completion of one (1) LSHP lead hazard reduction project. Marathon County hired a new Sanitarian to be trained as a Lead Risk Assessor.

Marathon County Board of Health Bylaws

I. Purpose

The purpose of the Marathon County Board of Health is to provide policy-making guidance to the Health Officer, the County Administrator, and the Marathon County Board of Supervisors to provide an environment in which people can be healthy.

II. Specific Duties

In addition to those duties and responsibilities set forth in Section 2.05(17) of the General Code of Ordinances, the Marathon County Board of Health fulfills its purpose through the following specific duties:

- Assures the enforcement of public health statutes and rules
- Assures the local health department meets the requirements of a Level III health department as defined in statute
- Adopts local public health regulations to protect and improve the public's health which are no less stringent than, and do not conflict with, state statutes or the rules of the State Department of Public Health.
- Assesses public health needs and advocate for the provision of reasonable and necessary public health services
- Develops policy and provide leadership to meet public health needs
- Assures the local health department collaborates with other public health partners
- Assures accountability of the local health department

III. Membership

The Marathon County Board of Health shall consist of eight members - at least three of whom are not elected officials. Board of Health members will demonstrate interest or competence in the field of public health or community health. The membership composition will be in keeping with Wisconsin Statute 251.02.

A quorum is defined as 51% of the current Board. Board members who cannot attend a meeting are expected to report the absence in advance.

The Medical Advisor of the Health Department shall serve as an Ex-Officio member of the Board of Health. This position advises the Board, the Health Officer, and the Health Department staff on medical issues and provides required oversight on clinical activities. This position shall not vote nor contribute to the quorum requirements of the Board.

IV. Appointment Process

Board of Health members are appointed by the County Administrator **and confirmed by the Marathon County Board of Supervisors**. Appointments are for ~~five~~two years. There are no term limits.

V. Officers

The Marathon County Board of Health will elect officers in June of even years. Officers include Chairperson, and Vice-Chairperson.

The Chairperson shall prepare the agenda (in consultation with the Health Officer) and preside over all meetings of the Board of Health. The Chairperson (or his/her designee) represents the Board of Health during presentations to the County Board of Supervisors and to the media.

The Vice-Chairperson assumes all duties of the Chairperson in his/her absence.

VI. Frequency of Meetings

The Marathon County Board of Health meets every other month. Meetings may be cancelled, but the Board must meet a minimum of four times per year. A special meeting may be called by the Chairperson or two or more members of the Board of Health.

VII. Relationship with Health & Human Services Committee

The Board of Health will work with the Marathon County Health & Human Services Standing Committee to develop County-wide policy related to health.

References:

Wisconsin Statutes, Chapter 251

Marathon County Code of Ordinances, Chapter 2, the Governing Body, Section 2.05 (1) (d)
Board of Health June 22, 2021

Adopted DATE

NALBOH

National Association of Local Boards of Health

Being an Effective Local Board of Health Member

Your Role in the Local Public Health System

Being an Effective Local Board of Health Member 2.0

Congratulations! You are a vital member of the nation's public health system. You and thousands of other volunteer local board of health members provide the necessary guidance, oversight, and leadership for your local public health agency (LPHA). This role is important because it is up to you and your fellow board members to make sure that the health needs of your community are met.

The National Association of Local Boards of Health (NALBOH) has developed a series of guides to prepare you to confidently and effectively meet these varied responsibilities. This first guide is an introduction to the local public health system and your role as a board member. Additional resources are available from NALBOH to educate board members about environmental public health issues, the National Public Health Performance Standards Programs, and tobacco use prevention and control.

Welcome to public health service!

WHAT IS NALBOH?

The National Association of Local Boards of Health (NALBOH) informs, guides, and is the national voice for boards of health. In today's public health system, the leadership role of boards of health makes them an essential link between public health services and a healthy community. Uniquely positioned to deliver technical expertise in governance and leadership, board development, health priorities, and public health policy, NALBOH strives to strengthen good governance where public health begins—at the local level.

NALBOH board and members:

- Have a voice in emerging national public health policy formulation
- Have access to programs and materials specifically designed for local board of health members
- Receive training and educational materials
- Are informed about new public health issues, programs, and funding opportunities
- Serve on NALBOH committees
- Communicate and share ideas with members of other local boards of health
- Attend NALBOH's Annual Conference to receive information from national public health leaders
- Are eligible for NALBOH-sponsored grants and discounts

For more information about member benefits or to join NALBOH, please contact us by telephone, (920) 560-5644, email nalboh@badgerbay.co or visit us at www.nalboh.org.

THE ROLE OF THE LOCAL BOARD OF HEALTH

Local boards of health around the United States have different authorities for carrying out their responsibilities. Some boards enact rules and regulations, while others advise or make recommendations to the local governing body for public health. All boards of health, regardless of the extent of their legal authority, are obligated to either enact or to recommend policies that serve the interest of the public's health.

The local board of health is responsible for determining or advising on LPHA policy; adopting or making recommendations on the annual budget; determining, monitoring, and evaluating the LPHA's goals and the programs implemented to meet them; and ensuring there is adequate agency funding.

THE LOCAL PUBLIC HEALTH SYSTEM

The local public health system (LPHS) is made up of all the organizations and entities within the community that contribute to the public's health. The center of the system is the primary governmental public agency, usually the health department, responsible for protecting the public's health. In some cases, environmental public health departments operate outside the jurisdiction of the local health department, so it is important to identify the local public agency(ies) at the center of your local public health system.

There are many community examples for protecting the public's health. To encompass the various examples, this guide uses local public health agency (LPHA) to include all government bodies (e.g., health departments, environmental health departments, etc.) that deliver public health services.

With the LPHA at its center, the local public health system expands to include hospitals and clinics, healthcare practitioners, state or local agriculture departments, state or local environmental protection agencies, and schools and universities. In some communities it may also include county commissioners, mayors, city councils, drinking and waste water operators, sewage haulers, substance abuse clinics, mental health and social service agencies, the department of parks and recreations, local nonprofit organizations, places of religious worship, land use planners, federal agencies, and many more. Generally speaking, it is the LPHA that assures public health services and programs are available in the community. The board of health provides oversight of the agency.

SIX FUNCTIONS OF PUBLIC HEALTH GOVERNANCE

1. Policy development
2. Resource stewardship
3. Legal authority
4. Partner engagement
5. Continuous improvement
6. Oversight

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

THE ROLE OF A LOCAL BOARD OF HEALTH MEMBER

A primary responsibility of a local board of health member is to study and to learn as much as possible about the obligations of the board, the LPHA's activities, the community's health problems, and the need for planning solutions that address these concerns.

Board members fulfill these expectations by:

- Being prepared for meetings by reading all pertinent material prior to the meeting, being informed about issues to discuss them responsibly, and researching additional information, as needed.
- Attending and actively participating in board of health meetings.
- Becoming familiar with and understanding the meeting process and following the rules of order.
- Ensuring that time at board of health meetings is set aside for updates on public health problems and what the LPHA is doing, or needs to do, in response to existing challenges.
- Involving others in LPHA functions, special events, and activities to promote and support programs and services.
- Advocating for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.
- Serving as a liaison between the community and the LPHA, and between the health agency and the community.
- Working cooperatively with the health officer or health commissioner.
- Learning about every aspect of the LPHA and the local public health system, including identifying possible partners.
- Being patient. Changing health status, enforcing procedures, and solving public health problems takes time.

- Identifying priorities to ensure that the appropriate resources are available to meet the LPHA's long-term goals and objectives.
- Making decisions that must be made, even during adverse public reactions and/or opinions of the governmental body responsible for the appointment or election of board members.
- Knowing the difference between private problems and those that impact the public's health.
- Taking responsibility when asked and following through on commitments.
- Being visionary by planning where the board and the LPHA should be in two to three years and actively participating in identifying and training new board members who support this vision.

While these functions are basic responsibilities of any board, members must be aware that their decisions, deliberations, and actions are part of the public record. As such, they or their actions may become highly visible in the community. Consequently, the board must ensure that it is operating within its legal duties and is operating under the principles of good faith.

It is important to remember that the board is responsible for the financial stability of the LPHA. It is imperative that all board members understand the agency's financial statements and ask questions to ensure clear understanding of these matters.

As a member of a local board of health, you have accepted a significant responsibility to your fellow board members, your local public health agency, and your community. You are indeed a vital component of the grassroots of the nation's public health system. NALBOH provides education, technical assistance, and advocacy to strengthen local boards of health in promoting and protecting the health of their communities. We look forward to assisting you as you serve the public.

PUBLIC HEALTH'S GUIDING PRINCIPLES

Local public health agencies in the United States rely on the three Core Functions of Public Health to guide them. The functions are assessment, policy development, and assurance. Together, the three functions define the roles of federal, state, and local agencies within the public health system. All public health agencies, including the LPHA, are responsible for assessing the status of public health in their communities, developing policies to address public health needs, and assuring that public health needs are met.

While the three Core Functions provide guidance to agency leaders in what they should be doing, the Ten Essential Public Health Services describe how these agencies should carry out the assessment, policy development, and assurance functions. The Ten Essential Services are the actions that the LPHA should take to guarantee that community health needs are met.

Regardless of their legal responsibilities, local boards of health are guided by these principles. A state's constitution or legal code grants the boards of health their specific responsibilities and authorities. For example, in one state, a board's authority may be to advise or make recommendations about public health activities; while in another state, the law permits the

board to pass public health rules and regulations and to enforce them.

Common public health principles standardize the way public health officials work to improve community health. While each community has specific health concerns and population needs, the public health principles provide a uniform framework for analysis and response.

Because the Ten Essential Services define the actions of public health officials, including local board of health members, they are discussed in greater detail in the following pages.

THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

The Ten Essential Public Health Services detail a list of activities associated with the assessment, policy development, and assurance functions of the LPHA.

The following are the Ten Essential Public Health Services:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.



Each of the Ten Essential Services is associated with at least one core function. As Figure 1 shows, the last service (Research) is vital to all services and may be linked to all the core functions.

Local board of health members are responsible for making sure the Ten Essential Services are performed in their community. By identifying what public health services are needed locally, making sure that these services can be provided, and promoting local needs to the state and federal government, local boards of health fulfill their core function responsibilities.

Most board members do not actually monitor, diagnose, evaluate, or actively perform the Ten Essential Services in the community. The board members work behind the scenes to create the circumstances in which the LPHA staff provide the Ten Essential Services.

Each essential service requires that the board of health ensure five roles and responsibilities. The five assurances are that:

1. the board and LPHA are legally required to provide the service;
2. the LPHA has the resources (e.g., financial, technical, personnel) to carry out the service;
3. the board of health establishes policies for the delivery of the service;
4. there is regular evaluation of the service or program to ensure that it is meeting its intended goals; and
5. the board and LPHA solicit input from partners, stakeholders, and the public about the service or program.

Using the first essential service – to monitor health status to identify community health problems – a local board of health’s responsibility may include the following:

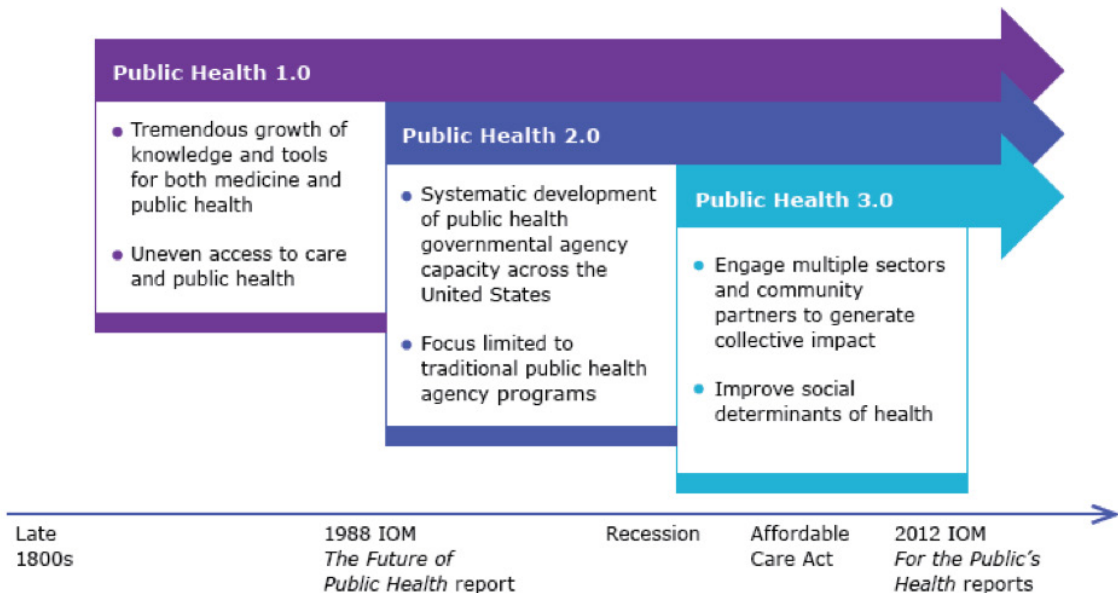
- **Assure legal authority:** The board may call for a community health needs assessment. Working with other partners or groups, the board defines and clarifies the roles, responsibilities, and relationships of the LPHA to avoid overlapping or conflicting authority.
- **Assure resources:** If conducting a needs assessment, the board ensures that the project has the necessary staff, money, technology, and resources available to complete it. Board members do this by overseeing and approving the budget.
- **Assure policy making:** Once the needs assessment is complete, the board may define new policies to address health issues. The new policies define a program’s goals, its intended outcomes, and evaluation process.
- **Assure accountability:** Reviewing and requesting regular program evaluation ensures that services are meeting its intended needs and achieving the desired targets and goals.
- **Assure collaboration:** During the assessment process, the board should hold public meetings to gather information about the community’s perceived public health needs, concerns, and issues. The board may act as a liaison between other partners and stakeholders during this process.

What is Public Health 3.0? A Renewed Approach to Public Health

**Adapted from the Center for Disease Control and Prevention Website*

Public Health 3.0 builds on the extraordinary successes of our past. *Public Health 1.0* refers to the period from the late 19th century through much of the 20th century when modern public health became an essential governmental function with specialized federal, state, local, and tribal public health agencies. During this period, public health systematized sanitation, improved food and water safety, expanded our understanding of diseases, developed powerful prevention and treatment tools such as vaccines and antibiotics, and expanded capability in epidemiology and laboratory science. This scientific and organizational progress meant that comprehensive public health protection — from effective primary prevention through science-based medical treatment and tertiary prevention — was possible for the general population.

Public Health 2.0 emerged in the second half of the 20th century and was heavily shaped by the 1988 IOM report *The Future of Public Health* (12). In that seminal report, the IOM posited that public health authorities were encumbered by the demands of providing safety-net clinical care and were unprepared to address the rising burden of chronic diseases and new threats such as the HIV/AIDS epidemic. The report's authors declared, "This nation has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray."



With this call to action, the IOM defined a common set of core functions, and public health practitioners developed and implemented target capacities and performance standards for governmental public health agencies at every level. During the 2.0 era, governmental public health agencies became increasingly professionalized.

Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public department functions and programs. Cross-sectoral collaboration is inherent to the Public Health 3.0 vision, and the Chief Health Strategist role requires high-achieving health organizations with the skills and capabilities to drive such collective action. Pioneering US communities are already testing this approach to public health, with support from several national efforts.

Find more information about Public Health 3.0, by going to:
https://www.cdc.gov/pcd/issues/2017/17_0017.htm





Dear Chair Gibbs,

I am writing to express the Marathon County Board of Health's concern in how decisions are made in developing our public health policy.

Wisconsin Boards of Health have been granted by Wisconsin Statute Chapter [251.04](#), critical duties to ensure the health and safety of residents. Those duties include:

- Govern the local health department.
- Assure the local health department meets the requirements of a Level III health department as defined by statute.
- Adopt local public health regulations to protect and improve the public's health which are no less stringent than, and do not conflict with the state statutes or the rules of the State Department of Public Health.
- Assess public health needs and advocate for the provision of reasonable and necessary public health services.
- Report to the state department as required by rule.
- Meet at least quarterly.
- Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.
- Assure measures are taken to provide an environment in which individuals can be healthy.
- Unless specified otherwise by ordinance, shall employ qualified public health professionals.

Involvement of the board of health along with our health officer is foundational in advancing sound public health policy. Policy development without input and review from the board of health inadvertently undermines our statutory role and duties. Marathon County Board of Health requests that any future public policy impacting the health of the public that is being developed be tasked to the board for review and input.

On behalf of the Marathon County Board of Health, I would welcome further conversations so as to seek alignment of the board of health's duties and reporting structure to the Marathon County Health and Human Services Committee when advancing public health policy.

Sincerely,

Michelle Van Krey
Marathon County Board Supervisor
District 1

**A HEALTH NEEDS ASSESSMENT
OF THOSE EXPERIENCING
HOMELESSNESS IN WAUSAU,
WISCONSIN**

Reilly Coombs, MS

2nd Year Medical Student

Medical College of Wisconsin-Central Wisconsin

December 12, 2023

INTRODUCTION

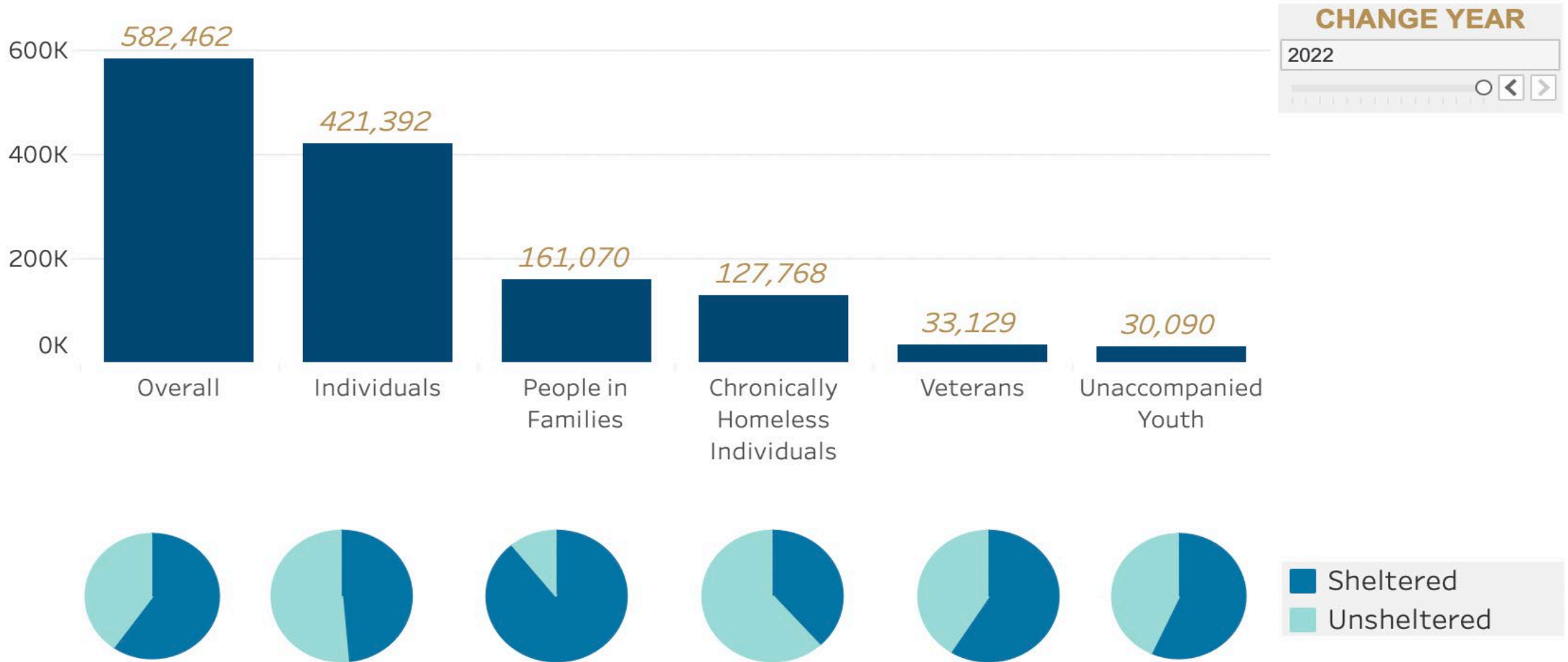
- 2nd Year Medical Student
- Medical College of Wisconsin-Central Wisconsin Campus
 - Focus on primary care + meeting physician disparities in our region
- Physician in the Community Pathway
- Worked as Support Services Lead at Health Plus Indiana during my gap year



Source: MCW-CW, 2023

HOMELESSNESS IN THE UNITED STATES

Total Number of People Experiencing Homelessness per Year by Type, 2007–2022

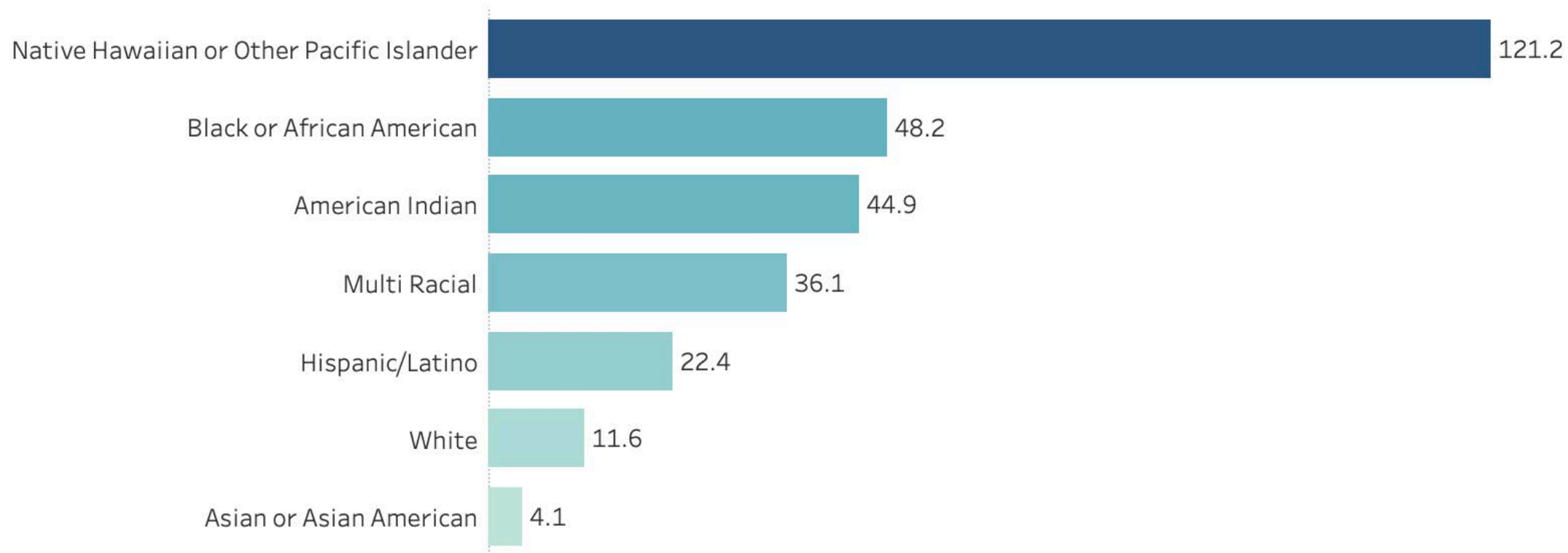


Source: U.S. Department of Housing and Urban Development, 2022 Annual Homeless Assessment Report to Congress (AHAR). Note: The Covid-19 pandemic interrupted data collection in 2021 so data for that year is unavailable.

Counts and Rates by Race / Ethnicity, 2022

Total or Rate

Rate Per 10,000

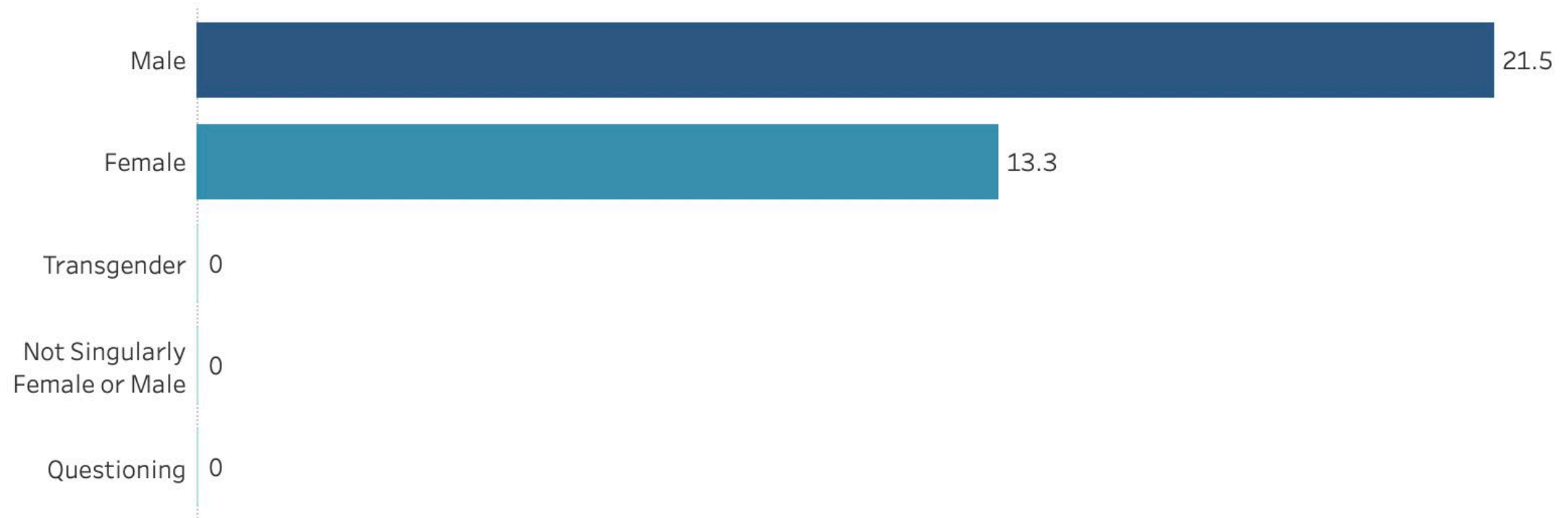


Source: U.S. Department of Housing and Urban Development, 2022 Annual Homeless Assessment Report to Congress (AHAR); U.S. Census Bureau, 2022 Population Estimates.

Counts and Rates by Gender, 2022

Total or Rate

Rate per 10,000



Source: U.S. Department of Housing and Urban Development, 2022 Annual Homeless Assessment Report to Congress (AHAR); U.S. Census Bureau, 2022 Population Estimates. Note: Rate information is unavailable for people who are Transgender, Not Singularly Female or Male, or Questioning.

HOMELESSNESS IN WISCONSIN

Statewide

4,907

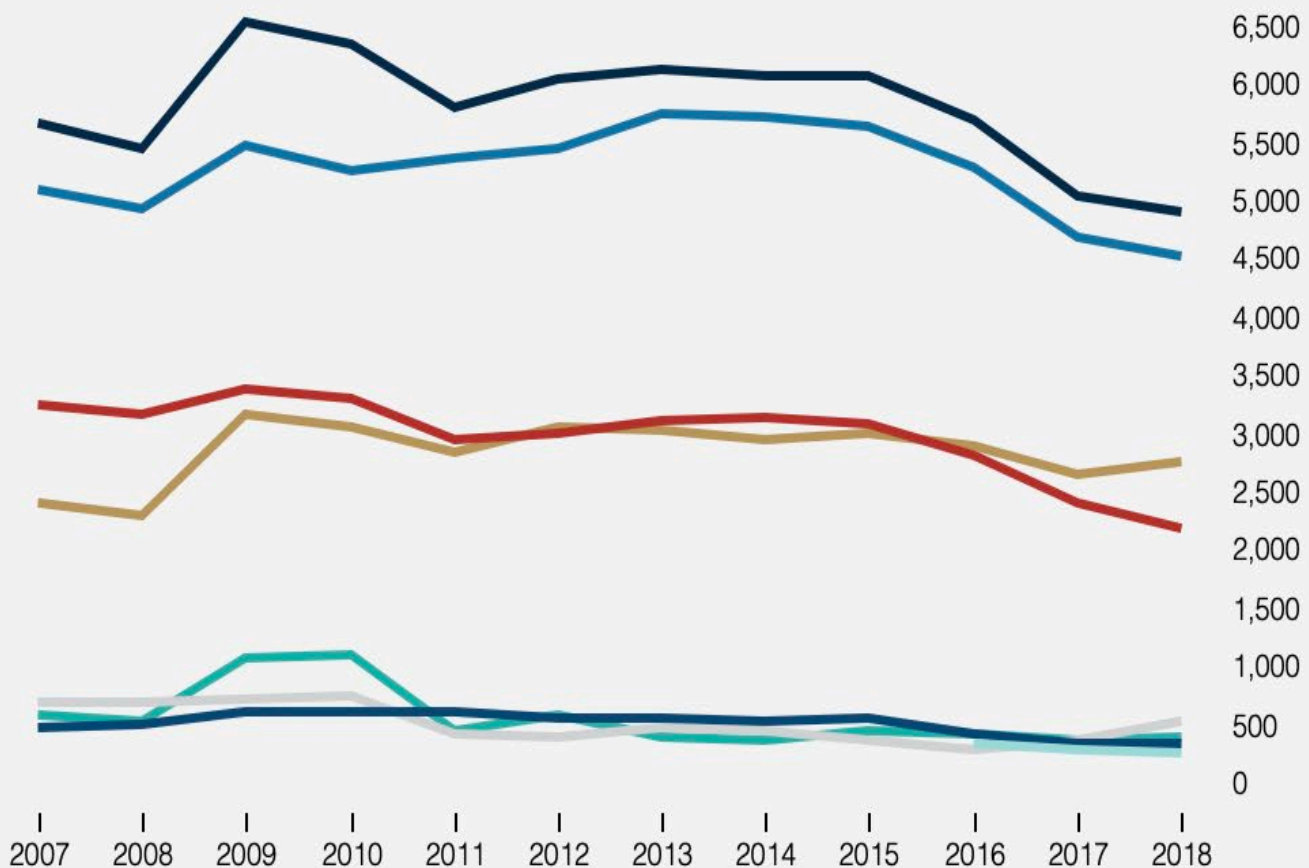
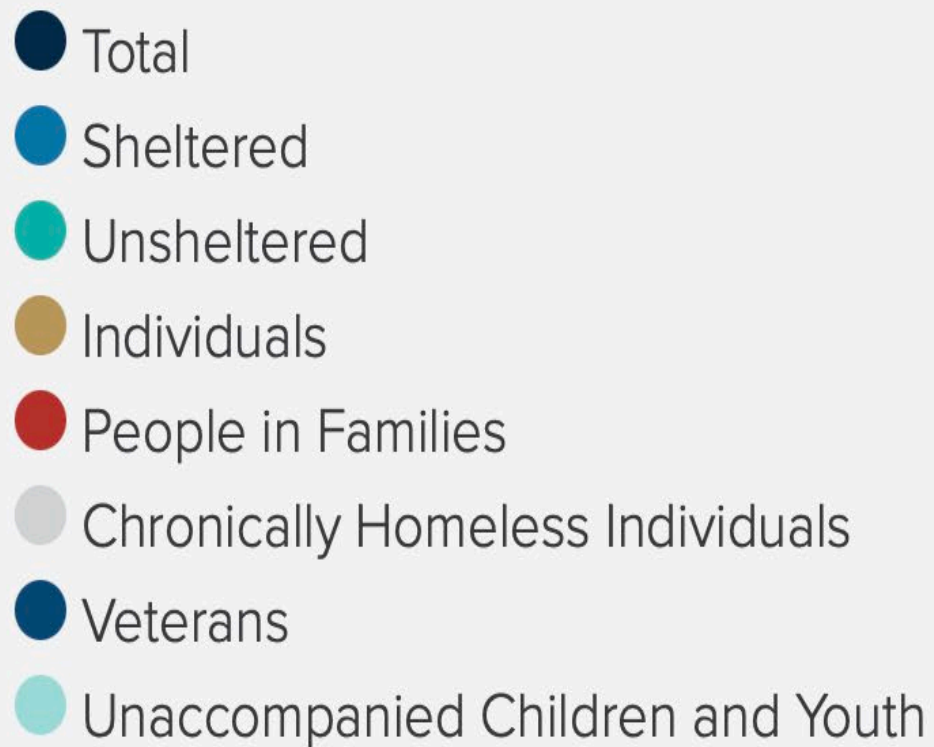
people homeless on a given night

8

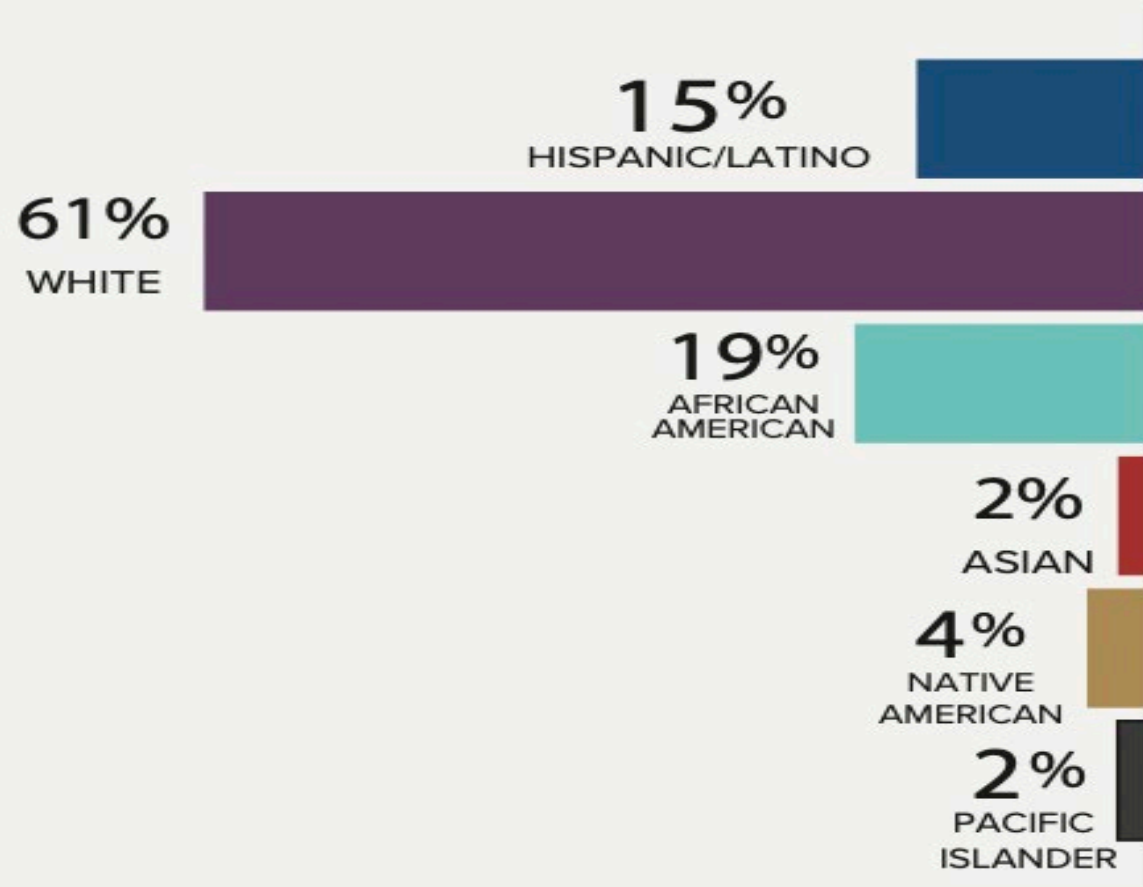
homeless per 10,000 people in
the general population



Number of People Experiencing Homelessness, by Type, 2007-2018



Source: State of Homelessness: 2023 edition.



Categories are not mutually exclusive.
Statistics drawn from 2018 Point-In-Time Count.

HOMELESSNESS IN WAUSAU

BACKGROUND

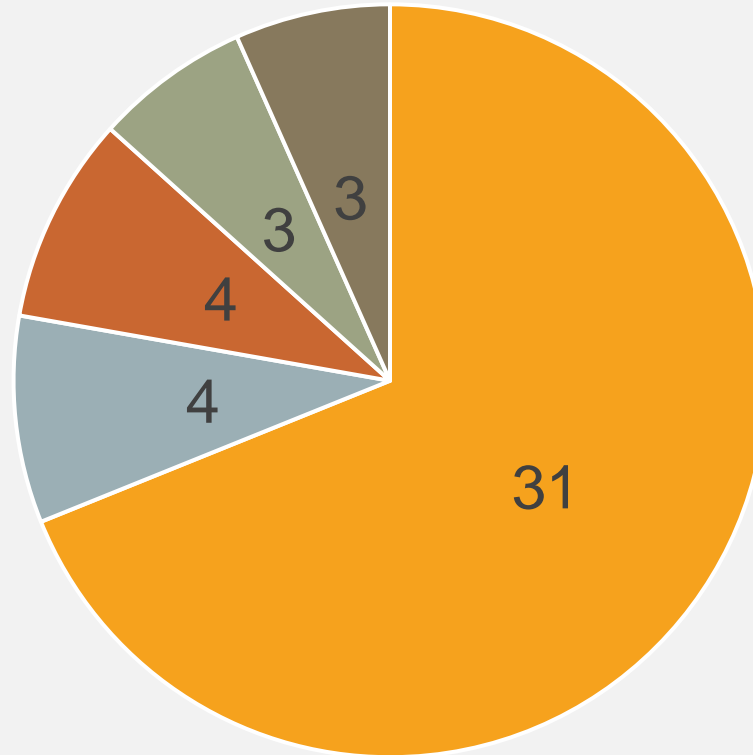
- People experiencing homelessness are at a relatively high risk for numerous acute and chronic illness, including mental disorders.
- Substance use is more prevalent in those who are experiencing homelessness than those who are not.
- Addiction may co-occur with psychiatric conditions, further complicating living situations and adding additional stressors.
- Unhoused populations are at a greater risk of experiencing trauma compared to those with stable housing and many have a background marked by adverse events.

Our project aimed to assess the health needs and barriers to care of people experiencing homelessness in Wausau, Wisconsin

METHODS

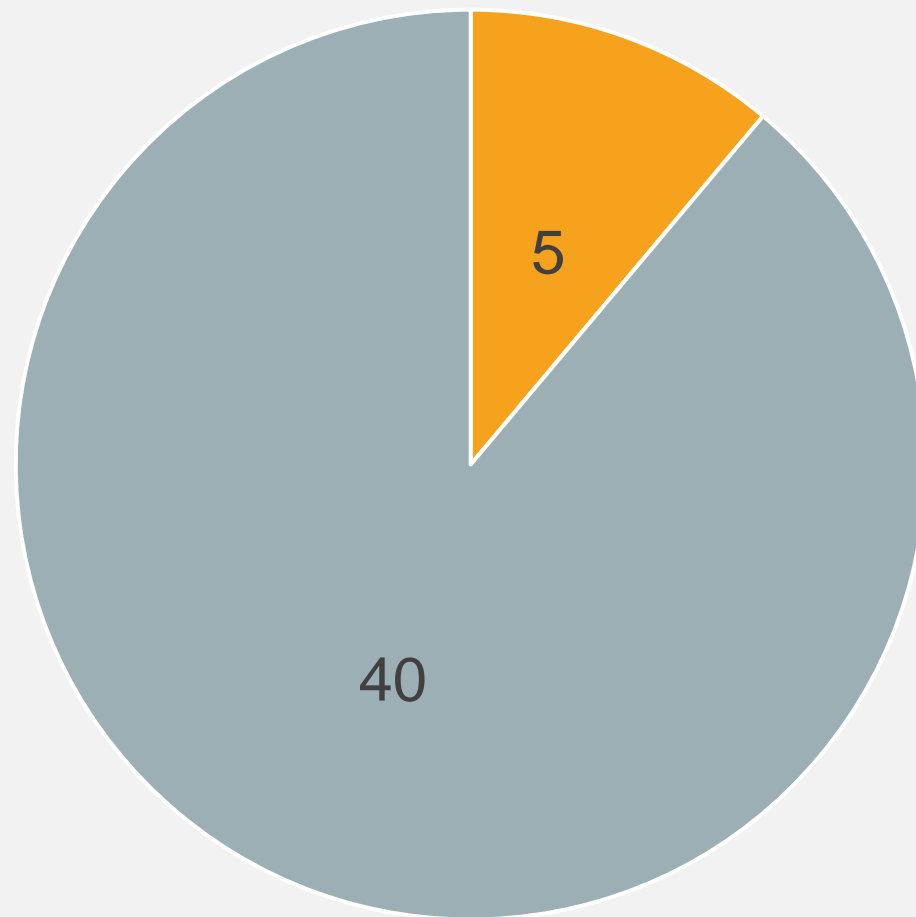
- A survey to assess health needs and barriers to care was developed by adapting a previous questionnaire incorporating changes recommended by individuals working in the field (Matzke et al., 2022).
- Surveys were distributed during outreach activities in Wausau, Wisconsin, and at local organizations that provide services to our unhoused population.
- Data was transcribed, reviewed, and descriptive statistics were calculated.
- **A total of 45 surveys were completed.**

RESULTS: DEMOGRAPHICS



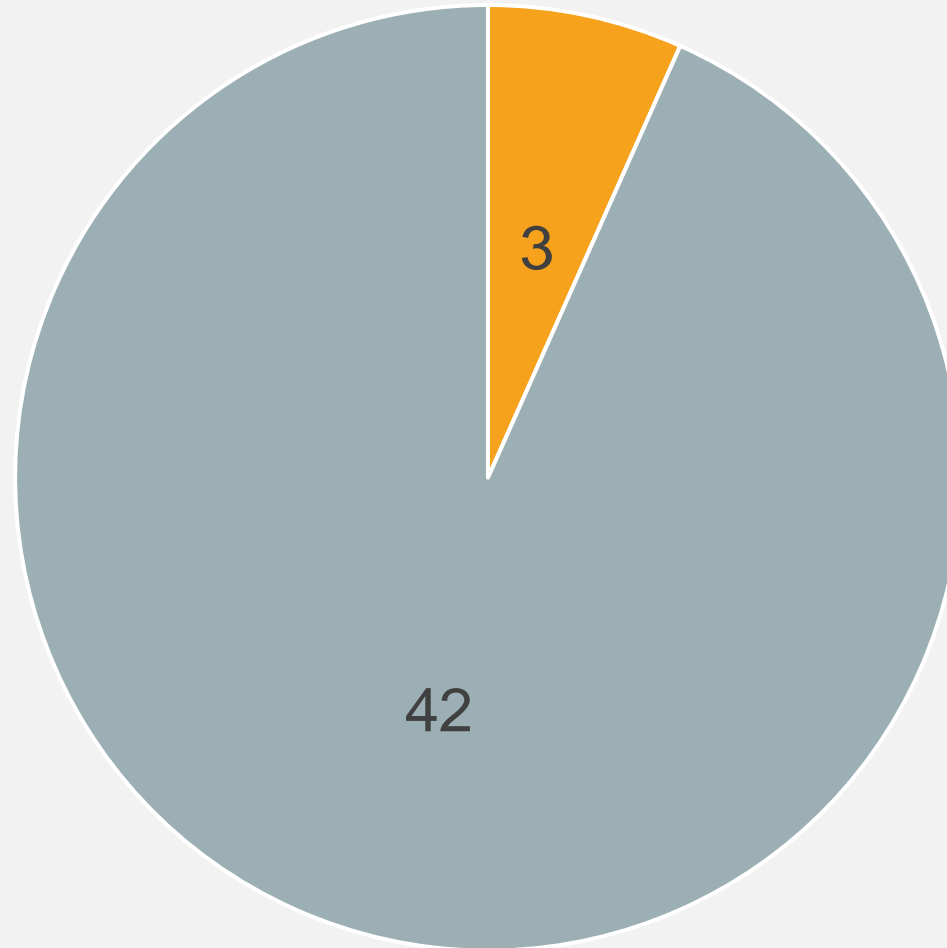
- White
- Asian
- Black/African American

RESULTS: DEMOGRAPHICS CONTINUED



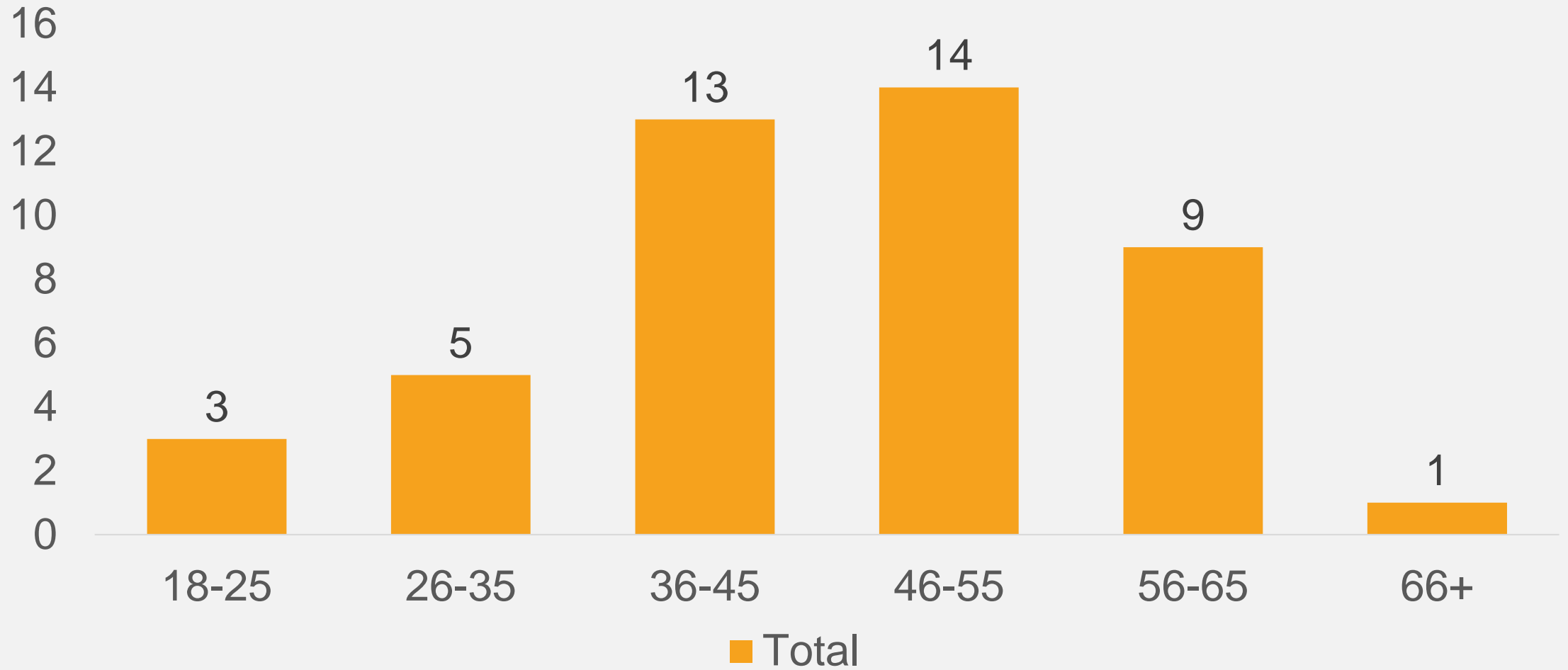
■ Hispanic ■ Non-Hispanic

RESULTS: DEMOGRAPHICS CONTINUED



■ Veteran ■ Non-Veteran

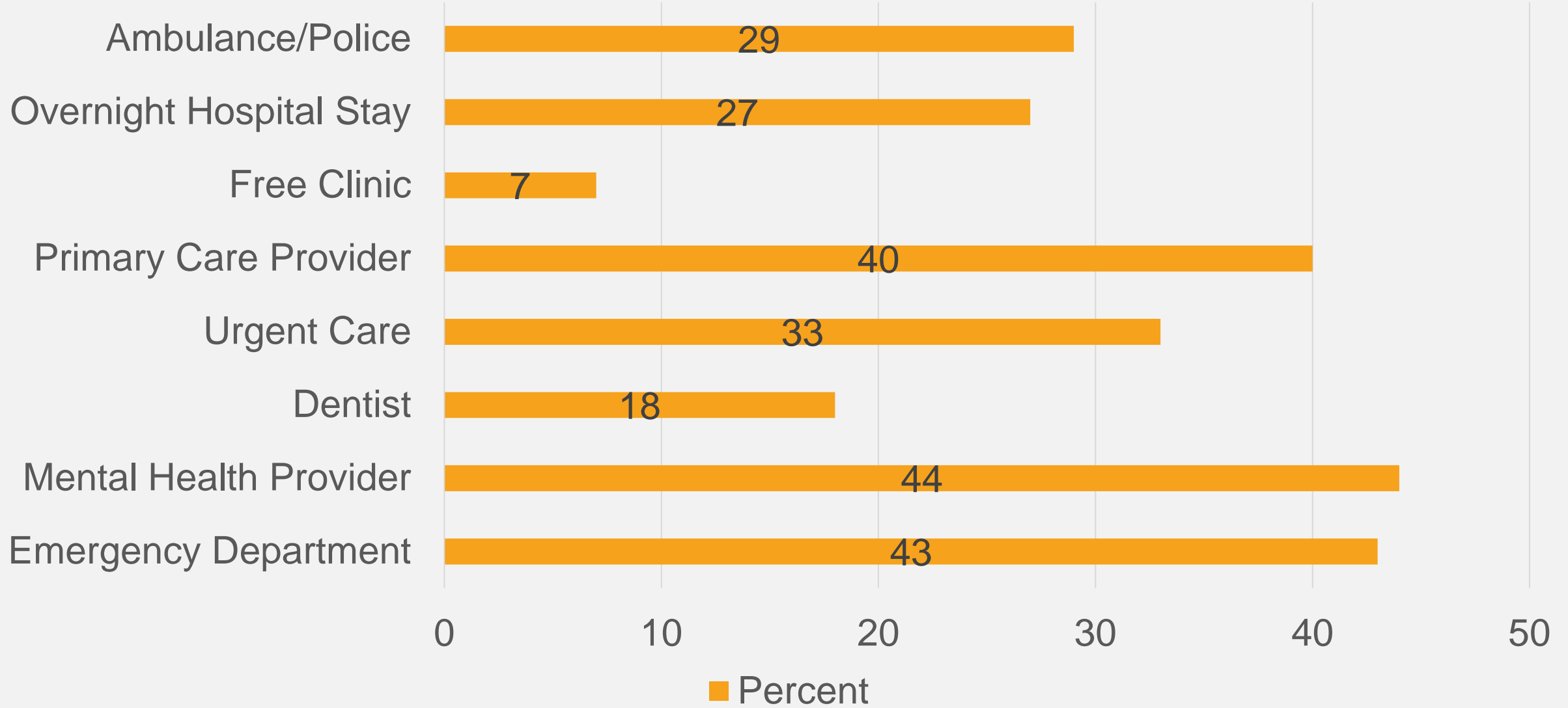
RESULTS: AGE DISTRIBUTION



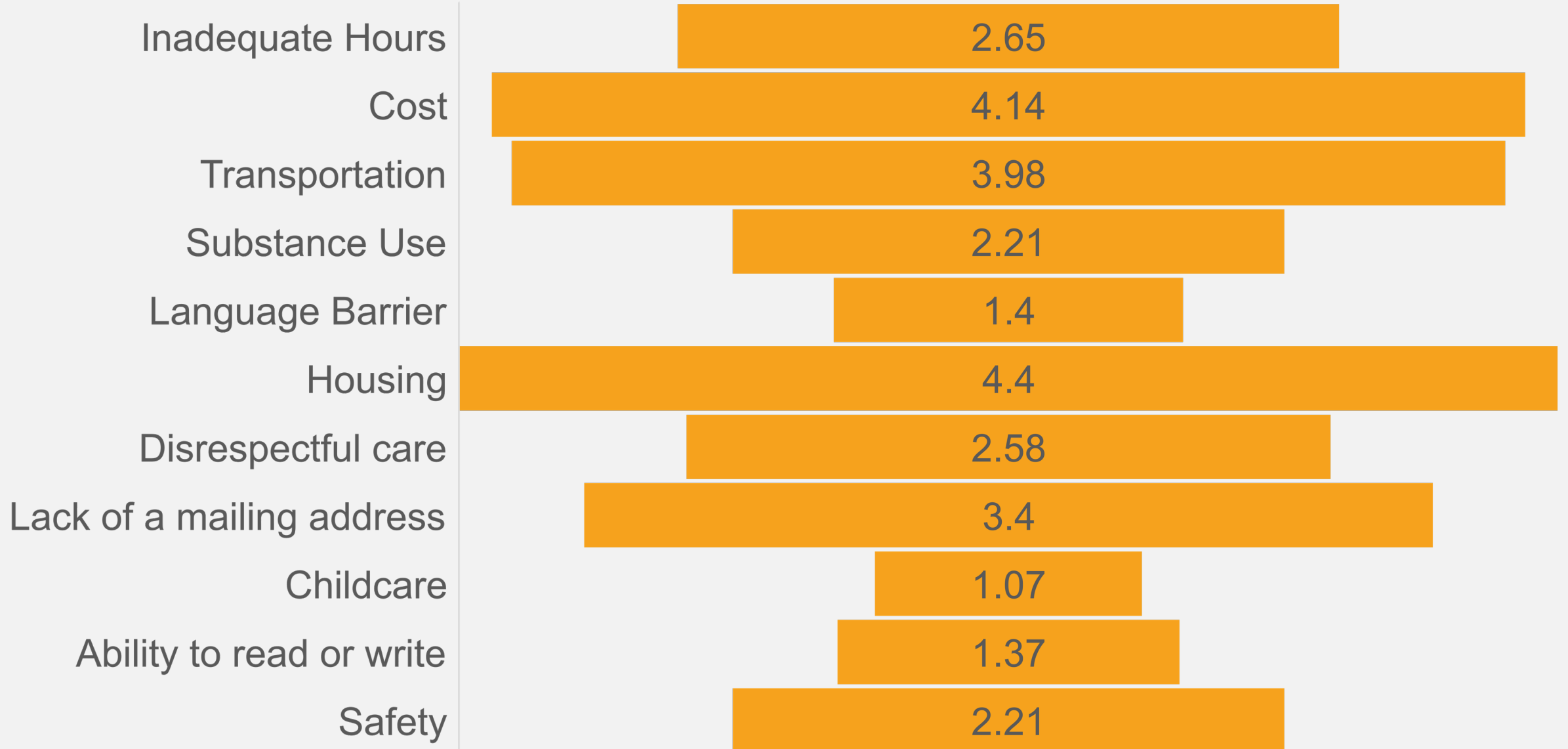
“WHAT DO YOU BELIEVE IS CAUSING YOUR HOMELESSNESS?”

- Health Issues
- Unemployment and job instability
- Family and relationship conflicts
- Addiction and substance abuse
- Inadequate social support
- Legal and criminal issues
- Financial hardship
- Mental health and disability
- Rejection or discrimination
- Loss of loved ones

Health Services Utilized In the Last 12 Months



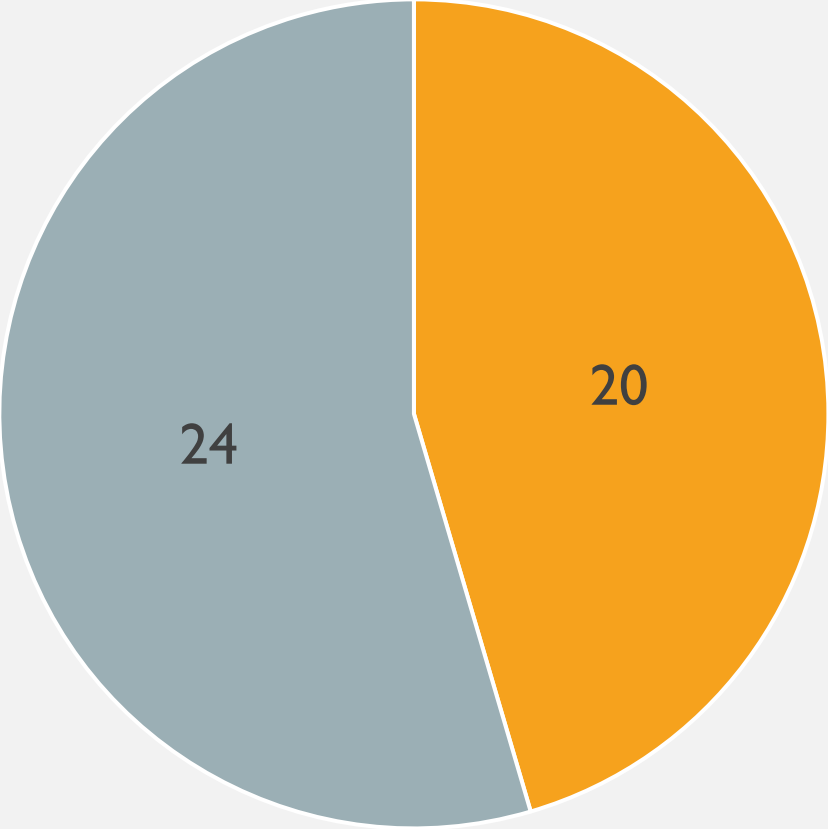
Barriers to Accessing Health Care



Self-Rating of Overall Health

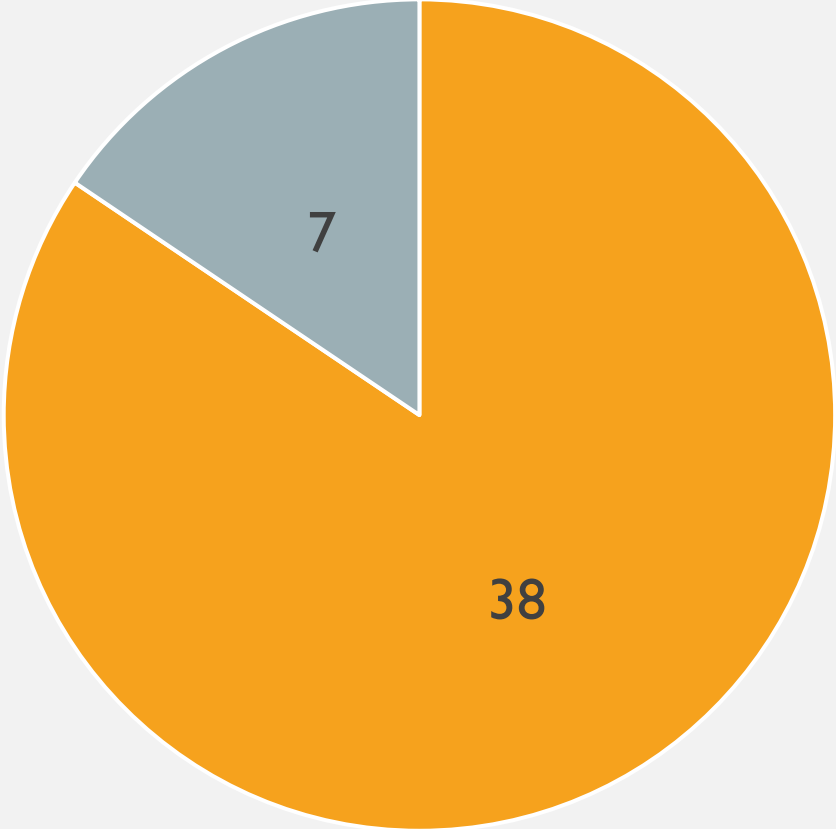


Do you currently have a primary care provider?



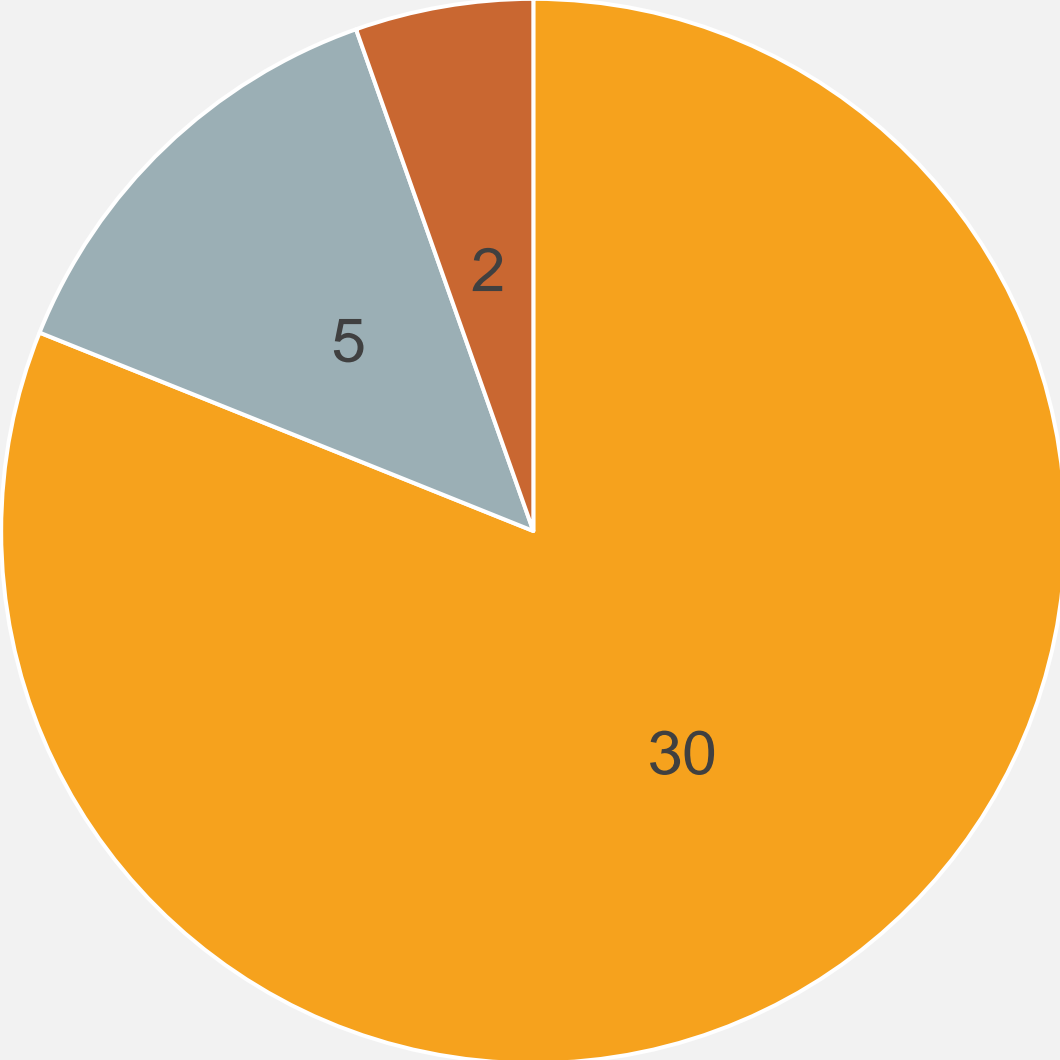
■ Yes ■ No

Do you currently have active insurance?



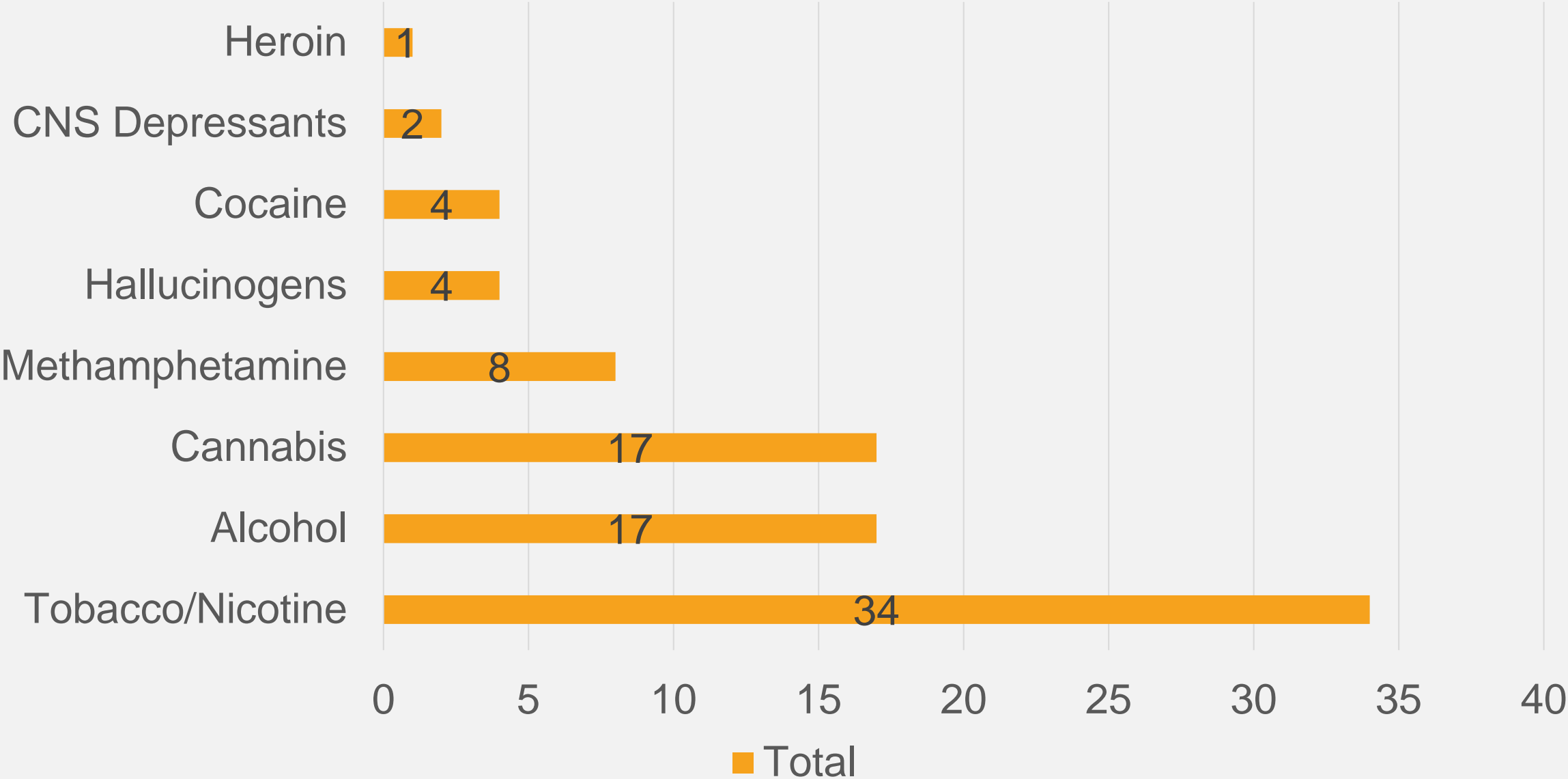
■ Yes ■ No

Insurance Break Down

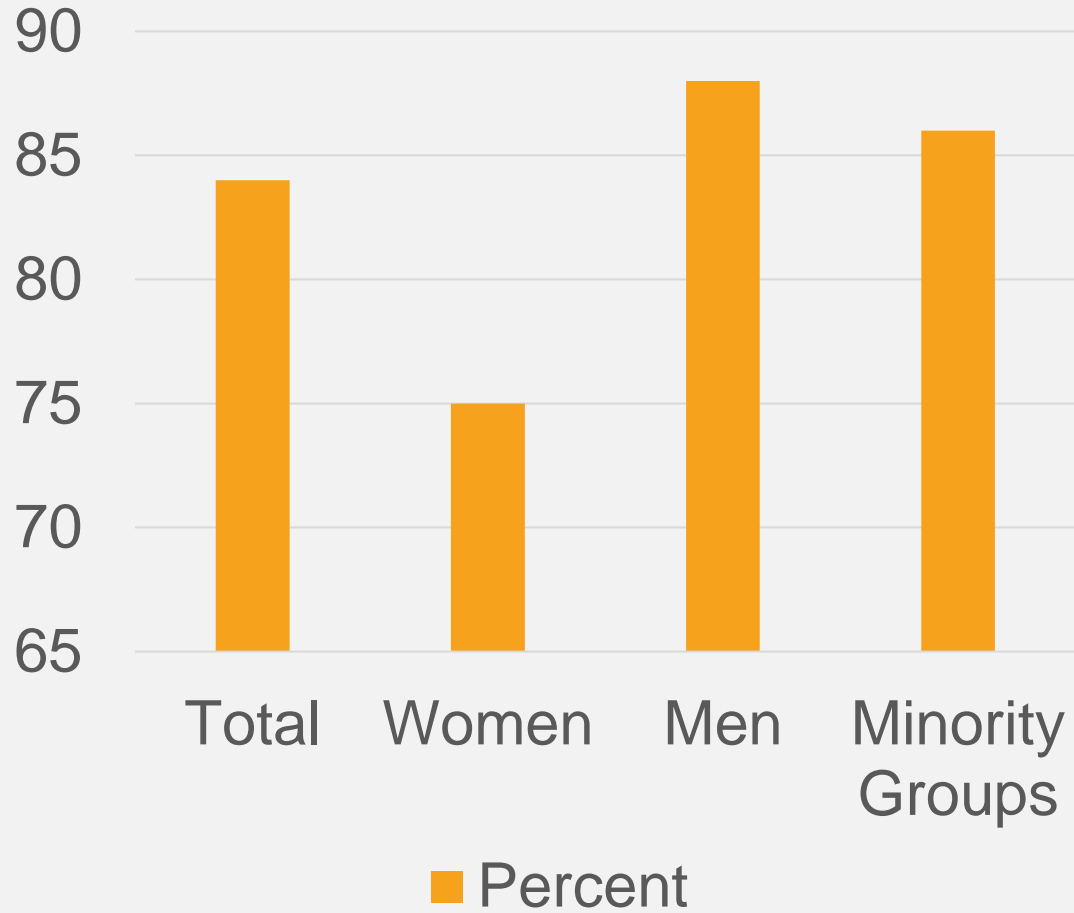


■ BadgerCare ■ Medicare ■ Private

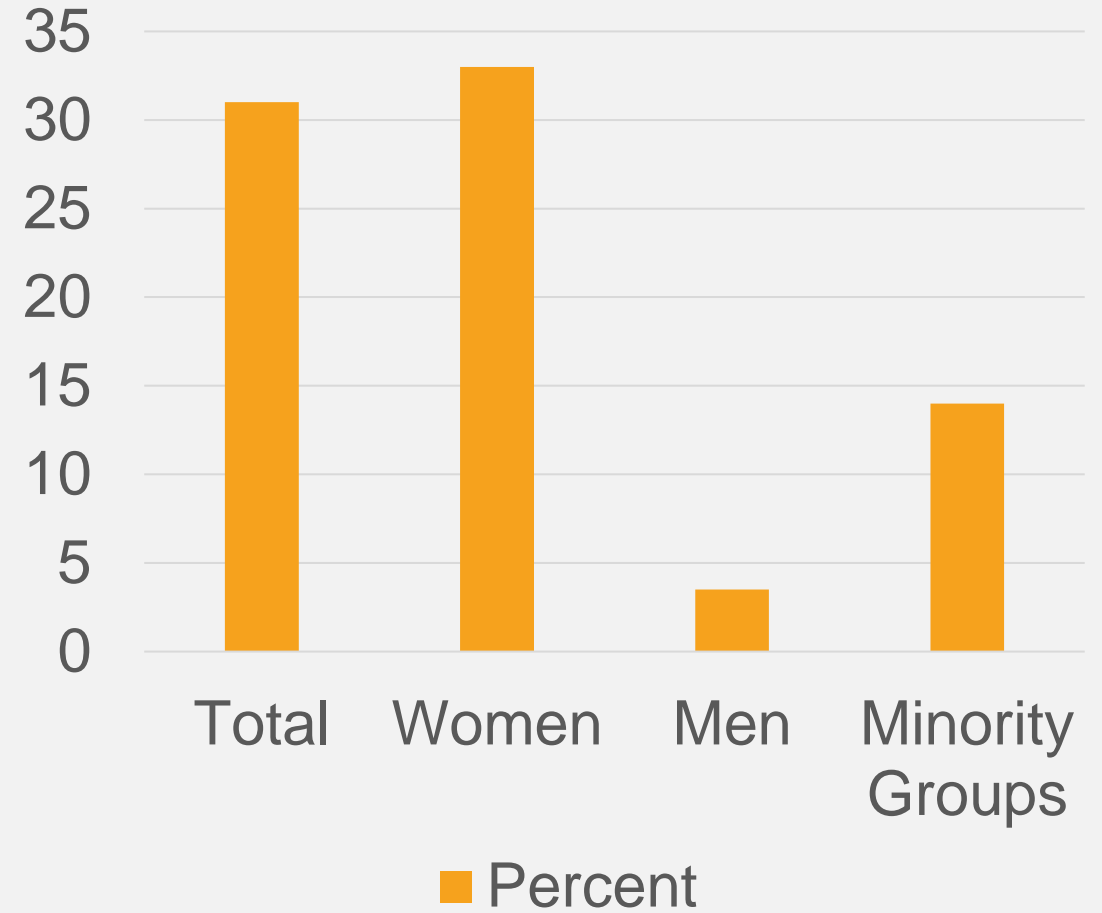
Substance Use



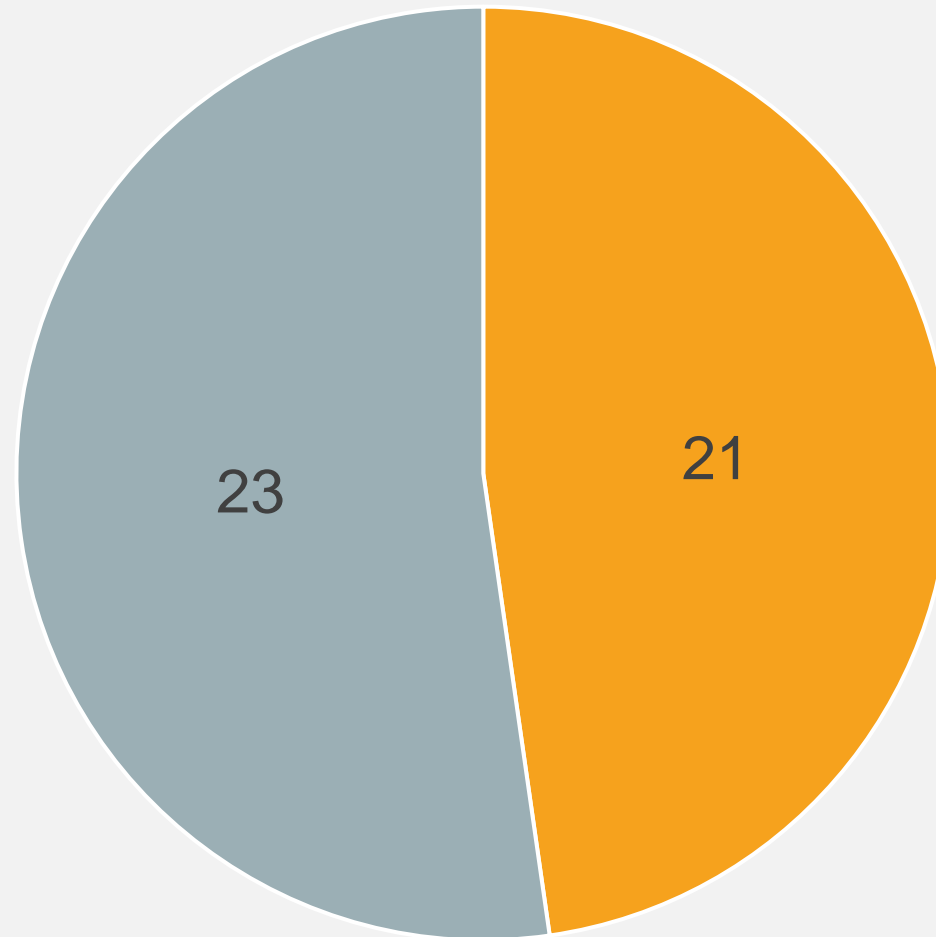
**% With A Mental Health
Diagnosis**



**% That Currently Sees A
Mental Health Professional**



Do you have a chronic illness you are prescribed medications for?



■ Yes ■ No

WHAT ARE WE MISSING IN THE COMMUNITY TO ADDRESS YOUR HOMELESSNESS?

- An individual to find jobs, apartments, and connect individuals to care
- Increased availability of affordable housing
- Promoting community education about our unhoused population
- Establish a day center to provide essential resources and support
- Companies and landlords willing to collaborate with individuals with a criminal record
- Rehabilitation/hotel vouchers/respice programs to those transitioning from the hospital
- Enhanced support services for substance use and addiction
- Increased transparency and more accessibility to Section 8 housing
- Reduced barriers to accessing mental health care
- Expanded availability of shelters
- Improved access to public bathroom and lockers

CONCLUSIONS

- Reasons for homelessness are complex and often multifactorial—importance of an individual, holistic approach and using available community resources to connect these individuals with care.
- There is a significant number of people experiencing homelessness in Wausau, Wisconsin (estimated between 350-400 individuals).
- People experiencing homelessness experience numerous barriers to accessing care and are more likely to have poorer overall health which may co-occur with substance use and mental disorders.

FUTURE DIRECTIONS

- Significant need for an additional community outreach specialist.
- Need for low barrier mental health, addiction and substance use care.
- Need for low barrier dental care.
- Funding for a day center, an additional shelter, and more structured programming for finding employment and housing.
- More affordable housing and/or additional Section 8 Housing is needed in our community.

A HUGE THANK YOU TO:

- Dr. Amy Prunuske
- Dr. Corrina Norrbom
- Tracy Rieger
- Ben Lee
- Laura Scudiere
- Ron Alexander
- Mayor Katie Rosenberg
- Jeff Todd and Dr. Jeff Oswald
- Jeff Hancock
- Chuck Kerstell and Eric Lemirand
- Mary Jorgensen
- Diane Sennholz
- All staff of: Wausau Police Department, Wausau Free Clinic, Catholic Charities, Salvation Army, North Central Community Action Plan
- All those that participated in this study

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YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 47 (Through the week ending November 25th, 2023)

Jurisdiction: Marathon County

Disease Group	Disease	2023									Total
		Week 39	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	Week 47	
Arboviral Disease	Group Total:	0	0	0	0	0	0	0	0	0	1
Babesiosis	Group Total:	1	0	0	0	0	0	0	0	0	9
Blastomycosis	Group Total:	0	0	0	0	0	0	0	0	0	3
Campylobacteriosis (Campylobacter Infection)	Group Total:	0	2	1	0	1	0	0	2	0	32
Carbon Monoxide Poisoning	Group Total:	0	0	0	0	0	0	2	4	0	14
Chlamydia Trachomatis Infection	Group Total:	12	10	4	5	10	6	0	8	4	312
Coccidioidomycosis	Group Total:	0	0	0	0	0	0	0	0	0	1
Coronavirus	Group Total:	71	52	53	53	65	52	73	76	64	2976
Cryptosporidiosis	Group Total:	0	0	0	0	1	1	1	0	0	20
Ehrlichiosis / Anaplasmosis	Group Total:	0	0	0	0	1	0	0	0	0	41
Giardiasis	Group Total:	1	1	0	2	1	1	0	0	0	20
Gonorrhea	Group Total:	1	0	1	0	1	0	1	0	0	42
Haemophilus Influenzae Invasive Disease	Group Total:	0	0	0	0	0	0	0	0	0	3
Hepatitis B	Group Total:	1	1	0	0	0	0	1	0	0	14
Hepatitis C	Group Total:	7	0	2	3	0	2	0	1	0	48
Histoplasmosis	Group Total:	0	0	0	0	0	0	0	0	0	1
Influenza-Associated Hospitalization	Group Total:	1	0	0	0	0	0	0	0	0	17
Invasive Streptococcal Disease (Groups A And B)	Group Total:	0	0	1	0	1	0	0	0	0	20
Legionellosis	Group Total:	0	0	0	0	0	0	0	0	0	1
Lyme Disease	Group Total:	4	2	5	3	1	4	3	3	2	199
Meningitis, Other Bacterial	Group Total:	1	0	0	0	0	0	0	0	0	2
MRSA	Group Total:	0	0	0	0	0	0	0	0	0	1
Mycobacterial Disease (Nontuberculous)	Group Total:	0	0	3	0	1	0	0	0	0	17
Pathogenic E.coli	Group Total:	1	1	0	0	0	0	0	0	0	11
Pertussis (Whooping Cough)	Group Total:	0	0	0	0	0	0	0	0	0	5
Salmonellosis	Group Total:	0	1	1	0	0	1	1	2	1	28
Shigellosis	Group Total:	0	0	0	0	0	0	0	0	0	1
Streptococcus Pneumoniae Invasive Disease	Group Total:	0	0	0	0	1	0	0	0	0	8
Syphilis	Group Total:	0	0	0	0	0	0	0	0	0	6
Toxic Shock Syndrome	Group Total:	0	0	0	0	0	0	0	0	0	1
Tuberculosis	Group Total:	0	0	0	0	0	0	0	0	0	4
Tuberculosis, Latent Infection (LTBI)	Group Total:	1	0	3	2	1	0	0	0	0	45
Varicella (Chickenpox)	Group Total:	0	0	0	0	0	0	1	0	0	4
	Period Total:	102	70	74	68	85	67	83	96	71	3907