



HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Wednesday, November 4, 2020 at 4:00 p.m.**

Meeting Location: **Employee Resources Conf. Rm, C-149, Courthouse, 500 Forest Street, Wausau**

Health & Human Services Committee Members: Tim Buttke, Chair; Michelle Van Krey, Vice-chair; Kelley Gabor, Dennis Gonnering; William Harris; Donna Krause; Tom Seubert;

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)*

Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Health & Human Services Committee members and the public to attend this meeting remotely. Instead of attendance in person, Committee members and the public may attend this meeting by **telephone conference**. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the **telephone conference beginning approximately 10 minutes prior to the start time indicated above using the following number: 1-408-418-9388. Access Code: 262 543 736 - from phones- PLEASE MUTE YOUR PHONE!**

1. Call Meeting to Order
2. Public Comment (15 Minutes)
3. Approval of the September 30, 2020, Committee meeting minutes.
4. **Policy Issues** Discussion and Possible Action: None
5. **Operational Functions** Required by Statute, Ordinance, or Resolution:
 - A. Declaring Every Third Thursday in November as Rural Health Day (November 19, 2020) (Buttke)
6. **Educational Presentations** and Committee Discussion:
 - A. Public Engagement Strategies for Local Communicable Disease Ordinance (Buttke)
 - 1) Report from Chair Buttke on discussion evaluating next steps
 - B. Level III Health Department Certification review by Department of Health Services (Theurer)
 - C. Wisconsin Changes Policy relative to Medicaid Coverage for Incarcerated Individuals (Leonhard)
 - 1) What does this mean for inmates? <https://www.dhs.wisconsin.gov/news/releases/101620.htm>
 - D. The Strategic Plan and the Role of the Health & Human Services Committee (McEwen)
7. Next Meeting Logistics and Topics:
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: Wednesday, December 2, 2020 at 4:00 p.m.
8. Announcements
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 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

SIGNED /s/ Tim Buttke

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: M. Palmer
FAXED DATE: _____
FAXED TIME: _____

Presiding Officer or Designee
NOTICE POSTED AT COURTHOUSE
BY: M. Palmer
DATE: _____
TIME: _____



MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MINUTES

Wednesday, September 30, 2020 at 4:00 p.m.

Courthouse Assembly room, 500 Forest Street, Wausau WI 54403

Attendance:	Present	Absent
Tim Buttke, Chair	X	
Michelle Van Krey, Vice Chair	W	
Dennis Gonnering	W	
William Harris	W	
Donna Krause	X	
Tom Seubert	W	

Also Present: Lance Leonhard, Joan Theurer, Jeff Johnson, Scott Corbett, Mary Palmer, Members of the Public

Via Web or Phone – John Robinson, Peter Weinschenk, Michael Loy

1. Call Meeting to Order

Chair Tim Buttke called the meeting to order at 4:00 p.m.

2. Public Comment: Rebecca Teichroew, 236851 Sunrise Road, Wausau 54403 Her comment was on the proposal that powers be given to unelected officials such as the Health Officer.

3. Approval of the September 2, 2020, Committee meeting minutes.

MOTION BY HARRIS; SECOND BY SEUBERT, TO APPROVE THE SEPTEMBER 2, 2020, HEALTH & HUMAN SERVICES COMMITTEE MEETING MINUTES. MOTION CARRIED.

4. Policy Issues for Discussion and Possible Action: None

5. Operational Functions required by Statute, Ordinance, or Resolution:

A. Resolution on Weekly Bus Route Pilot Program from Wausau to Rib Mountain

Discussion:

This Weekly Bus Route Pilot Program Resolution was passed at the last meeting of the Transportation Coordinating Committee.

One Supervisor shared that Wausau Metro Ride received more than \$3 million in grants and they need to use it or lose it. The majority of riders are lower income and do not drive, who need access to reasonably priced shopping. The committee worked with Greg Seubert, City of Wausau, Transit Director and same up with 6 hours of service on Fridays from 10:00 a.m. to 4:00 p.m. with one hour loops at various drop off and pick up points. The Mayor is on board to share the cost. The City's portion would be between \$4,000 and \$5,000.

The committee would also like bus service out to Weston. If it can done within the \$10,000 or less for both municipalities, it would be beneficial for residents who do not have other transportation.

The funding source would not have to be added in the budget for the pilot there are two contingency funds that could be tapped. The HR/Finance contingency fund. If not approved by HR/Finance Committee, then move it to county board to come out of the regular contingency fund. That would require a 2/3rds vote. If successful, the pilot would be included in the budget for 2022.

Action:

MOTION BY HARRIS; SECOND BY VAN KREY TO APPROVE THE RESOLUTION ON THE WEEKLY BUS ROUTE PILOT PROGRAM FROM WAUSAU TO RIB MOUNTAIN AND FORWARD TO HR/FINANCE COMMITTEE FOR FURTHER CONSIDERATION AND FUNDING. MOTION CARRIED.

Follow up:

Move to HR/Finance for further consideration.

6. Educational Presentations and Committee Discussion

- A. Update on the Ongoing Discussions Relative to Transferring Adult Protective Services (APS) from North Central Health Care (NCHC) to the Aging & Disability Resource Center of Central Wisconsin (ADRC-CW)

Discussion:

At the last County Board meeting a resolution was passed to allow for the transfer of APS from NCHC to ADRC-CW. This will be delayed until firm numbers are received.

Right now APS is performed by NCHC. The transition is not quite ready to happen. The physical move has been made so APS is in close proximity to ADRC-CW.

Follow up:

No follow up needed.

- B. Update on COVID-19's Impact on Nursing Home Operations and Census Projections and How these Impacts may Change our Campus Renovation Plans

Discussion:

Michael Loy, CEO, North Central Health Care gave an update on Mount View Care Center. Although many counties no longer operate nursing homes, Marathon County has a nice mix of beds and business is doing well. We have gone from 226 beds to 176 which was part of the master plan. Long term care has been reduced from 80 to 40 and with people staying in their own homes, it will probably be reduced to 20.

Covid has accelerated our plan and census has dropped to 154 beds. Right now there are only outdoor visits and this has made family visits difficult. People do not have a positive view of nursing homes right now and that will shape the perception and the industry. In 5 to 10 years traditional long term care will probably not exist. There is also difficulties in finding workers. With the new private/ for profit rehab hospital being built it will impact the nursing home and ventilator unit. This will impact our workers and the types of services provided. In the next 6 months the original project plan will need to be reviewed to see if we need to scale back Mount View Care Center mvc and expand behavioral health. It will change the mix and volume of beds for the organization.

Successes – keeping county owned nursing home viable; partnered with Pine Crest in Merrill with 180 beds and 140 employees. Got them into a positive dollar margin. Also speaking with Portage County about potential regionalization.

Suicides are on the increase relating to COVID 19 especially in the teenage group. It will be multi-year and maybe generational. Substantial stressors are housing, food, and employment.

Crisis contacts are increasing. Inpatient is down a little, but counseling has been done through virtual visits. There is a possible need to expand outpatient clinic.

May want to look at the reestablishing the Mount View Care committee.

Follow up:

Will be brought back at a future date.

C. What Public Engagement Strategies Should be Utilized Before the County Board Considers Adoption of a County Communicable Disease Ordinance?

Discussion:

The Executive Committee asked Health & Human Services to find a public engagement strategy. What does public engagement look like and what level of engagement is appropriate?

Although some supervisors wanted a draft to work from and share with the public, it was decided that public engagement – listening and information sessions – should be done prior to any document being drafted to take the public information into consideration.

It was suggested to use the public engagement strategy we have used before, IAP2's public participation spectrum to Inform, consult, involve, collaborate and empower.

After much discussion, it was decided that Supervisors, Buttke, Van Krey, and Robinson and Administrator Leonhard will help devise a listening session and draft a plan before the November meeting.

Follow up:

Supervisors Buttke, Van Krey, Robinson and Administrator Leonhard will be meet prior to the November meeting.

7. Next Meeting Logistics and Topics:

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

- Future items for discussion:
 - What Public Engagement Strategies Should be Utilized Before the County Board Considers Adoption of a County Communicable Disease Ordinance
 - Ask Law Enforcement Departments to Address the Issue on Crime in the Area as it Relates to Health Concerns
 - Update on Community Partners Campus
- Next meeting Wednesday, November 4, 2020, at 4:00 p.m.

8. Announcements: None were given

9. Adjournment

There being no further business to discuss, **CHAIR BUTTKE ADJOURNED THE MEETING AT 5:30 P.M.**

Minutes Prepared
By Mary Palmer

RESOLUTION R-____ -20

**PROCLAIM THE THIRD THURSDAY IN NOVEMBER
"RURAL HEALTH DAY" IN MARATHON COUNTY**

WHEREAS, one in three Marathon County residents lives in a rural community; and

WHEREAS, these rural communities have historically had an agriculture based economy; and

WHEREAS, the residents of our rural communities face unique health needs due to limited public transportation options, lower personal incomes and a larger percentage of uninsured and underinsured people, and limited access to telemedicine and telehealth resources due to limited access to broadband; and

WHEREAS, the Wisconsin Office of Rural Health, the National Organization of State Offices of Rural Health, the Wisconsin Farm Bureau Federation, and the National Farm Medicine Center in Marshfield, UW-Extension/Cooperative Extension have joined together to acknowledge the assets of rural America while raising awareness of the unique health issues of rural America during National Rural Health Day on the Third Thursday of November; and

WHEREAS, Marathon County's Strategic Plan 2018-2022 is in support of providing leadership for greater cooperation and collaboration among state, regional and local public and private entities.

NOW, THEREFORE, BE IT RESOLVED that the Marathon County Board of Supervisors proclaim the Third Thursday in November as Rural Health Day in recognition of the special challenges to maintaining good personal health in a rural community and in celebration of all that our rural communities contribute to the quality of life we all enjoy in Marathon County.

BE IT FURTHER RESOLVED that the County Board of Supervisors will support efforts to address the challenges of meeting the health care needs of residents living in rural communities.

Dated this 10th day of November, 2020.

HEALTH & HUMAN SERVICES COMMITTEE

Fiscal Impact: To reduce Marathon County costs associated with healthcare and lost productivity and wages.

References:

Wisconsin Office of Rural Health – National Rural Health Day (www.worh.org)
Rural Assistance Center – Health and Human Services Information for Rural America. (www.raconline.org/states/wisconsin.php)

Chapter DHS 140

REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

DHS 140.01	Authority and purpose.
DHS 140.03	Definitions.
DHS 140.04	Level I local health department.
DHS 140.05	Level II local health department.

DHS 140.06	Level III local health department.
DHS 140.07	Local health officer qualifications.
DHS 140.08	Local health department level designation.

Note: Chapter HFS 140 was renumbered chapter DHS 140 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., [Register January 2009 No. 637](#).

DHS 140.01 Authority and purpose. This chapter is promulgated under the authority of s. 251.20, Stats., which directs the department to specify by rule required services for each of 3 levels of local health departments. Under s. 251.05 (2), Stats., all local health departments are to provide at least level I services, while level II and level III local health departments are to provide additional services.

History: Cr. [Register, July, 1998, No. 511](#), eff. 8–1–98.

DHS 140.03 Definitions. In this chapter:

(1) “Community health assessment” means the regular, systematic collection, assembly, analysis and dissemination of information on the health of the community.

(1m) “Community health improvement plan” means the written plan developed by a local health department with the involvement of key policy makers and the general public to implement the services and functions specified under s. 250.03 (1) (L), Stats., pursuant to s. 251.05 (3) (c), Stats., and the requirements of this chapter.

(2) “Department” means the Wisconsin department of health services.

(3) “Environmental health program” means the assessment, management, control and prevention of environmental factors that may adversely affect the health, comfort, safety or well-being of individuals within the jurisdiction of the local health department by individuals qualified under s. 440.98, Stats., and ch. [DHS 139](#).

(4) “Epidemiological investigation” means the systematic examination and detailed inquiry into the circumstances and causal factors associated with a given disease or injury.

(5) “General public health nursing program” means the organization and delivery of public health nursing services by public health nurses qualified under s. 250.06 (1), Stats., and s. [DHS 139.08](#) to individuals within the jurisdiction of the local health department.

(6) “Health promotion” means programs and services that increase the public understanding of health, assist in the development of more positive health practices and enhance or maintain the health of the community as a whole.

(7) “Human health hazard” means a substance, activity or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity or condition is not abated or removed.

(8) “Local health department” means an agency of local government that has any of the forms specified in s. 250.01 (4), Stats.

(9) “Local health officer” means the person in charge of a local health department who meets the qualifications and is responsible for carrying out the duties established under s. 251.06, Stats.

(10) “Other disease prevention” means programs and services that reduce the risk of disease, disability, injury or premature death

caused by such factors as risky behaviors, poor health practices or environmental agents of disease.

(11) “Public health system” means organized community efforts aimed at the prevention of disease and the promotion and protection of health, including activities of public and private agencies and voluntary organizations and individuals.

(12) “State health officer” means the individual appointed under s. 250.02 (1), Stats., by the secretary of the department to develop public health policy for the state and direct state public health programs.

(13) “Surveillance” means the ongoing systematic collection, analysis, and interpretation of data concerning disease, injuries or human health hazards, and the timely dissemination of these data to persons responsible for preventing and controlling disease or injury and others who need to know.

History: Cr. [Register, July, 1998, No. 511](#), eff. 8–1–98; corrections in (2), (3) and (5) made under s. 13.92 (4) (b) 6. and 7., Stats., [Register January 2009 No. 637](#); [CR 18–014](#); cr. (1m) [Register June 2019 No. 762](#), eff. 7–1–19; correction in (1m) made under s. 35.17, Stats., [Register June 2019 No. 762](#).

DHS 140.04 Level I local health department.

(1) **REQUIRED SERVICES.** A level I local health department shall provide leadership for developing and maintaining the public health system within its jurisdiction by conducting all of the following:

(a) *Surveillance and investigation.* 1. Collect and analyze public health data to do all of the following:

- Identify health problems, environmental public health hazards, and social and economic risks that affect the public’s health.
- Guide public health planning and decision-making at the local level.

c. Develop recommendations regarding public health policy, processes, programs, or interventions, including the community health improvement plan.

2. Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and stakeholders.

3. Establish written protocols for obtaining laboratory services at all times.

(b) *Communicable disease control.* 1. Conduct activities required of local health departments under ch. [DHS 144](#), relating to immunization of students.

2. Comply with the requirements of ch. [DHS 145](#), relating to prevention, monitoring, conducting epidemiological investigations, and control of communicable diseases, including outbreaks.

3. Improve public recognition and awareness of communicable diseases and other illnesses of public health importance.

4. Provide or facilitate community-based initiatives to prevent communicable diseases.

(c) *Other disease prevention.* 1. Develop and implement interventions intended to reduce the incidence, prevalence or onset of chronic diseases or to prevent or ameliorate injuries that are the leading causes of disability and premature death in the local health department’s jurisdiction, as identified in the community health assessment or the most recent state public health agenda.

2. Link individuals to needed personal health services.
3. Identify and implement strategies to improve access to health services.

(d) *Emergency preparedness and response.* 1. Participate in the development of response strategies and plans in accordance with local, state, and national guidelines to address public health emergencies as defined in s. 323.02 (16), Stats.

2. Participate in public health preparedness exercises.
3. Communicate and coordinate with health care providers, emergency service providers, and other agencies and organizations that respond to a disaster, outbreak or emergency.
4. Define the role of public health personnel in responding to a disaster, outbreak, or emergency, and activate these personnel during any such occurrence.
5. Maintain and execute an agency plan for providing continuity of operations during a disaster, outbreak, or emergency, including a plan for accessing resources necessary for response or recovery.
6. Issue and enforce emergency health orders, as permitted by law.

7. Establish processes to ensure the local health department is immediately notified of an actual or potential disaster, outbreak, or emergency.

8. Implement strategies intended to protect the health of vulnerable populations during a disaster, outbreak, or emergency.

(e) *Health promotion.* 1. Develop and implement interventions, policies, and systems to promote practices that support positive public health outcomes and resilient communities.

2. Disseminate relevant, accurate information and evidence-informed prevention guidance to the public health system and community.

3. Use a variety of accessible, transparent, and inclusive methods of communication to convey and to receive information from the public and stakeholders.

4. Provide accurate, timely, and understandable information, recommendations, and instructions to the public during a disaster, outbreak, or emergency.

(f) *Human health hazard control.* 1. Assist in the conduct of activities authorized under ss. 251.06 (3) (f) and 254.59, Stats.

2. Declare dilapidated, unsafe or unsanitary housing to be a human health hazard, when permitted under s. 254.593, Stats.

3. Identify public health hazards through laboratory testing, inspections, reporting, and investigation for the purpose of preventing further incidence of occupational disease, environmental disease, and human health hazard exposure.

(g) *Policy and planning.* 1. Coordinate planning and serve as a source of information and expertise in the development and implementation of policies affecting public health.

2. Foster and support community involvement and partnerships in development, adoption, and implementation of policies affecting public health, including engagement of diverse populations and consideration of adversely impacted populations.

3. Conduct a community health assessment resulting in a community health improvement plan at least every 5 years.

4. Develop a written community health improvement plan at least every 5 years, by assessing applicable data, developing measurable health objectives, and partnering with persons, agencies, and organizations to cultivate community ownership throughout the entire development and implementation of the plan.

5. Engage members of the community in assessment, implementation, monitoring, evaluation, and modification of community health planning.

6. Promote land use planning and sustainable development activities to create positive health outcomes.

(h) *Leadership and organizational competencies.* 1. Establish and sustain relationships with governmental and nongovernmental partners and stakeholders.

2. Engage stakeholders in the development and implementation of the local health department's organizational goals.

3. Use principles of public health law, including local and state laws, in the planning, implementation, and enforcement of public health initiatives.

4. Promote and monitor progress towards achieving organizational goals, objectives identified in community health improvement plan, and identifying areas for improvement.

5. Implement processes within public health programs that create health equity.

6. Maintain a competent and diverse workforce intended to ensure the effective and equitable provision of public health services.

7. Provide continuing education and other training opportunities necessary to maintain a competent workforce.

8. Implement and maintain the technology needed to support public health operations while simultaneously protecting personally identifiable information and other confidential health information, pursuant to ss. 19.21 and 146.82, Stats.

(i) *Public health nursing services.* Conduct a general public health nursing program which shall apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required in pars. (a) to (h), in cooperation with the local board of health.

(2) **ANNUAL REPORTING.** A level I local health department shall submit the following to the department:

(a) By May 1, a copy of the annual report submitted by the local health officer during the previous year, as required by s. 251.06 (3) (h), Stats.

(b) Public health data, in a format prescribed by the department.

Note: Reports and data described in this section must be submitted to the regional office assigned to the local health department's jurisdiction. Information about regional offices may be obtained by accessing: <https://www.dhs.wisconsin.gov/dph/regions.htm>.

(3) **OPTIONAL SERVICES.** A level I local health department may provide any services, in addition to the services required under sub. (1), that a level II local health department is required to provide under s. DHS 140.05 or a level III local health department is required to provide under s. DHS 140.06.

History: Cr. Register, July, 1998, No. 511, eff. 8/21/98; corrections in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction in (1) (f) 1. made under s. 35.17, Stats., Register June 2019 No. 762.

DHS 140.05 Level II local health department.

(1) **REQUIRED SERVICES.** In addition to the level I local health department required services described in s. DHS 140.04, a level II local health department shall do all of the following:

(a) Address communicable disease control, chronic disease and injury prevention, environmental public health, family health, and access and linkage to health services, in addition to services already provided under s. DHS 140.04, by doing all of the following:

1. Identifying and promoting either a community need that has not already been selected as a local priority by the local health department in its most recent community health improvement plan or an objective specified in the department of health services' most recent state public health agenda, developed pursuant to s. 250.07, Stats.

2. Providing support to implement services through leadership, resources, and engagement of the public health system.

3. Utilizing evidence-informed resources and practices to provide services.

4. Evaluating the additional services and reporting to the community and local board of health on progress and performance.

(b) Develop and maintain a plan to employ qualified public health professionals and assure a competent public health workforce by doing all of the following:

1. Including core public health competencies and credentialing requirements in all department job descriptions, unless prohibited by local governing body.

2. Assessing staff core public health competencies every 2 years to identify department training needs.

3. Completing annual performance evaluations and personal development plans, unless prohibited by local governing body.

(c) Conduct quality improvement.

(d) Provide training and resources related to quality improvement to local health department staff and the local governing body.

(e) Establish explicit organizational performance measures for the local health department's mission, vision, values, and strategic goals.

(f) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under pars. (a) to (e).

(2) OPTIONAL SERVICES. A level II local health department may provide any services, in addition to the services required under sub. (1), that a level III local health department is required to provide under s. DHS 140.06.

History: Cr. Register, July, 1998, No. 511, eff. 8-1-98; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction in (1) (a) 1., (b) 2. made under s. 35.17, Stats., Register June 2019 No. 762; correction in (1) (f) made under s. 13.92 (4) (b) 7., Stats., Register June 2019 No. 762.

DHS 140.06 Level III local health department. In addition to the level I local health department required services described in s. DHS 140.04 and to the level II local health department required services described in s. DHS 140.05, a level III local health department shall do all of the following:

(1) Lead the collection of data to guide public health planning and decision-making at the local level in alignment with the most recent state public health agenda.

(2) Provide public health expertise within the jurisdiction to elected officials, stakeholders, and community partners, including data and research.

(3) Identify and address factors impacting population health by implementing evidence-informed and emerging practices.

(4) Develop, advocate, adopt, and implement policies or strategies to improve the physical, environmental, social, and economic conditions affecting health.

(5) Establish and implement an environmental health program as directed by the local board of health or other local governing body by doing all of the following:

(a) Participating and providing environmental health expertise in the development of community plans.

(b) Providing or arranging for the availability of services authorized under ch. 254, Stats., such as for toxic substances, indoor air quality, animal borne or vector borne disease, and human health hazards.

(c) Collecting, reviewing, and analyzing environmental and community health data, and managing, controlling, and preventing environmental factors that may adversely affect the health, safety, or well-being of individuals or the community.

(d) Implement agreements established with state agencies to provide or arrange for environmental health services.

(e) Administering regulations of the board of health or other local governing body.

(6) Provide or arrange for other services that the local health department determines appropriately address objectives or services in the most recent state public health agenda.

(7) Develop and implement methods to collect performance data, evaluate goals, conduct quality improvement, and report progress to advise organizational decisions.

(8) Develop and implement a plan that integrates quality improvement at the individual, team, and organization levels.

(9) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under subs. (1) to (8).

History: Cr. Register, July, 1998, No. 511, eff. 8-1-98; corrections in (1) (c) and (d) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; (1) (d) renum. to SPS 221.065 under s. 13.92 (4) (b) 1., Stats., Register December 2015 No. 720; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762; correction in (9) made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762.

DHS 140.07 Local health officer qualifications.

(1) DEFINITION. In this section, "similar field" means a field of academic study, or combination of graduate-level courses that the state health officer determines provides the knowledge and skills required to adequately meet the responsibilities of a level I, II, or III local health officer.

(2) LEVEL I. A local health officer of a level I local health department shall meet the requirements stated in s. 251.06 (1) (a), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. 251.06 (1) (d), Stats.

(3) LEVEL II. A local health officer of a level II local health department shall meet the requirements stated in s. 251.06 (1) (b), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. 251.06 (1) (d), Stats.

(4) LEVEL III. Pursuant to ss. 251.06 (1) (c) and (d), Stats., a level III local health officer shall have any of the following qualifications:

(a) At least 3 years of experience in a full-time administrative position in either a public health agency or public health work and one of the following:

1. A master's degree in public health, public administration, or health administration.

2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

(b) A bachelor's degree, 5 years of experience in a full-time administrative position in either a public health agency or public health work, and one of the following:

1. At least 16 graduate semester credits towards a master's degree in public health, public administration, or health administration.

2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of 16 graduate semester credits towards a master's degree in a similar field.

(c) A license to practice medicine and surgery under ch. 448, Stats., and at least one of the following:

1. Three years of experience in a full-time administrative position in either a public health agency or public health work.

2. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

3. A master's degree in public health, public administration, or health administration.

4. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

History: Cr. Register, July, 1998, No. 511, eff. 8-1-98; CR 18-014: r. and recr. Register June 2019 No. 762, eff. 7-1-19; correction in (1) made under s. 13.92

(4) (b) 1., Stats., Register June 2019 No. 762; correction in (1), (4) (c) 3. made under s. 35.17, Stats., Register June 2019 No. 762.

DHS 140.08 Local health department level designation. The department shall review the operations of each local health department at least every 5 years, and based on this review, the state health officer shall issue a written finding as to whether the local health department satisfies the requirements for a level

I, II, or III local health department. In the alternative, the state health officer may determine that the operations of a local health department satisfy the requirements for a level I, II, or III local health department based on a national accreditation process that fulfills the requirements specified under ch. 251, Stats., and this chapter.

History: CR 18-014: cr. Register June 2019 No. 762, eff. 7-1-19; correction made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762.

Tony Evers
Governor



DIVISION OF PUBLIC HEALTH

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PO BOX 2659
MADISON WI 53701-2659

Andrea Palm
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-1251
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TTY: 711 or 800-947-3529

October 14, 2020

John Robinson
Chair, Marathon County Health Board
500 Forest Street
Wausau, WI 54403

Dear Mr. Robinson:

The Department of Health Services (DHS) congratulates the Marathon County Health Department for demonstrating the infrastructure and program capacity to be certified as a Level III health department. I am happy to report the Marathon County Health Department met all of the criteria reviewed by the DHS review team.

The DHS 140 review is an opportunity to assess quality improvement opportunities in addition to Wisconsin statute and rule compliance. This focus helps assure a strong statewide public health system. During this time of limited capacity for local health departments and DHS, we are reviewing health departments with the goals of maintaining legal compliance and reducing regulatory stress. DHS anticipates returning to quality improvement focused reviews in either 2021 or 2022. The Marathon County Health Department and the 21 other local health departments who will undergo these limited capacity reviews will be the first departments given a quality improvement review.

I want to acknowledge the work of the Marathon County Health Department staff. Joan Theurer, health officer, did an excellent job of representing and explaining the work of the health department. The stress of operating a health department and the demands on public health directors and professionals have increased exponentially during this state and global pandemic. I applaud the dedicated efforts of Joan and the Marathon Health Department staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the Marathon County Health Board for maintaining a strong public health department. Pandemic response has potentially caused you and your jurisdiction to think about public health issues you may have not considered before. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the Marathon County Health Department will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

A handwritten signature in cursive script that reads 'Stephanie Smiley'.

Stephanie Smiley
Interim State Health Officer & Division Administrator

c: Joan Theurer, Marathon County Health Officer
Lance Leonhard, Marathon County Administrator
Angela Nimsgern, Director, Northern Region

Overview

Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management. Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

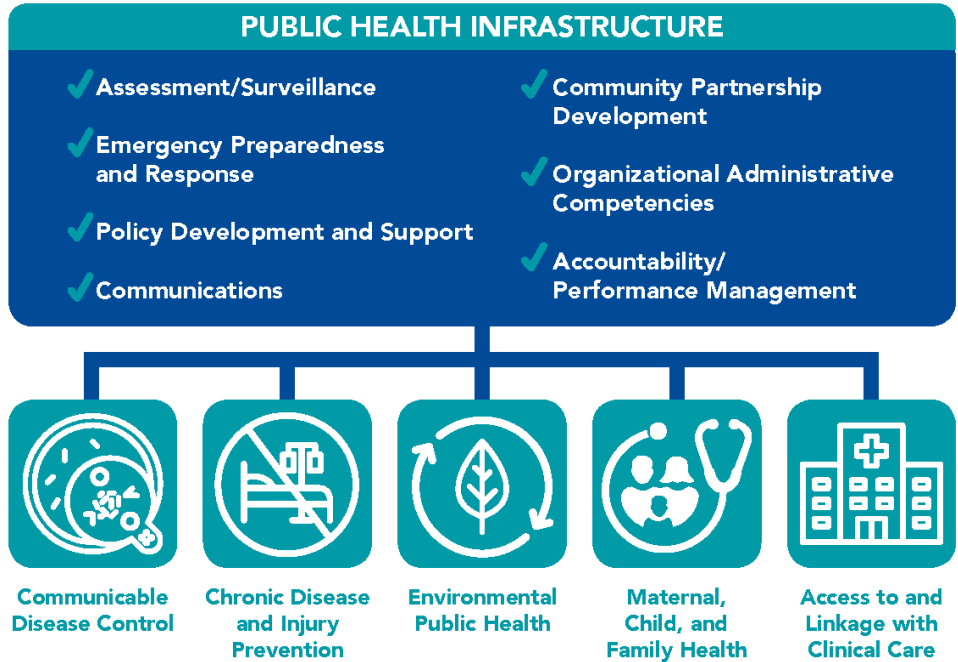
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Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

Public health programs, or foundational areas, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

Public Health Infrastructure (Foundational Capabilities)

Assessment/Surveillance

- ❖ Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.
- ❖ Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.

- ❖ Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- ❖ Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- ❖ Ability to access 24/7 laboratory resources capable of providing rapid detection.

Emergency Preparedness and Response

- ❖ Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- ❖ Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- ❖ Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- ❖ Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- ❖ Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- ❖ Ability to issue and enforce emergency health orders.
- ❖ Ability to be notified of and respond to events on a 24/7 basis.
- ❖ Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Policy Development and Support

- ❖ Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defensible. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- ❖ Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

Communications

- ❖ Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- ❖ Ability to write and implement a routine communication plan that articulates the health department's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- ❖ Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.
- ❖ Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- ❖ Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.

Community Partnership Development

- ❖ Ability to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- ❖ Ability to create, convene, and support strategic partnerships.
- ❖ Ability to maintain trust with and engage community residents at the grassroots level.
- ❖ Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

- ❖ Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- ❖ Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.

Organizational Administrative Competencies

- ❖ **Leadership and Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives. Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.
- ❖ **Health Equity:** Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- ❖ **Information Technology Services, including Privacy and Security:** Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies needed to interact with community residents. Ability to have the proper systems in place to keep health and human resources data confidential.
- ❖ **Human Resources Services:** Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- ❖ **Financial Management, Contract, and Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations.
- ❖ **Legal Services and Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Accountability/Performance Management

- ❖ **Quality Improvement:** Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards. Ability to maintain a performance management system to monitor achievement of organizational objectives. Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level. Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.

Public Health Programs (Foundational Areas)

Communicable Disease Control

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- ❖ Identify statewide and local communicable disease control community partners and their capacities, develop and implement a prioritized communicable disease control plan, and seek funding for high priority initiatives.
- ❖ Receive laboratory reports and other relevant data, conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national and state mandates and guidelines.
- ❖ Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
- ❖ Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.
- ❖ Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- ❖ Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease and Injury Prevention

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control.
- ❖ Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- ❖ Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.
- ❖ Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living.
- ❖ Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- ❖ Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- ❖ Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- ❖ Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and, identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- ❖ Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations
- ❖ Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. housing and urban development, recreational facilities, and transportation systems) and resilient communities.
- ❖ Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, and Family Health

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- ❖ Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and seek funding for high priority initiatives.
- ❖ Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- ❖ Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- ❖ Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to and Linkage with Clinical Care

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- ❖ Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- ❖ In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.
- ❖ Coordinate and integrate categorically-funded clinical health care.

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