# Marathon County
# Health Department

# SERVING OUR COMMUNITY

## Promoting Health

## Protecting the Environment

## Preventing Disease

# 2006 ANNUAL REPORT

**This Report Fulfills Chapter 251.06(3) (h) WIS. STATS.**

# Marathon County Demographics

| | | |
|---|---|---|
| **2006 Population (Est.)** | **130,223** | |
| **2005 Population (Est.)** | **127,080** | |
| **Gender** | | |
| **Male** | **63,367** | **49.9%** |
| **Female** | **63,713** | **50.1%** |
| **Age** | | |
| **Under 5 years** | **7,503** | **5.9%** |
| **18 years and older** | **96,158** | **75.7%** |
| **65 years and older** | **16,021** | **12.6%** |
| **Race & Ethnicity** | | |
| **White** | **118,653** | **93.4%** |
| **African American** | **505** | **0.4%** |
| **American Indian** | **372** | **0.3%** |
| **Asian** | **5,793** | **4.6%** |
| **Other race** | **427** | **0.3%** |
| **Two or more races** | **1,330** | **1.9%** |
| **Hispanic/Latino** | **1,373** | **1.1%** |
| **Geography** | | |
| **Square Miles** | **1,584** | |
| **Population Density** | **82.2 persons/square mile** | |
| **Economics** | | |
| **Median Household Income** | **$49,906** | |
| **Families Below Poverty Level** | | **3.8%** |
| **Individuals Below Poverty Level** | | **5.7%** |

# 2006 ANNUAL REPORT

# MARATHON COUNTY HEALTH DEPARTMENT

## BOARD OF HEALTH

**Bettye J. Nall, Chairman - County Board Supervisor**
**Julie Fox, DDS, Vice-Chairman**
**Karen Piel, Secretary - County Board Supervisor**
**Kevin O'Connell, MD**
**Robert Pope, DVM**
**John Robinson - County Board Supervisor**
**Lori Shepherd, MD**
**Dennis Weix**
**Jan Wieman, RN**

## MEDICAL ADVISOR TO THE HEALTH OFFICER

**Kevin O'Connell, MD**

## HEALTH OFFICER

**Julie Willems Van Dijk, RN, MSN**

## CHRONIC DISEASE PREVENTION TEAM

**Judy Burrows, BS, RD, Program Director**

## ENVIRONMENTAL HEALTH & SAFETY TEAM

**Dale Grosskurth, BS, RS, Program Director**

## FAMILY HEALTH & COMMUNICABLE DISEASE CONTROL TEAM

**Joan Theurer, RN, MSN, Program Director**

# MARATHON COUNTY HEALTH DEPARTMENT STAFF

**December 31, 2006**

| | | Yrs. Of Service |
|---|---|---|
| Julie Willems Van Dijk | Health Officer | 17 |
| Ruth Marx | Epidemiologist/Public Health Preparedness Coordinator | 15 |
| Marla Cummings | Accountant (P.T.) | 1 |
| **CHRONIC DISEASE PREVENTION TEAM** | | |
| Judy Burrows | Director | 14 |
| Elaine Heil-Stark | Adult Aging Nurse Specialist | 22 |
| Melinda Ogstad-Vallier | Health Educator | 3 |
| Edie Peterson | Vision/Hearing Screening Coordinator (P.T.) | 2 |
| Libbe Slavin | Health Educator (P.T.) | 1 |
| Allisha Smoczyk | Health Educator | .5 |
| Renee Trowbridge | Health Educator | 5 |
| **ENVIRONMENTAL HEALTH & SAFETY TEAM** | | |
| Dale Grosskurth | Director | 6 |
| Adam Anderson | Environmental Health/Lab Technician | 1 |
| Lindsay Benaszeski | Environmental Health/Lab Technician (P.T.) | .5 |
| Jackie Bethel | Environmental Public Health Sanitarian II | 26 |
| Sara Brown | Environmental Public Health Sanitarian II | 5 |
| Kristal Knapp | Environmental Public Health Sanitarian II | 31 |
| Russell Mech | Environmental Public Health Sanitarian II | 10 |
| Mary Myszka | Environmental Public Health Sanitarian II | 22 |
| John Schlicher | Hazardous Waste Coordinator | 7 |
| Michelle Schwoch | Environmental Public Health Sanitarian II (P.T.) | 8 |
| **FAMILY HEALTH & COMMUNICABLE DISEASE CONTROL TEAM** | | |
| Joan Theurer | Director | .5 |
| Heather Busig | Public Health Nurse | .5 |
| Vicki Chrapkowski | Public Health Nurse (P.T.) | 13 |
| Mary Hackel | Public Health Nurse | 4 |
| Jean Kaatz | Public Health Nurse | 23 |
| Carol Capelle Mills | Public Health Nurse (P.T.) | 12 |
| Mary Omernik | Public Health Nurse | 3 |
| Tara Patridge | Public Health Nurse (P.T.) | 5 |
| Ann Peters | Public Health Nurse | 6 |
| Tiffany Pietrowski | Public Health Nurse (P.T.) | 5 |
| Carrie Sickler | Public Health Nurse (P.T.) | 2 |
| Peggy Stalheim | Public Health Nurse (P.T.) | 9 |
| Dawn Van Den Heuvel | Public Health Nurse | 2 |
| Susan Weith | Public Health Nurse (P.T.) | 4 |
| Colleen Yaatenen | Public Health Nurse (P.T.) | 6 |
| **OPERATIONAL SUPPORT TEAM** | | |
| Bonita Buchberger | Administrative Specialist | 36 |
| Karen Lenzner | Secretary (P.T.) | 26 |
| Pang Moua | Bilingual Health Aide | 9 |
| Renee Oakes | Clerical Assistant I | 2 |
| Patti Poverski | Clerical Assistant II | 17 |
| Carol Roberts | Clerical Assistant II | 13 |
| Janet Werner | Clerical Assistant II | 27 |
| John Kasten | Senior Aide | 2 |
| **NORTHWOODS PUBLIC HEALTH PREPAREDNESSS CONSORTIUM** | | |
| Julie Hladky | Program Manager (P.T.) | 3 |
| Nancy Anderson | Clerical Assistant II (P.T.) | 2 |
| Mary Texidor | Health Educator | 1 |
| Chris Dobbe | Epidemiologist | 2 |
| **NORTHERN REGION CENTER FOR CHILDREN & YOUTH WITH SPECIAL HEALTH CARE NEEDS** | | |
| Julia Stavran | Program Manager | 19 |
| Jill Nelson | Community Health Worker (P.T.) | .5 |

# VISION

**Create and support environments and policies where people can make healthy choices and the public's health is protected.**

# MISSION STATEMENT

**To link and empower individuals, families, and systems to promote health, prevent disease, and protect the environment, thereby strengthening our communities.**

# CORE VALUES

**SERVICE** ***is responsively delivering on our commitments to all of our internal and external customers.***

We know we are living the core value of ***SERVICE*** when we:

- Provide and design services based upon customer needs.
- Make access a priority by being flexible and available.
- Communicate respect for the community, our partners, and our co-workers through positive and professional attitude and appearance.
- Meet our commitments by being on time for meetings, appointments, clinics, and work deadlines.
- Respond to phone calls, email, and correspondence in a timely manner.

**INTEGRITY** ***is honesty, openness, and demonstrating mutual respect and trust in others.***

We know we are living the core value of ***INTEGRITY*** when we:

- Communicate openly and honestly and listen without personal bias or prejudice.
- Treat people with respect and fairness.
- Model a focused and productive work ethic.
- Conduct ourselves in a manner that reflects well on the department.
- Protect confidentiality.
- Comply with our professional code of ethics, *Principles of the Ethical Practice of Public Health.*

**QUALITY** ***is providing public services that are reflective of "best practices" in the field.***

We know we are living the core value of ***QUALITY*** when we:

- Define clear targets of success within our department and with community groups through strategic planning.
- Continuously evaluate the impact of our services and adapt our practice accordingly through feedback from our customers.
- Commit to best practice through implementing and improving our departmental standards (protocols, procedures, and policies).
- Seek opportunities for professional growth.
- Commit to building and maintaining excellence in all that we do.

**DIVERSITY** ***is actively welcoming and valuing people with different perspectives and experiences.***

We know we are living the core value of ***DIVERSITY*** when we:

- Strive for a diverse workforce by hiring people with a variety of experiences, backgrounds, ethnicities, and physical abilities.
- Take responsibility to know and understand other people's perspectives and cultures through continuing education and/or interaction with diverse groups.
- Honor each individual's worthiness and respect each other's beliefs/values/viewpoints.
- Customize our services to meet individual needs.
- Provide information about our services to the entire community.

**SHARED PURPOSE** ***is functioning as a team to attain our organizational goals and working collaboratively with our policy makers, departments, employees, and customers.***

We know we are living the core value of ***SHARED PURPOSE*** when we:

- Seek opportunities to work with community partners to address community health issues.
- Support the success of others and commit to the success of all.
- Fully contribute our individual expertise to the team to attain our organizational goals.
- Make decisions about our services based on community need and input.
- Solve problems by management and staff working together.

**STEWARDSHIP OF RESOURCES** ***is conserving the human, natural, cultural, and financial resources for current and future generations.***

We know we are living the core value of ***STEWARDSHIP OF RESOURCES*** when we:

- Invest in our employees by promoting continuous learning and a positive work environment.
- Use our time, money, material resources, and people in the most cost effective manner to maximize their value.
- Acknowledge the contributions of our co-workers and community partners.
- Seek diverse and sustainable funding to assure continued services.
- Consider both present and future needs in our strategic planning.

**TO: Marathon County Board of Health**
**County Board of Supervisors**
**County Administrator Mort McBain**
**Municipal Officers**
**Members of the Public**

In last year's annual report, I promised a new organizational structure, a pandemic flu plan, an updated community assessment, and a renewed commitment to analyze health trends and measure our impact on improving the community's health. I am pleased to report we have delivered on all of these promises and more in 2006.

Working with the MCHD Leadership Council to meet a budget reduction of $100,000, I presented a revised organizational structure to County Administration in April 2006, which was implemented in the second half of 2006 - six months ahead of schedule. A rigorous recruitment process resulted in the selection of highly skilled leaders - **Joan Theurer**, Director of Family Health & Communicable Disease Control; **Dale Grosskurth**, Director of Environmental Health and Safety; and **Carol Roberts**, Confidential Administrative Specialist. All three bring a fresh view with a sense of excitement, commitment, and creativity to our team. During this transition, we said farewell to Director of Environmental Health Tom Wittkopf (retirement), Deputy Health Officer Susan Becker (retirement/relocation), and Secretary Karen Lenzner (retirement). We thank them for their years of service to our community.

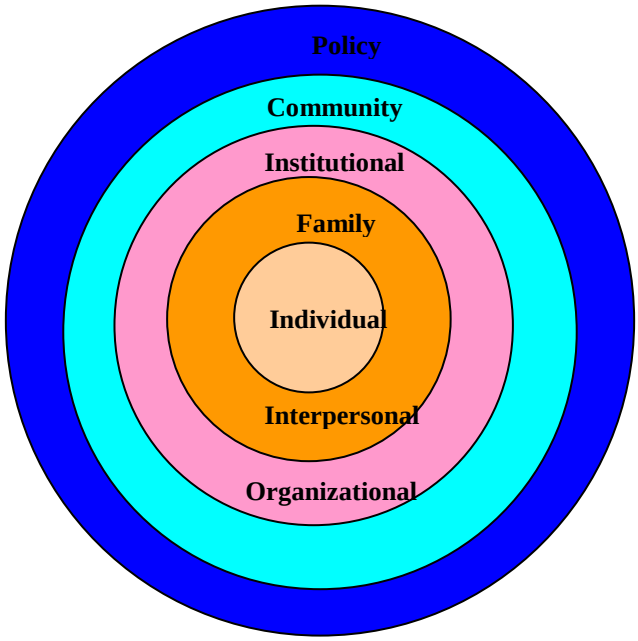
A diverse group of community partners worked together to produce the Marathon County Pandemic Influenza Plan which was unveiled in April, 2006. Work continues on refining the plan, communicating its contents to members of the community, and building capacity to respond to influenza and other emerging communicable disease threats.

In January, 2007, the *2006-2010 Marathon County Community Health Assessment* was released. The community assessment was funded by Marathon County, Marshfield Clinic, the Foundation of Saint Clare's, and the Aspirus Health Foundation. Quantitative and qualitative data were collected and analyzed, resulting in the identification of 17 health issues - seven of which were deemed to be the community's most pressing needs. They are:

- Alcohol Use & Misuse
- Concerns with the Cost of Health Care
- Health Care for the Elderly
- Obesity
- Suicide & Mental Health
- Tobacco Use & Exposure
- Utilization of Prenatal Care

Seven action teams are working on impacting these areas. In 2007, six funding partners - Judd Alexander Foundation, Aspirus Health Foundation, Community Foundation of North Central Wisconsin, Foundation of Saint Clare's Hospital, Marshfield Clinic, and United Way - have pledged $105,000 to address action within our community around these seven issues. Also, a new website was launched to communicate these efforts to our community. Log on to www.healthymarathoncounty.org to check it out!

As we come together as a community to address complex health issues and as we implement programs within Marathon County Health Department, we are guided by a model that helps us understand how we can have the greatest impact on health. It is called the Social Ecological Model and it looks like this:




This model reminds us that improving health happens at many levels. Educating and motivating individual behaviors is important, but that alone will not improve health. We must also consider how individuals interact within their families and other interpersonal relationships. We must consider the work or school environment. We must consider the cultural norms and physical environment of our community. And we must consider the policies, including informal rules and formal laws, that guide our community.

As you read the following pages and think about the work of Marathon County Health Department, look for evidence of the Social Ecological Model. You'll find that public health is work that weaves in and out of this model - it's about individuals AND families AND organizations AND communities AND policy. By focusing at all of these levels, we will improve the health of Marathon County.

And finally, thank you to you, our public health partners; for without your support and attention to the health needs of the community, none of what is contained in these pages would happen!

Sincerely,

Julie A. Willems Van Dijk RN MSN
Health Officer

# Chronic Disease Prevention Team
## Prepared by Judy Burrows, BS, RD

***The purpose of the Chronic Disease Prevention Team is to lead the community in fostering life long health through education, prevention, and early intervention.***

In 2006, the Chronic Disease Prevention (CDP) team experienced a large transformation in staff. Allisha Smoczyk, has joined our team in a new position created and dedicated to the Footprints to Health Program (funded by the UW-School of Medicine and Public Health from the WI Partnership Fund for a Healthy Future). Two other vacancies occurred because of resignation and retirement. Despite the large turnover we have achieved our stated goals for 2006. We also have added a new initiative related to suicide education and risk reduction. The CDP plan is organized around five of the eleven health priorities identified in the WI State Health Plan.

## ACCESS TO HEALTH CARE

**Marathon County Asthma Coalition**

The Marathon County Asthma Coalition (MCAC) was created in 2003 and is enhanced by the support and structure of the WI Asthma Coalition (WAC). The MCAC has developed and is implementing an action plan based on the framework and goals of the state plan.

The WAC supports the MCAC with a grant for education and training of coaches and daycare providers on asthma. The education needs of coaches and day care providers were assessed in a 2005 survey. A 2006 plan was created to provide education on four specific asthma topics pertinent to coaches and providers and subsequently measure the difference in knowledge level. The results of this education are summarized below:

17 of the 67 childcare providers who were surveyed a second time returned the completed survey for a 25% return rate.

| How confident are you in your ability to assist a child who is having an asthma attack? | | |
|---|---|---|
| **Child Care Providers** | **First Survey** | **Second Survey** |
| Not Confident | 18% | 0% |
| Some Confident | 38% | 24% |
| Confident | 28% | 47% |
| Very Confident | 17% | 24% |

14 of the 94 coaches who were surveyed a second time returned the completed survey for a 15% return rate.

| How confident are you in your ability to assist a student who is having an asthma attack? | | |
|---|---|---|
| **Coaches** | **First Survey** | **Second Survey** |
| Not Confident | 21% | 0% |
| Some Confident | 47% | 64% |
| Confident | 27% | 29% |
| Very Confident | 5% | 7% |

After receiving the asthma education, confidence levels increased in all groups and no childcare providers or coaches reported not having confidence in their ability to assist a student or child who is having an asthma attack.

**Hearing and Vision Screening** is provided to children in Marathon County schools. Beginning in the 2005-06 academic year, we added the screening of four-year-old children entering kindergarten programs. We continue to screen children in grades kindergarten through grade 3 and grade 5. The purpose of screening is to detect problems early, refer for interventions when necessary, and prevent learning difficulties in school due to hearing and vision loss. This program is supported by a grant from the Marshfield Clinic.

| | 2003-04 | 2004-05 | 2005-06 | 2006-07 |
|---|---|---|---|---|
| **Vision Screening** | | | | |
| Students receiving vision screening | 7460 | 5876 | 6133 | 6009* |
| Students receiving referrals for vision care | 202 | 362 | 360 | 367* |
| Medical care in process or completed by end of academic year. | | 228 (63%) | 239 (66%) | 72* |
| **Hearing Screening** | | | | |
| Students receiving hearing screening | 7451 | 5858 | 6413 | 6420* |
| Students receiving referrals for hearing care | 88 | 143 | 122 | 133* |
| Medical care in process or completed by end of school year. | | 92 (64%) | 85 (69%) | 46* |

* Data is tabulated on the academic year and is not complete for the 2006-07 year.

The D.C. Everest school district has chosen not to participate in our screening program and is providing screening to their students with their staff and volunteers.

**Wisconsin Well Woman Program (WWWP)**

The WWWP is a breast and cervical cancer screening program for women funded by the Centers for Disease Control (CDC) and the State of WI. The program provides limited health care screening services, referral, follow up, and patient education for women meeting the following criteria:

- Ages 45-64 (emphasis on ages 50-64)
- At or below 250% of the federal poverty level
- Has no health insurance, or insurance which does not cover routine screening, or unable to pay high deductibles or co-payments

MCHD coordinates this program for Lincoln, Marathon, and Portage counties. The coordinator's role is to determine eligibility and enrollment, provide case management, assist with billing and reimbursement, and report local activity to WWWP. If other health issues are identified, the coordinator refers to other community programs, including the Aging & Disability Resource Center.

| Marathon County | 2006 Actual | 2006 Goal |
|---|---|---|
| Number of women enrolled in WWWP | 246 | |
| Number of women screened for cervical cancer | 76 | |
| Number of women screened for breast cancer | 143 | |
| Unduplicated number of women screened | **146** | 111 |

## OVERWEIGHT, OBESITY, AND LACK OF PHYSICAL ACTIVITY

**Healthy Eating/Active Living (HEAL)** is a community coalition in Marathon County formed in July 2003 in response to the Marathon County Community Health Assessment. ***Its purpose is to develop strategies and interventions to reduce the prevalence of obesity and sedentary lifestyle of residents of Marathon County.*** The 2006 accomplishments include:

- Continued shared leadership from the Health Department and Aspirus (Sue Gantner, Aspirus Heart and Vascular Institute, and Rick Nevers, Vice President of Operations, Aspirus Wausau Hospital)
- Membership continues to grow with 94 persons representing various community groups and organizations
- Implementation of the *Footprints to Health* program funded by the University of Wisconsin-School of Medicine and Public Health, *WI Partnership Fund for a Healthy Future*
- The creation of a Bike/Pedestrian subcommittee of the Municipal Planning Organization: The role of the committee is to facilitate the development of a plan to increase the available bike and pedestrian transportation routes in the greater Wausau area
- Continued action by three coalition subcommittees that serve distinct target population groups: *HEAL/Youth and Schools* serves youth through the schools or youth serving organizations; *HEAL/ Work Sites* serves adults through employers: and *HEAL/Footprints to Health* serves the neighborhoods of Franklin Elementary and Schofield Elementary schools

**HEAL/Youth and Schools** subcommittee's ***purpose is to identify, define and implement policies and programs that serve to support healthy eating and active living among the area students.*** The main function of this committee has been networking between school professionals.

**HEAL/Worksite subcommittee** members represent employers including 41 individuals, of which 11 are active committee members. ***The function of this committee is working together to share, develop and communicate strategies that empower a workforce and the community to make choices that lead to healthier lifestyles.*** Several members have piloted the Wisconsin Worksite Wellness Resource Kit created by a collaboration of state agencies and coalitions. Contents include an assessment tool to evaluate the worksite environment and educational resources to encourage and support healthy nutrition and physical activity choices. The purpose is to identify and implement policy changes at the organizational level to support individuals in

making healthy choices. The subcommittee meets quarterly to share ideas, results, and identify needs for the future.

**HEAL/Footprints to Health**

In 2006, HEAL continued its partnership with the WI Department of Health and Family Services (DHFS) to implement a pilot program. Wisconsin is a recipient of a Nutrition and Physical Activity grant from the Centers for Disease Control and Prevention. The purpose of the pilot is to test a model in one community and learn more about strategies which are successful. This model program is based on the framework of the Social Ecological Model. The *Footprints to Health* program goals are to increase fruit and vegetable consumption and increase physical activity. The program objectives target all five spheres of influence described in the Social Ecological Model.

| **Footprints to Health - DHFS Pilot program in the Franklin School Neighborhood** | |
|---|---|
| **Sphere of influence** | **Program objective** |
| Individual | • Provide classroom and after school activities to teach nutrition and practice physical activities |
| Family/Interpersonal | • Send educational messages home with children to families via school newsletters<br>• Offer "Family Meals" education to parents/families<br>• Offer family education at the Farmers Market<br>• Establish neighborhood walking groups<br>• Provide maps of established walking routes in the neighborhood |
| Institutional/Organizational | • Improvements in healthy selections in local restaurants and grocery stores<br>• Worksite wellness assessments completed with partnering neighborhood businesses<br>• Increase the accessibility to facilities for indoor recreation |
| Community | • Create and deliver media messages in partnership with the local newspaper, radio, and television<br>• Produced and distributed Active Recreation Resource Guides in partnership with the Park, Recreation, and Forestry Department |
| Policy | • Assist schools, businesses, and organizations on developing voluntary policies that support healthy choices |

**HEAL/Footprints to Health – *Expansion***

The DHFS pilot program was the foundation for the *WI Partnership Fund for a Healthy Future* grant funded for 2006-2009. The program expands the original model using the school as the hub of the neighborhood, but targets different partners and programs. Thus program objectives at the organizational, community, and policy level vary from the pilot program (see chart below). The Safe Routes to School program improves the health of kids and the community by making walking and bicycling to school safer, easier, and more enjoyable. The program will expand to promote safe walking and bicycling throughout the community by involving parents, children, community members, school staff, traffic engineers, city planners, law enforcement officers, community leaders, and many others. They work to assess the safety of school travel routes; make engineering changes such as building crosswalks or adding crossing guards; educate

students and drivers about safe travel and encourage walking and biking to school. Schofield Elementary is the newest school/neighborhood partner in the Footprints initiative.

| **Footprints to Health - UW Partnership<br>Expansion program in six additional neighborhoods** | |
|---|---|
| **Sphere of influence** | **Program objective** |
| Individual | • Provide classroom and after school activities to teach nutrition and practice physical activities |
| Family/Interpersonal | • Send educational messages home with children to families via school newsletters<br>• Offer education and activities to parents/families at school sponsored events |
| Institutional/Organizational | • Implement the *Safe Routes To School* assessment and education program in each new neighborhood<br>• Provide education for local health care providers on the identification, evaluation, and treatment of overweight and obesity |
| Community | • Offer the *Active Family Challenge* to residents in partnership with the Park, Recreation, and Forestry Department<br>• Produced and distributed Active Recreation Resource Guides in partnership with the Park, Recreation, and Forestry Department<br>• Implement transportation modifications based on the *Safe Routes To School* assessment results |
| Policy | • Assist schools, businesses, and organizations on developing voluntary policies that support healthy choices |

A governance team was developed to plan, monitor, and link partners involved in the Footprints to Health program. Members include: Lynn Buhman, UW-Wausau Family Practice; Karyn Powers, Park, Recreation, and Forestry Dept.; Karen Olson, Cardiovascular Research and Education Foundation; Maureen Pilsner, Wausau Police Department; Tom Jackson, Wausau School District; Karen Wegge, D.C. Everest School District; and Ann Lucas, Bridge Community Health Clinic.

## TOBACCO USE AND EXPOSURE

**The Marathon County Tobacco Free Coalition** (MCTFC) is a leader in the community on tobacco education, prevention, and cessation. The mission and goals of the coalition are guided by local community assessment and the Wisconsin Tobacco Prevention and Control Program. In 2006, the MCTFC focused on three priority areas. They are 1) smoke free air, 2) youth prevention, and 3) treatment of tobacco addiction.

### Smoke Free Air

In June of 2006, the Surgeon General released a report titled *The Health Consequences of Involuntary Exposure to Tobacco Smoke.* There are six major conclusions made in this report:

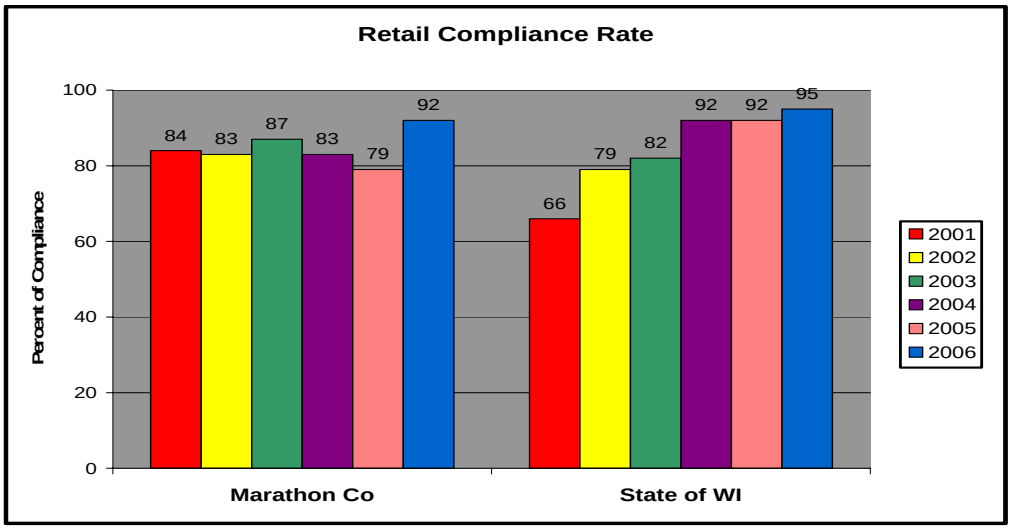
1. Millions of Americans are still exposed to secondhand smoke despite substantial progress in tobacco control.
2. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.
3. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.
4. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
5. The scientific evidence indicates there is no risk-free level of exposure to secondhand smoke.
6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke.

This report has become the impetus for new local efforts to protect the public from being exposed to the dangers of second hand smoke.

**Adult smoking cessation** is provided in collaboration with Premiere Recovery Services of North Central Health Care. *Quit Smoking Now,* a 6-week education and stop smoking program, and the weekly *Tobacco Support Group* continues to be offered in the community. In 2006, Quit Smoking Now was offered two times and 12 persons completed the program with 8 quitting smoking by the end of the sessions.

The Tobacco Treatment subcommittee of the Coalition is in the process of recreating the program with local health care partners. The goal is to increase access to a quality tobacco cessation and support program.

**WI WINS** is a statewide program designed to reduce the sales of tobacco to minors through education and law enforcement. Teens aged 15, 16, and 17 assist coalition members and law enforcement to determine if tobacco products are being sold to minors. If a minor is able to purchase tobacco products, the clerk and the license holder are fined by local law enforcement.




The **Tobacco Intervention Program (TIP)** has been in existence since May of 2000. Wausau and Rothschild municipal courts are able to refer teens charged with their first tobacco offense to

the TIP class in lieu of the fine. The program helps teens understand nicotine addiction, how tobacco use affects them today and in the future, as well as the reality of quitting tobacco use. In 2006, thirty teens participated in TIP. To date 380 teens have completed the TIP class and requirements.

## UNINTENTIONAL INJURY PREVENTION

**Passenger safety** and injury prevention efforts are maximized by our involvement with the Wausau Area Safe Kids Coalition. The Coalition coordinates community events promoting safety for children including car seat inspections and bike helmet sales. The Car Seat Rental Program enhances the education activities by providing safe infant/toddler car seats to families who can't afford to purchase a safe seat or need a second seat for a short period of time.

| Toddler Seat Rental Program | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|
| New Rentals | 44 | 61 | 52 | 69 | 62 |
| Total number of families served | 101 | 106 | 91 | 129 | 121 |
| Additional car seat inspections and education at community events | 60 | 75 | 51 | 45 | 41 |

The Marathon County Health Department, in cooperation with the **Marathon County Suicide Prevention Team**, was awarded funding for a suicide prevention program through the Garrett Lee Smith Memorial Youth Suicide Prevention grant. The program objectives are to create awareness of suicide prevention, provide education, and identify resources available to high school aged children. This includes training school staff, parents, and children on the signs and symptoms of suicide and incorporating suicide prevention curriculum into schools. In 2006, the Edgar and Spencer school districts have begun work on this initiative.

# Environmental Health & Safety Program
## Prepared by Dale Grosskurth, BS, RS

***The purpose of the Environmental Health & Safety Team is to promote health, prevent disease, and ensure compliance with best practice methods thereby eliminating exposure to human health hazards in the environment.***

## FOOD SAFETY

The mission of the Food Safety Program is: To sustain safe, high quality food for the consumer by providing education, consultation, and regulation. The goal is to develop methods and utilize new technologies to identify and reduce the risk of foodborne illness.

The objective is to eliminate the incidence of infectious and non-infectious diseases by improving personal hygiene, maintenance, and sanitation in taverns, restaurants, schools, and retail food service facilities. One of the 2010 public health goals is to reduce foodborne outbreaks by 25%.

Activities in the program include education of food service employees; licensing and inspection of food service facilities including 55 schools in the Federal School Lunch/Breakfast Program; enforcing Public Health Regulation 2001; food testing; investigating foodborne outbreaks; and responding to product recalls and consumer complaints. Our partnership with Northcentral Technical College provides for Food Service Training classes monthly. The "Food Thoughts" newsletter is published 2 times each year and is distributed to over 660 food service facilities.

A summary of activities of the Food Safety Program are provided below:

| Activity | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|---|
| Foodborne Disease Investigation | 22 | 6 | 11 | 14 | 10 | 4 |
| Food Establishments Inspected & Follow-up | 1,519 | 1,292 | 1,465 | 1,698 | 2,077 | 1,800 |
| Consultations, Food Sampling, & Consumer Complaints | 2,229 | 2,685 | 2,632 | 2,224 | 2,252 | 2,786 |
| Education Classes/Attendees (Media Events) | 36/893 | 22/843 | 25/795 (5) | 24/463 (6) | 20/731 (0) | 18/434 (3) |
| WEB Site/Food Safety - Rate/yr | 0 | 693 | 474 | 584 | 840 | 767 |

In 2006, a data system tracked six Centers for Disease Control (CDC) Risk Factors identified as violations most often responsible for the majority of foodborne outbreaks, individually or in combination. Our baseline data will provide a method for the analysis of our food safety program, including targeting certain types of violations and ensuring uniformity of inspections.

CDC Risk Factor violations from full-service restaurants and retail food operations with a risk rating of low, moderate, and complex are presented below:

| CDC Risk Factors | 2004 Violations Restaurants | 2005 Violations | | 2006 Violations | |
|---|---|---|---|---|---|
| | | Restaurants (Jan-Dec) | Retail (July-Dec) | Restaurants | Retail |
| Unsafe Food Sources | 7 | 4 | 3 | 3 | 3 |
| Inadequate Cooking Temperatures | 8 | 9 | 1 | 12 | 3 |
| Improper Holding Temperatures | 114 | 154 | 18 | 136 | 61 |
| Cross Contamination | 97 | 169 | 19 | 185 | 64 |
| Personal Hygiene | 129 | 190 | 15 | 163 | 35 |
| Other CDC Factors | 90 | 119 | 23 | 99 | 23 |

In 2006, restaurants had a total of 598 CDC Risk Factor violations while retail facilities had 189. There were approximately 342 restaurants and 151 retail establishments for which tracking of the risk factors occur during the year. While the number of risk factors for restaurants is much larger than that for retail facilities, the rate or number of risk factors per facility is not all that different. The number of violations for restaurants would calculate to 1.75 per facility and retail facilities would have a rate of 1.25. The risk-based inspections performed by sanitarians certified through the standardization process have transformed the inspection process. Future inspections and operator education efforts will be developed in response to the data provided above.

We began collecting base line data for the number of CDC Risk Factor violations in Retail food stores in July 2005. To assure greater uniformity of inspections, four Environmental Public Health Sanitarians in the food safety program completed a food safety standardization and certification process and were restandardized in 2006. Standardization is a training and on-site evaluation process performed by the State Department of Agriculture, Trade, and Consumer Protection and Department of Public Health. It requires our staff to demonstrate their knowledge and experience in understanding, applying, and interpreting Food Code interventions, foodborne risk factors, hazard and systems analysis, and exhibit the necessary communication skills in conducting food safety inspections. This process is the driving force for targeting CDC Risk Factor violations during food safety inspections and operator and employee education. The standardization process is performed annually.

## ENVIRONMENTAL HEALTH HAZARDS and SANITATION

Our goal is to prevent, reduce, or eliminate human exposure to human health hazards and to protect the environment from contaminants through education, consultation, and regulation. The services provided include the inspection and monitoring of public and private water supply systems, licensed motels and hotels, swimming pools, tattoo and body art facilities, mobile home parks, recreational/educational facilities, campgrounds, and taverns. Most of the inspection services are provided under contract with state or local agencies.

Other activities include investigating complaints regarding substandard housing and monitoring for indoor contaminants such as mold, carbon monoxide, and asbestos. In addition, tax delinquent properties are assessed for potential contamination through our Phase I program. This is accomplished through collaboration with the County Treasurer's office.

Our staff operates the Northcentral Radon Information Center, an 11-county consortium down from 13 counties due to a reorganization of the Radon Information Centers in 2006 (Wood and Portage Counties changed regions). The Center provides radon information and test kits to individuals, private businesses, and government agencies. A summary of the activities are provided below:

| Activity | Service | | | |
|---|---|---|---|---|
| | 2003 | 2004 | 2005 | 2006 |
| Inspections/ On-site Visits/Assessments | 565 | 712 | 747 | 607 |
| Consultations/Complaints | 3,341 | 1,678 | 2,727 | 2,600 |
| Education/Attendees (Media events) | 14/170 (5) | 20/155 (6) | 21/1,075 (8) | 6/104 (14) |
| WEB Site - Radon | 110 | 438 | 736 | 803 |
| All Counties # Radon Tests (elevated tests) | 345 (143) | 793 (296) | 706 (433) | 667 (367) |
| Marathon County # Radon Tests (elevated tests) | 89 (63) | 223 (143) | 242 (160) | 346 (245) |
| Environmental Samples | 421 | 323 | 276 | 280 |

## LEAD PREVENTION & INTERVENTION

The Lead Prevention Team's goal is to reduce the number of lead-poisoned children in Marathon County. The Team is multi-disciplinary and provides case management for lead-burdened children, environmental testing and enforcement, and interpreter services.

| Activities | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|
| Total Number of Lead Tests | 1,762 | 1,819 | 1,647 | 1617 |
| Tests < 10 ug/dl | 1,692 | 1,762 | 1,578 | 1574 |
| Tests 10 to 19 ug/dl (# of children) | 52 (40) | 49 (33) | 4 (35) | 27 (21) |
| Tests ≥ 20 ug/dl (# of children) | 18 (9) | 8 (5) | 21 (6) | 16 (5) |
| Housing Units - Lead Hazard Reduction | 4 | 11 | 7 | 8 |
| Lead Inspections | 30 | 56 | 54 | 36 |
| Consultations | 478 | 409 | 455 | 257 |
| Environmental Samples | 80 | 179 | 171 | 166 |

We continued to employ the window replacement strategy designed to prevent lead poisoning in children in pre-1950 housing units. Windows and window components containing lead paint were replaced prior to detecting an elevated blood lead child in the home. National statistics indicate that 95% of all childhood lead poisonings are due to children being exposed to lead dust generated by lead-bearing windows and window components. MCHD continued to implement this project in partnership with the City of Wausau Community Development Department which provides funding. Eligible property owners were identified through a presentation to the Wausau

Area Apartment Association, face-to-face contact or phone calls, and a handout distributed by the City of Wausau Building Inspections Department. We will continue this project in 2007.

Public Health Nurses continued to provide case management services to 26 families, with a child or children with a blood lead level of 10 ug/dl or greater. In addition, the Health Department provided interpreter services; environmental lead hazard reduction investigation and enforcement; property owner and tenant consultation; and state and local interagency coordination.

In June 2005, a pilot intervention program was added in which lead hazard investigations were offered to families whose children had blood lead levels of ≥ 10 ug/dl, but less than 20 ug/dl. These investigations were not required under State Statute 254. The purpose of the pilot was to provide early environmental intervention, thereby preventing a child's blood lead level from rising and as a result, triggering environmental intervention under the Statute. Four properties were investigated to identify lead hazards. Property owners were given recommendations for reducing lead hazards and were allowed to make repairs under the direction of Health Department staff. Although an internal evaluation of the program could not conclusively show the impact of the early environmental intervention, all blood lead levels decreased for children residing in these properties and none of the properties required statutory enforcement since the program's inception.

## PUBLIC DRINKING WATER PROGRAM

The purpose of the Transient Non-Community (TNC) water supply program is to reduce the rate of unsafe public water supplies and ensure safe drinking water. The rate was determined by tracking each unsafe water supply using the following measurements:

- Total number of TNC facilities on public water supplies (201)
- Total number of UNSAFE public water supplies (7)
- Total number of safe water supplies 30 days after being identified as unsafe (4)
- Total number of unsafe wells not in compliance (3)

Of the 196 facilities with public water supplies**,** 194 (97%) tested safe, while 7 (3%) were found unsafe. Four of the seven unsafe systems were returned to service within 30 days following chlorination. The remaining unsafe systems required more than 60 days to return to service. These systems were ordered closed until a safe water supply could be identified. Once a water supply system is returned to service, sampling is conducted in the following month to ensure the system remains safe.

The average length of time to identify an unsafe water supply, determine corrective action, order the well replaced if needed, and confirm a safe water supply system through water testing was 60-90 days. This depended on weather conditions, the complexity of well installation, geology, type of violation(s), and availability of contractors.

## HAZARDOUS WASTE PROGRAM

The objective of the program is to reduce and eliminate human exposure to hazardous waste and toxic materials and to protect the integrity of our environment. Initiatives in the program include:

- Operating and maintaining a permanent hazardous waste collection facility in collaboration with the Department of Natural Resources, Marathon County Solid Waste Department, Department of Health & Family Services, and the Marathon County Hazardous Waste Corporation

- Providing community education and outreach services to businesses and individuals in Central Wisconsin

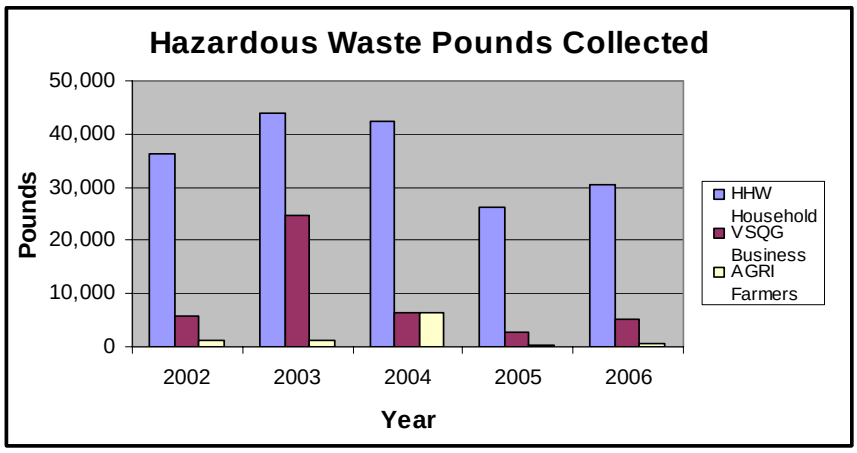
- Publishing a business newsletter reaching nearly a thousand hazardous waste generators, consultants, service firms, and area individuals.

The 7th Annual Computer Roundup was held in September. The objective of this project is to ensure proper disposal of computers, components, and other electronic products containing hazardous materials. This year 211 particpants brought in 50,345 pounds of material - a decrease of one third from last year probably due to the events hosted by Good News, a local charity and trade-in programs offered by several computer manufacturers for those upgrading their computers. Over 99% of the material was recycled or reused. Since 1999, over 496,000 pounds of electronic waste has been diverted from landfills.

A summary of hazardous waste activities is provided below:

| Activity | Service | | | |
|---|---|---|---|---|
| | **2003** | **2004** | **2005** | **2006** |
| Media Events | 13 | 24 | 21 | 2 |
| Education & Outreach Services (participants) | 11 (278) | 3(99) | 7(146) | 1 (15) |
| Requests for Assistance | 1,139 | 944 | 761 | 905 |
| Participants of Hazardous Materials Collection | 724 | 961 | 505 | 616 |
| Web Site | 76 | 584 | 704 | 913 |

The number of households using the hazardous waste facility have rebounded with the reinclusion of the City of Wausau residents. While total hazardous waste poundage has declined from the 2004 high of over 55,000, over 36,000 pounds were collected and diverted from the landfill or illegal dumping. Of the 2006 total, 2,207 pounds of batteries (Lead acid, Alkaline, NiCad, Lithium and Mercury) were collected.




Early in 2005, the department signed a 5-year Memorandum of Agreement with the Rib Mountain Metropolitan Sewerage District and Wausau Water Works to implement a Mercury Reduction Program within their respective sewer service boundaries. The purpose of the mercury reduction project is to implement a community-wide education program by reducing the potential mercury waste stream through prevention activities and prevent potential exposure to toxins, specifically mercury, in the environment. Work projects include:

- initiating a community-wide outreach to the general population
- implementing follow-up on a completed dental provider survey and analysis
- continuing a community-wide thermometer exchange project in each sewer service area
- providing a means of mercury collection and disposal
- providing targeted outreach and technical assistance to heating, ventilation, and air conditioning contractors and manufacturing/commercial businesses.

Our partners in this program included the Wisconsin Dental Association, several municipalities in the metropolitan area, Marathon County Solid Waste Department, and the Marathon County Hazardous Waste Corporation.

Community outreach utilized the media and focused on the impact mercury has on human health and the environment, encouraged recycling and proper disposal, and encouraged the use of alternative mercury-free devices. This year, two hundred and forty–five pounds of mercury were collected compared to seventy-eight pounds in 2005 and two hundred and eleven pounds in 2004. Mercury Reduction Program fact sheets were once again provided to individuals through local municipal buildings. In addition, a mercury thermometer exchange program was held in several municipalities over a five-month period. Over 514 mercury-containing thermometers were collected and properly disposed. Over 300 digital thermometers were exchanged.

## LABORATORY

The goal of the Marathon County Public Health Laboratory is to provide convenient, reliable, and reasonably priced water testing services to the citizens of Marathon County and surrounding counties with the goal of safer water supplies. The lab tests public water systems, private wells, swimming pools, and beaches for several microbiological and chemical parameters.

In addition, lab personnel interpret results for well owners and provide education concerning water safety issues.

In 2006, the number of samples remained relatively steady in both the drinking water and recreational waters categories.

| | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|
| **DRINKING WATER** | | | | |
| Total number of samples | 5744 | 4987 | 5330 | 5362 |
| Bacteriologically safe samples | 5024 | 4448 | 4553 | 4548 |
| Bacteriologically unsafe samples | 552 | 414 | 433 | 463 |
| Nitrate >10.0 mg/l (unsafe for pregnant women & infants) | 126 | 102 | 89 | 77 |
| **RECREATIONAL WATER (pools & beaches)** | | | | |
| Total number of samples | 1546 | 1653 | 1830 | 1828 |
| Bacteriologically satisfactory samples | 1432 | 1567 | 1729 | 1730 |
| Bacteriologically unsatisfactory samples | 105 | 74 | 96 | 92 |

## RABIES CONTROL PROGRAM

The goal of the rabies control program is to prevent humans from contracting rabies. We accomplish this through routine reporting of animal bites by hospitals, clinics, and law enforcement agencies; investigation of bite incidents; consistent use of quarantine; and laboratory testing of animals when appropriate.

| YEAR | HUMAN EXPOSURES | SPECIMENS SENT TO SLH | # POSITIVE FOR RABIES | PROPHYLAXIS RECOMMENDED |
|---|---|---|---|---|
| 1999 | 289 | 25 | 0 | 9 |
| 2000 | 264 | 20 | 1 | 3 |
| 2001 | 272 | 23 | 1 | 2 |
| 2002 | 232 | 20 | 1 | 11 |
| 2003 | 242 | 10 | 1 | 8 |
| 2004 | 218 | 18 | 0 | 8 |
| 2005 | 205 | 29 | 1 (equivocal results) | 16 |
| 2006 | 100 | 13 | 0 | 2 |

Rabies prophylaxis is recommended when tests indicate the biting animal is positive for rabies, or when the bite is from a stray and we are unsuccessful in locating it. Because rabies is always fatal, if we cannot locate and ascertain the rabies status of the stray animal, we recommend prophylaxis for the bite victim.

In 2006, the rabies control staff continued its presentation of educational programs for 2nd grade elementary school children. The programs emphasize safe behavior around dogs aimed at reducing bite incidents in this vulnerable population and include a representative from the Kennel Club, with dog, at each presentation. In 2006, programs were held at 14 schools throughout Marathon County for approximately 600 students.

# Family Health and Communicable Disease Control Program

**Prepared by Joan Theurer, RN, MSN**

As a result of the reorganization of the department, 2006 was a year of transition for staff from the Parent Child Health and Communicable Disease Prevention and Control programs. The newly formed Family Health and Communicable Disease Control Program began to take shape in August of 2006 with the filling of the Program Director position. The new program division combines the strengths and assets of team members formerly housed within the Parent-Child Health and Communicable Disease Prevention and Control programs. The new program division has two major programming areas: the promotion of family health and the prevention and control of communicable disease.

While at first glance the two program areas may appear to be very distinct, the knowledge and skills required by public health nursing staff to support the programs are more similar than different. Historically, public health nursing in Wisconsin and the nation has had its roots in family health and communicable disease control. In order to reach the program goals for improving the health status of Marathon County, team members need to be able to carry out a variety of interventions among individuals, families, organizations, and communities that address social norms and policies that support healthy families in healthy communities.

The work of our program team is not done in isolation and is made possible by our strong community partners. For purposes of this report, I will be highlighting the health outcomes our program team is working on in conjunction with community partners. In addition, I will describe the services and interventions we are doing to support these stated health goals.

## FAMILY HEALTH PROGRAM

***The goal of the Family Health Program is to support and promote the health of childbearing families. Public health nurses promote optimal health during pregnancy to prepare for birth and parenting. We focus on early access to prenatal care and community services to assist pregnant women and their family members to make healthy behavior choices. In addition, we work closely with community partners to work on mutual goals that support and strengthen families with young children.***

### Healthy Births

National goals set by Healthy People 2010 for pregnant women that were addressed in 2006 through programs and services provided by Marathon County Health Department and in partnership with community organizations include:

- 90% of women who are pregnant will access prenatal care in the first trimester
- No more than 1% of women will smoke during their pregnancy
- Less than 5% of all births will be low birth weight
- 75% of women will breastfeed their babies in the early postpartum period

## Prenatal Care Coordination Services

To accomplish Healthy People 2010 goals for pregnant women, services are offered by Marathon County Health Department to pregnant women in Marathon County who are most vulnerable to poor birth outcomes such as low birth weight and prematurity. Vulnerable populations are pregnant teens; low income and uninsured women; women of minority cultures such as Latino and Hmong women; women who smoke and use other substances; and women who have a history of postpartum depression.

Public health nurses provide care coordination services and health teaching to women on the importance of early and continuous prenatal care, nutrition, alcohol, drug and other substance use, tobacco use, and breastfeeding. In addition, women are linked to community resources such as health insurance, health care, dental care, mental health services, transportation, First Breath program, Women, Infant, & Children (WIC) program and other nutritional programs, and Job Center. Recent research is showing the link between social and economic stressors during pregnancy and poor birth outcomes. In many cases, public health nurses identify barriers for women to receive community services and assist women in accessing needed services.

In 2006, Marathon County Health Department received 223 prenatal referrals. Referral sources included: WIC, Bridge Community Health Clinic, Baby Fairs, Hospitals and Clinics, Security Health Plan and self-referrals. Of the total referrals received, 49% were referred within the first 16 weeks of pregnancy. Care coordination and health teaching services were provided to 121 women, having 66 women receive comprehensive prenatal and postpartum services. Impacts include:

- Of the 52% of women who reported smoking, 85% reported a change in their smoking behavior (48% quit and 52% decrease the number of cigarettes smoked)
- 68% of women initiated breastfeeding
- 9% of births were low birth weight (less than 5.5 lbs)

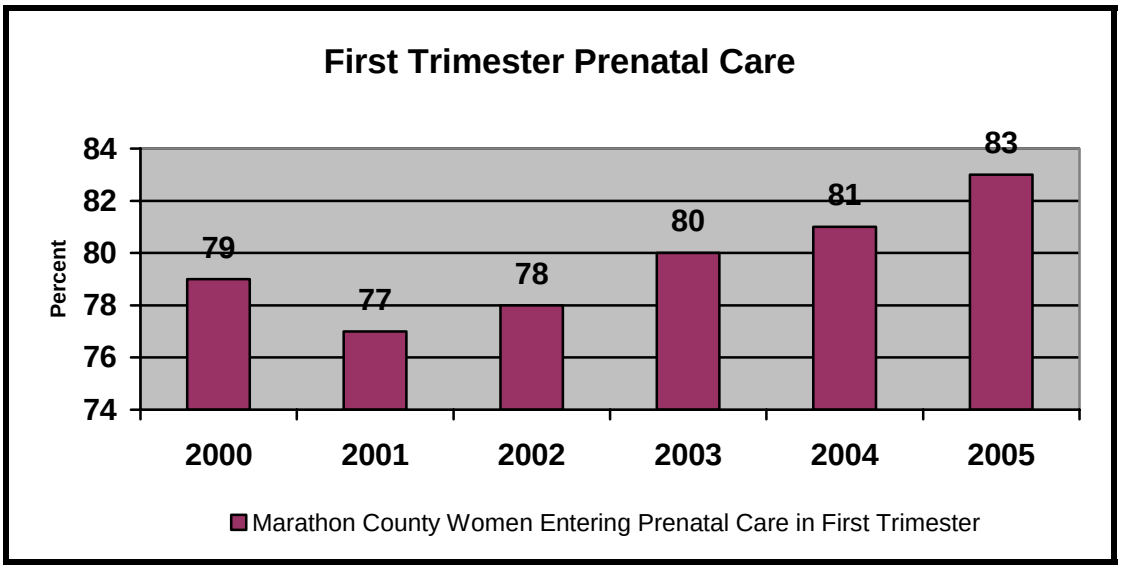
## Healthy Babies for Marathon County Action Team

Marathon County Health Department participates on and provides leadership to the Healthy Babies for Marathon County Action Team, formerly known as Perinatal Action Committee (PAC). Healthy Babies for Marathon County is a coalition with representation from area hospitals, clinics, health care, and community based providers. In 2006, the action team focused its efforts on outreaching to teens and women in the Latino and Hmong community about the benefits of early prenatal care. Informational flyers and brochures were distributed at 15 county public schools and community health related forums. Data collected for the state's birth certificate was refined, ensuring more accurate data. Past efforts to promote tobacco treatment services for pregnant women such as the First Breath Program and the Quit Line continued into 2006.

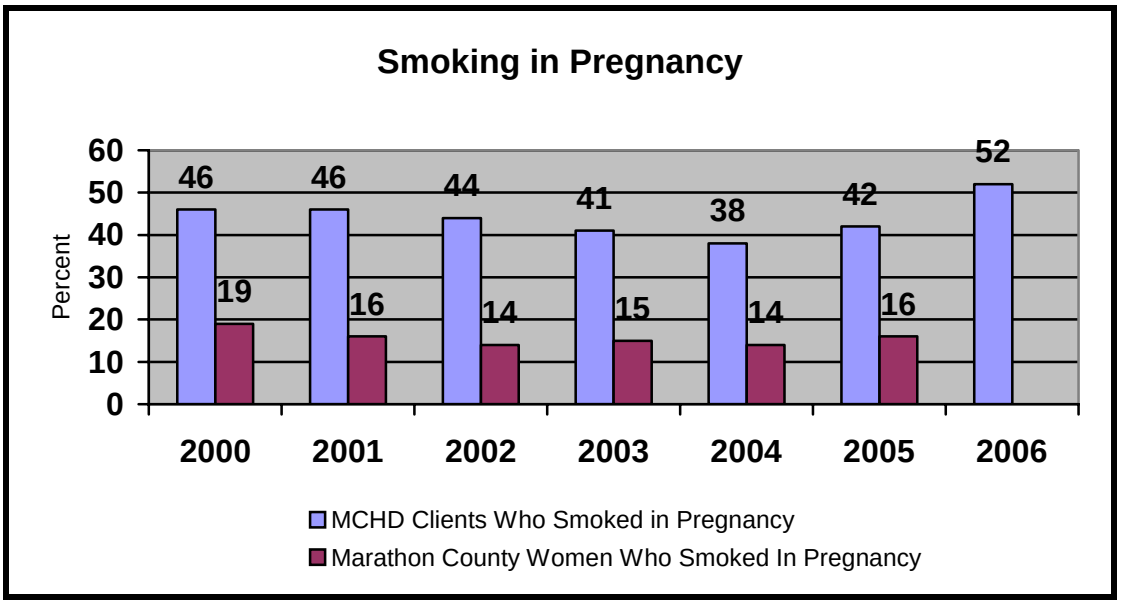
## Measuring Our Progress

The following charts illustrate the progress we have made in the area of prenatal health and areas that will need our continual focus in the coming year.

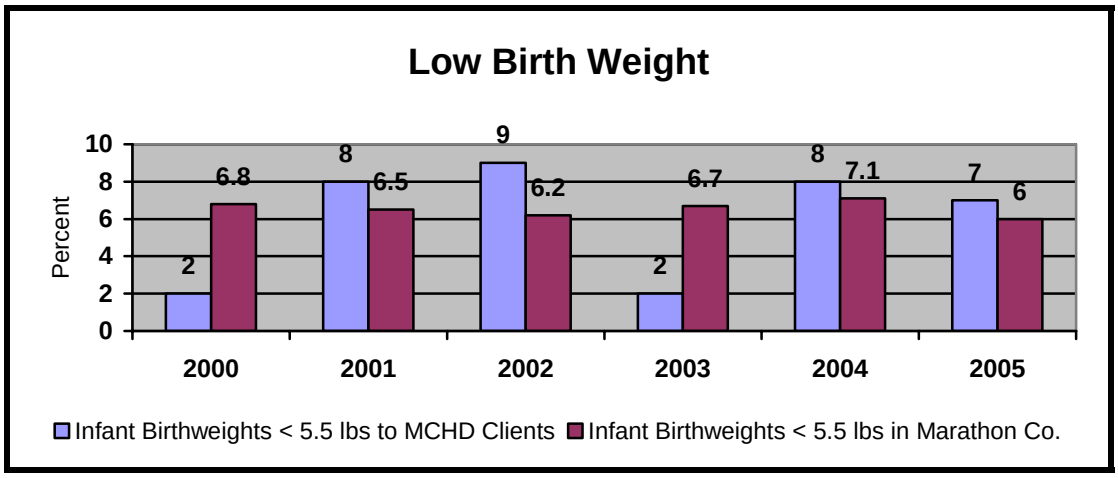
***First Trimester Prenatal Care**: For the past three years, there has been a continual increase in the percentage of women who received prenatal care in the first trimester of their pregnancy. In 2005, 83% of women in Marathon County received prenatal care in the first trimester of their pregnancy. The Healthy People 2010 goal is 90%.*




***Smoking in Pregnancy**: While we are seeing a fluctuation in the percentage of women who smoked at some time during pregnancy, Marathon County Health Department has been successful in having women quit or decrease as a result of intervention. Of the 52% of women who did report smoking during their pregnancy, 85% quit or reduced the number of cigarettes. The Healthy People 2010 Goal is less than 1% of women during their pregnancy.*




***Low Birth Weight** Babies – Low birth weight is associated with tobacco use during pregnancy, low maternal weight gain, and premature birth (before 37 weeks gestation). The percentage of low birth weight babies (those babies born less than 5.5 lbs.) in Marathon County has been between 6 and 7 percent for the past six years. The Healthy People 2010 goal is 5 percent.*




## Healthy Babies, Children and Families

National goals set by Healthy People 2010 that were addressed in 2006 through programs and services provided by Marathon County Health Department in partnership with community organizations include:

- 70% of healthy full-term infants will be put down to sleep on their backs
- 90% of children will have vaccination coverage levels recommended by the Centers for Disease Control (CDC)
- Eliminate elevated blood lead levels in children
- 100% of motor vehicle occupants aged 4 years and under use child restraints
- 100% of homes will have functioning residential smoke alarm
- Reduce maltreatment of children to 11.1 per 1,000 children
- Children will achieve their optimal milestones in development and early learning

### Start Right Program

The Marathon County Health Department in partnership with the Children's Service Society of Wisconsin provides "Start Right", a program of universal access for parenting education and support services to improve the health of children. The mission of the Start Right Program's "umbrella of services" is to empower parents in Marathon County to find the information and support they need to raise healthy, productive children so that:

- Children will experience the most fulfilling and nurturing relationship possible with their parents,
- Children will be safe in their family home,
- Children will be healthy, and
- Children will be "school ready" when they begin school.

The Start Right Program has three components: Public Health Nursing Services for newborns and their families; Family Visitor Services for parents and their children birth to 3 years of age; and the Family Resource Center.

**Public Health Nursing Services for Newborns**

In 2006, there were 1,632 births to residents of Marathon County. Through Marathon County Health Department's universal outreach to all families with newborns, all parents are contacted by a public health nurse via home visit, telephone visit, and/or newborn packet. In 2006, there was a total of 415 home visits and 487 telephone contacts made.

Health teaching, information, and referral services are the core interventions public health nurses provide to families with newborns. The intent of our health teaching is to provide anticipatory guidance on common concerns/needs parents experience with caring for a newborn. Health teaching topics include: safety hazards (private well water, lead, infant car seat, crib/sleeping arrangements, second-hand smoke, home in general); growth and development; nutrition for infant and mother; substance use; postpartum care; postpartum depression and family adjustment; domestic violence; well-child care, and childhood immunizations. Information is provided on community services, encouraging parents to link to resources that will support their family (child care, dental and primary care providers, family planning, parenting). The ultimate goal of our newborn services is to increase parents' knowledge and confidence in their ability to care for their newborn.

**Family Visitor Services**

As a result of our universal outreach to families with newborns, new parents are more likely to accept Family Visitor Services and utilize the Family Resource Center. In 2006, 125 new families accepted Family Visitor services making a total of 404 families receiving services. Family Visitor services provide comprehensive and continuous parenting services to families with particular emphasis on parent-child interaction, development and early learning, and assuring linkage to preventive health services and community resources. The home visitation program is aimed at strengthening parenting from birth to 3 years of age, thereby preventing child abuse and neglect. In 2006, there was a total of 6,584 home visits made.

For the families that received home visitation services in 2006:

- 100% of families identified a primary medical home/provider
- 88% of children were on schedule for their well child exams
- 96% of 6-month old children were up-to-date on their immunizations and 94% at 12 months of age
- 62% of families increased their parenting knowledge based upon pre/post testing
- 9% of children were identified for a developmental delay, linking families to developmental services such as the Birth to 3 Program

**Family Resource Centers**

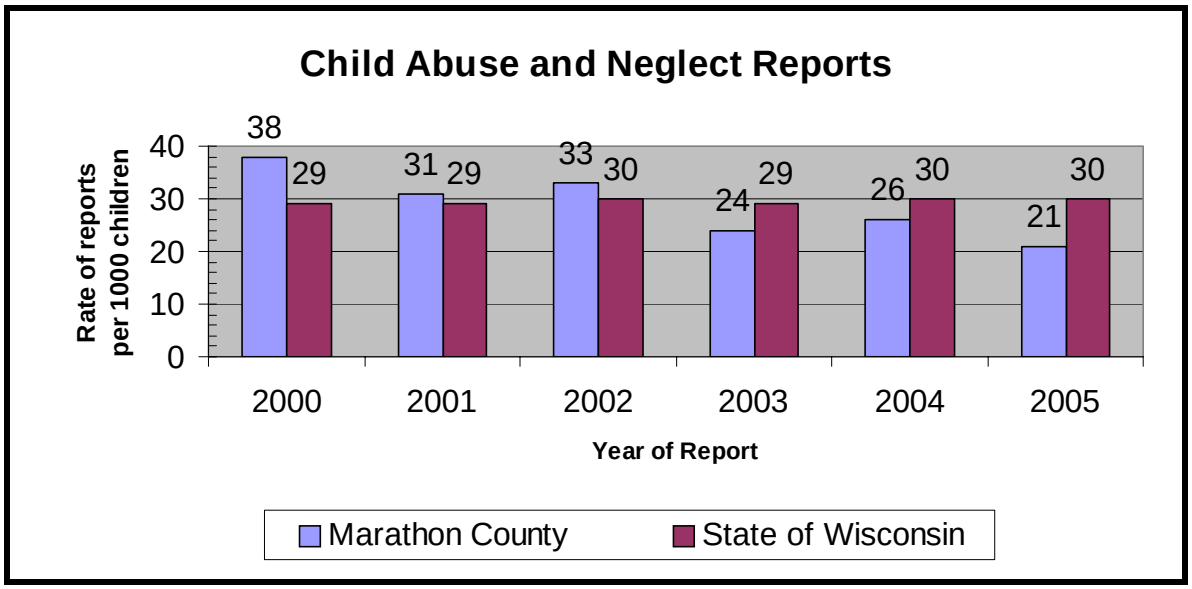
The Family Resource Centers provide a place for families to drop in for playtime and to obtain parenting information and support through their libraries, educational programs, and events. Parents are encouraged to call the Family Resource Center's Warmline when they have specific parenting questions or need support. There are eight Family Resource Centers in Marathon County located in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. The Family Resource Centers held 225 programs, workshops, or events

in 2006, having 1,520 adults and 1,417 children attending the center for the first time. In 2006, a total of 8,633 adults and 10,658 children utilized the centers' programs, library resources, and Warmlines.

**Measuring Our Progress**

The following chart illustrates the impact the Start Right Program is making on creating environments where babies, children, and families can be healthy and supported.

***Child Abuse and Neglect*** *– Home visitation programs like Start Right have shown impact on preventing child abuse and neglect. The rate of Child Protective Service reports received per 1,000 children has consistently dropped for Marathon County since 2000. In 2005, the rate of child abuse and neglect reports received was 21 per 1,000 children. Healthy People 2010 Goal is to reduce the maltreatment and maltreatment fatalities among children.*




**Other Family Health Promotion Programs/Services**

Family health is promoted through a number of other programs and services within the department. The following summarizes other key programs and services:

Children and Youth with Special Health Care Needs Program - A child with a special health care need is defined as a child having an illness or condition that is severe enough to restrict growth and development that is likely to persist for 12 months or longer and requires specialized health care. Some examples of health conditions are asthma, diabetes, lead poisoning, and developmental disabilities. Services provided include information, referral and follow-up, service coordination, health teaching, and advocacy. In 2006, 22 children with special health care needs received services.

Safe Kids Program - Public health nurses in their health teaching with expectant parents and parents of newborns assure all newborns have a safety seat. Staff supports the work of the Safe Kids Coalition by participating in safety seat inspection events held in the community.

Healthy Homes Assessment Service - Parents of newborns are offered a Healthy Homes Assessment by Marathon County Health Department. The assessment looks at common safety concerns for newborns including, but not limited to: smoke alarms, carbon monoxide detectors, water temperature, safety gates, safe sleep, lead based paint, and exposure to second-hand smoke.

Childhood Lead Poisoning Prevention Program - Staff support the work of Environmental Health and Safety Division in reducing lead exposure to young children. As part of home visit services offered to parents of newborns, public health nurses do health teaching on the hazards of lead based paint in homes built prior to 1950s and importance of lead screening as part of well-child exam. Children with elevated blood lead levels receive care and management services from a public health nurse.

## Working in Partnership to Make a Difference

To assure healthy births and healthy families, our team members work closely with other organizations and agencies in Marathon County who have similar goals for families. By working together, organizations are more effective in changing social norms and creating informal policies among and within their own institutions that support healthy behaviors for families. The following are examples of some of the community task forces, committees, and coalitions teams members participated on in 2006:

- Suicide Prevention Task Force (task force of Healthy Marathon County)
- Perinatal Services Network (network of area health care providers)
- Heart of Wisconsin Breastfeeding Coalition
- Birth to Six Interagency Council (network of early childhood service providers)
- REACH (task force to support social and emotional development in early childhood)
- Start Right Program Board and Advisory Committee
- Marathon County Asthma Coalition
- Neonatal Intensive Care Unit Transitions Committee
- Domestic Violence Task Force
- Ready to Read Program Committee
- North Central Community Action

In addition, we work closely with the Aging and Disability Resource Center in linking families with older adult health issues to available community resources.

# COMMUNICABLE DISEASE CONTROL PROGRAM

***The goal of the Communicable Disease Program is to prevent and control the spread of communicable disease. This is accomplished through programs including immunization clinics, sexually transmitted disease clinics, TB skin testing offered monthly at the health department, and follow up on reportable communicable diseases.***

## Follow-up and Control of Reportable Communicable Diseases

Infectious diseases remain the major cause of illness, disability, and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. National goals set by Healthy People 2010 in the area of communicable disease is to reduce the occurrence of given diseases by either preventing the disease through prevention measures such as vaccines and/or control further spread of the disease. Local health departments are responsible for the investigation of reportable communicable diseases. As part of the investigation, Marathon County Health Department assures individuals receive treatment and provides health teaching on ways to prevent further spread.

As in previous years, the most commonly reported disease in Marathon County was Chlamydia with 285 cases, followed by Lyme disease (111 cases), genital Herpes - all types (71 cases), and Hepatitis C (42 cases). Refer to Table 1 for list of reportable diseases from 2001 to 2006.

In 2006, we saw a spike in the number of cases of Blastomycosis (47 cases), which coincided with an increase in cases identified in neighboring Lincoln County. Blastomycosis cannot be successfully controlled in the environment because specific conditions of humidity, temperature, and nutrition are required for the fungus to produce the infecting spores. In addition, we currently have no methods for culturing Blastomycosis from the environment so cannot definitively identify its source in the environment.

Marathon County and the State of Wisconsin were part of a multi-state outbreak of mumps in 2006. Cases were first diagnosed in Iowa and spread to several midwestern states. The 50 cases reported in Marathon County include laboratory confirmed cases as well as probable and suspect cases. Due to some shortcomings of the currently available laboratory tests for mumps, the presence of clinical symptoms (i.e. parotitis) was used as the basis for reporting a case of mumps. Cases with clinical symptoms, but subsequent negative laboratory results were classified as probable or suspect mumps.

**TABLE 1: REPORTABLE DISEASES**

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|---|
| Hepatitis B | 23 | 44 | 48 | 37 | 42 | 32 |
| Hepatitis C | 5 | 27 | 48 | 34 | 40 | 42 |
| AIDS (cumulative) | 47 | 49 | 51 | 51 | 53 | 57 |
| HIV | 7 | 3 | 6 | 4 | 4 | 4 |
| Tuberculosis | 0 | 1 | 0 | 8 | 4 | 1 |
| Lyme Disease | 8 | 42 | 72 | 63 | 73 | 111 |
| Meningitis (all types) | 10 | 5 | 8 | 2 | 18 | 6 |
| Blastomycosis | 10 | 6 | 7 | 2 | 11 | 47 |

| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|---|
| **SEXUALLY TRANSMITTED DISEASES** | | | | | | |
| Chlamydia | 233 | 264 | 282 | 284 | 246 | 285 |
| Gonorrhea | 36 | 58 | 59 | 35 | 35 | 42 |
| Herpes | 49 | 36 | 58 | 73 | 62 | 71 |
| Syphilis | 3 | 1 | 0 | 4 | 1 | 3 |
| **FOOD & WATERBORNE DISEASES** | | | | | | |
| Hepatitis A | 1 | 1 | 1 | 15 | 1 | 1 |
| Campylobacter | 40 | 44 | 47 | 41 | 39 | 39 |
| Cryptosporidium | 15 | 12 | 12 | 17 | 25 | 19 |
| E coli O157:H7 | 7 | 2 | 2 | 2 | 4 | 9 |
| Giardia | 27 | 38 | 26 | 37 | 44 | 21 |
| Salmonella | 24 | 10 | 25 | 24 | 21 | 16 |
| Shigella | 3 | 0 | 0 | 0 | 1 | 2 |
| **VACCINE-PREVENTABLE DISEASES** | | | | | | |
| Pertussis | 1 | 0 | 0 | 37 | 35 | 4 |
| Mumps | 0 | 0 | 0 | 0 | 0 | 50 |
| Haemophilus Type B | 0 | 1 | 3 | 0 | 0 | 1 |
| Others (Measles, Rubella, Tetanus, Diphtheria, Polio) | 0 | 0 | 0 | 0 | 0 | 0 |

## STD (Sexually Transmitted Disease) Program

To assure all individual have access to affordable treatment for sexually transmitted diseases (STD), Marathon County Health Department provides an STD Clinic twice weekly at the UW-Health Wausau Family Medicine. In 2006, 359 individuals received services through our STD Clinic. The STD Clinic encourages high-risk individuals to be tested for HIV. All individuals seen through the clinic are counseled on risk-reduction behaviors. Partners are identified and counseled to seek treatment with their primary care providers.

## M. Tuberculosis Directly Observed Therapy Program

In 2000, the Center for Disease Control (CDC) and the State of Wisconsin recommended that individuals with M. tuberculosis receive directly observed therapy (DOT). DOT is having a public health nurse or aide watch an individual with M. tuberculosis swallow each dose of their medication. Individuals with M. tuberculosis can be on medication from 6 months to over one year. DOT has been seen as an effective measure in controlling the further spread of M. tuberculosis in the community by assuring an individual completes their course of treatment. Marathon County Health Department provides DOT to individuals with M. tuberculosis disease

and individuals infected who have a higher risk for disease. Along with DOT, public health nurses monitor the effectiveness of treatment and provide ongoing health teaching. In 2006, 492 DOT visits were made.

## Childhood Immunizations

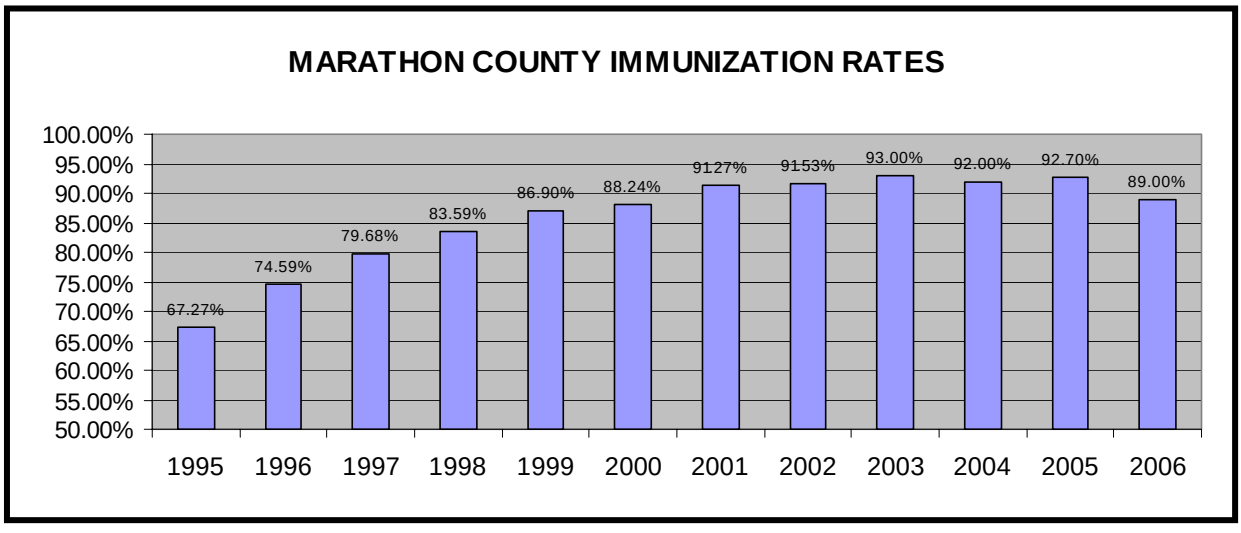
The aim of the immunization program is to assure that children in Marathon County are fully immunized against vaccine preventable diseases. The program runs clinics at the health department and throughout the county to provide immunizations to Marathon County residents at a minimal cost. In 2006, 1,457 residents received one or more vaccines at 108 scheduled clinics in Marathon County communities of Athens, Edgar, Hatley, Mosinee, Stratford, Spencer, and Wausau.

Marathon County Health Department works with health care providers at area clinics to assess immunization rates throughout the county. The health department, in conjunction with area clinics, coordinates a callback system to notify parents when their children are due for vaccinations. By keeping immunization rates high, we will keep the rate of vaccine preventable diseases in Marathon County low.

### Measuring Our Progress

***Childhood Immunization Coverage*** *- In 2006, CDC developed new software for determining childhood immunization rates in children. Previously, immunization coverage was measured for children aged between 24 and 35 months. The new program calculates immunization coverage at exactly 2 years of age. Therefore, children who receive all their immunizations by 35 months, but who were not complete at 24 months (late up-to-date) are not counted in the rate. As a result, our county immunization rate decreased slightly in 2006 and cannot be accurately compared to previous years' rates as a different cohort was evaluated.*

*In 2006, 89% of children who turned 2 years of age were up-to-date on their immunizations. The Healthy People 2010 Goal is 90% of children at 2 years of age are immunized.*




Note: 1995-2005 immunization rates are the % of Marathon County children, aged 24-35 months old, with age appropriate immunizations. 2006 immunization rate is the % of Marathon County children with age appropriate immunizations on their 2nd birthday.

## Working in Partnership to Make a Difference

The prevention and control of communicable disease is a shared responsibility between Marathon County Health Department and area labs, hospitals, clinics, schools, and child care centers. The health department is dependent upon our community partners for early detection of disease, reporting, and treatment. Area clinics, childcare centers, and schools have a significant role in assuring children are up-to-date with their immunizations. Marathon County Health Department also works closely with neighboring county health departments and the state health department when communicable diseases occur in surrounding counties, as was the case with the work done in the prevention and control of Blastomycosis in 2006.

# Northwoods Public Health Emergency Preparedness Consortium

**Prepared by Julie Hladky, BA, MPH**

***The purpose of the Northwoods Public Health Emergency Preparedness Consortium is to develop core expertise and increase the readiness of the region's public health system to respond to any type of public health emergency, including bioterrorism, infectious disease outbreaks, and other public health threats.***

Marathon County serves as the fiscal agent for this Consortium, employing Consortium staff and managing the operating funds on behalf of the member agencies. In 2006, the Northwoods Consortium was composed of twelve counties and three tribal health centers, reflecting the addition of Price County since 2005. The following key accomplishments for 2006 are organized according to the Northwoods Consortium Long Term Plan.

## EMERGENCY RESPONSE

### All Hazards Response

**Exercising:** This year, all members participated in a functional exercise. The county EOC was opened and utilized in responding to a simulated public health emergency involving public health, tribes, emergency management, and hospitals. The exercise proved to be enormously beneficial, particularly because most counties had never conducted such a drill of their EOC. Participants performed very well in responding to the emergency and identified key areas for improvement or future training.

**Training:** First, all member agencies assessed their staff's fulfillment of the national competencies for public health preparedness. Trainings in 2007 will be based on gaps identified. Second, core trainings continued to be offered for local health department staff, including Use of the HAN (Health Alert Network) and Introduction to Incident Command. Finally, at least one representative from each agency participated in an advanced two-day Incident Command training for leaders.

### Mass Clinic Response

**Planning:** All agencies continued to strengthen their Mass Clinic Plans. Some additions to plans included: creating a media release for an event, writing a security plan with local law enforcement, identifying sources for interpreters, securing back-up sites, and recruiting a pharmacist.

**Exercising:** Many members tested their Mass Clinic Plan during their fall influenza clinics. This gave an excellent opportunity to see Mass Clinic management principles in action and led to some improvements in their Plan.

### Pandemic Response

**Planning:** All member agencies wrote a Pandemic Influenza Response Plan in 2006. While some were agency-specific, others, including Marathon County, were community-wide plans written with partner organizations.

## EPIDEMIOLOGY

**Planning:** Systems were created by some agencies to conduct active surveillance for diseases and/or syndromes. In addition, one agency created a system for alerting local health care providers of an unusual event.

**Exercising:** Epidemiology projects were conducted by the health departments. While these often have an intrinsic value on the program area involved (ex: radon, lead, tobacco prevention), they serve as a tool for exercising and strengthening the epidemiological skills of department staff.

**Training:** Epidemiology training included Outbreak Investigation Procedures, Overview of Conducting a Foodborne Outbreak Investigation, How to Use Epi Info, Understanding the Lyme Disease Case Definition, and a three-part series on Excel skills.

## COMMUNICATIONS

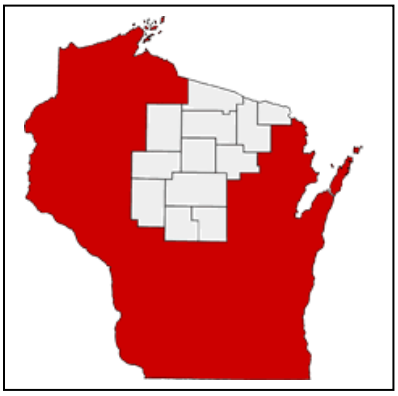
**Planning:** To prepare for communicating within public health agencies and with partner organizations, all members assured they had the equipment necessary to achieve the four levels of redundant communications: Telephone (including cell phone), VHF/UHF radios, Satellite Phones, and HAM radios; and related infrastructure such as back-up power.

**Exercising:** All agencies participated in a Consortium-wide drill of Command Caller, with all but one member agency achieving the national standard of reaching a staff member within 15 minutes after hours. Also all agencies conducted a Command Caller drill contacting their own staff.

## PARTNERING

**Planning:** Member agencies along the Michigan border met quarterly with their public health counterparts to identify and address specific issues of concern across the state border. Particular topics addressed in 2006 were activation of the Strategic National Stockpile and Integrated Communications.

**Exercising:** Two border agencies participated in cross-border mass clinic full-scale exercises. This gave an opportunity to demonstrate how responses would be coordinated across the border and to identify outstanding issues that need to be addressed.



# Northern Regional Center
# Children and Youth with Special Health Care Needs
### Prepared by Julia Stavran, BA

The Northern Regional Children and Youth with Special Health Care Needs (CYSHCN) Center is one of 5 regional centers in the state. The Marathon County Health Department became the fiscal agent of the Northern Regional Center in 2006. Staff in this program includes a Program Manager and a Community Health Worker.

The Regional Center serves the 15 northern counties of the Division of Public Health Region – Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas, and Wood Counties.

Children and youth served by this program include anyone from birth to 21 years old with a long term chronic physical, developmental, behavioral, or emotional condition that is severe enough to restrict growth, development, or ability to engage in usual activities and requires specialized healthcare, psychological, or educational services beyond that generally required by children. A conservative estimate is that 13% of the general population meets this definition.

The 5 Regional Centers embrace the following philosophy and guiding principles:

- Children are best served within their families
- Children and families are best supported within the context of their community
- Families will have convenient access to care coordinators
- Collaboration is the best way to provide comprehensive services
- Family perspectives and presence must be included in all aspects of the system

Following these guiding principles, the Northern Regional Center provided public health programming at the individual, community, and system levels.

## INDIVIDUAL INTERVENTIONS

Information and referral, problem solving, and parent support services were provided to families with a child with special health care needs. In 2006, the Northern Regional CYSHCN Center provided direct services to 63 children whose family contacted the Center. Families requested information and assistance in many areas. The most requests were for obtaining health care benefits and getting services covered; equipment and supplies; respite resources and funding; transportation; and parent support and advocacy needs. The Northern Regional Center was instrumental in referring parents to local support groups and Parent to Parent of Wisconsin. Families received information on local services for Medicaid coverage and getting the information needed for applications to Supplemental Security Income and Katie Beckett Medicaid – programs that require documentation about a family or child's income as well as evidence of a disability and level of functioning.

## COMMUNITY INTERVENTIONS

Many of the activities conducted by Northern Regional Center staff in 2006 were geared to making a smooth transition from the previous location to the current location. Outreach presentations were developed to inform families and providers of the Regional Center services and new contact information. There were outreach presentations to 2 parent groups and 25 professional service provider groups. The Northern Regional CYSHCN Center and Family Voices of Wisconsin co-sponsored an introductory training "Did You Know? Now You Know!" in Ashland County that educated parents and providers on health care coverage options and community support programs.

### System Interventions

Capacity building activities to support services for children and youth with special health care needs consisted of:

- Providing funding and assistance to health departments to provide direct services to children and youth with special health care needs within their county
- Awarding a 2-year Medical Home Local Capacity grant to the Langlade County Coalition on Early Childhood Mental Health
- Distributing educational tools to medical providers on the concept of Medical Home and offering assistance in exploring strategies to improve clinical care practice to incorporate these concepts
- Development of tools to enhance the integration of health planning into Individual Educational Plans of school age youth
- Collaborating with local and state partners to support policies that improve services

### Connections with Partners

During the year, staff from the Northern Regional Center connected often with partners to share information and resources and explore ways to enhance services to children. Some of the major partner groups include:

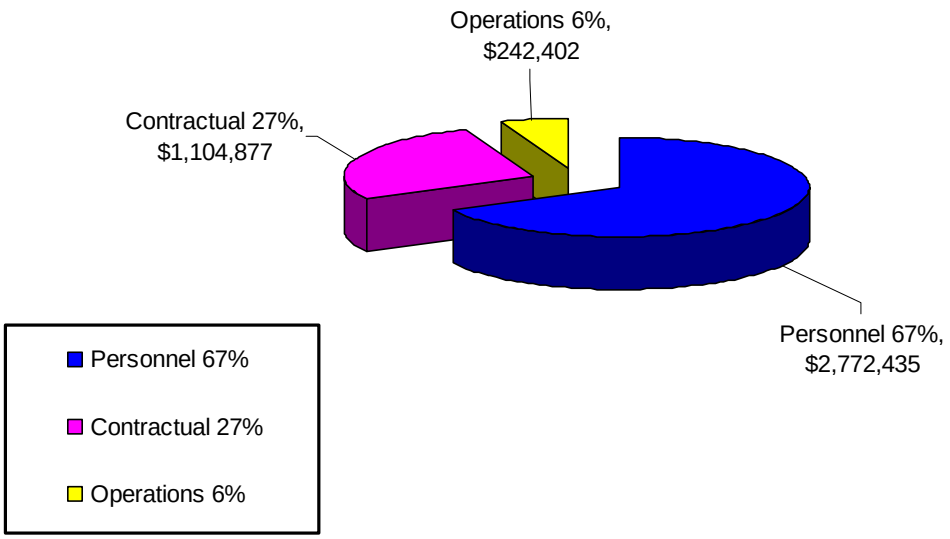
- Health Care providers – clinical and community providers such as local health departments
- Birth to Three
- WIC
- Educators – Special Education staff and Cooperative Educational Services Agencies
- Advocacy Organizations – Family Voices, ABC for Health, Wisconsin Family Ties. Wisconsin FACETS
- Aging and Disability Resource Centers
- Great Lakes Inter Tribal Council
- Family Support Groups, such as Central Wisconsin Autism Society Chapter
- Family Resource Centers of Northern Wisconsin
- Family Support Services/Children's Long Term Support Program
- Katie Beckett Consultants
- Midstate Independent Living Consultants
- New Horizons North
- Parent to Parent of Wisconsin
- Wisconsin First Step

# 2006 ANNUAL REPORT FINANCIAL SUMMARIES (unaudited)

| | | | | | |
|---|---|---|---|---|---|
| Net per capita cost for levy-funded Public Health Programs | | | | | $ 17.37 |
| **LEVY FUNDED** | Budgeted Levy | Actual Levy | Budgeted Revenues | Actual Revenues | |
| **PUBLIC HEALTH PROGRAMS** | | | | | |
| General Public Health | $ 1,618,184 | $ 1,445,907 | $ 327,700 | $ 351,517 | |
| Start Right | 821,104 | 816,214 | 100,000 | 100,000 | |
| **TOTAL COUNTY FUNDS** | $ 2,439,288 | $ 2,262,121 | $ 427,700 | $ 451,517 | |
| **PROGRAMS FUNDED FROM OTHER REVENUES** | | (no county tax) | | | |
| Regional Programs | | | | | |
| Regional Bioterrorism (Northwoods Consortium) | | 383,430 | | | |
| Children & Youth with Special Health Care Needs | | 90,453 | 473,883 | | |
| Parent Child Health | | | | | |
| Prenatal Care Coordination | | 48,466 | | | |
| MCH Grants (3) | | 70,147 | | | |
| Local Family Service Coord. | | 7,255 | | | |
| Prevention of Child Abuse and Neglect (POCAN) (2) | | 157,875 | | | |
| Targeted Case Management | | 26,227 | | | |
| Misc. | | 21,239 | 331,209 | | |
| Communicable Disease/Lab | | | | | |
| Immunization Grants (2) | | 20,721 | | | |
| Refugee Health | | 15,782 | | | |
| Lab | | 94,301 | | | |
| Pandemic Influenza | | 16,559 | | | |
| TB Dispensary | | 3,176 | | | |
| Local Bioterrorism | | 64,807 | 215,346 | | |
| Chronic Disease Prevention | | | | | |
| Injury Prevention (2) | | 4,998 | | | |
| Tobacco Control Grants (5) | | 92,742 | | | |
| Chronic Disease Prevention (9) | | | | | |
| HEAL (3) | 74,731 | | | | |
| Asthma Coalition (2) | 6,746 | | | | |
| Hearing & Vision | 31,248 | | | | |
| Suicide Prev. MHA | 5,375 | 118,100 | | | |
| WI Well Women's Program | | 79,701 | 295,541 | | |
| Environmental Health | | | | | |
| Environmental Grants | | | | | |
| Radon Grant (2) | | 24,024 | | | |
| Hazardous Waste (2) | | 41,378 | | | |
| Mercury / DNR | | 7,187 | 72,589 | | |
| Community Health Assessment (2) | | 17,508 | 17,508 | | |
| **TOTAL NON-COUNTY FUNDS** | | | | | 1,406,076 |
| **TOTAL ALL FUNDS** | | | | | $ 4,119,714 |
| Total per captia expenditures for Public Health (All funds) | | | | | $ 31.64 |

Detailed budgets available upon request

## 2006 Expenditures




## 2006 Revenues