



2016 Annual Report

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Healthiest

Most Prosperous

Safest

Contents

Table of Contents	1
Board of Health and Health Department Directors	2
Message from the Health Officer	3
Advancement of Public Health Policy	4
Chronic Disease Prevention Program	4-9
Alcohol and Other Drugs	4-5
Tobacco	6
Marathon County Asthma Coalition	7
Behavioral Health	7
Food Systems and Active Communities	8
Rural Health Initiative	9
Western Marathon County Healthy Communities	9
Communicable Disease Control Program	10-18
Investigation and Control	10-12
Immunizations	13-14
Tuberculosis	14-15
Sexually Transmitted Disease	15-16
Rabies Control	16-17
Public Health Preparedness	18
Community Health	19-20
Community Health Assessment & Improvement Plan	19-20
Student Placements	20
Informing the Public	20
Environmental Health & Safety	21-26
Human Health Hazards	21-23
Licensing	23-24
Food Safety	25-26
Family Health Program	27-38
Start Right	27-33
First Steps— Prenatal Care Coordination	27-29
First Steps— Families with Newborns	29-30
Step by Step	31
Stepping Out— Family Resource Services	32
First Breath and My Baby and Me	32-33
Cribs for Kids	33
Child Health	34
Hearing & Vision Screening	35
Childhood Lead	36-37
Marathon County Early Years Coalition	37-38
Water Testing Laboratory	38-39
Regional Programs	40
Northern Regional Center for Children & Youth with Special Health Care Needs	40
Department Operations	41
Quality Improvement	41
2016 Financial Summaries	42-43
Marathon County Health Department Strategic Plan	44-47
2016 Highlights	44-45
Mission and Vision Statements	46
Core Values	46-47
Health Department Staff	48
County Demographics	49

Board of Health

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Julie Fox, DDS, Vice-Chair
Craig McEwen, Secretary - County Board Supervisor
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Sandi Cihlar (May 2016)
Susan Coleman
Dean Danner
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Laura Scudiere
Lori Shepherd, MD

Kevin O'Connell, MD (Ex Officio)
Robert Pope, DVM (Ex Officio)

Medical Advisor

Kevin O'Connell, MD

Health Officer

Joan Theurer, RN, MSN

Administrative and Fiscal Support Team

Season Welle, MBA, Director of Operations

Chronic Disease Prevention Team

Judy Burrows, RD, BS, Program Director

Environmental Health and Safety Team & Water Testing Lab

Dale Grosskurth, RS, MPA, Program Director

Family Health and Communicable Disease Control Team

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Message from the Health Officer

To: Community Members
Community Partners
Marathon County Board of Supervisors
Marathon County Board of Health
Marathon County Administration
Municipal Officials
State Legislators

How do we know how healthy our community is?

The charge of the Marathon County Health Department is to address health conditions that cause people to become ill, injured, or die prematurely. In order to know where to invest resources, the Health Department, with our community partners, needs to have a good understanding of what health conditions have the biggest impact on people becoming ill, injured, or dying prematurely.

So, how do we diagnose the health of Marathon County? Much like a doctor has specific tools to check the health of a patient, the Health Department uses specific tools to check the health of the County. The Health Department does not use a thermometer, a blood pressure cuff, or a scale to check the health of Marathon County. Instead, we use data.

In the latest examination of the health of our County, the department, along with the Marathon County Board of Health, and representatives from Healthy Marathon County, looked at more than 60 data points from the 2015-2017 LIFE Report. In their review, they determined the major contributors in causing people to become ill, injured, or die prematurely. The diagnosis is that the people who live, learn, work, and play in Marathon County would be healthier by addressing the following health conditions:

Alcohol & Other Drug Misuse and Abuse	Create a culture in communities where alcohol is used responsibly and other drugs are not misused	Social & Economic Factors that Influence Health
Behavioral Health	Promote well-being by preventing or intervening in mental illness and substance abuse or other addictions	
Adverse Childhood Experiences	Prevent or reduce the impact of potentially traumatic events during childhood that can have negative, lasting effects on health and well-being	
Healthy Weight	Having a weight that lowers one's risk for health problems	
Health Needs of Aging	Developing and maintaining optimal mental, social and physical well-being and function in older adulthood	
Oral Health	Promoting healthy teeth and the entire mouth	

Like a doctor who prescribes drugs and treatments to cure ailments of their patients, the Health Department, with our community partners, have prescriptions to prevent or reduce the impact of what ails our residents. On January 5, 2017 the 2017-2020 Marathon County Community Health Improvement Plan was released to the community. This community-owned plan is our prescription for improving the health of our residents and the communities, in which they live, learn, work and play. The plan was developed with the input of 80 individuals, representing more than 40 organizations.

Residents of Marathon County are fortunate to live in Marathon County, a county where community members and organizations understand the complex problems that face the health and social well-being of people and the communities in which they live. The health issues facing the County can only be addressed when everyone rolls up their sleeves to contribute to the work that needs to be done. To read more about the work that will be done in our county over the next four years to improve the health of our residents and communities, visit <http://marathoncountyhealthpriorities.org>

In good health,

Joan Theurer, Health Officer

One of the critical functions of local health departments is to advance public policy in support of the health and safety of the community. Public policy is advanced in Marathon County through a number of avenues including the Board of Health, Marathon County Health & Human Services Committee, the Marathon County Board of Supervisors, and community coalitions. In addition, public policy at the state level is advanced through staff involvement in state associations such as the Wisconsin Association of Local Health Departments and Boards, Wisconsin Public Health Association, and Wisconsin Environmental Health Association. The following highlights public policies shaped by the Marathon County Board of Health and the Marathon County Health and Human Services Committee in 2016.

- Supported the grant application to the Medical College of Wisconsin Healthier Wisconsin Partnership Program: Community Changemakers for Behavioral Health, approving of new positions required for the grant
- Selected the 2017-2020 Community Health Priorities for Marathon County
- Adopted changes to the Marathon County Public Health Agent Programs Regulation due to state statute and administrative rules changes resulting from the merger of state departments
- Hosted an educational meeting with legislative candidates and incumbents, having six individuals in attendance
- Sent an educational letter to state legislators on: the impact of alcohol and other drugs in Marathon County; the need for local public health funding for the prevention and control of communicable disease; and challenges for local communities when laws are passed not enabling communities to recover costs for programs and services.

Chronic Disease Prevention

Our Role in Creating Community and Systems Changes for Public Health

Chronic diseases are the leading causes of death in the United States. Most of the work of the Chronic Disease Prevention team is focused on working with community organizations and partners to change existing systems and policies in support of creating a healthier community. Chronic disease conditions develop over decades, and their solutions are equally long term and complex, especially when addressing solutions at a community level. The role of the Health Department is to facilitate the work of many other health care and community partners with a common goal, that is, to prevent and reduce the impact of chronic diseases among individuals, families, and the communities in which they live, learn, work, and play.

Facilitating community solutions is accomplished through **convening, connecting, and communicating**. Public Health Educators **convene** groups of individuals with shared interests to work towards a collective action. Aligning the mission, vision and goals of varied organizations in the community helps identify unique partnerships and deeper alignment of efforts. **Connecting** and building relationships with multi-sector partners offers opportunity for strategic coordination of people and organizations, and increased capacity for community change. **Communicating** a clear, consistent, and unifying message is important to a successful collaborative effort. These activities are intentional, and have a greater impact when pursued together. Public Health Educators are called upon to use their facilitation skills to help groups work together. In the past year, the Chronic Disease Prevention team has **convened** groups to make the selection of health priorities and develop work plans for the 2017-2020 Marathon County Community Health Improvement Plan, **connected** new partners to build the Communities Supportive of Recovery initiative, and **communicated** local data with the production of the Marathon County Youth Risk Behavior Report.

Alcohol and Other Drugs

The goal of the Alcohol and Other Drug program is to create culture in communities where alcohol is used responsibly, and other drugs (prescription or illicit) are not misused. The AOD Partnership has been the Marathon County community coalition focused on substance abuse prevention for nearly 30 years. According to the Centers for Disease Control (CDC), coalitions play an important role in transforming knowledge, attitudes, practices, and systems through comprehensive strategic planning. With the financial investment of a number of local foundations, the AOD Partnership Board initiated a strategic planning process in 2016 to revisit mission, vision, and structure to ensure sustainability and a clear role in the community.

Highlights of 2016 – Actions of the Marathon County Health Department staff and the AOD Partnership:

Keeping the Issue of Substance Abuse in the Public

- Submitted, or were featured, in 25 news stories, in addition to three press conferences, two multi-part broadcast

Chronic Disease Prevention

Alcohol and Other Drugs (continued)

series, and monthly local radio spots

- Presented to 20 community organizations and events reaching over 1,250 people
- Readership of the Weekly Update, an e-newsletter, rose more than 25%, to over 850 local, state and national individuals and organizations receiving this communication.
- Held six AOD Partnership Meetings, educating over 150 individuals on substance abuse related topics

Providing Expertise

Staff presented at six conferences in 2016 including: Alcohol Policy Conference, Prescription Drug Abuse Conference, Clergy Summit, Building Communities Supportive of Recovery Summit, Human Services Summit, and the Northwoods Coalition Annual Conference. The 2016 Annual Partner Survey revealed; Over 97% of respondents feel having paid staff to help coordinate initiatives as Valuable or Very Valuable, and 97% of respondents felt that “receiving information” was the biggest benefit of their involvement with the AOD Partnership; followed by networking, improving the community, and job skills or functions.

Enhancing Community Involvement

- Recruited over 100 new members or organizations to be included in the Weekly Update list, and 5 new members to the AOD Partnership Board of Directors, who represent new partner organizations.
- Maintained participation of 100% of pharmacies and multiple clinics (including Marshfield, Aspirus, Advanced Pain Management, and Bone & Joint) promoting the Marathon County Medication Drop Box Program. This program continues to collect approximately 4,000 pounds of medications every year.
- 100% of school districts (public and private) contributed to the Annual School Networking Meeting to discuss current alcohol and drug trends, assess staff and student needs, and share local resources available to help address substance use amongst youth.

Leveraging Resources for the AOD Partnership and Prevention Efforts

- Secured \$7,750 in investments from local foundations and organizations to support the AOD Partnership’s mission, vision, and strategic planning process.
- Secured a \$10,000 capacity building grant to host community engagement meetings that informed the AOD Partnership’s strategic plan as to the division of responsibilities of the AOD Partnership Board and the other sectors and created a sustainability plan.
- Secured sponsors to fund over \$2,500 towards the development and printing of promotional materials for coalition led initiatives.
- Leveraged a \$3,000 local investment in the November Building Communities Supportive of Recovery event.

Advocating for Policy Change

- Convened and participated in conversations with federal legislators on the Comprehensive Addiction and Recovery Act (P.L. 114-198), and treatment concerns in rural areas. This is the first major federal addiction legislation in 40 years, and the most comprehensive effort undertaken to address the opioid epidemic. The legislation ensures a coordinated response, encompassing: prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.
- Participated in and recruited local speakers for the Governor’s (WI) Opioid Task Force to inform them of the community need, impact of opiates, and need for youth prevention.

Tobacco is still the leading cause of death and disability in our nation, and is responsible for nearly one in five deaths in the United States. Marathon County Health Department is the fiscal agent to the Central Wisconsin Tobacco Free Coalition, covering Marathon, Portage, and Wood counties. The Wisconsin Tobacco Prevention and Control Program provides the funding for the programs and has specific objectives which are completed within the three county jurisdictions. The effort is guided by a local steering committee of public health officials and community members from the three counties.

In 2016, efforts to increase awareness of the health risk associated with e-cigarettes occurred with the general public and policy makers, resulting in the Cities of Wausau and Marshfield amending their clean indoor air ordinances to include e-cigarettes. Sixteen educational presentations on e-cigarettes were given to community groups and policy makers to describe the impact these new nicotine delivery devices have on personal and public health.

The Wisconsin WINS program is a retail compliance program conducted in cooperation with local law enforcement and youth volunteers. The goal of the program is to identify retail locations that will sell tobacco products to minors. Those who do not sell are given acknowledgement and those who do sell are cited for the violation of state statute. All retailers are offered education for employees regarding how to check identification of buyers. In 2016, 70 compliance checks were conducted throughout the County, and 61 (87%) did not sell to minors.

WI Wins 2016 Compliance Data

Community	# of Compliance Checks Completed	# of Retailers that Sold	Compliance Rate	Sale Rate
Athens	3	0	100%	0%
Colby/Abbotsford	7	2	71.3%	28.7%
Edgar	3	0	100%	0%
Marathon City	3	1	66.6%	33.3%
Mosinee	6	0	100%	0%
Spencer	3	0	100%	0%
Stratford	3	1	66.6%	33.3%
Rural Marathon County	--	--	--	--
Wausau	24	2	91.7%	8.3%
Everest Metro	10	2	80%	20.0%
Rothschild	5	1	80%	20.0%
Marshfield (Marathon County section)	--	--	--	--
Rib Mountain	3	0	100%	0%
Entire Marathon County	70	9	87.1%	12.9%

Chronic Disease Prevention

Marathon County Asthma Coalition

In 2016, the Marathon County Asthma Coalition (MCAC) partnered with the Marathon County Child Development Agency-Head Start (MCCDAHS) to conduct assessments that identified and remedied asthma triggers at all sites. In addition, Dr. Edmondson, a MCAC member and local asthma expert, provided training for primary care providers of Bridge Community Health Clinic. The training was developed to improve providers' ability to diagnose and manage asthma through the use of the National Institutes of Health guidelines, emphasizing family education and the teach-back technique.

In August of 2016, the grants from Children's Hospital of Wisconsin and the Centers for Disease Control and Prevention for asthma prevention and control were discontinued. Marathon County Health Department had served as the lead organization for the MCAC for many years. The small grants received by the Health Department were utilized to coordinate education efforts regarding asthma prevention.

Behavioral Health

Changemakers for Behavioral Health

In May of 2016, behavioral health was identified as a new community health priority for 2017-2020. Concurrently, the Advancing a Healthier Wisconsin Endowment of the Medical College of Wisconsin announced a new "Changemakers" program focused on behavioral health. This initiative seeks to improve the overall health of Wisconsin communities from 24th to 10th in the state health ranking, by improving behavioral health, conditions negatively associated with chronic disease risk, functioning, and quality of life. In June of 2016, the Marathon County Health Department (fiscal agent) was one of ten communities across the state awarded a grant by the "Changemakers of Behavioral Health" program.

The "Changemakers of Behavioral Health" program is an eight year grant project divided into three distinct phases. Phase I is a learning and planning year in which 10 communities from across the state learn how to implement a population based program using evaluation models designed to measure the difference they are making. Phase II will be a 5 year period dedicated to implementing strategies and measuring outcomes. Phase III is a two year period focused on sustainability for the future. In the first six months of the project: a new staff person was hired, four staff spent 22 days participating in the Learning Community events gaining knowledge and creating local plans, a local community partners group was created to provide direction to the local plan, and the Edgar School District collaborated with the research team to document the impact of mental health counseling that was instituted in their school district.

In addition to efforts occurring through the "Changemakers for Behavioral Health" grant, community partners, in late summer, contributed to developing a plan of work for 2017-2020 to improve the overall behavioral health in Marathon County. To learn more visit: <http://www.marathoncountyhealthpriorities.org/priority-areas/behavioral-health/>

Adverse Childhood Experiences (ACEs)

In 2016, Marathon County identified the need for more training to be available on Adverse Childhood Experiences (ACE's). Adverse Childhood Experiences (ACE's) are linked to increased risk for poor mental well-being, alcohol and other drug and substance misuse and abuse, and chronic diseases. A Public Health Educator from the Health Department and a Social Worker from the Marathon County Social Services Department, who are certified ACE's Trainers, teamed up to provide five presentations to 129 individuals in 2016.

Adverse Childhood Experiences (ACE's) was identified as a 2017-2020 Community Health Priority in May of 2016. In late summer, community members contributed to developing a plan of work to align community efforts for 2017-2020. For more information, visit: <http://www.marathoncountyhealthpriorities.org/priority-areas/adverse-childhood-experiences/>

Healthy Weight is identified as one of the top health priorities in Marathon County. The conditions of overweight and obesity are being addressed by targeting our communities' food systems and the built physical environment for physical activity. Significant time was dedicated in 2016 to build the capacity of the Healthy Eating Active Living (HEAL) coalition, per our grant contract with the Wisconsin Partnership Program-Targeted Obesity Prevention Initiative. Highlights are summarized below.

Healthy Eating Active Living (HEAL) Coalition

The HEAL coalition has been in existence for over 10 years, and this year restated its mission "to increase access to healthy eating options and to create opportunities for active living." In 2016, the coalition met monthly and meetings were structured to provide time for learning about best practice interventions in obesity, the Collective Impact model of community work, and for the subcommittees (Local Foods - Community Gardens and Pedestrian Friendly Environments) to plan their strategies. A survey of participants was conducted, and the participants felt their experiences and communications with staff met, or exceeded, their expectations.

Farmers Markets and Local Foods

In 2016, four local farmers markets extended their market season dates and one extended their hours, increasing the overall amount of time that growers were available to consumers. Notably the Village of Weston market has seen significant growth in the number of customers, reaching an all-time high "point-in-time count" of 1,497 customers. Customer feedback and bicycle counts presented to the Weston Market Manager resulted in the Village placing a bike rack at the market for customers.

The Health Department staff assisted six markets with providing Electronics Benefit Transfers (EBT) for the FoodShare program. A Double Your Dollars initiative began in July. This project offers EBT users the opportunity to use their FoodShare dollars and receive double the amount to spend on fresh local food. The program is sponsored by local health foundations. EBT usage increased by more than 50% after the program was initiated. Overall utilization of EBT usage at the Farmers Markets has steadily increased since 2014. Staff also provided support to market vendors so they would be able to accept WIC vouchers. Both of these strategies improve the accessibility of fresh and local foods to low income families.

The Marathon County Local Food website provides information on where and when markets are available, information about local producers, and the Farm to School program participants. In its first season, there were 816 users, 2,372 page views, with visitors spending an average of 2 minutes on each page. To learn more, visit <http://marathoncountyllocalfood.org/>

Frequently, the most successful projects are with groups of partners having varied interests who align their efforts towards a cause. The Health Department continues to work with many community partners to improve the accessibility of fresh and local food. This includes the Central WI Local Food Network, Marathon County Hunger Coalition, and the Wausau Urban Community Garden. Health Department staff contributed to five media stories featuring local producers and program in print and broadcast media.

Bicycle and Pedestrian: Encouragement, Education, and Evaluation

The most significant development in 2016 is the progress the Central Wisconsin Off-road Cycling Coalition has made with implementing their long range plan. Health Department staff have assisted the organization by making connections to community partners and grant writing. Funds were raised to support building a cycling track in a portion of Sylvan Hill park.

Health Department staff organized "walk audits" in the downtown Wausau area. A survey tool was created to assess the walkability and volunteer's conducted the audit in August of 2016. Information was collected and shared with the City of Wausau. As a result of the audit, certain downtown crossings will be repainted to clearly designate the safe zones. The tool has been shared with other agencies for their use.

Other highlights include:

- Assisted the Wausau Area Safe Kids Coalition in providing 340 individuals with free helmets at five Wausau elementary schools.
- Continued leadership in the Wausau Area Metropolitan Planning Organization – Bike and Pedestrian Committee.
- Created awareness and support for non-motorized transportation during the National Bike to Work Month.
- Generated eight media stories (three in print and five in television) promoting the community events and educating the community on safe biking and walking.

Chronic Disease Prevention

Rural Health

In 2016, the Rural Health Initiative, a nonprofit organization serving farm and agribusiness families, discontinued their service in Marathon County. From 2013-2015, the Rural Health Initiative provided home safety assessments, health education, health screenings, and information and referral services. The Health Department served as a member of the Marathon County Advisory Board. The Advisory Board has explored other options for providing similar services in homes and/or on farms. At this time, there is not sufficient data to clearly define what the scope of services should be that would be beneficial to rural residents, or a sustainable method for providing infrastructure to this program.

Western Marathon County Healthy Communities

In 2016, Marathon County Health Department staff organized and facilitated six meetings of the Western Marathon County Healthy Communities Coalition, rotating between each of the seven municipalities including Abbotsford, Athens, Colby, Edgar, Marathon, Spencer, and Stratford. An average of 12 individuals attend each meeting, with a total of 59 unique individuals attending this year. Two communities have formed their own subcommittees, led by school staff, to address the priority areas in their own towns. The Health Department staff sends bi-weekly email updates to the coalition members that include items such as upcoming events, meeting agendas, and learning opportunities. The update is sent to over 100 people and has an average open rate of 39.5%.

In March, the Health Department staff worked with the coalition to complete a federal grant application that would have provided additional staff resources to address alcohol and other substance misuse and abuse. The project was not funded, but the planning process yielded clarity of focus for 2016. The top three priority areas included: mental health, substance abuse, and bullying. In April, the Coalition contributed to the Healthy Wisconsin Partnership Program, Changemakers in Behavioral Health grant application. The goal of this project is to improve behavioral health by reducing the number of 6th – 12th grade students who report feeling depressed. The Coalition was represented by the Guidance Counselor from Edgar High School who participated in the pitch presentation to the Medical College of Wisconsin Consortium. Funding for Phase I of this project was awarded on July 1, and the Coalition continues to be very involved in the grant's first year of learning and capacity building.

In September, the Annual Partner Survey was conducted of all members. Highlights include:

- The priority areas of focus were affirmed: mental health, substance abuse, and bullying were the top three selected for WMCHC to focus on in 2017.
- 81% said that their experience with WMCHC has met or exceeded their expectations. 14% said they were too new to tell.
- 100% said that having paid staff coordinate WMCHC is "very valuable."

Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, or parasites. Infectious diseases remain one of the major causes of illness, disability, and death. Local health departments are responsible for investigating and controlling further spread of disease. As part of our communicable disease investigation, the Health Department assures individuals receive appropriate treatment and provides health teaching on ways to prevent further spread of diseases. The health department performs surveillance of certain diseases reported in the county in order to be able to identify patterns and trends of communicable disease occurrences. On a weekly basis, infection control practitioners from area hospitals and clinics receive a report of communicable disease occurrences in Marathon County.

In 2016, Marathon County Health Department received 1,068 confirmed and probable reports of 27 different communicable diseases. The most commonly reported disease in Marathon County in 2016 was Chlamydia at 368-cases. Please refer to the table for a list of reportable diseases from 2012-2016.

Reportable Diseases 2012-2016

	2012	2013	2014	2015	2016	2016 Rates*	2012-2016 Rates*	2020 Goals
Reportable Diseases								
BABESIOSIS	5	9	4	7	9	6.6	5.0	
BLASTOMYCOSIS	16	8	7	8	10	7.4	7.3	
DENGUE	0	0	0	0	0	0	0	
EHRlichiosos/ANAPLASMOSIS	39	39	37	37	53	39.1	30.4	
ELIZABETHKINGEMIA	0	0	0	0	0	0	0	
HEPATITIS B	13	7	14	9	5	3.7	7.1	1.5
HEPATITIS C	62	62	55	49	81	59.8	45.8	0.2
HISTOPLASMOSIS	2	0	1	0	0	0	0.4	
HIV/AIDS	1	4	4	2	2	1.5	1.9	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS	39	85	75	88	42	31.0	48.8	
INFLUENZA ASSOCIATED PEDIATRIC MORTALITY	0	0	0	0	1	0.7	0.1	
JAMESTOWN CANYON VIRUS	0	1	1	2	0	0	0.6	
LA CROSSE ENCEPHALITIS	0	1	0	0	0	0	0.1	
LEGIONELLOSIS	3	2	0	0	0	0	0.7	
LISTERIOSIS	0	0	2	0	0	0	0.3	
LYME DISEASE	86	128	67	72	101	74.5	67.3	
MALARIA	1	1	0	0	1	0.7	0.4	
MENINGITIS	0	0	0	0	3	2.2	0.4	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	18	25	16	7	17	12.5	12.3	
POWASSAN	0	1	0	0	0	0	0.1	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	24	18	32	24	18	13.3	17.1	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	13	17	10	9	12	8.9	9.0	
TUBERCULOSIS/ACTIVE DISEASE	3	3	1	2	4	3.0	1.9	1.0
WEST NILE	0	0	0	1	0	0	0.1	
ZIKA	0	0	0	0	0	0	0	
Reportable Diseases								
CHLAMYDIA	287	334	351	386	368	271.6	255.8	
GONORRHEA	17	20	18	22	16	11.8	13.8	257-198
SYPHILIS	5	6	2	1	5	3.7	2.8	1.4-6.8

Communicable Disease

Investigation and Control (continued)

Reportable Diseases 2012-2016 (continued)

	2012	2013	2014	2015	2016	2016 Rates*	2012-2016 Rates*	2020 Goals
Reportable Diseases								
HEPATITIS A	0	0	1	0	0	0	0.1	0.3
CAMPYLOBACTERIOSIS	39	36	30	46	47	34.7	29.3	
CRYPTOSPORIDIOSIS	70	36	26	28	37	27.3	29.2	
SHIGA TOXIN PRODUCING E COLI (STEC)	12	2	7	7	12	8.9	5.9	
GIARDIASIS	22	17	20	23	66	48.7	21.9	
SALMONELLOSIS	32	35	31	35	25	18.5	23.4	
SHIGELLOSIS	0	0	1	1	2	1.5	0.6	
Reportable Diseases								
PERTUSSIS (WHOOPING COUGH)	316	32	61	22	121	89.3	81.8	0.0
MUMPS	0	0	1	1	0	0	0.3	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	1	3	0	3	5	3.7	1.8	0.0
VARICELLA (CHICKENPOX)	6	1	9	5	5	3.7	3.9	0.0
Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)	0	0	0	0	0	0	0	0.0

NOTES:

- *Rates per 100,000
- Meningitis counts include only bacterial meningitis
- Lyme disease case counts include both confirmed and probable cases from 2008 to 2011. In 2012 the surveillance case definition was changed mid-year and only counts cases with erythema migrans (bull's eye rash) of 5 cm or greater diagnosed by a medical provider.
- Influenza Associated Pediatric Mortality, Elizabethkingemia and Zika added to county data report in 2016.
- Case counts are from State records.
- Case counts from 2012-2015 were adjusted for this report based on current state data.

Healthy People 2020 Objectives

IID-1: Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases

IID-23: Reduce hepatitis A

Target: 0.3 cases per 100,000 population

Baseline: 1.0 cases of hepatitis A virus per 100,000 population were reported in 2007

IID-24: Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections)

Target: 400 cases

Baseline: 799 cases of chronic hepatitis B virus (HBV) infection are estimated among infants and children aged 1 to 24 months who were born to mothers with HBV infections in 2007

IID-25.1 Reduce new hepatitis B infections in adults aged 19 and older

Target: 1.5 cases per 100,000

Baseline: 2.0 symptomatic cases of hepatitis B per 100,000 persons aged 19 years and older were reported in 2007

IID-25.2 Reduce new hepatitis B infections among high-risk populations—Injection drug users

Target: 215 cases

Baseline: 285 symptomatic cases of hepatitis B were reported among injection drug users in 2007

IID-26: Reduce new hepatitis C infections

Target: 0.2 new cases per 100,000

Investigation and Control (continued)

Baseline: 0.3 new symptomatic hepatitis C cases per 100,000 population were reported in 2007

IID-29: Reduce tuberculosis (TB)

Target: 1.0 new case per 100,000 population

Baseline: 4.9 confirmed new cases of tuberculosis per 100,000 population were reported to CDC by local health departments in all 50 States and the District of Columbia in 2005

STD-1: Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections

STD-1.1 Among females aged 15 to 24 years attending family planning clinics

Target: 6.7 percent

Baseline: In 2008, 7.4 percent of females aged 15 to 24 years who attended family planning clinics in the past 12 months tested positive for Chlamydia trachomatis infections

STD-2: (Developmental) Reduce Chlamydia rates among females aged 15 to 44 years

STD-6: Reduce gonorrhea rates

STD-6.1 Females aged 15 to 44 years

Target: 257 new cases per 100,000 population

Baseline: 285 new cases of gonorrhea per 100,000 females aged 15 to 44 years were reported in 2008

STD-6.2 Males aged 15 to 44 years

Target: 198 new cases per 100,000 population

Baseline: 220 new cases of gonorrhea per 100,000 males aged 15 to 44 years were reported in 2008

STD-7: Reduce sustained domestic transmission of primary and secondary syphilis

STD-7.1 Among females

Target: 1.4 new cases per 100,000 population

Baseline: 1.5 new cases of primary and secondary syphilis per 100,000 females were reported in 2008

STD-7.2 Among males

Target: 6.8 new cases per 100,000 population

Baseline: 7.6 new cases of primary and secondary syphilis per 100,000 males were reported in 2008

HIV-2: (Developmental) Reduce new (incident) HIV infections among adolescents and adults

HIV-3: Reduce the rate of HIV transmission among adolescents and adults

Target: 3.5 new infections per 100 persons living with HIV

Baseline: The HIV transmission rate was 5.0 new infections per 100 persons living with HIV in 2006

HIV-4: Reduce the number of new AIDS cases among adolescents and adults

Target: 13.0 new cases per 100,000 population

Baseline: 14.4 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007

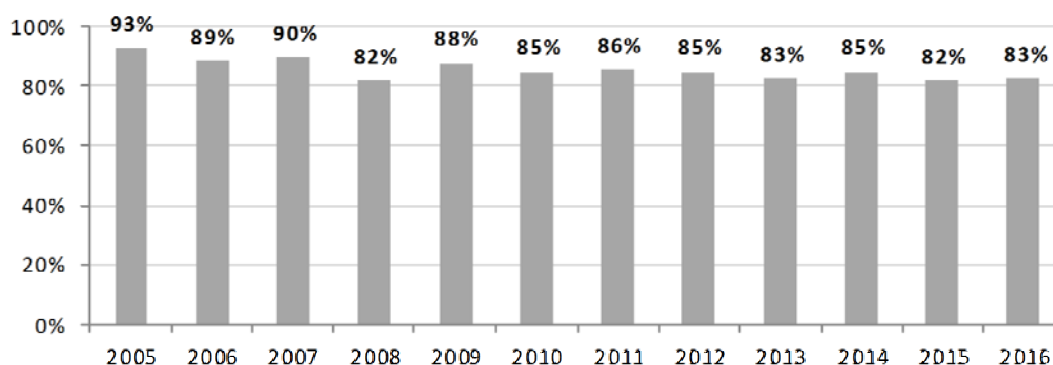
Communicable Disease

Immunizations

Immunizations are considered one of the greatest public health achievements in the 20th century. Vaccines prevent disease in the people who receive them and provide indirect protection to individuals in the community who are not fully immunized, or have weakened immune systems. Preventing and reducing the spread of disease through indirect protection is referred to as “herd immunity.” Before vaccines, many children died from childhood diseases such as Polio or Pertussis, or had lifelong health conditions from complications. Children under two years old are especially vulnerable to childhood diseases, making it critical that they be protected through immunization.

The Healthy People 2020 goal is that 80% of children are fully vaccinated through age two. Marathon County Health Department supports this goal by providing immunizations to eligible residents at a minimal cost, and through public health nurse follow up of those children who are behind on their immunizations. In 2016, the immunization rate for children between the ages of 24 and 35 months in Marathon County was 83% (includes late up-to-date), exceeding the Healthy People 2020 goal.

Immunization Rates Ages 24-35 Months (Including Late Up-to-date) 2005-2016



Source: Wisconsin Immunization Registry (footnote: prior to 2006 immunization coverage was measured for 24-36 months of age)

To further support this goal, area health care providers enter immunizations given into one of two electronic immunizations registries. Immunization registries have been developed to assure health care providers and schools have timely access to children’s and adult’s immunization records. In Marathon County, providers utilize Registry for Effectively Communicating Immunization Needs (RECIN) and Wisconsin Immunization Registry (WIR) to record immunizations. Many children in Wisconsin receive immunizations from more than one provider, and immunization registries provide an immunization record, so that opportunities for vaccination are optimized.

As part of a county-wide protocol established with area health care providers, Marathon County Health Department has a recall and reminder system for immunizations. Public health nurses follow up on children in the county who are late on their vaccinations. They work with the family, educating them on vaccine preventable diseases and helping them gain access to a medical provider, or with the health department, so that the child can get needed vaccinations. Often, when speaking with the parents, the public health nurse finds that there is a lack of knowledge about the seriousness of diseases that can be prevented through vaccination. Other times, the parents want to get their child vaccinated, but face barriers such as lack of insurance or transportation. The public health nurse will work with them to overcome these barriers so that the child can be protected through vaccination.

Marathon County Health Department provides access to vaccines at immunization clinics held at the health department in Wausau as well as locations in outlying communities within the county. Immunizations are also available at public health clinics held at the Marathon County Jail and at Aspirus Wausau Family Medicine in Wausau. Public health nurses provide education on immunizations at every opportunity when in contact with families in Marathon County. By providing education and access to vaccines, we are protecting the health of our community members against vaccine-preventable disease.

Beginning in October of 2012, children whose insurance covers immunizations (including those with high deductibles) are no longer able to receive vaccines at local health departments. This is due to funding changes at the federal government level. Current exceptions to this policy change are Pertussis-containing vaccines. The health department continues to educate and encourage residents who are insured to access their medical home for needed immunizations and well care.

Immunizations (continued)

Immunizations Provided at Health Department 2012-2016

Year	No. of Children & Adults	No. of Vaccines Given
2012	1,294	2,326
2013	856	1,633
2014	884	1,498
2015	624	1,223
2016	504	997

In order to continually improve our services, surveys are conducted several times a year, with consistently positive results.

“I felt respected and cared for today. Thank you for facilitating that.”

“Thank you for helping me make choices that I’m comfortable with.”

(Comments from clients who received immunizations through the Marathon County Health Department in 2016)

Herd immunity (or community immunity): A situation in which a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely. Even individuals not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the disease has little opportunity to spread within the community. *CDC.gov*

Tuberculosis

The Marathon County Health Department’s Tuberculosis (TB) program follows up with individuals who have latent (non-infectious) TB and individuals with active (infectious) TB disease to prevent further spread of TB in the community.

TB is a disease caused by a bacterium called Mycobacterium Tuberculosis. The bacteria can attack any part of the body, but most often attacks the lungs. Persons who have latent TB do not feel sick and are not able to spread TB to others. If not effectively treated, persons with latent disease may develop active TB disease; a serious, life threatening disease. Ten percent of individuals with latent TB who are not treated will go on to develop active TB disease. This lifetime risk increases to 30 percent for persons with a chronic health condition such as diabetes.

Latent TB

Individuals identified as having latent TB are evaluated by their medical providers to determine the need for preventative medication. Through the State of Wisconsin TB Program and the Marathon County Health Department, medications to treat latent TB are provided at no cost. The service is designed to assure all individuals with latent TB are fully treated, thus reducing their risk of developing active disease in the future. Treating those with latent TB also serves as a measure to prevent TB exposure to others in the community.

Communicable Disease

Tuberculosis (continued)

In 2016, 30 persons with latent TB received treatment coordinated by the Marathon County Health Department. Treatment of latent TB can take two forms: the client self-administers medication daily and visits with a public health nurse once a month, or a visit with a public health nurse weekly for 12 weeks for Directly Observed Therapy (DOT), the observation of persons taking medication for TB disease by a public health nurse or a community health worker. The goal is for individuals who receive TB treatment to complete the full treatment. In 2016, 77% of those scheduled to complete TB treatment for latent TB completed treatment.

Active TB

When a case of active TB disease is reported, immediate action is taken to isolate the person with the disease, initiate appropriate treatment, and conduct a contact investigation to determine exposure of other individuals. Marathon County had 4 new cases of active TB disease diagnosed in 2016.

People with active TB disease must be treated with multiple medications in order to be cured of the disease and to prevent further spread of the disease. As part of the treatment, persons with active TB disease receive Directly Observed Therapy (DOT) for the duration of TB treatment. With the increased number of individuals diagnosed with multi-drug resistant TB due to incomplete previous treatment, DOT has been adopted as a national strategy to assure persons with this disease take their anti-tuberculosis medications as prescribed. In 2016, 6 individuals with active TB disease received DOT. Length of treatment ranges from 6-9 months to over 3 years for a person with multi-drug resistant TB. In 2016, 100% of those scheduled to complete TB treatment for TB disease completed treatment.

Public health nurses and/or outreach workers provided 1,072 DOT visits to individuals diagnosed with either latent TB, active TB, and children who have been exposed to TB as “window” therapy. In addition to DOT, public health nurses monitor the effectiveness of treatment, monitors for side effects, and link individuals to needed health care and community resources.

Contact investigations are a key part of the TB control program. Contact investigations are conducted to identify individuals who were exposed to persons with active TB disease. Persons who were in close contact with the infected person receive testing to determine if they have been infected with the disease. Marathon County Health Department conducted 4 contact investigations in 2016, having 2 to 125 contacts tested for each investigation.

Additionally, Marathon County Health Department offers TB skin tests at two clinics per month for individuals needing to be screened to meet requirements for workplace, immigration, or school. In 2016, public health nurses screened 252 individuals for TB through these clinics as well as scheduled appointments.

Sexually Transmitted Disease

Sexually transmitted diseases (STDs) represent a large percentage of all reportable diseases in Marathon County. In an effort to provide accessible screening, treatment, and partner follow up, the Marathon County Health Department provides STD clinic services weekly at two sites: Aspirus Wausau Family Medicine (AWFM) and the Marathon County Jail.

At the STD clinics, specially trained public health nurses, working under the supervision of Aspirus Wausau Family Medicine physicians, screen individuals for STDs/HIV, provide treatment, and provide vaccines. All individuals seen through the clinics are counseled on risk-reduction behaviors. Partners are identified and counseled to seek treatment with their primary care provider or at the clinic. As a result of the clinic, individuals who may not seek care due to barriers such as cost, concerns about confidentiality, or not having a health care provider are screened and treated, reducing further transmission of STDs/HIV in the community.

In 2016, there were a total of 614 client visits for STD services, and 198 vaccines were given. Refer to the following table for more information on Marathon County Health Department STD clinic services.

Sexually Transmitted Disease (continued)

STD Clinic Services: 2012-2016

Services per clinic site		Total Client Visits	# Females	# Males	# Screened for STDs	# Screened for HIV	# of Vaccines Given
2012	AWFM	146	42	104	86	73	34
	County Jail	424	105	319	175	150	179
	Total	570	147	423	261	223	213
2013	AWFM	149	47	102	98	78	12
	County Jail	401	103	298	177	153	233
	Total	550	150	400	275	231	245
2014	AWFM	158	51	107	110	92	4
	County Jail	360	131	229	166	130	176
	Total	518	182	336	276	222	180
2015	AWFM	236	61	175	152	121	7
	County Jail	426	103	323	196	161	190
	Total	662	164	498	348	282	197
2016	AWFM	206	46	160	124	101	5
	County Jail	408	150	258	181	166	193
	Total	614	196	418	305	267	198

*in 2012 UW Health's name was changed to Aspirus Wausau Family Medicine (AWFM).

Rabies Control

The Rabies Control Program goal is to prevent humans from contracting rabies. This is accomplished 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. Because rabies is nearly always fatal, the goal for the Rabies Control Program is to assure proper follow up after an animal bite to include quarantine or rabies testing and the need for prophylaxis due to an animal bite exposure.

Number of Positive Rabies and Prophylaxis 2012-2016

	2012	2013	2014	2015	2016
Human Exposures	283	285	317	326	319
Specimens Sent to State Lab	45	45	45	43	31
# Positive for Rabies	1 (3 Equivocal Results*)	0 (1 Equivocal Result*)	1 (2 Equivocal Results*)	0 (2 Equivocal Results*)	1
Prophylaxis Recommended	10	26	37	38	28

*Equivocal results = inconclusive test results

Thirty-one specimens were submitted to the State Lab of Hygiene for rabies virus testing. Specimens included 13 dogs, 14 cats, 2 bats, a weasel, and a muskrat. For 2016, one specimen was confirmed positive for rabies in a bat. Rabies is not uncommon in wildlife, especially bats and skunks, and reinforces the importance of rabies vaccination of pets that may come in contact with a wild animal when outside. Rabies prophylaxis is recommended when tests indicate the biting animal is positive for rabies, as well as when the bite is from a stray or wild animal, and the animal can not be located.

Communicable Disease

Rabies Control (continued)

The following table shows the species involved in the human exposures.

**Animal Bite Exposures Reported
by Species 2012-2016**

Year	Dog	Cat	Bat	Other	Total Exposures
2012	183	78	10	12	283
2013	174	85	14	12	285
2014	191	90	16	19	317
2015	210	91	8	17	326
2016	203	101	3	12	319

The number of exposures has generally risen in recent years, and may be due to increased outreach with local law enforcement and clinics to report incidents.

To reduce animal bites, the Paper Cities Kennel Club continues to provide an educational program for 2nd grade elementary school children, emphasizing safety around all animals. Children often suffer greater bite injuries than adults because of their size, and due to not understanding animal behavior. During the 2015-2016 school year, the Paper Cities Kennel Club visited 12 schools in Marathon County reaching approximately 700 students.

The following table breaks down the number and percentage of animal bites by age.

Case Breakdown by Injured Age 2013-2016

Year	Age Group	Number Bitten by Age	Percentage by Age
2013	Under Age 6	15	5.26%
	6-12 Years of Age	40	14.04%
	13-17 Years of Age	18	6.31%
	18-49 Years of Age	118	41.40%
	50+ Years of Age	94	32.98%
2014	Under Age 6	24	7.57%
	6-12 Years of Age	26	8.20%
	13-17 Years of Age	19	5.99%
	18-49 Years of Age	135	42.59%
	50+ Years of Age	110	34.7%
2015	Under Age 6	25	7.7%
	6-12 Years of Age	44	13.5%
	13-17 Years of Age	18	5.5%
	18-49 Years of Age	143	43.9%
	50+ Years of Age	96	29.4%
2016	Under Age 6	23	7.21%
	6-12 Years of Age	34	10.65%
	13-17 Years of Age	20	6.27%
	18-49 Years of Age	138	43.26%
	50+ Years of Age	104	32.60%

Public Health Preparedness

The emergence of new infectious diseases and natural disasters require a coordinated community response. Marathon County Health Department works closely with area health care organizations, Marathon County Emergency Management, American Red Cross, Salvation Army, United Way of Marathon County, and Marathon County Department of Social Services to develop and exercise plans to close national preparedness capability gaps.

In 2016, efforts focused on the following Centers for Disease Control & Prevention (CDC) public health preparedness capabilities:

Capability Area	Activities
Community Preparedness	<p>Participated in the May 2016 North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW-HERC) Tabletop Exercise held at Aspirus, Wausau. The exercise focused on monitoring, identifying, and controlling highly infectious emerging diseases such as Ebola. Partners who participated included: Aspirus, Ministry Saint Clare's, North Central Health Care, and Marathon County Emergency Management.</p> <p>Participated in the required Incident ICS 300 and 400 Command System (ICS) advanced training for command staff, having two staff complete training in 2016.</p> <p>Converted the Public Health Emergency Plan (PHEP) to align with the public health competencies. Updated the Mass Clinic Plan.</p> <p>Conducted a 24/7 Incident Command System (ICS) Call Down Drill for the department.</p> <p>Held a Mass Clinic Functional Exercise among staff at the Health Department in October 2016.</p> <p>Served on the North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW-HERC) Board of Directors, representing local health departments in the 12 county region.</p>
Medical Surge	Increased understanding of WI-TRAC utilized to track availability of hospital beds, etc.
Volunteer Management	<p>Increased understanding of WEAVER to implement at a local level, a statewide system for verifying health care volunteers to be used in a public health emergency</p> <p>Developed volunteer plan for the department</p>
Mass Care	Developed protocols for addressing the functional needs of residents in a shelter with key partners: Emergency Management Director, Department of Social Services, American Red Cross, Salvation Army, United Way of Marathon County
Fatality Management	<p>Educated representatives of the Marathon County Board of Supervisors of the need for a regional morgue</p> <p>Furthered the Family Assistance Center Plan for the county, clarifying roles among the Department of Social Services, American Red Cross, and Salvation Army</p>

Community Health

Community Health Assessment & Improvement Plan

LIFE Report

The LIFE Report looks at indicators of the quality of life in Marathon County. The report, published every two years, serves as the basis for the Marathon County Community Health Assessment. The Report reinforces where the health department and our partners need to focus efforts to improve the overall health of communities in Marathon County.

In January of 2016, the tenth edition of 2015-2017 LIFE Report was released, and was used as the basis for the selection of the 2017-2020 Community Health Priorities.

Marathon County Government is one of thirteen Full Partner LIFE Report Sponsors. The Health Officer serves on the LIFE Steering Committee and Chair to the Health & Wellness Subcommittee. For more information on the 2013-2015 LIFE Report – Local Indicators for Excellence in Marathon County, visit: www.co.marathon.wi.us or www.unitedwaymc.org.

Healthy Marathon County

Local health departments across the state with their community partners are responsible for carrying out local health improvement plans to address health conditions impacting their residents. This process is referred to as Community Health Improvement Process and Plans (CHIPP), named in part for the resulting health changes that occur in the community.

In Marathon County, the responsibility of the CHIPP is carried out in a partnership between Healthy Marathon County and the Health Department. Healthy Marathon County, through the work of six Actions Teams, supports efforts to address the identified health priorities and concerns from the 2012-2016 community health priorities. The Healthy Marathon County Action Teams include:

- CATCH Dental (Concerns About the Cost of Healthcare)
- Alcohol and Other Drug (AOD) Partnership
- Healthy Eating Active Living (HEAL)
- Central Wisconsin Tobacco Free Coalition
- Partnership for Healthy Aging
- Prevent Suicide Marathon County

Healthy Marathon County, including the action teams, is made up of more than 100 individuals from over 20 organizations. In 2016, the Healthy Marathon County Board of Directors:

- Released the 2015 Marathon County Youth Risk Behavior Survey (YRBS). All ten school districts in the county participated, hosting a Press Conference in May.
- Served as the community coalition partner for the Medical College of Wisconsin Healthier Wisconsin Partnership Program: Changemakers for Behavioral Health grant. Marathon County was one of ten communities awarded an eight-year grant to improve behavioral health.
- Participated in the selection of the 2017-2020 Marathon County Community Health Priorities.
- Supported policy and grant initiatives: E-cigarette policy change for the City of Wausau, supported the AOD Partnership grant application for the Prescription Medication Disposal, and sent letters to state representatives to education on youth access to alcohol.

To read more about the 2016 accomplishments of Healthy Marathon County and Action Teams, visit: www.healthymarathoncounty.org

2017-2020 Marathon County Community Health Assessment and Improvement Plan

In the spring of 2016, representatives from Healthy Marathon County and members of the Board of Health selected the top health issues impacting the health of Marathon County. Sixty-two indicators from the 2015-2017 LIFE Report were reviewed. Factors explored in the selection of the priorities included: the impact of the health problem on quality of life across the lifespan, community and political interest to address the health problem, known effective strategies to address the problem, and whether community partnerships could be mobilized. Selected health priorities include:

- Alcohol and Other Drug Misuse and Abuse
- Behavioral Health

Community Health Assessment & Improvement Plan (continued)

- Adverse Childhood Experiences (ACEs)
- Healthy Weight
- Health Needs of Aging
- Oral Health

In addition, the plan recognizes and addresses the interconnectedness of social and economic factors influencing each and every health priority.

During the summer of 2016, over 75 community representatives were invited to contribute to the development of the community health plan. Community stakeholders identified goals and strategies for each of the health priorities. The plan released on January 5, 2017 will guide the work of the community, including Marathon County Health Department, Healthy Marathon County, healthcare organizations, local coalitions, and community organizations to prevent conditions that cause residents to die prematurely, and become ill, or injured.

To read more about the health priorities selected, goals, and strategies visit: <http://marathoncountyhealthpriorities.org/>.

Student Placements

Marathon County Health Department provides field experiences for students earning degrees in nursing, medicine, and health education. The field placements provide an opportunity for students to learn about public health, and see firsthand the scope of services and initiatives provided by the department. Agreements are in place for UW-Eau Claire, UW-Green Bay, UW-Oshkosh, UW-School of Medicine and Public Health, Silver Lake, Viterbo University, and Northcentral Technical College. In 2016, 6 students were provided 24 to 84 hours per student of field experiences at the department.

Informing the Public

Marathon County Health Department is charged with the responsibility of keeping the public informed on health issues impacting the community. A number of methods are utilized to relay critical information to the public including print media, TV, radio, websites, and social media.

In 2016, the Health Department managed, in addition to the department's website, websites and social media sites for the following community initiatives and programs:

- AOD Partnership Council – www.aodpartnership.org, www.pushbackdrugs.org, www.takebackyouth.org, and www.facebook.com/MarathonCountyAODPartnershipCouncil
- Central Wisconsin Tobacco Free Coalition – www.centralwitobaccofree.org
- HEAL (Healthy Eating and Active Living) – www.facebook.com/HEALCoalitionMarathonCounty
- Marathon County Local Food - www.marathoncountylocalfood.org/farmers-markets/market-locations/ and www.facebook.com/Marathon-County-Local-Food-936104883110481/?hc_ref=SEARCH&fref=nf
- Healthy Marathon County – www.healthymarathoncounty.org
- Real Happy Hour – www.thehappyhour.org, www.facebook.com/TheRealHappyHr, and www.twitter.com/real_happy_hour, www.pinterest.com/realhappyhour/
- Start Right First Steps – www.facebook.com/StartRightFirstSteps/
- County Health Priorities: www.marathoncountyhealthpriorities.org
- Bicycle Wausau: www.bicyclewausau.org
- Western Marathon County Healthy Communities: www.wmchc.org
- Northern Regional Center for Children and Youth with Special Healthcare Needs: www.northernregionalcenter.org

In 2016, the department did more than 60 media contacts on a wide range of health issues and topics.

Environmental Health & Safety

Human Health Hazards

The Human Health Hazard program is a State-mandated program for local public health departments. A Human Health Hazard is defined in statute as “a substance, activity, or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously affect the health of the public.” This program responds to reports or concerns from the public, or other agencies, about potentially hazardous situations. Possible hazards include garbage, structurally unsafe housing, hoarding situations, environmental contamination, pest/rodent/insect issues, asbestos, mold, lead, blastomycosis, blue-green algae, groundwater contamination, methamphetamine drugs, and animal manure affecting property or groundwater. Examples of housing issues include a lack of heat, or a lack of water for drinking, cooking, and sanitation.

The program goal is to reduce exposure to substances, activities, or conditions that can negatively impact health, thus minimizing the health impacts of such exposures. Several criteria are considered to determine whether a health hazard is present. Criteria include the duration of exposure, quantity, and means of exposure to a substance or condition, type, and number of individuals exposed, and known or expected health risk. Often, the concerns identified do not reach the threshold necessary to be considered a human health hazard. In situations like this, the Health Department provides information to resolve the concern. When an investigation is needed, initial efforts center around voluntary compliance, by sharing information and options to address the health hazard. If voluntary compliance cannot be achieved, or when required under regulations, a written order becomes necessary to address the hazard. Success in addressing human health hazards often involves several local and state regulatory agencies.

Mercury Reduction Program

The Mercury Reduction program is a partnership with Wausau Water Works and Rib Mountain Metropolitan Sewerage District. The program continues to demonstrate success in keeping mercury waste from waterways. In turn, this reduces the level of mercury in the fish caught from those waters. Marathon County Health Department’s role is to outreach to dentists, schools, automotive repair, and other businesses on proper disposal of mercury-containing products. In addition, residents may exchange mercury-containing thermometers for digital thermometers, free of charge, through seven locations.

Thirty-six of the thirty-eight (38) area dental offices reported disposal results from installed amalgam separators. The amalgam separator sorts mercury-containing amalgam from the wastewater stream. For 2016, approximately 192 pounds of dental amalgam waste and containers were disposed properly. Additionally, approximately 112 thermometers, 6 thermostats, 2 mercury switches, and 7 sphygmomanometers were collected at seven drop-off sites in the metro area, and correctly disposed through the Marathon County Solid Waste Department’s Hazardous Waste Collection Facility. This programming is regulated by the Department of Natural Resources which has commended the cooperative relationship between Wausau Water Works, Rib Mountain Metropolitan Sewerage District, and the Health Department. The relationship is seen as being very effective and worthy of modeling in other Wisconsin communities.

Environmental Transaction Screens

The Health Department screens for potential contaminate hazards on tax delinquent properties, and properties being purchased by Marathon County. In 2016, no Environmental Transaction Screens were performed. The Marathon County Treasurer’s Department was in the process of developing an internal method to identify and determine statuses of properties. Environmental Transaction Screening is expected to resume in 2017.

Radon and Other Indoor Air Quality

Radon gas is a naturally occurring radioactive element that results from the decay of uranium found in soil, particularly in granite rich areas, such as Marathon County. After tobacco exposure, radon is identified as the second leading cause of lung cancer in the nation. According to the Environmental Protection Agency, radon is responsible for about 21,000 lung cancer deaths every year in the U.S.

The Health Department operates the regional Northcentral Radon Information Center (RIC), a 12-county consortium to educate individuals and promote testing for radon. Counties participating in the consortium include Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca and Wood. The Radon Information Center provides radon information and test kits to individuals, private businesses, and government agencies.

In 2016, the department provided seven presentations on health risks, testing, and mitigation of radon. Additionally, the Health Department provided regional support to health departments within the RIC consortium area and responded to consultations by phone or email. Marathon County Health Department has continued to host and attend training opportunities which support Radon Information Center counties or local businesses involved in radon testing and mitigation to meet continuing education

Human Health Hazards (continued)

requirements. In coordination with nation-wide Environmental Protection Agency efforts, the Radon Information Center promotes radon testing during January Radon Action Month through media press releases in English and Hmong. During this time, the department receives inquiries concerning the health risks, testing, and mitigation of radon.

The following table provides a summary for the number of radon tests performed, those with elevated results, and the percentage elevated. The percentage of elevated tests in Marathon County, and participating counties, reinforce the benefits of testing one's home for radon. Residents contacting the Health Department can receive help interpreting test results and provide information on what steps they can take to lower radon gas to safe levels.

Radon Tests and Results 2012-2016

		Tests in RIC	Tests in Marathon County	Mitigations Reported	Website Hits
2012	Test Results	786	169	456	295
	Elevated Tests	363	113		
	Percent Elevated	46%	67%		
2013	Test Results	672	283	295	421
	Elevated Tests	370	196		
	Percent Elevated	55%	69%		
2014	Test Results	370	211	441	512
	Elevated Tests	157	133		
	Percent Elevated	42%	63%		
2015	Test Results	664	141	603	346
	Elevated Tests	282	83		
	Percent Elevated	41%	59%		
2016	Test Results	1182	125	485	410
	Elevated Tests	512	76		
	Percent Elevated	43%	61%		

The installation of radon mitigation systems remains strong. Radon mitigation system installers are not required to report installations, and permits are not needed to install a mitigation system. The installation data collected by contractors is voluntary. Given the percentage of homes with elevated levels, some home builders are installing Radon Resistant New Construction (RRNC) systems consistently.

In addition to radon, the Health Department receives inquiries about other indoor and outdoor air topics. The topics vary and may include questions about wood smoke, carbon monoxide, and mold. In 2016, there were 41 such inquiries, including 36 regarding mold. The goal of the Human Health Hazards program is to provide reliable and accurate information on the health risks, so individuals know what they can do next for controlling or eliminating the problem, providing follow up and referrals to appropriate businesses and agencies.

Environmental Health & Safety

Human Health Hazards (continued)

The following tables list the type of Human Health Hazard activities along with performance outcomes by year.

Human Health Hazard Activities Performed by Year 2014-2016

Outputs	2014	2015	2016
Total number of nuisance complaints and consultations/technical assistance contacts	514	369	471
Total number human health hazard investigations	39	32	34
Total number of radon test kits provided in Marathon County	302	229	125
Total number of radon mitigation systems installed per report for 12 county area	441	603	485
Total number of requests for radon information	723	633	700
Total number of transient drinking water systems inspected	38	40	45
Total pounds of mercury collected and properly disposed (excluding amalgam)	12	10	15
Total number of dental offices contacted regarding proper disposal of amalgam	38	37	38
Total pounds of amalgam collected by dental offices and recycled	150	196.5	192
Total number of environmental screens	48	0	0

Human Health Hazard Performance Outcomes by Year 2012-2016

Performance Goal	Measure	Benchmark	2012	2013	2014	2015	2016
Reduce or eliminate human exposure to environmental health hazards.	95% of complaints or inquiries received are resolved through education, collaboration, or referral, having no enforcement action taken.	100%	100%	100%	100%	100%	99.9%
Reduce indoor exposure to radon.	100% of owners with elevated radon tests will be notified of corrective action to reduce levels to meet EPA standard.	100% Note: 69/126 tests were elevated	100% Note: 113/169 tests were elevated	100% Note: 162/283 tests were elevated	100% Note: 133/211 tests were elevated	100% Note: 122/250 tests were elevated	100% Note: 76/120 tests were elevated
Reduce indoor exposure to radon.	Number of radon systems installed	488	456	513	441	603	485
Residents and visitors will be assured a safe drinking water sources from transient well systems.	100% of transient well systems inspected will meet state guidelines.	100%	100%	100%	100%	100%	100%

The Marathon County Health Department functions through a contract as an agent of the State of Wisconsin to provide health inspections and licensing for a variety of establishments including restaurants, groceries, convenience stores, lodging, campgrounds, recreational/education camps, swimming pools, mobile home parks, and body art facilities. Agent contracts require a minimum of one routine inspection; pre-inspections for compliance prior to issuing a permit; necessary follow up inspections, such as complaints and re-inspections to ensure proper compliance; and consultations by phone or on site. The following table notes the types of inspections performed in 2016.

Number of Inspections 2014 - 2016

January 1-December 31	Total Inspections	Routine	Pre-Inspection	Complaint	Follow ups	Re-inspections	All Other
2014	892	746	80	5	48	6	7
2015	920	783	70	9	44	4	10
2016	992	799	78	16	70	6	23

The licensing year is from July 1 through June 30, and at the end of the 2015-2016 licensing year, 901 licenses were issued for public facilities such as taverns, restaurants, temporary food stands, hotels/motels/tourist rooming houses, bed and breakfasts, recreation and education campgrounds, swimming pools, retail food (groceries and convenience stores), body art facilities, and mobile home parks. The largest are those facilities in the restaurant category followed by retail food. The following table summarizes the types of licenses issued by year.

Types of Licenses 2012-2016

License Year Ending 6-30	Total Licenses	Restaurant	Lodging	Rec/Ed. and Campgrounds	Pools	Body Art	Retail Food	Mobile Home Parks	Taverns
2012	926	495	46	22	92	13	217	28	13
2013	913	494	41	25	86	10	215	28	14
2014	895	465	46	24	95	9	217	26	13
2015	891	465	40	26	90	10	222	25	13
2016	901	463	41	28	91	11	228	24	15

The Health Department inspectors view themselves as resources for licensed facility operators, serving in a consulting role, assisting operators with ideas and options to meet the regulations. The following tables report the type of activities and performance outcomes for the licensing program by year.

Licensing Program Activities Performed by Year: 2012-2016

Outputs	2012	2013	2014	2015	2016
Total Number of Licensed Establishments Inspections (excluding Temporary facilities)	926	913	993	920	992
Total Number of Restaurant/Tavern Inspections	508	508	500	471	543
Total Number of Retail Food Inspections	217	215	222	202	257
Total Number of School Inspections	100	104	104	100	102
Total Number of Lodging Inspections	46	41	34	40	42
Total Number of Pool Inspections	92	86	73	100	96
Total Number of Campground and Rec/Ed Camp Inspections	16	17	16	18	17
Total Number of Body Art Inspections	13	10	8	9	12
Total Number of Mobile Home Park Inspections	28	28	22	23	25
Total Number of Foodborne Illness Investigations	2	0	0	4	0
Total Number of Food-Related Complaints	44	57	41	13	2

Environmental Health & Safety

Licensing (continued)

Licensing Program Performance Outcomes by Year: 2012-2016

Performance Goal	Measure	Benchmark	2012	2013	2014	2015	2016
Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	90% of restaurant inspections will have fewer than five (5) critical violations.	90%	96%	98%	97%	99.8% ¹	94.1% ¹
Retail food establishments in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	90% of retail food establishment inspections will have fewer than five (5) critical violations.	90%	99%	98%	100%	100% ¹	97.1% ¹
Pools and whirlpools located in Marathon County will be bacteriologically safe.	90% of pools and whirlpools samples will be bacteriologically safe.	90%	95%	97%	97%	95%	93.3%
Pools and whirlpools in Marathon County will operate safely.	The re-inspection ratio for pools and whirlpools will be no more than 5%.	5%	0%	5.7%	19.4%	11.8% ²	16% ²
Tattoo businesses in Marathon County will not expose their clientele to infectious diseases.	90% of tattoo businesses will follow infectious disease guidelines.	90%	100%	100%	100%	100%	100%
Mobile home parks in Marathon County will provide a safe and healthy environment for residents.	90% of mobile home parks will provide a safe and healthy environment for residents.	90%	100%	100%	100%	100%	95.8%

¹ Beginning in 2015 percentage indicates 3 or fewer priority violations

² Includes follow up inspection and the re-inspection fee was not assessed

Food Safety

As part of the Licensing Program, the Marathon County Health Department works to identify and respond to health problems related to food safety including outbreak investigations. In 2016, 2 separate foodborne illness complaints were reported to the Health Department resulting in a complaint inspection. Program staff serve as the primary investigators when there is a suspected food or water borne illness in Marathon County. In 2016, none of the complaints or investigations identified a foodborne illness outbreak. The Centers for Disease Control defines a foodborne illness outbreak as two or more persons experiencing a similar illness after ingestion of a common food. Limiting the spread of a communicable disease and providing clear guidance to facilities during and after an investigation to prevent future illnesses are key goals in our licensing program.

In addition to illness complaint investigations, the food safety program provides on-site informal education of food service employees; inspection of food service facilities, including 51 schools in the Federal School Lunch/Breakfast Program; food sampling; foodborne outbreak investigation; and responding to product recalls and consumer complaints. The number of viewers to the Food Safety website continued to increase in 2016 over the previous years. Two factors that have contributed to the increase in website views include; the posting of online food safety inspection reports since the fall of 2015, and revisions to the department's food safety website. Online food safety inspections report summaries for restaurants, grocery, and convenience stores became accessible and resulted in 640 inquiries. In addition, new links were added to provide food safety information for regulated businesses and promoted to the businesses. A "Food Safety for Consumers" section was added focusing on the home environment. The Centers for Disease Control (CDC) estimates 13-21% of outbreaks result from food consumed in a private home.

The following provides a summary of activities of the Food Safety Program:

2012-2016 Food Safety Program Activities

Activity	2012	2013	2014	2015	2016
Food borne Disease Investigation	2	0	0	4	2
Food Safety Establishment Licenses Issued	725	723	695	700	706
Education Classes/Attendees	1/8	1/14	1/50	1/18	2/13
Media Events	2	3	0	3	2
Website Food Safety – Hits Per Year	761	759	698	3,208	3,614

The Marathon County Health Department tracks six Centers for Disease Control (CDC) Risk Factors identified as violations most often responsible for the majority of food borne outbreaks, individually or in combination. The data provides 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 are presented below:

CDC Risk Factor Violations 2013-2016

CDC Risk Factors	2013 Violations		2014 Violations		2015 Violations		2016 Violations	
	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	9	1	3	3	1	8	1	2
Inadequate Cooking Temperatures	4	1	3	0	5	1	3	1
Improper Holding Temperatures	100	31	91	24	72	26	77	35
Cross Contamination	68	13	158	8	149	24	183	36
Personal Hygiene	71	21	184	1	163	1	211	0
Other CDC Factors	104	29	232	6	286	4	310	98
TOTALS	356	83	671	42	676	64	785	142

In 2016, restaurant inspections noted 785 CDC Risk Factor violations (676 in 2015), while retail food facilities had a substantial increase to 142 violations (64 in 2015). Overall, there were increases in most CDC Risk Factor categories. For Restaurant facilities, the largest increase was in the Personal Hygiene category (includes handwashing sink is available, hand soap and hand drying methods are provided, and good hygienic practices are followed), while for Retail facilities, the largest increase was in Other CDC Factors (includes demonstration of knowledge, posting certificates, records involving employee health, and proper labeling, storage, or use of chemical products).

When a facility has more than two serious violations or more than 6 overall violations an additional inspection may be performed to obtain compliance. When the facility is found in compliance no fee is charged and the re-inspection is tracked as a follow up. If a facility has critical violations or a number of violations that remain out of compliance during the re-inspection, a re-inspection fee is charged. The Health Department conducted 58 follow up inspections, and 5 re-inspections in food facilities in 2016, for facilities found out of compliance on an initial inspection.

In terms of food facility complaints, there were 15 reported in 2016 (16 in 2015). The complaints are grouped under eight general categories of Illness, Facility Cleanliness, Pests/Vermin, Foreign Object, Quality, Labeling, Tampering, and Other/Miscellaneous categories.

Each interaction with an establishment operator allows us to share information learned through inspections, foodborne illness investigations, and trainings we have attended. They provide an opportunity to inform and assist operators in meeting regulations with a common goal of food safety.

Start Right

Start Right provides support and parent coaching for families throughout Marathon County from pregnancy to age five. The overall goal of the program is to prevent child abuse and neglect. Start Right focuses on developing safe, healthy, nurtured and school-ready children and parents who are connected to community resources to support healthy parenting. Start Right is a partnership program between the Marathon County Health Department and Children's Hospital of Wisconsin.

Start Right program goals are:

- Children will experience nurturing relationships with their parents
- Children will be healthy
- Children will be safe in their homes
- Children will be "school ready" when they begin school



Start Right has four program components, with each area focusing on a specific child age or method of parent support, matching the level of support a family may need.

- First Steps** – A public health nurse provides education and care coordination to women during their pregnancy and to families with a newborn baby.
- Step by Step** – A parent educator provides parenting education and information on community resources to parents in their home.
- Stepping Stones** – A parent educator provides parenting and child development information to parents over the phone, by email, or by visiting the family resource center.
- Stepping Out** – Family Resource Centers are available in many communities within Marathon County to provide a lifelong connection to parenting education and support.

Start Right First Steps – Prenatal Care Coordination

This program provides health teaching and care coordination services to pregnant women who are at risk for a poor birth outcome, thereby increasing the likelihood of having a healthy baby. While the program was originally designed to be a Medicaid benefit, Marathon County Health Department offers the program to any pregnant woman who could benefit from this service. Women are referred to the health department through community agencies, their health care provider, or as a self-referral. Public health nurses work closely with the woman's physician and other providers to address health, psychosocial, and economic issues impacting the woman and her family.

Research has demonstrated the link between social and economic stressors of women who are pregnant with poor birth outcomes. Health teaching and counseling interventions include encouragement of early and continuous prenatal care, addressing issues such as substance abuse, tobacco use, domestic violence, and mental health concerns (including perinatal depression), as well as support for good nutrition, breastfeeding, and providing a safe sleep environment for the newborn. In addition, women are linked to community resources such as Medicaid, medical and dental care, mental health and domestic violence services, transportation, Job Center, and WIC. Public health nurses help women identify barriers to accessing services, and work with them to overcome the barriers to access needed supports and services to help her have a healthy baby and a nurturing relationship with her children.

In 2016, Marathon County Health Department received 346 referrals of pregnant women. Of the 156 women in the program who delivered babies in 2016, 127 received three or more visits. Research shows that birth outcomes improve relative to the number of home visits a woman receives. The goal is to engage women who are referred to the program and visit at least monthly throughout their pregnancies.

Referral sources include: WIC, Family Planning Health Services, Hope Life Center, Bridge Community Health Clinic, Department of Social Services, Wausau Comprehensive Treatment Center, The Neighbor's Place, Marathon County Jail, medical clinics, hospitals, schools, insurance companies, and self-referrals.

Prenatal care clients are surveyed periodically throughout the year to assure services are meeting clients' needs.

*"I loved working with my nurse, she was very friendly, knowledgeable, and easy to talk with."
Start Right Prenatal Care Coordination Client 2016*

The outcomes below are reflective of women who received comprehensive services (three or more visits by a public health nurse).

Prenatal Care Coordination 2012-2016

	2012	2013	2014	2015	2016	Benchmark
Outcome: Babies will be Healthy						
Percent of women who reported smoking during their pregnancy	42%	38%	31%	42%	36%	-
Percent of women who reported smoking who stopped or decreased smoking	92%	90%	86%	80%	90%	90%
Percent of women who reported drinking at all during their pregnancy	25%	23%	30%	36%	40%	-
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	96%	96%	90%	97%	98%	90%
Percent of women who reported having a dental visit in the past year	X*	85%	78%	71%	68%	-
Percent of women referred for dental care	28%	22%	22%	16%	17%	-
Percent of women who initiated breastfeeding	61%	75%	76%	68%	71%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	70%	63%	77%	76%	-
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	69%	53%	58%	78%	-
Percent of women who had a reproductive life plan in place after delivery	X*	78%	74%	81%	87%	-
Percent of infants who have a medical home	X*	96%	97%	91%	90%	95%
Percent of infants who have had a well-child exam as age appropriate	X*	92%	93%	89%	90%	
Percent of parents educated about the benefits of immunizations	96%	97%	96%	97%	92%	95%
Percent of eligible infants referred to WIC	74%	88%	87%	97%	80%	85%
Outcome: Children will be Safe in their Homes						
Percent of infants who sleep on their back	90%	90%	92%	91%	88%	90%
Percent of infants who sleep alone	87%	89%	92%	88%	87%	90%
Percent of infants who sleep in a safe sleep environment	X*	90%	89%	88%	87%	95%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	34%	40%	37%	46%	52%	-
Percent of homes with working smoking alarms	89%	84%	90%	86%	87%	95%
Percent of homes that are smoke-free	88%	93%	89%	93%	86%	80%
Percent of home with private wells that have been tested	100%	100%	100%	93%	96%	90%

X* notes data first collected in 2013

Family Health

Start Right (continued)

Prenatal Care Coordination 2012-2016 (continued)

	2012	2013	2014	2015	2016	Benchmark
Outcome: Children will Experience Nurturing Relationships with their Parents						
Percent of women experiencing perinatal depression	11%	21%	34%	35%	20%	-
Percent of women experiencing perinatal depression referred to mental health services (who had not been previously referred)	50%	19%	35%	42%	16%	-
Percent of parents who respond appropriately to infant's hunger cues	91%	92%	90%	89%	89%	90%
Percent of parents who respond appropriately to infant's crying cues	91%	91%	91%	87%	87%	90%
Outcome: Families will be Knowledgeable about Key Community Resources						
Percent of families eligible for a Step by Step Family Educator who accepted services	71%	54%	56%	62%	53%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	13%	5%	1%	0%	10%	-
Percent of families aware of Family Resource Center services	94%	98%	97%	99%	94%	-

X* notes data first collected in 2013

Start Right First Steps – Families with Newborns

The First Step program is designed to offer public health nurse visits to families upon the birth of their child. In 2016, there were 1,618 births to residents of Marathon County. All Marathon County families with newborns receive outreach by the Start Right program. Outreach can consist of a home visit, telephone visit, or letter/postcard.

Public health nurses visited 159 families in 2016 with one or more home visits. Health teaching topics include: infant safety, safe sleep, nutrition for infant and mother, support of breastfeeding, infant nurturing, promoting social-emotional development of the infant, tobacco and substance use, reproductive life planning, and postpartum depression. The nurse helps to ensure that families have a primary care provider for preventive care, including well-child exams and immunizations. The public health nurse also provides information on community resources available to families with young children and assists with referrals as needed. In addition, parents are referred to Start Right's Step by Step, Stepping Stones, and/or Family Resource Center, depending upon family needs and interests.

The following tables are the impacts the program made for families who received one or more newborn home visits by a public health nurse.

Families with a Newborn 2012-2016

	2012	2013	2014	2015	2016	Benchmark
Outcome: Children will be Healthy						
Percent of women who initiated breastfeeding	83%	84%	83%	81%	86%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	81%	75%	76%	63%	
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	85%	88%	85%	82%	
Percent of women who had a reproductive life plan in place after delivery	X*	77%	63%	66%	82%	-
Percent of infants who have a medical home	X*	98%	99%	97%	99%	95%
Percent of parents educated about the benefits of immunizations	96%	99%	99%	100%	100%	95%
Percent of eligible infants enrolled/referred to WIC	41%	49%	46%	93%*	92%	-
Outcome: Children will be Safe in their Home						
Percent of infants who sleep on their back	98%	96%	98%	98%	100	90%
Percent of infants who sleep alone	92%	95%	96%	97%	99%	90%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	7%	11%	11%	25%	14%	-
Percent of infants who sleep in a safe sleep environment	X*	90%	96%	95%	98%	95%
Percent of homes with working smoke alarms	96%	85%	93%	89%	97%	95%
Percent of infants with a smoke-free home	84%	91%	96%	94%	98%	80%
Percent of homes with private well that has been tested	97%	91%	93%	91%	97%	95%
Percent of women experiencing perinatal depression	11%	7%	10%	23%	13%	-
Outcome: Children will Experience Nurturing Relationships with their Parents						
Percent of women experiencing perinatal depression who were referred for services (who had not been previously referred)	26%	33%	13%	26%	2%	-
Outcome: Families will be Knowledgeable about Key Community Resources						
Percent of families eligible for Step by Step Family Educator who accepted services	59%	45%	31%	48%	32%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	12%	20%	3%	4%	1%	-
Percent of families who are aware of Family Resource Center	70%	93%	96%	100%	99%	-

Family Health

Start Right (continued)

Start Right – Step by Step

As part of public health nurses' outreach to families, parents who could benefit from intensive one-on-one parent education and support are linked to Start Right's Step by Step program. Start Right's Step by Step program is provided through Children's Hospital of Wisconsin - Community Services. A parent educator provides comprehensive parenting services to families in their homes with particular emphasis on parent-child interaction, child development and early learning, as well as assuring linkages to preventive health services and community resources. The goal of Step by Step is to strengthen parenting from birth through four years of age, supporting parents in their efforts to be the best parent they can be. Children who are raised in a supportive environment are more likely to be ready to learn at school and this sets the stage for successful adulthood.

In 2016, 62 new eligible families with newborns accepted Step by Step services. A total of 229 families received Step by Step services, with 3,546 visits made in 2016. The following impacts were realized for families who received Start Right Step by Step services.

Step by Step 2012-2016

	2012	2013	2014	2015	2016	Benchmark
Percent of families who have a primary medical home/ provider	98%	99%	99%	94%	99%	95%
Percent of children on schedule for their well child exams	96%	91%	95%	97%	98%	90%
Percent of children who are up-to-date on immunizations at 24 months of age	93%	97%	90%	94%	83%	92%
Percent of eligible children enrolled in WIC	91%	94%	91%	97%	94%	85%
Outcome: Children will be safe in their homes						
Percent of homes that had a decrease in an identified safety hazard	87%	90%	86%	96%	93%	85%
Outcome: Children will experience nurturing relationships with their parents						
Percent of parents who scored 80% or higher on post parenting knowledge test	76%	80%	81%	78%	83%	80%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	83%	75%	88%	87%	91%	80%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	68%	46%	37%	68%	61%	60%
Outcome: Children will be school ready						
Percent of children identified for a potential developmental delay	33%	29%	31%	27%	31%	-
Percent of children with a potential developmental delay referred & accepted services or are already receiving services	96%	93%	89%	86%	100%	90%
Percent of children age 3-5 years enrolled in a group-based early childhood program	75%	70%	64%	71%	74%	65%

Start Right (continued)

Start Right – Stepping Stones, Stepping Out (Family Resource Services)

Marathon County offers Family Resource services in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. Marathon County funds services in 5 of the 8 communities. The Family Resource Services provide information for families on parenting information and support through their libraries, educational programs, family events, and drop in playtime at various locations in communities. A total of 902 unduplicated adults and 989 unduplicated children attended one or more of the programs offered in Marathon County. Parents are encouraged to call the Family Resource Warmline when they have specific parenting questions or need support. In 2016, there were 77 Warmline contacts.

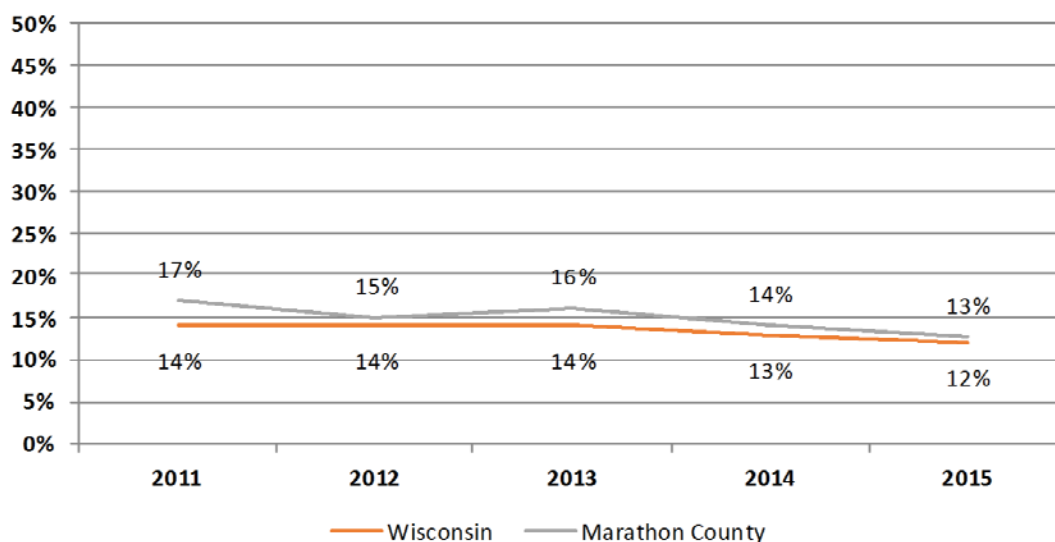
Play N’ Learn is offered as a service in seven communities in Marathon County. Play N’ Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and access to community resources. In addition, Play N’ Learn is used as a strategy to identify children who could benefit from early intervention services such as Birth to 3, and Head Start. A total of 253 unduplicated adults and 383 unduplicated children participated in the 223 Play N’ Learn sessions that were funded by Marathon County in 2016.

With Start Right providing services to families from pregnancy through age four, families benefit from the support to help them be the best parents they can be. The nurses and parent educators form meaningful relationships with families, supporting them in their parenting, connecting them to community resources, and encouraging their independence while giving them the level of support that they need to raise healthy, school ready children. It is common for the nurses and family visitors to receive warm thanks from families for their support. By supporting effective parenting through Start Right and collaborating partners, the community is strengthened by having stronger families.

First Breath and My Baby and Me

Despite gains made in decreasing the overall tobacco use among adults in Marathon County, smoking during pregnancy continues to be a concern. The percentage of women who smoke during pregnancy has declined over the past 5 years from 17% in 2010 to 12.6% in 2015, with Marathon County just above the state percentage rate. We know that smoking during pregnancy can have significant harmful effects on the mother and the baby. These effects can include an increased risk for a baby to be born prematurely, low birth weights, and lung problems.

Maternal Smoking Rates 2011-2015



Start Right (continued)

Marathon County Health Department continues to be a site for First Breath, a state wide program through the Wisconsin Women's Health Foundation. Through this program we offer one-on-one cessation support to women during their pregnancy and up to 60 days after the birth of their baby. The program is incorporated into the Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation.

In 2016, 20 women in the PNCC program enrolled in the First Breath program. All women in PNCC who report smoking received cessation education and support services by a public health nurse to assist them in quitting or staying quit. Of the women who enrolled in the First Breath program and delivered in 2016, 12 % quit smoking. Of those women who were unable to quit completely, 82% had significantly reduced their tobacco use.

Since 2011 Marathon County Health Department has been a site for the program My Baby and Me, which is a program offered also through the Wisconsin Women's Health Foundation. This program is used to formally address alcohol use by pregnant women. Similar to the First Breath program, My Baby and Me is a program designed to individually support women in abstaining from alcohol during pregnancy. Alcohol is easily passed from the mother to the baby during pregnancy. Alcohol exposure during pregnancy can cause a disorder called Fetal Alcohol Spectrum Disorders (FASD). FASD can cause a wide range of effects in a child, from learning disorders to nutritional issues.

In 2016, there were 93 women screened and educated on alcohol use in pregnancy. Of these women, 56 were referred for additional information and services. Of these 56 referred women, 23 enrolled in the full My Baby and Me telephonic intervention program.

In addition to instituting the My Baby and Me program, the public health nurses are addressing alcohol use with all women in the prenatal and postpartum areas of Start Right, universally addressing responsible drinking.

Cribs for Kids

Marathon County's Cribs for Kids program works through the Start Right program to ensure that every newborn has a safe place to sleep. Low-income families who are unable to afford a crib for their newborn are able to secure a Graco Pack N Play portable crib at a nominal cost. Along with receiving a portable crib, a Start Right public health nurse or parent educator provides education to parents on safe sleep practices and shaken baby syndrome prevention. A follow-up telephone call is made three months after receiving the crib to assess and reinforce parents' safe sleep practices.

Cribs for Kids is a national organization that enables local chapters to purchase cribs at a nominal cost. Marathon County Health Department is a chapter member. Cribs are purchased with community donations and private foundation funding.

In 2016, 102 low-income families received education on safe sleep practices and a portable crib for their newborn. Of the families who received cribs in 2016 and were able to be contacted for a three month telephone follow up, 98% reported using the crib every time the baby sleeps, 96% place their baby to sleep appropriately on their back, and 50% keep extra blankets, stuffed animals, and pillows out of the crib.

Cribs for Kids Safe Sleep Community Classes

Safe Sleep classes are offered in the community as a way to reach families in a variety of locations. Classes were offered at the Neighbor's Place, Hope Life Center, Marathon County Library (downtown Wausau) and the Family Resource Center in Stratford. These classes provided important education to families in a group setting regarding safe sleep as well as a portable crib at a reduced cost. As an added benefit, referrals to the Start Right program were secured for interested families, thus involving families in this comprehensive program. In 2016, 10 participants attended classes, with 2 women enrolling in the Start Right program Prenatal Care Coordination program and 2 enrolling in the Child Health program.

Child health services are provided to families that need services beyond the scope of the Start Right First Steps program, a service that typically ends at 60 days postpartum. Child health program services include case management and health teaching for parents of infants and children for a variety of conditions and situations including: failure to thrive, family support in the case of child abuse or neglect, children with lead exposure, families who have relocated to the area and are unfamiliar with community services, parents with mental health challenges, and parents who are cognitively or physically challenged. These families are then often transitioned into the Start Right long term home visiting program as a way to provide continued case management and to support effective parenting. In 2016, 34 children and their families received one or more home visits with a public health nurse.

When the health department gets a call to help support a child in need, the community benefits by having the family connected to necessary resources and supports so that they can parent their child to the best of their ability. Research shows that when children and families are well supported, they can grow and learn in a healthy manner, readying them for school and preparing them to be healthy adults.

The outcomes below are reflective of children referred to the program and had one or more visit with a public health nurse.

2012-2016 Child Health Outcomes

	2012 (baseline)	2013	2014	2015	2016
Children will be healthy					
Percent of children with a medical home	83%	100%	97%	100%	97%
Percent of children who had a well child exam as age appropriate	-*	100%	95%	80%	94%
Percent of children who are up to date on immunizations	59%	88%	95%	85%	88%
Percent of children who had a dental visit in the past year	7%	20%	33%	0%	24%
Children will be safe in their family homes					
Percent of children with a safe sleep environment	76%	95%	95%	95%	100%
Percent of children with an appropriate car seat	72%	98%	100%	90%	97%
Children will experience nurturing relationships with their parents					
Percent of parents who exhibit appropriate response to behavioral cues	66%	98%	97%	70%	97%
Families will be knowledgeable about key community resources					
Percent of parents educated about 211 services	-*	98%	100%	100%	100%

*Data first collected in 2013

Community Partnerships in Support of Child Health

The Child Health program area includes the public health nurse's support and promotion of community-based interventions and services. Community involvement enables the health department to work in partnership with other organizations to address health issues impacting children and families. In 2016, nurses and/or a community health worker participated in the following community groups: Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Early Years Coalition, Marathon County Child Death Review Team, Domestic Abuse Intervention Team, EHAF (Emergency Housing Assist Fund), AOD Partnership, North Central Wisconsin Network to Serve Infants and Families, Marathon County Domestic Abuse Intervention Team, Head Start Health Advisory Group, and others.

Family Health

Hearing & Vision Screening

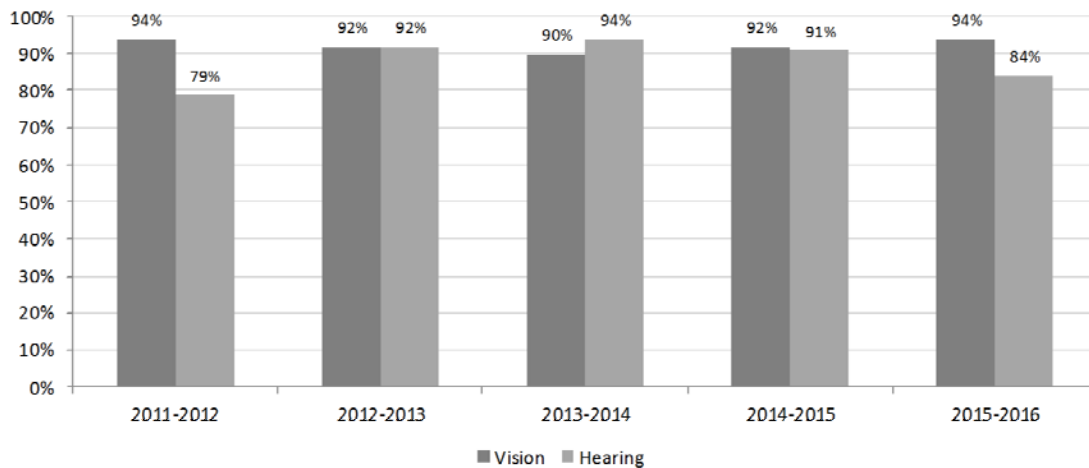
In the 2015-16 school year, hearing and vision screening was provided to children in four-year-old Kindergarten (4K) through grades 3 and 5. Children were screened in 62 locations including all public, private, and parochial school districts in the county. Four-year-old Kindergarten is offered in various locations, including daycare facilities and community based organizations, in addition to the neighborhood schools, resulting in the high number of screening sites.

During this school year 9,025 children were screened for hearing and 629 were rescreened for hearing loss. Of those rescreened, 216 children were referred for further evaluation of their hearing. In addition, 9,014 children were screened for vision, and 1,182 were rescreened for vision loss, with 792 children being referred to providers for further evaluation of their vision.

For the 2015-2016 school year, 84% of the children referred for hearing difficulties, and 94% of the children referred for vision difficulties, have completed the referral process with medical follow up by June of 2016.

In 2016, the Hearing and Vision Screening Program Handbook was updated and distributed to all school principals, school nurses, audiologists, and health aides. The Hearing and Vision Program Coordinator meets twice per year with school nurses and audiologists to discuss program needs and areas for quality improvement. Suggestions for improvement made during the school year are incorporated into the policies and procedures for the next school year. The Handbook is intended to be used as a communication and training tool for anyone who has a role with the program. The program continues to be funded through a contract with Marathon County Special Education

Percent of Students Referred for Hearing or Vision Difficulties: 2011-2016



Screening Services Provided in the 2015-16 School Year

	Hearing	Vision	Total
Screened	9,025	9,014	18,039
Re-Screened	629	1,182	1,811
Referred	216	792	1,008
Completed	183	745	928
In Process	7	37	44
Unknown	26	10	36

Lead is toxic to everyone, but especially to children under the age of six. The goal of the childhood lead program is to identify and lower elevated blood lead levels in children.

A significant change occurred in May 2012, when the Centers for Disease Control (CDC) accepted an advisory committee's recommendation to lower the follow-up blood-lead level from 10 micrograms per deciliter (ug/dl) to 5 ug/dl. CDC followed with a change to lowering the public health intervention guidelines, from 10 ug/dl to 5 ug/dl. Since no blood lead level is considered safe, the implementation of the CDC guidelines is a proactive approach to protecting a child's health. As of 2016, the state regulations do not include the CDC guidance, and guidelines are voluntary.

Marathon County's Childhood Lead program has adopted the CDC guidance recommendations. Intervening early reduces the length of time a child is exposed to high levels of lead, and decreases the time for a child's blood-lead level to fall below 5 ug/dl. Overall, this means fewer of our youngest and most vulnerable children are exposed to the negative health impacts from lead exposure. The actions taken by Marathon County Health Department to lower a child's blood lead include: 1) Educate parents and caregivers on lead hazards and ways to reduce the child's blood lead level, 2) Provide nursing case management to ensure the child receives follow-up medical care and treatment, and 3) Conduct an environmental lead hazard investigation to identify sources for lead hazards, along with recommendations for addressing any identified hazards. The Health Department monitors children until their blood lead level drops below 5 ug/dl.

The following table shows that in 2016, 44 children had a blood lead test result greater than 5 ug/dl. Any follow-up testing is also included in the number of tests shown in the table. At the 10-19 ug/dl level, 9 children were lead poisoned and 2 children had tested at the ≥ 20 ug/dl. In total, 19 properties received lead hazard investigations.

2012-2016 Childhood Lead Tests & Properties Investigated

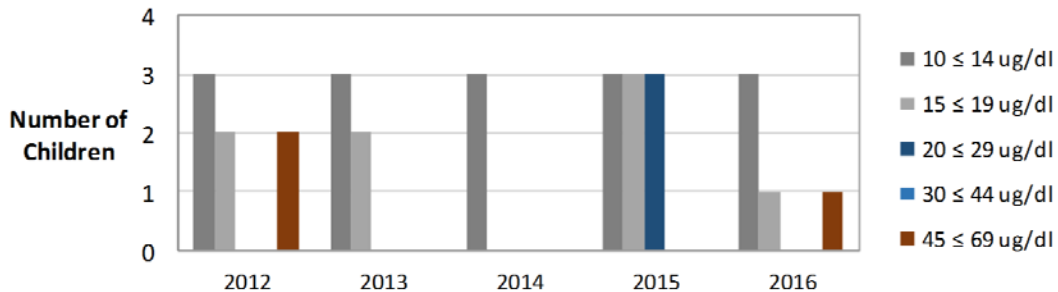
Activities	2012	2013	2014	2015	2016
Total Number of Lead Tests	1,267	1,173	1,071	1,083	1,099
Tests <10 ug/dl	1,197	1,162	1,060	1,066	1,082
Tests 5 to <10 ug/dl (# of children)	49 (39)	56 (41)	44(34)	45(33)	45(33)
Tests 10 to 19 ug/dl (# of children)	16 (11)	11 (9)	10(6)	12(6)	14(9)
Tests ≥ 20 ug/dl (# of children)	5 (2)	0 (0)	1(1)	5(3)	3(2)
Housing Units – Lead Hazard Reduction	3	2	3	1	5
Lead Property Inspections	25	33	22	26	19

While the best way to protect children continues to be preventing lead exposure in the first place, intervening early at lower blood-lead levels reduces the health and societal impacts of lead exposure. A number of studies have shown that children with elevated lead levels have been correlated with lower I.Q. scores, poor school performance, and behavior disorders, leading to a lower income potential and an association with criminal behaviors and incarceration.

Family Health

Childhood Lead (continued)

The following chart illustrates an overall downward trend in the number of children with blood lead levels of 10 ug/dl or greater in 2016. Early intervention efforts at levels between 5 to <10 ug/dl are thought to be responsible for this trend.



The primary factor for a child becoming lead poisoned is residing in a pre-1978 home, with pre-1950 homes more commonly associated with exposures. Although lead paint was banned in 1978, the health risk to children is still present today. Approximately 84% of the City of Wausau and 71% of the County housing stock was constructed before 1978. Lead exposures occur in the warmer months as children are outside playing in lead contaminated soils, touching deteriorated exterior painted surfaces, and windows are opened. Lead-painted windows are a primary source of lead exposure for children. Children are exposed by hand-to-mouth behaviors, through lead dust, which is produced when painted window surfaces rub against one another, or through eating paint chips which are often found from deteriorated paint in window wells. Housing, coupled with poor nutrition, lacking calcium and iron-rich foods, intensifies the impact of lead exposure since lead competes with the absorption of calcium and iron in the body. Each of these risk factors is considered when investigating a lead exposure.

Five properties completed lead hazard reduction in 2016. Generally, the greatest struggle for lead hazard reduction is the cost. In 2015, limited certified lead-abatement contractors became a new challenge when three of four abatement contractors chose not to renew lead abatement certifications or to perform lead abatement work. To ensure the lead hazard reduction work is performed safely, federal and state laws require certified contractors in most situations. While one contractor has indicated interest in performing lead abatement work again, the resulting shortage of contractors is not expected to improve in the short term, and challenge the best practice efforts to permanently eliminate lead hazards. Alternatives to abatement, referred to as interim lead hazard controls, must be considered as a means to address lead hazards. Interim controls, while initially resolving the lead hazard exposure problem, require ongoing maintenance to prevent the lead hazard from reoccurring.

Marathon County Early Years Coalition

The Marathon County Early Years Coalition is made up of over 50 members, with representation from 30 organizations. The coalition's vision is "that every child is supported in their early years for a journey of lifelong success." The Health Department, in partnership with United Way of Marathon County, provides dedicated staff to facilitate and coordinate coalition activities. The mission of the coalition is to ensure child and family well-being through a coordinated county-wide effort, which maximizes resources, focusing on evidence-based practices and advocating for early childhood success. The activities of the coalition are in support of the 2015-2017 LIFE Report of Marathon County long-term call to action, that is, "A Great Start for Kids." Highlights of impacts realized in 2016 as a result of the coalition include:

Talk. Sing. Read. Play. Every Child. Every Day.: Implemented this community campaign with the goal to promote the message of the importance of early brain development.

Healthy Babies: Secured \$22,000 for development of two of the three online education modules: safe sleep, car seat safety, and shaken baby prevention. The modules will be housed on the Early Years Coalition website RaiseGreatKids.org. Car seat safety video and module was completed, with Abusive Head Trauma prevention in development. Plans are underway for the release of the car seat safety video in 2017.

Baby Business Event: Sponsored "Baby Business - The Dollars and Sense of Investing in Working Parents," held on February 10, 2016 at UW Center for Civic Engagement with other partners: WI Institute for Public Policy and Service, WI Public Radio,

Marathon County Early Years Coalition (continued)

and Wausau Region Chamber of Commerce. Over 100 leaders from business, education, government, and the community attended. The keynote speaker Rob Grunewald, Economist, Federal Reserve Bank of Minneapolis, spoke to the economic value of investing in young children and their parents. The event promotion included an hour-long featured segment on “Route 51” on WI Public Radio, local news coverage on-site, and coverage in the Wausau Daily Herald.

Race to the Top Challenge Grant: Over 150 Welcome Baby Bags were distributed through 5 local businesses. Four Parent Connect events occurred, each focusing on one component of the importance of talk, sing, read, and play with every child, every day.

Raise Great Kids Website (www.RaiseGreatKids.org): Early Years Coalition was liked by 386 people on Facebook and followed by 110 people on Twitter, having 1,667 users.

Community Presence: Presentations provided to Noon Rotary, Lion’s Club, Altrusa, Evening Kiwanis, and Women for Women. Early Years Coalition members participated in community events including the Children’s Festival and CommUnity Fest.

To learn more about Marathon County Early Years Coalition, visit www.RaiseGreatKids.org

Water Testing Laboratory

The Marathon County Health Department Water Testing Laboratory provides convenient, reliable, and reasonably priced water testing services to the citizens of Marathon County and surrounding counties with the goal of safer drinking water. The lab monitors public and private drinking water systems in addition to recreational waters, such as swimming pools and beaches, testing for several microbiological and chemical parameters. In addition, lab personnel interpret results for well owners, and provide education concerning water safety issues.

In 2016, there were 2,808 public drinking water samples (2,700 in 2015) and 1,607 private drinking water samples (1,761 in 2015) tested in the lab. In 2016, 7% of public drinking water samples were bacteriologically unsafe (5% in 2015), as were 17% of private public drinking water samples (18% in 2015).

2012-2016 Water Testing Results

	2012	2013	2014	2015	2016
Drinking Water					
Total number of samples	5,164	4,112	4,247	4,461	4,415
Bacteriologically safe samples	4,373	3,661	3,931	3,527	3,618
Bacteriologically unsafe samples	418	451	401	407	440
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	99	84	100	126	75
Recreational Water (pools & beaches)					
Total number of samples	1,946	1,899	1,918	1,885	1,820
Bacteriologically satisfactory samples	1,839	1,850	1,858	1,810	1,744
Bacteriologically unsatisfactory samples	92	49	60	75	76

Water Testing Laboratory (continued)

In 2016, the public samples included 178 facilities regulated under the Department of Natural Resources -Transient Non-Community (DNR-TNC) water contract. Facilities include taverns, churches, restaurants, retail food, recreational and educational camps, lodging facilities, campgrounds, and parks that serve the public and are not part of a municipal water system. Among 178 facilities, 170 (96%) water supplies tested safe, while 8 (4%) were found bacteriologically unsafe. The unsafe systems are ordered closed until a safe water supply is identified.

Once a water supply system is returned to service, sampling is conducted in the following month to ensure the system remains safe. In 2016, seven DNR-TNC facilities had bacteriologically unsafe samples. The water supply cannot be used for drinking without boiling, which destroys bacteria, until sampling confirms the water is safe, or an alternative water source such as bottled water is used for drinking. The goal is to return a water system to safe operations as soon as possible. Corrective measures taken to ensure a safe water supply include: chlorination of the well, identifying and correcting any needed repairs; and follow up water testing.

Marathon County has 91 licensed public recreational water facilities, which include water attractions, swimming pools, and whirlpools. Many of them are associated with hotels, campgrounds, schools, and local municipalities. The facilities submit regular samples for bacterial analysis. In the event a sample exceeds bacteriological standards, the facility is notified and required to take steps to ensure water safety. Facilities are inspected annually or more frequently when water quality samples exceed bacteriological standards successively, when complaints are received, or violations during inspections indicate a need to monitor more closely. In 2015, 96% of the recreational water samples tested safe. Those that are found bacteriologically unsatisfactory are notified and follow up disinfection is required.

Children & Youth with Special Health Care Needs Regional Program



The Children and Youth with Special Health Care Needs (CYSHCN) Program works to improve systems of care for anyone from birth through 21 years of age with a chronic physical, developmental, behavioral or emotional illness or condition that requires specialized health or educational services.

The Wisconsin CYSHCN program advances outcomes for all children including those with chronic conditions for the following Maternal and Child Health National Performance Measures:

- Improving the quality of health care through a medical home
- Assuring a smooth transition from child health services to adult health care

The Northern Regional Center is one of five regional centers in Wisconsin that provide free and confidential assistance to families and providers in 15 counties in Northern Wisconsin. In 2016, the Regional Center began working with the Birth to Three Program to provide support for the Information and Referral Assistance services of the Regional Center. This partnership has been mutually beneficial. Birth to Three Service Coordinator staff have gained additional knowledge of resources for quality health care within a medical home, public and private health care coverage options, parent support, and other community supports/resources to assist the families in the program. The Northern Regional Center has gained additional capacity to respond to families in a timely manner by qualified professionals.

The Northern Regional Center for CYSHCN uses a variety of strategies to connect families and community providers to the resources needed to achieve results. The following summarizes strategies carried out in 2016:

Information and Referral Assistance Services – The Northern Regional Center responded to more than 330 calls from parents and professionals seeking information about available services.

Trainings for Parents and Providers – The Northern Regional Center, with other CYSHCN Network partners, conducted 6 trainings for parents and 3 trainings for medical clinicians. In 2016, there were a total of 90 participants at parent trainings and 52 participants at clinic based trainings.

Partnerships – The Northern Regional Center contributes expertise and shared work to local early childhood coalitions, including the Marathon County Early Years Coalition, the Ashland/Bayfield/Iron Early Childhood Council, and the Northern Regional Action Team of the Wisconsin Early Childhood Collaborating Partners. The County Communities on Transition (CCoT) focus on youth with disabilities and special needs over age 14. The Northern Regional Center regularly participates in Langlade, Lincoln, Marathon, Portage, Price, and Taylor Counties to promote a health focus when moving from child to adult services.

Outreach and Promotion – The Northern Regional Center provided over 20 site visits to partners to educate, connect, or engage with them to improve systems of care for children. Included were visits with staff from WIC, public health, Birth to Three, Forest County Potawatomi and Lac Courte Oreilles home visitation programs, and special education staff at DC Everest, SPASH, and Marathon County Special Education.

Website and E-Newsletters – Visit www.NorthernRegionalCenter.org for information or to connect with the services of the Northern Regional Center

Quality Improvement

Network Electronic Filing System Cleanup

In 2016, employees at the Marathon County Health Department embarked on a long trek with the goal of reviewing, organizing, and purging all working files saved on our network. There were over 20 years of electronic files saved using multiple filing methods. In the past, when files were saved on the network, employees were not given guidance, leaving them the latitude to save files where it made sense to them. Now, there is a defined folder structure and naming convention. Using Project Management principles, the Administrative Support Team, with support of all employees, led the project through to completion. Formal policies and procedures have been written to enforce the new directive and a maintenance plan has been developed. Through the process, we eliminated 6,093 file folders and over 66,000 files, leaving only relevant and useful documents. The result is an organized system where files can be easily found and accessed by anyone in the department.

Continuing Our Journey Toward a Paperless Office

Our conversion of paper Vaccine Administration Records to electronic records began in 2015 and still continues. This involves scanning and electronically filing records going back to 1978 and is scheduled to be complete in the fall of 2017. Beginning in 2016, all paper lab slips were scanned and saved electronically in Laserfiche, the county's electronic record management system, allowing easier access and saving valuable space in the department.

In addition to converting paper records into an electronic format for retention, ways have been identified to reduce the amount of paper records generated. In 2016, all Start Right Public Health Nurses were issued a county owned tablet computer and the forms in our intake packet for the Start Right program were converted to electronic documents. This allows public health nurses to meet with clients in their homes and fill out forms right on the tablet. Signatures can be secured electronically and the electronic forms can be immediately filed in the appropriate client chart. Client charts are always up-to-date and the department has reduced liability by not transporting paper records that contain HIPAA protected information. Scanned records are also safer than paper records. There is a smaller chance of a data breach, and records are easier to find and access. This allows Marathon County Health Department staff to spend less time looking for records, and more time serving the customer.

Client Engagement

In 2016, one of the department's public health nurses was able to increase the engagement rate of her Prenatal Care Coordination clients from 33% to 86% by implementing a trauma sensitive approach to meeting with clients. In the past, clients were asked to reveal confidential and sensitive information at their first visit, in order for the Health Department to bill Wisconsin Medicaid and receive payment for the service provided. The theory that getting to know someone before asking personal questions will create space to continue their relationship throughout the client's pregnancy was tested and proved successful. The Plan-Do-Check-Act Cycle was used to create and implement this effective change. The new way of thinking was presented by Marathon County Health Department staff and well-received at the Public Health Nursing Conference in 2016. Counties from around Wisconsin were impressed with the forward thinking and trauma sensitive approach.

Customer – Centered Culture

In 2016, the Health Department participated in a pilot to learn more about creating a customer-centered culture. The pilot informed the department of the importance to define who our customers are and what they expect. Many times the service provided has different types of customers with different interests. An example of this is the licensing program for restaurants. Customers for this program include the business owners, individuals who eat at the restaurant, and the general public. They may be impacted with a foodborne outbreak, or may have different expectation for the service product we provide, which is inspections.

The Health Department applied what was learned from the pilot in developing the 2017-2020 Marathon County Community Health Improvement Plan. Prior to developing and writing the plan, stakeholders who use the plan were invited to share their expectations for what they wanted to see in the plan; the plan was to have measureable outcomes, be compelling, evidence-based, solution-oriented and readable. As a department, the intent is to increase the customer's involvement when planning new products.

2016 Financial Summaries (Unaudited)

<u>LEVY FUNDED</u>	Budgeted Levy	Actual Levy	Budgeted Revenue	Actual Revenue
General Public Health	\$2,958,896	\$2,860,920	\$86,000	\$98,203
Environmental Permits/Licensing	\$	\$	\$440,810	\$387,576
Laboratory	\$27,965	\$25,494	\$131,646	\$141,526
Total Levy Funded	\$2,986,861	\$2,886,414	\$658,456	\$627,305

PROGRAMS FUNDED FROM OTHER SOURCES

Regional Programs

Children & Youth with Special Health Care Needs	\$148,410			\$148,410
Total Regional Programs		\$148,410		

Family Health/Communicable Disease

HIV Partner Services	\$2,887			\$2,887
Immunizations & Vaccinations	\$36,326			\$36,326
Maternal/Child Health	\$61,423			\$61,423
Prenatal Care Coordination	\$55,632			\$55,632
Targeted Case Management	\$20,545			\$20,545
Tuberculosis	\$21,261			\$21,261
Total Family Health/Communicable Disease		\$198,074		

Environmental Health

Lead	\$13,996			\$13,996
Mercury/DNR	\$45,917			\$45,917
Radon	\$25,768			\$25,768
Total Environmental Health		\$85,681		

Chronic Disease Prevention

Alcohol	\$15,834			\$15,834
Asthma	\$2,758			\$2,758
Hearing & Vision Screening	\$61,736			\$61,736
Injury Prevention	\$8,607			\$8,607
Tobacco Control Grants	\$96,740			\$96,740
Community Engagement Collective Impact	\$135,008			\$135,008
Behavioral Health	\$22,525			\$22,525
Oral Health	\$3,805			\$3,805
Total Chronic Disease Prevention		\$347,013		

Departmental

Community Health Improvement Plans and Processes	\$14,749			\$14,749
Local Public Health Preparedness	\$105,188			\$105,188
Total Departmental		\$119,937		

TOTAL PROGRAMS FUNDED FROM OTHER SOURCES

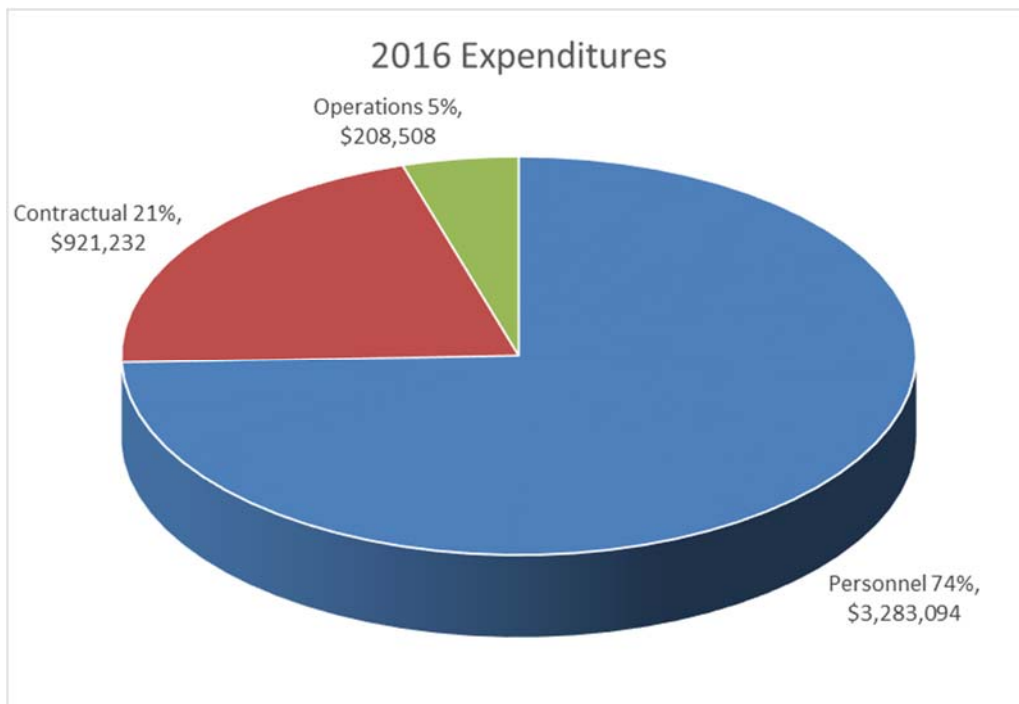
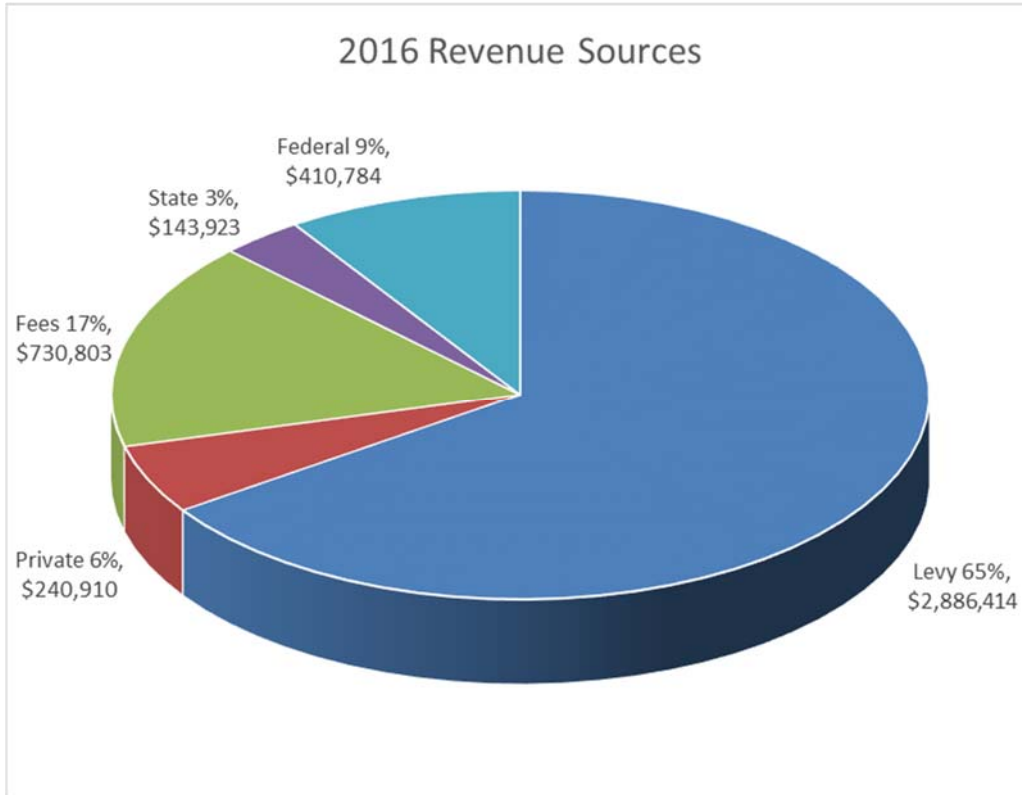
\$899,115

TOTAL ALL FUNDS

\$4,412,834

	Total Funds	7/1/16 Population Estimate	Per Capita Funds
Levy Funded	\$2,886,414	135868	\$ 21.24
Non-Levy Funded	\$1,526,420	135868	\$ 11.23
Total	\$4,412,834	135868	\$ 32.48

2016 Financial Summaries (Unaudited)



The goal of the 2013-2018 Marathon County Health Department's Strategic Plan is to ensure success in carrying out the mission of the department, that is, "to advance a healthy Marathon County Community by preventing disease, promoting health, and protecting the public from environmental hazards." Marathon County Health Department's Strategic Plan is keeping with national public health accreditation standards, whereby, local health departments are to conduct a strategic planning process and plan every five years. Public health accreditation is being encouraged for all local health departments in Wisconsin, and nationally, as a method of ensuring excellence in the delivery of public health services.

During 2016, the Health Department moved forward strategies identified in all nine priority areas of the Department's Strategic Plan:

<p>Citizen Perspective Goal: Assure programs and services are in place to address the public health needs in Marathon County.</p> <ul style="list-style-type: none"> • Developed the 2017-2020 Marathon County Community Health Improvement Plan released on January 5, 2017 • Increased awareness of the Marathon County Comprehensive Plan in relationship to current programs and services among staff and Board of Health • Continued to integrate quality improvement activities into day-to-day operations
<p>Employee Learning Goal: Promote a work environment that fosters innovation and excellence.</p> <ul style="list-style-type: none"> • Completed mid-year and annual performance reviews for all employees • Continued to "round" with employees every 4-6 weeks • Developed Marathon County Health Department Employee Recognition Plan • Participated in the Marathon County Leadership Program, having three colleagues graduate and four managers serve as mentors for the class of 2016 • Re-surveyed employees in terms of work culture, having 73% of employees extremely or very satisfied in their current role in the department
<p>Fiscal Goal: Promote understanding of the value public health contributes to the community.</p> <ul style="list-style-type: none"> • Continued to use TV, radio, print media, social media and websites to inform the public. Featured monthly on the 1230AM radio program <i>Coffee Break</i> the 4th Wednesday of each month. Over 61 media contacts were made in 2016 by 44% of colleagues in the department
<p>Fiscal: Assure adequate resources to support department policies.</p> <ul style="list-style-type: none"> • Served on the Board of Directors of the Wisconsin Association of Local Health Departments and Boards to advance policies that support local health departments • Supported the grant application to the Medical College of Wisconsin Healthier Wisconsin Partnership Program: Community Changemakers for Behavioral Health, approving of new positions required for the grant
<p>Operations Goal: Create and maintain systems to assure desired outcomes are met.</p> <ul style="list-style-type: none"> • Reviewed and updated Marathon County's Performance Improvement Dashboard benchmark goals • Conducted quality improvement activities in the following areas: <ul style="list-style-type: none"> * TB Contact Testing * Mapping Trauma Informed Care Practices * Reimbursement Process for Perinatal Hepatitis B Program * Public Health Nursing Orientation * Start Right Prenatal Care Engagement * Attributes for the 2017-2020 Marathon County Community Health Plan * Cribs for Kids 3 Month Evaluation * Flow for New Vision Tool for 4/5 Year Olds * Private Well Water Sample Instructions * Licensing Facilities Distribution * Implementation of Lab Information Management System

Strategic Plan

2016 Highlights (continued)

Operations Goal: Improve organizational structure to assure programmatic and operational excellence.

- Re-assessed the department's gaps and strength in creating a work environment of engaged collaboration, incorporating strategies for further engagement at the team and department levels
- Increased the department's ability to support facilitation for internal and community meetings, having one colleague complete the one-week course "Journey of Facilitation and Collaboration"

Operations Goal: Advance collaborative partnerships at the local, regional and state level to fulfill the department's mission and maximize resources.

- Continued to broaden and deepen partnerships within coalitions and among partners. Examples include: Western Marathon County Health Communities, Healthy Marathon County, Early Years Coalition, AOD Partnership, HEAL, Central WI Tobacco Free Coalition, Housing and Hoarding, Housing and Homeless, Hunger Coalition, Heart of WI Breastfeeding Coalition, North Central WI – Health Emergency Readiness Coalition, Bridge Community Health Center, Family Planning Health Services, Wisconsin Association of Local Health Departments and Boards, Wisconsin Environmental Health Association

Operations Goal: Maximize utilization of technology in support of department's mission.

- Continued to increase depth of skill in utilizing project management software
- Continued to increase depth of skill in website design and maintenance, constant contact, Microsoft Excel and Access
- Implemented Lab Information Management System for the Water Testing Lab
- Continued to develop systems to have paperless documentation for public health nursing services

Operations Goal: Strengthen the department's ability to promote and implement public health policy in support of the county's mission and strategic goals.

- The Board of Health and the Marathon County Health & Human Services Committee monitored and addressed policy issues and opportunities. Examples include:
 - * Supported the grant application to the Medical College of Wisconsin Healthier Wisconsin Partnership Program - Community Changemakers for Behavioral Health, approving of new positions required for the grant
 - * Selected the 2017-2020 Community Health Priorities for Marathon County
 - * Adopted changes to the Marathon County Public Health Agent Programs Regulation, due to state statute and administrative rules changes, resulting from the merger of state departments
 - * Hosted an educational meeting with legislative candidates and incumbents, having six individuals in attendance
 - * Sent an educational letter to state legislators on: the impact of alcohol and other drugs in Marathon County
 - * Educated on the need for local public health funding for the prevention and control of communicable disease
 - * Challenges for local communities when laws are passed not enabling communities to recover costs for programs and services
 - * Developed Healthy Marathon County Policies to Watch document that identified opportunities for education on public policy issues

A copy of the full strategic plan along with executive summary is available on the Marathon County Health Department website.

Mission & Vision Statements, Core Values

Vision:

To be the healthiest and safest county in which to live, learn, work and play.

Mission:

To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards.

Core Values

Overarching theme:

Build a strong organizational culture by integrating the Mutual Learning Mindset

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

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

- Design, implement, and support programs to ensure each individual within the community is able to reach their full health potential
- Deliver timely service throughout the county to meet population health needs
- Respect time commitments by
 - Preparing for meetings and meeting deadlines
 - Responding to phone calls, emails, and other correspondence according to protocols
- Commit to being accessible 24/7 for urgent public health matters

Themes for Service included **time, customer satisfaction, and health equity/diversity**

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 respectfully, openly, and honestly
- Protect and honor confidentiality
- Be aware of personal bias – check assumptions and suspend judgment
- Conduct ourselves professionally by adhering to professional code of ethics (Principles for the Ethical Practice of Public Health)

Themes for Integrity included **confidentiality, honesty, respect, credibility, equity**

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:

- Utilize research and evidence based practice to direct programs and service initiatives
- Challenge ourselves to improve through innovation, evaluation, collaboration, and teamwork
- Identify clear performance indicators and outcomes to measure success
- Invest in continuous learning to maintain and enhance levels of expertise (Management Focus)

Themes for Quality included **evidence based, evaluation, innovation/continuous improvement, public health literacy**

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

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

- Honor each individual’s worthiness and respect each other’s beliefs, values, and view points
- Be aware of, and responsive to, unique needs of customers

Strategic Plan

Core Values (continued)

- Foster teamwork and encourage diverse approaches
- Recruit, hire, and retain employees with diverse experiences, abilities, and strengths as appropriate for position (Management Focus)

Themes for Diversity included **valuing, acceptance, awareness/sensitivity, diversity in workforce**

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

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

- Contribute our individual expertise to attain organizational and community goals
- Collaborate with representatives of organizations to meet the needs of Marathon County residents
- Commit to the success of all
- Make decisions about our services based on community need and input

Themes for Shared Purpose included **partnerships, common goals/outcomes**

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:

- Contribute to a positive and safe work environment
- Manage our resources wisely
- Maintain high standards of fiscal accountability
- Seek diverse and sustainable funding given the scope of one's position

Themes for Stewardship of Resources included **knowing your resources, efficiency, and conservation of resources**

Health Officer

Joan Theurer	Health Officer	10
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Chronic Disease Prevention

Judy Burrows	Director of Chronic Disease Prevention	24	Jean Miller	Screening Technician (Casual)	1
Vicki Anthony	Public Health Screening Coordinator	4	Mandy Myszka	Health Educator (Resigned 6/22/2016)	10
Kari Cline	Screening Technician (Casual)	9	Amanda Ostrowski	Health Educator	9
Destinee Coenen	Health Educator	4	Samantha Pinzl	Health Educator	1
Ashley Deering	Health Educator	4	Aaron Ruff	Health Educator	4
Melissa Dotter	Drug Free Communities Coordinator	6	Hannah Schommer	Health Educator	<1
Janine Foggia	UW Population Health Fellow	<1			

Environmental Health & Safety and Water Testing Lab

Dale Grosskurth	Director of Environmental Health & Safety	15	Mychaela McMenamin	Summer Lab Intern	<1
Amy Arbetan	Environmental Health Sanitarian	<1	Russ Mech	Environmental Health Sanitarian	20
Keith Baine	Environmental Health Sanitarian	8	Matt Nichols	Summer Lab Intern (8/17/2016)	<1
Jackie Bethel	Environmental Health Sanitarian (Retired 6/1/2016)	36	Deanna Schertz	Environmental Health Lab Technician	6
Sara Brown	Environmental Health Sanitarian	15	Michelle Schwoch	Environmental Health Sanitarian	18
Cheryl Fay	Environmental Health Lab Technician	7	Heidi Ward	Environmental Health Sanitarian (Resigned 5/27/2016)	4
Matthew Lillie	Environmental Health Sanitarian	<1			

Family Health & Communicable Disease Control

Eileen Eckardt	Director of Family Health & Communicable Disease Control	6	Kayla Lee	Public Health Nurse	1
Chelsea Baer	Public Health Nurse	7	Jess Merkel	Manager - Family Health & Communicable Disease Control	2
Tammy Borchardt	Public Health Nurse	1	Isabel Mandli	Registered Nurse (Casual)	3
Heather Busig	Public Health Nurse (Resigned 3/17/2016)	10	Pang Moua	Community Health Worker	20
Vicki Chrapkowski	Public Health Nurse	28	Becky Mroczenski	Public Health Nurse	9
Lunette Dehnel	Public Health Nurse (Casual)	2	Tiffany Pietrowski	Public Health Nurse	15
Jenny Juneau	Public Health Nurse	10	Jessica Nelles	Public Health Nurse	<1
Jeanie Kaatz	Public Health Nurse (Retired 1/11/2016)	33	Sara Smith	Public Health Nurse	1
Vicki Kowalski	Public Health Nurse	19	Stephanie Steingraber	Public Health Nurse	2

Administrative & Fiscal Support Team

Season Welle	Director of Operations	9	Goldzong Moua	Summer Intern	<1
Bonita Buchberger	Administrative Specialist	46	Patti Poverski	Administrative Specialist	27
Joan Eaton	Senior Aide	3	Jean Rolnecki	Administrative Specialist	14
Peggy Henrichs	Senior Aide	2	Jon Schmunk	Administrative Coordinator	4
Leila Lucero	Administrative Assistant	4	Don Soppe	Senior Aide	<1
Sandy Marten	Administrative Specialist	4	Chris Weisgram	Administrative Coordinator	5

Regional Programs

Julia Stavran	Program Manager - CYSHCN	29
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Marathon County Demographics

Population (2014 Estimate)	134,886
Gender (2014)	
Male	50.3%
Female	49.7%
Age (2014)	
Under 5 Years	6.3%
Under 18 Years	23.9%
65 Years and Over	15.1%
Race & Ethnicity (2014)	
White	91.6%
Black	0.7%
American Indian and Alaska Native	0.3%
Asian	5.3%
Hawaiian Native or Other Pacific Islander	0.0%
Hispanic/Latino	2.4%
Two or More Races	1.8%
Geography	
Square Miles	1,544.98
Population Density (Persons per square mile)	87.3
Economics	
Median Household Income (2010-2014)	\$53,779
Persons Below Poverty Level (2010-2014)	7.9%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates



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