

Health Department Annual Report

2010

Serving Our Community:

Promoting Health

Protecting the Environment

Preventing Disease

This report fulfills Chapter 251.06(3) (h) WI STATS



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Letter from the Health Officer

To: Marathon County Board of Health
Marathon County Board of Supervisors
Marathon County Administrator Brad Karger
Municipal Officers
Community Partners
State Legislators
Members of the Public

In closing out 2010, we have moved one step further into the 21st century. For local health departments, the last ten years represent continual gains in improving the quality of life for everyone in our community. During the 20th century, the life expectancy at birth among U.S. residents increased by 62% - from 47.3 years in 1900 to 76.8 years in 2000. When asked what contributed to this increase, most people think it is due to modern medicine, when in fact it was public health. Public health initiatives accounted for over 25 of the 30 years, having medical advances account for less than four years.

Advances continue to be made in improving the health of individuals and the communities they live in as a result of investments made in the public health system. In the first 10 years of the 21st century, significant advances made were in the areas of;

- Vaccine-Preventable Diseases
- Prevention and Control of Infectious Diseases
- Tobacco Control
- Maternal and Child Health
- Motor Vehicle Safety
- Cardiovascular Disease Prevention
- Occupational Safety
- Cancer Prevention
- Childhood Lead Poisoning Prevention
- Public Health Preparedness and Response

As you read through our impacts in 2010, I invite you to think about how Marathon County Health Department in partnership with our private and public sectors have contributed to one or more of these advances. A few significant milestones I would like to highlight include;

- Eighty-five (85) percent of two year olds in Marathon County were fully immunized. Marathon County Health Department continues to support a county-wide reminder system for parents along with holding over 200 clinics at sites throughout the county to ensure all children have access to affordable vaccines.
- Marathon County investigated and followed up on 1,505 cases of reported communicable diseases ensuring appropriate control measures were instituted to reduce further spread of disease in our community.
- On July 5th, Wisconsin Smoke Free Workplace law went into effect. The new law prohibits smoking in indoor places of employment including vehicles and any place open to the public or where the public may be invited.

- Over 1,500 parents and children receive education, case management and/or support services through one of the Start Right Program services supporting women and their families with the ultimate goal of babies being born healthy, and for parents to have needed skills and supports to nurture their child's growth and development.
- Marathon County Health Department provided staff leadership and support to the newly formed Alcohol and Other Drug Partnership Council and to the Healthy Eating and Active Living Coalition (HEAL), ensuring a coordinated community effort to address two major health issues contributing to chronic disease in our communities.
- 1,430 Marathon County children were tested for lead poisoning, having 15 children identified with elevated blood lead levels who received intervention services.
- In the summer of 2010, Marathon County Health Department in partnership with the State of Wisconsin Division of Public Health, Marshfield Clinic Research Foundation, and the Centers for Disease Control and Prevention conducted an investigation in the increase number of Blastomycosis cases reported in the greater Wausau area.

The impacts made by Marathon County Health Department are the result of our close working partnerships with area health care organizations, schools, law enforcement, non-profit organizations, local businesses, and other public and private sectors. It is this partnership that creates what is referred to as the "public health system", the system that creates communities whereby everyone can live longer, better.

With respect and gratitude to those who have contributed to the health of our community,



Joan Theurer, RN, MSN
Health Officer

Foreword

The 2010 Annual Report is organized into two main sections. The first section, “2010 Health Priorities Snapshot” features how Marathon County Health Department’s program strategies are contributing to the State of Wisconsin 2010 Health Priorities. The 2010 health priorities have been adopted by Marathon County Health Department and are used to guide our program goals and resulting impacts in the County. The 2010 health priorities include:

- Access to Primary Care
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging, and Re-emerging Communicable Diseases
- High Risk Sexual Behavior
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Overweight, Obesity, and Lack of Physical Activity
- Tobacco

The “2010 Health Priorities Snapshot” provides a summary for each health priority and the impacts we are making to achieve each stated goal. Programs and services that support given health priority strategies are referenced, so you the reader can read more about a given program or service that contributes to a given strategy.

The second section provides a narrative of the program and service impacts provided through our Program Divisions including: Chronic Disease Prevention, Communicable Disease Control, Community Health Improvement, Environmental Health, Family Health, and Regional Centers.

Lastly, appendices are included to provide you more information about the financing and staffing of the department; our vision, mission, and core values; and the demographics of the county.

2010 Health Priorities Snapshot

Access to Primary Care

GOAL	STRATEGIES IMPLEMENTED	RESULTS
<p>Assure all pregnant women have a primary care provider</p>	<p>Participation on Healthy Babies for Marathon County (HBMC)</p> <p>Outreach to identify women for Prenatal Care Coordination (PNCC)</p> <p>Provide PNCC services, including linking with MA/Badgercare application and identifying prenatal care providers Early Identification and Detection of Pregnancy (EIDP)</p>	<p>Partner organizations of Healthy Babies for Marathon County continue to work on increasing the percentage of women who seek prenatal medical care within the 1st trimester.</p> <p>15 local agencies were presented with information regarding PNCC programming, assisting them in identifying eligible women.</p> <p>135 women were referred to Marathon County Start Right First Steps – Prenatal Care Coordination program, with 74 women receiving ongoing, comprehensive services prenatal through 60 days postpartum. 100% of women were linked to a primary health care provider. Eligible women for MA/Badgercare were referred, assisting with application process as needed.</p> <p>All women outreached through Marathon County Start Right First Steps receive information on MA/Badgercare and family planning options.</p> <p>Refer to page 40 for more information about Marathon County Start Right program.</p>
<p>Assure all newborns to three-year-olds have a primary care provider</p>	<p>Follow up on abnormal newborn screening & hearing tests and link families with medical follow up</p> <p>Participate on Newborn Hearing and Detection Committee</p> <p>Assess newborn's primary care provider and link with one if not already established</p> <p>Coordinate access to care with Start Right Family Visitors</p>	<p>Participated on the Newborn Hearing and Detection Committee. Public health nurses work closely with families to assure their newborn receives follow-up hearing tests and medical care.</p> <p>Start Right First Steps program assured 92% of newborns who received a home visit had a primary care provider.</p> <p>Refer to page 40 for more information about Marathon County Start Right program.</p>

Increase the number of women who have access to cervical and breast cancer screening	Enroll women in WWWP program Number of women screened for cervical cancer Number of women screened for breast cancer	311 women enrolled in WWWP 143 women screened for cervical cancer 182 women screened for breast cancer
Identify hearing & vision deficits in school-age children & refer for evaluation and treatment	Schedule and provide hearing and vision screening in all county elementary schools (except DCE) for children in grades 4K, K, 1, 2, 3, & 5 Coordinate follow up care between family, school, and provider	6,341 hearing screenings and 6,099 vision screenings provided to children in 52 school locations 487 children received follow up care from providers
Assure comprehensive care for children and youth with special health care needs	Provide information, referral, follow-up and case management services to families of children and youth with special health care needs Participate on CYSHCN Northern Region Partners Group	Provided services to 34 children with special health care needs and their families. Refer to pages 46 and 48 for more information about services.

Adequate & Appropriate Nutrition

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Increase the number of infants who are breastfed and the duration of breastfeeding	Promotion of breastfeeding through PNCC services, postpartum services, child health, and Baby Fairs at local hospitals Promotion of breast feeding awareness, acceptance, and breastfeeding friendly work places	Of the 92 women who received a home visit through Start Right First Steps, 56% of women initiated breastfeeding. Refer to page 40 for more information on Marathon County Start Right program. Continued to provide leadership to Heart of WI Breastfeeding Coalition which works with the community to promote breastfeeding as the social norm and provides support to businesses to adopt breastfeeding friendly work policies.
Increase the number of people who make healthy food choices	Work with the WI Nutrition & Physical Activity Network to plan & implement statewide intervention Coordinate and facilitate the Healthy Eating Active Living Coalition (HEAL) Provide an online presence of HEAL including educational resources for the public	Attended quarterly meetings with statewide partners and participate on implementation workgroups Host quarterly local coalition meetings and one long term planning meeting HEAL website: www.healthymarathoncounty.org/HEAL contains numerous resources and fact sheets for consumers. This site

	<p>Assist schools to promote healthy food choices and educate families about healthy food choices. This project, known as Footprints to Health, ended in May 2010.</p> <p>Participate on the Marathon County Hunger Coalition whose goal is to improve the condition of “food insecurity” in Marathon County.</p>	<p>receives an average of 261 hits per month including: downloads of nutrition resources, recipes, physical activity tip sheets, and the Active Recreation Guide.</p> <p>The behavior changes measured in the three year intervention project included: slight decrease in television watching, slight decrease in waist to hip ratios, no significant change in BMI or activity levels.</p> <p>Participated in the Coalition planning and goal setting. Provide leadership to the Education subcommittee and utilizing “best practices” to improve access to food and education on basic cooking skills.</p>
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Alcohol & Other Substance Use & Addition

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Build a one strong coalition dedicated to AOD prevention.	Begin implementing the Drug Free Communities federal grant through MCHD. Formalized the merger of three coalitions into one, to be known as Marathon County AOD Partnership Council.	Elected a 16 member Board, created three subcommittees, conducted a strategic planning process and revised the bylaws of the organization. Identified the top three priorities as; drinking and driving, underage drinking, and binge drinking.
Conduct training for coalition and community members regarding what works in AOD prevention at the community level.	<p>Hosted a “Town Hall Meeting” to create community wide discussion of the problem.</p> <p>Hosted a training on “mobilizing for Change on Alcohol”.</p>	<p>75 participated in the event. Received extensive media coverage of the event and the issue.</p> <p>25 participated in the event to learn about community organizing efforts to change policies.</p>
Impact binge drinking by improving servers’ knowledge alcohol serving sizes, effects of over pouring, how to check for proper identification, and when to call law enforcement.	<p>Created a task force to include North Central Technical College trainers, Tavern League members, law enforcement and public health educators.</p> <p>Co-create a new lesson plan that meets the needs of all. Implement the program to servers through North Central Technical College.</p>	Task forces members are satisfied with the new lesson plan; servers are learning more relevant information about the responsibility linked to serving alcohol; and there is improved relationship between the task force members.
Engage policy makers in the issues associated with alcohol and drug misuse and abuse.	Hosted a candidate forum to discuss how policy impacts the community norms of alcohol use.	Seven candidates participated. Extensive media coverage was received.

	Education was provided to local policymakers on the dangers of synthetic marijuana or “K2”.	Local leaders created a ban on K2. This local action was later followed by a state wide ban of the product.
Decrease negative consequences of adult alcohol use	Screen for alcohol use and refer to appropriate treatment services for pregnant women and postpartum women	Of the 74 women who received ongoing, comprehensive services prenatally through 60 days postpartum from Start Right First Steps, 28% of women reported drinking with 91% of those stopping completely during their pregnancy. Refer to page 40 for more information about Marathon County Start Right program

Environmental & Occupational Health Hazards

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Reduce the potential mercury waste stream via sewage treatment facilities through primary prevention activities	Provide community education and outreach in the Wausau Water Works and Rib Mountain Metropolitan Sewage District Mercury thermometer exchange sites established Letters to industry	114 dentist contacted regarding amalgam separator and disposal of amalgam 70 mercury thermometers exchanged for digital at four sites Mailing outreaches to HVAC industry regarding thermostats
Increase the percentage of Marathon County private well owners who test their water annually	Provide water testing through Marathon County Public Health Laboratory Conduct periodic public information campaigns to inform residents of the need for annual water testing Establish a recall and reminder system for annual water testing	1,677 private water samples with 2,974 tests for bacteria, nitrate, or fluoride A press release and media interview occurred during Groundwater Awareness Week We will continue this work in 2011
Reduce the number of children who are blood lead poisoned	Increase the number of children screened for blood lead poisoning Provide nursing follow-up and education about lead hazard reduction to all families with children with blood lead levels 10 mcg./dl or greater Provide lead poisoning prevention to all families of newborns Provide environmental health follow-up and orders for lead hazard remediation for all properties where	1,430 lead tests in 2010 compared to 1,745 in 2009 15 children received follow up in 2010 Universal outreach to parents of one year olds with a “Happy 1 st Birthday” card encouraging them to schedule a one year child exam and request to have their baby check for lead Six (6) Lead Hazard Reduction Orders were sent to property owners of properties having a child with an

	<p>children are identified as lead poisoned</p> <p>Provide voluntary environmental consultation for properties where lead hazards are identified and children are not considered EBLs</p> <p>Provide public information about lead poisoning and lead hazard reduction</p>	<p>Elevated Blood Lead level</p> <p>Five (5) properties were sent recommendation letters for lead hazard reduction</p> <p>Mailings and emails as well as coordination with other agencies</p>
Reduce indoor exposure to radon	<p>Provide access to low cost radon test kits</p> <p>Provide consultation on radon testing and mitigation</p> <p>Conduct public information campaigns about the hazards of radon and need for testing</p>	<p>138 test results with 86 (60%) elevated above the EPA action level</p> <p>254 requests for information and 1,342 visits to the web site</p> <p>397 radon mitigations systems reportedly installed</p> <p>Press release and one media contact during January Radon Action Month</p>
Reduce, or eliminate human exposure to environmental health hazards	<p>Investigate and remediate human health hazard complaints</p>	<p>12 complaints required ongoing follow up, many more concerns are addressed through phone or on-site visits or are nuisances and not health hazards</p>
Decrease exposure to waterborne diseases (Also links with Existing, Emerging, & Re-emerging CD)	<p>Serve as an agent for the DNR Transient Non-Community Program</p> <p>Conduct water testing of private wells</p> <p>Inspect and license public pools</p> <p>Conduct surveillance on water borne disease and take necessary action if outbreaks are suspected</p>	<p>195 public facilities had drinking water sampling conducted in 2010, 43 water systems had sanitary well survey inspections</p> <p>91 pools were licensed and inspected in 2009</p> <p>No water borne disease outbreaks were identified in 2010</p>
Decrease the incidence of foodborne disease (Also links with Existing, Emerging, & Re-emerging CD)	<p>Serve as an agent for the Division of Public Health & Dept of Ag's Food Safety Programs</p> <p>Inspect and license all public food facilities, including restaurants, retail food outlets, schools, and temporary food stands</p> <p>Refer operators to appropriate food safety training and provide training for volunteer organizations</p> <p>Conduct surveillance of food borne disease and take necessary action if outbreaks are suspected. Discuss safe food handling practices with citizens</p>	<p>All facilities received at least one inspection. Additional inspections for compliance, complaints or consult with operators also occurred</p> <p>Food service safety training course schedules are provided to operators</p> <p>One (1) foodborne illness outbreak was investigated</p> <p>Four (4) media contacts on food safety topics occurred</p>

<p>Decrease exposure to vector-borne disease (Also links with Existing, Emerging, & Re-emerging CD)</p>	<p>Investigate animal bite reports and provide proper follow to prevent rabies transmission</p> <p>Provide school-based education on safe interaction with animals to reduce animal bites</p> <p>Work with State Division of Public Health to conduct dead bird surveillance</p> <p>Conduct surveillance for vector borne diseases</p> <p>Provide public information about vector borne diseases and appropriate control measures</p>	<p>253 exposures were investigated in 2010, In five cases, rabies prophylaxis was recommended; 28 specimens sent to State Lab for rabies analysis</p> <p>879 children in 18 schools received animal safety education</p> <p>One specimen submitted which did not test positive for West Nile Virus</p> <p>214 cases of Lyme disease along with 41 cases of Erlichiosis both tick borne and 65 cases of Blastomycosis were reported</p>
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Existing, Emerging, & Re-emerging Communicable Diseases

GOAL	STRATEGIES IMPLEMENTED	RESULTS
<p>90% of two-year olds will be fully immunized</p> <p>99% of school-age children will be in compliance with the school immunization law</p>	<p>Work with area health care providers to implement a comprehensive immunization recall & reminder system</p> <p>Provide immunizations at minimal or no cost</p> <p>Work with schools to implement new immunizations laws and conduct proper monitoring</p>	<p>85 % of two-year olds were fully immunized. Refer to page 29 for more information.</p> <p>205 immunization clinics were held at sites throughout the county.</p> <p>A total of 2,359 children/adults were vaccinated at these clinics. Public health nurses and the epidemiologist continue to provide information on immunizations to school nurses.</p>
<p>Identify, fully treat, and minimize the spread of Tuberculosis</p>	<p>Provide TB screening to high risk groups and other community members.</p> <p>Screen all close contacts of active cases and treat accordingly</p> <p>Treat all active and suspect cases with Directly Observed Therapy (DOT), providing case management and education services</p> <p>Provide TB education, case management, and treatment to all individuals with latent TB (non-</p>	<p>153 individuals were screened for TB.</p> <p>Eight close contacts were screened as part of our contact investigation for the two cases reported.</p> <p>Two individual with TB disease received DOT, case management, and education for a total of 686 DOT visits.</p> <p>24 individuals with latent TB received education, case management and treatment.</p>

	active)	
Follow-up and institute control measures as appropriate to all reports of communicable diseases	<p>Provide follow-up to communicable disease within designated timeframes</p> <p>Monitor patterns and clusters of diseases to determine if additional preventive strategies are warranted</p> <p>Maintain an up-to-date Influenza Pandemic Community Plan and Public Health Emergency Plan to identify proper steps and roles in response to emergencies.</p> <p>Maintain 24/7 on call system for immediate response to all Category 1 diseases</p>	<p>1505 case reports of 34 different communicable diseases were reported. Refer to page 27 for breakdown of disease and trend data.</p> <p>MCHD participated in an investigation regarding the increased incidence and clustering of Blastomycosis in the county. Refer to page 48 for more information</p>

High Risk Sexual Behavior

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Reduce the transmission of sexually transmitted diseases (Links with High Risk Sexual Activity)	<p>Provide access to confidential, low cost STD & HIV testing & treatment services</p> <p>Provide follow-up to those exposed to STDs & HIV</p> <p>Provide STD services in the Marathon County jail</p> <p>Provide community education on STD prevention</p>	<p>521 individuals presented at Marathon County Health Department's STD clinics, with 250 individuals screened for STDs and 187 screened for HIV. Of the 521 individuals seen, 273 were inmates from Marathon County Jail.</p> <p>336 STD and HIV cases were reported to Marathon County Health Department in 2010, with nurses providing follow-up, education, and ensuring treatment.</p> <p>Refer to page 31 for more information on STD program.</p>

Intentional & Unintentional Injuries & Violence

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Decrease injuries within the home setting	<p>Provide education about home safety and equip families with home safety devices</p> <p>Provide safe sleeping environments for infants</p>	<p>283 families with newborns received a home safety assessment along with safety education by a public health nurse. Home safety devices were provided such as smoke alarms,</p>

	<p>Provide safe transportation for infants and young children through appropriate use of child restraint devices.</p> <p>Reduce injuries from poisoning by providing education and reducing access to poisonous substances</p>	<p>smoke alarm batteries, blind cord wraps, safety gates, and outlet covers,</p> <p>Over 88% of parents reported safe sleep practices for their infant who received a home visit by a public health nurse through Marathon County Start Right First Steps.</p> <p>To read more about the impact Marathon County Start Right program is having on assuring children will be safe in their family homes, refer to page 40.</p> <p>69 low-income parents received one-on-one education on safe sleep practices and portable cribs for their newborn through Marathon County Cribs for Kids program. In our three month follow-up telephone call, over 80% of parents reported they were following safe-sleep practices (e.g., infant sleeps alone in crib, toys/pillows are not in the crib). Refer to page 21 to read more about Cribs for Kids.</p>
Reduce the incidence of intentional injury in Marathon County, including child abuse & neglect and domestic violence	<p>Serve on the domestic abuse task force</p> <p>Address domestic violence as part of antepartum and postpartum assessment and education</p> <p>Provide Start Right services to improve parenting knowledge and skills</p> <p>Serve as mandated reporters of child abuse and neglect</p>	<p>A public health nurse is a member of the Domestic Abuse Task Force.</p> <p>Families participating in Start Right are assessed for domestic violence and provided information on community resources.</p> <p>Over 375 families received one or more home visits as a result of participating in Start Right program services.</p>

Mental Health & Mental Disorders

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Reduce the incidence of suicide	<p>Serve on the Suicide Prevention Task Force</p> <p>Serve on the Suicide Review Team to identify trends in suicides and prevention strategies</p>	<p>Participate in the Task Force meetings.</p> <p>Continue surveillance of deaths to identify potential trends.</p>
Increase the	Provide information about perinatal	As part of Marathon County Start

<p>identification of perinatal depression and connect women with appropriate treatment</p>	<p>depression to all women outreached through Start Right First Steps</p> <p>Conduct postpartum depression screening for all women contacted by home visit</p> <p>Refer women with symptoms of depression to in-home therapy services and/or outpatient treatment</p>	<p>Right First Steps program, women during and after their pregnancy are screened for depression. Of the 74 women who received ongoing, comprehensive services during their pregnancy, 31% experienced perinatal depression, with 54% already linked with services and 42% referred for services. Of the 283 women who received a home visit postpartum, 11% experienced perinatal depression, with 64% already linked with services and 26% referred for services. Refer to page 40 for more Start Right First Steps prenatal and families with newborns services.</p>
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Overweight, Obesity, & Lack of Physical Activity

GOAL	STRATEGIES IMPLEMENTED	RESULTS
<p>Increase the number of Marathon County residents who regularly participate in physical activity</p>	<p>Encourage Schools to adopt the Safe Routes to School program (part of the Footprints to Health program to promote physical activity).</p> <p>Implement a Bike/Walk to Work/School campaign in May</p>	<p>Four (4) schools implemented the educational aspects of Safe Routes to School.</p> <p>Nine (9) communities signed a proclamation of “Bike and Walk week”. Implemented a “slow down” yard sign campaign.</p>
<p>Improve the built environment of Marathon County to make physical activity more accessible</p>	<p>Provide leadership to the Bike and Pedestrian Subcommittee of the Municipal Planning Organization (MPO) and implement the Bike/Ped Plan</p> <p>Pilot the “Active Community Environment Toolkit” for the WI Nutrition and Physical Activity Program. The tool kit is designed to assist communities in creating bike and pedestrian planning.</p>	<p>Provided leadership (Vice-Chairperson) to the subcommittee. Numerous sidewalks and paths are being made as construction projects are completed.</p> <p>Wausau Area Metropolitan Planning Organization- Bike/Pedestrian subcommittee completed the assessments and plans. This was utilized to further the local implementation goals and feedback was provided to the WI program.</p>

Tobacco

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Decrease initiation of tobacco use	Provide TIP (Tobacco Intervention Program) to youth arrested for smoking	18 youth participated in TIP to learn about quitting
Increase the number of adults who successfully quit using tobacco	Offer First Breath and Quit for Baby services to pregnant and postpartum women who smoke	<p>Continued to be a First Breath site, with 13 women enrolled in 2010. Of the 74 women who received ongoing, comprehensive services prenatally through 60 days postpartum from Marathon County Start Right First Steps, 15 were enrolled in First Breath. While in the First Breath program, 42% had quit down or quit smoking during their pregnancy.</p> <p>Refer to page 40 for more information about Marathon County Start Right program.</p>
Increase clean indoor air by reducing exposure to second hand smoke	<p>Wisconsin's smoke free workplace law was implemented in 2010. Promotion of the new law was conducted by the newly "multi-jurisdictional" tobacco control. MCHD is now the home of the Central WI Tobacco Free Coalition serving Marathon, Portage and Wood Counties. Additionally, Marathon County property was made smoke free by County policy.</p> <p>Educate individuals and policy makers of the impact of a ban on smoking in all public places</p>	<p>On July 5th, Wisconsin's smoke free workplace law went into effect. The new Smoke-Free Air Law prohibits smoking in indoor places of employment including vehicles and any place open to the public or where the public may be invited.</p> <p>Numerous meetings and presentations given in the community at health fairs and at public meetings. Local media was also used to educate and inform the public.</p>

Chronic Disease Prevention Program

Alcohol

Beginning in January of 2010, three local coalitions joined forces to become one, and assumed the name **Marathon County AOD Partnership Council** (or "Council"). This merger has been very successful and has increased the capacity to plan and implement evidence based strategies in the community and avoid duplication. MCHD is the fiscal agent for two grants that pay for staff time to support the Council and implement the work described in the work plans. Below are highlights from the year.



The organizational structure of the Council changed. The membership of the Council elected a 16 member Board, and formed three standing committees: Education and Awareness, Promotions, and Sustainability. Each committee has created a charter statement describing their contribution to the organization. The bylaws have been updated to reflect the new operating structure. Total membership for the coalition is over 100 individuals. The Board began a strategic planning process in the fall of 2010 and identified three priority areas;

- ◆ Binge Drinking,
- ◆ Underage Drinking,
- ◆ Impaired Driving

The goals of the grants, Strategic Prevention Framework, State Incentive Grant and, the Drug Free Communities, have objectives focused on changing behaviors of those who provide alcohol, restricting the places and times that alcohol can be consumed or purchased, and implementing effective prevention programs. Each of these objectives begins with the education of the community about what the problems are and what changes can reduce the societal burden of alcohol. Major activities and events from 2010 are summarized below.

Plant the Seed: Watch Marathon County Youth Grow

A town hall meeting that focused on the culture of alcohol in our community was held in April, with 75 Council members and community members participating in the thought provoking discussion. The event received extensive media coverage.

Communities Mobilizing for Change on Alcohol (CMCA)

The Council hosted this training for members and interested community partners. CMCA is a community organizing effort designed to change policies and practices of major community institutions in ways that reduce access to alcohol by teenagers. The intervention approach involves activating the citizenry of communities to achieve changes in local public policies and changes in the practices of major community institutions. The

objective is to reduce the flow of alcohol to youth from illegal sales by retail establishments, and from provision of alcohol to youth by other adults in the community. CMCA has proven that effectively limiting access to alcohol for people under the legal drinking age not only directly reduces teen drinking, but also communicates a clear message to the community that underage drinking is inappropriate and unacceptable.

Responsible Beverage Server (RBS) training

MCHD staff created a committee including local law enforcement, bar/tavern owners, WI Tavern League members, and North Central Technical College (NTC) staff to recommend improvements in the Responsible Beverage Server training offered by NTC. Currently, State law requires that every Class A alcohol licensed establishment have at least one person on staff at all times who is a licensed server. An individual server can obtain licensure by attending an RBS training and requesting a license from the municipality where they work. The belief is that we can impact binge drinking through the training of servers. The committee reviewed the content of the course and the result was many enhancements were made based on the needs identified by the workgroup members. Changes include; education on the effects of alcohol on the brain, how much is a serving, how to accurately check for identification, and when or why to call for law enforcement assistance if trouble arises. The revised class was first offered in November 2010. Law enforcement officers and MCHD Health Educators now regularly contribute to this program. This educational strategy has evidence to support its effectiveness, includes businesses as partners in the process, and has the potential to reach a large percentage of the population.

Community Forums

Community forums were held in Athens, Mosinee, and Rothschild to discuss the topic of healthy alcohol use in Marathon County. There were three different approaches used to discuss healthy alcohol use; personal choice, enforcement of laws to regulate use, and changing the community norms regarding acceptable use. Results from the forums concluded that all three approaches need to be integrated with a strong educational and legal component to raise social awareness about healthy alcohol use.

Candidate Forum

Council members partnered with two other local coalitions to host a "Candidate Forum" in October. The topic was three WI health priorities of alcohol abuse prevention, tobacco use prevention, and access to mental health care. All candidates for the State Assembly and Senate districts in Marathon County were invited to attend and seven participated in the event. Local media personalities asked the questions of the candidates and the event was moderated by Dr. Eric Giordano, Director of the WI Institute for Public Policy and Research.

Banning Synthetic Marijuana

"K2", or synthetic marijuana, made its way into our community, but was met with resistance. Council members worked with law enforcement, local city councils, and village boards to educate them on the dangers of K2 and showed their support for banning the sale, possession and distribution of this dangerous substance.

Overweight & Obesity

HEAL

The health priorities of overweight, obesity, and lack of physical activity are addressed through environmental strategies and changes to the community environment. The selected strategies must have an impact on the broader community or systems and not be solely focused on improving and individuals' knowledge. In order to be successful in changing the community it is imperative that the community be involved in making changes. This is accomplished by working in partnership with other organizations and through a local "coalition".

The Healthy Eating Active Living coalition (HEAL) was created in 2003 as a result of the Marathon County Community Health Assessment of 2003-2006 identification of obesity as a local health priority. The vision of HEAL is *to create a culture of healthy eating and active living in Marathon County* and the mission is *to create*

a culture where the social norm is: physical activity engineered into the daily routine, appropriate portion sizes, and recommended fruit and vegetable consumption.

Footprints to Health

The three year UW-School of Medicine and Public Health WI Partnership grant expired in April 2010. The evaluation of impacts made on the schools participating in the intervention was measured through a survey titled Back to SCHOOL. The results were shared in Madison at a forum hosted by and targeting University staff and local partners from across the state. The results of the final evaluation of interventions targeting “individual” behavior changes are:

- ◆ There were no significant change to the BMI of the youth
- ◆ There were no significant changes to the physical activity levels
- ◆ Television watching did decrease slightly
- ◆ Waist to hip ratios did decrease slightly

More encouraging are the organizational changes that have been made and maintained since the inception of the program including:

- ◆ Creation of the Bike/Pedestrian subcommittee of the Wausau Area Municipal Planning Organization
- ◆ Creation and implementation of a Bike /Ped plan for the Wausau Area
- ◆ Several infrastructure projects (bike paths, bike lanes, sidewalks, and signage) that has enhanced the bike-ability and walk-ability of the area
- ◆ School based wellness committees that continue to organize school based events

Piloting the Active Community Environment toolkit for WI

In 2009 – 2010, MCHD with the Bike Ped subcommittee piloted a toolkit for the WI Nutrition and Physical Activity Program. The toolkit is designed to assist communities in building a coalition, conducting assessments, creating plans, implementing actions, and monitoring progress towards a more bike and pedestrian friendly community. MCHD was honored to share our experiences through evaluating this tool kit.

Implementing the State Nutrition and Physical Activity plan

The purpose of this project is to improve healthful eating and physical activity, and prevent obesity by building capacity and implementing population based strategies. HEAL’s members recognize that the culture and environment need to change, and educating individuals about behavior change is only part of the solution. The work plan contains two areas selected for further development of strategies: *increasing physical activity* and *increasing consumption of fruits and vegetables*. The physical activity plan is to increase bike route signage between municipalities to assist cyclists with navigating the best routes. The nutrition component is exploring the option utilizing automated payments systems at the Farmers Market making the purchase of fresh produce more convenient.

Active Schools

Grant awards from the federal American Recovery and Reinvestment Act (ARRA) *Communities Putting Prevention to Work* (CPPW) initiative are being used in WI and Marathon County to work on obesity prevention efforts. ARRA funds will be used to implement the “Active Schools Initiative”. The Department of Public Instruction chose 26 elementary, middle and high schools in 19 districts to participate. In our area, MCHD is participating with the DC Everest Area School District. The program goal is to increase opportunities for physical activity using the *Active Schools* toolkit. The funding will be used to support the school in implementing and evaluating strategies from the Active Schools kit, especially those that have a community component (e.g., Safe Routes to School programs).

Marathon County Hunger Coalition is a group of community members whose mission is to expand, identify, promote, and implement long-term sustainable solutions to the problem of hunger in Marathon County. An MCHD staff person serves on the coalition and the goals are to:

- ◆ Educate the public on the need for donating nutritious food to pantries throughout the year.

- ◆ Support member pantries providing food to those in need.
- ◆ Optimize food acquisition, storage and distribution systems
- ◆ Provide food and nutrition resources for a healthier diet for the food pantries

Nutrition education is offered to organizations that serve residents of low income or with limited English speaking skills. This requires innovative teaching methods in bringing the science of nutrition into their foods that are culturally sensitive. Education was provided to the Hmong Elders Group and Project Step Up participants. Community outreach, including food and nutrition education displays and resource development, were provided to the public library, Hispanic Latino Health Fair, Bridge Community Health Clinic, and Weston-Fest.

Website and Facebook

The HEAL web page at www.healthymarathoncounty.org/HEAL helps to increase the presence of the coalition and serves as a resource to the community. This is evidenced by the 261 hits averaged per month to the web page. The site provides nutrition resources created by our Registered Dietitian that are suitable for local school educators and nurses and compiles an on-going listing of nutrition educational aids suitable for Hmong and Spanish speaking people within Marathon County. You can also find HEAL on Facebook.

Asthma

In 2010, the work of the Marathon County Asthma Coalition focused on development of the 2009-14 Action Plan, which is based on the Wisconsin Asthma Plan 2009-2014. There are three areas of focus; Standardized Quality of Care, Education, and Environment.

In addition, the members of the Marathon County Asthma Coalition met with the Start Right Family Visitors. The goal of this collaborative work was to enhance the Family Visitors ability to provide information and referrals on quitting smoking (tobacco use) especially for those families who are impacted by asthma. Information and resources were provided on the topics of asthma, secondhand smoke, and smoking cessation. Family Visitors have the opportunity to develop trusting relationships with the families they serve and are in a unique position to educate on the dangers of second hand smoke in the home. The Family Visitors can educate parents on; cigarette smoke as an asthma trigger, the benefits of not smoking in the home and how to find resources to stop smoking.

Car Seat Rental

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

Toddler Seat Rental Program	2006	2007	2008	2009	2010
New Rentals	62	60	25	40	39
Total number of families served	121	113	122	126	95
Additional car seat inspections and education at community events	41	25	28	25	46

Healthy Homes

Families with newborns are offered a home safety assessment as part of our services of Start Right First Steps. In 2010, 250 families received a home safety assessment by a public health nurse. The assessment addresses common safety concerns for families with newborns and young children including, but not limited to: working smoke alarms and carbon monoxide detectors; safe sleep environment; exposure to secondhand smoke and lead based paint; outlet covers, safety latches, safety gates and blind cord wraps; and safe drinking water for families with private wells. Families are educated on the risks associated with identified hazards and provided safety devices. For the past twelve years we have been fortunate recipients of Children's Miracle Network which has allowed for enhancements to the program. In 2010, this resource has provided safety devices including 111 smoke alarms, 267 smoke alarm batteries, 270 outlet covers, 270 cabinet safety latches, 270 blind cord wraps, and 55 safety gates for distribution. Refer to page 40 to read more about impacts being made through the Start Right program.

Cribs for Kids

Marathon County's Cribs for Kids program works 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 portable crib at a nominal cost. Along with receiving a portable crib, a Start Right public health nurse or family educator provides one-on-one education to parents on safe sleep practices. A follow-up telephone call is made three months later to assess and reinforce parents' safe sleep practices.

In 2010, 69 low-income parents received one-on-one education on safe sleep practices and a portable crib for their newborn. In our three month follow-up telephone calls, over 80 % of parents report they are following safe-sleep practices with their newborn (infant sleeps alone in crib, toys/pillows are not in the crib, etc.). Cribs for Kids is a national organization that enables local chapters to purchase wholesale portable cribs. Marathon County Health Department is a chapter member. Private foundation and community donations are used to purchase Graco portable cribs. Refer to page 42 to read more about impacts being made through Start Right in the area of safe sleep.

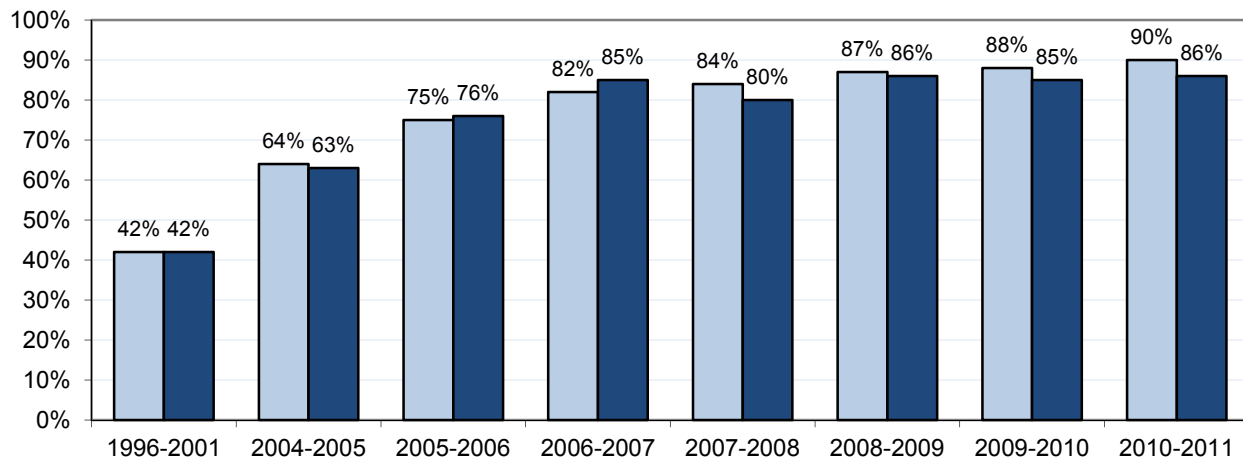
School Health

Hearing and Vision 2009-10 Screening Program

In the 2009-10 school year, screening was provided to four year olds in kindergarten and children in 5K, 1st, 2nd, 3rd, and 5th grades. Children were screened in 52 locations including public, private, and parochial schools. 4K is offered in various locations (daycares and community based organizations), in addition to the neighborhood schools resulting in the high number of screening sites.

This year, 88% of the children we referred for hearing difficulties and 85% of the children we referred for vision difficulties have completed the referral process with medical follow up.

Percent of Completed Referrals



Tobacco

Beginning in 2010, the WI Tobacco Prevention and Control Program implemented the plan to create “multi-jurisdictional” tobacco control coalitions across the state. This change was due to the 55% reduction in the state tobacco program budget. MCHD is now the home of the **Central WI Tobacco Free Coalition** serving Marathon, Portage and Wood Counties. The Marathon County Tobacco Free Coalition merged with others to form this multi-county coalition. A steering committee made up of Public Health officials from the three counties guides the initiatives.

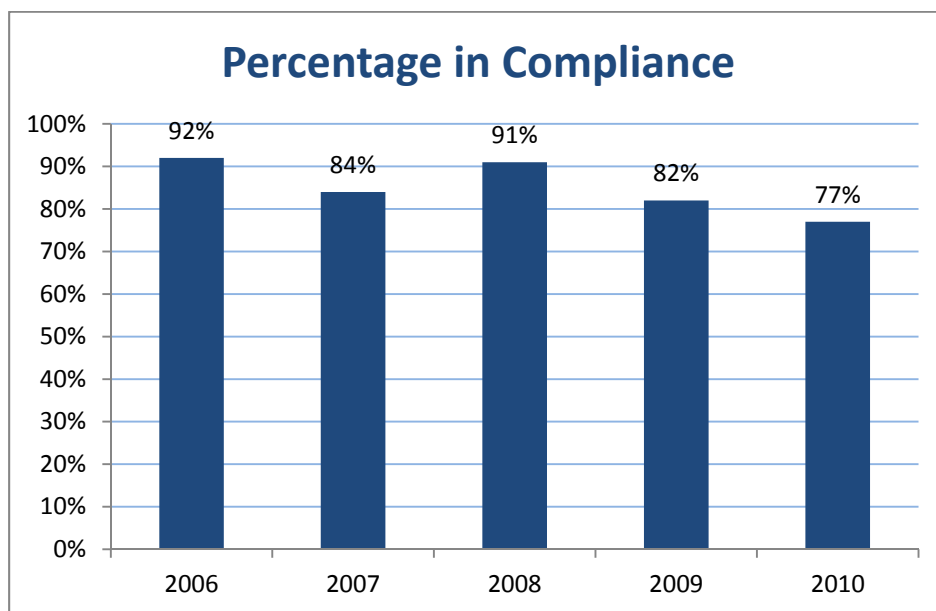
On July 5th, Wisconsin’s smoke free workplace law went into effect. The new Smoke-Free Air Law prohibits smoking in indoor places of employment including vehicles and any place open to the public or where the public may be invited. Additionally, Marathon County property was made smoke free by County policy. Local ordinances were adopted in Rothschild, Kronenwetter, and Weston to mirror the state law and to make local enforcement of the state law easier. Ordinances are under consideration in Wausau, and Edgar. Education prior to the Smoke-Free Air law was conducted to allow businesses to prepare for the change and to train

employees. Media attention prepared the general public for the July 5th change in not allowing indoor smoking in public places. The result was just 18 formal complaints from the public related to eight businesses in Marathon County. Local support and education regarding the Smoke-Free Air law citizen reporting sites 1-800-nosmoke and www.wibettersmokefree.com has been conducted through the media, as well as Smoke-Free events such as 60 Day Countdown at the Campus Pub in May, the Governor's visit to Wiggly Field in June, and a radio remote at Mickey's Billiard's and Pizzeria on July 5th. A clean in-door air study was conducted in spring before the law went into effect and then again in the fall after the law went into effect. The result was a 92% increase in air quality. The air is healthier in Marathon County businesses.

A new Summer FACT (Fighting Against Corporate Tobacco) youth group has been established at the local Boys & Girls Club with an initial 23 members. Teens learn how tobacco companies are trying to hook the new generation on tobacco products and do peer to peer education regarding these issues. Adults have been educated regarding OTP's (Other Tobacco Products). Tobacco companies are targeting youth with new smokeless/spit-less tobacco products. These products are in many cases candy flavored, packaged like candy and marketed through youth social networking sites. The adults then work with state legislators to educate them and encourage continued funding of tobacco prevention efforts, and support of tobacco-free state and federal legislation regarding marketing, packaging, sale, and taxation issues.

WI WINS – Retail Compliance program

WI Wins Compliance Checks were completed in 99 businesses in Marathon County and 76 did not sell tobacco products to the minors who tried to purchase them. That gives Marathon County a 76.8% compliance rate. Fewer compliance checks are being done in throughout the County due to program funding reductions. It has also been observed that some business are no longer selling tobacco; presumably due to the smoke free air law. The compliance rate is relatively the same as in 2009, however we are not meeting the benchmark of 80% compliance with State law. The compliance checks are done in cooperation with local law enforcement. Citations are issued for non-compliance. Education is offered to employers to help increase knowledge and consequences of the law.



Because 80% of smokers start before the age of 18 the obvious need is to prevent teens from starting to smoke or use tobacco products. Also, 70% of adults who do smoke report they would like to quit. The Central WI Tobacco Free Coalition worked according to CDC best practices to support programming that would address these issues. WI Teen smoking rates have fallen from 20.7% in 2008 to 17.7% in 2010 in high

schools. Adult rates are down from one in five to one in four. Maintaining the lower rates among youth is particularly important in order to achieve the long range outcome of reducing death and disability from tobacco use.

First Breath and Quit for Baby

Despite gains made in decreasing the overall tobacco use among adults in Marathon County, smoking during pregnancy continues to be a concern. From 2006-2008, an average of 17.4% of pregnant women in Marathon County smoked during their pregnancy compared with 14.9% in the state.¹ We know that smoking during pregnancy can have significant harmful effects on the mother and the fetus.

Marathon County Health Department continues to be a First Breath site, a state wide program through which 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 Start Right First Steps – Prenatal Care Coordination program, linking women to the Wisconsin Tobacco Quit Line and/or Fax to Quit along with Marathon County's Quit for Baby web blog <http://quitforbaby.blogspot.com>. In 2010, 13 women received cessation education and support services through First Breath by a public health nurse to assist them in quitting or staying quit. Refer to Start Right First Steps – Prenatal Care Coordination program on page 40 for more information on impacts made.

In addition, Marathon County Health Department was awarded a mini-grant from the Wisconsin Women's Health Foundation to expand the Quit for Baby web blog to text messaging services. The goal of the project will be to increase prenatal women's quit rates and reduce postpartum relapse by implementing mobile phone text messaging as an intervention strategy to support women's behavior change related to smoking. Research is demonstrating that text messaging can be an effective strategy in supporting an individual's health behavior; whether to enhance smoking cessation efforts, diabetes self-management, monitoring physical activity, or weight loss. Given the majority of pregnant women who smoke are under the age of thirty, text messaging as an intervention strategy holds particular promise, as a high number of young people in all income groups use text messaging and the message is able to be personalized. Women enrolled in the prenatal care coordination program will be offered the opportunity to receive mobile phone text messaging to support their quit and stay quit plan.

¹ 1.) Voskuil KR, Palmersheim KA, Glysch RL, Jones NR. Burden of Tobacco in Wisconsin: 2010 Edition. University of Wisconsin Carbone Cancer Center. Madison, WI: March, 2010.

WI Well Woman's Program (WWWP) Cancer Screening Program

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

- ◆ Ages 45-64 (emphasis on ages 50-64)
- ◆ Ages 35-44 (must meet exceptions criteria)
- ◆ At or below 250% of the federal poverty level
- ◆ Has no health insurance, or insurance which does not cover routine screening, or unable to pay high deductibles or co-payments

The coordinator's role is to determine eligibility and enrollment, provide case management, assist with billing and reimbursement, and report local activity to WWWP. In 2010 we saw a reduction in the number of women enrolled and served through this program due to their eligibility for care through BadgerCare Plus.

Marathon County	2010 Actual	2010 Goal
Number of women enrolled in WWWP	223	NA
Number of women screened for cervical cancer	84	NA
Number of women screened for breast cancer (screening mammograms)	119	NA
Unduplicated number of women screened	144	117
Number of women with a diagnosis of cancer who were receiving WWWP services in Marathon County	4	NA

Communicable Disease Control Program

Communicable Disease - General

Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, or parasites. Infectious diseases remain the major cause of illness, disability, and death. Local health departments are responsible for investigating and controlling further spread of disease. In order to be able to identify patterns and trends of communicable disease occurrences, Marathon County tracks the type and number of reportable diseases, as well as reports received from area health care providers, laboratories, schools, and day care centers. On a weekly basis, infection control practitioners from area hospitals and clinics receive a report of communicable disease occurrences in Marathon County from our epidemiologist.

As part of our communicable disease investigation, we assure individuals receive appropriate treatment and provide health teaching on ways to prevent further spread of these diseases. In 2010, Marathon County Health Department received 1,505 case reports of 34 different communicable diseases. The most commonly reported disease in Marathon County was Chlamydia (294 cases), followed by Lyme disease (211 cases). Refer to the table for a list of reportable diseases from 2006-2010.

In the summer of 2010, Marathon County Health Department, along with the Wisconsin Department of Health, the Centers for Disease Control (CDC), and the Marshfield Clinic Research Foundation launched an investigation into the increased number and clustering of Blastomycosis cases in Marathon County. Blastomycosis is an uncommon disease that occurs when an individual breathes in the fungal spores that are present in the environment. Typically Blastomyces spores are found in the soil in decaying foliage and vegetation and grow only under a very specific set of circumstances. When the soil is disturbed, the spores can be inhaled by humans and animals, causing disease. The disease can range from mild symptoms to severe illness. In 2010 there were 59 cases of Blastomycosis in Marathon County, an increase from 25 in 2009. Preliminary findings of the study did not show any common linking of cases, and the final results are pending.

Marathon County –selected diseases	2006	2007	2008	2009	2010	2010 Rates	2006-2010 Rates	2020 Goals
Reportable Diseases								
BABESIOSIS	1	1	0	1	1	0.8	0.6	
BLASTOMYCOSIS	37	20	23	25	58	45.0	24.9	
DENGUE	0	0	0	0	1	0.8	0.2	
EHRlichiosos/ANAPLASMOSIS	10	13	12	21	38	29.5	14.3	
HEPATITIS B	42	32	17	25	21	16.3	20.9	1.5
HEPATITIS C	40	42	31	22	28	21.7	24.9	0.2
HISTOPLASMOSIS	2	0	1	0	0	0	0.5	
HIV/AIDS	4	2	4	5	2	1.5	2.6	3.5
KAWASAKI	0	0	1	0	0	0	0.2	
LEGIONELLOSIS	0	0	1	0	0	0	0.2	
LISTERIOSIS	0	0	0	1	1	0.8	0.3	
LYME DISEASE	111	88	133	123	210	163.0	101.4	
MENINGITIS	6	31	0	0	0	0	5.6	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	10	15	14	13	13	10.1	9.9	
POWASSAN	1	0	0	0	0	0	0.8	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	21	14	16	18	20	15.5	13.6	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	19	12	11	14	10	7.8	10.1	
TUBERCULOSIS/ACTIVE DISEASE	1	1	1	1	2	1.6	1.2	1.0
WEST NILE	1	1	1	0	0	0	0.5	
Sexually Transmitted Diseases								
CHLAMYDIA	285	224	269	221	296	220.8	197.5	
GONORRHEA	42	27	26	23	40	29.8	24.1	257-198
SYPHILIS	3	1	1	1	2	1.5	1.2	1.4-6.8
Food and Water Borne Diseases								
HEPATITIS A	1	0	0	0	1	0.7	0.3	0.3
CAMPYLOBACTERIOSIS	39	43	41	38	41	30.6	30.8	
CRYPTOSPORIDIOSIS	19	49	30	24	61	45.5	27.9	
SHIGA TOXIN PRODUCING E COLI (STEC)	9	5	5	9	10	705	5.8	
GIARDIASIS	21	20	14	20	28	20.9	15.7	
SALMONELLOSIS	21	20	16	18	20	14.9	14.5	
SHIGELLOSIS	2	3	0	1	4	3.0	1.5	
Vaccine-Preventable Diseases								
PERTUSSIS (WHOOPING COUGH)	4	3	17	12	17	13.2	8.1	0.0
MUMPS	50	4	0	0	0	0	10.8	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	1	1	1	1	4	3.1	1.2	0.0
VARICELLA (CHICKENPOX)	NA	NA	4	5	4	3.1	3.4	0.0
Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)	0	0	0	0	0	0	0	0.0

Marathon County

Notes Communicable Disease Chart:

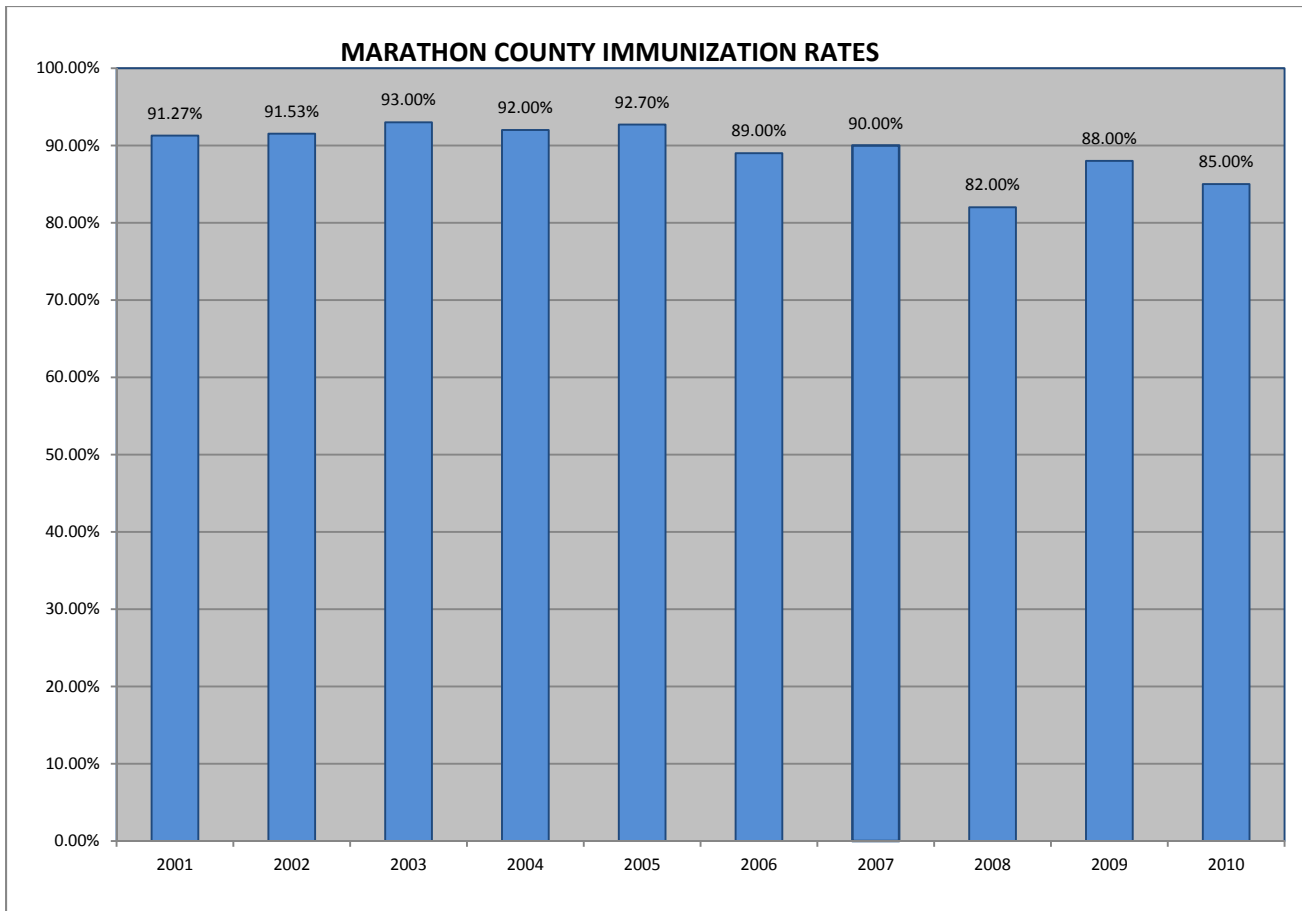
- ◆ Rates per 100,000
- ◆ Meningitis counts before 2008 include viral meningitis, from 2008 on they include only bacterial meningitis
- ◆ Lyme disease case counts include both confirmed and probable cases from 2008 on
- ◆ Individual case counts for Varicella began in 2008. Average rate reflects three years of data
- ◆ Individual case counts for Influenza Associated Hospitalizations began in 2010
- ◆ Case counts for 2006 are from Health Department records
- ◆ Case counts for 2007 on are from State records
- ◆ Case counts from 2007-2009 were adjusted for this report based on current state data

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 by preventing and reducing the spread of disease. Before vaccines, many children died from childhood diseases such as Polio or Pertussis, or had life-long 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 national goal is that 90% of children are up-to-date on their immunizations by age two. To help accomplish 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 adults' immunization records. In Marathon County, providers utilize RECIN (Regional Early Childhood Immunization Network) and WIR (Wisconsin Immunization Registry). Many children in Wisconsin receive immunizations from more than one provider. Without access to a child's immunization information, it can be difficult for a provider to know which vaccine a child needs at any particular time.

As part of a county-wide protocol established with area health care providers, Marathon County Health Department is responsible for implementing a monthly recall/reminder system, notifying parents by letter and telephone when their child is due for immunizations. By keeping immunization rates high, we will keep the rate of vaccine preventable diseases in Marathon County low. In 2010, 85% of children will fully immunized at age two.



Another way that Marathon County Health Department assures that children are fully immunized is to provide immunization to residents at a minimal cost. No child is refused vaccine because of inability to pay. In 2010, 205 clinics were held in the Marathon County communities of Athens, Edgar, Hatley, Mosinee, Stratford, Spencer, and Wausau and 2,359 individuals were vaccinated. The following table provides trend data on utilization of immunization clinics offered through Marathon County Health Department.

Year	No. of Clinics Held	No. of Children & Adults	No. of Vaccines Given
2010	205	2,359	3,723
2009	140	1,781	3,852
2008	144	2,620	4,756
2007	112	2,290	3,987
2006	118	1,457	2,680
2005	109	1,801	3,414
2004	Not Available	1,836	3,617

Tuberculosis

Marathon County Health Department's Tuberculosis (TB) prevention and control activities include follow up with people who have latent (non-infectious) TB and people with active (infectious) TB disease.

TB is a disease caused by bacteria called *Mycobacterium Tuberculosis*. The bacteria can attack any part of the body, but most often the lungs. People who have latent TB do not feel sick and cannot spread TB. If not effectively treated, individuals with latent disease may develop active TB 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.

Individuals identified as having latent TB are medically evaluated to determine the need for preventive (INH) medication. Through the State of Wisconsin TB Program and Marathon County Health Department, individuals can obtain medication at no cost. The service is designed to assure all individuals with latent TB are fully treated, thus reducing their risk of developing active TB disease and this also serves as a measure to prevent TB exposure in the community. In 2010, 24 individuals with latent TB received INH treatment resulting in a minimum of one home and/or office visit per month through the health department.

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. People with active TB disease must be treated in order to be cured of the disease and to prevent further spread of TB. As part of treatment, individuals with active TB disease (and those infected with a health condition that decreases their immune system) receive Directly Observed Therapy (DOT). DOT is the observation of individuals taking anti-tuberculosis medications by a public health nurse or an outreach worker. With the increased number of individuals diagnosed with multi-drug resistant *M. tuberculosis*, DOT has been adopted as a national strategy to assure individuals take their anti-tuberculosis medications as prescribed.

In 2010, two individuals with TB disease received DOT and one individual with latent TB received DOT. Public health nurses and/or outreach workers provided 686 DOT visits. One individual successfully completed a more than two year course of treatment in 2010. In addition to DOT, the public health nurse monitors the effectiveness of treatment, provides ongoing health teaching, and links individuals to needed health care and community resources.

Contact investigations are conducted to identify individuals who were exposed to persons with active TB disease. Individuals who were in close contact with the person with active TB disease receive a TB skin test to determine if they became infected and, if so, are offered preventive medication. In 2010, Marathon County placed eight TB skin tests as part of our contact investigation for the two cases reported.

MCHD offers TB skin tests at two clinics per month for individuals needing to be screened to meet requirements for workplace, immigration, or school. In 2010, public health nurses screened 153 individuals for TB infection.

Sexually Transmitted Disease

Sexually transmitted diseases (STD) represent the largest percentage of all reportable diseases. The STD program at Marathon County Health Department has two components:

- ◆ Follow-up with individuals reported to have an STD to assure they received proper treatment and to secure the names of their partners to assure they receive testing and treatment to prevent further spread of the disease.
- ◆ Provide STD clinic services at UW Health Family Medicine and at the Marathon County Jail.

Marathon County Health Department's STD clinic is an example of how working in partnership can bridge gaps in preventive health care. In partnership with UW-Health Family Medicine, Marathon County Health Department is able to assure all individuals have access to treatment for sexually transmitted diseases and receive pregnancy testing. STD services are provided at two sites: UW-Health Family Medicine once per week and at the Marathon County Jail once per week.

At the STD clinics, specially trained public health nurses working under the supervision of UW-Health Family Practice physicians screen individuals for STDs/HIV, and provide treatment and 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. As a result of the clinic, individuals who may not seek care due to barriers such as cost and/or not having a health care provider are screened and treated, thereby reducing further transmission of STDs/HIV in the community.

In 2010, there were a total of 521 encounters for STD services, 248 at UW-Health Family Medicine and 273 at Marathon County Jail. There were 250 individuals screened for STD's, with a positive test result rate of 10%. In addition, there were 6 pregnancy tests done and 164 vaccines given. Refer to the table below for a closer look at STD clinic services.

Services	2008			2009			2010		
	UW Health	Jail	Total	UW Health	Jail	Total	UW Health	Jail	Total
Total Clients	272	160	432	257	170	427	248	273	521
# Females	46	50	96	53	44	97	56	46	102
# Males	226	110	336	204	126	330	192	227	419
# Screened for STD	174	75	249	161	74	235	140	110	250
# Screened for HIV	135	56	191	105	56	161	100	87	187
# Vaccines Given	32	43	75	50	26	76	74	90	164

Healthy Marathon County

Local health departments are charged with the role and responsibility to carry out a community health improvement process. Since 1993, Wisconsin statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents. This process has been referred to as the "Community Health Improvement Process" (CHIP), named in part for the resulting health status changes in a community and the people that live there.

Here in Marathon County, the Health Department in partnership with Healthy Marathon County develops and implements local health plans to address the leading health issues impacting our community. Seven action teams are in place to address health priorities identified from the 2006-2010 Community Health Assessment released in 2007. The seven action teams are:

- ◆ Alcohol and Other Drugs (AOD) Partnership Council
- ◆ Concerns About the Cost of Health Care (CATCH)
- ◆ Healthy Babies of Marathon County (HBMC)
- ◆ Healthy Eating Active Living (HEAL)
- ◆ Tobacco Free Coalition (MCTFC)
- ◆ Partnership for Healthy Aging (PHA)
- ◆ Suicide Prevention Task Force

The membership of Healthy Marathon County and its action teams represent over 100 individuals from more than 20 organizations. To learn more about Healthy Marathon County, the work of the action teams, and how to get involved visit the website at www.healthymarathoncounty.org.

LIFE Report

Marathon County's Health Officer is a member of LIFE Steering Committee and chair's the Health and Wellness subcommittee. In 2010, the LIFE Steering Committee along with Healthy Marathon County committed resources to have one community assessment conducted in 2011 that would meet both organizations' planning needs.

Student Placements

Marathon County Health Department continues to provide placement experiences for students earning degrees in nursing, medicine, and health education. The placements provide an opportunity for students to learn about public health and see firsthand the scope of programs/services offered through Marathon County Health Department. Agreements are in place for UW-Eau Claire, UW-Green Bay, UW Medical School, UW-Oshkosh, and Viterbo University.

Informing the Public

Marathon County Health Department is charged with the responsibility of keeping the public informed on health issues impacting the community. In 2010, the department conducted more than 100 media contacts – newspaper, TV and radio on a wide range of health issues.

Environmental Health

Environmental Sanitation

Environmental sanitation is the State mandated activity for local public health departments and refers to the follow-up of all suspected Human Health Hazards. A Human Health Hazard is defined 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 to affect the health of the public.” This program responds to reports or concerns from the public or other agencies about potentially hazardous situations.

The range of possible hazards includes garbage, unsafe structural housing, environmental contamination, pet/rodent/insect issues, asbestos, mold, lead, blastomycosis, blue-green algae, methamphetamine drugs, and animal manure affecting property or groundwater. Housing concerns such as a lack of heat, water, or failing to maintain the property at a reasonable level of sanitation conducive to health can be considered Human Health Hazards.

When conditions warrant, we investigate and may issue orders to address the hazard. Often, the concerns identified do not reach the threshold necessary to be considered a Human Health Hazard. In those circumstances our effort is to provide guidance to resolve a condition. Success in this work often includes involving local and state agencies. Program outcomes include reducing exposure to substances, activities, or conditions that can negatively impact health and minimizing health impacts of such exposures.

Food & Water borne Disease Prevention and Licensing

Licensing

The Marathon County Health Department functions through contract as an agent of the State to provide public health inspections and licensing for a variety of establishments. Under our agent agreements with the State, we are required to conduct a minimum of one annual inspection; pre-inspections for compliance prior to issuing a permit; and any necessary follow-up inspections such as complaints and re-inspections to ensure proper compliance; and a variety of consultations by phone or on site. Program staff serves as the primary investigators when there is a suspected food or water borne illness in Marathon County.

At the end of the licensing year for 2009-2010, 959 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, campgrounds, swimming pools, retail food (groceries and convenience stores), body art, and mobile home parks. The largest percentages are those facilities in the restaurant category followed by the retail food category.

Food Safety

The Environmental Health and Safety program works to identify and respond to health problems or threats in several capacities including food borne and water borne illness. In 2010, one illness investigation identified a retail food outbreak associated with ready-to-eat smoked meats. The organism involved was found to be *E.coli* 045 as identified through stool samples. The investigation involved interviews with those who were ill or not ill, as well as interviewing the individuals who processed or handled the food. Our goal was to identify factors that may have contributed to the outbreak, provide recommendations to the establishment operator, and work

together in an effort to prevent a similar outbreak from happening again using education, consultation, and regulation.

Activities in the food safety program include on-site informal education of food service employees; licensing and inspection of food service facilities including 54 schools in the Federal School Lunch/Breakfast Program; enforcing Public Health Regulation 2008; food sampling; investigating food borne outbreaks; and responding to product recalls and consumer complaints. The “Food Thoughts” newsletter is published two times each year and is distributed to over 660 food service facilities. Our nine media events dealt with review of our licensing fees, raw milk, and an egg associated *Salmonella* recall.

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

Activity	2005	2006	2007	2008	2009	2010
Food borne Disease Investigation	10	4	7	3	1	1
Food Safety Establishment Licenses Issued	705	733	746	797	764	762
Education Classes/Attendees	20/731	18/434	4/135	7/78	1/30	0
Media Events	0	3	3	15	6	9
WEB Site/Food Safety – Hits/yr	840	767	896	1,337	1,305	990

To assure greater uniformity of inspections, Environmental Public Health Sanitarians in the food safety program completed a food safety standardization and certification process. Standardization is a training and on-site evaluation process performed by the State Department of Agriculture, Trade, and Consumer Protection and Department of Public Health, and requires demonstration of knowledge and experience in understanding, applying, and interpreting Food Code interventions, food borne risk factors, hazard and systems analysis, and exhibit the necessary communication skills in conducting food safety inspections. This process is the driving force for targeting CDC Risk Factor violations during food safety inspections and operator and employee education.

In 2010, a data system tracked 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. Our baseline data will provide a method for the analysis of our food safety program, including targeting certain types of violations and ensuring uniformity of inspections.

CDC Risk Factor violations from full-service restaurants and retail food operations are presented as follows:

CDC Risk Factors	2009 Violations		2010 Violations	
	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	34	17	13	5
Inadequate Cooking Temperatures	20	5	15	0
Improper Holding Temperatures	161	40	155	36
Cross Contamination	127	28	116	16
Personal Hygiene	99	18	113	19
Other CDC Factors	121	28	140	33
TOTALS	562	119	552	109

In 2010, restaurants had a total of 552 CDC Risk Factor violations while retail facilities had 109. For the most part, CDC Risk Factor categories generally decreased as compared to 2009. There are several explanations for the reduction. We had instituted increased fees for re-inspections that fail to achieve compliance; applied the fees at initial failed re-inspections, and the fee increases with repeated re-inspections. This may have increased compliance efforts upon initial inspections. The inspections staff also focused on those violations during inspections. Experiences from food borne illness investigations, media outreach, and education during inspections and through the Food Thoughts newsletter have been used to help highlight the importance of these issues.

The risk-based inspections performed by sanitarians certified through the standardization process have transformed the inspection process. Future inspections and operator education efforts will be developed in response to the data provided above.

Childhood Lead Poisoning Prevention

Childhood lead poisoning represents an area that highlights a multidisciplinary approach in diagnosis and investigation involving public health nursing and environmental health staff. The public health nursing staff work with the parents and children involved in a lead poisoning, and the environmental health staff investigates the homes and buildings to identify the potential sources of lead exposure. In 2010, there were nine children who were identified as lead poisoned at 10-19 micrograms per deciliter of blood (ug/dl). Additionally, there were six children with elevated blood-lead levels which are two successive blood tests between 15-19 ug/dl level or a single test at 20 ug/dl or more.

The primary factor for a child becoming lead poisoned is residing in a pre-1978 home, with pre-1950 more commonly associated with exposures. Although lead paint was banned in 1978, the health risk to children is still present today. About 84 percent of the City of Wausau and 71 percent 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 dust is produced as painted window surfaces rub against one another and access is made available for children to deteriorated paint in window wells. Inadequate nutrition lacking calcium-rich foods and traditional medicines are other factors. Each of these risk factors is considered when investigating a lead exposure.

Lead hazard reduction expenses for a property associated with a lead poisoned or elevated blood lead (EBL) level child can be expensive; a significant factor causing a delay in completing lead hazard reduction activities. Lead hazard reduction activities can be extensive in older housing and new federal and state laws require certified contractors in most instances. Funding can influence the choices for specific activities from permanent solutions such as siding replacement to those which require ongoing maintenance such as scraping and repainting existing siding.

In terms of funding, we continue our collaborative relationships with the City of Wausau Inspections Department and Community Development Department to address lead hazards, utilizing Community Development Block Grant funding for homeowner and rental rehabilitation projects. The program is designed to prevent lead poisoning in children in pre-1950 housing units through window replacement in the City of Wausau. National statistics indicate that 95% of all childhood lead poisonings are due to children being exposed to lead dust generated by lead-bearing windows and window components. Eligible property owners are identified through face-to-face contact or phone calls and a handout distributed by the City of Wausau Building Inspections Department. We will continue this project in 2011.

Additional funding is available for properties in Marathon County. The funds are available to property owners where a child under age six resides and lead hazards are present. The intent of the grant is to provide incentive funds to property owners who are required to reduce lead hazards because an EBL child is an occupant, as well as for those who want to reduce lead hazards voluntarily to prevent lead poisoning from

occurring. There are two funding pathways for property owners. One pathway is designed to assist those with extensive lead hazard reduction utilizing a small grant and a low interest loan. The second pathway is to provide a small voucher for painting supplies necessary for those properties that need less extensive work. Each of these funding efforts has the goal of meeting an important community need; lead-safe housing for families. Three properties completed lead hazard reduction in 2010 and five others are interested in doing so in 2011.

Activities	2007	2008	2009	2010
Total Number of Lead Tests	1,872	1,739	1,745	1,430
Tests <10 ug/dl	1,824	1,720	1,717	1,403
Tests 10 to 19 ug/dl (# of children)	33 (19)	14 (6)	22 (17)	17(9)
Tests ≥20 ug/dl (# of children)	15 (3)	5 (2)	6 (2)	10(6)
Housing Units – Lead Hazard Reduction	3	6	4	3
Lead Property Inspections	40	19	25	20

Rabies Prevention

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

Year	Human Exposures	Specimens Sent To State Lab	# Positive For Rabies	Prophylaxis Recommended
2001	272	23	1	2
2002	232	20	1	11
2003	242	10	1	8
2004	218	18	0	8
2005	205	29	1 (equivocal results*)	16
2006	100	13	0	2
2007	140	23	0	2
2008	171	26	2 (equivocal results*)	2
2009	244	22	0	1
2010	253	28	0	5

Note: Equivocal results = inconclusive test results

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

In 2010, the rabies control staff continued educational programs for 2nd grade elementary school children. The programs emphasize safe behavior around all animals aimed at reducing bite incidents in this vulnerable population and include a representative with a dog from the Paper Cities Kennel Club at each presentation. In 2010, safety programs were made at 18 schools in Marathon County reaching 879 students. Due to changes in our level of staffing we will no longer participate in this programming. Beginning in 2011, the Paper Cities Kennel Club has agreed to provide schools with the opportunity for the full education program to area 2nd graders.

Radon & Other Indoor Air Quality

Radon gas is a naturally occurring radioactive product that results from the decay of uranium found in soil, particularly our granite rich areas, and is identified as the second leading cause of lung cancer following tobacco exposure. Our staff operates the regional Northcentral Radon Information Center (RIC), a 12-county consortium to educate individuals and promote testing for radon. The counties in the RIC include Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Wood, and Waupaca. The RIC provides radon information and test kits to individuals, private businesses, and government agencies. In 2010, staff made presentations to schools, provided regional support to health departments in the RIC area, and responded to consultations by phone and email. We have continued to host and attend training opportunities, which also allow RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

In coordination with the nation-wide Environmental Protection Agency efforts, we conducted our own radon testing promotion during January Radon Action Month through media press releases in English and Hmong, resulting in one media interview, though efforts were made to obtain additional interviews. During this time, we received many inquiries about testing and radon mitigation, as well as health effects of radon exposure. In 2010, there was an increase in radon testing throughout the 12-county RIC as compared to previous years. While testing is up, the percentage of test results that are elevated has remained relatively consistent for the RIC counties and Marathon County, with approximately 60% of the test results elevated. The number of mitigations has increased also, despite a slowed economy. We are aware of some home builders who are installing Radon Resistant New Construction systems consistently, given our incidence of elevated levels. While we cannot track this easily, it is good news for home buyers as the expense in installation is much less during the construction phase as compared to a completed home. This data emphasizes the need for individuals to conduct radon testing and consider mitigation efforts to effectively reduce radon levels.

Radon Activities	2008			2009			2010		
	Test Results	Elevated Tests	Percent Elevated	Test Results	Elevated Tests	Percent Elevated	Test Results	Elevated Tests	Percent Elevated
Tests in RIC	732	405	55%	874	503	58%	1,231	524	43%
Tests in Marathon County	406	272	67%	252	156	62%	144	86	60%
Mitigations Reported	346			323			397		
Website Hits	872			1,377			1,342		

Laboratory

The goal of the Marathon County Public Health Laboratory is to provide convenient, reliable, and reasonably priced water testing services to the citizens of Marathon County and surrounding counties, with the goal of safer water supplies. The lab is involved in monitoring public drinking water supplies which include municipal community water systems and those involved in our Department of Natural Resources (DNR) transient non-community water (TNC) systems program. During 2010, 44 sanitary well surveys were performed under the DNR-TNC contract. This involves visual inspections of the visible portions of the water system. Monitoring water quality also includes private drinking water systems and recreational waters, such as swimming pools and beaches. The lab tests for several microbiological and chemical parameters. In addition, lab personnel interpret results for well owners and provide education concerning water safety issues.

In 2010, there were 2,957 (2,887 in 2009) public drinking water samples and 1,677 (1,639 in 2009) private drinking water samples tested in our lab. The total of 4,634 samples represents an increase of 108 over 2009. Both public and private sample totals increased by approximately 2% in 2010. The sample numbers remain lower than in 2007 largely due to fewer garden wells requiring sampling and the ongoing economic impact resulting in fewer home sales and limited new constructions. We again promoted private well water testing during the March 2010 Groundwater Awareness Week resulting in one media contact. The percentage of bacteriologically unsafe samples for both private and public did increase in 2010, to 14% (8% in 2009) of the drinking water samples testing unsafe and requiring follow-up action. In 2010 the percentage of bacteriologically unsafe for private water samples was 19% (321 of 1,677 samples), while it was 6% (175 of 2,957 samples) in public water samples. For comparison, in 2009 the percentage was 23% and 4% for private water samples and public water samples respectively.

	2007	2008	2009	2010
DRINKING WATER				
Total number of samples	6,080	4,852	4,526	4,634
Bacteriologically safe samples	5,156	4,098	3,831	3,820
Bacteriologically unsafe samples	612	448	377	642
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	86	88	102	100
RECREATIONAL WATER (pools & beaches)				
Total number of samples	1,921	2,028	1,953	1,885
Bacteriologically satisfactory samples	1,827	1,928	1,886	1,814
Bacteriologically unsatisfactory samples	94	96	67	79

Of the public samples representing facilities under the DNR-TNC contract, it shows that of the 196 facilities with public water supplies, 182 (94%) tested safe, while 11 (6%) were found unsafe. One facility sample was missed in 2010, but collected and safe in January 2011. The unsafe systems were ordered closed until a safe water supply could be identified. Once a water supply system is returned to service, sampling is conducted in the following month to ensure the system remains safe. The average length of time to identify an unsafe water supply, determine corrective action, order the well replaced if needed, and confirm a safe water supply system through water testing was 60-90 days. This depends on weather conditions, the complexity of well installation, geology, type of violation(s), and availability of contractors.

Marathon County has 89 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. The rate of bacteriologically unsafe samples was constant in 2010 with 3% of the recreational water samples testing unsafe and requiring follow-up action.

Start Right

Marathon County Health Department, in partnership with Children's Service Society of Wisconsin, provides "Start Right", a program that provides parenting education and support services for families in Marathon County from pregnancy to age five. The mission of Start Right is to empower parents in Marathon County to find the parenting information and support they need to raise a healthy child. Start Right believes parents are their children's first teachers, and Start Right can help parents to be their best teacher. Start Right program goals are:

- Children will experience the most fulfilling and nurturing relationship possible with 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:

- **First Steps** – A public health nurse provides education and care coordination to women during their pregnancy and/or to families with a newborn.
- **Step by Step** – A family educator provides parenting education and information on community resources to parents in their home.
- **Stepping Stones** – A family 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 eight communities within Marathon County to provide life-long connection to parenting education and support.

Start Right First Steps – Prenatal Care Coordination

The program is designed to provide 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 such services. Women are referred to the health department through community agencies, their physician, or 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 to 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.

In 2010, Marathon County Health Department received 135 prenatal referrals. Referral sources included: WIC, Hope Pregnancy Resource Center, Bridge Community Health Clinic, Baby Fairs at area hospitals, clinics, hospitals, Department of Social Services, and self-referrals. Care coordination and health teaching services

were provided to 92 women during the year, with 74 women receive ongoing, comprehensive services prenatal through 60 days postpartum. The following tables are the impacts the program made for the women who received comprehensive services.

Babies will be Healthy	2007	2008	2009	2010
Percent of women who reported smoking during their pregnancy	39%	48%	31%	46%
Percent of women who reported smoking who stopped or decreased smoking	94%	91%	87%	97%
Percent of women who reported drinking at all during their pregnancy	N/A*	35%	28%	30%
Percent of women who reported drinking at all during their pregnancy who stopped completely	N/A*	96%	91%	95%
Percent of women who reported having a dental provider	84%	84%	92%	95%
Percent of women referred for dental care	38%	42%	41%	31%
Percent of women who initiated breastfeeding	71%	62%	68%	58%
Percent of women who initiated breastfeeding who breastfed eight weeks or longer	42%	51%	50%	37%
Percent of women who were linked to contraceptive services	N/A*	N/A*	57%	66%
Percent of women referred for contraceptive services	19%	24%	26%	23%
Percent of infants who had a primary care provider	100%	100%	97%	96%
Percent of parents knowledgeable of immunizations	N/A*	N/A*	93%	96%
Percent of eligible infants enrolled in WIC	N/A*	N/A*	85%	77%
Percent of eligible infants referred to WIC	N/A*	N/A*	8%	13.5%
Children will be Safe in their Family Homes				
Percent of infants who sleep on their back	97%	99%	92%	92%
Percent of women and caregivers who do not co-sleep with their infants	87%	88%	84%	86%
Percent of infants who have a crib	N/A*	99%	97%	97%
Percent of women referred to "Cribs for Kids"	N/A*	23%	47%	37%
Percent of homes with working smoking alarms	N/A*	N/A*	68%	86%
Percent of homes provided with smoking alarms and batteries	N/A*	N/A*	23%	8%
Percent of homes and cars that are smoke-free	N/A*	91%	88%	81%
Percent of home with private wells that have been tested	N/A*	N/A*	100%	100%

Children will Experience Nurturing Relationship with their Parents				
Percent of women experiencing perinatal depression	38%	37%	35%	31%
Percent of women experiencing perinatal depression referred to mental health services	30%	60%	39%	39%
Percent of parents who respond to infants hunger cues	N/A*	N/A*	91%	95%
Percent of parents who respond to infants crying cues	N/A*	N/A*	92%	95%
Families will be Knowledgeable about Key Community Resources, including Start Right				
Percent of families eligible for Step by Step Family Educator who accepted services	N/A*	N/A*	64%	69%
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	N/A*	N/A*	80%	20%
Percent of families aware of Family Resource Center	N/A*	N/A*	93%	95%

Note: N/A notes data was first collected in 2008 or 2009.

Start Right First Steps – Families with Newborns

This program is designed to offer a public health nurse visit to families upon the birth of their child. Families receive health teaching on infant care and information/referral on community services/resources. In 2010, there were 1,644 births to residents of Marathon County. All families with newborns receive outreach by a public health nurse. Outreach can consist of a home visit, telephone visit, or letter. In 2010, a total of 283 home visits contacts were made and 316 telephone visits were made.

Core services provided to families with newborns include health teaching, information, and referral. Health teaching topics are: infant safety, including safe sleep environments; nutrition for infant and mother, supporting breastfeeding; parent-child interaction, promoting social-emotional development of the infant; tobacco and substance use (including the effects of secondhand smoke), and postpartum depression. The nurse also helps to ensure that families have a primary care provider for preventive care, including well-child exams and immunizations. The public health nurse provides information on community resources available to families with young children and assists with referrals as needed. In addition, parents are encouraged to link to Start Right's Step by Step, Stepping Stones, and/or Family Resource Center depending upon family needs and interests.

Since January 2008, Marathon County Health Department has been making in-home counseling services available for women experiencing perinatal depression who otherwise would not receive treatment due to the perceived and actual barriers encountered in seeking services. National estimates indicate that 8-15% of women during pregnancy and after childbirth experience perinatal depression, increasing to 28% for women who have or are experiencing poverty, partner stress, and abuse. In-home therapy services were provided by a licensed professional counselor through a contract with Marathon County Health Department. Women experiencing depression either prenatally and/or postpartum, who otherwise refused to seek traditional outpatient services, were referred for in-home therapy, with 18 receiving services in 2010. The majority of women referred for services had a current or previous history of violence and/or family abuse, alcohol and/other drug abuse, and mental health issues. Barriers identified in not seeking traditional outpatient services included: childcare, transportation, stigma associated with seeking services, lack of energy, and work

schedule. The ultimate goal of in home therapy is to link women to long term outpatient services in the community.

The following tables are the impacts the program made for families who received one or more home visits:

Children will be Healthy	2009	2010
Percent of women who initiated breastfeeding	76%	76%
Percent of women who were linked to contraceptive services	64%	92%
Percent of women referred for contraceptive services	7%	8%
Percent of families who reported infants had a primary care provider	99%	99%
Percent of parents knowledgeable of immunizations	97%	97%
Percent of eligible infants enrolled in WIC	41%	43%
Percent of eligible infants referred to WIC	5%	2%
Children will be Safe in their Family Homes		
Percent of infants who sleep on their back	97%	95%
Percent of women and caregivers who do not co-sleep with their infants	91%	91%
Percent of infants who have a crib	98%	98%
Percent of women referred to "Cribs for Kids"	7%	7%
Percent of homes with working smoke alarms	95%	95%
Percent of infants with a smoke-free home and car	86%	82%
Percent of homes with private well that has been tested	98%	95%
Children will Experience Nurturing Relationships with their Parents		
Percent of women experiencing perinatal depression	16%	11%
Percent of women experiencing perinatal depression who were referred for services	32%	26%
Percent of parents who respond appropriately to infants hunger cues	97%	98%
Percent of parents who respond appropriately to infants crying cues	97%	97%
Families will be Knowledgeable about Key Community Resources, including Start Right		
Percent of families eligible for Step by Step Family Educator who accepted services	55%	52%
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	27%	26%
Percent of parents who are aware of Family Resource Center	85%	82%

Start Right – Step by Step

As part of public health nurses outreach to families with newborns, parents who are experiencing life stressors and who could benefit from 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 Service Society of WI. A family educator provides comprehensive parenting services to families in their home 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 to five years of age, thereby preventing child abuse and neglect.

In 2010, 83 new eligible families accepted Step by Step services. A total of 306 families received Step by Step services, with 4,736 visits made in 2010. The following impacts were realized for families who received Start Right Step by Step services:

Children will be Healthy	2007	2008	2009	2010
Percent of families who have a primary medical home/provider	98%	99%	99%	99%
Percent of children on schedule for their well child exams	94%	90%	95%	90%
Percent of children who are up-to-date on immunizations at 24 months of age	99%	100%	99%	95%
Percent of eligible children that received WIC	N/A*	N/A*	84%	88%
Children will be Safe in their Family Homes				
Percent of homes that had a decrease in an identified safety hazard	N/A*	N/A*	55%	66%
Children will Experience Nurturing Relationships with their Parents				
Percent of parents who scored 80% or higher on post parenting knowledge test	91%	86%	82%	89%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	93%	95%	83%	73%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	N/A*	N/A*	41%	63 %
Children will be School Ready				
Percent of children identified for a potential developmental delay	21%	16%	12%	16%
Percent of children with a potential developmental delay referred & accepted services, already receiving services	86%	80%	81%	85%
Percent of children enrolled in a group-based early childhood program at age three	N/A*	47%	52%	63%

*Note: Data on the percentage of children enrolled in a group-based early childhood program at age three was first collected in 2008 or 2009

In 2009, as a result of the Start Right redesign, home visiting services were designed for families experiencing stressors that could impact a parent’s ability to parent. Family stressors that could impact a parent’s ability to impact include: single, teen parent, less than 12 years of education, English as a second language, AODA, domestic violence, mental health concerns, children with a special health care need, and first time births. This is important to note when reviewing 2009 and 2010 data in relationship to 2007-08 data.

Start Right – Stepping Stones

Stepping Stones became available to families beginning in 2009. Stepping Stones is a program service designed to support families through the transition families experience during the first five years of a child’s life. A family educator is available to provide informal, ongoing contacts over the phone, by email, or by visiting the family resource center. The family educator answers questions on parenting and child development and connects families to community resources. Families experiencing stressors that could impact their ability to parent are encouraged to enroll in Start Right’s Step by Step program.

In 2010, 169 families participated in Stepping Stones services. The following impacts were realized for families who received Start Right Stepping Stones services:

Families will have Access to and Receive Timely Parenting Information	2009	2010
Percent of parents who reported feeling increased feelings of support	70%	89%
Percent of parents who reported feelings of confidence	89%	93%
Percent of parents reporting increased feelings of competence	93%	96%
Families will be Knowledgeable about Key Community Resources and Linked to Appropriate Services		
Percent of parents who reported to be knowledgeable about whom to contact in the community when they need help	93%	96%
Families will be Knowledgeable about their Child’s Development and Access Services for their Children if they are Developmentally Delayed		
Number of children identified with potential developmental delay	4	4
Percent of children identified with potential developmental delay referred and accepted services	0%	50%
Families will use the Family Resource Center and Stepping Stones Services		
Percent of families that attended at least one Family Resource Center program	30%	25%

Start Right – Stepping Out (Family Resource Centers)

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

Play N' Learn is offered as a service at area Family Resource Centers and on-site at A.C. Kieffer school in Wausau. Play N' Learn is group-based play groups for children birth to age five focused on parent-child interaction. Core prevention services focus on school readiness skills and 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 Three, Head Start, etc.

For the six county funded centers, the Family Resource Centers held 329 programs, workshops, or events. A total of 1399 unduplicated adults and children utilized one or more of the six centers' programs, library resources, and Warmlines. In 2010, for all eight centers, a total of 1,456 unduplicated children utilized one or more of the centers' 1,046 programs, library resources, and Warmlines.

Child Health

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. Program services include case management and health teaching for infants and children for a variety of conditions and situations, including: failure to thrive; child health monitoring in a potentially abusive or neglectful family; families who have relocated to the area and are unfamiliar with community services; and parents who are cognitively or physically challenged. In 2010, 90 children and their families received one or more home visits.

In addition, this program area includes the health department'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. Public health nurses participate on the following community workgroups: Marathon County Drug Endangered Children, Early Hearing Detection and Intervention, Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Birth to Six Interagency Council, Marathon County Child Mortality Review Team, Domestic Abuse Intervention Team, and EHAF (Emergency Housing Assist Fund).

Children & Youth with Special Health Care Needs

A child with a special health care need is defined as a child having an illness or condition that is severe enough to restrict growth and development, is likely to persist for 12 months or longer, and requires specialized health care. Some examples of children with special health needs include children with asthma, diabetes, lead poisoning, autism, and developmental disabilities. As part of Marathon County Health Department's CYSHCN Program, public health nurses provide health information and referral and follow-up services to parents on resources and services available to support their family and child. In addition, for children with complex needs, public health nurses will work closely with parents to empower them to obtain needed services. In 2010, 34 children and their families received program services.

Public Health Preparedness

The Marathon County Health Department continues to increase our ability to respond to urgent public health matters in a timely and coordinated manner. In 2010, Marathon County Health Department responded to two urgent health incidents; the increased incidents of Blastomycosis and an E.coli foodborne outbreak within a retail establishment. In these incidents, the Health Department worked closely with area health care organizations, the State of WI Division of Public Health to investigate and control further spread of disease. Our investigation on Blastomycosis demonstrated that additional resources can be secured not only at the state level during a critical incident, but additional resources can be obtained at a national level through the Centers for Disease Control and Prevention. The Blastomycosis investigation came on the heels of our response to the 2009 H1N1 Influenza A pandemic. Our response as a department with our community and state partners has further strengthened our overall capacity to activate needed resources in response to an urgent public health matter.

Also in 2010, Marathon County conducted a tabletop exercise focusing on sheltering at-risk populations during an emergency. As a result of the tabletop, efforts are underway to clarify roles and responsibilities with Emergency Management, Sheriff's Department, Department of Social Services along with our public and private sector partners.

Regional Programs

Children & Youth with Special Health Care Needs

Northern Regional Center for Children and Youth with Special Health Care Needs

The Children and Youth with Special Health Care Needs (CYSHCN) Program serves people from birth to 21 years old who have a chronic health condition that requires specialized health or educational services. These chronic conditions may be physical, emotional, developmental or behavioral. The Northern Regional Center is one of five regional centers in Wisconsin that provide free and confidential assistance to families and providers. The northern service region consists of the 15 counties of Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas and Wood.

2010 Activities of the Northern Regional Center

Inform, Educate, & Empower

- ◆ Provided ongoing information and referral, parent support and educational services
- ◆ Maintained toll-free confidential phone and website information systems
- ◆ Sponsored a community systems support training for 19 parents/providers
- ◆ Linked parents to leadership and training to strengthen their role in decision making
- ◆ Worked with leaders in support groups to strengthen services provided to other parents
- ◆ Conducted workshop presentations and displays at local and statewide conferences
- ◆ Conducted nine trainings on the child growth and development and autism screening tools for 136 physicians and clinical staff

Mobilize Community Partnerships

- ◆ Provided technical assistance through a Medical Home Grant to a pediatrician to increase the practice's capacity to refer to community resources and provide care coordination to patients with complex health needs
- ◆ Contracted with 14 of 15 local health departments to provide direct services to 186 children
- ◆ Participated on coalitions to improve quality of care through coordination of systems
- ◆ Initiated new strategies funded by a federal grant to the State of Wisconsin to improve regional infrastructure of services to children with Autism Spectrum Disorders
- ◆ Built on existing partnerships with five pediatricians to provide training to other physicians on screening for developmental milestones and autism spectrum disorders

Develop Policies and Plans

- ◆ Worked with primary care providers and community service providers to implement quality improvement strategies for health care using the Medical Home model
- ◆ Addressed priority health issues for children and youth in partnership with regional partners with state and national policy makers

Link people to health services

- ◆ Served over 650 families and providers in partnership with local health departments through referral and follow up or consultation services to assure that families were connected to services in their local community for health care, financial, educational and emotional support needs
- ◆ Provided consultation on private and public health care benefits to assure adequate coverage of special health care needs services

Assure a competent public health and personal health workforce

- ◆ Provided technical assistance to staff from local public health, human services, primary care clinics, educational and early intervention services
- ◆ Participated in ongoing training and networking with the CYSHCN collaborating agencies

Northwoods Public Health Preparedness Consortium

Overview

Marathon County serves as the fiscal agent for this Consortium, employing Consortium staff and managing the operating funds on behalf of the member agencies. The Consortium consists of 15 county health departments and six tribal health centers.

Early in 2010, our member agencies were still very busy leading the community response to H1N1 influenza:

- ◆ Holding vaccination clinics—for the general public and in schools
- ◆ Providing timely information updates to the public and health care partners
- ◆ Conducting ongoing surveillance/monitoring of H1N1 cases
- ◆ Debriefing and implementing recommended improvements

The major focus for the Consortium for the rest of 2010 was in training for public health staff. Topics included:

- ◆ *Public Health Legal Authority*: Understanding state and local laws and how to apply them
- ◆ *Incident Command System (ICS)*: Courses offered for ICS 100, 200 and 300 for various levels of responsibility within each agency
- ◆ *Program Evaluation*: hands-on experience with the process and tools for developing an evaluation plan
- ◆ *Public Health Surveillance*: An introduction to key concepts and principles in surveillance
- ◆ *Public Health Data Management*: An interactive introduction to working with data in public health assessment activities
- ◆ *Epidemiological Investigation*: A hands-on exercise practicing investigation techniques and using ICS during an epi investigation
- ◆ *Vectorborne Diseases*: In-depth understanding of diseases spread by animals/insects and how to control them (co-sponsored by the State Division of Public Health)

Also in 2010, many communities focused on how to address the needs of particular at-risk populations during an emergency. Each agency did planning in this area. Tabletop exercises were conducted in Marathon County, Vilas County and Iron County (the latter having a particular emphasis on cross-border coordination). Each exercise yielded very productive plans for how to improve local readiness.

Finally, in 2010 all agencies conducted several routine but important tasks:

1. Update of their local Public Health Emergency Plan (PHEP) including:

- ◆ A new tool for alerting health care providers of an emerging situation
- ◆ Updated mass clinic signs (based on our H1N1 clinic experience)
- ◆ Updated ICS forms
- ◆ List of public health laws related to emergencies

2. Test of the 14 Performance Measures required by the Centers for Disease Control and Prevention (CDC).

- ◆ 13 agencies achieved 100% of the measures
- ◆ Six agencies achieved 92% of the measures
- ◆ Two agencies achieved 85% of the measures

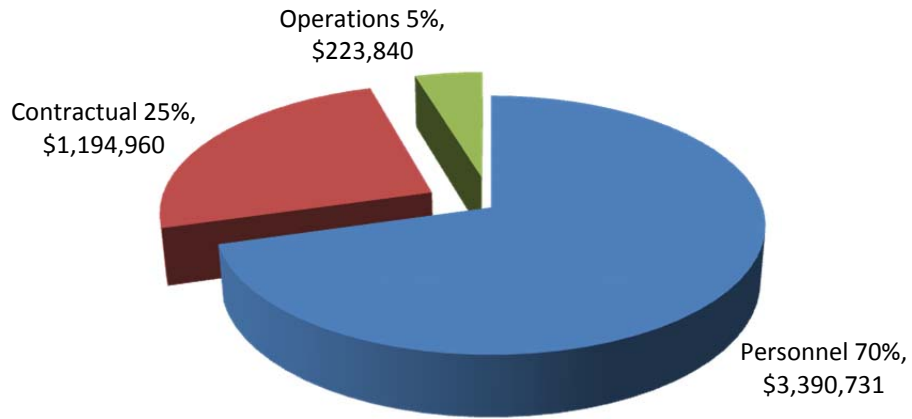
3. Assessment of staff competencies in public health preparedness for all member agencies. Training priorities for 2011 will be based on these results.

4. State site visit to conduct the CDC assessment of readiness to provide a community-wide mass clinic in a scenario such as an anthrax release. Although there is no “passing grade” for smaller health departments such as those in our area, for major metropolitan areas, local health departments must achieve a score of 69 or higher. All of our agencies achieved over 80 (out of 100).

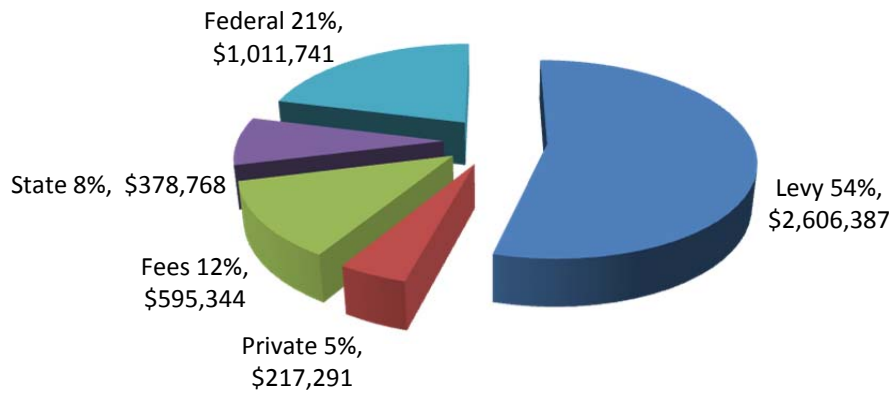
2010 ANNUAL REPORT FINANCIAL SUMMARIES (unaudited)

<u>LEVY FUNDED</u>	Budgeted <u>Levy</u>	Actual <u>Levy</u>	Budgeted <u>Revenue</u>	Actual <u>Revenue</u>
General Public Health	\$1,662,841	\$1,620,638	\$27,189	\$39,987
Environmental Permits/Licensing	\$74,697	\$74,427	\$382,578	\$380,020
Laboratory	\$407	\$21,509	\$98,196	\$75,525
Start Right	\$889,813	\$889,813	\$100,000	\$100,000
Total Levy Funded	\$2,627,758	\$2,606,387	\$607,963	\$595,532
<u>PROGRAMS FUNDED FROM OTHER SOURCES</u>				
Regional Programs				
Children & Youth with Special Health Care Needs	\$180,941			
Regional Public Health Preparedness (NWC)	\$272,808			
Total Regional Programs		\$453,749		
Family Health/Communicable Disease				
HIV Partner Services	\$2,850			
Immunizations & Vaccinations	\$34,091			
Local Children & Youth with Special Health Care Needs	\$12,254			
Maternal/Child Health	\$32,943			
Prenatal Care Coordination	\$50,997			
Prevention of Child Abuse and Neglect (POCAN)	\$155,566			
Targeted Case Management	\$25,450			
Tuberculosis	\$23,953			
Total Family Health/Communicable Disease		\$338,104		
Environmental Health				
Lead	\$11,149			
Mercury/DNR	\$38,970			
Radon	\$25,534			
Total Environmental Health		\$75,653		
Chronic Disease Prevention				
Alcohol	\$225,475			
Asthma	\$5,953			
Healthy Eating, Active Living	\$72,668			
Hearing & Vision Screening	\$29,132			
Injury Prevention	\$7,142			
Social Norms	\$1,650			
Tobacco Control Grants	\$146,019			
WI Well Women's Program	\$23,202			
Total Chronic Disease Prevention		\$511,241		
Departmental				
Local Public Health Preparedness	\$228,864			
Total Departmental		\$228,864		
TOTAL PROGRAMS FUNDED FROM OTHER SOURCES			\$1,607,612	
TOTAL ALL FUNDS				\$4,809,531
	<u>Total Funds</u>	2010 Population Census	Per Capita Funds	
Levy Funded	\$2,606,387	134063	\$ 19.45	
Non-Levy Funded	\$2,203,144	134063	\$ 16.43	
Total	\$4,809,531	134063	\$ 35.88	

2010 Expenditures



2010 Revenue Sources



Marathon County Health Department Staff

As Of December 31, 2010

Joan Theurer	Health Officer
Ruth Marx	Epidemiologist/Public Health Preparedness Coordinator
Season Welle	Accountant I

Chronic Disease Prevention Team

Judy Burrows	Director
Melissa Dotter	Drug-Free Community Program Coordinator
Marla Hill	Public Health Nutritionist
Dorothy Kalmon	Health Educator
Amanda Myszka	Health Educator
Amanda Ostrowski	Health Educator
Edie Peterson	Vision/Hearing Screening Coordinator (P.T.)
Renee Trowbridge	Health Educator
Katie Zientara	Health Educator (P.T.)

Environmental Health & Safety Team

Dale Grosskurth	Director
Keith Baine	Environmental Public Health Sanitarian II
Jackie Bethel	Environmental Public Health Sanitarian II
Sara Brown	Environmental Public Health Sanitarian II
Cheryl Fay	Environmental Health/Lab Technician
Kristal Knapp	Environmental Public Health Sanitarian II
Russell Mech	Environmental Public Health Sanitarian II
Deanna Schertz	Environmental Health/Lab Technician (P.T.)
Michelle Schwoch	Environmental Public Health Sanitarian II (P.T.)

Family Health & Communicable Disease Control Team

Eileen Eckardt	Director
Heather Busig	Public Health Nurse
Vicki Chrapkowski	Public Health Nurse
Mary Hackel	Public Health Nurse
Jennifer Juneau	Public Health Nurse (P.T.)
Jean Kaatz	Public Health Nurse (P.T.)
Carol Capelle Mills	Public Health Nurse (P.T.)
Pang Moua	Bilingual Health Aide
Rebecca Mroczenski	Public Health Nurse
Ann Peters	Public Health Nurse (P.T.)
Tiffany Pietrowski	Public Health Nurse (P.T.)
Carrie Sickler	Public Health Nurse (P.T.)
Peggy Stalheim	Public Health Nurse (P.T.)
Susan Weith	Public Health Nurse (P.T.)
Chelsea Woller	Public Health Nurse (P.T.)
Colleen Yaatenen	Public Health Nurse (P.T.)

Administrative Support Team

Carol Roberts	Confidential Administrative Specialist
Nancy Anderson	Clerical Assistant II (P.T.)
Bonita Buchberger	Clerical Assistant II
Patti Poverski	Clerical Assistant II
Jean Rolnecki	Clerical Assistant II
Janet Werner	Clerical Assistant II
Leila Lucero	Senior Aide
Nancy Zdeb	Senior Aide

Northwoods Public Health Preparedness Consortium

Julie Hladky	Program Manager (P.T.)
Kristin Kuber	Health Educator
Chris Dobbe	Epidemiologist

Northern Region Center For Children & Youth With Special Health Care Needs

Julia Stavran	Program Manager
Jean Kaatz	Public Health Nurse (P.T.)

Vision

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

Mission Statement

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

Core Values

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

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

- ◆ Design and provide services based upon individual customer needs and feedback.
- ◆ Commit to being accessible by being flexible and available.
- ◆ Communicate respect for the community, our customers, partners, and co-workers through positive and professional attitude and appearance.
- ◆ Respect time commitments, are prepared for meetings, and meet deadlines. Respond to phone calls, e-mail, and correspondence in a timely manner.
- ◆ Build a strong organizational culture that improves organizational performance.

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

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

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

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

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

- ◆ Define clear targets of success within our department and with community groups.
- ◆ Evaluate the impact of our services and adapt our practice based on analysis of our performance indicators and feedback from our customers, partners, and staff.
- ◆ Commit to best practice by using national standards to systematically improve and implement our departmental standards (protocols, procedures, and policies) and program plans.
- ◆ Seek opportunities for continuous learning for ourselves and support others in doing the same.
- ◆ Commit together to building and maintaining excellence in all that we do.

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

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

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

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

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

- ◆ Support the success of others and commit to the success of all.
- ◆ Make decisions about our services based on community need and input.
- ◆ Seek opportunities to work with community partners to address community health issues.
- ◆ Contribute our individual expertise to the department to attain our organizational goals.
- ◆ Solve problems in a way that builds good relationships to achieve our common 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:

- ◆ Invest in our employees by promoting a positive and safe work environment.
- ◆ Utilize our time, money, technology, material resources, and people in the most cost effective manner to maximize their value and reduce waste.
- ◆ Acknowledge that our public health goals are achieved in collaboration with the contributions of our community partners and citizens.
- ◆ Seek diverse and sustainable funding to assure continued services.
- ◆ Strive to be practical and optimistic in performing our work and deciding on our daily priorities.

Marathon County Demographics

2009 Population (Est.)	131,612	
2008 Population (Est.)	130,962	
Gender (2008)		
Male	65,611	50.1%
Female	65,350	49.9%
Age (2008)		
5 to 18 years	8,120	6.2%
18 to 65 years	99,531	76.0%
65 years and older	17,680	13.5%
Race & Ethnicity (2008)		
White	122,057	93.2%
African American	655	0.5%
American Indian	393	0.3%
Asian	6,155	4.7%
Other race	393	0.3%
Two or more races	1,179	.9%
Hispanic/Latino	1,703	1.3%
Geography (2008)		
Square Miles	1,584	
Population Density	82.7 persons/sq. mile	
Economics (2008)		
Median Household Income	\$54,826	
Families Below Poverty Level		4.9%
Individuals Below Poverty Level		7.1%