

# Health Department Annual Report

# 2011

**Serving Our Community:**  
Promoting Health  
Protecting the Environment  
Preventing Disease

Published: July 2012

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## **Administrative Support Team**

Season Welle, BS, Administrative Officer I

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

2011 was a time for Marathon County to reflect and take stock on how healthy we are as a community. It also was a time to decide on where we can make impacts in the next four years to make a difference in the quality of life for individuals, families and in the communities where they live, learn, work and play.

Local health departments are responsible for leading Community Health Improvement Process and Plans (CHIPPP) which involves working with community partners to identify health priorities and resources to address the leading causes of injury, disability and death in a community. In 2011, Marathon County Health Department worked closely with the LIFE Report Steering Committee, Healthy Marathon County, and the Marathon County Board of Health to review measures of our community's health – similar to the diagnostic tests for an individual when they see their doctor. Collectively we looked at our community successes and progress and the challenges and opportunities for improvement.

Some of our successes as a community include the implementation of Wisconsin's Smoke-Free Air Law, individuals and families having access to high-quality health care services, surveillance systems in place to readily detect and respond to communicable diseases, immunization rates continuing to remain high, and people engaging in healthy behaviors. Like many Wisconsin communities, we face similar challenges which include the percentage of children and adults being overweight and obese, alcohol consumption being high, dental care not being affordable for all residents, and tobacco use not decreasing among high school students and pregnant women.

Our health challenges not only impact the health of individuals and families, they also have a negative effect on our economy. The epidemic of chronic diseases is costing all of us in terms of expenses associated with healthcare, and lost wages and productivity. Research informs us the economic vitality of Marathon County is supported by the health of our community. In turn, the health of our community is intrinsically tied to our economic vitality.

We are fortunate to live in a community where leaders have taken on the charge of implementing a community-wide plan to address our identified health challenges – that group is known as Healthy Marathon County (to learn more about Healthy Marathon County visit [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org)). In 2009, Healthy Marathon County put forth a vision for our community to be the healthiest county in the state. As of March 2012, Marathon County ranks 24 out of 72 counties.

So what does the healthiest county in the state look like? What is our prescription for better health as a community? The good news is that we can prevent chronic diseases – as a community, we have the choice to make healthy foods more available, increase outdoor spaces for

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individuals/families to walk, bike and play thereby increasing our physical activity, to promote responsible alcohol use, and to decrease tobacco use.

The successes we have seen in terms of high immunization rates and smoke-free places to name a few, have been the result of focused community efforts over the course of decades – not one year, not 5 years, but 10 or more years of work. As a community, we will need to continue to focus our resources, creating communities where people can easily make healthy choices and have access to services that support a long, healthy, and happy life.

I invite you to read about the “difference” Marathon County Health Department with our community partners made in 2011, and reflect on how a service or initiative improved the quality of life for you, your family, your neighbors, and your community.

In good health,

A handwritten signature in black ink, appearing to read 'Joan Theurer', written in a cursive style.

Joan Theurer, RN, MSN  
Health Officer

## Chronic Disease Prevention

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### ■ Alcohol and Other Drugs

The **Marathon County AOD Partnership Council** experienced continued growth and success in 2011. The Council has a 16 member Board, and three standing committees: Education and Awareness, Promotions, and Sustainability. A long-range strategic plan identified three alcohol related priority areas; binge drinking, underage drinking, and impaired driving in addition to Council development/training and prescription drug use. The membership is approximately 200 individuals and is open to anyone who supports the Council's vision, mission, and goals. The Drug Free Communities grant and the Strategic Prevention Framework-State Incentive Grant supported much of the Marathon County Health Department staff time and projects initiated by the Council. The grant goals are to:

- strengthen collaboration between communities and agencies,
- reduce substance abuse among youth, and,
- reduce binge drinking among young adults

To that end, specific objectives have been written based on evidenced based practice. Objectives include activities intended to: provide information; enhance skills; address access and/or barriers; change consequences; change design or structure; and modify or change policies.

Major activities and successes of the Council, its subcommittees and the MCHD staff from 2011 are summarized below.

#### *Weekly updates*

Each week MCHD staff provides a weekly update to over 250 individuals. Updates include information related to upcoming Council events, available education or training opportunities, local or state policy updates, and the new trends in AOD prevention. Some of the most popular information is related to new products marketed to young people for the purpose of getting drunk/high.

#### *Training and Education*

The Council meets six times per year and each meeting is focused on a relevant topic related to alcohol or drug prevention and networking. An average of 40 persons attends the Council meetings. In 2011 the following events were hosted as part of the Council meeting.

- Alcohol – Advertising, serving size, new products, OWI laws
- Medication Abuse, disposal & assessment
- Environmental Strategies
- Building a Common Vision
- Social Host & Other Local Policies to Reduce Substance Abuse

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The Council also partners with Healthy Marathon County to provide training for other Coalitions members.

Two MCHD staff completed the Community Anti-Drug Coalitions of America (CADCA) – National Community Anti-Drug Coalition Institute. The Institute works to increase knowledge, capacity, and accountability of coalitions through the United States. The three week institute emphasizes utilizing the Strategic Prevention Framework (planning model) and the implementation of evidence based strategies in the community.

## *Social Host*

Youth access to alcohol is a major contributor to underage drinking. Underage youth obtain alcohol from social sources such as friends, co-workers, parents, siblings and other adults. Surveys show that the most common sources of alcohol are the young person's own home or from persons over the age of 21 who purchase alcohol for them. Local *Social Host* ordinances penalize persons who provide a location where underage drinking takes place. (There are other laws that prohibit supplying alcohol to minors.) In 2011 the City of Wausau and the Village of Weston passed Social Host ordinances with forfeitures up to \$5,000 for anyone who provides a location for underage drinking to take place (including cottages, campers, hotel rooms, etc.) This concept may deter parents and other adults from hosting underage drinking parties.

## *Medication Abuse*

Nationally, prescription drug use is on the rise with a large part of the problem being nonmedical use of prescription painkillers. To determine the scope of the problem locally, a medication misuse assessment (survey) was conducted in the Metro area in late 2011. The goal was to determine: the prevalence of non-medical use of medication; perception of how easy medications are to get; perception of harm of using medications not as prescribed; and the awareness of proper medication disposal and disposal sites. Results of the study include:

- Nearly half (48%) of the community members are taking prescription medication on a regular basis.
- Use of prescription medication without a prescription is highest among the 18-24 year old age group (33%).
- While the 18-24 year olds are less likely to be on medications, they are the most likely to misuse medications.
- 49% of all respondents, and 75% of respondents aged 18-24, say it is very easy or somewhat easy to obtain prescription medications from a family member or friend to get high.
- The main sources of prescription medications reported are; taking them from family/ friends or stealing (41%), or given to them by a family member or friend (27%).
- 64% of all respondents stated they are very or somewhat concerned about prescription medication abuse, though 39% of 18-24 year olds are not very concerned.

A substantial proportion of community residents are not familiar with issues surrounding the misuse or abuse of prescription medications. This survey information is being utilized to create prevention and diversion strategies to be implemented in 2012.

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## *Alcohol serving size and Responsible Beverage Server (RBS) training*

Most people are unaware of what “binge drinking” is, what appropriate serving sizes of alcohol are, and the impact alcohol has on the brain. This knowledge is necessary to shift the culture of alcohol misuse towards safer use. This education has been offered to the community through many venues including; *Responsible Beverage Server (RBS)* training for licensed bartenders, *Law Enforcement Alcohol Server Training (LEAST)* offered to employees of any establishment with a license to sell alcohol; and in-services offered to community groups or at health fairs. Marathon County Health Department Health Educators in coordination with Law Enforcement officers offer this education in the community. The belief is that trained servers can have an impact on reducing binge drinking.

In 2011, Binge Drinking/Alcohol Serving Size education was provided to:

- 185 people by a formal presentation to a community group
- 142 servers/sellers trained at a LEAST program offered at worksites (bars/taverns)
- 60 servers/sellers trained at the RBS class at North Central Technical College
- 425+ people educated one to one at health fairs
- Hundreds of people educated by presentation on Hmong Radio

“The Marathon County AOD Partnership Council is improving Marathon County’s alcohol environment. The Council’s focus on practical evidence-based alcohol policies allows municipalities to adopt the most effective policies and practices that reduce alcohol misuse without any inconvenience for legal age moderate drinkers. If you think Wisconsin’s alcohol culture can’t improve, one look at what Marathon County has done will change your mind.”

Julia Sherman, Coordinator  
Wisconsin Alcohol Policy Project  
Resource Center on Impaired Driving  
University of Wisconsin Law School

## ■ Overweight and Obesity

The way we live in our community is directly related our health. Changing the environment can support individuals in making and sustaining personal change. This is done by making the healthy choice the easy choice. This approach can greatly impact the overall health of the community and its members. The Centers for Disease Control and Prevention has identified best practices for the reduction of overweight and obesity. They are:

- Increase consumption of fruits and vegetables
- Increase physical activity
- Increase initiation and duration of breastfeeding
- Decrease sugar sweetened beverage consumption
- Decrease consumption of low nutrient dense foods.

The Healthy Eating Active Living (HEAL) coalition, formed in 2003, includes many private and public partner organizations. Since its inception the local coalition has focused on programs and projects that target best practices and community environmental change.



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In 2011, MCHD on behalf of the HEAL, implemented two initiatives funded by the WI Nutrition and Physical Activity Program at the WI Department of Health Services. Below is a summary of activities:

## 1. Increase Fruit and Vegetable consumption by Increasing Utilization of Farmers' Markets.

Providing Electronic Benefit Transfer (EBT) or Food Share benefits at the Wausau Farmers' Market allows beneficiaries of the Food Share program (formerly food stamps) to use their Quest benefits card to purchase fresh fruits and vegetables at the farmers' market. Staff strategized with the Wausau Farmers Market Board to plan and implement the logistical issues and responsibilities related to running the Point of Service terminal. This included an application to USDA, and identifying and coordinating numerous community organizations and volunteer groups to run terminal on Saturdays at the Wausau Farmers' Market. The Community Foundation of North Central Wisconsin supported the purchase of additional equipment and promotional materials.

Beginning in July 2011, FoodShare beneficiaries can purchase tokens at the Wausau Farmers Market using their FoodShare benefits, shop at the market, use the tokens to pay for fresh foods, and the farmers redeem the tokens with the Farmers Market board. Money is transferred from USDA to the Market. In 2011, 34 vendors participated and \$2,933 of produce was sold using the EBT system.

## 2. Increase physical activity by Improving the Built Environment: Bike/Pedestrian Routes

MCHD staff are members of the Bike and Pedestrian Sub-Committee of the Wausau Area Metropolitan Planning Organization (WAMPO). This year's goal was to enhance way-finding along established or planned bike/pedestrian routes (i.e. increasing signage and connectivity among routes). A survey was conducted regarding residents' opinions of what was needed to enhance walk ability and bike ability. The priorities identified to address the concerns were: increase signage; increase community awareness; and increase awareness that roads are the access point for bicycling and walking. To that end, the metro-area engineers and planners (responsible for determining placement of bike signage) worked together to find ways to build continuity between jurisdictions and use signs to increase awareness of bikes on the road. The group inventoried bike signage across the metro area, created an inter-community agreement for uniform bike signage, and selected municipal routes to be mapped and published at a later date. The results were that many signs were taken down and re-hung to ensure better routes for users. National Bike/Walk Week in May was utilized to encourage residents to walk/bike and educate the correct usage of roads for motorists, bicyclists, and pedestrians.

## 3. Active Schools Initiative

MCHD staff worked in collaboration with DC Everest Middle School and the Boys and Girls Club for the *Active Schools Initiative (ASI)*. The Boys and Girls Club provides active, after-school programming and is strategizing opportunities for "active recess" to be implemented. MCHD assisted DC Everest Middle School and the Boys and Girls Club in educating their school board on various physical activity policy issues related to the school (i.e. minimum physical education time, importance of physical activity opportunities inside/outside the classroom). DC Everest Middle School invited district administration and school board members to a ribbon cutting ceremony for their new walking path (a product of the ASI). Three district administrators joined in the event, as well as two school board members.

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## 4. Other Collaborative Community work contributed to by MCHD staff:

Wausau 2<sup>nd</sup> Street Community Garden: MCHD staff participated in the planning and implementation of the new Garden. The garden is 9,000 square feet located adjacent to the Bridge Community Health Clinic. Three plots were used to grow produce for The Neighbors Place food pantry, yielding 214 pounds of produce. Educational classes were offered to plot renters and the community in garden basics, food preparation, food preservation, and exercise. Participants stated they increased their fruit and vegetable consumption, were better able to provide for their family, and increased their physical activity as a result of gardening.

Resource/Nutrition Expert: The MCHD Registered Dietitian creates numerous written resources (nutrient or food fact sheets, dietary guidance information, or recipes analysis) throughout the year that are shared with community partners and place on our website for anyone to access. This expertise is also shared with Public Health nurses and other customers in need of more information and direction.

Community Outreach: Nutrition and physical activity information is provided at a limited number of events, health fairs and cooking demonstrations in the community.

Community Partnerships/Coalitions: MCHD staff participate or lead initiatives through other local groups including; the Healthy Eating Active Living coalition, the Wausau 2nd Street Community Garden Advisory Board, the Wausau Schools –Safe Routes to School committee, the Heart of WI Breastfeeding Coalition, the Marathon County Hunger Coalition, and the Hmong Walking Club.

## ■ Asthma

The Marathon County Health Department (MCHD) is the lead organization for the Marathon County Asthma Coalition (MCAC). The MCAC has 16 members and is a member of the WI Asthma Coalition. Each year the MCAC receives a small grant to further the goals of the WI Asthma Coalition. For the past two years MCAC has been working to implement an “asthma referral system” between the health care systems and public health nursing services. The goal is to prevent unnecessary clinic and hospital visits, or missed work/school days due to poorly managed asthma.

The Marathon County Asthma Coalition is pleased to report that a referral system has been implemented at Aspirus Plaza Drive Family Walk-In Clinic, Aspirus Weston Walk-In Clinic and Aspirus Fastcare Clinic, Marshfield Urgent Care Clinic Wausau and St. Clare's Hospital Emergency Department. Coalition members (doctors, nurses, and educators) meet with the staff at each site; provided an introduction to the asthma referral system; and offer technical assistance needed to get the referral system implemented at the clinics. Upon receiving the referrals from the clinics, the MCHD nursing staff will follow-up with the individuals. The follow-up will include linking the referrals with a healthcare provider (if necessary), medical assistance, or *Community Care* where applicable, providing transportation information, and answering questions related to asthma management. A referral flyer was developed and distributed to all sites for the asthmatic patients who are referred so they know what to expect when the public health nurse calls their home for follow-up.

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## ■ Tobacco

Marathon County Health Department is the fiscal agent and home of the Central WI Tobacco Free Coalition (CWTFCC) which serves Marathon, Portage and Wood Counties. Prior to 2010 each county received state funding to maintain a local coalition. However, in recent years large funding reductions have necessitated a restructuring of statewide program efforts. The WI Tobacco Prevention and Control Program (TPCP) provides specific objectives to be implemented in multi-county jurisdictions. Those efforts are guided by a steering committee of public health officials from the three counties. Marathon County Health Department has organized and staffed the Central WI tobacco control effort since 2010 and the Marathon County efforts since 1993.

### *Strategic planning and recruitment/Maintaining the Coalition effort*

It has taken time to adjust to the multi-county model and match expectations to the capacity to deliver services. We have maximized our capacity by having long-term relationships with community collaborative groups that connect policymakers, leaders, community members, young people, and others together by linking tobacco issues with existing prevention efforts in local areas. This year a survey of coalition members was conducted to identify member interests and what they would be willing to do in support of the tobacco program. Three planning meetings were held to incorporate steering committee members and a few action volunteers/partners into the 2012 planning process. These suggestions were then incorporated into the maps and action plan templates.

### *Program Needs and Sustainability*

The WI Tobacco Free Coalition provides state and local partners and policy makers with current tobacco prevention information and local data through a variety of means. Information is shared via weekly blogs for current tobacco news & research; on-going web page for resources and local contacts; periodic face to face meetings to develop relationships and do formal education; and e-mail correspondence to highlight local, state, and national tobacco activity as it occurs. Meetings with partners and policy makers included 42 coalition members in several meetings including: County Executives, 3 Boards of Health, 13 face to face meetings with state policy makers, and 6 written communications with policy makers.

### *Tobacco Control Policy/Implementing Smoke Free Air policy*

There are a few locations in each county of the WI Tobacco Free Coalition where smoking indoors was reported in the past year. "Business packets" were delivered to those in charge. Personal stories were used to increase understanding of the impact of tobacco including health care costs, addiction and quitting.

### *Youth Involvement/Other tobacco products*

Youth tobacco prevention efforts are implemented in each county. In Marathon County, The Wausau Boys and Girls Club hosted an educational event over the summer. Preventing youth from starting tobacco use is still a local priority. New dissolvable products and fruit flavored products are a hit with younger generations. The new tobacco products, marketing, packaging, and flavoring

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entice a new generation into tobacco/nicotine addiction and prevent existing smokers from quitting. Adults are often surprised to see these products look similar to breath mints and strips. Educational displays at health fairs were viewed by approximately 1,000 people. Additionally, presentations to 14 groups of approximately 850 people were delivered by staff and 27 coalition members/volunteers. Numerous television, print and radio media reported on "Other Tobacco Products" and tobacco companies' targeting of a new generation of customers including: 7 letters to the editor, 13 press releases and interviews resulting in 30 plus newspaper stories, 3 radio shows, 15 TV stories, and 3 small outlet news stories.

## WI WINS

### Marathon County Tobacco Inspections, 2011

Community	# of Compliance Checks Completed	#of Retailers in Compliance	Current Compliance Rate
Athens	4	4	100%
Colby/Abbotsford	5	5	100%
Edgar	4	4	100%
Marathon City	2	2	100%
Mosinee	12	12	100%
Spencer	2	2	100%
Stratford	3	3	100%
Rural Marathon County	14	13	92.9%
Wausau	32	31	96.9%
Everest Metro	11	9	81.8%
Rothschild	6	5	83.3%
Marshfield (Marathon County section)	6	6	100.0%
Entire Marathon County	101	96	95%

## ■ WI Well Woman's Program

The Wisconsin Well Woman Program (WWWP) is a breast and cervical cancer screening program for women funded by the Centers for Disease Control (CDC) and the State of Wisconsin. 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

## Marathon County Health Department 2011 Annual Report

- 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 2011 we saw an increase in the number of women enrolled and served through this program due to an increase in referrals from Aspirus through their Susan G. Komen program.

In 2011 we invested in Harmony Technology software which provided a specialized database to help us more efficiently and effectively manage the large case load electronically. The Staff received training and prepared for the transition to the new program effective January of 2012.

Marathon County	2010 Actual	2011 Actual	2011 Goal
Number of women enrolled in WWWP	223	266	-
Number of women screened for cervical cancer	84	89	-
Number of women screened for breast cancer (screening mammograms)	119	135	-
Unduplicated number of women screened	144	174	117
Number of women with a diagnosis of cancer who were receiving WWWP services in Marathon County	4	7	-

"I write to express gratitude for past services from WWWP. It is a wonderful program and I thank you for your assistance throughout the years."

– Wisconsin Well Woman Program Client

## **Communicable Disease**

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Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, or parasites. Infectious diseases remain one of the major causes of illness, disability, and death. Local health departments are responsible for investigating and controlling further spread of disease. In order to be able to identify patterns and trends of communicable disease occurrences, Marathon County tracks the type and number of reportable diseases 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 ensure control measures are being followed; individuals receive appropriate treatment and provide health teaching on ways to prevent further spread of these diseases. In 2011, Marathon County Health Department received 899 confirmed and probable reports of 30 different communicable diseases. The most commonly reported disease in Marathon County was Chlamydia (341 cases), followed by Lyme disease (200 cases). Refer to the table for a list of reportable diseases from 2006-2011.

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Marathon County – Selected Diseases	2006	2007	2008	2009	2010	2011	2011 Rates	2006-2011 Rates	2020 Goals
<b>Reportable Diseases</b>									
BABESIOSIS	1	1	0	1	1	2	1.5	0.6	
BLASTOMYCOSIS	37	20	23	25	58	17	12.7	24.9	
DENGUE	0	0	0	0	1	0	0	0.2	
EHRlichiosis/ANAPLASMOSIS	10	13	12	21	38	57	42.5	14.3	
HEPATITIS B	42	32	17	25	21	15	11.2	20.9	1.5
HEPATITIS C	40	42	31	22	28	48	35.8	24.9	0.2
HISTOPLASMOSIS	2	0	1	0	0	1	0.8	0.5	
HIV/AIDS	4	2	4	5	2	2	1.5	2.4	3.5
KAWASAKI	0	0	1	0	0	0	0	0.2	
LEGIONELLOSIS	0	0	1	0	0	0	0	0.2	
LISTERIOSIS	0	0	0	1	1	0	0	0.3	
LYME DISEASE	111	88	133	123	210	200	149.2	101.4	
MENINGITIS	6	31	0	0	0	0	0	5.6	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	10	15	14	13	13	25	18.6	9.9	
POWASSAN	1	0	0	0	0	1	0.8	0.8	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	21	14	16	18	20	18	13.4	13.6	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	19	12	11	14	10	19	14.2	10.1	
TUBERCULOSIS/ACTIVE DISEASE	1	1	1	1	2	1	0.8	1.2	1.0
WEST NILE	1	1	1	0	0	1	0.8	0.5	
<b>Sexually Transmitted Diseases</b>									
CHLAMYDIA	285	224	269	221	296	341	254.8	197.5	
GONORRHEA	42	27	26	23	40	24	17.9	24.1	257-198
SYPHILIS	3	1	1	1	2	4	3.0	1.2	1.4-6.8
<b>Food and Water Borne Diseases</b>									
HEPATITIS A	1	0	0	0	1	0	0	0.3	0.3
CAMPYLOBACTERIOSIS	39	43	41	38	41	26	19.4	30.8	
CRYPTOSPORIDIOSIS	19	49	30	24	61	60	44.8	27.9	
SHIGA TOXIN PRODUCING E COLI (STEC)	9	5	5	9	10	9	6.7	5.8	
GIARDIASIS	21	20	14	20	28	21	15.7	15.7	
SALMONELLOSIS	21	20	16	18	20	17	12.7	14.5	
SHIGELLOSIS	2	3	0	1	4	2	1.49	1.5	
<b>Vaccine-Preventable Diseases</b>									
PERTUSSIS (WHOOPING COUGH)	4	3	17	12	17	12	9.0	8.1	0.0
MUMPS	50	4	0	0	0	1	0.8	10.8	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	1	1	1	1	4	3	2.2	1.2	0.0
VARICELLA (CHICKENPOX)	NA	NA	4	5	4	12	9.0	3.4	0.0
Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)	0	0	0	0	0	0	0	0	0.0



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## **Marathon County – Selected Diseases Table Notes:**

- 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. The 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.

## **Healthy People 2020 Objectives**

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

#### **IID-23: Reduce hepatitis A**

Target: 0.3 cases per 100,000 population

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

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

Target: 400 cases

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

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

Target: 1.5 cases per 100,000

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

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

Target: 215 cases

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

#### **IID-26: Reduce new hepatitis C infections**

Target: 0.2 new cases per 100,000

Baseline: 0.3 new symptomatic hepatitis C cases per 100,000 population were reported in the past 12 months in 2007.



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## **IID-29: Reduce tuberculosis (TB)**

Target: 1.0 new case per 100,000 population

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

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

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

Target: 6.7 percent

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

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

### **STD-6: Reduce gonorrhea rates**

STD-6.1 Females aged 15 to 44 years

Target: 257 new cases per 100,000 population

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

STD-6.2 Males aged 15 to 44 years

Target: 198 new cases per 100,000 population

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

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

STD-7.1 Among females

Target: 1.4 new cases per 100,000 population

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

STD-7.2 Among males

Target: 6.8 new cases per 100,000 population

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

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

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

Target: 3.5 new infections per 100 persons living with HIV

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

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

Target: 13.0 new cases per 100,000 population

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

## ■ 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.

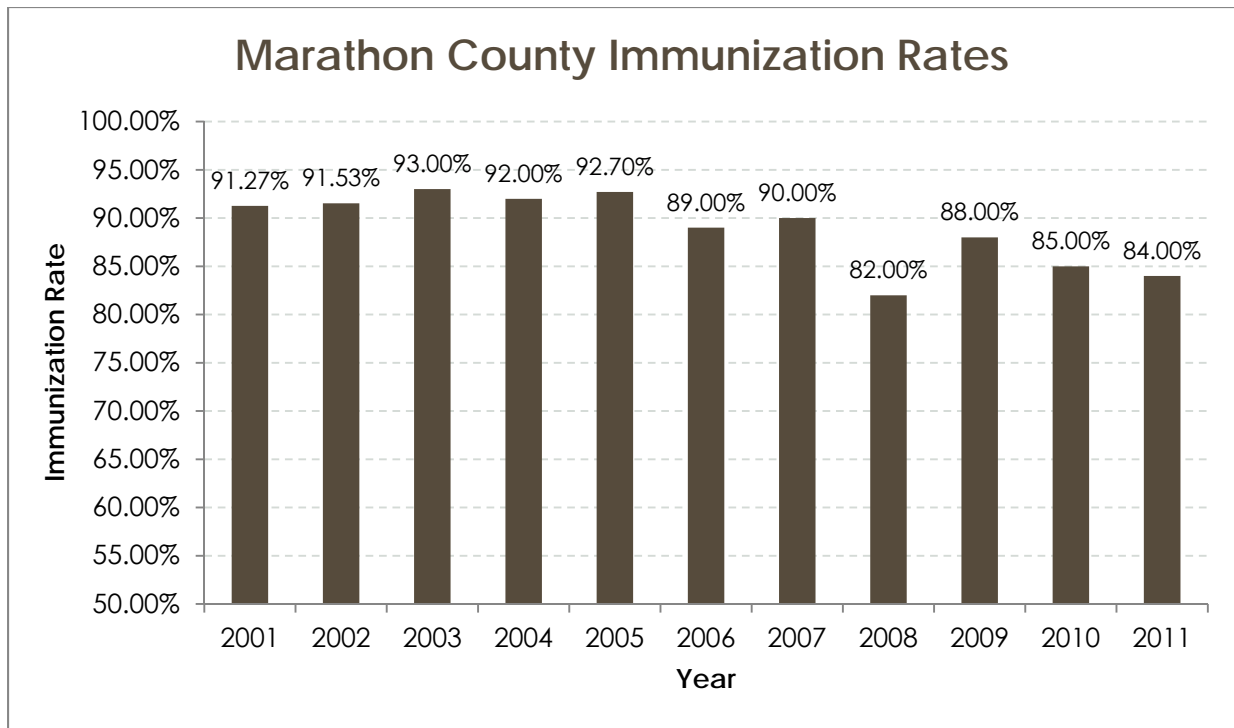
The national goal is that 90% of children are up-to-date on their immunizations by age two. Marathon County Health Department supports this goal by providing immunizations to residents at a minimal cost. No child is refused vaccine because of inability to pay.

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

As part of a county-wide protocol established with area health care providers, Marathon County Health Department 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 2011, our immunization rate for children between the ages of 24-35 months in Marathon County was 84% (includes late up-to-date).

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

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In 2011, 278 clinics were held in the Marathon County communities of Athens, Edgar, Hatley, Mosinee, Stratford, Spencer, and Wausau and 1,638 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
2011	278	1,638	2,822
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 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 a bacterium called *Mycobacterium Tuberculosis*. The bacteria can attack any part of the body, but most often attacks the lungs. People who have latent TB do not feel sick and are not able to spread TB to others. If not effectively treated, persons with latent disease may develop active TB disease, a serious and life threatening disease. Ten percent of individuals with latent TB who are not treated will go on to develop active TB disease. This lifetime risk increases to 30 percent for persons with a chronic health condition such as diabetes.

Individuals identified as having latent TB are evaluated by their medical providers to determine the need for preventative medication. Through the State of Wisconsin TB Program and the Marathon County Health Department, medications to treat latent TB are provided at no cost. The service is designed to assure all individuals with latent TB are fully treated, thus reducing their risk of developing active disease. Treating those with latent TB serves as a measure to prevent TB exposure in the community. In 2011, 23 persons with latent TB received treatment coordinated by the Marathon County Health Department, each receiving a minimum of one home visit or office visit per month for a typical nine month course of treatment.

When a case of active TB disease is reported, immediate action is taken to isolate the person with the disease, initiate appropriate treatment, and conduct a contact investigation to determine exposure of other individuals. People with active TB disease must be treated in order to be cured of the disease and to prevent further spread of the disease. As part of the treatment, persons with active TB disease receive Directly Observed Therapy (DOT). DOT is the observation of persons taking medication for TB disease by a public health nurse or an outreach worker. With the increased number of individuals diagnosed with multi-drug resistant TB due to incomplete previous treatment, DOT has been adopted as a national strategy to assure persons with this disease take their anti-tuberculosis medications as prescribed.

In 2011, three individuals with TB disease received DOT. Public health nurses and/or outreach workers provided approximately 570 DOT visits. In addition to DOT, the public health nurse monitors the effectiveness of treatment, monitors for side effects, and links individuals to needed health care and community resources.

Contact investigations are a key part of the TB control program. Contact investigations are conducted to identify individuals who were exposed to persons with active TB disease. Persons who were in close contact with the person with active TB receive a TB skin test to determine if they have been infected with the disease. After further evaluation by their medical provider, they are offered preventative medication. In 2011, Marathon County Health Department placed five TB skin tests as part of the contact investigation for the one new case of active TB disease reported. Additionally, Marathon County Health Department offers TB skin tests at two clinics per month for individuals needing to be screened to meet requirements for workplace, immigration, or school. In 2011, public health nurses screened 135 individuals for TB through these clinics as well as scheduled appointments.

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## ■ Sexually Transmitted Disease

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

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 2011, there were a total of 534 client visits for STD services, 203 at the UW-Health Family Medicine site and 331 at Marathon County Jail. There were a total of 242 individuals screened for STDs at both clinic sites, with a positive test result rate of 14%. In addition, there were 217 vaccines given. Refer to the table below for a closer look at Marathon County Health Department STD clinic services.

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

Marathon County has seen an increased number of new cases of Hepatitis C in individuals less than 30 years of age in 2011. Hepatitis C is a serious liver disease caused by the Hepatitis C virus. This virus is spread by exposure to blood or body fluids from an infected individual. Because of the increased rates in northern Wisconsin, Marathon County, along with several other counties, was part of an investigation by the State Division of Public Health. The public health nurses did extensive re-interviews of individuals in the county with Hepatitis C so that more information about the disease could be learned. Most concerning is the increased prevalence seen in young adults who are drug users. Between 2004 and 2008, averages of 3 cases per year were reported in Marathon County residents less than 30 years of age; 3 cases were reported in 2009 in this population and 8 cases in 2010. In 2011, 48 total cases of Hepatitis C (of all ages) were reported for Marathon County,

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with 13 of the cases diagnosed through MCHD STD clinics. Five of these cases were in individuals under 30 years of age.

Services per Clinic Site	2011		
	UW Health	Jail	Total
<b>Total Client Visits</b>	203	331	534
<b># Females</b>	46	97	143
<b># Males</b>	157	234	391
<b># Screened for STDs</b>	100	142	242
<b># Screened for HIV</b>	81	114	195
<b># of Vaccines Given</b>	81	136	217

## ■ Rabies Prevention

The Rabies Control Program goal 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. The outcome goals for the rabies control program is to assure proper exposure follow up to include quarantine or rabies testing and the need for prophylaxis due to an exposure.

Year	Human Exposures	Specimens Sent To State Lab	# Positive For Rabies	Prophylaxis Recommended
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
2011	273	34	0	16

Note: Equivocal results = inconclusive test results

Of the 273 exposures in 2011, 175 were associated with dogs and 78 with cats. The remaining 20 cases included six raccoons, four bats, two squirrels, two muskrats, and one each for a rabbit,

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chipmunk, horse, donkey, boa, and a macaw. Thirty-four specimens were submitted for rabies virus testing and included eleven cats, nine dogs, six raccoons, five bats, two cattle, a muskrat, and a rabbit. 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.

The table above shows the number of exposures has been increasing for the past five years. It is felt that a part of this is due to outreach with local law enforcement and clinics to report incidents. Beginning in 2011, Marathon County Health Department discontinued staffing the educational programs for 2<sup>nd</sup> grade elementary school children. Instead, the Paper Cities Kennel Club continued this outreach activity which emphasizes safe behavior around all animals and is intended to reduce bite incidents in this vulnerable population. In 2011, Paper Cities Kennel Club visited 12 schools in Marathon County reaching approximately 700 students. They also provided this presentation to Big Brothers Big Sisters and a local Boy Scout troop.

This past year, our staff followed up with a 15 year-old girl who had been bit in the hand by a small stray white dog while near her home. In addition to providing important information about the bite and rabies, we issued a press release on the dog. Fortunately, the dog returned to the girl's home and was captured in the garage. Our staff contacted the Wausau Police Department who transported the dog for quarantine at the Marathon County Humane Society. This coordinated effort avoided the pain and cost to the girl and her family to receive rabies shots.

## ■ Public Health Preparedness

In recent years, efforts have been underway in Marathon County to develop a comprehensive community plan to meet the sheltering needs of vulnerable populations in the case of a disaster. Marathon County Health Department provides a supporting role in planning efforts and in the past year has identified the following key roles and responsibilities in supporting a shelter;

- Inspect for general sanitation
- Assure food safety in accordance to State Code
- Monitor for communicable disease and provide vaccines
- Screen and assess individuals' access and functional needs
- Provide case management services in coordination with community organizations

In September 2011, a table top exercise was held to identify the Emergency Operation Center's role in supporting unmet needs that could be identified at a shelter, demonstrate how supporting agencies would be alerted and dispatched to a shelter, and activate mass care. As a result of the exercise, plans for 2012 will focus on:

- Arranging with the American Red Cross to provide training on disaster sheltering and health services for supporting agencies,
- Defining what services supporting agencies will provide to support the vulnerable population functional needs, and
- Holding a Functional Exercise in the spring to further evaluate how the coordination of effort among supporting agencies with the American Red Cross.



## Community Health

### ■ WDA Mission of Mercy (MOM)

In June 2011, the Wisconsin Dental Association and the Wisconsin Dental Association Foundation provided their third Mission of Mercy event in Wisconsin selecting the Wausau area. The Greenheck Field House and a high school gym in Weston were transformed into a large-scale, charitable dental clinic on June 24 and 25. Volunteers recorded 2,141 patient visits with adults and children receiving teeth cleanings, fillings, extractions, treatment, partials and oral hygiene education as needed. A team of 1,050 volunteers from 163 Wisconsin communities were involved.

The Wausau area was selected for being a site based upon:

- A strong local dental society with dentists interested in helping plan and volunteer
- Local community involvement (e.g., oral health coalition, legislators) to help with recruiting volunteers and fundraising (dollars and in-kind donations). The Marathon County Board of Health and Health and Human Services welcomed the "ask of support" for the event.
- A venue that could house a dental treatment project the size of MOM, along with sufficient local hotels and other housing options for 900+ volunteers, the majority of whom travel to the community

The event served a two-fold purpose – first, providing \$1.13 million worth of dental care to those who are unable to access dental care. Secondly, the event highlighted the need to address the barriers related to oral health care in Marathon County.

The Mission of Mercy statistics for the two day event are:

<b>1050 Volunteers</b>	215 Dentists 100 Dental Hygienists 135 Marquette Dental Students	<b>2,171 Patient Visits 8,088 Procedures</b>	1,909 Teeth Extracted 1,824 Teeth Filled 815 Cleanings 817 X-rays 100 Treatment Partial Made 26 Root Canals Done
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The following are two excerpts from 2011 Mission of Mercy patients' and volunteers' comments, in their own words;

"You guys and gals are awesome for doing this. The dental epidemic needs to change for adults in Wisconsin." - Jennifer, Wausau

"Thank you for the new teeth." - Shelly, Schofield

To view the photo gallery, read and hear more of the impact of the 2011 Mission of Mercy visit [www.wda.org](http://www.wda.org).



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## ■ LIFE Report

The Marathon County Health Officer is a member of the LIFE Steering Committee and serves as the Chair of the Health and Wellness Subcommittee. In 2011, the Health and Wellness Subcommittee looked at data related to 15 measures of the health of our community. Members reviewed local, state and national data and discussed implications and impact to our community. The Health and Wellness Subcommittee along with five other subcommittee findings were utilized to determine 2011-2013 LIFE Report "Calls to Action". For more information on 2011-2013 LIFE Report – Local Indicators for Excellence in Marathon County visit [www.co.marathon.wi.us](http://www.co.marathon.wi.us).

## ■ Healthy Marathon County

Local health departments are charged with the role and responsibility of carrying out community health improvement plans. For the past decade, local health departments across the state with their community partners have been developing and implementing local health plans to address health conditions impacting their residents. This process is referred to Community Health Improvement Process and Plans (CHIPP), named in part for the resulting health status changes that occur in the community.

In Marathon County, the responsibility of CHIPP is carried out in partnership with the Healthy Marathon County and the Health Department. The members of Healthy Marathon County and its seven action teams represent over 100 individuals from more than 20 organizations.

In 2011, Marathon County conducted a comprehensive community health assessment. The LIFE Report's 15 measures of health were used as the basis for the assessment. Representatives from Healthy Marathon County with the Marathon County Board of Health reviewed assessment findings and identified the following health priorities for Marathon County.

- Access and affordability of health care,
- Alcohol misuse,
- Oral health care,
- Overweight/obesity, and
- Tobacco use.

A report to the community highlighting the accomplishments of Healthy Marathon County Action Teams from 2005-2011 was furnished to the community in January 2012. To read more about accomplishments in the report and action being taken to address identified health priorities visit [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org).

## ■ Student Placements

Marathon County Health Department provides field experiences for students earning degrees in nursing, medicine, and health education. The field placements provide an opportunity for students to learn about public health and see firsthand the scope of services and initiative provided by the department. Agreements are in place for UW-Eau Claire, UW-Green Bay, UW Medical School, UW-Oshkosh, and Viterbo University. In 2011, 12 students were provided anywhere from 8 to 80 hours of field experiences at the department.

## ■ Informing the Public

Marathon County Health Department is charged with the responsibility of keeping the public informed on health issues impacting the community. A number of methods are utilized to relay critical information to the public including print media, TV/Radio, website, and social media. Marathon County received a new look for the website in 2011, making it easier for the public to find information on services and initiatives. In 2011, the department conducted more than 128 media contacts on a wide range of health issues.

## Environmental Health

### ■ Human Health Hazards

Human Health Hazard response is a State-mandated activity for local public health departments. 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, hoarding, environmental contamination, pet/rodent/insect issues, asbestos, mold, lead, blastomycosis, blue-green algae, pests, groundwater contamination, 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. Staff seeks to provide information as to the amount of risk associated with circumstances and how it may impact health. 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.

This past year, a landlord contacted the health department about an elderly gentleman tenant who would be labeled as a hoarder. The man had piled the apartment, including the kitchen and bathroom, full of plastic bags and buckets containing non-perishable food items anticipating that the end of the world is near. Additionally, he was getting emergency assistance now and then for his rent but was behind. The landlord expressed that he would be evicted if the "hoarding" was not resolved. An environmental health sanitarian fielded the call and visited with the man at his apartment. With a few short visits the staff member was able to understand the reasoning for his hoarding obsession. With the man's input, a plan was developed to organize the food and remove unnecessary excess items from the apartment providing access and use of bathroom and kitchen facilities. The man was able to remain in his apartment.

Human Health Hazard Activities Performed in 2011	
Total number of nuisance complaints	141
Total number of human health hazard investigations	13
Total number of consultation/technical assistance contacts	315
Total number of radon test kits provided	126
Total number of radon mitigation systems installed per report for 12 county area	488
Total number of requests for radon information	984
Total number of TNC transient drinking water systems inspected	48
Total pounds of mercury collected and properly disposed (excluding amalgam)	16
Total number of dentists contacted regarding proper disposal of amalgam	42
Total number of environmental screens	17

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## ■ Licensing

The Marathon County Health Department functions through contract as an agent of the State of Wisconsin 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 calendar licensing year for 2010-2011, 894 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 are those facilities in the restaurant category followed by the retail food.

Our sanitarians see themselves as resources for our facilities serving in something like a consulting role, assisting them to meet the regulations. Many of our facility operators note this as well. Here is part of an email we received about one of the sanitarians:

"She is professional in her approach and I sense her desire to be more of a "partner" with our businesses to help us all succeed in providing the best in service, quality, cleanliness and safety to our guests. If pointing out deficiencies, she takes the time to educate and help be a part of finding the best solution to an issue vs. throwing down the gauntlet. She is well educated in her area, but isn't afraid to take extra steps to get additional information if she doesn't have a specific answer.

Too often, we concentrate on the negatives in our lives and fail to recognize those that deserve to be praised for the good work they do day in and day out. We take great pride in operating our businesses with a high level of integrity and a commitment to support our communities and those here to help us be successful. And also thank you for employing such a quality individual; it makes me proud to be a resident of this community and Marathon County."

## ■ Food Safety

The Environmental Health and Safety program works to identify and respond to health problems related to food safety including outbreak investigations. In 2011, 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. One illness investigation involved a *Norovirus* outbreak at a hotel which catered a wedding reception meal. The investigation was able to determine the outbreak source was not associated with the food and more likely involved ill or soon-to-be ill attendees. Our goal is 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.

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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 2 times each year and is distributed to over 660 food service facilities. Our five media events addressed food safety during power outages, safe venison handling, and a national Listeria outbreak involving cantaloupes. Marathon County hosted the 2011 Farm Technology Days. For our part, health department staff served on the Foods Committee offering expertise toward the planning effort and over the course of six separate sessions, provided important food safety training to over 530 volunteer food workers.

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

Activity	2006	2007	2008	2009	2010	2011
Food borne Disease Investigation	4	7	3	1	1	2
Food Safety Establishment Licenses Issued	733	746	797	764	762	693
Education Classes/Attendees	18/434	4/135	7/78	1/30	0	6/530
Media Events	3	3	15	6	9	5
WEB Site/Food Safety – Hits/yr.	767	896	1,337	1,305	990	761

To assure greater uniformity of inspections, Environmental Public Health Sanitarians involved 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 exhibiting 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 2011, 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.

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

CDC Risk Factors	2010 Violations		2011 Violations	
	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	13	5	20	8
Inadequate Cooking	15	0	17	4
Improper Holding	155	36	149	44
Cross Contamination	116	16	115	23
Personal Hygiene	113	19	118	19
Other CDC Factors	140	33	153	31
TOTALS	552	109	572	129

In terms of food safety complaints, there were 44 reported in 2011 (41 in 2010) on issues involving facility cleanliness, illness, food temperatures, and food quality. Every type of inspection is viewed as an opportunity to educate food handlers and assist business with meeting regulations. 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 attention to these issues.

## ■ Radon and 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. After tobacco exposure Radon is identified as the second leading cause of lung cancer. Our staff operates the regional Northcentral Radon Information Center (RIC), a 12 - county consortium to educate individuals and promote testing for radon in Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Wood, and Waupaca counties. The RIC provides radon information and test kits to individuals, private businesses, and government agencies. RIC staff made presentations to schools, provided regional support to health departments in the RIC area, and responded to consultations by phone or email. We have continued to host and attend training opportunities which allows 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 promote radon testing during January Radon Action Month through media press releases in English and Hmong resulting in two media interviews. During this time, we receive many inquiries about testing and radon mitigation, as well as health effects of radon exposure.

In 2011, there was an decrease in radon testing throughout the 12-county RIC as compared to previous years and may have been influenced by the economy. While testing is down, the percentage of those test results which are elevated remains of concern for our area with many elevated test results. Interestingly, the number of reported migrations has increased despite a slowed economy and could be due to better voluntary reporting by contractors. 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 of 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.

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Residents contacting us about radon are often looking for help understanding the test results and their health risk from exposure. We help them with that and further explain what they can do and how soon they should plan to do it.

Radon Activities	2009			2010			2011		
	Test Results	Elevated Tests	Percent Elevated	Test Results	Elevated Tests	Percent Elevated	Test Results	Elevated Tests	Percent Elevated
Tests in RIC	874	503	58%	1,231	524	43%	687	242	35%
Tests in Marathon County	252	156	62%	144	86	60%	126	69	55%
Mitigations Reported	323			397			488		
Website Hits	1,377			1,342			774		

In addition to radon, we respond to a number of inquiries annually for other indoor air matters such as smoke, carbon monoxide, and mold which remains the primary concern. Our response to such inquiries is to provide reliable information on the health risks, methods for controlling or eliminating the problem, and making referrals to appropriate businesses and agencies.



## Water Testing Laboratory

The Marathon County Public Health Laboratory provides 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 monitors public and private drinking water systems and recreational waters, such as swimming pools and beaches, and also tests for several microbiological and chemical parameters. Lab personnel interpret results for well owners and provide education concerning water safety issues.

In 2011, there were 2,928 public drinking water samples (2,957 in 2010) and 1,564 private drinking water samples (1,677 in 2010) tested in our lab. 10% of drinking water samples tested in the lab were unsafe, down from 14% in 2010. In 2011, 18% of private drinking water samples were unsafe (19% in 2010) as were 7% of public drinking water samples (6% in 2010).

DRINKING WATER	2008	2009	2010	2011
Total number of samples	4,852	4,526	4,634	4,492
Bacteriologically safe samples	4,098	3,831	3,820	3,655
Bacteriologically unsafe samples	448	377	642	447
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	88	102	100	95
RECREATIONAL WATER (pools & beaches)	2008	2009	2010	2011
Total number of samples	2,028	1,953	1,885	1,919
Bacteriologically satisfactory samples	1,928	1,886	1,809	1,843
Bacteriologically unsatisfactory samples	96	67	76	71

In 2011, the public samples included 193 facilities with public water supplies which we sample under the DNR-TNC contract. Among these, it showed that of the 193 facilities with public water supplies, 183 (95%) tested safe, while 10 (5%) were found unsafe. 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 which includes well chlorination; and confirm a safe water supply system through water testing was 14-36 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 2011 with 4% of the recreational water samples testing unsafe and requiring follow-up action.



## Family Health

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### ■ Start Right

The Start Right program serves women who are pregnant, their children from birth through age 4, and their families with home visits and visits to the Family Resource Centers. The program is carried out by public health nurses through the Marathon County Health Department and family visitors through Children's Service Society of Wisconsin.

Start Right's goal is to provide parents with education, support, and resources to help them raise a healthy family. Start Right is based on the belief that parents are their children's first teachers, and Start Right helps support parents in this role, helping them be the best teacher they can be.

Start Right program goals are:

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

Start Right has four program components:

- **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. In 2011, this service was provided through United Way of Marathon County and therefore is not included in this report.
- **Stepping Out** – Family resource centers are available in many communities within Marathon County to provide life-long connection to parenting education and support.

### Start Right First Steps – Prenatal Care Coordination

This 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 as a self-referral. Public health nurses work closely with the woman's physician and other providers to address health, psychosocial, and economic issues impacting the woman and her family.

Research has demonstrated the link between social and economic stressors of women who are pregnant with poor birth outcomes. Health teaching and counseling interventions include

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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 and a nurturing relationship with her children.

In 2011, Marathon County Health Department received 98 prenatal referrals, with 85 women engaging in services and 70 of those women receiving three or more visits. Research shows that birth outcomes improve relative to the number of home visits a woman receives. The goal is to engage women who are referred to the program and visit at least monthly throughout their pregnancies.

The outcomes below are reflective of women who received comprehensive services (three or more visits).

Referral sources included: WIC, Hope Pregnancy Resource Center, Bridge Community Health Clinic, medical clinics, hospitals, Department of Social Services, and self-referrals. The following tables show the impacts the program made for the women who received comprehensive services.

"I'm so glad that I had the help of a public health nurse during my pregnancy; I've learned so much and have told my friends about the program." - Start Right client

Babies will be Healthy	2007	2008	2009	2010	2011
Percent of women who reported smoking during their pregnancy	39%	48%	31%	46%	43%
Percent of women who reported smoking who stopped or decreased	94%	91%	87%	97%	94%
Percent of women who reported drinking at all during their pregnancy	N/A*	35%	28%	30%	31%
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	N/A*	96%	91%	95%	96%
Percent of women who reported having a dental provider	84%	84%	92%	95%	91%
Percent of women referred for dental	38%	42%	41%	31%	23%
Percent of women who initiated breastfeeding	71%	62%	68%	58%	56%
Percent of women who initiated breastfeeding who breastfed 8 weeks or longer	42%	51%	50%	37%	36%
Percent of women who were linked to contraceptive services	N/A*	N/A*	57%	66%	89%

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Percent of women referred for contraceptive services	19%	24%	26%	23%	19%
Percent of infants who had a primary care provider	100%	100%	97%	96%	71%
Percent of parents knowledgeable of immunizations	N/A*	N/A*	93%	96%	96%
Percent of eligible infants enrolled in WIC	N/A*	N/A*	85%	77%	79%
Percent of eligible infants referred to WIC	N/A*	N/A*	8%	13.5%	11%

## Children will be Safe in their Family Homes

Percent of infants who sleep on their back	97%	99%	92%	92%	91%
Percent of women and caregivers who do not co-sleep with their infants	87%	88%	84%	86%	87%
Percent of infants who have a crib	N/A*	99%	97%	97%	100%
Percent of women referred to "Cribs for Kids"	N/A*	23%	47%	37%	40%
Percent of homes with working smoking alarms	N/A*	N/A*	68%	86%	89%
Percent of homes provided with smoking alarms and batteries	N/A*	N/A*	23%	8%	9%
Percent of homes and cars that are smoke-free	N/A*	91%	88%	81%	83%
Percent of home with private wells that have been tested	N/A*	N/A*	100%	100%	90%

## Children will Experience Nurturing Relationship with their Parents

Percent of women experiencing perinatal depression	38%	37%	35%	31%	20%
Percent of women experiencing perinatal depression referred to mental health services (who have not been previously referred)	30%	60%	39%	39%	57%
Percent of parents who respond appropriately to infant's hunger cues	N/A*	N/A*	91%	95%	93%
Percent of parents who respond appropriately to infant's crying cues	N/A*	N/A*	92%	95%	91%

## Families will be Knowledgeable about Key Community Resources, including Start Right

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Percent of families eligible for a Step by Step Family Educator who accepted services	N/A*	N/A*	64%	69%	62%
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%	14%
Percent of families aware of Family Resource Center services	N/A*	N/A*	93%	95%	91%

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

## Start Right First Steps – Families with Newborns

The First Step program is designed to offer a public health nurse visit to families upon the birth of their child. During this visit, families receive health teaching on infant care, recovery after childbirth, and information/referral on community resources. In 2011, there were 1,632 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 2011, a total of 267 home visit contacts were made and 319 telephone visits were made.

Health teaching topics include: infant safety, safe sleep environments, nutrition for infant and mother, support of breastfeeding; infant nurturing, promoting social-emotional development of the infant; tobacco and substance use, 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 also provides information on community resources available to families with young children and assists with referrals as needed. In addition, parents are referred to Start Right's Step by Step, Stepping Stones, and/or Family Resource Center depending upon family needs and interests.

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

Children will be Healthy	2009	2010	2011
Percent of women who initiated breastfeeding	76%	76%	80%
Percent of women who were linked to contraceptive services	64%	92%	77%
Percent of women referred for contraceptive services	7%	8%	7%
Percent of families who reported infants had a primary care provider	99%	99%	100%
Percent of parents knowledgeable of immunizations	97%	97%	95%
Percent of eligible infants enrolled in WIC	41%	43%	40%
Percent of eligible infants referred to WIC	5%	2%	7%

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## Children will be Safe in their Family Homes

Percent of infants who sleep on their back	97%	95%	96%
Percent of women and caregivers who do not co-sleep with their infants	91%	91%	93%
Percent of infants who have a crib	98%	98%	97%
Percent of women referred to "Cribs for Kids"	7%	7%	7%
Percent of homes with working smoke alarms	95%	95%	95%
Percent of infants with a smoke-free home and car	86%	82%	88%
Percent of homes with private well that has been tested	98%	95%	95%

## Children will Experience Nurturing Relationships with their Parents

Percent of women experiencing perinatal depression	16%	11%	9%
Percent of women experiencing perinatal depression who were referred for services	32%	26%	42%
Percent of parents who respond appropriately to infants hunger cues	97%	98%	97%
Percent of parents who respond appropriately to infants crying cues	97%	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%	45%
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	27%	26%	15%
Percent of parents who are aware of Family Resource Center	85%	82%	78%

"I really appreciated the help I got from my nurse, otherwise I would have stopped breastfeeding." - Start Right client

## 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 through four years of age, supporting parents in their efforts to be the best parent they can be. Children who are raised in a supportive

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environment are more likely to be ready to learn at school and the stage is set for successful adulthood.

In 2011, 56 new eligible families accepted Step by Step services. A total of 288 families received Step by Step services, with 4,174 visits made in 2011. The following impacts were realized for families who received Start Right Step by Step services:

<b>Children will be Healthy</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Percent of families who have a primary medical home/provider	98%	99%	99%	99%	99%
Percent of children on schedule for their well child exams	94%	90%	95%	90%	95%
Percent of children who are up-to-date on immunizations at 24 months of age	99%	100%	99%	95%	98%
Percent of eligible children that received WIC	N/A*	N/A*	84%	88%	89%

## **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%	88%
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## **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%	77%
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%	82%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	N/A*	N/A*	41%	63%	75%

## **Children will be School Ready**

Percent of children identified for a potential developmental delay	21%	16%	12%	16%	37%**
Percent of children with a potential developmental delay referred & accepted services or are already receiving services	86%	80%	81%	85%	88%
Percent of children age 3-5 years enrolled in a group-based early childhood program	N/A*	47%	52%	63%	83%

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\*Note: Data on the percentage of children enrolled in a group-based early childhood program at age 3 was first collected in 2008 or 2009

\*\*Note: this is from an ASQ-3 screening and is a noted increase in 2011 due to the addition of the monitoring zone on this screening too.

*Note: 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 Out (Family Resource Services)

Marathon County offers Family Resource services in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. Marathon County funds services in 5 of the 8 communities. The Family Resource services provide information for families on parenting information and support through their libraries, educational programs, family events, and drop in playtime at various locations in communities. Parents are encouraged to call the Family Resource Warmline when they have specific parenting questions or need support. A total of 5,416 unduplicated adults and children attended one or more of the programs offered in Marathon County.

Play N' Learn is offered as a service in eight communities in Marathon County and on-site at A.C. Kieffer school in Wausau. Play N' Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and community resources. In addition, Play N' Learn is used as a strategy to identify children who could benefit from early intervention services such as Birth to 3, Head Start, etc. A total of 377 unduplicated adults and children participated in the 219 Play N'Learn sessions held in Marathon County.

With Start Right providing services to families from pregnancy through age four, families benefit from the support to help them be the best parents they can be. The nurses and family visitors form meaningful relationships with families, supporting them in their parenting, connecting them to community resources, and encouraging their independence while giving them the level of support that they need to raise healthy, school ready children. It's common for the nurses and family visitors to received warm thanks from families for their support through their pregnancy, postpartum time, and home visiting. By supporting effective parenting through Start Right and collaborating partners, we are ultimately strengthening our community.

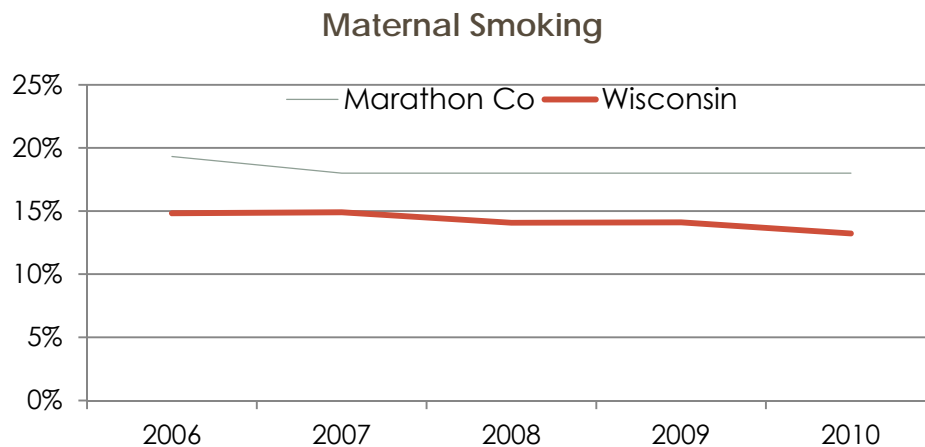
## First Breath and My Baby and Me

Despite gains made in decreasing the overall tobacco use among adults in Marathon County, smoking during pregnancy continues to be a concern. In 2006, the percent of maternal smokers in Marathon County was 19%, and has held steady at 18% through 2010 since then. In contrast, the state of Wisconsin has seen a small decrease during this same time frame, from 15% down to 13% (WISH). Please refer to the table below. We know that smoking during pregnancy can have



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significant harmful effects on the mother and the baby, including an increased risk for a baby to be born prematurely, low birth weights, and an increased risk of lung problems.



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 ([http://www.wwhf.org/pg\\_firstbreath.asp](http://www.wwhf.org/pg_firstbreath.asp)). The program is incorporated into Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation. In 2011, 35 women in the prenatal care coordination program reported smoking during pregnancy and of those, 25 enrolled in the First Breath program. All women in PNCC who report smoking received cessation education and support services by a public health nurse to assist them in quitting or staying quit. Of the 35 women who received cessation education and support, 91% reported that they had quit or cut down by their third trimester of pregnancy.

In response to the increased focus on alcohol in the county, Marathon County Health Department became a site for the program, My Baby and Me, in mid-2011 ([http://www.wwhf.org/pg\\_mybaby\\_1.asp](http://www.wwhf.org/pg_mybaby_1.asp)) to formally address alcohol use by pregnant women. Similar to the First Breath program, My Baby and Me is a state wide program designed to individually support women in abstaining from alcohol during pregnancy. Alcohol is easily passed from the mother to the baby during pregnancy. Alcohol exposure during pregnancy can cause a disorder called Fetal Alcohol Spectrum Disorders (FASD). FASD can cause a wide range of effects in a child, from learning disorders to nutritional issues. The public health nurses received training on the My Baby and Me program and implemented the program midyear 2011, enrolling three women in to the program through the Start Right First Steps Prenatal Care Coordination program. Of the three women enrolled in 2011, one cut down or stopped drinking during her pregnancy and two are still pregnant and final reporting has not been completed.



## ■ 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 parents of infants and children for a variety of conditions and situations including: failure to thrive; family support in the case of child abuse or neglect; families who have relocated to the area and are unfamiliar with community services; and parents who are cognitively or physically challenged. These families are then often transitioned into the Start Right long term home visiting program as a way to provide continued case management and to support effective parenting. In 2011, 21 children and their families received one or more home visits with a public health nurse.

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. In 2011, nurses participated in the following community workgroups: Marathon County Drug Endangered Children, Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Early Age Coalition, Healthy Babies (as a Healthy Marathon County Action Team), Marathon County Child Mortality Review Team, Domestic Abuse Intervention Team, EHAF (Emergency Housing Assist Fund), the Asthma Coalition, and North Central Wisconsin Network to Serve Infants and Families.

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

## ■ Childhood Lead

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 investigate the homes and buildings to identify the potential sources of lead exposure. In 2011, there were 10 children who were identified as lead poisoned at 10-19 micrograms per deciliter of blood (ug/dl). Additionally, there was one child with an elevated blood-lead level on a single test of 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% of the City of Wausau and 71% of the County housing stock was constructed before 1978. Lead exposures occur in the warmer months as children are outside playing in lead contaminated soils; touching deteriorated exterior painted surfaces; and windows are opened. Lead 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.

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Lead hazard reduction expenses can be expensive for a property associated with a lead poisoned or elevated blood lead (EBL) level child and 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. Two properties completed lead hazard reduction in 2011.

Activities	2008	2009	2010	2011
Total Number of Lead Tests	1,739	1,745	1,430	1,319
Tests <10 ug/dl	1,720	1,717	1,403	1,303
Tests 10 to 19 ug/dl (# of children)	14 (6)	22 (17)	17(9)	17(10)
Tests ≥20 ug/dl (# of children)	5 (2)	6 (2)	10(6)	1(1)
Housing Units – Lead Hazard Reduction	6	4	3	2
Lead Property Inspections	19	25	20	20

One child had a blood lead level of 18 ug/dl in the summer of 2011. Health Department staff responded with a lead hazard investigation of the rental property and education to the child's parents. Concerned for their child's health, the parents moved within weeks to a newer, lead safe location. They knew now what to look for in identifying lead hazards because a lead hazard investigation by our staff did not find lead hazards. Approximately a month later, the child's parents had another blood test with a result of 9 ug/dl, a 50% reduction from the first test, though still a concern. By December, the child's blood test was 4 ug/dl. The intervention by our staff and actions by the parents is expected to greatly reduce the impact lead will have on their child for reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects.

## ■ Injury Prevention

### *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 2011, 47 low-income families received one-on-one education on safe sleep practices and a Pack N Play portable crib for their newborn. Of the families who received cribs in 2011 and were able to be contacted for follow up, 100% use the Pack N Play every time the baby sleeps, 69% place their baby to sleep appropriately on their back, and 62% keep extra blankets, stuffed animals, and pillows out of the crib. Cribs for Kids is a national organization that enables local

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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.

## *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. In recent years we have seen the number of new rentals decline.

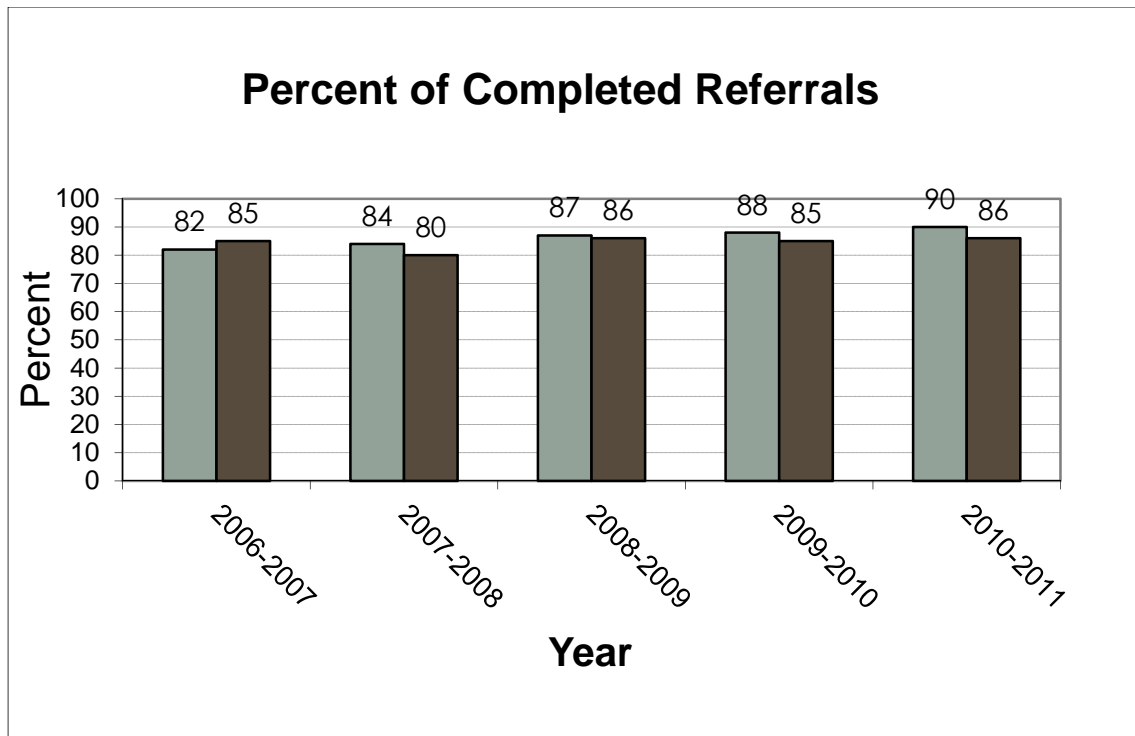
Toddler Seat Rental Program	2005	2006	2007	2008	2009	2010	2011
New Rentals	69	62	60	25	40	39	34
Total number of families served	129	121	113	122	126	95	113
Additional car seat inspections and education at community events	45	41	25	28	25	46	19

Passenger safety and injury prevention efforts are maximized by our involvement with the Wausau Area Safe Kids Coalition (aka Safe Kids). Safe Kids Coalition coordinates community events promoting safety for children including car seat inspections and bike helmet sales. MCHD staff support these events by providing staff that are certified as Child Passenger Safety Technicians to install seats and educate families. Marathon County Health Department also serves as the fiscal agent for a small grant from the Department of Transportation to support the purchase of a car seat for families that do not have ability to pay.

## ■ Children's Hearing and Vision Screening Program

In the 2010-11 school year, screening was provided to four-year-olds in four-year-old kindergarten and children in 5K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> grades. Children were screened in 52 locations including public, private, and parochial schools. Four-year-old kindergarten is offered in various locations including daycare facilities and community based organizations, in addition to the neighborhood schools, resulting in the high number of screening sites. During this school year 6,242 children were screened and 299 were re-screened for hearing loss. Of those screened, 116 children were referred for further evaluation of their hearing. In addition, 5,920 children were screened and 791 were rescreened for vision loss, with 509 children being referred to providers for further evaluation of their vision.

For the 2010-11 school year, **90%** of the children we referred for hearing difficulties and **86%** of the children we referred for vision difficulties have completed the referral process with medical follow up.



There are two major changes made for the 2011-12 school year. First, our Program Coordinator of 7 years retired and was replaced. Secondly, the funding for this program has shifted from foundation grants back to public funding. MCHD is contracting with Marathon County Special Education Services to provide the screening services. They, in turn, are including this in their contracted services to each local school district. This transition also included adding the D.C. Everest district (~2,000 children) back into the screening program.

## Children and Youth with Special Health Care Needs (CYSHCN)

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The Children and Youth with Special Health Care Needs (CYSHCN) Program provides service people from birth to 21 years old with a chronic 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. The Northern Regional Center is staffed by a full-time Program Manager and a part-time public health nurse serving as a Resource Specialist.

### ■ 2011 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 2 trainings on community support systems for 27 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 reaching over 750 individuals
- Conducted seven trainings on the child growth and development and autism screening tools for physicians and clinical staff at clinics in the Northern Region

#### *Mobilize Community Partnerships*

- Participated on coalitions for early childhood and transition age youth 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 six 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

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## *Link people to Health Services*

- Served over 650 families and providers in partnership with local providers through referral and follow up or consultation services to assure that families were connected to services 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 Preparedness Collaborative**

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Effective August 9, 2011, the state Division of Public Health (DPH) eliminated funding for consortia that had been providing assistance in emergency preparedness planning to 21 local public health/tribal agencies. This decision directly affected the Marathon County Health Department's role as fiscal agent and employer of staff working for the Northwoods Preparedness Consortium.

Nine member agencies of the former Northwoods Consortium created a new partnership to continue collaborating and sharing services around preparedness. Members of this new partnership, the Northwoods Preparedness Collaborative (NPC), agreed to pool resources and contribute 25% of funds from their public health emergency preparedness (PHEP) allocation to support the collaborative. Marathon County serves as the fiscal agent for NPC, employing one staffer and managing operating funds on behalf of the member agencies.

The Northwoods Preparedness Consortium budget period was January through July, four months shorter than the usual 12-month calendar year, and required local public health agencies (LPHA) and Northwoods Consortium staff to complete contract objectives ahead of schedule. LPHAs were successful in accomplishing objectives by August 9, 2011, that included:

1. Participating in drills to test their ability to meet 14 Centers for Disease Control and Prevention (CDC) Performance Measures.
2. Completing an exercise of their capability to conduct a mass clinic.
3. Participating in training to address areas of needed improvement based on a 2010 competency assessment. This included Consortium sponsored training in bioterrorism agents; risk communication; shelter management; ICS 100, 200, 400, and 700; epidemiological studies.
4. Updating agency PHEP and Mass Clinic plans.
5. Developing local partnerships and plans for meeting needs of persons with functional limitations.

August through December, local public health agencies assessed their performance on 15 capabilities released by the Centers for Disease Control and Prevention (CDC).

### **Public Health Preparedness Capabilities**

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution (state-level only)
10. Medical Surge
11. Non-pharmaceutical Interventions
12. Public Health Laboratory Testing

- 13. Public Health Surveillance and Epidemiology
- 14. Responder Safety and Health
- 15. Volunteer Management

These new standards for PHEP planning will provide the framework for preparedness efforts in coming years. While the intent of NPC is to focus on public health emergency preparedness, the partnership has committed to working together in areas such as accreditation, epidemiology, and planning and evaluation. Additional services and initiatives will be pursued and made available based on staff time, funding, and collaborative priorities and planning.

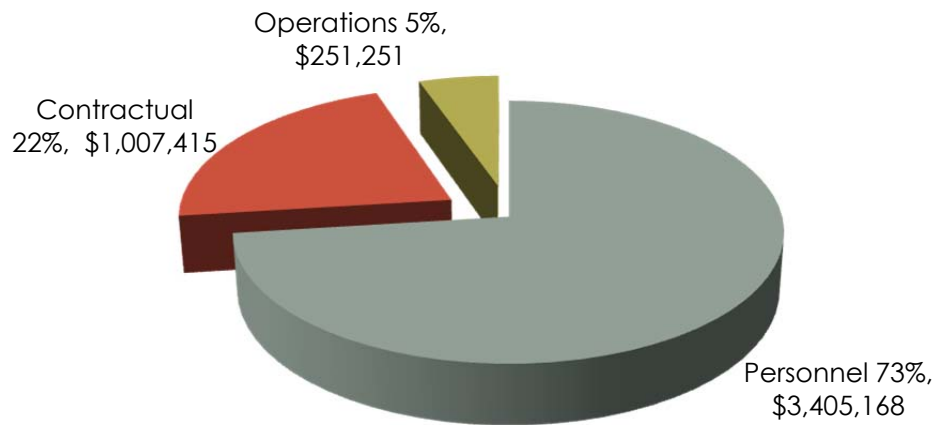


# Marathon County Health Department 2011 Annual Report

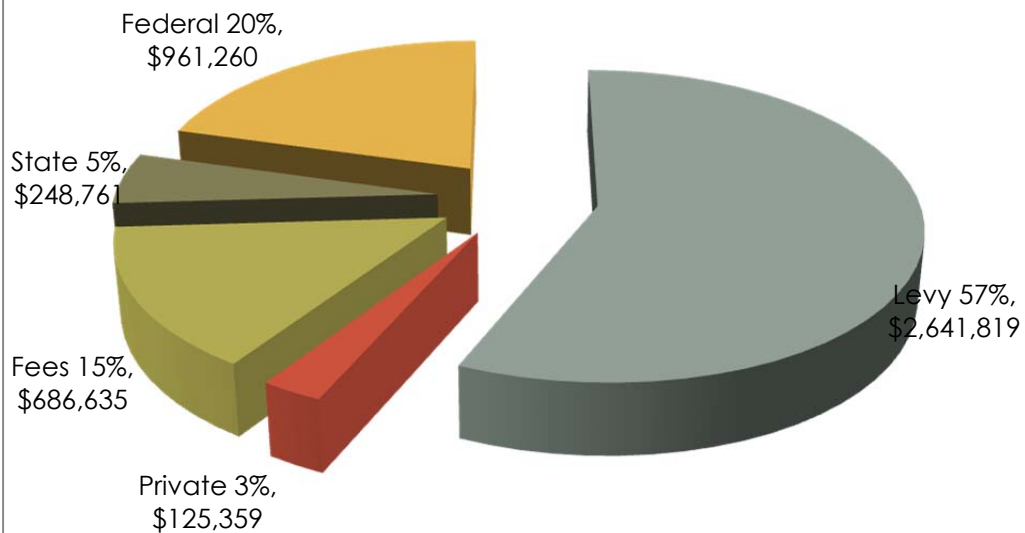
## 2011 ANNUAL REPORT FINANCIAL SUMMARIES (unaudited)

<b><u>LEVY FUNDED</u></b>	Budgeted <u>Levy</u>	Actual <u>Levy</u>	Budgeted <u>Revenue</u>	Actual <u>Revenue</u>
General Public Health	\$1,707,104	\$1,677,176	\$43,456	\$55,460
Environmental Permits/Licensing	\$36,540	\$55,044	\$422,724	\$387,212
Laboratory	\$17,530	\$22,116	\$84,291	\$81,354
Start Right	\$887,482	\$887,482	\$100,000	\$100,000
Total Levy Funded	\$2,648,656	\$2,641,818	\$650,471	\$624,026
<b><u>PROGRAMS FUNDED FROM OTHER SOURCES</u></b>				
<b>Regional Programs</b>				
Children & Youth with Special Health Care Needs	\$140,575			
Regional Public Health Preparedness (NWC)	\$165,984			
Northwoods Preparedness Collaborative	\$50,051			
Total Regional Programs		\$356,610		
<b>Family Health/Communicable Disease</b>				
HIV Partner Services	\$6,148			
Immunizations & Vaccinations	\$87,749			
Local Children & Youth with Special Health Care Needs	\$12,798			
Maternal/Child Health	\$76,736			
Prenatal Care Coordination	\$65,986			
Targeted Case Management	\$7,997			
Tuberculosis	\$49,547			
Total Family Health/Communicable Disease		\$306,961		
<b>Environmental Health</b>				
Lead	\$29,617			
Mercury/DNR	\$45,745			
Radon	\$26,154			
Total Environmental Health		\$101,516		
<b>Chronic Disease Prevention</b>				
Alcohol	\$276,722			
Asthma	\$4,877			
Healthy Eating, Active Living	\$38,871			
Hearing & Vision Screening	\$35,711			
Injury Prevention	\$7,234			
Tobacco Control Grants	\$129,746			
WI Well Women's Program	\$27,176			
Total Chronic Disease Prevention		\$520,337		
<b>Departmental</b>				
Local Public Health Preparedness	\$94,434			
Community Health Assessment	\$16,121			
WIFI	\$2,009			
Total Departmental		\$112,564		
<b>TOTAL PROGRAMS FUNDED FROM OTHER SOURCES</b>			\$1,397,988	
<b>TOTAL ALL FUNDS</b>				<u>\$4,663,832</u>
	<u>Total Funds</u>	<u>2010 Population Census</u>	<u>Per Capita Funds</u>	
Levy Funded	\$2,641,818	134063	\$ 19.45	
Non-Levy Funded	\$2,022,014	134063	\$ 15.08	
Total	<u>\$4,663,832</u>	<u>134063</u>	<u>\$ 34.79</u>	

## 2011 Expenditures



## 2011 Revenue Sources



# Marathon County Health Department 2011 Annual Report

Marathon County Health Department Staff		
As Of December 31, 2011		Years of Service
Joan Theurer	Health Officer	5
Ruth Marx	Epidemiologist/Public Health Preparedness Coordinator	20
Season Welle	Administrative Officer I	4
Chronic Disease Prevention Team		
Judy Burrows	Director	19
Melissa Dotter	Drug-Free Community Program Coordinator	2
Marla Hill	Public Health Nutritionist	3
Dorothy Kalmon	Health Educator	4
Amanda Myszka	Health Educator	5
Amanda Ostrowski	Health Educator	4
Edie Peterson	Vision/Hearing Screening Coordinator (P.T.)	7
Renee Trowbridge	Health Educator	10
Environmental Health & Safety Team		
Dale Grosskurth	Director	10
Keith Baine	Environmental Public Health Sanitarian II	3
Jackie Bethel	Environmental Public Health Sanitarian II	31
Sara Brown	Environmental Public Health Sanitarian II	9
Cheryl Fay	Environmental Health/Lab Technician	2
Russell Mech	Environmental Public Health Sanitarian II	15
Deanna Schertz	Environmental Health/Lab Technician (P.T.)	1
Michelle Schwoch	Environmental Public Health Sanitarian II (P.T.)	13
Family Health & Communicable Disease Control Team		
Eileen Eckardt	Director	1
Heather Busig	Public Health Nurse	5
Vicki Chrapkowski	Public Health Nurse	23
Mary Hackel	Public Health Nurse	9
Jennifer Juneau	Public Health Nurse (P.T.)	6
Jean Kaatz	Public Health Nurse (P.T.)	28
Carol Capelle Mills	Public Health Nurse (P.T.)	17
Pang Moua	Bilingual Health Aide	15
Rebecca Mroczenski	Public Health Nurse	4
Ann Peters	Public Health Nurse (P.T.)	10
Tiffany Pietrowski	Public Health Nurse (P.T.)	10
Carrie Sickler	Public Health Nurse (P.T.)	7
Peggy Stalheim	Public Health Nurse (P.T.)	15
Susan Weith	Public Health Nurse (P.T.)	8
Chelsea Baer	Public Health Nurse (P.T.)	3
Colleen Yaatenen	Public Health Nurse (P.T.)	11
Administrative Support Team		
Chris Weisgram	Confidential Administrative Specialist II	<1
Nancy Anderson	Clerical Assistant II (P.T.)	7
Bonita Buchberger	Clerical Assistant II	41
Patti Poverski	Clerical Assistant II	22
Jean Rolnecki	Clerical Assistant II	9
Janet Werner	Clerical Assistant II	33
Leila Lucero	Senior Aide	
Nancy Zdeb	Senior Aide	
Northwoods Preparedness Collaborative		
Chris Dobbe	Epidemiologist/Coordinator	7
Northern Region Center For Children & Youth With Special Health Care Needs		
Julia Stavran	Program Manager	24
Jean Kaatz	Public Health Nurse (P.T.)	28

## 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.

# Marathon County Health Department 2011 Annual Report

- 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

2010 Population (2010 Census)	134,063
Gender	
Male	50.2 %
Female	49.8 %
Age	
Under 5 Years	6.5 %
Under 18 Years	24.5 %
65 Years and Over	14.2 %
Race & Ethnicity	
White	91.3 %
Black	0.6 %
American Indian and Alaska Native	0.5 %
Asian	5.3 %
White Non-Hispanic	90.3 %
Two or More Races	1.3 %
Hispanic/Latino	2.2 %
Geography	
Square Miles	1,544.98
Population Density (Persons per square mile)	86.8
Economics	
Median Household Income (2006-2010)	\$53,471
Persons Below Poverty Level (2006-2010)	8.7 %