



2012 Health Department Annual Report

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Serving Our Community:
Promoting Health
Protecting the Environment
Preventing Disease

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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

"When you have your health, you have everything ..."

There is a saying, "When you have your health, you have everything. When you do not have your health, nothing else matters at all." - Augusten Burroughs. We now know how healthy you are as an individual is dependent upon where you live. The concept "place matters" when it comes to your health has gained momentum not only at a national and state level, but here in Marathon County.

In June of 2012, the Marathon County Board of Supervisors adopted a resolution entitled, "Marathon County – The Healthiest County in the State." The resolution recognizes that a healthy community is vital to being a desirable place to live, work, learn, and do business. The resolution further acknowledges that a healthy community is one that fosters healthy living and healthy choices for individuals and families. So what does a healthy community look like? Simply put, it is a community where everyone from birth into old age can enjoy a life of health and wellbeing.

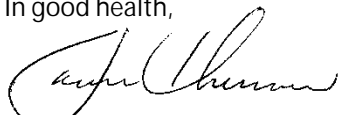
Locally and nationally there is debate about who is responsible for one's health. The responsibility for "health" is a shared responsibility, a responsibility that we own as individuals and as a community. Our health lies with each of us and the choices we make. However, our health is very much dependent upon the "health culture" of our community. The "health culture" of our community is complex, made up of our social networks, community norms and practices. For example, you are more likely to eat fruits and vegetables if they are fresh, affordable, and readily available. Likewise, if you can walk and bike out your front door, you are more likely to be active. Even your perception of what others are doing influences your behavior. We know if an individual believes that the majority of people in a community find drinking and driving unacceptable, they are less likely to drink and drive.

UW-Madison Population Health has been studying what makes a community healthy. There are a number of factors that influence how healthy our communities are, and in turn, how likely we are to be healthy. People many times are surprised to hear that access to affordable health care is only one piece of the puzzle. If you had to guess what else makes a community healthy, you would probably think of individual health behaviors, which is indeed the case. Research now informs us that social and economic conditions play a significant role in how healthy a community is. Did you say the social and economic conditions of a community? Indeed, factors like educational level, well-paying jobs, affordable housing, low crime, and literacy do matter and shapes how healthy our community will be.

As a resident you are fortunate to live in Marathon County, a county that is committed to creating the Healthiest County in Wisconsin. As you can see, to be the "Healthiest County" will depend upon all of us. It starts with each of us, the choices we make and the behaviors we adopt into our daily lifestyle – supported by our community! All sectors of our community have a critical supporting role in shaping our choices including business, education, law enforcement, healthcare, community and faith organizations, civic groups and government.

The Health Department is proud to play an instrumental role with our community partners in shaping the health of individuals, families and communities. I invite you to read about how our programs, services, and community initiatives that has taken us one step closer to realizing our vision – a county whereby everyone enjoys a life of health and wellbeing.

In good health,



Joan Theurer, RN, MSN
Health Officer

Chronic Disease Prevention

Transform Wisconsin

In July 2012 Marathon County was awarded a Transform Wisconsin (TWI) grant. TWI is a state wide effort coordinated by the University of WI Clearinghouse, and funded by the Centers for Disease Control and Prevention. The project purpose is to create a healthier place to live work and play. Thirty Wisconsin communities were funded and Marathon County was one of six in the state funded at the highest level. The program is focused on three priority areas; tobacco prevention, building food systems, and creating active community environments. The Transform WI Fund seeks to build statewide and local capacity to promote healthy environments that help Wisconsinites make healthy choices. Smoke-free air, fresh fruits and vegetables, and places to play should not be out of reach for anyone in Wisconsin. Collaborating with already existing community coalitions and partners within Marathon County, these goals will be achieved through these strategic directions based on best practices:

- Providing education and guidance on voluntary smoke-free multi-unit housing availability in Marathon County communities.
- Building awareness about Other Tobacco Products (OTP), and working to equalize the cost of the products in order to discourage use by children and young adults.
- Build a strong Farm to School program that features farm-fresh foods, and incorporates youth gardens, agriculture and nutrition education throughout the school curriculum, and is institutionalized via the school wellness policy.
- Build a strong, local food system within Marathon County through creating a network of growers/producers, building more school and community gardens, and increasing Farm-to-Where-You-Are initiatives.
- Implement and strengthen joint recreational use agreements between two or more entities that encourage the sharing of indoor and outdoor spaces, like gymnasiums and playgrounds, increasing low cost opportunity for more frequent physical activity.
- Continue to build strong, active communities throughout Marathon County by encouraging physical activities through Safe Routes to School and continuing to improve the built environment.

In the second half of 2012, two new staff members were hired. Community assessment data was gathered per the grant guidelines and plans for strong evaluation have been made to assure that the impacts and outcomes will be measured. Partnerships have been created with 4 school districts to implement Farm to School.

The Transform WI grant builds on and provides resources to our existing efforts including promoting tobacco free living and reducing the burden of tobacco, improving our food systems by expanding access to local foods at farmers markets and through community gardens, and improving the bike-ability and walkability and safety of our community through our work with the Municipal Planning Organization.

Alcohol and Other Drugs

The **Marathon County AOD Partnership Council** (or “Partnership”) experienced continued growth and success in 2012. The Partnership has a 15 member Board, approximately 200 members, and hundreds of supporters. Membership is open to anyone who supports the Partnership’s vision, mission, and goals. The strategic plan has three alcohol related priority areas; binge drinking, underage drinking, and impaired driving, and two additional priorities including Partnership development/training and reducing prescription drug misuse. The Drug Free Communities (DFC) grant supports much of the Marathon County Health Department (MCHD) staff time and projects initiated and are also supported by local tax levy. The DFC grant goals are to:

- Strengthen collaboration between communities and agencies
- Reduce substance abuse among youth
- Reduce binge drinking among young adults

In 2012 the Partnership reorganized its structure and eliminated standing committees and formed Short Term Actions Teams (STATs). STATs are focused work groups where members commit to a targeted work product or activity to be completed in a relatively short period of time. The STATs are:

- Medication Disposal
- Parents Who Host/Social Host
- Knowledge is Power
- Impaired Driving
- Heroin and Opiate Use
- The Real Happy Hour
- Western Marathon County Initiatives

Each STAT has specific objectives linked to the long term goals and utilizes evidenced based practices. 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 Partnership and the MCHD staff from 2012 are summarized below.

Training and Education

Each week MCHD staff provides a "Weekly Update" to members and supporters. Included is information related to upcoming Partnership events, available education or training opportunities, local or state policy updates, and the new trends in AOD prevention. Some of most popular information is related to new products marketed to young people for the purpose of getting drunk/high.

The Partnership meets 6 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 Partnership meetings. In 2012 the following events were hosted as part of the Partnership meeting.

- Medication Abuse Mini-Forum
- Clearing the Smoke: Taking the Mystery Out of Marijuana
- Putting an End to Drunk Driving
- Heroin & Other Opiate Abuse
- Neighborhood Connections to Prevent Drug Use
- Maximizing Relationships to Fight Substance Abuse

The Partnership provided the Knowledge is Power education series. It was an effort to bring together adults and youth to learn/discuss the issues that are facing them. Held in both Weston and Wausau, these sessions brought attention to substance abuse, mental health, dating violence, and importance of relationships. Two hundred people attended.

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 2012 the City of Schofield, Villages of Rothschild, and Kronenwetter, and County of Marathon passed Social Host ordinances prohibiting anyone from knowingly providing a location for underage drinking. This concept has been shown to deter parents/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. Following the 2011 medication misuse survey of our area, the following occurred:

1. Targeted outreach was conducted to local pharmacies, dentists, and churches to promote the medication drop box locations and encourage people to dispose of medications that are expired or that they are no longer taking.
 - 100% of Marathon County pharmacies participate
 - 2/3 of churches and dentists participate

2. A forum on heroin use was held in August with over 75 participants. This generated press on the topic, including a cover story by the City Pages. Our forum was duplicated by other partners throughout the state.
3. The STAT on heroin and opiate use was formed in 2012.

Impaired Driving and Underage Drinking efforts

This year there was a focused effort on prevention during Prom and Graduation in light of the new Social Host ordinances. Letters were sent on behalf of the District Attorney's office, local law enforcement, and local schools to parents of juniors (prom) and seniors (graduation) to make them aware of the ordinance and penalties for serving or hosting parties. Local Convenience stores agreed to partner with prevention efforts by displaying the "Drive Sober" logos on their beer coolers.

Other education and awareness efforts include:

- A Town Hall meeting was held in Western Marathon County to raise awareness on the impact of alcohol use on the adolescent brain.
- Supporting nine businesses who request our information displays and education at their health fairs and open houses
- Education has been offered to the community with partners at NTC and law enforcement 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. In 2012, Binge Drinking/Alcohol Serving Size education was provided to:
 - 50 servers/sellers trained at a LEAST program offered at five worksites (bars/taverns)
 - 96 servers/sellers trained at the RBS class at North Central Technical College
 - 1,400+ people educated one to one at a health fairs

At the 2012 Wisconsin Prevention Conference, three community members were honored for their work in substance abuse prevention.

Benjamin Bliven – for Outstanding Law Enforcement Partner
 Lisa Rasmussen – for Outstanding Elected Official
 Sue Nowak – Lifetime in Prevention

The Partnership has been invited to participate in statewide leadership groups to look at how to address the alcohol through policy and collaborations. Our coalition is viewed as a leader in the state, and is regularly contacted to see how we do things.

Overweight and Obesity

The burden of obesity continues to be a public health priority. Our interventions to improve this condition are aimed at the population by changing the way we live in our community. More specifically, we target strategies to increase access to fruit and vegetables, increase opportunities for physical activity and work with many partners and collaborate to implement strategies that have demonstrated scientific evidence of effectiveness. (<http://whatworksforhealth.wisc.edu/>) Changing the environment can support individuals in making and sustaining personal changes that improves their health.

1. The Healthy Eating Active Living (HEAL) coalition, formed in 2003, includes many private and public partner organizations. This year's highlights include:

- Served as the Grant Advisory Council providing oversight for the Wausau School District's Physical Education Program grant.
- Partnered with Wood and Portage Counties to offer regional worksite wellness summit for employers across the region on January 31, 2013.
- Created the promotion campaign named "The Real Happy Hour" to promote the values of family playtime and family mealtime. This initiative is a collaborative effort involving three community coalitions; AOD Partnership Council, Healthy Eating Active Living Coalition, and the Early Years Coalition. Learn more at www.therealhappyhour.org.
- Consistently represented HEAL at and provided leadership to the WI Physical Activity and Nutrition statewide coalition and the WI Obesity Prevention Network.
- Successfully competed and was one of six communities awarded a Transform WI grant. (see page 4)

2. Increasing access to fruits and vegetables by improving the food systems:

- Continued implementation of Electronic Benefits Transfers (EBT) at the Wausau Farmers Market, and began offering debit transactions in order to help sustain the offering EBT or FoodShare. FoodShare customers redeemed \$4,720 of benefits at the Wausau Farmers Market (218 transactions).
- Began implementation of EBT at the Weston Farmers Market. FoodShare customers redeemed \$311 of benefits at the Weston Farmers Market.
- Served on the Wausau Urban Community Gardens Board, which currently oversees 3 gardens: Wausau 2nd Street Community Garden, East Towne Community Garden, and First American Garden Center and provides access to and education about fresh foods.

3. Increasing physical activity by improving the Built Environment:

- Participated in the coordination of three “Bike/Walk to School Day” events that included eight elementary schools and 1,346 kids (an average of 449 per day). Television and/or print media covered each event.
- Adoption of the Safe Routes to School group into the subcommittee of the Wausau Area Bike and Pedestrian committee of the Metropolitan Planning Organization (MPO).
- Coordinated the MPO Bicycle Route and Sign Project to create a bicycle friendly community environment by:
 - Creating an extensive arterial bicycle route network comprised of 10 routes throughout seven municipalities (Town of Rib Mountain, Village of Kronenwetter, Village of Rothschild, Village of Weston, City of Mosinee, City of Schofield, and City of Wausau). The system also includes the 26-mile Central Loop that circles the metro area and Lake Wausau.
 - Creating 600 custom bike routes signs that are color-coded and numbered by route and include the Marathon County Central Time logo and the logo of the municipality in which the route is located.
 - Partnering with the MPO, municipal leaders, planners, public works directors, and bicycle enthusiasts to plan, and implement the systems. Signs will be erected in May 2013.
- Promoted Bike and Walk Week Activities in May by: encouraging bike commuting, community bike rides, bicycle rodeos, and coordinated walk and bike to school events. Contacted several media interviews throughout the month.
- Represented the MPO at the WI Bike Federation Annual Summit with 12 community members attending and presenting an educational session on the Wausau Area Metropolitan Planning Organization Bike/Ped Committee’s successes and our exemplary cross-sector community partnerships.

4. Increase the initiation and duration of breastfeeding:

- Secured funding from the Community Foundation of North Central Wisconsin to assist the Heart of Wisconsin Breastfeeding Coalition to work with Younkers to provide a Mother’s Nursing Lounge in their store. Implementation is planned for April 2013.
- Provided staff support to the Heart of WI Breastfeeding Coalition
- Completed required steps to maintain Baby-Friendly status for the Health Department
- Served on Aspirus Wausau Hospital’s internal Lactation Council

5. Other Collaborative Community work contributed to by MCHD staff:

Resource/Nutrition Expert: The MCHD Registered Dietitian creates numerous written resources (nutrient or food fact sheets, dietary guidance information, or recipes analysis) that are shared with community partners and place on our website for anyone to access.

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: In addition to those already mentioned, MCHD staff participates or collaborates with; the Wausau Farmers Market Board, the Wausau Schools –Safe Routes to School committee, the Wausau Area Safe Kids 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 and staff have been conducting outreach to the local walk-in, urgent care and emergency departments to promote the referral system. Coalition members (doctors, nurses, and educators) meet with the staff at each site; provide 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 asthmatics with a primary healthcare provider (if necessary), medical assistance, or Community Care (if applicable), and answering questions related to asthma management.

Tobacco

Marathon County Health Department is the fiscal agent and home of the Central WI Tobacco Free Coalition (CWTF) serving Marathon, Portage and Wood Counties. This is the third year of service to a multi-county region. The WI Tobacco Prevention and Control Program (TPCP) provides funding and specific objectives to be implemented in the multi-county jurisdiction. The effort is guided by a local 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.

Maintaining the Tobacco Coalition Effort

We maximize 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. The Coordinator participates in a wide variety of events, activities, and meetings in the three-county area and brings the message of tobacco prevention control. Tobacco is the leading cause of death and disability despite it not being identified as a top health priority in the local community health assessment. Numerous television, print and radio media reported on "Other Tobacco Products" and tobacco companies' targeting of a new generation of customers including: 3 letters to the editor, 12 press releases and interviews resulting in 7 newspaper stories, and 2 editorials written in the local media.

Informing Partners and Policy Makers

The Multi-Jurisdictional 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 and research; on-going web page updates 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 35 coalition members participating in several meetings including: County Executives/Mayors, 3 Boards of Health, 11 face to face meetings with state policy makers, 3 candidate forums, and 6 written communications with policy makers.

Youth Involvement/Other Tobacco Products

Youth tobacco prevention efforts are implemented in two of three counties. Preventing youth from starting tobacco use is still a local priority. New dissolvable and fruit flavored products are marketed and packaged in an appealing manner to a new generation. Some of these new products allow for use to be concealed. Adults are often surprised to see these products look similar to breath mints and strips. Educational displays at health fairs were viewed by approximately 1,400 people. Additionally, presentations to 6 groups of approximately 100 people were delivered by staff and several coalition members/volunteers. Numerous earned media stories are created and published (television, print and radio) to help keep the public informed of the dangers of tobacco.

WI WINS

The Wisconsin WINS program is a statewide retail compliance program for monitoring the rate of sales of tobacco to youth. This is done in partnership with the WI Tobacco Prevention and Control Program and local law enforcement. Retailers are cited if they sell tobacco to minors. In 2011 there were 101 inspections completed and 96 did not sell resulting in an overall 95% compliance. The 2012 overall rate was 90.6%. The data by municipality is shown in the following table.

Marathon County Tobacco Inspections, 2012

| Community | # of Compliance Checks Completed | #of Retailers in Compliance | Current Compliance Rate |
|--------------------------------------|----------------------------------|-----------------------------|-------------------------|
| Athens | 4 | 4 | 100% |
| Colby/Abbotsford | 5 | 4 | 80% |
| Edgar | 3 | 2 | 66.7% |
| Marathon City | 3 | 3 | 100% |
| Mosinee | 8 | 7 | 87.5% |
| Spencer | 2 | 2 | 100% |
| Stratford | 3 | 3 | 100% |
| Rural Marathon County | 13 | 12 | 92.9% |
| Wausau | 27 | 25 | 92.6% |
| Everest Metro | 10 | 9 | 90 % |
| Rothschild | 4 | 4 | 100% |
| Marshfield (Marathon County section) | 3 | 2 | 66.7% |
| Entire Marathon County | 85 | 77 | 90.6% |

WI Well Woman's Program

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

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

The coordinator's role is to determine eligibility and enrollment, provide case management, assist with billing and reimbursement, and report local activity to WWWP. In 2012 we continued to see an increased number of women enrolled and served through this program due to financial hardship and low levels of insurance coverage.

There were 10 women diagnosed with a cancer through the Marathon County WWWP in 2012 including endometrial, cervical and breast cancer. Eight of these women were enrolled in Well Woman Medicaid to cover the treatment expenses.

2010-2012 WWWP Screening

| Marathon County | 2009 Actual | 2010 Actual | 2011 Actual | 2012 Goal | 2012 Actual |
|--|-------------|-------------|-------------|-----------|-------------|
| Number of women enrolled in WWWP | | 223 | 266 | - | 242 |
| Number of women screened for cervical cancer | | 84 | 89 | - | 127 |
| Number of women screened for breast cancer (screening mammograms) | | 119 | 135 | - | 166 |
| Unduplicated number of women screened | | 144 | 174 | 117 | 181 |
| Number of women with a diagnosis of cancer who were receiving WWWP services in Marathon County | | 4 | 7 | - | 10 |

Breast Health Coalition – Outreach to Underserved Areas

The Chronic Disease Prevention program has been funded by the Central WI Affiliate of the Susan G. Komen for the Cure to begin a new project focused on breast cancer screening. This project is based on the local needs identified in their 2011 Community Profile.

Rural and minority women are not screened for breast cancer at the same rates as other women. Despite having robust health care services available in Marathon County certain segments of the population remain underserved. The goal of this project is to better serve women who live in rural areas or are in a minority group. The first objective was to create a coalition of breast health providers in the greater Wausau area to share their wisdom and create a way to serve individuals who fall through the gaps in the current health care system, including the development of a treatment access fund. In the first nine months a group of 22 members has been established and they have completed a resource assessment to determine what is available to women with breast cancer. From this, the group has begun to explore the feasibility of establishing a treatment access fund, to be funded by the local SGK affiliate, for those in need of breast cancer care and treatment and create a plan for its development.

The second objective is to reach women who live in rural areas outside of the greater Wausau area (including rural farm women, the "Plain Clothes" and Hispanic community) and provide education and outreach on breast health and screening. Numerous outreach activities were conducted. The result is a small group of health care providers and partners from western Marathon County has been established and are planning for new initiatives that will increase opportunities for rural and minority women to receive breast health screening.

Communicable Disease Control

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

In 2012 Marathon County Health Department received 1,174 confirmed and probable reports of 25 different communicable diseases. The most commonly reported disease in Marathon County in 2012 was Pertussis (316 cases), followed by Chlamydia (290 cases). Refer to the table on page 12 for a list of reportable diseases from 2008-2012.

"I would like to thank you and all your staff for the help you gave us. We truly appreciated it. It made a scary situation much less scary. I know it's your job, but it sure felt great knowing you were walking us through it all." - Comment from a Marathon County organization who worked with our communicable disease team during an infectious disease investigation.

Pertussis Outbreak

The United States experienced an outbreak of Pertussis (Whooping Cough) in 2012, with Wisconsin being one of the states with the highest rates of disease.

States with incidence of pertussis the same or higher than the national incidence during 2012 (as of January 10, 2013), which is 13.4/100,000 persons

| | | | | | |
|------------------|--------------|---------------|------|--------------|------|
| Wisconsin | 104.9 | Montana | 44.3 | Pennsylvania | 14.5 |
| Vermont | 100.6 | Alaska | 43.3 | Illinois | 14.5 |
| Minnesota | 82.9* | New Mexico | 35.7 | Idaho | 14.3 |
| Washington | 67.4 | Colorado | 28.9 | Missouri | 14.2 |
| North Dakota | 54.4 | Kansas | 25.5 | Arizona | 13.4 |
| Iowa | 53.5 | Oregon | 23.3 | - | - |
| Maine | 52.9 | New Hampshire | 16.4 | - | - |
| Utah | 47.5 | New York | 15.8 | - | - |

*Only a subset of Minnesota pertussis cases has been reported through National Notifiable Diseases Surveillance Systems (NNDSS) for 2012. This data was accessed from the Minnesota Department of Health web site.

Source: www.cdc.gov

Follow up for Pertussis cases is performed by the epidemiologist and public health nurses and is extensive, requiring an estimated 4 hours per case of the disease. The emphasis of our investigation was on preventing spread to the youngest and the elderly in our community, who were most at risk for complications or death from this disease. Follow up included confirmation of appropriate medical treatment and isolation of the person with Pertussis to prevent spread to others. We also communicated with close contacts of the person with the disease to screen for symptoms of Pertussis and recommend preventative treatment. We worked with many daycare providers, schools, workplaces, and other organizations in the community to provide information about the disease and prevention. We encourage all those eligible, to receive appropriate vaccinations to help prevent the spread of vaccine preventable diseases.

| Marathon County – Selected Diseases | 2008 | 2009 | 2010 | 2011 | 2012 | 2012 Rates | 2007-2012 Rates | 2020 Goals |
|---|------|------|------|------|------|------------|-----------------|------------|
| Reportable Diseases | | | | | | | | |
| BABESIOSIS | 0 | 1 | 2 | 2 | 5 | 3.7 | 1.4 | - |
| BLASTOMYCOSIS | 23 | 25 | 60 | 16 | 15 | 11.1 | 19.7 | - |
| DENGUE | 0 | 1 | 1 | 0 | 0 | 0 | 0.2 | - |
| EHRlichiosis/ANAPLASMOSIS | 12 | 21 | 37 | 57 | 36 | 26.7 | 21.8 | - |
| HEPATITIS B | 27 | 28 | 29 | 13 | 16 | 11.9 | 15.5 | 1.5 |
| HEPATITIS C | 23 | 34 | 34 | 50 | 62 | 46.0 | 30.2 | 0.2 |
| HISTOPLASMOSIS | 1 | 0 | 0 | 1 | 2 | 1.5 | 0.5 | - |
| HIV/AIDS | 4 | 5 | 2 | 2 | 2 | 1.5 | 2.1 | 3.5 |
| INFLUENZA ASSOCIATED HOSPITALIZATIONS | NA | NA | 2 | 9 | 39 | 28.9 | 12.4 | - |
| KAWASAKI | 1 | 0 | 0 | 0 | 0 | 0 | 0.1 | - |
| LEGIONELLOSIS | 1 | 0 | 0 | 0 | 3 | 2.2 | 0.5 | - |
| LISTERIOSIS | 0 | 1 | 1 | 0 | 0 | 0 | 0.2 | - |
| LYME DISEASE | 133 | 122 | 211 | 206 | 84 | 62.3 | 94.3 | - |
| MENINGITIS | 0 | 0 | 0 | 0 | 0 | 0 | 3.3 | - |
| MYCOBACTERIAL DISEASE (NON-TUBERCULOUS) | 14 | 13 | 13 | 24 | 18 | 13.4 | 10.7 | - |
| POWASSAN | 0 | 0 | 0 | 1 | 0 | 0 | 0.1 | - |
| STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B | 16 | 19 | 12 | 18 | 25 | 18.6 | 12.9 | - |
| STREPTOCOCCUS PNEUMONIAE/INVASIVE | 18 | 25 | 10 | 19 | 13 | 9.6 | 13.8 | - |
| TUBERCULOSIS/ACTIVE DISEASE | 1 | 1 | 1 | 1 | 3 | 2.2 | 1.0 | 1.0 |
| WEST NILE | 1 | 0 | 0 | 1 | 0 | 0 | 0.2 | - |
| Sexually Transmitted Diseases | | | | | | | | |
| CHLAMYDIA | 270 | 220 | 294 | 342 | 290 | 215.2 | 203.4 | - |
| GONORRHEA | 26 | 23 | 40 | 24 | 16 | 11.9 | 19.3 | 257-198 |
| SYPHILIS | 1 | 2 | 1 | 4 | 5 | 3.7 | 1.6 | 1.4-6.8 |
| Food and Water Borne Diseases | | | | | | | | |
| HEPATITIS A | 0 | 0 | 1 | 0 | 0 | 0 | 0.1 | 0.3 |
| CAMPYLOBACTERIOSIS | 41 | 38 | 41 | 27 | 39 | 28.9 | 28.4 | - |
| CRYPTOSPORIDIOSIS | 30 | 24 | 62 | 60 | 70 | 52.0 | 36.6 | - |
| SHIGA TOXIN PRODUCING E COLI (STEC) | 5 | 9 | 10 | 9 | 12 | 8.9 | 6.2 | - |
| GIARDIASIS | 14 | 21 | 27 | 21 | 21 | 15.6 | 15.4 | - |
| SALMONELLOSIS | 16 | 18 | 20 | 17 | 32 | 23.8 | 15.2 | - |
| SHIGELLOSIS | 0 | 1 | 4 | 2 | 0 | 0 | 1.2 | - |
| Vaccine-Preventable Diseases | | | | | | | | |
| PERTUSSIS (WHOOPING COUGH) | 17 | 12 | 17 | 12 | 316 | 234.5 | 46.8 | 0.0 |
| MUMPS | 0 | 0 | 0 | 1 | 0 | 0 | 0.6 | 0.0 |
| HAEMOPHILUS INFLUENZAE/INVASIVE | 1 | 1 | 4 | 3 | 1 | 0.7 | 1.4 | 0.0 |
| VARICELLA (CHICKENPOX) | 4 | 5 | 4 | 12 | 6 | 4.4 | 3.8 | 0.0 |
| Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 |

Marathon County**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 to 2011. In 2012 the surveillance case definition was changed mid-year and only counts cases with erythema migrans (bull's eye rash) of 5 cm or greater diagnosed by a medical provider.
- Individual case counts for Varicella began in 2008. Average rate reflects 5 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 2008 on are from State records.
- Case counts from 2008 -2012 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.

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 and through nurse follow up of those children who are behind on their immunizations. In 2012, the immunization rate for children between the ages of 24-35 months in Marathon County was 90% (includes late up-to-date), achieving the national goal.

To further support this goal, area health care providers enter immunizations given into one of two electronic immunizations registries. Immunization registries have been developed to assure health care providers and schools have timely access to children's and adult's immunization records. In Marathon County, providers utilize RECIN (Registry for Effectively Communicating Immunization Needs) 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.

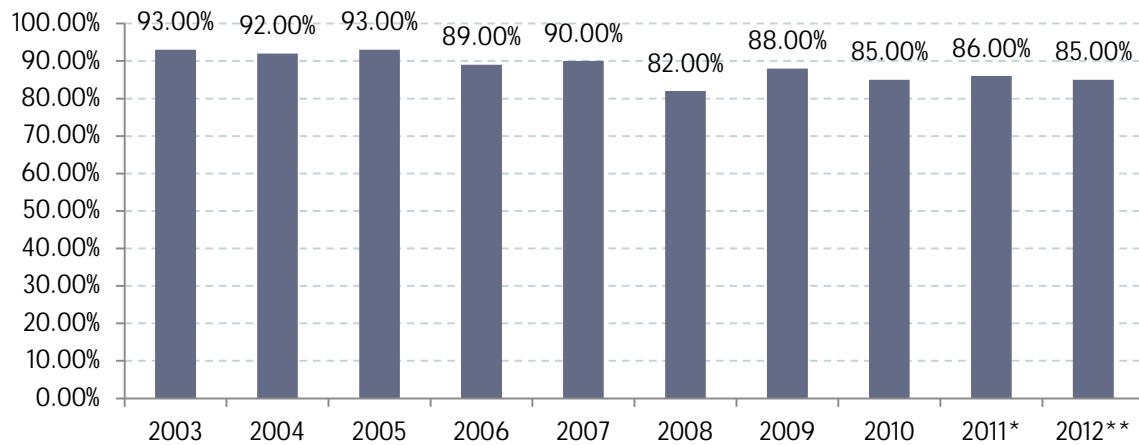
As part of a county-wide protocol established with area health care providers, Marathon County Health Department is responsible for implementing a monthly recall/reminder system, notifying parents by letter and telephone when their child is due for immunizations. A public health nurse follows up on children in the county who are late on their vaccinations or have not received any vaccinations. She will work with the family, educating them on vaccine preventable diseases and helping them to get an appointment with their medical provider or with the health department so that the child can get needed vaccinations. Often times, when speaking with the parents, the nurse finds that there is a lack of knowledge about the seriousness of diseases that can be prevented through vaccination. Other times, the parents want to get their child vaccinated, but face barriers such as lack of insurance or transportation. The nurse will work with them to overcome these barriers, helping them to get insurance or transportation so that the child can be protected through vaccination.

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

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

In an effort to increase immunization rates, Marathon County Health Department hosted two events in 2012 to support and educate medical providers in the county around immunization promotion. These events included nationally known speakers and were very well received by physicians, nurses, and other medical staff from Marathon and surrounding counties. A total of 159 persons attended these educational events.

Immunization Rates by Age 2 (includes late up-to-date)



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

*2011 Data corrected from previous year report

** WIR Data run 60 days after the end of the fiscal year (February 28, 2012)

In 2012, 112 clinics were held in the Marathon County communities of Athens, Edgar, Hatley, Mosinee, Stratford, Spencer, and Wausau and 1,294 individuals were vaccinated. The following table provides trend data on utilization of immunization clinics offered through Marathon County Health Department.

Immunization Clinics 2004-2012

| Year | No. of Clinics Held | No. of Children & Adults | No. of Vaccines Given |
|------|---------------------|--------------------------|-----------------------|
| 2012 | 112 | 1,294 | 2,326 |
| 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 also serves as a measure to prevent TB exposure in the community. In 2012, 24 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 a community health 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 2012, 3 individuals with active TB disease received DOT. Public health nurses and/or outreach workers provided 185 DOT and/or case management 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 testing to determine if they have been infected with the disease. Marathon County Health Department evaluated 41 individuals during the contact investigations of the 3 new cases of active TB reported in 2012.

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 2012, public health nurses screened 192 individuals for TB through these clinics as well as scheduled appointments.

Sexually Transmitted Disease

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

At the STD clinics, specially trained public health nurses, working under the supervision of Aspirus Family Medicine 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 2012, there were a total of 570 client visits for STD services, and 213 vaccines were given.

Refer to the following table for a closer look at MCHD STD clinic services.

STD Clinic Services: 2008-2012

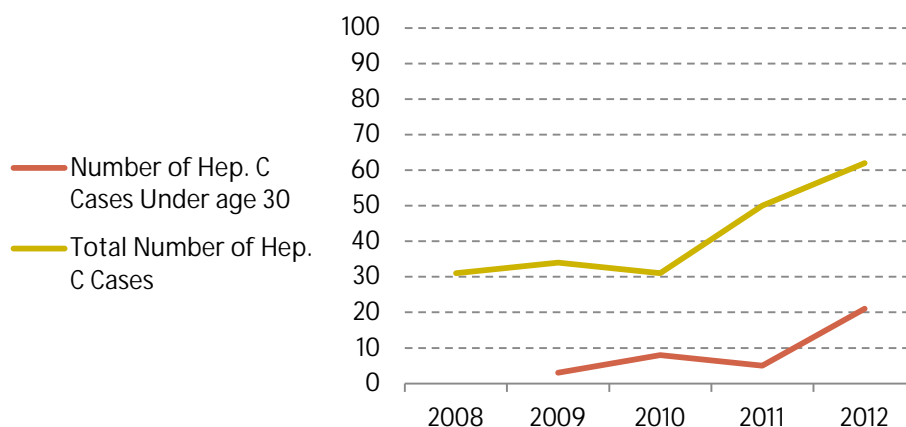
| Services per Clinic Site | 2008 | | | 2009 | | | 2010 | | | 2011 | | | 2012 | | |
|--------------------------|-----------|------|-------|-----------|------|-------|-----------|------|-------|-----------|------|-------|-----------|------|-------|
| | UW Health | Jail | Total | UW Health | Jail | Total | UW Health | Jail | Total | UW Health | Jail | Total | UW Health | Jail | Total |
| Total Client Visits | 272 | 160 | 432 | 257 | 170 | 427 | 248 | 273 | 521 | 203 | 331 | 534 | 146 | 424 | 570 |
| # Females | 46 | 50 | 96 | 53 | 44 | 97 | 56 | 46 | 102 | 46 | 97 | 143 | 42 | 105 | 147 |
| # Males | 226 | 110 | 336 | 204 | 126 | 330 | 192 | 227 | 419 | 157 | 234 | 391 | 104 | 319 | 423 |
| # Screened for STDs | 174 | 75 | 249 | 161 | 74 | 235 | 140 | 110 | 250 | 100 | 142 | 242 | 86 | 175 | 261 |
| # Screened for HIV | 135 | 56 | 191 | 105 | 56 | 161 | 100 | 87 | 187 | 81 | 114 | 195 | 73 | 150 | 223 |
| # of Vaccines Given | 32 | 43 | 75 | 50 | 26 | 76 | 74 | 90 | 164 | 81 | 136 | 217 | 34 | 179 | 213 |

*in 2012 UW Health's name was changed to Aspirus Wausau Family Medicine

Hepatitis C

Marathon County has continued to see an increased number of new cases of Hepatitis C. Hepatitis C is a serious liver disease caused by a virus that can result in long-term health problems. Our community has seen an increase in this disease, especially in young adults who are drug users. See the chart below for more information on Hepatitis C rates in our community.

Hepatitis C Cases in Marathon County by Year 2009-2012



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 goal 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.

Of the 283 exposures in 2012, 183 were associated with dogs and 78 with cats. The remaining 22 cases included three raccoons, ten bats, three squirrels, and one each for a coyote, ferret, guinea pig, horse, mouse, and skunk. Forty-five specimens were submitted to the State Lab of Hygiene for rabies virus testing. Marathon County had 1 positive rabies test and 3 with inconclusive test results. The table below shows the number of exposures has been increasing for the past three years. It is thought that part of this is due to outreach with local law enforcement and clinics to report incidents. 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 the animal. 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.

Rabies Reports for 2008-2012

| Year | Human Exposures | Specimens Sent To State Lab | # Positive For Rabies | Prophylaxis Recommended |
|------|-----------------|-----------------------------|-----------------------------|-------------------------|
| 2008 | 171 | 26 | 2 (equivocal results*) | 2 |
| 2009 | 244 | 22 | 0 | 1 |
| 2010 | 253 | 28 | 0 | 5 |
| 2011 | 262 | 34 | 0 | 16 |
| 2012 | 283 | 45 | 1 (3 equivocal results*) | 10 |

*Note: Equivocal results = inconclusive test results

Rabies Reports by Age 2012

| 2012 Case Breakdown by Injured Age | | |
|------------------------------------|-----|---------|
| Under 5 years of age | 20 | 7.33 % |
| 5-10 years of age | 31 | 11.36 % |
| 11-15 years of age | 16 | 5.86 % |
| Over 15 years of age | 206 | 75.46 % |

Beginning in 2011, MCHD discontinued staffing the educational programs for 2nd 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 2012, Paper Cities Kennel Club visited 10 schools in Marathon County, reaching approximately 500 students. They also provided this presentation at the Everest Optimist's Bike Rodeo in May.

An initiative which we began this year was the development of an electronic, web-based reporting and tracking of bites system. Once completed, medical clinics and law enforcement officers would be able to document bite exposures as well as look up information for follow up. Our staff would be able to access the cases electronically rather than relying on a single paper form. The system would allow veterinarians to electronically sign off on quarantine orders. The goal is to make it easier to notify our department of a possible rabies exposure, reduce time from data entry of paper forms, allow easier staff access for case follow up, and more efficiently complete documents, and allow easy sharing of information with law enforcement officials. At this point the system is being tested and implementation is to occur in 2013.

In 2012, Marathon County had one positive rabies test reported to us from the Wisconsin State Lab of Hygiene. The case involved a skunk which had entered a barn where there were a few steers and barn cats. The property owner shot the skunk avoiding the head, and then picked it up without gloves by the tail to place it into a bag for transport to a local veterinarian. One should not handle rabies-suspect animals with bare hands

to reduce the potential for exposure to rabies virus. The veterinarian notified the Health Department of the incident and sent the skunk to the State Lab of Hygiene for rabies testing. Skunks along with bats are the primary rabies reservoirs in Wisconsin.

Our staff conducted a rabies investigation and after obtaining information from the home owner, consulted with a State Public Health Epidemiologist regarding rabies prophylaxis shots for the homeowner. The recommendation was for the homeowner to not begin the shot series until we received the rabies test results. After learning of the positive test results, the property owner was contacted and with recommendations that he consult his physician to begin prophylaxis shots immediately. Because of the livestock involved, the case was then turned over to the Epidemiologist and State Humane Officer for further investigation and quarantine of the exposed animals. A prompt response and collaboration between agencies ensured the prevention of a fatal disease for a resident of Marathon County.

Public Health Preparedness

In 2012, public health preparedness efforts were focused on assessing our capabilities to respond to a public health event or disaster. Our efforts focused on: 1) Emergency Preparedness Mutual Aid and 2) Sheltering Needs of Vulnerable Populations.

Emergency Preparedness Mutual Aid Exercise

On March 22, 2012 the Health Department participated in a mutual aid table-top exercise with 14 other local health departments within the State of WI Division of Public Health Northern Region. The purpose of the table-top exercise was to determine under what conditions health departments would seek mutual aid and what procedures were needed to assure a coordinated response. As a result of the exercise, the need to have a formal mutual aid agreement was identified. The Northwoods Preparedness Collaborative took on the responsibility for drafting an agreement that will be shared and adopted in 2013 among surrounding local health departments (refer to page 41 for more information).

Sheltering Needs of Vulnerable Populations

On April 5, 2012 Marathon County in partnership with the American Red Cross held a Functional Exercise to assess our capacities to support shelter operations for vulnerable populations. The Functional Exercise identified we had adequate health and human services to support shelter operations and the stimulated shelter provided an opportunity for agencies to observe and gain an understanding of the American Red Cross shelter procedures. The exercise did identify the need to further develop operating procedures to better understand shared and unique responsibilities.

In preparations for the exercise, the American Red Cross held training for staff at the Health Department and other partners who provide support for shelter services. The purpose of the training was to ensure all staff has knowledge of the department's role and responsibilities in supporting a shelter, which include:

- 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 addition, the Marathon County Community Organizations Active in Disasters (COAD) re-activated membership and revisited roles in responding to a disaster or emergency situation. The Health Department is one of several community organizations represented at the table.

Community Health

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. On January 13, 2012, the 2011-2013 LIFE Report – Local Indicators for Excellence in Marathon County was released to the public. The report acknowledges community strengths and identifies community challenges for Marathon County. As part of the report, Calls to Action were identified and include: Unemployment/Job Providing a Living Wage, Alcohol and Drug Misuse, Development of Young Children, Overweight/Obesity, and Basic Needs/Food and Shelter. For more information on 2011-2013 LIFE Report – Local Indicators for Excellence in Marathon County visit www.co.marathon.wi.us.

Healthy Marathon County

Local health departments are charged with the role and responsibility of carrying out community health improvement plan. 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 a partnership between Healthy Marathon County and the Health Department. The members of Healthy Marathon County and the 6 action teams represent over 100 individuals from more than 20 organizations.

As part of the release of the LIFE Report on January 13, 2012, Healthy Marathon County announced the 2012-2016 community health priorities. The top five health priorities for the county include:

- Access and Affordability of Health Care
- Alcohol Misuse
- Oral Health Care
- Overweight/Obesity
- Tobacco Use

As the work moved forward in 2012 to establish goals and strategies for these top five priorities, Healthy Marathon County continued to support the work of the Healthy Aging and Suicide Prevention Action Teams. A copy of the 2012-2016 Community Health Action Plan is available at www.healthymarathoncounty.org along with the work of the 6 action teams.

Marathon County Early Years Coalition

In March of 2012, Healthy Babies of Marathon County, Early Age Council, and Birth to 6 Interagency Council merged to form the Marathon County Early Years Coalition. The Health Department in partnership with United Way of Marathon County provides dedicated staff to coordinate coalition activities.

The mission of the coalition is to ensure child and family well-being through a coordinated county-wide effort which maximizes resources, focusing on evidence-based practices and advocating for early childhood success. The coalition is made up of 55 individuals representing 30 organizations and the community at-large. The work of the coalition is focused around:

- Healthy Babies – ensuring healthy pregnancies result in healthy babies
- Development Screening, Referral and Intervention – expanding the use of evidence-based developmental screening to increase opportunities for access for early screening, identification and referral of children and families at risk
- Parents as First Teachers – helping parents/caregivers to become confident and knowledgeable about being their child's first teacher
- Quality Child Care – improving access and quality of local child care centers and child care homes in connection with the work of YoungStar
- Increase Kindergarten Readiness – implementing a pilot project to increase reading skills

To read more about the work of Marathon County Early Years Coalition, visit the United Way of Marathon County website at www.unitedwaymc.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 2012, 8 students were provided 4 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.

The Health Department currently manages web and social media sites for the following community initiatives and programs:

- **AOD Partnership Council**
 - Website: <http://www.healthymarathoncounty.org/alcohol-other-drugs/>
 - Facebook: <http://www.facebook.com/MarathonCountyAODPartnershipCouncil>
- **Central Wisconsin Tobacco Free Coalition**
 - Website: <http://www.centralwitobaccofree.org/>
- **Early Years Coalition**
 - Facebook: <https://www.facebook.com/MarathonCountyEarlyYearsCoalition>
- **HEAL (Healthy Eating and Active Living)**
 - Website: <http://healthymarathoncounty.org/healthy-eating-active-living/>
 - Facebook: <https://www.facebook.com/HEALCoalitionMarathonCounty>
- **Healthy Marathon County**
 - Website: <http://www.healthymarathoncounty.org/alcohol-other-drugs/>
- **Real Happy Hour**
 - Website: <http://www.therealhappyhour.org/>
 - Facebook: <https://www.facebook.com/TheRealHappyHr>
 - Twitter: https://twitter.com/real_happyhour
 - You Tube: <http://www.youtube.com/user/TheRealHappyHr>
 - Pinterest: <http://pinterest.com/realhappyhour/>
- **Start Right First Steps**
 - Facebook: <https://www.facebook.com/StartRightFirstSteps>
 - You Tube: <http://www.youtube.com/user/MarathonCoStartRight>

In 2012, the department conducted more than 100 media contacts on a wide range of health issues.

Environmental Health & Safety

Human Health Hazards

Human Health Hazard response is a State-mandated responsibility 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.

We seek 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.

Environmental sanitarians from Marathon County Health Department responded to a call from a tenant who was being attacked by fleas originating from another unit in their 8-plex apartment building. The tenant was diabetic and had open, infected sores as a result of many flea bites. Staff learned other units were also affected. Despite an adversarial relationship between the owner of the property and the tenant, the sanitarians were able to facilitate a meeting between the two parties and develop a plan of action to rid the property of fleas.

Arrangements were made for an exterminator to be on-site to treat all of the apartments, and tenants were notified of the date and time their unit would be treated. All pet owners residing in the apartment building were required to provide proof from their veterinarian that their pet was free of fleas before being permitted to return to their apartment. The parties involved in the situation complied with the plan of action and the property was successfully made free of fleas.

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, Waupaca and Wood counties. The RIC provides radon information and test kits to individuals, private businesses, and government agencies. In 2012, staff made presentations to schools, attended to employer-sponsored health fairs, and made a presentation later at one of those businesses. Additionally, our RIC provides 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, which is Radon Action Month, through media press releases in English and Hmong, resulting in a media interview. During this time, we receive many inquiries about testing and radon mitigation, as well as health effects of radon exposure. In 2012, there was an increase both in the number of homes tested and the percentage of homes with elevated radon levels. This continues the historical trend of elevated test results and the lung cancer risk from long-term exposures. The following table illustrates how many tests and mitigations were reported in Marathon County and Northcentral Radon Information Center (RIC).

Radon Tests and Mitigations 2009-2012

| Radon Activities | 2008 | | | 2009 | | | 2010 | | | 2011 | | | 2012 | | |
|---------------------------|--------------|----------------|------------------|--------------|----------------|------------------|--------------|----------------|------------------|--------------|----------------|------------------|--------------|----------------|------------------|
| | Test Results | Elevated Tests | Percent Elevated | Test Results | Elevated Tests | Percent Elevated | Test Results | Elevated Tests | Percent Elevated | Test Results | Elevated Tests | Percent Elevated | Test Results | Elevated Tests | Percent Elevated |
| Tests in Northcentral RIC | 732 | 405 | 55% | 874 | 503 | 58% | 1,231 | 524 | 43% | 687 | 242 | 35% | 786 | 363 | 46% |
| Tests in Marathon County | 406 | 272 | 67% | 252 | 156 | 62% | 144 | 86 | 60% | 126 | 69 | 55% | 169 | 113 | 67% |
| Mitigations Reported | 346 | | | 323 | | | 397 | | | 488 | | | 456 | | |
| Website Hits | 872 | | | 1,377 | | | 1,342 | | | 774 | | | 295 | | |

At the same time, the number of radon mitigation systems dropped from last year, though this may largely be due to the elapsed time between homeowners conducting tests and arranging for mitigation. Interestingly, the number of reported mitigations 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 (RRNC) 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 retrofitting a completed home. Moving forward in 2013, we are planning concentrated efforts to increase the number of home builders understanding and using RRNC.

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.

Human Health Hazard Activities Performed by Year

| Outputs | 2012 |
|---|------|
| Total number of human health hazard inquiries-w/info only provided | 248 |
| Total number of human health hazard complaints or inquiries interventions (i.e., contact with another party, collaboration with another agency) | 158 |
| Total number of human health hazard complaints or inquiries with an on-site inspection | 6 |
| Total number of radon test kits provided in Marathon County | 169 |
| Total number of radon mitigation systems installed per report for 12 county area | 456 |
| Total number of requests for radon information | 767 |
| Total number of TNC transient drinking water systems inspected | 35 |
| Total pounds of mercury collected and properly (excluding amalgam) | 8.5 |
| Total number of dentists contacted regarding proper disposal of amalgam | 43 |
| Total number of environmental screens | 19 |

Human Health Hazard Performance Outcomes by Year

| Performance Goal | Measure | Benchmark | 2011 | 2012 |
|--|---|-----------|--|---|
| Reduce or eliminate human exposure to environmental health hazards. | Complaints or inquiries received are resolved, through education, collaboration, or referral, having no enforcement action taken. | 95% | 100% | 100% |
| Reduce indoor exposure to radon. | Owners with elevated radon tests will be notified of corrective action to reduce levels to meet EPA standard. | 100% | 100% Note: 69/126 tests were elevated | 100% Note: 113/169 tests were elevated |
| Reduce indoor exposure to radon. | Number of radon mitigation systems installed | None | 488 | 456 |
| Residents and visitors will be assured a safe drinking water sources from transient well systems. | Transient well systems inspected will meet state guidelines. | 100% | 100% | 100% |
| Risk for environmental contaminates will be known prior to the county acquiring a tax delinquent property. | Tax delinquent properties acquired by the county will have a report on file as to known environmental contaminates. | 100% | 100% | 100% |

Licensing

The Marathon County Health Department functions through contract as an agent of the State to provide public health inspections and licensing for a variety of establishments. Under our agent contracts 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. Each of the 926 licensed facilities are inspected at least annually. Program staff serves as the primary investigators when there is a suspected food or water borne illness in Marathon County.

The licensing year is from July 1 through June 30 and at the end of the 2012-13 licensing year, 926 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 retail food. The following table summarizes the types of licenses issued by year.

Types of Licenses 2008-2012

| License Year Ending 6-30 | Total Licenses | Restaurant | Lodging | Pools | Body Art | Retail Food | Mobile Home Parks | Taverns |
|--------------------------|----------------|------------|---------|-------|----------|-------------|-------------------|---------|
| 2008 | 1,009 | 558 | 72 | 98 | 14 | 237 | 28 | 18 |
| 2009 | 960 | 537 | 64 | 89 | 15 | 212 | 28 | 15 |
| 2010 | 959 | 526 | 68 | 93 | 10 | 220 | 26 | 16 |
| 2011 | 894 | 480 | 67 | 89 | 19 | 196 | 26 | 17 |
| 2012 | 926 | 495 | 68 | 92 | 13 | 217 | 28 | 13 |

Our sanitarians see themselves as resources for our facilities serving in a consulting role, assisting operators with ideas and options where possible to meet the regulations.

Food Safety

The Environmental Health and Safety program works to identify and respond to health problems related to food safety including outbreak investigations. We had two foodborne illness outbreak investigations in 2012. Limiting the spread of a communicable disease and providing clear guidance to facilities during and after an investigation to prevent future illnesses are key goals in our licensing program. Here is the story of one investigation from 2012.

In April 2012, thirteen co-workers had lunch together at a local restaurant with eight reporting illness involving nausea, vomiting, and diarrhea hours later. We were notified one week after the meal and followed up with the company's human resources department to determine whether above average absenteeism had occurred, to indicate whether the illness transmission may be within the company. Normal absenteeism was reported. The original complainant told us that two other small groups of people who had recently eaten meals there and did not work at the company had similar illness symptoms. They had consumed meals prepared over the two days following the original report. Outbreak questionnaires were completed for those involved.

An onsite consultation with the restaurant manager occurred that same day to share information and investigate the facility. It was learned that a cook reported being ill the day before the complainants' meals were consumed and was sent home. The cook returned to work the next day and prepped side salads and sandwiches for use over the next few days. An interview with the cook revealed symptoms similar to the ill patrons. No other facility employees reported illness.

Early in the outbreak, the organism Norovirus was suspected based on reported symptoms and the incubation period. At that time, guidance on Norovirus cleaning and disinfection for all equipment and surfaces, hand washing, glove use, and exclusion guidelines for ill employees was provided to the facility. Stool samples obtained from an ill customer and the cook eventually confirmed the same species of Norovirus. This was a relatively small outbreak involving a total of 18 contacts with 13 having similar illness symptoms.

In addition to illness investigations, activities in the food safety program include on-site informal education of food service employees; inspection of food service facilities including 54 schools in the Federal School Lunch/Breakfast Program; 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. Two media events involved a national salmonella outbreak associated with commercially processed salads and a local story on our role in restaurant food safety and violations found during inspections.

Marathon County tracks the 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. Improper Holding Temperatures (refrigeration or heating holding temperatures) and Other CDC Factors remain generally the high violation category and is consistent with statewide data. Violations in this category would include the lack of a certified food manager; inadequate demonstration of food safety knowledge; and inadequate policies and records involving employee health. CDC Risk Factor violations from full-service restaurants and retail food operations are presented below.

CDC Risk Factor Violations 2011-2012

| CDC Risk Factors | 2011 Violations | | 2012 Violations | |
|---------------------------------|-----------------|--------|-----------------|--------|
| | Restaurants | Retail | Restaurants | Retail |
| Unsafe Food Sources | 20 | 8 | 13 | 3 |
| Inadequate Cooking Temperatures | 17 | 4 | 5 | 0 |
| Improper Holding Temperatures | 149 | 44 | 118 | 30 |
| Cross Contamination | 115 | 23 | 93 | 15 |
| Personal Hygiene | 118 | 19 | 95 | 13 |
| Other CDC Factors | 153 | 31 | 111 | 19 |
| TOTALS | 572 | 129 | 435 | 80 |

In 2012, restaurant inspections noted 435 CDC Risk Factor violations while retail facilities had 80. CDC Risk Factor category totals for Restaurant and Retail facilities decreased as compared to 2011 and continue a general downward trend over the last several years. We did conduct 24 food facility re-inspections in 2012 (28 in 2011) when facilities were found out of compliance on an initial inspection. In terms of complaints, there were 44 reported in 2012 (32 in 2011). Each interaction with an establishment operator allows us to share information learned through inspections, foodborne illness investigations, and trainings we have attended. They provide an opportunity to inform and assist operators in meeting regulations, with a common goal of food safety. The following tables summarize the activities and outcomes for the licensing program.

| Licensing Program Activities Performed by Year | | |
|---|-------|------|
| Program Activities | 2011 | 2012 |
| Total number of licensed establishments (including temporary) | 894 | 926 |
| • Number of restaurants/taverns inspections | 497 | 508 |
| • Number of retail food inspections | 196 | 217 |
| Total number of foodborne illness investigations | 2 | 2 |
| Total number of food-related complaints | 32 | 44 |
| Total number of food-related education classes and attendees | 6/530 | 1/8 |
| Total number of web-site food safety (hits per year) | 761 | 761 |
| Total number of media events | 5 | 2 |
| Total number of school inspections | 100 | 100 |
| Total number of lodging inspections | 44 | 46 |
| Total number of pool inspections | 89 | 92 |
| Total number of body art inspections | 19 | 13 |
| Total number of mobile home parks inspections | 26 | 28 |

| Licensing Program Performance Outcomes by Year 2011-2012 | | | | |
|--|--|-----------|-------|-------|
| Program Goal | Performance Measure | Benchmark | 2011 | 2012 |
| Restaurants and retail food establishments in Marathon County will not be exposed customers to foodborne diseases. | Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission. | 90% | 94.8% | 95.5% |
| | Retail food establishments in Marathon County will have fewer than five (5) critical violations. | 90% | 98.6% | 98.7% |
| Schools in Marathon County will not expose students and faculty to foodborne diseases. | Schools in Marathon County will have fewer than five (5) critical violations. | 90% | 100% | 100% |
| Pools and whirlpools located in Marathon County will not expose their guests to waterborne diseases. | Pools and whirlpools located in Marathon County will be bacteriologically safe. | 90% | 96% | 95% |
| | The re-inspection ratio for pools and whirlpools will be no more than 5%. | 5% | 2% | 0% |
| Tattoo businesses in Marathon County will not expose their clientele to infectious diseases. | Tattoo businesses will have to follow infectious disease guidelines. | 90% | 100% | 100% |
| Mobile home parks in Marathon County will provide a safe and healthy environment for residents. | Mobile home parks will not have a declared uninhabitable home. | 90% | 96% | 100% |

Water Testing Laboratory

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

In 2012, there were 2,854 public drinking water samples (2,928 in 2011) and 2,310 private drinking water samples (1,564 in 2011) tested in our lab. Of the drinking water samples tested in the lab, 9% were unsafe, down from 14% in 2011. In 2012, 15% of private drinking water samples were unsafe (18% in 2011) as were 3% of public drinking water samples (7% in 2011).

Water Testing Results 2008-2012

| | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|-------|-------|-------|-------|-------|
| DRINKING WATER | | | | | |
| Total number of samples | 4,852 | 4,526 | 4,634 | 4,492 | 5,164 |
| Bacteriologically safe samples | 4,098 | 3,831 | 3,820 | 3,655 | 4,373 |
| Bacteriologically unsafe samples | 448 | 377 | 642 | 447 | 418 |
| Nitrate>10.0mg/l (unsafe for pregnant women & infants) | 88 | 102 | 100 | 95 | 99 |
| RECREATIONAL WATER (pools & beaches) | | | | | |
| Total number of samples | 2,028 | 1,953 | 1,885 | 1,919 | 1,946 |
| Bacteriologically satisfactory samples | 1,928 | 1,886 | 1,809 | 1,843 | 1,839 |
| Bacteriologically unsatisfactory samples | 96 | 67 | 76 | 71 | 92 |

In 2012, the public samples include 187 facilities with public water supplies which we sample under the DNR-TNC contract. Among these, it shows that of the 187 facilities with public water supplies, 183 (98%) tested safe, while 4 (2%) 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. In 2012, 5% of recreational water samples tested were bacteriologically unsatisfactory, requiring follow-up action, compared to 4% in 2011.

Family Health

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.
- **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 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 2012, Marathon County Health Department received 111 prenatal referrals, with 105 women engaging in services (one or more visits with a public health nurse) and 89 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.

Referral sources include: WIC, Hope Pregnancy Resource Center, Bridge Community Health Clinic, Department of Social Services, Wausau Health Services, The Neighbor's Place, medical clinics, hospitals, insurance companies, and self-referrals.

"I'm so glad that I had the chance to meet you. You've helped me through so much during this time and helped me understand the many aspects of my pregnancy. Thank you for everything." - Start Right First Steps client speaking about her public health nurse.

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

| | 2008 | 2009 | 2010 | 2011** | 2012 | Benchmark |
|--|------|------|-------|--------|------|-----------|
| Babies will be Healthy | | | | | | |
| Percent of women who reported smoking during their pregnancy | 48% | 31% | 46% | 44% | 42% | - |
| Percent of women who reported smoking who stopped or decreased smoking | 91% | 87% | 97% | 94% | 92% | 90% |
| Percent of women who reported drinking at all during their pregnancy | 35% | 28% | 30% | 32% | 25% | - |
| Percent of women who reported drinking at all during their pregnancy who stopped drinking completely | 96% | 91% | 95% | 96% | 96% | 90% |
| Percent of women who reported having a dental provider | 84% | 92% | 95% | 92% | 93% | 90% |
| Percent of women referred for dental care | 42% | 41% | 31% | 24% | 28% | |
| Percent of women who initiated breastfeeding | 62% | 68% | 58% | 54% | 61% | 80% |
| Percent of women who initiated breastfeeding who breastfed 8 weeks or longer | 51% | 50% | 37% | 40% | 52% | - |
| Percent of women who were linked to contraceptive services | N/A* | 57% | 66% | 92% | 89% | - |
| Percent of women referred for contraceptive services | 24% | 26% | 23% | 20% | 19% | - |
| Percent of infants who had a primary care provider | 100% | 97% | 96% | 72% | 100% | 95% |
| Percent of parents with knowledge of immunizations | N/A* | 93% | 96% | 100% | 96% | 95% |
| Percent of eligible infants enrolled in WIC | N/A* | 85% | 77% | 80% | 74% | 85% |
| Percent of eligible infants referred to WIC | N/A* | 8% | 13.5% | 14% | 16% | - |
| Children will be Safe in their Family Homes | | | | | | |
| Percent of infants who sleep on their back | 99% | 92% | 92% | 92% | 90% | 90% |
| Percent of women and caregivers who do not co-sleep with their infants | 88% | 84% | 86% | 87% | 87% | 90% |
| Percent of infants who have a crib | 99% | 97% | 97% | 100% | 96% | 95% |
| Percent of women referred to "Cribs for Kids" | 23% | 47% | 37% | 41% | 34% | - |
| Percent of homes with working smoking alarms | N/A* | 68% | 86% | 79% | 89% | 95% |
| Percent of homes and cars that are smoke-free | 91% | 88% | 81% | 83% | 88% | 80% |
| Percent of home with private wells that have been tested | N/A* | 100% | 100% | 91% | 100% | 90% |
| Children will Experience Nurturing Relationship with their Parents | | | | | | |
| Percent of women experiencing perinatal depression | 37% | 35% | 31% | 20% | 11% | - |
| Percent of women experiencing perinatal depression referred to mental health services (who had not been previously referred) | 60% | 39% | 39% | 58% | 50% | - |
| Percent of parents who respond appropriately to infant's hunger cues | N/A* | 91% | 95% | 93% | 91% | 90% |
| Percent of parents who respond appropriately to infant's crying cues | N/A* | 92% | 95% | 92% | 91% | 90% |

| | 2008 | 2009 | 2010 | 2011** | 2012 | Benchmark |
|--|------|------|------|--------|------|-----------|
| Families will be Knowledgeable about Key Community Resources, including Start Right | | | | | | |
| Percent of families eligible for a Step by Step Family Educator who accepted services | N/A* | 64% | 69% | 62% | 71% | - |
| Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services | N/A* | 80% | 20% | 2% | 13% | - |
| Percent of families aware of Family Resource Center services | N/A* | 93% | 95% | 92% | 94% | - |

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

** Information from 2011 has been recalculated to reflect the most current data available.

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 2012, there were 1,614 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 2012, a total of 172 home visits were made and 239 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 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 by a public health nurse:

| | 2009 | 2010 | 2011** | 2012 | Benchmark |
|--|------|------|--------|------|-----------|
| Children will be Healthy | | | | | |
| Percent of women who initiated breastfeeding | 76% | 76% | 81% | 83% | 80% |
| Percent of women who were linked to contraceptive services | 64% | 92% | 78% | 81% | - |
| Percent of women referred for contraceptive services | 7% | 8% | 7% | 9% | - |
| Percent of families who reported infants had a primary care provider | 99% | 99% | 100% | 100% | 95% |
| Percent of parents knowledgeable of immunizations | 97% | 97% | 96% | 96% | 95% |
| Percent of eligible infants enrolled in WIC | 41% | 43% | 40% | 41% | - |
| Percent of eligible infants referred to WIC | 5% | 2% | 7% | 2% | - |
| Children will be Safe in their Family Homes | | | | | |
| Percent of infants who sleep on their back | 97% | 95% | 96% | 98% | 90% |
| Percent of women and caregivers who do not co-sleep with their infants | 91% | 91% | 93% | 92% | 90% |
| Percent of infants who have a crib | 98% | 98% | 97% | 100% | 95% |
| Percent of women referred to "Cribs for Kids" | 7% | 7% | 7% | 7% | - |

| | 2009 | 2010 | 2011** | 2012 | Benchmark |
|--|------|------|--------|------|-----------|
| Percent of homes with working smoke alarms | 95% | 95% | 95% | 96% | 95% |
| Percent of infants with a smoke-free home and car | 86% | 82% | 88% | 84% | 80% |
| Percent of homes with private well that has been tested | 98% | 95% | 95% | 97% | 95% |
| Children will Experience Nurturing Relationships with their Parents | | | | | |
| Percent of women experiencing perinatal depression | 16% | 11% | 9% | 11% | - |
| Percent of women experiencing perinatal depression who were referred for services (who had not been previously referred) | 32% | 26% | 42% | 26% | - |
| Percent of parents who respond appropriately to infants hunger cues | 97% | 98% | 97% | 96% | 90% |
| Percent of parents who respond appropriately to infants crying cues | 97% | 97% | 97% | 96% | 90% |
| 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% | 59% | - |
| Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services | 27% | 26% | 15% | 12% | - |
| Percent of parents who are aware of Family Resource Center | 85% | 82% | 78% | 70% | - |

**Information from 2011 has been recalculated to reflect the most current data available.

"Thank you for helping me to get my baby to latch properly! I was so close to giving up on breastfeeding, but with your help we were able to be successful." - 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 Hospital of Wisconsin - Community Services (Children's Service Society of Wisconsin). A family educator provides comprehensive parenting services to families in their home with particular emphasis on parent-child interaction, child development and early learning, as well as assuring linkages to preventive health services and community resources. The goal of Step by Step is to strengthen parenting from birth to through four years of age, supporting parents in their efforts to be the best parent they can be. Children who are raised in a supportive environment are more likely to be ready to learn at school and this sets the stage for successful adulthood.

In 2012, 68 new eligible families accepted Step by Step services. A total of 256 families received Step by Step services, with 4,422 visits made in 2012. The following impacts were realized for families who received Start Right Step by Step services:

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2012 Benchmark |
|--|------|------|------|-------|------|----------------|
| Children will be Healthy | | | | | | |
| Percent of families who have a primary medical home/provider | 99% | 99% | 99% | 99% | 98% | 95% |
| Percent of children on schedule for their well child exams | 90% | 95% | 90% | 95% | 96% | 90% |
| Percent of children who are up-to-date on immunizations at 24 months of age | 100% | 99% | 95% | 98% | 93% | 92% |
| Percent of eligible children that received WIC | N/A* | 84% | 88% | 89% | 91% | 85% |
| Children will be Safe in their Family Homes | | | | | | |
| Percent of homes that had a decrease in an identified safety hazard | N/A* | 55% | 66% | 88% | 87% | 85% |
| Children will Experience Nurturing Relationships with their Parents | | | | | | |
| Percent of parents who scored 80% or higher on post parenting knowledge test | 86% | 82% | 89% | 77% | 76% | 80% |
| Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers | 95% | 83% | 73% | 82% | 83% | 80% |
| Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services | N/A* | 41% | 63% | 75% | 68% | 60% |
| Children will be School Ready | | | | | | |
| Percent of children identified for a potential developmental delay | 16% | 12% | 16% | 37%** | 33% | - |
| Percent of children with a potential developmental delay referred & accepted services or are already receiving services | 80% | 81% | 85% | 88% | 96% | 90% |
| Percent of children age 3-5 years enrolled in a group-based early childhood program | 47% | 52% | 63% | 83% | 75% | 65% |

*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 tool.

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 2007-2008 data.

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

Marathon County offers Family Resource services in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. Marathon County funds services in 5 of the 8 communities. The Family Resource services provide information for families on parenting information and support through their libraries, educational programs, family events, and drop in playtime at various locations in communities. Parents are encouraged to call the Family Resource

Warmline when they have specific parenting questions or need support. A total of 934 unduplicated adults and children attended one or more of the programs offered in Marathon County.

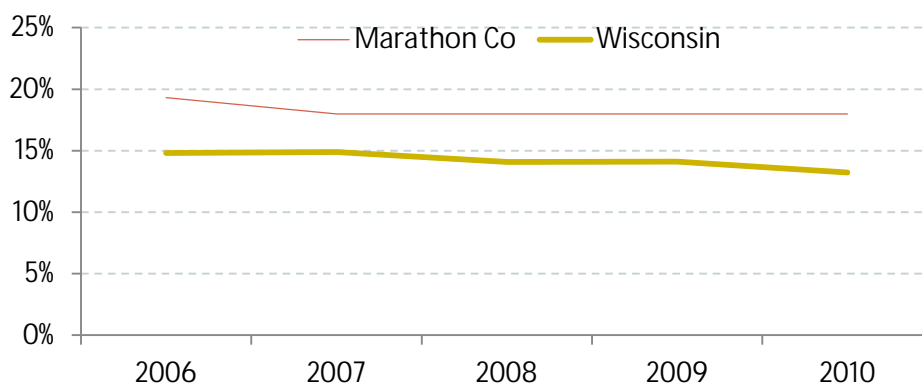
Play N' Learn is offered as a service in eight communities in Marathon County and on-site at A.C. Kieffer school in Wausau. Play N' Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and access to community resources. In addition, Play N' Learn is used as a strategy to identify children who could benefit from early intervention services such as Birth to 3, Head Start, etc. A total of 162 unduplicated adults and 281 children participated in the 269 Play N'Learn sessions held in Marathon County in 2012.

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 is common for the nurses and family visitors to receive warm thanks from families for their support through their pregnancy, postpartum period, 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. The percentage of women who smoke during pregnancy has held steady over the past 5 years, 19% in 2010 in comparison to Wisconsin at 13%. We know that smoking during pregnancy can have 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.

Maternal Smoking Rates 2006-2010



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). The program is incorporated into Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation. In 2012, 35 women in the prenatal care coordination program reported smoking during pregnancy and 17 enrolled in the First Breath program. All women in PNCC who report smoking received cessation education and support services by a public health nurse to assist them in quitting or staying quit. Of the women who enrolled in the First Breath program and delivered in 2012, 89% reported that they had quit or reduced their tobacco use during 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 (http://www.wwhf.org/pg_mybaby_1.asp) in 2011 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. In 2012, 4 women enrolled in the My Baby and Me program through Marathon County Health Department. As many of the women enrolled in the program are still pregnant, data is pending regarding outcomes.

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

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. Child health program services include case management and health teaching for parents of infants and children for a variety of conditions and situations including: failure to thrive; family support in the case of child abuse or neglect; 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 2012, 29 children and their families received one or more home visits with a public health nurse.

In addition, this program area includes the public health nurse's support and promotion of community-based interventions and services. Community involvement enables the health department to work in partnership with other organizations to address health issues impacting children and families. In 2012, 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 Years Coalition, 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.

The outcomes below are reflective of children referred to the program and had one or more visit with a public health nurse. This data is considered baseline data, as it's the first outcome reports for this program area. Benchmarks will be established for the program in 2013.

| | |
|---|-----|
| Children will be Healthy | |
| Percent of children with a primary care provider | 83% |
| Percent of children who are up to date on immunizations | 59% |
| Percent of children who had a dental visit in the past year | 7% |
| Percent of children who have been developmentally screened | 28% |
| Children will be safe in their family homes | |
| Percent of children with a safe sleep environment | 76% |
| Percent of children with an appropriate car seat | 72% |
| Children will experience nurturing relationship with their parents | |
| Percent of parents who exhibit appropriate response to behavioral cues | 66% |
| Families will be knowledgeable about key community resources | |
| Percent of parents aware of community resources | 83% |
| Percent of parents with access to community resources | 83% |
| Percent of parents who have no access due to barriers to access | 3% |

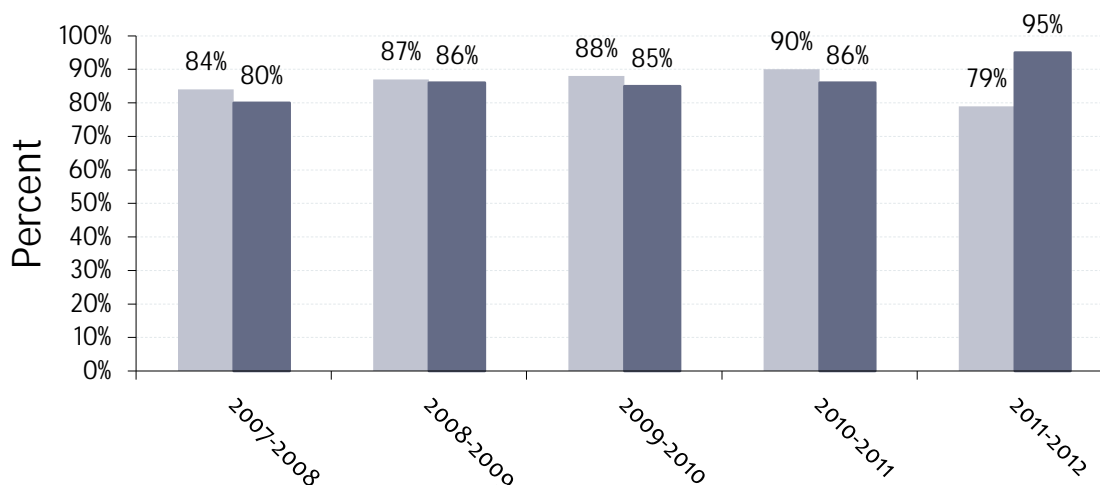
Children's Hearing and Vision Screening Program

In the 2011-12 school year, screening was provided to four-year-olds in four-year-old kindergarten and children in 5K, 1st, 2nd, 3rd, and 5th grades. Children were screened in 60 locations including public, private, and parochial school districts in the county. Four-year-old Kindergarten is offered in various locations including daycare facilities and community based organizations, in addition to the neighborhood schools, resulting in the high number of screening sites. During this school year 8,371 children were screened and 440 were re-screened for hearing loss. Of those screened, 147 children were referred for further evaluation

of their hearing. In addition, 7,936 children were screened and 1,157 were rescreened for vision loss, with 772 children being referred to providers for further evaluation of their vision.

For the 2011-12 school year, 79% of the children referred for hearing difficulties and 95% of the children referred for vision difficulties have completed the referral process with medical follow up by August 2012.

Percent of Completed Referrals 2007-08 to 2011-12



In January of 2012, a new Program Coordinator began following a retirement. The new Coordinator has become certified by the Council for Accreditation in Occupational Hearing Conservation (CAOHC) as an Occupational Hearing Conservationist and quickly assumed full responsibility for the program. Two people are employed on an hourly basis to assist as Vision Screeners. With the addition of the DC Everest District back into the program a new schedule was developed to screen and refer an increased number of children. One of the Vision Screeners was also CAOHC certified to build program capacity to screen more students per week. Despite these changes to staffing and staffing patterns, all schools were served and the percent of referrals completed remains high. The program continues to be funded through a contract with Marathon County Special Education Services. They, in turn, are including this in their contracted services to each local school district.

Childhood Lead

Lead is toxic to everyone, but especially to children under the age of 6. The childhood lead poisoning program highlights a multidisciplinary approach to intervention and involves public health nursing and environmental health staff. The public health nursing staff work with the parents and children involved in a lead poisoning and the environmental health staff investigates the homes and buildings to identify the potential sources of lead exposure and develop plans for lead hazard reduction.

A significant change occurred in May 2012, when the Centers for Disease Control (CDC) accepted an advisory committee's recommendation to lower that level from 10 micrograms per deciliter of blood (ug/dl) to 5 ug/dl and changed their guidelines so that actions previously identified for a blood lead level of 10 ug/dl or greater go into effect at the new action level of 5 ug/dl. The actions taken include offering lead hazard education to parents and caregivers, a home visit by a public health nurse, and an environmental lead hazard investigation to identify lead hazards, along with recommendations for addressing any hazards. Our childhood lead program has actively engaged in these same interventions for the past several years feeling that earlier intervention limits the length of time a child would be exposed to lead and leads to fewer children having higher blood lead levels. Since no blood lead level is considered safe, implementation of the CDC guidelines is a proactive approach to protecting a child's health and is recommended by state health experts. At this time, state regulations do not include the CDC guidance and participation is voluntary.

In 2012, 39 children in Marathon County were identified as meeting the new action level. Lead hazard investigations were conducted in 12 properties associated with these children. There were 9 children who were identified as lead poisoned at 10-19

ug/dl level in 2012. Additionally, there were two children with an elevated blood-lead levels on a single test exceeding 20 ug/dl or more. The best way to protect children has been, and remains, preventing lead exposure in the first place.

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-painted windows are a primary source of lead exposure for children as lead dust is produced when painted window surfaces rub against one another or via deteriorated paint in window wells. Inadequate nutrition lacking calcium-rich foods and traditional medicines are other factors. Each of these risk factors is considered when investigating a lead exposure.

Lead hazard reduction 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 federal and state laws require certified contractors in many instances. Available funding influences lead reduction activities and ranges from permanent solutions such as siding replacement to scraping and repainting existing siding, which requires ongoing maintenance. Three properties in Marathon County completed lead hazard reduction in 2012.

Lead Testing Results, Hazard Reductions, and Property Inspections 2008-2012

| Activities | 2008 | 2009 | 2010 | 2011 | 2012 |
|---------------------------------------|--------|---------|--------|---------|---------|
| Total Number of Lead Tests | 1,739 | 1,745 | 1,430 | 1,319 | 1,267 |
| Tests <10 ug/dl | 1,720 | 1,717 | 1,403 | 1,303 | 1,197 |
| Tests 5 to <10 ug/dl (# of children) | - | - | - | - | 49 (39) |
| Tests 10 to 19 ug/dl (# of children) | 14 (6) | 22 (17) | 17 (9) | 17 (10) | 16 (11) |
| Tests ≥20 ug/dl (# of children) | 5 (2) | 6 (2) | 10 (6) | 1 (1) | 5 (2) |
| Housing Units – Lead Hazard Reduction | 6 | 4 | 3 | 2 | 3 |
| Lead Property Inspections | 19 | 25 | 20 | 20 | 25 |

One child was found to have a blood lead level of 49 ug/dl in August 2012. This very high blood lead level was identified during their one- year well-child visit by a pediatrician. Health Department staff responded, conducting a lead hazard investigation of the rental property and providing education to the child's parents on the importance of hand washing, diet, and cleaning. Lead hazards were identified during the investigation and also discussed with the parents. Concerned for their child's health, the parents blocked access to the windows where the child had been seen eating paint chips. Follow up blood tests are recommended every 3 months for children with elevated levels of lead. As of March 2013, the child's blood test result was 11 ug/dl; a 78% reduction from the first test, though still a concern.

After the initial lead hazard investigation, enforcement orders were issued to the property owner to remove the lead hazards. The property owner followed the enforcement orders and the property was brought into compliance on January 3, 2013, making it lead safe. The intervention by our staff and actions by the child's parents is expected to greatly reduce the impact lead will have on the 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 2012, 39 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 2012 and were able to be contacted for follow up, 100% report using the Pack N Play every time the baby sleeps, 77% place their baby to sleep appropriately on their back, and 69% keep extra blankets, stuffed animals, and pillows out of the crib.

Cribs for Kids is a national organization that enables local chapters to purchase wholesale portable cribs. Marathon County Health Department is a chapter member. Private foundation and community donations are used to purchase Graco portable cribs.

Car Seat Rental and Passenger Safety

In 2012 the Car Seat rental program was phased out. The program began in the late 1980's as a partnership between the Health Department and the Wausau Area Jaycees with some grant funding from the WI Department of Transportation (WI DOT). Early on the program included classroom education programs and car seat rental program coordination and tracked by MCHD staff. Wausau Area Jaycee volunteers, Kevin and Dawn Kunkel, facilitated seat rentals when MCHD staff was unavailable, including evenings and weekends.

Over the years the program evolved due to changes in funding, partnerships, and state policy on child passenger safety. In 1999 the Wausau Area Safe Kids Coalition was formed and began to offer car seat checks for parents at hospitals, car dealerships, and health fairs in the community. MCHD staff support these events by providing staff that are certified as Child Passenger Safety Technicians to install seats and educate families. Also, hospitals began the policy that no infant would leave the hospital without a properly fitted car seat. In Wisconsin the child passenger law was changed to require that children up to age 8 need to be safely secured. The changes in state policy have contributed to the shift in the behavior related to consistent car seat usage. In the past thirty years, it has become a norm to use seats.

The partnership with the Safe Kids Coalition is how we assure families have access to seats. The WI DOT is providing funding to purchase seats for families who cannot otherwise afford to have a seat. Marathon County Health Department serves as the fiscal agent for the grant to support the purchase of a car seat for families that do not have ability to pay. This arrangement between WI DOT, the Safe Kids Coalition and MCHD is how we will continue to serve children. In 2012 we placed 28 car seats with families that needed them. In 2012, the rental program ended and the Kunkel family was recognized by the County Board for their many years of service to child passenger safety.

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



All of the work of the Regional Center is directed by six National Performance Measures related to:

- Access to Care
- Adequate Health Care Coverage
- Family Leadership/Parent Support
- Medical Home
- Early and Ongoing Screening
- Youth Transition

In 2012, over 1,130 contacts were made with families, youth, professionals and partners through a variety of activities. The vast majority of callers contacting the Center have resource needs related to behavioral or emotional health needs – in particular autism spectrum disorders. The single highest unmet need is respite or specialized childcare services – funding and/or qualified providers.

The Northern Regional Center has the reputation for the highest number of referrals to the Parent to Parent of Wisconsin program – providing parent support through one-to-one matching of parents with a child having a similar chronic condition. This organization is one of several partners in our state network of collaborators.

The Regional Center conducted eight trainings on developmental screening with primary care providers.

Advocacy partners include Family Voices – newsletter, fact sheets and two Did You Know trainings

In 2012, we strengthened partnerships with Aging and Disability Resource Center's (ADRC) transition advisory councils in multiple counties and conducted one training on transition: "What's After High School."

2013 New and Upcoming Plans

The CYSHCN Northern Regional Center plans to develop stronger partnerships with health departments receiving federal Maternal Child Health Block Grant funds for the Wisconsin Healthiest Families Initiative.

Medical Home trainings will continue on developmental screening but behavioral health supports for primary care providers will be a new focus area of our partner, the Statewide Medical Home Initiative.

Northwoods Preparedness Collaborative



Marathon County Health Department is the Northwoods Preparedness Collaborative fiscal agent, employing a full time program manager, and providing technical assistance and consultation to the participating agencies. August 1, 2012 signaled the start of a new contract year for public health emergency preparedness (PHEP), and the Northwoods Preparedness Collaborative was pleased to welcome a new member, the Marinette County Health Department. The Northwoods Preparedness Collaborative closed out the year with ten member agencies including Florence, Forest, Iron, Langlade, Marathon, Marinette, Price, Sawyer, Taylor, and Vilas County Health Departments.

Collaboration proved valuable in achieving all State of Wisconsin required PHEP contract objectives for the 2011-12 contract period, as well as accomplishing other shared goals and objectives. During the contract year ending July 31, 2012, the State of Wisconsin Division of Public Health (DPH) required local public health agencies to assess performance on 15 Centers for Disease Control and Prevention (CDC) Public Health Capabilities. The Northwoods Collaborative researched assessment questions and developed guidance for member agencies to refer to when completing assessments. Other accomplishments were updating the PHEP and mass clinic plans, providing Incident Command Structure (ICS) training, and conducting two exercises - a 24/7 drill and a mutual aid tabletop.

The March mutual aid tabletop exercise included participation from 18 county and tribal health departments in the DPH Northern Region. Among several debriefing recommendations was the development of a written mutual aid agreement. The collaborative drafted an agreement in follow-up to the exercise, consulting with the Network for Public Health Law and the Wisconsin Association of Local Health Departments and Boards.

The State of Wisconsin DPH designated three of the 15 CDC capabilities to be the focus of planning, training, and exercising efforts in the 2012-13 contract period starting August 1. Collaborative members reviewed assessment results and developed a coordinated work plan for closing gaps in priority capabilities:

- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing

Besides preparedness efforts, the State of Wisconsin DPH awarded an accreditation infrastructure grant to the Northwoods Preparedness Collaborative for January through September 2012, and the collaborative made significant progress toward national accreditation and implementation of quality improvement and performance management initiatives. Agencies completed an accreditation self-assessment, conducted a quality improvement (QI) project, drafted an agency QI plan, and sponsored and participated in performance management and QI training.

2012 FINANCIAL SUMMARIES (unaudited)

| <u>LEVY FUNDED</u> | <u>Budgeted Levy</u> | <u>Actual Levy</u> | <u>Budgeted Revenue</u> | <u>Actual Revenue</u> |
|---------------------------------|--------------------------|------------------------|-----------------------------|---------------------------|
| General Public Health | \$1,811,669 | \$1,806,925 | \$46,336 | \$39,981 |
| Environmental Permits/Licensing | \$27,512 | \$ | \$374,240 | \$366,595 |
| Laboratory | \$5,026 | \$ | \$113,466 | \$126,585 |
| Start Right | \$886,996 | \$886,996 | \$100,000 | \$100,000 |
| Total Levy Funded | \$2,731,203 | \$2,693,921 | \$634,042 | \$633,161 |

PROGRAMS FUNDED FROM OTHER SOURCESRegional Programs

| | | |
|---|-----------|-----------|
| Children & Youth with Special Health Care Needs | \$129,698 | |
| Regional Public Health Preparedness (NWC) | \$49,647 | |
| Northwoods Preparedness Collaborative | \$123,923 | |
| Total Regional Programs | | \$303,268 |

Family Health/Communicable Disease

| | | |
|--|----------|-----------|
| HIV Partner Services | \$5,570 | |
| Immunizations & Vaccinations | \$37,836 | |
| Maternal/Child Health | \$47,613 | |
| Prenatal Care Coordination | \$50,985 | |
| Targeted Case Management | \$12,464 | |
| Tuberculosis | \$3,520 | |
| Total Family Health/Communicable Disease | | \$157,988 |

Environmental Health

| | | |
|----------------------------|----------|----------|
| Lead | \$13,470 | |
| Mercury/DNR | \$39,196 | |
| Radon | \$27,676 | |
| Total Environmental Health | | \$80,342 |

Chronic Disease Prevention

| | | |
|-------------------------------------|-----------|-----------|
| Alcohol | \$169,484 | |
| Asthma | \$5,013 | |
| Healthy Eating, Active Living | \$2,291 | |
| Hearing & Vision Screening | \$43,387 | |
| Injury Prevention | \$3,688 | |
| Tobacco Control Grants | \$103,642 | |
| Transform Wisconsin | \$171,436 | |
| Breast & Cervical Cancer Prevention | \$49,450 | |
| Total Chronic Disease Prevention | | \$548,391 |

Departmental

| | | |
|----------------------------------|----------|----------|
| Local Public Health Preparedness | \$47,561 | |
| Organizational Culture | \$771 | |
| Total Departmental | | \$48,332 |

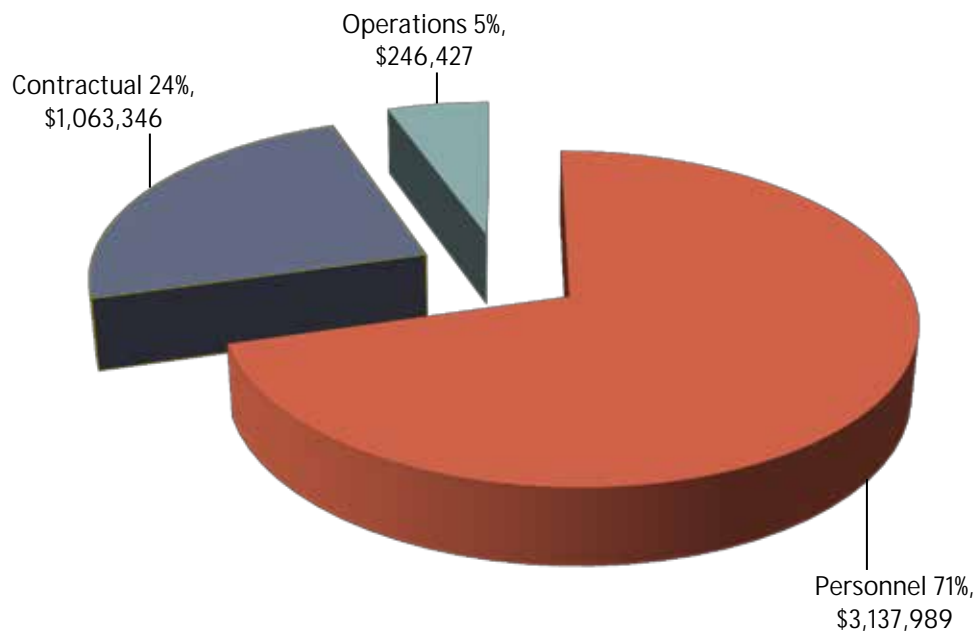
TOTAL PROGRAMS FUNDED FROM OTHER SOURCES

\$1,138,321

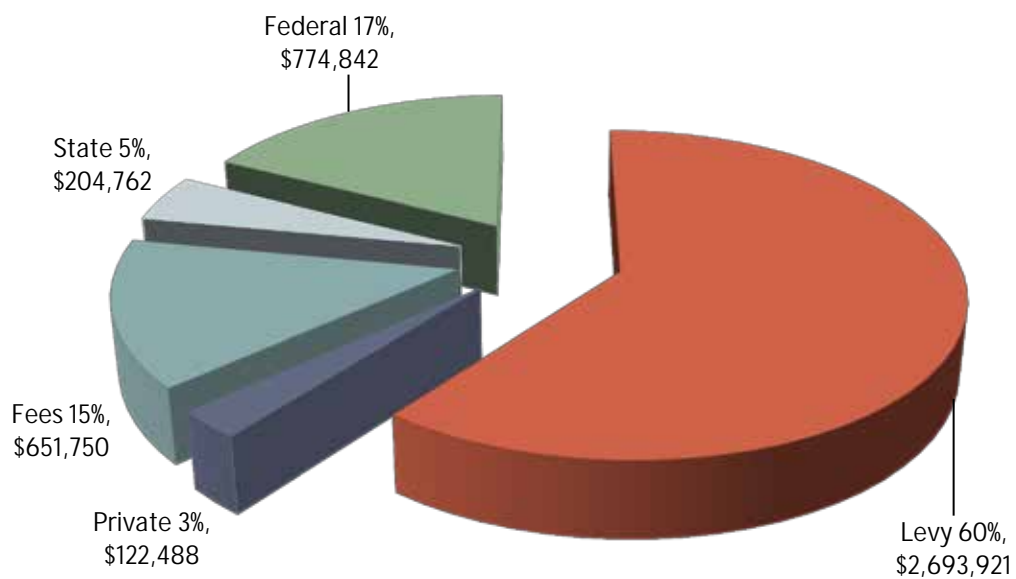
TOTAL ALL FUNDS\$4,465,403

| | <u>Total Funds</u> | <u>2010 Population Census</u> | <u>Per Capita Funds</u> |
|-----------------|------------------------|---------------------------------------|---------------------------------|
| Levy Funded | \$2,693,921 | 134063 | \$ 19.45 |
| Non-Levy Funded | \$1,771,482 | 134063 | \$ 13.21 |
| Total | <u>\$4,465,403</u> | <u>134063</u> | <u>\$ 33.31</u> |

2012 Expenditures



2012 Revenue Sources



| Marathon County Health Department Staff - 2012 | | | | | |
|---|--|-----------|--------------------|--|------------------|
| | | | | Years of Service | Years of Service |
| Health Officer | | | | | |
| Joan Theurer | Health Officer | | | | 6 |
| Chronic Disease Prevention | | | | | |
| Judy Burrows | Director - Chronic Disease Prevention | 20 | Krista Mischo | Screening Technician (P.T./Casual) | <1 |
| Vicki Anthony | Public Health Screening Coordinator (P.T.) | <1 | Mandy Myszk | Health Educator (P.T.) | 6 |
| Kari Cline | Screening Technician (P.T./Casual) | 5 | Amanda Ostrowski | Health Educator | 5 |
| Melissa Dotter | Drug Free Community Coordinator | 2 | Aaron Ruff | Health Educator | <1 |
| Marla Hill | Public Health Nutritionist (P.T.) | 4 | Destinee Raiten | Health Educator | <1 |
| Dot Kalmon | Health Educator | 5 | Renee Trowbridge | Health Educator (Resigned July 2012) | 11 |
| Ashley Kienitz | Health Educator | <1 | | | |
| Environmental Health & Safety | | | | | |
| Dale Grosskurth | Director - Environmental Health & Safety | 11 | Russ Mech | Environmental Sanitarian II | 16 |
| Keith Baine | Environmental Sanitarian II | 4 | Michelle Schwoch | Environmental Sanitarian II (P.T.) | 14 |
| Jackie Bethel | Environmental Sanitarian II | 32 | Heidi Ward | Environmental Sanitarian I | <1 |
| Sara Brown | Environmental Sanitarian II | 10 | | | |
| Water Testing Lab | | | | | |
| Ruth Marx | Epidemiologist/Public Health Laboratory Director | | | | 21 |
| Cheryl Fay | Environmental Health/Laboratory Technician (P.T.) | | | | 3 |
| Deanna Schertz | Environmental Health/Laboratory Technician (P.T.) | | | | 2 |
| Family Health & Communicable Disease Control | | | | | |
| Eileen Eckardt | Director - Family Health & Communicable Disease Control | 2 | Pang Moua | Community Health Worker | 16 |
| Chelsea Baer | Public Health Nurse (P.T.) | 3 | Becky Mroczenski | Public Health Nurse | 5 |
| Heather Busig | Public Health Nurse | 6 | Ann Peters | Public Health Nurse (P.T.) | 11 |
| Vicki Chrapkowski | Public Health Nurse | 24 | Tiffany Pietrowski | Public Health Nurse (P.T.) | 11 |
| Mary Hackel | Public Health Nurse | 10 | Carrie Sickler | Program Coordinator - Family Health & Communicable Disease Control | 8 |
| Jenny Juneau | Public Health Nurse (P.T.) | 6 | Peggy Stalheim | Public Health Nurse (P.T.) | 16 |
| Jeanie Kaatz | Public Health Nurse | 29 | Sue Weith | Public Health Nurse (Retired: August 2012) | 9 |
| Vicki Kowalski | Public Health Nurse (P.T./Casual) | 15 | Colleen Yaatenen | Public Health Nurse (P.T.) | 11 |
| Carol Mills | Public Health Nurse (P.T.) | 18 | | | |
| Administrative & Fiscal Support Team | | | | | |
| Season Welle | Administrative Officer I | 5 | Jean Rolnecki | Clerical Assistant II | 10 |
| Nancy Anderson | Clerical Assistant II (Resigned March 2012) | | Jon Schmunk | Clerical Assistant II | <1 |
| Bonita Buchberger | Clerical Assistant II | 42 | Chris Weisgram | Confidential Administrative Specialist II | 1 |
| Leila Lucero | Clerical Assistant I (P.T.) | <1 | Jan Werner | Clerical Assistant II (Retired: December 2012) | 16 |
| Sandy Marten | Clerical Assistant II | <1 | Nancy Zdeb | Senior Aide (P.T.) (Left Program in April 2012) | 2 |
| Patti Poverski | Clerical Assistant II | 23 | | | |
| Regional Programs | | | | | |
| Chris Dobbe | Coordinator – Northwoods Preparedness Collaborative | | | | 8 |
| Julia Stavran | Program Manager - CYSHCN | | | | 25 |
| Jeanie Kaatz | Resource Specialist – CYSHCN | | | | 29 |

Vision

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

Mission Statement

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

Core Values

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Marathon County Demographics

| | |
|---|----------|
| 2012 Population (2012 Estimate) | 134,735 |
| Gender (2011) | |
| Male | 50.2 % |
| Female | 49.8 % |
| Age (2011) | |
| Under 5 Years | 6.4 % |
| Under 18 Years | 24.2 % |
| 65 Years and Over | 14.4 % |
| Race & Ethnicity (2011) | |
| White | 92 % |
| Black | 0.7 % |
| American Indian and Alaska Native | 0.5 % |
| Asian | 5.5 % |
| White Non-Hispanic | 90 % |
| Two or More Races | 1.2 % |
| Hispanic/Latino | 2.3 % |
| Geography | |
| Square Miles | 1,544.98 |
| Population Density (Persons per square mile) | 86.8 |
| Economics | |
| Median Household Income (2007-2011) | \$54,316 |
| Persons Below Poverty Level (2007-2011) | 9.4% |



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