

2013 ANNUAL REPORT



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Water Testing Lab

Ruth Marx, MS, Lab Director

Marathon County Health Department
1000 Lake View Drive, Suite 100
Wausau, WI 54403-6781
ph: 715-261-1900
fax: 715-261-1901
www.co.marathon.wi.us



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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



“The Real Happy Hour” – A Prescription for You, Your Family and Your Community

We all have experienced going to the doctor due to an illness and leaving with a prescription that will help us get well. What if I told you that in Marathon County we have a prescription that will help our children to be healthy and successful, and can contribute to your health as well – Interested?

The prescription is “The Real Happy Hour” – Spending quality time with family and friends!

As a community, we are concerned about the misuse of alcohol, illegal drug use, unhealthy eating, lack of physical activity, and family violence (Local Indicators for Excellence in Marathon County, 9th Edition, 2013-2015 LIFE Report). Having a child spend quality time with family and other adults helps our children to be healthy, by protecting them from experimenting with alcohol and drugs, eating healthier, and having positive relationships. Some facts to consider;

Children and teens who have infrequent meals with their families (less than three per week) are;

- 4 times more likely to use tobacco
- Twice as likely to use alcohol
- 2 ½ times more likely to use marijuana
- 4 times more likely to say they expect to try drugs in the future

Children who spend less than seven hours a week with their parents are;

- 2 times more likely to use alcohol
- 2 times more likely to say they expect to try drugs in the future
- 2 times more likely to have at least one friend or classmate who uses illegal drugs, prescription drugs without a prescription to get high, or over the counter medication to get high

The bottom line is spending quality time together as a family means the world to kids! Eating a family meal and playing together as a family can be the best gift a parent can give to their child. Spending quality family time together is important for kids and their development.

“The Real Happy Hour” is a community tool box available in Marathon County to promote family time together. The Real Happy Hour provides ideas to families along with links to local resources, free or low cost activities, and family-friendly events in the community. To learn more visit www.realhappyhour.org. Whether it’s cooking and eating a meal together at home, going on a walk or bike ride to the park, or reading together before bedtime, these moments families spend together are quality examples of “The Real Happy Hour’s” mission.

The beauty of “The Real Happy Hour” is that everyone benefits. As an adult, eating a meal with your child or a friend, going for a walk with a neighbor, or spending time with your pet contributes to your overall health. As you read through the 2013 Annual Report, I ask you to note how the Health Department and our community partners are creating communities that give you, your family, and your neighbors, opportunities to find your “Real Happy Hour.”

It’s Time – Find the Real Happy Hour in Your Day,

Joan Theurer, Health Officer

Visit www.realhappyhour.org to tell us... “What is your Real Happy Hour?”



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Chronic Disease Prevention

Transform Wisconsin

In July of 2012 Marathon County was awarded a Transform Wisconsin (TWI) grant. The program is focused on three priority areas; tobacco prevention, building food systems, and creating active community environments. This work is integrated into other existing obesity and tobacco prevention work. Below are highlights of some of the Transform WI specific objectives.



Active Schools

Two strategies are being implemented to increase activity in children during the school day. First, "Activity Breaks" are 2-3 minute brain breaks which allow children to move for a short period of time in the classroom. Research shows that these breaks actually improve concentration and learning among children. Three elementary schools are implementing activity breaks, including 14 teachers participating and reaching over 300 children daily.

Farm to School

Farm to School is a movement that includes some or all of the following: local procurement of food for school meal programs, food and agriculture curriculums, and experiential activities including school gardens, farm field trips, and science class. The purpose is to improve the quality of foods offered and create a learning experience about where our food comes from. These strategies are most successful when multiple approaches are taken, reinforcing good choices throughout the school learning environment.

Local Purchasing

- All of the western Marathon County school districts (food service and administration) are participating in networking meetings with local growers and producers facilitated by the Health Department. The result is new relationships among participants and increased food safety knowledge for the school staff and producers.
- More Wisconsin grown produce is on the menu at Wausau, D.C. Everest, Marathon, Stratford, Colby, Athens, Abbotsford and Spencer Districts because of purchasing through food vendors and local farmers, and utilizing produce from school gardens.
- Local farmers have found new markets for some of their products.

Experiential Learning activities/School gardens

- Marathon County Health Department (MCHD) provides *Harvest of the Month* information and newsletters to Thomas Jefferson and Hatley Elementary Schools
- MCHD provides support and assistance with the school gardens at the Stratford School District, Hatley Elementary School, D.C. Everest Middle School, and Thomas Jefferson School
- More than \$10,000 of Transform WI resources was distributed to schools to build or improve school gardens and school food processing systems.
- A Farm Based Education Day was held at Stratford Elementary School. Over 400 students attended this event

Community Accolades

- Thomas Jefferson's Garden Story was featured as a success story presented to the Centers for Disease Control and Prevention by Transform WI staff.
- Stratford School District recognized Marathon County Health Department with an Agricultural Education Award.

Tobacco Prevention

The *Clear Gains* program is aimed to reduce second hand smoke exposure among people who are of low to moderate income and living in multi-unit housing. This initiative is designed to assist landlords with implementing smoke free housing policies. Four presentations were made to local apartment associations and information was directly mailed to owners and managers twice. Two housing properties have successfully implemented new policies that impact 173 units. Assistance with policy writing and meetings with renters was provided.

Research and Evaluation

Three school districts are working with us to collect data on the programs and changes being implemented and measuring the impact on children. Wausau School District (Thomas Jefferson Elementary) is participating in our Farm to School evaluation. Edgar School District, DC Everest School District (Hatley Elementary) and Wausau School District (GD Jones Elementary) are participating in the Active Schools evaluation. Results will be available in 2014.

Chronic Disease Prevention

Alcohol and Other Drugs

The **Marathon County AOD Partnership** (or “AOD Partnership”) has had a banner year! The mission of the AOD Partnership is “to eliminate the misuse of alcohol and other drugs in Marathon County”. The AOD Partnership, led by a 15 member Board of Directors, grew its membership base by 30%, with over 700 individuals from across the state receiving their popular electronic newsletter, the *Weekly Update*. Six meetings were held in 2013 focusing on current issues with average attendance of 50-65 people. The federal Drug Free Communities (DFC) grant supports the Coordinator position (MCHD staff person) and the projects of the AOD Partnership. Tax levy, along with local foundations, provides additional staff support to alcohol and other drug prevention efforts.



Membership

Membership is surveyed each year to evaluate satisfaction, improve services and shape future direction. The results for 2013 included:

- 100% stated membership met or exceeded expectations
- The top 3 benefits of membership are: receiving information; networking; and playing an active role in making the community a safer, healthier place to live
- 50% of members participate as part of their employment, 25% are volunteers, 25% are not active participants but want to stay informed
- 96% agree or strongly agree that the *Weekly Update* (electronic newsletter) is useful
- Drug trends, meeting announcements, training opportunities, and recently released tools and research are the most beneficial sections of the newsletter

In 2013 the AOD Partnership members worked together in 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;

- Impaired Driving,
- Youth4Youth,
- Takeback Youth (online support network),
- Heroin and Opiates, a.k.a. “Pushback Against Drug Abuse”,
- The Real Happy Hour, and
- Western Marathon County committee

Each STAT has specific objectives linked to the long term goals and utilizes evidenced based practices. Major activities and successes are summarized below.

Activities

- Each week MCHD staff provides a “Weekly Update” to the members. Included is information related to upcoming AOD Partnership events, available education or training opportunities, local or state policy updates, and the emerging trends in new AOD products marketed to young people for the purpose of getting drunk or high.
- 3rd Annual Celebration. Families, providers, media and policymaker partners were recognized for going above and beyond to help achieve the mission of the AOD Partnership.
- Six AOD Partnership meetings featuring local experts providing education and training on the emerging local substance abuse issues
- Partnered with WSAW-TV on a four part series on addiction
- Held the 1st Annual Faces of Recovery Luncheon during National Recovery Month
- The AOD Partnership brand was strengthened through; updating the logo and mission, new easy to navigate website, establishing the “AOD Partnership Fund” with the Community Foundation of North Central WI, and membership recruitment and fundraising tools
- Partnered with Kinzie Green Associates to create and launch new initiatives and coalition rebranding efforts
- Increased number of media stories in print, television, cover stories, reports and editorial opinions
- Increased individual and community donations to AOD prevention, including foundations support
- Increased membership including active participation in STAT’s and website traffic



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Alcohol and Other Drugs (continued)

Initiatives

Pushback Against Drug Abuse

This extensive community awareness campaign focused on the growing problems associated with the increased abuse of heroin and opiates in the community. Funded by the Judd S. Alexander Foundation, the campaign hosted four press conferences garnering much attention, developed materials to raise awareness, and engaged community members to take action. This campaign was recognized as one of 26 in the United States for Substance Abuse & Mental Health Services Administration's (SAMHSA) Service to Science Award - a national initiative designed to enhance the evaluation capacity of innovative programs and practices.



The Real Happy Hour

The AOD Partnership's extensive membership and relationships were contributors to the launch of this community initiative. More information is provided on page 12 of this report.



Results

- 100% of pharmacies are participating in the medication dropbox program; resulting in approximately 4,000 lbs. of medications disposed of in 2013
- Distributed over 1,000 packets of Pushback Against Drug Abuse materials through partnerships with City of Wausau neighborhood groups
- Partnered with the District Attorney and local law enforcement to promote the Social Host Ordinances to local hotels and motels, and alcohol license holders during prom and graduation season
- Partnered with Northcentral Technical College, Marathon County Tavern League, and local law enforcement to educate over 250 prospective alcohol license holders through the Responsible Beverage Server Course and the Law Enforcement Alcohol Server Training (LEAST)

Accolades

Melissa Dotter, Drug Free Communities Coordinator, was recognized in both the "20 Under 40" and Gannett Papers "Person of the Year" awards for her work in the community to reduce the burden of substance abuse.

Food Systems and Active Communities

The burden of obesity continues to be a community health priority. Changing the environment can support individuals in making and sustaining personal changes that improves their health. 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/>)

The Healthy Eating Active Living (HEAL) Coalition

Formed in 2003, the HEAL Coalition 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.
- The Real Happy Hour used as an avenue to address the priorities (as identified by the HEAL Coalition) of family playtime and family mealtime. An initiative of 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 and provided leadership (Chairperson of) at the WI Physical Activity and Nutrition statewide coalition and the WI Obesity Prevention Network.
- Served as the coordinating coalition for several food systems activities provided by MCHD and other agencies.

Increasing Access to Fruits and Vegetables by Improving the Food Systems and Farmers Markets

- The availability of electronic payments systems improves the access to purchasing of local foods at markets. Wausau Area Farmers Market continued to offer Debit and Electronic Benefit Transfer (EBT) access at their markets. There were 180 EBT transactions, totaling over \$4,000. Weston's Market continued implementation of

Chronic Disease Prevention

Food Systems and Active Communities (continued)

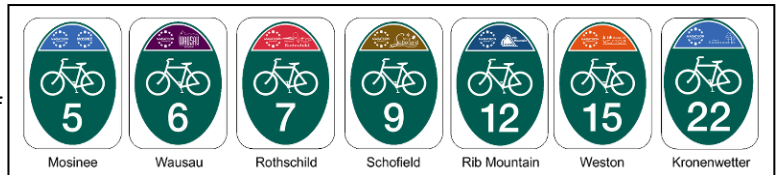
- EBT and began accepting Debit. Kronenwetter's market began offering EBT at the farmers market in late July.
- The Wausau Winter Farmers Market began November 16, 2013, as a grower's only market, with 307 customers on opening day. Vendors of the market include Stoney Acres Farm, Burich Bunch Bakery, Ninepatch, Pleasant Meadows Dairy, The Ringle Farm, Half Moon Hill Farm, Malek Family Stewardship Farm, GrasWerka Family Farm, NewGrass Farm, New Roots Coffee Company, Whitefeather Organics, and DanCin' Hills Orchard. This new market continued to have regular attendance through the end of the year. Four television stories and one print media story were published by December 31.

Increasing Physical Activity by Improving the Built Environment

The overall goal of this effort is to obtain the status of a "Bicycle Friendly Community" from the League of American Bicyclists. Specific activities and results include:

Metropolitan Planning Organization (MPO) Bicycle Route & Signage System

- In 2012-2013, The MPO created an extensive arterial bicycle route network that comprises of 10 unique routes that encompass each of the seven municipalities (Wausau, Rib Mountain, Schofield, Rothschild, Weston, Kronenwetter, and Mosinee) in the MPO.
- The 105-mile bicycle route system is accompanied by over 600 custom bicycle route signs that are color-coded and numbered by route.
- A unique feature is The Central Loop, which is a 26-mile circular route that includes sections of multiple routes and highlights many of the prominent bicycle and pedestrian facilities in the metro area.
- Marathon County and each municipality involved signed a memorandum of understanding (MOU) that designated the streets included in the network as bicycle routes. In addition, the MOU ensured that the county and municipalities adopted, installed, and will maintain the bicycle route signs for their designated highways and streets.
- The new bicycle route signs were installed throughout the summer of 2013.



2013 Wausau Area Bike Map

- Hosted a bike map charrette in spring 2013 to develop the 2013 Wausau Area Bike Map.
- The project also included the development of a new website www.bicyclewausau.org.
- In May 2013, 15,000 maps were distributed throughout the community to local bike shops, area businesses, local municipal centers, and the Wausau Convention and Visitors Bureau.

Share & Be Aware Campaign

- The Marathon County Health Department purchased 400 "3 ft. It's the Law" signs and distributed them throughout the community in the spring and summer of 2013

Media Coverage

- Partnered with WSAW-TV and Channel 7 Productions to develop a 15- and 30-second television advertisement for the new bicycle route & signage system funded by Marshfield Clinic (May – September 2013).
- Featured as the cover story in The City Pages in May 2013. The piece was appropriately titled, "Signs of the Time: The bicycling reputation of Wausau just got a bump."
- Hosted a press conference to release new bicycle route signage system on May 2, 2013. Media coverage of the event included stories from the Wausau Daily Herald, WSAW-TV 7, and WAOW-TV 9
- Partnered with The City Pages' 2013 Summer Fun Book to publish 10 family friendly bike excursions in the area

Community Accolades

- During Bike & Walk Week in May 2013, the Wausau Daily Herald Editorial Board wrote a column, *Biking to work is worth a try*, and described the new bicycle route system saying, "This effort is a big deal. There's clearly a demand for bicycle-friendly travel, and we've come a long way in recent years toward adding bike lanes and promoting safety and awareness for bicyclists. Bicycling in the Wausau area has never been easier or better."
- Phil Valitchka, Denny Helke, and Aaron Ruff (MCHD) were nominated for the Wausau Daily Herald's Persons



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Food Systems and Active Communities (continued)

on the Year for being “leaders in a push to make the Wausau region more bicycle-friendly and to make residents aware that going by bike can be a healthy option.”

Increase the initiation and duration of breastfeeding

- Provided staff support to the Wisconsin Breastfeeding Coalition – Heart of Wisconsin Chapter
- Coordinated a training program titled *Becoming a Breastfeeding Friendly Child Care* at the North Central Technical College. Five Childcare Centers have obtained the designation status as a Breastfeeding Friendly Child Care Provider. The Coalition provided all training materials, offered consultation, and did on-site visits required for designation status as a Breastfeeding Friendly Childcare Provider.
- Completed required steps to maintain Baby-Friendly Health Department status
- Served on Aspirus Wausau Hospital’s internal Lactation Council

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 on our website.
- *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 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 and 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; provided an introduction to the asthma referral system; and offer technical assistance needed to get the referral system implemented at the clinics. Upon receiving the referrals from the clinics, the MCHD nursing staff will follow-up with the individuals. The follow-up will include linking the 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 (CWTFCC) serving Marathon, Portage and Wood Counties. This is the fourth year of service to a multi-county region. The WI Tobacco Prevention and Control Program (TCP) provides funding for the program and has 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 Tobacco Prevention Efforts

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. Tobacco remains the leading cause of death and disability, and most importantly – it’s preventable. Meetings with partners and policy makers included 10 face to face meetings with state policy makers, and one legislative forum with local and national policymakers (or their staff).

Chronic Disease Prevention

Tobacco (continued)

Program Needs and Sustainability

The Multi-Jurisdictional Coalition provides state and local partners and policy makers with current tobacco prevention information and local data. Current tobacco news and research information is shared via weekly blogs as well as face to face meetings. Print, television, and radio media are utilized to keep the community informed of the new trends, policies, and research related to tobacco use. In 2013, tobacco prevention was reported on via 16 press releases, resulting in 13 newspaper stories, 3 radio interviews, and 14 television news stories being produced. In addition 9 Letters to the Editor were submitted for publication.

Youth Involvement/Other Tobacco Products

Preventing youth from starting tobacco use continues to be a local priority. New dissolvable and fruit flavored products are marketed and packaged in an appealing manner to a new generation of children. The e-cigarette is evolving into a broad new product line. Many of these new nicotine delivery devices look harmless, come in a variety of flavors, and the nicotine content varies widely. Adults are often surprised to see these products look similar to an ordinary pen and can be easily concealed and used by youth.

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 2013, the overall rate of compliance was 82.8%, compared to 90.6% in 2012. The data by municipality is shown in the following table.

WI WINS: Marathon County Tobacco Inspections 2013

Community	# of Compliance Checks Completed	#of Retailers in Compliance	Current Compliance Rate
Athens	3	1	33.3%
Colby/Abbotsford	4	3	75%
Edgar	3	3	100%
Marathon City	3	3	100%
Mosinee	9	4	44.4%
Spencer	3	3	100%
Stratford	3	2	66.7%
Rural Marathon County	15	12	80%
Wausau	25	25	100%
Everest Metro	11	9	81.8%
Rothschild	5	4	80%
Marshfield (Marathon County section)	3	3	100%
Entire Marathon County	87	72	82.8%



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Wisconsin Well Woman Program (WWWP)

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

- Ages 45-64 (emphasis on ages 50-64)
- Ages 35-44 (must meet exceptions criteria)
- At or below 250% of the federal poverty level
- 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 2013, 166 women were screened, with 5 women diagnosed with a cancer through the Marathon County WWWP: including endometrial, ovarian and breast cancer. Three of these women were eligible and subsequently enrolled in Well Woman Medicaid to cover the treatment expenses. The noticeable decline in cervical screening is due to the shift in screening guidelines and program policy that will only reimburse a provider for cervical screening once every three years.

WWWP Activities 2010-2013

	2010	2011	2012	2013
Annual goal	117	117	117	88
Number of women enrolled in WWWP	223	266	242	229
Number of women screened for cervical cancer	84	89	127	55
Number of women screened for breast cancer (screening mammograms)	119	135	166	142
Unduplicated number of women screened	144	174	181	166
Number of women with a diagnosis of cancer who were receiving WWWP services in Marathon County	4	7	10	5

Breast Health Coalition

Outreach to Underserved Populations

The Chronic Disease Prevention program has been funded by the *Central WI Affiliate of the Susan G. Komen Foundation* 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.

Building upon the assessment and planning work done in 2012, the Breast Health Coalition developed a comprehensive program plan entitled the "Breast Cancer Treatment Fund of Central WI." The goal of the treatment fund is to provide

Chronic Disease Prevention

Breast Health Coalition (continued)

women with breast cancer financial resources from the *Central WI Affiliate of the Susan G. Komen Foundation*. For 2014, the Breast Health Coalition will transform into an advisory board to oversee the process of linking women in need to local resources.

MCHD staff has facilitated the planning process of the Breast Health Coalition and created the proposal to support the financial resources needed to create the treatment fund.

Rural Health Initiative

The **Rural Health Initiative (RHI)** is a program that serves farm families and agribusiness with basic health screening, information and referrals in three counties east of Marathon County.

Services provided by the RHI staff include:

- Help farm families understand their health risks by using a Health Risk Assessment tool
- Provide farm and home safety assessments and information
- Educate families on healthy lifestyle options, child development, and worksite safety
- Conduct cholesterol, diabetes, and blood pressure screenings
- Provide information and referrals for health services in the community, social services and counseling programs, programs to support agricultural needs, and financial planning assistance



This program was of great interest to many and resulted in a new task force which began working on expanding the initiative into Marathon County. A steering committee of MCHD and UW-Extension staff, and County Board members invited farmers, agribusinesses, health administrators, and others to discuss the issues of preventive health care for rural families and learn more about the Rural Health Institute model. The following successes have been achieved this year:

- The RHI Board voted to approve expanding the program to Marathon County.
- The local task force has grown. Representatives include all the local healthcare organizations, the Wausau Family Practice residency program, and other interested farmers and agribusiness representatives.
- A fund has been established at the Community Foundation of North Central WI for donations to the Marathon County program. Direct financial commitments have been made by the three largest health care organizations serving Marathon County.
- Outreach and promotion of the program is happening through business newsletters, county fairs, television, radio and print media.
- The task force continues to meet monthly to plan the implementation of the RHI in Marathon County.

The Real Happy Hour



The Real Happy Hour is a campaign launched in 2012 to promote quality family time together, for a healthier community. In 2013 MCHD staff worked in partnership with school districts and nonprofit organizations to further develop projects to engage families. A Family Mealtime Toolkit was developed, and materials were distributed in two school districts and community gardens. The Girl Scouts developed a *My Real Happy Hour* patch to encourage families to use the resources.

The initiative was featured in a number of community publications including local newspapers, school newsletters, and recreation guides. The initiative was also featured in three broadcast media news programs over the course of the year. More information about the initiative is found at www.therealhappyhour.org



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Communicable Disease

Investigation and 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 investigations, 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 an effort to continuously improve our services, the communicable disease program surveys clients served several times per year with consistent positive feedback.

In 2013 Marathon County Health Department received 940 confirmed and probable reports of 37 different communicable diseases. The most commonly reported disease in Marathon County in 2013 was Chlamydia (334 cases). Refer to the table for a list of reportable diseases from 2009-2013.

Selected Diseases 2009-2013

	2009	2010	2011	2012	2013	2013 Rates	2009-2013 Rates	2020 Goals
Reportable Diseases								
BABESIOSIS	1	2	2	5	9	6.7	2.8	
BLASTOMYCOSIS	25	60	13	15	7	5.2	17.8	
DENGUE	1	1	0	0	0	0	0.3	
EHRlichiosis/ANAPLASMOSIS	21	38	57	39	39	29.0	28.8	
HEPATITIS B	28	30	13	15	7	5.2	13.8	1.5
HEPATITIS C	34	31	50	61	48	35.6	33.3	0.2
HISTOPLASMOSIS	0	0	1	2	0	0	0.4	
HIV/AIDS	5	2	2	2	4	3.0	1.6	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS *	NA	2	9	39	86	63.8	6.3	
JAMESTOWN CANYON VIRUS	0	0	0	0	1	0.7	0.1	
LA CROSSE ENCEPHALITIS	0	0	0	0	1	0.7	0.1	
LEGIONELLOSIS	0	0	0	3	2	2	0.7	
LISTERIOSIS	1	1	0	0	0	0	0.3	
LYME DISEASE *	122	215	204	85	126	93.6	111.8	
MALARIA	0	0	0	1	1	0.7	0.3	
MENINGITIS *	0	0	0	0	0	0	0	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	13	12	24	18	25	18.6	13.7	
POWASSAN	0	0	1	0	1	0.7	0.1	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	19	12	18	25	18	13.4	13.7	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	25	10	19	13	17	12.6	12.5	
TUBERCULOSIS/ACTIVE DISEASE	1	1	1	3	3	2.2	1.3	1.0
WEST NILE	0	0	1	0	0	0	0.1	

Communicable Disease

Investigation and Control (continued)

Selected Diseases 2009-2013 (continued)

	2009	2010	2011	2012	2013	2013 Rates	2009-2013 Rates	2020 Goals
Reportable Diseases								
CHLAMYDIA	221	294	343	292	334	248.0	220.5	
GONORRHEA	22	40	24	17	20	14.8	18.3	257-198
SYPHILIS	2	1	4	5	5	3.7	2.5	1.4-6.8
HEPATITIS A	0	1	0	0	0	0	0.7	0.3
CAMPYLOBACTERIOSIS	38	41	27	39	36	26.7	26.9	
CRYPTOSPORIDIOSIS	24	62	60	71	34	25.2	37.3	
SHIGA TOXIN PRODUCING E COLI (STEC)	9	10	9	12	2	1.5	5.9	
GIARDIASIS	21	27	21	22	18	13.4	16.2	
SALMONELLOSIS	18	20	17	32	35	26.0	18.1	
SHIGELLOSIS	1	4	2	0	0	0	1.0	
PERTUSSIS (WHOOPING COUGH)	12	17	12	315	32	23.8	57.6	0.0
MUMPS	0	0	1	0	0	0	0.1	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	1	4	3	1	2	1.5	1.6	0.0
VARICELLA (CHICKENPOX)	5	4	12	6	1	0.7	4.2	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 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 Influenza Associated Hospitalizations began in 2010.

Case counts are from State records.

Case counts from 2009 -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.



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Communicable Disease

Investigation and Control (continued)

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 2007.

IID–29: Reduce tuberculosis (TB).

Target: 1.0 new case per 100,000 population.

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

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

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

Target: 6.7 percent.

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

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

STD–6: Reduce gonorrhea rates.

STD–6.1 Females aged 15 to 44 years.

Target: 257 new cases per 100,000 population.

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

STD–6.2 Males aged 15 to 44 years.

Target: 198 new cases per 100,000 population.

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

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

STD–7.1 Among females.

Target: 1.4 new cases per 100,000 population.

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

STD–7.2 Among males.

Target: 6.8 new cases per 100,000 population.

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

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

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

Target: 3.5 new infections per 100 persons living with HIV.

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

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

Target: 13.0 new cases per 100,000 population.

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

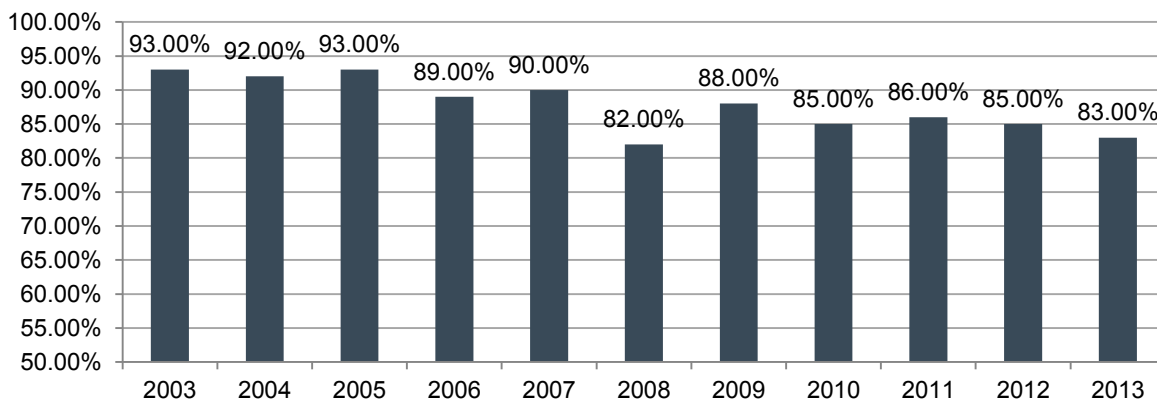
Communicable Disease

Immunizations

Immunizations are considered one of the greatest public health achievements in the 20th century. Vaccines prevent disease in the people who receive them, and provide indirect protection to individuals in the community who are not fully immunized by preventing and reducing the spread of disease. This is called “herd immunity.” 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 Healthy People 2020 goal is that 80% of children are fully vaccinated through age two. Marathon County Health Department supports this goal by providing immunizations to eligible residents at a minimal cost and through nurse follow up of those children who are behind on their immunizations. In 2013, the immunization rate for children between the ages of 24-35 months in Marathon County was 83% (includes late up-to-date), exceeding the Healthy People 2020 goal.

Marathon County Immunization Rates 2003-2013



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 has a recall/reminder system for immunizations. Public health nurses follow up on children in the county who are late on their vaccinations. The public health nurse will work with the family; educating them on vaccine preventable diseases and helping them gain access to a medical provider or with the health department so that the child can get needed vaccinations. Often 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 so that the child can be protected through vaccination.

Marathon County Health Department provides access to vaccines at immunization clinics held at the health department in Wausau as well as locations in outlying communities within the county. Immunizations are also available at 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



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Communicable Disease

Immunizations (continued)

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 2013, 166 immunization clinics were held in the Marathon County communities of Athens, Edgar, Mosinee, Stratford, and Wausau and 856 individuals were vaccinated. The following table provides trend data on utilization of immunization clinics offered through Marathon County Health Department.

2009-2013 Immunization Clinics

Year	No. of Clinics Held	No. of Children & Adults	No. of Vaccines Given
2013	166	856	1,633
2012	112	1,294	2,326
2011	278	1,638	2,822
2010	205	2,359	3,723
2009	140	1,781	3,852

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

“Very well organized!”
“Very well done!”
(Comments from clients who received immunizations through the Marathon County Health Department in 2013)

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.

Latent TB

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

In 2013, 22 persons with latent TB received treatment coordinated by the Marathon County Health Department. Treatment of latent TB can take two forms: the client self-administers medication daily and visits with a public health nurse once a month, or a visit with a public health nurse weekly for 12 weeks for Directly Observed Therapy (DOT). DOT is the observation of persons taking medication for TB disease by a public health nurse or a community health worker.

Communicable Disease

Tuberculosis (continued)

Active TB

When a case of active TB disease is reported, immediate action is taken to isolate the person with the disease, initiate appropriate treatment, and conduct a contact investigation to determine exposure of other individuals. 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 DOT for all of their TB treatment. With the increased number of individuals diagnosed with multi-drug resistant TB due to incomplete previous treatment, DOT has been adopted as a national strategy to assure persons with this disease take their anti-tuberculosis medications as prescribed. In 2013, 3 individuals with active TB disease received DOT.

Public health nurses and/or outreach workers provided 755 DOT visits to individuals diagnosed with either latent or active TB. 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 91 individuals during contact investigations in 2013.

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 2013, public health nurses screened 117 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.

“Thank you for being respectful and really listening to what I have to say.”
Comment from STD clinic client in 2013

In 2013, there were a total of 550 client visits for STD services, and 245 vaccines were given. Refer to the following table for a closer look at MCHD STD clinic services.



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Communicable Disease

Sexually Transmitted Disease (continued)

STD Clinic Services: 2009-2013

Services per Clinic Site		Total Client Visits	# Females	# Males	# Screened for STDs	# Screened for HIV	# of Vaccines Given
2009	UW Health	257	53	204	161	105	50
	County Jail	170	44	126	74	56	26
	Total	427	97	330	235	161	76
2010	UW Health	248	56	192	140	100	74
	County Jail	273	46	227	110	87	90
	Total	521	102	419	250	187	164
2011	UW Health	203	46	157	100	81	81
	County Jail	331	97	234	142	114	136
	Total	534	143	391	242	195	217
2012	UW Health	146	42	104	86	73	34
	County Jail	424	105	319	175	150	179
	Total	570	147	423	261	223	213
2013	UW Health	149	47	102	98	78	12
	County Jail	401	103	298	177	153	233
	Total	550	150	400	275	231	245

Rabies Control

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; use of quarantine; and laboratory testing of animals when appropriate. The goal for the rabies control program is to assure exposure follow up to include quarantine or rabies testing and determine the need for prophylaxis.

Number of Positive Rabies and Prophylaxis

	Year				
	2009	2010	2011	2012	2013
Human Exposures	244	253	262	283	285
Specimens Sent to State Lab	22	34	34	45	45
# Positive for Rabies	0	0	0	1 (3 Equivocal Results*)	0 (1 Equivocal Result*)
Prophylaxis Recommended	1	5	16	10	26

*Note: Equivocal results = inconclusive test results

In 2013, forty-five specimens were submitted to the State Lab of Hygiene for rabies virus testing. 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 staff cannot locate and ascertain the rabies

Communicable Disease

Rabies Control (continued)

status of the stray animal, prophylaxis is recommended for the bite victim.

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

Exposures Reported by Species

Year	Dog	Cat	Bat	Other	Total exposures
2011	175	78	4	16	273
2012	183	78	10	12	283
2013	174	85	14	12	285

The table above shows the number of exposures has been increasing slightly. Over the past year, there has been greater collaboration with local law enforcement and clinics to report incidents.

Children often suffer greater bite injuries as well. During the 2012-2013 school year, Paper Cities Kennel Club visited 11 schools in Marathon County reaching approximately 573 students to provide education on safe behavior around all animals.

2013 Case Breakdown by Injured Age

Age Group	Number Bitten by Age	Percentage by Age
Under Age 6	15	5.26%
6-12 Years of Age	40	14.04%
13-17 Years of Age	18	6.31%
18-49 Years of Age	118	41.40%
50+ Years of Age	94	32.98%



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Public Health Preparedness

Marathon County Health Department, in partnership with Marathon County Emergency Management and area health care providers, continues to assess our capabilities to respond to a public health event or disaster, closing identified gaps. In 2013, our efforts focused on 3 of the 15 Centers for Disease Control and Prevention (CDC) public health emergency competencies; emergency operations coordination, emergency public information and warning, and information sharing. Highlights of activities included:

Emergency Operations Coordination

- Participated in Marathon County Community Organizations Active in Disaster (COAD) quarterly meetings to assure a coordinated response by community agencies and volunteers.
- Participated in the Northern Regional Public Health Preparedness exercise utilizing Marathon County's Emergency Operations Center. The exercise was led by Marathon County Emergency Management, having Aspirus Wausau Hospital and Ministry Saint Clare's Hospital participate.
- Contributed to the development of a template mutual aid agreement for the 15 local health departments in the Northern Region of Wisconsin.

Emergency Public Information and Warning

- Conducted a 24/7 drill, ensuring our 24/7 call-down system is operating.
- Provided public information on locations for Cooling Shelters during the summer heat advisories working closely with Marathon County Public Library.

Information Sharing

- Explored the merits of using social media, such as Facebook, in a public health event.
- Participated in a virtual Joint Information Communication System exercise, to further develop a joint information system with surrounding local health departments who are in our media market.

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. Marathon County Government is one of thirteen Full Partner Report Sponsors. LIFE – Local Indicators for Excellence in Marathon County report is published every two years. During 2013, the LIFE Steering Committee along with subcommittees compiled, updated, and analyzed community level data to review trends in order to identify our strengths and challenges as a community. The 9th Edition of LIFE in Marathon County 2013-2015 was released in January 2014.

The LIFE Report serves as the basis for our Community Health Assessment which is done every four years, having a mid-point review done every two years. The 2013-2015 LIFE Report reinforces where we as a health department along with our public health partners need to focus our efforts to improve the overall health of our communities and the residents who live in Marathon County.

For more information on the 2013-2015 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 assessments and improvement plans. For the past decade, local health departments across the state, with their community partners, have been developing and implementing local health plans to address health conditions impacting their residents. This process is referred to Community Health Improvement Process and Plans (CHIPP), named in part for the resulting health status changes that occur in the community.

In Marathon County, the responsibility of CHIPP is carried out in a partnership between Healthy Marathon County and the Health Department. Healthy Marathon County, through the work of the six Actions Teams, is supporting efforts to address

the identified health priorities and concerns from the 2012-2016 community health priorities. The Action Teams include:

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

Healthy Marathon County, including representation from the six action teams, is made up of more than 100 individuals, from more than 20 organizations. To read more about the accomplishments of Healthy Marathon County and Action Teams visit www.healthymarathoncounty.org and <http://healthymarathoncounty.org/hmc/what-we-do/making-a-difference/>

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, Viterbo University, and Northcentral Technical College. In 2013, 10 students were provided 8 to 144 hours per student of field experiences at the department.

Informing the Public

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

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

- AOD Partnership Council – (www.aodpartnership.org & Facebook site)
- Central Wisconsin Tobacco Control – (<http://centralwitobaccofree.org/>)
- Early Years Coalition – (www.raisegreatkids.org)
- HEAL (Healthy Eating and Active Living) – (insert web & Facebook site)
- Healthy Marathon County – (www.healthymarathoncounty.org)
- Northwoods Shared Services Project – (www.northwoodssharedservices.org)
- Real Happy Hour – (www.therealhappyhour.org & Facebook site)
- Start Right First Steps – (insert Facebook site)

In 2013, the department conducted more than 120 media contacts on a wide range of health issues.



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Environmental Health and Safety

Human Health Hazards

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

We provide information on the amount of risk associated with circumstances and how it may impact health. When conditions warrant, we investigate and consider orders to address the hazard. Often, the concerns identified do not reach the threshold necessary to be considered a human health hazard and information is provided 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.

The efforts involved in the Mercury program have been successful this past year. All 38 of the dental offices under the service areas of the Wausau Water Works and Rib Mountain Metropolitan Sewerage District reported installation of an amalgam separator, which separates mercury-containing amalgam from the wastewater stream. Their combined efforts resulted in 195 pounds of dental amalgam waste. Containers were recycled from 24 of the 38 dental offices, while the other 14 offices reported that their separators were not in need of replacement during 2013.

The Mercury program is regulated by the Department of Natural Resources (DNR). The cooperative relationship between the Wausau Water Works, Rib Mountain Metropolitan Sewerage District, and Health Department has been commended by the DNR. The relationship has been very effective and is seen as a model for other Wisconsin communities. An additional 16 pounds of mercury-containing products (thermometers and thermostats) have been collected at seven drop-off sites in the metro area, and properly disposed through the Marathon County Solid Waste Department’s Hazardous Waste Collection Facility.

Human Health Hazard Activities 2013

	2013
Total number of nuisance complaints	155
Total number human health hazard investigations	12
Total number of consultation/technical assistance contacts	282
Total number of radon test kits provided in Marathon County	283
Total number of radon mitigation systems installed per report for 12 county area	513
Total number of requests for radon information	724
Total number of TNC transient drinking water systems inspected	37
Total pounds of mercury collected and properly (excluding amalgam)	16
Total number of dental offices contacted regarding proper disposal of amalgam	38
Total pounds of amalgam collected by dental offices and recycled	195
Total number of environmental screens	25

Environmental Health and Safety

Human Health Hazards (continued)

Human Health Hazard Performance Outcomes by Year

Performance Goal	Measure	Benchmark	2011	2012	2013
Reduce or eliminate human exposure to environmental health hazards.	95% of complaints or inquiries received are resolved through education, collaboration, or referral, having no enforcement action taken.	100%	100%	100%	100%
Reduce indoor exposure to radon.	100% of owners with elevated radon tests will be notified of corrective action to reduce levels to meet EPA standard.	100%	100% Note: 69/126 tests were elevated	100% Note: 113/169 tests were elevated	100% Note: 162/283 tests were elevated
Reduce indoor exposure to radon.	Number of radon systems installed	None	488	456	513
Residents and visitors will be assured a safe drinking water sources from transient well systems.	100% of transient well systems inspected will meet state guidelines.	100%	100%	100%	100%
Risk for environmental contaminants will be known prior to the county acquiring a tax delinquent property.	100% of tax delinquent properties acquired by the county will have a report on file as to known environmental contaminants.	100%	100%	100%	100%

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. Radon, after tobacco exposure, is identified as the second leading cause of lung cancer in the nation. Radon is responsible for about 21,000 lung cancer deaths every year according to the Environmental Protection Agency. About 2,900 of these deaths occur among people who have never smoked.

Environmental Health & Safety Program staff operate 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 2013, staff attended two employer-sponsored health fairs and made a presentation at a statewide conference. Additionally, the RIC provides regional support to health departments within the RIC area and provides consultations by phone or email. Marathon County Health Department continues 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, the RIC promotes radon testing during



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Environmental Health and Safety

Radon and Other Indoor Air Quality (continued)

January's Radon Action Month through media press releases. During Radon Action Month, staff receive many inquiries about testing and radon mitigation as well as health effects of radon exposure.

In 2013, there was a decrease in the number of tests conducted in the entire RIC though more tests were done in Marathon County than in either of the past two years. For the RIC and Marathon County, there was a higher percentage of elevated radon tests in 2013. This continues the historical trend of elevated test results and highlights the need to continue an effort to reduce the lung cancer risk from long-term exposures. Residents contacting us about radon look for help interpreting the test results, determining their health risk from exposure, and guidance on what they can do.

It is encouraging to note that the number of radon mitigation systems increased as well from 456 to 513 reported systems as reported by radon mitigation contractors. Currently, a permit is not needed to install a mitigation system and radon mitigation contractors are not required to report installations. Given incidence of elevated levels, some home builders are installing Radon Resistant New Construction (RRNC) systems. Potential radon problems are easiest to address during construction and often less expensive. Moving forward in 2014, staff will concentrate efforts to increase the number of home builders understanding and using RRNC.

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

Radon Tests and Results 2011-2013

		Tests in RIC	Tests in Marathon County	Mitigations Reported	Website Hits
2011	Test Results	687	126	488	774
	Elevated Tests	242	69		
	Percent Elevated	35%	55%		
2012	Test Results	786	169	456	295
	Elevated Tests	363	113		
	Percent Elevated	46%	67%		
2013	Test Results	672	283	295	421
	Elevated Tests	370	196		
	Percent Elevated	55%	69%		

Licensing & Food Safety

Licensing

The Marathon County Health Department functions through contract as an agent of the State of Wisconsin to provide health inspections and licensing for a variety of establishments. Under our agent contracts, we are required to conduct a minimum of one annual inspection; pre-inspections for compliance prior to issuing a permit; necessary follow up inspections such as complaints and re-inspections to ensure proper compliance; and a variety of consultations by phone or on site. Each of the 926 licensed facilities is 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, 913 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

Environmental Health and Safety

Licensing & Food Safety (continued)

convenience stores), body art, and mobile home parks. The largest group of licenses issued 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 2009-2013

License Year Ending 6-30	Total Licenses	Restaurant	Lodging	Pools	Body Art	Retail Food	Mobile Home Parks	Taverns
2009	960	496	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
2013	913	494	73	86	10	215	28	14

The Health Department inspectors see themselves as resources for licensed facilities, serving in a consulting role, and assisting operators with ideas and options to meet the regulations.

Food Safety: Restaurants and Retail Food

The Environmental Health and Safety program works to identify and respond to health problems related to food safety including outbreak investigations. In 2013, we had 14 separate complaints of foodborne illness. None of the complaints led to a foodborne illness outbreak investigation. The Centers for Disease Control defines a foodborne illness outbreak as two or more persons experiencing a similar illness after ingestion of a common food. Limiting the spread of a communicable disease and providing clear guidance to facilities during and after an investigation to prevent future illnesses are key goals in our licensing program.

In addition to illness investigations, the food safety program provides 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. The three media events involved a mobile food cart regulation, closure of a restaurant, and raw milk legislation. A summary of activities for the Food Safety Program is provided below.

2009-2013 Food Safety Program Activities

Activity	2009	2010	2011	2012	2013
Food borne Disease Investigation	1	1	2	2	0
Food Safety Establishment Licenses Issued	764	762	693	725	723
Education Classes/Attendees	1/30	0	6/530	1/8	1/14
Media Events	6	9	5	2	3
Website Food Safety – Hits Per Year	1,305	990	761	761	759

The Health Department tracks six Centers for Disease Control (CDC) Risk Factors identified as violations most often responsible for the majority of food borne outbreaks, individually or in combination. The data provides a method for the analysis of our food safety program, including targeting certain types of violations and ensuring uniformity of inspections.



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Environmental Health and Safety

Licensing & Food Safety (continued)

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 2012-2013

CDC Risk Factors	2012 Violations		2013 Violations	
	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	13	3	9	1
Inadequate Cooking Temperatures	5	0	4	1
Improper Holding Temperatures	118	30	100	31
Cross Contamination	93	15	68	13
Personal Hygiene	95	13	71	21
Other CDC Factors	111	19	104	29
TOTALS	435	80	356	83

In 2013, restaurant inspections noted 356 CDC Risk Factor violations (435 in 2012), while retail facilities had 83 (80 in 2012). Restaurant violation categories showed a decrease in CDC Risk Factors involving Improper Holding Temperatures and Cross Contamination while other Risk Factors and those for Retail Food facilities were relatively consistent. The Health Department conducted 10 food facility re-inspections in 2013 (24 in 2012) for facilities found out of compliance on an initial inspection. If a facility has critical violations or a number of violations that remain out of compliance during the re-inspection, an inspection fee is charged. When the facility is in compliance no fee is charged. There were two instances when the re-inspection fee was charged.

In terms of food facility complaints, there were 57 reported in 2013 (44 in 2012). The complaints are grouped under eight categories of Illness, Facility Cleanliness, Pests/Vermin, Foreign Object, Quality, Labeling, Tampering, and Other/Miscellaneous categories.

Each interaction with an establishment operator allows us to share information learned through inspections, foodborne illness investigations, and trainings we have attended. They provide an opportunity inform and assist operators in meeting regulations, with a common goal of food safety. The following table summarizes the activities and outcomes for the licensing program.

Licensing Program Activities Performed by Year: 2011-2013

Outputs	2011	2012	2013
Total number of licensed establishments (including temporary)	894	926	913
• Total number of restaurants/taverns inspections	497	508	508
• Total number of retail food inspections	196	217	215
• Total number of school inspections	100	100	104
• Total number of lodging inspections	44	46	41
• Total number of pool inspections	89	92	86
• Total number of body art inspections	19	13	10
• Total number of mobile home park inspections	26	88	94
Total number of foodborne illness investigations	2	2	0
Total number of food-related complaints	32	44	57

Environmental Health and Safety

Licensing & Food Safety (continued)

Licensing Program Performance Outcomes by Year: 2011-2013

Performance Goal	Measure	Benchmark	2011	2012	2013
Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	90% of restaurants' inspections will have fewer than 5 critical violations.	90%	94.8%	96%	98%
Retail food establishments in Marathon County fewer than five (5) critical violations associated with disease transmission.	90% of retail food establishments' inspections will have fewer than 5 critical violations.	90%	98.6%	99%	98%
Pools and whirlpools located in Marathon County will be bacteriologically safe.	90% of pools and whirlpools samples will be bacteriologically safe.	90%	96%	95%	97%
Forty-four facilities (92 pool licenses) each receiving at least one inspection.	The re-inspection ratio for pools and whirlpools will be no more than 5%.	5%	5%	0%	5.7%
Tattoo businesses in Marathon County will not expose their clientele to infectious diseases.	90% of tattoo businesses will have follow infectious disease guidelines.	90%	100%	100%	100%
Mobile home parks in Marathon County will provide a safe and healthy environment for residents.	90% of mobile home parks will provide a safe and healthy environment for residents.	90%	96%	100%	100%

Customer Satisfaction Survey

A customer satisfaction survey was sent to every licensed operator in 2013. The survey had a 45.5% return rate (330/725). The three questions and their responses are in the table below.

2013 Customer Satisfaction Survey Results

Question	Always	Usually	Sometimes	Never
Does your health inspector treat you fairly and with respect?	91.4%	7.4%	0.6%	0.6%
Is your health inspector knowledgeable and do they provide you with the information you need?	88.4%	11.0%	0%	0.6%
Does your health inspector communicate knowledge effectively	87.8%	10.6%	0.9%	0.6%

There were 155 responses to a fourth question about what we could do to improve our inspection services. These



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Environmental Health and Safety

Licensing & Food Safety (continued)

responses varied somewhat but could be fit into general categories of: positive of the licensing program and staff (58), compliments of specific inspectors (58), cost (14), inspection consistency (11), scheduling inspection appointments (7), timeliness of services (5), and other (2).

Comments positive of the licensing program include the following:

"I love the way inspections have gone from nothing but enforcement of laws to education along with enforcement. I learn new things every inspection."

"I enjoy the inspection and the fact my person is always willing to work with me to make things better in my business."

"The department has always been helpful and knowledgeable on updated practices. I feel they are a partner with our business and that they have the communities' best interest in all that they do."

"Our experience with inspections has always been positive. We always learn something and feel that we're part of a "food safety team"."

We are grateful to those who took the time to complete the survey. Our goal is to communicate valuable information with fairness and respect within the realm of regulations—the survey findings will be incorporated into ongoing improvement of services delivered.

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 2013, Marathon County Health Department received 297 (111 in 2012) prenatal referrals, with 119 (105 in 2012) women engaging in services (one or more visits with a public health nurse) and 102 (89 in 2012) 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, Family Planning Health Services, 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.

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

"I thought everything was just great, thank you for the help"- Start Right First Steps client



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Start Right (continued)

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

Prenatal Care Coordination 2009-2013

	2009	2010	2011**	2012	2013	Benchmark
Babies will be Healthy						
Percent of women who reported smoking during their pregnancy	31%	46%	44%	42%	38%	-
Percent of women who reported smoking who stopped or decreased smoking	87%	97%	94%	92%	90%	90%
Percent of women who reported drinking at all during their pregnancy	28%	30%	32%	25%	23%	-
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	91%	95%	96%	96%	96%	90%
Percent of women who reported having a dental visit in the past year	X*	X*	X*	X*	85%	-
Percent of women referred for dental care	41%	31%	24%	28%	22%	-
Percent of women who initiated breastfeeding	68%	58%	54%	61%	75%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	X*	X*	X*	70%	-
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	X*	X*	X*	69%	-
Percent of women who had a contraceptive plan in place after delivery	X*	X*	X*	X*	78%	-
Percent of infants who have a medical home	X*	X*	X*	X*	96%	95%
Percent of infants who have had a well-child exam as age appropriate	X*	X*	X*	X*	92%	
Percent of parents educated about the benefits of immunizations	93%	96%	100%	96%	97%	95%
Percent of eligible infants referred to WIC	85%	77%	80%	74%	88%	85%
Children will be Safe in their Family Homes						
Percent of infants who sleep on their back	92%	92%	92%	90%	90%	90%
Percent of infants who sleep alone	84%	86%	87%	87%	89%	90%
Percent of infants who sleep in a safe sleep environment	X*	X*	X*	X*	90%	95%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	47%	37%	41%	34%	40%	-
Percent of homes with working smoking alarms	68%	86%	79%	89%	84%	95%
Percent of homes that are smoke-free	88%	81%	83%	88%	93%	80%
Percent of home with private wells that have been tested	100%	100%	91%	100%	100%	90%

Start Right (continued)

Prenatal Care Coordination 2009-2013 (continued)

	2009	2010	2011	2012	2013	Benchmark
Children will Experience Nurturing Relationship with their Parents						
Percent of women experiencing perinatal depression	35%	31%	20%	11%	21%	-
Percent of women experiencing perinatal depression referred to mental health services (who had not been previously referred)	39%	39%	58%	50%	19%	-
Percent of parents who respond appropriately to infant's hunger cues	91%	95%	93%	91%	92%	90%
Percent of parents who respond appropriately to infant's crying cues	92%	95%	92%	91%	91%	90%
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	64%	69%	62%	71%	54%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	80%	20%	2%	13%	5%	-
Percent of families aware of Family Resource Center services	93%	95%	92%	94%	98%	-

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

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

X* notes data first collected in 2013

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 2013, there were 1,571 (1,614 in 2012) births to residents of Marathon County. All families with newborns receive outreach by the Start Right program. Outreach can consist of a home visit, telephone visit, or letter/postcard. In 2013, a total of 242 (172 in 2012) home visits were made and 233 (239 in 2012) 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.

"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



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Start Right (continued)

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

Families with a Newborn 2009-2013

	2009	2010	2011**	2012	2013	Benchmark
Children will be Healthy						
Percent of women who initiated breastfeeding	76%	76%	81%	83%	84%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	X*	X*	X*	81%	
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	X*	X*	X*	85%	
Percent of women who had a contraception plan in place after delivery	X*	X*	X*	X*	77%	-
Percent of infants who have a medical home	X*	X*	X*	X*	98%	95%
Percent of parents educated about the benefits of immunizations	97%	97%	96%	96%	99%	95%
Percent of eligible infants enrolled/referred to WIC	41%	43%	40%	41%	49%	-
Children will be Safe in their Family Homes						
Percent of infants who sleep on their back	97%	95%	96%	98%	96%	90%
Percent of infants who sleep alone	91%	91%	93%	92%	95%	90%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	7%	7%	7%	7%	11%	-
Percent of infants who sleep in a safe sleep environment	X*	X*	X*	X*	90%	95%
Percent of homes with working smoke alarms	95%	95%	95%	96%	85%	95%
Percent of infants with a smoke-free home	86%	82%	88%	84%	91%	80%
Percent of homes with private well that has been tested	98%	95%	95%	97%	91%	95%
Children will Experience Nurturing Relationships with their Parents						
Percent of women experiencing perinatal depression	16%	11%	9%	11%	7%	-
Percent of women experiencing perinatal depression who were referred for services (who had not been previously referred)	32%	26%	42%	26%	33%	-

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

X* indicates data first collected in 2013

Start Right (continued)

Families with a Newborn 2009-2013 (continued)

	2009	2010	2011	2012	2013	Benchmark
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%	45%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	27%	26%	15%	12%	20%	-
Percent of parents who are aware of Family Resource Center	85%	82%	78%	70%	93%	-

Start Right – Step by Step

As part of public health nurse 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. 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 2013, 61 new eligible families with newborns accepted Step by Step services. A total of 247 families received Step by Step services, with 4,492 visits made in 2013. The following impacts were realized for families who received Start Right Step by Step services:

Step by Step 2009-2013

	2009	2010	2011	2012	2013	Benchmark
Children will be Healthy						
Percent of families who have a primary medical home/provider	99%	99%	99%	98%	99%	95%
Percent of children on schedule for their well child exams	95%	90%	95%	96%	91%	90%
Percent of children who are up-to-date on immunizations at 24 months of age	99%	95%	98%	93%	97%	92%
Percent of eligible children enrolled in WIC	84%	88%	89%	91%	94%	85%
Children will be Safe in their Family Homes						
Percent of homes that had a decrease in an identified safety hazard	55%	66%	88%	87%	90%	85%



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Step by Step 2009-2013 (continued)

	2009	2010	2011	2012	2013	Benchmark
Children will Experience Nurturing Relationships with their Parents						
Percent of parents who scored 80% or higher on post parenting knowledge test	82%	89%	77%	76%	80%	80%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	83%	73%	82%	83%	75%	80%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	41%	63%	75%	68%	46%	60%
Children will be School Ready						
Percent of children identified for a potential developmental delay	12%	16%	37%*	33%	29%	-
Percent of children with a potential developmental delay referred & accepted services or are already receiving services	81%	85%	88%	96%	93%	90%
Percent of children age 3-5 years enrolled in a group-based early childhood program	52%	63%	83%	75%	70%	65%

*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.

Start Right – Stepping Out (Family Resource Services)

Marathon County offers Family Resource services in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. Marathon County funds services in 5 of the 8 communities. The Family Resource services provide information for families on parenting information and support through their libraries, educational programs, family events, and drop in playtime at various locations in communities. Parents are encouraged to call the Family Resource Warmline when they have specific parenting questions or need support. A total of 775 (934 in 2012) unduplicated adults and children attended one or more of the programs offered in Marathon County.

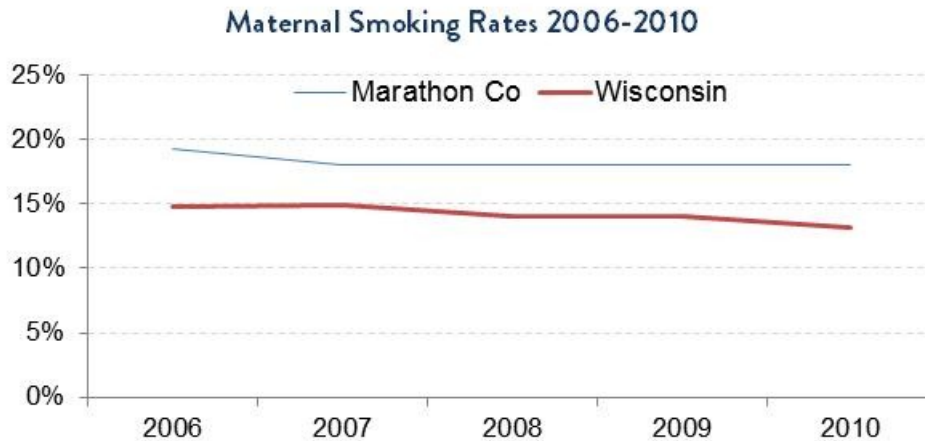
Play N' Learn is offered as a service in eight communities in Marathon County and on-site at A.C. Kieffer school in Wausau. Play N' Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and 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 143 (162 in 2012) unduplicated adults and 211 (281 in 2012) children participated in the 227 (269 in 2012) Play N'Learn sessions held in Marathon County in 2013.

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 received 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.

Start Right (continued)

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, 17.9% 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.



Marathon County Health Department continues to be a First Breath site, a state wide program through which we offer one-on-one cessation support to women during their pregnancy and up to 60 days after the birth of their baby. The program is incorporated into Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation. In 2013, 28 women in the PNCC program enrolled in the First Breath program. All women in PNCC who report smoking received cessation education and support services by a public health nurse to assist them in quitting or staying quit. Of the women who enrolled in the First Breath program and delivered in 2013, 40% quit smoking by the third trimester. Of those women who were unable to quit completely, 60% had significantly reduced their tobacco use.

In response to the increased focus on alcohol in the county, Marathon County Health Department became a site for the program, My Baby and Me in 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 2013, 3 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.



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Start Right (continued)

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 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 2013, 59 low-income families received one-on-one education on safe sleep practices and a portable crib for their newborn. Of the families who received cribs in 2013 and were able to be contacted for follow up, 100% report using the crib every time the baby sleeps, 100% place their baby to sleep appropriately on their back, and 50% keep extra blankets, stuffed animals, and pillows out of the crib.

Cribs for Kids 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 the portable cribs.

Family Health

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 2013, 61 children and their families received one or more home visits with a public health nurse.

2012-2013 Child Health Outcomes

Children will be Healthy	2012 (baseline)	2013	Benchmarks
Percent of children with a medical home	83%	100%	
Percent of children who had a well child exam as age appropriate	_*	100%	
Percent of children who are up to date on immunizations	59%	88%	
Percent of children who had a dental visit in the past year	7%	20%	
Children will be safe in their family homes			
Percent of children with a safe sleep environment	76%	95%	
Percent of children with an appropriate car seat	72%	98%	
Children will experience nurturing relationship with their parents			
Percent of parents who exhibit appropriate response to behavioral cues	66%	98%	
Families will be knowledgeable about key community resources			
Percent of parents educated about 211 services	_*	98%	

*Note: Data first collected in 2013.

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.

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 2013, nurses participated in the following community work-groups: Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Early Years Coalition, Marathon County Child Mortality Review Team, Domestic Abuse Intervention Team, EHAF (Emergency Housing Assist Fund), the Asthma Coalition, AOD Partnership, and North Central Wisconsin Network to Serve Infants and Families.



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Family Health

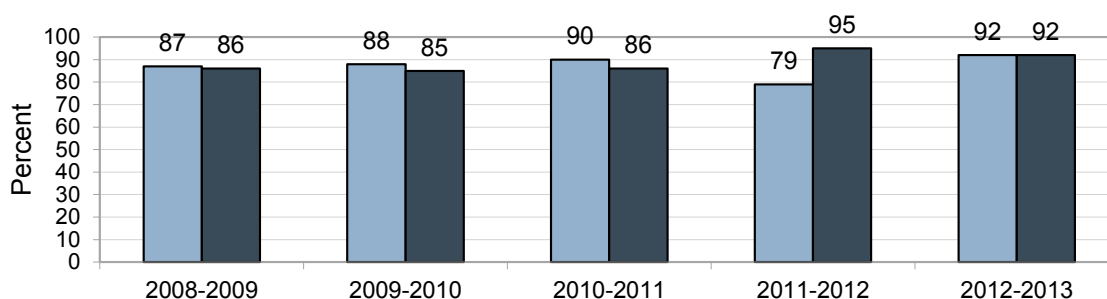
Hearing and Vision Screening

In the 2012-13 school year, screening was provided to children in four-year-old Kindergarten (4K) through grade 3 and grade 5. Children were screened in 60 locations including all public, private, and parochial school districts in the county. Four-year-old Kindergarten is offered in various locations including daycare facilities and community based organizations, in addition to the neighborhood schools, resulting in the high number of screening sites. During this school year 8,388 children were screened and 623 were re-screened for hearing loss. Of those screened, 196 children were referred for further evaluation of their hearing. In addition, 7,958 children were screened and 1,405 were rescreened for vision loss, with 911 children being referred to providers for further evaluation of their vision.

For the 2012-13 school year, 92% of the children we referred for hearing difficulties and 92% of the children we referred for vision difficulties have completed the referral process with medical follow up by August 2013.

For the 2013-14 school year, one new school district (Abbotsford) and the newly added 4K program in the D.C. Everest district was added to the program. To accommodate the increase in number of children into the program, our staffing pattern now includes one Program Coordinator (CAHOC certified) to conduct hearing and vision screening and two Screening Technicians. One of the Screening Technicians was also CAHOC certified to build program capacity to screen more students per week. The program continues to be funded through a contract with Marathon County Special Education Services, allowing services to be provided to each local school district.

Percent of Completed Referrals 2008-09 - 2012-13



Childhood Lead

Lead is toxic to everyone, but especially to children under the age of six. 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 (ug/dl) of blood to 5 ug/dl and changed their guidelines so that many 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. 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.

Marathon County's childhood lead program has actively engaged in early interventions for the past several years. Intervention at levels less than 10 ug/dl reduces exposure to higher amounts of lead, reduces the length of time a child would be exposed to high levels of lead, shortens the time to reach levels less than 5 ug/dl, and overall means that fewer of our youngest and most vulnerable are exposed to the negative health impacts from lead exposure. 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.

Childhood Lead (continued)

We monitor children until their blood lead level drops below 5 ug/dl.

The table below shows that in 2013, 41 children had a blood lead test result between 5 and 10 ug/dl. Twenty-seven of these children were newly identified as lead poisoned and, 14 children had been tested with elevated levels prior to 2013. Outreach that includes basic lead poisoning information and an offer to provide a lead hazard investigation is sent to all children with an initial test result of 5 ug/dl or greater. Twenty of the 27 families of newly identified children accepted the offer of home visit with a public health nurse and an environmental health sanitarian. This allowed for on-site lead education and assessment services and an investigation for lead hazards in the home. Seven visits were at the request of a parent, physician, public health nurse, or social worker. There were 9 children, six who were newly identified in 2013, identified as lead poisoned at 10-19 ug/dl level in 2013. In total, lead education and lead hazard investigations were conducted in 33 properties.

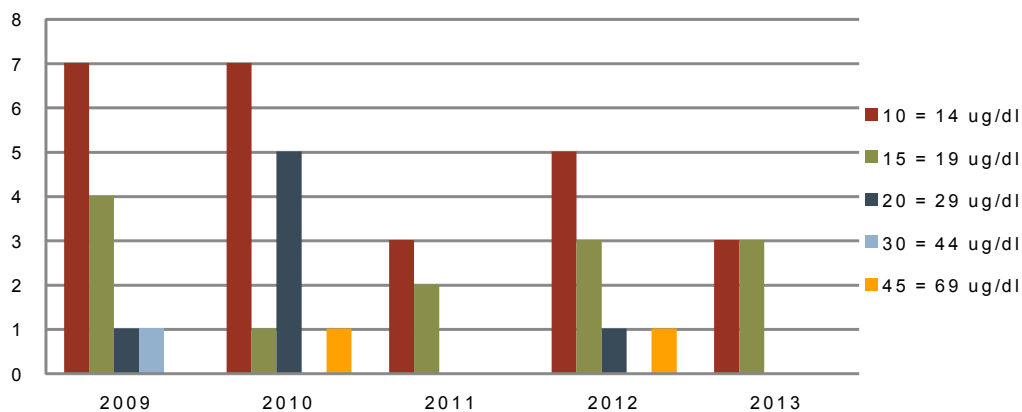
Childhood Lead Intervention Activities: 2009-2013

Activities	2009	2010	2011	2012	2013
Total Number of Lead Tests	1,745	1,430	1,319	1,267	1,173
Tests <10 ug/dl	1,717	1,403	1,303	1,197	1,162
Tests 5 to <10 ug/dl (# of children)	-	-	-	49 (39)	56 (41)
Tests 10 to 19 ug/dl (# of children)	22(17)	17 (9)	17 (10)	16 (11)	11 (9)
Tests ≥20 ug/dl (# of children)	6(2)	10 (6)	1 (1)	5 (2)	0 (0)
Housing Units – Lead Hazard Reduction	4	3	2	3	2
Lead Property Inspections	25	20	20	25	33

It is encouraging to note that no children had a blood lead level exceeding 20 ug/dl this year. While the best way to protect children has been and remains preventing lead exposure in the first place, outreach at lower blood lead levels limits the damage lead exposure causes.

The chart below illustrates a downward trend in the number of children with blood lead levels of 10 ug/dl or greater. It is our belief that early intervention efforts at levels between 5 to <10 ug/dl are responsible for this trend. Once again, earlier intervention efforts benefit the child by reducing the level and duration of lead exposure. A number of studies have shown that children with elevated lead levels have been correlated with lower I.Q. scores, poor school performance, and behavior disorders leading to a lower income potential and an association with criminal behaviors and incarceration, so there is also a benefit to society from early lead intervention.

Lead Results by Blood Lead Level: 2009-2013



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Childhood Lead (continued)

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.

Housing coupled with poor nutrition lacking calcium and iron-rich foods intensifies the impact of lead exposure because lead takes the place of calcium and iron in the body. Each of these risk factors is considered when investigating a lead exposure.

The greatest struggle for lead hazard reduction is the cost as the corrections needed are often expensive. That cost is a significant factor delaying the completion of long-term lead hazard reduction activities. Lead hazard reduction activities can be extensive in the older housing found in Marathon County. To ensure the lead hazard reduction work is performed safely, since unsafe work practices can make a bad situation worse, federal and state laws require certified contractors in most situations which contributes to the cost. 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. Two properties in Marathon County completed lead hazard reduction in 2013.

Marathon County Early Years Coalition

The Marathon County Early Years Coalition is made up of over 50 members with representation from 30 organizations with the vision “that every child is supported in their early years for a journey of lifelong success.” The Health Department in partnership with United Way of Marathon County provides dedicated staff to 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. Highlights of impacts realized in 2013 as a result of coalition members’ leadership and efforts include;

Healthy Babies – Ensuring healthy pregnancies result in health babies.

- All major health care organizations in Marathon County have joined in efforts to reduce the rate of elective early deliveries, a national and statewide initiative.
- Awarded grant funds from March of Dimes to implement 39 Weeks: Healthy Babies are Worth the Wait Campaign launched in January 2014.

Development Screening – 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.

- Inventoried 26 health care providers’ developmental screening practices in Marathon County.

Parents as First Teachers – Helping parents and caregivers to become confident and knowledgeable about being their child’s first teacher.

- Developed content for www.RaiseGreatKids.org – The development of the Raise Great Kids website was led by United Way of Marathon County as a result of grant funds obtained from the Celebrate Children’s Foundation along with matched local foundation funds. The website was launched in the summer of 2013 during the “Screen on the Green” event at the 400 Block, Wausau. Coalition members actively contribute to the content on the website.

Quality Child Care – Improving access and quality of local child care centers and child care homes in connection with the work of YoungStar.

- Provided scholarship stipends to child care providers to assist them to obtain YoungStar credential through funds granted by the United Way of Marathon County Board.

To read more about the work of Marathon County Early Years Coalition, visit the United Way of Marathon County website at www.unitedwaymc.org.

Water Testing Laboratory

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

In 2013, there were 2,547 public drinking water samples (2,854 in 2012) and 1,565 private drinking water samples (2,310 in 2012) tested in the lab. Of the drinking water samples tested, 11% were unsafe, up from 9% in 2012. In 2013, 15% of private drinking water samples were unsafe (15% in 2012) as were 8% of public drinking water samples (3% in 2012).

In 2013, the public samples included 184 facilities with public water supplies which are sampled under the DNR-TNC contract. Among these, it shows that of the 184 facilities with public water supplies, 169 (92%) tested safe, while 15 (8%) 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 2013, 3% of recreational water samples tested were bacteriologically unsatisfactory, requiring follow-up action, compared to 5% in 2012.

2009-2013 Water Testing Results

	2009	2010	2011	2012	2013
DRINKING WATER					
Total number of samples	4,526	4,634	4,492	5,164	4,112
Bacteriologically safe samples	3,831	3,820	3,655	4,373	3,661
Bacteriologically unsafe samples	377	642	447	418	451
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	102	95	99	99	84
RECREATIONAL WATER (pools & beaches)					
Total number of samples	1,953	1,885	1,919	1,946	1,899
Bacteriologically satisfactory samples	1,886	1,809	1,843	1,839	1,850
Bacteriologically unsatisfactory samples	67	76	71	92	49



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Regional Programs

Children and Youth with Special Health Care Needs



Northern Regional Center
Children and Youth with
Special Health Care Needs



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

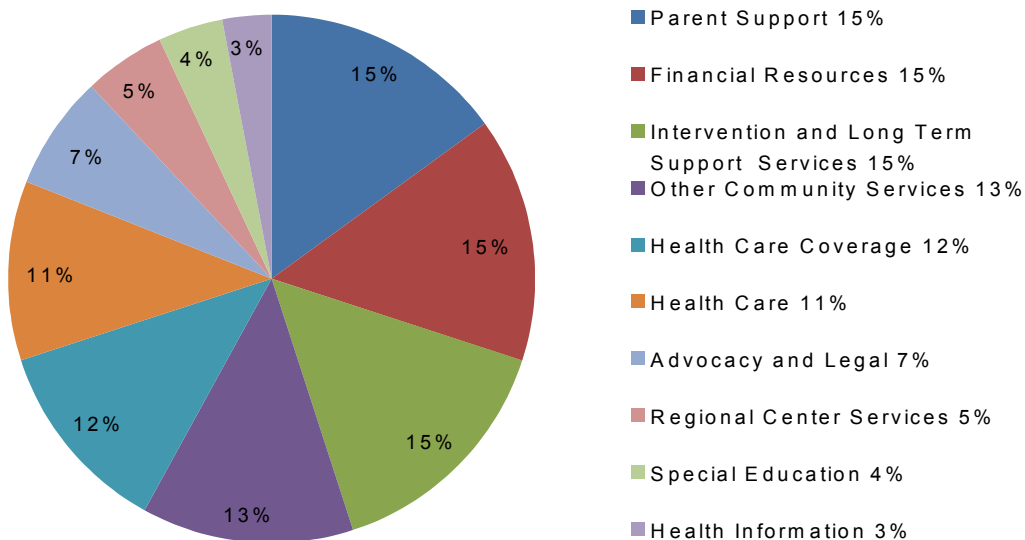
The work of the Regional Center is directed by six National Performance Measures related to:

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

In 2013, over 2,100 contacts were made with families, youth, professionals and partners through a variety of activities which included direct services to families, parent and physician trainings, partner meetings and coalition work. The Regional Center conducted five trainings on developmental screening and one training on behavioral health resources with primary care physicians. Coalitions in various counties are one of two focus areas – early childhood (under the age of 6) or transition age youth (over the age of 14).

The chart shows the main areas of information and service requests from families.

Type of Service Requests by Category



Regional Programs

Northwoods Collaborative

Overview

The Northwoods Collaborative is a cross-jurisdictional partnership in Florence, Forest, Iron, Langlade, Marathon, Marinette, Price, Sawyer, Taylor, and Vilas Counties. The collaborative provides member health departments with resources and technical assistance in public health preparedness and improving quality and capacity for meeting accreditation standards. 2013 was the third year of the collaborative.



Services provided to members of the collaborative include:

- Developing emergency plan templates and tools, training, and testing of response capabilities
- Assisting in local planning and collaboration efforts
- Consulting on epidemiology and surveillance
- Developing resources for public health accreditation standards and measures
- Seeking funding and other support to further the purpose and goals of the collaborative

Impetus

In 2011, the Wisconsin Department of Health Services (DHS) stopped funding consortia that had been providing technical assistance in public health preparedness to local health departments. Nine agencies in north central Wisconsin formed a new partnership, the Northwoods Collaborative, to continue working together and sharing expertise and resources. In 2012 a tenth agency, Marinette County Health and Human Services, joined the collaborative.

Oversight, Organizational Structure, and Staffing

Marathon County Health Department is the collaborative fiscal agent and employs collaborative staff, a full-time program manager and three additional staff funded for 2 to 14 hours a week. Member agencies sign a memorandum of understanding and contribute a portion of their public health preparedness funds to the collaborative budget. Members approve the budget and work plan and direct staff work assignments.

Funding and Grant Initiatives

The Northwoods Collaborative is funded by member agencies that authorize the Wisconsin Department of Health Services (DHS) to forward a percentage of the agencies' annual public health preparedness (PHP) allocation to MCHD, the collaborative fiscal agent. During 2013 the collaborative was awarded two grants in addition to PHP funding:

- Public Health Infrastructure Improvement grant from the state Department of Health Services for January 1 to September 30, 2013. The grant funded efforts in performance management, quality improvement, and preparation for national accreditation.
- Northwoods Shared Services Project funded by the Robert Wood Johnson Foundation Shared Services Learning Community Program for January 15, 2013 to January 14, 2015. The project is made up of 18 jurisdictions in north central Wisconsin. The goal is for public health officials, policymakers, and other stakeholders to explore how cross-jurisdictional sharing (CJS) might better equip them to fulfill their mission of protecting and promoting the health of the communities they serve.

Due to increased grant funding, the local contribution from PHP allocations for 2013-14 was reduced from 25% to 22% effective July 1, 2013.

Tracking Member Satisfaction

Each year, collaborative staff request input from members on satisfaction with participating in the collaborative including meeting agendas and scheduling, staff responsiveness and expertise, information sharing and oversight on the budget and other management issues, and priorities to focus on in the coming year. The group reviews survey results and



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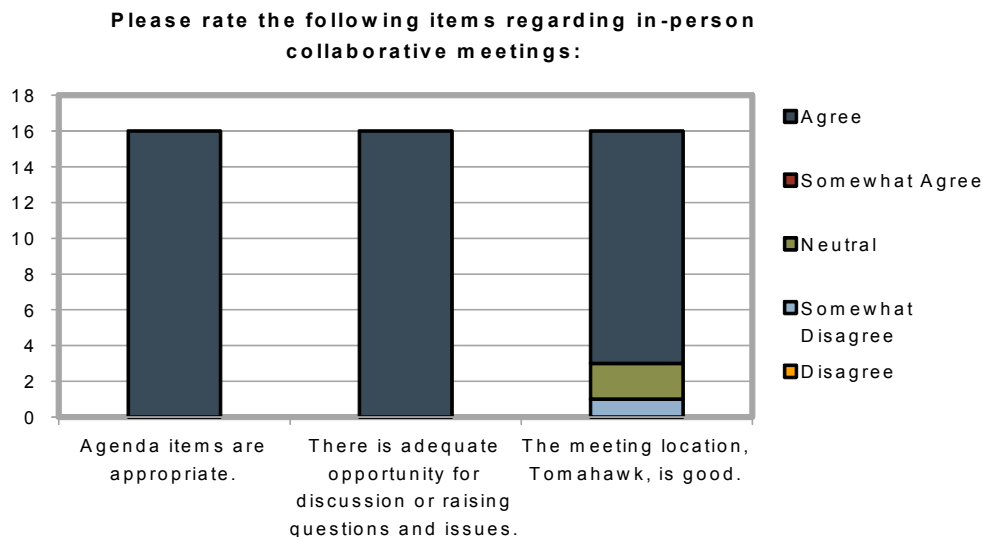
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Regional Programs

Northwoods Collaborative (continued)

develops a work plan for addressing concerns and priority areas. One survey question focuses on collaborative meetings.

Member Satisfaction Survey 2013



Key Success Elements of the Collaborative

Health officers at health departments in the Northwoods Collaborative were interviewed in the summer of 2013 as part of the Northwoods Shared Services Project and shared the following information on key factors that contribute to the success of the collaborative:

- Planning, implementation and evaluation processes that are responsive to local needs and interests
- Trust in staff and partner agencies
- A leader with program management skills
- Leadership from the Marathon County Health Department Health Officer (fiscal agent)
- Timeliness of staff technical assistance
- Health officer support, collaboration, and continued commitment to strengthening relationships with each other for the success of the collaborative and other shared services
- Board of Health support
- Use of technology for training, meeting, and communication across the large geographic area
- Use of formal agreements for participation in the collaborative
- Flexibility of fiscal agent to consider local needs of the participating counties

Ongoing Challenges

- Public health funding continues to fall, placing a greater burden on small health departments to contribute funds to a collaborative effort.
- Grant funds are an unpredictable revenue source and limit strategic planning and sustainability.

Marathon County Health Department Strategic Plan

October 2013-October 2018

In 2013, colleagues from the Health Department and Board of Health members underwent a strategic planning process to revisit our vision, mission, core values, and identify strategic priorities to ensure the Health Department continues to meet the needs of the residents of Marathon County.

Strategic priorities were identified from Citizen Perspective, Fiscal, Employee Learning and Growth, and Operations viewpoints. Nine priority areas were acknowledged, five of which were selected to be actively moved forward in the next 1-2 years and include;

- Citizen Perspective: Assure programs and initiatives are in place to address the public health needs in Marathon County.
- Fiscal: Promote understanding of the value public health contributes to the community.
- Employee Learning: Promote a work environment that fosters innovation and excellence.
- Operations: Create and maintain systems to assure desired outcomes are met.
Improve organizational structure to assure programmatic and operational excellence.

Marathon County Health Department's Strategic Plan is keeping with national public health accreditation standard; that is, local health departments conduct a strategic planning process and develop a plan every five years. The Strategic Plan is intended to guide the department's activities to meet accreditation standards with the plan to seek accreditation within the next five years. Public health accreditation is being encouraged for all local health departments in Wisconsin and nationally, as a method of ensuring excellence in the delivery of public health services.

To read more visit:
<http://www.co.marathon.wi.us/Departments/HealthDepartment.aspx>

Vision & Mission Statements

Vision:

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

Mission:

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



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Marathon County Health Department Strategic Plan

Core Values

Overarching theme:

- Build a strong organizational culture by integrating the Mutual Learning Mindset

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

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

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

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

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

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

- Communicate respectfully, openly and honestly
- Protect and honor confidentiality
- Be aware of personal bias – check assumptions and suspend judgment
- Conduct ourselves professionally by adhering to professional code of ethics

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

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

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

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

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

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

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

- Honor each individual's worthiness and respect each other's beliefs, values and view points
- Be aware of and responsive to unique needs of customers
- Foster teamwork and encourage diverse approaches
- Recruit, hire and retain employees with diverse experiences and abilities

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

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

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

- Contribute our individual expertise to attain organizational and community goals
- Collaborate with community partners to address population health issues
- Commit to the success of all
- Make decisions about our services based on community need and input

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

Marathon County Health Department Strategic Plan

Core Values (continued)

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

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

- Contribute to a positive and safe work environment
- Manage our resources wisely
- Maintain high standards of fiscal accountability
- Seek diverse and sustainable funding

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

Governing documents

Principles of the Ethical Practice of Public Health

© 2002 Public Health Leadership Society 1

Mutual Learning Mindset: A Winning Approach

© 2009 *Ultimate Performance Management*, by Jeffrey and Linda Russell, ASTD Press



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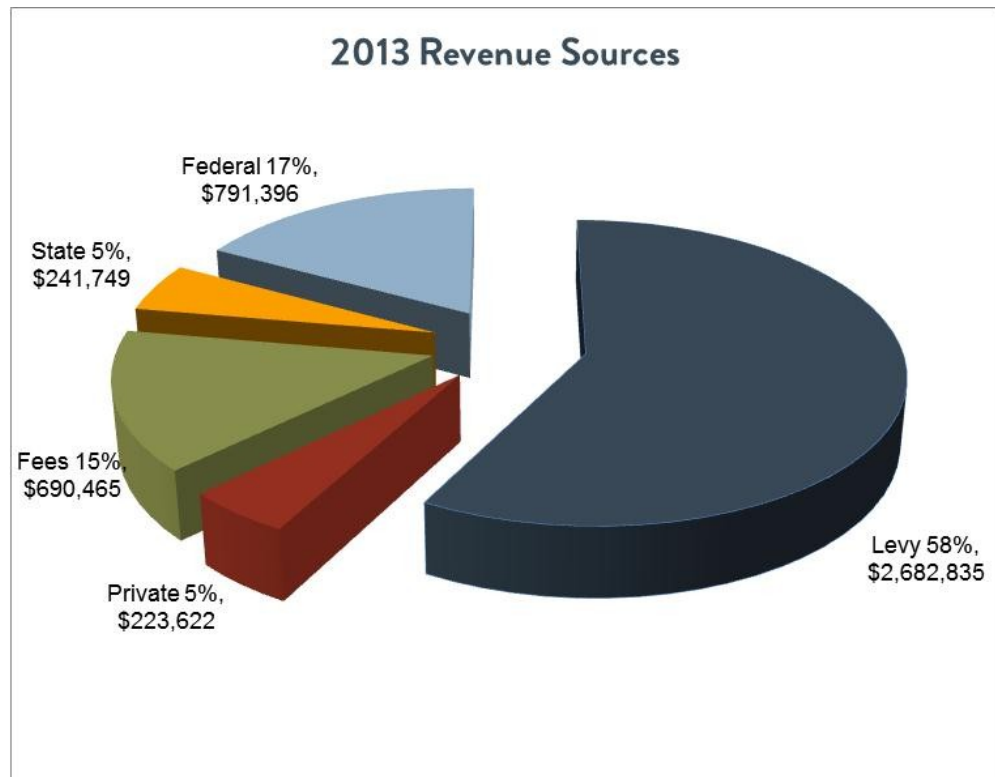
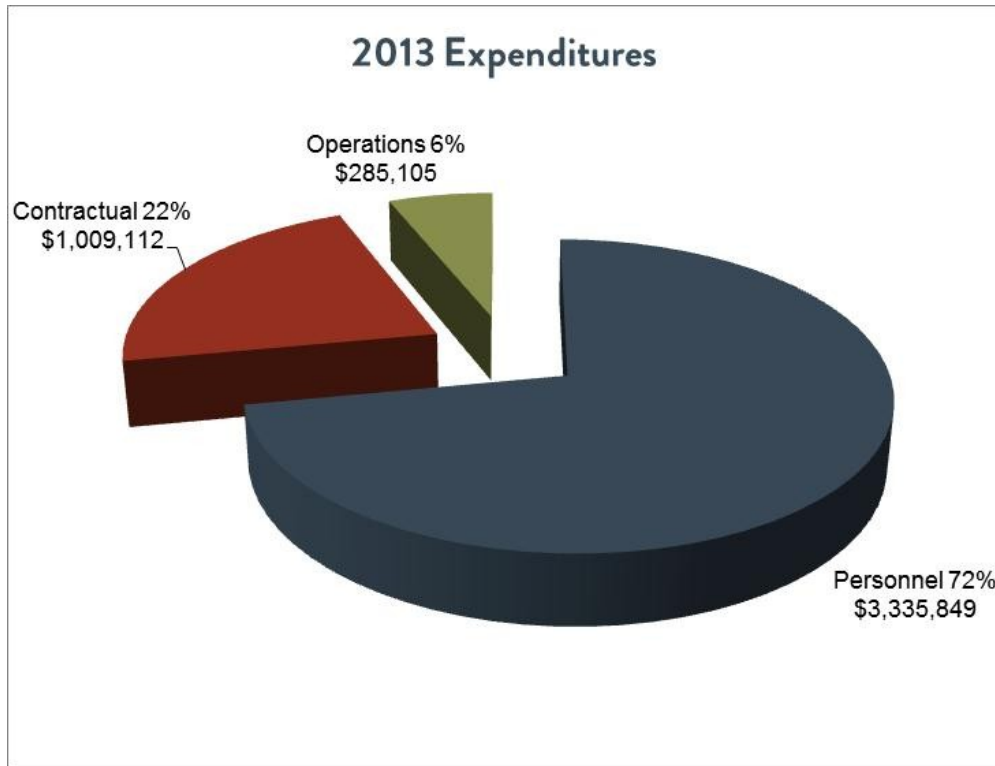
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2013 ANNUAL REPORT FINANCIAL SUMMARIES (unaudited)

LEVY FUNDED	Budgeted Levy	Actual Levy	Budgeted Revenue	Actual Revenue
General Public Health	\$1,827,896	\$1,786,644	\$56,766	\$75,339
Environmental Permits/Licensing	\$10,339	\$967	\$381,249	\$387,398
Laboratory	\$11,051	\$9,057	\$113,205	\$114,878
Start Right	\$886,167	\$886,167	\$100,000	\$100,000
Total Levy Funded	<u>\$2,735,453</u>	<u>\$2,682,835</u>	<u>\$651,220</u>	<u>\$677,615</u>
PROGRAMS FUNDED FROM OTHER SOURCES				
Regional Programs				
Children & Youth with Special Health Care Needs	\$127,775			
Regional Public Health Preparedness (NWC)	\$1,638			
Northwoods Preparedness Collaborative	\$105,618			
Northwoods Shared Services	\$57,074			
Northwoods Accreditation	\$67,961			
Total Regional Programs			\$360,066	
Family Health/Communicable Disease				
HIV Partner Services	\$5,619			
Immunizations & Vaccinations	\$32,142			
Maternal/Child Health	\$52,373			
Prenatal Care Coordination	\$58,953			
Targeted Case Management	\$8,002			
Tuberculosis	\$30,885			
Total Family Health/Communicable Disease			\$187,974	
Environmental Health				
Lead	\$13,381			
Mercury/DNR	\$58,452			
Radon	\$20,135			
Total Environmental Health			\$91,968	
Chronic Disease Prevention				
Alcohol	\$135,798			
Asthma	\$4,767			
Healthy Eating, Active Living	\$10,324			
Hearing & Vision Screening	\$51,771			
Injury Prevention	\$11,738			
Tobacco Control Grants	\$106,040			
Transform Wisconsin	\$167,916			
Breast & Cervical Cancer Prevention	\$62,309			
Total Chronic Disease Prevention			\$550,663	
Departmental				
Local Public Health Preparedness	\$78,217			
Organizational Culture	\$728			
Total Departmental			\$78,945	
TOTAL PROGRAMS FUNDED FROM OTHER SOURCES			\$1,269,616	
TOTAL ALL FUNDS				<u>\$4,630,066</u>
	Total Funds	2013 est. Population Census	Per Capita Funds	
Levy Funded	\$2,682,835	135416	\$ 19.45	
Non-Levy Funded	<u>\$1,947,231</u>	135416	\$ 14.38	
Total	<u>\$4,630,066</u>	135416	\$ 34.19	



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Marathon County Health Department Staff - 2013

		Years of Service			Years of Service	
		<i>Health Officer</i>				
Joan Theurer	Health Officer				6	
Chronic Disease Prevention						
Judy Burrows	Director - Chronic Disease Prevention	21	Krista Mischo	Screening Technician (P.T./Casual)	1	
Vicki Anthony	Public Health Screening Coordinator (P.T.)	1	Mandy Myszka	Health Educator (P.T.)	7	
Kari Cline	Screening Technician (P.T./Casual)	6	Amanda Ostrowski	Health Educator	6	
Melissa Dotter	Drug Free Community Coordinator	3	Aaron Ruff	Health Educator	1	
Marla Hill	Public Health Nutritionist (P.T.)	5	Destinee Conenen	Health Educator	1	
Dot Kalmon	Health Educator	6	Brandy Bures	Dental Hygienist (P.T.)	<1	
Ashley Kienitz	Health Educator	1				
Environmental Health & Safety						
Dale Grosskurth	Director - Environmental Health & Safety	12	Russ Mech	Environmental Sanitarian II	17	
Keith Baine	Environmental Sanitarian II	5	Michelle Schwoch	Environmental Sanitarian II (P.T.)	15	
Jackie Bethel	Environmental Sanitarian II	33	Heidi Ward	Environmental Sanitarian I	1	
Sara Brown	Environmental Sanitarian II	11				
Water Testing Lab						
Ruth Marx	Epidemiologist/Public Health Laboratory Director				22	
Cheryl Fay	Environmental Health/Laboratory Technician (P.T.)				4	
Deanna Schertz	Environmental Health/Laboratory Technician (P.T.)				3	
Family Health & Communicable Disease Control						
Eileen Eckardt	Director - Family Health & Communicable Disease Control	3	Pang Moua	Community Health Worker	17	
Chelsea Baer	Public Health Nurse (P.T.)	4	Becky Mroczenski	Public Health Nurse	6	
Heather Busig	Public Health Nurse	7	Ann Peters	Public Health Nurse (P.T.)	12	
Vicki Chrapkowski	Public Health Nurse	25	Tiffany Pietrowski	Public Health Nurse (P.T.)	12	
Mary Hackel	Public Health Nurse	11	Carrie Sickler	Program Coordinator - Family Health & Communicable Disease Control	9	
Jenny Juneau	Public Health Nurse (P.T.)	7	Peggy Stalheim	Public Health Nurse (P.T.)	17	
Jeanie Kaatz	Public Health Nurse	30	Isabel Mandli	Public Health Nurse (P.T.)	<1	
Vicki Kowalski	Public Health Nurse (P.T./Casual)	16	Colleen Yaatenen	Public Health Nurse (P.T.)	11	
Carol Mills	Public Health Nurse (P.T.)	19				
Administrative & Fiscal Support Team						
Season Welle	Administrative Officer I	6	Jean Rolnecki	Clerical Assistant II	11	
Bonita Buchberger	Clerical Assistant II	43	Jon Schmunk	Clerical Assistant II	1	
Leila Lucero	Clerical Assistant I (P.T.)	1	Chris Weisgram	Confidential Administrative Specialist II	2	
Sandy Marten	Clerical Assistant II	1	Heather Janes	Senior Aide (P.T.)	<1	
Patti Poverski	Clerical Assistant II	24	Joan Eaton	Senior Aide (P.T.)	<1	
Regional Programs						
Chris Dobbe	Coordinator – Northwoods Preparedness Collaborative				9	
Julia Stavran	Program Manager - CYSHCN				26	
Jeanie Kaatz	Resource Specialist – CYSHCN				30	

Marathon County Demographics

Population (2012 Estimate)	134,735
Gender (2012)	
Male	50.3%
Female	49.7%
Age (2012)	
Under 5 Years	6.4%
Under 18 Years	23.9%
65 Years and Over	15.1%
Race & Ethnicity (2012)	
White	90.1%
Black	0.8%
American Indian and Alaska Native	0.2%
Asian	5.5%
Hawaiian Native or Other Pacific Islander	0.0%
Hispanic/Latino	2.2%
Two or More Races	1.3%
Geography	
Square Miles	1,544.98
Population Density (Persons per square mile)	86.8
Economics	
Median Household Income (2007-2011)	\$52,419
Persons Below Poverty Level (2007-2011)	7.6%



Marathon County Health Department
1000 Lake View Drive, Suite 100
Wausau, WI 54403-6781
ph: 715-261-1900
fax: 715-261-1901
www.co.marathon.wi.us
health@co.marathon.wi.us



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