



Healthiest

Safest

Most
Prosperous

Marathon County Health Department
2014 Annual Report

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Message from the Health Officer

To: Community Members
Community Partners
Marathon County Board of Supervisor
Marathon County Board of Health
Marathon County Administration
Municipal Officers
State Legislators

Talk. Sing. Read. Play. Every Child. Every Day.

These are four simple words, and four simple actions everyone can do to support the success of a child! It almost seems too simple. In 2014, our community learned that what happens in a child's first five years of life does matter in predicting their future. The release of the 2013-2015 LIFE Report set in motion a long-term call for action in our community, that is, "to ensure that every child in Marathon County gets off to a great start."

Why is this so important? During the first five years of child's life, 85% of a child's brain foundation is formed in terms of their intellect and personality. Key to a child's brain development is receiving love and attention from parents and other caregivers. Another key factor in a child's brain development is protecting children from adverse childhood experiences and trauma. Adverse childhood experiences are serious childhood traumas and can include emotional abuse, physical abuse, sexual abuse, emotional neglect, family violence, household mental illness, parental separation or divorce, bullying, being homeless, and natural disasters. Experiences like these can result in toxic stress that can harm a child's brain and may prevent a child from learning and playing in a healthy way. Toxic stress can result in long-term social and health problems into adulthood and has been linked to teen pregnancy, substance abuse, mental illness, delinquency, incarceration, and chronic illness.

Getting through childhood without experiencing adverse life events can be difficult. To reduce the impact of adverse childhood experiences, parents, family and friends can provide a safe environment and teach children how to be resilient. Resiliency has a protective quality, by helping a child to have hope after bad things occur.

Everyone has a part in helping a child get off to a great start:

- As a parent, take the time to be present with your child, talk to them, play with them, and read to them. Listen and respond to your child in a supportive way.
- As an adult family member, support parents with young children by reading, playing, singing to them, taking them to the library, park, community events, and running errands.
- As a neighbor, get to know the neighborhood parents and their children.
- As an organization, look at what practices you are currently doing to support parents and identify one new practice you will do this year.

Community conversations have begun. More conversations are needed to understand the significance of talking, singing, reading, and playing with every child, every day in Marathon County.

Take the Time – Talk. Sing. Read. Play.

Joan Theurer, Health Officer

Transform WI was a grant funded program implemented by Marathon County Health Department from July 2012 to December 2014. The program was focused on three priority areas: food systems, active communities, and tobacco prevention. This initiative was integrated into other existing and ongoing work. Below are some of the highlights from the grant funded work done in 2014.

Food Systems

The focus of this work is on implementing the **Farm To School** program. The Health Department works with school district personal and local producers to increase access to fresh local food, and decrease the barriers to transportation, storage and preparation of those foods. Our staff was available to assist schools with the development of 1) school gardens, 2) classroom education/curriculum, 3) buying local food, and 4) "Lunch Line Redesign" analysis. Some results are highlighted below:

- Thomas Jefferson Elementary School's garden has gained recognition across the state and is featured as a successful Farm to School model. What is unique about Thomas Jefferson and their school garden is that all the students get to experience the garden and their Full Option Science System (FOSS) science lessons are tied to the garden. Food grown is consumed by students and their families.
- Stratford School District is growing food for their lunch program.
- Training was coordinated through MCHD and provided to school personnel on the Department of Public Instruction (DPI) purchasing guidelines, how to prepare food by roasting and seasoning, and how to start a successful school garden.
- Western Marathon County - Farm to School is a group of food service staff, school administration, and food producers who work together to create solutions to the transportation, storage, and preparation challenges that are barriers to serving local foods.
- Wausau, D.C. Everest, Marathon, Stratford, Colby, Athens, Abbotsford and Spencer school districts are incorporating more Wisconsin produce on the menu through their food vendors, and local farmers.
- Wausau and D.C. Everest food service departments have created and filled new positions for school nutrition program specialists. The new positions are partially dedicated to implementing elements of the Farm to School program throughout their districts.

Active Schools

In 2014, Four elementary schools implemented "energy breaks" into the school day. Energy breaks are 2-3 minute brain breaks that allow children to move for a short period of time. Research suggests that these breaks improve concentration and learning among children. Additionally, staff facilitated engaging three area schools to participate in gathering data on activity levels among children for the state wide research project conducted by the University of Wisconsin – Madison.

The Health Department continued to support the implementation of the Safe Routes to School Program. One elementary school continued their Walking School Bus on Walking Wednesdays. Nine elementary schools (1,100 students) participated in the 2014 Bike to School Day Event in May. Eight schools (700 students) participated in the 2014 Walk to School Day Event in October. The intention is to normalize walking and biking as part of daily activity and transportation.

The Health Department presented information about school participation and the benefits of kids safely walking to school to the Wausau School Board.

Tobacco Prevention

The "Clear Gains" initiative is aimed at reducing the exposure of second hand smoke among people who live in multi-unit housing with low to moderate income. Staff sent mailers to landlords across the County to offer this assistance. Presentations were made to local landlord associations to identify who might be interested in smoke free properties. Interested landlords received assistance with designing smoke free policies for their properties and with educating tenants regarding the policy change. The TWI grant also provided resources to purchase signage for properties designating smoking areas. In 2014, 12 rental buildings in Marathon County implemented a smoke-free policy that includes designated smoking areas; impacting 176 subsidized units with the new policy.

Chronic Disease Prevention

Alcohol and Other Drugs

It has been five years since the Marathon County Health Department assumed the role of fiscal agent and home office for the AOD Partnership. At that time, Marathon County AOD Partnership Council, AOD Steering Committee and BRAVO joined forces to create what is now referred to simply as the AOD Partnership. A federal Drug Free Communities grant supported the work through 2014. The Partnership has built a solid reputation for prevention and awareness activities in the community and across the State of Wisconsin.

2014 brought an entire year of “firsts” that speak to the strength and influence of the coalition. The AOD Partnership, staffed by Marathon County Health Department, provided organizational support for alcohol & other drug efforts in the community, particularly in areas of prevention and policy work. Much of the work has been focused on moving AOD Partnership efforts forward to achieve shared community vision and action to reduce the burden of substance abuse. The work of the AOD Partnership is organized around six areas:

Guide Vision & Strategy

- The 1st “Progress Report” was published, including an address from the 2013 Chair, community/partner feedback, highlights of accomplishments, outcomes and outputs, and spotlight on our two new initiatives – The Real Happy Hour & Pushback Against Drug Abuse.
- A “Partner Survey” of membership was conducted. Highlights include: 9 out of 10 partners agree that full time staff is “very valuable”, and expressed their experience with AOD Partnership has “met or exceeded” expectations. In addition, 98% “agree or strongly agree” that the email *Weekly Updates* are useful to them
- The “brand” of the AOD Partnership continued to be built within media, policy makers and other key community stakeholders.

Support Aligned Activities

- Coalition and staff participation increased in regional, state and federal task forces, learning opportunities, and recognitions – including Problem Orientated Policing, Medical Assistant Conferences, Partners in Prevention, Northwoods Coalition, State Council on Alcohol and Other Drug Abuse (SCAODA), Center for the Application of Prevention Technologies, SAMHSA and CADCA.
- Multiple trainings for coalition and community partners were hosted or facilitated – including media, collective impact, drug identification and alcohol policy.
- The collection of more than two tons of medications at the five permanent drop box locations distributed throughout the county was promoted, with 100% of pharmacies continuing to support the initiative.
- The website www.takebackyouth.org was launched, the latest tool in the fight against drug abuse. This resource was created to link those who are looking for information to help their loved ones through addiction and support their recovery. This new initiative was launched with a press conference in March.
- Our first Heroin Summit was hosted in September 2014. Invited state and local policy/decision makers, media, funders and community partners to hear more from agencies and organizations that serve individuals and families impacted by heroin such as social services, jail and health care systems.
- New partners were engaged, and the coalition hosted multiple brainstorming sessions to boost prevention, treatment and enforcement efforts.
- The coalition mentored Western Marathon County Healthy Communities’ growth as a new coalition.

Shared Measurement Practices

- Dashboard measures were created that align Marathon County and the AOD Partnership goals.

Build Public Will

- Over 80 people attended the 4th Annual Spotlight Celebration which recognized five “Stars” of those who helped us achieve our mission in 2013.
- Over 60 people attended the 2nd Annual Faces of Recovery luncheon during September’s National Recovery Month.
- Six AOD Partnership meetings were held– which included the following educational topics: Perceptions vs Reality; Alcohol, Pot and the Teenage Brain; E-cigs, Hookah Pens & Vaping; Communities Supportive of Recovery; State of

Heroin; and Reefer Madness: Marijuana Decriminalization, Legalization and Commercialization.

- Numerous presentations, community events, and wellness fairs were hosted for local churches, civic groups, neighborhoods, youth, policy makers, professionals, to provide information on the latest alcohol and drug trends.
- National attention and recognition was received for the work done at a local level in the area of drug prevention.

Mobilize Funding

- A funding partnership began with the United Way of Marathon County to reduce the burden of youth substance abuse.
- Funding was secured to support Pushback Against Drug Abuse outreach to over 2,000 homes within the Wausau Metro area.
- Sponsorships from local businesses and organizations were secured for expenses related to our special events and trainings held in 2014.
- Resources were leveraged for shared learning opportunities through the Department of Justice, United Way and Rasmussen College.

Advance Policy

- Local school districts administration, school liaisons, guidance counselors and others within the Wausau Metro were hosted to discuss needs, policies, procedures and the implementation of the Youth Risk Behavior Survey.
- The coalition advocated for the first Impaired Server ordinance in Central WI.
- The coalition Supported and promoted local and regional Social Host ordinances.
- The coalition Participated in the October Candidate Forum, educating state policy makers about key issues related to alcohol prevention including sobriety checkpoints, alcohol taxes and age restrictions on sales.

Food Systems and Active Communities

The burden of obesity continues to be a public health priority. Marathon County Health Department (MCHD) staff connects community stakeholders and resources to create a culture of better health. The following are recognized best practices being carried out in Marathon County to address the burden of obesity. (Refer to <http://whatworksforhealth.wisc.edu/> for a listing of best practices.)

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

- Represented HEAL and provided leadership (Chairperson) at the WI Physical Activity and Nutrition statewide coalition and the WI Obesity Prevention Network.
- Participated in the WI Obesity Prevention Initiative – Phase One implementation of a new “Community Engagement Collective Impact” model.
- Served as the Grant Advisory Council providing oversight for the Wausau School District’s Physical Education Program grant.
- 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:

- Wausau School District and E.C. Everest School District Food Service agencies have created new positions to assist with the implementation of Farm to School initiatives and other strategies to improve the overall nutrition program.
- Western Marathon County Farm to School group, consisting of food service, school administration and producers, continued to address the barriers of farm to school and explore possible options on how those barriers can be eliminated or reduced, and success can be increased.
- Marathon County Health Department coordinated training for school food service staff to learn more about local purchasing, and integrating school gardens into the program.

Chronic Disease Prevention

Food Systems and Active Communities

- Thomas Jefferson Elementary School garden has gained recognition across the state and is featured as a successful Farm to School model. This is unique because every student experiences the school garden as part of their science lessons.

Increasing access to fruits and vegetables through Farmers Markets:

- The Wausau area completed its first season of the Winter Farmers Market. The market had between 10 and 17 vendors per week and operated November to April. Marathon County supports the market by providing an indoor venue on Saturday mornings from 8:00 a.m. -12:00 p.m. Numerous media articles helped support the Market, creating a customer base and generating enough interest to continue into a second season.
- A “Double Your Bucks” incentive program was piloted in a collaboration between Marathon County Health Department and United Way of Marathon County. Electronic Benefit Transfer (EBT) users received a dollar for dollar match on the purchase of fresh food, up to \$10, between October and December at farmers markets that accept EBT in Marathon County.

Increasing physical activity by improving the built environment:

- In May 2014, the Wausau Metropolitan Planning Organization (MPO) was designated an Honorable Mention as a Bicycle-Friendly Community by the League of American Bicyclists.
- The Wausau Area MPO Bicycle & Pedestrian Sub-Committee created a Bike Fixtation network as part of the Wausau metro bicycle route & signage system. Fixtations are stations where cyclists can perform minor maintenance on their bikes, and check maps for ride destinations. Four Fixtations were funded by local community foundations.
- Wausau held its first Bicycle Wausau Rodeo & Safety Day. Over 325 people were in attendance, with 198 children receiving helmets from the Wausau Area Safe Kids Coalition. Numerous business and community organizations worked together to make it a successful event.
- The Health Department along with the Conservation, Planning and Zoning Department presented on the Wausau metro bicycle route system at the 2014 American Planning Association – WI Chapter Conference.
- In 2014, there were 28 media stories that were influenced by the work of the Health Department and the MPO Bike/Ped Committee.

Increase the initiation and duration of breastfeeding:

- The Heart of WI Breastfeeding Coalition adopted a formal structure this year, including naming co-chairs, a recorder, and a liaison to the Wisconsin Breastfeeding Coalition, and Executive Committee.
- Members continued the Breastfeeding Friendly Child Care project by providing two additional training sessions for 18 Hmong child care providers. Four centers were designated as Breastfeeding Friendly in June 2014.
- Eight billboards were purchased from Lamar, with messages supporting initiation and sustainment of breastfeeding; funding provided by a grant from the Department of Health Services.
- Members provided a poster session at the Wisconsin Association of Lactation Consultants Annual Conference, highlighting coalition achievements.
- Three articles in support of breastfeeding were developed for www.RaiseGreatKids.org (Marathon County Early Years Coalition) by coalition members: Going Back to Work (Marathon County Health Department), Benefits of Breastfeeding (Ministry Saint Clare’s Hospital), and Resources for Breastfeeding by Women, Infants and Children (WIC).
- The Heart of Wisconsin Breastfeeding Coalition received a Certificate of Achievement—Gold Status from the WI Breastfeeding Coalition presented at the June 13 Breastfeeding Summit in Stevens Point.



Chronic Disease Prevention *Marathon County Asthma Coalition*

The Marathon County Health Department has been the lead organization for the Marathon County Asthma Coalition. The coalition has 19 members and is a member of the WI Asthma Coalition with the purpose to improve the management of asthma. Each year the Marathon County Asthma Coalition has received a small grant to further the goals of the WI Asthma Coalition. Over the past several years the coalition has been working to implement an “asthma referral system” between the health care systems and public health nursing services. The goal of this system has been to prevent unnecessary clinic and hospital visits, or missed work and school days due to poorly managed asthma.

The Marathon County Asthma Coalition worked with the Aspirus Emergency Department and Bridge Community Health Clinic to implement the program. Coalition members (doctors, nurses, pharmacists, and educators) helped at each site to streamline the referral process to the Health Department, provided educational resources for staff and families, and offered technical assistance when needed. In 2015, the Marathon County Asthma Coalition will be directing their focus to the school walkthrough program as the coalition has seen a decrease in the number of referrals made to the Health Department public health nurses. With the referral program integrated into our public health nursing protocols, the Health Department will continue to accept and follow-up with patients referred from health care organizations.

Tobacco

Tobacco remains the leading cause of death and disability, and most importantly - it is preventable. Marathon County Health Department is the fiscal agent and home of the Central WI Tobacco Free Coalition (CWTF) serving Marathon, Portage and Wood Counties. 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 the Tobacco Coalition effort

The work of tobacco prevention and control is done through connecting community groups. One of the goals is to connect leaders and policymakers with community members and young people to address the issue. Print, television and radio media are utilized to keep the community informed of the new trends, policies, and research related to tobacco use. Current tobacco news and research information is shared via weekly blogs as well as face-to-face meetings. In 2014, tobacco prevention was reported in mass media via 16 press releases resulting in 10 newspaper stories, 1 radio interview and 3 television news stories being produced. In addition, three Letters to the Editor were also submitted for publication.

Youth Involvement/Other tobacco products

Reducing access to E-cigarettes and vaping is the focus for preventing youth from starting tobacco use. These products are flavored and packaged in new ways that are appealing to a wide variety of users and potential users. Many of these new nicotine delivery devices look harmless 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.

Chronic Disease Prevention

Tobacco

WI WINS: Marathon County Tobacco Inspections 2014

Community	# of Compliance Checks Completed	#of Retailers in Compliance	Current Compliance Rate
Athens	-	-	-
Colby/Abbotsford	-	-	-
Edgar	-	-	-
Marathon City	-	-	-
Mosinee	8	8	100%
Spencer	-	-	-
Stratford	-	-	-
Rural Marathon County	-	-	-
Wausau	39	29	74.4%
Everest Metro	11	8	70%
Rothschild	4	4	100%
Marshfield (Marathon County section)	2	2	100%
Entire Marathon County	64	13	79.7%

Note: Due to staffing changes and a reduction in the number of checks, compliance checks were not evenly distributed across the County in 2014.

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 and Prevention. The program provides limited health screening services, referral, follow up, and patient education for women meeting specific age, income, and insurance coverage limits.

The Coordinator's role is to determine eligibility and complete enrollment, provide limited case management, and assist with billing and reimbursement through WWWP. In 2014 there was a significant decline in the number of women seeking screening services through WWWP at the local and State level due to the availability of insurance through the Health Insurance Marketplace (health care reform).

WWWP Activities 2010-2014

	2010	2011	2012	2013	2014
Annual goal	117	117	117	88	88
Number of women enrolled in WWWP	223	266	242	229	160
Number of women screened for cervical cancer	84	89	127	55	55
Number of women screened for breast cancer (screening mammograms)	119	135	166	142	86
Unduplicated number of women screened	144	174	181	166	101
Number of women with a diagnosis of cancer who were receiving WWWP services in Marathon County	4	7	10	5	7

The Health Department was funded by the *Central WI Affiliate of the Susan G. Komen Foundation* to implement a treatment access fund for persons diagnosed with breast cancer. The goal of the treatment fund is to provide women with breast cancer financial resources. The Breast Health Coalition, with representatives from each local health care system, public health, and survivors, has been working on development of the fund for three years. The Breast Health Coalition transformed into the Breast Health Advisory Board to oversee the process of linking women in need to local resources. The Health Department facilitated the planning process and created the proposal to support the financial resources needed to create the treatment fund.

In 2014, the breast treatment fund became a reality. An agreement between Marathon County Health Department and the nonprofit WI Women's Health Foundation was made to disburse the Susan G. Komen funds to women who meet eligibility criteria. The Health Department facilitated the Coalition and the processes for the fund. The fund opened in September of 2014 with \$17,500 which was distributed to persons with cancer by February 2015. An application for continued funding was made in December 2014.

Rural Health Initiative

The Rural Health Initiative is a nonprofit organization serving farm and agribusiness families in Marathon, Shawano, Waupaca and Outagamie Counties. In 2014, an Outreach Health Coordinator was hired to serve families in Marathon County. Two local residents chair the Marathon County Steering Committee. Marathon County Health Department served on the committee to assist with outreach and networking between the Rural Health Initiative and multiple agencies that offer services to Marathon County residents. In addition, the Health Department also assisted with grant writing to obtain funds for Rural Health Initiative staff person to allow for continued infrastructure development of the organization, and the relationship building between Rural Health Initiative and agencies who share the mission of "improving and sustaining the health and safety of farm families."

The Marathon County Rural Health Initiative Steering Committee hosted a Kick-Off Event in Stratford. Approximately 60 stakeholders and supporters celebrated and now can spread the news about this program.

The Real Happy Hour

The Real Happy Hour is a campaign that was launched in 2012 to promote quality family time together for a healthier community. In 2014, the 2013-2015 LIFE Report identified the Real Happy Hour as a "Community Success" in the area of promoting public safety. A cover story written and published by The City Pages described the importance of family meal time as a protective factor for children. Formal presentations about the initiative were given at two state-wide conferences (Wisconsin Health Educator Network Annual Meeting and Wisconsin Parks & Recreation Association Conference) in 2014. More information about the initiative is found at www.therealhappyhour.org.

Chronic Disease Prevention

Western Marathon County Healthy Communities

The Western Marathon County Healthy Communities coalition was established in 2014. The coalition was formed by several local leaders as a result of a community meeting held on the impact of alcohol and drugs in the rural areas of Marathon County. Marathon County Health Department coordinated and facilitated the monthly meetings, rotating between each of the seven municipalities in western Marathon County, representing Abbotsford, Athens, Colby, Edgar, Marathon, Spencer and Stratford.

Sixty-one unique individuals have participated in the meetings. Marathon County Health Department assisted with creating and launching a community survey of local residents to aid in prioritizing health issues. As of November 2014, there were 158 respondents and the number one health related issue identified was “abuse or misuse of alcohol,” with 77% of respondents indicating that it is a moderately or very serious problem. The propriety health concern for the coalition has been narrowed to “underage drinking in 12-18 year olds.”

In the fall of 2014, the Health Department coordinated with students from the University of Wisconsin - Stevens Point to conduct a Community Readiness process to help determine the overall readiness for behavior change. Six key leaders in each of the seven western Marathon County communities were interviewed regarding their opinion of underage drinking in 12-18 year olds. In addition to adult opinion, each school district has agreed to complete the Youth Risk Behavior Survey. This national standardized tool will collect information regarding youth use and perception of several risk factors. The data from local residents, key leaders, and they youth in Western Marathon County will be utilized in planning specific actions in 2015.

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 communicable disease investigation, the Health Department assures 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 2014, Marathon County Health Department received 885 confirmed and probable reports of 32 different communicable diseases. The most commonly reported disease in Marathon County in 2014 was Chlamydia at 354 cases. Refer to the table for a list of reportable diseases from 2010-2014.

Selected Diseases 2010-2014

	2010	2011	2012	2013	2014	2014 Rates	2010-2014 Rates	2020 Goals
Reportable Diseases								
BABESIOSIS	2	3	5	9	4	3.0	3.4	
BLASTOMYCOSIS	59	13	16	8	6	4.5	15.2	
DENGUE	1	0	0	0	0	0	0.1	
EHRlichIOSOS/ANAPLASMOSIS	38	57	39	39	36	26.7	31.0	
HEPATITIS B	30	14	13	7	12	8.9	11.3	1.5
HEPATITIS C	31	48	62	64	49	36.3	37.8	0.2
HISTOPLASMOSIS	0	1	2	0	1	0.7	0.6	
HIV/AIDS	2	2	2	4	4	3.0	2.0	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS	2	9	39	86	75	55.6	31.4	
JAMESTOWN CANYON VIRUS	0	0	0	1	1	0.7	0.3	
LA CROSSE ENCEPHALITIS	0	0	0	1	0	0	0.1	
LEGIONELLOSIS	0	0	3	2	0	0	0.7	
LISTERIOSIS	1	0	0	0	2	1.5	0.4	
LYME DISEASE	214	204	86	127	67	49.7	103.8	
MALARIA	0	0	1	1	0	0	0.3	
MENINGITIS	0	0	0	0	0	0	0	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	11	25	18	25	16	11.9	14.1	
POWASSAN	0	1	0	1	0	0	0.3	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	12	18	24	18	32	23.7	15.5	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	10	19	13	17	10	7.4	10.3	
TUBERCULOSIS/ACTIVE DISEASE	2	1	3	3	1	0.7	1.5	1.0
WEST NILE	0	1	0	0	0	0	0.1	
CHLAMYDIA	295	344	291	340	354	262.6	241.5	
GONORRHEA	40	24	17	20	18	13.4	17.7	257-198
SYPHILIS	1	4	5	6	2	1.5	2.7	1.4-6.8

Communicable Disease

Investigation and Control

Selected Diseases 2010-2014 (continued)

	2010	2011	2012	2013	2014	2014 Rates	2010-2014 Rates	2020 Goals
Reportable Diseases								
HEPATITIS A	1	0	0	0	1	0.7	0.3	0.3
CAMPYLOBACTERIOSIS	41	28	39	36	29	21.5	25.7	
CRYPTOSPORIDIOSIS	62	59	71	36	25	18.5	38.2	
SHIGA TOXIN PRODUCING E COLI (STEC)	9	9	12	2	7	5.2	5.8	
GIARDIASIS	27	21	22	17	20	14.8	15.9	
SALMONELLOSIS	20	17	32	35	31	23.0	20.1	
SHIGELLOSIS	4	2	0	0	1	0.7	1.0	
Reportable Diseases								
PERTUSSIS (WHOOPING COUGH)	17	12	316	32	60	44.5	65.0	0.0
MUMPS	0	1	0	0	1	0.7	0.3	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	4	3	1	3	0	0	1.6	0.0
VARICELLA (CHICKENPOX)	4	12	6	1	8	5.9	4.6	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 counted 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.

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.

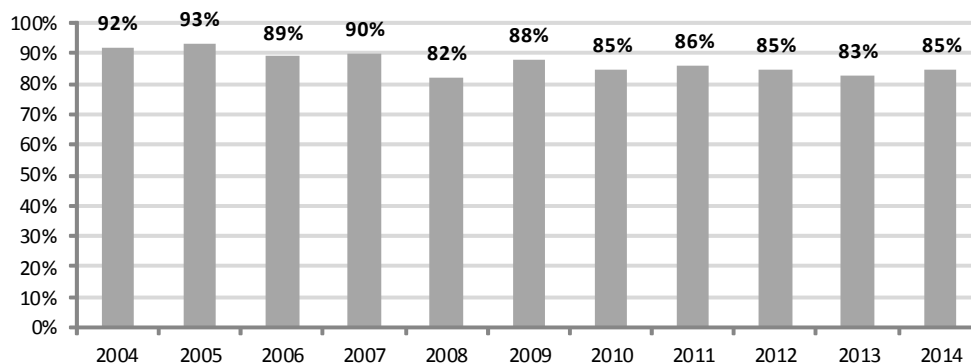
The Healthy People 2020 goal is that 80% of children are fully vaccinated through age two. Marathon County Health Department supports this goal by providing immunizations to eligible residents at a minimal cost and through public health nurse follow up of those children who are behind on their immunizations. In 2014, the immunization rate for children between the ages of 24-35 months in Marathon County was 85% (includes late up-to-date), exceeding the Healthy People 2020 goal.

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

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

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

Immunization Rates by Age 2 (Including Late Up-to-Date) 2004-2014



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

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, due to funding changes at the federal government level. Current exceptions to this policy change are Pertussis-containing vaccines and flu vaccines. We continue to educate and encourage residents who are insured to access their medical home for needed immunizations and well care.

The following table provides trend data on immunizations through clinics offered through Marathon County Health Department.

Immunizations 2010-2014

Year	No. of Children & Adults	No. of Vaccines Given
2014	884	1,498
2013	856	1,633
2012	1,294	2,326
2011	1,638	2,822
2010	2,359	3,723

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

"Efficient and friendly!"

"You all do a great job"

"Wonderful experience"

(Comments from clients who received immunizations through the Marathon County Health Department in 2014)

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

Marathon County Health Department's Tuberculosis (TB) program includes follow up with individuals who have latent (non-infectious) TB and individuals 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. Persons who have latent TB do not feel sick and are not able to spread TB to others. If not effectively treated, persons with latent disease may develop active TB disease, a serious 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 also serves as a measure to prevent TB exposure to others in the community. In 2014, 17 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. The goal is to have persons who receive TB treatment complete treatment.

Active TB

When a case of active TB disease is reported, immediate action is taken to isolate the person with the disease, initiate appropriate treatment, and conduct a contact investigation to determine exposure of other individuals. Marathon County had one new case of active TB disease diagnosed in 2014.

People with active TB disease must be treated with multiple medications in order to be cured of the disease and to prevent further spread of the disease. As part of the treatment, persons with active TB disease receive Directly Observed Therapy (DOT) for 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 2014, 3 individuals with active TB disease received DOT. Length of treatment ranges from 6-9 months to over 3 years for a person with multi-drug resistant TB.

Public health nurses and/or outreach workers provided 998 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 infected person receive testing to determine if they have been infected with the disease. Marathon County Health Department did not conduct any contact investigations in 2014, as the one new active case diagnosed did not have pulmonary (lung) disease, reducing the possibility of spread in the community.

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 2014, public health nurses screened 156 individuals for TB through these clinics as well as scheduled appointments.

Communicable Disease

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 Wausau 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 or at the clinic. As a result of the clinic, individuals who may not seek care due to barriers such as cost, concerns about confidentiality, or not having a health care provider are screened and treated, thereby reducing further transmission of STDs/HIV in the community.

In 2014, there were a total of 518 client visits for STD services and 180 vaccines were given.

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

STD Clinic Services: 2010-2014

Services per Clinic Site		Total Client Visits	# Females	# Males	# Screened for STDs	# Screened for HIV	# of Vaccines Given
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	AWFM*	146	42	104	86	73	34
	County Jail	424	105	319	175	150	179
	Total	570	147	423	261	223	213
2013	AWFM	149	47	102	98	78	12
	County Jail	401	103	298	177	153	233
	Total	550	150	400	275	231	245
2014	AWFM	158	51	107	110	92	4
	County Jail	360	131	229	166	130	176
	Total	518	182	336	276	222	180

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

“Nurses were wonderful”
“Superb service”
Survey comments from STD clinic clients 2014

Communicable Disease

Rabies Control

The rabies control program goal is to prevent humans from contracting rabies. This is accomplished through routine reporting of animal bites by hospitals, clinics, and law enforcement agencies; investigation of bite incidents; consistent use of quarantine; and laboratory testing of animals when appropriate. Because rabies is nearly always fatal, the goal for the rabies control program is to assure proper exposure follow up; to include quarantine or rabies testing and the need for prophylaxis due to an exposure.

Number of Positive Rabies and Prophylaxis 2010-2014

	2010	2011	2012	2013	2014
Human Exposures	253	262	283	285	317
Specimens Sent to State Lab	34	34	45	45	45
# Positive for Rabies	0	0	1 (3 Equivocal Results*)	0 (1 Equivocal Result*)	1 (2 Equivocal Results*)
Prophylaxis Recommended	5	16	10	26	37

*Equivocal results = inconclusive test results

Forty-five specimens were submitted to the State Lab of Hygiene for rabies virus testing. A red fox tested positive and serves as a reminder of rabies presence. Rabies is not uncommon in wildlife, especially bats and skunks, and stresses the importance of rabies vaccination of pets which may come in contact with a wild animal when outside. Rabies prophylaxis is recommended when tests indicate the biting animal is positive for rabies as well as when the bite is from a stray or wild animal and we are unsuccessful in locating the animal.

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

Exposures Reported by Species 2010-2014

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
2014	191	90	16	19	317

The table above shows the number of exposures has been increasing slightly, which may be due to increased outreach with local law enforcement and clinics to report incidents.

The Paper Cities Kennel Club continues to provide a valuable educational program emphasizing safety around all animals for 2nd grade elementary school children. The program emphasizes safe behavior intended to reduce bite incidents as children often suffer greater bite injuries than adults because of their size, and not understanding animal behavior. During the 2013-2014 school year, Paper Cities Kennel Club visited 9 schools in Marathon County reaching approximately 515 students.

Case Breakdown by Injured Age 2013-2014

Year	Age Group	Number Bitten by Age	Percentage by Age
2013	Under Age 6	15	5.26%
	6-12 Years of Age	40	14.04%
	13-17 Years of Age	18	6.31%
	18-49 Years of Age	118	41.40%
	50+ Years of Age	94	32.98%
2014	Under Age 6	24	7.57%
	6-12 Years of Age	26	8.20%
	13-17 Years of Age	19	5.99%
	18-49 Years of Age	135	42.59%
	50+ Years of Age	110	34.7%

Public Health Preparedness

This past year reinforced the importance of communities being prepared to respond to emerging and reemerging public health threats, which included Ebola and the U.S. multi-state measles outbreak. Community partnerships with clinics, hospitals, United Way of Marathon County 2-1-1, 911/EMS, Marathon County Emergency Management, and the State of WI Department of Health Services are vital in our preparedness efforts.

Significant planning efforts occurred in the fall of 2014 to put an Ebola response plan in place for Marathon County.

- Developed plans with area hospitals, clinics, and 911/EMS to do universal screening for traveler history and clinical signs and symptoms.
- Developed plans for monitoring return travelers from identified West African countries, providing 21-day monitoring as needed.
- Assured credible information was available to our partners and the general public.
- Hosted meetings to clarify partner roles and responsibilities.
- Participated in weekly webinars hosted by the State of WI Department of Health Services.

Health Care Coalitions

In 2014, statewide efforts began to create Health Care Coalitions in seven regions within the State. This is part of a national initiative with the primary purpose to enhance overall capabilities of preparations, response and recovery through collaborative efforts with the Wisconsin Hospital Emergency Preparedness Program, Trauma, Emergency Management, EMS, Public Health and other key partners. Marathon County Health Department participated in statewide planning efforts during the summer of 2014 and currently is a member of the North Central Wisconsin Health Care Coalition workgroup. The workgroup is charged with putting in place the structure for the coalition, having the Coalition Board and members operationalized by July 2015.

Public Health Emergency Preparedness Competencies

Marathon County Health Department, in partnership with health care providers and county government, continued to work on closing national preparedness capabilities gaps. In 2014, our efforts focused on the following Centers for Disease Control and Prevention (CDC) public health preparedness competencies.

Communicable Disease

Public Health Preparedness

Competency Area	Activities
Community Preparedness	<p>Participated in the 2014 Northern Regional Healthcare Coalition Tabletop exercise held at Marathon County's Emergency Operations Center which focused on response to a severe winter weather event. The exercise was led by Marathon County Emergency Management, included partners from Marathon County Medical Examiner, Sheriff's Department, Aspirus and Ministry Saint Clare's hospitals.</p> <p>Participated in required Incident Command System (ICS) advanced training for command staff.</p> <p>Attended Psychological First Aid course to better understand the psychological support needs of disaster victims.</p> <p>Two staff completed a 3 credit graduate level Epidemiology course.</p>
Emergency Public Information and Warning	<p>Conducted a 24/7 drill, ensuring our 24/7 on-call system is fully functioning.</p>
Responder Safety and Health	<p>Participated in a train-the-trainer course on the use of Personal Protective Equipment (PPE), thereby assuring staff are trained to do annual respiratory fit-testing.</p>
Information Sharing	<p>Informed area Infection Control Practitioners of communicable diseases occurring in Marathon County on a weekly basis.</p> <p>Provided updates to Infection Control Practitioners, long-term care facilities, school nurses and child care provider on the control of communicable diseases.</p>

LIFE Report

In January of 2014, the 2013-2015 LIFE (Local Indicators for Excellence) in Marathon County Report was released. The report drew attention to the importance of investing in young children, identifying a long-term Call to Action: *“To ensure that every child in Marathon County gets off to a great start.”* As a result, community conversations among government, business, and community-based organizations are occurring in terms of resources and services in place and needed to support families with young children. The LIFE Forum featured Dipesh Navsaria, MPH, MSLIS, MD who spoke on the impact of childhood trauma and measures communities can take to decrease the long-term effect from childhood into adult. To view a video of the forum, visit the Wausau Area Access Channel website: <http://waac.pegcentral.com/>

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 the health department, along with our public health partners, need to focus efforts to improve the overall health of communities in Marathon County. Marathon County Government is one of thirteen Full Partner LIFE Report Sponsors.

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

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

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

Healthy Marathon County, including representation from the six action teams, is made up of more than 100 individuals from over 20 organizations.

In May of 2014, Healthy Marathon County hosted a two day training series on “Collective Impact” for area foundations, policy makers, and community partner organizations. The purpose of the training was to increase awareness and understanding of the partnership investments needed to realize our goals when addressing social and health issues including alcohol misuse, obesity, and tobacco. The training resulted in the mapping of coalitions with a common mission and furthering our partnership with United Way of Marathon County to achieve common goals in the areas of education and health.

To read more about the accomplishments of Healthy Marathon County and Action Teams in 2014, visit:

www.healthymarathoncounty.org

Student Placements

Marathon County Health Department provides field experiences for students earning degrees in nursing, medicine, and health education. The field placements provide an opportunity for students to learn about public health and see firsthand the scope of services and initiatives provided by the department. Agreements are in place for UW-Eau Claire, UW-Green Bay, UW

Community Health

Medical School, UW-Oshkosh, Silver Lake, Viterbo University, and Northcentral Technical College. In 2014, 7 students were provided 22 to over 70 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.

In 2014, the Health Department managed, in addition to the department's website, websites and social media pages for the following community initiatives and programs:

AOD Partnership Council

Website: www.aodpartnership.org

Facebook: www.facebook.com/MarathonCountyAODPartnershipCouncil

Central Wisconsin Tobacco Control

Website: www.centralwitobaccofree.org

Early Years Coalition

Website: www.raisegreatkids.org

Facebook: www.facebook.com/MarathonCountyEarlyYearsCoalition

HEAL (Healthy Eating and Active Living)

Website: www.healthymarathoncounty.org/heal

Facebook: www.facebook.com/HEALCoalitionMarathonCounty

Healthy Marathon County

Website: www.healthymarathoncounty.org

Northwoods Shared Services Project

Website: www.northwoodssharedservices.org

Real Happy Hour

Website: www.therealhappyhour.org

Start Right First Steps

Facebook: www.facebook.com/StartRightFirstSteps

In 2014, the department conducted more than 150 media contacts on a wide range of health issues.

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.

Several criteria are considered to determine whether a health hazard is present and include the duration of exposure, quantity and means of exposure to a substance or condition, type and number of individuals exposed, and known or expected health risk. Often, the concerns identified do not reach the threshold necessary to be considered a human health hazard, and investigation is needed at times. Initial efforts seeking voluntary compliance by sharing information and options are often successful. If voluntary compliance cannot be achieved or when required under regulations, a written order becomes necessary 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.

Mercury Reduction Program

The Mercury-Reduction partnership with Wausau Water Works and Rib Mountain Metropolitan Sewerage District continues to demonstrate success in keeping mercury waste from waterways. In turn, that protects residents who eat fish caught from those waters. Marathon County Health Department’s role is outreach to dentists, schools, automotive repair, and other businesses on proper disposal of mercury-containing products.

Thirty-four of the 38 area dental offices reported disposal results from installed amalgam separators. The amalgam separator sorts mercury-containing amalgam from the wastewater stream. For 2014, approximately 150 pounds of dental amalgam waste and containers were disposed properly. This programming is regulated by the Department of Natural Resources which has commended the cooperative relationship between the Wausau Water Works, Rib Mountain Metropolitan Sewerage District, and Health Department.

The relationship is seen as being very effective and worthy of modeling in other Wisconsin communities. An additional 12 pounds of mercury-containing products (thermometers, thermostats) have been collected at seven drop-off sites in the metro area and correctly disposed through the Marathon County Solid Waste Department’s Hazardous Waste Collection Facility.

Human Health Hazard Activities Performed by Year 2013-2014

Outputs	2013	2014
Total number of nuisance complaints and consultations/technical assistance contacts	437	514
Total number human health hazard investigations	12	39
Total number of radon test kits provided in Marathon County	283	302
Total number of radon mitigation systems installed per report for 12 county area	513	441
Total number of requests for radon information	724	723
Total number of TNC transient drinking water systems inspected	37	38
Total pounds of mercury collected and properly (excluding amalgam)	16	12
Total number of dental offices contacted regarding proper disposal of amalgam	38	38
Total pounds of amalgam collected by dental offices and recycled	195	150
Total number of environmental screens	25	48

Environmental Health and Safety

Human Health Hazards

Human Health Hazard Performance Outcomes by Year 2011-2014

Performance Goal	Measure	Benchmark	2011	2012	2013	2014
Reduce or eliminate human exposure to environmental health hazards.	95% of complaints or inquiries received are resolved through education, collaboration, or referral, having no enforcement action taken.	100%	100%	100%	100%	100%
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	100% Note: 133/211 tests were elevated
Reduce indoor exposure to radon.	Number of radon systems installed	None	488	456	513	441
Residents and visitors will be assured a safe drinking water sources from transient well systems.	100% of transient well systems inspected will meet state guidelines.	100%	100%	100%	100%	100%
Risk for environmental contaminates 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 contaminates.	100%	100%	100%	100%	100%

Radon and Other Indoor Air Quality

Radon gas is a naturally occurring radioactive element that results from the decay of uranium found in soil, particularly 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 in the U.S. according to the Environmental Protection Agency.

The Health Department operates the regional Northcentral Radon Information Center (RIC), a 12- county consortium to educate individuals and promote testing for radon in Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Waupaca and Wood counties. The Radon Information Center provides radon information and test kits to individuals, private businesses, and government agencies. In 2014, the department provided five presentations on health risks, testing, and mitigation of radon at an employer-sponsored health fair. Additionally, the Health Department provides regional support to health departments within the RIC consortium area and responded to consultations by phone or email. Marathon County Health Department has continued to host and attend training opportunities which support Radon Information Center counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

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

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

Radon Tests and Results 2011-2014

		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%		
2014	Test Results	370	211	441	512
	Elevated Tests	157	133		
	Percent Elevated	42%	63%		

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

In addition to radon, the Health department receives inquiries about other indoor and outdoor air topics. The topics vary and may include questions about wood smoke, carbon monoxide, and mold. In 2014, there were 100 such inquiries, with 79 regarding mold. The goal is to provide reliable information on the health risks and correct information, so individuals know what they can do next for controlling or eliminating the problem, providing follow up and referrals to appropriate businesses and agencies.

Environmental Health and Safety

Licensing and Food Safety

The Marathon County Health Department is an agent of the State of Wisconsin to provide health inspections and licensing for a variety of establishments. Agent contracts require:

- A minimum of one routine inspection
- Pre-inspections for compliance prior to issuing a permit
- Necessary follow up inspections such as complaints and re-inspections to ensure proper compliance
- Consultations by phone or on site

Beginning in 2014 the department implemented HealthSpace, an electronic inspection and permitting database. HealthSpace allows the department to track additional data including the types of inspections for 2014.

Number of inspections in 2014

January 1- December 31	Total Inspections	Routine	Pre- Inspection	Complaint	Follow ups	Re-inspections	All Other
2014	892	746	80	5	48	6	7

The licensing year is from July 1 through June 30 and at the end of the 2013-14 licensing year, 895 licenses were issued for public facilities such as taverns, restaurants, temporary food stands, hotels/motels/tourist rooming houses, bed and breakfasts, recreation and education campgrounds, campgrounds, swimming pools, retail food (groceries and convenience stores), body art, and mobile home parks. The largest group of licenses 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 2010-2014

License Year Ending 6-30	Total Licenses	Restaurant	Lodging	Rec/Ed. and Campgrounds	Pools	Body Art	Retail Food	Mobile Home Parks	Taverns
2010	959	526	45	23	93	10	220	26	16
2011	894	480	44	23	89	19	196	26	17
2012	926	495	46	22	92	13	217	28	13
2013	913	494	41	25	86	10	215	28	14
2014	895	465	46	24	95	9	217	26	13

The Health Department inspectors view themselves as resources for licensed facilities operators serving in a consulting role, 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 2014, 41 separate complaints of foodborne illness were reported to the Health Department with 6 resulting in a complaint inspection. None of the complaints or investigations identified a foodborne illness outbreak. The Centers for Disease Control defines a foodborne illness outbreak as two or more persons experiencing a similar illness after ingestion of a common food. Limiting the spread of a communicable disease and providing clear guidance to facilities during and after an investigation to prevent future illnesses are key goals in our licensing program.

In addition to illness 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; inves-

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 each of the licensed food service facilities. A summary of activities of the Food Safety Program are provided below:

2010-2014 Food Safety Program Activities

Activity	2010	2011	2012	2013	2014
Food borne Disease Investigation	1	2	2	0	0
Food Safety Establishment Licenses Issued	762	693	725	723	695
Education Classes/Attendees	0	6/530	1/8	1/14	1/50
Media Events	9	5	2	3	0
Website Food Safety – Hits Per Year	990	761	761	759	698

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. Improper Holding Temperatures (refrigeration or heating holding temperatures) and Other CDC Factors remain generally the highest violation category and are 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.

Licensing and Food Safety

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

CDC Risk Factor Violations 2012-2014

CDC Risk Factors	2012 Violations		2013 Violations		2014 Violations	
	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	13	3	9	1	3	3
Inadequate Cooking Temperatures	5	0	4	1	3	0
Improper Holding Temperatures	118	30	100	31	91	24
Cross Contamination	93	15	68	13	158	8
Personal Hygiene	95	13	71	21	184	1
Other CDC Factors	111	19	104	29	232	6
TOTALS	435	80	356	83	671	42

In 2014, restaurant inspections noted 671 CDC Risk Factor violations (356 in 2013) while retail food facilities had a decrease to 42 violations (83 in 2013). Restaurant violation categories showed a decrease in Risk Factors involving Improper Holding Temperatures and Cross Contamination while other Risk Factors and those for Retail Food facilities were relatively consistent. If a facility has more than two serious violations or more than 6 overall violations an additional inspection may be performed to obtain compliance. When the facility is found in compliance no fee is charged and the inspection is tracked as a follow up. If a facility has critical violations or a number of violations that remain out of compliance during the re-inspection, a re-inspection fee is charged. The Health Department conducted 48 follow up inspections and 2 re-inspections in food facilities in 2014 for facilities found out of compliance on an initial inspection.

Environmental Health and Safety

Licensing and Food Safety

In terms of food facility complaints, there were 41 reported in 2013 (57 in 2014). The complaints are grouped under eight general categories of Illness, Facility Cleanliness, Pests/Vermin, Foreign Object, Quality, Labeling, Tampering, and Other/Miscellaneous categories.

Each interaction with an establishment allows the Health Department to share information learned through inspections, foodborne illness investigations, and trainings attended. The Health Department's role is to inform and assist operators in meeting regulations, with a common goal of food safety.

The following tables summarize the activities and outcomes for the licensing program.

Licensing Program Activities Performed by Year: 2011-2014

Outputs	2011	2012	2013	2014
Total Number of Licensed Establishments (Including Temporary)	867	926	913	993
Total Number of Restaurant/Tavern Inspections	497	508	508	500
Total Number of Retail Food Inspections	196	217	215	222
Total Number of School Inspections	100	100	104	104
Total Number of Lodging Inspections	44	46	41	34
Total Number of Pool Inspections	89	92	86	73
Total Number of Body Art Inspections	19	13	10	8
Total Number of Mobile Home Park Inspections	26	28	28	22
Total Number of Foodborne Illness Investigations	2	2	0	0
Total Number of Food-Related Complaints	32	44	57	41

Licensing Program Performance Outcomes by Year: 2011-2014

Performance Goal	Measure	Benchmark	2011	2012	2013	2014
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%	97%
Retail food establishments in Marathon County will have 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%	100%
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%	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%	4.1%
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%	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%	100%

Pre-Inspection Customer Satisfaction Survey

In 2014, a customer satisfaction survey was provided to each facility operator who was opening a new facility or was purchasing an existing facility. The survey had a 25.0% return rate (20/80). The three questions and their responses are in the table below.

Question	Strongly Agree	Agree	Disagree	Strongly Disagree
Did the inspector provide you with clear information?	60.0%	40.0%	0.0%	0.0%
Did the inspector provide you with responses to questions in a timely manner?	60.0%	40.0%	0.0%	0.0%
For scheduled appointments, did the inspector arrive on time?	100.0%	0.0%	0.0%	0.0%

There was also an open ended questions portion asking “How did you know you needed to contact the Health Department prior to opening? Who referred you to the Health Department?” Questions like this are helpful to understand how those opening a business learn that the Health Department needs to be contacted for licensing and consultation. Ten respondents had prior experiences operating or working in a business. Referrals to the Health Department varied and included the Internet; the prior business owner (2); friends; the municipality where the business is located; corporate guidance; and a food safety course instructor (2).

Lastly the survey asked who performed the pre-inspection which would allow individual feedback and if there were any suggestions for how the pre-inspection process could be improved.

Inspector was very understanding of the condition prior ownership left for new owners. She understood that dramatic changes would take time and informed me of the changes that needed to be handled immediately.

Inspector was very complete and pleasant to work with!

Everything so far has been per expectations. Thank you!

Inspector has been very helpful informing us of regulations/laws we need to know.

Family Health

Start Right

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

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

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

In 2014, Marathon County Health Department received 332 prenatal referrals, with 105 women engaging in services (one or more visits with a public health nurse) and 96 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 with consistently positive feedback.

"This is my 2nd pregnancy and I would not even think of going without the public health nurse. It is such a relief to know someone is there to help."

Start Right Prenatal Care Coordination Client 2014

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

Prenatal Care Coordination 2010-2014	2010	2011**	2012	2013	2014	Benchmark
Babies will be Healthy						
Percent of women who reported smoking during their pregnancy	46%	44%	42%	38%	31%	-
Percent of women who reported smoking who stopped or decreased smoking	97%	94%	92%	90%	86%	90%
Percent of women who reported drinking at all during their pregnancy	30%	32%	25%	23%	30	-
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	95%	96%	96%	96%	90%	90%
Percent of women who reported having a dental visit in the past year	X*	X*	X*	85%	78%	-
Percent of women referred for dental care	31%	24%	28%	22%	22%	-
Percent of women who initiated breastfeeding	58%	54%	61%	75%	76%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	X*	X*	70%	63%	-
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	X*	X*	69%	53%	-
Percent of women who had a contraceptive plan in place after delivery	X*	X*	X*	78%	74%	-
Percent of infants who have a medical home	X*	X*	X*	96%	97%	95%
Percent of infants who have had a well-child exam as age appropriate	X*	X*	X*	92%	93%	
Percent of parents educated about the benefits of immunizations	96%	100%	96%	97%	96%	95%
Percent of eligible infants referred to WIC	77%	80%	74%	88%	87%	85%
Children will be Safe in their Family Homes						
Percent of infants who sleep on their back	92%	92%	90%	90%	92%	90%
Percent of infants who sleep alone	86%	87%	87%	89%	92%	90%
Percent of infants who sleep in a safe sleep environment	X*	X*	X*	90%	89%	95%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	37%	41%	34%	40%	37%	-
Percent of homes with working smoking alarms	86%	79%	89%	84%	90%	95%
Percent of homes that are smoke-free	81%	83%	88%	93%	89%	80%
Percent of home with private wells that have been tested	100%	91%	100%	100%	100%	90%

Prenatal Care Coordination 2010-2014 (continued)

	2010	2011	2012	2013	2014	Benchmark
Children will Experience Nurturing Relationship with their Parents						
Percent of women experiencing perinatal depression	31%	20%	11%	21%	34%	-
Percent of women experiencing perinatal depression referred to mental health services (who had not been previously referred)	39%	58%	50%	19%	35%	-
Percent of parents who respond appropriately to infant's hunger cues	95%	93%	91%	92%	90%	90%
Percent of parents who respond appropriately to infant's crying cues	95%	92%	91%	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	69%	62%	71%	54%	56%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	20%	2%	13%	5%	1%	-
Percent of families aware of Family Resource Center services	95%	92%	94%	98%	97%	-

** 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 2014, there were 1,587 births to residents of Marathon County. All Marathon County families with newborns receive outreach by the Start Right program. Outreach can consist of a home visit, telephone visit, or letter/postcard. Health teaching topics include: infant safety, safe sleep, nutrition for infant and mother, support of breastfeeding; infant nurturing, promoting social-emotional development of the infant; tobacco and substance use, 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 so much for figuring out why I was having so much pain with breastfeeding. I am now able to breastfeed without pain. This is better and more enjoyable than I ever thought possible. I would not have been able to have this wonderful experience without your help!"

- Start Right client, 2014

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

Families with a Newborn 2010-2014

	2010	2011**	2012	2013	2014	Benchmark
Children will be Healthy						
Percent of women who initiated breastfeeding	76%	81%	83%	84%	83%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	X*	X*	81%	75%	
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	X*	X*	85%	88%	
Percent of women who had a contraception plan in place after delivery	X*	X*	X*	77%	63%	-
Percent of infants who have a medical home	X*	X*	X*	98%	99%	95%
Percent of parents educated about the benefits of immunizations	97%	96%	96%	99%	99%	95%
Percent of eligible infants enrolled/referred to WIC	43%	40%	41%	49%	46%	-
Children will be Safe in their Family Homes						
Percent of infants who sleep on their back	95%	96%	98%	96%	98%	90%
Percent of infants who sleep alone	91%	93%	92%	95%	96%	90%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	7%	7%	7%	11%	11%	-
Percent of infants who sleep in a safe sleep environment	X*	X*	X*	90%	96%	95%
Percent of homes with working smoke alarms	95%	95%	96%	85%	93%	95%
Percent of infants with a smoke-free home	82%	88%	84%	91%	96%	80%
Percent of homes with private well that has been tested	95%	95%	97%	91%	93%	95%
Children will Experience Nurturing Relationships with their Parents						
Percent of women experiencing perinatal depression	11%	9%	11%	7%	10%	-
Percent of women experiencing perinatal depression who were referred for services (who had not been previously referred)	26%	42%	26%	33%	13%	-
Families will be Knowledgeable about Key Community Resources, including Start Right						
Percent of families eligible for Step by Step Family Educator who accepted services	52%	45%	59%	45%	31%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	26%	15%	12%	20%	3%	-
Percent of parents who are aware of Family Resource Center	82%	78%	70%	93%	96%	-

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

X* indicates data first collected in 2013

Family Health

Start Right

Start Right – Step by Step

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

In 2014, 53 new eligible families with newborns accepted Step by Step services. A total of 231 families received Step by Step services, with 3,715 visits made in 2014. The following impacts were realized for families who received Start Right Step by Step services:

Step by Step 2010-2014

	2010	2011	2012	2013	2014	Benchmark
Children will be Healthy						
Percent of families who have a primary medical home/provider	99%	99%	98%	99%	99%	95%
Percent of children on schedule for their well child exams	90%	95%	96%	91%	95%	90%
Percent of children who are up-to-date on immunizations at 24 months of age	95%	98%	93%	97%	90%	92%
Percent of eligible children enrolled in WIC	88%	89%	91%	94%	91%	85%
Children will be Safe in their Family Homes						
Percent of homes that had a decrease in an identified safety hazard	66%	88%	87%	90%	86%	85%
Children will Experience Nurturing Relationships with their Parents						
Percent of parents who scored 80% or higher on post parenting knowledge test	89%	77%	76%	80%	81%	80%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	73%	82%	83%	75%	88%	80%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	63%	75%	68%	46%	37%	60%
Children will be School Ready						
Percent of children identified for a potential developmental delay	16%	37%*	33%	29%	31%	-
Percent of children with a potential developmental delay referred & accepted services or are already receiving services	85%	88%	96%	93%	89%	90%
Percent of children age 3-5 years enrolled in a group-based early childhood program	63%	83%	75%	70%	64%	65%

**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 Stones, Stepping Out (Family Resource Services)

Marathon County offers Family Resource services in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. Marathon County funds services in 5 of the 8 communities. The Family Resource services provide information for families on parenting information and support through their libraries, educational programs, family events, and drop in playtime at various locations in communities. Parents are encouraged to call the Family Resource Warmline when they have specific parenting questions or need support. A total of 645 unduplicated adults and children attended one or more of the programs offered in Marathon County.

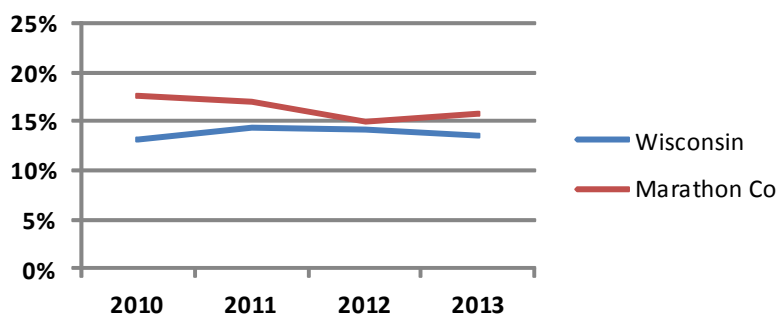
Play N’ Learn is offered as a service in seven communities in Marathon County. Play N’ Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and access to community resources. In addition, Play N’ Learn is used as a strategy to identify children who could benefit from early intervention services such as Birth to 3, Head Start, etc. A total of 254 unduplicated adults, 322 unduplicated children, participated in the 381 Play N’Learn sessions in Marathon County funded by Start Right in 2014. The United Way funded three of the eight communities’ Play N’ Learn sessions.

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

First Breath and My Baby and Me

Despite gains made in decreasing the overall tobacco use among adults in Marathon County, smoking during pregnancy continues to be a concern. The percentage of women who smoke during pregnancy has held steady over the past 4 years, with an overall rate of 16% for Marathon County and 14% in the state of Wisconsin. 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 weight, and an increased risk of lung problems.

Maternal Smoking Rates 2010-2013



Family Health

Start Right

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 (www.wwhf.org/programs/first-breath/). The program is incorporated into Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation. In 2014, 16 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 2014, 22% quit smoking. Of those women who were unable to quit completely, 55% 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 (www.wwhf.org/programs/my-baby-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. There were no enrollments in the My Baby and Me program through the Marathon County Health Department in 2014. The statewide program has revamped the screening, enrollment process, and interventions for 2015 in an effort to increase enrollment statewide. MCHD will follow the new screening and referral process, with a focus on increasing enrollment in this important program.

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

Cribs for Kids

Marathon County's Cribs for Kids program works to ensure that every newborn has a safe place to sleep. Low-income families who are unable to afford a crib for their newborn are able to secure a Graco Pack N Play 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 2014, 60 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 2014 and were able to be contacted for follow up, 100% report using the crib every time the baby sleeps, 99% place their baby to sleep appropriately on their back, and 100% 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.

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, parents with mental health challenges, and parents who are cognitively or physically challenged. These families are then often transitioned into the Start Right long term home visiting program as a way to provide continued case management and to support effective parenting. In 2014, 38 children and their families received one or more home visits with a public health nurse.

In addition, this program area includes the public health nurse's support and promotion of community-based interventions and services. Community involvement enables the health department to work in partnership with other organizations to address health issues impacting children and families. In 2014, nurses participated in the following community workgroups: Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Early Years Coalition, Marathon County Child Death Review Team, Domestic Abuse Intervention Team, EHAF (Emergency Housing Assist Fund), the Asthma Coalition, AOD Partnership, and North Central Wisconsin Network to Serve Infants and Families.

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

2012-2014 Child Health Outcomes

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

*Data first collected in 2013

**As appropriate for age

Family Health

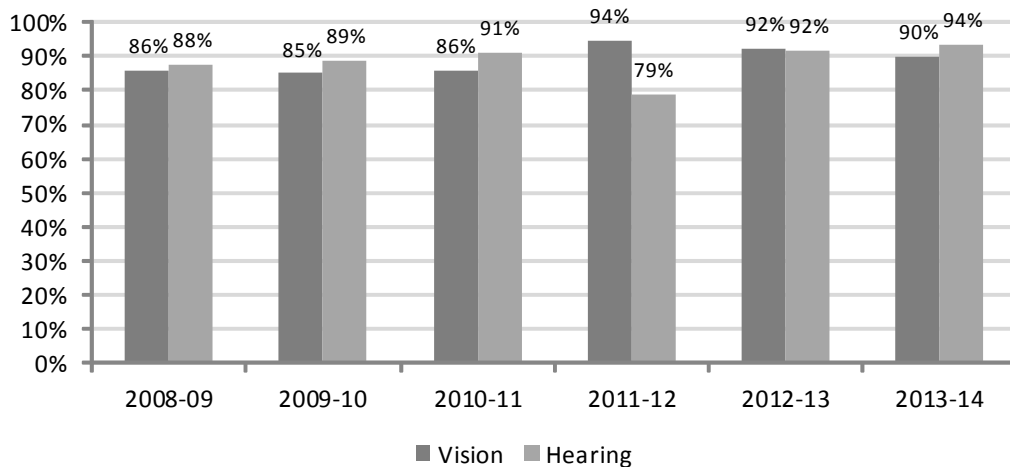
Hearing and Vision Screening

In the 2013-2014 school year, screening was provided to children in four-year-old Kindergarten (4K) through grades 3 and 5. Children were screened in 61 locations including all public, private, and parochial school districts in the county. Four-year-old Kindergarten is offered in various locations including daycare facilities and community based organizations, in addition to the neighborhood schools, resulting in the high number of screening sites. During this school year 9,074 children were screened and 718 were re-screened for hearing loss. Of those screened, 203 children were referred for further evaluation of their hearing. In addition, 8,917 children were screened and 1,519 were rescreened for vision loss, with 923 children being referred to providers for further evaluation of their vision.

For the 2013-2014 school year, 94% of the children we referred for hearing difficulties and 90% of the children we referred for vision difficulties have completed the referral process with medical follow up by August 2014.

In 2014 we created a Hearing and Vision Screening Program Handbook. The Handbook is intended to be used as a communication and training tool for anyone who has a role with the program. It includes a program overview, as well as roles and responsibilities of all program partners. The program continues to be funded through a contract with Marathon County Special Education Services. They, in turn, are including the handbook in their contracted services to each local school district.

Percent of Children Completing Follow-Up Care



Screening Services Provided in 2014

	Hearing	Vision	Total
Screened	9,074	8,917	17,991
Re-Screened	718	1519	2,237
Referred	203	923	1,126
Completed	190	830	1,020
In Process	6	52	58
Unknown	7	41	48

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

A significant change occurred in May 2012, when the Centers for Disease Control (CDC) accepted an advisory committee's recommendation to lower that level from 10 micrograms per deciliter (ug/dl) of blood to 5 ug/dl. CDC guidelines changed when public health intervention occurred, from 10 ug/dl to the new level of 5 ug/dl. Since no blood lead level is considered safe, the implementation of the CDC guidelines is a proactive approach to protecting a child's health. At this time, state regulations do not include the CDC guidance and participation of guidelines is voluntary.

Marathon County's childhood lead program adopted the CDC guidance and has actively engaged in these interventions for the past several years. Intervening early reduces the length of time a child would be exposed to high levels of lead, and decreases the time to fall below levels less than 5 ug/dl. Overall, this means fewer of our youngest and most vulnerable are exposed to the negative health impacts from lead exposure. The actions taken to lower a child's blood lead include: education to parents and caregivers on lead hazards, nursing case management, and an environmental lead hazard investigation to identify lead hazards, along with recommendations for addressing any hazards. The Health Department monitors children until their blood lead level drops below 5 ug/dl.

The table below shows that in 2014, 41 children had a blood lead test result greater than 5 ug/dl. Eighteen (18) of these children were newly identified and 19 children had been tested at least once prior to 2014, and continued to have blood lead levels of concern. Outreach to families includes basic lead poisoning information and an offer to provide a lead hazard investigation to all children with an initial test result of 5 ug/dl or greater. Nine (9) of the 15 families of newly identified children accepted the offer for a home visit which allowed for on-site lead education and assessment services with a public health nurse, and an investigation for lead hazards by an environmental health sanitarian in the home. At the 10-19 ug/dl level, 6 children, three who were newly identified in 2013, were lead poisoned in 2014. Lastly, one child had a ≥ 20 ug/dl blood lead test which had a significant decrease at the three month follow up test. In total, lead education and lead hazard investigations were conducted at 22 properties.

Childhood Lead 2010-2014

Activities	2010	2011	2012	2013	2014
Total Number of Lead Tests	1,430	1,319	1,267	1,173	1,071
Tests <10 ug/dl	1,403	1,303	1,197	1,162	1,060
Tests 5 to <10 ug/dl (# of children)	-	-	49 (39)	56 (41)	44(34)
Tests 10 to 19 ug/dl (# of children)	17 (9)	17 (10)	16 (11)	11 (9)	10(6)
Tests ≥ 20 ug/dl (# of children)	10 (6)	1 (1)	5 (2)	0 (0)	1(1)
Housing Units – Lead Hazard Reduction	3	2	3	2	3
Lead Property Inspections	20	20	25	33	22

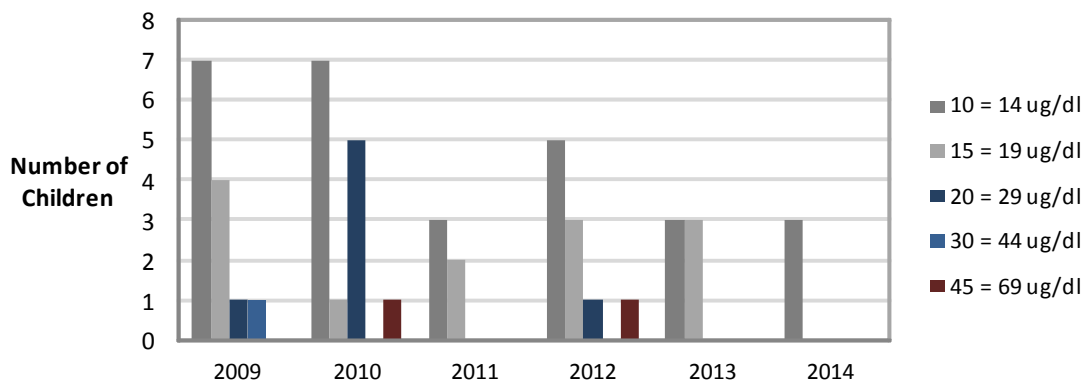
While the best way to protect children remains preventing lead exposure in the first place, outreach at lower blood lead levels limits the damage lead exposure causes.

The following chart illustrates a downward trend in the number of children with blood lead levels of 10 ug/dl or greater, early intervention efforts at levels between 5 to <10 ug/dl are thought to be responsible for this trend. A benefit to society is provided from early lead intervention, as a number of studies have shown that children with elevated lead levels have been correlated with lower I.Q. scores, poor school performance, and behavior disorders, leading to a lower income potential and an association with criminal behaviors and incarceration.

Family Health

Childhood Lead

Blood Lead Level Results: 2010-2014



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. Approximately 84% of the City of Wausau and 71% of the County housing stock was constructed before 1978. Lead exposures occur in the warmer months as children are outside playing in lead contaminated soils, touching deteriorated exterior painted surfaces, and windows are opened. Lead-painted windows are a primary source of lead exposure for children 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.

Three properties in Marathon County completed lead hazard reduction in 2014. Two of these were properties that had been identified in the prior year as needing lead hazard reduction. The greatest struggle for lead hazard reduction is the cost. Corrections needed are often expensive and a significant factor delaying the completion of long-term lead hazard reduction activities. Lead hazard reduction activities can be extensive in older housing. 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. These requirements contribute to the cost and delays, as certified contractors may have commitments to other construction work.

The Marathon County Early Years Coalition is made up of over 50 members, with representation from 30 organizations. The coalition's vision is "that every child is supported in their early years for a journey of lifelong success." The Health Department in partnership with United Way of Marathon County provides dedicated staff to 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 2014 as a result of coalition members' leadership and efforts include:

Healthy Babies – Ensure healthy pregnancies result in health babies.

- Launched "Healthy Babies are Worth the Wait" campaign, hosting a press conference in January. In addition, the coalition supported the implementation of "hard stops" practice at Aspirus Wausau Hospital and Ministry Saint Clare's Hospital, reporting zero early elective deliveries since February 2014.

Development Screening – Expand the use of evidence-based developmental screening to increase opportunities for access for early screening, identification and referral of children and families at risk.

- Hosted "Promoting Community Systems of Care to Foster Young Children's Social and Emotional Development" training in Wausau for Central WI practitioners in October, having 88 participants registered, with 45 representing organizations in Marathon County.

Parents as First Teachers – Help parents and caregivers become confident and knowledgeable about being their child's first teacher.

- Completed content development for *11 Things Every Child Needs*, which can be found at: <http://www.raisegreatkids.org/what-every-child-needs-11-things-you-can-do-every-day-raise-great-kids>. The RaiseGreatKids' website saw more than 10,000 hits and had 2,808 users in 2014.

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

- Twelve child-care providers completed the four-course Infant & Toddler Credential, increasing the provider's state-recognized and awarded quality rating.

To increase the general public's understanding of the value of investing in the early years of a child's life, presentations were provided to seven community organizations and civic groups, along with participation in Children's Festival and Community Fest events. In addition, 34 media contacts occurred, collaborating with the Wausau Daily Herald in the Building Block Series <http://www.unitedwaymc.org/earlyyearscoalition.htm>.

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

Water Testing Laboratory

The Marathon County Public Health Laboratory provides convenient and reliable 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 in addition to recreational waters, such as swimming pools and beaches, testing for several microbiological and chemical parameters. In addition, lab personnel interpret results for well owners and provide education concerning water safety issues.

In 2014, there were 2,839 public drinking water samples (2,547 in 2013) and 1,408 private drinking water samples (1,565 in 2013) tested in the lab. In 2014, 7% of public drinking water samples were bacteriologically unsafe (8% in 2013) as were 16% of private public drinking water samples (15% in 2013).

2010-2014 Water Testing Results

	2010	2011	2012	2013	2014
Drinking Water					
Total number of samples	4,634	4,492	5,164	4,112	4,247
Bacteriologically safe samples	3,820	3,655	4,373	3,661	3,931
Bacteriologically unsafe samples	642	447	418	451	401
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	95	99	99	84	100
Recreational Water (pools & beaches)					
Total number of samples	1,885	1,919	1,946	1,899	1,918
Bacteriologically satisfactory samples	1,809	1,843	1,839	1,850	1,858
Bacteriologically unsatisfactory samples	76	71	92	49	60

In 2014, the public samples included 176 facilities with public water supplies which are sampled under the DNR-TNC (transient non-community water) contract. Facilities include taverns, churches, restaurants, retail food, recreational and educational camps, lodging facilities, campgrounds, and parks that serve the public and are not part of a municipal water system. Among 176 facilities, 162 (92%) water supplies tested safe, while 14 (8%) were found unsafe. The unsafe systems are ordered closed until a safe water supply is identified.

Once a water supply system is returned to service, sampling is conducted in the following month to ensure the system remains safe. In 2014, there were 15 DNR-TNC facilities that had unsafe samples. Two of those remained bacteriologically unsafe and one had elevated nitrates at the end of 2014. The goal is to return a water system to safe operations as soon as possible. During 2014, the range of time to identify an bacteriologically unsafe water supply; determine corrective action which includes well chlorination; and confirm a safe water supply system through water testing was 11-77 days for those that were returned to operation. Factors including weather conditions, the complexity of well installation, geology, ease of contamination source identification and correction, type of well violation(s), and availability of contractors influence how soon the return to safe operation occurs.

Marathon County has 73 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 2014, 97% of the recreational water samples tested safe. Those that are found bacteriologically unsatisfactory are notified and follow up disinfection is required.

Regional Programs

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:

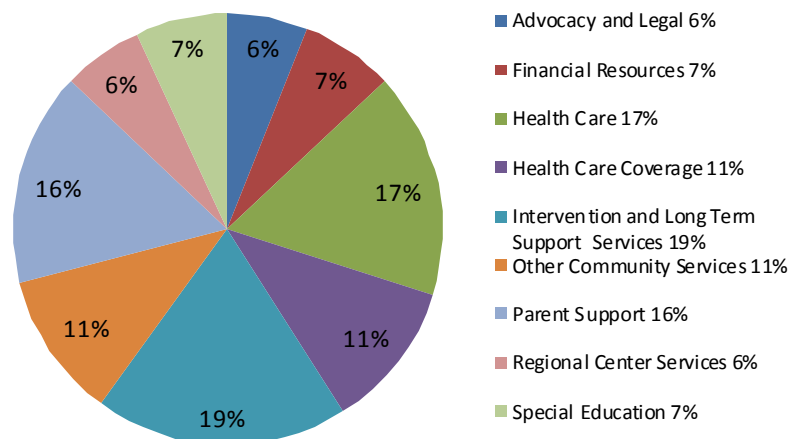
- | | |
|----------------------------------|-------------------------------------|
| Access to Care | Medical Home/Quality of Health Care |
| Adequate Health Care Coverage | Early and Ongoing Screening |
| Family Leadership/Parent Support | Youth Transition |

The Northern Regional Center for Children and Youth with Special Health Care Needs program enhanced the Center's website in 2014 to educate and connect individuals to the information and supports they were seeking. Visit www.NorthernRegionalCenter.org for more information.

In 2014, over 1,119 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 for parents and providers covering topics on developmental screening, behavioral health resources and navigating the systems of care for children. The Regional Center participated in coalitions in counties for 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 Request by Category



Regional Programs

Northwoods Collaborative

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. 2014 was the fourth and final 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, developing resources to meet public health accreditation standards
- Consulting on epidemiology and surveillance

Marathon County Health Department is the collaborative fiscal agent and employed a collaborative staff, a full-time program manager and three additional part-time 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.

Initiatives

During 2014, the collaborative focused their collaborative grant funded initiatives in three areas:

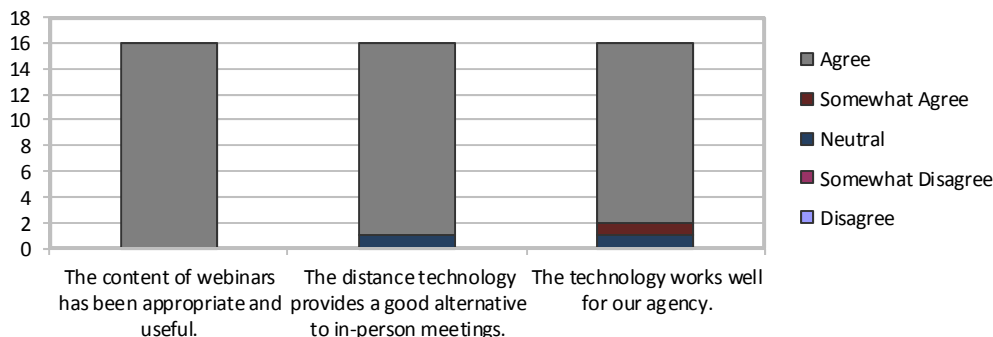
National Public Health Emergency Preparedness Capabilities – Developed templates and tools to close gaps for 3 of the 15 national capabilities - community preparedness, fatality management, and responder safety and health; assisted in securing training resources.

Public Health Infrastructure Improvement – Developed a performance management plan and tracking system in preparation for national public health accreditation. Hosted a training focused on A Framework for Talent Management in Public Health to promote a culture of performance management, having 30 participants in attendance.

Northwoods Shared Services Project – Continued to learn best practices in cross-jurisdictional sharing arrangements, being the final year of a two year Robert Wood Johnson Foundation Shared Services Learning Community Program grant. 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. A tool kit was developed to assess, implement and evaluate cross-jurisdictional sharing arrangements.

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 develops a work plan for addressing concerns and priority areas. One survey question focuses on the effectiveness of using webinars to provide information, trainings, and technical assistance. The following is the response to this question.



Discontinuation of the Collaborative

As a result of the full-time program manager leaving in June of 2014, the decision was made not to fill the position. Factors influencing this decision included: the program manager had a unique skill set obtained from years of working in diverse public health settings, being seen as difficult to secure in another individual; and the collaborative was reliant on grant funds, an unpredictable revenue source, limiting sustainability. This decision reinforces the need for long-term commitment and stable funding on the part of local health departments and policy making boards when implementing a shared services arrangement such as the Northwoods Collaborative.

Department Operations

Marathon County Health Department is committed to providing efficient services by implementing strategies to reduce or eliminate non-valued activities, resulting in improved work flow and team work. In 2014, three major projects occurred that improved work flow and overall efficiencies.

Northcentral Wisconsin Radon Information Center

The Health Department serves as a regional Radon Information Center for 12 counties. Staff mapped out the current process and ideal process to examine work flow. As a result of recent technology advances, many of the manual reports and emails are now able to be done automatically. The new process enhances our customer service, by getting results to the counties quicker. These efficiencies save approximately four hours per month of Administrative Support time, enabling additional supports for the Water Testing Lab.

The initial purpose of mapping out the process was to provide an outline for the City-County IT Commission to build a new database for the center. The process revealed that existing software programs would meet this need, thus eliminating the need for a new database, creating time for IT to work on other critical projects a savings of approximately \$45,000 in time.

Water Testing Information Management System

The Health Department with the City-County IT Commission started the process of upgrading a 16 year old database in 2014, by mapping out current steps involved in water testing and reporting to determine the merits of writing a new program versus purchasing a software program. As a result of mapping out the steps, it was determined that viable software options did exist that would meet stated goals to improve accuracy, enhance customer experience, and gain efficiencies in reporting and billing. The Health Department with City-County IT Commission is in the process of securing a software vendor that will convert manual processes to be more automated. The new found time will enable staff to provide more outreach to the public on the importance of testing private wells.

Going Paperless

In 2014, the Health Department started a few initiatives to use technology to go paperless. As of the summer of 2014, the department no longer uses paper forms at immunization clinics. Instead, the department created a system where clients can sign electronically and the information is saved directly into the Wisconsin Immunization Registry.

Beginning in the fall of 2014, the Health Department began the process of scanning paper copies of Vaccine Administration Records housed in a storage area. Vaccine Administration Records need to be kept permanently, having over 35 years of paper records. The records are being scanned into a new imaging system called Laserfiche. In addition, immunization records from 1980 and prior on microfiche have been converted to Laserfiche files. After the scanning project is complete, all records related to immunizations will be housed in the same electronic system.

LEVY FUNDED

	Budgeted <u>Levy</u>	Actual <u>Levy</u>	Budgeted <u>Revenue</u>	Actual <u>Revenue</u>
General Public Health	\$1,889,458	\$1,842,818	\$34,101	\$42,926
Environmental Permits/Licensing	\$27,423	-\$1,870	\$386,419	\$413,443
Laboratory	\$5,026	\$12,978	\$112,046	\$113,728
Start Right	\$886,996	\$893,205	\$48,935	\$50,000
Total Levy Funded	\$2,808,903	\$2,747,131	\$581,501	\$620,097

PROGRAMS FUNDED FROM OTHER SOURCES

Regional Programs

Children & Youth with Special Health Care Needs	\$132,908	
Regional Public Health Preparedness (NWC)	\$50,896	
Northwoods Preparedness Collaborative	\$39,725	
Northwoods Shared Services	\$61,086	
Northwoods Accreditation	\$21,609	
Total Regional Programs		\$306,224

Family Health/Communicable Disease

HIV Partner Services	\$13,681	
Immunizations & Vaccinations	\$32,142	
Early Years Coalition	\$5,488	
Maternal/Child Health	\$50,625	
Prenatal Care Coordination	\$44,713	
Targeted Case Management	\$7,999	
Tuberculosis	\$9,020	
Total Family Health/Communicable Disease		\$163,668

Environmental Health

Lead	\$13,381	
Mercury/DNR	\$50,482	
Radon	\$20,645	
Total Environmental Health		\$84,508

Chronic Disease Prevention

Alcohol	\$117,839	
Asthma	\$4,831	
Healthy Eating, Active Living	\$5,613	
Hearing & Vision Screening	\$55,310	
Injury Prevention	\$7,969	
Tobacco Control Grants	\$95,908	
Transform Wisconsin	\$126,612	
Western Marathon County Healthy Communities	\$500	
Breast & Cervical Cancer Prevention	\$63,988	
Total Chronic Disease Prevention		\$478,570

Departmental

Local Public Health Preparedness	\$74,703	
Organizational Culture	\$979	
Total Departmental		\$75,682

TOTAL PROGRAMS FUNDED FROM OTHER SOURCES

\$1,108,652

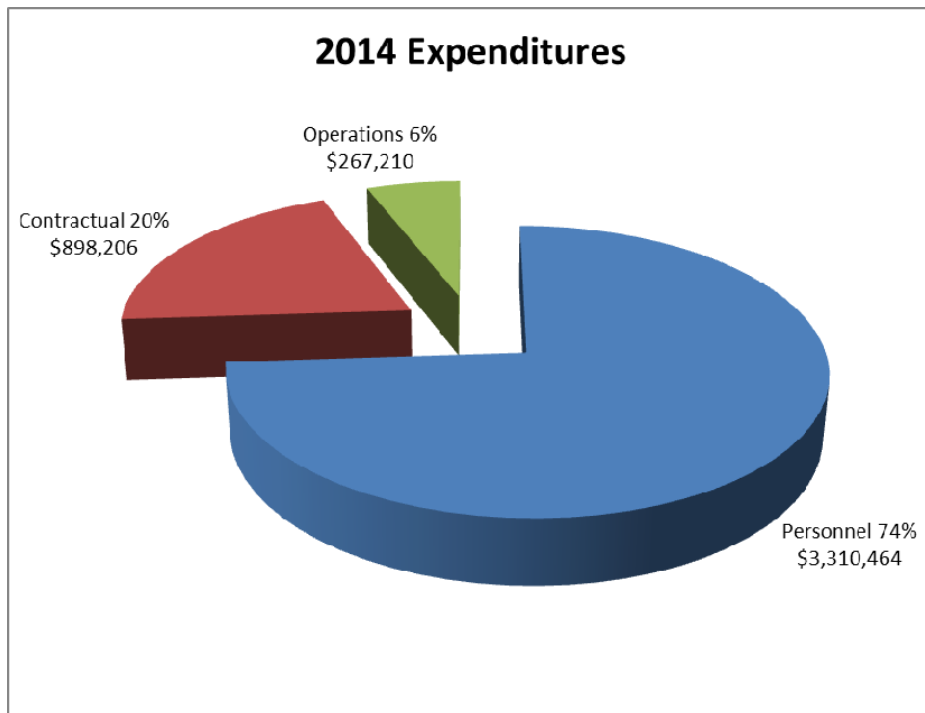
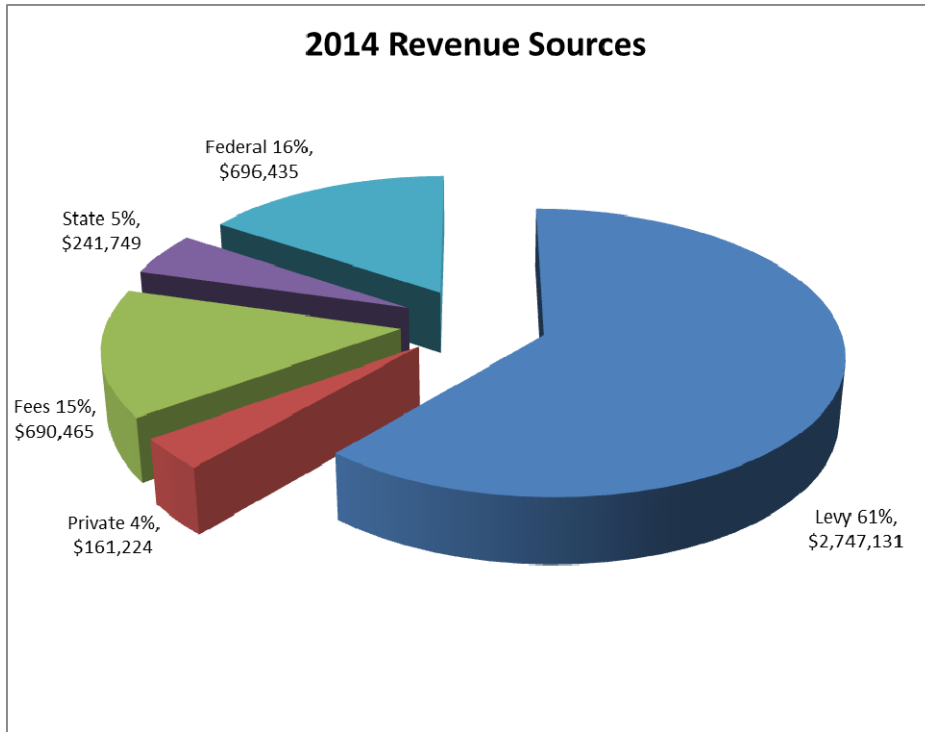
TOTAL ALL FUNDS

\$4,475,880

	Total <u>Funds</u>	2013 est. Population Census	Per Capita <u>Funds</u>
Levy Funded	\$2,747,131	135416	\$20.29
Non-Levy Funded	\$1,728,749	135416	\$12.77
Total	\$4,475,880	135416	\$33.05

Financial

2014 Financial Summaries (unaudited)



In October of 2013, the Marathon County Health Department adopted a strategic plan to ensure success in carrying out the mission of the department, “to advance a healthy Marathon County Community by preventing disease, promoting health, and protecting the public from environmental hazards.”

Marathon County Health Department’s Strategic Plan is keeping with national public health accreditation standards; 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 goal 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.

During 2014, the Health Department moved forward strategies identified in five of the nine priority areas of the Department’s Strategic Plan:

<p>Citizen Perspective Goal: Assure programs and services are in place to address the public health needs in Marathon County.</p> <p>Developed a Quality Improvement Plan that outlines expectations for QI activities.</p> <p>Coordinated on behalf of Healthy Marathon County a 2-day training series on Collective Impact to further policy makers’, funders’ and coalitions’ understanding of opportunities for collaboration.</p> <p>Participated in the development of the Marathon County Comprehensive Plan, identifying department strategies.</p>
<p>Fiscal Goal: Promote understanding of the value of public health contributes to the community.</p> <p>Featured a week long educational series for Public Health Week, April 6-12th, in the Wausau Daily Herald.</p> <p>Featured monthly on the 1230AM radio program <i>Coffee Break</i> the 4th Wednesday of each month.</p> <p>Continue to use TV, radio, print media, social media and websites to inform the public. Over 150 media contacts were made in 2014 by 40% of colleagues in the department.</p>
<p>Operations Goal: Create and maintain systems to assure desired outcomes are met.</p> <p>Developed a Performance Improvement Dashboard in support of Marathon County Government’s dashboard.</p>
<p>Employee Learning Goal: Promote a work environment that fosters innovation and excellence.</p> <p>Committed to creating a purpose driven culture, aligning how we work with our organizational values and expectations by defining our core values and key behaviors.</p> <p>Increased our understanding of individual and teams’ strengths through <i>Strengths Finder</i>, identifying opportunities to align strengths in relationship to job duties.</p> <p>Participated in Marathon County Leader/Manager Development Program. Committed to creating a purpose driven culture, aligning how we work with our organizational values and expectations by defining our core values and key behaviors.</p>
<p>Operations Goal: Improve organizational structure to assure programmatic and operational excellence.</p> <p>Strengthened management capacity by transforming a manager position from a vacant coordinator position.</p> <p>Assessed the department’s gaps and strength in creating a work environment of engaged collaboration, incorporating strategies for further engagement at the team and department levels.</p>

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

Strategic Plan

October 2013 - October 2018

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.

Core Values

Overarching theme:

Build a strong organizational culture by integrating the Mutual Learning Mindset

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Honor each individual's worthiness and respect each other's beliefs, values and view points
- Be aware of and responsive to unique needs of customers
- Foster teamwork and encourage diverse approaches
- Recruit, hire and retain employees with diverse experiences, abilities, and strengths as appropriate for position (Mng-Management Focus)

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

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

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

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

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

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

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

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

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

Health Department Staff

Years of Service

Health Officer

Joan Theurer	Health Officer	8
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Chronic Disease Prevention

Judy Burrows	Director of Chronic Disease Prevention	22	Ashley Kienitz	Health Educator	2
Vicki Anthony	Public Health Screening Coordinator	2	Krista Mischo	Screening Technician (Casual)	2
Kari Cline	Screening Technician (Casual)	7	Mandy Myszka	Health Educator	8
Melissa Dotter	Drug Free Community Coordinator	4	Amanda Ostrowski	Health Educator	7
Marla Hill	Public Health Nutritionist	6	Aaron Ruff	Health Educator	2
Dot Kalmon	Health Educator	7	Destinee Conenen	Health Educator	2

Environmental Health & Safety

Dale Grosskurth	Director of Environmental Health & Safety	13	Russ Mech	Environmental Health Sanitarian	18
Keith Baine	Environmental Health Sanitarian	6	Michelle Schwoch	Environmental Health Sanitarian	16
Jackie Bethel	Environmental Health Sanitarian	34	Heidi Ward	Environmental Health Sanitarian	2
Sara Brown	Environmental Health Sanitarian	13			

Water Testing Lab

Ruth Marx	Epidemiologist/Public Health Laboratory Director	23
Cheryl Fay	Environmental Health Lab Technician	5
Matt Nichols	Summer Lab Intern	<1
Deanna Schertz	Environmental Health Lab Technician	4

Family Health & Communicable Disease Control

Eileen Eckardt	Director of Family Health & Communicable Disease Control	4	Carol Mills	Public Health Nurse	20
Chelsea Baer	Public Health Nurse	4	Pang Moua	Community Health Worker	18
Heather Busig	Public Health Nurse	8	Becky Mroczenski	Public Health Nurse	7
Vicki Chrapkowski	Public Health Nurse	26	Ann Peters	Public Health Nurse	13
Lunette Dehnel	Public Health Nurse (Casual)	<1	Tiffany Pietrowski	Public Health Nurse	13
Mary Hackel	Public Health Nurse	12	Carrie Sickler	Public Health Nurse (Casual)	9
Jenny Juneau	Public Health Nurse	8	Stephanie Steingraber	Public Health Nurse	<1
Jeanie Kaatz	Public Health Nurse	31	Peggy Stalheim	Public Health Nurse	18
Vicki Kowalski	Public Health Nurse	17	Isabel Mandli	Community Outreach Worker (Casual)	<1
Jess Merkel	Manager - Family Health & Communicable Disease Control	<1			

Administrative & Fiscal Support Team

Season Welle	Administrative Manager	7	Jean Rolnecki	Administrative Specialist	12
Bonita Buchberger	Administrative Specialist	44	Jon Schmunk	Administrative Coordinator	2
Leila Lucero	Administrative Assistant	2	Chris Weisgram	Administrative Coordinator	3
Sandy Marten	Administrative Specialist	2	Peggy Henrichs	Senior Aide	<1
Patti Poverski	Administrative Specialist	25	Joan Eaton	Senior Aide	1

Regional Programs

Chris Dobbe	Coordinator – Northwoods Preparedness Collaborative	10
Julia Stavran	Program Manager - CYSHCN	27

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%



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