



Marathon County Health Department
2015 Annual Report

Published: May 2016

This Report Fulfills Chapter 251.06(3)(h) WI STAT



Table of Contents

Table of Contents	1
Board of Health and Health Department Directors	2
Message from the Health Officer	3
Advancement of Public Health Policy	4
Chronic Disease Prevention Program	4-9
Alcohol and Other Drugs	4-5
Food Systems and Active Communities	6-7
Marathon County Asthma Coalition	7
Tobacco	8
Rural Health Initiative	9
Western Marathon County Healthy Communities	9
Communicable Disease Control Program	10-18
Investigation and Control	10-12
Immunizations	13-14
Tuberculosis	14-15
Sexually Transmitted Disease	15-16
Rabies Control	16-17
Public Health Preparedness	17-18
Community Health	19-20
LIFE Report	19
Healthy Marathon County	19
Marathon County Comprehensive Plan	19
Student Placements	20
Informing the Public	20
Environmental Health & Safety	20-26
Human Health Hazards	20-22
Radon and Other Indoor Air Quality	21
Licensing	23-24
Food Safety	24-26
Family Health Program	27-38
Start Right	27-33
First Steps - Prenatal Care Coordination	28-29
First Steps – Families with Newborns	29-30
Step by Step	31
Stepping Out (Family Resource Services)	32
First Breath and My Baby and Me	32-33
Cribs for Kids	33
Child Health	34
Hearing & Vision Screening	35
Childhood Lead	36-37
Marathon County Early Years Coalition	37-38
Water Testing Laboratory	38-39
Regional Program	40
Northern Regional Center for Children & Youth with Special Health Care Needs	40
Department Operations	41
Quality Improvement	41
2015 Financial Summaries	42-43
Marathon County Health Department Strategic Plan	44-47
2015 Highlights	44-45
Mission and Vision Statements	46
Core Values	46-47
Health Department Staff	48
County Demographics	49



Board of Health

John Robinson, Chair - County Board Supervisor
Julie Fox, DDS, Vice-Chair
Craig McEwen, Secretary - County Board Supervisor
John Badow, County Board Supervisor
Susan Coleman
Dean Danner
Sue Gantner
Laura Scudiere
Lori Shepherd, MD

Kevin O'Connell, MD (Ex Officio)
Robert Pope, DVM (Ex Officio)

Medical Advisor

Kevin O'Connell, MD

Health Officer

Joan Theurer, RN, MSN

Administrative and Fiscal Support Team

Season Welle, MBA, Director of Operations

Chronic Disease Prevention Team

Judy Burrows, RD, BS, Program Director

Environmental Health and Safety Team & Water Testing Lab

Dale Grosskurth, RS, MPA, Program Director

Family Health and Communicable Disease Control Team

Eileen Eckardt, RN, BSN, Program Director

Marathon County Health Department

1000 Lake View Drive, Suite 100

Wausau, WI 54403-6781

ph: 715-261-1900

fax: 715-261-1901

www.co.marathon.wi.us

health@co.marathon.wi.us

Message from the Health Officer

To: Community Members
Community Partners
Marathon County Board of Supervisors
Marathon County Board of Health
Marathon County Administration
Municipal Officials
State Legislators

In 2015, a number of residents and community leaders sat around tables discussing the quality of life in Marathon County. Data was reviewed, looking at basic needs, education, economic vitality, health and wellness, environment and energy, and community safety. In sitting around the table, it was reinforced to me that “where you live matters.” So what contributes to the differences in one’s health that is present in our neighborhoods and communities?

Much of the difference is the result of opportunities and resources. The choices you have today are a result of opportunities and resources you were given at birth. Many of us carry out our day as if our neighbors and fellow Marathon County residents all started at the same place at birth as our selves. Would life look different for you if you were born to parents who did not finish high school, who worked three part-time low paying jobs, who abused alcohol and drugs, lived in housing that was dilapidated, in a neighborhood where crime was common, versus being raised by parents with a higher level of education, good paying jobs, and lived healthy lives in a nice home and safe neighborhood?

Not having everyone start at the same place at birth creates health disparities, meaning people because of their education, access to health care, income, and housing tend not to enjoy the same level of health. Health equity is building people up, so everyone has the opportunity to enjoy lifelong health and wellness. Health equity is about ensuring people get access to the same opportunities and resources, and can be achieved through building the healthiest, safest, and most prosperous county in Wisconsin.

Marathon County Health Department in partnership with health care organizations, community agencies, and other government entities serves to provide a “building up” approach. A “building up” approach is one in which we address conditions in which people are born, live, learn, work and play. Some examples of this work in 2015 include:

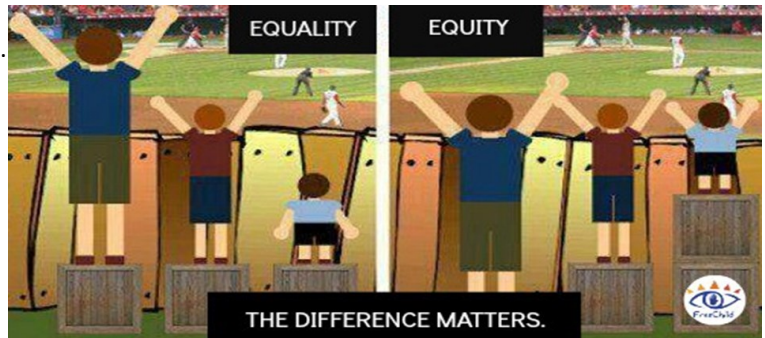
- Provided information to help neighborhoods take their communities back from drugs.
- Assisted parents living in older housing stock to protect their children from lead based paint.
- Promoted walking and biking trails.
- Connected local food producers to school district food service personnel and the general public through area farmers’ markets to increase access to locally grown food.
- Assisted landlords in adopting “smoke-free” policies for their rental units.
- Provided information to parents to help them establish a safe place for their baby to sleep.
- Administered childhood and adult immunizations.
- Promoted the importance of “Talk, Sing, Read, Play” Every Child Every Day message to parents and caregivers.

It is our collective “building up” approach that will provide the opportunities and resources to enjoy lifelong health and wellness. As you review the differences made in 2015, look for examples of “building up” and consider what you could do as an individual or organization to contribute to creating health equity in our communities.

In good health,

Joan Theurer, Health Officer

Health Equity = Building Up



Source: Google images

One of the critical functions of local health departments is to advance public policy in support of the health and safety of the community. Public policy is advanced in Marathon County through a number of avenues including the Board of Health, Marathon County Health & Human Services Committee, the County Board of Supervisors, and community coalitions. This also happens through involvement in state associations such as the Wisconsin Association of Local Health Departments and Boards, Wisconsin Public Health Association, and Wisconsin Environmental Health Association.

The following highlights public policies shaped by the Marathon County Board of Health and Marathon County Health and Human Services in 2015.

- Support of on-line inspection reports available to the public
- Resolution “Supporting an Increase In Alcohol Tax for Funding Alcohol Prevention, Treatment and Enforcement”
- Letter of Support regarding Health Center Funding Cliff
- Resolution to Secure Funding to Support Communicable Disease Control for Population Health
- Ordinance Amending Sec. 25.04 General Code of Ordinances to Permit Marathon County Health Officer or His or Her Designee to Issue Citations for Violation of Board of Health Human Health Hazard Regulation
- Letter to endorse budget veto for food safety inspection fees
- Resolution “Supporting Regulation of E-Cigarettes”
- Letter regarding 340B Medicaid Funding for Reproductive Health Services
- Support for providing needle exchange services in partnership with the AIDS Resource Center

Chronic Disease Prevention

Our Role in Promoting and Protecting Public Health

At times, it is difficult to describe how Marathon County Health Department, with our partners, prevents chronic diseases. Many community members expect that we have programs or services focused on helping individuals change their behavior.

Chronic disease conditions develop over decades and their solutions are equally long term and complex, especially when addressing solutions at a community level. The role of the Health Department is to **facilitate** the work of many other health care and community partners with a common goal, that is, to prevent and reduce the impact of chronic diseases among individuals, families and the communities in which they live, learn, work and play.

Facilitating community solutions is more than filling a room with interested people. It is listening for common meanings and using group processing techniques to help all members align around a shared purpose. Public Health Educators are called upon to use their facilitation skills to help groups process their planning in a more efficient and effective manner. In the past year, the Chronic Disease Prevention team, with community partners, has created or contributed to several assessments and plans including the LIFE (Local Indicators for Excellence) Report, the Wausau Area Bike and Pedestrian Plan, and the Marathon County Comprehensive Plan. In addition, a work plan has been created for obesity prevention efforts including work with farmers markets, farm to school, and the Healthy Eating Active Living (HEAL) Coalition.

Alcohol and Other Drugs

The AOD Partnership has been the community coalition focused on substance abuse prevention for decades. From 2004-2014, the coalition received funding from the Substance Abuse and Mental Health Services Administration, Drug Free Communities program, having the Marathon County Health Department be the fiscal agent for the grant. In 2015, the AOD Partnership reached the maximum number of years to receive this funding, resulting in a change in their organizational capacity to direct staff services and the Board’s membership. Marathon County Government recognized the impact of the loss of federal funds to achieve the goal of reducing substance abuse in our communities, and committed to funding a substance abuse prevention position. This change resulted in the need for the coalition to revisit how it is structured, what role it needs to have in the community efforts, and what the new relationship with Marathon County Health Department looked like. The AOD Partnership has begun to address how multiple funding agencies (County and other funders/donors) will continue to work together into the future to achieve the vision.

Marathon County residents continue to demonstrate an increasing concern about alcohol and other drug abuse and misuse. The 2015-2017 LIFE Survey reports 4 of the top 10 concerns identified by respondents were alcohol or other drug related, including: illicit drug use (46.7%); drinking and driving (31%); abuse and misuse of alcohol (18.4%); and abuse and misuse of prescription drugs

Chronic Disease Prevention

Alcohol and Other Drugs

(14%). The data collected in 2015 for the *Community Assessment on the Prevalence and Perceptions of Medication Abuse* report shows similar trends in health concerns by survey respondents who deem illicit drug use, alcohol abuse, and prescription drug abuse a “very serious issue.”

A major accomplishment in 2015 was the alignment of Ministry Saint Clare’s and Aspirus Health Foundation’s funding partnership to implement the third *Community Assessment on the Prevalence and Perceptions of Medication Abuse* survey. This survey has been conducted every two years for the past six years. Having data over the course of six years will allow for the analysis of trends in knowledge and attitude regarding prescription drug use. The report to the community will be released in 2016.

Coalitions continue to be identified as a best practice prevention strategy aimed at reducing the burden of substance abuse. According to the Centers for Disease Control (CDC), coalitions play an important role in transforming knowledge, attitudes, and practices (both by users and systems) through a comprehensive strategic plan.

Highlights of 2015 - best practice prevention strategies that the Marathon County Health Department and the AOD Partnership are leading:

Keeping the Issue of Substance Abuse in the Public

- Submitted, or were featured, in approximately 20 news stories – including 1 press conference and 3 community events - to raise awareness on drugs trends, reduce the stigma of addiction, and build a community supportive of recovery.
- Presented to 35 community organizations reaching over 1,200 people – including the *Drugs in the Community* sessions held in cooperation with Wausau Police Department, North Central Health Care, Wausau Comprehensive Treatment Center, AIDS Resource Center, Marathon County Crime Stoppers, and the Marathon County Sheriff’s Department.
- Distributed the Weekly Update, an e-newsletter to over 750 local and state individuals and organizations. On average, 25-30% of recipients open the email (industry standard 25%) and typically up to half of the recipients click to open a story within the Weekly Update.

Providing Expertise

- Staff presented at four conferences in 2015 including: The 2015 WI Prevention Conference, the Spring Medical Assistance Conference (both Wausau and Rice Lake locations). Staff also provided expertise to the University of Wisconsin—Stevens Point Continuing Education Department on two occasions in 2015.
- Educated partners on the benefits of the distribution and over the counter sale of Naloxone (Narcan) to reduce the unintended overdose of heroin

Enhancing Community Involvement

- Recruited over 10 new members or organizations, including successfully recruiting for a 75% turnover in AOD Board members.
- Assisted in sustained increase in drug-related tip calls to Marathon County Crime Stoppers by over 300% since 2013
- Partnered with the Village of Marathon to establish a 6th permanent medication drop box location. This is the second outside of the Wausau Metro area.
- Maintained participation of 100% of pharmacies in Marathon County promoting the Medication Drop Box Program
- 100% of schools (both public and private) participated in the 2nd Annual Spring School Networking Meeting to discuss current alcohol and drug trends, assess staff and student needs, and share local resources available to help address substance use amongst youth.

Amplifying and Leveraging Resources for the AOD Partnership and Prevention

- Raised over \$2,500 in local funds to build community awareness of drug trends and support the High in Plain Sight Training
- Secured sponsors to fund over \$1,600 towards the development and printing of coalition initiative materials

Advocating for Policy Change

- Initiated preliminary conversations to look at uniform prescribing policies with local health systems
- Provided feedback to local policy makers on the needs of the community regarding the HOPE (Heroin and Opiate Prevention and Education) legislation to combat opiate abuse

Promoting and Supporting Partner Programs

- Held 6 AOD Partnership Meetings, educating over 250 individuals on substance abuse related topics
- Partnered with Northcentral Technical College to begin offering Continuing Education Units for attendees of the 2016 AOD Partnership meetings
- The 2015 Annual Partner Survey revealed; 9 out of 10 respondents reported their involvement in the AOD Partnership met/exceeded expectations - the top benefits include receiving information, making community safer and networking, and 94% strongly agree or agree the Weekly Updates are useful.

The conditions of obesity and overweight continue to be a burden on the health of our community. Several strategies targeting our food systems and the built physical environment are used to address obesity in our communities. Significant time was dedicated to building the capacity of the Healthy Eating Active Living (HEAL) coalition per our contract with the Wisconsin Partnership Program-Targeted Obesity Prevention Initiative. Highlights are summarized below.

Healthy Eating Active Living (HEAL) Coalition

The HEAL coalition has been in existence for over 10 years. Over several months a concerted effort was made to revitalize the coalition, utilizing the Collective Impact framework. It began with targeted outreach to individuals who had been part of the coalition to discuss the vision for the future, re-engage members, and identify new members. The “World Café” method was used to create dialog about the vision and mission of the coalition. An asset map was conducted to identify the healthy eating, physical activity, and community resources that exist, with the intention that the Coalition would build upon the existing strengths in the community. Staff provided Coalition members an overview of how other successful coalitions are structured, learning opportunities about Collective Impact principles, and assisted the group in applying the principles. HEAL meeting discussions focused on the best practices in obesity prevention, what members could do in the community, and selecting strategies to focus on. Using the framework provided by “What Works for Health” a prioritization process was conducted to select two new strategies. The group initially focused on creating a shared agenda, to have a common understanding of the problem and agreed upon approach to address the problem. In addition, elements of shared measurements, mutual reinforcing activities, and ensuring backbone support for the coalition were part of each discussion.

This year’s successes include:

- Increased the number of participating organizations including 34 new members and 20 engaged organizations
- Updated the HEAL logo
- Increased meeting frequency in 2015 from quarterly meetings to monthly meetings
- Restructured the coalition, training Health Department staff to the coalition as co-facilitators to provide meeting facilitation, and expand the action teams
- Selected two new strategies: Increase Access to Healthy Food Options (Community Gardens) and Create Opportunities for Active Living (Pedestrian friendly environment)

Farmers Markets and Local Foods Promotion

Farmers markets continued to expand in Marathon County during 2015. The Wausau Winter Market extended its season until April 25th (originally scheduled to end April 8th), and the Wausau Area Farmers Market moved their opening date to May 2nd (originally scheduled for May 9th). This resulted in no gap between farmers markets for Wausau area market customers. The Village of Athens offered a farmers market from May to October for the first time in 2015. The Stratford Farmers Market also expanded their market season, with their last market occurring on September 30th (originally scheduled to end September 16th).

Two farmers markets, Aspirus and Stratford, offered EBT (Electronic Benefits Transfers or FoodShare) for the first time in 2015. In total, four summer markets and the winter market offer EBT. The amount of FoodShare dollars redeemed varies between markets, and has slowly and steadily increased over the past five years, with the greatest increase observed at the Wausau Winter Market. FoodShare availability increases access of locally grown fresh foods to our residents with lower incomes and/or food insecurity.

In October 2015, the new website www.marathoncountylocalfood.org was launched. The purpose of this site is to create one place where residents and visitors can go to learn more about: where and when farmers markets are open; how to purchase local foods; what schools are incorporating Farm to School programs; and feature pages called “Who’s Your Farmer?” to help patrons get to know their food producers.

Staff generated ten print media, three television, and two radio media stories educating and promoting local foods, farmers markets, and the website.

Bicycle and Pedestrian: Encouragement, Education, and Evaluation

The most significant developments in 2015 include the staff contribution to the development and adoption of a new Bicycle and Pedestrian plan in cooperation with the Conservation Planning and Zoning Department Staff for the Wausau Metropolitan Planning Organization (greater Wausau metro area). In addition, the Wausau Metropolitan Planning Organization achieved a status of Bronze -level Bicycle-Friendly Community by the League of American Bicyclists. This award designation is given to communities that demonstrate significant planning, infrastructure development, and environmental changes that support bicycle transportation.

Chronic Disease Prevention

Food Systems and Active Communities

Highlights:

- Assisted the Wausau Area Safe Kids Coalition in serving 120 individuals with free helmets at the 2nd Annual Bicycle Wausau Rodeo & Safety Day held in May at the Marathon County Public Library
- Partnered with Wausau Area Safe Kids Coalition and the Parks & Recreation Summer School program for a bike rodeo at Thomas Jefferson Elementary School
- Sponsored a bicycle safety booth as part of the First Thursday's event in July 2015 in downtown Wausau
- Installed a "Bike Fixtation" at the intersection of CTH R and CTH NN in Rib Mountain; funded by the Community Foundation of North Central Wisconsin
- Assisted the Central Wisconsin Offroad Cycling Coalition (CWOCC) with grant writing for the Sylvan Hill Community Bike Park project
- Partnered with WSAW-TV and Channel 7 Productions to run an advertisement campaign for the bicycle route & signage system. The campaign was funded for the third year in a row by Marshfield Clinic.
- Partnered with WSAW-TV and Channel 7 Productions to produce two 15 second public service announcements, one targeted for motorists and one targeted for cyclists about sharrows. The campaign was funded by Marshfield Clinic.
- Generated eleven media stories (nine in print and two in television) promoting the community events and educating the community on safe biking and walking

Breastfeeding

The promotion of breastfeeding is a well-documented evidenced based strategy to reduce obesity. In 2015, key members and leaders of the Central WI Breastfeeding coalition left their positions within their organizations. This uncertainty of who would fill those positions forced the remaining members to make a decision regarding the future efforts and structure of the coalition. A Public Health Nurse is hosting quarterly meetings for the coalition to maintain the relationships, communication, and coordination between agencies.

Contributions to Community Coalitions

Marathon County staff participated in other state and local initiatives and groups working to improve the foods systems including the Central WI Local Food Network; Marathon County Hunger Coalition; Wausau Urban Community Garden Board of Directors; and the WI Obesity Prevention Network Board.

Marathon County Asthma Coalition

The Marathon County Health Department is the lead organization for the Marathon County Asthma Coalition. Each year the coalition receives a grant from Children's Hospital of Wisconsin and the Centers for Disease Control and Prevention. The focus of the coalition's efforts shifted in 2014-15 to focus on reducing environmental factors that are likely triggers of asthma attacks in children. Marathon County Health Department worked with Wausau School District, Grant Elementary School, and Marathon County Head Start (MCHS), Barrington Center, to implement the school walkthrough program to identify potential asthma triggers. Two school walkthroughs were completed at each site. The first was to identify potential triggers and the second was to evaluate if changes were made to reduce the triggers.

The Health Department worked with the Director of HeadStart to conduct the school walkthrough, create an action plan, and assist teachers with implementation of recommendations. The HeadStart family visitor was able to join the coalition and share with the coalition the various challenges and successes they were having during the implementation of the recommendations. The school walkthrough at Grant Elementary was completed with the help of the school nurse at the beginning and end of the school year. Staff then worked with the principal and janitorial staff to develop an action plan and to provide resources to teachers. At the end of the year a survey was sent to the teachers. Results show that 80% of teachers reported that the school walkthrough program increased their awareness of potential asthma triggers.

Tobacco is still the leading cause of death and disability in our nation, and most importantly – it is preventable. Since 2010, Marathon County Health Department has served as the fiscal agent and host to the Central Wisconsin Tobacco Free Coalition covering Marathon, Portage and Wood counties. The Wisconsin Tobacco prevention and Control Program provides the funding for the programs and has specific objectives which are completed within the three county jurisdictions. The effort is guided by a local steering committee of public health officials from the three counties.

In 2015, efforts to increase awareness of the health risk associated with e-cigarettes occurred with the general public and policy makers, resulting in the Marathon County Board of Health and Board of Supervisors adopting a “Resolution Supporting Regulation of E-Cigarettes.” The resolution was one of 18 county resolutions adopted in Wisconsin, demonstrating support and encouragement for local communities to include e-cigarettes into their smoke free ordinances to protect the health of their citizens and opposing any state legislation that preempts local governments from doing so. The resolution was unique because in had 3 “whereas” statements.

The Wisconsin WINS program is a retail compliance program conducted in cooperation with local law enforcement and youth volunteers. The goal of the program is to identify retail locations that will sell tobacco products to minors. Those who do not sell are given acknowledgement, those who do are usually cited for the violation, and all are offered education for employees regarding how to check identification of buyers. In 2015, 70 compliance checks were conducted throughout the County and 66 (94%) did not sell to minors.

WI WINS: Marathon County Tobacco Inspections 2015

Community	# of Compliance Checks Completed	#of Retailers in Compliance	Current Compliance Rate
Abbotsford	3	2	66.7%
Athens	3	3	100%
Colby	3	3	100%
Edgar	3	2	66.7%
Marathon City	3	3	100%
Marshfield	3	3	100%
Mosinee	4	4	100%
Rib Mountain	3	3	100%
Rothschild	3	2	66.7%
Schofield	4	4	100%
Spencer	3	3	100%
Stratford	3	3	100%
Wausau	29	27	93.1%
Weston	3	3	100%
Total	70	66	94.3%

Tobacco use and secondhand smoke exposure is higher among lower income populations. One way to address this inequity is to create more smoke free multiunit housing. In 2015, staff met individually with eight property managers to discuss why and how to make the change. Three educational presentations were given to groups of landlords and property managers encouraging them to consider modifying their policies.

Chronic Disease Prevention

Rural Health Initiative

The Rural Health Initiative is a nonprofit organization serving farm and agribusiness families in Marathon, Shawano, Waupaca and Outagamie Counties. The Health Department serves on the Marathon County Advisory Board, providing connections to community programs and services. The Rural Health Initiative provides a registered nurse who visits farms and agribusinesses to provide health screening and referrals to individuals. In 2015, the program staff visited 41 residences serving 153 participants. Of the total screenings conducted, 59% yielded a positive result requiring a referral or suggested medical follow up. The first annual “CULTIBRATE” fundraiser was held and exceeded its fundraising goal. This project is also funded by local foundations and targeted individual donations.

Western Marathon County Healthy Communities

In 2015, Marathon County Health Department staff organized and facilitated twelve meetings of the Western Marathon County Healthy Communities Coalition, rotating between each of the seven municipalities including Abbotsford, Athens, Colby, Edgar, Marathon, Spencer and Stratford. The meeting attendance averages twelve per meeting with a total of 49 unique individuals attending this year. In February and March, Health Department staff facilitated a “root cause analysis” to help the group further define the problem of underage drinking in western Marathon County. A logic model outlining goals, strategies and specific activities was created to guide the coalition’s focused work.

For the first time, all seven school districts in western Marathon County completed the Youth Risk Behavior Survey. An aggregate data set for western Marathon County schools was created through a partnership with the University of Wisconsin – Stevens Point in the 2015 spring semester with students from the School of Health Care Professions. A partnership agreement was created between each school district, UW-Stevens Point, and the Marathon County Health Department to analyze the data for use in future reports and presentations. In the fall, presentations of community readiness assessment scores and the aggregate YBRS data were shared with the Village Boards of Athens, Edgar, Marathon City, Stratford, and Spencer.

A Partner Survey was conducted of the coalition’s membership. The responses revealed:

- Substance abuse, mental health, and bullying were the top three priority areas selected for WMCHC to focus on in 2016.
- 87% said that their experience with WMCHC has met or exceeded their expectations. 13% said they were too new to tell.
- 95% said that having paid staff coordinate WMCHC is “very valuable.”

As a result of the responses, Marathon County Health Department staff are now creating and sending a “Weekly Update” on substance use/abuse issues and community updates to the membership.

Communicable Disease

Investigation and Control

Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, or parasites. Infectious diseases remain one of the major causes of illness, disability, and death. Local health departments are responsible for investigating and controlling further spread of disease. As part of our communicable disease investigation, the Health Department assures individuals receive appropriate treatment and provides 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.

In 2015 Marathon County Health Department received 889 confirmed and probable reports of 27 different communicable diseases. The most commonly reported disease in Marathon County in 2015 was Chlamydia at 387 cases. Refer to the table for a list of reportable diseases from 2011-2015.

Selected Diseases 2011-2015

	2011	2011	2012	2014	2015	2015 Rates	2011-2015 Rates	2020 Goals
Reportable Diseases								
BABESIOSIS	3	5	4	5.2	7	5.2	4.2	
BLASTOMYCOSIS	13	16	7	5.9	8	5.9	7.7	
DENGUE	0	0	0	0	0	0	0	
EHRlichiosos/ANAPLASMOSIS	57	39	37	25.9	35	25.9	30.7	
HEPATITIS B	14	13	14	6.6	9	6.6	8.5	1.5
HEPATITIS C	49	62	54	35.5	48	35.5	41	0.2
HISTOPLASMOSIS	1	2	1	0	0	0	0.6	
HIV/AIDS	2	1	4	1.5	2	1.5	1.9	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS	9	39	86	65.8	89	65.8	45.9	
JAMESTOWN CANYON VIRUS	0	0	1	1.5	2	1.5	0.6	
LA CROSSE ENCEPHALITIS	0	0	0	0	0	0	0.1	
LEGIONELLOSIS	0	3	0	0	0	0	0.7	
LISTERIOSIS	0	0	2	0	0	0	0.3	
LYME DISEASE	204	86	67	51.7	70	51.7	82.2	
MALARIA	0	1	0	0	0	0	0.3	
MENINGITIS	0	0	0	0	0	0	0	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	25	18	16	5.2	7	5.2	13.5	
POWASSAN	1	0	0	0	0	0	0.3	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	18	24	32	17	23	17	17	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	19	13	10	6.6	9	6.6	10.1	
TUBERCULOSIS/ACTIVE DISEASE	1	3	1	1.5	2	1.5	1.5	1.0
WEST NILE	1	0	0	0.7	1	0.7	0.3	
CHLAMYDIA	344	344	291	354	387	286	253.8	
GONORRHEA	24	24	17	18	22	16.3	15	257-198
SYPHILIS	4	4	5	2	1	0.7	2.7	1.4-6.8

Selected Diseases 2011-2015 (continued)

	2011	2011	2012	2014	2015	2015 Rates	2011-2015 Rates	2020 Goals
Reportable Diseases								
HEPATITIS A	0	0	0	1	0	0	0.1	0.3
CAMPYLOBACTERIOSIS	28	28	39	29	45	33.2	26.4	
CRYPTOSPORIDIOSIS	59	59	71	25	26	19.2	32.4	
SHIGA TOXIN PRODUCING E COLI (STEC)	9	9	12	7	7	5.2	5.5	
GIARDIASIS	21	21	22	20	23	17	15.3	
SALMONELLOSIS	17	17	32	31	35	25.9	22.3	
SHIGELLOSIS	2	2	0	1	1	0.7	0.6	
Reportable Diseases								
PERTUSSIS (WHOOPING COUGH)	12	12	316	60	21	15.5	65.8	0.0
MUMPS	1	1	0	1	1	0.7	0.4	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	3	3	1	0	3	2.2	1.5	0.0
VARICELLA (CHICKENPOX)	12	12	6	8	5	3.7	4.9	0.0
Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)	0	0	0	0	0	0	0	0.0

NOTES:

- Rates per 100,000
- Meningitis counts include only bacterial meningitis
- Lyme disease case counts include both confirmed and probable cases from 2008 to 2011. In 2012 the surveillance case definition was changed mid-year and only counts cases with erythema migrans (bull's eye rash) of 5 cm or greater diagnosed by a medical provider.
- Case counts are from State records.
- Case counts from 2011-2014 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 lifelong 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 2015, the immunization rate for children between the ages of 24 and 35 months in Marathon County was 82% (includes late up-to-date), exceeding the Healthy People 2020 goal.

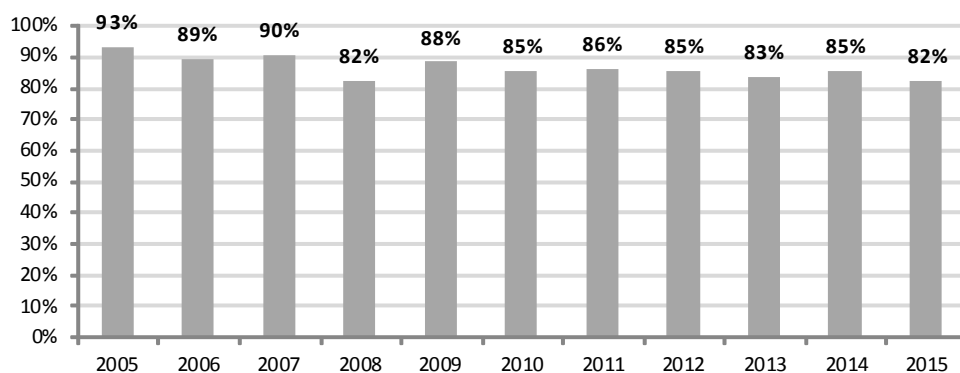
To further support this goal, area health care providers enter immunizations given into one of two electronic immunizations registries. Immunization registries have been developed to assure health care providers and schools have timely access to children’s and adult’s immunization records. In Marathon 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 public health 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 public health clinics held at the Marathon County Jail and at Aspirus Wausau Family Medicine in Wausau. Public health nurses provide education on immunizations at every opportunity when in contact with families in Marathon County. By providing education and access to vaccines, we are protecting the health of our community members against vaccine-preventable disease.

Beginning in October of 2012, children whose insurance covers immunizations (including those with high deductibles) are no longer able to receive vaccines at local health departments. This is due to funding changes at the federal government level. Current

Immunization Rates by Age 2 (Including Late Up-to-Date) 2005-2015



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

exceptions to this policy change are Pertussis-containing vaccines and flu vaccines. As part of our service, the Health Department continues to educate and encourage residents who are insured to access their medical home for needed immunizations and well care.

Immunizations 2011-2015

Year	No. of Children & Adults	No. of Vaccines Given
2011	1,638	2,822
2012	1,294	2,326
2013	856	1,633
2014	884	1,498
2015	624	1,223

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](http://www.cdc.gov)

Tuberculosis

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.

Communicable Disease

Tuberculosis

In 2015, 18 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 for persons who receive TB treatment complete treatment, and in 2015 100% of those scheduled to receive TB treatment for TB disease have completed 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 2 new case of active TB disease diagnosed in 2015.

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 2015, 4 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 904 DOT visits to individuals diagnosed with either latent or active TB, or children who have been exposed to TB as “window” therapy. 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 conducted 2 contact investigations in 2015.

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 2015, public health nurses screened 92 individuals for TB through these clinics as well as scheduled appointments.

Sexually Transmitted Disease

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

In 2015, there were a total of 662 client visits for STD services and 197 vaccines were given. Refer to the following table for a closer look at Marathon County Health Department STD clinic services.

STD Clinic Services: 2011-2015

Services per Clinic Site		Total Client Visits	# Females	# Males	# Screened for STDs	# Screened for HIV	# of Vaccines Given
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
2015	AWFM	236	61	175	152	121	7
	County Jail	426	103	323	196	161	190
	Total	662	164	498	348	282	197

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

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 2011-2015

	2011	2012	2013	2014	2015
Human Exposures	262	283	285	317	326
Specimens Sent to State Lab	34	45	45	45	43
# Positive for Rabies	0	1 (3 Equivocal Results*)	0 (1 Equivocal Result*)	1 (2 Equivocal Results*)	0 (2 Equivocal Results*)
Prophylaxis Recommended	16	10	26	37	38

*Equivocal results = inconclusive test results

Forty-three specimens were submitted to the State Lab of Hygiene for rabies virus testing. Specimens included 13 dogs, 17 cats, 4 bats, 2 foxes, 6 cows, and a skunk. For 2015, no specimen was confirmed positive for rabies. Rabies is not uncommon in wildlife especially bats and skunks, and reinforces 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 following table shows the species involved in the human exposures.

Communicable Disease

Rabies Control

Animal Bite Exposures Reported by Species 2011-2015

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
2015	210	91	8	17	326

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.

As part of animal bite prevention efforts the Paper Cities Kennel Club continues to provide an educational program for 2nd grade elementary school children emphasizing safety around all animals. The program emphasizes safe behavior intended to reduce bite incidents. Children often suffer greater bite injuries than adults because of their size and not understanding animal behavior. During the 2014-2015 school year, Paper Cities Kennel Club visited 12 schools in Marathon County reaching approximately 737 students.

Case Breakdown by Injured Age 2013-2015

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%
2015	Under Age 6	25	7.7%
	6-12 Years of Age	44	13.5%
	13-17 Years of Age	18	5.5%
	18-49 Years of Age	143	43.9%
	50+ Years of Age	96	29.4%

Public Health Preparedness

The emergence of a new infectious disease, such as Ebola, reinforced how critical working community partnerships are prior to an event. From the fall of 2014 when the first case of Ebola was diagnosed in the United States to the fall of 2015, planning with clinics, hospitals, United Way of Marathon County 2-1-1, 911/Emergency Medical Services, Marathon County Emergency Management, and the State of WI Department of Health Services was vital in our response efforts. Ebola response plans were further refined in 2015, and included:

- Assured universal screening for travel history by clinics, hospitals and 911/Emergency Medical Services to assess for clinical signs and symptoms of Ebola
- Participated in table and functional exercises to ensure partners had clarity on their roles and responsibilities in response to Ebola cases
- Developed monitoring plans with area hospitals and 911/Emergency Medical Services to assure confidential systems of care

were in place for travelers who returned from West African countries in the event they would develop signs and symptoms of Ebola

- Monitored individuals who returned from identified West African countries
 - ◊ In 2015, Marathon County Health Department did 21-day monitoring for six individuals. Monitoring consisted of twice daily screening for signs and symptoms of Ebola and assured individual's basic needs were being met during the 21-day period.
- Provided credible information to our partners and the public
- Participated in weekly webinars hosted by the State of WI Department of Health Services

North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW-HERC) – Region 2

In July of 2015, the North Central Wisconsin Healthcare Emergency Readiness Coalition was officially launched, being one of seven within the State. The creation of regional health care coalitions is part of a national initiative, with the primary purpose to enhance overall capabilities of preparations, response, and recovery. This work is to be done through collaborative efforts with the area hospitals, clinics, trauma centers, emergency medical services, emergency management, public health, and other partners. A healthcare emergency includes any event outside of the normal day-to-day operation of the healthcare system and may range from a motor vehicle crash with multiple patients to an influenza pandemic. The Marathon County Health Officer served on the planning workgroup until July 2015, and is one of two local health department representatives on the North Central Wisconsin Healthcare Emergency Readiness Coalition Board of Directors. To read more about the coalition efforts visit www.ncw-herc.org.

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 2015, our efforts focused on the following Centers for Disease Control and Prevention (CDC) public health preparedness competencies:

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 providers on the control of communicable diseases.</p>

Community Health

Community Health Assessment & Improvement Plan

LIFE Report

The LIFE Report looks at quality of life indicators in Marathon County. The report is published every two years and serves as the basis for the Marathon County Community Health Assessment. The LIFE Report reinforces where the health department, along with our partners need to focus efforts to improve the overall health of communities in Marathon County. Local health departments are required by state statute to conduct a community health assessment every five years.

In 2015, over 300 health and wellness indicators for Marathon County were reviewed by community partners to identify areas of progress and challenges. The 2015-2017 LIFE Report released in January 2016 will be the basis for selection of the 2017-2020 Community Health Priorities.

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 or www.unitedwaymc.org.

Healthy Marathon County

Local health departments across the state with their community partners are responsible for carrying out local health improvement 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 2015, the Healthy Marathon County Board of Directors:

- Strengthened relationships with local legislators by attending educational meetings on tobacco prevention
- Informed the public and policy makers through letters and newspaper editorials on health topics such as physical activity in schools, smoke-free, e-cigarettes
- Retooled the website to be more user friendly for public
- Encouraged local communities to include e-cigarettes into their smoke free ordinances to protect the health of their citizens
- Endorsed the sponsorship of Marathon County Youth Risk Behavior Survey report to be release in spring of 2016
- Furthered understanding of Collective Impact and implications for Healthy Marathon County by mapping current partnerships whose work is in support of Healthy Marathon County's mission, and evaluated backbone effectiveness to ensure adequate supports are in place to ensure success of the collaborative partnerships.

To read more about the 2015 accomplishments of Healthy Marathon County and Action Teams, visit:

www.healthymarathoncounty.org

Marathon County Comprehensive Plan

In 2015, the Health Department participated in the development of the Marathon County Comprehensive Plan, Chapter 3: Health & Human Services identifying long-term goals and objectives in support of creating the healthiest county. The plan for the first time included a focus on health and human services. This policy document will serve as a tool in guiding decisions on where investments need to be made to be the healthiest, safest and most prosperous county. A copy of Marathon County Comprehensive Plan can be accessed at: www.co.marathon.wi.us.

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 Medical School, UW-Oshkosh, Silver Lake, Viterbo University, and Northcentral Technical College. In 2015, 7 students were provided 24 to 80 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 2015, the Health Department managed, in addition to the department's website, websites and social media sites for the following community initiatives and programs:

- AOD Partnership Council – www.aodpartnership.org and www.facebook.com/MarathonCountyAODPartnershipCouncil
- Central Wisconsin Tobacco Free Coalition – www.centralwitobaccofree.org
- Early Years Coalition – www.unitedwaymc.org/improve-lives/education/early-years-coalition
- HEAL (Healthy Eating and Active Living) – www.facebook.com/HEALCoalitionMarathonCounty
- Healthy Marathon County – www.healthymarathoncounty.org
- Real Happy Hour – www.therealhappyhour.org
- Start Right First Steps – www.facebook.com/pages/Start-Right-First-Steps/94925651090

In 2015, the department did more than 102 media contacts on a wide range of health issues and topics.

Environmental Health and Safety

Human Health Hazards

Human Health Hazard response is a State-mandated program 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 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. In situations like this, the Health Department provides information to resolve the concern. When an investigation is needed, initial efforts center around voluntary compliance by sharing information and options to address the health hazard. If voluntary compliance cannot be achieved or when required under regulations, a written order becomes necessary to address the hazard. Success in this work often includes involving local and state agencies. The program goal is to reduce exposure to substances, activities, or conditions that can negatively impact health - 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. In addition, residents may exchange mercury-containing thermometers for digital thermometers free of charge through seven locations.

Thirty-four of the 37 area dental offices reported disposal results from installed amalgam separators. The amalgam separator sorts mercury-containing amalgam from the wastewater stream. For 2015, approximately 197 pounds of dental amalgam waste and containers were disposed properly. This programming is regulated by the Department of Natural Resources which has commended

Environmental Health and Safety

Human Health Hazards

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 10 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.

Environmental Transaction Screens

The Health Department screens for potential contaminate hazards on tax delinquent properties and properties being purchased by Marathon County Government. In 2015, no Environmental Transactions Screens were performed as the Marathon County Treasurer's Department was in the process of developing an internal method to identify and determine statuses of properties. Performance of Environmental Transaction Screens is expected to resume in 2016.

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 2015, the department provided four presentations on health risks, testing, and mitigation of radon. 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 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 2011-2015

		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%		
2015	Test Results	664	141	603	346
	Elevated Tests	282	83		
	Percent Elevated	41%	59%		

The installation of radon mitigation systems remains strong. Radon mitigation system installers 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 2015, there were 49 such inquiries, with 39 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.

The following charts provide the type of Human Health Hazard activities along with performance outcomes by year.

Human Health Hazard Activities Performed by Year 2013-2015

Outputs	2013	2014	2015
Total number of nuisance complaints and consultations/technical assistance contacts	437	514	369
Total number human health hazard investigations	12	39	32
Total number of radon test kits provided in Marathon County	283	302	229
Total number of radon mitigation systems installed per report for 12 county area	513	441	603
Total number of requests for radon information	724	723	633
Total number of transient drinking water systems inspected	37	38	40
Total pounds of mercury collected and properly disposed (excluding amalgam)	16	12	10
Total number of dental offices contacted regarding proper disposal of amalgam	38	38	37
Total pounds of amalgam collected by dental offices and recycled	195	150	196.5
Total number of environmental screens	25	48	0

Human Health Hazard Performance Outcomes by Year 2011-2015

Performance Goal	Measure	Benchmark	2011	2012	2013	2014	2015
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%	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	100% Note: 122/250 tests were elevated
Reduce indoor exposure to radon.	Number of radon systems installed	None	488	456	513	441	603
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%	100%

Environmental Health and Safety

Licensing

The Marathon County Health Department functions through contract as an agent of the State of Wisconsin to provide health inspections and licensing for a variety of establishments including restaurants, groceries, convenience stores, lodging, campgrounds, recreational/education camps, swimming pools, mobile home parks, and body art facilities. 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; and a variety of consultations by phone or on site. The table below notes the types of inspections performed in 2015.

Number of inspections 2014 - 2015

January 1- December 31	Total Inspections	Routine	Pre- Inspection	Complaint	Follow ups	Re-inspections	All Other
2014	892	746	80	5	48	6	7
2015	920	783	70	9	44	4	10

The licensing year is from July 1 through June 30 and at the end of the 2014-15 licensing year, 891 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 facilities, and mobile home parks. The largest are those facilities in the restaurant category followed by retail food. The following table summarizes the types of licenses issued by year.

Types of Licenses 2011-2015

License Year Ending 6-30	Total Licenses	Restaurant	Lodging	Rec/Ed. and Campgrounds	Pools	Body Art	Retail Food	Mobile Home Parks	Taverns
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
2015	891	465	40	26	90	10	222	25	13

The Health Department inspectors view themselves as resources for licensed facility operators, serving in a consulting role, assisting operators with ideas and options to meet the regulations. The following tables report the type of activities and performance outcomes for the licensing program by year.

Licensing Program Activities Performed by Year: 2011-2015

Outputs	2011	2012	2013	2014	2015
Total Number of Licensed Establishments (Including Temporary)	867	926	913	993	920
Total Number of Restaurant/Tavern Inspections	497	508	508	500	471
Total Number of Retail Food Inspections	196	217	215	222	202
Total Number of School Inspections	100	100	104	104	100
Total Number of Lodging Inspections	44	46	41	34	40
Total Number of Pool Inspections	89	92	86	73	100
Total Number of Body Art Inspections	19	13	10	8	9
Total Number of Mobile Home Park Inspections	26	28	28	22	23
Total Number of Foodborne Illness Investigations	2	2	0	0	4
Total Number of Food-Related Complaints	32	44	57	41	13

Licensing Program Performance Outcomes by Year: 2011-2015

Performance Goal	Measure	Benchmark	2011	2012	2013	2014	2015
Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	90% of restaurant inspections will have fewer than 5 critical violations.	90%	94.8%	96%	98%	97%	99.8% ¹
Retail food establishments in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	90% of retail food establishment inspections will have fewer than 5 critical violations.	90%	98.6%	99%	98%	100%	100% ²
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%	95%
Pools and whirlpools in Marathon County will operate safely.	The re-inspection ratio for pools and whirlpools will be no more than 5%.	5%	5%	0%	5.7%	19.4% ³	11.8%
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%	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%	100%

¹ 96.8% with 3 or fewer violations

² 98.6% with 3 or fewer violations

³ Includes follow up inspection and the re-inspection fee was not assessed

Food Safety

As part of the Licensing Program, the Marathon County Health Department works to identify and respond to health problems related to food safety including outbreak investigations. In 2015, 13 separate complaints of foodborne illness were reported to the Health Department with 6 resulting in a complaint inspection. Program staff serves as the primary investigators when there is a suspected food or water borne illness in Marathon County. In 2015, 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 55 schools in the Federal School Lunch/Breakfast Program; food sampling; investigating food borne outbreaks; and responding to product recalls and consumer complaints. The number of visitors to the Food Safety website significantly increased in 2015 over previous years. Two factors, online food safety inspection reports and significant revisions to the department's food safety website may have contributed to the increase. Starting in September of 2015, online food safety inspections report summaries for restaurants, grocery, and convenience stores became accessible and resulted in 600 inquiries. Businesses and the public were made aware of online inspection report availability and local media assisted with promotion. Interest in online inspection reports likely contributed to additional website activity hits to other links. Revisions to the website included adding informational links and to make the site navigation easier. New links were added to provide food safety information for regulated businesses and promoted to the businesses. A "Food Safety for Consumers" section was added focusing on the home environment. The Centers for Disease Control (CDC) estimates 13-21% of outbreaks result from food consumed in a private home.

Environmental Health and Safety

Food Safety

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

2011-2015 Food Safety Program Activities

Activity	2011	2012	2013	2014	2015
Food borne Disease Investigation	2	2	0	0	4
Food Safety Establishment Licenses Issued	693	725	723	695	700
Education Classes/Attendees	6/530	1/8	1/14	1/50	1/18
Media Events	5	2	3	0	3
Website Food Safety – Hits Per Year	761	761	759	698	3,208

The Marathon County 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 high violation category and is consistent with statewide data. Violations in this category would include the lack of a certified food manager; inadequate demonstration of food safety knowledge; and inadequate policies and records involving employee health.

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

CDC Risk Factor Violations 2012-2015

CDC Risk Factors	2012 Violations		2013 Violations		2014 Violations		2015 Violations	
	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	13	3	9	1	3	3	1	8
Inadequate Cooking Temperatures	5	0	4	1	3	0	5	1
Improper Holding Temperatures	118	30	100	31	91	24	72	26
Cross Contamination	93	15	68	13	158	8	149	24
Personal Hygiene	95	13	71	21	184	1	163	1
Other CDC Factors	111	19	104	29	232	6	286	4
TOTALS	435	80	356	83	671	42	676	64

In 2015, restaurant inspections noted 676 CDC Risk Factor violations (671 in 2014) while retail food facilities had an increase to 64 violations (42 in 2014). 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 6 follow up inspections and 8 re-inspections in food facilities in 2015 for facilities found out of compliance on an initial inspection.

In terms of food facility complaints, there were 13 reported in 2015 (41 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 operator allows us to share information learned through inspections, foodborne illness investigations, and trainings we have attended. They provide an opportunity to inform and assist operators in meeting regulations with a common goal of food safety.



Environmental Health and Safety

Food Facility Employee Health Program Survey

About 1 in 6 people (48 million) in the United States each year gets sick from contaminated food, according to the Centers for Disease Control and Prevention. One effective way to prevent the spread of illness in food establishments is to keep ill food employees from working with food. Management of food establishments need to ensure food employees do not work when they are sick. Each facility is required to have an employee health program to educate staff about symptoms and diagnosed diseases that needs to be reported to management. A questionnaire was developed to learn whether food facilities have an employee health program and how often the program is reviewed with staff.

Results of the Marathon County Employee Health Program Survey concluded that 91% of food facilities have an employee health program and review the program with staff at the start of employment. Only 50% of food facilities review their employee health program with staff every year. In addition to the survey, all food establishments received educational information regarding an employee health program, including foodborne illness incidence rates, the State of Wisconsin Food Employee Reporting Agreement Fact Sheet, and ways to prevent norovirus outbreaks. Norovirus is the leading cause of disease outbreaks from contaminated food in the United States.

A recent study reveals why it is important for food facilities to have an employee health program and well-trained staff, as many food employees work when ill. A study called “The Mind of a Food Worker” was conducted by the Center for Research and Policy and results were released in October of 2015. This study surveyed 1,203 food workers and 79 industry leaders in the U.S. and Canada. Results of the study concluded 50.8% of food workers reported they “always” or “frequently” come to work when they are sick. This is a major issue considering about 14 million people get sick from norovirus every year from contaminated food handled by infected food workers.

The purpose of the Employee Health Program Survey was to highlight the importance of employee health in order to prevent the spread of foodborne illness. The survey reflected that many food establishments have an employee health program, yet only half review the program with staff after the start of employment. As a result of the survey findings, during food facility inspections Environmental Health Sanitarians will emphasize the employee health program and the value of reviewing the program with staff every year.

Family Health

Start Right

The Start Right program serves women who are pregnant, their children from birth through age four, 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 purpose is to provide parents with education, support, and resources to help them raise healthy, school ready children. 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 to families with a newborn baby.

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 a lifelong 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 this service. 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 identify barriers to accessing services, and work with them to overcome the barriers to access needed supports and services to help her have a healthy baby and a nurturing relationship with her children.

In 2015, Marathon County Health Department received 336 prenatal referrals, with 109 women engaging in services (one or more visits with a public health nurse), and 95 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 Life Center, Bridge Community Health Clinic, Department of Social Services, Wausau Comprehensive Treatment Center, The Neighbor's Place, Marathon County Jail, medical clinics, hospitals, schools, insurance companies, and self-referrals.

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

"I loved it! ...I loved working with my nurse, she was a joy."

Start Right Prenatal Care Coordination Client 2015

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

Prenatal Care Coordination 2011-2015

	2011**	2012	2013	2014	2015	Benchmark
Babies will be Healthy						
Percent of women who reported smoking during their pregnancy	44%	42%	38%	31%	42%	-
Percent of women who reported smoking who stopped or decreased smoking	94%	92%	90%	86%	80%	90%
Percent of women who reported drinking at all during their pregnancy	32%	25%	23%	30%	36%	-
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	96%	96%	96%	90%	97%	90%
Percent of women who reported having a dental visit in the past year	X*	X*	85%	78%	71%	-
Percent of women referred for dental care	24%	28%	22%	22%	16%	-
Percent of women who initiated breastfeeding	54%	61%	75%	76%	68%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	X*	70%	63%	77%	-
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	X*	69%	53%	58%	-
Percent of women who had a contraceptive plan in place after delivery	X*	X*	78%	74%	81%	-
Percent of infants who have a medical home	X*	X*	96%	97%	91%	95%
Percent of infants who have had a well-child exam as age appropriate	X*	X*	92%	93%	89%	
Percent of parents educated about the benefits of immunizations	100%	96%	97%	96%	97%	95%
Percent of eligible infants referred to WIC	80%	74%	88%	87%	97%	85%
Children will be Safe in their Family Homes						
Percent of infants who sleep on their back	92%	90%	90%	92%	91%	90%
Percent of infants who sleep alone	87%	87%	89%	92%	88%	90%
Percent of infants who sleep in a safe sleep environment	X*	X*	90%	89%	88%	95%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	41%	34%	40%	37%	46%	-
Percent of homes with working smoking alarms	79%	89%	84%	90%	86%	95%
Percent of homes that are smoke-free	83%	88%	93%	89%	93%	80%
Percent of home with private wells that have been tested	91%	100%	100%	100%	93%	90%

Prenatal Care Coordination 2011-2015 (continued)

	2011	2012	2013	2014	2015	Benchmark
Children will Experience Nurturing Relationship with their Parents						
Percent of women experiencing perinatal depression	20%	11%	21%	34%	35%	-
Percent of women experiencing perinatal depression referred to mental health services (who had not been previously referred)	58%	50%	19%	35%	42%	-
Percent of parents who respond appropriately to infant's hunger cues	93%	91%	92%	90%	89%	90%
Percent of parents who respond appropriately to infant's crying cues	92%	91%	91%	91%	87%	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	62%	71%	54%	56%	62%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	2%	13%	5%	1%	0%	-
Percent of families aware of Family Resource Center services	92%	94%	98%	97%	99%	-

** 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 public health nurse visits 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 2015, there were 1,618 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. Public health nurses visited 191 families in 2015 with one or more home visits. 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.

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 2011-2015

	2011**	2012	2013	2014	2015	Benchmark
Children will be Healthy						
Percent of women who initiated breastfeeding	81%	83%	84%	83%	81%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	X*	X*	81%	75%	76%	
Percent of breastfeeding women who had a plan for sustained breastfeeding	X*	X*	85%	88%	85%	
Percent of women who had a contraception plan in place after delivery	X*	X*	77%	63%	66%	-
Percent of infants who have a medical home	X*	X*	98%	99%	97%	95%
Percent of parents educated about the benefits of immunizations	96%	96%	99%	99%	100%	95%
Percent of eligible infants enrolled/referred to WIC	40%	41%	49%	46%	93%*	-
Children will be Safe in their Family Homes						
Percent of infants who sleep on their back	96%	98%	96%	98%	98%	90%
Percent of infants who sleep alone	93%	92%	95%	96%	97%	90%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	7%	7%	11%	11%	25%	-
Percent of infants who sleep in a safe sleep environment	X*	X*	90%	96%	95%	95%
Percent of homes with working smoke alarms	95%	96%	85%	93%	89%	95%
Percent of infants with a smoke-free home	88%	84%	91%	96%	94%	80%
Percent of homes with private well that has been tested	95%	97%	91%	93%	91%	95%
Children will Experience Nurturing Relationships with their Parents						
Percent of women experiencing perinatal depression	9%	11%	7%	10%	23%	-
Percent of women experiencing perinatal depression who were referred for services (who had not been previously referred)	42%	26%	33%	13%	26%	-
Families will be Knowledgeable about Key Community Resources, including Start Right						
Percent of families eligible for Step by Step Family Educator who accepted services	45%	59%	45%	31%	48%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	15%	12%	20%	3%	4%	-
Percent of families who are aware of Family Resource Center	78%	70%	93%	96%	100%	-

**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, parents who could benefit from intensive 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 2015, 68 new eligible families with newborns accepted Step by Step services. A total of 229 families received Step by Step services, with 3,818 visits made in 2015. The following impacts were realized for families who received Start Right Step by Step services.

Step by Step 2011-2015

	2011	2012	2013	2014	2015	Benchmark
Children will be Healthy						
Percent of families who have a primary medical home/provider	99%	98%	99%	99%	94%	95%
Percent of children on schedule for their well child exams	95%	96%	91%	95%	97%	90%
Percent of children who are up-to-date on immunizations at 24 months of age	98%	93%	97%	90%	94%	92%
Percent of eligible children enrolled in WIC	89%	91%	94%	91%	97%	85%
Children will be Safe in their Family Homes						
Percent of homes that had a decrease in an identified safety hazard	88%	87%	90%	86%	96%	85%
Children will Experience Nurturing Relationships with their Parents						
Percent of parents who scored 80% or higher on post parenting knowledge test	77%	76%	80%	81%	78%	80%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	82%	83%	75%	88%	87%	80%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	75%	68%	46%	37%	68%	60%
Children will be School Ready						
Percent of children identified for a potential developmental delay	37%	33%	29%	31%	27%	-
Percent of children with a potential developmental delay referred & accepted services or are already receiving services	88%	96%	93%	89%	86%	90%
Percent of children age 3-5 years enrolled in a group-based early childhood program	83%	75%	70%	64%	71%	65%

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 782 unduplicated adults and children attended one or more of the programs offered in Marathon County.

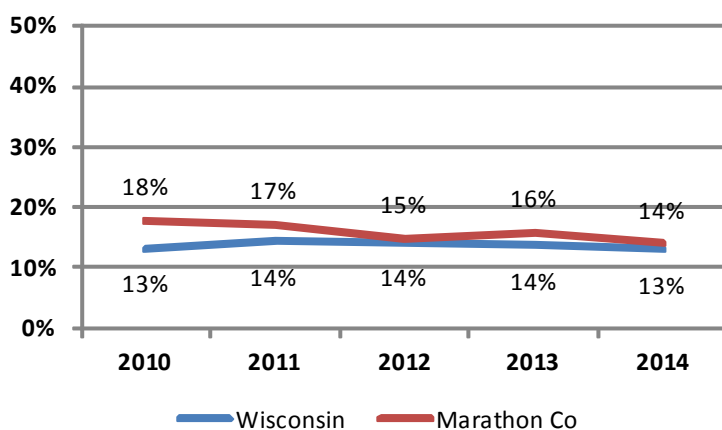
Play N’ Learn is offered as a service in seven communities in Marathon County. Play N’ Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and access to community resources. In addition, 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 323 unduplicated adults and 385 unduplicated children, participated in the 402 Play N’Learn sessions in Marathon County funded by Start Right in 2015. The United Way also 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. By supporting effective parenting through Start Right and collaborating partners, the community is strengthened by having stronger families.

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 slightly declined over the past 5 years from 17% in 2010 to 14% in 2014, with Marathon County just above the state percentage rate. We know that smoking during pregnancy can have significant harmful effects on the mother and the baby, including an increased risk for a baby to be born prematurely, low birth weights, and an increased risk of lung problems.

Maternal Smoking Rates 2010-2014



Family Health

Start Right

Marathon County Health Department continues to be a First Breath site, a state wide program through the Wisconsin Women's Health Foundation. Through this program we offer one-on-one cessation support to women during their pregnancy and up to 60 days after the birth of their baby. The program is incorporated into Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation. In 2015, 21 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 2015, 15% quit smoking. Of those women who were unable to quit completely, 54% had significantly reduced their tobacco use.

Since 2011 Marathon County Health Department has been a site for the program My Baby and Me, also through the Wisconsin Women's Health Foundation. This program is used to formally address alcohol use by pregnant women. Similar to the First Breath program, My Baby and Me is a program designed to individually support women in abstaining from alcohol during pregnancy. Alcohol is easily passed from the mother to the baby during pregnancy. Alcohol exposure during pregnancy can cause a disorder called Fetal Alcohol Spectrum Disorders (FASD). FASD can cause a wide range of effects in a child, from learning disorders to nutritional issues. In 2015 there were 59 women screened and educated on alcohol use in pregnancy. Of these, 29 were referred for additional information and services. Of these 29, 19 enrolled in the full My Baby and Me telephonic intervention 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.

Injury Prevention

Cribs for Kids

Marathon County's Cribs for Kids program works to ensure that every newborn has a safe place to sleep. Low-income families who are unable to afford a crib for their newborn are able to secure a Graco 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.

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.

In 2015, 93 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 2015 and were able to be contacted for a three month telephone follow up, 96% reported using the crib every time the baby sleeps, 100% place their baby to sleep appropriately on their back, and 73% keep extra blankets, stuffed animals, and pillows out of the crib.

Cribs for Kids Safe Sleep Community Classes

With support from the Foundation of Ministry St. Clare's, safe sleep classes were offered in the community in 2015 for the first time. Classes were offered at the Neighbor's Place, Hope Life Center, and the Family Resource Center in Stratford. These classes provided important education to families in a group setting regarding safe sleep as well as a crib (Pack N Play) at a reduced cost. As an added benefit, referrals to the Start Right program were secured for interested families, thus involving families in this comprehensive program. In 2015, 19 families attended one of 5 classes, with 7 women enrolling in the Start Right program Prenatal Care Coordination program and 2 enrolling in the child health program. In addition, phone call inquiries about the classes from women who were too early in their pregnancies to attend the classes resulted in 6 women enrolling in the Prenatal Care Coordination program.

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 2015, 20 children and their families received one or more home visits with a public health nurse.

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.

The outcomes below are reflective of children referred to the program and had one or more visit with a public health nurse.

2012-2015 Child Health Outcomes

	2012 (baseline)	2013	2014	2015
Children will be Healthy				
Percent of children with a medical home	83%	100%	97%	100%
Percent of children who had a well child exam as age appropriate	-*	100%	95%	80%
Percent of children who are up to date on immunizations	59%	88%	95%	85%
Percent of children who had a dental visit in the past year	7%	20%	33%	0%
Children will be safe in their family homes				
Percent of children with a safe sleep environment	76%	95%	95%	95%
Percent of children with an appropriate car seat	72%	98%	100%	90%
Children will experience nurturing relationship with their parents				
Percent of parents who exhibit appropriate response to behavioral cues	66%	98%	97%	70%
Families will be knowledgeable about key community resources				
Percent of parents educated about 211 services	-*	98%	100%	100%

*Data first collected in 2013

Community Partnerships in Support of Child Health

The Child Health program area also 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 2015, nurses and /or a community health worker participated in the following community groups: Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Early Years Coalition, Marathon County Child Death Review Team, Domestic Abuse Intervention Team, EHAF (Emergency Housing Assist Fund), AOD Partnership, and North Central Wisconsin Network to Serve Infants and Families, Marathon County Domestic Abuse Intervention Team, Head Start Health Advisory Group, Wausau Area Hmong Community Health Improvement Process and others.

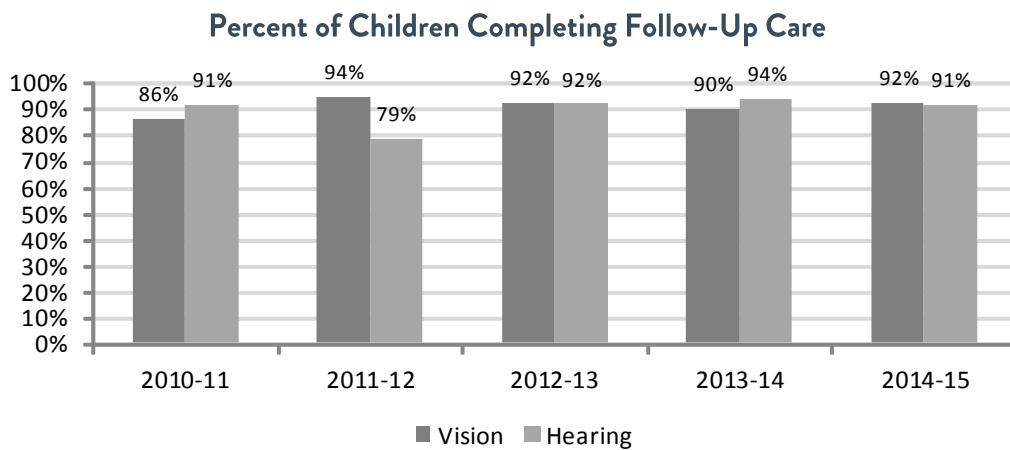
Family Health

Hearing and Vision Screening

In the 2014-2015 school year, screening was provided to children in four-year-old Kindergarten (4K) through grades 3 and 5. Children were screened in 62 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 9,141 children were screened and 969 were re-screened for hearing loss. Of those screened, 286 children were referred for further evaluation of their hearing. In addition, 9,129 children were screened and 1,843 were rescreened for vision loss, with 1,119 children being referred to providers for further evaluation of their vision.

For the 2014-2015 school year, 91% of the children we referred for hearing difficulties and 92% of the children we referred for vision difficulties have completed the referral process with medical follow up by August 2015.

In 2015 the Hearing and Vision Screening Program Handbook was updated and distributed to all school principals, school nurses, audiologists, and health aides. A change was made to the referral process to initiate contact with the parent/guardian within two business days of their child failing the rescreening. 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.



Screening Services Provided in the 2014-2015 School Year

	Hearing	Vision	Total
Screened	9,141	9,129	18,270
Re-Screened	969	1,843	2,812
Referred	286	1,119	1,405
Completed	261	1,033	1,294
In Process	10	48	58
Unknown	15	38	53

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 the follow-up blood-lead level from 10 micrograms per deciliter (ug/dl) to 5 ug/dl. CDC followed with a change to public health intervention guidelines, moving 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 followed the CDC guidance and has actively engaged in these interventions for the past several years. Intervening early reduces the length of time a child is exposed to high levels of lead, and decreases the time for a child's blood-lead level to fall below 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.

Outreach to families includes a home visit providing on-site lead education with a child development assessment performed by a public health nurse along with a lead hazards investigation by an environmental health sanitarian. The table below shows that in 2015, 42 children had a blood lead test result greater than 5 ug/dl. At the 10-19 ug/dl level, 6 children were lead poisoned and 3 children had tested at the ≥ 20 ug/dl. The lead education and hazard investigation conducted during home visits has been part of an effective strategy in lowering a child's blood lead level. In total, 26 properties received lead education and lead hazard investigations.

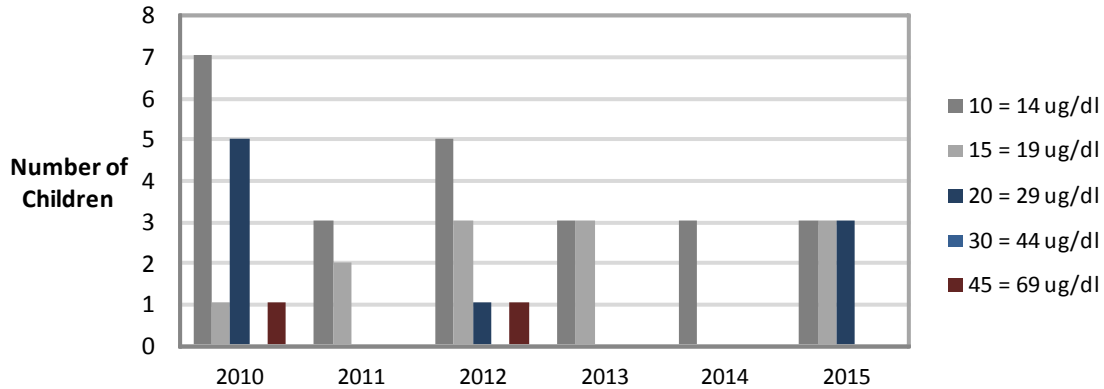
2011-2015 Child Health Outcomes

Activities	2011	2012	2013	2014	2015
Total Number of Lead Tests	1,319	1,267	1,173	1,071	1,083
Tests <10 ug/dl	1,303	1,197	1,162	1,060	1,066
Tests 5 to <10 ug/dl (# of children)	-	49 (39)	56 (41)	44(34)	45(33)
Tests 10 to 19 ug/dl (# of children)	17 (10)	16 (11)	11 (9)	10(6)	12(6)
Tests ≥ 20 ug/dl (# of children)	1 (1)	5 (2)	0 (0)	1(1)	5(3)
Housing Units – Lead Hazard Reduction	2	3	2	3	1
Lead Property Inspections	20	25	33	22	26

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

The following chart illustrates an overall 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.

Blood Lead Level Results: 2011-2015



The primary factor for a child becoming lead poisoned is residing in a pre-1978 home, with pre-1950 homes 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. Children are exposed through hand-to-mouth behaviors through lead dust which is produced when painted window surfaces rub against one another or through eating paint chips which are often found from deteriorated paint in window wells. Housing, coupled with poor nutrition lacking calcium and iron-rich foods intensifies the impact of lead exposure since lead competes with the absorption of calcium and iron in the body. Each of these risk factors is considered when investigating a lead exposure.

One property completed lead hazard reduction in 2015. Generally, the greatest struggle for lead hazard reduction is the cost. In 2015, limited certified lead-abatement contractors became a new challenge. Corrections needed are often expensive and significantly delay completion of abatement lead hazard reduction activities which permanently address lead hazards. To ensure the lead hazard reduction work is performed safely, federal and state laws require certified contractors in most situations. In 2015, three of the four abatement contractors have chosen not to renew their abatement certification citing costs and time to maintain the certification. The resulting shortage of lead abatement contractors is not expected to improve in the short term and challenge the best practice efforts to permanently eliminate lead hazards. Alternatives to abatement, referred to as interim lead hazard controls, must be considered as a means to address lead hazards. Interim controls, while initially resolving the lead hazard exposure problem, require ongoing maintenance to prevent the lead hazard from reoccurring.

Marathon County Early Years Coalition

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 facilitate and coordinate coalition activities. The mission of the coalition is to ensure child and family well-being through a coordinated county-wide effort which maximizes resources, focusing on evidence-based practices and advocating for early childhood success. The activities of the coalition are in support of the 2013-2015 LIFE Report of Marathon County long-term call to action, that is, “A Great Start for Kids”. Highlights of impacts realized in 2015 as a result of the Action Teams within the coalition include:

Healthy Babies – Ensure healthy pregnancies result in healthy babies.

- Began plans to develop online modules for Marathon County parents on three subjects: safe sleep, car seat safety, and shaken baby prevention. The modules will be housed on the Early Years Coalition website RaiseGreatKids.org. Organizations who are aligning their efforts in developing the modules include: Marathon County Child Death Review Team, Marathon County Citizens Review Panel and Northcentral Technical College

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.

- Continued to educate on the importance of screening, referral and intervention at 9, 18, and 24 or 30 months (as suggested by the American Academy of Pediatrics) by partnering with the Birth to Three and Northern Regional Center for Children and



Youth with Special Health Care Needs to outreach to Marathon County medical providers.

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

- Launched Parent Power Hour sessions with the desire to engage more local parents in leadership and support opportunities in the community. Nine Marathon County parents have participated regularly in the Parent Power Hour sessions.

Quality Child Care - Support area child care providers to provide quality child care services for families with young children
As the result of collaborations among members, the following additional impacts were realized in 2015:

- Began plans to host a community event around the “Raising of America” series, slated for February 2016.
- Reviewed www.RaiseGreatKids.org website, resulting in the website being more focused on local resources and opportunities for families.
- Supported social media sources, having the Early Years Coalition was “liked” by 295 people on Facebook and “followed” by 70 people on Twitter.
- Participated in community events: Community Festival and CommUnity Fest.
- Developed plans to launch Talk. Sing. Read. Play. Every Child. Every Day campaign to begin in February 2016. The goal of the campaign is to promote the message of the importance of early brain development.
- Awarded \$129,925 from the State of WI Race to the Top Challenge grant. The purpose of this grant is to engage private sector businesses in the advancement of early childhood development; increase the connection of local parents to our early childhood systems of support; and grow community awareness about the early years as a critical time to invest.

To read more about the work of Marathon County Early Years Coalition, visit www.RaiseGreatKids.org.

Water Testing Laboratory

The Marathon County Health Department Water Testing Laboratory provides convenient, reliable, and reasonably priced water testing services to the citizens of Marathon County and surrounding Counties with the goal of safer drinking water. 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 2015, there were 2,700 public drinking water samples (2,839 in 2014) and 1,761 private drinking water samples (1,408 in 2014) tested in the lab. In 2015, 5% of public drinking water samples were bacteriologically unsafe (7% in 2014) as were 18% of private public drinking water samples (16% in 2014).

2011-2015 Water Testing Results

	2011	2012	2013	2014	2015
Drinking Water					
Total number of samples	4,492	5,164	4,112	4,247	4,461
Bacteriologically safe samples	3,655	4,373	3,661	3,931	3,527
Bacteriologically unsafe samples	447	418	451	401	407
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	99	99	84	100	126
Recreational Water (pools & beaches)					
Total number of samples	1,919	1,946	1,899	1,918	1,885
Bacteriologically satisfactory samples	1,843	1,839	1,850	1,858	1,810
Bacteriologically unsatisfactory samples	71	92	49	60	75

Water Testing Laboratory

In 2015, the public samples included 180 facilities with public water supplies which are sampled under the Department of Natural Resources -Transient Non-Community (DNR-TNC) 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 180 facilities, 170 (94%) water supplies tested safe, while 10 (6%) were found bacteriologically 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. Of the ten DNR-TNC facilities that had bacteriologically unsafe samples in 2015, two of those remained unsafe at year's end. The goal is to return a water system to safe operations as soon as possible. In 2015, 24-67 days was the range of time from identifying a bacteriologically unsafe water supply to return to operation with the following intermediate actions occurring: determine corrective actions, which includes well chlorination, in addition to identified repairs; confirm a safe water supply system through water testing. 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 on how soon the return to safe operation occurs.

Marathon County has 91 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 2015, 96% 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 in 15 counties.

In 2015 the Wisconsin CYSHCN program focused on three of the six National Performance Measures:

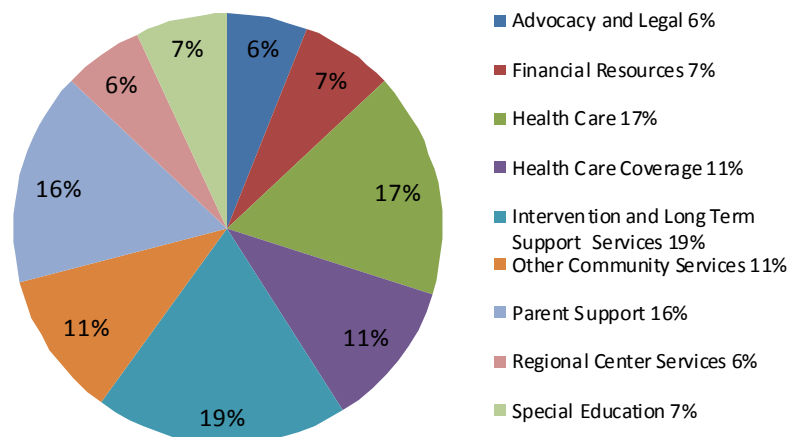
- Improving the quality of health care through a medical home
- Engaging family members in leadership roles
- Assuring a smooth transition from child services to adult services for youth with special needs

The Northern Regional Center for CYSHCN uses various methods to communicate with families and community providers to educate, inform and support them. Copies of the quarterly electronic newsletter are on the Regional Center website. Visit www.NorthernRegionalCenter.org to view them.

In 2015, over 1,250 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 six trainings for parents and providers covering topics on developmental screening, behavioral health resources, navigating the systems of care for children and family engagement listening sessions. The Regional Center participated in coalitions in 12 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



Department Operations

Quality Improvement

Marathon County Health Department is committed to providing efficient services by implementing strategies to reduce or eliminate non-value added activities, resulting in improved work flow and team work. In 2015 three major projects occurred that improved work flow and overall efficiencies.

Customer Satisfaction

In 2015 we continued to collect customer feedback through the use of Customer Satisfaction Surveys for each of our major program areas. Customer feedback is collected to determine the level of service that is being provided and to help identify areas where we can improve either the service provided or customer experience. The data collected from our customer satisfaction surveys is sprinkled throughout the program sections of our annual report.

To expand and enrich the customer feedback process, the Health Department joined one of several Marathon County departments in a pilot group to learn more about creating a customer-centered culture in fall of 2015. In 2016 we will expand our knowledge, further disseminate the knowledge through all levels of staff, and implement characteristics of a customer centered culture. The goal is to ensure that we are providing the products our customers are looking for, with the attributes that are important to them. Collecting customer feedback using a customer-centered culture will not only provide data about how we are currently doing, it will show us specific areas where we could do even better in meeting customer needs.

Ensuring Compliance

As we progress in the development of a performance management system, we continue to look at ensuring that we have checks and balances in place to achieve compliance in all areas. One specific area we focused on in 2015 was chart audits to ensure compliance with Medicaid billing guidelines. Having audit systems in place will accelerate our movement toward becoming an Accredited Health Department.

Continuing our Journey toward a Paperless Office

The Health Department has continued to identify records that can be retained using the Laserfiche electronic record management system. In 2015, we inventoried our paper records and categorized them using several criteria such as how long they need to be retained, sensitivity of information, how often they need to be accessed and volume of backlog. This helped us determine which records to start with and put together a plan to stop adding to the paper records and start tackling the backlog.

Examples of records that are now saved electronically are:

- Vaccine Administration Records
- Tuberculosis Skin Test Results
- All Family Health Records that were Closed in 2015

In 2016, we are looking forward to completing the scanning of immunization records and expanding our scanning efforts to include the backlog of family health records, as well as, latent tuberculosis records.

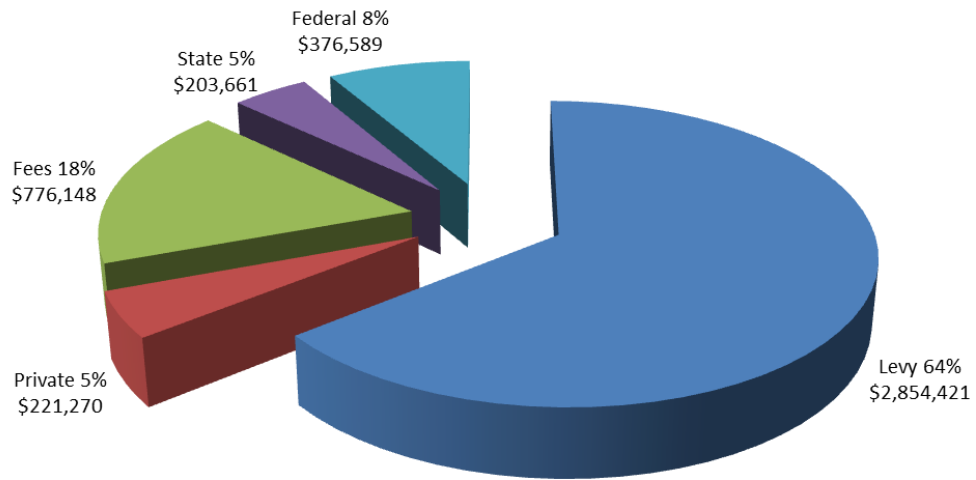
Scanned records are safer by creating a smaller chance of a data breach, and easier to access, allowing Marathon County Health Department staff to spend less time looking for records and more time serving the customer.

Financial

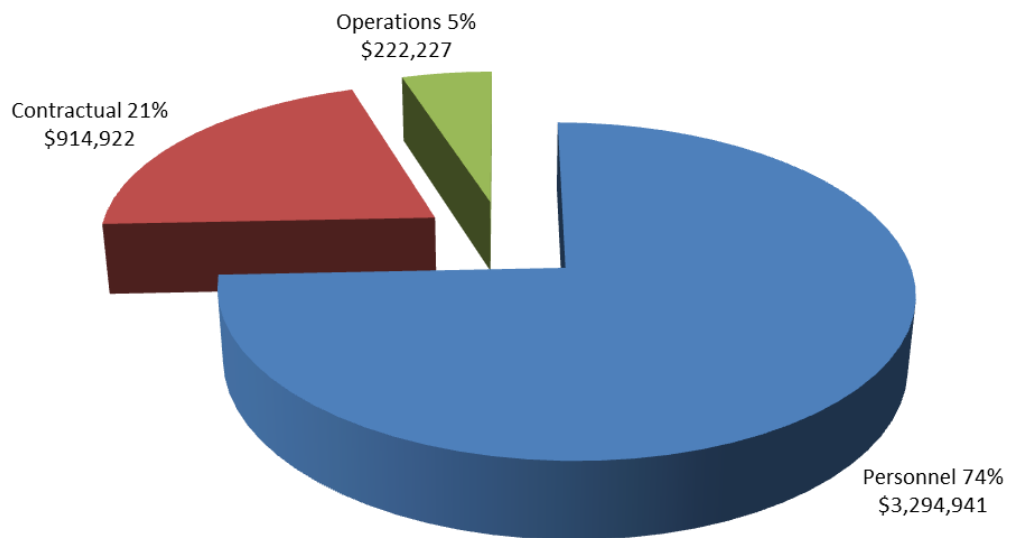
2015 Financial Summaries (Unaudited)

<u>LEVY FUNDED</u>	Budgeted <u>Levy</u>	Actual <u>Levy</u>	Budgeted <u>Revenue</u>	Actual <u>Revenue</u>
General Public Health	\$2,929,845	\$2,861,161	\$99,755	\$93,855
Environmental Permits/Licensing	\$7,900	\$14,740	\$440,810	\$417,965
Laboratory	\$6,631	-\$21,481	\$154,746	\$165,573
Total Levy Funded	<u>\$2,944,376</u>	<u>\$2,854,421</u>	<u>\$695,311</u>	<u>\$677,393</u>
 <u>PROGRAMS FUNDED FROM OTHER SOURCES</u>				
Regional Programs				
Children & Youth with Special Health Care Needs	\$162,432			\$162,432
Northwoods Shared Services	\$6,502			\$6,502
Total Regional Programs		\$168,934		
Family Health/Communicable Disease				
HIV Partner Services	\$10,500			\$10,500
Immunizations & Vaccinations	\$32,821			\$32,821
Maternal/Child Health	\$54,078			\$54,078
Child Health Medicaid	\$1,832			\$1,832
Prenatal Care Coordination	\$73,544			\$73,544
Targeted Case Management	\$8,000			\$8,000
Tuberculosis	\$5,284			\$5,284
Total Family Health/ Communicable Disease		\$186,060		
Environmental Health				
Lead	\$13,381			\$13,381
Mercury/DNR	\$54,497			\$54,497
Radon	\$21,608			\$21,608
Total Environmental Health		\$89,486		
Chronic Disease Prevention				
Alcohol	\$26,510			\$26,510
Asthma	\$5,294			\$5,294
Hearing & Vision Screening	\$58,729			\$58,729
Injury Prevention	\$10,706			\$10,706
Tobacco Control Grants	\$96,517			\$96,517
Community Engagement Collective Impact	\$91,852			\$91,852
Breast & Cervical Cancer Prevention	\$60,062			\$60,062
Total Chronic Disease Prevention		\$349,670		
Departmental				
Community Health Improvement Plans and Processes	\$14,012			\$14,012
Local Public Health Preparedness	\$91,950			\$91,950
Organizational Culture	\$164			\$164
Total Departmental		\$106,126		
TOTAL PROGRAMS FUNDED FROM OTHER SOURCES			\$900,276	
TOTAL ALL FUNDS			<u>\$4,432,090</u>	
	<u>Total Funds</u>	7/1/15 Population Estimate	Per Capita <u>Funds</u>	
Levy Funded	\$2,854,421	135868	\$ 21.01	
Non-Levy Funded	<u>\$1,577,669</u>	135868	<u>\$ 11.61</u>	
Total	<u>\$4,432,090</u>	135868	<u>\$ 32.62</u>	

2015 Revenue Sources



2015 Expenditures



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 2015, the Health Department moved forward strategies identified in all 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> <ul style="list-style-type: none"> • Participated in the development of the Marathon County Comprehensive Plan, Chapter 3: Health & Human Services, identifying long-term goals and objectives in support of creating the healthiest county • Provided leadership for the 2015-2017 LIFE Report, facilitating and writing the Health & Wellness section • Implemented the Health Department’s Quality Improvement Plan activities that included customer satisfaction feedback to ensure services are of value to the residents of Marathon County • Increased the Department colleagues’ understanding of the diversity of customers and what customers “value” by focusing two All-Staff meetings around customer-center services
<p>Employee Learning Goal: Promote a work environment that fosters innovation and excellence.</p> <ul style="list-style-type: none"> • Continued to create a purpose driven culture, aligning how we work with our organizational values and expectations by defining our core values and key behaviors • Continued to tap individual and teams’ strengths, utilizing position vacancies as professional growth and leadership opportunities • Participated in Marathon County Leadership Management Development Program, having three managers serve as mentors for the class of 2015, and one manager successfully complete the program • Utilized a new employee performance evaluation tool, one based on strong work culture, core values, position standards, and professional development, having annual, mid-year and quarterly check-in completed for 100% of employees • Re-surveyed employee satisfaction and identifying areas needing realignment and adjustment in January 2015, having 76% of employees reported to be very or extremely satisfied with their work
<p>Fiscal Goal: Promote understanding of the value of public health contributes to the community.</p> <ul style="list-style-type: none"> • Featured a four-part Question & Answer series for Public Health Week, April 5-11, 2015 in the Wausau Daily Herald <ul style="list-style-type: none"> ◊ Featured articles included: immunizations, physical activity, marijuana, and e-cigarettes. • Featured monthly on the 1230AM radio program <i>Coffee Break</i> the 4th Wednesday of each month. • Continued to use TV, radio, print media, social media and websites to inform the public. Over 102 media contacts were done in 2015 by 53% of colleagues in the department.
<p>Fiscal: Assure adequate resources to support department policies.</p> <ul style="list-style-type: none"> • Advanced “Resolution to Secure State Funding to Support Communicable Disease” adopted by the Marathon County Board of Supervisors on March 24, 2015
<p>Operations Goal: Create and maintain systems to assure desired outcomes are met.</p> <ul style="list-style-type: none"> • Implemented a Performance Improvement Dashboard in support of Marathon County Government’s goals • Conducted value stream mapping for the Rabies Program, and TB Dispensary and MA Billing, making needed adjustments to practices and systems based on findings • Increased depth of skill in project management, utilizing principles and tools for the annual report, O:\Health File Cleanup, Fluoride Varnish pilot and Trauma Informed Care Charter

Strategic Plan

2015 Highlights



<p>Operations Goal: Improve organizational structure to assure programmatic and operational excellence.</p> <ul style="list-style-type: none"> • Increased colleagues understanding of the innovative services being carried out across the department as the result of an All-Staff meeting held in 2015 • Re-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 • Increased the department’s ability to support facilitation for internal and community meetings, by having two public health educators complete one-week course “Journey of Facilitation and Collaboration”
<p>Operations Goal: Advance collaborative partnerships at the local, regional and state level to fulfill the department’s mission and maximize resources.</p> <ul style="list-style-type: none"> • Continued to broaden and deepen partnerships within coalitions and among partners <ul style="list-style-type: none"> ◇ Examples include: Western Marathon County Health Communities, Healthy Marathon County, Early Years Coalition, AOD Partnership, HEAL, Central WI Tobacco Free Coalition, Homeless & Housing, Hunger Coalition, Heart of WI Breastfeeding Coalition, North Central WI – Health Emergency Readiness Coalition, Bridge Community Health Center, Family Planning Health Services, Rural Health Initiative, Wisconsin Association of Local Health Departments and Boards, Wisconsin Environmental Health Association.
<p>Operations Goal: Maximize utilization of technology in support of department’s mission.</p> <ul style="list-style-type: none"> • Increased depth of skill in utilizing project management software • Increased depth of skill in website design and maintenance, constant contact, Microsoft Excel and Access • Adopted paperless approach for public health nursing services • Secured technology to monitor communicable disease remotely; decreasing staff travel time and costs • Identified, secured and implemented Lab Information Management System for the Water Testing Lab • Expanded the use of “infographics” as a communication and educational tool to the public and clients served
<p>Operations Goal: Strengthen the department’s ability to promote and implement public health policy in support of the county’s mission and strategic goals.</p> <ul style="list-style-type: none"> • Board of Health and the Marathon County Health & Human Services monitored and addressed policy issues and opportunities <ul style="list-style-type: none"> ◇ Examples include: Resolutions Supporting an Increase In Alcohol Tax for Funding Alcohol Prevention, Treatment and Enforcement; Ordinance Amending Sec. 25.04 General Code of Ordinances to Permit Marathon County Health Officer or His or Her Designee to Issue Citations for Violation of Board of Health Human Health Hazard Regulations; Resolution to Secure State Funding to Support Communicable Disease Control for Population Health; and letters in regard to budget, food safety inspection fees, Health Center Funding Cliff, and 340 B Medicaid Funding for Reproductive Health services.

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

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**

Strategic Plan

Core Values

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	9
--------------	----------------	---

Chronic Disease Prevention

Judy Burrows	Director of Chronic Disease Prevention	23	Krista Mischo	Screening Technician (Casual)	3
Vicki Anthony	Public Health Screening Coordinator	3	Jean Miller	Screening Technician (Casual)	<1
Kari Cline	Screening Technician (Casual)	8	Mandy Myszka	Health Educator	9
Melissa Dotter	Drug Free Community Coordinator	5	Amanda Ostrowski	Health Educator	8
Ashley Kienitz	Health Educator	3	Aaron Ruff	Health Educator	3
			Destinee Conenen	Health Educator	3

Environmental Health & Safety and Water Testing Lab

Dale Grosskurth	Director of Environmental Health & Safety	14	Russ Mech	Environmental Health Sanitarian	19
Keith Baine	Environmental Health Sanitarian	7	Michelle Schwoch	Environmental Health Sanitarian	17
Jackie Bethel	Environmental Health Sanitarian	35	Heidi Ward	Environmental Health Sanitarian	3
Sara Brown	Environmental Health Sanitarian	14			
Ruth Marx	Epidemiologist/Public Health Laboratory Director	24 (Retired January 2015)			
Cheryl Fay	Environmental Health Lab Technician	6			
Matt Nichols	Summer Lab Intern	<1			
Deanna Schertz	Environmental Health Lab Technician	5			

Family Health & Communicable Disease Control

Eileen Eckardt	Director of Family Health & Communicable Disease Control	5	Kayla Lee	Public Health Nurse	<1
Chelsea Baer	Public Health Nurse	6	Jess Merkel	Manager - Family Health & Communicable Disease Control	1
Tammy Borchardt	Public Health Nurse	<1	Pang Moua	Community Health Worker	19
Heather Busig	Public Health Nurse	9	Becky Mroczenski	Public Health Nurse	8
Vicki Chrapkowski	Public Health Nurse	27	Tiffany Pietrowski	Public Health Nurse	14
Lunette Dehnel	Public Health Nurse (Casual)	1	Carrie Sickler	Public Health Nurse (Casual)	10
Mary Hackel	Public Health Nurse	13	Sara Smith	Public Health Nurse	<1
Jenny Juneau	Public Health Nurse	9	Stephanie Steingraber	Public Health Nurse	1
Jeanie Kaatz	Public Health Nurse	32	Isabel Mandli	Community Outreach Worker (Casual)	2
Vicki Kowalski	Public Health Nurse	18			

Administrative & Fiscal Support Team

Season Welle	Director of Operations	8	Jean Rolnecki	Administrative Specialist	13
Bonita Buchberger	Administrative Specialist	45	Jon Schmunk	Administrative Coordinator	3
Leila Lucero	Administrative Assistant	3	Chris Weisgram	Administrative Coordinator	4
Sandy Marten	Administrative Specialist	3	Peggy Henrichs	Senior Aide	1
Patti Poverski	Administrative Specialist	26	Joan Eaton	Senior Aide	2

Regional Programs

Julia Stavran	Program Manager - CYSHCN	28
---------------	--------------------------	----

Marathon County Demographics

Population (2014 Estimate)	134,886
Gender (2014)	
Male	50.3%
Female	49.7%
Age (2014)	
Under 5 Years	6.3%
Under 18 Years	23.9%
65 Years and Over	15.1%
Race & Ethnicity (2014)	
White	91.6%
Black	0.7%
American Indian and Alaska Native	0.3%
Asian	5.3%
Hawaiian Native or Other Pacific Islander	0.0%
Hispanic/Latino	2.4%
Two or More Races	1.8%
Geography	
Square Miles	1,544.98
Population Density (Persons per square mile)	87.3
Economics	
Median Household Income (2010-2014)	\$53,779
Persons Below Poverty Level (2010-2014)	7.9%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates



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