

A circular inset image with a grey border showing a family of four (two men, a woman, and a child) sitting around a table, engaged in conversation.

**Healthiest**

A circular inset image with a reddish tint showing a woman and a child lying together in a striped hammock outdoors.

**Safest**

**2017**

**Annual Report**

Published May 2018

A circular inset image with a greenish tint showing a man and a child on a swing set in a park.

**Most Prosperous**

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## **Board of Health**

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## **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](http://www.co.marathon.wi.us)

[health@co.marathon.wi.us](mailto:health@co.marathon.wi.us)

# Message from the Health Officer

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

## Resiliency - The Gift of Hope

Have you encountered people who experienced a tragedy and bounced back from it? Do you wonder if you experienced something similar would you be able to do as well?

The ability to bounce back is dependent upon one's personality, their supportive relationships, and access to community resources. So why is it so important to be able to "bounce back"?

The ability to bounce back is referred to as being resilient. Resiliency provides hope and protects one in maintaining their emotional well-being. A person's emotional well-being is linked to their overall physical health. A lack of emotional well-being has been identified as a factor in developing chronic diseases.

It may seem too simple, that having supportive relationships and feeling connected are key aspects of resiliency. Some indications of how supported and connected residents of Marathon County feel can be found in the 2017-2019 LIFE Report:

- 95% of LIFE Survey respondents reported they had at least one person they could talk to if they had a personal problem.
- 72% of Marathon County high school students and 74.5% of middle school students reported having at least one teacher or other adult in their school they can talk to if they had a problem.
- Family/friends, organizations, and access to needed services were the top three ways LIFE Survey respondents felt connected to their community.

Community conversations have been underway to increase our understanding of the pressures facing youth that contribute to poor emotional health that can lead to chronic diseases as adults. The Health Department has joined community partners to strengthen resiliency in our youth. Two new initiatives launched in the past year include:

- Marathon County Teen, a documentary video series based on the Youth Risk Behavior Survey that highlights what life is like for teens living in Marathon County. Students share their perspectives on the challenges they face, the ideas they have, and how they approach complex facets of their high school lives.
- The Marathon County School-Based Counseling Consortium, an innovative model of care whereby mental health professionals, school districts, and other community organizations partnered to have mental health counseling services available in every school in Marathon County.

It's hard to get through childhood and adulthood without experiencing adversity. So what can you do as an individual, family member or neighbor?

- Talk with children and teens
- Be supportive, listen to one another
- Share meals with family and friends
- Connect children, youth, families, and adults to resources in your neighborhood and community
- Be accepting of differences

I am excited to continue our efforts to build resiliency and give the gift of hope to our youth, families and communities.

In good health,

Joan Theurer, Health Officer

One of the critical functions of local health departments is to advance public policy in support of the health and safety of residents and the communities in which they live. Public policy is advanced in Marathon County through a number of avenues, including the Board of Health, the Marathon County Health & Human Services Committee, the Marathon County Board of Supervisors, and community coalitions. In addition, public policy at the state level is advanced through staff 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 in 2017:

- Approved to allow for optional inspections of taverns under the Health Department's Agent Program Regulation
- Supported the application for the Phase 2 Implementation of the Medical College's Changmakers in Behavioral Health Grant
- Amended the Marathon County Social Host Ordinance
- Approved the Health Department to serve as the fiscal agent for the community funding partnership to secure Healthy Communities Institute, a national data platform
- Supported the exploration of the Health Department to serve as the fiscal agent for federal Title X funds

## Chronic Disease Prevention

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### Redesigning the Approach to Chronic Disease Prevention

The work of the Chronic Disease Prevention team is focused on working with community organizations and partners to change existing systems and policies in support of creating a healthier community. 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 community initiatives and groups in service to making Marathon County the healthiest, safest, and most prosperous.

In 2017 the new Marathon County Community Health Improvement Plan (CHIP) was released, and named six health priorities for the community to address. Three of these priorities already had community initiatives in place (Substance Abuse, Healthy Weight, and Behavioral Health), and three new initiatives started in 2017 (Oral health, Healthy Aging, Adverse Childhood Experiences or ACE's). Integrated into each health priority is *Social and Economic Factors that Influence Health*.

The team responded to the shift in focus by conducting a quality improvement process to determine how to reorganize, and to better align time and effort with the all of the CHIP priorities. Our fundamental roles of convening, connecting, and communicating have not changed, nor has the focus on activity that addresses policy, systems, and community environments changing to improve the public's health.

The team provided leadership to all six of the health priority workgroups, created strategic partnerships, collected relevant data, created evaluation measures of success, and is familiarizing the concepts of health equity into each workgroup. To learn more about the CHIP go to: <http://healthymarathoncounty.org/priority-areas/>

### Healthy Marathon County Pulse

The 2017-2020 Marathon County Community Health Improvement Plan relies on relevant data measures to inform the public about health issues impacting Marathon County and its communities. Local, state, and national data are utilized in identifying health issues impacting communities, and as comparison for evaluation. In Wisconsin, health data measures are obtained from numerous websites and written reports, not having a centralized data source.

Staff researched various data platforms, identified the best options, and gathered community partners to review options. Six work group meetings were held with representatives of eight agencies. The group secured \$40,000 from five sustaining funders and two start up funders. An investment was made in a new centralized public platform [www.HealthyMarathonCountyPulse](http://www.HealthyMarathonCountyPulse), to share the very data we hope to improve. Eleven success measures were identified to evaluate the project over the next three years.

This technology will be used to promote engagement, align community initiatives to make meaningful change, and to tell the story of the health improvement efforts occurring in the county.

# Chronic Disease Prevention (continued)

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## Facilitation

The role of the Community Health Educators in is increasingly dependent on staff being skilled in facilitating group processes. Those skills include establishing self-management for the facilitator, knowing how to make participants feel comfortable for maximum contribution, and generating flow in group process. Planning effective meetings is another necessary skill, which includes deciding criteria for when to hold a meeting, utilizing group decision making strategies, and creating operating agreements.

The Chronic Disease Program team members intentionally incorporate group process facilitation when working with groups. Tools and processes that are created by one team member are often utilized by other team members. Health Educators have facilitated a number of community decision-making processes to achieve their desired plans, including but not limited to:

- 2017-2019 LIFE Report – Steering committee and Advisory Committee
- Healthy Marathon County – Board of Directors
- Marathon County Board – 2018-2022 Strategic Plan
- Healthy Marathon County Pulse – Steering Committee

## *Alcohol and Other Drug Misuse and Abuse*

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Alcohol and Other Drug Misuse and Abuse is one of the community's top priorities identified in the 2017-2020 Marathon County Community Health Improvement Plan. The burden of alcohol and other drug abuse continues to have a negative impact on individuals, families, and communities within Marathon County. Wisconsin, including Marathon County, is experiencing a surge in heroin and prescription opiate abuse, which brings with it an array of public health and safety concerns and associated costs to society. To that end, the Health Department provides staff support to the AOD Partnership and coordinates many community activities with their members and partnering agencies.

The goal of the Alcohol and Other Drug program is to create culture in communities where alcohol is used responsibly, and other drugs (prescription or illicit) are not misused. This goal is shared with the AOD Partnership, a well-recognized community agency in existence for 30 years. In 2017 the AOD Partnership Board completed a strategic planning process to revisit mission, vision, and structure to ensure sustainability and a clear role in the community. Outcomes of this process were:

- Created a strategic plan that incorporates the measures of backbone effectiveness from the Collective Impact Framework,
- Conducted a prioritization assessment measuring level of impact verses level of effort to ensure sustainability,
- Held four listening sessions with community partners to measure level of impact verses level of investment, and
- Revised the by-laws in accordance with statutes to reflect how the organization works in the community.

### Highlights of 2017 – Actions of the Marathon County Health Department staff and the AOD Partnership:

#### Raising awareness of Substance Abuse in the Public

- Provided programs in the community including: *Trends in Addiction* – Approx. 100 people attended, *Drug Abuse Seminar* – Presented to over 50 business representatives, *Aspiring Women Event* – Presented to over 120 women, *Substance Abuse – It's Everyone's Business* – Presented in partnership with WIPPS and over 150 people attended.
- Held six AOD Partnership meetings, three special events, and over twelve community presentations – encompassing hundreds of individuals in the community in the discussion and actions to reduce the burden of substance abuse.
- Sent The *Weekly Update* (e-newsletter) – to over 750 people throughout WI. The *Update* performs above the industry standard for engagement averaging 35% readership, with 1 in 5 clicking onto external links.
- Secured 56 media contacts by the AOD Partnership, Health Department staff, or related community partners through press releases, press conferences and the release of special reports related to prevention, treatment, enforcement or recovery efforts.

#### Building Communities Supportive of Recovery

Addiction impacts all areas of lives, including home, work and social. This year focused on building systems of support for persons in recovery trying to maintain a sober lifestyle in a community culture that often supports the misuse of substances. Activities include:

- Provided Recovery Coaching training using the Connecticut Center for Addiction Recovery (CCAR) Model. Two trainings

## *Alcohol and Other Drug Misuse and Abuse (continued)*

- were held in Wausau with over 50 local persons trained.
- Facilitated meetings with Apricity (formerly STEP Industries) and community leaders (Chamber of Commerce, North central Technical College and Wausau's Community Development) to learn and plan for the development of workplaces supportive of recovery.
- Engaged youth by exposing them to the problems and solutions of substance abuse using the Wisconsin Eye's *Straight Forward* documentary (shown to over 500 students), Rise Together presented to Mosinee students, and leveraging funds for the production/dissemination of the 2017 YRBS Report.

### **Reducing the Burden of Medication Abuse** – Increase awareness and decrease access to medication to abuse.

- Completed the Community Assessment on Prevalence & Perceptions of Medication Abuse. The results show an increase in awareness of the drop box locations, increase in concern about medication abuse, and a decrease in expired medications kept in the home.
- Secured funding for a new permanent location at the Village of Spencer Police Department
- Developed a rebranding of the medication drop box program in partnership with Marathon County Solid Waste Department.

### **Continuing Engagement of Leaders**

- Presented to over 75 leaders in prevention at the *Alcohol Policy Conference*.
- Presented on the evolution of coalitions at the *Prevention Conference*.
- Hosted the 4<sup>th</sup> Annual School Networking Breakfast; bringing together professionals from all public and parochial schools districts to address the youth risk behaviors.

### **Moving Policy Forward** – Health Department staff were invited to attend or present at over a dozen state and local task force meetings related to substance abuse. Examples include:

- *Governor's Opioid Task Force*
- *Governor Walker's Opiate Bill Signing*
- *WI Methamphetamine Task Force*

## *Tobacco Prevention and Control*

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Marathon County Health Department continues to serve as the lead agency 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 and community members from the three counties.

In 2017, efforts focused on retailer assessments of what new nicotine containing products are being sold. The tobacco industry is changing, with new products being sold that deliver nicotine in a variety of candy and fruit flavors and come in a wide range of shapes and styles. While cigarette use is dropping among Wisconsin's youth, newer tobacco products are gaining popularity. Fifteen meetings with leaders, six educational presentations, and eleven published media articles were conducted to educate the community about the new products.

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, and those who do sell are cited for the violation of state statute. All retailers are offered education for employees regarding how to check identification of buyers. In 2017, 72 compliance checks were conducted throughout the County, and 66 (91.7%) did not sell to minors.

# Chronic Disease Prevention

## *Tobacco Prevention and Control (continued)*

**WI Wins 2017 Compliance Data**

Community	# of Compliance Checks Completed	# of Retailers that Sold	Compliance Rate	Sale Rate
Athens	2	0	100%	0%
Colby/Abbotsford	6	0	100%	0%
Edgar	4	0	100%	0%
Marathon City	3	0	100%	0%
Mosinee	8	0	100%	0%
Spencer	0	--	--%	--%
Stratford	0	--	--%	--%
Rural Marathon County	0	--	--	--
Wausau	29	3	89.7%	10.3%
Everest Metro	10	1	90%	10.0%
Rothschild	5	1	80%	20.0%
Marshfield (Marathon County section)	0	--	--	--
Rib Mountain	5	1	80%	20%
<b>Entire Marathon County</b>	<b>72</b>	<b>6</b>	<b>91.7%</b>	<b>8.3%</b>

## *Behavioral Health*

In 2017, a new health priority workgroup focused on behavioral health was created. The work group consists of representatives of many sectors of the community, which have some association with the service and delivery of mental/behavioral health services. Sectors include; law enforcement, jail, social services, a behavioral health treatment facility, counseling agencies, and schools. Each of these sectors has been active in shifting how they provide their services in response to the increased awareness of mental health needs. The workgroup meets quarterly for the purpose of sharing information between agencies on the changing needs and services being provided. The Health Department's role is to convene this group for the purpose of continuous communication between sectors of the community.

Marathon County Health Department was awarded the continuation into Phase II of the "Advancing Behavioral Health" in Wisconsin from the Advancing a Healthier Wisconsin (AHW) endowment fund and the Medical College of Wisconsin (MCW). This is an eight year grant project divided into three distinct phases. Phase II will be a 5 year period dedicated to implementing strategies and measuring outcomes.

During Phase I, the intended result of this project was established and the data source identified. The result is "reducing youth depression in Marathon County as reported in the Youth Risk Behavior Survey." Three strategies being addressed in Phase II are:

- Increase accessibility and utilization of onsite mental health services at schools,
- Increase knowledge and awareness through data sharing with community and residents, and
- Utilize data to allocate resources to improve behavioral health outcomes.

Activities this year included:

- Continued participation the MCW Learning Community,
- Conducted focus groups and interviews with one school district who has instituted onsite mental health counseling,
- Collected, analyzed, and published a report on the Youth Risk Behavior Survey data collected in ten public school districts in Marathon County, and
- Merged this effort with the Marathon County School-Based Counseling Consortium (MCS-BCC) and participated in building the system of mental health counselling in schools.



## *Behavioral Health (continued)*

The successes of these collaborative community efforts has resulted in ten mental health service clinics having agreements with school districts, providing on-site mental health counseling in ten school districts. The Youth Risk Behavior Survey data was published in a report which has been shared widely and is used by many partners as a reliable source of local data.

## *Adverse Childhood Experiences*

A new community work group focused on Adverse Childhood Experiences was formed in 2017 as a result of the 2017-2020 Marathon County Community Health Improvement Plan. Nine meetings were held engaging 48 different members. The group's vision is to reduce the impact of traumatic events that can have negative lasting effects on health and well-being. One of their goals is to increase community providers and the public's understanding of ACEs and wellbeing.

The group mapped the services of 31 agencies to determine the level of Trauma-Informed Care practices that have been implemented in agencies in Marathon County, as well as, to assess resource needs the agencies may have. The group determined that there are needs for ACEs training for child care providers and police departments. Training for child care providers is planned for 2018 and exploring the potential curriculum changes for the law enforcement academies. In addition, the Health Department staff created an easy process for other community agencies to find and schedule ACE Interface training. A total of 12 trainings were completed by the Health Department staff and other trainers in the community reaching 144 individuals.

## *Healthy Weight - Food Systems and Activity*

In 2017, the **Healthy Eating Active Living** coalition meeting format changed with quite dramatic results. The new Spark Series meetings were held every other month and featured a speaker or presentation on a subject of interest to members. The topics were: the Open Streets event, Off Road Cycling, Active Living by Design, Place making, and Painting a Healthier Community. The result was an increase in average attendance and members creating two new groups addressing local issues (RISEUP and Transit Subcommittee).

A new community initiative named **RISEUP** began as a result of a Spark Series meeting about the participatory art project in Philadelphia, named Mural Arts. RISEUP's vision is to improve health outcomes by building stronger alliances in the community and reducing stigma through community driven participatory art. Their goals are to foster equity, enhance resilience and improve physical and mental well-being. The group has formed a Board of Directors, received local funds for their efforts, and have two artists who will lead community groups in creating public art.

The **Walkability** subcommittee assisted with the organization and staffing of the Open Streets event held in Wausau. The event closed three miles of roadway to traffic around downtown Wausau, and opened it for other forms of activity (walking, roller skating, biking, etc.). Staff organized 40 volunteers, and surveyed participants to gather information about their experience. One third of those surveyed realized places are closer by foot or bicycle than they thought, and two thirds purchased something from a local business. The Walkability subcommittee helped organize a way-finding program to pilot over the summer. The goal was to inform people of the distance to other places in the downtown area.

The Health Department assisted the Central Wisconsin Offroad Cycling Coalition (CWOCC) with successful grant writing for the Sylvan Hill Mountain Bike Park project and Ringle Trails project. This contributes to creating spaces for people to be active. After four years of planning and six weeks of construction, the Sylvan Hill Mountain Bike Park officially opened to the public in August 2017. In addition, nine media stories highlighting this local effort were printed or aired.

Support of **Farmer's Markets** continues to increase as measure by the "point in time" counts. The most significant increase was seen at the Kronenwetter market demonstrating a 56% increase in traffic during peak season. Utilization of Electronic Benefits (FoodShare) increased significantly, due in part the Double Your Dollars campaign.

The **Farm to School** initiatives continue within our school districts. Staff supported these efforts by organizing a Know Your Buyer Know Your Supplier training. This was coordinated with several partners, and 72 people attended. This opportunity allowed Marathon County school food service staff and farmers to network and make connections with one another.

# Chronic Disease Prevention

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## *Health Needs of Aging*

A group focused on healthy aging was reestablished in 2017. The issues related to aging in a healthy way are many, and the members worked to determine their focus, decision making process, and level of involvement in order to make change. The group adopted the name Partnership for Healthy Aging. Their goals include: establishing a means for providers to collaborate, centralized system for programs and services, and create community awareness of “planful aging.” Successes in the first year include strengthening relationships by sharing information and profiles of services provided by various partner agencies, and identifying and defining the critical milestones that have the largest impact on older adults (aged 60 and over) in Marathon County.

## *Oral Health*

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A new Oral Health workgroup was established in 2017 as a result of the 2017-2020 Marathon County Community Health Improvement Plan. The group’s goals include integrating oral health into health care delivery and the expansion of oral health prevention programming. Successes in the first year include Healthfirst sustaining their pilot Fluoride Varnish program for children enrolled in the WIC (Women, Infants, and Children) program. Second, the Emergency Room On-Call list process was reestablished. Aspirus and Ascension Saint Clare’s will call Bridge Community Health Clinic during business hours for consultation. If a patient presents outside of business hours, and an abscess is present, the health care provider gives antibiotic and pain medication with instruction to present to the Bridge Community Health Clinic as an “Emergency Walk-In” patient. This process increases access to care in a cost effective manner. Both of these systems changes increase access to care.

## *Western Marathon County Healthy Communities Coalition*

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In 2017, Marathon County Health Department staff organized and facilitated five meetings of the Western Marathon County Healthy Communities Coalition, rotating among the seven participating municipalities. A total of 23 unique individuals attended meetings during the year. The Health Department staff sent 17 email “Updates” to the members, which included items such as upcoming events, meeting agendas, and learning opportunities. The update is sent to over 100 people, and has an average open rate of 39.8%.

The Annual Partner Survey of the membership revealed that the top three concerns of members are: mental health, substance abuse, and underage drinking. Other highlights include:

- 89.5% said that their experience with WMCHC has met or exceeded their expectations. 10% said they were too new to tell.
- 100% said that having paid staff coordinate WMCHC is “somewhat or very valuable.”

The coalition continues to be engaged in the mental health initiatives funded by the Changemakers- Advancing Behavioral Health grant, including data collection using the Youth Risk Behavior Survey.

### **2017 Marathon County Youth Risk Behavior Survey Report**

In 2017, a partnership between all 10 public school districts in Marathon County and the Marathon County Health Department resulted in the creation of the second Marathon County-wide Youth Risk Behavior Survey (YRBS) aggregate data set. This report, which features comparisons to the 2015 Marathon County YRBS data, will allow our community to discover differences and examine changes related to youth behaviors, in order to target interventions that can improve the lives of Marathon County youth.

This report also marks the first time that a Marathon County middle school (grades 6th-8th) YRBS aggregate data set was created. An insert about middle school student behaviors is included in the 2017 report. The report can be found at [www.healthymarathoncounty](http://www.healthymarathoncounty).

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 reportable diseases. 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 diseases. The health department performs surveillance of certain diseases reported in the county in order to be able to identify patterns and trends of communicable disease occurrences. On a weekly basis, infection control practitioners from area hospitals and clinics receive a report of communicable disease occurrences in Marathon County.

In 2017, Marathon County Health Department received 885 confirmed and probable reports of 32 different communicable diseases. The most commonly reported disease in Marathon County in 2017 was Chlamydia at 365-cases. Please refer to the table for a list of reportable diseases from 2013-2017.

### Reportable Diseases 2013-2017

	2013	2014	2015	2016	2017	2017 Rates*	2013-2017 Rates*	2020 Goals
<b>Reportable Diseases</b>								
BABESIOSIS	9	4	7	9	6	4.4	5.2	
BLASTOMYCOSIS	8	7	9	13	8	5.9	6.7	
EHRlichiosos/ANAPLASMOSIS	39	37	38	53	65	47.9	34.3	
HEPATITIS B	7	14	9	6	6	4.4	6.2	1.5
HEPATITIS C	62	53	54	79	60	44.2	45.6	0.2
HISTOPLASMOSIS	0	1	0	0	1	0.7	0.3	
HIV/AIDS	4	4	2	2	2	1.5	2.1	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS	86	75	88	42	128	94.3	62.0	
INFLUENZA ASSOCIATED PEDIATRIC MORTALITY	0	0	0	1	0	0	0.1	
JAMESTOWN CANYON VIRUS	1	1	1	0	0	0	0.4	
LA CROSSE ENCEPHALITIS	1	0	0	0	0	0	0.1	
LEGIONELLOSIS	2	0	0	0	2	1.5	0.6	
LISTERIOSIS	0	2	0	0	0	0	0.3	
LYME DISEASE	128	67	72	101	89	65.6	67.6	
MALARIA	1	0	0	0	0	0	0.1	
MENINGITIS	0	0	0	3	2	1.5	0.7	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	25	16	7	16	17	12.5	11.9	
POWASSAN	1	0	0	0	1	0.7	0.3	
ROCKY MOUNTAIN SPOTTED FEVER	1	0	0	1	2	1.5	0.6	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	18	32	25	19	22	16.2	17.1	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	17	10	9	12	10	7.4	8.5	
TUBERCULOSIS/ACTIVE DISEASE	3	3	2	4	2	1.5	2.1	1.0
WEST NILE	0	0	1	0	1	0.7	0.3	
ZIKA	0	0	0	0	1	0.7	0.1	
<b>CHLAMYDIA</b>								
CHLAMYDIA	335	351	401	374	365	268.9	270.1	
<b>GONORRHEA</b>								
GONORRHEA	20	18	23	16	50	36.8	18.8	257-198
<b>SYPHILIS</b>								
SYPHILIS	6	1	1	3	4	2.9	2.2	1.4-6.8

# Communicable Disease

## Investigation and Control (continued)

### Reportable Diseases 2013-2017 (continued)

	2013	2014	2015	2016	2017	2017 Rates*	2013-2017 Rates*	2020 Goals
<b>Reportable Diseases</b>								
HEPATITIS A	0	1	0	0	0	0	0.1	0.3
CAMPYLOBACTERIOSIS	36	30	46	47	56	41.3	31.8	
CRYPTOSPORIDIOSIS	35	26	28	39	22	16.2	22.2	
SHIGA TOXIN PRODUCING E COLI (STEC)	2	7	7	12	11	8.1	5.8	
GIARDIASIS	17	20	24	67	47	34.6	25.9	
SALMONELLOSIS	35	31	35	26	33	24.3	23.7	
SHIGELLOSIS	0	1	1	2	1	0.7	0.7	
<b>Reportable Diseases</b>								
PERTUSSIS (WHOOPING COUGH)	32	60	22	121	5	3.6	35.5	0.0
MUMPS	0	1	1	0	0	0	0.3	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	3	0	3	5	3	2.2	2.1	0.0
VARICELLA (CHICKENPOX)	1	9	5	6	5	3.6	3.8	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.
- Elizabethkingemia and Dengue Fever were removed from the report. Rocky Mountain Spotted Fever was added to the report in 2017.
- Case counts are from State records.
- Case counts from 2013-2016 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

## *Investigation and Control (continued)*

### **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

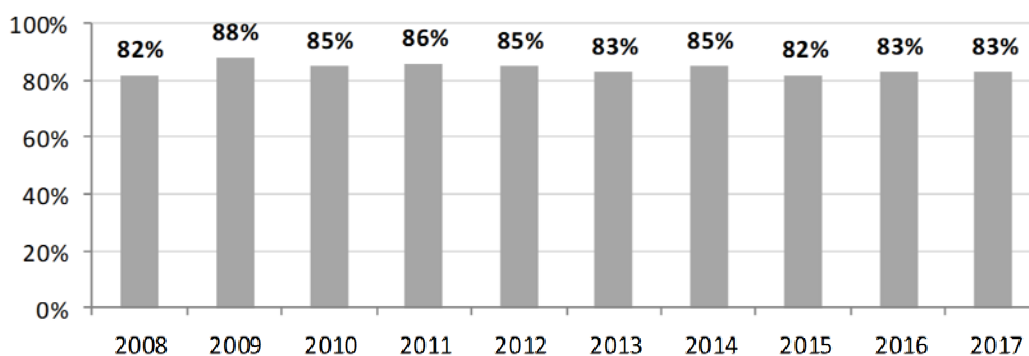
# Communicable Disease

## Immunizations

Immunizations are considered one of the greatest public health achievements in the 20<sup>th</sup> century. Vaccines prevent disease in the people who receive them, and provide indirect protection to individuals in the community who are not fully immunized, or have weakened immune systems. Preventing and reducing the spread of disease through indirect protection is referred to as “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 2017, the immunization rate for children between the ages of 24 and 35 months in Marathon County was 83% (includes late up-to-date), exceeding the Healthy People 2020 goal.

**Immunization Rates Ages 24-35 Months (Including Late Up-to-date) 2008-2017**



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

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 exceptions to this policy change are Pertussis-containing vaccines. The health department continues to educate and encourage residents who are insured to access their medical home for needed immunizations and well care.

### Immunizations Provided at Health Department 2013-2017

Year	No. of Children & Adults	No. of Vaccines Given
2013	856	1,633
2014	884	1,498
2015	624	1,223
2016	504	997
2017	552	1,104

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

*“Everything was great! Keep up the good work!”*

*(Comment from a client who received immunizations through the Marathon County Health Department in 2017)*

***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*

## *Tuberculosis*

Marathon County Health Department’s Tuberculosis (TB) program follows up with individuals who have latent (non-infectious) TB to assure treatment, and individuals with active (infectious) TB disease to prevent spread of TB in the community.

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, which can be a serious, 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 treatment. Through the State of Wisconsin TB Program and the Marathon County Health Department, medications to treat latent TB are provided at no cost. The service is designed to assure all individuals with latent TB are fully treated, thus reducing their risk of developing active disease in the future. Treating those with latent TB also serves as a measure to prevent TB exposure to others in the community.

In 2017, 13 persons were diagnosed with latent TB and started 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

# Communicable Disease

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## *Tuberculosis (continued)*

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 individuals who receive TB treatment to complete the full treatment. In 2017, 71% of those scheduled to complete TB treatment for latent TB completed treatment.

### **Active TB**

When a case of active TB disease is reported to the health department, 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 two new cases of active TB disease diagnosed in 2017.

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 DOT for the duration of 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 2017, two individuals with active TB disease received DOT. Length of treatment ranges from 6-9 months to over three years for a person with multi-drug resistant TB. There were no individuals scheduled to complete TB treatment for TB disease in 2017.

Public health nurses and/or outreach workers provided 128 DOT visits to individuals in the community in 2017. These individuals were either diagnosed with latent TB, active TB, or were children who had been exposed to TB and were being treated to prevent their infection with the disease. In addition to DOT, public health nurses monitor the effectiveness of treatment, monitor for side effects, and link 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 1 contact investigation in 2017, and 11 contacts were tested as part of this investigation.

In 2017 Marathon County Health Department offered TB skin tests at clinics for individuals needing to be screened to meet requirements for workplace, immigration, or school. In 2017, public health nurses performed 102 individual tests for TB.

## *Sexually Transmitted Disease*

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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 Marathon County Health Department provides STD clinic services weekly at two sites: Aspirus Wausau Family Medicine (AWFM) 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 2017, there were a total of 646 client visits for STD services, and 212 vaccines were given. Refer to the following table for more information on Marathon County Health Department STD clinic services.



## Sexually Transmitted Disease (continued)

### STD Clinic Services: 2013-2017

Services per clinic site		Total Client Visits	# Females	# Males	# Screened for STDs	# Screened for HIV	# of Vaccines Given
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
2016	AWFM	206	46	160	124	101	5
	County Jail	408	150	258	181	166	193
	Total	614	196	418	305	267	198
2017	AWFM	173	41	141	102	82	1
	County Jail	473	134	339	216	176	211
	Total	646	175	480	318	258	212

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

*"You guys are amazing! You make such a difference in people's life"*

Quote from a client accessing the STD Clinic at the Marathon County Jail

## Rabies Control

The Rabies Control Program goal is to prevent humans from contracting rabies as the disease is nearly always fatal. The program accomplishes this goal by:

- Investigating reports of animal bites by hospitals, clinics, and law enforcement agencies,
- Ensuring animals are properly quarantined,
- Arrange for testing for rabies of animals, and
- Recommending when prophylaxis is needed.

### Number of Positive Rabies and Prophylaxis 2013-2017

	2013	2014	2015	2016	2017
Human Exposures	285	317	326	319	326
Specimens Sent to State Lab	45	45	43	31	30
# Positive for Rabies	0 (1 Indeterminate Result)	1 (2 Indeterminate Results)	0 (2 Indeterminate Results)	1	0 (1 Indeterminate Result)
Prophylaxis Recommended	26	37	38	28	26

# Communicable Disease

## *Rabies Control (continued)*

Thirty specimens were submitted to the State Lab of Hygiene for rabies virus testing. Specimens included 10 dogs, 10 cats, 8 bats, a cow, and a rabbit. For 2017, one of the bat specimens was indeterminate, meaning test results could not be confirmed negative or positive for rabies. Rabies is common in wildlife, especially bats and skunks, and reinforces the importance of rabies vaccination of pets that may come in contact with a wild animal when outside. Rabies prophylaxis is recommended in consultation with a physician when tests indicate the biting animal is positive for rabies, when animal test results are indeterminate, when the bite is from a stray or wild animal, or when the animal cannot be located.

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

**Animal Bite Exposures Reported  
by Species 2013-2017**

Year	Dog	Cat	Bat	Other	Total Exposures
2013	174	85	14	12	285
2014	191	90	16	19	317
2015	210	91	8	17	326
2016	203	101	3	12	319
2017	197	106	11	12	326

To reduce animal bites, the Paper Cities Kennel Club continues to provide an educational program for 2nd grade elementary school children, emphasizing safety around all animals. Children often suffer greater bite injuries than adults because of their size, and due to not understanding animal behavior. During the 2016-2017 school year, the Paper Cities Kennel Club visited 11 schools in Marathon County reaching approximately 620 students.

The following table breaks down the number and percentage of animal bites by age.

**Case Breakdown by Injured Age 2014-2017**

Year	Age Group	Number Bitten by Age	Percentage by Age
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%
2016	Under Age 6	23	7.21%
	6-12 Years of Age	34	10.65%
	13-17 Years of Age	20	6.27%
	18-49 Years of Age	138	43.26%
	50+ Years of Age	104	32.60%
2017	Under Age 6	19	5.83%
	6-12 Years of Age	30	9.20%
	13-17 Years of Age	11	3.37%
	18-49 Years of Age	132	40.49%
	50+ Years of Age	134	41.11%

## *Public Health Preparedness*

The emergence of new infectious diseases and natural disasters requires a coordinated community response. Marathon County Health Department works closely with area health care organizations, Marathon County Emergency Management, American Red Cross, Salvation Army, United Way of Marathon County, and Marathon County Department of Social Services to develop and exercise plans to close national preparedness capability gaps.

In 2017, efforts focused on the following Centers for Disease Prevention (CDC) public health preparedness capabilities:

Capability Area	Activities
<b>Community Preparedness</b>	<p>Served on the North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW-HERC) Board of Directors, representing local health departments in the 12 county region</p> <p>Participated in the April 2017 North Central Wisconsin Healthcare Emergency Readiness Coalition (NCW-HERC) Tabletop Exercise. The exercise focused on hospitals response in a long-term power outage. Partners who participated included: Aspirus, Ministry Saint Clare's, North Central Health Care, and Marathon County Emergency Management.</p> <p>Participated in the required Incident ICS 300 and 400 Command System (ICS) advanced training for command staff, having three staff complete training in 2017</p> <p>Conducted a 24/7 Incident Command System (ICS) Call Down Drill for the department</p> <p>Co-hosted North Central Wisconsin Healthcare Emergency Readiness meetings among local health departments in the 12 county region</p> <p>Held a Mass Clinic Functional Exercise among staff at the Health Department in October 2017</p>
<b>Medical Surge</b>	Collaborated with North Central Wisconsin Healthcare Emergency Readiness Board to further understanding of the role and responsibilities of local health departments
<b>Volunteer Management</b>	<p>Incorporated Critical Incident Stress Services into the volunteer management plan</p> <p>Maintained WEAVR Administration, conducting quarterly drills</p>
<b>Mass Care</b>	Conducted a tabletop exercise that focuses on the Health Department's role in supporting functional needs
<b>Fatality Management</b>	<p>Clarified roles of supporting mental health and spiritual needs</p> <p>Trained staff on Psychological First Aide, having representation from the Department of Social Services</p>

# Community Health

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## *Community Health Assessment & Improvement Plan*

### **LIFE Report**

The LIFE Report, which is published every two years, looks at indicators of the quality of life in Marathon County, and serves as the basis for the Marathon County Community Health Assessment. The Report informs the health department and our partners where we need to focus efforts to improve the overall health of communities in Marathon County.

In 2016, the LIFE Steering Committee and subcommittees reviewed quality of life indicators, identifying successes, areas of progress, and Calls to Action. On January 12, 2017, the 11th edition of 2017-2019 LIFE Report was released.

Marathon County Government is one of eleven Full Partner LIFE Report Sponsors. The Health Officer serves on the LIFE Steering Committee and is Chair to the Health & Wellness Subcommittee. For more information on the 2017-2019 LIFE Report – Local Indicators for Excellence in Marathon County, visit: [www.co.marathon.wi.us](http://www.co.marathon.wi.us) or [www.unitedwaymc.org](http://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 (CHIPP), named in part for the resulting health changes that occur in the community.

In Marathon County, the responsibility of the CHIPP is carried out in a partnership between Healthy Marathon County and the Health Department. Healthy Marathon County aligns and leverages resources in support of furthering efforts to address the 2017-2020 Community Health Priorities.

### **Key accomplishments in 2017 include:**

- Promoted the release of the 2017-2020 Marathon County Community Health Improvement Plan to the community, policy makers, organizations, coalitions, and community groups. [www.marathoncountyhealthpriorities.org](http://www.marathoncountyhealthpriorities.org)
- Supported efforts to advance the 2017-2020 Marathon County Community Health Priorities through:
  - ◇ Continued to serve as the community coalition for the Medical College of Wisconsin’s Building A Behavioral Health System to Reduce Reported Depression Among 6<sup>th</sup>-12<sup>th</sup> Graders; thereby furthering efforts to expand of mental health counseling in all ten school districts.
  - ◇ Leveraged resources to increase community and business involvement in initiatives such as RISE UP and Recovery Coaching.
  - ◇ Acknowledged community partners contributions.
  - ◇ Supported policy initiatives: Tobacco Prevention and Control Program, Social Host Bill.
- Created and launched Marathon County Teen, a video series to open a window into the experience of youth – what they want each other to know, what they want adults to understand, what is on their minds as it pertains to the critical issues raised by the Marathon County Youth Risk Behavior Survey. [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org)
- Developed the 2017 Marathon County Youth Risk Behavior Survey Report, having information on the health of Marathon County youth representing all ten school districts. The report was released on January 12, 2018. [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org)
- Secured Healthy Community Institute, a nation-wide data platform, through funding partnerships with nine organizations, and marketed as Healthy Marathon County Pulse. Healthy Marathon County Pulse is an online information resource for community members, organizations, and policy makers to learn about the health and community conditions of Marathon County. Website available to the community on January 12, 2018. [www.healthymarathoncountypulse.org](http://www.healthymarathoncountypulse.org)

To read more about Healthy Marathon County, visit: [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org)

## *Student Placements*

Marathon County Health Department provides field experiences for students earning degrees in nursing, health education, and medicine. 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 with Northcentral Technical College, Rasmussen College, UW-Eau Claire, UW-Madison Population Health, UW-Green Bay, UW-Oshkosh, UW-LaCrosse, and Viterbo University. The Health Department has a working relationship with the Medical College of Wisconsin – Central Wisconsin, providing guest lectures.

In 2017, three nursing students were provided 32-70 hours per student of field experiences at the department. In addition, one Health Educator student completed a 400 hour internship. Marathon County Health Department shared a UW-Population Health Fellowship placement with Ascension.

## *Informing the Public*

Marathon County Health Department is charged in 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, websites, and social media.

In 2017, the Health Department managed the department's website, as well as websites and social media sites for the following community initiatives and programs:

- AOD Partnership Council – [www.aodpartnership.org](http://www.aodpartnership.org), [www.pushbackdrugs.org](http://www.pushbackdrugs.org), [www.takebackyouth.org](http://www.takebackyouth.org), and [www.facebook.com/MarathonCountyAODPartnershipCouncil](https://www.facebook.com/MarathonCountyAODPartnershipCouncil)
- Central Wisconsin Tobacco Free Coalition – [www.centralwitobaccofree.org](http://www.centralwitobaccofree.org)
- HEAL (Healthy Eating and Active Living) – [www.facebook.com/HEALCoalitionMarathonCounty](https://www.facebook.com/HEALCoalitionMarathonCounty)
- Marathon County Local Food - [www.marathoncountylocalfood.org/farmers-markets/market-locations/](http://www.marathoncountylocalfood.org/farmers-markets/market-locations/) and [www.facebook.com/Marathon-County-Local-Food-936104883110481/?hc\\_ref=SEARCH&fref=nf](https://www.facebook.com/Marathon-County-Local-Food-936104883110481/?hc_ref=SEARCH&fref=nf)
- Healthy Marathon County – [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org)
- Real Happy Hour – [www.therealhappyhour.org](http://www.therealhappyhour.org), [www.facebook.com/TheRealHappyHr](https://www.facebook.com/TheRealHappyHr), and [www.twitter.com/real\\_happy\\_hour](https://www.twitter.com/real_happy_hour), [www.pinterest.com/realhappyhour/](https://www.pinterest.com/realhappyhour/)
- Start Right First Steps – [www.facebook.com/StartRightFirstSteps/](https://www.facebook.com/StartRightFirstSteps/)
- Marathon County Health Priorities: [www.marathoncountyhealthpriorities.org](http://www.marathoncountyhealthpriorities.org)
- Bicycle Wausau: [www.bicyclewausau.org](http://www.bicyclewausau.org)
- Western Marathon County Healthy Communities: [www.wmchc.org](http://www.wmchc.org)
- Northern Regional Center for Children and Youth with Special Healthcare Needs: [www.northernregionalcenter.org](http://www.northernregionalcenter.org)
- Marathon County Health Priorities: [www.marathoncountyhealthpriorities.org](http://www.marathoncountyhealthpriorities.org)
- Be a Superhero: <http://www.raisegreatkids.org/be-a-superhero/>

In 2017, the department completed 75 media contacts on a wide range of health issues and topics.

# Environmental Health & Safety

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## *Human Health Hazards*

The Human Health Hazard program is a State-mandated program for local 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, groundwater contamination, methamphetamine drugs, and animal manure affecting property or groundwater. Examples of housing issues include a lack of heat, or a lack of water for drinking, cooking, and sanitation.

The goal of the program is to reduce exposure to substances, activities, or conditions that can negatively impact health, thus minimizing the health impacts of such exposures. Several criteria are considered to determine whether a health hazard is present. Criteria 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 is issued to address the hazard. Success in addressing human health hazards often involves several local and state regulatory agencies.

### **Mercury Reduction Program**

The Mercury Reduction program is a partnership with Wausau Water Works and Rib Mountain Sanitary District. The program continues to demonstrate success in keeping mercury waste from waterways. In turn, this reduces the level of mercury in the fish caught from those waters. Marathon County Health Department’s role is to 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, at seven locations.

All thirty-six of area dental offices reported disposal results from installed amalgam separators. The amalgam separator sorts mercury-containing amalgam from the wastewater stream. For 2017, approximately 274 pounds of dental amalgam waste and containers were disposed properly. Additionally, approximately 61 thermometers, 3 thermostats, and 2 fluorescent light bulbs were 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. This programming is regulated by the Department of Natural Resources, which has commended the cooperative relationship between Wausau Water Works, Rib Mountain Sanitary District, and the Health Department.

### **Environmental Transaction Screens**

The Health Department screens for potential contaminate hazards on tax delinquent properties and properties being purchased by Marathon County. In 2017, three Environmental Transaction Screens were performed for properties acquired by the Marathon County Parks, Forestry, and Recreation Department.

### **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 in granite rich areas, such as Marathon County. After tobacco exposure, radon is identified as the second leading cause of lung cancer in the nation. According to the Environmental Protection Agency, radon is responsible for about 21,000 lung cancer deaths every year in the U.S.

The Health Department operates the regional Northcentral Radon Information Center (RIC), an 11-county consortium to educate individuals and promote testing for radon. Counties participating in the consortium include Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, and Waupaca. The Radon Information Center provides radon information and test kits to individuals, private businesses, and government agencies.

In 2017, the department provided seven presentations on health risks, testing, and mitigation of radon. Additionally, the Health Department provided regional support to health departments within the Radon Information Center consortium area and responded to consultations by phone or email. The 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.

## *Human Health Hazards (continued)*

The following table provides a summary for the number of radon 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 receive help interpreting test results and are provided information on what steps they can take to lower radon gas to safe levels.

**Radon Tests and Results 2013-2017**

		Tests in RIC	Tests in Marathon County	Mitigations Reported	Website Hits
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%		
2016	Test Results	1182	125	485	410
	Elevated Tests	512	76		
	Percent Elevated	43%	61%		
2017	Test Results	691	136	371	555
	Elevated Tests	319	74		
	Percent Elevated	46%	54%		

The Marathon County Health Department collects the number of radon mitigation systems installed annually. The data collected by contractors is voluntary. 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 2017, there were 60 such inquiries with mold representing 54 of those consultations. The goal of the Human Health Hazards program is to provide reliable and accurate information on the health risks, so individuals know what they can do next for controlling or eliminating the problem, providing follow up and referrals to appropriate businesses and agencies.

# Environmental Health & Safety

## Human Health Hazards (continued)

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

**Human Health Hazard Activities Performed by Year 2015-2017**

Outputs	2015	2016	2017
Total number of nuisance complaints and consultations/technical assistance contacts	369	471	446
Total number human health hazard investigations	32	34	56
Total number of radon test kits provided in Marathon County	229	125	136
Total number of radon mitigation systems installed per report for 12 county area	603	485	371
Total number of requests for radon information	633	700	852
Total number of transient drinking water systems inspected	40	45	28
Total pounds of mercury collected and properly disposed (excluding amalgam)	10	15	1.5
Total number of dental offices contacted regarding proper disposal of amalgam	37	38	36
Total pounds of amalgam collected by dental offices and recycled	196.5	192	274

**Human Health Hazard Performance Outcomes by Year 2013-2017**

Performance Goal	Measure	Benchmark	2013	2014	2015	2016	2017
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%	99.9%	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% Note: 69/126 tests were elevated	100% Note: 162/283 tests were elevated	100% Note: 133/211 tests were elevated	100% Note: 122/250 tests were elevated	100% Note: 76/120 tests were elevated	100% Note: 74/136 tests were elevated
Reduce indoor exposure to radon.	Number of radon systems installed	488	513	441	603	485	371
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%

## Licensing

The Marathon County Health Department as an agent of the State of Wisconsin provides, 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 per year; pre-inspections prior to issuing a permit; necessary follow up inspections, such as complaints and re-inspections to ensure compliance; and consultations by phone or on site. The following table notes the types of inspections performed in 2017.



### Number of Inspections 2014 - 2017

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
2016	992	799	78	16	70	6	23
2017	978	771	73	29	68	14	23

The licensing year is from July 1 through June 30. At the end of the 2016-2017 licensing year, 893 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, 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 2013-2017

License Year Ending 6-30	Total Licenses	Restaurant	Lodging	Rec/Ed. and Campgrounds	Pools	Body Art	Retail Food	Mobile Home Parks	Taverns
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
2016	901	463	41	28	91	11	228	24	15
2017	893	462	44	25	89	12	222	25	14

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 regulations. The following tables report the type of activities and performance outcomes for the licensing program by year.

### Licensing Program Activities Performed by Year: 2013-2017

Outputs	2013	2014	2015	2016	2017
Total Number of Licensed Establishments Inspections (excluding Temporary facilities)	913	993	920	992	978
Total Number of Restaurant/Tavern Inspections	508	500	471	543	514
Total Number of Retail Food Inspections	215	222	202	257	235
Total Number of School Inspections	104	104	100	102	102
Total Number of Lodging Inspections	41	34	40	42	55
Total Number of Pool Inspections	86	73	100	96	121
Total Number of Campground and Rec/Ed Camp Inspections	17	16	18	17	16
Total Number of Body Art Inspections	10	8	9	12	12
Total Number of Mobile Home Park Inspections	28	22	24	28	25
Total Number of Foodborne Illness Investigations	0	0	4	0	1
Total Number of Food-Related Complaints	57	41	13	2	12

# Environmental Health & Safety

## Licensing (continued)

Licensing Program Performance Outcomes by Year: 2013-2017

Performance Goal	Measure	Benchmark	2013	2014	2015	2016	2017
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 five (5) critical violations.	90%	98%	97%	99.8%	94.1%	96.0%
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 five (5) critical violations.	90%	98%	100%	100%	97.1%	99.0%
Pools and whirlpools located in Marathon County will be bacteriologically safe.	90% of pools and whirlpools samples will be bacteriologically safe.	90%	97%	97%	95%	93.3%	95.9%
Pools and whirlpools in Marathon County will operate safely.	The re-inspection ratio for pools and whirlpools will be no more than 5%.	5%	5.7%	19.4%	11.8%	16%	17%
Tattoo businesses in Marathon County will not expose their clientele to infectious diseases.	90% of tattoo businesses will 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%	100%	100%	95.7%	87.5%	95.4%

### 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 foodborne outbreak investigations. In 2017, eight foodborne illness complaints were reported to the Health Department resulting in an inspection. Of the eight complaints received, one of the complaints was identified as 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. Providing clear guidance to facilities during and after an investigation of a foodborne illness outbreak is key to prevent the further spread of disease.

In addition to investigating illness complaints, the food safety program provides:

- On-site informal education to food service employees;
- Inspection of food service facilities, including 51 schools in the Federal School Lunch/Breakfast Program;
- Food sampling; and
- Respond to product recalls and consumer complaints.

The number of viewers to the Food Safety website continued to increase in 2017. Several factors may contribute to the increase in website views including the posting of online food safety inspection reports since the fall of 2015, revisions to the department's food safety website, and promoting the site as a resource for food facility operators. Online food safety inspections report summaries for restaurants, grocery, and convenience stores became accessible and resulted in 554 inquiries. The website has food safety information sections for regulated businesses and for food safety at home. The Centers for Disease Control and Prevention (CDC) estimates 13-21% of outbreaks result from food consumed in a private home.

The following provides a summary of activities of the Food Safety Program:

### 2013-2017 Food Safety Program Activities

Activity	2013	2014	2015	2016	2017
Foodborne Disease Investigation	0	0	4	2	1
Food Safety Establishment Licenses Issued	723	695	700	706	698
Education Classes/Attendees	1/14	1/50	1/18	2/13	2/30
Media Events	3	0	3	2	6
Website Food Safety – Hits Per Year	759	698	3,208	3,614	4,113

The Marathon County Health Department tracks six Centers for Disease Control and Prevention (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.

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

### CDC Risk Factor Violations 2014-2017

CDC Risk Factors	2014 Violations		2015 Violations		2016 Violations		2017 Violations	
	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	3	3	1	8	1	2	6	2
Inadequate Cooking Temperatures	3	0	5	1	3	1	2	0
Improper Holding Temperatures	91	24	72	26	77	35	72	29
Cross Contamination	158	8	149	24	183	36	124	38
Personal Hygiene	184	1	163	1	211	0	126	33
Other CDC Factors	232	6	286	4	310	98	144	46
<b>TOTALS</b>	<b>671</b>	<b>42</b>	<b>676</b>	<b>64</b>	<b>785</b>	<b>172</b>	<b>474</b>	<b>148</b>

In 2017, restaurant inspections noted 474 CDC Risk Factor violations. This represents a notable decrease from 785 in 2016. Decreases were in the areas of Cross Contamination, Personal Hygiene, and Other CDC Factors. Retail food facilities had a decrease to 148 total violations from 172 in 2016. While the total remained similar, the data shows fewer Cross Contamination violations in 2017 and more Other CDC Factors violations, such as employee demonstration of knowledge, posting certificates, records involving employee health, and proper labeling, storage, or use of chemical products.

When a facility has more than two serious violations or more than six overall violations, an additional inspection may be performed to obtain compliance. When the facility is found in compliance no fee is charged and the re-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. In 2017, the Health Department conducted 53 follow up inspections and 6 re-inspections in food facilities, for facilities found out of compliance on an initial inspection.

In terms of food facility complaints, there were 46 reported in 2017 (16 in 2016). The complaints are grouped under eight general categories of Illness, Facility Cleanliness, Pests/Vermin, Foreign Object, Quality, Labeling, Tampering, and Other/Miscellaneous.

The Health Department's inspectors use every interaction as an opportunity to inform and assist establishment operators to meet regulations, with a common goal of ensuring food safety.

# Family Health

## *Start Right*

Start Right provides support and parent coaching for families throughout Marathon County from pregnancy to age five. The overall goal of the program is to prevent child abuse and neglect. Start Right focuses on developing safe, healthy, nurtured and school-ready children and parents who are connected to community resources to support healthy parenting. Start Right is a partnership program between the Marathon County Health Department and Children's Hospital of Wisconsin.

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, with each area focusing on a specific child age or method of parent support, matching the level of support a family may need.

- 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 parent educator provides parenting education and information on community resources to parents in their home.
- Stepping Stones** – A parent 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 provides 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 2017, Marathon County Health Department received 315 referrals of pregnant women. Of the 124 women in the program who delivered babies in 2017, 96 received 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.

*"You have a great system! I love my nurse and the handouts provided! I am so grateful for all you provide. Thank you."  
Start Right Prenatal Care Coordination Client 2017*

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

### Prenatal Care Coordination 2013-2017

	2013	2014	2015	2016	2017	Benchmark
<b>Outcome: Babies will be Healthy</b>						
Percent of women who reported smoking during their pregnancy	38%	31%	42%	36%	36%	-
Percent of women who reported smoking who stopped or decreased smoking	90%	86%	80%	90%	81%	90%
Percent of women who reported drinking at all during their pregnancy	23%	30%	36%	40%	35%	-
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	96%	90%	97%	98%	97%	90%
Percent of women who reported having a dental visit in the past year	85%	78%	71%	68%	61%	-
Percent of women referred for dental care	22%	22%	16%	17%	8%	-
Percent of women who initiated breastfeeding	75%	76%	68%	71%	70%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	70%	63%	77%	76%	64%	-
Percent of breastfeeding women who had a plan for sustained breastfeeding	69%	53%	58%	78%	67%	-
Percent of women who had a reproductive life plan in place after delivery	78%	74%	81%	87%	88%	-
Percent of infants who have a medical home	96%	97%	91%	90%	94%	95%
Percent of infants who have had a well-child exam as age appropriate	92%	93%	89%	90%	90%	
Percent of parents educated about the benefits of immunizations	97%	96%	97%	92%	99%	95%
Percent of eligible infants enrolled/referred to WIC	88%	87%	97%	80%	96%	85%
<b>Outcome: Children will be Safe in their Homes</b>						
Percent of infants who sleep on their back	90%	92%	91%	88%	91%	90%
Percent of infants who sleep alone	89%	92%	88%	87%	88%	90%
Percent of infants who sleep in a safe sleep environment	90%	89%	88%	87%	83%	95%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	40%	37%	46%	52%	49%	-
Percent of homes with working smoking alarms	84%	90%	86%	87%	90%	95%
Percent of homes that are smoke-free	93%	89%	93%	86%	90%	80%
Percent of home with private wells that have been tested	100%	100%	93%	96%	100%	90%

# Family Health

## Start Right (continued)

### Prenatal Care Coordination 2013-2017 (continued)

	2013	2014	2015	2016	2017	Benchmark
<b>Outcome: Children will Experience Nurturing Relationships with their Parents</b>						
Percent of women experiencing perinatal depression	21%	34%	35%	20%	28%	-
Percent of women experiencing perinatal depression referred to mental health services (who had not been previously referred)	19%	35%	42%	16%	27%	-
Percent of parents who were observed responding appropriately to infant's hunger cues	100%	96%	100%	100%	100%	90%
Percent of parents who were observed responding appropriately to infant's crying cues	100%	99%	100%	99%	100%	90%
<b>Outcome: Families will be Knowledgeable about Key Community Resources</b>						
Percent of families eligible for a Step by Step Family Educator who accepted services	54%	56%	62%	53%	70%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	5%	1%	0%	10%	23%	-
Percent of families aware of Family Resource Center services	98%	97%	99%	94%	97%	-

#### 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. In 2017, there were 1,435 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 128 families in 2017 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, reproductive life planning, 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 2013-2017

	2013	2014	2015	2016	2017	Benchmark
<b>Outcome: Children will be Healthy</b>						
Percent of women who initiated breastfeeding	84%	83%	81%	86%	88%	80%
Percent of women who initiated breastfeeding who were breastfeeding or providing breast milk at 4 weeks postpartum	81%	75%	76%	63%	76%	
Percent of breastfeeding women who had a plan for sustained breastfeeding	85%	88%	85%	82%	84%	
Percent of women who had a reproductive life plan in place after delivery	77%	63%	66%	82%	91%	-
Percent of infants who have a medical home	98%	99%	97%	99%	99%	95%
Percent of parents educated about the benefits of immunizations	99%	99%	100%	100%	99%	95%
Percent of eligible infants enrolled/referred to WIC	49%	46%	93%*	92%	96%	-
<b>Outcome: Children will be Safe in their Home</b>						
Percent of infants who sleep on their back	96%	98%	98%	100%	98%	90%
Percent of infants who sleep alone	95%	96%	97%	99%	95%	90%
Percent of women referred to "Cribs for Kids" program for a Pack N Play portable crib and safe sleep education	11%	11%	25%	14%	18%	-
Percent of infants who sleep in a safe sleep environment	90%	96%	95%	98%	93%	95%
Percent of homes with working smoke alarms	85%	93%	89%	97%	93%	95%
Percent of infants with a smoke-free home	91%	96%	94%	98%	96%	80%
Percent of homes with private well that has been tested	91%	93%	91%	97%	100%	95%
Percent of women experiencing perinatal depression	7%	10%	23%	13%	20%	-
<b>Outcome: Children will Experience Nurturing Relationships with their Parents</b>						
Percent of women experiencing perinatal depression who were referred for services (who had not been previously referred)	33%	13%	26%	2%	8%	-
<b>Outcome: Families will be Knowledgeable about Key Community Resources</b>						
Percent of families eligible for Step by Step Family Educator who accepted services	45%	31%	48%	32%	41%	-
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	20%	3%	4%	1%	25%	-
Percent of families who are aware of Family Resource Center	93%	96%	100%	99%	99%	-

# Family Health

## Start Right (continued)

### 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 parent educator provides comprehensive parenting services to families in their homes, 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 2017, 69 new eligible families with newborns accepted Step by Step services. A total of 211 families received Step by Step services. The following impacts were realized for families who received Start Right Step by Step services.

### Step by Step 2013-2017

	2013	2014	2015	2016	2017	Benchmark
Percent of families who have a primary medical home/provider	99%	99%	94%	99%	98%	95%
Percent of children on schedule for their well child exams	91%	95%	97%	98%	98%	90%
Percent of children who are up-to-date on immunizations at 24 months of age	97%	90%	94%	83%	93%	90%
Percent of eligible children enrolled in WIC	94%	91%	97%	94%	84%	90%
<b>Outcome: Children will be safe in their homes</b>						
Percent of homes that had a decrease in an identified safety hazard	90%	86%	96%	93%	87%	85%
<b>Outcome: Children will experience nurturing relationships with their parents</b>						
Percent of parents who scored 80% or higher on post parenting knowledge test	80%	81%	78%	83%	80%	80%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	75%	88%	87%	91%	91%	80%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	46%	37%	68%	61%	60%	60%
<b>Outcome: Children will be school ready</b>						
Percent of children identified for a potential developmental delay	29%	31%	27%	31%	33%	-
Percent of children with a potential developmental delay referred & accepted services or are already receiving services	93%	89%	86%	100%	98%	90%
Percent of children age 3-5 years enrolled in a group-based early childhood program	70%	64%	71%	74%	48%	65%



## Start Right (continued)

### 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. A total of 755 unduplicated adults and 874 unduplicated children attended one or more of the programs offered in Marathon County. Parents are encouraged to call the Family Resource Warmline when they have specific parenting questions or need support. In 2017, there were 62 Warmline contacts.

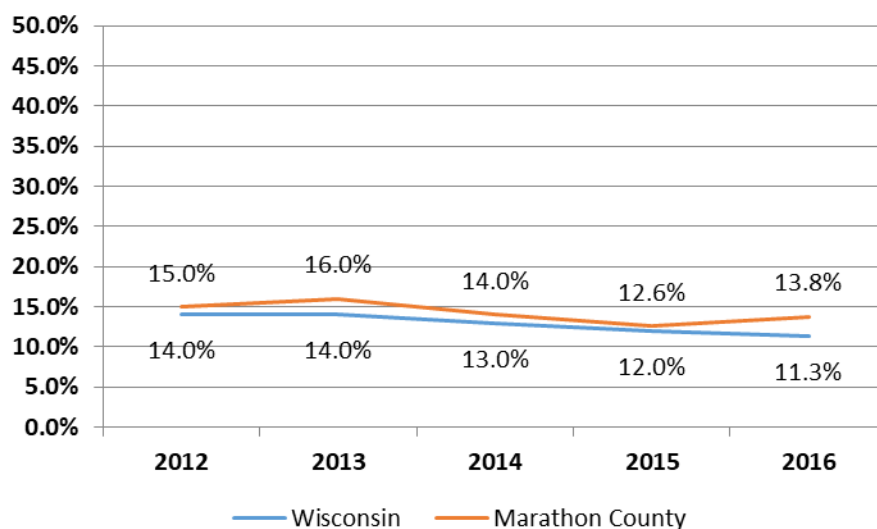
Play N’ Learn is offered as a service in seven communities in Marathon County. Play N’ Learns are group-based play groups for children birth through age four, focused on parent-child interaction. Core prevention services focus on school readiness skills and access to community resources. In addition, Play N’ Learn is used as a strategy to identify children who could benefit from early intervention services such as Birth to 3, and Head Start. A total of 288 unduplicated adults and 441 unduplicated children participated in the 246 Play N’ Learn sessions that were funded by Marathon County in 2017.

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 parent educators 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 in Marathon County has overall declined in the past 5 years, with the rate consistently just above the state rate. We know that smoking during pregnancy can have significant harmful effects on the mother and the baby. These effects can include an increased risk for a baby to be born prematurely, low birth weights, and lung problems.

**Maternal Smoking Rates 2012-2016**



## *Start Right (continued)*

Marathon County Health Department continues to be a site for First Breath, 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 the Start Right First Steps Prenatal Care Coordination (PNCC) program, providing education and support to promote cessation.

In 2017, 19 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. There is insufficient data available at this time regarding the percentage of women who were able to reduce or quit using tobacco while pregnant.

Since 2011 Marathon County Health Department has been a site for the program My Baby and Me, which is a program offered 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 2017, there were 51 women screened and educated on alcohol use in pregnancy. Of these women, 28 were referred for additional information and services. Of those who were referred, 1 woman 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.

### **Cribs for Kids**

Marathon County's Cribs for Kids program works through the Start Right program 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 parent educator provides education to parents on safe sleep practices and shaken baby syndrome prevention. A follow-up telephone call is made three months after receiving the crib to assess and reinforce parents' safe sleep practices.

Cribs for Kids is a national organization that enables local chapters to purchase cribs at a nominal cost. Marathon County Health Department is a chapter member. Cribs are purchased with community donations and private foundation funding.

In 2017, 85 low-income families received education on safe sleep practices and a portable crib for their newborn. Of the families who received cribs in 2017 and were able to be contacted for a three month telephone follow up, 89% reported using the crib every time the baby sleeps, 97% place their baby to sleep appropriately on their back, and 72% keep extra blankets, stuffed animals, and pillows out of the crib.

### **Safe Sleep Community Classes**

Safe Sleep classes are offered in the community as a way to reach families in a variety of locations. Classes were offered at the Neighbor's Place, Marathon County Library (downtown Wausau), the Marathon County Jail, the Family Resource Center in Stratford, and the Marathon County Health Department. These classes provided important education to individuals and families in a group setting regarding safe sleep as well as the opportunity for a portable crib at a reduced cost. As an added benefit, referrals to the Start Right program are offered to interested families, thus involving families in this comprehensive program. In 2017, 70 participants attended classes.

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, children with lead exposure, 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. Many times, these families are transitioned into the Start Right long term home visiting program as a way to provide continued case management and to support effective parenting.

When the health department is contacted 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.

In 2017, 55 children and their families received one or more home visits with a public health nurse. The outcomes below are reflective of children referred to the program and had one or more visit with a public health nurse.

### 2013-2017 Child Health Outcomes

	2013	2014	2015	2016	2017
<b>Children will be healthy</b>					
Percent of children with a medical home	100%	97%	100%	97%	96%
Percent of children who had a well child exam as age appropriate	100%	95%	80%	94%	95%
Percent of children who are up to date on immunizations	88%	95%	85%	88%	91%
Percent of children who had a dental visit in the past year	20%	33%	0%	24%	58%*
<b>Children will be safe in their family homes</b>					
Percent of children with a safe sleep environment	95%	95%	95%	100%	93%
Percent of children with an appropriate car seat	98%	100%	90%	97%	89%
<b>Children will experience nurturing relationships with their parents</b>					
Percent of parents who were observed exhibiting appropriate response	98%	97%	70%	97%	98%
<b>Families will be knowledgeable about key community resources</b>					
Percent of parents educated about 211 services	98%	100%	100%	100%	100%

### Community Partnerships in Support of Child Health

The Child Health program area includes the public health nurses' involvement and promotion of community-based interventions and services. Community involvement enables the health department to work in partnership with coalitions and organizations to address health issues impacting children and families. In 2017, public health nurses, a social worker, or a community health worker participated in the following community groups that include but not limited to: 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, Emergency Housing Assistance Fund Collaboration, Alcohol and Other Drug Partnership, North Central Wisconsin Network to Serve Infants and Families, Marathon County Domestic Abuse Intervention Team, and Healthy Marathon County Adverse Childhood Experiences Collaborative.

# Family Health

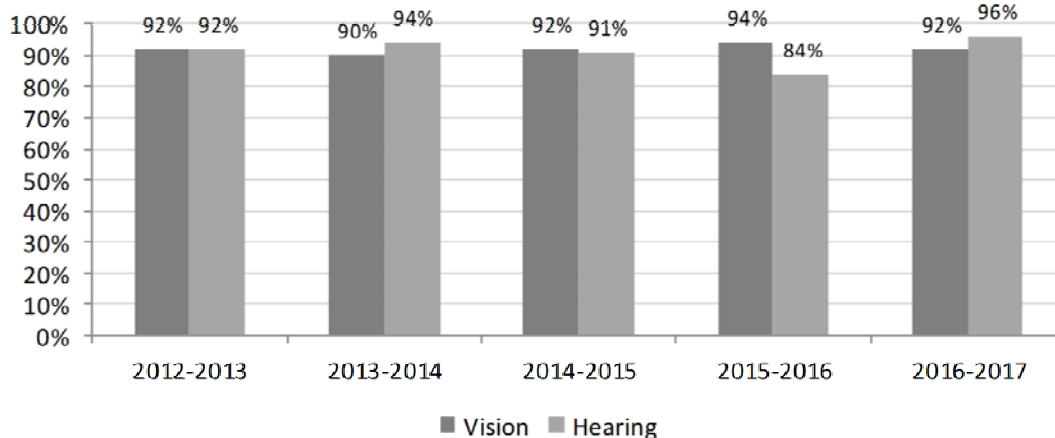
## Hearing & Vision Screening

In the 2016-17 school year, hearing and vision 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 8,958 children were screened for hearing, and 510 were rescreened for hearing loss. Of those rescreened, 175 children were referred for further evaluation of their hearing. In addition, 8,939 children were screened for vision, and 1,154 were rescreened for vision loss, with 822 children being referred to providers for further evaluation of their vision. Of those referred to health care providers, 96% of the children referred for hearing difficulties, and 92% of the children referred for vision difficulties, reported receiving follow up care by July of 2017.

The Hearing and Vision Screening Program Handbook was updated and distributed to all school principals, school nurses, audiologists, and health aides. The Hearing and Vision Program Coordinator meets twice per year with school nurses and audiologists to discuss program needs and areas for quality improvement. Suggestions for improvement made during the school year are incorporated into the policies and procedures for the next school year. The Handbook is intended to be used as a communication and training tool for anyone who has a role with the program. The program continues to be funded through a contract with Marathon County Special Education.

**Percent of Students Referred for Hearing or Vision Difficulties: 2012-2017**



**Screening Services Provided in the 2016-2017 School Year**

	Hearing	Vision	Total
Screened	8,958	8,939	<b>17,897</b>
Re-Screened	510	1,154	<b>1,664</b>
Referred	175	822	<b>997</b>
Completed	168	757	<b>925</b>
In Process	3	29	<b>32</b>
Unknown	4	36	<b>40</b>

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 lowering the public health intervention guidelines, from 10 ug/dl to 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. As of 2017, the state regulations do not include the CDC guidance, and guidelines are voluntary.

Marathon County's Childhood Lead program has adopted the CDC guidance recommendations. 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 children are exposed to the negative health impacts from lead exposure. The actions taken by Marathon County Health Department to lower a child's blood lead include: 1) Educate parents and caregivers on lead hazards and ways to reduce the child's blood lead level, 2) Provide nursing case management to ensure the child receives follow-up medical care and treatment, and 3) Conduct an environmental lead hazard investigation to identify sources for lead hazards, along with recommendations for addressing identified hazards. The Health Department monitors children until their blood lead level drops below 5 ug/dl.

The following table shows that in 2017, a total of 24 children had a blood lead test result greater than 5 ug/dl. Any follow-up testing from a child being monitored that was identified from the previous year is also included in the number of tests shown in the table. At the 10-19 ug/dl level, 3 children were lead poisoned and 2 children had tested at the  $\geq 20$  ug/dl. In total, 18 properties received lead hazard investigations.

**2013-2017 Childhood Lead Tests & Properties Investigated**

Activities	2013	2014	2015	2016	2017
Total Number of Lead Tests	1,173	1,071	1,083	1,099	1,066
Tests <10 ug/dl	1,162	1,060	1,066	1,082	1,056
Tests 5 to <10 ug/dl (# of children)	56 (41)	44(34)	45(33)	45(33)	32(19)
Tests 10 to 19 ug/dl (# of children)	11 (9)	10(6)	12(6)	14(9)	3(3)
Tests $\geq 20$ ug/dl (# of children)	0 (0)	1(1)	5(3)	3(2)	7(2)
Housing Units – Lead Hazard Reduction	2	3	1	5	1
Lead Property Inspections	33	22	26	19	18

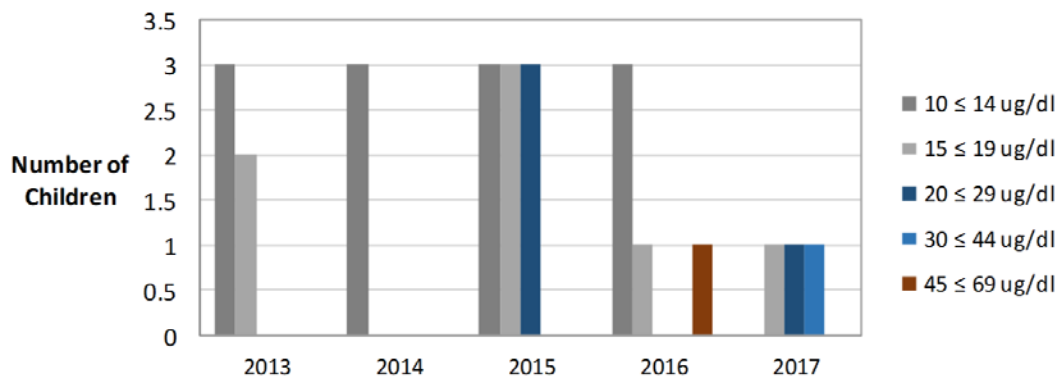
While the goal is to protect children continues to be preventing lead exposure in the first place, intervening early at lower blood-lead levels reduces the health and societal impacts of lead exposure. A number of studies have shown that children with elevated lead levels have been correlated with lower I.Q. scores, poor school performance, and behavior disorders, leading to a lower income potential and an association with criminal behaviors and incarceration.

The following chart illustrates an overall downward trend in the number of children having their first blood lead test resulting in 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.

# Family Health

## Childhood Lead (continued)

Children with a Blood Lead Level of 10 ug/dl or Greater 2013-2017



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 by 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 2017. Generally, the greatest challenge for lead hazard reduction is the cost. The limited number of certified lead-abatement contractors available continues to be a challenge for completing lead abatement work. To ensure the lead hazard reduction work is performed safely, federal and state laws require certified contractors in most situations. The continued shortage of contractors is not expected to improve, and challenges the best practice effort 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 Marathon County Health Department serves on the Early Years Coalition Planning Committee and Chairs the Healthy Babies workgroup. Contributions made to the Early Years Coalition include:

**Talk. Sing. Read. Play. Every Child. Every Day.:** Promoted this community-wide awareness campaign around the importance of early brain development.

**Be a Superhero:** Launched the "Be a Superhero" initiative to promote infant safety. Modules were developed on car seat safety and shaken baby prevention in viewer friendly "explainer" style videos along with an assessment to confirm learning. Marathon County residents are able to receive a gift card for completion. The modules are being utilized to complement learning provided through health care organizations and in Start Right. The modules can be viewed at [www.beachildssuperhero.com](http://www.beachildssuperhero.com). Development is underway to add a safe sleep module to the video series in 2018.

**Parent Café Series:** Facilitated three meetings and secured funds from the Wisconsin Early Childhood Collaborating Partners to support the series. Parent Cafes bring families together to share a meal enabling parents to participate in meaningful conversations around the Five Protective Factors while their children are cared for on site. The purpose of the Parent Café is to provide family

## Marathon County Early Years Coalition (continued)

support and be a gateway to parent leadership opportunities. Sessions are organized around the themes of the Protective Factors which research has shown that when they are present in a family, a family is stronger and children are safer. Protection Factors include: parent resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

**Raise Great Kids Day:** Participated in the 400 Block Raise Great Kids Day event to promote the Start Right Program.

To learn more about Marathon County Early Years Coalition, visit [www.RaiseGreatKids.org](http://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 residents of Marathon County and surrounding counties with the goal of safer drinking water. The lab performs tests for 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 2017, there were 2,603 public drinking water samples (2,808 in 2016) and 2,021 private drinking water samples (1,607 in 2016) tested in the lab. In 2017, 7% of public drinking water samples were bacteriologically unsafe (7% in 2016), as were 28% of private public drinking water samples (17% in 2016). A reason for the increase in unsafe private samples is difficult to determine. A portion may be attributed a large number of garden wells with unsafe sample results. A garden well is a term for a private well used for non-drinking purposes, including lawns and gardens even though the home is connected to a municipal water system. Municipalities require garden wells to be tested every five (5) years.

### 2013-2017 Water Testing Results

	2013	2014	2015	2016	2017
<b>Drinking Water</b>					
Total number of samples	4,112	4,247	4,461	4,415	4,624
Bacteriologically safe samples	3,661	3,931	3,527	3,618	3,159
Bacteriologically unsafe samples	451	401	407	440	526
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	84	100	126	93	97
<b>Recreational Water (pools &amp; beaches)</b>					
Total number of samples	1,899	1,918	1,885	1,820	1,791
Bacteriologically satisfactory samples	1,850	1,858	1,810	1,744	1,719
Bacteriologically unsatisfactory samples	49	60	75	76	72

## Water Testing Laboratory (continued)

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In 2017, the public samples included 180 facilities regulated 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, 173 (96%) water supplies tested safe, while 7 (4%) 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. In 2017, seven DNR-TNC facilities had bacteriologically unsafe samples. The water supply cannot be used for drinking without boiling, which destroys bacteria, until sampling confirms the water is safe, or an alternative water source such as bottled water is used for drinking. The goal is to return a water system to safe operations as soon as possible. Corrective measures taken to ensure a safe water supply include: chlorination of the well, identifying and correcting any needed repairs; and follow up water testing.

Marathon County has 85 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, for complaints received, or when violations are identified during inspections that need to be monitored more closely. In 2017, 96% of the recreational water samples tested safe. Those that are found bacteriologically unsatisfactory are notified and follow up disinfection is required.



# Children & Youth with Special Health Care Needs Regional Program



The Children and Youth with Special Health Care Needs (CYSHCN) Program works to improve systems of care for children and youth from birth through 21 years of age with a chronic physical, developmental, behavioral, or emotional illness or condition that requires specialized health or educational services.

The Wisconsin CYSHCN program advances outcomes for all children and youth including those with chronic conditions for the following Maternal and Child Health National Performance Measures:

- Improve the quality of health care through a medical home, and
- Assure a smooth transition from child health services to adult health care.

The Northern Regional Center provides free and confidential information and referral assistance to families. In 2017, the Northern Regional Center serving 15 counties continued to contract with the Marathon County Birth to Three Program to provide the Information and Referral Assistance services. This partnership allows Birth to Three Service Coordinator staff to increase knowledge and skills to connect families to resources for quality health care within a medical home, public and private health care coverage options, parent support, and other community supports/resources to assist the families.

The Regional Center for CYSHCN uses a variety of strategies to connect families and community providers to the resources needed to improve systems of care. The following summarizes strategies carried out in 2017:

**Information and Referral Assistance Services** – The Northern Regional Center responded to more than 150 contacts from parents or professionals seeking information about community supports.

**Trainings for Parents and Providers** – The Northern Regional Center, with other Network partners, conducted 8 trainings for parents and 4 trainings for providers. In 2017, three new training curriculums were added to educate parents and community providers. New trainings which the Northern Regional Center presented included “Partnering with Your Child’s Doctor” and “Build Your Bridge – Moving from child to Adult Health Care”. Additional presentations on Youth Health Transition topics such as Supported Decision Making were conducted in 7 different communities.

**Partnerships** – The Northern Regional Center formed partnerships with 3 Tribal Health Center Medical Home grantees for Bad River, Lac Courte Oreilles and Red Cliff. A new coalition formed in Vilas County to explore evaluation and intervention resources for children with autism. The Regional Center participates in local early childhood coalitions, including the Marathon County Early Years Coalition, three Early Childhood Councils serving Price, Sawyer and Ashland/Bayfield/Iron Counties, and the Northern Regional Action Team of the Wisconsin Early Childhood Collaborating Partners. The County Communities on Transition (CCoT) focus on youth with disabilities and special needs over age 14. The Northern Regional Center works with Langlade, Lincoln, Marathon, Portage, Price, Taylor and Wood Counties to promote a health focus when moving from child to adult services.

**Outreach and Promotion** – The Northern Regional Center provided over 25 site visits to partners to educate, connect, or engage with them to improve systems of care for children. Included were visits with staff from WIC, public health, Birth to Three, Tribal Health Centers for Bad River and Lac Courte Oreilles home visitation programs, and high school special education staff at DC Everest, Phillips, SPASH, Marshfield, Wisconsin Rapids, Medford and Marathon County Special Education.

**Website and E-Newsletters** – Visit [www.NorthernRegionalCenter.org](http://www.NorthernRegionalCenter.org) for information on Medical Home and Youth Health Transition resources, training opportunities or to connect with the staff of the Northern Regional Center.

# Department Operations

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The Marathon County Health Department is committed to providing efficient services by implementing strategies to reduce or eliminate non-valued activities, resulting in improved work flow and teamwork. In 2017, we met this goal through the following:

## **Lab Information Management System (LIMS) Implementation**

On January 1, 2017, we deployed a new Lab Information Management System (LIMS) application, completing a three-year selection and implementation period. The new LIMS allows the Water Testing Lab the ability to use less paper, and increase customer satisfaction by automating several systems. We now provide water test results and invoices using email instead of printing and sending via United States Postal Service. This reduces the wait time for customers, and frees up staff time in not needing to respond to phone calls due to the mailing delay. Customers now receive their results the same day the water samples are read out. Using the new system, we send invoices to customers weekly, rather than monthly. This saves staff time and allows us to integrate our LIMS with the county's financial software, resulting in greater fiscal internal controls over the collection process.

We have customized the LIMS to meet the specific needs of our Water Testing Lab, resulting in a system that is streamlined and efficient. Entry of results can now be done quickly and in one place, without opening each sample, entering and saving one result at a time. The upload of results to the Wisconsin Department of Natural Resources is fully automated, reducing the risk of error and time it takes to complete the task. Our software developer is now in-house, allowing us to respond to changes in requirements such as audits.

## **Focus on Quality Improvement**

In 2012, a Quality Improvement Plan was developed, and a cross team workgroup was established with the goal to achieve and maintain a high level of efficiency and effectiveness. The Health Department continues to integrate quality improvement tools and principles into our work every day. Every staff member has been given a Public Health Quality Improvement Encyclopedia, which provides and explains over 70 formal tools to be used as a reference to facilitate problem solving processes. In 2017, over half of the Marathon County Health Department staff members contributed to a formal quality improvement project. Staff at all levels of the organization are encouraged to identify areas where quality improvement tools could benefit the organization, and lead projects to increase quality, efficiency, and/or effectiveness in their area of expertise.

## **Continuing Our Journey towards a Paperless Office**

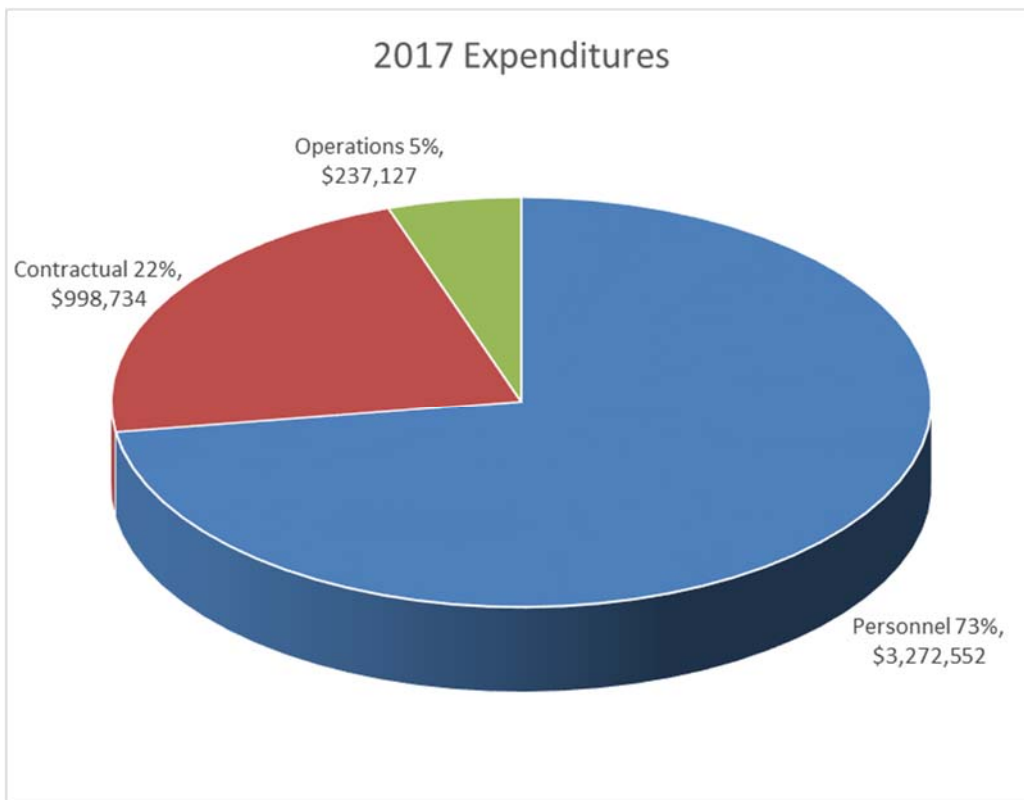
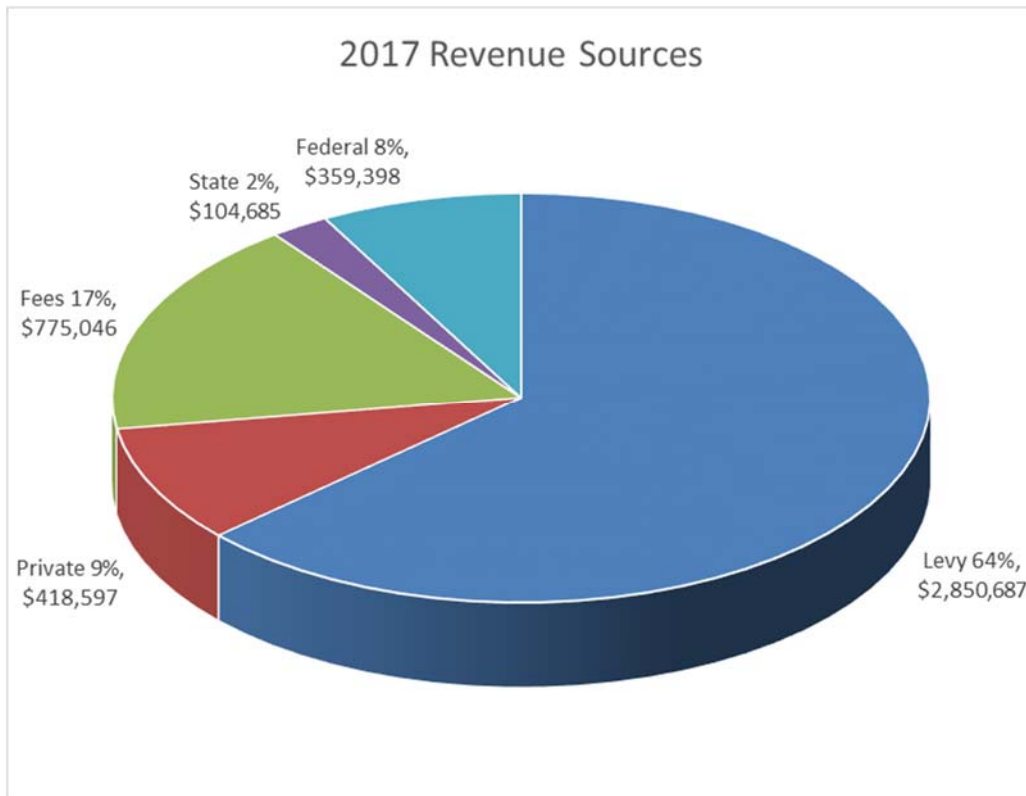
Our conversion of paper Vaccine Administration Records to electronic records began in 2015, and was completed in 2017. This involved scanning and electronically filing over 90 boxes of records, going back to 1978. In addition, in 2017, we filed client records for the regional Children and Youth with Special Health Care Needs program electronically. In addition, public Health Nurses continue to introduce ways to sign client forms electronically using technology as it becomes available. Use of electronic filing allows easier access to files, better use of space in the department, and reduces the risk of a data breach. This also allows Marathon County Health Department staff to spend less time looking for records, and more time serving the customer.

## 2017 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	\$2,922,397	\$2,842,441	\$91,700	\$90,904
Environmental Permits/Licensing	\$	\$	\$423,491	\$430,405
Laboratory	\$35,138	\$8,246	\$132,454	\$156,013
Total Levy Funded	<u>\$2,957,535</u>	<u>\$2,850,687</u>	<u>\$647,645</u>	<u>\$677,322</u>
 <b><u>PROGRAMS FUNDED FROM OTHER SOURCES</u></b>				
<b>Regional Programs</b>				
Children & Youth with Special Health Care Needs	\$141,204			\$141,204
Total Regional Programs		\$141,204		
<b>Family Health/Communicable Disease</b>				
HIV Partner Services*	\$3,799			\$3,799
Immunizations & Vaccinations	\$36,343			\$36,343
Maternal/Child Health	\$51,019			\$51,019
Prenatal Care Coordination	\$62,642			\$62,642
Targeted Case Management	\$36,079			\$36,079
Tuberculosis	\$6,203			\$6,203
Total Family Health/Communicable Disease		\$196,085		
<b>Environmental Health</b>				
Lead	\$13,938			\$13,938
Mercury/DNR	\$45,789			\$45,789
Radon	\$21,583			\$21,583
Total Environmental Health		\$81,310		
<b>Chronic Disease Prevention</b>				
Alcohol				\$
Hearing & Vision Screening	\$61,792			\$61,792
Injury Prevention	\$9,167			\$9,167
Tobacco Control Grants*	\$66,615			\$66,615
Community Engagement Collective Impact	\$120,215			\$120,215
Behavioral Health	\$209,698			\$209,698
Oral Health				\$
Total Chronic Disease Prevention		\$467,487		
<b>Departmental</b>				
Community Health Improvement Plans and Processes	\$32,410			\$32,410
Local Public Health Preparedness	\$78,170			\$78,170
Total Departmental		\$110,580		
<b>TOTAL PROGRAMS FUNDED FROM OTHER SOURCES</b>			\$996,666	
<b>TOTAL ALL FUNDS</b>				<u>\$4,524,675</u>
	<u>Total Funds</u>	7/1/16 Population Estimate	Per Capita <u>Funds</u>	
Levy Funded	\$2,850,687	135868	\$ 20.98	
Non-Levy Funded	<u>\$1,673,988</u>	135868	<u>\$ 12.32</u>	
Total	<u>\$4,524,675</u>	135868	<u>\$ 33.30</u>	

\*Includes Wood and Portage Counties

## 2017 Financial Summaries (Unaudited)



The 2013-2018 Marathon County Health Department Strategic Plan guides the department in carrying out its mission “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 the National Public Health Accreditation standards, whereby, local health departments are to develop a strategic plan every five years. As a way to ensure excellence in the delivery of services, local health departments are encouraged to work toward meeting this standard. During 2017, the Health Department furthered strategies in support of the nine goals of the Department’s Strategic Plan:

**Citizen Perspective Goal: Assure programs and services are in place to address the public health needs in Marathon County.**

- Released and Implemented the 2017-2020 Marathon County Community Health Improvement Plan
- Provided leadership to the development of the 2018-2022 Marathon County Strategic Plan
- Provided leadership for the 2017-2019 LIFE Report, facilitating and writing the Health & Wellness indicators
- Provided leadership and technical assistance in partnership with Healthy Marathon County to create and fund the following initiatives: Launched the *Marathon County Teen* video series, published the 2017 Marathon County Youth Risk Behavior Survey Report, secured Healthy Marathon County Pulse, an on-line data platform

**Employee Learning and Growth Goal: Promote a work environment that fosters innovation and excellence.**

- Continued to “round” with employees every 4-6 weeks
- Participated in the Marathon County Leadership Program, having one colleague graduate, and six managers serve as mentors for the class of 2017
- Launched “Innovations” Brown Bag Seminars
- Furthered cross-team leadership opportunities
- Held two trainings focused on increasing employees’ comfort and skill in “giving and receiving” feedback
- Scored 75% or higher in 11 of the 12 areas of the Denison Organizational Culture Survey

**Fiscal Goal: Promote understanding of the value public health contributes to the community.**

- Continued to use TV, radio, print media, social media and websites to inform the public. Featured monthly on the 1230AM radio program *Coffee Break* the 4th Wednesday of each month. Seventy-five (75) media contacts were made in 2017 by 44% of colleagues in the department

**Fiscal: Assure adequate resources to support department policies.**

- Served on the Board of Directors of the Wisconsin Association of Local Health Departments and Boards to advance policies that support local health departments, including serving on statewide workgroup to determine funding allocation and parameters for the distribution of state GPR funds to further prevention and control of communicable disease for health departments.
- Supported the grant application for Phase 2, Medical College of Wisconsin Healthier Wisconsin Partnership Program: Community Changemakers for Behavioral Health

**Operations Goal: Create and maintain systems to assure desired outcomes are met.**

- Reviewed and updated Marathon County’s Performance Improvement Dashboard benchmark goals and measures
- Continued to implement quality improvement systems at the Department and Marathon County Government level;
- completed twenty quality improvement projects among ten program areas
- Furthered project management principles, tools and skills

# Strategic Plan

## 2017 Highlights (continued)

### **Operations Goal: Improve organizational structure to assure programmatic and operational excellence.**

- Conducted “Start-Stop-Continue-Improve” quality improvement project to realign work on the Chronic Disease Team in order to facilitate the implementation of the 2017-2020 Marathon County Community Health Improvement Plan
- Evaluated team and department staffing needs with every staff resignation and vacancy, seizing opportunity to realign duties
- Continued to align programs, services and initiatives with staff strengths, skills and interests, to increase overall organizational capacity
- Increased the department’s ability to support facilitation for internal and community meetings, having two colleagues complete the one-week course “Journey of Facilitation and Collaboration”; held in-house on meeting participation and basics of meeting facilitation

### **Operations Goal: Advance collaborative partnerships at the local, regional and state level to fulfill the department’s mission and maximize resources.**

- Continued to broaden and deepen working relationships within coalitions and partnerships; Early Years Coalition, Behavioral Health Network, Healthy Marathon County, AOD Partnership, HEAL, Central WI Tobacco Free Coalition, Homeless and Housing, Hunger Coalition, Heart of WI Breastfeeding Coalition, Marathon County School-Based Counseling Consortium, Western Marathon County Healthy Communities, RISEUP, Child Death Review, ACE Workgroup, Oral Health Workgroup, Partnership for Healthy Aging
- Continued to serve on local, regional and state boards; Bridge Community Health Clinic, Healthfirst, Wisconsin Association of Local Health Departments & Boards, Public Health Council, Health TIDE, Wisconsin Public Health Association.
- Partnered with Medical College of Wisconsin – Central Wisconsin to provide educational seminars.
- Co-hosted a UW Population Health Fellow with Ascension.
- Explored the feasibility of creating a three-county partnership to further the development and exchange of population health data among health care systems and local health departments.
- Facilitated the development of community partnership for the new community health priorities of Adverse Childhood Experiences (ACES), Health Needs of Aging, and Oral Health starting in January 2017. Continue to facilitate community partnerships to advance the plan of work for the community health priorities of Alcohol and Other Drug Misuse, Behavioral Health, and Healthy Weight

### **Operations Goal: Maximize utilization of technology in support of department’s mission.**

- Developed new system for tracking Human Health Hazard program activities and impacts
- Continued to transition paper documentation of services to electronic
- Assessed administrative support staff skills in Outlook, Microsoft Word and Excel
- Developed enhancements for Medicaid billing processes

### **Operations Goal: Strengthen the department’s ability to promote and implement public health policy in support of the county’s mission and strategic goals.**

- Passed seven public policies by the Board of Health that included supporting GPR funding for health departments for prevention and control of communicable disease. Funding for communicable disease included in the 2017-2019 Budget Bill.
- Invited legislators to attend March 20, 2017 Board of Health meeting to share public health issues impacting Marathon County.

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

## *Mission & Vision Statements, Core Values*

### **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**

**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; and responding to phone calls, emails, and other correspondence according to protocols
- Commit to being accessible during the work day and after work hours to ensure customer needs are met

**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

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

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

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

- Honor each individual’s worthiness and respect each other’s beliefs, values, and viewpoints
- 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

# Strategic Plan

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## *Core Values (continued)*

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

<b>Joan Theurer</b>	<b>Health Officer</b>	<b>11</b>			
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### Chronic Disease Prevention

<b>Judy Burrows</b>	<b>Director of Chronic Disease Prevention</b>	<b>25</b>	Amanda Ostrowski	Health Educator	10
Vicki Anthony	Public Health Screening Coordinator	5	Jenna Otterholt	Health Educator	<1
Kari Cline	Screening Technician (Casual)	10	Samantha Pinzl	Health Educator	2
Destinee Coenen	Health Educator	5	Kelly Pozorski	Screening Technician (Casual)	<1
Ashley Deering	Health Educator	5	Aaron Ruff	Health Educator	5
Melissa Moore	Drug Free Communities Coordinator	7	Hannah Schommer	Health Educator	1
Janine Foggia	UW Population Health Fellow	1	Hayley Smith	Intern	<1
Jean Miller	Screening Technician (Casual)	2			

### Environmental Health & Safety and Water Testing Lab

<b>Dale Grosskurth</b>	<b>Director of Environmental Health &amp; Safety</b>	<b>16</b>	Ciera Danen	Summer Lab Intern	<1
Amy Arbetan	Environmental Health Sanitarian	1	Russ Mech	Environmental Health Sanitarian	21
Keith Baine	Environmental Health Sanitarian	9	Deanna Schertz	Environmental Health Lab Technician	7
Sara Brown	Environmental Health Sanitarian	15	Michelle Schwoch	Environmental Health Sanitarian	19
Cheryl Fay	Environmental Health Lab Technician	8			
Matthew Lillie	Environmental Health Sanitarian	1			

### Family Health & Communicable Disease Control

<b>Eileen Eckardt</b>	<b>Director of Family Health &amp; Communicable Disease Control</b>	<b>7</b>	Isabel Mandli	Registered Nurse (Casual)	4
Chelsea Baer	Public Health Nurse	8	Julia Mohr	Public Health Nurse	<1
Tammy Borchardt	Public Health Nurse	2	Pang Moua	Community Health Worker	21
Vicki Chrapkowski	Public Health Nurse	29	Becky Mroczenski	Epidemiologist/Communicable Disease Coordinator	10
Lunette Dehnel	Public Health Nurse (Casual)	3	Tiffany Pietrowski	Public Health Nurse	16
Jenny Juneau	Public Health Nurse	11	Jessica Nelles	Public Health Nurse	1
Vicki Kowalski	Public Health Nurse	20	Sara Smith	Public Health Nurse	2
Kayla Lee	Public Health Nurse	2	Stephanie Steingraber	Public Health Nurse	3
Jess Merkel	Manager - Family Health & Communicable Disease Control	3			

### Administrative & Fiscal Support Team

<b>Season Welle</b>	<b>Director of Operations</b>	<b>10</b>	Patti Poverski	Administrative Specialist	28
Bonita Buchberger	Administrative Specialist	47	Jean Rolnecki	Administrative Specialist	15
Jill Casper	Senior Aide	<1	Aby Sauter	Administrative Specialist	<1
Peggy Henrichs	Senior Aide	3	Jon Schmunk	Administrative Coordinator	5
Leila Lucero	Administrative Assistant	5	Don Soppe	Senior Aide	1
Sandy Marten	Administrative Specialist	5	Chris Weisgram	Administrative Coordinator	6
Kristy Lee	Summer Intern	<1			

### Regional Programs

Julia Stavran	Program Manager - CYSHCN	30			
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## Marathon County Demographics

<b>Population (2016 Estimate)</b>	135,367
<b>Gender (2016)</b>	
Male	50.3%
Female	49.7%
<b>Age (2016)</b>	
Under 5 Years	6.1%
Under 18 Years	23.4%
65 Years and Over	15.9%
<b>Race &amp; Ethnicity (2016)</b>	
White	91.5%
Black	0.7%
American Indian and Alaska Native	0.3%
Asian	5.5%
Hawaiian Native or Other Pacific Islander	0.0%
Hispanic/Latino	2.6%
Two or More Races	1.5%
<b>Geography</b>	
Square Miles	1,544.98
Population Density (Persons per square mile)	87.3
<b>Economics</b>	
Median Household Income (2010-2014)	\$54,227
People Below Poverty Level (2010-2014)	11.1%

Source: U.S. Census Bureau, 2012-2016 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](http://www.co.marathon.wi.us)  
[health@co.marathon.wi.us](mailto:health@co.marathon.wi.us)