

Marathon County Board of Health

Tuesday, August 6, 2019 at 7:30 AM Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403

In addition to attendance in person at the location described below, Board of Health Members and the public are invited to attend by telephone conference.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning ten minutes prior to the start time indicated below, using the following number: 715-261-1972.

Committee Members: John Robinson, Chair; Sandi Cihlar, Vice-Chair; Lori Shepherd, Secretary; Mary Ann Crosby; Dean Danner; Kue Her; Michael McGrail; Laura Scudiere

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

1. **Call to Order**
2. **Public Comment Period**
3. **Approval of the Minutes of the July 2, 2019 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. Adopt the language change for the Board of Health Membership to be in keeping with the amended Section 2.05(1)(d), General Code of Ordinances
5. **Policy Discussion and Possible Action**
 - A. Discuss the Board of Health Self-Assessment findings and identifying opportunities to strengthen the Board's role
 - B. Adopt the draft policy statement on Workplace Naloxone Use Program
 - C. Update on state and county discussions regarding the 2019-2021 Biennial State of Wisconsin Budget
 - i. Medicaid Expansion
 - ii. Impacts to further public health goals in Marathon County
 - D. Overview of facts to consider in developing a resolution on marijuana and determine next steps

E. Report from the Health & Human Services Committee July 22, 2019 meeting on policy issues impacting public health

6. Educational Presentations/Outcome Monitoring Reports

A. Share name change for the Chronic Disease Prevention Team

7. Announcements

A. Staffing Updates

8. Next Meeting Date & Time, Location, Future Agenda Items: September 3, 2019

A. Share Denison Organizational Culture Survey

B. Overview of the Health Department's trends, successes & challenges based on the 2019 Annual Report

C. Merits of Educational Presentation on Public Health 3.0

D. Other

9. Adjourn

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
July 2, 2019

Present: John Robinson, Kue Her, Mary Ann Crosby, Sandi Cihlar (Via Telephone), Michael McGrail, Dean Danner, Lori Shepherd, Laura Scudiere

MCHD Staff: Melissa Moore, Dale Grosskurth, Joan Theurer, Eileen Eckardt, Judy Burrows

Guests: Becky Frisch

1. Call to Order

John Robinson called the meeting to order at 7:31 a.m.

2. Public Comment Period

None

3. Approval of the Minutes of the June 4, 2019 Board of Health Meeting

Motion to approve the minutes of the June 4, 2019 meeting made by Kue Her. Seconded by Michael McGrail. Motion approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

- A. Update on action taken by the Marathon County Board of Supervisors on the proposed amendment to Marathon County Ordinance section 2.05(1) of the membership of the Board of Health

John Robinson reported that the amendment passed the County Board unanimously. A presentation was provided to the County Board by John Robinson and Joan Theurer, providing an overview of the purpose of the Board of Health.

John Robinson shared that some of the questions received during the presentation were related to Health Equity, and the biggest challenges being met, which included behavioral health.

Discussion on the opportunities for further conversation on health equity.

Joan Theurer will bring forward the bylaws for amendment at the August meeting. If Board members have individuals in mind who might be good candidates for membership on the Board of Health, they can be shared with Joan by August 2nd. She will be working with the County Administrator to find an appointee.

5. Policy Discussion and Possible Action

- A. Update on state and county discussions regarding the 2019-2021 Biennial State of Wisconsin Budget along with an update on the WALHDAB/WPHA 2019-2020 legislative priorities
 - i. Status report on the proposed Resolution to Support Federal Medicaid Expansion in Wisconsin

ii. Other

John Robinson shared that consideration of the resolution to support Federal Medicaid Expansion in Wisconsin will still be considered at the next Health and Human Services Committee. County Board leadership is looking into options as to whether a resolution could be adopted by the Board of Health, or if it should be considered by the full County Board of Supervisors.

Discussion on the impact to states when expansion of federal Medicaid expansion has been accepted versus turned down. John Robinson suggested having members in attendance at the Health & Human Services Committee meeting on July 15th. Joan will forward information to the Board members in advance of the meeting. The presentation at the meeting will focus on the Health Equity aspect, as well as how the investment will move forward population health goals.

B. 2019 the Year of Clean Drinking Water in Wisconsin: Overview of water quality in Marathon County

Joan Theurer asked for introductions from those in attendance, and welcomed Becky Frisch, Director of Conservation, Planning & Zoning for Marathon County. Becky explained the role of the department, and the services provided, as well as how work is done in partnership with the Health Department. The Health Department will have a role in developing a ground water plan, currently underway.

An overview document was provided to the Board of Health, covering ground water in Marathon County.

Discussion on what data is being tracked, and what data is needed to determine what the specific ground water issues are in Marathon County. Becky Frisch explained that doing a ground water study, would start to produce some of the information needed to make determinations on what issues are present.

Discussion on the impact of pharmaceutical, agricultural, and industrial materials entering the environment through waste water systems, and ground application.

John Robinson asked what are the best three things that could be done to address water quality, as far as public health. Dale Grosskurth shared that the cost would be very high to address the needs for replacing deteriorated septic systems, as well as building water treatment facilities that can handle what is being put into waste water. Becky Frisch explained that it is difficult to answer what needs to be done, when the specific issues have not been identified. Joan Theurer suggested developing a comprehensive picture of the water quality data for the county would be the first step, then ensuring regular testing for private well owners, and third, ensuring private septic systems are properly maintained.

Becky Frisch explained that the Environmental Resources Committee would be working with her department, and partnering with the Board of Health and Health Department, to develop a groundwater plan during the next 2-3 years.

Joan will keep the Board of Health updated on progress in development of the plan, so that the Board of Health can assist with policy considerations as needed.

- C. Review components of draft policy statement on the training, dispensing and administration of naloxone by Marathon County department

Joan Theurer provided background information on development of the draft policy statement, which includes a recommendation for County Administration to direct county departments to implement. The Board was also provided a guidance document from the Centers for Disease Control and Prevention.

Discussion on how EMS response times impact the necessity of having County department staff, such as public health nurses, and environmental sanitarians at the Health Department, prepared to provide naloxone. Joan Theurer explained that a major consideration for such a program needs to be the safety of staff. Laura Scudiere shared that having a county-wide policy may not be the best option, but be more specific as to which departments would need to be included.

Melissa Moore shared that the Sheriff's Officer is trained to administer naloxone.

John Robinson suggested having a conversation with County Administration prior to considering whether to implement a policy that would affect County departments.

Discussion on whether there are departments that are high risk, and would need to have a policy in place to allow for administration of naloxone.

- D. Reminder to complete the Board of Health self-assessment and confirm plans to discuss survey findings at the August 6, 2019 meeting

Joan reminded Board members to complete the assessment by July 12. Molly Bennett will facilitate discussion of the results at the August meeting.

- E. Report from the Health & Human Services Committee June 24, 2019 meeting on policy issues impacting public health

Mary Ann Crosby reported on recent Health & Human Services Committee meetings.

- Approved transitioning Birth to 3 services from NCHC to Marathon County Special Education
- Keeping Area Teens Safe (KATS) (www.katsinc.org) program presentation – issues facing homeless teens in Marathon County, and the plans for the program to work towards addressing their needs

6. Educational Presentations/Outcome Monitoring Reports

- A. Determine what educational report the Board of Health would like from the 2018 Annual Report

Joan Theurer asked Board members what further information they would need from the Annual Report for further discussion.

John Robinson asked if there staff opinions on any trends that should be discussed or made aware of, either successes or challenges.

7. Announcements

A. Other

8. Next Meeting Date & Time, Location, Future Agenda Items: August 6, 2019

- A. Board of Health self-assessment
- B. Draft resolution on marijuana
- C. Share Denison Organizational Culture Survey
- D. Other

9. Adjourn

John Robinson adjourned the meeting at 9:24 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

DRAFT

**Health Officer Notes
August 2019**

Operational Functions Required by Statute, Ordinance, or Resolution

A. Adopt the language change for the Board of Health Membership to be in keeping with the amended Section 2.05(1)(d), General Code of Ordinances

The Board of Health membership requirements were amended to be in keeping with requirements for local boards of health on June 25, 2019 by the Marathon County Board of Supervisors. Enclosed, find the proposed amendment to the Marathon County Board of Health Bylaws for review and adoption.

Policy Discussion and Possible Action

A. Discuss the Board of Health Self-Assessment findings and identifying opportunities to strengthen the Board's role

Molly Bennett, Organizational Excellence Program Manager, will facilitate the Board discussion. Board members will identify opportunities based on current strengths and weaknesses with the goal to develop an action plan to strengthen the Board's role. Enclosed find two reports - compiled Board self-assessment and the Health Officer/Program Director self-assessment findings. Paper copies will be made available at the meeting.

B. Adopt the draft policy statement on Workplace Naloxone Use Program

Joan Theurer, Health Officer, will share draft revisions based on the July's Board discussion and input from the County Administrator. Enclosed find the draft policy statement, dated July 24, 2019.

C. Update on statewide and county discussions on the 2019-2021 Biennium State of Wisconsin Budget

i. Medicaid Expansion

ii. Impacts to further public health goals in Marathon County

John Robinson, Sandi Cihlar, and Mary Ann Crosby will share takeaways from the educational presentation on Medicaid Expansion provided at the July 22, 2019 Health & Human Services Committee meeting. Joan will highlight aspects of the 2019-2021 biennium budget that further public health goals. Enclosed, find the PowerPoint presentation from the Health & Human Services Committee meeting.

D. Overview of facts to consider in developing a resolution on marijuana and determine next steps

Judy Burrows, Program Director, Chronic Disease Prevention, will walk through considerations regarding a resolution for the safe and responsible use of marijuana. Enclosed find the "Marijuana – Significant facts to consider for developing a resolution" document to be discussed.

E. Report from the Health & Human Services Committee July 22, 2019 meetings on policy issues impacting public health

Mary Ann Crosby, Marathon County Board Supervisor, will highlight discussion and action taken by the committee impacting public health.

Educational Presentations/Outcome Monitoring Reports

A. Share name change for the Chronic Disease Prevention Team

Judy Burrows, Program Director will share background for the name change of the Chronic Disease Prevention Team to the Community Health Improvement Team. Enclosed find the "From Chronic Disease Prevention to Community Health Improvement, 21st Century Public Health" report.

Announcements

A. Staffing Updates

Ashley Franke, Family Health Manager, has resigned as of July 26th to take a position in Madison. The position will be filled. The Environmental Health Sanitarian position vacant as of July 26th will also be filled. Internal evaluations as to need and skills were conducted.

Next Meeting Date & Time, Location, Future Agenda Items: September 3, 2019

- A. Share Denison Organizational Culture Survey
- B. Overview of the Health Department's trends, successes & challenges based on the 2019 Annual Report
- C. Merits of Educational Presentation on Public Health 3.0
- B. Other

Marathon County Board of Health
Bylaws

Amended per County Ordinance #0-8-19 dated June 25, 2019

I. Purpose

The purpose of the Marathon County Board of Health is to provide policy-making guidance to the Health Officer, the County Administrator, and the Marathon County Board of Supervisors to provide an environment in which people can be healthy.

II. Specific Duties

In addition to those duties and responsibilities set forth in Section 2.05(17) of the General Code of Ordinances, the Marathon County Board of Health fulfills its purpose through the following specific duties:

- Assures the enforcement of public health statutes and rules
- Assures the local health department meets the requirements of a Level III health department as defined in statute
- Adopts local public health regulations to protect and improve the public's health which are no less stringent than, and do not conflict with, state statutes or the rules of the State Department of Public Health.
- Assesses public health needs and advocate for the provision of reasonable and necessary public health services
- Develops policy and provide leadership to meet public health needs
- Assures the local health department collaborates with other public health partners
- Assures accountability of the local health department

III. Membership

The Marathon County Board of Health shall consist of nine members - at least three of whom are not elected officials. Board of Health members will demonstrate interest or competence in the field of public health or community health. ~~A good faith effort to include at least one physician, one registered nurse, one dentist, and one veterinarian will be made.~~ The membership composition will be in keeping with Wisconsin Statute 251.02.

A quorum is defined as 51% of the current Board. Board members who cannot attend a meeting are expected to report the absence in advance.

The Medical Director of the Health Department shall serve as an Ex-Officio member of the Board of Health. This position advises the Board, the Health Officer, and the Health Department staff on medical issues. This position shall not vote nor contribute to the quorum requirements of the Board.

IV. Appointment Process

Board of Health members are appointed by the County Administrator **and confirmed by the Marathon County Board of Supervisors**. Appointments are for five years. There are no term limits.

V. Officers

The Marathon County Board of Health will elect officers in June of even years. Officers include Chairperson, Vice-Chairperson, and Secretary.

The Chairperson shall prepare the agenda (in consultation with the Health Officer) and preside over all meetings of the Board of Health. The Chairperson (or his/her designee) represents the Board of Health during presentations to the County Board of Supervisors and to the media.

The Vice-Chairperson assumes all duties of the Chairperson in his/her absence.

The Secretary reviews and signs all official records and correspondence of the Board of Health.

VI. Frequency of Meetings

The Marathon County Board of Health meets on a monthly basis. Meetings may be cancelled, but the Board must meet a minimum of four times per year. A special meeting may be called by the Chairperson or two or more members of the Board of Health.

VII. Relationship with Health & Human Services Committee

The Board of Health will work with the Marathon County Health & Human Services Standing Committee to develop County-wide policy related to health.

References:

Wisconsin Statutes, Chapter 251

~~Marathon County Rules of Procedure~~

~~Marathon County Code of Ordinances, Chapter 2, the Governing Body, Section 2.05 (1)(d) Board of Health~~

Adopted ~~August 6, 2019~~10/07/08

ORDINANCE #O-8-19

AMENDING SEC. 2.05(1)(d), GEN. CODE OF ORD. TO PROVIDE FOR BOARD OF HEALTH MEMBERSHIP TO TRACK STATUTORY LANGUAGE

WHEREAS, on April 19, 2018, the Board of Supervisors for the County of Marathon adopted § 2.05 of the General Code of Ordinances for Marathon County, establishing the membership requirements for the Board of Health; and

WHEREAS, the State of Wisconsin mandates relative to the membership requirements for local boards of health; and

WHEREAS, on May 7, 2019, the Marathon County Board of Health voted to amend § 2.05(1)(d), Gen. Code, to modify membership requirements in order to track with state statute; and

WHEREAS, on May 20, 2019, the Marathon County Health & Human Service Committee voted to amend § 2.05(1)(d), Gen. Code, as provided for in the attached addendum, to reference the requirements provided for in state statute; and

WHEREAS, §2.01(intro.), Gen. Code, permits amendment of the County Board rules of procedure by two-thirds majority vote of a quorum of the members present at a County board meeting.

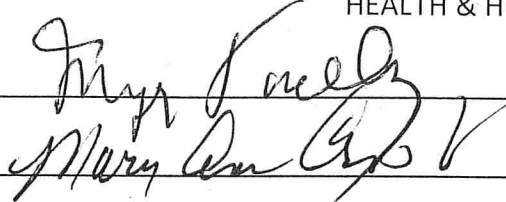
NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Marathon does hereby ordain as follows:

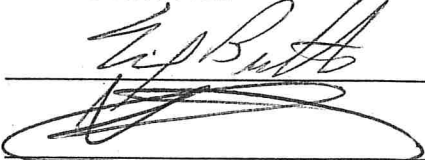
1. To amend § 2.05(1)(d) of the General Code of Ordinances, pursuant to the addendum attached hereto.

BE IT FURTHER RESOLVED that the ordinance shall take effect upon passage and publication as required by law.

Dated this 25th day of June, 2019

HEALTH & HUMAN SERVICES COMMITTEE





Estimated Fiscal Impact: None.

Proposed Amendment to Code of Ordinances, Chapter 2, the Governing Body,
Section 2.05(1)(d) Board of Health Membership

(1) *Board of Health.*

- (a) *Committee type and reporting relationship:* The Marathon County Board of Health coordinates through the Marathon County Health and Human Services committee to the County Board.
- (b) *Mission/purpose statement:* The purpose of the Marathon County Board of Health is to develop and recommend for consideration by the Health and Human Services Standing Committee, health policies which create an environment in which individuals can be healthy.
- (c) *Statutory responsibilities:* Wisconsin Statutes, Chapter 251.
- (d) *Membership:* Total of nine members consisting of at least three of whom are not elected County officials and no less than three County Board Supervisors. Board of Health members will demonstrate interest or competence in the field of public health or community health. A good faith effort to include at least one physician, one registered nurse, one dentist, and one veterinarian will be made. The membership composition will be in keeping with Wisconsin Statute 251.03.

The Medical Director of the Health Department shall serve as an Ex Officio member of the Board of Health. This position advises the Board, the Health Officer, and the Health Department staff on medical issues. This position shall not vote nor contribute to the quorum requirements of the Board.

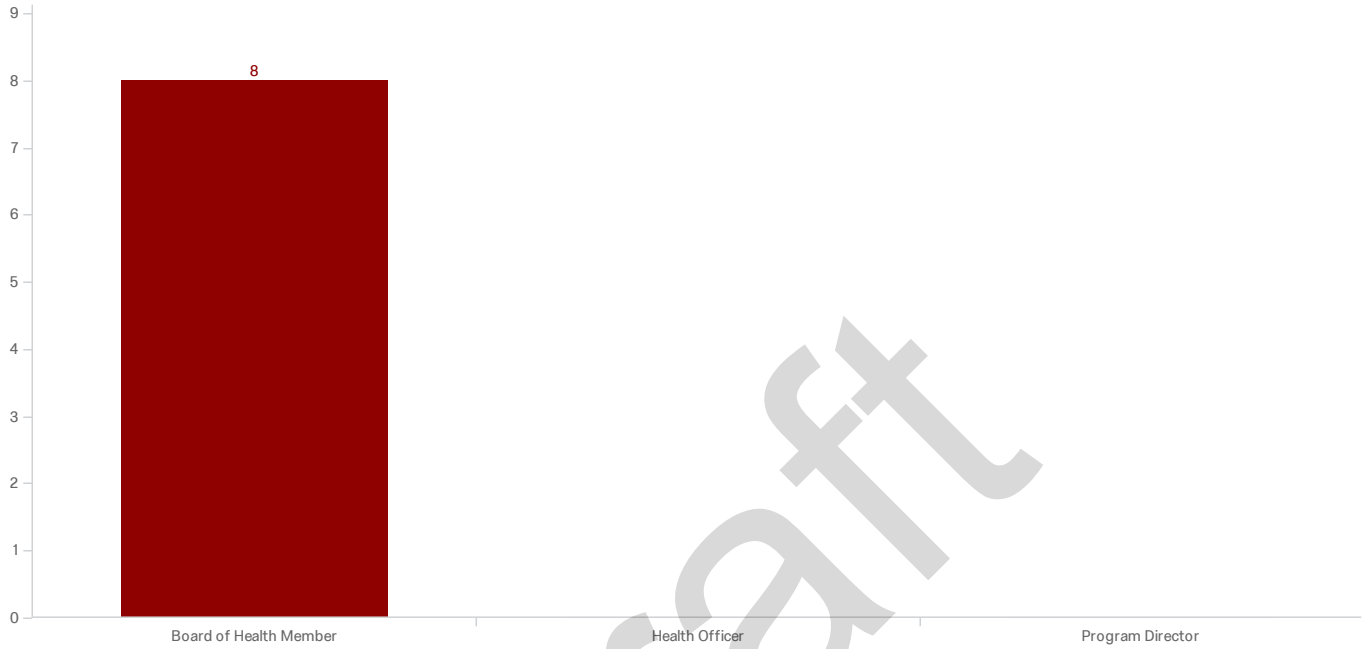
- (e) *Member term:* Board of Health members are appointed by the County Administrator and confirmed by the Marathon County Board of Supervisors. Citizen members are appointed for five-year staggered terms. There are no term limits. County Board Supervisors are appointed to serve two-year terms concurrent with their terms of office. Committee vacancies will be filled according to County Board Rule 13.
- (f) *Duties and responsibilities:*
 - 1. Assure the enforcement of public health statutes and rules.
 - 2. Assure the local health department meets the requirements of a Level III Health Department as defined by statute.
 - 3. Adopt local public health regulations to protect and improve the public's health which are no less stringent than, and do not conflict with, state statutes or the rules of the State Department of Public Health.
 - 4. Assess public health needs and advocate for the provision of reasonable and necessary public health services.
 - 5. Develop policy and provide leadership to meet public health needs.
 - 6. Assure the local health department collaborates with other public health partners.
 - 7. Assure accountability of the local health department.
- (g) *Other organization relationships:* The Board of Health will work with the Marathon County Health and Human Services Standing Committee to develop County-wide Health policies. Work with other County Board Committees, as the needs arise.

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Marathon County Board of Health Self Assessment 2019

July 22, 2019 8:44 AM CDT

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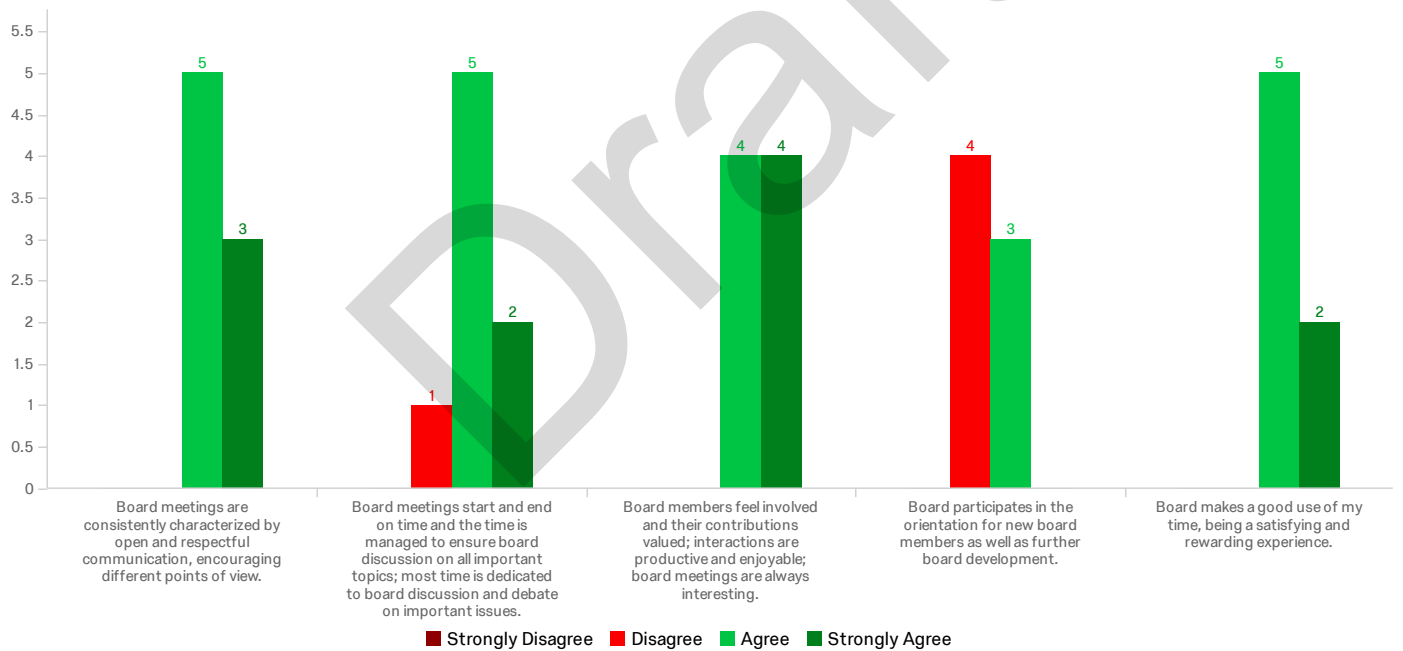
#	Field	Choice Count
1	Board of Health Member	100% 8
2	Health Officer	0% 0
3	Program Director	0% 0
		8

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Board Self Assessment - Meetings

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board meetings are consistently characterized by open and respectful communication, encouraging different points of view.	0% 0	0% 0	63% 5	38% 3	8
2	Board meetings start and end on time and the time is managed to ensure board discussion on all important topics; most time is dedicated to board discussion and debate on important issues.	0% 0	13% 1	63% 5	25% 2	8
3	Board members feel involved and their contributions valued; interactions are productive and enjoyable; board meetings are always interesting.	0% 0	0% 0	50% 4	50% 4	8
4	Board participates in the orientation for new board members as well as further board development.	0% 0	57% 4	43% 3	0% 0	7
5	Board makes a good use of my time, being a satisfying and rewarding experience.	0% 0	0% 0	71% 5	29% 2	7

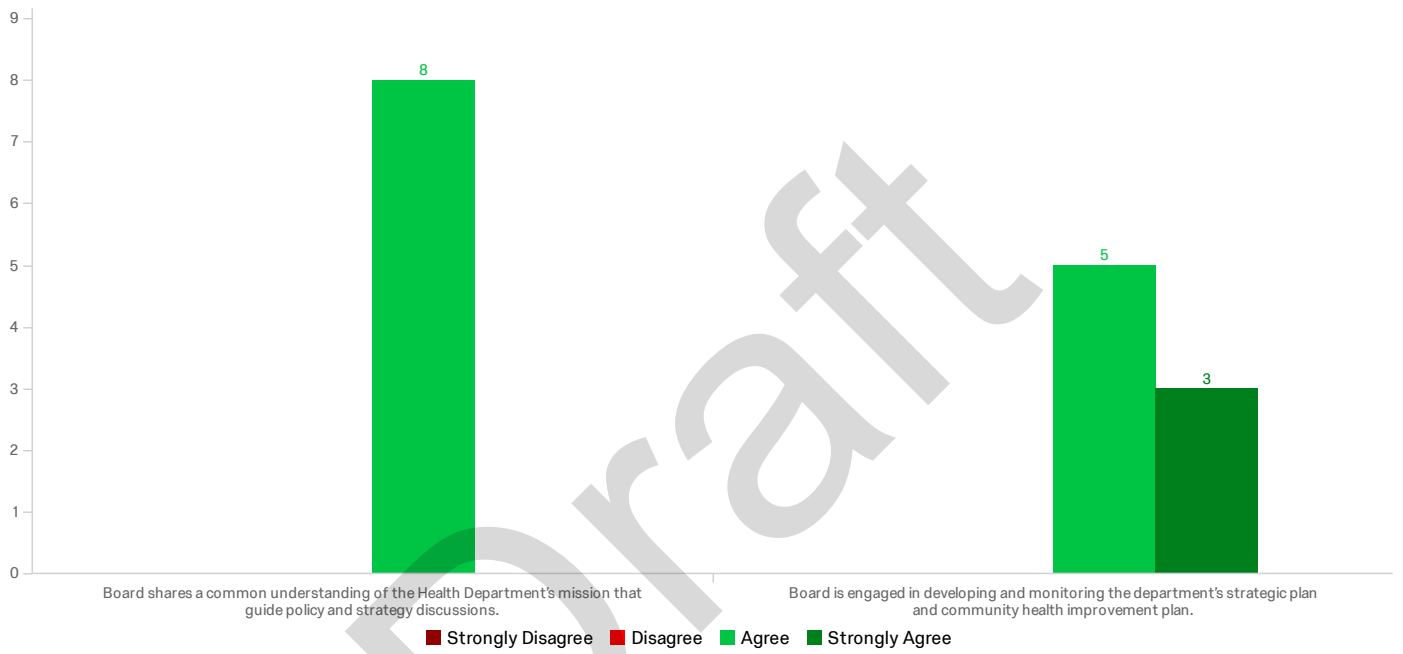
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Board Self Assessment - Strategic Direction

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board shares a common understanding of the Health Department's mission that guide policy and strategy discussions.	0	0	8	0	8
2	Board is engaged in developing and monitoring the department's strategic plan and community health improvement plan.	0	0	5	3	8

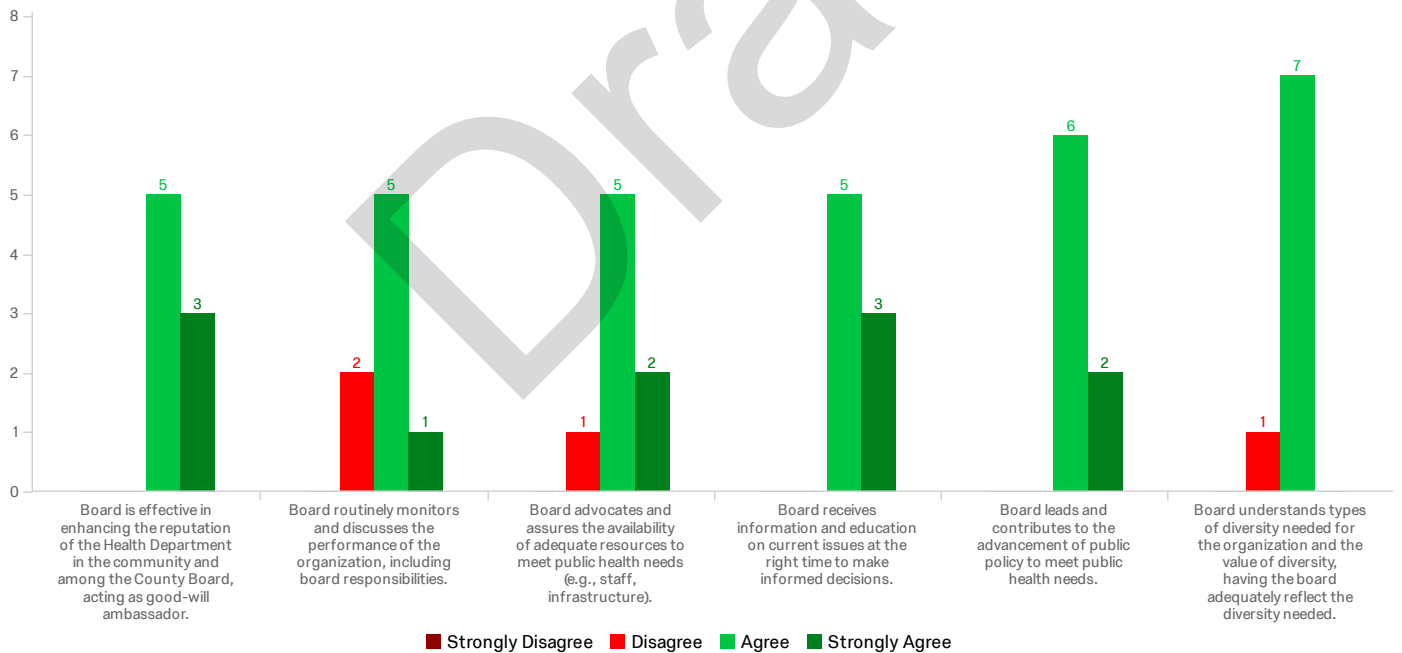
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Board Self Assessment - Core Responsibilities

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board is effective in enhancing the reputation of the Health Department in the community and among the County Board, acting as good-will ambassador.	0	0	5	3	8
2	Board routinely monitors and discusses the performance of the organization, including board responsibilities.	0	2	5	1	8
3	Board advocates and assures the availability of adequate resources to meet public health needs (e.g., staff, infrastructure).	0	1	5	2	8
4	Board receives information and education on current issues at the right time to make informed decisions.	0	0	5	3	8
5	Board leads and contributes to the advancement of public policy to meet public health needs.	0	0	6	2	8
6	Board understands types of diversity needed for the organization and the value of diversity, having the board adequately reflect the diversity needed.	0	1	7	0	8

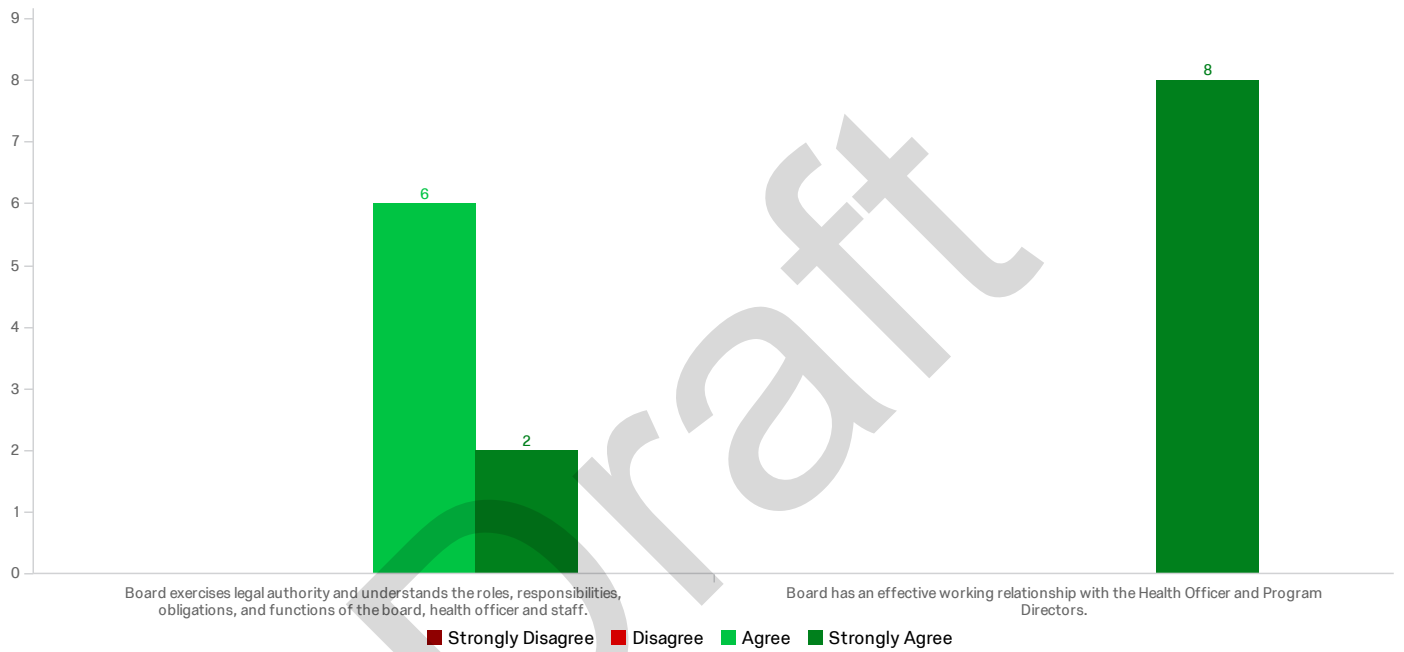
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Board Self Assessment - Relationships

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board exercises legal authority and understands the roles, responsibilities, obligations, and functions of the board, health officer and staff.	0	0	6	2	8
2	Board has an effective working relationship with the Health Officer and Program Directors.	0	0	0	8	8

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For areas marked 2 or lower, what would you like to see different or improved?

For areas marked 2 or lower, what would you like to see different or improv...

Board members understanding the infrastructure of the health department: how many employees are served and what they feel their work culture is like, so that board members can help advocate, and are aware of how their decisions impact employees. Would it be possible to be introduced to team members that are working directly with our community members? (Ex: public health nurse and what she feels the biggest issues are).

Additional training of Board members of their roles and responsibilities would be helpful. The Board is lacking a "consumer" perspective.

I would like the starting time to be revisited. It's difficult to find morning child care and some of our newer members have this to consider. I would appreciate an 8 am start time.

The meetings need to end ontime or extend the meeting times. We consistently run over or get rushed at the end. Board members could help with the orientations from a Board Members perspective.

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Comments on any answers, or any other feedback:

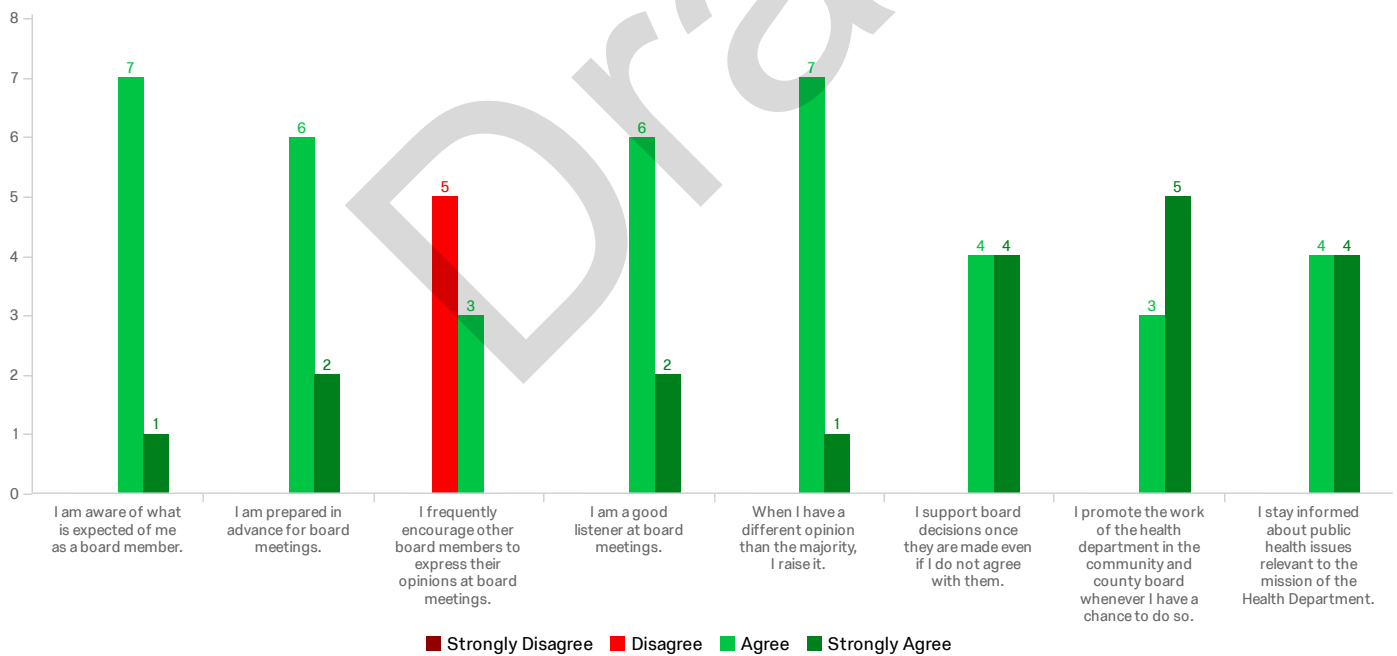
Comments on any answers, or any other feedback:
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Draft

Individual Self Assessment

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	I am aware of what is expected of me as a board member.	0	0	7	1	8
2	I am prepared in advance for board meetings.	0	0	6	2	8
3	I frequently encourage other board members to express their opinions at board meetings.	0	5	3	0	8
4	I am a good listener at board meetings.	0	0	6	2	8
5	When I have a different opinion than the majority, I raise it.	0	0	7	1	8
6	I support board decisions once they are made even if I do not agree with them.	0	0	4	4	8
7	I promote the work of the health department in the community and county board whenever I have a chance to do so.	0	0	3	5	8
8	I stay informed about public health issues relevant to the mission of the Health Department.	0	0	4	4	8

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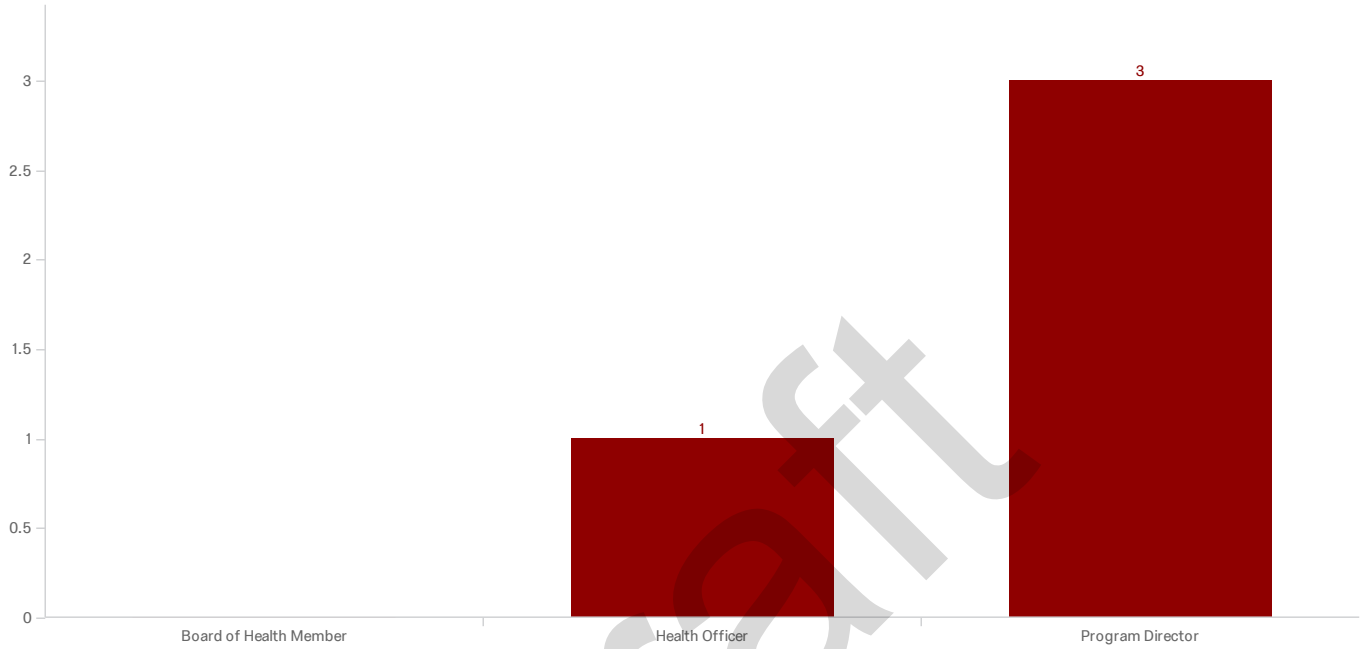
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Marathon County Board of Health Self Assessment 2019

July 22, 2019 8:46 AM CDT

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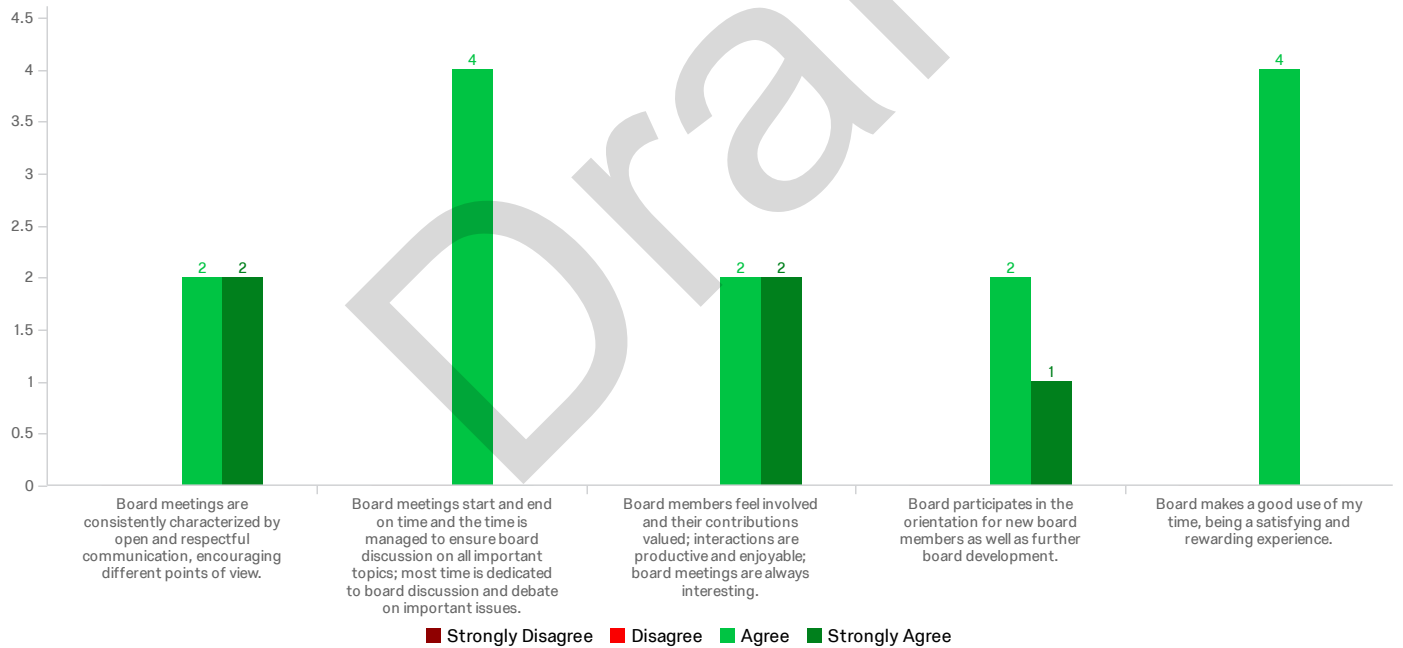
#	Field	Choice Count
1	Board of Health Member	0%
2	Health Officer	25%
3	Program Director	75%
		4

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Board Self Assessment - Meetings

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board meetings are consistently characterized by open and respectful communication, encouraging different points of view.	0% 0	0% 0	50% 2	50% 2	4
2	Board meetings start and end on time and the time is managed to ensure board discussion on all important topics; most time is dedicated to board discussion and debate on important issues.	0% 0	0% 0	100% 4	0% 0	4
3	Board members feel involved and their contributions valued; interactions are productive and enjoyable; board meetings are always interesting.	0% 0	0% 0	50% 2	50% 2	4
4	Board participates in the orientation for new board members as well as further board development.	0% 0	0% 0	67% 2	33% 1	3
5	Board makes a good use of my time, being a satisfying and rewarding experience.	0% 0	0% 0	100% 4	0% 0	4

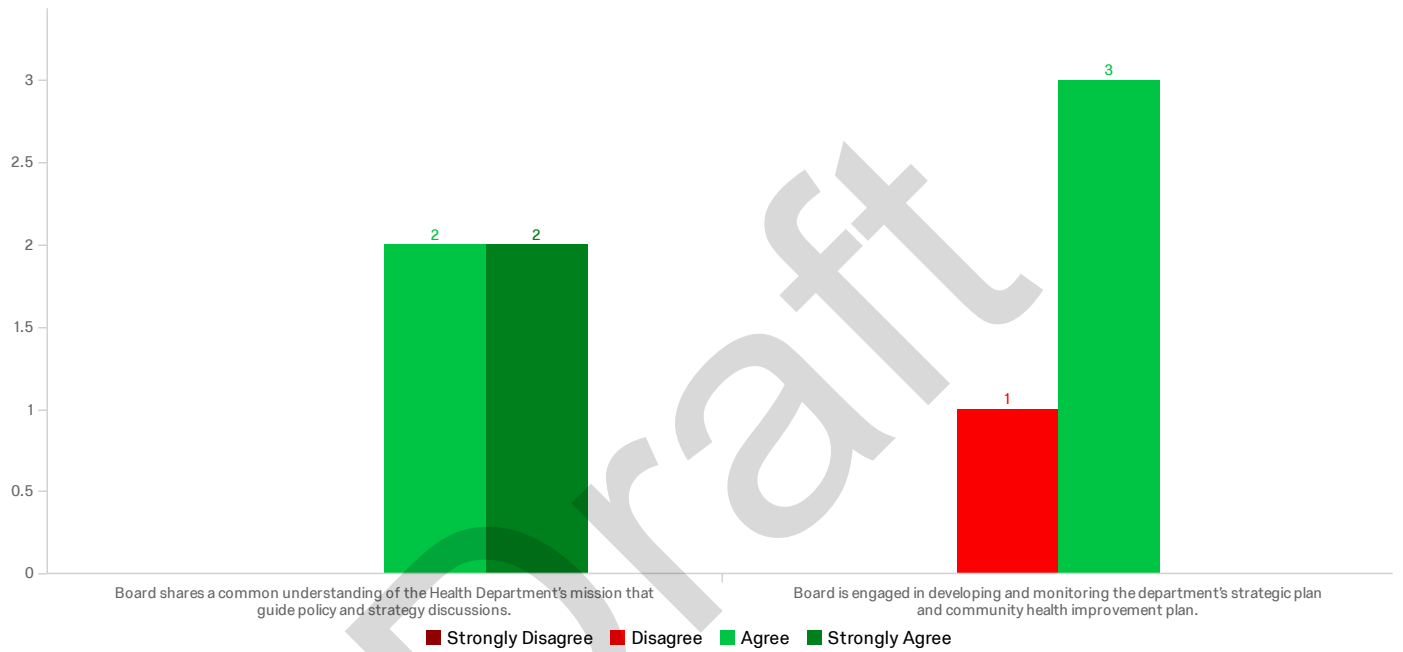
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Board Self Assessment - Strategic Direction

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board shares a common understanding of the Health Department's mission that guide policy and strategy discussions.	0	0	2	2	4
2	Board is engaged in developing and monitoring the department's strategic plan and community health improvement plan.	0	1	3	0	4

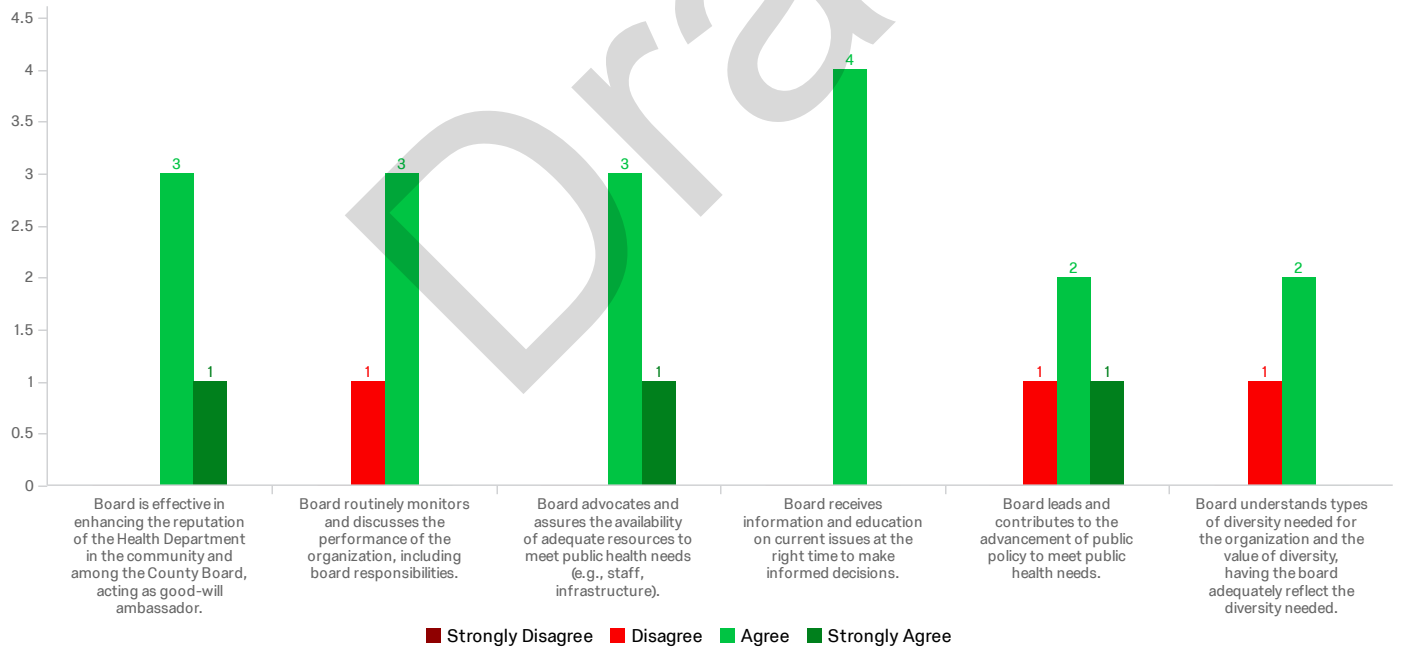
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Board Self Assessment - Core Responsibilities

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board is effective in enhancing the reputation of the Health Department in the community and among the County Board, acting as good-will ambassador.	0	0	3	1	4
2	Board routinely monitors and discusses the performance of the organization, including board responsibilities.	0	1	3	0	4
3	Board advocates and assures the availability of adequate resources to meet public health needs (e.g., staff, infrastructure).	0	0	3	1	4
4	Board receives information and education on current issues at the right time to make informed decisions.	0	0	4	0	4
5	Board leads and contributes to the advancement of public policy to meet public health needs.	0	1	2	1	4
6	Board understands types of diversity needed for the organization and the value of diversity, having the board adequately reflect the diversity needed.	0	1	2	0	3

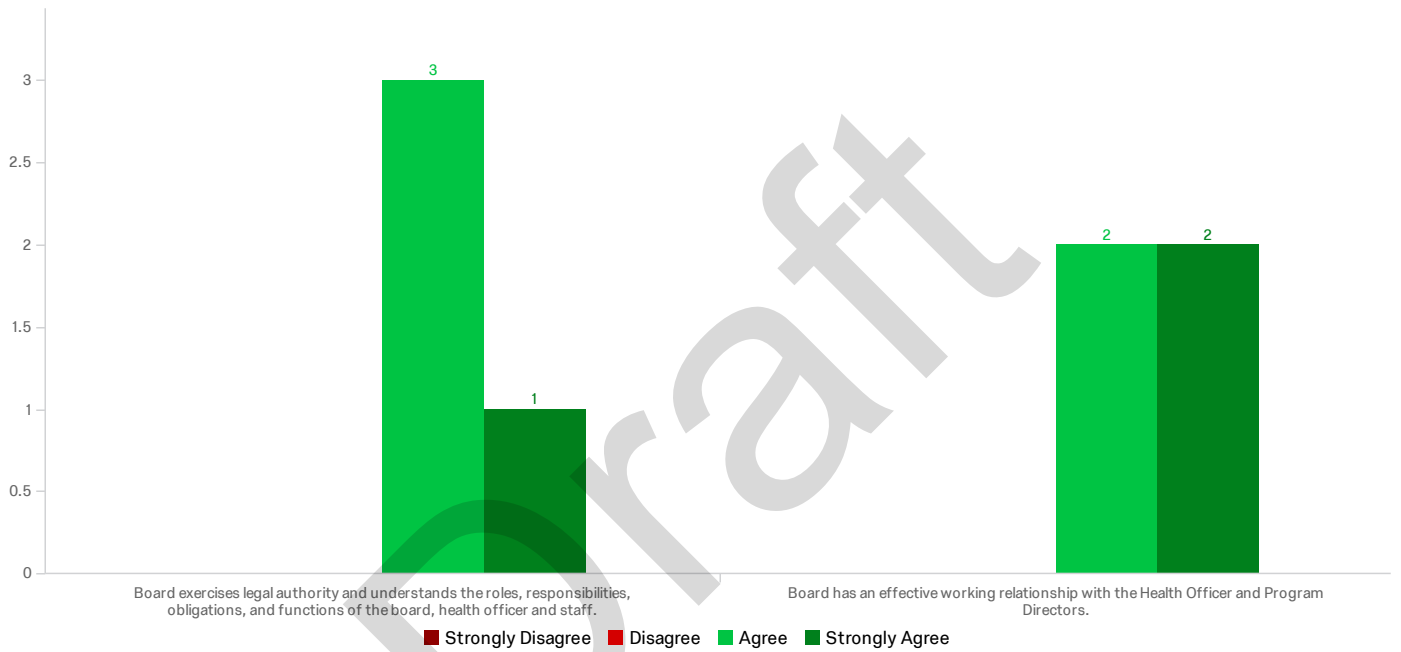
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Board Self Assessment - Relationships

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	Board exercises legal authority and understands the roles, responsibilities, obligations, and functions of the board, health officer and staff.	0	0	3	1	4
2	Board has an effective working relationship with the Health Officer and Program Directors.	0	0	2	2	4

Showing rows 1 - 2 of 2



For areas marked 2 or lower, what would you like to see different or improved?

For areas marked 2 or lower, what would you like to see different or improv...

Draft

Comments on any answers, or any other feedback:

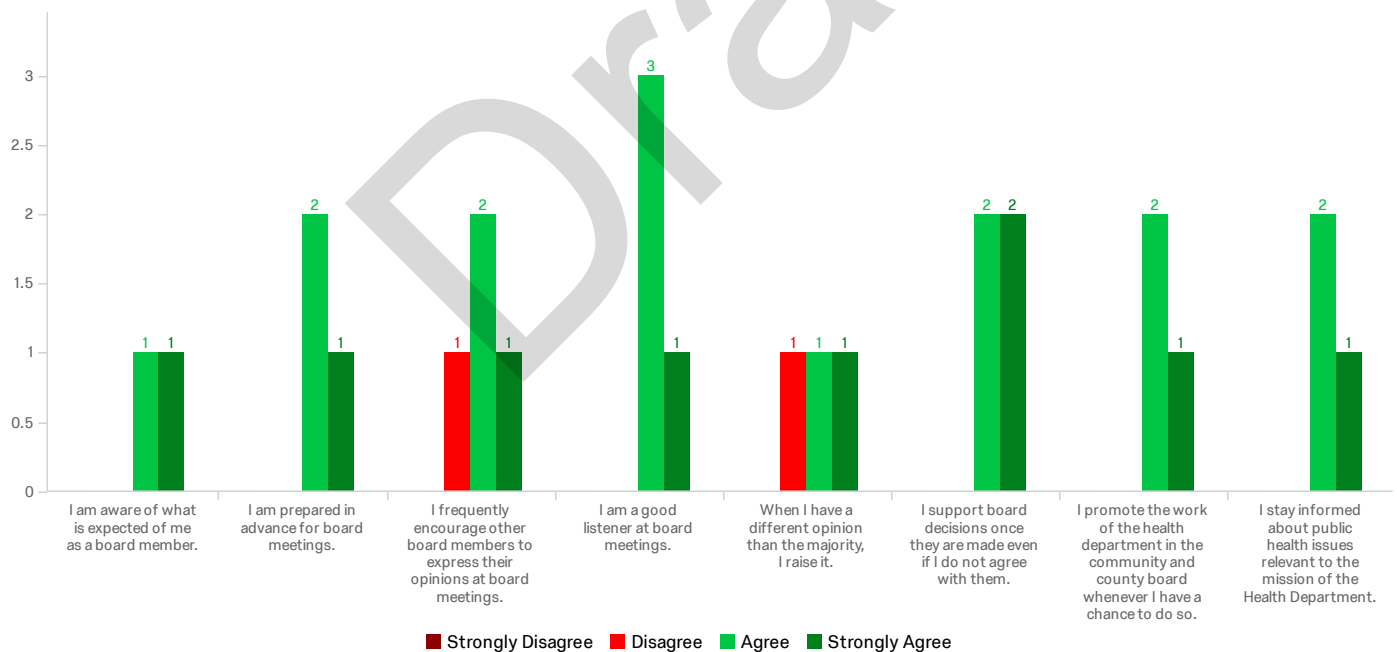
Comments on any answers, or any other feedback:
▼

Draft

Individual Self Assessment

#	Field	Strongly Disagree	Disagree	Agree	Strongly Agree	Total
1	I am aware of what is expected of me as a board member.	0	0	1	1	2
2	I am prepared in advance for board meetings.	0	0	2	1	3
3	I frequently encourage other board members to express their opinions at board meetings.	0	1	2	1	4
4	I am a good listener at board meetings.	0	0	3	1	4
5	When I have a different opinion than the majority, I raise it.	0	1	1	1	3
6	I support board decisions once they are made even if I do not agree with them.	0	0	2	2	4
7	I promote the work of the health department in the community and county board whenever I have a chance to do so.	0	0	2	1	3
8	I stay informed about public health issues relevant to the mission of the Health Department.	0	0	2	1	3

Showing rows 1 - 8 of 8



End of Report

Marathon County Board of Health Statement re: Workplace Naloxone Use Program

Summary The Marathon County Board of Health recommends the Marathon County Administrator ~~orion~~ to direct county departments to assess the need and feasibility of implementing a program to make naloxone available in the workplace in the event of an overdose of employees, clients, customers, and visitors. The Marathon County Administrator will establish a set of criteria to ensure Department Heads are consistent in the assessment and resulting recommendation as to the merits of implementing a Workplace Naloxone Use Program.

Issue

Substance abuse continues to impact communities throughout Wisconsin, including Marathon County. One of the prevalent illicit substance of abuse is opioids, including heroin and prescription pain killers. Opioid overdoses resulted in 13 deaths in 2017 and 11 deaths in 2016 of Marathon County residents. ⁱ

Naloxone is a very effective drug for reversing opioid overdoses. Serious side effects from naloxone are very rare. Using naloxone during an overdose far outweighs any risk of side effects. ⁱⁱ

Approximately 85% of all overdoses are witnessed. Seen as a harm reduction tool, the availability of naloxone, along with overdose prevention trainings, are listed among the recommendations included in the [Wisconsin's Heroin Epidemic: Strategies and Solutions](#) report. ⁱⁱⁱ

The Centers for Disease Control and Prevention recommend that workplaces are to consider a program to make naloxone available in the event of an overdose.

Considerations

In assessing the need and feasibility for implementing a program to make naloxone available in the workplace, the Centers for Disease Control and Prevention, [Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers](#) outlined the following considerations:

1. Is there evidence of opioid use onsite or has your workplace experienced an opioid overdose?
2. Are there frequent visitors, clients, patients, or other members of the public that may be at increased risk of opioid overdose?
3. Is there staff willing to be trained and willing to provide naloxone? Does your workplace offer other first aid or emergency response interventions (first aid kits, AEDs, trained first aid providers)? Can naloxone be added and stored safely?

4. What liability and legal considerations should be addressed? What are the implications for licensed and non-licensed health care workers under Wisconsin's Good Samaritan law?
5. How quickly can professional emergency response personnel access your workplace to provide assistance?

When assessing the merits of implementing a workplace naloxone use program, the safety of administering at off-site work locations needs to be addressed.

For county departments where it has been determined there is a need to implement a workplace naloxone use program, additional feasibility considerations need to be explored including:

- Liability and other legal issues, including standing medical orders for health care personnel,
- Records management,
- Staff roles/responsibilities, including first aid response,
- Training to lower staff risks when providing naloxone,
- Purchasing and location of naloxone,
- Personal protection equipment,
- Follow-up care planning for the individual who overdosed,
- Maintenance of the program, updating procedures and training, and
- Costs related to personnel training and naloxone medication.

It may be beneficial to have administrative aspects of the program centralized at the county level, such as establishing written procedures, training, purchasing, etc. National and state best practice standards need to guide the development and implementation of any workplace naloxone use program.

Recommendations

1. County Department Heads ~~along~~ with oversight by the Marathon County Administration are in the best position to determine the need and feasibility of establishing a workplace naloxone use program.
2. County employees who have frequent visitors, clients, or other members of the public who may be at increased risk of opioid overdose may benefit from educational information on opioid overdose in recognizing an overdose and how to seek help.

ⁱ Wisconsin Interactive Statistics on Health <https://www.dhs.wisconsin.gov/wish/index.htm>

ⁱⁱ Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers. DHSS(NIOSH) Publication Number 2019-101 (October 2018) <https://www.cdc.gov/niosh/docs/2019-101/default.html>

ⁱⁱⁱ Wisconsin State Council on Alcohol & Other Drug Abuse Prevention Committee Heroin Ad-hoc Committee (July 2014) <https://scaoda.wisconsin.gov/scfiles/docs/SCAODAHeroinReportFinal063014.pdf>

Marijuana – Significant facts to consider for developing a resolution.

This document summarizes some information for consideration regarding a resolution for the safe and responsible use of marijuana. The facts below have are referenced and mostly come from two sources

1. Monitoring Health concerns Related to Marijuana in Colorado: 2018, and
2. Lessons Learned from State Marijuana Legalization, published by Smart Approaches to Marijuana (SAM).
3. FAQ provided by SAM

The data points below address the impacts on the areas of:

- Modify Schedule 1 to enable research,
- Awareness and education as to the impact on youth and young adults,
- Impact on travel
- Impact on safety in the workplace
- Unintentional consequences of criminalization.

Background

Eleven states and the District of Columbia have legalized recreational use of Marijuana.

Colorado was the first to legalize in January 2014. As part of legalization, officials mandate that Colorado Department of Public Health and Environment monitor changes in drug use patterns. The department publishes a report every two years, with its third being published in January 2019. The report can be found here <https://www.colorado.gov/marijuanahealthinfo>

Classification of Marijuana as a Schedule I Drug

The Drug Enforcement Agency “Drug Classification Schedule” is a technical legal term that categorizes drugs according to their potential for abuse and accepted medical value. Marijuana meets the technical definition of Schedule I because it has a high potential for abuse and has no FDA-approved use. The scheduling of drugs is not a “harm index” or directly used to determine criminal penalties for drugs. Scheduling is not synonymous with the danger of a drug. Other drugs in this category include heroin and LSD.

Rescheduling is also a source of major confusion. Rescheduling marijuana – while symbolically important for special interest groups – would not have much of a real-world consequence in terms of reducing criminal penalties. Recreational use of Schedule II drugs is still illegal and can come with significant criminal liability.

We can support efforts to increase access to marijuana for research to help the FDA find additional therapeutic uses for the drug. SAM published a six-point plan in 2015 that called for changes such as allowing more licensers to grow marijuana for research purposes, and establishing compassionate research programs for the seriously ill.

RECOMMENDATIONS:

1. Allow DEA/NIDA to issue multiple authorizations for growing marijuana for research purposes
2. Waive DES registration requirement for researching/handling properly tested CBD products
3. Eliminate the public health service (PHS) review for marijuana research applications
4. Establish compassionate research programs for the seriously ill

5. Begin federal-state partnerships to allow a pure CBD product to be dispensed/explored for us by board certified neurologists and /or epileptologists to appropriate patients as part of a research program
6. Shut down rogue “medical marijuana” companies that do play by the rules

Source: <https://learnaboutsam.org/wp-content/uploads/2015/05/SAM-MMJ-RECOMMENDATION-REPORT-FINAL.pdf>

Impact on youth and young adults

In 2017 in Colorado, marijuana use in the past 30 days among adults 18 years and older significantly increased to 15.5 percent from 13.6 percent in 2016. Adult daily or near daily marijuana use also increased significantly from 6.4 percent in 2016 to 7.6 percent in 2017.

<https://www.colorado.gov/marijuanahealthinfo>

Marathon County Youth Risk Behavior Survey data reveals: In 2015, 5.8% of youth reported using marijuana in the past 30 days. In 2017, 9.6% reported using marijuana in the past 30 days. During the same time period the number of youth who ever used marijuana increased from 13.85 to 17.8%.

Source: <http://www.marathoncountypulse.org/>

In 2017, the majority of Colorado high school seniors who ever used marijuana said they first used it at ages 15-16 (44.8 percent) with 82.1 percent first using marijuana at or before age 16. This trend has remained stable since 2013.

In 2017, 8.6 percent of Colorado middle school students had ever used marijuana and 5.2 percent used within the past 30 days. These trends have remained stable since

2011. <https://www.colorado.gov/marijuanahealthinfo>

The percentage of youth aged 12-17 years old using marijuana is declining faster in states where marijuana is not “legal,” and overall use is up in “legal” states while declining in non-legal states.

<https://learnaboutsam.org/wp-content/uploads/2019/06/2019-Lessons-Final.pdf>

Chronic adolescent marijuana use has been correlated with cognitive impairment and worsened academic or work performance (Schuster, et al., 2018; Finn, 2015; Meier, Hill, Small, & Luthar, 2015; Arria, Cladeira, Bugbee, Vincent, & O’Grady, 2015; Meier, et al., 2012).

In the fall of 2018, the journal, Addiction, published an extensive review of the evidence surrounding the age-varying effects of marijuana use on mental health. The authors of the study found that regular use of marijuana correlated with significant increased risk of depressive symptoms in users between the ages 16-20, and for those older than 25. Chronic marijuana use increased the likelihood of anxiety in adults in their late twenties and older, and those who met the criteria for cannabis use disorder (CUD) had a high risk of all mental health symptoms across all ages (Leadbeater, Ames, & Linden-Carmichael, 2018).

Impact on travel

Driving while high is a growing problem. It is difficult to reliably measure impairment based on THC blood levels. In Colorado, marijuana-related traffic deaths increased by 48 percent after the state legalized recreational use of the drug (2014). Source:

https://www.washingtonpost.com/local/trafficandcommuting/drugged-...4c-291a-11e7-a616-d7c8a68c1a66_story.html?utm_term=.e9a2a8440d39

The percent of traffic fatalities that involved drivers intoxicated with marijuana in Colorado rose by 86% between 2013 and 2017, with over one-fifth of all traffic fatalities involving a driver testing positive for marijuana by 2017 (National Highway Traffic Safety Administration, 2006-2011; Colorado Department of Transportation, 2012-2017).

Over 20% of 2018 DUI arrests in Colorado also involved testing positive for marijuana (Colorado Department of Transportation, 2017).

In 2017, 3.0 percent of adults in Colorado reported driving a vehicle within a few hours after using marijuana. There was no statistical change from 2014 to 2017.

Impact of workforce

Between 2013 and 2016, positive oral-fluid test results for recent marijuana use among the general U.S. workforce increased almost 75%, from 5.1 to 8.9 percent (Quest Diagnostics, 2017).

<https://learnaboutsam.org/wp-content/uploads/2019/06/2019-Lessons-Final.pdf>

Workforce marijuana-positivity rates in all “legal” states but one (Alaska) are above the national average. For example, 2018 positivity rates in Maine (5.0%), Oregon (4.3%), Nevada (4.0%), Massachusetts (3.3%), Colorado (3.0%), California (2.5%), and Washington (2.4%) are higher than the national average (2.3%) <https://learnaboutsam.org/wp-content/uploads/2019/06/2019-Lessons-Final.pdf>

Impact on Communities of Color and Low Income Populations

Non-violent drug offenders should not be saddled with criminal records that would imperil their recovery and reintegration into our communities. Evidence-based reforms that discourage illegal drug use while avoiding criminal penalties should be considered including smart-on-crime alternatives that remove criminal penalties for minor infractions including drug courts, pre-trial diversion programs, and probation reform. Communities are healthier and safer when these reforms are coupled with prevention and treatment programs.

Colorado schools that had 25% or fewer youth of color had 313 marijuana-related suspensions per 100,000 students compared to 658 marijuana-related suspensions per 100,000 students for schools comprised of populations with 76% or more youth of color (Colorado Department of Public Safety, 2016). Between 2012 and 2014, the percentage of Hispanic and African American arrests for teens under 18 years old increased 29% and 58%, respectively (Colorado Department of Public Safety, 2016). <https://learnaboutsam.org/wp-content/uploads/2019/06/2019-Lessons-Final.pdf>

Crime

Colorado’s crime rate in 2016 increased 11 times faster than the 30 largest cities in the nation since legalization (Mitchell, 2017), with the Colorado Bureau of Investigation reporting an 8.2% increase in violent crimes (19,928 in 2015 to 21,570 in 2016) and a 5.3% increase in property crimes (171,404 in

2015 to 180,501 in 2016) between 2015 and 2016 (Colorado Bureau of Investigation, 2017). While this is not evidence of causation, the trend must be noted.

In Colorado, the number of cases with a marijuana-related felony as the top charge has doubled since 2014, a phenomenon at odds with what pro-legalization advocates promised (Colorado Department of Public Safety, 2018).

Unintentional Consequences

The states that have legalized marijuana have among the highest rates of marijuana use in the country. These states also have:

- Higher rates of marijuana-related driving fatalities.
- More marijuana-related emergency department visits, hospitalizations, and accidental exposures.
- Expansion of a lucrative criminal market.
- Increases in marijuana-related crimes and juvenile offenses.
- Increases in workplace problems, including labor shortages and accidents.

Resources:

1. Smart Approaches to Marijuana (SAM) <https://learnaboutsam.org/>
2. Lessons Learned from State Marijuana Legalization <https://learnaboutsam.org/wp-content/uploads/2019/06/2019-Lessons-Final.pdf>
3. FAQ <https://learnaboutsam.org/wp-content/uploads/2019/06/7-Sept-2018-General-TPs-v3.pdf>
4. Colorado Monitoring Health Concerns related to Marijuana in Colorado: 2018 <https://www.colorado.gov/marijuanahealthinfo>
5. American Public Health Association, the Nation's Health newsletter: <http://thenationshealth.aphapublications.org/>

Expansion of Medicaid: Creating Opportunities and Conditions



Marathon County where all people enjoy the opportunities to live, learn, work, and play in a healthy community.

Health Equity



Incomes up to 138% of federal poverty level, \$17,000 per year for single person

Childless adults, parents, caretakers

1,618 Residents



Under full Medicaid expansion, health insurance would be available to people across Wisconsin like the:



Janitor in Sawyer County—working the night shift, earning \$7.25/hr.



Gas station attendant in St. Croix County—earning less than \$20,000/year, trying to provide for herself and her child.



Cook in Marathon County—earning \$7.25/hr., working his way through college.



Waitress in Brown County—earning \$2.33/hr. + tips while going back to school to provide for her kids.



Grocery store cashier in Richland County—working part-time, earning \$8.50/hr., while looking for a full-time job with benefits.



Mom in Dodge County—with two young children and a husband working multiple jobs, earning less than \$35,000/year.



Caretaker in Sauk County—caring for an elderly parent at home, while also living with her own chronic condition.



Warehouse worker in Racine County—working overnight shifts to support his wife and son, earning less than \$29,000/year.

Investing in Marathon County

1.1 Million Childhood lead poisoning through lead housing abatement and Birth to 3 services

1.8 Million Support for new community health benefit and postpartum coverage for new mothers

\$977,000 Improving access to dental services, increasing payment to dental providers, including those who serve people with disabilities





Investing in Marathon County

\$959,000 Expanding access to behavioral health, crisis intervention and telehealth

1.6 Million Increasing funding for providers in long-term care programs and services, boosting personal care worker wages

\$92,000 Increasing access to dementia care specialists

17.4 Million Increasing funding for current Medicaid, BadgerCarePlus, SeniorCare, and Foodshare Employment & Training program members, end the waitlist to serve all children in the Children's Long-Term Support Waiver Program

Investing in Marathon County

1.5 Million Increasing funding for physicians

8.6 Million Increasing hospital funding



Expansion of Medicaid: Creating Opportunities and Conditions



From Chronic Disease Prevention to Community Health Improvement 21st Century Public Health Judy Burrows, Program Director

The Chronic Disease Prevention team was formed in 2001. At that time, public health priorities were focused on individual behavior choices that impacted health. Promoting screening for chronic conditions and modifying individual risk factors were the strategies used to impact the rates of chronic disease and mortality. Since that time, access to health care coverage, medical care and preventive services has changed providing more people with access to preventive health care than before. Locally, as well as nationally, the focus of primary prevention has shifted to social determinants of health (the conditions in places that affect health risk and health outcomes).

The concept of “Public Health 3.0” recognizes that we need to focus on the social determinants of health in order to create lasting improvement for the health of everyone. Healthy communities require strategic collaboration across all sectors. Our role is mobilizing community action to strengthen infrastructure and form strategic partnerships across sectors and jurisdictions. We develop and share resources, and use data for action to address the most important community health issues.

In recent years, the work of the Chronic Disease Prevention Team has followed the local health priorities identified in the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). In 2016 the work of the team was reorganized to closely align with the health priorities in the 2016-2020 CHIP, and some other activities were discontinued. The work is now largely focused on policy systems and environmental changes. This is evidenced by the reduction in number of health fairs, handouts, and events we participate in, and the increase in the number of policy, system, and environmental change initiatives we lead or support.

In 2018-19 we have taken a larger role in the Community Health Assessment process than in previous years. To that end, we have evolved to be focused almost entirely on the CHA/CHIP process and priorities and are renaming ourselves to be the **Community Health Improvement Team**. The benefits to this change include:

- Closely aligns the team name to the work supporting the Community Health Assessment and Community Health Improvement Plan
- Closely aligns the core job functions of staff to the work of policy, systems, and environment changes that improve public health
- Leverages resources to create the “win-win” for people, agencies, and communities
- Reduces the misperception that we provide job functions specific to the control of an individual’s chronic disease. (Ex: blood pressure monitoring, weight loss, smoking cessation, etc.)

Recent examples of work led by the Team in policy, systems and environmental changes include:

1. Securing an 8 year grant from the Medical College of WI and leading the Marathon County School-Based Mental Health Consortium which provides a system for mental health counselors to provide counseling to kids at the school.
2. Conducting “walk audits” of neighborhoods to identify troublesome traffic patterns, sharing the data with appropriate City and Town committees, resulting in environmental changes. (Specifically installing audible signal lights in one Rib Mountain intersection.)
3. Supporting the development and promoting the use of Prescription Drop Boxes across the County for a safe alternative to the disposal of unused medications.
4. Changing policy to create smoke free public parks (in Wausau) so children have a smoke free environment to play in.

The 21st century public health will require different approaches, skills and partners. The name change is a reflection of the changes we have made and the evolution in how we build healthy communities and improve health outcomes.

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>



**Wisconsin Department of Health Services
Division of Public Health
PHA VR - WEDSS**

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 28 (Through Week of July 13th, 2019)

Jurisdiction: Marathon County

Disease Group	2019					Total
	Week 24	Week 25	Week 26	Week 27	Week 28	
Blastomycosis	0	0	0	0	0	2
Campylobacteriosis (Campylobacter Infection)	1	0	0	1	3	18
Carbapenem-Resistant Enterobacteriaceae	0	0	0	0	0	1
Carbon Monoxide Poisoning	0	0	0	0	0	5
Chlamydia Trachomatis Infection	5	5	6	8	3	183
Cryptosporidiosis	0	0	0	1	1	10
Ehrlichiosis / Anaplasmosis	0	1	2	0	0	7
Giardiasis	1	0	0	1	0	7
Gonorrhea	3	2	6	1	0	77
Haemophilus Influenzae Invasive Disease	0	0	0	0	0	1
Hepatitis B	0	0	1	0	0	6
Hepatitis C	0	0	0	0	0	17
Influenza	1	0	0	0	0	63
Invasive Streptococcal Disease (Groups A And B)	0	2	0	0	0	12
Lyme Disease	0	1	1	0	0	7
Mycobacterial Disease (Nontuberculous)	0	1	1	0	0	8
Pathogenic E.coli	0	0	0	1	2	6
Pertussis (Whooping Cough)	1	1	0	1	0	6
Salmonellosis	2	0	1	2	1	14
Streptococcal Infection, Other Invasive	0	0	0	0	0	1
Streptococcus Pneumoniae Invasive Disease	1	0	1	1	1	12
Syphilis	1	0	0	0	0	3
Tuberculosis	0	0	0	0	0	1
Tuberculosis, Latent Infection (LTBI)	1	0	0	0	0	5
Varicella (Chickenpox)	0	0	0	0	0	1
Vibriosis, Non Cholera	1	0	0	0	0	1
	18	13	19	17	11	474