

Marathon County Board of Health

**Tuesday, September 3, 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 August 6, 2019 Board of Health Meeting**
- 4. Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
- 5. Policy Discussion and Possible Action**
 - A. Review the Board Self-Assessment draft plan of work document and develop action steps
 - B. Update on the 2019-2021 Biennial State of Wisconsin Budget along with proposed legislation priorities for Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards (WPHA/WALHDAB)
 - i. Medicaid Expansion
 - ii. Tobacco 21: Raising the Tobacco Purchase Age
 - iii. Restriction on the Use of Products Used for Inhaling and Exhaling Vapor
 - iv. Lead Testing Schools and Day Cares

- v. End the Use of Personal Conviction Waivers for School and Day Care Center Immunizations
- C. Report from the Health & Human Services Committee July 22, 2019 meeting on policy issues impacting public health

6. Educational Presentations/Outcome Monitoring Reports

- A. Overview of the Health Department’s trends in terms of successes and challenges based on the 2019 Annual Report
- B. Share Denison Organizational Culture Survey findings

7. Announcements

8. Next Meeting Date & Time, Location, Future Agenda Items: October 1, 2019

- A. Review draft Board of Health position paper on marijuana
- B. Update on the Health Department’s 2020 Budget
- C. Update on Health Department’s Strategic Plan
- D. Share Tentative Timeline for Community Health Assessment for 2020
- E. Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health departments
- F. 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 infomathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
August 6, 2019

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

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

Guests: Molly Bennett

1. Call to Order

John Robinson called the meeting to order at 7:32 a.m.

2. Public Comment Period

County Board Supervisor Donna Krause – Provided comments on the issue of medical marijuana

Kurt Hase (via telephone) – Provided comments on the issue of medical marijuana

3. Approval of the Minutes of the July 2, 2019 Board of Health Meeting

Motion by Lori Shepherd to approve the July minutes. Second by Kue Her. Motion approved.

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

Joan Theurer shared that the amended bylaws were provided in the meeting packet, and includes the proposed change to the membership language, to be in keeping with state statute and the recently amended County Ordinance.

Dean Danner motioned to approved the proposed changes to the bylaws. Seconded by Laura Scudiere. Motion approved.

5. Policy Discussion and Possible Action

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

John Robinson introduced Molly Bennett, Organizational Excellence Program Manager. Molly facilitated discussion on the results of the self-assessment completed by the Board of Health members, and Health Department directors.

Board members discussed findings from the self-assessment for the following questions to determine if there were opportunities to strengthen;

- 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.
- Board participates in the orientation for new board members as well as further board development.
- Board routinely monitors and discusses the performance of the organization, including board responsibilities.
- Board advocates and assures the availability of adequate resources to meet public health needs (e.g., staff, infrastructure).
- Board understands types of diversity needed for the organization and value of diversity, having the board adequately reflect the diversity needed.
- I frequently encourage other board members to express their opinions at board meetings.

Joan Theurer to type up discussion notes for self-assessment questions discussed, having the Board determine action steps for areas to improve at the September meeting.

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

Joan Theurer provided an update on the additional language for the proposed policy statement, as well as input received from the County Administrator.

Motion to approve adoption of the policy statement and refer to Health and Human Services Committee made by Lori Shepherd, Seconded by Laura Scudiere. Motion Approved.

- 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

Given time constraints, this item will be discussed at the next meeting.

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

Judy Burrows provided an overview of what was presented and discussed at the July Board of Health meeting, and updates on the questions raised. The Board was asked to provide further guidance as to what is needed, or what next steps would be.

Discussion on what further information is needed for the Board, and what the Board would like to do with the information and topic. Laura Scudiere shared that as a Board of Health member she is asked to weigh in from a health perspective on the topic.

Joan Theurer asked if the Board would be interested in starting with development of a position paper on the topic.

Judy Burrows shared that she will continue working on drafting the position paper, and Board members can contact her with specific information they would like to see incorporated into the paper. The draft paper will be shared with the Board of Health at the October meeting.

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

Mary Ann Crosby provided an update on the recent Health & Human Services Committee meeting, which included an educational presentation on Medicaid Expansion.

6. Educational Presentations/Outcome Monitoring Reports

A. Share name change for the Chronic Disease Prevention Team

Judy Burrows shared the change of the Chronic Disease Prevention Team to the Community Health Improvement Team. The change is based on the concept of “Public Health 3.0”, and the change in focus to work more on the Community Health Assessment and Community Health Improvement Plans.

7. Announcements

A. Staffing Updates

Joan shared recent staffing changes, including Ashley Franke resigning to take another position, and Matthew Lillie relocating for pursuit of a graduate degree.

Dean Danner asked if the year to date Lyme Disease number was up or down from previous years, and if trends could be reported in the future.

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

John Robinson adjourned the meeting at 9:16 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

DRAFT

**Health Officer Notes
September 2019**

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Policy Discussion and Possible Action

- A. Review the Board Self-Assessment draft plan of work document and determine actions steps -**
John Robinson, Chair will lead the Board to determine action steps to close gaps identified by the Board Self-Assessment. Enclosed, find the Self-Assessment Plan of Work that summarizes board discussion from the August 6, 2019 meeting.
- B. Update on the 2019-2021 Biennial State of Wisconsin Budget along with proposed legislation priorities for the Wisconsin Public Health/Wisconsin Association of Local Health Departments and Boards (WPHA/WALHDAB)**
- i. Medicaid Expansion**
 - ii. Tobacco 21: Raising the Tobacco Purchase Age**
 - iii. Restriction on the Use of Products Used for Inhaling and Exhaling Vapor**
 - iv. Lead Testing Schools and Day Cares**
 - v. End the Use of Personal Conviction Waivers for School and Day Care Center Immunizations**

Joan Theurer, Health Officer, John Robinson, Chair, and Judy Burrows will share impact of the 2019-2021 biennial budget on public health, and provide an update on proposed legislative priorities.

Enclosed, find:

- WPHA/WALHDAB 2019-2020 Wisconsin Bill Tracking
- Draft template resolution for local jurisdiction "Resolution Requesting the Wisconsin Legislature End the Use of Personal Conviction Waivers for School and Day Care Center Immunizations"

- C. Report from the Health & Human Services Committee July 22, 2019 meeting 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.** Overview of the Health Department's trends in terms of successes and challenges based on the 2019 Annual Report – Program Directors and Health Officer will share highlights of the 2019 Annual Report in terms of success and challenge trends. Enclosed, find program report highlights.
- B.** Share Denison Organizational Culture Survey findings – Joan Theurer, Health Officer will share findings from Marathon County Denison Organizational Culture Survey

Announcements

Next Meeting Date & Time, Location, Future Agenda Items: October 1, 2019

- A. Review draft Board of Health position paper on marijuana
- B. Update on the Health Department's 2020 Budget
- C. Update on Health Department's Strategic Plan
- D. Share Tentative Timeline for Community Health Assessment for 2020
- E. Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health departments
- F. Other

August 22, 2019

**Marathon County Board of Health
Self-Assessment Plan of Work – Working Draft 8/6/2019**

SECTION: MEETINGS

Question 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.

Discussion

- Start time challenging for some, revisit start and end time
- Extending time beyond 90 minutes is not an option
- How do we avoid the rush of topics toward the end of the agenda
- Do we decide start/end time at each new board cycle based on board membership

Action Step(s)	Who is Responsible	Timeframe	Status Update

Question 4: Board participates in the orientation for new board members as well as further board development.

Discussion

- What is the role of the board in orientation? It would be beneficial for the board to have some role in onboarding a new member.
- May be beneficial to establishing a mentor for new members?
- Is there merit in having potential members invited to attend 1-2 meetings prior to being appointed?
- Beneficial to have public health concepts and topics revisited beyond the initial orientation (e.g., role of the board in relationship to the Health & Human Services Standing Committee)
- Board is dynamic, need to be able to adapt/change to address emerging issues as well as advance long-term public health policy.
- Importance of setting expectations during orientation
- Orientation is a process and not an event
- Greater emphasis on the process, how meetings are run, relationship of the board to the county
- Include as part of board orientation as to process and timeline for Community Health Assessment/Improvement Plan (CHA/CHIP), Health Department’s Strategic Plan, annual report, etc. (refer to no. 2 performance of the organization)
- There would be benefit sharing meeting etiquette as part of board orientation for new members (refer to no. 3 individual self-assessment)

Board Development

- Mindful to incorporate ongoing educational presentations as part of the structure/process for meetings

- Reserve time for education, balancing the need for broad public health perspectives (1,000 ft. level) and education pertinent to the policy agenda/topic
- Draw upon expertise (board and staff)
- Balance time the extent of education and how much is covered during a meeting with having references available for board members to read on their own
- Ensure balance and full spectrum of views/perspectives on policy matters (refer to no. 6 diversity)

Action Step(s)	Who is Responsible	Timeframe	Status Update

SECTION: CORE RESPONSIBILITIES

Question 2: Board routinely monitors and discusses the performance of the organization, including board responsibilities.

Discussion

- Include as part of board orientation as to the process and timeline for Community Health Assessment/Improvement Plan (CHA/CHIP), Health Department’s Strategic Plan, annual report, etc. (refer to no. 4 board orientation)
- Further the understanding of what is the board responsibility in monitoring the performance of the organization

Action Step(s)	Who is Responsible	Timeframe	Status Update

Question 3: Board advocates and assures the availability of adequate resources to meet public health needs (e.g., staff, infrastructure).

Discussion

Ok, no action needed to strengthen this area.

Question 5: Board leads and contributes to the advancement of public policy to meet public health needs.

Discussion

- Review and clarify boundaries and process for advocacy (e.g., what does the Board of Health own versus Health & Human Services/County)
- What is the reporting relationship to the Health & Human Services and County Board? Informing? Approving? Every two years the county’s rules are reviewed

- What is the relationship with Department of Health Services and Governor’s policy platform? Do we follow/support?

Action Step(s)	Who is Responsible	Timeframe	Status Update

Question 6: Board understands types of diversity needed for the organization and value of diversity, having the board adequately reflect the diversity needed.

Discussion

- The bylaw changes regarding membership composition will help in increasing diversity
- How do we define diversity as a board and build it into meetings (e.g., low-income, ethnicity, consumer)
- Board of Health is a policy board, not a consumer board, how does diversity look on a policy board?
- When identifying agenda items, determine the benefit of inviting consumer perspective
- How do we ensure balance and full spectrum of views and perspectives on policy matters (refer to no. 4 board orientation)
- How do we bring consumer perspective from the department’s program/service quality improvement initiatives being done? What does the board want to know in terms of quality improvement initiatives?

Action Step(s)	Who is Responsible	Timeframe	Status Update







SECTION: INDIVIDUAL SELF ASSESSMENT










Question 3: I frequently encourage other board members to express their opinions at board meetings.











Discussion





- Don’t feel there is a need to encourage people to speak up, as we do
- Chair monitors discussion and facial cues with the intent to draw out everyone
- Members feel comfortable to speak up
- There would be benefit sharing meeting etiquette as part of board orientation for new members (refer to no. 4 board orientation)
- Ok, no action needed to strengthen other than address meeting etiquette in orientation

WPHA/WALHDAB - 2019-2020 Wisconsin Bill Tracking

Bill Number	Bill Description	Position	Bill Status
Assembly Bill 1 (Companion to Senate Bill 2)	Relating to: coverage for pre-existing conditions		<ul style="list-style-type: none"> Passed Assembly on 1/22/19
Senate Bill 2 (Companion to Assembly Bill 1)	Relating to: coverage for pre-existing conditions		<ul style="list-style-type: none"> In Senate Health Committee
Assembly Bill 81 (Companion to Senate Bill 89)	Relating to: licensure of dental therapists		<ul style="list-style-type: none"> In Assembly Medicaid Reform Committee
Senate Bill 89 (Companion to Assembly Bill 81)	Relating to: licensure of dental therapists		<ul style="list-style-type: none"> In Senate Health Committee
Senate Bill 39 (Companion to Assembly Bill 33)	Relating to: expungement of records of certain crimes		<ul style="list-style-type: none"> Executive Session held on 4/2/19
Assembly Bill 33 (Companion to Senate Bill 39)	Relating to: expungement of records of certain crimes		<ul style="list-style-type: none"> Executive Session held on 3/28/19
Assembly Bill 85 (Companion to SB 109)	Relating to: groundwater quality standards	Monitoring	<ul style="list-style-type: none"> Public hearing held in Assembly Environment on 4/4/19
Senate Bill 109 (Companion to AB 85)	Relating to: groundwater quality standards	Monitoring	<ul style="list-style-type: none"> In Senate Committee on Natural Resources

Senate Bill 22	Relating to: sale of below cost prescription drugs	Monitoring	<ul style="list-style-type: none"> In Senate Economic Development, Commerce and Trade Committee
Senate Bill 106 (Companion to Assembly Bill 187)	Relating to: micro market licensing fees		<ul style="list-style-type: none"> Public hearing held in Senate Licensing Committee
Assembly Bill 187 (Companion to Senate Bill 106)	Relating to: micro market licensing fees		<ul style="list-style-type: none"> Introduced in Assembly Licensing Committee
Assembly Bill 186 (Companion Senate Bill 170)	Relating to: allowing minors to operate temporary stands without a permit or license	 Will change to "Other" once amendment is adopted	<ul style="list-style-type: none"> Public hearing held in Assembly Consumer Protection
Senate Bill 170 (Companion Assembly Bill 186)	Relating to: allowing minors to operate temporary stands without a permit or license	 Will change to "Other" once amendment is adopted	<ul style="list-style-type: none"> Introduced in Senate Licensing Committee
LRB 2418	Relating to: applying the indoor smoking ban to vapor products and marijuana		<ul style="list-style-type: none"> Cosponsorship period closed 5/15/19
Assembly Bill 119	Relating to: grants for homeless shelters		<ul style="list-style-type: none"> Passed Assembly on 6/19/19
Assembly Bill 120	Relating to: homeless case management services		<ul style="list-style-type: none"> Passed Assembly on 6/19/19
Assembly Bill 121	Relating to: housing navigator grants		<ul style="list-style-type: none"> Passed Assembly on 6/19/19
Assembly Bill 122	Relating to: employment and training activities for homeless populations		<ul style="list-style-type: none"> Passed Assembly on 6/19/19

Assembly Bill 123	Relating to: housing grants to homeless individuals and families		<ul style="list-style-type: none"> Passed Assembly on 6/19/19
Assembly Bill 124	Relating to: grants to defray housing costs		<ul style="list-style-type: none"> Passed Assembly on 6/19/19
Assembly Bill 248 (Companion to SB 262)	Relating to: eliminating personal conviction exemption from immunization		<ul style="list-style-type: none"> In Assembly Committee on Constitution and Ethics
Senate Bill 262 (Companion to AB 248)	Relating to: eliminating personal conviction exemption from immunization		<ul style="list-style-type: none"> In Senate Committee on Health
Assembly Bill 295 (Companion to SB 267)	Relating to: increasing the homestead tax credit maximum income		<ul style="list-style-type: none"> In Assembly Committee on Ways and Means
Senate Bill 267 (Companion to AB 295)	Relating to: increasing the homestead tax credit maximum income		<ul style="list-style-type: none"> In Senate Revenue Committee
Assembly Bill 362	Relating to: remote orders for the sale of alcohol beverages to be picked up on retail license premises		<ul style="list-style-type: none"> In Assembly Committee on State Affairs
Assembly Bill 363	Relating to: alcohol beverages delivery and the face-to-face requirement for retail sales of alcohol beverages		<ul style="list-style-type: none"> In Assembly Committee on State Affairs
Senate Bill 118	Relating to: placement of cigarettes, nicotine products and tobacco products by retailers		<ul style="list-style-type: none"> Public hearing held in Senate Committee on Small Business on April 4
Senate Bill 316	Relating to: the treatment of a pregnant or postpartum person in prison and county jail.		<ul style="list-style-type: none"> In Senate Judiciary Committee

Assembly Bill 353 (Companion to SB 328)	Relating to: inspections of recreational and educational camps	Monitoring	<ul style="list-style-type: none"> In Assembly Committee on Regulatory Licensing Reform
Senate Bill 328 (Companion to AB 353)	Relating to: inspections of recreational and educational camps	Monitoring	<ul style="list-style-type: none"> In Senate Committee on Licensing
Assembly Bill 321 (Companion to SB 302)	Relating to: setting standards for certain contaminants	Monitoring	<ul style="list-style-type: none"> In Assembly Committee on Environment
Senate Bill 302 (Companion to AB 321)	Relating to: setting standards for certain contaminants	Monitoring	<ul style="list-style-type: none"> In Senate Committee on Natural Resources
LRB 2962	Relating to: Medicaid Expansion		<ul style="list-style-type: none"> Not yet sent to a standing committee
LRB 2839	Relating to: Raising the Tobacco Purchase Age		<ul style="list-style-type: none"> Not yet sent to a standing committee
LRB 3539	Relating to: Lead Testing		<ul style="list-style-type: none"> Not yet sent to a standing committee
LRB 3566	Relating to: Lead Testing		<ul style="list-style-type: none"> Not yet sent to a standing committee

DRAFT DRAFT DRAFT

Draft template resolution for local jurisdictions

RESOLUTION NO. insert number if applicable

RESOLUTION REQUESTING THE WISCONSIN LEGISLATURE END THE USE OF PERSONAL CONVICTION WAIVERS FOR SCHOOL AND DAY CARE CENTER IMMUNIZATIONS

WHEREAS, there are multiple important and potentially dangerous communicable diseases that are preventable by vaccinations currently required by Wisconsin law for school and day care attendance, and

WHEREAS, vaccine-preventable diseases can be very contagious, and can result in serious health complications, including pneumonia and encephalitis, and lead to death, and

WHEREAS, the effectiveness and safety of vaccines have been well established, and

WHEREAS, the Affordable Care Act has improved insurance coverage for vaccinations, which are readily available in medical offices and pharmacies, and public health departments continue to serve those eligible for the Vaccines for Children Program, and

WHEREAS, all states require certain vaccines for school entry in order to

- a) assure that individual children do not contract disease in the social setting of school,
- b) protect other students are protected from being at risk of disease and death from exposure to an individual student, and
- c) protect the broader community from these serious illnesses, including individuals who are immunocompromised and those who cannot receive vaccines for *bona fide* medical reasons, and

WHEREAS, Wisconsin's immunization law Wis. Stat. § 252.04(3), Wis. Admin. Code § DHS 144.06, makes Wisconsin one of only a minority of states that permits parents to opt out or waive some or all of the vaccinations required to attend school or group day care based on their personal beliefs, and

WHEREAS, Wisconsin's percentage of students with religious and medical waivers have remained relatively constant over the past decade at less than 1%, but the percentage of students with a personal conviction waiver in Wisconsin increased from 1.2% during the 1997-98 school year to an alarming 4.6% during 2018-19, and

WHEREAS, outbreaks of measles have impacted multiple states in 2019, and a number of other serious vaccine-preventable disease outbreaks have occurred in Wisconsin over the past 2 decades, and

WHEREAS, several other states have recently removed personal belief exemptions from their legal codes, such that 33 states now prohibit the use of personal belief exemptions for school and daycare immunizations, and

WHEREAS, the Wisconsin Public Health Association (WPHA) and the Wisconsin Association of Local Health Departments and Boards (WALHDAB) both support a change in school and day care center immunization law that eliminates personal conviction waivers for students in Wisconsin public and private schools and for children who attend group day cares.

NOW, THEREFORE, BE IT RESOLVED that the Insert name of local health department, board of health, county board, or other entity submitting respectfully requests that the Wisconsin Legislature end the use of personal conviction waivers for school and day care center immunization requirements.

BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Governor of Wisconsin, Wisconsin state legislators, WPHA, WALHDAB, Wisconsin Counties Association, and other organizations as appropriate.

Dated _____

SUBMITTED BY:

Insert Name of Entity Submitting

Name

Name

FISCAL NOTE: This resolution does not require an appropriation from the Insert name of budget fund if applicable fund.

APPROVED BY:

APPROVED BY:

Name
Title

Name
Title

CERTIFICATION (if applicable): I hereby certify this to be a true and exact copy of Resolution No. _____.

Ayes ____ Nays ____ Abstained ____ Excused ____ Absent ____

__ Approved and adopted this ____ day of _____.

__ Denied this ____ day of _____.

Name

Title

Environmental Health and Safety Programmatic Trends
September 2019

Groundwater

In recent years, incidents of groundwater contamination in Wisconsin have led to groundwater concerns statewide. The primary contaminant concerns are elevated nitrate levels and bacterial contamination. Based on 2018 Marathon County Health Department Laboratory data, 8.4 % of private wells exceeded the nitrate standard of 10 ppm. Over 17% of the 2018 wells tested unsafe for bacteria.

Opportunities

- The 2018-2022 Marathon County Strategic Plan identifies water quality and quantity as a priority - Objective 6.3: Protect and enhance the quantity and quality of potable groundwater and potable surface water supplies.
- An updated Groundwater Protection Plan can guide the County in performing a systematic sampling of wells to better gauge groundwater quality.
- Partnerships exist with Conservation, Planning, and Zoning, UW-Extension, the Department of Natural Resources, the Department of Agriculture, Trade, and Consumer Protection, and UW Stevens Point Center for Watershed Science and Education.

Challenges

- There is no comprehensive picture for groundwater quality in Marathon County.
- If a private well is unsafe for nitrates or bacteria, there is no funding to assist with well reconstruction, replacement, or treatment system installation and maintenance. For nitrates alone, the Department of Natural Resources estimated cost for replacement \$11.36 million in Marathon County.
- While bacteria and nitrates are the primary contaminants in most testing, fluoride, pharmaceuticals, metals, and chemicals concerns are concerns also.
- With 90% of nitrate in groundwater addressing nitrate must involve agriculture partners. The agricultural community has experienced ongoing economic struggles.
- Failing septic systems can also contribute to nitrate in groundwater. Replacement septic systems can cost \$10-20,000 with very limited grant funding available.
- Public water systems called Transient Non-Community wells (TNCs) include churches, campgrounds, restaurants, and others entities will no longer be able to operate with nitrate levels between 10 and 20 ppm. This is expected to begin in 2020. Marathon County has 13 of these systems.

Department of Agriculture, Trade, and Consumer Protection

The Department of Agriculture, Trade, and Consumer Protection (DATCP) Food Safety and Recreational Licensing Program was developed in a merger of public facility licensing between the Department of Health Services and DATCP. A part of that merger involves an evaluation of DATCP's facility licensing structure. While it is not clear when the restructuring will occur since needed statute changes have not begun, it will be beneficial to have Marathon County Health Department's (MCHD) structure match DATCP's. At that time, MCHD licensing fees should be evaluated considering staff and operating expenses. Under Administrative Code, ATCP 74, agent health departments can establish licensing fees that cover the costs for administering the agent program.

Opportunities

- MCHD to develop a licensing structure that is identical or similar to DATCP. This will enable a more simple process for annual Agent Program reimbursement to DATCP.
- MCHD fee assessment. The MCHD licensing structure was developed many years ago with limited modifications aside from fee increases.
- Since fees are associated with the licensing structure a business fits into, a fee structure change would likely mean increases or decreases in the fees businesses would pay.

Challenge

- Developing an equitable fee structure that is acceptable to regulated businesses in light of DATCP's structure.

Child Lead

Most often the childhood lead poisoning is due to deteriorated lead-based paint in housing or nearby structures. Marathon County Health Department has been intervening at blood-lead levels below required intervention levels for more than five years. That effort has been successful at preventing exposures from increasing for a majority of the children involved.

The Department of Health Services (Department of Health Services), Bureau of Environmental and Occupational Health, is seeking \$912,000 in funding through the Environmental Protection Agency (EPA) over a two year period. The funding is intended to support lead in water testing in Childcare Centers and Early Head Start facilities that serve young children (under 3 years of age) in low-income areas and within communities with a high burden of lead poisoning will be prioritized. The goal is to reduce lead exposure among children who are at highest risk during critical stages of development.

The Department of Health Services will use the funds to communicate with parents, communities, and other stakeholders about the objectives of this program; to recruit participation with assistance from local public health agencies (LPHAs); train LPHAs to educate communities on the importance of testing and identify eligible facilities; test facilities using appropriate protocols and laboratories; and take action, including developing a plan for responding to test results: immediate actions, long-term remediation plans, and communicating results to communities.

Opportunities

- Identify facilities that may have lead leaching into drinking water
- Reduce lead risk to young children through drinking water




Challenges

- Funding cannot be used for abating or correcting lead in water hazards
- Limited contractors to do abatement
- Having adequate funding to support remediation expenses may lead facilities to close rather than perform lead abatement actions
- While Department of Health Services intends to provide reimbursement to LPHAs for assistance, assistance will mean redirecting staff for outreach to facilities, parents, and other agencies
- Most of Marathon County Health Department's lead poisoning follow up involves City of Wausau residents regarding lead paint. The City treats the drinking water system with a substance to prevent lead from leaching into the drinking water.

Start Right!

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

 Prenatal Care Coordination <i>public health nursing services provided during pregnancy up to two months after birth</i>	 Postpartum Services <i>Public health nursing services provided after the birth of a baby until the infant is two months of age (hospital referrals)</i>	 Long Term Home Visiting <i>Parent educator services provided for families with infants through age 4</i>
<p>Breastfeeding initiation= 79% <i>(Healthy People 2020 target for general population is 82%)</i></p> <p>Reproductive Life Plan in place=97% <i>(highest in 5 years)</i></p> <p>Safe Sleep Environment=80% <i>(number dropping, additional interventions have been put in place)</i></p> <p>Referrals of eligible families to long term home visiting= 68% <i>(consistently solid referral rate)</i></p>	<p>Reproductive Life Plan in place=96% <i>(highest in 5 years)</i></p> <p>Infants who sleep on their backs=97% <i>(consistently high percentage)</i></p> <p>Referrals of eligible families to long term home visiting= 37% <i>(consistently solid referral rate)</i></p>	<p>Children who are on schedule for their well child exams=99% <i>(consistently high rate)</i></p> <p>Decrease in identified safety hazard in the home= 98% <i>(increased from recent years)</i></p> <p>Percent of parents identified with AODA, domestic violence, or mental health concerns who received supportive services=47% <i>(reduced from recent years)</i></p> <p>Percent of children age enrolled in a group-based early childhood program=75% <i>(Increased from recent years)</i></p>

Start Right!

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

2019 Start Right Enhancements through MCHD:

- ✓ Intensive Case Management
- ✓ Strengthen Client Outreach through Facebook
- ✓ Safe Sleep Education and Crib Distribution in Community

Start Right!

2018 Program Impacts

Start Right provides family support and coaching for families in Marathon County from pregnancy to age five. Specific goals of the program include;

- Children will be healthy
- Children will be safe in their family homes
- Children will experience nurturing relationships with their parents
- Children will be “school ready” when they begin school

First Steps – Pregnancy to 60 Days Postpartum 141 women received services and delivered babies in 2018 with 102 of those women receiving 3 or more visits	
Babies will be born healthy	<ul style="list-style-type: none"> • 40% of pregnant women reported smoking, with 93% stopped or decreased their smoking • 31% of pregnant women reported drinking during their pregnancy, with 91% of women reporting that they stopped drinking • 79% of pregnant women initiated breastfeeding, with 68% of women breastfeeding or providing breast milk at 4 weeks postpartum • 97% of women had a reproductive life plan • 95% of infants had a medical home • 91% of infants had a well-child exam as age appropriate • 84% of eligible infants were enrolled in WIC • 98% of parents were knowledgeable about immunizations
Children will be safe in their family homes	<ul style="list-style-type: none"> • 94% of infants were reported to sleep on their backs, and 88% of women/caregivers reported they did not co-sleep with their infant • 80% of infants slept in a safe sleep environment • 82% of infants in a home with a private well had a well water test • 81% of homes had a working smoke alarm • 96% of homes were smoke-free
Children will experience nurturing relationships with their parents	<ul style="list-style-type: none"> • 26% of women experienced perinatal depression, with 23% of the women with depression referred for services (who had not previously been referred) • 82% of parents responded appropriately to their newborn’s hunger cues and 86% of parents responded appropriately to their newborn’s crying cues
Families will be knowledgeable about key community resources, including Start Right	<ul style="list-style-type: none"> • 68% of parents who were eligible for Step-by-Step parent educator services accepted services • 99% of parents were aware of Family Resource Center services

Start Right!

First Steps – Families with Newborns

148 families received 1 or more home visits

Children will be healthy	<ul style="list-style-type: none">• 97% of infants had a medical home• 42% of eligible infants enrolled/referred to WIC• 99% of parents were knowledgeable about immunizations• 86% of women initiated breastfeeding• 96% of women had a reproductive life plan
Children will be safe in their family homes	<ul style="list-style-type: none">• 97% of infants were reported to sleep on their backs; 95% of women/caregivers reported they did not co-sleep with their infant• 93% of infants slept in a safe sleep environment• 93% of infants who lived in a home with a private well had the well tested• 85% of homes had a working smoke alarm• 95% of homes were smoke-free
Children will experience nurturing relationships with their parents	<ul style="list-style-type: none">• 13% of women experienced perinatal depression, with 57% of women referred for services (who were not previously referred)
Families will be knowledgeable about key community resources, including Start Right	<ul style="list-style-type: none">• 37% of parents eligible for Step by Step Parent Educator services accepted services• 99% of parents were aware of Family Resource Center services

Start Right!

Step by Step – Intensive Parenting Education and Support

For families with children aged 2 months to 5 years

208 children received intensive home visiting services

<p>Children will be healthy</p>	<ul style="list-style-type: none"> • 90% of children were fully immunized at 24 months • 99% of parents identified a medical home • 96% of parents reported their children were on schedule for their well child exams • 79% of parents reported their children did not use emergency room services • 83% of eligible children received WIC services
<p>Children will be safe in their family homes</p>	<ul style="list-style-type: none"> • 98% of homes with an identified safety hazard had a decrease in hazards
<p>Children will experience nurturing relationships with their parents</p>	<ul style="list-style-type: none"> • 26% of children screened with the ASQ-3 were identified as having a potential developmental delay with 100% receiving follow up intervention services. • 6% of children screened with the ASQ-SE were identified as having a potential developmental delay with 100% receiving follow up intervention services. • 81% of parents scored 80% or higher on a post parenting knowledge test
<p>Parents with AODA, domestic violence or mental health concerns will receive supportive services</p>	<ul style="list-style-type: none"> • 51% of parents have one or more identified concerns with AODA, domestic violence or mental health, with 47% receiving one or more supportive services (either having services already involved or as a direct referral from Start Right).
<p>Children will be “school ready” when they begin school</p>	<ul style="list-style-type: none"> • 75% of children aged 3 to 5 participated in preschool, Headstart, or other early childhood program

Start Right!

Stepping Stones

Parenting Support Provided Through a Parenting Warm Line and One-to-One Parent Coaching Sessions

54 Family Coaching Sessions or Warmline Sessions

Families will have access to timely parenting information	<ul style="list-style-type: none">• 67% of parents reported increased feelings of support• 100% of parents reported increased feelings of confidence• 92% of parents reported increased knowledge
Families will be knowledgeable about key community resources and are linked to appropriate supports	<ul style="list-style-type: none">• 100% of families reported being knowledgeable about community resources
Families will be knowledgeable about their child's development and access services for their children if they are developmentally delayed	<ul style="list-style-type: none">• 11 children received developmental screening• 3 children were identified with potential developmental delay, with 100% receiving further assessment or intervention services
Families will use the Family Resource Center and Stepping Stones services	<ul style="list-style-type: none">• 100% of parents reported they were comfortable with re-contacting the Family Resource Center should they need further service

Start Right!

Stepping Out

Parenting Support Provided Through Play N Learn Sessions and Parent Education Classes Offered Through the Family Resource Centers

Children will be “school ready”	<ul style="list-style-type: none">• 244 unduplicated adults and 445 unduplicated children participated in one or more of the 231 Play N Learn sessions offered throughout the county• 90% of parents reported increased feelings of support• 100% of parents reported increased feelings of confidence• 91% of parents reported increased knowledge about child development• 66 ASQ-3 and 12 ASQ-SE development assessments were done at Play N Learns; 19 children were identified as having a potential delay, with 100% referred or receiving services
Families will have access to parenting information and support	<ul style="list-style-type: none">• 522 unduplicated children and 531 unduplicated adults participated in one or more of the 260 educational sessions• 90% of parents reported increased feelings of support• 91% of parents reported increased feelings of confidence• 80% of parents reported increased knowledge about child development
Families will be knowledgeable about key community resources and linked to appropriate supports	<ul style="list-style-type: none">• 89% of parents reported being more knowledgeable about community resources

For more detailed outcomes along with benchmarks, please refer to Marathon County Health Department's Annual Report:

http://www.co.marathon.wi.us/Portals/0/Departments/HLD/Documents/MCHD_AnnualReport.pdf

	2014	2015	2016	2017	2018	2018 Rates*	2014-2018 Rates*	2020 Goals
BABESIOSIS	4	7	9	6	5	3.7	4.6	
BLASTOMYCOSIS	7	9	13	7	3	2.2	5.8	
CARBON MONOXIDE POISONING	--	--	--	--	3	2.2	--	
EHRlichiosis/ANAPLASMOSIS	37	38	53	65	28	20.6	32.7	
HEPATITIS B	16	14	10	8	10	7.4	7.1	1.5
HEPATITIS C	54	55	79	64	25	18.4	41.0	0.2
HISTOPLASMOSIS	1	0	0	1	0	0	0.3	
HIV/AIDS	4	2	2	2	2	1.5	1.8	3.5
INFLUENZA ASSOCIATED HOSPITALIZATIONS	75	88	42	128	146	107.6	70.9	
INFLUENZA ASSOCIATED PEDIATRIC MORTALITY	0	0	1	0	0	0	0.1	
JAMESTOWN CANYON VIRUS	1	2	0	0	1	0.7	0.6	
LEGIONELLOSIS	0	0	0	2	4	2.9	0.9	
LISTERIOSIS	2	0	0	0	1	0.7	0.4	
LYME DISEASE	67	72	101	92	47	34.6	56.1	
MENINGITIS, BACTERIAL	0	0	3	2	1	0.7	0.9	
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	16	7	16	17	15	11.1	10.5	
POWASSAN	0	0	0	1	0	0	0.1	
ROCKY MOUNTAIN SPOTTED FEVER	0	0	1	2	0	0	0.4	
STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A & B	32	25	19	22	20	14.7	17.5	
STREPTOCOCCUS PNEUMONIAE/INVASIVE	10	9	12	10	15	11.1	8.3	
TUBERCULOSIS, ACTIVE DISEASE	1	3	3	2	1	0.7	1.5	1.0
TUBERCULOSIS, LATENT INFECTION	--	--	--	--	17	12.5	--	
WEST NILE	0	1	0	1	1	0.7	0.4	
ZIKA	0	0	0	1	0	0	0.1	
Sexuality Transmitted Diseases								
CHLAMYDIA	351	401	374	365	342	252.0	271.1	
GONORRHEA	18	23	16	50	54	39.8	23.8	257-198
SYPHILIS	1	1	3	4	5	3.7	2.1	1.4-6.8

	2014	2015	2016	2017	2018	2018 Rates*	2014-2018 Rates*	2020 Goals
Enteric Diseases								
HEPATITIS A	1	0	0	0	0	0	0.1	0.3
CAMPYLOBACTERIOSIS	30	46	47	56	55	40.5	34.6	
CRYPTOSPORIDIOSIS	26	28	39	22	39	28.7	22.8	
CYCLOSPORIASIS	0	0	0	0	8	6.0	1.2	
SHIGA TOXIN PRODUCING E COLI (STEC)	7	7	12	12	17	12.5	8.1	
GIARDIASIS	20	24	67	49	39	28.7	29.4	
SALMONELLOSIS	31	35	26	34	19	14.0	21.4	
SHIGELLOSIS	1	1	2	1	2	1.5	1.0	
Vaccine Preventable Diseases								
PERTUSSIS (WHOOPING COUGH)	60	22	121	5	14	10.3	32.8	0.0
MUMPS	1	1	0	0	0	0	0.3	0.0
HAEMOPHILUS INFLUENZAE/INVASIVE	0	3	5	3	3	2.2	2.0	0.0
VARICELLA (CHICKENPOX)	9	5	6	5	5	3.7	4.4	0.0
Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)	0	0	0	0	0	0	0	0.0

NOTES:

- *Rates per 100,000. Rates calculated based on the most recent US Census data estimates available (July 1, 2017).
- Malaria and La Crosse encephalitis were removed from the report, due to no reported cases between 2014-2018.
- During 2017, additional lab information for hepatitis C cases become reportable. As a result, the number of probable cases and the total number of cases reported since that change are lower than in previous years.
- Carbon monoxide poisoning and latent tuberculosis infection were added to the report due to a change in the State of Wisconsin reporting requirements. These conditions became reportable starting July 1, 2018.
- Case counts are from State records.
- Case counts from 2014-2017 were adjusted for this report based on current state data.

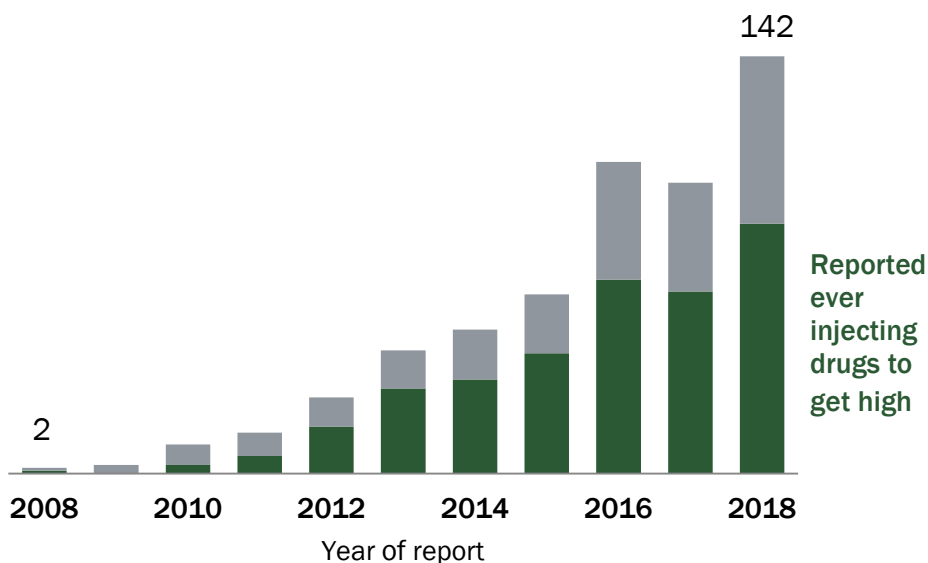
HEPATITIS C IN WISCONSIN

2018 Summary Report

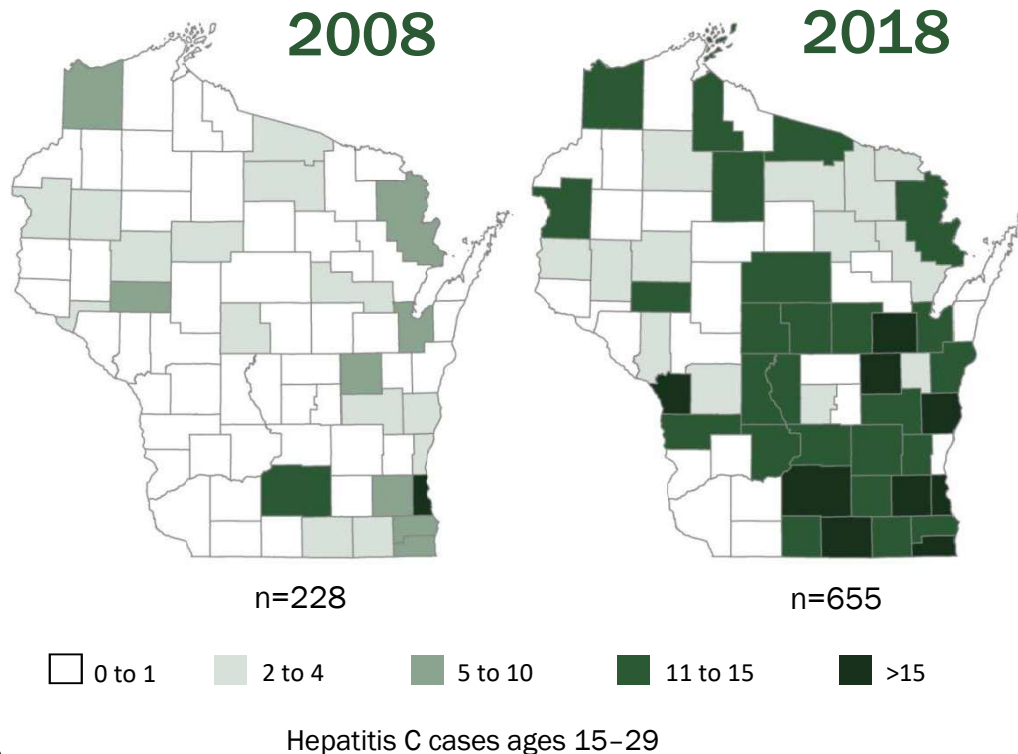
In 2018, the hepatitis C virus epidemic in Wisconsin continued, with 2,744 newly reported cases, including 2 perinatal, 142 acute, and 2,600 chronic cases. An estimated 70,000–95,000 people are living with hepatitis C in Wisconsin, but only half (39,516) have been identified and reported. For more information, visit the full [hepatitis C annual review for 2018](#).

Hepatitis C Trends

The number of acute hepatitis C cases has increased over the past 10 years with 142 cases reported in 2018. **Most people with acute hepatitis C reported injecting drugs.**

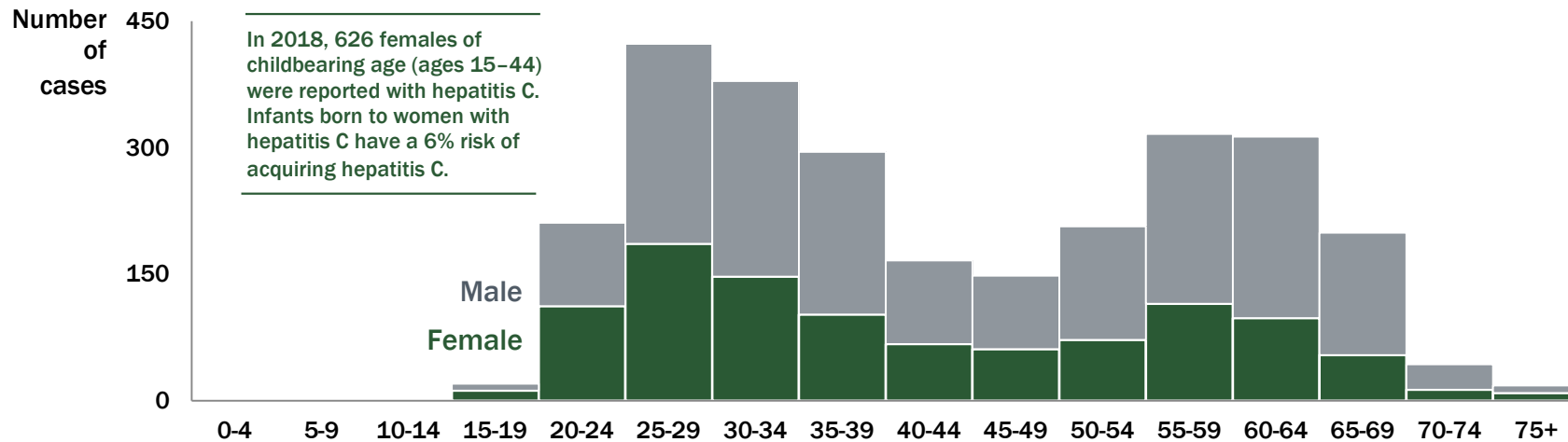


Over the past 10 years, the number of **newly reported hepatitis C cases among young people ages 15–29 has nearly tripled**, and more Wisconsin counties are reporting cases.



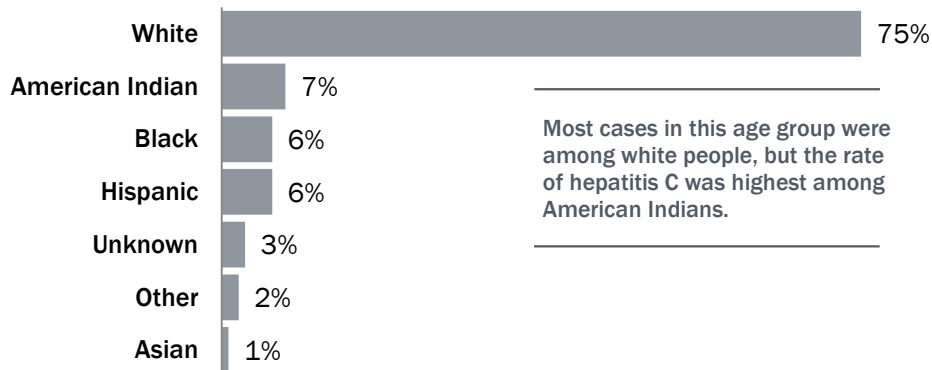
Hepatitis C in 2018: Age, Sex, and Race

In 2018, newly reported hepatitis C cases were commonly reported among two groups: **young adults who were likely recently infected** and **older adults who were likely infected many years ago**.



Young adults

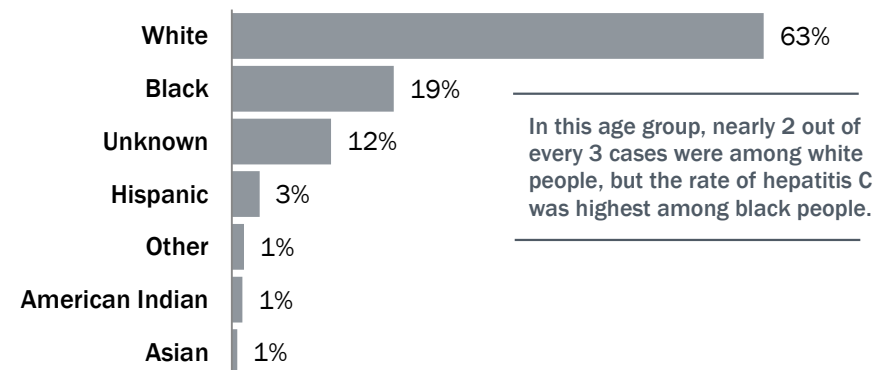
Percent of hepatitis C cases by race/ethnicity among people age 15-29, 2018



People who inject drugs are at high risk for hepatitis C, and injection drug use is the most commonly reported risk factor among this age group. Nearly half of cases ages 15-29 were female.

Baby boomers

Percent of hepatitis C cases by race/ethnicity among people born 1945-1965, 2018



Most hepatitis C cases in the U.S. are among baby boomers and likely represent infections that occurred many years ago. Two out of three cases in this cohort were male.



Community Health Improvement (CHI)

September 2019

Judy Burrows, Program Director

Since the release of the 2017-2020 Community Health Improvement Plan significant changes have been made the work of the CHI team. Below is a summary of the recent challenges and areas of excellence.

Where do we excel?

MarathonCountypulse.org In 2017, we formed a collaborative groups of community stakeholders to explore the possibility of utilizing a web based data platform to house community health data. Healthy Community Institute is the business we now contract with to support the technology behind marathoncountypulse.org Our staff have worked with HCI to create a platform that has a wide variety of uses for our community partners and identified valid and reliable data sources for the site. Most notably, in 2019 the LIFE Steering Committee and its subcommittees have been using this site as a “one-stop-shop” for credible local, state and national data. The result of having the database is: 1) greater partnership with agencies who provide financial support to HCI for the platform, 2) quality data is accessible to any person or organization, 3) real time data is easily accessible for planning projects, including the LIFE report.

Youth Risk Behavior Surveillance (YBRS) data is collected in every public school district in the County. This aggregate has been collected every other year for the past 6 years in all public schools in Marathon County. The results are: 1) having data for Marathon County kids on several health behaviors, 2) utilizing data to drive decisions about programs and service for youth, and 3) potential for multiples agencies to use the same data point (indicator) to evaluate the effectiveness of each agency’s programs. An example of this is the School-Based Mental Health Counseling Consortium (MCS-BCC) and their evaluation of reported depression among 6th to 12th grades students.

Connections and Collaborations are the cornerstone of the Community Health Improvement Teams work. We invest time in building relationships with individuals from agencies who have similar or shared missions and goals. Our strategies are to: 1) convene groups to identify how to align programs and services in the best means possible given the limitations of each partner agency; 2) connect partners to one another so that they can align mutually reinforcing activities between agencies, and 3) facilitate group planning and prioritizing processes in support of creating a shared agenda and shared measurements among community partners.

What are the Challenges?

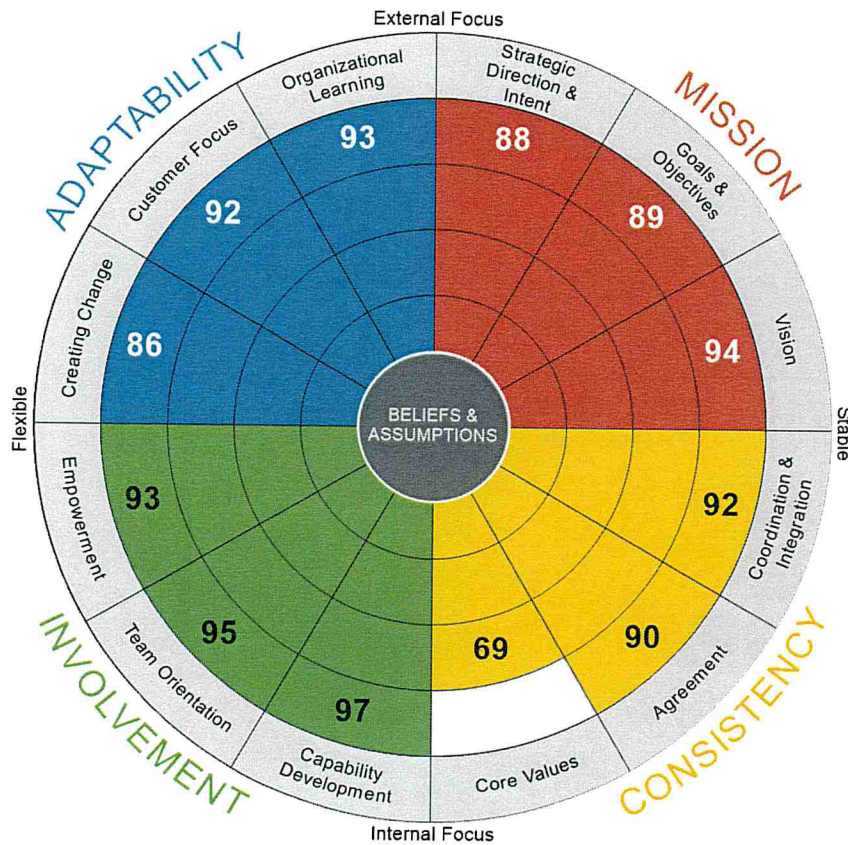
Our program goals are in service to “Wicked Problems”. By definition they are complex social problems that are difficult to solve; yet are worth solving. They are not linear and each solution often exposes new aspects of the problem.

Community systems work does not yield individual health outcomes, making it difficult to convey the value of the work. Population health outcomes take years to demonstrate. During the same time, local conditions are changing requiring ongoing monitoring of community health and status of indicators.

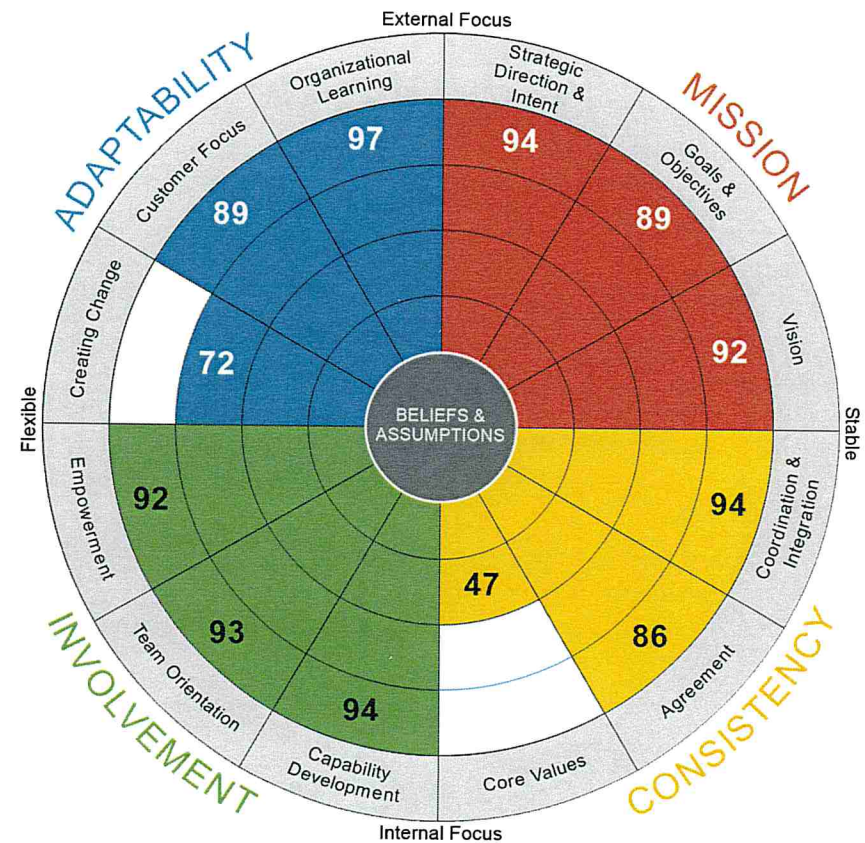
Alignment of partners’ goals, and creating collaborative systems changes takes time. One example of this is the identification of the role of Recovery Coaching and the integration of it into the continuum of care for substance abuse treatment by the newly formed North Central Recovery Coach Collaborative.

2017: Health Department

2019: Health Department

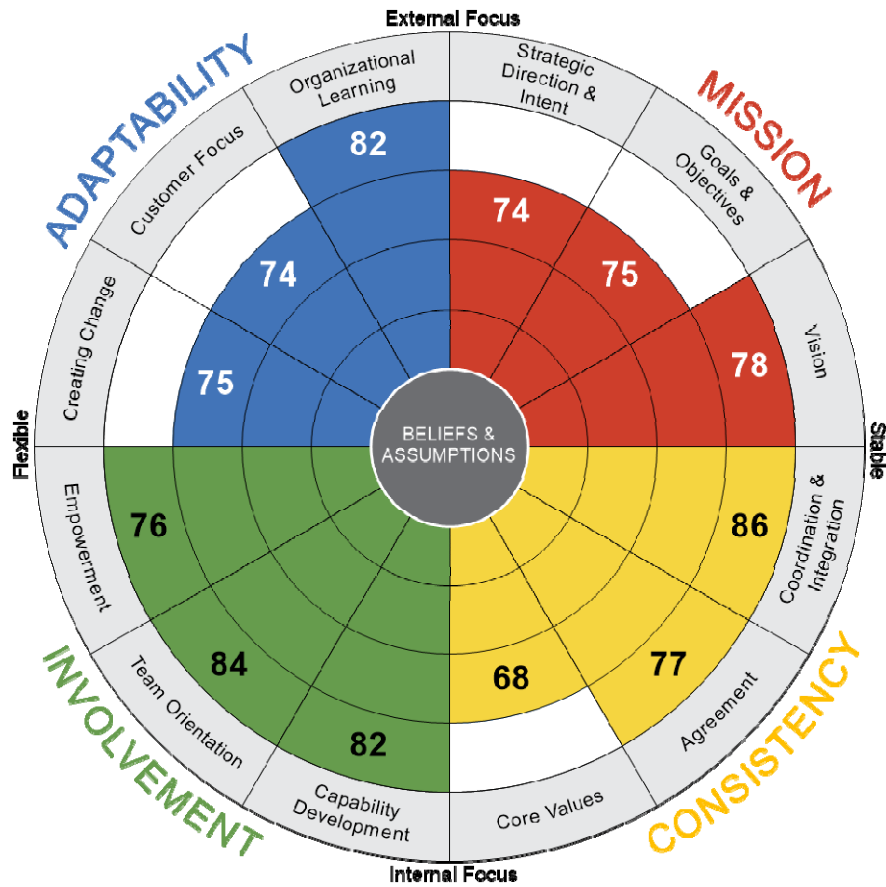


N = 42



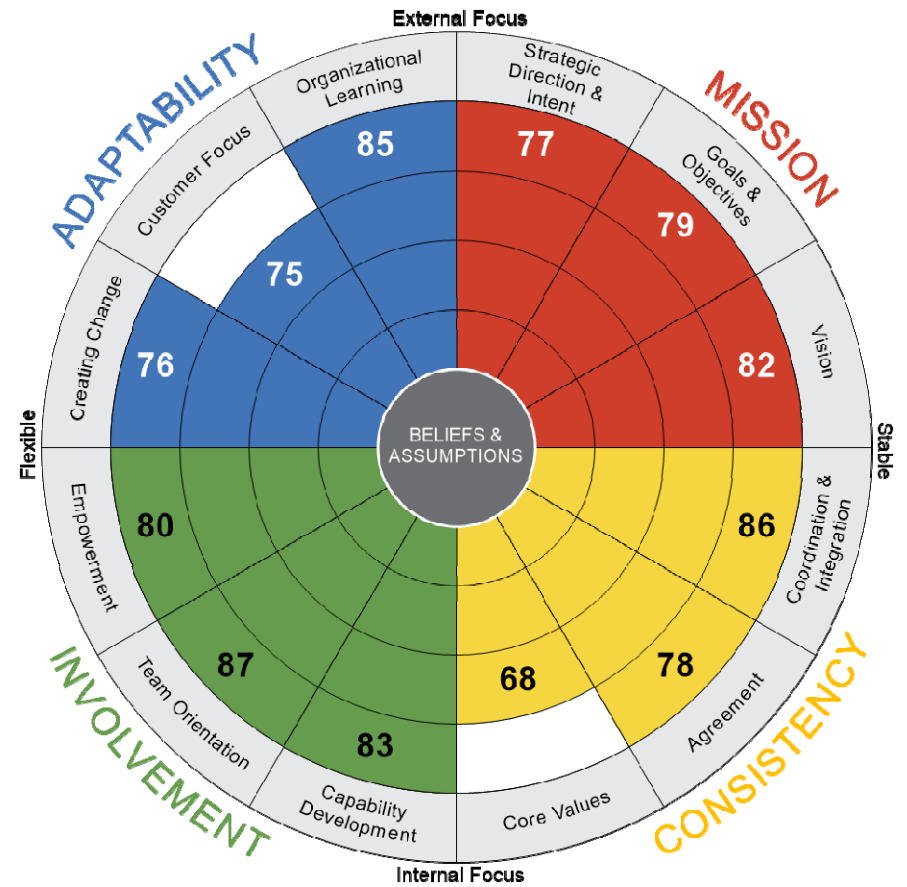
N = 39

2017: Overall



N = 594

2019: Overall



N = 663



**Wisconsin Department of Health Services
Division of Public Health
PHAVER - WEDSS**

**YTD Disease Incidents by Episode Date
Incidents for MMWR Weeks 1 - 32 (Through Week of August 10th, 2019)
Jurisdiction: Marathon County**

Disease Group	2019					Total	2018
	Week 29	Week 30	Week 31	Week 32			
Babesiosis	0	0	0	1	1	1	5
Blastomycosis	0	0	0	0	0	4	4
Campylobacteriosis (Campylobacter Infection)	0	0	1	1	20	20	57
Carbapenem-Resistant Enterobacteriaceae	0	0	0	0	1	1	0
Carbon Monoxide Poisoning	0	0	1	0	6	6	3
Chlamydia Trachomatis Infection	6	7	12	7	217	217	342
Coccidioidomycosis					0	0	1
Cryptosporidiosis	0	0	0	3	14	14	39
Cyclosporiasis					0	0	8
Ehrlichiosis / Anaplasmosis	1	2	0	0	12	12	28
Giardiasis	0	2	0	0	10	10	39
Gonorrhea	2	0	2	1	82	82	54
Haemophilus Influenzae Invasive Disease	0	0	0	0	1	1	3
Hepatitis B	0	0	0	0	6	6	10
Hepatitis C	0	0	0	0	18	18	25
Influenza	0	0	0	0	63	63	147
Invasive Streptococcal Disease (Groups A and B)	2	1	1	0	16	16	20
Legionellosis					0	0	4
Listeriosis					0	0	1
Lyme Disease	2	3	0	0	23	23	47
Meningitis, Other Bacterial					0	0	1
Mycobacterial Disease (Nontuberculous)	0	0	0	0	9	9	15
Parapertussis					0	0	8
Pathogenic E.coli	1	1	1	0	8	8	18
Pertussis (Whooping Cough)	0	1	0	0	7	7	14
Salmonellosis	1	2	1	2	20	20	19
Shigellosis					0	0	2
Streptococcal Infection, Other Invasive	0	0	0	0	1	1	0
Streptococcus Pneumoniae Invasive Disease	0	0	0	0	12	12	15
Syphilis	0	0	0	0	3	3	5
Tuberculosis	0	0	0	0	1	1	1
Tuberculosis, Latent Infection (LTBI)	0	0	0	0	5	5	18
Varicella (Chickenpox)	0	0	0	0	2	2	5
Vibriosis, Non Cholera	0	0	0	0	1	1	0
	15	19	19	15	563	563	