**Marathon County Board of Health**

**Tuesday, December 3, 2019 at 7:45 AM** **Meeting Location: 1000 Lake View Drive, Suite 100 Wausau, WI 54403**

**Committee Members:** John Robinson, Chair; Sandi Cihlar, Vice-Chair; Lori Shepherd, Secretary; Mary Ann Crosby; Dean Danner; Kue Her; Tiffany Lee; 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 November 5, 2019 Board of Health Meeting**

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

A. None

**5. Policy Discussion and Possible Action**

A. Update on the Health Department and Marathon County 2020 Budget
    i. Debrief from the Start Right budget policy discussion and explore strategies to strengthen program outcome measures
B. Update on the Board of Health's scope in carrying out its advocacy role
C. Discuss public education challenges when advancing public health policy
    i. Tracking disease occurrences and follow-up on adverse effects
D. Review Marathon County Board of Health Statement re: Marijuana and the Impact on the Public's Health
E. Confirm the Board of Health's role and timeline in identifying health priorities for the 2021-2024 Community Health Improvement Plan

**6. Educational Presentations/Outcome Monitoring Reports** (as time permits)

A. Update on the progress in meeting the 2019-2023 Marathon County Strategic Plan goals and objectives
B. Release of the October 2019 Burden of Binge Drinking in Wisconsin report

**7. Announcements**

A. Staffing Update
B. Other

**8. Next Meeting Date & Time, Location, Future Agenda Items: January 7, 2020**

A. Educational Presentation: Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health departments
B. License Fees
C. Other

**9. Adjourn**

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

Date _____ Time_____

By _____

Signed_____

THIS NOTICE POSTED AT THE COURTHOUSE

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**
November 5, 2019

Present: John Robinson, Mary Ann Crosby, Tiffany Lee, Dean Danner, Kue Her, Laura Scudiere, Lori Shepherd, Michael McGrail

MCHD Staff: Dale Grosskurth, Rebecca Mroczenski, Joan Theurer, Eileen Eckardt, Chris Weisgram, Judy Burrows

**1. Call to Order**

**John Robinson called the meeting to order at 7:47 a.m.**

A. Welcome Tiffany Lee to the Board of Health

**2. Public Comment Period**

John Robinson asked members of the public who registered to provide comments to limit their comments to 3 minutes.

The following members of the public provided comments on Agenda Item 5A:

| **Name** | **Address** |
|---|---|
| Steve Frazier | 7102 Evergreen St., Schofield, WI |
| Alex Hartinger | 1550 Westwood Dr., #65, Wausau, WI |
| Jamie Bernander | 696 Gulch Ave. |
| Lisa Barnett | 13577 Larkspur Ln. |
| Mike Borski | 3305 Springdale Ave., Wausau, WI |
| Robin Baker | 3308 Springdale Ave., Wausau, WI |
| Dr. Chelsea Poland | 1119 Brown St., Wausau, WI |
| Dr. Jeffrey Lamont | 1201 Easthill Dr., Wasuau, WI |
| Carol Raczek | 159956 Duberstein Rd., Mosinee, WI |
| Ken Charneski | 2604 16th Rd., Mosinee, WI |
| Valerie Charneski | 1211 Arthur St., Wausau, WI |
| Dr. Tim Shaw | Autumn Ave., Mosinee, WI |
| Angela Mess | 408 7th St., Mosinee, WI |
| Amy Hahn | 11090 N 60th Ave., Merrill, WI |
| Angela Quane | Starflower Ln., Wausau, WI |
| Scott Bautch | 7404 Walden Blvd., Wausau, WI |
| Kim Smith | 775 Edenberg Ln. |
| Georgianna Szymanski | 227461 Cardinal Ln., Edgar, WI |
| Heather Haupt | Kent St. |
| Joel Hynes | 3400 Hidden Links Dr. |
| Sandy Bautsch | 1717 Mulligan Dr., Wausau, WI |
| Michael Bautsch | 1717 Mulligan Dr., Wausau, WI |
| Caryl Lewis | 204930 Vallie Ln., Mosinee, WI |

| | |
|---|---|
| Anika Lewis | 204930 Vallie Ln., Mosinee, WI |
| Katie Seybold | 2419 Roselawn Rd., Wausau, WI |
| Rob Brayton | 115 Curtis Ave., Hatley, WI |
| Ira Huber | 180 Pine View Rd., Birnamwood, WI |
| Julie Hill | 119987 Schuster Rd., Stratford, WI |
| Stephanie Strohbeen | Wausau,WI |
| Anna Heffron | Madison, WI |
| Bernadette Puissant | Merrill, WI |
| Barbara Otlowski | WI |
| Kathleen Riese | 18355 HWY 153, Stratford, WI |

**3. Approval of the Minutes of the October 1, 2019 Board of Health Meeting**

**Motion to approve the minutes of the October 1, 2019 Board of Health meeting made by Dean Danner. Seconded by Michael McGrail. Motion Approved.**

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

A. None

**5. Policy Discussion and Possible Action**

A. Resolution in support of legislation on the End the Use of Personal Conviction Waivers for School and Day Care Center Immunizations

Joan Theurer provided an educational presentation, covering:

- Purpose for the Wisconsin Immunization of Students Law
- Immunizations have reduced illness, hospitalization, premature death and societal costs associated with disease outbreaks
- High vaccination rates protect those in the community who cannot be vaccinated
- Lower immunization rates put communities at risk for disease

Dean Danner shared his experiences as a public health professional during his career, and the importance of public health.

Michael McGrail shared experiences as a physician and a medical student.

Lori Shepherd shared her experiences as a pediatrician in the community.

Mary Ann Crosby asked if there could be a compromise where the choice to waive vaccines would be made between a parent and their pediatrician.

John Robinson explained the intent of the resolution is to support legislation that would remove the personal conviction waiver, and it is up to the state legislature to make the final decision on whether the law is changed.

Kue Her shared her struggle with the decision and the importance of protecting the public.

Laura Scudiere shared her belief for the need to take into consideration vulnerable populations.

John Robinson shared his experience as a member of the State Assembly, and the struggle of educating and engaging with the public on the benefits and risks of vaccines.

**Motion to adopt the resolution to recommend elimination of the personal conviction waiver to the state legislature made by Dean Danner. Seconded by Lori Shepherd. Motion Approved: 7 Aye, 1 No (Crosby).**

B. Update on the 2020 Marathon County Proposed Budget
    i. Human Resources and Finance Committee discussion held on October 14 regarding the possible reduction in Start Right funding: Discuss the impact on Start Right services by reducing the budget by $160,000

John Robinson shared that as part of discussions for the 2020 budget, an issue raise was taking $160,000 from the Start Right program to fund additional positions for the district attorney's office.

Joan Theurer shared that a plan has been developed and would be implemented, should the budget reduction take place.

John Robinson shared that he is unsure how much support there is for such a reduction to the program, but there are members of the County Board who are considering the possibility.

Discussion on the need continue supporting the program that improves birth outcomes and prevents child abuse/neglect.

**Motion made by Michael McGrail to support continued full funding for the Start Right Program. Seconded by Mary Ann Crosby. Motion approved.**

    ii. Health Department's 2020 budget

    This item will be covered at the December meeting.

**6. Educational Presentations/Outcome Monitoring Reports** (as time permits)

A. Update on the progress in meeting the 2019-2023 Marathon County Strategic Plan goals and objectives

    This item will be covered at the December meeting.

B. Report from the Health & Human Services Committee October 28, 2019 meeting on policy issues impacting public health

Mary Ann Crosby shared activities and topics covered at the Health & Human Services Committee

- Discussion of the Start Right Funding consideration
- Health Care coverage for pre-trial detainees

**Motion to adjourn made by Laura Scudiere. Seconded by Kue Her. The meeting adjourned at 10:14 a.m.**

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

**Health Officer Notes**
**December 2019**

**Operational Functions Required by Statute, Ordinance, or Resolution**

A. None

**Policy Discussion and Possible Action**

**A. Update on the Health Department and Marathon 2020 Budget**

**i. Debrief from the Start Right budget policy discussion and explore strategies to strengthen program outcome measures**

John Robinson, Chair and Joan Theurer, Health Officer will share takeaways from the Start Right budget policy discussion and highlight the 2020 budget and impact on Health Department's program services.

**B. Update on the Board of Health's scope in carrying out its advocacy role**

John Robinson, Chair will share findings from a meeting held on October 25, 2019 with Scott Corbett, Corporation Counsel; Kurt Gibbs, Chair, County Board of Supervisors; Brad Karger, County Administrator; Lance Leonard, Deputy County Administrator; regarding the scope of the Board of Health in carrying out its advocacy role. Enclosed, find copy of the Board of Health Bylaws and Wis. Stats. 251.04 Local board of health; powers and duties.

**C. Discuss public education challenges when advancing public health policy**

**i. Tracking disease occurrences and follow-up on adverse effects**

John Robinson, Chair will lead a discussion as to challenges when educating the public on health policy initiatives.

**D. Review Marathon County Board of Health Statement re: Marijuana and the Impact on the Public's Health**

Judy Burrows, Community Health Improvement Program Director will walk through the draft position statement document. Enclosed, find working draft document.

**E. Confirm the Board of Health's role and timeline in identifying health priorities for the 2021-2024 Community Health Improvement Plan**

Joan Theurer, Health Officer will share the plan and timeline for identifying health priorities in 2021. Enclosed, find a one page overview document.

**Educational Presentations/Outcome Monitoring Reports** (as time permits)

**F.** Update on the progress in meeting the 2019-2023 Marathon County Strategic Plan goals and objectives

Joan Theurer, Health Officer will review key strategies that have been implemented in support of the department's strategic plan. Enclosed, find a summary document.

**G.** Release of the 2019 Burden of Binge Drinking in Wisconsin report

Enclosed, find the profile for Marathon County from the full report that can be accessed through: https://uwphi.pophealth.wisc.edu/wp-content/uploads/sites/316/2019/10/The-Burden-of-Binge-Drinking-in-Wisconsin-Full-Report-2.pdf

**Announcements**

**H.** Staffing Update

- Seth Schulz, Environmental Health Sanitarian joined the department on November 4, 2019. Seth brings experience in food safety and quality assurance from the retail meat industry, having a degree in Animal Science Management.
- Ashley Deering, Health Educator has resigned to stay home with her son, effective November 26, 2019. Ashley has been with the Health Department since September of 2012.

**Next Meeting Date & Time, Location, Future Agenda Items: January 7, 2020**

a. Educational Presentation: Overview of Public Health 3.0 and revisions of Wis. Admin. Code DHS 140 level requirements of local health departments
b. License Fees
c. Other

# Marathon County Board of Health
# Bylaws

## 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. 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 Code of Ordinances, Chapter 2, the Governing Body, Section 2.05 (1) (d) Board of Health

Adopted August 6, 2019

# CHAPTER 251

# LOCAL HEALTH OFFICIALS



**Cross−reference:** See definitions in s. 250.01.

**251.001 Legislative findings.** The legislature finds that the provision of public health services in this state is a matter of statewide concern.

**History:** 1993 a. 27.

**251.01 Definitions.** In this chapter:

**(1g)** "City−county board of health" means a board of health for a city−county health department.

**(1r)** "County board of health" means a board of health for a single county health department or for a multiple county health department.

**(3)** "County health officer" means the position of a local health officer in a single county health department or in a multiple county health department.

**(7m)** "Represented employee" means an employee in a collective bargaining unit for which a representative is recognized or certified under subch. IV of ch. 111.

**(8)** "Sanitarian" means a sanitarian, as defined in s. 440.98 (1) (b), who is registered under s. 440.98 (5).

**History:** 1993 a. 27 ss. 196, 197, 460; 2001 a. 16; 2007 a. 130.

**251.02 Local health department; establishment. (1)** In counties with a population of less than 750,000, unless a county board establishes a city−county health department under sub. (1m) jointly with the governing body of a city or establishes a multiple county health department under sub. (3) in conjunction with another county, the county board shall establish a single county health department, which shall meet the requirements of this chapter. The county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r) or by a city−city health department established under sub. (3t). No governing body of a city may establish a city health department after January 1, 1994.

**(1m)** Subject to sub. (1r), in counties with a population of less than 750,000, the county board and the governing body of a city that has a city health department may jointly establish a city−county health department, which shall meet the requirements of this chapter. A city−county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r). A city−county health department established under this subsection after September 1, 2001, is subject to the control of the city and county acting jointly under an agreement entered into under s. 66.0301 that specifies, in conformity with this chapter, all of the following:

(a) The powers and duties of the city−county health department.

(b) The powers and duties of the city−county board of health for the city−county health department.

(c) The relative powers and duties of the city and county with respect to governance of the city−county health department and the city−county board of health.

**(1r)** If a city that assigns represented employees to its city health department and if a county that assigns represented employees to its county health department jointly establish a city−county health department under an agreement specified under sub. (1m), all of the following shall apply, but only if the represented employees at the city health department and at the county health department who perform similar functions are included in collective bargaining units that are represented by the same representative:

(a) The city−county health department shall offer employment to all city and county employees who are represented employees and who perform functions for the city and county that are transferred to the city−county health department in the agreement under sub. (1m).

(b) Notwithstanding s. 111.70 (4) (d), if, in any collective bargaining unit that is initially created at the city−county health department, all of the former city and county employees were represented by the same representative when they were employed by the city or county, that representative shall become the initial representative of the employees in the collective bargaining unit without the necessity of filing a petition or conducting an election.

(c) Unless otherwise prohibited by law, with respect to city−county health department employees who were formerly represented employees at the city or county, the city−county health department shall adhere to the terms of the collective bargaining agreements that covered these employees while they were employed by the city or county until such time that the city−county health department and the representative of the employees have entered into a collective bargaining agreement.

**(2)** (a) Except as provided in par. (b), in a county with a population of 750,000 or more, the governing body of each city or village shall do one of the following:

1. Establish a local health department that meets the requirements of this chapter.

2. Contract with the local health department of another city or village in the county to have that local health department provide services in the city or village.

(b) In a county with a population of 750,000 or more, the governing body of a city or village may establish, jointly with the gov-

erning body of another city or village, a multiple municipal local health department that meets the requirements of this chapter.

**(3)** A county board may, in conjunction with the county board of one or more other counties, establish a multiple county health department, which shall meet the requirements of this chapter. A multiple county health department shall serve all areas of the respective counties that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r).

**(3m)** If a county has a population of at least 100,000 but less than 750,000 and the county board of that county has, by July 1, 1985, abolished a county health commission or committee established under s. 141.10, 1991 stats., a village board in that county may continue and establish as a local board of health a village board of health that was established prior to January 1, 1994, and a town board in that county may continue and establish as a local board of health a town board of health that was established prior to January 1, 1994. A village or town that does so shall establish a local health department and elect a local health officer consistent with this chapter.

**(3r)** In a county described in sub. (3m), in addition to the local health department required to be established under sub. (3m), the governing body of a city, village or town in that county may, in concert with the governing body of another city, village or town in that county, establish a multiple municipal local health department and elect a local health officer consistent with this chapter.

**(3t)** The governing body of a city with a city health department, as specified in s. 250.01 (4) (a) 3., may, in concert with the governing body of another city with a city health department, as specified in s. 250.01 (4) (a) 3., in the same county, establish a city−city health department and elect a local health officer consistent with this chapter.

**(4)** No governing body of a county, city, village or town is required to use the term "local health department" to refer to a local health department that is established under this section.

**History:** 1993 a. 27; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158; 2011 a. 32; 2017 a. 207 s. 5.

**251.03 Local board of health; members. (1)** A local board of health shall consist of not more than 9 members. At least 3 of these members shall be persons who are not elected officials or employees of the governing body that establishes the local health department and who have a demonstrated interest or competence in the field of public health or community health. In appointing the members who are not elected officials or employees, a good faith effort shall be made to appoint a registered nurse and a physician. Members of the local board of health shall reflect the diversity of the community. A county human services board under s. 46.23 (4) may act as a county board of health if the membership of the county human services board meets the qualifications specified in this subsection and if the county human services board is authorized to act in that capacity by the county board of supervisors. If a county human services board acts in this capacity, it shall use the word "health" in its title.

**(2)** The chief executive officer of a city or a village shall appoint members of a local board of health, subject to confirmation by the governing body. In a county with a county executive, the county executive shall appoint members of the county board of health, subject to confirmation by the county board of supervisors. In a county without a county executive, members of the county board of health shall be appointed by the chairperson of the county board of supervisors, subject to confirmation by the county board of supervisors. The person who appoints members of the local board of health may designate certain members to be nonvoting members of the board.

**(3)** In establishing a city−county or multiple county health department, the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed as specified in sub. (2).

**(4)** Governing bodies of counties, cities or villages that appoint local boards of health shall specify the lengths of terms of members and shall provide for staggered terms.

**(4m)** Subsections (1) to (4) do not apply to a village or town that establishes a local health department under s. 251.02 (3m). In a village or town that does so, the village board or town board shall establish itself as a local board of health or appoint either wholly or partially from its own members a local board of health that consists of a suitable number of competent persons. A local board of health under this subsection shall elect a chairperson and clerk.

**(4r)** Subsections (1) to (4m) do not apply to a city, village or town that establishes a multiple municipal local health department under s. 251.02 (2) (b) or (3r), or to cities that establish a city−city local health department under s. 251.02 (3t). In establishing a multiple municipal local health department as described under s. 251.02 (2) (b) or (3r), the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed by the relevant governing bodies. A local board of health under this subsection shall elect a chairperson and clerk.

**(5)** No governing body of a county, city, village or town is required to use the term "local board of health" to refer to a local board of health that is established under this section.

**History:** 1993 a. 27; 1999 a. 9; 2003 a. 158.

**251.04 Local board of health; powers and duties. (1)** Except as authorized in s. 251.02 (2) (b), (3m), (3r), and (3t), a city board of health shall govern a city health department, a county board of health shall govern a county health department or multiple county health department, and a city−county board of health shall govern a city−county health department. A city board of health, a county board of health, a city−county board of health, or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure the enforcement of state public health statutes and public health rules of the department as prescribed for a Level I local health department. A local board of health may contract or subcontract with a public or private entity to provide public health services. The contractor's staff shall meet the appropriate qualifications for positions in a Level I local health department.

**(2)** A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) shall assure that its local health department is a Level I, Level II, or Level III local health department, as specified in s. 251.05 (1).

**(3)** A city or county board of health or a board of health for a local health department as authorized in s. 251.02 (2) (b), (3m), (3r), or (3t) may adopt those regulations, for its own guidance and for the governance of the local health department, that it considers necessary to protect and improve public health. The regulations may be no less stringent than, and may not conflict with, state statutes and rules of the department.

**(4)** A local board of health shall report to the department as required by rule.

**(5)** A local board of health shall meet at least quarterly.

**(6)** A local board of health shall:

(a) Assess public health needs and advocate for the provision of reasonable and necessary public health services.

(b) Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

**(7)** A local board of health shall assure that measures are taken to provide an environment in which individuals can be healthy.

**(8)** Unless the manner of employment is otherwise provided for by ordinance, a local board of health shall employ qualified public health professionals, including a public health nurse to conduct general public health nursing programs under the direction of the local board of health and in cooperation with the department, and may employ one or more sanitarians to conduct environmental programs and other public health programs not specifically designated by statute as functions of the public health nurse. The local board of health shall coordinate the activities of any sanitarian employed by the governing body of the jurisdiction that the local board of health serves. The local board of health is not required to employ different persons to perform these functions.

**(9)** In counties with a single county health department and either a county executive or a county administrator, the county executive or county administrator may assume the powers and duties of a local board of health under this section. If a county executive or a county administrator elects to assume those powers and duties, the local board of health shall be only a policy−making body determining the broad outlines and principles governing the administration of the county health department.

**History:** 1993 a. 27 ss. 261, 264, 463; 1997 a. 114; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158.

**251.05 Local health department; levels of service; duties. (1)** A local health department shall meet the following requirements specified in par. (a) and may, unless sub. (6) applies, meet the following requirements specified in par. (b) or (c):

(a) As a Level I local health department, at least the level of services specified in sub. (2) (a) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (a).

(b) As a Level II local health department, at least the level of services specified in sub. (2) (b) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (b).

(c) As a Level III local health department, at least the level of services specified in sub. (2) (c) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (c).

**(2)** The services to be provided by the 3 levels of local health departments are as follows:

(a) A Level I local health department shall provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control.

(b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

**(3)** A local health department shall:

(a) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

(b) Develop public health policies and procedures for the community.

(c) Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (L).

(d) Submit data, as requested, to the local public health data system established by the department.

(e) Act as agent of the department, if designated by the secretary under s. 250.042 (1).

**(4)** Except as provided in sub. (6), a local health department is not required to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

**(5)** Except as provided in sub. (6), the department may not require a local health department to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

**(6)** A local health department may be required to provide the level of services that is specified in sub. (1) (b) or (c) if and only to the extent that these services and qualifications are funded from state and federal funds that are available and are additional to any funding available on January 1, 1994.

**History:** 1993 a. 27; 2001 a. 109; 2005 a. 198; 2007 a. 130.

**Cross−reference:** See also ch. DHS 140, Wis. adm. code.

**251.06 Local health officer; qualifications; duties. (1)** (a) 1. Except as provided in subd. 2. or 3., a local health officer of a Level I local health department shall have at least a bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing.

2. A local health officer of a village or town health department established under s. 251.02 (3m) or of a multiple municipal local health department established under s. 251.02 (3r) shall be either a physician or a registered nurse. The local health officer shall be a voting member of the local board of health and shall take an oath of office. With respect to the levels of services of a Level I local health department, as specified in s. 251.05 (2) (a), the local health officer shall be authorized to act by and be directed by the county health officer of the county specified under s. 251.02 (3m).

3. If there is more than one full−time employee of a Level I local health department, including a full−time public health nurse who meets the qualifications specified under s. 250.06, the local health officer may meet the qualifications of a Level II or Level III local health officer.

(b) A local health officer of a Level II local health department shall have at least 3 years of experience in a full−time position with a public health agency, including responsibility for a communicable disease prevention and control program, preferably in a supervisory or other administrative position, and at least one of the following:

1. A bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing, either of which shall include preparation in public health nursing.

2. A bachelor's degree in public health, environmental health, the physical or biological sciences or a similar field.

(c) A local health officer of a Level III local health department shall have at least one of the following:

1. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 3 years of experience in a full−time administrative position in either a public health agency or public health work.

2. A bachelor's degree and 16 graduate semester credits towards a master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 5 years of experience in a full−time administrative position in either a public health agency or public health work.

3. A license to practice medicine and surgery under ch. 448 and at least one of the following:

a. Three years of experience in a full−time administrative position in either a public health agency or public health work.

b. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

c. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field.

(d) Notwithstanding pars. (a) to (c), relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12g),

counts toward satisfying the requirements for education, training, instruction, or other experience to qualify as a public health officer if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the applicant obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to qualify as a public health officer.

**(2)** (a) Except as provided in pars. (b) and (c), a local health officer shall be a full−time employee of a local health department.

(b) A local health officer of a county health department in a county under s. 251.02 (3m) shall be a full−time employee of the county who meets the qualifications of a local health officer of a Level I local health department.

(c) A local health officer of a local health department of a village or town established under s. 251.02 (3m) or a local health officer of a multiple municipal local health department established under s. 251.02 (3r) shall be one of the following:

1. An employee of the local health department of the village or town or an employee of the multiple municipal local health department.

2. A full−time employee of a local health department other than that specified in subd. 1.

3. The local health officer under par. (b).

4. The employee of a hospital, who provides, on a full−time basis, the services under s. 251.05 (2) (a), (b) or (c).

**(3)** A local health officer shall:

(a) Administer the local health department in accordance with state statutes and rules.

(b) Enforce state public health statutes and rules.

(c) Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts, if those regulations and ordinances are consistent with state public health statutes and rules.

(d) Administer all funds received by the local health department for public health programs.

(e) Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians hired for the local health department shall meet any qualification requirements established in rules promulgated by the department. "Subordinate personnel" under this paragraph may include any of the following:

1. A public health educator who meets qualifications that the department shall specify by rule.

2. A public health nutritionist, who is a certified dietitian, as defined in s. 448.70 (1m), is credentialed as a registered dietitian by the Commission on Dietetic Registration, and meets qualifications that the department shall specify by rule.

3. A public health dental hygienist, who is licensed as a dental hygienist under s. 447.04 (2) (a) or (b), and who meets qualifications that the department shall specify by rule.

(f) Investigate and supervise the sanitary conditions of all premises within the jurisdictional area of the local health department.

(g) Have access to vital records and vital statistics from the register of deeds, as specified in ch. 69.

(h) Have charge of the local health department and perform the duties prescribed by the local board of health. The local health officer shall submit an annual report of the administration of the local health department to the local board of health.

(i) Promote the spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health.

**(4)** (a) Except as provided in pars. (b) and (c), a local health officer shall be appointed in the same manner as are members of a local board of health under s. 251.03 (2).

(b) In any county with a county executive that has a single county health department, the county executive shall appoint and supervise the county health officer. The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county health officer appointed under this paragraph is subject only to the supervision of the county executive. In a county with such a county health officer, the local board of health shall be only a policy−making body determining the broad outlines and principles governing the administration of the county health department.

(c) A local health officer of a village or town health department established under s. 251.02 (3m), of a multiple municipal local health department established under s. 251.02 (2) (b) or (3r), or of a city−city local health department established under s. 251.02 (3t) shall be appointed by the local board of health.

**History:** 1993 a. 27 ss. 203, 209, 266, 465; 1993 a. 106; 1995 a. 201; 1997 a. 114; 1999 a. 9; 2003 a. 158; 2007 a. 130; 2011 a. 120.

**Cross−reference:** See also ch. DHS 139, Wis. adm. code.

This section does not require that a county create a stand−alone county health department and does not preclude the county human services director from exercising any managerial authority over the county health officer with respect to the operation of county health department programs. Because the transfer of the functions of a county health department to the county human services department is expressly authorized under s. 46.23 (3) (b) 1. bm. and c., a county that has a county executive is not required to create a stand−alone county health department. OAG 7−08.

**251.07 Certain physicians; state agency status.** A physician who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

**History:** 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 276.

**251.08 Jurisdiction of local health department.** The jurisdiction of the local health department shall extend to the entire area represented by the governing body of the county, city, village or town that established the local health department, except that the jurisdiction of a single or multiple county health department or of a city−county health department does not extend to cities, villages and towns that have local health departments. Cities, towns and villages having local health departments may by vote of their local boards of health determine to come under the jurisdiction of the county health department. No part of any expense incurred under this section by a county health department may be levied against any property within any city, village or town that has a local health department and that has not determined to come under the jurisdiction of the county health department.

**History:** 1993 a. 27 s. 213; 2001 a. 16.

**251.09 Joint services.** Local health departments jointly may provide health services as agreed upon under s. 66.0301, unless, notwithstanding s. 66.0301, the agreement conflicts with a provision of this chapter.

**History:** 1993 a. 27 s. 271; Stats. 1993 s. 251.09; 1999 a. 150 s. 672.

**251.10 County health department, how financed.** The county board shall appropriate funds for the operation of a single county health department that is established under s. 251.02 (1) and determine compensation of county health department employees. The local board of health shall annually prepare a budget of the proposed expenditures of the county health department for the ensuing fiscal year.

**History:** 1993 a. 27.

**251.11 City−county health department and multiple county health department, how financed. (1)** The local board of health of every multiple county health department established under s. 251.02 (3) and of every city−county health department established under s. 251.02 (1m) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating county or city

in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

**(2)** The local board of health of a multiple county health department established under s. 251.02 (3) shall, under this section, determine the compensation for the employees of the multiple county health department. The local board of health of a city−county health department established under s. 251.02 (1m) shall, under this section, determine the compensation for the employees of the city−county health department.

**History:** 1993 a. 27 ss. 207, 216, 217; 2001 a. 16, 104; 2015 a. 175; 2017 a. 6.

**251.115 Multiple municipal local health department and city−city local health department; how financed.** The governing body of every multiple municipal local health department established under s. 251.02 (2) (b) or (3r) and of every city−city local health department established under s. 251.02 (3t) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating municipality in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each municipality, shall be delivered to the governing body of each participating municipality. The appropriation to be made by each participating municipality shall be determined by the governing body of the city, village, and town.

**History:** 2015 a. 175; 2017 a. 6.

**251.12 City health department, how financed.** The common council shall appropriate funds for the operation of all of the following:

**(1)** A city health department that is established as specified in s. 251.02 (1) and (2) (a).

**(2)** A multiple municipal local health department that is established as specified in s. 251.02 (3r).

**(3)** A multiple municipal local health department that is established as specified in s. 251.02 (2) (b).

**(4)** A city−city local health department that is established as specified in s. 251.02 (3t).

**History:** 1993 a. 27; 1999 a. 9; 2003 a. 158, 326.

**251.125 Village health department, how financed.** If a village health department is established under s. 251.02 (2) (a) or (3m), if a multiple municipal local health department is established as specified in s. 251.02 (3r), or if a multiple municipal local health department is established as specified in s. 251.02 (2) (b), the village board shall appropriate funds for the operation of the department.

**History:** 1993 a. 27; 1999 a. 9, 185; 2003 a. 158.

**251.127 Town health department, how financed.** If a town health department is established under s. 251.02 (3m) or if a multiple municipal local health department is established under s. 251.02 (3r) by the governing body of a town in concert with the governing body of another town or a city or village, the town board shall appropriate funds for the operation of the department.

**History:** 1993 a. 27; 1999 a. 9.

**251.13 City−county health department and multiple county health department, joint funds.** For each multiple county or city−county health department, a joint health department fund shall be created either in the treasurer's office where the principal office of the health department is located or in the office of the city treasurer of a city within the health department's jurisdiction, as determined by the local board of health. The treasurer of each county and city participating in the health department shall annually pay or cause to be paid into the fund the share of the county or city. This fund shall be expended by the treasurer in whose office the fund is kept in the manner prescribed by the local board of health pursuant to properly authenticated vouchers of the health department signed by the local health officer.

**History:** 1993 a. 27 s. 218.

**251.135 Publication and effective date of orders and regulations.** The orders and regulations of a local board of health shall be published as a class 1 notice, under ch. 985, and shall take effect immediately after publication. No local board of health is required to use the term "regulation" to refer to a regulation that is published under this section.

**History:** 1993 a. 27 s. 211; Stats. 1993 s. 251.135.

**251.14 Gifts.** A local board of health may receive gifts and donations for the purpose of carrying out the provisions of this chapter.

**History:** 1993 a. 27 s. 215.

**251.15 Withdrawal of counties, cities, villages, or towns. (1)** After establishing a multiple county health department under s. 251.02 (3), any participating county board may withdraw by giving written notice to its county board of health and the county boards of all other participating counties, except that participating county boards may, in establishing a multiple county health department under s. 251.02 (3), establish an initial minimum participation period of up to 5 years. If a multiple county health department is established with an initial minimum participation period under this subsection, a participating county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

**(2)** A city that had established a local health department prior to deciding to participate in a city−county health department established under s. 251.02 (1m) may withdraw from the city−county health department if the common council of the city gives written notice to the county board of the participating county, except that participating cities and counties may, in establishing a city−county health department under s. 251.02 (1m), establish an initial minimum participation period of up to 5 years. If a city−county health department is established with an initial minimum participation period under this subsection, a participating city or county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

**(2m)** After establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city−city local health department under s. 251.02 (3t), the governing body of any participating city, village, or town participating may withdraw by giving written notice to the local board of health and to the governing bodies of all other participating cities, villages, and towns, except that participating cities, villages, and towns may, in establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city−city local health department under s. 251.02 (3t), establish an initial minimum participation period of up to 5 years. If a multiple municipal local health department or city−city local health department is established with an initial minimum participation period under this subsection, a participating city, village, or town may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

**(3)** The notice under sub. (1), (2), or (2m) shall be given at least one year prior to commencement of the fiscal year at which the withdrawal takes effect. Whenever the withdrawal takes effect, all relevant provisions of law relating to local boards of health and local health officers shall immediately become applicable within the withdrawing county, city, village, or town.

**History:** 1993 a. 27 s. 220; 2001 a. 16; 2003 a. 158; 2015 a. 175.

**251.16 Local health department; evidence.** The reports and employees of a local health department are subject to s. 970.03 (12) (b).

**History:** 1979 c. 221; 1985 a. 267 s. 3; 1993 a. 27 s. 221; Stats. 1993 s. 251.16.

**251.20 Rule making.** The department shall promulgate rules that specify all of the following:

**(1)** Required services for each of Levels I, II and III local health departments under s. 251.05 (2).

**(3)** Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).

**History:** 1993 a. 27; 2005 a. 198; 2009 a. 180.

**Cross−reference:** See also ch. DHS 140, Wis. adm. code.

# Marathon County Board of Health Statement re: Marijuana and the Impact on the Public's Health

**Working Draft December 3, 2019**

**Position of the Marathon County Board of Health**:

*Policy change regarding the possession, distribution, use, and sale of marijuana in any form should be made with consideration of the empirical research on marijuana and the experience or impacts realized by other communities who have adopted policies on marijuana. Public policy considerations as to the impacts include: growth and development of children and adolescents; addiction; safe and sober workforce; crime; taxation/revenue; disparate populations, and the overall health and safety of residents.*

## Summary:

The scope of this paper is to provide current and relevant information on the subject of marijuana use and population health. The focus is the social, economic, and health impacts of the use on the population; rather than an individual's experience. Information has been retrieved from government and scientific sources who use empirical research, evidenced based data collection methods, and peer reviewed literature. All sources are cited within the document and definitions are provided. Marijuana use is changing, and new and emerging science should be considered as it becomes available to inform decisions.

## Definitions and Legal Status of States:

Commonly used terms describing marijuana, its derivatives, and legal status among the States are provided to foster shared understanding of conditions in the United States can be found in Appendix A.

## Issues for Consideration:

Use of marijuana presents many challenges to the status quo. Public policies on legalization vary from state to state, and are not congruent with Federal policy. This paper explores areas of concern for public health and safety that include: impacts on youth and adolescents on the developing brain; assurances of safe driving; provision of a safe and sober work force; impacts on communities of color and low income populations, and impact on crime.

### Impact Youth and Adolescents

Marijuana affects brain development. When people begin using marijuana as teenagers, the drug may impair thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions. Researchers are still studying how long marijuana's effects last and whether some changes may be permanent.
https://www.drugabuse.gov/publications/drugfacts/marijuana

Marathon County Youth Risk Behavior Survey data reveals the percentage of Marathon County high school youth who reported using marijuana in the past 30 days has increased from 5.8 to 10.0 percent from 2015 to 2019. During the same time period the number of youth who ever used marijuana increased from 13.8 to 19.0%. Source: Youth Behavior Risk Factor (YRBS) data
http://www.marathoncountypulse.org/

In 2017, an estimated 19.4 percent of Colorado high school students and 5.2 percent of middle school students reported using marijuana in the past 30 days. In 2017, 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://drive.google.com/file/d/1cyaRNiT7fUVD2VMb91ma5bLMuvtc9jZy/view

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

**Impact on Safe Driving**

In Colorado, since recreational marijuana was legalized, marijuana related traffic deaths **increased 151 percent** while all Colorado traffic deaths **increased 35 percent,** traffic deaths involving drivers who tested positive for marijuana more than doubled from 55 in 2013 to 138 people killed in 2017, and the percentage of all Colorado traffic deaths that were marijuana related **increased from 11.43 percent** in 2013 **to 21.3 percent** in 2017. https://rmhidta.org/files/D2DF/FINAL-%20Volume%205%20UPDATE%202018.pdf

**Impact of Safe and Sober Workforce**

As marijuana use has increased in states that have legalized its use, so has use by employees, both on and off the job. Studies consistently show marijuana users have significantly lower levels of commitment to their work than non-users, and are more absent. Even when controlling for alcohol use, pot users are 106% more likely to have missed at least one day of work in the last month because they "just didn't want to be there." https://learnaboutsam.org/wp-content/uploads/2017/12/14Nov2017-v4-Workplace-Costs.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. https://learnaboutsam.org/marijuana-and-social-justice/

**Impact on Crime**

Colorado was the first to legalize marijuana 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

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 percent increase in violent crimes (19,928 in 2015 to 21,570 in 2016) and a 5.3 percent 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.

## Appendix A

**Definitions:** https://www.drugabuse.gov/drugs-abuse/marijuana (Retrieved from National Institute on Drug Abuse on 9-20-2019)

- **Marijuana** refers to the dried leaves, flowers, stems, and seeds from the hemp plant, *Cannabis sativa* or *Cannabis indica* plant. The plant contains the mind-altering chemical *delta-9-tetrahydrocannabinol* (THC) and other related compounds. Extracts can also be made from the cannabis plant.

- **Medical Marijuana** is the term referring to using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions. The U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine.

- **Cannabinoids** are chemicals related to *delta-9-tetrahydrocannabinol* (THC), marijuana's main mind-altering ingredient that makes people "high." The marijuana plant contains more than 100 cannabinoids. Scientists as well as illegal manufacturers have produced many cannabinoids in the lab. Some of these cannabinoids are extremely powerful and have led to serious health effects when misused. Scientific study of chemical in marijuana has led to two FDA-approved medications that contain cannabinoid chemicals in pill form. Continued research may lead to more medications.

- **THC** or delta-9-tetrahydrocannabinol, is marijuana's main mind-altering ingredient.

- **CBD or Cannabidiol**, is a cannabinoid that does not make people "high". It may be useful in reducing pain and inflammation. The FDA approved a CBD-based medication called Epidiolex for treatment of epilepsy. NIH is continuing to explore other possible uses of CBD. Currently, other CBD products sold commercially are not regulated by the FDA.

- **Marijuana Extracts** are THC-rich resins from the marijuana plant. The deliver extremely large amounts of THC. Extracts come in various forms such as: hash oil, honey oil, wax, budder, or shatter.

- **Edibles** are food products such as brownies, cookies, candy, or tea that contain marijuana. Edibles take longer to digest and produce a high.

**Legalization**

The laws regarding marijuana are complicated and can vary dramatically depending on what state you're in and whether federal laws or funds are involved. https://statelaws.findlaw.com/criminal-laws/details-on-state-marijuana-laws.html (Retrieved 08-16-2019)

- **Marijuana Legalization:** means you can't be arrested, ticketed, or convicted for using marijuana if you follow the state laws as to age, place, and amount for consumption. However, you can still get arrested for selling or trafficking marijuana if you aren't following state laws on licensure and taxation.

- **Recreational Marijuana Legalization:** means the same as marijuana legalization.

- **Decriminalization:** Decriminalization means that a state repealed or amended its laws to make certain acts criminal, but no longer subject to prosecution. In the marijuana context, this means individuals caught with small amounts of marijuana for personal consumption won't be prosecuted and won't subsequently receive a criminal record or a jail sentence.

- **Medical Marijuana Legalization**: Since 1996 when California started the trend, more than half of the states and DC have legalized medical marijuana. Typically, there are limits placed on the number of ounces of marijuana and marijuana plants that can be owned. https://public.findlaw.com/cannabis-law/cannabis-laws-and-regulations/medical-marijuana-laws-by-state.html

- **Federal vs State**: When federal law and state law conflict, the federal law trumps. Federal law doesn't permit marijuana sale and usage because it is illegal under the Controlled Substance Act. In states where marijuana has been legalized for recreational purposes, the state law conflicts with federal law.

**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.

SAM (Smart Approaches to Marijuana) 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. The recommendations include:

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

**For a status map of the State laws on marijuana** laws go to: https://disa.com/map-of-marijuana-legality-by-state

- Eleven (11) states have legalized marijuana use (including medicinal and recreational use).
- Twenty eight (28) states have mixed legal status related to decriminalization, medicinal, and recreational use.
- Ten (11) states, including WI, are fully illegal for medicinal and recreational use and have not decriminalized use.

**2021-2024 Marathon County Community Health Improvement Plan**
**Roles and Timeline – November 18, 2019**

**Background:** Wisconsin Administrative Rule DHS 140.04 requires local health departments to *"conduct a community health-assessment resulting in a community health improvement plan at least every 5 years"*. Since 2011, the LIFE Report has been used as our community health assessment; having the Board of Health, representatives from Healthy Marathon County, and the Health Officer identify community health priorities. Based on selected health priorities, community stakeholders participate in the development of the community health improvement plan.

**Purpose:** The 2019-2021 LIFE Report will be released in January 2020 and will be used to identify community health priorities and create the 2021-2024 Community Health Improvement Plan. Results Based Accountability framework is being used for the State of Wisconsin Health Plan. Marathon County is one of twelve pilot health departments to look at the application of Results Based Accountability framework to shape community health improvement plans and processes.

| **Roles/Tasks** | **Timeline** |
|---|---|
| The Board of Health and Healthy Marathon County representatives will:<br>- Review the 2019-2021 LIFE Report indicators, State WI Health Priorities, area health care organization health priorities, and Health Department's staff health priorities<br>- Adopt the proposed criteria for selecting community health priorities<br>- Select priorities<br>- Determine results for each population health priority<br>- Select indicators for each result | Board of Health meetings (45 minutes):<br><br>February 4 – Select priorities<br><br>March 3 – Turning priorities into results<br><br>April 7 & May 5 – Assign indicators to measure |
| Healthy Marathon County Alliance members with an invitation to the Board of Health will:<br>- Identify partners who can help | May 15 or June 19 – Identify partners |
| Community partners and stakeholders will:<br>- Identify strategies to 'turn the curve' | September – November 2020 |
| Board of Health with Healthy Marathon County will:<br>- Adopt the plan<br>- Present plan to the Health & Human Services Committee and/or Marathon County Board of Supervisors | January – February 2021 |

# 2019-2023 MARATHON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN PROGRESS REPORT

**Goal 1: Integrate concepts of health equity into programs and initiatives that address the population health needs in Marathon County.**

*Strategies Implemented*:

- Community Health Improvement Program Director active participant on the Marathon County GARE (Government Alliance on Race and Equity) Learning Community, part of a statewide initiative. In addition, serves on the Marathon County planning committee for Martin Luther King Jr. Day On
- Project Charter developed to guide the planning and evaluation of progress was finalized on May 15, 2019. Major milestones met:
    - Cross-team Health Equity formed with first meeting held on June 26, 2019
    - Initial review of health equity organizational assessment tools completed
    - Inventory of what peer local health departments are doing
    - Review of learning resources completed with the goal to hold the viewing of "Unnatural Causes: In Sickness and In Wealth" at October 23rd All-Staff

**Goal 2: Foster an organizational culture that support innovation and excellence.**

*Strategies Implemented*:

- All current employees participated in the IDEAS (Improvement Driven by Employee Awareness and Study) Academy 4 hour training, a county-led quality improvement initiative. Seventeen (17) percent of employees will be participating in a 3-day IDEAS Innovator course this fall
- Quality improvement projects have been identified, in process or completed for all six major program areas for this fiscal year
- Program professionals job standards are being revised to be in keeping with the Public Health Core Competencies
- Five (5) "Innovations" occurred, topics varying from project management tools, data visualization, icebreakers and improve during a meeting. The purpose of Innovations is enable colleagues to experience shared learning, ideas and innovations with one another. The topics encompass universal, personal development and growth opportunities, identified and lead by employees. To date 9 colleagues have hosted a topic, having 84 attendees, with 33 unduplicated attendees.

**Goal 3: Advance strategic collaborative partnerships at the local, regional and state level to fulfill the department's mission.**

*Strategies Implemented*:

- Four colleagues attended 2-day ToP (Technology of Participation) Facilitation Methods training held in Wausau. One colleague attended 2-day advance ToP Strategic Planning training with plans to attend 2-day ToP Designing for Change training in November. All health educators and prevention specialist will be trained in the Journey of Facilitation and Collaboration as of October 2019.

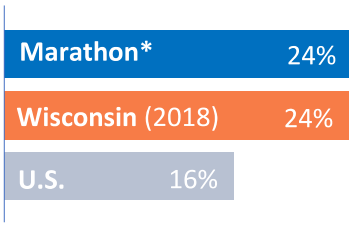
**Goal 4: Inform and advance public health policy in support of the County's mission and strategic goals.**

*Strategies Implemented*:

- Board of Health hosted a Legislative Educational Meeting on February 25th focused on Adverse Childhood Experiences (ACEs), behavioral health and substance abuse.
- Board of Health advanced a resolution to Support Federal Medicaid Expansion and a policy statement on Workplace Naloxone Use Program to the Health & Human Services Committee.

# The Burden of Binge Drinking in Marathon County

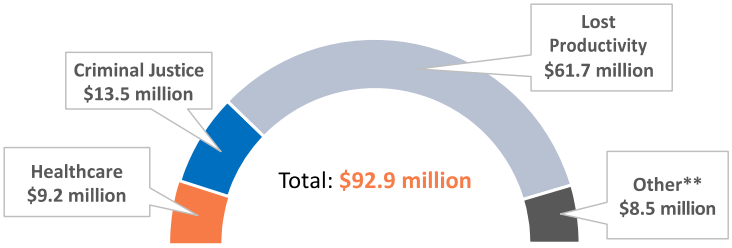
**Binge Drinking Rates:**[1]




**3.8** estimated **number of binge drinking episodes** per month among adults who binge drink in Marathon County*

Binge drinking is 5+ drinks per occasion for men and 4+ drinks per occasion for women.[2]

**In Marathon County, the estimated annual economic cost of binge drinking is $92.9 million.**




Cost per resident:
**$685**

Cost to the government:
**$38.5 million**

**Binge drinking is responsible for 76% of the excessive alcohol consumption economic cost.**[3]

In Marathon County, excessive alcohol consumption contributes to an annual average of

**47** alcohol-related deaths[4]

**1,452** alcohol-related hospitalizations[5]

**109** alcohol-related crashes[6]

**589** persons in an alcohol-related treatment service (Langlade/Lincoln/Marathon)[7]

Excessive alcohol consumption includes:[2]
- Binge drinking
- Heavy drinking (15+ drinks/week for men; 8+ drinks/week for women)
- Any alcohol consumption by youth under 21 or pregnant women

*Data are pooled across six years (2013-2018) to produce reliable estimates due to sample size limitations.
**Other includes costs associated with motor vehicle crashes and other consequences.

# The Burden of Binge Drinking in Marathon County

To view the full The Burden of Binge Drinking in Wisconsin report and to find additional information, visit go.wisc.edu/burdenofbingedrinking.

## References and Notes


1. Behavioral Risk Factor Surveillance System. Wisconsin Department of Health Services, Office of Health Informatics; and US Centers for Disease Control and Prevention. 2013-2018 pooled estimates (county), 2018 (state and U.S.).
   **Note:** BRFSS is carried out by individual state health departments with coordination by the Centers for Disease Control and Prevention (CDC), and annual data files are weighted to each state's adult population. Data are pooled across six years (2013-2018) to produce reliable county estimates due to sample size. Suppression occurs where data are not sufficient to produce a statistically reliable estimate. U.S. Figures are medians of state and territory percentages.
2. Centers for Disease Control and Prevention. Excessive alcohol use; Preventing a leading risk for death, disease, and injury. 2015. Retrieved from https://www.cdc.gov/chronicdisease/resources/publications/aag/alcohol.htm
3. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and state costs of excessive alcohol consumption. *Am Journal Prev Med*. 2015;49(5):e73-e79. https://doi.org/10.1016/j.amepre.2015.05.031
4. Wisconsin Department of Health Services, Office of Health Informatics. Annual average numbers 2014-2018.
   **Note:** Data from the Office of Health Informatics Vital Records. These are estimated fractions of death due to 100% attributable causes, direct-, and indirect- partially attributable causes of alcohol deaths. Death data were provided using US Centers for Disease Control and Prevention (CDC) Alcohol-Related Disease Impact (ARDI) fraction methodology. Additional detail about codes included can be found at the CDC: https://nccd.cdc.gov/DPH_ARDI/Info/ICDCodes.aspx
5. Wisconsin Department of Health Services, Office of Health Informatics. Wisconsin Hospital Inpatient and Emergency Room Records. Annual average numbers 2014-2018.
   **Note:** Numbers of alcohol-related hospitalizations were determined based on ICD 9 and ICD 10 codes for acute and chronic conditions.
6. Wisconsin Department of Transportation, Bureau of Transportation Safety. Annual average numbers 2013-2017.
7. Wisconsin Department of Health Services, Division of Care and Treatment Services. Program Participation System (PPS). Publicly-funded treatment services. Annual average numbers 2014-2018.
   **Note:** Langlade, Lincoln, and Marathon counties are served by a tri-county organization. Treatment data reflect numbers for all three counties.



University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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

## YTD Disease Incidents by Episode Date

## Incidents for MMWR Weeks 1 - 45 (Through Week of November 9, 2019

## Jurisdiction: Marathon County

| | 2019 | | | | | |
|---|---|---|---|---|---|---|
| **Disease Group** | **Week 42** | **Week 43** | **Week 44** | **Week 45** | **Total** | 2018 |
| Arboviral Disease | 0 | 0 | 0 | 0 | 1 | 2 |
| Babesiosis | 0 | 0 | 0 | 0 | 1 | 5 |
| Blastomycosis | 0 | 0 | 0 | 0 | 7 | 4 |
| Campylobacteriosis (Campylobacter Infection) | 1 | 0 | 1 | 3 | 29 | 57 |
| Carbapenem-Reistant Enterobacteriaceae | 0 | 0 | 0 | 0 | 1 | 0 |
| Carbon Monoxide Poisoning | 0 | 0 | 1 | 1 | 9 | 3 |
| Chlamydia Trachomatis Infection | 7 | 5 | 10 | 7 | 317 | 342 |
| Cryptosporidiosis | 1 | 1 | 0 | 1 | 28 | 39 |
| Ehrlichiosis / Anaplasmosis | 0 | 0 | 1 | 1 | 18 | 28 |
| Environmental and occupational lung diseases | 0 | 0 | 0 | 0 | 1 | 0 |
| Giardiasis | 1 | 1 | 1 | 0 | 35 | 39 |
| Gonorrhea | 0 | 1 | 3 | 2 | 105 | 54 |
| Haemophilus Influenzae Invasive Disease | 0 | 0 | 0 | 0 | 4 | 3 |
| Hepatitis B | 0 | 0 | 1 | 0 | 7 | 10 |
| Hepatitis C | 0 | 0 | 0 | 0 | 22 | 25 |
| Influenza | 0 | 0 | 0 | 0 | 62 | 147 |
| Invasive Streptococcal Disease (Groups A And B) | 0 | 0 | 0 | 0 | 17 | 20 |
| Lyme Disease | 0 | 1 | 1 | 0 | 38 | 47 |
| Mumps | 0 | 1 | 0 | 0 | 2 | 0 |
| Mycobacterial Disease (Nontuberculous) | 0 | 1 | 0 | 0 | 11 | 15 |
| Parapertussis | 0 | 0 | 0 | 0 | 1 | 8 |
| Pathogenic E.coli | 0 | 0 | 0 | 0 | 10 | 18 |
| Pertussis (Whooping Cough) | 0 | 0 | 0 | 0 | 12 | 14 |
| Salmonellosis | 0 | 0 | 0 | 0 | 30 | 19 |
| Streptococcal Infection, Other Invasive | 0 | 0 | 0 | 0 | 2 | 0 |
| Streptococcus Pneumoniae Invasive Disease | 1 | 1 | 1 | 0 | 16 | 15 |
| Syphilis | 0 | 0 | 0 | 0 | 5 | 5 |
| Tuberculosis | 0 | 0 | 0 | 0 | 1 | 1 |
| Tuberculosis, Latent Infection (LTBI) | 0 | 1 | 0 | 0 | 7 | 18 |
| Varicella (Chickenpox) | 1 | 0 | 1 | 0 | 7 | 5 |
| Vibriosis, Non Cholera | 0 | 0 | 0 | 0 | 1 | 0 |
| | 12 | 13 | 21 | 15 | 807 | |