Marathon County Board of Health

Tuesday, January 7, 2020 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 December 3, 2019 Board of Health Meeting

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

A. None

5. Policy Discussion and Possible Action

A. Determine next steps in adopting Marathon County Board of Health Statement on Marijuana and the Impact on the Public's Health
B. Determine the 2020-2021 Licensing Fee
C. Update WALHDAB/WPHA Public Affairs and State of WI Department of Health Services public health policy initiatives
    i. Lead Safe Housing Grant
    ii. Other

6. Educational Presentations/Outcome Monitoring Reports

A. Overview of Public Health 3.0 and changes to the Wis. Administrative Code DHS 140 level requirements for local health departments

7. Announcements

A. Staffing Update
B. Other

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

A. Review 2020 Board Topic Calendar
B. Health Officer 2020 Plan of Work and report out on the 2019 Plan of Work
C. Board of Health Focus for 2020
D. 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
December 3, 2019

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

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

1. Call to Order

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

2. Public Comment Period

None

3. Approval of the Minutes of the November 5, 2019 Board of Health Meeting

Motion to approve the minutes of the November 5, 2019 Board of Health meeting made by Dean Danner. Seconded by Tiffany Lee. Motion carried.

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

John Robinson explained how the County is developing its budget within the constraints set by the state Legislature, and the challenges of increased health insurance costs, and the opioid issue in the community. John also explained the process of how the budget consideration for the Start Right program and the District Attorney's Office came forward at the County Board meeting. Funding was maintained for the Start Right program, with the requirement to develop additional measures for tracking the program, such as whether or not the children served by Start Right being diverted away from the criminal justice system later in life.

Lori Shepherd shared the point that the Start Right program is much broader than only preventing children from going through the criminal justice system.

Joan Theurer shared that Marathon County was part of a research study done related to prenatal care coordination, to measure reduction of poor birth outcomes. Marathon County Start Right program was part of a state home visiting pilot study that demonstrated a reduction in child neglect and abuse. If longitudinal research is to be done around specific measures, then there will need to be an investment made to support the work.

Dean Danner shared that it would be important to have whatever data is available ready when the budget discussion comes up again in the next budget cycle, as well as having experts available to provide guidance.

John Robinson recommended developing what the outcome measures are that can be used to articulate the benefits of the Start Right program.

Joan Theurer shared that the outcome measures currently being used for the program are the standard set at the State and Federal levels.

Sandi Cihlar shared that there is a program and staff available through the national counties association to help counties with programs similar to Start Right.

Discussion on the process and purpose of priority based budgeting, as used by the County.

Eileen Eckardt shared that it will be important to know what the specific expectations of the program will be. The stories behind the outcomes are possibly what is missing from sharing information about the program.

John Robinson requested that a list of currently used outcomes be prepared for the next meeting, to aid discussion on where to go with providing information.

Discussion on whether there would be a benefit to bringing in a graduate researcher to look at the data for the program.

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

John Robinson shared that based on concerns previously raise as to the purpose and role of the Board of Health with advocacy, a meeting was held to discuss times and conditions when the Board can take a position on an issue, without going to the full County Board. Discussion focused on what the statutes allow, and confirmed that the Board could take action on its own, and inform the County Board. Official language from the County's Corporation Counsel is still being developed.

C. Discuss public education challenges when advancing public health policy
    i. Tracking disease occurrences and follow-up on adverse effects

John Robinson shared this item was a request he had for the agenda, due to concerns from the public testimony at the two previous meetings. There may be opportunities to provide further education to the community.

The Board held discussion on the misinformation being shared, and how to best provide accurate information to the community.

Joan Theurer raised the question as to the merit of reaching out to providers in the community, and informing them of the discussion held at the Board of Health, sharing the resolution, and reiterating the importance of patients making informed decisions. Members shared the health

care systems have to provide this information and concluded there was no merit in reaching out the providers.

John Robinson asked for talking points for Board of Health members to be able to respond to questions about vaccinations and requirements.

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

Judy Burrows revisited the presentation given to the Board of Health at the June meeting.

- Difference between hemp, marijuana, and medical marijuana varieties of the cannabis plant
- The need for more research as to benefits of marijuana
- THC containing extracts and other products made from marijuana
- With marijuana being big business, is history being repeated as it occurred with tobacco?

Judy shared that surrounding states's legalization of marijuana will have an impact on the issue in Wisconsin. A summary of the impact on the public's health, including issues, definitions, legalization resources, and information on classification of marijuana as a classification I drug was provided in the meeting packet.

John Robinson asked if there are other issues the members would like addressed at the next meeting, regarding the report provided by Judy Burrows. Discussion will continue at the next meeting.

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

Joan Theurer shared that community health priorities will be identified in early 2020, proposing using a Results Based Accountability framework for the process. Marathon County is one of 12 health departments participating in statewide pilot on how to apply Results Based Accountability to Community Health Improvement Plans and Processes. The difference with the process this time compared to previously, is Board of Health and Healthy Marathon County will work together to more narrowly define the issues to be addressed within the priorities. This process would start in February.

Joan explained that the LIFE Report will be released in January, and will be the basis for identifying priorities.

Discussion on moving the start of the process to March, given some Board of Health members will not be available for February's 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
B. Release of the October 2019 Burden of Binge Drinking in Wisconsin report

Joan shared the report was included in the packet, and asked if additional information was needed.

Melissa Moore noted that the report should not be compared to the previous report, due to data being split out differently.

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

Motion to adjourn made by Sandi Cihlar. Seconded by Lori Shepherd. Meeting adjourned at 9:24 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

Health Officer Notes
January 2020

Operational Functions Required by Statute, Ordinance, or Resolution

A. None

Policy Discussion and Possible Action

A. Determine next steps in adopting Marathon County Board of Health Statement on Marijuana and the Impact on the Public's Health

The Board of Health will determine the need for revisions to the draft document and next steps in adopting the board statement. Enclosed, find Board of Health Statement on Marijuana and the Impact on the Public's Health draft document provided at the December 3, 2019 meeting.

B. Establish the 2020-2021 Licensing Fees

The Board of Health will determine the licensing fees for 2020-2021 licensing year. Enclosed, find overview document with recommendation.

C. Updates from WALHDAB/WPHA Public Affairs and the State of WI Department of Health Services public health policy initiatives

i. Lead Safe Housing Grants
ii. Other

The Board of Health along with Marathon County Health Department staff will provide updates on public health policy initiatives. Dale Grosskurth, Program Director – Environmental Health & Safety will share collaboration with the City of Wausau on implementing the Lead Safe Housing grant through the Department of Health Services.

Educational Presentations/Outcome Monitoring Reports

D. Overview of Public Health 3.0 and changes to the Wis. Administrative Code DHS 140 level requirements for local health departments

Joan Theurer, Health Officer will provide an overview of the evolution of governmental public health and the implications working in the Public Health 3.0 era. In addition, Board members will learn of the changes to the Wis. Administrative Code DHS 140 which establishes requirements for local health departments' level I, II, and III. Enclosed, find PowerPoint presentation, Chapter DHS 140, Foundational Public Health Services article.

Announcements

E. Staffing Update

Aaron Ruff, Health Educator has resigned to accept a position with Healthy Community Institute as of January 9, 2020. Healthy Community Institute provides the platform and technical assistance for Marathon County Pulse http://www.marathoncountypulse.org/. Aaron has been with the department since March 2013.

Next Meeting Date & Time, Location, Future Agenda Items: February 4, 2020

F. Confirm attendance

G. Solicit agenda items – Proposed include 1) Review 2020 Board Topic Calendar
2) Health Officer 2020 Plan of Work and report out on 2019 Plan of Work 3) Board of Health Focus for 2020

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.

Marathon County Health Department
2020-2021 Licensing Fee

Background: In March of 2018, the Board of Health recommended that licensing program fees should cover indirect costs (supervision of the program and central overhead) in addition to direct costs (staff time, travel, training, supplies, equipment). The intent was for fee increases to be incremental, keeping in mind the impact on license operators.

The recommendation was in keeping with the intention of Marathon County Priority Based Budgeting, having programs achieve greater self-sufficiency when feasible. To quote Lance Leonhard, Deputy County Administrator, *"At its core, Priority-Based Budgeting calls for us to be comprehensive and strategic in our efforts to accomplish our mission to make Marathon County the healthiest, safest, and most prosperous county in the state. At its most basic, Priority-Based Budgeting gets us to think about our programs as investments, rather than simply as costs." (Wisconsin Central Times NEWS, Fall 2016)*

Based on 2018 program cost and revenue sources, licensing fees covered 82% of $555,687 program (direct and indirect) costs.

Fee History: Table 1 provides tax levy and fee increase history from 2014-2020. Factors that impact program revenue from year to year include: 1) Number of licensed facilities; and 2) Type of licensed facilities. Factors that impact program costs from year to year include: 1) Number of FTE direct staff based on number/type of licensed facilities and program standards; 2) Health insurance enrollment and type; and 3) Staff turnover.

Table 1: 2015-2019 Fee Increases, Tax Levy, Fees Covering Direct and Indirect Costs

	2015	2016	2017	2018	2019
Fee Increase	1%	0%	0%	3%	5%
Tax Levy that Covered Direct Program Costs	$14, 720	$0	$0	$0	$0
Fees that Covered Indirect Program Costs	$0	$47,497	$16,263	$26,204	Estimated $56,000

Recommendation: In building the 2020 budget, the goal was to continue to capture revenue to offset indirect. The estimated indirect cost for program supervision in 2020 is $32,737. The 2020 budget built a 3% proposed fee increase. Estimated revenue for 2020 based on revenue as of December 26, 2019, is $506,000. Revenue will cover $486,795 in direct program costs and $19,205 of indirect program supervision costs. This leaves a gap of $13,532 of indirect program supervision costs.

Table 2: County Revenue and Costs to Retailers based on the Percentage of Fee Increase

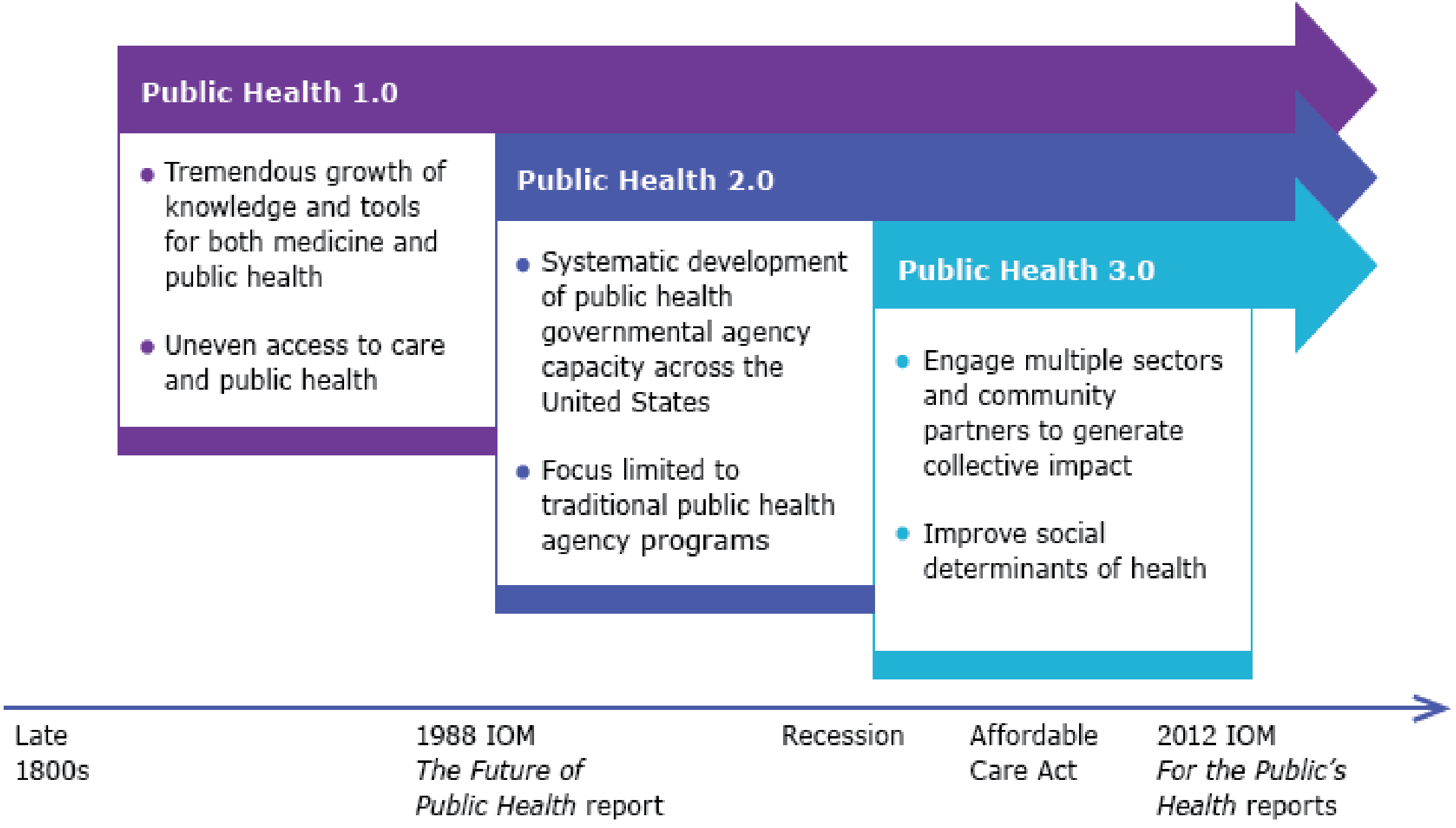
Fee Increase	County Revenue	Retail Food No Food Processing (Current License Fee $64)	Retail Food Potentially Hazard $10 million+ (Current Licensing Fee $1,497.50)
3%	$13,364	$1.92	$44.93
4%	$17,818	$2.56	$59.90
5%	$22,273	$3.20	$74.88

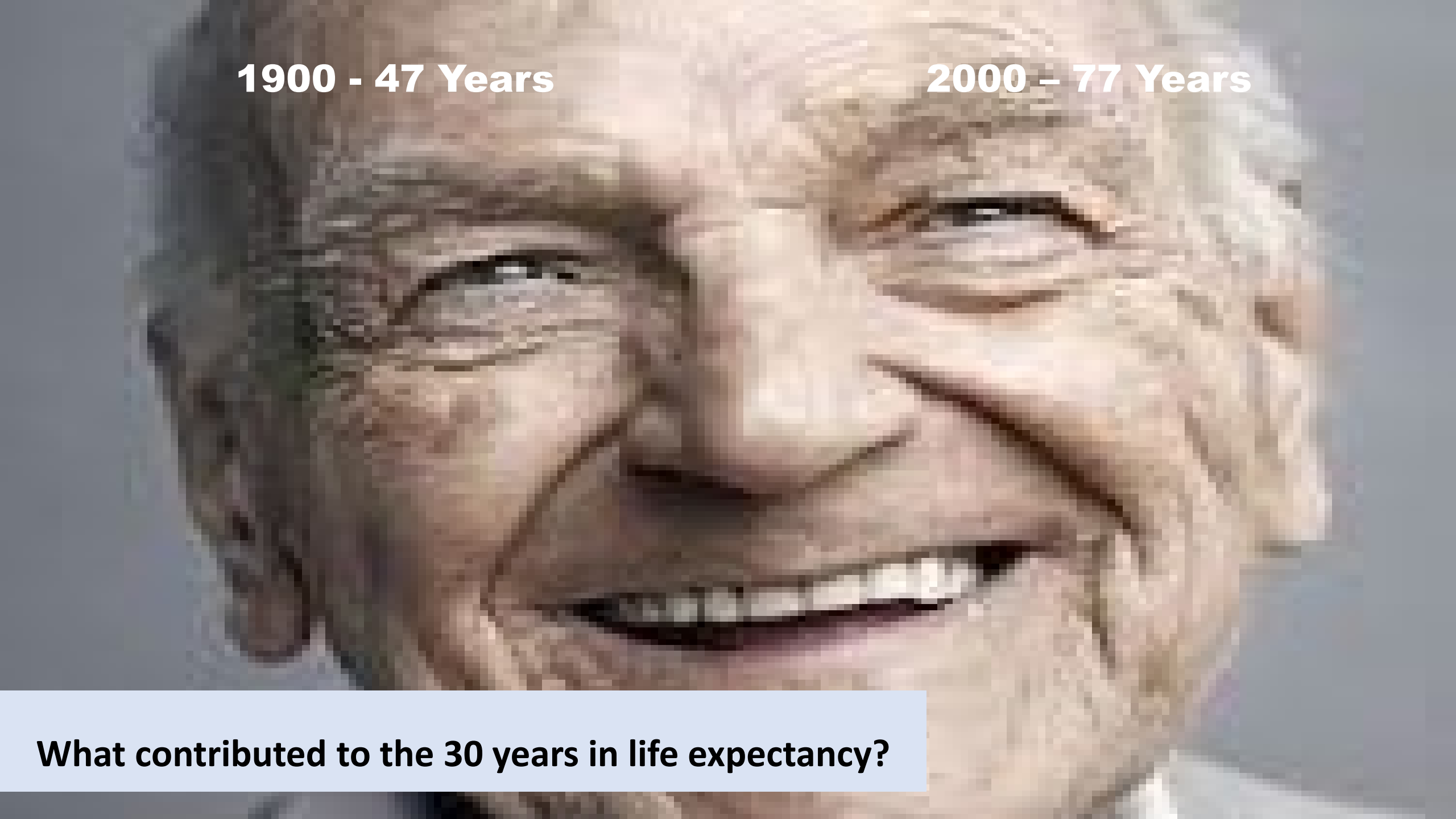
Gathering Around the Table to Improve the Health of our Communities

Public Health 3.0 Era

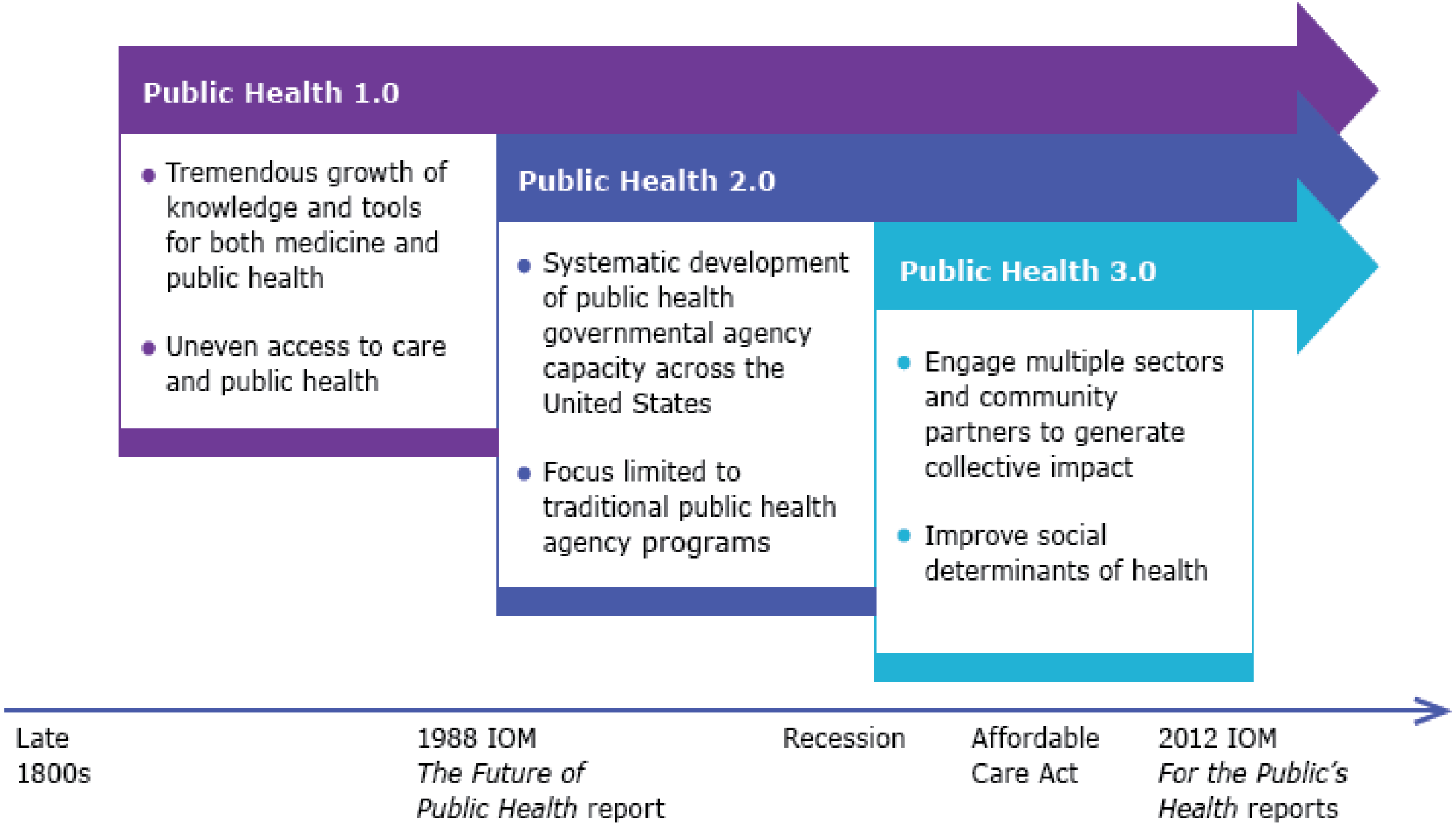
Strategic Plan Goal 3: Advance strategic collaborative partnerships at the local, regional and state level to fulfill the department's mission.

3.4 Position the department to be the chief health strategist in the county.


Public Health 1.0
Tremendous growth of knowledge and tools for both medicine and public health
Uneven access to care and public health
Public Health 2.0
Systematic development of public health governmental agency capacity across the United States
Focus limited to traditional public health agency programs
Public Health 3.0
Engage multiple sectors and community partners to generate collective impact
Improve social determinants of health
Late 1800s
1988 IOM The Future of Public Health report
Recession
Affordable Care Act
2012 IOM For the Public's Health reports



What contributed to the 30 years in life expectancy?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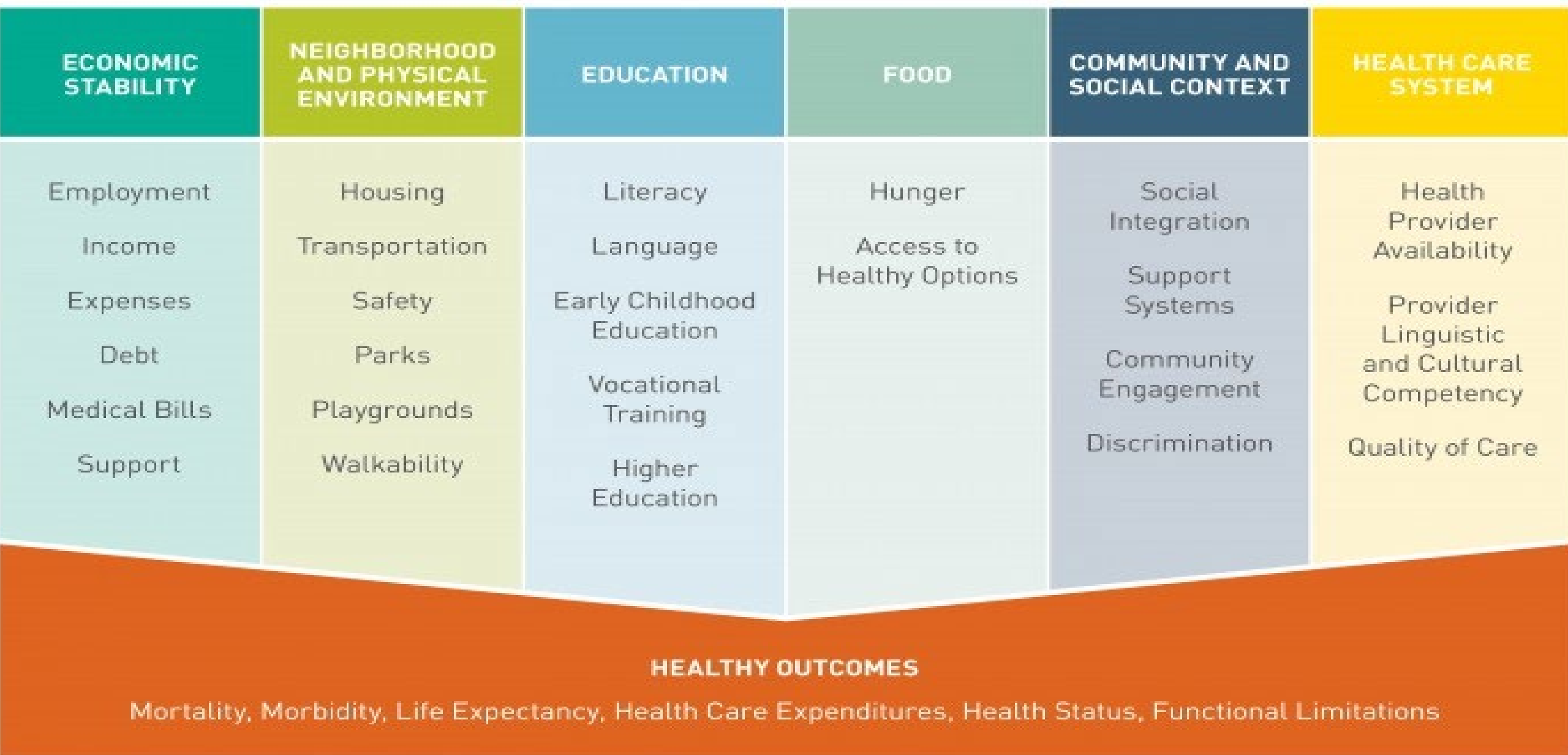
“Complex problems rooted in social issues …”

- Move further upstream to address social determinants
- Leverage resources and influence with diverse partners
- Utilize data to inform strategies
- Tailor programs/initiatives to populations and emerging needs
- Connect interventions along the continuum of individual/family to community/systems, policy
- Increase focus systems and policy

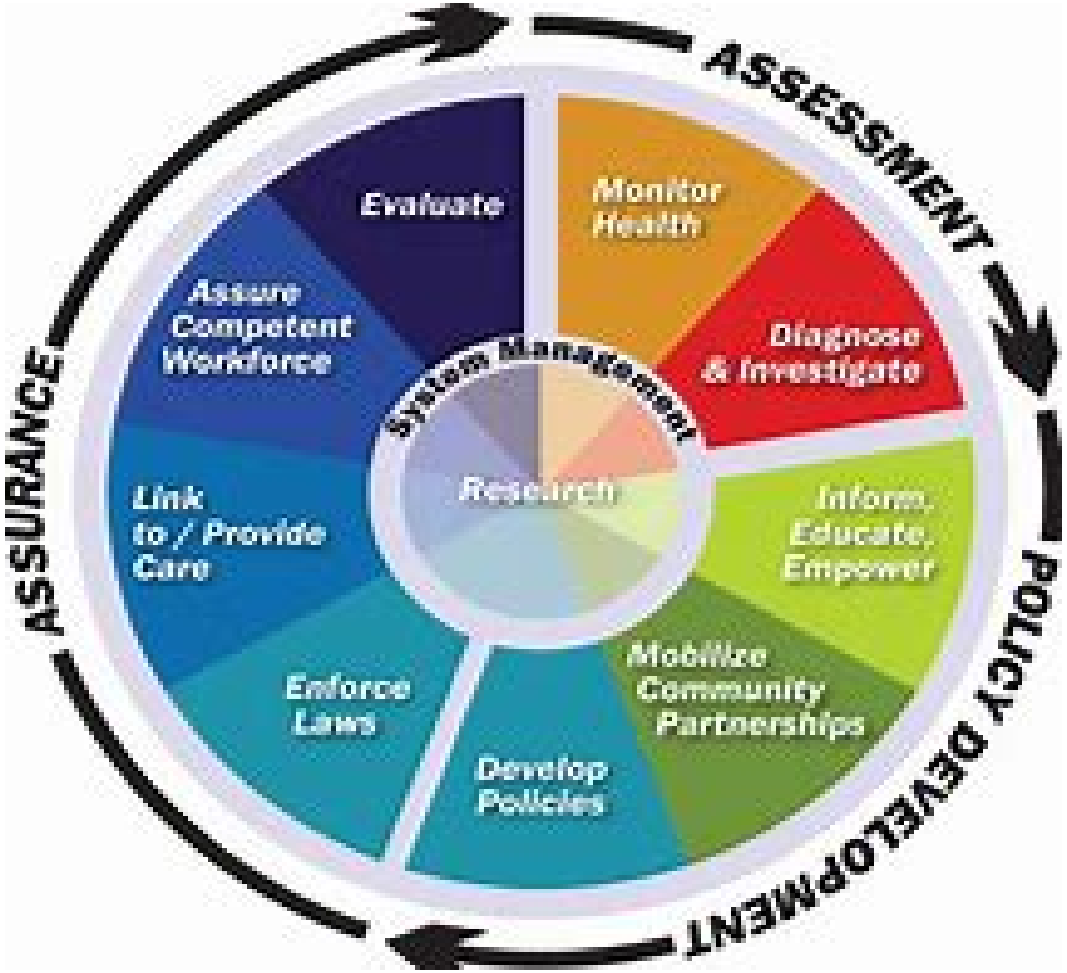
Social Determinants of Health



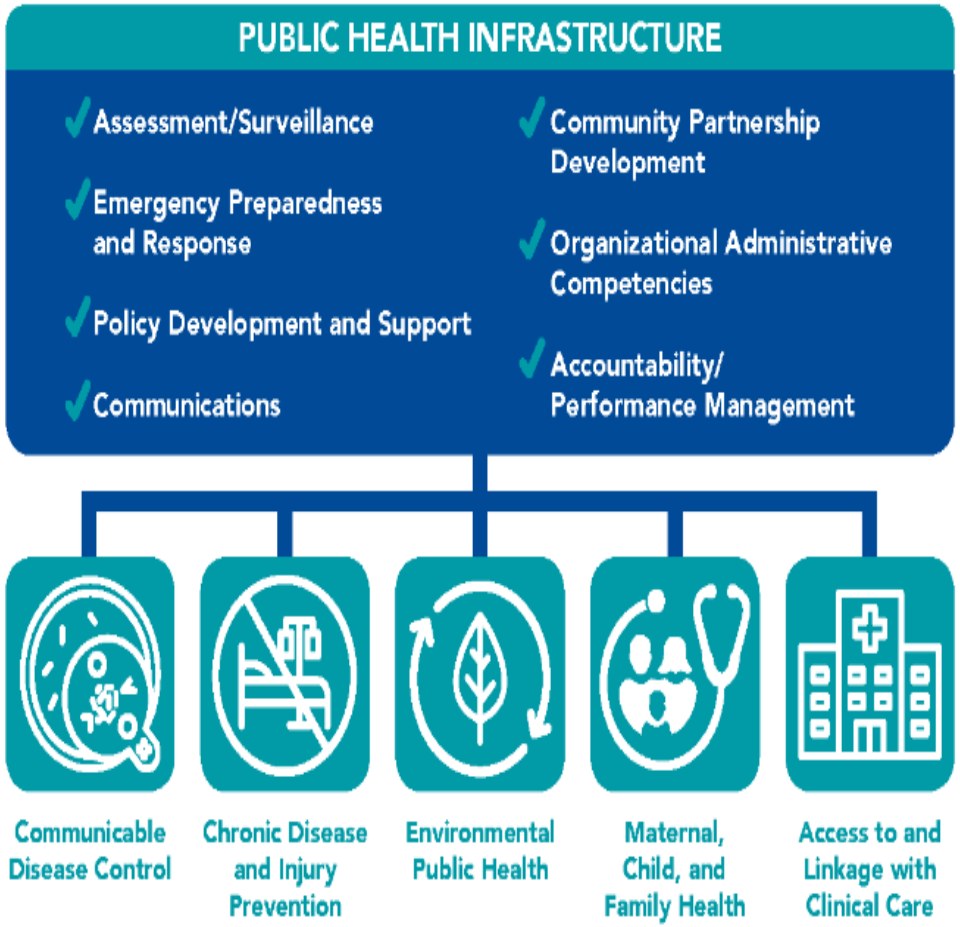
Chapter DHS 140

Required Services of Local Health Departments for Level 1, 2, 3

Core Functions & Essential Services



Foundational Public Health Services



Level 1

What's New?

- Surveillance and investigation
- Communicable disease control
- Other disease prevention
- ***Emergency preparedness and response***
- Health promotion
- Human health hazard control
- ***Policy and planning***
  - Community health assessment
  - Community health improvement plan
- ***Leadership and organizational competencies***
  - ***Quality improvement***
  - ***Health equity***
  - ***Workforce***
- Public health nursing services

Level 2

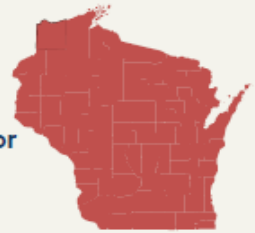
- Address foundational public health services
- Develop and implement a plan to assure a competent public health workforce
- Conduct quality improvement, provide training and resources
- Establish performance measures related to the vision, mission, values and goals

Level 3

- Lead in data collection
- Provide public health expertise
- Address factors impacting population health
- Advocate, adopt polices and strategies to improve physical, environmental, social and economic conditions affecting health
- Implement environmental health
- Provide/arrange for other services that address state public health agenda
- Implement methods to collect performance data
- Integrate quality improvement

Department of Health Services 140 Review

Assure a Strong Public Health System



Department of Health Services (DHS) 140 reviews verify a minimum level of services is provided or arranged for by local health departments (LHD).

DHS 140 reviews also promote the National Public Health Performance Standards.

All Local Health Departments

The operations of all LHDs must be formally reviewed by DHS.

Statutory Requirement

The process gets its name from Wis. Admin. Code ch. DHS 140, which outlines that a formal review must occur under the authority of Wis. Stat. § 251.20(1).

5 YEARS

A DHS 140 review is conducted at least every five years.

Review Team Coordinates with LHD

A review team composed of staff from the Division of Public Health (DPH), Office of Policy and Practice Alignment (OPPA), and other bureaus/offices, coordinates the timeline for the DHS 140 Review with the LHD.

LHD Collects and Submits Documentation

LHD staff gathers documentation that is requested as part of the review. The documents are submitted electronically for the review team to evaluate.

Onsite Visit Conducted

After the LHD has submitted evidence, the review team conducts an onsite visit to further discuss LHD operations.

LHD staff, Board of Health members, and other LHD partners often attend the onsite visit.

Review Team Recommendations

After the onsite visit, the review team provides written recommendations for the operations of the LHD to the state health officer.

The review team also highlights strengths of the LHD.

Certificate of Designation

Based on the review team's recommendation, the state health officer determines whether the LHD satisfies the statutory requirements of a level I, II, or III LHD.

Motivation

The DHS 140 review process provides motivation to review policies and procedures, reorganize resource materials, and update agreements.

Learning Experience

It is also an opportunity for staff and board members to learn from each other about the function and success of the LHD.

Quality Improvement

DHS 140 reviews identify areas of opportunity and also support LHDs seeking accreditation. Improving the quality of services provided assures a strong public health system.

Wisconsin Department of Health Services

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Investments being made to retool …

Skills and tools in communication, data, systems, leadership...

Meeting participant
Basic meeting facilitation
Group decision making processes
Leveraging influence, resources
Understanding organizational etiquette
Project management
Quality improvement
Results Based Accountability
Data visualization
Story telling
Awareness of one's implicit bias
Working across worldviews
Promising, best and evidence-based practices
Building upon individual, team and partner strengths
Technology and software skills

Direction …

- Identify opportunities to address social/economic conditions
- Invest in intentional and strategic partnerships
- Further performance management/quality improvement
- Expand organizational administrative capacity and skills (leadership, information technology, workforce development, financial management, legal services)

Public Health 3.0 Era

What caught your attention?

What is most exciting?

What seems most critical?

What questions does this raise for you?

What action ideas has this presentation triggered for you?

Chapter DHS 140

REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

Note: Chapter HFS 140 was renumbered chapter DHS 140 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 140.01 Authority and purpose. This chapter is promulgated under the authority of s. 251.20, Stats., which directs the department to specify by rule required services for each of 3 levels of local health departments. Under s. 251.05 (2), Stats., all local health departments are to provide at least level I services, while level II and level III local health departments are to provide additional services.

History: Cr. Register, July, 1998, No. 511, eff. 8–1–98.

DHS 140.03 Definitions. In this chapter:

(1) "Community health assessment" means the regular, systematic collection, assembly, analysis and dissemination of information on the health of the community.

(1m) "Community health improvement plan" means the written plan developed by a local health department with the involvement of key policy makers and the general public to implement the services and functions specified under s. 250.03 (1) (L), Stats., pursuant to s. 251.05 (3) (c), Stats., and the requirements of this chapter.

(2) "Department" means the Wisconsin department of health services.

(3) "Environmental health program" means the assessment, management, control and prevention of environmental factors that may adversely affect the health, comfort, safety or well–being of individuals within the jurisdiction of the local health department by individuals qualified under s. 440.98, Stats., and ch. DHS 139.

(4) "Epidemiological investigation" means the systematic examination and detailed inquiry into the circumstances and causal factors associated with a given disease or injury.

(5) "General public health nursing program" means the organization and delivery of public health nursing services by public health nurses qualified under s. 250.06 (1), Stats., and s. DHS 139.08 to individuals within the jurisdiction of the local health department.

(6) "Health promotion" means programs and services that increase the public understanding of health, assist in the development of more positive health practices and enhance or maintain the health of the community as a whole.

(7) "Human health hazard" means a substance, activity or condition that is known to have the potential to cause acute or chronic illness or death if exposure to the substance, activity or condition is not abated or removed.

(8) "Local health department" means an agency of local government that has any of the forms specified in s. 250.01 (4), Stats.

(9) "Local health officer" means the person in charge of a local health department who meets the qualifications and is responsible for carrying out the duties established under s. 251.06, Stats.

(10) "Other disease prevention" means programs and services that reduce the risk of disease, disability, injury or premature death caused by such factors as risky behaviors, poor health practices or environmental agents of disease.

(11) "Public health system" means organized community efforts aimed at the prevention of disease and the promotion and protection of health, including activities of public and private agencies and voluntary organizations and individuals.

(12) "State health officer" means the individual appointed under s. 250.02 (1), Stats., by the secretary of the department to develop public health policy for the state and direct state public health programs.

(13) "Surveillance" means the ongoing systematic collection, analysis, and interpretation of data concerning disease, injuries or human health hazards, and the timely dissemination of these data to persons responsible for preventing and controlling disease or injury and others who need to know.

History: Cr. Register, July, 1998, No. 511, eff. 8–1–98; corrections in (2), (3) and (5) made under s. 13.92 (4) (b) 6. and 7., Stats., Register January 2009 No. 637; **CR 18–014: cr. (1m) Register June 2019 No. 762, eff. 7–1–19; correction in (1m) made under s. 35.17, Stats., Register June 2019 No. 762.**

DHS 140.04 Level I local health department.

(1) REQUIRED SERVICES. A level I local health department shall provide leadership for developing and maintaining the public health system within its jurisdiction by conducting all of the following:

(a) *Surveillance and investigation.* 1. Collect and analyze public health data to do all of the following:

a. Identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.

b. Guide public health planning and decision–making at the local level.

c. Develop recommendations regarding public health policy, processes, programs, or interventions, including the community health improvement plan.

2. Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and stakeholders.

3. Establish written protocols for obtaining laboratory services at all times.

(b) *Communicable disease control.* 1. Conduct activities required of local health departments under ch. DHS 144, relating to immunization of students.

2. Comply with the requirements of ch. DHS 145, relating to prevention, monitoring, conducting epidemiological investigations, and control of communicable diseases, including outbreaks.

3. Improve public recognition and awareness of communicable diseases and other illnesses of public health importance.

4. Provide or facilitate community–based initiatives to prevent communicable diseases.

(c) *Other disease prevention.* 1. Develop and implement interventions intended to reduce the incidence, prevalence or onset of chronic diseases or to prevent or ameliorate injuries that are the leading causes of disability and premature death in the local health department's jurisdiction, as identified in the community health assessment or the most recent state public health agenda.

2. Link individuals to needed personal health services.

3. Identify and implement strategies to improve access to health services.

(d) *Emergency preparedness and response.* 1. Participate in the development of response strategies and plans in accordance with local, state, and national guidelines to address public health emergencies as defined in s. 323.02 (16), Stats.

2. Participate in public health preparedness exercises.

3. Communicate and coordinate with health care providers, emergency service providers, and other agencies and organizations that respond to a disaster, outbreak or emergency.

4. Define the role of public health personnel in responding to a disaster, outbreak, or emergency, and activate these personnel during any such occurrence.

5. Maintain and execute an agency plan for providing continuity of operations during a disaster, outbreak, or emergency, including a plan for accessing resources necessary for response or recovery.

6. Issue and enforce emergency health orders, as permitted by law.

7. Establish processes to ensure the local health department is immediately notified of an actual or potential disaster, outbreak, or emergency.

8. Implement strategies intended to protect the health of vulnerable populations during a disaster, outbreak, or emergency.

(e) *Health promotion.* 1. Develop and implement interventions, policies, and systems to promote practices that support positive public health outcomes and resilient communities.

2. Disseminate relevant, accurate information and evidence–informed prevention guidance to the public health system and community.

3. Use a variety of accessible, transparent, and inclusive methods of communication to convey and to receive information from the public and stakeholders.

4. Provide accurate, timely, and understandable information, recommendations, and instructions to the public during a disaster, outbreak, or emergency.

(f) *Human health hazard control.* 1. Assist in the conduct of activities authorized under ss. 251.06 (3) (f) and 254.59, Stats.

2. Declare dilapidated, unsafe or unsanitary housing to be a human health hazard, when permitted under s. 254.593, Stats.

3. Identify public health hazards through laboratory testing, inspections, reporting, and investigation for the purpose of preventing further incidence of occupational disease, environmental disease, and human health hazard exposure.

(g) *Policy and planning.* 1. Coordinate planning and serve as a source of information and expertise in the development and implementation of policies affecting public health.

2. Foster and support community involvement and partnerships in development, adoption, and implementation of policies affecting public health, including engagement of diverse populations and consideration of adversely impacted populations.

3. Conduct a community health assessment resulting in a community health improvement plan at least every 5 years.

4. Develop a written community health improvement plan at least every 5 years, by assessing applicable data, developing measurable health objectives, and partnering with persons, agencies, and organizations to cultivate community ownership throughout the entire development and implementation of the plan.

5. Engage members of the community in assessment, implementation, monitoring, evaluation, and modification of community health planning.

6. Promote land use planning and sustainable development activities to create positive health outcomes.

(h) *Leadership and organizational competencies.* 1. Establish and sustain relationships with governmental and nongovernmental partners and stakeholders.

2. Engage stakeholders in the development and implementation of the local health department's organizational goals.

3. Use principles of public health law, including local and state laws, in the planning, implementation, and enforcement of public health initiatives.

4. Promote and monitor progress towards achieving organizational goals, objectives identified in community health improvement plan, and identifying areas for improvement.

5. Implement processes within public health programs that create health equity.

6. Maintain a competent and diverse workforce intended to ensure the effective and equitable provision of public health services.

7. Provide continuing education and other training opportunities necessary to maintain a competent workforce.

8. Implement and maintain the technology needed to support public health operations while simultaneously protecting personally identifiable information and other confidential health information, pursuant to ss. 19.21 and 146.82, Stats.

(i) *Public health nursing services.* Conduct a general public health nursing program which shall apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required in pars. (a) to (h), in cooperation with the local board of health.

(2) ANNUAL REPORTING. A level I local health department shall submit the following to the department:

(a) By May 1, a copy of the annual report submitted by the local health officer during the previous year, as required by s. 251.06 (3) (h), Stats.

(b) Public health data, in a format prescribed by the department.

Note: Reports and data described in this section must be submitted to the regional office assigned to the local health department's jurisdiction. Information about regional offices may be obtained by accessing: https://www.dhs.wisconsin.gov/dph/regions.htm.

(3) OPTIONAL SERVICES. A level I local health department may provide any services, in addition to the services required under sub. (1), that a level II local health department is required to provide under s. DHS 140.05 or a level III local health department is required to provide under s. DHS 140.06.

History: Cr. Register, July, 1998, No. 511, eff. 8□1□98; corrections in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; **CR 18–014: r. and recr. Register June 2019 No. 762, eff. 7–1–19; correction in (1) (f) 1. made under s. 35.17, Stats., Register June 2019 No. 762.**

DHS 140.05 Level II local health department.

(1) REQUIRED SERVICES. In addition to the level I local health department required services described in s. DHS 140.04, a level II local health department shall do all of the following:

(a) Address communicable disease control, chronic disease and injury prevention, environmental public health, family health, and access and linkage to health services, in addition to services already provided under s. DHS 140.04, by doing all of the following:

1. Identifying and promoting either a community need that has not already been selected as a local priority by the local health department in its most recent community health improvement plan or an objective specified in the department of health services' most recent state public health agenda, developed pursuant to s. 250.07, Stats.

2. Providing support to implement services through leadership, resources, and engagement of the public health system.

3. Utilizing evidence–informed resources and practices to provide services.

4. Evaluating the additional services and reporting to the community and local board of health on progress and performance.

(b) Develop and maintain a plan to employ qualified public health professionals and assure a competent public health workforce by doing all of the following:

1. Including core public health competencies and credentialing requirements in all department job descriptions, unless prohibited by local governing body.

2. Assessing staff core public health competencies every 2 years to identify department training needs.

3. Completing annual performance evaluations and personal development plans, unless prohibited by local governing body.

(c) Conduct quality improvement.

(d) Provide training and resources related to quality improvement to local health department staff and the local governing body.

(e) Establish explicit organizational performance measures for the local health department's mission, vision, values, and strategic goals.

(f) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under pars. (a) to (e).

(2) OPTIONAL SERVICES. A level II local health department may provide any services, in addition to the services required under sub. (1), that a level III local health department is required to provide under s. DHS 140.06.

History: Cr. Register, July, 1998, No. 511, eff. 8–1–987; **CR 18–014: r. and recr. Register June 2019 No. 762, eff. 7–1–19; correction in (1) (a) 1., (b) 2. made under s. 35.17, Stats., Register June 2019 No. 762; correction in (1) (f) made under s. 13.92 (4) (b) 7., Stats., Register June 2019 No. 762.**

DHS 140.06 Level III local health department. In addition to the level I local health department required services described in s. DHS 140.04 and to the level II local health department required services described in s. DHS 140.05, a level III local health department shall do all of the following:

(1) Lead the collection of data to guide public health planning and decision–making at the local level in alignment with the most recent state public health agenda.

(2) Provide public health expertise within the jurisdiction to elected officials, stakeholders, and community partners, including data and research.

(3) Identify and address factors impacting population health by implementing evidence–informed and emerging practices.

(4) Develop, advocate, adopt, and implement policies or strategies to improve the physical, environmental, social, and economic conditions affecting health.

(5) Establish and implement an environmental health program as directed by the local board of health or other local governing body by doing all of the following:

(a) Participating and providing environmental health expertise in the development of community plans.

(b) Providing or arranging for the availability of services authorized under ch. 254, Stats., such as for toxic substances, indoor air quality, animal borne or vector borne disease, and human health hazards.

(c) Collecting, reviewing, and analyzing environmental and community health data, and managing, controlling, and preventing environmental factors that may adversely affect the health, safety, or well–being of individuals or the community.

(d) Implement agreements established with state agencies to provide or arrange for environmental health services.

(e) Administering regulations of the board of health or other local governing body.

(6) Provide or arrange for other services that the local health department determines appropriately address objectives or services in the most recent state public health agenda.

(7) Develop and implement methods to collect performance data, evaluate goals, conduct quality improvement, and report progress to advise organizational decisions.

(8) Develop and implement a plan that integrates quality improvement at the individual, team, and organization levels.

(9) Apply nursing and public health principles to collaboratively assess, develop, implement, and evaluate the services required under subs. (1) to (8).

History: Cr., Register, July, 1998, No. 511, eff. 8–1–98; corrections in (1) (c) and (d) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637; (1) (d) renum. to SPS 221.065 under s. 13.92 (4) (b) 1., Stats., Register December 2015 No. 720; **CR 18–014: r. and recr. Register June 2019 No. 762, eff. 7–1–19; correction made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762; correction in (9) made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762.**

DHS 140.07 Local health officer qualifications.

(1) DEFINITION. In this section, "similar field" means a field of academic study, or combination of graduate–level courses that the state health officer determines provides the knowledge and skills required to adequately meet the responsibilities of a level I, II, or III local health officer.

(2) LEVEL I. A local health officer of a level I local health department shall meet the requirements stated in s. 251.06 (1) (a), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. 251.06 (1) (d), Stats.

(3) LEVEL II. A local health officer of a level II local health department shall meet the requirements stated in s. 251.06 (1) (b), Stats., or shall obtain approval in writing from the state health officer indicating that the individual has met the requirements of s. 251.06 (1) (d), Stats.

(4) LEVEL III. Pursuant to ss. 251.06 (1) (c) and (d), Stats., a level III local health officer shall have any of the following qualifications:

(a) At least 3 years of experience in a full–time administrative position in either a public health agency or public health work and one of the following:

1. A master's degree in public health, public administration, or health administration.

2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

(b) A bachelor's degree, 5 years of experience in a full–time administrative position in either a public health agency or public health work, and one of the following:

1. At least 16 graduate semester credits towards a master's degree in public health, public administration, or health administration.

2. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of 16 graduate semester credits towards a master's degree in a similar field.

(c) A license to practice medicine and surgery under ch. 448, Stats., and at least one of the following:

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

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

3. A master's degree in public health, public administration, or health administration.

4. Approval in writing from the state health officer indicating that the individual has submitted adequate documentation to demonstrate possession of a master's degree in a similar field.

History: Cr. Register, July, 1998, No. 511, eff. 8–1–98; **CR 18–014: r. and recr. Register June 2019 No. 762, eff. 7–1–19; correction in (1) made under s. 13.92**

(4) (b) 1., Stats., Register June 2019 No. 762; correction in (1), (4) (c) 3. made under s. 35.17, Stats., Register June 2019 No. 762.

DHS 140.08 Local health department level designation. The department shall review the operations of each local health department at least every 5 years, and based on this review, the state health officer shall issue a written finding as to whether the local health department satisfies the requirements for a level I, II, or III local health department. In the alternative, the state health officer may determine that the operations of a local health department satisfy the requirements for a level I, II, or III local health department based on a national accreditation process that fulfills the requirements specified under ch. 251, Stats., and this chapter.

History: CR 18–014: cr. Register June 2019 No. 762, eff. 7–1–19; correction made under s. 13.92 (4) (b) 1., Stats., Register June 2019 No. 762.

Foundational Public Health Services

Overview

Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management. Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

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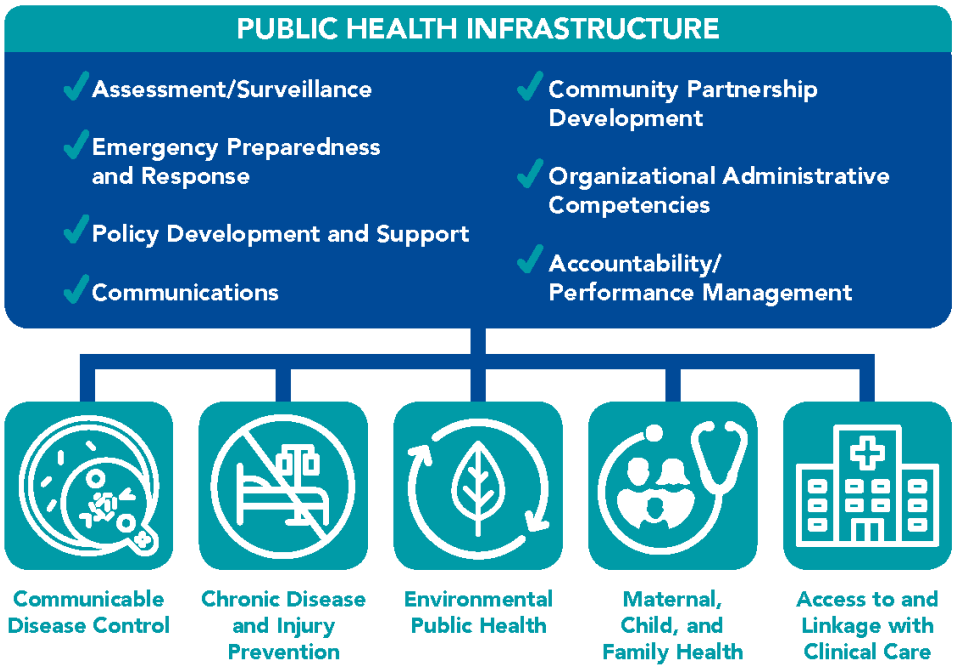

Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

Public health programs, or foundational areas, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

Public Health Infrastructure (Foundational Capabilities)

Assessment/Surveillance

- Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.
- Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.

- Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.

Emergency Preparedness and Response

- Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defendable. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence polices being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to write and implement a routine communication plan that articulates the health department's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.

Community Partnership Development

- Ability to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- Ability to create, convene, and support strategic partnerships.
- Ability to maintain trust with and engage community residents at the grassroots level.
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.

Organizational Administrative Competencies

- Leadership and Governance: Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives. Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.
- Health Equity: Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- Information Technology Services, including Privacy and Security: Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies needed to interact with community residents. Ability to have the proper systems in place to keep health and human resources data confidential.
- Human Resources Services: Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- Financial Management, Contract, and Procurement Services, including Facilities and Operations: Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations.
- Legal Services and Analysis: Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Accountability/Performance Management

- Quality Improvement: Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards. Ability to maintain a performance management system to monitor achievement of organizational objectives. Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level. Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.

Public Health Programs (Foundational Areas)

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop and implement a prioritized communicable disease control plan, and seek funding for high priority initiatives.
- Receive laboratory reports and other relevant data, conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
- Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease and Injury Prevention

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and, identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. housing and urban development, recreational facilities, and transportation systems) and resilient communities.
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, and Family Health

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and seek funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to and Linkage with Clinical Care

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.
- Coordinate and integrate categorically-funded clinical health care.

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

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 51 Through Week of December 21, 2019
Jurisdiction: Marathon County

	2019								
Disease Group	**Week 45**	**Week 46**	**Week 47**	**Week 48**	**Week 49**	**Week 50**	**Week 51**	**Total**	2018
Arboviral Disease	0	0	0	0	0	0	0	2	2
Babesiosis	0	0	0	0	0	0	0	1	5
Blastomycosis	1	0	0	0	0	0	0	8	4
Campylobacteriosis (Campylobacter Infection)	2	1	0	0	1	0	0	31	57
Carbapenem-Reistant Enterobacteriaceae	0	0	0	0	0	0	0	1	0
Coccidioidomycosis	0	0	0	0	0	0	0	0	1
Carbon Monoxide Poisoning	1	1	1	0	0	0	1	12	3
Chlamydia Trachomatis Infection	8	3	9	5	6	8	5	355	342
Cryptosporidiosis	1	0	0	1	0	0	0	29	39
Cyclosporidiosis	0	0	0	0	0	0	0	0	8
Ehrlichiosis / Anaplasmosis	1	0	0	0	0	0	0	19	28
Environmental and occupational lung diseases	0	0	0	0	0	0	0	1	0
Giardiasis	0	0	0	1	0	1	0	37	39
Gonorrhea	1	0	2	3	3	5	2	119	54
Haemophilus Influenzae Invasive Disease	0	0	0	0	0	0	0	4	3
Hepatitis B	0	0	0	1	0	0	0	8	10
Hepatitis C	0	0	0	0	0	0	0	22	25
Influenza	0	0	1	0	0	0	1	64	147
Invasive Streptococcal Disease (Groups A And B)	0	0	0	1	1	0	0	19	20
Lyme Disease	1	0	0	0	0	1	0	41	47
Mumps	0	0	0	0	0	0	0	2	0
Mycobacterial Disease (Nontuberculous)	0	0	0	0	0	0	0	12	15
Parapertussis	0	0	0	0	0	0	0	1	8
Pathogenic E.coli	0	0	0	1	0	0	0	11	18
Pertussis (Whooping Cough)	1	2	1	0	0	2	1	19	14
Salmonellosis	0	1	0	2	0	0	1	34	19
Streptococcal Infection, Other Invasive	0	0	0	0	0	0	0	2	0
Streptococcus Pneumoniae Invasive Disease	0	0	0	0	0	1	0	17	15
Syphilis	0	0	0	0	1	0	0	6	5
Tuberculosis	0	0	0	0	0	0	0	1	1
Tuberculosis, Latent Infection (LTBI)	1	0	0	0	0	0	0	10	18
Varicella (Chickenpox)	0	0	0	0	0	0	0	7	5
Vibriosis, Non Cholera	0	0	0	0	0	0	0	1	0
	18	8	14	15	12	18	11	896	