Marathon County Board of Health

Tuesday, March 3, 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; 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 February 4, 2020 Board of Health Meeting
- 4. Operational Functions Required by Statute, Ordinance, or Resolution
 - A. None
- 5. Policy Discussion and Possible Action
 - A. Overview of the Start Right program assessment components and timeline
 - B. Recommendations to restructure the Recreational Pool Licensing and Water Testing Fees
 - C. Update on WALHDAB/WPHA Public Affairs and State of WI Department of Health Services public health policy initiatives
 - D. Report from the Health & Human Services Committee February 24, 2020 meeting on policy issues impacting public health
- **6. Educational Presentations/Outcome Monitoring Reports** (as time permits)
 - A. Role of Local Health Departments in the surveillance of the Coronavirus Disease 2019
- 7. Announcements
 - A. Resignation Michael McGrail, MD
- 8. Next Meeting Date & Time, Location, Future Agenda Items: April 7, 2020
 - A. Update on the Board of Health Self-Assessment Plan of Work
 - B. Department of Health Services 140 Review Site Visit scheduled April 15, 2020
 - C. Update on measures taken to reduce tax levy support for the Water Testing Lab

D. Continuation of the identification of community health priorities with members from Healthy Marathon County

9. Policy Discussion and Possible Action (Continued)

A. Identification of the 2021-2024 Community Health Priorities – Healthy Marathon County Alliance Members to join at 8:15AM

9. Adjourn

FAXED TO: Da	ily Herald, City Pages,	Signed	
Marshfield Ne	ws, Mid-West Radio Group		
		THIS NOTICE POSTED AT THE COL	JRTHOUSE
Date	Time		
Ву		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 February 4, 2020

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

By Phone: John Robinson

MCHD Staff: Judy Burrows, Joan Theurer, Dale Grosskurth, Jenna Flynn, Chris Weisgram

Others Present:

1. Call to Order

Lori Shepherd called the meeting to order at 7:48 a.m.

- 2. Public Comment Period
- 3. Approval of the Minutes of the January 7, 2020 Board of Health Meeting

Motion to approve made by Dean Danner. Seconded by Kue Her. Motion Approved.

- 4. Operational Functions Required by Statute, Ordinance, or Resolution
 - A. None
- 5. Policy Discussion and Possible Action
 - A. Overview of the Health Officer 2020 Plan of Work

Joan Theurer provided the work plan for 2020 in the meeting packet, and highlighted significant areas of the plan, which is built on the four areas of the County's Organizational Culture model. Upcoming events include the Chapter 140 Review, which incorporates new administrative rules, and will take place in April. The community health improvement planning process will begin in March. The reassessment for readiness for public health accreditation will take place in June. Implementation of strategic plan outcomes will continue through the year. Additional tasks for the year include a public engagement strategy to ensure inclusivity to all people, and completion of an assessment of the Start Right program, looking at program practices and design, and outcomes.

John Robinson asked if the Start Right program review could be included in the Board's plan of action for the year.

Joan shared that work will continue to further application of Results Based Accountability model for programs. A system to track contributions from community partners will also be developed, along with efforts to continue implementation of Quality Improvement in the department. Judy Burrows will share a tool that is being developed internally that may be helpful to Board members to develop an understanding of the model.

Joan walked through the adaptability and involvement sections of the work plan, and what work will be done during the year to achieve stated outcomes. An update on work plan progress will be provided mid-year.

B. Review the 2020 Board of Health calendar of topics

Lori Shepherd reviewed that the topics were discussed after the completion of the Board Assessment last year.

John Robinson asked if the Board should be more active in the assessment of the Start Right program. Joan Theurer clarified that given the timeline and what is required, she would be able to complete the drafting of the assessment and allow for the Board to review prior to it being submitted in October. Joan will plan to place discussion of the Start Right assessment on the agenda for the March meeting.

Lori Shepherd asked Board members if they had additional topics for the Board to consider during the year.

C. Explore the Board of Health focus areas for 2020

Joan Theurer shared highlights from Board of Health 2019 Accomplishments, including being proactive in shaping policy and communicating on policy opportunities, and advocating for programs, services, and community initiatives based on identified needs. The Board also advanced eight policy actions in accepting key documents or advocating during the last year.

Joan asked the Board to indicate if they think the strategies make sense, need revision, or if more need to be added. There will be opportunities after the selection of health priorities to look at how programs might be realigned. Joan suggested continuing to focus on what is needed for infrastructure and support for Public Health 3.0, going forward.

John Robinson suggested sharing the accomplishments and strategies with the Health & Human Services Committee.

D. Amend the Marathon County Agent Program Regulation regarding the department's ability to refuse to issue or renew a permit

Dale Grosskurth provided an overview of recommended changes to the Marathon County Agent Program Regulation. The issue that has reoccurred has been whether or not license renewals can be held due to fees for prior inspections not being paid, if inspections have not been completed, or if outstanding violations have not been corrected. The proposed amendment would give the Health Department authority to withhold renewal until such issues are addressed by the operator.

Motion to approve the proposed amendment to the Marathon County Agent program regulation made by Laura Scudiere. Seconded by Mary Ann Crosby. Motion approved.

- E. Updates WALHDAB/WPHA Public Affairs and State of WI Department of Health Services public health policy initiatives
 - i. Governor Evers tobacco policy initiatives
 - ii. Homelessness bills

iii. Other

Judy Burrows, with Jenna Flynn, provided an overview of policy initiatives from Governor Evers regarding tobacco policy, including retailer licensing for vape shops, adding e-cigarettes to the k-12 policies, add funding to tobacco prevention and control programming, expansion of tobacco authority to Department of Health Services, adding to e-cigarettes to clean indoor air law in Wisconsin, requiring nicotine containing products to be placed behind cashier counters. Judy shared that a program report on federal policy and Tobacco 21 were included in the packet.

Joan Theurer shared that the state public health associations are focusing efforts on homelessness, and urging members to contact their state Senate members to move forward five bills to approve funding for case management, additional funding for organizations to hire housing navigators, identification of individuals who qualify for federal job assistance, grants/loans to defray housing costs.

6. Educational Presentations/Outcome Monitoring Reports

A. Community Health Improvement Team Report – Tobacco 21

Judy Burrows shared that there have been initiatives at the state level, which stalled, to increase the minimum purchase age for tobacco products. Federal law went into effect in January which changed the minimum purchase age. Current challenges are that businesses and retailers were somewhat caught off guard, and more significantly, State law does not align, and it is not enforceable at a local level. It is unknown how much effect the law will have on youth. The Wisconsin Wins compliance checks program will continue under current state laws, with youth under the age of 18.

The Board discussed the need for new resources to be developed to help users between the ages of 18-21 and the effect of the new federal law.

B. Share Addressing Social Determinants of Health Can Improve Community Health & Reduce Costs NIHCM (National Institute of Health Care Management) Infographic

Joan shared the infographic included in the packet, which provides a summary of why it is important to pay attention to social determinants of health. Joan indicated the infographic aligns well with the County Health Rankings model.

The Board discussed the effort by the recently formed Homeless Task Force, which is being facilitated by staff from the Health Department. Judy Burrows shared an overview of what the group is currently looking at.

C. Report from the Health & Human Services Committee January 27, 2020 meeting on policy issues impacting public health

Mary Ann Crosby provided updates on recent topics at the Health & Human Services Committee meeting.

- Revised agreement between Marathon, Lincoln, and Langlade Counties for NCHC, which focused on the composition of the Board
- Resolution to make February Teen Dating Violence Awareness Month
- Request for two FTE social worker positions for children's support, and one FTE for community support.

7. Announcements

Joan shared documents specific to the Health Priority selection will be emailed next week, separately from the meeting packet.

Adjourn

Motion to adjourn made by Mary Ann Crosby. Seconded by Kue Her. The meeting adjourned at 9:07 a.m.

Respectfully submitted,

Lori Shepherd, Secretary Chris Weisgram, Recorder



Health Officer Notes March 3, 2020

Operational Functions Required by Statute, Ordinance, or Resolution

A. None

Policy Discussion and Possible Action

- A. Overview of the Start Right program assessment components and timeline
 - Joan Theurer, Health Officer will walk through the plan of work for completing the Start Right assessment components and timeline. Enclosed, find the Start Right Program Assessment Plan of Work.
- B. Recommendations to restructure the Recreational Pool Licensing and Water Testing Fees

 Joan Theurer, Health Officer and Dale Grosskurth, Program Director Environmental Health and

 Safety will provide an overview of the current recreational pool licensing and water lab fee structure
 and proposed recommendations. A recommendation from the March 23, 2018 Marathon County
 Health Department Water Testing Lab Program Evaluation was to assess the water lab fee structure.

 Enclosed, find this document for your review.
- C. Update on WALHDAB/WPHA Public Affairs and State of WI Department of Health Services public health policy initiatives

Standing agenda item. No update.

D. Report from the Health & Human Services Committee February 24, 2020 meeting on policy issues impacting public health

Mary Ann Crosby, County Board Supervisor will share highlights from the discussion that impact public health.

Educational Presentations/Outcome Monitoring Reports (as time permits)

A. Role of Local Health Departments in the surveillance of the Coronavirus Disease 2019

Eileen Eckardt, Program Director – Family Health & Communicable Disease will brief members as to surveillance activities local health departments are carrying out in response to the Coronavirus Disease 2019.

Announcements

A. Resignation of Michael McGrail, MD

Next Meeting Date & Time, Future Agenda Items: April 7, 2020

- A. Update on the Board of Health Self-Assessment Plan of Work
- **B.** Department of Health Services 140 Review Site Visit scheduled April 15, 2020
- C. Update on measures taken to reduce tax levy support for the Water Testing Lab
- **D.** Continuation of the identification of community health priorities with members from Healthy Marathon County

Policy Discussion and Possible Action (Continued)

A. Identification of the 2021-2024 Community Health Priorities – Health Marathon County Alliance Members to join at 8:15AM

Amanda Ostrowski, Public Health Educator will facilitate the identification of the community health priorities. An email was sent on February 10, 2020. The packet is posted on the County's Board of Health webpage.

Marathon County Start Right Program Assessment Plan of Work – Working Draft February 20, 2020

Purpose: The Interim Marathon County Administrator has directed an assessment of the Start Right Program be completed by October 1, 2020. The assessment to include:

- 1. Review of best practices in relationship to the program;
- 2. Review of program design and outcome data in relationship to state studies; and
- 3. Review of local program outcomes in relationship to state and national benchmarks.

In light of recent policy discussions as to value of the continual level of tax levy investments for the Start Right Program, the plan of work includes a communication component.

Background: The Start Right Program began as a pilot in Athens in 1994, becoming a county-wide service in 1999. Marathon County was seen as pioneer for home visiting, being one of ten counties selected by the State of Wisconsin Department of Health Services to pilot the Prevention of Child Abuse and Neglect (POCAN) grant from 1999 to 2010. The Start Right Program has two major program components: Start Right First Steps Prenatal Care Coordination that includes postpartum services for high risk births not served prenatally; and Start Right Step by Step Home Visiting.

In 2007-2008, a comprehensive evaluation and redesign of the Start Right Program occurred to ensure alignment with state and national best practices and benchmarks. Prior to this, Start Right First Steps Prenatal Care Coordination was part of a statewide research study published in 2010. In addition, an evaluation study was completed in 2003 among the ten pilot counties participating in the Prevention of Child Abuse and Neglect (POCAN) state grant, which included Start Right Step by Step Home Visiting.

For 2020, the county's tax levy investment in the Start Right program is estimated at \$1,184,652 of the program's total budget of \$1,677,377. Marathon County Health Department contracts with Children's Service Society of WI since 1994 to deliver home visiting services. For 2020, the tax levy support for home visiting is \$690,000 being at level funding since 2009.

Issues: During the 2020 budget process a number of issues were highlight during policy discussions that include:

- Marathon County Government with finite tax levy is tasked with determining how to fund competing program priorities.
- Marathon County Board of Supervisors have a varied level of understanding as to the value of investing in the Start Right Program, not having alignment as to what results would be meaningful.
- Marathon County Board of Supervisors, Board of Health and the Start Right program staff do not have a common language for measuring and communicating results.

Plan of Work: The following is a plan of work to carry out the following objectives:

- Develop a common language among Marathon County policy makers for measuring and communicating the Start Right Program results.
- 2. Ensure the Start Right Program is keeping with national and state best practices for Medicaid Prenatal Care Coordination and Home Visiting programs.
- 3. Ensure the Start Right program design and program performance measures are aligned in relationship to state studies on the effectiveness of Medicaid Prenatal Care Coordination and Home Visiting programs.
- 4. Ensure the Start Right program performance measures are aligned in relationship to state and national benchmarks.

Develop a common language among Marathon County policy makers for measuring and communicating Start Right Program results.

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Objective	Action Steps	Who			
By June 1, 2020, a common language for measuring and	Results Based Accountability (RBA) framework will be used to communicate Start Right programs:	Joan Theurer, Sponsor			
communicating Start Right Program results will be in place.	ight Program results children, families and the community as a whole. Indicators: How we measure these conditions.				
	Baseline: What the measures show about where we've been and where we've headed. Strategies: What works to improve these conditions. Performance Measures: How we know if the program is working by measuring, How much did we do?, How well die we do it?, and Is anyone better off?	Eileen Eckardt and Erica Hoffman, Program Experts			
	(Source: Trying Hard is Not Good Enough. How to Produce Measurable Improvements for Customers and Communities. Mark Friedman. 2015. Parse Publishing.)				
By October 15, 2020, key stakeholders will be able to state the value of Start Right	Secure a vendor to conduct an outside assessment of the Start Right Program, resulting in a written report. (April 1, 2020)	Joan Theurer			
Program.	Evaluate the merits of developing a communication plan to deliver the program assessment findings and recommendations. (August 1, 2020)	County Administrator			
	Present the Start Right Program assessment report to the County Administrator, Board of Health and Health and Human Services Committee. (September 1, 2020)	TBD			
	Share the Start Right Program assessment report with Marathon County Standing Committees and/or County Board as determined by County Board Chair, County Administrator. (October – November 2020)	TBD			
	Determine the merits of funding additional evaluation or research that examines Start Right Program's return on investment. (October – November 2020)	County Administrator			

Ensure the Start Right Program is keeping with national and state best practices for Medicaid Prenatal Care Coordination and Home Visiting programs.

Objective	Action Steps	Who
By April 15, 2020 Start Right Program components will have been reviewed in relationship to national and state best	Review Start Right First Steps Prenatal Care Coordination and Postpartum services in relationship to Medicaid Prenatal Care Coordination standards. Complete an inventory that identifies alignment and gaps.	Eileen Eckardt
practices.	Review Start Right Step by Step Home Visiting services in relationship to state (Family Foundations) and national best practice standards (Healthy Families of America). Complete an inventory that identifies alignment and gaps.	Eileen Eckardt and Erica Hoffman
	Note: Template for inventory will be agreed upon by Joan Theurer, Eileen Eckardt and Erica Hoffman.	
By July 1, 2020 a plan will be place to close identified gaps in Start Right meeting best practice standards.	Submit inventory of best practice standards alignment and gaps to Health Officer for Start Right: First Steps Prenatal Care Coordination, First Steps Postpartum, Step by Step Home Visiting.	Eileen Eckardt, Lead Erica Hoffman, Support
	Submit a plan of work to close identified gaps to Health Officer that includes: method, timeframe, resources, and responsible party.	

Ensure the Start Right program design and program performance measures are aligned in relationship to state studies on the effectiveness of Medicaid Prenatal Care Coordination and Home Visiting programs.

Objective	Action Steps	Who
By April 15, 2020 Start Right Program design will have been	Obtain Wisconsin program evaluation/research studies on Medicaid Prenatal Care Coordination program. (March 15, 2020)	Eileen Eckardt
reviewed in relationship to state studies, identifying alignment and gaps.	Obtain Wisconsin program evaluation studies on Prevention of Child Abuse & Neglect (POCAN) and Family Foundations. (March 15, 2020)	Erica Hoffman
	Obtain national program evaluation/research studies on the effectiveness of home visitation services published in the past 7 years. (April 1, 2020)	Eileen Eckardt Erica Hoffman
	Review evaluation/research studies in relationship to Start Right Program design and identify alignment and gaps. (June 1, 2020)	TBD Evaluator
By August 1, 2020 a report that includes a plan to close gaps in program design and best practices will be	Submit inventory of program design alignment and gaps to Health Officer for Start Right: First Steps Prenatal Care Coordination, First Steps Postpartum, Step by Step Home Visiting.	Eileen Eckardt Erica Hoffman
submitted to County Administrator.	Submit a plan of work to close identified gaps to Health Officer that includes: method, timeframe, resources, and responsible party.	Eileen Eckardt Erica Hoffman

Ensure the Start Right program performance measures are aligned in relationship to state and national benchmarks.

Objective	Action Steps	Who
By April 15, 2020 an inventory of Start Right Program performance measures in relationship to state	Inventory Start Right First Steps Prenatal Care Coordination and Postpartum program performance measures in relationship to state and national benchmarks.	Eileen Eckardt
and national benchmarks will be completed.	Inventory Start Right Step by Step Home Visiting program performance measures in relationship to state and national benchmarks.	Erica Hoffman
By August 1, 2020 a report that includes a plan to close identified gaps in having program performance measures align with state and	Submit inventory of program performance measures in relationship to state and national benchmarks alignment and gaps to Health Officer for Start Right: First Steps Prenatal Care Coordination, First Steps Postpartum, Step by Step Home Visiting. (May 1, 2020)	Eileen Eckardt Erica Hoffman
national benchmarks will be submitted to County Administrator.	Submit a plan of work to close identified gaps to Health Officer that includes: method, timeframe, resources, and responsible party. (August 1, 2020)	Eileen Eckardt Erica Hoffman

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Task/Month	3	4	5	6	/	8	9	10
Review plan of work with Interim County Administrator	Χ							
Share plan of work with Board of Health	Χ							
Secure outside evaluator to conduct the assessment.		Х						
Program results will be put into Results Based								
Accountability (RBA) Framework	Χ	Х	Χ					
Review of best practices in relationship to program design	Х	Х						
Review of state studies in relationship to program design	Х	Х						
Review of benchmarks in relationship to performance	Х	Х						
measures								
Inventory alignment and gaps in relationship to best			Х	Χ				
practices, program design, benchmarks								
Plan in place address gaps in relationship to best practices,					Χ			
program design, benchmarks								
Submit written assessment report to County Administrator						Χ		
Share assessment report with the Board of Health							Χ	

Marathon County Board of Health

Recommendation: Licensing and Water Testing Fees for Recreational Pools

February 21, 2020

Policy Statement Goal: Licensing and water testing fees for recreational pools are to pay for direct costs to include program general administration and supervision.

Background: The Marathon County Board of Health is responsible for adopting the Marathon County Agent Program Regulation. Under the regulation, "samples of pool water shall be submitted by the owner/operator every two weeks at a minimum. Samples may be required on a more frequent basis for new facilities or to monitor bacteriological water quality". Currently, a portion of the licensing fee for recreational pools subsidizes pool water samples.

As part of the evaluation of the Water Testing Lab Program done during the winter of 2018, water test fees are being evaluated. The Water Lab drinking water fees were evaluated and better aligned with costs for the test performed. As of January 1, 2020, changes that have been made include:

- The Water Lab drinking water tests have been unbundled and are charged separately for each test type as of January 1, 2020.
- The Department of Natural Resources Transient Non-Community (TNC) wells follow up test will be charged. Over 500 tests were not charged in 2019.

As part of this process, the Water Lab testing fees for recreational pools has been studied. The licensing and water lab testing fee structure for recreational pools has been in place prior to 2009. Under the current structure,

- For Licensing Recreational Pools Fees,
 - All pool operators share the cost of a re-inspection for failed inspections.
 - No re-inspection fee is charged if the re-inspection passes. If the re-inspection does not pass the fee is 1^{st} fail = \$100, 2^{nd} fail = \$200, and fail =\$300 applies for all license holders.
 - Re-inspection fees were applied to the operator (facility) not by the number of pools re-inspected.
 - In 2019, there were 44 re-inspections, 12 resulted in a charge.
 - Fees are not aligned with state licensing categories.
 - Seasonal pools' licensing fees are charged a reduced rate.
- For Water Testing Fee for Recreational Pools,
 - o Pool operators are charged a reduced water testing fee through the Lab, as part of the license fee subsides the water sample fee.
 - \$25,000 of the pool licensing fees are transferred from the Licensing Program to the Water Testing Lab Program.

Recommendation: The proposed recommendation is to separate the license fee for recreational pools from the water testing fee with the goal to recoup direct costs that includes program general administration and supervision. Specific recommendations include:

- 1. Licensing categories for recreational pools are aligned with State of WI Department of Agriculture, Trade, and Consumer Protection (DATCP) license categories.
- 2. Proposed licensing fees for recreational pools are based on the average amount of time it takes to inspect.
- 3. Seasonal pools will be charged a full licensing fee.
- 4. Pool operators will be charged a re-inspection fee of \$317.00 anytime a pool re-inspection is performed, not having other operators subsidize the re-inspection.
- 5. Proposed pool water testing fees are to reflect the true cost of testing.

The outcomes by adopting these recommendations: 1) Increase licensing fee revenue; 2) Increase water testing revenue; and 3) Streamline the collection of revenues. For 2020, the tax levy support in the Lab budget is \$88,408. This does not include Lab Water Testing program supervision costs (currently 27%).

Proposed Licensing Fee Structure:

Old Categories	Fees
Swimming Pool	\$755
Pool – Additional	\$418
Pool – Seasonal	\$526
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Re-inspection that Passes	\$0
Re-inspection – 1 st Failed	\$100
Re-inspection – 2 nd Failed	\$200

New Categories	Fees
Swimming Pool	\$490
Pool - Additional	\$209
Water Attraction – No Slides	\$426
Water Attraction – Up to 2 Slides	\$721
Water Attraction – Additional Side	
Each	\$94
Water Attraction – Additional on	
Same Property – Up to 2 Slides	\$382
Re-Inspection Fee	\$317

Net revenue gain is estimated to be \$20,000. Tax levy support in the 2020 Licensing budget is \$14,857. The licensing fees are anticipated to cover staff direct and general administration along with 5% of supervision. The new fees will close the gap of the true cost of the Licensing program supervision costs (currently 27%).

<u>Proposed Water Sample Fee Structure</u>

Test	Old	New
Heterotrophic Plate Count	\$8	\$27
Pseudomonas	\$3	\$16

Note: Marathon County Health Department is the only local laboratory that is known to provide these tests.

Net revenue gain estimated to be \$19, 500. Tax levy support in the 2020 Water Lab budget is \$88,408. It is anticipated the tax levy support will be less than \$88,408 as a result of drinking water fee changes implemented January 1, 2020. It is estimated that the drinking water fee changes will bring in an additional \$60,000 in revenue, having tax levy support anticipated at \$28,408. The new pool water testing fees are anticipated to offset the cost of staff direct and general administration. It will not cover Water Lab program supervision costs (currently 27%).

Impact to Customers: The following table shows pool facility types and the impact of the proposed changes to the pool water analysis fee and licensing fee changes.

		Water Analysis Fee							<u>License Fee</u>						
	Example	HPC Qty	Pseudo Qty	<u>c</u>	Old	N	lew_	Diffe	erence	Dif	nnual ference *	Difference		<u>In</u>	rotal npact nnual)
Pool	Marathon Area Swim Association	1	0	\$	8	\$	27	\$	19	\$	494	-280	П	\$	214
Pool + Whirlpool	Hilton Garden Inn	2	1	\$	19	\$	69	\$	50	\$	1,300	-504	П	\$	796
Seasonal Pool**	Kaiser Pool (only 2 water slides)	1	0	\$	8	\$	27	\$	19	\$	133	180	П	\$	313
Water Attraction	Grand Lodge	4	1	\$	35	\$	123	\$	88	\$	2,288	-469	П	\$	1,819
*Assumes no unsafes in year													П		
**Assumes open 1	L4 weeks														

The total annual impact assumes that all inspections will pass and water analysis will be safe. Reinspections and follow-up water testing fees were not included in calculating the impact.



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

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 7 (Through Week of February 15, 2020)

Jurisdiction: Marathon County

	2020							
Disease Group	Week 4	Week 5	Week 6	Week 7	Total			
Blastomycosis	0	0	0	1	1	9		
Campylobacteriosis (Campylobacter Infection)	1	0	0	0	2	31		
Carbon Monoxide Poisoning	1	0	0	0	2	12		
Chlamydia Trachomatis Infection	3	14	8	2	47	363		
Gonorrhea	2	4	1	2	9	125		
Haemophilus Influenzae Invasive Disease	0	0	0	0	1	4		
Hepatitis B	1	0	0	0	3	8		
Hepatitis C	1	0	0	1	3	22		
Hepatitis E	0	0	0	0	1	0		
Influenza	2	7	6	7	26	65		
Invasive Streptococcal Disease (Groups A And B)	0	2	1	0	3	19		
Mycobacterial Disease (Nontuberculous)	0	0	0	0	2	13		
Pathogenic E.coli	2	0	0	0	2	12		
Salmonellosis	1	0	0	1	2	34		
Shigellosis	0	0	0	0	1	0		
Streptococcus Pneumoniae Invasive Disease	0	0	1	0	1	17		
Tuberculosis	0	0	0	0	1	1		
Tuberculosis, Latent Infection (LTBI)	0	0	0	0	2	10		
Varicella (Chickenpox)	0	0	0	0	1	7		
	14	27	17	14	110			

^{*} **2019** - Subject to change as not all cases have been finalized