

Marathon County Board of Health

Tuesday, October 13, 2020 at 7:45 AM

Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Board of Health members and the public to attend this meeting remotely. To this end, instead of attendance in person, Board of Health members and the public may attend this meeting by telephone conference. If Board of Health members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number. When you enter the telephone conference, put your phone on mute.

Dial +1 312 626 6799 US (Chicago)

Meeting ID: 851 2896 1112

Password: 882227

Committee Members: John Robinson, Chair; Craig McEwen, Vice-Chair; Lori Shepherd, Secretary; Sandi Cihlar; Dean Danner; Kue Her; Tiffany Lee; Corrie Norrbom

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 September 8, 2020 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
5. **Policy Discussion and Possible Action**
 - A. Update on the Board of Health Plan of Work to further strategies for a half-day retreat focused on health equity and formalizing an agreement on the reporting relationship between the Board of Health and the Health & Human Services Committee
 - B. Update on the WI Department of Health Services 140 Review conducted on September 15, 2020
 - C. Update on the Marathon County School-Based Mental Health Consortium

- D. Update on the 2020 and 2021 Marathon County Health Department budget
- E. Report from the Health & Human Services Committee September 30, 2020 meeting on policy issues impacting public health

6. Educational Presentations/Outcome Monitoring Reports

- A. Update on Marathon County's COVID-19 response efforts and focus for the next 30-60 days
- B. Staffing Update

7. Announcements

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

- A. Confirm November 10, 2020 meeting date and determine agenda topics

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
September 8, 2020

Present (Via Zoom): John Robinson, Craig McEwen, Sandi Cihlar, Kue Her, Corrie Norrbom,

MCHD Staff: Joan Theurer, Judy Burrows, Chris Weisgram,

Others Present:

1. Call to Order

John Robinson called the meeting to order at 7:45 a.m.

2. Public Comment Period

None

3. Approval of the Minutes of the August 11, 2020 Board of Health Meeting

Motion to approve made by Craig McEwen. Seconded by Corrie Norrbom. Motion approved.

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

A. None

5. Policy Discussion and Possible Action

A. Check in on the Board of Health Self-Assessment Plan of Work and identify opportunities to further strategies in light of available resources

Joan Theurer provided background information for new members, regarding work done in the summer of 2019 to identify five areas to strengthen the functions of the Board. Adjustments were made to the meeting time, and policy items are now placed ahead of education items on agendas. Other areas include orientation of new board members and board development.

John Robinson asked if newer members would still be interested in going forward with working with another member as a mentor, and receiving orientation.

Discussion on the possibility of planning for a retreat to focus on health equity issues in Marathon County. Corrie Norrbom shared the ongoing project with WIPPS to facilitate discussion between public health and underserved communities in the County.

John Robinson asked if the Board would be able to move ahead with putting together a retreat event, and only have minimal staff involvement with planning, and will reach out the members individually to put some information together for discussion at a future meeting including potential topics and meeting times.

Joan Theurer recommended the Board focus on what they can do as a Board of Health and in support of the work of the Health Department, rather than looking towards broader work being done to address the issue of health equity.

Joan Theurer shared information regarding Board Routinely Monitors Performance of the Health Department section was previously provided at the end of 2019, however areas have been put on hold due to response to COVID-19.

Discussion on the relationship between the Board of Health and the Health and Human Services committee. Conversations with County Administration and Corporation Counsel have focused on when the Board of Health and Health Department have authority to act on certain issues, and when it is necessary to go through the committee process of the County Board.

Joan Theurer shared that at previous in-person meetings, table tents with questions to keep in mind when addressing policy issues were placed at tables, to remind Board Members how their decisions affect diverse groups.

- B. Update on public health program services in light of the department's response to COVID-19 pandemic
 - i. Community Health Priorities and Improvement Plan and support for Healthy Marathon County

Joan Theurer shared plans for moving forward with the delayed Community Health Improvement Plan. Community Health Priorities will be identified in the spring of 2021, with current priorities continuing until that time. Limited staff time will be dedicated to priorities of Alcohol and Other Drugs (including Tobacco), Behavioral Health, and ACEs awareness and prevention in relationship to those priorities. Healthy Marathon County will continue to focus on goals of the LIFE Report in relationship to the overarching health priority of social and economic factors that influence health.

Motion to accept the recommendations for the delayed Community Health Improvement Process by Craig McEwen. Seconded by Sandi Cihlar. Motion approved.

- ii. Temporary deployment of staff from COVID-19 response in light of case decline to further program services

Joan Theurer shared staffing adjustments will be made given the recent decline in cases in Marathon County. Refocusing on program services where possible is being looked at, including immunizations, Start Right services, and community health priorities and supporting Healthy Marathon County. At the point when a vaccine is available, it will be the Health Department's role to lead in plan developments and carryout mass clinics for the public.

Discussion on how to handle sharing information with the public in advance of a vaccine becoming available.

- iii. Marathon County Children's Hearing and Vision Program for the 2020-21 school year

Joan Theurer shared an update on the program as it is being put on hold given school plans in place for learning during COVID-19. In spring of 2020 discussions took place with Marathon County Special Education exploring the merits of having the program transition over. A meeting with Marathon County Special Education was put were put on hold due to COVID-19 response.

Discussion on the number of students typically screened each year, and how services will be made available through school nurses during this school year.

Judy Burrows shared information will be going to schools to keep administration, staff, and families informed on the status of the program.

Discussion on the funding that supports the hearing and vision screening program. Joan shared that the funding comes through Marathon County Special Education and the program does not use any tax levy. Marathon County Special Education in turn bills participating school districts based on number of students screened. Discussion regarding the merits of having the program transition to Marathon County Special Education is expected to occur early winter of 2020.

iv. Plans to conduct WI Department of Health Services 140 Review

Joan Theurer shared that the Chapter-140 Review was previously scheduled for mid-March, but put on hold due to COVID-19. The State is now planning to complete shortened reviews, and Marathon County Health Department will complete the review with the State on September 15. It is anticipated a return to the more in-depth review would take place in 2022. A summary of responses for the review will be shared with Board of Health members.

- C. Report from the Health & Human Services Committee September 2, 2020 meeting on policy issues impacting public health
 - i. Overview of Wisconsin Counties' Association Guidance in Implementing Regulations Surrounding Communicable Diseases: An Analysis of Local Health Department and Local Health Officer Powers, Duties, and Enforcement Actions
 - ii. Other

Joan Theurer provided a brief overview of the guidance in implementing regulations surrounding communicable diseases as put together by the Wisconsin Counties' Association. The guidance looks at health officer authority and enforcement powers that are granted in statute and administrative code. Joan summarized the authority and enforcement under the categories of individual isolation and quarantine of persons, Outbreak (limited area or single organization), and General (broad area or County-wide).

Joan shared that an overview of the guidance was provided to the Health & Human Services Committee on September 2. At the next Health & Human Services Committee meeting scheduled for September 30, Corporation Counsel will bring forward some points to discuss regarding development of a public health ordinance.

John Robinson shared background on how the previously considered ordinance received significant opposition, but that there will be a need to have an ordinance on the books to address future communicable disease threats.

Discussion on the importance of communication with community members, and engaging and empowering individuals with accurate information.

6. **Educational Presentations/Outcome Monitoring Reports** – Agenda items not discussed.
 - A. Update on Marathon County’s COVID-19 response efforts and focus for the next 30-60 days
 - B. Staffing Update
7. **Announcements**
8. **Next Meeting Date & Time, Location, Future Agenda Items:**
 - A. Confirm October 13, 2020 meeting date and determine agenda topics

9. **Adjourn**

John Robinson adjourned the meeting at

Motion to adjourn by Craig McEwen. Seconded by Kue Her. The meeting adjourned at 9:32 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

**Health Officer Notes
October, 2020**

To facilitate diverse perspectives, consider the following questions during the policy discussion.

- Who benefits from or will be burdened by your proposal?
- What are the strategies for mitigation unintended consequences?

Policy Discussion and Possible Action

A. Update on the Board of Health Plan of Work to further strategies for a half-day retreat focused on health equity and formalizing an agreement on the reporting relationship between the Board of Health and the Health & Human Services Committee

John Robinson, Board of Health Chair along with members will share plans for half-day retreat focused on health equity. John Robinson will provide an update on the status of having a written agreement to formalize the reporting relationship between the Board of Health and the Health & Human Services Committee. Enclosed find *“The Futures Initiative: The 10 Essential Public Health Services”* and updated Board of Health Plan of Work documents.

B. Update on the WI Department of Health Services 140 Review conducted on September 15, 2020

Joan Theurer, Health Officer will share key takeaways from the 140 review. Enclosed, find PHNCI (Public Health National Center for Innovations) *“Foundational Public Health Services”* document.

C. Update on the Marathon County School-Based Mental Health Consortium

Judy Burrows, Director of Community Health Improvement will provide an overview of services being delivered through the Marathon County School-Based Mental Health Consortium in light of COVID-19 stressors and challenges schools, mental health clinics, students and families are facing. Enclosed, find Annual Progress Update: Phase II: Year 3 (7/1/19-4/15/20).

D. Update on the 2020 and 2021 Marathon County Health Department budget

Joan Theurer, Health Officer will provide an update on the 2020 and 2021 health department budget.

E. Report from the Health & Human Services Committee September 30, 2020 meeting on policy issues impacting public health

John Robinson, Board of Health Chair and Joan Theurer, Health Officer will provide an update on policy issues discussed, including the agenda item *“What public engagement strategies should be utilized before the County Board considers adoption of a County Communicable Disease Ordinance?”*

Educational Presentations/Outcome Monitoring Reports

A. Update on Marathon County’s COVID-19 response efforts and focus for the next 30-60 days

Joan Theurer, Health Officer will do an overview of the department’s response efforts for the next 30-60 days, fielding questions and concerns from Board of Health members.

B. Staffing Update

Season Welle, Director of Operations has accepted a position with Marathon County Finance Department as of October 18, 2020. Recruitment to fill the position is underway.

Announcements

Next Meeting Date & Time, Location, Future Agenda Items:

- A. Confirm November 10, 2020 meeting date and determine agenda topics

MEMORANDUM RE AUTHORITY OF BOARD OF HEALTH

October 8, 2020

Mr. Robinson, as Chair of the Marathon County Board of Health you have requested a memorandum regarding the status and authority of the Board. The powers and duties of the Board are set forth in Wisconsin Statutes, section 251.04, as follows:

Local board of health; powers and duties.

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

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

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

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

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

(6) A local board of health shall:

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

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

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

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

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

In Marathon County we have a single-county, Level III Health Department. The Marathon County Board of Health (BOH) powers and duties are further defined by General Code of Ord. §2.05(1). Although we are a county that has a county administrator, up to this point, the administrator has not elected (or been ordered by the County Board) to assume the powers and duties of the BOH. This was specifically verified with Administrator Karger last year before his retirement. To the best of my knowledge, Administrator Leonhard has not modified this approach. This permits the BOH some degree of autonomy to exercise the powers granted by the legislature. The employees of the Health Department, including the Local health Officer, are included within existing Marathon County employment ordinances, and as such, are considered to be employees of the county, not the BOH. This places the employees of the Health Department under the supervision of the county administrator.

This does not alter the status of the BOH, unless the administrator chooses or is ordered to “assume” the BOH’s powers and duties. There are other instances of shared responsibilities under the statutes. See, for example, the Committee on Agriculture and Extension Education created by Wis. Stats., §59.56(3), (currently assumed by the Marathon County Extension, Education and Economic Development Committee). That situation involves county committee governance of State employees. There are also instances where the very existence of a county administrator transforms the nature of the committee into a policy board. See, for example the Marathon County Solid Waste Management Board under, Wis. Stats. §59.70(2) and Gen. Code of Ord. §2.05(10). Note, Marathon county’s own rule limits a the power of the SWMC as follows, “which shall be only for a policy-making body determining the broad outlines and principles governing the administration of programs under this section.” No such limitation is placed on the BOH by the county’s organizational ordinance.

In summary, although instances of shared responsibility can sometimes create conflict, it is not an unfamiliar concept. The idea of an autonomous BOH and administrative supervision of employees are not mutually exclusive. Obviously, the parties involved must communicate and act in harmony. If a true conflict between Board of Health action and county supervision of its employees ever occurred the County Board would have the authority to require the administrator to assume the powers and duties of the local Board of Health.

Scott M. Corbett

Marathon County Corporation Counsel

**Marathon County Board of Health
Annual Self-Assessment Plan of Work
Created September 2, 2019
Updated September 8, 2020**

Board Meeting Time

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Meeting time 7:45-9:15 AM a. Outlook appointment	1. Administrative Coordinator	1. September 15, 2019	9/3/2019 Completed 9/3/2019 Completed
2. Continue to place policy agenda items prior to education	2. Health Officer	2. Ongoing	

Orientation of New Board Members and Board Development

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. BOH Chair to be part of new board member orientation a. Cover BOH meeting etiquette (diverse views, method for sharing ideas & perspectives)	1. BOH Chair	1. As Needed	1/10/2020 Completed 9/8/2020 Joan to schedule orientation for Corrie with John
2. Assign informal mentor a. Determine expectations & structure	2. BOH Chair	2. As Needed	9/8/2020 John to serve as mentor for new members Kue, Tiffany, Corrie
3. Develop a learning plan for new and existing Board members a. Identify key topics (e.g., Core Functions, Essential Services, PH 3.0)	3. Health Officer with input from BOH	3. December 1, 2019	
4. Explore the merits of having a half-day retreat during the first quarter of 2020 a. Identify critical advocacy gaps as part of the retreat	4. BOH	4. December 1, 2019	9/8/2020 Retreat focus on health equity, emerging needs of underserved populations, members to connect and report out at 10/13 meeting
5. Encourage members to attend United Way Board training	5. Health Officer & Board Mentor	5. As Needed	

Board Routinely Monitors Performance of the Health Department

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Develop calendar of topics (e.g., budget, strategic plan, annual report, CHIP report, county strategic plan, Health Officer Plan of Work, Annual Self-Assessment)	1. Health Officer with input from BOH	1. December 1, 2019	2/4/2020 Completed calendar reviewed 9/8/2020 Due to COVID-19 priorities, calendar of topics not implemented

Review Reporting Relationship with the Health & Human Services Committee and County Board

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Schedule meeting with County Board Chair, Health & Human Services Chair, Corporation County, County Administrator, Deputy County Administrator, Board of Health Chair, and Health Officer. Discussion on: a. Boundaries and process for advocacy (Fact Sheets, Letters, Resolutions) b. Reporting relationships	1. BOH Chair & Health Officer	1. By December 1, 2019	10/25/2020 Meeting held, boundaries, process and reporting relationships outlined. To be formalized in writing by Corporation Counsel. 9/8/2020 Board packet to be forward to H&HS Chair, County Board and Vice-Chair
2. Place WALHDAB/WPHA Public Affairs legislative items and State of WI DHS public health policy as a standing agenda item	2. Health Officer	2. October 1, 2019	Ongoing, as needed
3. Explore the merits of participating in quarterly Legislative Breakfast held at the Central WI Airport	3. BOH	3. By February 1, 2020	9/8/2020 John and Sandy attend as needed

Board of Health Adequately Reflects the Diversity Needed

Action Step(s)	Who is Responsible	Timeframe	Status Update
1. Ensure discussion on topics represent diverse views a. Invite guests as needed b. Post series of questions to assist BOH in keeping diversity in mind	1. BOH Chair & Health Officer	1. October 1, 2019	Assess ongoing 9/8/2020 Questions posted not occurring due to meetings held virtually. Posted to Health Officer Notes.

The Futures Initiative: The 10 Essential Public Health Services

Partners

The **Public Health National Center for Innovations**, a strategic initiative of the Public Health Accreditation Board, identifies, implements, and spreads innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. PHNCI acts as a leader to coordinate and align national initiatives and share innovative ideas as communities transform to improve health outcomes. PHNCI is funded by the de Beaumont Foundation and the Robert Wood Johnson Foundation.

The **de Beaumont Foundation** creates and invests in bold solutions to build healthier communities. The foundation advances policy, builds partnerships, and strengthens public health to create communities where people can achieve their best possible health.

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www.debeaumont.org/10-essential-services
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Call to Action

Visit eps.phnci.org/toolkit to view a toolkit that will allow you to update content and educational materials that reflect the revised 10 EPHS.

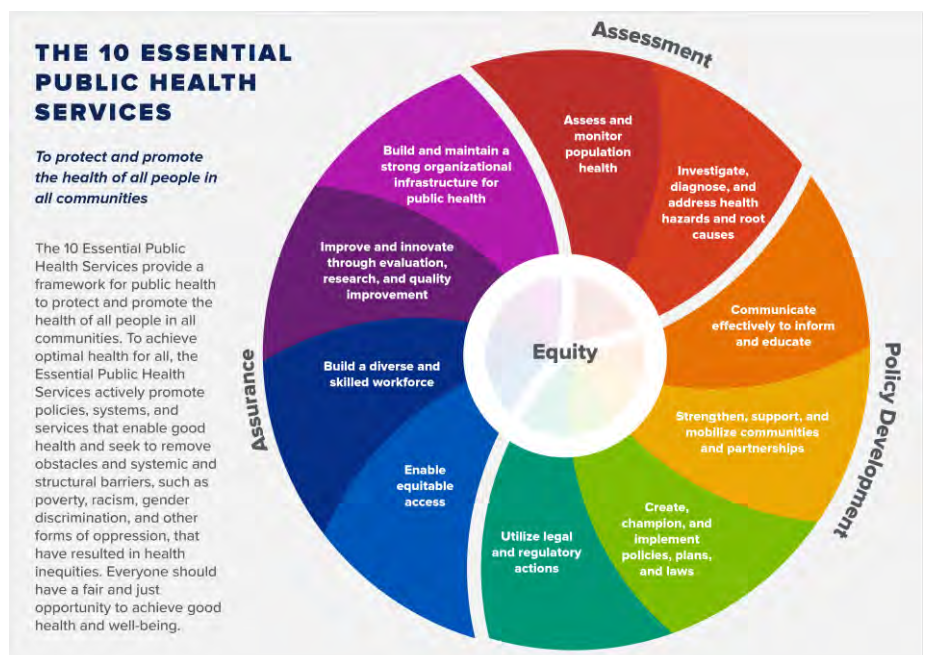
Background

The original 10 Essential Public Health Services (EPHS) framework was developed in 1994 by a federal working group. It serves as the description of the activities that public health systems should undertake in all communities. Organized around the three core functions of public health – assessment, policy development, and assurance – the colorful, circular framework is a familiar graphic in the public health field. Health departments and community partners around the nation organize their work around the EPHS framework, schools and programs of public health teach it, and the framework informs descriptions and definitions of practice. The framework is also used as the basis of the Public Health Accreditation Board Domains.

The framework has provided a roadmap of goals for carrying out the mission of public health in communities around the nation. However, the public health landscape has shifted dramatically over the past 25 years, and many public health leaders agreed it was time to revisit how the framework can better reflect current and future practice and how it can be used to create communities where people can achieve their best possible health.

About the Futures Initiative

The Futures Initiative, a partnership between the de Beaumont Foundation, PHNCI, and a Task Force of public health experts, formed in Spring 2019 to bring the Essential Services national framework in line with current and emerging public health practice needs. This effort engaged the public health field through a variety of input opportunities, including live crowdsourcing events, in-person and virtual townhalls, think tank discussions, and open questionnaires. All direct feedback on the Essential Services and how they might be revised was considered, resulting in a revised version of the 10 EPHS that now centers equity and incorporates concepts relevant to current and future public health practice.



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.

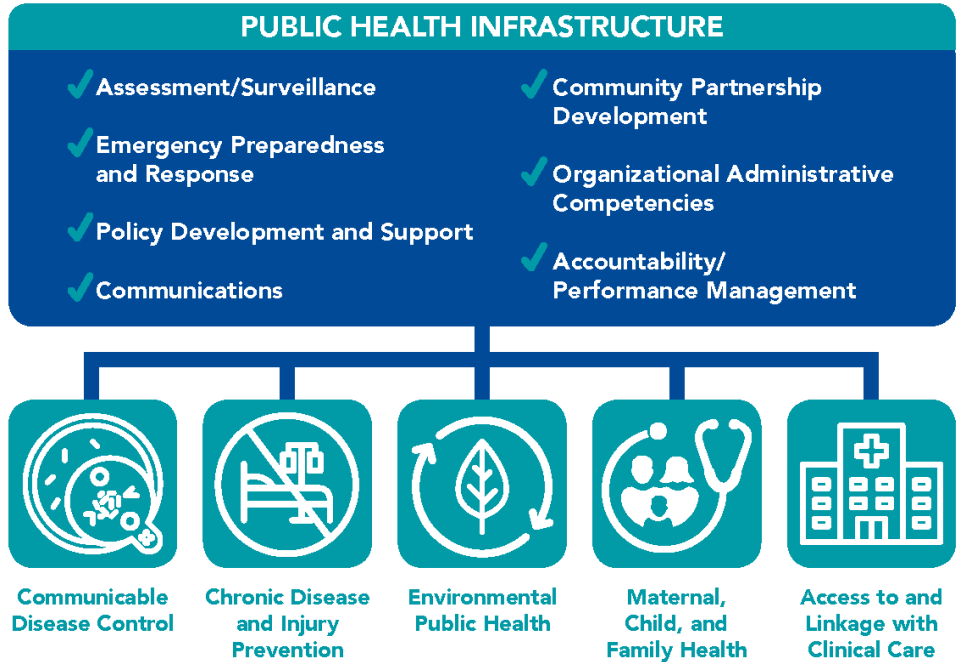
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Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health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

Public Health National Center for Innovations
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Annual Progress Update: Phase II: Year 3 (7/1/19 - 4/15/20)

PROJECT TITLE: Building a Behavioral Health System to Reduce Reported Depression Among 6th-12th Grade Students.

AWARD AMOUNT: \$999,139

AWARD DURATION: July 1, 2017—June 30, 2022

TARGET POPULATION: Students in 6th-12th grades in Marathon County that reported being depressed.

PROJECT INDICATOR: By 2020, reduce reported depression in 6th-12th grade students in Marathon County by 5%.

PROJECT STRATEGIES :

STRATEGY #1— Increase accessibility and utilization to on-site mental health counseling services in all 10 Marathon County school districts.

STRATEGY #2— Increase knowledge and awareness of student population needs among school districts, community agencies, local government entities, and parents through data sharing, training, and educational opportunities.

STRATEGY #3— All 10 Marathon County public school districts and Marathon County community organizations utilize local data to more effectively allocate resources to address youth needs within schools, and community organizations to improve behavioral health outcomes.

PROJECT UPDATES

- The first year of the implementation phase was primarily focused on the development of the Marathon County School-Based Counseling Consortium (MCS-BCC). In year two of the implementation phase, the Consortium had significant commitment from community partners and focused on maintaining and enhancing member relationships and program expansion and enhancement. Year three has consisted of developing more formalized processes and documents that guide the decisions of the group, with intentional focus on dissemination and sustainability of the program. Specific actions include:
 - Creation of a Frequently Asked Questions (FAQ) document for internal stakeholders
 - Creation of a written and agreed upon succession planning protocol in the collaboration charter.
 - Dissemination of the qualitative narrative and quantitative data effectiveness of school-based mental health counseling throughout Wisconsin to a variety of academic audiences.
 - Increased the capacity of school staff to better address mental health needs of students through professional development opportunities.
- School-based mental health counseling is working in Marathon County – the first *Impact of School-Based Counseling in Marathon County* report demonstrates the program’s effectiveness. Sharing this quantitative data, as well as quotes from students, continues to drive support for the MCS-BCC, onsite mental health counseling in schools, and behavioral health efforts in the community. Over 1,200 reports were disseminated locally, regionally, and nationally through partners and at conferences. Sharing the work of the program outside of the county, connected the group with others who are doing similar work in and around Wisconsin.
- The MCS-BCC was recognized with a 2018 Spotlight Award from the Marathon County AOD Partnership in April 2019 for increasing access to mental health services for youth. The annual award banquet is attended by many community leaders, so the recognition was very meaningful to MCS-BCC members.
- The MCS-BCC has dedicated time on each monthly agenda to troubleshoot challenges. The group leans into vulnerable conversations with each other. Partners work effectively together as demonstrated through their collaboration and enthusiasm for school-based mental health therapy. These assets and group trust keep momentum and success building!



Annual Progress Update:

7/1/19 - 4/15/20

PRIMARY COMMUNITY PARTNER: Marathon County Health Department

ADDITIONAL COMMUNITY

COALITION PARTNERS:

- Abbotsford School District
- Ascension Saint Clare's Hospital
- Aspirus Wausau Hospital
- Athens School District
- Bridge Community Health Clinic
- Center for Human Development
- Centre for Wellbeing
- Charis Counseling
- Child and Adolescent Psychiatry Consulting
- Children's Hospital of Wisconsin
- Colby School District
- Compass Counseling
- DC Everest School District
- Edgar School District
- Elmergreen & Associates
- Healthy Marathon County
- Marathon County Special Education
- Marathon School District
- Marshfield Clinic Health System
- MCW - Central WI
- Mosinee School District
- National Alliance on Mental Illness
- North Central Health Care
- Peaceful Solutions Counseling
- Rosholt School District
- Spencer School District
- Stratford School District
- The Achieve Center
- The Caring Tree
- United Way of Marathon County
- Wausau Police Department
- Wausau School District
- Western Marathon County Healthy Communities Coalition

PROJECT DISSEMINATION

- The *Impact of School-Based Counseling in Marathon County* reports continued to be disseminated to Marathon County school district staff, mental health clinics, and the public in various community meetings, in addition to the *Frequently Asked Questions* document and *Space Requirements* document for internal MCS-BCC partners
- The project continues to conduct outreach to engage rural communities and school districts and participated in 4 WMCHC meetings in western Marathon County.
- The project has had several media highlights, including:
 - The Project Coordinator was interviewed by WSAW Channel 7 on the "Back to School" segment in August 2019 about school-based therapy – Mosinee School District also discussed their new therapy dog in the segment.
 - A former MCS-BCC co-chair was interviewed by WSAW and WAOW on February 4, 2020, for a story about the need for school-based mental health. This was conducted at the AOD Partnership meeting that focused on mental health.
 - The Wausau School District was interviewed by WSAW on addressing safety and mental health in response to their YRBS data D
- Several important presentations were delivered including a presentations at the MCW Mental Health Summit on March 29, 2019; at the Wisconsin Public Health Association Conference in May 2019; at the Wisconsin School-Based Mental Health Summit in June 2019; and, at the Wausau location for the Office of Children's Mental Health Listening Session

LEVERAGING & SUSTAINABILITY

- The project has successfully leveraged \$324,554 in additional funding. Most recently, MCS-BCC applied for and received United Way Community Impact funding (for the next three years) that began in 2020. Additionally, \$10,000 was leveraged from Aspirus Health System to support the MCS-BCC's work. The Community Foundation of North Central Wisconsin committed to serving as the Consortium's fiscal agent. A steering committee was formed to allocate funding with fidelity. The Consortium received these funding streams due to community awareness of the school-based therapy services and relationships with community partners.
- The project leveraged approximately \$65,000 in-kind support.



worked more than 24 hours straight at the Little Chute plant to make the Belle of cheddar that went on a 15-month tour of the United States in 1988. A wall at Simon's process and tour. SIMON'S SPECIALTY CHEESE PHOTOS

k, following a pair of other mammoths, traveled and made the state famous for fromage forever

by Higgins Appleton Post-Crescent | USA TODAY NETWORK - WISCONSIN

LITTLE CHUTE – Its flavor impressed a president. Its size drew millions of people eager for a peek. Its rarity made headlines wherever it traveled in a specially built semi-truck trailer. In each case, "it" was a wheel of cheddar cheese made in Wisconsin that went viral decades before the internet. Going viral in 1911, 1964 and 1988 involved newspaper headlines, movies and, you know, actually seeing it in person. Still, like so many viral moments, at least one claim was proved false months later – when national news moved on to other news.

... of holding the Guinness record for the largest cheese (cow's milk) wheel. Canadian cheesemaker... plant formed a certified record cheese. Cheesemakers got back into the news in 2018 with a cheese wheel officially weighing in at 2,064 pounds. Nearly half of the mammoth 2,064-pound



A thick coat of wax to protect Belle was applied by brushes and watering cans.

Marathon County COVID-19 surge exceeds contact tracing capacity

Renee Hickman Wausau Daily Herald
USA TODAY NETWORK - WISCONSIN

A recent spike in COVID-19 cases has left contact tracers overwhelmed, according to the Marathon County Health Department.

Public information officer Judy Burrows wrote in a news release that cases in the county are now coming in too quickly for its 21 contact tracers to handle in a timely fashion.

"We are doing our best to keep up, but cases are coming in faster than we can respond," wrote Burrows.

The health department's contact tracers reach out to people who have become infected with COVID-19 to learn where they have been recently, and who they were with, especially people who have had prolonged contact with the infected person.

The tracers can then reach out to people who have potentially been exposed and ask them to self-isolate to

See COVID-19, Page 8A

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COVID-19

Continued from Page 1A

avoid passing the virus on to more people.

Burrows said that while the number of cases the contact tracers have handled per day has varied throughout the pandemic, it has recently been around 20 to 40.

"We slowed the spread in the spring by staying home," Burrows said, but the tracers' job has been made harder as people have begun to go to more public places and social gatherings since the statewide safer-at-home order was lifted in May after a state Supreme Court ruling.

That means people who test positive for COVID-19 have had more contacts the health department needs to reach out to. For example, Burrows said, if contact tracers have 40 cases in a day, and each of those cases has had 10 contacts, that's 400 calls for tracers to make.

See COVID-19, Page ????

If tracers have more cases than they can handle, Burrows said, it delays when people find out that they have been exposed, giving the virus more time to spread before that person can quarantine.

"It's like a snowball rolling downhill," she said.

Wisconsin has seen a rise in confirmed COVID-19 cases in recent weeks. The state department of health reported 1,271 positive tests on Monday, which comes after a record-breaking week that saw new cases totaling over 2,000 for three days in a row.

Some of that surge has been attributed to students at the K-12 and college level returning to school across the state.

In the Wausau School District, learning is taking place virtually, although staff members are working in school district buildings, and some students are spending school days at virtual learning "hubs" in the district.

Other school districts such as Mosinee and D.C. Everest have opened for on-site instruction.

Burrows said the re-opening of schools was a factor in the increased number of cases, but not the sole source.

"If we want to keep kids going to school, then we

need to stay home from other activities to limit the spread," Burrows said. "The more places we go, the more we are exposed to COVID, and the more likely we will spread it to others."

In the release, Burrows pleaded with residents to self-isolate if they have tested positive for COVID-19, or if they have been exposed to someone else with the virus. That includes staying home, separating themselves from other family members to protect them, and not going into public places.

She said that in addition to wearing masks in public, the department recommends "not attending large events and gatherings, or gatherings with persons who are not part of your circle of close contacts."

Burrows said the health department was currently looking for more contact tracers.

Renee Hickman is a Report For America corps member based at the Wausau Daily Herald covering rural issues in Wisconsin. Contact at rhickman@gannett.com or follow her on Twitter at @ReneeNHickman. Please consider supporting journalism that informs our democracy with a tax-deductible gift to this reporting effort at WausauDailyHerald.com/RFA

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THAT HELPS PROVIDE
DIGESTIVE RELIEF**

Rather than seeking relief from over-the-counter tablets,
use your tablet, smartphone or computer to meet with a

Edgar students adapt to COVID-19

Principals at Edgar Public Schools last week Wednesday the board of education students have adapted to school during the COVID-19 pandemic.

Elementary principal Lisa Witt said students are kept in cohorts and required to wear masks, but do so willingly and have presented no discipline problems.

"The kids have been amazing," she reported. "They are so positive, respectful. They

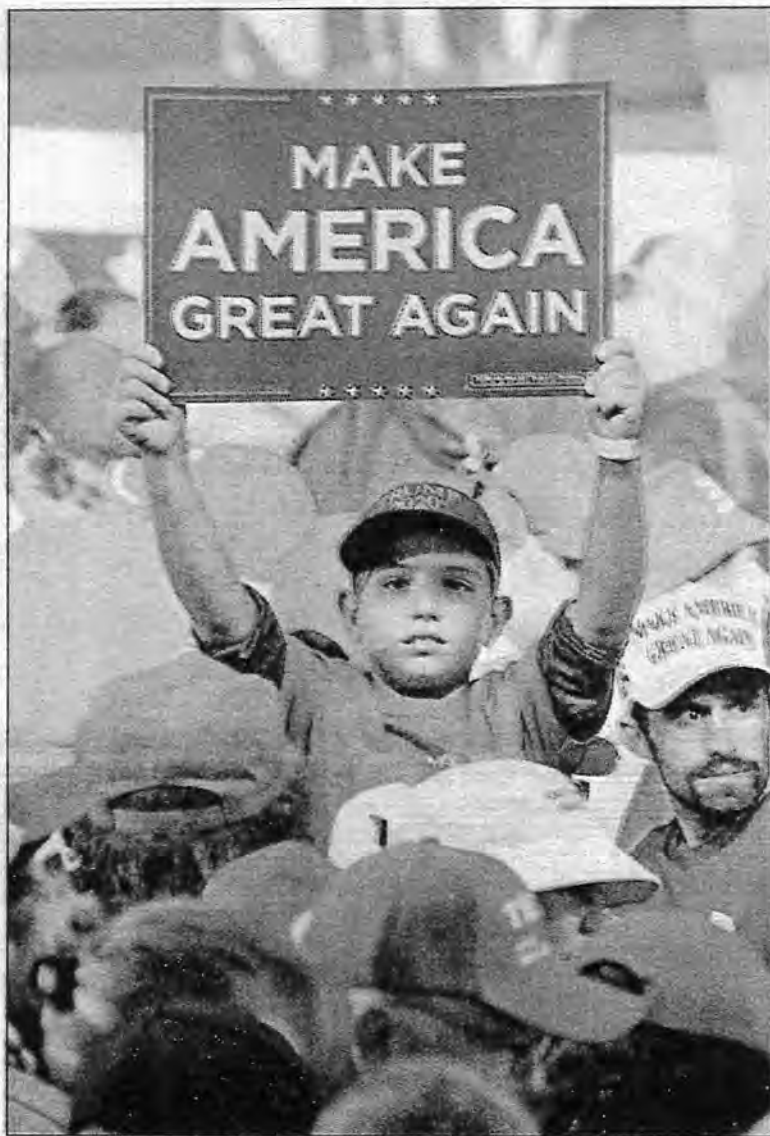
at to be here and their parents, too, have been so supportive."

Witt said school assemblies have been ruled out during the pandemic as well as whole-school recesses. Lunches are typically eaten in classrooms.

She reported Fischer Transportation normally runs five double bus routes in both the morning and afternoon in order to seat no more than 22 students per bus.



Lisa Witt



Trump campaign in Mosinee

This young boy isn't old enough to vote, but shows his support for President Donald Trump during a campaign stop at a private air hangar at Central Wisconsin Airport. See full coverage on pages 4-5.

County COVID-19 cases pass 1,000 mark

Health department tasked

The number of COVID-19 in Marathon County soared past 1,000 over the weekend, increasing 10 percent since Friday and at a level that exceeds the ability of the Marathon County Health Department to perform contact tracing, according to health department public information officer Judy Burrows.

The department recorded 1,081 cases as of Monday, which includes 32 on Saturday, 46 on Sunday and 27 on Monday. The county's active cases grew to 271 cases, up 79 from Friday.

"We are doing our best to keep up but cases are coming in faster than we can respond" stated Burrows. "We need people to

stay home if they are sick or have been exposed to someone with COVID-19."

The information officer said people who have been told they are COVID positive by their health care provider need to isolate at home, separate themselves from family members to protect them and not go to public places.

"Staying home will help slow the spread to the community, keep our kids safe, keep our schools and businesses open, and our residents

working," said Burrows. "Recently, persons with COVID-19 are reporting being with many more people and going to more social events than before. This is contributing to the increased spread in our community."



Judy Burrows

County committee close capital priorities