

Marathon County Board of Health

Tuesday, April 13, 2021 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 March 9, 2021 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
5. **Policy Discussion and Possible Action**
 - A. Update on Governor Evers 2021-23 Biennial Budget Proposal
 - i. Determine public health priorities based on the *Governor Evers 2021-23 Biennial Budget Proposal Initial Analysis for WALHDAB & WPHA* document
 - ii. Update on priorities being discussed by Marathon County Standing Committees
 - B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)

- i. Overview of LRB-0792 limiting the use of emergency powers during emergencies
 - ii. Other
 - C. Update of COVID-19 response efforts at a local and state level
 - i. Overview of vaccination efforts in Marathon County
 - ii. Other
 - D. Report from the Health & Human Services Committee March 31, 2021 meeting on policy issues impacting public health
 - E. Update on the Start Right UniverCity program evaluation
- 6. Educational Presentations/Outcome Monitoring Reports (as time permits)**
 - A. Highlights from the 2021 County Health Rankings
 - B. Update on Staffing
- 7. Announcements**
- 8. Policy Discussion and Possible Action (resume 8:30 AM)**
 - A. Development of the 2022-2025 Community Health Priorities
- 9. Next Meeting Date & Time, Location, Future Agenda Items:**
 - A. Confirm May 11, 2021 meeting date and determine agenda topics
 - i. Healthy Marathon County to join for the second half of the meeting to further the development of the 2022-2025 Community Health Priorities
- 10. Adjourn**

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

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

By _____

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
March 9, 2021

Present (Via Zoom): John Robinson, Craig McEwen, Dean Danner, Sandi Cihlar, Kue Her, Tiffany Rodriguez-Lee, Lori Shepherd, Corrie Norrbom

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

Others Present: Tim Buttke

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 February 9, 2021 Board of Health Meeting

Motion to approve the minutes of the February 9, 2021 meeting made by Craig McEwen. Second by Dean Danner. Motion approved.

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

A. None

5. Policy Discussion and Possible Action

A. Determine the 2021-2022 Licensing Fee

Joan Theurer shared an updated overview of proposed licensing fees, and walked through the history of fee increases, tax levy, and fees covering direct and indirect costs since 2015. Priority based budgeting has been used to capture the true program cost of the licensing program. For 2021 the recommendation is to apply a fee increase, assuming sanitarians carry out licensing program services at their FTE and the number and type of license holders remains steady.

Discussion on the impact of the COVID-19 pandemic on small business that would be renewing licenses.

Motion to approve a licensing fee increase of 3% made by Corrie Norrbom. Seconded by Craig McEwen. Motion approved.

B. Finding from the 2020 Department of Agriculture, Trade and Consumer Protection (DATCP) Licensing Audit of the need to incorporate agent status in the county ordinance

Joan Theurer shared an audit was conducted in the spring of 2020. The purpose of the audit is to ensure that the program is in keeping with regulations. The report from the audit indicated the authorization to carry out the licensing program was granted through the Board of Health, which was recognized by the Wisconsin Department of Health Services. Now that licensing program falls under the Department of

Agriculture Trade and Consumer Protection (DATCP), the regulation needs to be authorized through the county ordinance per DATCP codes.

Motion by Lori Shepherd to recommend to the County Board to update county ordinance to recognize Marathon County Health Department as a DATCP licensing agent. Second by Dean Danner. Motion approved.

- C. Transfer of the Marathon County Children’s Hearing & Vision Screening Program to Marathon County Special Education

Joan Theurer shared in a previous update the Hearing & Vision Screening program was not operating in the schools due to the pandemic, and staff for the program were no longer with Marathon County Health Department. In the spring of 2020, Marathon County Health Department was exploring the merits of having Marathon County Special Education assume the program, given the service is more closely aligned to their mission services than the Health Department. Joan Theurer reported the Marathon County Special Education Board approved last month to take over the program, and Judy Burrows is working to assist with the transition.

Motion to authorize the transfer of the hearing and vision screening program to marathon county special education made by Sandi Cihlar. Second by Lori Shepherd. Motion approved.

- D. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)
 - i. Governor Evers 2021-23 Biennial Budget Proposal Initial Analysis for WALHDAB & WPHA
 - ii. Other

Joan Theurer shared an overview of the governor’s budget proposal was included in the meeting packet. Joan walked through the various areas of public health that are included in the proposal.

- Medicaid
 - o Accept federal Medicaid expansion
 - o Offering public option for a health insurance plan if ACA is no longer available
 - o Medicaid eligibility for women up to 60 days postpartum
 - o Community health benefit providing non-medical services to Medicaid eligible
- Tobacco Prevention
 - o Expansion of prohibition of indoor smoking to include vaping products
 - o Prohibiting use of vaping products on public, private and charter school property
 - o Develop public health campaign to prevent initiation of tobacco and vaping product use
 - o Imposing tax on vapor products and cigarette excise tax on little cigars
- Communicable Disease
 - o Increase grants to local and tribal public health departments to support communicable disease control and prevention activities
- Childhood Lead Prevention
 - o Change eligibility for the Birth to Three program, reducing the threshold for services to 0.5 ug/dl.
 - o Increase funding for lead screening and outreach grants
- PFAs
 - o Funding for testing and remediation of PFAs

John Robinson shared there are other areas of the budget proposal that cover issues of health equity, and social injustice. Board members were asked to discuss what they see as priorities and if there was interest in forwarding on support of specific areas of the budget proposal.

Tim Buttke shared that the Health & Human Services committee did put forward a resolution calling for increased child support funding and that many of the proposals in the governor's budget would be beneficial to Marathon County.

John Robinson shared that with the action of the Senate at the Federal level, there is potential for Marathon County to receive a significant amount of money as part of the COVID-19 rescue plan to support programs. John recommended further discussion at the next Board of Health meeting.

E. Update on formalizing the reporting relationship between the Board of Health and the Health & Human Services Committee

John Robinson reviewed of the consensus reached at a meeting held among county board leadership and administration in the fall of 2019 in regards to the reporting relationship of the Board of Health to the County Board through the Health & Human Services Committee. Included in the packet is a memo prepared by Corporation Counsel dated October 8, 2020, outlining the authority of the Board of Health to act on its own. John Robinson indicated the benefit in moving forward an amendment to the rules to better reflect the authority of the Board of Health and its reporting relationship to the Health & Human Services Committee. The timeline for making the amendment will take place through the normal rule making process of the County Board.

Discussion on how changing the rules would generally result in the Board of Health's ability to respond to policy issues versus implementing new regulations or ordinances. Joan Theurer clarified the intent would be for the Board of Health to take independent action to further public policy, and does not address authority of the Health Officer.

F. Update of COVID-19 response efforts at a local and state level
i. WIPPS Community Dialogue initiative
ii. Other

John Robinson provided an update on the WIPPS Community Dialogue initiative. Conversations are under way to frame a discussion, and a proposal has been developed to determine how to engage the public.

G. Report from the Health & Human Services Committee March 3, 2021 meeting on policy issues impacting public health

Tim Buttke shared that the meeting focused on discussion of the governor's budget proposal.

H. Update on the Start Right program evaluation
i. UniverCity application
ii. Other evaluation options

Joan Theurer shared Marathon County is working with UniverCity to evaluative programs and support the development of initiatives. A request to evaluate the Start Right Program was submitted and is under review to determine who from the university system is available and what the extent of the evaluation would look like given the goal to have it completed for the 2022 budget process. Joan Theurer outline various evaluation options could include: review of outcomes in terms of return of investment, full evaluation of the program to include a comparison group, and further policy maker understanding of the importance of investing programs such as Start Right.

I. Update on the Board of Health training session focused on health equity (as time permits)
John Robinson asked if members would be comfortable with a virtual retreat which could be completed sooner, or if an in-person retreat was preferred.

Discussion on the amount of time needed for the retreat, and how urgent the need is to have the retreat soon, or if it could be done later. Decision made to wait until the fall, seeing the benefit of meeting in person, and carving out a full morning to meet.

6. Educational Presentations/Outcome Monitoring Reports

A. Update on Staffing

Joan Theurer provide an update on staffing.

- Vicki Chrapkowski, Public Health Nurse is retiring on March 5 with 32 1/2 years of service.
- Jenny Juneau, Public Health Nurse is resigning on March 15 to accept another nursing position with a women's health clinic.
- Judy Burrows, Program Director, Community Health Improvement is retiring on June 1, 2021 with 29 years of service.

7. Announcements

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

- A. Confirm April 13, 2021 meeting date and determine agenda topics
- i. Healthy Marathon County to join for the second half of the meeting to further the development of the 2022-2025 Community Health Priorities

9. Adjourn

Motion to adjourn by Craig McEwen. Seconded by Dean Danner. The meeting adjourned at 9:17 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

**Health Officer Notes
April 2021**

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

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

Policy Discussion and Possible Action

- A. Update on Governor Evers 2021-23 Biennial Budget Proposal
- I. Determine public health priorities based on the *Governor Evers 2021-23 Biennial Budget Proposal Initial Analysis for WALHDAB & WPHA* document
 - II. Update on priorities being discussed by Marathon County Standing Committees

Enclosed, find Governor Evers 2021-23 Biennial Budget Proposal Initial Analysis for WALHDB and WPHA document.

- B. Policy updates from the Wisconsin Association of Local Health Departments and Boards (WALHDAB) and WI Department of Health Services (standing agenda item)
- I. Overview of LRB-0792 limiting the use of emergency powers during emergencies
 - II. Other

Enclosed, find WALHDAB Legislative News – March 2021, WALHDAB/WPHA memo to Wisconsin State Legislature, and LRB-01792 Analysis by the Legislative Reference Bureau. Joan Theurer, Health Officer will provide a brief overview of the implications about proposals in LRB-0792.

- C. Update of COVID-19 response efforts at a local and state level
- I. Overview of vaccination efforts in Marathon County
 - II. Other

An overview of vaccination efforts in Marathon County including efforts to reach vulnerable populations will be provided by Joan Theurer, Health Officer and Judy Burrows, Program Director for Community Health Improvement.

- D. Report from the Health & Human Services Committee March 31, 2021 meeting on policy issues impacting public health

Board of Health members who attended will provide an update on policy matters impacting public health.

- E. Update on the Start Right UniverCity program evaluation

Joan Theurer, Health Officer will provide an update on the status of the UniverCity application to evaluate the Start Right program.

Educational Presentations/Outcome Monitoring Reports (as time permits)

A. Highlights from the 2021 County Health Rankings

Joan Theurer, Health Officer will highlight key data from the 2021 County Health Rankings. Enclosed, find 2021 County Health Rankings Q & A document.

B. Staffing Update

Isabel Mandli resigned as public health nurse and will continue to work as a causal RN. Recruitment is underway to fill the position.

Announcements

Policy Discussion and Possible Action (resume at 8:30 AM)

A. Development of the 2022-2025 Community Health Priorities

Representatives from Healthy Marathon County will be joining to define the 2022-2025 Community Health Priorities. Enclosed, find Definition of Health Priorities document.

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

- a. Confirm May 11, 2021 meeting date and determine agenda topics
 - i. Healthy Marathon County to join for the second half of the meeting to further the development of the 2022-2025 Community Health Priorities



Governor Evers 2021-23 Biennial Budget Proposal

Initial Analysis for WALHDAB & WPHA

Department of Health Services

1. To provide healthcare coverage to 90,900 low-income families, of which approximately 45,100 are uninsured, and lower state healthcare costs by \$634,100,000 GPR over the biennium, the Governor recommends accepting the federal Affordable Care Act's provision for Medicaid expansion. Medicaid expansion reduces the fiscal burden associated with healthcare costs for many more Wisconsin residents and unites Wisconsin with 38 other states that provide free healthcare for the nation's impoverished. The Governor also recommends repealing the federal waiver for childless adults to administer the Medicaid program uniformly across all Medicaid eligibility groups.
2. The Governor recommends creating and offering a public option health insurance plan to improve healthcare coverage and affordability by no later than January 1, 2025, or no later than January 1, 2022, if the federal Affordable Care Act is no longer enforceable. The Governor also recommends the department and the Office of the Commissioner of Insurance conduct an analysis and actuarial study for the development of the public option health insurance plan.
3. The Governor recommends providing funding to support the development of up to two regional crisis centers. Funding for each regional crisis center would support a crisis urgent care and observation center, a 15-bed crisis stabilization facility, and two inpatient psychiatric beds. Regional crisis centers would also assume custody of emergency detention cases, conduct medical clearances and assist with admission to other facilities, if necessary, in order to reduce law enforcement time dedicated to emergency detention situations. The Governor also recommends providing 2.0 FTE human services program coordinator positions and associated funding to develop and evaluate the centers on an ongoing basis.
4. The Governor recommends providing funding to extend postpartum Medicaid eligibility from 60 days to 12 months. The Governor also recommends that the department implement the eligibility expansion regardless of whether federal approval is granted.
5. The Governor recommends increasing supplemental payments to stand-alone pediatric teaching hospitals that provide medical services to a disproportionate share of pediatric Medicaid recipients. The Governor also recommends that the payment increase be contingent on the department expanding Medicaid under the federal Affordable Care Act.

6. The Governor recommends providing funding to expand the availability of medication-assisted treatment for those with opioid use disorder in underserved or high-need areas.
7. The Governor recommends increasing funding for the Child Psychiatry Consultation Program to expand the program statewide.
8. The Governor recommends aligning state statutes with federal law by increasing the minimum age to purchase cigarettes, nicotine products, tobacco products and vapor products from age 18 to age 21.
9. The Governor recommends expanding the current law prohibition against smoking in indoor locations to include the use of vapor products.
10. The Governor recommends prohibiting the use of vapor products on public, private and charter school property.
11. The Governor recommends providing funding to develop and implement a public health campaign to prevent the initiation of tobacco and vapor product use. The Governor also recommends granting funds to organizations that work to reduce youth vapor product use and provide cessation services.
12. The Governor recommends increasing funding for the Women's Health Block Grant by \$193,600 in both years of the biennium. The Governor also recommends expanding Women's Health Block Grant, Title V and Title X funding to entities that provide abortion services or entities that have an affiliate that provides abortion services. This does not change the prohibition on using state or federal funds for abortion services.
13. The Governor recommends the creation of a Health Equity Grants program, which would award grants to community organizations to implement community health worker care models and would award grants to community organizations and local health departments to implement health equity action plans. To fund the grant program, the Governor also recommends providing \$10 million general purpose revenue in FY22 and \$20 million segregated revenue in FY23 from the community reinvestment fund.
14. The Governor recommends providing a Medicaid community health benefit that provides nonmedical services to Medicaid recipients. Services include housing referrals, nutritional mentoring, stress management and other services that would positively impact an individual's economic and social condition. Services would be delivered by various culturally competent organizations and would be adapted to the particular needs of members in each community. The benefit would include wellness and family support services as a preventive measure to improve emotional health and resilience and reduce health risks, while improving and maintaining general health, and building health literacy and healthy living skills.

15. The Governor recommends providing position and expenditure authority to staff an enterprisewide Health in All Policies Action Team, which would organize representatives from all executive branch agencies to create a shared vision of healthy and equitable communities, define common goals, explore the root causes of health, create a collective action plan, implement health in all policies and programs within their agencies, and engage their stakeholders in conversations about what creates health.
16. The Governor recommends providing expenditure authority to provide grants to Black women-led and community serving organizations that work to improve Black women's wellness in Dane, Milwaukee, Rock and Kenosha counties. The Governor also recommends providing expenditure authority to provide grants to organizations that work to reduce racial disparities related to infant and maternal mortality. The Governor further recommends providing expenditure authority to contract with an organization to connect and convene efforts between state agencies, public and private sector organizations, and community organizations to create a comprehensive statewide strategy to advance Black women's health in Wisconsin.
17. The Governor recommends increasing grants to local and tribal public health departments to support communicable disease control and prevention activities by \$5 million in each year of the biennium.
18. The Governor recommends increasing funding available for grants to community health centers by \$2 million in each year of the biennium.
19. The Governor recommends providing ongoing funding for the Windows Plus Program, which provides lead-safe renovation to high-risk areas in homes built before 1950 that are occupied by low-income families. The Governor also recommends providing position and expenditure authority to administer the program.
20. The Governor recommends increasing funding in the Birth to 3 Program to expand services to eligible children who have a positive blood lead test above 5 micrograms per deciliter.
21. The Governor recommends increasing funding for lead screening and outreach grants by \$50,000 in each year of the biennium.

Department of Public Instruction

22. The Governor recommends fully funding reimbursements to school districts, private schools and tribal schools under the school breakfast program at \$0.15 for each breakfast as required by current law. The Governor also recommends expanding the institutions eligible for reimbursement to include: (a) independent charter schools, (b) Wisconsin educational services program for the deaf and hard of hearing, (c) Wisconsin center for the blind and visually impaired, and (d) residential care centers for children and youth.

The Governor further recommends eliminating reimbursement payments to institutions no longer in operation.

Department of Corrections

23. The Governor recommends modifying the process by which the department may revoke the extended supervision, probation or parole of a person in the department's care and modifying the sanctions procedure for certain rule violations. The Governor also recommends creating an earned compliance credit for certain eligible persons in the department's care. The earned compliance credit would equal the amount of time served on extended supervision or parole without violating any conditions or rules of extended supervision or parole. The Governor further recommends expanding the earned release program to include educational, vocational, treatment or other qualifying training programs that are evidence-based to reduce recidivism. In addition, the Governor recommends allowing a sentencing court to reduce the term of a person's extended supervision if certain conditions apply. Furthermore, the Governor recommends allowing a person detained in a county jail facility for an extended supervision violation to participate in Huber release for employment-related or medical purposes. Finally, the Governor recommends requiring the department to identify, via an annual report to the Governor and Legislature, the cost savings incurred by the modifications to the earned release and extended supervision processes included in this bill.
24. The Governor recommends establishing a Sentencing Review Council to study and make recommendations regarding: the state's criminal code, equity in sentencing, the state's bifurcated sentencing structure and sentences for violations committed by those between 18 and 25 years of age.
25. The Governor recommends eliminating the felony penalty for bail jumping and allowing for a misdemeanor penalty regardless of the original charge. The Governor also recommends requiring a diversion and restitution alternative for certain misdemeanor offenses. The Governor further recommends legalizing marijuana.
26. The Governor recommends limiting the use of restraints on pregnant and postpartum people in correctional facilities and providing them access to certain tests, materials, services and information. Under this item, correctional facilities would include: state prisons, jails, juvenile detention facilities, secured residential care centers for children and youth, and juvenile correctional facilities.

Department of Revenue

27. The Governor recommends creating a nonrefundable individual income tax credit for qualified expenses incurred by a family caregiver to assist a qualified family member. For the purposes of the credit, a qualified family member must be at least 18 years of age, must require assistance with one or more daily living activities as certified by a physician, and must be the credit claimant's spouse or related by blood, marriage or adoption within the third degree of kinship. The credit is equal to 50 percent of qualified expenses in the taxable year and is limited to \$500 for most filers and \$250 for married-separate filers. The credit is subject to income limits that phase out the credit between \$75,000 and \$85,000 in income for single and head of household filers and \$150,000 and \$170,000 in income for married-joint filers. The credit first applies to taxable years

beginning after December 31, 2020. The fiscal impact is an estimated decrease in tax revenue of \$100.4 million in FY22 and \$102.5 million in FY23.

28. The Governor recommends legalizing the sale of marijuana for recreational use for sales that occur at a marijuana retailer holding a permit issued by the department. The Governor also recommends the imposition of a 15 percent wholesale excise tax and a 10 percent retail excise tax on the sale of marijuana by department-issued permit holders. Sixty percent of excise tax collections will be deposited to a newly established community reinvestment fund with the remaining collections deposited to the general fund. The fiscal impact is an estimated increase in segregated tax revenue of \$79.3 million in FY23 and an estimated increase in general fund tax revenue of \$86.5 million in FY23.
29. The Governor recommends imposing a tax on vapor products at the rate of 71 percent of the manufacturer's list price. This tax would replace the existing tax of 5 cents per milliliter which only applies to vapor liquid. The recommended tax would apply to any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device, as well as any container of a solution or other substance that is intended to be used with these items. The fiscal impact is an estimated increase in tax revenue of \$12.7 million in FY22 and \$16.6 million in FY23.
30. The Governor recommends imposing the cigarette excise tax on little cigars that include an integrated cellulose acetate filter and that are wrapped in any substance containing tobacco. The fiscal impact is an increase in tax revenue of \$2.3 million in FY22 and \$3.0 million in FY23.

Department of Administration

31. The budget establishes the Office of Sustainability and Clean Energy within the Department of Administration. The office will promote the development and use of clean and renewable energy across the state, advance innovative sustainability solutions that improve the state's economy and environment, diversify the resources used to meet the state's energy needs, and generate family supporting jobs by promoting the expansion of Wisconsin's clean energy economy.
32. Create a \$4 million renewable and clean energy research grant in fiscal year 2021-22 administered by the Office of Sustainability and Clean Energy and funded by the environmental fund.
33. Creating the Office of Environmental Justice within the Department of Administration. This office would be tasked with collaborating across state agencies and would engage with environmental justice advocates, communities of color, Native Nations, and low-income communities to design climate policies that reduce emissions and pollutants and address the cumulative and deadly impact of their concentration within those communities.
34. Funding and executing state and local climate risk assessment and resilience plans and creating a chief resilience officer to oversee development and execution of these plans. According to the task force, a statewide climate risk assessment and resilience plan is

necessary to identify infrastructure and communities most at risk of climate change impacts.

35. Modifying current law to require a comprehensive plan be developed by municipalities to address climate change, require that local hazard mitigation plans include climate change, and require communities throughout the state to include climate change in their community health improvement assessment and plans.
36. Providing technical assistance grant funding to assist municipalities and tribal nations to develop a plan to be carbon-free by 2050. Provide \$200,000 GPR over the biennium at the new Office of Environmental Justice for this purpose.

Department of Justice

37. COMMUNITY REINVESTMENT FUND - Provide from the Community Reinvestment Fund the following appropriations for fiscal year 2022-23:
 - \$10 million for grants to promote diversity and advance equity and inclusion.
 - \$10 million for community health worker grants.
 - \$10 million for equity action plan grants.
 - \$5 million to assist underserved communities.
 - \$34,852,800 to provide school sparsity aid.
 -
38. TAD - Provide an additional \$15 million GPR and 2.0 FTE GPR positions in fiscal year 2022-23 for an expansion of the treatment alternatives and diversion program to greatly expand the program.
39. TAD - Provide \$221,400 GPR in fiscal year 2021-22, \$273,500 GPR in fiscal year 2022-23, and 3.0 FTE GPR positions for the administration and evaluation of the treatment alternatives and diversion program.

Public Service Commission

40. Doubling the required utility contribution for the Focus on Energy program from 1.2 percent to 2.4 percent of annual operating revenues, which would generate an additional \$100 million in funding for the program. Focus on Energy provides both business and residential programs. Examples of programs include: assistance for businesses applying for federal grants from the U.S. Department of Energy, providing no or low-cost energy tips, training opportunities for businesses, and financial incentives for residents seeking to improve the energy efficiency in their homes.
41. Reserving a portion of the additional Focus on Energy funds for the Public Service Commission to develop a low-income customer track that will, in partnership with the Department of Administration Weatherization Program, offer enhanced incentives for eligible customers. Examples of expansion could include the development of a workforce training element, addition of solar panels as an eligible measure for the Weatherization Program, and addition of a low-income solar subscription or grant program.

42. The Governor's budget also allocates the remaining Volkswagen emissions settlement funds by appropriating \$10 million to support the reinstatement of the electric vehicle charging station grant program administered by the Department of Administration and \$700,000 to replace aging state fleet vehicles with new electric vehicles.
43. The Governor recommends modifying several statutory provisions to expand low-cost debt financing of clean energy projects for residential, commercial, and governmental customers, including: (a) requiring the commission to create a model ordinance for counties to establish a property assessed clean energy (PACE) financing program; (b) authorizing the Focus on Energy program to allocate funds to market PACE programs across the state; and (c) authorizing regulated utilities to offer inclusive on-bill financing for energy efficiency improvements.
44. The Governor is also requiring the commission to reevaluate the appropriate social cost of carbon every two years, in consultation with the Department of Natural Resources, and report the findings in a biennial report to the standing legislative committees; and requiring the commission to consider the social cost of carbon when determining whether to issue construction certifications. The "social cost" of carbon includes the economic damage resulting from carbon dioxide emissions, including effects on human health, agricultural productivity, and property damage from severe weather events. The cost is an estimate of the economic damages that would result from emitting one additional ton of greenhouse gas into the atmosphere.

Department of Natural Resources

45. PFAS - Provide \$731,300 SEG in fiscal year 2021-22, \$936,700 SEG in fiscal year 2022-23, 10.0 FTE SEG permanent positions, and 1.0 FTE SEG four-year project position in the Department of Natural Resources for the development and implementation of a per- and polyfluoroalkyl substances (PFAS) action plan.
46. PFAS - Provide \$1,430,000 SEG in fiscal year 2021-22 and \$680,000 SEG in fiscal year 2022-23 for statewide monitoring and testing for PFAS.
47. PFAS - Provide \$10 million GPR in each year of the biennium for a municipal grant program for the testing and remediation of PFAS by local units of government.
48. PFAS - Provide \$1 million SEG in fiscal year 2021-22 for the collection and disposal of firefighting foam that contains PFAS.
49. PFAS - Establish and enforce various environmental standards for PFAS
50. SEALANTS - Prohibit the sale and use of sealants that contain coal tar, coal tar pitch, coal tar volatiles, or high concentrations of polycyclic aromatic hydrocarbons.



WPHA and WALHDAB Legislative News

Legislature Introduces Another Attack on Local Health Officer Authority

Earlier this month, [LRB-0792](#) was circulated for cosponsorship in the legislature by Senator Eric Wimberger (R – Green Bay) and Representative Joe Sanfelippo (R – New Berlin). The bill is yet another attempt to restrict local health officer authority.

Specifically, the bill proposes two major changes to current law. First, the bill requires that any order to close or limit capacity at a business due to a public health risk apply equally to all businesses in a given jurisdiction. Second, the legislation requires a local health officer to obtain a court order prior to requiring anyone to self-isolate if they have contracted a contagious disease.

WPHA and WALHDAB circulated a [joint memo in the legislature](#) discouraging legislators from signing onto the bill. The memo raised serious concerns with the proposal.

In regard to the capacity or closure order changes, this is simply unworkable for local economies, it is not based on science, and it runs counter to effective and long-established public health protocols. Any public health action needs to be specifically targeted at risk. In some cases all businesses would have the same risk and in other cases they would not. The proposal would have negative consequences for employees and businesses, and it jeopardizes the health of communities across Wisconsin.

The fact is that “all types of businesses” are not at equal risk, and even similar businesses, based on their specific practices, may not all have the same risk. It is not fair to close or limit capacity at low-risk Business-types A, B, and C just because there is an elevated public health risk specific to Business-type D. For example, if a public health risk is specific to a fitness club, a local health officer would have to close the fitness club, the grocery store, the gas station, the hardware store, and the bank, despite a lack of factual, scientific evidence that an equal (or even significant) risk is also present at those other businesses. This is not fair to local economies, and it is not a fact-based approach in accordance with recommendations from health experts.

On the changes to self-isolation requests, this would require an enormous amount of administrative work for local health departments and our local judicial and legal system, who have neither the staff nor funding to fulfill that kind of state mandate. Furthermore, even with adequate staff and funding, the delays inherent in seeking and obtaining a court order would drive significant, and potentially even fatal, delays in isolating individuals who are an immediate public health threat to their communities. Finally, in the vast majority of instances where isolation or quarantine orders are done, it is voluntary. In the extremely rare circumstances when ordered and compliance is not obtained, then the judicial process is appropriately used.

This new requirement will make it practically impossible for local health officers to control communicable disease through the use of targeted isolation and quarantine orders.

As of this writing, the bill has not been formally introduced to a standing committee of the legislature and we do not yet know how many legislators may have signed on. While we feel confident Governor Evers would veto this bill if it reached his desk, we are still treating this bill and other attacks on local health officer authority as very serious priorities. Stay tuned for updates.

Legislative Floor Action in March

Both the State Assembly and Senate held several floor sessions in March. Following is a brief summary on some of the action related to bills of importance to WPHA and WALHDAB.

On March 23, the Assembly passed the following on party line votes:

- *Assembly Bill 23* barring DHS and LHDs from mandating vaccinations. Both organizations submitted several memos to the legislature in opposition. The memos explained that individuals are already allowed to object and opt out of mandatory vaccinations, meaning this bill doesn't afford any new individual liberties than already exist.
- *Assembly Bill 24* prohibiting closure or limiting capacity at places of worship.
- *Assembly Bill 25* prohibiting employers from mandating vaccination as a condition of employment.

These bills still need approval in the State Senate. It is highly likely the Governor will veto the bills if they come to his desk.

[View the legislative grid here.](#)

Assembly Bill 32 on "Takeout Cocktails" - Veto Request

Both houses passed *Assembly 32* on near unanimous votes. The bill allows restaurants and bars to sell mixed drinks to go. WPHA and WALHDAB both expressed significant concern the bill could encourage alcohol abuse during a time where mental health concerns are high. As such, the [organizations submitted a letter to Governor Evers](#) requesting the veto of the legislation. While as of this writing the bill has not been signed, it is unlikely our request will be successful due to the heavily bipartisan nature of the bill.

March 21, 2021

Governor Tony Evers,
115 East State Capitol
Madison, WI 53702

Re: Governor Evers,

The Wisconsin Public Health Association (WPHA) and Wisconsin Association of Local Health Departments and Boards

In recognition of the burden of excessive drinking in Wisconsin, we oppose any permanent change to state statute that makes alcohol more accessible. Binge drinking and heavy drinking can relate to other target public health problems like mental health and addiction. During the COVID-19 pandemic, this is not the time to increase access to unhealthy choices.

Key facts make alcohol misuse and excessive drinking one of the main priorities of public health professionals across Wisconsin:

- Wisconsin's **binge drinking rate exceeds the national average** (24% versus 19%).
- **Adult binge drinking cost Wisconsin \$3.9 billion** in 2018.
- Binge drinking can result in preventable injury and even death from **accidents and violence**.
- Recent studies suggest **50% of self-reported binge drinkers in the United States have increased alcohol consumption during the pandemic**, with 26% of non-binge drinkers report increased alcohol consumption. One study explains **reasons for increased drinking include increased alcohol availability (SAB) and increased stress (ARS)**.
- **Binge drinking increases risk of chronic diseases**, such as colon, liver, and breast cancer.

Examples of public health and safety concerns arising from this bill are:

- Limiting container size and quantity;
- Requiring "look/feel" purchase to purchase alcohol for off-premises consumption;
- Limiting number of alcohol beverages purchased;
- Defining an end date;
- Ending emergency meal/shelter services in state, any resulting increase in preventable injuries.

We strongly support the bill's desired outcome to support small and local business during the COVID-19 pandemic, but there are many ways to support business without promoting problem drinking. Proven policies recognized by public health authorities include microfinance programs, which provide small loans aimed to grow jobs, alleviate poverty, develop skills development, etc.

WPHA and WALHDAB support business development policies that do not risk public health and again respectfully request you veto Assembly Bill 32.

Sincerely,

Robin Linktor Annette Selbold Paula Train Ingo
Pres. Dir., WPHA Co-President, WALHDAB Co-President, WALHDAB

Joint Finance Committee Hearings Announced

On March 10th, the JFC Co-Chairs announced the dates and locations public hearings on the 2021-23 State Budget. The Committee will hold

three in-person hearings and one virtual hearing. The hearing schedule includes:

- Friday, April 9, 2021 UW-Whitewater, Whitewater, WI
- Wednesday, April 21, 2021 The Hodag Dome, Rhinelander, WI
- Thursday, April 22, 2021 UW-Stout, Menomonie, WI
- Wednesday, April 28, 2021 Virtual

Individuals wishing to provide input can do so via the dedicated portal available at: www.legis.wisconsin.gov/topics/budgetcomments or via email at budget.comments@legis.wisconsin.gov.

Talking points will also be provided for our members closer to the hearings to consider in our legislative priorities and policy issues!

2021-2022 LEGISLATIVE PRIORITIES

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the residents of the state.

About Public Health

Over the last century, public health advancements have dramatically increased life expectancy through vaccination, infectious disease control, and chronic disease prevention. Health outcomes are primarily driven by the social and economic conditions in which we live. Work, play, pray, grow up, and grow old. That's why public health is increasing its emphasis on education, income and employment, housing, and other "social determinants of health."

Legislative Priorities

Preserve public health statutory authority for control of communicable diseases and other public health threats.

Build and retain public health infrastructure through increased and more flexible public health funding.

Address Racism as a Public Health Crisis.

Support legislation that promotes and fosters diversity, equity, and inclusion, so that all people are treated fairly and respectfully and can attain their full health potential.

Policy Priorities

Criminal Justice Reform

- Increase treatment alternatives and diversion program (DAI) funding for mental health and substance abuse issues.
- Increase funding allocated to counties for juvenile justice services.

Income Stability and Employment

- Support and expand State Family Leave.
- Increase Earned Income Tax Credit and provide more incentives for monthly payments.
- Graduate certificate for family caregivers.
- Increase workplace training/transitional jobs.

Early Childhood

- Fully fund school breakfast program.

Housing

- Expand vouchers and flexible set-aside for developers and rental assistance vouchers for tenants.
- Fund abatement for lead paint, soil and pipes.

Support Best Practice Public Health Policy and Effective Programming

Each local health department in Wisconsin is charged to identify its community's health priorities. Planning processes include representatives from healthcare, for-profit businesses, community-based non-profit organizations, other community groups, and intergovernmental departments. Specific priorities vary across the state (e.g., soil contaminants, alcohol, tobacco or other drug prevention, preventable injury, mental health, etc.), but there is also much common ground across the state. Support public health to effectively address these priorities and accomplish these goals.

About WPHA

The Wisconsin Public Health Association is the largest statewide professional public health professionals in Wisconsin. Established in 1950, WPHA works to improve services and protect public health in Wisconsin. WPHA serves as the quality of care coordinating body in partnership and valued for its policy recommendations and best practices. WPHA is the collective voice for public health in Wisconsin.

About WALHDAB

The Wisconsin Association of Local Health Departments and Boards is the statewide leader and voice for local governmental public health. WALHDAB was founded in 1981 to serve local health departments and boards in Wisconsin. WALHDAB works to improve public health services and protect public health in Wisconsin.

563 Carter Court, Suite B, Kimberly, WI 54138 | 920-750-7724 | wpha.org | walhdab.org

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Wisconsin Public Health Association
Wisconsin Association of Local Health Departments and Boards
 563 Carter Court, Suite B | Kimberly, WI 54136
 Phone: 920-750-7724 / 877-202-4333 | Fax: 920-882-3655
 Email: WPHA@badgerbay.co | WALHDAB@badgerbay.co



DATE: March 11, 2021
TO: Wisconsin State Legislature
FROM: The Wisconsin Association of Local Health Department and Boards
The Wisconsin Public Health Association
RE: LRB-0792 – Please Oppose Jeopardizing Local Public Health

The Wisconsin Association for Local Health Departments and Boards (WALHDAB) is the statewide organization of city, county and tribal local board of health members and health department administrators. WALHDAB members provide a unified forum for public health leadership development, advocacy, education, and forging of community partnerships for the improvement of public health at the local level.

The Wisconsin Public Health Association (WPHA) is the largest statewide association of public health professionals in Wisconsin. WPHA was established in 1948 and serves as the collective voice for public health in Wisconsin and is committed to building a healthier, safer state through policy, partnership and professional development of our members.

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the health of Wisconsin citizens. Public health experts bring together businesses, schools, and government agencies to minimize health threats before they start.

We are greatly concerned about proposals in LRB-0792 that preempt local health departments from effectively addressing critical public health risks which impact the health, safety, and livelihood of local communities, and we respectfully request you do not cosponsor the bill. Our concerns include:

1. Prohibition against closing businesses (Section 8, lines 7-12 on page 7)

Request: Remove this proposal

Rationale: The proposal requires “any action or regulation of a business relating to an emergency shall be applied to all businesses uniformly without regard for type of business...” This is unworkable for local economies, it is not based on science, and it runs counter to effective and long-established public health protocols. Any public health action needs to be specifically targeted at risk. In some cases all businesses would have the same risk and in other cases they would not. The proposal would have negative consequences for employees and businesses, and it jeopardizes the health of communities across Wisconsin.

Current law allows local health officers to protect public health while minimizing negative impact on a given community’s economy by tailoring actions based on specific risks. This proposal eliminates the use of science and best practice, and it requires local health officers to impose maximum negative economic impact on all businesses.

The fact is that “all types of businesses” are not at equal risk, and even similar businesses, based on their specific practices, may not all have the same risk. It is not fair to close or limit capacity at low-risk Business-types A, B, and C just because there is an elevated public health risk specific to

Business-type D. For example, if a public health risk is specific to a fitness club, a local health officer would have to close the fitness club, the grocery store, the gas station, the hardware store, and the bank, despite a lack of factual, scientific evidence that an equal (or even significant) risk is also present at those other businesses. This is not fair to local economies, and it is not a fact-based approach in accordance with recommendations from health experts.

2. Creation of new statute regarding confinement (Section 6, page 4 line 3 through page 6 line 25, and Section 7, line 2 through 6)

Request: Remove this proposal

Rationale: This is a substantial reworking of existing statutes. Under current law, a health officer may confine someone to their home for isolation or quarantine in order to control the spread of communicable disease. This is critical for our community's health. Under current practice a local health officer needs to obtain a court order for confinement only when an individual does not comply with the public health order from the health officer. In only extremely infrequent cases is a court order process necessary.

This proposal creates two new sections of statute requiring a public health officer to obtain a court order for any instance where a person needs to isolate or quarantine at home. Those new sections create nearly ten new mandates for local health officers to follow the new processes. These new sections create a local dynamic of unnecessary conflict.

In practice, this would require an enormous amount of administrative work for local health departments and our local judicial and legal system, who have neither the staff nor funding to fulfill that kind of state mandate. Furthermore, even with adequate staff and funding, the delays inherent in seeking and obtaining a court order would drive significant, and potentially even fatal, delays in isolating individuals who are an immediate public health threat to their communities. Finally, in the vast majority of instances where isolation or quarantine orders are done, it is voluntary. In the extremely rare circumstances when ordered and compliance is not obtained, then the judicial process is appropriately used.

Under this bill Wisconsin courts will be dealing with hundreds of requests for isolation or quarantine. Right now, the vast majority of isolation requests are easily managed through voluntary cooperation when requested by a local health officer.

This new requirement will make it practically impossible for local health officers to control communicable disease through the use of targeted isolation and quarantine orders. This does not serve the best interest of public health in protecting Wisconsin communities.

The middle of a pandemic is no time to limit the work local health officers. We need to support local health officers and remain committed to local decision-making as the keys to governance in Wisconsin. State leaders from both parties and all branches of state government have described the importance of local response to this unprecedented pandemic.

We respectfully request you do not cosponsor LRB-0792. If you have any questions, please contact Tim Hoven (tim@hovenconsulting.com) or Erik Kanter (erik@hovenconsulting.com).



State of Wisconsin
2021 - 2022 LEGISLATURE

LRB-0792/1
MLJ/TJD/MPG:wlj&amn

2021 BILL

1 **AN ACT** *to amend* 252.02 (6), 252.03 (2), 252.06 (1), 252.06 (3) and 252.06 (6) (a);
2 and *to create* 252.06 (8) and (9), 323.22, 323.225 and 323.23 of the statutes;
3 **relating to:** certain emergency powers.

Analysis by the Legislative Reference Bureau

This bill limits the use of emergency powers during emergencies. Under the bill, any regulation of a business or action relating to an emergency must be applied to all businesses uniformly without regard for the type of business or the product or service provided by the business. Additionally, the bill provides that in a public health emergency, no individual may be confined to his or her home except after an individualized determination that the confinement is necessary according to the isolation or quarantine procedure of the Department of Health Services or a local health officer. The bill also provides that, except as expressly provided by statute, during an emergency declared by the governor, no public official, employee, or agency may exercise emergency powers exceeding those of the governor.

Current law allows DHS or a local health officer acting on behalf of DHS to require isolation of a patient, quarantine of those who have been exposed to an individual with a communicable disease, disinfection, or modified forms of these procedures and, when a local health officer is notified of the existence of a communicable disease, requires a local health officer to quarantine, isolate, or require restrictions or other control measures. Current law specifies a procedure, which involves a court petition and possible court hearing, to isolate individuals who have or are suspected of having tuberculosis. Rules promulgated by DHS also specify

BILL

a procedure for seeking a court order for requiring individuals to take certain actions, such as isolating or quarantining, to prevent spread of a communicable disease. This bill prohibits DHS or a local health officer from ordering confinement of persons to their homes or another location unless DHS or the local health officer follows the procedure specified in the bill, which is substantially the same as the procedure outlined in current law for confinement due to actual or suspected tuberculosis. Specifically, DHS or a local health officer may confine an individual if DHS or the local health officer notifies a court in writing and includes a statement from a physician, physician assistant, or advanced practice nurse prescriber that the individual has or is suspected of having a communicable disease and evidence that the individual has not complied with mitigation measures without which the individual poses an imminent and substantial threat to himself, herself, or the public health. The individual may not be confined for more than 72 hours without a court hearing regarding whether the confinement should continue. DHS or the local health officer is allowed to petition the court for a hearing to determine whether an individual who has or is suspected of having a communicable disease should be confined for longer than 72 hours by including in the petition documentation of factors specified in the bill. DHS or the local health officer must give the individual a 48-hour notice of the hearing, and the individual has the right to appear at the hearing and contest the confinement.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 252.02 (6) of the statutes is amended to read:

2 252.02 (6) The department may authorize and implement all emergency
3 measures necessary to control communicable diseases. The department may not
4 order confinement of any person to a home or other location for the purpose of
5 controlling communicable disease except as provided under s. 252.06.

6 **SECTION 2.** 252.03 (2) of the statutes is amended to read:

7 252.03 (2) Local health officers may do what is reasonable and necessary for
8 the prevention and suppression of disease; may forbid public gatherings when
9 deemed necessary to control outbreaks or epidemics and shall advise the department
10 of measures taken. Local health officers may not order confinement of any person

BILL

1 to a home or other location for the purpose of controlling communicable disease
2 except as provided under s. 252.06.

3 **SECTION 3.** 252.06 (1) of the statutes is amended to read:

4 252.06 (1) The Subject to sub. (8), the department or the local health officer
5 acting on behalf of the department may require isolation of a patient or of an
6 individual under s. 252.041 (1) (b), quarantine of contacts, concurrent and terminal
7 disinfection, or modified forms of these procedures as may be necessary and as are
8 determined by the department by rule.

9 **SECTION 4.** 252.06 (3) of the statutes is amended to read:

10 252.06 (3) If a local health officer suspects or is informed of the existence of any
11 communicable disease, the officer shall at once investigate and make or cause such
12 examinations to be made as are necessary. The diagnostic report of a physician, the
13 notification or confirmatory report of a parent or caretaker of the patient, or a
14 reasonable belief in the existence of a communicable disease shall require the local
15 health officer immediately to quarantine, isolate, require restrictions or take other
16 communicable disease control measures in the manner, upon the persons and for the
17 time specified in subs. (8) and (9), as applicable, and rules promulgated by the
18 department. If the local health officer is not a physician, he or she shall consult a
19 physician as speedily as possible where there is reasonable doubt or disagreement
20 in diagnosis and where advice is needed. The local health officer shall investigate
21 evasion of the laws and rules concerning communicable disease and shall act to
22 protect the public.

23 **SECTION 5.** 252.06 (6) (a) of the statutes is amended to read:

24 252.06 (6) (a) When the local health officer deems it necessary that a person
25 be quarantined or otherwise restricted in a separate place, the officer shall remove

BILL

1 the person, if it can be done without danger to the person's health, to this place in
2 accordance with the procedure under subs. (8) and (9).

3 **SECTION 6.** 252.06 (8) and (9) of the statutes are created to read:

4 252.06 (8) (a) The department or a local health officer may order the
5 confinement of an individual who has or is suspected of having a communicable
6 disease to the individual's home or other location if all of the following conditions are
7 met:

8 1. The department or local health officer notifies a court in writing of the
9 confinement.

10 2. The department or local health officer provides to the court a written
11 statement from a physician, physician assistant, or advanced practice nurse
12 prescriber that the individual has or is suspected of having the communicable
13 disease.

14 3. The department or local health officer provides to the court evidence that the
15 individual has refused to follow any mitigation measures available to prevent
16 exposing others to the communicable disease, and that, without mitigation
17 measures, the individual poses an imminent and substantial threat to himself or
18 herself or to the public health. The department or local health officer shall provide
19 to the court a written statement of that determination.

20 (b) If the department or local health officer orders the confinement of an
21 individual under this subsection, a law enforcement officer, or other person
22 authorized by the local health officer, shall transport the individual, if necessary, to
23 a facility that the department or local health officer determines will meet the
24 individual's need for medical evaluation, isolation, and treatment.

BILL

1 (c) No individual may be confined under this subsection for more than 72 hours,
2 excluding Saturdays, Sundays, and legal holidays, without a court hearing under
3 sub. (9) to determine whether the confinement should continue.

4 (d) Section 252.07 applies instead of this section if the communicable disease
5 is or is suspected of being tuberculosis.

6 **(9)** (a) The department or a local health officer may petition any court for a
7 hearing to determine whether an individual who has or is suspected of having a
8 communicable disease should be confined for longer than 72 hours in a location
9 where proper care and treatment will be provided and spread of the disease will be
10 prevented. The department or local health officer shall include in the petition
11 documentation that demonstrates all of the following:

12 1. That the individual named in the petition has a communicable disease or is
13 suspected, with reasonable certainty, of having a communicable disease.

14 2. That the individual has failed to comply with the prescribed treatment
15 regimen or with any rules promulgated by the department or that no treatment is
16 available to prevent community spread of the disease or the disease is resistant to
17 the medication prescribed to the individual.

18 3. That all other reasonable means of achieving voluntary compliance with
19 treatment have been exhausted and no less restrictive alternative exists.

20 4. That the individual poses an imminent and substantial threat to himself or
21 herself or to the public health.

22 (b) The department or local health officer shall give the individual written
23 notice of a hearing at least 48 hours before a scheduled hearing is to be held. Notice
24 of the hearing shall include all of the following information:

25 1. The date, time, and place of the hearing.

BILL

1 2. The grounds, and underlying facts, upon which confinement of the individual
2 is being sought.

3 3. An explanation of the individual's rights specified under par. (d).

4 4. The proposed actions to be taken and the reasons for each action.

5 (c) If the court orders confinement of an individual under this subsection, the
6 individual shall remain confined until the department or local health officer, with the
7 concurrence of a treating physician, physician assistant, or advanced practice nurse
8 prescriber, determines that treatment is complete or that the individual is no longer
9 a substantial threat to himself or herself or to the public health. If the individual is
10 to be confined for more than 6 months, the court shall review the confinement every
11 6 months.

12 (d) An individual who is the subject of a petition for a hearing under this
13 subsection has the right to appear at the hearing, the right to present evidence and
14 cross-examine witnesses, and the right to be represented by adversary counsel. At
15 the time of the filing of the petition the court shall assure that the individual who is
16 the subject of the petition is represented by adversary counsel. If the individual
17 claims or appears to be indigent, the court shall refer the individual to the authority
18 for indigency determinations specified under s. 977.07 (1). If the individual is a child,
19 the court shall refer the child to the state public defender who shall appoint counsel
20 for the child without a determination of indigency, as provided in s. 48.23 (4). Unless
21 good cause is shown, a hearing under this subsection may be conducted by telephone
22 or live audiovisual means, if available.

23 (e) An order issued by the court under this subsection may be appealed as a
24 matter of right. An appeal shall be heard within 30 days after the appeal is filed.
25 An appeal does not stay the order.

2019 County Health Rankings for Marathon County

Q & A Document

March 31, 2021

What are the County Health Rankings?

The County Health Rankings looks at how long people live and how well we live. The *Rankings* rank the health of counties in all 50 states – using a standard way to measure factors that influence how long and how well we live. The *Rankings* are the result of a partnership between University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

What do *the Rankings* tell us about our community?

The *Rankings* inform community leaders and the public that where we live matters! Health is more than access to health care – where we live, learn, work, and play impacts our health.

It's hard to have a healthy life if you don't live in a healthy community – “tell me your zipcode, and I can tell you how long you will live”. The *Rankings* look at many factors that contribute to making communities healthier places.

What counties are the Healthiest for 2021?

Wisconsin's healthiest county is Ozaukee – followed by St. Croix, Waukesha, Pierce, and Washington.

How does Marathon County rank for 2021?

Marathon County continues to be among the healthiest in Wisconsin. Marathon County ranked in the top quarter for health outcomes (17 out of 72 counties) and health factors (14). The good news is Marathon County has and continues to be in the top quarter or third of the 72 counties; 14 in 2020, 22 in 2019, 14 in 2017, and 16 in 2016.

How is the health of Marathon County measured?

The Rankings use more than 30 measure that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). The *Rankings* utilizes national data sources, analyzing data from a single year or multiple years. [Explore the County Health Rankings Model](#)

Health Outcomes, factors that influence “how healthy are residents today”:

- Length of Life:
 - Premature death, as defined as years of potential life lost before age 75 per 100,000 population (age-adjusted)
- Quality of Life:
 - Poor or fair health,
 - Poor physical health days,
 - Poor mental health days,
 - Low birthweight

**2019 County Health Rankings for Marathon County
Q & A Document
March 31, 2021**

Health Factors, factors that influence health of residents in the future” (Note: **areas of strengths** and opportunities **to improve** are highlighted),

- Health Behaviors:
 - Tobacco Use - **adult smoking**
 - Diet and Exercise - **adult obesity**, food environment index, **physical inactivity**, access to exercise
 - Alcohol and Drug Use - **excessive drinking**, **alcohol-impaired driving deaths**
 - Sexual Activity - sexually transmitted infections, **teen births**
- Clinical Care:
 - Access to Care – **uninsured**, **primary care physicians**, dentists, mental health providers
 - **Quality of Care** - preventable hospital stays, **mammography screening**, **flu vaccinations**
- Social and Economic:
 - Education - **high school completion**, **some college**
 - Employment – unemployment
 - Income - **children in poverty**, **income inequality**
 - Family and Social Support - children in single-parent households, social associations
 - Community Safety - violent crime, **injury deaths**
- Physical Environment:
 - Environmental Quality - air pollution-particular matter, drinking water violations
 - Housing and Transit - severe housing problems, driving alone to work, long commute-driving alone

For more information on the Rankings, visit www.countyhealthrankings.org

What are we doing as a community to be the healthiest county in Wisconsin?

The *Rankings* inform us where we need to focus our community efforts to be among the healthiest counties in Wisconsin. The findings support the [Marathon County Community Health Priorities](#) and the [LIFE Report Calls to Action](#).

Creating healthy communities is everyone’s business. Marathon County is fortunate to have strong partnerships across diverse sectors committed in creating a culture of health where all people enjoy the opportunities to live, learn, work and play in a healthy community.

DEFINITIONS OF HEALTH PRIORITIES

2021-2025 Community Health Improvement Plan Process

Purpose:

To clarify intended meaning by agreeing to common language regarding the health priorities of health equity, mental health, and substance misuse. Once determined, the definitions will serve as a foundation for developing the health priorities with the Results-Based Accountability (RBA) Framework.

Directions:

Review the options below for each health priority before the April Board of Health Meeting. After a discussion with other Board of Health members and Healthy Marathon County Alliance members, you will rank order the definitions, based on your agreement on how the proposed definition best describes each health priority.

Definitions:

Health Equity

Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (Source: Robert Wood Johnson Foundation: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity.html>)

The absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically. (Source: World Health Organization: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3)

Achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. (Source: Centers for Disease Control and Prevention: <https://www.cdc.gov/chronicdisease/healthequity/index.htm>)

Fairness in the distribution of resources between groups with differing levels of social and economic status; an environment where everyone has an equal opportunity to be healthy. (Source: Healthiest Wisconsin 2020: <http://www.wche.org/what-is-health-equity.html>)

Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.¹ (Source: Centers for Disease Control and Prevention: <https://www.cdc.gov/mentalhealth/index.htm#:~:text=Mental%20health%20includes%20our%20emotional,childhood%20and%20adolescence%20through%20adulthood>)

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (Source: World Health Organization: https://www.who.int/mental_health/media/investing_mnh.pdf)

Good mental health is a state of balance in our thoughts, emotions, and behaviors. (Source: Marathon County School-Based Counseling Consortium)

Substance Misuse

Substance misuse is a serious public health challenge. It includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. (Source: [American Public Health Association](#))

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. The great majority of substance-related health and social problems occur among those who are not addicted. (Source: [SAMHSA: Mental Health and Substance Use Disorders](#), [National Institutes of Health](#))

Substance misuse includes the risky use of substances without addiction, including heavy or excessive use of alcohol, underage drinking, any use of illicit substances, and use of prescription medications without medical justification. (Source: [SAMHSA: Substance Use Prevention for Young Adults](#))