Marathon County Board of Health

Meeting Date/Time: **Tuesday, November 9, 2021 at 7:45 AM**
Meeting Location: **Marathon County Courthouse**
Assembly Room
500 Forest Street
Wausau, WI 54403

The meeting site identified above will be open to the public beginning at 7:45 AM. Marathon County requests that appropriate COVID-19 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; Kue Her, Secretary; Sandi Cihlar; Dean Danner; Tiffany Lee; Corrie Norrbom, Tara Draeger

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. Welcome of new member, Tara Draeger

3. Public Comment Period (Limit to 15 Minutes)

4. Approval of the Minutes of the September 14, 2021 Board of Health Meeting

5. Operational Functions Required by Statute, Ordinance, or Resolution
A. None

6. Policy Discussion and Possible Action

7. Educational Presentations/Outcome Monitoring Reports
A. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park
B. COVID Status Review
C. Review of New Environmental Health Tracking Program Data

D. Start Right Evaluation Update
E. Report from the Health & Human Services Committee meeting on policy issues impacting public health

8. Announcements

9. Next Meeting Date & Time, Location, Future Agenda Items:
A. Confirm December 14, 2021 meeting date and determine agenda topics

10. 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 Date/Time: **Tuesday, October 12, 2021 at 7:45 AM**
Meeting Location: **Marathon County Courthouse**
Assembly Room
500 Forest Street
Wausau, WI 54403

Present - In Person: John Robinson, Sandi Cihlar

Present - Via Zoom: Kue Her, Craig McEwen, Corrie Norrbom

MCHD Staff: Laura Scudiere, Dale Grosskurth, Eileen Eckardt, Rachel Klemp-North, Rebecca Mroczenski, Aaron Ruff (online), Jonathan Schmunk, Kim Wieloch

Others via Zoom: Tim Buttke, Chris Dickinson

1. Call to Order

John Robinson called the meeting to order at 7:46 AM.

2. Public Comment Period (Limit to 15 Minutes)

No public comments were made.

3. Approval of the Minutes of the September 14, 2021 Board of Health Meeting

Motion to approve the minutes of the September 14, 2021 Board of Health meeting made by Sandi Cihlar. Second by Craig McEwen. Motion approved.

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

A. None

5. Policy Discussion and Possible Action

A. COVID-19 Response and Recovery Funding for Local and Tribal Health Departments

Laura Scudiere shared that the intent of COVID funding is to build infrastructure to return to and/or continue doing 140-required activities and summarized the initial proposal for utilizing the funding. She stressed that this is a hybrid model that allows the Marathon County Health Department to flex staffing according to the response required by the level of disease activity. Corrie Norrbom requested intentionality with hiring as there is an opportunity here to diversify the workforce. Sandi Cihlar requested resuming the regular update of other communicable disease case numbers to support funding of MCHD.

Motion to advance proposal to appropriate committees for consideration made by Sandi Cihlar. Second by Kue Her. Motion approved.

6. Educational Presentations/Outcome Monitoring Reports

A. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park

Dale Grosskurth shared that the North Central Community Action Program has been doing outreach to residents: packets have been provided to all residences that appear to be occupied, and the organization has worked directly with 10 households so far to move homes to another park. They will continue to do outreach to connect with as many residents as possible, as the park must be unoccupied by November 8, 2021. The understanding is that the City of Schofield will work with Everest Metro Police to enforce the vacancy order. Due to the outdated resident listing that was provided by the owner, the exact demographics of the current residents are unknown.

B. COVID Dashboard

Laura Scudiere provided an overview of a COVID dashboard in the Board packet and indicated that current information can be found on the Marathon County Health Department website. There was a discussion about challenges to testing (availability, high wait times) in the area and early plans to partner with health care providers and the National Guard to offer testing options. There was further discussion about barriers to testing (literacy, language, culture) and how these barriers highlight health inequities. John Robinson requested an update at the next meeting on testing as well as an update on DHS reporting parameters for COVID funding.

C. Topics for Upcoming Board Training

Group discussed topics for a Board retreat/meeting/training to be scheduled. Topics of interest include health equity; the Board of Health's relationship to the Health and Human Services committee and clarity about the reporting structure; understanding of authority of the Health Officer and the Board of Health from a state statute standpoint; the Wisconsin Association of Local Health Departments and Boards (WALHDB) and its relationship with other national organizations. Laura and John will plan this training and bring it back to board for approval.

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

Tim Buttke reported on the elevated child support grant from Marathon County Department of Social Services, which is a partnership between Kenosha, Racine, Wood, and Marathon Counties and whose goal is improving relationships between non-custodial parents and their children. The results indicated significant success, with 170 total enrollees and 85 active participants, as well as approved grant funding of a position to start in October.

The Committee also received a request from Mount View Care Center requesting approval for a decrease in number of licensed beds from 183 to 154. There were concerns raised and

objections to the proposal brought forward, so MVCC representatives will bring back the proposal with requested clarifications to a future meeting.

7. Announcements

None.

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

A. Confirm November 9, 2021 meeting date and determine agenda topics
   i. There will be no update from Healthy Marathon County.
   ii. Start Right update and discussion about evaluation results from UniverCity.

9. Adjourn

Motion to adjourn made by Craig McEwen, second by Kue Her. Meeting adjourned at 8:28 AM.

Respectfully submitted,

Kue Her, Secretary
Kim Wieloch, Recorded

Health Officer Notes

October 2021

A. Call to Order

B. Welcome of new member, Tara Draeger

Tara was appointed in October at the Marathon County Board. She is the System Director of Community Health Improvement at Aspirus and also the current Interim Executive Director of the Aspirus Health Foundation. Tara has a background in public health and has been very active on the annual Marathon County community health improvement plans and community health assessments.

C. Public Comment Period (Limit to 15 Minutes)

D. Approval of the Minutes of the September 14, 2021 Board of Health Meeting

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

A. None

F. Policy Discussion and Possible Action

A. None

G. Educational Presentations/Outcome Monitoring Reports

A. Update on actions being taken to address human health hazards identified at the Northern Mobile Home Park
   i. Dale Grosskurth, Director of Environmental Health and Safety, will provide an update on actions being taken to address human health hazards at the Northern Mobile Home Park.

B. COVID Status Review
   i. A COVID dashboard has been provided in the packet. Please be aware that this is a snapshot in time, taken on submission of the board packet information. Updated data is also found on our web site at https://www.co.marathon.wi.us/Departments/HealthDepartment/COVID19/Dashboard.aspx
   ii. COVID response programmatic updates will be provided.

C. Review of New Environmental Health Tracking Program Data
   i. Dale Grosskurth, Director of Environmental Health and Safety will give overview of this resource from the state. This is in the packet for review.

D. Start Right Evaluation Update
   i. Preliminary highlights of the Start Right Evaluation will be reviewed. The report will be made available once finalized.

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

H. Announcements

A. Update on Staffing
   i. Danielle Habeck has joined as Vaccine and Testing Coordinator. Amanda Ostrowski has accepted the Community Health Improvement Director position.

Hope Mayotte has started with the Children and Youth with Special Health Care Needs as a Community Specialist and will be working in the Northwest part of the program's region (Ashland, Bayfield, Price, and Sawyer counties).

MARATHON COUNTY

2021 COUNTY ENVIRONMENTAL HEALTH PROFILE

Wisconsin Environmental Public Health Tracking Program

HOW TO USE ENVIRONMENTAL PUBLIC HEALTH TRACKING DATA

COMMUNITY HEALTH ASSESSMENTS

Tracking data can help flesh out your community health assessment and help meet state requirements.

COMMUNITY HEALTH IMPROVEMENT PLANS

Use Tracking data and Ideas for Taking Action to prioritize environmental health and plan strategies for community improvement. Use the data to track progress in meeting your goals.

RESEARCH

Tracking data can be used to explore environmental health research questions.

MEDIA STORIES

Strengthen your interview, article, or press release with facts and figures from Tracking and our resources.

ACCREDITATION

The Profiles can be used to address Public Health Accreditation Board standards, such as Standard 1.3: "analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health."

SOCIAL MEDIA

Localize your posts with data from your community.

GRANT PROPOSALS

Tracking data and resources can help you and your team develop rationale for funding requests. These data can help justify existing programs and show where work needs to be done.

EDUCATION AND OUTREACH

When creating programs and outreach materials for your community, Tracking data can help you make your case and show the extent of the problem.

POLICY DEVELOPMENT

Tracking data and these County Environmental Health Profiles contain measures that can be used to identify the need for a policy. Once a policy is in place, the data can be used as a baseline to track progress over time.

If you have questions about how to use Tracking data in your work, let us know!
dhstracking@wi.gov

MARATHON COUNTY

DASHBOARD | 2021 COUNTY ENVIRONMENTAL HEALTH PROFILE

COMMUNITY HEALTH

Alcohol Outlet Density

Rate of alcohol licenses per 500 people

Marathon County	1.51
Wisconsin	1.47

Motor Vehicle-Related Fatalities

Percent of fatal motor vehicle crashes involving cyclists or pedestrians

Marathon County	11.1%
Wisconsin	16.0%

PRIVATE WATER QUALITY

Arsenic

Percent of test results above EPA standard of 10 µg/L

Marathon County	2.6%
Wisconsin	5.4%

Nitrate

Percent of test results above EPA standard of 10 mg/L

Marathon County	7.9%
Wisconsin	10.1%

HOME HAZARDS

Carbon Monoxide Poisoning

Rate of ER visits per 100,000 people

Marathon County	8.8
Wisconsin	8.1

Childhood Lead Poisoning

Percent of tested children with blood lead ≥5 µg/dL

Marathon County	2.3%
Wisconsin	3.7%

Radon

Percent of tests with results ≥4 pCi/L

Marathon County	48.7%
Wisconsin	35.2%

HEALTH CONDITIONS

Asthma

Rate of ER visits per 10,000 people

Marathon County	17.1
Wisconsin	33.0

COPD

Rate of ER visits per 10,000 people

Marathon County	16.4
Wisconsin	26.4

Lyme Disease

Rate per 100,000 people

Marathon County	29.5
Wisconsin	37.7

CLIMATE CHANGE

Extreme Heat

Projected number of days in 2080 > 90°F

Marathon County	29
Wisconsin	34

Extreme Precipitation

Projected number of days in 2080 with ≥1 inch of precipitation

Marathon County	5.3
Wisconsin	4.6

Above state value | At or below state value | ^ Data are suppressed

Data details on next page

WISCONSIN ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
Bureau of Environmental and Occupational Health
Wisconsin Department of Health Services | Division of Public Health
dhs.wisconsin.gov/epht | dhstracking@wi.gov

DASHBOARD DATA DETAILS

Below are the abbreviated references for the data presented in the dashboard. Note that some measures have more years of data available on the Wisconsin Tracking portal. For additional data details, see pages 15-16. For more information about age-adjustment and other terms referenced in this Profile, visit the Wisconsin Tracking Program's data details webpage or our Tracking 270 tutorial, both available on our website.

COMMUNITY HEALTH

Alcohol Outlet Density: Crude rate of alcohol licenses per 500 people
Source: Division of Care and Treatment Services, Wisconsin Department of Health Services; primary data source is Wisconsin Department of Revenue
Years displayed: 2017-2018

Motor Vehicle-Related Fatalities: Percent of fatal motor vehicle crashes involving cyclists or pedestrians
Source: CDC National Environmental Public Health Tracking Data Portal; primary data source is National Highway Traffic Safety Administration
Years Displayed: 2014-2018

PRIVATE WATER QUALITY

Arsenic: Percent of test results that exceed EPA standard of 10 µg/L
Nitrate: Percent of test results that exceed EPA standard of 10 mg/L
Source: Well Water Quality Viewer, Center for Watershed Science and Education, University of Wisconsin-Stevens Point
Years displayed: 1988 to July 2019

HOME HAZARDS

Carbon Monoxide (CO) Poisoning: Age-adjusted rate of emergency room visits related to unintentional CO poisoning per 100,000 people
Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
Years displayed: 2015-2019

Childhood Lead Poisoning: Percent of children (less than 6 years of age) who had a blood lead level ≥5 µg/dL, among those tested
Source: Childhood Lead Poisoning Prevention Program, Bureau of Environmental and Occupational Health, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2019

Radon: Percent of tests with results at or above EPA standard of 4 pCi/L
Source: Radon and Indoor Air Program, Bureau of Environmental and Occupational Health, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2020

HEALTH CONDITIONS

Asthma: Age-adjusted rate of emergency room visits related to asthma per 10,000 people
Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2019

Chronic Obstructive Pulmonary Disorder (COPD): Age-adjusted rate of emergency room visits related to COPD for persons 25 years and older per 10,000 people
Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2019

Lyme Disease: Crude rate of confirmed and probable Lyme disease cases per 100,000 people
Source: Vectorborne Disease Program, Bureau of Communicable Diseases, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2019

CLIMATE CHANGE

Extreme Heat: Projected number of extreme heat days above 90°F
Source: CDC National Environmental Public Health Tracking Data Portal; primary data source is CONUS (Continental U.S.) Downscaled Climate Projections. NOTE: These specific data are no longer available. Please visit our Portal for updated heat projection measures.
Year displayed: 2080

Extreme Precipitation: Projected number of extreme precipitation days with over 1 inch of precipitation
Source: CDC National Environmental Public Health Tracking Data Portal; primary data source is CONUS (Continental U.S.) Downscaled Climate Projections. NOTE: NOTE: These specific data are no longer available. Please visit our Portal for updated heat projection measures.
Year displayed: 2080

COMMUNITY HEALTH MARATHON COUNTY

BACKGROUND

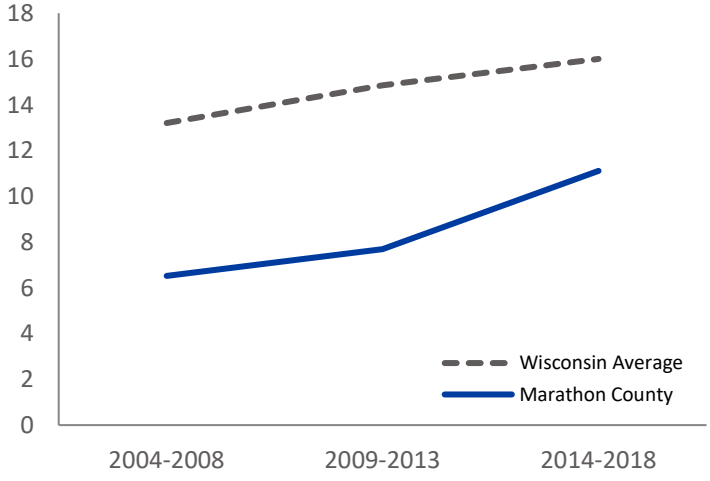
Environment includes not only the air we breathe and the water we drink, but also our built environment: the businesses, parks, schools, bike paths, roads, and other surroundings that make up our communities.

Our built environment includes the roads and intersections in our communities. The way that our community is designed can moderate exposure to traffic and the resulting crash fatalities.

Places that sell alcohol are part of that built environment. Examining the number of places that sell alcohol per the county population—which is known as alcohol outlet density—can help us understand how alcohol impacts our health and communities.

MOTOR VEHICLE-RELATED FATALITIES

PERCENT OF FATAL MOTOR VEHICLE CRASHES INVOLVING CYCLISTS OR PEDESTRIANS



Alcohol Outlet Density

Rate of alcohol licenses per 500 people

Marathon County	1.51
Wisconsin	1.47

Motor Vehicle-Related Fatalities

Percent of fatal motor vehicle crashes involving cyclists or pedestrians

Marathon County	11.1%
Wisconsin	16.0%

Above state value | At or below state value | ^ Suppressed

MOTOR VEHICLE-RELATED FATALITIES INVOLVING CYCYLISTS OR PEDESTRIANS

Biking and walking are healthy, environmentally-friendly modes of transportation. Unfortunately, both bikers and walkers are more likley to be seriously injured or killed when involved in a motor-vehicle related crash.

Pedestrian and cyclist fatalities have been on the rise. According to the Pedestrian and Bicycle Information Center, pedestrian and cyclist fatalities in the U.S. increased by 50.7% in the ten-year period between 2009 and 2018. During that same time period, total traffic fatalities increased by 7.9%.

It is important to integrate pedestrian and bike safety into community design. Examples include lighting, crosswalks, sidewalks, and bike lanes.

ALCOHOL OUTLET DENSITY

Alcohol has many potential health consequences, including increased risk for seven types of cancer.

Alcohol outlets are places where someone can buy alcohol to drink on premises (such as bars) or elsewhere (such as liquor stores).

Communities can use alcohol outlet density data to get a better understanding of how alcohol impacts their residents. We can use these data to monitor alcohol-related measures over time and to educate communities, plan programs, and implement policies.

Alcohol outlet data are collected once annually, which means at any given time in the year, a new license could be issued or an old one may not be renewed.

Differences in alcohol outlet density are difficult to interpret. Rural counties may have a higher number of outlets relative to population, but these outlets may be small and serve fewer people than a single outlet in a larger city.

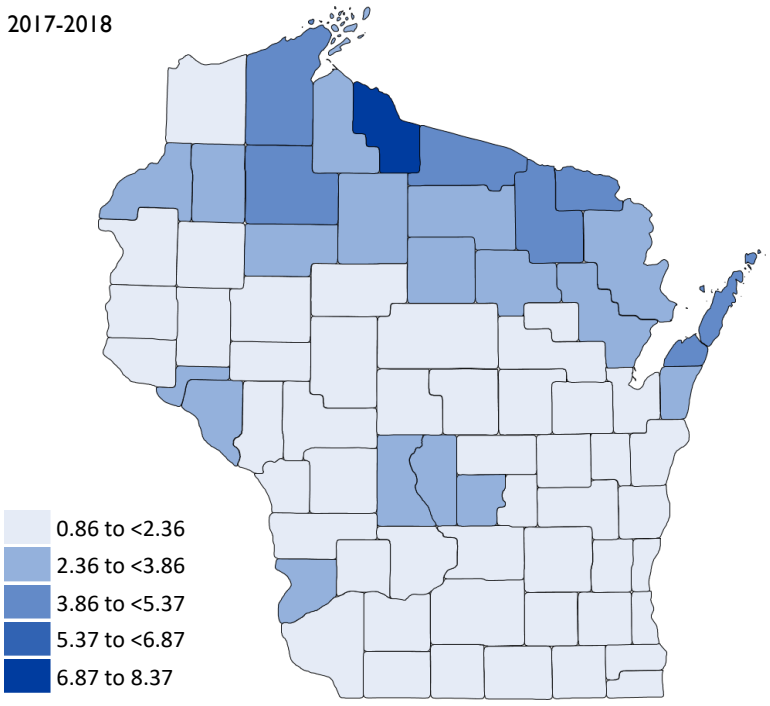
Learn more about alcohol outlet density and Wisconsin's alcohol environment by visiting Wisconsin Alcohol Policy Project.

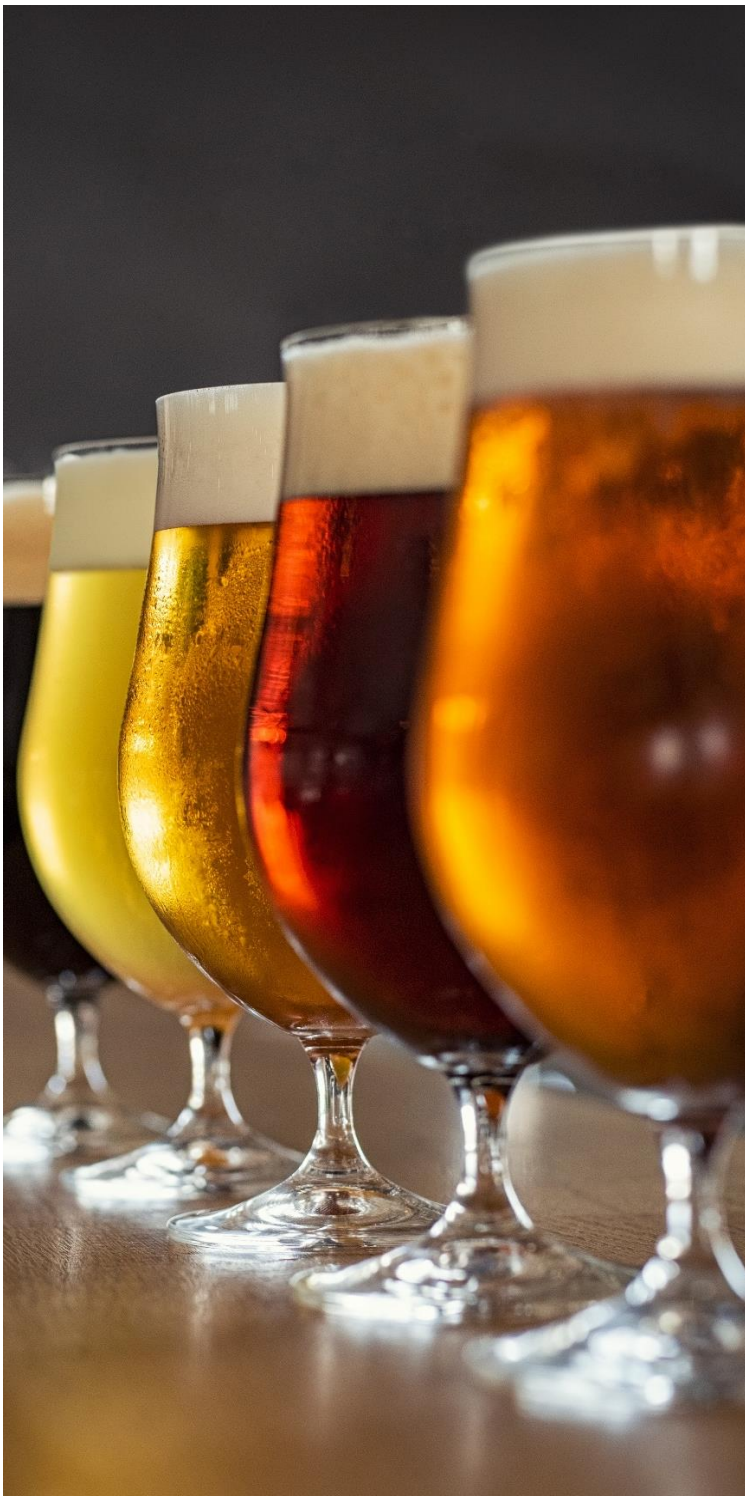
ALCOHOL OUTLET DENSITY

CRUDE RATE OF ALCOHOL LICENSES

PER 500 PEOPLE

2017-2018





410
LICENSES IN MARATHON COUNTY

17,100
TOTAL LICENSES IN WISCONSIN

PRIVATE WATER QUALITY MARATHON COUNTY

BACKGROUND

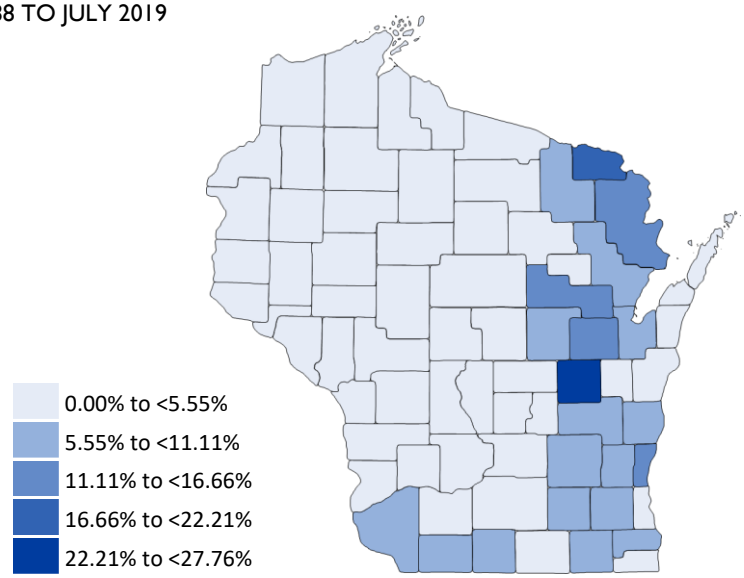
About four in 10 Wisconsin homes get their water from private wells. Well owners are responsible for monitoring and testing their wells. All private wells should be tested regularly to ensure the water is safe to use and drink.

The University of Wisconsin-Stevens Point's Center for Watershed Science created a mapping tool to improve access to private well water data. The private well data are voluntarily submitted by homeowners and do not include water quality information for all known wells. County-specific measures for arsenic and nitrate in private wells are included in this report. Users can find public water quality data on our data portal.

ARSENIC IN PRIVATE WELLS

PERCENT OF TEST RESULTS ABOVE EPA STANDARD OF 10 µg/L

1988 TO JULY 2019



Arsenic

Percent of test results above EPA standard of 10 µg/L

Nitrate

Percent of test results above EPA standard of 10 mg/L

Above state value | At or below state value | ^ Suppressed

ARSENIC IN PRIVATE WELLS

Arsenic can naturally occur in soil and rock formations but can also come from some types of pesticides, treated wood, and certain foods. In Wisconsin, high levels of arsenic in wells are most common in the northeastern part of the state but can be found in any county.

Drinking water with high levels of arsenic can cause skin rashes and stomach problems. Arsenic can also increase the risk for certain kinds of cancer. Infants and children are especially sensitive to arsenic, and high levels can affect learning.

Source: UW-Stevens Point Well Water Viewer

PRIVATE WATER QUALITY MARATHON COUNTY

NITRATE IN PRIVATE WELLS

Nitrate naturally occurs in plants and animals and can enter groundwater from fertilizers or animal and human waste.

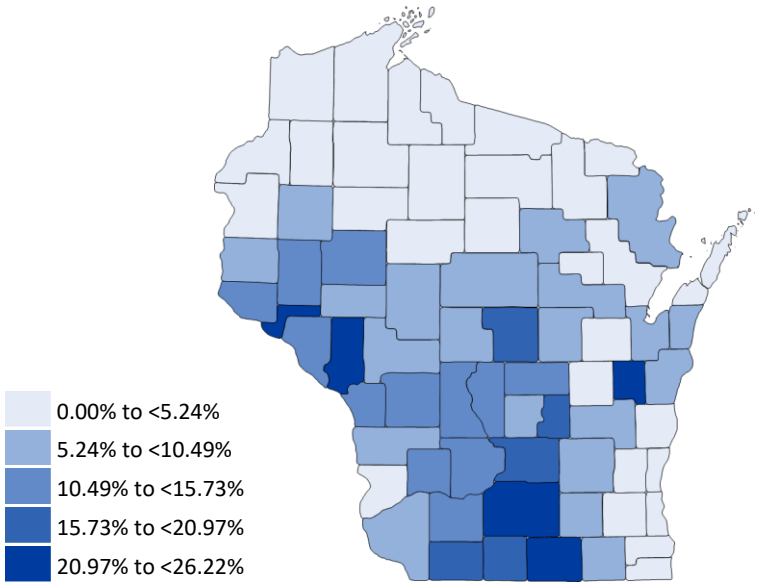
In Wisconsin, nitrate is one of the most common groundwater contaminants. High nitrate levels are linked with certain birth defects.

Infants who consume drinking water with high nitrate levels are at risk of blue baby syndrome, a condition that limits the blood's ability to carry oxygen.

NITRATE IN PRIVATE WELLS

PERCENT OF TEST RESULTS ABOVE EPA STANDARD OF 10 mg/L

1988 TO JULY 2019



Source: UW-Stevens Point Well Water Viewer

ABOUT THE PRIVATE WELL WATER DATA

The data displayed in the private well water section include samples collected from 1988 to July 2019. The maps include results of 47,748 arsenic samples and 192,706 nitrate samples. The number of samples collected varies from year to year and by county; accordingly, some years and counties are better represented than others.

These data do not include all well tests conducted in the state; some tests done by private labs and local labs are not submitted to be displayed on the Well Water Viewer.

To explore data for other water contaminants, visit the UW Stevens Point Well Water Viewer.

HOME HAZARDS MARATHON COUNTY

BACKGROUND

Because we spend a great deal of time in our homes, it's important that they are safe and healthy. Carbon monoxide (CO) poisoning, childhood lead poisoning, and radon are three home hazards tracked by the Wisconsin Environmental Public Health Tracking Program.

Carbon Monoxide Poisoning

Rate of ER visits per 100,000 people

Childhood Lead Poisoning

Percent of tested children with blood lead ≥5 µg/dL

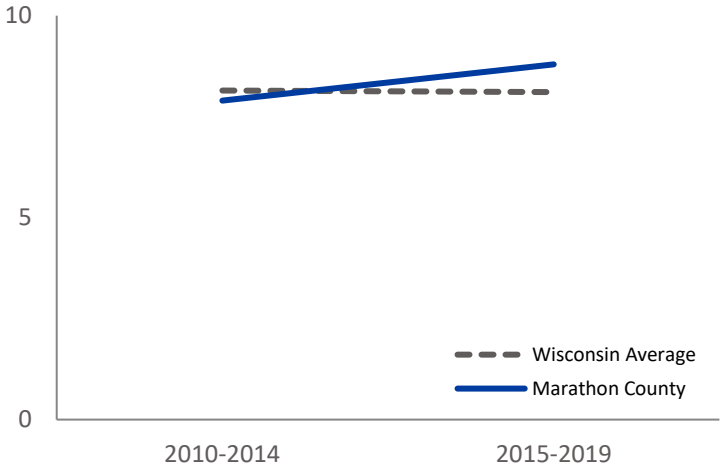
Radon

Percent of tests with results ≥4 pCi/L

Above state value | At or below state value | ^ Suppressed

CARBON MONOXIDE POISONING

RATE OF ER VISITS PER 100,000 PEOPLE



CARBON MONOXIDE POISONING

Carbon monoxide (CO) poisoning prevents oxygen from getting to the body, which can damage tissue and even cause death.

CO is a toxic gas that cannot be seen or smelled. CO is created whenever fuel or other materials are burned. Wisconsin state law requires all homes to have a CO detector on every level.

CO poisoning is also a risk in indoor ice arenas or recreational facilities where fuel-powered equipment (e.g., ice resurfacers, motorbikes, go-karts) is used. While there is no state law requiring CO detectors in these venues, it is still important to monitor CO levels in the air and take action if levels are unsafe.

HOME HAZARDS MARATHON COUNTY

CHILDHOOD LEAD POISONING

Lead poisoning slows growth and development in children, particularly in the brain. Lead poisoning is also associated with problems later in life, such as poor academic outcomes and increased incarceration.

Exposure to even low levels of lead can cause damage over time, especially in children. Blood lead levels are measured in micrograms per deciliter (µg/dL). The Centers for Disease Control and Prevention (CDC) defines lead poisoning as having a blood lead level at or above 5 µg/dL.

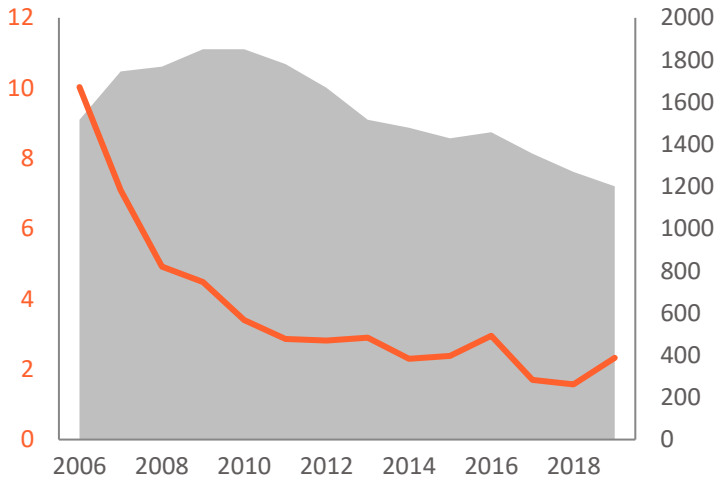
In most Wisconsin counties, the percentage of children poisoned is low. However, because counties vary greatly in the number of children tested for lead poisoning, these percentages should be interpreted with caution. For example, if eight children were tested in a county and two were poisoned, the percentage of children poisoned for that county would be 25%.

To facilitate accurate interpretation, the figure on the right displays both the percentage of children poisoned among those tested and the total number of children tested. More detailed information on the number of children poisoned at the census tract level is available on the Wisconsin Tracking data portal.

CHILDHOOD LEAD POISONING

PERCENT OF TESTED CHILDREN WITH BLOOD LEAD ≥5 µg/dL

NUMBER OF CHILDREN TESTED



RADON

Radon is a naturally-occurring gas that is radioactive and can cause lung cancer. Radon can leak into homes and other buildings through cracks in the foundation.

Like carbon monoxide, radon can't be seen or smelled. Homes both old and new can have unsafe radon levels, and the only way to know if a home has high radon levels is to test for it.

The radon data we present are only a fraction of the tests completed in Wisconsin. The data presented include all tests facilitated by the Radon and Indoor Air Program and Radon Information Centers, but may not include all tests conducted by private contractors. To view more years of data and data at the zip code level, visit The Wisconsin Radon Program.

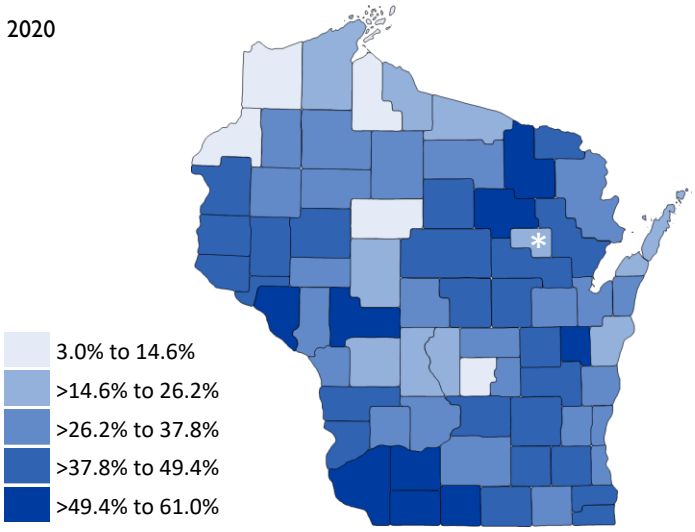
The Environmental Protection Agency (EPA) recommends all homes with radon levels of four picocuries per liter (4 pCi/L) or higher be fixed. There are many certified radon mitigation contractors throughout the state who can fix radon problems in homes. Learn more at lowradon.org.

RADON

PERCENT OF TESTS WITH RESULTS ≥4 pCi/L

16,345 TOTAL TESTS

2020



Note: The data for this map represent the percent of tests with results at or above the EPA standard of 4 pCi/L. The white asterisk denotes a county with 5 tests from 2017-2020. All other counties display data from 2020 only. These percentages may not be representative of radon levels for the entire county and should be interpreted with caution.

HEALTH CONDITIONS MARATHON COUNTY

BACKGROUND

The Environmental Public Health Tracking Program monitors data on asthma, chronic obstructive pulmonary disease (COPD), and Lyme disease. Each of these measures is strongly linked to one or more environmental factors.

Asthma

Rate of ER visits per 10,000 people

COPD

Rate of ER visits per 10,000 people

Lyme Disease

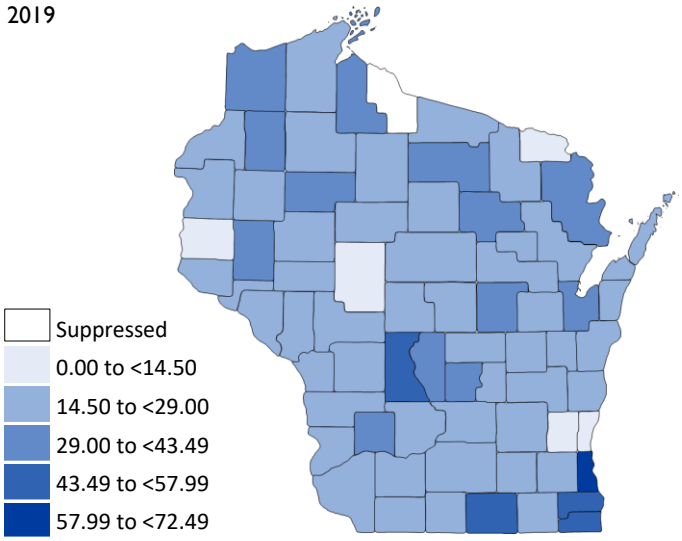
Rate per 100,000 people

Above state value | At or below state value | ^ Suppressed

ASTHMA

RATE OF ER VISITS PER 10,000 PEOPLE

2019



ASTHMA

Asthma is a disease that affects breathing and limits the ability to get oxygen to the lungs. Asthma symptoms may occur from exposure to common triggers, such as tobacco smoke, outdoor air pollution, or pollen.

The overall rate of asthma emergency room visits in Wisconsin has slightly declined since 2004. Rates at the county level are more variable. In Wisconsin, asthma rates vary considerably by race and ethnicity. Read more about these differences in our asthma disparities surveillance brief.

To learn more about the burden of asthma and resources in Wisconsin, visit our Asthma Program's webpage. View more years of asthma data on our portal.

HEALTH CONDITIONS MARATHON COUNTY

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD includes emphysema and chronic bronchitis. COPD is usually caused by cigarette smoking, but long-term exposure to other lung irritants, like secondhand smoke, can also contribute to COPD.

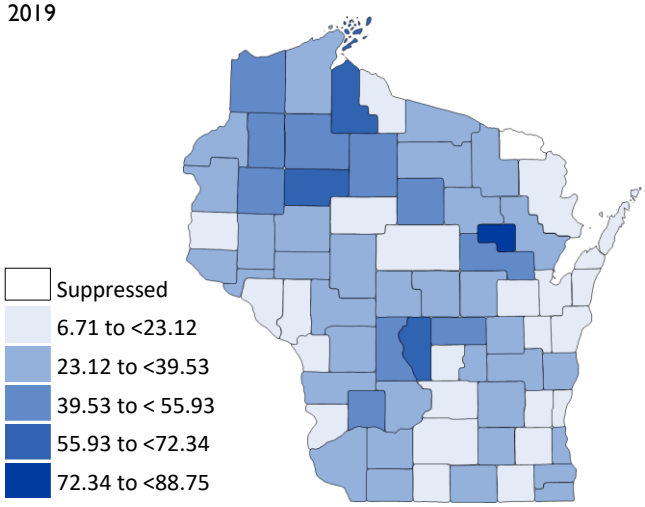
According to the CDC, tobacco smoking accounts for as many as 8 out of 10 COPD-related deaths. According to Wisconsin Tobacco Prevention and Control Program, 17% of Wisconsin residents currently smoke.

To learn more about smoking in Wisconsin, visit the Wisconsin Tobacco Prevention and Control webpage.

COPD

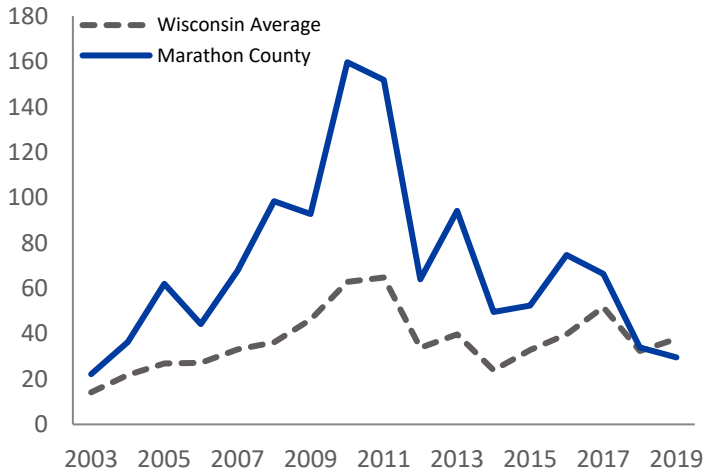
RATE OF ER VISITS PER 10,000 PEOPLE

2019



LYME DISEASE

CRUDE RATE PER 100,000 PEOPLE



LYME DISEASE

Lyme disease is spread by the bite of an infected black-legged tick (*Ixodes scapularis*) and is becoming more common in Wisconsin. The highest number of cases is typically reported in the northwestern region of Wisconsin, but in recent years cases have increased in the central and eastern regions. Lyme disease was Wisconsin's fourth highest reported notifiable communicable disease in 2019.

Wisconsin's climate has become generally warmer and wetter, which can provide more favorable conditions for ticks. Climate change has contributed toward the expanded geographic distribution of ticks as well as a longer season of tick activity and potential for Lyme disease transmission. Other factors, such as host populations (for example, deer and mice), awareness of Lyme disease, and land use changes, also impact Lyme disease rates.

INTERPRETING LYME DISEASE DATA

The crude rate includes confirmed cases of Lyme disease—not probable or estimated cases—until 2008. Starting in 2008, the crude rate includes confirmed and probable cases.

The criteria for reporting Lyme disease were revised again in 2012 to require reporting and follow-up only for cases with an erythema migrans (EM) rash. To compensate for this change, epidemiologists used a statistical method to estimate the true number of cases based on the number of total laboratory reports for each year since 2012.

As such, rates of confirmed cases might appear to decrease since 2012, but this is likely due to the change in case definition, not from a reduced burden of Lyme disease.

On the Tracking portal, estimated cases are only available at the state level, not the county level. The crude rate of cases reported here is an underestimate of the true rate of Lyme disease (see data details on page 16 for more information).

CLIMATE CHANGE

MARATHON COUNTY

BACKGROUND

Consistent with global climate change trends over the past 60 years, Wisconsin has become generally warmer and wetter. Changes in the climate may lead to drought, temperature extremes (very hot and very cold days), more precipitation and flooding, and more carriers of disease (for example, mosquitoes and ticks). Climate change can contribute to mental health problems, water and vectorborne diseases, allergies, water and food insecurity, and even death.

In this section, we focus on projections of heat and precipitation. This information can help inform decision-making and policies that can help local communities assess vulnerabilities, estimate the burden, and build overall resilience against the effects of a changing climate.

Extreme Heat

Projected number of days in 2080 > 90°F

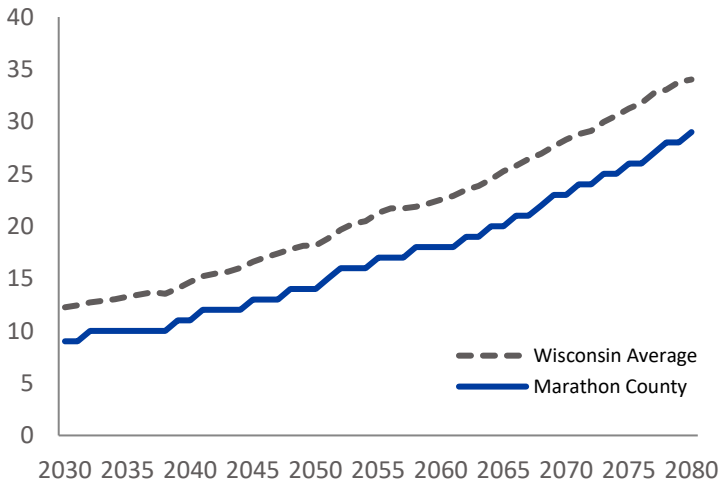
Extreme Precipitation

Projected number of days in 2080 with ≥1 inch of precipitation

Above state value | At or below state value | ^ Suppressed

PROJECTED NUMBER OF FUTURE EXTREME HEAT DAYS

NUMBER OF DAYS > 90°F



EXTREME HEAT PROJECTIONS

As temperatures rise, there is an increased risk of more heat-related illness and deaths in both urban and rural areas. These more intense heat-related events will threaten lives as well as disrupt health and social services.

Certain populations, such as adults who live alone or have limited social contacts, older adults, males who work or play outside, and people without access to air conditioning are at increased risk of heat-related illness.

The projected number of future extreme heat days (those above 90°F) is expected to increase in all Wisconsin counties over the next several decades.

CLIMATE CHANGE

MARATHON COUNTY

EXTREME PRECIPITATION PROJECTIONS

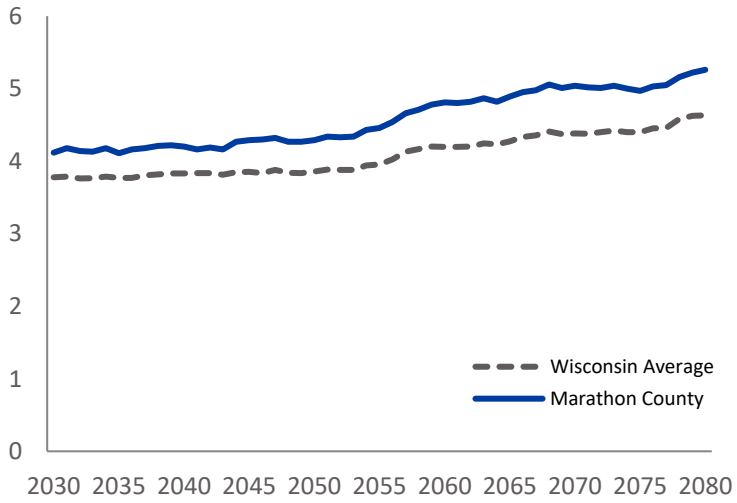
The frequency and intensity of extreme precipitation events have increased and are likely to increase further, raising the risk of flash flooding. These more frequent heavy rain events can have adverse effects on our health.

These events will likely increase our exposure to water-borne illnesses, including those linked to sewage contamination of drinking water. Our lakes and rivers are likely to have more outbreaks of aquatic pathogens, including bacteria and harmful algal blooms.

The projected number of extreme preciptiation events with over 1 inch of precipitation is expected to increase over future decades.

PROJECTED NUMBER OF FUTURE EXTREME PRECIPITATION DAYS

NUMBER OF DAYS WITH ≥ 1 INCH OF PRECIPITATION



If you are looking for more information on the climate and health connection, check out our **Climate and Health Program**!

PROFILE DATA DETAILS

COMMUNITY HEALTH

Alcohol Outlet Density: Crude rate of alcohol licenses per 500 people
Source: Divsion of Care and Treatment Services, Wisconsin Department of Health Services; primary data source is Wisconsin Department of Revenue
Years displayed: 2017-2018
Data details: Data are a point-in-time estimate, meaning the data are shared once annually and, at any given time throughout the year, a new license could be issued or an old one not renewed. Data are not suppressed for this measure. Crude rate of alcohol licenses per 500 people is the number of establishments with a liquor license divided by the total number of people in the county, expressed as a number per 500 people in the population.

Motor Vehicle-Related Fatalities: Percent of fatal motor vehicle crashes involving cyclists or pedestrians
Source: CDC National Environmental Public Health Tracking Data Portal; primary data source is National Highway Traffic Safety Administration
Years displayed: 2004-2018; data from 2014-2018 displayed on dashboard
Data details: Data were obtained from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System (FARS). Percentages were calculated by dividing the number of distinct crashes involving bicyclists or pedestrians by the total number of distinct fatal crashes, then multiplying by 100.

PRIVATE WATER QUALITY

Arsenic: Percent of test results for arsenic that exceed EPA standard of 10 µg/L
Nitrate: Percent of test results for nitrate that exceed EPA standard of 10 mg/L
Source: Well Water Quality Viewer, Center for Watershed Science and Education, University of Wisconsin-Stevens Point
Years displayed: 1988 to July 2019
Data details: The statewide comparison number was calculated by dividing the total number of tests that exceed EPA standard by the total number of tests and multiplying by 100. Per the Well Water Quality Viewer, "The viewer summarizes private well water quality data from the Center for Watershed Science and Education, the Wisconsin Department of Agriculture, Trade, and Consumer Protection, the Department of Natural Resources Groundwater Retrieval Network, Eau Claire City-County Health Department, and LaCrosse County Health Department. It is not considered a scientific study and **does not** represent well water quality information for all known private wells."

HOME HAZARDS

Carbon Monoxide (CO) Poisoning: Annual average rate of emergency room visits related to unintentional CO poisoning, age-adjusted per 100,000 people
Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
Years displayed: 2010-2019; data averaged from 2015-2019 displayed on the dashboard
Data details: This measure includes carbon monoxide poisonings that were unintentional (fire- or non-fire-related) and of unknown intent. These data are from emergency room visit records. The measure includes cases with an ICD-9 code (from 2010 through quarter three of 2015) of 986 or cause of injury code E868.2, E868.3, E868.8, E868.9, E982.0, or E982.1 and cases with an ICD-10 code (from quarter four of 2015 through 2019) of T58.01, T58.04, T58.11, T58.14, T58.2X1, T58.2X4, T58.8X1, T58.8X4, T58.91, and T58.94. Cases are excluded if there is any ICD-9 or ICD-10 code that indicates intentional exposure. Data for counties with fewer than five visits are suppressed to protect confidentiality. However, data from counties with zero visits are not suppressed. Direct age-adjustment is conducted using the 2000 U.S. standard population.

Childhood Lead Poisoning: Percent of children (less than 6 years of age) who had a blood lead level ≥5 µg/dL, among those tested; and the total number of children (less than 6 years of age) who were tested
Source: Wisconsin Childhood Lead Poisoning Prevention Program, Bureau of Environmental and Occupational Health, Division of Public Health, Wisconsin Department of Health Services
Years displayed: 2006-2019; data from 2019 displayed on dashboard
Data details: Wisconsin blood lead testing data from children less than 6 years of age are reported to the Childhood Lead Poisoning Prevention Program. Data are de-duplicated such that they contain the most recent confirmatory (venous) test following an elevated screening (capillary) test. If no confirmatory test for the individual is available, the most recent screening test result is used. The Wisconsin average includes all tests, regardless of whether there is location data for a given test.

Radon: Percent of radon tests with results at or above EPA standard of 4 pCi/L
Source: Wisconsin Radon and Indoor Air Program, Bureau of Environmental and Occupational Health, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2020
Data details: The map of these data comes from the CDC National Environmental Public Health Tracking Data Portal. The Wisconsin Radon and Indoor Air Program requested data from six private labs: AccuStar, Air Chek Inc., DrHomeAir, PRO-LAB Inc., Radonova, and Radon Testing Corporation of America (RTCA). The radon data we present from these six companies do not include all of the tests completed in Wisconsin. Data are those from pre-mitigation tests or those where mitigation status was not designated. Post-mitigation tests are not included. Data from tests where the testing media was water were excluded. Some records were missing county name, so county had to be determined by using a 5-digit zip code. Although this technique proved to be accurate in most cases, there may be some records where the county was misclassified. To view more years of data and data at the zip code level, visit lowradon.org.

HEALTH CONDITIONS

Asthma: Rate of emergency room visits related to asthma, age-adjusted per 10,000 people
Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2019
Data details: These data are collected from emergency room visit records. This measure includes cases with an ICD-10 code of J45 (inclusive of all sub-variation codes). Data for counties with fewer than five visits are suppressed to protect confidentiality. However, data from counties with zero visits are not suppressed. Direct age-adjustment is conducted using the 2000 U.S. standard population.

Chronic Obstructive Pulmonary Disorder (COPD): Rate of emergency room visits related to COPD for persons 25 years and older, age-adjusted per 10,000 people
Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services
Year displayed: 2019
Data details: These data are collected from emergency room visit records. This measure includes cases with an ICD-10 code of J40 through J44 (inclusive of all sub-variation codes). Data for counties with fewer than five visits are suppressed to protect confidentiality. However, data from counties with zero visits are not suppressed. Direct age-adjustment is conducted using the 2000 U.S. standard population.

Lyme Disease: Crude rate of confirmed and probable Lyme disease cases per 100,000 people
Source: Vectorborne Disease Program, Bureau of Communicable Diseases, Division of Public Health, Wisconsin Department of Health Services
Years displayed: 2003-2019; data from 2019 are displayed on the dashboard
Data details: These data are from the Wisconsin Electronic Disease Surveillance System (WEDSS). County-level data are based on the county of residence of the case; some infections may have been acquired during travel to other areas. The crude rate numerator includes only confirmed and probable (when available) cases and does not include estimated cases. Confirmed cases of Lyme disease include: 1) those with an erythema migrans (EM) rash that is greater than or equal to 5 cm in diameter and diagnosed by a medical professional or 2) those with at least one non-EM confirmatory sign or symptom indicating late manifestation of disease (arthritis, Bell's palsy or other cranial neuritis, encephalomyelitis, lymphocytic meningitis, radiculoneuropathy, or 2nd or 3rd degree atrioventricular block) that also has laboratory evidence of infection that meets criteria. In 2008, the national surveillance case definition for Lyme disease introduced probable cases. In 2012, the criteria for reporting Lyme disease changed so only cases with an EM rash required follow-up. Read the data details on our website for more information.

CLIMATE

Extreme Heat: Projected number of extreme heat days > 90°F
Source: CDC National Environmental Public Health Tracking Data Portal; primary data source is CONUS (Continental U.S.) Downscaled Climate Projections. NOTE: These specific data are no longer available. Please visit our Portal for updated heat projection measures.
Years displayed: 2030-2080; data from 2080 are displayed on the dashboard
Data details: The CONUS Downscaled Climate Projections calculated temperature projections using outputs from 16 global change models at 1/8th degree resolution to generate a single comprehensive dataset. Daily maximum and daily minimum temperature grid-level data were converted to county-level estimates using a population-weighted centroid approach. The projected number of future extreme heat days above 90°F was calculated using the Intergovernmental Panel for Climate Change (IPCC) A2 (high emissions) scenario.

Extreme Precipitation: Projected number of extreme precipitation days with ≥ 1 inch of precipitation
Source: CDC National Environmental Public Health Tracking Data Portal; primary data source is CONUS (Continental U.S.) Downscaled Climate Projections. NOTE: These specific data are no longer available. Please visit our Portal for updated heat projection measures.
Years displayed: 2030-2080; data from 2080 are displayed on the dashboard
Data details: The CONUS Downscaled Climate Projections calculated precipitation projections using outputs from 16 global change models at 1/8th degree resolution to generate a single comprehensive dataset. Grid-level meteorological data were converted to county-level estimates using a population-weighted centroid approach. The projected number of future extreme precipitation days with over 1 inch of precipitation was calculated using the Intergovernmental Panel for Climate Change (IPCC) A2 (high emissions) scenario.

TAKING THE NEXT STEP

Present to Stakeholders and Partners

We created a Profile Template Slide Deck as a guide for presentations. The slide deck is free to use and completely customizable. See the notes section for ideas and considerations for tailoring your talk. Visit the Profiles page of our website to download the template.

Plan Strategies for Taking Action

We know it's a challenge to translate data into action. To help get you started, we created a short menu of potential strategies for addressing the topics in this Profile called *Ideas for Taking Action*. To help communities of all sizes and resource levels, we organized them by the scope of the strategy, from increasing knowledge to addressing laws and policies. We also publish success stories from the recipients of our mini-grant program. Reviewing these stories is a great way to get ideas and connect with communities doing similar work. Visit the Ideas for Taking Action page of our website to learn more.

Join Our Quarterly Newsletter

Stay up to date on the latest Wisconsin Environmental Public Health Tracking news and resources by subscribing to our newsletter. Head to our website and click the link to subscribe.

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Special Thanks

Wisconsin Environmental Public Health Tracking Program's Technical Advisory Group

Center for Watershed Science and Education, University of Wisconsin-Stevens Point

WISCONSIN ENVIRONMENTAL PUBLIC HEALTH TRACKING PROGRAM
Bureau of Environmental and Occupational Health
Wisconsin Department of Health Services | Division of Public Health

dhstracking@wi.gov | dhs.wisconsin.gov/epht
SEPTEMBER 2021 | P-00719 (Rev. 09/2021)

Marathon County COVID-19 Dashboard

View online: https://www.co.marathon.wi.us/Departments/HealthDepartment/COVID19/Dashboard.aspx

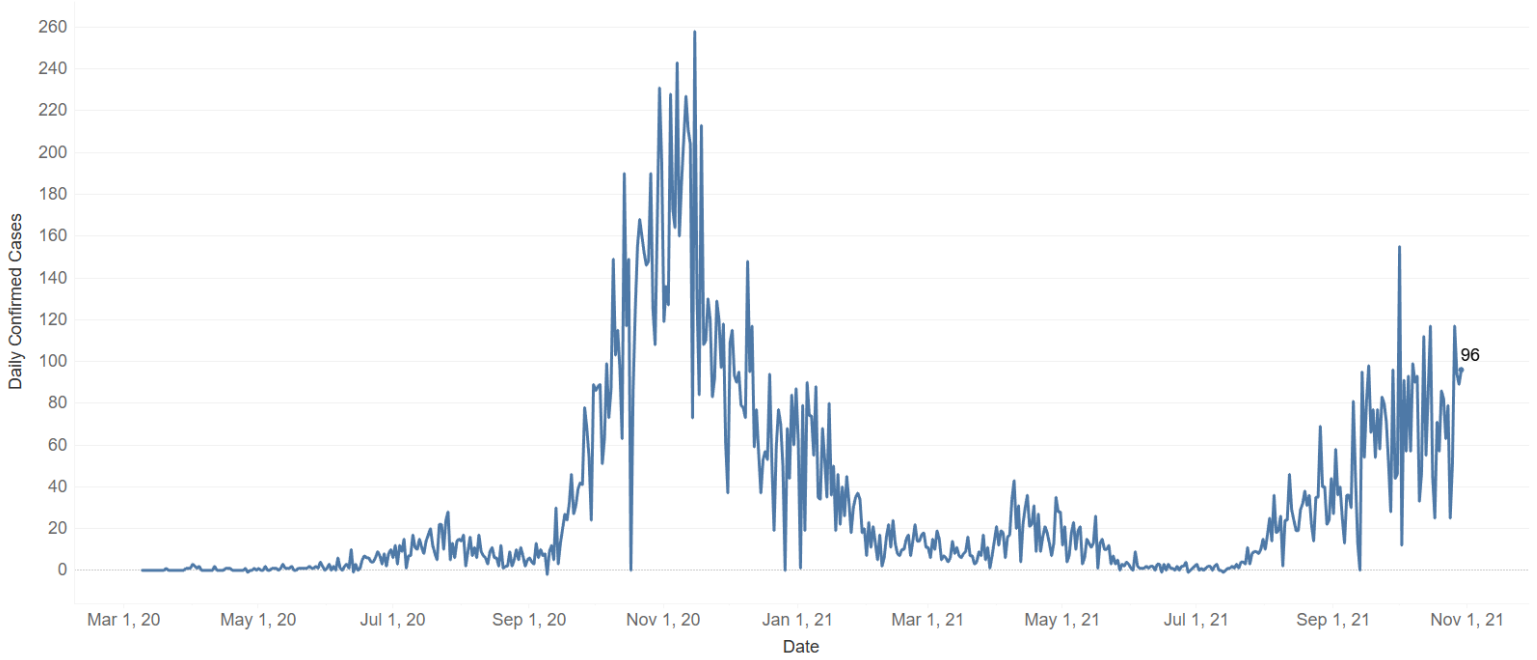
Marathon County COVID-19 Case Data

This data is compiled by the Wisconsin Department of Health Services. Case data will be updated daily, Monday through Friday. Weekend data will be added on Monday. To see more detailed data, hover over the graphic. For weekend numbers, visit https://www.dhs.wisconsin.gov/covid-19/county.htm Last updated: **10/29/2021**

New Daily Confirmed Cases	**96**	7-Day Average (Confirmed & Probable)	**68**
Total Confirmed Cases	**19,620**	Percent Recovered	**88.9%**
Recovered	**17,449**	Ever Hospitalized	**1,032**
Confirmed Deaths	**233**	Percent Ever Hospitalized	**5.3%**

Daily New Confirmed Cases

The data is compiled by the Wisconsin Department of Health Services (DHS). Last updated: **10/29/2021**



MARATHON COUNTY HEALTH DEPARTMENT

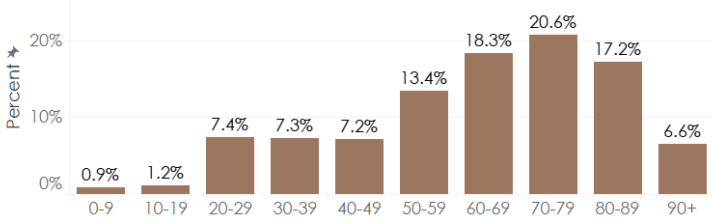
Marathon County COVID-19 Dashboard

COVID-19 Hospitalizations

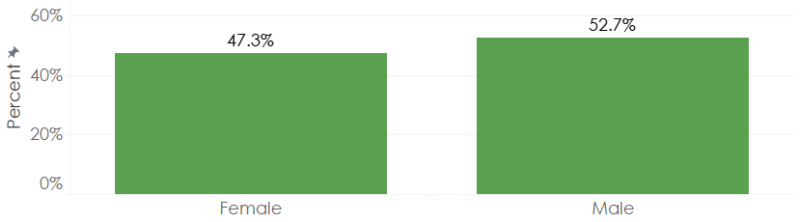
This data is compiled by the Wisconsin Department of Health Services weekly.
To see more detailed data, hover over the graphic. Last updated: **10/25/2021**

New Weekly Hospitalizations

Hospitalizations by Age



Hospitalizations by Gender

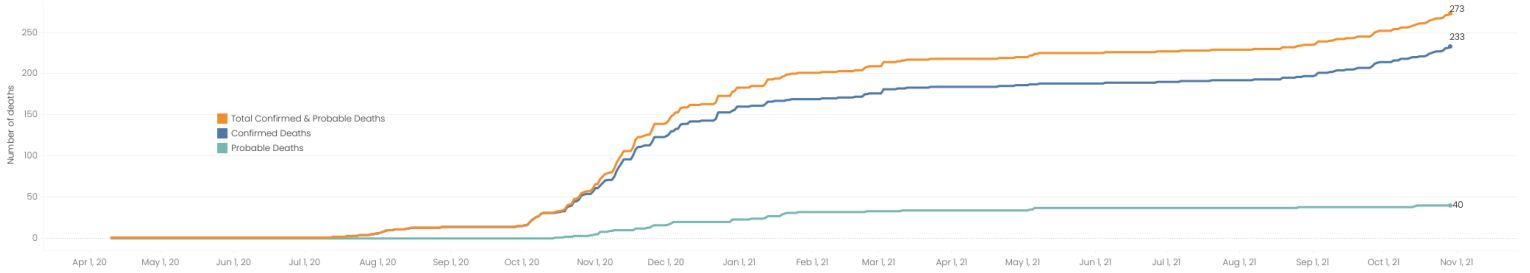


COVID-19 Deaths

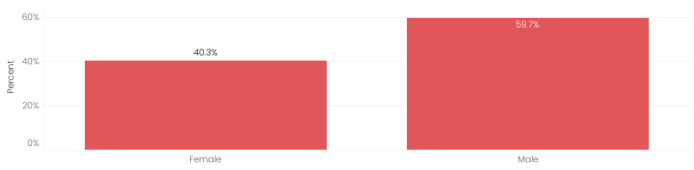
This data is compiled by the Wisconsin Department of Health Services. Death data will be updated weekly. To see more detailed data, hover over the graphic. Last updated: **10/29/2021**

Confirmed and Probable Deaths

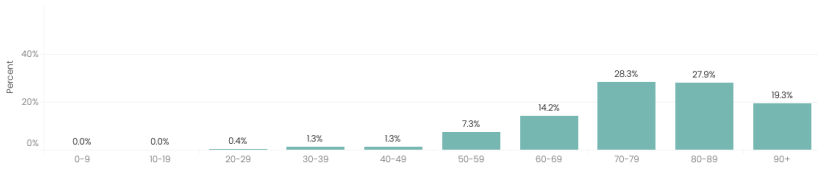
Deaths among probable cases are those that meet one of the following criteria:
- A probable case of COVID-19 is reported to have died from causes related to COVID-19.
- A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death is reported to DHS but WEDSS has no record of confirmatory laboratory evidence for SARS-CoV-2.



Deaths by Gender



Deaths by Age

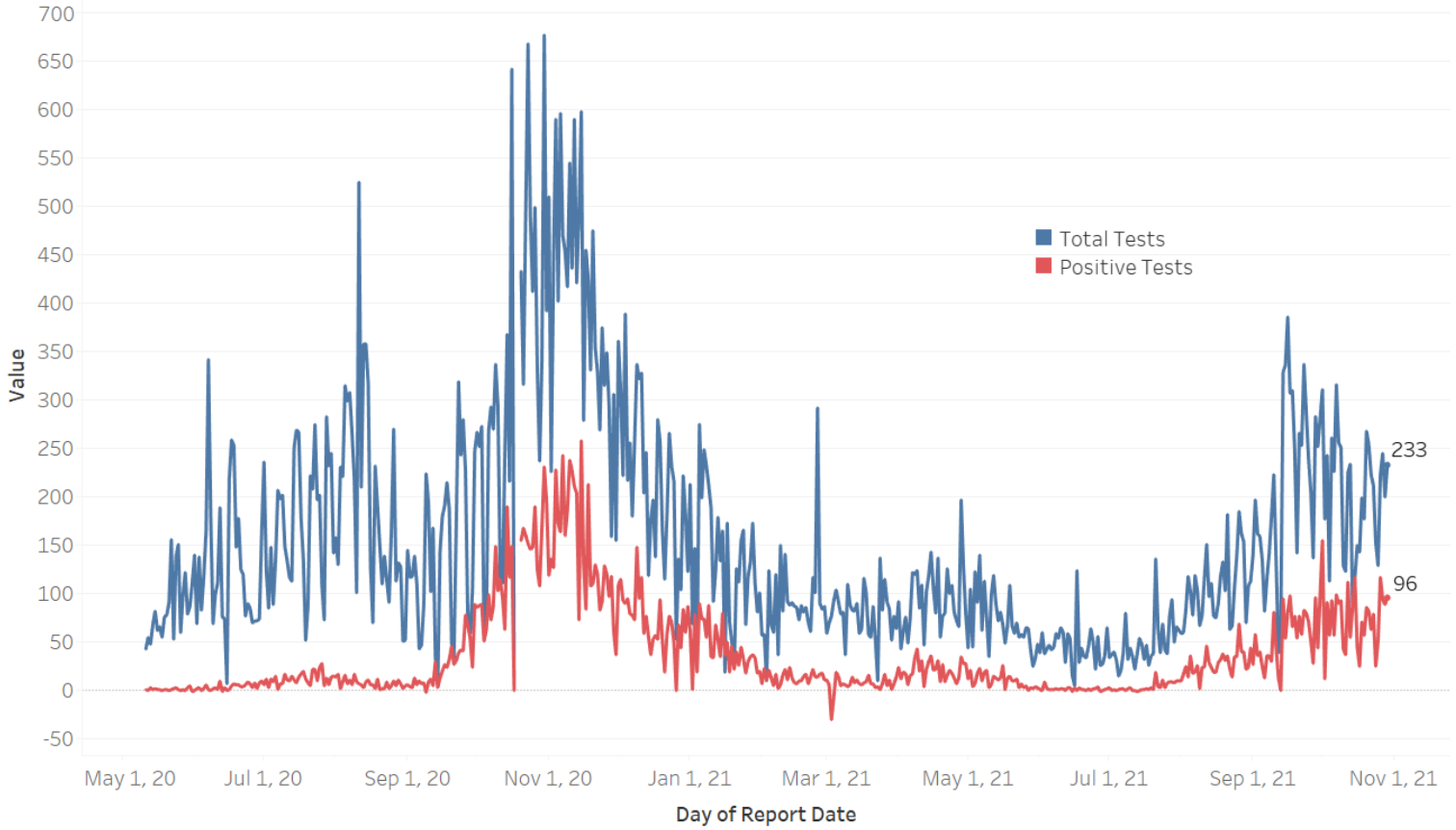


MARATHON COUNTY
HEALTH DEPARTMENT

Marathon County COVID-19 Dashboard

Total Daily COVID-19 Tests

The graphs show the daily totals for COVID-19 tests in Marathon County residents. Last updated: **10/29/2021**



MARATHON COUNTY HEALTH DEPARTMENT

Marathon County COVID-19 Dashboard

COVID-19 Vaccines for Wisconsin residents

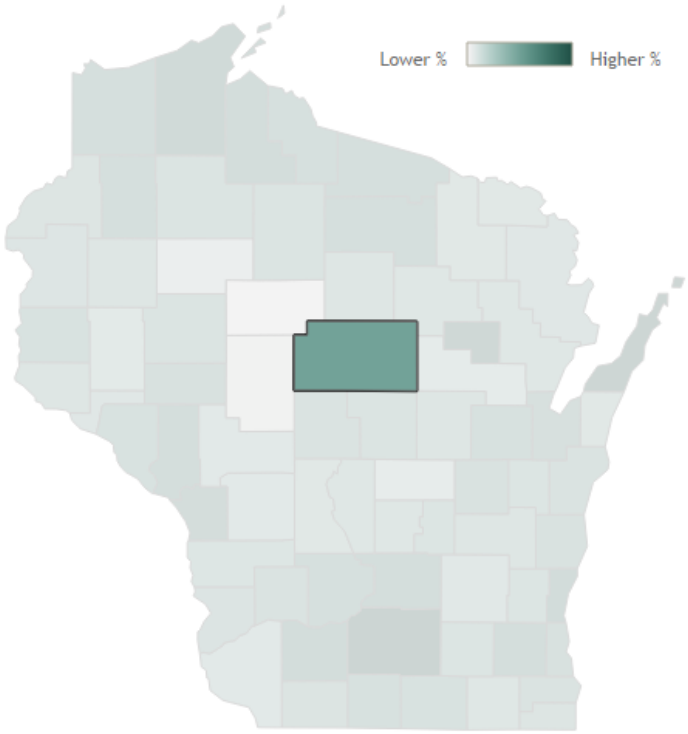
Updated: 10/28/2021

HERC region data

- (●) Total population who have received at least one dose
- ( ) Total population who have completed the series
- ( ) Adults (18+) who have received at least one dose
- ( ) Adults (18+) who have completed series

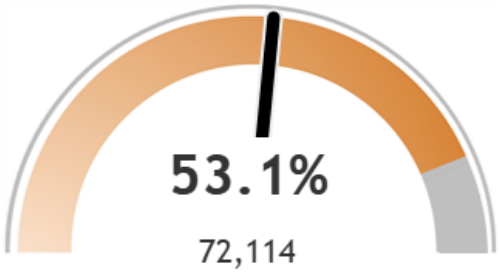
Percent of Wisconsin residents who have received at least one dose by county

Click a county to filter data



Percent of Marathon County residents who have received at least one dose

The **orange** represents the population for whom the vaccine is authorized. The **gray** indicates the population under 12 years of age for whom the vaccines are not authorized.



Age

12-15	41.5%
16-17	47.8%
18-24	50.7%
25-34	51.3%
35-44	58.1%
45-54	60.2%
55-64	68.7%
65+	81.8%

Race

American Indian	45.3%
Asian	55.1%
Black	30.4%
White	47.1%

*9.4% of records reported a race of "Other".

*1.5% of records reported an unknown race

Sex

Female	57.0%
Male	49.2%

*0.1% of records were reported without sex.

Ethnicity

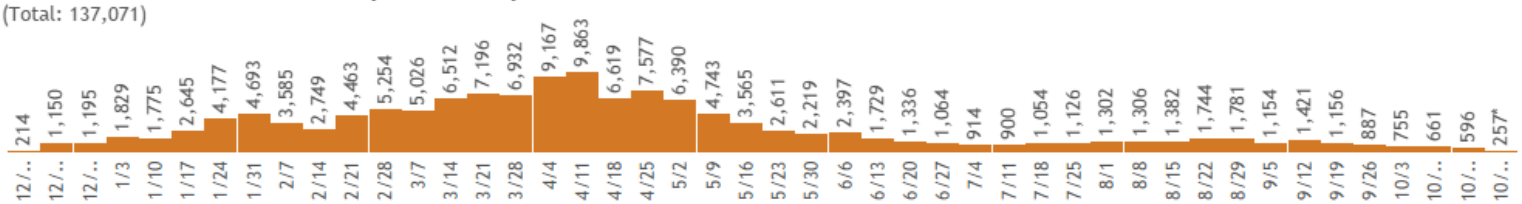
Hispanic	40.7%
Non-Hispanic	52.5%

*1.9% of records were reported without ethnicity.

View more data on racial and ethnic disparities in Wisconsin

Vaccine doses for Marathon County residents by week

(Total: 137,071)



*Current week may be incomplete.

MEDIA PACKET

2021-11-09

BOH MEETING

TABLE OF CONTENTS

Combating Anti–Asian American/Pacific Islander Racism Through Local Health Departments and Schools of Public Health

Emma K. Tsui, PhD, MPH, and Mary Huynh, PhD

ABOUT THE AUTHORS

Emma K. Tsui is with the City University of New York Graduate School of Public Health and Health Policy, New York, NY. Mary Huynh is with the New York City Department of Health and Mental Hygiene.

See also Borrell and Kapadia, p. 1366, and the Social Justice for Marginalized Communities section, pp. 1448–1472.

In the early months of 2021, accounts of attacks on Asian Americans/Pacific Islanders (AAPI) in the United States provoked renewed distress and outrage. Indeed, hate crimes against AAPI, especially AAPI women, youths, and older adults, have soared in the past year. Stop AAPI Hate, a group that tracks racist incidents among this population, noted nearly 3800 instances of harassment and violence between March 2020 and February 2021.[1] A survey of almost 700 US Asian Americans in fall 2020 indicates that since the beginning of the pandemic, approximately one third of Asian Americans have experienced verbal harassment, one quarter have experienced workplace discrimination, and 12% have experienced physical assaults.[2]

This violence and discrimination is rooted in the long and intricate histories of distinct AAPI populations in the United States and in White supremacy. And yet few, including within and across AAPI populations, know these histories well. As one example, we were shocked—as highly educated Asian women—to only recently learn about the Page Act of 1875 (https://bit.ly/34K8QtH), this country's first piece of racist immigration legislation. Among other actions, the Page Act effectively prohibited women from "China, Japan or any Oriental country" from entering the United States under the assumption that they were immigrating for "the purposes of prostitution" and, as a result, were diseased and dangerous.[3] This legislation illuminates racist notions of Asian women's exotic foreignness and the threat that White Americans perceived Asians to present.

These and other racist and discriminatory ideas about AAPI populations, unfortunately, persist to this day. Although this history is disturbing in that it makes visible what we across distinct AAPI populations suspect and fear, becoming aware of the historical context for contemporary racism facilitates our collective work against these forms of oppression.

As public health professionals, we were spurred by these realizations to consider how we can more actively contest anti-AAPI racism in our professional lives. We know that extensive work demonstrates the impact of racism on health.[4] Across AAPI groups, racism has been linked to pain conditions, cardiovascular conditions, and other chronic health conditions.[5] Problematically, however, AAPI subpopulations are seen as a monolith, despite a wide variety of experiences and health needs. But the ability to look at racism's role in the health status of distinct AAPI ethnic groups has been limited by small sample sizes.[6] Research has revealed differences in health outcomes among Chinese, Vietnamese, and Filipino populations after experiences of racism. For instance, everyday discrimination is associated with negative cardiovascular outcomes in Vietnamese and Chinese populations but not in Filipino populations.[5] Many of the studies in this area have emphasized the importance of disaggregating AAPI subpopulations to identify vulnerable groups.

With the hidden histories and diversity of the AAPI population in mind, we ask the following question: how can health departments and schools of public health—our professional homes—more intentionally and vigorously work to combat anti-AAPI racism as well as oppression more broadly? Local health departments do the day-to-day work of public health; schools of public health train people who staff and lead health departments and who work in a wide variety of other organizations advancing public health goals. Both health departments and schools of public health are thus critical engines of change in our field.

Among local health departments, the New York City Department of Health and Mental Hygiene has been at the forefront of centering the impact of structural racism on health. The department has implemented an internal initiative, Race to Justice (https://on.nyc.gov/3fMQpe6), that has three aims: (1) educating and training staff members in how racism and other systems of oppression can affect health care, (2) studying how racism has affected the department's past work and creating new policies to lessen that impact, and (3) collaborating with local communities to search for more ways to counter systemic injustices. A toolkit to implement Race to Justice that can be used by other health departments or agencies is publicly available. Specific to AAPI health, the department recently published an Epi Data Brief examining health disparities across AAPI subpopulations.[7]

Local health departments can do more to address the impact of racism on AAPI populations. We recommend that health agencies collect demographic information to identify distinct AAPI subpopulations. Vital records, such as birth and death certificates, incorporate a nationwide standard that corresponds to census data, making it easier to calculate rates for AAPI subpopulations. The format could be used for surveys and administrative data.[6]

Also, these agencies should oversample AAPI subpopulations when implementing community-wide surveys,[6] such as state-specific Pregnancy Risk Assessment Monitoring System surveys. Some jurisdictions already oversample for low birthweight or by zip code in these surveys. Given that funds are often limited for locally run surveys, AAPI subpopulations (as well as Latina/o/x/e and Black subpopulations) could be oversampled in alternating years.

Finally, health agencies should use the Race to Justice toolkit to intervene in internal practices that reinforce racist policies. In particular, health departments have promoted individual behavior change at the expense of addressing structural racism. Without acknowledging the deleterious impact of structural racism, public health interventions could reinforce stereotypes and inherently racist policies.[4]

In schools of public health, we can better prepare public health practitioners to do this work in health departments and elsewhere. In recent years, academic public health has recognized racism as a core determinant of population health and has sought to integrate this understanding into public health pedagogy. In 2016, for instance, the Council on Education for Public Health, which accredits all schools and programs of public health, adopted a new competency addressing racism: "Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at the organizational, community, and societal levels (https://bit.ly/3wWDfRn)." Although this is an important start, the events of the past year underscore the inadequacy of such a competency. Those of us working within schools of public health should further commit ourselves to learning and teaching about how public health problems are racialized, gendered, and shaped by multiple oppressions and histories; how we can study this complexity; and what we can do about it.

Specifically, we recommend that schools and faculties place greater emphasis on (1) teaching and learning about intersectionality, particularly the multiple marginalization that individuals and populations can experience, by infusing appropriate syllabi with literature from the social sciences and history, including histories of AAPI populations; (2) teaching and learning research methods that allow for analysis of the experiences of smaller samples (e.g., AAPI subpopulations) and intersected samples (e.g., samples grouped according to race/ethnicity, gender, or age), including highly collaborative community-based participatory research methods; (3) offering opportunities to learn from activism and social movements centered on the health of communities of color, including AAPI communities; and (4) ensuring that AAPI members of school communities are included as partners in efforts to address racism.

These are ambitious but doable actions that we hope to take up with our colleagues and others. We applaud the Centers for Disease Control and Prevention's recent recognition of racism as a serious public health threat (https://bit.ly/3ckLa30) and take inspiration from the growing movements for Black lives and racial justice, which nurture solidarity across communities of color. The steps we recommend further amplify our field's work against racism while intentionally incorporating the experiences of AAPI communities whose oppressions have been invisible for far too long. With these actions, we will strengthen public health's infrastructure and workforce to better protect and support those most marginalized by structural inequities. AJPH

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PUBLICATION INFORMATION

Full Citation: Tsui E, Huynh M. Combating anti–Asian American/Pacific Islander racism through local health departments and schools of public health. *Am J Public Health*. 2021;111(8): 1470–1472.

Wausau to get up to 100 Afghan refugees

Allison Garfield Wausau Daily Herald
USA TODAY NETWORK – WISCONSIN

WAUSAU – The city is making preparations to resettle 75 to 100 refugees in the next year, including 10 who fled the rise of the Taliban in Afghanistan.

Local leaders — from local government, faith-based organizations, schools and businesses — weighed hopes and concerns of what resettlement would look like during a webinar held Thursday by the Wisconsin Institute for Public Policy and Service.

All the panelists, from all facets of life in Wausau, spoke with enthusiasm about welcoming refugees into the city, though they also expressed concerns and solutions.

The Rev. Rebecca Voss of First United Methodist Church in Wausau, who spoke on Thursday's panel, has been involved in bringing a national refugee resettlement agency — the Ethiopian Community Development Council — to Wausau.

She said while waiting for federal officials to make decisions and

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Refugees

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approvals, both excitement and concerns have grown in the community.

"Resettling refugees successfully calls for great generosity of time and funds," Voss said. "Consider this evening to be a new beginning."


Rosenberg

Wausau Mayor Katie Rosenberg said welcoming refugees is a great opportunity to grow the economy and be good neighbors.

"I think ultimately this is a really good thing," she said.

Why Wausau? The city's past and future with refugee resettlement

The city isn't unfamiliar with the refugee resettlement process. Hmong refugees fled camps in Thailand to Wausau following the end of the Vietnam War starting in the early 1970s.

But, back when the Hmong refugees arrived in the '70s and still to this day, there are deep tensions in the community fueled by racism and discrimination. Marathon County spent the past year and a half struggling to pass a "Community for All" initiative, which acknowledges inequities and disparities, especially in minority communities. The county board ultimately voted down the resolution in August in an 18-18 vote.

State Refugee Coordinator Bojana Zoric Martinez suggested the Ethiopian Community Development Council consider Wausau as a new site over the summer, based on different criteria — including the time she spent in the city and its welcomeness.


Teferra

On the panel, Tsehaye Teferra, the council's president and CEO, asked "why Wausau?" and answered, "it's because of you."

"We had our first meeting with the community and I was really very, very impressed and convinced this was a community (where) we wanted to be," Teferra said.

The agency's staff consulted with community stakeholders in May to gauge the level of interest in and support for a resettlement program. After positive discussions and letters of support, the council included Wausau in its plan for an annual funding proposal, which it submitted in early July.

The Afghan humanitarian crisis has complicated refugee resettlement.

As of two weeks ago, the State Department confirmed Wausau as a resettlement site. The Ethiopian Community Development Council announced Wednesday that it is preparing for the first 10 individuals to resettle into Wausau by December and that another 75 people could arrive from January through September 2022.

The organization said among those refugees could be Afghans, through the Afghan Placement and Assistance program.

Martinez said Wausau was originally set to get 10 Afghan refugees, but as there aren't enough affiliates across the county, coordinators are seeing what sites could take more.

"I don't think Wausau would get more than 100 individuals in the first year. That would be my impression," Martinez said.

Debunking misinformation: confronting fear and division

As for confronting those who perhaps are not keen on the idea of welcoming refugees, the Rev. Tom Lindner of St. Anne Parish said this is one of the reasons faith communities exist.


Lindner

For him, the two biggest challenges are addressing fear, suspicion and division.

"In a way, it's a test of sorts. It's a way to see who we are," Lindner said. "Any time we're encountering someone new, there's a bit of fear that haunts us, and that can lead to resistance. We want to try to alleviate those fears and provide good, accurate information.

"This is a test for all of us if we are a welcoming community," he said.

Wausau Police Chief Ben Bliven said empathy and understanding will be crucial to helping refugees feel at home, and the way to do that is by building relationships.


Bliven

He also cautioned people to be careful about labeling an entire group based on the actions of one or two people.

"We need to be careful about labeling people who are coming here who need our help," Bliven said. "We should be proud as a community to support people in need. It's an exciting time to be in Wausau."

Martinez said she is completely confident refugees are thoroughly vetted, despite misinformation circulating on social media. White House officials confirmed in August that Afghan refugees who arrived at Wisconsin's Fort McCoy underwent rigorous vetting by intelligence agencies.

Rosenberg spoke to the challenge that comes with change, and expectations from both old and new residents.

"Change can be really hard. We need to communicate. We need to be open to communication and we need to force that," she said. "We need to dig in together."


Hsu

Business owner Will Hsu said the true question is if the community is up for the challenge.

"Some say 'yes' based on faith, personal belief, prior experiences or desire. For the few that say 'no,' we need to ask them and ourselves how do we get them to 'yes,'" he said.

Part of the solution, Hsu said, will be effectively advocating for and being allies of refugees and other newcomers. Businesses and organizations will need to educate and offer help, as new barriers and problems with develop over time.

There are many myths and misconceptions about refugees and what it means for communities when they resettle.

For instance, the U.S. Immigration Policy Center recently released a report examining the fiscal effects of refugee resettlement programs, which Rosenberg cited Thursday to clear up a rumor she's been hearing: that refugees will increase the city's taxes.

That is, in fact, untrue.

The federal report shows refugees have no statistically significant impact on state or local expenditures or revenues, both short and long term. In fact, it found refugees bring positive cultural and economic contributions to the communities they live.

Rosenberg said since a federal program is bringing refugees to the city, that is where the resources will be coming from.

"If we see our needs are changing and we need more resources, that's a conversation we'll have to have with the federal government," she said.

How the Wausau area is preparing for an influx of refugees

In the meantime, schools, businesses and health care centers are preparing for refugees in different ways, but they all focus on the same critical concept: open dialogue.

The Ethiopian Community Development Council plans to appoint a director to its Wausau site who will help lead the resettlement process.

The Wausau and D.C. Everest school districts are holding professional development opportunities for staff to educate and help them prepare for new students. They also are working with the state Department of Public Instruction on updated English language curriculum.

Jennifer Smith, executive director at Bridge Community Health Clinic, said refugees experience very high levels of stress and emotional distress. Fortunately, the Wausau area is "incredibly rich with medical resources," she said, and local health facilities will need to lean on partners for help.


Smith

"We don't have any concerns about our ability to meet refugees' health care needs." Smith said. "We're trying to anticipate everything we can and I think the number one thing will be connecting with other clinics working with similar groups."

Martinez reassured Thursday's 25 panelists and over 300 onlookers that Wisconsin — and Wausau — has been receiving refugees since the 1970s.

"We got this. This is not new to us," she said. "We're not inventing something here. There is a model that is very well established."

She reminded those watching that it's important to remember refugees are people who have been persecuted in their native or home countries and cannot return to their homes because of fear of prosecution.

Martinez referenced the millions and million of refugees in the world, "more than ever before," she said, and how important it is to integrate them into the community.

And Rosenberg had an announcement for those not on board.

"I'm hearing from some people who are like, 'I want to vote no on this.' You don't actually get to vote on this. That's not the way it works," Rosenberg told the Daily Herald ahead of Thursday's discussion. "Our job as a city to grow (and) this is a great opportunity to introduce folks to new people and grow Wausau."

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‘UPHILL BATTLE’

Wisconsin parents suing school boards over lack of COVID-19 protocols

AnnMarie Hilton | USA TODAY NETWORK – WISCONSIN

Parents in two Wisconsin communities are testing whether school boards can be sued for failing to take measures to protect their children from contracting COVID-19. ● But legal experts say it won't be an easy feat. ● The parents in Waukesha and Fall Creek each filed federal lawsuits against their respective school boards after their children tested positive for COVID-19. The lawsuits claim the children got sick after they were exposed to another sick child while in school, and blame their children's illness on the districts' lack of mitigation strategies.

Both cases are seeking an order to force the districts to comply with COVID-19 guidance from the CDC.

The lawsuits are being funded by the Minocqua Brewing Company Super PAC. The Super PAC and the brewery, which has politically branded beers, are owned by Kirk Bangstad, who ran unsuccessfully

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Parents in two Wisconsin communities have filed federal lawsuits against their school boards after their children tested positive for COVID-19. The lawsuits claim the children got sick after they were exposed to another sick child while in school, and blame their children's illness on the districts' lack of mitigation strategies WM. GLASHEEN/ USA TODAY NETWORK-WISCONSIN

Uphill

Continued from Page 1A

last November for the Assembly District 34 seat against incumbent Republican Rob Swearingen. He started a Super PAC in January targeting Republican federal and state officials.

It's up to school boards in Wisconsin to decide COVID-19 mitigation strategies for their districts. There are recommendations from DHS and the Centers for Disease Control and Prevention, but no mandates or laws telling school boards what they have to do about COVID-19 in their schools.

School boards have taken heat from parents and other community members who both want and don't want mask requirements. There have been protests, calls to resign and other signs of frustration directed toward board members. Lawsuits are a somewhat new development.

Parents in other parts of the country, including four parents in Georgia, have brought legal action against their school boards. The Georgia case differs from the two in Wisconsin because those parents argue the district's lack of a mask mandate makes it unsafe for their students with disabilities to attend school in-person.

That case says the school district violated federal law, including the Americans with Disabilities Act and section 504 of the Rehabilitation Act, which protects people with disabilities from discrimination by organizations who receive federal funding.

Those laws aren't a factor in the two Wisconsin cases. So, just how viable are those cases?

Mirroring cases in federal courts

The first lawsuit was filed by attorney Frederick Melms on Oct. 5 in the U.S. Eastern District of Wisconsin on behalf of Shannon Jensen and other parents and Waukesha School District students.

Back in May, the Waukesha School Board removed a mask requirement and other COVID-19 mitigation measures that had been in place for the 2020-21 school year.

Jensen's sons continued to wear masks while many classmates did not. Her oldest son tested positive on Sept. 19 after sitting next to a sick classmate two days before. All of her sons had to quarantine and the younger son later tested positive, too.

At the time, positive COVID-19 cases among school age-children had spiked in mid-September, roughly two weeks after the start of the school year, according to data from the Wisconsin Department of Health Services. Cases started to drop the week of Sept. 20 and preliminary data from the state predict case numbers to keep falling.

The complaint alleges the district is violating students' constitutional right to be "safe from state created dangers while in school," and the district has a duty to keep students safe since it brought kids back into classrooms.

The lawsuit also claims the district entered into a "special relationship" when it implemented COVID-19 protocols and that it's creating a public nuisance by bringing kids into schools without mitigation procedures in place and then spreading the virus throughout their community.

The Fall Creek lawsuit was filed on Oct. 11 in the Western District of Wisconsin U.S. District Court. Similar to Jensen, Gina Kildahl alleges the district ended its mitigation procedures for the 2021-22 school year, and her son tested positive days after two classmates — including one who wasn't wearing a mask — tested positive.

Kildahl compares the school to a "COVID-19 snake pit," in the lawsuit.

Immunity laws could be a big roadblock

Terry Bouressa, an attorney at Hanaway Ross Law Firm in Green Bay, said he wouldn't take the case if parents came to him seeking to sue a school board in federal court.

Bouressa has been involved with municipal litigation for most of his career, and although he hasn't been specifically involved with litigation over masking or COVID-19 vaccines, he said it's an emerging area.

"That's going to be a real uphill battle," he said.

Under Wisconsin law, it is difficult to sue local governmental bodies for policy decisions. There are circumstances where courts will allow such claims, but he said there are "a lot of hoops to jump through."

This protection for policy decisions doesn't apply if the decision created a condition that was "the proximate cause of injury, death or loss," according to state law.

Bangstad knows about this protection afforded to school boards on a state level, but he argues that these cases are about a "social contract" between the school boards, students and parents. Last school year, he said, districts had protections such as mask requirements, contact tracing and quarantines, and that contract was broken when the requirements were removed this school year.

One reason to protect governmental bodies from being sued for policy decisions, Bouressa said, is to encourage people to run for elected office without the fear of being sued for an outcome of their policies.

There are fewer immunity restrictions in federal court, but Bouressa said a lawsuit against a school board policy is going to have to clear a "high bar" in state or federal court.

Rick Esenberg, president of the conservative Wisconsin Institute for Law and Liberty, doesn't think these cases have much of a chance at success. Courts are "historically reluctant" to interfere with policy judgements by governmental bodies, he said — though WILL itself has successfully sued local governments over COVID restrictions.

If people don't like what a government, such as a school board, is doing, they should take political action, Esenberg said, but rather than suing, they should try to unseat board members come election time. Previously, WILL has offered free legal advice to several parent groups pursuing or weighing school board recalls.

The complaint filed in the eastern district also alleges a violation of the students' constitutional rights under the 14th Amendment to be "safe from state created dangers." To that point, Esenberg referenced a 1989 case where the Supreme Court decided a state agency's failure to prevent a child from being abused by a parent was not a violation of the 14th Amendment.

He said it may not be possible to overcome the precedent set by that case.

Proving the cases even came from school may be tough

Julie Underwood, a retired faculty member of the University of Wisconsin-Madison School of Education and Law School, said the argument in the lawsuits are based on a claim of negligence: The school districts have a responsibility to provide reasonable care of the child, and failed to do so.

If it's determined that immunity doesn't apply here, the next question would be whether it was reasonable for the school boards not to require masks, Underwood said.

State health officials have said they support the CDC recommendation for universal masking in schools regardless of vaccination status, but nothing tells schools they must require masks.

To establish what is reasonable, Underwood said, lawyers for the parents could introduce testimony from experts and others to discuss what other school districts do.

School board policy aside, there's still the need to prove that the child contracted COVID-19 from school and not from a playdate, the grocery store or anywhere else the child may have been.

Both cases claim the kids tested positive shortly after other students — who didn't wear masks to school and were in the same classrooms — did.

Underwood said it would need to be proven that the other students who were at school were the cause of these students getting sick.

An argument could be raised for a court to dismiss the claim because of the inability to prove that the child contracted COVID-19 specifically at school, said Todd Dickey, an attorney based in Green Bay.

Saying a child was infected at school is speculative, he said in an email, because of the time lag between when someone is exposed to the coronavirus and when they begin to experience symptoms. There can be anywhere from two to 14 days between the time someone is exposed to the virus and they start to develop symptoms, the CDC says.

The Wisconsin lawsuits were filed by individual parents, but Bangstad said the intention is for them to become class actions that would require all Wisconsin school districts to comply with CDC guidance.

No one is seeking damages in either of these cases, but Bangstad said he could see other parents filing lawsuits in the future that would seek damages.

Suing school boards was never something Bangstad imagined for his brewing company super PAC. He said there shouldn't even be lawsuits about this and the "easy thing" would be for school boards to "do the right thing."

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Offering help to people at Hidden Lakes Estates

People still living at a Schofield trailer park have less than two weeks to find a new home, otherwise they could become homeless.

By Tony Langfellow
Published: Oct. 26, 2021 at 9:49 PM CDT

SCHOFIELD, Wis. (WSAW) - People still living at a Schofield trailer park have less than two weeks to find a new home, otherwise they could become homeless.

Monday, Nov. 8 is the day people living at Hidden Lakes Estates (formerly Northern Housing Community) need to move out by, but finding a new, affordable home isn't that easy.

It's been nearly two months since a Marathon County judge ordered 60 days until eviction from the Schofield trailer park.

"We know that affordable housing is not very readily available," Schofield Alderperson and Council President Joan Joss said.

Joss is concerned for people living at Hidden Lakes Estates. There's about 25 people left and she said nearly half have found new homes, while others are refusing to leave.

"I think it's very hard to be uprooted to have to leave your home no matter what that home is or especially if you've been there any length of time," Joss said.

The property owner, Sustainable Resources, applied for a license to operate the park but was denied by the City of Schofield in January 2021. Now it's causing displacement and headaches for people living there.

"They really didn't do anything to do deserve the situation they got put into... This just kind of happened to them, as life happens to us all," North Central Community Action Program (NCCAP) Street Outreach Specialist James Voss said.

It's now Voss' job to help find these people new, affordable homes. But giving them a hand, hasn't been all that easy.

"They're very untrusting (sic) at first. I mean some guy comes down and wants to help after they've been evicted and kind of thrown for a loop," Voss said.

Voss has already helped two people find new homes and is working with several others. NCCAP also helps them with their first month's rent. But for those who haven't accepted their help, Voss hopes they come around soon before it's too late.

"I don't have an agenda, I don't have anything to sell them, my agenda is to help them out," Voss said.

Joss said she believes some of the remaining people living there have started a petition to stay but doesn't think it'll help.

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

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 42 (Through week of October 24, 2021)

Jurisdiction: Marathon County

	2021				
Disease Group	**Week 39**	**Week 40**	**Week 41**	**Week 42**	**Total**
Arboviral Disease	0	0	0	0	1
Babesiosis	0	0	0	0	9
Blastomycosis	0	0	0	0	4
Campylobacteriosis (Campylobacter Infection)	1	0	0	0	27
Carbon Monoxide Poisoning	0	0	0	0	8
Chlamydia Trachomatis Infection	7	8	5	7	301
Coccidioidomycosis	0	0	0	0	1
Coronavirus	528	518	513	471	7768
Cryptosporidiosis	1	0	2	0	12
Ehrlichiosis / Anaplasmosis	1	0	1	0	48
Giardiasis	0	0	0	0	27
Gonorrhea	2	2	0	0	75
Haemophilus Influenzae Invasive Disease	0	0	0	0	3
Hepatitis B	0	0	0	0	2
Hepatitis C	0	0	0	0	19
Histoplasmosis	0	0	0	0	1
Invasive Streptococcal Disease (Groups A And B)	0	0	0	0	15
Legionellosis	0	1	0	0	1
Listeriosis	0	0	0	0	2
Lyme Disease	0	1	1	1	41
Meningitis, Other Bacterial	0	0	0	0	2
Meningococcal Disease	0	0	0	0	1
Mycobacterial Disease (Nontuberculous)	0	0	0	0	10
Pathogenic E.coli	1	0	0	0	9
Salmonellosis	0	0	0	0	22
Shigellosis	0	0	0	0	2
Streptococcus Pneumoniae Invasive Disease	0	0	1	0	2
Syphilis	0	0	0	0	1
Toxoplasmosis	0	0	0	0	1
Tuberculosis	0	0	0	0	3
Tuberculosis, Latent Infection (LTBI)	0	0	0	0	15
Varicella (Chickenpox)	0	0	0	0	3
	541	530	523	479	8438