MARATHON COUNTY
BOARD OF HEALTH AGENDA

Date & Time of Meeting: **Tuesday, June 14, 2022, at 8 a.m.**

Meeting Location**: Courthouse Assembly Room, B-105, 500 Forest Street, Wausau WI**

Committees Members: Michelle Van Krey-Chair, Tara Draeger-Vice Chair, Helen Luce, Katie Dively, Stacey Morache, Jennifer Aarrestad, Yee Leng Xiong, Ann Lemmer

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)*

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:**

Phone #: +1-408-418-9388 **Access Code:** 2497 486 2567

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**

1. **Call Meeting to Order**
2. **Pledge of Allegiance**
3. **Public Comment (15 Minutes)** (*Any person who wishes to address the County Board, or one of its committees, during the "Public Comment" portion of meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting.)*
4. **Approval of the May 10, 2022, Board of Health Meeting Minutes**
5. **Policy Issues for Discussion and Possible Action**
6. **Operational Functions Required by Statute, Ordinance, or Resolution**
7. **Educational Presentations and Committee Discussion**
   - **A.** Reporting relationship with Health and Human Service Committee and Review of Governance Functions
   - **B.** Review of MCHD Annual Reports 2019, 2020, 2021
8. **Next Meeting Date & Time, Location, Announcements and Future Agenda Items:**
   - **A.** Committee members are asked to bring ideas for future discussion.
   - **B.** Next Board of Health Meeting: Tuesday, August 9 at 8 am
9. **Adjournment**

**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 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting*

SIGNED: _____
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups NOTICE POSTED AT COURTHOUSE

EMAILED BY: _____ BY: _____

DATE & TIME: _____ DATE & TIME: _____

Marathon County Board of Health Minutes

Meeting Date/Time: **Tuesday, May 10th, 2022, at 7:45 AM**
Meeting Location: **Marathon County Courthouse**
Assembly Room
500 Forest Street
Wausau, WI 54403

Present - In Person: Tara Draeger, Stacey Morache, Jennifer Aarrestad, Ann Lemmer, Michelle Van Krey

Present - Via WebEx: Helen Luce, Katie Dively, Yee Leng Xiong

MCHD Staff: Eileen Eckardt, Dale Grosskurth, Rachel Klemp-North (Online), Becky Mroczenski (Online), Aaron Ruff (Online), Hannah Schommer (Online), Laura Scudiere, Kim Wieloch, Kang Chu Yang

Others via WebEx: Caller 7154****93, 7152****61, Becky Turpin

Others In Person: Michael Puerner, Gerry Klein

Committee Members: Jennifer Aarrestad, Katie Dively, Tara Draeger, Ann Lemmer, Helen Luce, Stacey Morache, Michelle Van Krey, Yee Leng Xiong,

1. Call to Order

Corporate Council, Michael Puerner called the meeting to order at 7: 45 AM and opened the meeting with the Pledge of the Allegiance.

2. Public Comment Period (Limit to 15 Minute)

The following members of the public provided comments. Comments voiced thanks to the outgoing board members for their services and welcome notes to all new board members.

Name	**Residence**
Becky Turpin	Weston, WI

Comments were limited to three minutes at the direction of the corporate counsel and limited to the first 15 minutes.

3. Approval of the Minutes

A. **April 12, 2022, Board of Health Meeting**

Motion to approve the minutes of the April 12, 2022, Board of Health meeting made by Tara Draeger. Second by Jennifer Aarrestad. Motion approved.

4. Policy Discussion and Possible Action

A. Election of Chair, Vice Chair, and Secretary
Corporate council Puerner opened the floor for Chair nominations. Board member, Yee Leng Xiong nominated member Michelle Van Krey. No other nominations were brought forth.

Motion to elect Michelle Van Krey as Chair of the Board of Health made by Ann Lemmer. Second by Jennifer Aarrestad. Motion approved.

Chair Van Krey opened the floor for Vice Chair nominations. Member, Jennifer Aarrestad nominated Stacy Morache and Chair Van Krey nominated Tara Draeger. Puerner conducted a secret ballot by distributing ballots to in-person members and calling members online for a verbal vote. After all ballots were gathered and counted, Puerner announced **Tara Draeger as the elected Vice Chair.**

Chair Van Krey opened the floor for secretary nominations. Puerner advised the Board to review the secretary role as the staff currently take minutes and have them approved at subsequent meetings. Upon discussion, the board agreed that that the Health Department staff will continue completing meeting minutes. **Van Kay motion to eliminate the Board of Health secretary role.**

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

A. None

6. Educational Presentations/Outcome Monitoring Reports

A. Overview of DHS 140 Required Services of Local Health Departments
A copy of DHS 140 was provided in the board packet. Health Officer Laura Scudiere gave an overview of the Marathon County Health Department statutory requirements. Supervisory expectations and administrative codes of each function were shared. Scudiere also gave examples of current health department programs and services, such as Start Right, communicable disease, licensing, radon, lead, and Community Health Improvement-Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) activities. Scudiere also notes that members can learn more about public health through the Wisconsin County Official's Handbook, published by the Wisconsin Counties Association. Page 54 gives a quick overview of public health. In future meetings, more information of services, programs, and annual reports will be shared with the board.

7. Next Meeting Date & Time, Location, Announcements and Future Agenda Items:

A. Committee members are asked to bring ideas for future discussion.
Chair Van Kay would like to discuss the Board Retreat. Van Kay suggested that other board members reach out to her if they would like to add any ideas to future board meetings.

B. Next Board of Health Meeting: TBD

8. Adjournment

Motion to adjourn made by Ann Lemmer; second by Tara Draeger. Motion approved. Meeting was adjourned at 8:09 AM

Respectfully submitted by Kang Chu Yang, Recorder

Chapter DHS 140

REQUIRED SERVICES OF LOCAL HEALTH DEPARTMENTS

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

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

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

DHS 140.03 Definitions. In this chapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DHS 140.04 Level I local health department.

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

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

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

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

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

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

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

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

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

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

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

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

2. Link individuals to needed personal health services.

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

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

2. Participate in public health preparedness exercises.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DHS 140.05 Level II local health department.

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

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

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

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

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

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

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

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

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

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

(c) Conduct quality improvement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DHS 140.07 Local health officer qualifications.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHAPTER 251

LOCAL HEALTH OFFICIALS

Cross–reference: See definitions in s. 250.01.

251.001 Legislative findings. The legislature finds that the provision of public health services in this state is a matter of statewide concern.

History: 1993 a. 27.

251.01 Definitions. In this chapter:

(1c) "Advanced practice registered nurse" means any of the following:

(a) Certified nurse–midwife.

(b) Certified registered nurse anesthetist.

(c) Clinical nurse specialist.

(d) Nurse practitioner.

(1g) "City–county board of health" means a board of health for a city–county health department.

(1r) "County board of health" means a board of health for a single county health department or for a multiple county health department.

(3) "County health officer" means the position of a local health officer in a single county health department or in a multiple county health department.

(7m) "Represented employee" means an employee in a collective bargaining unit for which a representative is recognized or certified under subch. IV of ch. 111.

(8) "Sanitarian" means a sanitarian, as defined in s. 440.98 (1) (b), who is registered under s. 440.98 (5).

History: 1993 a. 27 ss. 196, 197, 460; 2001 a. 16; 2007 a. 130; 2021 a. 192.

251.02 Local health department; establishment. (1) In counties with a population of less than 750,000, unless a county board establishes a city–county health department under sub. (1m) jointly with the governing body of a city or establishes a multiple county health department under sub. (3) in conjunction with another county, the county board shall establish a single county health department, which shall meet the requirements of this chapter. The county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r) or by a city–city health department established under sub. (3t). No governing body of a city may establish a city health department after January 1, 1994.

(1m) Subject to sub. (1r), in counties with a population of less than 750,000, the county board and the governing body of a city that has a city health department may jointly establish a city–county health department, which shall meet the requirements of this chapter. A city–county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r). A city–county health department established under this subsection after September 1, 2001, is subject to the control of the city and county acting jointly under an agreement entered into under s. 66.0301 that specifies, in conformity with this chapter, all of the following:

(a) The powers and duties of the city–county health department.

(b) The powers and duties of the city–county board of health for the city–county health department.

(c) The relative powers and duties of the city and county with respect to governance of the city–county health department and the city–county board of health.

(1r) If a city that assigns represented employees to its city health department and if a county that assigns represented employees to its county health department jointly establish a city–county health department under an agreement specified under sub. (1m), all of the following shall apply, but only if the represented employees at the city health department and at the county health department who perform similar functions are included in collective bargaining units that are represented by the same representative:

(a) The city–county health department shall offer employment to all city and county employees who are represented employees and who perform functions for the city and county that are transferred to the city–county health department in the agreement under sub. (1m).

(b) Notwithstanding s. 111.70 (4) (d), if, in any collective bargaining unit that is initially created at the city–county health department, all of the former city and county employees were represented by the same representative when they were employed by the city or county, that representative shall become the initial representative of the employees in the collective bargaining unit without the necessity of filing a petition or conducting an election.

(c) Unless otherwise prohibited by law, with respect to city–county health department employees who were formerly represented employees at the city or county, the city–county health department shall adhere to the terms of the collective bargaining agreements that covered these employees while they were employed by the city or county until such time that the city–county health department and the representative of the employees have entered into a collective bargaining agreement.

(2) (a) Except as provided in par. (b), in a county with a population of 750,000 or more, the governing body of each city or village shall do one of the following:

1. Establish a local health department that meets the requirements of this chapter.

2. Contract with the local health department of another city or village in the county to have that local health department provide services in the city or village.

(b) In a county with a population of 750,000 or more, the governing body of a city or village may establish, jointly with the governing body of another city or village, a multiple municipal local health department that meets the requirements of this chapter.

(3) A county board may, in conjunction with the county board of one or more other counties, establish a multiple county health department, which shall meet the requirements of this chapter. A multiple county health department shall serve all areas of the respective counties that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r).

(3m) If a county has a population of at least 100,000 but less than 750,000 and the county board of that county has, by July 1, 1985, abolished a county health commission or committee established under s. 141.10, 1991 stats., a village board in that county may continue and establish as a local board of health a village board of health that was established prior to January 1, 1994, and a town board in that county may continue and establish as a local board of health a town board of health that was established prior to January 1, 1994. A village or town that does so shall establish a local health department and elect a local health officer consistent with this chapter.

(3r) In a county described in sub. (3m), in addition to the local health department required to be established under sub. (3m), the governing body of a city, village or town in that county may, in concert with the governing body of another city, village or town in that county, establish a multiple municipal local health department and elect a local health officer consistent with this chapter.

(3t) The governing body of a city with a city health department, as specified in s. 250.01 (4) (a) 3., may, in concert with the governing body of another city with a city health department, as specified in s. 250.01 (4) (a) 3., in the same county, establish a city–city health department and elect a local health officer consistent with this chapter.

(4) No governing body of a county, city, village or town is required to use the term "local health department" to refer to a local health department that is established under this section.

History: 1993 a. 27; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158; 2011 a. 32; 2017 a. 207 s. 5.

251.03 Local board of health; members. (1) A local board of health shall consist of not more than 9 members. At least 3 of these members shall be persons who are not elected officials or employees of the governing body that establishes the local health department and who have a demonstrated interest or competence in the field of public health or community health. In appointing the members who are not elected officials or employees, a good faith effort shall be made to appoint a registered nurse and a physician, except that if the appointing authority is unable to locate a willing registered nurse, physician, or both, it shall make a good faith effort to appoint a physician assistant, advanced practice registered nurse, or both. Members of the local board of health shall reflect the diversity of the community. A county human services board under s. 46.23 (4) may act as a county board of health if the membership of the county human services board meets the qualifications specified in this subsection and if the county human services board is authorized to act in that capacity by the county board of supervisors. If a county human services board acts in this capacity, it shall use the word "health" in its title.

(2) The chief executive officer of a city or a village shall appoint members of a local board of health, subject to confirmation by the governing body. In a county with a county executive, the county executive shall appoint members of the county board of health, subject to confirmation by the county board of supervisors. In a county without a county executive, members of the county board of health shall be appointed by the chairperson of the county board of supervisors, subject to confirmation by the county board of supervisors. The person who appoints members of the local board of health may designate certain members to be nonvoting members of the board.

(3) In establishing a city–county or multiple county health department, the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed as specified in sub. (2).

(4) Governing bodies of counties, cities or villages that appoint local boards of health shall specify the lengths of terms of members and shall provide for staggered terms.

(4m) Subsections (1) to (4) do not apply to a village or town that establishes a local health department under s. 251.02 (3m). In a village or town that does so, the village board or town board shall establish itself as a local board of health or appoint either wholly or partially from its own members a local board of health that consists of a suitable number of competent persons. A local board of health under this subsection shall elect a chairperson and clerk.

(4r) Subsections (1) to (4m) do not apply to a city, village or town that establishes a multiple municipal local health department under s. 251.02 (2) (b) or (3r), or to cities that establish a city–city local health department under s. 251.02 (3t). In establishing a multiple municipal local health department as described under s. 251.02 (2) (b) or (3r), the relevant governing bodies shall agree on how many members of the local board of health are appointed by each governing body and how many of each governing body's appointees shall be members who are not elected officials or employees of the governing body. The members shall be appointed by the relevant governing bodies. A local board of health under this subsection shall elect a chairperson and clerk.

(5) No governing body of a county, city, village or town is required to use the term "local board of health" to refer to a local board of health that is established under this section.

History: 1993 a. 27; 1999 a. 9; 2003 a. 158; 2021 a. 192; s. 35.17 correction in (1).

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

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

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

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

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

(6) A local board of health shall:

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

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

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

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

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

History: 1993 a. 27 ss. 261, 264, 463; 1997 a. 114; 1999 a. 9, 185; 2001 a. 16; 2003 a. 158.

251.05 Local health department; levels of service; duties. (1) A local health department shall meet the following requirements specified in par. (a) and may, unless sub. (6) applies, meet the following requirements specified in par. (b) or (c):

(a) As a Level I local health department, at least the level of services specified in sub. (2) (a) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (a).

(b) As a Level II local health department, at least the level of services specified in sub. (2) (b) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (b).

(c) As a Level III local health department, at least the level of services specified in sub. (2) (c) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (c).

(2) The services to be provided by the 3 levels of local health departments are as follows:

(a) A Level I local health department shall provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control.

(b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(3) A local health department shall:

(a) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

(b) Develop public health policies and procedures for the community.

(c) Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (L).

(d) Submit data, as requested, to the local public health data system established by the department.

(e) Act as agent of the department, if designated by the secretary under s. 250.042 (1).

(4) Except as provided in sub. (6), a local health department is not required to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(5) Except as provided in sub. (6), the department may not require a local health department to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(6) A local health department may be required to provide the level of services that is specified in sub. (1) (b) or (c) if and only to the extent that these services and qualifications are funded from state and federal funds that are available and are additional to any funding available on January 1, 1994.

History: 1993 a. 27; 2001 a. 109; 2005 a. 198; 2007 a. 130.
Cross–reference: See also ch. DHS 140, Wis. adm. code.

251.06 Local health officer; qualifications; duties. (1) (a) 1. Except as provided in subd. 2. or 3., a local health officer of a Level I local health department shall have at least a bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing.

2. A local health officer of a village or town health department established under s. 251.02 (3m) or of a multiple municipal local health department established under s. 251.02 (3r) shall be either a physician or a registered nurse. The local health officer shall be a voting member of the local board of health and shall take an oath of office. With respect to the levels of services of a Level I local health department, as specified in s. 251.05 (2) (a), the local health officer shall be authorized to act by and be directed by the county health officer of the county specified under s. 251.02 (3m).

3. If there is more than one full–time employee of a Level I local health department, including a full–time public health nurse who meets the qualifications specified under s. 250.06, the local health officer may meet the qualifications of a Level II or Level III local health officer.

(b) A local health officer of a Level II local health department shall have at least 3 years of experience in a full–time position with a public health agency, including responsibility for a communicable disease prevention and control program, preferably in a supervisory or other administrative position, and at least one of the following:

1. A bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing, either of which shall include preparation in public health nursing.

2. A bachelor's degree in public health, environmental health, the physical or biological sciences or a similar field.

(c) A local health officer of a Level III local health department shall have at least one of the following:

1. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 3 years of experience in a full–time administrative position in either a public health agency or public health work.

2. A bachelor's degree and 16 graduate semester credits towards a master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 5 years of experience in a full–time administrative position in either a public health agency or public health work.

3. A license to practice medicine and surgery under ch. 448 and at least one of the following:

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

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

c. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field.

(d) Notwithstanding pars. (a) to (c), relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12g), counts toward satisfying the requirements for education, training, instruction, or other experience to qualify as a public health officer if the applicant demonstrates to the satisfaction of the department that the education, training, instruction, or other experience that the applicant obtained in connection with his or her military service is substantially equivalent to the education, training, instruction, or other experience that is required to qualify as a public health officer.

(2) (a) Except as provided in pars. (b) and (c), a local health officer shall be a full–time employee of a local health department.

(b) A local health officer of a county health department in a county under s. 251.02 (3m) shall be a full–time employee of the county who meets the qualifications of a local health officer of a Level I local health department.

(c) A local health officer of a local health department of a village or town established under s. 251.02 (3m) or a local health officer of a multiple municipal local health department established under s. 251.02 (3r) shall be one of the following:

1. An employee of the local health department of the village or town or an employee of the multiple municipal local health department.

2. A full–time employee of a local health department other than that specified in subd. 1.

3. The local health officer under par. (b).

4. The employee of a hospital, who provides, on a full–time basis, the services under s. 251.05 (2) (a), (b) or (c).

(3) A local health officer shall:

(a) Administer the local health department in accordance with state statutes and rules.

(b) Enforce state public health statutes and rules.

(c) Enforce any regulations that the local board of health adopts and any ordinances that the relevant governing body enacts, if those regulations and ordinances are consistent with state public health statutes and rules.

(d) Administer all funds received by the local health department for public health programs.

(e) Appoint all necessary subordinate personnel, assure that they meet appropriate qualifications and have supervisory power over all subordinate personnel. Any public health nurses and sanitarians hired for the local health department shall meet any qualification requirements established in rules promulgated by the department. "Subordinate personnel" under this paragraph may include any of the following:

1. A public health educator who meets qualifications that the department shall specify by rule.

2. A public health nutritionist, who is a certified dietitian, as defined in s. 448.70 (1m), is credentialed as a registered dietitian by the Commission on Dietetic Registration, and meets qualifications that the department shall specify by rule.

3. A public health dental hygienist, who is licensed as a dental hygienist under s. 447.04 (2) (a) or (b), and who meets qualifications that the department shall specify by rule.

(f) Investigate and supervise the sanitary conditions of all premises within the jurisdictional area of the local health department.

(g) Have access to vital records and vital statistics from the register of deeds, as specified in ch. 69.

(h) Have charge of the local health department and perform the duties prescribed by the local board of health. The local health officer shall submit an annual report of the administration of the local health department to the local board of health.

(i) Promote the spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health.

(4) (a) Except as provided in pars. (b) and (c), a local health officer shall be appointed in the same manner as are members of a local board of health under s. 251.03 (2).

(b) In any county with a county executive that has a single county health department, the county executive shall appoint and supervise the county health officer. The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county health officer appointed under this paragraph is subject only to the supervision of the county executive. In a county with such a county health officer, the local board of health shall be only a policy–making body determining the broad outlines and principles governing the administration of the county health department.

(c) A local health officer of a village or town health department established under s. 251.02 (3m), of a multiple municipal local health department established under s. 251.02 (2) (b) or (3r), or of a city–city local health department established under s. 251.02 (3t) shall be appointed by the local board of health.

History: 1993 a. 27 ss. 203, 209, 266, 465; 1993 a. 106; 1995 a. 201; 1997 a. 114; 1999 a. 9; 2003 a. 158; 2007 a. 130; 2011 a. 120.

Cross–reference: See also ch. DHS 139, Wis. adm. code.

This section does not require that a county create a stand–alone county health department and does not preclude the county human services director from exercising any managerial authority over the county health officer with respect to the operation of county health department programs. Because the transfer of the functions of a county health department to the county human services department is expressly authorized under s. 46.23 (3) (b) 1. bm. and c., a county that has a county executive is not required to create a stand–alone county health department. OAG 7–08.

251.07 Certain physicians; state agency status. A physician who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

History: 2007 a. 20 s. 9121 (6) (a); 2007 a. 130; 2009 a. 276.

251.08 Jurisdiction of local health department. The jurisdiction of the local health department shall extend to the entire area represented by the governing body of the county, city, village or town that established the local health department, except that the jurisdiction of a single or multiple county health department or of a city–county health department does not extend to cities, villages and towns that have local health departments. Cities, towns and villages having local health departments may by vote of their local boards of health determine to come under the jurisdiction of the county health department. No part of any expense incurred under this section by a county health department may be levied against any property within any city, village or town that has a local health department and that has not determined to come under the jurisdiction of the county health department.

History: 1993 a. 27 s. 213; 2001 a. 16.

251.09 Joint services. Local health departments jointly may provide health services as agreed upon under s. 66.0301, unless, notwithstanding s. 66.0301, the agreement conflicts with a provision of this chapter.

History: 1993 a. 27 s. 271; Stats. 1993 s. 251.09; 1999 a. 150 s. 672.

251.10 County health department, how financed. The county board shall appropriate funds for the operation of a single county health department that is established under s. 251.02 (1)

and determine compensation of county health department employees. The local board of health shall annually prepare a budget of the proposed expenditures of the county health department for the ensuing fiscal year.

History: 1993 a. 27.

251.11 City–county health department and multiple county health department, how financed. (1) The local board of health of every multiple county health department established under s. 251.02 (3) and of every city–county health department established under s. 251.02 (1m) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating county or city in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

(2) The local board of health of a multiple county health department established under s. 251.02 (3) shall, under this section, determine the compensation for the employees of the multiple county health department. The local board of health of a city–county health department established under s. 251.02 (1m) shall, under this section, determine the compensation for the employees of the city–county health department.

History: 1993 a. 27 ss. 207, 216, 217; 2001 a. 16, 104; 2015 a. 175; 2017 a. 6.

251.115 Multiple municipal local health department and city–city local health department; how financed. The governing body of every multiple municipal local health department established under s. 251.02 (2) (b) or (3r) and of every city–city local health department established under s. 251.02 (3t) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating municipality in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each municipality, shall be delivered to the governing body of each participating municipality. The appropriation to be made by each participating municipality shall be determined by the governing body of the city, village, and town.

History: 2015 a. 175; 2017 a. 6.

251.12 City health department, how financed. The common council shall appropriate funds for the operation of all of the following:

(1) A city health department that is established as specified in s. 251.02 (1) and (2) (a).

(2) A multiple municipal local health department that is established as specified in s. 251.02 (3r).

(3) A multiple municipal local health department that is established as specified in s. 251.02 (2) (b).

(4) A city–city local health department that is established as specified in s. 251.02 (3t).

History: 1993 a. 27; 1999 a. 9; 2003 a. 158, 326.

251.125 Village health department, how financed. If a village health department is established under s. 251.02 (2) (a) or (3m), if a multiple municipal local health department is established as specified in s. 251.02 (3r), or if a multiple municipal local health department is established as specified in s. 251.02 (2) (b), the village board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9, 185; 2003 a. 158.

251.127 Town health department, how financed. If a town health department is established under s. 251.02 (3m) or if a multiple municipal local health department is established under s. 251.02 (3r) by the governing body of a town in concert with the governing body of another town or a city or village, the town board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9.

251.13 City–county health department and multiple county health department, joint funds. For each multiple county or city–county health department, a joint health department fund shall be created either in the treasurer's office where the principal office of the health department is located or in the office of the city treasurer of a city within the health department's jurisdiction, as determined by the local board of health. The treasurer of each county and city participating in the health department shall annually pay or cause to be paid into the fund the share of the county or city. This fund shall be expended by the treasurer in whose office the fund is kept in the manner prescribed by the local board of health pursuant to properly authenticated vouchers of the health department signed by the local health officer.

History: 1993 a. 27 s. 218.

251.135 Publication and effective date of orders and regulations. The orders and regulations of a local board of health shall be published as a class 1 notice, under ch. 985, and shall take effect immediately after publication. No local board of health is required to use the term "regulation" to refer to a regulation that is published under this section.

History: 1993 a. 27 s. 211; Stats. 1993 s. 251.135.

251.14 Gifts. A local board of health may receive gifts and donations for the purpose of carrying out the provisions of this chapter.

History: 1993 a. 27 s. 215.

251.15 Withdrawal of counties, cities, villages, or towns. (1) After establishing a multiple county health department under s. 251.02 (3), any participating county board may withdraw by giving written notice to its county board of health and the county boards of all other participating counties, except that participating county boards may, in establishing a multiple county health department under s. 251.02 (3), establish an initial minimum participation period of up to 5 years. If a multiple county health department is established with an initial minimum participation period under this subsection, a participating county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(2) A city that had established a local health department prior to deciding to participate in a city–county health department established under s. 251.02 (1m) may withdraw from the city–county health department if the common council of the city gives written notice to the county board of the participating county, except that participating cities and counties may, in establishing a city–county health department under s. 251.02 (1m), establish an initial minimum participation period of up to 5 years. If a city–county health department is established with an initial minimum participation period under this subsection, a participating city or county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(2m) After establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city–city local health department under s. 251.02 (3t), the governing body of any participating city, village, or town participating may withdraw by giving written notice to the local board of health and to the governing bodies of all other participating cities, villages, and towns, except that participating cities, villages, and towns may, in establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city–city local health department under s. 251.02 (3t), establish an initial minimum participation period of up to 5 years. If a multiple municipal local health department or city–city local health department is established with an initial minimum participation period under this subsection, a participat-

ing city, village, or town may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(3) The notice under sub. (1), (2), or (2m) shall be given at least one year prior to commencement of the fiscal year at which the withdrawal takes effect. Whenever the withdrawal takes effect, all relevant provisions of law relating to local boards of health and local health officers shall immediately become applicable within the withdrawing county, city, village, or town.

History: 1993 a. 27 s. 220; 2001 a. 16; 2003 a. 158; 2015 a. 175.

251.16 Local health department; evidence. The reports and employees of a local health department are subject to s. 970.03 (12) (b).

History: 1979 c. 221; 1985 a. 267 s. 3; 1993 a. 27 s. 221; Stats. 1993 s. 251.16.

251.20 Rule making. The department shall promulgate rules that specify all of the following:

(1) Required services for each of Levels I, II and III local health departments under s. 251.05 (2).

(3) Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).

History: 1993 a. 27; 2005 a. 198; 2009 a. 180.

Cross–reference: See also ch. DHS 140, Wis. adm. code.

Sec. 2.05. County statutory, program, joint committees and task forces (governance).

As a general rule, Marathon County Program, Statutory, Joint Committees and Task Forces will have no more than three County Board Supervisors appointed to their membership. Exceptions exist in this document, where it isn't yet clear that adjustment of membership down to a maximum of three County Board Supervisors would be in the best interest of the residents of Marathon County.

(1) *Board of Health.*

(a) *Committee type and reporting relationship:* The Marathon County Board of Health is a body created by statute to exercise the powers and duties detailed below and maintains a coordinated relationship with the County Board through the Marathon County Health and Human Services Committee.

(b) *Mission/purpose statement:* The purpose of the Marathon County Board of Health is to develop and recommend for consideration by the Health and Human Services Standing Committee, health policies which create an environment in which individuals can be healthy.

(c) *Statutory responsibilities:* Wisconsin Statutes, Chapter 251.

(d) *Membership:* Total of eight members consisting of at least three of whom are not elected County officials and no less than five County Board Supervisors. Board of Health members will demonstrate interest or competence in the field of public health or community health. The membership composition will be in keeping with § 251.03, Wis. Stats.

The Medical Director of the Health Department shall serve as an Ex Officio member of the Board of Health. This position advises the Board, the Health Officer, and the Health Department staff on medical issues. This position shall not vote nor contribute to the quorum requirements of the Board.

(e) *Member term:* Board of Health members are appointed by the County Administrator and confirmed by the Marathon County Board of Supervisors. Citizen members are appointed for two-year staggered terms. There are no term limits. County Board Supervisors are appointed to serve two-year terms concurrent with their terms of office. Committee vacancies will be filled according to County Board Rule 13.

(f) *Duties and responsibilities:*

1. Assure the enforcement of public health statutes and rules (§ 251.04(1), Wis. Stats.).
2. Meet at least quarterly (§ 251.04(5), Wis. Stats.).
3. Assure the local health department meets the requirements of a Level III Health Department as defined by statute (§ 251.04(2), Wis. Stats.).
4. Adopt local public health regulations to protect and improve the public's health which are no less stringent than, and do not conflict with, state statutes or the rules of the State Department of Public Health (§ 251.04(3), Wis. Stats.).
5. Assess public health needs and advocate for the provision of reasonable and necessary public health services. (§ 251.04(6)(a), Wis. Stats.).
6. Develop policy and provide leadership that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs (§ 251.04(6)(b), Wis. Stats.).

7. Assure that measures are taken to provide an environment in which individuals can be healthy (§ 251.04(7), Wis. Stats.).

8. Maintain a coordinated relationship and alignment with the County Board through prompt reporting to the Health and Human Services Committee regarding decisions made and actions taken as well as supporting data and rationale.

(g) *Other organization relationships:* The Board of Health will serve as the Marathon County Boards liaison (non-governance) to the following organizations:

Marathon County Humane Society

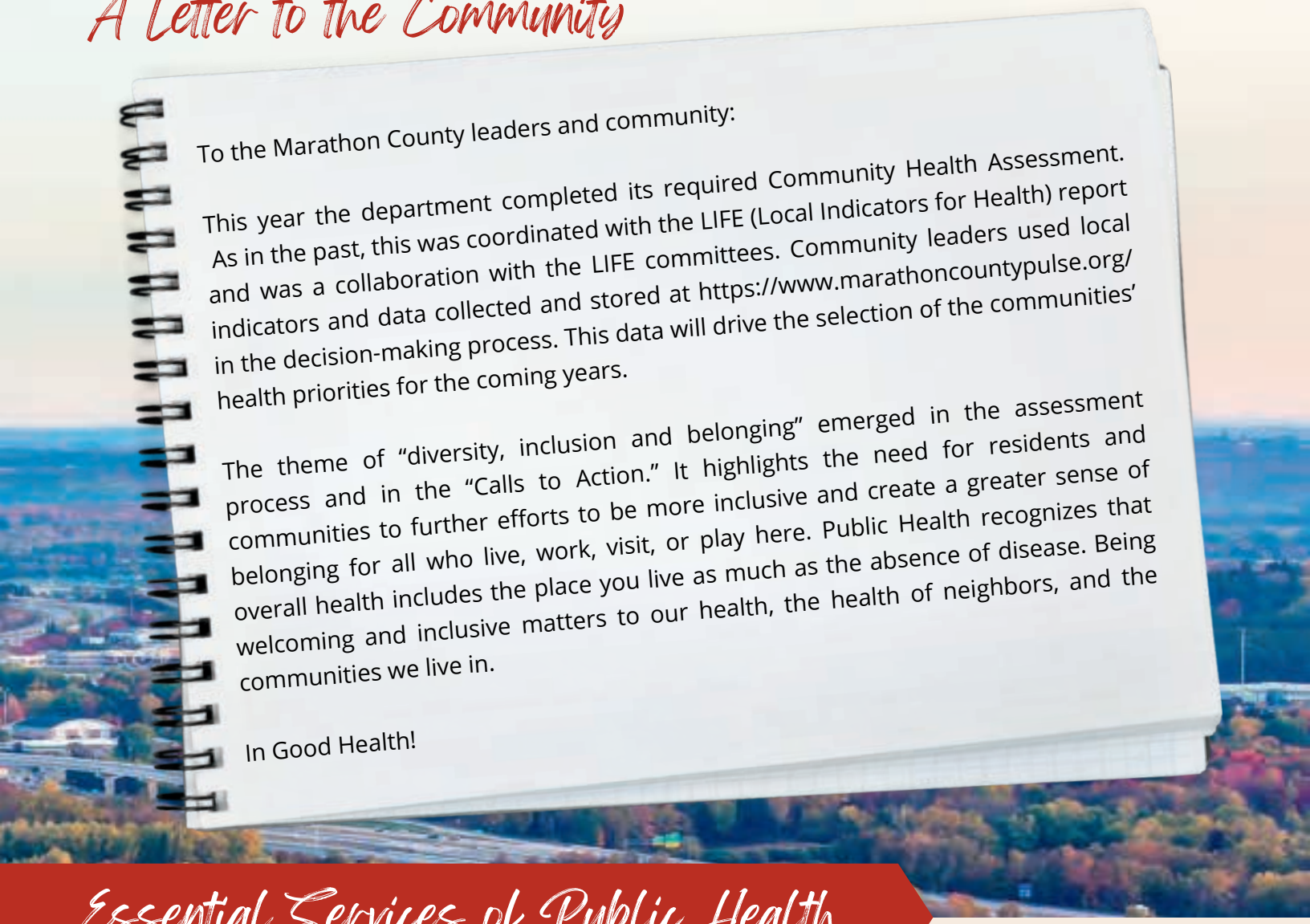
MARATHON COUNTY
HEALTH DEPARTMENT

2019 Annual Report

Published May 2022
Fulfills WI Stats. 251.06 (3)(h)

Promoting Health, Preventing Disease, Protecting the Environment.

A Letter to the Community



To the Marathon County leaders and community:

This year the department completed its required Community Health Assessment. As in the past, this was coordinated with the LIFE (Local Indicators for Health) report and was a collaboration with the LIFE committees. Community leaders used local indicators and data collected and stored at https://www.marathoncountypulse.org/ in the decision-making process. This data will drive the selection of the communities' health priorities for the coming years.

The theme of "diversity, inclusion and belonging" emerged in the assessment process and in the "Calls to Action." It highlights the need for residents and communities to further efforts to be more inclusive and create a greater sense of belonging for all who live, work, visit, or play here. Public Health recognizes that overall health includes the place you live as much as the absence of disease. Being welcoming and inclusive matters to our health, the health of neighbors, and the communities we live in.

In Good Health!

Essential Services of Public Health

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

OUR ORGANIZATION

Our Mission

To be the healthiest and safest county in which to live, learn, work, and play.

Our Vision

To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards.

Our Core Values

Service: responsibly delivering on our commitments to all of our internal and external customers.

Integrity: honesty, openness, and demonstrating mutual respect and trust in others.

Quality: providing public services that are reflective of "best practices" in the field.

Diversity: actively welcoming and valuing people with different perspectives and experiences.

Shared Purpose: functioning as a team to attain our organizational goals and working collaboratively with our policy makers, department, and employees.

Stewardship of Resources: conserving the human, natural, cultural, and financial resources for current and future generations.

Health Department Leadership

Joan Theurer, RN, MSN - *Health Officer*
Judy Burrows, RD, BS - *Program Director, Community Health Improvement*
Eileen Eckardt, RN, BSN - *Program Director, Family Health and Communicable Disease Control*
Dale Grosskurth, RS, MPA - *Program Director, Environmental Health and Safety*
Season Welle, MBA - *Director of Operations, Fiscal and Administrative Support*

Board of Health

Sandi Cihlar
MaryAnn Crosby *(Jan-Apr)*
Dean Danner
Michael McGrail, MD
Kue Her
John Robinson
Laura Scudiere
Lori Shepherd, MD
Tiffany Lee *(Nov-Dec)*

Ex-Officio Members:
Robert Pope, DVM
Kevin O'Connell, MD - *Medical Advisor*

PROGRAMS & SERVICES

Community Health Improvement
(formerly named Chronic Disease Prevention)

- Community Health Assessment (CHA)
- Community Health Improvement Planning (CHIP)
- Mental Health - Changemakers for Behavioral Health
- Food Systems and Active Communities
- Substance Abuse Prevention
- Tobacco Prevention and Control
- Children's Hearing and Vision Screening

Environmental Health

- Licensing – restaurants, stores, hotels, campgrounds, tattoo shops, pools, and mobile home parks
- Water Testing – public swimming pools, municipal water, and private wells
- Investigate animal bites and prevent rabies
- Human Health Hazards – mold, pests, housing issues, and radon
- Mercury Reduction program
- Northcentral Radon Information Center – provides testing and information

Fiscal and Administrative Support

- Backbone functions of all internal operations
- Fiscal management of grants, fees, and contracts
- Customer service

Family Health / Communicable Disease

- Communicable Disease Surveillance, Investigation, and Control
- Immunization Surveillance and Clinics
- Tuberculosis Case Management and Therapy
- Sexually Transmitted Disease Clinic
- Public Health Preparedness
- Start Right/First Steps
- Child Health/Stepping Stones and Stepping Out
- Northern Regional Center for Children and Youth with Special Health Care Needs
- Childhood Lead Poisoning
- Injury Prevention

MCHD STAFF *by the numbers*

- Directors
- Managers
- Public Health Nurses
- Sanitarians
- Health Educators
- Administrative Support Staff
- Professionals/Paraprofessionals

COMMUNITY HEALTH IMPROVEMENT

In 2019, the team officially changed their name to Community Health Improvement. The change reflects an evolution from focusing on individual health behaviors to focusing on the social determinants of health and an emphasis on the conditions of places and factors that affect health risk and health outcomes. The benefits include: closer alignment to the Community Health Assessment and Community Health Improvement Plan process; the work of policy, systems, and environment change; the core job functions of Health Educators; and aligning actions with the issues of social and economic factors that influence health.

Staff skill development resulted in: building and supporting a new data platform; leading group decision making-processes to conduct the Community Health Assessment and Community Health Improvement Plan; utilizing data to build plans that are focused on a single result; and using the Results Based Accountability framework to focus on one indicator of health to measure change.

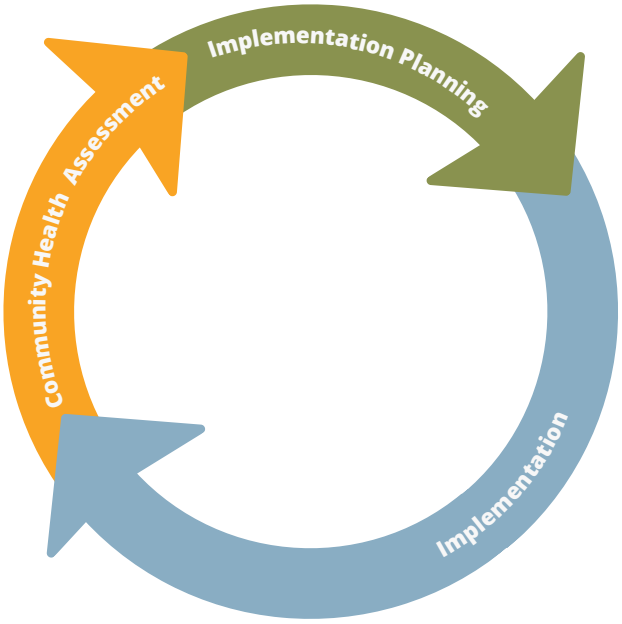
The Marathon County Pulse platform was utilized in 2019 to inform the Local Indicators for Excellence (LIFE) report for 2019-2021. This site has over 400 data indicators all of which are specific to Marathon County and comparative to either to a prior year of data or to a state or national comparison.

This year, social and economic factors that influence health have begun to be addressed in our community work. We are building our knowledge and bringing these challenges to the forefront of our assessment and planning processes.

Community Health Assessment (CHA)

In 2019, the Community Health Assessment process was completed using the new Marathon County Pulse, a public online data platform that provides access to a variety of Marathon County population metrics. As part of this initiative, staff worked with the LIFE subcommittees to identify the indicators to use for the LIFE/Community Health Assessment.

New this year, the Life Report became an online tool and was not printed. The website is home to 209 local data indicators and 193 state and national indicators that are updated as new data becomes available.



Community Health Improvement Planning (CHIP) Update

The Health Department is mid-cycle of a four-year Community Health Improvement Plan. The Healthy Marathon County (HMC) Alliance - the community group supporting the CHA and CHIP - continues to provide partnership, leverage resources, and monitor impacts. HMC Alliance members continue to serve as funding partners for Marathon County Pulse, which will power the 2019-2021 LIFE Report.

Mobilizing community action, strengthening infrastructure, and forming strategic partnerships across sectors and jurisdictions is the role/function of the Health Educators. They provide staff support to community groups focused on the community's health priorities including: School Based Counseling Consortium, AOD Partnership, Central WI Tobacco Free Coalition, Western Marathon County Health Communities Coalition, and more. Grant funding supports much of this work.

Mobilizing
Community Action.

Strengthening
Infrastructure.

Forming
Strategic Partnerships.

BY THE NUMBERS

MENTAL HEALTH

341
students reported seeing a therapist at school during the 2018-2019 school year.

85.5%
of 4th - 12th grade students reported feeling better than they did before counseling.

SUBSTANCE ABUSE PREVENTION

72%
of teens did not report drinking in the past 30 days.

9%
of teens reported ever using prescription drugs without a prescription.

3
new locations (Mosinee, Edgar, and Stratford) were added to the Medication Drop Box Program.

150+
people attended one or more sessions of an educational series on Marijuana and youth.

TOBACCO PREVENTION & CONTROL

88%
of licensed tobacco retailers in Marathon County did not sell to minors.

16%
of high school students reported vaping in the past 30 days.

CHILDREN'S HEARING & VISION SCREENING

15,145
children received vision or hearing screenings during the 2018-2019 school year.

77%
of children referred for follow-up care reported seeing a provider.

ENVIRONMENTAL HEALTH & LABORATORY

This year the Environmental Health and Laboratory made two significant changes to improve customer service. An operational change during office hours was implemented to assure a sanitarian was designated to respond to a pubic concern during business hours. Since most of the work of inspection happens outside of the office, sanitarians are often in the field and unavailable for customer calls. The new system assures a dedicated staff member is assigned each weekday to address questions from the public within one business day.

An evaluation of Lab water testing services and water testing fees was conducted. Actual costs of supplies and labor, and fees charged for repeat Department of Natural Resources Transient Non-Community water sample analysis was used to determine cost efficiency. Based on sample submission data, a decision was made to change the hours for samples to be dropped off. The new hours are 8:00 am to 4:30 pm Monday through Wednesday; 8:00 am to 12:00 pm Thursday; and no samples accepted on Friday. This change significantly reduces overtime and weekend work and assures results are read and reported in a timely manner. These changes make the Lab efficient and help keep costs more affordable for our customers.

Northcentral Radon Information Center

The Health Department has a state contract funding the operation of the 11 county regional Northcentral Radon Information Center (RIC). The Radon Information Center provides radon information and test kits to individuals, private businesses, and government agencies. Counties participating in the consortium include Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, and Waupaca.

In 2019, the center:

Provided **118 radon test kits** to Marathon County residents

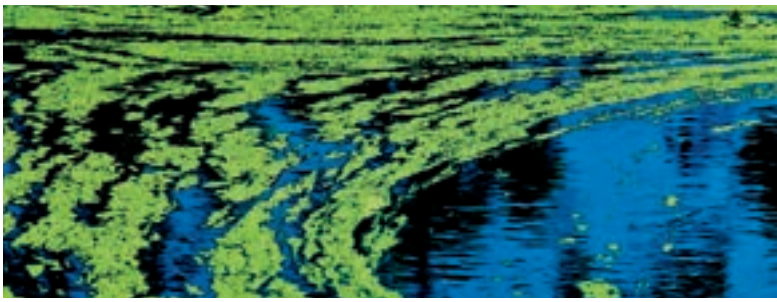
Received **764 requests** for radon information

Human Health Hazards

This program is state mandated for all local health departments. Human Health Hazard is defined as "a substance, activity, or condition that is known to have the potential to cause acute or chronic illness, to endanger life, to generate or spread infectious diseases, or otherwise injuriously affect the health of the public." Staff respond to reports or concerns from the public, or other agencies, about potentially hazardous situations. Possible hazards include garbage, unsafe housing, hoarding situations, environmental contamination, pest/rodent/insect issues, asbestos, mold, lead, blastomycosis, blue-green algae, groundwater contamination, methamphetamine drugs, and animal manure affecting property or groundwater. The goal of the program is to reduce exposure to substances, activities, or conditions that can negatively impact health, thus minimizing the health impacts of such exposures.

Restaurant/Food Licensing

As part of the Licensing Program, the Marathon County Health Department identifies and responds to problems related to food safety, including food-borne outbreak investigations. A food-borne illness outbreak is defined as two or more persons experiencing a similar illness after ingestion of a common food. There are six risk factors most often responsible for the majority of food-borne outbreaks and the inspection is focused on identifying and reducing these risks. When a facility has priority violations, repeat violations noted on three consecutive inspections or excessive violations, an additional inspection may be performed to obtain compliance.



Water Laboratory

Water testing services are offered to private and municipalities to assure safe drinking water and recreational water. Public facilities using the service include taverns, churches, restaurants, retail food establishments, recreational and educational camps, lodging facilities, campgrounds, and parks that serve the public and are not part of a municipal water system. Testing of municipal water supplies are conducted on a regular basis. Private well owners and their contractors can get water tested to monitor the safety of their drinking water or if work has been performed on a well. Recreational waters such as swimming pools and beaches are tested for several microbiological and chemical parameters. Lab personnel interpret results for well owners and provide education concerning water safety issues.

BY THE NUMBERS

LICENSING

1,135
licensing inspections conducted with restaurants, stores, lodging, pools, mobile home parks, campgrounds, and tattoo shops.

967
licenses issued for restaurants, food stands, lodging, campgrounds, pools, retail food stores, mobile home parks, and tattoo facilities.

WATER TESTING

2,230
public drinking water bacteria samples tested.

7.4%
of public drinking water samples were bacteriologically unsafe.

1,283
private drinking water bacteria samples tested in the lab.

13%
of private drinking water samples were unsafe.

CHILDHOOD LEAD POISONING

14
properties received lead hazard investigations.

1,324
children tested for lead exposure.

RABIES

349
animal bites reported.

21
persons were recommended to receive shots to prevent the development of rabies from their animal bite exposure.

MERCURY REDUCTION

The Mercury Reduction program is a partnership with Wausau Water Works and the Rib Mountain Metropolitan Sewerage District.

192
pounds of dental amalgam waste was disposed of properly.

57
thermometers and other mercury containing items were properly disposed.

FAMILY HEALTH & COMMUNICABLE DISEASE

In 2019, all program policies and procedures for the Family Health and Communicable Disease programs were carefully reviewed and updated. These policies and procedures guide the nursing practice, outline the services provided, and ensure consistency of care provided by the public health nurses. The review also created opportunity to review the program structure and align services with client needs in the most meaningful way. The review is part of ongoing quality improvement practices.

Research has demonstrated the link between social and economic stressors experienced by pregnant women, and poor birth outcomes. A more intensive service track was instituted for pregnant women in the Start Right program. Pregnant women with significant barriers to parenting such as cognitive disability, incarceration, homelessness, domestic violence and other challenges receive more intensive services. Seeing these individuals more frequently and sooner after delivery provides greater opportunity for timely interventions. Nurses provide health teaching and promotion of early and continuous prenatal care, and provide coordination and/or referrals to services concerning housing issues, substance abuse, domestic violence, and mental health concerns.

Northern Regional Center for Children and Youth with Special Health Care Needs

The Northern Regional Center for Children and Youth with Special Health Care Needs (CYSHCN) is a resource for families with children (0-22) who have any type of disability or need help finding a diagnosis. Parent support services are offered, including: loans from our resource library, scholarships to training and conferences, peer support from staff with lived experiences, and referrals to our statewide Parent-to-Parent support network. Staff are available to help problem-solve, provide information or make referrals to community, state, and national resources. CYSHCN is funded by the Public Health Division of the Wisconsin Department of Health Services, and the Northern Regional Center supports 15 counties and 6 tribes including: Ashland, Bayfield, Florence Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, and Wood counties, and the tribes of Bad River, Lac Courte Oreilles, Lac du Flambeau, Forest County Potawatomi, Mole Lake Sokaogon, and Red Cliff.

Start Right

Start Right provides support and parent coaching for families from pregnancy to age five. Start Right focuses on developing safe, healthy, nurtured and school-ready children and parents who are connected to community resources to support healthy parenting. Start Right is a partnership program between the Health Department and Children's Hospital of Wisconsin. There are three program components, each focused on a specific child age or method of parent support.

- First Steps – A public health nurse provides education and prenatal care coordination to women during their pregnancy and to families with a newborn baby. Services are targeted to pregnant women who are at risk for a poor birth outcome.
- Stepping Stones – A parent educator provides child development information and comprehensive parenting services to families in their homes program or over the phone, by email, or by visiting the family resource center. Service is provided through Children's Hospital of Wisconsin - Community Services.
- Stepping Out – The Family Resource Center Services provide information for families on parenting and support through their libraries, educational programs, family events, and drop in playtime at various locations in communities. Play N' Learn is offered as a service in seven communities for children from birth through age four and focus on parent-child interaction.

Immunizations

Vaccines prevent disease in the people who receive them and provide indirect protection to individuals who are not fully immunized or have weakened immune systems. Children under two years old are especially vulnerable to childhood diseases. Public Health Nurses provide vaccines at immunization clinics held at the Health Department. The Health Department uses a recall and reminder system for immunizations to identify those who are not up to date and public health nurses follow up on children who are late on their vaccinations. Immunizations are also provided at public health clinics held at the Marathon County Jail and at Aspirus Wausau Family Medicine in Wausau.

Communicable Disease Prevention

Communicable diseases caused by organisms such as bacteria, viruses, fungi, or parasites are major causes of illness, disability, and death. Local health departments are responsible for investigating and controlling the spread of reportable diseases. Public Health Nurses assure individuals receive appropriate treatment and provide teaching on ways to prevent the further spread of diseases. Surveillance of diseases is ongoing and the goal is to identify patterns and trends of communicable disease occurrences. Data is shared with infection control practitioners from area hospitals and clinics to monitor communicable diseases in Marathon County.

Sexually Transmitted Disease (STD) Services

Sexually transmitted diseases (STDs) represent a large percentage of all reportable diseases in Marathon County. The Department provides STD clinic services weekly at two sites: Aspirus Wausau Family Medicine (AWFM) and the Marathon County Jail. Specially trained public health nurses, working under the supervision of Aspirus Wausau Family Medicine physicians, screen individuals for STDs and HIV, provide treatment and vaccines. This program reduces barriers such as cost, concerns about confidentiality, or not having a health care provider, and reduces further transmission of STDs and HIV in the community.

Public Health Preparedness

The emergence of new infectious diseases and natural disasters requires a coordinated community response. Marathon County Health Department works closely with area health care organizations, Marathon County Emergency Management, American Red Cross, Salvation Army, United Way of Marathon County, and Marathon County Department of Social Services to develop and exercise plans to close national preparedness capability gaps.

Community preparedness, medical surge, volunteer management, mass clinic operations, and fatality management are some of the capabilities organizations need to prepare for. All Health Department staff are trained on using the Incident Command System and National Incident Management System and participate in drills or functional exercises annually.

Tuberculosis Program

The Tuberculosis (TB) program works with individuals who have latent (non-infectious) and active (infectious) TB to assure treatment, and prevent spread in the community. TB can be a serious, life threatening disease.

Persons who have latent TB do not feel sick and are not able to spread TB to others. Ten (10) percent of individuals with latent TB who are not treated will go on to develop active TB disease. Medications to treat latent TB are provided at no cost through the State of Wisconsin TB Program. In 2019, six persons diagnosed with latent TB started treatment coordinated by the Marathon County Health Department. Treatment can be self-administered and monitored monthly by a nurse or it can be daily visits with a public health nurse or community health worker for 12 weeks of Directly Observed Therapy (DOT). DOT is the observation of persons taking medication for TB disease by public health staff. The goal is for individuals who receive TB treatment to complete the full treatment. In 2019, 100% of those scheduled to complete TB treatment through the department for latent TB completed treatment.

When a case of active (infectious) TB disease is reported to the health department, immediate action is taken to isolate the person with the disease, initiate appropriate treatment, and conduct contact tracing to determine exposure of other individuals. Marathon County had 1 new case of active TB disease diagnosed in 2019. The length of treatment ranges from 6-9 months to over 3 years for a person with multi-drug resistant TB. In 2019, 1 individual with active TB disease received DOT.

Public health nurses and/or outreach workers provided 215 DOT visits to individuals in the community in 2019 for either latent TB, active TB, or to children who had been exposed to TB and were being treated to prevent TB infection.

TB tests are offered at the department for individuals meeting risk factor criteria. Public health nurses performed 24 tests for TB at the department.

BY THE NUMBERS

IMMUNIZATION SURVEILLANCE AND CLINICS

84%
of children between the ages of 24-35 months are up-to-date with immunizations.

INJURY PREVENTION

79
families received education on safe sleep practices.

TUBERCULOSIS CASE MANAGEMENT & THERAPY

6
people diagnosed with latent TB started treatment coordinated by a public health nurse.

215
directly observed therapy visits were provided to individuals by public health nurses and/or outreach workers.

SEXUALLY TRANSMITTED DISEASE CLINIC

655
visits for STD services through MCHD.

234
vaccines were administered.

START RIGHT

345
pregnant women referred to MCHD for services.

120
families with newborns received one or more home visits by a public health nurse.

42
new families were eligible and referred for Step by Step services.

53
children served by the child health program.

NORTHERN REGIONAL CENTER FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

500+
community members connected with staff to learn about services and resources for special health care needs.

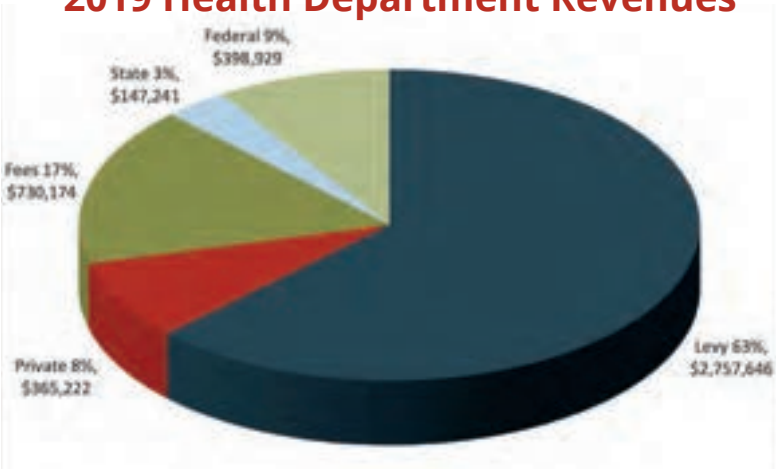
100+
individual families and professionals were provided with support and technical assistance during the year.

FISCAL & ADMINISTRATIVE SUPPORT

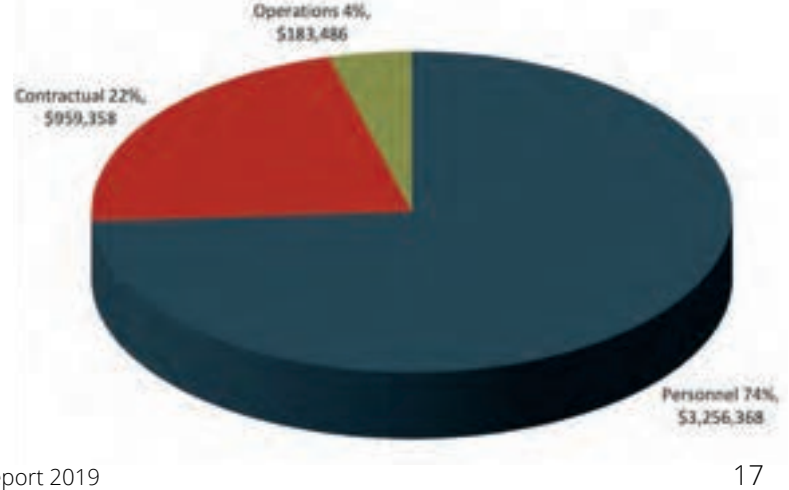
Fiscal and Administrative Support team efforts focused on aligning tasks, duties, and project work, with the strengths and interest of each individual team member. Several projects were accomplished this year with a focus on learning and applying quality improvement processes. This year's projects included:

- Creating uniform expectations of the role of Administrative Support staff at Immunization Clinics
- Standardizing process for intake of vaccine supplies including written protocols
- Standardizing process and tools for providing information and guidance regarding taking in water samples for the Water Laboratory
- Conducting a 6S process for the roles and responsibilities of the front desk receptionist
- Standardizing the process for work distribution among team members
- Standardizing the "Hunt Group" technology to assure good customer service
- Utilizing the IDEAS Academy to build knowledge and skill of LEAN principles among team members

2019 Health Department Revenues



2019 Health Department Expenses



DEPARTMENT INDICATORS

COMMUNITY HEALTH IMPROVEMENT

Substance Abuse ** Data collected every other year.*	2017	2018	2019
Percent of teens who reported drinking in the past 30 days	24.1%	*	28%
Percent of high school teens who have ever drank alcohol	50.2%	*	56.0%
Percent of high school teens who used marijuana in the past 30 days	10%	*	10%
Percent of high school teens who have ever used marijuana	18%	*	19%
Percent of teens who reported ever using prescription drugs without a prescription	11.1%	*	9.0%
Number of fatal drug overdoses in Marathon County	17	11	16
Tobacco Control ** Data collected every other year.*			
Percent of teens who smoked cigarettes in the past 30 days	9.9%	*	7.0%
Percent of high school students who reported vaping in the past 30 days	N/A	*	16%
Retail compliance rate for licensed tobacco sellers	91.7%	91.1%	88.0%
Mental Health ** Data collected every other year. Figures are associated with the school year that ended that year.*			
Percent of high school teens who reported feeling depressed	25.2%	*	26.0%
Number of students reported seeing a therapist at school during the school year	Not offered	341	420
Percent of kids (grades 4-12) who reported feeling better now than they did before counseling	Not offered	85.5%	69.1%
Childhood Hearing and Vision Screening *Figures are associated with the school year that ended that year.*			
Total number of screenings conducted	19,561	15,447	15,145
Number referred to providers for hearing concerns	175	107	67
Percent of referrals receiving follow up for hearing	96%	97%	85%
Number referred to providers for vision concerns	822	783	677
Percent of referrals receiving follow up for vision	92%	87%	77%

ENVIRONMENTAL HEALTH & LABORATORY

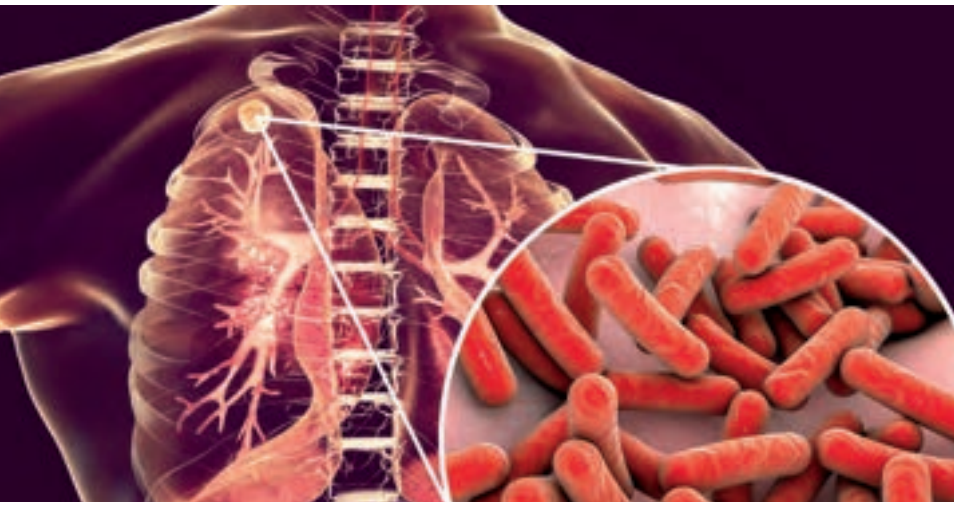
Rabies	2017	2018	2019
Animal bites reported	326	287	349
Prophylaxis recommended, in the event of a stray or wild animal exposure	26	30	21
Number of bites NOT needing prophylaxis	300	257	328
Human Health Hazards **Definition for consultations/technical assistance was narrowed ** Definition for an investigation narrowed to only include on-site inspections*			
Nuisance consultations/technical assistance contacts	446	224*	319
Human health hazard investigations	56	8**	6
Radon test kits provided in Marathon County	136	172	118
Radon mitigation systems installed per report for 11 county area	371	451	388
Requests for radon information (calls, emails, website)	852	632	764
Transient drinking water systems inspected	28	30	37
Pounds of mercury collected and properly disposed (excluding amalgam)	1.5	1	1
Dental offices contacted regarding proper disposal of amalgam	36	34	35
Pounds of amalgam collected by dental offices and recycled	274	242	192
Environmental screens	3	13	6
Radon			
Tests in RIC	691	371	493
Tests in Marathon County	136	172	118
Percent elevated in Marathon County	54%	53%	53%
Mitigations Reported (Voluntary)	371	451	388
Water Testing			
Total number of drinking water samples analyzed for bacteria	4,624	4,030	3,513
Bacteriologically safe drinking water samples	3,159	3,289	3,174
Bacteriologically unsafe drinking water samples	526	420	339
Nitrate>10.0mg/l (drinking water unsafe for pregnant women & infants)	97	79	93
Total number of recreational water samples	1,791	1,762	1,745
Bacteriologically satisfactory recreational water samples	1,719	1,709	1,665
Bacteriologically unsatisfactory recreational water samples	72	53	80

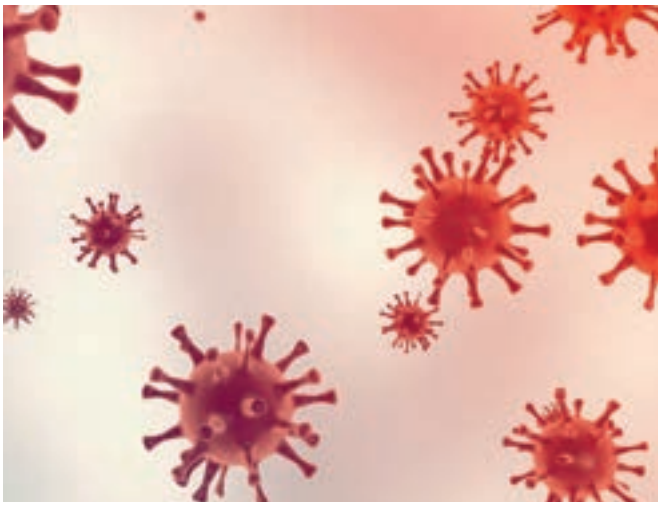
Lead	2017	2018	2019
Total Number of Childhood Lead Tests	1,066	1,169	1,261
Tests <10 ug/dl	1,056	1,167	1,253
Tests 5 to <10 ug/dl (# of children)	32(19)	25(17)	37(25)
Tests 10 to 19 ug/dl (# of children)	3(3)	2(2)	6(4)
Tests ≥20 ug/dl (# of children)	7(2)	0(0)	2(1)
Housing Units – Lead Hazard Reduction	1	3	1
Lead Property Inspections	18	20	14
Licensing			
Number of licensing inspections conducted with restaurants, stores, lodging, campgrounds, pools, mobile home parks, and tattoo facilities.	978	1,032	1,135
Number of licenses issued for restaurants, food stands, lodging, campgrounds, pools, retail food stores, mobile home parks, and tattoo facilities.	893	938	967
Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	96%	100%	99%
Retail food establishments in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	99%	100%	100%
Pools and whirlpools located in Marathon County will be bacteriologically safe.	96%	97%	95%
Tattoo businesses in Marathon County will not expose their clientele to infectious diseases.	100%	100%	100%
Mobile home parks in Marathon County will provide a safe and healthy environment for residents.	95%	96%	100%

FAMILY HEALTH & COMMUNICABLE DISEASE

Start Right Prenatal Services **Data not available*	2017	2018	2019
Number of women who had 3 or more visits with a public health nurse	96	102	90
Percent of women who reported smoking during their pregnancy	36%	40%	35%
Percent of women who reported smoking who stopped or decreased smoking	81%	93%	93%
Percent of homes that are smoke-free	86%	90%	92%
Percent of women who reported drinking at all during their pregnancy	35%	31%	32%
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	97%	91%	88%
Percent of women who screened positive for domestic violence	*	*	14%
Percent of women who were homeless at any time during services	*	*	5%
Was involved with Social Services at any time during services	*	*	10%
Resided in jail at any time during services	*	*	2%
Percent of women who initiated breastfeeding	70%	79%	69%
Women who have a reproductive life plan	88%	97%	93%
Stepping Stones			
Percent of infants who sleep in a safe sleep environment	87%	83%	83%
Percent of homes with private wells that have been tested	96%	100%	99%
Percent of children on schedule for their well child exams	98%	96%	94%
Percent of children who are up-to-date on immunizations at 24 months of age	93%	90%	90%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	60%	47%	48%
Children and Youth with Special Health Care Needs			
Number of families served	*	*	48
Number of consultations with professionals	*	*	54
Number of trainings offered	*	*	74
Number of attendees at trainings	*	*	13

Reportable Diseases and Conditions **Data not available*	2017	2018	2019
Babesiosis	6	5	1
Blastomycosis	7	4	9
Campylobacteriosis	56	57	30
Carbon Monoxide Poisoning	*	3	12
Chlamydia	365	342	365
Coccidioidomycosis	0	0	1
Cryptosporidiosis	22	39	30
Cyclosporiasis	0	8	0
Ehrlichiosis/Anaplasmosis	65	28	19
Environmental and Occupational Lung Diseases	0	0	1
Giardiasis	49	39	38
Gonorrhea	50	54	124
Haemophilus Influenzae/Invasive	3	3	4
Hepatitis B	8	10	8
Hepatitis C	64	25	26
Hepatitis E	0	0	1
Histoplasmosis	1	0	1
HIV	2	2	0
Influenza Associated Hospitalizations	128	146	67
Influenza Associated Pediatric Mortality	0	0	0
Jamestown Canyon Virus	0	1	2
Legionellosis	2	4	0
Listeriosis	0	1	0
Lyme Disease	93	47	40
Meningitis, Bacterial	2	1	0
Mumps	0	0	2
Mycobacterial Disease (non-tuberculous)	17	14	13
Others (Measles, Rubella, Tetanus, Diphtheria, Polio)	0	0	0
Pertussis (Whooping Cough)	5	14	25
Powassan	1	0	0
Rocky Mountain Spotted Fever	2	0	0





FAMILY HEALTH & COMMUNICABLE DISEASE Continued

Reportable Diseases and Conditions Cont.	2017	2018	2019
Salmonellosis	34	19	33
Shiga Toxin Producing E Coli (STEC)	12	12	9
Shigellosis	1	2	0
Streptococcal Disease/Invasive/Groups A & B	23	20	18
Streptococcus Pneumoniae/Invasive	9	15	17
Syphilis	4	5	6
Toxoplasmosis	1	0	0
Tuberculosis, Active Disease	2	1	1
Tuberculosis, Latent Infection	*	19	12
Varicella (Chickenpox)	5	5	7
Vibriosis, Non Cholera	0	0	1
West Nile	1	1	0
Yersiniosis	0	0	1
Zika	1	0	0
Case counts are from state records and can vary from year to year based on review of records and additional case information. Case count numbers are for all reports that are determined to be confirmed or probable.			
Immunization Clinic Services			
Number of Children & Adults who received a vaccine	552	459	608
Number of Childhood & Adult Vaccines given	1,104	907	1,158
STD Clinic Services			
Number screened for STD's	318	313	234
Number screened for HIV	258	262	218
Number of vaccines given at STD clinics (part of vaccine total above)	212	233	234
Total Client visits	646	700	655

MARATHON COUNTY
HEALTH DEPARTMENT

1000 Lakeview Drive
Suite 100
Wausau, WI 54403
715-261-1900

MARATHON COUNTY
HEALTH DEPARTMENT

2020 Annual Report

Published May 2022
Fulfills WI Stats. 251.06 (3)(h)

Promoting Health, Preventing Disease, Protecting the Environment.

A Letter to the Community

To the Marathon County leaders and community:

During the COVID-19 pandemic, Health Department staff were organized into an Incident Command Structure (ICS). This structure is used by government agencies and their partners to organize efficiently and effectively during an emergency or event. This means staff have duties specific to the response and may report to someone other than their normal supervisor. In January 2020, there were about 40 permanent and limited term staff. At the peak of COVID-19 activity in late 2020, there were about 85 regular and contracted staff working to support the COVID-19 pandemic response. This report further describes how all department staff pivoted roles and responsibilities to maintain core functions and services, with many shifting to working from home, all in response to the pandemic. Each division was tasked with new activities and subsequently stopped or interrupted some services for varied lengths of time. The impacts are reflected in the data provided in this report.

Essential Services of Public Health

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

OUR ORGANIZATION

Our Mission

To be the healthiest and safest county in which to live, learn, work, and play.

Our Vision

To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards.

Our Core Values

Service: responsibly delivering on our commitments to all of our internal and external customers.

Integrity: honesty, openness, and demonstrating mutual respect and trust in others.

Quality: providing public services that are reflective of "best practices" in the field.

Diversity: actively welcoming and valuing people with different perspectives and experiences.

Shared Purpose: functioning as a team to attain our organizational goals and working collaboratively with our policy makers, department, and employees.

Stewardship of Resources: conserving the human, natural, cultural, and financial resources for current and future generations.

Health Department Leadership

Joan Theurer, RN, MSN - *Health Officer*
Judy Burrows, RD, BS - *Program Director, Community Health Improvement*
Eileen Eckardt, RN, BSN - *Program Director, Family Health and Communicable Disease Control*
Dale Grosskurth, RS, MPA - *Program Director, Environmental Health and Safety*
Season Welle, MBA - *Director of Operations, Fiscal and Administrative Support*

Board of Health

Sandi Cihlar
MaryAnn Crosby *(Jan-Apr)*
Dean Danner
Kue Her
Tiffany Lee
Corrie Norrbom, MD
Craig McEwen
Michael McGrail, MD *(Jan-Apr)*
John Robinson
Laura Scudiere *(Jan-Mar)*
Lori Shepherd, MD

Ex-Officio Members:
Kevin O'Connell, MD - *Medical Advisor*

PROGRAMS & SERVICES

Community Health Improvement

- Community Health Assessment (CHA)
- Community Health Improvement Planning (CHIP)
- Mental Health - Changemakers for Behavioral Health
- Substance Abuse Prevention
- Tobacco Prevention and Control
- Children's Hearing and Vision Screening

Environmental Health

- Licensing – restaurants, stores, hotels, campgrounds, tattoo shops, pools, and mobile homes for safety
- Water Testing – public swimming pools, municipal water supplies, and private wells
- Investigation of animal bites and prevent rabies
- Human Health Hazards – mold, pests, housing issues, and radon
- Mercury Reduction program
- Northcentral Radon Information Center – provides testing and information

Fiscal and Administrative Support

- Backbone functions of all internal operations
- Fiscal management of grants, fees, and contracts
- Customer service

Family Health / Communicable Disease

- Communicable Disease Surveillance, Investigation, and Control
- Immunization Surveillance and Clinics
- Tuberculosis Case Management and Therapy
- Sexually Transmitted Disease Clinic
- Public Health Preparedness
- Start Right/Home visiting
- Child Health
- Northern Regional Center for Children and Youth with Special Health Care Needs
- Childhood Lead Poisoning
- Injury Prevention

MCHD STAFF *by the numbers*

Directors

Managers

Public Health Nurses

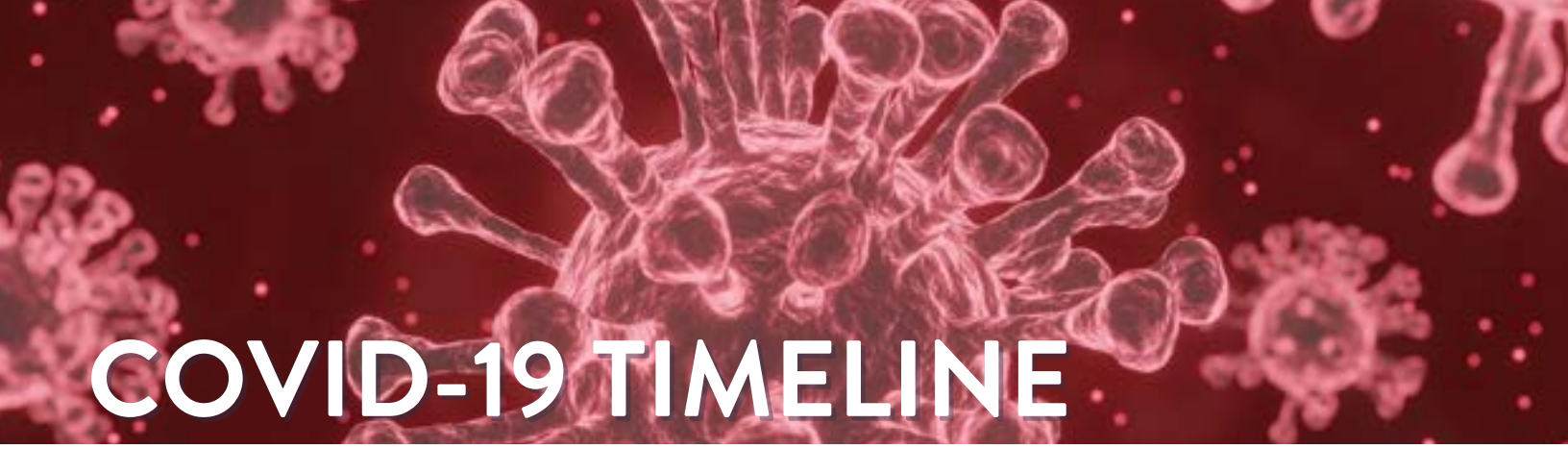
Sanitarians

Health Educators

Administrative Support Staff

Professionals/Paraprofessionals

+ dozens of contract staff for COVID-19 response



COVID-19 TIMELINE

February 5, 2020
First confirmed case of COVID-19 in Wisconsin.

March 3, 2020
Incident Command System (ICS) activated to prepare to respond to COVID-19.

March 11, 2020
COVID-19 outbreak was characterized as a pandemic by the World Health Organization (WHO).

March 20, 2020
MCHD confirms its first case of COVID-19 in a resident.

March 25, 2020
WI Emergency Order #12 "Safer At Home" takes effect.

April 11, 2020
First confirmed COVID-19 death of a Marathon County resident.

April 17, 2020
Serology (antibody testing) is available to determine exposure to COVID-19.

May 13, 2020
WI Supreme Court repeals the "Safer At Home" Order.

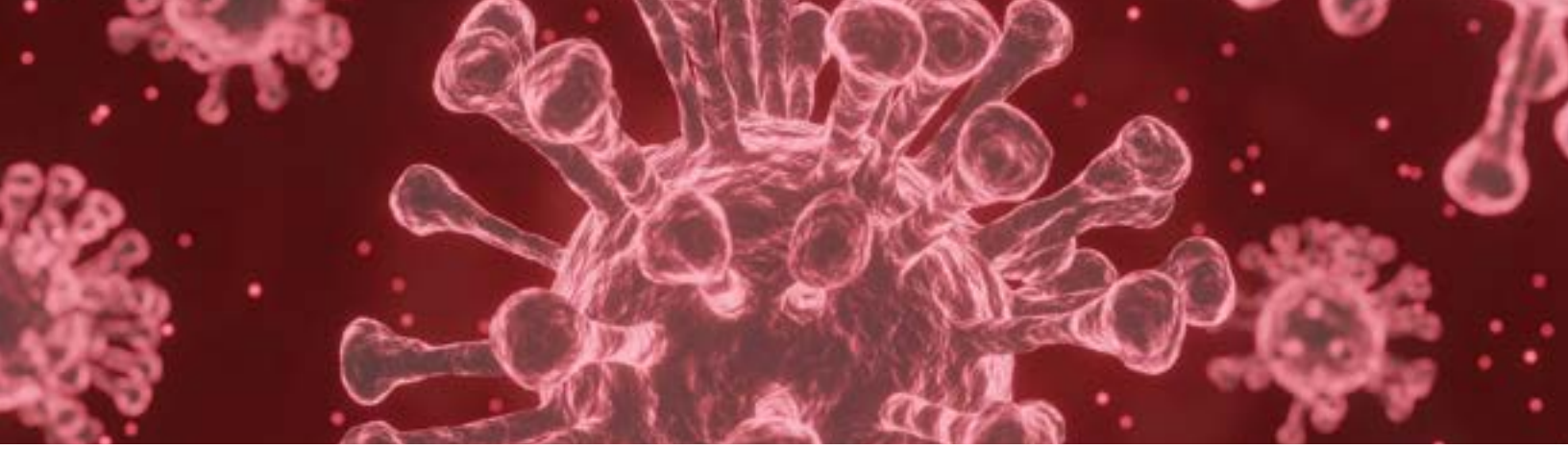
May 14, 2020
MCHD issues COVID-19 Order #1 recommending individuals practice physical distancing and stay home when sick, and businesses follow WI Economic Development Corp. Guidelines for reopening.

May 19, 2020
First community-wide COVID-19 testing clinic held at Northcentral Technical College with the WI National Guard.

May 29, 2020
First COVID-19 testing clinic offered in Abbotsford.

August 1, 2020
Emergency Order #1 requiring face coverings indoors & in enclosed spaces with some exceptions takes effect.

October 5, 2020
Begin weekly report to area schools on recommendations for mitigation/control measures based on COVID-19 school decision metrics and local school conditions.



October 8, 2020
WI Emergency Order #3 limits the size of public gatherings until November 6.

October 21, 2020
COVID-19 testing is available every Tuesday with aid of the WI National Guard and subsequently with Aspirus Inc.

November 8, 2020
1,299 cases of COVID-19 reported this week marking the peak of the first wave of infections.

December 11, 2020
First COVID-19 vaccine approved by the FDA for Emergency Use Authorization for individuals aged 16 and older.

December 18, 2020
Second COVID-19 vaccine is approved by the FDA for Emergency Use Authorization for individuals aged 18 years and older.

Testing & Vaccination Planning

The goal was to make COVID-19 testing easy, efficient, and accessible to the community. Staff organized and operationalized six mass testing clinics: three in Wausau at Northcentral Technical College, and three in Abbotsford. In collaboration with the Wisconsin National Guard and support from the Wisconsin Department of Health Services, they conducted over 2000 tests. A weekly drive-thru testing clinic was operated from October through December in cooperation with the WI National Guard and Marathon County Emergency Management. An average of 200 tests were conducted each day this clinic was open. UW-Stevens Point at Wausau opened a weekly antigen testing clinic to the community in November and December. Lessons learned from testing clinics were applied to the plans for vaccine distribution.

Contact Tracing & Support

Case investigators contact people who have tested positive for COVID-19 to assess symptoms, support needs, review isolation procedures, and solicit names of their contacts. Contact tracers then follow-up with contacts to review quarantine procedures. During 2020, over 13,000 cases were processed by staff.

Health department staff needed to be rapidly redirected and trained to make calls and provide support. Several adaptations were made and systems developed quickly to meet the needs of the ever changing guidance from federal and state authorities. Crisis Standards of Care were used due to the high number of cases, exceeding the health department's resources. Contact notification of close contacts was carried out by schools, businesses, and other entities. In addition, the Wisconsin Department of Health Services Contact Tracing Team assisted with disease investigations.

To support COVID-19 isolation and quarantine for those who could not safely do so at home, or were homeless, alternative sites in the Wausau and Marshfield areas were made available. Support such as food and personal hygiene items were provided to some residents who needed support while in isolation, primarily through partnering with The Neighbor's Place.

Communications

The communications team was tasked with creating materials, writing Facebook posts and news releases, managing web content, answering media questions and arranging interviews, managing our social media presence, coordinating the translation of materials, and responding directly to phone calls and emails from the public. The breadth and rapidly changing nature of the pandemic were key communication challenges to overcome.

Data

COVID-19 data was collected, analyzed, and utilized to make decisions and answer questions about cases, trends, and other points of interest. Metrics were established for reopening, data dashboards were developed and maintained, and communication products such as printed fact sheets and daily Facebook message were created and shared.

Partnerships

Staff engaged with people from many different sectors, including businesses, childcare, education, health systems, faith organizations, emergency management, and community non-profit organizations. Staff roles included listening and responding to concerns from the partners they work with, as well as communicating their needs back to other teams within the Department's response team. Examples include:

- Provided a weekly report to area schools on recommendations for mitigation/control.
- Fielded over 700 calls from businesses or business related questions.
- Collaborated with Aspirus and Emergency Management to provide a site for testing.
- Provided consultation with long-term care facilities on outbreak containment.
- Coordinated with UW-Stevens Point at Wausau to promote their testing clinic.

BY THE NUMBERS

COVID-19 SERVICES

46
contracted employees assisted with contact tracing, disease investigation and support activities.

13,297
positive COVID-19 cases reported.

5,000+
calls from community members with questions about COVID-19.

705
calls from businesses or business-related questions regarding COVID-19.

774
people ever hospitalized for COVID-19.

194
COVID-19 related deaths.

432
COVID-19 outbreaks in facilities since April 1.

2,000+
individuals served through 6 mass testing clinics coordinated by MCHD and staffed by the WI National Guard.

1,046
COVID-19 related social media posts since March 1.

45
press releases and 250 COVID-19 related media interviews since March 1.

$2 million
received in new federal COVID-19 funds for disease investigation.

COMMUNITY HEALTH IMPROVEMENT

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- Fielded questions from the public, community partners, and business sector on recommended COVID-19 mitigation strategies, as well as quarantine and isolation guidance.
- Reviewed new orders or guidelines issued by State and Federal agencies.
- Organized and conducted 2 press conferences, 45 media releases, and 250 media interviews.
- Developed content, responded to comments, and updated website and Facebook, including culturally appropriate and culturally specific messaging.
- Developed and evaluated COVID-19 mitigation strategies and response plans with schools, healthcare systems, the Hmong and Hispanic Network (H2N), and other community organizations.
- Coordinated local COVID-19 testing with University of WI – Stevens Point at Wausau, WI National Guard, and schools.
- Monitored community risk and status of COVID-19 at the community level through data collection, analysis, and interpretation.

WHAT WE *Paused*

- Updates of MarathonCountyPulse.com website, except for COVID-19 data.
- Implementation of the 2017-2020 Community Health Improvement Plan.
- Implementation of WI WINS Tobacco Compliance Checks.
- Coordination of school-based Hearing and Vision Screening program.
- Creation of the 2021-2024 Community Health Improvement Plan.

Intermittent SERVICES

- Support for collaborative efforts of AOD Partnership Council, Marathon County School-Based Counseling Consortium, and Nicotine Prevention Alliance.

ENVIRONMENTAL HEALTH & LABORATORY

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- Consulted with licensed establishments to interpret the "Safer At Home" order and help them follow the requirements.
- Consulted with other businesses including; clothing retailers, car washes, bookstores, welding firms, and more.
- Tracked and responded to several hundred mask order violations and complaints.
- Established quarantine or isolation housing sites for those unable to isolate in their home.
- Reviewed organizations COVID-19 response plan for community and sporting events (runs, soccer, and hockey practices, games, and more).
- Conducted outreach and assistance to long term care facilities and nursing homes on preparing their COVID-19 response plan.

WHAT WE *Paused*

- Licensing and inspections stopped in mid-March and resumed on May 26.
- "Safer at Home" resulted in some licensed facilities not operating, resulting in fewer inspections.

WHAT WE *Continued*

- Provided Environmental Health triage person to respond to resident's concerns.
- Provided human health hazards consultations.
- Continued water laboratory testing and analysis.
- Provided animal bite investigation and rabies prevention follow up.
- Completed a lab audit without any recommendations for correction.

Intermittent SERVICES

- Fewer inspections because some facilities chose not to operate or were closed due to "Safer at Home."
- License renewal process: grace period established for all licensees choosing to renew.
- Fewer lead hazard investigations due to fewer children tested for lead by health providers.
- Fewer water tests for public pools closed due to "Safer at Home" Order.

BY THE NUMBERS

NON-COVID-19 SERVICES

LICENSING

1,050
licensing inspections conducted with restaurants, stores, lodging, pools, mobile home parks, campgrounds, and tattoo shops.

855
licenses issued for restaurants, food stands, lodging, campgrounds, pools, retail food stores, mobile home parks, and tattoo facilities.

WATER TESTING

3,013
drinking water samples tested.

CHILDHOOD LEAD POISONING

5
lead property inspections.

RABIES

345
animal bites reported.

NORTHCENTRAL RADON INFORMATION CENTER

207
radon kits provided to homeowners.

Water Testing Lab Implements Changes, Receives Recertification

The Lab successfully passed the Department of Natural Resources audit to re-certify the Lab under State regulation for performing nitrate in drinking water analysis. We implemented Board of Health directed changes which included a fee analysis for drinking water and pool analysis along with a change in Lab operating hours. The intent was to reduce reliance on tax levy and contribute to efficient operations.

FAMILY HEALTH & COMMUNICABLE DISEASE

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- COVID-19 Disease Investigation and Contact Tracing.
- Provided isolation letters with educational information.
- Created a resource line for community members to call in with COVID-19 related questions.
- Hired, trained, scheduled, and supervised more than 40 COVID-19 Response team members
- Provided COVID-19 testing for people with cultural, physical, or language barriers.
- Developed data collection and reporting tools to manage the large amount of COVID-19 tracking and operations data.
- Collaborated with schools in providing information to help them determine their response.
- Consulted with community agency partners such as homeless facilities, jails, medical clinics, workplaces, long term care, etc. regarding their response.
- Provided shelter and food for people who were homeless and positive for COVID-19.

WHAT WE *Continued*

- TB investigations, treatment, and contact tracing.
- Childhood Lead interventions.
- Perinatal Hepatitis B services.

WHAT WE *Stopped*

- Testing and vaccination at the Sexually Transmitted Disease Clinic.
- Providing general Immunization Clinics at MCHD.
- Providing in-person Start Right visits.
- Conducting enteric disease investigations.
- Participating in community level groups such as the Housing and Homeless coalition, Child Death Review, Citizens Review Panel, Early Years Coalition, etc.

Intermittent SERVICES

- Start Right home visits were offered on a virtual basis.
- Start Right families were offered a referral to Children's Hospital of Wisconsin for home visiting services.
- Parents were referred to the Start Right resource line at the Health Department or the Warm Line at Children's Hospital of Wisconsin.
- Public Health Preparedness efforts for non-COVID-19 initiatives.

BY THE NUMBERS

NON-COVID-19 SERVICES

SEXUALLY TRANSMITTED DISEASE CLINIC

55
visits for STD services through MCHD (January-March).

31
vaccines were administered (January-March).

START RIGHT

240
pregnant women referred to MCHD for services.

43
women received three or more visits by a public health nurse.

19
new families accepted Start Right Step by Step services provided by Children's Hospital of Wisconsin.

22
children served by the child health program.

NORTHERN REGIONAL CENTER FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

88
consultations with professionals.

45
people participated in a training.

INJURY PREVENTION

38
families received education on safe sleep practices for their newborn.

FISCAL & ADMINISTRATIVE SUPPORT

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- Developed and updated the Website and Social media sites.
- Gathered & reported COVID-19 related data.
- Imported local COVID-19 data into State data systems (WEDSS).
- Financial management related to COVID-19 funding: verifying compliance, coding, monitoring, and reporting.
- Printed & mailed isolation & quarantine letters.
- Provided new employee orientation of COVID-related contracted positions.
- Increased office space, supplies, and equipment for new contracted staff.
- Adjusted internal systems to a 7-day work week for staff, including holidays, to support a robust COVID-19 response.

WHAT WE *Continued*

- Submitting birth reports.
- State and local grant billing and administration.
- Fiscal processing – payroll, accounts payable, accounts receivable, payment processing.
- Processing/management of licensing and lab fees.
- Answering and routing incoming phone calls to the department.
- Management of employee and other databases.
- Management of vaccine inventory.

Intermittent SERVICES

- Decreased volume of walk-in customers
- Updated policies, procedures, and employee handbook

2020 Health Department Revenues

2020 Health Department Expenses

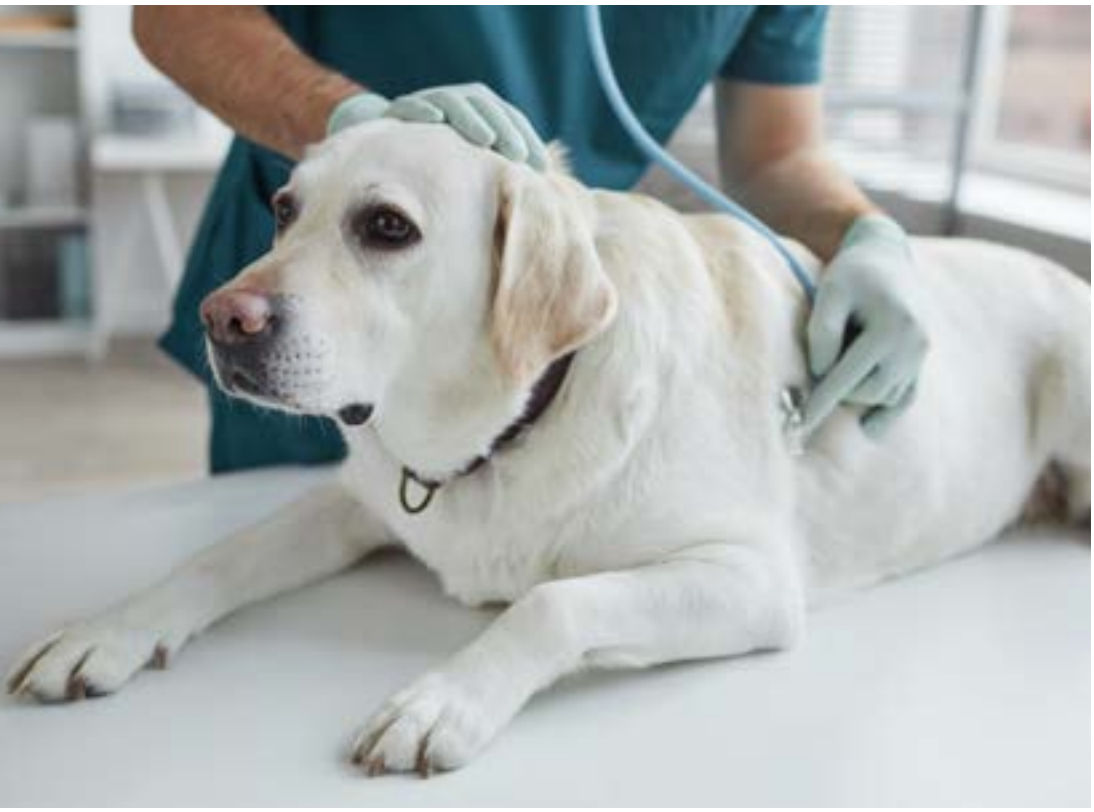
DEPARTMENT INDICATORS

COMMUNITY HEALTH IMPROVEMENT

Substance Abuse ** Data collected in odd numbered years only*	2018	2019	2020
Percent of teens who reported drinking in the past 30 days	*	28%	*
Percent of high school teens who have ever drank alcohol	*	56.0%	*
Percent of high school teens who used marijuana in the past 30 days	*	10%	*
Percent of high school teens who have ever used marijuana	*	19%	*
Percent of teens who reported ever using prescription drugs without a prescription	*	9.0%	*
Number of fatal drug overdoses in Marathon County	11	16	14
Tobacco Control. ** Data collected in odd numbered years only*			
Percent of teens who smoked cigarettes in the past 30 days	*	7.0%	*
Percent of high school students who reported vaping in the past 30 days	*	16%	*
Retail compliance rate for licensed tobacco sellers	91.1%	88.0%	*
Mental Health. ** Data collected every other year* *Figures are associated with the school year that ended that year.*			
Percent of high school teens who reported feeling depressed	*	26.0%	*
Number of students reported seeing a therapist at school during the school year	341	420	452
Percent of kids (grades 4-12) who reported feeling better now than they did before counseling	85.5%	69.1%	65.6%
Childhood Hearing and Vision Screening **Incomplete data due to Safer At Home school closures.* *Figures are associated with the school year that ended that year.*			
Total number of screenings conducted	15,447	15,145	12,479
Number referred to providers for hearing concerns	107	67	93
Percent of referrals receiving follow up for hearing	97%	85%	*
Number referred to providers for vision concerns	783	677	576
Percent of referrals receiving follow up for vision	87%	77%	*

ENVIRONMENTAL HEALTH & LABORATORY

Rabies	2018	2019	2020
Animal bites reported	287	349	345
Prophylaxis recommended, in the event of a stray or wild animal exposure	30	21	25
Number of bites NOT needing prophylaxis	257	328	320
Human Health Hazards *Definition for consultations/technical assistance was narrowed ** Definition for an investigation narrowed to only include on-site inspections.			
Nuisance consultations/technical assistance contacts	224*	319	231
Human health hazard investigations	8**	6	6
Radon test kits provided in Marathon County	172	118	207
Radon mitigation systems installed per report for 11 county area	451	388	279
Requests for radon information (calls, emails, website)	632	764	2,229
Transient drinking water systems inspected	30	37	33
Pounds of mercury collected and properly disposed (excluding amalgam)	1	1	1
Dental offices contacted regarding proper disposal of amalgam	34	35	31
Pounds of amalgam collected by dental offices and recycled	242	192	138
Environmental screens	13	6	15
Radon			
Tests in RIC	371	493	469
Tests in Marathon County	172	118	207
Percent elevated in Marathon County	53%	53%	47%
Mitigations Reported (Voluntary)	451	388	279



Water Testing *Safer at Home shut down pools for a time	2018	2019	2020
Total number of drinking water samples	4,030	3,513	3,013
Bacteriologically safe drinking water samples	3,289	3,174	2,783
Bacteriologically unsafe drinking water samples	420	339	230
Nitrate>10.0mg/l (drinking water unsafe for pregnant women & infants)	79	93	47
Total number of recreational water samples	1,762	1,745	983*
Bacteriologically satisfactory recreational water samples	1,709	1,665	940*
Bacteriologically unsatisfactory recreational water samples	53	80	43*
Lead			
Total Number of Childhood Lead Tests	1,169	1,261	1,155
Tests <10 ug/dl	1,167	1,253	1,147
Tests 5 to <10 ug/dl (# of children)	25(17)	37(25)	22(16)
Tests 10 to 19 ug/dl (# of children)	2(2)	6(4)	7(4)
Tests ≥20 ug/dl (# of children)	0(0)	2(1)	1(1)
Housing Units – Lead Hazard Reduction	3	1	1
Lead Property Inspections	20	14	5
Licensing			
Number of licensing inspections conducted with restaurants, stores, lodging, campgrounds, pools, mobile home parks, and tattoo facilities.	1,032	1,135	1,050
Number of licenses issued for restaurants, food stands, lodging, campgrounds, pools, retail food stores, mobile home parks, and tattoo facilities.	938	967	955
Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	100%	99%	100%
Retail food establishments in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	100%	100%	100%
Pools and whirlpools located in Marathon County will be bacteriologically safe.	97%	95%	97%
Tattoo businesses in Marathon County will not expose their clientele to infectious diseases.	100%	100%	100%
Mobile home parks in Marathon County will provide a safe and healthy environment for residents.	96%	100%	96%

FAMILY HEALTH & COMMUNICABLE DISEASE

Start Right Prenatal Services **Data not available*	**2018**	**2019**	**2020**
Number of women who had 3 or more visits with a public health nurse	102	90	43
Percent of women who reported smoking during their pregnancy	40%	35%	26%
Percent of women who reported smoking who stopped or decreased smoking	93%	93%	90%
Percent of homes that are smoke-free	90%	92%	*
Percent of women who reported drinking at all during their pregnancy	31%	32%	28%
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	91%	88%	100%
Percent of women who screened positive for domestic violence	*	14%	8%
Percent of women who were homeless at any time during services	*	5%	8%
Was involved with Social Services at any time during services	*	10%	10%
Resided in jail at any time during services	*	2%	3%
Percent of women who initiated breastfeeding	79%	69%	69%
Women who have a reproductive life plan	97%	93%	85%
Stepping Stones Home Visiting			
Percent of infants who sleep in a safe sleep environment	83%	83%	69%
Percent of children on schedule for their well child exams	96%	94%	97%
Percent of children who are up-to-date on immunizations at 24 months of age	90%	90%	90%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	47%	48%	57%
Children and Youth with Special Health Care Needs **Data not available*			
Number of families served	*	48	47
Number of consultations with professionals	*	54	88
Number of trainings offered	*	13	9
Number of attendees at trainings	*	74	45

Reportable Diseases and Conditions	2018	2019	2020
Babesiosis	5	1	3
Blastomycosis	4	9	9
Campylobacteriosis	57	30	23
Carbon Monoxide Poisoning	3	12	11
Chlamydia	342	365	388
Coccidioidomycosis	1	0	0
Coronavirus Sars Cor-2 (COVID-19)	0	0	13,297
Cryptosporidiosis	39	30	24
Cyclosporiasis	8	0	2
Ehrlichiosis/Anaplasmosis	28	19	25
Environmental and Occupational Lung Diseases	0	1	0
Giardiasis	39	38	24
Gonorrhea	54	124	141
Haemophilus Influenzae/Invasive	3	4	1
Hepatitis B	10	8	6
Hepatitis C	25	26	25
Hepatitis E	0	1	0
Histoplasmosis	0	1	0
HIV	2	0	2
Influenza Associated Hospitalizations	146	67	85
Jamestown Canyon Virus	1	2	0
Legionellosis	4	0	1
Listeriosis	1	0	0
Meningitis, Bacterial	1	0	0
Mumps	0	2	1
Mycobacterial Disease (non-tuberculous)	14	13	7
Others (Measles, Rubella, Tetanus, Diphtheria, Polio)	0	0	0
Pertussis (Whooping Cough)	14	25	11

FAMILY HEALTH & COMMUNICABLE DISEASE Continued

Reportable Diseases and Conditions Continued	2018	2019	2020
Salmonellosis	19	33	22
Shiga Toxin Producing E Coli (STEC)	12	11	20
Shigellosis	2	0	2
Streptococcal Disease/Invasive/Groups A & B	20	18	18
Streptococcus Pneumoniae/Invasive	15	17	10
Syphilis	5	6	2
Transmissible Spongiform Encephalopathy (TSE)	0	0	1
Tuberculosis, Active Disease	1	1	1
Tuberculosis, Latent Infection	19	12	11
Varicella (Chickenpox)	5	7	1
Vibriosis, Non Cholera	0	1	0
West Nile	1	0	0
Yersiniosis	0	1	0
Case counts are from state records and can vary from year to year based on review of records and additional case information. Case count numbers are for all reports that are determined to be confirmed or probable.			
Immunization Clinic Services			
Number of Children & Adults who recieved a vaccine	459	608	196
Number of Childhood & Adult Vaccines given	907	1158	356
STD Clinic Services			
Number screened for STD's	313	234	54
Number screened for HIV	262	218	49
Number of vaccines given at STD clinics (part of vaccine total above)	233	234	31
Total Client visits	700	655	55

MARATHON COUNTY
HEALTH DEPARTMENT

1000 Lakeview Drive
Suite 100
Wausau, WI 54403
715-261-1900

MARATHON COUNTY
HEALTH DEPARTMENT

2021 Annual Report

Published May 2022
Fulfills WI Stats. 251.06 (3)(h)

Promoting Health, Preventing Disease, Protecting the Environment.

A Letter to the Community

To the Marathon County leaders and community:

Our world has been irrevocably transformed by the COVID-19 pandemic. From the beginning, its impact on public health has been one of continual change and challenge for us all, and 2021 was no exception. This year required us to develop a sustained pandemic response as we entered an unprecedented second year of battling COVID-19. Marathon County was forever changed. As new variants of COVID emerged, we worked to decrease the number of hospitalizations and severe disease, while also trying to slowly incorporate our previous work back into our practice. Vital public health work including, but not limited to, restaurant and pool inspections, human health hazard prevention, tobacco prevention, work to reduce substance abuse and misuse, and prenatal care was happily resumed.

Additionally, we faced a change in leadership as both Joan Theurer, Marathon County's Health Officer since 2009, and Judy Burrows, the department's longstanding Community Health Improvement Director, left their roles for new opportunities. Joan and Judy have worked tirelessly to improve the lives of citizens in our county, and we all owe them a debt of gratitude. Fortunately, they continue to be statewide leaders of public health and staunch advocates for data-based decision making. At the Health Department, we are grateful for their service to our community and their devotion to successful public health practice.

Marathon County Health Department remains committed to advancing a healthy community by preventing disease, promoting health, and protecting the public from environmental hazards. We continue to devote our lives and our careers to heal, rebuild and make Marathon County the healthiest and safest county in which to live, learn, work, and play.

Wishing you good health,

Laura Scudiere, Marathon County Health Officer

Essential Services of Public Health

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

OUR ORGANIZATION

Our Mission

To be the healthiest and safest county in which to live, learn, work, and play.

Our Vision

To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards.

Our Core Values

Service: responsibly delivering on our commitments to all of our internal and external customers.

Integrity: honesty, openness, and demonstrating mutual respect and trust in others.

Quality: providing public services that are reflective of "best practices" in the field.

Diversity: actively welcoming and valuing people with different perspectives and experiences.

Shared Purpose: functioning as a team to attain our organizational goals and working collaboratively with our policy makers, department, and employees.

Stewardship of Resources: conserving the human, natural, cultural, and financial resources for current and future generations.

Health Department Leadership

Joan Theurer, RN, MSN- *Health Officer (Jan-Sept)*
Laura Scudiere, MPH, CHES- *Health Officer (Sept-Current)*
Judy Burrows, RD, BS - *Program Director, Community Health Improvement (Jan-Nov)*
Amanda Ostrowski-*Program Director, Community Health Improvement (Nov- Current)*
Eileen Eckardt, RN, BSN - *Program Director, Family Health and Communicable Disease Control*
Dale Grosskurth, RS, MPA - *Program Director, Environmental Health and Safety & Water Testing*
Kim Wieloch - *Director of Operations, Administrative and Fiscal Support*

Board of Health

Sandi Cihlar
Dean Danner
Kue Her
Tiffany Lee
Corrie Norrbom, MD
Craig McEwen
John Robinson
Lori Shepherd, MD (Jan- June)
Tara Draeger
Helen Luce, MD

Ex-Officio Members:
Dr. Kevin O'Connell, MD - *Medical Advisor*

PROGRAMS & SERVICES

COVID-19
- COVID-19 Disease Investigation and Contact Tracing
- Isolation letters with educational information

Community Health Improvement
- Community Health Assessment (CHA)
- Community Health Improvement Planning (CHIP)
- Mental Health - Changemakers for Behavioral Health
- Substance Abuse Prevention
- Tobacco Prevention and Control

Environmental Health
- Licensing – restaurants, stores, hotels, campgrounds, tattoo shops, pools, and mobile homes for safety
- Water Testing – public swimming pools, municipal water supplies, and private wells
- Investigation of animal bites and prevent rabies
- Human Health Hazards – mold, pests, housing issues, and radon
- Mercury Reduction program
- Northcentral Radon Information Center – provides testing and information

Fiscal and Administrative Support
- Backbone functions of all internal operations
- Fiscal management of grants, fees, and contracts
- Customer service

Family Health / Communicable Disease
- Communicable Disease Surveillance, Investigation, and Control
- Immunization Surveillance and Clinics
- Tuberculosis Case Management and Therapy
- Sexually Transmitted Disease Clinic
- Public Health Preparedness
- Start Right
- Child Health
- Northern Regional Center for Children and Youth with Special Health Care Needs
- Childhood Lead Poisoning
- Injury Prevention

MCHD STAFF *by the numbers*

Directors

Managers

Public Health Nurses

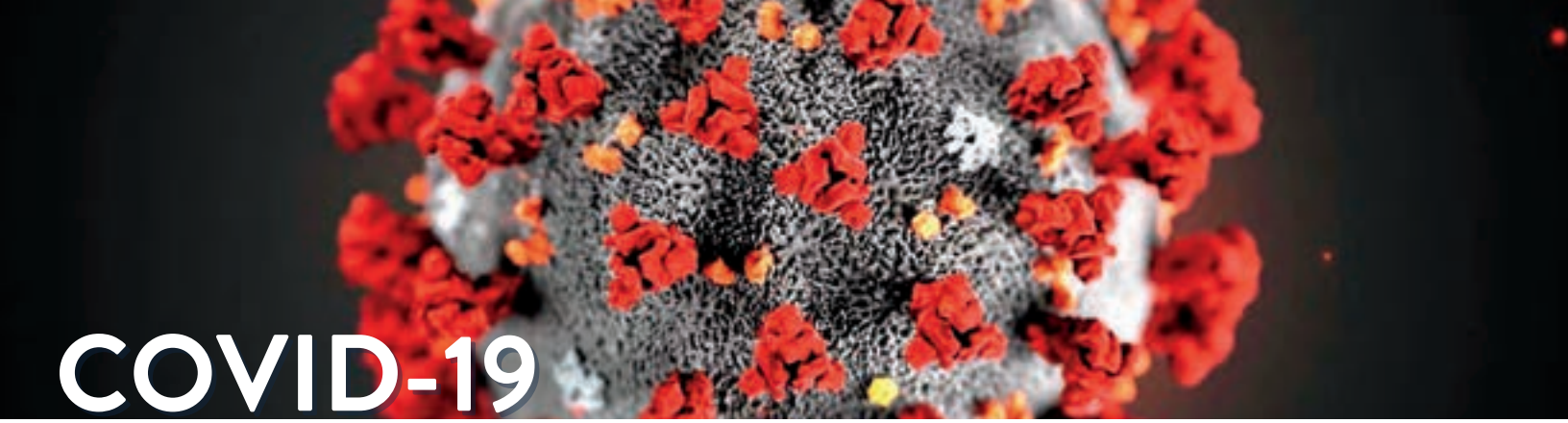
Sanitarians

Health Educators

Administrative Support Staff

Professionals/Paraprofessionals

+ contract staff for COVID-19 response



Contact Tracing & Support

Case investigators contact people who have tested positive for COVID-19 to assess symptoms, support needs, review isolation procedures, and solicit names of their contacts. Contact tracers then follow-up with contacts to review isolation and quarantine procedures.

Staffing needed to be rapidly redirected and trained to make calls and provide support. Several adaptations were made and systems developed quickly to meet the needs of the ever changing guidance from federal and state authorities. Crisis Standards of Care were used due to the high number of cases, exceeding the health department's resources. Contact tracing notification of close contacts was carried out by schools, businesses, and other entities. At times, Wisconsin Department of Health Services Contact Tracing Team assisted with disease investigations.

Communications

The communications team was tasked with creating materials, writing Facebook posts and news releases, managing web content, answering media questions and arranging interviews, managing our social media presence, coordinating the translation of materials, and responding directly to phone calls and emails from the public. The breadth and rapidly changing nature of the pandemic were key communication challenges to overcome.

Data

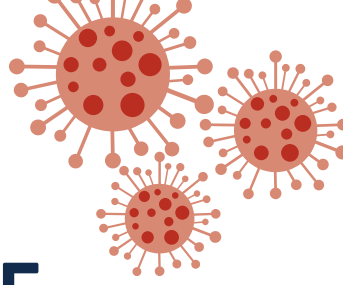
COVID-19 data was collected, analyzed, and utilized to make decisions and answer questions about cases, trends, and other points of interest. Metrics were established for reopening, data dashboards were developed and maintained, and communication products such as printed fact sheets were created and shared.

Partnerships

Staff engaged with people from many different sectors, including businesses, childcare, education, health systems, faith organizations, emergency management, and community non-profit organizations. Staff roles included listening and responding to concerns from the partners they work with, as well as communicating their needs back to other teams within the Department's response teams. Examples include:

- Provided a weekly report to area schools on recommendations for mitigation/control.
- Fielded over 270 calls from businesses or business related questions.
- Collaborated with Aspirus and Emergency Management to provide a site for testing.
- Provided consultation with long-term care facilities on outbreak containment.
- Coordinated with UW-Stevens Point at Wausau to promote their testing clinic.

BY THE NUMBERS



61
contracted employees assisted with contact tracing, disease investigation and support activities.

15,845
positive COVID-19 cases reported.

227
COVID-19 outbreaks in facilities.

648
individuals served through mass testing clinics coordinated by MCHD. (November-December)

270+
calls from businesses or business-related questions regarding COVID-19.

1,436
calls from community members with questions about COVID-19.

216
COVID-19 related deaths.

833
people ever hospitalized for COVID-19.

30
press releases.

320+
COVID-19 related social media posts.

250
COVID-19 related media interviews.

COMMUNITY HEALTH IMPROVEMENT

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Continued*

- Fielded questions from the public, community partners, and business sector on recommended COVID-19 mitigation strategies, as well as quarantine and isolation guidance.
- Reviewed new orders or guidelines issued by State and Federal agencies.
- Communicated COVID-19 mitigation strategies and response measures through the media.
- Developed content, responded to comments, and updated website and Facebook, including culturally appropriate and culturally specific messaging.
- Developed and evaluated COVID-19 mitigation strategies and response plans with schools, healthcare systems, the Hmong and Hispanic Network (H2N), and other community organizations.
- Coordinated local COVID-19 testing with University of WI – Stevens Point at Wausau, WI National Guard, and schools.
- Monitored community risk and status of COVID-19 at the community-level through data collection, analysis, and interpretation.

WHAT WE *Resumed*

- Updates of MarathonCountyPulse.com website.
- Creation of the 2021-2021 Community Health Improvement Plan, with identified priorities of substance misuse, mental health and health equity.
- Support of collaborative community efforts i.e. AOD Partnership Council, Healthy Marathon County Alliance, Marathon County School-Based Counseling Consortium, and Nicotine Prevention Alliance.

ENVIRONMENTAL HEALTH & LABORATORY

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- Shifted team members to support COVID-19 response and environmental health and safety programs.
- Collaboration with Marathon County Sheriff's Department to develop an electronic animal bite quarantine order that would be available on deputies' laptops.

WHAT WE *Continued*

- Provided Environmental Health Triage person to respond to residents' concerns.
- Provided Human Health Hazards consultations.
- Continued water laboratory testing and analysis.
- Provided animal bite investigation and rabies prevention follow up.
- Completed a lab audit without any recommendations for correction.
- Licensing and inspections.
- Ensuring quarantine or isolation housing sites for those unable to isolate in their home.
- Reviewed organization's COVID-19 response plan for community and sporting events (runs, soccer and hockey practices, games, and more).
- Consulted with establishments and businesses to answer questions about COVID-19 precautions.

BY THE NUMBERS

NON-COVID-19 SERVICES

LICENSING

1,045
licensing inspections conducted with restaurants, stores, lodging, pools, mobile home parks, campgrounds, and tattoo shops.

820
licenses issued for restaurants, food stands, lodging, campgrounds, pools, retail food stores, mobile home parks, and tattoo facilities.

WATER TESTING

3,151
drinking water samples tested.

CHILDHOOD LEAD POISONING

14
lead property inspections.

RABIES

346
animal bites reported.

20
persons were recommended to receive shots to prevent the development of rabies from their animal bite exposure.

NORTHCENTRAL RADON INFORMATION CENTER

292
radon kits provided to homeowners.

Audit performed with exceptional results

An audit was performed by the Department of Agriculture, Trade and Consumer Protections for bacterial tests. This audit evaluated bacteriological testing of drinking and pool water. The auditor reviewed our Lab bacterial Standard Operating Procedures to ensure the steps accurately describe the particular bacterial method used for drinking water or pools. In 2021, the Lab had an exceptional audit. No recommendations received.

FAMILY HEALTH & COMMUNICABLE DISEASE

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- Created a dedicated resource line for community members to call in with COVID-19 related questions.
- Provided COVID-19 testing for people with cultural, physical, or language barriers.
- Developed data collection and reporting tools to manage the large amount of COVID-19 tracking and operations data.
- Collaborated with schools in providing information to help them determine their response.
- Consulted with community agency partners such as homeless facilities, jails, medical clinics, workplaces, long term care, etc. regarding their response.
- Provided shelter for people who were homeless and positive for COVID-19 and needed to isolate to protect others.
- Provided COVID-19 vaccination to those with barriers.

WHAT WE *Stopped*

- Testing and vaccination at the Sexually Transmitted Disease Clinic.
- Providing in-person Start Right visits.
- Participating in community level groups such as Homeless Coalition, Child Death Review, Citizens Review Panel, Early Years Coalition, etc.

WHAT WE *Continued*

- TB investigations, treatment, and contact tracing.
- Childhood Lead interventions.
- Perinatal Hepatitis B services.
- Consulted with community agency partners such as homeless facilities, jails, medical clinics, workplaces, long term care, etc. regarding reducing COVID-19 spread.
- Collaborated with schools in providing information to help determine their response.
- Hired, trained, scheduled and supervised more than 40 COVID-19 Response team members.
- Provided Covid-19 testing for people with cultural, physical , or language barriers.
- Covid-19 Disease Investigation and Contact Tracing.

Intermittent SERVICES

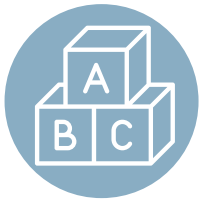
- Start Right home visits were offered virtually.
- Start Right families were referred to Children's Hospital of Wisconsin for services.
- Provided Start Right families with a Family Resource Center Warm Line and the Start Right Health Department phoneline, for parenting questions or support.
- Public Health Preparedness efforts for non-COVID-19 initiatives.
- Provided general Immunization Clinics at Marathon County Health Department.

BY THE NUMBERS

NON-COVID-19 SERVICES

NORTHERN REGIONAL CENTER FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

138
consultations with professionals.



71
people participated in a training.

START RIGHT

21
pregnant women enrolled in WIC.

18
families received education on safe sleep practices for their newborn.

119
pregnant women referred to MCHD for services.

24
women received three or more visits by a public health nurse.

6
new families accepted Start Right Step by Step services

9
children served by the child health program.

1
pregnant woman reported experiencing homelessness.

FISCAL & ADMINISTRATIVE SUPPORT

COVID-19 required aligning staff responsibilities with new activities and subsequently some services were stopped or interrupted for varied lengths of time.

WHAT WE *Started*

- Created an electronic information resource for use at the Front Desk, including formalizing processes for periodic review and updates.
- Relocated all administrative staff to first floor to operate more cohesively as a team.
- Realignment of roles to be based on skills and interests.
- Operationalized and supported Covid-19 vaccination clinics at multiple locations.

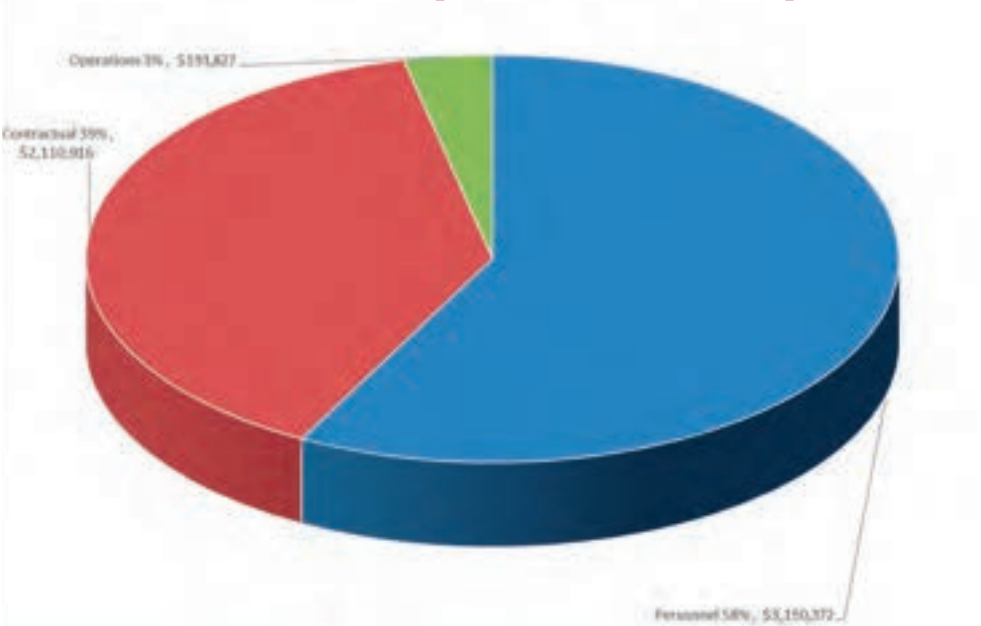
Intermittent SERVICES

- Outsourcing COVID letters.
- Broadened scope of how, and where we work both individually and as a team, to incorporate remote work flexibility.
- Continued decreased volume of in-person customers and COVID-19 protocols.

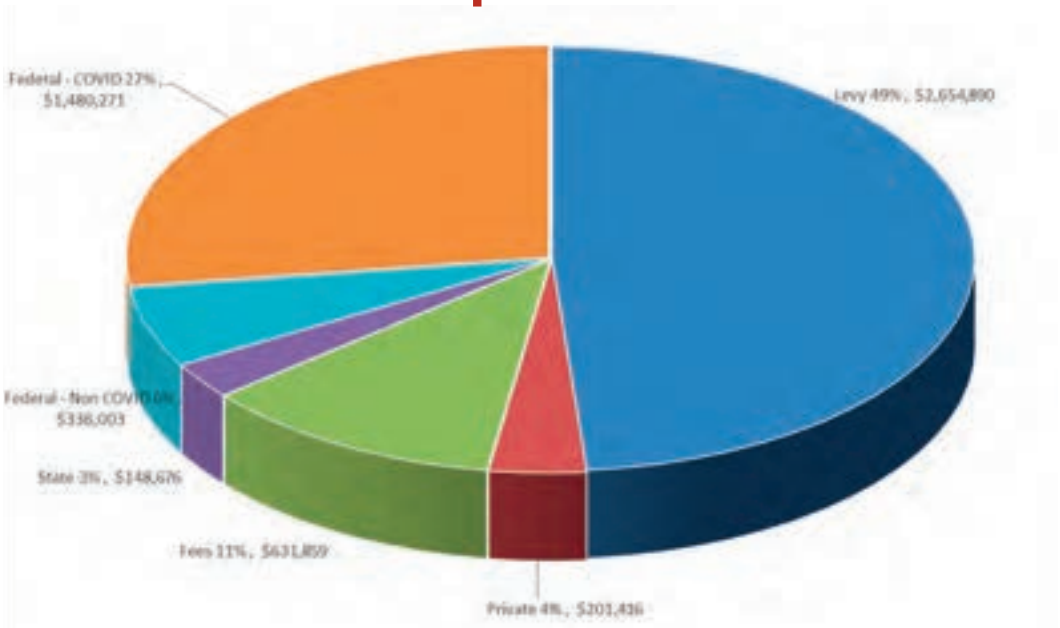
WHAT WE *Continued*

- Continued administrative policy and procedure development and process improvements.
- Submitting birth reports.
- State and local grant billing and administration.
- Fiscal processing - payroll, accounts payable, accounts receivable, payment processing.
- Management of licensing and lab fees.
- Answered and routed incoming phone calls to the department.
- Management of multiple databases.
- Continued gathering, analyzing, and disseminating COVID-19 data.

2021 Health Department Expenses



2021 Health Department Revenues




DEPARTMENT INDICATORS

COMMUNITY HEALTH IMPROVEMENT

Substance Abuse ** Data collection delayed by organizations due to COVID-19 pandemic*	2019	2020	2021
Percent of teens who reported drinking in the past 30 days	28%	*	*
Percent of high school teens who have ever drank alcohol	56.0%	*	*
Percent of high school teens who used marijuana in the past 30 days	10%	*	*
Percent of high school teens who have ever used marijuana	19%	*	*
Percent of teens who reported ever using prescription drugs without a prescription	9.0%	*	*
Number of fatal drug overdoses in Marathon County	16	14	20
Tobacco Control. ** Data collected in odd numbered years only*			
Percent of teens who smoked cigarettes in the past 30 days	7.0%	*	*
Percent of high school students who reported vaping in the past 30 days	16%	*	*
Retail compliance rate for licensed tobacco sellers	88.0%	*	*
Mental Health. ** Data collected every other year. Figures are associated with the school year that ended that year.*			
Percent of high school teens who reported feeling depressed	26.0%	*	*
Number of students reported seeing a therapist at school during the school year	420	452	344
Childood Hearing and Vision Screening *Figures are associated with the school year that ended that year. **No longer a MCHD program*			
Number referred to providers for hearing concerns	67	93	**
Percent of referrals receiving follow up for hearing	85%	*	**
Number referred to providers for vision concerns	677	576	**
Percent of referrals receiving follow up for vision	77%	*	**

ENVIRONMENTAL HEALTH & LABORATORY

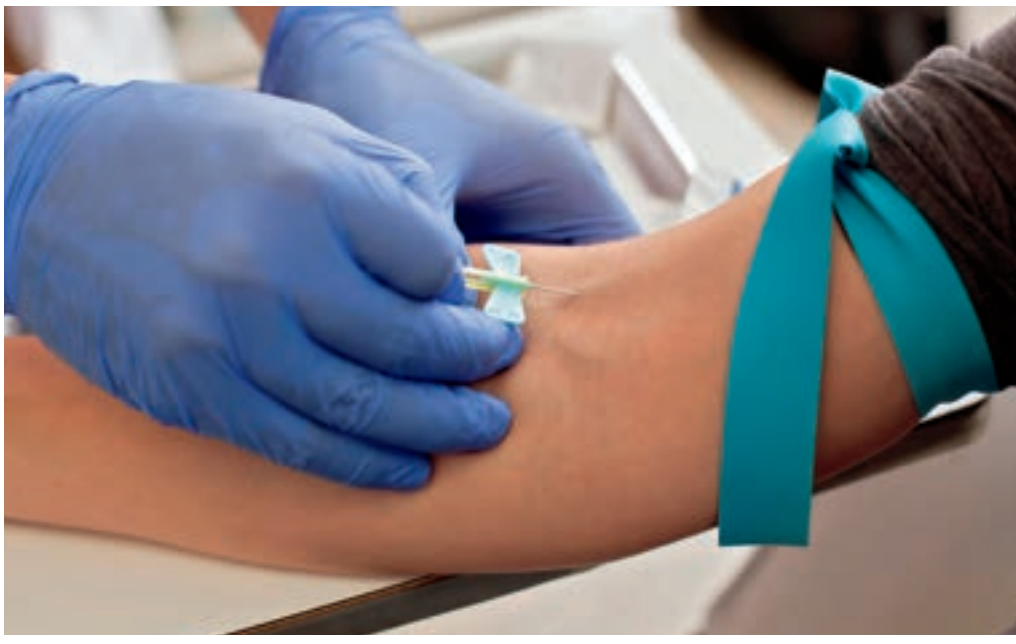
Rabies	2019	2020	2021
Animal bites reported	349	345	364
Prophylaxis recommended, in the event of a stray or wild animal exposure	21	25	20
Number of bites NOT needing prophylaxis	328	320	344
Human Health Hazards			
Nuisance consultations/technical assistance contacts	319	231	186
Human health hazard investigations	6	6	3
Radon test kits provided in Marathon County	118	207	292
Radon mitigation systems installed per report for 11 county area	388	279	342
Requests for radon information (calls, emails, website)	764	2,229	2,622
Transient drinking water systems inspected	37	33	45
Pounds of mercury collected and properly disposed (excluding amalgam)	1	1	4.5
Dental offices contacted regarding proper disposal of amalgam	35	31	32
Pounds of amalgam collected by dental offices and recycled	192	138	186
Environmental screens	6	15	2
Radon			
Tests in RIC	493	469	509
Tests in Marathon County	118	207	292
Percent elevated in Marathon County	53%	47%	34%
Mitigations Reported (Voluntary)	388	279	342
Water Testing **Safer at Home shut down pools for a time*			
Total number of drinking water samples	3,513	3,013	3,151
Bacteriologically safe drinking water samples	3,174	2,783	2,914
Bacteriologically unsafe drinking water samples	339	230	237
Nitrate>10.0mg/l (drinking water unsafe for pregnant women & infants)	93	47	55
Total number of recreational water samples	1,745	983*	1,303
Bacteriologically satisfactory recreational water samples	1,665	940*	1,263
Bacteriologically unsatisfactory recreational water samples	80	43*	10

Lead	2019	2020	2021
Total Number of Childhood Lead Tests	1,261	1,155	1,324
Tests <10 ug/dl	1,253	1,147	1,319
Tests 5 to <10 ug/dl (# of children)	37(25)	22(16)	30(21)
Tests 10 to 19 ug/dl (# of children)	6(4)	7(4)	4(3)
Tests ≥20 ug/dl (# of children)	2(1)	1(1)	1(1)
Housing Units – Lead Hazard Reduction	1	1	2
Lead Property Inspections	14	5	14
Licensing ** impacted by COVID-19: pools and tourist rooming houses did not renew; no temporary events .*			
Number of licensing inspections conducted with restaurants, stores, lodging, campgrounds, pools, mobile home parks, and tattoo facilities.	1,135	1,050	1,045
Number of licenses issued for restaurants, food stands, lodging, campgrounds, pools, retail food stores, mobile home parks, and tattoo facilities.	967	955	855*
Restaurants located in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	99%	100%	99%
Retail food establishments in Marathon County will have fewer than five (5) critical violations associated with disease transmission.	100%	100%	100%
Pools and whirlpools located in Marathon County will be bacteriologically safe.	95%	97%	97%
Tattoo businesses in Marathon County will not expose their clientele to infectious diseases.	100%	100%	100%
Mobile home parks in Marathon County will provide a safe and healthy environment for residents.	100%	96%	96%

FAMILY HEALTH & COMMUNICABLE DISEASE

Start Right Prenatal Services *Data not available	2019	2020	2021
Number of women who had 3 or more visits with a public health nurse	90	43	24
Percent of women who reported smoking during their pregnancy	35%	26%	26%
Percent of women who reported smoking who stopped or decreased smoking	93%	90%	100%
Percent of homes that are smoke-free	92%	*	57%
Percent of women who reported drinking at all during their pregnancy	32%	28%	30%
Percent of women who reported drinking at all during their pregnancy who stopped drinking completely	88%	100%	100%
Percent of women who screened positive for domestic violence	14%	8%	8%
Percent of women who were homeless at any time during services	5%	8%	4%
Was involved with Social Services at any time during services	10%	10%	9%
Resided in jail at any time during services	2%	3%	0%
Percent of women who initiated breastfeeding	69%	69%	52%
Women who have a reproductive life plan	93%	85%	78%
Stepping Stones Home Visiting			
Percent of infants who sleep in a safe sleep environment	83%	69%	70%
Percent of children on schedule for their well child exams	94%	97%	89%
Percent of children who are up-to-date on immunizations at 24 months of age	90%	90%	95%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	48%	57%	69%
Children and Youth with Special Health Care Needs *Data not available			
Number of families served	48	47	68
Number of consultations with professionals	54	88	138
Number of trainings offered	13	9	10
Number of attendees at trainings	74	45	71

Reportable Diseases and Conditions	2019	2020	2021
Babesiosis	1	3	9
Blastomycosis	10	9	5
Campylobacteriosis	30	23	32
Carbapenem-Resistant Enterobacterales (CP-CRE	0	0	1
Carbon Monoxide Poisoning	12	11	9
Chlamydia	365	387	345
Coccidiodomycosis	0	0	1
Coronavirus Sars Cor-2 (COVID-19)	0	13,281	15,845
Cryptosporidiosis	30	24	16
Cyclosporiasis	0	2	0
Ehrlichiosis/Anaplasmosis	19	25	56
Environmental and Occupational Lung Diseases	1	0	0
Giardiasis	38	26	26
Gonorrhea	124	140	91
Haemophilus Influenzae/Invasive	4	1	5
Hepatitis B	8	6	7
Hepatitis C	26	25	29
Histoplasmosis	1	0	3
HIV	0	2	2
Influenza Associated Hospitalizations	67	85	6
Jamestown Canyon Virus	2	0	1
Legionellosis	0	1	1
Listeriosis	0	0	2
Lyme Disease	40	27	45
Meningitis, Bacterial	0	0	2
Meningococcal Disease	0	1	1
Mumps	2	1	0
Mycobacterial Disease (non-tuberculous)	13	7	12
Others (Measles, Rubella, Tetanus, Diphtheria, Polio)	0	0	0
Pertussis (Whooping Cough)	25	11	5
Q Fever	0	0	1



FAMILY HEALTH & COMMUNICABLE DISEASE Continued

Reportable Diseases and Conditions Continued	2019	2020	2021
Salmonellosis	33	22	29
Shiga Toxin Producing E Coli (STEC)	11	20	15
Shigellosis	0	2	0
Streptococcal Disease/Invasive/Groups A & B	18	18	21
Streptococcus Pneumoniae/Invasive	17	10	9
Syphilis	6	2	5
Toxoplasmosis	0	0	2
Transmissible Spongiform Encephalopathy (TSE)	0	1	0
Tuberculosis, Active Disease	1	1	3
Tuberculosis, Latent Infection	12	11	20
Varicella (Chickenpox)	7	1	3
Vibriosis, Non Cholera	1	0	0
Yersiniosis	1	0	0
Case counts are from state records and can vary from year to year based on review of records and additional case information. Case count numbers are for all reports that are determined to be confirmed or probable.			
Immunization Clinic Services			
Number of Children & Adults who recieved a vaccine	608	196	802
Number of Childhood & Adult Vaccines given	1,158	356	1,264
STD Clinic Services **Did not operate STD clinics in 2021*			
Number screened for STD's	234	54	*
Number screened for HIV	218	49	*
Number of vaccines given at STD clinics (part of vaccine total above)	234	31	*
Total Client visits	655	55	*

MARATHON COUNTY
HEALTH DEPARTMENT

1000 Lakeview Drive
Suite 100
Wausau, WI 54403
715-261-1900

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

YTD Disease Incidents by Episode Date

Incidents for MMWR Weeks 1 - 21 (Through the week ending May 28, 2022)

Jurisdiction: Marathon County

		2022						
Disease Group	**Disease**	**Week 16**	**Week 17**	**Week 18**	**Week 19**	**Week 20**	**Week 21**	**Total**
Blastomycosis	*Group Total:*	0	0	0	0	0	0	2
Campylobacteriosis	*Group Total:*	0	0	0	0	0	1	5
Carbon Monoxide Poisoning	*Group Total:*	1	0	0	0	0	0	4
Chlamydia Trachomatis	*Group Total:*	6	6	7	4	6	6	130
Coronavirus	*Group Total:*	155	261	386	388	318	288	11863
Cryptosporidiosis	*Group Total:*	0	0	0	0	0	0	3
Giardiasis	*Group Total:*	0	0	0	0	0	0	3
Gonorrhea	*Group Total:*	0	1	0	1	0	1	10
Haemophilus Influenzae	*Group Total:*	0	0	0	0	0	0	1
Hepatitis A	*Group Total:*	0	0	0	0	0	0	1
Hepatitis B	*Group Total:*	0	0	1	0	0	0	2
Hepatitis C	*Group Total:*	0	0	0	1	1	0	13
Histoplasmosis	*Group Total:*	0	0	0	0	0	0	1
Influenza Associated Hospitalization	*Group Total:*	1	2	1	0	0	0	22
Invasive Streptococcal Disease (Groups A And B)	*Group Total:*	3	0	0	0	0	0	7
Legionellosis	*Group Total:*	0	0	0	0	0	0	1
Lyme Disease	*Group Total:*	1	4	3	3	5	0	29
Meningitis, Aseptic (Viral)	*Group Total:*	0	0	0	0	0	0	1
Mycobacterial Disease (Nontuberculous)	*Group Total:*	0	0	0	0	1	0	5
Pathogenic E.coli	*Group Total:*	2	1	0	0	0	0	5
Salmonellosis	*Group Total:*	0	3	0	0	0	0	9
Streptococcus Pneumoniae Invasive Disease	*Group Total:*	1	0	0	0	0	0	2
Syphilis	*Group Total:*	0	0	0	0	1	0	1
Tuberculosis	*Group Total:*	0	0	0	0	0	0	3
Tuberculosis, Latent Infection (LTBI)	*Group Total:*	0	0	0	0	1	0	8
Typhoid Fever	*Group Total:*	0	0	0	0	0	0	1
Varicella (Chickenpox)	*Group Total:*	0	0	0	0	0	0	3
Vibriosis, Non Cholera	*Group Total:*	0	0	0	0	0	0	1
	Period Total:	170	278	398	397	333	296	12136