

# Marathon County Health Department

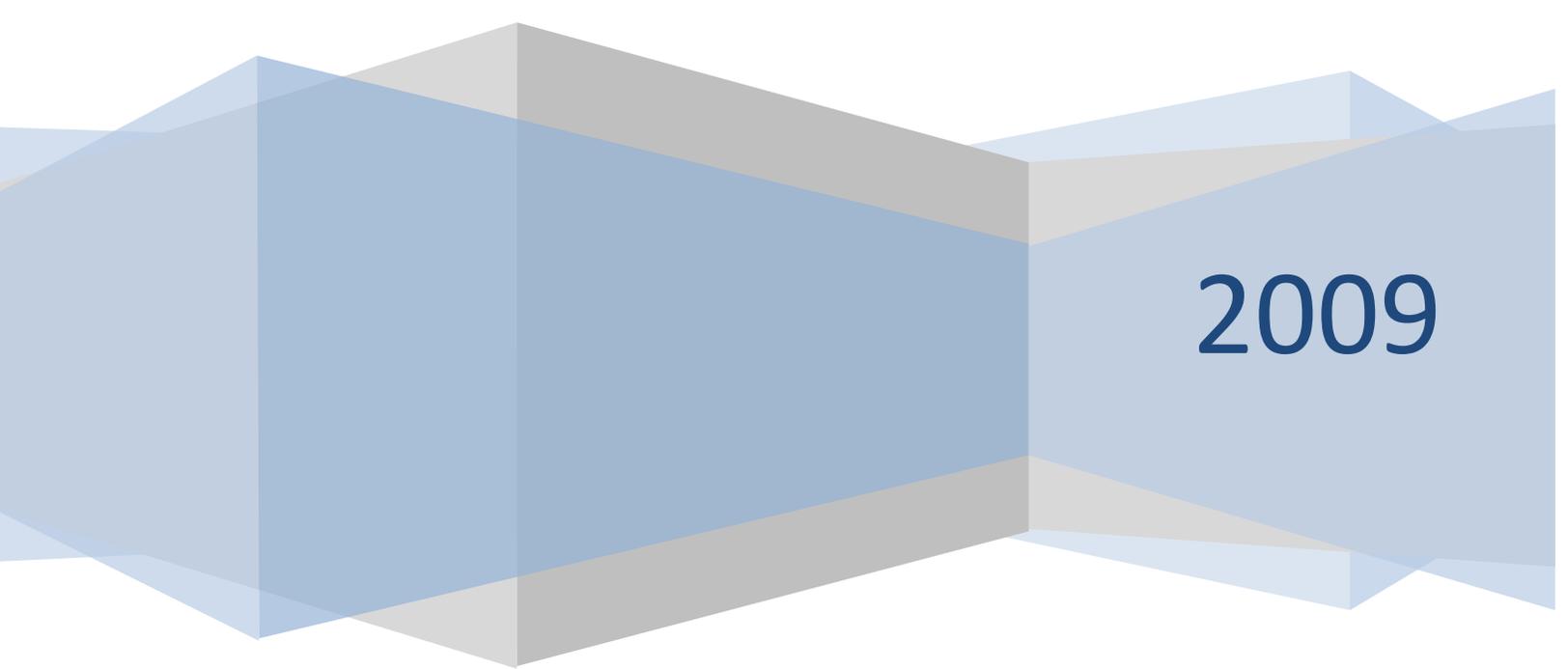
**Serving Our Community:**

Promoting Health

Protecting the Environment

Preventing Disease

## Annual Report



2009

## **Board of Health**

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## **Medical Advisor to the Health Officer**

**Kevin O'Connell, MD**

## **Health Officer**

**Julie Willems Van Dijk, RN, PhD (January-August)**

**Joan Theurer, RN, MSN (September-Dec)**

## **Chronic Disease Prevention Team**

**Judy Burrows, RD, BS, Program Director**

## **Environmental Health & Safety Team**

**Dale Grosskurth, RS, MPA, Program Director**

## **Family Health & Communicable Disease Control Team**

**Joan Theurer, RN, MSN, Program Director**



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## Letter from the Health Officer

To: Marathon County Board of Health  
Marathon County Board of Supervisors  
Marathon County Administrator Brad Karger  
Municipal Officers  
Community Partners  
State Legislators  
Members of the Public

For local health departments across the nation, 2009 will be remembered as the year of the 2009 H1N1 Influenza Pandemic. In looking over Marathon County Health Department's scrap books from the past, the last time our community needed to respond to a public health threat as serious as this was in 1976.

In looking back on 2009, the year provided a number of challenges and opportunities for our department and our public health system partners. Stepping in as the new health officer for Marathon County during the last quarter of 2009, I was faced with the task of assuring a smooth transition in leadership in our response to the 2009 H1N1 Influenza Pandemic. I was fortunate to be able to assume a leadership role during this crisis in a department where "shared purpose" is valued. Likewise we, as a Department and as a County, are fortunate to work in a community that understands and values "partnerships".

I would like to share my observations of the challenges we faced in 2009 and the unforeseen opportunities that presented themselves that have strengthened us as a department and as a community.

### ***Our Challenges – Minimized by our Collective Action***

Over the past five years Marathon County, as well as communities throughout the state and the nation, have been preparing for our response to a pandemic. As with most emergency plans, the goal is for all agencies/organizations to understand their role and be able to respond quickly with adequate resources when an emergency occurs. On April 25, 2009, local health departments across the nation were alerted to a growing number of novel influenza cases in Mexico and Southwestern United States. On April 30, 2009, the governor declared a state of emergency to assure adequate resources would be made available in our response to the 2009 H1N1 Influenza Pandemic.

From May through December of 2009, our department reallocated staff and work to be able to respond to the first wave of H1N1, the second wave of H1N1, and the resulting mass vaccination campaign. At any point in time, approximately 10-30% of our workforce was redirected during this 8 month period that extended through the end of February 2010. I am proud of our accomplishment – that is, being able to carry out critical day-to-day department programs/services during this time period. This could not have been accomplished without the resiliency and flexibility of the team of colleagues here at the department. In addition, we could not have responded adequately without our community partners who assisted us greatly in our mass vaccination campaign.



As a result of 2009, 2010 will be a catch up year for many functions that were put aside in order to respond to the pandemic. Many of the activities and functions that were set aside temporarily are essential for us to be able to continue to provide quality services now and in the years to come. Many community members do not think of the health department as similar to an area fire department; but we, like the fire department, need to be able to have surge capacity to respond to public health threats. Likewise, we need time to restock and retool so we are prepared for the next public health threat.

### ***Our Opportunities – Partnerships that will Maximize our Resources***

During our response to the 2009 H1N1 Influenza Pandemic, I was and continue to be impressed by the “collective” energy of our community. I am fortunate to be able to serve in a county where agencies, organizations, businesses, institutions, and the media understand the importance of working together in a cooperative and coordinated fashion. Because of the foundation that was laid down in prior years by former leaders, including Julie Willems Van Dijk, we were in a better position than other communities to respond to the pandemic.

As resources continue to be stretched in the coming years, I look forward to seeing what opportunities we as a community will identify and how we will build upon our current partnerships, so we can be the healthiest county in the state.

One last note – an illustration of the impact partnerships can make in advancing public health policy. On May 19, 2009, the work of the Marathon County Tobacco Free Coalition came to fruition with the passage of Wisconsin’s 100% worksite ban. The passage of the statewide tobacco free policy was the result over a decade of dedication and persistence on the part of community partners and citizens from across the state – educating the public and policy makers on the human and economic costs associated with second-hand smoke. In December 2009, Marathon County was awarded a state grant to form a multi-county Tobacco Free Coalition to continue the work that will be needed to assist worksites with the implementation of the policy on July 5, 2010.

Sincerely,



Joan Theurer, RN, MSN  
Health Officer



## Foreword

The 2009 Annual Report is organized into two main sections. The first section, “2009 Health Priorities Snapshot” features how Marathon County Health Department’s program strategies are contributing to the State of Wisconsin 2010 Health Priorities. The 2010 health priorities have been adopted by Marathon County Health Department and are used to guide our program goals and resulting impacts in the County. The 2010 health priorities include:

- Access to Primary Care
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging, and Re-emerging Communicable Diseases
- High Risk Sexual Behavior
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Overweight, Obesity, and Lack of Physical Activity
- Tobacco

The “2009 Health Priorities Snapshot” provides a summary for each health priority and the impacts we are making to achieve each stated goal. Programs and services that support given health priority strategies are referenced, so you the reader can read more about a given program or service that contributes to a given strategy.

In addition, three system priorities from the 2010 State of Wisconsin’s Health Plan are highlighted. The three system priorities are instrumental in supporting the work of the health department and include: Integrated Data Systems; Community Health Improvement Processes; and Sufficient, Competent Workforce.

The second section provides a narrative of the program and services provided through our Program Divisions including: Chronic Disease Prevention, Communicable Disease, Community Health, Environmental Health, Family Health, and Regional Centers. Additional information on impacts made is provided for the various programs and services provided through the health department.

Lastly, appendices are included to provide you more information about the financing and staffing of the department; our vision, mission, and core values; the work of the Health Department; and the demographics of the County.



## 2009 Health Priorities Snapshot

### Tobacco

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Decrease initiation of tobacco use	Provide TIP (Tobacco Intervention Program) to youth arrested for smoking	25 youth participated in TIP to learn about quitting
Increase the number of adults who successfully quit using tobacco	Offer First Breath and Quit for Baby services to pregnant and postpartum women who smoke	Continued to be a First Breath site, with 24 women enrolled in 2009. Of the 74 women who received ongoing, comprehensive services prenatally through 60 days postpartum from Marathon County Start Right First Steps, 31% of women reported smoking, with 87% of those stopped or decreased smoking.  Refer to page 40 for more information about Marathon County Start Right program.
Increase clean indoor air by reducing exposure to second hand smoke	Support state-wide policy to implement 100% worksite clean indoor air  Educate individuals and policy makers of the impact of a ban on smoking in all public places	Passage of a statewide 100% worksite ban on May 19, 2009, to be implemented on July 5, 2010  Numerous meetings and presentations given in the community at health fairs and at public meetings. Local media was also used to educate and inform the public.

### Access to Primary Care

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Assure all pregnant women have a primary care provider	Participation on Healthy Babies for Marathon County (HBMC)  Outreach to identify women for Prenatal Care Coordination (PNCC)  Provide PNCC services, including linking with MA/Badgercare application and identifying prenatal care providers	Partner organizations of Healthy Babies for Marathon County continue to work on increasing the percentage of women who seek prenatal medical care within the 1 <sup>st</sup> trimester.  In 2009, 276 women were referred to Marathon County Start Right First Steps –



	<p>Early Identification and Detection of Pregnancy (EIDP)</p>	<p>Prenatal Care Coordination program, with 74 women receiving ongoing, comprehensive services prenatal through 60 days postpartum. 100% of women were linked to a prenatal health care provider. Eligible women for MA/Badgercare were referred, assisting with application process as needed.</p> <p>All women outreached through Marathon County Start Right First Steps receive information on MA/Badgercare and family planning options.</p> <p>Refer to page 40 for more information about Marathon County Start Right program.</p>
<p>Assure all newborns to three-year-olds have a primary care provider</p>	<p>Follow up on abnormal newborn screening &amp; hearing tests and link families with medical follow up</p> <p>Participate on Newborn Hearing and Detection Committee</p> <p>Assess newborn's primary care provider and link with one if not already established</p> <p>Coordinate access to care with Start Right Family Visitors</p>	<p>Participated on the Newborn Hearing and Detection Committee. Public health nurses work closely with families to assure their newborn receives follow-up hearing tests and medical care.</p> <p>Start Right First Steps program assured 98% of newborns who received a home visit had a primary care provider.</p> <p>Refer to page 40 for more information about Marathon County Start Right program.</p>
<p>Increase the # of women who have access to cervical and breast cancer screening</p>	<p>Enroll women in WWWP program</p> <p>Number of women screened for cervical cancer</p> <p>Number of women screened for breast cancer</p>	<p>311 women enrolled in WWWP</p> <p>143 women screened for cervical cancer</p> <p>182 women screened for breast cancer</p>
<p>Identify hearing &amp; vision deficits in school-age children &amp; refer for evaluation and treatment</p>	<p>Schedule and provide hearing and vision screening in all county elementary schools (except DCE) for children in grades 4K, K, 1, 2, 3, &amp; 5</p> <p>Coordinate follow up care between family, school, and provider</p>	<p>6,341 hearing screenings and 6,099 vision screenings provided to children in 52 school locations</p> <p>487 children received follow up care from providers</p>



Assure comprehensive care for children and youth with special health care needs	Provide information, referral, follow-up and case management services to families of children and youth with special health care needs  Participate on CYSHCN Northern Region Partners Group	Provided services to 34 children with special health care needs and their families.  Refer to page 46 for more information about services.
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## Adequate & Appropriate Nutrition

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Increase the number of infants who are breastfed and the duration of breastfeeding	Promotion of breastfeeding through PNCC services and Baby Fairs  Promotion of breast feeding awareness, acceptance, and breastfeeding friendly work places	Of the 394 women who received a home visit through Start Right First Steps, 74% of women initiated breastfeeding. Refer to page 40 for more information on Marathon County Start Right program.  Continued to provide leadership to Heart of WI Breastfeeding Coalition which works with workplaces to adopt breastfeeding friendly work policies and practices
Increase the number of people who make healthy food choices	Work with the WI Nutrition & Physical Activity Network to plan & implement statewide intervention  Coordinate and facilitate the Healthy Eating Active Living Coalition (HEAL)  Provide an online presence of HEAL including educational resources for the public	Attended quarterly meetings with statewide partners and participate on implementation workgroups  Host quarterly local coalition meetings and one long term planning meeting  HEAL website: <a href="http://www.healthymarathoncounty.org/HEAL">www.healthymarathoncounty.org/HEAL</a> contains numerous resources and fact sheets for consumers. This site has received a total of 663 hits including: Total recipe downloads -11,725 Total nutrition tip sheets downloaded - 1784 Total physical activity tip sheets downloaded - 546 Total active recreation guide downloads - 274 Hits on active family challenge page - 270
	Assist schools to promote healthy food choices and educate families	Provided consultation and assistance to the wellness



about healthy food choices	teams of six schools to implement their wellness plans. This project is known as Footprints to Health.
Assist employers to promote healthy food choices and educate employees about healthy food choices and physical activity options.	Provided consultation to two businesses and assisted with the development of their worksite wellness plan. Provided employee education on nutrition and activity recommendations. Provided a quarterly newsletter to employers.
Participate on the Marathon County Hunger Coalition whose goal is to support member food pantries in their efforts to meet the common goal of providing food to those in need.	Participated on the Partnership Collaboration and Best Practices subcommittee to improve access to food and education on basic cooking skills.

**Alcohol & Other Substance Use & Addition**

<b>GOAL</b>	<b>STRATEGIES IMPLEMENTED</b>	<b>RESULTS</b>
Transition the Drug Free Communities grant to the Health Department	Work with federal and local partners to transition the grant, hire a Program Coordinator, and begin implementation of program goals.	Successful transition of Drug Free Communities Program and recruitment of the Program Coordinator.
Establish and strengthen collaboration and support the efforts of community coalitions to prevent and reduce substance abuse among youth.	Improve capacity, leadership, strategic planning, and sustainability	BRAVO, the AOD Steering Committee, and the AOD Partnership Council have merged into one large coalition
Conduct a community assessment to determine root causes of misuse of alcohol using the Strategic Prevention Framework model.	Explore past needs assessments, conduct focus groups, survey stakeholders, analyze information and host an action planning meeting.	Surveyed 35 community members, treatment, and law enforcement representatives; conducted five focus groups; hosted three stakeholder meetings; and planned for and merged BRAVO, the AOD Steering Committee, and the AOD Partnership Council into one large coalition.
	Create an action plan for community intervention.	Identified “social access” and “social norms” as the root



		causes of alcohol misuse. Successfully completed and submitted the action plan
Decrease negative consequences of adult alcohol use	Screen for alcohol use and refer to appropriate treatment services for pregnant women and postpartum women	Of the 74 women who received ongoing, comprehensive services prenatally through 60 days postpartum from Start Right First Steps, 28% of women reported drinking with 91% of those stopping completely during their pregnancy.  Refer to page 40 for more information about Marathon County Start Right program

### Environmental & Occupational Health Hazards

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Reduce the potential mercury waste stream via sewage treatment facilities through primary prevention activities	Provide community education and outreach in the Wausau Water Works and Rib Mountain Metropolitan Sewage District	114 dentists contacted regarding amalgam separator and disposal of amalgam
	Press Releases	2 press releases to media for public outreaches
	Mercury thermometer exchange sites established	194 mercury thermometers exchanged for digital at four sites
	Letters to industry	Mailing outreaches to HVAC industry regarding thermostats
Increase the % of Marathon County private well owners who test their water annually	Provide water testing through Marathon County Public Health Laboratory	1,639 private water samples with 2,992 tests for bacteria, nitrate, or fluoride
	Conduct periodic public information campaigns to inform residents of the need for annual water testing	A press release and media interview occurred during Groundwater Awareness Week
	Establish a recall and reminder system for annual water testing	Worked on linking our database with land parcel ID #'s
Reduce the # of children who are blood lead poisoned	Increase the # of children screened for blood lead poisoning	1,745 lead tests in 2009 compared to 1,739 in 2008
	Provide nursing follow-up and education about lead hazard reduction to all families with children with blood lead levels 10 mcg/dl or greater.	19 children received follow up in 2009



	Provide lead poisoning prevention to all families of newborns	Universal outreach to parents of 1-year olds with a "Happy 1 <sup>st</sup> Birthday" card encouraging them to schedule a 1-year child exam and request to have their baby checked for lead.
	Provide environmental health follow-up and orders for lead hazard remediation for all properties where children are identified as lead poisoned	Two Orders were sent to property owners of properties having a child with an Elevated Blood Lead level
	Provide voluntary environmental consultation for properties where lead hazards are identified and children are not considered EBLs	4 properties were sent recommendation letters for lead hazard reduction
	Provide public information about lead poisoning and lead hazard reduction	Mailings and emails as well as coordination with other agencies
Reduce indoor exposure to radon	Provide access to low cost radon test kits	252 test results with 156 (62%) elevated above the EPA action level
	Provide consultation on radon testing and mitigation	501 requests for information and 621 visits to the web site. 323 radon mitigations systems reportedly installed
	Conduct public information campaigns about the hazards of radon and need for testing	Four media contacts during January Radon Action Month
Reduce, or eliminate human exposure to environmental health hazards	Investigate and remediate human health hazard complaints	14 complaints required ongoing follow up. Many more concerns were addressed through phone or on-site visits or were nuisances and not health hazards
Decrease exposure to water borne diseases (Also links with Existing, Emerging, & Re-emerging CD)	Serve as an agent for the DNR Transient Non-Community Program	197 public facilities had drinking water sampling conducted in 2009, 42 water systems had sanitary well survey inspections
	Conduct water testing of private wells	
	Inspect and license public pools.	89 pools were licensed and inspected in 2009
	Conduct surveillance on water borne disease and take necessary action if outbreaks are suspected	No water borne disease outbreaks were identified in 2009
Decrease the incidence of food borne disease	Serve as an agent for the Division of Public Health & Dept of Ag's Food Safety Programs	



(Also links with Existing, Emerging, & Re-emerging CD)	Inspect and license all public food facilities including: restaurants, retail food outlets, schools, and temporary food stands	All facilities received at least one inspection. Additional inspections for compliance, complaints, or consult with operators also occurred.
	Refer operators to appropriate food safety training and provide training for volunteer organizations	Food service safety training course schedules are provided to operators
	Conduct surveillance of food borne disease and take necessary action if outbreaks are suspected. Discuss safe food handling practices with citizens.	One food borne illness outbreak was investigated  Four media contacts on food safety topics occurred
Decrease exposure to vector borne disease (Also links with Existing, Emerging, & Re-emerging CD)	Investigate animal bite reports and provide proper follow to prevent rabies transmission	244 exposures were investigated in 2009; in one case rabies prophylaxis was recommended; 22 specimens sent to State Lab for rabies analysis
	Provide school-based education on safe interaction with animals to reduce animal bites	736 children in 16 schools received animal safety education
	Work with State Division of Public Health to conduct dead bird surveillance	One specimen tested positive for West Nile Virus
	Conduct surveillance for vector borne diseases	159 cases of Lyme disease along with 27 cases of Erlichiosis - both tick borne. 20 cases of Blastomycosis were reported.
	Provide public information about vector borne diseases and appropriate control measures	

### Existing, Emerging, & Re-emerging Communicable Diseases

GOAL	STRATEGIES IMPLEMENTED	RESULTS
90% of two-year olds will be fully immunized	Work with area health care providers to implement a comprehensive immunization recall & reminder system	82% of two-year olds were fully immunized. Refer to page 29 for more information.
99% of school-age children will be in compliance with the school immunization law	Provide immunizations at minimal or no cost  Work with schools to implement new immunizations laws and conduct proper monitoring	140 clinics held, 1,781 children/adults were vaccinated at sites throughout the county. In addition, 93 school and community-based H1N1 clinics were held from November 17,



		<p>2009 – February 22, 2010, vaccinating 11,928 children/adults. Refer to page 30 for more detail.</p> <p>Public health nurses and the epidemiologist continue to provide information on immunizations to school nurses.</p>
Identify, fully treat, and minimize the spread of Tuberculosis	<p>Provide TB screening to high risk groups</p> <p>Screen all close contacts of active cases and treat accordingly</p> <p>Treat all active and suspect cases with Directly Observed Therapy (DOT), providing case management and education services</p> <p>Provide TB education, case management, and treatment to all individuals with latent TB (non-active)</p>	<p>169 TB skin tests were administered in 2009.</p> <p>34 close contacts were screened as part of our contact investigation for one case reported.</p> <p>1 individual with TB disease received DOT, case management, and education for a total of 651 DOT visits.</p> <p>30 individuals with latent TB received education, case management, and treatment.</p>
Follow-up and institute control measures as appropriate to all reports of communicable diseases	<p>Provide follow-up to communicable disease within designated timeframes</p> <p>Monitor patterns and clusters of diseases to determine if additional preventive strategies are warranted</p> <p>Maintain an up-to-date Influenza Pandemic Community Plan and Public Health Emergency Plan to identify proper steps and roles in response to emergencies. Maintain 24/7 on call system for immediate response to all Category 1 diseases</p>	<p>655 case reports of 25 different communicable diseases were reported. Refer to page 28 for breakdown of disease and trend data.</p> <p>As part of our initial response to 2009 H1N1 Influenza, 221 confirmed cases were reported from May 7 – August 5, 2009.</p> <p>Marathon County was prepared for the 2009 H1N1 Influenza pandemic due to the partnerships and plans that were in place from the Marathon County Influenza Pandemic Community Team. Refer to page 47 for summary of our response.</p>



## High Risk Sexual Behavior

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Reduce the transmission of sexually transmitted diseases (Links with High Risk Sexual Activity)	Provide access to confidential, low cost STD & HIV testing & treatment services	427 individuals presented at Marathon County Health Department's STD clinic, having 236 screened for STD and 161 for HIV. Of the 427 individuals seen, 170 were inmates from Marathon County Jail.
	Provide follow-up to those exposed to STD's & HIV	
	Provide STD services in the Marathon County jail	249 STD and HIV cases were reported to Marathon County Health Department in 2009, providing follow-up, education, and ensuring treatment.
	Provide community education on STD prevention	
		Refer to page 32 for more information on STD program.

## Intentional & Unintentional Injuries & Violence

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Decrease injuries within the home setting	Provide education about home safety and equip families with home safety devices	284 families with new births received a home safety assessment along with safety education by a public health nurse. 702 home safety devices were provided (smoke alarm, smoke alarm batteries, blind cord wraps, safety gates.)
	Provide safe sleeping environments for infants	
	Provide safe transportation for infants and young children through appropriate use of child restraint devices.	Over 95% of parents reported safe sleep practices for their infant who received a home visit by a public health nurse through Marathon County Start Right First Steps.
	Reduce injuries from poisoning by providing education and reducing access to poisonous substances	
		To read more about the impact Marathon County Start Right program is having on assuring children will be safe in their family homes, refer to page 40.
		79 low-income parents received one-on-one education on safe sleep practices and portable cribs for their newborn through Marathon County Cribs for Kids program. In our 3 month



		follow-up telephone call, over 80% of parents reported they were following safe-sleep practices (e.g., infant sleeps alone in crib, toys/pillows are not in the crib. Refer to page 40 to read more about Cribs for Kids.
Reduce the incidence of intentional injury in Marathon County, including child abuse & neglect and domestic violence	<p>Serve on the domestic abuse task force</p> <p>Address domestic violence as part of antepartum and postpartum assessment and education</p> <p>Provide Start Right services to improve parenting knowledge and skills</p> <p>Serve as mandated reporters of child abuse and neglect</p>	<p>A public health nurse is a member of the Domestic Abuse Task Force.</p> <p>Families participating in Start Right are assessed for domestic violence and provided information on community resources. In 2009, over 700 families received one or more home visits as a result of participating in Start Right program services.</p>

## Mental Health & Mental Disorders

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Reduce the incidence of suicide	<p>Serve on the Suicide Prevention Task Force</p> <p>Serve on the Suicide Review Team to identify trends in suicides and prevention strategies</p>	Participate in the Task Force meetings.
Increase the identification of perinatal depression and connect women with appropriate treatment	<p>Provide information about perinatal depression to all women outreached through Start Right First Steps</p> <p>Conduct postpartum depression screening for all women contacted by home visit</p> <p>Refer women with symptoms of depression to in-home therapy services and/or outpatient treatment</p>	As part of Marathon County Start Right First Steps program, women during and after their pregnancy are screened for depression. Of the 74 women who received ongoing, comprehensive services during their pregnancy, 35% experienced perinatal depression, with 39% of those referred for mental health services. Of the 376 women who received a home visit postpartum, 16% experienced perinatal depression, with 32% of those referred for services. Refer to page 40 for more Start Right First Steps prenatal and families with newborns services.



## Overweight, Obesity, & Lack of Physical Activity

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Increase the number of Marathon County residents who regularly participate in physical activity	Encourage Schools to adopt the Safe Routes to School program (part of the Footprints to Health program to promote physical activity).	Four schools implemented the educational aspects of Safe Routes to School.
	Implement a Bike/Walk to Work/School campaign in May	Nine communities signed a proclamation of "Bike and Walk week". Implemented a "slow down" yard sign campaign.
	Create a Bike/Pedestrian map for the greater Wausau area (Municipal Planning Organization service area) to highlight preferred and planned routes.	Produced and distributed a map in coordination with the Bike Pedestrian Subcommittee and the Wausau Area Conventions and Visitors Bureau.
Improve the built environment of Marathon County to make physical activity more accessible	Provide leadership to the Bike and Pedestrian Subcommittee of the Municipal Planning Organization (MPO) and implement the Bike/Ped Plan	Provided leadership (Vice-Chairperson) to the subcommittee.
	Pilot test the Active Community Environment toolkit for the WI Department of Health, Nutrition, and Physical Activity program.	Implemented the toolkit using the expertise of municipal planners and subcommittee members. Provided feedback to state program staff.

## SYSTEM PRIORITIES

### Integrated Data Systems

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Create and maintain integrated data systems that will link public health activities with public health outcomes	Continue to use RECIN & WIR to record and track immunization data	Continued to use RECIN and WIR (electronic immunization data systems) to record and track immunizations. Refer to page 29 for more information on the immunization program.
	Maintain and enhance CHAMP to track public health nursing activities	
Create and maintain data collection systems that will track all key business elements of delivering public health services	Maintain and enhance environmental health tracking data bases (i.e. rabies, licensing, laboratory, etc.)	
	Maintain and enhance chronic disease tracking data bases (car seat, WWWP, home safety, etc.)	



Implement integrated perinatal/Start Right data base in 2009	In 2009, Start Right database was expanded to be able to collect outcome information for First Steps – Families with Newborns.
Enhance our skills in using state-wide databases such as WISH and AVR	
Implement Wisconsin Electronic Disease Surveillance System (WEDSS) when it is deployed	In the fall of 2009, under the leadership of our Epidemiologist/Public Health Preparedness Coordinator, implemented WEDSS, a statewide system for reporting communicable diseases.
Implement a Time Investment system that provides data to assist us in costing out our programs, maximizing revenue opportunities, and manage our human resources	In the summer of 2009, the department implemented a Time Investment system, to be able to cost out programs/services.

**Community Health Improvement Processes**

<b>GOAL</b>	<b>STRATEGIES IMPLEMENTED</b>	<b>RESULTS</b>
Assure assessment and monitoring of the community’s health and catalyze action around health improvement	Conduct periodic (every five years) comprehensive community health assessments using a widely adopted model such as MAPP (Mobilizing Action through Partnership and Planning)	Healthy Marathon County developed 2009-2010 Strategic Plan which outlined purpose, vision, mission, and core business strategies. In addition, an action plan was developed to direct the Board and Action Teams actions. For more information about Healthy Marathon County visit website at <a href="http://www.healthymarathoncounty.org">www.healthymarathoncounty.org</a>  In 2009, 2 of 7 Healthy Marathon County Action Teams were awarded grant funds from Healthy Marathon County Partner Fund
	Provide Marathon County Health Department (MCHD) support to multi-partner action teams formulated to address community health priorities	
	Study, support, and disseminate other reports that assess our community’s health (LIFE report, County Rankings, etc.)	
	Work with community funding partners to identify local resources to support community health improvement	
	Conduct periodic MCHD Program Team Planning to align with Community Health Assessment & Healthiest WI 2010	



## Sufficient, Competent Workforce

GOAL	STRATEGIES IMPLEMENTED	RESULTS
Support the education of new public health professionals	Serve as a clinical placement site for health profession students including: nurses, health educators, administrators, and environmental health specialists	Served as a clinical placement site for 7 students; 6 nursing students and 1 medical student.
Support the continuing education needs of MCHD staff	Budget for and assist staff with securing ongoing continuing education for all staff	WI Environmental Health Assoc. conferences; State Radon Conference; DNR TNC training update; WI Public Health Assoc. conferences; State-Wide Public Health Nursing conference; Program specific webinars & trainings
	Provide certification and recertification training for all required certifications	Lead hazard investigator refresher courses;
Assure community health partners have the most current information about public health issues	Provide ongoing updates on perinatal issues, including postpartum depression, birth outcomes, and Start Right	Through Healthy Babies for Marathon County, area health care and community providers are updated on practices and issues impacting childbearing families.
	Assure there is a Certified Food Manager in all licensed establishments and provide safe food handling education to volunteer groups	Verified during inspections
	Provide appropriate and timely info, support, and leadership on best practices in public health	Provided H1N1 updates/meetings/tip sheets that were developed and shared widely to health care and community partners during the pandemic



## Chronic Disease Prevention Program

### Alcohol

In 2009, there were many changes that impacted how we address the problem of alcohol misuse and abuse in the community.

The AOD Steering Committee successfully secured the Strategic Prevention Framework – State Incentive Grant (SPF-SIG) focused on *Prevention of binge drinking among 18-25 year olds*. MCHD is the fiscal agent of this grant. Over the following 5 months an extensive community assessment process was completed specifically focused on attitudes about alcohol use. One of the outcomes was a “community readiness” score that is a gauge of readiness for change. The result was a “2” on a scale of 1-9 for readiness for social change related. (2 is the “denial and resistance” stage.) The assessment further identified the root causes of our issue to be “social access” and “social norms”. This means alcohol is readily accessible in the community and it is expected to be a part of events and activities.

The Drug Free Communities renewal application is announced from SAMSHA. In this five-year funding cycle the emphasis shifted from family/school educational interventions to a community/systems level intervention. The decision was made by the AOD Partnership Council to reapply with Marathon County Health Department as the new fiscal agent. The goals are to:

- Establish and strengthen collaboration to support the efforts of the community coalition
- Prevent and reduce substance abuse among youth
- Reduce substance abuse among youth and adults by addressing the factors in a community that increase the risk of substance abuse

The grant was awarded to MCHD and a new Drug Free Communities Coordinator was hired by the end of the year.

Throughout the process of assessment and planning there were three active groups/coalitions working on this issue. A series of discussions began between the AOD Steering Committee, the Marathon County AOD Partnership Council, and BRAVO (Building Responsible Alcohol Values and Options) about merging into one coalition. The decision was made to proceed with a merger of the groups and a new mission and vision were written. The merger occurred and the group is now functioning under the name (and non-profit status) of the Marathon County AOD Partnership Council. A new Board was elected in early 2010, memberships are being updated, and new members recruited. The planning, intervention, and evaluation of the grants, goals, and objectives are the responsibility of the MCHD staff and the AOD Partnership Council, Inc.

### Obesity

#### HEAL

The Healthy Eating Active Living coalition (HEAL) was created in 2003 as a result of the Marathon County Community Health Assessment of 2003-2006. The vision of HEAL is *to create a culture of healthy eating and active living in Marathon County* and the mission is *to create a culture where the social norm is: physical activity engineered into the daily routine, appropriate portion sizes, and recommended fruit and vegetable consumption*.



In 2009, the HEAL coalition hosted a **strategic planning** meeting for all members. The purpose of the meeting was to assess our capacity and “to reinvent the coalition by bringing together agency representatives and individuals together to discover connections, establish synergy, and maximize resources to fight obesity in our area”. The products developed from this event were: a revised vision and mission statement, commitment from participants to the vision, definition of coalition structure, and a focus on three long term goals. The significance of the revision is that the membership recognizes the culture and environment needs to change, and educating individuals about behavior is only part of the solution. There was agreement that healthy eating and active living need to be the focal points. This is reflected in the workplan that has since been written. The three goals are: strengthen and sustain the infrastructure to prevent and manage obesity, increase fruit and vegetable consumption, and increase access to physical activity.

Actions taken on this objective include: restructured agendas for the HEAL meeting including having member organizations host the meeting in their agencies and share information about what they do; reorganization of the HEAL web page at [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org) to reflect the changes in the organization and enhance the Bike/Ped presence; creation of a Facebook page; creating member profiles to share with all members; and adding an educational component to the agenda of every Coalition meeting.

MCHD, in coordination with the HEAL coalition and the Bike Pedestrian Subcommittee, were selected to pilot test the **Active Community Environment** toolkit for the WI Department of Health, Physical Activity, and Nutrition Program. The toolkit is designed to assist communities in assessing their needs and readiness for creating and implementing a bike and pedestrian transportation plan. Local municipal leaders participated in the assessment of their own communities and provided feedback on the usefulness of the toolkit. Enhancements to the toolkit will be made and the toolkit will be shared throughout Wisconsin.

HEAL is recognized locally as the community collaborative that addresses this issue of obesity. The web page [www.healthymarathoncounty.org/HEAL](http://www.healthymarathoncounty.org/HEAL) helps to increase the presence and serves as a resource to the community. This is evidenced by the 261 hits averaged per month to the web page. The site provides **nutrition resources** created by our Registered Dietitian that are suitable for local school educators and nurses and compiles an on-going listing of nutrition educational aids suitable for Hmong and Spanish speaking people within Marathon County. You can also find HEAL on Facebook.

**Nutrition education** classes have been conducted with the Hmong elders group in Wausau including cooking demonstrations. Approximately 40 individuals participate in these programs, most of whom do not speak English and are often unfamiliar with local foods. This requires innovative teaching methods in bringing the science of nutrition into their foods that are culturally sensitive. Presentations have been provided for various audiences including Marathon County employees and ADRC programs. There has been participation in the AODA Mental Health and Wellness Teen Conference, various health fairs in Wausau and surrounding communities, nutrition education displays at the Health Dept., Public Library, and at work sites. Food and cooking demonstrations have been provided at both the Neighbor’s Place and the Salvation Army, including the development of recipe packages featuring how to include foods from food pantries in a healthy diet.

**Marathon County Hunger Coalition** is a group of community members whose mission is to expand, identify, promote, and implement long-term sustainable solutions to the problem of hunger in Marathon County. An MCHD staff person serves on the Partnership Collaboration and Best Practices Subcommittee which supports member food pantries with an emphasis on nutrition education programming to promote healthy food choices taking into account the realities of preparing a meal on a tight budget.

### **Footprints to Health**

The purpose of *Footprints to Health* was to attack obesity and physical inactivity in Marathon County through pro-active, population-focused, integrated, and evidence-based strategies led by the HEAL Coalition and MCHD staff. The program was funded by the University of WI –School of Medicine and Public Health, Community Academic Partnership Fund. The program target behaviors were to increase physical activity and consumption of fruits and vegetables. Interventions took place from 2006-2009. Following *Footprints to Health* intervention, 125 current Wausau School District students in 2<sup>nd</sup> and 5<sup>th</sup> grade took part in a parallel data



collection to the aforementioned SCHOOL Project. Three intervention schools were contrasted with 3 controls. The authors concluded:

- For the physical measures, there were no significant differences in BMI between '03 and '09, but the waist/hip ratio did decline across those years.
- Most dietary patterns did not change from '03 to '09. There was a significant increase in the consumption of fast food.
- There were significant increases in participation in team sports and individual exercise events as well as an increase in household chores from '03 to '09.
- There was a significant decline in the amount of television viewing from '03 to '09, and no significant shifts in music listening and computer use.
- There were no changes in BMI, but the waist/hip ratio and systolic blood pressure both increased for Footprint schools. Diastolic blood pressure decreased.
- Television viewing did significantly decrease for the Footprint schools.
- Thus, while changes in lifestyle cannot be attributed to the Footprints program, there are some broad cultural shifts to a slightly more active lifestyle that are encouraging. Unfortunately changes in physique have not paralleled those changes, with the exception of a slight improvement in waist/hip ratios. Dietary changes have been more resistant to change. With no difference between control and intervention schools, credit could not be attributed solely to the *Footprints to Health* program, but might be linked to broader cultural patterns. The full results of the project are available at [www.healthymarathoncounty.org/HEAL](http://www.healthymarathoncounty.org/HEAL)

## Asthma

In 2008-09, the focus of the Asthma Coalition was to educate employers about work related asthma and educate the adult workforce about asthma protection in the workplace. Approximately 947 employees had access to the five asthma newsletters and asthma brochure. At least 34 individuals participated in the *ALA Asthma 101* presentation. Since it was videotaped and provided to employees via the intranet, it will likely be viewed by additional employees. Approximately 350 individuals were exposed to the asthma educational display that was at their workplace. Five individuals attended the *Thinking of Quitting* (tobacco) session and have been given the tools and resources to quit tobacco use. Surveys of the 7 participating businesses demonstrated that the workforce better understands what asthma is, what causes asthma, how triggers can be eliminated, the importance of quality asthma management, and the benefits of smoke-free environments. A minimum of 300 community members had exposure to the topic of secondhand smoke and asthma by way of the display that was developed for community events.

## Injury Prevention

### Car Seat Rental

The Car Seat Rental Program enhances the education activities by providing safe infant/toddler car seats to families who can't afford to purchase a safe seat or need a second seat for a short period of time. Passenger safety and injury prevention efforts are maximized by our involvement with the Wausau Area Safe Kids Coalition. The Coalition coordinates community events promoting safety for children including car seat inspections and bike helmet sales. This has contributed to the increase in the number of certified technicians and decreased our need to staff community events.



<b>Toddler Seat Rental Program</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
New Rentals	44	61	52	69	62	60	25	40
Total number of families served	101	106	91	129	121	113	122	126
Additional car seat inspections and education at community events	60	75	51	45	41	25	28	25

## Healthy Homes

As part of our services to Start Right First Steps, families with newborns are offered a home safety assessment. In 2009, 284 families received a home safety assessment by a public health nurse. The assessment addresses common safety concerns for families with newborns and young children including, but not limited to: working smoke alarms and carbon monoxide detectors; safe sleep environment; exposure to secondhand smoke and lead based paint; outlet covers, safety latches, safety gates and blind cord wraps; and safe drinking water for families with private wells. Families are educated on the risks associated with identified hazards and provided safety devices. As a result of a grant through the Children’s Miracle Network, Marathon County Health Department is able to provide safety devices; and in 2009 distributed 72 smoke alarms, 44 smoke alarm batteries, 190 outlet covers, 177 cabinet safety latches, 147 blind cord wraps, and 72 safety gates. Refer to page 40 to read more about impacts being made through the Start Right program.

## Cribs for Kids

Marathon County Cribs for Kids program ensures every newborn has a safe place to sleep. Low-income families who are unable to afford a crib for their newborn are able to secure a Graco portable crib at a nominal cost. Along with receiving a portable crib, a Start Right public health nurse or family educator provides one-on-one education to parents on safe-sleep practices. A follow-up telephone call is made 3 months later to assess and reinforce parent’s safe-sleep practices.

In 2009, 79 low-income parents received one-on-one education on safe sleep practices and a portable crib for their newborn. In our 3 month follow-up telephone calls, over 80% of parents report they are following safe-sleep practices with their newborn (infant sleeps alone in crib, toys/pillows are not in the crib, etc.). Cribs for Kids is a national organization that enables local chapters to purchase wholesale portable cribs. Marathon County Health Department is a chapter member. Private foundation and community donations are used to purchase Graco portable cribs. Refer to page 40 to read more about impacts being made through Start Right in the area of safe sleep.

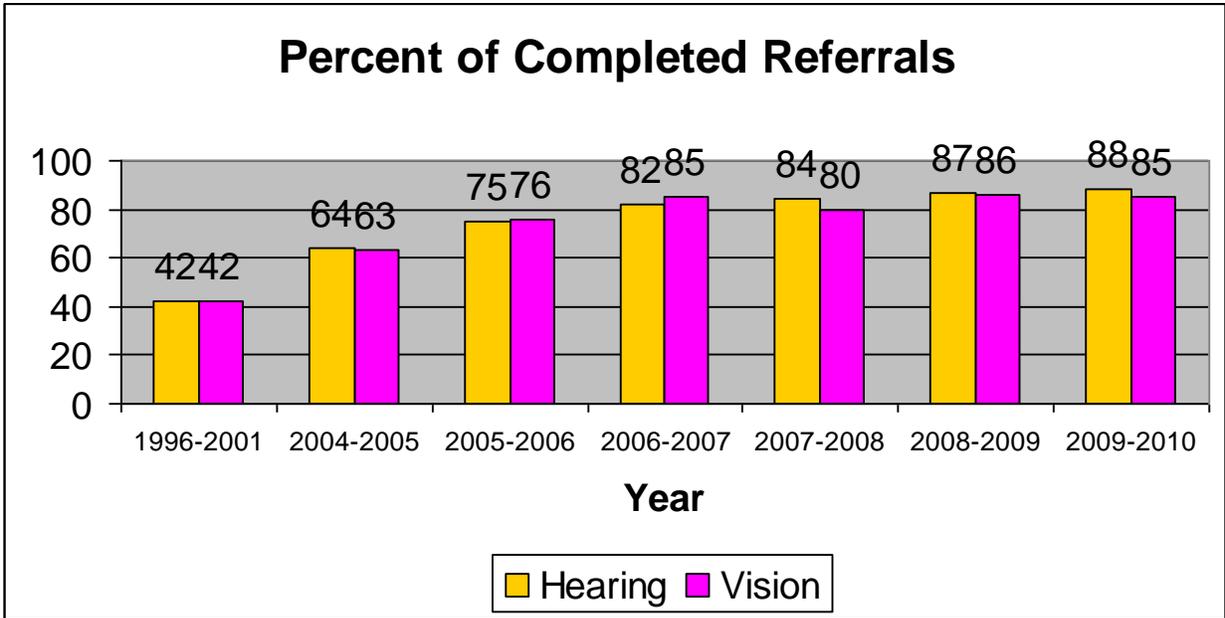
## School Health

### Hearing and Vision 2009-10 Screening Program

In the 2009-10 school year, screening was provided to 4 year olds in kindergarten and children in 5K, 1, 2, 3, and 5<sup>th</sup> grades. Children were screened in 52 locations including public, private, and parochial schools. 4K is offered in various locations (daycares and community based organizations), in addition to the neighborhood schools resulting in the high number of screening sites.

This year, **88%** of the children we referred for hearing difficulties and **85%** of the children we referred for vision difficulties have completed the referral process with medical follow up.





**Tobacco**

In May 2009, the WI State legislature passed and the Governor signed legislation to make all workplaces In WI smoke free. This is a huge victory for public health and will protect all citizens from involuntary exposure to secondhand smoke in the workplace. In the months leading up to the policy enactment, numerous citizens engaged in discussions with elected officials regarding the public health benefits protecting everyone for tobacco - the number one cause of preventable death and disability.

On the heels of this historical public health victory, the State of WI legislature cut the State funding to the tobacco prevention and control program by 55%. This reduction was the driving force in a decision to consolidate how tobacco prevention dollars were allocated to local health departments. The result is a consolidation of existing coalitions into new “multi-jurisdictional” (MJC) coalitions across the state. Each MJC coalition serves a minimum of three counties. MCHD has taken the lead and become the fiscal agent for a new Central WI Tobacco Free Coalition consisting of Portage, Wood, and Marathon Counties. The new entity will serve all three counties, albeit on a much smaller scale than before.

**WI WINS – Retail Compliance program**

The Marathon County Health Department, along with local law enforcement, conducted tobacco compliance checks in 2009. There were 148 attempts to purchase tobacco products throughout Marathon County and 109 did not sell tobacco to minors. This ends the year with an overall 82% compliance rate. The 2009 rate is slightly worse than the compliance rate in 2008 of 91%.

## 2009 Retail Compliance Tobacco Sales to Minors

Community	# of Compliance Checks Completed*	# of Retailers in Compliance	# of Retailers Illegally Selling Tobacco to Youth	% of Retailers Illegally Selling Tobacco To Youth**	Current Compliance Rate (%)
Athens	11	7	1	13	87
Colby/Abbotsford	10	5	2	29	71
Edgar	6	4	1	20	80
Marathon City	8	7	0	0	100
Mosinee	18	15	2	12	88
Spencer	5	4	0	0	100
Stratford	8	6	2	25	75
Marathon County (inc. Rib Mt)	23	17	4	19	81
Wausau	38	28	7	20	80
Schofield/Weston	16	11	5	31	69
Rothschild	5	5	0	0	100
Wausau/Schofield/Weston/Rothschild	59	44	12	21	79
All other Marathon County municip.	89	65	12	16	84
Marathon County	148	109	24	18	82
State of Wis. Data					94

\* The number of compliance checks completed includes visits to a business that may not have included an actual attempt to purchase tobacco.

\*\* The percentage of *Retailers Illegally Selling Tobacco* is calculated by totaling the number of *Retailers in Compliance* to the number of *Retailers Illegally Selling Tobacco* and dividing by the number of *Retailers Illegally Selling Tobacco* by that total.

### First Breath and Quit for Baby

Despite gains made in decreasing the overall tobacco use among adults in Marathon County, smoking during pregnancy behavior continues to be a concern. From 2002-2006, an average of 17.9% of pregnant women in Marathon County smoked during their pregnancy compared with 15.7% from 2000-2004.<sup>1</sup> In 2007, 17% of pregnant women smoked during their pregnancy, with 82% of pregnant women who smoke under the age of 30 (252 of 306 women who smoked).<sup>2</sup>

Marathon County Health Department continues to be a First Breath site offering one-on-one cessation support to women during their pregnancy and 60 days after the birth of their baby. The program is incorporated into Start Right First Steps – Prenatal Care Coordination program, linking women to the Wisconsin Tobacco Quit Line and/or Fax to Quit along with Marathon County's Quit for Baby web blog <http://quitforbaby.blogspot.com>.

In 2009, 24 women received cessation education and support services by a public health nurse to assist them in quitting or staying quit. Refer to Start Right First Steps – Prenatal Care Coordination program on page 40 for more information on impacts made.

<sup>1</sup> Source: Wisconsin Behavioral Risk Factor Survey. Bureau of Health Improvement. Division of Public Health. State of Wisconsin Department of Health Services. <http://dhs.wisconsin.gov/stats/index.htm>

<sup>2</sup> Source: WISH, Wisconsin Interactive Statistics of Health. Bureau of Health Improvement. Division of Public Health. State of Wisconsin Department of Health Services. <http://dhs.wisconsin.gov/ststs/index.htm>



In addition, Marathon County Health Department was awarded a mini-grant from the Wisconsin Women's Health Foundation to expand the Quit for Baby web blog to text messaging services. The goal of the project will be to increase prenatal women's quit rates and reduce postpartum relapse by implementing mobile phone text messaging as an intervention strategy to support women's behavior change related to smoking. Research is demonstrating that text messaging can be an effective strategy in supporting an individual's health behavior; whether to enhance smoking cessation efforts, diabetes self-management, monitoring physical activity, or weight loss. Given the majority of pregnant women who smoke are under the age of thirty, text messaging as an intervention strategy holds particular promise, as a high number of young people in all income groups use text messaging and the message is able to be personalized. Women enrolled in the prenatal care coordination program will be offered the opportunity to receive mobile phone text messaging to support their quit and stay quit plan.

**WI Well Woman's Program (WWWP) Cancer Screening Program**

The WWWP is a breast and cervical cancer screening program for women funded by the Centers for Disease Control (CDC) and the State of WI. The program provides limited health care screening services, referral, follow up, and patient education for women meeting the following criteria:

- Ages 45-64 (emphasis on ages 50-64)
- Ages 35-44 (must meet exceptions criteria)
- At or below 250% of the federal poverty level
- Has no health insurance, or insurance which does not cover routine screening, or unable to pay high deductibles or co-payments

The coordinator's role is to determine eligibility and enrollment, provide case management, assist with billing and reimbursement, and report local activity to WWWP. During 2009, a new program for electronic enrollment and billing was implemented. It was a major change for participants, coordinators, providers, and billing clerks.

<b>Marathon County</b>	<b>2009 Actual</b>	<b>2009 Goal</b>
Number of women enrolled in WWWP	311	NA
Number of women screened for cervical cancer	143	NA
Number of women screened for breast cancer (screening mammograms)	182	NA
Unduplicated number of women screened	241	117
Number of women with a diagnosis of cancer who were receiving WWWP services in Marathon County	3	NA



## Communicable Disease Control Program

### Communicable Disease - General

Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, and parasites. Infectious diseases remain the major cause of illness, disability, and death. Local health departments are responsible to investigate and control further spread of infectious diseases. In order to be able to identify patterns and trends of communicable disease occurrences, Marathon County tracks the type and number of reportable diseases, as well as the timeliness of reports received from area health care providers, laboratories, schools, and day care centers. On a weekly basis, infection control practitioners from area hospitals receive a report of communicable disease occurrences in Marathon County.

As part of our communicable disease investigation, we assure individuals receive appropriate treatment and provide health teaching on ways to prevent further spread. In 2009, Marathon County Health Department received 655 case reports of 25 different communicable diseases. The most commonly reported disease in Marathon County was Chlamydia (219 cases), followed by Lyme disease (122 cases). Refer to the table for a list of reportable diseases from 2005 to 2009.

In the spring of 2009, Marathon County Health Department along with Marathon County Community Pandemic Influenza Team activated our public health emergency response to the 2009 H1N1 Influenza A Pandemic. On May 7, 2009, Marathon County received its first confirmed case. During the first wave of the pandemic, health care providers were required to report suspect and confirmed cases. Marathon County Health Department investigated 221 confirmed cases reported during the time period from May 7, 2009 to August 5, 2009. As part of the investigation, the public health nurses and epidemiologist interviewed individuals who were diagnosed with 2009 H1N1 Influenza A to learn more about the disease: the onset of signs/symptoms; type of signs/symptoms; other family members and close contacts who were ill; and possible place of exposure. In addition, isolation and treatment measures were reinforced with individuals and family members. Marathon County ranked number 4th of 72 counties in relationship to the number of cases reported per 100,000 residents. To read more about Marathon County's response to the 2009 H1N1 Influenza A Pandemic, refer to Public Health Preparedness on page 47.



	2005	2006	2007	2008	2009
<b>INFLUENZA - NOVEL INFLUENZA A (H1N1)</b>	0	0	0	0	221
<b>REPORTABLE DISEASES</b>					
<b>BABESIOSIS</b>	NA	1	1	0	1
<b>BLASTOMYCOSIS</b>	11	47	20	24	25
<b>DENGUE</b>	0	0	0	0	1
<b>EHRlichiosos/ANAPLASMOSIS</b>	NA	10	13	12	21
<b>HEPATITIS B</b>	42	32	17	25	21
<b>HEPATITIS C</b>	40	42	31	22	28
<b>HISTOPLASMOSIS</b>	NA	1	0	1	0
<b>HIV/AIDS</b>	4	4	2	4	5
<b>KAWASAKI</b>	0	0	0	1	0
<b>LEGIONELLOSIS</b>	0	0	0	1	0
<b>LISTERIOSIS</b>	0	0	0	0	1
<b>LYME DISEASE</b>	73	111	89	133	122
<b>MENINGITIS</b>	18	6	31	0	0
<b>MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)</b>	NA	10	15	14	12
<b>POWASSAN</b>	NA	1	0	0	0
<b>STREPTOCOCCAL DISEASE/INVASIVE/GROUPS A &amp; B</b>	NA	15	12	17	19
<b>STREPTOCOCCUS PNEUMONIAE/INVASIVE</b>	NA	13	17	19	26
<b>TUBERCULOSIS/ACTIVE DISEASE</b>	4	1	1	1	1
<b>WEST NILE</b>	NA	1	0	1	0
<b>SEXUALLY TRANSMITTED DISEASES</b>					
<b>CHLAMYDIA</b>	246	285	222	264	219
<b>GONORRHEA</b>	35	42	27	26	23
<b>SYPHILIS</b>	1	3	1	1	2
<b>FOOD &amp; WATER BORNE DISEASES</b>					
<b>HEPATITIS A</b>	1	1	0	0	0
<b>CAMPYLOBACTERIOSIS</b>	39	39	43	40	38
<b>CRYPTOSPORIDIOSIS</b>	25	19	49	32	24
<b>E COLI O157:H7/STEC</b>	4	9	5	5	10
<b>GIARDIASIS</b>	44	21	21	14	20
<b>SALMONELLOSIS</b>	24	21	19	16	17
<b>SHIGELLOSIS</b>	1	2	3	0	1
<b>VACCINE-PREVENTABLE DISEASES</b>					
<b>PERTUSSIS (WHOOPING COUGH)</b>	35	4	1	17	12
<b>MUMPS</b>	0	50	3	0	0
<b>HAEMOPHILUS INFLUENZAE/INVASIVE</b>	0	1	1	2	1
<b>VARICELLA (CHICKENPOX)</b>	NA	NA	NA	4	5
<b>Others (MEASLES, RUBELLA, TETANUS, DIPHTHERIA, POLIO)</b>	0	0	0	0	0

Meningitis counts before 2008 include viral meningitis, from 2008 on they include only bacterial meningitis.

Lyme disease case counts include both confirmed and probable cases from 2008 on.

Individual case counts for Varicella began in 2008.

Case counts for 2005 and 2006 are from Health Department records.

Case counts for 2007 on are from State records.



## Immunizations

Immunizations are considered one of the greatest public health achievements in the 20<sup>th</sup> century. Vaccines prevent disease in the people who receive them, providing indirect protection to individuals who are not fully immunized against infectious diseases like Measles and Pertussis. Before vaccines, many children died from childhood diseases such as Polio, or had life-long health conditions from complications. Children under two years old are especially vulnerable to childhood diseases, as they are not yet fully protected from being immunized.

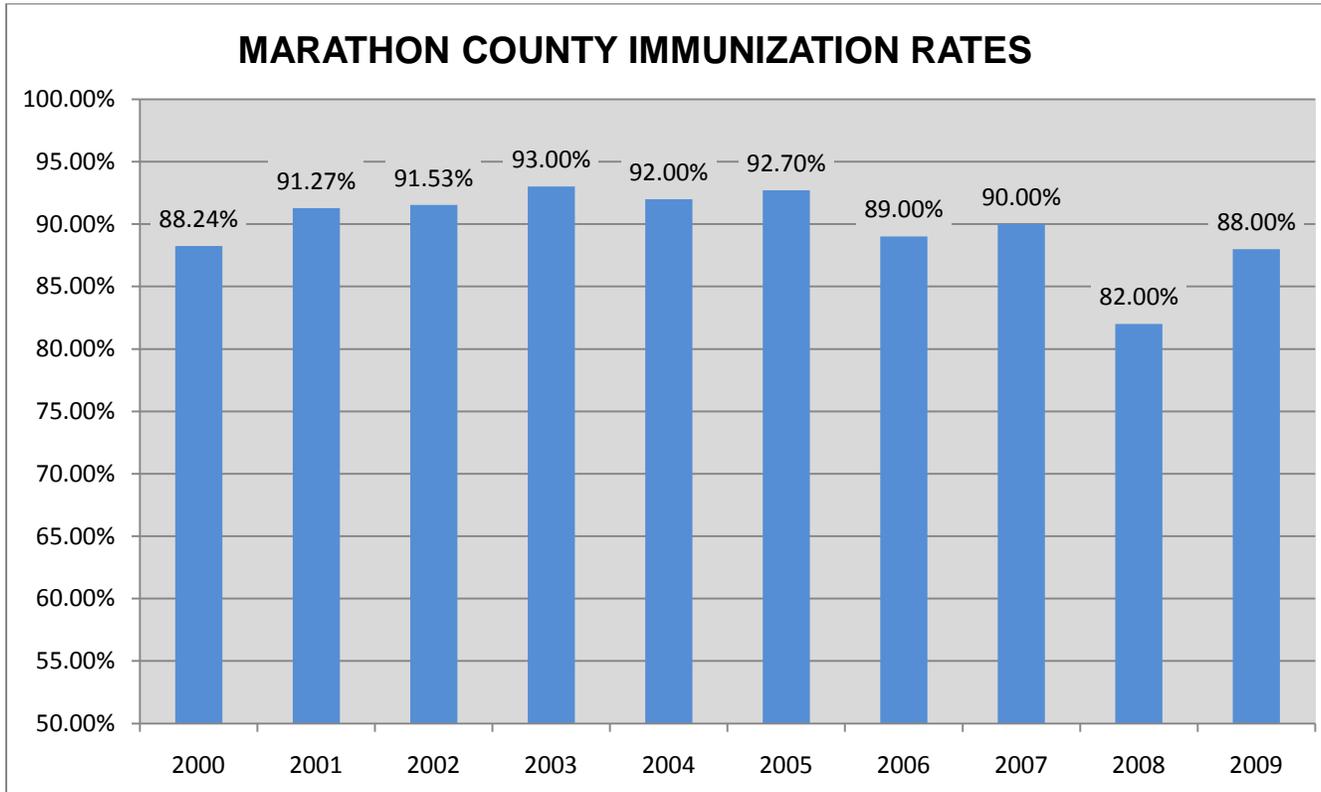
The national goal is that 90% of children are up-to-date by age two. To accomplish this goal, area health care providers entered immunizations given into one of two electronic immunizations registries. Immunization registries have been developed to assure health care providers and schools have timely access to children's and adults' immunization records. In Marathon County, providers utilize RECIN (Regional Early Childhood Immunization Network) and WIR (Wisconsin Immunization Registry). Many children in Wisconsin receive immunizations from more than one provider. Without access to a child's immunization information, it can be difficult for a provider to know which vaccine a child needs at any particular time.

As part of the immunization registry, Marathon County Health Department works with area health care providers to implement a county-wide recall and reminder system to assure children are fully immunized by their 2<sup>nd</sup> birthday. As part of a county-wide protocol established with area health care providers, Marathon County Health Department is responsible for implementing a monthly recall/reminder system, notifying parents by letter and telephone their child is due for immunization. By keeping immunization rates high, we will keep the rate of vaccine preventable diseases in Marathon County low.

In 2009, our immunization rates for children between the ages of 24-35 months continued to decline due largely to the nationwide Hib vaccine shortage. Beginning in December of 2007, the CDC recommended all infants complete the primary vaccination series and defer the Hib vaccine booster given at age 12-15 months with the exception of specified high-risk groups. On June 24, 2009, CDC recommended the reinstatement of the booster dose of Hib vaccine for children aged 12-15 months who had completed the primary 3-dose series and for older children for whom the booster dose was deferred at their next routinely scheduled visit. On September 18, 2009, all children aged 12 months through 4 years who did not receive a booster because of the recent shortage of Hib vaccines were advised to obtain the booster at the earliest opportunity. Before the development of Hib vaccines, Hib was the most common cause of bacterial meningitis in children under 5 years of age. For 2009, 78% of children between 24-35 months of age were up-to-date on their immunizations (4 DTap, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Var). When taking out Hib antigen, 88% of children were up-to-date on their immunizations.



## MARATHON COUNTY IMMUNIZATION RATES



Another way Marathon County Health Department assures that children are fully immunized is to provide immunization to residents at a minimal cost. In 2009, Marathon County Health Department saw a decrease in the number of children and adults presenting at area clinics. The decrease is due to more families with young children having some form of Medicaid/BadgerCare coverage and changes in private insurance coverage. In 2009, 3,852 children and adults received immunizations through the health department. 140 clinics were held in Marathon County communities of Athens, Edgar, Hatley, Mosinee, Stratford, Spencer, and Wausau. The following table provides trend data on utilization of immunization clinics offered through Marathon County Health Department.

Year	No. of Clinics Held	No. of Children & Adults	No. of Vaccines Given
2009	140	1781	3,852
2008	144	2,620	4,756
2007	112	2,290	3,987
2006	118	1,457	2,680
2005	109	1,801	3,414
2004	Not Available	1,836	3,617

In response to the 2009 H1N1 Influenza A Pandemic, Marathon County Health Department provided school-based and community vaccine clinics throughout Marathon County. As a result of limited vaccine being produced initially, initial community clinics were provided to individuals with the greatest risk for acquiring the 2009 H1N1 Influenza A and who would be more likely to have medical complications. The first community



clinic was held on November 17, 2009. In total, 90 school-based and community H1N1 clinics were held from November 17, 2009 through February 22, 2010. A total of 11,928 H1N1 Influenza A vaccines were given through our community vaccination campaign. To read more about Marathon County's response to the 2009 H1N1 Influenza A Pandemic, refer to Public Health Preparedness on page 47.

Year	No. of H1N1 Clinics Held	No. of Children & Adults	No. of H1N1 Vaccines Given
2009	60	6809	7294
2010	53	4937	4974

## Tuberculosis

Marathon County Health Department's Tuberculosis (TB) prevention and control activities include follow up with people who are infected with TB and people with TB disease.

TB is a disease caused by bacteria called Mycobacterium Tuberculosis. The bacteria can attack any part of the body, but usually the lungs. People who are infected with TB do not feel sick and cannot spread TB. If not treated, infected individuals may develop TB disease. Ten percent of individuals infected with TB who are not treated will develop TB disease. This lifetime risk increases to 30 percent for persons with a chronic health condition such as diabetes.

Individuals identified as being infected with TB are medically evaluated for preventive INH medication. Through the State of Wisconsin TB Program and Marathon County Health Department, individuals can obtain free medication on a monthly basis. The service is designed to assure all individuals infected with TB are treated, thus reducing the risk of developing TB disease. In 2009, 30 individuals infected with M. tuberculosis received INH treatment resulting in a minimum of 1 home and/or office visit per month through the health department.

When a case of TB disease is reported, immediate action is taken to isolate the person with TB disease, initiate appropriate treatment, and conduct a contact investigation. People with TB disease can be treated to prevent further spread of TB and to be cured. As part of treatment, individuals with disease (and those infected with a health condition that decreases their immune system) receive Directly Observed Therapy (DOT). DOT is the observation of individuals taking anti-tuberculosis medications by a public health nurse or health aide. With the increased number of individuals diagnosed with multi-drug resistant M. tuberculosis, DOT has been adopted as a national strategy to assure individuals take their anti-tuberculosis medications as prescribed.

In 2009, 1 individual with TB disease received DOT. Public health nurses and/or health aide provided 651 DOT visits. One individual successfully completed a 26-week course of treatment in 2009. In addition to DOT, the public health nurse monitors the effectiveness of treatment, provides ongoing health teaching, and links individuals to needed health care and community resources.

Contact investigations are conducted to identify individuals who were exposed to persons with TB disease. Individuals who were in close contact with the person with TB disease receive a TB skin test to determine if they became infected and, if so, are offered preventive medication. In 2009, Marathon County had placed 34 TB skin tests as part of our contact investigation for the one case reported.



## Sexually Transmitted Disease

Sexually transmitted diseases (STD) represent the largest percentage of all reportable diseases. The STD program has two components:

- Follow-up with individuals reported to have an STD to assure they received proper treatment and to secure the names of their partners to assure they receive testing and treatment
- Provide STD clinic services at UW Health Family Medicine and at the Marathon County Jail.

Marathon County Health Department's STD clinic is an example of how working in partnership can bridge gaps in preventive health care. In partnership with UW-Health Family Medicine, Marathon County Health Department is able to assure all individuals have access to treatment for sexually transmitted diseases and receive pregnancy testing. STD services are provided at two sites: UW-Health Family Medicine twice per week and at the Marathon County Jail once per week.

Public health nurses working under the supervision of UW-Health Family Practice physicians, screen individuals for STDs/HIV, and provide treatment and vaccines. All individuals seen through the clinic are counseled on risk-reduction behaviors. Partners are identified and counseled to seek treatment with their primary care provider. As a result of the clinic, individuals who may not seek care due to barriers such as cost and/or not having a health care provider are screened and treated, thereby reducing further transmission of STDs/HIV in the community.

In 2009, a total of 427 individuals received STD services, 257 at UW-Health Family Medicine and 170 at Marathon County Jail. The gold standard in the prevention of STDs and AIDS is to encourage all individuals presenting for STD services to be screened for STDs and HIV. Refer to table below for a closer look at STD clinic services:

Services	2008			2009		
	UW Health	Jail	Total	UW Health	Jail	Total
Total Clients	272	160	432	257	170	427
# Females	46	50	96	53	44	97
# Males	226	110	336	204	126	330
# Screened for STD	174	75	249	161	74	235
# Screened for HIV	135	56	191	105	56	161
# Vaccines Given	32	43	75	50	26	76



### **Healthy Marathon County**

Local health departments are charged with the role and responsibility to carry out a community health improvement process. Since 1993, Wisconsin statutes have required communities throughout Wisconsin to develop and implement local health plans to address health conditions impacting their residents. This process has been referred to as the "Community Health Improvement Process" (CHIP), named in part for the resulting health status changes in a community and the people that live there.

Healthy Marathon County is our vehicle for impacting Marathon County residents' health through organizational and community involvement. The Healthy Marathon County Board works in partnership with the Marathon County Health Department. Together, we gather health-related data, determine priority health issues, develop plans to address health priorities, garner community resources, and evaluate our impacts in creating a healthy community. Seven action teams are in place to address health priorities identified from the 2006-2010 Community Health Assessment released in 2007. The seven action teams are:

- Building Responsible Alcohol Values and Options (BRAVO)
- Concerns About the Cost of Health Care (CATCH)
- Healthy Babies of Marathon County (HBMC)
- Healthy Eating Active Living (HEAL)
- Marathon County Tobacco Free Coalition (MCTFC)
- Partnership for Healthy Aging (PHA)
- Suicide Prevention Task Force

The membership of Healthy Marathon County and its action teams represent over 100 individuals from over 20 organizations. To learn more about Healthy Marathon County, the work of the action teams, and how to get involved visit the website at [www.healthymarathoncounty.org](http://www.healthymarathoncounty.org).

### **United Way LIFE**

Marathon County's Health Officer is a member of United Way's LIFE Steering Committee and chair's the Health and Wellness subcommittee. In 2009, our department provided context expertise in defining what health information and data would be reviewed and in identifying priorities for the 2009-2011 LIFE Report – Focus Life in Marathon County.

### **State Health Plan**

In 2009, Marathon County Health Department was represented in the statewide planning meetings to develop a state health plan. By state statute, the Department of Health Services is required to produce a public health agenda for the people of Wisconsin at least every 10 years. More than 1,500 people across the state from all walks of life are being engaged in the development of the plan. The state health plan is one of the key guiding documents for local health departments. The 2020 state health plan is to be released in the summer of 2010.

### **Student Placements**

Marathon County Health Department continues to provide placement experiences for students earning degrees in nursing, medicine, and health education. The placements provide an opportunity for students to learn about public health and see firsthand the scope of programs/services offered through Marathon County Health Department. Agreements are in place for UW-Eau Claire, UW-Green Bay, UW Medical School, UW-Oshkosh, and Viterbo.



## Environmental Health

### Environmental Sanitation

Environmental sanitation is the State mandated activity for local public health departments and consists of the follow-up of all suspected human health hazards. 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 to affect the health of the public”. This program responds to reports or concerns from the public or other agencies about potentially hazardous situations. The range of possible hazards includes garbage, unsafe structural housing, environmental contamination, pet/rodent/insect issues, asbestos, mold, lead, blastomycosis, blue-green algae, methamphetamine drugs, and animal manure. Housing concerns, such as a lack of heat or water and failing to maintain the property at a level of sanitation conducive to health, can be considered human health hazards. When conditions warrant, we investigate the situation and will issue orders to address the hazard. Often, the concerns identified do not reach the threshold necessary to be considered a human health hazard. In those circumstances our effort is to resolve the nuisance with guidance to resolve a condition. Success in this work often includes involving local and state agencies. Program outcomes include reducing exposure to substances, activities, or conditions that can negatively impact health and minimizing health impacts of such exposures.

### Food & Water borne Disease Prevention and Licensing

#### Licensing

The Marathon County Health Department functions through contract as an agent of the State to provide public health inspections and licensing for a variety of establishments. Under our agent agreements with the State, we are required to conduct a minimum of one annual inspection, pre-inspections for compliance prior to issuing a permit, and any necessary follow up inspections; such as complaints and reinspections to ensure proper compliance, and a variety of consultations by phone or on site.

In 2009, 960 licenses were issued for public facilities such as restaurants, temporary foodstands, hotels/motels/tourist rooming houses, bed and breakfasts, recreation and education campgrounds, campgrounds, swimming pools, retail food (groceries and convenience stores), and mobile home parks. The largest of these are those facilities in the restaurant category followed by the retail food. Together they represented 764 licenses. Program staff serves as the primary investigators when there is a suspect food or water borne illness in Marathon County.

#### Food Safety

The Environmental Health and Safety program works to identify and respond to health problems or threats in several capacities including food borne and water borne illness. In 2009, one illness investigation identified a restaurant-associated outbreak. The organism involved was found to be *Clostridium perfringens* as identified through stool samples. The investigation involved interviews with those who were ill or not ill as well as interviewing the individuals who prepared the food. Suspect faulty food safety processes were identified and the recommendations provided to the establishment operator and staff who prepared the food to prevent a similar outbreak from happening again. Our goal is to identify and reduce the risk of illness by providing education, consultation, and regulation.



Activities in the food safety program include on-site informal education of food service employees; licensing and inspection of food service facilities including 54 schools in the Federal School Lunch/Breakfast Program; enforcing Public Health Regulation 2008; food sampling; investigating food borne outbreaks; and responding to product recalls and consumer complaints. The “Food Thoughts” newsletter is published 2 times each year and is distributed to over 660 food service facilities.

A summary of activities of the Food Safety Program are provided below:

Activity	2004	2005	2006	2007	2008	2009
Food borne Disease Investigation	14	10	4	7	3	1
Food Safety Establishment Licenses Issued	694	705	733	746	797	764
Education Classes/Attendees	24/463	20/731	18/434	4/135	7/78	1/30
Media Events	6	0	3	3	15	6
WEB Site/Food Safety – Hits/yr	584	840	767	896	1,337	1,305

To assure greater uniformity of inspections, Environmental Public Health Sanitarians in the food safety program completed a food safety standardization and certification process. Standardization is a training and on-site evaluation process performed by the State Department of Agriculture, Trade, and Consumer Protection and Department of Public Health and requires demonstration of knowledge and experience in understanding, applying, and interpreting Food Code interventions, food borne risk factors, hazard and systems analysis, and exhibit the necessary communication skills in conducting food safety inspections. This process is the driving force for targeting CDC Risk Factor violations during food safety inspections and operator and employee education.

In 2009, a data system tracked six Centers for Disease Control (CDC) Risk Factors identified as violations most often responsible for the majority of food borne outbreaks, individually or in combination. Our baseline data will provide a method for the analysis of our food safety program, including targeting certain types of violations and ensuring uniformity of inspections.

CDC Risk Factor violations from full-service restaurants and retail food operations are presented below:

CDC Risk Factors	2008 Violations		2009 Violations	
	Restaurants	Retail	Restaurants	Retail
Unsafe Food Sources	17	9	34	17
Inadequate Cooking Temperatures	16	1	20	5
Improper Holding Temperatures	170	63	161	40
Cross Contamination	142	51	127	28
Personal Hygiene	137	24	99	18
Other CDC Factors	139	51	121	28
TOTALS	621	202	562	119



In 2009, restaurants had a total of 562 CDC Risk Factor violations while retail facilities had 119. For the most part, CDC Risk Factor categories generally decreased as compared to 2008. There are several explanations for the reduction. We had instituted increased fees for reinspections that fail to achieve compliance, applied the fees at initial failed reinspections, and the fee increases with repeated reinspections. This may have increased compliance efforts upon initial inspections. The inspections staff also focuses on those violations during inspections. Experiences from food borne illness investigations, media outreach, and education during inspections and through the Food Thoughts newsletter have been used to help highlight the importance of these issues.

The risk-based inspections performed by sanitarians certified through the standardization process have transformed the inspection process. Future inspections and operator education efforts will be developed in response to the data provided above.

### Childhood Lead Poisoning Prevention

Childhood lead poisoning represents another area of highlighting involvement in diagnosis and investigation using a multi-disciplinary approach. It involves public health nursing and environmental health staff. The public health nursing staff work with the children involved in a lead poisoning and the environmental health staff work investigating the buildings and homes to identify the sources of the lead. In 2009, there were 17 children who were identified as lead poisoned at 10-19 micrograms per deciliter of blood (ug/dl). Additionally, there were 2 children with elevated blood-lead levels which are two successive blood tests between 15-19 ug/dl level or a single test at 20 ug/dl or more.

The primary factor for a child becoming lead poisoned is residing in a pre-1978 home, with pre-1950 more commonly associated with exposures. Although lead paint was banned in 1978, the health risk to children is still present today. About 84% of the City of Wausau and 71% of the County housing stock was constructed before 1978. Lead exposures occur in the warmer months as children are outside playing in lead contaminated soils; touching deteriorated exterior painted surfaces; and windows are opened. Lead dust is produced as painted window surfaces rub against one another and access is made available for children to deteriorated paint in window wells. Inadequate nutrition from diets lacking calcium-rich foods and traditional medicines are other factors. Each of these risk factors is considered when investigating a lead exposure.

Lead hazard reduction expenses for a property associated with a lead poisoned or elevated blood lead (EBL) level child can be expensive resulting in cost as a significant factor causing a delay in completing lead hazard reduction activities. Lead hazard reduction activities can be extensive in older housing, new federal and state laws require certified contractors in most instances, and of course, material costs. Funding can influence the choices for specific activities from permanent solutions such as siding replacement to those which require ongoing maintenance such as repainting the existing siding.

In terms of funding, we continue our collaborative relationships with the City of Wausau Inspections Department and Community Development Department to address lead hazards utilizing a window replacement strategy designed to prevent lead poisoning in children in pre-1950 housing units. National statistics indicate that 95% of all childhood lead poisonings are due to children being exposed to lead dust generated by lead-bearing windows and window components. Eligible property owners are identified through face-to-face contact or phone calls and a handout distributed by the City of Wausau Building Inspections Department. We will continue this project in 2010.

Additional funding was provided through December 2009 through an internal grant from Marathon County which makes funding available for properties in and outside the City of Wausau. The funds were available to property owners where a child under age 6 resides and lead hazards are present. The intent of the grant is to provide incentive funds to property owners who are required to reduce lead hazards because an EBL child is an occupant as well as for those who want to reduce lead hazards voluntarily to prevent lead poisoning from occurring.



There are two pathways for property owners. One pathway is designed to assist those with extensive lead hazard reduction utilizing a small grant and a low interest loan. The second pathway is to provide a small voucher for painting supplies necessary for those properties that need less extensive work. Each of these funding efforts has the goal of meeting an important community need, safe housing for families. Two properties completed lead hazard reduction in 2009 and 8 others are interested in doing so in 2010.

Activities	2006	2007	2008	2009
Total Number of Lead Tests	1,617	1,872	1,739	1,745
Tests <10 ug/dl	1,574	1,824	1,720	1,717
Tests 10 to 19 ug/dl (# of children)	27 (21)	33 (19)	14 (6)	22 (17)
Tests ≥20 ug/dl (# of children)	16 (5)	15 (3)	5 (2)	6 (2)
Housing Units – Lead Hazard Reduction	8	3	6	4
Lead Property Inspections	36	40	19	25

**Rabies Prevention**

The goal of the rabies control program is to prevent humans from contracting rabies. We accomplish this through routine reporting of animal bites by hospitals, clinics, and law enforcement agencies; investigation of bite incidents; consistent use of quarantine; and laboratory testing of animals when appropriate.

Year	Human Exposures	Specimens Sent To State Lab	# Positive For Rabies	Prophylaxis Recommended
2001	272	23	1	2
2002	232	20	1	11
2003	242	10	1	8
2004	218	18	0	8
2005	205	29	1 (equivocal results*)	16
2006	100	13	0	2
2007	140	23	0	2
2008	171	26	2 (equivocal results*)	2
2009	244	22	0	1

Note: Equivocal results = inconclusive test results

Rabies prophylaxis is recommended when tests indicate the biting animal is positive for rabies, or when the bite is from a stray and we are unsuccessful in locating it. Because rabies is nearly always fatal, if we cannot locate and ascertain the rabies status of the stray animal, we recommend prophylaxis for the bite victim.

In 2009, the rabies control staff continued educational programs for 2<sup>nd</sup> grade elementary school children. The programs emphasize safe behavior around all animals aimed at reducing bite incidents in this vulnerable population and include a representative with a dog from the Kennel Club at each presentation. In 2009, safety programs were made at 16 schools in Marathon County reaching 736 students.



## Radon & Other Indoor Air Quality

Radon gas is a naturally occurring radioactive product that results from the decay of uranium found in soil, particularly our granite rich areas, and is identified as the second leading cause of lung cancer following tobacco exposure. Our staff operates the regional Northcentral Radon Information Center (RIC), a 12-county consortium to educate individuals and promote testing for radon. The counties in the RIC include Florence, Forest, Langlade, Marathon, Marinette, Menominee, Oconto, Oneida, Shawano, Vilas, Wood, and Waupaca. The RIC provides radon information and test kits to individuals, private businesses, and government agencies. In 2009, staff made presentations to schools, provided regional support to health departments in the RIC area, and responded to consultations by phone or email. We have continued to host and attend training opportunities, which also allow RIC counties or local businesses involved in radon testing and mitigation to meet continuing education requirements.

In coordination with the nation-wide Environmental Protection Agency efforts, we conduct our own radon testing promotion during Radon Action Month through media press releases in English and Hmong resulting in four media interviews in January 2009. During this time, we receive many inquiries about testing and radon mitigation, as well as health effects of radon exposure. In 2009, there was an increase in radon testing throughout the RIC as compared to previous years. While testing is up, the percentage of test results that are elevated has remained relatively consistent for the RIC counties and Marathon County with approximately 60 % of the test results elevated. This data emphasizes the need for individuals to conduct radon testing and consider mitigation efforts to effectively reduce radon levels.

Radon Activities	2007			2008			2009		
	Test Results	Elevated Tests	Percent Elevated	Test Results	Elevated Tests	Percent Elevated	Test Results	Elevated Tests	Percent Elevated
Tests in RIC	522	304	58%	732	405	55%	874	503	58%
Tests in Marathon County	318	210	66%	406	272	67%	252	156	62%
Mitigations Reported	309			346			323		
Website Hits	723			872			1,377		

## Laboratory

The goal of the Marathon County Public Health Laboratory is to provide convenient, reliable, and reasonably priced water testing services to the citizens of Marathon County and surrounding counties with the goal of safer water supplies. The lab is involved in monitoring public drinking water supplies which include municipal community water systems and those involved in our Department of Natural Resources (DNR) transient non-community water (TNC) systems program. During 2009, 42 sanitary well surveys were performed under the DNR-TNC contract. This involves visual inspections of the visible portions of the water system. Monitoring water quality also includes private drinking water systems and recreational waters, such as swimming pools and beaches. The lab tests for several microbiological and chemical parameters. In addition, lab personnel interpret results for well owners and provide education concerning water safety issues.



In 2009, there were 2,887 (1,897 in 2008) public drinking water samples and 1,639 (2,955 in 2008) private drinking water samples tested in our lab. The total of 4,526 samples represents a decrease of 326 over 2008. Even though the number of public drinking water samples increased significantly by 990 samples, the number of private drinking water samples dropped significantly by 1,316 samples. This is largely due to fewer garden wells requiring sampling and the ongoing economic impact resulting in fewer home sales and limited new construction. We again promoted private well water testing during the March 2009 Groundwater Awareness Week resulting in one media contact. The rate of bacteriologically unsafe samples was constant in 2009 with 8% of the drinking water samples testing unsafe and requiring follow-up action.

	2006	2007	2008	2009
<b>DRINKING WATER</b>				
Total number of samples	5362	6080	4852	4526
Bacteriologically safe samples	4548	5156	4098	3831
Bacteriologically unsafe samples	463	612	448	377
Nitrate>10.0mg/l (unsafe for pregnant women & infants)	77	86	88	102
<b>RECREATIONAL WATER (pools &amp; beaches)</b>				
Total number of samples	1828	1921	2028	1953
Bacteriologically satisfactory samples	1730	1827	1928	1886
Bacteriologically unsatisfactory samples	92	94	96	67

Of the public samples representing facilities under the DNR-TNC contract, it shows that of the 196 facilities with public water supplies, 185 (94%) tested safe, while 11 (6%) were found unsafe. The unsafe systems were ordered closed until a safe water supply could be identified. Once a water supply system is returned to service, sampling is conducted in the following month to ensure the system remains safe. The average length of time to identify an unsafe water supply, determine corrective action, order the well replaced if needed, and confirm a safe water supply system through water testing was 60-90 days. This depends on weather conditions, the complexity of well installation, geology, type of violation(s), and availability of contractors.

Marathon County has 89 licensed public recreational water facilities, which include water attractions, swimming pools, and whirlpools. Many of them are associated with hotels, campgrounds, schools, and local municipalities. The facilities submit regular samples for bacterial analysis. In the event a sample exceeds bacteriological standards, the facility is notified and required to take steps to ensure water safety. Facilities are inspected annually or more frequently when water quality samples exceed bacteriological standards successively, when complaints are received, or violations during inspections indicate a need to monitor more closely. The rate of bacteriologically unsafe samples was constant in 2009 with 3% of the recreational water samples testing unsafe and requiring follow-up action.



### Start Right

Marathon County Health Department, in partnership with Children's Service Society of Wisconsin, provides "Start Right", a program that provides parenting education and support services for families in Marathon County from pregnancy to age five. The mission of Start Right is to empower parents in Marathon County to find the parenting information and support they need to raise a healthy child. Start Right believes parents are their children's first teachers, and Start Right can help parents to be their best teacher. Start Right program goals are:

- Children will experience the most fulfilling and nurturing relationship possible with parents
- Children will be healthy
- Children will be safe in their homes
- Children will be "school ready" when they begin school

Start Right has four program components:

- **First Steps** – A public health nurse provides education and care coordination to women during their pregnancy and/or to families with a newborn.
- **Step by Step** – A family educator provides parenting education and information on community resources to parents in their home.
- **Stepping Stones** – A family educator provides parenting and child development information to parents over the phone, by email, or by visiting the family resource center.
- **Stepping Out** – Family resource centers are available in eight communities within Marathon County to provide life-long connection to parenting education and support.

### Start Right First Steps – Prenatal Care Coordination

The program is designed to provide health teaching and care coordination services to pregnant women who are at risk for a poor birth outcome, thereby increasing the likelihood of having a healthy baby. While the program was originally designed to be a Medicaid benefit, Marathon County Health Department offers the program to any pregnant woman who could benefit from such services. Women are referred to the health department through community agencies, their physician, or self-referral. Public health nurses work closely with the woman's physician and other providers to address health, psychosocial, and economic issues impacting the woman and her family.

Research has demonstrated the link between social and economic stressors of women who are pregnant with poor birth outcomes. Health teaching and counseling interventions are focused on early and continuous prenatal care, substance use, tobacco use, mental health issues including perinatal depression, domestic violence, nutrition, breastfeeding, and safe sleep environment. In addition, women are linked to community resources such as Medicaid, medical and dental care, mental health and domestic violence services, transportation, Job Center, and WIC. In many cases, public health nurses identify barriers for women to receive community services and assist women and their families to access needed services.

In 2009, Marathon County Health Department received 276 prenatal referrals. Referral sources included: WIC, Bridge Community Health Clinic, Baby Fairs at area hospitals, clinics, hospitals, Department of Social Services, and self-referrals. Care coordination and health teaching services were provided to 92 women during the year, with 74 women receive ongoing, comprehensive services prenatal through 60 days postpartum. The following tables are the impacts the program made for the women who received comprehensive services.



<b>Babies will be Healthy</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Percent of women who reported smoking during their pregnancy	39%	48%	31%
Percent of women who reported smoking who stopped or decreased smoking	94%	91%	87%
Percent of women who reported drinking at all during their pregnancy	N/A*	35%	28%
Percent of women who reported drinking at all during their pregnancy who stopped completely	N/A*	96%	91%
Percent of women who reported having a dental provider	84%	84%	92%
Percent of women referred for dental care	38%	42%	41%
Percent of women who initiated breastfeeding	71%	62%	68%
Percent of women who initiated breastfeeding who breastfed 8 weeks or longer	42%	51%	50%
Percent of women who reported having a plan for future spacing of children	89%	91%	82%
Percent of women referred for contraceptive services	19%	24%	57%
Percent of infants who had a primary care provider	100%	100%	97%
Percent of parents knowledgeable of immunizations	N/A*	N/A*	93%
Percent of eligible infants enrolled in WIC	N/A*	N/A*	85%
Percent of eligible infants referred to WIC	N/A*	N/A*	8%

### **Children will be Safe in their Family Homes**

Percent of infants who sleep on their back	97%	99%	92%
Percent of women and caregivers who do not co-sleep with their infants	87%	88%	84%
Percent of infants who have a crib	N/A*	99%	97%
Percent of women referred to “Cribs for Kids”	N/A*	23%	47%
Percent of homes with working smoking alarms	N/A*	N/A*	68%
Percent of homes provided with smoking alarms and batteries	N/A*	N/A*	23%
Percent of homes and cars that are smoke-free	N/A*	91%	88%
Percent of home with private wells that have been tested	N/A*	N/A*	100%

### **Children will Experience Nurturing Relationship with their Parents**

Percent of women experiencing perinatal depression	38%	37%	35%
Percent of women experiencing perinatal depression referred to mental health services	30%	60%	39%
Percent of parents who respond to infants hunger cues	N/A*	N/A*	91%
Percent of parents who respond to infants crying cues	N/A*	N/A*	92%



**Families will be Knowledgeable about Key Community Resources, including Start Right**

Percent of families eligible for Step by Step Family Educator who accepted services	N/A*	N/A*	64%
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	N/A*	N/A*	80%
Percent of families aware of Family Resource Center	N/A*	N/A*	93%

\*Note: N/A\* notes data was first collected in 2008 or 2009.

**Start Right First Steps – Families with Newborns**

This program is designed to offer a public health nurse visit to families upon the birth of their child. Families receive health teaching on infant care and information/referral on community services/resources. In 2009, there were 1,657 births to residents of Marathon County. All families with newborns receive outreach by a public health nurse. Outreach can consist of a home visit, telephone visit, and/or newborn packet. In 2009, a total of 376 home visits and 290 telephone visits were made.

Core services provided to families with newborns include health teaching, information, and referral. Health teaching topics are: infant safety, including safe sleep environments; nutrition for infant and mother, supporting breastfeeding; parent-child interaction, promoting social-emotional development of the infant; tobacco and substance use, including the effects of secondhand smoke; postpartum depression; and preventive health services, insuring families have a primary care provider for well-child exams and immunizations. The public health nurse provides information on community resources available to families with young children and assists with referrals as needed. In addition, parents are encouraged to link to Start Right’s Step by Step, Stepping Stones, and/or Family Resource Center depending upon family needs and interests.

Since January 2008, Marathon County Health Department has been making in-home counseling services available for women experiencing perinatal depression who otherwise would not receive treatment due to the perceived and actual barriers encountered in seeking services. National estimates indicate that 8-15% of women during pregnancy and after childbirth experience perinatal depression, increasing to 28% for women who have or are experiencing poverty, partner stress, and abuse. In-home therapy services were provided by a licensed professional counselor through a contract with Marathon County Health Department. Women experiencing depression either prenatally and/or postpartum, who otherwise refused to seek traditional outpatient services, were referred for in-home therapy, with 36 receiving services in 2009. The majority of women referred for services had a current or previous history of violence and/or family abuse, alcohol and/or other drug abuse, and mental health issues. Barriers identified in not seeking traditional outpatient services included: childcare, transportation, stigma associated with seeking services, lack of energy, and work schedule. In-home therapy is seen as a promising approach to reaching women who may not present for care in the community, with the ultimate goal of linking women who could benefit from long-term care to outpatient services.

The following tables are the impacts the program made for families who received one or more home visits:

<b>Children will be Healthy</b>	<b>2009</b>
Percent of women who initiated breastfeeding	76%
Percent of women who reported having a plan for future spacing of children	71%
Percent of women referred for contraceptive services	7%



Percent of families who reported infants had a primary care provider	99%
Percent of parents knowledgeable of immunizations	97%
Percent of eligible infants enrolled in WIC	41%
Percent of eligible infants referred to WIC	5%

**Children will be Safe in their Family Homes**

Percent of infants who sleep on their back	97%
Percent of women and caregivers who do not co-sleep with their infants	91%
Percent of infants who have a crib	98%
Percent of women referred to “Cribs for Kids”	7%
Percent of homes with working smoke alarms	95%
Percent of infants with a smoke-free home and car	86%
Percent of homes with private well that have been tested	98%

**Children will Experience Nurturing Relationships with their Parents**

Percent of women experiencing perinatal depression	16%
Percent of women experiencing perinatal depression who were referred for services	32%
Percent of parents who respond to infants hunger cues	97%
Percent of parents who respond to infants crying cues	97%

**Families will be Knowledgeable about Key Community Resources, including Start Right**

Percent of families eligible for Step by Step Family Educator who accepted services	55%
Percent of families not eligible for Step by Step Family Educator who accepted Family Resource Center Stepping Stones services	27%
Percent of parents who are aware of Family Resource Center	85%

**Start Right – Step by Step**

As part of public health nurses outreach to families with newborns, parents who are experiencing life stressors and who could benefit from one-on-one parent education and support are linked to Start Right’s Step by Step program. Start Right’s Step by Step program is provided through Children’s Service Society of WI. A family educator provides comprehensive parenting services to families in their home with particular emphasis on parent-child interaction, child development and early learning, as well as assuring linkages to preventive health services and community resources. The goal of Step by Step is to strengthen parenting from birth to 5 years of age, thereby preventing child abuse and neglect.

In 2009, 116 new families accepted Step by Step. A total of 294 families received Step by Step services, with 4,576 visits made in 2009. The following impacts were realized for families who received Start Right Step by Step services:



<b>Children will be Healthy</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Percent of families who have a primary medical home/provider	98%	99%	99%
Percent of children on schedule for their well child exams	94%	90%	95%
Percent of children who are up-to-date on immunizations at 24 months of age	99%	100%	99%
Percent of eligible children that received WIC	N/A*	N/A*	84%

### **Children will be Safe in their Family Homes**

Percent of homes that had a decrease in an identified safety hazard	N/A*	N/A*	55%
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### **Children will Experience Nurturing Relationships with their Parents**

Percent of parents who scored 80% or higher on post parenting knowledge test	91%	86%	82%
Percent of families who scored middle half or higher on the HOME assessment that assesses the home environment of infants/toddlers	93%	95%	83%
Percent of parents identified with AODA, domestic violence or mental health concerns who received supportive services	N/A*	N/A*	41%

### **Children will be School Ready**

Percent of children identified for a potential developmental delay	21%	16%	12%
Percent of children with a potential developmental delay referred & accepted services, already receiving services	86%	80%	81%
Percent of children enrolled in a group-based early childhood program at age 3	N/A*	47%	52%

\*Note: Data on the percentage of children enrolled in a group-based early childhood program at age 3 was first collected in 2008 or 2009

In 2009, as a result of the Start Right redesign, home visiting services were designed for families experiencing stressors that could impact a parent's ability to parent. Family stressors that could impact a parent's ability to impact include: single, teen parent, less than 12 years of education, English as a second language, AODA, domestic violence, mental health concerns, children with a special health care need, and first time births. This is important to note when reviewing 2009 data in relationship to 2007-08 data.

### **Start Right – Stepping Stones**

Stepping Stones became available to families beginning in 2009. Stepping Stones is a program service designed to support families through the transition families experience during the first five years of a child's life. A family educator is available to provide informal, ongoing contacts over the phone, by email, or by visiting the family resource center. The family educator answers questions on parenting and child development and connects families to community resources. Families experiencing stressors that could impact their ability to parent are encouraged to enroll in Start Right's Step by Step program.

In 2009, 151 families participated in Stepping Stones services. The following impacts were realized for families who received Start Right Step by Step services:



<b>Families will have Access to and Receive Timely Parenting Information</b>	<b>2009</b>
Percent of parents who reported feeling increased feelings of support	70%
Percent of parents who reported feelings of confidence	89%
Percent of parents reporting increased feelings of competence	93%
<b>Families will be Knowledgeable about Key Community Resources and Linked to Appropriate Services</b>	
Percent of parents who reported to be knowledgeable about whom to contact in the community when they need help	93%
<b>Families will be Knowledgeable about their Child's Development and Access Services for their Children if they are Developmentally Delayed</b>	
Percent of children identified with potential developmental delay	4%
Percent of children identified with potential developmental delay referred and accepted services	0%
<b>Families will use the Family Resource Center and Stepping Stones Services</b>	
Percent of families that attended at least one Family Resource Center program	30%

### **Start Right – Stepping Out (Family Resource Centers)**

Marathon County has eight Family Resource Centers located in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Spencer, Stratford, and Wausau. Marathon County funds 5 of the 8 Family Resource Centers. The Family Resource Centers provide a place for families to obtain parenting information and support through their libraries, educational programs, family events, and drop in playtime. Parents are encouraged to call the Family Resource Center's Warmline when they have specific parenting questions or need support.

In 2009, Play N' Learn was offered as a service at area Family Resource Centers and on-site at A.C. Kieffer school in Wausau. Play N' Learn is group-based play groups for children birth to age 5 focused on parent-child interaction. Core prevention services focus on school readiness skills and community resources. In addition, Play N' Learn is used as a strategy to identify children who could benefit from early intervention services such as Birth to 3, Head Start, etc.

For the 5 county funded centers, the Family Resource Centers held 698 programs, workshops, or events. A total of 1,316 unduplicated adults and children utilized one or more of the 5 centers' programs, library resources, and Warmlines. In 2009, for all 8 centers, a total of 3,592 unduplicated children utilized one or more of the centers' 2,136 programs, library resources, and Warmlines.



## Child Health

Child health services are provided to families that need services beyond the scope of Start Right First Steps program, a service that typically ends at 60 days postpartum. Program services include case management and health teaching for infants and children for a variety of conditions and situations, including: failure to thrive; child health monitoring in a potentially abusive or neglectful family; families who have relocated to the area and are unfamiliar with community services; and parents who are cognitively or physically challenged. In 2009, 324 children and their families received one or more home visits.

In addition, this program area includes the health department's support and promotion of community-based interventions and services. Community involvement enables the health department to work in partnership with other organizations to address health issues impacting children and families. Public health nurses participate on the following community workgroups: Marathon County Drug Endangered Children, Early Hearing Detection and Intervention, Department of Social Services Citizen Review Panel, Heart of Wisconsin Breastfeeding Coalition, United Way's Ready to Read Literacy Program, Marathon County Birth to Six Interagency Council, Marathon County Child Mortality Review Team, Domestic Abuse Intervention Team, and EHAF (Emergency Housing Assist Fund).

## Children & Youth with Special Health Care Needs

A child with a special health care need is defined as a child having an illness or condition that is severe enough to restrict growth and development, is likely to persist for 12 months or longer, and requires specialized health care. Some examples of children with special health needs include children with asthma, diabetes, lead poisoning, autism, and developmental disabilities. As part of Marathon County Health Department's CYSHCN Program, public health nurses provide health information and referral and follow-up services to parents on resources and services available to support their family and child. In addition, for children with complex needs, public health nurses will work closely with parents to empower them to obtain needed services. In 2009, 34 children and their families received program services.



In 2006, Marathon County Community Pandemic Influenza Team adopted a plan to outline roles and responsibilities in the event of an influenza pandemic. Over the next three years, partner organizations met 2-3 times each year to identify training needs, further develop protocols, and conduct exercises. Due to the partnerships and plans that were in place, Marathon County was well positioned for the 2009 H1N1 Influenza A pandemic.

On April 30, 2009, the Governor of Wisconsin declared a public health emergency to respond to the H1N1 Influenza outbreak. On May 7, 2009 the Marathon County Community Pandemic Influenza Team met to discuss surveillance efforts, treatment guidelines, infection control recommendations, community containment measures, and communication to the public. On May 7, 2009, the Marathon County Board of Supervisors was briefed on the H1N1 Influenza outbreak. In addition, Marathon County received notification of its first confirmed case that day.

During the first wave of the pandemic (April-August 2009), Marathon County Health Department was responsible for investigating suspect and confirmed cases. During the time period of May 7 to August 5, 2009, the department investigated 221 confirmed cases. As part of the investigation, the public health nurses and epidemiologist interviewed individuals to learn more about the disease: the onset of signs/symptoms; type of signs/symptoms; other family members and close contacts who were ill; and possible place of exposure. In addition, isolation and treatment measures were reinforced with individuals and family members. On June 17, 2009, Marathon County Health Department received notice of the first death in the County due to H1N1 Influenza. During the first wave, Marathon County was ranked 4<sup>th</sup> among 72 counties for the number of cases per 100,000 residents.

During the second wave of the pandemic (August 2009 – February 2010), Marathon County Health Department efforts were focused on assuring a coordinated community plan for vaccine management and administration with health care providers. Public information was key throughout this event, with weekly press releases issued beginning in October. During the week of November 15, 2009, the 2<sup>nd</sup> Marathon County death due to H1N1 Influenza was reported. Community and school vaccine clinics began on November 17, 2009 and continued until February 22, 2010.

Marathon County Health Department provided a leadership role in convening monthly meetings with members of the Marathon County Community Pandemic Influenza Team. The meetings focused on assuring a coordinated response in the areas of disease surveillance, community containment, testing and treatment, infection control measures, public information, and vaccinations. An internal planning team met weekly to plan for disease surveillance, investigation, and community containment; public information; and vaccine management and distribution.

Marathon County Health Department's response activities included:

### Disease Surveillance, Investigation, and Community Containment

- Participated in weekly webcasts hosted by the State of Wisconsin Department of Health Services to receive situation reports and recommendations
- Received reports of H1N1 infections, hospitalizations, and deaths and investigated per state guidelines
- Received weekly school absenteeism surveillance reports from area school districts
- Reinforced isolation and quarantine measures to limit the spread of the infection
- Provided consultation to area health care providers on testing, treatment, and infection control measures
- Maintained a back-up supply of antiviral medications for use by hospitals and medical clinics in the event of short supply
- Provided consultation on closures to schools, businesses, organizations, and community leaders



## Public Information

- Posted H1N1 Influenza information on Marathon County's website, including links to WI Pandemic Site and CDC
- Expanded health department's voice messaging system to be able to respond to H1N1 calls
- Issued weekly press releases to the media in October 2009
- Created H1N1 Influenza informational flyers that were distributed to libraries, public buildings, churches, grocery stores – topics included ways to protect self/family from H1N1, when to seek care, H1N1 vaccine, clinic schedule, etc.

## Vaccine Management and Distribution

- Secured contracts with Aspirus VNA Home Health, Interim Health Care, and Westphal Staffing – Credentials Health Care Staffing for additional nursing and support staff to conduct school and community vaccination clinics
- Developed a coordinated vaccination plan with area health care providers to assure highest priority populations were vaccinated when H1N1 vaccine became available
- Distributed H1N1 Influenza vaccine to small health care providers and nursing homes
- Worked closely with area school districts to schedule 90 school and community vaccination clinics in the communities of Athens, Edgar, Hatley, Marathon, Mosinee, Schofield, Spencer, Stratford, Wausau, and Weston
- Held 90 school and community vaccination clinics, vaccinating 11,951 individuals from November 17, 2009 to February 22, 2010.



## Regional Programs

### Children & Youth with Special Health Care Needs

The Children and Youth with Special Health Care Needs (CYSHCN) Program serves children and youth from birth to 21 years old who have a chronic health condition that requires specialized health or educational services. These chronic conditions may be physical, emotional, developmental, or behavioral. The Northern Regional Center for CYSHCN is one of 5 regional centers in Wisconsin that provide free and confidential assistance to families and providers. The northern service region consists of the 15 counties of Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Sawyer, Taylor, Vilas and Wood County.

#### **Inform, Educate, & Empower**

- Provided ongoing information and referral, parent support, and educational services
- Conducted outreach activities to inform parents and providers of center services
- Maintained toll free confidential phone and website information systems
- Sponsored a community support training for 51 parents/providers
- Linked parents to leadership and training opportunities to strengthen their role in decision making at all levels
- Worked with leaders in support groups to strengthen services provided to other parents
- Conducted workshop presentations or displays at local and statewide conferences
- Conducted 11 trainings on the Ages and Stages Developmental Screening tools for 136 physicians and clinical staff

#### **Mobilize Community Partnerships**

- Funded a Medical Home Local Capacity Grant to support the implementation of childhood social and emotional screening in primary care pediatric practices
- Contracted with 14 of 15 local health departments to provide direct services to 125 children
- Participated on coalitions to improve quality of care through coordination of systems
- Initiated new strategies funded by a federal grant to the State of Wisconsin to improve regional infrastructure of services to children with Autism Spectrum Disorders
- Built on existing partnerships with 3 pediatricians to provide training to other physicians on screening for developmental milestones and autism spectrum disorders

#### **Develop Policies and Plans**

- Worked with primary care providers and community service providers to implement quality improvement strategies for health care using the Medical Home model
- Addressed priority health issues for children and youth in partnership with regional partners with state and national policy makers

#### **Link people to health services**

- Served over 568 families and providers through referral and follow up or consultation services to assure that families were connected to services in their local community for health care, financial, educational and emotional support needs
- Provided consultation on private and public health care benefits to assure adequate coverage of special health care needs services

#### **Assure a competent public health and personal health workforce**

- Provided technical assistance to staff from local public health, human services, primary care clinics, educational and early intervention services
- Participated in ongoing training and networking with the CYSHCN collaborating agencies



### Overview

Marathon County serves as the fiscal agent for this Consortium, employing Consortium staff and managing the operating funds on behalf of the member agencies. In 2009, the Northwoods Consortium added four members, now totaling fifteen county health departments and six tribal health centers.

### H1N1 Response

While 2009 began with our usual activities of training, plan revisions, and local exercises, public health emergency preparedness took a dramatic turn in late April with the advent of the first influenza pandemic in over 40 years.

While local health departments are constantly using the training and resources acquired through this program, responding to a pandemic was a major test of our preparedness. Local health departments in the Northwoods Consortium responded effectively and tirelessly in their local communities. They served as leaders in their communities vaccinating the public and providing timely, accurate information.

To assist in responding to the H1N1 pandemic, local health departments received federal Public Health Emergency Response (PHER) funds. In our region, the amount of funding totaled \$1,717,971. Those funds were used to increase staff levels, pay contractual staff, purchase clinic supplies, upgrade communications equipment, print materials, and other expenses to meet the pandemic challenge.

The local response to the H1N1 pandemic emergency was strengthened by prior planning. Each of our agencies had:

- Local Pandemic Response Plan
- Public Health Emergency Plan
- Specific localized Mass Clinic Plan
- Incident Command Training
- Pre-designated ICS staff for mass clinics
- Risk Communication Training

While these plans and structures had to be adapted somewhat to meet the unique needs of this situation, they were the foundation of an effective response.

After the first wave of influenza cases in the Spring, all Consortium health departments conducted a debriefing to identify areas for improvement. One of the key improvements recommended was forming a structure to better coordinate communication with the public. Area public health agencies and hospitals collaborated to form a Risk Communication Resource Center (RCRC). The RCRC created press releases, fact sheets, print ads, and other tools to provide clear, accurate, timely information that was coordinated throughout Northcentral Wisconsin. These regional efforts dovetailed with regular statewide briefings, state weekly situation reports, and a statewide media campaign.

All of the Northwoods Consortium agencies conducted many immunization clinics in their offices, in schools, and throughout the community. Efforts to minimize the impact of the disease were hampered somewhat by the timeline for production of vaccine. However, tens of thousands of individuals were vaccinated throughout our service area and over one million statewide.



Effective school partnerships also protected children through emphasizing good hygiene and excluding ill children from school. School surveillance systems in many local communities allowed school and public health officials to quickly recognize when disease rates were rising and, in some cases, temporarily close school.

Finally, health departments strengthened partnerships with key target populations. Outreach efforts were made to reach medically high risk adults, pregnant women, parents of young children, college age adults, and particular racial or cultural groups within local communities.

### **Other Accomplishments**

Much of the year was dominated by response to the pandemic crisis. However, local health departments marked significant accomplishments in several other areas:

#### **Public Health Preparedness Competency Assessment:**

In 2009, the specific skills that local public health personnel need to respond in an emergency were identified and measured. The competencies were categorized in basic, intermediate, and advanced skills for the following areas:

- Emergency Plan Activation
- Epidemiology
- Resource Management
- Containment of Disease/Hazard
- Medicine Distribution
- Risk Communication
- Tactical Communications
- Public Health Legal Authority

Based on the results from all 21 agencies in the Consortium, the top training areas for 2010 will be:

- Epidemiology
- Public Health Legal Authority
- Zoonotic & Vector borne Diseases

In addition, each local health department will address other specific areas of training needed for their department.

This competency assessment will be completed annually to continually assess our preparedness and identify needed training topics.

#### **CDC Public Health Preparedness Performance Measures:**

This year all health departments had to demonstrate accomplishment of the 13 local performance measures either in an exercise or a real event. Our members performed very well on this test:

- 12 agencies achieved 100% of the measures
- 7 agencies achieved 92% of the measures
- 1 agency achieved 85% of the measures

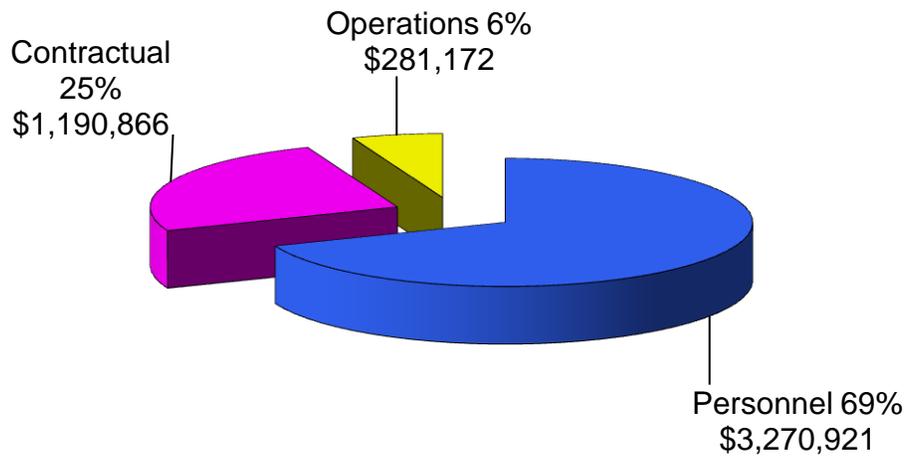


## 2009 ANNUAL REPORT FINANCIAL SUMMARIES (unaudited)

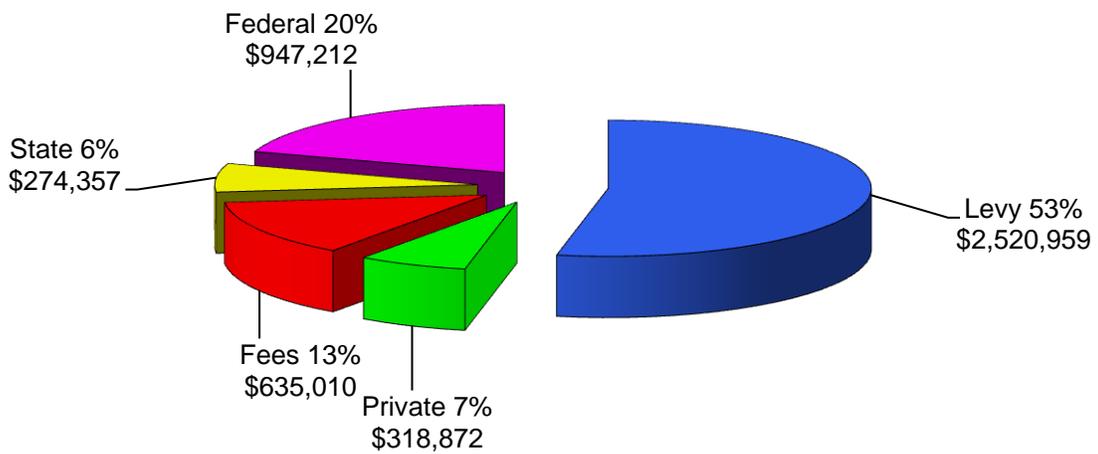
<u>LEVY FUNDED</u>	Budgeted <u>Levy</u>	Actual <u>Levy</u>	Budgeted <u>Revenue</u>	Actual <u>Revenue</u>
General Public Health	\$1,604,308	\$1,563,219	\$24,550	\$40,475
Environmental Permits/Licensing	\$76,452	\$62,178	\$358,483	\$367,258
Laboratory	\$	\$9,963	\$98,168	\$78,854
Start Right	\$885,995	\$885,995	\$100,000	\$100,000
Internal Lead Grant	\$66,500	\$711	\$	\$
Total Levy Funded	\$2,633,255	\$2,522,066	\$581,201	\$586,587
<b><u>PROGRAMS FUNDED FROM OTHER SOURCES</u></b>				
<b>Regional Programs</b>				
Children & Youth with Special Health Care Needs	\$182,071			
Regional Public Health Preparedness (NWC)	\$306,218			
Total Regional Programs		\$488,289		
<b>Family Health/Communicable Disease</b>				
Immunizations & Vaccinations (2)	\$24,763			
Local Children & Youth with Special Health Care Needs (2)	\$11,841			
Maternal/Child Health (2)	\$55,760			
Pandemic Influenza	\$8,356			
Prenatal Care Coordination (5)	\$85,684			
Prevention of Child Abuse and Neglect (POCAN)	\$157,566			
Targeted Case Management	\$26,910			
Tuberculosis (3)	\$37,155			
Total Family Health/Communicable Disease		\$408,035		
<b>Environmental Health</b>				
Hazardous Waste (2)	\$48,413			
Lead	\$7,441			
Mercury/DNR (2)	\$7,737			
Radon (2)	\$21,666			
Total Environmental Health		\$85,257		
<b>Chronic Disease Prevention</b>				
Alcohol (2)	\$83,369			
Asthma (3)	\$12,802			
Healthy Eating, Active Living (5)	\$158,298			
Hearing & Vision Screening	\$26,832			
Injury Prevention (2)	\$4,824			
Social Norms	\$220			
Suicide Prevention-Mental Health Association	\$13,325			
Tobacco Control Grants (4)	\$51,327			
WI Well Women's Program (2)	\$63,323			
Total Chronic Disease Prevention		\$414,320		
<b>Departmental</b>				
Local Public Health Preparedness (3)	\$234,086			
Public Health Accreditation	\$1,318			
Total Departmental		\$235,404		
<b>TOTAL PROGRAMS FUNDED FROM OTHER SOURCES</b>			\$1,631,305	
<b>TOTAL ALL FUNDS</b>				\$4,739,958
	<u>Total Funds</u>	<u>2008 Population Estimated</u>	<u>Per Capita Funds</u>	
Levy Funded	\$2,522,066	130962	\$19	
Non-Levy Funded	\$2,217,892	130962	\$17	
Total	\$4,739,958	130962	\$36	



## 2009 Expenditures



## 2009 Revenue Sources



## Marathon County Health Department Staff

**As Of December 31, 2009**

		<u>Yrs. Of</u>
Joan Theurer	Health Officer	3
Ruth Marx	Epidemiologist/Public Health Preparedness Coordinator	18
Season Welle	Accountant (P.T.)	2
<b>Chronic Disease Prevention Team</b>		
Judy Burrows	Director	17
Marla Hill	Public Health Nutritionist	1
Dorothy Kalmon	Health Educator	2
Amanda Myszka	Health Educator	3
Amanda Ostrowski	Health Educator	3
Edie Peterson	Vision/Hearing Screening Coordinator (P.T.)	5
Renee Trowbridge	Health Educator	9
<b>Environmental Health &amp; Safety Team</b>		
Dale Grosskurth	Director	9
Keith Baine	Environmental Public Health Sanitarian II	1.5
Lindsay Benaszkeski	Environmental Health/Lab Technician (P.T.)	3
Jackie Bethel	Environmental Public Health Sanitarian II	29
Sara Brown	Environmental Public Health Sanitarian II	8
Cheryl Fay	Environmental Health/Lab Technician	<1
Kristal Knapp	Environmental Public Health Sanitarian II	34
Russell Mech	Environmental Public Health Sanitarian II	13
John Schlicher	Hazardous Waste Coordinator	10
Michelle Schwoch	Environmental Public Health Sanitarian II (P.T.)	11
<b>Family Health &amp; Communicable Disease Control Team</b>		
Vacant	Director	
Heather Busig	Public Health Nurse	3
Vicki Chrapkowski	Public Health Nurse	16
Mary Hackel	Public Health Nurse	7
Jennifer Juneau	Public Health Nurse (P.T.)	1
Jean Kaatz	Public Health Nurse	26
Carol Capelle Mills	Public Health Nurse (P.T.)	15
Rebecca Mroczenski	Public Health Nurse	2
Ann Peters	Public Health Nurse	9
Tiffany Pietrowski	Public Health Nurse (P.T.)	8
Carrie Sickler	Public Health Nurse (P.T.)	5
Peggy Stalheim	Public Health Nurse (P.T.)	12
Susan Weith	Public Health Nurse (P.T.)	7
Chelsea Woller	Public Health Nurse (P.T.)	1
Colleen Yaatenen	Public Health Nurse (P.T.)	9
<b>Administrative Support Team</b>		
Carol Roberts	Confidential Administrative Specialist	16
Nancy Anderson	Clerical Assistant II (P.T.)	5
Bonita Buchberger	Clerical Assistant II	39
Pang Moua	Bilingual Health Aide	12
Renee Oakes	Clerical Assistant II	5
Patti Poverski	Clerical Assistant II	20
Janet Werner	Clerical Assistant II	30
John Kasten	Senior Aide	5
Carolyn Samson	Senior Aide	1
<b>Northwoods Public Health Preparedness Consortium</b>		
Julie Hladky	Program Manager (P.T.)	6
Tony Omernik	Health Educator	<1
Chris Dobbe	Epidemiologist	5
<b>Northern Region Center For Children &amp; Youth With Special Health Care Needs</b>		
Julia Stavran	Program Manager	22
Celena Wanca-Netzow	Community Health Worker (P.T.)	1



## Vision

Create and support environments and policies where people can make healthy choices and the public's health is protected.

## Mission Statement

To link and empower individuals, families, and systems to promote health, prevent disease, and protect the environment, thereby strengthening our communities.

## Core Values

**SERVICE** is *responsively delivering on our commitments to all of our internal and external customers.*

We know we are living the core value of *SERVICE* when we:

- ◆ Design and provide services based upon individual customer needs and feedback.
- ◆ Commit to being accessible by being flexible and available.
- ◆ Communicate respect for the community, our customers, partners, and co-workers through positive and professional attitude and appearance.
- ◆ Respect time commitments, are prepared for meetings, and meet deadlines. Respond to phone calls, e-mail, and correspondence in a timely manner.
- ◆ Build a strong organizational culture that improves organizational performance.

**INTEGRITY** is *honesty, openness, and demonstrating mutual respect and trust in others.*

We know we are living the core value of *INTEGRITY* when we:

- ◆ Communicate openly and honestly and listen without personal bias or prejudice.
- ◆ Treat each other and the public with respect and fairness.
- ◆ Model a focused and productive work ethic.
- ◆ Conduct ourselves in a manner that reflects well on the department.
- ◆ Protect confidentiality.
- ◆ Comply with our professional code of ethics, *Principles of the Ethical Practice of Public Health.*



**QUALITY** *is providing public services that are reflective of “best practices” in the field.*

We know we are living the core value of *QUALITY* when we:

- ◆ Define clear targets of success within our department and with community groups.
- ◆ Evaluate the impact of our services and adapt our practice based on analysis of our performance indicators and feedback from our customers, partners, and staff.
- ◆ Commit to best practice by using national standards to systematically improve and implement our departmental standards (protocols, procedures, and policies) and program plans.
- ◆ Seek opportunities for continuous learning for ourselves and support others in doing the same.
- ◆ Commit together to building and maintaining excellence in all that we do.

**DIVERSITY** *is actively welcoming and valuing people with different perspectives and experiences.*

We know we are living the core value of *DIVERSITY* when we:

- ◆ Strive for a diverse workforce by recruiting, hiring, and retaining people with a variety of circumstances and abilities...
- ◆ Take responsibility to know and understand other people’s perspectives and cultures through interaction with diverse groups and continuing education.
- ◆ Honor each individual’s worthiness and respect each other’s beliefs, values, and viewpoints.
- ◆ Customize our services to meet individual needs.
- ◆ Provide information about our services to the entire community.

**SHARED PURPOSE** *is functioning as a team to attain our organizational goals and working collaboratively with our policy makers, departments, employees, and customers.*

We know we are living the core value of *SHARED PURPOSE* when we:

- ◆ Support the success of others and commit to the success of all.
- ◆ Make decisions about our services based on community need and input.
- ◆ Seek opportunities to work with community partners to address community health issues.
- ◆ Contribute our individual expertise to the department to attain our organizational goals.
- ◆ Solve problems in a way that builds good relationships to achieve our common outcomes.

**STEWARDSHIP OF RESOURCES** *is conserving the human, natural, cultural, and financial resources for current and future generations.*

We know we are living the core value of *STEWARDSHIP OF RESOURCES* when we:

- ◆ Invest in our employees by promoting a positive and safe work environment.
- ◆ Utilize our time, money, technology, material resources, and people in the most cost effective manner to maximize their value and reduce waste.
- ◆ Acknowledge that our public health goals are achieved in collaboration with the contributions of our community partners and citizens.
- ◆ Seek diverse and sustainable funding to assure continued services.
- ◆ Strive to be practical and optimistic in performing our work and deciding on our daily priorities.



## What Do We Do?

Create healthy communities by preventing disease and injury (preventable illness, disability, and death). When you think of public health, think of the three Ps:

**Population** – Our client is the entire people who live, work, and play here and the communities that make up Marathon County.

**Prevention** – Our focus is on preventing disease and injury.

**Partners** – Our public health system is made up of the health department along with our partners that include, but are not limited to, health care, education, human services, law enforcement, community based organizations, business, government, etc.

The “health” of a community is measured in terms of mortality (length of life) and morbidity (quality of life).

## How Do We Measure the “Health” of a Community?

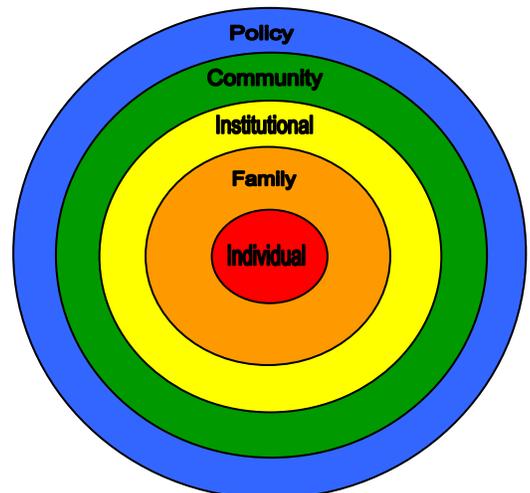
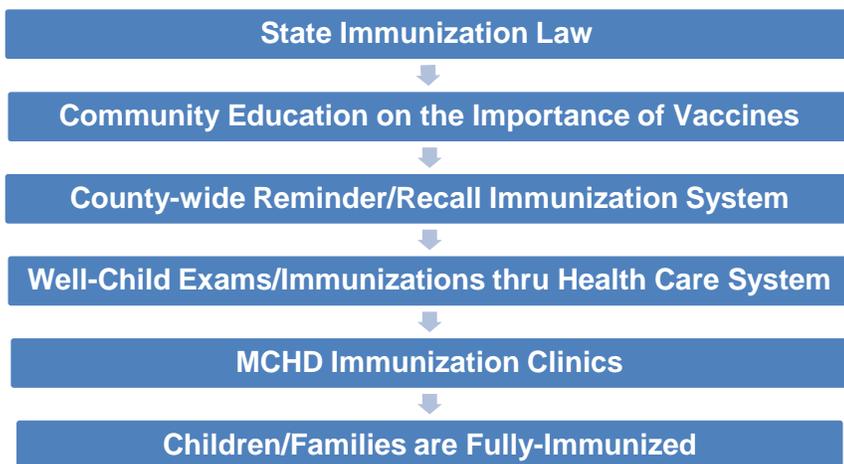
Factors that influence the health of a community include:

- Individual health behaviors
- Social and physical environment
- Health care and public health system

## How Do We Work?

To create “healthy” communities within Marathon County, the health department, with our partners, intervenes at all levels: individual, family, institutions, community, and policy levels.

### Program example: Immunization



## How is the Health Department Organized?

The Marathon County Health Department is organized into three program divisions:

- Chronic Disease Prevention
- Environmental Health and Safety
- Family Health and Communicable Disease Control

In addition, the Health Department is the fiscal agent for two regional programs:

- Northwoods Public Health Preparedness Consortium
- Children & Youth with Special Health Care Needs.

By state statute, there are five required services of all local health departments:

1. Communicable disease surveillance, prevention, and control
2. Generalized public health nursing program
3. Health promotion
4. Disease prevention
5. Human health hazard prevention and control

Also required: Full-time Health Officer and a Board of Health

In addition, local health departments are designated as a level 1, 2, or 3 health department. The state provides financial incentives to be a level 3 health department. Marathon County Health Department is level 3; therefore it shall provide or arrange for at least 14 programs and services that address at least 7 health priorities in the current state health plan and provide for an environmental health program.

## How is the Work of the Health Department Financed?

The health department budget for 2009 is approximately 4.7 million dollars, of which 53% (2.5 million) is local tax levy. 47% is a mix of federal funds allocated for local and regional work, fees, state grants, and private/foundation funds.



## Marathon County Demographics

<b>2009 Population (Est.)</b>	<b>131,612</b>	
<b>2008 Population (Est.)</b>	<b>130,962</b>	
<b>Gender (2008)</b>		
Male	65,611	50.1%
Female	65,350	49.9%
<b>Age (2008)</b>		
5 to 18 years	8,120	6.2%
18 to 65 years	99,531	76.0%
65 years and older	17,680	13.5%
<b>Race &amp; Ethnicity (2008)</b>		
White	122,057	93.2%
African American	655	0.5%
American Indian	393	0.3%
Asian	6,155	4.7%
Other race	393	0.3%
Two or more races	1,179	.9%
Hispanic/Latino	1,703	1.3%
<b>Geography (2008)</b>		
Square Miles	1,584	
Population Density	82.7 persons/sq mile	
<b>Economics (2008)</b>		
Median Household Income	\$54,826	
Families Below Poverty Level		4.9%
Individuals Below Poverty Level		7.1%

