

Community Strengths:

Childhood Immunizations

Immunizations are measured at two years of age and Marathon County's rate in 2008 was that 82% of children were up to date on their immunizations.

Indicator 18

Tobacco Use Declines

Tobacco use causes serious health issues and Wisconsin rates parallel the national rate at 18% in 2008. While this is progress, this issue is also a challenge and is included below.

Indicator 28

Availability and Quality of Health Care

Survey participants cited many positive elements of the community that contribute towards health, including high levels of satisfaction with the quality and accessibility of health care.

Survey Question: 15, list B 4 in appendix



Community Challenges:

Access to Affordable Health Care

The increase in the number of people indicating they didn't have health insurance was at a record high. A new survey question showed that 28% of families had some level of medical debt.

Indicators 22, 23

Alcohol Use and Abuse

There continues to be a high incidence of binge drinking at a rate of 26%. Wisconsin's rate of 49% of drinking among high school students was ranked #1 in the nation in 2007.

Indicators 27, 32

Healthy Lifestyles - Obesity, Oral Health, Tobacco

Making personal healthy lifestyle choices can increase life expectancy, lower health costs and improve quality of life.

Indicators 24, 28, 30

Mental Health and Suicide

There was a suicide rate of 19.2 in 2008, considerably higher than state and national rates.

Indicator 29



2009-2011 LIFE Report Experts:

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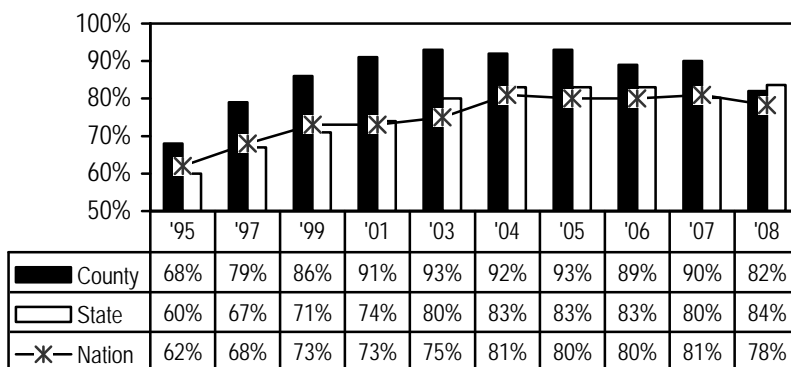


Immunizations protect the health of the entire community

Data Highlights

- Prior to 2006, immunization coverage was measured for all 24 to 35-month-old children in the county. Beginning in 2006, coverage has been measured at exactly two years of age.
- In 2008, the dip in the immunization rate reflects a shortage of the HIB vaccine. With the HIB vaccine excluded from the calculations, the county's immunization rate would be at the 90% target goal.

Children Up-To-Date on Immunizations



Supporting Data Highlights

- The Healthiest Wisconsin 2010 target goal for immunizations is 90% for each of the individual vaccines in the recommended series and 80% for the entire series.
- In Marathon County two immunization registries are used; RIECIN and Wisconsin Immunization Registry. These databases assist immunization providers and parents with timely reminders for children's vaccinations.
- In 2008, Montana had the lowest immunization rate at 65.5%. New Hampshire remains the highest at 85%.

Implications for Our Community

Children under two years old are especially vulnerable to vaccine-preventable diseases. Immunization helps dramatically reduce these diseases. In addition to those vaccinated, immunization helps protect the general public, particularly people unable to receive the immunization or those with compromised immune systems. Immunizations keep everyone in the community safer and healthier.

Deaths caused by vaccine-preventable diseases are rare in the United States, but the bacteria and viruses that cause them still exist, and these diseases are still common in other countries. In some areas of the United States, drops in immunization rates have allowed diseases like pertussis to re-emerge periodically, and remain public health threats.

The investment in immunizations is recouped in direct savings of medical costs. Additional indirect savings include lost work days for children's parents/caregivers, prevention of death, lost earnings and additional costs of vaccine-preventable disability further enhance the economic benefit of immunizations. Savings estimates per dollar spent on vaccines vary by vaccine, ranging from \$2 for the Hib vaccine to \$24 for the Diphtheria/Tetanus/Pertussis vaccine.

The recommended schedule for a two-year-old child is four doses of the Diphtheria/Tetanus/Pertussis vaccine, three doses of Oral Polio vaccine, one dose of the Mumps/Measles/Rubella vaccine, three doses of Hepatitis B and three doses of Haemophilus influenza (HIB). This vaccine series is also known as 4:3:1:3:3, the number of each of the recommended immunizations.

In 2008, 82% of Marathon County children who turned two years of age were up-to-date on their immunizations. The immunization rate dropped in 2008 due to shortage of the Hib vaccine. Had the Hib vaccine been available, Marathon County's immunization rate would have met the nationwide Healthy People 2010 goal of 90%.

Sources

Marathon County Health Department:
www.healthymarathoncounty.org
 Report: Community Health Assessment 2006-2010

Marathon County Health Dept
<http://www.co.marathon.wi.us/is/hld/pdf/2008mchdannualreport.pdf>

Report: 2008 Health Department Annual Report., p. 10, 11

CDC

www.cdc.gov

Report: Estimated Vaccination Coverage

For more information – see appendix

Healthy People 2010

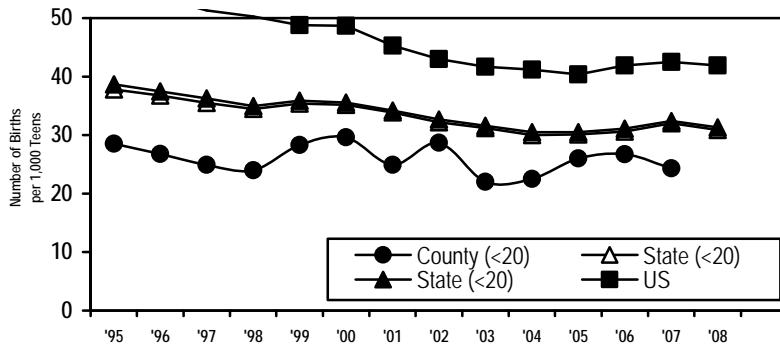
<http://www.healthypeople.gov/>

Healthiest Wisconsin 2010

<http://dhs.wisconsin.gov/statehealthplan/hw2010/index.htm>

County's teenage birth rate remains lower than the state (mothers under age of 20)

Teenage Birth Rate per 1,000



Note: National information for 2008 is not published.
Detailed 2008 County data not available at this time.

Number of Births to Teens in Marathon County							
	'98	'00	'02	'04	'06	'07	'08
Age 18-19	89	114	97	86	97	91	87
Age 15-17	31	26	39	20	29	20	29
Under Age 15	0	1	1	1	0	1	1
Total	120	141	137	107	126	112	117

Data Highlights

- In 2007, the county teen birth rate of 24.3 (per 1,000) was 24% lower than the state rate of 32.0 and 42.8% less than the national rate of 42.5 for 2007
- In 2007, the county birth rate for teens aged 15-17 was 7.58 (per 1,000), this is 28% less than the Wisconsin rate of 16.7, and 34% lower than the county's 2006 rate of 11.5 for that age group.
- In 2008, 7.0% of all county births were to teenage mothers accounting for 117 of the 1,683 county births.
- 6% of the 2007 births in Marathon County were to women under the age of 20.
- Six of the 117 births to teen mothers, or - 5.1%, were low birth weight babies in 2008.

Implications for Our Community

More health risks are associated with teenage births than births by adults. A baby born to a first-time teenage mother is 50% more likely to be born premature than a child born to a first-time mother aged 20 to 21. Such low birth weight babies suffer 40 times more serious health risks than babies over 5.5 pounds. The health consequences of low birth weight continue as the children age.

The stability of the emotional health of a child born to a teenage mother is at high risk as well. Socio-economic problems and cognitive deficits are more likely to occur in babies born to teenage mothers due to their lack of preparedness for parenting. The age of the mother is directly related to the frequency of "indicated cases" of child abuse or neglect as well as frequency of foster care placement. These children begin kindergarten with lower levels of school readiness and consistently score lower on cognitive development tests than those of older mothers. In following school years, they are less likely to be perceived by teachers as performing favorably and have a higher high school dropout rate than children born to mothers aged 20 to 21.

Teenage mothers themselves face a host of additional difficulties. During the perinatal period they are at higher risk of depression. And there is growing evidence they bear a greater risk for domestic violence. Less than four of ten teenagers who become mothers before the age of 18 finish high school. This results in greater difficulty achieving economic independence.

While Marathon County's teen birth rate remains below that of the state and less than the nation by more than 10 births per 1,000, the goal is to encourage postponement of childbirth until later in life, when parents are physically, emotionally, and financially able to support the raising of a child.

Supporting Data Highlights

- In 2008, 36 of the new teenaged mothers in Marathon County, or 22%, accepted family visitor service offered by Start Right.

Sources

Marathon County Health Department:
www.healthymarathoncounty.org
Report: Marathon County Community Health Assessment 2006-2010

Marathon County Health Department:
www.co.marathon.wi.us
Report: Health Department 2008 Annual Report

Wisconsin Department of Health
www.dhfs.state.wi.us
Reports: Births to Teens in Wisconsin, 2007, Wisconsin Births & Infant Deaths

Wisconsin Interactive Statistics on Health (WISH)
<http://dhs.wisconsin.gov/wish>

For more information – see appendix

Indicator 20 Low Birth Weight Babies

Mothers under age 19 at the greatest risk of having low birth weight babies

Data Highlights

- Low birth weight babies are those weighing less than 5.5 pounds (2,500 grams) at birth.
- In 2008, 101 low birth weight babies were born in Marathon County, 6.0% of the 1,683 total births. In Wisconsin, 7%, or 5,051 of the babies born, were low birth weight.
- In 2007, 9.7% of mothers less than 19 years of age in Wisconsin delivered low birth weight babies as compared to 6.74% of mothers 20 and older.
- Wisconsin's Healthy People 2010 goal is to achieve a low birth weight rate of no more than 5% of live births, a goal set by the U.S. Department of Health and Human Services.
- The percentage of low birth weight births in Marathon County has been consistently lower than the state and nation.

Supporting Data Highlights

- Since 1985, the percentage of low birth weight babies born in Wisconsin has been approximately 1% lower than the national rate.

Sources

Marathon County Health Department
www.healthymarathoncounty.org

Report: Marathon County Community Health Assessment 2008

Wisconsin Department of Health
www.dhfs.state.wi.us

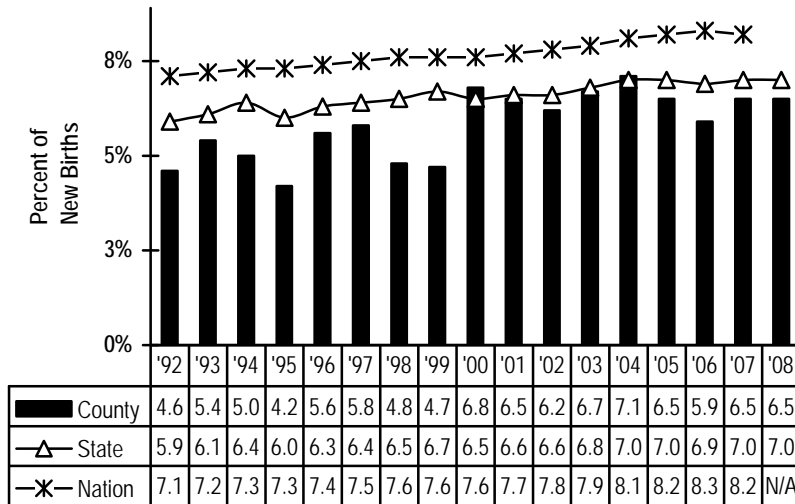
Report: Wisconsin Births and Infant Deaths, 2007

For more information – see appendix

March of Dimes

www.marchofdimes.com/peri_stats

Low Birth Weight Babies



National data for '07 is an estimate. National data is unavailable for '08.

Implications for Our Community

Low birth weight infants face increased health risks, including chronic lung disease, respiratory illness, vision and hearing problems, and neuro-developmental impairments that can lead to disabilities. Such risk factors are 40 times higher for low birth weight babies than for those of normal weight. Financially, the small proportion of low birth weight babies of total births account for more than one-third of all dollars spent on health care for infants. The health consequences and the financial consequences of low birth weight can continue into adulthood in the form of higher incidences of hypertension, diabetes, and heart disease.

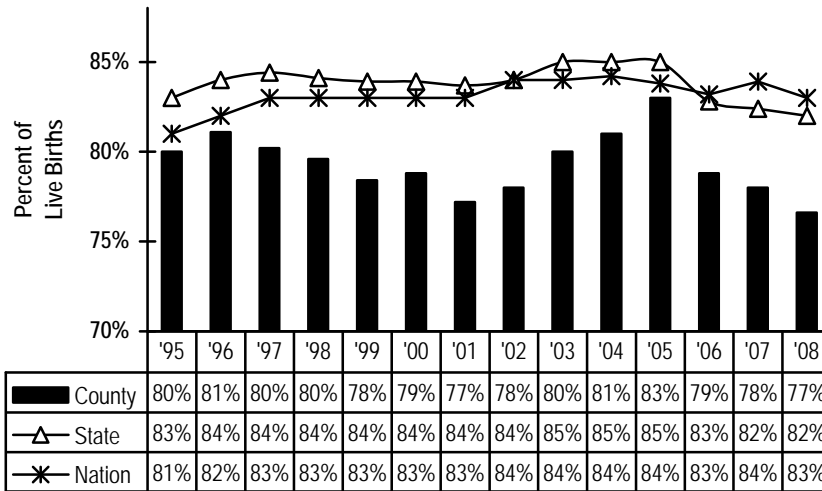
Most of the known risk factors for low birth weight begin long before a pregnancy occurs. Smoking, drug and alcohol abuse, stress associated with low socio-economic status, and exposure to environmental toxins and hazards are examples of low birth weight risk factors. Poor maternal health, inadequate maternal weight gain, diabetes, hypertension, periodontal disease and other infections also contribute to low birth weight. Racial and ethnic differences, as well as the age of the mother and gestation age are also contributors. Low birth weight can be reduced by early prenatal care that includes medical, nutritional, and supportive services.

Some of the increase in low birth weight rates is a result of new technology and a corresponding decline in infant mortality. Medical technology has enabled many tiny, sickly babies who would have died years ago, to survive. In addition, the expanded use of fertility-enhancing drugs has increased the number of multiple births (twins and triplets) who tend to weigh less than 5.5 pounds at birth.

Marathon County first trimester prenatal care rate lower than national average

Mothers Receiving First Trimester Prenatal Care

Data Highlights



Note: Detailed Marathon County statistics for 2008 are not available.

Implications for Our Community

Prenatal care that begins in the first trimester of pregnancy increases the chances of a healthy birth and a healthy baby. When care is delayed, or not received at all, the quality of life for the mother and child is put at risk.

Early prenatal care helps to identify medical conditions, lifestyle factors, and environmental hazards that put a mother and her baby at risk. If these risks are not identified, they can cause numerous problems including low birth weight, birth defects, and infant death.

Once risks are identified through prenatal care, early intervention programs can begin to help increase the chance that babies are born healthy. In addition to increasing the health of mothers and babies, prenatal care has also proven to be cost effective. It is every health care provider's responsibility to stress the importance of care in the first trimester.

Studies identify the mother's age, income, race, and marital status as factors that influence the likelihood that she will seek timely prenatal care.

To ensure all is being done to provide for a healthy birth, prenatal care must continue throughout the pregnancy. Health care providers recommend that for care to be adequate, women must have at least nine visits throughout a full term 40-week pregnancy.

- The national and state goal is to have at least 90% of pregnant women receiving prenatal care during the first trimester. In the past 10 years, Marathon County has been below the goal and below national and state averages.
- In 2008, 14% of mothers giving birth in Wisconsin smoked during pregnancy, while almost 23% of those aged 18-19 smoked. The 2008, state rate of 14% has fallen from 18% in 1996. The national and state goal is to have less than 1% of mothers who smoke during pregnancy.
- In 2008, 45 mothers (2%) in Marathon County waited until the third trimester for their first prenatal care. In 2008, four received no prenatal care.

Supporting Data Highlights

- In 2007, 47% of Laotian/Hmong residents of Marathon County obtained first trimester care.
- In 2007, there were no teenaged mothers who did not receive prenatal care in Marathon County.

Sources

Marathon County Health Department
www.healthymarathoncounty.org
 Report: Marathon County Community Health Assessment 2006-2010
 Marathon County Health Department:
www.co.marathon.wi.us
 Report: Marathon County Health Department 2008 Annual Report
 Wisconsin Department of Health
www.dhfs.state.wi.us

For more information – see appendix

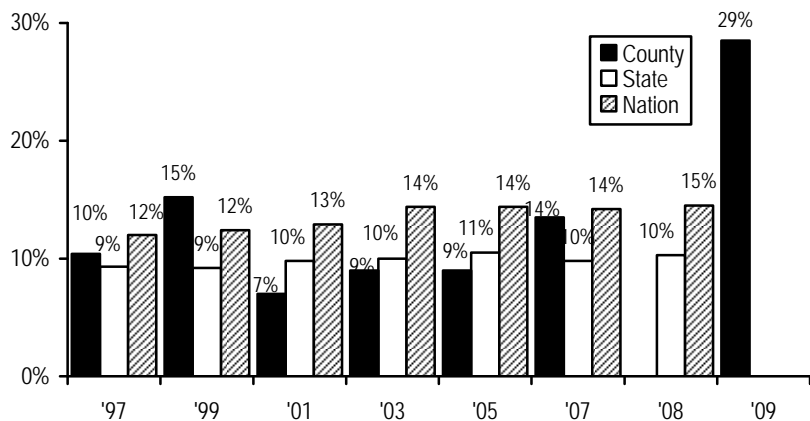
Indicator 22 Health Insurance Coverage

Early access to medical treatment minimizes total treatment cost

Data Highlights

- The 2009 LIFE Community Survey asked the 29% of respondents that indicated they didn't have insurance for part or all of the previous year, "What was the most important reason why?"
 - 10.6% Employer doesn't offer
 - 54.3% Can't afford/too costly
 - 3.7% Chose not to have it
 - 23.9% Not working
 - 7.5% Indicated they were self insured
- The 2009 LIFE Community Survey continued to ask this question, "Was there a time in the past 12 months when you or someone in your family/household needed to see a doctor/medical provider but did not because of cost?"
 - 14.8% Yes
 - 42.1% No
 - 1.0% Don't Know / Not Sure

Survey Respondents Without Health Insurance all or part of the year



Note: County data presented is from the LIFE Community Survey.

Implications for Our Community

Health insurance coverage is the primary determinant of health care access. Uninsured and those with significant out-of-pocket expenses, are less likely to have preventative or routine health visits. Timely access to health care allows patients to moderate acute conditions, prevent illness, and manage chronic conditions, thereby reducing complications. Health problems are more costly to treat if access to health care is delayed.

Data from the CDC's National Health Insurance Survey indicates that 18.7% of all Americans were uninsured for at least part of 2008. In Marathon County, 8.4% of residents are uninsured by either public or private health programs.

Of those under age 65, 14.6% of adults and 5.6% of children were uninsured for more than one year, thereby likely not seeking routine or preventative care. The percentage of Americans under age 65 covered by private insurance has declined from 72% in 1998 to 65.4% in 2008. The percentage of those insured via public coverage increased from 13.6% in 1998 to 19.3% in 2008. Across the nation, the number of children under 18 who are uninsured has gone down from 12.9% in 1997 to 9.8% in the first quarter of 2009. The percentage of children enrolled in public insurance programs has increased from 20.0% in 1998 to 34.2% in 2008.

In 1999, the State of Wisconsin began offering Badger Care as a health care option for children and parents in uninsured families with incomes below 185% of the federal poverty level. The program is now open to more self employed and farm families. Badger Care + expanded its scope in 2009 to provide access to basic health care services for long-term uninsured low income adults without dependents.

Supporting Data Highlights

- In 2008, 6.5% of Americans did not obtain needed medical care due to cost.

Sources

LIFE Community Survey

Question 4, Refer to Appendix

Kaiser State Health Facts

www.statehealthfacts.org

Wisconsin Department of Health

www.dhfs.state.wi.us

Report: Behavioral Risk Factor State Survey

Badger Care+

<http://dhs.wisconsin.gov/badgercareplus/index.htm>

Wisconsin State Health Plan 2010

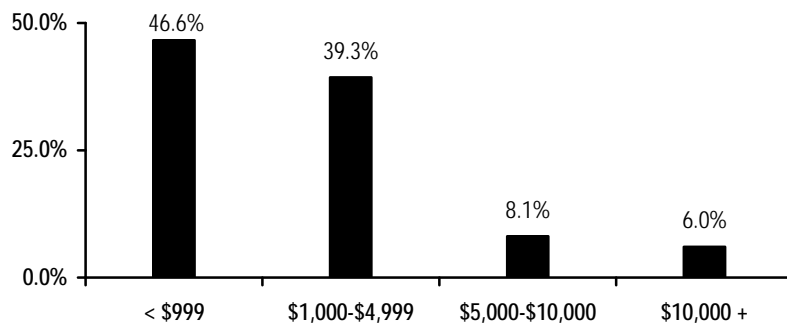
Tracking Health Conditions

<http://dhs.wisconsin.gov/statehealthplan/conditions/index.htm>

For more information – see appendix

Medical Debt is increasing across all income levels

Marathon County Medical Debt - 2009



Note: Results are based on the LIFE Community Survey

Implications for Our Community

In an increasingly complex economic environment, the level of medical debt experienced by families has become an indicator of the families' ability to seek appropriate medical care and of their financial health and security. The questions regarding medical debt were added to the LIFE Report in 2009 to highlight and begin tracking this issue in Marathon County.

The increasing shared costs for health insurance coverage contributes to the growth of medical debt. Shared costs take the form of increased premiums, deductibles, and co-pays. The cost of insurance premiums alone rose at three times the rate of wages from 2000 thru 2008 while deductibles and co-pays have also increased adding to the financial burden.

A June 2009 survey, conducted by the Kaiser Foundation, reported that a quarter of the respondents had issues paying medical bills. In the same survey, over 50% of respondents had either delayed, reduced, or did not seek needed health care because of cost.

People, in an attempt to pay their medical debts, are changing their lifestyles, but often are unable to pay for basic needs. Even among those with insurance, many exhaust their life savings and take additional loans against their homes to pay these debts. Credit cards are increasingly used to cover medical debt with the average credit card indebtedness of those with medical debt approximately \$4,000 greater than for those without.

One reflection on the strain of medical debt on families is the increase in the number of bankruptcies in which medical debt was listed as a primary cause for filing. In 2001, 46.2% of bankruptcies were due to medical debt. In 2008, 62.1% of bankruptcies were listed as medical, a 49.6% increase in 7 years. The increase in this cause for bankruptcies becomes all the more significant when considering in this same time frame, bankruptcy laws have become more stringent. In addition, current economic conditions are positioned to increase financial pressures on families. The burden of medical debt is becoming a greater stressor on families' financial security and on their ability to secure timely medical treatment.

Data Highlights

- The 2009 LIFE Community Survey added this question to the survey, "Does your family/household have medical debt?"
 - 28% Yes
 - 72% No
- The 2009 LIFE Community Survey asked each respondent that indicated they had medical debt what their debt level was.
 - 46.6% \$999 or less
 - 39.3% \$1,000 - \$4,999
 - 8.1% \$5,000 - \$10,000
 - 6.0% \$10,000 +

Supporting Data Highlights

- From 2000 thru 2008 the cumulative increase in insurance premiums nationally was 119% while wages increased by 34%.
- The percentage of companies nationwide offering health coverage to their employees declined from 69% to 63% in the period from 2000 to 2008.
- Nationally, in 2007, 33% of adults age 19-64 indicated they spent 10% or more of their income on health insurance and care, up from 21% in that age group in 2001.
- Nationally, in 2007, 48.9 million people age 19 to 64 reported medical debt being paid off over time.

Sources

LIFE Community Survey
 Question 8. and 8a., Refer to Appendix

The Henry J. Kaiser Foundation
<http://www.kff.org/healthreform/upload/7951.pdf>
 Report: Focus on Health Reform

The American Journal of Medicine
<http://download.journals.elsevierhealth.com/pdfs/journals/0002-9343/PIIS0002934309004045.pdf>
 Report: Medical Bankruptcy in the United States, 2007: Results of a National Study

For more information – see appendix

Indicator 24 Oral Health

Lack of dental insurance is a primary indicator for a lack of dental care

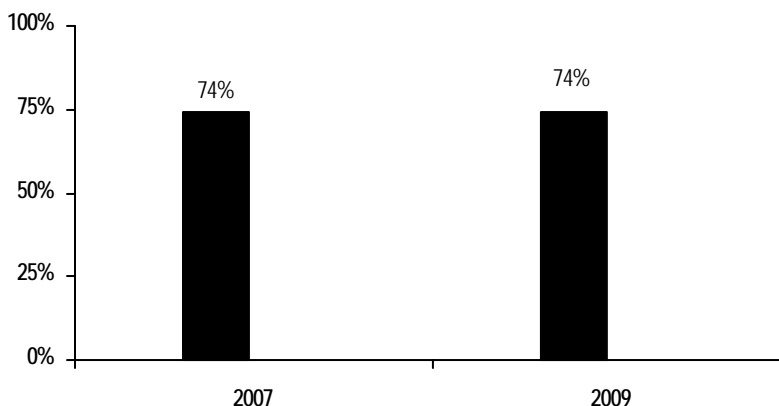
Data Highlights

- The 2009 LIFE Community Survey asked, "If you needed dental care, were you able to get it?"

Yes	86.4%
No	11.0%
Not sure	2.7%
- The 2009 LIFE Community Survey also asked each respondent that indicated "No", "Why not?"

Can't afford	38.3%
No dental insurance	39.6%
Won't accept insurance	2.1%
No transportation	3.8%
Other	6.0%

Marathon County - Dental Care in Last Year



Note: Results are based on the LIFE Community Survey

Implications for Our Community

Oral health is a critical factor in the total health and socio-emotional well being of a person. Like healthcare, lack of insurance for dental care often limits access for preventive, as well as problem-focused care. For every adult over 19 without health care insurance there are three without dental insurance.

Poor dental care enables the mouth to be a portal for infection into the rest of the body. Dental cavities are the most common oral infections. Clear relationships exist between chronic oral infections and systemic conditions like diabetes. Associations have been identified between poor oral health and heart and lung disease, as well as low birth weight and premature births. Additional studies are being undertaken.

First dental exams are recommended for children by age 2. However, in 2000 the Surgeon General reported that 25% of children entering kindergarten had not had a dental visit. Poor oral health in children has been shown to reduce their attention in school and increase the number of missed school days. Early dental hygiene including cleanings, fluoride varnishes, and sealants protect children's primary teeth and are critical in the proper formation of adult teeth.

For public dental insurance clients, access to dental care is complicated by a limited number of dentists accepting those plans. In Marathon County, only 24.8% of those on Medicaid have received dental services in the past year, versus 23.3% statewide. Marathon County has only one provider accepting Medicaid, and one other providing preventive care at reduced rates for qualifying plans.

Supporting Data Highlights

- In 2007, 33% of those who were uninsured had a dental exam in the past year compared to 72% of those who were insured.

Sources

LIFE Community Survey

Questions 6 and 7, Refer to Appendix

University of Wisconsin Population Health Institute

<http://uwphi.pophealth.wisc.edu>

Report: Wisconsin County Health Rankings

Forward Health

<https://www.forwardhealth.wi.gov>

Report: Dental Utilization Data by Year

Centers for Disease Control

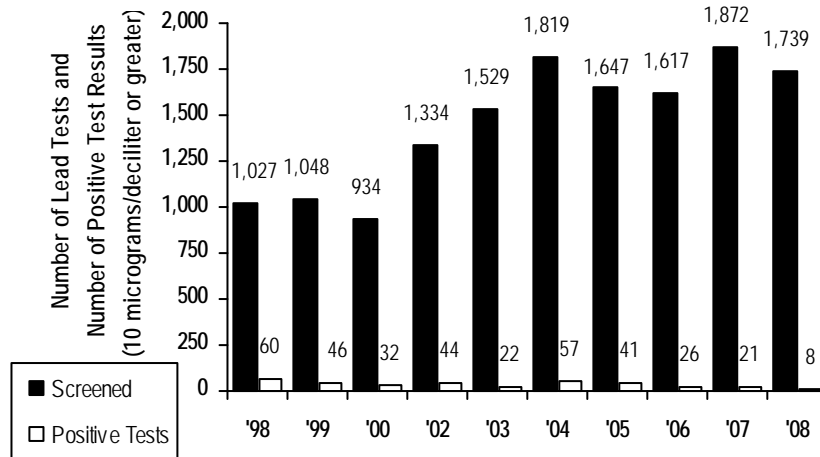
<http://www.cdc.gov/nchs/nhis.htm>

Report: Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2007

For more information – see appendix

Pre-1950 housing increases risk of lead poisoning for children

Marathon County Children Screened for Lead Poisoning



Data Highlights

- In 2008, eight children, or 0.46% of children age 6 or under screened for lead poisoning in Marathon County tested positive with elevated levels of 10 micrograms per deciliter or greater. In 2006, 1.6% of the children screened tested positive, while in 1997, 6.7% tested positive.
- The data presented here reflects all blood lead testing, including children tested for the first time and those previously tested who did or did not have elevated blood lead levels. The number of positive tests represents individual lead-poisoned children.

Implications for Our Community

Elevated amounts of lead in a child's body can cause serious damage to vital organs. If not detected, elevated blood lead levels impact the child's brain and nervous system, and the formation of blood, kidneys, and bone development. At very high levels, lead exposure can cause seizures, coma, and death. Even low levels of lead can slow down a child's normal development, and cause learning and behavioral problems.

In adults, elevated amounts of lead can cause fertility issues, neurological damage, and memory problems. Lead exposure to a child may occur during pregnancy and breastfeeding.

There are many sources of child lead poisoning and nearly all of them are preventable. Lead poisoning occurs when children swallow or inhale an amount of lead that causes the level of lead in the blood to reach or exceed ten micrograms per deciliter of blood.

Environmental and socio-economic factors contribute to lead poisoning. The primary environmental factors are children living in poorly maintained houses built prior to 1950, or in housing built prior to 1978 undergoing recent or ongoing renovation. Children living in these homes are at higher risk due to paint chips and dust from painted surfaces. In Marathon County and the State of Wisconsin, 31% of the housing is pre-1950 vintage. This is a high rate when compared with some Wisconsin counties with as little as 8.2% pre-1950 housing stock. Low-income families tend to live in older housing.

Children can also be exposed to lead from soil, air, dust, food, drinking water, hobbies, parental occupations, and products, including toys. The risk to children is a result of lead dust and chips being ingested through normal hand-to-mouth activity.

It is highly recommended that children under the age of six be assessed for lead exposure at least once a year. Blood lead screenings are performed at health clinics, family physician or pediatrician offices, and public health departments. Lead screenings are not conducted randomly, but instead occur as a result of self-selection on behalf of a parent or the referral of a health care professional.

Supporting Data Highlights

- In 2000, 7.5% of Wisconsin children under the age of 6 tested for lead poisoning had positive blood lead tests. In 2008, that figure was reduced to 2.2%. Marathon County's results of 0.46% positive blood lead tests compare favorably.
- Marathon County ranks 35th in the state for positive lead poisoning results.

Sources

Marathon County Health Dept

www.co.marathon.wi.us

Report: Community Health Assessment 2006-2010

Wisconsin Department of Health

www.dhfs.state.wi.us

Tracking the State Health Plan, 2010

http://dhs.wisconsin.gov/lead/doc/Chap7_Screen.pdf

Report: Screening and Diagnosis of Childhood Lead Poisoning

www.dhs.wisconsin.gov/statehealthplan/t_rack2010

For more information – see appendix

Marathon County prepared to minimize the impact of H1N1 influenza

Data Highlights

- Chlamydia trachomatis remains the highest reported STD infection in Marathon County. In 2008, 256 cases, or a rate of 196 per 100,000 residents were reported, while the state rate was 371. From 1999 to 2008 the county rate increased 26%, while the state rate increased 30%.
- Reported cases of Lyme disease in Marathon County were 7 in 2000 and 171 in 2008. This is a rate change of 5.7 in 2000 to 130.6 in 2008 (per 100,000 county residents). The comparable 2008 state and national rates were 26.5 and 9.4 per 100,000.
- Local data is not yet available for new communicable diseases such as H1N1 and MRSA, and re-emerging communicable diseases such as West Nile, Monkey Pox, and SARS.

Marathon County Reported Communicable Disease Cases

	'97	'98	'99	'01	'02	'03	'04	'05	'06	'07	'08
Chlamydia	142	227	189	233	264	282	284	246	285	231	256
Gonorrhea	6		16	36	58	59	35	35	42	24	24
HIV Infection	0		4	7	3	0	4	4	4	2	4
AIDS (new cases)	0		6	1	2	2	0	2	4	0	3
TOTAL STDs	189		266	326	363	401	396	349	406	332	283
Tuberculosis	NA	NA	3	0	1	0	8	4	1	1	1
Lyme	NA	20	NA	8	42	72	63	73	111	93	171
Hepatitis C	NA	NA	NA	5	27	48	34	40	42	37	35
Blastomycosis	NA	NA	NA	10	6	7	2	11	47	14	26
TOTAL	NA	20	3	23	66	127	107	120	201	145	233
Pertussis	-	-	-	-	-	-	37	35	4	16	23
Mumps	-	-	-	-	-	-	0	0	50	6	0
Haemophilus (HIB)	-	-	-	-	-	-	0	0	1	1	2
Varicella	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6
Others (Measles, Rubella, Tetanus, Diphtheria, Polio)	-	-	-	-	-	-	0	0	0	0	0
TOTAL	-	-	-	-	-	-	37	35	55	23	31

Supporting Data Highlights

- Hand washing remains the single most effective way to prevent the spread of many communicable diseases, including H1N1, MRSA, Strep, and the common cold.
- Reported STDs are most prevalent in the 15 to 19 and 20 to 24 age ranges.

Sources

Marathon County Health Dept

www.co.marathon.wi.us

Report: Marathon County Community Health Assessment 2006 to 2010

Marathon County Health Dept

<http://www.co.marathon.wi.us/is/hld/pdf/2008mchdannualreport.pdf>

Report: 2008 Marathon County Health Department Annual Report., p. 10

Wisconsin Department of Health

www.dhfs.state.wi.us

Reports: Sexually Transmitted Disease in Wisconsin 2008, Tracking the State Health Plan 2010

Implications for Our Community

Communicable diseases are contagious and typically spread to humans through insects, animals, food, and water, and continue to be significant health threats. Improvements in sanitation, vaccines, and the development of antibiotic and antiviral drugs have had a positive impact in reducing their spread.

Tuberculosis, Hepatitis, Sexually Transmitted Diseases (STDs), Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS) are among the communicable diseases of particular significance.

Nationally in 2007, the 1,108,374 cases of Chlamydia were the largest number ever reported to the CDC for any condition. Chlamydia and other diseases including Herpes, Syphilis and Gonorrhea spread through sexual contact can lead to infertility, complications during pregnancy, cancer, and death. Reported rates of STDs continue to climb.

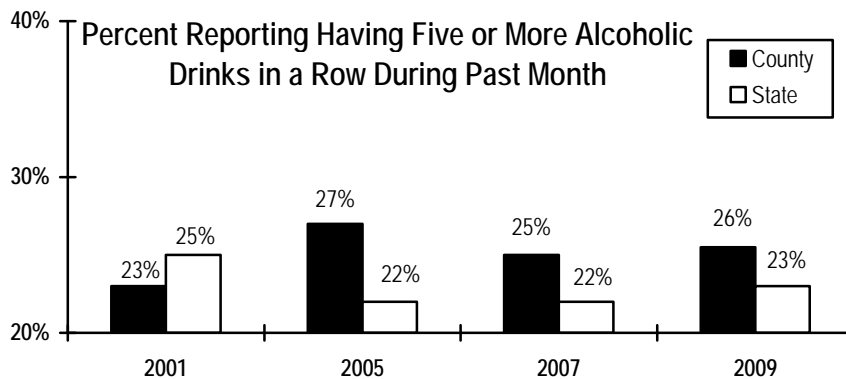
Higher reported incidences of Lyme disease and Blastomycosis in Marathon County reflect outdoor lifestyle activities. Reported cases of Lyme disease and Blastomycosis increased in 2006 when media coverage raised public awareness. Lyme disease reports continue to stay high and peaked again in 2008 with 171 reported cases.

Currently we are experiencing an influenza pandemic caused by the novel 2009 H1N1 influenza virus. The first cases in Marathon County were seen in May, 2009. In September 2009, H1N1 outbreaks in Wisconsin were classified as regional, while outbreaks in another 26 states were classified as widespread. In Marathon County, plans are in place to minimize the spread and impact of H1N1 utilizing immunization, education, and protocols for treatment and public safety that can be followed by institutions and Marathon County citizens alike.

For more information – see appendix

Alcohol use continues to be higher than state and nation

Alcohol Consumption – Marathon County



Note: Marathon County data is from the LIFE Community Survey.

Implications for Our Community

Alcohol abuse is the third major lifestyle-related cause of premature death and illness in the United States, including accidents, heart disease, cancer, and stroke. Frequent alcohol use often results in family violence, the mistreatment of children, and behavioral and psychological consequences.

Misuse of alcohol has a negative long-term effect on the health, economy, and overall quality of life in the community. The abuse of alcoholic beverages increases the likelihood of virtually all types of injuries. Adults and teenagers killed in motor vehicle crashes (as well as in drowning, falls, fires, assaults, and suicides) often have alcohol concentrations at or above the legal limit of 0.08%. Even moderate levels of drinking are implicated in accidental injury and death.

Wisconsin's rates of alcohol dependence, alcohol abuse, and related motor vehicle fatalities are higher than rates in the United States. The Marathon County LIFE Community Survey results indicate that our rates are higher than the state's rate, and the consequences are proportionally greater for Marathon County.

Binge drinking is defined as five or more alcoholic drinks at one occasion. The 2009 LIFE Community Survey again asked the question, "During the past 30 days, did you have five or more drinks at one occasion?" The responses and how they compare to the survey responses in 2005 and 2007 are:

Response	2005	2007	2009
None	71.4%	75.0%	74.0%
Yes, once	10.7%	10.0%	8.5%
Yes, twice	6.4%	4.7%	6.1%
Yes, 3-5 times	6.3%	6.2%	6.6%
Yes, 6-9 times	2.2%	1.7%	1.9%
Yes, 10 or more times	1.5%	2.4%	2.4%
Don't know	1.4%	2.0%	0.6%

The total response rate in 2009 for "Yes" was 25.5%, down from the 2005 survey response of 27.1%. The state rate for the same question in 2007 was 23.4%. Nationally, 22% reported they had five or more drinks on one or more days in the past year. Locally there was an increase from 1.5% to 2.4% in the response of those drinking five or more drinks on 10 or more occasions during the month.

Data Highlights

- Respondents to the LIFE Community Survey in 2005, 2007 and 2009 reported higher incidences of binge drinking than those responding to state surveys asking the same question.
- During 2007, alcohol was involved in 193 traffic crashes in Marathon County, resulting in eight deaths and 126 injured persons.

Supporting Data Highlights

- Wisconsin's 49% rate of drinking among high school students was ranked #1 in the nation in 2007.
- Alcohol remains the most commonly used drug among those under 21. 11% of the alcohol consumed in the United States is by persons age 12 to 21 and 90% of that amount is consumed during binge drinking.
- In 2008, in Wisconsin, 5% of respondents indicated they had driven a motor vehicle after having too much to drink in the past month.
- Of the 737 persons killed in motor vehicle accidents, 46% died in alcohol-related crashes.

Sources

LIFE Community Survey

Questions 14 List B1 and 16, Refer to Appendix

Marathon County Health Dept.

www.healthymarathoncounty.org
Report: Community Health Assessment 2006-2010

Wisconsin Department of Health

www.dhfs.state.wi.us

Report: Wisconsin Behavioral Risk Factor Survey

Wisconsin Department of Public Instruction

<http://dpi.wi.gov/sspw/yrbindex.html>

Report: 2007 Youth Risk Behavior Survey

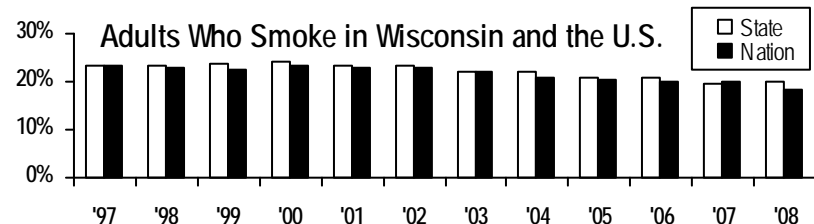
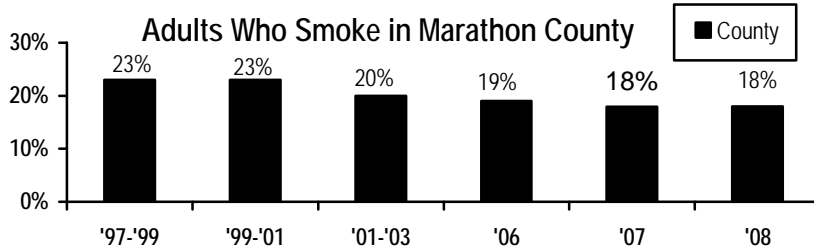
For more information – see appendix

Smoking bans enacted to reduce smoking rate and protect the public

Data Highlights

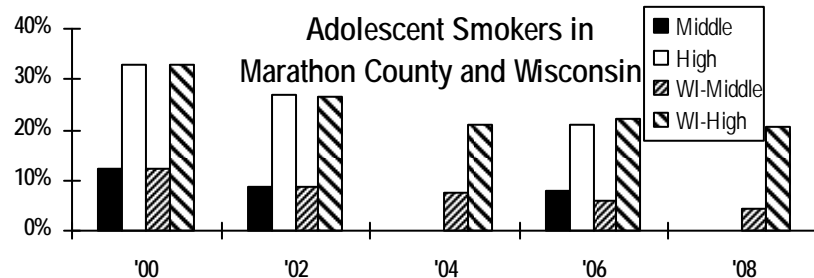
- Wisconsin smoking rates among adults continue to parallel the national smoking rate and have continued to show modest declines since 1997.
- In 2002-2006, in Marathon County, 17.9% of mothers of newborns smoked. In 2007, 17% of this demographic group smoked. The highest percentage of mothers smoking was in the 18-19 year old age group, at 39.6%.
- Healthy People 2010 goals set in 1990 include the reduction of adult tobacco use to 12%, high school youth to 21%, and to no more than 1% of women during pregnancy.

Percentage of Adult and Adolescent Smokers



Supporting Data Highlights

- The percentage of Wisconsinites who reported attempting to quit smoking in 2008, was 59.4%
- States that raise cigarette taxes experience a sharp decrease in cigarette sales. The cigarette tax in Wisconsin was raised in September of 2009 to \$2.52 per pack, and similar results are anticipated.
- In 2007, nationally 60.1 million persons, or 24.2% over the age of 12, smoked.



Note: 2008 data for Adolescent Smoking in Marathon County is not currently available.

Implications for Our Community

Tobacco use is the leading preventable cause of death in the United States. Its use is responsible for one in five deaths; more than alcohol, all illegal drugs, car crashes, AIDS, murders, accidents, and suicides combined. It shortens the lives of smokers by 14 years on average. The three primary categories of smoking deaths are cancers, and cardiovascular and respiratory diseases.

For each person who suffers a smoking-related death, 20 more suffer from tobacco-related illnesses without actually dying. Tobacco use has negative long-term effects on the health, productivity, economy, and overall prosperity and quality of life for the entire community.

The Surgeon General in 2006 stated there is no safe level of exposure to secondhand smoke and confirmed that harmful effects of tobacco extend beyond smokers to those who live or work with them. Non-smokers exposed to secondhand smoke have a 25%-30% greater risk of heart disease and their risk of developing lung cancer is increased by 20% to 30%.

Local and state governments have responded to the hazards presented by smoking and secondhand smoke in a number of ways. A state wide comprehensive smoking ban takes effect on July 5, 2010.

Youth smoking continues to decline. However, adults and youth are initiating more smokeless tobacco use. New products like electronic cigarettes are gaining popularity as a reaction to public smoking bans.

Sources

Wisconsin Department of Health

www.dhfs.state.wi.us

Report: Adult Smoking in Wisconsin, An assessment of trends in adult smoking, 1990-2006

Childstats.gov

www.childstats.gov

Report: Keys to Children's Well-Being University of Wisconsin Population Health Institute

<http://uwphi.pophealth.wisc.edu>

Report: 2008 County Health Snapshot - Marathon

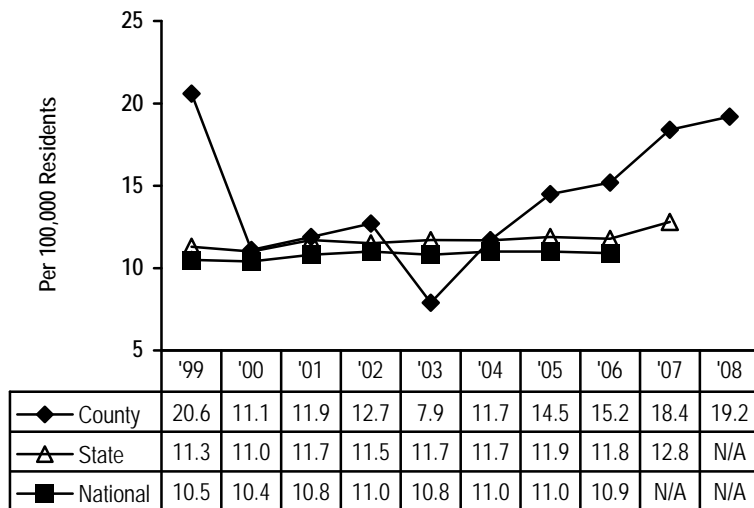
UW-Tobacco Surveillance and Evaluation Program (S&E)

<http://www.medsch.wisc.edu/mep/>

For more information – see appendix

Suicide prevention resources are available in Marathon County

Suicide Rate per 100,000 persons



National suicide statistics are not available for '07 or '08; state for '08.

Implications for Our Community

The suicide rate is an indication of a community's mental health status. A community with a low suicide rate may reflect the awareness and importance placed on mental health issues that contribute to a better quality of life. Suicide is a preventable public health problem. In Marathon County supportive community resources are available.

While the number of deaths by suicide are significant, the issue runs deeper. Deaths from suicide represent only a fraction of the persons who consider or attempt suicide. Indications from research show there are 8 to 25 attempted suicides for every death. In addition, suicide deaths are estimated to deeply affect the lives of six additional people.

People take their own lives for a number of reasons. Psychological and physiological reasons include depression, schizophrenia, alcoholism or other substance abuse, and terminal illness. A sudden trauma, like the loss of a loved one or job loss, is another. After a suicide occurs, families, friends, and the community are left to mourn the loss and come to terms with the many unanswered questions.

The Centers for Disease Control and Prevention reports that suicide is the eighth leading cause of death for all Americans, while it is the eleventh leading cause of death in Wisconsin.

National statistics reveal that males are more likely to commit suicide than females, although females will make more suicide attempts. It is the third leading cause of death for young people aged 15-24. People over the age of 65 have the highest suicide rates, 14.2 nationally in 2006. Native Americans and Caucasians have higher suicide rates than other racial and ethnic groups.

Data Highlights

- Males committed 20, or 83%, of the 24 Marathon County suicides in 2008.
- In 2008, there were no minority suicides in Marathon County.
- In 2008, money problems were a factor for 24 (37.5%) of the suicide victims in the county, up from 25% in 2006.
- Alcohol or drugs were a factor in 15, 62.5%, of Marathon County's 2008 suicides.
- North Central Health Care's crisis line receives over 400 calls each year from people who are thinking of suicide.
- In Marathon County as of September 21, 2009, 13 suicides have occurred.

Supporting Data Highlights

- In 2007, there were 3.6 times more suicides in Wisconsin than homicides.
- Suicides in Wisconsin represented 20,000 life years lost to suicide each year.
- Every 17 seconds in the United States a life is lost to suicide.
- Nationally, 45% of suicides are by firearms. In 2008, 58.3% of suicides in Wisconsin were by firearms.

Sources

Marathon County Health Dept

www.healthymarathoncounty.org

Report: Community Health Assessment 2006-2010

Marathon County Medical Examiner

Report: Suicide Statistics

Wisconsin Department of Health and Social Services

<http://dhs.wisconsin.gov/deaths/pdf/07deaths.pdf>

Report: Wisconsin Deaths, 2007

Center for Disease Control

http://www.cdc.gov/nchs/data/dvs/MortFinal2005_Worktable12.pdf

National Violent Death Reporting System (NVDRS)

<http://www.naphsis.org/index.asp?bid=1014>

For more information – see appendix

Marathon County Suicide Prevention Task Force – Suicide Prevention Team

<http://www.healthymarathoncounty.org/spt/>

Wings--a Grief Education Ministry

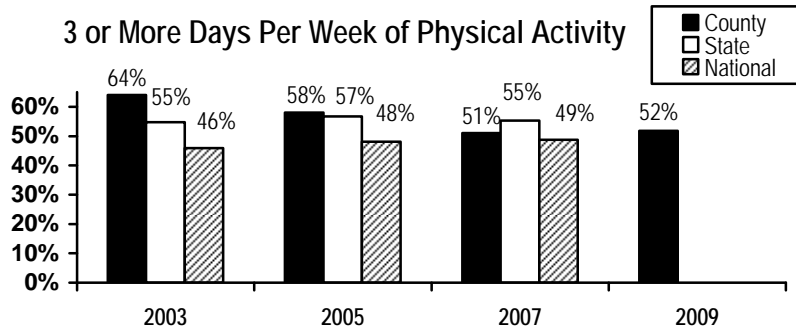
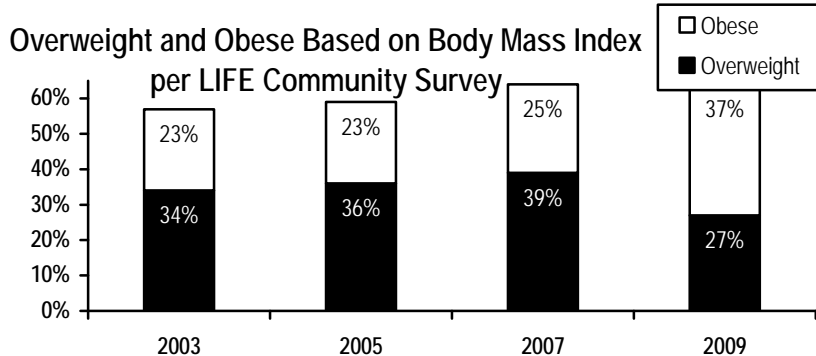
www.wingsgrief.org

Obesity is increasing locally and nationally

Data Highlights

- The 2003 LIFE Community Survey added weight, height and weekly exercise questions to the survey.
- Wisconsin's Healthy People 2010 goal is to reduce the obesity rate to 15% of the adult population.
- In 2008, 26.1% of adults in the state were obese and Wisconsin ranked 23rd nationally. Mississippi ranks first, with 33.4% of their residents obese. The District of Columbia is 51st, with 22.3% of residents reported obese.
- In 2008, 22% of Wisconsinites surveyed report that they do not exercise. This is similar to 19.5% reported by the 2009 LIFE Community Survey, up from the 14% in the 2005 LIFE Community Survey.

Overweight and Obese and Physical Activity



Note: State and National Data for 2008 was not available.

Implications for Our Community

Overweight and obesity are increasingly common health conditions nationally. The most widely used method of determining if an individual is overweight is the Body Mass Index (BMI) calculation. BMI can be calculated using the following formula. Weight (in pounds), times 703, divided by the height (in inches), divided by height (in inches) again.

$$\text{Body Mass Index (BMI)} = (\text{Weight} \times 703) / \text{Height} / \text{Height}$$

BMI of 25 or greater but less than 30 is considered overweight. BMI of 30 or greater is considered obese.

In Wisconsin about two of every three adults are affected. Being overweight or obese causes increases in chronic health conditions in four major categories: cardiovascular disease including hypertension and stroke; insulin-resistance diseases like Type 2 diabetes; select cancers; gall bladder disease; and others, including dyslipidemia and osteoarthritis. Each year an estimated 300,000 U.S. adults die of causes related to obesity. The increase in overweight children is so significant that their life expectancy may be shorter than their parents.

Regular physical activity is a key factor in maintaining a healthy body weight. Thirty minutes per day of physical activity can reduce chronic disease risk and provide other health benefits. A barrier to physical activity is lack of time. Time spent on physical activity can be done over the course of the day rather than in a continuous timeframe. Studies demonstrate that lifestyle changes, such as increasing and sustaining physical activity and improvements in diet can reduce body weight and risk for diabetes.

Supporting Data Highlights

- Nationally obesity among adults has increased from 19.4% in 1997 to 27.6% in 2008. Only 31.9% report regular physical activity.

Sources

LIFE Community Survey

Q. 17, 18 and 19, Refer to Appendix

Marathon County Health Department

www.healthymarathoncounty.org

Report: Community Health Assessment 2008

Wisconsin Department of Health

www.dhfs.state.wi.us

Report: Healthiest Wisconsin 2010

Long Term Objectives

Center for Disease Control

<http://www.cdc.gov/brfss/>

Report: Behavioral Risk Factor Survey

Report: Early Release of Selected Estimates

For more information – see appendix