

We strive to live in a community where...

people make healthy choices and have access to services that support a long, healthy, and happy life.



Health and Wellness Subcommittee

Joan Theurer, Chair	Marathon County Health
Michael Blick, MD	Retired Physician
Judy Burrows	Marathon County Health
Brad Jourdan	Diagnostic and Treatment Center
Pat Kinney	Marshfield Clinic
Roger Lucas	Aspirus Wausau Hospitals, Inc.
Ruth Marx	Marathon County Health
Tom Peterson, MD	Retired Physician
Laura Scudiere	Bridge Community Health Clinic
Rachel Yaron	Ministry Saint Clare's Hospital
Katie Zientara	Marathon County Health

"The economic vitality of Marathon County is supported by the health of our community. In turn, the health of our community is shaped by our families, neighborhoods, schools, and where we work and play."

*Joan Theurer, Health Officer
Marathon County Health Department*

Health and Wellness

Section Summary

Community Success and Progress:

- Wisconsin's Smoke-Free Air Law was implemented July 5, 2010, prohibiting smoking in indoor places of employment and any place open to the public or where the public may be invited.
- The percentage of low birth weight babies born to Marathon County families continues to be lower than the State or the Nation.
- Marathon County individuals and families have access to high-quality health care services.
- Surveillance systems are in place to readily detect and respond to communicable diseases.
- Marathon County's childhood immunization rate continues to be higher than the State or Nation.
- LIFE Survey respondents are engaging in healthy behaviors, being physically active, and using alcohol responsibly.



Challenges and Opportunities to Improve:

Challenges

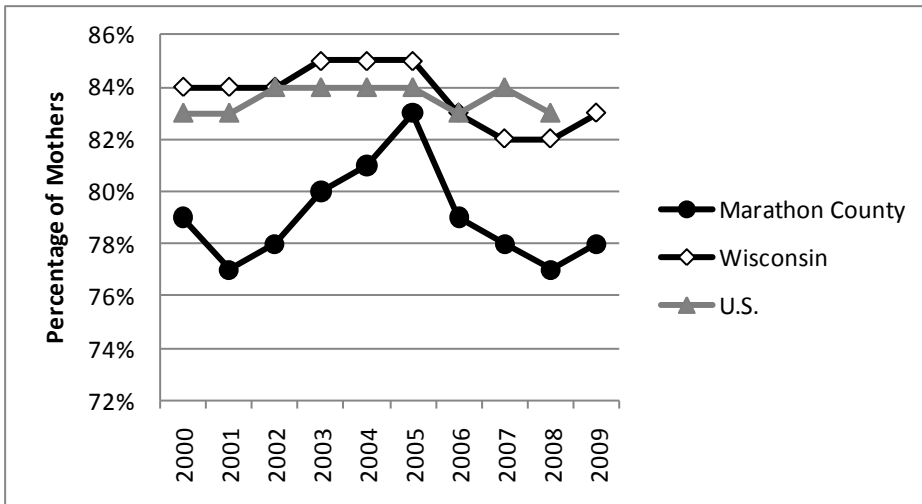
- The percentage of children and adults who are overweight or obese in Marathon County has not decreased in three years.
- Alcohol consumption in Marathon County and Wisconsin continues to be higher than the national average .
- Dental care is not affordable for all residents.
- Tobacco use has not decreased among high school students and pregnant women.

Opportunities to Improve

- Continue collective action between the private and public sectors in order to create healthier communities where the health of both individuals and families is supported at home, at work, and at play.
- Dedicate resources and target collaborative efforts at reducing negative health outcomes and practices such as childhood and adult obesity, alcohol and other drug misuse and abuse, and tobacco use.
- Invest in new and creative ways of harnessing community resources by multiple partners to ensure all residents have access to affordable dental care.



Key Measure: Percentage of Mothers Who Received First-Trimester Prenatal Care, 2000-2009



Note: 2009 US data not yet available.

COMMUNITY PERSPECTIVES

Prenatal care is the medical attention given to the expectant mother and her developing baby. Early and regular prenatal care helps to ensure babies are born healthy. Early prenatal care helps to detect medical complications, provide information on nutrition, rest, and the need to avoid tobacco, alcohol and other



things that could harm the mother and her baby. In addition, early prenatal care provides a mechanism for referrals to community programs and services to support females and their family members during the pregnancy - whether that is a referral to treatment services, tobacco cessation services, WIC (Women, Infants and Children), or Food Share to name a few.

Babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight and five times more likely to die, than those mothers who received prenatal care. The percent of births to mothers who started care in the third trimester or received no prenatal care was 2.58 in Marathon County compared to 2.84% for the State in 2009.

The national Healthy People 2020 goal is for 77.9 percent of females to receive prenatal care in the first trimester and for 77.6 percent of pregnant females to receive early and adequate prenatal care. In Marathon County, the percentage of females who receive prenatal care in the first trimester has remained stable over the past 10 years, below the national and state averages.

DATA HIGHLIGHTS

- In Marathon County, females with educational levels of some college, college or post graduate degrees are more likely to receive prenatal care in the first trimester. In addition, females who are married are more likely to seek care during the first trimester.
- Females in Marathon County from racial/ethnic backgrounds including American Indian, Hispanic, and Laotian/Hmong are less likely to seek care in the first trimester. The percentage has remained stable over the past 5 years. In 2008, 82% of Non-Hispanic White females received prenatal care in the first trimester.
- In Marathon County, females under the age of 25 years and over the age of 40 are less likely to receive prenatal care in the first trimester.
- In 2009, 29 females from Marathon County waited until the third trimester to receive prenatal care. Nine women received no prenatal care.
- In Marathon County, 88% of females received adequate care as measured by the Kotelchuck Index in 2009.
- In 2009, there were 1,664 births among Marathon County female residents - keeping with previous years.

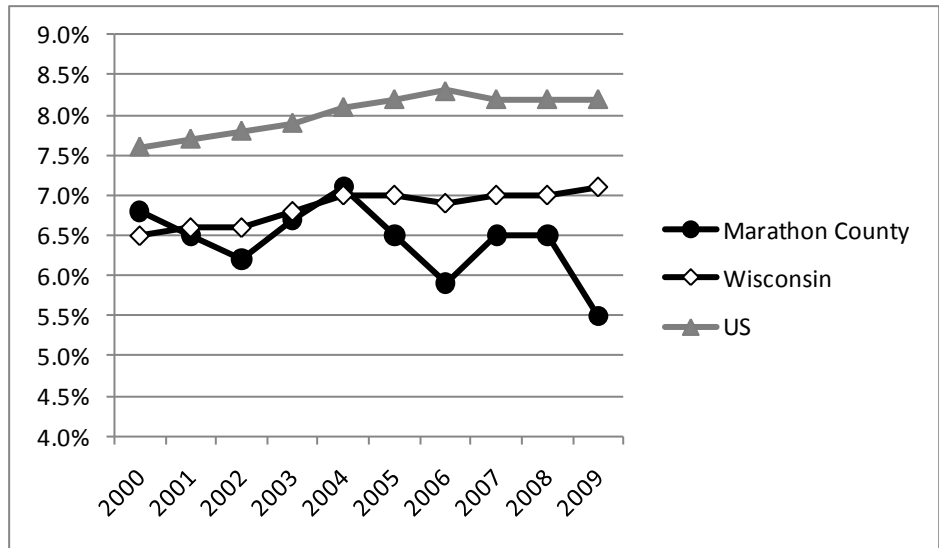
SOURCES

- **WISH (Wisconsin Interactive Statistics on Health)**
Department of Health Services
www.dhs.wi.gov
- **US Department of Health and Human Services**
Health Resources and Services Administration
<http://www.hrsa.gov/index.html>
- **Healthy People 2020**
<http://www.healthypeople.gov>

DATA HIGHLIGHTS

- The percentage of low birth weight babies in Marathon County fluctuated from a high of 7.1% in 2004 to a low of 5.5% in 2009. The percentage of low birth weight babies in Wisconsin and nationally has remained stable in the past five years.
- In 2009, 91 low birth weight babies were born to Marathon County females - 5.5% of 1,664 total births.
- In 2009, 8% of Marathon County females under the age of 20 delivered a low birth weight baby, compared with 5.3% of females older than 20 years of age. For females who used tobacco during their pregnancy, 7.8% of babies were low birth weight, compared to 5.0% of females who did not.
- Marathon County has not seen a significant racial and ethnic difference in low birth weight babies. In 2009, 5.5% of non-Hispanic white mothers had a low birth weight baby compared to 5.95% of Laotian/Hmong (Non-Hispanic) mothers. Data was not available for other racial and ethnic groups due to the small number of total births.

Key Measure: Percentage of Low-Birth Babies in Marathon County, Wisconsin, and US 2000-2009



COMMUNITY PERSPECTIVES

Low birth weight babies are those babies weighing less than 5.5 lbs. (2,500 grams) at birth. Babies born low birth weight are at increased risk for health problems, long-term disabilities and death.



mother; low income and lack of education, black females, and females under the age of 17 and over 35 years of age. Females can reduce their risk for having a low birth weight baby by having a preconception check-up, controlling chronic health conditions, abstaining from smoking, alcohol, and drug use, getting early and regular prenatal care, and seeking medical care for preterm labor.

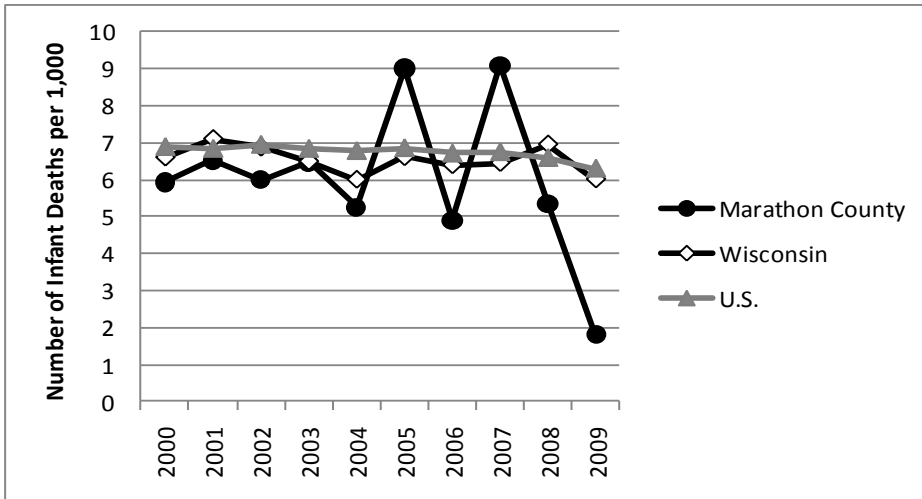
In 2009, 8.2 percent of babies in the United States are born with low birth weight. The national Healthy People 2020 goal is to reduce low birth weight babies to 7.8 percent. For Wisconsin, the 2020 Healthiest Wisconsin objective is to reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality.

Premature birth (babies born before 37 weeks of pregnancy) is a cause of low birth weight babies. Risk factors that increase a female’s risk for delivering a baby prematurely include but are not limited to: pregnant with twins, triplets, or more; birth defects; smoking; alcohol and illicit drugs; infections in the mother or fetus; chronic health problems of the

SOURCES

- **WISH (Wisconsin Interactive Statistics on Health)**
Department of Health Services
www.dhs.wi.gov
- **March of Dimes**
<http://www.marchofdimes.com>
- **Healthy People 2020**
<http://www.healthypeople.gov>
- **Centers for Disease Control**
<http://www.cdc.gov>

Key Measure: Infant Mortality in Marathon County, State, and US, 2001-2009



DATA HIGHLIGHTS

- In Marathon County, there was an increase in the number of infant deaths in 2004 and 2007, with a marked decrease in 2009. Given the small number of deaths, the rate is statistically unstable.
- For 2005-2009, the rate of infant mortality in Marathon County was 6.03. For Wisconsin, the rate was 6.49 for the same time period.
- In Marathon County, there was no difference in terms of race and ethnicity. For White (Non-Hispanic) the rate was 5.99 per 1,000 live births for the time period 2000-2009, compared to 5.6 for Laotian/Hmong.
- The U.S. infant mortality rate declined throughout the 20th century. In 1900, the U.S. infant mortality rate was approximately 100 infant deaths per 1,000 live births. In 2000, the rate was 6.89 infant deaths per 1,000 live births.
- Increases in preterm birth and preterm-related infant mortality account for much of the lack of decline in the United States' infant mortality rate from 2000 to 2005.

COMMUNITY PERSPECTIVES

The death of an infant is a tragic loss of life to the child, their family and community. Infant mortality is one of the most important indicators of the health of a community and is measured by the number of deaths during the first year of life per 1,000 live births. The death of an infant is associated with a variety of factors including the health of the infant, quality and access to medical care, sleep practices, and child abuse/neglect. Preterm birth (births at less than 37 completed weeks of gestation) is a key risk factor for infant death.

notably among non-Hispanic black females here in Wisconsin and the nation.

The U.S. infant mortality rate is higher than those in most other developed countries. In 2004 (the latest year that data is available for all countries), the United States ranked 29th in the world in infant mortality, tied with Poland and Slovakia.



The national Healthy People 2020 goal is to reduce the rate of infant deaths to 6.0 per 1,000 live births. For Wisconsin, the Healthiest Wisconsin 2020 objective is to reduce the racial and ethnic disparities in poor birth outcomes, including infant mortality. Despite declines overall in the infant mortality rate, disparities persist among racial/ethnic groups, most

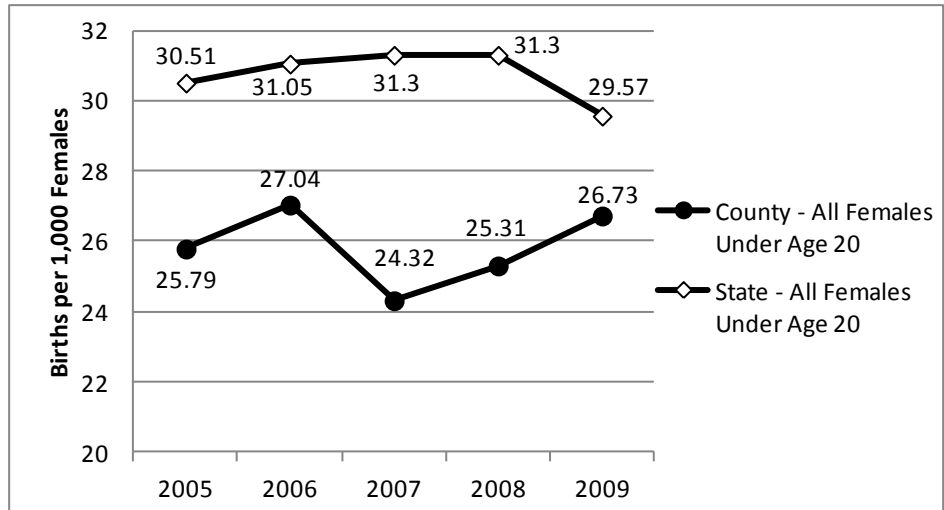
SOURCES

- **WISH (Wisconsin Interactive Statistics on Health)**
Department of Health Services
www.dhs.wi.gov
- **Centers for Disease Control**
<http://www.cdc.gov>
- **Healthy People 2020**
www.healthypeople.gov

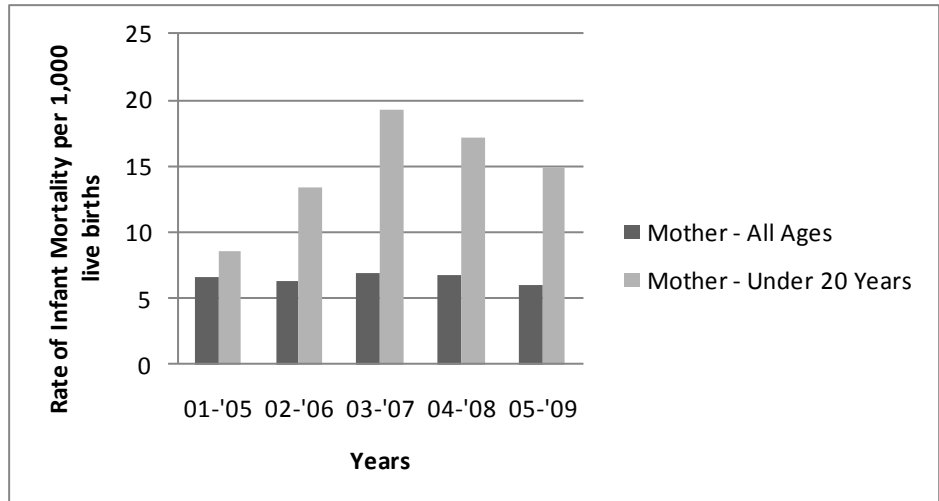
DATA HIGHLIGHTS

- Marathon County's birth rate among females aged 15-17 years remains stable, lower than the state average. In 2009, the county birth rate was 10.34 in comparison to the state birth rate of 14.41.
- Marathon County's birth rate among females aged 18-19 years remains stable, lower than the state average. In 2009, the county birth rate was 49.29 in comparison to the state birth rate of 50.92.
- From 2006-2009, there were 4 births to females under the age of 15, an average 1 birth per year in Marathon County.
- In 2009, 7.5 percent of all county births were among females under the age of 20, accounting for 125 of the 1,664 county births. In Wisconsin, 8.27 percent of all births were among females under the age of 20.
- In 2009, 10 of the 125 births to females under the age of 20 years were low birth weight babies, or 8 percent. Marathon County low birth weight was 5.47 percent for all births in 2009.

Key Measure: Rate of Births per 1,000 Females Ages 19 and Younger in Marathon County, 2005-2009



Key Measure: Infant Mortality Rate in Marathon County by Age of Mother



SOURCES

- **WISH (Wisconsin Interactive Statistics on Health)**
Department of Health Services
www.dhs.wi.gov
- **Centers for Disease Control**
<http://www.cdc.gov>
- **Healthy People 2020**
www.healthypeople.gov

COMMUNITY PERSPECTIVES

Teen pregnancy results in health, social and economic costs to the mother and her child, the father, and the community. The impacts of teens being parents include not only the physical health of the teen mother and her child, but also the emotional health of the family and the financial burden.

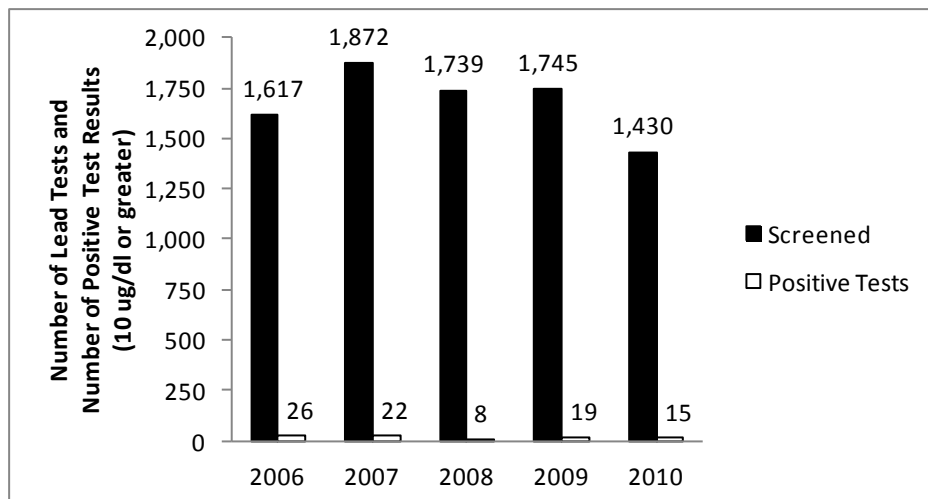
The national Healthy People 2020 goal is to reduce pregnancies among adolescent females aged 15-19 years. In the US, 1 out of 10 births is to a teen. During the past 20 years, the rate of adolescent females having children has dropped by about 40% to its lowest level since records were kept 70 years ago. However, the teen birth rates in the US are up to 9 times higher than in most

other developed countries. In 2009, the rate of infants born to 15-19 year olds was 39.1 per 1,000 females.

Teen mothers are less likely to get a high school diploma by age 22 – about 50% compared with 90% of teen girls who do not give birth. It is estimated that teen childbearing costs US taxpayers \$9 billion each year.

Children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

Key Measure: Marathon County Childhood Blood Testing, 2006-2010



Activities	2006	2007	2008	2009	2010
Total Number of Lead Tests	1,617	1,872	1,739	1,745	1,430
Tests less than 10 ug/dl	1,574	1,824	1,720	1,717	1,403
Tests 10 to 19 ug/dl (# of children)	27 (21)	33 (19)	14 (6)	22 (17)	17 (9)
Tests 20 ug/dl + (# of children)	16 (5)	15 (3)	5 (2)	6 (2)	10 (6)
Housing units - Lead Hazard Reduction	8	3	6	4	3
Lead Property Inspections	36	40	19	25	20

COMMUNITY PERSPECTIVES

Lead exposure in young children can cause reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects. The most common route of exposure for children is ingesting lead dust through normal hand-to-mouth activity. Lead dust is created by deteriorating lead-based paint or renovation activities that can cause dust to stick to fingers, toys, soil, food and other surfaces. Other sources of lead exposure can be a result of food, family members' hobbies, parent's occupations, and products including toys.

Childhood lead poisoning happens when children swallow or inhale lead that causes the level of lead in the blood to reach or exceed ten micrograms per deciliter (10 ug/dl) of blood. In addition, lead exposure to a child may occur during pregnancy.

Most exposure occurs in homes or daycares built before 1978. Pre-1950 buildings are 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 Marathon County's housing stock was constructed before 1978.

Prevention of lead poisoning is accomplished by eliminating lead-based paint hazards before children are exposed. Wisconsin's goal is to have Wisconsin's housing lead-safe and improve the detection and treatment of lead poisoning in children. Wisconsin recommends that all children between the ages of 6 months through 5 years be screened for risk of lead exposure at each well-child visit. Children who are at increased risk for lead exposure are routinely tested at age 1 and 2 years.

DATA HIGHLIGHTS

- In 2010, 15 children tested for lead exposure and had lead levels of ten micrograms per deciliter (10 ug/dl) or higher.
- Since 2006, on average, 18 children are identified as blood lead poisoned each year in Marathon County.
- From 2006-2010, local efforts have reduced lead hazards in 24 homes in Marathon County.
- The national Healthy People 2020 objective is to eliminate blood lead levels in children.

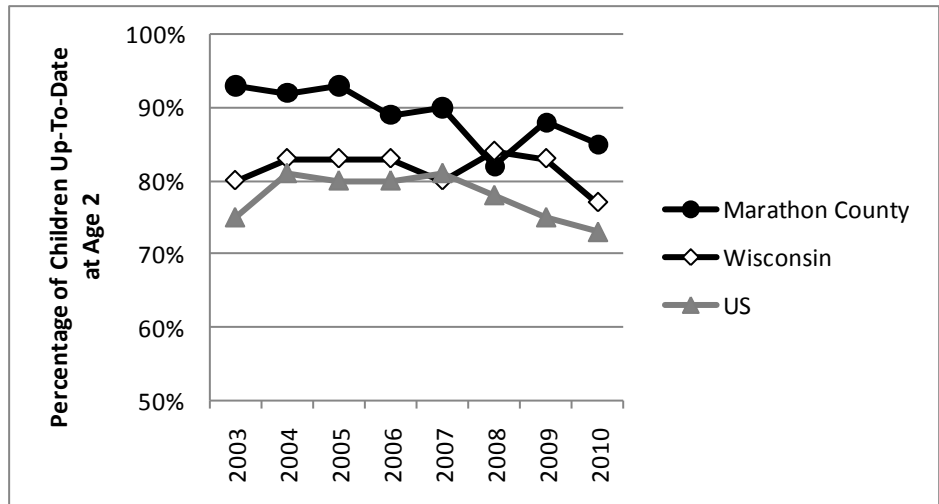
SOURCES

- Wisconsin Department of Health Services
www.dhs.wi.gov
- Healthy People 2020
www.healthypeople.gov
- Marathon County Health Department
www.co.marathon.wi.us
- Children's Health Alliance of Wisconsin
<http://www.chawisconsin.org>

DATA HIGHLIGHTS

- In 2010, 85% of Marathon County children who turned two years of age were up-to-date on their immunizations.
- In 2008, Marathon County's immunization rate dropped to 82% due to shortage of the HIB vaccine.
- Marathon County's immunization rate has declined since a high of 93% in 2005.
- Marathon County health care providers utilize two immunization registries to record immunization rates – the Registry for Effectively Communicating Immunization Needs (RECIN) and the Wisconsin Immunization Registry (WIR).
- The national Healthy People 2020 goal is that 90% of the nation's children will be immunized by their 2nd birthday. Marathon County supports this goal by implementing a county-wide reminder system to all families who have children under the age of two.
- Immunizing individual children helps to protect the health of those people who are not immunized, creating "herd immunity."

Key Measure: Childhood Immunization Rates in County, State, and US, 2003-2010 (Immunization Series 4:3:1:3:3:1)



*Note: Prior to 2006, immunization coverage was measured for 24-36 months of age.

COMMUNITY PERSPECTIVES

Immunizations are considered one of the 10 greatest public health advances of the 20th and 21st centuries. Immunizations protect the children who receive them and, if community immunization rates are high enough, also protect the general public, particularly people who are unable to receive immunizations or those with compromised immune systems.

Although most vaccine preventable diseases are rare in the United States, the viruses and bacteria which cause them still circulate widely in other countries. With modern air travel, diseases can travel to the US quite easily. High immunization rates protect people from vaccine preventable diseases carried by international travelers.

Immunization rates have declined in recent years in the United States and here in Marathon County. A number of factors have contributed to the decline, including an increase in the number of vaccines a child receives by age two, alternative vaccine schedules, and the mistaken belief that vaccines are not safe despite repeated studies that have shown no link between childhood vaccines and autism and other neurologic problems.



Pertussis (whooping cough) is the only vaccine preventable disease that has seen a rise in the number of cases in the US. This is due in part to inadequate immunization levels. Pertussis can be life threatening to infants who cannot be fully immunized against pertussis until they are 6 months old.

SOURCES

- **Wisconsin Immunization Registry (WIR)**
<http://www.dhs.wisconsin.gov/immunization/wir.htm>
- **Centers for Disease Control and Prevention**
<http://www.cdc.gov/vaccines/>
- **Marathon County Health Department**
http://www.co.marathon.wi.us/dep_detail.asp?dep=20

Key Measure: Marathon County Reported Communicable Disease Cases

Marathon County *Rates are per 100,000 people	'07	'08	'09	'10	2010 Rates*	2020 Goals
Influenza – Novel Influenza A (H1N1)	0	0	221	NA	NA	
Reportable Diseases						
Blastomycosis	20	23	25	58	45.0	
Ehrlichiosis/Anaplasmosis	13	12	21	38	29.5	
Hepatitis C	42	31	22	28	21.7	0.2
HIV/AIDS	2	4	5	2	1.5	
Lyme Disease	88	133	123	210	163	3.5
Meningitis	31	0	0	0	0	
Mycobacterial Disease (Non-Tuberculosis)	15	14	13	13	10.1	
Streptococcal Disease/Invasive/Groups A & B	14	16	18	20	15.5	
Streptococcus Pneumoniae/Invasive	12	11	14	10	7.8	
Tuberculosis/Active Disease	1	1	1	2	1.6	1.0
West Nile	1	1	0	0	0	
Sexually Transmitted Infections						
Chlamydia	224	269	221	296	220.8	
Gonorrhea	27	26	23	40	29.8	257-198
Syphilis	1	1	1	2	1.5	14.-6.8
Water and Food Borne Diseases						
Campylobacteriosis	43	41	38	41	30.6	
Cryptosporidiosis	49	30	24	61	45.5	
Shiga Toxin Producing E Coli (STEC)	5	5	9	10	7.7	
Giardiasis	20	14	20	28	20.9	
Salmonellosis	20	16	18	20	14.9	
Shigellosis	3	0	1	4	3.0	
Vaccine-Preventable Diseases						
Hepatitis A	0	0	0	1	0.7	0.3
Hepatitis B	32	17	25	21	16.3	1.5
Pertussis (Whooping Cough)	3	17	12	17	13.2	0.0
Mumps	4	0	0	0	0	0.0
Haemophilus Influenzae/Invasive	1	1	1	4	3.1	0.0
Varicella (Chickenpox)	NA	4	5	4	3.1	0.0
Others (Measles, Rubella, Tetanus, Diphtheria, Polio)	0	0	0	0	0	0.0

COMMUNITY PERSPECTIVES

Although not the scourge they were in the early 20th century, communicable diseases continue to have a significant impact on our county, state and nation. Communicable diseases are spread in a number of ways, including through contaminated food and water, insect vectors, animals, and person-to-person contact. Sexually transmitted infections, tuberculosis (TB), hepatitis and HIV/AIDS continue to be of significance nationally and are included in the Healthy People 2020 goals.

In Marathon County, chlamydia rates have averaged around 198 cases/100,000 population over the last 5 years. The highest chlamydia rates continue to be seen in the 15 to 19 year and 20 to 24 year age groups.

Marathon County continues to see higher rates of blastomycosis. The entire county, as well as most of the northern region of Wisconsin are considered areas with endemic blastomycosis. In 2010, a significant rise in the number of reported cases prompted an investigation in partnership with the State Division of Public Health, CDC and Marshfield Clinic Research Foundation. Infection with blastomycosis depends on environmental conditions and is often associated with outdoor activities such as boating, camping and landscaping.

Lyme disease rates continue to rise in Marathon County. It is transmitted by deer ticks and is linked to outdoor activities. Ehrlichiosis/anaplasmosis, another disease spread by the deer tick, is also increasing in Marathon County.

DATA HIGHLIGHTS

- Chlamydia continues to be the most frequently reported of all communicable diseases, both in Marathon County and nationwide.
- Reported cases of Lyme disease continue to increase in Marathon County. In addition, cases of ehrlichiosis/anaplasmosis, another tick-borne disease, are also increasing in Marathon County.
- In 2010, Marathon County Health Department, along with state and federal partners, investigated a significant rise in the number of blastomycosis cases reported.
- The Wisconsin Electronic Disease Surveillance System (WEDSS) makes it easier for providers to report diseases resulting in an increase of the number of diseases reported.
- Hand washing is still the single most effective way to prevent the spread of many communicable diseases.
- The overall TB rate in the US has decreased significantly since 1992; however, among people diagnosed with TB the percentage of TB cases occurring in foreign-born persons continues to increase. Overall, the number of cases in foreign-born persons has remained virtually level, with approximately 7,000-8,000 cases each year, whereas the number in US-born persons decreased from more than 17,000 in 1993 to fewer than 6,000 in 2006.

SOURCES

- **Marathon County Health Department**
www.co.marathon.wi.us
- **Wisconsin Division of Public Health**
Wisconsin Electronic Diseases Surveillance System
- **US Centers for Disease Control and Prevention: US TB Cases by Birthplace 1993-2006**
www.cdc.gov

DATA HIGHLIGHTS

- In 2011, 11% of LIFE Community Survey participants reported that there was a time in the past 12 months when they or someone in their family/household needed to see a doctor/medical provider but could not. This compares with 14.8% reported in 2009. Reasons for not seeking care were:

Did not know how/where to find a provider	1%
Did not accept my insurance / no means to pay for services	73%
Distance	3%
Other	23%

- In 2011, 8% of LIFE Community Survey participants reported there was a time in the past 12 months when they or someone in their family/household did not take their prescription medication. Reasons for not taking medication were:

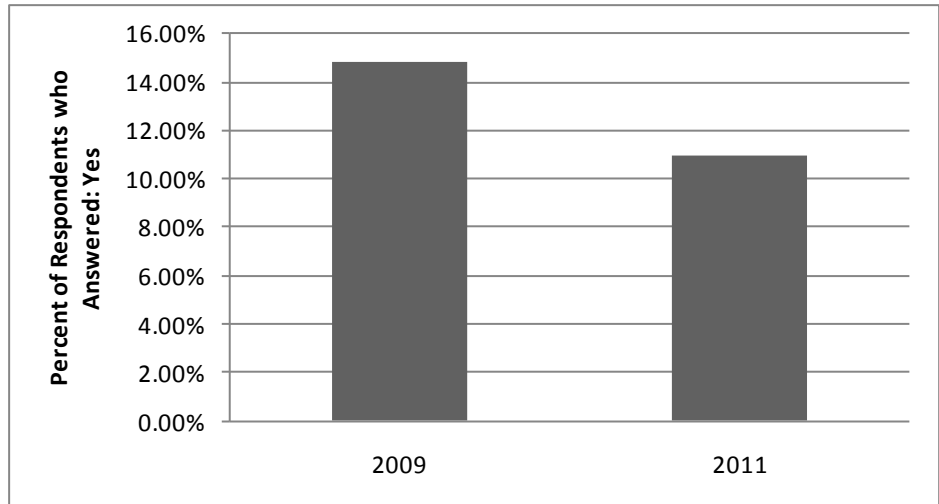
Did not know how/where to find a provider	0%
Did not accept my insurance / no means to pay for services	56%
Distance	1%
Other	43%

- LIFE Community Survey respondents between the ages of 25-64 reported more frequently not to have seen a health care provider when needed. Of 45-54 year olds, 21% reported they did not seek care when needed. For prescriptive medications, 6-12% of individuals between the ages of 25-84 reported not taking medications as prescribed, with the highest percent reported among 45-54 year olds.

SOURCES

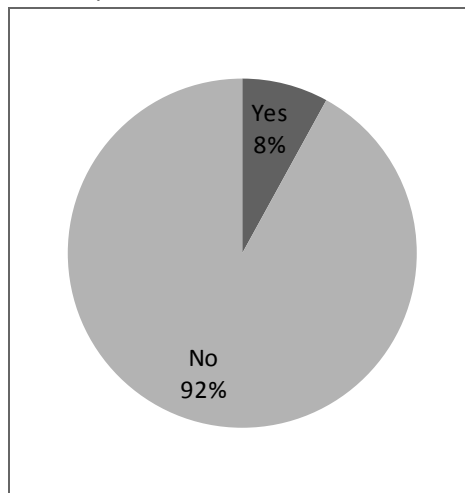
- Wisconsin Department of Health Services**
www.dhfs.wisconsin.gov
- 2011 LIFE in Marathon County Community Survey**
Question 18, Refer to Survey Section

Key Measure: Did Not Access Medical Provider When Needed in the Past 12 Months, 2009 vs. 2011

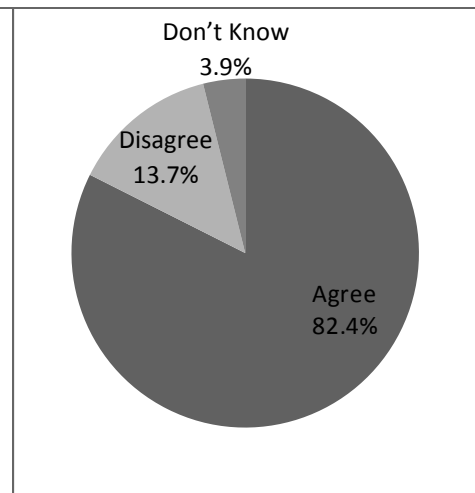


Source: 2011 LIFE Community Survey

Key Measure: Did Not Take Prescription Medication, 2011



Key Measure: Health Care is Accessible, 2011



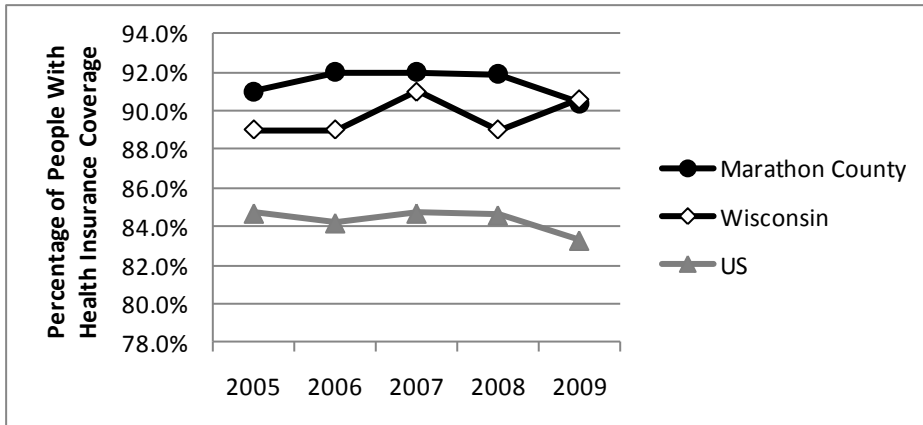
COMMUNITY PERSPECTIVES

Improving access and effectiveness of health care is a national and state priority. Access to affordable and high-quality health services ensures not only the health of Wisconsin's families, but also their economic security. The statewide Healthiest Wisconsin 2020 objective is to assure all residents have access to comprehensive, patient-centered health services that are safe, effective, affordable, timely, coordinated, and navigable. A number of factors impact individual's and families' ability to access health services, including but not limited to knowing how to find a provider, travel distance, transportation, no health insurance, and

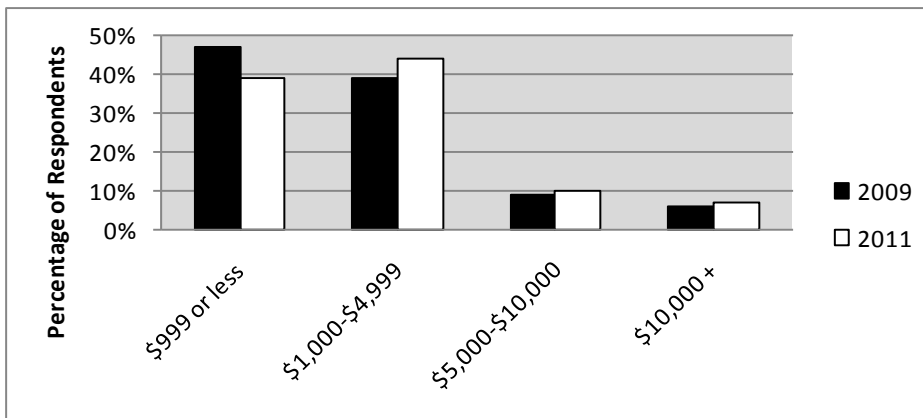
lack of means to pay for services. This indicator focuses on the availability of health services. Indicator 22 addresses the affordability of health services.

Nationally, the Healthy People 2020 objective is to increase the proportion of people with a consistent primary care provider having a target goal set at 83.9 percent. One way to measure access is the ratio of the number of residents to a primary care provider. In Wisconsin, the number of residents for every primary care provider is 744:1 compared to Marathon County 716:1. The national benchmark is 631:1.

Key Measure: Percentage of People With Health Insurance Coverage, 2005-09



Key Measure: Marathon County Residents' Medical Debt, LIFE Community Survey, 2009 vs. 2011



COMMUNITY PERSPECTIVES

The ability of an individual to pay for health care services influences one's decision to receive, delay or forego care. The national Healthy People 2020 goal is to increase the proportion of persons with health insurance to 100 percent. Nationally in 2010, the percentage of uninsured was 16 percent, compared to 15.4% in 2009. About 25 percent of adults between the ages of 18-64 years are more likely to report being uninsured for at least part of the past 12 months. Likewise, 32 percent of adults 18-64 years old living in middle-income households (about \$43,000-\$65,000 household income for a household of 4) are more likely to report being uninsured. Adults 18-64 years old with no health insurance at all in the past 12 months were 7 times more likely to skip medical care because of cost.

In Wisconsin, 88 percent of residents reported having health insurance from May 2008 through May 2009. For

individuals with health insurance, 71% of people aged 0-64 years were employer-sponsored. Wisconsin residents who were more likely to be without health insurance include those employed part-time, full-time self-employed, Hispanic residents and non-Hispanic blacks, poor residents and the unemployed. Of Wisconsin young adults, 17% aged 18 to 44 were more likely to be uninsured than other age groups. On the other hand, over 99 percent of adults age 65 and older were reported to have insurance coverage which reflects Medicare coverage.

The Affordable Care Act is projected to extend health insurance up to 94% of people below 65 years old by 2019. The act requires insurance plans to cover and not charge co-payments for effective preventive services. Greater use of preventive health services is estimated to save 100,000 lives each year in the nation.

DATA HIGHLIGHTS

- In 2011, 8% of LIFE Community Survey respondents reported there was a time in the past 12 months when they had no health care coverage or insurance. Reasons include:

Not offered by employer	13%
Chose not to have it due to cost	35%
Not working	37%
Other (can't afford, self-employed)	15%

- In 2011, 70.6% of LIFE Community Survey respondents disagreed with the statement "Health Care is Affordable."
- In 2011, 24% of survey respondents indicated they had medical debt compared to 28% in 2009.
- Among Marathon County residents who completed the LIFE Community Survey, medical debt was more likely to be reported by respondents between the ages of 25-64. Nationally, the proportion of working-age Americans who have medical bill problems or who are paying off medical debt climbed from 34 to 41 percent between 2005 and 2007.

SOURCES

- 2011 LIFE in Marathon County Community Survey**
Question 18, Refer to Survey Section
- Centers for Disease Control**
www.cdc.gov
- US Census Bureau**
www.census.gov/
- Wisconsin Health Insurance Coverage, 2009**
www.dhs.wisconsin.gov
- Healthy People 2020**
www.healthypeople.gov
- Healthy Marathon County**
www.healthymarathoncounty.org

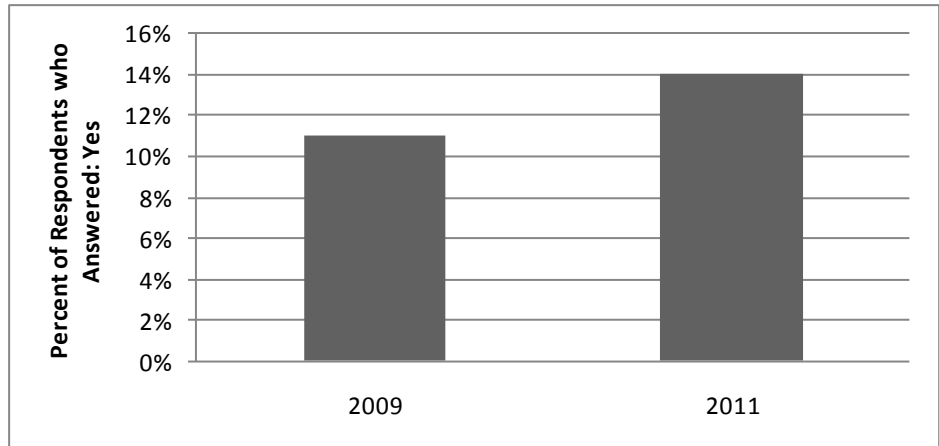
DATA HIGHLIGHTS

- 80% of respondents of the 2011 LIFE Community Survey agreed dental care is accessible, however only 29% felt dental care was affordable.
- In Marathon County, over 75% of the county’s population is on community water systems optimally fluoridated.
- In 2009, 25% of Medicaid and BadgerCare Plus members in Wisconsin received at least one dental service – rates have remained the same over the past 6 years. Of the active licensed dentists in Wisconsin, 32% had at least 1 paid Medicaid claim and 11% had claims of \$10,000 or more.
- Wisconsin’s oral health workforce is similar to that of the U.S. Wisconsin has 43 low-income population dental Health Professional Shortage Areas and 33 facility dental Health Professional Shortage Areas.
- Bridge Community Health Clinic serves the uninsured and underinsured, including the Medicaid population within 7 census tracts in Wausau. Family Health Center of Marshfield serves parts of western Marathon County. Waiting lists to see new patients are common.

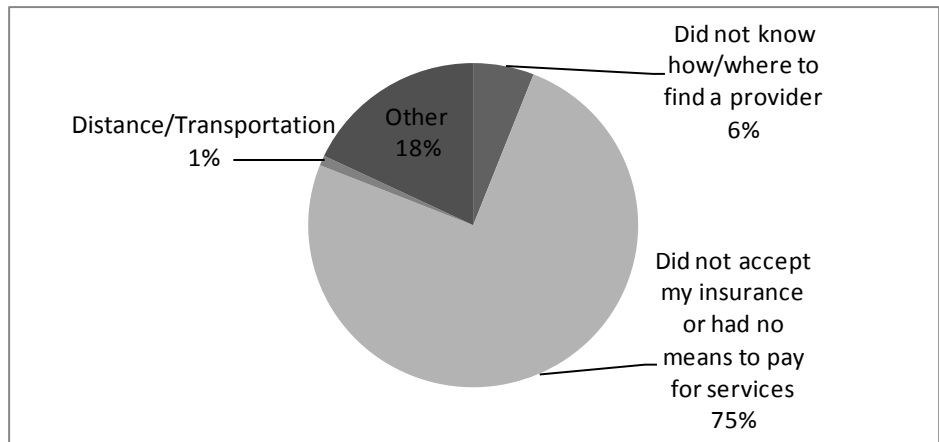
SOURCES

- **2011 LIFE in Marathon County Community Survey**
Question 18, Refer to Survey Section
- **Wisconsin Department of Health Services**
2010 Burden of Oral Disease in Wisconsin
www.dhs.wisconsin.gov/
- **Healthy People 2020**
www.healthypeople.gov
- **Centers for Disease Control**
www.cdc.gov

Key Measure: Did Not Access Dental Provider When Needed in the Past 12 Months, 2009 vs. 2011



Key Measure: Reasons Dental Provider Was Not Accessed, 2011



COMMUNITY PERSPECTIVES

Oral health is an essential part of our everyday lives. The most common oral diseases among children and adults are dental cavities and gum disease. Dental cavities is the most common chronic disease among children, five times more frequent than asthma. As a result of gum disease, teeth become loose, chewing food becomes difficult, and teeth may have to be extracted.

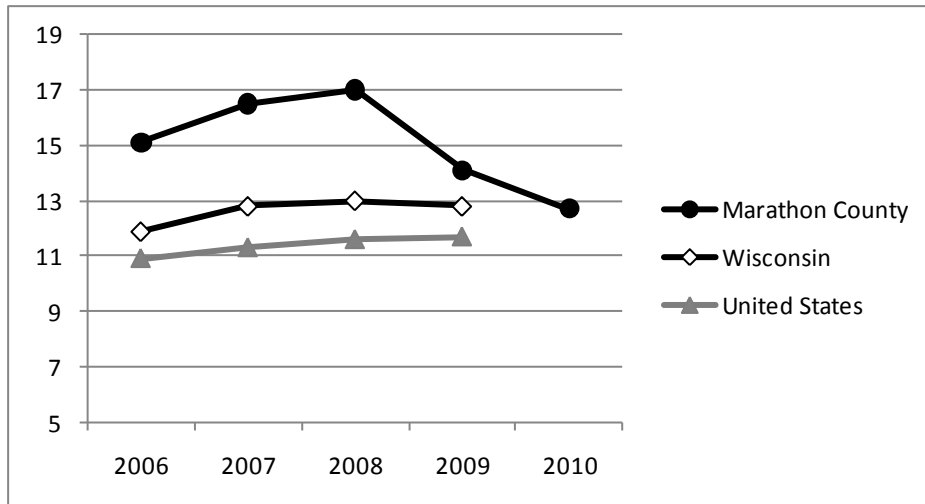
The national Healthy People 2020 goal is to decrease untreated dental decay in children and adults. Proven and effective measures exist to prevent dental decay. Adjusting the fluoride in the community water supply to prevent dental cavities yields about \$38 in savings each year from fewer cavities treated for every \$1 invested in water fluoridation. Another safe, effective way to prevent tooth decay is dental sealants—a plastic coating applied to the chewing surfaces

of the back teeth, where most decay occurs. In Wisconsin, 51% of 3rd grade children have dental sealants.

Tooth decay affects more than one-fourth of US children aged 2–5 years and half of those aged 12–15 years. One-fourth of US adults aged 65 or older have lost all their teeth. Barriers to children and adults receiving dental care include being uninsured /underinsured or difficulty finding a dentist who accepts Medicaid.

A large proportion of dental care is paid out-of-pocket by patients. Nationally in 2008, 44% of dental care was paid out-of-pocket, 49% by private dental insurance, and 7% by federal or state government sources. In comparison, 10% of physician and clinical services were paid out-of-pocket, 49% by private medical insurance, and 35% by government sources.

Key Measure: Suicide Rates (per 100,000) for County, State, and US, 2006-2010



Note: The data in the graph (2006-2009) describes suicides among Marathon County residents (Wisconsin Interactive Statistics on Health); 2010 data derived from the Marathon County Medical Exam-

COMMUNITY PERSPECTIVES

Mental health is commonly used in reference to mental illness. In recent years, mental health represents two different psychological states; mental health – optimal well-being and mental illness- a diagnosable mental disorder. It is estimated that only about 17% of US adults are considered to be in a state of optimal mental health. Depression is the most common type of mental illness, affecting more than 26% of the US adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease.

According to the Centers for Disease Control and Prevention, suicide was the 11th leading cause of death for Americans in 2010, with men 4 times more likely to end their lives than women. While more than 34,000 people kill themselves each year, more people survive suicide attempts than actually die. These individuals often require medical attention and mental health services.

Individual factors for increased risk of suicide include depression or other mental health disorders, chronic disease, substance abuse, alcoholism, and the loss of a loved one, among others. Factors within a community that can contribute to the overall risk of suicide include economic change,

unemployment, availability of particularly lethal methods of suicide, and changes to social structures and supports.



Suicide is often preventable if individuals recognize and further address warning signs. Community members can learn the warning signs of suicide and other mental health issues; encouraging and referring those exhibiting signs of suicide to seek help.

In Marathon County, 58.3% of LIFE survey respondents indicated mental health services are accessible. However, 42.9% of respondents indicated mental health services were not affordable.

DATA HIGHLIGHTS

- In 2011, 96% of LIFE survey respondents reported that there was not a time in the past 12 months where they needed to visit a mental health provider but could not. The primary reason for those that were unable to visit a provider was cost and/or insurance coverage.
- In 2010, the Marathon County Medical Examiner's records reflect that of the 17 individuals who died by suicide in Marathon County:
 - ◇ The majority were Caucasian males over 40 years of age.
 - ◇ Alcohol or drugs were a factor in 59% of cases.
 - ◇ Gunshot was the means of death in 65% of cases.
- Five deaths by suicide were reported in Marathon County as of May 6, 2011.
- Approximately 22% of American adults suffer from a mental disorder in a given year. More than 90% of those who die by suicide have a diagnosable mental disorder.
- Prevent Suicide Marathon County has trained over 5,000 residents on the Question, Persuade and Refer (QPR) program to train individuals in recognizing the warnings signs of suicide and referring those for help.
- NCHC crisis line receives nearly 400 calls annually from people contemplating suicide in Marathon County.

SOURCES

- **Centers for Disease Control**
www.cdc.gov/Suicide-FactSheet
www.cdc.gov/nchs/
- **Marathon County Medical Examiner**
Report: Suicide Statistics 2010
- **Wisconsin Department of Health Services**
www.dhs.wisconsin.gov/
- **Mental Health America**
<http://www.nmha.org/>

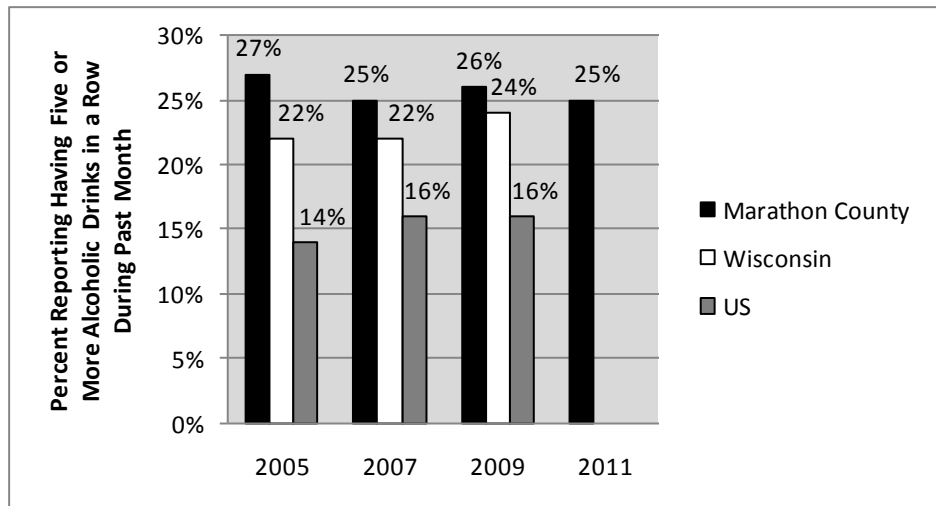
DATA HIGHLIGHTS

- According to the LIFE Community Survey, two of the top three health issues important to improving quality of life include, responsible use of alcohol, and drinking and driving.
- 80% of respondents to the LIFE survey agree or strongly agree to being concerned about drinking and driving in the community.
- Since 2009, there is no significant difference in the number of persons reporting drinking 5 or more drinks on one occasion during the past 30 days.
- 79.5% disagree or strongly disagree that illegal drug use is rare.
- 66.9% disagree or strongly disagree that misuse of prescription drug use is very rare.
- 41% of Wisconsin high school students report having at least one drink of alcohol in the past 30 days.
- The rate of binge drinking is 23% among Wisconsin adults and 25% among Wisconsin high school students.
- 19% of high school students report using marijuana in the past 30 days.
- 21% of Wisconsin high school students in 2009 reported using prescription drugs for non-medical purposes at some point in their lives.

SOURCES

- **Youth Risk Behavior Survey, Wisconsin Department of Public Instruction**
<http://dpi.state.wi.us/sspw/>
- **Behavioral Risk Factor Surveillance Survey**
<http://www.cdc.gov/brfss/>
- **WI Epidemiological Profile on Alcohol and Other Drug Use, 2010**
www.dhs.wisconsin.gov/stats/
- **Wisconsin Department of Transportation**
www.dot.wisconsin.gov/safety/motorist/drunkdiriving/

Key Measure: Prevalence of Binge Drinking in Marathon County, Wisconsin, and US, 2005-2011



Note: State and national data was not available beyond 2009. Binge drinking is defined as 4 or more servings of alcohol at one occasion for a woman and 5 or more servings of alcohol for a man. One serving is equal to one 12oz beer, one 5oz glass of wine or one-and-a-half oz of hard liquor.

COMMUNITY PERSPECTIVES

Alcohol usage among Wisconsin adults is higher than the national average (67% compared to 54%). In addition, Wisconsin's rates of alcohol use and misuse are among the highest – if not the highest in the nation. As of 2008, Wisconsin adults continue to have the highest rates of alcohol consumption, binge drinking and heavy drinking among all US states and territories.

Wisconsin has one-and-a-half times the national rate of arrests for operating a vehicle while intoxicated and more than three times the national rate of arrests for other liquor law violations. The societal, economic and health care costs of substance abuse in Wisconsin are substantial, as are the related costs to the community related to family violence, criminal offenses and arrests.

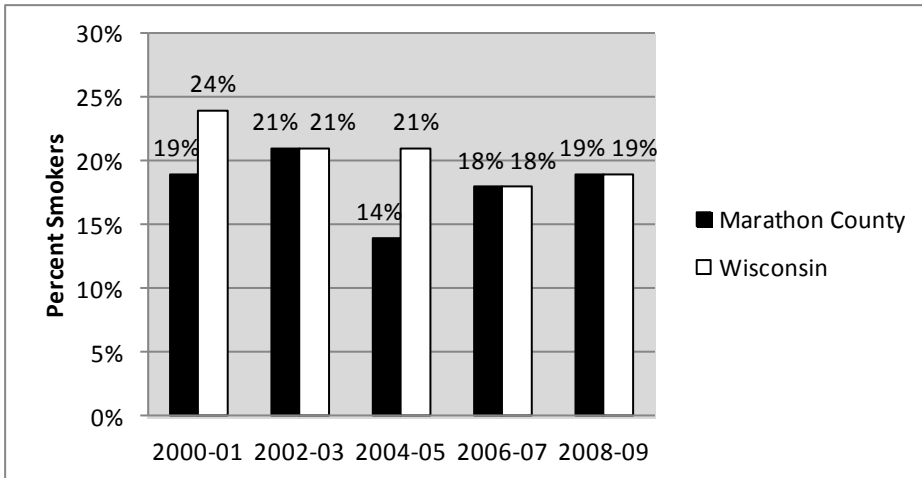
In 2009, Wisconsin high school students reported the 11th highest rate of current alcohol use (41%) among all reporting states. This is an improvement over 2007 when Wisconsin ranked highest in the US on this measure (49%). In addition, in recent years the percentage of Wisconsin high school students who start drinking before age 13 is decreasing and similar to the national average (19% compared to 21%). Youth who begin drinking before age 15 are five times

more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21.

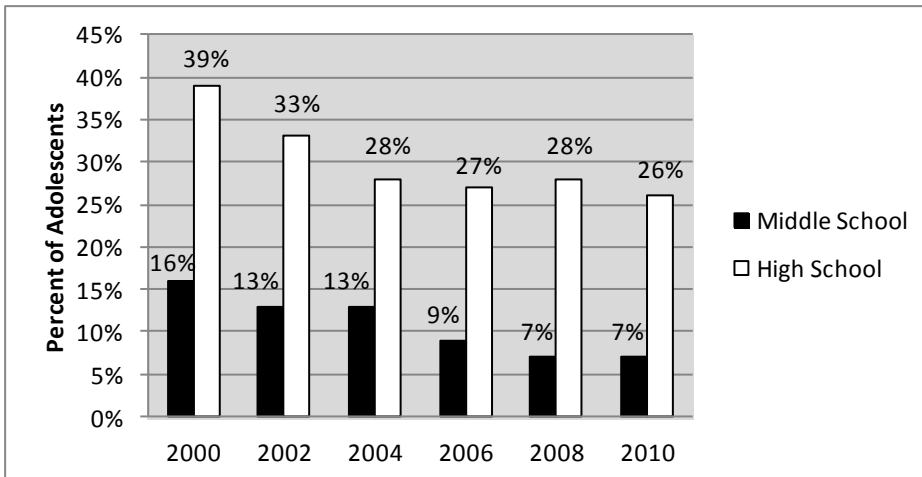


Alcohol impaired driving has serious consequences. In 2009, of the total 29,907 crashes in Wisconsin, alcohol was related to 45% of these, killing 238 people and injuring an additional 4,000. In 2009 in Marathon County, alcohol was involved in 150 traffic crashes with 92 injuries and 7 fatalities, representing 37% of the total crash fatalities.

Key Measure: Adult Smoking in Marathon County and Wisconsin, 2000-09



Key Measure: Adolescents Using Any Tobacco Product in Wisconsin, 2000-10



COMMUNITY PERSPECTIVES

In July, 2010 the State of Wisconsin implemented the smoke-free air law, banning smoking in public places, worksites, restaurants, and bars. The respondents to the LIFE survey overwhelmingly support the ban with 86.7% of respondents indicating it's a good thing.

Wisconsin adult smoking dropped from 24% in 2000 to slightly below 19% in 2009. However, there have been increases in the adult smoking rate in Marathon County between 2005 – 2008. Smoking rates among Wisconsin high school students continues a steady decline, with 17.7% of students reporting they currently smoke cigarettes. The current use of any tobacco product among high school students was 39% in 2000 compared to 25.6% in 2010.

Statewide, smokeless tobacco use is on the rise. The tobacco industry has engineered a new line of products which do not resemble traditional tobacco and are available in flavors such as vanilla, watermelon and dreamsicle. Candy flavorings and bright packaging make them appear similar to candy and mints and are arguably more attractive to younger audiences. In addition, smokeless tobacco advertising and promotion spending has nearly tripled from 1996 to 2006. The tobacco industry is responding to the smoke-free laws by marketing smokeless tobacco as an alternative to quitting cigarettes. The health consequences of smokeless tobacco use include oral, throat and pancreatic cancer, tooth loss, gum disease and increased risk of heart disease, heart attack, and stroke.

DATA HIGHLIGHTS

- In 2009, 17.7% of the Marathon County births were to women who used tobacco during their pregnancy; higher than the state rate of 14%. In Marathon County, the percentage of women who use tobacco during their pregnancy has not decreased in the past ten years.
- For each smoker that quits, Wisconsin saves \$1,623 in Medicaid and other health care costs.
- Tobacco prevention and control has a proven return on investment; each dollar invested in tobacco prevention and control saves at least \$3.60 in tobacco-caused health care costs. Wisconsin collects \$696 million in tobacco taxes and spends \$6.85 million on prevention and control.
- Tobacco remains the number one preventable cause of death.

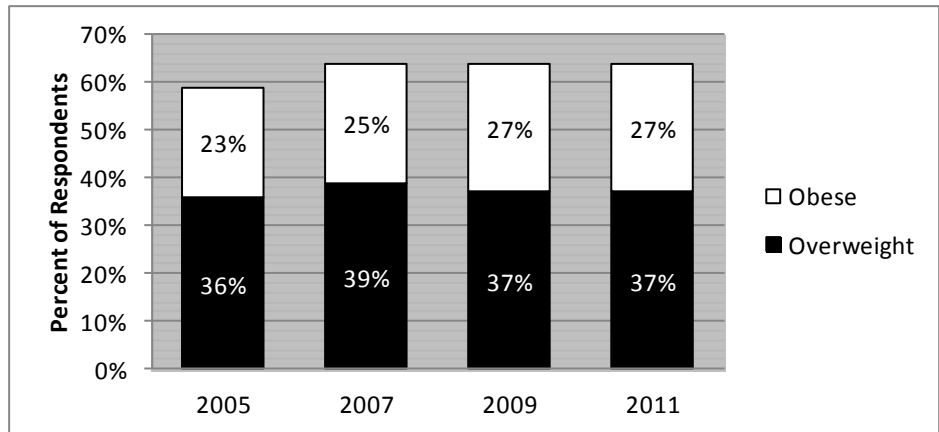
SOURCES

- **Youth Risk Behavior Survey, Wisconsin Department of Public Instruction**
<http://dpi.state.wi.us/sspw/yrbsindx.html>
- **WI Youth Tobacco Survey**
<http://www.dhs.wisconsin.gov/tobacco/informationData.htm>
- **Behavioral Risk Factor Surveillance Survey**
<http://www.cdc.gov/brfss/index.htm>
*The 2009 data should not be compared to previous years BRFSS data due to changes in survey methodology.
- **WI Interactive Statistics on Health**
<http://www.dhs.wisconsin.gov/wish/>
- **WI Tobacco Control Program information**
<http://www.tobwis.org/find-resources>

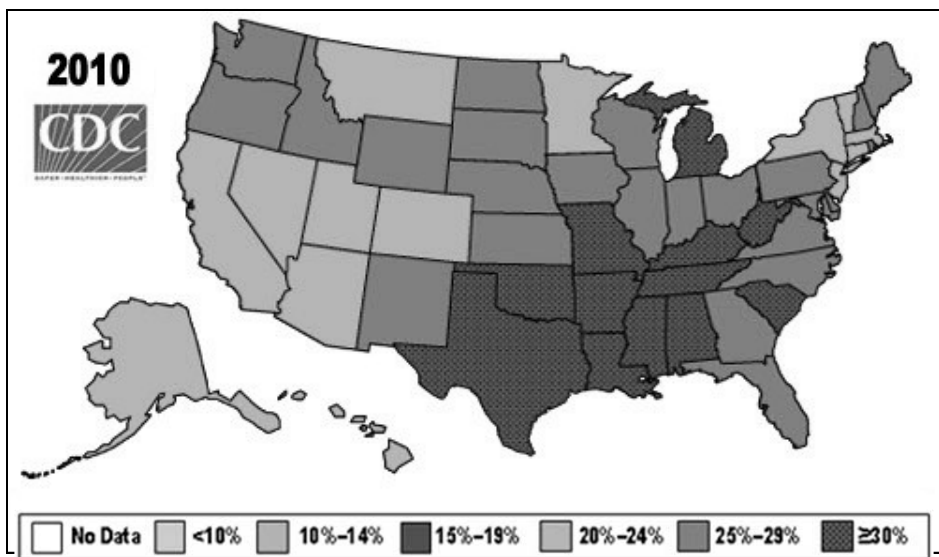
DATA HIGHLIGHTS

- 76.8% of LIFE respondents agree that obesity is a concern in the community.
- 51% of LIFE respondents exercise at least 30 minutes three to four days per week.
- In 2010, 26.9% of Wisconsin adults were considered obese and 36.7% were overweight (BRFSS). In 2009, 9.3% of Wisconsin youth were considered obese and 14% were overweight (YRBS).
- In 2009, 23% of Wisconsin youth watched television 3 or more hours per day on the average school day (YRBS).
- In 2009, 22.7% of Wisconsin adults report eating 5 or more fruits or vegetables per day (BRFSS).
- The Centers for Disease Control & Prevention cite the following strategies to prevent obesity: Increase physical activity, decrease television viewing, increase the consumption of fruits and vegetables, decrease the consumption of sweetened beverages, reduce consumption of high energy dense foods and increase the initiation and duration of breastfeeding.

Key Measure: Percentage of Overweight and Obese Marathon County Adults, 2011 LIFE Respondents



Key Measure: Percentage of Obese (BMI ≥ 30) in U.S. Adults, 2010



SOURCES

- **Centers for Disease Control and Prevention - National Center for Injury Prevention and Control**
<http://www.cdc.gov/obesity/index.html>
- **Youth Risk Behavior Survey, WI Department of Public Instruction (YRBS)**
<http://dpi.state.wi.us/sspw/yrebsindx.html>
- **Behavioral Risk Factor Surveillance System (BRFSS)**
<http://www.cdc.gov/brfss/index.htm>
- **The Epidemic of Chronic Disease, WI Department of Health Services**
<http://www.dhs.wisconsin.gov/publications/Po/Poo238.pdf>

COMMUNITY PERSPECTIVES

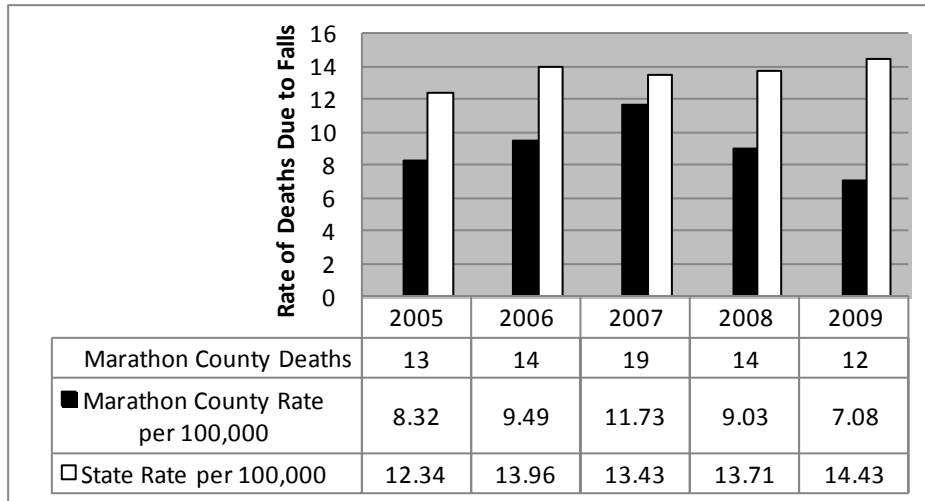
Nationally the medical costs for overweight and obesity alone are estimated to be \$147 billion annually or 9.1% of the US health care expenditures, with half of these costs paid for publicly by Medicaid and Medicare. Obesity and related chronic diseases affect the economy in two major ways. One is the direct costs associated with the medical care to treat these diseases. These are estimated to total \$1.15 billion annually in Wisconsin. These numbers only represent the costs to the Medicaid system. If numbers to the private sector were included, the numbers would be significantly higher. Second, chronic diseases affect the economy through indirect costs including lost productivity and lost wages when an ill person cannot work. Obesity rates are correlated with

high cholesterol, high blood pressure, diabetes, arthritis, asthma and depression.

Prevention of chronic disease yields a remarkable return on investment. In Wisconsin, adequately funded community-based programs that address insufficient physical activity, unhealthy diet and tobacco use would yield a return of \$6.20 for every \$1 spent over the course of 5 years.

The way we live in our communities is directly related to whether we will develop a chronic disease later in life. Individuals are responsible for their own health. Creating environments where the healthy choice is the easy or default choice, is necessary to sustain healthy behaviors.

Key Measure: Deaths Due to Falls in Marathon County & Wisconsin, 2005-09



Key Measure: Five Leading Causes of Injury-Related Deaths in Wisconsin Residents with Corresponding Counts, by Age Group, 2008

Rank	0-14	15-44	45-64	65+	All Ages
1	Suffocation 27	Suicide 340	Suicide 302	Falls 789	Falls 918
2	Motor Vehicle Crashes 22	Motor Vehicle Crashes 296	Poisoning 210	Motor Vehicle Crashes 106	Suicide 737
3	Homicide 19	Poisoning 259	Motor Vehicle Crashes 157	Suicide 93	Motor Vehicle Crashes 581
4	Drowning 13	Homicide 97	Falls 105	Suffocation 48	Poisoning 481
5	Fire 9	Falls 23	Homicide 24	Poisoning/Homicide 11	Homicide 151

COMMUNITY PERSPECTIVES

Fall-related injuries are the leading cause of death and disability, disproportionately impacting older adults. For adults 65 and older, falls are the leading cause of hospitalizations and emergency department visits. Falls are not a normal part of aging and can be prevented.

In Wisconsin, falls have surpassed motor vehicle crashes as the most common cause of injury-related death. Factors that contribute to falls include muscle weakness, decreased balance, medications, hazards inside and outside the home, inappropriate footwear, cognitive impairment, visual impairment and fear of falling.

Falls result in a substantial number of emergency department visits, inpatient hospitalizations, nursing home admissions, and deaths each year. In Wisconsin, 87 percent of fall-related deaths and 70 percent of inpatient hospitalizations involve individuals age 65 or older. It is estimated that \$800 million in hospital charges occur each year in Wisconsin due to falls.

Over half of the falls that result in death occur in the home. Even though the majority of falls occur in the home, most of the deaths occur in the hospital. Approximately 40% of those admitted to a nursing home had a fall in the 30 days prior to admission.

DATA HIGHLIGHTS

- Marathon County's fall-related deaths are consistently below the state.
- From 2005-2009, fall-related deaths were 9.16 per 100,000 (age adjusted rate) for Marathon County compared to the state's rate of 13.58. Healthy People 2020 national goal is 7.0 deaths per 100,000 population.
- In 2008, the rate of fall-related inpatient hospitalizations for Marathon County, ages 65 years and older was 2,230 per 100,000. For emergency room visits, the rate was 3,008 per 100,000.
- From 2005-2009, falls contributed to 378 years of potential life lost in Marathon County. Years of potential life lost is a measure of premature mortality.
- In 2009, the rate of fall-related deaths for adults aged 65 years and older was 54.13 per 100,000 for Marathon County, compared to the state rate of 107.71. Healthy People 2020 national goal is 45.3 deaths per 100,000 for adults aged 65 years and older.

SOURCES

- **The Burden of Falls in Wisconsin. August 2010.**
Department of Health Services
www.dhs.wi.gov
- **WISH (Wisconsin Interactive Statistics on Health)**
www.wish.wisconsin.gov
- **Healthy Marathon County**
www.healthmarathoncounty.org
- **Healthy People 2020**
www.healthypeople.gov