

# HEALTH & WELLNESS



The places in which we live, learn, work, and play have tremendous effects on our health.

Our community has a culture of collaboration to improve health for all.

Together, we can continue to make Marathon County one of the healthiest counties in the state.

## Health and Wellness Subcommittee

Joan Theurer, Chair	Marathon County Health Department
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Michael Blick, MD	Retired Physician
Judy Burrows	Marathon County Health Department
Katie Dively	Healthy Marathon County
Brad Jourdan	Diagnostic and Treatment Center
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Linda Weitz, Aging Committee	Aging and Disability Resource Center

## Keep in mind....

Health is not something we get from the doctor's office, but instead it is something that starts in our families, in our schools and workplaces, in our playgrounds and parks and in the air we breathe and the water we drink.

# Section Summary

## Success and Progress

- Marathon County continues to set up our children for a healthy start by improving birth outcomes. The community continues to support and sustain efforts regarding prenatal care and health services throughout early childhood in support of families with young children.
- Community-wide collaboration and partnerships through local coalitions have been the hallmark for success in Marathon County. The 2015-2017 LIFE Report marks the first time our community has county-wide Youth Risk Behavior Survey data from all public high schools in Marathon County.
- Marathon County has made progress to improve access to dental care for all residents through the expansion of Federally Qualified Health Centers (FQHC) that serve Marathon County. Residents continue to be able to access primary health care and preventive health screenings close to their home.

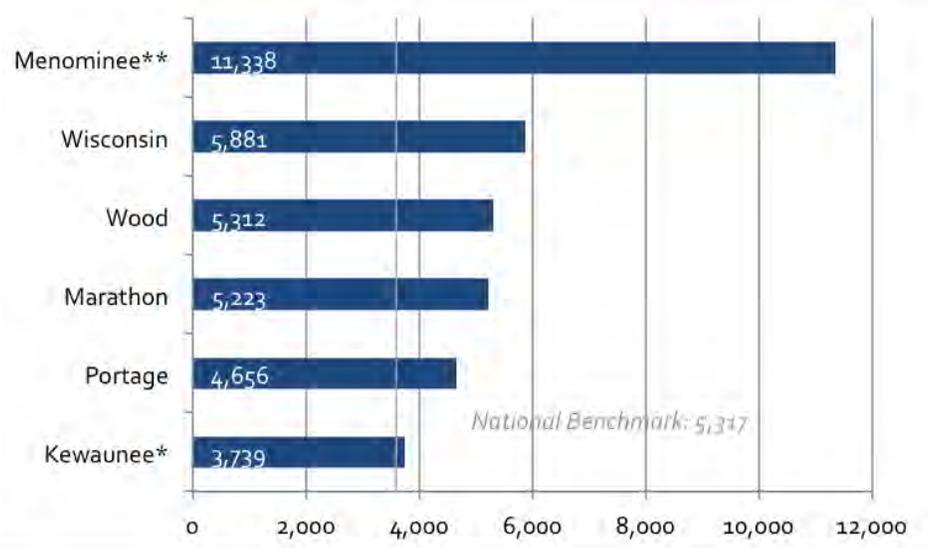
## Calls to Action

- Alcohol misuse and abuse rates in Marathon County continue to be higher than national averages and illegal drug use was the number one concern in the 2015 LIFE Community Survey, sparked by a rise in heroin and prescription drug use and drug-related overdose deaths.
- There exists in Marathon County a continuing need for affordable and accessible mental health services, specifically psychiatric services and integrated treatment that addresses the co-occurrence of mental health and substance abuse.
- The percentage of adults who are at a healthy weight has remained stable in Marathon County, yet many individuals are still at an increased risk for obesity-related chronic diseases.

## Opportunities for Action

For Individuals	Spend quality time with your family and friends. Cook and eat healthy meals together. Play outside together. Talk. Listen. Connect.
For Organizations	Create healthy workplaces for your employees by encouraging healthy eating choices at meetings, physical activity breaks during the work day, and supporting alcohol-free, family friendly community events.
For the Community	Continue to strengthen relationships between organizations and leverage community partnerships to maximize resources for prevention of poor health outcomes.

**Key Measure:** Years of Potential Life Lost (YPLL) per 100,000 Age-Adjusted, 2010 - 2012 (\*\* indicates the highest rate per county in Wisconsin; \* indicates the lowest)



### COMMUNITY PERSPECTIVES

Premature death is an effective way to assess progress in improving the overall health of Marathon County. Premature death is described as the years of potential life lost before the age of 75 per 100,000 population. Every death that occurs in a defined community before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at 20 contributes 55 years of potential life lost, whereas a person dying at 72 contributes 3 years of potential life lost. The measure is age-adjusted so county comparisons can be made.

The trend in U.S. life expectancy since 1900 has steadily improved. From 1900-2010, the average lifespan in the U.S. was extended greater than 30 years, from 47.3 years in 1900 to 78.54 in 2010. The U.S. life expectancy for someone born in 2012 is 78.74 years, which is below the average of 80.1 years for the OECD countries (Organization for Economic Co-operation and Development).

Premature death focuses attention on

deaths that could have been prevented. Public health achievements in the development of vaccinations, motor-vehicle safety, safer workplaces, control of infectious diseases, safer and healthier foods, healthier mothers and babies, family planning, fluoridation of drinking water, and the recognition of tobacco use as a health hazard contributed to 25 of the 30 years of life gained during the 20th century.

Social and economic factors (educational level, unemployment, poverty, crime, social support) along with the physical environment impact an individual's length of life. Communities with low unemployment, poverty, crime and higher educational levels are more likely to have individuals living healthier, longer lives.

Marathon County's ability to increase life expectancy is dependent on our sustained efforts to ensure a high quality of life by continuing to improve education, employment, clinical care and safer, healthier communities that support a healthy lifestyle.

### DATA HIGHLIGHTS

- From 2010-2012, Marathon County residents lost 5,223 years of potential life.
- Marathon County's YPLL decreased, resulting in a jump from #22 to #18 of Wisconsin's 72 counties in 2015.
- Marathon County's life expectancy for those born in 2010 is 77.4 years for males and 82.6 years for females.
- Wisconsin's life expectancy for those born in 2010-2012 is 78 years for males and 82.5 years for females.
- In 2013, heart disease and cancer contributed to 62% of the ten leading causes of death in the U.S.
- Two causes of death that rose nationwide from 2012 to 2013 were chronic lower respiratory diseases and influenza and pneumonia, both of which can be antibiotic, antiviral, and/or antimicrobial resistant.
- Life expectancy in Wisconsin has gradually increased. During 1989-1991, a person 50-54 years old could expect to live another 30.3 years. By 2010-2012, a person in that age group could expect to live another 32.7 years.

### SOURCES

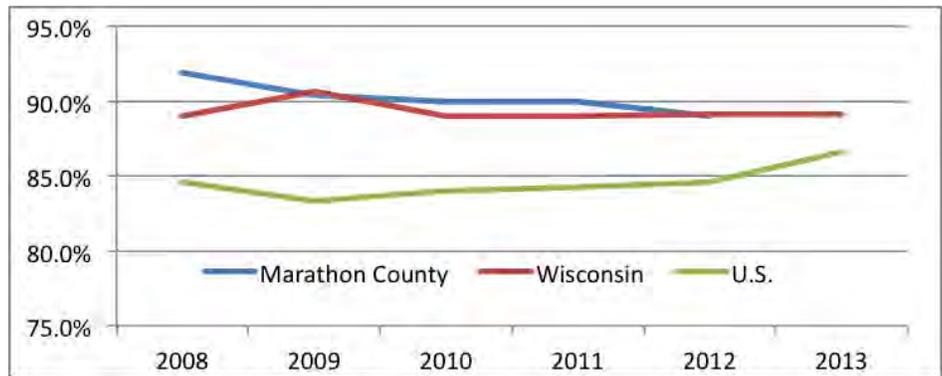
- **County Health Rankings & Roadmaps**  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- **Center for Disease Control and Prevention**  
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- **Wisconsin Department of Health Services**  
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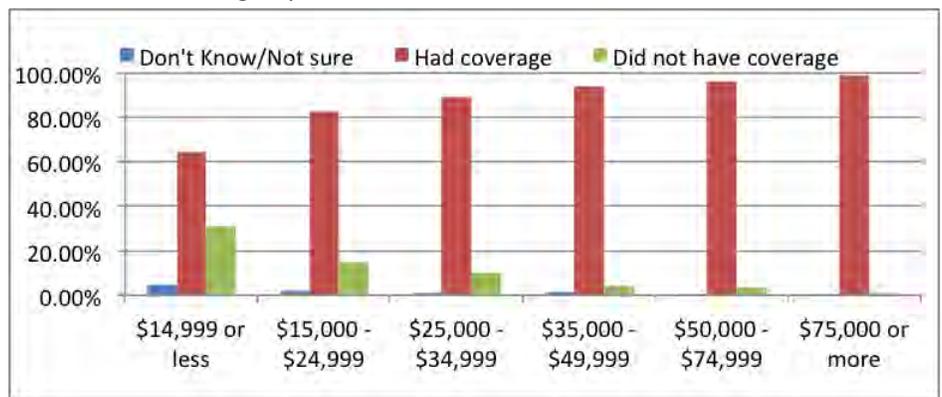
## DATA HIGHLIGHTS

- 7.6% of 2015 LIFE survey respondents reported a time in the past 12 months when they had no health care coverage. 28.9 % chose not to have it due to cost, 21.1% were not eligible, 18.4% were not offered it by their employer, and 14.5% were not working.
- 82% of respondents reported they were satisfied or strongly satisfied with the accessibility of healthcare.
- 77% of respondents reported they were somewhat concerned or very concerned about the affordability of health care, which was a 5% decrease from 2013.
- 28.7% of 2015 LIFE survey respondents reported that their family/household has medical debt.
- 21% of respondents reported a time in the past 12 months when they or someone in their family should have seen a doctor/medical provider but did not, which was a 10% increase from 2013. 42.1% had no means to pay for the service, 32.1% did not have insurance, and 24% chose not to see a doctor/ medical provider.

**Key Measure:** Percent of People with Health Insurance Coverage, 2008—2013



**Key Measure:** Percent of LIFE Community Survey Respondents without Healthcare Coverage by Income Level



### Health care coverage in Marathon County

37 years old  
Male  
White  
College Graduate  
Makes \$85,000/year



Has health care coverage

23 years old  
Female  
Laotian or Hmong  
No high school degree  
Makes \$14,000/year



No health care coverage

## SOURCES

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[www.cdc.gov](http://www.cdc.gov)
- **Wisconsin Department of Health Services**  
WI Interactive Statistics on Health (WISH)  
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- **US Department of Health & Human Services**  
[HHS.gov/HealthCare](http://HHS.gov/HealthCare)
- **County Health Rankings & Roadmaps**  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## COMMUNITY PERSPECTIVES

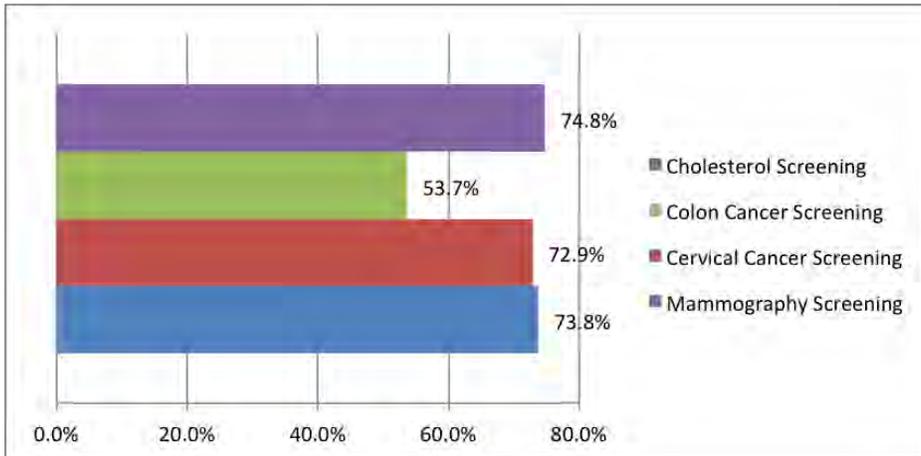
Access to high quality health care is vitally important for individuals and families, protecting you from unexpected, high medical costs and providing free preventive care, like vaccines, screenings, and check-ups. Currently 7.6% of respondents to the 2015 LIFE Survey reported that they did not have health coverage in the past 12 months due to high costs, their ineligibility for coverage, or their inability to get insurance through their employer.

Improving access and effectiveness of

health care continues to be a national and state priority. Under the Affordable Care Act, health insurance companies can't refuse someone coverage because of "pre-existing condition" – that is, a health problem you had before the date that the new health care coverage starts.

Access to affordable and high-quality health care ensures not only the health of Marathon County's families, but also their economic security.

**Key Measure:** Percent of Marathon County Adult Patients Receiving Screenings, 2013—2015



<b>Cholesterol Screening</b>	% of population 18 years or older who have ever had a cholesterol check
<b>Colon Cancer Screening</b>	% of population 50 years or older who have ever had a sigmoidoscopy or colonoscopy
<b>Cervical Cancer Screening</b>	% of women 18 years or older who have received a pap test during the last 3 years
<b>Mammography Screening</b>	% of women ages 40—69 who have received mammography

Source: Two of Marathon County’s local healthcare systems.

### COMMUNITY PERSPECTIVES

Preventive health screenings are a cost-effective way to identify and treat potential health problems before they develop or worsen. The medical field has established age and gender specific screening recommendations in order to improve the impact of certain conditions and diseases. Individuals are most commonly screened for blood pressure, cholesterol, diabetes, breast cancer, cervical cancer, colorectal cancer, prostate cancer, skin cancer, tobacco use, alcohol misuse, depression, hepatitis B/C viruses, and osteoporosis in addition to vaccinations, and general physical exams for children and adults.

Individuals who have a new health insurance plan or insurance policy beginning on or after September 23, 2010, have expanded coverage to include preventive services without having to pay a copayment or co-insurance or meet one’s deductible. Examples of preventive services now

covered include mammograms, flu shots, depression screening, and smoking cessation counseling.

The rate of preventable hospital stays is often used to assess the effectiveness and accessibility of primary healthcare. Preventable Hospital Stays are measured using the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. Higher rates of preventable hospitalizations may identify potential areas to improve the quality of healthcare systems through improvements to preventive clinical care, thus avoiding hospitalization.

### DATA HIGHLIGHTS

- In 2015, Marathon County ranked 21<sup>st</sup> out of Wisconsin’s 72 counties in clinical care according to the *County Health Rankings*.
- 92% of diabetic Medicare enrollees ages 65-75 years old receive diabetic (HbA1c) monitoring in Marathon County, compared with 90% for the state of Wisconsin.
- In 2015, Marathon County’s rate of preventable hospital stays was 61 per 1,000 Medicare enrollees, compared to 51 for the state of Wisconsin.



### SOURCES

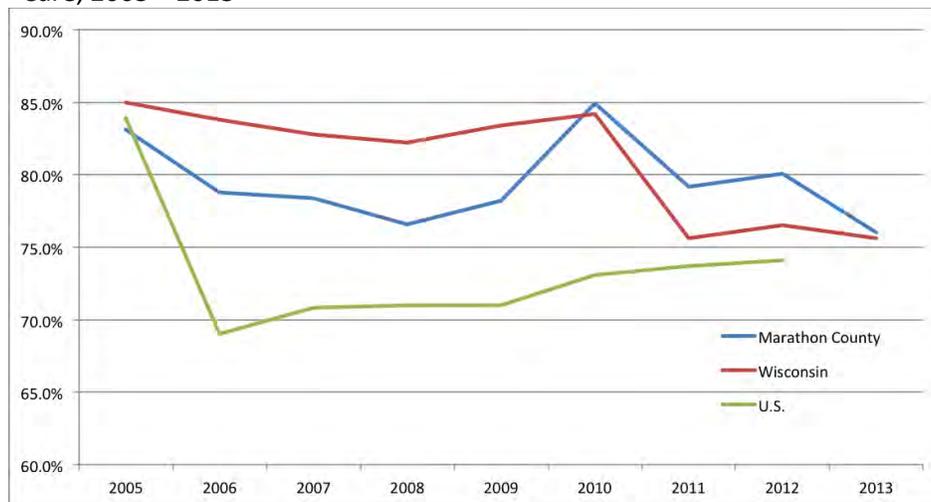
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- County Health Rankings & Roadmaps  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)



## DATA HIGHLIGHTS

- In 2013, Non-Hispanic white females at 80% were more likely to receive prenatal care during the first trimester of pregnancy than females from other racial/ethnic backgrounds at 59.5%.
- Females in Marathon County between the ages of 30-34 were more likely to receive prenatal care during the first trimester in 2013 than any other age group.
- Females in Marathon County who are married at 80% were more likely to receive prenatal care than those who are unmarried at 66% in 2013.
- Females who have a college degree at 86% were more likely to receive prenatal care in the first trimester than females with less than a high school degree at 47%.
- In 2013, there were 1,572 births among Marathon County female residents, compared to 1,609 births in 2012 and 1,636 births in 2011.

**Key Measure:** Percent of Mothers Who Received First-Trimester Prenatal Care, 2005–2013



## Prenatal Care in Marathon County

33 years old  
White  
College Graduate  
Married



↑ prenatal care in first trimester

21 years old  
Laotian or Hmong  
High School Graduate  
Unmarried



↓ prenatal care in first trimester

## COMMUNITY PERSPECTIVES

Early and regular prenatal care increases the likelihood that babies are born healthy by detecting complications and providing information on nutrition and the need to avoid alcohol, tobacco, and other choices that could harm the mother and her baby. Early and regular care is also linked to improved birth weight and decreased risk of preterm delivery. Babies born to mothers who receive no prenatal care are three times more likely to be born low birth weight and five times more likely to die than those whose mothers receive prenatal care.

Early prenatal care provides a means for referrals to community programs and services like WIC, FoodShare, treatment services, and tobacco cessation programs to support the expectant

mother and her family throughout the pregnancy.

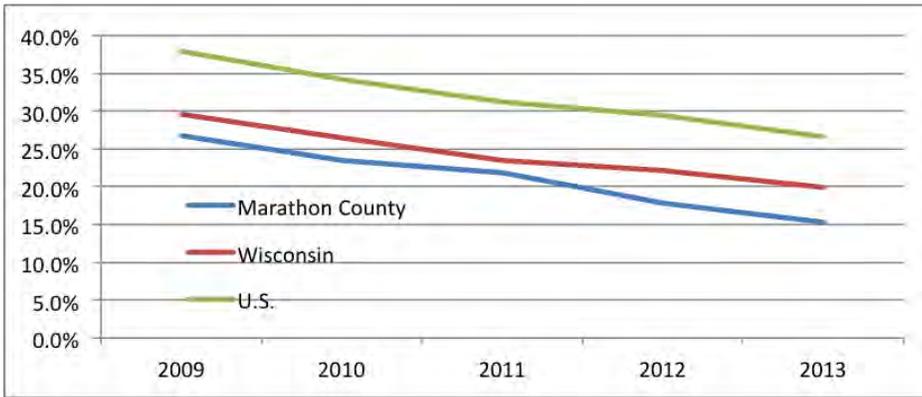
In 2013, 76% of expectant mothers in Marathon County, compared with 75.6% in Wisconsin, received prenatal care in the first trimester, both missing the national Healthy People 2020 goal of 77.9%. In 2013, 85.7% of Marathon County babies born received adequate care as measured by the Kotelchuck Adequacy of Prenatal Care Utilization Index, achieving the national Healthy People 2020 goal of 77.6%. This measure takes into account the month that prenatal care begins and the number of prenatal visits, adjusting for gestational age.

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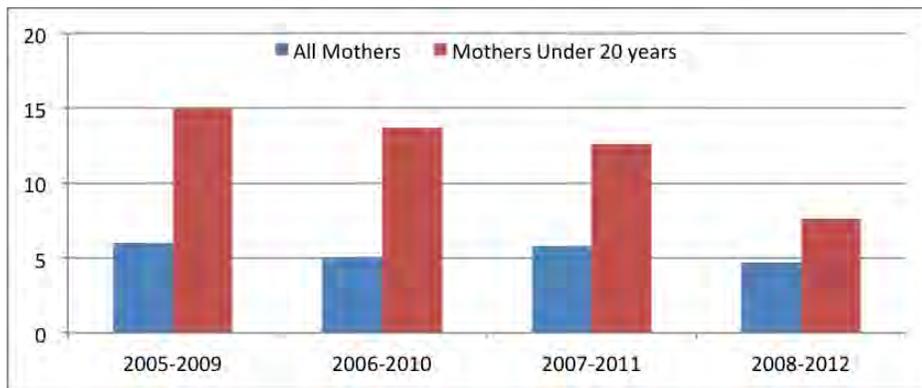
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- **Wisconsin Department of Health Services**  
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**Key Measure:** Rate of Births per 1,000 Females Ages 19 and Younger, 2009—2013



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



### COMMUNITY PERSPECTIVES

Nationally, the teenage pregnancy rate for females ages 19 and younger has continued to decline steadily over the past 20 years, from 60.3% in 1992 to 26.6% in 2013. Marathon County and Wisconsin follow this same pattern, with teen pregnancy rates continuing to decline over the past 5 years.

While reasons for the declines are not clear, teens seem to be less sexually active, and sexually active teens seem to be using birth control more than in previous years.

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high

school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.

The 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.

Marathon County's teenage pregnancy rate in 2013 has decreased and is at 15.3 births per 1,000 females between 15-19 years of age and continues to be below the state (19.9%) and the nation (26.6%).

### DATA HIGHLIGHTS

- At 7.6 per 1,000 females ages 15 to 17, Marathon County's birth rate in 2013 remains stable and lower than the state rate of 8.9 and lower than the U.S. rate of 12.3.
- At 27.5 per 1,000 females ages 18-19, Marathon County's birth rate in 2013 decreased and is lower than the state rate of 35.5 and the U.S. rate of 47.4.
- 22% of Marathon County high school students have had sexual intercourse compared with 35.3% for Wisconsin.
- Among Marathon County high school students who were sexually active, 63.8% reported that they or their partner had used a condom during last sexual intercourse.
- Among Marathon County high school students who were sexually active, 16.8% reported that they or their partner has used birth control pills to prevent pregnancy before their last sexual intercourse.
- In 2013, 8 of the 65 births (12.3%) to females under the age of 20 were low birth weight babies. For all births in Marathon County, the rate of low birth weight babies was 6.9%.

### SOURCES

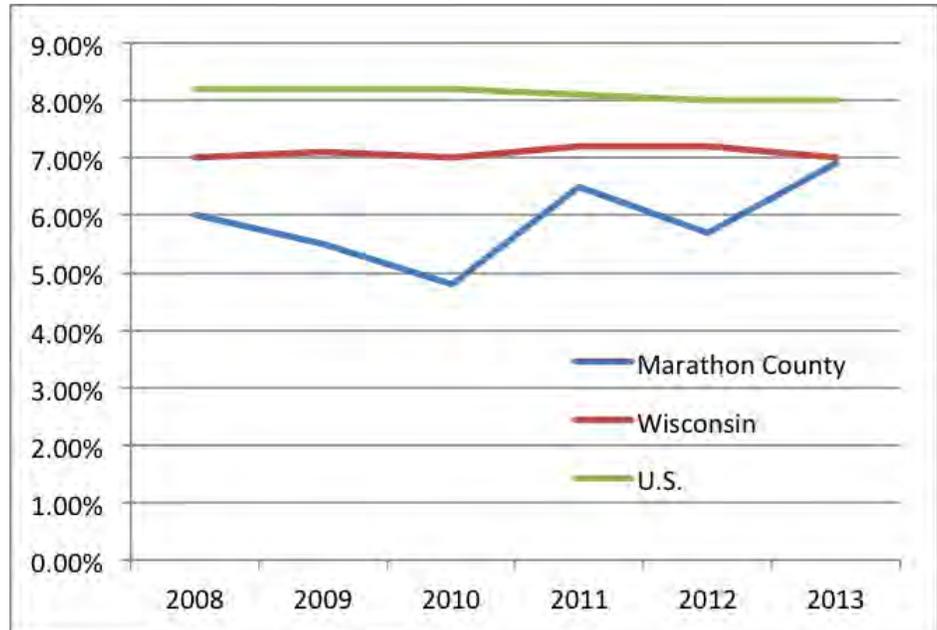
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**
- **U.S. Department of Health and Human Services**  
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- **Center for Disease Control and Prevention**  
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WI Interactive Statistics on Health  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



## DATA HIGHLIGHTS

- In 2013, 108 of 1,572 births (or 6.9%) were low birth weight in Marathon County, compared with 7% in Wisconsin and 8% across the U.S.
- Of those 108 low birth weight babies, 69.4% were preterm – born before 37 weeks of pregnancy.
- In 2013, the percentage of low birth weight babies born to Marathon County females under the age of 20 was 12.3%. In comparison, 6.6% were born to females over 20 years old.
- For females who used tobacco during their pregnancy, 10.1% of babies were low birth weight in 2013, compared to 6.9% born to non-tobacco users.
- In 2013, 15.7% of pregnant women in Marathon County smoked at some point during their pregnancy, higher than the state rate of 13.6%.
- In 2013, 8.8% of Hispanic and 8.8% of Laotian/Hmong females delivered low birth weight babies compared with 6.7% for white (non-Hispanic) females.

**Key Measure:** Percent of Low Birth Weight Babies, 2008—2013



## COMMUNITY PERSPECTIVES

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

Premature birth (babies born before 37 weeks of pregnancy) is a cause of low birth weight babies. Factors that increase a women’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 mother. Low-income women, women with low educational attainment, black women, and women under the age of 17 or over the age of 35 are also at a higher risk.

health conditions, stop smoking, get early and regular prenatal care, and seek medical care for preterm labor.

The national Healthy People 2020 goal is to reduce low birth weight babies to 7.8%. The percentage of low birth weight babies born to Marathon County females has risen slightly but continues to remain below the state and national averages over the past five years.



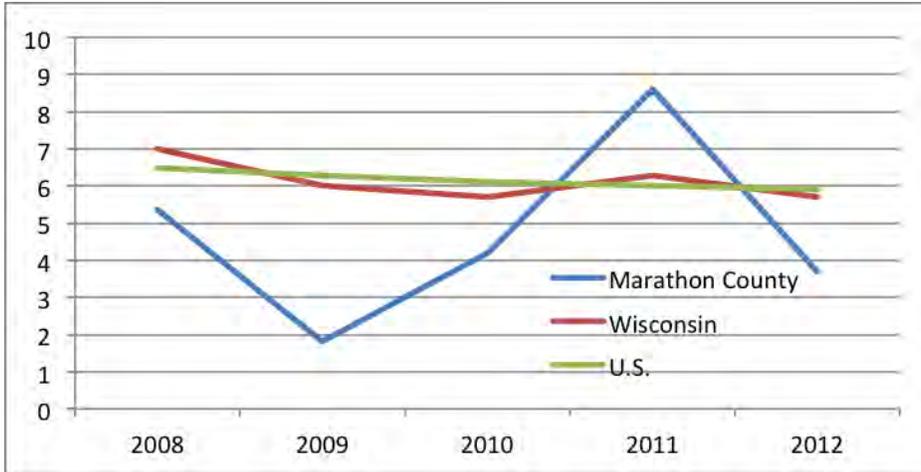
Women can reduce their risk for having a low birth weight baby by having a preconception check-up, control chronic

## SOURCES

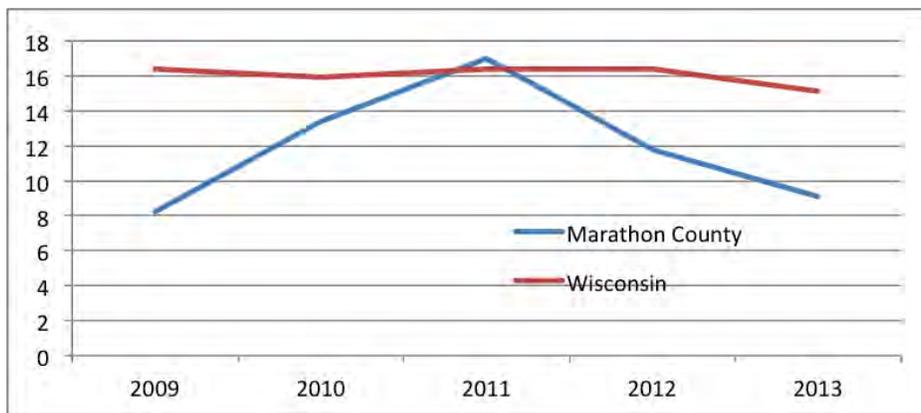
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**Key Measure:** Infant Mortality Rates per 1,000, 2008—2012 (Infant < 1)



**Key Measure:** Child Mortality Rates per 100,000, 2009—2013 (1 < Child < 18)



### 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.

In the U.S., infants born preterm accounted for 35% of all infant deaths in 2010, the single largest cause. Despite declines in overall infant mortality, disparities remain among racial/ethnic groups, most notably among black

females here in Wisconsin and the U.S.

From 2009-2013, 9 infant deaths were caused by suffocation in Marathon County. Creating a safe sleep environment is an important thing parents can do to keep their child safe and reduce the risk of suffocation. Babies sleep best alone, on their back in a crib.

### DATA HIGHLIGHTS

- In 2012, the infant mortality rate in Marathon County was 3.7 deaths per 1,000 infants, compared with Wisconsin rate of 5.7, and national rate of 5.9.
- From 2008-2012, the infant mortality rate was 4.7 for Marathon County, compared with 6.2 for Wisconsin.
- The leading cause of infant death in Marathon County from 2009-2013 was accidents (unintentional injuries) with 9 deaths resulting from suffocation.
- From 2009-2013, the age-adjusted child mortality rate in Marathon County was 11.9 per 100,000 population, compared to Wisconsin's rate of 16.1.
- In Marathon County, unintentional injuries accounted for 31% of all childhood deaths (age 14 and under) from 2008-2012.
- The national Healthy People 2020 goal is to reduce the rate of infant deaths to 6.0 per 1,000 live births.
- Marathon County is a chapter member of Safe Kids, a national organization, providing a crib (Pack N Play) to Marathon County parents at a nominal cost. Parents can call the health department for more information.

### SOURCES

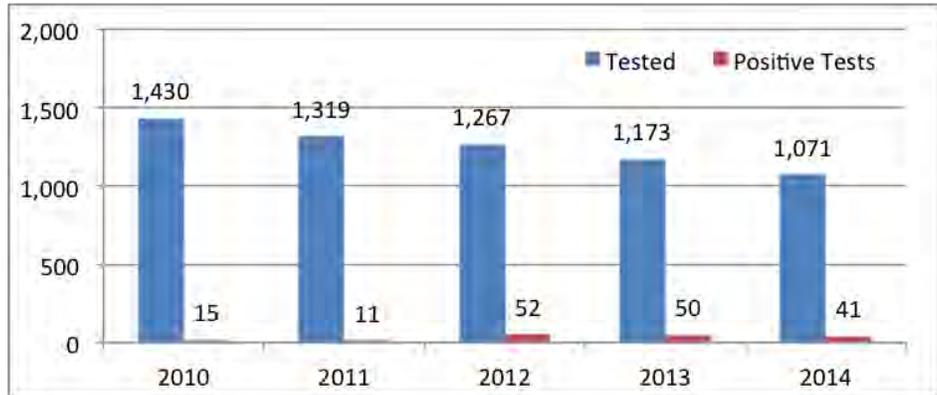
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- **Wisconsin Department of Health Services**  
WI Interactive Statistics on Health (WISH)  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)



## DATA HIGHLIGHTS

- Lead dust is created by deteriorating lead-based paint or renovation activities that 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.
- The national Healthy People 2020 has set a goal to eliminate elevated lead levels in children.
- Pre-1950 buildings are commonly associated with lead exposures. Although lead paint was banned in 1978, the health risk still persists today. Approximately 84% of the City of Wausau and 71% of Marathon County's housing stock was constructed prior to 1978.
- High levels of lead in water can cause adverse health effects, especially in infants and nursing mothers. Lead can be found in some metal water taps, interior water pipes in the home, and exterior main water pipes. When water sits in lead pipes for several hours, the lead can leach into the water supply.

## Key Measure: Marathon County Childhood Blood Testing, 2010–2014



Activities	2010	2011	2012	2013	2014
Total Number of Lead Tests	1,430	1,319	1,267	1,173	1,071
Results less than 10 ug/dl	1,403	1,303	1,197	1,162	1,060
Results 5 to 10 ug/dl	~	~	49(39)	56 (41)	44 (34)
Results 10 to 19 ug/dl	17 (9)	17 (10)	16 (11)	11 (9)	10 (6)
Results 20 ug/dl and greater	10 (6)	1 (1)	5 (2)	0 (0)	1 (1)
Hazard Reduction Housing Units	3	2	3	2	3
Lead Property Inspections	20	20	25	33	22

## COMMUNITY PERSPECTIVES

Lead is toxic to everyone, particularly to children under the age of 6. Lead exposure to young children can cause reduced IQ and attention span, learning disabilities, developmental delays, and a range of other health and behavioral effects.

Children who are at increased risk for lead exposure are to be tested at age 1 and 2 years. The effects of lead poisoning are irreversible, so early intervention is key to preventing increased negative impacts for a child and the community.



In 2012, the Marathon County Lead Prevention Team began intervening at blood lead levels of 5 ug/dl and above. When children are identified as having elevated blood lead level, parents receive public health intervention to identify the source and reduce further exposure. Prior to intervening at blood levels of 5 ug/dl,

it could take 1-3 years to reduce a child's blood lead level into a safe range. Most childhood lead poisoning occurs in the home where the child lives or regularly visits. Childhood lead poisoning can best be prevented by eliminating lead based paint hazards. Wisconsin's goal is to have all houses be lead-safe. Wisconsin recommends that children between the ages of 6 months through 5 years be screened for the risk of lead

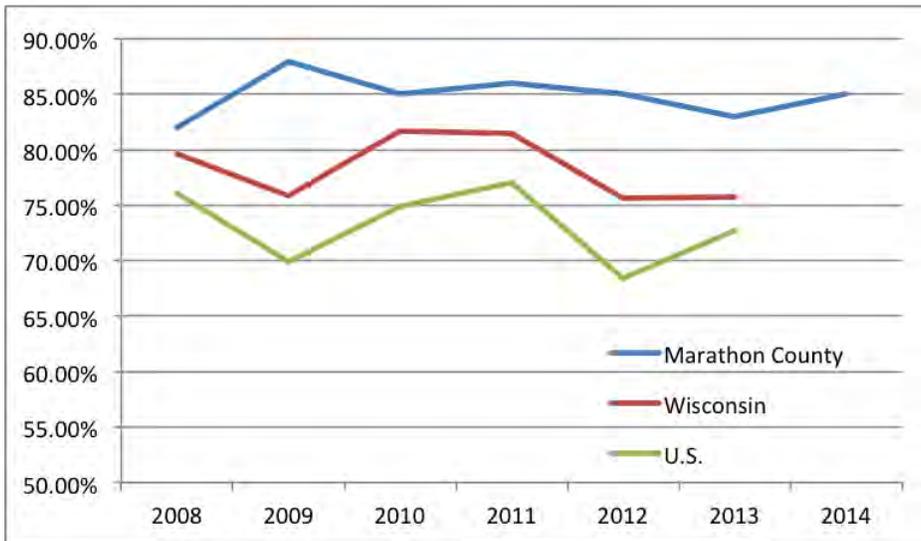
Early intervention has cut that time down to a few weeks or months in most cases. This early intervention approach has also produced a significant decrease of elevated blood lead levels (over 20 ug/dl) in Marathon County.

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- Wisconsin Department of Health Services  
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- Marathon County Health Department  
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**Key Measure:** Percent of Children with Up-to-date Immunizations at Age 2, 2008—2014 (Immunization Series 4:3:1:3:3:1)



### COMMUNITY PERSPECTIVES

Immunizations are one of the 10 greatest public health advances of the 20<sup>th</sup> and 21<sup>st</sup> centuries and continue to be one of the most cost effective measures to prevent communicable diseases. Immunizations benefit both the individual who receives them as well as the community as a whole. If community immunization rates are high enough, the resulting “herd immunity” protects individuals who are unable to be vaccinated and those with compromised immune systems.

The number of 2 year olds in Marathon County who are age appropriately vaccinated has remained fairly stable, between 83% and 88% over the past five years. The goal for herd immunity is a 90-95% vaccination rate, so



it is vitally important that all immunizations and vaccinations are up-to-date for people of all ages. The Marathon County Health Department supports routine immunizations for all individuals to protect themselves, those

that are unable to be vaccinated, and the public.

Immunization rates are affected by several factors including the increasing number of vaccines a child receives by age 2, 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.

### DATA HIGHLIGHTS

- In 2014, 85% of Marathon County children who turned 2 years of age were up-to-date on their immunizations.
- Marathon County health care providers use one of two immunization registries available in Wisconsin – 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 fully immunized by their 2<sup>nd</sup> birthday. In support of this goal, Marathon County uses a county-wide reminder system to all families with children under the age of two.
- High rates of immunization result in “herd immunity”, protecting both immunized and unimmunized individuals.

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- **Centers for Disease Control and Prevention**  
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[http://www.co.marathon.wi.us/dep\\_detail.asp?dep=20](http://www.co.marathon.wi.us/dep_detail.asp?dep=20)



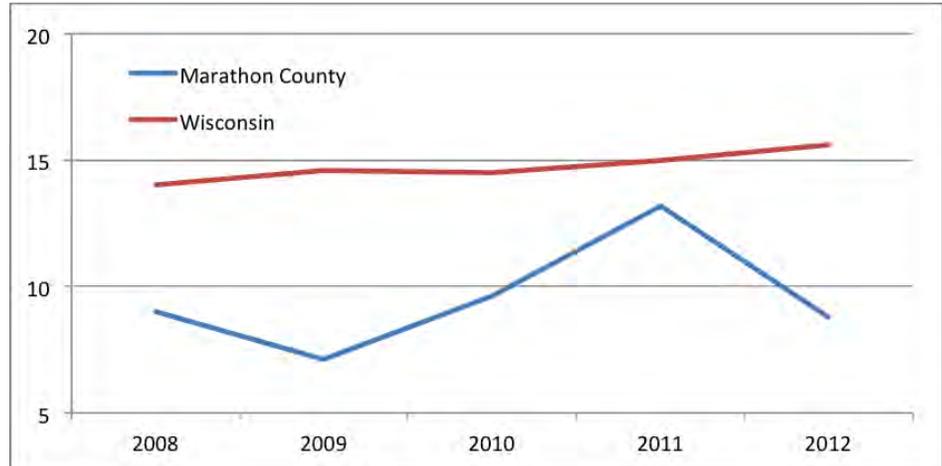
## DATA HIGHLIGHTS

- From 2009-2012, 68 Marathon County residents died on average each year from unintentional injuries. Falls are the leading cause, followed by motor vehicle crashes and poisoning.
- In 2012, for Marathon County adults age 65+, the rate of fall-related deaths was 60.9 per 100,000. The national Healthy People 2020 goal is 45.3.
- In 2013, falls accounted for 528 hospitalizations in Marathon County. The average age was 71.4 years old with an average hospital stay of 4.2 days.
- In 2013, falls accounted for 2,730 emergency department visits in Marathon County. The average age was 40.4 years old.
- In 2013, males accounted for 4,671 injury-related emergency department visits and 497 injury hospitalizations in Marathon County, while females accounted for 3,942 and 522, respectively.
- Accidents (unintentional injuries) were the number one cause of death for children under 18 years old in Marathon County between 2009-2013. Unintentional injuries include drowning, falls, poisoning, and motor vehicle accidents.

## SOURCES

- **Administration on Aging Older Americans 2012**  
[www.agingstats.gov](http://www.agingstats.gov)
- **Wisconsin Department on Health Services**  
[www.dhs.wisconsin.gov/aging/demographics/](http://www.dhs.wisconsin.gov/aging/demographics/)
- **Center for Disease Control Healthy Aging**  
[www.cdc.gov/aging](http://www.cdc.gov/aging)

**Key Measure:** Rate of Death Due to Falls per 100,000 Population, 2008—2012



**Key Measure:** Leading Causes of Injury Related Deaths in Marathon County, 2008

Rank	0-14	15-44	45-64	65+	All Ages
1	Suffocation 9	Motor Vehicle Crashes 31	Poisoning 17	Falls 63	Falls 77
2	0	Poisoning 30	Firearms 16	Motor Vehicle Crashes 15	Motor Vehicle Crashes 59
3	0	Firearms 24	Suffocation 10	Firearms 8	Poisoning 52
4	0	Suffocation 16	Motor Vehicle Crashes 10	Poisoning & Suffocation Both 5	Firearms 48
5	0	Drowning 6	Falls 7	0	Suffocation 40

## COMMUNITY PERSPECTIVES

Injury is a leading cause of death and disability among Wisconsin residents, accounting for 72 deaths in Marathon County in 2012. Injuries are divided into categories: unintentional (falls, motor vehicle crashes) and intentional injuries (homicide, assault). Poisoning, firearms, and suffocation are measures for unintentional and intentional injuries. Nearly all poisoning deaths in the United States are attributed to drugs, and most drug poisonings result from the abuse of prescription and illegal drugs.

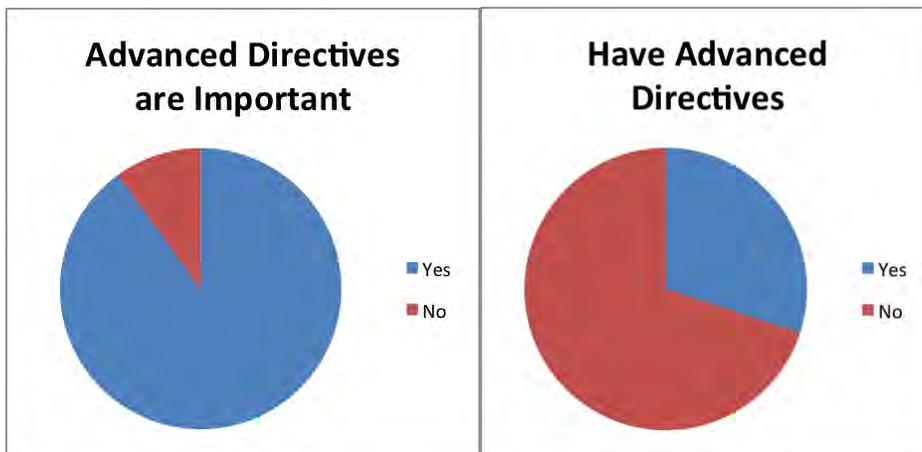
In Wisconsin, falls are the leading cause of unintentional injury-related death, emergency department visits, and inpatient hospitalizations. Fall-related injuries disproportionately impact older

adults. For adults 65 and older, falls are the leading cause of emergency department visits and hospitalizations.

Falls prevention has been a primary initiative to improve the overall health of the aging population in Marathon County. Programs such as Stepping On, Living Well with Chronic Conditions and Healthy Living with Diabetes are offered throughout Marathon County to provide evidence-based education for the aging population. Educational opportunities have been provided to local volunteer organizations such as Faith in Action and Mobile Meals to increase awareness of potential falls for the volunteers and the population they serve.



**Key Measure:** Percent of U.S. Residents who Favor Advanced Directives Compared to those who Have Advanced Directives



### COMMUNITY PERSPECTIVES

The Wisconsin Medical Society has launched Honoring Choices Wisconsin, a major project to build systemic change, advocacy, and education around advance care planning (ACP). By agreeing to collaborate around a shared model, hospitals, physicians, and communities will enjoy greater benefits and avoid duplicating work to improve ACP.

Federal and state law provides for an individual's right to formulate an advance directive in order to refuse medical or surgical treatment and to offer criteria or guidelines for selecting legal representation. Knowledge that one has planned well in advance for end-of-life care contributes to one's health and well-being. Pro-active conversations with loved ones, medical care providers, chaplains, and legal counsel ensure that one's wishes are followed while providing peace of mind.

While county-specific data is not yet available, state and national trends indicate that, while people understand the importance of ACP, most people have not completed an advanced directive. According to the Institute of Medicine's 2014 report titled "Dying in

America," only 25% of the U.S. general population has a documented ACP while approximately 50% of people over 60 do. The report suggests that end-of-life conversations could begin as early as age 16 when many people are receiving a driver's license.

Centers for Medicare and Medicaid Services end of life counseling legislation is moving forward with efforts to encourage doctors and patients to discuss advance care directives. As the Institute of Healthcare Improvement says, when it comes to improving end-of-life care, the universal starting point is a conversation.

### DATA HIGHLIGHTS

- 13% of Marathon County's population in 2014 is age 65–74.
- 8% of Marathon County's population in 2014 is age 55–64
- In 2012, the two leading causes of death among Wisconsin residents were heart disease and cancer, accounting for 45% of total deaths.
- As the 55+ population in Marathon County increases, so does the death rate.
- 80% of older Americans are living with at least one chronic condition, and 50% have at least two.
- 63% of people 65–74 had two or more chronic conditions; that percentage climbs to 78% for people 75–84 and to 83% for people 85+
- The "Respecting Choices" program has helped La Crosse County achieve a 96% ACP rate.

### SOURCES

- **Advance Directives & Medicare**  
The Burden of Falls in Wisconsin [compassionandchoices.org](http://compassionandchoices.org)
- **WI Department of Health Services**  
Wisconsin Death, 2013 [www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)
- **Wisconsin Medical Society**  
Honoring Choices [wisconsinmedicalsociety.org/professional/hcw/](http://wisconsinmedicalsociety.org/professional/hcw/)
- **Centers for Disease Control**  
Advance Care Planning and Chronic Disease Management [www.cdc.gov/aging/advancecareplanning](http://www.cdc.gov/aging/advancecareplanning)
- **Institute of Medicine**  
Dying in America [www.iom.nationalacademies.org](http://www.iom.nationalacademies.org)

## DATA HIGHLIGHTS

- In 2014, Marathon County reported zero cases of measles, rubella, tetanus, diphtheria, and polio, all of which are vaccine-preventable.
- Chlamydia continues to be the most frequently reported of all communicable diseases, both in Marathon County and nationwide.
- Cases of Hepatitis C continue to increase in Marathon County. Injection drug use is one of the most significant risk factors for becoming infected. Needle exchange programs are shown to reduce hepatitis C infection without increasing drug use.
- Changes in reporting criteria for Lyme disease implemented on June 1, 2012, resulted in significantly fewer cases reported in 2012. Only cases exhibiting the characteristic bulls-eye rash are required to be reported.
- Influenza associated hospitalizations have increased in recent years, with the highest number of cases, 86, reported in 2013. However, influenza associated hospitalizations were not reported until 2010.
- Cases of blastomycosis have decreased significantly since 2010.

## SOURCES

- Marathon County Health Department**  
[www.co.marathon.wi.us](http://www.co.marathon.wi.us)
- Wisconsin Division of Public Health**  
Wisconsin Electronic Disease Surveillance System  
[www.dhs.wisconsin.gov/wiphin/WEDSS.htm](http://www.dhs.wisconsin.gov/wiphin/WEDSS.htm)
- US Centers for Disease Control and Prevention**  
[www.cdc.gov](http://www.cdc.gov)

## Key Measure: Reported Communicable Disease Cases & Rates, 2010—2014

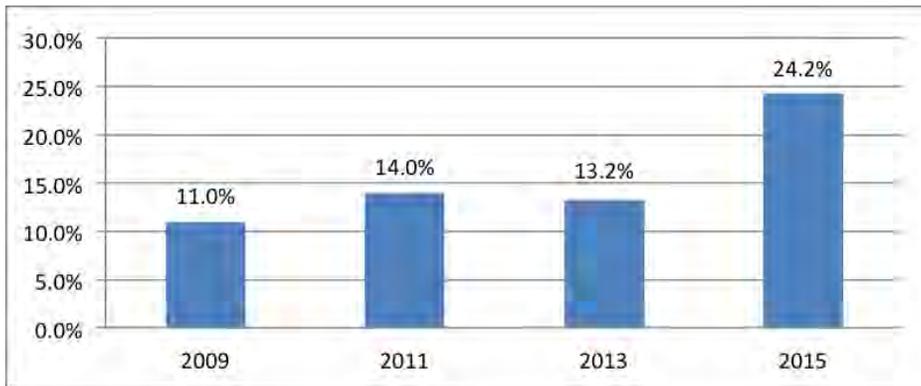
Marathon County *Rates are per 100,000 people.	'10	'11	'12	'13	'14	2014 Rates*	'10-14 Rates*	2020 Goals
<b>Reportable Diseases</b>								
Babesiosis	2	3	5	9	4	3.0	3.4	
Blastomycosis	59	13	16	8	6	4.5	15.2	
Dengue	1	0	0	0	0	0	0.1	
Ehrlichiosis/Anaplasmosis	38	57	39	39	36	26.7	31.0	
Hepatitis B	30	14	13	7	12	8.9	11.3	1.5
Hepatitis C	31	48	62	64	49	36.3	37.8	0.2
Histoplasmosis	0	1	2	0	1	0.7	0.6	
HIV/AIDS	2	2	2	4				3.5
Influenza Associated Hospitalizations	2	9	39	86	75	55.6	31.4	
Jamestown Canyon Virus	0	0	0	1	1	0.7	0.3	
La Crosse Encephalitis	0	0	0	1	0	0	0.1	
Legionellosis	0	0	3	2	0	0	0.7	
Listeriosis	1	0	0	0	2	1.5	0.4	
Lyme Disease	214	204	86	127	67	49.7	103.8	
Malaria	0	0	1	1	0	0	0.3	
Meningitis	0	0	0	0	0	0	0	
Mycobacterial Disease (Non-Tuberculosis)	11	25	18	25	16	11.9	14.1	
Powassan	0	1	0	1	0	0	0.3	
Streptococcal Disease – Invasive/Groups A & B	12	18	24	18	32	23.7	15.5	
Streptococcus Pneumoniae – Invasive	10	19	13	17	10	7.4	10.3	
Tuberculosis/Active Disease	2	1	3	3	1	0.7	1.5	1.0
<b>Sexually Transmitted Diseases</b>								
Chlamydia	295	344	291	340	354	262.6	241.5	
Gonorrhea	40	24	17	20	18	13.4	17.7	257-198
Syphilis	1	4	5	6	2	1.5	2.7	1.4-6.8
<b>Food and Waterborne Diseases</b>								
Hepatitis A	1	0	0	0	1	0.7	0.3	0.3
Campylobacteriosis	41	28	39	36	29	21.5	25.7	
Cryptosporidiosis	62	59	71	36	25	18.5	38.2	
Shiga Toxin Producing E Coli (STEC)	9	9	12	2	7	5.2	5.8	
Giardiasis	27	21	22	17	20	14.8	15.9	
Salmonellosis	20	17	32	35	31	23.0	20.1	
Shigellosis	1	0	0	0	1	0.7	0.3	0.3
<b>Vaccine-Preventable Diseases</b>								
Pertussis (Whooping Cough)	17	12	316	32	60	44.5	65.0	0
Mumps	0	1	0	0	1	0.7	0.3	0
Haemophilus Influenzae – Invasive	4	3	1	3	0	0	1.6	0
Varicella (Chickenpox)	4	12	6	1	8	5.9	4.6	0
Others (Measles, Rubella, Tetanus, Diphtheria, Polio)	0	0	0	0	0	0	0	0

## COMMUNITY PERSPECTIVES

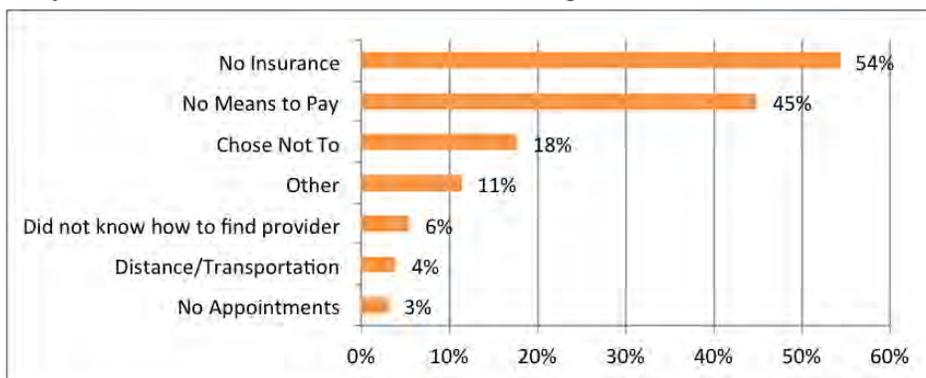
Communicable diseases continue to have a significant impact on our county, state and nation. Communicable diseases are spread in numerous ways, including through contaminated food and water, insect vectors, animals and

person-to-person spread. Sexually transmitted infections, tuberculosis, hepatitis and HIV/AIDS continue to be significant nationally and are included in the Healthy People 2020 goals.

**Key Measure:** Percent of LIFE Community Survey Respondents that Did Not Access Dental Care When Needed, 2009, 2011, 2013, and 2015



**Key Measure:** Reasons Given for Not Accessing Dental Care, 2015



### COMMUNITY PERSPECTIVES

Oral health is integral to an individual's overall health. The most common oral diseases among children and adults are dental cavities and gum disease. Dental decay is the most common chronic disease among children; five times more common than asthma. Recent studies indicate that infections of the mouth may increase the risk for heart disease, premature delivery, low birthweight babies and complicate control of blood sugar for people with diabetes.

A shift from emergency dental care to prevention is key for good oral health, especially for children. Proven prevention strategies such as effective use of fluoride, community water fluoridation, and dental sealant programs are crucial to prevent oral disease. Currently between 50-75% of Marathon County's population is served by fluoridated water. Community water

fluoridation has been recognized by the Centers for Disease Control and Prevention as one of the 10 great public health achievements of the 20<sup>th</sup> Century. Fluoridation helps to lower the cost of dental care and helps residents retain their teeth throughout life.

Disparities in dental care coverage continue to exist in minority and low-income populations due to lack of adequate insurance or dentists that accept Medicaid. Marathon County is fortunate to be served by Bridge Community Health Clinic and Marshfield Clinic's Family Health Center, both of which offer access to dental care to underserved populations. Both clinics, which offer a sliding fee scale, have experienced recent expansion with Bridge Community Health Clinic expanding from 7 to 27 dental exam rooms.

### DATA HIGHLIGHTS

- 77% of respondents to the 2015 LIFE Survey were satisfied or strongly satisfied with the accessibility of dental care.
- 68% of 2015 LIFE Survey respondents were somewhat concerned or very concerned about the affordability of dental care.
- From 2005-2011, 20% of Marathon County residents did not have a dental visit in the past year.
- 79% of Marathon County high school students saw a dentist for a check-up, exam, teeth cleaning or other dental work during the last year.
- In Marathon County, the ratio of dentists to population is 1,396:1, compared to the state average of 1,631:1.
- 47% of 2015 LIFE Survey respondents between the ages of 18-34 reported not accessing dental care when they needed it in the last year.

### SOURCES

- Centers for Disease Control and Prevention [www.cdc.gov/](http://www.cdc.gov/)
- Wisconsin's Roadmap to Improving Oral Health: 2013-2018 [www.chawisconsin.org/documents.OH3OralHealthRoadmap.pdf](http://www.chawisconsin.org/documents.OH3OralHealthRoadmap.pdf)
- County Health Rankings & Roadmaps [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- 2015 Marathon County Youth Risk Behavior Survey Aggregate



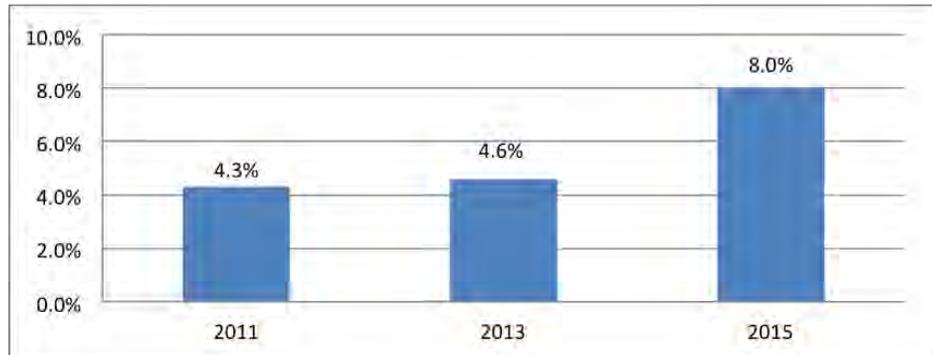
## DATA HIGHLIGHTS

- 35.6% of 2015 LIFE Survey respondents are satisfied or strongly satisfied with accessibility of mental healthcare services.
- 53.7% of 2015 LIFE Survey respondents are somewhat concerned or very concerned with the affordability of mental healthcare services.
- 8% of 2015 LIFE Survey respondents reported a time in the past 12 months when they or someone in their family should have seen a mental health provider but could not, a 3.4% increase from 2013. 44% had no means to pay for service, 27.4% chose not to, and 25% did not have insurance.
- The average Marathon County adult experienced 2.3 poor mental health days in the past month.
- 29% of Marathon County high school students described their mental health as not good, 3 days or more in the last month.
- 12.2% of Marathon County high school students reported seriously considering attempting suicide in the past year compared with 13.2% in Wisconsin.
- Marathon County has averaged 18 suicide deaths per year from 2008-2012. From 2011 to 2012, suicide deaths increased from 12 to 19.

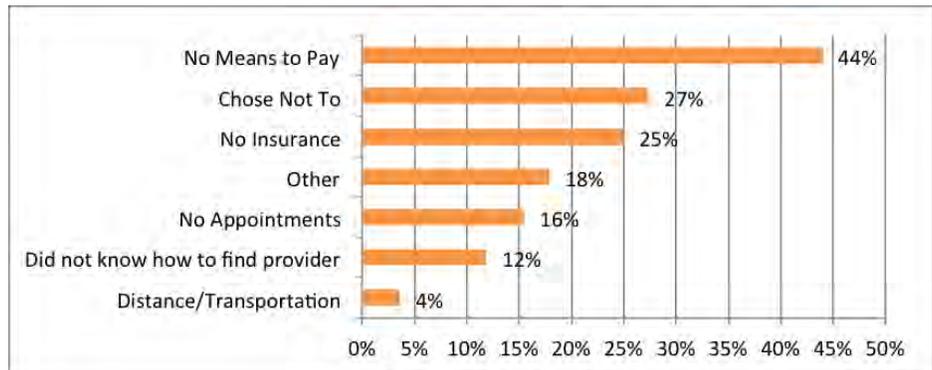
## SOURCES

- **County Health Rankings & Roadmaps**  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**
- **Wisconsin Department of Health Services**  
WI Interactive Statistics on Health (WISH)  
WI Mental Health and Substance Abuse Needs Assessment  
[www.dhs.wi.gov](http://www.dhs.wi.gov)

**Key Measure:** Percent of LIFE Community Survey Respondents that Could Not See a Mental Health Provider When Needed, 2011, 2013, 2015



**Key Measure:** Reasons Given for Not Seeing Mental Health Provider, 2015



## COMMUNITY PERSPECTIVES

Access to mental healthcare is vitally important to the health of individuals and the public health and safety of communities. Approximately 19% of Wisconsin adults have some mental illness and 4.6% have severe mental illness. With the increased awareness of the burden that untreated mental health has on local law enforcement, treatment providers, and healthcare systems, Marathon County is exploring prevention and treatment practices that will help those with mental health disorders to cope and recover successfully.

Mental health and substance abuse conditions often co-occur. Integrated treatment or treatment that addresses mental health and substance abuse at the same time is associated with lower costs and better outcomes, such as reduced substance use, improved psychiatric symptoms and functioning,

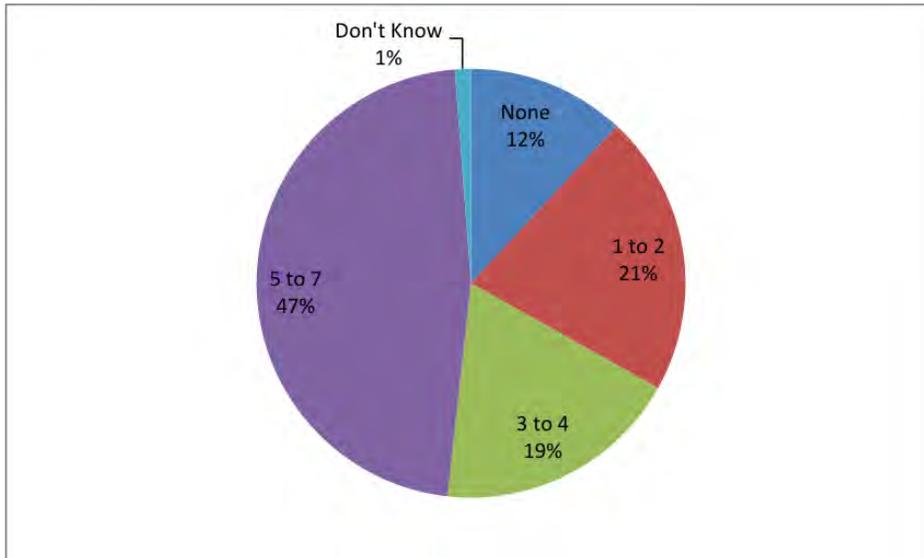
decreased hospitalization, increased housing stability, fewer arrests, and improved quality of life.

In Marathon County, the ratio of mental health providers to population is 724:1, compared with the Wisconsin state average of 623:1. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care.

Mental health is one of many factors that can influence suicide risk. Suicide is a complex health issue influenced by a variety of factors, such as serious mental illness, substance abuse, social isolation, lack of support from family or friends, or exposure to violence. There is no single path that will lead to suicide.



**Key Measure:** Times per Typical Week that 2015 LIFE Survey Respondents Eat a Meal at a Table With Family or Friends



### COMMUNITY PERSPECTIVES

Positive experiences in childhood often lead to healthy and productive adulthoods. An adverse childhood experience (ACE) is a traumatic experience prior to the age of 18. ACEs can negatively impact a child’s brain development and physical, mental, and social behaviors.

An adverse childhood experience is:

- Recurrent physical abuse
- Emotional abuse
- Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- A household member who is chronically depressed, mentally ill, institutionalized, or suicidal
- Violence between adults in the home
- Parental separation or divorce

In the areas of mental health, health risk behaviors, physical health, socioeconomic status, health insurance and access to care, and quality of life, Wisconsin adults with higher ACEs have poorer outcomes, such as increased levels of toxic stress, higher risk for alcoholism, illegal drug use, obesity, and chronic disease. ACEs tend to occur in

clusters such that people who experience at least one ACE are likely to experience multiple ACEs in childhood.

Resilience is the ability to return to being healthy and hopeful after ACEs occur. Research shows that parents who provide a safe environment for their children and teach them how to be resilient help to reduce the negative effects of ACEs. When children build up resilience, they learn to adapt positively to changing situations and maintain a hopeful outlook.

According to the 2015 Marathon County Youth Risk Behavior Survey, 40.7% of high school students agree that harassment and bullying by other students is a problem at their school and 30.4% of students reported being bullied on school property. Relational bullying (often called social bullying or “girl bullying”) causes considerable psychological pain which can lead to social anxiety, loneliness, depression, and substance abuse. Studies indicate that relational bullying diminishes young people’s social interactions, causing them to feel less safe, humiliated, and unsure of how to cope.

### DATA HIGHLIGHTS

- 10-15% of Marathon County residents have 4 or more adverse childhood experiences.
- 21.3% of Marathon County high school students felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities, compared to 13.2% in Wisconsin.
- 30.4% of Marathon County high school students were bullied on school property in the last year, compared to 22.7% in Wisconsin.
- 40.7% of Marathon County high school students agree that harassment and bullying by other students are a problem at their school, compared to 45.5% in Wisconsin.
- 72.6% of Marathon County high school students reported having at least one teacher or other adult in their school that they can talk to if they had a problem, which was about equal to 74% in Wisconsin.

### SOURCES

- **2010 Behavioral Risk Factor Survey**  
Adverse Childhood Experiences in Wisconsin  
[wchildrenstrustfund.org/files/WisconsinACEs.pdf](http://wchildrenstrustfund.org/files/WisconsinACEs.pdf)
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**



## DATA HIGHLIGHTS

- An estimated 43% of Seniors are socially isolated.
- Social isolation kills more people than obesity does.

## FACTORS THAT CAN LEAD TO ISOLATION:

- Living alone
- Limited mobility
- Retirement
- Limited resources
- Caregiver responsibilities
- Death of a spouse or life partner
- Location
- Small social network
- Language gap

## ISOLATION IS LINKED TO:

- High blood pressure
- Increased insomnia and tiredness
- Decreased life expectancy
- Increased chance of developing dementia
- Weight gain or weight loss
- Increased re-hospitalization rates

## SOURCES

- **National Council on Aging**  
Socially-Isolated Seniors  
[www.ncoa.org](http://www.ncoa.org)
- **AARP Foundation**  
Isolation  
[www.aarp.org/aarp-foundation/our-work/isolation/](http://www.aarp.org/aarp-foundation/our-work/isolation/)
- **Wisconsin Institute for Healthy Aging**  
[wihealthyaging.org](http://wihealthyaging.org)

**Key Measure:** Average Weekly Television Consumption (U.S.) by People 65+



## COMMUNITY PERSPECTIVES

Social connectedness is a key determinate of health and happiness at all ages of life. The need for social connections is rooted in our basic urge to survive and is wired into the neurons in our brains. According to researchers, being isolated is just as bad as smoking and is worse than being obese.

For an adult aged 65 years old and older, a lack of social connectedness can be devastating. The National Council on Aging suggests that older people without adequate social interaction are twice as likely to die prematurely.

Social isolation is defined as “a state in which the individual lacks a sense of belonging socially, lacks minimal number of social contacts and...[is] deficient in fulfilling...quality relationships.” Social isolation is different than loneliness; in fact, elderly individuals who sometimes express being lonely, but who report being socially connected, are healthier than those who are socially isolated.

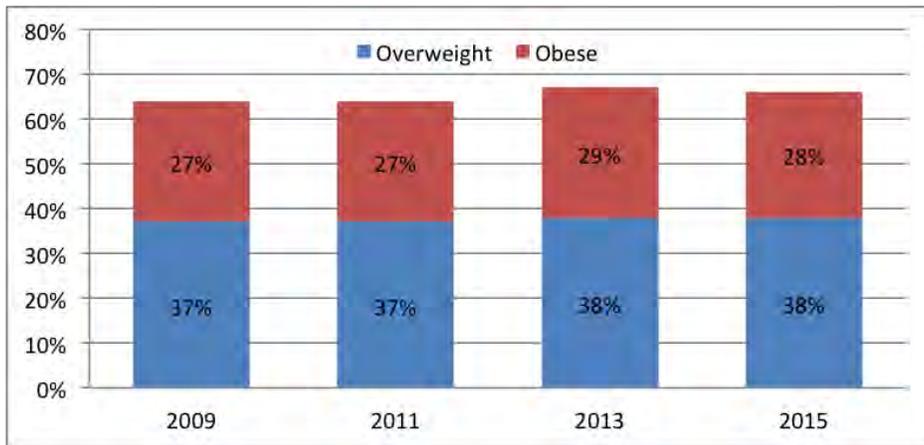
National data suggests that 29% (11.3 million) of older people live alone and 72% (8.1 million) of that group are women. In 2020, over 16 million seniors will be living alone.

Although research demonstrating most effective interventions is lacking, the following interventions show promise for alleviating social isolation in seniors:

- Increasing transportation options. This is especially critical in areas with little or no public transportation.
- Encouraging social involvement. Engaging in social activities that are interesting to the individual are important. Community resources, such as an Active Aging Center, can be critical to eliminating or alleviating social isolation.
- Promoting church attendance. Studies show that frequent churchgoers can have lower mortality rates.
- Providing volunteer opportunities. Volunteering has been shown to have many benefits, including boosting longevity and contributing to mental health and well-being, as well as providing social connections for our elderly population.
- Exercising and nutrition. Eating healthy and staying active have been shown to reduce stress and increase mental and physical health. Group exercise and/or nutrition program at an Active Aging Center can be instrumental in providing these activities.

Community support and scheduled activities, with a focus on outreach and engaging lower income seniors is critical.

**Key Measure:** Percent of Overweight & Obese Marathon County Adults—LIFE Survey Respondents, 2009—2015



**Key Measure:** At What Weight (by Height) is a Person Considered Obese

HEIGHT	WEIGHT	HEIGHT	WEIGHT	HEIGHT	WEIGHT
5'0"	153	5'6"	186	6'0"	221
5'1"	159	5'7"	191	6'1"	227
5'2"	164	5'8"	197	6'2"	234
5'3"	169	5'9"	203	6'3"	240
5'4"	175	5'10"	209	6'4"	246
5'5"	180	5'11"	215		

### COMMUNITY PERSPECTIVES

Obesity is a complex health issue that is affected by a person's genetics, lifestyle choices, and the environment in which they live. In the simplest terms, obesity results from a lack of physical activity and poor nutrition. The key to achieving and maintaining a healthy weight isn't short-term dietary changes; it's about living a lifestyle that includes healthy eating and regular physical activity.

Good nutrition is essential for health. Healthy eating means choosing a balanced diet that emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products and includes lean meats, poultry, fish, beans, eggs, and nuts.

Regular physical activity helps improve your overall health and fitness, and reduces your risk for many chronic diseases. Inadequate physical activity contributes to an increased risk of a number of conditions including coronary heart disease, diabetes, and some

cancers.

The places in which we live, learn, work and play have tremendous effects on our health. From the addition of 105 miles of signed bike routes, to expanding Electronic Benefit Transfer (EBT) and debit card access to local farmers' markets, Marathon County continues to make strides to create a healthier environment, so that all people can have access to fresh fruits and vegetables and safe places to play and be active.

### DATA HIGHLIGHTS

- 67% of LIFE survey respondents agree that unhealthy eating and/or the lack of physical activity is a concern in the community.
- 85% of LIFE survey respondents were satisfied with the availability of parks, recreation, and open natural areas.
- 70% of LIFE survey respondents were satisfied with the availability of a safe place to walk and bike.
- Only 22% of LIFE survey respondents get an average of 30 minutes of physical activity 5-7 days per week.
- 60% of Marathon County high school students were physically active for at least 60 minutes per day 5-7 days per week compared to 49.5% for Wisconsin.
- Only 43% of Marathon County high school students reported eating vegetables such as green salad, carrots, green beans or other vegetables at least 1 time a day.
- Marathon County has 11 public farmers' markets, five of which accept FoodShare.
- In 2013, Wisconsin's obesity rate was 29.8% and overweight rate was 36.7%.

### SOURCES

- **Center for Disease Control and Prevention**  
[http://nccd.cdc.gov/NPAO\\_DTM/LocationSummary.aspx?state=Wisconsin](http://nccd.cdc.gov/NPAO_DTM/LocationSummary.aspx?state=Wisconsin)
- **County Health Rankings & Roadmaps**  
[www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**



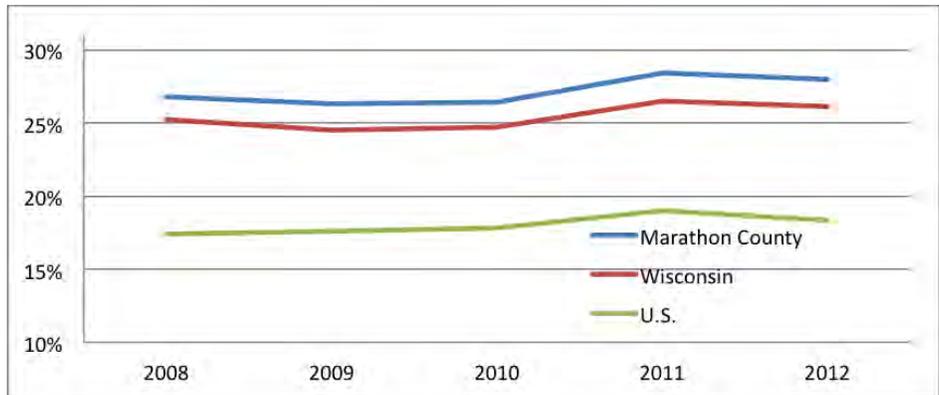
DATA HIGHLIGHTS

- 84% of LIFE survey respondents are very or somewhat concerned with illegal drug use.
- 83% of LIFE survey respondents are very or somewhat concerned with drinking and driving.
- 76% of LIFE survey respondents are very or somewhat concerned about the abuse or misuse of prescription drugs.
- 68% of LIFE survey respondents are very or somewhat concerned about the abuse or misuse of alcohol.
- 74.7% of LIFE survey respondents reported that they had not binge drank (consumption of 5 or more alcoholic drinks) during the past 30 days.
- 84% of LIFE survey respondents agreed that most other adults binge drank during the past 30 days.
- Only 63.2% of Marathon County High School students reported that their parents felt it would be wrong for their son or daughter to drink alcohol at least twice a month.
- 12.7% of Marathon County high school students have used marijuana one or more times during their life.
- 18.6% of Marathon County high school students drank alcohol (other than a few sips) for the first time before age 13 years old.

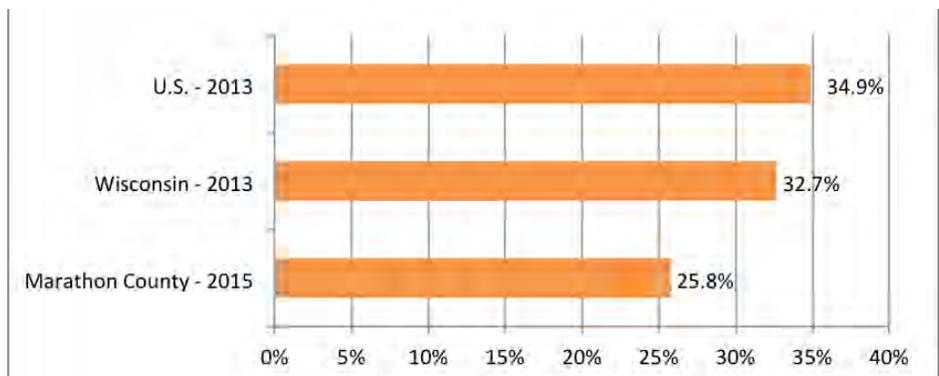
SOURCES

- **Center for Disease Control and Prevention**  
[www.cdc.gov/](http://www.cdc.gov/)
- **County Health Rankings & Roadmaps**  
[www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**

Key Measure: Prevalence of Binge Drinking, 2008—2012



Key Measure: Percent of High School Students who Had at Least One Drink of Alcohol on at Least One Day During the Prior 30 Days, 2015



COMMUNITY PERSPECTIVES

Wisconsin’s rates of alcohol use and misuse continue to be the highest in the country. Wisconsin has the highest rate of adult binge drinking in the U.S., a heavy drinking rate higher than the national average, and the highest binge drinking rate of women of childbearing age in the nation.

The rate of drinking among Marathon County high school students was less than both Wisconsin and the U.S. The schools that reported the highest levels of underage drinking also had the lowest percentage of parent disapproval, meaning more underage drinking occurred when parents didn’t think it was wrong. As a state, Wisconsin continues to show improvement in youth alcohol use as high school drinking rates have declined over the past 10 years.

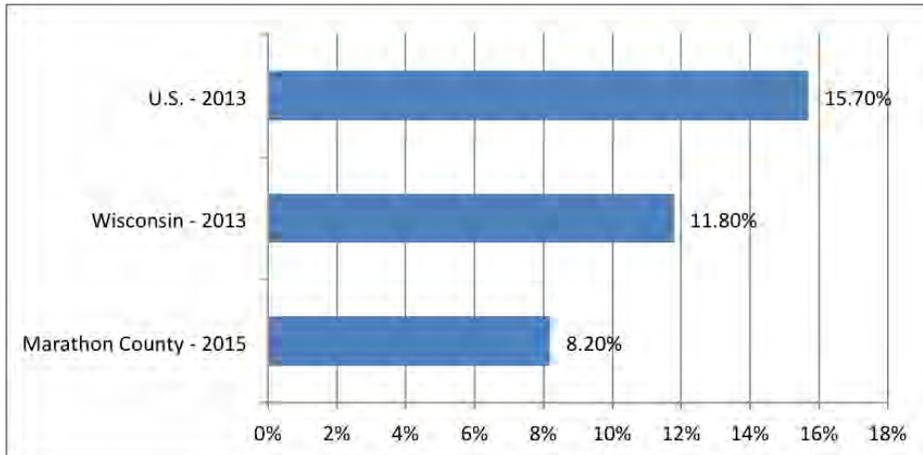
Marathon County, as well as the rest of Wisconsin, has seen a tremendous

increase in heroin use, trafficking, and crime-related to illicit drug sales during the past 3 years. Illegal drug use was the number one concern of LIFE Survey respondents in 2015. In Wisconsin, the rate of heroin-related deaths quadrupled from 2007 to 2012.

The PUSHBACK Against Drug Abuse initiative, launched by the Marathon County AOD Partnership 2013, has produced a significant increase in awareness of illicit drug use. The volume of drug-related calls to the local Crimestoppers tipline increased by 360% from May 2012 to May 2015. Through local press conferences, neighborhood outreach, and promoting medication drop box locations, the PUSHBACK initiative produced many media stories, leading to increases in public & private funding for prevention efforts, such as local trainings.



**Key Measure:** Percent of High School Students who Smoked on at Least One Day During the Prior 30 Days



### E-cigarettes: A New Area of Concern

**WHAT ARE E-CIGARETTES?**  
An electronic cigarette is an oral device that can be used to simulate smoking and that produces an aerosol of nicotine and/or other substances.

**THEY TAKE MANY FORMS**  
E-cigarettes are also known as e-hookahs, hookah pens, vape pens, vaporizers, e-cigars, and e-pipes.

### COMMUNITY PERSPECTIVES

Smoking remains the leading cause of preventable death in the U.S., even as smoking rates continue to decline. Declining smoking rates in Wisconsin can be attributed to a number of successful interventions, including price increases, smoking bans and restrictions, community efforts to educate tobacco retailers, and active enforcement of retailer sales laws.

Even with cigarette smoking rates on the decline, smoking devices called e-cigarettes have flooded the market, becoming more prevalent throughout the country. E-cigarettes are devices used to simulate smoking that produce an aerosol of nicotine or other substances. These devices are used to smoke a liquid called e-juice, which is sold in hundreds of different flavor combinations like grape, chocolate,

watermelon, and apple pie.

E-cigarettes, along with other flavored tobacco products, like cigarillos are not taxed at the same rate as cigarettes, making them less expensive.

Communities have come to expect clean indoor air and e-cigarette use threatens this standard and makes enforcement confusing. In Wisconsin, e-cigarettes are not covered under the statewide Smoke-free Workplace Law, however counties, municipalities, businesses, and schools can add language into their current smoke-free policies to include e-cigarettes.

Support for smoke-free air continues to grow in Wisconsin. A 2014 poll of likely Wisconsin voters found 86% supported smoke-free air, compared with 75% in 2011.

### DATA HIGHLIGHTS

- 62% of LIFE survey respondents are very or somewhat concerned with e-cigarettes/vaping.
- In Wisconsin, 8% of high school students currently use e-cigarettes.
- 8.2% of Marathon County high school students smoked at least once during the past month, compared to 11.8% in Wisconsin.
- 7.2% of Marathon County high school students used chewing tobacco, snuff, or dip on at least 1 day during the past month, compared to 8% in Wisconsin.
- Adult smoking rates have decreased by 9% in the past five years in Wisconsin.
- According to the 2014 Youth Tobacco Survey, 92% of middle school students and 81.3% of high school students think smoking tobacco products should never be allowed inside their home.
- 72% of Wisconsin adults feel indoor workplaces should be smoke-free, including bars and restaurants
- Adults with an income below \$15,000/year are 4 times more likely to smoke than those with an income of \$75,000+/year.

### SOURCES

- **Center for Disease Control and Prevention**  
Behavioral Risk Factor Surveillance System (BRFSS)  
<http://www.cdc.gov/brfss/index.htm>
- **Wisconsin Department of Health Services**  
Tobacco Prevention and Control  
[www.dhs.wisconsin.gov/tobacco/](http://www.dhs.wisconsin.gov/tobacco/)
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**

