

LIFE Report of Marathon County: 2015-2017

Report Sponsors

This is the tenth edition of the LIFE Report, which has been published every two years since 1997. The LIFE Report project is guided by the LIFE Project Steering Committee and made possible through the support of the organizations listed below.

Full Partners

Aspirus, Inc.
B.A. & Esther Greenheck Foundation
Dudley Foundation
Judd S. Alexander Foundation
Marathon County Government
Marshfield Clinic
Ministry Saint Clare's Hospital
UMR (In-Kind)
United Way of Marathon County
Wausau City Government
Wausau Region Chamber of Commerce

Sponsors

Community Foundation of North Central WI
Daily Herald Media—Gannett Foundation
Greenheck Fan Corporation
SUN Printing (In-Kind)
Wisconsin Public Service Corporation

Supporters

EO Johnson Business Technologies
Domtar Corp. (In-Kind)

LIFE Steering Committee

c/o United Way
705 S. 24th Ave., Ste. 400B
Wausau, WI 54401
Phone: 715.848.2927
Web: www.unitedwaymc.org
Email: uway@dwave.net

Table of Contents

| Section | | Page |
|--|---------------------------------------|-----------|
| Background | | |
| Overview..... | | 5 |
| History: Twenty Years of LIFE..... | | 6 |
| Marathon County Map..... | | 8 |
| Community Demographics..... | | 9 |
| LIFE in Marathon County Community Survey..... | | 10 |
| Executive Summary | | |
| Executive Summary..... | | 17 |
| Economic Environment | | |
| Economic Environment Section Summary..... | | 23 |
| Indicator # | Indicators | |
| 1 | Regional Economic Drivers | 25 |
| 2 | Regional Labor Shed..... | 26 |
| 3 | Workforce Projections..... | 27 |
| 4 | Training to Job Demand..... | 28 |
| 5 | Unemployment..... | 29 |
| 6 | Living Wage & Income..... | 30 |
| 7 | Workforce Attraction & Retention..... | 31 |
| 8 | Broadband Access..... | 32 |
| Education | | |
| Education Section Summary..... | | 33 |
| Indicator # | Indicators | |
| 9 | Regulated Child Care & Quality..... | 35 |
| 10 | Child Care Costs & Subsidies..... | 36 |
| 11 | Kindergarten Readiness..... | 37 |
| 12 | Enrollment by Race or Ethnicity..... | 38 |
| 13 | Economic Disadvantage..... | 39 |
| 14 | School District Expenditures..... | 40 |
| 15 | Reading Proficiency..... | 41 |
| 16 | High School Graduation Rates..... | 42 |
| 17 | College & Career Readiness..... | 43 |
| 18 | Educational Attainment..... | 44 |

| Section | | Page |
|---|--|------|
| Basic Needs & Supports | | |
| Basic Needs & Supports Section Summary | | 45 |
| Indicator # | Indicators | |
| 19 | Hunger..... | 47 |
| 20 | Housing Assistance..... | 48 |
| 21 | Household Utilities..... | 49 |
| 22 | Shelter for the Homeless..... | 50 |
| 23 | Housing Options for the Aging..... | 51 |
| 24 | Access to Transportation..... | 52 |
| 25 | Unmet Basic Needs..... | 53 |
| Health & Wellness | | |
| Health & Wellness Section Summary | | 55 |
| Indicator # | Indicators | |
| 26 | Premature Death..... | 57 |
| 27 | Access to Healthcare..... | 58 |
| 28 | Preventive Clinical Care..... | 59 |
| 29 | Early Prenatal Care..... | 60 |
| 30 | Teenage Pregnancy & Childbirth..... | 61 |
| 31 | Low Birth Weight Babies..... | 62 |
| 32 | Infant & Child Mortality..... | 63 |
| 33 | Childhood Lead Poisoning..... | 64 |
| 34 | Childhood Immunizations..... | 65 |
| 35 | Unintentional Injuries..... | 66 |
| 36 | End of Life Care & Chronic Conditions..... | 67 |
| 37 | Communicable Diseases..... | 68 |
| 38 | Oral Health..... | 69 |
| 39 | Access to Mental Healthcare..... | 70 |
| 40 | Social & Emotional Development..... | 71 |
| 41 | Social Isolation..... | 72 |
| 42 | Healthy Weight..... | 73 |
| 43 | Alcohol & Other Drug Misuse & Abuse..... | 74 |
| 44 | Tobacco Use..... | 75 |

Community Safety

| | |
|--|----|
| Community Safety Section Summary | 77 |
| Indicator # Indicators | |
| 45 Concerns of Personal Safety..... | 79 |
| 46 Alcohol & Drug Arrests..... | 80 |
| Traffic | |
| 47 Crashes..... | 81 |
| 48 Property Crimes..... | 82 |
| 49 Violent Crime..... | 83 |
| 50 Solved Crime..... | 84 |
| 51 Juvenile Justice..... | 85 |
| 52 Child Abuse & Neglect..... | 86 |
| 53 Intimate Partner Violence & Sexual Assault..... | 87 |
| 54 Elder Abuse & Vulnerable Adults..... | 88 |
| 55 Emergency Response..... | 89 |
| 56 Sense of Community..... | 90 |

Environment & Energy

| | |
|---|----|
| Environment & Energy Section Summary | 91 |
| Indicator # Indicators | |
| 57 Air Quality..... | 93 |
| 58 Drinking Water Quality..... | 94 |
| 59 Ground Water Quantity..... | 95 |
| 60 Surface Water Quality..... | 96 |
| 61 Solid Waste Management..... | 97 |
| 62 Energy Conservation..... | 98 |

Index

Overview

This tenth edition of the LIFE Report celebrates twenty years of community coming together for the purpose of community improvement. 1996, community leaders representing Marathon County met to discuss ways to identify a common agenda to create and improve community efficiencies. The first edition of the LIFE Report was published in 1997 and every two years since.

The United Way of Marathon County continues to serve as the lead agency for the project—coordinating the work, providing staff, acting as fiscal agent, and overseeing project activities. The LIFE Steering Committee guides all aspects of the report development. The continued commitment of our sponsors and committee members are essential to the report's success.

Purpose of the LIFE Report:

- Acknowledge community strengths.
- Identify community challenges.
- Serve as a catalyst for change by advancing community conversations and partnerships around the Calls to Action.

Overview and Highlights of the Tenth Edition LIFE Report :

- For the first time, this edition includes icons on select indicator pages that show five issues that are represented across several sections of the report. These icons are to help the reader understand the scope of the topic and how sections of the report are intertwined.
- New with this report are short videos produced to highlight the issues and sections. The videos will be available at www.unitedwaymc.org/lifereport.htm. A color version of the report will also be available via this link.
- The LIFE Steering Committee is dedicated to continually improving the report. Modifications include:
 - * Improved indicators—some were eliminated and other more relevant indicators were added.
 - * Survey questions were changed to address gaps in data and subcommittee priorities.
 - * Opportunities for action were added on the second page of each section. These statements are viewed as a step toward setting a broad community agenda to make improvements across all issues, not just the top calls to action.
- The report continues to involve subcommittee experts to write indicator pages and to clarify the implications for our community.
- Online links to information sources are provided to enable readers to do additional research.
- Over the history of the report, the process that determines priorities or Calls to Action has evolved. The LIFE Steering Committee selected these Calls to Action by doing the following:
 - * Becoming familiar with the data, survey results, and section summaries.
 - * Using agreed upon criteria to select top issues of concern.
 - * Then together, reviewing and discussing the data and rationale for top issues and coming to a consensus about the top Calls to Action.
- The report relies on a staff manager to coordinate the work of the volunteer subcommittees, to update data, to pull together the demographics, and to analyze data results.

LIFE Report of Marathon County: 2015-2017

Executive Summary: Twenty Years of LIFE

This tenth edition of the Marathon County LIFE Report celebrates twenty years of the community coming together to establish priorities. A look back through the previous nine reports identified trends, shifts, and successes captured through this process and an ongoing evolution and improvement in the report over time.



The Evolution of the Report

- 1997 - The first report presented data and identified top challenges.
- The second report recognized the role of the report is also to stimulate a community commitment to take action.
- While some progress was noted, the third report stated about the previous priorities: "These are difficult issues and will likely take years to see real progress."
- The fourth report added a snapshot report to summarize the highlights of the full report. The snapshot has been continued in all subsequent years. The report acknowledged that it is difficult to always see the connection between a specific program or activity and a change in community status.
- The fifth report was the tenth year and included consistent indicators so that a 10-year trend analysis could be completed. At that time, the group evaluated whether the report should be less frequent. There was an overwhelming response that publishing every two years was necessary. This continuity allowed for ongoing involvement, discussion and focus for the community. The fifth report began the tradition of distributing the report at a community forum.
- More improvements were made to the indicators in the sixth report and in each report thereafter. In this report the top three issues identified by the survey perception question were noted, which continued in following reports, used for priority setting. This report also included a summary of the county's 2006 health assessment.
- The seventh report more prominently focused on the Calls to Action. Each section's summary page brought attention to the Calls to Action noting progress made and community strengths. The expanded issue description occurred with sub-committees of community experts who assisted in writing the report. Their involvement also allowed more community engagement to "own" the data and see it as a tool to help inform the community of the issues and track data over time.
- The eighth and ninth reports continued the community expert involvement and the continued the refinement of more meaningful measures and survey questions to fill in gaps where data did not exist. These reports added more details, objectives and photos.
- The eighth report emphasized the need for collaborative partnerships and groups to work together on priorities. This report also noted that "many of the community challenges represent large scale national issues not likely to change or improve short term."
- The ninth report continued to bring attention to community successes, challenges and opportunities.
- This tenth edition continued past practices and added several new elements: videos will be produced and icons for major issues that cross sections were added.

These report advancements were supported by technology. Twenty years ago the internet was not widely available and data was more difficult to find. Today active hyperlinks are now available to allow readers to connect and learn more about the issue. More people can access the report by viewing the report on the website.

People have come to rely on the report for information. Over the years, the report has gained traction with community organizations, foundations and government seeing it as an essential tool for setting their agendas and distributing resources. The LIFE Report is now aligned with the required County Health Assessment and it is being used this year to guide the Marathon County 10-Year Plan.

LIFE Report of Marathon County: 2015-2017

Executive Summary: Twenty Years of LIFE

In addition to content changes, our look back over the priorities and calls for action set in each report revealed changes to the number of priorities selected and the scope and specificity of those topics.

"The Life Report moved from being a more static review of the community's strengths and challenges, to a more visionary and proactive approach for moving the community towards action."

-Barbara Jakobi

The Most Common Priorities

- Income was reported in all ten reports. Sometimes the topic was referred to as lack of affordable housing, good paying jobs, or basic needs (e.g. food/housing/jobs).
- Eight of the reports mentioned alcohol and drug abuse as a priority.
- Most reports mentioned a concern for improved health. This was described as a need for healthy behaviors, reducing obesity or increasing preventative health and healthy lifestyles.
- Most reports also focused on a concern for developing strong families to support children and reducing domestic abuse and child abuse.
- The most recent five reports have mentioned the need to have supports and services to support the growing demographic of the elderly population.

The Changing Faces of Marathon County

A twenty-year view of our county's changing demographics provided a unique picture of our community.

Twenty years of reports have seen the percent of people of color living in the county more than double from 4.5% in 1996 to 10.4% in 2013. This shift is even more striking when viewed through school enrollments, where cultural diversity significantly outpaces county percentages. Marathon County still has a largely white adult population, but its school-age population is much more diverse.

The past twenty years also depict an aging county. In 1996, the median age for Marathon County was 32.7. By 2013, it had increased to 39.8. In 1996 only 12.7% of the county's residents were 65+. People 65+ now make up 14.6% and, with aging Baby Boomers, is projected to reach a quarter of the population by 2035 if we maintain current demographic patterns.

To fully understand the LIFE Report, a reader must also understand these demographic shifts and the impacts they are having and will continue to have on the indicator pages

DEMOGRAPHIC SHIFTS

Ethnic/Racial Diversity

4.5
% in 1996

10.4
% in 2013

10.4
% in County

21.0
% in Schools

Asian Kindergarteners in Wausau Schools

33.7
% in 1996

22.3
% in 2013

Median

Age

32.7
Years in 1996

39.8
Years in 2013

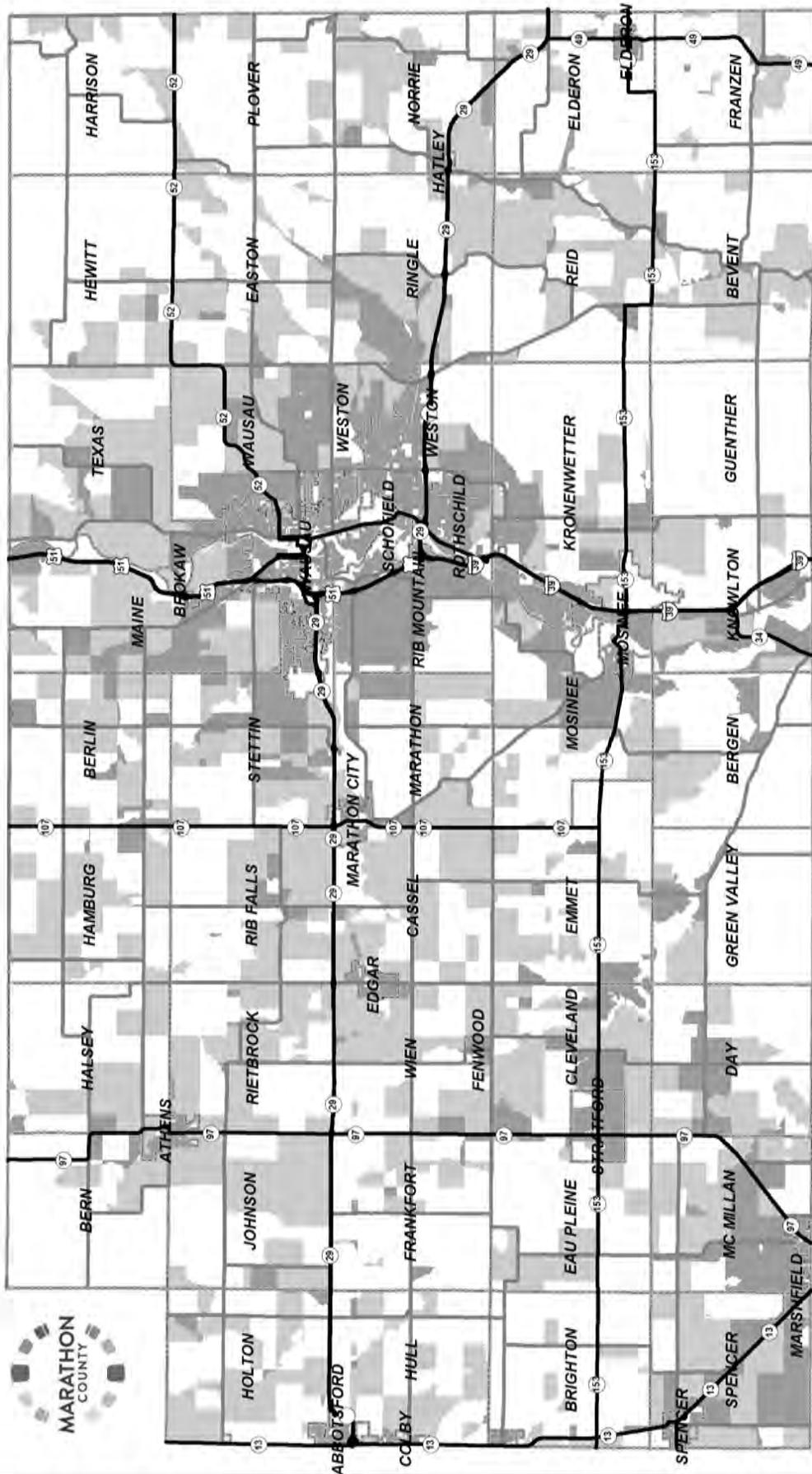
Popula-

tion 65+

12.7
% in 1996

14.6
% in 2013

MARATHON COUNTY, WI POPULATION DENSITY



2010 Census

- 0 - 25.0 Persons/SqMile
- 25.1 - 50.0 Persons/SqMile
- > 50 Persons/SqMile

- State & US Highways
- County Roads
- Municipal Boundary



Map Date: 11/06/2015

Path: D:\census\gis\data\wisconsin\gisp\pop_den10_1611.mxd

Community Demographics

| Description | Marathon County | | Wisconsin | | United States | |
|--|--|----------|-----------|-----------|---------------|-------------|
| | 2010 | 2013 | 2010 | 2013 | 2010 | 2013 |
| Population | 125,836 | 135,365 | 5,363,675 | 5,742,953 | 281,421,906 | 316,497,531 |
| Median Age (Years) | 36.3 | 37.9 | 36.0 | 38.7 | 35.3 | 37.3 |
| Minority Population | 6.6% | 10.4% | 13.1% | 17.5% | 31.8% | 37.4% |
| Families in poverty | 4.3% | 6.9% | 5.6% | 11.3% | 9.2% | 11.3% |
| Median Household Income | \$45,165 | \$53,363 | \$43,791 | \$51,569 | \$41,994 | \$51,046 |
| Average Household Size | 2.6 | 2.6 | 2.5 | 2.4 | 2.6 | 2.6 |
| Language Other Than English Spoken in Home | 7.4% | 8.1% | 7.3% | 8.6% | 17.9% | 20.7% |
| In Labor Force (16+) | 71.7% | 70.5% | 69.1% | 67.9% | 63.9% | 64.3% |
| AGE | Under 5 | 6.4% | 6.4% | 6.3% | 6.8% | 6.4% |
| | 5 to 14 | 15.5% | 13.4% | 14.6% | 13.0% | 14.6% |
| | 15 to 24 | 13.1% | 12.4% | 14.3% | 13.7% | 13.9% |
| | 25 to 44 | 29.5% | 25.0% | 29.4% | 25.2% | 30.3% |
| | 45 to 64 | 22.5% | 28.4% | 22.1% | 27.9% | 21.9% |
| | 65+ | 13.0% | 14.6% | 13.1% | 14.1% | 12.4% |
| RACE | White (Not Hispanic or Latino) | 93.8% | 89.6% | 88.9% | 82.5% | 72.4% |
| | Black or African-American | 0.3% | 0.8% | 5.7% | 6.5% | 12.3% |
| | American Indian and Alaska Native | 0.3% | 0.6% | 0.9% | 1.1% | 0.9% |
| | Asian | 4.5% | 5.6% | 1.7% | 2.5% | 3.6% |
| | Native Hawaiian and Other Pacific Islander | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% |
| | Hispanic or Latino | 0.8% | 2.5% | 3.6% | 6.3% | 12.5% |
| | Two or More Races | 0.7% | 1.3% | 1.2% | 1.7% | 2.4% |

Source: U.S. Census Bureau, American FactFinder
factfinder2.census.gov/

LIFE Report of Marathon County: 2015-2017

2015 LIFE in Marathon County Community Survey

In order to assess some important issues regarding the quality of life in Marathon County that are not currently being measured, the LIFE Steering Committee issued a survey to Marathon County residents in February of 2015.

- 4,000 surveys were mailed to randomly selected Marathon County residents using U.S. mail zip codes.
- Over 100 surveys were issued to non profits including, The Neighbors' Place, The Women's Community, Bridge Community Clinic and Community Center of Hope. This distribution was intended to increase representation of minority populations of Marathon County.
- Again to get increased segments of our population to complete the survey targeted groups were provided an opportunity to fill out an online survey.
- 825 mailed responses were returned
- 167 online responses were completed
- 95 agency surveys were returned.
- In total this yielded an outstanding 25.3% survey return rate (1087 survey responses/4,300 surveys issued).
- This response rate results in a low 2% to 3% margin of error allowing the LIFE Steering Committee to tailor the LIFE Report to our community's concerns and priorities.

WHO TOOK THE SURVEY?

The LIFE Report follows proper protocols to capture a representative sample of Marathon County's population with its survey. However, any survey is influenced by the people who choose to participate. Interpreting any survey requires an understanding of who took it. To help readers, we have included the following comparison of 2015 LIFE Community Survey participants to actual Marathon County demographics:

| Survey % | Category | County % |
|-------------------------|------------------------|-------------------------|
| 65% Female | GENDER | 49.8% Female |
| 64% Married | RELATIONSHIP STATUS | 57.2% Married |
| 36.0% Bachelor's Degree | EDUCATIONAL ATTAINMENT | 22.2% Bachelor's Degree |
| 43.1% 55—74 | AGE | 20.5% 55—74 |
| 94.2% White | RACE | 89.6% White |
| 30% \$75,000+ | INCOME | 32.8% \$75,000+ |

The data obtained from the community survey represent the viewpoints of those who responded. The survey is not representative of Marathon County's population.

2015 LIFE Community Survey Results

| 1. In thinking about the quality of life in Marathon County, how SATISFIED are you with the following in your community? | Strongly Satisfied | Satisfied | Neither Satisfied nor Dissatisfied | Dissatisfied | Strongly Dissatisfied | Don't Know/Not Applicable |
|--|--------------------|-----------|------------------------------------|--------------|-----------------------|---------------------------|
| Accessibility of childcare. | 5.5 | 19.3 | 11.9 | 47.1 | 0.4 | 58.8 |
| Accessibility of elder care. | 5.4 | 30.8 | 14.8 | 7.3 | 1.7 | 39.9 |
| Accessibility of services for adults and/or children who are victims of family violence or abuse. | 4.7 | 28.6 | 13.5 | 4.9 | 0.8 | 48.3 |
| Accessibility of healthcare. | 28.2 | 53.9 | 8.2 | 5.2 | 1.9 | 2.6 |
| Accessibility of mental health services. | 7.5 | 28.1 | 14.8 | 10.7 | 7.1 | 31.8 |
| Accessibility of dental care. | 25.2 | 51.8 | 9.6 | 6.2 | 4.2 | 3.0 |
| Availability of information about community services. | 13.0 | 47.8 | 22.4 | 8.9 | 1.7 | 6.2 |
| Public K-12 education in terms of career/college readiness. | 14.1 | 39.4 | 12.6 | 10.7 | 2.8 | 20.5 |
| Availability of post-high school education. | 17.0 | 50.0 | 12.7 | 6.2 | 0.9 | 13.2 |
| Maintenance of streets, roads and highways. | 5.2 | 35.3 | 20.6 | 28.1 | 9.6 | 1.1 |
| Availability of public transportation. | 4.8 | 22.3 | 21.3 | 18.2 | 9.9 | 23.5 |
| Availability of arts and entertainment opportunities. | 15.3 | 50.8 | 20.5 | 7.0 | 1.8 | 4.6 |
| Availability of area parks and recreation. | 27.6 | 57.3 | 10.4 | 2.4 | 0.6 | 1.7 |
| Availability of safe places to walk and bike. | 17.9 | 52.8 | 14.5 | 9.2 | 2.8 | 2.9 |
| Cleanliness of our lakes and rivers. | 8.6 | 48.2 | 22.8 | 12.1 | 3.4 | 4.9 |
| My community is open and welcoming. | 15.6 | 50.9 | 21.1 | 8.3 | 2.1 | 2.1 |

| 2. In thinking about the quality of life in Marathon County, how CONCERNED are you about the following in your community? | Very Concerned | Somewhat Concerned | Neither Concerned or not concerned | Not concerned | Don't Know/Not Applicable | Top-Three Concern |
|---|----------------|--------------------|------------------------------------|---------------|---------------------------|-------------------|
| Affordability of childcare. | 12.9 | 20.1 | 11.1 | 6.8 | 49.0 | 16: 6.6 |
| Affordability of elder care. | 26.4 | 30.6 | 9.7 | 4.3 | 29.0 | 6: 16.6 |
| Affordability of healthcare. | 42.3 | 35.4 | 10.9 | 7.7 | 3.7 | 2: 33.6 |
| Affordability of mental health care services. | 27.7 | 26.0 | 17.3 | 6.3 | 22.7 | 13: 9.0 |
| Affordability of dental care. | 32.6 | 35.6 | 16.4 | 12.3 | 3.1 | 10: 10.8 |
| Availability of assistance programs for those in need. | 23.4 | 34.4 | 17.0 | 11.5 | 13.6 | 12: 9.1 |
| Affordability of post high school education. | 25.4 | 32.0 | 17.6 | 12.9 | 12.2 | 9: 11.2 |
| Abuse and misuse of alcohol. | 34.8 | 33.6 | 17.7 | 6.6 | 7.2 | 5: 18.4 |
| Illegal drug use. | 58.8 | 26.0 | 6.8 | 3.2 | 5.1 | 1: 46.7 |
| E-cigarettes/vaping | 31.8 | 30.2 | 17.7 | 11.4 | 8.9 | 18: 5.5 |
| Abuse and misuse of prescription drugs. | 43.5 | 32.7 | 12.7 | 4.8 | 6.3 | 7: 14.0 |
| Drinking and driving. | 51.9 | 31.3 | 11.0 | 3.4 | 2.9 | 3: 31.0 |
| Unhealthy eating and/or the lack of physical activity. | 24.2 | 42.8 | 21.8 | 8.4 | 2.9 | 11: 10.3 |

| | | | | | | |
|---|------|------|------|------|-----|----------|
| Family violence or abuse of adults and children. | 32.5 | 40.7 | 15.2 | 4.4 | 7.3 | 8 (12.2) |
| Acceptance of people of different backgrounds, races and lifestyles | 18.2 | 33.8 | 30.4 | 15.0 | 2.6 | 15: 7.6 |
| Availability of jobs that pay enough to meet basic household expenses. | 42.8 | 35.5 | 11.0 | 6.2 | 4.5 | 3 (31.0) |
| Amount of quality time that parents spend with their children. | 31.9 | 37.8 | 15.5 | 6.4 | 8.4 | 14: 8.3 |
| My personal safety in my home. | 13.9 | 20.2 | 23.8 | 39.6 | 2.5 | 17: 5.8 |
| My safety when alone in my neighborhood in the daytime. | 9.9 | 17.7 | 21.6 | 49.3 | 1.5 | 19: 4.8 |
| My safety when alone in my neighborhood after dark. | 14.4 | 25.9 | 21.8 | 35.8 | 2.0 | 20: 4.2 |

3. I am employed: Full Time: 46.0 | One Part Time: 8.7 | 2 or More Part Time: 2.4 | Not Employed: 6.8 | Retired: 36.0

a. If employed – I am satisfied with my full time or part time job.

| | | | |
|----------------------|-------------|----------------|------------------------|
| Strongly Agree: 43.5 | Agree: 41.8 | Disagree: 12.4 | Strongly Disagree: 2.3 |
|----------------------|-------------|----------------|------------------------|

b. If you are not satisfied with your job, what best describes why? (check all that apply)

| | | | | | | |
|---|-----------------|------------------------|---------------------------|-----------------------------------|-----------------------------|-------------|
| Job Does Not Use Educational Background: 28.1 | Low Wages: 51.7 | Lack of Benefits: 33.7 | Lack of Advancement: 30.3 | Not Enough Hours/ Part Time: 18.0 | Poor Work Environment: 27.0 | Other: 11.2 |
|---|-----------------|------------------------|---------------------------|-----------------------------------|-----------------------------|-------------|

4. Was there a time in the past 12 months you had no healthcare coverage or insurance (private, Medicare, Medicaid, or Badger-Care)?

| | | |
|----------|----------|--------------------------|
| Yes: 7.6 | No: 91.0 | Don't Know/Not Sure: 1.4 |
|----------|----------|--------------------------|

| | | | | |
|-------------------------------|---------------------------------------|-------------------|--------------------|-------------|
| Not Offered by Employer: 18.4 | Chose Not to Have it Do to Cost: 28.9 | Not Working: 14.5 | Not Eligible: 21.1 | Other: 17.1 |
|-------------------------------|---------------------------------------|-------------------|--------------------|-------------|

a. If yes, what was the most important reason?

5. Was there a time in the past 12 months when you or someone in your household should have seen a doctor/medical provider but did not?

| | |
|-----------|----------|
| Yes: 21.0 | No: 79.0 |
|-----------|----------|

| | | | | | | |
|---|-------------------------------|------------------------------|--------------------------------|---------------------------------------|--------------------|-------------|
| Did Not Know How/ Where to Find a Provider: 4.1 | Transportation/ Distance: 6.8 | Did Not Have Insurance: 32.1 | No Available Appointments: 4.1 | Had No Means to Pay for Service: 42.1 | Chose Not To: 24.0 | Other: 22.6 |
|---|-------------------------------|------------------------------|--------------------------------|---------------------------------------|--------------------|-------------|

a. If yes, why? (check all) Yes: 24.2 | No: 75.8

| | | | | | | |
|---|-------------------------------|------------------------------|--------------------------------|---------------------------------------|--------------------|-------------|
| Did Not Know How/ Where to Find a Provider: 5.5 | Transportation/ Distance: 3.9 | Did Not Have Insurance: 54.3 | No Available Appointments: 3.1 | Had No Means to Pay for Service: 44.9 | Chose Not To: 17.7 | Other: 11.4 |
|---|-------------------------------|------------------------------|--------------------------------|---------------------------------------|--------------------|-------------|

that apply)

| | |
|-----------|----------|
| Yes: 11.1 | No: 88.9 |
|-----------|----------|

6. Was there a time in the past 12 months when you or someone in your household should have seen a dentist but did not?

| | | | | | | | |
|------------------------------|-------------------------------|--|------------------------------------|---|------------------------|---|-------------|
| Did Not Have Insurance: 15.5 | Distance/ Transportation: 0.9 | Had No Means to Pay for Medication: 42.2 | Chose Not to Take Medication: 21.6 | Did Not Understand Prescription Directions: 1.7 | Did Not Remember: 19.8 | Did Not Know How/ Where to Get Prescription Filled: 4.3 | Other: 17.2 |
|------------------------------|-------------------------------|--|------------------------------------|---|------------------------|---|-------------|

a. If yes, why? (check all that apply) Yes: 8.0 | No: 92.0

7. Was there a time in the past 12 months when you or someone in your household should have taken their medication as prescribed but did not?

| | | | | | | |
|---|------------------------------|------------------------------|---------------------------------|---------------------------------------|--------------------|-------------|
| Did Not Know How/Where to Find a Provider: 11.9 | Transportation/Distance: 3.6 | Did Not Have Insurance: 25.0 | No Available Appointments: 15.5 | Had No Means to Pay for Service: 44.0 | Chose Not To: 27.4 | Other: 17.9 |
| Yes: 28.7 | | | | No: 71.3 | | |

| | | | |
|---------------------|-------------------------|--------------------------|----------------|
| \$999 or Less: 36.5 | \$1,000 - \$4,999: 45.2 | \$5,000 - \$10,000: 12.0 | \$10,000+: 6.4 |
|---------------------|-------------------------|--------------------------|----------------|

| | | | |
|---------------------|--------------------------|----------------------------|-----------------|
| Very Difficult: 4.1 | Somewhat Difficult: 23.0 | Not at all Difficult: 71.1 | Don't Know: 1.8 |
|---------------------|--------------------------|----------------------------|-----------------|

a. If yes, why? (check all that apply)

8. Was there a time in the past 12 months when you or someone in your household should have seen a mental

| | | |
|-----------|----------|-----------------|
| Yes: 44.7 | No: 47.8 | Don't Know: 7.5 |
|-----------|----------|-----------------|

| | | | |
|---------------------|--------------------------|----------------------------|-----------------|
| Very Difficult: 8.4 | Somewhat Difficult: 36.3 | Not at all Difficult: 53.1 | Don't Know: 2.3 |
|---------------------|--------------------------|----------------------------|-----------------|

health provider but could not?

| | | |
|-----------|----------|-----------------|
| Yes: 58.3 | No: 39.1 | Don't Know: 2.6 |
|-----------|----------|-----------------|

| | |
|---|---|
| Donated Items or Made a Financial Contribution to Charity: 93.0 | Helped Individuals Outside My Household and/or Volunteered in the Community: 68.3 |
|---|---|

a. If yes, why? (check all that apply)

| | | | |
|-------------------------|--------------------------|---------------------------|-----------------------|
| 1 - 10 Hours/Year: 24.9 | 11 - 50 Hours/Year: 38.9 | 51 - 100 Hours/Year: 20.6 | >100 Hours/Year: 15.5 |
|-------------------------|--------------------------|---------------------------|-----------------------|

9. Does your family/household have medical debt?

| | |
|-----------|----------|
| Yes: 33.6 | No: 66.4 |
|-----------|----------|

a. If yes, check the amount:

| | |
|-----------|----------|
| Yes: 18.2 | No: 81.8 |
|-----------|----------|

10. In a typical month, how difficult is it for you to cover your food expenses?

| | | | | |
|--|------------|--|-----------------------------|-------------|
| Not Concerned about Taste, Odor, or Look: 48.2 | Cost: 11.9 | Do Not Know Where to Get it Tested: 10.8 | Did Not Know I Should: 25.5 | Other: 19.1 |
|--|------------|--|-----------------------------|-------------|

11. Do you spend 30% or more of your total household income on housing? (Housing includes rent or mortgage

| | | | | | | | |
|------------------|-------------------------|--|--|----------------------|---------------------------|-----------------|-----------|
| Composting: 30.4 | Reusing Materials: 50.0 | Proper Disposal of Hazardous Materials: 55.9 | Pay Attention to Packaging When Shopping: 19.4 | Donating Items: 57.0 | Medication Drop Box: 28.6 | Recycling: 94.3 | None: 2.6 |
|------------------|-------------------------|--|--|----------------------|---------------------------|-----------------|-----------|

plus utilities, insurance, and property taxes.)

| | | | | | | |
|------------------------------|---------------------------------------|---------------------------|--|-------------------|--------------------------------|-------------------|
| Drinking Water Quality: 62.9 | Cleanliness of Lakes and Rivers: 54.9 | Energy Conservation: 38.5 | Protection of Open Natural Areas: 33.4 | Air Quality: 47.7 | Available Drinking Water: 17.7 | Soil Erosion: 6.6 |
|------------------------------|---------------------------------------|---------------------------|--|-------------------|--------------------------------|-------------------|

12. In a typical month, how difficult is it to cover your household expenses and bills?

| | | |
|----------|----------|---------------|
| Yes: 9.5 | No: 89.2 | Not Sure: 1.3 |
|----------|----------|---------------|

| | | | | | | |
|-----------------------------|--------------------------|---------------------------|--|--|---|------------|
| No Car/Unreliable Car: 70.3 | No Access to a Bus: 36.6 | Couldn't Afford Gas: 35.6 | Couldn't Afford Taxi or Special Transportation: 30.7 | Unable to Drive Due to My Health: 14.9 | No Family, Friends, or Volunteers were Available to Take Me: 41.6 | Other: 5.0 |
|-----------------------------|--------------------------|---------------------------|--|--|---|------------|

13. Have you set aside emergency or rainy day funds that would cover your expenses for 3 months, in case of

| | | | |
|-----------------------|---------------------------|----------------------------|-----------------|
| Very Attractive: 39.6 | Somewhat Attractive: 54.3 | Not at all Attractive: 4.6 | Don't Know: 1.6 |
|-----------------------|---------------------------|----------------------------|-----------------|

sickness, job loss, economic downturn, or other emergencies?

| | | | |
|-----------------------|---------------------------|-----------------------------|------------------|
| Very Attractive: 23.5 | Somewhat Attractive: 50.0 | Not at all Attractive: 11.5 | Don't Know: 15.0 |
|-----------------------|---------------------------|-----------------------------|------------------|

14. In the last 12 months have you: (check all that apply)

| | | | | | | |
|--------------------------------|---------------------------|--------------------|-------------------------------|-----------------------------|--------------------|-------------------------------|
| Affordable Place to Live: 40.3 | Good Place for Kids: 33.4 | Rural Living: 31.9 | Size of the Community: 42.7 | After-hours Activities: 6.7 | Good Schools: 41.7 | Parks and Natural Areas: 52.7 |
| Open and Welcoming: 9.7 | Job Opportunities: 11.5 | Location: 20.2 | Near Friends and Family: 62.1 | Sense of Community: 17.2 | Other: 3.7 | |

a. If you volunteered, approximately how many total hours in the past 12 months did you volunteer or help individuals outside your household?

| | | | | | | |
|------------------------------|------|------|---------|-------------|-------------|------------|
| | None | Once | 2 Times | 3 - 5 Times | 6 - 9 Times | 10 or More |
| By you? | 74.7 | 9.8 | 5.7 | 6.3 | 1.8 | 1.8 |
| By most other adults? | 16.2 | 12.4 | 19.1 | 32.6 | 10.1 | 9.6 |

15. Do you have a private well?

a. Do you have your water tested annually?

| | | | | | | |
|------------------------------|------|------|---------|-------------|-------------|------------|
| | None | Once | 2 Times | 3 - 5 Times | 6 - 9 Times | 10 or More |
| By you? | 92.7 | 3.4 | 1.7 | 1.5 | 0.4 | 0.3 |
| By most other adults? | 24.5 | 16.1 | 19.6 | 25.3 | 6.8 | 7.7 |

b. If no, why not?

| | | |
|----------|----------|-----------------|
| Yes: 7.4 | No: 90.8 | Don't Know: 1.8 |
|----------|----------|-----------------|

| | | | | |
|------------|-------------|-------------|-------------|-----------------|
| None: 15.8 | 1 - 2: 30.2 | 3 - 4: 30.1 | 5 - 7: 21.8 | Don't Know: 2.1 |
|------------|-------------|-------------|-------------|-----------------|

16. Which of the following actions have you taken to reduce your amount of trash?

| | | | | |
|------------|-------------|-------------|-------------|-----------------|
| None: 11.9 | 1 - 2: 21.2 | 3 - 4: 18.6 | 5 - 7: 47.0 | Don't Know: 1.2 |
|------------|-------------|-------------|-------------|-----------------|

17. What are you most concerned about in terms of our natural environment?

| | | | |
|------------------|--------------|------------------|-------------|
| Underweight: 1.1 | Normal: 33.0 | Overweight: 38.3 | Obese: 27.6 |
|------------------|--------------|------------------|-------------|

| | |
|-------------|-------------|
| Urban: 60.1 | Rural: 39.9 |
|-------------|-------------|

18. Was there a time in the

| | |
|------------|--------------|
| Male: 35.0 | Female: 65.0 |
|------------|--------------|

| | | | | | |
|--------------|---------------|----------------|--------------|---------------|------------|
| Single: 14.7 | Married: 64.4 | Separated: 0.8 | Widowed: 9.9 | Divorced: 9.6 | Other: 0.8 |
|--------------|---------------|----------------|--------------|---------------|------------|

last 12 months when you or someone in your household had no transportation to get to critical activities

| | | | | | | | |
|----------------------------|---------------------------|-------------------------|--------------------|--------------------------------|-------------------------|-----------------------|----------------|
| No High School Degree: 4.3 | High School Diploma: 25.0 | GED or Alternative: 0.9 | Some College: 14.1 | Tech/ Associate's Degree: 19.8 | Bachelor's Degree: 22.9 | Master's Degree: 11.3 | Doctorate: 1.8 |
|----------------------------|---------------------------|-------------------------|--------------------|--------------------------------|-------------------------|-----------------------|----------------|

| | | | | | | | |
|--------------|--------------|---------------|---------------|---------------|---------------|--------------|----------|
| 18 - 24: 4.6 | 25 - 34: 7.9 | 35 - 44: 12.7 | 45 - 54: 19.1 | 55 - 64: 21.9 | 65 - 74: 21.2 | 75 - 84: 9.2 | 85+: 3.4 |
|--------------|--------------|---------------|---------------|---------------|---------------|--------------|----------|

31. How long have you lived here?

| | | | | |
|-----------------------|------------------|--------------------|--------------------------|--------------------------|
| Less than 1 Year: 1.9 | 1 - 5 Years: 7.5 | 6 - 15 Years: 17.4 | More than 15 Years: 40.9 | Life-long Resident: 32.3 |
|-----------------------|------------------|--------------------|--------------------------|--------------------------|

32. What is your race of ethnic background?

| | | | | | | |
|-------------|-------------------------|------------|----------------------|----------------------|----------------------|------------|
| White: 94.2 | Black/Afr-American: 0.6 | Asian: 2.6 | Hispanic/Latino: 0.8 | American Indian: 0.1 | 2 or More Races: 0.9 | Other: 1.0 |
|-------------|-------------------------|------------|----------------------|----------------------|----------------------|------------|

33. What was your gross annual income before taxes last year?

| | | | | | | |
|----------------|---------------------------|---------------------------|---------------------------|---------------------------|-----------------|-------------------------|
| <\$14,999: 8.7 | \$15,000 - \$24,999: 10.6 | \$25,000 - \$34,999: 11.1 | \$35,000 - \$49,999: 11.9 | \$50,000 - \$74,999: 17.1 | \$75,000+: 25.5 | Prefer Not to Say: 15.1 |
|----------------|---------------------------|---------------------------|---------------------------|---------------------------|-----------------|-------------------------|

LIFE Report of Marathon County: 2015-2017

Executive Summary: Calls to Action

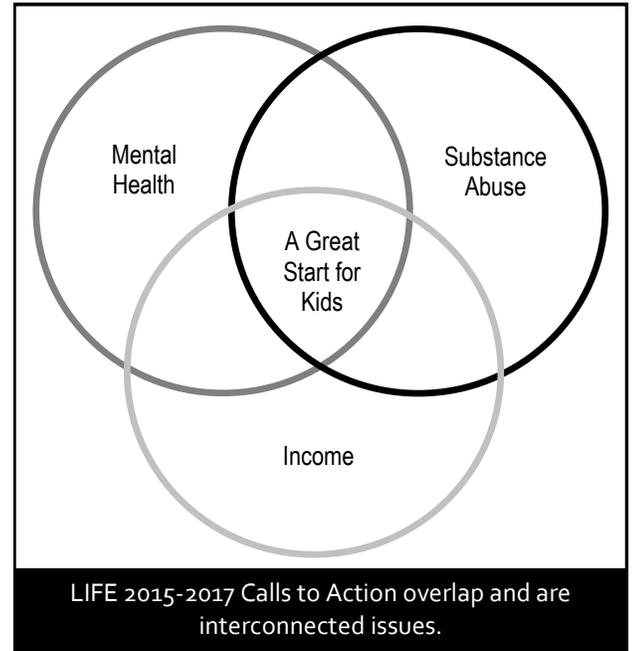
Calls to Action

The LIFE Report sets community level Calls to Action based on the report data. The purpose of setting these Calls to Action is to advance community dialogue, especially about issues that have been historically under-discussed, and to stimulate action to improve our community's well-being.

In this tenth report, four issues were established as priorities:

- Mental Health
- Drug and Alcohol Abuse
- Income
- A Great Start for Kids

These issues are viewed as root causes for many of the community's challenges captured in this year's data. The overlap and relationships of these complex problems are outlined in this summary section for continuing community



MENTAL HEALTH

Everybody has mental health, and mental health affects everybody's day-to-day functioning. As a community we must be willing to acknowledge that poor mental health contributes to social isolation, substance abuse, injuries, death, family violence, job loss, crimes, and binge behavior. We will only address those issues effectively when we understand the connections, overcome the stigma, openly talk about the issues, and provide people access to services they need.

SUBSTANCE ABUSE

Understanding and openly discussing substance abuse—both drugs and the more accepted use of alcohol—would put our county on the path to changing the culture and use. Abuse of alcohol and drugs affects an individual's ability to hold a job, contributes to multiple health concerns and results in increased crimes and incarcerations.

INCOME

Income plays a significant contributing factor to a number of the challenges outlined by the data in this report. Access to adequate wages is often the most reliable predictor of success, including health outcomes, educational attainment, and the capacity to meet basic needs such as food and housing.

A GREAT START FOR KIDS

The last LIFE Report introduced a long-term Call to Action: to ensure that every child in Marathon County gets off to a great start. In order to provide our kids with a great start, we must first understand what obstacles are likely to prevent that achievement. Research indicates that parents face greater challenges to providing their kids with great starts when they struggle with untreated mental health or substance abuse issues or they fail to access living wages. To improve the success of kids in Marathon County, we must also ensure that the adults in their lives

LIFE Report of Marathon County: 2015-2017

Executive Summary: Calls to Action

| ISSUE | GENERAL COMMENT | PROBLEM | ADDRESSING ISSUE |
|--|---|---|--|
| Improve Mental Health and Health Access and Availability | Often misunderstood, good mental health is emotional wellbeing. How to access and pay for services can be unfamiliar, and often there is a stigma associated with accessing services. | The absence of good mental health is a contributing factor to many other individual, family, and community challenges (i.e. social isolation, poor performance at school and work, alcohol/drug abuse, criminal behavior). | Community conversations should be held on the benefit of having good mental health across the lifespan, what impacts an individual's emotional wellbeing, and the services available to address mental health issues. |
| Reducing Alcohol Use and Drug Abuse | Our communities would benefit from furthering conversations on what the safe use of alcohol and drugs looks like for individuals, families and communities. | The consequences of alcohol and drug abuse are significant (i.e. negative impact on children, ruined lives, jobs lost, and death). For many individuals, alcohol is woven into pastimes, celebrations, and coping with life events. | Communities need to rethink current practices to change culture and attitudes. |
| Adequate Income | Income plays a significant role in contributing to health and well-being and obtaining education. | Those without a high school or advanced degree have difficulty obtaining living wage jobs. Children growing up in economically disadvantaged situations are more likely to drop out of school or be unable to attend higher education. | Community leaders and employers should look at what can be done to increase education levels, to attract higher income jobs, and to increase wages for current jobs that don't provide a living wage. |
| A Great Start for Kids | Children will thrive when they are provided a stable, supportive, and nurturing environment. | Adverse Childhood Experiences (ACEs) result in toxic stress that can harm a child's brain by negatively impacting their brain development and physical, mental, and social behaviors. | The community should focus on helping families overcome challenges and building resilience in children to lessen the lasting negative consequences of adverse experiences. |
| Healthy Aging Supported by an Aging Friendly Community | The topic of aging has been an issue to watch for the last four LIFE reports. We hear reference to a "silver tsunami" coming as the aging of the baby boomers continues. | The past LIFE report has struggled to present meaningful indicators that show the health of the aging population. To help frame the issue, focus groups were held in early 2015. The greatest concerns identified included social isolation, depression and mental health; affordable and available housing and the right time to transition and the type of home care needed; and a community awareness about the need for conversations and decisions about treatment at end of life. | The community should strive to be an aging friendly community. A first step will be generating a greater understanding of what that means and ensuring our community meets the basic food and housing, health care, transportation, and safety needs of the elderly. |

LIFE Report of Marathon County: 2015-2017

Executive Summary: Interrelated Issues

Issues that Cross Sections

To better capture the complexity of our community challenges, this edition of the LIFE Report has added the five icons described below, which you will see on the top of these related indicator pages. These icons draw attention to many of the subtopics that impact larger issues. Indicator numbers and titles are listed below.



A GREAT START

- 9. Regulated Child Care & Quality
- 10. Child Care Costs & Subsidies
- 11. Kindergarten Readiness
- 29. Early Prenatal Care
- 30. Teenage Pregnancy and Childbirth
- 31. Low Birth Weight Babies
- 33. Childhood Lead Poisoning
- 34. Childhood Immunizations
- 51. Juvenile Justice
- 52. Child Abuse and Neglect



INCOME

- 5. Unemployment
- 6. Wages & Income
- 10. Child Care Costs & Subsidies
- 13. Economic Disadvantage
- 18. Educational Attainment
- 19. Hunger
- 20. Housing Assistance
- 21. Household Utilities
- 22. Shelter for the Homeless
- 23. Housing Options for the Aging
- 24. Access to Transportation
- 25. Unmet Basic Needs
- 27. Access to Health Care
- 33. Childhood Lead Poisoning
- 48. Property Crimes



SUBSTANCE ABUSE

- 43. Alcohol & Other Drug Misuse & Abuse
- 44. Tobacco Use
- 45. Concerns of Personal Safety
- 46. Alcohol & Drug Arrests
- 47. Traffic Crashes
- 48. Property Crime



THE AGING

- 23. Housing Options for the Aging
- 35. Unintentional Injuries
- 36. Chronic Conditions & End of Life Care
- 41. Social Isolation
- 54. Elder Abuse & Vulnerable Adults



MENTAL HEALTH

- 32. Infant & Child Mortality
- 39. Access to Mental Health
- 40. Social & Emotional Development
- 41. Social Isolation

LIFE Report of Marathon County: 2015-2017

Executive Summary: Interrelated Issues



Those who work most closely with these issues understand how complex and difficult they are to solve. No simple single solution exists. These issues present themselves over a continuum of life, and addressing them is difficult because they are so closely intertwined.

INTERCONNECTED & INDETERMINATE CAUSE & EFFECTS

Mental Illness
Alcohol or Drug Abuse
Criminal Behavior
Failure in School
Inability to Obtain /Maintain Employment
Intimate Partner Violence



Financial Insecurity
Lack of Housing
Social Isolation
Unhealthy Lifestyle Choices
Chronic Disease
Unmet Basic Needs

THE CHALLENGE AND OPPORTUNITY

CHALLENGE

- Not enough mental health care providers
- Cost of mental health services
- Counselors not available in schools
- Limited access to services for the incarcerated or recently released
- Limited ability to reach at-risk children under five to prevent future occurrences
- Community acceptance of alcohol abuse
- Potential employees fail drug tests
- Prevalence of intimate partner violence
- Community needs to be willing to tackle

OPPORTUNITY

- Recruit more mental health care professionals
- Increase dual-certified counselors for drug & alcohol and mental health
- Create new partnerships between mental health providers and schools
- Increase access to training and jobs
- Change culture of acceptance of alcohol
- Intervene with families to overcome obstacles
- Increase birth-to-five programming
- Grow community collaborations to address issues

LIFE Report of Marathon County: 2015-2017

Executive Summary: Community Strengths

Marathon County is a resource rich community. The quality of life we are afforded here is enhanced by the amenities, services, and supports we have at our disposal.

RESOURCE RICHNESS

- Economic Diversity
- K-12 Schools
- Higher Education
- Protected Natural Environment
- Recreation & Wellness
- Healthcare Services
- Arts & Culture
- Emergency Services
- Population Diversity
- Innovation & Entrepreneurship

Marathon County's reach extends well beyond its borders. It is a regional center that draws people in for a wide variety of reasons.

REGIONAL CENTER

- Shopping & Commerce
- Employment Opportunities
- Tourism & Recreation
- Essential Services

A great strength of Marathon County is that community leaders understand the value of community partnerships. As a result, a number of community collaborations have formed to implement a collective-impact approach to address complex social issues. The following is a list of community coalitions that are actively working on one or more of the issues identified in this report.

COALITION BUILDING

- AOD Partnership
- Coalition of Higher Education
- Domestic Abuse Intervention Team
- Get Smart Wausau
- Healthy Marathon County
- Healthy Eating and Active Living (HEAL)
- Housing and Homelessness Coalition
- Marathon County Early Year's Coalition
- Marathon County Hunger Coalition
- Partnership for Healthy Aging
- Partnership for Youth
- Prevent Suicide Marathon County

ECONOMIC ENVIRONMENT



The economic environment has a strong impact on the overall health of a county.



Our ability to provide jobs and use natural resources efficiently builds a strong community.



The number of community members with adequate financial resources depends upon how well they are able to access good paying jobs.

Economic Environment Subcommittee

| | |
|---------------------|--|
| Rene Daniels, Chair | North Central Wisconsin Workforce Development Board |
| Jim Warsaw, Chair | Wausau Region Chamber of Commerce |
| Coleman Peiffer | North Central Wisconsin Regional Planning Commission |
| Beau Gellings | North Central Wisconsin Workforce Development Board |
| Mark Borowicz | Northcentral Technical College |

Keep in mind....

The influences on, impact of, and participants in the Marathon County economy are not limited by its borders. Proper evaluation of and planning for the economy must incorporate regional factors.

Section Summary

Success and Progress

- Marathon County is a strong economy that positively impacts the greater region. The county has a gross regional product of \$6.30 billion with \$9.60 billion in exports and 76,500 jobs.
- Individual industries play a key role in the strength of our economy. Manufacturing has a \$1.5 billion dollar gross regional product with \$4.7 billion in exports. Finance and insurance has an \$800 million GRP with \$1.15 billion in exports. Healthcare has a \$500 million GRP with \$400 million in exports. And, agriculture has a \$250 million GRP with \$400 million in exports.
- Marathon County ranks 9th in the state for the overall economic impact of tourism—a \$232 million industry.

Calls to Action

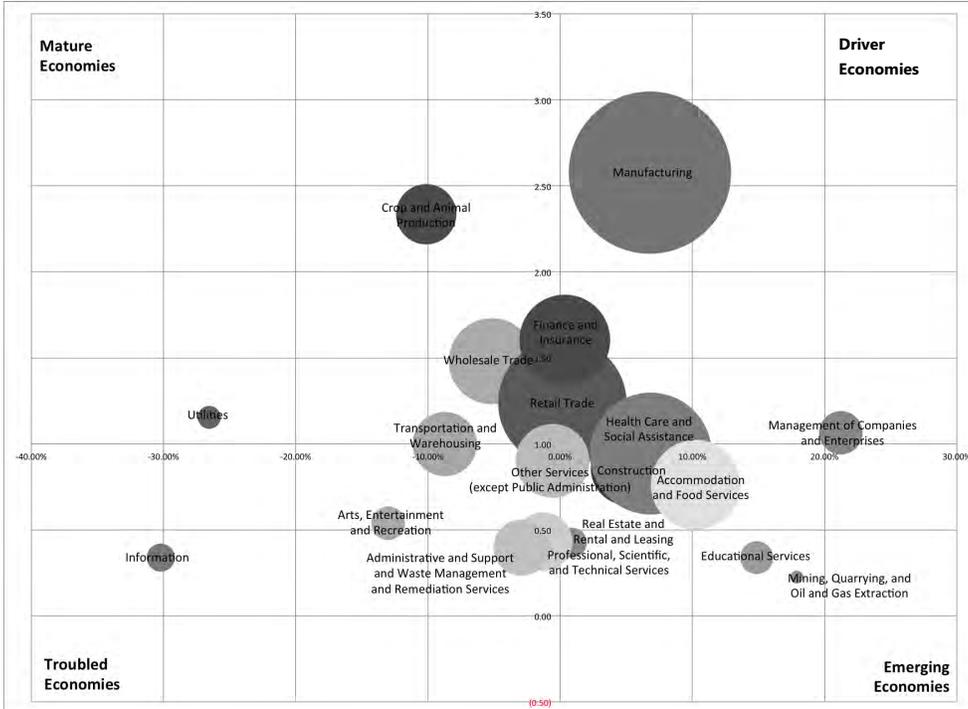
- Marathon County has a strong need for talent development to prepare the next-generation workforce. This should be a comprehensive, collaborative effort of the local and regional workforce and economic and community partners.
- Certain quality of life shortages—specifically targeted community amenities and professional development opportunities—are negatively impacting Marathon County’s ability to attract young professionals.
- Educational institutions and employers must acquire, analyze, and disseminate critical labor market information to current and future job seekers by better identifying job/skill demands and interfacing to build a regional talent pool.

Opportunities for Action

| | |
|-------------------|---|
| For Individuals | Research the educational requirements of available jobs in our market to access more gainful employment. Shop local. |
| For Organizations | Pay employees a living wage that allows them to participate fully in their local economies. Improve communication between employers and educational institutions. |
| For the Community | Create a culture, a capital resource base, and a mentoring environment which stimulates entrepreneurial activity and job creation. Focus on economic development that yields high-wage job opportunities. |

Key Measure: Location Quotation for Industries in Marathon County (2014)

DATA HIGHLIGHTS



- Total employment in Marathon County was 72,436 in 2014.
- Manufacturing, the county's top industry in 2014, employed 15,016 people at 2.5 times the national average.
 - Wood Product Manufacturing employed 1,950 people in 2014 (highest concentration)
 - Paper Manufacturing (2nd) employed 1,622 people in 2014
 - Machinery Manufacturing (3rd) employed 2,696 people in 2014
- Finance and Insurance is the second top industry (4,691 people) at 1.6 times the national average.
- Retail Trade is the third top industry (9,421 people) at 1.24 times the national average.
- Healthcare, Construction, Accommodations and Food Services, Real Estate, Educational Services, and Management of Companies and Enterprises are all "Emerging Industries."
- Crop and Animal Production, Wholesale Trade, Transportation and Warehousing, and Utilities are all "Mature Industries".
- Information, Arts and Entertainment, Administrative and Waste Management, Professional and Technical Services, and Other Services are all "Troubled Industries".

COMMUNITY PERSPECTIVES

Location Quotient (LQ) is a way of quantifying how concentrated a particular industry is in a region as compared to the nation. It can reveal what makes a particular region "unique" in comparison to the national average. Location quotient analysis compares the 2014 LQ and the projected percent change in LQ between 2014 and 2024, identifying the industries in Marathon County that are driver economies, emerging economies, mature economies, and troubled economies. The size of the industry circles correspond to their relative size (in jobs).

A driver economy or industries are "standouts" that distinguish the county economy. Industries with an LQ greater than 1.00 are considered export industries, providing services and goods for customers both inside and outside of

the county economy introducing new money into the local economy.

KEY:

| | |
|---|---|
| <p>Mature Economies: Above average in concentration but declining, possibly affecting import base.</p> | <p>Driver Economies: Above average in concentration and becoming more so, defining the region.</p> |
| <p>Troubled Economies: Less important regionally and declining, potentially impacting diversity.</p> | <p>Emerging Economies: Not yet concentrated in the region but becoming more so—strong potential.</p> |

Manufacturing, Finance and Insurance, and Retail Trade are driver economies for Marathon County. All three of these industries have a 2014 location quotient above 1.00, are predicted to become more concentrated over the next ten years, and have significant employment.

SOURCES

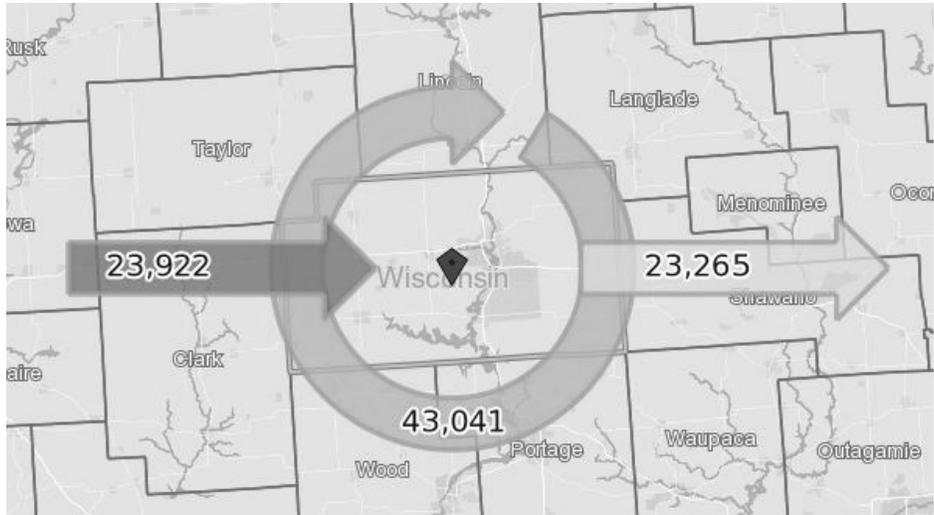
- Economic Modeling Specialists International
www.economicmodeling.com

DATA HIGHLIGHTS

Marathon County Jobs by Counties Where Workers Live (2012)

| Location | Count | Share |
|--------------------|--------|-------|
| All Counties | 66,963 | 100% |
| Marathon | 43,041 | 64.3% |
| Lincoln | 3,019 | 4.5% |
| Wood | 2,574 | 3.8% |
| Portage | 2,180 | 3.3% |
| Clark | 1,342 | 2.0% |
| Shawano | 1,135 | 1.7% |
| Langlade | 1,068 | 1.6% |
| Oneida | 820 | 1.2% |
| Taylor | 792 | 1.2% |
| Brown | 785 | 1.2% |
| All Other Counties | 10,207 | 15.2% |

Key Measure: Marathon County Regional Labor Shed Map (2012)



COMMUNITY PERSPECTIVES

Marathon County is a regional economic hub that provides job opportunities for county residents and commuters from outside of the county's borders. The impact of the urban center is seen in county-to-county commuting patterns. About 64%, or about 43,000, of employed Marathon County residents work within the county borders. 23,922 workers flow into the county from other counties and 23,265 residents commute out of the county for employment. In

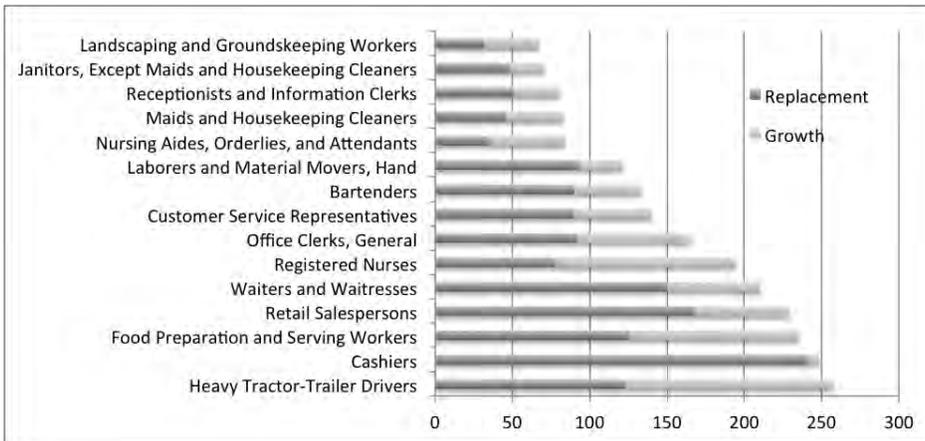
total Marathon County nets about 650 workers from surrounding counties.

SOURCES

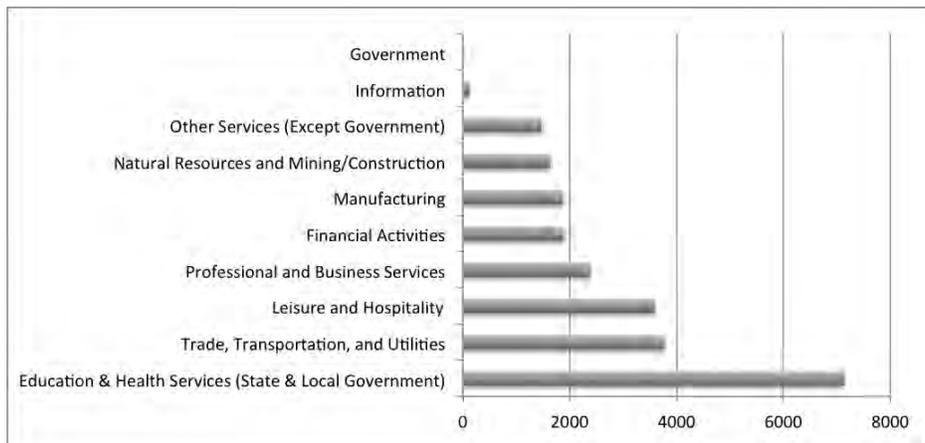
- U.S. Census Bureau
On the Map
www.census.gov/



Key Measure: North Central Workforce Development Area Occupational



Key Measure: North Central Workforce Development Area Industry Projections (Total Change in Employment), 2010 - 2020



DATA HIGHLIGHTS

- North Central Wisconsin is expected to have 7,306 annual job openings between 2010 and 2020, with a positive 12% change in employment.
- Education, health services, and state & local government will lead the way with an anticipated 7,142 new jobs.
- Trade, transportation, and utilities is second with 3,769 new jobs.
- Government is the slowest growing sector with a projection of 29 jobs.

NOTE: Employment is a count of jobs rather than people, and includes all part- and full-time non-farm jobs. Employment does not include jobs among self-employed, unpaid family, or railroad workers.

Employment overall, and employment in any particular industry or occupation, may have many ups and downs during the ten year period. The projections only indicate where employment is expected to be in 2020 relative to 2010. It is important to note that unanticipated events may affect the accuracy of these projections.

COMMUNITY PERSPECTIVES

North Central Wisconsin is expected to have 7,306 annual job openings between 2010 and 2020, a positive 12% change in employment. 4,786 of those positions will be open annually due to replacement needs while 2,520 will be due to growth. These total job openings will involve several occupations and will need people with a variety of skills, interests, and educational backgrounds.

Education, health services, and state & local government will lead the way. Educational services includes all public and private elementary, secondary, and post-secondary schools as well as support services. Healthcare includes ambulatory healthcare services, hospitals, and nursing and residential care facilities. Trade, Transportation and Utilities is second and government is projected to grow most slowly.

Manufacturing is facing modest employment growth overall but is also needing large numbers of skilled workers to replace retirees and to incorporate new technologies. Many manufacturers are reducing costs and improving efficiency through innovations and automation, decreasing the need for some positions but increasing the need for people with technological skills. Furthermore, manufacturers are relying on contractors and temporary workers to perform functions that are not part of their core operations. Thus, several jobs, such as those in office support and unskilled production, have moved from manufacturing to business services.

SOURCES

- Wisconsin Department of Workforce Development
Office of Economic Advisors
dwd.wisconsin.gov/uistats/

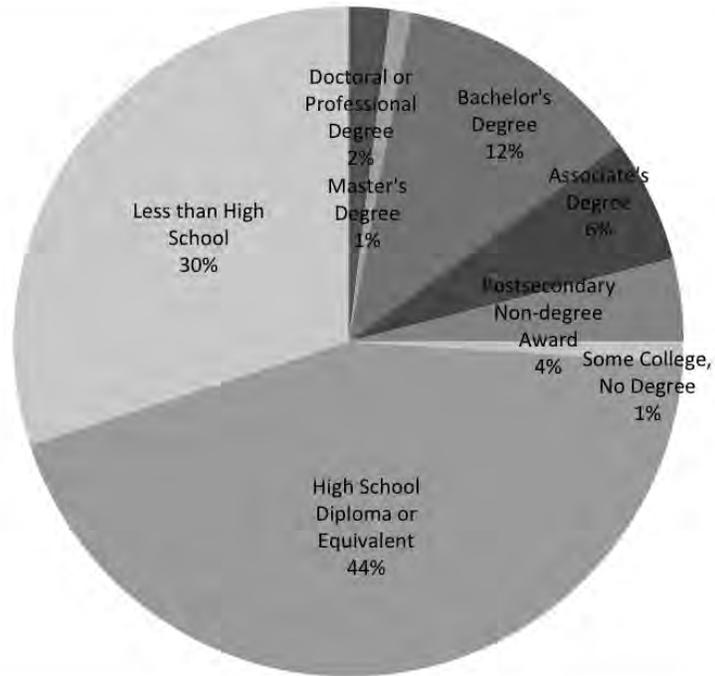


DATA HIGHLIGHTS

- A high school diploma is the education required for the highest percentage of jobs in our region. 44% of jobs require a high school diploma or equivalent.
- Only 3% of jobs in our region require an advanced degree.
- Bachelor's and associate's degrees are required for 18% of the jobs in our region.



Key Measure: North Central Workforce Development Area Percentage of Job Openings by Education, 2010—2020



COMMUNITY PERSPECTIVES

Each occupation is assigned to one of eight education paths. The assignment only gives a general indication of the education typically needed in the occupation. There may be other pathways into the occupation, as well as additional educational, training, or licensing requirements. The pie chart above illustrates the percentage of job openings anticipated in each education and training group.

Among the job openings anticipated between 2010-2020, 44% fall into high school diploma or equivalent category. Some examples of occupations in these categories are truck drivers, heavy & tractor-trailer, office clerks, customer service representatives, receptionists & information clerks, and childcare workers.

30% of openings will typically require less than a high school diploma. Occupations in this group include cashiers, combined food preparation & serving workers, retail salespersons, waiters & waitresses, and bartenders.

12% of openings will typically require a bachelor's degree. Some examples of

occupations in these categories are elementary school teachers (except special education), accountants & auditors, human resource specialists, teachers and instructors, and secondary school teachers (except special and vocational education).

6% of openings will typically require an associate's degree. Some examples of occupations in these categories are registered nurses, general & operations managers, preschool teachers (except special education), radiologic technologists & technicians, and dental hygienists.

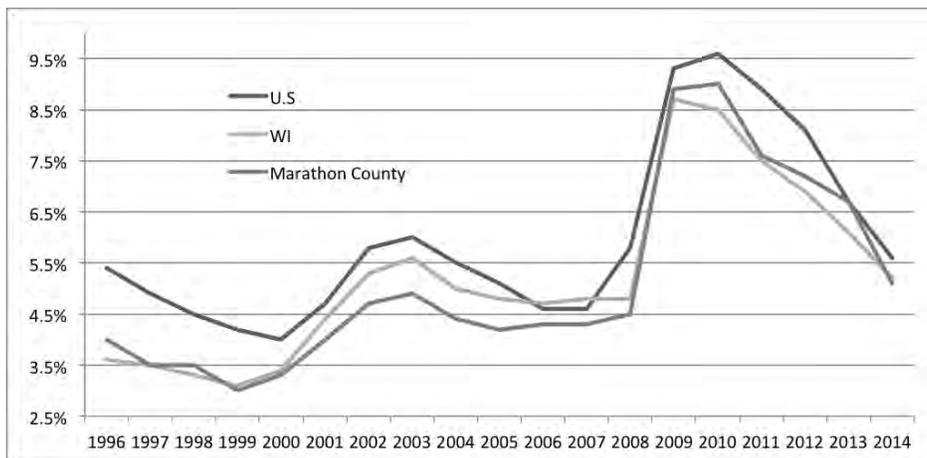
4% of openings will typically require a postsecondary non-degree award. Some examples of occupations in these categories are nursing aides, orderlies, & attendants; hairdressers, hairstylists, & cosmetologists; licensed practical & licensed vocational nurses; first-line supervisors/managers of production & operating workers; and emergency medical technicians & paramedics.

SOURCES

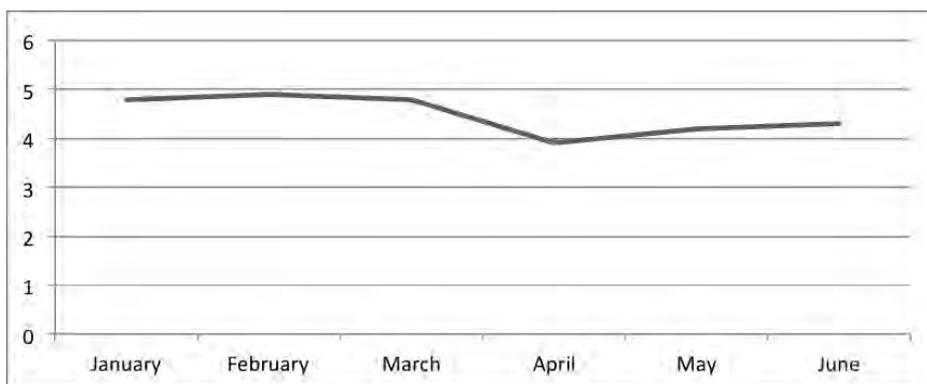
- **Wisconsin Department of Workforce Development**
Office of Economic Advisors
dwd.wisconsin.gov/uistats/



Key Measure: Unemployment Rate by Nation, State, and County, 1996- 2014



Key Measure: Marathon County Monthly Unemployment Rate, Jan—June 2015



COMMUNITY PERSPECTIVES

Marathon County's unemployment rate has largely returned to levels observed in the early 2000's in 2015. This has been spurred both by increasing employment opportunities as well as a slight decrease in the county's labor force. The former trend has been discussed in other related indicators. The latter trend is slightly more troubling and is shared among many regions of the state. The county's mature workforce has started to exit through retirement more quickly than younger workers are able to enter into employment. This dynamic is associated with the aging of the Baby Boom generation and has been anticipated for a number of years.

The county's labor force participation remains strong at 69 percent and is above both state and national averages. This again suggests that employers are largely maximizing the utilization of available labor. It is also important to

note that labor force participation has decreased by six percentage points since 2000. This suggests that, as the local population continues to age, unemployment will continue to remain at low levels. Similarly, the decrease in the local unemployment rate has also been connected to concerns by employers regarding workforce availability. This again suggests that employers will face increased competition for skilled workers as the labor force remains relatively stable.

DATA HIGHLIGHTS

- The unemployment rate is a measure of the number of individuals who are both unemployed and actively seeking employment as a ratio of the total workforce-aged and eligible population. This is a place of residence measure, meaning that it only considers individuals who live in Marathon County, for example.
- The unemployment rate has rapidly declined over the last five years after reaching a local high of 11.6 percent in February 2010. In comparison, the most current rate of four percent (July 2015) is nearly a third of the previous peak.
- The decrease in unemployment has occurred both through a decrease of nearly 3,800 unemployed residents coupled with a 1,000 individual decrease in the size of the local labor force.
- The decrease in the labor force is of particular concern as Marathon County's population has grown by 740 residents over the same time period.
- The average duration of unemployment benefits has also sharply decreased over the past year to less than 11 weeks. This suggests that individuals are more effectively able to find new employment.

SOURCES

- **Bureau of Labor Force Statistics**
www.bls.gov/
- **Wisconsin WORKnet**
worknet.wisconsin.gov/worknet/
- **Wisconsin Department of Workforce Development**
Unemployment Insurance Statistics
dwd.wisconsin.gov/uistats/



DATA HIGHLIGHTS

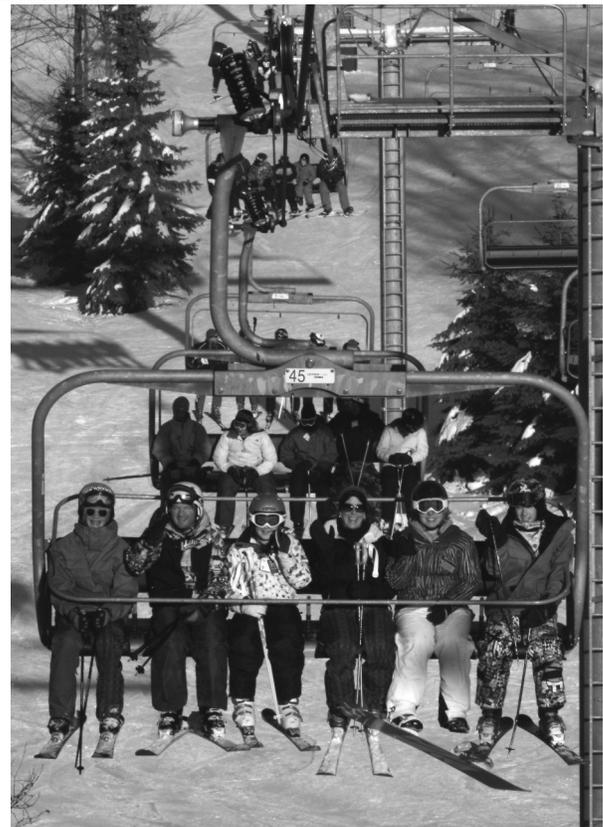
- The 2010 per capita median income in Marathon County was \$27,607 (\$13.27 per hour), which does not meet the minimum threshold for one adult with one child.
- The 2010 median household income in Marathon County was \$53,363 (\$25.66 per hour), which does not meet the minimum threshold for 2-adult households with 2 or more children.
- The required annual income before taxes to meet the living wage threshold for a single adult is \$20,782, 2 adults (1 working) is \$33,650, and 2 adults is \$33,396.
- The required annual income before taxes to meet the living wage threshold for a single adult with 3 children is \$76,201, for 2 adults (1 working) with 3 children is \$51,342, and 2 adults with 3 children is \$78,957.
- Childcare is typically the most significant expense per year costing \$8,130 for one child, \$15,799 for 2, and \$23,468 for 3 on average .
- Transportation is the second most significant expense ranging from \$4,189 per year for a single adult to \$10,858 per year for 2 adults with 3 children on average.

Key Measure: Living Wage by Family Size in Marathon County (2014)

| MARATHON COUNTY | Living Wage | Poverty Wage | Minimum Wage |
|---------------------------------|-------------|--------------|--------------|
| 1 Adult | \$9.99 | \$5.00 | \$7.25 |
| 1 Adult/1 Child | \$21.88 | \$7.00 | \$7.25 |
| 1 Adult/2 Children | \$28.27 | \$9.00 | \$7.25 |
| 1 Adult/3 Children | \$36.64 | \$11.00 | \$7.25 |
| 2 Adults (1 Working) | \$16.18 | \$7.00 | \$7.25 |
| 2 Adults (1 Working)/1 Child | \$19.44 | \$9.00 | \$7.25 |
| 2 Adults (1 Working)/2 Children | \$21.56 | \$11.00 | \$7.25 |
| 2 Adults (1 Working)/3 Children | \$24.68 | \$13.00 | \$7.25 |
| 2 Adults | \$8.03 | \$3.00 | \$7.25 |
| 2 Adults/1 Child | \$12.02 | \$4.00 | \$7.25 |
| 2 Adults/2 Children | \$15.25 | \$5.00 | \$7.25 |
| 2 Adults/3 Children | \$18.98 | \$6.00 | \$7.25 |

COMMUNITY PERSPECTIVES

The living wage is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year). For single adult families, the adult is assumed to be employed full-time. For two adult families where both adults are in the labor force, both adults are assumed to be employed full-time. For two adult families where one adult is not in the labor force, one of the adults is assumed to be employed full-time while the other non-wage-earning adult provides full-time child care for the family's children. Full-time work is assumed to be year-round, 40 hours per week for 52 weeks, per adult.



Families with one child are assumed to have a 'young child' (4 years old). Families with two children are assumed to have a 'young child' and a 'child' (9 years old). Families with three children are assumed to have a 'young child', a 'child', and a 'teenager' (15 years old).

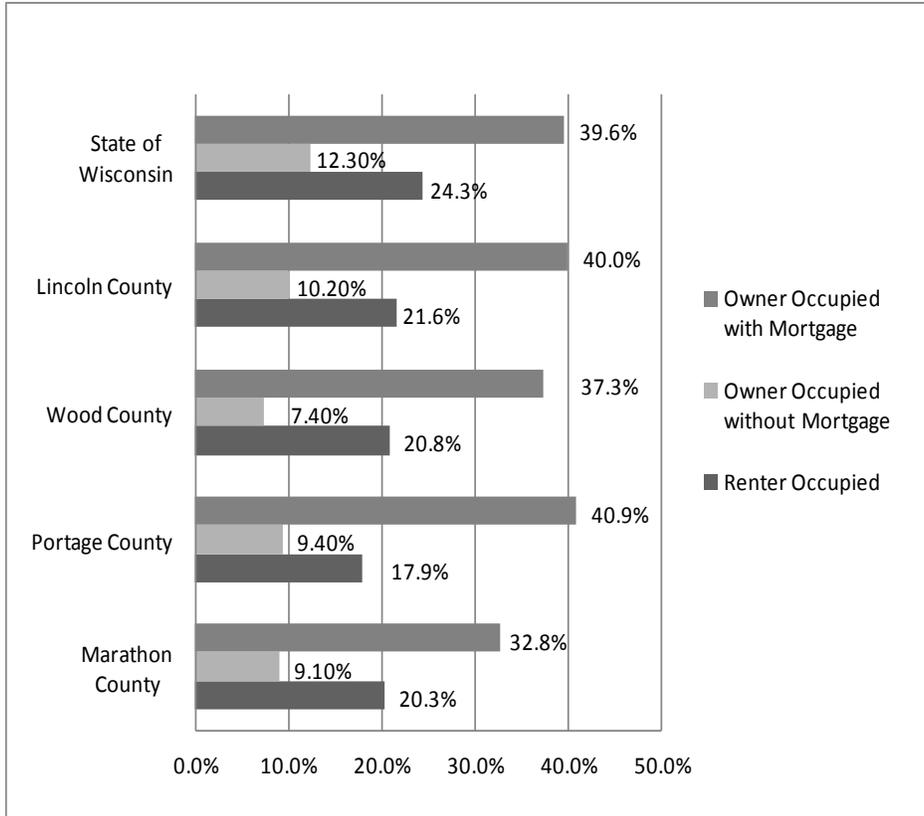
The living wage in Marathon County ranges from \$8.03 per hour for a two adult two income household to \$36.64

per hour for a one adult household with three children. In general, households with two working adults require lower per hour salaries to meet the living wage threshold.

SOURCES

- Massachusetts Institute of Technology Living Wage Calculator livingwage.mit.edu/counties/55073

Key Measure: Percent Paying >35% of Income to Housing Costs



DATA HIGHLIGHTS

- Median gross rent increased 41.5 percent between 2000 and 2010, from \$484 in 2000 to \$685 in 2010. A difference of \$201 a month.
- Median housing values increased 45.6 percent between 2000 and 2010, from \$95,800 in 2000 to \$139,500 in 2010, a difference of \$47,700 a year.
- Median household income in the County decreased 7.4% (adjusted for inflation) from \$45,165 in 2000 to \$53,471 in 2010, a difference of \$8,306 a year.
- Median per capita income in the County decreased 1.2% (adjusted for inflation) from \$20,703 in 2000 to \$25,893 in 2010, a difference of \$5,190 a year.

COMMUNITY PERSPECTIVES

Marathon County needs to create communities where everyone – including elderly, disabled, and low-income residents – has access to affordable housing. Access to affordable housing involves more than the purchase price, including costs like utilities, maintenance, taxes, and repairs. Currently, a high percentage of home owners and renters are spending greater than 30 percent of their annual income on housing. The more money spent on housing the less disposable income is available to spend on education, food, retail, and recreation. An increase in home values and rents, combined with a decrease in median household and per capita incomes, has forced a high percentage of the population to spend more than 35 percent of their net income on housing. In 2010, 41.9 percent of all owner occupied housing units (with and

without mortgages) spent greater than 35 percent of their net income on housing. Roughly 20.3 percent of all renter occupied housing units spent greater than 35 percent of their net income on housing.

The ability to attract and retain the necessary workforce for the County will depend on the County's ability to provide affordable housing options in close proximity to work and social activities further reducing personal costs like transportation.

SOURCES

- **Wisconsin Realtors Association**
Housing Statistics
www.wra.org/HousingStatistics/
- **U.S. Census Bureau**
www.census.gov/

DATA HIGHLIGHTS

A July 2009 Survey of county broadband users found:

- Approximately 45% of business users indicated [the cost of broadband] is "somewhat high" or "too high".
- 59% of home users categorized [the cost of broadband] as "somewhat high" or "too high."
- Of the businesses that responded to the survey and were dissatisfied with their current Internet service, approximately 26% listed speed as a reason for that dissatisfaction.
- Of the residential survey respondents who said they were dissatisfied with their Internet service, 64% said it was because of speed.
- Regarding telecommuting, 100% of respondents indicated that Internet speed kept them from telecommuting.

SOURCES

- **LinkWISCONSIN**
www.link.wisconsin.gov/
- **Federal Communications Commission**
www.fcc.gov/

Key Measure: Broadband Access Map for Marathon County, June 30, 2014



COMMUNITY PERSPECTIVES

Broadband connects people to the Internet. It is a high-speed transmission link from a home, business, or school to the World Wide Web and other digital resources. Broadband replaces a traditional "dial-up" or narrow-band telephone connection and is always on, allowing use of multiple services at the same time.

private businesses, farms, and residents. Improving the region's telecommunication network can assist existing businesses, attract new businesses, and allow residents access to educational opportunities online. Areas that invest in the infrastructure and provide access to high speed, reliable internet will have an advantage in attracting businesses.



High-speed broadband connections are crucial for government services, healthcare, education, library systems,

According to the Federal Communication Commission (FCC), areas with less than 4 mega bytes per second (MBPS) download speed do not meet the FCC broadband definition. As of 2010, 74 percent of the population in Marathon County had access to download speeds of 10 Mbps or greater. However, 18 percent of the population had access to less than 3 Mbps.

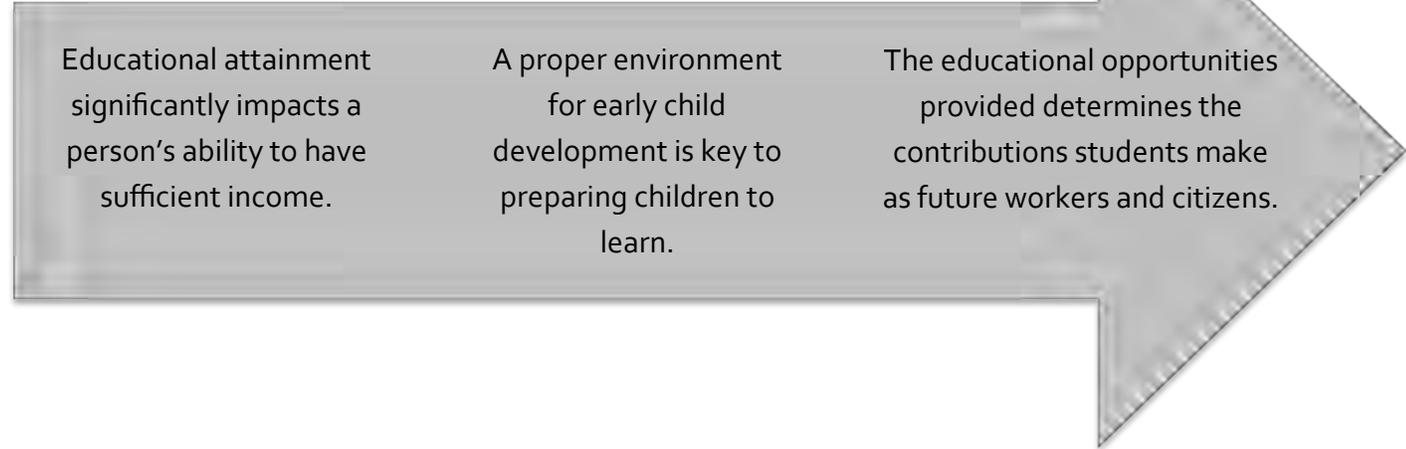
EDUCATION



Educational attainment significantly impacts a person's ability to have sufficient income.

A proper environment for early child development is key to preparing children to learn.

The educational opportunities provided determines the contributions students make as future workers and citizens.



Keep in mind....

Students' exposure to trauma, abuse, and neglect outside of school will have significant impact on their ability to learn within it. Early trauma exposure has lasting impacts on long-term physical and mental health.

Education Subcommittee

Julie Burmesch, Chair
Jeff Lindell, Chair
Laurie Borowicz
Rachele Cherek

Retired Educator
Wausau School District
Northcentral Technical College
Childcaring, Inc.

Section Summary

Success and Progress

- Since the adoption of new statewide assessments to measure reading proficiency, Marathon County schools have collectively demonstrated a rate of improvement almost twice that of the state average.
- Local efforts have increased YoungStar ratings of local child care programs through increased education and training.
- Marathon County continues to have graduation rates higher than the state average in all of its districts, which is especially impressive as Wisconsin has the highest graduation rates in the country.

Calls to Action

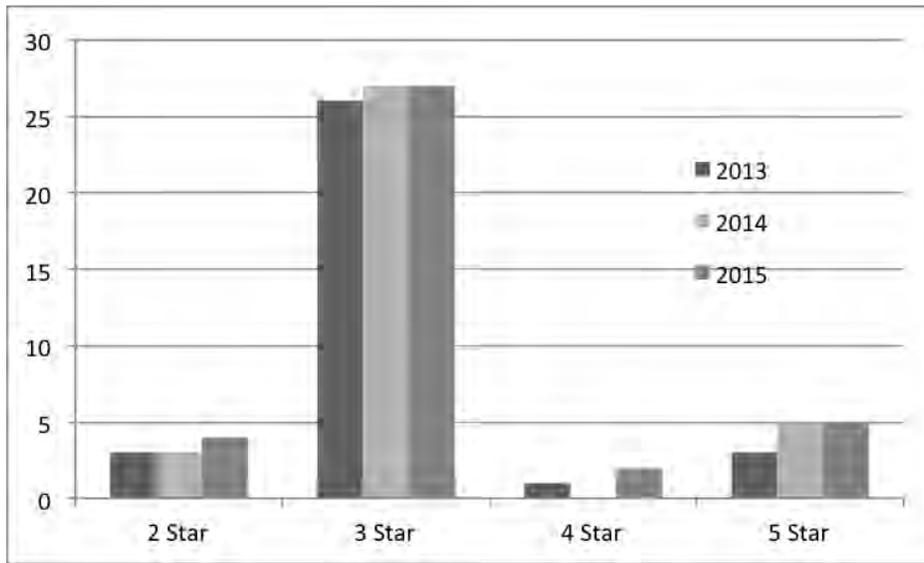
- Marathon County schools are observing higher levels of childhood exposure to poverty, emotional trauma, and abuse & neglect, all of which significantly interfere with educational performance and long-term educational outcomes.
- To support both our workforce and childhood development, Marathon County must reverse the decline in licensed and certified childcare providers, especially in certain under-served areas.
- Marathon County still lags behind state averages for educational attainment. While 57.7% of Marathon County high school graduates intend to attain a bachelor's degree or higher, only 22.2% of the population holds these degrees.

Opportunities for Action

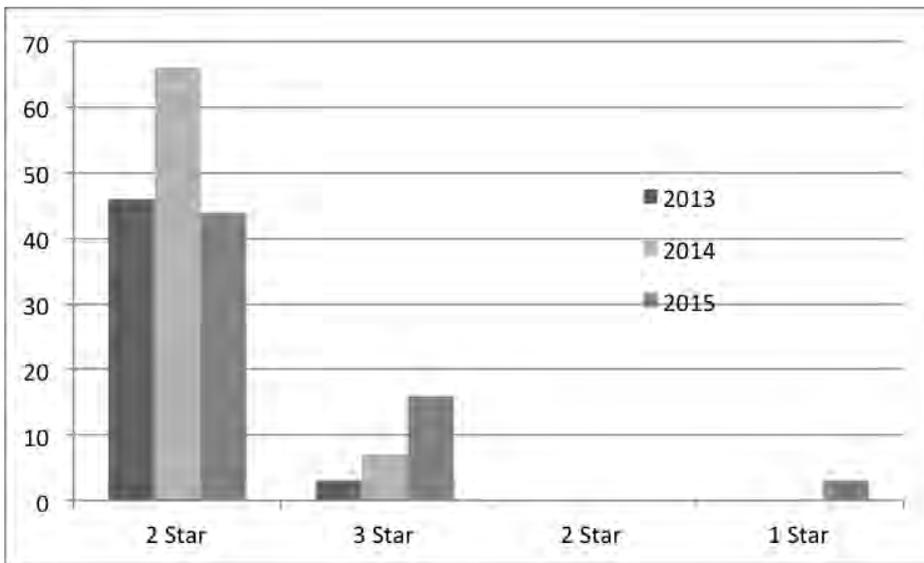
| | |
|-------------------|---|
| For Individuals | Recognize the impact of early childhood experiences, advocate for young children, and support parents. Encourage young adults to stay in or return to Marathon County to become long-standing members of the community. |
| For Organizations | Implement Trauma Informed Care training throughout the county to reduce the impact of challenging past experiences. Implement family-friendly practices in work environments. Increase opportunities for internships within local businesses and maintain ties to young adults. |
| For the Community | Support and expand birth-to-three interventions for high-risk populations and expand mental health services. Increase awareness of local jobs and education/training opportunities throughout the county. |



Key Measure: YoungStar Child Care Ratings for Licensed Group Care in



Key Measure: YoungStar Child Care Ratings for Licensed/Certified Family



COMMUNITY PERSPECTIVES

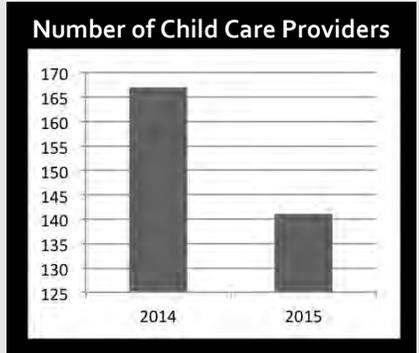
Marathon County offers the following options for regulated child care: group centers, family child care, preschool, Head Start, school age, and day camps.

YoungStar continues to make a difference in Marathon County. Child care providers are receiving onsite technical assistance to improve the quality of their programs. Providers are taking advantage of credit-based education through opportunities offered both at the county and state levels. They are learning record keeping skills and

how to set and maintain budgets and policies for their programs. Providers are creating curricula that is developmentally appropriate for each child, so that children are progressing at their own rates.

Waitlists exist in Marathon County for full-time infant care. Other areas of need include part-time care for infants and second- and third-shift care. Only a few child care providers countywide offer third-shift care.

DATA HIGHLIGHTS



- There are 3,633 child care slots available in Marathon County.
- 13 child care providers completed the Infant & Toddler Credential fulfilling the educational requirements for a 3-star rating.
- Childcaring, Inc., a local resource & referral agency, provided 86 training opportunities in 2014 and 66 as of October 2015.
- Providers are eligible for a micro grant, determined by regulation, through YoungStar to increase the quality of their child care program.
 - * Group Child Care - \$1,000
 - * Licensed Family - \$500
 - * Certified Family - \$250

SOURCES

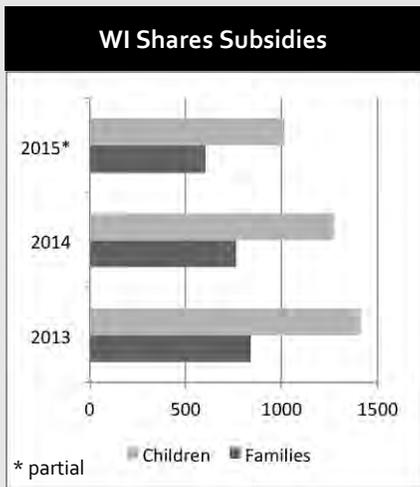
- Wisconsin Department of Children and Families
YoungStar
dcf.wisconsin.gov/youngstar/
- Childcaring, Inc.
www.childcaring.org
- Wisconsin Early Childhood Association
www.wisconsinearlychildhood.org



DATA HIGHLIGHTS



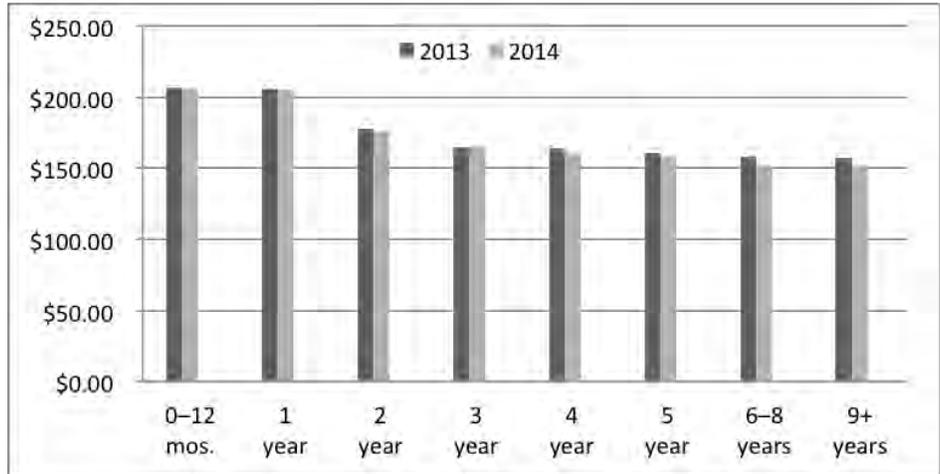
- In 2014, 15 child care programs received Good Start Grants supporting 98 children.
- As of October 2015, 95 children are using the Good Start Grants program.
- 21 child care programs are currently participating in Good Start Grants.



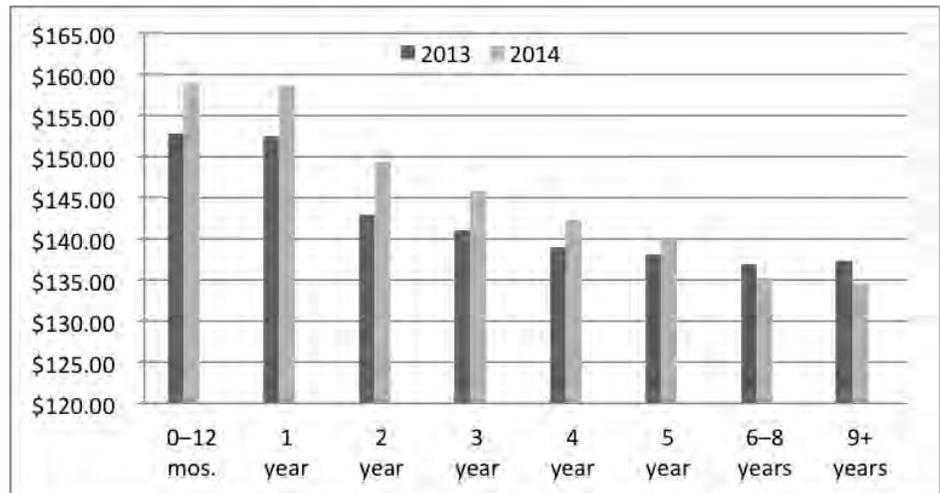
SOURCES

- Wisconsin Department of Children and Families
Wisconsin Shares
dcf.wisconsin.gov/childcare/wishares/
- Childcaring, Inc.
www.childcaring.org

Key Measure: Average Full-Time Weekly Cost of Child Care Centers in Marathon County, 2013 & 2014



Key Measure: Average Full-Time Weekly Cost of Family Child Care in Marathon County, 2013 & 2014



COMMUNITY PERSPECTIVES

For more than 15 years, United Way of Marathon County has helped families pay for quality child care. In 2010 a collaboration of early childhood partners explored sliding fee assistance for all Marathon County families. This sliding fee program, now named Good Start Grants, were dispersed countywide beginning January 2014.

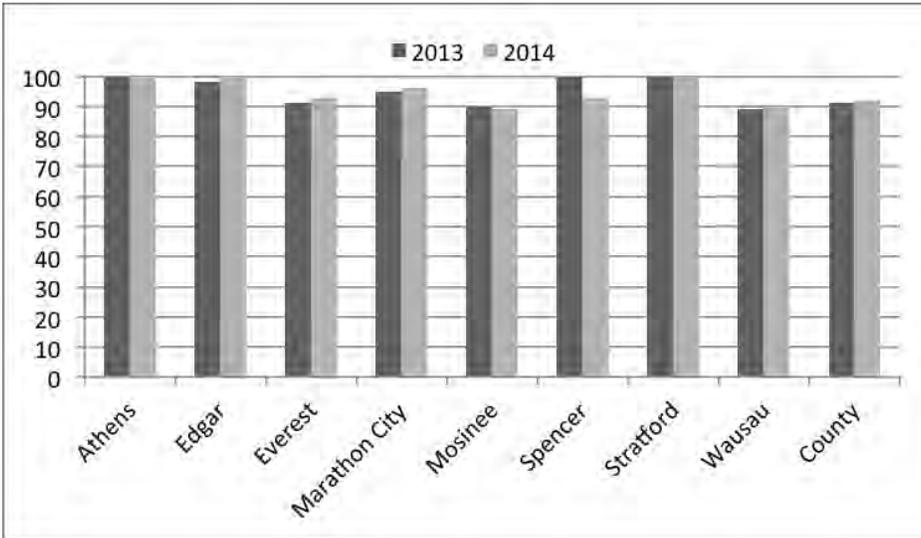
Good Start Grants help to meet the funding gap between what providers need to charge to offer a quality program and what families can afford to pay, helping families to avoid choosing between affordable care and quality care. To qualify for Good Start Grants, families must reside in Marathon County, have a household income below 300% of

Federal Poverty Level, not qualify for or receive WI Shares subsidies, participate in an approved activity such as work or school, and select a childcare program that is rated 3 stars or higher by the YoungStar program.

In 2014, Good Start Grants received \$300,000 from United Way of Marathon County to help families pay for quality child care. The B. A. & Esther Greenheck Foundation contributed an additional \$50,000.



Key Measure: Percent of Students Meeting the PALS-K Benchmark, Fall 2013 & 2014



COMMUNITY PERSPECTIVES

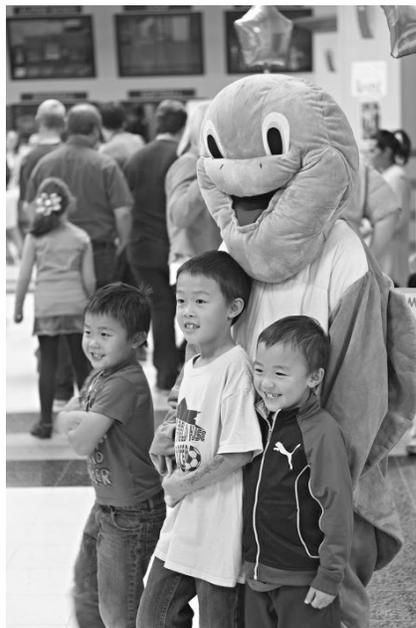
The Phonological Awareness Literacy Screening-Kindergarten (PALS-K) is given to students statewide to help school districts identify children needing academic interventions at the start of their Kindergarten year. The assessment is designed to measure skills predictive of future reading success such as alphabet identification, letter sound recognition, and beginning sound recognition in words. Students falling below benchmark on this assessment are at-risk for future academic difficulties without intervention.

The PALS assessment is not comprehensive and does not evaluate other necessary reading skills such as vocabulary comprehension and rhyming. However, it does begin the identification process so that schools can immediately put in place interventions to assist at-risk students.

Reading readiness is only one part of school readiness. In fact, other skills such as the ability to maintain attention, follow directions, follow social rules, and regulate behavior can significantly affect a student's performance. The ACES Study data (Indicator 40: Social & Emotional Development) highlights the need to reduce the impact of adverse childhood experiences. School districts throughout the county are noting the educational impact of these experiences and have initiated training to help teachers understand and reduce the effects of childhood trauma.

A recent report by the Annie E. Casey Foundation—"The First Eight Years: Giving Kids a Foundation for Lifetime Success"—shows how, for many low-income children, the gap starts early because of health problems at birth that slow cognitive, social, and emotional development. The gap can widen when kids don't have access to book- or language-rich homes or high-quality learning experiences, and it can widen even more for kids growing up poor.

Communities and families can improve readiness by mitigating the impact of poverty through parent education, early intervention programs such as Early Head Start, and family visiting programs.



DATA HIGHLIGHTS

| PALS-K # of Students Screened, 2013 & 2014 | | |
|--|-----|-----|
| Athens | 18 | 19 |
| Edgar | 43 | 46 |
| Everest | 422 | 396 |
| Marathon City | 43 | 51 |
| Mosinee | 125 | 124 |
| Spencer | 46 | 45 |
| Stratford | 54 | 64 |
| Wausau | 641 | 614 |

- According to the PALS-K Kindergarten readiness assessment, 91% of students in Marathon County were prepared for Kindergarten in 2013 and 92% were prepared in 2014.
- Athens, Spencer, and Stratford had 100% readiness rates in 2013, and Athens, Edgar, and Stratford had 100% readiness in 2014.
- Wausau and Mosinee see the highest rate of enrolling Kindergarteners that do not meet readiness benchmarks.

SOURCES

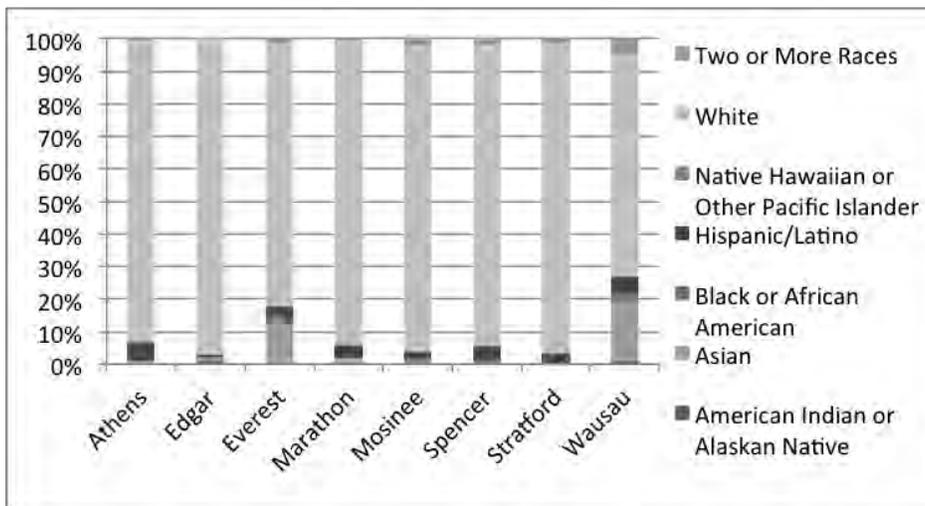
- Annie E. Casey Foundation www.aecf.org
- PALS Wisconsin www.palswisconsin.info
- Marathon County Early Years Coalition www.raisegreatkids.org

DATA HIGHLIGHTS

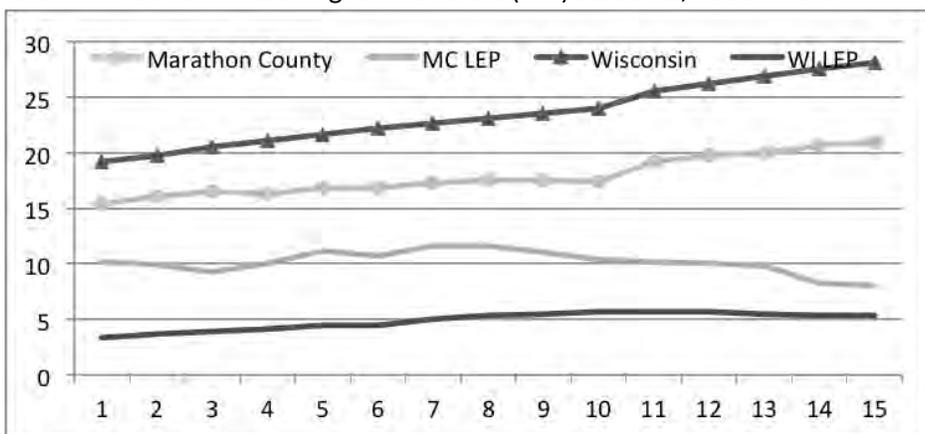
| District Enrollments | |
|----------------------|-------|
| Athens | 407 |
| Edgar | 654 |
| Everest | 5,857 |
| Marathon City | 676 |
| Mosinee | 2,011 |
| Spencer | 771 |
| Stratford | 938 |
| Wausau | 8,628 |

- 72.6% of Marathon County students attended the urban districts of Wausau or D. C. Everest in 2014-15.
- 32% of Wausau students and 21% of Marathon County students identified as a race or ethnicity other than white in 2014-15.
- While Asians remain the second largest ethnicity in county schools, Hispanics are the fastest growing, followed by students of two or more races.
- While Marathon County continues to have lower minority populations than state averages, it continues to serve almost twice the number of LEP students.

Key Measure: District Enrollment by Race or Ethnicity, 2014—2015



Key Measure: Percent of Students Identifying as a Race or Ethnicity Other than White and Limited English Proficient (LEP) Students, 2000—2015



SOURCES

- **WI Department of Public Instruction**
WISEdash Public Portal
wise.dpi.wi.gov/wisedash
- **U.S. Census Bureau**
www.census.gov/

COMMUNITY PERSPECTIVES

While only about 9% of the entire Marathon County population identified as non-white in the last census, 21% of county students do, 32% in Wausau. Schools are indicators of impending community change, and, while a mostly white older generation still skews demographics, it is clear from school-age data that the ethnic make up of Marathon County is becoming more diverse.



Also notable, while Marathon County remains below statewide percentages for non-white students, it continues to

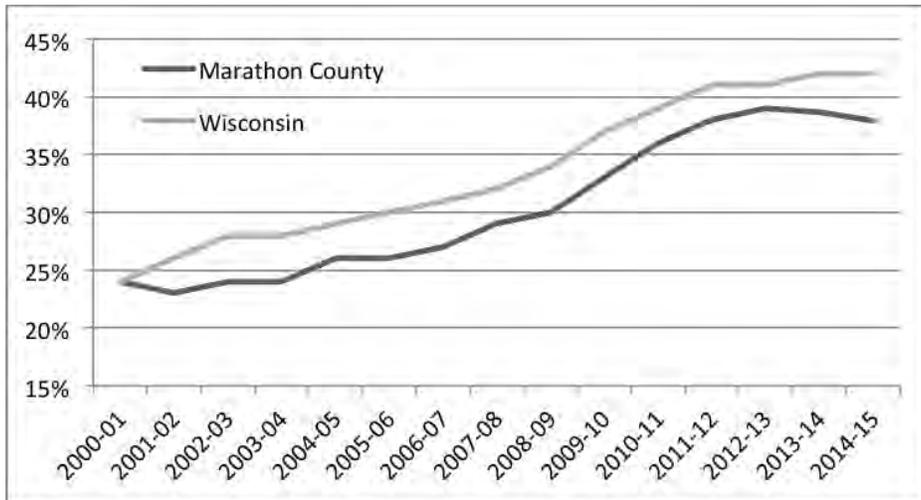
serve a higher percentage of Limited English Proficient (LEP) students, although that percentage is trending slightly down, continuing to drop further below 10%.

Marathon County serves students in eight different school districts. Two—Wausau and D. C. Everest—are considered urban districts, while the other six are considered rural. Populations within

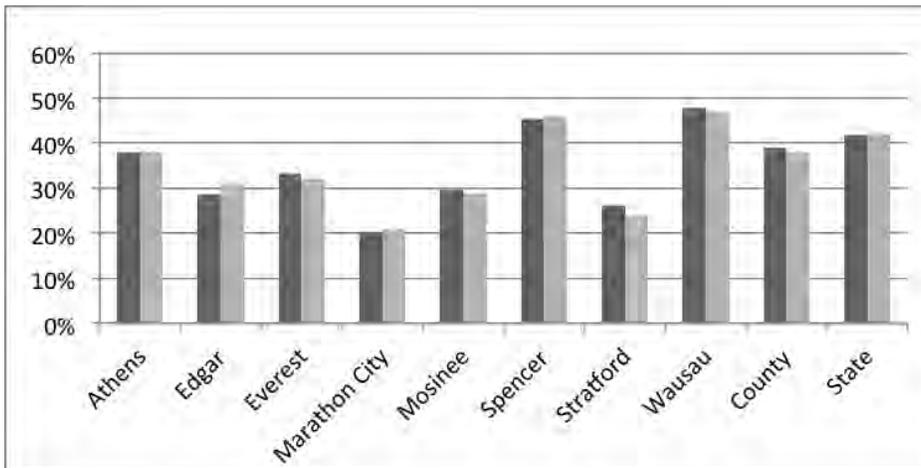
those districts range from under 500 to more than 8,500 and serve a wide range of students from a variety of circumstances.



Key Measure: Percentage of Economically Disadvantaged Students, 2000—2015



Key Measure: Percentage of Economically Disadvantaged Students by District, 2013-14 & 2014-15



COMMUNITY PERSPECTIVES

The economic downturn saw a significant increase in the number of economically disadvantaged students in Marathon County schools, jumping from 23% in 2001-02 to 39% in 2012-13. While the last two years have seen slight decreases from this peak, the percent of economically disadvantaged students still remains well above pre-recession levels.

There are also disparities between the districts in Marathon County—with Wausau and Spencer having the highest percentages at 47% and 46% respectively and Marathon City having the lowest at 21%. There are similar disparities within the larger urban districts, especially at the elementary school level. For instance, of Wausau's

13 elementary schools, five fall below 30% while five exceed 65%. Only one—Riverview Elementary—falls within 5 percentage points of Wausau's district average.

Education research has demonstrated strong correlations between poverty and learning challenges. To maximize learning outcomes, communities must work not only to reduce the number of individual students living in poverty but also to lessen the impact of poverty on the schools within the district.

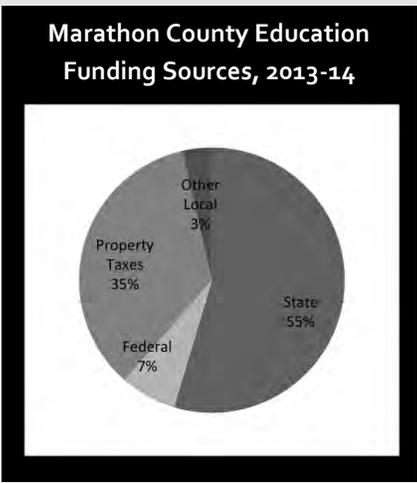
DATA HIGHLIGHTS

- Marathon County has seen slight decreases in the percent of economically disadvantaged students over the past two years from its peak at 39% in 2012-13. However, some rural districts—Edgar, Marathon City, and Spencer—are still seeing increases.
- Urban districts with multiple elementary schools (Wausau and Everest) see disparities among those schools largely because of wealthy and impoverished neighborhoods that fall within those school boundaries.
- While Wausau schools have an average economic disadvantage of 47.0%, its elementary schools range from South Mountain at 19.1% (the county's lowest) to Thomas Jefferson at 78.9% (the county's highest).
- Wausau has five elementary schools with economic disadvantage percentages above 65%.
- While Everest schools have an average economic disadvantage of 32%, its elementary schools range from Hatley at 19.3% to Weston at 57.1%.

SOURCES

- **WI Department of Public Instruction**
WISEdash Public Portal
wise.dpi.wi.gov/wisedash
- **USDA**
Food and Nutritional Service
National School Lunch Program
www.fns.usda.gov/cnd/lunch/
- **U.S. Census Bureau**
Small Area Income and Poverty Estimates
www.census.gov/did/www/saipe/data/statecounty/index.html

DATA HIGHLIGHTS

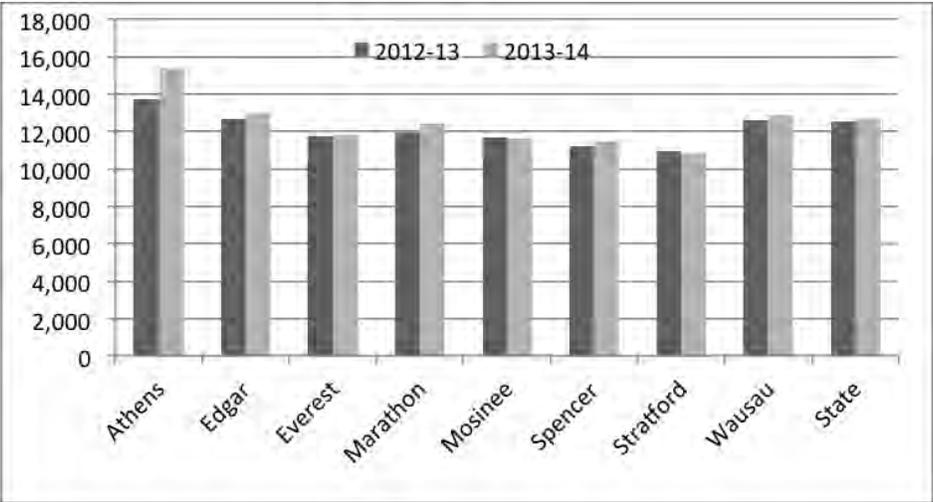


- TEC per pupil do not include the cost of food service, fee-funded community service activities, or capital projects funded through long-term debt.
- At \$15,369, Athens continues to have the highest per pupil TEC in the county. Stratford continues to have the lowest at \$10,854.
- Legislation to support rural schools in Wisconsin lead to a spike in funding for rural districts in Marathon County.
- The statewide expansion of the School Voucher program has had an impact on the per pupil dollars that a district is able to keep within its schools.

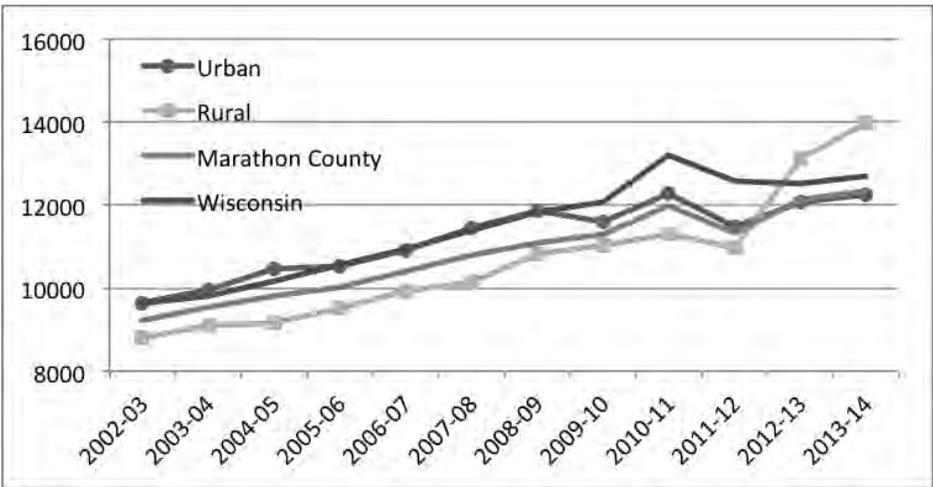
SOURCES

- WI Department of Public Instruction
WISEdash Public Portal
wise.dpi.wi.gov/wisedash

Key Measure: Total Education Costs (TEC) Per Pupil by District, 2012—2014



Key Measure: Total Education Costs Per Pupil, 2002—2014



COMMUNITY PERSPECTIVES

With the exception of a recent investment in rural schools statewide, funding for education in Marathon County has stayed relatively flat since the 2008-09 school year—hovering just

did little to move the overall education investment in the county.

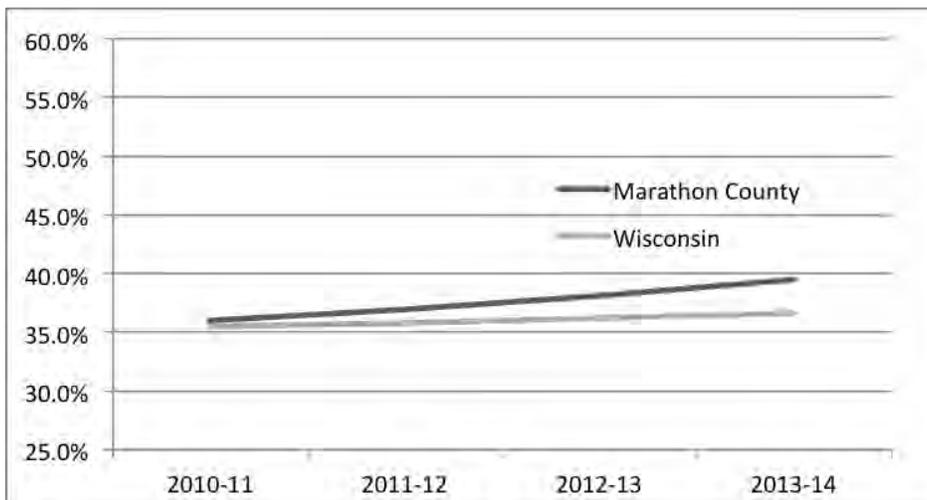
With the cost of operations continuing to rise and the statewide expansion of the school voucher program, districts have had to work with fewer real dollars even as total dollar amounts have seen a slight increase.

In 2012, Wisconsin had the fourth largest reduction in pre-recession per-pupil spending at \$776 per pupil.

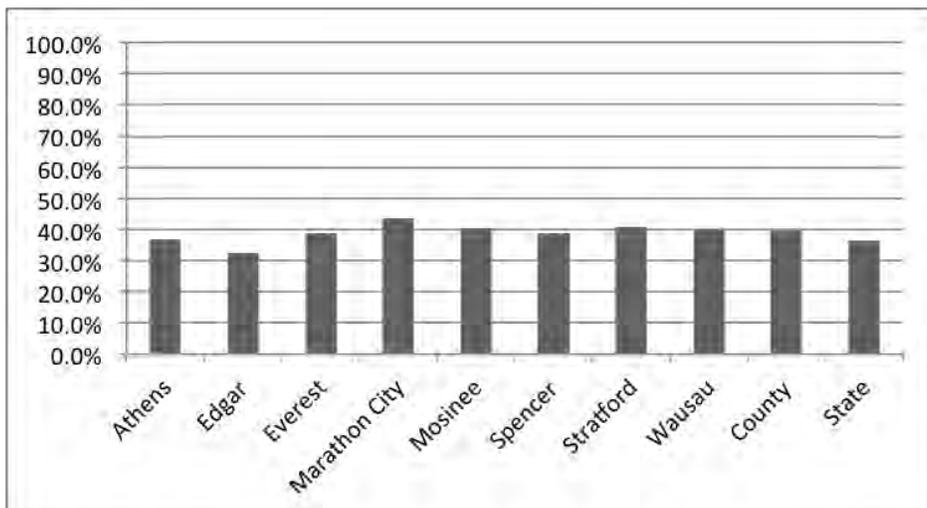


above or below \$12,000 per pupil. As about 75% of students attend urban schools, even this increased investment

Key Measure: Percent Achieving Reading Proficiency, 2010—2014



Key Measure: Percent of Students Achieving Proficient or Advanced in Reading on the Wisconsin Student Assessment System by District, 2013-14



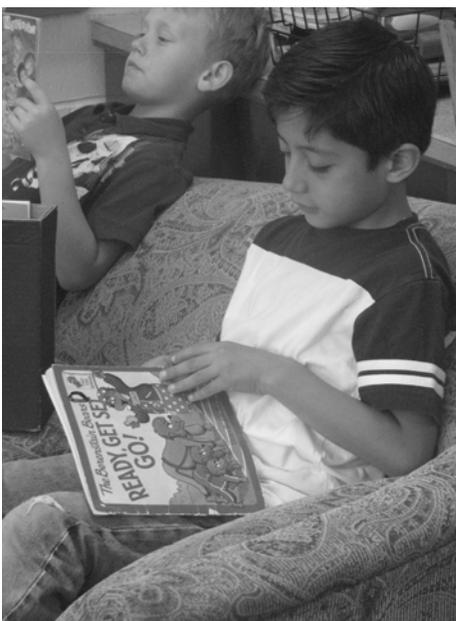
DATA HIGHLIGHTS

- Since the Wisconsin Student Assessment System (WSAS) was adopted, Marathon County has seen stronger gains in reading proficiency than the state as a whole.
- 39.5% of Marathon County students score Proficient or Advanced on the WSAS reading assessments, surpassing the state average of 36.6%.
- In 2013-14, Marathon City had the highest reading proficiency scores at 43.6%. Edgar had the lowest scores at 32.3%.
- Seven of the eight school districts in Marathon County exceeded the state average for reading proficiency in 2013-14.

COMMUNITY PERSPECTIVES

In 2012, the state of Wisconsin adopted a new assessment system—the Wisconsin Student Assessment System (WSAS)—that created new standards for student achievement. This more rigorous assessment set a higher bar for advanced and proficient skills in hopes of generating instructional changes that would prepare more students for college and careers after high school.

Marathon County continues to exceed state averages in these measures, and our growth rate is also out-pacing the state average. Still, there is room for growth to ensure that all Marathon County students receive an adequate education that prepares them for life after high school.



SOURCES

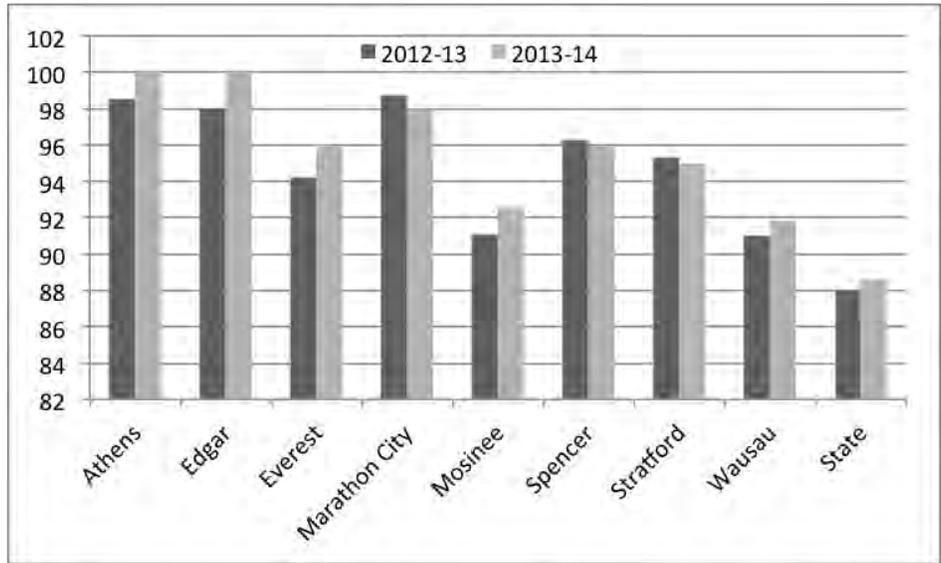
- WI Department of Public Instruction
WISEdash Public Portal
wise.dpi.wi.gov/wisedash

DATA HIGHLIGHTS

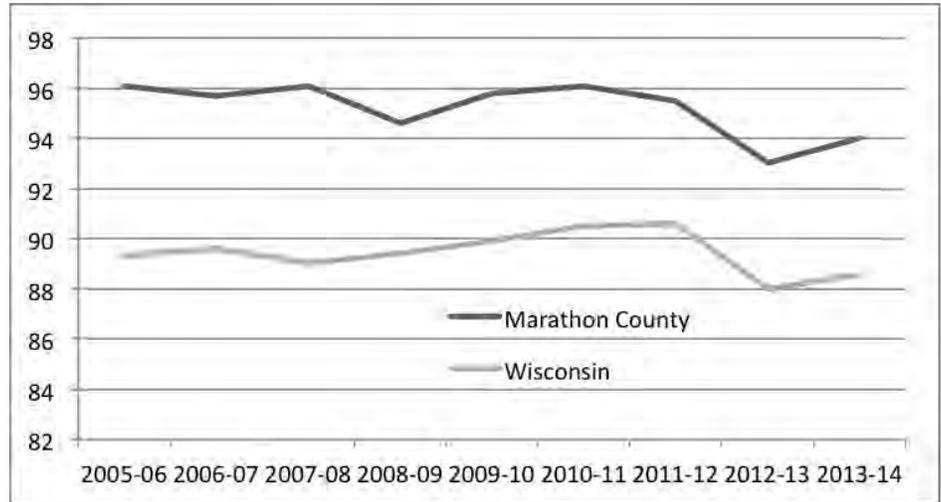
- With 88.6% of high school freshmen graduating within four years, Wisconsin continues to be ranked first in the country for high school graduation rates.
- Athens and Edgar both had 100% graduation rates for 2013 – 2014.
- Marathon County had a 94.0% four-year cohort graduation rate in 2013 – 2014.
- At 91.8%, Wausau had the lowest graduation rate in Marathon County in 2013 – 2014; however, all districts had a higher rate of graduation than the state average.



Key Measure: Percent of Seniors Graduating (Four-year Cohort) with a



Key Measure: Percent of Students Graduating (Four-year Cohort) with a Regular Diploma, 2005–2014



SOURCES

- **WI Department of Public Instruction**
WISEdash Public Portal
wise.dpi.wi.gov/wisedash

COMMUNITY PERSPECTIVES

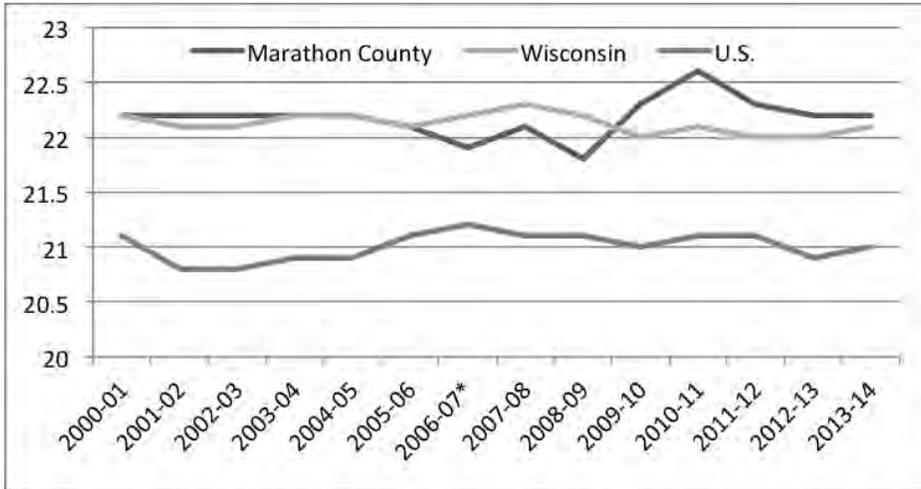
Wisconsin has led the nation for years with its ability to graduate seniors on time from high school. This same tradition is alive and well in Marathon County, with 94% of its students graduating with their four-year cohort, well above the state average. However, recent data has shown a slight decrease in the number of students graduating within four years.

A timely graduation sets county residents up for a successful future, increasing the likelihood of attending college or finding a stable job after graduation. An increasing number of jobs require at least a high school

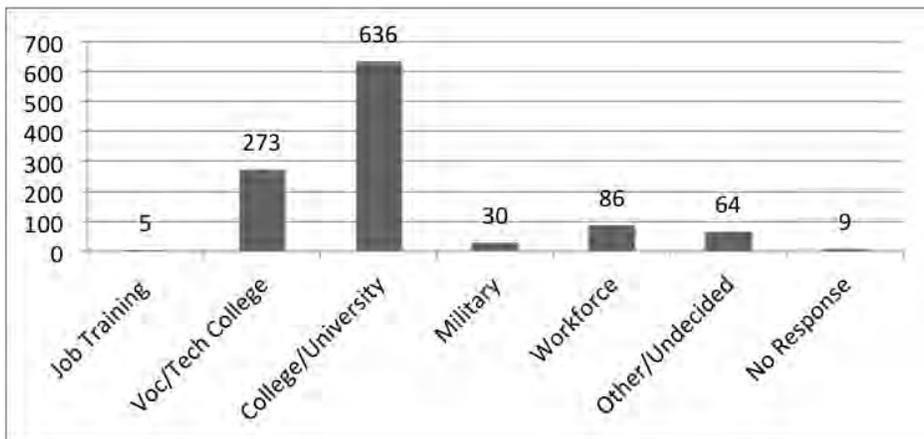
diploma, and graduating on time signals to employers a work ethic and reliability they look for in employees.

Investing in efforts to maintain or improve the graduation rate in Marathon County will continue to have positive benefits for the county.

Key Measure: Average ACT Composite Score, 2000—2014



Key Measure: Post-Secondary Intentions for Marathon County Graduates,



COMMUNITY PERSPECTIVES

Secondary instruction focuses much of its efforts on preparing students for their lives after high school in hopes that graduates are well prepared to participate in society either as students or workers. While students have a variety of post-secondary options, a strong majority of high school graduates in Marathon County plan to continue their education either at a vocational or technical college or at a college or university.

For four-year college students, the ACT is a strong measure of their preparedness. Typically taken by college-bound students in their junior or senior year, it assesses their educational development and their ability to complete college-level work. These averages accordingly serve as a measure for educational effectiveness at national,

state, and local levels.

At 22.2, Marathon County has maintained an average ACT composite score above the state average for five testing cycles, although the gap is narrowing.

The state of Wisconsin has recently adopted the ACT as part of its state-wide testing program in hopes of measuring the preparedness of all students, rather than those that select to take the test because of their future college plans. This shift may impact future averages.

DATA HIGHLIGHTS

| 2013-14 ACT Results | | |
|---------------------|-------|----------|
| District | Score | % Tested |
| Athens | 22.6 | 49 |
| Edgar | 21.5 | 50 |
| Everest | 22.8 | 68 |
| Marathon City | 23.3 | 62.1 |
| Mosinee | 21.9 | 52.0 |
| Spencer | 22.2 | 53.2 |
| Stratford | 21.1 | 76.5 |
| Wausau | 21.8 | 62.7 |

- Marathon County had an average ACT Score of 22.2, above the state (22.1) and national (21.0) averages.
- At 62.4%, Marathon County had a ACT participation rate slightly below the state average of 66% but higher than the national average of 57%. All Wisconsin students will be required to take the ACT in future testing years.
- At 82.4% a vast majority of Marathon County graduates plan to continue their schooling after high school with 57.7% indicating plans to attend a college or university and 24.8% indicating plans to attend a vocational or technical college.

SOURCES

- **WI Department of Public Instruction**
WISEdash Public Portal
wise.dpi.wi.gov/wisedash
- **The American College Test (ACT)**
www.act.org/



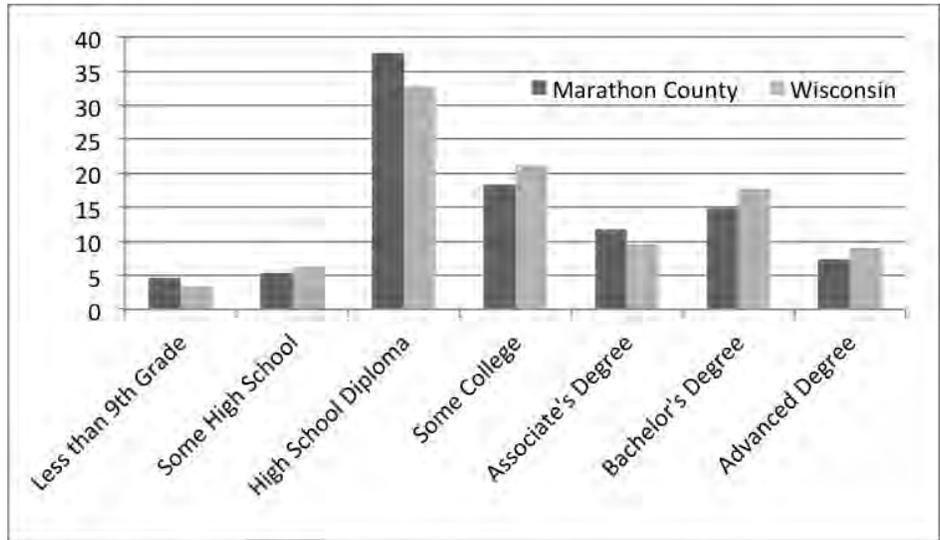
DATA HIGHLIGHTS

2014 Median Income by Educational Attainment for Marathon County

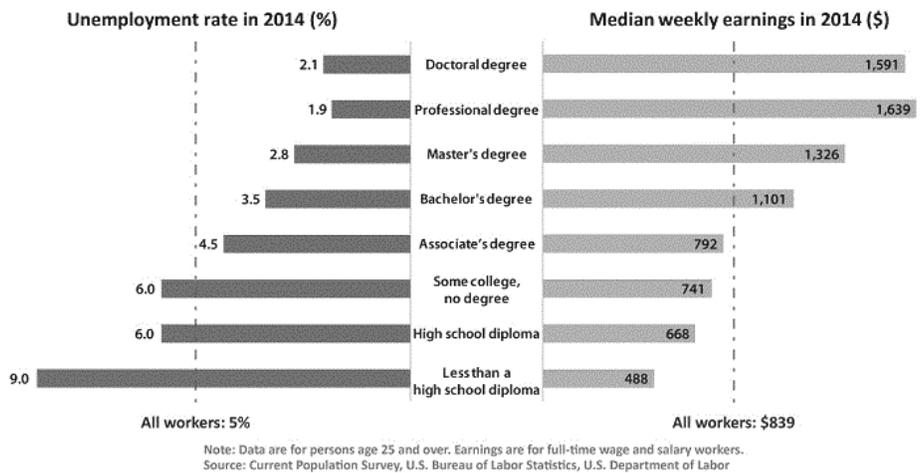
| Education | Income |
|---------------------------|----------|
| < High School | \$20,285 |
| HS Diploma | 32,289 |
| Some College/ Associate's | \$34,663 |
| Bachelor's | \$42,051 |
| Advanced | \$63,944 |

- The percent of residents in Marathon County with a bachelor's degree decreased slightly from 22.5 % in 2011 to 22.2% in 2013, falling further below the state average which grew from 26.5% to 26.8% over the same period. In the U.S. 29% of adults hold bachelor's degrees.
- 21.6% of Marathon County residents born out of state have a bachelor's degree and 10.9% have an advanced degree compared with 18.1 % and 5.9% for residents born in state.
- At 11.7%, Marathon County has a higher percent of residents with an associate's degree than the state average of 9.6%.
- At 35.1%, women in Marathon County are more likely to attain a post-secondary degree than men at 32.7%

Key Measure: Educational Attainment Percentages for People 25 and Older,



Key Measure: National Earnings and Unemployment Rates by Educational



SOURCES

- WI Department of Public Instruction**
WISEdash Public Portal
wise.dpi.wi.gov/wisedash
- U.S. Census Bureau**
www.census.gov
- U.S. Bureau of Labor Statistics**
www.bls.gov
- U.S. Department of Labor**
www.dol.gov

COMMUNITY PERSPECTIVES

An individual's educational attainment level is often a predictor of his or her ability to access certain benefits of the economy. People with higher levels of education tend to have easier access to steady employment at a higher level of compensation.

Marathon County holds true to this narrative, with median income levels rising with educational attainment. However, Marathon County does have lower percentages of residents with bachelor's and advanced degrees than state averages. With Marathon County's strong manufacturing sector, the county does see an increase in the percent of residents with associates degrees.

Marathon County offers its residents many programs to continue their education, including UW-Marathon County, Northcentral Technical College, Globe University, and Rasmussen College with partnership programs with Concordia University, Edgewood College, Lakeland College, Marian University, Silver Lake College, Upper Iowa University, UW-Green Bay, UW-Stevens Point, UW-Stout, and Viterbo University.

BASIC NEEDS & SUPPORTS



Without adequate access to certain goods and services, it is difficult to live a healthy and productive life.

To ensure basic needs are met, communities must develop and provide safety net services for residents who fall on hard times.

The percent of the community in need and the length of time that support is needed are both strong measures of community health.

Basic Needs and Supports Subcommittee

| | |
|----------------------------------|--|
| Jeff Sargent, Chair | North Central Community Action Program |
| Paul Dobbartz, Chair | Liberty Mutual, retired |
| Pam Anderson | U.S. Bank |
| Jane Graham-Jennings | The Women's Community |
| Shirley Hubert | Catholic Charities |
| Jane Huebsch | Marathon County Social Services |
| JoAnn Janikowski | United Way of Marathon County |
| MaiGer Moua | United Way of Marathon County |
| Betty Noel | Community Development Authority |
| Tom Rau | The Neighbors' Place |
| Greg Seubert | Wausau Metro Ride |
| Jacob & Melinda Tripp | The Salvation Army |
| Ed Wilson | The Salvation Army |
| Kelly Zagrzebski | Wisconsin Public Service Corporation |
| Amy Forst, Aging Committee | Forest Park Village |
| Bradley Jourdan, Aging Committee | Ministry Health, DTC |
| Collen Motley, Aging Committee | Faith in Action—Marathon County |
| Erin Wells, Aging Committee | Aging and Disability Resource Center |

Keep in mind....

Only when people's basic needs are met are they able to contribute to society. A secure home and stable environment leads to improved health, education, and child development outcomes.

Section Summary

Success and Progress

- Marathon County has successfully increased the coordination and collaboration between basic needs providers. This teamwork has streamlined services, producing greater impact at a smaller cost to the community.
- The growth of the Marathon County Hunger Coalition and the emergence of the Marathon County Housing and Homelessness Coalition have led to creative new programs that are generating greater impact on these complex issues.
- Overall, the number of residents in Marathon County with unmet basic needs has been reduced.

Calls to Action

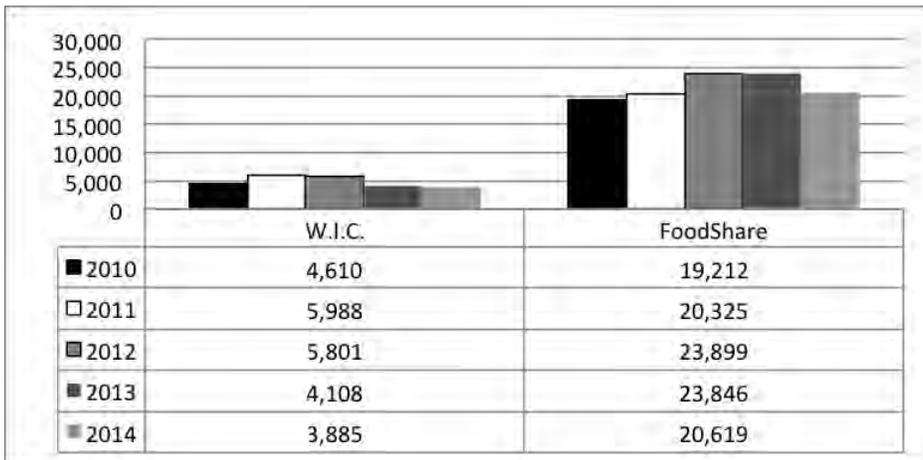
- Marathon County is decreasing public transportation services at a time when the demand for such services is increasing. We must address the growing need for new and innovative transportation options that connect people where they live and work.
- As part of the great start initiative, Marathon County must prioritize its commitment to meeting the basic needs of children as success in this area affects childhood development in so many positive ways.
- As the population ages and Marathon County sees a great concentration of residents over the age of 65, we need to research and support the changing basic needs of the aging as they impact housing, healthcare, and quality of life.

Opportunities for Action

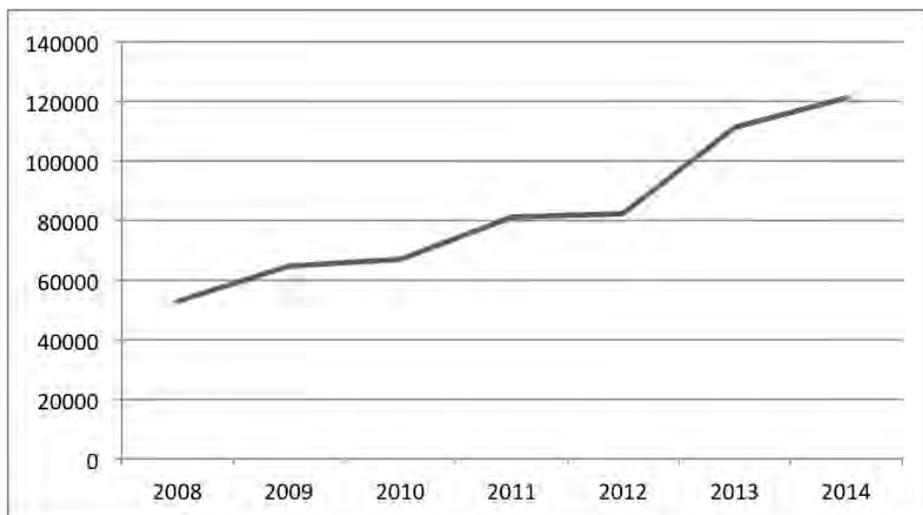
| | |
|-------------------|--|
| For Individuals | Learn more about the needs of all community members and challenge traditional thinking around why these needs exist. Volunteer for a community organization. |
| For Organizations | Explore new partnerships that create innovative programs and services. Be receptive to new business models that address challenging issues such as transportation barriers to employment and income obtainment or housing. |
| For the Community | Become informed about basic needs in the community and advocate for resources to address those needs. |



Key Measure: Individuals Served Through Food Assistance in Marathon County, 2010—2014



Key Measure: Met Requests for Food Assistance in Marathon County, 2008—2014



COMMUNITY PERSPECTIVES

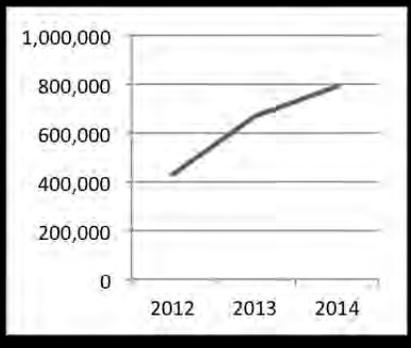
When it comes to addressing hunger, it is important to connect people who need assistance to resources. In spite of what appears to be an improving economic environment, we still have people who have needs when it comes to addressing hunger. While the number of individuals requesting food assistance has started to decrease, we are still seeing an increase in the number of requests for support and the pounds of food distributed.

Partner pantries have distributed a significant amount of food and other supporting resources. Based on this recent data, the need remains high for food, which confirms the ongoing need for support services to address food issues in Marathon County.

By working together and cooperating with numerous organizations in Marathon County, we can make a positive impact on addressing hunger. Bringing pantries, backpack programs, and other local food programs together creates a “collective impact” that achieves a greater good.

DATA HIGHLIGHTS

Pounds of Food Moved Through The Neighbors’ Place to Partner Pantries



8 Partner Pantries: AIDS Resource Center, Covenant Community Presbyterian Church, Community Center of Hope, First Presbyterian Church, The Neighbors’ Place, The Salvation Army, Wesley United Methodist Church, and The Women’s Community.

- An average of \$1,638,104 in Food Share benefits were issued each month in Marathon County during 2014.
- The Marathon County Hunger Coalition has increased “healthy food choices” to partner food pantries from 136,000 lbs. in 2013 to 270,900 lbs. in 2014.
- 27.1% of LIFE Survey respondents indicated that it was “Very Difficult” or “Somewhat Difficult” to cover their food expenses in a typical month.

SOURCES

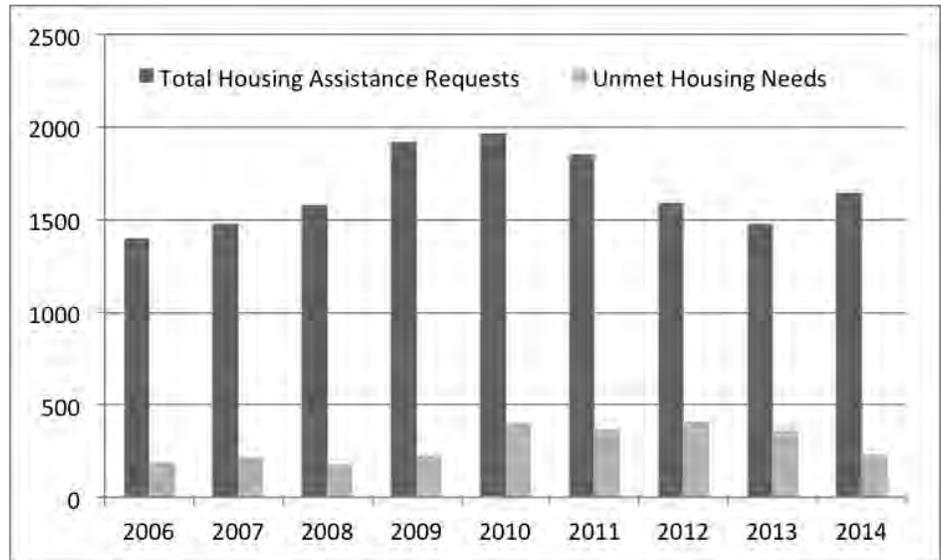
- **State of Wisconsin Department of Health Services**
www.dhs.wisconsin.gov/em/rsdata
- **2010 US Census**
www.2010.census.gov
- **United Way of Marathon County Hunger Coalition**
www.unitedwaymc.org/hungercoalition.htm



DATA HIGHLIGHTS

- 359 households received Emergency Housing Assistance Funds (EHAF) in 2014.
- In 2014 there were 1,646 requests for housing assistance. 14 percent of these went unmet (234 out of the 1646).
- The City of Wausau provides public housing through Riverview Terrace, Riverview Towers, Scattered Site Public Housing and Section 8 Rental Assistance.
- The Community Development Authority opened its Section 8 Program Waiting List in the fall of 2014 and again in the spring of 2015 for the first time since 2010. 300 names were added to the waiting list in August 2015.
- Marathon County has 435 vouchers allocated but because of an increase in the amount needed per voucher they only have funds to issue 250 vouchers.
- In 2013, 43.7% of LIFE Community Survey respondents stated that they spend more than 30% of their income on housing.
- In 2015, 44.7% of LIFE Community Survey respondents stated that they spend more than 30% of their income on housing.

Key Measure: Total and Unmet Housing Assistance Requests from United Way’s 2-1-1, 2006—2012



COMMUNITY PERSPECTIVES

Housing assistance is needed for community members whose income and earnings make housing unaffordable. Federal recommendations suggest that no more than 30 percent of a person’s or family’s income should be spent on housing if housing is considered affordable. It is this ratio that determines a living wage within a community.

There are resources available to assist with housing costs but the needs outweigh available resources. While the demand for assistance is starting to decrease, we are still failing to meet the need that does exist. As such, in Marathon County we continue to see unmet needs in the area of housing.

SOURCES

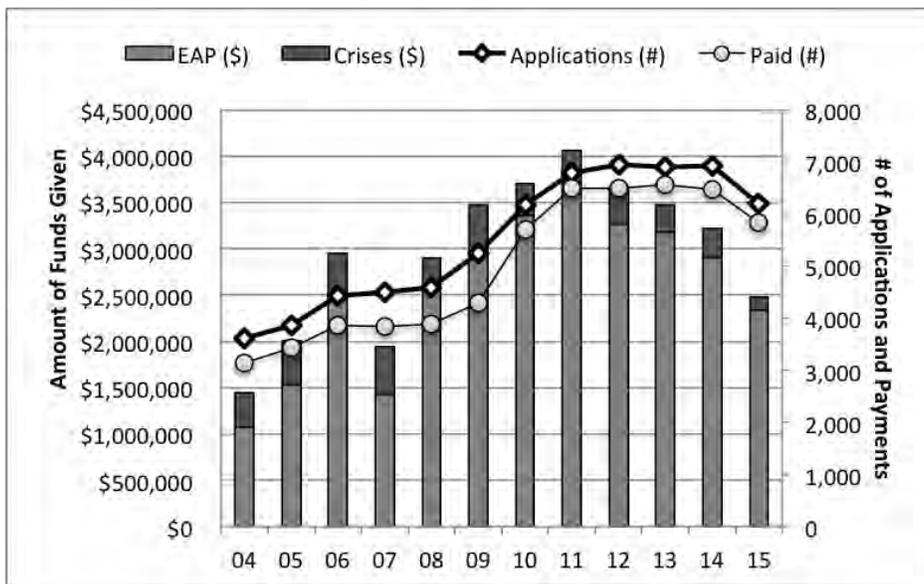
- **United Way of Marathon County**
United Way’s 2-1-1 2011 & 2012 Caller Unmet Needs Snapshot
www.unitedwaymc.org/211.htm
- **US Dept. of Housing and Urban Development (HUD)**
portal.hud.gov/hudportal/HUD
- **City of Wausau**
Community Development Authority
www.ci.wausau.wi.us/



Unfortunately, there are people in Marathon County who spend between 50-75 percent of their monthly income on housing. Again, the 2015 LIFE Community Survey saw almost half of respondents indicating housing expenses that exceed this recommended threshold.



Key Measure: Wisconsin Energy Association Program Applications and Payments in Marathon County, 2004—2015



COMMUNITY PERSPECTIVES

The Wisconsin Home Energy Assistance Program administered by Energy Services, Inc. on behalf of Marathon County offers two of the major energy assistance programs available to residents with limited income. These include the federally funded Low Income Home Energy Assistance Program and the Public Benefits Energy Assistance Program. In combination, these programs help approximately 225,000 Wisconsin households each year. While available resources in the community provide much needed assistance, they often fall short of the growing basic need that exists. In 2014, in Marathon County alone, over 6,460 families received utilities assistance totaling \$3,224,978.

Another source of support includes the State of Wisconsin's Energy Assistance Funds. The number of applicants for Energy Assistance has continued to stay consistent each year and the State Public Benefits Programs helps to augment the uncertainty of declining federal funds.

An additional assistance program, the Keep Wisconsin Warm/Cool Fund, was established to keep the heat and power

on for thousands of families in crisis. Through public, private, and community partnerships, the fund provides preventative services and the financial assistance necessary to alleviate potential life-threatening energy-related emergencies during Wisconsin's harsh winters by closing the growing gap between unmet needs and the resources available.

One side note that could in some cases be related to household utilities is the cost of gasoline. Since 2007 the cost of a gallon of gasoline has gone from \$3.68 a gallon to \$2.42 a gallon. This change has helped free up some funds for families as it relates to their household budgets.

Some residents in Marathon County have weathered the storm of rising household utility costs by making those challenging choices between their basic needs and offsetting costs by participating in assistance programs that are offered in the county. Their participation helps to avert emergencies and to stabilize their long term economic condition.

DATA HIGHLIGHTS

- United Way's 2-1-1 saw an increase in referrals for utility payment assistance from 1,036 in 2012 to 1,188 in 2014.
- The average water bill for residential customers using 18,750 gallons/quarter was \$86.59, an increase of 25% since 2007.
- Wisconsin's average electric use per household is 723 kwh/month, compared with the national average of 909 kwh/month. The average cost in Wisconsin is \$0.135/kwh; Wisconsin Public Service is \$0.1025/kwh.
- The national average cost of home heating oil is \$2.491/gallon. Wisconsin averages \$2.416- \$3.568/gallon. Marathon County averages \$2.00 - \$1.58/gallon.
- Natural gas costs approximately \$0.60/therm compared with propane and oil which cost approximately \$2.40/therm.
- Marathon County residents that potentially could be disconnected for lack of payment (30 plus days in arrears as of March of each year).
 - * 2009 7,715
 - * 2010 7,953
 - * 2011 7,588
 - * 2012 7,630
 - * 2013 7,550
 - * 2014 7,637
 - * 2015 7,268

SOURCES

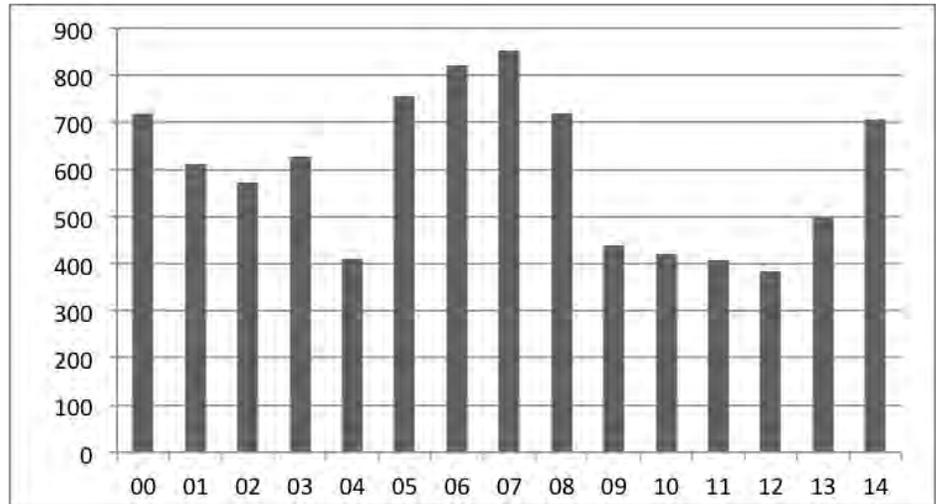
- **Wisconsin Home Energy Assistance Program (WHEAP)**
www.homeenergyplus.wi.gov/
- **Keep Wisconsin Warm/Cool Fund**
www.keepwisconsinwarm.org
- **Wisconsin Public Service**
www.wisconsinpublicservice.com
- **U.S. Department of Energy**
<http://energy.gov/>



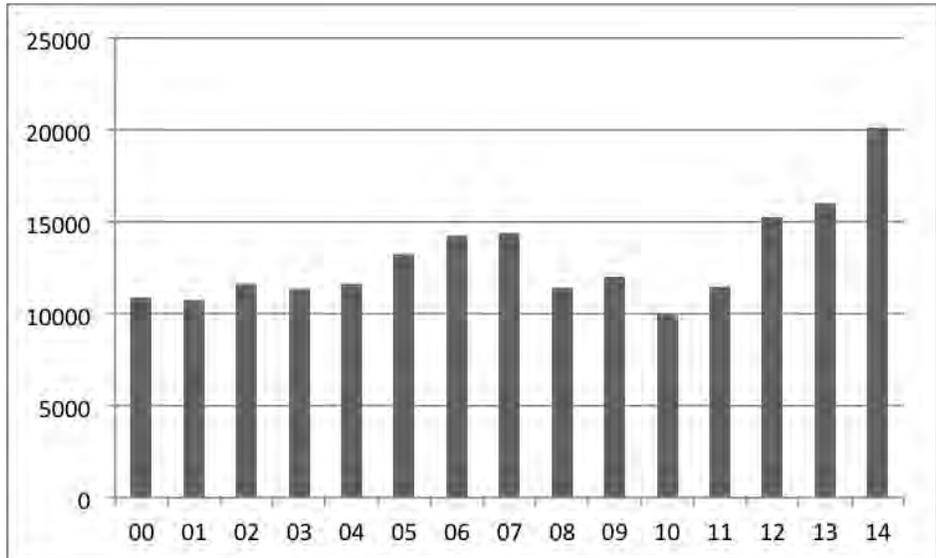
DATA HIGHLIGHTS

- The Wausau Community Warming Center at Catholic Charities provided 1740 nights to 96 unduplicated people in 2013. In 2014 they provided 2661 nights to 145 unduplicated people.
- The Women’s Community saw their number of shelter nights increase from 6,048 in 2013 to 8,606 in 2014.
- The Salvation Army saw their number of shelter nights increase from 8213 in 2013 to 8897 in 2014.
- The Point In-Time Homeless Street Counts conducted on the last Wednesday in January and July saw an increase from 13 in 2013 to 23 in 2014.

Key Measure: Total Number of Individuals Sheltered in Marathon County, 2000—2014



Key Measure: Total Number of Lodging Nights in Marathon County, 2000—2014



SOURCES

- Wisconsin Department of Commerce <http://commerce.wi.gov/>
- The Salvation Army <http://www.salvationarmy.org>
- The Women’s Community, Inc. www.womenscommunity.org
- Catholic Charities www.cclse.org/wausau/php
- Wisconsin Community Action Program Association (WISCAP) <http://www.wiscap.org>

COMMUNITY PERSPECTIVES

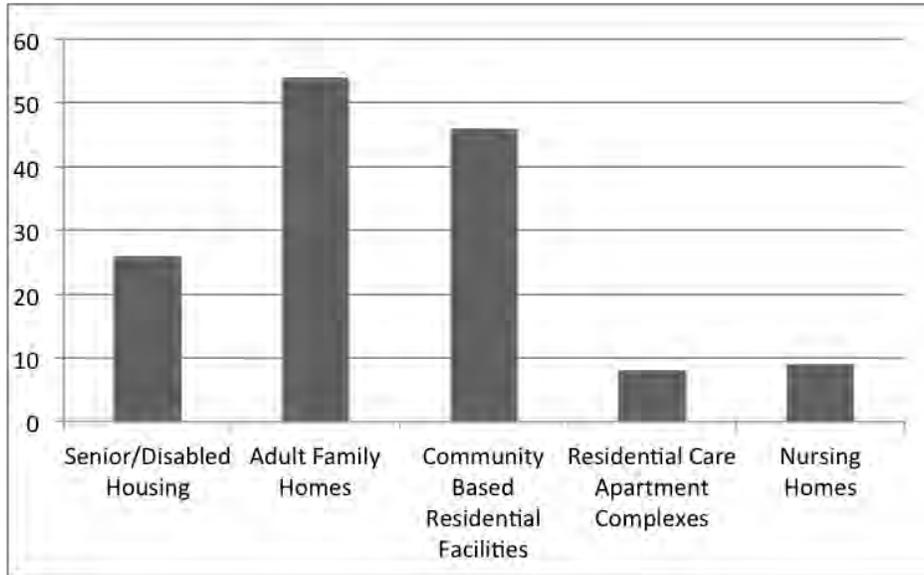
Homelessness can be the beginning of a lifetime of negative consequences that impact individuals, families and communities. Marathon County is currently experiencing the trend of a growing homeless population, evident in the increase in night stays at local homeless shelters. These community members have limited housing options available to them and lack the financial resources to pay for housing.

medical illness in children who are homeless. In adults who are homeless, compliance with taking needed medications drops, follow through for chemical dependency treatment is impacted, and job retention rates decline. The higher the rates of homelessness the greater the adverse effects on overall health.

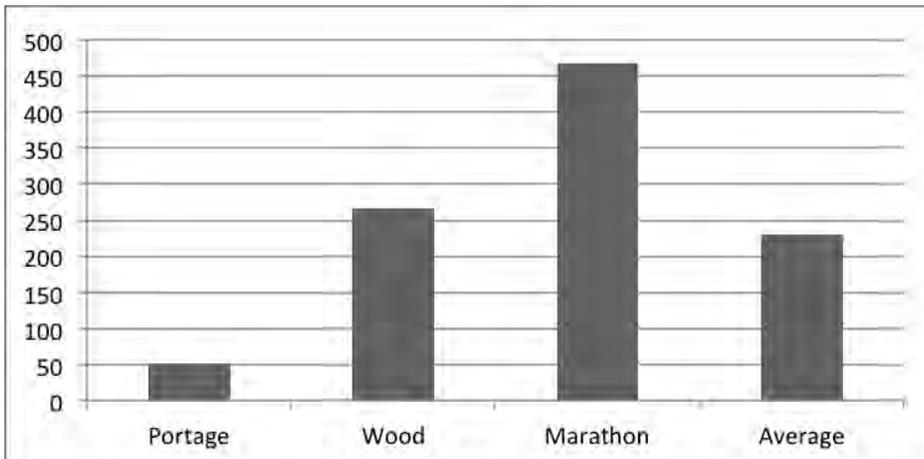
When there is homelessness it can impact children. School attendance is often impacted and school performance can suffer. There is also an increase in



Key Measure: Assisted Living Facilities by Option in Marathon County, 2015



Key Measure: Number of Non-Developmentally Delayed Nursing Home Residents on Medicaid, 2011



COMMUNITY PERSPECTIVES

Sustainable, affordable housing options are a necessity for older adults. When considering housing options for seniors, many people think of nursing home care, but Marathon County seniors have many housing options.

As their health dictates, seniors can obtain supportive in-home services to enable them to remain in the home of their choice. Day Services are available to provide relief for caregivers as well as socialization opportunities for the elderly. Subsidized housing is an option for those struggling to maintain, afford, or access housing. Also, assisted living facilities are a flexible option designed to

allow individuals to age in place while remaining connected to their community.

In addition, nursing homes are a critical option for communities committed to serving aging adults. Nursing homes provide long-term care for those that cannot live at home and require continual skilled nursing services. They can also be a supportive place to receive short-term rehabilitative services.

Informed decision making must be a priority. Planning ahead and making informed choices can help to control the costs associated with long-term care and slow or prevent decline.

DATA HIGHLIGHTS

- 36.2% of LIFE Community survey respondents were either satisfied or strongly satisfied with access to elder care. Only 5.4% were strongly satisfied.
- 57% of LIFE Community survey respondents were either somewhat or very concerned with the affordability of elder care. 26.4% were very concerned.
- There are currently 975 beds available in nursing homes in Marathon County. In 2011, there were 939.
- In Marathon County, people 65+ are predicted to make up more than a quarter of the population by 2035, up from 12–15% in 2010.

SOURCES

- **Wisconsin Department of Health and Human Services**
Wisconsin Assisted Living Facilities <http://www.dhs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm>
Wisconsin Nursing Homes <http://www.dhs.wisconsin.gov/bqaconsumer/NursingHomes/NHindex.htm>
State of Assisted Living <http://www.dhs.wisconsin.gov/bqaconsumer/assistedliving/altrends12.pdf>
Connections to Community Living <http://www.dhs.wisconsin.gov/ccl/reports-pubs/index.htm>



DATA HIGHLIGHTS

Metro Ride Funding Sources, 2014

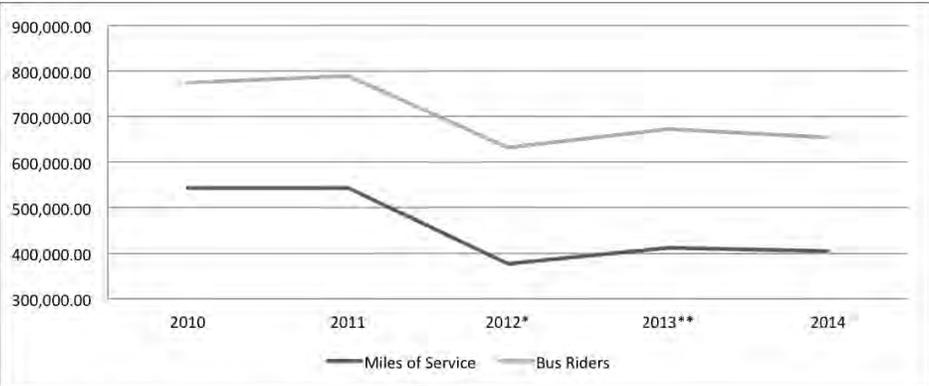


- 60% of surveyed Wisconsin college students said they would be at least "somewhat more likely" to stay in Wisconsin after graduation if they could live in a place where they could get around without driving (WISPIRG Foundation survey).
- The largest group of Metro Ride passengers (at 45%) are students; the second largest (30%) are seniors and the disabled.
- 27% of Metro Ride passengers use the service to get to school. 26% use the service to get to work. 18% use it for shopping, 8% use it for medical purposes, and 7% use it for social connections.
- Metro Ride's Paratransit service saw a 61.3% decrease in rides from 8,697 to 3,370 in 2012 when the service was discontinued to Schofield, Rothschild, and Weston.

SOURCES

- **American Association of Retired Persons (AARP)**
Public Policy Institute
www.aarp.org/research/ppi/
- **Urban Land Institute**
www.uli.org/
- **Wisconsin Department of Health Services**
www.dhs.wisconsin.gov/
- **Wisconsin Department of Transportation**
www.dot.state.wi.us

Key Measure: Metro Ride Service Levels and Ridership, 2010—2014



* Services eliminated entirely in Schofield, Rothschild, Weston
 ** Limited service restored in Schofield, Rothschild, Weston

COMMUNITY PERSPECTIVES

A community's ability to provide transportation alternatives is increasingly becoming a strong measure of its competitiveness in the modern economy. In 2010, the number of car-driven miles decreased for the first time since the invention of the automobile, and those numbers have continued to decline with each year since.

Many Millennials are choosing not to obtain a driver's license. As such, communities that are multi-modal are seeing the strongest rates of attraction and retention among young professionals. Wisconsin college students have indicated a much greater likelihood of staying in Wisconsin if its communities provided better transportation alternatives.

Similarly, public transportation is vital to the elderly, the disabled, and the under- or unemployed who cannot get around otherwise. As the aging population in Marathon County grows, our public transportation infrastructure will determine their abilities to stay in their homes while accessing healthcare, shopping, and social connections.

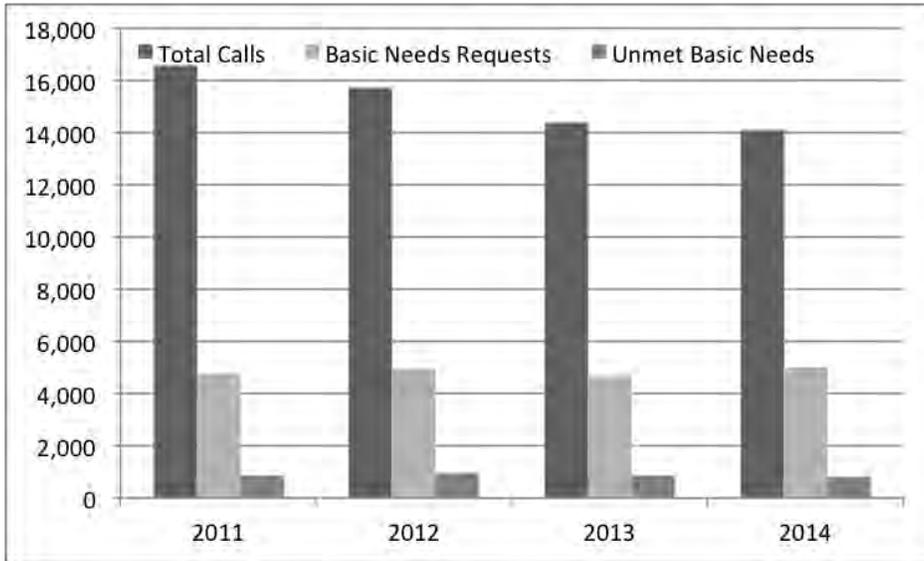
Transportation challenges are among

the fastest growing areas of need for United Way's 2-1-1 callers. Simultaneously, decisions to eliminate or limit certain types or regions of Metro Ride service have limited transportation access to residents in Marathon County. Without proper planning and investment, these challenges will only get worse for the county.

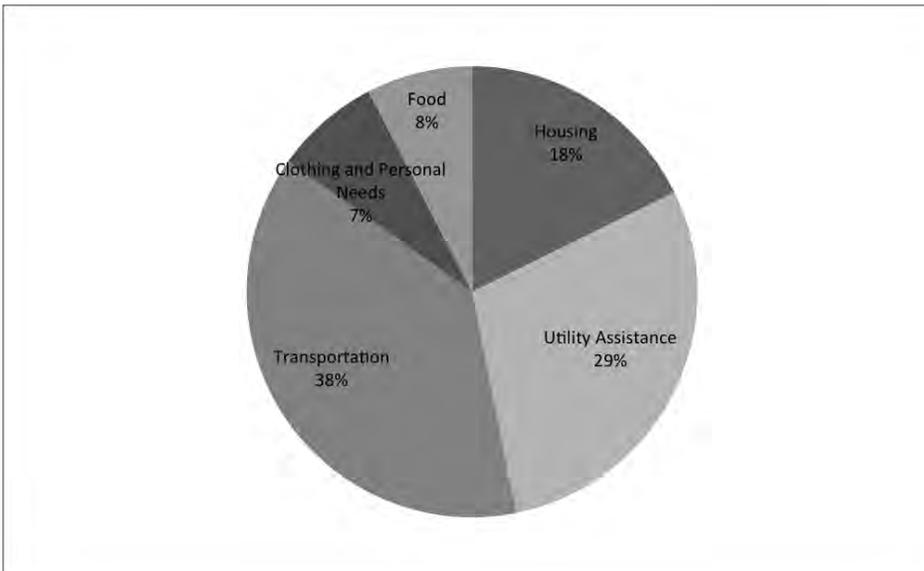




Key Measure: United Way's 2-1-1 Unmet Basic Needs, 2011—2014



Key Measure: United Way's 2-1-1 Unmet Basic Needs by Category, 2014



DATA HIGHLIGHTS

- In 2014, United Way's 2-1-1 helped 14,085 people with 16,288 needs find help. Of those needs, 1,111 (7%) were not met for reasons related to inadequate community resources and program requirements.
- 31% of requests for services were related to basic needs, which includes housing, utility assistance, food, transportation, clothing and personal needs.
- There has been a gradual increase in requests for basic needs assistance from 27% in 2012 to 31% in 2014, but a decrease in unmet basic needs from 26% in 2012 to 14% in 2014.
- In a typical month, 446 of 995 LIFE survey respondents indicated that it was very or somewhat difficult for them to cover their household expenses and bills.
- 789 of 999 LIFE survey respondents indicated that they were very or somewhat concerned about availability of jobs that pay enough to meet basic household expenses.

COMMUNITY PERSPECTIVES

While there was an increase in requests for basic needs assistance, the number of unmet basic needs requests decreased from 2012 to 2014. Individuals and families who experienced financial hardships were able to access services despite there continuing



to be needs that were not met. United Way's 2-1-1 continues to help connect Marathon County residents who are looking for help to meet basic needs and other community services. Marathon

County continues to be challenged by gaps in services and inadequate community services designed to help residents regain or remain self sufficient.

SOURCES

- **United Way of Marathon County**
United Way's 2-1-1
www.unitedwaymc.org/211.htm
2012 Marathon County Caller
Unmet Needs
www.unitedwaymc.org/PDFs/211/2012MarCoUnmetNeeds.pdf

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 |
| Mindy Arndt | Marshfield Clinic |
| Michael Blick, MD | Retired Physician |
| Judy Burrows | Marathon County Health Department |
| Katie Dively | Healthy Marathon County |
| Brad Jourdan | Diagnostic and Treatment Center |
| Tara Marciniak | Aspirus, Inc. |
| Corrie Norrbom, MD | Wisconsin Institute for Public Policy & Service |
| Antonina Olszewski | Ministry Saint Clare's Hospital |
| Aaron Ruff | Marathon County Health Department |
| Laura Scudiere | Bridge Community Health Clinic |
| Jean Burgener, Aging Committee | Retired—Aspirus |
| Nancy Fisker, Aging Committee | American Red Cross |
| Lori Knauf, Aging Committee | Ministry Saint Clare's Hospital |
| Janet Lattyak, Aging Committee | Lattyak Elder Law |
| 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.

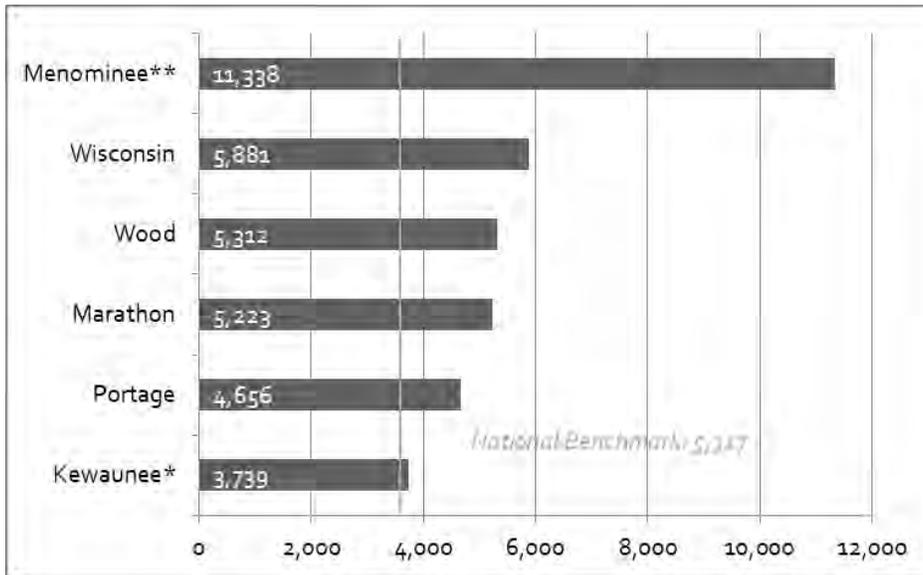
Calls to Action

- 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

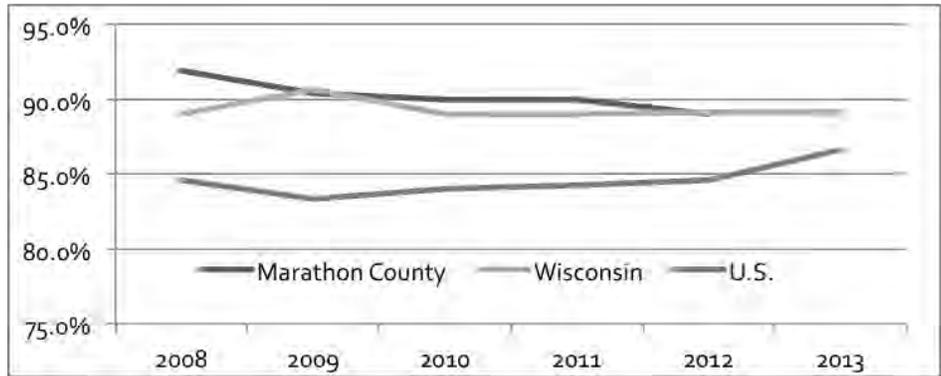
- **County Health Rankings & Roadmaps**
www.countyhealthrankings.org
- **Center for Disease Control and Prevention**
www.cdc.gov
- **Wisconsin Department of Health Services**
www.dhs.wisconsin.gov



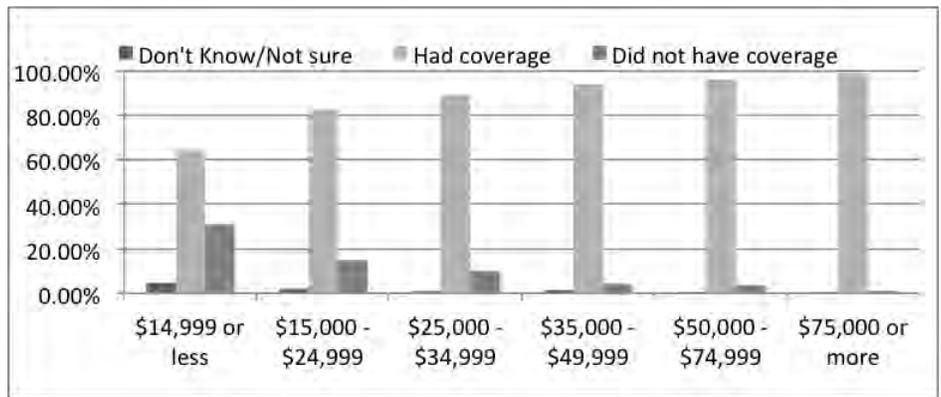
DATA HIGHLIGHTS

- 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

- **Centers for Disease Control and Prevention**
www.cdc.gov
- **Wisconsin Department of Health Services**
WI Interactive Statistics on Health (WISH)
www.dhs.wisconsin.gov
- **US Department of Health & Human Services**
HHS.gov/HealthCare
- **County Health Rankings & Roadmaps**
www.countyhealthrankings.org

COMMUNITY PERSPECTIVES

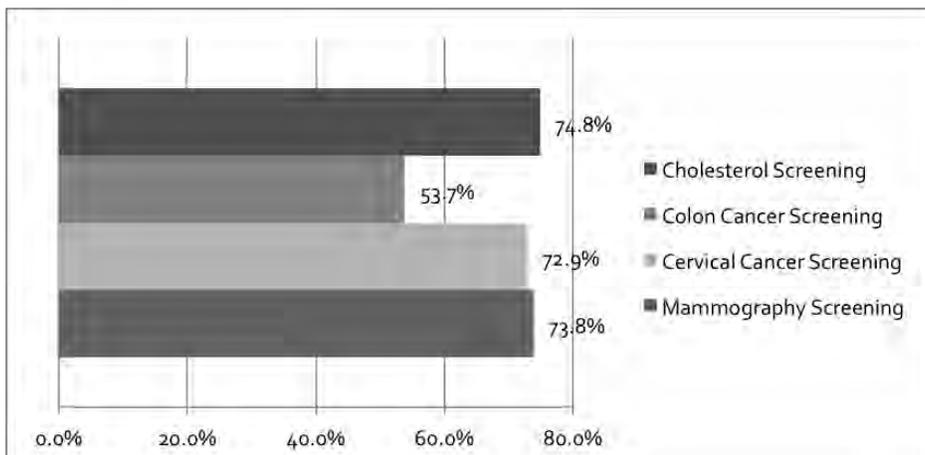
Access to high quality health care is vitally important for individuals and families, protecting you from unexpected, high medical costs and providing free preventive care, like vaccines, screenings, and check-ups. Currently 7.6% of respondents to the 2015 LIFE Survey reported that they did not have 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



| | |
|----------------------------------|--|
| Cholesterol Screening | % of population 18 years or older who have ever had a cholesterol check |
| Colon Cancer Screening | % of population 50 years or older who have ever had a sigmoidoscopy or colonoscopy |
| Cervical Cancer Screening | % of women 18 years or older who have received a pap test during the last 3 years |
| Mammography Screening | % 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 21st 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

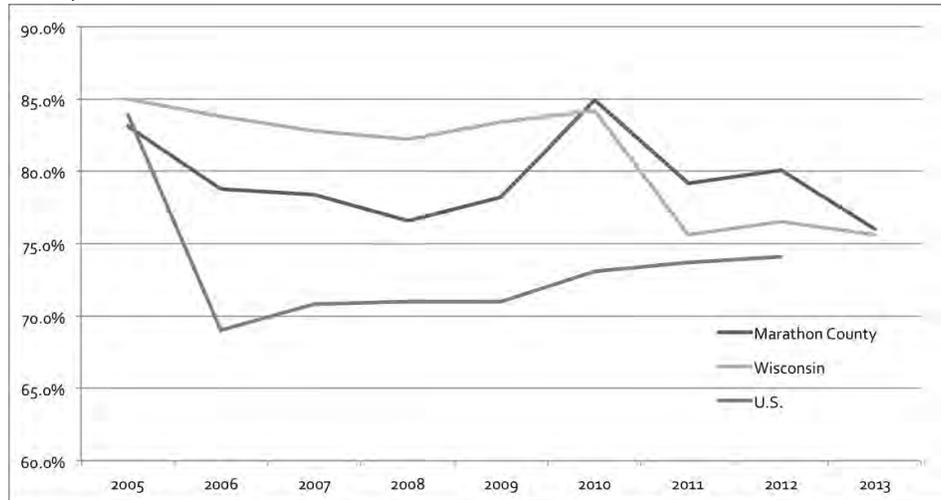
- **Centers for Disease Control and Prevention**
www.cdc.gov
- **U.S. Department of Health & Human Services**
www.hhs.gov
- **County Health Rankings & Roadmaps**
www.countyhealthrankings.org



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.

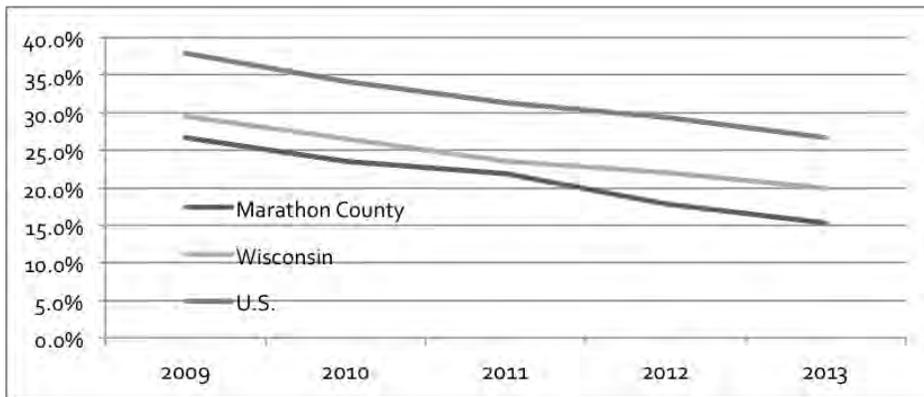
In 2013, 76% of expectant mothers in Marathon County, compared with 75.6% in Wisconsin, received prenatal care in the first trimester, both missing the national Healthy People 2020 goal of 77.9%. In 2013, 85.7% of Marathon County babies born received adequate care as measured by the Kotelchuck Adequacy 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.

SOURCES

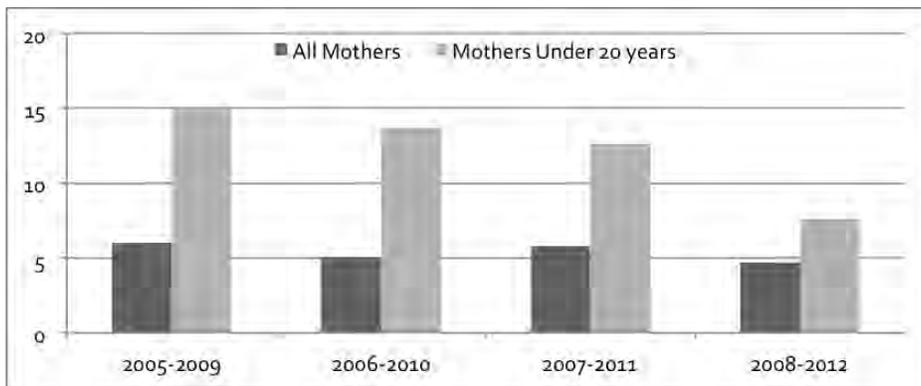
- **U.S. Department of Health and Human Services**
Child Health USA 2014
mchb.hrsa.gov/chusa14/index.html
- **Wisconsin Department of Health Services**
WI Interactive Statistics on Health (WISH)
www.dhs.wisconsin.gov



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

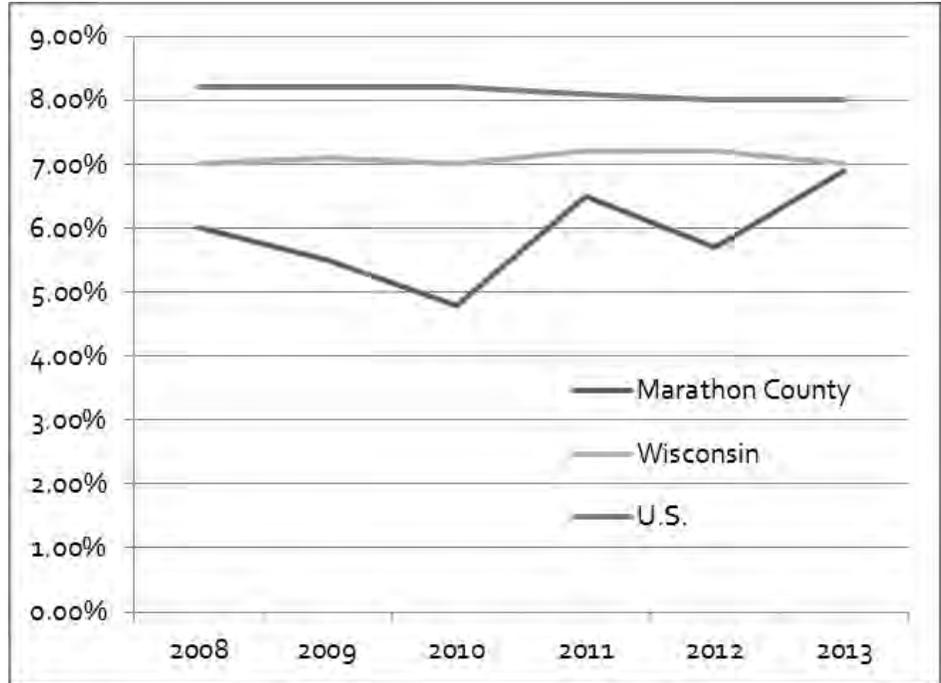
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**
- **U.S. Department of Health and Human Services**
Child Health USA 2014
mchb.hrsa.gov/chusa14/index.html
- **Center for Disease Control and Prevention**
www.cdc.gov
- **Wisconsin Department of Health Services**
WI Interactive Statistics on Health
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.



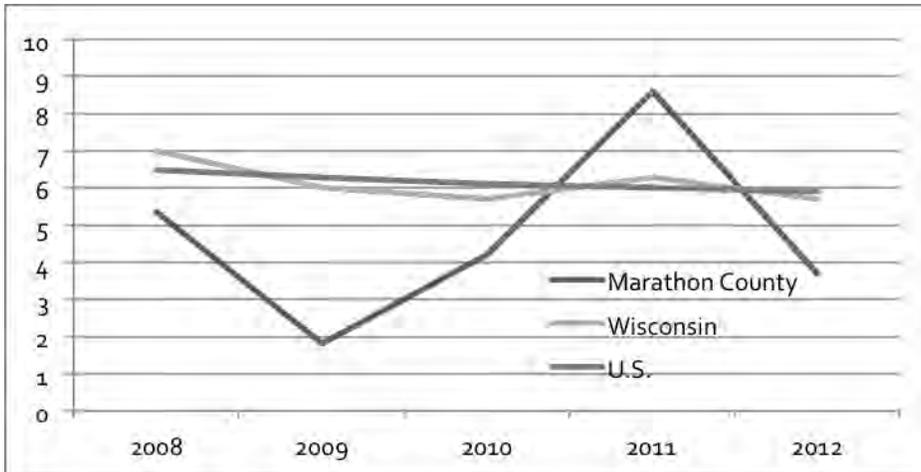
Women can reduce their risk for having a low birth weight baby by having a preconception check-up, control chronic

SOURCES

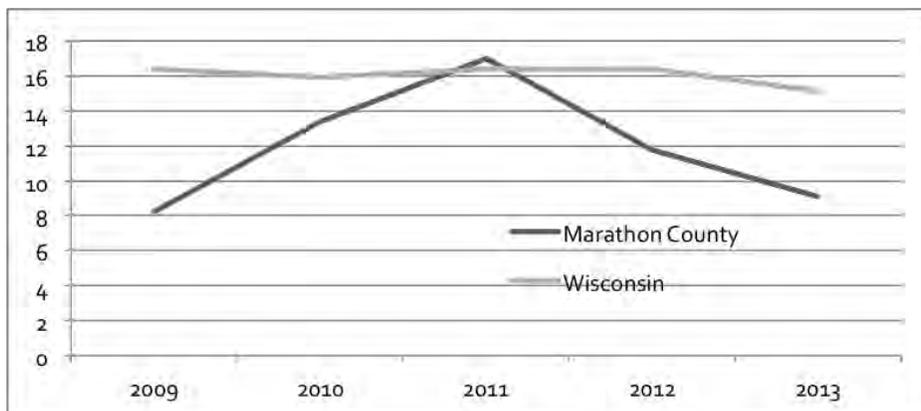
- **Center for Disease Control and Prevention**
www.cdc.gov
- **Wisconsin Department of Health Services**
WI Interactive Statistics on Health (WISH)
www.dhs.wisconsin.gov



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

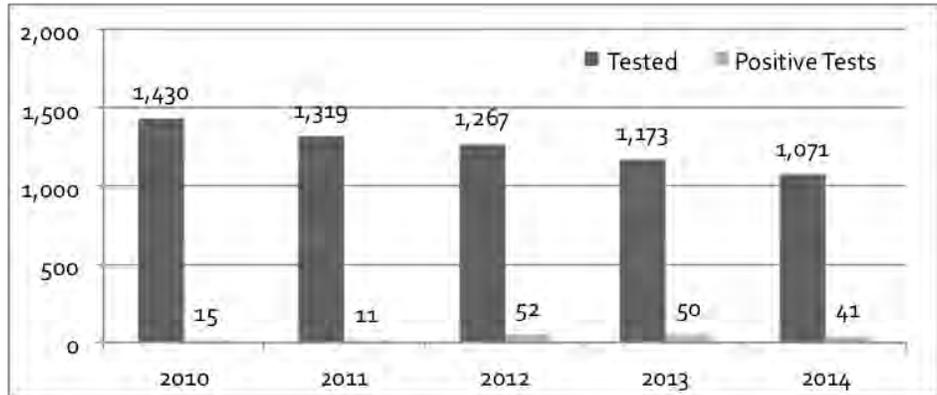
- **Centers for Disease Control and Prevention**
www.cdc.gov
- **Wisconsin Department of Health Services**
WI Interactive Statistics on Health (WISH)
www.dhs.wisconsin.gov



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

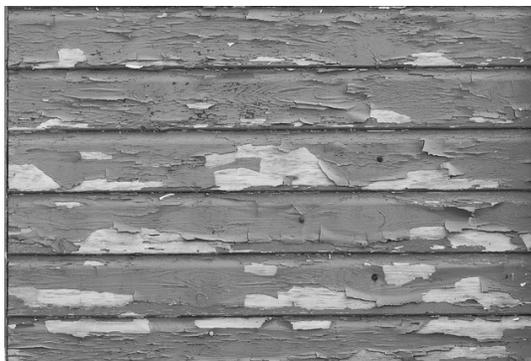


| Activities | 2010 | 2011 | 2012 | 2013 | 2014 |
|--------------------------------|--------|---------|---------|---------|---------|
| Total Number of Lead Tests | 1,430 | 1,319 | 1,267 | 1,173 | 1,071 |
| Results less than 10 ug/dl | 1,403 | 1,303 | 1,197 | 1,162 | 1,060 |
| Results 5 to 10 ug/dl | ~ | ~ | 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

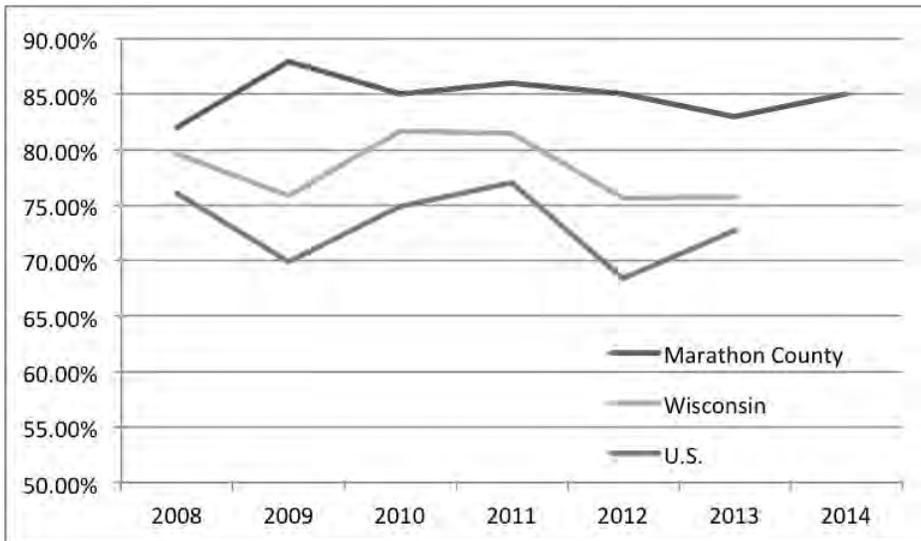
Early intervention has cut that time down to a few weeks or months in most cases. This early intervention approach has also produced a significant decrease of elevated blood lead levels (over 20 ug/dl) in Marathon County.

SOURCES

- Centers for Disease Control and Prevention**
www.cdc.gov/nceh/lead/
- Wisconsin Department of Health Services**
www.dhs.wisconsin.gov/lead/
- Marathon County Health Department**
Annual Report
www.co.marathon.wi.us



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 20th and 21st 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 2nd 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.

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



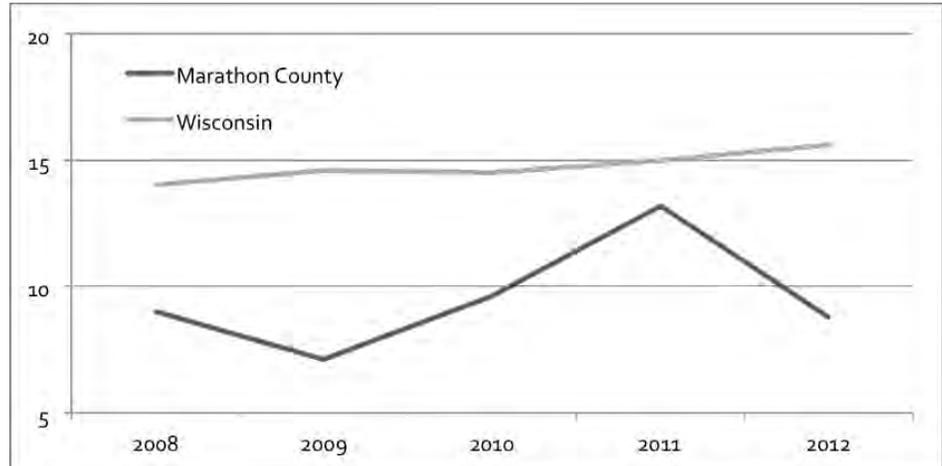
DATA HIGHLIGHTS

- 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
- **Wisconsin Department on Health Services**
www.dhs.wisconsin.gov/aging/demographics/
- **Center for Disease Control Healthy Aging**
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.

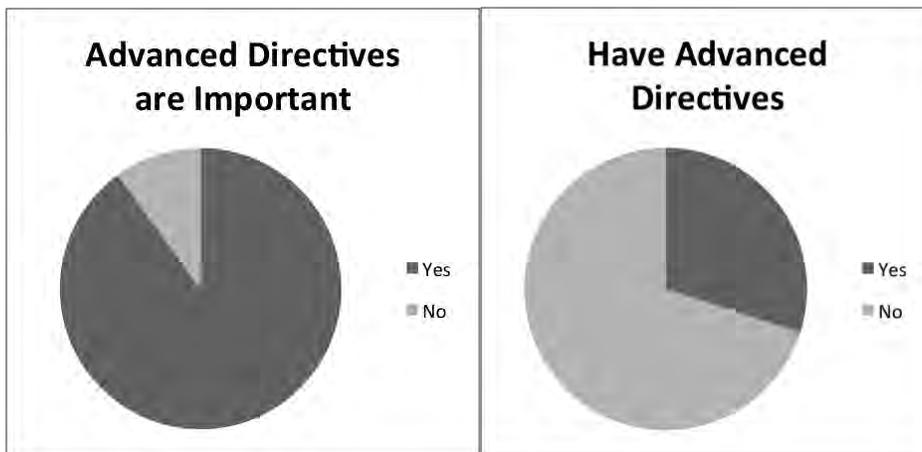
In Wisconsin, falls are the leading cause of unintentional injury-related death, emergency department visits, and inpatient hospitalizations. Fall-related injuries disproportionately impact older

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
- **WI Department of Health Services**
Wisconsin Death, 2013 www.dhs.wisconsin.gov/
- **Wisconsin Medical Society**
Honoring Choices wisconsinmedicalsociety.org/professional/hcw/
- **Centers for Disease Control**
Advance Care Planning and Chronic Disease Management www.cdc.gov/aging/advancecareplanning
- **Institute of Medicine**
Dying in America 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
- **Wisconsin Division of Public Health**
Wisconsin Electronic Disease Surveillance System
www.dhs.wisconsin.gov/wiphin/WEDSS.htm
- **US Centers for Disease Control and Prevention**
www.cdc.gov

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

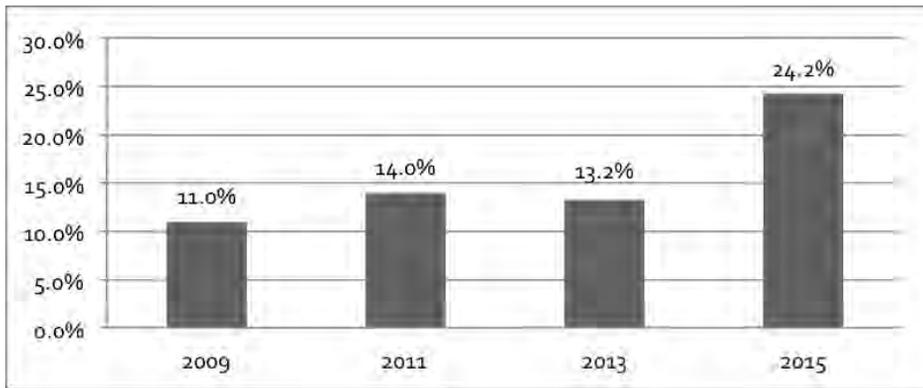
| Marathon County *Rates are per 100,000 people. | '10 | '11 | '12 | '13 | '14 | 2014 Rates* | '10-14 Rates* | 2020 Goals |
|---|-----|-----|-----|-----|-----|----------------|------------------|---------------|
| Reportable Diseases | | | | | | | | |
| Babesiosis | 2 | 3 | 5 | 9 | 4 | 3.0 | 3.4 | |
| 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 |
| Sexually Transmitted Diseases | | | | | | | | |
| 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 |
| Food and Waterborne Diseases | | | | | | | | |
| 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 |
| Vaccine-Preventable Diseases | | | | | | | | |
| 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

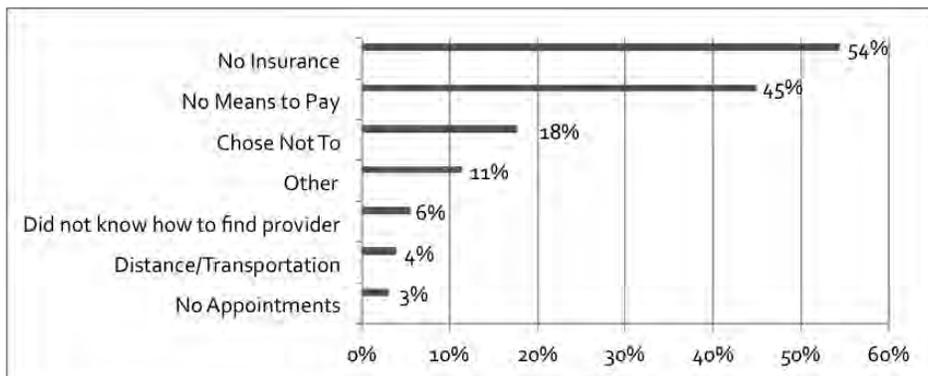
Communicable diseases continue to have a significant impact on our county, state and nation. Communicable diseases are spread in numerous ways, including through contaminated food and water, insect vectors, animals and

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 20th 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/
- **Wisconsin's Roadmap to Improving Oral Health: 2013-2018**
www.chawisconsin.org/documents.OH3OralHealthRoadmap.pdf
- **County Health Rankings & Roadmaps**
www.countyhealthrankings.org
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**



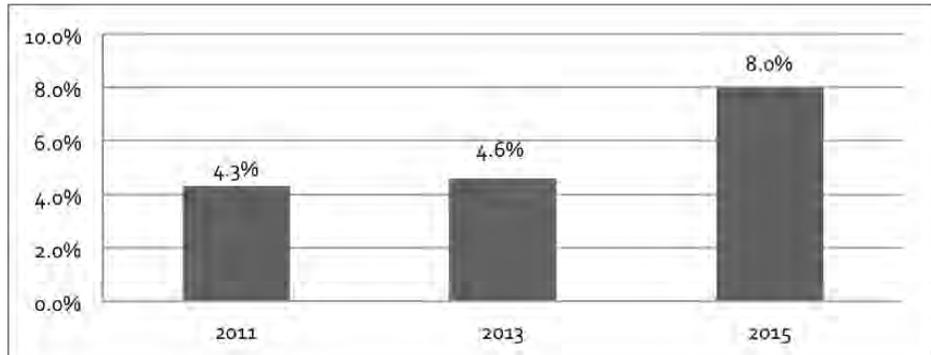
DATA HIGHLIGHTS

- 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.

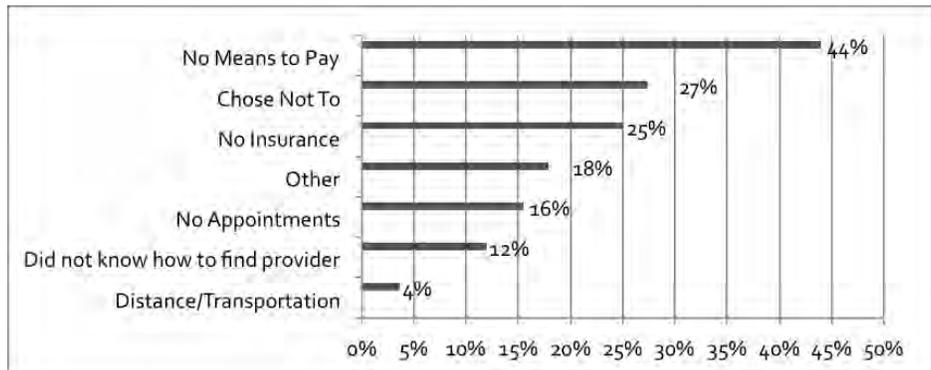
SOURCES

- **County Health Rankings & Roadmaps**
www.countyhealthrankings.org
- **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

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,

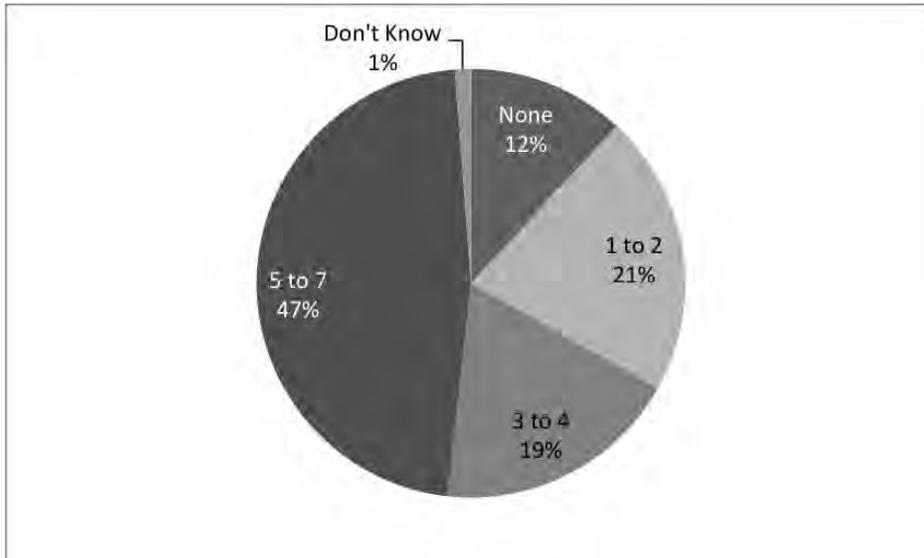
decreased hospitalization, increased housing stability, fewer arrests, and improved quality of life.

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
- **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
- **AARP Foundation**
Isolation
www.aarp.org/aarp-foundation/our-work/isolation/
- **Wisconsin Institute for Healthy Aging**
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.

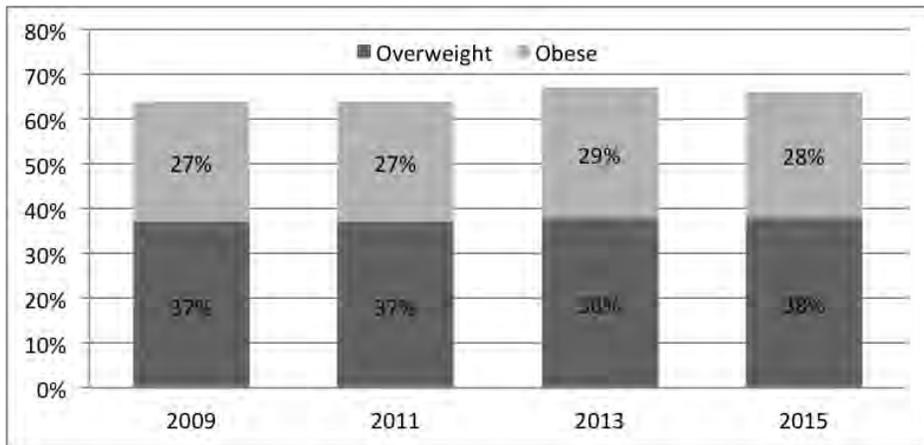
National data suggests that 29% (11.3 million) of older people live alone and 72% (8.1 million) of that group are women. In 2020, over 16 million seniors will be living alone.

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
- **County Health Rankings & Roadmaps**
www.countyhealthrankings.org/
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**



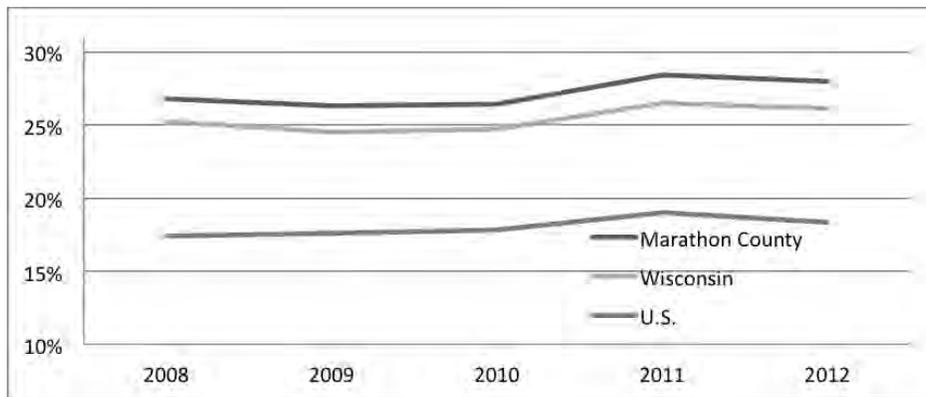
DATA HIGHLIGHTS

- 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.

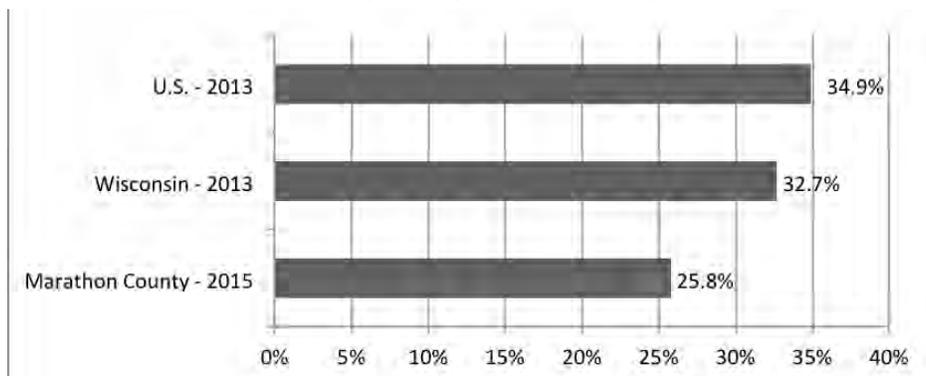
SOURCES

- **Center for Disease Control and Prevention**
www.cdc.gov/
- **County Health Rankings & Roadmaps**
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.

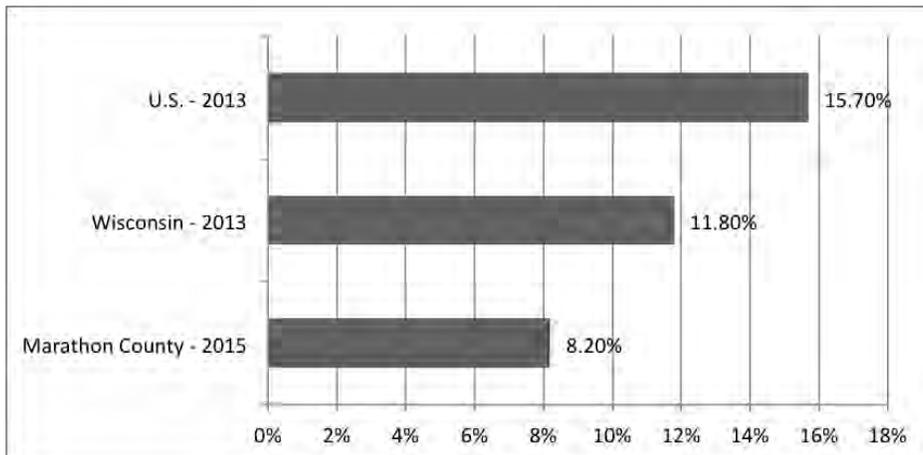
Marathon County, as well as the rest of Wisconsin, has seen a tremendous

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/
- **2015 Marathon County Youth Risk Behavior Survey Aggregate**

COMMUNITY SAFETY



Residents' sense of safety and belonging significantly impacts how they interact with the community.

Criminal behavior increases when residents don't have access to the family or community supports that they need.

To improve safety, a community must not just enforce its laws but also understand why they are broken.

Community Safety Subcommittee

| | |
|----------------------|--------------------------------------|
| Scott Parks, Chair | Marathon County Sheriff's Office |
| Becky Bogen-Marek | Marathon County Social Services |
| Brenda Christian | North Central Health Care Center |
| Melissa Dotter | Alcohol and Other Drug Abuse |
| Jane Graham-Jennings | The Women's Community |
| Jeff Hardel | Wausau Police Department |
| Ken Heimerman | Marathon County District Attorney |
| Tracey Kujawa | Wausau Fire Department |
| Craig McEwen | Marathon County Board of Supervisors |
| Jason Plaza | Marathon County Sheriff's Office |
| Dawn Perez | Marathon County Social Services |
| Phil Rentmeester | Marathon County Emergency Management |

Keep in mind....

Responding effectively to emergencies and crises will reduce or prevent future occurrences. Community services that lead to a journey of recovery and resilience will improve results for individuals and prevent other adverse events.

Section Summary

Success and Progress

- Various community safety organizations in Marathon County are researching evidence-based practices to control the present recidivism rates of offenders in a variety of areas who are returning to the Marathon County Jail.
- Marathon County is employing lean process methods to plan and implement the most effective service delivery by identifying where processes are being unnecessarily duplicated.
- The consolidation of various emergency service agencies through Marathon County has led to better service at a lower cost to the communities.

Calls to Action

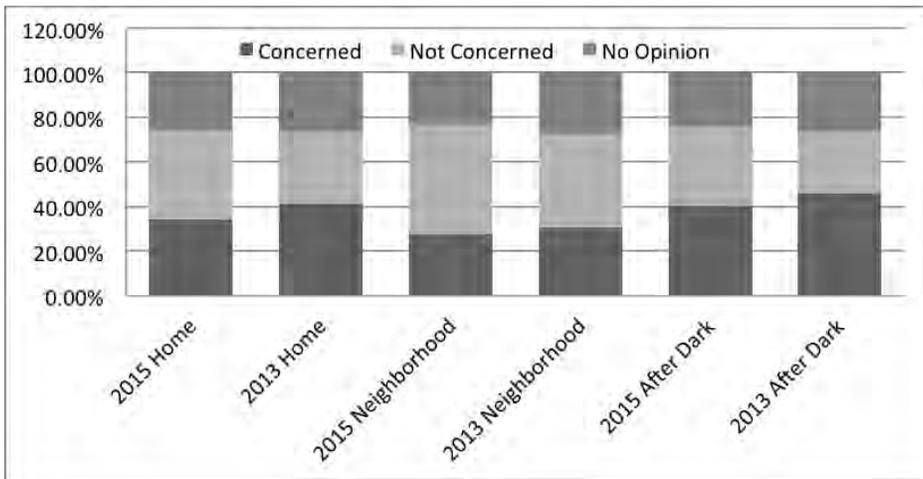
- Substance abuse (alcohol, illegal drugs, and prescription drug abuse) remains an immense and challenging problem for Marathon County. We continue to see rises in use and abuse, overdoses, and criminal behavior in support of substance abuse habits.
- Marathon County must commit to the basic safety of every citizen. To achieve this commitment, we must look for discrepancies of service and hold our government accountable for correcting those imbalances.
- Successful community safety requires partnership between residents and those tasked with their protection. Marathon County must continue to build trusting relationships between law enforcement and its neighborhoods and communities.

Opportunities for Action

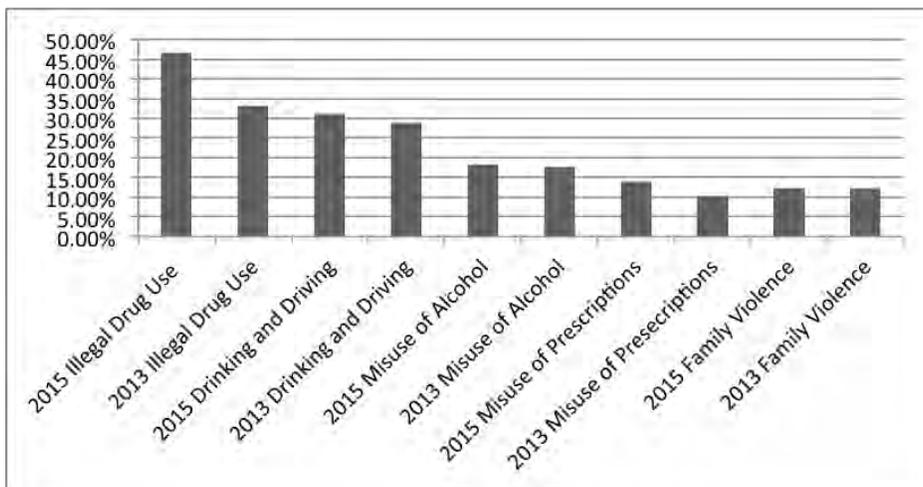
| | |
|-------------------|---|
| For Individuals | Work together toward the elimination of root causes of violence within our communities. Serve as a mentor, tutor, or volunteer at schools and youth serving organizations to support the healthy development of young people. |
| For Organizations | Engage in meaningful, trustworthy collaboration with all stakeholders. Seek out and use existing resources to learn about effective violence and crime prevention activities and programs. |
| For the Community | Implement uniform addressing in Marathon County. Make crime prevention a community priority. Praise good behavior and take immediate action to stop criminal activity when it occurs. |



Key Measure: 2015 LIFE Community Survey Responses to Questions Regarding Concerns of Personal Safety



Key Measure: 2015 LIFE Community Survey Responses to Top 5 Concerns of Public Safety



COMMUNITY PERSPECTIVES

Urban decay or neglect, volume and type of criminal activity, experience with crime, and availability of good paying jobs all contribute to perceptions of safety.

There is little difference in concerns of personal safety at home (34.6%/34.1%) and in neighborhoods (27.6%/28%) between metro and non-metro areas during the daytime. There is a noticeable difference in safety concerns after dark (42.5%/ 35.6%). People 65 and older were the most concerned about personal safety in their homes. The youngest reporting age group (18-24) depicted a 33.3% concern for daytime

neighborhood safety and a 50% concern for after dark.

The top safety concerns pertain to illegal drug use (the abuse and misuse of prescription drugs and alcohol) and family violence (abuse of adults and children). Community efforts are assisting law enforcement to impact these issues.

Marathon County is a central hub of activities and opportunities. People feeling comfortable in their homes and neighborhoods are more involved, establishing healthy communities that benefit business, commercial, and tourism opportunities.

DATA HIGHLIGHTS

- 70.7% of 2015 LIFE Community survey respondents were satisfied with the availability of safe places to walk and bike—compared with 67.7% in 2013. People 25-34 were most satisfied at 72.7%; people 18-24 were the least at 57.5%.
- Safety in one’s home is a higher concern among single people (32.2%), separated (37.5%), widowed (54.9%) and divorced (37.3%) than married (31.1%).
- Widowed people were also the most concerned about personal safety in their neighborhood both in daytime (39.4%) and after dark (53%).
- Single people reported nearly a 50% increase in concern about neighborhood safety from daytime (25.8%) to after dark (46.6%).
- An improving economy can deter criminal activity. In 2013, 87.8% of LIFE survey respondents were concerned about the availability of good paying jobs. In 2015, 75.3% were concerned.
- Alcohol and the controlled substances heroin, methamphetamine, cocaine, and marijuana are the substances most abused in this community.

SOURCES

- 2015 LIFE in Marathon County Community Survey
- Marathon County www.co.marathon.wi.us
- Marathon County AOD Partnership www.aodpartnership.org
- Marathon County Sheriff’s Office www.co.marathon.wi.us/Departments/Sheriff.aspx



DATA HIGHLIGHTS

- Wisconsin continues to experience the highest rates of drunk driving in the nation.
- The Center for Disease Control 2013 Youth Risk Behavior Survey found that, among high school students during the past 30 days:
 - * 35% drank some alcohol.
 - * 21% binge drank.
 - * 10% drove after drinking.
 - * 22% rode with a driver who had been drinking alcohol.
- 33% of state, 22% of federal, and 36% of local inmates were under the influence of drugs at the time they committed their offense.

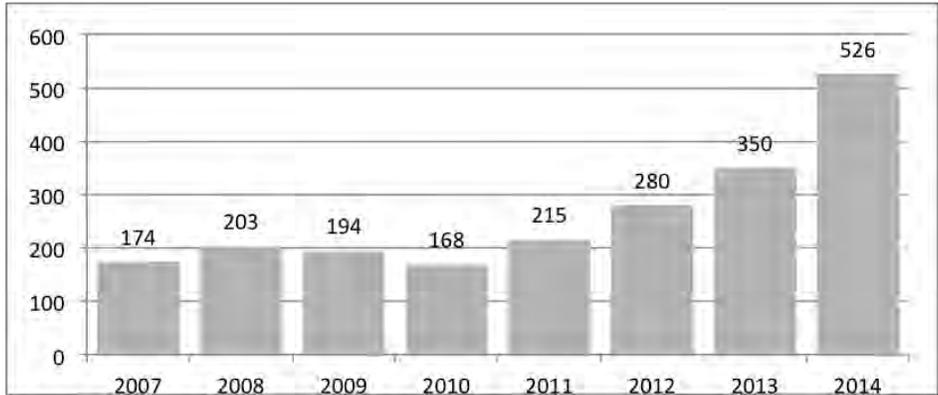
Of LIFE Community Survey respondents:

- 68.4% are concerned about misuse of alcohol
- 84.8% are concerned about illegal drug use
- 76.2% are concerned about abuse/misuse of prescription drugs
- 83.2% are concerned about drinking and driving

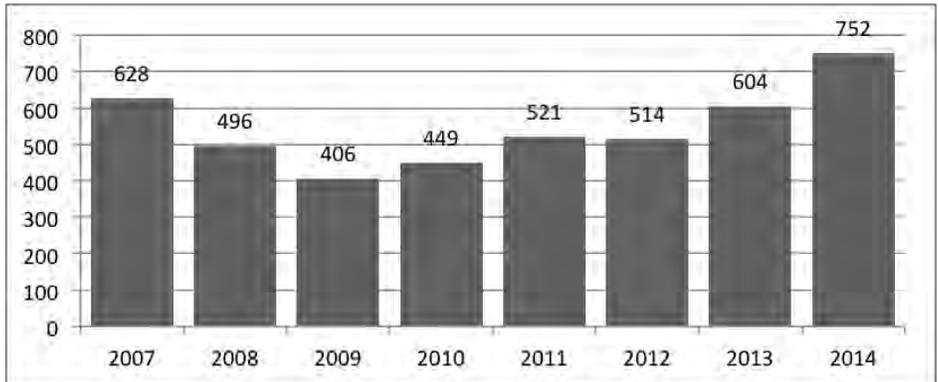
SOURCES

- **2015 LIFE in Marathon County Community Survey**
- **Marathon County Sheriff's Office**
www.co.marathon.wi.us/Departments/Sheriff.aspx
- **Wisconsin Department of Transportation Drunken Driving**
www.dot.wisconsin.gov
- **Center for Disease Control and Prevention**
www.cdc.gov

Key Measure: Felony Drug Charges in Marathon County, 2007-2014



Key Measure: Misdemeanor Drug Charges in Marathon County, 2007-2014



COMMUNITY PERSPECTIVES

Marathon County continues to face challenges pertaining to alcohol, illegal drugs, and prescription drug arrests. Felony drug charges in Marathon County have nearly doubled since 2012. The illegal drugs most impacting this community are methamphetamine, heroin, cocaine, and marijuana. In addition, individuals involved with illegal drugs are prone to be involved in other criminal acts such as violent crimes against persons or property-related crimes attempting to gather the needed funding to support a habit. For many drug users, crime and addiction are closely intertwined.

In the first quarter of 2015, 152 persons were booked into the county jail for drunk driving. 113 of those bookings were persons who have been arrested previously for drunk driving with 2nd Offense Operating While Intoxicated

Marathon County Jail Bookings for Operating While Intoxicated, First Quarter 2015

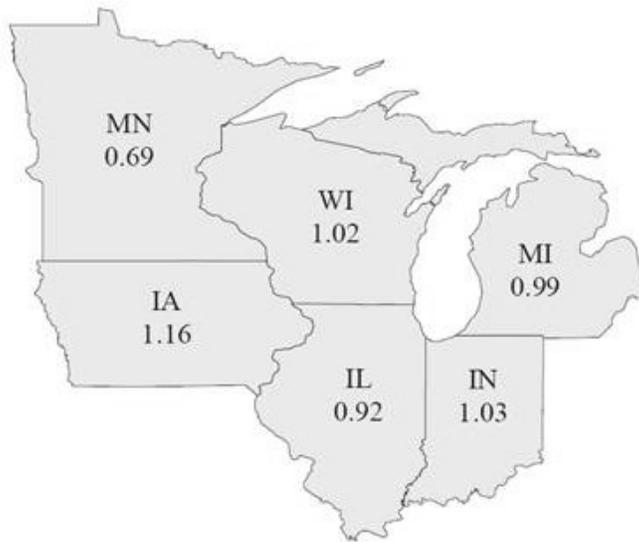
| | Jan | Feb | Mar | Total |
|--------------|-----|-----|-----|------------|
| Other | 0 | 1 | 0 | 1 |
| 1st OWI | 6 | 10 | 22 | 38 |
| 2nd OWI | 16 | 12 | 26 | 54 |
| 3rd OWI | 5 | 11 | 11 | 27 |
| 4th OWI | 6 | 7 | 6 | 19 |
| 5th OWI | 2 | 5 | 5 | 12 |
| 7th OWI | 0 | 0 | 1 | 1 |
| Total | | | | 152 |

(OWI) being the highest volume of arrests at 54.

Currently, the criminal justice system offers a variety of interventions for persons incarcerated due to substance abuse issues. Marathon County has implemented and seen success with the diversion programs in place. Research continues into other substance abuse treatment programs which can help prevent disease and reduce crime.



Key Measure: Fatality Rates per 100 Million Miles of Vehicle Travel for WI



Key Measure: Crash Numbers in Wisconsin and Counties Comparable to

| | CRASH NUMBERS | FATAL CRASHES | DEATHS | INJURY CRASHES | INJURED | PROPERTY DAMAGE ONLY |
|------------|---------------|---------------|--------|----------------|---------|----------------------|
| Marathon | 2,802 | 15 | 17 | 615 | 813 | 2,172 |
| Brown | 3,541 | 12 | 13 | 1,023 | 1,394 | 2,506 |
| Eau Claire | 2,135 | 10 | 10 | 465 | 618 | 1,660 |
| La Crosse | 2,647 | 8 | 9 | 689 | 895 | 1,950 |
| Outagamie | 3,361 | 8 | 8 | 885 | 1,223 | 2,468 |
| Wisconsin | 109,385 | 535 | 601 | 28,453 | 39,370 | 80,397 |

COMMUNITY PERSPECTIVES

Marathon County is the largest of Wisconsin's 72 counties with an area of 1,584 square miles—larger than the state of Rhode Island. The Wisconsin State Patrol, Marathon County Sheriff's Deputies, and local municipal law enforcement patrol 3,270 miles of federal, state, and local roadways. Marathon County LIFE Community Survey respondents were fairly equal in their concerns about the maintenance of the streets, roads, and highways of Marathon County with 42.2% satisfied and 37.7% not satisfied.

Alcohol continues to be a contributing factor to traffic crashes with Saturday and Sunday mornings between 2:00am and 3:00am depicting the highest statistic for alcohol related crashes. A majority of traffic deaths in Marathon County occur on State highways while a majority of injuries from traffic crashes

occur on local streets or roads. Marathon County has participated in several statewide campaigns on drunk driving enforcement with the current campaign revolving around buzzed driving is drunk driving.

Safety belt use continues to lag behind the national average of 86% with a new all-time high of 83% of Wisconsin drivers and passengers buckling up in 2013. Consistent safety belt use is the most effective way to protect people from being ejected or violently thrown around inside a car during a crash. Marathon County participates in the "Click It or Ticket" campaign seeking to educate and enforce seat belt usage. Marathon County uses targeted speed enforcement and construction zone monitoring to further prevent traffic crashes.

DATA HIGHLIGHTS

- 83.2% of LIFE Community survey respondents were very concerned or concerned about drunk driving in their community.
- 31% of LIFE Community survey respondents ranked drunk driving in the Top 3 concerns for 2015. In 2013, 28.8% of respondents ranked this same concern in the Top 4.
- 7.3% of LIFE Community survey respondents admit to driving under the influence of alcohol in the last 30 days. 75.5% assumed most other adults have driven drunk in the last 30 days.
- On every day of the week the most alcohol related crashes resulting in injuries or deaths occurred between the hours of 2:00am and 3:00am.
- In 2012, Marathon County had 145,991 vehicles registered and 97,954 licensed drivers.
- In 2012, economic losses from traffic deaths and injuries in Wisconsin cost nearly \$2 billion.

SOURCES

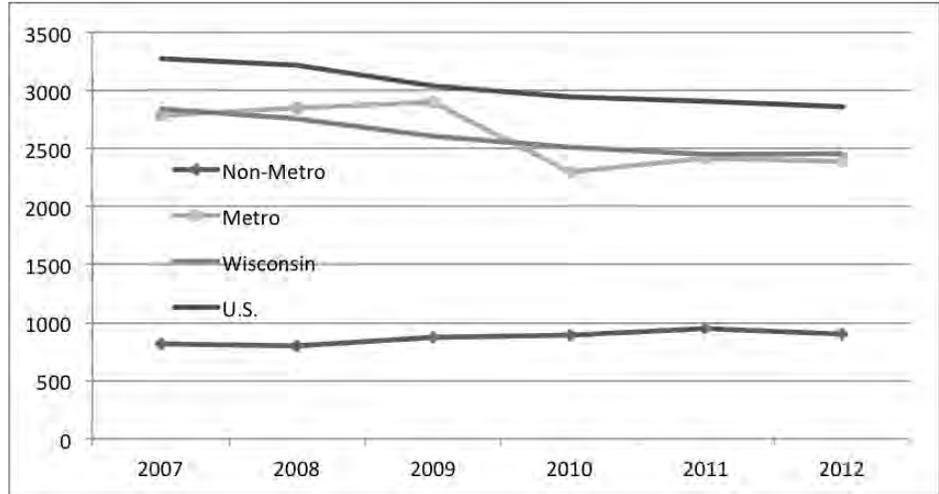
- **2015 LIFE in Marathon County Community Survey**
- **Wisconsin Department of Transportation**
2012 Crash Facts
<http://www.dot.wisconsin.gov/safety/motorist/crashfacts/crashfacts-archive.htm>
- **Marathon County Sheriff's Office**
www.co.marathon.wi.us/Departments/Sheriff.aspx



DATA HIGHLIGHTS

- 139,102 property crimes were reported in Wisconsin in 2012, compared with 138,901 in 2011. Marathon County reported 2,250 property crimes in 2012.
- 74% of property crime is theft.
- Statewide property valued at more than \$141 million was lost due to burglary, theft and motor vehicle theft. Property valued at more than \$7 million was lost due to arson.
- Identity theft includes unauthorized use or attempted use of existing credit cards, of other existing accounts such as checking accounts, and misuse of personal information to open new accounts or loans.
- Cyber-attacks consist of computer viruses, denial of service attacks and electronic vandalism or sabotage.
- Cyber theft includes crimes where a computer is used to steal money or other things of value, which includes embezzlement, fraud, and theft of intellectual, personal, or financial data.

Key Measure: Property Crime Rate Per 100,000, 2007—2012



Key Measure: Property Crimes in Marathon County by Type, 2012—2013

| PROPERTY CRIMES | Metro '12 | Metro '13 | Non-Metro '12 | Non-Metro '13 |
|---------------------|-----------|-----------|---------------|---------------|
| Burglary | 339 | 322 | 134 | 147 |
| Theft | 1,322 | 1,192 | 353 | 303 |
| Motor Vehicle Theft | 50 | 42 | 18 | 17 |
| Arson | 34 | 5 | 0 | 2 |
| Total | 1,745 | 1,561 | 505 | 469 |

COMMUNITY PERSPECTIVES

The FBI Uniform Crime Report defines property crime as four offenses: Burglary, Theft, Motor Vehicle Theft, and Arson. Property crime rates per 100,000 Wisconsin residents decreased from 2,761 in 2008 to 2,454 in 2012. The Marathon County metro area (Wausau, Everest metro, Rothschild, Mosinee, and Kronenwetter Police) followed this trend with 2,852 in 2008 dropping to 2,391 in 2012. The non-metro area (all other municipal law enforcement including the Sheriff's Office) saw an increase from 800 in 2008 to 905 in 2012.

The North Central region of Wisconsin, which includes Marathon County, has the lowest population of all regions. For this region in 2012, burglaries increased by 5%, theft increased by 1%, motor vehicle theft declined by 2%, and arson increased by 110%. The 71% increase in the arson statistic is attributed to 29

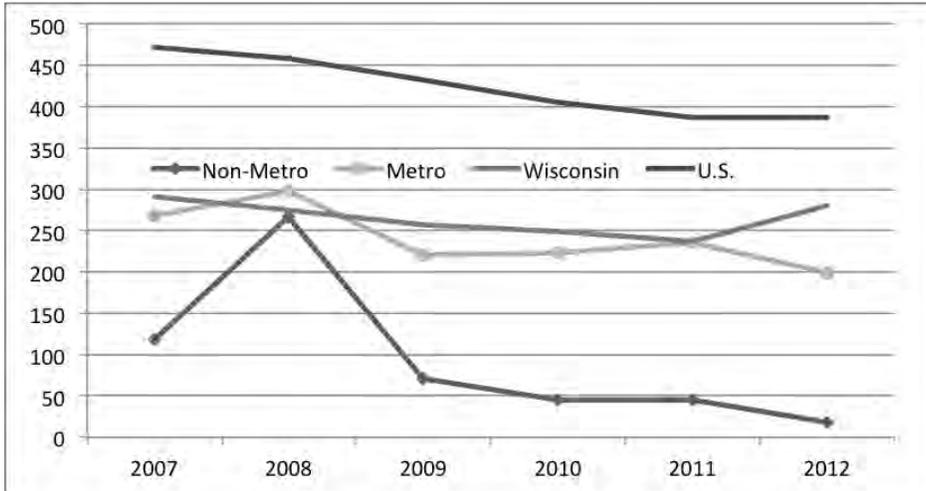
arsons being investigated by Wausau Police in 2012. The remaining counties in the region reported 32 arsons total.

Seasonal patterns and environmental conditions factor into property crimes rates throughout the year. Motor vehicle thefts tend to be lower in the spring than in the summer. Substance abuse also impacts rates as individuals attempt to support abuse habits through stealing and selling other's property.

SOURCES

- 2015 LIFE in Marathon County Community Survey
- Marathon County Sheriff's Office www.co.marathon.wi.us/Departments/Sheriff.aspx
- Federal Bureau of Investigation Crime Statistics <http://www.fbi.gov/stats-services/crimestats>
- Wisconsin Department of Justice Bureau of Justice Information & Analysis www.doj.state.wi.us
- U.S. Department of Justice Bureau of Justice Statistics www.bjs.gov/index.cfm

Key Measure: Violent Crime Rate Per 100,000, 2007—2012



Key Measure: Violent Crimes in Marathon County by Type, 2012—2013

| VIOLENT CRIME | Metro '12 | Metro '13 | Non-Metro '12 | Non-Metro '13 |
|--------------------|------------|------------|---------------|---------------|
| Murder | 2 | 2 | 0 | 0 |
| Forcible Rape | 25 | 16 | 3 | 1 |
| Aggravated Assault | 96 | 71 | 7 | 14 |
| Robbery | 22 | 16 | 0 | 1 |
| Total | 145 | 105 | 10 | 16 |

COMMUNITY PERSPECTIVES

Violence is a serious public health problem that affects people in all stages of life. Survivors of violence suffer physical, mental, and/or emotional health problems throughout the rest of their lives. The FBI Uniform Crime Reporting definition for violent crime includes four offenses: Murder, Forcible Rape, Robbery, and Aggravated Assault. For the period of 2008 to 2011, Wisconsin experienced a 15% decline in violent crimes, but 2012 saw an increase of 11.2% with 15,969 violent crimes reported. Of these 53% were cleared by arrest and 62% were classified as aggravated assaults. This rise in violent crimes fits a Midwest trend, which depicted a 1.3% increase in violent crime, driven by 3.3% increase in murders and 2.7% increase in aggravated assault.

The North Central region has the lowest violent crime rate among all the

Wisconsin regions. In 2012, the violent crime rate was 120 per 100,000 residents, which remained fairly consistent with the 2011 rate. In Marathon County, the 2012 metro violent crime rate was 199 per 100,000 and the non-metro was 18 per 100,000. These figures remain well below the rates for Wisconsin and the United States.

Human trafficking is another form of violence with individuals coerced, threatened, physically and emotionally abused while being forced to participate in sexual encounters or labor trafficking. Wisconsin and Marathon County are committed to stopping violence before it begins.

DATA HIGHLIGHTS

- Marathon County Metro law enforcement agencies reported 145 violent crimes in 2012. Non-Metro agencies reported 10. In 2013, Metro reported 105 and Non-Metro 16.
- There were 15,969 violent crimes reported in Wisconsin in 2012.
- The 2012 Wisconsin murder rate increased by 19.4% and aggravated assaults by 18.3%. Almost half of this increase can be attributed to three multiple person homicides that occurred in southeastern Wisconsin.
- Human trafficking is a diverse and hidden crime where people profit from the control and exploitation of others.
- Human traffickers use violence, threats, blackmail, manipulation, and debt bondage to trap vulnerable individuals in horrific situations.
- The SafeWise Report listed the Village of Kronenwetter as Number 9 in the 50 Safest Cities over 5,000 population in Wisconsin.

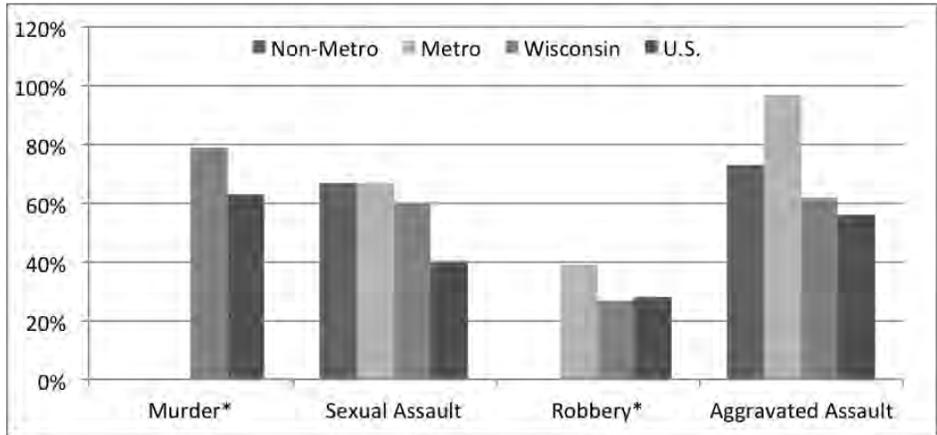
SOURCES

- **Marathon County Sheriff's Office**
www.co.marathon.wi.us/Departments/Sheriff.aspx
- **Federal Bureau of Investigation Crime Statistics**
<http://www.fbi.gov/stats-services/crimestats>
- **Wisconsin Department of Justice Bureau of Justice Information & Analysis**
www.doj.state.wi.us
- **National Human Trafficking Resource Center**
www.traffickingresourcecenter.org
- **SafeWise Report**
www.safewise.com

DATA HIGHLIGHTS

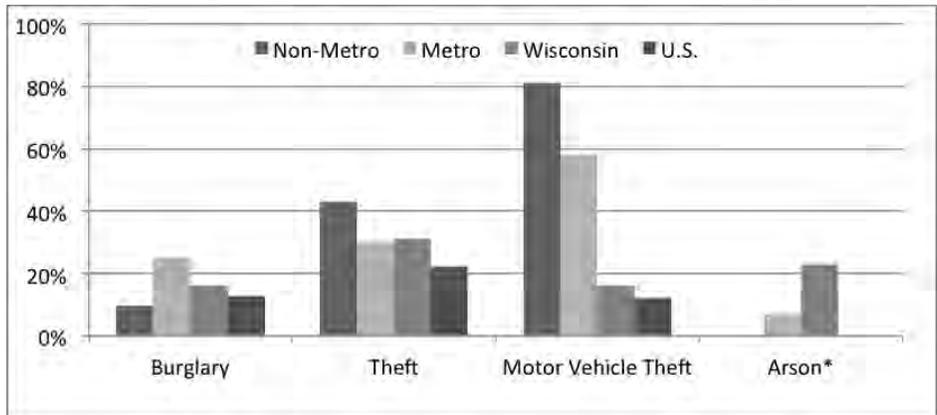
- In 2012, Wisconsin had 340,893 total arrests, which was a 0.2% increase over previous years.
- There was 5.9% decline in arrests for crimes against society such as disorderly conduct, driving while intoxicated, and liquor law violations.
- Violent crime arrests were up 6.7%; property arrests up 5.8%; and drug arrests up 7.3%.
- 71% of arrestees were male and 80% were adults. 37% of persons arrested for property crimes were female.
- Diversion and alternative programs help individuals avoid engaging in future criminal activity, which helps control the costs of the criminal justice system.
- On average, the Marathon County Jail has a daily inmate population of 300.

Key Measure: Clearance Rates of Violent Crimes (Percent), 2012



*Marathon County had no murders and the non-metro had no robberies in 2012.

Key Measure: Clearance Rates of Property Crimes (Percent), 2012



*National clearance rates for arson in 2012 were not available.

SOURCES

- **Marathon County Sheriff's Office**
www.co.marathon.wi.us/Departments/Sheriff.aspx
- **Federal Bureau of Investigation Crime Statistics**
<http://www.fbi.gov/stats-services/crimestats>
- **Wisconsin Department of Justice Bureau of Justice Information & Analysis**
www.doj.state.wi.us
- **Marathon County Justice System**
www.co.marathon.wi.us/Departments/Administrator/JusticeAlternatives.aspx

COMMUNITY PERSPECTIVES

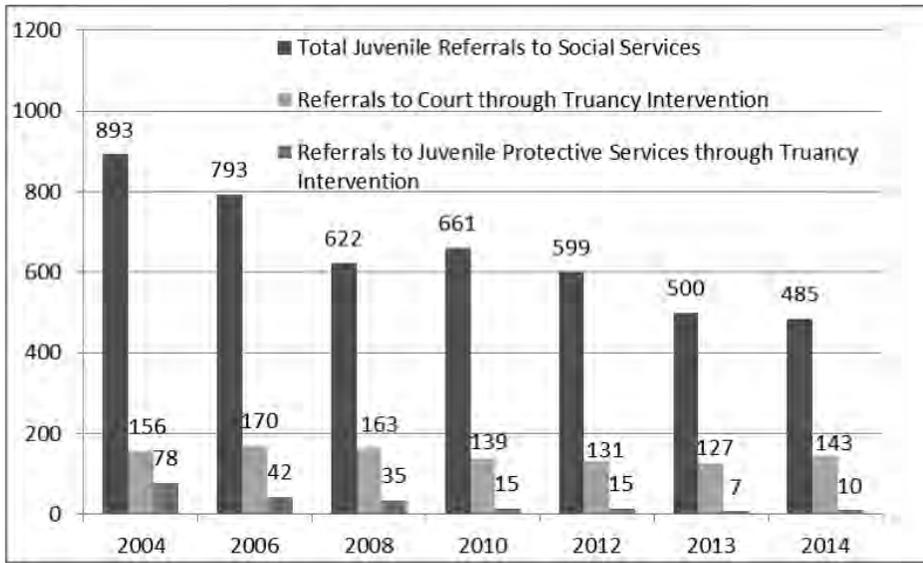
The FBI's Uniform Crime Reporting program permits law enforcement to clear or close offenses one of two ways: by arrest or by exceptional means. Three specific conditions have to be met before an offense can be cleared by arrest or solved for reporting purposes. The three conditions are that at least one person has been arrested; charged with the commission of the offense; or referred to the court for prosecution. For an agency to clear a case exceptionally, four conditions must be met: offender is identified; enough evidence is gathered to support an arrest, make a charge and turn over for prosecution; the offender's exact location is identified; and a circumstance has been encountered outside of the control of law enforcement (e.g. death, victim's refusal to cooperate, no extradition) prohibiting arresting, charging, and prosecution. Nationally, the clearance rate for violent

crimes was 48.1% and 19.7% for property crimes. Marathon County had a clearance rate of 68.6% for violent crime and 36.2% for property crimes. The clearance rate for violent crimes in Midwest States was 42.7% and 19.2% for property crimes. Marathon County exceeded national, regional, and state clearance rates in all categories except for burglary incidents in the non-metro areas, which was at 10%.

Marathon County is directing efforts to reduce the recidivism rate through pre- and post-conviction diversion programs for repeat offenders. Efforts are underway to better understand area criminogenic needs in order rehabilitate offenders and lower recidivism rates. Participants are selected based on their criminal history, the offense committed and the likelihood of successful completion of the programs.



Key Measure: Juveniles Referred to Social Services, Court, and Juvenile Protective Services in Marathon County, 2004—2014



COMMUNITY PERSPECTIVES

Violence can occur anywhere and too often after a tragic incident the statement “I cannot believe that happened here” is heard. Denial is human especially when it comes to our youth. Social media has changed how we communicate. Instant information or misinformation, impulsive actions, along with bullying and threats are easily and quickly sent and shared. Bullying is something that is being addressed not only locally but nationally in the attempts to identify the signs and behaviors more quickly, along with interrupting the actions of the youth. As a community we also acknowledge the rising mental health issues among our youth. The number of youth who are struggling in our schools indicates that these youth need a different form of intervention that does not necessarily mean criminalizing their behavior.

Building strong relationships is essential to assisting youth in developing to their full potential. Youth respond to people, not programs. Kindness cannot be mandated, but it can be nurtured through communication, collaboration, cultural awareness and caring.

Communities and human service organizations are focused on being innovative and providing programming that has proven to be effective while building relationships with youth and families. Priorities are focusing on early intervention, matching programming to the youth’s risk for recidivism, and ensuring youth who are low risk are not paired with high risk youth which has a negative impact on low-risk youth.

Marathon County is focused on collaboration through multiple coalitions and committees whose goals are to provide better outcomes for youth, families, and our communities. Additionally, the State of Wisconsin is focused on collaborative effort among juvenile justice practitioners, key advocacy programs and individuals, along with community stakeholders. The purpose of this collaboration is to promote, support, and advance effective practice statewide in working with youth and their families who are in or at risk of involvement in the juvenile justice system.

DATA HIGHLIGHTS

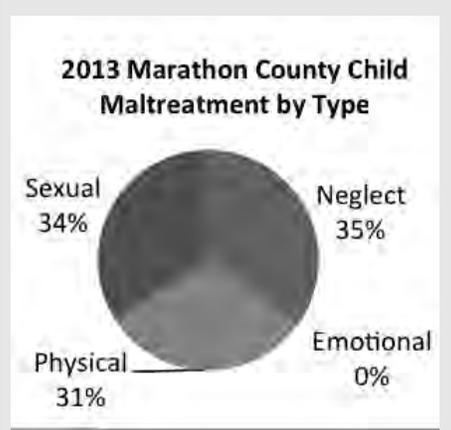
- 54% of the youth with whom Social Services work are considered to be moderate to high risk of relapsing back into criminal behavior. This has increased by 20% from 2012.
- Total juvenile referrals for delinquent behavior in Marathon County have dropped by nearly 50% since 2004.
- 70% of delinquency referrals received by Marathon County DSS from 2012 – 2014 were from youth age fourteen or under.
- 48% of the youth who received delinquency referrals identified themselves as having special educational needs.
- 70% of the youth report not being involved in structured recreational activities.
- 27% of the referrals indicated that youth did not believe that they had a positive adult relationship outside of school or their family.
- 18% of youth reported that their parent(s) have a history of alcohol abuse and 16% of youth reported that their parent(s) have a history of drug abuse.
- 39% of the referrals indicated that someone living in the family home had been in jail or spent time in prison.

SOURCES

- **Marathon County Social Services Juvenile Justice**
<http://www.co.marathon.wi.us/Departments/SocialServices/JuvenileJustice.aspx>
- **Wisconsin Office of Justice Assistance**
<http://oja.wi.gov>



DATA HIGHLIGHTS

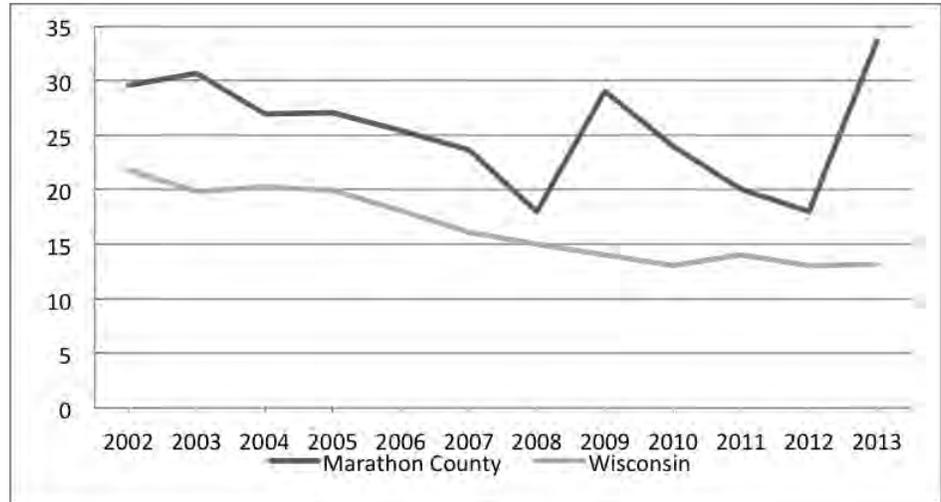


- In 2013, the Marathon County population included 32,058 children. 118 (0.37%) were in out-of-home placements.
- Marathon County had 113 victims of child maltreatment in 2013, which equates to a rate of 3.5 victims per 1,000 children. The overall rate for the State is 3.7.
- Neglect is the most frequent form of substantiated maltreatment in Marathon County. Sexual abuse is the most frequent substantiated maltreatment for Wisconsin.
- At 18.1%, educational personnel are the most frequent reporters of child maltreatment followed by law enforcement (16.3%) and social service workers (14.1%).
- Between 2012-2015, there has been a 19% increase in child protective service reports that must be responded to.

SOURCES

- **Marathon County Social Services**
Juvenile Justice
<http://www.co.marathon.wi.us/Departments/SocialServices/JuvenileJustice.aspx>
- **Wisconsin Department of Children and Families**
dcf.wi.gov/

Key Measure: Substantiated Cases of Child Maltreatment, 2002—2013



COMMUNITY PERSPECTIVES

Children raised in abusive or neglectful environments are more likely to experience physical and emotional health issues and to display social, cognitive, and behavioral impairments. Child maltreatment does not impact the child alone. Abused and neglected children have both immediate and long-term costs for hospitalization, mental health services, educational supports, and legal intervention that often fall to the community.

Marathon County strives to support children and families through the child protective services system. Between 2003 and 2012, Marathon County saw a decrease in rates of substantiated cases of child maltreatment from 30.7% in 2003 to 13% in 2012. There was a spike in substantiated cases in 2009, which experts link both to the recession and to increases in street drug use. The subsequent downswing in 2013 is likely a byproduct of the county's adoption of the Alternative Response program, which engages families to develop positive plans for improvement in lieu of the traditional child protective service response.

In 2013, Alternative Response cases were

removed from the data included in calculating the maltreatment rate. The result of this change appears to show a sharp increase in the substantiation rate in Marathon County. If Alternate Response cases were put back into the data, the substantiation rate for the county in 2013 would be 19.4%.

Mandated reporters are those individuals who are required by law to report any suspected child maltreatment seen in the course of their professional duties. However, anyone who suspects child maltreatment may make a report. Persons making referrals in good faith are immune from criminal or civil liability. Wisconsin's Child Protective Services (CPS) delivery system encourages any concerned individual to report suspected child maltreatment to the local CPS agency or law enforcement.

Key Measure: Wisconsin Deaths Related to Domestic Violence Homicide,

| Year | Homicide Deaths | Suicides | Total |
|------|-----------------|----------|-------|
| 2013 | 43 | 12 | 55 |
| 2012 | 48 | 4 | 52 |
| 2011 | 34 | 3 | 37 |
| 2010 | 51 | 7 | 58 |
| 2009 | 52 | 15 | 67 |
| 2008 | 36 | 10 | 46 |
| 2007 | 41 | 10 | 51 |
| 2006 | 28 | 8 | 36 |
| 2005 | 40 | 6 | 46 |
| 2004 | 28 | 5 | 33 |
| 2003 | 45 | 16 | 61 |
| 2002 | 38 | 11 | 49 |
| 2001 | 33 | 9 | 42 |
| 2000 | 33 | 8 | 41 |

COMMUNITY PERSPECTIVES

Intimate partner violence, sexual violence and stalking are serious, preventable public health problems in the United States. On average, nearly twenty people per minute are victims of physical violence by an intimate partner. Intimate partner violence is defined as physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence occurs among heterosexual or same-sex couples and does not require sexual intimacy.

During the time period, 2000 to 2013, Wisconsin reported 674 deaths related to domestic violence. The victims and perpetrators were either current or former spouses and partners, adults with children in common and adults or teens that had been in a dating relationship. During this time period, Marathon County experienced twelve homicides. Violence starts early with 79% of female victims reporting being sexually assaulted prior to age 25 and 28% of male victims reporting being sexually assaulted when age 10 or younger.

Sexual assault and domestic violence have consequences of far reaching health

issues with 27% of female victims and 12% of male victims reporting significant short or long term impacts, such as post-traumatic stress disorder symptoms and injury. The Center for Disease Control estimates the costs of intimate partner violence and sexual assault to exceed \$5.8 billion each year with nearly \$4.1 billion for direct medical and mental health care services.

33.3% of LIFE Community Survey respondents were satisfied with the accessibility of services for adults and/or children who are victims of family violence or abuse. The Women's Community and other victim forums have been using media and other events to make the community more aware of the services they can provide and/or offer. The Women's Community is creating a new position that will be dedicated to helping victims and educating the public about sex trafficking. Local law enforcement conducts frequent Internet Crimes Against Children operations. Everyone deserves a life free of violence.

DATA HIGHLIGHTS

- 73.2% of 2015 LIFE Community Survey respondents were concerned about family violence or abuse of adults and children.
- The Women's Community provided support services to 506 sexual assault victims (285 women, 164 children, 57 men) and 1,629 domestic violence victims (1,178 women, 300 children, 150 men, 1 transgendered) and their non-offending family in 2014.
- The Women's Community provided shelter to 85 women and 91 children in 2014.
- In 2012, 79 victims of sexual assault reported to emergency departments in Marathon County.
- Nearly 3 in 10 women and 1 in 10 men in the U.S. have experienced rape, physical violence, and/or stalking by a partner that impacted their functioning.
- Abusive people are controlling and may use techniques to monitor computer and internet activities to gather data for manipulation.

SOURCES

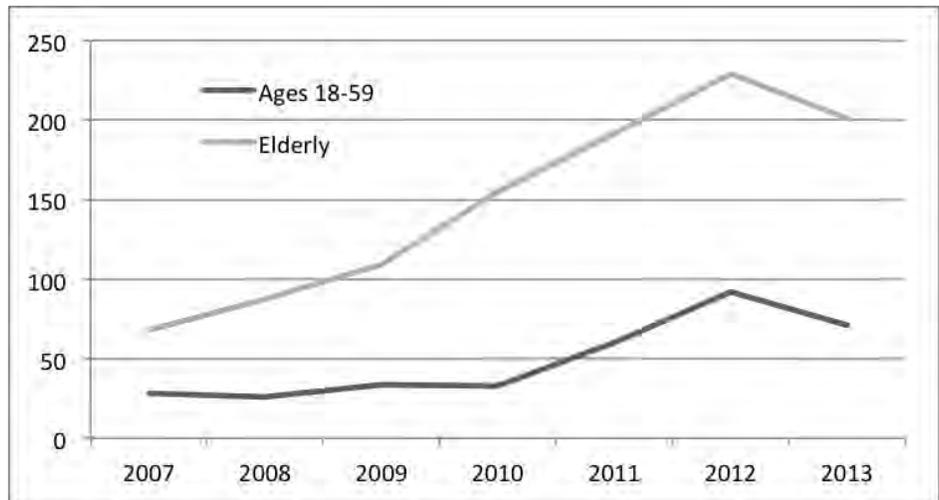
- **2015 LIFE in Marathon County Community Survey**
- **Center for Disease Control Intimate Partner Violence** www.cdc.gov/violenceprevention/intimatepartnerviolence/
- **National Network to End Domestic Violence** www.nnedv.org/
- **National Sexual Violence Resource Center** www.nsvrc.org/



DATA HIGHLIGHTS

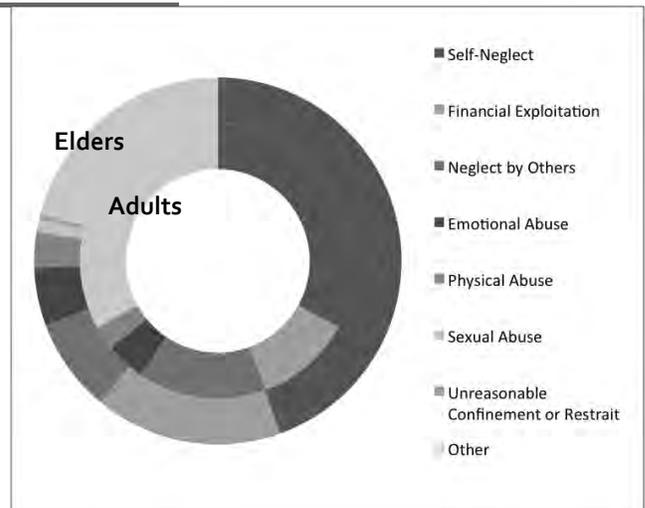
- The gender of adults at risk age 60 and older were 58.2% female and 41.8% male while the gender of adults at risk age 18-59 were 53.5% male and 46.5% female.
- Marathon County had 254 reported cases of abuse of age 60+ adults. 44.8% had substitute decision makers with a majority revolving around power of attorney pertaining to finance or health care needs.
- The most common abuser to an adult age 60+ was a son followed by a daughter.
- Marathon County had 106 reported cases of abuse of adults age 18-59. The main characteristics for this group were developmental disabilities and mental illness.
- The most common abuser to an adult age 18-59 was a parent followed by a friend or neighbor.

Key Measure: Protective Services Cases Reported in Marathon County, 2007—2013



COMMUNITY PERSPECTIVES

An adult is legally considered to be their own person and capable of making decisions on their own unless it is determined under state law they are no longer capable of acting in their best interests. Self-determination is only taken away if a person is not capable of understanding the consequences of their decisions due to either cognitive or mental impairments or the frailties of aging.



Both Adults At Risk categories identify self-neglect as the leading risk. The self-neglect category is defined as individuals not caring for their own needs due to choosing not to or being unable to identify and provide for their needs due to dementia or another cognitive dysfunction. Other factors included in self-neglect are having a disorder such as hoarding, alcohol or other substance abuse, or just making poor life choices. Adult protective services offer assistance and service, which many at risk adults

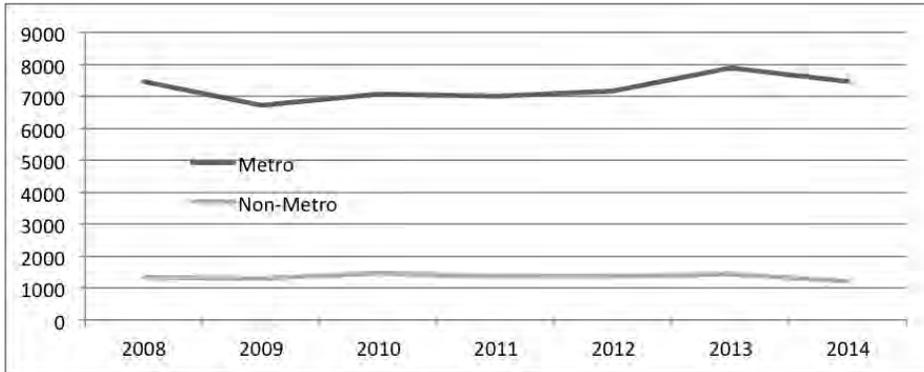
accept, while some refuse requiring legal action initiating guardianship or protective services for persons meeting incompetency standards.

Educating seniors, professionals, caregivers and the public on abuse is critical. An individual can take vital steps to reduce their risk by taking care of their health, seeking professional help for dependency problems, planning for their future with a limited power of attorney or a living will, decreasing social isolation by staying active and connected to the family and friends, and seeking independent advice from a trusted source before signing any legal documents.

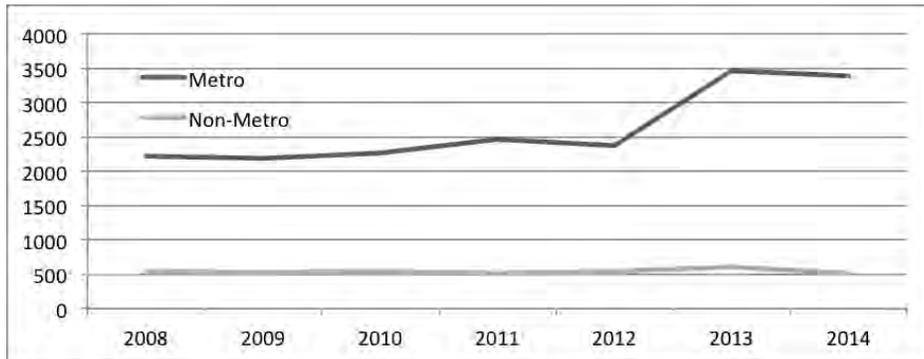
SOURCES

- 2015 LIFE in Marathon County Community Survey**
- National Center for Elder Abuse**
ncea.aoa.gov/
- Wisconsin Incident Tracking System (WITS)**
WITS Statistical Summary Reports
Adults-at-Risk Age 18-59
Elders-at-Risk Age 60+
Marathon County Reporting Year 2014
www.dhs.wisconsin.gov/APS/wits/index.htm

Key Measure: EMS Calls for Service, 2008—2014



Key Measure: Fire Calls for Service, 2008—2014



COMMUNITY PERSPECTIVES

Over the years, a number of studies have been completed on subjects such as merging fire and ambulance services, consolidation of law enforcement services, regional correctional facility and/or juvenile detention center. The efforts of these discussions are to seek the means to better enhance the various public safety entities serving this County. It is imperative public safety maintains abilities and skills to establish command and control, coordinate communication, evacuate citizens and execute clean-up operations whether responding to natural disasters, hazardous materials, or the newest threats of domestic terrorism. The Mutual Aid Box Alarm System (MABAS) came online January 1, 2015, providing improvement in mutual aid, preplanning of needs at emergency events and greater collaborative efforts.

The 911 system has served the nation for more than 40 years. As community citizens become more technologically

savvy, their expectations are for public safety to evolve. Next Generation 911 (NG911) is an Internet Protocol based system that allows digital information (voice, photos, videos, text messages) to flow seamlessly from the public through the 911 Network and on to emergency responders. Transitioning and implementing NG 911 is more than adding new computers. It will require a coordinated effort to plan and deploy this continually evolving system. The Marathon County Sheriff's Office is initiating that process.

Other efforts to enhance emergency response will be the continued development of a reliable and resilient nationwide wireless broadband network dedicated to public safety entities to be used in emergencies and to meet the everyday missions. Communication during an emergency response allows people to act quickly and without panicking.

DATA HIGHLIGHTS

- The North Central Wisconsin Regional Planning Commission is coordinating the Northeast Wisconsin Public Safety Communication (NEWCOM) organization to promote better emergency service communication that addresses both local and regional concerns.
- The spike in fire calls in the metro area may be attributed to policy changes that require engines to respond with ambulances, not necessarily an increase of fires.
- The spike may also be the result of improved documentation following the Wausau Area Fire Consolidation Study that occurred in 2013.
- The study identified discrepancies in reporting between the Computer Aided Dispatch and the various fire services.
- Most teenagers today own smartphones that are more powerful communications devices than those typically used by the public safety community.
- Major weather events affect infrastructure communications when public safety needs it most.

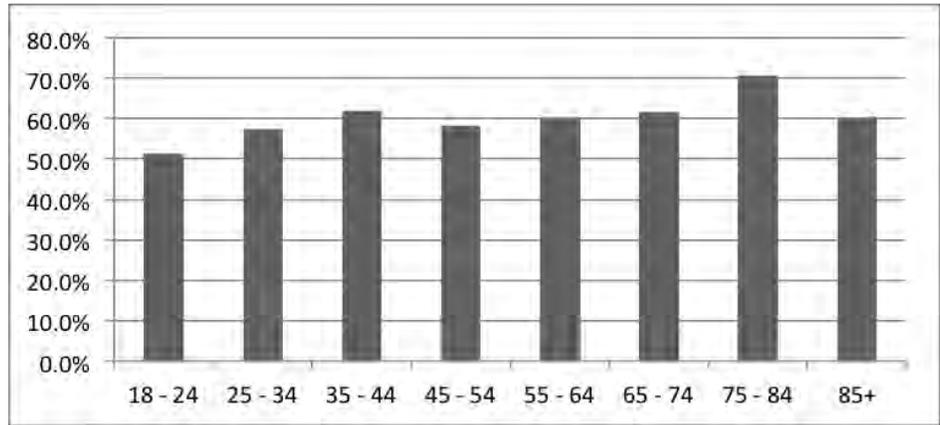
SOURCES

- **2015 LIFE in Marathon County Community Survey**
- **North Central WI Regional Planning Commission**
www.ncwrpc.org
- **Marathon County Sheriff's Department 911 Dispatch**
www.co.marathon.wi.us/Departments/Sheriff.aspx

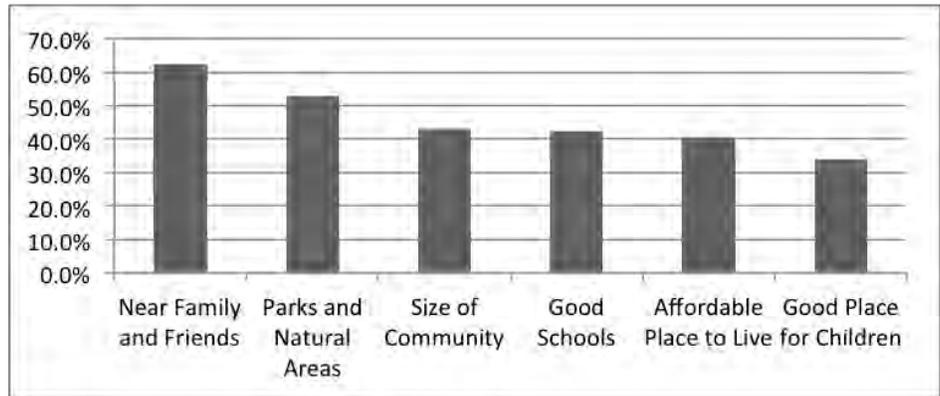
DATA HIGHLIGHTS

- 52% of LIFE Community Survey respondents were concerned about the acceptance of people of different backgrounds, races, and lifestyles. 56.2% felt the same in 2013.
- Community care and volunteerism increased. 68.3% of LIFE respondents have helped individuals outside of their household and/or volunteered in the community. In 2013, 61.1% reported volunteerism.
- Community based settings to assist individuals of all ages with effective treatment, support, recovery and resources are needed.
- U.S. Census Bureau determined the median income for Marathon County is \$53,363.00 and 10.9% of our population is below the poverty level.
- U.S. Census Bureau identified the community race as 91.3% White; 5.3% Asian; 0.6% Black; and 0.5% Native American.
- There are 9,868 military veterans residing in Marathon County.

Key Measure: LIFE Community Survey Responses to “My Community is Open and Welcoming,” 2015



Key Measure: LIFE Community Survey Top Six Reasons Marathon County is an Attractive Place to Live, 2015



SOURCES

- **2015 LIFE in Marathon County Community Survey**
- **Wausau City Government**
www.ci.wausau.wi.us
- **North Central Health Care**
www.norcen.org
- **US Census Bureau**
2010 Census Summary File 1
<http://factfinder2.census.gov>

COMMUNITY PERSPECTIVES

Around the county, community pride was prevalent in LIFE Community Survey responses whether people have resided here less than a year or are lifelong residents. Gross annual household income did not affect the sense of community as the responses were positive whether respondents make less than \$15,000.00 or more than \$75,000.00. Also, gross annual household income did not change people’s opinion on the availability of assistance programs for those in need with a majority of responses showing genuine concern that those in need were receiving proper assistance. Marathon County is a caring community.

The economy and its ability to produce a living wage remain a top concern followed by concerns pertaining to

substance abuse: alcohol, illegal drugs, and prescription drug abuse. Concerns related to family violence and the quality time parents spend with their children were also identified. Finally, though this community has a range of indoor and outdoor recreational activities, the number of people with unhealthy eating habits or that lack physical activity was a concern. Through its health and wellness programs, Marathon County has set a goal to be the healthiest county in Wisconsin. Also, efforts to expand supportive services for those suffering from persistent to severe mental illness or struggling with substance abuse are underway. These coordinated actions have a positive impact on community safety and economic development. Marathon County celebrates individuals within our community.

ENVIRONMENT & ENERGY



Our ability to create a healthy community is dependent on our interaction with the environment around us.

The quality of our natural resources contributes directly to our economy, our health, and our quality of life.

Thoughtful and balanced use of our natural resources continues to support the vitality of our community.

Environment and Energy Subcommittee

| | |
|-----------------------|--|
| Rebecca Frisch, Chair | Marathon County Conservation, Planning, and Zoning |
| Dale Grosskurth | Marathon County Health Department |
| Meleesa Johnson | Marathon County Solid Waste Department |
| Joanne Leonard | Marathon County Solid Waste Board |
| Sandi Cihlar | Marathon County Environmental Resources Committee |
| Kelly Zagrzebski | Wisconsin Public Service Corporation |
| Jeff Pritchard | Marathon County Conservation, Planning, and Zoning |

Keep in mind....

The environment is more than the "sense of place" it provides us; it has an essential practical purpose as it provides our communities with the resources with which we create prosperity, energy, health, and safety.

Section Summary

Success and Progress

- Marathon County residents recognize the benefits of our ample and clean water resources. The 2015 LIFE Community Survey indicates a high public awareness of the importance of protecting our water quality.
- Marathon County residents remain committed to reducing their waste and improving the health of our local environment. According to the 2015 LIFE Community Survey, 94.3 % of Marathon County residents recycle.
- Schools and businesses have demonstrated their commitment to energy conservation. Marathon County has high participation rates in programs designed to educate students about and assist business with strategies to improve energy efficiency.

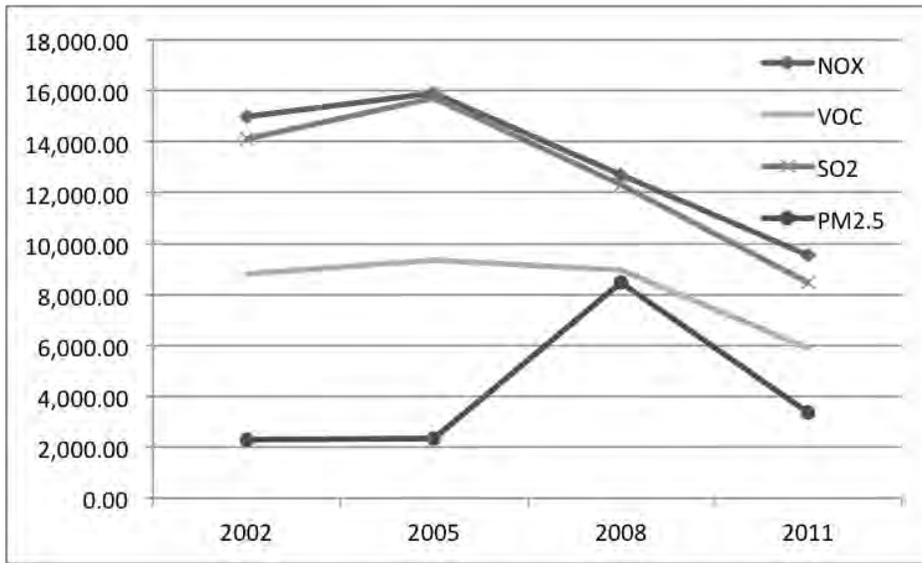
Calls to Action

- Marathon County streams are contributing heavily to high levels of phosphorus in the Wisconsin River. We must educate county residents on the sources of the high phosphorus levels and successful mitigation strategies to bring these levels back with safe ranges.
- Too many residents with private wells in Marathon County are still unaware of the need to have their well tested annually to ensure the safety of their drinking water.
- To attract young professionals, Marathon County must consider ways to become more energy conscious and invest in programs—bike paths, recycling, conservation, renewables—that help individuals use energy more efficiently.

Opportunities for Action

| | |
|-------------------|--|
| For Individuals | Learn about the impact of phosphorous of surface water. Test for unsafe levels of indoor radon. Take mass transit, carpool, bike or walk to reduce air pollution, traffic congestion, and save money. Test private wells annually. Make conscious efforts to avoid waste production. |
| For Organizations | Join in natural resource protection efforts in your community. Initiate or contribute to a project to enhance our natural resources. Help others understand the importance of waste avoidance. Implement “green” policies. |
| For the Community | Build community capacity of private and public partnerships to achieve greater natural resource protection. Influence legislation to enhance natural resource protection. Recognize the need and adopt wellhead protection ordinances. Adopt regulations involving outdoor wood boilers. |

Key Measure: Air Pollutant Emissions (Tons) in Marathon County, 2002—2011



COMMUNITY PERSPECTIVES

Air quality is based on trends in air emissions. Sources of emissions include stationary sources (facilities with significant emissions), mobile sources (vehicles), and area sources (households, wood burning). Air pollutant emissions for Nitrogen Oxides (NOX), Volatile Organic Compounds (VOC), and Sulfur Dioxide (SO₂) decreased from 2008 to 2011, the most recent data available.

Particulate Matter 2.5 (PM 2.5), which are fine particles, increased from 2008 to 2011. It is difficult to explain why PM 2.5 indicated an increase because calculating these amounts is not precise, using indirect calculations to approximate the expected release amounts, and testing of PM 2.5 sources is limited. Additionally, PM_{2.5} primarily forms in the atmosphere, so weather influences formation. PM 2.5 can also be emitted during combustion processes.

The Department of Natural Resources measures regional air quality and issues air quality advisories when air pollutants reach unhealthy levels. Based on ozone and fine particles, outdoor air quality in Marathon County is good. Local air quality can be affected by local air emissions from regulated and unregulated sources. For example, smoke from outdoor wood burners (OWB) contains ozone, carbon monoxide, nitrous oxides, particulate

matter, sulfur dioxide, and carcinogens. Since there are no federal or state regulations governing OWBs, it is up to the local government to implement regulations.

Radon is the primary indoor air quality concern in Marathon County. It is the leading cause of lung cancer in non-smokers. Radon is a naturally occurring, odorless radioactive gas. Because it is odorless, a test must be performed to determine the amount of radon in a home. Between five and ten percent of homes in Wisconsin have radon levels above the EPA guideline of 4 pCi/L for the year average on the main floor. Marathon County's geology contributes to the area having among the highest rates of elevated radon levels in the state. There is no method of removing the source of radon because it is found in the soil. Radon testing, however, is easy and inexpensive. Radon levels can generally be reduced with a radon mitigation system, which costs approximately \$1,000.

DATA HIGHLIGHTS

- Air Quality ranked 3rd at 48% as a natural environment concern following Drinking water quality (63%) and Cleanliness of lakes and rivers (55)%.
- Nine of 62 Marathon County municipalities reported regulations on OWBs.
- It is estimated that about 25% of homes in Marathon County have radon levels that exceed EPA guidelines, compared with 5-10% statewide.
- In 2014, 63% of radon tests had elevated radon levels. This figure represents tests, which some homes completed multiple times.

SOURCES

- **Wisconsin Department of Natural Resources**
Historical Statewide Air Quality dnr.wi.gov/topic/AirEmissions/Historical.html
Wisconsin Air Quality Trends April 2015 dnr.wi.gov/files/PDF/pubs/am/AM526.pdf
- **Wisconsin Department of Health Services**
Radon in Wisconsin www.dhs.wisconsin.gov/radiation/radon

DATA HIGHLIGHTS

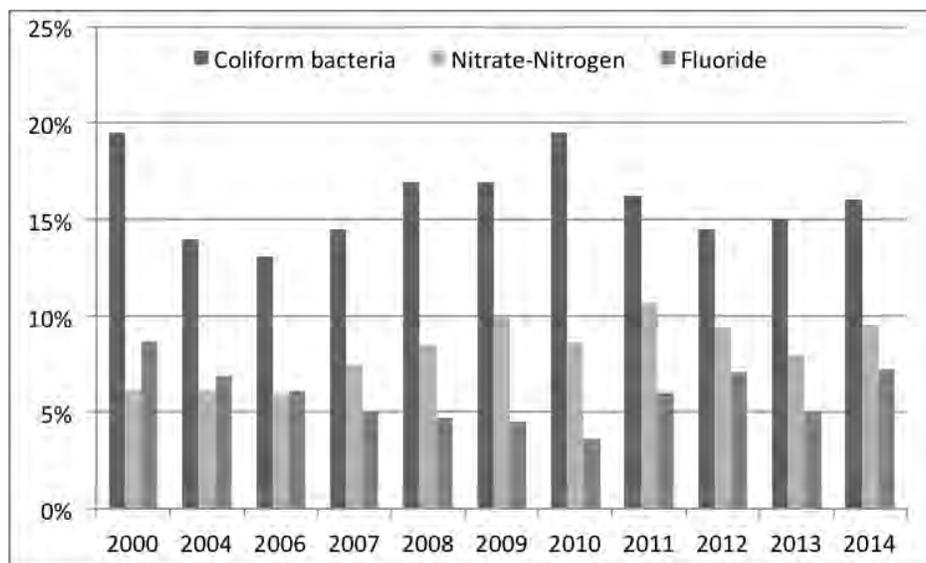
According to 2015 LIFE Community Survey respondents:

- 33% (355) rely on a private well for drinking water.
- Only 18.2% reported having this water tested annually, a drop from the 20.3% in 2013.
- Reasons why respondents do not test the well water annually:
 - * No concerns with the water in terms of taste, odor, or appearance—134
 - * Cost—33
 - * Didn't know where to test—30
 - * Didn't know they should—71
 - * Other—53
- At 63%, drinking water quality was the most important natural environment concern among LIFE Community Survey respondents.
- Marathon County Health Laboratory data indicates private wells testing unsafe for bacteria, nitrate, or fluoride have stayed essentially the same over the last three years. State agencies estimate 20-25% of private wells are unsafe bacteriologically alone.

SOURCES

- **Marathon County Health Department**
Water Testing Lab
www.co.marathon.wi.us/Departments/HealthDepartment/WaterTestingLab.aspx
- **Marathon County Municipal Drinking Water Systems**
wi.water.usgs.gov/gwcomp/fnd/marathon/watersystems.html
- **Wisconsin Department of Natural Resources**
Water Quality and Contamination in Private Wells
dnr.wi.gov/topic/Wells/WaterQuality.html

Key Measure: Unsafe Private Well Test Results in Marathon County, 2000—2014



COMMUNITY PERSPECTIVES

One-third of Marathon County residents rely on groundwater for drinking water. Given that water is used every day, clean, safe drinking water is one of the most important elements of good health. Private well owners are responsible for ensuring the safety of their own drinking water.

Primary contaminants in Marathon County are coliform bacteria, nitrate-nitrogen, and fluoride. Depending on the type of contamination, indicators such as taste, odor, appearance, or illness problems are not reliable signs to determine whether drinking water is safe.

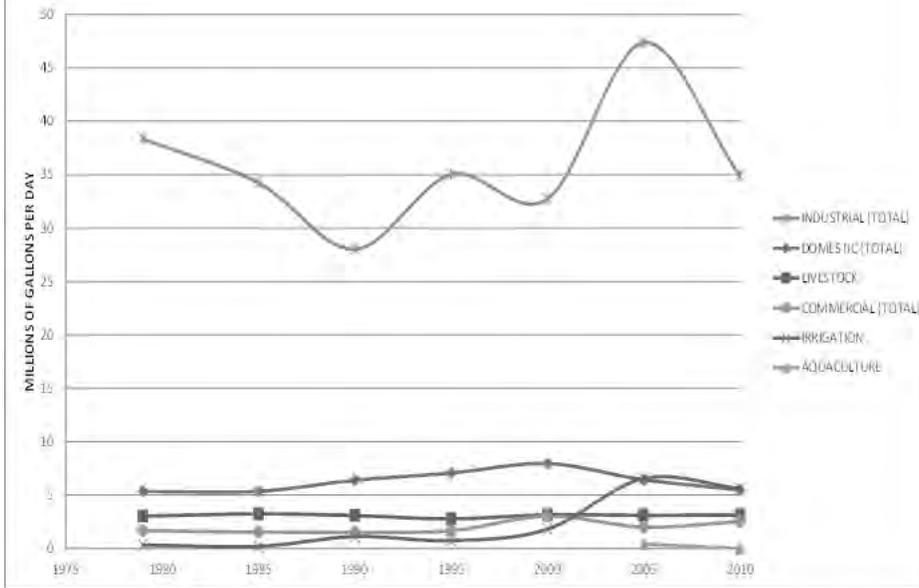
Coliform bacteria serve as an indicator of the potential presence of other disease-causing organisms, such as E. coli (fecal coliform) which can cause severe intestinal illness. E. coli is usually the result of contamination by sewage (failing septic system) or animal waste from farmland. However, bacterial and chemical contaminants can pollute ground water in a variety of ways as well. A water test is necessary and if there's an unsafe sample, the contamination cause can be determined and corrections made. Well professionals can assist if needed.

Nitrate-nitrogen levels at or above 10 ppm pose significant health risks to

infants and pregnant women. These levels reduce the blood's ability to carry oxygen, which could lead to coma or death. Nitrate-nitrogen is colorless, odorless, and has no taste, so testing is the only way to determine its presence. Nitrate-nitrogen sources may include lawn and farm field fertilizers, livestock facilities, and sewage treatment plants. It is also naturally occurring. Do not attempt to remove the nitrate by boiling the water. This will only increase the nitrate concentration. Consult a licensed well driller to help determine whether a new well could provide safer water for the long term or consider treatment devices approved by the Department of Safety and Professional Services (DSPS).

Fluoride occurs naturally in water and is safe and effective to reduce tooth decay. However, fluoride levels above 2.0 mg/liter may increase the risk of staining and pitting of tooth enamel in children. Levels over 4.0 mg/liter can result in bone disorders. Testing drinking water is easy and inexpensive too, just pennies a day to know that water used every day is safe.

Key Measure: Marathon County Water Use by Category, 1975—2010



DATA HIGHLIGHTS

- In the 2015 LIFE Community Survey, 43% of respondents ranked “Protect Groundwater” as the most important environmental policy Marathon County should pursue.
- There are 425 approved DNR high capacity wells in Marathon County.
- According to a 2013 DNR Wisconsin Water Use Summary – Marathon County ranked 9th out of 72 counties in terms of Total Groundwater Withdrawals by County.
- In 2013, statewide groundwater withdrawals totaled 250 billion gallons of water from over 13,000 high capacity wells.
- In 2013, total statewide withdrawals (surface & ground water) of water exceeded 2.12 trillion gallons of water.

COMMUNITY PERSPECTIVES

Although Wisconsin is generally considered to be a water rich state, Marathon County is located in a groundwater deficient portion of north-central Wisconsin. Therefore, as usage increases, concerns about water quantity and quality grow. Groundwater quantity is affected both naturally and by human activity.

Comprehensive legislation addressing groundwater quantity has existed for many years, working towards ensuring adequate groundwater quantity for users. The Department of Natural Resources regulates high capacity wells (wells with a capacity to pump more than 100,000 gallons per day). High capacity wells include industrial and municipal water supply systems, energy producers, paper manufacturers, and agricultural producers. The Great Lakes Compact requires Wisconsin to establish water conservation goals within the Great Lakes Basin.

Marathon County should pay greater attention to issues of water quantity as

increased groundwater withdrawal may affect long-term growth. The region identified as (2) indicates groundwater deficient areas of the state.



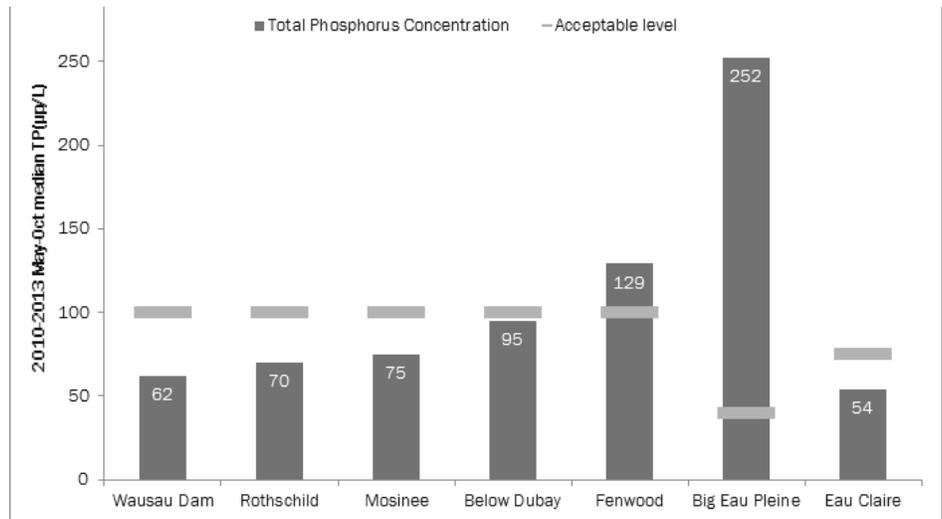
SOURCES

- **Sustain Rural Wisconsin Network**
sustainruralwisconsin.net
- **Wisconsin Water Science Center**
wi.water.usgs.gov
- **Wisconsin Department of Natural Resources**
dnr.wi.gov/topic/DrinkingWater

DATA HIGHLIGHTS

- Phosphorus is the nutrient of most concern regarding water quality in Marathon County.
- Marathon County's eastern streams and the Wisconsin River are currently in compliance with standards.
- Western county streams and the Big Eau Pleine Reservoir are significantly out of compliance with standards.
- Data indicates the western county surface waters are a high risk for health concerns to both the fisheries and human health.

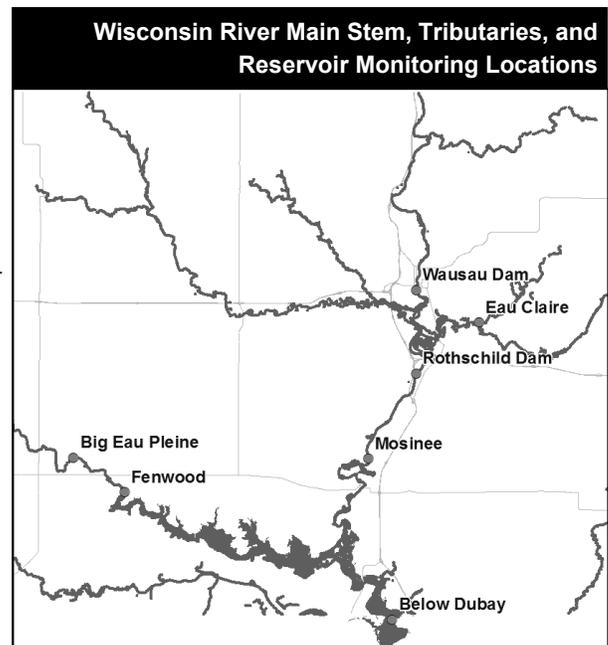
Key Measure: Surface Water Phosphorus Concentration (Micrograms per Liter), 2010-2013



COMMUNITY PERSPECTIVES

In 2010, the Wisconsin Department of Natural Resources initiated monitoring along the Upper Wisconsin River, its tributaries and its reservoirs to assess the health of these waters relative to phosphorus concentrations. Excessive phosphorus causes algae blooms which lead to low dissolved oxygen. Low levels of oxygen kill fish. The information will be used to develop a Total Maximum Daily Load allocation plan for all dischargers to these waters.

Wisconsin measures water quality by the phosphorous concentration. NR 102 has defined an acceptable concentration as 100 micrograms per liter or less for the Wisconsin River, 75 micrograms per liter



Sources of phosphorus discharges include municipal and industrial wastewater treatment plants and storm-water and agricultural runoff. The data indicates that the heavy agricultural land use in much of western Marathon County contributes significantly to the low water quality of the Big Eau Pleine Reservoir. The east tributaries to the Wisconsin River are at acceptable water quality levels.

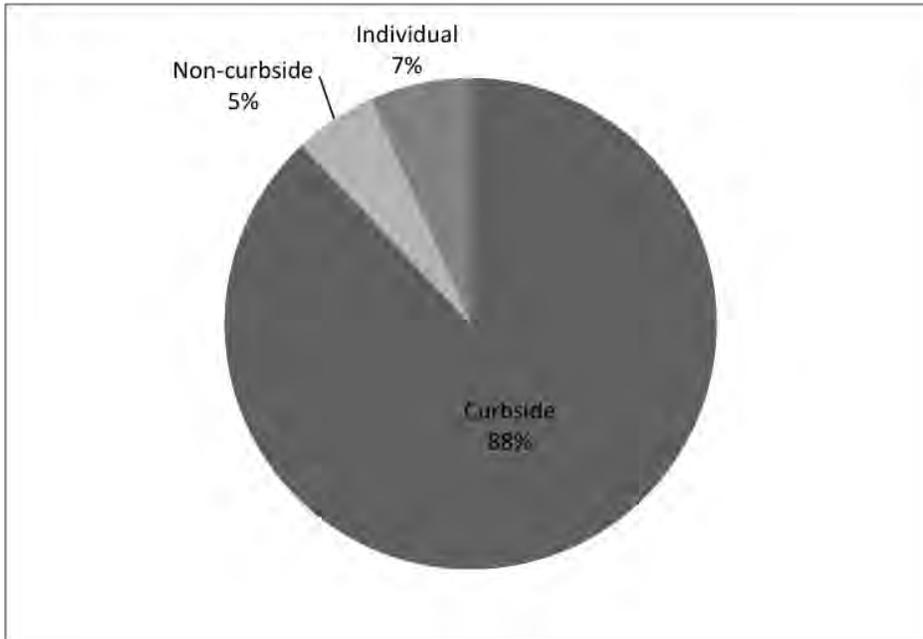
or less for Marathon County streams, and 40 micrograms per liter or less for the Big Eau Pleine Reservoir.

One of the ways in which the State of

SOURCES

- **Wisconsin Department of Natural Resources**
Surface Water
dnr.wi.gov/topic/surfacewater/Phosphorus
dnr.wi.gov/topic/SurfaceWater/phosphorus.html
- **Marathon County**
Land & Water Resource Management Plan
www.co.marathon.wi.us/Portals/0/Departments/CPZ/Documents/lwrm2010_final_PostedVersion.pdf

Key Measure: Percent of Marathon County Residents with Municipal-Coordinated Solid Waste Management, 2013



COMMUNITY PERSPECTIVES

Environmentally-sound integrated solid waste resource management options are vital to a community's health, safety, and prosperity. The community looks to a network of integrated solid waste resource professionals to reduce the amount of waste produced, to recycle more, and to safely dispose of that which remains. Business and industry rely on

reducing greenhouse gases. Moreover, such diversion has economic benefits as it increases the life of a landfill and may decrease construction, operating, and monitoring costs by minimizing the need for expansion of existing landfills or construction of new landfills. Furthermore, recycling is critical to economic development as local, state, and regional companies use these materials to keep production costs down.

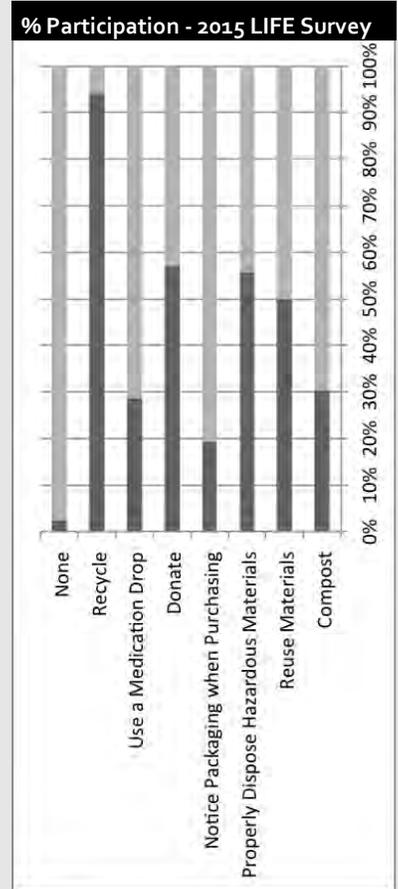
Marathon County residents self-report high participation rates in recycling programs, with 93% of LIFE Community survey respondents indicating that they recycle.



affordable solid waste management strategies for their day-to-day operations, and residents use convenient solid waste management services to dispose of household waste.

Integrated solid waste resource management includes programs and services that reduce, recycle, beneficially reuse, repurpose, collect, transport, and dispose of waste. Reducing materials landfilled benefits the environment by

DATA HIGHLIGHTS



- On average, Marathon County recycles about 100 pounds per capita. By comparison, the state average is about 140 pounds per capita.
- 94.3% of LIFE Community survey respondents participated in recycling programs to reduce trash.

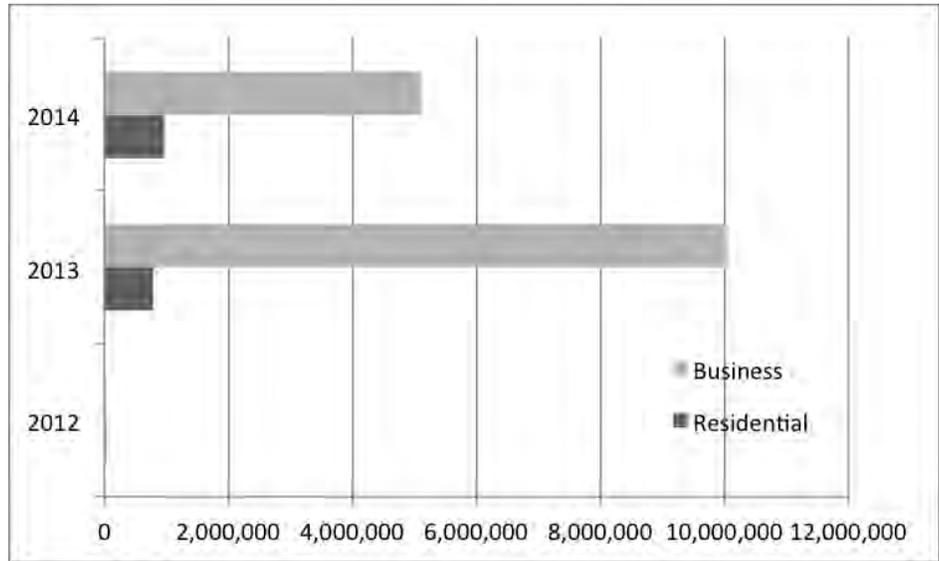
SOURCES

- 2015 LIFE Community Survey
- Wisconsin Department of Natural Resources Waste Management <http://dnr.wi.gov/topic/Waste/>
- Wisconsin Chapter of the Solid Waste Association of North America www.swana-wi.org/
- Marathon County Solid Waste Management Department www.marathoncountysolidwaste.org/

DATA HIGHLIGHTS

- The Weston power plant has base load generation of 825 MW, down from 975MW in 2014. Weston Unit 1 was retired in 2015 and as of June 2015 Weston 2 only generates electricity with natural gas, removing 90 MW of coal capacity.
- Marathon County has three commercial sources of potential renewable energy generation: Wausau Hydroelectric Dam, 5.4 MW; Domtar Biomass Power Plant, 99MW; Recovery Corporation Ethanol Plant, 2.4 MW.
- In 2014, 42 Marathon County residents had the generation capacity of 301 KW using private renewable energy sources, up from 30 residents at 210 KW in 2013 and 20 residents at 129 KW in 2012.
- Focus on Energy’s appliance recycling program recycled 325 appliances in 2014 (saving 371,679 kWh) down from 408 appliances (457,275 kWh) in 2013 and 469 appliances (496,887 kWh) in 2012.
- All public school districts in Marathon County have their

Key Measure: Energy Conserved (in kWh) through Focus on Energy Programs in Marathon County, 2012–2014



COMMUNITY PERSPECTIVES

Economic growth requires labor, capital, and energy. Business and industry specifically need energy at competitive costs to operate, thus energy is vital to attracting the employers that make Marathon County a desirable place to live. Electricity supports productivity, safety, convenience, and comfort. As we grow, the demand for energy increases; however, one of the best ways for residents and businesses to control their costs is by learning to manage their energy use, which in turn allows for more growth.

efficiency and renewable resource program. The program works with residents and businesses on projects such as appliance recycling, upstream lighting (discounts at the time of purchase), and installation of energy efficient equipment and other upgrades to help increase the efficiency of homes and other buildings. Many businesses and organizations have continued to enhance their efficiency efforts by incorporating Energy Teams that review and improve building energy efficiency.

Generation requires infrastructure, which results in increased cost per unit of energy. Additionally, unlike labor and capital, traditional energy (fossil fuels) has a limited source of supply. So as the county grows so does the diversification of power generation both within the utility structure and the community as a whole. Examples of this include the biomass plant, the Wausau hydroelectric dam, the Recovery Corporation landfill and the increase of renewable generation by customers up by 99KWH in 2014.

Educating future consumers on managing their energy resources is key to a successful future. The K-12 Energy Education Program (KEEP), out of UW-Stevens Point, was created in 1995 to promote energy education in Wisconsin schools. With support from Alliant Energy, Madison Gas & Electric, We Energies, Wisconsin Public Service, WPPI Energy, and Xcel Energy, KEEP leverages teacher education to improve and increase energy literacy in Wisconsin's K-12 schools as a means of contributing to statewide energy savings.

Focus on Energy is a statewide energy

SOURCES

- **Wisconsin Public Service**
www.wisconsinpublicservice.com/
- **Focus on Energy**
www.focusonenergy.com
- **UW: Stevens Point**
K-12 Energy Education Program
www4.uwsp.edu/cnr/wcee/keep/
- **RENEW Wisconsin**
www.renewwisconsin.org/
- **Public Service Commission of Wisconsin**
psc.wi.gov/

Index

| | | | |
|-----------------------------|---------------------------------|----------------------|---|
| A | | E | |
| Abuse | 7, 17-20, 78-80, 86-88 | Education | 21, 24, 27-28, 33-44 |
| ACT (American College Test) | 43 | Elder Abuse | 88 |
| Adolescents | 38-43, 61, 63, 71, 74-75, 85 | Electricity | 92, 98 |
| Aging Issues | 7, 18-20, 51, 66-67, 72, 88 | Emergency Resources | 21, 89 |
| Air Quality | 92-93 | Employment | 7, 9, 21, 24-29, 31, 44 |
| Alcohol and Alcoholism | 7, 17-20, 56, 74, 80-81 | Energy | 92, 98 |
| Arts | 21, 27, 90 | Environment | 21, 91-98 |
| Assisted Living Facilities | 51 | Equal Rights | 39 |
| At-Risk Youth | 7, 17-20, 34, 36-39, 41, 56, 85 | Events | 21, 90 |
| Attractions | 21, 90 | Expenditures | 40 |
| B | | F | |
| Babies | 35-36, 56, 60-63 | Families | 9, 60-65, 86-88 |
| Broadband | 32 | Farm Issues | 24-25, 27, 96 |
| Bus | 46, 52 | Financial Assistance | 7, 36, 48-49, 51-52 |
| Business | 21, 24-25, 27-28 | Food | 7, 46-47, 53, 73 |
| Business Growth | 21, 24-25, 27, 92 | G | |
| C | | Growth | 21, 24-25, 27, 92 |
| Census Information | 7, 9-10, 31, 38-39 | H | |
| Chemical Dependency | 7, 17-20, 56, 74, 80-81 | Health | 7, 17-20, 21, 55-75 |
| Child Abuse | 7, 86 | Health Assessment | 59-60, 64, 69, 70, 73 |
| Child Care | 34-37 | Health Care | 7, 21, 25, 27, 56, 58-60, 67, 69-70 |
| Children | 7, 17-20, 34-37, 63-65, 86 | Health Insurance | 25, 58-59, 69-70 |
| Community Survey: | 10-15, 79, 90 | High School | 24, 28, 34, 38-43 |
| Crime | 78-84, 86-88 | Hispanic | 9, 38 |
| Cultural Diversity | 7, 9, 38 | Hmong | 38, 58, 60, |
| Culture | 17-20, 78, 90 | Home Affordability | 7, 31, 48-51 |
| D | | Housing | 7, 31, 48-51 |
| Deaths | 57, 63, 66-67, 81, 83 | Hunger | 46-47, 53 |
| Delinquency | 85-86 | I | |
| Demographics | 7-10, 26, 31, 38-39 | Illnesses | 63-65, 67-69 |
| Dental Health | 56, 69 | Immigration | 38 |
| Disease | 67-68 | Immunization | 65 |
| Diversity | 7, 9, 21, 38-39 | Income | 7, 9, 17-20, 24, 30, 36, 46-53, 58, 64, |
| Domestic Abuse | 7, 87 | Industry | 24-25, 95-96, 98 |
| Drugs | 7, 17-20, 56, 74, 78, 80 | Insurance | 24-25, 27, 58-59, 69-70 |
| Drunken Driving | 74, 81 | J | |
| DUI | 74, 81 | Jobs | 7, 9, 21, 24, 27-29 |
| | | Juveniles | 85 |

Index

L

| | |
|-----------------------|---------------|
| Land Use | 92, 95-96 |
| Law Enforcement | 78-89 |
| Lead Poisoning | 64 |
| Leisure | 21, 27, 90 |
| LIFE Community Survey | 10-15, 79, 90 |

M

| | |
|---------------|-----------------------|
| Manufacturing | 24-25, 27-28 |
| Meals | 47 |
| Medical | 24-25, 56-68, 73 |
| Mental Health | 17-20, 34, 56, 70-72, |
| Middle School | 34, 41 |
| Minorities | 7, 9, 38 |

N

| | |
|-------------------|--------------------------|
| Natural Resources | 21, 25, 92-96, 98 |
| Needs | 7, 30, 36, 46-53, 58, 70 |
| Neglect | 86 |
| Nutrition | 47, 56, 62, 73 |

O

| | |
|-------------|------------|
| Oral Health | 56, 69, 94 |
|-------------|------------|

P

| | |
|-----------------------|----------------------------------|
| Parenting | 56, 60-65 |
| Parks | 21, 90 |
| Pollution | 92-94, 96 |
| Population | 7-9, 21, 26, 38-39 |
| Poverty | 7, 17-20, 30, 34, 36, 39, 46-53, |
| Poverty (cont.) | 56, 58, 64, 82 |
| Pregnancy | 56, 60-63 |
| Prenatal Care | 60 |
| Preschool Children | 35-37 |
| Property | 82 |
| Public Health | 56, 59, 65, 68-69, 94, 96 |
| Public Safety | 78-89 |
| Public Transportation | 7, 52 |

R

| | |
|------------------------|-------------------|
| Reading Proficiency | 34, 41 |
| Real Estate | 25, 27, 31 |
| Recreation | 21, 27, 90 |
| Recycling | 92, 97 |
| Rent | 48-49, 51 |
| Resident's Perceptions | 10-15, 79, 90, 97 |
| Road Safety | 81 |

S

| | |
|------------------|----------------------------|
| Safety | 7, 79-89 |
| Schools | 7, 21, 37-43, 85 |
| School to Work | 24, 28, 43-44 |
| Senior Citizens | 7, 9, 18-20, 51 |
| Sexual Abuse | 87 |
| Shelters | 50 |
| Smoking | 75 |
| Solid Waste | 97 |
| Southeast Asians | 7, 9, 38, 58, 60 |
| Spending | 40 |
| Substance Abuse | 7, 17-20, 56, 74-75, 79-81 |
| Suicide | 66, 70-71 |

T

| | |
|----------------|---------------------------------|
| Teens | 9, 38-43, 61, 63, 71, 74-75, 85 |
| Testing | 34, 41, 43, 94 |
| Tobacco | 75 |
| Tourism | 21, 24-25, 27 |
| Traffic | 26, 81 |
| Traffic Safety | 81 |
| Transportation | 7, 26, 52 |

U

| | |
|--------------|-----------|
| Unemployment | 28-29, 44 |
| Utilities | 49, 98 |

V

| | |
|--------------|----|
| Vaccinations | 65 |
|--------------|----|

W

| | |
|---------------|---------------------|
| Wages | 30, 44, 46-53 |
| Water | 92, 94-96 |
| Water Quality | 92, 94, 96 |
| Wells | 92, 94 |
| Work | 7, 21, 24-27, 29-31 |
| Workforce | 24, 26-28, 31, 44 |

Y

| | |
|---------------------|------------------------------------|
| Young Professionals | 31 |
| Youth | 7, 9, 17-20, 35-43, 56, 63-65, 75, |
| | 85 |