

# LMAS DISTRICT HEALTH DEPARTMENT



## AGENCY ANNUAL REPORT

## FISCAL YEAR 2010

OCTOBER 1, 2009 – SEPTEMBER 30, 2010

[WWW.LMASDHD.ORG](http://WWW.LMASDHD.ORG)

**“Dedicated to providing county residents with disease prevention, environmental hazard protection, health promotion and emergency management through education and advocacy.”**

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## **A MESSAGE TO THE COMMUNITY**

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To the Community:

It is with much gratitude to our communities that the LMAS District Health Department (LMAS) presents our fiscal year 2010 Annual Report to all of the citizens of Luce, Mackinac, Alger and Schoolcraft Counties and also our community partners in each respective area. As Health Officer of LMAS I thank our staff for their hard work and dedication to the services we provide and our board of health, county commissions, and county residents for the increasing support that LMAS has received over the past year.

During Fiscal Year 2010 LMAS has had many challenges and highlights. At the start of the fiscal year our agency was still undergoing the tail end of a large downsizing that took place in 2009. At the same time, many remaining staff were working to balance limited resources with the taxing demand of responding to the 2009 H1N1 Pandemic. We were fortunate to have many community partners step forward to assist in the H1N1 response, including our local hospitals and schools, to ensure our communities received the much-needed vaccinations.

In May 2010 LMAS underwent our Cycle 4 Accreditation review, during which, the Michigan Department of Community Health, Michigan Department of Agriculture and the Michigan Department of Environmental Quality came to our department to ensure agency programs and services were being provided in accordance with the state's minimum program requirements. I am pleased to inform you that LMAS has received cycle 4 accreditation. It is also noteworthy that many of the evaluators made the extra effort to say what a fantastic job agency staff were doing to make our programs and services better for our communities.

Included in this report are four sections: Financial, Emergency Preparedness, Environmental Health, and Personal Family Health. Each section will provide more detail into the accomplishments and hardships of LMAS during fiscal year 2010.

Lastly, LMAS thanks you for your continued support and will continue to work with all of our stakeholders to promote the health, wellness, and future quality of life for the residents and guests of Luce, Mackinac, Alger, and Schoolcraft Counties.

Sincerely,

Nicholas Derusha, REHS  
Health Officer

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# BOARD OF HEALTH & ADMINISTRATION

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## BOARD OF HEALTH



Front row: Esley Mattson, George Ecclesine, Edward Lindstrom and Nancy Morrison.  
Back row: Larry Leveille, Calvin McPhee, Rita Lemanek, and John Zellar.

**LUCE COUNTY:**

Rita Lemanek  
Nancy Morrison, *Chair*

**ALGER COUNTY:**

Edward Lindstrom  
Esley Mattson

**MACKINAC COUNTY:**

Calvin McPhee  
Larry Leveille

**SCHOOLCRAFT COUNTY:**

George Ecclesine, *Vice Chair*  
John Zellar

## ADMINISTRATIVE STAFF

Nicholas Derusha, Health Officer  
Dr. James Terrian, Medical Director  
Nicholas Derusha, Environmental Health Director  
Debbie Hoder, Personal/Family Health Business Manager  
Stanley Bontrager, Information Technology Director  
Amy Pavey, Finance Director  
Ann Ison, Human Resource Manager

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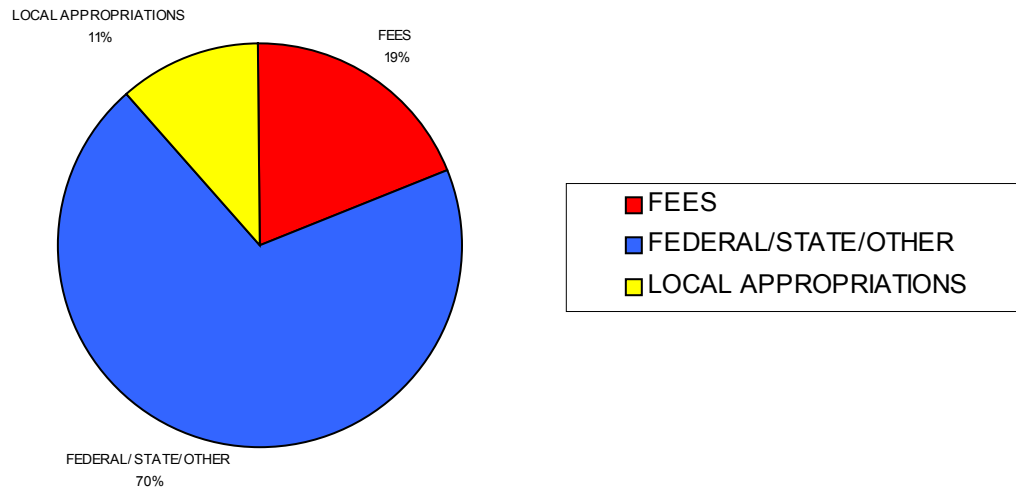
# FINANCIAL STATISTICS

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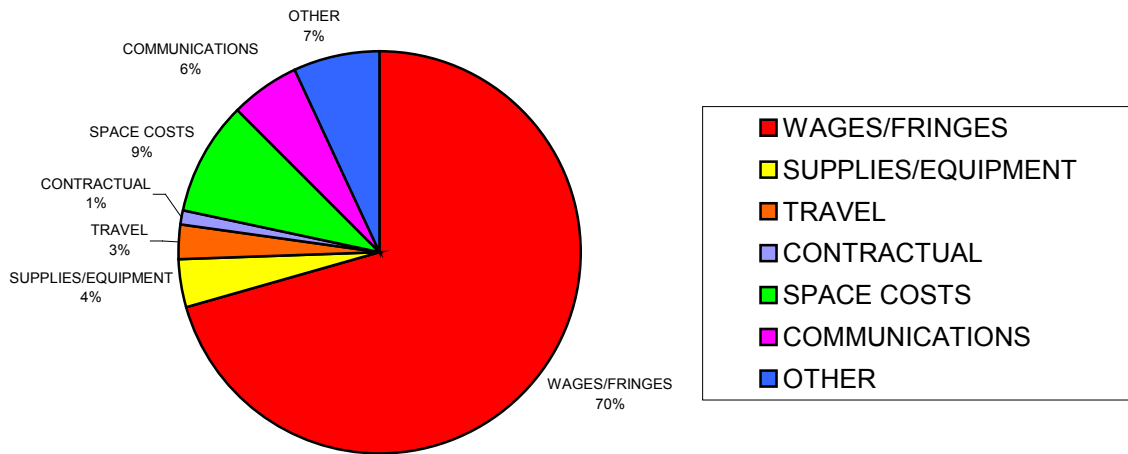
Total Revenue: \$2,005,172.67  
Total Expenses: \$2,025,376.83  
Net Revenue/(Expenses): (\$20,204.16)

NOTE: Preliminary numbers, not yet audited.

## 2010 REVENUE

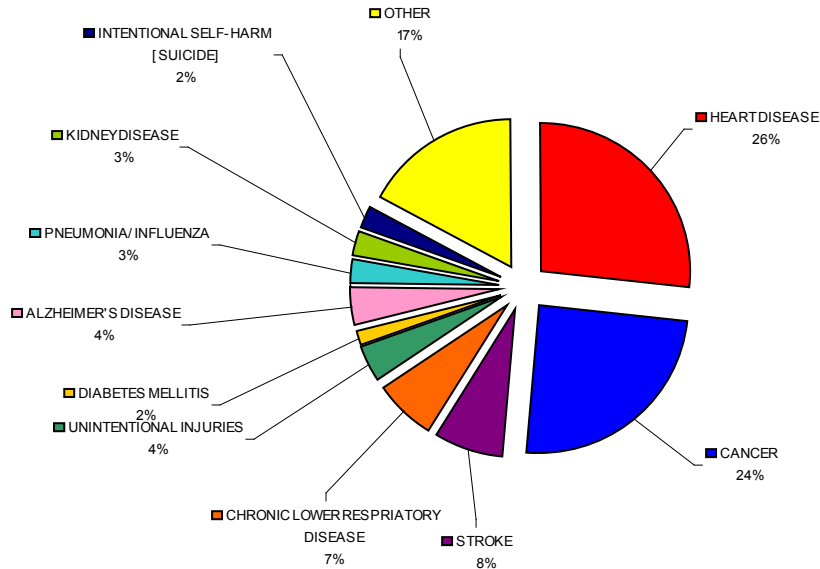


## 2010 EXPENSES



# LEADING CAUSES OF DEATH

## LEADING CAUSES OF DEATH, 2008 LMAS DISTRICT HEALTH DEPARTMENT/MICHIGAN TOTALS



Rank MI	Cause of Death	Rank for District	Number of Deaths			Rate of Deaths		
			District	MI	U.S.	District	MI	U.S.
1	Heart Disease	1	114	24,369	631,636	326.7	243.6	211.0
2	Cancer	2	106	20,159	559,888	303.8	201.5	187.0
3	Stroke	3	33	4,650	137,119	94.6	46.5	45.8
4	Chronic Lower Respiratory Diseases	4	28	5,161	124,583	80.2	51.6	41.6
5	Unintentional Injuries	6	17	3,679	121,599	48.7	36.8	40.6
6	Diabetes Mellitus	10	7	2,749	72,449	20.1	27.5	24.2
7	Alzheimer's Disease	5	18	2,734	72,432	51.6	27.3	24.2
8	Pneumonia/Influenza	7	11	1,875	56,326	31.5	18.7	18.8
9	Kidney Disease	8	11	1,659	45,344	31.5	16.6	15.1
10	Intentional Self-Harm (Suicide)	9	10	1,173	33,300	28.7	11.7	11.1
<b>SUB TOTAL</b>			355	68,208	1,854,696	1,017.3	681.8	619.4
<b>All Other Causes</b>			74	20,064	571,588	212.1	200.6	190.9
<b>TOTAL</b>			429	88,272	2,426,264	1,229.4	882.4	810.3

Rates are per 100,000 population. Data displayed are by the underlying cause of death, which is the condition-giving rise to the chain of events leading to death. Causes of death are classified in accordance with the Tenth Revision of the International Classifications of Diseases (ICD-10), a coding structure developed by the World Health Organization. This revision has been used to classify deaths occurring on or after January 1, 1999. 2008 Michigan Resident Death File, Vital Records & Health Statistics Section, Michigan Department of Community Health; Population Estimate (latest update 9/2009), National Center for Health Statistics, [U.S. Census Populations With Bridged Race Categories](#); National Center For Health Statistics, [Deaths: Final data for 2006. National vital statistics reports; vol. 57 no 14.](#) Hyattsville, MD: National Center for Health Statistics. 2009.

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# EMERGENCY PREPAREDNESS

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## PROFILE

The Emergency Preparedness section develops and enhances LMAS responses to public health issues in the community especially those involving large-scale emergency events. This is accomplished through comprehensive planning, staff education and training, and collaboration with community partners. An All-Hazards preparedness approach is used to cover multiple emergencies including disease outbreaks, food or water contamination, and bio-terrorism related threats or events.

## ALL-HAZARD PREPAREDNESS PLANNING

As the community public health provider/emergency responder, LMAS provides such services in its normal course of business. On occasion, there are some incidents that may require a collaborative approach that includes personnel from other units of government and/or the private sector. The National Incident Management System (NIMS) provides the foundation needed to insure that we could work together when our community needs us the most. There are Federal and State mandates that governmental units utilize the comprehensive, standardized NIMS framework in the planning for and response to incidents in the community that may be beyond the response capability of any one-community responder and require a collaborative response.

LMAS NIMS compliance efforts included updating and enhancement of the following plans:

- All Hazards Plan includes response command and control, disease surveillance, lab testing availability and procedures, community containment/infection control, medical management, data management, staff mental health response, recovery and consequence management.
- Crisis and Emergency Risk Communication Plan outlines the procedures and responsibilities in the event of public health threats and emergencies; public information and communications; and responder/resource contact information.
- Strategic National Stockpile (SNS) Plan includes procedures for receipt and distribution of pharmaceuticals and medical equipment from Federal sources and subsequent distribution in the local community.

While written plans provide useful reference and training documents, it is the actual planning process – one that includes the community responders we work with – that initially establishes the collaborative environment in which we need to effectively function. Once plans are established, they need to be validated and refined based on drills and exercises with our community partners if they are to be useful and effective during actual emergencies. Our collaboration included:

- Attended coordination meetings/exercises with Local Emergency Planning Committees (LEPC); Local Planning Teams (LPT); and local county Emergency Management in each county.
- Participated in monthly teleconferences with Emergency Planning Coordinators (EPCs) in the Upper Peninsula (Region 8); and statewide with EPCs & the Michigan Department of Community Health.)
- Facilitated meetings with community and tribal representatives for pandemic flu response planning and receipt and distribution of SNS pharmaceuticals.
- Presented pandemic flu awareness and planning information to community groups.
- Shared in meetings and trainings of a Community Emergency Response Team (CERT), Medical Reserve Corps (MRC) and served on the advisory committee for Region 8 hospitals/Emergency Medical Technicians (EMT) in the Region 8 Hospital Preparedness and Planning (HPP) program.
- Received training in 5 emergency response issues.
- Conducted 15 internal/external exercises involving components of LMAS emergency responses.

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# EMERGENCY PREPAREDNESS

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## **PUBLIC HEALTH EMERGENCY RESPONSE – H1N1 2009 EVENT**

April, 2009 began the emergence of a new influenza virus, initially known as the “swine flu” but more formally called influenza A (H1N1) 2009 virus. During FY 2009 vaccine was not yet available and was not received until FY 2010.

LMAS implemented pandemic phase activities during its second operational period (September 25, 2009 – August 31, 2010) of the 2009 H1N1 Pandemic Influenza event. Activities included those involving preparation/response from the time that vaccine became available (the first operational period, April 23, 2009 - September 24, 2009, is reported in a separate document). The World Health Organization (WHO) originally declared influenza pandemic on June 11, 2009 and this level remained in effect until August 10, 2010.

LMAS response included:

- Monitored for/reviewed and interpreted directives, advisories, guidance and documents from MDCH/CDC that were relevant to the event with subsequent communication to local hospitals, Sault Ste. Marie Tribe of Chippewa Indians, schools, emergency managers, other community stakeholders and the public.
- Facilitated/coordinated H1N1 flu vaccination support activities as needed for the network of community providers that included hospitals/rural clinics and the Sault Ste. Marie Tribe of Chippewa Indians. These providers distributed the majority of vaccine in the jurisdiction.
- Provided training or direct support to personnel where needed regarding information security, data entry, health screening for vaccination and administration of the H1N1 flu vaccine including vaccination target groups, type of vaccine, dosage, administration, storage and adverse reactions.
- Provided Health Department point-of-contact for problem solving and answering technical questions as needed.
- Provided standing orders and medical protocols for administration of the H1N1 vaccine.
- Ordered vaccine each week on the day it became available to obtain vaccine as rapidly as possible.
- Provided the H1N1 vaccine, available ancillary vaccination supplies, patient educational materials, antivirals and other support materials.
- Provided notices/resources to assure the documentation and administration of vaccine was consistent with the MCIR and MDCH policies and procedures; provided direct entry of data to MCIR for any provider upon request.
- Provided public information via 211, Google Flu Finder and a dedicated 800 number for information on H1n1 clinics in the jurisdiction.

## **MEASURABLE OUTCOMES**

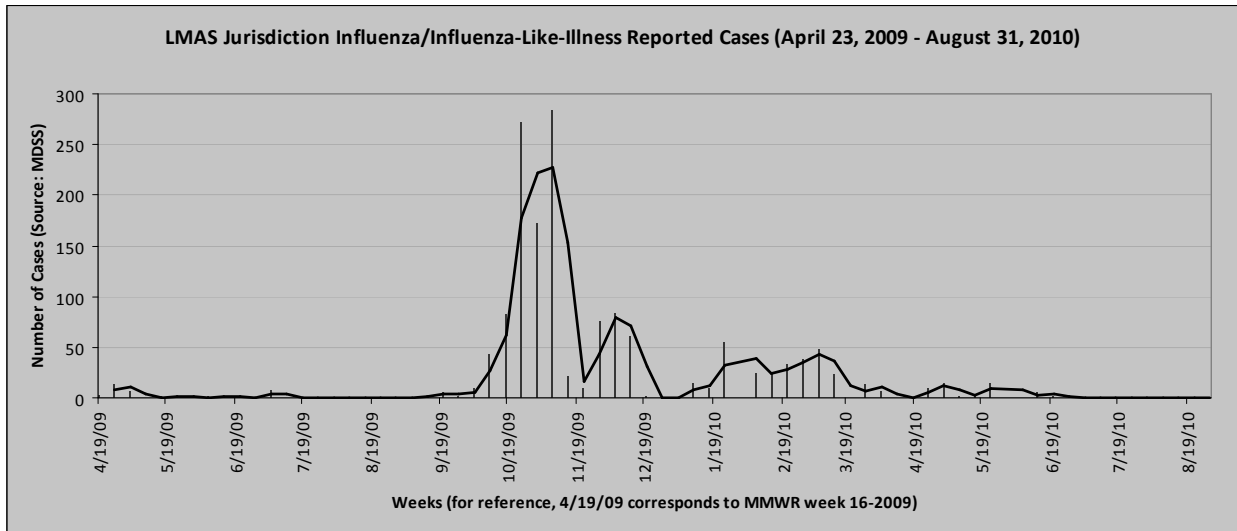
The event and community network of H1N1 vaccine/antivirals distributions are summarized in the following:

- Chart 1: LMAS Jurisdiction Influenza/Influenza-Like-Illness Reported Cases
- Chart 2: LMAS Jurisdiction H1N1 Vaccine Orders Received
- Chart 3: LMAS Jurisdiction H1N1 Doses Given
- Chart 4: LMAS Jurisdiction 1 Dose Coverage Levels
- Chart 5: LMAS Jurisdiction 2 Dose Coverage Levels

# EMERGENCY PREPAREDNESS

There were nearly six times the reported individual/aggregate cases of influenza/influenza-like illness during the entire H1N1 event (1483 cases) compared to the same period the previous season (262 cases). Five confirmed cases of Novel 2009 Influenza were confirmed in the LMAS jurisdiction (one in Alger County; four in Mackinac County). During peak ILI and subsequent time periods, the MDCH publication MI FluFocus noted virtually all confirmed cases of influenza in the state were of the Novel H1N1 type. Chart 1a illustrates influenza activity during the entire H1N1 event (LMAS operational periods 1 & 2). Activity peaked during the weeks of 25-October through 8-November and to a lesser extent during 24-January through 7-March. The majority of cases (76%) occurred during the first activity peak period.

**CHART 1A**



Confirmed 2009 H1N1 hospitalized cases were minimal and there were no confirmed deaths (Chart 1b).

**CHART 1B**

Age Category	Number of Influenza Related Hospitalizations (Probable or Confirmed)	Number of Influenza Related Deaths (Confirmed)
0-4	1	0
5-18	2	0
19-24	0	0
25-49	2	0
50-64	0	0
65+	0	0
unknown	1	0
<b>Total</b>	<b>6</b>	<b>0</b>

Initial supplies of H1N1 vaccine were limited. LMAS/jurisdiction providers received all vaccine through a series of nineteen orders, the first being received October 6, 2009 and the last order placed January 7, 2010.

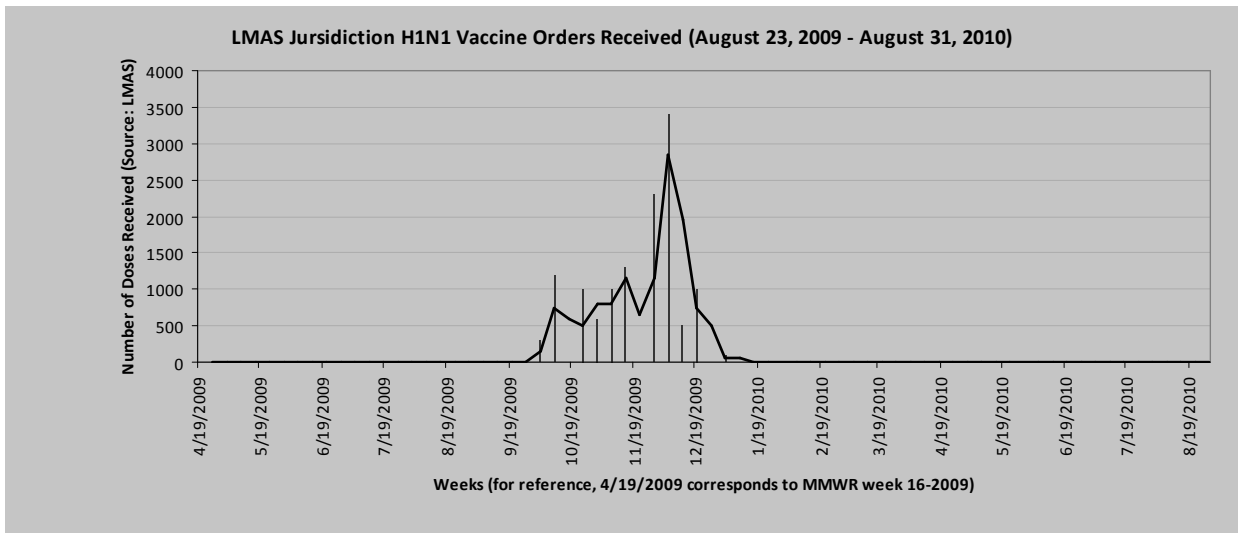


# EMERGENCY PREPAREDNESS

Full allocations were ordered through the middle of December with maximum ordering the week of December 9, 2009 (Chart 2). While MDCH lifted the allocation of vaccine based on county population on December 28, 2009, the additional supplies were not utilized due to reduced demand/stock on hand. A total of 13,300 H1N1 doses were ordered during the event.

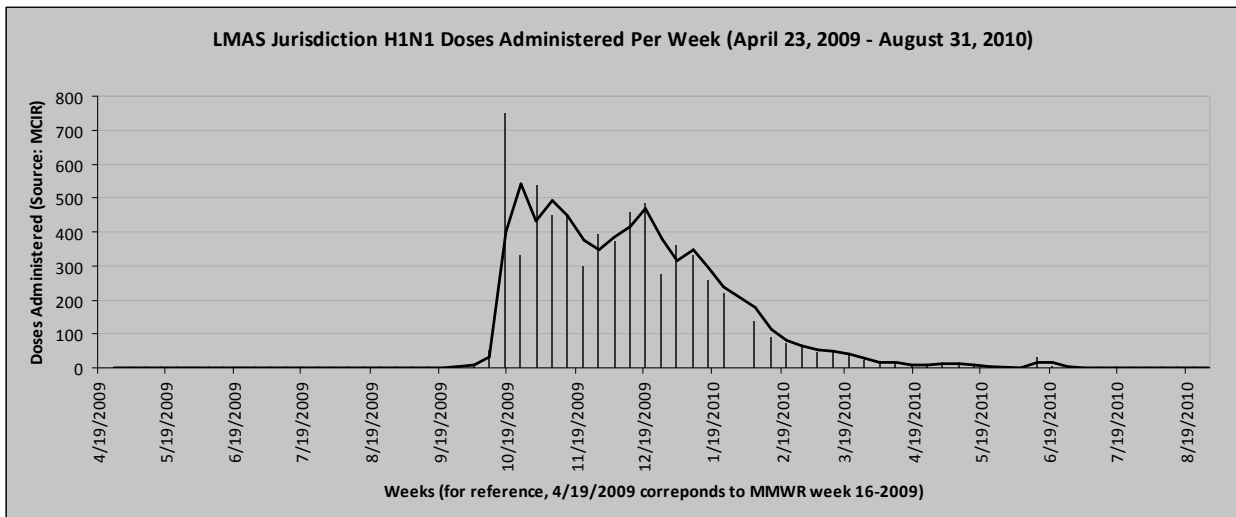
The minimum vaccine order to enable direct shipping from manufacturer to provider was 100 doses. Due to allocation limits, on nine of nineteen ordering dates, the minimal shipping level could not be met for direct shipping to providers. On these occasions, LMAS ordered all of the vaccine allocation and physically distributed to area providers.

### CHART 2



Doses administered in the jurisdiction totaled 6,666 (Source: MDCH, 8/10/2010). Doses averaged above 400 per week during October – December, 2009 but diminished to an average of 200 by the end of January, 2010. Reduction in demand continued through the spring with dose administration continuing through mid-summer, 2010 (Chart 3).

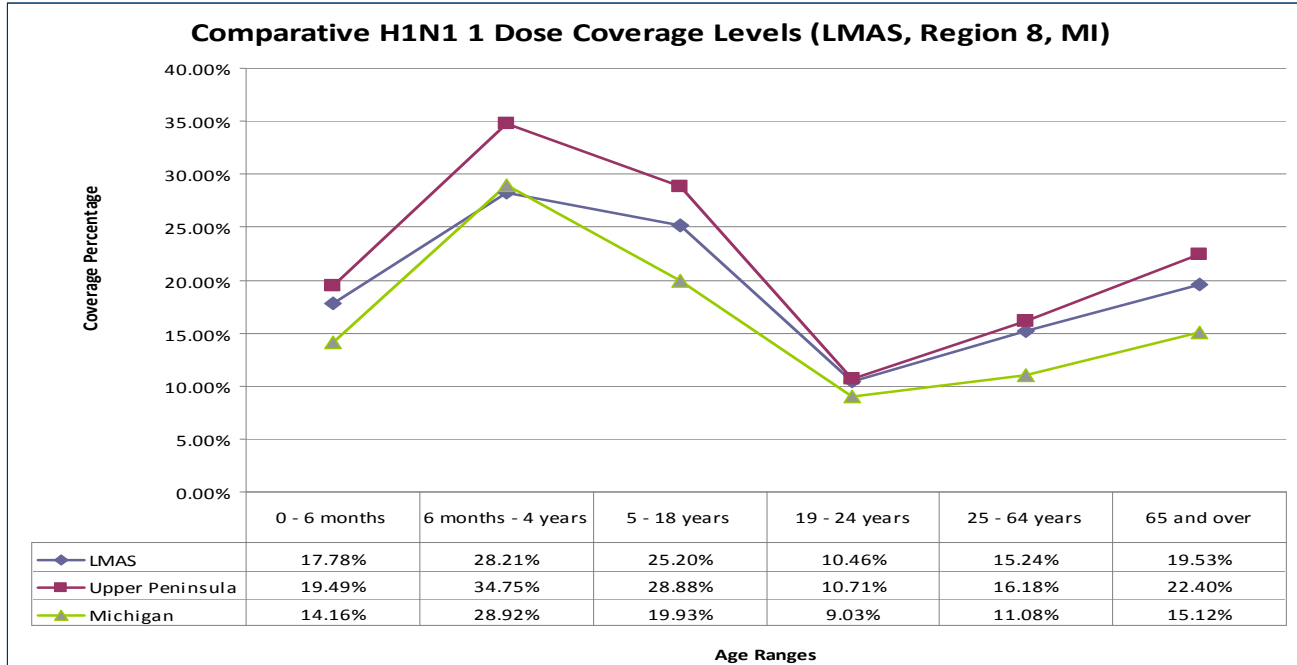
### CHART 3



# EMERGENCY PREPAREDNESS

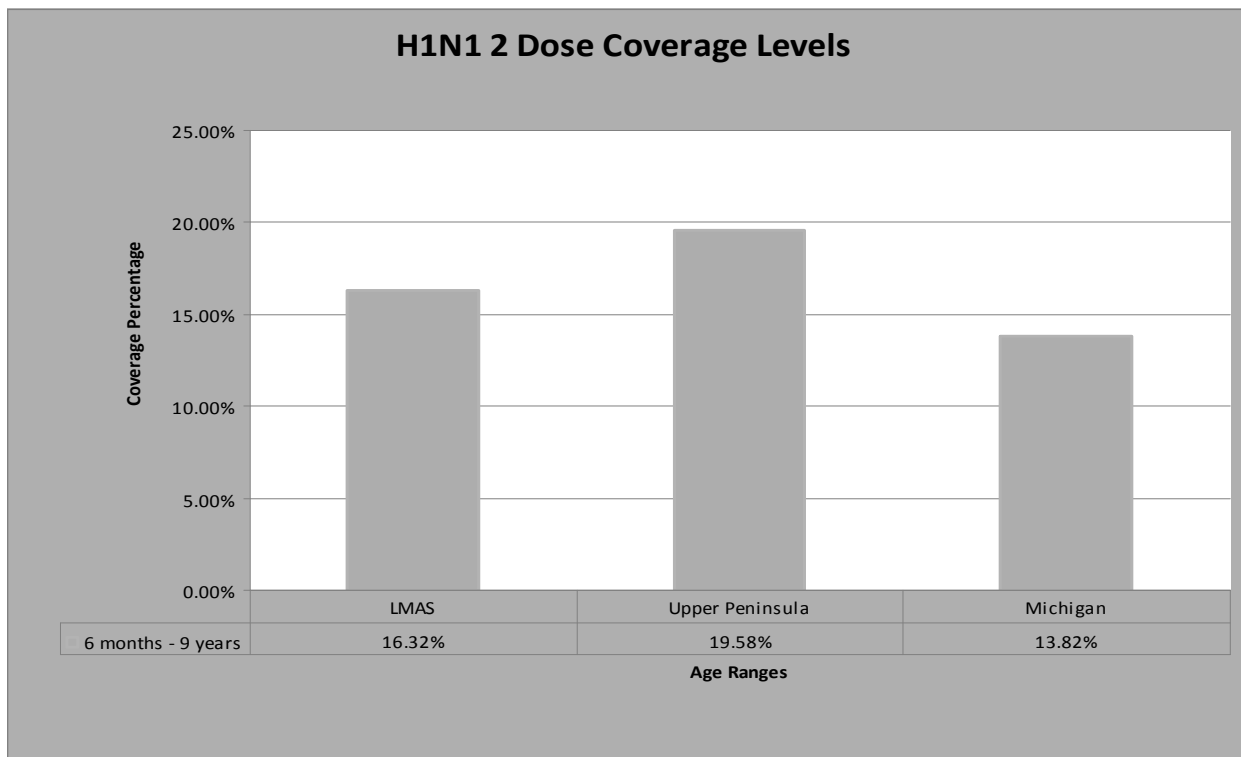
Dose coverage varied by age group. Coverage ranged from approximately 10% in the 19-24 years group to over 28% in the 6 month-4 years group (Chart 4). LMAS jurisdiction coverage was between overall averages for Region 8 and the state.

**CHART 4**



To achieve the desired immune response, the 6 months – 9 years age group needed a second dose. The LMAS jurisdiction had approximately 16% coverage, which was mid-way between those attained by Region 8 and the state (Chart 5).

**CHART 5**



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# ENVIRONMENTAL HEALTH

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## PROFILE

The Environmental Health Division is responsible for ensuring the highest standard of public health is achieved within this department's four county jurisdiction. This high standard of public health is attained by managing a variety of different program areas throughout the district, including: onsite water supply, non-community public water supply (Type II), onsite sewage treatment and disposal, food service sanitation (both fixed and temporary), soil erosion and sedimentation control (Mackinac County only), swimming pools, campgrounds, great lakes beach monitoring, inland lakes beach monitoring, complaint investigation, existing facility inspections, Department of Health and Human Services environmental health inspections, and radon.

## 2010 REVIEW

During fiscal year 2010 the Environmental Health Division continued to provide the same public health services provided in 2009. In December of 2009 the board of health adopted the new Technical Guidance Manual for the design of alternative onsite sewage treatment and disposal systems and staff began using the new manual at the start of the 2010 building season. Fiscal year 2010 was highlighted by the Environmental Health Division undergoing state Cycle 4 accreditation in May of 2010 for the food service and onsite sewage program and meeting all indicators in all programs. This was quite an accomplishment as very few departments in the state receive such an outstanding accreditation review. The annual review of the Private/Type III Water Supply Program and the Type II Water Supply Programs was again conducted by MDEQ and approval was granted for each. In 2010 septic and well permit numbers started to flatten out with well and septic permit numbers both increasing slightly from 2009. The department has continued its Quality Assurance Programs in both the Food Service Sanitation Program and the Onsite Sewage Treatment and Disposal Program and based on the accreditation results seem to be having positive results. Program coordinators in the Food Service and Onsite Sewage programs are responsible for Quality Assurance implementation and the department's Quality Assurance includes both field and file reviews to ensure staff are completing all required work in accordance with current accreditation standards and to provide consistency across the four district offices. The department this year again offered ServSafe classes, with at least one class being offered in each county. The Food Service Program Coordinator again taught the classes.



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# ENVIRONMENTAL HEALTH

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## FOOD SERVICE

The Food Service Program includes the inspection of fixed food establishments (restaurants, township halls, etc.), mobile food establishments, special transitory food units, temporary food events, complaint investigation, and food borne illness investigation. Field staff use the Sword Solutions software while conducting food service inspections. The Food Service Program Coordinator continued the Quality Assurance Program and this years accreditation review showed the value of this program. In May, the Michigan Department of Agriculture came to LMAS and conducted both file reviews and physical inspections of several of our licensed food service facilities. Results from that review showed that LMAS was meeting all 20 of the state's minimum program requirements or MPR's. The department also continued to offer ServSafe Training to allow food service managers to meet the manager certification requirement in the new food law.

<b>Food Service Participation</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Total Inspections	<b>727</b>	769	676
Fixed Food Inspections	<b>451</b>	472	490
Temporary Food Inspections	<b>234</b>	240	185

## WATER SUPPLY PROGRAM

The water supply program includes onsite water supply wells for both residential and public water supplies. The public water supply program is divided into Type I, Type II, and Type III wells. Type I public water supplies are municipal systems and are regulated by the Michigan Department of Environmental Quality (MDEQ). LMAS maintains jurisdiction over Type II and Type III water supplies as well as residential water supplies. The Type II or III designation is dependent on the number of people served. In fiscal year 2010 there were 307 active Type II water supplies within the district, which make up approximately 400 individual wells. All 307 of these supplies are monitored to ensure that the owners/operators are meeting their water sampling obligations, and a sanitary survey (physical inspection of the well and surroundings) of each well needs to be completed once every 5 years to verify maintenance, isolation, and plumbing systems are satisfactory. The water supply program also contains a permitting component that consists of a site inspection to ensure proper siting of new wells, a written permit, and review of well construction records and water sample results to verify appropriate construction. All of the water supply programs are reviewed annually by the Michigan Department of Environmental Quality (MDEQ).

<b>Water Supply Participation</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Well Permits	<b>186</b>	170	213
Site Evaluations	<b>180</b>	180	210
Type II Sanitary Surveys	<b>64</b>	69	82
Water Supply Enforcement Actions	<b>14</b>	28	31

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# ENVIRONMENTAL HEALTH

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## SEWAGE PROGRAM

The sewage program is comprised of permitting, inspecting, and enforcement for onsite sewage treatment and disposal systems for both residential and commercial uses. Our Sewage Program Coordinator has continued the Quality Assurance Program, which entails reviewing staff work to assure compliance with current accreditation standards. This year we are pleased to report that the Michigan Department of Environmental Quality conducted our Cycle 4 accreditation in May and we met all minimum program requirements. Doing that well on our accreditation reinforces the value of our QA program. Fiscal year 2010 also marked the first year staff were implementing the new technical guidance manual. We took some extra time to work with installers as the manual was new but feel that was time well spent as overall the implementation went very well.

<b>Sewage Services</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Sewage System Site Evaluations	217	246	251
Sewage System Permits	190	213	226
Sewage System Final Inspections	187	226	258

## SOIL EROSION AND SEDIMENTATION CONTROL (SESC) PROGRAM

The SESC Program is administered by LMAS in Mackinac County. The program includes application processing, site inspections, permitting, complaint investigations and enforcement. Sites that require SESC permits include earth changes within 500 ft. of a lake or stream or earth changes that are over 1 acre in size. Sand and Gravel pits also require SESC permits.

<b>SESC Services</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Initial Site Evaluations	72	63	65
Permits Issued	85	63	66
Construction Inspections	66	98	158
Final Inspections	5	26	15

## PUBLIC SWIMMING POOL PROGRAM

The swimming pool program consists of monitoring all licensed public swimming pools spa pools within our jurisdiction to ensure compliance with MDEQ public swimming pool rules. In fiscal year 2010 LMAS field staff conducted 36 public swimming pool and 36 spa pool inspections within our four county service area.

<b>Public Swimming Pool Participation</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Public Swimming Pool Inspections	36	49	41
Public Spa Pool Inspections	36	41	40
Follow-up Inspections	4	9	5

# ENVIRONMENTAL HEALTH

## COMPLAINT INVESTIGATION

LMAS investigates complaints from the public for all of our environmental health programs.

Complaint Investigation Type	2010	2009	2008
Septic Complaints	17	15	26
Well Complaints	2	7	1
Food Service Complaints	7	10	17
SESC Complaints	2	8	4
Department of Human Services Complaint	0	0	0
<b>TOTAL COMPLAINT INVESTIGATIONS</b>	<b>28</b>	<b>40</b>	<b>48</b>

## EXISTING FACILITY EVALUATIONS

This program consists of the evaluations of existing sewage systems and water supplies to determine if the construction and isolation meet current standards. These inspections are done upon request by the applicant and in most cases are needed in order to obtain a mortgage, but in some instances are needed in order to determine if it would be feasible to connect a newly constructed home to the existing water supply and/or sewage system.

Existing Facility Evaluations	2010	2009	2008
Existing Sewage System Inspections	14	11	8
Existing Water Supply Inspections	2	2	2
<b>TOTAL EXISTING FACILITY EVALUATIONS</b>	<b>16</b>	<b>13</b>	<b>10</b>

## MICHIGAN DEPARTMENT OF HUMAN SERVICES (MDHS) INSPECTIONS

The MDHS program consists of conducting Environmental Health inspections for MDHS licensed facilities. These facilities are typically either childcare, adult care, or foster care establishments. The MDHS Environmental Health Inspections are done upon request of MDHS. There are two types of Environmental Health Inspections: sewage/water (Part A) and general sanitation (Part B). The Part A inspections are essentially existing facility evaluations and ensure that the existing water supply and sewage system are adequate for their intended use. The Part B inspections focus on making sure the overall conditions are sanitary.

MDHS Environmental Health Inspections	2010	2009	2008
Part A	14	17	10
Part B	3	3	4
Part A and Part B	10	20	18
Follow-up Inspections	3	0	2
<b>TOTAL MDHS ENVIRONMENTAL HEALTH INSPECTIONS</b>	<b>30</b>	<b>40</b>	<b>34</b>

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# ENVIRONMENTAL HEALTH

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## RADON

Our radon program is almost entirely comprised of education. Staff members attend area health fairs passing out radon test kits, informational packets, and answering questions about radon. Our agency also provides informational articles to local newspapers. We also distribute radon test kits to the public in each of our offices free of charge. Every month the state provides radon test results to our agency to be reviewed by staff members and kept on file.

<b>Charcoal Radon Test Kits</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Number of Kits Distributed	47	252	110

## CAMPGROUND PROGRAM

The Campground program primarily consists of an annual licensing inspection fixed campgrounds and inspections upon request for temporary campgrounds. LMAS also conducts follow-up inspections when violations are noted during the annual inspection, investigates complaints, and enforces the state campground regulations.

<b>Campground Services</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Annual Licensing Inspections	69	72	73
Follow-up Inspections	0	1	0
Temporary Campground Inspections	2	2	2

## BEACH MONITORING PROGRAM

The program consists of identifying all public bathing beaches on both the great lakes and inland lakes within our four county area, periodically conducting sanitary surveys for each beach, actively monitoring beaches that have a high risk of contamination, investigating complaints, and uploading all data compiled onto the state's beach monitoring website <http://www.deq.state.mi.us/beach/>.

<b>Beach Monitoring Services</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Public Beaches	112	84	83
Actively Monitored	7	4	4

# PERSONAL & FAMILY HEALTH

## PROFILE

The Personal & Family Health Division of LMAS District Health Department includes many programs providing the opportunity for individuals and families in our communities to reach their maximum potential for health, education, self-support and self-fulfillment. Programs are designed to promote positive healthy outcomes both for the individual, the family and the community at large, through early intervention activities, community education/outreach and health counseling services. We are committed to provide those necessary services that perhaps could not be provided elsewhere for so many in our communities. Nurse Practitioners, Registered Nurses and Registered Dieticians provide most services. Services are available by appointment, and by walk-in dependent upon staff availability.

LMAS District Health Department was visited for a one-week on-site review in May 2010 for the Michigan Department of Community Health Cycle 4 Public Health Accreditation. We met all minimum program requirements for the programs undergoing review.

The division operates under the direction of a Business Manager/Supervisor with responsibility for oversight and direction of all PFH programs, and 15 staff members.

## PROGRAM OVERVIEWS

### COMMUNICABLE DISEASE PROGRAM

Michigan physicians, health care providers and health departments are required to report cases of certain communicable diseases by entering case information into the Michigan Disease Surveillance System (MDSS). LMAS Personal and Family Health staff is responsible for gathering, reporting and investigating communicable diseases, in an effort to timely and effectively monitor public health threats. During 2010 LMAS continued to collaborate with area schools, hospitals, and pharmacies related to H1N1 flu issues.

DATA REPORTED TO THE MICHIGAN DISEASE SURVEILLANCE SYSTEM							
	2010	2009	2008		2010	2009	2008
Animal Bite	16	35	9	Hepatitis C, Chronic	33	29	17
Blastomycosis	0	1	0	Hepatitis C, Unknown	0	0	3
Campylobacter	9	3	4	Histoplasmosis	0	0	1
Chicken Pox (Varicella)	1	1	4	Influenza	2	8	3
Chlamydia	26	28	22	Influenza like disease	-	955	56
Coccidioidomycosis	2	-	-	Influenza, 2009 Novel	10	11	0
Cryptococcosis	1	1	0	Legionellosis	2	-	-
Cryptosporidiosis	1	2	0	Meningitis, Aseptic	0	1	0
Diphtheria	0	0	0	Meningitis, Bacterial Other	0	1	2
Giardiasis	5	6	1	Pertussis	5	3	0
Gonorrhea	5	6	1	Rabies-Animal	2	-	-
Guillain-Barre Syndrome	0	0	0	Salmonellosis	5	5	3
Head Lice	0	42	1	Shiga toxin-producing E. coli	1	-	-
Hepatitis A	0	0	1	Strep Throat	0	32	9
Hepatitis B, Acute	0	0	0	Streptococcus pneumoniae, inv.	3	1	0
Hepatitis B, Chronic	1	1	1	Syphilis, Primary	0	0	0
Hepatitis C, Acute	1	1	3	<i>Source: Data submitted to MDSS for the four counties</i>			



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## PERSONAL & FAMILY HEALTH

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### TB SCREENING AND CONTROL

LMAS provides TB screening to the public and provides follow up on all positive TB screening tests. Services provided include assisting clients with seeking medical attention, arranging for medication and monitoring adherence to treatment. LMAS nurses receive training through the American Lung Association to ensure that TB tests are performed properly. During the fiscal year, one of our Public Health Nurses received certification as a TB Trainer.

<b>TB Screening and Control</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Number of TB Test Performed	<b>139</b>	117	169
Number of Clients Monitored for Treatment of Latent TB Disease	<b>0</b>	0	0

LMAS hosted two TB workshops in FY 2010. On July 14<sup>th</sup>, TB Management 101 was presented by professionals from MDCH, the CDC and the American Lung Association. On September 17<sup>th</sup>, Gail Denkins, MDCH TB Nurse Consultant and Mary Davidson, representing the American Lung Association, provided a TB, Train the Trainer workshop. Both events were well attended.

### IMMUNIZATION PROGRAM

Immunizations are administered to children, adolescents and adults to reduce vaccine preventable diseases in our communities. The Vaccine for Children Program (VFC) provides vaccine at no charge for children who qualify, and was established to assure all children have access to vaccines. Babies and children through 18 years of age who are uninsured or under-insured, are on Medicaid, are American Indian or Alaskan Native are eligible. Some vaccines, like Hepatitis B, Hepatitis A, TD, MMR and Tdap, are also available for adults who are uninsured or under-insured through the Michigan Adult Vaccine Replacement Program. A small amount of American Recover and Reinvestment Act (ARRA) funding was provided to LMAS during 2010 for the purpose of increasing immunization rates for adolescents and adults. LMAS also provides a wide array of vaccines to clients who privately pay for vaccine such as flu, shingles, Hepatitis A, Hepatitis B, and pneumovax. The Immunization Program requires close surveillance due to the complex schedule used to guide vaccine administration and the criteria for storing vaccine.

<b>Immunization Program</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Immunizations Administered to Clients	<b>2314</b>	2317	2805

LMAS monitors the VFC vaccine inventory and activity of several providers. As Michigan Department of Community Health implements new processes, we coordinate various provider and LMAS staff trainings. During 2010, we facilitated provider training to enable providers to place orders electronically (e-ordering). LMAS staff provides continuous support and assistance in balancing the inventory of the providers. We collaborate with local school staff to ensure students have received all required vaccines. Our staff Immunization Nurse Educator provides education to local immunization providers and also performs site visits ensuring vaccines are administered and stored properly. We monitor the immunization coverage levels of many different age groups, and provide outreach and education to the public on vaccine preventable diseases. Plans are currently in place to provide mass vaccinations, if needed, as part of our Emergency Preparedness.

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## PERSONAL & FAMILY HEALTH

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### **WOMEN'S HEALTH PROGRAMS**

Women's Health Programs include the Breast and Cervical Cancer Control Program (BCCCP) and Family Planning Program. Women who meet BCCCP Program guidelines, established under Title X Federal grant and the Michigan Department of Community Health (MDCH), receive free clinical breast exams, pelvic exams, pap smears and mammograms. LMAS staff provide referrals to contracted providers for follow up and/or treatment as needed within the guidelines of the program. LMAS encourages certain providers within the district to enroll clients into the program.

The FY10 assigned BCCCP caseload for LMAS was 550, of which LMAS would enroll approximately 45% and the Sault Tribe of Chippewa Indians Health Centers would enroll 55%. Mid-year, the Tribe requested a reduction of in their portion of the caseload. The revised caseload of 525 was split between LMAS (235) and the Sault Tribe (290). LMAS fell short of reaching assigned caseload for the first time in several years.

<b>BCCCP Program</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
LMAS Clients	<b>233</b>	232	221
Tribal Clients	<b>264</b>	317	294
<b>TOTAL CLIENTS ENROLLED</b>	<b>497</b>	<b>549</b>	<b>515</b>
BCCCP Services provided to LMAS Clients	<b>232</b>	238	439

The Family Planning Program is intended to provide appropriate services and referrals to persons interested in either achieving pregnancy or avoiding pregnancy. Program services include clinical examinations, provision of contraceptives, education/counseling, and referrals. Sexually Transmitted Disease (STD) screening, diagnosis, treatment and follow up is an integral part of Family Planning services, available to both males and females. Plan First! is a Medicaid Waiver program designed to provide Family Planning services to eligible women ages 19 to 44. Plan First clients represent about 33% of our Family Planning caseload.

<b>Family Planning Program</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Unduplicated Clients	<b>573</b>	616	639
Family Planning Services Provided, excluding contraceptives	<b>2175</b>	2202	1826
Total FP Contraceptives Administered/Dispensed, excluding condoms	<b>2766</b>	2765	3062

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## **PERSONAL & FAMILY HEALTH**

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### **WOMEN, INFANT AND CHILDREN (WIC) PROGRAM**

The Special Supplemental Nutrition Program for Women, Infants and Children Program, (WIC) serves women who are pregnant or breastfeeding, infants and children. The program provides nutritional foods to supplement diets, and nutrition education to program participants. Much emphasis is put on encouraging breastfeeding for infants. Referrals for health care and other needs are very much a part of the program. WIC clinics are held in each of our four locations weekly.

The state funded caseload for FY2010 was 1,064, which we typically exceed. Local businesses benefit from the value of WIC “coupons” provided to participants. The most recent information available shows the value of WIC foods provided was \$680,007.00 in our district during 2009.

<b>WIC Program</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Unduplicated Clients	<b>1508</b>	1497	1495
Services Provided	<b>2463</b>	2536	2789

During the summer months, LMAS offers the WIC Project Fresh Program providing clients with coupons to purchase Michigan grown fruits and vegetables at local farmers markets. We have been fortunate to have MSU Extension provide Project Fresh Market Master services to coordinate this summer program.

LMAS staff also performed 365 blood lead tests in 2010 for WIC children, to check for any indication of the presence of lead.

### **CHILDREN’S SPECIAL HEALTH CARE SERVICES (CSHCS)**

The Children’s Special Health Care Services Program is designed for children who have chronic medical problems that if not treated, could result in long-term disability. The program provides financial assistance for health care coverage so clients can obtain specialist evaluations. If the condition meets criteria, supplementary insurance is provided to cover costs related to that diagnosis. At the health department, we assist families with enrollment, transportation, care coordination, case management and a wide array of family concerns. At the close of the fiscal year, 103 children were enrolled in the program.

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## **PERSONAL & FAMILY HEALTH**

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### **HEARING AND VISION PROGRAM**

LMAS offers hearing and vision screening services to preschool age populations in Head Start programs, Community Action Agencies, and WIC clinics at the Health Department. Preschool and school age children also receive screenings in the schools, as well as screenings at kindergarten roundups in each community. The screenings assist in detecting hearing or vision loss in children as early as possible. Referrals are provided for children as needed as a result of the screenings.

<b>Hearing and Vision Program</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>
Hearing Screenings	<b>1646</b>	1003	1103
Vision Screenings	<b>1923</b>	1261	2010

### **CONTINUING EDUCATION, TRAININGS AND CONFERENCES**

In an effort to remain current with public health issues, our staff continually attends trainings and conferences on a variety of subjects. In fiscal year 2010, a member or members of our staff attended the following conferences/trainings:

- Fall Regional Immunization Conference
- Fall Children's Special Health Care Services Conference
- The Teen Brain & Sexual Health Webcast
- WIC Coordinator Meeting Webcast
- HPV – Impact on Men and Women Webcast
- Michigan Child Death Review Conference
- Teens, Technology and Service Provision Webcast
- Family Planning-financial crisis & caseload Webcast
- Can the World be TB free Webcast
- 2010 Family Planning Clinical Update Webcast
- WIC Coordinator Conference
- 10<sup>th</sup> Annual Communicable Disease Conference
- Family Planning Coordinator Webcast
- Tuberculosis (TB) Training & Trainer Certification
- Hearing & Vision Annual Conference
- IAP Meetings
- Grow & Glow Conference
- Foodborne Illness/Pain Assessment Management Course

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## **FISCAL YEAR 2010 STAFF**

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### **ADMINISTRATION**

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
BONTRAGER	STANLEY	LUCE	IT DIRECTOR
BOSANIC	SHAUNTA	SCHOOLCRAFT	FINANCE SPECIALIST II
CHARBONNEAU	PAULA	LUCE	ADMINISTRATIVE ASSISTANT
CLARK	WILLIAM	ALGER	MAINTENANCE REPAIRMAN
DERUSHA	NICHOLAS	LUCE	HEALTH OFFICER/ADMINISTRATOR
DZELAK	MELISSA	LUCE	FINANCE SPECIALIST II
ISON	ANN	LUCE	HUMAN RESOURCE MANAGER
MCCUNE	MARK	SCHOOLCRAFT	EMER. PREPAREDNESS COORD
MORRISON	JEFFREY	LUCE	HOME HEALTHH OPERATIONS SUPPORT
PARKER IV	RICHARD	LUCE	MAINTENANCE SUPERVISOR
PAVEY	AMY	LUCE	FINANCE DIRECTOR
SHAULIS	LORI	LUCE	FINANCE SPECIALIST II
TERRIAN	JAMES	LUCE	MEDICAL DIRECTOR

### **ENVIRONMENTAL HEALTH**

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
BARR	SCOTT	LUCE	SANITARIAN
BROW	LANCE	MACKINAC	SANITARIAN
BUTKOVICH	CATHY	LUCE	EH TECHNICIAN
CHARBONNEAU	PAULA	LUCE	ADMINISTRATIVE ASSISTANT
DERUSHA	NICHOLAS	LUCE	ENVIRONMENTAL HEALTH DIRECTOR
HUBBLE	JENNIFER	SCHOOLCRAFT	EH COORDINATOR
MOSELEY	THOMAS	ALGER	SANITARIAN
NELSON	STACI	MACKINAC	GENERAL CLERK
SMITH	LINDA	SCHOOLCRAFT	TYPE II COORDINATOR
SUGGITT	ELIZABETH	MACKINAC	EH COORDINATOR
WEBER	REBECCA	SCHOOLCRAFT	GENERAL CLERK

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## FISCAL YEAR 2010 STAFF

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### **PERSONAL AND FAMILY HEALTH**

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
BECKER	REBECCA	MACKINAC	NURSE PRACTITIONER
BURTON	NIKKI	LUCE	LICENSED PRACTICAL NURSE
BURTON	SANDRA	LUCE	GENERAL CLERK II
BUTKOVICH	CATHERINE	LUCE	PFH TECHNICIAN
CRAWFORD	KIMBERLEY	LUCE	LEAD CLERK
HARRIS	BABETTE	ALGER	WIC/CSHCS COORDINATOR
HODER	DEBBIE	LUCE	PFH BUSINESS MANAGER
LIPNITZ	JULIE	MACKINAC	REGISTERED NURSE
LUSSMAN	JEAN	ALGER	LEAD REGISTERED NURSE
NELSON	CLARINE	SCHOOLCRAFT	REGISTERED NURSE
NOLDY	SUSAN	LUCE	ADMINISTRATIVE ASSISTANT
PETERSON	HILLARY	SCHOOLCRAFT	GENERAL CLERK
PRATT	JANET	SCHOOLCRAFT	NURSE PRACTITIONER
RAHILLY	ELIZABETH	LUCE	REGISTERED NURSE
RICHEY	JULIE	SCHOOLCRAFT	REGISTERED DIETITIAN
SHORTRIDGE	CARLA	ALGER	GENERAL CLERK II
ST. MARTIN	ROSE	LUCE	NURSE PRACTITIONER
THOMAS	TRACCI	MACKINAC	GENERAL CLERK II