



**LMAS DISTRICT HEALTH DEPARTMENT**

# **AGENCY ANNUAL REPORT**

**FISCAL YEAR 2015**

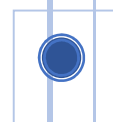
October 1, 2014 – September 30, 2015

[www.lmasdhd.org](http://www.lmasdhd.org)

## **Our Mission**

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

**Approved by  
LMAS District Board of Health  
February 1, 2016**



# Message to the Community

It is my pleasure to present the Fiscal Year 2015 (FY 2015) annual report on behalf of the Luce-Mackinac-Alger-Schoolcraft District Health Department (LMAS). Many exciting things happened at LMAS in FY 2015 to help expand programs and opportunities for our citizens. Financially, in FY 2015 LMAS continued to strive to maximize efficiencies and seek additional funding opportunities allowing the departments' financial health to continue to improve. This again will enable LMAS to return a significant portion of our county appropriations to our respective counties for them to use for additional services for our citizens.

A major initiative by LMAS in FY 2015 was the implementation of a Regional Home Visitation Initiative. As a result of work in the previous year, LMAS received funding from the Michigan Department of Health and Human Services to expand home visitation services to pregnant women, infants and children across the entire Upper Peninsula. LMAS serves as the lead agency in the expansion of these services in partnership with the five other U.P. health departments.

In March of 2015, LMAS was able to implement the first intergovernmental agreement in the state between local health departments to share an Emergency Preparedness Coordinator. The agreement between LMAS and Public Health Delta-Menominee allowed both departments to have a properly trained and educated Emergency Preparedness Coordinator, who specializes in public health, oversees activities in all six counties, while freeing up funds for additional local preparedness exercises, training and information distribution.

Other LMAS news for FY 2015 included the restoration of health education staff within our health department, creation of a social media presence including Facebook and Twitter, being licensed by the State of Michigan to provide prevention services and also exceeding our targeted caseload at the Counseling and Medical Place (CAMP) at Tahquamenon Area Schools.

All of these accomplishments were made possible by the hard working staff at LMAS and our many community partners. I am very thankful for all of our staff who have worked so hard to make LMAS a great community service organization. In addition, we continue to be blessed to have the support of many community partners that I thank as well, including: the LMAS Board of Health, local county commissions, local hospitals, local schools, local businesses, state agencies, Sault Ste. Marie Tribe of Chippewa Indians and as always, our citizens that it is our privilege to serve.

Sincerely,

Nicholas P. Derusha, MPA, REHS, CFPH  
Health Officer

# Board of Health

## **Luce County**

Joseph Smithson (Jan – Aug)

Michael Jago

Michelle Clark (Sep – Dec)

## **Alger County**

Esley Mattson

Joseph VanLandschoot (Vice Chair, Jan – Jun)  
(Chair, Jul – Dec)

## **Mackinac County**

Calvin McPhee

James Hill (Vice Chair, Jul – Dec)

## **Schoolcraft County**

Daniel LaFoilie (*Chair, Jan – Jun*)

Larry Mersnick

Craig Reiter

# Administrative Staff

Nicholas Derusha

Health Officer/Environmental Health Director

James Terrian, M.D.

Medical Director

Nicole Robinson

Personal & Family Health Director

Shaunta Bosanic

Information Technology Coordinator

Amy Pavey

Finance Director

Ann Ison

Human Resource Manager

Dayna Kapp

Emergency Preparedness Coordinator

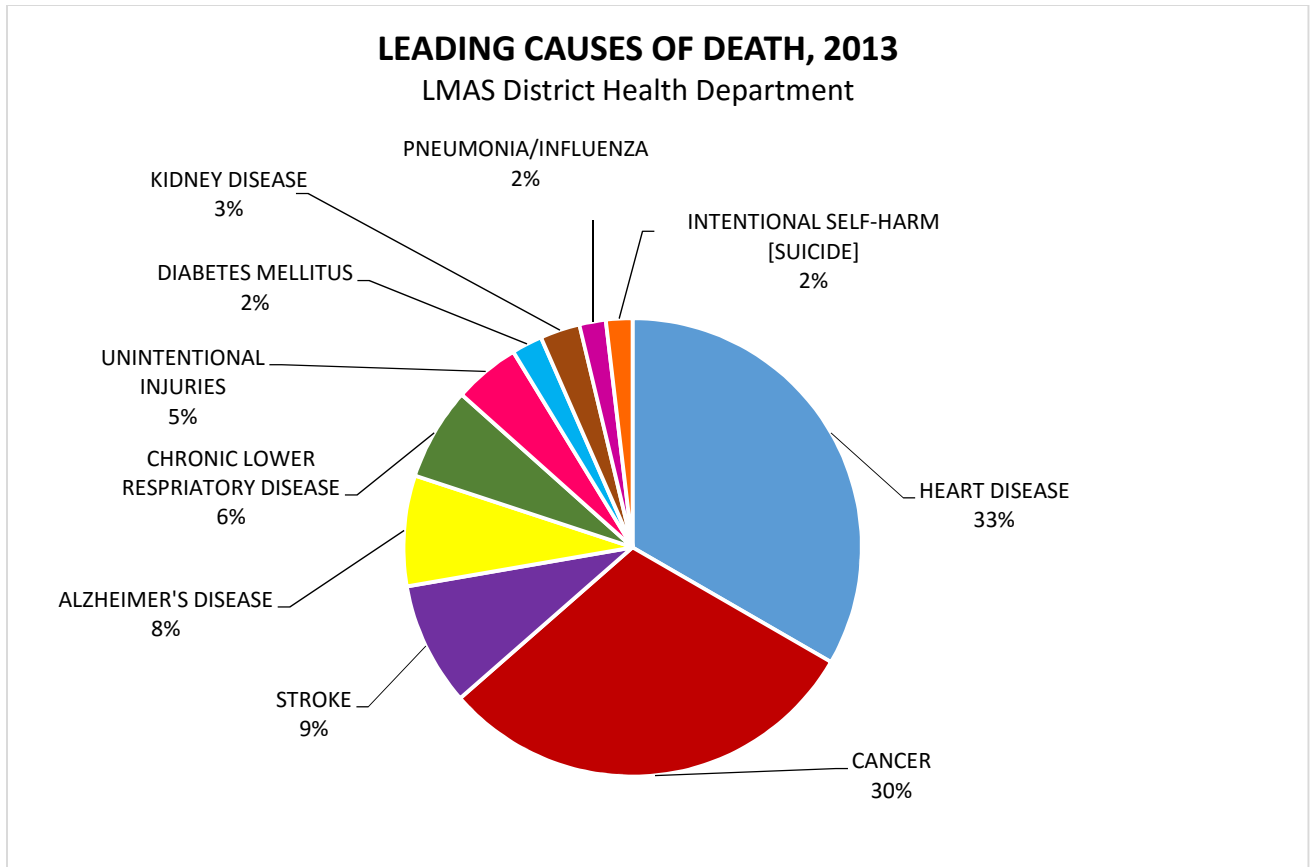
Kerry Ott

Program Manager, Healthy Families – U.P.

Paula Charbonneau

Administrative Assistant

# County Health Profile



Rank MI	Cause of Death	Rank for District	Number of Deaths			Age-Adjusted Rate of Deaths		
			District	MI	U.S.	District	MI	U.S.
1	Heart Disease	1	107	24,143	599,711	180.3	199.9	170.5
2	Cancer	2	97	20,395	582,623	156.8	170.7	166.5
3	Chronic Lower Respiratory Diseases	5	21	5,547	143,489	33.5	46.8	41.5
4	Stroke	3	28	4,365	128,546	45.0	36.3	36.9
5	Unintentional Injuries	6	15	4,194	127,792	*	39.8	39.1
6	Alzheimer's Disease	4	25	3,228	83,637	40.4	26.5	23.8
7	Diabetes Mellitus	8	7	2,821	73,932	*	23.7	21.2
8	Pneumonia/Influenza	7	9	1,892	50,636	*	15.7	14.4
9	Kidney Disease	9	6	1,665	45,622	*	13.9	13.1
10	Intentional Self-Harm (Suicide)	9	6	1,296	40,600	*	12.9	12.6
<b>TOTAL</b>			482	92,463	2,543,279	732.0	783.3	732.8

**Note:** Rates are per 100,000 population. The causes of death are listed in order of the 10 leading causes of death for Michigan residents in 2013.

Death records with gender not stated are included only in the "Total" column.

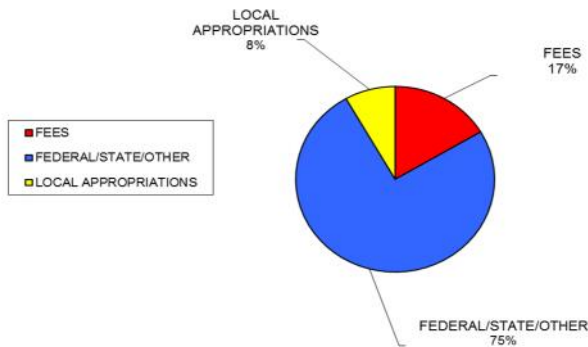
\*: An asterisk (\*) indicates that the data do not meet standards of reliability or precision.

**Source:** 2013 Michigan Death Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Community Health; Population Estimate (latest update 9/2014), National Center for Health Statistics, [U.S. Census Populations With Bridged Race Categories](#).

# Financials

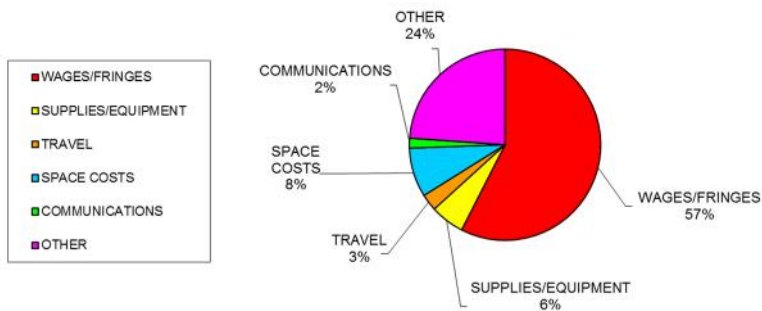
Total Revenue:	\$3,189,393
Total Expenses:	\$3,056,597
Net Revenue/Expenses:	\$ 132,796
<i>NOTE: Preliminary numbers, not yet audited.</i>	

## 2015 REVENUE



FY 2015 BUDGET REVENUE	
Fees	525,644
Federal/State/Local	2,401,035
Local Appropriations	262,714
<b>TOTAL</b>	<b>3,189,393</b>

## 2015 EXPENSES



FY 2015 BUDGET EXPENDITURES	
Wage/Fringes	1,757,882
Supplies/Equipment	175,797
Travel	86,908
Space Costs	254,506
Communications	50,995
Other	730,509
<b>TOTAL</b>	<b>3,056,597</b>

# Program Overview

## **Emergency Preparedness (EP)**

Our EP Department is strictly focused on public health threats, such as disease outbreaks and pandemics. The most recent example would be the 2009 H1N1 pandemic. Our EP Department works with community partners to train, plan and conduct exercises to ensure our communities are better prepared to respond to public health emergencies.

## **Environmental Health (EH)**

Our EH Division protects the public from waterborne, foodborne and other vectorborne diseases. This is accomplished through permitting, inspecting and educating. The EH Division is responsible for the following programs within the district: food service sanitation, water supply, sewage disposal, campgrounds, soil erosion, swimming pools, campgrounds, rabies, complaint investigation, radon and beach monitoring.

## **Personal & Family Health (PFH)**

The PFH Division utilizes primary, secondary and tertiary prevention techniques to prevent disease and improve the health of our clients and communities. Our PFH Division delivers services in the following areas: immunizations, breast and cervical cancer prevention, family planning, women, infants and children (WIC), maternal and infant health, communicable disease investigation, sexually transmitted disease investigation, tuberculosis control, hearing screening and vision testing.

## **The Counseling & Medical Place (C.A.M.P.)**

The C.A.M.P. is a school-based child and adolescent health center located at Tahquamenon Area Schools and is supported by a grant through the Michigan Primary Care Association. The center is designed specifically for students aged 10 through 21 years and provides both medical and mental healthcare services through a Nurse Practitioner and Adolescent Therapist.

## **Healthy Families – Upper Peninsula**

Healthy Families - UP is a free and voluntary home visitation program designed to strengthen families. Healthy Families - UP is an affiliate of Healthy Families America which is a nationally recognized evidence-based home visiting program model. Healthy Families - UP services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively and over the long-term (up to 3 to 5 years after the birth of the baby). LMAS District Health Department provides the oversight of the Healthy Families implementation across the UP, in partnership with each Health Department district in the region.

## **Community Health Promotion and Health Education**

Community Health Promotion and Health Education staff provide services for improving health, promoting wellness, and preventing disease in ways that are effective and accessible for all residents in our four counties. LMAS partners with local wellness coalitions, schools, and farmers' markets to make policy, systems, and environmental changes that motivate healthy behavior choices.

# Emergency Preparedness

## **Capability 1: Community Preparedness**

Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents.

## **Capability 2: Community Recovery**

Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

*From <http://www.cdc.gov/phpr/capabilities/DSLRCapabilitiesJuly.pdf>*

### **LMAS Emergency Preparedness Planning Meetings – FY2015**

County Emergency Management	16
Region 8 EPCs	12
State EPC	10
State Face-to-Face EPC Meeting	1
Region 8 Health Care Coalition	6
Region 8 Exercise Planning (with EM and EPCs)	1
Hazard Mitigation Planning (Alger and Schoolcraft)	2

### **LMAS Emergency Preparedness Communication Tests/Exercises – FY 2015**

LMAS ( <i>internal</i> )	12
Equipment Maintenance	12
SNS Call Downs	4
State ( <i>BETP</i> )	4
Preparedness Articles – LMAS Newsletter	12

### **LMAS Emergency Preparedness Exercises – FY 2015**

Oil Spill Exercise	1
State SNS ( <i>BETP</i> )	3
Meth/Decontamination Exercise	3
Pandemic Influenza Exercise	1

### **LMAS Emergency Preparedness Trainings – FY 2015**

FEMA – NIMS Compliant ( <i>new staff in progress</i> )
SNS Training ( <i>all LMAS staff</i> )
IMATS (EPC)
MI-Vol Registry (EPC)
MCIR All Hazards Module (EPC)
MI-SNS SharePoint (EPC)
ICS – 300 ( <i>Medical Director</i> )
SNS Mobile Antibiotic Dispensing and Train the Trainer (EPC)
Rural and Ready (EPC)

# Environmental Health

## Highlights in Fiscal Year 2015 include:

Implemented a risk based inspection schedule for all fixed food service establishments.

Worked with the legislature on SBI44 (Low-Risk Food Bill) to make it easier for citizens to serve hot dogs and other low-risk food items to the public.

“Met” all minimum program requirements evaluated during the private/type III water supply annual program evaluations.

Provided training to local septic system installers.

Several staff members were re-certified by MDEQ to issue soil erosion and sedimentation control permits.

Provided ServSafe Food Service Manager Certification courses to licensed food service establishments.

Conducted weekly E. coli monitoring at 4 great lakes beaches and 2 inland lakes beaches.

Successfully recruited and hired a new sanitarian to work out of our St. Ignace office.

<b>Charcoal Radon Test Kits</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Number of Kits Distributed	125	151	164
<b>Campground Services</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Annual Licensing Inspections	42	70	67
Follow-up Inspections	0	0	0
Temporary Campground Inspections	4	5	3
<b>Public Swimming Pool Participation</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Public Swimming Pool Inspections	33	32	44
Public Spa Pool Inspections	30	34	45
Follow-up Inspections	11	26	19
<b>Beach Monitoring Services</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Public Beaches	126	126	126
Actively Monitored	6	6	6

<b>Food Service Participation</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Total Inspections	748	666	665
Fixed Food Inspections	523	443	421
Temporary Food Inspections	166	170	191
<b>Water Supply Participation</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Well Permits	146	137	152
Site Evaluations	132	130	152
Type II Sanitary Surveys	56	61	77
Enforcement Actions	0	0	0
<b>Sewage Services</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Sewage System Site Evaluations	174	187	175
Sewage System Permits	187	183	163
Sewage System Final Inspections	136	140	146
<b>Existing Facility Evaluations</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Existing Sewage System Inspections	9	12	13
Existing Water Supply Inspections	2	2	5
<b>Total Existing Facility Evaluations</b>	<b>11</b>	<b>14</b>	<b>18</b>
<b>SESC Services</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Initial Site Evaluations	73	122	76
Permits Issued	97	97	76
Construction Inspections	7	20	40
<b>Complaint Investigation Type</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Septic Complaints	10	9	8
Well Complaints	0	3	1
Food Service Complaints	12	15	10
SESC Complaints	0	1	0
Dept. of Human Services Complaint	0	1	2
<b>Total Complaints</b>	<b>22</b>	<b>29</b>	<b>21</b>
<b>Department of Human Services Environmental Health Inspections</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Part A	8	4	3
Part B	0	0	1
Part A and Part B	13	21	25
Follow-up Inspections	1	2	2
<b>Total MDHS Inspections</b>	<b>22</b>	<b>27</b>	<b>31</b>



# Personal & Family Health

## Highlights in Fiscal Year 2015 include:

Nicole Robinson was hired in December 2014 as the new Director of Personal and Family Health. Debbie Hoder retired after many successful years in January of 2015.

Elise Bunce joins us as the new Public Health Nurse for Alger County.

Breastfeeding Peers continue to provide classes in all four counties.

Nursing staff successfully passed hemoglobin, pregnancy proficiency testing and tuberculosis testing certification. Continuing education for immunizations were obtained through Immunization Nurse Education Units and by participating in the AFIX/VFC on site review by the State Regional Immunization Coordinator.

LMAS provided Immunization Nurse Education units to many of our districts VFC providers.

Continued to expand the use of our Electronic Medical Record to include all Family Planning/BCCCNP/STD/Lab and other documentation. We continue to work with the Michigan Care Improvement Record (MCIR) to prepare for electronic records to be automatically uploaded into the MCIR.

<b>Tuberculosis Screening and Control</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Number of TB tests performed	100	75	93
<b>Immunizations Program</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Immunizations administered to clients	1886	1700	1882
<b>Breast &amp; Cervical Cancer Control Program</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
LMAS clients	43	72	196
Tribal clients	64	149	239
Total clients enrolled	107	221	435
BCCCP services provided to LMAS clients	47	76	186
<b>Family Planning Program</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Unduplicated clients	277	299	349
Family Planning services provided, excluding contraceptives	926	1178	1083
Total Family Planning contraceptives administered/dispensed, excluding condoms	761	1171	1936
<b>WIC Program</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Unduplicated clients	2070	2143	1415
RN/Registered Dietician services provided	2508	2557	2747
<b>Hearing and Vision Program</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Hearing Screenings	1388	1109	1295
Vision Screenings	1517	1196	1322
<b>Maternal &amp; Infant Health Program</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
Unduplicated clients	182	211	220
MIHP Services provided	1082	1237	1223

<b>Communicable Disease Type</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>Communicable Disease Type</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>
AIDS/HIV Adult	0	0	0	Influenza-like disease	223	144	334
Animal Bite	31*	3	3	Legionellosis	0	1	0
Blastomycosis	0	0	0	Lyme Disease	0	1	1
Campylobacter	7	3	6	Meningitis, Aseptic	0	3	2
Chicken Pox (varicella)	11	4	5	Meningitis, Bacterial Other	0	0	0
Chlamydia	40	38	53	Mycobacterium-other	0	1	0
Coccidioidomycosis	0	0	0	Norovirus	0	1	0
Cryptococcosis	1	1	0	Pertussis	0	3	2
Cryptosporidiosis	3	4	0	Q Fever	0	0	0
Gastrointestinal Illness	22	51	19	Rabies-Animal	0	2	0
Giardiasis	6	12	9	Rickettsial Disease Spotted Fever	0	0	0
Gonorrhea	0	2	7	Salmonellosis	4	8	4
Guillain-Barre Syndrome	0	0	1	Shigellosis	0	1	1
Head Lice (aggregate)	28	18	10	Shiga toxin-producing E.coli	0	0	0
Hepatitis A	0	1	0	Strep Throat (aggregate)	41	45	63
Hepatitis B, Acute	0	0	0	Streptococcus pneumoniae, drug resistant	0	0	0
Hepatitis B, Chronic	1	3	2	Streptococcus pneumoniae, Inv.	1	0	1
Hepatitis C, Acute	0	7	2	Syphilis, Primary	0	0	0
Hepatitis C, Chronic	31	39	28	Tularemia	0	0	0
Histoplasmosis	0	1	0	VZ Infection, unspecified	0	4	0
Influenza	18	5	5				

\*Total now includes animal bites reported to Environmental Health Division.  
Source: Data submitted to MDSS for the four counties

# The C.A.M.P. (Counseling and Medical Place)

## Highlights in Fiscal Year 2015 include:

- Continued work with Athletic Director & Coaches providing Concussion Vital Signs Baseline Testing to the majority of High School athletes.
- Increased the number of medical services with the addition of Allergy Shots.
- Exceeded the goal of 200 unduplicated users for the first time.
- Completed the "CATCH Program" with the 6th grade Physical Education Class which emphasized healthy nutrition and physical activity behaviors.
- Extended sports physical services to 4th grade flag football athletes.
- Have been able to impact children dealing with anxiety disorders that have negatively impacted school attendance and performance.

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We continue to maintain an active and robust mental health practice at the CAMP. Over the course of this past year, we have seen kids with increasingly more challenging and profound mental health issues. We have facilitated psychiatric referrals and hospitalization for children at younger ages than in the history of our program. We are also seeing more children requiring consultation for psychotropic medications, generally, after a course of talking therapy proves ineffective for symptom relief. Our clinician is conservative in making referrals for medications, so this increase in referrals reflects the changing nature of the children we serve. Children and adolescents remain in therapy while on psychotropic meds, so that a greater impact and return to baseline may be realized in the most efficient manner. On the opposite end of the spectrum, our clinician has also been able to assist in educating students, parents and service providers when psychotropic medications are contraindicated, with an emphasis on always deferring to the treating physician. There has been more connection this past year with communicating to PCPs to convey the depth and magnitude of psychiatric issues presented in our office to assist the PCP in making more informed determinations about treatment courses.

This past year, we have also seen more family sessions/family involvement than we have historically, likely a reflection of the more intense needs of the children and adolescents which we are currently serving. Anxiety, depression and trauma are clearly the most treated disorders in our mental health program. Our clinician has worked collaboratively with administrators, staff and local agencies to ensure the mental well-being of students.

In addition, our clinician became a published author this past spring (May '15). BLOOM: 50 Things to Say, Think and Do with Anxious, Angry and Over-the-Top Kids (Kenny & Young, Unhooked Books) was an Amazon.com bestseller in its genre for more than six weeks running, upon its debut. The ISD invited and hired our clinician to provide training to roughly 100 educators across five school districts in this approach. All attendees were provided with a copy of the book, courtesy of a grant through the ISD. Evaluations were favorable and positive and 100% said this training was helpful and should be available to all educators. While none of this work was completed under the auspices of the CAMP/LMAS, it provided an awesome opportunity to do outreach and promote the work being done and services available at the CAMP.

# The C.A.M.P. (The Counseling & Medical Place)

Metric No.	Metric	FY 2015	FY 2014	FY 2013
<b>Services to Families and Children</b>				
2	Unduplicated number of youth age 21 or under served	235	183	127
2	Number of physical exams provided	94	76	53
2	Number of immunizations provided	255	224	8
2/1	Number of positive pregnancy tests/number of test provided (percent positive)	0/20 (0%)	1/10 (0%)	0/9 (0%)
2/1	Number of positive chlamydia tests/number of tests provided (percent positive)	0/16 (0%)	0/6 (0%)	0/4 (0%)
1	Number enrolled in Medicaid	13	2	4
<b>Prevention and Disease Control</b>				
3	Percent of clients with a documented comprehensive physical exam	89%	64%	42%
3	Percent of clients with an up-to-date risk assessment	94%	96%	83%
3	Percent of clients with complete immunizations for age <i>Using ACIP recommendations, except for HPV, Hepatitis A and Flu</i>	91%	87%	63%
3	Percent of clients with diagnosis of asthma that have an individualized care plan (action plan) which includes annual medication monitoring	84%	63%	35%
3	Percent of clients with a BMI at or above 85 <sup>th</sup> percentile who had evidence of counseling for nutrition, physical activity and screen time	89%	83%	67%
3	Percent of clients who smoke/use tobacco that were assisted with cessation	75%	100%	0%
3	Percent of clients who were screened for depression	94%	96%	83%
3	Percent of positive chlamydia treated onsite at CAHC	NA	N/A	N/A
<b>Administration and Regulation</b>				
2	Reached 90% or more of Performance Output Measure (200)	Yes (118%)	Yes 92%	No 64%
3	Percent of clients reporting overall satisfaction with services	100%	100%	94%
3	Median score of "0" or higher on final GAS report in Primary Care	Yes +1	Yes 0	No -1
3	Median Score of "0" or higher on final GAS report in Focus Area 1 (Mental Health)	*	Yes 2	No -2
3	Medial Score of "0" or higher on final GAS report in Focus Area 2 (Alcohol, Tobacco & Other Drug (ATOD) Prevention)	*	Yes 0	No -2
3	Median Score of "0" or higher on final GAS report in Medicaid Outreach	*	Yes 0	Yes 0

#### Prevention and Disease Control Measures and Trends Key:

"FY13" column:

**Red Bold Font** indicates a measurement that was below the desired threshold (see FY13 CAHC Dashboard).

"FY14" column:

**Green Bold Font** indicates movement (at least 5%) in the desired direction, and measure meets or exceeds desired threshold in FY14.

**Blue Bold Font** indicates movement in the desired direction from FY13 to FY14, but that still remains below the desired threshold.

**Red Bold Font** indicates a measurement that showed little improvement (less than 5%) from FY13 to FY14 and that remains below the desired threshold; OR that moved in an undesirable direction and is below threshold in FY14.

"FY15" Column:

\*The bottom three reporting areas have changed in fiscal year 2015.

**Green Bold Font** indicates movement (at least 5%) in the desired direction, and measure meets or exceeds desired threshold in FY15.

Black Plain Font indicates a measurement that was at or above desired threshold in both FY13 and FY14 regardless of amount of change.

#### Goal Attainment Scaling (GAS) Scores:

Median scores are used for demonstrating achievement on the GAS. The median is found by ordering the year-end degrees of achievement and finding the middle value. The median is useful for this analysis, where you have varied numbers of criterion in each area, and where some extreme values within an area may otherwise skew the data.

Primary Care, Medicaid Outreach and the Focus Areas of Mental Health and ATOD (Alcohol, Tobacco and Other Drug Prevention):

The year-end median scores for these areas are "0" or above meaning, overall, you achieved the objectives and completed the activities as anticipated in these areas. The ATOD Prevention Focus Area score is based on completion of one evidence-based intervention.

<b>Metric Key:</b> 1 = Effectiveness 2 = Efficiency 3 = Quality
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# Healthy Families - Upper Peninsula

## Highlights for Fiscal Year 2015 include:

- LMAS District Health Department was awarded a Rural Home Visiting Expansion Grant from MDHHS in January 2015. The funding is to provide evidence-based home visiting services for pregnant women across all of the Upper Peninsula (Prosperity Region I).
- Home visitors were hired by each of the six health department districts in the UP. LMAS also hired a program manager and a supervisor. Intensive core training was received by all Healthy Families - UP staff in June 2015. Family services began to be provided on July 1, 2015.

Rural Home Visiting Aggregate Counts Report 07/01/2015 – 09/30/2015	Total Amount	Percentage
Number of Screens	48	100%
Positive	48	100%
Negative	0	0%
Kempe Assessments (Parent Surveys)	27	100%
Positive	26	96%
Negative	1	4%
Father Present at Assessment	9	33%
New Enrollments	25	100%
Prenatal	13	52%
Postnatal	12	48%
Home Visits	93	100%
Completed Visits	69	74%
Attempted Visits	24	26%

# Community Health Promotion And Health Education

## Highlights for Fiscal Year 2015 include:

- Early in 2015, LMAS was able to restore health education and community health promotion services in the district. Two health educators joined the LMAS staff, and provided planning, implementation, and technical support for the following programs:
  - U.P. Wide Smiles - a primary prevention dental health program.
  - Partnership to Improve Community Health (PICH) - a grant program from the Sault Ste. Marie Tribe of Chippewa Indians. The purpose of the project was to identify and map walking and bicycling trails across all four counties. About 10,000 cards directing residents and visitors to the electronic trail guide at [LMASDHD.org](http://LMASDHD.org) were distributed across the district.
  - Building Healthy Communities (BHC) - LMAS secured a planning grant from the Michigan Department of Community Health for the Manistique community. Coalition development work continued with the existing Team Manistique coalition.
  - Skills Training and Recognition Program (STAR) - in partnership with the Communities that Care coalition in Luce County, a six week STAR program was implemented for interested Newberry 4th and 5th grade students. Each student got to select classes to attend at local businesses two days per week to build skills in each instructor's area of expertise. Seventeen students participated in the program.

# Staff

Last Name	First Name	Job Title	County
Ayotte	Bobbi	Health Educator	Alger
Bosanic	Shaunta	IT Coordinator	Schoolcraft
Brow	Lance	EH Sanitarian I	Luce
Bunce	Elise	Registered Nurse	Alger
Burton	Sandra	General Clerk II	Luce
Butcher	Joy	General Clerk	Luce
Charbonneau	Paula	Administrative Assistant	Luce
Dake	Lisa	Finance Specialist I	Luce
Depew	Toni	General Clerk	Luce
Derusha	Nicholas	Health Officer/Administrator	Luce
Edmunds	David	Custodian	Alger
Grogan	Martina	WIC Breastfeeding Peer Counselor	Mackinac
Harris	Babette	WIC/CSHCS Coordinator	Alger
Hoder	Debbie	Personal & Family Health Services Director	Luce
Hubble	Jennifer	EH Coordinator I	Schoolcraft
Ison	Ann	Human Resources Manager	Luce
Leckson	Kallie	WIC Breastfeeding Peer Counselor	Schoolcraft
Lipnitz	Julie	Registered Nurse	Mackinac
Lussman	Jean	Registered Nurse Lead	Alger
Matheny	Donna	General Clerk	Mackinac
Mickelson	Joshua	Health Educator	Luce
Moseley, Jr.	Thomas	EH Sanitarian I	Alger
Nelson	Clarine	Registered Nurse	Schoolcraft
Noldy	Susan	Administrative Assistant	Luce
Ott	Kerry	Program Manager – Home Visiting Initiative	Schoolcraft
Palmer	Laura	Family Support Worker	Schoolcraft
Pavey	Amy	Finance Director	Luce
Peterson	Hillary	Technician	Schoolcraft
Rahilly	Elizabeth	Registered Nurse	Luce
Richey	Julie	Registered Dietitian	Schoolcraft
Robinson	Nicole	Personal & Family Health Services Director	Alger
Shaulis	Lori	Finance Specialist/Medical Coder III	Luce
Shortridge	Carla	General Clerk II	Alger
Smith	Linda	EH Coordinator I	Schoolcraft
Stempki	Lewis	EH Technician	Mackinac
Suggitt	Elizabeth	EH Coordinator I	Mackinac
Terrian	James	Medical Director	Luce
Tetzlaff	Lisa	Nurse Practitioner	Luce
Thomas	Tracci	General Clerk II	Mackinac
Warth	Lynn	Family Support Worker	Schoolcraft
Weber	Rebecca	General Clerk	Schoolcraft