



Agency Annual Report 2009

OCTOBER 1, 2008 – SEPTEMBER 30, 2009

WWW.LMASDHD.ORG

MISSION STATEMENT

To contribute to the present and future health of persons residing, visiting, or working in the Counties of Luce, Mackinac, Alger, and Schoolcraft, by direct provision of services; by facilitating the delivery of services provided by others; and by monitoring and regulating activities that may have an impact on the health of these communities. Emphasis is placed on:

- A. Education and information, by which individuals can make informed decisions on how to maintain or improve health through their own initiatives.
- B. The maintenance or creation of environmental conditions conducive to health.
- C. Prevention of disease for persons at risk or potentially at risk.
- D. The early detection, treatment, and rehabilitation of those afflicted.
- E. Providing high-quality home care services as an accredited home health agency; and affirming the concept of palliative care by providing pain relief and addressing the dimensions of physical, social, psychological and spiritual care.

A MESSAGE TO THE COMMUNITY

Letter to the Community,

On behalf of the Board of Health and the staff of the LMAS District Health Department, I am pleased to present our fiscal year 2009 Annual Report. Our Agency continues to be committed to providing the citizens of Luce, Mackinac, Alger and Schoolcraft Counties the best in public health services.

The Health Department is the unit of county government mandated by state law to maintain the health of county residents, prevent disease, and protect individuals from environmental hazards. This report summarizes the health department's activities during what proved to be another challenging and productive year. It is intended to give citizens an update on the health status of our community and a greater understanding of the department's function and impact. We look forward to the challenges to come as we continue our efforts to make Luce, Mackinac, Alger and Schoolcraft Counties a safer and better place in which to live.

As the economy continues to decline, the importance of our programs and services has increased. On behalf of the staff, I would like to express our continued commitment to fulfill our mission and obligation to the communities that we serve.

Sincerely,

Nicholas P. Derusha
Health Officer

Board of Health

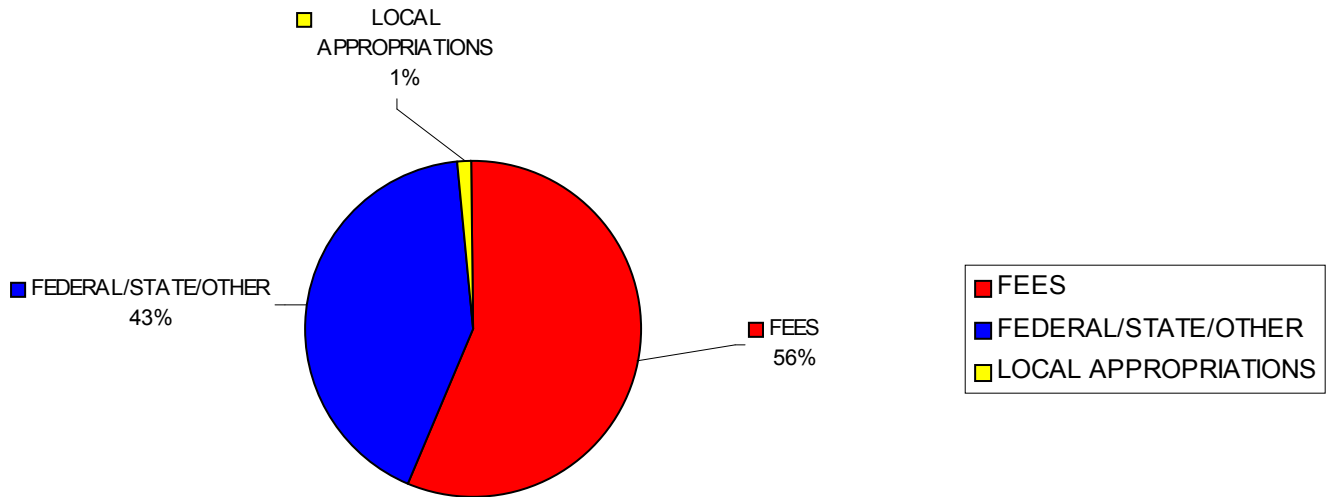
Rita Lemanek, Luce County
Nancy Morrison, Luce County, *Vice Chair*
Calvin McPhee, Mackinac County
Dawn Nelson, Mackinac County, *Chair*
Edward Lindstrom, Alger County
Esley Mattson, Alger County
George Ecclesine, Schoolcraft County
John Zellar, Schoolcraft County

Administrative Staff

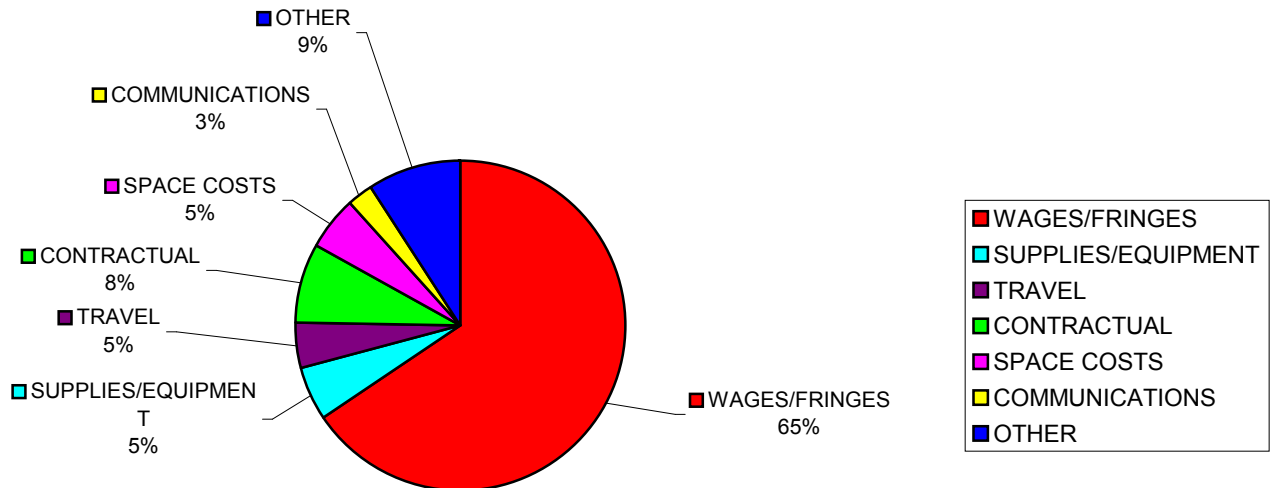
Brian P. Schoenborn, Health Officer
Dr. James Terrian, Medical Director
Nicholas Derusha, Environmental Health Director
Debbie Hoder, Personal and Family Health Business Manager
Heidi Gibbons, Community Health Director
Margaret Austin, Home Health and Hospice Director
Stan Bontrager, Information Technology Director
Lisa Kleeman/Bob Bowler, Finance Manager

FINANCIAL STATISTICS

2009 REVENUE

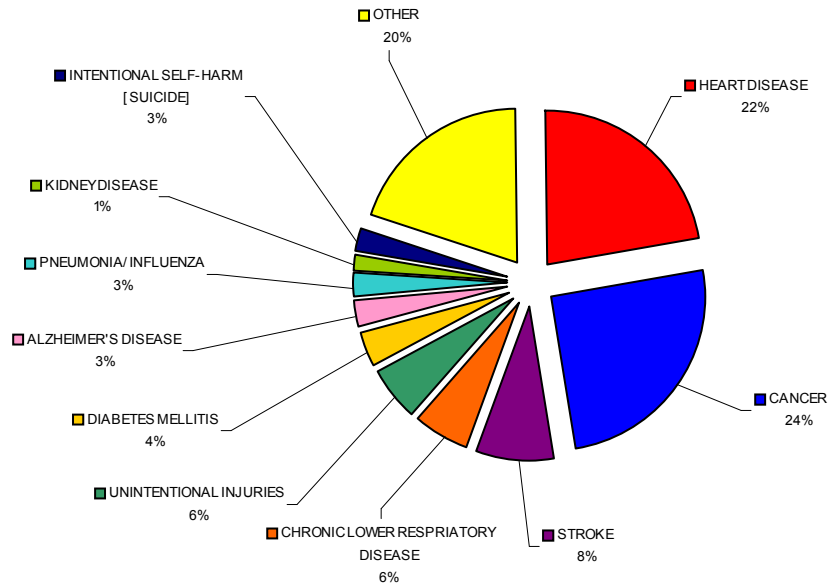


2009 EXPENSES



LEADING CAUSES OF DEATH

LEADING CAUSES OF DEATH, 2007 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	2	93	24,258	631,636	260.9	240.9	211.0
2	Cancer	1	101	20,060	559,888	282.6	199.2	187.0
3	Stroke	3	34	4,638	137,119	95.1	46.0	45.8
4	Chronic Lower Respiratory Diseases	4	24	4,616	124,583	67.2	45.8	41.6
5	Unintentional Injuries	5	24	3,714	121,599	67.2	36.9	40.6
6	Diabetes Mellitus	6	15	2,825	72,449	42.0	28.0	240.2
7	Alzheimer's Disease	7	11	2,430	72,432	30.8	24.1	24.2
8	Pneumonia/Influenza	8	11	1,633	56,326	30.8	16.2	18.8
9	Kidney Disease	10	6	1,611	45,344	16.8	16.0	15.1
10	Intentional Self-Harm (Suicide)	9	11	1,123	33,300	30.8	11.1	11.1
SUB TOTAL			330	66,908	1,854,696	923.5	664.3	619.5
All Other Causes			82	19,734	571,588	229.5	195.9	190.9
TOTAL			412	86,642	2,426,264	1,152.9	860.2	810.4

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. 2007 Michigan Resident Death File, Division for Vital Records & Health Statistics, Michigan Department of Community Health; Population Estimate (latest update 9/2007), 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, April 2009.](#)

COMMUNITY HEALTH SERVICES

PROFILE

The mission of the LMAS District Health Department Community Health Division was to assist individuals including adolescents, adults and senior citizens to understand the issues surrounding substance abuse. LMAS staff provided treatment services that allowed individuals to decrease the adverse effects alcohol and/or other drugs causes for the individual, family and community members. On a functional level, Community Health was defined by a variety of activities in three areas: Prevention, Intervention and Treatment. Addiction services included substance abuse assessments, Driver's License Evaluations, individual and group counseling/educational sessions and efforts to increase public awareness on the issues surrounding substance abuse. In addition the Community Health Division provided Prevention Services, Tobacco Education Programs, youth workgroups that focused on underage drinking issues as well as tobacco and other drugs, Michigan Department of Corrections (MDOC) Phase II Substance Abuse prison-based educational groups and the Michigan Prisoner Re-entry Initiative (MPRI).

Fiscal Year 2009

With much regret fiscal year 2009 was the last year LMAS District Health Department will provide Community Health services in our communities.

Prior to the closing of the Community Health Division staff made many accomplishments:

- Had a very successful CARF Audit and out of 1200 indicators only 29 were noted for improvement
- Conducted 492 MDOC group education sessions
- Provided a total of 893 client services for the MDOC
- Outpatient treatment and counseling services totaled 1881 individual sessions
- Staff also held 893 group sessions for outpatient treatment and counseling
- Alcohol Highway Safety assessments were given to 3 individuals
- Tobacco prevention activities were provided in all four counties

With the discontinuation of the community health services we provided LMAS worked with Great Lakes Recovery Center to ensure these services would continue in our communities. In fact many staff members that left LMAS are now employed with Great Lakes Recovery Center.

In closing LMAS would like to thank the clients who turned to us in their time of need to obtain our services, and finally the dedicated staff we lost in closing our community health division. Community Health staff worked tirelessly to provide outstanding community health services to our area residents for many years and we are sad to see them go. We wish both clients and staff the best.

ENVIRONMENTAL HEALTH

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.

2009 Review

The Environmental Health Division continued making program improvements throughout 2009 to progress the public health services we provide. The most noteworthy improvement was the development of a new Technical Guidance Manual for the design of alternative onsite sewage treatment and disposal systems. Two separate Public Hearings were held in order to obtain input from the public on the content of the new manual. Comments received were then reviewed and many were incorporated into the new manual. The board will vote on the new Technical Guidance Manual in December. 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. Permit numbers continued to decline in 2009 and the division was forced to make some difficult staffing decisions including reducing employee hours 4-8 hours per week. Despite the need to downsize the department has continued its Quality Assurance Programs in both the Food Service Sanitation Program and the Onsite Sewage Treatment and Disposal Program. The QA Programs are implemented by the respective program coordinators and include 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 offered multiple ServSafe Classes this year; there was a minimum of one class offered in each county. LMAS offered the class only for the cost of the materials in order to assist local restaurants to meet the manager certification requirement in the new food law. The Food Service Program Coordinator taught the classes, and they were all well attended.



ENVIRONMENTAL HEALTH

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 Sword Solutions software is an effective tool for conducting food service inspections because it saves time, and assists in making sure all reports issued out of the four county offices are consistent. The Food Service Program Coordinator continued the Quality Assurance Program, whereby the division conducts in-house reviews to ensure we are meeting current accreditation standards prior to the actual accreditation review. In response to the new Food Code requiring a certified manager in all Licensed Foodservice Establishments, the Program Coordinator has completed the necessary training in order to teach the ServSafe Manager Certification Program. This year the department provided the training to licensed establishments for only the cost of training materials.

Food Service Participation	FY 2009	FY 2008	FY 2007
Total Inspections	769	676	725
Fixed Food Inspections	472	490	537
Temporary Food Inspections	240	185	180

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 2009 there were 302 active Type II water supplies within the district, which make up approximately 400 individual wells. All 302 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. The department conducts a site inspection to ensure proper siting of new wells and conducts reviews of well construction records to verify appropriate construction. All of the water supply programs are on an annual review cycle. All three programs (residential, Type II, and Type III) were reviewed and approved by the MDEQ in 2008. As of the date of this report MDEQ has not yet completed the 2009 Review.

Water Supply Participation	FY 2009	FY 2008	FY 2007
Well Permits	170	213	268
Site Evaluations	180	210	259
Type II Sanitary Surveys	69	82	78
Water Supply Enforcement Actions	28	31	18

ENVIRONMENTAL HEALTH

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. In order to continue to provide the high level of service we currently provide our Sewage Program Coordinator has begun an extensive Quality Assurance Program, which, entails reviewing staff work to assure compliance with current accreditation standards. This puts us in a very good position for upcoming accreditation reviews. Fiscal year 2009 included much effort toward refining and updating the technical guidance manual.

Sewage Services	FY 2009	FY 2008	FY 2007
Sewage System Site Evaluations	246	251	312
Sewage System Permits	213	226	284
Sewage System Final Inspections	226	258	265

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. The division continues to work diligently to ensure construction inspections are done frequently in order to prevent sedimentation of the waterways.

SESC Services	FY 2009	FY 2008	FY 2007
Initial Site Evaluations	63	65	53
Permits Issued	63	66	63
Construction Inspections	98	158	201
Final Inspections	26	15	8

PUBLIC SWIMMING POOL PROGRAM

LMAS conducts the public swimming pool program throughout the district as well. The swimming pool program consists of monitoring all licensed public swimming pools (the term pool includes both swimming and spa pools) within our jurisdiction to ensure compliance with MDEQ public swimming pool rules. In the 2009 Fiscal year LMAS field staff conducted 49 public swimming pool and 41 spa pool inspections within our four county service area.

Public Swimming Pool Participation	FY 2009	FY 2008	FY 2007
Public Swimming Pool Inspections	49	41	62
Public Spa Pool Inspections	41	40	58
Follow-up Inspections	9	5	24

* No information reported

ENVIRONMENTAL HEALTH

COMPLAINT INVESTIGATION

LMAS investigates complaints from the public for all of the program areas we cover.

Complaint Investigation Type	2009	2008	2007
Septic Complaints	15	26	6
Well Complaints	7	1	1
Food Service Complaints	10	17	9
SESC Complaints	8	4	2
Department of Human Services Complaint	0	0	0
TOTAL COMPLAINT INVESTIGATIONS	40	48	18

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	2009	2008	2007
Existing Sewage System Inspections	11	8	12
Existing Water Supply Inspections	2	2	9
TOTAL EXISTING FACILITY EVALUATIONS	13	10	21

MICHIGAN DEPARTMENT OF HUMAN SERVICES (MDHS) INSPECTIONS

The MDHS program consists of conducting Environmental Health inspections for MDHS licensed facilities. These facilities include both child and adult 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 closely mirror our 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 conditions are sanitary and refuse is removed on a regular basis.

MDHS Environmental Health Inspections	2009	2008	2007
Part A	17	10	19
Part B	3	4	0
Part A and Part B	20	18	15
Follow-up Inspections	0	2	4
TOTAL MDHS ENVIRONMENTAL HEALTH INSPECTIONS	40	34	38

ENVIRONMENTAL HEALTH

RADON

Administering the radon program throughout the district mainly focuses on 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. Each month the state submits radon test results to our agency to be reviewed by staff members and kept on file. In addition to the health fairs the public can pick up a test kit at all of our offices throughout the year.

Charcoal Radon Test Kits	FY 2009	FY 2008	FY 2007
Number of Kits Distributed	252	110	457

CAMPGROUND PROGRAM

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

Campground Services	FY 2009	FY 2008	FY 2007
Annual Licensing Inspections	72	73	73
Follow-up Inspections	1	0	1
Temporary Campground Inspections	2	2	1

GREAT LAKES BEACH MONITORING PROGRAM

The Great Lakes Beach Monitoring Program is a relatively new program to LMAS. The program consists of identifying all public bathing beaches on the great 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/>.

Great Lakes Beach Monitoring Services	FY 2009	FY 2008	FY 2007
Public Beaches	84	83	76
Actively Monitored	4	4	2

HOME HEALTH AND HOSPICE SERVICES

PROFILE

The LMAS District Health Department began providing Home Health Services as a Medicare-certified home health agency in 1968. Home nursing services were provided by public health nurses for many years before the creation of the national Medicare and Medicaid programs in the mid-1960's. These federal programs included a payment arrangement for home care services that resulted in a major expansion of home care service delivery.

In the early 1980's hospice services were developed in this area through collaborative efforts with the voluntary hospices that were formed in each county. In the early 1990's, again in collaboration with the voluntary hospice providers, the department became a Medicare-certified Hospice service provider.

In the mid-1980's the Board of Health authorized service expansion into Delta and Menominee Counties, at the invitation of the Delta-Menominee District Health Department, which was discontinuing their Home Health operations.

Home Health services include skilled nursing services, home health aide and social work services, occupational, physical and speech therapy. The department also provided private duty services.

Medicare and Medicaid home care services are available to people who meet the conditions for eligibility and have home care ordered by a physician. The person must be essentially homebound and must need a service which is covered by Medicare.

Fiscal Year 2009

With much regret fiscal year 2009 was the last year LMAS District Health Department would provide Home Health and Hospice Services in our communities.

Prior to the closing of the Home Health and Hospice Division staff were able to accomplish many things. Please see the following pages of Home Health and Hospice Statistics.

Unfortunately, the ailing economy, reductions in both state and federal funding, and internal financial difficulties stemming from a more strict interpretation of Medicare guidelines proved to be too many hardships for LMAS to weather and the decision was made to close our Home Health and Hospice Division.

LMAS thanks the clients and families that turned to us for Home Health and Hospice Services that made us the organization we were for so many years. We also thank the staff that day-in and day-out gave much of themselves as they cared for our clients. The LMAS District Health Department hopes for the best for all of our former staff and the clients we served. May the future hold the best for all of you.

HOME HEALTH

PROGRAM AREA	Fiscal 2009 <small>(12 month)</small>	Fiscal 2008 <small>(12 month)</small>	Fiscal 2007 <small>(12 month)</small>
Total Population Served	Estimated	Estimated	Estimated
Luce	6,614	6,728	6,728
Mackinac	10,624	10,877	10,877
Alger	9,438	9,612	9,612
Schoolcraft	8,220	8,518	8,518
Delta	37,179	37,367	37,367
Menominee	24,202	24,249	24,249
Total Number of Home Visits	10,394	18,961	19,481
Total Number of Services Provided			
Skilled Nursing Care	4,548	8,545	7,997
Physical Therapy	2,357	3,940	4,592
Occupational Therapy	948	1,158	1,258
Speech Therapy	95	149	22
Medical Social Worker	46	71	86
Home Care Aide	2,448	5,098	5,526
Not Home or Not Found	267	466	574
Refused Services	283	226	344
Service by Payment Plan			
Medicare	9,026	17,065	17,679
Medicaid	318	382	533
Blue Cross/Blue Shield	768	1,240	975
Other Insurance	280	256	293
Private Pay	2	18	1
Total Miles Driven by Staff			
Registered Nurses	116,357	184,873	202,621
Home Care Aides	56,067	98,163	122,799
Therapists	126,959	156,944	173,146
Medical Social Workers	11,851	3,665	2,882
Registered Dieticians	N/A	N/A	N/A
Private Duty Services			
Clients	25	25	30
RN P.D. visits	80	86	102
Home Care Aide	415	553	1670
OT visits	0	0	0
PT visits	0	0	0
Foot Care			
Clients	6	5	199

HOSPICE

PROGRAM AREA	Fiscal 2009 (12 month)	Fiscal 2008 (12 month)	Fiscal 2007 (12 month)
Unduplicated Census	42	39	40
Routine Home Care			
Clients who receive routine home care	39		40
Range of Length of Care in days	1-287	1 – 366	1 – 365
Total routine home care provided in days	2,997	3,604	2,825
Average Length of Care in days	74	78	71
Continuous Care Hours			
Number of clients	0	1	0
Number of hours	0	68	0
Average number of hours per client	0	68	0
Inpatient Stay - Hospital			
Number of clients	4	5	4
Number of days	23	18	28
Inpatient Stay - Respite			
Number of clients	0	1	1
Number of days	0	3	4
Physician Services			
Number of clients	0	0	0
Number of services	0	0	0
Room & Board			
Number of clients	2	2	6
Number of days	81	74	278
Visit Statistics			
RN visits	709	879	772
SW visits	116	226	271
PT visits	19	66	25
OT visits	3	12	16
ST visits	2	0	18
HHA visits	757	880	551
Number of Hospice Clients who have Died	31	24	22

PERSONAL AND FAMILY HEALTH

Profile

The Personal & Family Health Services Division of LMAS District Health Department includes many programs that provide 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. Registered Nurses or Registered Social Workers provide most services. LMAS continues to be fully accredited by the Michigan Department of Community Health (MDCH).

During the first quarter of FY2009, The division operated with one director with responsibility for oversight and direction of all PFH programs, 22 staff members and a business manager who assists with data analysis, billing issues and quality improvement. The management of the division changed at the onset of the second quarter, operating with one Business Manager/Supervisor with responsibility for oversight and direction of all PFH programs, and 15 staff members.

PROGRAM OVERVIEWS

Communicable Disease Program

The Communicable Disease Program includes gathering, reporting and investigating communicable diseases, in an effort to timely and effectively monitor public health threats. In 2009 LMAS collaborated with area schools, hospitals, and pharmacies related to H1N1 flu issues. LMAS Family Planning/STD staff also provided presentations to the local Alternative Education classes in each community.

DATA REPORTED TO THE MICHIGAN DISEASE SURVEILLANCE SYSTEM							
	2009	2008	2007		2009	2008	2007
Animal Bite	35	9	13	Hepatitis C, Acute	1	3	0
Blastomycosis	1	0	1	Hepatitis C, Chronic	29	17	16
Campylobacter	3	4	6	Hepatitis C, Unknown	0	3	0
Chicken Pox (Varicella)	1	4	9	Histoplasmosis	0	1	0
Chlamydia	28	22	36	Influenza	8	3	6
Cryptococcosis	1	0	0	Influenza like disease	955	56	527
Cryptosporidiosis	2	0	0	Influenza, 2009 Novel	11	0	0
Diphtheria	0	0	0	Meningitis, Aseptic	1	0	0
Giardiasis	6	1	2	Meningitis, Bacterial Other	1	2	1
Gonorrhea	6	1	2	Pertussis	3	0	1
Guillain-Barre Syndrome	0	0	1	Salmonellosis	5	3	4
Head Lice	42	1	0	Strep Throat	32	9	0
Hepatitis A	0	1	0	Streptococcus pneumoniae, inv.	1	0	0
Hepatitis B, Acute	0	0	0	Syphilis, Primary	0	0	1
Hepatitis B, Chronic	1	1	0	Source: Date submitted to the MDSS for the four counties.			

PERSONAL AND FAMILY HEALTH

TB Screening and Control

LMAS provides TB screening to the public and follows up on all positive TB screening tests. Follow up includes assisting clients with seeking medical attention, arranging for medication and monitoring medication adherence. 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.

TB Screening and Control	2009	2008	2007
Number of TB Test Performed	117	169	196
Number of Clients Monitored for Treatment of Latent TB Disease	0	0	1

Immunization Program

Immunizations are administered to children and adults in order to reduce vaccine preventable diseases. The Vaccine for Children Program (VFC) provides vaccine 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. 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. New vaccine combinations were added to the schedules, and there continue to be ongoing issues with vaccine shortages, which are monitored by the health department.

Immunization Program	2009	2008	2007
Immunizations Administered to Clients	2317	2805	2503

LMAS monitors the VFC immunization inventory and activity of several providers. As Michigan Department of Community Health implements new processes, we coordinate various provider and LMAS staff trainings. During 2009, we provided Provider training on the Michigan Care Improvement Registry (MCIR), Vaccine Immunization Module (VIM), and Centralized Ordering Distribution (COD). We also provided support and assistance in balancing the inventory of the providers. 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.

PERSONAL AND FAMILY HEALTH

WOMEN'S HEALTH PROGRAMS

Our Women's Health Programs include the Breast and Cervical Cancer Control Program (BCCCP) and Family Planning Program. Women who meet BCCCP Program guidelines, established by the State, can receive free clinical breast exams, pelvic exams, pap smears and referral services for mammography and other identified health care needs. Follow up services and referrals for treatment are also provided by contracted providers. Some providers enroll clients into the program. Family Planning services are intended to achieve pregnancy or avoid pregnancy, and consist primarily of contraceptive services, exams and education/counseling. Fertility enhancement can be considered. Sexually Transmitted Disease (STD) screening, diagnosis, treatment and follow up is an integral part of Family Planning services. The Plan First! Program is a Medicaid Waiver program designed to provide Family Planning services to eligible women ages 19 to 44. Plan First clients represent about 30% of our Family Planning caseload.

The BCCCP caseload for LMAS in FY 2009 was 550, which was divided between LMAS offices and the Sault Tribe of Chippewa Indians Health Centers in the district. LMAS was successful at meeting the caseload.

BCCCP Program	2009	2008	2007
LMAS Clients	232	221	205
Tribal Clients	317	294	278
BCCCP Services provided to LMAS Clients	238	439	346

Family Planning Program	2009	2008	2007
Unduplicated Clients	616	639	663
Total Services Provided, excluding contraceptives	2202	1826	1841
Total FP Contraceptives Administered/Dispensed, excluding condoms	2765	3062	3316

PERSONAL AND FAMILY HEALTH

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. Referrals for health care and other needs are very much a part of the program.

During the fiscal year, our staff received extensive training on the MIWIC system. The system was implemented in June, and allows for a more “paperless” environment. All information is entered into the state database, creating a more efficient process for the client and our staff. Staff adapted very well to the new technology. The state funded performance caseload for FY2009 was 1,044. As of 9/30/09, there were 1,096 clients enrolled in WIC.

WIC Program	2009	2008	2007
Unduplicated Clients	1497	1495	1516
Services Provided	2536	2789	3010

LMAS performed 381 blood lead tests on children seen in the WIC clinics, to check for any indication of the presence of lead.

During the summer months, LMAS offers the Project Fresh Program that provides clients with coupons to purchase Michigan grown fruits and vegetables at local farmers markets.

MATERNAL INFANT HEALTH PROGRAM (MIHP)

A three-person team, consisting of a Registered Nurse, Social Worker and a Registered Dietician, provides services to each client, both in our offices and at the client’s home. The Maternal portion of this program provides one-on-one support and teaching about body changes, fetal growth and development, parenting skills, counseling, support and guidance for a healthy and comfortable pregnancy. Infant support continues through the first year of the baby’s life, with education and counseling on growth, early parenting, infant nutrition, breastfeeding and much more. The program also provides assistance with arrangements for prenatal and postpartum medical visits, childbirth classes, WIC appointments and referrals to community resources. LMAS discontinued providing MIHP services as of August 31, 2009.

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 health care coverage so clients can obtain specialist evaluations and 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, 127 children were enrolled in the program.

PERSONAL AND FAMILY HEALTH

Hearing and Vision Program

LMAS offers hearing and vision screening services to preschool age populations via Head Start programs, Community Action Agencies, and WIC clinics at the Health Department. Preschool and school age children receive screenings in the schools, and we also screen at kindergarten roundups in each community.

Hearing and Vision Program	2009	2008	2007
Hearing Screenings	1,003	1,103	725
Vision Screenings	1,261	2,010	1265

CONTINUING EDUCATION, TRAININGS AND CONFERENCES

In an effort to remain current with all community health issues, our staff continually attends trainings and conferences on a variety of subjects. In fiscal year 2009, a member or members of our staff attended the following conferences/trainings:

- Fall Regional Immunization Conference
- Family Planning CPT/ECD9 Coding Review Webcast
- Delivering Test Results Webcast
- WIC Coordinator Meeting Webcast
- WIC Breastfeeding Basics
- WIC Formulas, Growth, Feeding Webcast
- MI-WIC Training
- Breast & Cervical Cancer Control Program (BCCCP) Annual Conference
- All Options Counseling Webcast
- Youth Friendly Reproductive Health Services Webcast
- Adolescent Immunizations Webcast
- BCCCP Coordinator Telephone Conference
- Building Healthy Communities Grant Training/Meeting
- Tuberculosis (TB) Training & Trainer Certification
- Hearing & Vision Annual Conference
- IAP Meetings
- Rural & Ready 2009 Conference
- Devereaux Early Childhood Assessment for Infants & Toddlers Training

EMERGENCY PREPAREDNESS

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 can 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:

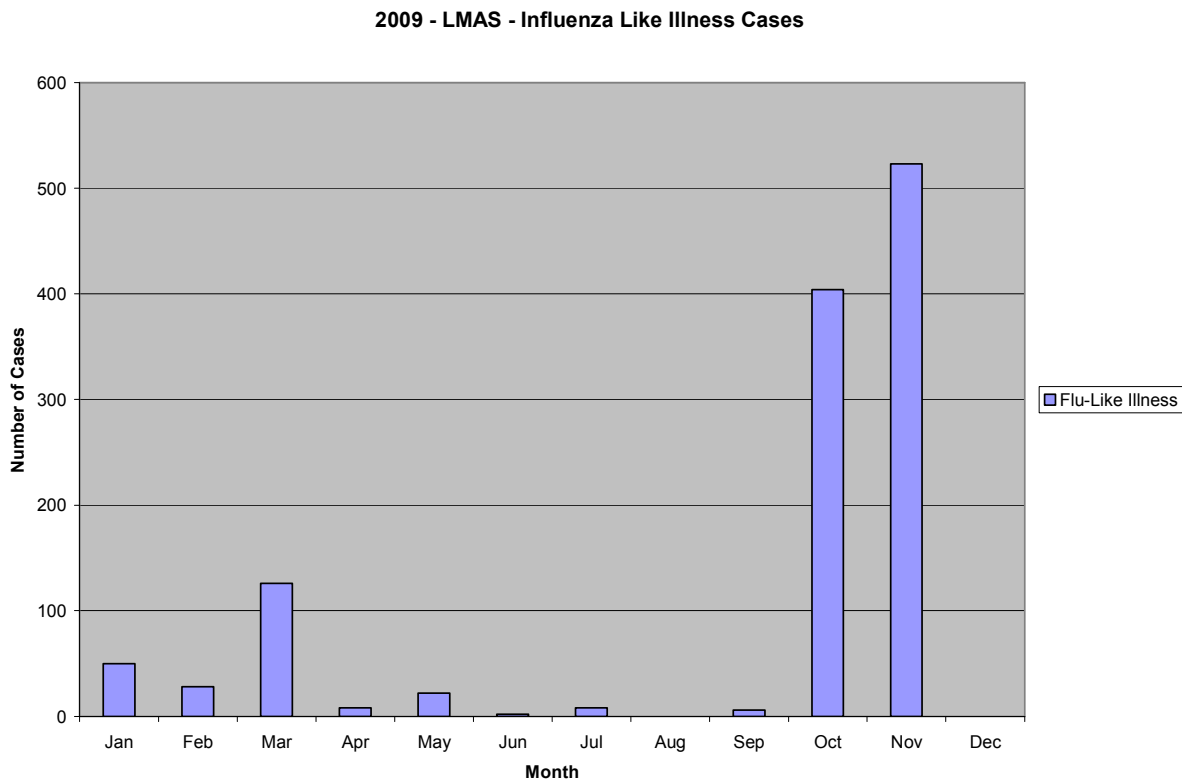
- Attended coordination meetings/exercises with Local Emergency Planning Committees (LEPC); Local Planning Teams (LPT); and local county Emergency Management in each county.
- Participated in monthly teleconferences with Emergency Planning Coordinators (EPCs) in the Upper Peninsula (Region 8); and statewide 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 12 internal/external exercises involving components of LMAS emergency responses.

EMERGENCY PREPAREDNESS

Public Health Emergency Response – H1N1 2009 Event

April saw the emergence of a new influenza virus, initially known as the “swine flu” but more formally called influenza A (H1N1) 2009 virus. First noticed in Mexico, it spread rapidly on a worldwide basis when in June the World Health Organization (WHO) declared it to be a pandemic. This flu was different from the typical seasonal flu in that it appeared at an unusual time of year and didn’t disappear with summer onset. It also affected the adolescent to middle age groups to a greater extent rather than the very young and very old as is typical of the seasonal flu.

Flu-like illness in the LMAS area reached its peak during October and November (see chart below).



Elevated numbers in January – March were due to the usual seasonal influenza that occurs that time of year. The illness from summer flu cases and the October/November peak was most likely caused by 2009 H1N1. While there were 11 laboratory confirmed cases, during the fall only hospitalized patients or those with other special circumstances were tested. Virtually all influenza cases tested during the fall in Michigan were positive for 2009 H1N1 thus the October-November flu cases were certainly this type.

LMAS (as well as all of public health) could not initially respond with the most effective tool for combating this novel virus – vaccinations. This being a new virus, there was no vaccine available and it would not be until October that small amounts of vaccine were to become available.

EMERGENCY PREPAREDNESS

Prior to vaccine availability, LMAS activities included:

- Communications – there was a great volume of new and rapidly changing information concerning the new virus and health responses that came from CDC and MDCH that needed interpretation, clarification and sharing with local hospitals/tribe, emergency management and media.
- Medical Countermeasures
 - Supplies of Tamiflu were ordered in May from the Strategic National Stockpile (SNS) and distributed to local hospital/commercial pharmacies for use if local shortages occurred and for the indigent.
 - Masks, gowns and similar personal protective gear were ordered from the SNS for local providers upon request.
- Vaccine – collaborated with the hospitals and Sault Tribe to prepare for future receipt and distribution of vaccine. Enabling these providers through initial registration or confirmation of participation in the Michigan Care Improvement Registry (MCIR); approval as H1N1 vaccine providers; identifying key local contacts for receipt, dispensing and record keeping issues; and education/training in vaccine use and target group compliance strategies.

Initially, vaccine was available only in small supplies. Vaccine was allocated to states on a population basis. LMAS received the first shipment of vaccine on October 6 – with subsequent weekly shipments averaging 500 doses during October. Allocations increased slightly in early November. Late November into December found allocations significantly increasing until December 22 when supplies were ample enough to enable lifting of the ordering limitations.

The districts relatively low population base (0.3% of Michigan population) and subsequent distribution to four counties and the Sault tribe resulted in very limited vaccine availability at any one location. Not having sufficient vaccine volume to conduct community clinics, LMAS ordered vaccine, delivered it to providers when necessary and tracked vaccine inventory/recipients for community providers (hospitals, hospital clinics, physicians and the Sault Tribe). Initially there was not enough supply to meet demand thus more vaccine may have been given out had there been adequate supplies. By year's end, 3,919 vaccinations had been administered - 11.2% of LMAS population (Michigan overall rate – 9.1%).

FISCAL YEAR 2009 STAFF

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
BOWLER	ROBERT	LUCE	ACCOUNTING MANAGER
CHARBONNEAU	PAULA	LUCE	ADMINISTRATIVE ASSISTANT
CLARK	WILLIAM	ALGER	MAINTENANCE REPAIRMAN
COUCH	ELSA	SCHOOLCRAFT	GENERAL CLERK
DZELAK	MELISSA	LUCE	FINANCE SPECIALIST II
HOOPER	GENEVA	LUCE	SYSTEMS ANALYST
ISON	ANN	LUCE	HUMAN RESOURCE MANAGER
KLEEMAN	LISA	LUCE	FINANCE MANAGER
MCCUNE	MARK	SCHOOLCRAFT	EMER. PREPAREDNESS COORD
PARKER IV	RICHARD	LUCE	MAINTENANCE SUPERVISOR
PAVEY	AMY	LUCE	FINANCE SPECIALIST II
PRUNICK	THOMAS	ALGER	MAINTENANCE REPAIRMAN
SCHOENBORN	BRIAN	LUCE	HEALTH OFFICER
SHAULIS	LORI	LUCE	FINANCE SPECIALIST II
STEINER	WAYNE	MACKINAC	MAINTENANCE REPAIRMAN
TERRIAN	JAMES	LUCE	MEDICAL DIRECTOR
ZDEBSKI	AMY	LUCE	FINANCE SPECIALIST

COMMUNITY HEALTH

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
DIXSON	DARRELL	SCHOOLCRAFT	ADDICTIONS COUNSELOR
DRAGAN	HEIDI	LUCE	CH DIRECTOR
FRANKOVICH	KRISTA	SCHOOLCRAFT	CUSTOMER SERVICE REP
JENEROU	MARY	SCHOOLCRAFT	PREVENTION SPECIALIST
JOHNSON	DENISE	LUCE	LEAD CUSTOMER SERVICE REP
MACDOWELL	MELANIE	MACKINAC	PREVENTION SPECIALIST
MARKSTROM	DIANE	LUCE	ADDICTIONS COUNSELOR
MATHENY	GARY	MACKINAC	CH COORDINATOR
MILNE	KOURTNEY	LUCE	PREVENTION SPECIALIST
NADEAU	REBECCA	SCHOOL	PREVENTION SPECIALIST
QUINN	SONNET	MACKINAC	CUSTOMER SERVICE REP
SHEPPARD	JENNIFER	MACKINAC	ADDICTIONS COUNSELOR
TATROW	LISA	SCHOOLCRAFT	SOCIAL WORKER SUPERVISOR
WINK	MARY	LUCE	ADDICTIONS COUNSELOR
WOLFGANG	STEVEN	LUCE	SOCIAL WORKER

FISCAL YEAR 2009 STAFF

ENVIRONMENTAL HEALTH

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
BARR	SCOTT	LUCE	SANITARIAN
BROW	LANCE	MACKINAC	SANITARIAN
CHARBONNEAU	PAULA	LUCE	GENERAL CLERK
DERUSHA	NICHOLAS	LUCE	EH DIRECTOR
HEYRMAN	CHELSEA	ALGER	GENERAL CLERK
HUBBLE	JENNIFER	SCHOOLCRAFT	EH COORDINATOR
MOSELEY	THOMAS	ALGER	SANITARIAN
NELSON	STACI	MACKINAC	GENERAL CLERK
SMITH	JANET	LUCE	LEAD CLERK
SMITH	LINDA	SCHOOLCRAFT	TYPE II COORDINATOR
SUGGITT	ELIZABETH	MACKINAC	EH COORDINATOR
WEBER	REBECCA	SCHOOLCRAFT	GENERAL CLERK

HOME HEALTH AND HOSPICE

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
ANDERSON	ANGELA	LUCE	LEAD REGISTERED NURSE
AUSTIN	MARGARET	DELTA	HH DIRECTOR
BAKER	ALBERTA	MACKINAC	REGISTERED NURSE
BERNIER	SARAH	DELTA	LEAD CLERK
BITTNER	MISTY	DELTA	CAREFACTS SPECIALIST
BLASHILL	ROSEMARY	MACKINAC	HH QI ADMINISTRATOR
BONTEKOE	MARY	SCHOOLCRAFT	HH AIDE
BROWN	LONI	MACKINAC	HH AIDE
BURROWS	MARGARET	MACKINAC	REGISTERED NURSE
BUTRYN	JEWERL	DELTA	NURSING SUPERVISOR
CHENIER	MICHELE	DELTA	GENERAL CLERK
COAKLEY	KRISTIN	MENOMINEE	GENERAL CLERK
DAKE	LISA	LUCE	CAREFACTS SPECIALIST
DAVIS	LINDA	MACKINAC	REGISTERED NURSE
DUPRAS	LAURA	ALGER	SOCIAL WORKER
EDBERG	CARRIE	MENOMINEE	HH AIDE
FILON	KAROLINA	MENOMINEE	PHYSICAL THERAPIST
FULCHER	NANCY	ALGER	NURSING SUPERVISOR
GALLAGHER	ETHEL	LUCE	REGISTERED NURSE
GEREAU	PAMELA	DELTA	NURSING SUPERVISOR
GIBSON	SANDRA	LUCE	HH AIDE
GREGORY	GRETCHEN	LUCE	REGISTERED NURSE

FISCAL YEAR 2009 STAFF

HOME HEALTH AND HOSPICE

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
HARJU	JODY	MACKINAC	GENERAL CLERK
HARTMAN	LYNDA	MACKINAC	NURSING SUPERVISOR
HAWKINS	CARL	MACKINAC	MEDICAL DIRECTOR
HILLIARD	DEBRA	LUCE	SOCIAL WORKER
HOWLAND	KELLY	MACKINAC	HH AIDE
JENEROU	BONNIE	LUCE	REGISTERED NURSE
KEUPPER	STANLEY	DELTA	REGISTERED NURSE
MACDOWELL	SHAROLYN	MACKINAC	GENERAL CLERK
MARKS	HELEN	MACKINAC	REGISTERED NURSE
MCALLISTER	SHANNA	ALGER	IHH AIDE
MCCLEAREN	LORI	SCHOOL	REGISTERED NURSE
MCCLURE	MARIE	MACKINAC	HH AIDE
MORRISON	JEFFREY	LUCE	HH OPERATIONS SUPPORT
OCKO	COLLETTE	LUCE	HH AIDE
OLSEN BOLZ	KAREN	LUCE	GENERAL CLERK
PLIMPTON	CARRI	DELTA	REGISTERED NURSE
POLKINGHORNE	PATTI	SCHOOLCRAFT	SOCIAL WORKER
SAARI	JOANNE	ALGER	LICENSED PRACTICAL NURSE
SADLER	REBECCA	ALGER	REGISTERED NURSE
SCHEI	MARY	MEN	REGISTERED NURSE
SMUTEK	COLLEEN	LUCE	HH AIDE
SOBIERAY	JUDITH	MEN	REGISTERED NURSE
SOBLASKEY	SHERRILL	MACKINAC	HH AIDE
STIMAC	CHARLES	ALGER	SOCIAL WORKER
UECKE	CHRISTIE	MEN	LICENSED PRACTICAL NURSE
WILSON	KATHERINE	MACKINAC	REGISTERED NURSE
WINBERG	TONYA	MACKINAC	REGISTERED NURSE
WRIGHT	CYNTHIA	MACKINAC	LICENSED PRACTICAL NURSE
ZELLNER	KARLA	SCHOOL	HH AIDE

PERSONAL AND FAMILY HEALTH

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
ALLERS	BETSY	MACKINAC	SOCIAL WORKER
BALTHAZORE	CAROL	SCHOOLCRAFT	GENERAL CLERK
BECKER	REBECCA	MACKINAC	NURSE PRACTITIONER
BURTON	SANDRA	LUCE	GENERAL CLERK II
BUTKOVICH	CATHERINE	LUCE	PH/EH TECHNICIAN

FISCAL YEAR 2009 STAFF

PERSONAL AND FAMILY HEALTH

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>COUNTY</i>	<i>TITLE</i>
COPENHAVER	MELISSA	LUCE	PH DIRECTOR
DANAHER	DENISE	LUCE	NURSE PRACTITIONER
ENGLISH	CYNTHIA	MACKINAC	REGISTERED NURSE
GOULD	KIMBERLY	LUCE	LEAD CLERK
HARRIS	BABETTE	ALGER	LEAD CLERK
HODER	DEBBIE	LUCE	BUSINESS MGR/PROG. COORD.
HUGHEY	MELISSA	LUCE	REGISTERED DIETITIAN
LIPNITZ	JULIE	MACKINAC	REGISTERED NURSE
LUSSMAN	JEAN	ALGER	LEAD REGISTERED NURSE
MAXON	ROBIN	ALGER	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
YOUNG	KATHERINE	SCHOOLCRAFT	REGISTERED NURSE