

LMAS DISTRICT HEALTH DEPARTMENT



AGENCY ANNUAL REPORT

FISCAL YEAR 2011

OCTOBER 1, 2010 – SEPTEMBER 30, 2011

WWW.LMASDHD.ORG

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

APPROVED ON 03-05-12
LMAS District Board of Health



LMAS DISTRICT HEALTH DEPARTMENT

Environmental Health ■ Personal & Family Health ■ Emergency Preparedness

www.lmasdhd.org

Luce County
& Administrative Office
14150 Hamilton Lake Road
Newberry, MI 49868
Ph: (906) 293-5107
Fax: (906) 293-5453

Mackinac County
749 Hombach Street
St. Ignace, MI 49781
Ph: (906) 643-1100
Fax: (906) 643-0239

Alger County
E9526 Prospect Street
Munising, MI 49862
Ph: (906) 387-2297
Fax: (906) 387-2224

Schoolcraft County
300 Walnut Street, Room 155
Manistique, MI 49854
Ph: (906) 341-6951
Fax: (906) 341-5230

A Message To The Community

I am pleased to present the fiscal year 2011 Annual Report to the citizens of Luce, Mackinac, Schoolcraft, and Alger Counties and to our community partners in each respective area. Fiscal Year 2011 saw LMAS staff continue their hard work and dedication to the services we provide and LMAS was again blessed with outstanding support from our board of health, county commissions, and county residents. The attached report details the activities of LMAS during fiscal year 2011.

Fiscal Year 2011 was a very busy year for LMAS. On October 1, 2010 LMAS implemented new software and databases agency wide. The previous system was antiquated as it was over 20 years old and had been modified well beyond its original intended use. The database conversion presented many new challenges for staff but in the end staff persistence prevailed. The new databases are projected to save the agency about \$10,000 in support costs alone. LMAS was able to save an additional \$15,000 in travel reimbursement by purchasing 6 economy sized agency vehicles. In addition to the electronic upgrades and cost saving measures the LMAS board of health agreed upon an intergovernmental agreement through the Urban Cooperation Act to formalize the framework for LMAS amongst the four member counties.

Each year many of the agency programs are evaluated by state auditors. Programs evaluated during Fiscal year 2011 included Onsite Water Supply, WIC Management and Laboratory Proficiency. The evaluations went very well and highlight the exceptional quality of the services provided by LMAS.

LMAS was able to add to its list of services provided in fiscal year 2011 even though staff had additional duties brought on by the database conversion. A major highlight of fiscal year 2011 included the monitoring of 9 additional great lakes beaches made possible through a great lakes restoration initiative grant. A key partnership with the Sault Ste. Marie Tribe of Chippewa Indians and the Strategic Alliance for Health Program allowed LMAS to help improve opportunities for physical activity, access to healthy foods, and smoke-free policy changes throughout the district. LMAS also began efforts to provide medical services at the adolescent health center in Tahquamenon Area Schools through an agreement with the Eastern Upper Peninsula Intermediate School District.

On behalf of LMAS I thank you for your continued support and will keep on working with all of our local 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

BOARD OF HEALTH & ADMINISTRATION

Board of Health



Front row: George Ecclesine, Joseph VanLandschoot, Debbie Hoder (LMAS), Esley Mattson and Larry Leveille.
Back row: Daniel LaFoille, Rita Lemanek, Nick Derusha (LMAS), Nancy Morrison, Calvin McPhee, and Mark Miller (MDCH)

LUCE COUNTY:

Rita Lemanek
Nancy Morrison

ALGER COUNTY:

Esley Mattson
Joseph VanLandschoot, *Vice Chair*

MACKINAC COUNTY:

Calvin McPhee
Larry Leveille

SCHOOLCRAFT COUNTY:

George Ecclesine, *Chair*
Daniel LaFoille

Administrative Staff

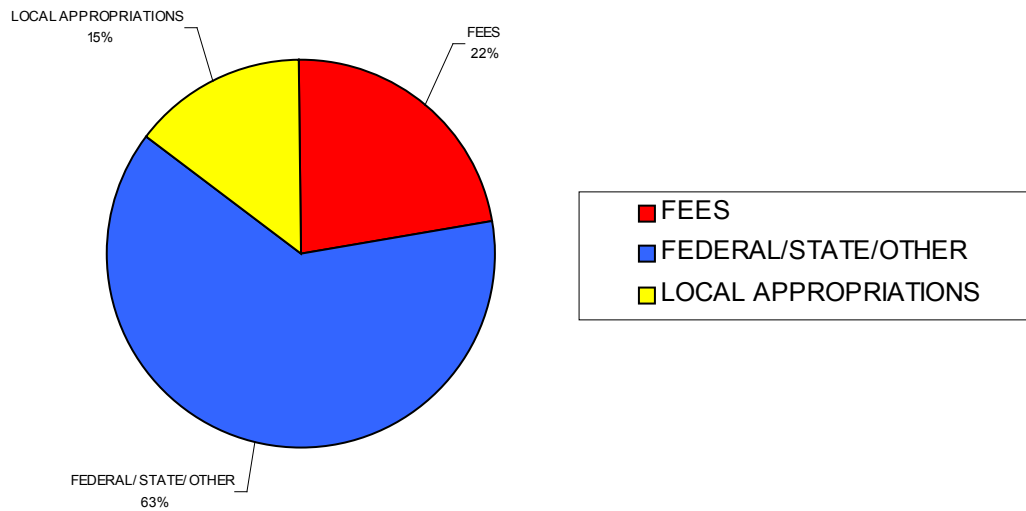
Nicholas Derusha	<i>Health Officer/Environmental Health Director</i>
Dr. James Terrian	<i>Medical Director</i>
Debbie Hoder	<i>Personal/Family Health Business Manager</i>
Stan Bontrager	<i>Information Technology Director</i>
Amy Pavey	<i>Finance Director</i>
Ann Ison	<i>Human Resource Manager</i>
Mark McCune	<i>Emergency Preparedness Coordinator</i>
Paula Charbonneau	<i>Administrative Assistant</i>
Richard Parker	<i>Maintenance Supervisor</i>

FINANCIAL STATISTICS

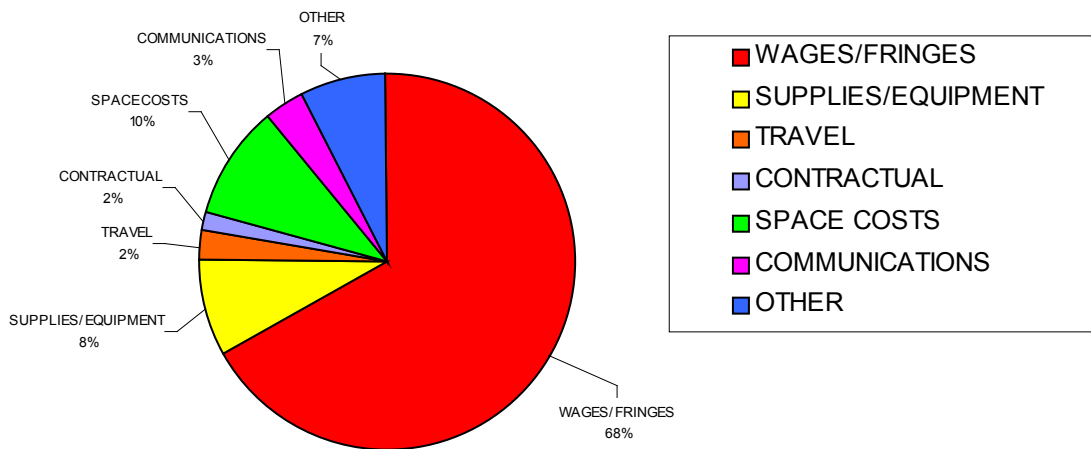
Total Revenue: \$2,108,626
 Total Expenses: \$2,064,588
 Net Revenue/Expenses: \$ 44,038

NOTE: Preliminary numbers, not yet audited.

2011 REVENUE

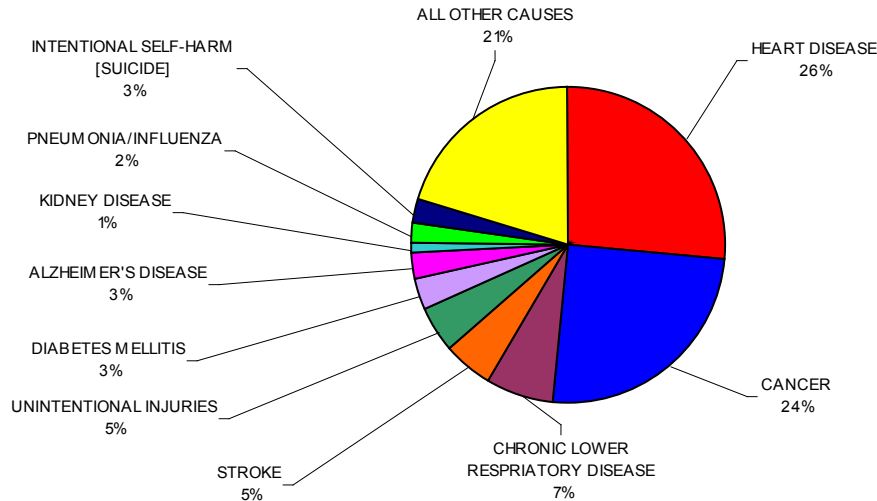


2011 EXPENSES



LEADING CAUSES OF DEATH

LEADING CAUSES OF DEATH, 2009
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	116	23,044	617,527	336.0	231.1	203.1
2	Cancer	2	108	20,174	566,137	312.8	202.4	186.2
3	Chronic Lower Respiratory Diseases	3	31	4,941	141,075	89.8	49.6	46.4
4	Stroke	4	22	4,415	133,750	63.7	44.3	44.0
5	Unintentional Injuries	5	20	3,671	121,207	57.9	36.8	39.9
6	Diabetes Mellitus	6	15	2,689	70,601	43.5	27.0	23.2
7	Alzheimer's Disease	7*	11	2,552	82,476	31.9	25.6	27.1
8	Kidney Disease	9	5	1,699	48,283	**	17.0	15.9
9	Pneumonia/Influenza	8	8	1,540	56,335	23.2	15.4	18.5
10	Intentional Self-Harm (Suicide)	7*	11	1,164	35,933	31.9	11.7	11.8
SUB TOTAL			347	65,889	1,873,324	1,005.2	660.9	616.1
All Other Causes			90	20,421	599,375	260.7	204.8	197.1
TOTAL			437	86,310	2,472,699	1,265.9	865.7	813.2

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** Note: Rates are per 100,000 population. Asterisk (*) indicates that data do not meet standards of reliability or precision. Care should be taken in drawing inferences from rates based on small numbers of events or small population base. These rates tend to exhibit considerable variation, which may negate their usefulness for comparative purposes. 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. The [ICD-10 codes are grouped into broader categories](#) for the causes listed in this table in order to classify these selected causes of death (e.g., ICD-10 codes C00-C97 are used to indicate deaths due to cancer).

Source: 2009 Michigan Resident Death File, Division for Vital Records & Health Statistics, 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: Preliminary Data for 2008. National vital statistics reports: vol 59 no 2](#), Hyattsville, MD: National Center for Health Statistics. December 2010.

EMERGENCY PREPAREDNESS

Profile

The Emergency Preparedness section develops, maintains and tests the LMAS public health response plan to assure a coordinated community response to protect the people of our community during a public health emergency. This is accomplished through comprehensive planning, staff education and training, and collaboration with community partners. An All-Hazards preparedness approach is used to enable response to a wide range of situations. Since the program began at LMAS, there has been significant progress in awareness and inclusion of public health concerns in local preparedness planning.

The focal point of the Emergency Preparedness Program involves planning for mass vaccination/ pharmaceutical dispensing operations in the rare event of a large-scale public health emergency. Outbreak of a highly contagious disease, whether natural (pandemic influenza) or man-made (bioterrorism), requires a great deal of resources and responder collaboration within and outside the local community.

LMAS continues to develop and improve preparedness plans with local partners for the protection of our citizens. Through the planning and exercising of these response plans, LMAS has greatly improved its ability to respond to a public health emergency.

Community Value

Emergency Response Plans:

Emergency Preparedness is responsible for the development and maintenance of the LMAS emergency response plans. Plans are updated each year based on Federal/State/Local guidance/lessons learned from exercises and collaborations with community partners. Plans include:

- Mass Vaccination Plan - a checklist of protocols in the event of a public health disaster that requires a population wide vaccination event.
- 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.
- Distribution Node Plan – an attachment to the SNS Plan (above) detailing the local procedure for receiving pharmaceutical and medical supplies.
- Pandemic Flu Plan – a checklist of steps for LMAS to follow in the event of an influenza pandemic
- Risk Communication (CERC) Plan – a compilation of contacts and pre-drafted messages for public information to be used in the event of a public health crisis.
- Emergency Operations Plan (EOP) - all of the above plans together comprise the EOP and need to be linked and updated for easy access and usage.

NIMS/Incident Command System:

The National Incident Management System (NIMS) was mandated for all response agencies under Presidential Directive V as the framework for organizing all response activity in the United States. The primary component of NIMS is the use of the Incident Command System (ICS) as a flexible and modular organizational management tool during disaster response in order to establish a clear chain of command and lines of communication. The Emergency Preparedness Program ensures that NIMS concept is utilized by LMAS during all responses and helps provide training and updates to staff.

EMERGENCY PREPAREDNESS

Community Value

Exercise/Training/Collaboration:

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:

- SNS Requesting Exercise – designed to test the protocol and equipment for ordering emergency supplies.
- SNS Distribution Node Exercise – specifically tested inventory protocol.
- Attended/coordinated meetings/exercises with Local Emergency Planning Committees (LEPC), Local Planning Teams (LPT), and local county Emergency Management.
- Participated in monthly teleconferenced with Emergency Planning Coordinators (EPCs) in Region 8 (Upper Peninsula) and statewide with EPCs & the Michigan Department of Community Health).
- 800 MHz radio exercises: conducted monthly-LMAS; participated monthly Region - 8 Emergency Management.
- Participated in monthly Region 8 Eteam exercises (online event management program).
- Conducted 2 LMAS emergency response management staff call out exercises.
- Conducted 2 county exercises evaluating Joint Information Center applicability/practicality.
- 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 Services (EMS) in the Region 8 Hospital Preparedness and Planning (HPP) program.
- Received training in 5 emergency response issues including SNS training for inventory management and nuclear/radiological threat responses.
- Conducted 6 other internal/external exercises involving components of LMAS emergency responses.
- Attended Great Lakes Homeland Security Conference.
- EPC received SNS training for inventory management and nuclear/radiological threat responses.

ENVIRONMENTAL HEALTH

Profile

At LMAS the Environmental Health Division is responsible for protecting our citizens from environmental public health hazards. The Environmental Health Division has received outstanding program reviews from state reviewers the past several years and continued with that level of public service through 2011. Program areas within our Environmental Health Division include: residential onsite water supply, non-community public water supply (Type II and Type III), onsite sewage treatment and disposal, food service sanitation (both fixed and temporary), soil erosion and sedimentation control (Mackinac and Luce Counties only), swimming pools, campgrounds, great lakes beach monitoring, complaint investigation, existing facility inspections, Department of Health and Human Services environmental health inspections, and radon.

2011 Review

In fiscal year 2011 the Environmental Health Division added the soil erosion and sedimentation control program in Luce County and monitored nine (9) additional great lakes beaches through funding provided by the Great Lakes Restoration Initiative. During the same period the division discontinued the inland lake beach-monitoring program due to the end of grant funding for the program. On October 1, 2010 the division went live with the Sword Solutions database for the entire division's electronic data storage. The division had previously used the Sword Solutions database for the foodservice sanitation program only, but as part of the database conversion for the entire agency the division had to replace the CMHC database and rely on the Sword Solutions database for all EH programs. The database conversion was very challenging at times and there were many occasions where staff needed come up with solutions to make the conversion work. However, by the end of FY 2011 the Sword Solutions database was up and running for most programs and just needed a couple modifications in the areas of reporting and the addition of a component for the temporary food inspections and the Department of Health and Human Services Environmental Health inspections. Considering the fact that the agency had used the CMHC database for the past 25 years some challenges with the conversion were to be expected. At the start of FY 2011 MDEQ conducted their annual review of the Private/Type III Water Supply Program and the Type II Water Supply Program and approval was granted for each. FY 2011 saw septic permit numbers remain relatively the same as 2010, but well permit numbers saw about a 20% reduction from the FY 2010 level. The department continued its quality assurance activities in both the Food Service Sanitation Program and the Onsite Sewage Treatment and Disposal Program. As part of the division's quality assurance activities the Food Service Program Coordinator and Onsite Sewage Disposal Program Coordinator conducted periodic reviews of staff work to ensure compliance with current accreditation standards. Results of those reviews were shared with staff so that improvements could be made as needed. Lastly, the ServSafe food manager certification classes were again provided with at least one class offered in each county.



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. Staff use the Sword Solutions software while conducting food service inspections. The software allows staff to enter the inspection information into their laptop on site and print out a typed report at the facility. Upon returning to the office the inspection is uploaded to the database electronically and there is no need for data entry by clerical staff. The Food Service Program Coordinator continued conducting quality assurance reviews to ensure compliance with new accreditation standards. The department also continued to offer ServSafe Training to allow food service managers to meet the manager certification requirement in the new food law.

Food Service Participation	FY 2011	FY 2010	FY 2009
Total Inspections	630	727	769
Fixed Food Inspections	398	451	472
Temporary Food Inspections	199	234	240

Water Supply Program

Our water supply program includes onsite water supply wells for both residential and non-community public water supplies. Non-community public water supplies are classified as either Type II or Type III depending on the number of people served. Examples of Type II water supplies are wells that serve 25 or more people per day and include restaurants, schools and campgrounds that are not on a municipal water supply. Type III water supplies serve less people and are found in facilities such as gas stations, small motels and small resorts. In fiscal year 2011 there were 291 active Type II water supplies within the district. All 291 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).

Water Supply Participation	FY 2011	FY 2010	FY 2009
Well Permits	142	186	170
Site Evaluations	109	180	180
Type II Sanitary Surveys	66	64	69
Water Supply Enforcement Actions	4	14	28

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 facilities. FY 2011 was the second year the new Technical Guidance Manual was used for permitting. Both staff and contractors alike have become more comfortable with the new manual and this has allowed homeowners to see a more streamlined permitting process and have a sound final product. Septic permits were down slightly in FY 2011 from the previous year, which most likely can again be contributed to Michigan's struggling economy. The Sewage Program Coordinator continued to conduct Quality Assurance assessments to ensure staff continued to meet current accreditation standards and to improve consistency between offices.

Sewage Services	FY 2011	FY 2010	FY 2009
Sewage System Site Evaluations	202	217	246
Sewage System Permits	183	190	213
Sewage System Final Inspections	135	187	226

Soil Erosion and Sedimentation Control (SESC) Program

Prior to 2011 the SESC Program was administered by LMAS only in Mackinac County, but 2011 saw LMAS take on the SESC Program in Luce County as well. Because many of the same contractors work in both Mackinac and Luce counties the addition of the program in Luce County went very smoothly. The SESC 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.

SESC Services	FY 2011	FY 2010	FY 2009
Initial Site Evaluations	55	72	63
Permits Issued	90	85	63
Construction Inspections	45	66	98

Public Swimming Pool Program

The primary task of the public swimming pool program is annually inspecting all licensed public swimming pools and spa pools within our jurisdiction to ensure compliance with MDEQ public swimming pool rules. LMAS also conducts investigations of complaints and illness at licensed public swimming pools. During FY 2011 LMAS field staff conducted 42 public swimming pool and 41 spa pool inspections.

Public Swimming Pool Participation	FY 2011	FY 2010	FY 2009
Public Swimming Pool Inspections	42	36	49
Public Spa Pool Inspections	41	36	41
Follow-up Inspections	3	4	9

ENVIRONMENTAL HEALTH

Complaint Investigation

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

Complaint Investigation Type	2011	2010	2009
Septic Complaints	13	17	15
Well Complaints	0	2	7
Food Service Complaints	5	7	10
SESC Complaints	1	2	8
Department of Human Services Complaint	0	0	0
TOTAL COMPLAINT INVESTIGATIONS	19	28	40

Existing Facility Evaluations

LMAS conducts 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	2011	2010	2009
Existing Sewage System Inspections	5	14	11
Existing Water Supply Inspections	0	2	2
TOTAL EXISTING FACILITY EVALUATIONS	5	16	13

Michigan Department of Human Services (MDHS) Inspections

Environmental health inspections are conducted by LMAS upon request for MDHS licensed facilities. These facilities are typically either childcare, adult care, or foster care establishments. These inspections can be requested by the licensee or MDHS. There are two types of environmental health inspections at MDHS facilities and they are sewage/water (Part A) and general sanitation (Part B). The Part A inspections ensure that the existing water supply and sewage system are safe and adequate for their intended use. The Part B inspections focus on making sure the overall conditions are sanitary and in compliance with MDHS licensing requirements.

MDHS Environmental Health Inspections	2011	2010	2009
Part A	5	14	17
Part B	1	3	3
Part A and Part B	18	10	20
Follow-up Inspections	0	3	0
TOTAL MDHS ENVIRONMENTAL HEALTH INSPECTIONS	24	30	40

ENVIRONMENTAL HEALTH

Radon

At LMAS the radon program is primarily providing education but also includes distributing radon test kits. Throughout the year 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. Radon test kits are provided to the public in each of our offices free of charge.

Charcoal Radon Test Kits	FY 2011	FY 2010	FY 2009
Number of Kits Distributed	152	47	252

Campground Program

The major focus of the Campground program is conducting the annual licensing inspection at fixed licensed campgrounds. Inspections are also conducted for temporary campgrounds upon request. In addition LMAS conducts follow-up inspections when violations are noted during the annual inspection, investigates complaints, and enforces the state campground regulations.

Campground Services	FY 2011	FY 2010	FY 2009
Annual Licensing Inspections	69	69	72
Follow-up Inspections	1	0	1
Temporary Campground Inspections	2	2	2

Beach Monitoring Program

In FY 2011 the LMAS bathing beach program encompassed only great lakes beaches. However, FY 2011 was the first year of a two-year Great Lakes Restoration Initiative Grant that LMAS was awarded. The grant enabled LMAS to conduct a sanitary survey at all great lakes beaches within the LMAS jurisdiction and to actively monitor 9 additional great lakes beaches in FY 2011 and FY 2012. On top of the grant activities LMAS actively sampled 5 more great lakes beaches for E. Coli throughout the summer, investigated complaints, and uploading both the sample results and sanitary survey data onto the state's beach monitoring website <http://www.deq.state.mi.us/beach/>.

Beach Monitoring Services	FY 2011	FY 2010	FY 2009
Public Beaches	112	112	84
Actively Monitored	14	7	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. Registered Nurses, Nurse Practitioners, and Registered Dietitians provide most services. Services are available by appointment, and by walk-in dependent upon staff availability. The division operates under the direction of a Business Manager/Supervisor with responsibility for oversight and direction of all PFH programs, and 14 staff members.

New clinical and billing software, eClinical Works, was introduced at the start of the fiscal year. The software is currently used to identify and document services provided to clients, and for billing. As with any software change, the year was filled with challenges in getting the software to fit with our agency processes. We look forward to using many other features of this software.

Also during fiscal year 2011, Michigan Regional Lab System was reorganized. Beginning with fiscal year 2012, the changes required LMAS to obtain and manage our own Clinical Laboratory Improvement Amendment (CLIA) certification. One of the reasons for the change is over the years local public health agency staff have become more proficient with testing quality assurance and with CLIA requirements.

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 Registered Nurses in each county are responsible for gathering, reporting and investigating communicable diseases, in an effort to timely and effectively monitor public health threats.

	2011	2010	2009		2011	2010	2009
Animal Bite	2	16	35	Hepatitis C, Acute	3	1	1
Blastomycosis	1	0	1	Hepatitis C, Chronic	30	33	29
Campylobacter	3	9	3	Histoplasmosis	0	0	0
Chicken Pox (Varicella)	2	1	1	Influenza	10	2	8
Chlamydia	38	26	28	Influenza like disease	135	-	955
Coccidioidomycosis	1	2	-	Legionellosis	0	2	-
Cryptococcosis	2	1	1	Meningitis, Aseptic	0	0	1
Cryptosporidiosis	2	1	2	Meningitis, Bacterial Other	0	0	1
Diphtheria	0	0	0	Pertussis	2	5	3
Giardiasis	3	5	6	Rabies-Animal	2	2	-
Gonorrhea	6	5	6	Salmonellosis	3	5	5
Guillain-Barre Syndrome	1	0	0	Shiga toxin-producing <u>E. coli</u>	0	1	-
Head Lice (Aggregate reporting)	18	0	42	Strep Throat (Aggregate reporting)	21	0	32
Hepatitis A	0	0	0	Streptococcus pneumoniae, inv.	1	3	1
Hepatitis B, Acute	0	0	0	Syphilis, Primary	0	0	0
Hepatitis B, Chronic	1	1	1	Source: Data submitted to MDSS for the four counties			

PERSONAL & FAMILY HEALTH

TB Screening and Control

LMAS provides TB screenings upon request for community members and also 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 employs a public health nurse with TB Training Certification, and during the fiscal year, she provided training to our nursing staff, as well as nursing staff at several hospitals in the district.

TB Screening and Control	2011	2010	2009
Number of TB Tests Performed	104	139	117
Number of Clients Monitored for Treatment of Latent TB Disease	0	0	0

Immunization Program

Immunizations are administered to children, adolescents and adults to reduce vaccine preventable diseases in our communities. The Vaccines for Children Program (VFC) provides vaccine at no cost for eligible children, 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 (MI-VRP). LMAS also provides a wide array of vaccines to clients who may not be eligible for either VFC or VRP vaccines, and are willing to pay for vaccines such as flu, shingles, Hepatitis A, Hepatitis B, and pneumovax. The Immunization Program requires close surveillance due to the complex and ever-changing schedule used to guide vaccine administration and the criteria for storing vaccine.

Immunization Program	2011	2010	2009
Immunizations Administered to Clients	3046	2314	2317

LMAS staff are responsible to monitor the VFC vaccine inventory and activity of VFC providers. LMAS staff provides continuous support and assistance in balancing the inventory of the providers. As Michigan Department of Community Health implements new processes, we coordinate various provider and LMAS staff trainings. 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.

We were successful during the fiscal year in enrolling four Influenza Sentinel Providers. The Outpatient Influenza-like Illness Surveillance Network is a collaborative effort between the Centers for Disease Control and Prevention (CDC), state and local health departments, and volunteer sentinel health care providers to monitor the impact of influenza in Michigan each year. Influenza Sentinel Providers collect and provide data to the CDC weekly. These providers will also collect respiratory specimens from a sample of patients with influenza like illness for respiratory virus culture by the Michigan Department of Community Health laboratory. Information provided by the Influenza Sentinels is critical for protecting the public's health in Michigan.

PERSONAL & FAMILY HEALTH

WOMEN'S HEALTH PROGRAMS

Women's Health Programs include the Breast and Cervical Cancer Control Program (BCCCP) and Family Planning and STD Programs.

Breast & Cervical Cancer Control Program

Women who meet BCCCP Program guidelines and eligibility receive free clinical breast exams, pelvic exams, pap smears and mammograms. The program has been available to women ages 40-64. Only 40% of the assigned caseload could be for women ages 40-49 during fiscal year 2011. LMAS staff provide referrals to contracted providers for follow up and/or treatment as needed within the guidelines of the program. The FY 2011 assigned BCCCP caseload for LMAS was 403. We work closely with four locations of the Sault Tribe of Chippewa Indians, who also enroll women as part of our caseload.

BCCCP Program	2011	2010	2009
LMAS Clients	201	233	232
Tribal Clients	199	264	317
Total Clients Enrolled	400	497	549
BCCCP Services provided to LMAS Clients	196	232	238

Family Planning and STD Programs

The Family Planning Program established under Title X Federal grant and the Michigan Department of Community Health (MDCH), is intended to provide appropriate services and referrals to persons interested in either achieving pregnancy or avoiding pregnancy. Program services for those meeting eligibility guidelines 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. The FY 2011 assigned Family Planning caseload for LMAS was 298.

Family Planning Program	2011	2010	2009
Unduplicated Clients	414	573	616
Family Planning Services Provided, excluding contraceptives	1497	2175	2202
Total FP Contraceptives Administered/Dispensed, excluding condoms	2463	2766	2765

PERSONAL & FAMILY HEALTH

Women, Infant and Children (WIC) Program

The Special Supplemental Nutrition Program for Women, Infants and Children Program, (WIC) serves eligible pregnant, postpartum or breastfeeding women, infants and children through age 5. Program participants receive nutritional foods to supplement diets and nutrition education. Much emphasis is put on encouraging breastfeeding for infants. Referrals for health care and other client needs are very much a part of the program. WIC clinics are held in each of our four locations weekly, with services provided by Registered Nurses and Registered Dietitians. During the fiscal year, one of our public health registered nurses attended a Certified Lactation Specialist Course, and subsequently earned certification as an International Board Certified Lactation Consultant (IBCLC).

The state funded caseload for FY 2011 was 1,064. Local businesses in the district benefit from the value of WIC foods provided to participants. The value of WIC foods provided by local retailers to LMAS WIC clients was \$619,551.53 during 2011.

WIC Program	2011	2010	2009
Unduplicated Clients	1449*	1508	1497
RN and Registered Dietician Services Provided	2990	2463	2536

**Pregnant women = 270; Post Partum Women = 118; Infants = 396; Children = 665*

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

LMAS staff also performed 370 blood lead tests in 2011, primarily for WIC children, screening 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 to find, diagnose, and treat children in Michigan with chronic illnesses or disabling conditions. The program is available to persons under the age of 21 with one or more qualifying medical diagnoses. Services are also provided to person's age 21 and older with specific other diagnoses. If the diagnoses/condition meets criteria, CSHCS supplementary insurance is provided to cover certain costs related to that diagnosis. The goal is to assist individuals with special health care needs in accessing the broadest possible range of appropriate medical care, health education and support. Delivery of the services is assured in an accessible, family-centered, culturally competent, community based and coordinated manner. At the health department, we assist families with enrollment, transportation arrangements and reimbursement, care coordination, case management and a wide array of family concerns. At the close of the fiscal year, 106 children were enrolled in the program.

PERSONAL & FAMILY HEALTH

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 in the district, 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.

Hearing and Vision Program	2011	2010	2009
Hearing Screenings	1211	1646	1003
Vision Screenings	1949	1923	1261

Continuing Education, Trainings, Certifications 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 2011, a member or members of our staff attended the following conferences/trainings:

- Fall Regional Immunization Conference
- CPR/AED-Adult plus CPR – Child and Infant training
- The Eastern UP Continuum of Care Community Care Connections
- Protecting our Youth – Mandatory Reporting Laws for Minors in Michigan
- Recent Advances in the Diagnosis and Treatment of Hepatitis C Presentation
- STD Treatment Guidelines
- Group Crisis Intervention course
- BCCCP Clinical Problem-Solving Session
- BCCCP Coordinators Advisory Committee and WISEWOMAN Program Meeting
- MBCIS Update Webinar
- Breastfeeding/Social Networks Webcast
- Breastfeeding Coordinator Continuing Education
- Certified Lactation Specialist Course
- International Board Certified Lactation Consultant Certification
- Time Savers Milk Expression
- 2011 Family Planning Clinical Update Webcast
- WIC Coordinator Conference
- WIC Clerical Training
- WIC Anthropometric Training
- WIC Advanced CPA Training
- Advancing Client-Centered Approaches in WIC
- 11th Annual Michigan Communicable Disease Conference
- Tuberculin Skin Testing Workshop
- Family Planning Coordinator Webcast
- Hearing & Vision Annual Conference

FISCAL YEAR 2011 STAFF

<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/EH DIRECTOR
ISON	ANN	LUCE	HUMAN RESOURCE MANAGER
MCCUNE	MARK	SCHOOLCRAFT	EMER. PREPAREDNESS COORD
PARKER IV	RICHARD	LUCE	MAINTENANCE SUPERVISOR
PAVEY	AMY	LUCE	FINANCE SPECIALIST II
SHAULIS	LORI	LUCE	FINANCE SPECIALIST II
TERRIAN	JAMES	LUCE	MEDICAL DIRECTOR
BROW	LANCE	LUCE	SANITARIAN
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
BECKER	REBECCA	MACKINAC	NURSE PRACTITIONER
BURTON	SANDRA	LUCE	GENERAL CLERK II
BUTKOVICH	CATHERINE	LUCE	PH/EH TECHNICIAN
CRAWFORD	KIMBERLEY	LUCE	LEAD CLERK
DUFLO	KRISTINA	LUCE	GENERAL CLERK
HARRIS	BABETTE	ALGER	WIC/CSHCS COORDINATOR
HODER	DEBBIE	LUCE	PFH DIRECTOR
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