



## LMAS DISTRICT HEALTH DEPARTMENT

# AGENCY ANNUAL REPORT

*FISCAL YEAR 2014*

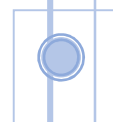
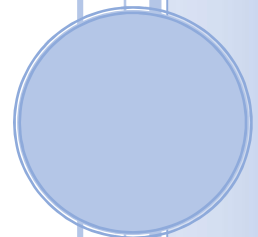
October 1, 2013 – September 30, 2014

[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**  
**LMAS Board of Health**  
**February 2, 2015**



# Message to the Community

On behalf of the Luce-Mackinac-Alger-Schoolcraft District Health Department (LMAS), I am pleased to present the Fiscal Year 2014 (FY14) Annual Report. During FY14 LMAS accepted new opportunities and overcame adversity. Those new opportunities provide additional services to our citizens. Even while adding services and traversing challenges the financial health at LMAS continues to improve. That improved financial health is allowing LMAS to return a significant portion of our county appropriations to our respective counties to be put to use serving citizens in other areas.

In the beginning of FY14, LMAS took on fiduciary and oversight responsibility for the Counseling and Medical Place, the Adolescent Health Center at Tahquamenon Area Schools. This was a fantastic opportunity to increase our outreach efforts into the schools and to expand the array of public health programming that we offer.

Another opportunity that was seized by LMAS was a Regional Home Visitation Planning Grant. That grant allowed LMAS to serve as the lead agency in a regional planning effort of all U.P. health departments to explore the feasibility of expanding home visitation services for pregnant mothers and young children across the entire U.P. That work has led to LMAS being awarded a significant amount of funding to implement this expansion with the other U.P. health departments.

FY14 was not without challenges for LMAS as we were faced with reductions in funding and changes to programs as part of the Affordable Care Act implementation. These changes left a lot of our citizens ineligible for the Breast and Cervical Cancer Prevention Program and completely eliminated the Plan First program. To overcome these challenges LMAS created a Women's Health Program that will allow us to continue to provide services to our citizens by billing their insurances or charging a reasonable fee. In the summer of 2014 LMAS was saddened by the unexpected passing of the Chair of our Board of Health Ms. Rita Lemanek. Ms. Lemanek had served on the LMAS board for several year. Our heartfelt sympathy goes out to the family of Ms. Lemanek. Toward the end of FY14, the department was faced with the retirement of Public Health Nurse Jean Lussman after 25 years of service. After a thorough search and interview process, LMAS was pleased to bring Nicole Robinson on board to begin learning and continuing our efforts to improve public health.

In closing, I give sincere thanks to all of our staff at LMAS who have worked so hard and have been so dedicated to making LMAS successful in FY14. Many of our community partners have also made significant contributions to our success, 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 most of all our citizens that it is our privilege to serve.

Sincerely,

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

# Board of Health

## **Luce County**

Rita Lemanek, (*Chair, Jan – Jun*)

Nancy Morrison, (*Chair, Jul – Dec*)

Joseph Smithson

## **Alger County**

Esley Mattson

Joseph VanLandschoot

## **Mackinac County**

Calvin McPhee

James Hill

## **Schoolcraft County**

Daniel LaFoilie, *Vice Chair*

Allen Grimm

# Administrative Staff

Nicholas Derusha

Health Officer/Environmental Health Director

James Terrian, M.D.

Medical Director

Debbie Hoder

Personal & Family Health Director

Shaunta Bosanic

Information Technology Coordinator

Amy Pavey

Finance Director

Ann Ison

Human Resource Manager

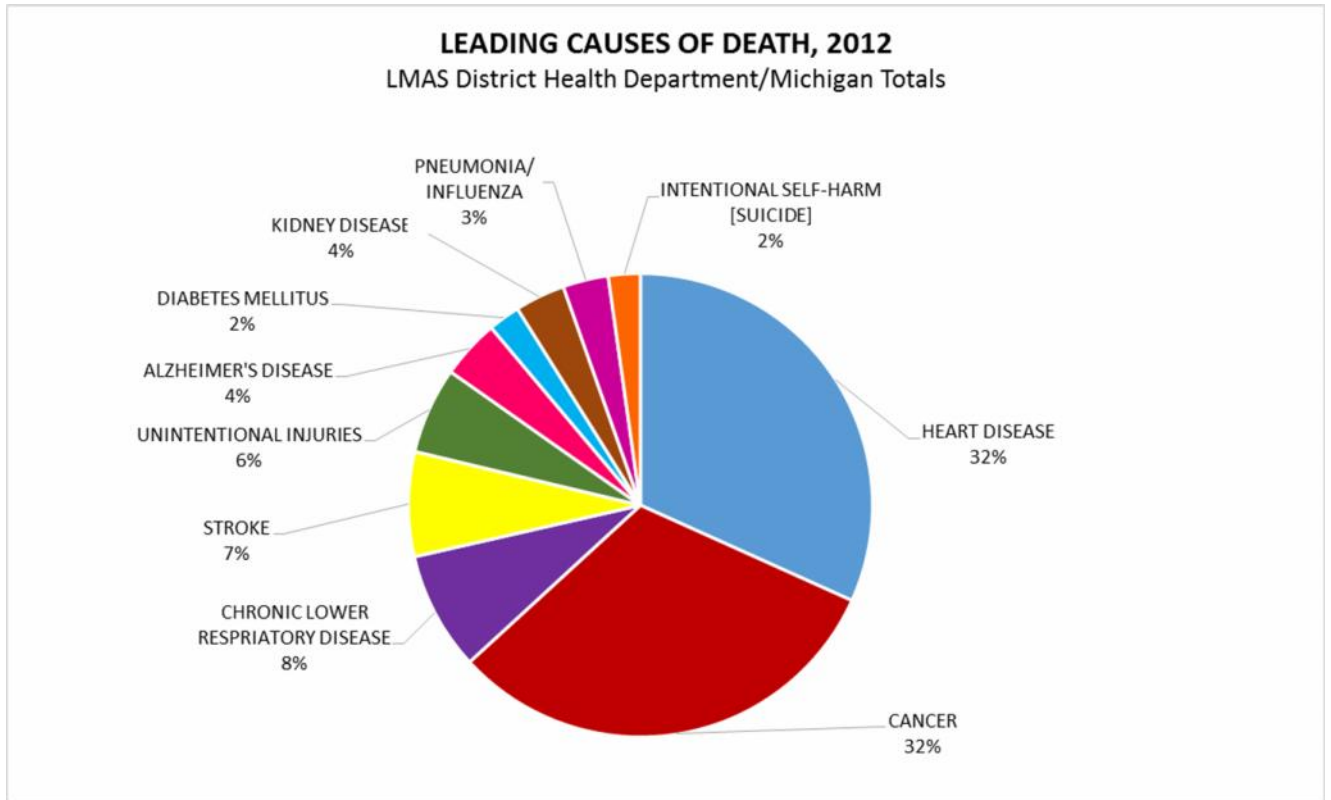
Kerry Ott

Emergency Preparedness Coordinator

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	100	23,502	596,339	170.2	197.9	173.7
2	Cancer	2	99	20,503	575,313	170.7	174.9	168.6
3	Chronic Lower Respiratory Diseases	3	26	5,253	143,382	43.0	45.2	42.7
4	Stroke	4	23	4,399	128,931	37.5	37.2	37.9
5	Unintentional Injuries	5	19	3,804	122,777	*	36.6	38.0
6	Alzheimer's Disease	6	13	3,064	84,691	*	25.6	24.6
7	Diabetes Mellitus	9**	7	2,684	73,282	*	23.0	21.5
8	Kidney Disease	7	11	1,585	45,731	*	13.5	13.4
9	Pneumonia/Influenza	8	10	1,562	53,667	*	13.3	15.7
10	Intentional Self-Harm (Suicide)	9**	7	1,255	38,285	*	12.4	12.0
<b>TOTAL</b>			402	89,917	2,512,873	689.4	774.5	740.6

**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 2011.

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.

\*\* : Tie

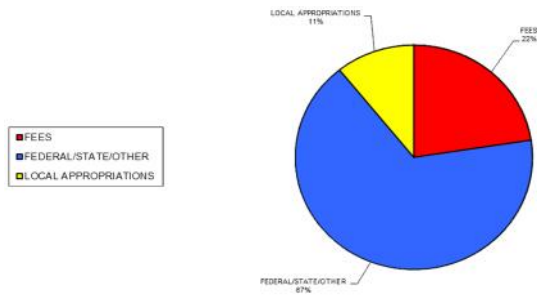
**Source:** 2012 Michigan Death Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Community Health; Population Estimate (latest update 9/2012), National Center for Health Statistics, [U.S. Census Populations With Bridged Race Categories](#).

# Financials

Total Revenue:	\$2,431,728
Total Expenses:	\$2,331,733
Net Revenue/Expenses:	\$ 99,995

NOTE: Preliminary numbers, not yet audited.

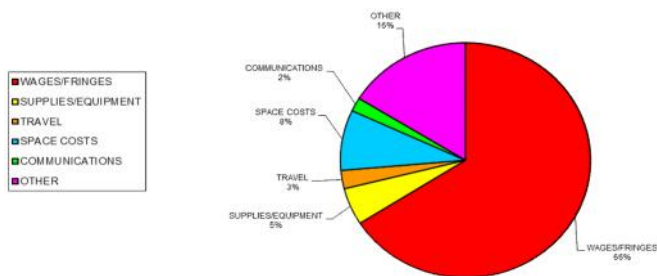
## 2014 REVENUE



## FY 2014 BUDGET REVENUE

Fees	548,357
Federal/State/Local	1,621,253
Local Appropriations	262,118
<b>TOTAL</b>	<b>2,431,728</b>

## 2014 EXPENSES



## FY 2014 BUDGET EXPENDITURES

Wage/Fringes	1,538,375
Supplies/Equipment	119,127
Travel	58,834
Space Costs	194,136
Communications	44,164
Other	377,097
<b>TOTAL</b>	<b>2,331,733</b>

# Program Overview

## **Emergency Preparedness (EP)**

Our EP Department is strictly focused on public health threats, such as disease outbreaks and pandemics. A 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. Clinical services include: primary care services, such as, well child/teen exams, EPSDT screenings, comprehensive physical exams, risk assessments, immunization assessment and administration, care of acute and chronic illness, confidential services include STD/HIV education, counseling and voluntary testing, health education/risk reduction counseling and referral for other services not available at the health center. Mental health services include: assessment and counseling for anxiety, self-esteem, anger management, depression, family or relationship issues, and academic concerns.

# Emergency Preparedness

## Public Health 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/DSLRL\\_capabilities\\_July.pdf](http://www.cdc.gov/phpr/capabilities/DSLRL_capabilities_July.pdf)

<b>LMAS Emergency Preparedness Planning Meetings – FY2014</b>	
County Emergency Management	12
Region 8 EPCs	12
State EPC	10
State Face-to-Face EPC Meeting	1
Region 8 Health Care Coalition	5
Region 8 Exercise Planning (with EM and EPCs)	1
Virtual Planning Meetings with OPHP and Regional Partners (Ebola Preparedness)	8
Hazard Mitigation Planning (Luce, Mackinac, Alger, and Schoolcraft)	4
<b>LMAS Emergency Preparedness Communication Tests/Exercises – FY 2014</b>	
LMAS ( <i>internal</i> )	12
Reg8 Emergency Management	11
Equipment Maintenance	12
SNS Call Downs	4
State ( <i>OPHP</i> )	1
Preparedness Articles – LMAS Newsletter	12
<b>LMAS Emergency Preparedness Exercises – FY 2014</b>	
Region 8 WebEOC/ <i>MICIMS</i>	4
State SNS ( <i>OPHP</i> )	1
Meth Exercise – LMAS planning and observation with Helen Newberry Joy Hospital	1
<b>LMAS Emergency Preparedness Trainings – FY 2014</b>	
FEMA – NIMS Compliant ( <i>all LMAS staff – current</i> )	
SNS Training ( <i>all LMAS staff</i> )	
MI-CIMS	
MI-Vol Registry ( <i>EPC</i> )	
MI-HAN ( <i>EPC</i> )	
MI-SNS Sharepoint ( <i>EPC</i> )	
ICS – 300 <i>EPC, RN (Schoolcraft), Finance Director, Sanitarian (Schoolcraft)</i>	
ICS – 400 <i>EPC, Finance Director, Sanitarian (Schoolcraft)</i>	

# Environmental Health

## Highlights in FY 2014 include:

Revised the Superior Code Technical Guidance Manual to allow more options for citizens.

“Met” all minimum program requirements evaluated during the Private/Type III and the Type II Water Supply annual program evaluations.

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.

Provided training to local septic system installers.

<b>Charcoal Radon Test Kits</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Number of Kits Distributed	151	164	96
<b>Campground Services</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Annual Licensing Inspections	70	67	66
Follow-up Inspections	0	0	1
Temporary Campground Inspections	5	3	5
<b>Public Swimming Pool Participation</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Public Swimming Pool Inspections	32	44	47
Public Spa Pool Inspections	34	45	44
Follow-up Inspections	26	19	5
<b>Beach Monitoring Services</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Public Beaches	126	126	112
Actively Monitored	6	6	14

<b>Food Service Participation</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Total Inspections	666	665	708
Fixed Food Inspections	443	421	448
Temporary Food Inspections	170	191	207
<b>Water Supply Participation</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Well Permits	137	152	189
Site Evaluations	130	152	169
Type II Sanitary Surveys	61	77	74
Enforcement Actions	0	0	1
<b>Sewage Services</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Sewage System Site Evaluations	187	175	176
Sewage System Permits	183	163	183
Sewage System Final Inspections	140	146	136
<b>Existing Facility Evaluations</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Existing Sewage System Inspections	12	13	11
Existing Water Supply Inspections	2	5	1
<b>Total Existing Facility Evaluations</b>	<b>14</b>	<b>18</b>	<b>12</b>
<b>SESC Services</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Initial Site Evaluations	122	76	118
Permits Issued	97	76	93
Construction Inspections	20	40	15
<b>Complaint Investigation Type</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Septic Complaints	9	8	8
Well Complaints	3	1	0
Food Service Complaints	15	10	5
SESC Complaints	1	0	1
Dept. of Human Services Complaint	1	2	0
<b>Total Complaints</b>	<b>29</b>	<b>21</b>	<b>14</b>
<b>Department of Human Services Environmental Health Inspections</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Part A	4	3	4
Part B	0	1	1
Part A and Part B	21	25	20
Follow-up Inspections	2	2	0
<b>Total MDHS Inspections</b>	<b>27</b>	<b>31</b>	<b>25</b>



# Personal & Family Health

## Highlights in FY 2014 include:

Established Women's Health Program for women who do not qualify for MDCH or federally funded programs.

Breastfeeding Peer Counselors provided breast feeding classes in each county.

All nursing staff successfully passed hemoglobin and pregnancy proficiency testing.

Successfully recruited and hired a new nurse as our Alger County Public Health Nurse, Jean Lussman, retired after 25 years of outstanding service.

Continue to expand the use of our Electronic Medical Records Software.

<b>Tuberculosis Screening and Control</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Number of TB tests performed	75	93	101
<b>Immunizations Program</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Immunizations administered to clients	1700	1882	2210
<b>Breast &amp; Cervical Cancer Control Program</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
LMAS clients	72	196	193
Tribal clients	149	239	236
Total clients enrolled	221	435	429
BCCCP services provided to LMAS clients	76	186	186
<b>Family Planning Program</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Unduplicated clients	299	349	401
Family Planning services provided, excluding contraceptives	1178	1083	1354
Total Family Planning contraceptives administered/dispensed, excluding condoms	1171	1936	2199
<b>WIC Program</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Unduplicated clients	2143	1415	1406*
RN/Registered Dietician services provided	2557	2747	2923
* Pregnant women = 262; Post Partum Women = 117; Infants = 364; Children = 663			
<b>Hearing and Vision Program</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Hearing Screenings	1109	1295	1904
Vision Screenings	1196	1322	1835
<b>Maternal &amp; Infant Health Program</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Unduplicated clients	211	220	N/A
MIHP Services provided	1237	1223	N/A

<b>Communicable Disease Type</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>Communicable Disease Type</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>
Animal Bite	3	3	3	Influenza	5	5	6
Blastomycosis	0	0	0	Influenza-like disease	144	334	505
Campylobacter	3	6	13	Legionellosis	1	0	1
Chicken Pox (varicella)	4	5	2	Lyme Disease	1	1	0
Chlamydia	38	53	43	Meningitis, Aseptic	3	2	2
Coccidioidomycosis	0	0	0	Meningitis, Bacterial Other	0	0	0
Cryptococcosis	1	0	2	Mycobacterium-other	1	0	1
Cryptosporidiosis	4	0	4	Norovirus	1	0	2
Gastrointestinal Illness	51	19	17	Pertussis	3	2	4
Giardiasis	12	9	5	Rabies-Animal	2	0	0
Gonorrhea	2	7	3	Salmonellosis	8	4	4
Guillain-Barre Syndrome	0	1	1	Shigellosis	1	1	1
Head Lice (aggregate)	18	10	32	Shiga toxin-producing E.coli	0	0	0
Hepatitis A	1	0	4	Strep Throat (aggregate)	45	63	154
Hepatitis B, Acute	0	0	1	Streptococcus pneumoniae, drug resistant	0	0	1
Hepatitis B, Chronic	3	2	4	Streptococcus pneumoniae, Inv.	0	1	2
Hepatitis C, Acute	7	2	1	Syphilis, Primary	0	0	0
Hepatitis C, Chronic	39	28	36	VZ Infection, unspecified	4	0	1
Histoplasmosis	1	0	0	<i>Source: Data submitted to MDSS for the four counties</i>			

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

Highlights in FY 2014 include:



The C.A.M.P.:

- Became a division of the LMAS District Health Department.
- Worked with the school Athletic Director to provide quick educational lessons on the importance of concussion baseline testing in Health & Strength Training classes, which led to parents consenting to have students complete baseline Concussion Vital Signs testing.
- Hired a new Office Clerk/Medicaid Outreach Coordinator. She has worked very hard to improve the overall environment of the C.A.M.P., as well as helped restructure the office. She has also increased public outreach through developing and updating our Facebook page and the school webpage and calendar.
- Increased the number of medical services provided, including well-child exams and immunizations.
- Notified the school community when influenza vaccines were available through the school's Power School program. It was a great success.
- Collaborated with several agencies and organizations to promote delivery of Medicaid services to families in need.
- Continued to provide exceptional mental health services to area youth throughout the year.

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

Metric No.	Metric	FY 2013	FY2014
<b>Services to Families and Children</b>			
2	Unduplicated number of youth age 21 or under served	127	183
2	Number of physical exams provided	53	76
2	Number of immunizations provided	8	224
2/1	Number of positive pregnancy tests/number of test provided (percent positive)	0/9 (0%)	1/10 (0%)
2/1	Number of positive chlamydia tests/number of tests provided (percent positive)	0/4 (0%)	0/6 (0%)
1	Number enrolled in Medicaid	4	2
<b>Prevention and Disease Control</b>			
3	Percent of clients with a documented comprehensive physical exam	42%	64%
3	Percent of clients with an up-to-date risk assessment	<b>83%</b>	<b>96%</b>
3	Percent of clients with complete immunizations for age <i>Using ACIP recommendations, except for HPV, Hepatitis A and Flu</i>	<b>63%</b>	<b>87%</b>
3	Percent of clients with diagnosis of asthma that have an individualized care plan (action plan) which includes annual medication monitoring	<b>35%</b>	<b>63%</b>
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	<b>67%</b>	<b>83%</b>
3	Percent of clients who smoke/use tobacco that were assisted with cessation	<b>0%</b>	<b>100%</b>
3	Percent of clients who were screened for depression	<b>83%</b>	<b>96%</b>
3	Percent of positive chlamydia treated onsite at CAHC	N/A	N/A
<b>Administration and Regulation</b>			
2	Reached 90% or more of Performance Output Measure (200)	<b>No</b> <b>64%</b>	Yes 92%
3	Percent of clients reporting overall satisfaction with services	94%	100%
3	Median score of "0" or higher on final GAS report in Primary Care	<b>No</b> <b>-1</b>	Yes 0
3	Median Score of "0" or higher on final GAS report in Focus Area 1 (Mental Health)	<b>No</b> <b>-2</b>	Yes 2
3	Medial Score of "0" or higher on final GAS report in Focus Area 2 (Alcohol, Tobacco & Other Drug (ATOD) Prevention)	<b>No</b> <b>-2</b>	Yes 0
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.

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

#### Metric Key:

1 = Effectiveness  
2 = Efficiency  
3 = Quality

#### Goal Attainment Scoring (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.

# Staff

Last Name	First Name	Job Title	County
Bosanic	Shaunta	IT Coordinator	Schoolcraft
Brow	Lance	EH Sanitarian I	Luce
Burton	Sandra	General Clerk II	Luce
Butcher	Joy	General Clerk	Luce
Charbonneau	Paula	Administrative Assistant	Luce
Depew	Toni	General Clerk	Luce
Derusha	Nicholas	Health Officer/Administrator	Luce
Edmunds	David	Custodian	Alger
Garrett	Lisa	WIC Breastfeeding Peer Counselor	Luce
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
Lipnitz	Julie	Registered Nurse	Mackinac
Lussman	Jean	Registered Nurse Lead	Alger
Matheny	Donna	General Clerk	Mackinac
Moseley, Jr.	Thomas	EH Sanitarian I	Alger
Nelson	Clarine	Registered Nurse	Schoolcraft
Nelson	Staci	General Clerk	Mackinac
Noldy	Susan	Administrative Assistant	Luce
Ott	Kerry	Emergency Preparedness Coordinator	Schoolcraft
Pavey	Amy	Finance Director	Luce
Peterson	Hillary	Technician	Schoolcraft
Rahilly	Elizabeth	Registered Nurse	Luce
Richey	Julie	Registered Dietitian	Schoolcraft
Robinson	Nicole	Registered Nurse	Alger
Shaulis	Lori	Finance Specialist II	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	WIC Breastfeeding Peer Counselor	Schoolcraft
Weber	Rebecca	General Clerk	Schoolcraft