



2012 Annual Report



Visit our website at www.mqthealth.org

A Message from the Health Officer

On behalf of the Marquette County Board of Health, the Board of Commissioners, and staff, I am pleased and honored to present the Marquette County Health Department (MCHD) 2012 Annual Report.

MCHD is your unit of county government required by law to prevent disease, protect against environmental hazards, promote healthy behavior, and to prolong life. This report summarizes activities which were provided in 2012 and is intended to give an update on the health status of our community. We are fortunate to have a highly skilled, industrious, and passionate work force dedicated to the value and benefit of the services we bring you. Likewise, our success would not be possible without the support and collaboration of so many community partners, state agencies, and local individuals.

The Most Notable Highlights for 2012

- The Department was awarded the 2012 Michigan Department of Community Health Director's Award for demonstrating excellence, innovation, collaboration, and leadership in its work to stop: Bath Salts an Imminent Danger to the Public's Health. We were selected for our teamwork and leadership efforts in addressing this issue in our community by issuing a first of its kind imminent danger order that immediately thwarted a community threat from designer drugs. This order was then replicated by 25% of all local health departments in Michigan. This is the third time in 27 years we have received this award and no other department has won it as many times as we have.
- A Community Health Assessment and Improvement Process was completed with involvement from staff, two area hospitals and the Marquette County ACHIEVE (Action Communities for Health Innovation and EnVironmental Change) Team. This process identified obesity prevention, tobacco and substance abuse prevention, and access to health resources as the top three priorities. A similar process was completed internally with involvement from all staff during our Strategic Planning (see page 8).
- The Michigan Local Public Health Accreditation Commission conferred their highest level of achievement, "Accreditation with Commendation" status on our Department (see page 18).
- In December the Department was awarded a \$500,000 construction grant from the United States Department of Health and Human Services for capital improvement to the Gwinn School-Based Health Center (see page 11).

Many other activities and programs are discussed in this document, which reflects our progress toward continuing to make Marquette County a healthier place to live. Thank you to our staff for their dedication to our mission and for the continued interest, support, and leadership we receive from the Marquette County Board of Health and the Marquette County Board of Commissioners.

Respectfully submitted,



Fred J. Benzie, MPH, RS, MPA
Health Officer/Director



Fred Benzie, Health Officer, is pictured accepting the traveling trophy for the Michigan Department of Community Health Director's Award from Jean Chabut, Deputy Director for Public Health Administration.

A Message from the Medical Director



**Teresa Frankovich,
MD, MPH, FAAP
Medical Director**

One of the core functions of public health is to conduct surveillance for communicable diseases that may impact the health of a community. Healthcare providers, facilities and laboratories are required to report the diagnosis of over 60 diseases, from commonly occurring entities like influenza to lesser known diseases, like blastomycosis, to local public health. This reporting may be done through phone contact or data entry into a computerized monitoring system that is monitored by the health department. Much of this data is then reported to the Michigan Department of Community Health and forwarded to the Centers for Disease Control's National Notifiable Diseases Surveillance System (NNDSS), a public health disease surveillance system that gives public health officials the capability to monitor the occurrence and spread of diseases.

Why is this important? Well, it matters on several levels. For our local community, rapidly identifying cases of infectious disease can often help to limit their spread within households, schools and neighborhoods. If a school child is diagnosed with bacterial meningitis, local public health can step in and advise household members, friends and schoolmates about exposure risk and preventive measures, such as prophylactic antibiotics. Similarly, if public health receives information about the local diagnosis of a possible food or water-borne illness, an investigation is quickly conducted to determine if there are any additional cases and, if so, whether there are any common exposures. For example, did the ill individuals eat at the same restaurant or swim in the same pool? Identifying a common source, such as a restaurant, not only allows public health to halt continuing exposures by working with the food establishment to identify any food safety issues, it also allows us to educate those who are ill about ways to decrease spread of their own illness and, if appropriate, to alert the public to seek medical care if they have been exposed.

This plays out at the state and national level as well. It is this type of public health surveillance, with individual labs and healthcare facilities reporting positive lab results into a computerized system, that allowed identification of the national fungal meningitis outbreak this past year. Without centralized reporting, individual physicians encountering this unusual fungal infection in their patient, would have had no way of knowing that similar cases were being seen in other states. By the same token, physicians stymied by unusual symptoms in their patient, would not have been alerted to look for this uncommon pathogen as a potential cause of his or her illness. Finally, a thorough, coordinated review of each identified patient's health history, quickly led to the understanding that all patients had received medication from a single compounding pharmacy in one state. This allowed regulators to recall the product and investigate the facility, preventing countless additional cases.

A sampling of communicable diseases monitored by local public health is presented below. Each case was reviewed by public health staff and for most illnesses, patients and physician's offices were contacted. Hepatitis C is a growing concern across the country and is reflected in case numbers seen in Marquette County (in 2011 there were only 14 cases identified). Since Hepatitis C can result in chronic liver disease and liver cancer, it is important to monitor trends in its occurrence, so that targeted prevention efforts can be made.

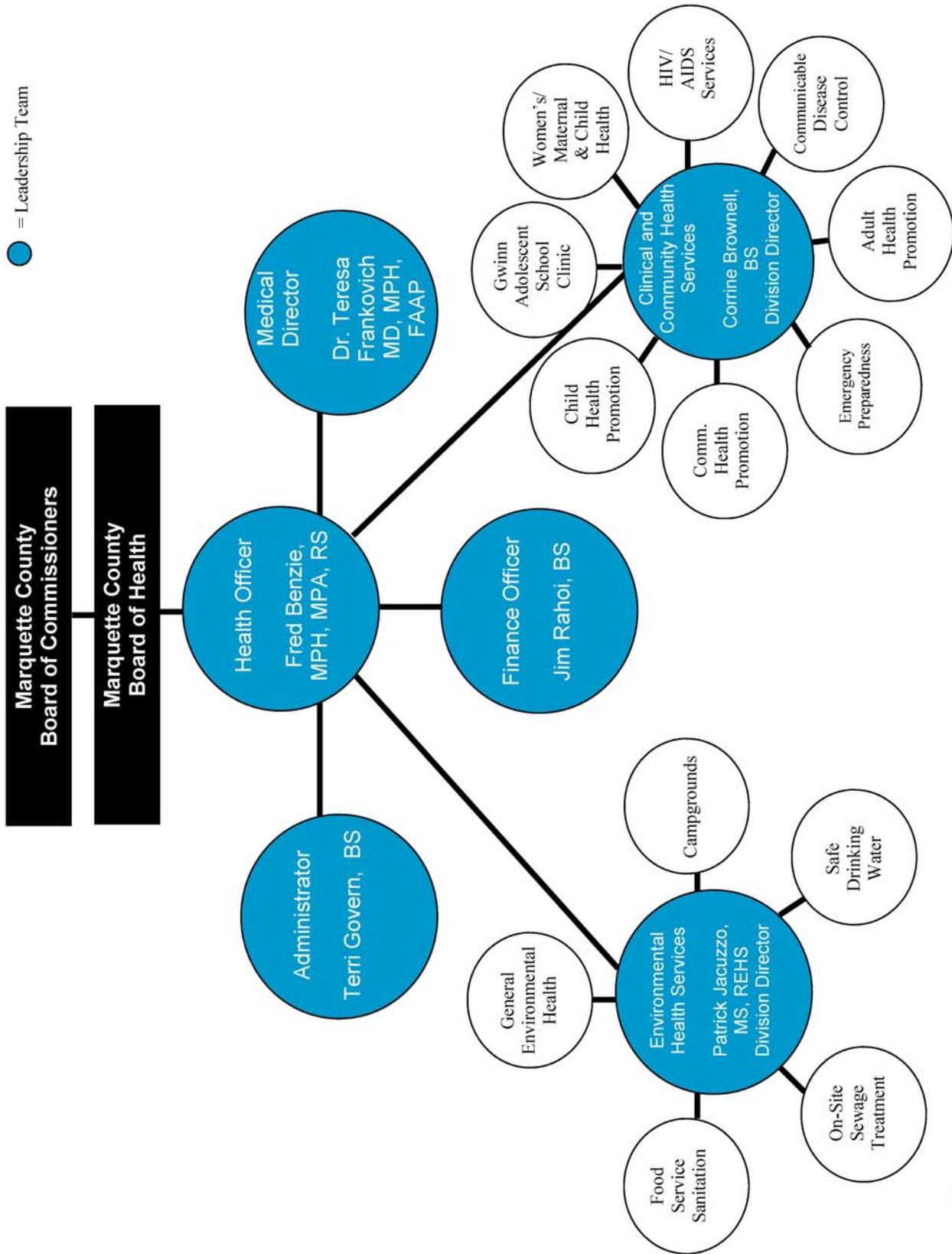
Blastomycosis is a relatively uncommon fungal infection that typically results from unintentional inhalation of spores found in local soil. The organism is found in areas around the Great Lakes and has been seen in counties across the U.P. Although the total number of cases is small (averaging 17 cases per year in the U.P.), the health effects may be severe, so public health investigates all cases, has provided community education and has reminded area providers to consider this pathogen when seeing patients with on-going respiratory problems or persistent skin lesions.

Chlamydia, the most common laboratory-diagnosed sexually transmitted disease in the U.S., is being commonly diagnosed in our community. Although it often causes few or no symptoms, it can lead to long-term fertility problems. Because of this, it is critically important that cases (and their partners) are identified and treated. Public health nurses follow-up on every case of Chlamydia diagnosed in our county.

We are all safer and healthier with these systems in place. Through surveillance, public health is not only able to assist infected individuals but more importantly, it is able to limit the impact of communicable disease on the entire community. This focus on prevention is an invaluable health and economic strategy for our county, state and nation.

2012 Marquette County Communicable Diseases	Case Count
Chlamydia (Genital)	170
Hepatitis C, Chronic	78
Influenza	56
Pertussis	27
Campylobacter	12
Chickenpox (Varicella)	9
Giardiasis	7
AIDS, Aggregate	5
Salmonellosis	4
Meningitis - Aseptic	3
Shiga toxin-producing Escherichia coli --(STEC)	2
Streptococcus pneumoniae, Inv	2
Amebiasis	1
Blastomycosis	1
Cryptosporidiosis	1
Gonorrhea	1
Guillain-Barre Syndrome	1
Hepatitis B, Chronic	1
Hepatitis E	1
Lyme Disease	1
Streptococcal Dis, Inv, Grp A	1
VZ Infection, Unspecified	1

● = Leadership Team



**Marquette County Health Department
2012 Organizational Chart**





2012 Board of Health

Board Member	Representing
Robert Kulisheck, PhD (906) 226-2372 Email: rkulishe@nmu.edu	Public Member
Dale Moilanen, MPH, Chairperson (906) 346-6270 Email: damoilanen@penmed.com	Public Member
Bill Nordeen, JD (906) 360-6049 bnordeen@marquettelawpc.com	County Commissioner Liaison
Karol Peterson, Vice-Chairperson (906) 226-6840 karol@chartermi.net	Public Member
Karlyn Rapport (906) 226-8060 krapport@chartermi.net	Public Member
Arthur Saari, MD (906) 228-8294 asaari@mgh.org	Doctor of Medicine
Harvey Wallace, PhD, (906) 226-3739 hwallace@nmu.edu	Public Member



Public Health
Prevent. Promote. Protect.

Strategic Planning

All staff in the health department and Board of Health members were involved in our Strategic Planning. With the guidance of an outside facilitator we held a three hour kick-off meeting on June 27th, then followed-up with a full-day session on July 19th. The final group meeting was a two hour wrap-up on July 31st. Through those sessions we agreed upon a new Mission, Vision, and Core Values (see back page of report). During that process we decided it was also time to change our tag line used on letterhead, envelopes and other printed materials.

Critical issues were identified in two categories:

1. Operational Issues are those that we can work on internally with our own staff at the health department (funding, staffing, and marketing).
2. Programmatic Issues are those that will need collaboration with other agencies in the community. These coincide with the issues that were identified through the Community Health Assessment process completed by the Action Communities for Health Innovation and EnVironmental change (ACHIEVE) committee. The ACHIEVE committee will be working on a Community Health Improvement Plan to address these issues (obesity, tobacco, and access to care).

At our full staff meeting on September 20th, we held committee meetings to begin the improvement process by setting goals and objectives for each of the three Operational Critical Issues (funding, staffing, and marketing). All staff were assigned to one of these committees, which have continued to meet about once per month and will continue this process into 2013 and beyond. Staff and board members also receive updates of all committee activities at least quarterly.



Operational Critical Issues

Funding
Marketing
Staffing

Programmatic Critical Issues

Obesity
Tobacco
Access to Care



2012 Employees

Tina Bambach	Family Nurse Practitioner	Jill Magel	Physician Assistant
Fred Benzie	Health Officer	Becca Maino	Health Educator/Dental Hygienist
Marnie Besonen	Hearing/Vision Coordinator	Julie Maki	Public Health Nurse
Brittany Brodersen	Secretary	Linda Marshall	WIC Peer Counselor
Corrine Brownell	Division Director/Comm. Health	Lori Marta	Maternal Child Health Coord.
*Kathy Carlson	Account Processor	Laurie McGee	Immunization Action Plan Coord.
Bobbie Champion	Community Health Manager	Lauren Michie	WIC Peer Counselor
John Cox	Environmental Sanitarian	Paula Paquette	Accountant
Diane Curry	Health Educator	Holly Pavloski	Health Educator
Sheryl Dellangelo	Public Health Nurse	Michele Premeau	Family Nurse Practitioner
Sarah Derwin	Health Educator	Judy Pruner	Child Passenger Safety Project Asst.
Annette Doren	Health Educator	Jim Rahoi	Finance Officer
Lynn Driscoll	Lead Secretary	Jean Reynolds	Immunization Representative
Barb Eheman	Program/Client Liaison	*Carol Romback	Immunization Representative
Jennifer Farnworth	Environmental Sanitarian	Zoe Rudisill	Secretary
Dr. Terry Frankovich	Medical Director	Jill Santti	Public Health Nurse
Laura Fredrickson	HIV/AIDS Coordinator	Julie Scott	Public Health Nurse
Jill Fries	Emergency Preparedness Coord.	Kelly Shanahan	Secretary
Sara Galvin	Administrative Aide	Jessica Shoemaker	Public Health Nurse
Laura Gauthier	Dietician	Lorri Smith	Health Educator
Terri Govern	Administrator	Sue Smith	Hearing/Vision Technician
Scott Ham	Health Educator	Jolene Spencer	Public Health Nurse
Patrick Jacuzzo	Division Director/Env. Health	Emilie Stack	Lead Secretary
*Denise Koehn	Nurse Practitioner	Pat Tapani	Secretary
Christy Kostreva	Hearing/Vision Technician	Diane Weiland	Account Processor
Karen LaMore	Environmental Sanitarian	Vicki Wood	WIC Peer Counselor
Betsy Little	Family Health Education Coord.	Cara Zanetti	Social Worker
Brenda Maddock	Secretary		

* Retired in 2012

Thank you to all the employees at the Marquette County Health Department for their hard work and dedication, which have enabled the health department to provide excellence in a diverse range of services and remain a leader in Michigan. Our outstanding staff continue to demonstrate a high level of care and concern for the clients they serve and also for the programs we offer. Staff take pride in the job they do and we are very proud of all the accomplishments our agency has made over the years, with 2012 being no exception!

- Leadership Team

Community Health

There were two major endeavors taken on in the Community Health Division during the year, both providing large challenges for the staff and management. The first was to combine the two divisions previously known as Community Health and Personal Health into one. This began with the retirement of George Sedlacek at the end of 2011, who had been here for over 30 years. The two divisions are now combined under one Division Director, Corrine Brownell, and with the creation of a mid-level management position, the Community Health Manager, Bobbie Champion. While Bobbie is focusing more on the day-to-day management of the clinical, Corrine is able to keep track of over 30 program areas with all of their respective requirements and managing the majority of the health department staff.

The second endeavor was the replacement of the computer software used in our clinic. Mitchell and McCormick was replaced with Insight, a relatively new electronic medical record system that is also used by many other health departments in Michigan and other states as well. It has been supported by Michigan Department of Community Health as being the most public health friendly operating system; however, there were and continue to be many challenges for our staff from learning a new system to changing the routines of how our services are provided including work flow, documentation and lab processes.

In addition to the two changes that had an effect on all staff in the division, several program areas had significant changes during the year and are mentioned in the pages that follow.

Emergency Preparedness

A series of events were scheduled throughout the beginning of the year in preparation for the Multi-Agency Response Exercise that was scheduled for May of 2012. In January we held two full days of Bomb Response Training in Marquette County for multiple agencies. In April, the 3rd Annual UP Disaster Conference was held in Marquette and focused on radiological response. Keynote speakers included the Michigan Department of Environmental Quality (MDEQ) Radiological Chief, a local weather meteorologist, and a communication specialist from Wayne State University. The May Multi-Agency Response Exercise was held at NMU. All response agencies in our county participated, including both hospitals.

In September, we began working to establish closed points of distribution (POD) across the county. These facilities would then be able to distribute specific medications in the case of an emergency to residents, employees, and their families. The first step of this process is coordinating written agreements to participate. We began with the long term care facilities.



Gwinn Teen Clinic

The adolescent health clinic in the Gwinn Middle and High School completed the first year of operation, providing primary medical care services to the students, with the finish of the 2011/2012 school year. Although the year was filled with challenges related to getting staff and establishing clinic work flow and operations within a very small space, great strides were made in the relationships between the school, students and parents. With the start of the school year in September of 2012, consent forms to treat students increased from 189 (in the previous year) to 353. We can already see that there are substantial increases in the number of client visits and referrals in our second year of operation. In addition, staff are now providing educational sessions to students in the classrooms at the request of the school.

With everything going so well for the new school clinic, we applied for Federal Grant Funding under the Affordable Care Act to construct a new addition onto the school and were notified of the grant award in December, 2012. It provides us with the opportunity to enlarge the Gwinn Teen Clinic (from 425 square feet to 1,375 square feet) and expand services to include a mental health component. The project is expected to be completed by spring of 2014.

We are very pleased with the reception by the students and their involvement and support of the clinic operations through their Youth Advisory Committee (YAC). The YAC came up with the new name for the clinic (Gwinn Teen Clinic) and logo (shown above) and has also implemented a “P.S. I Love You” day that is held on the third Tuesday of each month. On this day staff and students wear something purple to show support to friends and family members that are struggling with depression and other mental health issues. It is a day to let others know that you care about them and love them.

Several students, staff, and community members participated in the Out of the Darkness Suicide Prevention Walk held in Marquette in September.

*Pictured left to right, top row:
Stacy Hohman, Jill Magel*,
Kim Tufnell, Anja Wiederhoefer,
Evie Schuster, Taylor Aho, Wendy Aho,
and Emma Hohman
Bottom row: Tina Bambach*,
Ashley Leppanen, and Lorri Smith*.*

**MCHD Employee*



Community Health (continued)

Women, Infants & Children (WIC)

The WIC program works to help correct or prevent malnutrition in low income pregnant or breastfeeding women and their children (up to age 5) by providing nutritional foods to supplement and help improve diet. Iron-fortified formula is also provided for non-breastfed and part-time breastfed infants. WIC significantly reduces anemia among preschool children and WIC children are better immunized and more likely to have a regular source of health care. WIC services are free to applicants and participants. The targeted caseload of 1,462 was met for the fiscal year.

Through the WIC program, the breastfeeding peer counselors provide an array of services for pregnant and nursing moms and their families in order to teach others about the benefits of breastfeeding. The peer counselors maintain regular contact with moms, before and after their babies are born, in order to answer any questions regarding breastfeeding. They also provide support and encouragement for moms having breastfeeding difficulties.

The year 2012 marked the twentieth anniversary of World Breastfeeding Week. The WIC Peer Counselors hosted two family-friendly events to celebrate the week.

- At the breastfeeding awareness walk and celebration picnic in Marquette the public was invited to walk in order to show support for breastfeeding in our community.
- During the Big Latch On, nursing moms and babies attempted to break the record for the most women breastfeeding simultaneously around the country.



**WIC Peer Counselors are pictured with banner:
Linda Marshall, Lauren Michie and Vicki Wood.**

Children's Special Health Care Services

The Children's Special Health Care Services (CSHCS) program provides financial assistance and care coordination to children that have chronic, costly illnesses (129 clients in 2012). For the first time, CSHCS was included in the Accreditation process. Although it is challenging to be one of the first local health departments in Michigan to go through the CSHCS review, it provided the opportunity to develop and implement policies for the program. CSHCS also had a program change in October 2012 which impacted many families enrolled in the program. Children who are dually enrolled in Medicaid were allowed to join the Upper Peninsula Health Plan (UPHP) for the first time. Previously, children with Medicaid were excluded from managed health plans and payments were completed through Fee For Service-Medicaid. Families are now able to enjoy the benefit of UPHP membership and are reporting more satisfaction in obtaining care for the often complex needs of these children.

U.P. Child Passenger Safety (UPCPS)

In 2012, the UPCPS program began expanding the Kids Always Ride Safely (KARS) program to other counties. This program provides car seats at a reduced price to WIC clients and extended families. Through the coordination with the WIC programs at other health departments, the KARS program is now offered in Alger, Houghton and Keweenaw Counties. All three counties are seeing similar results as Marquette County did (triple the number of car seats distributed). A total of 720 car seats were distributed through the UPCPS program this year. Due to its continued success, the Office of Highway Safety Planning has requested KARS be established in all 15 Upper Peninsula Counties by December 2014 and KARS continues to be a pilot program for the State. Other UPCPS activities included assisting 30+ CPS technicians in their recertification efforts by offering training courses and verifying their car seat installations.

Substance Abuse Prevention

This summer the Marquette County Substance Abuse Prevention Coalition worked with local police departments, youth groups, and area pharmacies to install medicine drop off boxes at the Marquette and Ishpeming City Police Departments. Funding was provided by a grant with the Illinois-Indiana Sea Grant and coordinated with the national P2D2 (Prescription Pill and Drug Disposal) program. The boxes are used to collect medications from residents who can drop off in a "no questions asked" format. The medication is then sorted to determine the amounts of controlled vs non-controlled medication that is collected. When the Drug Enforcement Administration holds annual "Prescription Drop Off" days, the medication is handed over to the federal agency. There is also a plan in place for the medications to be incinerated at an approved site in Wisconsin. This collaborative effort has already resulted in hundreds of pounds of medication being turned in. The website for our local program is www.p2d2up.org

Pregnant and Parenting Teens

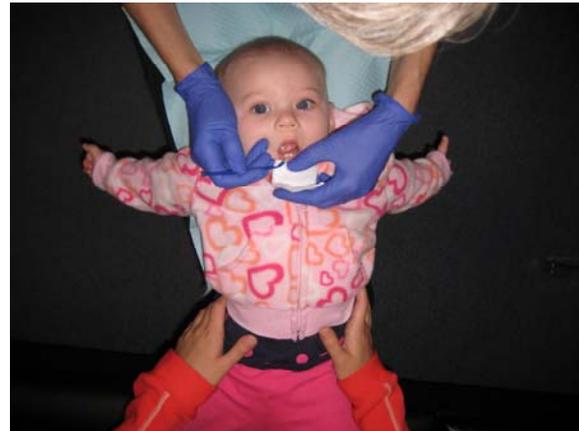
In 2012, sixteen (16) teens were involved in this project that provides resources for teens to help with the barriers they face in completing their high school education. Since this program has been in place, over 100 pregnant and parenting teens have obtained their GED or diploma.

Community Health (continued)

Dental Prevention

Early in 2012, we began participating in a new dental prevention program initiated by the Michigan Department of Community Health (MDCH) that focuses on babies, toddlers, and their caregivers by working with clients already receiving services in two existing programs: the Maternal Infant Health Program (MIHP) and Women, Infant, Children (WIC). In the Varnish! Michigan-Babies Too! program, children are eligible for free fluoride varnish application (up to 4 times a year) during MIHP home visits and WIC appointments. This program along with education provided to the parents is a wonderful adjunct to prevent dental decay in early childhood. The pilot project was a success with a total of 213 fluoride varnish applications provided (64 in MIHP and 149 in WIC). The program will continue to be offered next year.

During the varnish visit, good oral hygiene habits are discussed with the parent along with encouragement and information to find a dentist in the area for the child around their first birthday. Fluoride varnish is a fast-drying, sticky material that is painted directly on the teeth with a small disposable brush. Fluoride varnish is quick and easy, usually taking less than two minutes to apply, which makes it a great option for very young children!



WIC mother Cheyenne and her 7 month-old daughter, Penelope participated in the "Fluoride Varnish Program" at the Marquette County Health Department. Cheyenne stated, "I don't want my daughter to end up with cavities in her front teeth like I did when I was little. I had to have my front teeth removed because of cavities."

Our Dental Hygienist also provides several other dental outreach programs including:

- visits to area kindergarten classrooms (approx. 799 students and teachers) to teach good oral health habits to students in a 'game-like' atmosphere,
- 'Transport a Tooth' kits for our area schools (donated by Superior District Dental Society),
- the Fluoride Mouthrinse Program (FMP) which included six area schools that do not have fluoridated water (1,586 students for the 2011/2012 school year rinsed weekly),
- and our two local hospitals are provided with packets containing Marquette Dental Clinic contact information, toothbrushes, and prevention pamphlets to be distributed in their 'newborn parent packets' in an effort to prevent 'Early Childhood Caries' (on average, both hospitals combined deliver over 1,000 newborn infants).

PROGRAM	2012 STATISTICS	
<p>Immunizations are available to all Marquette County residents. Appointments are available in our clinic several days a week. Each fall we also offer several flu clinics.</p>	Immunizations Given Flu Shots Given	989 1,617
<p>Early detection of breast cancer can mean survival for 90% of women and mammograms can detect a cancerous tumor up to two years before it can be felt. Women age 40 thru 64 that meet eligibility criteria can receive screenings at no cost through our Breast and Cervical Cancer Control Program.</p>	Total Screenings Abnormal Findings Positive Cases	231 33 3
<p>The Gwinn Teen Clinic provides a place for students to access health care right within the school building. Services are offered by a Physician Assistant (PA), Family Nurse Practitioner (NP), and a Health Educator (HE).</p>	Services Provided by NP or PA Services Provided by HE Referrals Made	856 781 137
<p>Family Planning promotes the well being of families by giving couples the opportunity to time pregnancies when they are best able to care for them. The program also maintains a woman's health by detecting health problems through routine screening and examinations.</p>	Initial Medical (new client) Annual Visits (existing client) STD visits (sexually transm. disease)	118 265 319
<p>Hearing and Vision Screenings are conducted in area schools to help discover deficiencies at an early age and refer into medical treatment so that developmental progress is not diminished.</p>	Hearing Screens Hearing Referrals Vision Screens Vision Referrals	2,450 85 3,826 215
<p>The Continuum of Care (COC) program provides services to clients across the Upper Peninsula who are living with HIV/AIDS. HIV testing is also available.</p>	Number of COC Clients HIV/AIDS Tests Positive HIV Tests	71 129 3
<p>Maternal Infant Health Program (MIHP) is a home visiting program that provides support services to women and parents so they have healthy pregnancies, good birth outcomes, and healthy infants.</p>	Maternal Visits Infant Visits	381 513
<p>Senior Screening includes a health assessment provided to senior citizens in their rural community.</p>	Senior Screens Conducted Referrals Made	39 19
<p>High risk families are referred from the Department of Human Services to our Family Support Education program where they receive home visits with the goal of preventing abuse and/or removal of children from their home.</p>	Number of Visits	2,881

Other Community Health Division programs not previously mentioned:

- Active Living
- Supplemental Nutritional Assistance (SNAP)
- Safe Routes to School
- Tobacco Assist
- Smoke-free Apartments

Environmental Health

The Environmental Health Division staff include our Division Director, Patrick Jacuzzo, three full-time Sanitarians, a Lead Secretary and another Secretary that works during the peak time (May through October) when staff are very busy out in the community performing well and septic inspections for the building season, campground inspections and rabies surveillance. Other services that continue throughout the year include inspections of restaurants, day care and adult foster care facilities, body art facilities, and public pools. The areas of greatest change during 2012 are listed below.

New Food Law in Michigan:

Effective October 1, 2012, a new Food Law was passed in Michigan. This new law adopted the 2009 version of the Food and Drug Administration (FDA) Model Food Code. Under this new law, Food Code violations are no longer legally referred to as “Critical” or “Non-Critical”, but are now referred to as “Priority”, “Priority Foundation” and “Core”. Aside from the challenges of communicating with the public through the use of new terminology, this change creates some legal challenges necessitating a rewrite of local enforcement policies and procedures.

Changes that effect food safety were made to include all cut leafy green vegetables and sliced tomatoes as potentially hazardous foods requiring temperature control for safety. These additions were necessary to reduce the risk of foodborne illness for the consuming public, based upon evidence and data resulting from several illness outbreaks in the U.S in the recent past that were traced to these foods.

Though some of these changes posed specific challenges, the integration of the new Food Law in Marquette County was nearly seamless.

Non-Community Public Water Supplies

Considerable time was spent this year conducting engineering reviews and oversight for the potable public water supply systems serving the two Rio Tinto industrial sites within Marquette County (Humboldt Mill Location and the Eagle Mine Site). Inherently poor ground water quality issues have complicated the process requiring permitting of water treatment systems and chlorine injection systems. This is the first time in Marquette County Health Department history that water supply treatment system permitting and oversight has been needed, requiring the development of a new fee for the associated engineering review. Collaboration with the Michigan Department of Environmental Quality (MDEQ) continues to move these projects forward.

Sewage System and Water Supply Permitting

Sewage systems and water supply permitting had slightly increased in 2012. An early building season may have contributed to this rise in activity. However, we're hopeful this indicates a positive trend in the local economy.

PROGRAM	2012 STATISTICS	
<p>The Food Service program provides licensing and inspection services to over 270 restaurants in Marquette County. In addition, our Sanitarians also provide the same service for any temporary food service activities that involve serving food for public consumption.</p>	<p>Food Service Inspections (Fixed) Food Service Insp. (Temporary) Complaints Investigated Enforcement Actions</p>	<p>404 122 21 20</p>
<p>The On-site Sewage program oversees wastewater management for properties that do not have access to a public system.</p>	<p>Septic Permits Issued (Residential) Septic Permits Issued (Non-Res) Total Complaints Investigated Failed System Investigations Septage Site and Truck Inspections</p>	<p>143 6 16 34 11</p>
<p>Well permits are issued for the construction or major alteration of all on-site water well systems (Private and Type II Water) other than large municipalities.</p>	<p>Well Permits Issued Public Water Surveys Conducted</p>	<p>120 10</p>
<p>Swimming pool and spa inspections are conducted annually and water samples are collected quarterly for all licensed pools and spas. These are mostly hotels and a few other public facilities.</p>	<p>Swimming Pool Inspections Water Samples Collected</p>	<p>39 133</p>
<p>Campgrounds are inspected annually for water supply safety and proper wastewater and refuse disposal.</p>	<p>Campground Inspections</p>	<p>17</p>
<p>Annual inspections are performed at all Body Art (Tattoo) facilities to determine compliance with requirements for sterilization procedures, blood borne pathogen training and documentation of proper age and medical screening.</p>	<p>Body Art Facility Inspections</p>	<p>6</p>
<p>Inspections are provided for Department of Human Services (DHS) licensed facilities (foster care homes and daycares).</p>	<p>DHS Inspections</p>	<p>39</p>

Accreditation

MCHD is very proud of our history with and participation in the Michigan Local Public Health Accreditation program. We were one of four pilot agencies to become the first local health departments to go through the process and have been fully accredited in each cycle. This is the fifth cycle (three years each) where the State of Michigan has found us to be accredited and evidence of the continuing level of excellence of services we provide.

In 2012 we completed our site review during the first week of March. There are twelve sections reviewed:

- | | | |
|---|----------------------------------|----------------------------------|
| Powers and Duties | *Food Service | *General Communicable Disease |
| *Hearing | *Immunization | *On-Site Sewage Treatment |
| HIV/AIDS & *STD | *Vision | Breast & Cervical Cancer Control |
| Family Planning | Women, Infants, & Children (WIC) | |
| Children’s Special Health Care Services (CSHCS) | | |

***mandated services**

Based upon the results of the indicators shown below, Marquette County Health Department has received Accreditation with Commendation status. This designation is awarded to local health departments that fully meet the following requirements:

- Meets 95%, cumulatively, of the Essential Indicators within the Minimum Program Requirements during the on-site reviews for the Powers and Duties and seven (7) mandated services sections;
- Misses not more than two (2) indicators in each of the programs cited above;
- Has zero (0) repeat missed indicators from the previous cycle in each of the included programs; and
- Meets 80% of the Minimum Program Requirements in the Quality Improvement supplement within the Powers and Duties Section.

	Total Met	Total Not Met	Total Not Applicable	Total # of Indicators	Percentage Met
Total Essential	171	3	2	176	98.28
Total Important	10	1	3	14	90.91
Total Essential and Important Indicators				190	
Total Accreditation with Commendation	91	1	2	94	98.91

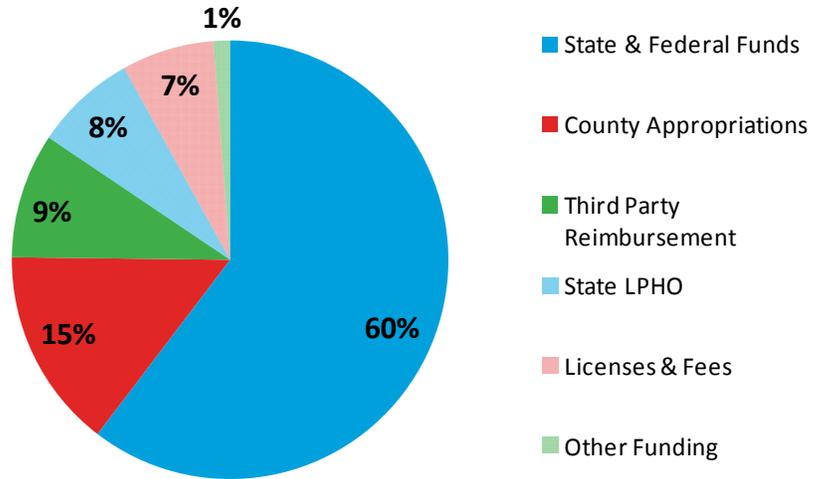
2012 Finances

Revenues

State & Federal Funds.....	\$2,122,331
County Appropriations.....	\$521,506
Third Party Reimbursement.....	\$325,479

State LPHO	\$264,458
Licenses & Fees	\$240,375
Other Funding	\$42,482

Total Revenues: \$3,516,631



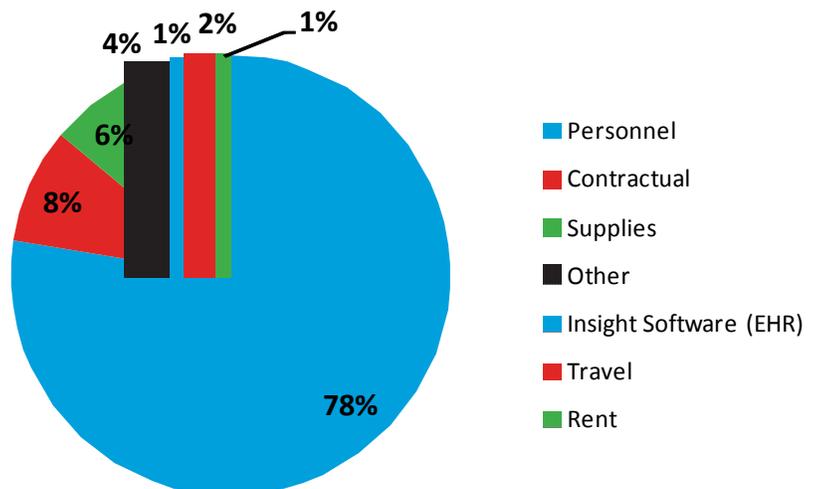
Expenditures

Personnel.....	\$2,679,886
Contractual.....	\$292,227
Supplies.....	\$214,660
Other	\$121,062

Insight Software (EHR)	\$34,663
Travel.....	\$80,868
Rent.....	\$34,491

Total Expenditures: \$3,457,857

*The 2012 actual expenses were 7.8%, or approximately \$293,000 less than our preliminary budget of 3.7 million dollars.





Mission:

Enriching lives in our community by preventing disease, promoting healthy lifestyles and protecting the environment.

Vision:

A community where people achieve the highest quality of life through healthy living by caring for themselves, one another, and the environment.

Tag Line:

"Inspiring Superior Health"

We Believe...

We believe **PREVENTION** is the key to promoting healthy lifestyles and creating a healthier community.

We believe **COLLABORATION** with multiple agencies and groups is the key to providing comprehensive and effective services.

We believe in exceptional **CUSTOMER SERVICE** and meeting customer needs with respect and compassion.

We believe **EXCELLENCE** is achieved through innovation, providing effective service, quality programs, and strong leadership for public health in the community.

Visit our website at www.mqthealth.org