

# A Year in Review



# Marquette County Health Department 2013 Annual Report

John E. Clark



# 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) 2013 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 2013 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.

## **Most Notable Highlights for 2013**

- The Gwinn Teen Clinic (GTC) construction project was completed and staff moved into the new and expanded facility. This expansion project provides an additional confidential counseling room and an additional exam room. The \$500,000 Health Resources and Services Administration (HRSA) grant which made this project happen was funded through the federal Affordable Care Act.
- The Michigan Department of Community Health also awarded us a \$50,000 three year grant to hire a clinically Licensed Master Social Worker to provide expanded mental health counseling services at the Gwinn Teen Clinic (GTC).
- The Department continued to implement its Strategic Plan which involved the development of a new logo, better marketing, increased full staff meetings to improve communication and education between employees, and the acquisition of two new vehicles.

- The Department collaborated with approximately 20 different local agencies to provide the leadership in developing the Marquette County Suicide Prevention Coalition. This Coalition will start in 2014 and is intended to bring awareness, education and support programs for the prevention and treatment of depression and suicide ideation.
- The Department also collaborated with numerous community agencies through an Oral Health Coalition designed to bring Oral Health for all.

Many other activities and programs are discussed in this document, reflecting 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, MPA, RS  
Health Officer/Director



**Marquette County Health Department Mission:**

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

**Marquette County Health Department Vision:**

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

# A Message from the Medical Director

According to the Centers for Disease Control (CDC), health disparities are “avoidable, unfair differences in health status seen within and between populations.” The World Health Organization (WHO) states that the social determinants of health, i.e. the conditions in which people are born, grow, live, work and age, are mostly responsible for health inequities. Recently, the CDC released its report on *Health Disparities and Inequalities in the U.S.* in 2013. Some key take away points:

- Preventable hospitalization rates were higher for residents of **low-income neighborhoods** than higher income neighborhoods and higher among blacks and Hispanics than whites.
- Rates of blood pressure control in patients with hypertension were lowest among the **uninsured, low income**, Mexican Americans and those born outside the U.S.
- Rates of diabetes were highest among males, people over 65, blacks and Hispanics, **those without high school education, poor** and those with disability.
- Colorectal screening rates decreased with **lower income and lower education.**
- Little progress has been made in decreasing smoking rates among persons with **low socioeconomic status.**

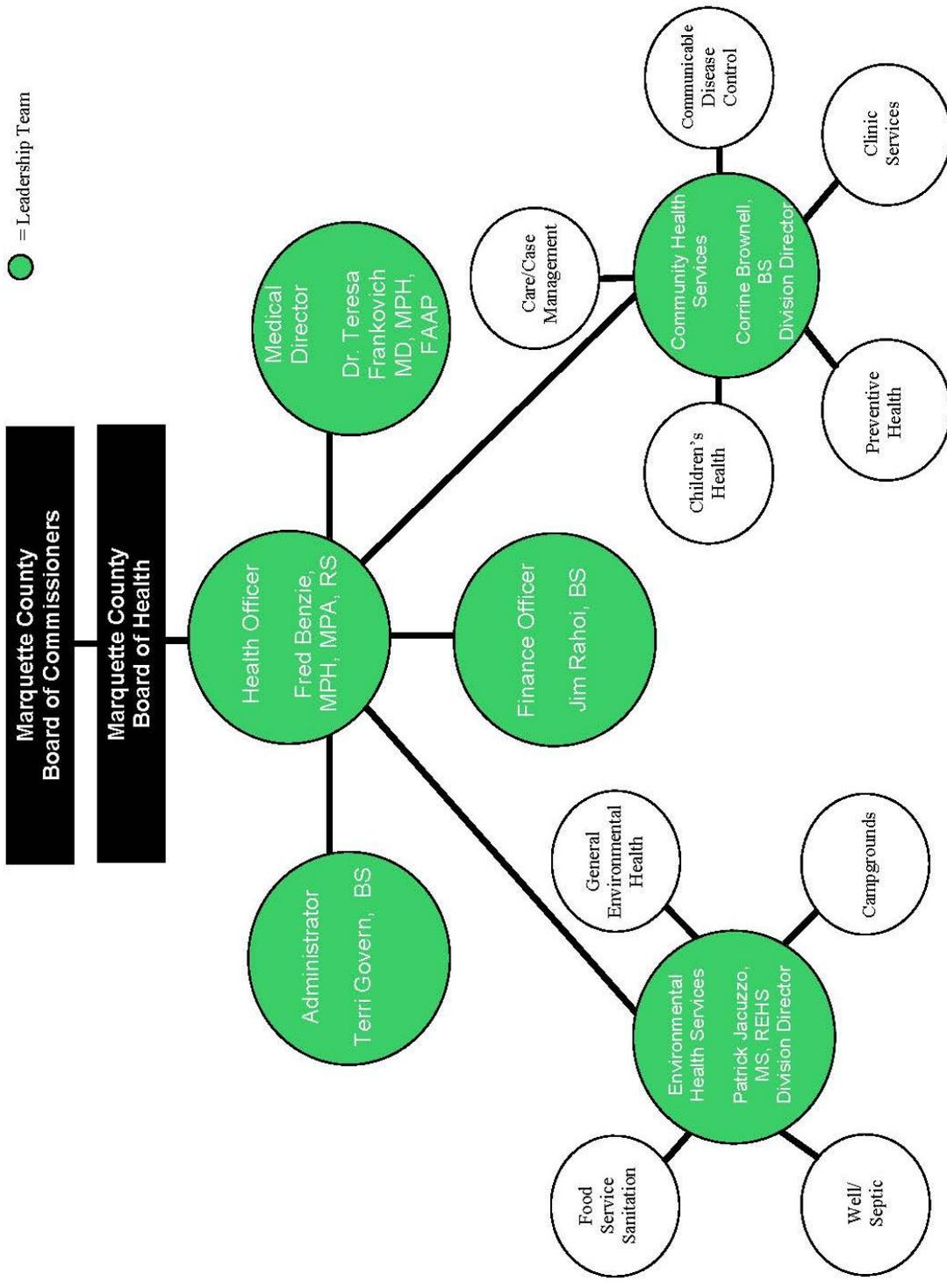
The association of chronic disease and poorer health status with lower income and lower educational attainment is not surprising and is evident across the country and in our own communities. In Marquette County, over 15% of residents are living below the federal poverty level and median household incomes are below those for the state and the country as a whole. Nearly one out of every five Marquette children lives in poverty. And while our high school completion rates are among the best in the state (about 4.5 percent of our teens drop out of school), almost 40% of our 11<sup>th</sup> graders are not proficient in reading at their grade level (Michigan Merit Exam), which may impact their ability to succeed in higher education. CDC disparities data suggests that significant numbers of our local residents may be at risk for poorer health status over a lifetime.

Although lack of insurance coverage certainly is an important factor in health disparities, increasing coverage alone will not solve the problem. Heredity, for example, has a significant impact on our health and there is no question that much of our health status is determined by how we live our lives, the choices we make, and the environments in which we live. This is why the Marquette County Health Department partners with healthcare providers, schools and communities to create and support health education programs; healthy school environments; quality, affordable health services; access to immunizations; safe places to live and to be active; access to healthy, affordable foods; clean air and water; and adequate housing. Working together, we can create a healthier future for all.



Teresa Frankovich, MD, MPH  
Medical Director

2013 Marquette County Communicable Diseases	Case Count
Chlamydia (Genital)	218
Hepatitis C, Chronic	50
Influenza	796
Pertussis	12
Campylobacter	13
Chickenpox (Varicella)	1
Giardiasis	10
HIV (New Cases)	0
Salmonellosis	9
Meningitis - Aseptic	3
Shiga toxin-producing Escherichia coli --(STEC)	3
Streptococcus pneumoniae, Inv	4
Amebiasis	0
Blastomycosis	1
Cryptosporidiosis	0
Gonorrhea	8
Guillain-Barre Syndrome	2
Hepatitis B, Chronic	0
Hepatitis E	0
Lyme Disease	3
Streptococcal Dis, Inv, Grp A	1
VZ Infection, Unspecified	0



 Marquette County Health Department  
2013 Organizational Chart



## 2013 Board of Health

Board Member	Representing
Robert Kulisheck, PhD (906) 226-2372 Email: rkulishe@nmu.edu	Public Member
Dale Moilanen, MPH (906) 346-6270 Email: damoilanen@penmed.com	Public Member
Steve Pence, JD (906) 226-2580 steve@pencenuminen.com	County Commissioner Liaison
Karol Peterson (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 Updates

In 2013, the Strategic Planning process continued to be a priority and all staff were encouraged to participate in frequent meetings. The three committees that were established in 2012 were Staffing, Marketing and Funding. Committees worked on setting and obtaining goals and objectives.

The **STAFFING COMMITTEE** surveyed all staff to assess what improvements were needed and identified three goals:

- 1. Improve Communication across Divisions,*
- 2. Provide Education to Staff, and*
- 3. Improve Employee Morale and Relations between staff.*

Several activities were completed to attain these closely related goals:

- At each full staff meeting, a few employees were selected to provide a brief presentation explaining the program(s) in which they work.
- A Program Description Activity was conducted in October with participation from all staff.
- Full Staff meetings were increased from quarterly to six times per year.
- An electronic “orientation file” and resource list was created for all staff.
- Board of Health meeting information is now provided in a binder available to all staff.
- Information regarding employee resources and where staff can get access to them was presented along with information regarding the Employee Assistance Service program at the May full staff meeting.
- Presentations at full staff meetings also included information regarding the Rye Committee (the job description and compensation evaluation process) and the revised Tuition Reimbursement Policy.
- A wellness committee was formed in June and is ongoing.

The **MARKETING COMMITTEE** started off the year with finalizing a new logo which set the stage for all other activities to be worked on for the year. This new logo was utilized to achieve these goals:

## Strategic Planning Updates (Continued)

- 1. Create and Implement an Awareness Campaign,*
- 2. Develop a Social Media and Electronic Communication Plan,*
- 3. Develop an Advertising Strategy to Promote Health Department Services, and*
- 4. Improve our Website.*

The Awareness Campaign focused on promoting the new logo which was used in our letterhead, all correspondence, car magnets, work shirts and hats, magnets for prescription disposal program, stickers, a new sign in the window of the main entry door, stand-up banners for offsite clinics, mission statement and building directory signs, and some other advertising. In addition, several other activities were completed:

- A Social Media policy was drafted,
- WIC Facebook page layout and materials were provided to the Health Officer,
- Website information was streamlined to become more user friendly, and
- New website was completed with banners and new templates using our logo.

The **FUNDING COMMITTEE** was established with one goal in mind:

- 1. Increase funding by establishing a grant writing team.*

The funding committee completed the following activities during the year to work toward that goal:

- Grant writing procedures and an application evaluation form were developed.
- Resources were compiled to be utilized for grant writing (such as Mission Statement, list of Board of Health members, copy of most recent audit, demographics of the area, sample budgets and narratives, and historical data).
- Acquired a project description worksheet (a guide for researching potential grant makers).
- Became members of GrantStation (to identify potential funding sources and access a searchable database of private grant makers).

# Community Health Division

The Community Health Division includes many programs. Our clinic at the main office provides traditional programs that have been an integral part of most local health departments throughout the state for many years, such as Family Planning, Breast and Cervical Cancer Control Program, Sexually Transmitted Disease, Immunizations and WIC (Women, Infants & Children). Other Community Health programs that are focused on health promotion include Substance Abuse Prevention, Dental Prevention, Emergency Preparedness, and SNAP (Supplemental Nutrition Assistance Program). Services are also provided in client's homes and other locations for several programs in this division. Examples of home visit programs include Family Health Education, Continuum of Care, and the Maternal Infant Health Program. Hearing and Vision screening is provided in all county schools. The Gwinn Teen Clinic was also part of the Community Health Division until the last few months of 2013 when it became a separate division. For this 2013 annual report it is included in this section.

Some highlights of Community Health Division efforts in 2013 are listed below.

## **Substance Abuse**

The Marquette County Substance Abuse Prevention Coalition (MC2) continued with the momentum and popularity of offering beverage server trainings to establishments in the county that serve alcohol. The trainings are part of an evidence-based substance abuse prevention strategy and are facilitated by an MC2 member who is trained in a state-approved beverage server program. The coalition also offered beverage server training to volunteer and non-profit organizations that host events where alcohol is served. Almost 70 people were trained in serving alcohol responsibly and learned about the liability that comes along with it. Organizations such as the AMVETS, Chocoy Lions, the VFW and the Children's Museum took advantage of the volunteer training and nine different restaurants and bars attended the eight hour beverage server training.

## Community Health (Continued)

Although funding for tobacco use prevention is no longer provided to Marquette County Health Department, work is still continuing in this area. The Sault Tribe of Chippewa Indians collaborated with the health department and assisted Sands Township and Ely Township to enact the county's first Tobacco Free Park and Recreation Area Policy.

*Sands Township displays their Tobacco Free Park Policy. From left to right: Carolyn Kerkela, Lee Yelle, Darlene Walch, Benjamin Yelle, Sarah Derwin, and Donna Norkoli.*



### Emergency Preparedness

The Marquette County Health Department conducted an emergency call down exercise requiring full staff off site assembly in conjunction with a Closed Point of Distribution (POD) Strategic National Stockpile (SNS) Tabletop Exercise (TTX) with Marquette County Closed Point of Distribution Community Partners on Thursday, September 12, 2013. The Closed POD partners included: Marquette County public schools, Marquette Branch Prison, DLP-Marquette General Hospital, Bell Hospital, Long Term Care Facilities and an Federally Qualified Health Clinic (FQHC). The Marquette County Health Department's Closed POD TTX addressed Capability #1: **Community Preparedness**; Capability #3: **Emergency Operations Coordination**; and Capability #8: **Medical Counter Measure Dispensing**. A Food Borne Illness event was utilized as part of the scenario to incorporate training conducted earlier in the year. The major strengths identified during the September 12, 2013 exercises are as follows: A high level of participation by our Closed POD Community Partners (85%); Better understanding of responsibilities of Public Health vs. Hospital and Community Partners; High Level of cooperation and sharing of knowledge and expertise.

# Community Health (Continued)

## WIC

A new location for the WIC program was set up at the Sawyer Medical clinic. This strengthened the collaboration between WIC services and the medical services available for the population of Sawyer and Gwinn.

## BCC

The Breast and Cervical Cancer (BCC) program became the recipient of a \$7,000 donation from the annual Breast Friends Golf outing that was held the beginning of June. This charity event has been held for the last five years and each year has gotten bigger. The organizers of the event plan to make the health department's BCC program the recipient every year the event is held. This will help women get the breast and cervical exams that they need for early cancer detection.



*Bobbie Champion and Julie Scott accept a check for the MCHD Breast and Cervical Cancer Control Program from Nicole Burony and Nathan Noble.*



*Julie Scott, Bobbie Champion, and Corrine Brownell show their spirit during the Breast Friends Golf Outing.*

## Community Health (Continued)



### **Gwinn Teen Clinic (GTC)**

The Gwinn Teen Clinic continued to provide services in their small clinic in the Gwinn Middle/High School building and started their third year of operation with the start of school in September 2013. We were awarded Federal Grant Funding with the Affordable Care Act to construct a new addition onto the school to expand our clinic. The clinic space was increased from 425 square feet to 1,375 feet. The construction and renovation for the clinic broke ground in June and staff moved in at the beginning of December.

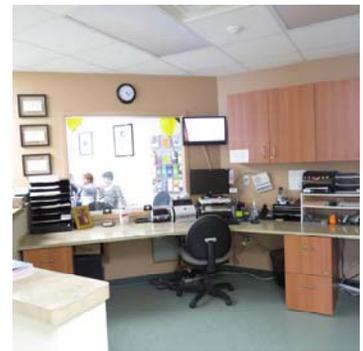
### Out with the old...



The new space includes a second exam room with improved lab facilities, office space for staff, increased space for reception and waiting room, and an all purpose group room for meetings.

# Community Health (Continued)

## In with the new!



The Michigan Department of Community Health also awarded us a \$50,000 grant to hire a clinically Licensed Master Social Worker to provide expanded mental health counseling services to the students. This has proven to be an area in which students had a great need for. We continue to see an increase in the number of counseling appointments each month.

In November of 2013, the supervision of the GTC moved from being part of the Community Health Division to a division of its own. The Physician's Assistant that provides direct care to the students is now the Division Director as well. With their new space and new leadership, we are excited about the year to come and all that will be provided for the students.

<p>The <b>Gwinn Teen Clinic</b> provides a place for students to access health care right within the school building. Services are offered by a Physician Assistant (PA), a Licensed Master Social Worker (LMSW), and a Health Educator (HE).</p>	<p>Services Provided by PA                  Services Provided by HE                  Services Provided by LMSW                  Referrals Made                  Immunizations Given</p>	<p>1636                  265                  244                  52                  128</p>
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# Community Health Statistics

PROGRAM	2013 STATISTICS	
<p><b>Immunizations</b> are available to all Marquette County residents. Appointments are available in our clinic several days a week. Each fall we also offer several offsite flu clinics.</p>	Immunizations Given Flu Shots Given	880 1,734
<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 <b>Breast and Cervical Cancer Control Program</b>.</p>	Total Screenings Abnormal Findings Positive Cases	218 28 1
<p><b>Family Planning</b> 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 transmitted disease)	172 254 398
<p><b>Hearing and Vision Screenings</b> 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	3,257 144 4,261 303
<p>The <b>Continuum of Care</b> (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	79 100 0
<p><b>Maternal Infant Health Program</b> (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	268 464
<p><b>Senior Screening</b> includes a health assessment provided to senior citizens in their rural community.</p>	Senior Screens Conducted Referrals Made	70 58
<p>High risk families are referred from the Department of Human Services to our <b>Family Support Education</b> program where they receive home visits to ensure a healthy and safe family environment.</p>	Number of Visits	2,998
<p><b>Children's Special Health Care Services</b> (CSHCS) provides care for eligible children and adults with qualified medical conditions.</p>	Enrollment—January 2013 Enrollment—December 2013	125 180

# Environmental Health Division

The Environmental Health (EH) Division works under authority of several State and local statutes to provide environmental health services in a variety of program areas. The Division has been fortunate to have a good rapport with local owners, operators and service contractors who work together to maintain a healthy community environment in Marquette County. All program information, forms, statutes and the customer satisfaction survey can be easily referenced from our website. The division remains open to customer suggestions regarding edits to the website format that would enhance the customer experience.

Highlights of Environmental Health Division efforts in 2013 are listed below.

## **Food**

The food service inspection program has completed its first year under the new updates to Michigan Food Law and the adoption of the 2009 Food and Drug Administration (FDA) Model Food Code. Though there have been significant changes in terminology and requirements, the transition went smoothly. Having a good working relationship with owners and/or operators helps to maintain a good level of compliance and communication with our licensed facilities. We've experienced a steady flow of plan review work for new restaurants while some others have closed (Wahlstrom's, The Grove, Hickey's, and Randy's Grand Slam).

Our food service education program, which provides the required Certified Professional Food Manager (CPFM) credential, has experienced increased participation in 2013. Renewal cycles have created an increased demand and all quarterly course offerings have been filled to capacity. This credential requirement has improved food safety compliance and the inspection experience throughout the county.

## **Private Water Supplies and On-site Sewage**

Permit numbers have been steady with those experienced in 2012. This trend seems to indicate that the drop in numbers experienced in previous years due to an underperforming economy has ended.



## Environmental Health (Continued)

### **Type II Non-Community Public Water Supplies**

Michigan Department of Environmental Quality (MDEQ) program reviews indicate that no water quality monitoring violations have occurred in 2013. This is a record for our department and the water supply operators with whom we work. Collaboration between MCHD, MDEQ and Lundin Mining occurred throughout 2013 in an effort to design, install, and approve arsenic removal water treatment systems for water supply wells serving the two Eagle Mine facilities within the county. The arsenic being removed from this water is naturally occurring. The installation of treatment systems of this type will be a first for public water supplies in the U.P.

### **Foodborne Illness Emergency Response Capacity Development Grant**

This year marked the first year of a three year grant through the Michigan Department of Agriculture and Rural Development (MDARD) to improve response to foodborne illness outbreak events. This effort is a “pilot project” among five Local Public Health jurisdictions in Michigan and is ultimately driven by Federal Food and Drug Administration (FDA) initiatives and funding. The goal of this project is to increase collaboration across the disciplines of Communicable Disease surveillance (CD), Emergency Preparedness (EP) and Environmental Health (EH) when responding to foodborne illness outbreaks. Under this grant, a regional training seminar was created. This training module was held in five locations throughout the State including Negaunee. This seminar educated attendees regarding the procedures surrounding a response to foodborne illness emergencies and highlighted the integrated roles of CD, EP and EH in both “complaint based” and “laboratory based” surveillance and response strategies. The training was well attended by representatives of all three disciplines from many local public health jurisdictions. Involvement in this grant has improved collaboration between Communicable Disease, Emergency Preparedness and Environmental Health Divisions within the Marquette County Health Department and has lead to greater efficiency in foodborne illness surveillance and response.

# Environmental Health Statistics

PROGRAM	2013 STATISTICS	
<p>The <b>Food Service</b> 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 at public events.</p>	<p>Food Service Inspections (Fixed) Food Service Insp. (Temporary) Complaints Investigated Enforcement Actions</p>	<p>378 129 33 12</p>
<p>The <b>On-site Sewage</b> program oversees wastewater management for properties that do not have access to a public sewage treatment system.</p>	<p>Septic Permits Issued (Residential) Septic Permits Issued (Commercial) Total Complaints Investigated Failed System Investigations Septage Site and Truck Inspections</p>	<p>149 4 14 28 12</p>
<p>Well permits are issued for the construction or major alteration of all on-site water supply wells (<b>Private and Public</b>) other than large municipalities.</p>	<p>Well Permits Issued Public Water System Inspections</p>	<p>120 7</p>
<p><b>Swimming pool</b> and spa inspections are conducted annually and water samples are collected quarterly for all licensed pools and spas.</p>	<p>Swimming Pool and Spa Inspections Water Samples Collected</p>	<p>41 141</p>
<p><b>Campgrounds</b> are inspected annually to determine compliance with state campground rules.</p>	<p>Campground Inspections</p>	<p>15</p>
<p>Annual inspections are performed at all <b>Body Art (Tattoo)</b> 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>7</p>
<p>Inspections are provided for <b>Department of Human Services (DHS)</b> licensed facilities (foster care homes, children's camps, and daycares).</p>	<p>DHS Inspections</p>	<p>21</p>



*A septic field in Marquette County*

# 2013 Finances

The 2013 revenues and expenditures have both increased from 2012. The most significant changes are due to the addition of one time funding for the Gwinn Teen Clinic construction grant and the capital outlay purchase of two new vehicles.

Indicator Compared  
to 2012

## Revenues

State & Federal Funds .....	\$2,717,726	↕
County Appropriations.....	\$521,506	=
Third Party Reimbursement .....	\$307,394	↘
State LPHO .....	\$267,995	↕
Licenses & Fees.....	\$237,876	↘
Other Funding .....	\$61,446	↕
<b>Total Revenues</b>	<b>\$4,113,943</b>	↕

## Expenditures

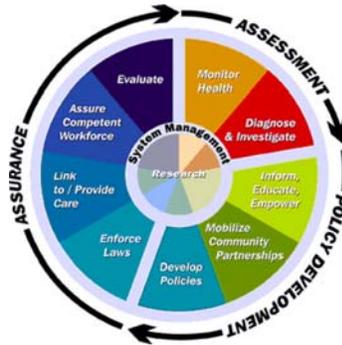
Personnel.....	\$2,993,582	↕
Contractual.....	\$581,031	↕
Supplies .....	\$249,500	↕
Other.....	\$120,896	↘
Insight Software (EHR) .....	\$20,581	↘
Travel.....	\$76,334	↘
Rent .....	\$35,353	↕
Capital Outlay.....	\$34,292	↕
<b>Total Expenditures</b>	<b>\$4,111,569</b>	↕

Find us online at:  
[www.mqthealth.org](http://www.mqthealth.org)

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(906) 475-9977



## 10 Essential Public Health Services



### ASSESSMENT

Monitor health status to identify and solve community health problems.

Diagnose and investigate health problems and health hazards in the community.

### POLICY

Inform, educate, and empower people about health issues.

Mobilize community partnerships and action to identify and solve health problems.

Develop policies and plans that support individual and community health efforts.

### ASSURANCE

Enforce laws and regulations that protect health and ensure safety.

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Assure competent public and personal health care workforce.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

### SYSTEM MANAGEMENT

Research for new insights and innovative solutions to health problems.