2015 Annual Report

Dickinson-Iron District Health Department

Serving the Community in Environmental Health, Personal Health Services and Chronic Disease Prevention

Dedicated to Serving You!
To the Residents and Our Community Partners in Dickinson and Iron Counties:

Sincerely,

Stephen Markham

Stephen Markham, Director/Health Officer

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**Our Mission:**
“To assure the highest possible level of health for the people of the communities we serve.”

**Health Department Administration**

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Director/Health Officer

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Medical Director

Ruth Manier, RN, BSN
Community Health Services Director

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**Serving you since 1936**

**Dickinson-Iron District Board of Health**

Joe Stevens, Chair
Tim Aho, Vice Chair
Jim Brennan
Barbara Kramer
Sharon Leonoff
Henry Wender

“An ounce in prevention is worth a pound in cure.”
NEW Suicide Prevention Grant Program
This is a collaborative effort with the U.P. Local Public Health Departments (LPHDs) and Dial Help (based out of Houghton). Dial Help is the lead project grant coordinator that oversees and works with the six U.P. LPHDs. The goal is to create a U.P. wide coordinated response to residents dealing with mental health issues and suicidal intent. Each health department is responsible for putting together their own local suicide prevention coalition and work collaboratively together along with Dial Help. The coalitions will promote education, outreach, events and access to care to help increase awareness and reduce stigma. Suicide prevention trainings are held throughout the U.P. along with expanding and sharing a referral database of resources.

Home Visiting Expansion - Healthy Families
Upper Peninsula Home Visitation Program
The health department has added an additional member to it’s team of home visitors. Serving both counties, this program is for pregnant families and those with babies less than 3 months old. Families who are enrolled during pregnancy or early infancy are eligible to receive services until the child turns 5 years of age. There are no income restrictions to participate in this voluntary educational program for families. Our goal is to provide support and resources for parents to help build a positive relationship with their child and create happy, healthy families.

KARS - Kids Always Ride Safely
Upper Peninsula residents who transport children are eligible to participate in the car seat program. The KARS program staff are partnering with the health department to provide car seat education and car seats for our communities families. Appropriate age car seats are available for purchase after an educational session for $15 to WIC families and $40 to extended family members/non WIC families. In 2015, 171 families were equipped with specialized car seat education and a car seat. A trained car seat technician provides individual education on proper installation into the families vehicle as well as providing guidelines on vehicle safety with small children. Call our WIC office for dates when the KARS representatives will be at our health department.

Safe Sleep Promotions
The Dickinson-Iron District Health Department has expanded its efforts to help promote and educate families on safe infant sleep. Staff provide one-on-one education regarding safe sleep in all maternal-child programs. The Dickinson– Iron District Health Department recently received a grant for the local Children’s Advocacy Network (CAN Counsel) to provide infant sleep sacks to some of the families we serve. Sleep sacks are a wearable blanket that replaces loose blankets that may interfere with the child’s breathing.

Coffective Initiative – Consistent Breastfeeding Education and Messaging
The State WIC Department and Dickinson-Iron District Health Department are excited to announce a new state-wide initiative to promote and protect breastfeeding. The initiative is called Coffective. The program provides staff training to WIC, hospital, physician clinics, pediatricians, breastfeeding counselors, and other members of the maternal and infant health fields. The programs emphasis is on consistency with messaging and education from each place a women may seek guidance regarding breastfeeding. The program will be implemented in the summer of 2016.
The health department provides a wide range of services to the general public and special populations. A few of the agency’s programs are highlighted below:

**Seasonal Flu Shots:** The Health Department led large-scale community clinics for seasonal flu shots in both Dickinson and Iron Counties, in partnership with two hospitals, four schools and Beacon Ambulance. We also had local nurse volunteers and students from schools and colleges.

**WIC:** In 2015, the Women, Infants and Children Program provided nutrition education and supplemental food benefits for more than 994 infants, children and pregnant, post-partum and breastfeeding women per month.

**MIHP:** The Maternal Infant Health Program conducted 1,715 visits by registered nurses, registered dietitians and social workers to high-needs families with pregnancies or infants.

**Hearing and Vision screening:** More than 3,833 hearing and vision screenings were conducted in preschools and K-12 schools throughout both counties.

**Family Planning:** Family planning clinics in the agency’s two offices served 542 clients in 2015, providing clinical exams, education, communicable disease testing and free or affordable birth control.

**BCCCP:** Through the Breast and Cervical Cancer Control Program, 13 low-to-moderate income women age 40-64 received breast and pelvic exams, pap tests, mammograms, and follow-up treatment as needed.

**Immunizations:** 5,554 vaccines were administered to 2,813 clients.

**Senior Screening:** 70 residents age 60-plus received free health screenings, referral and follow-up services. Services include: total cholesterol, HDL, glucose, hemoglobin, blood pressure and hemocult screenings.

Environmental health (EH) programs prevent illness from contaminated food, water and other environmental sources.

Permitting, inspections, education, and when necessary, enforcement actions protect the public’s health. A few of the EH programs are highlighted below:

**FOOD SAFETY PROGRAM:** The focus of the food program is to assure a safe, clean food product for the public through regular inspections and education. Efforts in this program are key elements in assuring the meals we consume outside of the home are safe. Agency sanitarians conducted 528 evaluations at restaurants, schools and temporary food events in 2015.

**ON-SITE SEWAGE DISPOSAL MANAGEMENT:** One of the most important methods of preventing the spread of disease and viral infection is the proper treatment of human wastewater. This program provides guidance and oversight for on-site sewage disposal. Site and soil assessments, construction permitting, and inspections are conducted by Health Department sanitarians to prevent environmental contamination. In 2015, 148 construction permits were issued for new on-site sewage systems.

**PRIVATE & NON-COMMUNITY WATER:** A fundamental objective of public health met by these programs is the protection of our lakes, streams and the water we drink. Sanitarians monitor the quality of non-community public water supplies such as schools, restaurants and campgrounds. Last year, construction permits for 75 new wells were issued to ensure well construction and water quality requirements were met.
Local public health departments track, analyze and publicize rates of disease, health care access and utilization rates, demographics and other community health indicators.

Did you know that the population of the Dickinson-Iron County area declined by 8.6% from 2000 to 2015, from 40,610 to 37,136? About 24.8% of local residents are age 65 and older, compared with 15.8% statewide. Broken down even further, the percentage in Dickinson County is 20.7% and in Iron it’s 28.9%.

There have been 336 births and 468 deaths in 2014 for the two-county area, that’s down from 368 births and 499 deaths in 2008. The leading causes of death - heart disease, cancer, stroke and chronic lower respiratory disease are the same locally for Dickinson and Iron Counties and the trend is similar with U.S. statistics. Michigan, however, appears to have a few more deaths associated with chronic lower respiratory disease than stroke as compared to local and U.S. data.

The Health Department monitors reports from physicians and laboratories of a variety of communicable disease, and is alert to possible disease outbreaks. Below are annual trends for several common conditions, including illnesses such as influenza and chickenpox that can be prevented or reduced through immunization.

### Selected Communicable Disease Reports

<table>
<thead>
<tr>
<th>Disease or Disease Group (Dickinson-Iron County Totals)</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food-borne illnesses (Campylobacter, Cryptosporidiosis, Giardia, Salmonella)</td>
<td>20</td>
<td>21</td>
<td>19</td>
<td>13</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Flu-Like Disease (Includes self reported “flu-like” symptoms &amp; reported positive cases)</td>
<td>2272</td>
<td>2146</td>
<td>1971</td>
<td>Reported Positive Influenza only -155</td>
<td>1773</td>
<td>2267</td>
</tr>
<tr>
<td>Meningitis (Aseptic and Bacterial)</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Chlamydia</td>
<td>55</td>
<td>70</td>
<td>83</td>
<td>54</td>
<td>65</td>
<td>66</td>
</tr>
<tr>
<td>Hepatitis C (Acute and Chronic)</td>
<td>15</td>
<td>36</td>
<td>19</td>
<td>60</td>
<td>36</td>
<td>29</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>19</td>
<td>17</td>
<td>54</td>
</tr>
</tbody>
</table>

### 2013 Revenue By Source

- **Local Effort**: 18%
- **Fees & License**: 9%
- **Fed/State Funding**: 37%
- **Insurance-3rd Party**: 32%

**Total Revenue**: $2,552,392

### 2013 Expenses by Division

- **Agency Support** | $540,958
- **Community Health Programs** | $1,652,235
- **Environmental Health** | $359,199

**Total Expenses**: $2,552,392

### 2013 Revenues by Source:

- **Fees & License**: $226,371
- **Insurance-3rd Party**: $810,187
- **Fed/State Funding**: $960,303
- **Local Effort**: $453,806
- **Other**: $101,725

**Total**: $2,552,392
Immunizations are one of the most important public health achievements of the 20th century. It is estimated that in the past 20 years alone, vaccines have saved 750,000 lives and prevented 332 million illnesses in the U.S. The science is clear--vaccination is both highly effective and extremely safe. In spite of this fact, parental concerns about safety have grown, in large part due to the abundance of misinformation disseminated widely across the internet. Pseudo “research” has made it difficult for concerned parents to make truly informed decisions and some Michigan parents have responded by simply declining or delaying vaccination for their children.

Unfortunately, Michigan now has one of the highest immunization waiver rates in the country. In looking at the table below, it is clear that Michigan has fallen far behind in vaccination rates as measured in kindergarten. In fact, the state fell from 5th to 47th in national rankings for full vaccination coverage in just 5 years.

In Michigan, waivers for vaccination may be on medical, religious or philosophical grounds. Healthcare providers complete a small number of medical waivers for children who cannot receive some vaccines due to an underlying health condition, such as cancer or immune deficiency. But the vast majority of waivers are signed by parents citing philosophical or, less frequently, religious opposition to vaccination. Religious opposition is puzzling because in reality, objection to vaccination by formal religious doctrine is very rare.

Maintenance of herd immunity through vaccination of a high percentage of the population is essential to disease prevention. When a large percentage of the population is immunized and resists infection, there are fewer individuals capable of spreading disease, particularly to those who are too young or too ill to be vaccinated. Declining immunization rates put the entire community at risk. Therefore, in 2014, a change was made in the administrative rules of the public health code in Michigan requiring that parents who wish to waive immunization for their children, first present to the local public health department for immunization education. The health department may then provide a certified waiver.

Prior to this amendment, parents whose children were not up to date on their immunizations could sign a waiver form with the school secretary, allowing the child to immediately enter school. Because of this, even parents who had no particular opposition to vaccination, would often sign a waiver to expedite school entry and then fail to follow through on vaccination at a later, more convenient time. In addition, it was clear that parents, who were making a conscious decision not to immunize, were often doing so because they had not received credible information about vaccines. The new process will ensure that every parent is given accurate, credible information and will have a chance to have questions and concerns addressed.

Public Health nurses have received training on working with concerned parents and doing so in a collaborative, non-adversarial manner. The state is already seeing a decline in waiver rates since implementation of the rule in early 2015, but whether it will be enough to curtail some of the outbreaks we are seeing across the country, is not yet clear. Attention will be focused on states like California that are going a large step further and not accepting waivers for anything other than medical indications--a practice already in place in Mississippi and West Virginia. In Mississippi last year, 99.7% of kindergarteners were fully vaccinated.

The parental decision to immunize or not immunize a child is an important one and has implications for everyone in the community. It is public health’s mission to ensure that every parent has the opportunity to receive credible, scientific information before making that decision.