

# 2014 Annual Report



## Dickinson-Iron District Health Department



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

# Excellence



**Public Health**  
Prevent. Promote. Protect.

Dedicated to Serving You!  
Dedicated to Serving You!

**To the Residents and Our Community Partners in Dickinson and Iron Counties:**

What is a local Health Department?

Local health departments are city, county, district, or tribal government agencies. They report to a mayor, city council, county board of health, or county commission. Some local health departments are units of their state government. There are approximately 2,800 local health departments across the United States.

Every day, local health departments work to protect and promote health and well-being for all people in their communities. Local health departments are on the front lines of population health. The general public may not always see the work that's done, but communities are safer and healthier because of it.

Getting regular checkups and having health insurance are important for good health, but much of what influences health happens outside of the doctor's office. From implementing smoke-free air laws that provide for clean indoor air, to making fresh, nutritious produce more accessible, local health department activities strive to positively impact the determinants of health, in turn allowing for healthy choices that keep people and populations healthy.

Local health departments also work with other community partners to ensure that clean water, safe food, and fresh air are the norm for all of us, while at the same time being ready to respond to emergencies that threaten the health and safety of our communities.

It is my pleasure to bring to you this annual report for 2014. The report highlights some of the programs and activities conducted by your local health department and the dedicated health professional that make up its staff.

I encourage and invite your questions, comments, or suggestions.

Sincerely,

Stephen Markham, MPH  
Director/ Health Officer

**Our Mission:**

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

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**We're on the web!**  
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**SERVING YOU SINCE 1936**

**Dickinson-Iron District  
Board of Health**

Joe Stevens, Chair  
Patti Peretto, Vice Chair  
Tim Aho  
Barbara Kramer  
Carl Lind  
Henry Wender

***“An ounce in prevention is worth a pound in cure.”***



## *Health Department Highlights 2014 New Initiatives*

### **Varnish Program**

During 2013/14, the Dickinson-Iron District Health Department, in cooperation with the Michigan Department of Community Health Oral Health Program, participated in the **Varnish! Michigan-Babies Too** project. The goal of this initiative is to provide fluoride varnish to children under 3 years of age, who are at high risk for dental decay. Children enrolled in the health department's Women, Infant and Children nutrition program (WIC), were eligible for this new service.

Project services include: a caries risk assessment, parent oral health education, an oral screening, and a fluoride varnish application on all exposed teeth. The screenings and applications were completed by registered nurses, all of whom have completed training in these procedures and have received certification to apply the varnish. The children are eligible to receive up to four fluoride varnish applications per 12 month period. During 2013, 601 children participated in this program!

As part of this project the Health Department contacted local dental offices and developed a list of all dental providers in the area. Children with identified concerns during the screening were referred to these local providers. Families with children enrolled in MI-Child and Healthy Kids were given a list of providers who accepted this insurance.

### **Our Partnership with Great Start Collaborative and the Literacy Program**

The Great Start Collaborative is pleased to announce the "roll out" of the Dolly Parton Imagination Library. The premiere signing event took place on Friday, April 11, 2014 during the Forest Park School District's elementary school carnival. Parents of young children ages 0-5 were able to sign their children up for the Imagination Library. Additional sign up events are scheduled for Dickinson and Iron County children.

The Dolly Parton Imagination Library has been acclaimed as the number one early literacy initiative for supporting children reading at a young age. When children are enrolled in the Imagination Library, free books are mailed to their homes monthly from birth to age 5. Funding and implementation is a collaborative effort between the Great Start Collaborative and the Dickinson-Iron Intermediate School District. Grant applications to support the efforts are in progress. The Dickinson-Iron District Health Department is an active partner in this initiative through our home visiting programs. Children are being enrolled through our home visiting programs and parents are being provided information on reading literacy.

Children who are exposed to books and reading early in life, have a much better chance to become productive, successful, and healthy members of society. The advantages of early literacy are many. Early literacy initiatives are a fine example of cost effective primary prevention. Advantages include: improves

school readiness, leads to academic success, lowers health care costs, improves school attendance, and enhances social and emotional health.

The Imagination Library is a piece of our local Raise a Reader initiative. Book drives recently held brought in more than 5,000 gently used books to be used to re-stock area book mailboxes. There are two mailboxes at our health department offices that are re stocked regularly as children are encouraged to take a book when they visit our offices for appointments.

### **Home Visiting Expansion - Healthy Families Upper Peninsula Home Visitation Program**

The health department has added an additional member to its team of home visitors. Serving both counties, this program is for pregnant families and those with babies less than 3 months old. There are no income restrictions to participate in this voluntary educational program for families. Our goal is to provide support and help parents nurture a positive relationship with their child.

### **KARS - Kids Always Ride Safely**

Upper Peninsula residents who transport children are eligible to participate in the WIC or Extended Family 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. Call our WIC office for dates when the KARS representatives will be at our health department.

### **Children's Special Health Care Services Program (CSHCS)**

A support group for parents with children who have physical medical conditions, complications and issues has been started in Dickinson and Iron Counties. This group provides a support network where parents can share information, resources and guidance to help other families who may benefit from this service/program.

### **U.P. Wide Smiles Program**

A fluoride rinse program for children in Kindergarten through 5th grades is an initiative funded by the U.P. Wide Smile Program. We are seeing a high rate of cavities with our little ones and by rinsing with fluoride, we should see a decline in the number of cavities our dentists are detecting. Our local Health Department is in partnership with the Superior Health Foundation whose supports this oral health program to local schools in the U.P. This is a weekly rinse program that is conducted and administered throughout the school year.

## Public Health Programs

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 2014, the Women, Infants and Children Program provided nutrition education and supplemental food benefits for more than 1,096 infants, children and pregnant, post-partum and breast-feeding women per month.

**MIHP:** The Maternal Infant Health Program conducted 2,027 visits by registered nurses, registered dietitians and social workers to high-needs families with pregnancies or infants.



**Hearing and Vision screening:** More than 4,024 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 567 clients in 2014, providing clinical exams, education, communicable disease testing and free or affordable birth control.

**BCCCP:** Through the Breast and Cervical Cancer Control Program, 77 low-to-moderate income women age 40-64 received breast and pelvic exams, pap tests, mammograms, and follow-up treatment as needed.

**Immunizations:** 5,538 vaccines were administered to 3,546 clients.

**Senior Screening:** 80 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 Programs

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:



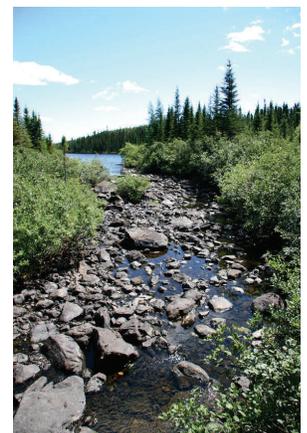
**FOOD SAFETY PROGRAM:** The focus of the food program is to assure a safe, clean food product for the public through regular inspections and education. Efforts in this program are key elements in assuring the meals we consume outside of the home are safe.

Agency sanitarians conducted 542 evaluations at restaurants, schools and temporary food events in 2014.

**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 2014, 100 site assessments were completed, and 116 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 71 new wells were issued to ensure well construction and water quality requirements were met.



# Community Health Status Indicators

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 6.9% from 2000 to 2012, from 40,610 to 37,807? About 23.4% of local residents are age 65 and older, compared with 14.6% statewide. Broken down even further, the percentage in Dickinson County is 19.5% and in Iron it's 27.3%.

There have been 284 births and 481 deaths in 2012 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.

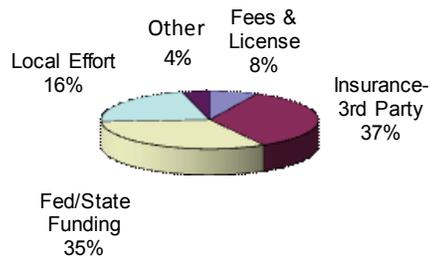
The Health Department monitors reports from physicians and laboratories of a variety of communicable disease, and is alert to possible disease outbreaks. Below are annual trends for several common conditions, including illnesses such as influenza and chickenpox that can be prevented or reduced through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

## Selected Communicable Disease Reports

| Disease or Disease Group (Dickinson-Iron County Totals)                                 | 2009 | 2010 | 2011 | 2012 | 2013   | 2014 |
|---|------|------|------|------|--|------|
| Food-borne illnesses (Campylobacter, Cryptosporidiosis, Giardia, Salmonella)            | 9    | 20   | 21   | 19   | 13   | 12   |
| Flu-Like Disease (Includes self reported "flu-like" symptoms & reported positive cases) | 2542 | 2272 | 2146 | 1971 | <b>Reported Positive Influenza only -155</b> | 1773 |
| Meningitis (Aseptic and Bacterial)  | 3    | 0    | 7    | 1    | 0  | 2    |
| Varicella (Chickenpox)  | 19   | 7    | 0    | 0    | 2  | 0    |
| Chlamydia   | 58   | 55   | 70   | 83   | 54   | 65   |
| Hepatitis C (Acute and Chronic)   | 17   | 15   | 36   | 19   | 60   | 36   |
| Lyme Disease  | 4    | 3    | 4    | 5    | 19   | 17   |

## Finance Report

### 2014 Revenue By Source



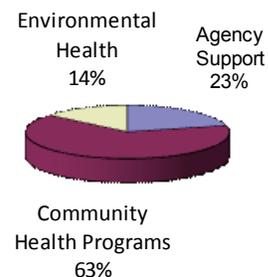
### 2014 Revenues by Source:

|                     |                    |
|---------------------|--------------------|
| Fees & License      | \$209,312          |
| Insurance-3rd Party | \$1,004,662        |
| Fed/State Funding   | \$936,766          |
| Local Effort        | \$435,415          |
| Other               | <u>\$119,892</u>   |
| <b>Total</b>        | <b>\$2,706,047</b> |

### 2014 Expenses by Division:

|                           |                    |
|---------------------------|--------------------|
| Agency Support            | \$626,045          |
| Community Health Programs | \$1,688,277        |
| Environmental Health      | <u>\$391,725</u>   |
| <b>Total</b>              | <b>\$2,706,047</b> |

### 2014 Expenses By Division



## Medical Director's Report

It has been quite a year for public health. Ebola emerged and reminded us about how small the world has become and how health concerns on distant shores may quickly become major concerns in the United States. There have now been nearly 25,000 cases of Ebola, occurring in 9 countries worldwide.

Ebola, a viral infection, was first discovered in Africa in 1976, along the Ebola River, in what is now known as the Democratic Republic of Congo. It is actually a rare disease but is significant because it is often fatal. Since 1976, outbreaks have been tracked, occurring sporadically and in remote, isolated places in Africa.

In 2014, Ebola, for the first time, went global. An outbreak that began in Guinea in March, quickly spread to its neighbors—Sierra Leone and Liberia. Various factors likely contributed to the spread including occurrence of the disease in a more populated border area, ill-equipped public health and healthcare systems and the existence of cultural practices in communities which increased the likelihood of exposures. These factors made containing the spread of disease a herculean task. By September, the U.S. had its first case of Ebola, diagnosed in a man who had traveled from Liberia to Texas.

The appearance of Ebola in the U.S. tested the healthcare and public health infrastructure in this country. Although the first days were rocky, it should be noted that the U.S. response was actually tremendously effective. The U.S. saw only 2 domestic cases arise related to this initial case (both were healthcare workers caring for the patient), and one additional case in a healthcare worker returning from working with Ebola patients in Africa. There were no cases in non-healthcare citizens. Furthermore, in spite of a mortality rate of nearly 50% in Africa, the U.S. saw only two fatalities domestically, the original patient from Liberia and a healthcare worker who was transported back to the U.S. after becoming ill. Although even one death is a terrible consequence, the containment of Ebola in the U.S. speaks volumes about the capacity and responsiveness of the U.S. public health system.

In fact, as the outbreak unfolded in Africa, partners in the Michigan healthcare system, from EMS workers, out-patient clinics and hospitals to local emergency managers and even funeral directors, received guidance from their local public health department, the federal Centers for Disease Control (CDC), the Michigan Department of Community Health (MDCH). And, although we knew that the likelihood of a case emerging in Dickinson or Iron Counties was low, the experience in Texas proved that everyone must be prepared to respond quickly and appropriately to protect healthcare workers and the public. Planning was done accordingly. Staff from DIDHD worked with local hospitals, community emergency response groups and participated in on-going state and federal public health teleconferences. Internally, the health department prepared so that it could respond to public concerns and limit public exposures to Ebola, should a case occur locally. It was an enormous undertaking for DIDHD and many sectors of the healthcare system.

Today, it appears that the African outbreak is slowing and there has not been a case in the U.S. since October, 2014. Local public health's on-going responsibility is to monitor individuals entering the U.S. with possible Ebola exposure. Most individuals are simply returning from a country where Ebola is occurring and are considered low risk for developing the disease. Some individuals are at higher risk because they have been near or in direct contact with Ebola patients who are ill. In Michigan, over 330 individuals with some level of exposure have been monitored for Ebola by their local health departments. The health department has contact with these people twice a day until they are 21 days out from their last possible exposure. Fortunately, none have become ill with Ebola.

Ebola provided a teachable moment for health systems in the U.S. and for the public at large. Healthcare systems were reminded that a high level of preparedness and vigilance must be maintained at all times, which is no small task. And the public was reminded that although the U.S. has vast resources, we can only respond to emergency situations effectively if we invest in preparedness infrastructure...just as we invest in roads and bridges. Our public health structure and our scientific expertise, allowed the containment of this deadly disease in the U.S. Unfortunately, we have also seen the consequences of Ebola's emergence in an area of the world with a struggling public health system ...all we have to do is to look at the numbers: West Africa: over 11,000 deaths United States: 2 deaths.

**Total suspected, probable, and confirmed cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone, March 25, 2014 – August 23, 2015, by date of WHO Situation Report, n=28005**

