

# Dickinson-Iron District Health Department

## PUBLIC HEALTH PRESS

~ Health \* Health \* Disease  
~ Protection \* Education \* Prevention ~



### Our Mission

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

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*~ An Active Member of the Dickinson-Iron County Collaborative Boards~*

### **Increasing Access to Health Care: *A Local Coalition Takes Up The Challenge!***

*Richard J. Thoune, RS, MPH, Director/Health Officer*

Something exciting is taking root in Dickinson County. Concerned citizens, consumer groups, civic and faith-based leaders have banded together with representatives of health and human services agencies of the Dickinson County Multi-Purpose Collaborative Board to initiate a local coalition that hopes to increase access to health care for almost 3,000 low income uninsured residents of our community. Efforts to move the community forward on the issue were restarted following a presentation by Tom Viviano, Executive Director of the Marquette County Medical Care Access Coalition (MCAC) to Collaborative Board members in both Dickinson and Iron Counties on October 15<sup>th</sup>. The Dickinson County access to care coalition seeks to replicate much of the successful work of MCAC, with hopes of expanding the effort to Iron County in the future.

MCAC was born out of a committee meeting at First Presbyterian Church in Marquette, Michigan. Attendees to the committee's meetings began to investigate the issue of lack of access to primary health care for many of the citizens of Marquette County. Out of these early meetings, the church realized that there was indeed a population of citizens that had little or no access to basic medical care. It was retired minister Rev. David Mair who first pushed the committee to do something about it.

Early on, MCAC was mentored by the Buncombe County Medical Society (BCMS), whose volunteer physician program was already providing free access to care for North Carolina citizens. By using the volunteer services of medical professionals and building a network to other medical services (such as donated radiology, donated/reduced cost prescription medications, laboratory work, etc), the BCMS's clients were offered affordable primary care and management of chronic illness. MCAC carried this vision back with them to Marquette County in their new Medical Access Program (MAP).

By September of 2000, MCAC had incorporated as a 501 (c) (3) organization. This opened the door for MCAC to secure grant monies from several religious organizations, and for the Peninsula Medical Center to donate office space to the organization. In the summer of 2000, MCAC hired its first staff member, signed up dozens of volunteer physicians, and was well on the way to creating a sound infrastructure. By September 1 of 2001, MCAC had secured a federal Community Access Program grant (CAP Grant), and began enrolling patients into the Medical Access Program.

Today, MCAC has over 120 primary care and specialist volunteers along with a network that includes radiology, urgent care, laboratory work, dental care, and pharmaceuticals. In the first 16 months of operation, MCAC enrolled 850 people into the Medical Access Program and secured \$371,954.00 in volunteer medical services and donated pharmaceuticals.

The Marquette County MCAC has offered Dickinson County and other UP communities technical support, guidance, sharing of software, forms, policy manuals, and on-site assistance to help move this effort forward across the UP. Our local access to care coalition has an agreed upon mission and vision statement, overall desired scope of benefits, population to be served, and a coalition structure. The group is now looking at incorporating into a 501(c) (3) organization and seeking physician, dental, pharmacy and community representation. Stay tuned for further details as this exciting local grass roots effort of "people helping people" moves forward in Dickinson County!

## Safe Food Preparedness for the Holidays

Larry Larson & Daren Deyaert, Sanitarians

### Turkey Basics: Safe Thawing

Turkeys must be kept at a safe temperature during thawing. While frozen, a turkey is safe indefinitely. However, if the turkey is allowed to thaw at a temperature above 40°F, any harmful bacteria that may have been present before freezing can begin to grow again unless proper thawing methods are used.

A package of frozen meat or poultry thawing on the counter longer than 2 hours is not safe. Even though the center of the package is still frozen, the outer layer of the food is in the “danger zone”, between 40 and 140°F – a temperature range where harmful bacteria multiply rapidly.

THERE ARE THREE SAFE WAYS TO THAW FOOD: IN THE REFRIGERATOR, IN COLD WATER, AND IN THE MICROWAVE OVEN.

#### **Thawing Frozen Turkeys:**

Immediately after grocery store checkout, take the frozen turkey home and store it in the freezer until ready to use. Frozen turkeys should not be thawed on the back porch, in the car trunk, in the basement or on the kitchen counter.

It is safe to cook an unstuffed frozen turkey. The cooking time will take at least 50 percent longer than recommended for a fully thawed turkey.

**Note: Turkeys purchased stuffed and frozen with the USDA or state mark of inspection on the packaging are safe because they have been processed under controlled conditions. These turkeys should not be thawed before cooking. Follow package directions for handling.**

#### **Refrigerator Thawing:**

When thawing a turkey in the refrigerator, plan ahead. For every 5 pounds of turkey, allow approximately 24 hours of thawing time in a refrigerator set at 40°F.



#### **Refrigerator Thawing Time** (Whole Turkey)

8 to 12 pounds - 1 to 2 days  
12 to 16 pounds - 2 to 3 days

16 to 20 pounds - 3 to 4 days  
20 to 24 pounds - 4 to 5 days

Foods thawed in the refrigerator can be safely refrozen without cooking, though there may be some loss of quality.

#### **Microwave Thawing:**

Follow the manufacturer’s instructions when thawing in the microwave oven. Plan to cook it immediately after thawing because some areas of the turkey may become warm and begin to cook during microwave thawing.

#### **Cold Water Thawing:**

Allow about 30 minutes per pound when thawing a turkey in cold water. Be sure the turkey is in leak proof packaging. Tissues can absorb water like a sponge, resulting in a watery product. Submerge the turkey in cold water. Change the water every 30 minutes until the turkey is thawed.

#### **Cold Water Thawing Times**

8 to 12 pounds - 4 to 6 hours  
12 to 16 pounds - 6 to 8 hours

16 to 20 pounds - 8 to 10 hours  
20 to 24 pounds - 10 to 12 hours

Turkeys thawed by the cold-water method should be cooked immediately because conditions were not temperature controlled.

## DIDHD Hospice

*Marsha Ackerman,  
Homecare/Hospice Supervisor*

Hospice, considered the gold standard for end-of-life care in our country, uses an interdisciplinary team of health care professionals and trained volunteers to provide pain management, symptom control, psychosocial support and spiritual care to the dying and their families. The Michigan Hospice and Palliative Care Organization reports that 115 hospice programs in Michigan cared for over 27,000 patients last year. For every person who receives hospice, it is estimated that there is another person who could greatly benefit from the comprehensive services that hospice provides. The best time to learn about hospice is now. Many people wait until they are in need of the service; a time when it is very difficult to make informed decisions.

The Dickinson-Iron District Health Department has been providing hospice care to our communities since 1996. Their hospice team members are skilled in managing pain, providing emotional and spiritual support, and generally assisting with the end-of-life issues that face patients and their families. Dying is regarded as a normal process and quality rather than length of life is emphasized by all disciplines. The entire family is considered in the care, and nurses are available 24 hours a day, 7 days a week. Family care is continued in the form of bereavement support for thirteen months. The Health Department's philosophy is to help you live as fully as possible for as long as possible. While hospice does not attempt to add days to one's life, it can add life to one's days.

**"HOSPICE: GREAT CARE AT LAST"**

## DIDHD Home Care Agency

*Marsha Ackerman,  
Homecare/Hospice Supervisor*

The Health Department has been caring for our communities since 1936. Shortly after the 1965 Medicare legislation that offered home health care to the elderly, the Health Department became certified to provide skilled home care to Medicare recipients.

Home care has gone through enormous changes in terms of both growth and decline in the nearly 40 years since Congress became involved. Despite massive cutbacks in government funding, home care continues to be the preferred means of receiving quality health care services for nearly 5 million people nationwide and certainly for our communities in the U.P. The advantages are numerous:

- Home care improves quality of life by enabling individuals to stay in the comfort and security of their own homes during times of illness, disability, and recuperation.
- Home care maintains a patient's dignity and independence.
- Home care is less expensive than other forms of health care delivery.
- Home care offers specialized services tailored to meet patient needs on a personal provider-to-patient basis.
- Home care reinforces and supplements family and friends care through training and education.

Today our home care agency is Medicare and Medicaid certified and provides skilled nursing, physical, occupational, and speech therapies, as well as personal care to Dickinson and Iron Counties in Michigan and to Florence, Northern Forest and Northern Marinette Counties in Wisconsin. These services are paid for by Medicare, Medicaid, Veterans Administration, commercial or private insurance, workman's compensation, or private individuals.

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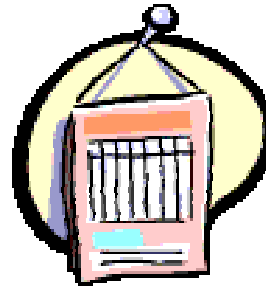
We're on the Web!  
See us at:  
[www.didhd.org](http://www.didhd.org)

## Medical Checklists

Source: *Health Beat 2003*

**Do you and your family** feel inundated with information about prevention and medical screening tests? From mammograms and prostate cancer screenings to cholesterol and blood pressure tests, it can be difficult to figure out which tests are needed when. Two new pamphlets from the Department of Health and Human Services and the Agency for Healthcare Research and Quality (AHRQ), "Women: Stay Healthy at Any Age: Checklist for Your Next Checkup" and "Men: Stay Healthy at Any Age:

Checklist for Your Next Checkup," outline what you need to know about the most important screening tests. The pamphlets also include information about how



to stay healthy by recording which screening tests you've received, when you received them, and when you should be tested again.

The women's checklist can be viewed and downloaded at [www.ahrq.gov/ppip/healthywom.htm](http://www.ahrq.gov/ppip/healthywom.htm).

The men's checklist can be viewed and downloaded at [www.ahrq.gov/ppip/healthywom.htm](http://www.ahrq.gov/ppip/healthywom.htm).

To request printed copies be mailed to you, call the AHRQ Publications Clearinghouse at (800) 358-9295 or send an email to [ahrqpubs@ahrq.gov](mailto:ahrqpubs@ahrq.gov).

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