The Ethics of Washing Your Hands

Ask a food service worker if he washes his hands regularly - he'll probably say yes. It's the right answer, and it's the one he knows you want to hear, but it may not be true. People fudge the truth when it comes to hand washing. In a recent survey of 1,000 adults, 94% said they always wash their hands when they use a public restroom. But when observers in restrooms in 5 major cities counted how many people actually did wash their hands, they found that only 68% did.

Food service workers do better because they know better, you say? Not likely. No class of workers knows better than health care professionals how important hand washing is. Yet, when staff in the intensive care unit of a university hospital in the Midwest was recently surveyed, researchers found that only 48% of them bothered to wash their hands, even though they knew they were being watched. If that's true in a hospital, imagine what the situation is among food workers!

Hospital workers and food service workers need to reflect on the potential harm their inadequate hand washing may have on innocent patients and patrons. It isn't hospital acquired infections are up alarmingly or that food borne illness is on the rise. Food service industry workers need to recognize their important role in preventing foodborne acquired infections and the potential subsequent effects. These can include acute diarrhea from a staph infection all the way up to the economic deprivation a breadwinner is sidelined with jaundice from the hepatitis he received from an infected food worker who didn't wash his hands.

Obviously, these are not a laughing matter. Food service workers must come to understand that keeping their hands clean isn't just professional courtesy - it is an ethical public obligation.

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What is “Project Fresh?”

This spring, staff from the Dickinson-Iron District Health Department’s WIC (Women, Infants and Children) Program and Michigan State University Extension/Expanded Food and Nutrition Education Program (MSU/EFNEP), will be working together to prepare for the Farmers’ Market Nutrition Program (FMNP) “Project Fresh.” This program is funded jointly by the Michigan Department of Community Health (MDCH) and the United States Department of Agriculture (USDA). The program is administered by MDCH, the WIC Division and MSU/EFNEP. The Farmers’ Market Nutrition Program was developed to serve two main purposes: to improve the health of nutritionally at risk women and children, and to support farmers by expanding the awareness and use of farmers’ markets. It is unique among federal programs, in that it encourages health and agriculture agencies, communities, farmers, and recipients to be active partners in a common effort to support the local economy and improve the health of families. In Michigan, the FMNP is referred to as “Project FRESH” - Farm Resources Expanding and Supporting Health. The program provides nutrition education and encourages WIC participants to improve their dietary choices by providing them with coupons to buy fresh fruits and vegetables at farmers’ markets. The program increases the demand for Michigan grown produce and boosts the income of farmers who sell fruits and vegetables at participating markets. The FMNP purpose is to increase access to exclusively fresh, unprocessed produce to help promote the Dietary Guidelines for Americans, which recommends at least five servings of fruits and vegetables daily for better health. The local agency WIC personnel identify the eligible WIC participants, and MSU/EFNEP staff provide a 15-20 minute food and nutrition presentation when the coupons are issued. These coupons are worth $2.00 each and clients receive a $20.00 booklet of coupons to be used June 1st through October 31st. We have in the past received up to 500 booklets for the season in Dickinson and Iron Counties. Since farmers are reimbursed for the face value of the coupons, this program has the potential to enhance our local farmer’s earnings by $10,000. This successful program is a win-win situation for both the farmer and WIC participant. For more information call our WIC offices at 779-7212 or 265-4173.

How would you like to receive our newsletter?

1.) Mail ________
2.) Electronically (Email) ________
3.) Via Website ________

Name: _______________________________
Address: ______________________________
Email: _______________________________ 
(Note: Email address also needed if you select via website.)

Please email, fax, phone or mail your preference to:
Rumpf@hline.org
FAX: (906) 774-9910
Phone: (906) 779-7234
Mail: Dickinson-Iron District Health Dept.
818 Pyle Drive
Kingsford, MI 49802
Hearing and Vision Screenings Coming this Spring

Michigan’s Public Health Code (Act 368 of 1978) requires local health departments, with the assistance from the State, to screen preschool and school-aged children for hearing and visual impairment at no cost to families. Both hearing and vision screening is recommended at least once for preschool-aged children (ages 3-5). For school-aged children, hearing screening must be done in at least the even grades, beginning in kindergarten and ending in sixth grade. Vision screening must be done in at least the odd grades, beginning in first grade and continuing through driver’s education training.

The Health Department has two technicians that visit our schools during the year to complete this task. The Department of Community Health ensures program consistency by training all screening technicians, specifying the screening tests and methodologies, and oversees basic data collection and reporting.

The central goal of the hearing screening program is the detection of acquired or developed hearing loss and of conditions which may impair hearing sufficient to affect language acquisition or educational development (e.g. recurrent otitis media).

The central goal of the vision screening program is to detect visual impairment that could impair educational development. These factors include refractive errors, amblyopia, or factors that could lead to amblyopia (e.g. ocular misalignment).

Outreach for the preschool population will begin in the spring, with screening days held in each office and a satellite clinic in Crystal Falls. The screenings will start in June and continue throughout the summer months. This is an extremely important age group to reach, as early detection and treatment of hearing and vision impairment leads to improved educational outcomes.

Detection of hearing impairment in preschool-aged children is particularly important in ensuring optimal language acquisition. Detection of visual impairment in them is critical for the treatment of amblyopia. Please help us outreach these children by encouraging their parents to call us to learn more about this service and schedule an appointment.

U.P. Smallpox Vaccination Kicks Off!

Eight Dickinson-Iron District Health Department (DIDHD) staff members participated in Phase I smallpox vaccine clinic efforts in Marquette on March 26 and 27. Three DIDHD registered nurses volunteered to receive the vaccine and to kick off vaccination of other public health response team members from other local health departments across the U.P. Staff attending the clinic received training and orientation in vaccine recipient registration, vaccine education, clinical screening, vaccine administration and site care education. Five local health department staff from across the U.P. and six staff from the VA Hospital, Iron Mountain received the vaccine. Dickinson-Iron staff then proceeded to assist in the vaccination of approximately 50 volunteer Marquette General Hospital staff who were identified to serve on the hospital’s Health Care Response Team. Information obtained from this clinic operation will be used locally to help plan and operate Phase II smallpox vaccine clinics where vaccine will be offered on a voluntary basis to first responders and other health care workers in Dickinson and Iron Counties.

Carol Thornton, RN for the Dickinson-Iron District Health Department receiving smallpox vaccination during the Phase I smallpox vaccination clinic.
Get ready, set, go! Starting April 6, 2003, WELCUP (Wellness Council of the Upper Peninsula), an affiliate of the Governor’s Council on Physical Fitness, Health and Sports, will be “kicking off” its Second Annual “Get Moving U.P.” Worksites and Community Physical Activity Incentive Program. Over a 9-week period, participants will learn how to incorporate more moderate and/or vigorous activity into their daily routine. Participants will record their daily minutes of physical activity on specially designed tracking forms. Worksites and individuals are encouraged to form teams of 4, each who log their minutes of activity on the tracking forms. In addition, participants can access all the information they need to participate by visiting our website at www.welcup.org, click on WellNet, click on “Get Moving U.P.” Participants will also be made aware of benefits, given tips and provided resources for additional information. Incentives will be included to help get employees started. Participants will get into the habit of increasing their physical activity, and see how easy and fun it is to do so. Many participants will continue their new behavior well after the incentive program is completed! Whether you like to hike, or dance, you can “trek your way, or two-step your way” into better health. As long as the activity gets your heart pumping, any type of physical activity will do! Just keep track of your minutes of physical activity and exercise your way (1,000 minutes/individual or 4,000 minutes/team) to better health by June 7, 2003. Individuals will have a chance to win an All Terrain Mountain Bike! If you do not have access to the Internet, and would like to receive your FREE “Get Moving U.P.” participation packet (loaded with contest rules, idea incentive list, tracking forms and a health fact sheet), please contact WELCUP Executive Director Kelly Rumpf at Rumpf@hline.org or call (906) 779-7234 to get your 4-person team signed up today! You do not need to be a WELCUP member to participate.