To the Residents of the Western Upper Peninsula and Our Partners in Public Health:

On behalf of our staff and Board of Health, we are pleased to present the Western U.P. District Health Department Annual Report for the fiscal period ending Sept. 30, 2008. Here you’ll find information about the health of our community and the health of our agency.

The health department is a regional unit of government serving Michigan’s five westernmost counties – Baraga, Gogebic, Houghton, Keweenaw and Ontonagon. It is our pleasure to report on our work, because one of our core values is to exemplify the best in government – to operate effectively and efficiently, to be open and accountable.

In 2008, the health department adopted new mission and vision statements focused on providing regional leadership in public health, reflecting the evolving and expanded role local public health plays in the broader community health system. We also welcomed new medical director Teresa Frankovich, M.D., M.P.H., when Gail Shebuski, M.D., M.P.H. retired. Dr. Frankovich now provides medical direction to nine Upper Peninsula counties, as our agency builds on a 70-year tradition of excellence and supports public health partnerships through a new model of regional medical leadership.

Also noteworthy in 2008, the health department was awarded renewed accreditation from Michigan Department of Community Health, signifying excellence in public health program performance, following a thorough review process.

The data and accomplishments highlighted in this report represent the work of more than 100 employees, the leadership of the Board of Health, and the support of our five associated counties. We look forward to continuing to work with all our public health partners as we help our communities and their residents move toward better health.

Sincerely,

Guy St. Germain
Health Officer/Administrator

Dr. Anton Pintar
Board Chairperson

Board of Health

Houghton County
Dr. Anton Pintar, Chairperson
Edward Jenich, Secretary
Dennis Barrette

Baraga County
William C. Rolof
Paul Tesonovich

Gogebic County
Joseph Bonovetz
James Oliver

Keweenaw County
Joseph Langdon
Frank Stubenrauch

Ontonagon County
Dale Parent
John Pelkola

Our Mission

It is the mission of Western U.P. District Health Department to lead the community toward better health through education, advocacy and disease prevention.

Our Vision

Western U.P. District Health Department will set the standard for community health agencies, as we perform our role within the healthcare system in a manner that reflects our core values. We will be recognized as the expert in community health protection and improvement, as a model of effective and responsive government, and as the regional leader in public health.

Core Values

- Commitment: Western U.P. District Health Department exists, first and foremost, to serve, safeguard and educate the community through responsible policy making and implementation.
- Excellence: Western U.P. District Health Department will assure that whatever is undertaken is done to the highest possible standards.
- Accountability: Western U.P. District Health Department will conduct itself as the best of public entities, operating efficiently and with complete transparency.
- Growth: Western U.P. District Health Department will nurture growth and development as central tenets of its operation, whether for individuals, the health department as an organization, or the community at large.
Leadership was in the spotlight in 2008 as Western U.P. District Health Department said goodbye to its longtime Medical Director, welcomed her successor, and re-examined its mission and role in regional health.

**A Mission to Provide Leadership**

In May 2008, the agency’s management team and Board of Health crafted and adopted new mission, vision and core values statements reflecting the evolving role of local public health in a changing healthcare system. The new mission, which reflects trends over the last decade, is “to lead the community toward better health through education, advocacy and disease prevention.” Long ago, health departments were seen primarily as providers of basic health services to disadvantaged and under-served populations. While health departments still work to reduce health disparities, the focus of this agency increasingly is on assessment, prevention and community-wide communicable disease control, health promotion and advocacy, and emergency preparedness. The health department also has developed a proactive approach to environmental health that makes business and property owners partners in health protection. In short, public health is most effective when it leads individuals and communities toward better health.

**“Dr. Gail” Retires…**

Gail Shebuski, M.D., M.P.H., the health department’s Medical Director since 1993, and also its Health Officer (chief executive) through April 2005, retired in May 2008. “Dr. Gail,” as she was affectionately known, was instrumental in the development of new clinical programs including family planning and hospice. Current Health Officer Guy St. Germain said Dr. Shebuski’s leadership was key in guiding the health department as it responded to trends in community needs and changes in Michigan public health programs. “Gail was the steady hand on the rudder,” St. Germain said. “Her approach to public health policy and practice mirrored the way she practiced medicine – calm, logical, and creative, always mindful of the big picture and the needs of our community.”

… and “Dr. Terry” Joins the Team

Dr. Teresa Frankovich, M.D., F.A.A.P., M.P.H, a pediatrician with a masters degree in public health, succeeded Dr. Shebuski in June as health department medical director. “Dr. Terry,” as she is often called, also provides medical direction for Superior Home Health and Hospice, and for public health departments serving Iron, Dickinson, Delta and Menominee counties, a unique new approach to regional public health leadership which promotes collaboration and efficiency.

**PUBLIC HEALTH PROGRAMS**

The health department provides a wide range of services to the general public and special populations. Just a few of the more than 20 agency programs are highlighted below.

**WIC:** In 2008, the Women, Infants and Children program provided nutrition education to parents, and supplemental food benefits for an average of 1,613 pregnant, post-partum or breastfeeding mothers, infants and children each month.

**MIHP:** The Maternal Infant Health Program conducted 1,032 visits by registered nurses, registred dietitians and social workers to high-needs families with pregnancies or infants.

**Hearing and Vision Screening:** More than 6,500 hearing and vision screenings were conducted in preschools and K-12 schools throughout the five counties.

**Family Planning:** Family planning clinics in the agency’s four offices served 961 clients in 2008, providing clinical exams, education, communicable disease testing and affordable birth control.

**BCCCP:** Through the Breast and Cervical Cancer Control Program, 498 low-to-moderate income women age 40-64 received breast and pelvic exams, pap tests, mammograms, and follow-up treatment as needed.

**Senior Screening:** At eight clinics throughout the region, 190 residents age 60-plus received free health screenings, referral and follow-up services.

**Health Promotion:** In 2008, health educators and certified addictions counselors worked to prevent adolescent drug, tobacco and alcohol use and promote adult and senior wellness and cardiovascular health in several hundred school and community based programs.

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**RSVP Western Upper Peninsula Retired and Senior Volunteer Program**

RSVP is a nationwide volunteer program engaging people age 55 and older in service to their communities. In FY 2008, 91 RSVP volunteers contributed more than 13,300 hours of service to 30 community organizations and programs. RSVP special initiatives in 2007 included:

- **SHARE**, a non-profit food buying club, handled an average of 95 orders per month with a crew of 22 volunteers.
- **Electronics Recycling** has provided environmentally friendly disposal of more than 65 tons of e-waste since 2005, including 17 tons in 2008.
ENVIRONMENTAL HEALTH PROGRAMS

Environmental health programs prevent illness and the spread of disease from contaminated food, water and other environmental sources. Policy development, inspection, permitting, education, consultation, and when necessary, enforcement actions are undertaken to protect the public and to assure property owners and regulated businesses are in compliance with local and state laws.

Food Safety Program
Food safety is one of the Western U.P. District Health Department’s highest priorities. In 2008, the agency educated food establishments about Food Code requirements during routine inspections, by using newsletters and handout materials, by offering 8-hour Certified Food Safety Manager courses, and by developing and conducting a new 2-hour course for food handlers. Agency sanitarians conducted 1,018 food safety evaluations at restaurants and temporary food events.

Water Supply Program
The health department monitors the drinking water quality of 135 non-community public water supplies (such as schools, restaurants, and campgrounds using privately owned drinking water wells) and provides expert consultation to help owners maintain operations and assure public health. The agency also assured that 214 new residential water wells met construction and water quality requirements.

On-site Sewage Program
Through site and soil assessments, permitting, and construction inspections, the health department assures human wastewater is properly treated before it is discharged to the environment. 318 site assessments were completed, and 267 construction permits were issued for new on-site sewage systems in 2008.

EH Division Highlights in 2008
- The health department’s epidemiological investigation of illness complaints in Ironwood halted the spread of norovirus in the community.
- With the health department’s expert advice and mercury screening services, Wakefield School successfully removed hazardous mercury spilled in one of its high school class rooms.
- Every licensed sewage system installer attended one of the five Superior Code review seminars offered by the department as a prerequisite for license renewal in 2008.
- EH Sanitarians conducted food safety training throughout the year, with 217 restaurant workers attending food handler classes and 124 completing the certified food manager program.

SUPERIOR HOME HEALTH AND HOSPICE

Superior Home Health and Hospice is the largest patient care program of Western U.P. District Health Department, employing some 60 people, including registered and licensed practical nurses, certified nurse assistants, physical and occupational therapists and therapy assistants, social workers, clerical staff and hospice volunteers. The division also provides therapy services to area health care facilities and schools. SHHH is the sole provider of home health and hospice services in some outlying regions of the five-county district.

In 2008, the agency’s total home health caseload grew by 1.6 percent to 591 clients. Hospice served 38 clients, a 9 percent annual increase. Therapy contract revenues with long-term care facilities and schools increased by 22 percent.

Although the division served more clients in 2008, total revenues declined due to new Medicare payment criteria coupled with a decrease in Medicare episodes. Cost-saving efforts, in the face of revenue declines and increased transportation expenses, helped the division minimize losses, while SHHH contributions to overhead expenses helped the Health Department maintain high-quality public health services in this era of diminishing state and federal support, thereby keeping local county contributions at 6 percent of the agency’s total budget.

SHHH Division Highlights in 2008
- Physical therapists Caroline Gwaldtney M.S.P.T. and Sandra Aronson M.A.P.T. became board certified in wound management by the American Academy of Wound Management, making them the only Certified Wound Specialists in the region.
- The Social Work Team was formalized to better meet home health patient needs and expand programs and services to hospice families. The team includes Barb Maronen, M.S.W., who serves as Bereavement Program Coordinator and manages the hospice volunteer program; Kathy Ptaszek, B.S.W., a Certified Grief Counselor who works with home health and hospice families on communication, spiritual issues, and grief and bereavement; and Colleen Buzzo, B.S.W., a medical social worker who provides in-home social work services and specializes in helping families secure resources and services, including Veterans benefits. Social work visits increased by 83 percent in 2008.
**Agency Finances in Fiscal 2008**

As a regional governmental unit operating across five counties, our Health Department places special emphasis on the good-government values of efficiency and accountability in its business practices. The Health Department operates some 30 health programs, some required by law and others defined by its Board of Health. Funding is secured through a mix of federal, state and local grants and appropriations, fees for services and patient-care insurance reimbursements. In 2008, the agency experienced the challenge of decreasing basic public health funding from the State of Michigan, combined with an unpredictable rise in transportation cost. The Health Department realized its fiscal objectives through an attention to cost control, an increase in grant funding and the use of Home Health fund surplus.

**FY 2008 Funding Sources**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>52%</td>
<td>MDCH &amp; MDEQ Funding</td>
</tr>
<tr>
<td>18%</td>
<td>Federal &amp; Other Grant Funding</td>
</tr>
<tr>
<td>9%</td>
<td>Superior Home Health &amp; Hospice Patient Care Fees</td>
</tr>
<tr>
<td>6%</td>
<td>Transfer from Fund Balance</td>
</tr>
<tr>
<td>1%</td>
<td>Five County Local Appropriations</td>
</tr>
<tr>
<td>14%</td>
<td>Other Fees &amp; Donations</td>
</tr>
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</table>

**FY 2008 Funding Uses**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>45%</td>
<td>Core Public Health Nursing</td>
</tr>
<tr>
<td>15%</td>
<td>Environmental Health</td>
</tr>
<tr>
<td>15%</td>
<td>Superior Home Health &amp; Hospice</td>
</tr>
<tr>
<td>16%</td>
<td>Administration</td>
</tr>
<tr>
<td>9%</td>
<td>Emergency Preparedness &amp; Community Programs</td>
</tr>
</tbody>
</table>

**Major Revenue Sources**

Michigan Departments of Community Health (MDCH) and Environmental Quality (MDEQ) fund core public health services and 20 other programs. Local appropriations from the five county units help fund core services. Superior Home Health revenues come from Medicare, Medicaid, insurances and therapy staffing contracts.

**Expenditures By Category**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Personnel</td>
<td>$5,258,076</td>
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<tr>
<td>Supplies and Facilities</td>
<td>1,415,190</td>
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<tr>
<td>Travel Costs</td>
<td>385,092</td>
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<tr>
<td>Other</td>
<td>96,751</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,155,109</strong></td>
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Community Health Status Indicators

After steady declines in births to Western U.P. residents in the 1990s, in recent years the number of births in the region leveled off. Preliminary reports indicate that local births increased in 2008, consistent with national trends. There were 833 deaths in the district in 2007, compared with 716 births. Heart disease, cancer and stroke are the perennial leading causes of death. The most recent data by leading cause are from 2006.

Births to Residents, 2003-2007

<table>
<thead>
<tr>
<th>County</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baraga</td>
<td>88</td>
<td>109</td>
<td>101</td>
<td>84</td>
<td>71</td>
</tr>
<tr>
<td>Gogebic</td>
<td>127</td>
<td>141</td>
<td>131</td>
<td>150</td>
<td>154</td>
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<tr>
<td>Houghton</td>
<td>427</td>
<td>390</td>
<td>385</td>
<td>420</td>
<td>421</td>
</tr>
<tr>
<td>Keweenaw</td>
<td>17</td>
<td>16</td>
<td>22</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Ontonagon</td>
<td>57</td>
<td>41</td>
<td>53</td>
<td>49</td>
<td>51</td>
</tr>
<tr>
<td>TOTAL</td>
<td>716</td>
<td>697</td>
<td>692</td>
<td>716</td>
<td>716</td>
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</tbody>
</table>

Leading Causes of Death, 2006

Selected Communicable Disease Reports

<table>
<thead>
<tr>
<th>Disease or Disease Group (Five-County Totals)</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food-borne Illnesses (Campylobacter, Giardiasis and Salmonellosis)</td>
<td>39</td>
<td>20</td>
<td>29</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>Flu-like Disease</td>
<td>1,848</td>
<td>2,516</td>
<td>2,287</td>
<td>1,631</td>
<td>2,173</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>64</td>
<td>50</td>
<td>66</td>
<td>73</td>
<td>72</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>8</td>
<td>59</td>
<td>26</td>
<td>10</td>
<td>34</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>7</td>
<td>33</td>
<td>12</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis C (Acute and Chronic)</td>
<td>19</td>
<td>39</td>
<td>37</td>
<td>52</td>
<td>54</td>
</tr>
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</table>