2016 Annual Report
Celebrating 80 years of service

Western Upper Peninsula
Health Department

Serving Baraga, Gogebic, Houghton, Keweenaw and Ontonagon counties, Michigan
www.wuphd.org
From the Health Officer

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

On behalf of the Western U.P. Board of Health and staff, I am proud to present this report highlighting the health department’s accomplishments in 2016, marking eighty years of providing local public health services to citizens in the five counties of the Western Upper Peninsula that make up our district.

This 2016 report is an opportunity for us to strengthen your understanding of local public health and its role in our communities by sharing our achievements and future goals. Inside you will find statistics about the number of people served by our programs, about the quality of our programs, and about our financial status. This year’s features include articles on emerging diseases, breastfeeding support, response to local emergencies and efforts to expand partnerships to improve coordination of health services.

Looking ahead to 2017, new challenges will include goals to address the issues identified in our current community health needs assessment, including chronic disease associated with an aging population, prevention, and health equity.

I encourage you to read this report carefully and provide your feedback. Western U.P. Health Department looks forward to continuing to lead our community toward better health.

Cathryn A. Beer, MPA, CFPH, CPA, CGMA
Health Officer/Administrator
From the Medical Director

Screening and Prevention of Hepatitis C

Hepatitis C, a virus which infects the liver, is an emerging health threat to U.P. communities. Prior to 1992, blood tests were unable to detect the virus so transmission of the infection often occurred through blood transfusions or organ transplants. That is no longer a concern because blood banks now routinely screen for Hep C infection in donors. Screening is recommended and being done for adults born between 1945 and 1965, an identified high risk group.

Then why is Hep C an important topic today? Here are four important reasons:

1. Hep C is often so mild that most people do not know that they are infected. Some people will clear the infection and recover completely; but about 8 out of 10 people infected will become chronic carriers of the virus. Over a lifetime, about 20 out of 100 people infected will develop chronic liver disease such as cirrhosis, and up to 5 out of 100 will die from liver failure or liver cancer.

2. The number of cases is rising rapidly in the U.S., while deaths from other infectious illnesses have been declining. The primary means of infection is now through IV drug use. There were 67 newly diagnosed cases of chronic Hep C in the Western U.P. Health Department’s district in 2015. The disease rate exceeds that of the State’s, particularly among young adults.

3. Hep C can be treated with medication, but the treatment has potential risks and is extremely expensive—often $100,000 or more.

4. Finally, Hep C is important because the same people who pick up this infection may also become infected with Human Immunodeficiency Virus (HIV).

There is NO current vaccine to prevent Hepatitis C, so PREVENTION IS KEY!

Hepatitis C is the leading reason for liver transplant and it is the leading cause of liver cancer—the most rapidly increasing cancer in the U.S.
Who should get tested for Hepatitis C?

Up to 80% of people living with the disease DO NOT KNOW THEY ARE INFECTED.

Testing for Hepatitis C is recommended for people who:

- Were born from 1945-1965
- Received donated blood or organs before 1992
- Have ever injected drugs, even if it was just once or many years ago
- Have certain medical conditions, such as chronic liver disease and HIV or AIDS
- Have abnormal liver tests or liver disease or are on hemodialysis
- Have been exposed to blood from a person who has Hepatitis C

Screening and Prevention of Hepatitis C

So, how do we prevent Hep C infection? We begin by addressing the increasing problem of substance abuse in our communities. The abuse of prescription opioids leading to the use of heroin and other illegal narcotics has been well-documented. This impacts not only the young adults who become addicted, but also their children. The U.P.’s sole regional neonatal intensive care unit has the highest rate of infants in the state born with exposure to narcotics in utero and experience drug withdrawal after birth.

Reducing substance abuse within our communities is a complicated process and will require looking long and hard at the challenges facing many of our residents; challenges such as poverty, unemployment, low educational attainment, diminishing family supports, and the overprescribing of narcotics in the management of acute and chronic pain. It will not be a quick fix.

In the meantime, reduction in the risk of transmission can be accomplished more rapidly through evidence-based interventions, such as:

- Needle exchange programs: These programs accomplish at least two objectives: they help to decrease the spread of infection by providing drug users with clean needles/equipment to reduce sharing, and bring individuals struggling with addiction to a setting where they can receive education about reducing their risk and offered assistance in treating their addiction.

- Harm reduction: Strategies that strive to reduce stigma surrounding drug addiction, help those who choose to continue drug use do so more safely and provide assistance to those who wish to quit.

- Enhanced screening: Identifies those infected in order to offer treatment and provide education about reducing their risk of transmitting infection to others.

It is important to at least begin a conversation about the increasing burden of drug addiction in our communities and ways in which each of us can contribute to solving the problem.
Cross-Jurisdictional Sharing

The organizational aspects of public health are moving toward a model that encompasses multiple agencies working together to attain common goals. This collaborative model is set upon a framework that encourages the sharing of resources across jurisdictional boundaries for the purposes of furthering essential public health functions. By sharing resources, communities and agencies solve problems that they may not be able to do standing alone. The model varies based upon the differing needs of the collaborating entities.

During 2016, the Western Upper Peninsula Health Department worked with the other 5 local health departments in the Upper Peninsula to develop a basic cross-jurisdictional sharing agreement known as the Upper Peninsula Public Health Alliance. The agreement solidifies long-term efforts in our region to collaborate with respect to policy, programming, and resources for mutual benefit in promoting health, preventing disease and promoting the environment.

Future projects include: complete medical director and back-up medical director coverage for each of the agencies, develop uniform policies and codes, collaborate on quality improvement initiatives, participate in workforce development projects, and support the U. P. Wide Community Health Needs Assessment project.
Community Health Assessment and Planning

Working Towards the Future

Community health assessment is a core function of public health which increasingly plays a central role in planning for the broader health system, as agencies try to prioritize the unmet health needs of their communities and patients. Western U.P. Health Department has long been a leader in community health assessment, most notably since conducting regional health assessments in partnership with local hospitals and other health care partners in 2012 and 2015.

In 2016, the WUPHD community health assessment program ventured beyond the Western U.P. to work with hospitals, local health departments, and other providers of health and human services. Ray Sharp, the WUPHD Director of Community Health Promotion and Education, presented local population health data to health professionals and community leaders at focus group meetings at War Memorial, Helen Newberry Joy, and Schoolcraft Memorial hospitals, and published reports with both data and citizen comments for the three hospitals to use in program and strategic planning with a three year outlook.

In the fall of 2016, WUPHD began planning for a 17-month U.P. Wide Community Health Needs Assessment project, to be completed in early 2018. The project is backed by a partnership of more than 30 hospitals, local health departments, community mental health agencies, regional planners, health foundations and other entities. With leadership and technical know-how provided by WUPHD, and generous support from so many partners from the Upper Peninsula and beyond, the project promises to result in a community health needs assessment of unprecedented scope, detail, and utility, and serve as a springboard for regional health improvement planning.
Community Health Programs
Promoting healthy lifestyle choices through prevention programming and with policy, systems and environmental changes that support healthy behaviors.

U. P. Wide Smiles

As part of a children’s oral health initiative for the entire Upper Peninsula, health educators trained school staff and volunteers in five Western U.P. school districts to provide weekly fluoride rinse to more than 500 students in grades K-5 to help prevent tooth decay. Funds from the Superior Health Foundation and Delta Dental Foundation were used to purchase supplies.

Nutrition Programs

Health educators worked with 15 classes of 4th and 5th graders in six elementary schools to encourage consumption of healthy fruits and vegetables using Cooking With Kids, an evidence-based, hands-on curriculum where students prepare and sample healthy meals, through a SNAP-Education grant from the Michigan Fitness Foundation. The health department also played a lead role in the Western U.P. Food Hub, which works to strengthen local food systems, linking producers and consumers.

Youth Substance Abuse Prevention

The health department is a member of Communities That Care coalitions servings all Western U.P. counties. Communities That Care surveys youth to determine rates for individual, family, school and community risk and protective factors and supports evidence-based prevention programs that have been proven to reduce problem behaviors like use of alcohol, tobacco and other drugs, teen pregnancy, and failure to graduate. Health educators also provide prevention education in schools and monitor tobacco vendors for compliance with youth tobacco laws.
Community Health Programs (Cont’d)

Active Transportation Planning

The health department participates in committees and coalitions working to improve active transportation policy and infrastructure, and over the past few years has worked with schools and local units of government serving all Western U.P. counties to develop plans and funding proposals for sidewalks, bike lanes and non-motorized routes. In 2016, public health staff worked with Hancock’s city council and planning commission to craft a master plan and non-motorized transportation network plan which set a course toward a healthier community. When people of all ages can safely walk and bike to work and school, the healthy choice – daily physical activity – becomes the easy choice.

Suicide Prevention

Nationally, suicide rates have increased by 24% from 1999 to 2014, making it the 10th leading cause of death for all ages and the 2nd leading cause for ages 10-34. Michigan experiences more deaths from suicide than homicide or motor vehicle accidents. Counties in the U.P. have some of the highest suicide death rates in the state, with our own Ontonagon County ranked 1st.

Grant funding from the Superior Health Foundation allowed the Health Department to team up with Dial Help and U.P. Health Care Solutions to promote awareness of this issue and jumpstart local programming to increase help seeking behaviors by reducing stigma associated with suicide and mental health concerns.

Health Education staff worked to locate interested individuals and existing community groups that would support ongoing coalitions to accomplish this plan. Three groups were started during the year: Houghton and Keweenaw Counties Suicide Prevention Coalition; Ontonagon County Suicide Prevention Coalition, and the Range Suicide Prevention Coalition (Gogebic County). In addition, networking and support was provided to the Baraga County Suicide Prevention Coalition.

These coalitions have already started hosting trainings and events to meet their mission. During the past year they have arranged for QPR (Question Persuade and Refer) trainings, radio interviews, hosted the “Do It for Daniel” film and assisted in organizing a Suicide Prevention Conference in Marquette. Many of these coalitions will expand their work by participating in county Communities That Care groups.
This year marked the 15th year of service for the Western UP Retired & Senior Volunteer Program (RSVP). RSVP, one of the nation’s largest volunteer efforts, invites adults age 55 and over to utilize their skills, talents, and life experience to make a difference in their community through service non-profit, government, and healthcare organizations.

During 2016, 97 volunteers provided 15,039 hours of service throughout Baraga, Houghton & Keweenaw counties; tutoring and mentoring children, protecting public safety, preserving local history, and providing supportive services to families in need. Since 2001, RSVP Volunteers have provided more than 186,000 hours of service across the Western U.P.

Over the years, RSVP has been responsible for several programs that have had a significant impact in the community:

**Electronics Recycling**

Between 2005 and 2013, RSVP hosted 26 e-waste collections across the Western Upper Peninsula, providing an outlet for more than 2,700 households to properly dispose of more than 170 tons of electronic waste.

**SHARE Food Buying Club**

Between 2007 and 2012, RSVP volunteers operated the SHARE program for Houghton and Keweenaw Counties. SHARE was a regional food buying club that provided participants the opportunity to save 30%-50% on groceries through bulk purchasing and volunteer support. Rising food, fuel, and shipping costs forced the non-profit to close in 2012. More than 3,500 households participated and saved money on groceries under this program.

**Tax Aide**

RSVP volunteers have been offering free tax preparation services for low to moderate income families and individuals for the last 12 years. Volunteers participate in an extensive training course and annual certification testing, providing them with the skills to complete Form 1040 and related schedules, and state income tax returns and credits. To date, RSVP Volunteers have provided assistance and preparation services for more than 4,000 families and individuals.
Emergency Preparedness

Partnering with local, state, and federal response agencies to effectively respond to disease outbreaks, natural disasters, and other events that threaten health and safety.

Strong partnerships are vitally important in any emergency. In 2016, the Health Department’s Emergency Preparedness program strengthened existing partnerships and developed new ones to promote readiness for public health emergencies. Program activities highlighting partnership building included:

- A full-scale exercise in Gogebic County including civil service teams, UPSET, local law enforcement, and HAZMAT.
- Closed POD (Point-of-Dispensing for pharmaceutical supplies) full-scale exercises with Keweenaw Bay Indian Community and Baraga County Memorial Hospital.
- Flu Shot Clinics in Houghton, Baraga, and Ontonagon counties with our hospital and nursing school partners.
- Development of a new closed POD partnership with Houghton County Medical Care Facility.

An incident that highlighted emergency preparedness partnerships was the Semco gas outage in Baraga County on Dec. 23, when approximately 1,200 customers were without gas service. Baraga County Emergency Management along with Keweenaw Bay Indian Community Emergency Management opened a warming center at the Baraga Area Schools. The Health Department’s Incident Management Team met over the holiday weekend to monitor the situation, determine objectives and support the community response. Several team members headed to Baraga County and met with Emergency Management, Keweenaw Bay Indian Community Health Department, Baraga Firefighters, Tribal Police, and Baraga Area Schools. Baraga County Memorial Hospital, Bayside Village, and various housing communities were contacted early on to assess immediate needs. WUPHD requested assets from the U.P. Healthcare Coalition for shelter supplies including 75 cots. County Emergency Management contacted American Red Cross to assist with opening and staffing a shelter. While the power outage was relatively short and the weather was unseasonably mild, this incident illustrated the importance of collaboration to meet community needs in an emergency.
Immunizations
Immunizations protect against communicable disease such as influenza, polio, measles, mumps, rubella, tetanus, chicken pox and pertussis.

Public Health

Programs and services to protect the public from communicable and vaccine preventable diseases, and provide prevention and screening programs to special populations. Partners in Public Health

Communicable Disease Reporting

One of the core functions of public health is to conduct surveillance for communicable diseases that may impact community health. Healthcare providers, facilities and laboratories are required to report to local public health the diagnosis of more than 60 diseases, from commonly occurring conditions like influenza to far less common ones, like tuberculosis. Reporting is mainly through the state’s computerized system monitored by health department staff.

Surveillance is important for rapidly identifying cases of infectious diseases and helping to limit their spread within households, schools, and neighborhoods. A sampling of communicable diseases monitored by local public health is presented below, with the number of confirmed cases in the district per year.

<table>
<thead>
<tr>
<th>Reportable Condition</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food-Borne Illnesses</td>
<td>26</td>
<td>25</td>
<td>36</td>
</tr>
<tr>
<td>Animal Bites</td>
<td>43</td>
<td>28</td>
<td>81</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Vector Borne/Lyme Disease</td>
<td>7</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Pertussis</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis C (Acute &amp; Chronic)</td>
<td>47</td>
<td>60</td>
<td>36</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>96</td>
<td>106</td>
<td>113</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>5</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

The WUPHD also serves international travelers by reviewing their immunization status to determine what vaccinations and mediations they will need. The Health Department is one of a few Yellow Fever clinics authorized by MDHHS.

Public Health nurses administered 5,961 vaccinations during 2016.

137 Typhoid and 28 Yellow Fever vaccinations were also given under the travel Program.

Western Upper Peninsula Health Department 2016 Annual Report
Breastfeeding has been shown to have multiple benefits for both mom and baby. A breastfed baby has a decreased risk for diseases such as asthma, leukemia and type 2 diabetes. Breastfeeding has been shown to decrease a child's risk of obesity and death from SIDS. Moms who breastfeed their babies have a decreased risk for developing certain breast and ovarian cancers.

Through the administration of the WIC program (Women, Infants and Children Special Supplementary Nutrition Program) the agency has been able to play a major role in helping women choose breastfeeding as the best source of nutrition for their babies. WIC encourages all women to breastfeed and offers breastfeeding education to pregnant and breastfeeding women through Peer Counselors. WIC Breastfeeding Peer Counselors are women who have breastfeed their child or children. Peer counselors are trained to provide basic breastfeeding education and support to WIC mothers during their pregnancy and breastfeeding experience through office visits and phone calls.

The state and national averages for infants on WIC who have ever breastfed are 65.3 percent and 69.0 percent, respectively. Locally, the Western Upper Peninsula Health Department WIC program’s average for the number of infants who have ever breastfed is higher at 77.1 percent. We continue to surpass the state (18.4 percent) and national (20.5 percent) averages of the number of babies who are breastfed at 6 months at 33.3 percent. Approximately, 20 percent of WIC infants in the Western U.P. WIC program continue to be breastfed at 1 year, which is nearly double the state rate of 10.8 percent and the national rate of 12 percent.

In addition to WIC, the health department provides breastfeeding support through the Maternal Infant Health Program which provides home and office visits to our Medicaid eligible women and infants. The Health Department has also been spearheading the formation of a Moms’ Breastfeeding Support group through partnerships with U. P. Health System Portage, Aspirus Keweenaw Hospital and Portage Lake District Library.

“A newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.”
Grantly Dick-Read
Access to Care

Based on the 2015 health needs assessment, the rate of uninsured adults age 18-64 declined from an estimated 18.6% in 2012 to 8.5% in 2015. Still, for many, high co-pays and deductibles are barriers to accessing health care. Twenty-two percent of adults with incomes below $25,000 and 20% of those with incomes between $25,000 and $49,999 did not see a doctor in 2015 because cost was a barrier.

Oral health care remains a concern, as 41% of the region’s adults had no dental visit and 22% said that they did not access needed care due to cost. Nearly half of adults lack dental insurance.

3,671 low-income Western U.P. residents were enrolled the state’s Medicaid Expansion Program as of December 2016.

Public Health (Cont’d)

Personal Health Services

Family Planning

Family Planning is a public health service that helps individuals and families to plan for their desired family size and spacing of children or to prevent an unintended pregnancy. Confidential reproductive health services help women and men make well-informed choices about their personal health. Through Federal Title X funding, the agency is able to provide high quality reproductive health care to clients at low or no-cost. Services include physical exams and contraception dispensing. This program served 418 people in 2016.

Sexually Transmitted Diseases

According to the Centers for Disease Control, there are approximately 20 million new STD infections each year. STDs can have harmful results that are often long-term health issues such as: reproductive health issues, fetal and perinatal health problems, cancer and the facilitation of the sexual transmission of HIV. The prevention and control of sexually transmitted disease is becoming increasingly challenging as new antibiotic resistant strains are emerging. During 2016, the agency has made an effort to promote healthy sexual behaviors, increase partner notification, and improve access to care by offering increased STD screening for Family Planning program participants. During 2016, 464 STD tests were performed.

HIV Outreach and Prevention

Agency services related to HIV outreach and prevention were increased in 2016 with the help of additional grant funding from the state of Michigan. The funding enabled agency nurses to attend trainings on HIV prevention, case management and testing. We are now able to provide free rapid testing for HIV at all locations, providing clients with results in twenty minutes. Clients will also receive education and counseling during this time. During 2016, 183 HIV screenings were completed.
Maternal and Child Health Programs

Maternal and Infant Health Program (MIHP)

Home visitation support and care coordination for pregnant women and infants on Medicaid. Services through MIHP are intended to supplement regular prenatal and infant care and to assist healthcare provider in managing the beneficiary’s health and well-being. The program promotes healthy pregnancies, positive birth outcomes, and healthy infant growth and development. Standardized, evidence based practices are followed per state-wide guidelines. The program encompasses nursing, nutrition and social work services. Public health professionals provided families with 927 home and office visits in 2016.

Healthy Families America

This program supports families who are overburdened and are at-risk for adverse childhood experiences, including child maltreatment. Staff work with families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues. Healthy Families America is a collaborative of all health departments in the Upper Peninsula. In 2016, 17 families were served by this program.

Women, Infants and Children Nutrition Program (WIC)

WIC improves the health of low to moderate income pregnant women, infants, and children under the age of 5. The program provides nutritional food, nutrition education, breastfeeding support, and screening and referral to health care services. In 2016, the agency served a monthly average enrollment of over 1,280 clients.

Children’s Special Health Care Services (CSHCS)

CSHCS helps families with a child who has a chronic medical condition by paying for specialty medical care and equipment, and travel and lodging for medical appointments. 208 children were served by this program in 2016.
Public Health (Cont’d)

Maternal and Child Health Programs (cont’d)

Hearing and Vision Screening

A trained technician screens children at area preschools and schools, to identify hearing and vision problems that can affect learning. Hearing screenings are conducted once between the ages of 3 and 5 and for school age children in kindergarten. Screenings are repeated in grades 2 and 4. Vision screenings are conducted once between the ages of 3 and 5 for preschoolers and thereafter in grades 1, 3, 5, 7, and 9.

Fluoride Varnish Program

Tooth decay is one of the most common preventable diseases in children. Children as young as 12-18 months can get cavities. In 2016, 227 young children received free fluoride varnish at health department clinics to help prevent tooth decay through the MDCH Varnish! Michigan program.

Blood Lead Screening

Exposure to lead can damage the nervous, blood, and kidney systems, and is particularly harmful to the developing nervous systems of fetuses and children under six years of age. The principle sources of lead exposure for children are house dust contaminated by lead paint and soil contaminated by lead paint or decades of industrial and motor vehicle emissions. During 2016, 279 children received blood lead screening.
Environmental Health
The Control and Prevention of environmental conditions that may endanger the health or safety of the community

Mercury Spill Response

The health department responds to a variety of incidents during the year that are critical to protecting the environment in which we live. During 2016, the agency responded to a report of a mercury spill at a private residence in Ironwood. Mercury is toxic to human health, causing damage to the nervous system, cardiovascular system, digestive tract, kidneys and the development of young children. Mercury generally evaporates at room temperature making inhalation the main route of exposure as the result of a residential spill.

Staff used a Lumex mercury vapor analyzer equipment to screen the home where the spill occurred. The contamination in the home was significant and could have become a community health hazard if it had spread to other areas in the community through improper clean up and disposal of contaminated items. The week long remediation effort included assistance from the US EPA, Gogebic County Emergency Management, the Gogebic County Sheriff Department, and the Michigan Department of Health and Human Services.
The Federal government estimates that there are about 48 million cases of foodborne illness annually.

Environmental Health (Cont’d)

Food Safety

The Michigan Food Code requires all full-service food establishments to have a manager trained and certified in safe food-handling practices. The health department provided training to 72 food facility managers during 2016. In addition, Environmental Health Sanitarians conducted 546 inspections at 400 licensed food establishments. Restaurant inspection reports can be viewed on our website.

Michigan’s Food Law was amended recently to allow temporary food service licenses to be issued without a required on-site inspection for temporary facilities serving only “low risk” foods. All Upper Peninsula health departments worked together to develop a new licensing protocol for these facilities. There were a total of 127 (both low and high risk) temporary food licenses issued in 2016.

Health department staff received training on foodborne illness outbreak investigation procedures and case interviewing techniques this year during our all staff meetings held on May 9th and December 5th. Agency staff investigates cases of foodborne illness as they are reported to us. During a suspected foodborne illness outbreak, investigation protocols are used to conduct rapid interviews with those who have become ill and an on-site evaluation of food handling practices is completed.

Wondering how your favorite restaurant handles food safety?

View our restaurant inspection reports to find out.
Environmental Health

Drinking Water and On-Site Sewage Programs

Drinking Water

In the western Upper Peninsula, a significant number of residents and businesses obtain their drinking water by means of groundwater wells. Properly locating, constructing, maintaining and monitoring groundwater wells are critical to the prevention of waterborne illnesses. The Environmental Health division evaluates proposed well locations and issues well construction permits for family dwellings and smaller businesses. Registered well drillers are required to construct wells in accordance with Michigan’s Water Well Construction and Pump Installation Code. Services provided by the health department include: new well site evaluations; replacement/repair site evaluations; well construction permitting; existing water supply inspections; water sample tracking; well record and abandoned well tracking; contaminated groundwater investigations; and non-community public water supply monitoring. In 2016, agency staff completed 104 pre-drilling site evaluations, issued 126 well permits and monitored 119 non-community water supplies.

On-Site Sewage

Rural areas often rely upon on-site sewage systems for the management of wastewater and sewage. On-site sewage systems consist of a septic tank followed by a network of piping, gravel and soil to process waste. Services provided by the health department include: raw land/building site evaluations; replacement/repair sewage system evaluations; sewage system permitting; existing sewage system/tank inspections; sewage system installer licensing; and groundwater/surface water contamination investigations. In 2016, agency staff completed 222 site evaluations and issued 196 permits under this program.

Sanitary Surveys

In addition, the agency is responsible for the inspection of campgrounds and commercial pools and spas. 34 campgrounds and 30 pools and spas were inspected during 2016.

Beach Monitoring

During the summer of 2016, water quality was monitored for E. coli bacteria weekly at 18 public beaches. Beaches include six on inland lakes and twelve on Lake Superior. Testing is done in our lab in Hancock. The public is able to view test results online, through a link at the health department website.
Financial Health
Funding our mission

While grant funding and service revenues remained stable during the year, the health department fund balance did experience a decrease of $67,762 during 2016. Two major factors contributed to this loss. First, the mechanical failure of four central air units at the Hancock office resulted in an unexpected major capital repair, adding $30,000 to expenditures.

Second, due to financial difficulty, Baraga County remitted just over 50 percent of it’s required appropriations for the year. Steps to mitigate this loss of revenue included a reduction in hours of operation at the L’Anse office from four to three days per week, and an increase in environmental health fees for Baraga County residents. These changes are expected to remain in place at least through fiscal year 2017.

Looking forward to 2017, the health department anticipates that most funding sources, such as basic state grants, will remain consistent. Projections for fees and collections based upon clinical and environmental services look similar to 2016 levels. The agency is seeking new funding through collaborative projects such as the U. P. Wide Community Health Needs Assessment and will explore new grant opportunities as they arise.

The largest impact on future expenditures is projected to stem from employee related costs. Employee health benefit plan premiums are expected to increase just under 10 percent during the next year. Pension costs are projected to rise by over $80,000 as the agency seeks to reduce unfunded pension liabilities over the next few years.

In addition, as our agency buildings age, additional maintenance costs will be necessary to protect capital investments. Routine computer and technology infrastructure updates will also be crucial to our ability to adapt to service expectations and meet the public health needs of the communities we serve.

Sources of Funding:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees &amp; Collections</td>
<td>$1,509,478</td>
</tr>
<tr>
<td>State Grants</td>
<td>$1,326,223</td>
</tr>
<tr>
<td>Other Grants</td>
<td>$342,753</td>
</tr>
<tr>
<td>Federal Vaccines</td>
<td>$130,125</td>
</tr>
<tr>
<td>County Appropriations</td>
<td>$436,317</td>
</tr>
<tr>
<td>Fund Balance Used</td>
<td>$67,762</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,812,658</strong></td>
</tr>
</tbody>
</table>

Salary and fringes make up 75% of the total agency budget.

The Health Department employed 44 people during fiscal year 2016.

Expenditures by Activity:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Public Health</td>
<td>$2,300,771</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>$743,351</td>
</tr>
<tr>
<td>Prevention &amp; Assessment</td>
<td>$279,222</td>
</tr>
<tr>
<td>Agency Support</td>
<td>$489,314</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,812,658</strong></td>
</tr>
</tbody>
</table>
It is the mission of the Western Upper Peninsula Health Department to lead the community toward better health through education, advocacy and disease prevention.