

ANNUAL REPORT

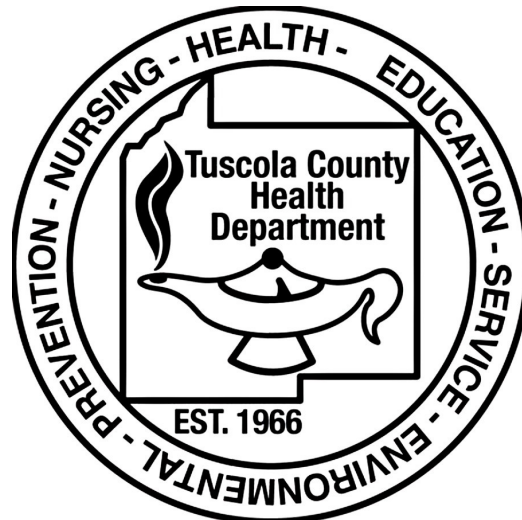
FY 2010-2011

Tuscola County Health Department
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www.tchd.us



Tuscola County Health Department Mission, Vision Statement and Vision Priorities

Mission

The mission of the Tuscola County Health Department (TCHD) states: We are dedicated to promoting and protecting the health of Tuscola County residents by educating and providing a wide range of quality health, human, and environmental services with respect and integrity.

Vision

The Tuscola County Health Department will continue to be a valuable asset to Community Partners and the Public by providing resources and innovative approaches to health and environmental promotion and protection.

Vision Priorities

- We empower the community to meet their health care concerns while recognizing social, environmental, behavioral, economic, and physical well being
- We adapt and create programs and services to meet the needs of the community/individual as they are identified
- We play an integral role in emergency preparedness
- We pursue funding avenues that coincide with our mission and vision
- We have effective public relations that promote our services
- We utilize advancements in technology to improve community services
- We engage in educational opportunities that advance the knowledge of our staff
- We strive to achieve effective teamwork

Health Officer Gretchen Tenbusch, R.N., M.S.A.

The Tuscola County Health Department continues to look for new ways to meet the unique needs of our residents. Fiscal year 2010-2011 saw the implementation of Continuous Quality Improvement program using the Plan-Do-Study-Act methodology to improve our services and health outcomes. A grant was also received during this fiscal year to purchase a new phone system that greatly enhanced our ability to send mass messages out to the public to indicate a public health emergency or an urgent message. The system also allows for some of our phone lines to be converted quickly to a hot-line system if an emergency did occur and quickly reversed back once the emergency was under control. This system can also be used for vaccine recalls and appointment reminders.

Much staff time and effort went into designing our Insight electronic health care record platform. Insight allows electronic documentation of client records. During fiscal year 2010-2011 we were also informed that the Regional Lab System was being reorganized. This resulted in our local health department obtaining our own lab certificate and required the development of our own Laboratory Quality Assurance program.

Fiscal year 2010-2011 saw partnerships with our area hospitals continue through participation in the Partnering for Care program. This program was a joint effort between local health departments and area hospitals to provide indigent health and dental care. While some partnerships were strengthened, others newly developed as the Health Department worked with the Toxicology Division of the Michigan Department of Community Health, County Controller, Recycling, Local Fire and Law Enforcement and the Environmental Protection Agency as we dealt with a large Mercury spill in a local residence.

Even though the agency faced budget cuts, quality services continued due to the dedicated staff working in the Health Department programs. On behalf of the Tuscola County Health Department staff, I am pleased to present this Annual Report which highlights the accomplishments for fiscal year 2010 – 2011. We hope you find it very informative.

Tuscola County Health Department
10/01/2010-09/30/2011 Employee List

NAME	TITLE	HIRE DATE
Amend, Ron	Veteran Affairs Director	10/01/07
Anthes, Beth	PHN II	11/13/00
Barrons, Deb	Program Clerk II	04/27/92
Bellsky, Sally	PHN II	07/08/92
Brinkman, Marcy	PHN II	02/23/98
Bush, Russell M.D.	Medical Director	01/01/08
Caverly, Doraine	Account Clerk	07/10/78
Dickinson, Janelle	Clinic Assistant/Clerk II	07/05/89
Dunham, Patty	Clinic Assistant/Clerk II	10/27/85
Gutierrez, Elva	Clinic Assistant/Clerk II	01/05/93
Harrington, Lorraine	Registered Dietitian	05/07/86
Hepfer, Ann	Nursing Administrator	10/31/88
Johnson, Sue	Program Clerk II	01/07/91
Kile, Ruth	Program Clerk II	01/04/93
MacGuire, Tip	Environmental Health Director	07/12/93
McKenzie, Tracey	Health Educator - Abstinence	04/04/11
Middaugh, Kris	Billing Clerk	05/27/09
Mika, Sharon	P.H. Emergency Preparedness Coordinator	08/26/02
Milazzo, Dianne	Clinic Assistant/Clerk II	01/08/00
Montei, Susan	Certified Nurse Practitioner	08/22/05
O'Dell, Kathy	Administrative Services Coordinator	04/05/10
Peters, Lugene	Program Clerk II	08/06/90
Pokorski, Kathy	PHN II/Department Coordinator	07/21/03
Sammons, Bonnie	Fiscal Manager	02/04/10
Schlund-Tenbusch, Darcy	Certified Nurse Practitioner	04/14/10
Singer, Kent	Registered Sanitarian III	06/07/95
Suber, Christina	Social Worker (LMSW)	03/11/98
Suber, Jon	MIS Manager	09/20/10
Tenbusch, Gretchen	Health Officer	02/01/88
Urban, Kelly	PHN II/Program Coordinator	05/28/91
VanOchten, Jessica	Hearing & Vision Technician	02/27/06
Villalobos, Kristi	PHN II/Department Coordinator	09/28/98
White, Jerry	Registered Sanitarian III	05/15/91
Williams, Karen	Clinic Assistant/Clerk II	05/08/00

Medical Director

Russell L. Bush, M.D., M.P.H.

Despite an economy that has shown progressive governmental funding cuts for public health programs at the State and Federal levels, the Tuscola County Health Department has continued to provide quality care and services to those residents in the department's programs. The Tuscola County Health Department continues to monitor, provide educational information and services and intervene whenever issues related to communicable disease, environmental contamination, food-borne illness, and commercial product recalls occur.

As Medical Director, I am responsible for the medical/health oversight of and participation in these programs. Problems arising may be either anticipated or unanticipated and be related to communicable/infectious diseases, all forms of environmental contamination, food/water-borne illnesses, and commercial products posing a threat to human health and well being and animal health issues that have the potential for negatively impacting human health.

As you read this report, bear in mind that we all are doing more with less. This is a challenge for your local government decision and policy makers and for the businesses and individuals in the community. Realize that your Health Department continues to watch over the community through surveillance, health policy, and assurance that the public's health is being protected.

MIS Division

Jon Suber, MIS Manager

FY 2010/2011 has been a year full of changes and improvements. We have been live with our new electronic medical record software, Insight, since October 3, 2011. We had a successful launch of Insight because of all the planning, organizing and educating the staff did over the past year. This was possible because everyone came together and contributed as a team. We continue to learn and make improvements to the system while focusing on client security, customer service and becoming more efficient.

In March, we went live with Quantum from the Geneva Software Company. This financial accounting system specializes in supporting Public Healthcare organizations. They partnered with Netsmart Technologies to allow the integration of Quantum with Insight. These systems work together to join clinical services and financial reporting.

In the summer of 2011 we launched a new phone system that was customizable to meet the needs of TCHD. ShoreTel's VoIP System has simple to use features and the staff are able to retrieve and forward voicemails from their PC's and answer phones from Bluetooth headsets. We have merged our appointment roster from Insight with our ShoreTel Call Center to make automated reminder phone calls to our clients. This has improved our no-show rates in our immunization clinics!

As we stay focused on our client's needs, our vision for 2012 is to implement mobile computing. Staff will be able to provide services to clients in an efficient manner during offsite clinics and home visits. We look to utilize Insight during offsite flu and immunization clinics, hearing and vision screens in our schools and during Maternal Infant Health Program home visits. We have already experienced some success with our Children's Special Healthcare nurse documenting plans of care for clients in their homes.

I am very proud of the staff and how they were able to stay flexible and open minded to create a positive environment for change. I am happy where we are now and am excited what the next year will bring.

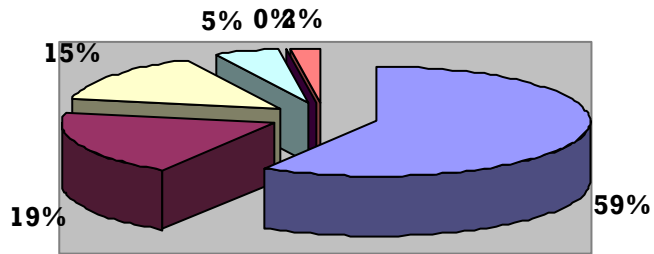
Fiscal Division

Bonnie Sammons, Fiscal Manager

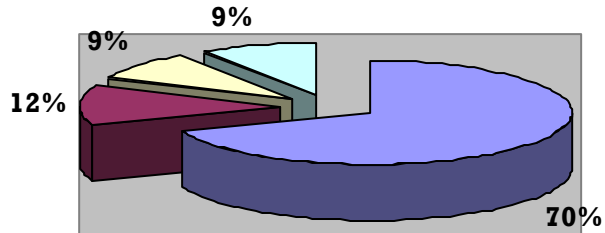
Tuscola County Health Department's Fiscal Division performs all general accounting functions, including accounts receivable, accounts payable, budgeting, payroll, financial reporting and internal control. The accounting policies of the Tuscola County Health Department conform to generally accepted accounting principles as applicable to government units.

2010—2011 BUDGET \$2,877,089

Revenues	
Intergovernmental	58.80%
Charges for Services	19.38%
Other Financing Sources	14.54%
Licensing and Permits	4.99%
General Contributions	.01%
Other	2.28%



Expenses	
Personal Health	69.34%
Environmental Health	12.44%
Administration	8.86%
Other	9.36%



Office of Veteran Affairs
Ron Amend, Director

The County Veteran Affairs Director handles Federal, State and County Programs that are available to veterans, widows and dependent children seeking assistance. Federal Programs are VA benefits either in Compensation, Dependence and Indemnity Compensation (DIC), Pension and Retirement Pay, Education, Vocational Rehabilitation, Hospitalization, Home loans, Insurance and burial benefits. State programs include: Veteran Trust Fund, Employment, Education, two State operated nursing homes and other programs. County Programs include: Soldiers and Sailors Relief Fund, The Veteran Affairs Office, food banks, and other agencies such as the Human Development Commission.

TUSCOLA COUNTY VA STATISTICS 2010/11			
Office Visits	810	Written communication received	292
Phone Calls Received	1959	Written communication sent	589
Phone Calls Placed	1052	D.A.V. Van used to transport Vets To V.A. Hospitals	256
Home Visits to Veterans/	9		
Trust Fund Applications (MVTF)	2		
MVTF Amount Granted	\$4,550.79	Hours logged by DAV Van Volunteers	1263
Soldiers/Sailors Relief Apps.	87	Hours logged by Volunteers using their own vehicles (60 Vets)	360
S & S Amount	\$17,875.89		

TOBACCO REDUCTION

Tobacco Reduction efforts are conducted through the Tuscola County Substance Abuse Prevention Coalition which is a community based coalition comprised of members of human service agencies, schools, law enforcement and church groups. This coalition meets at least quarterly, welcomes new members and provides a tobacco resource distribution and referral service to the community. The objectives are to:

- 1) Develop and maintain community mobilization and awareness around tobacco-related issues.
- 2) Promote tobacco use cessation.
- 3) Prevent Youth access to tobacco and decrease tobacco use among youth and young adults.
- 4) Enforce the Michigan Smoke Free Air Law.



PARTNERING FOR HEALTH - A Coordinated Access to Care Project

THUMB RURAL HEALTH NETWORK HISTORY AND PURPOSE

The Thumb Rural Health Network was established in 2003 as a concept of four critical access hospitals—Deckerville Community Hospital, Harbor Beach Community Hospital, McKenzie Health System, and Scheurer Hospital. A grant from the Michigan Center for Rural Health provided the means to launch the initiative. Thumb Rural Health Network was designed to provide a collaborative environment to accomplish tasks and gain opportunities that traditionally fell outside the scope of individual members. Three specific focus areas were defined: member cost savings, community access to care, and improved community health status. Thumb Rural Health Network became an incorporate non-profit 501(c)(3) in March 2007.

The Thumb Rural Health Network quickly grew to include all of the hospitals and health departments in the Thumb Region (Huron, Sanilac, and Tuscola Counties) as well as two outside tertiary providers. Further development of Thumb Rural Health Network was supported through two subsequent grants from the Health Resources and Services Administration Office of Rural Health Policy, the United States Department of Health and Human Services, and annual membership dues.

The members of the Thumb Rural Health Network are committed to set aside historically competitive issues and focus on emerging collaborative opportunities that address the complex health issues of the Thumb Region. These health issues are determined through community assessments and the investigation of documented data. They addressed through the formulation of short- and long-term strategic planning

2011 AREAS OF FOCUS AND ACCOMPLISHMENTS

Access to Care

Secured third year of HRSA Access Program Grant to continue the expansion and sustainability of the Partnering for Health Program providing primary, oral, and vision care to low-income, uninsured adults of Huron. Sanilac and Tuscola Counties Continuation of the Thumb Dental Plan

Recruitment of additional dental providers to join the Thumb Dental Plan and provide reduced dental care to low-income, uninsured adults Implementation of the University of Michigan School of Dentistry free dental clinics for low-income, uninsured adults. To date, nearly 60 patients have received \$73,000 worth of care through this program.

Improved Community Health Status

Responded to various requests for proposals to potentially help with the development of new community health projects Implemented first year of HRSA Quality Improvement Grant; 14 of the 19 clinics from four hospitals are reporting data on diabetes measures Continued Cholestech Machine lending program for member use at health screening events. Ongoing participation in health fairs and county Project Connect-(Tuscola Community Expo) events offering blood pressure and cholesterol screenings with educational counseling, vision and dental program referrals, and flu shots

2011 BY THE NUMBERS

Many benefits of the Thumb Rural Health Network are not immediately measurable in terms of dollars. Below is a brief outline of activities on members and residents of the Thumb region.

3 - Number of counties served by Thumb Rural Health Network

131,206 - Total population of the Thumb region

25,939 - Total uninsured adults in the Thumb region

17 - Percentage of population that is uninsured

1,500 - Average number of health screening conducted at health fairs

85 - Number of people participating in the Thumb Dental Plan

18 - Number of U of M School of Dentistry students participating in free dental clinics

6 - Number of free dental clinics

60 - Number of patients participating in free dental clinics

\$73,000 - Total worth of care provided at free dental clinics to date

632 - Number of people who now have access to healthcare and dental services due to Thumb Rural Health Network Access to Care Program

*This information was provided by the TRHN annual report for 2011, for a complete report you can visit www.trhn.org

Environmental Health Division

Tip MacGuire, R.S., Director

Adverse environmental factors have a direct influence on humans. Impacts can be disease transmission through exposure to pathogenic organisms, or by exposure to toxins having a physiological effect on humans. Lesser environmental factors such as living conditions in a home can effect the overall well-being of the persons subjected to the given environment. As a member of the public health team, Environmental Health advocates and promotes disease prevention. Goals are met through enforcement of regulations and programs developed to not only protect public health, but to also control adverse environmental factors. Programs and regulations are grouped into categories of: Water, Shelter, Food, Waste and Community Health. The following statistics falling under these categories reflect the services provided in fiscal year 2010-11.

FOOD SERVICE PROGRAM

Regular inspections are conducted in all food service establishments in Tuscola County. Efforts in this program are key elements in assuring that meals consumed outside of the home are safe.

Fixed Food Service Establishments	152	Transitory Food Inspections	4
Fixed Food Service Inspections	445	Vending Location Inspections	11
Temporary Food Inspections	136	Foodborne Illness Investigations	0

WASTEWATER MANAGEMENT

Contact with raw or improperly treated sewage is the major method by which diseases are spread. Proper disposal and treatment of sewage is a critical aspect of protecting public health. Under State and Local Code Enforcement, this division evaluates and issues permits for the installation of all on-site sewage systems in Tuscola County.

On-site Sewage Disposal Permits Issued	78	On-site Sewage Disposal Inspections	133
On-site Sewage Permits (Commercial)	2	On-site Sewage Inspections (Commercial)	2

SURFACE AND GROUNDWATER CONTROL

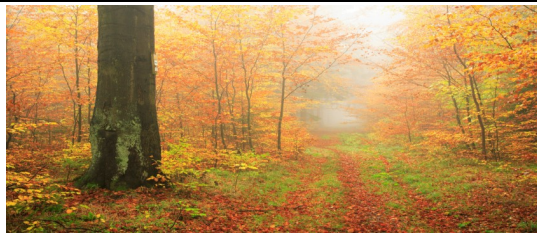
The basics to human life and public health philosophy is the provision that a safe and adequate water supply is available to the individual and public. To this end, all wells in Tuscola County are installed under permit with well locations being reviewed, proper isolations required, final inspections conducted and water sampling performed to determine water quality.

Well Permits Issued	158	Well Permit Final Inspections	140
Complaints Investigated	1	Operation/Maintenance Evaluations	36

ENVIRONMENTAL QUALITY

Additional activities important to health protection cover a range of programs such as: Shelter, Public Swimming Pools, Mobile Home Parks, Hazardous Waste, Solid Waste, Indoor and Outdoor Air, and Campgrounds.

Campground Inspection	12	Adult/Child Care Facility Inspection	38
Public Swimming Pool Inspection	7	Hazardous Waste	6
Solid Waste	1	Animal Control	1
Indoor/Outdoor Air	43	Body Art	28
Ground Water Quality	23	Residential Dwellings/Lead Paint	3
Mosquito/Insect Control	4	Septage Inspections	12
Surface Water	4		



Public Health Emergency Preparedness Sharon Mika, Department Coordinator

The Public Health Emergency Preparedness Department develops plans and educates staff and the community. This is done by performing exercises through drills, tabletop and full scale exercises to test our response to a public health emergency.

The Tuscola County Health Department (TCHD) continues to annually update the Strategic National Stockpile (SNS) plan which was resubmitted to the state for review. The plan details the health department's response to a mass vaccination or prophylaxis clinic. Call down exercises and assembly of primary, secondary and tertiary staff was performed with timed performance measures.

A Pandemic influenza table top exercise was planned and presented to staff. This exercise progressively tests local pandemic influenza plans with post exercise revisions based on identified gaps. TCHD continued the development of mass prophylaxis and countermeasure distribution and dispensing operations by conducting a distribution node and Point of Dispensing (POD) exercise that test the securing, management, distribution and restocking of critical medical supplies and equipment (e.g. PPE, vaccination supplies, etc.)

All exercises maintain a system for continued quality improvement and corrective actions based on After Action Reports (AAR) and Corrective Action Plans (CAPS).

TCHD was also tasked with the restructuring of its Emergency Operation Plan using the Office of Public Health Preparedness (OPHP) template. This plan will continue to be revised into the next fiscal year.

The Health Department continues to train staff, update and revise plans based on lessons learned, meet with our first responders and regional partners monthly to protect the public in Tuscola County.

Health Services Division
Ann Hepfer, R.N., Nursing Administrator

COMMUNITY HEALTH PROFILE—HEALTH STATUS INDICATORS

The Community Health Profile focuses on five priority areas. Each of these priorities is driven by Healthy People 2010 objectives:

1. Healthy Children and Youth
2. Access to Care
3. Healthy Adults
4. Safe Communities
5. Healthy Environment

Healthy People 2010 are a comprehensive set of disease prevention and health promotion objectives for the Nation to achieve. They have been created by scientists both inside and outside of government and they identify a wide range of public health priorities that are specific and measurable.

These objectives are an opportunity for individuals to make healthy lifestyle choices for themselves and their families. It also challenges communities to put prevention practices into play, by building healthier communities. It also places demands on all of us to work together to ensure that our communities are safe and healthy environments where people enjoy living.

The goals and objectives can be used to strengthen our community plans, in grant writing, and for bringing increased resources into the area. We encourage health organizations, projects and efforts, to integrate the community-wide goals and objectives into annual work plans and budgetary decisions. Over the course of the next couple of years we will be reviewing the Healthy People 2020 objectives and collaborating with our community partners on conducting a community needs assessment. We will work with our community partners to reevaluate the current plan and address any new issues or priorities that may influence the health of our residents.

Tuscola Counties Goals are indicated below:

- Goal 1: Improve Perinatal Health**
- Goal 2: Increase Immunization Levels**
- Goal 3: Reduce Child Abuse and Neglect**
- Goal 4: Reduce Child and Adolescent Deaths**
- Goal 5: Reduce the Use of Alcohol and Tobacco by Adolescents**
- Goal 6: Increase Access to Information about Resources Available in the Community**
- Goal 7: Decrease Economic Barriers to Health Care**

WOMEN’S HEALTH PROGRAMS

Breast and Cervical Cancer Control Program (BCCCP): For low to moderate income women ages 40-64. They receive breast and pelvic exams, pap tests, mammograms and follow-up treatment as needed.

Wise Woman Program: Available to those women enrolled in the BCCCP. The program provides an accurate assessment of cardiovascular disease risk factors. This includes screening of blood pressure, cholesterol and diabetes. There is also a personal and family health history as well as current behaviors related to nutrition, physical activity and smoking.

WOMEN’S HEALTH PROGRAMS—2010/11	
Breast and Cervical Cancer Control Program	85
Wise Woman	87

MATERNAL/CHILD HEALTH PROGRAMS

Women, Infant and Children (WIC): Serves children from birth to age 5 and pregnant and breastfeeding women who meet the income guidelines. WIC is not only a supplemental food program, it also provides for nutritional information and breastfeeding promotion and support.

Maternal/Infant Health Program (MIHP): Provides home visits and/or office visits to pregnant women and their infants who are on Medicaid. This program is aimed at healthier outcomes for both the pregnant woman and the infant. A team made up of a Registered Nurse, Dietician and Social Worker take a multidisciplinary approach in working with the family.

Children Special Health Care Services (CSHCS): Provides financial support and case management services for children ages birth to 21 with chronic health problems or disabilities.

Prenatal Services: Health Delivery Incorporated provides prenatal care and educational services on site. Clients are seen by midwives and deliver at Bay Regional Medical Center in Bay City.

Hearing and Vision Program: Provides Hearing and Vision screenings in the schools throughout the year and in the summer at the Health Department by trained technicians.

MATERNAL/CHILD HEALTH PROGRAMS—2010/11	
Women, Infant and Children Program—Monthly average	1743
Maternal Infant Support Services Unduplicated Services	348
Children Special Health Care Services—Families Enrolled	217
Pregnant Women Enrolled in Prenatal Services	79
Hearing Services Preschool/School Age	2506
Vision Services Preschool/School Age	3805

FAMILY PLANNING PROGRAM

The Tuscola County Health Department's Family Planning Program philosophy is consistent with the Michigan Department of Community Health and Title X. Family planning is a preventive health measure which impacts positively on the health and well-being of men, women, children and families. Effective family planning programs are essential health care delivery interventions that correlate with decreased high-risk pregnancy and maternal and infant morbidity and mortality. Services provided through family planning clinics allow men and women to make well informed reproductive health choices. The family planning clinic addresses the unmet family planning needs of women at or below, and those slightly above, the poverty level, but still considered low income, and provides access to those with special needs (such as teens and high-risk women). No one is denied services because of an inability to pay.

SEXUALLY TRANSMITTED INFECTION SERVICES

The mission of the Sexually Transmitted Infection (STI) Program is to reduce the number of STIs through diagnosis, treatment and education. The program operates on an "as needed" basis. Authority is given to the Public Health Department according to Public Health Act 368 of 1978 (revised, October 1993). Due to a reduction in State funding over the past two years, we have curtailed our screening exams. Screening guidelines are in place that serve as a guide to who gets tested. Tuscola County is deemed a "low incidence" area and is allotted only a small number of test kits for free. Once the free kits are depleted we charge for any additional tests. Our rate of STIs has remained relatively consistent over the past 5 years; the majority of our infections are either Chlamydia or Gonorrhea related.

SEXUALLY TRANSMITTED INFECTION—3 YEAR COMPARISON			
	2009	2010	2011
Chlamydia	100	83	107
Gonorrhea	15	4	8
Syphilis Primary	1	0	2

COMMUNICABLE DISEASE

State of Michigan's Michigan Disease Surveillance System (MDSS) is a Web-based communicable disease reporting and tracking system. The purpose of this system is to facilitate coordination among local, State and Federal Public Health agencies to provide secure transfer and analysis of communicable disease patterns. All area laboratories and hospitals report all allowable and reportable infections to the local health departments via MDSS.

COMMUNICABLE DISEASE REPORTS—3 YEAR COMPARISON			
	2009	2010	2011
AIDS	0	1	0
Food Borne Illness	16	22	16
Meningitis-Aseptic	1	1	0
Meningitis-Bacterial	0	0	2
Meningitis—other	0	1	0
Pneumoniae Invasive	4	0	4
Cryptococcosis	1	0	1
Flu Like Illness	671	1028	251
Guillain-Barre'	0	1	0
Kawasaki	0	0	0
Legionellosis	0	0	0
Rabies-Bat	0	2	0
Chickenpox	8	5	7
Tuberculosis	0	0	1
Hepatitis A	0	2	2
Hepatitis B Chronic	0	1	0
Hepatitis B Perinatal	0	0	0
Hepatitis B Acute	2	0	0
Hepatitis C Acute	1	0	0
Hepatitis C Unknown	0	0	0
Hepatitis C Chronic	13	13	18
Coccidioidomycosis	0	0	1
Encephalitis	0	0	0
Hemolytic Uremic Syndrome	0	0	0
Staphylococcus Aureus Infections	0	0	0
MRSA	0	0	0
Mumps	0	0	0
Pertussis	6	3	2
Histoplasmosis	0	0	1
Q Fever	0	0	0
Streptococcus, Group A	1	0	0
Influenza—confirmed	2	17	2
Toxic Shock	1	0	0

IMMUNIZATION PROGRAM

Immunizations are a very important component of Public Health. The current immunization schedule for adults and children protects against sixteen diseases. New vaccines offered in the past year included Menactra, Hepatitis A, Tdap, and Rotavirus. Special priority projects included outreach clinics to the Amish community and an outreach clinic in Vassar once a month.

IMMUNIZATIONS	2008/09	2009/10	2010/11
Vaccines administered	6520	7795	9753
Percent of 19-35 month old children fully immunized in the County	55%	69%	73%
Adult Influenza Vaccine administered	1291	401	1089
Pneumococcal Vaccine administered	81	59	91



GERIATRIC HEALTH SERVICES

Flu Vaccines Administered	1258
Pneumonia Vaccines Administered	92

Other Senior Services in 2010/11 included: Senior Ball, Senior Fair and membership in the Senior Alliance Committee.

