THIS IS *Public Health*

Health Department of Northwest Michigan
2017 ANNUAL REPORT

Public Health 3.0: Meeting the Challenges of the 21st Century

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Letter to the Public

Lisa M. Peacock, RN, MSN, NP
Health Officer

Joshua Meyerson, MD, MPH
Medical Director

It is our pleasure to present the Health Department of Northwest Michigan 2017 Annual Report to the community! As you explore the pages that follow we hope that you can feel the enthusiasm of our dedicated staff for the many varied ways that they serve the residents of Antrim, Charlevoix, Emmet and Otsego counties each day. It is becoming more apparent that there are major drivers of illness and death which are not necessarily medical and we must shift our approach to identify and address these root causes which often include social determinants of health, such as housing, transportation, and food insecurity. The circumstances in which people live have a direct and important effect on their health. In fact, it's often said that our zip code is more important than our genetic code in determining our lifelong health. A healthy community requires strong and collaborative relationships among those charged with its care. The evolving role of Public Health as a "Chief Health Strategist" within a community recognizes the importance of partnerships across sectors and requires the health department to rise to the challenge to engage, inspire, and partner to achieve the healthiest communities!

Looking back on 2017, we see so many examples of our progress toward this goal. We are constantly striving to achieve the highest level of excellence and as a Chief Health Strategist we know that the heart of this work lies in innovation, alignment of vision and values, and committed partnership. Mobilizing community action beyond our direct reach, fully participating in partnerships with our peers and colleagues, and engaging in data driven decisions and initiatives are just a few of the strategies at work to achieve the highest impact. Both the Northern Michigan Public Health Alliance and the Northern Michigan Community Health Innovation Region are strong examples of the collective impact of partnership.

We are hard at work protecting the environment, providing care and services to our most vulnerable residents, and promoting health and wellness through many programs focused on prevention. Our ability to respond to emerging health threats such as Hepatitis A and environmental contamination depends upon our strong foundation. The Health Department of Northwest Michigan has a proven reputation for its ability to thrive in an environment of constant change and limited resources. We can only do this through the support of our dedicated Board of Health members who believe in and support our mission, as well as the work of our highly qualified staff. We hope that you enjoy reading about their work as much as we have.

In good health,

Lisa M. Peacock, Health Officer

Joshua Meyerson, Medical Director

Board of Health

The mission of the Health Department of Northwest Michigan, derived from a commitment and responsibility to the Michigan Public Health Code, is to promote wellness, prevent disease, provide quality health care, address health problems of vulnerable populations and protect the environment for residents and visitors of Antrim, Charlevoix, Emmet and Otsego counties.

Antrim County

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Kewadin, MI
Personnel & Finance Committee

Melissa Zelenak
Central Lake, MI
Program & Evaluation Committee

Emmet County

Jonathan Scheel
Petoskey, MI
Personnel & Finance Committee

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Program & Evaluation Committee

Shirley Roloff, Secretary/Treasurer
Charlevoix, MI
Personnel & Finance Committee

Otsego County

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Johannesburg, MI
Program & Evaluation Committee

Julie Powers
Gaylord, MI
Program & Evaluation Committee

Public Health 3.0:
Meeting the Challenges of the 21st Century

By: Erika Van Dam, MPH, CHES, Deputy Health Officer
Carrie Field, MPH, Public Information Officer

Our world is changing. Like the rest of the nation, Northwest Michigan is witnessing an aging population, a data revolution, the growth of chronic disease, unprecedented levels of insurance coverage, and the increasing importance of non-health sectors in protecting population health. To continue fulfilling our mission to promote wellness, prevent disease, and protect vulnerable populations, we need to change too. Our role is evolving. In addition to serving our traditional functions like providing vaccines and inspecting restaurants, we are becoming a leader in strategizing to meet the new and changing needs of our community.

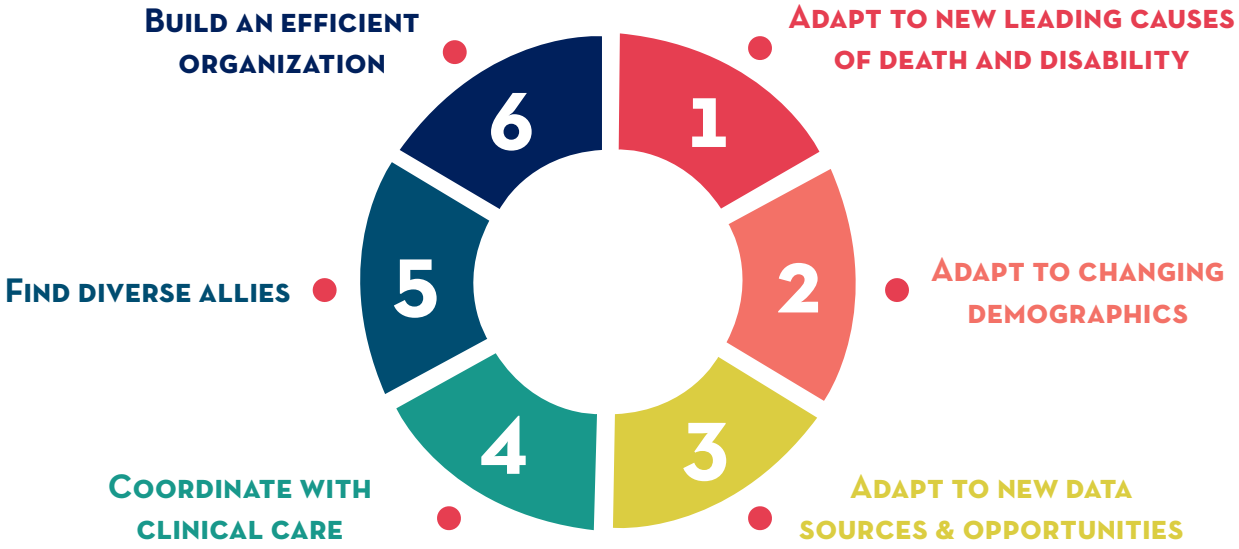
Public health departments are in a unique position to work with all stakeholder groups and serve the entire community's population. We have experience bringing people and agencies of diverse backgrounds together to achieve our vision—Healthy People in Healthy Communities. Prepared with strong community partnerships, competent staff and leadership, and a new foresight of our evolving role, we are challenging ourselves to think in more progressive ways and to see the opportunities abound.

In 2014, the Public Health Leadership Forum described the evolving role of health departments as the "Chief Health Strategist" of a community. As chief health strategists, health departments need to take on leadership roles in designing policies, forming coalitions, accessing and translating real-time data, and reorienting the health care system towards prevention and wellness.

The Forum specified six key practices of chief health strategists that local health departments will need to adopt by 2020 to effectively respond to the rapid changes happening in our nation.

In this year's annual report, we highlight some of the ways in which the Health Department of Northwest Michigan is fulfilling these six key practices. This report demonstrates the ways we're adapting to ensure we are the high achieving, relevant health department of the future: the chief health strategist of our community.

6 Practices of a High Achieving Public Health Department



Practice #1

Adopt and **Adapt Strategies** to Combat the **Evolving Leading Causes** of Illness, Injury, and Premature Death.

Over the past century, the leading causes of death in the United States have shifted. In 1915, three of the top five causes of death were infectious diseases. In 2015, none of the five leading causes of death were infectious diseases. Instead, the most common killers are now chronic conditions related to tobacco use, obesity, and mental/behavioral health.

Preventing infectious diseases like flu, measles, and foodborne illness remains a critical part of the health department's mission. But as our communities face new threats, the health department is adopting and adapting new strategies to combat them. We are helping people maintain healthy weights by improving access to healthy foods and exercise opportunities. We are expanding our programming to prevent tobacco and drug use. And we are creating new supports to promote mental health in the community.

School-Based Child & Adolescent Health Programs Expand to East Jordan

By: Rebecca Litzner, LMSW
Behavioral Health Therapist

As students returned to school in East Jordan last fall, they may have noticed a new face in the hallway: behavioral health therapist Rebecca Litzner, LMSW. As a behavioral health therapist, Rebecca is there to provide support to students dealing with any kind of stressors in their lives. She is part of the East Jordan Wellness Program, a school-based mental health program that helps middle and high school students gain confidence and learn strategies to be more successful in and out of the classroom. The program launched in 2017 as a partnership between East Jordan Public Schools and the Health Department of Northwest Michigan, with funding from the Charlevoix County Community Foundation, the Michigan Health Endowment Fund, and additional state and federal funding.

By providing behavioral health services in schools, the East Jordan Wellness Program helps overcome barriers that may prevent students from accessing the support they need for mental and emotional wellness. Families don't have to worry about transportation, time, or payment. All students need is a consent form signed by a parent, and Rebecca can help them in areas like relationship skill building, anxiety, depression, issues related to grief and loss, anger management, and helping students to develop healthy coping strategies. Rebecca works with kids and families through individual and group counseling sessions during the school day and after school.

Rebecca enjoys working directly in the schools, because she knows making counseling easily available to students is an investment in their futures. Evidence shows that students who participate in school-based behavioral health programs have significantly fewer disciplinary issues, enjoy better mental health, and perform better in school.

The East Jordan Wellness Program is the newest of the five Child and Adolescent Health Programs operated by the health department. These programs bring inclusive medical and behavioral health care directly to students. Services aim to achieve the best possible physical, intellectual, and emotional status of children and adolescents by providing services that are high quality, accessible, and acceptable to youth. The health department's five school health programs operate with the belief that healthier students learn better, better learners graduate, and higher graduation rates result in healthier communities.

Keeping Youth SAFE

in Northern Michigan

By: Susan Pulaski, MA
Community Health Coordinator

As addressing substance use becomes increasingly important across the country, SAFE in Northern Michigan is working locally to protect our youth from the harms of tobacco, alcohol, and drugs. SAFE is a youth-led substance use prevention coalition that serves Antrim, Charlevoix, and Emmet counties. Our coalition includes representatives from many sectors in these three counties, including law enforcement, treatment centers, schools, parents, hospitals, and youth from eleven schools. We believe strongly that when given the opportunity, youth will excel in coalition work and make long-term positive changes in their communities. With the shared vision of creating environments free of substance use, the youth decide on the projects and initiatives the coalition will use.

In July 2017, eleven youth and two adult coalition members attended a national leadership conference in Atlanta, GA. The conference, hosted by Community Anti-Drug Coalitions of America, provided an opportunity for our youth members to connect, learn more about current drug issues, work on prevention strategies, and become familiar with our yearly action plan. This conference offered our youth extended leadership training and support for meeting our coalition goals.

Equipped with the right training and strong partnerships, SAFE youth play an instrumental role in preventing substance use in our communities.

Funding to attend this conference was made possible by "Local Michigan Public Act 2" funds (liquor tax) managed from the Northern Michigan Regional Entity and the Petoskey Harbor Springs Area Community Foundation.

Better Walking Trails

By: Natalie Kasiborski, PhD, MPH, LMSW
Director of Community Health

Most people know they need to exercise to be healthy, but sometimes good places to exercise can be hard to find. While rural Northern Michigan is full of beautiful landscapes, much of the land remains underdeveloped and unusable for physical activity. As of Spring 2016, the Village of Central Lake in Antrim County did not have a single walkable outdoor greenspace in the immediate area. Community members, including the public school cross-country team, would walk, run, or ride bikes in the streets. The Village of Central Lake then made it a priority to increase community access to safe, enjoyable spaces for physical activity, and create more opportunities for residents to be active and healthy. A Central Lake community member identified a 40-acre plot of forest terrain near the center of downtown as a prime location for trail development, and shared her thoughts with the Village Supervisor. The idea took off and soon the Village Council, in partnership with the Grand Traverse Regional Land Conservancy Trail Specialist, developed and approved a plan to create a two-mile, multi-use, hard-packed dirt trail.

The Village Supervisor then submitted the "North Street Trail" plan as a proposal for a grant from the Health Department of Northwest Michigan. In 2017, we offered ten grants for Greenspace Improvement Projects in Northwest Michigan. These grants could be used to improve physical features of greenspaces, like walking trails, lighting, or benches. The purpose of the grants is to increase use of public greenspaces by making them more inviting, accessible, and safe. We selected Central Lake to receive the funding they requested to complete a Greenspace Improvement Project: the development of one mile of the North Street Trail before September 30th, 2017.

From their proposal, we saw that

Help People Stay Active *in Central Lake*

Huron Pines AmeriCorps members serving with Grand Traverse Regional Land Conservancy

developing the North Street Trail would create an easy-to-access, low-cost option for exercise that would help residents of Central Lake be healthier. The chosen plot for the North Street Trail is conveniently located near downtown businesses and main residential areas in Central Lake. The plot is also directly behind the Public Schools, providing the cross-country team and other school programs a convenient space for physical activity. The superintendent of Central Lake Public Schools and teachers submitted letters of support for the project, stating that the schools would use North Street Trail for a variety of activities, from physical education classes to biology class excursions.

Trail development began as soon as the ground thawed in Spring 2017. The project contractor finished the rough trail construction in July. The Village Supervisor and numerous community volunteers teamed up to excavate, hoe, rake, prune, and cut the trail site during four community volunteer "worker bee" events. They added rock millings to low areas, built a culvert, placed boulders along the trail edge for safety, enlarged the parking lot, and installed two benches, three welcome signs, eleven directional and interpretive signs along the trail, and a six-foot, three-sided information kiosk at the trail head. In less than two months, they completed the full one-mile of North Street Trail.

The North Street Trail project received tremendous support from community members. According to the supervisor, "The trail [is] already being used frequently by hikers and bicyclists simply through word of mouth." The Public Schools expressed their excitement to use North Street Trail for programming and course work over the school year. The Village plans to continue expanding the trail to achieve their two-mile goal by Fall 2018.

Practice #2

Develop strategies for promoting health and well-being that work most effectively for communities of today and tomorrow.

As the world continues to change around us, we must constantly reevaluate: What are the looming health threats? Who will be most at risk? In Northern Michigan, one trend we know will impact our communities is an aging population. By 2020, baby boomers will be over 65, and the percentage of the population that is elderly will be larger than ever before. We now face the challenge of developing strategies to help elders maintain their independence and quality of life.

In addition, the income gap in the region is growing – which can lead to corresponding differences in health among those at different income levels. Historically, public health advances have benefited the privileged more than the disadvantaged. Recognizing that a person's chance at a healthy life shouldn't be determined by their income or race, we will continue to find new approaches designed to most benefit those facing the highest obstacles to health. In response to these trends, we are working to strengthen our programs supporting seniors and to prioritize providing more opportunities to be healthy to families with lower incomes.

Comfort and Dignity *When It Matters Most*

By: April Lamb
Executive Director of Hospice of Northwest Michigan

Hospice is not a place; it is a philosophy. It is about giving comfort and protecting dignity during a very vulnerable time. For most families, Hospice is a hard topic to discuss. Being by the bedside of a loved one who is at their end of life is the hardest thing for families and caretakers to endure. We are here to help support families and guide them through this emotional time, providing the care that best fits their loved one's unique needs.

Hospice care provided by the Health Department of Northwest Michigan, in partnership with Hospice of Northwest Michigan, is available to anyone in our community who has been diagnosed with a life-limiting illness of six months or less. Our compassionate team of caregivers strive to support people in our community during their end of life journey. Our nurses, aides, and volunteers provide physical caregiving support. David Behling, our Hospice Bereavement and Grief Counselor, offers emotional support to families during and after the end of life process. And for families who need special resources or equipment not covered by health insurance, we strive to find a way to meet those needs as well.

We are able to offer these services and resources free of charge due to our partnership with Hospice of Northwest Michigan, our fundraising arm which operates as an independent non-profit. Together, we work to help support families during hardship and when they are facing unexpected challenges.

Our team of nurses, aides, and volunteers care for patients wherever they call home. We work to make sure patients and families have the resources needed to help guide them through a very difficult and emotional time. We are here to accomplish one thing: to support people and families when they need it most.

Dedicated Home Care Leads to Full Recovery

By: Tina Lamont, RN
Director of Home Care and Aging Services

Cynthia "Cindy" Davis, a retired librarian, was a recent patient of the health department's Home Care division as she recovered from a total knee replacement. She received care in her home from the nurses and physical therapists at the health department following her surgery in November of 2017.

I spoke with her two weeks after her surgery when she agreed to tell her recovery story. Cindy explained that she also had a chronic condition involving swelling (edema) in her upper arm. After her knee surgery, she was using a walker to assist in her mobility. Using the walker aggravated her chronic edema. She reported that the nurse and her therapist were "very attentive" to assist in resolving her added swelling. Nursing and therapy staff often communicated with each other, as well as with her surgeon, about the coordination of her care and her progress regarding her goals in the home. As her condition improved, Cindy was discharged from Home Care to continue to recover in an outpatient program.

As I spoke with her about her experience with our staff, she described them as "very communicative, great staff, always so punctual". She deemed these qualities as "necessary and helpful" in allowing her to follow staff directions and education and in aiding her rapid progress toward recovery. Cindy reports that she has had other experiences in the past with home care services in this area, and she found the health department staff "to be above excellent". Should the need arise in the future we would be delighted to provide further care to assist Cindy in a speedy, uncomplicated recovery.

A LOOK BACK IN TIME

DENTAL CLINICS NORTH:

A partnership of local health departments

By: Erika Van Dam, MPH, CHES
Deputy Health Officer

Throughout the 1980s, the Health Department of Northwest Michigan had a strong interest in oral health and its important connection to our overall public's health, but the year 1991 marked a critical point in the history of increasing access to dental care in Northern Michigan. Locally, our public health nurses at the Health Department of Northwest Michigan identified an increasing need for oral health care among children. Together with a small group of concerned local dentists who couldn't meet the increasing need, we formed a committee to evaluate how we could best connect children with Medicaid to a dentist and dental home. To meet this increasing need and using Health Department revenue and some small grants, our Health Department opened our very first public health dental clinic in East Jordan. Over the course of the next 11 years, the Health Department of Northwest Michigan, along with our health department partners across Northern Michigan, worked fast and furiously. With the help of state funding, strong partnerships, and fierce dedication, by 2002, nine additional public health dental clinics were built, and the Dental Clinics North network of 10 public health dental clinics was formed across Northern Michigan. Among the health department partners, the Health Department of Northwest Michigan was selected to serve as the administrative agency due to its past demonstration of success operating the dental clinics.

Still true today, having a network and system of care gave us stabilization, a stronger sustainability plan, an alliance of advocating supporters, and an ability to accomplish our mission across a larger geographic area, connecting tens of thousands of community members to high quality oral health services.

After 15 years of successful operations, there was a desire to enable a public health dental clinic system of care to be developed beyond the Northern Michigan region, and Michigan Community Dental Clinics (MCDC, now named My Community Dental Centers) was formed in 2006. With the creation of MCDC, it allowed the Health Department of Northwest Michigan to maintain overall administration of Dental Clinics North, while contracting with MCDC to staff the clinics. This arrangement also allowed MCDC to continue to build partnerships with local health departments in other areas of Michigan.

Since 1991, the Health Department of Northwest Michigan has a strong history of connecting those in need with oral health services they could not have received otherwise, and it's proud of its commitment to increase access to dental services. Dental Clinics North remains a strong partnership of six local public health departments: District Health Departments No. 2, 4, and 10, the Benzie-Leelanau District Health Department, Grand Traverse County Health Department, and the Health Department of Northwest Michigan. To the extent that revenue exceeds expenditures each year, Dental Clinics North funds the Northern Dental Plan to provide comprehensive dental services at a reduced fee to uninsured and underinsured children and adults.

In 2017, a total of 3,603 Dental Clinics North clients received dental services at a reduced fee through the Northern Dental Plan, with 1,318 living within the Health Department of Northwest Michigan jurisdiction.

A total of 1,977 Dental Clinics North clients received significant financial assistance totaling $846,184 in 2017.

After 11 years of successful partnership between our Health Department and MCDC to provide the staffing and dental expertise for the eight DCN locations, in 2017, the Health Department of Northwest Michigan announced its excitement to re-establish a dental clinic system to align with our strong public health system in 2018!

In 2017, the Health Department of Northwest Michigan broke ground on a brand new Dental Clinics North–East Jordan location on the campus of East Jordan Family Health Center!

10,568 clients

served in the Health Department of Northwest Michigan Jurisdiction

The mission of Dental Clinics North is to ensure optimal oral health and well-being of Northern Michigan communities through partnerships, innovation, and excellence in public health dental practices.

DENTAL CLINICS NORTH CLIENTS SERVED BY LOCATION

Alpena	1,933
Cheboygan	2,267
East Jordan	2,118
Gaylord	3,651
Mancelona	2,227
Petoskey/Harbor Springs	2,587
Traverse City	5,683
West Branch	3,524
Hospital Program	154

TOTAL: 24,144

1991
The Health Department of Northwest Michigan (HDNW) opens the 1st Dental Clinics North (DCN) location in East Jordan

1995
HDNW opens 2nd and 3rd DCN locations in Mancelona and Gaylord. District Health Department #4 and Grand Traverse County Health Department open Cheboygan and Traverse City, respectively

Late 1990's
The State of Michigan health department teams up with Delta Dental to help more children access dental care through Healthy Kids Dental and MIChild programs

1999
With a $1 million grant and other local resources, a partnership of local health departments organizes Dental Clinics North as a formal dental clinic system to increase access for children and adults with Medicaid

1999-2002
DCN locations are added in Alpena, West Branch, Manistee, Cadillac, and Petoskey

1999-2006
HDNW employs all DCN staff and is responsible for all operations at the 10 clinics across Northern Michigan

Early 2000's
The Health Department launches our Dental Clinics North Hospital Program to serve young children with special needs and developmentaly disabled children and adults

2006
A Medicaid State Plan Amendment is approved, which sets a course of sustainability for public health dental clinics

2006
MCDC is formed to enable a public health dental clinic system of care to be developed beyond the Northern Michigan region

2014
Healthy Michigan Plan is launched, expanding comprehensive medical and dental coverage to a large number of previously uninsured Michiganders.

2006-Present
HDNW maintains overall administration of Dental Clinics North and contracts with MCDC to staff the clinics

2017
After 11 years of successful partnership with MCDC, HDNW announces it will re-establish a dental clinic system to align with our strong public health system in 2018!

*"Watching a family show resilience and overcome whatever adversity they are facing is **truly amazing**."*

Home Visitors Meet New Parents Where They Are

By: Ashley Reynolds, RN, BSN, Family Health Nurse
Tricia Drenth, RN, MS, BSN, Family Health Nursing Supervisor

Home visiting for expectant families and those with young children improves maternal and child health, encourages positive parenting, promotes child development and school readiness, and prevents child abuse and neglect. But what does it mean to be a "home visitor"? What does this look like? Ashley Reynolds, a home visitor at the health department, gives us an insider view of what home visiting looks like here in northern Michigan:

Healthy Families Northern Michigan is one of the home visiting programs offered by the health department. Home visitors are typically Registered Nurses or Social Workers. Healthy Families provides support to parents during pregnancy and early childhood, up until a child is 4 years old. It's incredible to work with new parents who may not know how to care for a new baby, who then soak up and absorb all information, ask questions, and put what they learn into practice. I have the honor to watch them grow as parents, join them in their parenting journey, and provide different tools that they may need to be their child's first teacher. There is a lot of value in simply being there for a family, whether this means consistent weekly visits or simply an open ear when they need it most.

Home visitors use activities that help support the child's development and promote a strong parent-child bond. The activities we use vary depending on what the family wants and needs. For infants, we encourage baby yoga, infant massage, and tummy time. As the baby gets older, we create toys from everyday materials that can be found in the family's home. For example, we can make shakers from water bottles and rice; wave bottles made out of water, oil, and food coloring; and homemade books. For toddlers, we bring activities that encourage them to explore new textures while learning to find objects, count, and learn colors. We might make dough, find objects hidden in shaving cream, or line up cars to count them. It is great to see a parent play with their child during a visit. Lives are often busy and stressful, but these visits give parents a chance to pause and truly focus on their child. They can enjoy important play time together that can too often get lost in the shuffle.

Most home visits include an activity and/or a development screening, time for parents to talk about struggles and stresses going on in their lives, time to answer questions related to nutritional and health needs of the child, and a chance to provide families with resources that may be helpful for them. We also make sure that we are providing support and encouragement that many families may need. Many times, families just like having a listening ear as we support their child's development.

I like seeing families grow over time and watching them succeed in their goals. All of us have our own stories and backgrounds. Some of us have had many more obstacles to overcome, and even face continued daily struggles. Watching a family show resilience and overcome whatever adversity they are facing is truly amazing.

Home visiting can also be very challenging, both physically and emotionally. There can be those difficult circumstances when we are trying to help support families who struggle with mental health diagnoses, domestic violence, or addiction, or who have a child with developmental delays. It is imperative to be familiar with local resources in order to best support families and connect them to whatever services they need and want.

The one common thread that seems to prevail in this work, and much of the work so many of us at the health department do, is that it's all about relationships. Having trusting and respectful relationships with families is fundamental to this work. Ultimately what we do as home visitors is strengthen families by working to build upon five protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Helping our families build these ultimately leads to stronger families, healthier and happier children, and stronger and healthier communities.

Practice #3

Chief health strategists will identify, analyze and distribute information from new, big, and real time data sources.

Good information is critical to effective public health practice. We rely on data to tell us what the looming health threats are, who is most at risk, and what the most effective responses could be. We now have more opportunities than ever before to gather data from diverse sources and use it in innovative ways. To do so, we will need imagination, accurate analysis, clear communication, and the ability to make the complex seem simple. With these assets, we will be able to effectively focus strategies where they are most needed, evaluate ongoing interventions with more precision, and work more efficiently with communities and organizations less familiar with using health data. New projects at the health department focus on gathering continuous data from community members, working to take full advantage of data pulled from Electronic Health Records, and cooperating with other agencies to exchange information more efficiently.

New Data Sources Lead to More Community Control

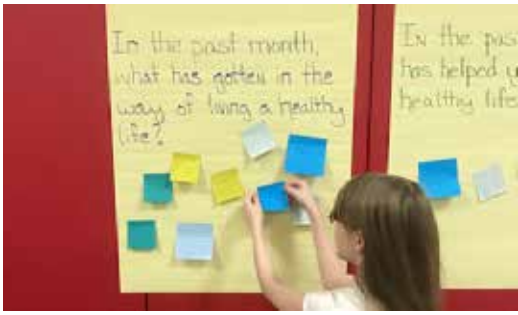
By: Emily Llore, MPH
Community Health Coordinator

We have engaged in many new types of data collection throughout the past year using new technologies, powerful social media platforms, and "direct touch points." A direct touch point is any place in the community where residents go in their day-to-day lives. Meeting residents at these convenient touch points, we can easily gather their input on various issues. We've used traditional pen and paper surveys, focus groups, and large, colorful Community Input Boards. In collaboration with our community partners, we have asked questions at these direct touch points:

- ***Food Pantries***
- ***Community Breakfasts***
- ***Neighborhood Centers***
- ***Shelters***
- ***School Events***
- ***Healthcare Centers***

This approach gives residents the opportunity to provide us with rapid feedback, because we can meet them where they already are and receive real-time comments. Authentic voices from our residents better inform us of the complex factors affecting their health within our communities. Armed with a deeper understanding of the context in which we work and the desires of those we serve, we can adapt our programs to better ensure residents are benefiting from our efforts. This approach also enables us to quickly analyze and widely disseminate data collected.

These efforts have enhanced diverse collaborative partnerships within our communities, assisted in decision-making, and encouraged resident and neighborhood led efforts. We have enjoyed cultivating authentic relationships with the communities and residents we serve.



Families add their opinions to Community Input Boards

Finding New Ways to Help People Quit Tobacco

By: Joy Klooster, RN, MBA, BSN
Family Health Nurse

Tobacco remains the single largest cause of preventable death and disease in Michigan. When new funding became available in 2016 related to Health Systems Change for Treating Tobacco Dependence, we saw our opportunity to try a new approach. We decided to try a focused, but coordinated strategy: we would focus on enhancing the Family Planning program, but partner with six other health departments to make consistent changes across a 31-county region. Our partner health departments included Benzie-Leelanau District Health Department, Central Michigan District Health Department, District Health Departments #2, #4 and #10, and Grand Traverse County Health Department. Our goals were to make our procedures more efficient, to increase the referrals we make to tobacco cessation programs, and to take advantage of electronic health records to help us gather the right data at the right time to make tobacco treatment as effective as possible.

After evaluating our starting point, we found not all health departments were the same when it came to resources! There were differences in size, number of employees, access to Information Technology (IT) expertise, and use of electronic health records versus paper records. What the health departments had in common were the staff make-up of practitioners, nurses and technician staff. Therefore, we focused our initial attention on adopting common tools and protocols that fit each staff role across all the health departments.

We trained front-line staff in motivational interviewing, and established new protocols. Staff would ask each client about tobacco use, and could use motivational interviewing skills to assess each client's readiness and confidence to quit and then provide appropriate advice or resources for quitting tobacco based on the client's personal readiness to quit. We also established new protocols for assisting with nicotine replacement product education and referrals to the Michigan Quitline and tobacco cessation programs. Finally, we updated our Clinical Guidelines used for tobacco treatment. With new directives in place, clients without insurance could receive over-the-counter Nicotine Replacement products such as patches, lozenges and gum and get coached by a Registered Nurse. Sharing ideas and program information across health departments helped make these strategies more efficient and effective.

Now in 2018, we continue to engage our partners in the other 6 health departments, but have expanded our goals into other programs such as Maternal Infant Health Program, Women Infants and Children (WIC), Breast and Cervical Cancer Control Program and WISEWOMAN programs. We continue to search for innovative ways to use electronic health records to assist us with tobacco dependence treatment. It is our hope that every client who walks through the Health Department door and wants to quit tobacco will find help.

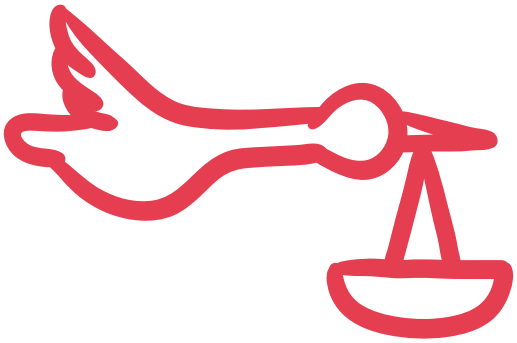
PROGRAM DATA
KEEP US ON TRACK

We use our program data to track how we're doing at meeting goals. For example, safe pregnancy and birth are high priorities. We track enrollment in programs like sexual health services, home visiting programs, and the WIC nutrition program because we know these are high-value services that keep moms and babies healthy. Data related to services like vaccines and fluoride varnish application tell us how we're doing at meeting our goals to prevent future health problems, and data from infectious disease investigations tell us about what diseases may become bigger issues in the near future.

We provided sexual health services to

637

women and men



We completed 115 Newborn Home Visits for families who requested extra support after the birth of a child at a local hospital.

We provided **494 CHILDREN** (from birth through age 21) with **CHILDREN'S SPECIAL HEALTH CARE SERVICES**, helping persons with chronic health problems by providing coverage and referrals for specialty services, supporting the primary caretaker for the child, and coordinating complex services.

We provided **5,653** home visits through the **Maternal Infant Health Program** for families with Medicaid, to provide extra support to keep moms and babies healthy.

2,988

The number of families who participated in the Women, Infant, and Children (WIC) Nutrition Program, which provides free food to women who are pregnant and breastfeeding, and infants and children up to age 5. We also provide immunizations, fluoride varnish, oral assessments, blood lead screening, and breastfeeding support.

We performed:

312 sexually transmitted infection investigations

76 investigations of cases of vaccine preventable diseases

398 other contagious disease investigations

Health department clinics and staff stand ready 24/7 to prevent and stop the spread of infectious diseases.

Provided Free Hearing & Vision Screenings

2,055 pre-school children

10,698 school-aged children

768 children referred to treatment

To protect children from tooth decay, we provided 1,855 children with fluoride varnish and performed 1,025 assessments of dental cavities.

We provided **1,292** kids with Early Childhood Behavioral Health Screenings, promoting social and emotional development and connecting families to behavioral health resources.

We gave **9,632** shots to children and adults and distributed **10,930** doses of vaccine. Vaccines protect individuals and the community from disease.

1,024 *children screened for lead poisoning, the number one environmental health threat to children in the US.*

WISEWOMAN

392 low-income women screened for heart disease and stroke through the WISEWOMAN program.

We provided **390 LOW-INCOME WOMEN** with free breast and cervical cancer screenings through the **BREAST AND CERVICAL CANCER CONTROL PROGRAM**, helping to identify cancers at the earliest possible stage and helping clients get any needed follow-up services.

WE COMPLETED 1,440 home visits for Healthy Families Northern Michigan, a program open to families at any income level that provides extra support to help parents be ready for their baby's birth and raise a healthy family.

38 *Clients received home screening tests or free colonoscopies through the Colorectal Cancer Early Detection program. Colon cancer is a leading cause of cancer death, but can be caught and treated early through screening.*

We helped **381** residents enroll in health insurance plans.

Practice #4

Build a more **integrated, effective** health system through **collaboration** between clinical care and public health.

Clinical health care, provided by doctors and hospitals, has traditionally operated apart from public health. But since the goal of both groups is for people to be healthy, collaboration could multiply the impact of our different services. Combining the resources of hospitals with the health department's expertise in community-based, data-driven prevention efforts will create opportunities to form a more efficient and comprehensive health system. This collaboration is becoming a high priority as hospitals and other leaders recognize that prevention is the most effective way to lower health care costs. One way the health department effectively works with the health care system is to act as a connector. While serving seniors, we can coordinate hospice care among different providers. While working in schools, we can connect kids to dental care. While working with the community, we can direct people who need resources to the services best suited to provide them.

Hospice Support *from* Michigan *to* Hawaii

By: Tina Lamont, RN
Director of Home Care and Aging Services

It is our pleasure to share the wonderfully heartwarming story of a well-known Charlevoix resident, Paul Belding, who was in our Hospice program. Paul grew up in Charlevoix and was reportedly quite a character with a great love for fishing and dancing. As stated in his obituary, these passions were so great for Paul that he always packed light- carrying a few changes of clothes, dancing shoes, and his fly rod.

Toward the end of his life, though his health was steadily deteriorating, Paul's greatest wish was to leave the area, go fishing in Colorado, and proceed on to Hawaii where his son and daughter-in-law live. To help him get there, we coordinated all the services he would need throughout his journey. Our entire Hospice team, from the medical records division through social work and nursing staff, took great care to assure his safe travels from here in Charlevoix to his end destination. This was a shining example of great collaboration of care across many service lines and honoring the choices this individual had made!

We were notified by the receiving Hospice in Hawaii of his passing in September of 2017, and we provided bereavement support to Paul's family and friends. Paul's son, Drew, commented, "I want to thank your Hospice group for the awesome care and work you all put into helping him (Paul) while he was there and all of us through this whole process." Paul's loved ones will also be invited to attend and participate in our annual Spring remembrance ceremony with the release of Monarch butterflies, who are also great travelers!

Bringing Oral Health Care to Kids at School

By: Dawn Marie Strehl, RDH
Oral Health Coordinator

The Health Department of Northwest Michigan Oral Health Program has conducted school-based screenings since 2011. These screenings have been extremely valuable in giving schools and communities a snapshot of their students' oral health, providing local evidence in support of water fluoridation, and connecting students to regular dental care. The Health Department of Northwest Michigan Oral Health Program screens at public schools with greater than 50% Free and Reduced Lunch Program enrollment.

The data collected through these screenings also indicated a need for a regional sealant program. The Health Department of Northwest Michigan Oral Health Program, in partnership with the Michigan Department of Health and Human Services SEAL! Michigan Program, began offering a school-based dental sealant program in school year 2016-2017. This free, grant-funded program aims to increase the percent of children with dental sealants on their permanent molars to 50% by 2020, while encouraging children and their families to establish a dental home. Sealants are an effective way to prevent cavities and tooth decay in children. As we expand the school-based sealant program in school year 2017-2018, we will continue to strive for the best outcomes in disease prevention.

In 2017, our health department's School Oral Health Program screened a total of 4,619 students across 7 counties.

Within the Health Department of Northwest Michigan's 4 Counties:

- 3,301 students were screened
- Follow up letters to parents were sent for 772 students (23%), recommending care for suspected areas of dental decay.
- 512 students (15%) showed signs of gum disease. More consistent brushing and flossing and a professional dental cleaning were recommended for these students.
- 526 students (16%) have had previous treatment to remove dental decay.
- 33 students screened (1%) were missing teeth (the loss of permanent teeth due to decay, trauma, or genetics).
- 1,622 students (49%) would benefit from having protective sealants placed on molars to prevent decay from forming in the grooves of the teeth.

April 27, 2017

To Whom It May Concern:

I would like to take this opportunity to express my sincere thank you for the opportunity to have Mrs. Dawn Marie Strehl in my fifth grade classroom this year. Her promotion of developing healthy habits was truly taken to heart by students. The information about the importance of healthy bodies and teeth was given in a fun and meaningful way. Dawn Marie was also able to give kids the education and tools to begin to monitor their own dental hygiene. This program allowed funding for dental health supplies and products to get into the hands of each student. This is a huge key in enabling students of this age group the ability to start healthy habits independently. Hopefully, these positive habits will become lifelong.

The grant money which provided all of these service and supplies was a huge benefit to our students at Boyne Falls. I look forward to having the opportunity to work with Dawn Marie in the future.

Sincerely,

Rebecca Disney

5th Grade Teacher/Boyne Falls

Community Connections

By: Jane Sundmacher, M.Ed.
Executive Director, Northern Michigan Community Health Innovation Region

The Community Connections program was designed by a group of cross-sector partners, including the Health Department of Northwest Michigan. This program links residents, community resources, and clinical medical care. The system connects patients who have health-related social needs to resources in the community. Patients fill out a short screening tool when they visit doctors' offices, Emergency Departments, social service agencies, or other community partners' locations. The tool identifies patients who have problems with access to healthcare, food insecurity, housing, transportation, etc. These patients are then referred to a HUB for assistance from a team made up of a registered nurse, social worker, and community health worker. The one-stop shop is helpful for clients and community partners, who can have difficulty keeping track of community resources and their eligibility requirements.

The first HUB was set up at the Health Department of Northwest Michigan. Through partnerships, our health department helped expand the program with the creation of two more Community Connections HUBs in 2017. The Grand Traverse Region HUB, serving Benzie, Grand Traverse, and Leelanau counties, is operated by Benzie-Leelanau District Health Department. The District 10 HUB is operated by District Health Department #10 and serves Kalkaska, Manistee, Missaukee, and Wexford counties. All the HUBs use Northwest's policies and procedures, forms, orientation, and staffing plan, providing an integrated care network across the 10 counties in the Northern Michigan Community Health Innovation Region.

Here to Help
Through Hard Times

By: Chelsea Engle, RN, BSN
Family & Community Health Nurse

We met Marie when she was referred to our Community Connections program by the McLaren Healthy Michigan Program. She was relying on the emergency department for many visits over a short period of time. I contacted Marie and found out that she was waiting to see a specialist and was told to use the emergency department for chronic pain issues in the meantime. She also had a variety of other health concerns.

To find as many options as I could for Marie, I contacted McLaren's Nurse Case Manager to discuss her needs. I also found options for a primary care doctor in the area who could treat her. Marie and I talked about mileage reimbursement and help with rides to her doctor's appointments through McLaren Health Plan. The Nurse Case Manager was able to suggest options for pain management while she waited to see a new specialist. We had great options for moving forward.

However, her phone number became disconnected, and I was unable to reach Marie after that. Luckily, I was able to remain in touch with the Nurse Case Manager, in case she heard from Marie about a new number. She was also able to tell me that Marie had later been seen by the specialist. I sent Marie a letter, hoping to follow up. After a week, Marie contacted me and we picked up where we left off. She told me her specialist was taking care of her chronic concerns, but still needed to see a new primary care provider. She was only using the ER as needed for severe pain. I provided Marie with a number to the clinic of her choice, as well as instructions on what to expect for their intake process. She later called me to say she was successful and is awaiting to hear back from the clinic. I will continue to follow up with Marie to ensure she is seen and is happy with the service. A great benefit of Community Connections is being able to connect people to local resources and making sure they meet their end goal.

Practice #5

Collaborate with a broad array of allies – including those at the neighborhood-level and the non-health sectors – to build healthier and more vital communities.

Good health is more than the absence of disease, and achieving it requires more than visits to the doctor. Depending on where you live, you may be surrounded by essential ingredients in a healthy life, like adequate housing and public transportation, quality health care, and safe places to exercise and play. But for many, these options are either too far away or economically out of reach, creating major obstacles in the pursuit of better health and quality of life.

Since many of the factors that influence our health are outside the health department's sphere of influence, creating healthier communities requires close partnerships with diverse groups and organizations. In addition to partnerships with others in the health system and other governmental agencies, we need to participate in and support community-based coalitions that examine health data, set goals, and develop plans to improve health. The more diverse the partners, the more comprehensive a health improvement strategy can be. When local health departments and community organizations work together, crucial information and resources are more likely to reach the people who need it most.

Partnering for Better Sexual Health

By: Jacqui Shumaker, RN, BSN
Public Health Nurse

In 2017, we used new grant funding to expand the Wear One campaign developed by the Ottawa County Department of Health to cover 25 counties of Northern Michigan. The Wear One campaign uses condom distribution, social media marketing, and health plan engagement to reduce unintended pregnancies and sexually transmitted infections in our communities. The sexual health outreach group at the Health Department of Northwest Michigan included Madison McCullough, Melissa Hahn, Kelly Matter, and Jacqui Shumaker.

The condom distribution campaign involved a collaboration of 7 health departments and 45 businesses, including smoke shops, tattoo parlors, bars, restaurants, and gas stations. Working with these businesses, we distributed approximately 22,690 Wear One packs. A Wear One pack includes 10 condoms, 1 foil pack of lubricant, a health department sexual health services card, and a Beforeplay.org educational card, wrapped in a paper bag with the Wear One logo sticker on the outside of the package.

By providing these packs in local businesses, condoms were more accessible to people who may not otherwise interact with the health department. This has been a strong partnership and most of these businesses have decided to continue distributing condoms indefinitely. Furthermore, we received a large grant through Trojan for an additional 50,000 condoms to continue this successful project.

This initiative was strengthened through other partnerships as well. We partnered with Beforeplay.org's social media campaign to increase awareness of the importance of sexual health, and services offered by the health department. We worked with Medicaid Health Plans to coordinate connecting people to sexual health care services. We also participated in community events and festivals, offering sexual health information and free Wear One condom packs.

With strong partnerships, we continue to increase knowledge and access to sexual health services, decrease sexually transmitted infections, and reduce unplanned pregnancies to create a unified sexual health message within our communities.

Northern Michigan Community Health Innovation Region

Achieving the Triple Aim

By: Jane Sundmacher, M.Ed.
Executive Director, Northern Michigan Community Health Innovation Region

The Northern Michigan Community Health Innovation Region is one of five innovation regions in Michigan piloting new methods to achieve the "Triple Aim": better health, reduced cost, and greater patient satisfaction. Because the innovation regions use different strategies, their approaches and results can be compared to learn what works best and could be replicated in other communities. As the largest and only rural innovation region, the 10-county Northern Michigan project is unique. The Northern Michigan Public Health Alliance, with leadership from the Health Department of Northwest Michigan, serves as the backbone organization, providing leadership and coordination to the project.

Recognizing that many of the root causes of death, illness, and disability are found outside the healthcare sector, the governing body of the project includes representatives from a wide variety of organizations. These include Area Agency on Aging, council of governments, Indian Tribes, insurers, social service agencies, philanthropic organizations, and transportation authorities, as well as healthcare organizations like health departments, hospitals, community health centers, and community mental health agencies.

The Northern Michigan Community Health Innovation Region attained notable achievements in 2017, including:

Expansion of the Community Connections program from the original 3 counties to the entire 10-county region. Through three "HUBs", teams consisting of registered nurses, social workers, and/or community health workers assist residents facing complex health and social needs. These teams connect residents to resources like health care, dental care, housing, transportation, or food assistance.

Assessment of Emergency Room Use. The Northern Michigan innovation region completed an analysis of ER visits at the seven hospitals in the 10-county region, in partnership with McLaren Northern Michigan, Munson Healthcare, Northern Physicians Organization, and Wexford Physician Hospital Organization. The assessment revealed over half of ER visits by Medicaid beneficiaries were medically unnecessary. Through focus groups and key informant interviews of these patients, four factors were identified that contribute to preventable ER visits: cost of other healthcare services, lack of access to other care options, lack of knowledge of appropriate ER use, and lack of transportation.

Creation of a community health improvement plan to increase the proportion of the population at a healthy weight. Over six full days, approximately 90 residents and cross-sector partners discussed and ranked root causes of obesity in their communities. They identified the top four barriers to a healthy weight as lack of access to healthy food, affordable housing, active living and transit, and social connectedness. With these priorities identified, the group then designed comprehensive strategies to address them.

Ensuring Clean Air in Every Home

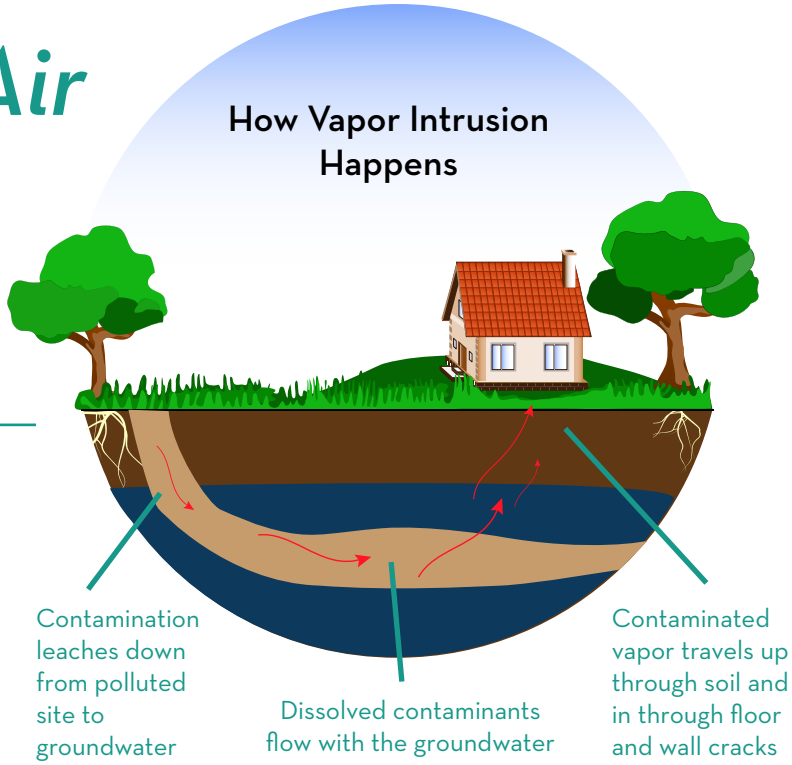
By: Scott Kendzierski, MS, REHS
Director of Environmental Health

From the 1940's through the 1980's, the Petoskey Manufacturing Company used a chemical known as TCE (trichloroethylene) when making car parts. In the process, they would dump the chemical onto the ground around the factory, within the City of Petoskey. The factory closed over 15 years ago, but the chemical remained in the ground. The United States Environmental Protection Agency (EPA) was successful in removing the chemical from the city's water supply, but discovered new problems in 2017. The Health Department of Northwest Michigan joined the EPA to investigate the extent and impact of the pollution.

In addition to polluting groundwater, TCE can become a vapor that pollutes the air. If the chemical in the ground becomes a vapor and then seeps into buildings built over that area, this is called vapor intrusion. TCE is dangerous because it can cause cancer. Even at very low levels, this chemical has the potential to harm people. Pregnant women and unborn fetuses are at the highest risk of harm.

Aware of this risk, the partnering agencies immediately got to work testing air below the foundations of homes and businesses in the area where the factory used to be – now the site of the Water Street Condominiums. Wherever they found high levels of the chemical vapors under a building, they would also test the air inside the building. The agencies discovered unsafe levels of the chemical vapor in several places. Concerned about possible vapor intrusion into other buildings, the health department advocated for extra testing in the neighboring homes. They did not want to risk missing any indoor air pollution in a home or business. The data they gathered also helped them to figure out how far the chemical had spread underground.

To keep everyone in the community informed about what was going on, the partners held an informational session at the Petoskey Public Safety Building. People from several different local, state, and federal agencies were there to answer questions. The participating agencies included the EPA, Michigan Department of Environmental Quality, Agency for Toxic Substances and Disease Registry, Michigan Department of Health and Human Services, and the Health Department of Northwest Michigan. Many community members and stakeholders attended, including the City of Petoskey, county commissioners, the Petoskey News Review, nearby condominium associations and home owners, local businesses, and others.



With the cooperation of local building owners, the health department and the EPA continued their methodical investigation throughout the summer. Starting at the site of the old factory and inching their way out in different directions, the team collected hundreds of air samples from underground and inside homes and businesses. Wherever they discovered unsafe levels of TCE vapor, they installed systems to clean the air. The team continued to monitor the air in all the buildings in which they had previously found high levels of TCE vapor.

Throughout the coordinated response, the health department's environmental health staff has been working to carefully and accurately communicate the risks and interventions with local home owners and businesses. They have also responded to federal requests for additional monitoring and collaborated to develop an emergency response workplan related to the vapor intrusion. These efforts have controlled the vapor intrusion, wherever it was identified at unsafe levels, and prevented harmful exposure to TCE for many in our community. Work continues through the efforts of community partners and many organizations, including the health department, to find a permanent solution and prevent any future TCE exposure for area residents.

Protecting Water through Collaboration and Policy Change

By Casey Clement, REHS, Environmental Sanitarian
Scott Kendzierski, MS, REHS, Director of Environmental Health

Like in some other areas of Michigan, Antrim County has been dealing with TCE (trichloroethylene) pollution left over from previous industrial manufacturing operations and commercial businesses. Investigations into groundwater contamination around the former Wickes Manufacturing site, located in Mancelona, began in the 1980s. TCE was used as a degreasing agent in the manufacturing of car parts, dating back to the 1940's, and was improperly disposed of on-site. A multi-agency and community effort has been working to track the spread of pollution that has affected 13 trillion gallons of underground water, which is the primary source of drinking water in the area.

Collaborating with the Michigan Department of Environmental Quality (MDEQ), the health department has conducted routine sampling of wells potentially impacted by groundwater contamination and continues to identify homes with potential vulnerabilities. By 2005, we had identified hundreds of properties at risk of being developed with no safe option for drinking water. After consulting with the MDEQ, the Department of Health and Human Services (MDHHS), and Agency for Toxic Substances and Disease Registry (ATSDR), we implemented the first Well First Policy for areas covered by the Mancelona Water and Sewer Authority (MAWSA) and a special assessment district.

The Well First Policy requires that before obtaining building permits to develop properties, the drinking water well must be installed and tested for TCE. If we identify that a site cannot support a pollution-free drinking water well, the health department will not issue other permits that allow construction until municipal water is connected to the property. By understanding conditions before a property is developed for residential use, we can prevent unsafe drinking water from unintentionally becoming accessible.

Over the years, the plume has changed in position, speed, and orientation, and the policy has been responsive to new potential groundwater threats. Most recently, we collaborated with Custer Township in 2017 to expand the policy into sections of that township, since the plume has begun to move in that direction.

The health department, by working with regulatory agencies and area partners, has built strong relationships and a common mission to prevent risks to area residents. The health department has worked with local stakeholders, including Antrim County Board of Commissioners, Antrim County United Through Ecology (ACUTE), Lake Associations, and realtors, and engaged the public at numerous community meetings. We continue to work together to educate the public and to stay engaged in the many activities revolving around the TCE plume responses and remedies.

Practice #6

Replace outdated organizational practices with **state-of-the-art** business, accountability, and financing systems.

The evolution of modern health departments into chief health strategists necessitates that we adopt the best organizational practices of the business world. We need to demonstrate that we are innovative, efficient, effective, transparent, and accountable. Continuing our long history of responsible stewardship of public resources, we bill insurances and providers whenever possible and share grant funding with partner organizations when this will create efficiencies. We create cross-jurisdictional sharing agreements with other health departments to maximize resources. We take advantage of new training for our workforce to meet the new and changing demands of public health. We consistently seek accreditation from multiple bodies and publish financial reports to ensure transparency and accountability. We continually to seek to improve our programs and processes to provide the highest quality services to our communities.

Adding New Skills at Every Turn

By: Anne Proctor, M.A.
Public Health Technician

During the summer of 2017, six Public Health Technicians received training for certification as Community Health Workers. As Public Health Technicians, these valuable staff members served as a resource to connect community members with Health Department programs and services. The additional training as Community Health Workers enhanced the work they already do in our communities by adding more direct work with families, including home visiting.

Community Health Workers build relationships with families to determine each family's goals and to offer resources to achieve those goals. Community Health Workers have aided in building communities by increasing health knowledge and encouraging self-sufficiency of families by providing advocacy and support.

The training involved 126 learning hours over eight weeks in a college-level course in Traverse City. The training was available through a partnership with the Northern Michigan Community Health Innovation Region. Course work included conducting a Neighborhood Resources Survey to catalog community resources to share with families. With this training as Community Health Workers, these dedicated staff have furthered their abilities to be on the frontlines linking families to resources in their community to promote, maintain and improve the health of families.

This cross-training of skill sets will benefit the health department by adding more flexibility to serve families. With the skills of both Public Health Technicians and Community Health Workers, they will be able to better direct services to families, provide outreach to the community for health department services, build relationships with community partners, and address the Social Determinants of Health to improve the health of families and communities.

Food and Water Protection
Continuously Improve

By Brandon Morrill, MPA, REHS, Food Program Coordinator
Scott Johnston, REHS, Public Water Supply Program Coordinator

In the past year, we have put in place several program improvements to increase efficiency in the work we do in the Environmental Health Division. Among the many improvements we made in 2017, the changes made to our Food and Public Water Supply Programs stand out. Through these programs, we are responsible for the oversight of over 1,200 facilities, serving tens of thousands of people every year. Whether it's a hamburger at one of our local restaurants or drinking water served to our children at their local area school, public health is working behind the scenes to assure the community's safety.

Food Program

Our Food Program has changed to follow the national model of shifting inspection focus from reactive to proactive, by evaluating food operations and focusing on areas that present the highest risks to food safety. This is known as a "risk-based" inspection approach.

In 2017, the health department enrolled in the Voluntary National Retail Program Standards through the Food and Drug Administration and other State partners. This allowed us to conduct a comprehensive program evaluation and to compare our program with food programs nationwide.

Enrollment also provided grant funding to purchase equipment and implement best practices using evidence-based techniques. This has allowed us to save time and to focus on the primary risk factors responsible for foodborne illness:

- ***Improper holding temperatures of potentially hazardous foods***
- ***Improper cooking temperatures***
- ***Dirty or contaminated equipment***
- ***Poor employee health or hygiene***
- ***Foods from unsafe sources***

Public Water Supply Program

Similarly, we have made some significant changes to our Public Water Supply Program to increase efficiency. In 2017, we centralized our program. Now, one program coordinator oversees the program for all our county offices, rather than it being administered out of four offices separately.

We also created a new email database for the Northern Michigan Regional Laboratory, which conducts water testing for almost all the public water systems in our district. This allowed us to more rapidly communicate with facilities and deliver water sampling reminders and correspondence. It has also been valuable in our work with a pilot project with the State, reducing time spent on data entry. These changes have increased our program compliance to above 98%.

We continue to push ourselves to continuously improve the quality of our programs to provide the best service to our clients and the highest level of public health protection for our communities. By capitalizing on the internal strengths of our employees and sharing best practices among our partnering health departments, we remain public health leaders in the region.

Nationally Recognized
Home Care and Hospice Services

By: Tina Lamont, RN
Director of Home Care and Aging Services

In April and May of 2017, the Home Care and Hospice division was surveyed by our accreditation agency, Community Health Accreditation Partner. In addition, we were surveyed by the federal accreditation agency, the Centers for Medicare and Medicaid Services. These surveys issue a seal of approval that assures patients and families that the organization has met or exceeded the highest standards for quality of care. Patients and families immediately know that they can trust the care from an accredited agency! The surveying agencies are created by nationally recognized industry experts who represent patients and families receiving care.

All surveys are unannounced and entail joint visits to patients, record review, policy review, financial review and interviews with medical staff. Proudly, the Home Care and Hospice division passed all surveys successfully! The success of the positive surveys is due to the excellent care of our patients by the amazing staff that works in the field and behind the scenes to promote health and wellness for those in need.

Additionally, the Hospice division received an Award of Distinction in Patient Satisfaction for the third year in a row. This award is for those agencies in the top 25% in the nation with the best overall patient satisfaction, one of the most important measures of quality. Fazzi National Patient Satisfaction Service, the organization that awards the distinction, is one of home care's oldest, largest and most respected patient satisfaction benchmarking systems in the country. The division is honored to receive this award again! Patient care is our top priority, so this recognition means a lot to our team of nurses, aides, therapists and all the support staff.

More Coordination Means Faster Emergency Response

By: Dennis Halverson
Emergency Preparedness Coordinator

A potential public health threat affecting communities across our region recently tested the value and effectiveness of our new cooperative emergency preparedness team, Northern Michigan Public Health Emergency Preparedness (NMPHEP). NMPHEP was created to coordinate emergency response activities among the Health Department of Northwest Michigan, Grand Traverse County Health Department, and Benzie-Leelanau District Health Department.

It all started with a large quantity of strawberries that were harvested in Egypt and transported to the United States.

After these strawberries arrived and were distributed to various wholesale food vendors, it was discovered that these berries may have been contaminated with the hepatitis A virus before arriving in the United States. The State of Michigan traced the path of the berries from the wholesale vendors to Northwest Michigan retail outlets.

Hepatitis A is a serious, potentially fatal liver disease. If it found its way into our local food supply, this would warrant a public health emergency response.

Prior to the creation of NMPHEP, this threat would have resulted in three different Northern Michigan health departments reacting separately – likely in three different ways. They would have responded with three sets of news releases; three different response plans; three different public information call centers; and three sets of budgets, just to name a few duplications.

These duplications, combined with multiple and uncoordinated messages with our public, can create unnecessary confusion about what to do and whom to call about concerns and questions. Confusion then leads to lower confidence in our public health leaders. In addition, duplication expends health department resources inefficiently in an uncoordinated and localized manner.

But the response to the strawberry threat, with the combined and coordinated resources of NMPHEP, set a new way forward. We were able to reduce or eliminate the duplication of efforts and deliver information and directions to the community from a single source. We established one number for people to call across seven counties, improving accessibility while reducing the risk of inconsistent information and confusion. All the contaminated strawberries were safely recalled, and no one in Northern Michigan was infected with Hepatitis A.

Illnesses and public health threats don't start or stop at county lines. Traditional reactions and siloed responses to a threat of the public's health are insufficient. The enhanced efficiencies and effectiveness that our innovative response capability demonstrated has resulted in recognition on both the state and national levels.

We believe this kind of collaboration is the future in meeting community expectations in reacting to, or planning for, large scale threats to the public's health.

2017 Finances

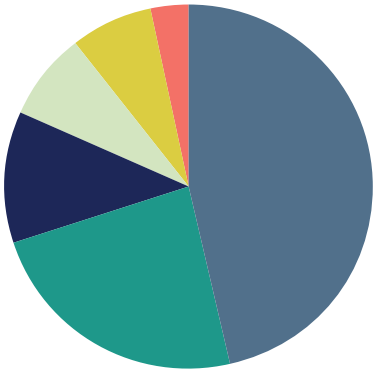
Health Department of Northwest Michigan Statement of Revenues, Expenditures and Changes in Fund Balance

SEPTEMBER 30, 2017*

REVENUES AND OTHER SOURCES	HDNW	DENTAL	TOTAL
State/Federal Grants	$6,047,469	$2,218,544	$8,266,013
Appropriations from Local Units of Government	757,876		757,876
Fees and Collections	3,431,471	7,486,323	10,917,794
Community Grants and Donations	914,184		914,184
Total Revenues and Other Sources	**$ 11,151,001**	**$9,704,867**	**$20,855,868**
EXPENDITURES			
Personnel Services	$7,405,840	$398,490	$7,804,330
Supplies	997,305	796,538	1,793,843
Contract and Professional Services	1,846,799	6,726,387	8,573,186
Communications	93,090	50,174	143,263
Travel	336,184	54,440	390,624
Space Costs	404,765	325,783	730,549
Other Expenses	291,809	793,894	1,085,703
Equipment	43,114	2,402	45,516
Total Expenditures	**$11,418,905**	**$9,148,108**	**$20,567,013**
NET FUND BALANCE CHANGE	**(267,904)**	**556,759**	**288,855**
Beginning Fund Balance	**$3,304,757**	**$3,109,934**	***$6,414,691***
Adjustments*	**421,837**	**(421,837)**	
Ending Fund Balance	**$3,458,690**	**$3,244,856**	***$6,703,546***

* FY2017 financial information is for a 9-month period due to HDNW changing its fiscal year-end from December 31 to September 30. The change was made to coincide with the State of Michigan's fiscal year. As a result, FY2017 is a short year: January 1 - September 30, 2017.
** Adjustments in the fund balance were: $213,869, MyInsight expenses covered by prior year Meaningful Use revenue in dental fund balance; $200,000, prior year repayment of an advance receivable reflected in the dental fund balance; and $7,968, expenses in the Seal Michigan program being covered by prior year surplus in the dental fund balance.

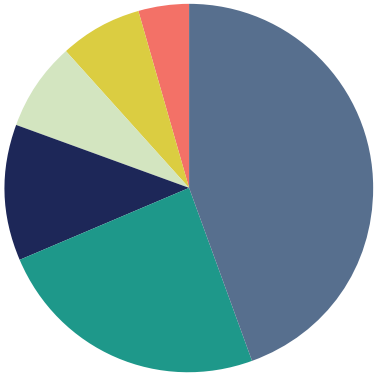
REVENUE BY DIVISION



- **Dental Clinics North:** *$9,704,867*
- **Family Health:** *$4,927,691*
- **Community Health:** *$2,415,042*
- **Environmental Health:** *$1,643,530*
- **Home Care & Aging Services:** *$1,516,776*
- **Other:** *$647,962*

TOTAL INCOME *$20,855,868*

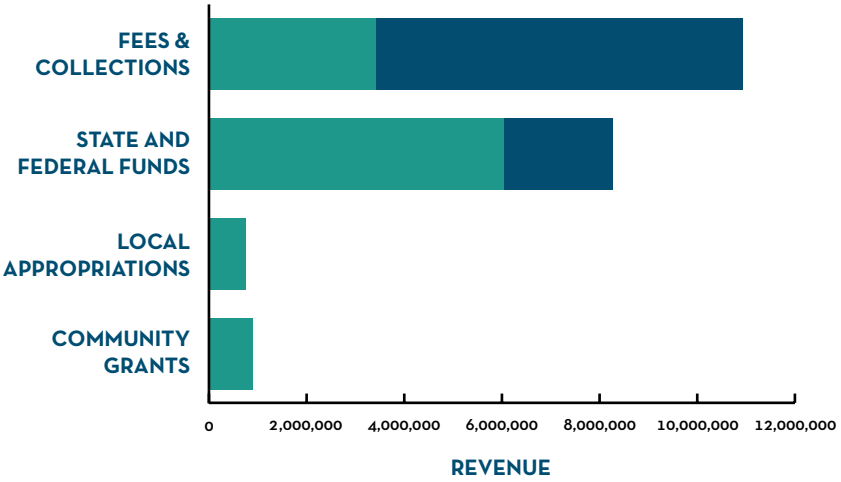
EXPENSES BY DIVISION



- **Dental Clinics North:** *$9,148,108*
- **Family Health:** *$5,004,520*
- **Community Health:** *$2,469,026*
- **Environmental Health:** *$1,582,738*
- **Home Care & Aging Services:** *$1,499,952*
- **Other:** *$862,669*

TOTAL EXPENSE *$20,567,013*

REVENUE BY FUNDING SOURCE



	HDNW	Dental
Fees & Collections:	*$3,431,472*	*$7,486,323*
State & Federal Funds:	*$6,047,469*	*$2,218,544*
Local Appropriations:	*$757,876*	*$0*
Community Grants:	*$914,184*	*$0*
TOTAL:	*$11,151,001*	*$9,704,867*

TOTAL *$20,855,868*

GRANTS AND COMMUNITY SUPPORT 2017

Alcona Health Center
Antrim Co High Tea
Association of Food & Drug Officials
Bellaire Lioness Club
Brenda Renner
Char-Em United Way
Charlevoix Co Community Foundation
Comm Anti-Drug Coalition of America
DHD 10
Gaylord Country Club
Jack Walczak
McLaren Northern Michigan Hospital
Michigan Assocation of United Way
Michigan Department of Health & Human Serv
Michigan Department of Agriculture & Rural Development
Michigan Department of Environmental Quality
Michigan Fitness Foundation
Michigan Health Endowment Fund
Michigan League for Public Health
Michigan Primary Care Assoc
Munson Healthcare Charlevoix Hospital
Munson Medical Center
National Net Of Public Health Inst
Northern Health Plan
Northern Michigan Regional Entity
Otsego Co Community Foundation
Otsego Memorial Hospital
Petoskey-Harbor Springs Area Comm Foundation
Possibilities for Change
Rotary Club of Petoskey
Substance Abuse and Mental Health Services Admin
The Christ Child Society of Northern MI
Tobacco Free Michigan
Traverse Regional Comm Foundation
Ward & Elis Gallery
Wexford Missaukee Inter School District
Zonta Club of Petoskey

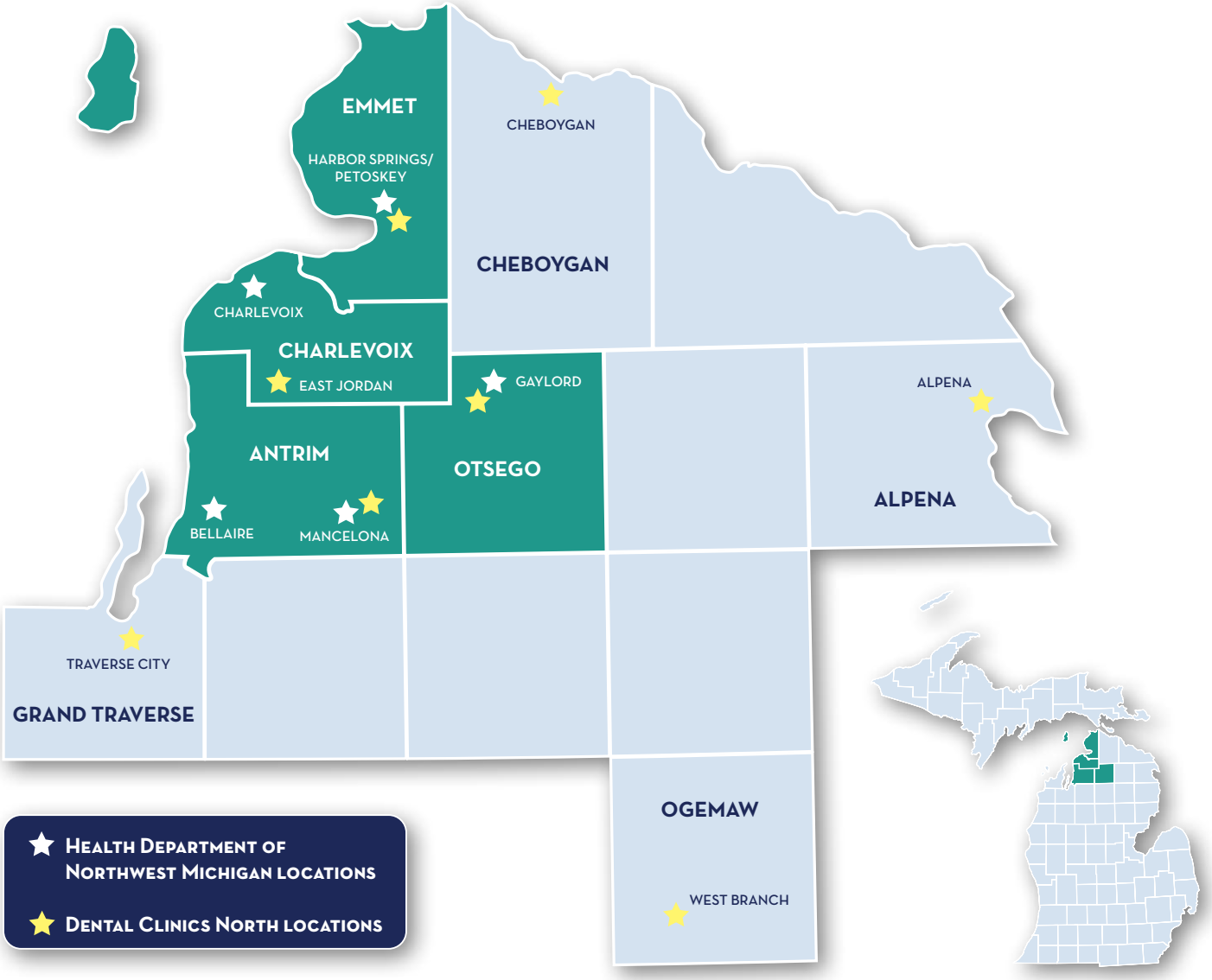
DENTAL CLINICS NORTH COMMUNITY PARTNERS 2017

Benzie County COA
Char-Em United Way
Charlevoix County Community Foundation
Commision On Aging Grand Traverse
Emmet County Senior Grant
Head Start
Leelanau County Senior Services
Michigan Health Council
Michigan Rehabilitation
Petoskey-Harbor Springs Area Community Foundation
Rotary Charities of Traverse City
Salvation Army
Smiles on Wheels
Veterans Affairs

HEALTH DEPARTMENT of Northwest Michigan

HEALTH DEPARTMENT of Northwest Michigan

ANTRIM
CHARLEVOIX
EMMET
OTSEGO



ANTRIM
Ironmen Health Center
Mancelona, MI

CHARLEVOIX
Rambler Wellness
Boyne City Elementary and Middle Schools
Boyne City, MI

EMMET
Hornet Health Center
Pellston High School
Pellston, MI

OTSEGO
Gaylord Blue Devil Wellness Center
Gaylord High School
Gaylord, MI

find us on facebook

800.432.4121
www.nwhealth.org

Home Care & Hospice: 800.551.4140
Dental Clinics North: 877.321.7070
Dental Clinics North Website:
www.dentalclinicsnorth.org