

Rising to the Next Level

of Public Health 3.0



***District Health
Department #10***
Healthy People, Healthy Communities



2019 ANNUAL REPORT



“ For he who has health has hope; and he who has hope has everything.

– Owen Arthur

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Letter from Health Officer and Medical Director

On behalf of District Health Department #10 it is my pleasure to present to you our 2019 Annual Report.

Each year our Annual Report provides us with the opportunity to share our accomplishments and challenges from the previous year as well as provide you with what we believe will be the new emerging issues facing the department and our communities. This report serves not only as an opportunity for us to share information and data with you, but also as an opportunity for us to connect with our community members and partners. It is a chance for us to strengthen your understanding of Public Health and its role in building and maintaining healthy communities.

Public Health is not the name of an employer, but rather it is a whole way of life. Public Health is what we all do together as residents and communities to ensure the conditions necessary in which all can be healthy. We, the public health practitioners, work to protect and improve the health of our families and communities by promoting and supporting healthy lifestyles, conducting research, responding to emerging public health emergencies, and detecting and controlling infectious diseases (CDC Foundation). Public Health achieves this through policy, systems and environmental changes as well as through population-based efforts designed to create better health outcomes and well-being for all.

The theme for our 2019 Annual Report is **“Rising to the Next Level of Public Health 3.0”** and builds off of the theme of last year’s report “Moving Forward to Public Health 3.0”. Included within this report is general information on our agency, our strategic plan benchmarks, fiscal information, county and jurisdiction-specific data, divisional highlights, and examples of the recommendations to carry Public Health 3.0 forward. We continue to address Public Health 3.0 because we believe this represents the new direction for public health. As part of this new direction, public health will assure that the social determinates of health (or upstream determinants of health) and collaboration across non-traditional sectors, becomes part of our operating processes. Most importantly, as public health practitioners, we must embrace the role of Chief Health Strategist, or someone who builds coalitions that investigate and take action to make meaningful progress on community health issues. Continuing along this course will require that we build off the foundation we have already laid for Public Health 3.0. Accomplishing all of this will require us to continue the culture change process underway within our department as well as assuring for a competent public health leadership and workforce resulting in a strong foundational infrastructure.

In moving forward, our continued efforts to achieve the challenges listed above will determine how successful we are in improving and maintaining the health of our communities and residents. Please know that the leadership and staff of District Health Department #10 remain steadfast in our commitment to our mission of “Healthy People, Healthy Communities.”

To your health!



*Kevin Hughes, M.A.
Health Officer*

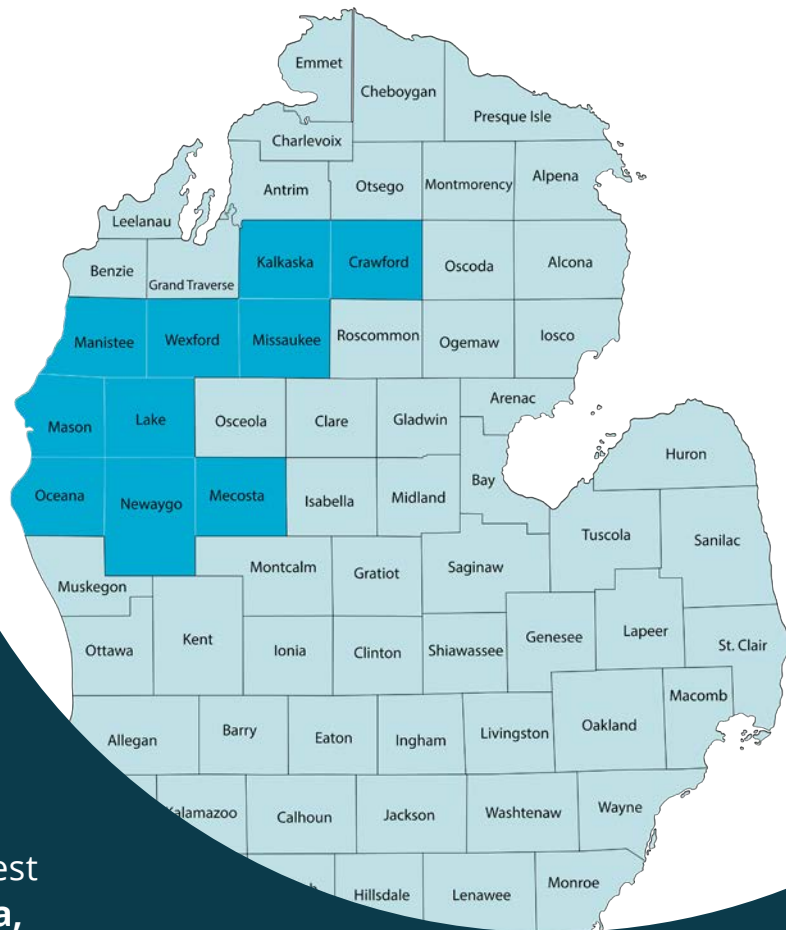


*Jennifer Morse, MD, MPH, FAAFP
Medical Director*

About Us

District Health Department #10 was formed October 1, 1997, through the consolidation of four health departments into one organization. DHD#10 is the largest geographical health department in Michigan and is the tenth largest based upon population.

We serve 10 counties in northern and west Michigan, including: **Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Oceana, Newaygo, and Wexford.**



Our Mission

To promote and enhance
the health of our communities
and environment through
protection, prevention,
and intervention.



Our Vision

Healthy People, Healthy Communities

Our Values

Integrity
Responsibility
Accountability

Customer Service
Positive Attitude
Communication

6 Functions of Public Health Governance



1

Policy Development

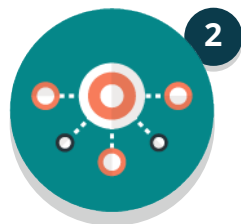
Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring the agency remains consistent with the laws and rules to which it is subject.



4

Partner Engagement

Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.



2

Resource Stewardship

Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.



5

Continuous Improvement

Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities.



3

Legal Authority

Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.



6

Oversight

Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

10 Essential Public Health Services



1

Monitor health status to identify community health problems



2

Diagnose and investigate health problems and health hazards in the community



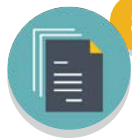
3

Inform, educate, and empower people about health issues



4

Mobilize community partnerships to identify and solve health problems



5

Develop policies and plans that support individual and community health efforts



6

Enforce laws and regulations that protect health and ensure safety



7

Link people to needed personal health services and assure the provision of health care when otherwise unavailable



8

Assure a competent public health and personal health care workforce



9

Evaluate effectiveness, accessibility, and quality of personal and population-based health services



10

Research for new insights and innovative solutions to health problems

2019 Board of Health

● Phil Lewis; Shelly Pinkelman; Alternate - Laurie Jamison	Crawford
● Patty Cox; James Sweet; Alternate - Dave Comai	Kalkaska
● Betty Dermeyer; Dawn Martin; Alternate - Christine Balulis	Lake
● Pauline Jaquish; Richard Schmidt (Vice Chair) ; Alternate - Karen Goodman	Manistee
● Steven Hull; Charles Lange (Secretary) ; Alternate - Ron Bacon	Mason
● Tom O'Neil; Ray Steinke (Finance) ; Alternate - Jerrilynn Strong	Mecosta
● Roger Ouwinga; Hubert Zuiderveen (Personnel) ; Alternate - Star Hughston	Missaukee
● Bryan Kolk; Jim Maike (Chair) ; Alternate - Brenda Bird	Newaygo
● Martha Meyette; Denny Powers; Alternate - Dean Gustafson	Oceana
● Judy Nichols; Gary L. Taylor	Wexford



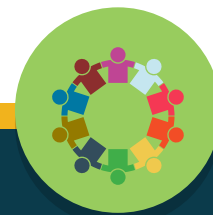
Counties Served

10



Square Miles

5,796



Population Served

263,403



Total Employees

196

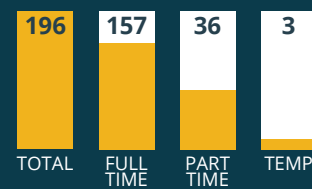


New Employees

19



Workforce



Strategic Plan

Having a strong strategic plan helps guide us and allows us to communicate our organizational goals and the actions we need to achieve these goals. Below is a snapshot of DHD#10's completed work on the 2019 workplan indicating which actions were completed, which are on track, and which have been moved to the 2020 workplan.

PRACTICAL VISION

What do we want to see in place at DHD#10 in three years as a result of our actions?

Satisfied,
Competent
Staff

Accessible,
Client-Centered
Service Provider

Effective
Internal &
External
Communication

Effective,
Efficient
Technology

Fiscally
Sound
Agency

Increased
Community-
Driven
Services

Strong,
Responsive
Infrastructure

Innovative,
Collaborative
Public Health
Leader

STRATEGIC DIRECTION

What innovative, substantial actions will move us toward our vision?

Reformulating Public Health

- Increase Financial Stability
- Improve Client-Centered Access
- Advance Public Health
- Improve Agency Infrastructure

Engaging & Empowering Staff

- Strengthen New Employee Process
- Expand Internal Training

Strengthening Communication & Relationships

- Improve Internal Communications Channels
- Expand External Communications
- Strengthen Community Relations

FOCUSED IMPLEMENTATION

What did we accomplish in 2019?

1st QUARTER 2019

- Expand Grant-Writing Committee
- Review Organizational Structure Assessment & Develop Draft Changes
- Develop Plan for a Workforce Development Assessment & Plan
- Explore New Electronic Health Record (EHR) Options
- Review EWS to Display Staff Evaluation Due Dates

2nd QUARTER 2019

- Implement WD Assessment Tool
- Launch Evaluation Committee for Performance Reviews
- Purchase EHR
- Implement Performance Management System
- Implement Staff Training on Social Determinants of Health
- Develop EWS Report for Supervisors for Staff Evaluation Due Dates

3rd QUARTER 2019

- Expand Grant Writing Committees
- Draft Workforce Development Plan
- Achieve State Accreditation
- Launch PHAB Roadmap to Reaccreditation
- Implement Staff Training on ACES
- Develop a Leadership Training Plan
- Develop a Message Board/Idea Drop Box for Staff Recommendations
- Develop Agency Outreach Plan for FY20

4th QUARTER 2019

- Expand Cross-Jurisdictional Sharing for Workforce Development
- Finalize & Implement Org Structure Changes
- Pilot Performance Evaluation Tools
- Implement Method to Secure Constituent Voice for Agency Program Planning
- Develop Plan for Trauma Informed Agency and ACES Community Response
- Establish an Ethics Committee
- Create Online Training for Agency Technology
- Explore Cross-Divisional Training

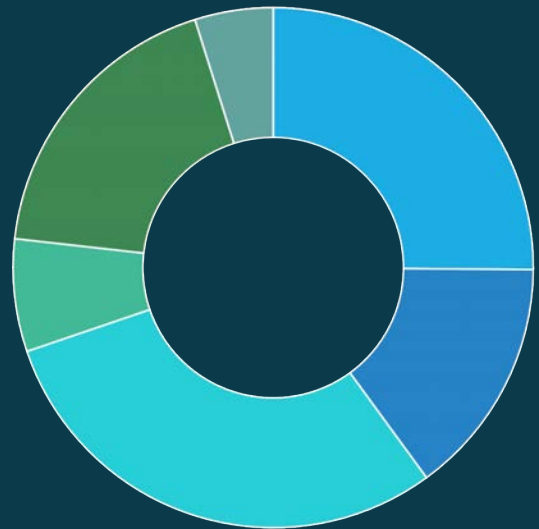
- Completed
- On-Track
- Moved to 2020 Workplan

Administrative Services

Responsible fiscal management and transparent fiscal reporting allows DHD#10 to continue to deliver essential public health services while maintaining the public's trust.

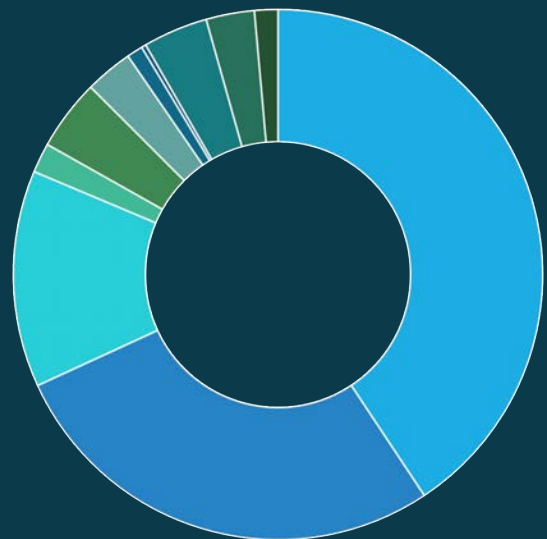
REVENUES

State/Federal Funding	25.12%
County Appropriations & Space	14.85%
Billing Income/Fees	29.82%
Essential Local Public Health Services	7.00%
Other Grants/Contracts	18.36%
MCDC/Other Services	4.86%



EXPENDITURES

Personnel Costs (Wages/Fringes)	68.56%
Wages	46.30%
Fringes	22.25%
Travel	3.06%
Supplies	7.30%
Contractual	4.93%
Communications	1.65%
Capital Outlay	0.47%
Space	6.67%
MCDC/Other Services	4.97%
Other:	2.40%
Maintenance, Education/Training, Liability Insurance, Printing/Publishing	



Division Highlights

The skilled staff in each division of DHD#10 works tirelessly to promote and enhance the health of our communities and environments. Here are some of our program highlights over the past year.

PERSONAL HEALTH



Total Immunizations

9,414



Total Flu Shots

5,174



Maternal Infant Health
Program-Maternal Visits

3,161



Maternal Infant Health
Program-Infant Visits

6,796



Children's Special Health
Care Services

2,401



Hearing Screenings -
Preschools & Schools

8,450



Vision Screenings -
Preschools & Schools

14,963

WIC



Average Monthly
Enrollment

7,638



% Return Rate

95.8



Project Fresh Coupons
Distributed

4,555



Value of Project Fresh
Coupons Distributed

\$113,875



Child Lead Screenings

1,976



Dental Services (Fluoride
& Oral Screenings)

2,915



Breast Feeding Peer
Counselor Services

1,635

ENVIRONMENTAL HEALTH



Radon Kits Distributed

307



Septic Permits

1,500



Well Permits

1,635



Building Permit Approvals

331



Food Operation
Inspections

1,657



Child Care Inspections

199



Campground Inspections

250



Tanning Salon Inspections

43

HEALTH PROMOTION

Community Programs



Worksite Wellness
Participants

1,255



Individuals Impacted by
Nutrition Education

238



Tobacco Treatment
Referrals

294



Diabetes Prevention Program
Pounds Lost by Participants

117



Girls on the Run
Participants

248

Substance Use Prevention Programs

Mason, Lake, Oceana, Missaukee, Wexford



Adults Reached in
Community Education

3,426



Students Reached in
School Programs

443



Students Attending
Youth Summit

96



Alcohol Server Training
Participants

52



Active Community
Coalitions

7

Family Health Programs



Family Planning Services
Provided to Clients

2,831



Breast & Cervical Cancer
Screenings

398



Colorectal Cancer
Program Screenings

78



Wisewoman Program
Participants

89



Community Connections
HUB Client Encounters

5,371



LiveWell For Your Health
Facebook Impressions

69,908



LiveWell For Your Health
Website Views

14,829

Adolescent Health Centers

Brethren Wellness Center; Chippewa Hills Wellness Center; Hart Adolescent Wellness Center; Lake City Wellness Center; Manton/Mesick Wellness Centers; Shelby Adolescent Health Center; Viking Wellness Center; Wexford Adolescent Wellness Center



Medical Services Provided
to Students

2,098



Behavioral Services Provided
to Students

2,102

Rising to the Next Level

of PUBLIC HEALTH 3.0

In the past century, public health in the United States has made great strides to improve conditions in which everyone can be healthy. Compared to 50 years ago, people are living longer, smoking rates among adults and teenagers is less than half what it was, and more people have health insurance than ever before. Public health continues to evolve in order to rise to meet the needs of every individual.

PUBLIC HEALTH 1.0

Beginning in the late 19th century and lasting through the first half of the 20th century, the period known as Public Health 1.0 saw enormous successes including the development of vaccines and antibiotics, systemizing sanitation, improving food and water safety, and expanding epidemiology and laboratory science. However, there was still an issue with access to care, requiring public health to provide more clinical care instead of preparing for new health threats.

PUBLIC HEALTH 2.0

Emerging in the second half of the 20th century, the period of Public Health 2.0 recognized that new public health threats, such as HIV/AIDS and chronic diseases, required a major adjustment to the public health system. A set of common

core functions was established, and performance standards for governmental public health agencies was developed and implemented. These changes made a significant impact; however, they focused primarily on traditional agency programs within public health.

PUBLIC HEALTH 3.0

A new period for public health is emerging, taking an expansive approach that encompasses the overall health of entire communities. It is a period that emphasizes cross-sector collaboration, policy making, and systems-level actions that directly impact the social determinants of health. Public Health 3.0 requires that health disparities be addressed by incorporating health in all areas of governance. It requires that public health leaders take on the role of Chief Community Health Strategist through engagement with community stakeholders, and by developing partnerships with sectors outside of public health to collaborate and work towards the same goals. By doing this, every person within each community will have access to the same valuable resources that influence their overall health and well-being where they live, work, play, and age.

SOURCE: Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century.

5 Key Components

of PUBLIC HEALTH 3.0

In 2016, a team from the United States Department of Health and Human Services went around the country to find out what strategies public health agencies were taking to align with the Public Health 3.0 vision. They zeroed in on 5 diverse communities that are taking innovative approaches to address the social, environmental, and economic determinants of health. From these listening sessions with each community, five common themes emerged:

01

Strong Leadership and Workforce

Public health leaders should embrace the role of Chief Health Strategist for their communities—working with all relevant partners so that they can drive initiatives including those that explicitly address “upstream” social determinants of health.

02

Strategic Partnerships

Public health departments should engage with community stakeholders to form vibrant, structured, cross-sector partnerships designed to develop and guide Public Health 3.0-style initiatives and to foster shared funding, services, governance, and collective action.

03

Flexible and Sustainable Funding

Funding for public health should be enhanced and substantially modified, and innovative funding models should be explored so as to expand financial support for Public Health 3.0-style leadership and prevention initiatives.

04

Timely and Locally Relevant Data, Metrics, and Analytics

Timely, reliable, granular, and actionable data should be made accessible to communities throughout the country, and clear metrics to document success in public health practice should be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.

05

Foundational Infrastructure

Public Health Accreditation Board (PHAB) criteria and processes for department accreditation should be enhanced and supported so as to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments.

Workforce Development

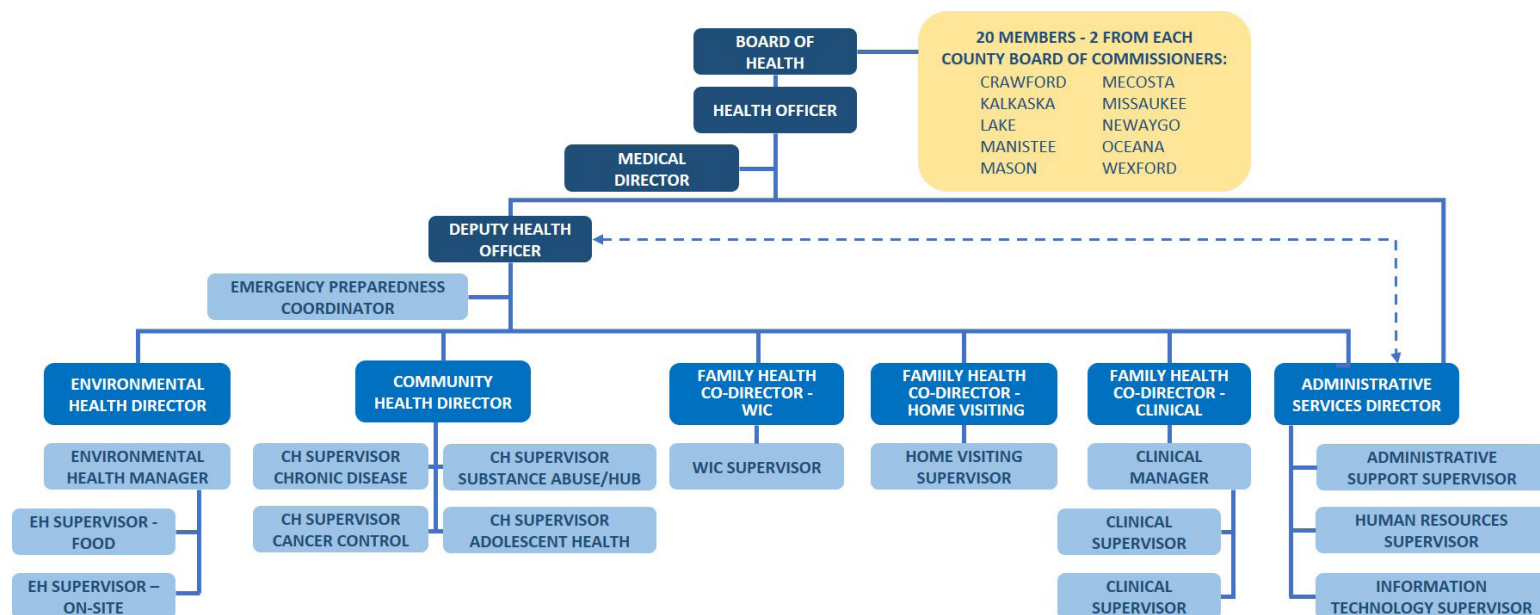
A commitment to Workforce Development is essential in ensuring a competent public health infrastructure. To support our efforts at DHD#10, we implemented a Public Health Core Competency Assessment tool with our staff to identify areas of strength and areas of need for developing skills. The assessment included the following **8 Core Competency** skill domains:



The assessment was used to develop DHD#10's Workforce Development Plan for 2020-2025. Efforts will focus on developing an annual workplan to identify training opportunities to build skills of our public health workforce over the coming years.

New Organizational Structure

In August of 2019, District Health Department #10 completed the process of assessing and revising its organizational structure. The process was completed over the course of 2 years and involved staff surveys, leadership team focus groups and Division Directors input. In starting this process, District Health Department #10 wanted to assure that it was positioned appropriately to respond to current and future public health issues/threats including assuring it has a competent public health workforce. Within the revised organizational structure, District Health Department #10 is now comprised of six divisions.



Annual All-Staff Meeting

Every year in the fall, at the end of District Health Department #10's fiscal year, a meeting is held that engages the entire DHD#10 staff. It is a time to report on the successes and accomplishments of the past year and to recognize employees for their milestones of services. Reports are given from the Health Officer, the Deputy Health Officer, the Directors of each division, and from DHD#10's Epidemiologist. Each All-Staff meeting also has a keynote speaker that provides an educational presentation to enlighten staff on important topics.

At 2019's All-Staff Meeting, the keynote speaker was Dr Michael Dunphey who gave an informative presentation on work/life balance. Additionally, DHD#10 staff were given training on bloodborne pathogens.



Northwest Michigan Chronic Disease Prevention Coalition

DHD#10 facilitates the Northwest Michigan Chronic Disease Prevention Coalition (NMCDPC), an 11-county collaborative focused on strengthening the prevention and early detection of diabetes, hypertension, tobacco use and dependence, obesity, cancer, and cardiovascular disease. The vision of the NMCDPC is “to improve the quality of life through an area wide organization by providing a collaborative delivery of services based upon community needs.”

Chronic Disease Prevention Summit

The NMCDPC hosted an annual “Power of Collaboration” Summit in September 2019, with 55 attendees. The keynote speakers for the event included Theresa Roach from the Crim Fitness Foundation, who spoke about the “Power of People, Place, and Policy” for activating communities, and Meghan McDermott from the Groundwork Center for Resilient Communities, who spoke about connecting community resources to address food insecurity. A round-robin presentation from organizations throughout the 11-county region provided attendees with a snapshot of diverse programs that address chronic disease, from senior wellness and vaping prevention initiatives, to wellness resources at community libraries and parks.



Regional Perinatal Workgroups

Implementing Perinatal Care Systems, within the Life Course context, was part of Michigan’s Infant Mortality Reduction Plan of 2016-2019. The goal was to assure that mothers are healthy, and babies are healthy and thriving. Perinatal Care Systems are a locally linked and coordinated network of services for mothers and their babies committed to the highest attainable standard of health care available in Michigan.

The Perinatal Care System for Prosperity Regions 2 and 3 was formed in 2011; Prosperity Region 4 began in 2016. Partners were charged with assessing maternal child health community needs, opportunities, and resources; analyzing the findings related to Regional Perinatal Care Systems; identifying strategic objectives; creating a Work Plan; implementing the Work Plan; and continuing with Plan, Do, Study, Act.

For creating regional and community change, each Regional Perinatal Care System identified two to three beginning focus areas for improvement. Both Regions 2 and 3, and Region 4, have been focusing on increasing the utilization of existing home visiting services and screening pregnant women for substance use. For screening of substance use, Regions 2 and 3 are using “High Touch-High Tech” and Region 4 is using the “5 P’s” screening tool.



Dental Health is Public Health

The significance of dental health as a public health strategy has a long history of support within the DHD#10 communities. This is evidenced overtime with our commitment to partnering with community based dental center where we advocate for expansion of clinics to meet the needs of the underserved populations in our rural communities, link residents to dental homes, and educate our communities on the importance of good dental health in overall health and well-being. DHD#10 works in close partnership with two entities—**My Community Dental Centers (MCDC)** and **Dental Clinics North (DCN)**—for the purposes of supporting oral health outreach and education across the region. The primary population served by both MCDC and DCN is the Medicaid and low-income uninsured, although since 2018, MCDC has expanded to include serving those covered under private insurances.



Within the DHD#10 health jurisdiction, MCDC operates four dental centers in collaboration with the agency in the counties of Manistee, Mecosta, Oceana and Wexford to assure that the at-risk population has access to low -cost, high quality dental services. However, all ten counties of the DHD#10 jurisdiction are covered by MCDC or DCN clinics operating in neighboring counties. The numbers served are included in the data supplement.

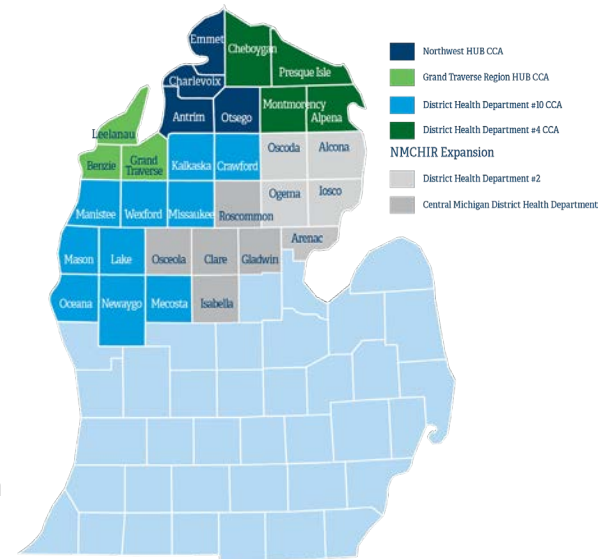
Northern Michigan Community Health Innovation Region Expansion

A Community Health Innovation Region (CHIR) is a unique model for improving the well-being of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of a community. The result is a community that is purposeful in its response to residents needs, creating conditions that meaningfully support an individual's ability to have a higher, more productive quality of life.

In 2016, with federal resources through a State Innovation Model grant, the Northern Michigan Community Health Innovation Region (NMCHIR) was formed, as part of the Northern Michigan Public Health Alliance (NMPHA), to serve the communities of Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. In 2019, based upon the successes achieved by the NMCHIR, a plan was created to expand the footprint of the NMCHIR into all 31 counties served by the NMPHA. As part of this plan, three separate sub-regions of the NMCHIR would be created including the North-West CHIR, South-Central CHIR and the North-East CHIR. DHD#10 staff are involved in the staffing infrastructure to support both the original NMCHIR and the development of the expanded CHIR sub-regions.



NORTHERN MICHIGAN COMMUNITY HEALTH INNOVATION REGION



Tencon Funding

The Tencon Health Plan (THP) was created in 2004 as a collaborative effort between District Health Department #10, the counties making up the jurisdiction, and the local hospitals as a strategy to address the uninsured population. Beginning in 2004, the THP provided limited health care coverage to the Adult Benefit Wavier enrollees who were indigent individuals, between the age of 18 and 64, and had incomes less than 135%

of poverty per an agreement with the State of Michigan. In 2005, the THP began utilizing Disproportionate Share Hospital (DSH) funds provided by the partner hospitals to provide limited healthcare coverage benefits to uninsured adults, age 18 to 64 with incomes below 150% of the federal poverty level. In April of 2014, with the implementation of the Affordable Care Act and Michigan's Medicaid expansion, the focus of the Tencon Health Plan shifted from providing limited healthcare coverage to providing resources to address public health issues impacting the vulnerable population within the jurisdiction.



In September of 2019, the Tencon Board of Directors moved to dissolve the Health Plan and created an endowment fund with the Plan's remaining resources. This endowment was created to establish a sustainable funding plan for the purposes of providing a small amount of funding annually to support: priorities identified through the Community Health Needs Assessment and Health Improvement Plan. Priorities include issues impacting the at-risk and medically underserved populations, enhancing collaborative partnerships within the jurisdiction, and/or improving efficiencies in providing population based health services. This change will provide a legacy to the initial intent of the Tencon Health Plan in an effort to continue it's work of providing a safety net to those most in need in our communities.

Lead Innovation Grant

District Health Department #10 continues to utilize the Childhood Lead Exposure Elimination: Innovation Grant. The first grant year period was June 1st, 2018 to May 31st, 2019. The focus was to expand lead safety education and resources to pregnant women and families with infants. Tasks included providing training and resources to WIC, home-visiting, and OBGYN office staff so they would be comfortable screening clients for lead dust exposure risk and providing education and training. Every grant objective was met or exceeded. 18 total trainings were provided to community groups, WIC, home-visiting and OBGYN office staff. 150 lead-safe cleaning kits were distributed to at-risk families.



The second grant year period is June 1st, 2019 to May 31st, 2020. The focus is to expand blood lead testing to all child participants (regardless of insurance status) and to extend lead-safe education and resources to child care centers. Currently, all WIC clinics in the ten-county service area provide blood lead testing to all child participants. Eight child care centers have been provided with lead-safe education and/or resources. 37 lead-safe cleaning kits have been distributed to at-risk families.

Health Plan Reimbursement

Through the work of the Northern Michigan Community Health Innovation Region (NMCHIR), District Health Department #10 continues to explore opportunities to provide reimbursable services for clients provided by Community Health Workers via the Community Connections program. In 2019, Community Connections began collaboration with Medicaid Health Plan to reimburse for services provided by Community Health Workers to navigate individuals in addressing non-clinical community resource navigation such as housing, health insurance navigation, access to food resources, and other social determinants of health. District Health Department #10 continues to build relationships with Medicaid Health Plan partners to expand opportunities to multiple health plans.



NORTHERN MICHIGAN
COMMUNITY
HEALTH
INNOVATION
REGION



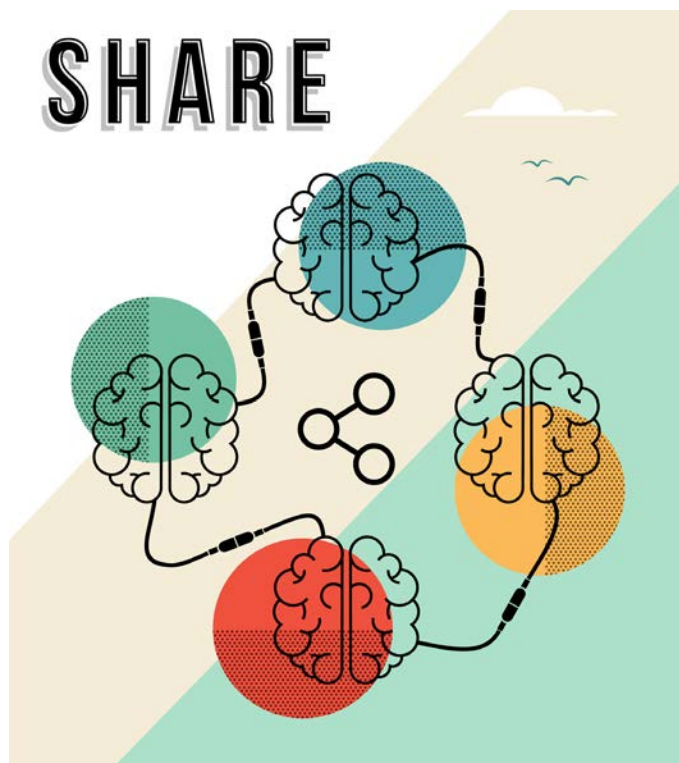
COMMUNITY
connections

Cross-Jurisdictional Training

DHD#10 continues to work collaboratively with its neighboring health jurisdictions to utilize opportunities to reduce costs thorough Cross-Jurisdictional Sharing agreements with Central Michigan District Health Department and Mid-Michigan District Health Department. Through this unique partnership, CJS efforts continue to target building public health skills through shared regional training of the 370 staff across the 3 agencies, and to improve efficiencies and quality human resource efforts through collaborative engagement between the agencies. In 2019, with funding support from the state, training included both a leadership development plan and efforts aimed at all staff. Leadership Development training targeting topics included Progressive Discipline and Maintaining Morale for Management. All staff training included HIPAA (Health Insurance Portability and Accountability Act) and addressing Cultural Diversity of both staff and our communities. In addition, the project provided targeted training covering “Communicable Disease and Epidemiology” for the environmental health sanitarians and communicable disease nurses.

Another CJS project that DHD#10 took part in was with the Northern Michigan Public Health Alliance (NMPHA). With funding support from the state, the NMPHA formed a Workforce Development Workgroup and implemented a Public Health Core Competency Assessment for each of the 7 local health departments, as well as a regional assessment which led to the establishment of regional priorities for workforce development. Through the efforts of a CJS agreement, the regional assessment and seven individual agency assessments were secured for \$15,000 – individually the estimate combined for the 7 agencies would have been over \$45,000, resulting in a shared savings of the project of over \$30,000.

SHARE



Community Health Assessment & Improvement Planning

District Health Department #10 is committed to responding to community need as evidenced by sound data. The need for accurate and timely data is essential in assuring that decisions are guided by relevant community needs in an effort to improve population health. Our collaborative commitment is evident through our partnership with MiThrive, a regional project designed to bring together over 150 organizations across the 31 counties of Northern Michigan to identify local needs and work together to improve our communities. Approaching data gathering from a collaborative effort results in a robust set of data from non-traditional partners to better inform decision making.



The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to guide the process. MAPP is a community-driven planning tool that applies strategic thinking to priority issues and identifies resources to address them. After six months of collecting data, these key issues were identified: 1) Mental Health and Substance Use; 2) Basic Needs of Living; 3) Sense of Community; 4) Access to Health; 5) Risks for Leading Causes of Death; 6) Community Voice; and 7) Cross-Sector Collaboration.

Throughout 2019, cross-sector community partners, inclusive of public, private, and non-profit, came together multiple times to prioritize identified issues, and create an innovative plan for community improvement. Across the region, Mental Health and Substance Use, as well as Basic Needs of Living (housing, food, transportation, economic security), were prioritized. On-going work to finalize metrics for monitoring improvements around these priorities are underway and will provide shared community goals from which organizations can align their efforts for systems level improvement to move the needle on health outcomes in Northern Michigan.

Michigan Disease Surveillance System

The Michigan Disease Surveillance System (MDSS) allows for the electronic capture of disease data for the tracking and case management of communicable disease. It was developed to facilitate coordination among local, state and federal public health agencies. Michigan's Public Health Code requires that all laboratory and health provider occurrences of reportable communicable diseases get reported to the local health authorities. The Michigan Department of Health and Human Services (MDHHS) and the Michigan Health Information Network (MiHIN) are working with the Digital Bridge initiative to support an electronic case reporting approach for nationwide interoperability, and enhanced delivery of effective disease control and patient care practices.



The MDSS promotes participation from a variety of stakeholders including public health, health care providers and medical laboratories. DHD#10 utilizes MDHHS to securely transfer, maintain, and analyze communicable disease surveillance information. It is used to address needs in many areas of traditional disease surveillance, emergent infectious diseases and biological terrorism.

Strategic Plan

All organizations have a specific mission and vision for what they want to accomplish. How they get to this depends upon their chosen strategies and the course they chart. For DHD#10, these strategies and direction are included in the Departments Strategic Plan. Implemented in 2019, this three-year strategic plan outlines the goals, objectives and strategies which the agency has identified as being necessary to accomplish in order for District Health Department #10 to meet its vision of “Healthy People, Healthy Communities”.



Code of Ethics

DHD#10 is committed to integrating ethic metrics into its public health practice, and addressing ethical issues through an explicit, rigorous, and standard manner employing critical reasoning. The DHD#10 Board of Health and agency leadership firmly believe establishing and abiding by a Code of Ethics defining the standards and principles of ethical practice will enhance overall quality, performance and professionalism; and ensure accountability and community trust. Although law provides the foundation for public health authority to act, it is often broadly framed, leaving much room for administrative discretion about when and how to use public health authority. Ethics plays an important complementary role in helping public health officials determine and justify the appropriate course of action to take. To ensure ethical considerations are integrated into all programs and operations, and ethical issues are addressed through a defined method and consistent process employing critical reasoning, the DHD#10 Board of Health adopted an Ethics Policy and agency Code of Ethics in September, 2019.



State Accreditation

On a three-year cycle, every local health department in the state of Michigan is required to complete the Michigan Local Public Health Accreditation Program. The purpose of this program is to measure a local public health department's ability to utilize continuous quality improvement, follow a uniform set of standards that define public health, assure a local level of capacity to address core functions, and to provide a mechanism for accountability. The governing authority for the accreditation program is the Michigan Department of Health and Human Service, The Michigan Department of Agriculture and Rural Development and the Michigan Department of Environment, Great Lakes and Energy. These three agencies are responsible for creating Minimum Program Requirements (MPRs) for the required and allowable services identified under the public health code which local health departments must meet. Departments not meeting these MPRs are required to develop Corrective Action Plans (CAPs) outlining the steps which will be taken to meet the missed requirements. Certificates of Accreditation will not be awarded to a local health department until it has demonstrated the appropriate corrective actions have taken place. DHD#10 annual review took place in June, 2019. Unfortunately, certain MPRs were not met at that time. CAPs have been submitted and accepted and the department is anticipating being fully accredited sometime in the third quarter of 2020.



Legislator Update

One challenge which faces all local public health departments is the ability to communicate effectively and efficiently with all its stakeholders on issues and accomplishments within the health jurisdiction. State legislators represent one such stakeholder. In an effort to keep this group informed on what is happening in their communities, District Health Department #10 has employed a number of strategies:

Michigan Association of Local Public Health Day at the Capital – each Spring the DHD#10 Health Officer and members of the Board of Health participate in this day long event. Appointments are scheduled with all available legislators for the purpose of sharing current updates and challenges facing the department.



Invitation to December Board of Health Meeting - Annually, as part of the December Board of Health meeting, each state legislator who represents constituents within the health jurisdiction, is invited to attend the meeting. Not only does this provide an opportunity for legislators to share what they have been working on over the year but also enables the Board of Health and agency staff to ask questions on public health related issues.

Monthly Board of Health Update – Following each Board of Health meeting, legislators are emailed a Board of Health meeting report. Included within this report are actions taken by the Board and a summary of each report from all Divisions, our Medical Director, and Health Officer at that month's meeting.

National Public Health Accreditation

DHD#10 has been accredited through the Public Health Accreditation Board (PHAB) since 2015 and annually submits reports on continued compliance and on-going improvements to meet the standards set by PHAB. Feedback from the 2019 annual report included the following overall summary: "DHD#10 reports significant progress towards strengthening its performance management and quality improvement systems over the past year, which will advance preparations for reaccreditation. The agency has taken deliberate steps to foster a culture of quality by aligning its CHIP, strategic plan, and performance management system."

DHD#10 is currently working on its reaccreditation due mid-2020. Work completed in 2019 includes the following mandatory documents: Strategic Plan, Workforce Development and Performance Management System. Efforts continue in preparing documentation of conformity to the PHAB Standards and Measures through the work of an agency wide PHAB team who are responsible for choosing appropriate examples and writing the conformity statements. With the 12 PHAB Domains, work focuses on demonstrating compliance to the 31 Measures, with their 90 Requirements demonstrated by 117 documents. Application to PHAB is due in June with an expectation of securing reaccreditation status by the end of 2020.



“Health care is vital to all of us
some of the time, but public
health is vital to all of us all
of the time.

- C. Everett Koop



Looking Ahead to 2020

Looking ahead to the next fiscal year, DHD#10 faces several challenges, yet we are prepared to meet them head on. Through strategic planning, collaboration with community partners, and good old elbow grease, we head into the next year equipped to achieve our mission of promoting and enhancing the health of our communities and environment through protection, prevention, and intervention.



WHAT'S ON OUR PLATE FOR 2020

- Hepatitis A Outbreak
- PFAS Water Investigation
- Climate Change
- Public Health 3.0
- PHAB Reaccreditation
- Northern Michigan Community Health Innovation Region Expansion

2019 Community Partners

DHD#10 recognizes all of the partnerships and support we receive from numerous outside agencies. With so much cross-jurisdictional sharing, partnerships, and support, we are able to continue offering unique programming and comprehensive public health services to our entire 10-county jurisdiction.

Arbor Circle Corporation	Lake Osceola State Bank
Baldwin Community Schools	Lakeshore Family Dental
Baldwin Family Health Care	Manton Consolidated Schools
Brock A. Johnsen DDS	Mason County Community Foundation
Cadillac Area Public Schools	Mesick Consolidated Schools
Chippewa Hills Public Schools	Michigan Cancer Consortium
City of Big Rapids	Michigan Health Endowment Fund
City of Grant	Michigan State Police
Community Foundation of Mason County	Michigan State University Extension
Community Foundation of Oceana County	Munson Healthcare
Crawford Ausable School District	My Community Dental Centers
Crawford County Community Christian Help	Northern Michigan Community Health Innovation Region
Dental Clinics North	Northwest Michigan Chronic Disease Prevention Coalition
Family Practice of Cadillac, P.C.	Northwest Michigan Health Services Inc.
Ferris State University	Pompeii's Pizza
Fremont Area Community Foundation	Shelby Optimists Club
Fremont Christian Church	Shelby Public Schools
Great Start Collaborative	Shelby Rotary
Hart Lake Family Dentistry	Spectrum Health Big Rapids
Hart Public Schools	Spectrum Health Gerber Hospital
Hart Rotary	St. Stephen's Council of Women
Heather L. Phares DDS	Tencon Health Plan
Kaleva Norman-Dickson Public Schools	The Red Project
Kiwanas Club of Kalkaska	The Wexford-Missaukee Physician Hospital Organization
Lake City Public Schools	Thorton Fund
Lake County Children's Trust Fund	Weidman Lion's Club
Lake County Department of Health and Human Services	West Michigan Community Mental Health
Lake County Habitat for Humanity	Wexford Missaukee Intermediate School District
Lake County Juvenile Court	Woods and Water RV Park
Lake County Michigan Works!	
Lake County Sheriff Dept	
Lake County Trial Court	

Thank You!





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MASON COUNTY

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Ludington, MI 49431
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MECOSTA COUNTY

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MISSAUKEE COUNTY

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***District Health
Department #10***

Healthy People, Healthy Communities

www.dhd10.org

