

annual report



2005

Washtenaw County Public Health

Focused on Prevention

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department overview

The Washtenaw County Public Health Department works to protect the health of all of the citizens of Washtenaw County. The Department deals with a broad range of important issues and works diligently to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; and the development and regulation of health care facilities and health service delivery systems to the extent provided by law.

The Department is made up of five major divisions: Environmental Health, Family Health, Health Promotion and Disease Prevention, Emergency Preparedness, and Disease Control. The Department, led by Health Officer Ellen J. Clement, has three core functions: Assessment, Policy Development, and Assurance.

To accomplish these core functions we must effectively and efficiently provide the ~

Ten Essential Public Health Services

- **Monitor** Health Status to Identify and Solve Community Health Problems: This service includes accurate diagnosis of the community's health status, identification of threats to health, and assessment of health service needs.
- **Diagnose** and Investigate Health Problems and Health Hazards in the Community: This service includes epidemiologic identification of emerging health threats, active infectious disease epidemiology programs, and epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.
- **Inform, Educate, and Empower People About Health Issues:** This service involves social marketing and targeted media public communication, providing accessible health information resources at community levels, and joint health education programs with schools, churches, and worksites.
- **Mobilize** Community Partnerships and Action to Identify and Solve Health Problems: This service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs.
- **Develop** Policies and Plans that Support Individual and Community Health Efforts: This service requires leadership development at all levels of public health and systematic community-level and state-level planning for health improvement in all jurisdictions.
- **Enforce laws** and regulations that protect health and ensure safety: This service involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of clean air standards; timely follow-up of hazards, preventable injuries, and exposure related diseases identified in occupational and community settings; and monitoring the quality of medical services.
- **Provide Care:** This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/disease prevention programs.
- **Assure a competent workforce:** This service includes education and training for personnel to meet the needs for public and personal health service, efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up.
- **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services: This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and reshaping programs.
- **Research** for new insights and innovative solutions to health problems: This service includes continuous linkage with appropriate institutions of higher learning and research and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services research.



Director's Message

As one of Michigan's 45 Local Health Departments, we are on the front line in making our community healthier. This is done through a variety of programs that are reflected in this report. All citizens benefit from services like restaurant inspections and communicable disease control.

Our job is to be aware of existing and emerging health problems. When new challenges are identified we must be creative with our limited resources. Partnerships are critical to this work. Our impact can be enhanced when other agencies assist in solving public health challenges.

An example of partnerships in action is public health's work with schools and communities to address the increasing problem of overweight children. Increasing physical activity and healthy eating help children do better in school and at the same time achieve healthier weights. Communities can make sure that they are walkable and friendly to non-motorized transportation options such as bikes.

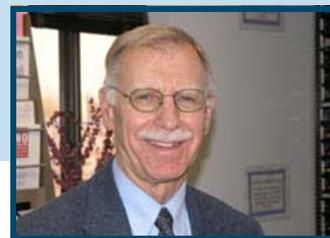
All the major program divisions: Health Promotion and Disease Prevention, Disease Control, Emergency Preparedness, Family Health and Environmental Health rely on key partnerships to do their work effectively. Coalitions such as the Infant Mortality Coalition, advisory groups for environmental regulations, and planning groups for emergency response extend the impact of the Public Health Department many times over.

We are committed to prevention, wise use of our resources, effective interventions and promoting social justice by reducing inequalities affecting the health of all in Washtenaw County. I urge you to become familiar with the many ways in which your local health department works for a safer, healthier community.

Ellen J. Clement, MSW, MPH

Ellen J. Clement, MSW, MPH
Health Officer

Medical Director's Message



Public health has to keep a clear focus on prevention. One of the tools we use in doing that is to regularly measure the health of the population. Measuring lung cancer deaths alerted the nation many years ago to the enormous damage done by smoking. This led directly to our society's determination to prevent lung cancer, and other cancers and disabilities caused by smoking. In spite of a broad attack on the tobacco industry, however, this powerful economic machine continues to addict hundreds of thousands of children and adults each year.

Public health's job is to be the primary flag-carrier for prevention. When our health measurements find things like increasing obesity and dwindling physical activity, we need to make sure that the food industry, and schools, and parents supervising children can all grasp the crucial importance of a simple thing like eating habits. The huge amount of sugar in soft drinks and snack foods has been measured and reported to the public as well, and now we are seeing a spread of determination to respond to this newest epidemic.

Some wonderful things seem to be happening in our society. The prevention message is being heard. Public health and many other agencies frequently hear strong words of support for the prevention approach. People are realizing the tremendous value of good health as a crucial personal asset, and are aware of the need to protect and preserve their health assets.

The medical care system has its hands quite full with the consequences of epidemics such as smoking and overweight. The costs of treatment for preventable conditions continues to push upward, creating economic strains and shortages. And although our insurance keeps on paying for the treatment of more and more chronic diseases that are clearly the products of our habits and lifestyle, the light has begun to dawn that investment in wellness is urgently needed and far too small.

I hope that everyone who reads even a part of the 2005 Annual Report will take away a new realization that prevention is both possible and necessary, and needs our strong support.

A handwritten signature in black ink that reads "Stan Reedy M.D., M.P.H." The signature is written in a cursive, flowing style.

Dr. Stan Reedy, M.D., M.P.H. ~
Medical Director



Sharon Sheldon, M.P.H.
HPDP Manager

health promotion and disease prevention

A Commitment to Promoting Healthy Lifestyles

A strong focus of Health Promotion / Disease Prevention programming during 2005 was in the area of Chronic Disease Prevention. There are strong, evidence-based links that support the promotion and use of chronic disease prevention activities toward healthier communities. Programs that help increase physical activity, diet quality, and smoking prevention and cessation for people of all ages make a strong community impact as they improve overall quality of life and community satisfaction.

One such effort is a program called “Washtenaw Steps Up”. The goal of this program is to increase the use of policy (regulations) and environment approaches (things like sidewalks, access to healthy foods, places to be physically active and smoke free environments) through working with coalitions and local units of government to find ways to “build in” healthy lifestyle characteristics via the built environment. A good example of this type of approach is happening in Ypsilanti. In order for more community residents to use active transportation like biking, there was a need for bike racks in key community locations. Bike racks have been purchased and installed in business, school and community locations to encourage the use of bicycles for daily activity.

School-based prevention programs are another strong focus area for ongoing programming. Public Health staff work with area schools to help them identify policy and environmental changes that can be integrated into schools for healthier students and staff. One distinct school-based program being implemented by Public Health is the Reality Check program (www.myrealitycheck.org). This web-based substance abuse prevention program has reached 5,000 students and it’s website has received 130,500 hits. The My Reality Check website provides interesting and fun information designed to help youth and adults get the facts about alcohol, tobacco and drug information and assistance with maintaining drug-free lifestyles.

Chronic disease prevention is important to people of all ages, as we are unfortunately starting to see youth develop diseases such as diabetes at a younger age. Even adults or older adults who have started to develop diseases such as high blood pressure or asthma can have a better quality of life by practicing prevention as a regular part of their lives!

The Health Promotion / Disease Prevention Division reached 13,938 participants through its community and County-sponsored health promotion program efforts.

- The Worksite Wellness Program reached 9% of the County government workforce or 126 employees through its annual on-site and incentive programs.
- The Health Improvement Plan (Community Assessment Program) made presentations to 35 community groups with important health data for county residents.
- Mental health and emotional well-being services were provided through trainings, educational programs and services to 436 agencies.
- The Public Health Department initiated 104 health communications to the citizens of Washtenaw County. Methods of communication included press releases, community displays, and newsletters.
- The Washtenaw County Public Health web site received 111,500 hits. Top pages included: Immunizations—Flu Clinics—WHP.

family health division

Coalition for Infant Mortality Reduction Plan Takes Shape

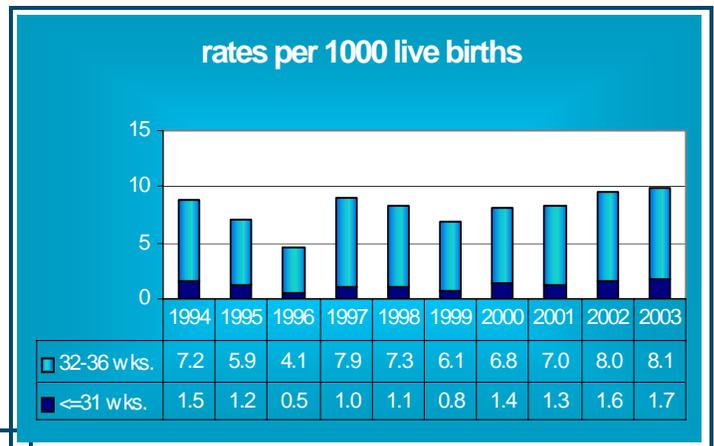


Susan Gialanella, R.N.
Nursing Director,
FH Manager

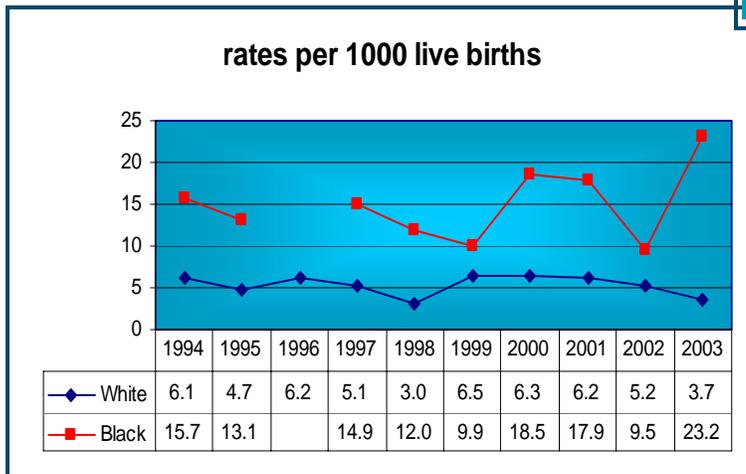
In 2005 the Family Health Division received one of eleven grants from the Michigan Department of Community Health to address infant mortality with a special focus on the disparity between black and white infant deaths. An important first step was the development of a community-wide coalition consisting of over 200 members from all walks of life, all with the desire to see healthy babies in Washtenaw County. Within months, the Coalition for the Reduction of Infant Mortality (CIMR) was born. The infant mortality reduction initiative identifies medical, social and environmental factors associated with fetal, infant, and maternal death through the analysis of vital records and other data. Technical assistance and other resources are available to promote activities that improve pregnancy outcomes and reduce preventable mortality. For the year 2005, Washtenaw County had an overall infant mortality ratio of 6.9/1000 births. While the white rate held steady at 6.7/1000, the black infant mortality rate has risen to 11/1000. In order to address this growing disparity, the Coalition members developed a two year work plan. The work plan was finalized in December with the following focus areas and objectives:

- Improve the coordination between systems serving women of childbearing age.
- Improve access to health services for the target population.
- Educate health care providers and the community at large about infant safe sleep.
- Promote access to smoking cessation support for pregnant women.
- Improve breastfeeding initiation and continuation rates among African American women.

Trends of Preterm Births



rates per 1000 live births



Trends of Infant Mortality by Race

disease control

Promoting Health and Preventing Disease Around the Clock



Dr. Stan Reedy,
M.D., M.P.H., DC Manager

Did you know that a few years ago, some experts were saying that, thanks to vaccines and antibiotics, infectious diseases were going to fade away?

Those statements were hopelessly wrong. The job of helping the community fight off communicable diseases is more important now than ever before! For example in Washtenaw County, the preliminary number of new HIV infections in 2005 is 34. Diseases such as pneumonia, AIDS, and food-borne intestinal disease have tremendous community impact, producing huge numbers of work and school days lost, as well as disabilities, chronic poor health, and death. The Disease Control staff is available 24/7 to protect health and prevent disease, and thereby have made significant impact by:

PROVIDING diagnostic and treatment services to reduce the spread of sexually transmitted diseases like HIV, gonorrhea, Chlamydia, and syphilis, and increasing services to the new homeless shelter residents;

PARTICIPATING in the broad community response to disasters like Hurricane Katrina, helping to make sure that displaced persons get the services they need;

TRACING all contacts of new Tuberculosis cases and making sure they are offered treatment;

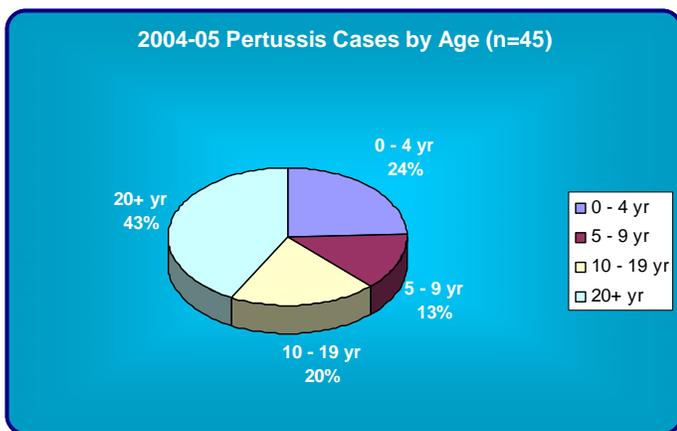
WORKING to increase community coverage with flu vaccine. In 2005 the specter of pandemic flu, in the form of avian flu, grew larger and larger;

FOLLOWING up promptly all reported cases of serious meningitis and pertussis cases;

PARTICIPATING in planning and preparing for emergency outbreaks of both natural and deliberately spread diseases;

PROVIDING and promoting immunization protection for children and adults. A new “booster” pertussis vaccine for adolescents and adults is now available;

APPLYING infection control principles in hospitals, long term care centers, and schools to limit the spread of infections.



Disease Control Fast Facts

Service	2005 Clients Served	2004 Clients Served
Examined in STD clinic	2871	2842
HIV testing/counseling	1409	1331
Screened and/or treated for TB	1297	1247
Vaccination of children against flu	354	228

emergency preparedness

Protecting Public Health by Preparing for Emergencies



Cindra James, B.S.
EP Coordinator

The Division of Public Health Preparedness is dedicated to preparing the Public Health workforce and stakeholder groups to respond to a variety of public health emergencies through planning, training, exercising and education. Our priorities over the past year have moved beyond bioterrorism or terrorism. They include chemical incidents, radiological releases, natural disasters, infectious disease and other events that threaten the public's health. As a result, our "Bioterrorism Response Plan" is now the "Washtenaw County Public Health All-Hazard Emergency Response Plan." An all-hazard approach increases our capacity to respond to real-world situations and makes training and exercising more concrete. While terrorism remains a threat, planning for a severe tornado is more realistic, especially in southeast Michigan, and may require similar response systems.

We also became compliant in the National Incident Management System, or NIMS, during the last year. NIMS is one part of the Homeland Security Presidential Directive-5 (HSPD-5), a federal mandate that requires government agencies to comply to receive grant dollars. This understanding of NIMS proved critical when we partially activated our Emergency Response Team to help Hurricane Katrina evacuees receive services in our community, temporarily or more permanently. In this instance, only the Command Staff was activated since it was not a local disaster.

More recently, pandemic influenza has emerged as a significant risk. Preparations for an outbreak of avian flu or another virulent strain have intensified. Washtenaw County Public Health and the countywide Bioterrorism Sub-committee have exercised how an outbreak might occur locally and are incorporating lessons learned into local response plans.

Ongoing initiatives designed to improve overall preparedness include:

- Reaching out to vulnerable populations in the community
- Utilizing GIS technology to map health-related resources
- Identifying potential volunteers with a new, statewide registry

Collaboration with key partners and community organizations allows Washtenaw County Public Health to build plans that account for persons with fewer resources, or disabilities, or who speak other languages. We are also working with community partners to identify accessible locations for Neighborhood Emergency Help Centers (NEHCs), which provide assistance if the health care system becomes overwhelmed in an emergency. Similar preparations are underway to deliver emergency vaccinations or medications to the entire community, if necessary.

Importantly, communicating with partner organizations and the community as a whole before, during and after any public health emergency is central to preparedness and response. Washtenaw County Public Health provides information about risks and response plans to stakeholders regularly and predetermines key messages to protect and guide the public through emergency situations.

environmental health

Urban Division



Richard Fleece, R.S.
EH Director

Washtenaw County became a member of ReportFoodPoisoning.com, an online food borne illness reporting mechanism available to anyone with internet access. The advantage to this system is that it allows users to report their illness when it is convenient for them, and then notifies the appropriate contact persons at Public Health and Environmental Health via email. In the past people could only report their illness during normal business hours. This system helps the health department identify outbreaks and prevent others from becoming sick. It's important to note that it's confidential — only the Health Department sees your data.

Environmental Health also participated in Emergency Management Trainings that included the FEMA-required National Incident Management Structure and a tabletop exercise that brought local and state agencies as well as police, hospital, emergency workers and the FBI together to talk about the possibility of an intentional foodborne illness event. It was valuable to meet the other people that may be involved in such an event and discuss roles and authorities.



Did you know?

Washtenaw County Planning & Environment inspects each restaurant and food service establishment once every six months. The purpose of conducting these inspections is to protect the public from foodborne illness, and also to protect the food service establishments from being the cause of a foodborne illness

~ Environmental Health Fast Facts ~

Most food-borne illnesses can be linked to three main food handling mistakes:

- 1. Time and temperature abuse***
- 2. Improper washing and other poor personal hygiene habits***
- 3. Cross-contamination of raw food and ready to eat foods***

environmental health

Rural Division

Sanitation program

During the year, at the state level, there was considerable discussion on the development of a statewide sanitary code. The Michigan Department of Environmental Quality drafted a white paper for the purpose of drafting a MDEQ sponsored bill, and a second effort was initiated by Senator Birkholz. However, the issue lost momentum, and as of the end of the year no bill had been acted upon.

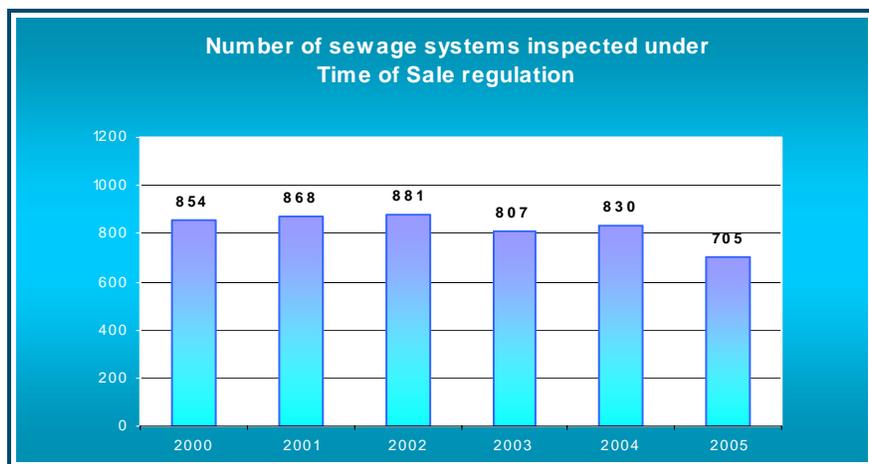
Also during the year interest peaked on the construction of privately owned community septic systems. This was the result of a Lake Isabella court case which ended in a court decision to order the MDEQ to discontinue the practice of requiring townships to sign off on these systems as part of the approval process. Local townships had blocked the construction of these systems. By the end of the year the Department had received applications for the construction of eight of these systems.

Water supply program

In April the state amended Act 399 which resulted in lowering the standard of arsenic in drinking water for well water supplies from 50 parts per billion (ppb) to 10 ppb. A community stakeholders group was formed and procedures for implementing this new standard were drafted and presented to the Washtenaw County Board of Commissioners.

Pollution Prevention Program

As part of the Zeeb Rd. re-organization the P2 program was moved to the rural team and all rural team members were cross trained to conduct P2 annual inspections. This resulted in a 5% increase in the number of inspections that were conducted during 2005. Also work began on the conversion of the existing Access based P2 database to Accella wireless. This effort, which will be completed in the 1st quarter of 2006, will result in inspectors being able to enter inspection results in the field and producing automated reports.



Did you know?

In 2005 85% of the sewage system inspection requests were completed within 24 hours.

94% were conducted within 48 hrs!

the washtenaw health plan

Increasing Access to Health Care Services



Ellen Rabinowitz, MUP
WHP Director

Washtenaw Health Plan (WHP) is a community effort that ensures access to a basic set of preventive and primary care services, specialty care, hospitalization, and prescription drugs for low-income, uninsured County residents. Partners in this collaborative effort include: Washtenaw County government, University of Michigan Health System, St. Joseph Mercy Health System, other public and private health care providers, and the WHP Corporation.

Formerly a program of the Washtenaw County Public Health Department (and known as the Washtenaw County Health Care program), the WHP became a separate non-profit entity in May, 2002. The purpose of creating an independent non-profit was to leverage additional state and federal dollars. The enhanced federal and State funding enabled WHP to significantly expand its capacity to serve the county's increasingly diverse population of uninsured, low-income residents. At the end of 2005, WHP had an enrollment of 5834 clients, a program capacity of more than five times the size of the former Washtenaw County Health Care program.

Washtenaw County and the WHP also operate a prescription drug discount program. The Washtenaw County Prescription Plan (WCPP) enables county residents who lack prescription drug coverage to purchase their prescriptions at a discount. This program is open to anyone in the County who has no coverage or limited coverage. At the end of 2005, enrollment in the WCPP was over 2600 county residents. Collectively, the enrollees saved over \$290,000 on their prescription drugs.

During 2005, the WHP also launched a new program to meet the needs of the uninsured and underinsured in Washtenaw County. The Washtenaw Small Business Health Plan (WSBHP) is a program targeting low-wage workers of small businesses. Under this program, the employer, employee and the County each pay one third of a health insurance premium. This new program component of the WHP officially opened in November, 2005. Expected enrollment over the course of the year is 250.

All of these projects represent significant progress in the ongoing effort to secure health care coverage for all.



WHP "Plan A" is for Washtenaw County residents who enroll in the Adult Medical Program (AMP; also called "Adult Benefit Waiver" or ABW; formerly State Medical Program).

WHP "Plan B" is for Washtenaw County residents who:

Do not qualify for the Adult Medical Program (AMP; WHP Plan A), **Medicaid, MI-Child, Medicare, or other publicly-sponsored health-coverage programs**, except for Emergency Only Medicaid and Medicaid Spend Down.

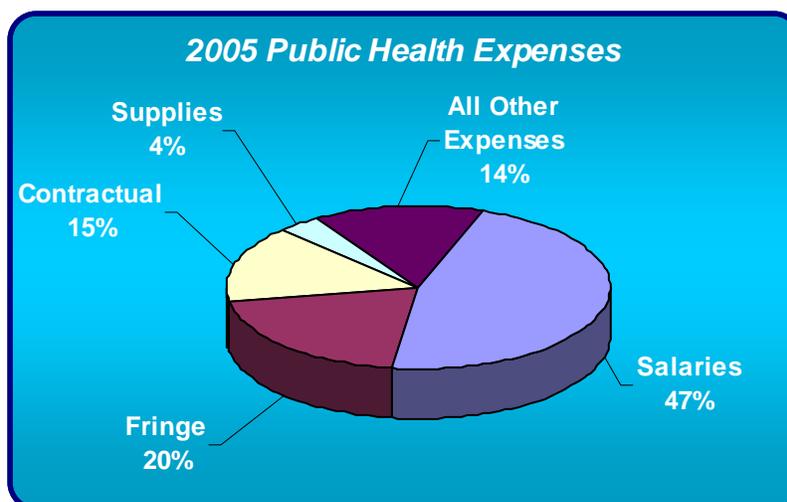
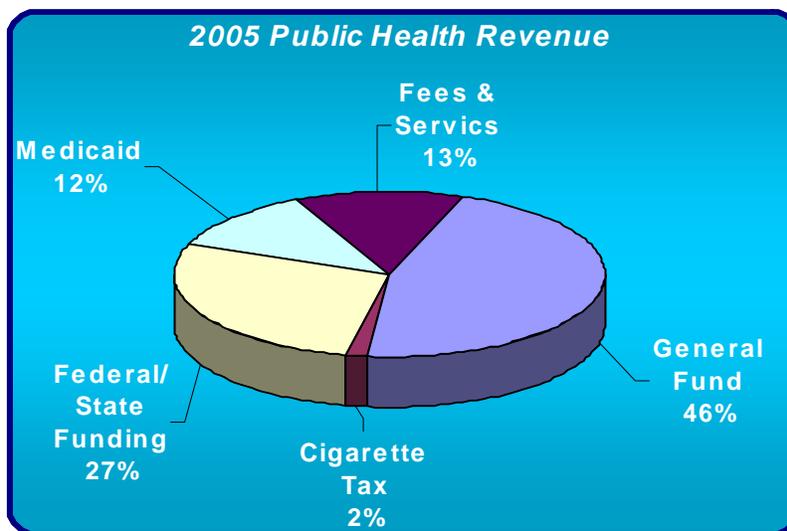
Do not have any private comprehensive health insurance. Have a gross household income of up to 200% of the Poverty Level (according to Michigan Medicaid).

department revenues and expenses



Kelly Belknap, B.S.
Finance Manager

The Public Health Department had a staff of 67 permanent employees, with an additional 38 in the Department of Environmental Health. The combined 2005 Public Health Budget for both departments totaled \$10,664,525



looking forward

DISEASE CONTROL: The Disease Control Division will be enhancing its services in several areas in 2006. The TB Control Program will undergo comprehensive review in order to fulfill new CDC guidelines. We will also broaden the overall data-gathering in the Epidemiologic Surveillance Program. The Division will focus on outreach and intervention to lower the rates of sexually transmitted infections. Emergency preparedness and response will be supported by continuous improvement in disease reporting and follow-up.

HEALTH PROMOTION / DISEASE PREVENTION : In 2006, the Health Promotion / Disease Prevention Division is focusing on the delivery of both population-based and strategic health promotion and communication initiatives to improve health status through physical and mental health education programming and training, and mobilizing the community in support of healthy environments.

EMERGENCY PREPAREDNESS: The primary focus for the EP division for 2006 will be to ensure that the Public Health Emergency Response Team (ERT) is trained and exercised to the current All-Hazards plan, including the Crisis and Emergency Risk Communications (CERC) and Strategic National Stockpile (SNS) plans. Our secondary, but equally important focus will be to remind all public health staff that they should have a “personal family preparedness plan”.

FAMILY HEALTH : The Family Health division will be working closely with Washtenaw Area Council for Children in 2006 to promote infant safe sleep initiatives with a large kick off event to be held in March 2006.

ENVIRONMENTAL HEALTH: Priorities for 2006 include: implementing a new arsenic policy for drinking water wells; placing the food service inspection reports online for customers to access; developing model ordinances and guidance documents to address privately owned public sewage systems; continuing to work with Public Health to plan for all-hazards preparedness, including revising the Environmental Health Emergency Response Plan.



Focused on Prevention