WASHTENAW COUNTY PUBLIC HEALTH









2011 ANNUAL REPORT





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Our Vision

A healthy community in which every resident enjoys the best possible state of health and well-being.

Our Mission

To assure, in partnership with the community, the conditions necessary for people to live healthy lives through prevention and protection programs.













Directors Message



On behalf of the Washtenaw County Public Health Staff, I am pleased to share with you the 2011 Public Health Annual Report. This report describes the various initiatives, programs and services the department provides in striving to improve the health of the community. This report also summarizes key activities undertaken within those programs.

2011 was both a challenging and rewarding year. As opposed to 2009 and 2010 there were no major communicable disease outbreaks that stretched our resources like the H1N1 epidemic of 2009 nor the record number of cases of Pertussis that we experienced in 2010; but the economic conditions facing the county resulted in the need to examine closely all our programs and plan for cuts of over \$600,000 in 2012 fiscal year.

To offset funding cuts the department actively sought grants to assist in advancing activities that promote health, and prevent disease. One of the larger efforts was in partnering with the Kresge foundation for "A Prescription for Health" grant that allowed the distribution of tokens to be used to purchase fresh fruits and vegetables at farmers markets to be distributed in low income clinics.

Washtenaw county government saw the departure of over 150 employees as a result of the economy and normal attrition and the Health department was not immune. Ten staff members retired or resigned from county government including the Medical Director, Nursing Director, Nursing Supervisor, Communicable Disease Coordinator and 6 other staff members in various positions throughout the department.

Fortunately a number of positions have been filled with talented, dedicated individuals that have brought renewed energy and fresh ideas that will undoubtedly serve the community well as we go forward.

2011 also saw the completion of the Health improvement Plan survey. This survey of over 2000 households provides a wealth of data that is used to prioritize our services and is used by many other partner agencies to plan their activities as well.

As the Health Officer I am proud of the efforts and accomplishments of the dedicated individuals that make up our staff. I urge you to take a few moments to learn more about what the department is doing to make your life healthier every day.

Respectfully,

Richard Fleece Health Officer

ACKNOWLEDGMENTS

I wish to express my sincere gratitude to the Washtenaw County Board of Commissioners for their guidance and support.

I would also like to thank those involved in compiling this report, particularly the staff whose work is highlighted within.

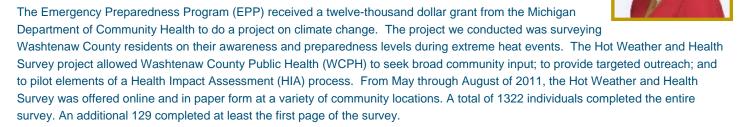






Emergency Preparedness

Cindra James, B.S. Emergency Preparedness Administrator



WCPH worked with a variety of community partners to promote the online survey and to collect written surveys. Partners disseminated information about the online survey; hosted WCPH staff offering written surveys; and collected written surveys at their own facilities and returned them to WCPH.

The online survey was sent to multiple listservs of public and private partners as well as individuals; many of whom forwarded the information to their members, clients or contacts. Lists used included the following:

- Health care providers, including hospitals, health centers, private practices and urgent care centers
- Community organizations serving vulnerable or at-risk populations, such as children, seniors, persons with disabilities or chronic illnesses, low-income or homeless persons, individuals speaking languages other than English, etc.
- Local governmental entities, including safety-net providers, law enforcement, community mental health services, local municipalities, district libraries, public K-12 schools, universities and public employees, including:
 - ♦ Washtenaw County Office of the Sheriff, Emergency Services Division
 - ♦ Washtenaw County, Environmental Health Division
 - ♦ Washtenaw County Head Start
 - ♦ Ann Arbor Public Schools
 - ♦ City of Ann Arbor
 - ♦ Local emergency response partners, including the public relations or public information contacts at a variety of key, local organizations as well as local media.

Traditional and social media sites that carried information about the survey included WCPH contributor blog on Ann Arbor.com, WEMU 89.1 Issues of the Environment radio program (August 17, 2011), Facebook and Twitter – updates and re-posts monthly during data collection, as well as our departmental website and county employee website.

Other organizations hosted WCPH staff in conjunction with regular meetings or special events:

- Senior centers throughout the county
- Back to School Barbeques at area community centers operated by the local Community Action Agency: Hikone Community Center and Bryant Community Center, Ann Arbor
- Shelter Association of Washtenaw County, Robert Delonis Shelter, Ann Arbor
- Avalon Housing Health Fair, Ann Arbor
- Green Fair, Ann Arbor
- Heritage Festival, Ypsilanti
- University of Michigan School of Public Health, fall Practice Plunge
- Foster Grandparent Program, Employment Training and Community Services, Ypsilanti

Some organizations took surveys and collected them from their clients or constituents over a period of time. Afterward, they returned the completed surveys to WCPH:

- Hope Clinic, Ypsilanti
- Clinics at WCPH including the Adult Health and Immunization Clinics and WIC

In the coming months and prior to summer 2012, WCPH will use the survey results to update the Heatwave Community Response Plan in conjunction with local response partners. The Heatwave Community Response Plan was updated in 2010 and developed with the American Red Cross – Washtenaw County Chapter, the City of Ann Arbor Office of Emergency Management, the Ann Arbor Transportation Authority, the Human Society of Huron Valley, WCPH and County Sheriff's Office, Emergency Services Division. Results and recommendations will be shared publically and with partners.

As mentioned above, the project provided an opportunity to collect broad community input and make preparedness recommendations based on local data. It also provided a framework for health education and targeted outreach on the risks of extreme heat, available community resources and general



preparedness. Finally, it helped reinforce local public health's role in promoting and protecting health during emergency events. Other benefits included:

- Updating contact lists. WCPH maintains and regularly updates lists of response partners, nonprofit community organizations and public service providers. The survey provided a concrete opportunity to utilize and update contact lists, offer specific community education and the opportunity to network with a wide range of partners.
- Fostering new partnerships. The opportunity to pilot elements of the HIA process developed additional capacity and awareness within WCPH and fostered new partnerships that may lead to subsequent HIAs. The City of Ann Arbor, for example, will likely use the health data from the heat survey to inform decision making around planting new trees within the jurisdiction. A variety of data is currently used to inform tree canopy decisions but none are health related. (Similarly, local emergency response plans do not always fully incorporate health considerations).

WCPH will share the results with local response partners and make recommendations regarding response plans, community outreach and risk or crisis communications. Sharing the results and recommendations broadly within the community will enhance risk or crisis communications as well as outreach in the coming year. WCPH will refine a summary of results and recommendations to guide communications in the spring and summer of 2012.

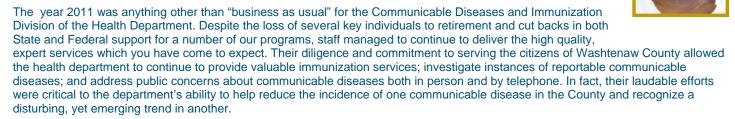
Finally, understanding how local populations perceive emergencies, obtain information, and to what degree they are prepared to respond to them is critical in reviewing and evaluating comprehensive community response plans for emergencies and disasters. The Hot Weather and Health Survey allowed WCPH a key opportunity to collect and apply this type of information.

A copy of the draft results can be obtained by contacting Susan Ringler-Cerniglia at <u>ringlers@ewashtenaw.org</u> or Cindra James at jamesc@ewashtenaw.org.

Preparing for and responding to emergencies is the responsibility of the Division of Public Health Preparedness. This team of emergency management specialists is dedicated to protecting public health during unforeseen crises that affect the community. Their work includes extensive emergency planning and coordination activities with Emergency Management partners, first responders, and other community resources in both the public and private sectors. They are also responsible for providing critical information to the general public before, during, and after a public health emergency.

Disease Control

Dr. Monique Reeves M.D., M.P.H.



WCPH is proud to announce that the total number of pertussis cases recorded in the County for the 2011 calendar year is 26. As you will recall, pertussis transmission in the County reached epidemic proportions during 2010 when a total of 232 cases of the disease were reported. The 2011 total represents an approximate nine fold reduction in the number of cases from the previous year. Although pertussis transmission can be cyclical in nature, we believe that the dramatic decrease in incidence can be attributed to the combined efforts of public health and local practitioners to immunize the community while raising awareness of the disease and its complications. We would like to take this opportunity to thank our physician partners in the community for a phenomenal collaborative effort; however I would like to add that we have no intentions of resting on our laurels. In recent years, a number of vaccine-preventable diseases like pertussis, measles and mumps have made a comeback because of declining community-wide immunization levels. While no vaccine is 100% effective, vaccines remain our primary defense against many infectious diseases, and it is up to all of us to ensure that our community stays protected by immunizing both our children and ourselves in a timely manner.

On a not so good note, the health department has noted a rather alarming trend among newly diagnosed cases of Hepatitis C in the County. Specifically, the percent of newly diagnosed cases occurring in individuals 30 or younger has increased from 9% in 2006 to 24% in 2011. Hepatitis C is a blood borne viral infection that affects the liver. Although the majority of acute Hepatitis C infections are asymptomatic, between 70-85% of people progress to a state of chronic infection placing them at risk for the development of cirrhosis of the liver, diabetes and chronic liver failure. There is no cure for Hepatitis C and in fact it is the leading indication for liver transplantation in the United States. Common modes of transmission for the virus include injection drug use and to a far lesser extent unprotected sexual activity. The increase in the percentage of young people under the age of 30 with the infection would seem to suggest that there is a concurrent problem with injection drug use among this age demographic in the County. In the coming year, the health department will be launching an effort to educate the community, particularly young adults, about measures that prevent transmission of the Hepatitis C virus in addition to measures that may prevent disease exacerbation among those already infected. Stay tuned for more.

Services	2010 Clients Served	2010 Clients Served	2011 Clients Served
STD Clinic Examinations/Counseling	2291	2257	1981
HIV Testing/Counseling	765	880	1158
TB Screenings and/or Treatment	1161	1128	
Tdap vaccinations given for pertussis prevention	522	1107	781

Disease Control is responsible for preventing and controlling the spread of communicable diseases. It provides an active surveillance and reporting system that monitors the prevalence of all communicable diseases in the County, such as tuberculosis, meningitis, pertussis, and influenza. Disease Control provides diagnostic, treatment, counseling, and referral services for sexually transmitted diseases (STDs) such as HIV/AIDS, gonorrhea, syphilis, and Chlamydia, and also provides a wide variety of immunization services to County residents. Disease Control staff is available 24/7 to protect health and prevent disease.

Communicable Disease Data			
Communicable Disease Data	2009	2010	2011
Foodborne or Waterborne Diseases			
Campylobacter	35	59	55
E. coli - Shiga toxin	1	30	6
Listeriosis	0	2	3
Salmonellosis	35	33	33
Vaccine Preventable Diseases			
Chickenpox	82	58	29
Hepatitis B (acute)	0	3	3
Measles	0	0	0
Mumps	0	0	0
Rubella	0	0	0
Pertussis	82	233	26
S. pneumoniae, invasive	19	19	15
Vectorborne Disease			
Dengue Fever	1	4	2
Lyme Disease	5	5	6
Malaria	1	2	1
West Nile Virus	0	2	0
Other Communicable Diseases			
Guillain-Barre syndrome	3	0	0
Kawasaki disease	4	4	4
Legionellosis	8	2	11
Streptococcal Invasive, group A	6	6	6
Tuberculosis	6	9	8



Health Promotion & Disease Prevention

Sharon P. Sheldon, MPH, HP & DP Manager

Since 1995, WCPH has led an initiative called the Health Improvement Plan (HIP - http://hip.ewashtenaw.org), whose mission is to form partnerships, collect local community assessment data and recommend strategies for health improvement. Every five years, WCPH and HIP partners administer a county-wide health behavior risk factor survey called the HIP survey. Partners use the results to update progress towards 52 HIP Objectives - measurable health improvement objectives for the year 2020. In 2010, WCPH and its HIP partners completed the 4th HIP survey. Below is a midcourse progress summary for the 2020 HIP Objectives using the 2010 data.

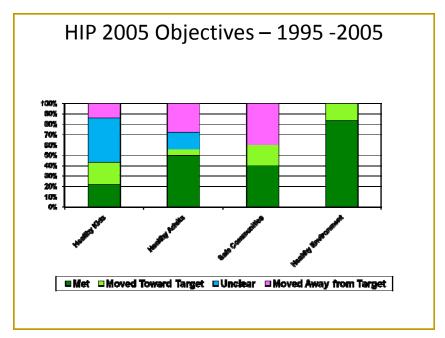
Note: This summary, developed in January 2012, does not include all 52 HIP Objectives because some data sources for certain Objectives have changed since they were established in 2007. HIP partners are in the process of revising those Objectives and establishing data sources and a final progress report should become available by March 2012.

Objectives Achieved or Moved in Right Direction from 1995 – 2005:

Healthy Kids — 42%
Healthy Adults – 55%

Safe Communities – 60%

Healthy Environment – 100%



A link to the interactive HIP Survey database is available at: http://www.ewashtenaw.org/government/departments/public_health/health-promotion/hip/hip2005survey

The Health Promotion / Disease Prevention Division works with community partners to improve health and prevent disease where Washtenaw County residents live, work, learn and play. This means addressing the things that make residents sick, such as lack of access to healthy foods and lack of safe places to be physically active. HP/DP staff and community partners work together to set policy, implement programs, and change community environments so that healthy living is easier for individuals to achieve.

Michigan Department of Community Health (MDCH) Capacity Building Grant

Washtenaw County Public Health, along with community partners, are in the 2nd year of a 3-year grant project that focuses on addressing the social factors that influence health (e.g., transportation, safe neighborhoods, access to healthy foods, educational attainment). These social factors are sometimes referred to as "social determinants." Grant partners include the Michigan Institute for Clinical Health Research, Program for Multicultural Health University of Michigan Health System, St. Joe's Neighborhood Family Health Center, Harriet Center Washtenaw Community College, the Program for Multicultural Health University of Michigan Health System, Packard Health, The Corner Health Center, and the Ypsilanti Health Coalition.

During the past year the grant partners have worked to create two programs to address social determinants for Latinos living in Washtenaw County and African Americans living in the Gateway Community (i.e., south side of Ypsilanti).

Latinos: Translated Ride Guide: A group of Latino professionals and community members have worked with the Ann Arbor Transportation Authority to translate critical materials into Spanish and offer Spanish telephone service to customers. A Spanish Ride Guide (bus schedule) is now available.

African Americans: Community Health Advocate Program: The grant's African American subgroup has implemented a best-practice intervention called the Community Health Advocate (CHA) program. Twelve community members have been trained to serve as advocates to assist members of the Gateway Community in Ypsilanti with food access, healthy literacy, and other issues that impede their health. Regular CHA hours began at Parkridge Community Center in February 2012.

Building Healthy Communities: Using Policy and Environmental Change Strategies to Improve Health

Complete Streets: More local governments in Washtenaw County have committed to planning and building streets that everyone can use. From pedestrians, bicyclists, and people who use transit, to seniors and children, our streets need to be safe and accessible for all users. HPDP staff are trained to assist local communities institute "complete streets" policies to require that all travel modes are considered during planning, construction, and resurfacing. With HPDP assistance and grant funding, the City of Ypsilanti and Pittsfield Township both passed Complete Streets ordinances in 2011 and Washtenaw Area Transportation Study finished a county-wide complete streets plan. Visit www.miwats.org for more information.

Ann Arbor Pedestrian Ordinance – Motorist Education: In 2010, a year-long campaign led by the Washtenaw Bicycling and Walking Coalition (WBWC) culminated with the Ann Arbor City Council unanimously adopting an ordinance that requires motorists to stop for pedestrians at mid-block crosswalks. In 2011, WCPH funded WBWC to work in collaboration with the City of Ann Arbor to educate pedestrians and drivers about this new law, advocate for increased enforcement, and utilize best practice crosswalk design. Notable results include:

- Ann Arbor Police Department conducted a 2-week targeted enforcement campaign
- Six front page articles printed in Ann Arbor local newspaper (<u>annarbor.com</u>) regarding the ordinance
- New crosswalk design guidelines were developed and approved by Ann Arbor engineering staff
- Five problem crosswalks are scheduled for significant engineering enhancements
- More drivers are stopping for pedestrians at crosswalks. Before the campaign, stop rates ranged from 1 8%; after the project the rates were 10 24%.



Family Health

Deborah Cain, RN, BSN, MPA Nursing Director, Family Health Manager



- The Vision Program screened 1,848 preschoolers, 20,533 school –age children and 269 children in the special education program, which is a total of 22,650 children screened.
- The Hearing Program screened 22 early childhood students, 1,993 preschoolers, 14,143 school-age children and 303 children in the special education program, which is a total of 16,461. The total of children screened for hearing and vision in FY 2010-2011 was 39,111.
- Maternal Infant Health Program (MIHP) provides home-based services to Medicaid eligible pregnant women and infants by a
 public health nurse, social worker, and nutritionist. Services include support, education, referrals to community resources, and
 infant developmental screening. In FY 2010-2011the MIHP made 2443 home visits to pregnant women and their infants in
 Washtenaw County to provide supportive services emphasizing the importance of healthy pregnancies and healthy infants.
- Women Infants and Children (WIC) is a health and nutrition program that has demonstrated a positive effect on pregnancy outcomes, child growth and development. The WIC Program strongly encourages and provides support for breastfeeding. For babies who are not fully breastfed, iron-fortified infant formula is available for the first year of life. Pregnant, postpartum women and children (under 5 years of age) participating in WIC receive food benefits for milk cheese, eggs, cereals, peanut butter, dry beans/peas or canned beans/peas, and fruit or vegetable juices, fresh fruits and vegetables and whole grain choices to include breads, tortillas, brown rice and oatmeal. The WIC program provides a breastfeeding peer counselor support program that provides mother-to-mother counseling. An average of 6,102 clients were enrolled in the WIC program and an average of 5,457 clients received nutrition education and food benefits.



• Children's Special Health Care Services (CSHCS) activities are family centered, community-based coordinated care for children with long-term health conditions. Information is provided to families concerning the CSHCS program through face to face contact (home visits and local health department visits), phone calls, e-mail and United States Postal Service. Families are assisted by telephone or face-to-face contact with completion of program application and financial assessment forms. Staff also collaborates with local health care professionals in determining eligibility of children for the program. Local hospitals are involved in making independent referrals to CSHCS for eligibility determination. Informing families of their rights and responsibilities is documented through the HIPPA, NIPP record, and the Plan of Care, which are recorded in the client's chart.



Assisting families with special programs outside of covered services, including referrals for hourly nursing and respite care, is done through care coordination, case management and the Special Needs Fund. Nursing staff assist families in applying for the Special Needs Fund; prior authorization for out-of-state care; coverage for prescriptions not billed to CSHCS through the 4-D program; COBRA premium payments; and any other assistance families may request. The CSHCS program has 691 children enrolled in the program, 74 of these families received a Plan of Care, 147 received care coordination services and 36 received case management services.

The Family Health Division addresses disparities in maternal and infant health by developing and implementing health improvement strategies through collaboration with members of the local public health system and community partnerships.

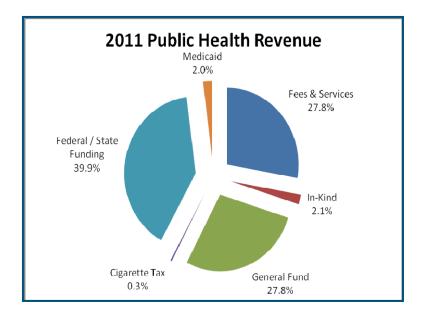


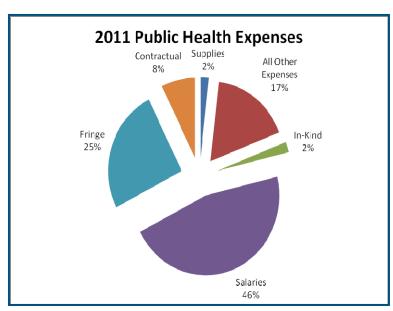
Finance Division

Jennifer Brassow Finance Administrator

The combined annual expenditures for the Public Health and Environmental Health Departments for fiscal year 2011 totaled \$11,138,509. Funding is comprised of multiple revenue streams that include:

- Federal
- State
- County General Fund
- Local Contributions
- Grants





The Washtenaw County Public Health Department's Financial Management team is responsible for accounting, budget, accounts payable, state reporting, accounts receivable, insurance billing, contracts and purchasing. The department also provides a variety of financial, reporting, and decision support services to management staff. The annual budget for the Public Health Department is approximately \$11 million and funded through multiple revenue streams that include Federal, State, and County/Local dollars and grants.

Environmental Health Division—Rural Division



Leon Moore, RS, BS Environmental Health Supervisor

- In 2011, the Washtenaw County Pollution Prevention regulated 1040 businesses storing hazardous materials. 581 of these facilities were inspected in 2011 which represents a 34% increase from 2010. Staff worked with utility operators to ensure that they were in compliance at over 100 locations though out the County.
- Staff recertified 40 inspectors under the Washtenaw County Time of Sale Inspection Program. During the year 829 reports on well/septic operation were reviewed as a part of pending home sales. Staff worked with numerous banks who were selling foreclosed properties within the County.
- Water Tech Laboratories, located in Howell Michigan, was selected as the new water testing lab. Water tech's pricing structure allowed the County to maintain current pricing for customers. Also the lab's focus on regulatory drinking water analysis will help to provide better service.
- 11 operation and maintenance providers of alternative and commercial sewage disposal systems were certified by the County. These operation and maintenance providers provide services to the 129 locations in the County that have operation and maintenance permits. In only its second year of existence this program achieved a 95% compliance rate.
- After receiving a complaint staff, assisted the Michigan Department of Natural Resources in securing the criminal prosecution of a licensed septage (septic tank waste) hauler who admitted to illegally dumping raw sewage on a farm field near a residential area.
- 130 onsite sewage system installation/repair contractors were certified. These contractors installed 253 septic systems. Staff performed 720 inspections of sewage systems while they were being installed during the year. A workshop for these contractors was hosted by the County at the Ypsilanti Township Hall.
- Staff provided technical assistance to the Ingham County Health Department who adopted a pollution prevention regulation fashioned from Washtenaw County's regulation.
- Staff performed 259 site visits and issued 419 water well permits during the year. The water well program successfully passed a self assessment for conformance with minimum program requirements.
- Staff completed the self assessment of the Type II Non-community Water Supply program. The program continues to meet all state minimum program requirements.
- Staff worked in collaboration with the Office of the Water Resources Commissioner to dye test County owned facilities to assure that there are no illicit connections to storm drains.
- Staff visited several seasonal farm operations at the request of the Michigan Department of Agriculture. The purpose of the site visits was to assure adequate water supply and sewage disposal.
- Jeff Leighton returned to the Rural Team and is doing a fantastic job in getting acclimated to policy changes that have occurred over the last four years.
- Staff worked with corporation Counsel and initiated several legal actions to ensure compliance with environmental regulations. These actions were only taken after offenders were given ample opportunity to comply and address their non-compliance

Environmental Health Division—Urban Division

Kristen Schweighoefer MPH, RS Environmental Health Supervisor

Washtenaw County Environmental Health had a number of retirements in 2011, including Vince Daniel, Anita

Heath, Dave Klusman, Julie Rowe and Norma Stubbs. Together, these individuals comprised over 85 years of Environmental Health experience. We wish them the best of luck as they start on this new chapter in their lives.

In April of 2011, Washtenaw County investigated a foodborne illness outbreak of Norovirus among attendees of a University of Michigan incoming student preview weekend. The attendees ate foods from a variety of sources and after an investigation was completed, one restaurant was found to be associated with illnesses to not only this group, but two other groups that received catered foods as well. In total, 57 people were ill with Norovirus. Two of the restaurant employees tested positive for Norovirus, but did not report feeling ill or having any symptoms of gastrointestinal illness in the weeks prior to the outbreak. These employees are responsible for preparing the vast majority of all foods at the restaurant, including the catering orders. It is not known how the two cooks may have contracted Norovirus.

In December of 211, Washtenaw County investigated another Norovirus foodborne illness outbreak. A private party was held and foods from three separate caterers were served. A total of 25 of the 49 people who attended the party became ill with nausea, vomiting and diarrhea 41 hours after the party. Two foods from two separate caterers were statistically associated with illness. However, the likelihood of two separate sources of Norovirus coming into the party is quite low. It is more likely that multiple foods were contaminated at the party, either from ill individuals attending the party or from one caterer whose foods contaminated others at the party.

We received a grant of \$9,269.77 for bathing beach water quality sampling from the Michigan Department of Environmental Quality. We have performed this water quality sampling for some time at no cost to our five local public beaches. This grant allows us to continue to offer this important service at no cost to these beaches through 2012 and will allow us to do more comprehensive surveys of environmental conditions that may impact beach water quality.

Kristen Schweighoefer, in conjunction with members of the Columbus Public Health Department, was invited to speak at the National Environmental Health Association's Annual Educational Conference in June in Columbus, Ohio. The presentation was on the E. coli O145 outbreak investigated by Washtenaw County and several other local health departments. This was the first E. coli O145 produce outbreak identified and received a fair amount of media attention.

Program Highlights for 2011

- Performed 2,865 restaurant inspections and cited 2339 critical food safety violations.
- Investigated 105 restaurant complaints and another 65 foodborne illness complaints.
- Reviewed 71 plans for new or remodeled restaurants.
- Issued 373 temporary food licenses for foods served at various fairs and festivals throughout Washtenaw County.
- Investigated 94 general housing complaints, which include concerns such as mold and bed bugs.
- Last summer, there were no closings of the County's public bathing beaches due to bacterial levels.

The mission of Environmental Health is to protect and improve the quality of the environment and the health of Washtenaw County citizens. Environmental staff does this by investigating, inspecting, testing, regulating, and reporting on all activities associated with the environment and development. This most frequently includes housing, food and foodborne illnesses, public swimming pools, beaches, hazardous material storage facilities, wells, and sewage disposal/septic systems

Public Health in the News-2011

Public Health: Norovirus circulating in Washtenaw County

Posted: Wed. Dec 28, 2011 : 5:58 a.m.

Topics: News . Health



16 Comments

LOCAL HEALTH SURVEY REVEALS DIFFERENCES IN HEALTH WITHIN WASHTENAW COUNTY

Results of 2010 Health Improvement Plan Survey Released

YPSILANTI, Mich., Nov 9, 2011 – Smoking rates among Washtenaw County adults in 2010 are only about half of what they were in 1995. The number of county adults who report eating at

FIRST LOCAL CASE OF INFLUNZA CONFIRMED

Flu Vaccine is Widely Available and Recommended for Everyone Six Months and Older

YPSILANTI, Mich., Oct 7, 2011 – Washtenaw County Public Health is announcing the first case of lab-confirmed influenza for the 2011-2012 season. The case is among the first in the state –

Washtenaw County Public Health Recommends Disinfecting Drinking Water Wells after Flooding

ANN ARBOR, MI, June 2, 2011 – The Environmental Health Division of Washtenaw County Public Health is advising residents to disinfect their drinking water wells if the recent heavy rains

COUNTY HEALTH RANKINGS SHOW WHERE WE LIVE, WORK, LEARN AND PLAY MATTERS TO OUR HEALTH

Washtenaw County Ranks High among Michigan Counties

YPSILANTI, Mich., March 31, 2011 – The newly released 2011 *County Health Rankings* confirm the critical role that factors such as education, jobs, income, environment and access to health care play in how healthy people are and how long they live. The *Rankings* put Washtenaw County first in health factors among Michigan counties for the second year in a row. Washtenaw

CLEARING THE AIR

Local and State Experts Discuss How Smoke-Free Housing Policies Benefit Tenants and Property Owners Alike

YPSILANTI, Mich., March 1, 2011 – Washtenaw County Public Health and the Tobacco Reduction Coalition present "Clearing the Air: What You Need to Know about Smoke-Free Housing & Medical Marijuana," Thursday, March 10 from noon to 2 pm at the Learning