



Public Health

Prevent. Promote. Protect.

**Washtenaw County Public Health Department
Annual Report**

2006



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.

Our Values

We will emphasize prevention to increase community health and safety.

We will lead the development and delivery of effective public health interventions in partnership with the community.

We will promote social justice by reducing inequalities affecting the health of all in Washtenaw County.

We will abide by ethical principles and use the public's resources wisely.

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Department Overview

The Washtenaw County Health Department works locally to prevent disease, promote health, prolong life, and protect communities. One of 45 Local Health Departments in Michigan, we share a two-century-old national public health mission to enhance sanitary conditions, protect the environment, prevent and control disease, and promote healthy lifestyles—objectives that have resulted in improved quality of life and increased life expectancy for our country's citizens. We're proud of our heritage and continue to nurture an organizational culture that supports and encourages continual improvement.

The Health Department consists of five major divisions: Health Promotion and Disease Prevention, Family Health Division, Disease Control, Emergency Preparedness, and Environmental Health. Health Officer Ellen J. Clement leads the organization and Dr. Stan Reedy, M.D. is its Medical Director.

The Transition to a Focus on Community Impact

The Washtenaw County Health Department is part of a Health Community of Interest consisting of different Health Services departments, as well as external agencies, that share similar customers, goals, and processes. Members are committed to an innovative, integrated approach to health in our community across the continuum, from prevention to treatment. As we transition to a focus on community impact, we commit to the following shared values:

- Washtenaw County Health Services partners will collaborate to provide the best possible health service delivery to our customers and the community.
- We will emphasize recovery, wellness, self-determination, and hope for the future.
- In partnership with the community, we will lead the development of health interventions that create positive outcomes and promote social justice.
- We will emphasize prevention to keep our community healthy and safe.
- We will abide by ethical principles, taking responsibility for our commitments and using our resources wisely.

Major Long-Term Goals

The Health Community of Interest has identified three long-term goal areas that will assist us in reaching our objectives:

- To shape the public and private health systems to maximize the health of the community.
- To provide a comprehensive health promotion system that addresses the needs of the citizens of Washtenaw County.
- To identify ways to strengthen the infrastructure to maximize the efficiency and the effectiveness of County departments.

2006-2007 Strategic Plan

The Washtenaw County Public Health Department operates from a two-year strategic plan that includes the following strategic directions and goals.

Strategic Direction #1—In partnership with our community, assure the development of a local public health system that has the capacity to perform all essential services. Goals:

- Strengthen the local public health surveillance system.
- Continue development of emergency preparedness capacity.
- Strengthen the Medical Examiner system.
- Meet and exceed the accreditation standards for local public health.
- Develop and maintain a sound, diversified financial base that includes funding to meet performance standards and implement the strategic plan.

Strategic Direction #2—Enhance the effectiveness of our department to improve health status, quality of life, and health equity through social justice. Goals:

- Develop and implement maternal and infant health improvement strategies.
- Participate in community collaborative plans targeting priority populations.
- Develop and implement primary prevention for the general population and selected priority populations using coalition building, communication, and targeted health education.
- Develop strategies for special populations in emergency preparedness planning.

Strategic Direction #3—Serve as an effective advocate for local public health. Goal:

- Develop and implement a strategic communications plan.

Strategic Direction #4—Strengthen our infrastructure, including information technology, to achieve our mission. Goals:

- Implement new technology to increase efficiency and effectiveness.
- Maximize existing infrastructure.
- Identify Health Community of Interest opportunities to integrate functional areas.

Strategic Direction #5—Promote the professional development of our public health workforce. Goals:

- Deliver training to meet state/federal requirements.
- Deliver training to meet locally identified Professional Development needs.
- Encourage and support participation in professional conferences.
- Continue Public Health Management Team Leadership development.

Health Officer's Message

Keeping Our Community Safe, Healthy, and Vibrant

The Health Officer acts as the administrative officer of the Washtenaw County Board of Commissioners/Board of Health and may take actions and make determinations necessary or appropriate to carry out the Local Health Department's functions, protect the public health, and prevent disease. She also applies preventive and public health knowledge, techniques, and skills to reduce the incidence of communicable disease, occupational illnesses, and foodborne disease.



**Ellen Clement, M.S.W., M.P.H.
Health Officer**

The Washtenaw County Public Health Department is pleased to provide you with a summary of the many activities we perform on a daily basis to honor our commitment to a safe, healthy, and vibrant community. As you will note, we are *focused on prevention*. Our programs seek to increase healthy births, promote healthy lifestyles, prevent the spread of infectious diseases, protect our environment, and prepare for emergencies.

We are a performance- and results-based organization. Accreditation, quality assurance, and increasing efficiency all play large roles in our culture of continual improvement. This concentration on improvement was recently recognized by the Michigan Department of Community Health (MDCH), who honored us with an achievement award for our Washtenaw County Health Improvement Plan (HIP). MDCH recognized HIP for “its exceptional and strong support for the improvement of the public’s health.”

Fiscally, it was a very good year for us. The leverage we achieved through collaboration and partnerships, paired with strident cost containment, enabled us to be strong stewards of our limited resources. This will be particularly important as we face Michigan’s uncertain economic future. Historically, a foundering economy places even greater demands on the resources of Public Health. We *are* the safety net that ultimately protects every citizen’s health.

Finally, the Michigan Association for Local Public Health (MALPH) elected me their president in 2006. This prominent post positioned me to work toward our shared vision of strengthening Michigan’s system of local public health departments and local governing boards, with the goal of promoting, protecting, and advocating for the improved health of Michigan’s people and their communities. I am honored to perform—at a statewide level—the duties I cherish performing for the residents of Washtenaw County.

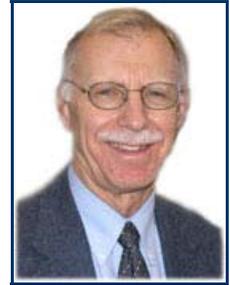
A handwritten signature in black ink that reads "Ellen J. Clement, MSW, MPH". The signature is written in a cursive style.

Ellen J. Clement, M.S.W., M.P.H.
Health Officer

Medical Director's Message

Making Good Health a Habit

The Medical Director is responsible for the establishment, maintenance, and supervision of all basic public health services and for the development, review, and implementation of all standing orders. He is the medical liaison with community physicians and other health personnel, institutions, and regional and statewide organizations, ensuring that whenever feasible, these entities have an opportunity to be involved with the development of public health programs. The Medical Director participates in planning, development, and review of all Emergency Preparedness response plans and policies, including exercise drills and training.



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

Two large foodborne outbreaks in Washtenaw County this year underscore the necessity for all of us to make good health a habit. In this instance, more than 200 people were sickened by a Norovirus that can be effectively controlled by staying home when you are sick, proper hand washing, and basic sanitation practices in your home or business. These simple habits, repeated over and over, can give us remarkable health protection.

Making good health a habit is not a difficult or complicated process. In fact, changing your health behavior to accommodate the following recommendations will pay dividends immediately, at a cost of only a few minutes each day. In this case, Ben Franklin's advice was correct: An ounce of prevention is worth a pound of cure. Focus on prevention to avoid:

- **Skin Cancer**—Lower your risk of skin cancer by regularly using sunscreen. Most of us remember the suntan lotion on a hot day, but don't forget to use it in the winter, too.
- **Obesity**—Pair sensible eating with 30 minutes of physical activity at least five days a week. Monitor your weight regularly and adjust your diet and exercise accordingly.
- **Influenza**—Protect your family and co-workers from colds and flu by covering up coughs and sneezes. Get an annual flu shot to diminish your exposure even further. The possibility of pandemic flu makes this behavior change potentially life-saving.
- **Chronic Illnesses**—Get yearly physicals to catch problems early. TB, diabetes, high blood pressure, and colon cancer can all be detected with relatively simple tests.

Making good health a habit is as simple as it sounds—once you pay attention to prevention.

A handwritten signature in black ink that reads "S Reedy M.D. MPH". The signature is written in a cursive, somewhat stylized font.

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

Health Promotion and Disease Prevention

Increasing Health, Well-Being, and Quality of Life

Health Promotion and Disease Prevention (HPDP) promotes healthier lives for individuals, groups, and the community at-large through community assessment and mobilization, data dissemination, education, and policy and environmental approaches. To prevent disease and reduce individual health risks, staff members manage programs that support emotional well-being, provide health education, prevent substance abuse, improve worksite wellness, and coordinate crisis response services. They administer grants that improve community norms toward substance abuse prevention and increase the use of policy and environmental approaches to preventing chronic disease.



Sharon P. Sheldon, M.P.H.
Health Promotion and Disease Prevention Manager

Key areas in which the HPDP team achieved success in 2006 included enhancing services to schools and youth, focusing on root causes of health issues, and encouraging active communities. Success in each area was the result of long-term approaches, cross-disciplinary collaboration, and good old fashioned teamwork.

Numerous presentations to key stakeholders about HPDP activities also supported our achievements this year, as we strived to raise awareness of health risk factors and the importance of the built environment as part of a healthy community. Staff members made presentations to the Chelsea Planning Commission, Chelsea Downtown Development Authority (DDA), CAP-DART Planning Group, Washtenaw County Homebuilders Association, Washtenaw County Non-Motorized Transportation Group, and various environmentalist organizations to promote the inclusion of walkability principles in future land use planning.

Washtenaw County Health Improvement Plan (HIP), Reality Check, and Mind Matters (the state of mental health in Washtenaw County) were three other areas in which literally dozens of presentations were made to community partners and the public to raise awareness about critical health issues, encourage collaboration, and promote the use of best practices to improve health status.

Enhancing Services to Schools and Youth

Our new School Health Team provided programs and services to virtually all school districts in Washtenaw County during the year. Services ranged from teaching media literacy as part of the Reality Check substance abuse prevention program, to facilitating groups of staff and parents to make environmental changes that promote physical activity and healthy eating, to providing mental health and debriefing services after crises in school buildings. The School Health Team is a cross-disciplinary team, made up of health educators and a mental health worker.

Focusing on Root Causes of Health Issues

We recognize that people in low-income areas often cannot follow nutrition guidelines because they live in “food deserts,” with little or no access to healthy foods. In Ypsilanti, HPDP staff members collaborated with several other agencies to start a new farmers’ market, support local community gardening, and help develop local business options related to healthy food. Using a long-term approach that focused on the numerous community assets in Ypsilanti, HPDP staff are seeing many local successes.



Encouraging Active Communities

Through the Washtenaw Steps UP! program, HPDP continues to work with several communities across Washtenaw County to promote physical activity and healthy eating using environmental changes. Visitors to Saline will find a new walking trail and billboard-type signs of walking routes in town. Bicyclists in Ypsilanti now have an easier time parking their bikes at new bike racks installed throughout the two business districts and community.



Family Health Division

Promoting Equality of Health Services for Children, Mothers, and Families

The Family Health Division promotes equality of health for women of childbearing age, their children, and families by ensuring that services are available and accessible, with respect to the dignity and cultural diversity of the community. Most Family Health Division programs focus on preventing health problems through early detection and intervention services, many of which begin at the very earliest stages—during pregnancy and the first year of a child’s life. With a desire to see healthy babies in Washtenaw County, the Family Health Division also reviews the medical, social, and environmental factors linked with all fetal, infant, and maternal deaths.



Susan Gialanella, R.N.
Nursing Director, Family Health Manager

The Family Health Division is comprised of public health nurses, social workers, dietitians, hearing and vision technicians, Women, Infant and Children (WIC) associates, and administrative support staff. These individuals are all focused on promoting optimal health in Washtenaw County families and reducing the incidence of infant mortality countywide. Descriptions, highlights, and accomplishments for each Family Health Division program during 2006 include the following:

Women, Infants and Children (WIC)

WIC is a federally funded health and nutrition program that provides pregnant women, new mothers, and young children with nourishing supplemental foods, nutrition education and counseling, and breastfeeding promotion, as well as health and social service referrals.

- Enhanced customer service by improving appointment scheduling, referral processes, clinic traffic flow, and phone service.
- Increased countywide breastfeeding rates, number of clients served at satellite clinics, and redemption rates of Project Fresh coupons.
- Improved nutrition education services through the implementation of a new coupon pick-up schedule.

Children’s Special Health Care Services (CSHCS)

CSHCS provides health care services for children with special health conditions. Services are also available to families of children with chronic illnesses or disabilities.

- Expanded outreach and education about CSHCS to the community, including Washtenaw Intermediate School District clinics, transportation companies, and pediatrician offices.
- Facilitated increased numbers of families using case management services.

Hearing and Vision

Washtenaw County provides free hearing and vision screening to all County children under the age of 18 (age 26 for special education students). Screening is done in the schools (public, private, charter, and preschool) and in our office by appointment. The program also provides a free Otology clinic for those children identified during screening as having a hearing difficulty.

- Maintained full screening services despite a complete cut in funding for part of 2006.
- Began billing Medicaid for screening children 3 to 6 years old.



Maternal and Infant Health Program (MIHP)

MIHP services are specialized preventive services provided to pregnant women, mothers, and their infants to help reduce infant deaths and illnesses.

- Collaborated with WIC to create a self-assessment form that increased referrals of pregnant women to MIHP by 100%.
- Created a Hispanic Coalition that includes membership from a variety of agencies to examine barriers that exist for our Hispanic clients.
- Provided staff training to develop additional skills for working with infants.
- Social Worker **Bev Davidson** was invited by Michigan Governor Jennifer Granholm to be on the Communication Task Force for Children's Justice.
- Dietician **Joy Petzoldt** shared learning experiences with MIHP staff gained through her trip to Africa to provide nutritional information to children there affected by HIV.
- Supervisor **Shannon Richards** was selected to serve as a member of the Medical Communications Task Force for the Michigan Department of Community Health.

Fetal Infant Mortality Review (FIMR)

The FIMR team of community partners identifies and analyzes factors that contribute to fetal and infant death through chart review and parent interviews. FIMR has two goals: To describe significant social, economic, cultural, safety, health, and systems factors that contribute to mortality, and to design and implement community-based action plans founded on the information obtained from the reviews.

- The FIMR team reviewed, analyzed, and made recommendations on 23 cases in 2006.

Child Death Review Team (CDRT)

The CDRT, which also includes many community partners, examines unexpected deaths of all county children between the ages of 0 and 18 that have been previously investigated by the Medical Examiner. The Team's primary goal is to discuss the preventable causes and factors leading to death, and then identify needed changes in practice and/or policy to avert child deaths in the future.

- The CDRT reviewed, analyzed, and made recommendations on 11 cases in 2006.
- The CDRT team continues to maintain a Grief Resources card for use in the community by first responders who are called to a child death scene.

Coalition for Infant Mortality (CIMR)

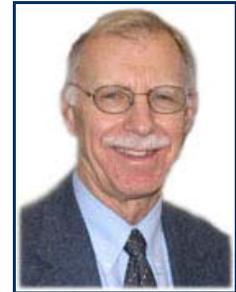
CIMR is comprised of individuals and groups who are concerned about reducing infant mortality rates in Washtenaw County and, in particular, reducing racial disparities in infant mortality and in low birth weight/premature deliveries.

- Collaborated with MIHP and WIC to develop new client self-assessment forms now used in the MIHP and WIC programs throughout the county.
- Implemented a CIMR website that receives regular web traffic.
- Increased awareness of infant mortality, low birth weight, and unsafe sleep practices within our community.
- Explored access-to-care issues in the eastern part of Washtenaw County, which coincides with high infant mortality rates that exist in that area.
- Awarded a March of Dimes grant that integrates smoking cessation with the work of CIMR, the Ypsilanti Health Coalition, and the Tobacco Reduction Coalition.
- Sponsored several well-attended cultural competency workshops for health care providers throughout Washtenaw County.
- The Safer Sleep Coalition, a spin-off of CIMR, developed a video about the dangers of unsafe sleep situations for babies. One thousand of these DVDs will be distributed throughout the county. A comprehensive PowerPoint presentation is also available on the CIMR website for any provider to use when presenting on infant sleep.

Disease Control

Protecting Health by Preventing and Controlling Disease

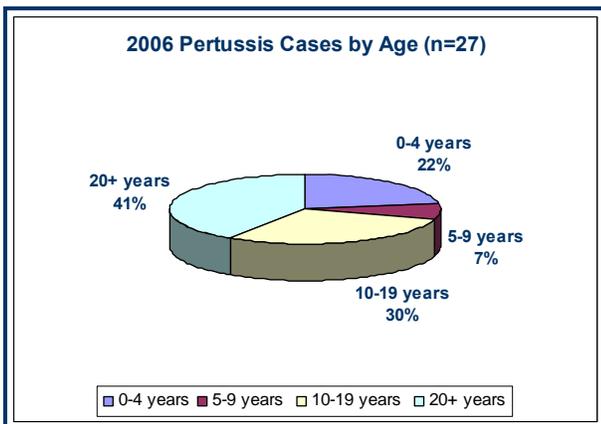
Disease Control is responsible for preventing and controlling the spread of communicable diseases. It provides an active surveillance and reporting system that monitors the prevalence of all communicable diseases in the County, such as tuberculosis, meningitis, pertussis, and influenza. Disease Control 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.



Stan Reedy, M.D., M.P.H.
Disease Control Manager

Washtenaw County experienced two large foodborne outbreaks in 2006 caused by Norovirus. In the first incident, approximately 200 people became ill after eating at a workplace cafeteria, and in the second, more than 60 individuals were infected with Norovirus as the result of an ill food worker who prepared catered food at a local restaurant. In both instances

our new HealthWatch tool enabled us to rapidly collect data from individuals involved in the incidents, allowing us to more quickly determine which suspected food items were contaminated.



We continued to increase our community outreach activities this year, visiting shelters, churches, and the homeless with counseling, education, STD, and immunization services. Through this work, we have identified residents who are HIV positive, have Hepatitis C, or who require vaccinations for Hepatitis A or B.

Our own Adult Health Clinic transitioned from a walk-in to an appointment-only clinic during 2006, greatly improving wait time, efficiency, and the morale of both clients and staff. The clinic also started seeing women for pap smears and birth control counseling through the Plan First! program. Even though the program started slowly, women who have received the services say they are pleased with this new offering.

Service	2006 Clients Served	2005 Clients Served
STD Clinic Examinations/Counseling	2,664	2,871
HIV Testing/Counseling	1,415	1,409
TB Screenings and/or Treatment	1,339	1,297
Children Vaccinated Against the Flu	299	354

Emergency Preparedness

Protecting Your Health in the Event of an Emergency

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.



Cindra James, B.S.
Emergency Preparedness Coordinator

A primary focus of our activities during 2006 was to familiarize and train staff in the various modules of the National Incident Management System (NIMS). NIMS was developed so responders from different jurisdictions and disciplines could work together better to respond to natural disasters and emergencies, including acts of terrorism.

NIMS uses a unified approach to incident management, standard command, and management structures. It emphasizes preparedness, mutual aid, and resource management. While most emergency situations can be handled locally, major incidents may require assistance from other jurisdictions, the state, and the federal government. NIMS helps us coordinate these resources to better assist the public when major emergencies occur.

Health Department staff received training on the following NIMS modules during 2006: Strategic National Stockpile (SNS), Modular Emergency Medical System (MEMS), Crisis and Emergency Risk Communication (CERC), and Respiratory Fit Testing.

We also completed two important functional exercises during the year:

- A mock pneumonic plague release, where staff had to obtain prophylaxis (treatment to prevent the onset of a disease) for themselves and their family. Pre-exercise messages were sent via the Health Alert Network (HAN) and the health LISTSERV. Staff was also required to access our website to download and fill out forms before visiting a mock clinic.
- A flu clinic exercise, in which we tested how many employees we could process through an immunization clinic in a predetermined timeframe. Another exercise objective was to test whether the communications we distributed about how to retrieve forms were understood and utilized.

Both exercises went well and the lessons we learned were used to update our emergency plans. Exercises like these are designed to improve our overall preparedness, expand our capacity to provide proper care, and strengthen our ability to respond quickly in the event of an emergency. Additional exercises are planned for 2007.



To ensure that our response plans are integrated and will function effectively during an emergency, our department works with many local stakeholders throughout the year. One way in which we focus on these issues is through monthly Health Emergency Response Coalition (HERC) committee meetings. HERC membership includes law enforcement, Emergency Medical Services (EMS), hospitals, pharmacies, veterinarians, and Emergency Management Departments (EMD).



Looking toward 2007, we expect to begin using a web-based electronic health record system called Encompass to house training information, first responder contact lists, equipment inventory, and data on volunteers. Centralizing this information will enable our department to more effectively prepare and serve you in the event of an emergency.

The Washtenaw Health Plan

Making Access to Basic Health Care Services Available to All

The Washtenaw Health Plan (WHP) provides access to basic health care coverage—including preventive and primary care services, specialty care, hospitalization, and prescription drugs—to the uninsured and underinsured residents of Washtenaw County. An agency that believes that access to health care is a basic human right, WHP is a public/private partnership that includes Washtenaw County, the University of Michigan Health System, and Saint Joseph Mercy Hospital. The WHP offers three programs that provide different options to consumers, or groups of consumers within the County, who need help accessing health care.



Ellen Rabinowitz, MUP
Washtenaw Health Plan Director

Expanding access to health care for low-income, uninsured, or underinsured Washtenaw County residents continued to be the mission of the WHP during 2006, a task made increasingly more difficult due to our stagnating Michigan economy. Client volume increased as more people found themselves uninsured, driving up the demand for WHP services. Of the 35,000 uninsured residents in Washtenaw County in 2006, 9,843 accessed WHP programs for their health care services during the year.

WHP helps residents with the greatest financial need—often the people most at risk—and consists of three programs:

- **WHP Plans A & B:** Targets uninsured residents in the low-income bracket who do not qualify for Medicaid or Medicare.
- **Washtenaw Small Business Health Plan (WSBHP):** Offers small businesses the opportunity to provide access to health care for their employees.
- **Washtenaw County Prescription Plan (WCPP):** Provides a discount prescription drug program for County residents of all ages who have limited, exhausted, or no prescription drug coverage.

Enrollment in the WHP increased during 2006, with almost 1,000 new members joining Plans A and B and close to 400 enrolling in the WCPP. As our enrollment grew, we expanded our administrative infrastructure to more effectively serve our clients. Three new positions were added including a health analyst, an additional case manager, and a staff position responsible for provider network management/provider relations.

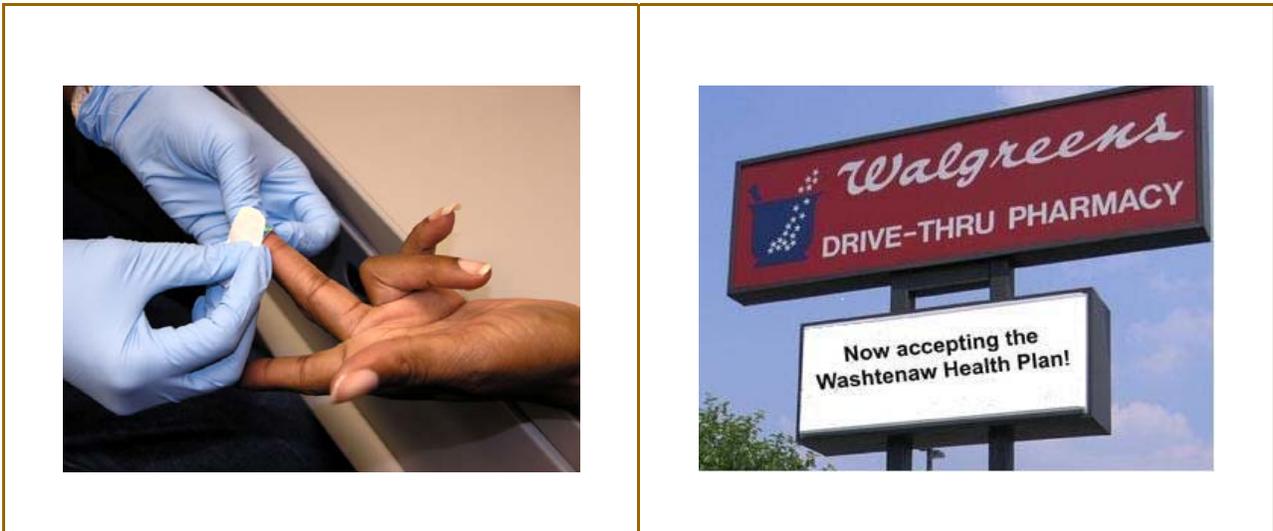
Increased staff allows us to place a greater emphasis on case management. This enables us to provide more individual help to people navigating the health care delivery system and for more rigorous oversight when they need to use the WHP.

Changes in the legislative rules that govern our programs and uncertainty in the state budget created several challenges for our administrative team throughout the year—particularly as it related to planning. While much administrative time was devoted to these issues, they did not ultimately affect the level of service delivery to our customers.



Michigan's present economy ensures a steady stream of clients for the WHP, which currently assists less than a third of the uninsured residents in Washtenaw County. 2007 promises to be another challenging year as the legislature continues to debate the extent to which it will fund programs like ours. With more than 44 million people uninsured in America today, it is a daunting yet imperative task for the state to determine its role in supporting access to health care resources for all Michigan residents.

Our clients—many of whom never before needed our services—often tell us how much they appreciate the help they received from WHP providers. It is gratifying to hear these comments. They underscore our mission and our belief that when we serve the neediest of our County residents, the whole community benefits.



Environmental Health

Protecting and Improving Our Environment and Our Health

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.



Richard Fleece, R.S.
Environmental Health Director

The events of 2006 made for a challenging yet productive year for Environmental Health. Noteworthy highlights included the County's largest foodborne outbreak to date, the introduction of online restaurant inspection reports, and the largest radon home test kit distribution the County has ever conducted.

Environmental Health staff participated in required Emergency Preparedness Training during the year, including Crisis and Emergency Risk Communication (CERC), National Incident Management System (NIMS), and Strategic National Stockpile (SNS) tabletop exercises. In addition, our staff completed their Continuity of Operations Plan (COOP) during the year for use in the event of an emergency.

Technology played a key role in the success of the Environmental Health staff in 2006. Faced with investigating and reporting out on two large foodborne outbreaks, staff members partnered with Public Health to implement an automated online survey tool acquired from the state health department. More than 700 people participated in the online surveys, which enabled individuals involved in the outbreaks to provide food histories and illness symptoms with minimal use of staff resources. In addition to the savings we realized in labor costs, our epidemiologist found she could quickly and easily use the new tool to monitor data and analyze which food items were potentially contaminated.

Another process we automated this year was restaurant inspection reports. Partnering with members of the County's Information Technology department, staff members created a shorter URL to help users find our website: <http://foodsafety.ewashtenaw.org>. This website was updated with important information about restaurant inspections and food code items, and restaurant inspections are now posted twice a month to keep the site current.

We also continued our partnership with the University of Michigan nursing program, enabling 4th year nursing students to gain Environmental Health field experience by attending a restaurant inspection and a pollution prevention or soils inspection.

Environmental Activities—2006	
2006	Activity
2,020	Food service inspections
2,802	Number of food service inspection critical violations
95	Percentage of food service inspection critical violations corrected
106	Number of Foodborne Illness (FBI) reports
100	Percentage of FBI reports investigated within 24 hours
252 / 3,166	Pools inspected/water samples taken
100	Percentage of pools meeting safety equipment standards
502	Actions taken on pools not meeting water quality
5 / 195	Public beaches inspected/water samples taken
0	Beach closures
108	Family Independence Agency (FIA) inspections
78	Percentage of FIA reports investigated within 30 days
2	Imminent health hazards
100	Percentage of imminent health hazards corrected immediately
N/A*	Number of Mobile Home Parks (MHP) inspected
N/A*	Number of MHP complaints
N/A*	Percentage of MHP complaints investigated within 48 hours
145	Number of housing complaints
100	Percentage of housing complaints investigated within 48 hours

* The Michigan Department of Labor and Economic Growth (DLEG) began performing these functions in 2006.

Environmental Health staff distributed more than 1,500 free radon home test kits this year. Our largest distribution to date, approximately 48% have been returned to the lab for analysis. Results support earlier estimates indicating that 40% of Washtenaw County homes have elevated levels of radon.

Other highlights from the year included:

- Washtenaw County Environmental Health partnered with Livingston County Environmental Health to host a half-day workshop for contractors working in on-site sewage disposal design, inspection, and installation.
- Environmental Health implemented its first “wireless” inspection application. Inspectors performing inspections of facilities that store hazardous materials can now enter their inspections from remote locations.
- Privately owned community wastewater systems emerged as an issue this year and staff began meeting with township officials to discuss how these systems could be regulated through zoning and a possible new County regulation.

An evaluator from the State of Michigan inspected our residential and Type III water supply program this year. We are pleased to share some of his comments with you:

- “Your program is top-tier and in the upper echelon in the state.”
- “You responded to 24 complaints—23 of these were responded to within 24 hours—this level of complaint response is unheard of in this state.”

- “All of the files I reviewed had all of the appropriate water samples—this is rare in evaluations.”
- “Your approach on well abandonment and registering auxiliary wells is very good.”
- “Your use of technology is the best I have seen around the state.”

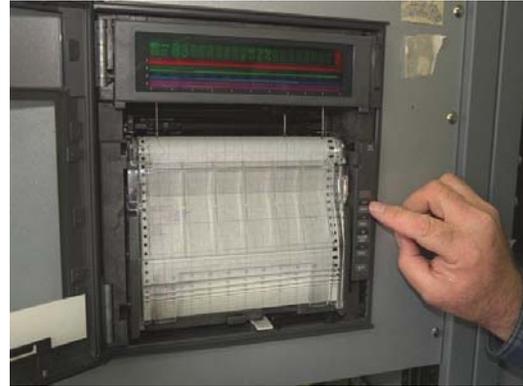
Development Activities—2006	
2006	Activity
5,546	Water samples processed
1,139	Sewage systems inspected
775	Well and septic reports reviewed for inspections at the time of property transfer
761	Well permits issued
579	Facilities storing hazardous materials inspected to determine whether they complied with the Washtenaw Pollution Prevention regulation
446	On-site sewage permits issued; 126 permits were for replacement systems for existing homes
386	Soil examinations conducted to determine site suitability for on-site septic systems
258	Existing wells abandoned
210	Homes found to have unsafe levels of bacteria; these were corrected by chlorinating the water supplies
98	Homes having their sewage disposal systems reviewed to determine whether the system could accommodate a home expansion
71	New on-site sewage disposal systems installed because of the time-of-sale inspection program
44	New wells drilled because of the time-of-sale inspection program
42	Homes tested and found to have arsenic in their drinking water above the maximum contaminant level of 10 ppb; corrections were made by either installing a treatment system or by drilling a new well
12	Sewage permits issued for commercial/non-residential use

Recognition

Finally, several members of our Environmental Health staff were honored this year for their outstanding contributions to the field, were selected for presentations at prestigious conferences, or were asked to contribute their expertise in a variety of roles at state and national professional associations.

- **Charles Yet**, Washtenaw County Environmental Health Sanitarian, was chosen as one of 12 people nationwide to review exam questions for one of the most well-known national restaurant manager certification exams, ServSafe. Charles also presented on “Asian Restaurants” at the Michigan Environmental Health Association’s 2006 Food Protection Conference.
- **Alan Hauck**, Washtenaw County Environmental Health Senior Sanitarian, served as the president of the Michigan Environmental Health Association.

- **Kristen Schweighofer**, Washtenaw County Environmental Health Supervisor, served as secretary of the Michigan Environmental Health Association. Kristen was also invited to be part of the Michigan Food Law workgroup, a group looking at revising Michigan's food law and adopting the 2005 food code. Her participation ensures that Washtenaw County's concerns are addressed and she will help shape the future of Michigan's food safety and regulation going forward.
- **Dick Fleece**, Washtenaw County Environmental Health Director, was honored by the Michigan Environmental Health Association for his outstanding contributions to the field of Environmental Health. Dick received the organization's LaRue L. Miller Life Achievement Award during their annual education conference in March. Dick was also honored by a resolution from the Board of Commissioners for his many awards and achievements in the field of Environmental Health.



Revenue and Expenses

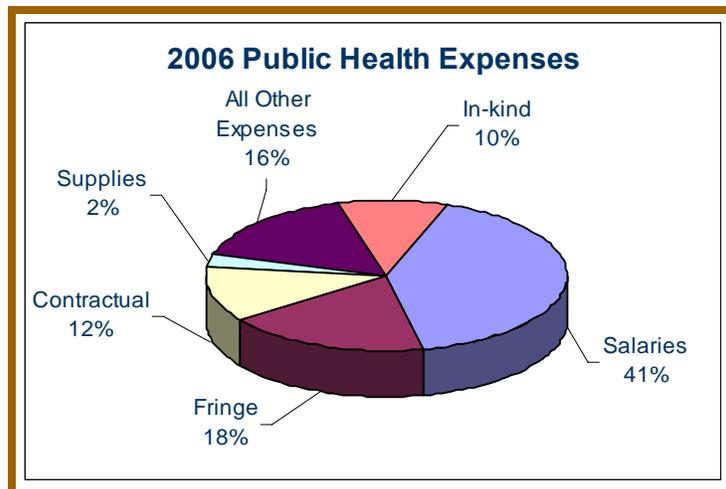
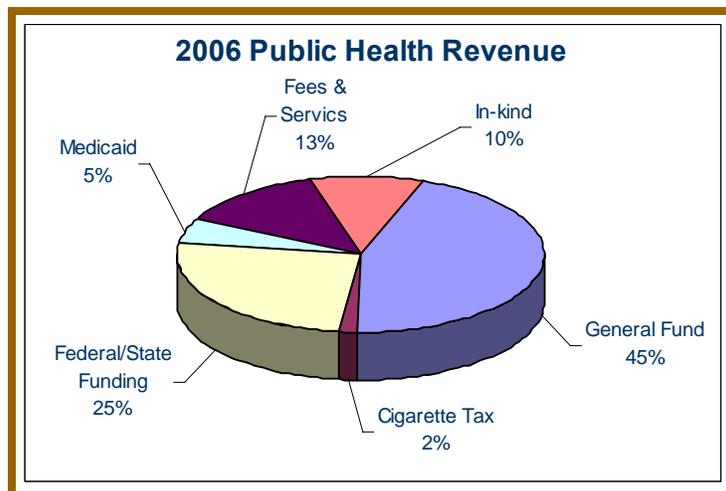
Providing Timely, Relevant, and Accurate Financial Information to Management

The Washtenaw County Public Health Department's Financial Management team is responsible for accounting, budget, accounts payable, accounts receivable, 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 nearly \$12 million and funded through multiple revenue streams that include Federal, State, and County/Local dollars and grants.



Kelly Belknap, B.S.
Finance Manager

The Public Health Department had a staff of 72 permanent employees with an additional 38 in the Department of Environmental Health. The combined 2006 budget for both departments totaled \$11,992,594.



Communications

Ensuring Professional, Accurate, and Timely Information that Engages and Informs

The Communications Manager/Public Information Officer (PIO) provides the overall direction to all Public Health communication activities, including public information, emergency preparedness, publications, customer materials, health promotion campaigns, presentations, and web communications. As a liaison to the media, the general public, and to Public Health employees, the Communications Manager/PIO is responsible for ensuring the quality, consistency, and appropriateness of all Public Health communications.



Gray R. Reynolds, M.A.
Communications Manager / Public Information Officer

In late 2006, the Washtenaw County Public Health Department saw fit to create the position of Communications Manager/Public Information Officer—somewhat because the department needed it, but mostly because you deserved it. Public Health, more than almost any other County department, is an external-facing organization. We deal with the public every day, because people are our business. And we *like* it that way.

Opportunities abound for us to communicate with you. Communicate about disease prevention, immunizations, emergency preparedness, STDs, maternal/infant health care, hearing and vision, walkable communities, environmental health...and the list goes on and on.

One of the first activities we undertook after establishing this role was to finalize a strategic communications plan. The main public education goal of that plan was very simple: To promote understanding of, and interest in, health-sustaining behaviors and current Public Health events and activities, through the news media, Internet, and other media with Washtenaw County residents. Here is how we will do that:

- Use news media and other communication tools to deliver clear and engaging messages to the public about current Public Health issues, programs, events, reports, and activities.
- Respond appropriately and effectively to requests from the media and the public for information related to public health issues.
- Improve awareness, understanding, and appreciation for the benefits of public health and the services that Washtenaw County Public Health provides.
- Educate the public about health and public health issues through the Public Health Department website.
- Support the Public Health goal of reducing or eliminating key health disparities in our community.
- Reinforce Public Health emergency preparedness and risk communication activities.

I hope you will contact me at reynoldsg@ewashtenaw.org or 734-544-3091 with your feedback, or if you have specific suggestions as to how we can do a better job in any of these areas. I look forward to reporting back to you about our progress in 2007.



Public Health Department

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Fax: 734-544-6705

Clinics

Adult Health Clinic (HIV/STD): 734-544-6840

WIC: 734-544-6800

Immunizations: 734-544-6770

TB: 734-544-6770

Flu: 734-544-6770

Environmental Health

705 N. Zeeb Road
P.O. Box 8645
Ann Arbor, MI 48107

Phone: 734-222-3800
Fax: 734-222-3930