



# Annual Report 2003



# A Note from the Health Officer

A major highlight of the 2003 fiscal year has been the Washtenaw County Clean Indoor Air Regulation. Passed by the Board of Commissioners on November 20, 2002, the regulation protects workers and citizens from health hazards associated with exposure to secondhand smoke in public places and most workplaces. The Commissioners are to be commended for their leadership in making Washtenaw County the second county in Michigan to take this important action. More work remains to be done to protect all workers as bars and restaurants are preempted from local regulation in Michigan.

Public Health has been the focus of much national attention as we take steps to assure that our system—local, state and national—is prepared for local emergencies and emerging diseases. Taking on these new challenges has brought long needed resources into our system but with those resources has come even more new work. Our priorities are shifting to be ready to respond but at some cost to other public health services and programs.

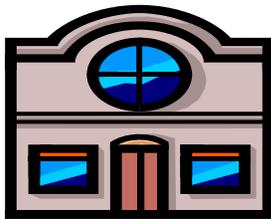
This was my seventeenth year working for Washtenaw County Public Health. I continue to be astounded by the commitment to the health of the community shown by everyone in this department. It is an honor and a challenge to work among such dedicated people on a daily basis.

Ellen J. Clement  
Health Officer



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**This Building is  
SMOKE FREE**

**Breathe Better  
Washtenaw County**

Pursuant to the 2002 Washtenaw County Clean Air Regulation



## Washtenaw Health Plan: Increasing Access to Health Care Services

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, and other public and private health care providers, and the WHP Corporation.

Formerly a program of the Washtenaw County Public Health Department (known as the Washtenaw County Health Care program), the WHP became a separate non-profit entity, and in May 2002, began operating the program. 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 2003, WHP had an enrollment of just over 4000 clients, a more than doubling of program capacity from the former Washtenaw County Health Care program.

Washtenaw County and the WHP also began a prescription drug discount program in February 2003. 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. The WCPP enrolled 1,377 county residents in the first year. Collectively, the enrollees saved over \$138,000 on their prescription drugs.

During 2003, the WHP also continued planning for new programs 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 will each pay one third of a health insurance premium. This new program component of the WHP is expected to begin in 2004.

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



## **Public Health Administration: 2003 A Challenging Year for the Budget**

The Department received notification early in the year that funding received from the mental health system for the Sexual Assault Crisis Center would be cut. The loss of this Center which was founded 20 years ago, was a difficult blow. In order to preserve some of the services that would otherwise be terminated, plans were initiated to merge sexual assault services into the Domestic Violence Program, Inc. The plan was implemented with final action by the Board of Commissioners in September 2003.

In August action was taken to eliminate additional public health positions as a result of a budget shortfall. A reduction of eight full time equivalent positions across the department impacted Maternal and Infant Health Advocacy, support services, Hearing and Vision, Public Health Nursing, and Children's Special Health Care Services. The Department has been actively seeking grant funding and other revenue sources to augment our reduced workforce and support important public health services to the community.

## **Emergency Preparedness: A Real Blackout and a Bioterrorism Exercise!**

The Public Health Emergency Preparedness/PHEP Program produced a Bioterrorism Plan for the County, reviewed and accepted by the Emergency Medical Commissions' Bioterrorism Subcommittee, a group of representatives from stakeholder agencies, inside and outside County government. In August, a blackout hitting southeast Michigan tested Washtenaw County's emergency preparedness. This blackout occurred immediately after a training session held in anticipation of a bioterrorism exercise, to be conducted later by the Emergency Management Division for Washtenaw County and by the Region 2 South Bioterrorism Network for area hospitals and other public health agencies. The training session, an Orientation, provided participants with education on roles in a bioterrorism event. Public Health would play a major part in the upcoming exercise and its role was defined in detail. Washtenaw County Public Health designed the upcoming Bioterrorism exercise, working closely with the County's Emergency Management Division consultant and others in the Region 2 South Network.

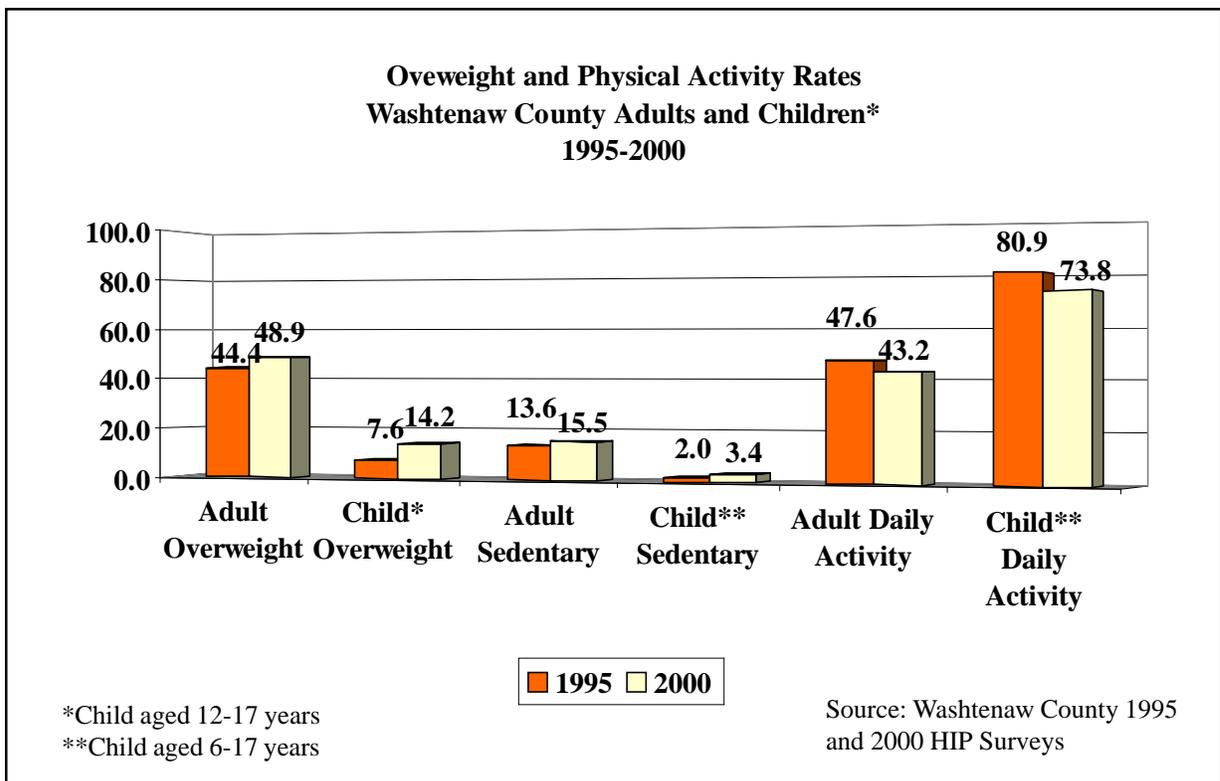
Two Crisis Risk Communication training sessions were conducted – one for Public Health staff and a second for Environmental Health (EH) staff - focused on appropriate communication in a crisis situation. The EH session also contained an intentional food poisoning exercise. These sessions were presented in the Michigan Crisis Risk Communication sessions to all local public health agencies. The PHEP Program was renamed the Readiness & Response Program and public health workers are deemed "first-responders" (per Homeland Security Presidential Directive/HSPD-8) for "all-hazards preparedness, preparedness for domestic terrorist attacks, major disasters, and other emergencies."

# Health Promotion/Disease Prevention Division: Focus on Obesity

Obesity and overweight are health issues of great importance to people who live and work in Washtenaw County. The Washtenaw County Health Improvement Plan (HIP) is focusing on two strategies to combat this health epidemic: increasing physical activity and increasing health eating for youth and adults. As seen in the graph below, the most recent HIP survey results (2000) demonstrate that trends in physical activity and overweight among youth and adults are going in the wrong direction.

In order to reverse this alarming trend, a comprehensive approach using environmental, community, family and individual strategies is essential. The Washtenaw County Public Health Department’s Health Promotion and Disease Prevention Division is actively working with community partners to increase physical activity and healthy eating. For example, business leaders attended “Washtenaw County Businesses on the Move” in February 2003 to learn more about how physical activity and healthy eating can affect the bottom line by reducing chronic disease and increasing productivity. In addition, health educators are working closely with area schools to increase students’ physical activity and healthy eating through improvements to the school environment. At the community level, Health Department staff are working with several community-based walking programs to promote active living for their residents.

Combating obesity is an essential long-term goal of the work done by Public Health. Best practice dissemination and partnerships are critical to the success of this effort as we work to create a widespread awareness of this important health issue and what can be done to make a difference!



# Disease Control Division: New Outbreaks Pose Challenges

Tragedy struck our community early in 2003 in the form of an influenza assault on children. The two deaths that occurred resulted in a local public health investigation with a CDC team and reminded us that flu causes huge numbers of hospitalizations and deaths each year in susceptible populations. When the new flu season made a dramatic and early appearance later in the same year there was an unusual run on vaccine, provoking both national and local review of what we need to do to be prepared for our next flu season.

The SARS outbreak further defined the year for Communicable Disease. That common threat served to bring medical care and public health people closer together. The conclusion of the outbreak highlighted the fundamental importance of tried and true infection control measures. Public Health used the opportunity to put bacterial meningitis on the agenda for discussion with hospital Emergency Department and Infection Control staff. On other infectious disease fronts, clinicians are looking over one shoulder, hoping that antibiotic-resistant bacteria and viruses don't gain too rapidly. The TB Clinic is also aware that totally resistant TB bacteria are out there in the world and can easily come into our midst

Public Health provides leadership among the partners that stand ready to respond to either bioterrorist agents of disease, or naturally emerging threats. Whether facing suspected measles or mumps, monkeypox or meningitis, our experienced professionals complete investigation and follow-up in order to protect others who might be exposed. Promoting and providing immunizations for children is a never-ending task. Steady progress was made in gaining the full advantage of the Michigan Childhood Immunization Registry (MCIR) as a tool to assure that all children are fully immunized. Transmission of HIV and other sexually transmitted infections continue to be troublesome. In addition to Public Health testing and treatment, new community approaches in education and promoting responsible behavior are needed.

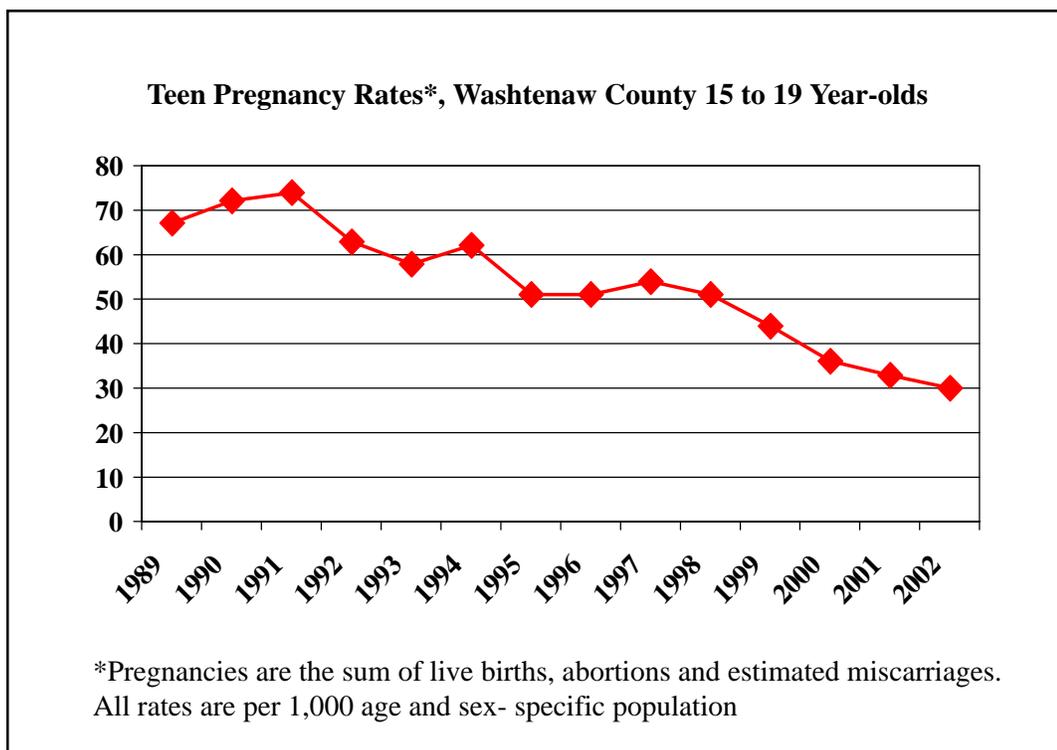


<b>Service</b>	<b>2003 Number Served</b>
Immunization	44,971 vaccines administered
Sexually Transmitted Disease	2,831 persons examined/ investigated
HIV Testing/Counseling	1,163 persons
TB Treatment & Screening	1,060 persons

# Family Health Division: Ongoing Support for Women and Children

It is the goal of the Family Health Division to promote optimal health for women of childbearing age, their children, and families by ensuring services are available and accessible, with respect to the dignity and cultural diversity of our community. The division is comprised of several programs including; WIC (Women, Infants, and Children), Maternal/Infant Support Services, Children's Special Health Care Services, and the Hearing and Vision program. Family Health staff are integral in assisting clients to arrange for prenatal and pediatric care, obtain nutritious foods and nutrition education for themselves and their children, identifying children with vision or hearing concerns, and coordinating specialty care for medically high risk children. Family health staff are comprised of public health nurses, social workers, dietitians, hearing and vision technicians, WIC associates, and support staff who are all focused on reducing infant mortality and fostering optimal health within the family unit. The staff serve clients in a variety of locations including clinical and home settings, in addition to representing public health at over 25 different interagency committees.

Program	2003 Number Served
Maternal and Infant Home Visits/Support	529 persons
WIC	4,558 average monthly participation
SIDS	7 family support visits
Child Health Home Visits	237
Hearing & Vision Screening	41,095 Screenings



# Department of Environmental Health Regulation: Rural Team

With changing technology in wastewater treatment and disposal and increasing pressure to approve these technologies, staff developed a procedure for evaluation and approval. As part of this effort, a field survey was conducted for the 67 homes in the county that have alternative technology sewage disposal systems.

Arsenic continues to loom as a major concern for groundwater quality. Arsenic which is naturally occurring in some areas, has been found above the US E.P.A. maximum contaminant level of 10 parts per billion (ppb) in 115 wells through December 2003. Staff has worked with the owners of these wells to either drill a new well or provide adequate treatment. Arsenic has been found more prevalent in the northern and western portions of the county.

Service	2003 Number Served
# soil evaluations for onsite sewage	706
# sewage permits issued	750
# septic system inspections	1,928
# well permits issued	907
# well abandonment logs reviewed	367
# replacement well site visits	465
# Time of Sale reports reviewed	952
# of positive coliform bacteria/nitrate well samples	70



# Department of Environmental Health Regulation: Urban Team

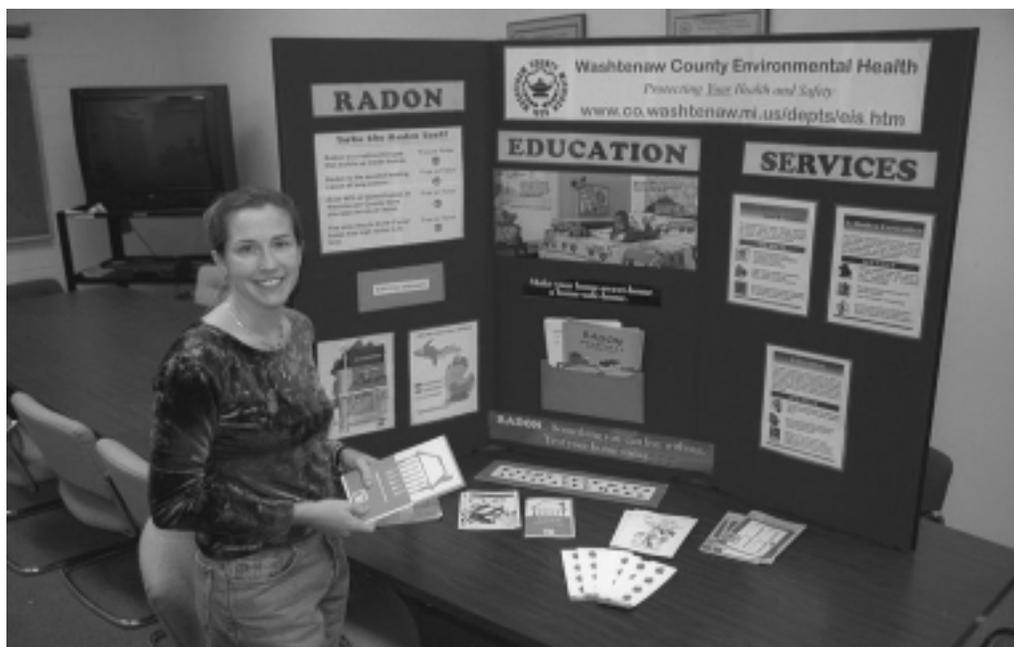
## State Recognition and Involvement:

- Kristen Schweighofer, Sanitarian II, was honored by the Michigan Environmental Health Association as Young Professional of the Year;
- Valorie Gleason participated on a state committee which completely revamped food licensing procedures.

## Other notable achievements:

- Temporary food establishment training for Art Fair was enhanced;
- Implemented a process to help temporary food establishments pre-plan so that they are set up for food safety success the day of the event;
- Pollution prevention inspections were increased and focus was placed on identifying businesses that should be included in the Pollution Prevention database;
- Environmental Health Emergency Response plan is being developed by staff representing all program areas of Environmental Health;
- West Nile Virus surveillance included sampling of mosquitoes and mapping of dead bird locations;
- Bathing Beach water quality data was posted on the state Department of Environmental Quality web site.

Service	2003 Number Served
# of fixed food establishment inspections	1,810
# of mobile, vending, STFU inspections	195
# of temporary food establishment inspections	364
# of food related complaints	130
# of foodborne illness complaints	50
# of pollution prevention inspections	563
# of licensed swimming pools	242
# of Radon kits distributed	1,147

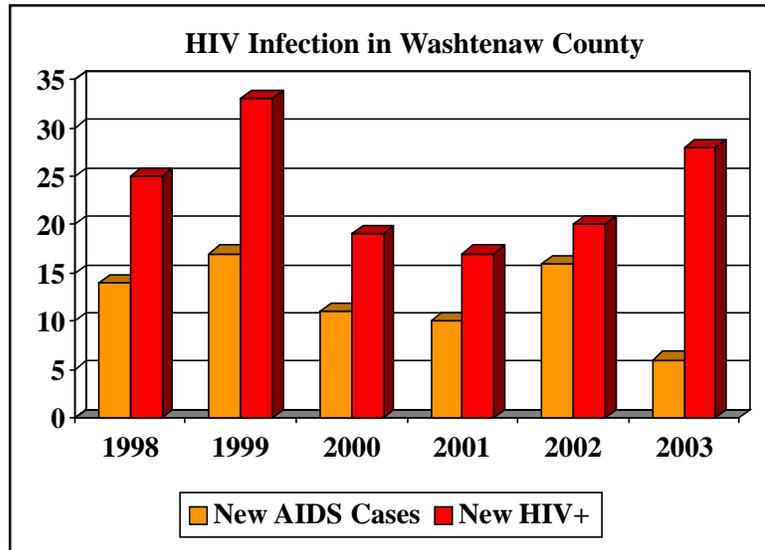


# Washtenaw County Health Profile

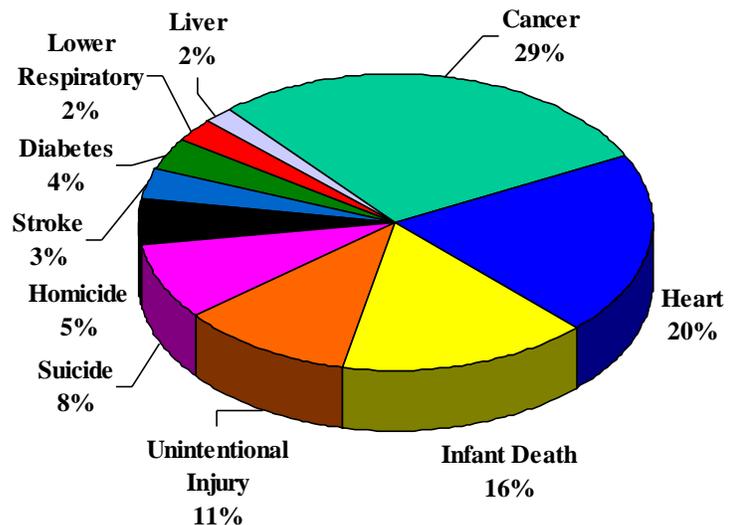
## Smoking Rates in Washtenaw County

Population group in Washtenaw County - 2000	% who currently smoke cigarettes
Adults overall – 1995	21.0%
Adults overall - 2000	18.0%
<b>Gender:</b>	
Males	19.9%
Females	16.3%
<b>Age:</b>	
18-29 years	23.1%
30-49 years	17.1%
50 and older	11.5%
<b>Education:</b>	
Less than HS grad	38.2%
High School grad	30.7%
Some college	22.9%
College grad	8.7%
<b>Race:</b>	
White	18.3%
Black	23.1%
Other	9.8%
Michigan adults - 2000	24.1%

## HIV Infection in Washtenaw County



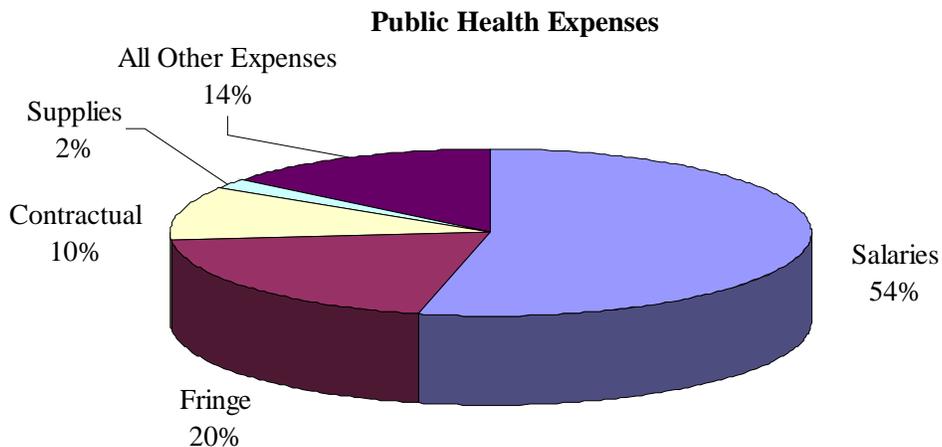
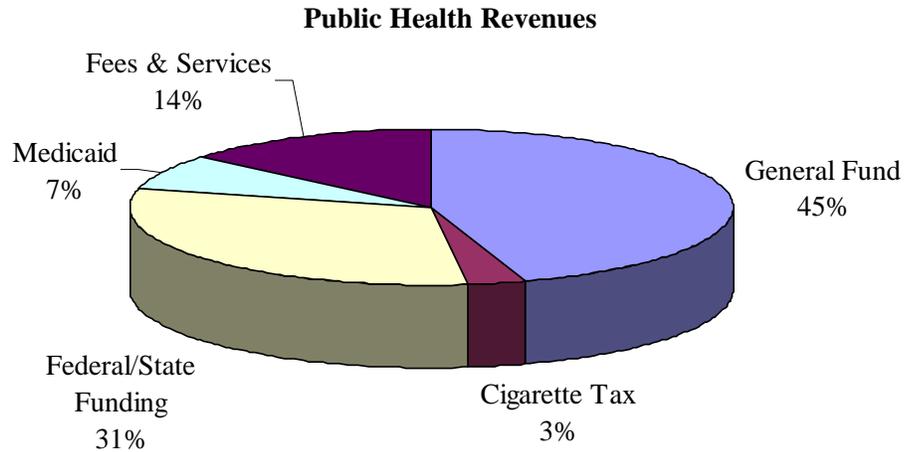
## Premature Deaths Years of Potential Life Lost Below Age 75 Washtenaw County Residents - 2002



Data Sources: Michigan Department of Community Health, Washtenaw County Public Health, 1995 & 2000 HIP Surveys

# Health Department Revenues and Expenses: \$6,492,662

The Public Health Department had a staff of 90 employees with an additional 45 in the Department of Environmental Health. The combined 2003 Public Health Budget for both departments totaled \$10,075,745.





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