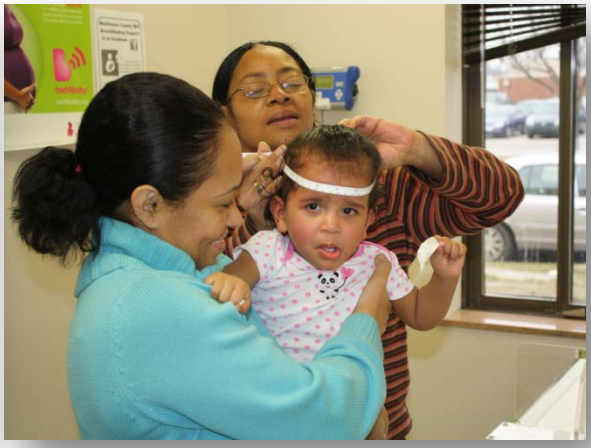
Washtenaw County

COMMUNITY HEALTH IMPROVEMENT PLAN



INTRODUCTION

What is a Community Health Improvement Plan?

A community health improvement plan is a five-year, systematic effort to address public health problems and is based of the results of community health assessment process and results. Public Health and community partners use the plan to identify local health issues, set priorities, and coordinate resources.

How will we use this plan?

The plan guides Washtenaw County Public Health's collaborative work with partners. We will track our progress on each of the strategies outlined in the plan and report progress back to the community. While this is a long-term (five-year) plan, it is also refined and improved as we work with it.

How did we develop this plan?

Washtenaw County Public Health's Health Improvement Plan of Washtenaw County (HIP) coordinated the development of this plan, in partnership with the many program partners across Washtenaw County. The HIP partnership is explained in detail in the Introduction of this document.

Issues were prioritized by HIP's Coordinating Team. Coordinating Team members from University of Michigan Health System, St. Joseph Mercy Health System, and Chelsea Community Hospital shared their Community Health Assessments and Community Health Improvement Plans as they were developed in 2012. The Coordinating Team recommended that HIP choose priority issues that are in alignment with the issues selected by these major health systems. (See appendix for table of prioritized issues by HIP and the health systems in Washtenaw County titled, "Community Health Needs Assessments: Health Priorities of Washtenaw's Health Systems, Washtenaw County Public Health, and other local and state agencies.") Additionally, all of the issues selected were also selected by HIP's committees as "Critical Health Issues" during the latest round of Health Objective setting and review in 2012. The community input into HIP's objective planning was extensive during the review process in 2012. For more information on the HIP objectives, see the Introduction of this document.

Strategies for each plan were developed in collaboration with existing or new committees or coalitions. A list of agencies, groups, organizations, and others who participated in the process or provided document review is provided in the appendix. Washtenaw County's community assets and resources were considered during the development of each plan (see the assets and resources section). HIP's Coordinating Team provided high level guidance; Implementation Team provided data and strategy review; and the Community Health Committee was invited to review the plans. The timeline for plan completion was March 2013 through August 2013.

Priority Issues

As detailed in the corresponding sections of our Community Health Assessment, the top priorities for action to improve the health of Washtenaw County citizens include:

Access to Care

An estimated 25,249 individuals aged 0-64 years were believed to be uninsured on average per year from 2009 through 2011. Of those, approximately 2,581 were currently eligible for Medicaid but not enrolled, and 8,297 individuals are expected to be newly eligible for Medicaid in 2014 (should expansion continue moving forward in Michigan); of the remaining 16,952, approximately 10,801 will be eligible to purchase coverage through the exchange with subsidies. The remaining 3,570 will remain uninsured.[1] There are approximately 43,000 residents in Washtenaw without dental insurance. There are nearly 18,500 Medicaid enrolled county residents with dental benefits.[2]

Mental Health

According to the Washtenaw County Health Improvement Plan Survey (HIP Survey), the proportion of Washtenaw County adults who experienced ten or more days of poor mental health in the past month increased nearly 50% between 2005 and 2010. Moreover, poor mental health in the past month more than doubled for young adults aged 18-24 years.

Substance Abuse

From 2000 to 2009, the number of deaths associated with alcohol in Washtenaw County increased from 18 to 22 per year. Other drug-related deaths increased from 27 to 40 per year during the same time period. Drug-related deaths surpassed motor vehicle fatalities, peaking in 2006 at 54 deaths per year.

Obesity

Michigan is ranked as the 5th heaviest state in 2011 (31% of adults are obese). The weight of county residents has been steadily increasing since 1995 (HIP Survey 1995, 2000, 2005, 2010). As of 2010, nearly 60% of adults are overweight or obese; and 28% of low-income 2 to 5 year olds are overweight or obese.

Vaccine Preventable Diseases

The percentage of childhood vaccination in Washtenaw County has remained in the low 70s. Vaccine hesitancy and delayed immunization schedules are an issue in this community. School vaccine waiver rates are at 9%. Influenza vaccine rates are increasing but certain segments of the population have lower rates. Increasing the vaccine rates in all groups, especially children and young adults, helps protect the whole community.

Perinatal Health

The Washtenaw County infant mortality three-year average rate has decreased from 7.8 to 5.1 per 1,000 live births over the last decade. Both black or African-American and white infant mortality have improved, but black or African-American babies still die at almost three times the rate of white babies (white: 4.4 per 1,000 vs. black or African American: 10.5 per 1,000).

Data Sources:

[1] American Community Survey, US Census Bureau 2009-2011. Provided by Washtenaw Health Initiative.

[2] Michigan Oral Health Coalition 2011.