

MEETING MINUTES

LIVINGSTON COUNTY

JUNE 13, 2011 - 7:30 PM

ADMINISTRATION BUILDING - BOARD CHAMBERS
304 E. Grand River Avenue, Howell, MI 48843

GENERAL GOVERNMENT & HEALTH AND HUMAN SERVICES COMMITTEE

COMM. DOLAN COMM. DRICK COMM. LA BELLE COMM. WILLIAMS

OTHERS:	VICKI AMORE	CAROL GRIFFITH	DIANNE McCORMICK	BELINDA PETERS
	JEFF BOYD	DIANNE HARDY	PAUL McNAMARA	DARREN SPEERS
	ELAINE BROWN	MAGGIE JONES	CINDY MENDOZA	TED WESTMEIER
	DAVE DOMAS	ERICA KARFONTA	DEBBIE OBERLE	KEVIN WILKINSON
	MARGARET DUNLEAVY	BONNIE KNIGHT	DEBBIE OBERLE	CAROL SUE JONCKHEERE
	MONIKA FONTAINE	JIM MANTHEY	JAMIE PALMER	

1. **CALL TO ORDER:** Meeting called to order by: **COMM. STEVE WILLIAMS** at **7:34 PM.**
2. **APPROVAL OF MINUTES: MINUTES OF MEETING DATED MAY 9, 2011:**

MOTION TO APPROVE THE MINUTES, AS PRESENTED.
MOVED BY: LA BELLE / SECONDED BY: DOLAN
ALL IN FAVOR - MOTION PASSED

3. **APPROVAL OF AGENDA:**

MOTION TO APPROVE THE AGENDA, AS PRESENTED.
MOVED BY: DOLAN / SECONDED BY: DRICK
ALL IN FAVOR - MOTION PASSED

4. **REPORTS:**

A: OLHSA - 2011 1ST QUARTER REPORT:

- Erica Karfonta appeared on behalf of O.L.H.S.A. to present their 1st Quarter Report for 2011.
- 1st Quarter Value to Community brought into County just over \$700,000.
- Benefit cuts for all staff, as well as 19 lay-offs organizational wide, 4 being in Livingston County. Were able to get back 1 FTE for Livingston County.
- Watching Federal weatherization Program. Looking at dramatic cut, possibly 100%.

- USDA Federal Food program in jeopardy. Food stamp program looking at major cuts. Livingston County participation basically involves families with children.
- Women, Infants & Children Program looking at 50% cut for 2012, with total elimination thereafter.
- Looking at significant changes to Homeless Housing Program in 2012. Salvation Army will no longer be operating REACH program. No proven outcomes, while seeing back-sliding, so they have decided to close program. O.L.H.S.A. wants to target on prevention: payment of mortgage or rent before they become homeless. Average about 20 people each night, sometimes 60. Need to figure out how to help them with no funds. FEMA funding is on hold and until possibly July 1st. Looking at 50% cut there as well.
- Utility help is now #1 request. Targeting high energy users. About 35 families involved.
- Dave Domas questioned where Livingston County fell in percentage of people who were using food stamps, compared to national statistics. Erica stated 28% of Livingston County residents who qualified were actually enrolled to receive them. (8:05 pm)

B: HEALTH DEPARTMENT - 2010 ANNUAL REPORT:

- Ted Westmeier presented the Livingston County Department of Public Health 2010 Annual Report.
- Environmental Health Division: 2009 was low point in permits, increasing slowly since then.
- Livingston County has highest percentage of increase in Medicaid. Comm. La Belle questioned whether doctors were now accepting Medicaid. Mr. Westmeier confirmed it was still very difficult.
- Completed 4th round of Accreditation. Received accolades in Food Service programs and Field Service personnel both received ratings of 100%, which is the first time in the State.
- Requesting to come back in AUGUST to present an Accreditation Overview.
- Looking at \$35,000 reduction from State for eight (8) mandated services. (8:20 pm)

MOTION TO ACCEPT AND PLACE ON FILE BOTH THE 2011 O.L.H.S.A. 1ST QUARTER REPORT AND THE DEPARTMENT OF PUBLIC HEALTH 2010 ANNUAL REPORT.

MOVED BY: LA BELLE / SECONDED BY: DRICK

ALL IN FAVOR - MOTION PASSED

5. CALL TO THE PUBLIC: None.

6. PRESENTATION: PLANTE & MORAN GOVERNMENTAL ACCOUNTING PROFESSIONALS TEAM

- Vicki Amore of Plante Moran thanked County Staff for their input.
- Results illustrated a lot of duplication involved in almost all of the 11-13 Departments surveyed.
- Monika Fontaine of Plante Moran presented a slide show to Committee Members showing the flow of different functions currently being utilized in the County, evidencing the duplication and sometimes triplication of services.
- Dave Domas questioned the Harris upgrades that were available that could simplify things and it was clarified that it was actually ADP upgrades that could be purchased.
- Paul McNamara confirmed that I.T. Financials was created by I.T. (8:45 pm)

7. RESOLUTIONS FOR CONSIDERATION.

8. ANIMAL CONTROL: RESOLUTION AUTHORIZING THE PERSONNEL REORGANIZATION OF ANIMAL CONTROL

**RECOMMEND MOTION TO: FINANCE
MOVED BY: LA BELLE / SECONDED BY: DRICK
ALL IN FAVOR - MOTION PASSED**

9. INFORMATION TECHNOLOGY: RESOLUTION FOR AUTHORIZATION AND APPROVAL OF LIVINGSTON COUNTY INFORMATION TECHNOLOGY TO PROCEED WITH THE CISCO UNIFIED WIRELESS NETWORK DEPLOYMENT PROJECT WITH CDWG

**RECOMMEND MOTION TO: FINANCE
MOVED BY: DRICK / SECONDED BY: LA BELLE
ALL IN FAVOR - MOTION PASSED**

10. INFORMATION TECHNOLOGY: RESOLUTION TO ADOPT THE SOCIAL NETWORK GENERAL POLICY

**RECOMMEND MOTION TO: BOARD UPON REVIEW AND APPROVAL BY CIVIL COUNSEL.
MOVED BY: DRICK / SECONDED BY: LA BELLE
ALL IN FAVOR - MOTION PASSED**

11. ADMINISTRATION: RESOLUTION TO AUTHORIZE THE EXPLORATION OF A COMPREHENSIVE ACCOUNTING AND FINANCIAL MANAGEMENT SYSTEM

**RECOMMEND MOTION TO: BOARD
MOVED BY: LA BELLE / SECONDED BY: DOLAN
ALL IN FAVOR - MOTION PASSED**

12. ADJOURNMENT:

**MOTION TO ADJOURN AT 9:24 PM
MOVED BY: LA BELLE / SECONDED BY: DRICK
ALL IN FAVOR - MOTION PASSED**

Respectfully Submitted

CAROL SUE JONCKHEERE
RECORDING SECRETARY



Oakland Livingston Human Service Agency
 Community Action Since 1964
 Helping people. Changing lives.

**Quarterly Report to the
 Livingston County Board of Commissioners**

1st Quarter January 1 through March 31, 2011

MISSION:

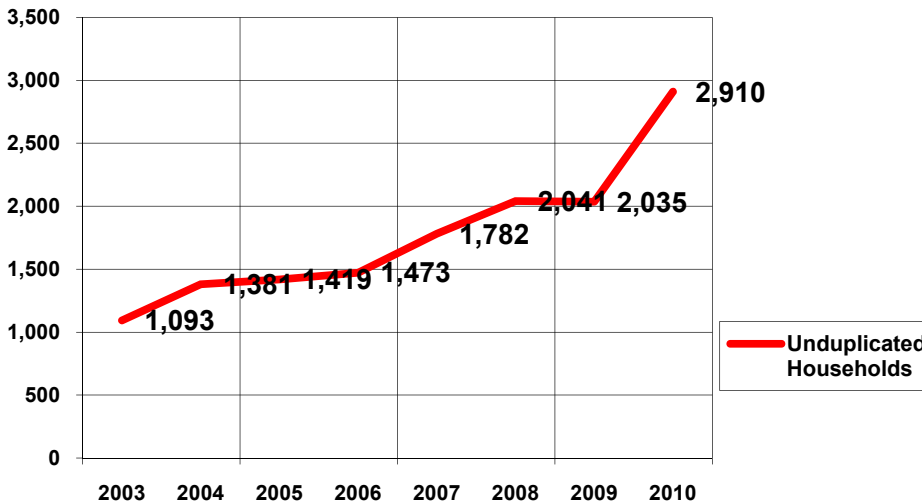
OLHSA’s mission is to remove the barriers preventing the low-income, elderly and people living with disabilities in Livingston and Oakland County from attaining self-sufficiency.

PROGRAMS:

OLHSA operates approximately 75 programs agency-wide and 30 programs in Livingston County, providing comprehensive services to the people it serves, including:

- **SENIORS & DISABLED** - Home chore and home injury control services for seniors and medical loan closet.
- **HOUSING** - Homeless prevention programs and HARP voucher lead agency.
- **NUTRITION** – United States Department of Agriculture Supplemental/Emergency Food programs.
- **ENERGY/SUSTAINABILITY** – Weatherization, Home Improvement, and Utility Arrearage.
- **LOW INCOME/SELF-SUFFICIENCY** – Tax filing and credit assistance, and Individual and Family Development Accounts.

COMMUNITY IMPACT:



**1st Quarter \$ Value to
 Community:**

USDA Food	\$ 209,064
Weatherization	\$ 158,812
Home Repairs	\$ 40,590
Homeless Prevention	\$ 101,960
Utility assistance	\$ 99,703
Senior Home Chore	\$ 9,218
Addtl Basic Needs	\$ 8,598
Donations	\$ 260
Volunteer hours	\$ 73,380
Total	\$701,585
Year to Date	\$701,585

QUARTERLY UPDATE:

PROGRAM/TOPIC	OBSERVATIONS	SUCCESSSES	OPPORTUNITIES
COMMUNITY ACTION FUNDING	<p>Current Year Community Service Block Grant (CSBG), agency core funding, was caught in federal budget debate. Funds not released during debate, resulting in OLHSA reducing retirement benefits and laying off 19 employees.</p>	<p>Federal budget passed with the majority of CSBG funding intact.</p>	<ul style="list-style-type: none"> - Preparing for 2012 reductions. - Increasing sharing of cross-county program support staff.
HOMELESSNESS	<p>FEMA funds, County's core emergency shelter funds, not allocated due to federal budget debate. All emergency shelter funds depleted. Salvation Army' s rotating "Reach" Shelter winds down for the Spring. Program looks to permanently close in 2013. OLHSA becomes primary source for homeless requests. Homeless count to be available soon. More homeless families walk-ins at closing hours.</p>	<ul style="list-style-type: none"> - Basic Needs Committee sets aside another additional \$10,000 to OLHSA to continue to shelter homeless families. OLHSA renews HUD grants to continue providing monthly rental assistance to families and disabled singles. Participated in Community Connect in January. Assisted over 100 residents with heating, housing, and other basic needs. Homeless largest request for OLHSA. Procedures posted throughout county for after hour service. 	<p>Homeless Continuum of Care (HCC) Committee in partnership with the Salvation Army begin planning for changes in the Reach Shelter Program.</p> <p>United Way Basic Needs Committee assisting with gap funding where possible.</p> <p>Homeless prevention fundraiser needed.</p>
UTILITIES	<p>Exceeded Walk for Warmth fund and attendee goals! Higher utility bill payments being requested.</p>	<p>Received new Energy Affordability Pilot Grant in partnership with State CAA network and DTE.</p>	<p>Seeking 2012 planning volunteers. Energy Afford. Grant in allows OLHSA to offer high-touch budgeting, counseling, and reduction of high utility user costs to the community.</p>
FORECLOSURE	<p>OLHSA has only MHSDA certified counselor. Requests for counseling averages 7-10 request per week at E. Complex.</p>	<p>Hosted a panel of foreclosure experts to address strategic walk-aways and foreclosure prevention in partnership with Governor's Voices for Action initiative and local Realtors. Taped event is being converted to You Tube video for local distribution.</p>	<ul style="list-style-type: none"> - Additional foreclosure counseling support from OLHSA- Oak offices expanding to increase support to Livingston residents.
CDBG	<p>Did not get final contract at start of grant term. Program income must be spent as first priority before grant funds are used. Saw increase in program income over prior quarter.</p>	<p>Jan - Mar shows increase in jobs started. 9 jobs completed valued over \$107,000; 14 jobs in progress; additional jobs on list if above doesn't spend out remaining grant funds.</p>	
EXTENDED HOURS		<ul style="list-style-type: none"> - Extended hours in connection with the Health Dept and Gleaners/OLHSA food pantry. Target: those who have not heard of OLHSA and community programs. 	<ul style="list-style-type: none"> - Extending Free Tax Filing through mobile unit May - July.

Program Report:

HELP PROVIDED	5 YEAR AVERAGE	LAST YEAR	QUARTER	YEAR TO DATE
TOTAL PROGRAMS:				
<i># Requests for Services:</i>	14,089 <i>calls/walk-ins</i>	17,826	5,223	5,223
<i># Unduplicated Households:</i>	2,048	2,910	1,934	1,934
<i># Unduplicated Individuals:</i>	4,524	6,912	4,801	4,801
<i>Average households served monthly</i>	1,114	1,262	1,425	-
<i># Volunteer Hours (includes volunteers at Gleaners/OLHSA collaboration)</i>	10,599	19,464	7,338	7,338
<i>\$ Value of Volunteer Hours @ \$10/hr</i>	\$105,990	\$190,464	\$73,380	\$73,380
BASIC NEEDS:				
<i># households assisted (utility, emergency food, shelter, rent, medicine, car repair, health plans, etc.)</i>	837	1,264	487	487
HOUSING:				
<i># Weatherized Homes</i>	48	134	45	45
<i>\$ Weatherized Homes</i>	\$152,390	\$490,528	\$158,812	\$158,812
HOMELESS:				
<i># of Homeless Prevention households</i>	63	177	110	110 Unduplicated
<i>\$ Homeless Prevention</i>	\$67,700	\$275,954	\$101,960	\$101,960
FREE TAXES/EITC:				
<i># Income Tax Filing Assistance</i>	82	181	164	164
<i>\$ Income Tax Refunds</i>	\$127,429	\$337,159	Not available	Not available

ADDITIONAL PROGRAM DETAILS:

Month	NEW Households	Previous Users	Total Visits	% Increase over last year	Percent New this month
Jan-11	74	1116	1190	48.9%	6%
Feb-11	90	980	1070	59.2%	8%
Mar-11	88	1153	1241	42.2%	7%

Emergency Food Programs (LEFT) Shared Harvest Pantry. (OLHSA - Gleaners Partnership).

USDA Food Programs (BELOW) – Included in the above. OLHSA provides USDA food through the Commodity Supplemental Food Program for eligible residents and for the Temporary Emergency Food Assistance Program. Program dates are 10/1/10 through 9/30/11.

Services Provided	LAST YEAR	QUARTER	New
# TEFAP households	1,281	1,457	176
# CSFP participants	728/month	716/month	21
\$ Value	\$199,649	\$209,064	-

Senior Services – Provided to local residents, age 60 and over. Home Chore services include lawn mowing, yard clean-up and snow removal. The Home Injury Control program provides medical equipment and safety devices. Program dates are 10/1/10 through 9/30/11.

Services Provided	LAST YEAR	QUARTER	YEAR TO DATE
# Home Chore residents	30	34	76
\$ Home Chore Value	\$43,246	\$9,218	\$16,800
# HIC recipients	76	18	36
\$ Value of HIC Equipment	\$4,097	\$354.64	\$1,167.89

Utility Bill Assistance - OLHSA assists families through Walk for Warmth, Michigan Public Service Commission, DHS Deliverable Fuels or The Heat and Warmth Fund. Walk for Warmth funds will not only assist paying utility/heating related emergencies, but may assist with limited furnace repairs and room air conditioner purchases for those with health problems, when funds are available.

ENERGY PROVIDED	LAST YEAR	QUARTER	YEAR TO DATE
# Utility Requests	2,315	1,256	1,256
# Individuals Assisted	689	477	477
\$ Amount Heating Assistance	125,692	\$99,703	\$99,703

Home Improvement and Emergency Repair Program –

- *Low interest (0% - 3%) loans to low and moderate income homeowners, including senior citizens.
- Community Development Block Grant (CDBG) funds from Michigan State Housing Development Authority (MSHDA).
- Maximum income is 80% of Area Median Income (for 2010 Livingston County is \$51,550 for two in household). For those under 40% AMI (for 2010, \$27,800 for two in household), loan repayment is due upon transfer of title of the home.
- Grants are also available for those under 40% AMI if the repair is an emergency, is a health and safety issue and the total project cost is under \$2,500.
- Improvements made to single family homes, condominiums and mobile homes that are on a permanent foundation and taxed as real property.
- Applicants must meet income guidelines and be residents of Livingston County.

Home Repairs Provided	LAST YEAR	QUARTER	YEAR TO DATE
# Requests	301	33	33
# Households Completed	4	3	3
\$ Housing Assistance	\$71,157	\$40,590	\$40,590



2010 Annual Report

Livingston County

Department of

Public Health



From the Director



To the residents of Livingston County:

On behalf of the Board of Commissioners and the staff of our Department, I present the 2010 Annual Report for the Livingston County Department of Public Health (LCDPH). The report will provide details of the major activities we have accomplished over the past year. It will also provide our revenue and expense summary. Federal and State funds account for a majority of our revenue followed by fees and licenses. Agency support accounts for only 4% of our expenses. We continue to direct our decreasing resources to client services while minimizing our administrative costs.

Effective public health is one of the characteristics of an industrialized society. Many of the major improvements in the health status of our country have been realized because of public health measures. These include programs to assure that our water and food are safe to consume, immunizations to prevent illness, and surveillance to monitor and control the spread of disease. Public health needs to be considered as an investment for the wellbeing of the community. Without the investment in those basic services the overall health of the community will begin to decline.

I am extremely proud to be associated with such a dedicated public health staff and their commitment to provide the highest quality service to our residents. I encourage you to review the report and contact me if you have questions or comments.

Sincerely,

Ted Westmeier

Ted Westmeier, RS, MPH
Director/Health Officer

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Mission

Livingston County Department of Public Health will protect, preserve, and promote the health and safety of the people of Livingston County.

Vision

Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.

HIGHLIGHTS

SMOKE FREE IN 2010

On May 1, 2010, new legislation prohibited smoking in restaurants, bars, and businesses in Michigan. In Livingston County, nine tobacco complaints were received in 2010. The complaints included: six licensed food service establishments/bars and four manufacturing facilities.

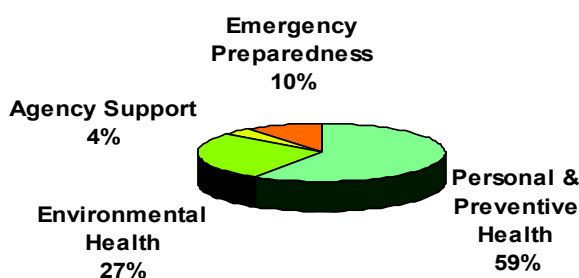
The investigations and enforcement activities resulted in 100% voluntary compliance. Business owners and patrons are following the requirements of the law, and as a result Michigan workers are protected from the harmful effects of secondhand smoke exposure.

PUBLIC HEALTH MASS VACCINATION DRIVE-THRU CLINIC

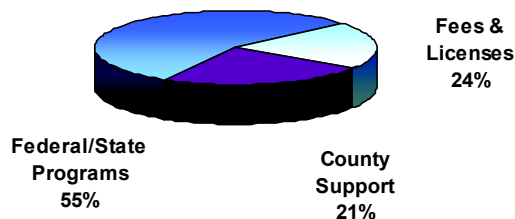
In November 2010, LCDPH implemented a Mass Vaccination Drive-Thru Clinic for Livingston County Employees and First Responders (Police and Fire). This emergency response exercise was designed to provide the flu vaccine to County employees and first responders in a drive through setting. The goal of this exercise was to test our ability to respond to a community need on a smaller scale. The clinic ran for a 4 hour block in the late afternoon at the Livingston County Road Commission Building and was staffed by eleven LCDPH employees and ten Public Health Volunteer Response Team (PH Volunteer Response Team) nurses. Nurses and support staff were provided Just-in-Time training prior to the start of the clinic. Nurses administered the flu vaccine while participants remained in their vehicles. A total of 152 participants received the flu vaccine during the clinic. This emergency response exercise was successful and helped us to evaluate how we would manage a mass vaccination drive through clinic scenario on a larger scale. With the help of dedicated participants, staff and volunteers, we were able to successfully validate that the concept of medication delivery in a drive through setting will work in a public health emergency situation.

REVENUE AND EXPENSES

Expenses by Division, 2010



Revenue by Source, 2010



Public Health Emergency Preparedness

LCDPH continues to plan and prepare to be ready to respond and protect our community in a public health emergency. LCDPH currently has a Public Health Volunteer Response Team (PH Volunteer Response Team) that is comprised of approximately 270 registered nurses and a few pharmacists. LCDPH, along with the PH Volunteer Response Team, continues to partner with our local community in response and preparedness efforts.

Private and Public PH Volunteer Response Team Website

As part of our preparedness efforts, LCDPH created a public and private website for our PH Volunteer Response Team program. The websites were introduced in 2010 and were designed to be a resource tool for our community and our volunteers in emergency response training.

The public PH Volunteer Response Team website is accessed via our home page at www.lchd.org. This website provides general information about our volunteer program, instructions on how to join the team and contact information. Volunteer applications can be accessed via the public PH Volunteer Response Team website.

The private PH Volunteer Response Team website can be accessed via the home page or at www.lchd.org/phvrt. However, the private website is a secure website that is only available to active PH Volunteer Response Team members. This website provides details about past and future training events, required volunteer forms, and links to online training and resources in emergency response. PH Volunteer Response Team members can access the website to download emergency response training handouts and presentations and partake in online training programs. The private PH Volunteer Response Team website is equipped with a private calendar which allows members to access their personal account and register for training events on their own. The website is designed to be a communication tool between current emergency response efforts and our volunteer team. The ultimate goal of the website is for our volunteers to have a resource that they can access 24 hours/7 days a week and find up-to-date information about our program and potential public health emergencies.

Environmental Health Services

AIR QUALITY

LCDPH provides resource information and consultation on various sources of air pollutants, such as: radon, mold, lead, asbestos, mercury, carbon monoxide, environmental tobacco smoke, and volatile organic compounds (VOC's).

COMMUNITY HEALTH AND SAFETY

LCDPH provides environmental health inspections for public swimming pools, public bathing beaches, child and foster care facilities, and public campgrounds. LCDPH is an emergency resource to local EMS in potential contamination events that could impact the public's health.

Inspections:

- 9 public campgrounds
- 2 temporary campgrounds
- 8 children's campgrounds
- 79 adult foster care and child care facility inspections
- 64 public pools & spas
- 14 public beaches

FOOD PROTECTION

LCDPH evaluates food service establishments to ensure proper food handling and review standard operations in an effort to eliminate potential food-borne illness. LCDPH trains and certifies food service employees and managers. Local restaurant evaluation results are available online at www.lchd.org.

Program activities:

- 412 fixed food service establishments
- 22 plan reviews
- 7 food vending evaluations
- 115 food-borne illness investigations
- 784 routine food service evaluations
- 106 temporary food evaluations
- 3 transitory food units
- 33 special transitory food units
- 76 people trained in Serv-Safe classes

Environmental Health Services

WASTE MANAGEMENT

LCDPH evaluates conditions for suitability of onsite sewage disposal, evaluates system construction, and reviews or investigates complaints of improper operation and maintenance of onsite sewage disposal facilities. LCDPH acts as the local permitting agency for all residential and small commercial onsite sewage treatment systems.

Program activities:

- 189 site evaluations
- 11 licensed waste hauler truck inspections
- 199 septic system permits
- 615 construction inspections
- 28 complaint investigations
- 1 septage receiving station inspected

WATER QUALITY

LCDPH acts as the local permitting agency for all residential and small public water supply systems and maintains active involvement in mapping and monitoring sites of environmental concern within the county.

Program activities:

- 315 permits
- 168 construction inspections
- 266 private wells sampled adjacent to contamination sites
- 398 non-community supplies, with 114 inspections

Personal and Preventive Health Services

CHILDREN'S SPECIAL HEALTH CARE SERVICES

This program provides a broad range of care coordination services including referrals for diagnostics, completion of applications for new or renewed enrollment, determination of financial eligibility, assistance with billing and transportation issues for families of children with special needs. These services were provided to 472 families.

COMMUNICABLE DISEASE CONTROL

Communicable Disease Control includes surveillance, epidemiological investigation, and prevention and control of communicable diseases. Newly emerging and reemerging infectious diseases may be a threat to public health and therefore must be monitored. The identification and timely reporting of disease and infection by hospitals, health care providers, and schools to the Health Department comprise the first steps in the disease control process. Prompt investigation of infectious diseases by our staff assists in identification of the source of the infection and reduces the potential spread of the disease.

Program activities:

- Investigation of 410 reportable communicable diseases.
- Follow-up on 304 animal bites with potential rabies exposure. Of the animals submitted from Livingston County and tested at the MDCH, one bat was positive.
- Testing for HIV/AIDS which focuses on prevention and education. We provided 69 individuals with these services, and participated in National HIV Test Day.
- Follow-up on 291 individuals with a Sexually Transmitted Infection (STI). We provided education and referral for evaluation and treatment.
- TB Prevention and Control: Screening for TB is recommended for individuals who are considered to have an increased risk of TB infection, as compared to the general population. 623 TB skin tests were administered and follow-up care was provided to those determined to have latent TB infection.

HEARING AND VISION SCREENING PROGRAM

School hearing screenings were provided to 7,810 children in preschools, kindergarten, grades 2 and 4 and to students in special education. School vision screenings were provided to 8,532 children in preschools, grades 1, 3, 5, and 7 and children in special education. Early childhood and driver's education students were also screened as requested. Other children referred to the program by a parent, teacher, or school nurse due to a suspected hearing or vision problem were also screened.

Personal and Preventive Health Services

IMMUNIZATION PROGRAM

This program includes clinic activities and support and outreach to county schools and private vaccine providers to protect the public's health from vaccine preventable diseases.

Program activities:

- Administered 947 doses of seasonal influenza vaccine, 1,322 doses of H1N1 vaccine, and 3,640 doses of other vaccine for a total of 5,909 doses of vaccine.
- Assessed the immunization status of 6,888 Kindergarten through 12th grade student records and 2,508 preschool records.
- Presented nine Nurse Educator training modules to physicians' office staff.
- Conducted 14 site visits to Vaccines for Children (VFC) provider offices.

NURSES WELCOME NEWBORNS PROGRAM

The Nurses Welcome Newborns (NWN) Program offers a home visit from a Public Health Nurse to all parents of newborns in Livingston County. The nurse provides information about infant nutrition, growth and development, safety, community resources and referrals to other agencies as indicated. The NWN program served 63 families.

WOMEN, INFANTS AND CHILDREN (WIC)

WIC provides supplemental food, health status assessment and nutritional education for pregnant and breastfeeding moms and children up to age 5. In fiscal year 2010, WIC participants spent \$1,136,383.06 in Livingston County for WIC approved foods.

The average monthly participation in WIC was 2,187 individuals. 120 participants of the WIC program received Project Fresh coupons to use at farmers' markets to purchase Michigan grown produce.

332 children in WIC received blood lead screening tests. Parents received specific information on how to reduce the lead hazards in their homes. We offer case management, education, referral, and support for families who have children with lead poisoning due to exposure to lead.

Executive Management Staff

Ted Westmeier, Health Officer/Director, Elaine Brown, Personal/Preventive Health Services Director, Dianne McCormick, Environmental Health Director, Donald Lawrenchuk, M.D., Medical Director

Livingston County Department of Public Health
2300 East Grand River Avenue, Suite 102, Howell, MI 48843
517-546-9850 Fax: 517-546-6995

www.lchd.org

Ten Great Public Health Achievements — United States, 2001–2010

During the 20th century, life expectancy at birth among U.S. residents increased by 62%, from 47.3 years in 1900 to 76.8 in 2000, and unprecedented improvements in population health status were observed at every stage of life (1). In 1999, *MMWR* published a series of reports highlighting 10 public health achievements that contributed to those improvements. This report assesses advances in public health during the first 10 years of the 21st century. Public health scientists at CDC were asked to nominate noteworthy public health achievements that occurred in the United States during 2001–2010. From those nominations, 10 achievements, not ranked in any order, have been summarized in this report.

Vaccine-Preventable Diseases

The past decade has seen substantial declines in cases, hospitalizations, deaths, and health-care costs associated with vaccine-preventable diseases. New vaccines (i.e., rotavirus, quadrivalent meningococcal conjugate, herpes zoster, pneumococcal conjugate, and human papillomavirus vaccines, as well as tetanus, diphtheria, and acellular pertussis vaccine for adults and adolescents) were introduced, bringing to 17 the number of diseases targeted by U.S. immunization policy. A recent economic analysis indicated that vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease, with net savings of nearly \$14 billion in direct costs and \$69 billion in total societal costs (2).

The impact of two vaccines has been particularly striking. Following the introduction of pneumococcal conjugate vaccine, an estimated 211,000 serious pneumococcal infections and 13,000 deaths were prevented during 2000–2008 (3). Routine rotavirus vaccination, implemented in 2006, now prevents an estimated 40,000–60,000 rotavirus hospitalizations each year (4). Advances also were made in the use of older vaccines, with reported cases of hepatitis A, hepatitis B, and varicella at record lows by the end of the decade. Age-specific mortality (i.e., deaths per million population) from varicella for persons age <20 years, declined by 97% from 0.65 in the prevaccine period (1990–1994) to 0.02 during 2005–2007 (5). Average age-adjusted mortality (deaths per million population) from hepatitis A also declined significantly, from 0.38 in the prevaccine period (1990–1995) to 0.26 during 2000–2004 (6).

Prevention and Control of Infectious Diseases

Improvements in state and local public health infrastructure along with innovative and targeted prevention efforts yielded significant progress in controlling infectious diseases. Examples

include a 30% reduction from 2001 to 2010 in reported U.S. tuberculosis cases and a 58% decline from 2001 to 2009 in central line-associated blood stream infections (7,8). Major advances in laboratory techniques and technology and investments in disease surveillance have improved the capacity to identify contaminated foods rapidly and accurately and prevent further spread (9–12). Multiple efforts to extend HIV testing, including recommendations for expanded screening of persons aged 13–64 years, increased the number of persons diagnosed with HIV/AIDS and reduced the proportion with late diagnoses, enabling earlier access to life-saving treatment and care and giving infectious persons the information necessary to protect their partners (13). In 2002, information from CDC predictive models and reports of suspected West Nile virus transmission through blood transfusion spurred a national investigation, leading to the rapid development and implementation of new blood donor screening (14). To date, such screening has interdicted 3,000 potentially infected U.S. donations, removing them from the blood supply. Finally, in 2004, after more than 60 years of effort, canine rabies was eliminated in the United States, providing a model for controlling emerging zoonoses (15,16).

Tobacco Control

Since publication of the first Surgeon General's Report on tobacco in 1964, implementation of evidence-based policies and interventions by federal, state, and local public health authorities has reduced tobacco use significantly (17). By 2009, 20.6% of adults and 19.5% of youths were current smokers, compared with 23.5% of adults and 34.8% of youths 10 years earlier. However, progress in reducing smoking rates among youths and adults appears to have stalled in recent years. After a substantial decline from 1997 (36.4%) to 2003 (21.9%), smoking rates among high school students remained relatively unchanged from 2003 (21.9%) to 2009 (19.5%) (18). Similarly, adult smoking prevalence declined steadily from 1965 (42.4%) through the 1980s, but the rate of decline began to slow in the 1990s, and the prevalence remained relatively unchanged from 2004 (20.9%) to 2009 (20.6%) (19). Despite the progress that has been made, smoking still results in an economic burden, including medical costs and lost productivity, of approximately \$193 billion per year (20).

Although no state had a comprehensive smoke-free law (i.e., prohibit smoking in worksites, restaurants, and bars) in 2000, that number increased to 25 states and the District of Columbia (DC) by 2010, with 16 states enacting comprehensive smoke-free laws following the release of the 2006 Surgeon

General's Report (21). After 99 individual state cigarette excise tax increases, at an average increase of 55.5 cents per pack, the average state excise tax increased from 41.96 cents per pack in 2000 to \$1.44 per pack in 2010 (22). In 2009, the largest federal cigarette excise tax increase went into effect, bringing the combined federal and average state excise tax for cigarettes to \$2.21 per pack, an increase from \$0.76 in 2000. In 2009, the Food and Drug Administration (FDA) gained the authority to regulate tobacco products (23). By 2010, FDA had banned flavored cigarettes, established restrictions on youth access, and proposed larger, more effective graphic warning labels that are expected to lead to a significant increase in quit attempts (24).

Maternal and Infant Health

The past decade has seen significant reductions in the number of infants born with neural tube defects (NTDs) and expansion of screening of newborns for metabolic and other heritable disorders. Mandatory folic acid fortification of cereal grain products labeled as enriched in the United States beginning in 1998 contributed to a 36% reduction in NTDs from 1996 to 2006 and prevented an estimated 10,000 NTD-affected pregnancies in the past decade, resulting in a savings of \$4.7 billion in direct costs (25–27).

Improvements in technology and endorsement of a uniform newborn-screening panel of diseases have led to earlier life-saving treatment and intervention for at least 3,400 additional newborns each year with selected genetic and endocrine disorders (28,29). In 2003, all but four states were screening for only six of these disorders. By April 2011, all states reported screening for at least 26 disorders on an expanded and standardized uniform panel (29). Newborn screening for hearing loss increased from 46.5% in 1999 to 96.9% in 2008 (30). The percentage of infants not passing their hearing screening who were then diagnosed by an audiologist before age 3 months as either normal or having permanent hearing loss increased from 51.8% in 1999 to 68.1 in 2008 (30).

Motor Vehicle Safety

Motor vehicle crashes are among the top 10 causes of death for U.S. residents of all ages and the leading cause of death for persons aged 5–34 years (30). In terms of years of potential life lost before age 65, motor vehicle crashes ranked third in 2007, behind only cancer and heart disease, and account for an estimated \$99 billion in medical and lost work costs annually (31,32). Crash-related deaths and injuries largely are preventable. From 2000 to 2009, while the number of vehicle miles traveled on the nation's roads increased by 8.5%, the death rate related to motor vehicle travel declined from 14.9 per 100,000 population to 11.0, and the injury rate declined from 1,130 to

722; among children, the number of pedestrian deaths declined by 49%, from 475 to 244, and the number of bicyclist deaths declined by 58%, from 178 to 74 (33,34).

These successes largely resulted from safer vehicles, safer roadways, and safer road use. Behavior was improved by protective policies, including effective seat belt and child safety seat legislation; 49 states and the DC have enacted seat belt laws for adults, and all 50 states and DC have enacted legislation that protects children riding in vehicles (35). Graduated drivers licensing policies for teen drivers have helped reduce the number of teen crash deaths (36).

Cardiovascular Disease Prevention

Heart disease and stroke have been the first and third leading causes of death in the United States since 1921 and 1938, respectively (37,38). Preliminary data from 2009 indicate that stroke is now the fourth leading cause of death in the United States (39). During the past decade, the age-adjusted coronary heart disease and stroke death rates declined from 195 to 126 per 100,000 population and from 61.6 to 42.2 per 100,000 population, respectively, continuing a trend that started in the 1900s for stroke and in the 1960s for coronary heart disease (40). Factors contributing to these reductions include declines in the prevalence of cardiovascular risk factors such as uncontrolled hypertension, elevated cholesterol, and smoking, and improvements in treatments, medications, and quality of care (41–44).

Occupational Safety

Significant progress was made in improving working conditions and reducing the risk for workplace-associated injuries. For example, patient lifting has been a substantial cause of low back injuries among the 1.8 million U.S. health-care workers in nursing care and residential facilities. In the late 1990s, an evaluation of a best practices patient-handling program that included the use of mechanical patient-lifting equipment demonstrated reductions of 66% in the rates of workers' compensation injury claims and lost workdays and documented that the investment in lifting equipment can be recovered in less than 3 years (45). Following widespread dissemination and adoption of these best practices by the nursing home industry, Bureau of Labor Statistics data showed a 35% decline in low back injuries in residential and nursing care employees between 2003 and 2009.

The annual cost of farm-associated injuries among youth has been estimated at \$1 billion annually (46). A comprehensive childhood agricultural injury prevention initiative was established to address this problem. Among its interventions was the development by the National Children's Center for Rural Agricultural Health and Safety of guidelines for parents

to match chores with their child's development and physical capabilities. Follow-up data have demonstrated a 56% decline in youth farm injury rates from 1998 to 2009 (National Institute for Occupational Safety and Health, unpublished data, 2011).

In the mid-1990s, crab fishing in the Bering Sea was associated with a rate of 770 deaths per 100,000 full-time fishers (47). Most fatalities occurred when vessels overturned because of heavy loads. In 1999, the U.S. Coast Guard implemented Dockside Stability and Safety Checks to correct stability hazards. Since then, one vessel has been lost and the fatality rate among crab fishermen has declined to 260 deaths per 100,000 full-time fishers (47).

Cancer Prevention

Evidence-based screening recommendations have been established to reduce mortality from colorectal cancer and female breast and cervical cancer (48). Several interventions inspired by these recommendations have improved cancer screening rates. Through the collaborative efforts of federal, state, and local health agencies, professional clinician societies, not-for-profit organizations, and patient advocates, standards were developed that have significantly improved cancer screening test quality and use (49,50). The National Breast and Cervical Cancer Early Detection Program has reduced disparities by providing breast and cervical cancer screening services for uninsured women (49). The program's success has resulted from similar collaborative relationships. From 1998 to 2007, colorectal cancer death rates decreased from 25.6 per 100,000 population to 20.0 (2.8% per year) for men and from 18.0 per 100,000 to 14.2 (2.7% per year) for women (51). During this same period, smaller declines were noted for breast and cervical cancer death rates (2.2% per year and 2.4%, respectively) (52).

Childhood Lead Poisoning Prevention

In 2000, childhood lead poisoning remained a major environmental public health problem in the United States, affecting children from all geographic areas and social and economic levels. Black children and those living in poverty and in old, poorly maintained housing were disproportionately affected. In 1990, five states had comprehensive lead poisoning prevention laws; by 2010, 23 states had such laws. Enforcement of these statutes as well as federal laws that reduce hazards in the housing with the greatest risks has significantly reduced the prevalence of lead poisoning. Findings of the National Health and Nutrition Examination Surveys from 1976–1980 to 2003–2008 reveal a steep decline, from 88.2% to 0.9%, in the percentage of children aged 1–5 years with blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$. The risks for elevated blood lead levels based on

socioeconomic status and race also were reduced significantly. The economic benefit of lowering lead levels among children by preventing lead exposure is estimated at \$213 billion per year (53).

Public Health Preparedness and Response

After the international and domestic terrorist actions of 2001 highlighted gaps in the nation's public health preparedness, tremendous improvements have been made. In the first half of the decade, efforts were focused primarily on expanding the capacity of the public health system to respond (e.g., purchasing supplies and equipment). In the second half of the decade, the focus shifted to improving the laboratory, epidemiology, surveillance, and response capabilities of the public health system. For example, from 2006 to 2010, the percentage of Laboratory Response Network labs that passed proficiency testing for bioterrorism threat agents increased from 87% to 95%. The percentage of state public health laboratories correctly subtyping *Escherichia coli* O157:H7 and submitting the results into a national reporting system increased from 46% to 69%, and the percentage of state public health agencies prepared to use Strategic National Stockpile material increased from 70% to 98% (54). During the 2009 H1N1 influenza pandemic, these improvements in the ability to develop and implement a coordinated public health response in an emergency facilitated the rapid detection and characterization of the outbreak, deployment of laboratory tests, distribution of personal protective equipment from the Strategic National Stockpile, development of a candidate vaccine virus, and widespread administration of the resulting vaccine. These public health interventions prevented an estimated 5–10 million cases, 30,000 hospitalizations, and 1,500 deaths (CDC, unpublished data, 2011).

Existing systems also have been adapted to respond to public health threats. During the 2009 H1N1 influenza pandemic, the Vaccines for Children program was adapted to enable provider ordering and distribution of the pandemic vaccine. Similarly, President's Emergency Plan for AIDS Relief clinics were used to rapidly deliver treatment following the 2010 cholera outbreak in Haiti.

Conclusion

From 1999 to 2009, the age-adjusted death rate in the United States declined from 881.9 per 100,000 population to 741.0, a record low and a continuation of a steady downward trend that began during the last century. Advances in public health contributed significantly to this decline; seven of the 10 achievements described in this report targeted one or more of the 15 leading causes of death. Related *Healthy People 2010* data are available at <http://www.cdc.gov/mmwr/preview/>

mmwrhtml/mm6019a5_addinfo.htm. The examples in this report also illustrate the effective application of core public health tools. Some, such as the establishment of surveillance systems, dissemination of guidelines, implementation of research findings, or development of effective public health programs, are classic tools by which public health has addressed the burden of disease for decades.

Although not new, the judicious use of the legal system, by encouraging healthy behavior through taxation or by shaping it altogether through regulatory action, has become an increasingly important tool in modern public health practice and played a major role in many of the achievements described in this report (55). The creative use of the whole spectrum of available options, as demonstrated here, has enabled public health practitioners to respond effectively. Public health practice will continue to evolve to meet the new and complex challenges that lie ahead.

Reported by

Domestic Public Health Achievements Team, CDC. Corresponding contributor: Ram Koppaka, MD, PhD, Epidemiology and Analysis Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, CDC; rkoppaka@cdc.gov, 347-396-2847.

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