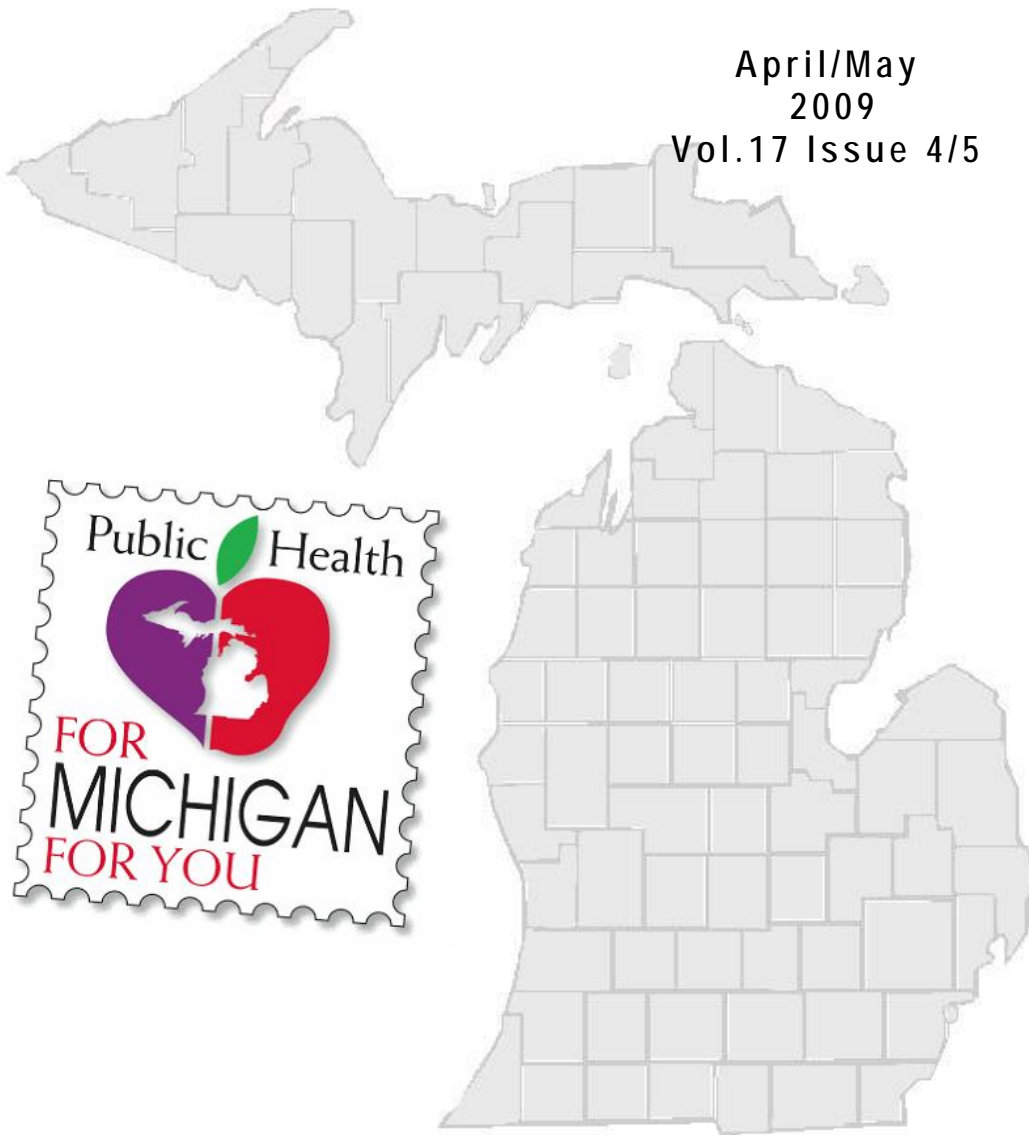


April/May
2009
Vol.17 Issue 4/5



LOCAL LIAISON REPORT

to

Local Health Departments



Point of my Pen



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Jean Chabut, RN, MPH, Deputy for Public Health Administration



Our recent Influenza A (H1N1) experience has been challenging, yet it has also been affirming. Partial and full activation of our State Emergency Operations Center (SEOC), Joint Information Center (JIC), and our own MDCH Community Health Emergency Coordination Center (CHECC) found us both ready and able to respond. But more than that we were able to initiate action and accurately and reliably inform Michigan citizens as to the status of this precipitous outbreak.

The collaborative efforts of our local health departments, regional & central surveillance networks, and our laboratory staff were absolutely stellar as we collectively addressed the issues and concerns of Michigan citizens.

Of Michigan's 83 counties, 33 had [confirmed H1N1](#) cases. However, confirmed infections directly impacted 51% of our Local Health Departments, with the balance remaining on active alert through ongoing surveillance activities. We can all take pride knowing that our continued training and repeated exercising resulted in a practiced response effort ready to protect the health of Michigan's citizens.

This success was repeated across the nation and our citizens noticed. A [recent survey](#) by the Harvard School of Public Health reported that greater than 80% of people were pleased with the Public Health Response to the Novel H1N1 outbreak. However, there is also caution. Resource challenges will continue to have an impact upon the sustainability of adequate emergency response efforts. Together practitioners and policy makers will have to examine this risk to our health and security and craft an appropriate response. The complete, CDC funded, [Harvard Survey](#) affords additional insight into adults' opinions on the Influenza outbreak and what personal steps some are taking.

Congratulations to all of our colleagues, in public health and other sectors, who helped make management of this outbreak a success.

Communicable Disease Division



MI FluFocus

Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories



http://www.michigan.gov/documents/MIFluFocus_1_5_06_146893_7.pdf

Division of Immunization

Novel Influenza A (H1N1) Virus Outbreak

Since April 2009, the Centers for Disease Control and Prevention (CDC), state and local health authorities including the Michigan Department of Community Health, the World Health Organization (WHO) and health ministries in several countries have been responding to an outbreak of novel influenza A (H1N1) virus. Beginning in March, Mexico experienced outbreaks of respiratory illness subsequently confirmed as the novel virus; in a short amount of time the influenza strain was identified in the U.S. and has rapidly spread to additional countries. On April 29, WHO raised the level of pandemic alert from phase 4 to phase 5, indicating that human-to-human transmission of the virus had occurred in at least two countries in one WHO region. Since then, the disease has spread very rapidly and remains a fluid situation. For the latest information and current case counts in the United States, visit the CDC website at www.cdc.gov/h1n1flu; for international information visit the WHO website at: <http://www.who.int/csr/disease/swineflu/en/index.html>. For local State of Michigan news, go to www.michigan.gov/swineflu.

MCIR All Hazards Training Webcast Held on May 6

The MCIR All Hazards Training Webcast for Influenza A (H1N1) was held on May 6 and is available for viewing at: <http://breeze.mdch.train.org/p78355856/>

This demonstration will show you how to add antivirals to MCIR for patient tracking, and provide you with contact information on your Regional MCIR Coordinators for additional training and resources.

Register Now for the 2009 Adolescent Immunization Webcast

The Division of Immunization will host an Adolescent Immunization Webcast on June 2 from 10:00 am to 12:10 p.m. The registration site is now available at: www.adolescent.mihealth.org.

We encourage you to watch the webcast from one of our viewing sites or with a group of your co-workers. For more information on viewing sites, visit: <http://adolescent.mihealth.org/ListofViewingSites.pdf>

One of the primary goals of this webcast is to provide an update on adolescent immunizations, as well as outreach to and share best practices from a diverse group of settings, including OBGYN, Juvenile Detention Facilities, School-Based Health Centers, College/University Health Centers, HIV/STD Clinics, Family Planning Clinics, Private Providers, VFC Providers, and Local Health Departments. All of the goals are included on the website. (www.adolescent.mihealth.org)

The Michigan Public Health Institute (MPHI) will be available to answer any technical questions associated with accessing the webcast, however, your organization's IT department is responsible for any network/equipment-related issues. For technical questions, e-mail Larry Doele at ldoele@mphi.org or call 517-324-6044. Be sure to read through the Webcast instructions before contacting MPHI. Instructions can be found at: <http://adolescent.mihealth.org/WebcastInstructions.pdf>

If you have questions about the webcast, please e-mail Courtney McFeters at McFetersC@michigan.gov.

Immunization Update 2009

Mark your calendars for the July 30 live satellite broadcast and webcast from CDC's National Center for Immunization and Respiratory Diseases (NCIRD). The event will take place from 9:00 AM-11:30 AM and noon-2:30 PM ET. This live satellite broadcast and webcast will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza (including H1N1 influenza), rotavirus, vaccine safety and vaccine supply. So-called "alternative" vaccine schedules and other emerging vaccine issues will also be discussed. The 2.5-hour broadcast will occur live from 9:00 to 11:30 am and will be re-broadcast that day from 12:00 noon to 2:30 pm (ET). Both broadcasts will feature a live question-and-answer session in which participants nationwide can interact with the course instructors via toll-free telephone lines.

For more information, go to <http://www2.cdc.gov/phtn/immupdate2009>

Standardized Vaccine Abbreviations

Each year, the Advisory Committee on Immunization Practices (ACIP) publishes immunization schedules that summarize recommendations for currently licensed vaccines for children aged 18 years and younger, and for adults. In February 2009, ACIP approved a listing of standardized vaccine abbreviations for use in these immunization schedules. [The Table of Standardized Vaccine Abbreviations](#) was developed by staff members at CDC; ACIP members and workgroups; editors of Epidemiology and Prevention of Vaccine-Preventable Diseases, and others. These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP recommendations.

The 11th Edition of CDC's Pink Book can be Pre-Ordered Now

The 11th edition of the Pink Book, formally titled "Epidemiology and Prevention of Vaccine-Preventable Diseases," will be published soon. CDC anticipates the book will be available in June, and those reserving a copy now will receive an email confirmation when their order has shipped.

For additional information about the Pink Book, or to pre-order a copy online, go to: http://bookstore.phf.org/product_info.php?products_id=552

Order this resource by phone at (877) 252-1200.

New Video for Parents is Posted on CDC Website

Video Answers Questions Parents Have about Immunizations: After talking with parents across the country, CDC put together a 6-minute video called "[Get the Picture: Childhood Immunizations](#)" to help answer the tough questions that real moms had about childhood immunizations.

Division of Genomics, Perinatal Health and Chronic Disease Epidemiology

Behavioral Risk Factor Question Solicitation

Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) staff would like to invite all interested parties to attend the MiBRFSS Data Users and 2010 Question Solicitation Meeting that will be held on Friday, June 5th from 1:00-3:00 in Manty Conference Room C located on the 1st floor of the Capitol View Building, 201 Townsend Street, Lansing.

This meeting will have a dual purpose with the first half of the meeting focusing on highlights from the MiBRFS and future challenges to the MiBRFSS, while the second half of the meeting will focus on question solicitation for the 2010 MiBRFS.

If you have any questions regarding this meeting please contact Chris Fussman at (517) 335-8144 or by email at FussmanC@michigan.gov.

MDCH Chronic Disease Epidemiology Posts Resources

The MDCH Chronic Disease Epidemiology Section is proud to announce the release of their most recent issue of the Michigan Behavioral Risk Factor Surveillance System (MiBRFSS) Surveillance Briefs entitled "Home Environment Score among Children with Asthma." This brief can be found on the Michigan BRFSS website www.michigan.gov/brfs within the "Michigan BRFSS Surveillance Briefs and Miscellaneous BRFSS Reports" section.

The MDCH Chronic Disease Epidemiology is pleased to announce the release of the 2008 Michigan Behavioral Risk Factor Survey (MiBRFS) Preliminary Tables. These tables are available on the MiBRFS website www.michigan.gov/brfs under the "Annual Tables" section. Even though we do not plan on the estimates within these tables changing, please remember that these estimates are considered to be PRELIMINARY and should be referred to as such until further notice. If you have any questions regarding the estimates within these tables feel free to send us an email at MIBRFSS@michigan.gov.

Division of Environmental and Occupational Epidemiology

2007 Pesticide Illness and Injury Surveillance in Michigan Report Now Available

The MDCH Division of Environmental and Occupational Epidemiology is pleased to announce the publication of the 2007 annual report on surveillance of acute, work-related pesticide illnesses and injuries in Michigan. This public health surveillance project is funded by the National Institute for Occupational Safety and Health (NIOSH). The full report, titled *Pesticide Illness and Injury Surveillance in Michigan 2007*, is available at www.michigan.gov/mdch-toxics ; under "Products & Services" click on "Pesticide Information." You can receive a paper copy by calling/e-mailing Abby Schwartz at 517-335-9684 or schwartz@mdch.michigan.gov.

This report summarizes data collected from 2001 – 2007 and presents detailed data on 2007 case reports. During that time period, 696 individuals were reported with a known or suspected injury or illness from exposure to pesticides at work and 488 (70.1%) were confirmed as cases according to the surveillance case definition. In 2007 there were 132 reported cases; 108 (81.8%) were reported through Michigan's Poison Control Centers (PCC). Eighty-seven (65.9%) of the reported cases were confirmed. Of these confirmed occupational cases, 37 (42.5%) were exposed to a disinfectant, 33 (37.9%) were exposed to an insecticide, and 8 (9.2%) were exposed to an herbicide.

In 2007 there were also 252 reported non-occupational cases. One hundred thirty eight (54.8%) of these cases met the criteria (other than work-relatedness) to be considered confirmed cases.

Brief case summaries of 2007 confirmed occupational cases are included in the report appendix.

Division of Health, Wellness and Disease Control

<http://www.michigan.gov/hivstd>

"Act Against AIDS" Campaign

The Centers for Disease Control and Prevention (CDC) is launching "Act Against AIDS," a five year, multi-phased campaign, designed to reduce HIV incidence. The first phase is entitled "Nine and Half Minutes." In 2008, CDC developed new estimates for the annual number of HIV infections, which suggest that approximately 56,300 new infections occur each year. Dividing the number of minutes in one year by these new 56,300 new HIV infections means that every 9½ minutes someone in the United States is infected with the HIV virus.

This campaign strives to work with as well as complement the CDC's ongoing prevention efforts. This first phase, directed toward a general audience, will address basic education and awareness needs. Each phase will have its own unique objectives and target audiences. The Division is pursuing the co-branding of material, and will begin by using the free web banner offered in the first phase of the campaign. If your organization is interested in using this banner with your organization's contact information, please contact Belinda Chandler at chandlerbel@michigan.gov or 517-241-5926.

The CDC also recognizes the importance of engaging local communities and organizations in the effort to reduce HIV and AIDS. Therefore, the CDC invites community stakeholders to participate in the opportunity to co-brand the "Nine and Half Minutes" material for their own local level needs by tagging on their own contact information as materials become available.

Information on this phase of the campaign and the Request for Materials Form can be found at www.cdc.gov/nineandahalfminutes. Questions about the co-branding process can be sent to MaterialsRequest@porternovelli.com. Additional information on Act Against AIDS can also be found at www.cdc.gov/hiv/aaa.

HIV National Testing Day (NTD)

HIV National Testing Day is June 27th. Please submit your plans of action and requests for materials by June 1 to Lisa Taton-Murphy. For more information, contact Lisa at (517) 241-5932 or at tatonl@michigan.gov.

HIV Prevention Specialist and HIV Test Counselor Update Trainings

Update Topic: HIV and Transgender Populations

This update will provide an overview of transgender identity and experience, as well as discuss what particular behaviors put transgender and other gender non-conformers at risk for HIV infection.

Date: August 12

Location: Detroit

Deadline to register: July 17

For more information, contact Julie Babb at (517) 241-5909, or babbi@michigan.gov

Partner Services (formerly PCRS) Update Certification Training

The Partner Services (PS) Certification update has been revised. High morbidity health department PS staff are now required to complete an online course, and attend an interactive skills building course. For on-line course information, contact Tracy Peterson-Jones at (313) 456-4422 or PetersonT@michigan.gov.

Update Topic: PS & Health Threat to Others (HTTO)

This update will review local health department staff response to HTTO situations. It is designed to help local public health HIV prevention & test counselors implement the proper protocol to address HTTO situations. A speaker from MDCH Legal Affairs will be on hand to review Public Act 490 and its implications for local public health.

Date: September 27

Location: Lansing

Deadline to register: August 28

Specialized PS: Training PS & the Internet

This workshop will review the PS Internet protocol to assist local health departments staff access the Internet and provide PS to partners who are identified as at-risk for HIV. This course is designed to provide local health department staff with hands-on experience to initiate the Internet as a HIV prevention tool.

Date: August 20

Location: TBA

Deadline to register: July 31

Case Management Conference

DHWDC has scheduled the 5th Annual Case Management Conference for June 10 – 12 at the Ypsilanti Marriott at Eagle Crest. The conference is open to all case management agencies funded via the Ryan White HIV/AIDS Treatment Modernization Act Part B to provide case management for certified case managers. Limited space is also available to eligible Part A and Part D agencies. Jeanne White Ginder, Ryan White's mother, will be the closing speaker. For more information, contact Belinda Chandler at (517) 241-5926 or chandlerbel@michigan.gov.

Save the Date: STD/HIV Conference

The 15th Annual STD/HIV Conference will be held October 29 – 30 at the Radisson Plaza Hotel in Kalamazoo.

Division of Chronic Disease and Injury Control

Help Prevent Sudden Cardiac Death of the Young in Michigan

The Michigan Department of Community Health (MDCH) is working to prevent Sudden Cardiac Death of the Young (SCDY) in Michigan. Expert mortality reviews of unexplained cardiac deaths affecting Michigan residents between 1-39 years of age have been convened since 2007. Specific action items were identified by the expert mortality reviews to potentially prevent future deaths.

To learn more about the mortality reviews, public health impact of SCDY and the key steps identified to address this potentially preventable condition in Michigan, view the report, "[Too Young to Die: Impact of Sudden Cardiac Death of the Young in Michigan, 1999-2008](#)",

As a result of the expert mortality review recommendations, five workgroups have been formed to address:

- 1) pre-participation sports screening,
- 2) provider education and public awareness of SCDY risk factors,
- 3) public awareness of cardiac symptoms and cardiopulmonary resuscitation (CPR) and Automatic External Defibrillator (AED) training,
- 4) emergency response protocols,
- 5) and medical examiner protocols.

We'd like you to consider joining one of these five work groups to explore potential strategies and activities to reduce SCDY. Work groups will likely be meeting in-person once or twice per year, and the majority of the work group communications will happen by e-mail or phone conference. If you are interested please contact, Deb Duquette, MDCH Genomics Coordinator and SCDY Project Manager, at (517) 335-8286 or duquettetd@michigan.gov. We hope you will review the SCDY report to learn more about this important issue.

As an additional note, CPR Awareness Week is June 1 – 7 and many communities are offering cardiopulmonary resuscitation (CPR) trainings. Check with your local Red Cross or American Heart Association to see if there are events that you can promote or participate in.

May is Arthritis Awareness Month

Arthritis is a term that refers to a group of over 100 diseases and conditions that primarily affect the joints, surrounding tissues and other connective tissues. Arthritis symptoms include pain, stiffness, loss of movement and sometimes swelling of joints and tissues and can result in work, recreation and usual daily activity limitations. Arthritis is the leading cause of disability in the United States.

In Michigan, 2.4 million adults age 18 and older, reported doctor-diagnosed arthritis in 2007. Among Michigan adults, 32% reported having arthritis, the eighth highest prevalence rate in the country. Black and Hispanic populations with arthritis are more likely to suffer the disabling effects of arthritis. With the aging of the population, it is projected that nearly 2.9 million Michigan adults will have arthritis in 2030. Arthritis is also a costly disease -- the estimated direct and indirect costs of arthritis and other rheumatic conditions in Michigan in 2003 were \$5.6 billion.

Risk factors for arthritis include: gender – women have a significantly higher risk for arthritis than men; older age – arthritis risk increases with age; family history; obesity – the most common type of arthritis, osteoarthritis, is associated with obesity in all adults and; joint injuries – sports, occupational and repetitive motion joint injuries increase the risk of arthritis.

Co-morbidity plays a role too -- people who have one chronic disease often suffer from another. An example is that nearly 60% of adults with diabetes, and 65% of adults with heart disease, also have arthritis.

Importantly, evidence-based interventions that encourage regular physical activity and self-management skills have proven to be effective tools for managing arthritis symptoms. They work to reduce the disabling effects of arthritis by decreasing pain and improving function and mental health. Medical management, reducing excess weight, physical and rehabilitative therapy, and joint replacement therapy have also been shown to help reduce arthritis symptoms.

Bureau of Family, Maternal & Child Health

Division of Family & Community Health

Infant Mortality Summit Report and Continuing Education

On May 5, 2008, a summit meeting of stakeholders was held at the Lansing Center in Lansing on infant mortality in Michigan and the disparity in infant mortality rates. The summit, entitled *Reducing Infant Mortality in Michigan: Lessons Learned From the Field*, was sponsored by the Michigan Department of Community Health, Blue Cross Blue Shield of Michigan, Maternal and Child Health Bureau/Health Resources and Services Administration/US Dept of Health and Human Services, Genesee County REACH US, Michigan Council for Maternal and Child Health, WK Kellogg Foundation and the Prevention Research Center of Michigan.

A report of the summit proceedings is now available at the following website:

<http://learning.mihealth.org/mediasite/infantmortalitysummit/>

A **continuing education** program for nurses is also available at the same website. A packaged online continuing education program has been approved by the Michigan Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation, for 4.3 contact hours.

This online continuing education program is sponsored by the Bureau of Family, Maternal and Child Health and the Division of Family and Community Health of the Michigan Department of Community Health.

Infant Mortality Reduction Program: Interconception Care Project

In 2007, the Infant Mortality Reduction Program implemented the Interconception Care Project (ICP), a pilot nurse home visiting program for women at risk of having repeat negative pregnancy outcomes. The ICP serves women whose most recent pregnancy resulted in a fetal death (stillbirth), a preterm infant, a low birth weight infant, or a infant death, in particular neonatal deaths. African American women are the primary focus of the project as their infants are almost three times as likely to die before the age of one compared to white infants.

The program objectives are to improve future pregnancy outcomes among project participants by: 1) preventing subsequent low birth weight infants; 2) preventing subsequent preterm births; 3) promoting pregnancy planning and; 4) increasing pregnancy intervals to 18 months among program participants.

Where and How Women are Served

The Michigan Department of Community Health partners with 11 local health departments to implement the ICP in communities with the highest infant mortality rates. They are the City of Detroit and the following counties: Berrien, Genesee, Ingham, Kalamazoo, Kent, Macomb, Oakland, Saginaw, Washtenaw, and Wayne.

Nurses provide home-based interconception services to program participants for 18-24 months. During home visits, nurses work with participants on developing individualized care plans for coping with grief, managing chronic illnesses, eating nutritious foods, maintaining a healthy weight, planning for pregnancy, etc. Nurses support the participant's goals by providing education, referrals, and follow-up as needed. In addition, nurses link under- and uninsured participants to important community-based resources such as Federally Qualified Health Centers, local health departments, WIC, family planning clinics, and other resources.

How the Interconception Care Project Differs from Other Home Visiting Programs

The ICP is unique from other nurse home visiting programs because: 1) it focuses on the woman rather than her infant and; 2) it addresses a woman's health and well-being prior to pregnancy. Most other home-based nursing programs focus on ensuring proper care, including growth and development, of the woman's infant rather than preparing her for a future pregnancy.

Preliminary Project Findings

Through this pilot program, local projects have identified significant barriers and gaps to addressing interconception health, including but not limited to:

- the lack of health and dental insurance for low-income women between pregnancies;
- limited mental health resources for low-income women;
- the need for improved management of chronic illnesses;
- health care providers are not providing consistent messages to women about the importance of adequate pregnancy spacing;
- women attempting to become pregnant shortly following a fetal or infant loss;
- women not seeking appropriate and timely care due to previous poor experiences and a distrust of the health care system;
- women not following up with nurse referrals and/or recommendations;
- challenges with recruitment and retention of women in home visiting programs due to their time constraints and beliefs that they do not need additional support systems.

Project Accomplishments

There are currently 205 active participants in the ICP. Since March 2007, a total of 332 women have been served through local ICP's. As a result, many clients have been linked to Federally Qualified Health Centers (FQHC's), county health plans, grief services, Plan First!, family planning clinics, substance abuse treatment programs, and other local resources. In addition, numerous women have been linked to dental and mental health services.

Next Steps

The Infant Mortality Reduction Program will conduct an evaluation of the Interconception Care Project and assess its impact on participant pregnancy outcomes. Following the evaluation, MDCH will determine if the Interconception Care Project will remain as a separate program or if it will be interwoven into other maternal and infant health programs. In addition, MDCH will evaluate the gaps in services and determine the next steps for addressing these issues.

If you would like more information about the Interconception Care Project, please contact Sophia Hines, Consultant, at hinessop@michigan.gov or 335-6965.

Fetal and Infant Mortality Review Program

Michigan's Fetal Infant Mortality Review (FIMR) program continues to be an active and essential component of the State's core maternal and child health surveillance system. FIMR's purpose is to identify and examine factors that contribute to fetal and infant deaths through the systematic evaluation of individual cases. Multidisciplinary teams in 15 high risk communities work together to find patterns of need in a community and gaps in the perinatal health delivery system. Current FIMR projects are operating through:

- Berrien County Health Department
- Calhoun County Health Department
- Genesee County Health Department
- Muskegon County Health Department
- Spectrum Health (Kent County)
- Jackson County Health Department
- Kalamazoo County Human Services
- Macomb County Health Department
- Detroit Department of Health and Wellness Promotion
- Wayne County Health Department
- Saginaw County Health Department
- Branch County Community Health Center
- Intertribal Council of Michigan
- Ingham County Health Department
- Oakland County Health Department

There is a FIMR presence in the communities accounting for 75% of all the infant deaths in Michigan, and 98% of the Black Infant deaths. In 2008, local teams held 123 case review meetings, and reviewed nearly 300 cases of infant and fetal deaths

In January of 2009, the Michigan Fetal and Infant Mortality Review program adopted the new National FIMR database. The NFIMR database is an Access database developed by R and D Systems, Inc. and copyrighted by A.C.O.G. (American College of Obstetrics and Gynecology) Along with Michigan; many other states are adopting the new tool in an effort to standardize what information is collected across sites. Over 240 FIMR projects exist in 40 of the 50 states. The new database will increase local team's capacity to collect and analyze information on how and why babies are dying in their communities, and will enhance their ability to create standard reports on the determinants of Infant Mortality.

Kathy Buckley, Director of the National FIMR resource center, states, ". . . the new database is very robust, it incorporates abstracted information from the mother's pregnancy course and prenatal records, the maternal labor and delivery and post partum stay, the newborn assessment and NICU record, the ambulatory infant care record, pediatric emergency department and/or hospitalizations, as well as the qualitative information from the maternal home interview. The new tool also captures team findings and deliberations, and is available at no charge to FIMR programs, state Title V programs, local health departments, and ACOG Fellows." The National Fetal and Infant Mortality Review Program is a partnership between ACOG and federal MCHB.

WIC DIVISION

Farmers' Market Nutrition Program (FMNP) – Project FRESH

During FY 2008, Michigan's FMNP known as Project FRESH, had a total of 46 local agencies in 76 counties that participated in the program. A total of 91 farmers' markets, 97 roadside stands and 882 farmers participated in the program. A total of 24,006 coupon booklets were allocated to 23,452 WIC clients. The statewide issuance rate was 98% and the redemption rate was 76%. Coupon redemptions represented \$358,442 in produce sales for Michigan farmers. Agency specific issuance and redemption rates were sent out electronically to local agencies in early March.

If you would like more information on the program or, county specific redemption rates, please contact, Karla Stratton, Project FRESH Coordinator at (517) 335-8625.

Bureau of Health Policy, Planning and Access

MDCH Compares Critical Health Indicators to Healthy People 2010 Targets

The MDCH releases a report assessing Michigan's progress toward obtaining national Healthy People 2010 targets. This report specifically looks at the twenty-seven of the forty-two Michigan Critical Health Indicators that are easily comparable with Healthy People 2010 Objectives. It determines if Michigan has met, exceeded, or not yet reached the HP 2010 target for each indicator. Michigan has only met the target level for 5 indicators: reducing stroke deaths, increasing the proportion of women 40+ who receive a mammogram every 2 years, increasing the proportion of adults 50+ who receive a colorectal cancer screening examination, reducing the prostate cancer death rate and increasing the proportion of children 19-35 months who receive all recommended vaccines. The report presents the findings in an easy-to-read format and also has a 2 page summary of the findings as well.

http://www.michigan.gov/mdch/0,1607,7-132-2946_5093-213947--,00.html

Other Department News

Michigan Public Health Week a Success

Hometown Health Heroes and Public Policy Champions were Honored at MDCH Public Health Week Celebration

The Michigan Department of Community Health, in conjunction with local health departments celebrated Michigan Public Health Week April 19-27, following a nationwide awareness campaign that highlighted several core health issues. On April 21, MDCH held the annual Hometown Health Heroes celebration in the Capitol Rotunda. During the event, the department and its partners recognized eight "Public Policy Champions" who have either introduced new legislation to address gaps in the state's safety net or who have been long-time supporters and advocates of good public health programs.

Michigan's 2009 Public Policy Champions include:

- The Honorable Chief Judge Tempore Laura Baird
- Sen. Ray Basham
- Sen. Michele McManus
- Rep. Gary McDowell
- Rep. Alma Wheeler-Smith
- U.S. Rep. Fred Upton
- U.S. Rep. John Dingell

MDCH also recognized 12 Hometown Health Heroes who have worked collaboratively to make their community a healthier place to live and grow.

The 2009 Hometown Health Heroes included:

- Social Justice Facilitator Team, Ingham County Health Department (Lansing)
- Delta-Schoolcraft Intermediate School District (Escanaba)
- Genesys Maternal Infant Health Program (Flint)
- Dan Gorman (Montague)
- James Hiller, CEO, Hiller's Markets (Southfield)
- David M. Luoma, MD, MMM, CPE (Marquette)
- Sameer Ohri, DO (Pontiac)
- Patricia O'Neill (Grand Rapids)
- Pontiac Osteopathic Hospital Riley Foundation (Pontiac)
- Kelly Potocki (Standish)
- Lucy Tomasi-McGuire (Cadillac)
- Washtenaw Area Immunization Action Coalition (Ann Arbor)

"I congratulate our Public Policy Champions and Hometown Health Heroes," said MDCH Director Janet Olszewski. "These individuals and groups are premier examples of what it means to be a health advocate for the people of Michigan. Our honorees have done everything from implementing health programs in their school districts to providing health care to the uninsured. All of their actions have made our state a healthier place to live."

Problem Gambling and Abstinence Commercials Win Top Honors

The Michigan Department of Community Health (MDCH) has won three "Silver Telly" Awards, the highest honor given for their problem gambling and abstinence commercials.

The three spots to win the Silver Telly awards are:

- "Baby" focuses on the consequences of problem gambling. The spot encourages people to call the Michigan Problem Gambling Helpline at 1-800-270-7117 or to visit www.gamblersresponsbily.org for free, confidential counseling and guidance.
- "Bird & Bee" encourages parents to talk with their kids about the importance of waiting to have sex. The spot urges parents to go to www.michigan.gov/talkearly for advice on how to talk with their kids about sex.
- "Mom's Voice" reinforces to parents that talking with your kids about sex is more powerful than they think as it depicts a conversation between two teen-age girls. The spot also urges people to visit www.michigan.gov/talkearly .

The department worked with Brogan and Partners Convergence Marketing in creating and producing the

spots. The spots can be viewed on the [MDCH Facebook Fan Page](#)