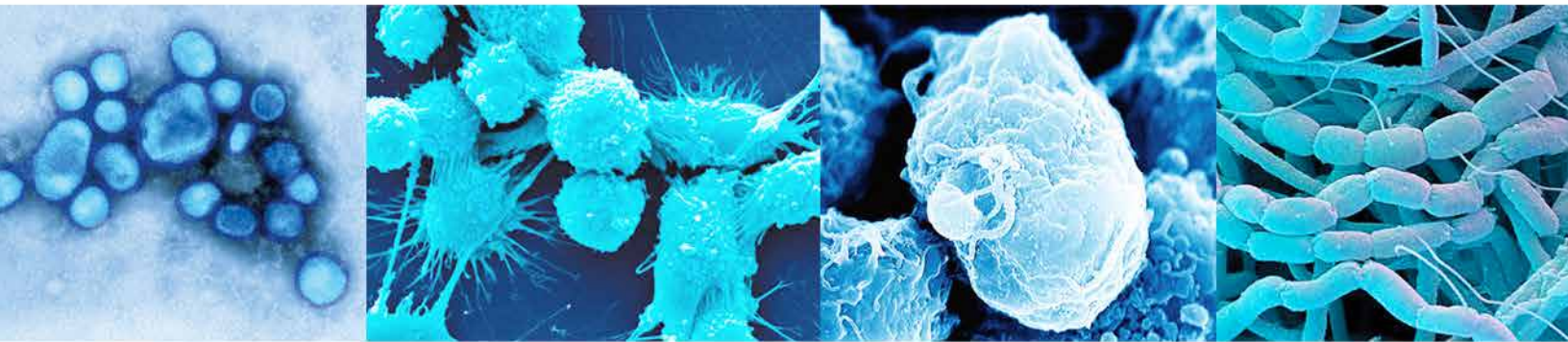


# 2014



# Annual Report

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OCDPH activities and programs are  
made possible by the members of the

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# Collaborate & Expand Impact



Lisa Stefanovsky  
OCDPH Health Officer

It is with pride and appreciation that I share the accomplishments of Ottawa County Department of Public Health (OCDPH). I would like to thank the staff, the Ottawa County Administration and the Ottawa County Board of Commissioners for their dedication and commitment to the health and safety of our population. I am honored to serve the residents of Ottawa County and to be part of a local government culture which is dedicated to integrity, accountability, collaboration and excellence. During 2014, we continued to make progress toward improving health, increased access to health care, better customer service and more coordinated service process changes to improve our efficiency and effectiveness.

## Reduce Cost

### Grand Haven office move

In February 2014, the Grand Haven branch relocated to 1207 Beechtree Street, Grand Haven. The move was a result of a multi year project completed by OCDPH, Ottawa County Facilities Maintenance Department and Ottawa County Fiscal Services. It was part of a strategic plan to **reduce costs and maintain quality** public health services in the Grand Haven area.

The former facility was oversized for the department's needs and required significant updates to maintain quality services. The relocation project included the planning, siting and design of the new facility, in addition to relocating 10 positions and multiple programs to the Holland office. The move required facility and technology upgrades to accommodate staff members and associated infrastructure.

*"The health department made this strategic move to a facility in the City of Grand Haven that lowered costs and improved the quality of services,"*  
said Keith Van Beek, Assistant Ottawa County Administrator.

Total costs to complete the construction and relocation of services was approximately \$109,000. A grant award of about \$46,000 was used to offset these costs to the county. The move to the smaller, more modern facility is expected to save OCDPH as much as \$100,000 per year in building, infrastructure upgrades and maintenance costs. Article by Donovan Thomas, OCDPH Assistant Health Officer.

## 2014 Highlights

- Designated as the healthiest county in MI.
- Assisted implementing the Healthy MI Plan.
- Coordinated response strategies for Ebola.
- Developed flu vaccination policy for staff.
- Created award winning communication tools.
- Developed real estate transfer evaluation strategies.
- Improved our disease surveillance process.
- Increased billing capacity for greater cost recovery.
- Cultivated a culture of innovation.
- Expanded local and regional coordination.
- Reorganized OCHSCC to Community SPOKE.
- Surveyed to determine better customer service.
- Received local, state and national awards.
- Lead in committees and commissions.



# 2014 Public Health Challenges

**Ebola epidemic of 2014** is the largest in history. Ebola is a rare and deadly disease that can be spread through direct contact with broken skin or mucous membranes.

This epidemic has caused world-wide concern and has placed more focus on public health disease surveillance and preparedness. OCDPH spent much staff time and resources preparing for a timely, effective and collaborative response - if and when there is a need to address Ebola in our community.



**Flu vaccine effectiveness.** The influenza virus changes constantly and may change from one season to the next or even change during a single flu season.

Experts must pick which viruses to include in the flu vaccine many months in advance for the vaccine to be produced and delivered on time.

It contains three or four flu viruses; so even when there is a less than ideal match or lower effectiveness against one virus, the vaccine may protect against the other viruses. Getting a flu shot is highly recommended.



**Measles cases rising.** Measles was considered eliminated from the U.S. in 2000 due to its highly effective vaccine. However, in 2014 unvaccinated travelers brought it to our country, making this the largest measles outbreak in almost 20 years.

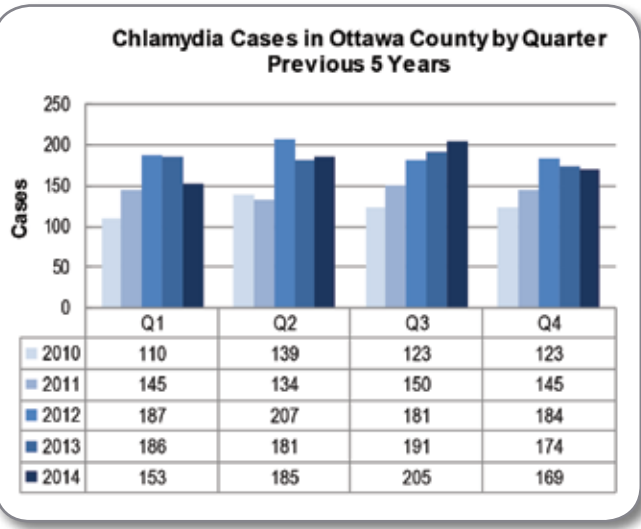
It's a highly contagious disease and spreads when an infected person coughs or sneezes. Measles can cause serious health problems, such as encephalitis (inflammation of the brain) or pneumonia and even death.

There has not been a case of measles in Ottawa County for more than a decade, but it is still a concern. OCDPH is prepared if and when there is a case in our county, and we encourage people to get fully vaccinated.



**Chlamydia among young adults** is Ottawa County's greatest sexually transmitted disease (STD) concern; most prevalent in adults 18-24 years of age. It has the highest number of cases reported of all the reportable diseases.

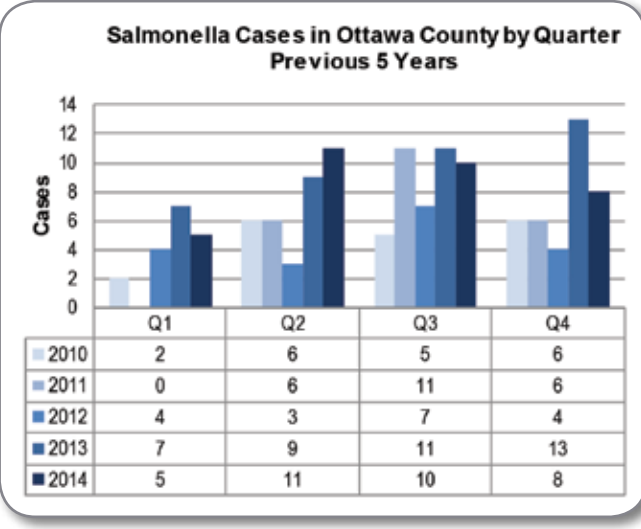
OCDPH works with the county's GIS team to pin-point locations of where chlamydia is most predominant. As a response, we've developed a community collaborative program, which provides greater access to free condoms. We also continue to offer STD testing and treatment.



**Contaminated food.** Norovirus is the most common foodborne illness. However, physicians don't always test for it and it's not mandatory to report, except in the event of an outbreak.

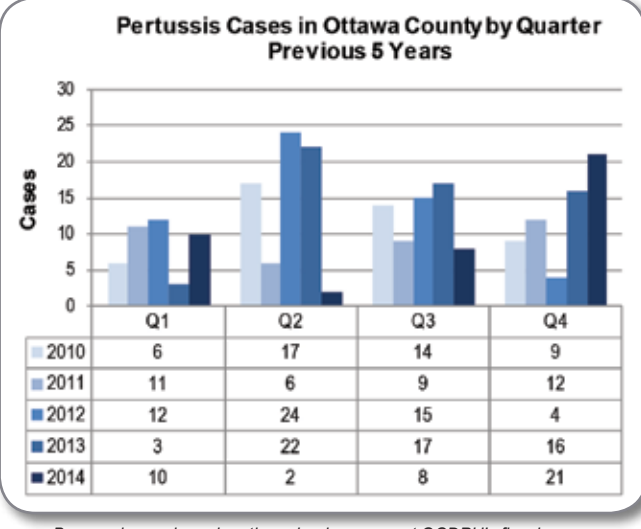
Salmonella is also common and is a reportable disease. Typical sources are contaminated eggs, poultry, meat, cheese, produce and unpasteurized milk or juice. Almost 1/2 of ground poultry going off the line can actually test positive for salmonella.

Today, it takes longer for food to go from the farm to consumers, increasing the risk of contamination.



**Increase in whooping cough cases.** Typically, there are more cases during the summer months. However in 2014, Ottawa County did not have any reported cases for 18 weeks during the spring and early summer but experienced outbreaks earlier and later in the year.

Whooping cough is very contagious through coughing and sneezing. Infants are at the greatest risk for getting this disease, leading to severe complications and even death. The best way to protect infants is for pregnant women and everyone around them to get the Tdap vaccine.



Bar graphs are based on the calendar year; not OCDPH's fiscal year.

“It's easy to forget that statistics and charts represent people. Each percentage is made up of individuals in Ottawa County who have faces, families and friends.”

- Marcia Mansaray, M.Sc., OCDPH Epidemiologist



## Why we have public health

According to the Centers for Disease Control and Prevention (CDC), public health is the science of protecting and improving the health of families and communities. Health officials promote healthy living, research diseases and control infectious diseases. We are concerned with protecting the health of entire populations, which can be a local neighborhood, an entire country or even places around the world.

Public health professionals work to prevent problems from happening or recurring, by implementing educational programs, recommending policies, administering services and conducting research. Whereas, health care providers focus primarily on treating individuals after they've become sick or injured.

## MISSION

Ottawa County Department of Public Health will assure conditions in which **all people** can achieve **optimum health**.

## WE PROMISE TO

- monitor health,
- conduct research,
- detect emerging diseases,
- investigate health problems,
- enhance prevention,
- develop public health policies,
- promote healthy behaviors,
- create healthy environments,
- and provide leadership.



“Find out what works, scale it up, and continue to evaluate and improve. We should always look at ways to make it work better so that we can expand its impact even further,” said CDC Director Tom Frieden.

## Data Driven

[www.miOttawa.org/healthdata](http://www.miOttawa.org/healthdata)

- **Communicable Disease Reports** monitor suspected, probable or laboratory confirmed cases over time of reportable diseases.  
[www.miOttawa.org/cd](http://www.miOttawa.org/cd)
- **Flu Reports** are a surveillance summary of individual laboratory confirmed influenza cases and school reported flu-like illnesses, to study patterns throughout each flu season.  
[www.miOttawa.org/flu](http://www.miOttawa.org/flu)
- **Youth Assessment Survey** measures how many teens are engaged in a wide variety of both risky and beneficial behaviors that affect their health and well-being.  
[www.miOttawa.org/2013YAS](http://www.miOttawa.org/2013YAS)
- **3rd Grade BMI Surveillance** is a confidential study developed to monitor childhood obesity, by measuring a child's weight, height, age and gender.  
[www.miOttawa.org/nutrition](http://www.miOttawa.org/nutrition)
- **Behavioral Risk Factor Survey** provides a snapshot of general health, preventative behaviors, and health risk behaviors among adults.
- **Community Health Needs Assessment** involves several community and health care organizations formed a collaborative team to implement a three-part survey identifying and defining our local health issues, concerns and needs.
- **County Health Rankings** is a report that ranks Michigan counties according to their summary measures of health outcomes and health factors.  
[www.countyhealthrankings.com](http://www.countyhealthrankings.com)

2014 - #1 in Health Outcomes  
2013 - #2 in Health Outcomes  
2012 - #2 in Health Outcomes  
2011 - #1 in Health Outcomes

## Model the Way

We've been recognized as a model for local and state health departments, national agencies and educational institutions.

A list of organizations who've requested use of OCDPH campaign materials and program resources at <http://bit.ly/1HuJkVN>.

"We are working with Professor Basow, University of Kansas, and his J640 Strategic Campaigns capstone class and are visiting other communities with outstanding programs. We recently returned from our first site visit at the National Association of City and County Health Officials offices, in Washington D.C., where the good work you are doing was mentioned frequently. Because of your leadership and organizational reputation we would like to add OCDPH to our list of visits to learn best practices when it comes to branding and marketing public health," said Dan Partridge, Director of the Lawrence-Douglas County Health Department in Kansas.

"The Ottawa County Department of Public Health won seven times— three Golds and four Silvers. No competitor had a higher winning percentage; none was even close. And no local health department has ever won so many awards in a single year," said Bill Walker, Coordinator of the National Public Health Information Coalition's Awards of Excellence in Public Health Communications

## Innovate

We've generated local, state and national recognition, through awards, contests and media coverage.

A list of our award winning work and CNN iReport contest win at <http://bit.ly/1KRcXGf>.

A list of our 2013 media report at <http://bit.ly/1MoAREy>.

A list of our 2014 media report at <http://bit.ly/1AdbwHS>.

"The National Public Health Information Coalition Awards of Excellence in Public Health Communications is a great opportunity to surface and recognize the best work in public health on the communications front. Involvement from the college provides a great resource that can be used as teaching aids of examples of how health departments are handling health issues through communications," said Glen Nowak, Professor and Director of the University of Georgia's Grady College Center for Health and Risk Communication.

# Challenge

## communicable disease spread

**If there's a disease outbreak anywhere in the world, there could be one in Ottawa County.**

Public health professionals continue to work with local partners and state and federal agencies, keeping disease spread under control. We adhere to the CDC and the Michigan Department of Community Health's guidelines. A coordinated response between public health officials, first responders, law enforcement, schools, hospitals and county leaders helps to ensure community members are safe from disease and public health threats.

## Pregnant wife & husband get sick

Elise was pregnant with her first child. She attended one of her baby showers with a dozen other friends and family members. Twenty-four hours afterward, she became ill and later found out **80%** of the guests and some of their family members also had **symptoms of stomach pain, nausea, diarrhea and vomiting.**

Elise's husband, Adam, began experiencing similar symptoms. He indicated it was the worst sickness he's ever had; spending the next 24 hours vomiting and with severe diarrhea. He could not eat nor keep any liquids down. He even burst blood vessels in his eyes from excessive vomiting.

The onset of symptoms, the type and duration, indicated the sickness was caused by people consuming norovirus contaminated fruit salad at the baby shower.

Norovirus is a very contagious virus and can spread to household members through direct contact or by touching objects and surfaces.



After the couple's symptoms subsided, they used bleach based cleaner to disinfect their home from top to bottom, especially surfaces that were touched directly (e.g., light switches, door knobs and handles). They went as far as throwing away their toothbrushes and linens.

**“I was throwing up so much; I burst blood vessels in my eyes.”**

*- Adam, Ottawa County resident*

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The CDC estimates **1 in 6 Americans** get sick each year from a **foodborne illness.**

We presume this number to be **45,450 in Ottawa County.**

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**The best way to help prevent norovirus** is to practice safe food handling and storage, keep foods at the right temperatures and properly wash your hands.



## Action

### educate on food safety

Foodborne illnesses are typically not reported and testing is rarely done. People are unlikely to report vomiting and diarrhea when the cause is uncertain. They are unsure of who to call and may not realize it's a possible public health concern.

To prevent foodborne illnesses, the OCDPH environmental health team builds relationships with **1,140 Ottawa County establishments and businesses to:**

- explain regulations,
- help them prepare for inspections,
- offer food safety classes,
- teach proper hand washing,
- know when an employee is ill,
- understand proper holding and cooking temperatures,
- and know how foods may become contaminated.



# Prevent Outbreaks

## Action

### prepare

When disease outbreaks occur, the surveillance team assesses the event, implements an incident action plan and assists in the recovery phase. By tracking diseases we can more accurately monitor and prevent the spread of bacteria, viruses and infections. As a result, we are more prepared for possible public health threats. Preparedness can make the difference between an outbreak or a healthy outcome.

“PUBLIC HEALTH THREATS  
often arise suddenly  
and from unexpected sources.”  
- CDC Director Dr. Tom Frieden

## Action

### create a surveillance team

In 2014, OCDPH formed a surveillance team to help prevent foodborne illness occurrences. This group of experts from the communicable disease division, environmental health division, epidemiology and emergency preparedness:

- develop outbreak protocols,
- monitor foodborne illness occurrences,
- review restaurant complaints,
- determine any outbreak linkages,
- collect health data,
- analyze data,
- notify state agencies,
- investigate reportable disease cases,
- conduct laboratory evaluations,
- and submit after action reports to the state.



According to the CDC,  
**700** million travelers  
each year cross international borders;  
as many as **50%** become ill.

## Family gets vaccinated before trip to Israel

Dr. Curt Bechler and his family, Georgetown Township residents, were preparing for a trip to Israel. He knew they should be vaccinated before their trip, but was unsure of what vaccines to get and where to get them.



The Bechlers called several places and were referred to our health department. One of our travel clinic nurses met with each family member and provided immunizations and pre-travel information about their destination.

They learned about the country's disease risks and received the proper vaccines. Dr. Bechler was surprised to find out they also needed to be vaccinated against typhoid fever. This disease is rare in the U.S. but is common in most parts of the world, especially where handwashing is less frequent and water is likely to be contaminated with sewage.

Taking precaution, as the Bechlers did, not only helps ensure optimum health while traveling but also minimizes the chance of disease transmission to family, friends and others when they return home.



**“Amazing service!  
Outstanding people.”**  
- Dr. Curt Bechler

## Challenge diseases are a plane ride away

People are traveling internationally more than ever today, resulting in greater risks of disease infection. Many diseases are still common in certain regions of the world; making them only a plane ride away.

The 2014 (and continuing) Ebola outbreak in West Africa, brings to our attention the need to be informed of the potential dangers associated with our destinations.

Travelers can easily bring diseases to our communities. In 2014, unvaccinated Ohio Amish missionaries brought the measles virus back home from the Philippines, causing the largest outbreak of measles in two decades.

**579** travel clinic clients  
**1,327** travel immunizations

## Action provide a travel clinic

OCDPH provides a travel clinic to help minimize disease risks to travelers. People may schedule an appointment with one of our public health nurses, who will:

- determine disease risks,
- know about any outbreaks,
- give the proper immunizations,
- discuss insect precautions,
- advise on safe foods and water,
- inform about safety and security,
- provide cultural information,
- and offer other trip specific information.

Vaccinations should be completed at least **4 weeks before travel**, to ensure vaccines have enough time to take effect.

# Challenge

## anti-vaccine population

Research shows that people who refuse vaccines tend to group together in communities. When a disease gets into these pockets of unvaccinated people, outbreaks are more likely to occur.

Unvaccinated communities make it difficult to control the spread of diseases, resulting in others becoming vulnerable to infection.

Melinda Gates, world-wide vaccinations advocate and co-founder of the Bill and Melinda Gates Foundation stated, "Americans have forgotten what measles deaths look like. In the U.S., we are **incredibly lucky to have vaccinations**, and we ought to take advantage of it."



# Action

## educate on vaccine preventable diseases

It's always better to prevent a disease than to treat it after it occurs. If an unvaccinated child is exposed to a germ, the child's body may not be strong enough to fight it.

Before vaccines, many children died from diseases that now vaccines can prevent. Common vaccine preventable diseases around the world include:

- polio,
- rotavirus,
- measles,
- chickenpox,
- mumps,
- whooping cough,
- tetanus,
- hepatitis B,
- diphtheria,
- influenza,
- rubella,
- and Hib.
- pneumonia,

High sustained vaccine coverage and rapid public health response are critical for preventing and controlling disease cases and outbreaks.

## Immunization Law Compliance

99% kindergarteners  
98% 6<sup>th</sup> graders  
98% new school entrants  
3% student vaccine waivers

## children suffering and dying from diseases



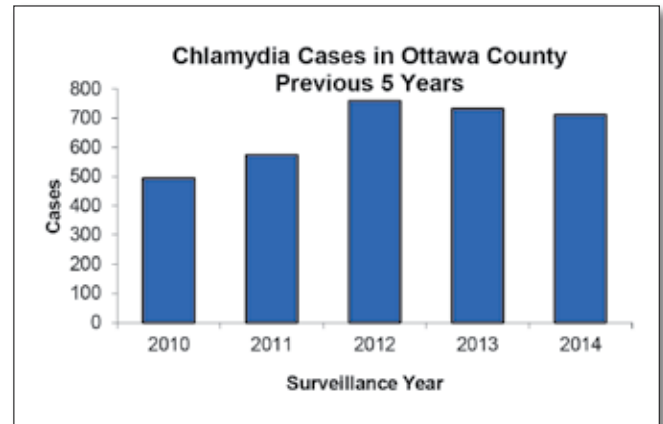
"When I went to Kenya on a medical aid trip, I was amazed by the women who traveled 2 days or more on foot, through the bush; just to go to the nearest vaccination clinic! These women have watched their children suffer and die from vaccine preventable diseases and they are determined to put an end to it!"

- Sue Schryber, Immunization Supervisor

# Challenge

## chlamydia cases on the rise

Since 2010, OCDPH reported a **44% increase in Chlamydia** cases; of these **70%** are from individuals 24 years of age or younger. In 2014, there were 150 positive cases of chlamydia; directly diagnosed through testing at our STD clinic. All individuals and 69 sexual partners were treated with antibiotics, through our Partner Services program.



Statistics are based on the calendar year; not OCDPH's fiscal year.

# Action

## provide free condoms

Staff members from the sexual health education program, family planning clinic, STD division and communications, in partnership with the Michigan Department of Community Health, developed the *Wear One* campaign.

This is a free condom distribution program aimed at reducing the number of STD cases, particularly chlamydia, and unplanned pregnancies.

OCDPH began by identifying barriers and found cost, embarrassment, judgment and limited access were the primary issues. The objective is to increase access to free condoms and help our community have open and honest conversations about sexuality.

Sexual health is not a topic to hide or cause embarrassment. It's a part of who we are and it is important to our overall well-being.



**20,940 condoms** were distributed in Ottawa County; supplied by the *Wear One* program.

We've partnered with several agencies and retailers in Ottawa County to provide them with free condoms for their customers, clients and visitors at no cost.

The number of participants in the *Wear One* program continues to grow. Our partners are instrumental to the success of reducing the number of STD cases and unplanned pregnancies.

At this time, condom pick up locations are in Holland, Grand Haven, Hudsonville, Grand Valley State University and nearby retailers.

**“Be safe, be responsible... *Wear One*.”**

- Jyoti Sharad, owner of Hip Party Store

## Action

### improve family planning clinic quality

The family planning clinic is available for low income and uninsured residents, providing greater access to affordable reproductive health care and healthy spacing of children.

In 2014, we sent out a satisfaction survey. Patients reported they felt their appointments took too long or they were not informed beforehand about its length of time. In keeping with the Ottawa County commitment of outstanding customer service, we used a quality improvement approach; assessed the patient's feedback and developed ways to improve service delivery.

Pregnancy prevention clients	<b>1,662</b>
Uninsured clients	<b>798</b>
Medicaid coverage clients	<b>902</b>
Low income	
below 250% of poverty line	<b>96%</b>
below 100% of poverty line	<b>60%</b>

## Action

### guide health care enrollment

In 2014, more residents became eligible for health care coverage with the Health Insurance Marketplace and the Healthy Michigan Plan. We helped guide our clients through the application process, by providing them with educational material and enrollment information.

Currently Ottawa County has **6,000 clients** receiving health care coverage through the Healthy Michigan Plan, who previously had no or very limited health care coverage.

Clinic Appointments	<b>11,756</b>
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A customer satisfaction and clinic efficiency team was formed, consisting of:

- the clinic supervisor,
- a nurse practitioner,
- a registered nurse,
- a health technician,
- and a clerical staff member.

The team conducted a patient flow analysis, by collecting data on how long it took each patient to complete their appointment.

Also, using our electronic health care record database, the team analyzed the data to see where we could become more efficient, provide better customer service and eliminate duplication of work.



## Action

### offer std education, testing and treatment

OCDPH offers sexual health education and confidential STD testing and treatment. The most effective way to prevent STDs is abstinence or using latex condoms correctly every time you have sex. Testing is provided based on individual risk factors and symptoms for the following diseases:

- Chlamydia,
- Gonorrhea,
- Syphilis,
- HIV,
- Hepatitis,
- and Herpes.

## Challenge

### drug overdose

According to the CDC, deaths from drug overdose have been rising steadily over the past two decades and has become the leading cause of injury death in the U.S.

Every day in the U.S., **120 people die** as a result of drug overdose. Nearly **9** out of **10** poisoning **deaths are caused by drugs**.

According to the 2013 Ottawa County Medical Examiner's report, there were **23** accidental and suicidal drug overdose **DEATHS**.

## Challenge

### tobacco and alcohol sales to minors

Tobacco and alcohol sales to minors can lead to injury and even death among youth. Consequences for retailers selling to minors may include a \$50 fine, a misdemeanor and community service.

Tobacco and alcohol related consequences for minors include:

- fines,
- court fees,
- jail time,
- misdemeanors,
- community service,
- substance abuse treatment,
- mandatory drug testing,
- dropped auto policies,
- loss of scholarships,
- emergency response reimbursement,
- and difficulty gaining employment.

"In the past, there wasn't a place to help with understanding Michigan's sales to minors law. I'm very grateful for the vendor education program," said Beth Chicaz, Marathon Express in Grand Haven.

## Action

### offer medication disposal

OCDPH partners with county law enforcement agencies and pharmacies to reduce the risk of accidental exposure and substance abuse of prescription drugs and over the counter medications. We've established designated medication disposal sites at our Holland and Hudsonville offices, law enforcement agencies and participating pharmacies.

To properly dispose medications, please remove pills from bottles and place them in a sealable plastic bag. Liquids or gels may be kept in their original packages with the labels blackened or removed. Find locations at [www.miOttawa.org/eco](http://www.miOttawa.org/eco).

## Action

### partner with law enforcement and retailers

Reducing tobacco use and underage drinking requires community effort to monitor youth and decrease access to these substances. In 2014, OCDPH partnered with more than **250 retailers** and **4 law enforcement agencies**.

Funding from the Grand Haven Community Foundation enabled us to develop a vendor education program. This program was designed to decrease the number of tobacco and alcohol sales to minors, by providing education to retailers and conducting compliance checks.



### 100% Agree

More than 100 retailers were surveyed during compliance check and educational site visits. All agreed the vendor education program is beneficial and should continue.

Law enforcement conducted **193 tobacco** and **155 alcohol** compliance checks. OCDPH provided **175 educational** on-site visits.

# Challenge

## hunger in our community

Some families in our community face significant challenges. At times, they may need to choose between purchasing enough food for the week or paying their electric bill. Local pantries help provide food to people in need, but obstacles they face are unhealthy food donations and the high cost of purchasing healthier food.

In Ottawa County,  
**13%** of children  
live in poverty



# Action

## partner with pantries

In September 2014, OCDPH and the Ottawa County Food Policy Council held a Community GiveFest. We partnered with five pantries, 16 churches and county employees to collect healthy food donations, such as:

- peanut butter,
- 100% fruit juices,
- canned low sodium vegetables,
- vegetable juice without salt added,
- canned fruit in 100% juice,
- 100% whole grain bread or pasta,
- dried or canned beans without salt added,
- low sodium canned meats in water,
- and shelf-stable low fat dairy products.

“When healthier food donations fill our pantry shelves, we can provide a 60 year old diabetic client and parents of three young children better nutrition options,” said Deb Ralya, Community Action House Pantry.

**4,695** food items were donated  
**63%** were healthy foods

# Action

## eat on only \$4.15 a day

For one week, community members participated in the SNAP Challenge (Supplemental Nutrition Assistance Program). This opportunity helped us understand what it takes to live on a food budget of only \$4.15 per day.



“It was stressful trying to plan nutritious and affordable meals on a limited budget. As I walked the aisles of the grocery store, I felt deprived. Everything suddenly looked so good. My cart had fewer fruits, vegetables and whole grain foods than usual. I spent \$28.03 in one shopping trip (see photo above), which meant I only had \$1.02 left to spend for the rest of the week,” said Lisa Uganski, OCDPH Dietitian and Health Educator.

# Challenge

## infant prematurity and mortality

According to the most recent data from the Michigan Department of Community Health, Michigan's infant mortality rate has been higher than the national average for two decades. In 2013, the U.S. had 6 infant deaths per 1,000 live births, Michigan had 7 per 1,000 and Ottawa County had 7.7 per 1,000 or 26 infant deaths.

The Michigan League for Public Policy stated the infant mortality rate is one of a number of measures tracked on the MiDashboard as an accountability strategy initiated by the governor. Infant deaths are a result of multiple factors; such as maternal health, health care access and quality, as well as socioeconomic conditions.

It's also an overall indicator of the quality of life in Michigan because it represents the well-being for the state's youngest and most vulnerable citizens.

# Action

## increase family support and home visits

Evidence shows home visiting programs make a difference in reducing at-risk infant deaths. The Maternal and Infant Health Program (MIHP) is part of Michigan's strategic plan to decrease infant mortality, by increasing family support systems and improving maternal and infant health care.

Our MIHP staff members help create greater access to care, assess needs and connect eligible infants and mothers to Medicaid home visiting programs. Our process for children to achieve positive healthy outcomes begins during pregnancy, continues at birth and is sustained through the first year of life.

"I love it when a nurse comes to my home and tells me how well my daughter is doing. It's so reassuring and helpful."

-MIHP client



maternal and infant  
**mihp**  
health program

- Home support to pregnant women, new parents and families.
- Team of social workers, nurses and dietitians.
- Prenatal, parenting and child development education.
- Counseling and nutritional information.
- Resources, financial aid and travel expense costs.

### 2014 Enrollments

maternal clients	<b>222</b>
infant clients	<b>131</b>

### Home Visits

maternal	<b>747</b>
infant	<b>1,840</b>



# Challenge

## access barriers for children's special services and prescriptions

A family brought their baby home from the hospital's neonatal intensive care unit. The child, Tucker, had been diagnosed with Down syndrome and had an evolving list of medical concerns. The parents tried to determine the best ways to care for him and felt they were not getting the support needed nor clear answers from his medical providers. They were quickly becoming stressed and sleep deprived.

In contacting Children's Special Health Care Services (CSHCS), our registered nurse Kelsey, went to their home gathering information about their circumstance and Tucker's medical conditions. Through the CSHCS program, Kelsey applied for respite services to help care for him and allow the family some relief.

The request was approved and the family received 3-4 hours of in-home nursing assistance each day. Taking care of a child with special needs can be challenging. With our help, parents can feel more supported in caring for their children.

# Action

## make the call

A mother was not able to get her daughter, Isabel's, arthritis medication and wasn't sure what to do. She called our CSHCS nurse, Leslie, who looked into the situation for this worried mother. Leslie contacted the pharmacy to get specific denial codes and then looked into the Medicaid database for coverage details.

She then contacted the physician's office and also the Medicaid health plan caseworker, to advocate for her client's coverage. The pending appeal was finally processed after Leslie's phone calls. The next day, she received a thank you call from the mother. Isabel's medication was approved and a three month supply was sent out by rush delivery.

<b>2014 New Clients Enrolled</b>	<b>198</b>
<b>Renewed Health Coverage</b>	<b>858</b>
<b>Total CSHCS Clients</b>	<b>1,056</b>

*All families were contacted at least once during the year.*



- Helps pay for visits to specialists.
- Helps pay for medications and specialized equipment, when related to a CSHCS qualifying medical condition.
- Eligibility is based on medical condition not on income level.
- Coordination of services and assists with locating community resources.
- May assist with travel and lodging expenses, relating to treatment and care for CSHCS qualifying medical diagnosis.
- May help to keep private insurance as well as cover co-pays and deductibles.



# Challenge

## undetected hearing and vision loss leads to developmental complications

According to the CDC, hearing and vision loss can impede a child's development and performance. Early detection may lead to better care and treatment, so children are more likely to reach their full potential. Hearing and vision are vital to learning, working and socialization. We depend on these senses to provide cues about daily activities.



Every dollar invested  
saves Michigan  
**\$112** from Hearing  
**\$162** from Vision & screenings.

*Values are based on health care costs and future productivity loss.*



Baby Piper Oosting with Sylvia Wion, hearing and vision technician.

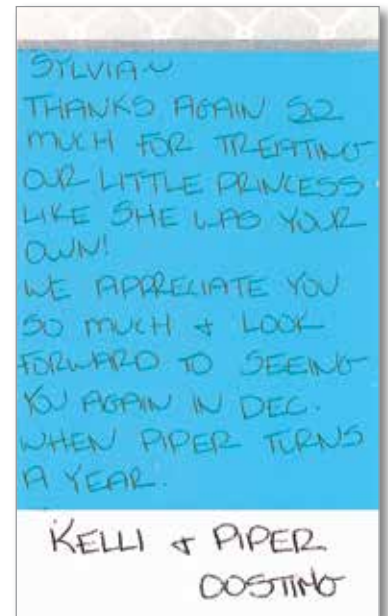
# Action

## provide free screenings

In the Hearing and Vision program, we focus on informing school officials and parents about the importance of early detection and the free screening services we provide. Parents registering their child in kindergarten or first grade must supply the school with a certificate of hearing and vision testing. Failing to do so will result in the child being excluded from school.

Our hearing and vision technicians performed **31,000 screenings** and made **1,720 referrals** for medical testing in 2014. We also began using the **Stereo Butterfly Test**. This method screens for

differences in distance and depth perception. Children enjoy wearing the polarized glasses to identify what they see. Screenings help ensure all Ottawa County children have good hearing and vision before and during their journey to success in learning and life.



"After your vision referral to an eye doctor, our daughter received her first pair of glasses. Thank you so much for letting us know about her difficulties, as it was not something she had previously expressed. We appreciate it!"

*-Hearing and Vision client*

# Challenge

## poor dental health leads to other health issues

A young boy at Pine Creek Elementary had three severely decayed teeth, including an abscess. It was painful for him and he needed dental services immediately. Kacie, our dental health coordinator of the Seal! Michigan program, contacted the child's father. He didn't speak fluent English, but they worked through their language barrier until he understood the urgency of his child's dental needs.

Five minutes before 5:00 p.m., Kacie contacted one of our partnering dental offices. She was able to schedule the child for an appointment the next day, as a result of our community relationship.

The father was concerned about whether or not he could leave work to bring his son to the dentist. Kacie encouraged him to call his supervisor, who did approve the father to leave work early. The child received the needed services and the father was extremely appreciative.

# Action

## bring services to the children

OCDPH's Miles of Smiles on-site program offers dental services for Medicaid insured and qualifying uninsured children (0-20 years of age). Services are provided at our health department clinics, county schools and Head Start centers. The dental mobile unit is 40 feet long and is equipped with a waiting area, education station, laboratory, two dental operatory rooms, digital x-ray equipment and a wheelchair lift.



The Miles of Smiles program is made possible through local and state grants, foundations and

county support. These funds enable us to provide preventive and restorative dental services for children and young adults. We have a volunteer network of more than 100 dental professionals; dentists, hygienists and Grand Rapids Community College students.

Many children and adults go without dental services. According to the CDC, oral infections may be connected to other health complications; such as diabetes, heart disease and stroke.

Proper dental health enhances our ability to speak, smile, smell, taste, touch, chew, swallow and convey our emotions through facial expressions. As a result of poor dental health, people may be at greater risk for cavities, gum disease, tooth loss and oral cancers.



*Dr. Phares is performing an oral exam for the young boy in the dental chair. He had the other children watch while he explained the procedure, helping to calm their nerves. The doctor has volunteered for the OCDPH Miles of Smiles program for more than 15 years.*

### Miles of Smiles Dental Unit

exams, screenings and X-rays	1,816
cleanings and preventive services	2,672
restorative and oral surgery	925
health education	748

### Seal! Michigan Sealant Program

sealant exams	451
sealant placements	1,501
fluoride treatments	428
health education	2,290

### Fluoride Varnish Program

exams	229
varnish applications	219

# Challenge

## malfunctioning sewage systems and water wells

Proper functioning sewage systems and water wells are essential to protect public health. The Real Estate Transfer Evaluation Program helps identify and correct failed or improperly functioning systems, through inspections and evaluations when a property is being sold.

In 2014, extreme winter weather affected our processing time for field service requests. As a result of the long winter and an unusually high demand for permits, real estate evaluations persisted well into October. Wait times stretched from 2-3 weeks during the summer to 4-5 weeks in September and early October.

# Action

## inspect systems

OCDPH health officials responded to the longer wait times by forming a workgroup, with local realtors. Our goals are to increase customer service and maintain environmental public health.

Several options were considered on how to meet a 10 business day turnaround time. The workgroup approved unanimously one of the solutions, which will be presented to the Board of Commissioners in early 2015.

“It represents good government at its best when we can develop meaningful partnerships, in this case the business community,” said Alan G. Vanderberg, Ottawa County Administrator.

Environmental Health works diligently to assure the food you eat is safe, the water you drink is clean and you are protected from preventable diseases.



Real Estate Evaluations Conducted	<b>1,174</b>
Correction Orders Issued	<b>275</b>

“The relationship between organized real estate and Ottawa County is strong. Through proper education and communication, everybody comes out a winner.”

- Dale P. Zahn Chief Executive Officer,  
West Michigan Lakeshore Association of Realtors

## Challenge

### Poor environmental health leads to public health issues

According to the World Health Organization, environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors.

It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behavior not related to environment, as well as behavior related to the social and cultural environment, as well as genetics.

## Challenge

### pesticides contaminating the environment

According to the World Health Organization, highly hazardous pesticides may have toxic effects and pose risks to people, through consumption of residues in food and drinking water.

Disposal of pesticides reduces potential health problems and fatalities. However, to properly dispose of these chemicals, they need to be brought to and accepted by a designated facility.

The Ottawa County Environmental Health Waste Program works with Vriesland Grower Coop to accept outdated, unused and unwanted pesticides. Products brought for disposal need to be identified by an EPA regulation number located on the product. When containers or labels become deteriorated, some of the regulation numbers are unrecognizable and fall into an unknown category.

In 2014, there was an overflow of unknown products, some of which were determined to not be pesticides. As a result, to properly dispose of these products extra fees are charged to the people dropping them off. This may discourage them from properly disposing pesticides.

## Action

### enhance environmental health initiatives

Environmental health works diligently to assure the food you eat is safe, the water you drink is clean and you are protected from preventable diseases.

We accomplish these tasks by:

- educating on food safety,
- inspecting drinking water wells,
- inspecting sewage systems,
- issuing permits to prevent contamination,
- designating medication disposal locations,
- offering household hazard waste disposal,
- offering recycling centers,
- and collaborating to address other environmental health risks.

## Action

ecoOttawa

### create program for proper disposal at no charge

OCDPH's environmental health waste program operated the Clean Sweep Program, to protect Michigan's natural resources by funding the disposal of outdated, unused and unwanted pesticides. The goal is to provide a way and encourage people to properly dispose pesticides, whether or not there is an identifiable EPA regulation number.

Service / Waste	Amount Collected
Memberships	734
Customers	13,650
Recycling	3,180 cubic yards
Pesticides	23,604 lbs
Electronics	40,878 lbs
Medications	1,990 lbs
Oil / Antifreeze	7,560 gal

# Financial Statement

	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/13 Actual	2013/14 Actual	2014/15 Budget
<b>Revenues</b>						
Licenses & Permits	\$459,368	\$552,669	\$691,093	\$769,963	\$779,766	\$751,023
Intergovernmental Revenue Non CPBC	\$4,392,368	\$2,832,226	\$1,848,394	\$1,037,092	\$1,853,028	\$2,106,851
Intergovernmental Revenue CPBC		\$2,300,794	\$2,054,657	\$2,027,912	\$2,057,109	\$1,900,393
Charges for Services	\$611,695	\$627,960	\$671,925	\$696,757	\$826,928	\$889,510
Interest & Rent	\$0	\$0	\$0	\$0		
Other Revenue	\$241,946	\$199,754	\$197,529	\$247,542	\$291,204	\$174,302
<b>Total Revenues</b>	<b>\$5,705,377</b>	<b>\$6,513,403</b>	<b>\$5,463,598</b>	<b>\$4,779,266</b>	<b>\$5,808,035</b>	<b>\$5,822,079</b>
<b>Expenditures</b>						
Personnel Services	\$6,123,262	\$5,877,766	\$5,891,724	\$6,001,198	\$6,099,813	\$6,657,328
Supplies	\$1,271,842	\$1,224,418	\$1,026,358	\$948,514	\$887,349	\$950,892
Others Services & Charges	\$1,834,892	\$1,619,228	\$1,702,687	\$1,755,617	\$1,847,066	\$1,808,578
Capital Outlay	\$13,032	\$5,760	\$0	\$8,030	\$0	\$0
<b>Total Expenditures</b>	<b>\$9,243,028</b>	<b>\$8,727,172</b>	<b>\$8,620,769</b>	<b>\$8,713,358</b>	<b>\$8,834,228</b>	<b>\$9,416,798</b>
Excess (deficiency) of revenues over (under) expenditures Health Operations	(\$3,537,651)	(\$2,213,769)	(\$3,157,171)	(\$3,934,092)	(\$3,026,193)	(\$3,594,719)
<b>Jail</b>						
Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Excess (deficiency) of revenues over (under) expenditures Jail Health	\$0	\$0	\$0	\$0	\$0	\$0
Excess (deficiency) of revenues over (under) expenditures - Total	(\$3,537,651)	(\$2,213,769)	(\$3,157,171)	(\$3,934,092)	(\$3,026,193)	(\$3,594,719)
<b>Other Financing Sources (Uses):</b>						
Transfers in	\$3,537,651	\$3,084,996	\$3,557,171	\$3,934,092	\$3,655,541	\$3,594,719
Transfers out		(\$871,527)				
<b>Total Other Financing Sources (Uses)</b>	<b>\$3,537,651</b>	<b>\$2,213,469</b>	<b>\$3,557,171</b>	<b>\$3,934,092</b>	<b>\$3,655,541</b>	<b>\$3,594,719</b>
<b>FTE (Employees)</b>						
Health Operations	85.08	84.13	85.35	85.65	87.23	88.99
Note - Unfunded positions	2.2	2.8	2.6	1.6	1.6	0.5

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*mi*Ottawa Department of  
**Public Health**

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12251 James Street Holland, MI 49424-9661 • (616) 396-5266 • Fax (616) 393-5659  
Branch Offices in Grand Haven & Hudsonville • [www.miOttawa.org/miHealth](http://www.miOttawa.org/miHealth)