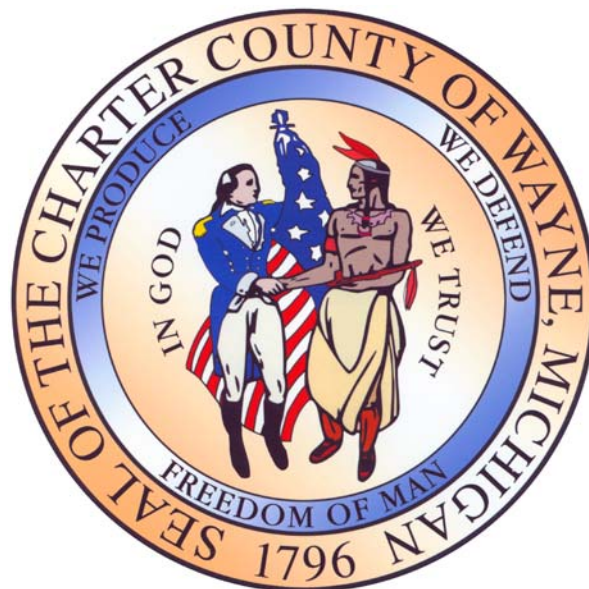


# Wayne County Department of Public Health



***Robert A. Ficano***  
***County Executive***

## Community Health Plan

### FY 2004 – 2007

**Wayne County Department of Public Health has set the following goals and objectives to be completed within a three- year time span.**

**PRIORITY AREA: INFLUENCING HEALTH RISK BEHAVIOR**

**GOAL 1: DECREASE THE TOTAL INFANT MORTALITY RATE AND REDUCE THE HEALTH RISKS ASSOCIATED WITH MATERNAL AND CHILD MORTALITY AND MORBIDITY, WHILE MINIMIZING DISPARITIES AMONG INFANT MORTALITY RATES FOR ALL RACIAL, ETHNIC, SOCIOECONOMIC, AND GEOGRAPHIC POPULATIONS.**

**OBJECTIVE:**

Reduce the total infant mortality rate to no more than 10.5% per 1,000 live births by 2008.

**Baseline:** 12.1 infant deaths per 1,000 live births (349, Infant Deaths in 2003, Wayne County Health Department jurisdiction-MDCH)

Reduce the infant mortality rate for African Americans to no more than 15.5% per 1,000 live births by 2003.

**Baseline:** 17.3 infant deaths per 1,000 live births (222 African American Infant Deaths in 2003, Wayne County Health Department jurisdiction-MDCH)

Reduce low birth weight incidence to 7.1% by 2008.

**Baseline:** Low birth weight incidence 7.9% of live births (3,071 Low Birth Weight babies born in 2003, Wayne County Health Department jurisdiction-MDCH)

Reduce very low birth weight incidence to less than 1.4% by 2003.

**Baseline:** Very low birth weight incidence 1.6% of live births (700 Very Low Birth Weight babies born in 2003, Wayne County Health Department jurisdiction-MDCH)

Decrease the proportion of pregnant women who gain less than 16.1 lbs. While pregnant to 10% by 2008.

**Baseline:** 11.7% of pregnant women (3,546 Pregnant Women gained less than 16.1 pounds during their pregnancy in 2003, Wayne County Health Department WIC clinics)

Increase abstinence from the use of tobacco by pregnant women to 90% by 2003.

**Baseline:** 86% of pregnant women abstained from smoking during their pregnancy (24,793 Pregnant women abstained from smoking during their pregnancy in 2003 Wayne County Health Department WIC clinics)

Increase the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy to 85% by 2003.

**Baseline:** 82.3% of live births with prenatal care beginning in the first trimester (22,306 Pregnant women received prenatal care beginning in the first trimester in 2003, Wayne County Health Department jurisdiction-MDCH)

**STRATEGIES:**

Coordinate activities with community partners to identify pregnant women from the target population during their first trimester, especially pregnant women with a high risk of nutritional and psychosocial conditions that will adversely affect the pregnancy, for referral to maternal and child health services.

Provide Maternal Infant Support Services and Advocacy to women with the presence of existing psychosocial conditions that will adversely affect their pregnancy, maternal well being or that of the infant.

Provide Women / Infant / Children (WIC) to eligible women and children.

Provide smoking cessation education and referral within Maternal Child Health programs.

Coordinate activities with community partners to identify and refer high-risk women and infants for earlier care to reduce infant mortality.

Coordinate activities with community partners to provide nutrition information to the target population regarding the importance of appropriate weight gain during pregnancy.

Coordinate activities with community partners to provide breast-feeding information to the target population.

Provide culturally and linguistically competent outreach and advocacy services to pregnant women of minority groups particularly Arab American women.

**GOAL 2: DECREASE RATE OF SMOKING THROUGH THE USE OF PREVENTION AND CESSATION STRATEGIES**

**OBJECTIVE:**

Reduce adult smoking prevalence to 23.6% or less.

**Baseline:** 26.6% prevalence in 2003 or 559,600 people according to the CDC, BRFSS metropolitan health division profile for Wayne County Department of Public Health.

Reduce youth access to tobacco products to 80% or more

**Baseline:** 73.5% (2004 Wayne County Health Department- Synar Compliance Check)

Increase the proportion of everyday smoker who quit for one day or longer to 51.2%.

**Baseline:** 54.2% in 2003 or 303,000 people according to the CDC, BRFSS metropolitan health division profile for Wayne County Department of Public Health.

**STRATEGIES:**

Continue to support the efforts of the Wayne County Smoking and Tobacco Intervention Coalition (WC/STIC) smoking reduction education and outreach activities to targeted populations.

**GOAL 3: REDUCE PREVENTABLE INFECTIOUS DISEASE INCIDENCE AND MORTALITY, INCLUDING HIV, STD, TUBERCULOSIS, AND VACCINE-PREVENTABLE DISEASES.**

**OBJECTIVE:**

Decrease the chlamydia rate to no more than 197 per 100,000.

**Baseline:** 39±5 per 100,000 males; 147±10 per 100,000 females (2004 Wayne County Health Department jurisdiction – Michigan Sexually Transmitted Diseases Database, MDCH)

Confine the prevalence of HIV infection to no more than 10,000 to 15,000 infected individuals.

**Baseline:** Estimate of HIV prevalence – 1,590 persons (2004 Wayne County Health Department of jurisdiction – HIV / AIDS Surveillance Section, MDCH)

Confine the number of AIDS cases to less than 550.

**Baseline:** 559 persons living with AIDS (2001 Wayne County Health Department jurisdiction – HIV / AIDS Surveillance Section, MDCH)

Decrease the incidence of Tuberculosis to 4.0 or fewer per 100,000 population.

**Baseline:** 16 reported cases 2004 Wayne County Health Department jurisdiction – MDCH)

**STRATEGIES:**

Provide communicable and infectious disease reporting; case follow-up, education, treatment and immunization for individuals with communicable disease or infection, including their contacts.

Provide HIV counseling, testing, STD examination, treatment, referral and risk reduction services.

Develop community partnerships to utilize traditional and non-traditional settings to build awareness about HIV and sexually transmitted disease (STD) in the general population.

Provide direct observed therapy of individuals on anti-tuberculosis treatment or preventive medicine.

**OBJECTIVE:**

Increase to 90 percent the proportion of children ages 19-35 months who have been appropriately vaccinated.

**Baseline:** 48% of children on Michigan Childhood Immunization Registry (2000 MCIR)

**STRATEGIES:**

Provide immunization services for children.

Provide site visits to medical providers in collaboration with Southeastern Michigan Childhood Immunization Registry (SE-MCIR) staff to increase private sector participation in the Michigan Childhood Immunization Registry. (MCIR).

Provide site visits to Vaccine for Children (VFC) private providers to include referrals to nurse educator for in-service and referrals to SE-MCIR for follow-up usage and training for the Michigan Childhood Immunization Registry (MCIR).

**PRIORITY AREA: INFLUENCING THE REDUCTION OF ADVERSE ENVIRONMENTAL HEALTH EFFECTS**

GOAL: PROTECT THE HEALTH AND WELFARE OF RESIDENTS AND VISITORS BY MINIMIZING THE RISK OF IDENTIFIED ENVIRONMENTAL HAZARDS, INCLUDING FOODBORNE DISEASE, IMPROPER SEWAGE DISPOSAL AND EXPOSURE TO NEUROTOXINS (e.g., LEAD).

**OBJECTIVE:**

Reduce the incidence of major foodborne illnesses.

**Baseline:** Developmental objective

**STRATEGIES:**

Provide food management certification classes.

Reduce the number of violations associated with foodborne illnesses through enforcement of state food law.

Use media sources to educate the public regarding the importance of reporting foodborne illnesses.

Use media sources to inform the public about preventing foodborne illnesses.

**OBJECTIVE:**

Provide inspections to not less than 90% of licensed food establishments.

**Baseline:** Developmental objective

**STRATEGIES:**

Provide a compliance inspection to each food service establishment every six months.

Conduct inspections of temporary food services.

**OBJECTIVE:**

Decrease public health hazards associated with failing septic systems.

**Baseline:** 20% prevalence (2000 Environmental Health – Wayne County Department of Public Health)

**STRATEGIES:**

Inspect sewage disposal systems prior to the sale of a dwelling unit.

Conduct site evaluations for proposed sewage disposal systems.

Determine corrective action necessary for failing sewage disposal systems.

**OBJECTIVE:**

Reduce prevalence of blood lead levels of 10 micrograms per deciliter or greater in the general population of children six years or younger.

**Baseline:** Developmental objective

**STRATEGIES:**

Provide lead prevention information for children with levels of 10-14ag/dl identified using the Systematic Tracking of Elevated Lead Levels and Remediation database (STELLAR).

Provide concurrent public health and environmental health assessment and education for children with lead levels 15-19ag/dl identified through STELLAR.

Provide public health case management services and environmental investigation for children with lead levels 20 ug/dl or greater identified through STELLAR.

Provide site visits to medical providers for children about lead poisoning prevention.

***PRIORITY AREA: STRENGTHENING PUBLIC HEALTH CORE FUNCTIONS***

**GOAL 1: STRENGTHEN CAPACITY FOR ASSESSING THE PUBLIC HEALTH ON AN ONGOING BASIS, INCLUDING: HEALTH STATUS; COMMUNITY HEALTH NEEDS AND RESOURCES; THE QUALITY, RANGE AND COST OF SERVICES IN THE HEALTH CARE DELIVERY SYSTEM; ENVIRONMENTAL**

**QUALITY; AND THE INTERRELATIONSHIPS BETWEEN THE ENVIRONMENT AND HUMAN HEALTH.**

**OBJECTIVE:**

Develop and implement surveillance to meet agency and community needs for monitoring health risks and health status, and health department services.

**STRATEGIES:**

Collect and maintain current data and information on health of the Wayne County community (excluding the city of Detroit) for health status, health risks, and health resources by maintaining current indicators of disease, injury risks, mortality and population changes.

Maintain information on the activities of community coalitions, task force, and committees that are staffed by Wayne County Department of Public Health employees.

Assure the existence of an ongoing Community Health and Improvement process through the annual analyses and interpretation of health data.

Conduct a customer satisfaction survey of health department clients to monitor and improve services provided by the Wayne County Department of Public Health.

**GOAL 2: REDIRECT AND EXPAND THE AGENCY'S CAPACITY TO ASSURE THAT THE FULL RANGE OF NECESSARY HIGH QUALITY HEALTH CARE SERVICES ARE ACCESSIBLE AND ACCEPTABLE TO ALL POPULATIONS.**

**OBJECTIVE:**

Increase the number of Medicaid recipients receiving oral health services in Wayne County Department of Public Health clinics.

**Baseline:** Developmental objective

**STRATEGIES:**

Develop and deliver dental health education and public information campaigns through media sources.

Provide preventive dental and treatment services.

Use the mobile van in target communities to provide dental screenings and referral for treatment.

**OBJECTIVE:**

Successfully locate and provide appropriate primary prevention and / or case management services to 100% of at-risk and / or high-risk children birth to age 18 referred for child health services by 2008.

**Baseline:** 881 enrolled versus 898 referred at-risk and/or high risk children (2002-2003 Wayne County Health Department Referral Log Data and CMHC data)

**STRATEGIES:**

Provide Early-On services to eligible infants and children.

Maintain community partnerships to assist in completing Healthy Kids, MICHild and Maternity Outpatient Medical Services (MOMS) applications for children, adolescents and pregnant women to allow for access to primary care.

Assist clients in completing the Healthy Kids, MICHild and MOMS applications.

Build awareness in the community about Healthy Kids, MICHild and MOMS through participation in community events.

**OBJECTIVE:**

Reduce the proportion of adolescents who have engaged in sexual intercourse by age 17 years.

**Baseline:** Developmental objective

**STRATEGIES:**

Provide target adolescents 19 years and younger with education and information to delay first sexual intercourse and to reduce teen pregnancy rate.

Provide target adolescent health services in partnership with other community providers.

**OBJECTIVE:**

Increase the proportion of the women age 19-44 years who receive family planning services.

**Baseline:** Developmental objective

**STRATEGIES:**

Provide referrals for women of childbearing age requesting family planning services.

**OBJECTIVE:**

Increase overall client/family participation in case management and care coordination services by 5%.

**Baseline:** 14 case management services, 126 Level I care coordination, and 40 Level II care coordination services were provided in fiscal year 2003-2004.

**STRATEGIES:**

Inform and educate new and renewing beneficiaries of the benefits of enrolling in a CSHCS Special Health Plan.

Provide advocacy services for CSHCS beneficiaries adjusting to CSHCS Special Health Plan service delivery model.

**OBJECTIVE:**

Increase WCDPH Children's Special Health Care Services program enrollment by 5%.

**Baseline:** 651 participants were added to the program in 2003-2004 fiscal year.

**STRATEGIES:**

Contact all CSHCS clients referred via telephone, mail or home visit if necessary to offer additional CSHCS information and information about other community resources and referrals.

**OBJECTIVE:**

Successfully locate 45% of clients referred to CSHCS to complete an application or make Special Health Plan choice

**Baseline:** Developmental objective

**STRATEGIES:**

Contact all CSHCS clients referred by CSHCS via Notice of Action Forms to explain services outside the basic benefit package (e.g. transportation, home and community-based services, and respite care).

Inform and educate the family about the child's special needs, community resources, their rights and responsibilities.