BUILDING A HEALTHIER WASHTENAW

Community Health Assessment
Community Health Improvement Plan

Washtenaw County
September 2013
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September 9, 2013

To the Citizens of Washtenaw County:

On behalf of the Washtenaw County Public Health Department staff, it is our pleasure to release the Washtenaw County Public Health’s **Community Health Assessment and Community Health Improvement Plan – Building a Healthier Washtenaw.**

The Community Health Assessment and Community Health Improvement Plan are roadmaps that help define the health of the community, identify strategic priorities for community health improvement, and highlight assets and resources that are in place to help make those improvements.

The public health department, in collaboration with many partners including community-based organizations, academia, business, labor, health services providers, and others, strives to improve the health of the community by identifying and investigating community health problems and hazards; educating and empowering people about health concerns; developing policies and regulations to protect health and ensure safety; linking people to health services; finding innovative solutions to health problems; and evaluating the effectiveness and accessibility of health services.

The task of maintaining and improving the health of a community is neither easy nor one that can be done alone. Rather, a healthy community is the result of collaboration among all its residents. Please join us in **Building a Healthier Washtenaw!**

Sincerely,

Richard Fleece, RS  
Health Officer

Alice Penrose, MD, MPH  
Medical Director
INTRODUCTION

What is a Community Health Assessment?

A community health assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze health data within a specific community. Health data include information on risk factors, quality of life, social determinants of health, determinants of inequity, mortality, morbidity, community assets, forces of change, and information on how well the public health system provides essential services. (National Association of City and County Health Officials)

What is a Community Health Improvement Plan?

A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of the community health assessment. Government agencies, including health, education, and human services, use the plan to set priorities and coordinate and target resources in collaboration with other community partners. (National Association of City and County Health Officials)

What is “HIP,” or the Health Improvement Plan of Washtenaw County?

Washtenaw County Public Health’s community assessment program – the Health Improvement Plan of Washtenaw County (HIP) – has provided the organizational leadership for completing Washtenaw County’s own Community Health Assessment and Improvement Plan. Above all, HIP is a coalition with committed partners from across the county. The HIP program structure and assessment process are described below.
A Model of How Health Happens

The following model has been developed by the County Health Rankings through the University of Wisconsin Public Health Institute. This model describes the influences on health outcomes. It shows the importance of health factors such as health behaviors, clinical care, social and economic factors, and the physical environment. In addition, community policies and programs influence health factors and outcomes.

This Community Health Assessment was structured with this outline in mind. Each section of the Assessment begins with an overview of related Health Outcomes. Then Health Factors are discussed. Related policies and programs are listed in the Assets and Resources section of the Assessment and were considered when drafting the Community Health Improvement Plan.
The Health Improvement Plan of Washtenaw County (HIP) framework was established in 1995 by Washtenaw County Public Health in partnership with University of Michigan Health System, Chelsea Community Hospital, and St. Joseph Mercy Health System. The HIP partnership was based on a community health assessment process called Assessment Protocol for Excellence in Public Health (APEX/PH) and the US Department of Health and Human Services Healthy People 2000 goals for the nation.

The 3-pillar framework developed—“Partnerships, Data, and Evidence-Based Strategies”—helps ensure that population health data are collected and analyzed, needs prioritized, and issues addressed in a cost-effective and collaborative manner.

HIP has the following strategic goals:

**Partnerships**
- Grow partnerships across sectors and disciplines.

**Data**
- Collect, analyze, and disseminate data on health factors, outcomes, and disparities in Washtenaw County.
- Establish long term health objectives and monitor progress.

**Evidence-Based Strategies**
- Increase understanding of evidence-based strategies.
- Increase understanding of policy and environmental approaches.
- Further address social determinants of health, social justice, and health equity.
- Develop, implement, and monitor shared countywide health improvement plan.

The HIP program has the responsibility to assess the health of the population in Washtenaw County. HIP does this by guiding partners through a collaborative community health assessment process. Representatives from a wide variety of sectors in the community participate in regular meetings to identify key health issues and resources, and then agree on how to tackle prioritized needs.

The following section describes the HIP program and how this structure has resulted in: “Building a Healthy Washtenaw: Community Health Assessment and Community Health Improvement Plan (2013).”
Partnerships

**HIP Goal:**

📅 Grow partnerships across sectors and disciplines.

HIP’s partnership now includes many different community sectors, over 25 organizations, and 350 individuals all working together to help build communities that make the healthy choice the easy choice. Any interested individual or organization can join the process.

HIP is supported by the following partner agencies who contribute funding and leadership to HIP:

In addition, numerous agencies, community volunteers, and funding organizations contribute to HIP by participating in key partnerships, including our Community Health Committee and Implementation and Coordinating Teams.

**Community Health Committee**
The Community Health Committee is HIP’s community coalition. Meetings are open to the public and held five times per year. The Committee has an elected Chair and Co-Chair who volunteer their time and are from partner organizations. Attendance averages 40-60 individuals per meeting. Attendees include community members and representatives from a broad range of sectors including:

- Community Based Organizations
- Faith Based Communities
- Government Agencies
- Health Systems
- Hospitals
- Media Outlets
- Universities
- School Districts
- Downtown Development Authorities
- Area Transportation Authorities
- Foundations
Community Health Committee Meetings cover a variety of topics. Since 2010, agenda titles have included:

- Literacy Powers Health
- Health Equity: Community Conversations
- Health Disparities in Washtenaw County: Opening the Window of Opportunity of Health for All
- More than Care: Health Care Reform is Community Transformation
- Washtenaw Health Initiative’s Oral Health Strategies
- Health and Academics: Linked for Success
- Childhood Obesity - Healthy Kids, Healthy Michigan, and Breastfeeding
- HIP 2010: More than a Survey - It’s the Story of What We Know Matters Here
- HIP 2020: Objectives Progress Michigan’s Political Landscape: Health at the Cross Roads
- A Community Lens on the Substance Abuse Scene
- Prescription Drug Abuse
- Transportation: At the Intersection of Health

**Coordinating Team**
The Coordinating Team functions as the HIP steering committee and is responsible for tracking overall progress, setting agendas for the Community Health Committee meetings and activities, and assuring that the Implementation Team’s workplan remains consistent with HIP’s broader goals. Members include leaders from Chelsea Community Hospital, St. Joseph Mercy Health System, University of Michigan Health System, Washtenaw County Public Health, Washtenaw Intermediate School District, and the community.

**Implementation Team**
The Implementation Team is responsible for ensuring the HIP’s work is carried out. This includes maintaining quality assurance, monitoring health outcomes, interpreting data, and sharing information. Members include representatives from Chelsea Community Hospital, St. Joseph Mercy Health System, University of Michigan Health System, Ann Arbor Center for Independent Living, Washtenaw Health Plan, Ann Arbor YMCA, and Michigan Institute for Clinical and Health Research. This team meets six times per year; members volunteer their time.

At the same time, HIP staff members are active participants on other community coalitions and initiatives, including the Washtenaw Food Policy Council, the Food System Economic Partnership, the Washtenaw County Breastfeeding Coalition, Healthy Kids Healthy Michigan, and the Washtenaw Health Initiative – among others.

See the appendix for a list of partner organizations and members of all HIP teams and committees.
HIP Goals:

- Collect, analyze, and disseminate data on health factors, outcomes, and disparities in Washtenaw County.
- Establish long term health objectives and monitor progress.

How does HIP measure health in Washtenaw County?

The HIP program is responsible for assessing the health of the Washtenaw County population. HIP staff, with guidance from partners described above, collects primary data and multiple sources of secondary data in order to examine causes and rates of death and disease, birth outcomes, access to care, health behaviors, policy, and social and environmental factors. The Health Improvement Plan Survey, or HIP Survey, provides a key primary source of data regarding Washtenaw County residents. After careful consideration of these sources of data, HIP Objectives are written through a collaborative process. These objectives reflect the prioritized health needs and aims for the county.

The HIP Survey

Since 1995, the HIP Survey is conducted every five years in our community. In both 2005 and 2010, over 2,000 adults in Washtenaw County were interviewed by phone about their health status and health behaviors. In addition, over 600 of the adults reported on the health status of one child in the household. Survey responses are weighted to reflect the demographic characteristics of Washtenaw County. The data are available by region of the county and on the HIP web pages. Most of the questions are based on the Behavioral Risk Factor Survey (BRFS), so local data can be directly compared to state and national data. Many of the survey questions have been asked since 1995, allowing for trends to emerge.

Critical Health Issues

The HIP Community Health Committee and Implementation and Coordinating Teams provide oversight for the entire survey process. To facilitate broader community participation, HIP created Critical Health Issue Workgroups. Local content experts (academics, clinicians, policy makers, and community leaders) are able to participate in the survey process as it relates to specific content areas, including:

- Injury
- Mental Health
- Substance Abuse
- Chronic Disease
- Perinatal Health
- Healthy Communities
- Infectious Disease
- Access to Care

Survey Administration

The most recent HIP Survey was conducted from January 2010 through January 2011. The survey sample was designed to be a stratified random sample of 1,712 English-speaking, non-institutionalized adults in Washtenaw County. Additionally, we oversampled African Americans, Asian Americans, and the Western region of the county. The completion rate was 41%; the refusal rate was 7%.
Dissemination
Washtenaw County Public Health oversees the contractor and the details of the methodology, instrument, weighting, and data dissemination. Presentations of 2010 HIP Survey data were provided to the full Community Health Committee and all of the HIP funding partners. These presentations began in the spring of 2011 and continued through winter 2012.

Limitations
The telephone samples for the HIP Survey are based on landline numbers only. HIP uses the same survey methodology as the state Behavioral Risk Factor Survey (BRFS). Cell phone numbers are not sampled. Many individuals may acquire cell phone coverage from local providers and subsequently move out of the county. And many residents of Washtenaw County may have cell phone numbers from other areas of the country. Although this limitation impacts the state and national BRFS, the limitation in Washtenaw County may be even greater because of the large proportion of students and other populations likely to relocate frequently.

Other Sources of Data
In addition to the HIP Survey, HIP collects other primary data and regularly draws on secondary sources of data. Primary data development includes the SAFE and SOUND Survey and the Encuesta Buenos Vecinos or Good Neighbors Survey. SAFE and SOUND is a 1,000 household sample of 12-17 year olds and their parents, which identifies risk and protective factors regarding substance abuse. Encuesta Buenos Vecinos is a local Latino Health Survey, currently in progress.

Secondary data sources include:
- Community Commons, Community Health Needs Assessment
- County Health Rankings
- Annie E. Casey Foundation Kids Count Report
- Michigan Department of Community Health - birth, death, hospitalization and infectious disease data
- Michigan State Police – arrest, offense, and traffic incidence data
- Michigan Department of Agriculture – data on grocery stores, restaurants, and food vendors
- Michigan Care Improvement Registry – immunization data
- University of Michigan and St. Joseph Mercy Hospital – ICD-9 External Code data (admissions for injuries and poisonings)
- US Environmental Protection Agency – air, water, and land pollutant information
- Washtenaw County Public Health – local infectious disease data
- US Census – Decennial Census and American Community Surveys – sociodemographic data

Health Objectives
In 1995 and 2005, our HIP staff and partners developed health objectives that reflect health needs evident in the HIP Survey results and other data sources. HIP’s objective-setting process uses the same structure as the survey-development process, and the same Critical Health Issue Workgroups are used. To set objectives, local expects and community leaders examined trends, risk groups, related evidence-based interventions, and emerging data. For the year 2020, HIP identified 52 health objectives related to the critical health issues listed above.

Between 2009-2013, HIP staff and partners gave 65 presentations to community groups, organizational leadership, and the community at large related to the HIP Objectives.
Progress Reports

Every five years, HIP publishes a Progress Report on the health objectives. The HIP Implementation Team reviews these reports and makes recommendations. In 2012, our HIP Implementation Team recommended numerous changes resulting from obsolete data sources, new national guidelines on clinical interventions, and programmatic changes. See the appendix for our latest Progress Report.

Strategies

**HIP Goals:**

- Increase understanding of evidence-based strategies.
- Increase understanding of policy and environmental approaches.
- Further address social determinants of health, social justice, and health equity.
- Develop, implement, and monitor shared countywide health improvement plan.

HIP has focused on educating partners across the county about evidence-based strategies, especially strategies that are focused on policy and environmental approaches. HIP has done this through presentations and trainings at Community Health Committee meetings, by disseminating resources on our listserv, and through our participation in other community coalitions and initiatives. Evidence-based strategies or interventions are those that have been proven effective, at least to some degree, through outcome evaluation. In other words, such interventions are likely to be effective at changing behavior (or other specific outcomes) if implemented as recommended for a given population. Using such interventions is a more cost effective way of allocating resources and achieving desired outcomes. Evidence-based interventions that use policy and environmental approaches are prioritized within HIP because of their potential to impact the health more broadly. For example, a policy or environmental change in a school building or district sets the stage for changes that impact all students, staff, and administrators in that building or district.

HIP’s focus on addressing social determinants of health, social justice, and health equity is rooted in the knowledge that the social conditions in which people are born, live, and work impact their health tremendously. Individual choices are important, but factors in the social environment influence lifestyle choices and access to health services. By emphasizing the social determinants of health through the HIP partnership, we are better able to identify health disparities, target geographic areas and/or vulnerable populations, and intervene to improve social and economic conditions that will ultimately improve health status.

Over the years, multiple initiatives, programs, coalitions, and surveillance systems have evolved. Some have been sustained, while others filled a specific need more temporarily.

- Washtenaw Asthma Coalition
- Pick up the Pace, Saline! Coalition
- Healthy Communities Steering Committee – Chelsea, Manchester, and Dexter
- Coalition for Infant Mortality Reduction
- Building Healthy Communities
- Substance Use Monitoring and Recommendation Team
HIP’s latest strategic goal, “Develop, implement, and monitor shared countywide health improvement plan,” was formally adopted in 2013. Our first shared countywide plan is presented in the second major section of this document, the Community Health Improvement Plan. Notably, the three hospital partners developed their initial community health assessment and community health improvement plans in 2011 and 2012. Together, the HIP partnership has worked to identify a set of six strategic priority health issues that are shared among hospitals and Washtenaw County Public Health. These six areas and associated action plans form a solid foundation for the Washtenaw County Community Health Improvement Plan:

- Access to Care
- Obesity
- Mental Health
- Substance Abuse
- Perinatal Health
- Vaccine Preventable Diseases
Emphasis on Health Disparities

HIP Health Objectives
The HIP objectives highlight health issues where inequalities exist between groups. For example, infant mortality is a measure that consistently affects some income, racial, ethnic, and educational groups more than others. HIP identifies the subgroup that has the best rate and uses that as the target for the group experiencing the worst rate.

HIP Survey Data Collection and Analysis
The HIP Survey items are, in part, selected based on the likelihood that the health issue is unequally distributed across different subgroups or communities. In order to analyze HIP Survey data by subgroups, HIP oversamples residents of Ypsilanti, African Americans, Western Washtenaw (rural), and Asian residents. Significantly, all HIP Survey data can be viewed and presented graphically on the HIP website. Charts and graphs are available for all Survey questions; maps and trends over time are available for some questions. Partners and stakeholders have consistently praised HIP for providing user-friendly information about how health may vary across the county and where there may be room for health interventions.

Sharing Information with the Community
HIP presents HIP Survey data through numerous presentations. These presentations include time for group input, enabling a greater understanding of the data itself as well as related programming and policy concerns.

We have developed a number of tools that we use to assess, identify, and share findings regarding health disparities. These tools include our “Health Disparities Matrix” and “Health Equity Index and Report Card.” (See the appendix.) The Disparities Matrix summarizes key health issues by income, racial, geographic, and educational subgroups. The Health Equity Index and Report Card is based on the PBS Series Unnatural Causes: “Ten Things to Know about Health Equity.”
Washtenaw County

COMMUNITY HEALTH ASSESSMENT
DEMOGRAPHICS & SOCIAL & ECONOMIC FACTORS

Description of Washtenaw County

Washtenaw County is located in southeast Michigan, covering an area of 720 square miles. Its 27 cities, villages and townships are home to about 345,000 citizens in urban, suburban, and rural settings. The two largest cities are Ann Arbor and Ypsilanti, and the county is home to two large universities – the University of Michigan in Ann Arbor and Eastern Michigan University in Ypsilanti.
Demographics

According to the 2010 US Census, the total population of Washtenaw County is 344,727, which is an increase of nearly 7% from 2000.¹ There are roughly equal percentages of males (49%) and females (51%).²

Age

The median age is 33 years. With the presence of two major universities in the county, there is a larger proportion (18%) of residents aged 18-24 years than in the state (10%) or the nation (10%).³

<table>
<thead>
<tr>
<th>Age</th>
<th>Washtenaw County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>5-17</td>
<td>15%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>18-24</td>
<td>18%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>25-34</td>
<td>14%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>35-44</td>
<td>13%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>45-54</td>
<td>14%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>55-64</td>
<td>11%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Currently, 10% of the population is aged 65 or older. By 2035, those 65 and older are expected to make up approximately 23% of the population.⁴

Race and Ethnicity

In Washtenaw County, 75% of residents identify themselves as white, 12% as black or African American, 8% as Asian, and 5% as other or multiple races. There are approximately 13,659 residents who identify as Hispanic or Latino. This represents nearly 4% of the total population, which is similar to the rest of Michigan (4%) but lower than the nation (16%).⁵

Languages

There are approximately 38,800 foreign-born residents in Washtenaw County. Of the population aged five years and older, 4% speak a language other than English at home and speak English less than “very well.”⁶

Rural Areas

Approximately 84% (289,570) of the population resides in urban areas; 16% (55,157) in rural areas.⁷ In the rural portions of the county, residents under 18 years make up 23% of the population, those age 18-64 years comprise 63%, and residents 65 years or older account for 14%. Among rural residents, 94% identify themselves as white, 2% black or African-American, 1.5% Asian, and 2.5% other or multiple races.⁸

Income

The median household income in Washtenaw County is $59,065 (in 2010 dollars).⁹
Social and Economic Factors that Impact Health

Population in Poverty

Poverty is considered a “key driver of health status.” Poverty makes it harder to access health care, healthy food, and other necessities that contribute to health. The poverty guidelines (below) are issued each year by the Department of Health and Human Services. The guidelines are often used for determining financial eligibility for certain federal programs such as Head Start, the Food Stamp Program, and the National School Lunch Program.

### 2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Persons in Family/Household</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,490</td>
</tr>
<tr>
<td>2</td>
<td>$15,510</td>
</tr>
<tr>
<td>3</td>
<td>$19,530</td>
</tr>
<tr>
<td>4</td>
<td>$23,550</td>
</tr>
<tr>
<td>5</td>
<td>$27,570</td>
</tr>
<tr>
<td>6</td>
<td>$31,590</td>
</tr>
<tr>
<td>7</td>
<td>$35,610</td>
</tr>
<tr>
<td>8</td>
<td>$39,630</td>
</tr>
<tr>
<td><strong>For families/households with more than 8 persons</strong></td>
<td><strong>$4,020 for each additional person</strong></td>
</tr>
</tbody>
</table>

In Washtenaw County in 2011, 18% of the total population was living below poverty; 30% of the total population was living below 200% of poverty. “Below 200% of poverty” includes all who have income less than 2 times their poverty guideline. Income below 200% of poverty is often used as a way to identify families that are considered “low income.”

### Groups at Highest Risk for Poverty

<table>
<thead>
<tr>
<th>High-Risk Groups</th>
<th>Percent Below Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total County</strong></td>
<td>17%</td>
</tr>
<tr>
<td>Age under 18 years</td>
<td>19%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>32%</td>
</tr>
<tr>
<td>Asian</td>
<td>23%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>25%</td>
</tr>
<tr>
<td>Less than high school graduate</td>
<td>30%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>35%</td>
</tr>
<tr>
<td>Families with female householders (no husband present) with children under 18 years</td>
<td>34%</td>
</tr>
<tr>
<td>Families with female householders (no husband present) with children under five years</td>
<td>44%</td>
</tr>
</tbody>
</table>
Community Health Assessment: Demographics & Social & Economic Factors

Population Below the 100% Poverty Level, Percent by Tract, 2007-11\textsuperscript{13}

- Over 21.0%
- 12.1 - 21.0%
- 6.1 - 12.0%
- Under 6.1%
- No Data or Data Suppressed

Population Below 200% Poverty Level, Percent by Tract, 2007-11\textsuperscript{14}

- Over 50.0%
- 35.1 - 50.0%
- 20.1 - 35.0%
- Under 20.1%
- No Data or Data Suppressed
Public Benefits

**WIC**

In 2011, 6,262 children ages 0-4 received benefits under the Women, Infants and Children program. The percent is based on the population ages 0-4. This represents 33% of all children ages 0-4 in Washtenaw County.\(^{15}\)

**Food Stamps**

Approximately 40,690 individuals received food stamps in Washtenaw County in 2010. This represented 12% of the population.\(^{16}\) A higher proportion of children 0-18 (18%) are in families participating in the Food Stamp program.\(^{17}\)

**Free or Reduced-Price Lunch**

Nearly one-third (13,704 or 30%) of all K-12 public school students enrolled in Washtenaw County are eligible for free or reduced-price lunch. Schools with the highest eligibility (over 80% of student body) are located in the City of Ypsilanti, Ypsilanti Township, and Ann Arbor.\(^{18}\)

![Students Eligible for Free or Reduced-Price Lunch, Percent by School, 2009-10](image)

Unemployment

The unemployment rate in Washtenaw County is 7% (July 2013). This is the percentage of people who are jobless, looking for jobs, and available for work. Washtenaw County’s unemployment is lower than the state (10%) or nation (8%).\(^{20}\)
High School Graduation Rate

The on-time graduation rate measures the percentage of students receiving their high school diploma within four years. High school graduation is a Healthy People 2020 leading health indicator. Low levels of education are often linked to poverty and poor health.21

In Washtenaw County, 85% of entering freshmen graduate in four years. This is better than the state (75%) or nation (76%). 22

### 2012 Cohort, 4-Year Graduation Rate23

<table>
<thead>
<tr>
<th>Washtenaw County School District</th>
<th>4-year graduation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saline Area Schools</td>
<td>96%</td>
</tr>
<tr>
<td>Dexter Community School District</td>
<td>93%</td>
</tr>
<tr>
<td>Manchester Community Schools</td>
<td>91%</td>
</tr>
<tr>
<td>Ann Arbor Public Schools</td>
<td>87%</td>
</tr>
<tr>
<td>Whitmore Lake Public School District</td>
<td>87%</td>
</tr>
<tr>
<td>Chelsea School District</td>
<td>85%</td>
</tr>
<tr>
<td>Milan Area Schools</td>
<td>80%</td>
</tr>
<tr>
<td>Lincoln Consolidated School District</td>
<td>71%</td>
</tr>
<tr>
<td>Ypsilanti Public Schools</td>
<td>63%</td>
</tr>
<tr>
<td>Willow Run Community Schools</td>
<td>41%</td>
</tr>
</tbody>
</table>

Population with No High School Diploma

Among residents age 25 and older, 6% in Washtenaw County do not have a high school diploma (or its equivalent). In some areas (City of Ypsilanti, Ypsilanti Township, Pittsfield Township and York Township), more than 21% of residents have no high school diploma.

Population with No High School Diploma, Percent by Tract, 2007-1124
Housing

There are 128,638 households in Washtenaw County, of which approximately 45% are considered low to moderate income. The US Department of Housing and Urban Development (HUD) annually determines the median household income for a family of four for the Ann Arbor Primary Metropolitan Statistical Area. HUD defines affordable housing as spending no more than 30% of gross household income on housing, including utilities, insurance, and taxes. The most common housing problem in the county, for both renters and homeowners, is a housing cost greater than 30-50% of income.\(^25\)

The county has two public housing commissions: the Ann Arbor Housing Commission and the Ypsilanti Housing Commission. There are more than 3,000 applicants on the Ann Arbor Housing Commission waitlist and more than 350 on the Ypsilanti Housing Commission waitlist.\(^26\)

2013 Point-in-Time Count identified 344 sheltered and 166 unsheltered persons in Washtenaw County experiencing homelessness on a given night. Locally, of persons receiving services related to homelessness, more than half are African American, 59% are individual adults (without children), and almost all (97%) live in urban areas.\(^27\)

Disability

Approximately 29,000 residents of all ages (or 9%) in Washtenaw County have a disability categorized in one or more of the following areas: hearing, vision, cognition, mobility, or self-care.\(^28\)

A larger proportion of adults (24%) report being limited in any activities because of physical, mental, or emotional problems, or report that they require the use of special equipment (such as a cane, a wheelchair, a special bed, or a special telephone) due to a health problem. This is a similar percentage as reported in the state overall (24%).\(^29\)

Compared with people without disabilities, people with disabilities are more likely to\(^30\):

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past two years.
- Not have had a Pap test within the past three years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.
Data Sources:
10. Community Commons, Community Health Assessment www.chna.org.
11. US Census Bureau, American Community Survey 1-year estimate, 2011.
15. Michigan Department of Community Health.
On average, Washtenaw County residents enjoy access to excellent, high quality medical care with major health care systems and ample primary care providers in place. Most residents have good health coverage through the private insurance system. Many in need, however, are not receiving optimal care. The possible expansion of Medicaid in 2014 will enable more residents who cannot access care today to do so in the near future.

**What is the Affordable Care Act?**

In March 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act (ACA), into law. The law makes preventive care—including family planning and related services—more accessible and affordable for many in the United States. While some provisions of the law have already taken effect, many more provisions will be implemented in the coming years. Enrollment into the “Health Care Exchanges” begins October 1, 2013 for coverage beginning in 2014. In Michigan, Medicaid will be expanded to cover a greater number of residents starting in 2014.

**HIP Year 2020 Health Objectives related to Access to Care:**

**Healthy Adults**

- Increase rates of low-income residents with health insurance from 84% to 100%.
- Increase rates of adults with dental insurance from 76% to 87%.

**Health Insurance Coverage**

In Washtenaw County, 92% of residents aged 0-64 years have health coverage; 8% are uninsured. Most (69%) have employer-sponsored coverage, 11% are covered by Medicaid, 10% direct purchase private insurance, and 2% are covered in some other way.¹

An estimated 25,249 individuals aged 0-64 years were believed to be uninsured on average per year between 2009-2011. Of those, approximately 2,581 were currently eligible for Medicaid but not enrolled, and 8,297 individuals are expected to be newly eligible for Medicaid in 2014; of the remaining 14,371, approximately 10,801 will be eligible to purchase coverage through the exchange with subsidies. The remaining 3,570 will remain uninsured.²
Those in Washtenaw County at highest risk for being uninsured include:

- Hispanic or Latino: 10%
- Black or African American: 12%
- Less than high school graduate: 12%
- Unemployed: 18%

Between 2000 and 2010, the percent of adult county residents who report that they could not afford to see a doctor in the past year increased from 5% to 11%.

More than 11% of Washtenaw County residents are foreign-born, nearly twice the Michigan average. Many Washtenaw County immigrants are low-income adults under 65 years of age that do not qualify for government health coverage because they have not been permanent legal residents for at least five years. Many immigrant families have children eligible for Medicaid.

In 2010, approximately 96% of children ages 0-18 had some type of health insurance. Of those, 25% were covered by Medicaid and 0.8% by MIChild. In Michigan, Medicaid (or Healthy Kids) covers children in families with incomes up to 185% of the poverty level. MIChild is an additional public insurance that covers children in families with incomes from 185-200% of poverty.

The proportion of children covered by Medicaid has increased from 20% in 2007 to 25% in 2010.

### Access to Primary Care

Washtenaw has more primary care providers per population (219 providers per 100,000 residents) than the state (92 per 100,000) or the nation (85 per 100,000). There are no health professional shortage areas in Washtenaw County. 14% of adults report that they do not have at least one person who they think of as their personal doctor or health care provider. This is higher than the state (13%) but lower than the nation (19%). Among adults 65 years and older in Washtenaw County:

- 2% report that in the past 12 months there was a time when they needed to see a doctor but could not due to the cost (compared to 4% in Michigan).
- 5% report they do not have anyone that they thought of as their personal doctor or health care provider (compared to 4% in Michigan).
- 16% report they have not had a routine checkup in the past year (compared to 14% in Michigan).

### Preventable Hospital Events

Conditions like pneumonia, dehydration, asthma, diabetes, and high blood pressure can usually be treated in an outpatient setting. When patients are hospitalized for these, this is seen as a failure of the community health system. The patients likely did not receive adequate primary care services.

Among the Medicare population (over 65 years), the hospital discharge rate for these preventable hospital events is 59 per 1,000 in Washtenaw, lower than the state (70 per 1,000) or nation (67 per 1,000).
Access to Dental Care

Risks from poor dental health include increased risk of aspiration pneumonia; increased risk of prematurity or low birth weight in infants; decreased glycemic control in diabetes; and an association with cardiovascular disease.

Dental Healthcare Coverage

Among county adults surveyed, 76% report having insurance coverage that pays for some or all of routine dental care.11 There are differences in this coverage by income, age, and race:

- Those with higher incomes are more likely to report having dental coverage: 53% of adults earning less than $35,000 compared to 89% of adults earning at least $75,000.
- Adults 18-24 years were the most likely to report any dental coverage at 84%. Fewer adults 25-34 or 75 and over reported coverage, 61% and 62% respectively.
- By race, only 70% of black or African American adults reported having any dental coverage, compared to 91% of Asians and 82% of whites.

Have Insurance That Covers Some or All Routine Dental Care

<table>
<thead>
<tr>
<th>Age</th>
<th>Have Dental Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>84%</td>
</tr>
<tr>
<td>25-34</td>
<td>61%</td>
</tr>
<tr>
<td>35-49</td>
<td>69%</td>
</tr>
<tr>
<td>50-64</td>
<td>76%</td>
</tr>
<tr>
<td>65-74</td>
<td>87%</td>
</tr>
<tr>
<td>75+</td>
<td>62%</td>
</tr>
</tbody>
</table>

Source: HIP Survey 2010

Even for those with some dental coverage, many dental insurance plans do not cover root canals, oral surgery, crowns, dentures, or cover them incompletely. There are approximately 43,000 residents in Washtenaw without dental insurance. There are nearly 18,500 Medicaid enrolled county residents with dental benefits.12

Persons over 65 years of age have health care coverage through Medicare, but it does not cover the routine dental care needed to maintain the health of teeth and gums. Medicare will cover some dental services (tooth extraction) if required to protect general health or in order for another covered health service to be successful. Extremely low-income older adults are also eligible for Medicaid, which does cover dental services.

Dental disease is the most common chronic unmet need among children nationwide.13 Healthy Kids Dental is expanding to Washtenaw County as of October 1, 2013 and will cover Medicaid-eligible residents under the age of 21. Children with this coverage are more likely to receive dental treatment compared to those on traditional Medicaid. Reasons for the program’s success include “more dentists accepting Healthy Kids Dental than regular Medicaid and a larger dental network that makes scheduling dental appointments more feasible.”14
Visited Dentist in Past Year

Overall, 22% of adults in Washtenaw report not having visited a dentist, dental clinic, or dental hygienist for any reason within the past year. A greater proportion of residents in Ypsilanti (27%) did not visit a dentist in the past year than residents in Western Washtenaw (14%). For those with incomes less than $35,000 per year, only half (50%) visited a dentist in the past year compared to 89% for those with incomes greater than $75,000 per year.\textsuperscript{15}

In Michigan, an estimated 83% of children under age 18 have seen a dentist at least once in the past year for preventive dental care, such as check-ups and dental cleanings. Among children ages 1 to 17, 73% have teeth in excellent or very good condition, as reported by their parents. These data are not available at the county level.\textsuperscript{16}

Dental Providers

There are 337 general, 75 specialist, and eight pediatric dentists in Washtenaw County.\textsuperscript{17} Washtenaw has a higher rate of dentists (122 providers per 100,000 population) than the state (62 per 100,000) or the nation (63 per 100,000).\textsuperscript{18}

Four clinics provide low or no cost dental care on a routine basis to children and adults in the county (Hope Dental Clinic, University of Michigan School of Dentistry Clinics, Community Dental Center, and Washtenaw Children’s Dental Clinic). A 2012 unpublished survey of private practice dentists in Washtenaw County by the Oral Health Task Force found that eight private practice dentists accept Medicaid. Of those, 4 are accepting new Medicaid patients.

Access to Mental Health Care

Nearly half of all adults in the US will be diagnosed with a mental illness in their lifetime and 26% of adults have had mental illness in the previous year.\textsuperscript{19} 14% of HIP 2010 Survey respondents reported 10 or more days of poor mental health in the past month.

Residents with Medicaid coverage have mental health care benefits, but they often have difficulty finding providers in the county that accept Medicaid payments. Depending on their specific plan, Medicaid patients may face additional restrictions on the number of mental health visits allowed or the type of provider they can see. Finally, Medicaid patients with more severe health or substance abuse treatment needs are treated through the county’s community mental health program and face challenges accessing services in an overburdened program and maintaining continuity of care.

Uninsured patients with more severe mental health problems may be treated though the county’s community mental health program. If they do not meet the severity criteria, they are generally referred to local health and human service organization that offer sliding fee scales. The complexity of multiple delivery systems and often unaffordable sliding fees or limited provider capacity means most uninsured residents will have difficulty accessing appropriate and timely mental health care.
Access to Substance Abuse Treatment

According to the 2010 HIP Survey, approximately 5% of Washtenaw County adults say their drug use has interfered with their home or work life. Overall, 5% of adults surveyed report ever receiving treatment for drugs from a mental health specialist. Among those without health insurance, 15% say their drug use has interfered with home or work life, and only 1% report having ever accessing treatment for drugs from a mental health specialist.

Unfortunately, there is little reliable data regarding access to substance abuse treatment overall, and much of the information that is available covers only publically-funded programs and services. In response, the Washtenaw Health Initiative established a mental health and substance abuse subcommittee, which has started compiling some information:

- In 2008, approximately 1,150 Washtenaw County residents were hospitalized for substance abuse treatment. Because detox often requires medical oversight, patients must be hospitalized when no other medically supported detox services are available in county treatment centers.
- In 2010, over 2,700 individuals with substance abuse or co-occurring disorders were treated in emergency departments. Over 800 of those could have been served in other venues in the community if they had access to medically supported crisis services. The vast majority of those treated or assessed in emergency departments (roughly 2,000) were sent home instead of to detox or treatment facilities. If capacity had been available in the community, these individuals could have avoided the costly use of the emergency services altogether.
Data Sources:

CHRONIC DISEASE

Chronic diseases such as heart disease, cancer, lung disease, stroke and diabetes are the leading causes of death in the US (Healthy People 2020). Heart disease and stroke together cost the US more than $500 billion in health care expenditures in 2010 (Healthy People 2020). Fortunately, maintaining a healthy weight, not smoking, and getting exercise can all help to prevent many chronic diseases.

HIP Year 2020 Health Objectives related to Chronic Disease:

Healthy Kids
- Increase the percent of children 10-17 years who attain at least 60 minutes of physical activity five days per week from 58% to 80%.
- Increase consumption of five or more servings of fruits and vegetables per day in children 6-17 years from 13% to 28%.
- Decrease the overweight or obesity rate in low-income preschool children from 29% to 20%.
- Decrease the prevalence of asthma in children 2-17 years from 19% to 10%.

Healthy Adults
- Increase the proportion of adults who consume five or more servings of fruits and vegetables per day from 25% to 33%.
- Decrease the proportion of adults who are current smokers from 16% to 5%.
- Increase the proportion of adults who attain at least 30 minutes of moderate activity five days per week OR 20 minutes of vigorous activity three days per week from 49% to 62%.
- Increase the proportion of adults with a disability who participate in any physical activity for exercise during the past month from 59% to 79%.
- Decrease the proportion of adults who are overweight from 50% to 40%.
- Reduce the annual rate of hospitalizations due to asthma in black or African-American females from 35 to 10 per 10,000.
- Decrease the prevalence of diabetes in black or African-American adults from 22% to 9%.

Healthy Older Adults
- Decrease the proportion of adults 50 years and older who have diabetes from 18% to 12%.
- Increase the proportion of adults 65 years and older who attain at least 30 minutes of moderate activity three days per week from 45% to 60%.
- Increase the proportion of women 50-64 years who get an annual mammogram from 62% to 68%.
Heart Disease

Heart disease is the leading cause of death in Washtenaw County. The average rate of deaths from heart disease in Washtenaw is 125 per 100,000 population (2006-2010 average). This is lower than the state (159 per 100,000) or nation (135 per 100,000). Blacks or African Americans have the highest heart disease mortality rate among county races or ethnicities (177 per 100,000), followed by Hispanics or Latinos (148 per 100,000). The rate for whites is 122 per 100,000 and 46 per 100,000 for Asians.¹

Both high blood pressure and high cholesterol contribute to heart disease. Washtenaw County Public Health tracks the self-reported rate of both in the HIP Survey. The rates have remained fairly constant over the last fifteen years. High risk groups include blacks or African-Americans, those with an income of less than $35,000 per year, and residents with activity limitations².

**Ever told had high blood pressure**
Washtenaw County Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>1995</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>20.6%</td>
<td>20.3%</td>
<td>19.5%</td>
<td>21.0%</td>
</tr>
</tbody>
</table>

**Had cholesterol checked and told it was high**
Washtenaw County Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>1995</th>
<th>2000</th>
<th>2005</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>28.9%</td>
<td>30.4%</td>
<td>32.1%</td>
<td>29.3%</td>
</tr>
</tbody>
</table>
Cancer

Cancer is the second leading cause of death in Washtenaw County. The rate of deaths from cancer in Washtenaw County is 162 per 100,000 population (2006-2010 average). This is lower than the state (185 per 100,000 population) or nation (177 per 100,000).\(^3\)

Blacks or African Americans in Washtenaw County have a higher cancer mortality rate (203 per 100,000) compared to residents of other races (162 per 100,000 for whites; 113 per 100,000 for Hispanic or Latinos; and 56 per 100,000 for Asians). These cancer mortality differences by race within the county are mirrored in state and national averages as well.\(^4\)

Diabetes

Diabetes is a serious illness that increases the risk for stroke and heart attack, blindness, kidney disease, and other chronic conditions. Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes.\(^5\)

Type 2 diabetes is largely preventable. Risks include:
- Obesity
- Sedentary lifestyle
- Family history
- Age greater than 45

In Washtenaw County, 8% of adults over the age of 18 have been told they have diabetes. This is lower than Michigan (10%) or the nation (9%).\(^6\) For those over 50 years of age in Michigan, minorities are nearly twice as likely as whites to ever have been told by a doctor that they have diabetes (Hispanics or Latinos 30%; blacks or African Americans 27%, compared to whites 15%).\(^7\)

In Michigan, an additional 500,000 adults are estimated to have prediabetes, meaning they have a significantly higher risk for developing diabetes.\(^8\)

Obesity

Michigan was ranked as the 5th heaviest state in 2011 and 31% of Michigan adults are obese. In 2010 alone, obesity-related health spending in Michigan was almost $19 billion. If current trends continue, 50-60% of adults will be obese in Michigan by 2030.\(^9\)

Obesity increases the risk of a number of leading health issues such as:
- Type 2 diabetes
- Coronary heart disease and stroke
- Hypertension
- Arthritis
- Obesity-related cancers
The weight of county residents has been steadily increasing since 1995 (HIP Survey 1995, 2000, 2005, 2010). As of 2010, nearly 60% of adults reported being overweight or obese. Groups reporting a higher than average percent overweight or obesity in the county include African Americans (67%), those with activity limitations (69%), and individuals without health insurance (82%).

**Childhood Obesity**
Obese children are at increased risk for type 2 diabetes, high blood pressure, high cholesterol, asthma and sleep apnea and muscle and joint problems.

31% of all Washtenaw County 9th and 11th graders are overweight or obese. In the Washtenaw County WIC program, 28% of low-income preschoolers were overweight or obese in 2012. A greater proportion of Hispanic or Latino preschoolers were overweight or obese (36%) compared to whites (27%) or blacks/African Americans (28%).

**Some good news:** Michigan is one of 19 states showing a decrease in childhood obesity. Among low-income preschoolers in Michigan, obesity has decreased from 14% in 2008 to 13% in 2011.

**Asthma**
In Washtenaw County, 19% of adults aged 18 and older report that they have been told by a doctor, nurse, or other health professional that they have asthma. This is higher than the state (15%) or the nation (13%). Groups more likely to report they have ever been told they have asthma by a health professional include blacks or African Americans (37%), those living in Ypsilanti (25%), and those with activity limitations (23%).

The annual rate of hospitalizations due to asthma for black or African-American adult females was 15 per 10,000 in 2009, down from 35 per 10,000 in 2005. This is higher than the countywide average rate of 12 per 10,000 (2006-2010). Nearly 10% of children ages 2-17 years in Washtenaw County have been told by their doctor they have asthma, down from 19% in 2005.
Health Factors

Health Behaviors

Behaviors such as poor diet, a lack of exercise, and tobacco use contribute to chronic disease risk.

Healthy Eating

In Washtenaw County, just 18% of adults report consuming five or more servings of fruits and vegetables each day. This is worse than the state (22%) or the nation (24%).

Least likely to report eating five or more servings of fruits and vegetables per day

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>% eating five or more servings of fruits and vegetables per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $35,000 yearly income</td>
<td>10%</td>
</tr>
<tr>
<td>Less than high school education</td>
<td>12%</td>
</tr>
<tr>
<td>Western Washtenaw County and other suburban and rural areas</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: Washtenaw County HIP Survey, 2010

Sugar-Sweetened Beverages

Sugar-sweetened beverages include soft drinks (soda or pop), fruit drinks, energy drinks and vitamin water drinks. These drinks are the largest contributor to added sugar intake in the US diet. Their use can lead to weight gain, type 2 diabetes, and cardiovascular disease risk. Almost half of the population in the US drinks these beverages on any given day.

The following map shows soft drink purchases by census tract. The portions of the county with greatest money spent on soft drinks are in Ann Arbor, Ypsilanti city and township, Pittsfield Township, Northfield Township, and Milan.

Soda Expenditures, Ranked Percent of Total Expenditures by Tract, 2011
Fast Food
In Washtenaw County, 43% of adult respondents report eating fast food once or more per week and 19% report eating it two or more times per week. In Ypsilanti, 56% of residents report eating fast food once or more per week. This is higher than other areas (42% in Ann Arbor, 29% in Western Washtenaw County). Blacks or African Americans were also more likely to report eating fast food once or more per week (48%) as were those with incomes less than $35,000 per year (49%).

Physical Activity
In 2010, an encouraging 65% of residents reported getting the recommended amount of physical activity (defined as at least 20 minutes of vigorous physical activity three or more days per week, or at least 30 minutes of moderate physical activity five or more days per week). Those living in Ann Arbor are the most likely to report getting adequate physical activity (74%) and those living in outer suburban or rural areas are least likely (50%). More men report adequate levels (77%) compared to women (53%). Finally, for those earning less than $35,000 per year, only 45% report getting adequate levels of physical activity which is lower than those making $35,000-$74,999 (70%) or those earning $75,000 or more (81%).

Tobacco
Smoking is linked to leading causes of death such as cancer and cardiovascular disease. The smoking rate has been declining in Washtenaw County, from 23% in 1995 to 12% in 2010. This is lower than the state (20%) or the nation (19%).

[Graph showing current smoking status in Washtenaw County Adults]
In Washtenaw County, those more likely to report current smoking are:

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>% current smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34 years old</td>
<td>23%</td>
</tr>
<tr>
<td>Student</td>
<td>26%</td>
</tr>
<tr>
<td>Western Washtenaw</td>
<td>20%</td>
</tr>
<tr>
<td>Ypsilanti</td>
<td>14%</td>
</tr>
<tr>
<td>Military service (yes)</td>
<td>23%</td>
</tr>
<tr>
<td>Male</td>
<td>16%</td>
</tr>
<tr>
<td>White</td>
<td>14%</td>
</tr>
<tr>
<td>Less than high school education</td>
<td>19%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>22%</td>
</tr>
<tr>
<td>Some college</td>
<td>18%</td>
</tr>
<tr>
<td>No health insurance</td>
<td>33%</td>
</tr>
<tr>
<td>Activity limitations</td>
<td>23%</td>
</tr>
</tbody>
</table>

Source: Washtenaw County HIP Survey, 2010

Of adults in Washtenaw County, 32% are current or former (defined as ever smoking 100 or more cigarettes) tobacco users. The majority (73%) of current smokers in Washtenaw County report attempting to quit within the past 12 months.

Social and Economic Factors

Race
In Washtenaw County, blacks or African Americans suffer from a higher burden of chronic illness than the majority of residents. Deaths from heart disease and cancer are both much higher among blacks or African Americans than whites. Also, diabetes and asthma disproportionately impact this population.

The 2005 Michigan Department of Community Health report, “Epidemiology of Asthma in Washtenaw County” reveals three times as many hospitalizations for asthma occurred among blacks or African Americans compared to whites.

Social and environmental factors, particularly the unique stresses of racism, likely contribute to this inequality.
**Income**
An estimated 14% of Washtenaw County residents live below the poverty level, and 27% have incomes below 200% of the poverty level.\(^{30}\) Having a low income puts a resident at risk for poor physical and mental health.

<table>
<thead>
<tr>
<th>Income Status</th>
<th>Income less than $35,000 per year</th>
<th>County Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health status (fair or poor)</td>
<td>28%</td>
<td>12%</td>
</tr>
<tr>
<td>Days in month physical health not good (10 or more)</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Day is month mental health not good (10 or more)</td>
<td>31%</td>
<td>14%</td>
</tr>
<tr>
<td>Seriously thought of committing suicide in past 12 months</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Activity limited due to physical/mental/emotional problem</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Overweight or obese (yes)</td>
<td>60%</td>
<td>59%</td>
</tr>
<tr>
<td>Does not get adequate physical activity</td>
<td>55%</td>
<td>35%</td>
</tr>
<tr>
<td>Eats less than five servings of fruits and vegetables per day</td>
<td>90%</td>
<td>82%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Adults in family reduced food intake due to cost in past year</td>
<td>13%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Source: Washtenaw County HIP Survey, 2010*

**Clinical Care**
The following clinical care issues relate specifically to chronic disease. See also Access to Care for a discussion of leading access to care issues.

**Cancer Screenings**
Approximately 73% of women 50-64 years report receiving an annual mammogram.\(^{31}\)

The percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years is 85%. This is higher than the state (81%) or the nation (80%).\(^{32}\)

Of HIP Survey (2010) respondents 50 and older, 73% reported ever receiving a sigmoidoscopy and colonoscopy exam to view the colon for signs of cancer or other health problems. 68% report having had one of these exams in the past two years.
**Advice about Weight in Past Year**
The majority (75%) of HIP Survey 2010 respondents report that their health professional did not give them any advice about their weight in the past year.

![Health professional did not give advice about weight in past year](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>No Advice Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>85.9%</td>
</tr>
<tr>
<td>2000</td>
<td>87.3%</td>
</tr>
<tr>
<td>2005</td>
<td>86.4%</td>
</tr>
<tr>
<td>2010</td>
<td>75.1%</td>
</tr>
</tbody>
</table>

**High Blood Pressure Management**
The percentage of adults aged 18 and older in Washtenaw County who self-report that they are not taking medication for their high blood pressure in 26%. This is higher than the state (21%) or the nation (22%).³³

**Physical Environment**

**Air Quality**
Poor air quality is associated with higher rates of asthma, poor lung function, and chronic bronchitis. The average daily measure of fine particulate matter the Washtenaw County is 11.7 micrograms per cubic meter, higher than Michigan (9.9 micrograms per cubic meter). The National benchmark is 8.8 micrograms per cubic meter.³⁴

**Walking, Biking, and Transit**
Walking and biking are healthy and relatively cheap ways to get exercise. Safe walking or biking, however, is not always an option where sidewalks or paths are not available. In Washtenaw County, 74% of residents agree that there are pedestrian sidewalks, walking paths, or trails in or near their neighborhoods. Agreement varied by community from a high of 91% in Ann Arbor to a low of 51% in Western Washtenaw and other rural areas of the county.³⁵ Overall, there are 980 miles of missing sidewalk and 1,404 miles of missing bike facilities in Washtenaw County communities.³⁶
Within and around the cities of Ann Arbor and Ypsilanti, there is fixed-route bus service. Ann Arbor has the most extensive bus service coverage in the county. Residents in Ypsilanti have limited access during nights and weekends; some low-income areas of Ypsilanti Township have very limited access to transit. For those living outside of Ann Arbor and Ypsilanti, 61% have no access to fixed-route service providing access to grocery stores, medical offices, and other essential destinations. For residents with disabilities, there is door-to-door service in the Ann Arbor and Ypsilanti areas available with an advance reservation.\(^{37}\)

Approximately 10,000 or 7.5% of households in Washtenaw County have no vehicle available.\(^{38}\) An estimated 4% of the population uses public transportation (buses) as their primary means of commuting to work.\(^{39}\) When asked, 22% of adult residents reported biking or walking in the past week for transportation.\(^{40}\)

**Parks, Recreation, and Fitness Facilities**

Washtenaw County has many city and county parks, and many residents (51%) live within one-half mile of a park.\(^{41}\) There are approximately 12 recreation and fitness facilities per 100,000, which is higher than the state (9 per 100,000) or the nation (10 per 100,000).\(^{42}\)

Residents in the City of Ypsilanti have more limited access to indoor recreational facilities that the rest of the county. There is currently no public or non-profit recreational facility operating in the city. In a phone survey of 600 residents of Ypsilanti, 7% indicated interest in the building of a full recreational facility in their service area. Families with children indicated the strongest interest in the facility, which may be because the existing for-profit facilities are adult-only facilities.\(^{43}\)

**Grocery Store Access**

Washtenaw County has a lower rate per 100,000 residents of grocery stores, SNAP (food stamp)-authorized food stores, and WIC-authored food stores than the state and nation:

- Grocery stores: 17 per 100,000. This is lower than the state or nation (both are 21 per 100,000).\(^{44}\)
- SNAP-authorized: 68 per 100,000. This is lower than the state (99 per 100,000) or nation (78 per 100,000).\(^{45}\)
- WIC-authorized: 16 per 100,000. This is a lower rate than the state (22 per 100,000), but it is the same as the nation (16 per 100,000).\(^{46}\)

**Food Access**

An estimated 27% of the population in Washtenaw County has more limited access to food, or low food access. Low food access is defined as a census tract in the county with many low-income residents and limited access to a supermarket or large grocery store. Areas of the county with low food access are shown in the map below and include Ann Arbor Township, Scio Township, Lodi Township, Pittsfield Township, Ypsilanti Township, Northfield Township, City of Ypsilanti, and Milan.\(^{47}\)
Fast Food Access
Washtenaw County has an estimated rate of 73 fast food restaurants per 100,000 residents. This is a slightly higher rate than the state (65 per 100,000) or the nation (70 per 100,000).48

Tobacco Sales to Minors
Currently, 90% of local vendors comply with laws restricting tobacco sales to minors.49

Washtenaw County has tools, knowledge, and determination. When properly resourced, we can be a model for the healthy community movement at state and national levels.
Data Sources:


Community Health Assessment: Chronic Disease

30 US Census Bureau, American Community Survey 1-year estimate, 2011.
36 Washtenaw Area Transportation Study Non-Motorized Plan for Washtenaw County, 2009.
37 A Transit Vision for Washtenaw County, Volume 1, Ann Arbor Transportation Authority, 2012.
43 Opportunities for a New Eastern Washtenaw YMCA Recreation Center, 2013.
MENTAL HEALTH

Among other things, a person’s mental health influences their physical health, employment, educational achievement, family functioning, and community involvement. Conversely, physical health, employment, education, family functioning, social support, and community involvement affect mental health.

HIP Year 2020 Health Objectives related to Mental Health:

Healthy Kids
- Increase the proportion of high school students who report that they would ask their parent(s) or guardian(s) for help with personal problems from 78% to 85%.
- Reduce the proportion of middle school students who report ever having suicidal thoughts from 16% to 7%.

Healthy Adults
- Increase the proportion of Asian adults who report having sufficient social support from 73% to 91%.
- Decrease the proportion of black adults reporting 15 or more poor mental health days per month from 16% to 7%.

Health Outcomes

There is some evidence that mental health may be deteriorating among Washtenaw County residents. According to the HIP Survey, the proportion of Washtenaw County adults who experienced ten or more days of poor mental health in the past month increased nearly 50% between 2005 and 2010. Moreover, the number of young adults reporting ten or more poor mental health in the past month more than doubled.

![Chart: Washtenaw respondents who report 10 or more “poor mental health days” per month]

Source: HIP Survey, 2005, 2010
In Washtenaw, 16% of adults have been diagnosed with anxiety disorders and 22% have been diagnosed with depression. Those at highest risk for anxiety disorders include veterans, persons who have activity limitations, low-income residents, Ypsilanti residents, students, and young adults. Those at highest risk for depression include residents who are lower income, unemployed, white, have some college, or activity limitations.¹

Suicide is one potential outcome for persons who have poor mental health. In Washtenaw County, there were 44 deaths due to suicide in 2010. This was up 60% over the previous year (see chart below). This increase appears to be driven by the greater number of suicides in persons 15-24 years as well as those 65 years and older.²

During April 2011 through June 2012, there were approximately nine hospital admissions per week for suicide attempts among county residents. Residents 10-14 years accounted for 40% of these admissions, and over half were associated with drug overdoses. Residents of Milan and Ypsilanti zip codes have the highest suicide attempt admission rates. Nearly 60% of the admissions were for females and 21% for blacks or African Americans, even though they only make up about 13% of county population.³
Access to firearms increases the use of firearms in suicide attempts and completions. In Washtenaw County, 32% of adults reported firearms are kept in or around their home. Those more likely to report firearms in and around the home are residents of Western Washtenaw (63%) and adults who have served on activity duty in the military (62%).

Social and Economic Factors
Feeling supported by others may help people avoid or cope with mental health issues. The majority Washtenaw County adults (84%) report that they always or usually get the emotional support they need. Similarly, 80% said that they agree or strongly agree that people in their neighborhoods help each other out. Excluding those who live alone, 68% of county adults say that they eat meals with household members five to seven days per week. Eating meals together can be an indication of how supported people feel in their in family or social settings.

Low-income residents were more likely to report being seen by a health professional for mental health reasons; 19% of those earning less than $35,000 per year reported being seen in 2010, compared to a county average of 14%. Lower-income respondents were also more than twice as likely to report that they “seriously considered” suicide in the past year (12% compared to 5% on average in the county).

Clinical Care
There has been a marked increase in the proportion of Washtenaw County adults reporting that they are currently being seen by mental health professional. The proportion has doubled from nearly 7% in 1995 to nearly 14% in 2010.
Physical Environment
The “built environment” which includes things like buildings, parks, roads, and sidewalks can help to promote good mental health. Connecting with others, walking in neighborhoods for exercise, being in nature, or traveling to work and appointments – all of these can be influenced by the environment in which we live or spend time.

Significantly, Washtenaw County adults who have been diagnosed with depression are 16% less likely than those without depression to feel safe walking in their neighborhoods. They are also 20% less likely than those without depression to report having pedestrian sidewalks, walking paths, or trails in or near their neighborhoods.8

Data Sources:
2 Michigan Department of Community Health and Washtenaw County Public Health.
SUBSTANCE ABUSE

Substance abuse is a severe issue challenging our county residents’ current and future health and well being. In 2010, Washtenaw County Public Health and Washtenaw Community Health Organization published a report entitled “Community Focus - A Closer Look at Substance Abuse Issues in our Community.” The findings cover both Washtenaw and Livingston counties and include:

- Significantly fewer Washtenaw County youth report having parents who would feel substance use would be “very wrong,” compared to Livingston County youth.
- Washtenaw County youth were more likely than Livingston County youth to report initiating use of alcohol, marijuana, and cigarettes before age 13.
- Adult DUI arrest rates for Michigan and Livingston County decreased between 2000 and 2006, but increased 40% in Washtenaw County.
- Washtenaw and Livingston Counties had the highest rates of marijuana initiation during 2006-2008, compared to other Michigan counties and nearly all of the United States.

HIP Year 2020 Health Objectives related to Substance Abuse:

Healthy Kids:

- Reduce the proportion of high school students who smoked cigarettes during the past month from 5% to 2%.
- Reduce the proportion of high school students who had at least one drink of alcohol during the past month from 17% to 10%.
- Reduce the proportion of high school students who have used marijuana in the past month from 17% to 8%.
- Reduce the proportion of high school students who have ever taken prescription drug such as Oxycontin, Codeine, Percocet, Vicodin, or Tylenol III without a prescription from 5% to 2%.

Healthy Adults:

- Decrease the proportion of adults 18-29 years who binge drink from 23% to 14%.
- Reduce illicit drug use in adults 18-29 years from 15% to 7%.
Health Outcomes

From 2000 to 2009, the number of deaths associated with alcohol in Washtenaw County increased from 18 to 22 per year. Other drug-related deaths increased from 27 to 40 per year during the same time period. In 2005, drug-related deaths surpassed motor vehicle fatalities, peaking in 2006 at 54 deaths per year, as seen below.\(^1\)

Deaths due to alcohol, other drugs, and motor vehicle crashes
Washtenaw County residents, 2000-2009

Source: Michigan Department of Community Health and Washtenaw County Public Health

Hepatitis C

Hepatitis C infection, primarily associated with intravenous drug use, has increased in Washtenaw County young adults. The proportion of Washtenaw County Hepatitis C cases that were reported among young adults under aged 30 has more than doubled between 2006 and 2011, as seen below.\(^2\)

Washtenaw County hepatitis C cases
percent of cases in persons younger than 30
2006-2011

Source: Washtenaw County Public Health – Communicable Disease Reports
Health Factors

Health Behaviors

Alcohol Use

Binge drinking is defined as having five or more drinks on a single occasion at least once in the past month. As seen below, the percentage of Washtenaw County adults reporting binge drinking decreased by almost half, from 24% to 13% between 1995 and 2010.3

Heavy drinking is associated with a number of health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. In Washtenaw County, 13% of adults aged 18 and older report heavy alcohol consumption (defined for men as two or more drinks per day or 14 or more drinks per week, and for women as one or more drinks per day or 7 or more drinks per week). This is lower than the state (17%) or the nation (15%).4

Nearly 20% of Washtenaw County high school respondents reported that they rode in a vehicle driven by someone who had been drinking alcohol at least once during the past 30 days.5
Illicit and Prescription Drug Use
Approximately 7% of Washtenaw County adults report that in the past year they used medicine, drugs, or other substances to get high without a prescription or with greater frequency or quantity than prescribed. These rates are somewhat high among younger adults, persons with “some college,” low-income adults, and Ann Arbor residents.\(^6\)

![Chart: Misuse of drugs/substances in past year
Washtenaw County Adults](chart)

Approximately 5% of Washtenaw County high school students and 15% of middle school students report misusing prescription drugs such as painkillers during the past 30 days.\(^7\) During January 2010-March 2012, there were, on average, seven emergency department admissions for opiate-related overdoses per month for Washtenaw County residents at University of Michigan Health System or St. Joseph Mercy Health System.\(^8\)

Marijuana Use
According to the US Substance Abuse and Mental Health Services Agency (SAMHSA) National Surveys on Drug Use and Health, estimated rates of marijuana use in the past month increased slightly between 2006 and 2010 among Washtenaw and Livingston County residents. At the same time, the estimated percentage of residents who perceive that monthly marijuana use can cause “great risk” to the user declined somewhat, as presented below.

![Chart: Washtenaw/Livingston substate region estimates of marijuana use and perceptions](chart)

Clinical Care

Substance Abuse Treatment
Approximately 5% of Washtenaw County adults say their drug use has interfered with their home or work life. The only consistent data available for treatment services are those for publicly funded programs. In 2012, there were 693 public treatment admissions in Washtenaw County. Males and younger, white adults comprise the majority of these admissions. Together, alcohol and heroin or other opiates account for nearly 80% of all primary substances mentioned as cause for admission.

Over time, the average age for publicly-funded substance abuse treatment admissions in Washtenaw County has decreased. For prescription drug treatment admissions, the average age was 32 in 2005 and 30 in 2012. For illicit opiates, the average age was 34 in 2005 and down to 31 in 2012. The same is not true for alcohol, marijuana, or stimulant-related treatment admissions. The proportion of publicly-funded substance abuse treatment admissions for heroin increased 40% between 2006 and 2011.

Emergency Room Visits
Between April of 2011 and June of 2012, there were approximately 398 emergency room admissions associated with unintentional, non-therapeutic drug overdoses among Washtenaw County residents. Of those, 235 were for heroin and other opiates, hallucinogens, depressants, and steroids. In fact, nearly half (46%) of all these admissions were for heroin and other opiates.

Social and Economic Factors
According to the Washtenaw County 2010 HIP Survey, younger adults (19%), persons with “some college” (14%), lower-income residents (11%), Ann Arbor residents (13%), and students (9%) all report higher rates of illicit drug use than the county on average (7%). In addition, younger adults (9%), students (7%), white adults (6%), and females (6%) are more likely to report heavy drinking than county residents overall (4%).

Physical Environment
The number of liquor stores in Washtenaw County is slightly lower than in the state as a whole, but higher than in the nation. Washtenaw County has a liquor store establishment rate of 12 per 100,000 residents; the state rate is 15 per 100,000 and the nation 10 per 100,000.
Data Sources:

2. Washtenaw County Public Health Communicable Disease Program.
11. Washtenaw Community Health Organization, internal communication 2012.
PERINATAL HEALTH

Perinatal health is the health and wellbeing of mothers and babies before, during, and after child birth. As described by Healthy People 2020, “Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.” The well being of a mother and her infant from conception to one year is the best foundation for lifelong health. Mother and child well being “determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.”

HIP Year 2020 Health Objectives related to Perinatal Health:

Healthy Kids:
- Increase proportion of low-income females 18-49 years who initiate breastfeeding from 47% to 75%.
- Decrease the mortality rate in black or African-American infants from 16 per 1,000 to five per 1,000 total births.
- Decrease low birth weight rates in black or African-American infants from 11% to 3% of live births.

Healthy Adults:
- Decrease the proportion of Ypsilanti females 18-49 who are current smokers from 37% to 12%.
- Decrease the proportion of black or African-American females 18-49 who are overweight from 62% to 40%.
- Decrease the proportion of females 18-49 who have ten or more poor mental health days per month from 14% to 7%.

What is PRAMS?
The Pregnancy Risk Assessment Monitoring System (PRAMS) is a US Centers for Disease Control and Prevention survey of mothers who delivered a live infant in that year; mothers are selected at random to participate in the survey. The survey topics are related to maternal and infant health and wellness. The PRAMS survey is done statewide each year; however, county level estimates are not available. In 2007, Washtenaw County did a one-time, local PRAMS survey.
Health Outcomes: Morbidity and Mortality

Low Birth Weight

Low birth weight infants are at high risk for health problems. Low birth weight is the percentage of total births that were under 2500g. The rate of low birth weight in Washtenaw County is 8%, which is the same as the state and the nation (both 8%).

Black or African American mothers in Washtenaw County are two times more likely than white and Hispanic mothers to have a baby that is low birth weight.

Infant Mortality

In 2011, there were 3,813 live births in Washtenaw County. Infant mortality is defined as deaths to infants less than one year of age and is usually stated as a number per 1,000 births.

Over the last decade, the overall Washtenaw County infant mortality three-year average rate has decreased from 8 to 5 per 1,000 live births. While infant mortality rates have improved among both black or African Americans and whites, black or African-American babies still die at almost three times the rate of white babies. The infant mortality rate among whites is 4 deaths per 1,000 live births, compared to 11 per 1,000 for blacks or African Americans.

Three-Year Moving Average Infant Death Rates by County
Michigan Residents, 1999-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Michigan</th>
<th>Washtenaw</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-01</td>
<td>8.1±0.3</td>
<td>7.8±1.6</td>
<td>15.5±5.</td>
<td>6.3±1.7</td>
</tr>
<tr>
<td>2000-02</td>
<td>8.1±0.3</td>
<td>7.3±1.5</td>
<td>15.3±5.</td>
<td>5.9±1.6</td>
</tr>
<tr>
<td>2001-03</td>
<td>8.2±0.3</td>
<td>6.8±1.4</td>
<td>16.8±5.</td>
<td>5.0±1.5</td>
</tr>
<tr>
<td>2002-04</td>
<td>8.1±0.3</td>
<td>6.4±1.4</td>
<td>14.3±5.</td>
<td>5.2±1.5</td>
</tr>
<tr>
<td>2003-05</td>
<td>8.0±0.3</td>
<td>6.4±1.4</td>
<td>16.1±5.</td>
<td>4.3±1.4</td>
</tr>
<tr>
<td>2004-06</td>
<td>7.6±0.3</td>
<td>6.0±1.3</td>
<td>12.1±4.</td>
<td>4.5±1.4</td>
</tr>
<tr>
<td>2005-07</td>
<td>7.8±0.3</td>
<td>5.7±1.3</td>
<td>13.3±4.</td>
<td>3.5±1.2</td>
</tr>
<tr>
<td>2006-08</td>
<td>7.6±0.3</td>
<td>5.2±1.3</td>
<td>13.1±4.</td>
<td>3.6±1.3</td>
</tr>
<tr>
<td>2007-09</td>
<td>7.6±0.3</td>
<td>5.3±1.3</td>
<td>11.5±4.</td>
<td>4.3±1.4</td>
</tr>
<tr>
<td>2008-10</td>
<td>7.3±0.3</td>
<td>5.1±1.3</td>
<td>10.5±4.</td>
<td>4.4±1.5</td>
</tr>
</tbody>
</table>

Source: Michigan Department of Community Health infant mortality statistics

Preconceptual Health

The mother’s health prior to pregnancy (her “preconceptual health”) includes both her physical and mental health. Many factors contribute to a healthy pregnancy, delivery, and first year of life. Women are encouraged to maintain a relationship with a primary care clinician throughout their childbearing years, and seek treatment for any psychiatric diagnoses which might be exacerbated by the hormonal changes during and after pregnancy.

Women enrolled in Medicaid while pregnant are cut off from this coverage approximately two months after delivery. Because of this, these women do not have ongoing access to primary care before, after, or between pregnancies. Medicaid expansion would fill this gap in coverage.
Health of Women of Childbearing Age (18-49 years) in Washtenaw County

<table>
<thead>
<tr>
<th></th>
<th>Females 18-49 years</th>
<th>Males 18-49 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health status (fair, poor)</td>
<td>40%</td>
<td>28%</td>
</tr>
<tr>
<td>Days in month physical health not good (10 or more)</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>Days in month mental health not good (10 or more)</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Overweight or obese (yes)</td>
<td>49%</td>
<td>64%</td>
</tr>
</tbody>
</table>


Overweight and Obesity

In Washtenaw County, the proportion of women ages 18-49 years who are overweight or obese is 49%, lower than that of men (64%) or than that of county as a whole (59%). Black or African-American women ages 18-49 years are somewhat more likely to report being overweight or obese (52%).

Mental Health

In Washtenaw County, 18% of women ages 18-49 report having ten or more poor mental health days per month, a percentage twice as high as men (9%). Suicidal thoughts are also more common for women in this age range; 9% of women 18-49 years report having seriously thought about committing suicide in the past 12 months compared to just 3% of men. This proportion is higher despite the finding that more women than men ages 18-49 years report that they “usually” or “always” get the social and emotional support they need (89% for women; 82% for men).

Health Factors

Health Behavior

Fruit and Vegetable Consumption
Fewer women than men ages 18-49 years in Washtenaw County report eating five or more servings of fruit and vegetables per day (15% for women; 22% for men).

Physical Activity
Only 54% of women ages 18-49 years in Washtenaw County report getting adequate physical activity, compared to 79% of men ages 18-49. Adequate physical activity is defined as five or more days per week of moderate activity or three or more days per week of vigorous activity.

Contraception Use
Planned pregnancies often have better outcomes than unplanned pregnancies. Free family planning is available for low-income women age 15-44 through the state’s Plan First program. While only 12% of surveyed Washtenaw County women aged 18-44 reported considering becoming pregnant within the year, 27% said they were not doing anything to prevent pregnancy.
Washtenaw County’s 2007 PRAMS survey found the following:

- When they conceived their new babies, 42% of women said they were not trying to become pregnant.
- Among those women who had an unintended pregnancy, 58% indicated that they were using some method of contraception at the time;
- After giving birth, 85% of all respondents were using some form of contraception to keep from getting pregnant.
- Women who had an income of $50,000 or more were significantly less likely to have an unplanned pregnancy compared to those who earned under $20,000 annually.

**Breastfeeding**

The American Academy of Pediatrics recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. The World Health Organization recommends continued breastfeeding up to two years of age or beyond.

The many health benefits of breastfeeding include:

- Breastfeeding protects babies from infections and illnesses that include diarrhea, ear infections, and pneumonia.
- Breastfed babies are less likely to develop asthma.
- Children who are breastfed for six months are less likely to become obese.
- Breastfeeding reduces the risk of sudden infant death syndrome (SIDS).
- Mothers who breastfeed have a decreased risk of breast and ovarian cancers.

In 2007, 86% of mothers in Washtenaw County ever breastfed their baby, compared to 73% of women throughout Michigan. Washtenaw County PRAMS respondents who smoked cigarettes during their last trimester and mothers who used Medicaid for prenatal care were significantly less likely to report breastfeeding than their peers. Women who graduated college were significantly more likely to report breastfeeding than women with only a high school or partial college education.

In Washtenaw County, the proportion of WIC (low-income) moms reporting they ever breastfed is 75% and lower than the WIC state average (79%). The proportion of WIC moms in Washtenaw County breastfeeding exclusively up to six months is 17%, slightly lower than the WIC state average of 18%.

### Rates of Breastfeeding by WIC Moms

<table>
<thead>
<tr>
<th></th>
<th>Ever Breastfed</th>
<th>Exclusively breastfeeding at six months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washtenaw County, Michigan</td>
<td>75%</td>
<td>17%</td>
</tr>
<tr>
<td>Michigan</td>
<td>79%</td>
<td>18%</td>
</tr>
<tr>
<td>Healthy People 2020 Objective</td>
<td>82%</td>
<td>26%</td>
</tr>
</tbody>
</table>

*Source: WIC data, Washtenaw and Michigan.*
Smoking
The smoking rate for women ages 18-49 years is 9%, lower than men (13%) or the county as a whole (12%). The smoking rate among women ages 18-49 years who live in Ypsilanti is higher at 14%.15

Smoking or drinking during pregnancy can significantly increase the likelihood of having a low birth weight baby. In Washtenaw County, nearly 8% of total births were to mothers who smoked during pregnancy.16 Women who smoked one or more cigarettes per day during the final trimester of pregnancy were nearly 16 times more likely to have a low birth weight baby compared to women who did not smoke during that period.17

Alcohol
For women, heavy drinking is defined as having an average of more than one drink per day; for men, it is defined as having more than two drinks per day, on average. In Washtenaw County, 7% of women ages 18-49 years report heavy drinking. This is higher than men ages 18-49 years who have a rate of heavy drinking of 3%.18

Teen Pregnancy and Births
The rate of teen pregnancy in the county is 27 per 1,000 females aged 15-19 and is lower than the state rate (48 per 1,000).19

Teen parents have unique social, economic, and health support service needs. The rate of births to teenage mothers in the county (13 per 1,000 births) is lower than that of Michigan (34 per 1,000) or the nation (41 per 1,000). Disparities exist in birth rates by race20:
- white teens: 7 per 1,000 births
- black or African-American teens: 37 per 1,000 births
- Hispanic or Latina teens: 45 per 1,000 births

Clinical Care

Access to Prenatal Care
Early identification of pregnancy allows for longer and better prenatal care. In Washtenaw County, the following prenatal care payment methods were used in 200721:

Prenatal Care Payment Method Reported by Mothers in 2007

<table>
<thead>
<tr>
<th>Type of health coverage</th>
<th>Percentage*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance or HMO</td>
<td>78%</td>
</tr>
<tr>
<td>Medicaid or Medical Health Plan</td>
<td>22%</td>
</tr>
<tr>
<td>Personal Income</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

*A total of over 100% is possible because survey respondents could indicate more than one payment method. Source: Washtenaw PRAMS, 2007.

Of all births in Washtenaw County in 2007, there were 1,067 births (26% of 4,104 total births) to women who had received less than adequate prenatal care.22 Less than adequate prenatal care is defined as prenatal care that began after the fourth month of pregnancy or fewer than half of recommended visits received. In Michigan, nearly one out of four women report entering prenatal care after the first trimester or not at all; the most common barriers to first trimester prenatal care entry include “did not have Medicaid card,’ ‘kept pregnancy secret,’ and ‘doctor/HMO would not start care earlier.”23
Have a Personal Doctor
The majority of women age 18-49 in the county (78%) report having a personal doctor or health care provider. This is higher than that of males ages 18-49 (63%). Similarly, 64% of women age 18-49 report having had a routine checkup within the past year compared to only 49% of men in same age range.  

Social and Economic Factors

Race
Black or African-American mothers experience higher rates of infant mortality and low birth weight than whites or Asians in Washtenaw County. This disparity has been consistent over the last decade. It may be partly due to differences in prenatal care, access to nutritious foods, and educational levels, but there is likely a separate stress factor unique to blacks or African Americans in our society. Glynn et al. published research in 2007 showing significant differences between the stress hormone levels of pregnant African and European Americans. She suggests there is a relationship between altered cortisol and corticotropin-releasing hormone levels and premature labor.  

Income
Approximately 11% of families with related children under 18 in Washtenaw County live in poverty. The percent in poverty jumps to 34% when these families are headed by women (no husband present).  

For female-headed households (with or without children under 18), there are large disparities in poverty by race.  

Of the families in Washtenaw County headed by women, the following live in poverty:  
- Hispanic or Latino: 55%  
- Black or African-American: 38%  
- White: 15%  

In Washtenaw County, 13% of women 18-49 years report that there have been times in the past year when they did not have enough money for housing and/or utilities. This is higher than that of men ages 18-49 years (8%).  

Stress
Stress is a risk factor shown to impact a mother’s health. Top stressors as reported by mothers in 2007 in the 12 months before childbirth included moving (33%), more arguments with husband/partner (21%), family member ill (20%) and couldn’t pay bills (17%).
Physical Environment

Park Access
Going to a nearby park is a great way to help maintain physical and mental health for all members of a family. In Washtenaw County, 51% of the population lives within ½ mile of a park. This is higher than the state (37%) or the nation (39%).

Recreational Facilities Access
Washtenaw County has a rate of 12 recreational facilities per 100,000 population, a rate that is higher than the Michigan average (9 per 100,000) but lower than the national benchmark (16 per 100,000). Census tracts in Chelsea, Dexter, and Ann Arbor have the highest rates of recreation and fitness facilities. Portions of the county with the fewest or no facilities are Augusta Township, Ypsilanti City and Township, and Northfield Township.

Even prior to the statewide smoking ban in restaurants and bars, Washtenaw County Public Health actively promoted and supported smoke-free policies in a variety of settings. Most recently, Public Health worked with the Village of Dexter Manager to consider adopting a smoke-free parks policy. Model parks policy language was drafted and reviewed by the Village Council and also made available to Village of Dexter residents for review and comment. The policy passed on September 12, 2012 and covers all recreational areas both public and private that are open to the public. Smoke-free environments help promote health for all residents, employees, and families.

Access to Grocery Stores
Washtenaw County has a rate of 17 grocery stores per 100,000 residents. This rate is lower than the state rate of 21 per 100,000 or the nation (21 per 100,000). The county also has lower rates compared to the state or nation of stores that accept SNAP (food stamps) and WIC. These benefits are an important source of food for low-income families.

Breastfeeding in Public Spaces
Mothers who are breastfeeding anywhere Ann Arbor city limits or public Washtenaw County buildings are covered by policies that prohibit discrimination of breastfeeding mothers. The State of Michigan currently has no such policy; however, laws that would prohibit discrimination of breastfeeding mothers have been proposed during the previous and current legislative sessions.
Data Sources:

1 Healthy People 2020.
5 Michigan Department of Community Health infant mortality statistics
6 Michigan Department of Community Health infant mortality statistics
12 Washtenaw County and Michigan PRAMS.
13 Washtenaw County and Michigan PRAMS.
14 WIC data, Washtenaw County, and Michigan 2012.
17 Washtenaw County PRAMS, 2007.
19 Division for Vital Records & Health Statistics, Michigan Department of Community Health 2011.
22 Michigan Department of Community Health, Vital Records and Health Data Development Section.
26 US Census Bureau, American Community Survey 2011.
27 US Census Bureau, American Community Survey 2011.
29 Washtenaw County PRAMS, 2007.
INFECTIOUS DISEASE

Infectious (or communicable) diseases cause only about 2% of deaths in Washtenaw County residents, but they do cause substantial illness (morbidity) and hospitalization. Most communicable diseases cause acute symptoms and short term illness. Others, such as HIV, hepatitis B and C, and human papilloma virus (HPV), can result in lifelong infections and consequences.

HIP has a number of objectives related to infectious disease across the lifespan. The two main areas of focus are vaccine preventable diseases and sexually transmitted diseases.

HIP Year 2020 Health Objectives related to Infectious Disease:

Healthy Kids
- Decrease the Chlamydia infection rate in Ypsilanti teenagers 15-19 years from 3,345 per 100,000 to 1,201 per 100,000.
- Increase the proportion of females who have received the HPV vaccine by age 16 from 0% to 75%.
- Increase the annual influenza vaccination rate in children 6-59 months from 65% to 90%.
- Increase the proportion of children 19-35 months who are fully immunized from 73% to 90%.

Healthy Adults
- Decrease the incidence of HIV infection in persons 13 years and older from 10 per 100,000 to 1 per 100,000.
- Increase the annual influenza vaccination rate in adults 18 years and older from 28% to 80%.

Healthy Older Adults
- Increase the proportion of adults 65 years and older who have received at least one pneumococcal vaccination from 58% to 90%.

Health Outcomes

More than 75 communicable diseases and conditions are reportable in Michigan and are tracked in the Michigan Disease Surveillance System (MDSS). Diseases include salmonella, tuberculosis, measles, Chlamydia, and West Nile virus. The most frequently reported diseases are in the table below.

<table>
<thead>
<tr>
<th>Top reportable communicable diseases in Washtenaw County residents 2010-2012(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease</td>
</tr>
<tr>
<td>Chlamydia</td>
</tr>
<tr>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Hepatitis C</td>
</tr>
<tr>
<td>Pertussis (whooping cough)</td>
</tr>
<tr>
<td>Hepatitis B (chronic)</td>
</tr>
<tr>
<td>Campylobacter</td>
</tr>
<tr>
<td>Chickenpox</td>
</tr>
</tbody>
</table>

Source: Michigan Disease Surveillance System
Influenza

Influenza can cause significant illness, hospitalization, and death. The virus changes frequently, making it a challenge to manufacture a vaccine that fully protects against flu. Washtenaw County Public Health tracks flu hospitalizations and deaths.

The 2011-12 flu season was mild with flu-associated hospitalizations much lower than the previous two seasons. No hospitalizations were reported in young children (0-4 years). Almost all hospitalized individuals had an underlying health condition. There were 28 total hospitalizations for flu (14% of which were ICU admissions) and one death. The death was in an adult older than 65 years who had severe underlying health conditions.

The 2012-13 flu season was moderately severe with numerous hospitalizations as seen below in the graph. Older adults were particularly affected, and there were several influenza outbreaks in long-term care and assisted-living facilities.

Young children, older adults, and those with underlying health conditions are the most vulnerable to severe outcomes from influenza infection. Vaccination is now recommended for everyone over six months of age, since having a well-vaccinated population helps protect those at highest risk.

Sexually Transmitted Diseases

Unprotected sex can lead to some infections that are fairly easily cured with an antibiotic (e.g. Chlamydia) and to others that are more serious and potentially lifelong infections such as HIV.

Chlamydia Incidence

In Washtenaw County, the 2010 rate of new chlamydia cases was 331 per 100,000 residents of the population. This is lower than Michigan (457 per 100,000) or the nation (407 per 100,000)\(^2\); however, Washtenaw County is in the top third of counties in the United States for Chlamydia rate.\(^3\) Chlamydia and gonorrhea are the most frequently reported diseases in Washtenaw County and 15 to 24 year olds have the highest rates. Black or African-American young people are disproportionately affected.
HIV Prevalence
HIV is a life-threatening communicable disease that infects minority populations at higher rates than non-minority populations. In Washtenaw County, the prevalence rate of HIV is 159 per 100,000 residents. This is lower than Michigan (164 per 100,000) or the nation (309 per 100,000).  

In Washtenaw County, newly diagnosed HIV cases have been fairly steady at 20-24 adults per year. This is a long way from the HIP 2020 objective of HIV incidence of 1 per 100,000 (approximately 3 cases per year).

Health Factors

Health Behavior

Hand and Respiratory Hygiene
Good hand washing has been a mainstay of infectious disease prevention for over a century. Good respiratory hygiene (e.g. covering coughs) and staying isolated from others when ill is important as well.

Sexual Behavior

Sexual Activity
The surest way to avoid sexually transmitted disease is to abstain from vaginal, anal, and oral sex or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Among Washtenaw County high school students surveyed in the 2012-2013 Michigan Profile for Healthy Youth, 29% reported having had sexual intercourse within the past three months.  This is the same as the state (29%) and lower than the nation (34%) (see figure below).


According to the HIP 2010 Survey, 21% of Washtenaw County adults report no sexual partners in the past year, 68% report one partner, and 11% had two or more sex partners.
Condom Use
According to the Centers for Disease Control and Prevention, latex male condoms when used consistently and correctly, can reduce the risk of getting or giving sexually transmitted diseases. In the 2012-2013 Michigan Profile for Healthy Youth, 75% of Washtenaw County high school students surveyed reported that they used a condom during their last sexual intercourse. This is higher than high school students in the state (60%) or nation (61%).

Parental Waiver for Vaccines
Vaccines are one of the best tools available to prevent infectious disease and are one of the top public health achievements during the past 50 years. Michigan has vaccine requirements for entry into child care and school, which helps ensure a well-vaccinated population. Michigan is, however, one of 19 states that allow parents to decline recommended immunizations for their children based on personal beliefs. In the 2012-13 school year, 9% of Washtenaw County school children had at least one required vaccine waived. In addition, a number of parents in the county do not follow the recommended vaccine schedule, thus leaving their children vulnerable to diseases for a longer period of time.

Clinical Care

HIV Testing
Among Washtenaw County adults aged 18-64 years, 45% report that they have been tested for HIV (apart from tests that were part of a blood donation).

Vaccines
Vaccines are among the most cost-effective clinical preventive services. Vaccines prevent childhood diseases, many of which have almost disappeared from the United States. Unfortunately, most vaccine preventable diseases are only a plane flight away. Maintaining high immunization levels is important for individuals and for communitywide protection.

Children Ages 19-35 Months
HIP assesses the completion of the required immunizations for 19-35 month olds every year via the Michigan Care Improvement Registry (MCIR). The rate of completion of the 4:3:1:3:1:4 series (4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, and 4 PCV13) in Washtenaw County toddlers for 2012 was 73%, below the HIP 2020 goal of 90%.

Hepatitis B and Human Papilloma Virus (HPV)
Vaccines also have a role in preventing cancers caused by viruses such as Hepatitis B and HPV. One of the 2020 HIP objectives is HPV vaccination rates in 16 year-old females since cervical cancer can now largely be prevented with vaccination. Only 26% of Washtenaw County young women have been vaccinated as of 2012, so more effort is needed.

Pneumonia Vaccinations (Age 65+)
In Washtenaw County, 65% of adults aged 65 and older report that they have received a pneumonia vaccine. This is similar to rates for the state (67%) and the nation (66%).
Flu Vaccine
In 2010, the Centers for Disease Control and Prevention recommended annual flu vaccines for everyone six months and older. Overall, 52% of Washtenaw County adults reported getting vaccinated in the previous year. The rate varies substantially by age group as seen below.\(^\text{12}\)

Percent of Washtenaw County adults who report receiving the flu vaccine in past year

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 24</td>
<td>36%</td>
</tr>
<tr>
<td>25 - 34</td>
<td>50%</td>
</tr>
<tr>
<td>35 - 49</td>
<td>34%</td>
</tr>
<tr>
<td>50 - 64</td>
<td>66%</td>
</tr>
<tr>
<td>65+</td>
<td>76%</td>
</tr>
</tbody>
</table>


Healthcare Worker Vaccination
Both large hospital systems in Washtenaw County (UM Health System and St. Joseph Mercy Health System) implemented mandatory flu vaccination for all of their employees during the 2011-12 flu season. Hospital staff vaccination rates have improved substantially. However, long-term care facilities are one area of the health care system that is not well covered in terms of flu vaccination, and these healthcare workers are often caring for some of the most vulnerable persons in the community.

Physical Environment

The physical environment can impact health in a variety of ways, including through food, drinking water, sewage disposal, housing conditions, and recreational water. Washtenaw County has a mix of municipal water supplies and individual wells that provide safe drinking water for the population. Individual wells are permitted, inspected, and sampled at the time of installation. Water is sampled for coliform, nitrates, and arsenic. Small water systems serving churches, schools, and other transient populations, called “Type II” water supplies, are regularly sampled and inspected.

Similarly, sewage and septic systems are managed at both the municipal and individual homeowner level. New and replacement sewage systems must meet certain requirements for soil type and sizing. Washtenaw County has a Time of Sale program which ensures that when homes with wells and septic systems are sold, these systems are functioning adequately. On average, 20% of Washtenaw County homes do not meet current standards in relation to their well and/or septic system as documented through this program.

Food service establishments are required to go through a plan review process to ensure proper facility design, construction, and flow of food. Once open, facilities are inspected routinely using the 2009 FDA Food Code and Michigan Food Law (amended 2012). Violations noted at the time of inspection are corrected and repeat violations are subject to enforcement procedures. Complaints of unsanitary conditions in food service establishments are investigated within five business days. Reports of foodborne illness in Washtenaw County are investigated within 24 hours of receipt.

In 2012, Washtenaw County Public Health investigated 202 complaints of unsanitary housing conditions. These conditions include mold, bed bugs, blight conditions, and standing water. Our department works with homeowners, renters, landlords, and township officials to resolve unsanitary housing conditions.
Washtenaw County Public Health also inspects day care centers to ensure a variety of health and safety requirements are met to help prevent and limit the spread of illness.

Recreational water can be a medium that transmits illness. All public swimming pools are inspected annually for health and safety requirements. Pools that do not meet health and safety requirements are not opened to the public. If unsafe conditions are noted during the operating year, they are corrected, or the pool is closed until correction can be made. Additionally, swimming pool water is sampled every other week and analyzed in an accredited lab for coliform, E. coli, and a standard plate count. Water failing to meet the standard of 0 coliform and/or standard plate count of under 200 are closed to the public until appropriately corrected.

The five public beaches in Washtenaw County are sampled five times per month, and sanitary surveys are completed annually. Beaches with E. coli levels exceeding state guidelines are closed to the public until a safe water sample can be obtained. All bathing beach sample results are posted on a public website.

Social and Economic Factors

As seen in the graph below, some groups are less likely to get flu vaccine than others, leaving themselves and those around them more vulnerable. Lack of health insurance is likely a barrier to getting vaccinated.

![Had flu vaccine in past year](image)


**Men Who Have Sex with Men**

The vast majority of new HIV infections in Washtenaw County are in men who have sex with men. Black or African-American men who have sex with men have higher rates than white men.

**Young People Ages 15-24 years**

For Chlamydia and gonorrhea cases, young people 15-24 years have the highest rates of disease. Young people living in the Ypsilanti area (zip codes 48197 and 48198) are at particular risk of Chlamydia and gonorrhea infection.
Data Sources:

1 Michigan Disease Surveillance System.
3 Michigan Department of Community Health and the Centers for Disease Control and Prevention websites.
6 Youth Risk Behavior Survey, 2011.
8 Youth Risk Behavior Survey, 2011.
Injuries are generally preventable causes of physical harm and include unintentional injuries or accidents as well as homicides, suicides, and other injuries such as complications in medical or surgical care. Most events that cause an injury are preventable.1

**HIP Year 2020 Health Objectives related to Injury:**

**Healthy Kids**
- Reduce the substantiated child abuse rate for children under 18 years from 366 per 100,000 to 275 per 100,000.
- Reduce the sexual assault rate in females younger than 19 years of younger from 242 per 100,000 to 121 per 100,000.

**Healthy Adults**
- Decrease the annual domestic violence victim rate for adults from 611 per 100,000 to 427 per 100,000.
- Reduce the annual arrest rate for adults related to driving under the influence of drugs or alcohol from 362 per 100,000 to 272 per 100,000.
- Reduce the percent of self-reported drinking and driving among adults 18-34 years from 12% to 5%.

**Health Older Adults**
- Reduce the annual rate of hospitalizations due to falls for persons 65 years and older from 162 per 100,000 to 130 per 100,000.

**Health Outcomes**

**All Injuries**

Injury is the fifth leading cause of death in Washtenaw County for all ages. Injury is the leading cause of death for those 1 to 44 years. The average rate of deaths from injuries (2006-2010) in Washtenaw County is 24 per 100,000 residents. This is lower than the state (36 per 100,000) or the nation (39 per 100,000).2

In Washtenaw County, there was an increase in the number of fatal injuries from 2005 to 2010, as seen below. Traffic fatalities have decreased, but suicides have increased, and in particular, drug overdose fatalities now exceed motor vehicle deaths.3

**Fatal Injuries, all causes**

<table>
<thead>
<tr>
<th>Fatal Injuries</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Fatal Injuries</td>
<td>126</td>
<td>126</td>
<td>118</td>
<td>142</td>
<td>146</td>
<td>157</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>73</td>
<td>60</td>
<td>67</td>
<td>82</td>
<td>85</td>
<td>77</td>
</tr>
<tr>
<td>Transport Fatal Injuries</td>
<td>32</td>
<td>25</td>
<td>22</td>
<td>34</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>Other Unintentional Injuries</td>
<td>41</td>
<td>35</td>
<td>45</td>
<td>48</td>
<td>53</td>
<td>56</td>
</tr>
<tr>
<td>Self-Inflicted Injuries/Suicide</td>
<td>27</td>
<td>30</td>
<td>24</td>
<td>26</td>
<td>28</td>
<td>44</td>
</tr>
<tr>
<td>Assault/Homicide</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>11</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>All Other Fatal Injuries</td>
<td>19</td>
<td>26</td>
<td>23</td>
<td>23</td>
<td>20</td>
<td>29</td>
</tr>
</tbody>
</table>

Males in Washtenaw County have a higher age-adjusted injury mortality rate (31 per 100,000 population) than females in Washtenaw County (18 per 100,000), but lower than males in the state (49 per 100,000) or the nation (54 per 100,000).

**Suicide**

In 2010, there were 44 deaths due to completed suicides in Washtenaw County. This represents a 60% increase over previous year (see table below). This increase appears to be driven by significant increases in suicides in persons 15-24 years, as well as in persons 65 years and older.

<table>
<thead>
<tr>
<th>Number of suicides, 2005-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Washtenaw County, Michigan</strong></td>
</tr>
<tr>
<td>Both Sexes, All Ages^6</td>
</tr>
<tr>
<td>2005</td>
</tr>
<tr>
<td>All Suicides</td>
</tr>
</tbody>
</table>

*Source: Michigan Department of Community Health, Mortality Statistics, 2005-2010.*

For more information on suicide and risk for suicide in Washtenaw County, see the Mental Health section in this report.

**Motor Vehicle and Pedestrian Crashes**

Motor vehicle crash deaths are preventable and they are a cause of premature death. In Washtenaw County, the rate of death due to motor vehicle crashes is 7 per 100,000 residents and is lower than the state (11 per 100,000) or the nation (13 per 100,000).

In 2011, law enforcement agencies in Washtenaw County recorded 9,831 crashes, a decrease of 1% from 2010. There were 34 fatal crashes, resulting in 35 deaths, reported in Washtenaw County in 2011, compared to 20 fatal crashes in 2010. The agencies reporting the highest numbers of crashes include the Ann Arbor Police Department, the Washtenaw County Sherriff, and the Pittsfield Police Department, comprising together 81% of reported crashes in the county.

From 2010-2012, there were 295 traffic crashes involving pedestrians. Of these crashes, 88% resulted in injury, and there were 12 pedestrian fatalities. In this same time period, there were 294 traffic crashes involving bicyclists. Of these crashes, 82% resulted in injury, and there were two bicyclist fatalities. Washtenaw County has a lower rate of pedestrians killed by motor vehicles per 100,000 residents (0.68 per 100,000) compared to the state (1.2 per 100,000) or the nation (1.38 per 100,000).

**Childhood Injuries**

Injuries from trauma are the leading cause of death between the ages of 1 and 14 years nationwide and lead to temporary or permanent disability for millions of infants and children each year. According to the University of Michigan CS Mott Children’s Hospital, every year nearly 500 children are admitted to this hospital as a result of a serious injury. Another 6,500 per year are treated for an injury in their Pediatric Emergency Department.

**Child Abuse, Domestic Violence, and Sexual Assault**

Between 2005 and 2010, the substantiated child abuse rate rose from 366 to 687 per 100,000 residents of the population. During the same time period, domestic violence rates rose from 611 to 791 per 100,000, and the sexual assault rate in females 19 years or younger rose from 242 to 503 per 100,000.
Falls

Fall injuries are more common among the elderly. There were 24 fatal falls in Washtenaw County in 2010, and 20 of them in residents 65 years or older.\textsuperscript{14}

Homicide

The death rate due to homicide in Washtenaw County is 2 per 100,000 residents. This is lower than the state (7 per 100,000) or the nation (6 per 100,000).\textsuperscript{15} As indicated in the chart below, the death rate from homicide has declined from 1989 to 2010 in Washtenaw County and the state.

![Homicide Age-adjusted Death Rates, Five-year Moving Averages](chart)

In 2010, six of the seven fatal assaults in Washtenaw involved firearms; five of the victims were male. Firearms were used in 72% of all homicides in Michigan in 2010.\textsuperscript{16}

Health Factors

Health Behavior

**Seat Belt Use**
In Washtenaw County, 92% of adults reported consistently using a seatbelt.\textsuperscript{17}

**Drinking and Driving**
The percentage of Washtenaw adults 18-34 that report drinking and driving has decreased from 12% in 2005 to 4% in 2010.\textsuperscript{18}
According to the Washtenaw Area Transportation Study (2011)\textsuperscript{19}, 3\% of all crashes in Washtenaw County involved drivers under the influence of alcohol. However, drivers were under the influence of alcohol in 7\% of crashes that caused injury and in 36\% of fatal crashes (12 total fatalities). All of the alcohol-involved statistics are slightly up from 2010.

The annual arrest rate for adults driving under the influence of drugs or alcohol fell from 362 to 201 per 100,000 residents; this has likely contributed (along with the slowing of the economy) to the decrease in motor vehicle fatalities.\textsuperscript{20}  

\textbf{Firearms in the Home}

Men are at increased risk of both suicide and homicide, especially involving firearms. In the 2010 HIP Survey, 32\% of respondents reported a firearm in the home, 28\% of women, and 36\% of men. Of the 44 self-inflicted deaths recorded in 2010, most were among men (30) men, and 13 used firearms. Only one woman used a gun to kill herself. Washtenaw County Public Health is working with Physicians for the Prevention of Gun Violence and Washtenaw Alive to decrease both suicides and homicide deaths.

\textbf{Clinical Care}

Washtenaw County is home of two major hospitals, St. Joseph Mercy Health System and the UM Health System, both capable of treating severe injuries. The UM Health System is the State Burn Coordinating Center, and St. Joseph Mercy Health System is the burn surge facility, capable of accepting overflow patients when needed.

For children, UM CS Mott Children’s Hospital has a Level 1 Pediatric Trauma Center, one of only three in Michigan. Clinical services include emergency, diagnostic, surgical, and acute care as well as comprehensive rehabilitation services.

\textbf{Social and Economic Factors}

\textbf{Crime and Safety}

The City of Ypsilanti had the highest number of crimes per capita in Washtenaw County in 2009 at rate of 169 per 1,000 residents compared to the county overall (72 per 1,000).\textsuperscript{21} According to the AnnArbor.com article, “Ypsilanti leads Washtenaw County in per capita crimes, according to data,” by Tom Perkins (February 28, 2011):

\begin{quote}
\textit{Municipalities with higher crime rates tend to have higher population densities, a younger population and higher poverty rates. The cities with younger populations also attract more common “nuisance” and petty crimes, such as alcohol-related offenses or malicious destruction of property complaints. Geography also plays a role, and municipalities in the eastern part of Washtenaw County generally reported higher rates than those in the western part.}
\end{quote}

\textbf{Child Abuse}

Research has identified a number of risk factors for child abuse. Parental substance abuse, parental stress and distress, marital conflict, domestic violence, poor parent child relationships, community violence, unemployment, poverty, and other socioeconomic disadvantages are some of the more commonly cited contributors.\textsuperscript{22}
Data Sources:

1 Healthy People 2020.
5 Michigan Department of Community Health, Mortality Statistics.
6 Michigan Department of Community Health, Mortality Statistics.
8 The Washtenaw Area Transportation Study Annual Traffic Crash Report for Washtenaw County 2011.
11 University of Michigan CS Mott Children's Hospital website.
14 Unintentional Fatal Injuries, 2005-2010 Washtenaw County Residents, Michigan Both Sexes, All Ages, Michigan Resident Death Files, Data Development Section, Michigan Department of Community Health.
16 Michigan Department of Community Health, Mortality Statistics.
19 The Washtenaw Area Transportation Study Annual Traffic Crash Report for Washtenaw County, 2011.
21 AnnArbor.com article “Ypsilanti leads Washtenaw County in per capita crimes, according to data,” by Tom Perkins, dated February 28, 2011.
22 First Focus, Addressing the Needs of Vulnerable Families during an Economic Crisis, December 2008.
ASSETS AND RESOURCES

The following assets and resources are organized according to the sections of the Community Health Assessment and avoiding duplication where possible.

Access to Care
Chronic Disease
Mental Health and Substance Abuse
Perinatal Health
Infectious Disease
Injury

Access to Care

St. Joseph Mercy Health System

Saint Joseph Mercy Health System (SJMHS) is a health care organization with seven hospitals serving six counties in southeast Michigan. Combined, SJMHS employs more than 14,000 associates and has a medical staff of nearly 2,700 physicians. SJMHS is a member of Trinity Health, the nation's fourth largest Catholic health care organization. In Washtenaw County, SJMHS has the following main locations:

- St. Joseph Mercy Ann Arbor is a 537-bed teaching hospital located on a 340 acre campus in Ann Arbor, Michigan.
- Chelsea Community Hospital is a not-for-profit hospital established in 1970. CCH attracts more than 300 physicians in almost all disciplines, with leading edge technology, including the largest and strongest MRI in Michigan.
- St. Joseph Mercy Saline Health Center provides outpatient services to residents of southern Washtenaw, Monroe, and Lenawee counties.

Source: SJMHS website www.stjoeshealth.org

University of Michigan Health System

The University of Michigan Health System (UMHS) has three hospitals and 40 outpatient locations with more than 120 clinics around Michigan and northern Ohio. UMHS has over 27,000 faculty, staff, students, trainees, and volunteers. Located in Ann Arbor, the University of Michigan Medical Center is the main complex for patient care at the University of Michigan Health System. Hospitals on this campus include University Hospital, CS Mott Children’s Hospital, and Von Voigtlander Women’s Hospital. UMHS also has an extensive network of primary and specialty care centers in Washtenaw County.

Source: UMHS website www.med.umich.edu
Safety-Net Providers

The county is home to a variety of organizations providing essential health services to the uninsured. The “Guide to Health Coverage in Washtenaw County: Free/Low-Cost Health Care/Coverage” provides a list of these options meant for use by the public and is in the appendix.

- Chelsea Grace Clinic is a monthly free clinic operated by Faith in Action in Chelsea.
- The Corner Health Center in Ypsilanti offers a full range of health, mental health, and support services to young people ages 12-21 regardless of their ability to pay.
- University of Michigan Regional Alliance for Healthy Schools operates school-based health centers at multiple middle and high school sites.
- Hope Clinic in Ypsilanti provides medical and dental care and basic social services, like food, to uninsured persons.
- Neighborhood Family Health Center in Ypsilanti is affiliated with St. Joseph Mercy Health.
- Packard Health and Packard West provide primary care, mental health services and a variety of health promotion and supportive services.
- Planned Parenthood has two Ann Arbor locations and one Ypsilanti location.
- The Ypsilanti Family Practice is associated with the UM Health System.
- The Shelter Association of Washtenaw County, Delonis Health Center Clinic offers health services to persons experiencing homelessness or housing instability.
- Washtenaw County Public Health provides three clinics at the health department: WIC, the Adult Health Clinic and Immunization Services.
- Additional safety net clinics for dental care include the Community Dental Center, Washtenaw Children’s Dental Clinic, and University Dental Clinics at the UM School of Dentistry.

Washtenaw Health Plan

The mission of the Washtenaw Health Plan is to assure access to health care and improve the health of low-income, uninsured residents. In partnership with local health care organizations, the Plan promotes, organizes, administers, and finances programs to increase access to health care for persons unable to pay for such care. It uses its resources and role in the community to strengthen the local health care safety net by maximizing access to primary care for uninsured, underinsured, and other vulnerable Washtenaw County residents, offering essential coverage to uninsured and underinsured. Currently, the Plan provides health care coverage for 8,000 county residents.

Source: Washtenaw Health Plan 10 year anniversary brochure.

Washtenaw Health Initiative

The Washtenaw Health Initiative is a voluntary, countywide collaboration focused on how to improve access to coordinated care for low-income, uninsured, and Medicaid populations. The Initiative is focused on how to improve care now for these priority populations and to prepare for 2014, when federal health care reform is expected to be more fully implemented. The effort includes representatives from the UM Health System, St. Joseph Mercy Health System, VA Ann Arbor Healthcare System, health plans, county government, community services, physicians, and safety-net providers. The steering committee formed workgroups organized around primary care; dental care, mental health, and substance use disorders; social determinants of health; and Medicaid outreach and eligibility.

Blueprint for Aging

The Blueprint for Aging is a collaborative of seniors, family members, nonprofits, businesses, and government agencies that work together to create and test innovative system changes that make Washtenaw County a great place to age. Priority areas include increased awareness and education on elder justice issues; development of a train-the-trainer program for older adult service providers; a collaborative crisis intervention case management model that provides a means for partner agencies to address the needs of vulnerable seniors within Washtenaw County; and an online senior data book that allows easy access to local data for decision makers and service planners.

Source: Blueprint for Aging website  
www.blueprintforaging.org

Children’s Special Health Care

Washtenaw County Public Health coordinates the county’s Children’s Special Health Care Services. The program offers medical care and treatment assistance for children with chronic, severe, disabling health problems; and provides service coordination to meet child and family needs. Eligibility is based on the child's diagnosis, severity, and treatment plan—not income. Many families with program coverage also have private insurance, and the Children’s Special Health Care Services program provides additional help and support. There is a cost for the program determined by a sliding fee scale. This fee is waived if the individual applying qualifies for Medicaid or MIChild.

Source: Washtenaw County Public Health Children’s Special Health Care Services website  
http://publichealth.ewashtenaw.org

Community Support and Treatment Services and the Washtenaw Community Health Organization

Community Support and Treatment Services provides mental health services to adults with a severe and persistent mental illness, children with a severe emotional disturbance, and individuals with a developmental disability that reside in the county. Washtenaw County Health Organization manages public mental health and substance abuse funds. Services are available to residents of the community who have Medicaid or are uninsured, and who are eligible for services as defined by the Michigan Mental Health Code and include mental health and substance abuse treatment. Community Support and Treatment Services provides mental health services under a contract with the Health Organization. Services are available to eligible persons regardless of age, sex, race, ethnicity, sexual preference, marital status, religion, physical, or mental handicaps, or ability to pay.

Source: Community Support and Treatment Services website  
www.ewashtenaw.org/government/departments/community_mental_health

Health Services Access

Health Services Access is the central entry point for all Washtenaw County individuals seeking mental health and/or substance abuse information and services in Washtenaw County. Requests for services can be made 24 hours a day seven days a week by calling 734-544-3050 or 1-800-440-7548. Callers may receive health information and referrals to a variety of community services. If seeking mental health or substance abuse services, callers will receive a clinical screening completed by a licensed behavioral health professional using criteria found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
Community Health Assessment: Assets and Resources

Chronic Disease

Michigan Health and Wellness Plan


Source: www.michigan.gov/documents/healthymichigan/Michigan_Health_Wellness_4x4_Plan_387870_7.pdf

Michigan for a Healthier Tomorrow

Michigan for a Healthier Tomorrow is a statewide healthy living campaign coordinated by the Michigan Department of Community Health. Residents can visit www.michigan.gov/healthymichigan to assess their health and make a plan and download resources.

Smoke-Free Environments

In Michigan, Washtenaw County has been at the forefront of establishing smoke-free environments. There are smoke-free policies in place at numerous institutions throughout the county, including Washtenaw County Government, Ypsilanti Housing Commission, Ann Arbor Housing Commission, University of Michigan, Washtenaw Community College, Eastern Michigan University, local K-12 school districts, Village of Dexter outdoor recreation facilities, and both local hospital systems. In addition, several local bars and restaurants opted to go smoke free prior to the passage of state legislation in 2010.

Michigan Tobacco Quit Line

The Michigan Tobacco Quit Line provides cessation services to Michigan residents that want to quit using tobacco. The Quit Line (1-800-784-8669) offers a personal health coach and participant toolkits to help tobacco users gain confidence and motivation they need to quit for good.

Source: Michigan Department of Community Health website
www.michigan.gov/healthymichigan/0,4675,7-216-33084_33091_33302---,00.html

Farmers’ Markets

There are a total of thirteen farmers’ markets throughout the county and based in Ann Arbor, Chelsea, Dexter, Dixboro, Ypsilanti, Manchester, Pittsfield Township, and Saline. Most now accept SNAP (food stamp benefits) and/or other program to assist low-income residents and discount programs for senior citizens. Washtenaw County Public Health has worked with farmers’ markets and safety-net providers in Ypsilanti and Chelsea to support and encourage low-income patients to eat more fruits and vegetables by visiting their local farmers’ market.
### Parks and Recreation

Washtenaw County has a well-maintained and extensive system of recreational parks and houses the Border to Border trail for outdoor exercise. Many area municipalities also have parks and/or recreational programs. The county’s Border to Border trail is a paved shared-use path that extends along the Huron River.

### University of Michigan MHealthy

MHealthy is the University of Michigan employee wellness program. The program aims to: promote the health and well-being of the University of Michigan community, develop more cost-effective delivery of health care as a model for other institutions, and advance public discussion and social commitment to change by harnessing the intellectual capacity of the University to improve the wellness of our employees, dependents, and retirees. *Source: MHealthy website: http://hr.umich.edu/mhealthy/*

### Chelsea Area Wellness Foundation

The Chelsea Area Wellness Foundation is a tax-exempt, private foundation governed by a volunteer board of directors representing populations included in the school districts of Chelsea, Dexter, Grass Lake, Manchester, and Stockbridge. The Foundation’s mission is to create a culture of wellness and foster sustainable improvements in community health. *Source: Chelsea Area Wellness Foundation website www.5healthytowns.org*

### Health Coalitions

At least eight local community coalitions have missions that include chronic disease and/or obesity prevention. Coalitions include the Washtenaw Food Policy Council; wellness coalitions in Chelsea, Manchester, and Dexter; the Washtenaw Bicycling and Walking Coalition; and the Ypsilanti Health Coalition among many others. Visit [http://hip.ewashtenaw.org](http://hip.ewashtenaw.org) for a current list of coalitions.

### Mental Health and Substance Abuse

#### Community Support and Treatment Services and Washtenaw Community Health Organization

*See Access to Care*

#### Health Services Access

*See Access to Care*

#### Health Systems

The two area hospital systems described earlier (UM Health System and St. Joseph Mercy Health System) provide psychiatric inpatient services and outpatient mental health services. They also provide outpatient substance abuse treatment. The UM Health System also offers psychiatric emergency services and houses the UM Depression Center.
Washtenaw Alive

This suicide prevention coalition brings together diverse partners to address and prevent suicide through surveillance of suicide attempts, implementation of best practice gatekeeper programs and ongoing training, community education and resource dissemination.

Dawn Farm

A local nonprofit providing inpatient and outpatient substance abuse treatment and support.

Home of New Vision

Home of New Vision is a nonprofit organization that provides inpatient and outpatient substance abuse treatment for women committed to ongoing recovery from chemical dependency.

Other Resources

Low cost counseling for depression and other psychiatric illness can be obtained at Catholic Social Services, Eastern Michigan University, The Women’s Center of Southeastern Michigan, and the UM Depression Center.

Additional mental health and substance abuse assets and resources:
- Private counseling services
- Walkable communities
- After school programs
- Employee assistance programs
- Depression services resource directory
- Academic community
- Peer mediators and listeners
- Suicide prevention training
- Health Improvement Plan of Washtenaw County Depression Focus Area
- Community Mental Health Partnership of Southeastern Michigan (CMHPSM)
- Community Support and Treatment Services and Corner Health Center Mom Power, COPE and Girls support and education groups for prevention of mental illness for teens and young adults
- University of Michigan Peer to Peer Depression and Suicide Awareness Campaign
- Eastern Michigan University’s Stigma and Fear End (SAFE) NOW campaign
- SafeTalk Training
- “Mix it Up” Day at Milan Schools
- Publicly-funded substance abuse prevention and treatment for adults and children
- Communities Mobilizing for Change (CMCA)
- Parents Who Host Initiative
- Communities That Care (CTC)
- Corner Health Center Theater Troop
- Project Success
- Bi-County Senior Connections
- Early Risers
- 12-step programs
- Chelsea Hospital Senior Supper Club
- SRSLY, a community coalition established to prevent destructive behavior in Chelsea youth
Perinatal Health

Hospitals and Neonatal Intensive Care Units

The two area hospital systems described above (UM Health System and St. Joseph Mercy Health System) both have level three neonatal intensive care units, capable of treating the smallest and sickest of newborns.

Maternal Infant Health Programs and Collaboration

Maternal Infant Health Program is a home visiting program for pregnant women and infants with Medicaid insurance. It is a benefit of their insurance. A team consisting of social worker, nurse, and registered dietician provide home or office visits. There is an ongoing collaboration between the “maternal only” programs in the community and with Washtenaw County Public Health’s own Maternal Infant Health Program that covers moms and infants to ensure that vulnerable infants and families in the community are offered/provided in home supports through this program.

Birth Support and Education

Doulas Care provides free or low-cost volunteer doulas (trained women who offer birth support) to low-income mothers. The Lamaze Family Center provides classes in prenatal fitness, childbirth preparation, and breastfeeding, as well as support groups for new mothers, new fathers, and women suffering from post-partum depression. Center for Childbearing Year offers a variety of birth and newborn care classes. The Michigan Visiting Nurses offer monthly childbirth education classes that are covered by Medicaid.

Breastfeeding Support and Education

Prenatal breastfeeding classes are taught by a number of agencies: WIC, Breastfeeding Center of Ann Arbor, and Lamaze Family Center. Support for breastfeeding moms is offered by a variety of agencies as well. WIC developed a peer counseling program for breastfeeding mothers. La Leche League offers monthly free support with groups that meet in Ann Arbor and Ypsilanti. The Breastfeeding Center of Ann Arbor offers a weekly breastfeeding support group. St. Joseph Mercy Health Systems has lactation consultants available for new moms and babies in their mother and baby unit. UM Health System has a multidisciplinary breastfeeding clinic staffed by a lactation consultant as well as an OBGYN and pediatrician specializing in breastfeeding support. The Washtenaw County Breastfeeding Coalition brings together leaders from each of these agencies and more to discuss improving support for breastfeeding mothers, babies, and families.

Parenting Classes

Hope Clinic, a free medical and dental clinic in Ypsilanti, offers free parenting classes, and Catholic Social Services offers classes in healthy families and “grandparents as parents” classes.

Home of New Vision

See Mental Health and Substance Abuse

Teen Health Resources

The Corner Health Center delivers prenatal care to teenage mothers, and The Teen Parent Center provides a mentoring program for young mothers.
Infant Mortality Reduction

Infant mortality has declined in Washtenaw County and throughout Michigan over the last decade due to both improved perinatal care and postpartum practices such as safe sleep. Michigan’s Governor Snyder initiated an Infant Mortality Reduction Plan in August of 2012 which recommends elimination of medically unnecessary deliveries before 39 weeks of gestation. The Plan recommends progesterone treatment protocols for high risk women to prevent preterm labor and home visiting services for high risk pregnant and postpartum women. The plan also recognizes that health disparities among people of color must be addressed in order to improve overall birth outcomes. Washtenaw County Public Health has worked on strategies with multiple agencies to further reduce infant mortality, including:

- Collaboration on the Washtenaw County Coalition for Infant Mortality Reduction’s “3 x More Likely” campaign to decrease the excessively high rate of infant mortality in blacks or African Americans.
- Participation in Child Death Review, to determine all the factors contributing to child deaths, including infant deaths related to trauma (e.g., car accident, drowning) or unsafe sleep.
- Collaboration with the Washtenaw Area Council for Children and its Infant Safe Sleep Task Force. The Task Force provides free classes to the community about shaken baby prevention and safe sleep.
- Initiation of breastfeeding peer counseling program within the WIC program
- Continued nutrition counseling in the WIC program
- Development and co-coordination of the Washtenaw County Breastfeeding Coalition which encourages and highlights businesses that support breastfeeding with its annual breastfeeding-friendly awards program.
- Enactment by the Washtenaw County Board of Commissioners of a policy to allow breastfeeding in all county buildings.

Infectious Disease

There are many places available in Washtenaw County for communicable disease testing, treatment, and vaccination including primary care, long term care facilities, hospitals, and Washtenaw County Public Health. In addition, pharmacies have recently become a location for receiving a variety of vaccines, especially influenza.

Washtenaw County Public Health

Public Health offers low-cost immunizations for the public. The department also runs an adult health clinic which provides STD testing and treatment and HIV testing and counseling. Public Health follows up on reportable diseases and coordinates outbreak response for the county as well.

Washtenaw County Environmental Health

Washtenaw County Environmental Health takes the necessary actions to ensure citizens and visitors can feel confident that their food, water, and surroundings are safe and sanitary. Through a combination of inspections, investigations, education, and enforcement, compliance is achieved to meet local, state, and federal guidelines for safe food, drinking water, and sewage disposal.

Washtenaw Immunization Action Coalition

Washtenaw County Public Health chairs this local partnership dedicated to decreasing vaccine preventable diseases in all ages, through improved public awareness and access to vaccines.
**Vaccines for Children**

Vaccines for Children (also called VFC) is a federally funded program that helps fund vaccines for children with Medicaid, with no insurance, or with insurance that does not cover vaccines. Washtenaw County Public Health works closely with our 38 VFC providers across the community to educate providers about the vaccines, storage and handling, and MCIR (state immunization database) usage. Site visits are made to at least half of the VFC practices each year to provide individualized feedback for their vaccine practices and completion rates for their patients.

**Immunization Nurse Education**

Two Washtenaw County Public Health nurses are trained to provide on-site vaccine education to clinical practices in the county. These sessions occur at least once a year.

**Flu Advisory Board**

Washtenaw County Public Health staff members participate in a statewide group that addresses flu vaccine and treatment practices in Michigan.

**HIV/AIDS Resource Center**

The HIV/Resource Center (or HARC) is a community nonprofit that provides HIV/AIDS related prevention services, testing, and case management for Washtenaw County. It also manages a needle exchange program.

**Safety-Net Providers**

*See also Access to Care*

Washtenaw County has a number of free or low-cost clinics that can diagnose and treat communicable diseases including sexual transmitted diseases.

**Injury**

**Treatment at our Hospitals**

*See also Access to Care*

Washtenaw County’s two major hospitals, St. Joseph Mercy Health System and the UM Health System, are both capable of treating level 1 trauma (the most severe injuries). The UM Hospital is the state burn coordinating center and St. Joseph Mercy hospital is the burn surge facility. CS Mott Children’s hospital can treat severely injured children.

**University of Michigan Health System**

The UM runs The Turner Geriatric Clinic which works on fall prevention in the elderly. Dr Neil Alexander runs the Mobility Research Center at the University of Michigan, which has a focus on falls in the elderly as well. The UM Injury Center is hosting a conference in the fall of 2013, entitled Preventing Injury: From Research to Practice to People, where one of Washtenaw County Public Health’s epidemiologists will present data on hospital discharge injury coding. The UM’s CS Mott Children’s Hospital is the lead agency for Safe Kids Huron Valley. The UM Health System also has a Child Protection Team focused on diagnosing and preventing child abuse.
Catholic Social Services

The local Catholic Social Services provides a Home Safety Program to seniors which identifies safety risks in the home, and provides practical solutions, including installing a variety of safety devices.

YMCA of Ann Arbor

The YMCA offers Enhance Fitness, a low cost course shown to improve balance and decrease falls in senior citizens.

Emergency Services and Preparedness

The Washtenaw County Director of Emergency Services convenes regular meetings of the emergency responders, Red Cross, and the health department to plan for possible disaster scenarios. The county also maintains an up-to-date siren warning system, and has a well-outfitted mobile emergency operations center.

Huron Valley Ambulance

Huron Valley Ambulance is a nonprofit service and provides a number of injury prevention programs such as:

- Camp 911: Youth 8-12 years learn about safety, injury prevention, first aid, CPR, AEDs, and public safety careers.
- Andy the Ambulance: Andy is a remote controlled, talking, robotic ambulance who visits different community events and talks to children about wearing seat belts and bike helmets and how to call 911.
- CPR, Choking and First Aid Courses and Demos: Huron Valley offers CPR and first aid courses to the community; they also attend different wellness events to offer CPR and Heimlich Maneuver demonstrations.
- Blood Pressure Checks: They provide free blood pressure checks at a variety of community events.
- Social Media: Huron Valley Ambulance posts on social media accounts about a variety of safety issues such as bus stop safety, distracted driving awareness, bike and bike helmet safety, and more.

Other Resources

Washtenaw County Public Health has identified several areas of particular concern, and works with multiple agencies to decrease the number and severity of injuries. There are different prevention strategies for each type of injury. These include:

- Formation of Washtenaw Alive, a community group committed to study and prevent suicide;
- Cooperation with the Washtenaw Area Council for Children on a safe sleep grant to decrease infant suffocation deaths;
- Work with multiple area schools on Safe Routes to School (safe walking and biking to school) projects;
- Membership in Safe Kids Huron Valley, an injury prevention coalition affiliated with Safe Kids USA and coordinated by the Pediatric Trauma Program at CS Mott Children's Hospital;
- Participation in Region 2 South Planning Board and Advisory Committee to prepare for and minimize damage from all hazards;
- Dissemination of information on ASK day, which reminds parents to ask if there are guns where their children play.
Washtenaw County

COMMUNITY HEALTH IMPROVEMENT PLAN
INTRODUCTION

What is a Community Health Improvement Plan?

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

How will we use this plan?

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

How did we develop this plan?

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

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

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

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

Access to Care

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

Mental Health

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

Substance Abuse

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

Obesity

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

Vaccine Preventable Diseases

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

Perinatal Health

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

**GOAL 1: Improve dental health of Medicaid recipients and low income, uninsured persons.**

**Current Situation**

Many adults with Medicaid dental coverage in Washtenaw County have difficulty accessing dental healthcare due to lack of providers accepting current or new Medicaid patients. 18,417 adults in Washtenaw County had Medicaid coverage with dental benefits in 2010. However, only 8 dentists or dental practices report accepting Medicaid for current patients; and only 4 dentists or dental practices report they are accepting new Medicaid patients. The need for a new public health dental clinic is supported by a coalition of local partners including: Community Dental Clinic, Washtenaw Health Initiative, Washtenaw County Public Health, and St. Joseph Mercy Health System.

**Alignment with State or National Initiatives**

Healthy People 2020 states that lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office report that described difficulties in accessing dental care for low-income children.

**Source/Evidence Base**

The Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care. Potential strategies to address these issues include: Increasing the number of community health centers with an oral health component.


**Policy Component**

Yes, funding organizations will be required to make a policy decision to support (fund) this clinic.
### Objective:
Increase the percentage of low-income adults who report they have visited a dentist, dental hygienist or dental clinic within the past year from 50% to 55%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income adults who report they have visited a dentist, dental hygienist or dental clinic within the past year</td>
<td>50%</td>
<td>55%*</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

*10% improvement set using HP2020 method

### Action Plan:

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue planning process to open a new Public Health dental clinic serving low-income residents without dental coverage and with Medicaid in geographic area of greatest need (eastern Washtenaw County/Ypsilanti City/Township)</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health; Washtenaw Health Initiative; St. Joseph Mercy Health System;</td>
<td>2013-2014</td>
<td>Planning meetings, clinic plan complete, funding commitments</td>
</tr>
<tr>
<td>Open and operate a Public Health dental clinic in Ypsilanti</td>
<td>New</td>
<td>Washtenaw County Public Health; Washtenaw Health Initiative; St. Joseph Mercy Health System;</td>
<td>2014-2018</td>
<td>6,000 to 9,000 visits annually depending upon the number of dental chairs, # patients seen; # office visits;</td>
</tr>
<tr>
<td>Promote dental clinic through multiple channels and as part of Medicaid expansion and enrollment</td>
<td>New</td>
<td>Washtenaw County Public Health; Washtenaw Health Initiative; St. Joseph Mercy Health System;</td>
<td>2014-2018</td>
<td># of referrals for dental services</td>
</tr>
</tbody>
</table>
GOAL 2: All Washtenaw County residents will have health coverage.

Current Situation

An estimated 25,249 individuals aged 0-64 years were believed to be uninsured on average per year between 2009-2011. Of those, approximately 2,581 were currently eligible for Medicaid but not enrolled, and 8,297 individuals are expected to be newly eligible for Medicaid in 2014 (should it be expanded in Michigan); of the remaining 16,952, approximately 10,801 will be eligible to purchase coverage through the exchange with subsidies. The remaining 3,570 will remain uninsured. Data Source: American Community Survey, US Census Bureau 2009-2011. Provided by Washtenaw Health Initiative.

Alignment with State and National Initiatives

Per Healthy People 2020, lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current national policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

Source/Evidence Base

The Affordable Care Act was passed in 2010. Enroll America is a nonpartisan 501(c)(3) organization whose mission is to maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act. The following strategies are aligned with the Best Practices Institute through Enroll America. http://www.enrollamerica.org/best-practices-institute

Policy component (Y/N and Explanation)

No, these strategies are focused on helping (through outreach and education) county residents navigate the upcoming health coverage opportunities due to implementation of the Affordable Care Act.
**Objective:**
Increase the percentage of low income residents with health insurance from 75% to 100%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of low income residents with health insurance</td>
<td>75%</td>
<td>100%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

**Action Plan:**

<table>
<thead>
<tr>
<th>Program Activities</th>
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<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>In alignment with Enroll America, ensure uninsured Washtenaw County residents have access to information about Medicaid and health insurance exchanges through in-person assistance and public education</td>
<td>New</td>
<td>Washtenaw Health Initiative and Washtenaw Health Plan</td>
<td>2013-2014</td>
<td># trained to access Enroll America database; # of enrollment events, # of people enrolled through participating sites</td>
</tr>
<tr>
<td>Focus on enrolling teens, immigrants and homeless families into Medicaid and health insurance exchanges through in-person assistance and public education. (‘Coverage Counts’ Grant from Centers for Medicare and Medicaid Services)</td>
<td>New</td>
<td>Washtenaw Health Plan</td>
<td>2013-2014</td>
<td># of enrollment events, 500 homeless children, 700 immigrant children and 1300 teens will be enrolled or re-enrolled</td>
</tr>
<tr>
<td>Promote community based enrollment to ensure uninsured Washtenaw County residents have access to information about Medicaid and upcoming health insurance exchanges through in-person assistance and public education</td>
<td>Ongoing (Medicaid), New (exchanges)</td>
<td>Michigan Department of Health and Human Services, Washtenaw Health Plan</td>
<td>2013-2014</td>
<td># of enrollment events and education, # of people enrolled</td>
</tr>
<tr>
<td>WHI partners will adopt policy change to enroll uninsured in Medicaid or health exchange plans</td>
<td>New</td>
<td>Washtenaw Health Initiative and partner organizations</td>
<td>2013-14</td>
<td># of org policies adopted allowing enrollment education and events</td>
</tr>
</tbody>
</table>
PRIORITY: OBESITY

GOAL: Promote health and reduce chronic disease risk through achievement and maintenance of healthy body weight.

Current Situation

The weight of county residents has been steadily increasing. According to our 2010 HIP survey, nearly 60% of adults are overweight or obese, up from 44% in 1995. Groups reporting higher than average percent overweight or obese are blacks or African Americans (67%), those with activity limitations (69%), and those without health insurance (82%).

For children, almost one in three low-income preschoolers enrolled in WIC are overweight.¹ In Washtenaw County, 31% of 9th and 11th graders are overweight or obese.²

In 2013, Washtenaw County Public Health and partners completed a survey of obesity prevention programs in Washtenaw County. Key findings include the following:

- There are several community coalitions (at least eight) that have healthy weight as a focus.
- At least 42 programs exist that aim to prevent obesity by focusing on root causes: dietary behavior, physical inactivity, food environment, psycho-social, breastfeeding, and community design.
- Programs span all levels of prevention (primary, secondary, and tertiary).
- Many programs serve the whole county but from one location. Participants without access to transportation may have difficulty accessing the location.
- 36 of 42 programs serve low income families or individuals. 17 programs have participant fees; five programs do not have scholarships available.
- The school age youth, adolescents, and adults have many program options; early childhood and infancy have fewer options.
- A majority of programs focus on dietary behavior (31) and physical inactivity (27), while fewer focus on breastfeeding (7) or community design (5).
- Most programs (40) focus on strengthening individual knowledge and skills (40) and promoting community education (24).
- Fewer programs focus on educating providers (16), changing organizational practices (11), or influencing policy and legislation (9).

Alignment with State or National Initiatives

Michigan Health and Wellness Plan

National Association of City and County Health Officials – recommends health departments work with local governments to eliminate soda in vending machines.

Source/Evidence Base

The Guide to Community Prevention Services

Policy Component (Y/N and Explanation)

Yes, see healthy vending policies, BMI, and Healthy Kids Healthy Michigan participation.
### Objective 1:
Decrease the proportion of adults who are overweight or obese from 59% to 40%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult overweight or obese rate</td>
<td>59%</td>
<td>40%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

### Action Plan:

<table>
<thead>
<tr>
<th>Program Activities</th>
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<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate Countywide Obesity Prevention Workgroup, identify gaps in services to high risk populations</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health HIP, St Joe’s, UMHS, CCH, others</td>
<td>2013-2015</td>
<td># meetings per year, Meeting minutes, list of members</td>
</tr>
<tr>
<td>Participate on the Healthy Communities Chelsea, Manchester, Dexter local coalition</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, Chelsea Community Hospital, local municipalities</td>
<td>2013-2018</td>
<td># meetings attended per year, meeting minutes</td>
</tr>
<tr>
<td>Advocate for healthy vending policies within municipalities and agencies such as Washtenaw County, cities/townships, health systems, parks, etc.</td>
<td>Ongoing</td>
<td>Health Improvement Plan of Washtenaw County</td>
<td>2013-2015</td>
<td># policy changes, copies of new polices</td>
</tr>
<tr>
<td>Coordinate the Prescription for Health program which provides low-income patients with chronic disease nutrition counseling and coupons for fresh produce at area farmers’ markets</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, local safety net clinics, local farmers markets</td>
<td>2014-2015</td>
<td>Copy of annual reports; increase fruit and vegetable consumption (Source: BRFS)</td>
</tr>
<tr>
<td>Maintain inventory of nutrition education programs offered in Washtenaw County for low-income residents. Analyze for gaps, duplication, etc. in order to improve access and facilitate networking between agencies.</td>
<td>New</td>
<td>Growing Hope, Washtenaw County Public Health</td>
<td>2014-2015</td>
<td>Copy of inventory dated 2014 and 2015; increase fruit and vegetable consumption (Source: BRFS)</td>
</tr>
<tr>
<td>Create resource guide of obesity prevention programs and publish the information on public health website; disseminate to organizations that serve groups with high rates of obesity</td>
<td>New</td>
<td>Health Improvement Plan of Washtenaw County Obesity Workgroup</td>
<td>2014</td>
<td>Copy of resource guide; list of organizations distributed to</td>
</tr>
</tbody>
</table>
Objective 2:
Decrease the proportion of overweight or obesity rate in low income preschool children from 28% to 20%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income preschool overweight or obesity rate</td>
<td>28%</td>
<td>20%</td>
<td>WIC data</td>
</tr>
</tbody>
</table>

Action Plan:

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate on YMCA’s statewide Pioneering Healthier Communities (policy level childhood obesity initiatives such as nutrition and physical activity standards in child care settings)</td>
<td>Ongoing</td>
<td>Y of Ann Arbor, Washtenaw County Public Health</td>
<td>2013-2015</td>
<td># meetings attended per year, Meeting minutes,</td>
</tr>
<tr>
<td>Participate on Healthy Kids Healthy Michigan’s Access to Healthy Food and Breastfeeding workgroups (policy level childhood obesity prevention)</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, St Joe’s, UMHS, CCH, others</td>
<td>2013-2015</td>
<td># meetings attended per year, meeting minutes</td>
</tr>
<tr>
<td>Advocate that statewide childhood BMI data (housed at MDCH) is made accessible to local health departments and others for improved childhood obesity surveillance</td>
<td>Ongoing</td>
<td>Health Improvement Plan of Washtenaw County Obesity Workgroup</td>
<td>2013-2015</td>
<td>Copies of new BMI surveillance reports</td>
</tr>
<tr>
<td>Partner with at least 1 area school and others to complete a Safe Routes to School state grant</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, Washtenaw Area Transportation Study</td>
<td>2014-2016</td>
<td>Copy of award letter for grant</td>
</tr>
</tbody>
</table>

Data Sources:
2. 2012 Michigan Profile for Healthy Youth.
PRIORITY: MENTAL HEALTH

GOAL: Decrease depression and depressive symptoms.

Current Situation

In 2007, as a result of disparities identified through assessing mental health status in Washtenaw County, the HIP Implementation Team identified social support as the primary emphasis for depression prevention interventions for HIP.

In 2009, the HIP Depression Subgroup further identified four additional areas to address regarding depression prevention: access to care, surveillance, risk/protective factors, and stigma. As is true with all HIP work, we are particularly focused on health equity and eliminating disparities. Our strategies will be focused on groups with greatest health inequalities.

In Washtenaw County, there were 44 deaths due to suicide in 2010. This was up 60% over the previous year. This increase appears to be driven by the greater number of suicides in persons 15-24 years as well as those 65 years and older.

Alignment with State or National Initiatives

Healthy People 2020 Depression Objectives

Mental Health Association of Michigan

The Substance Abuse and Mental Health Services Administration (SAMHSA) - Depression Prevention

Source/Evidence Base

National Prevention Strategy - Mental Health Matters

SAMHSA - Depression Prevention

Inspire Foundation of America (http://us.reachout.com/)

Policy Component

Monitor, educate and support Michigan mental health related legislative agenda supporting anti-stigma and social inclusion.

Collaborate with Washtenaw Health Initiative to assure that physical and behavioral health integration designed to maximize access for those at highest risk in Washtenaw County.
Objectives:

- Increase the proportion of high school students who could ask their mom or dad for help with personal problems from 78% to 85%.
- Reduce the proportion of middle school students who have ever had suicidal thoughts from 16% to 7%.
- Increase the proportion of Asian adults who have sufficient social support from 73% to 91%.
- Decrease the proportion of black or African-American adults with 15 or more poor mental health days per month from 16% to 7%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of high school students who could ask their mom or dad for help with personal problems</td>
<td>78%</td>
<td>85%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>Proportion of middle school students who have ever had suicidal thoughts</td>
<td>16%</td>
<td>7%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>Proportion of Asian adults who have sufficient social support</td>
<td>73%</td>
<td>91%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Proportion of black or African-American adults with 15 or more poor mental health days per month</td>
<td>16%</td>
<td>7%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

Action Plan:

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend and provide technical support to Washtenaw Alive suicide prevention coalition</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health</td>
<td>2013-2018</td>
<td>Meeting minutes</td>
</tr>
<tr>
<td>Attend and provide technical support to Washtenaw Health Initiative's Mental Health and Substance Abuse Subgroup</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, Washtenaw Health Initiative</td>
<td>2013-2018</td>
<td>Meeting minutes</td>
</tr>
<tr>
<td>Complete surveillance regarding suicide attempts, depressive symptoms, depression/anxiety diagnoses, and social support</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health</td>
<td>2013-2018</td>
<td>Presentations and reports to Washtenaw Alive and HIP Community Health Committee, as well as other community groups/partners</td>
</tr>
<tr>
<td>Monitor public policies/legislative actions related to mental health promotion in Michigan</td>
<td>Ongoing</td>
<td>WCPH HIP mental health workgroup</td>
<td>2015-2018</td>
<td>HIP Implementation minutes and reports identifying monitoring the Mental Health Association of Michigan Policy Alerts</td>
</tr>
<tr>
<td>Program Activities</td>
<td>Baseline</td>
<td>Person/Group Responsible</td>
<td>Timeline</td>
<td>Performance Indicator</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------------------------------------------</td>
<td>----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Review HIP policies and procedures to identify opportunities and plan regarding decisions, policies, meeting logistics to be more inclusive and actively promote input from mental health consumers and those with mental health disabilities</td>
<td>Ongoing</td>
<td>Health Improvement Plan Coordinating Committee</td>
<td>2014</td>
<td>Minutes</td>
</tr>
<tr>
<td>Complete a mental health access to care needs assessment for Washtenaw County. Describe system of care, capacity, access by special populations, gaps, and needs</td>
<td>New</td>
<td>Washtenaw County Public Health and partners to be identified</td>
<td>2015</td>
<td>Report</td>
</tr>
<tr>
<td>Explore feasibility of implementing two media campaigns:</td>
<td>New</td>
<td>Washtenaw County Public Health and HIP’s depression workgroup</td>
<td>2014</td>
<td>Program plans and budgets</td>
</tr>
<tr>
<td>- “REACHOUT” media campaign for youth suicide prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- “Promote Acceptance, Dignity, and Social Inclusion with Mental Health” media campaign for all ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For each campaign:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Identify costs/benefits/potential funders</td>
<td></td>
<td>Washtenaw County Public Health and HIP’s depression workgroup</td>
<td>2014</td>
<td>Program plans and budgets</td>
</tr>
<tr>
<td>b) Plan media campaign</td>
<td></td>
<td>Washtenaw County Public Health and HIP’s depression workgroup</td>
<td>2014</td>
<td>Program plans and budgets</td>
</tr>
<tr>
<td>c) Identify key funders for campaign</td>
<td></td>
<td>Washtenaw County Public Health and HIP mental health workgroup</td>
<td>2014</td>
<td>Meeting minutes, commitment from funders</td>
</tr>
<tr>
<td>d) Implement campaign</td>
<td></td>
<td>Washtenaw County Public Health and HIP mental health workgroup</td>
<td>2015-2017</td>
<td>Media campaign metrics such as # hits to website, # ads posted, # people reached; suicide attempt ED admissions</td>
</tr>
</tbody>
</table>
PRIORITY: SUBSTANCE ABUSE

GOAL: Decrease substance abuse and the related negative effects.

Current Situation

From 2000 to 2009, the number of deaths associated with alcohol in Washtenaw County increased from 18 to 22 per year. Other drug-related deaths increased from 27 to 40 per year during the same time period. Drug-related deaths surpassed motor vehicle fatalities, peaking in 2006 at 54 deaths per year.¹

Washtenaw Community Health Organization is the Substance Abuse Coordinating Agency for Washtenaw and surrounding counties. Washtenaw County Public Health and Washtenaw Community Health Organization have a long history of successful collaboration. A past workgroup, Substance Abuse Monitoring and Review Team, drew together various sectors across the county to identifying data and community priorities. The four main priorities were as follows:

- Reduce 30 day use of alcohol, tobacco, and other drugs (ATOD)
- Increase age of first use of ATOD
- Increase students’ perceptions of parental disapproval of ATOD
- Decrease prescription drug abuse

Washtenaw Community Health Organization Substance Abuse Coordinating Agency prioritizes prevention funding that seeks to impact these priorities. One best practice program that is currently funded, “Above the Influence,” is being implemented in neighboring counties (Livingston and Lenawee). A key strategy outlined below is to expand this program to Washtenaw.

Alignment with State or National Initiatives

Healthy People 2020 Substance Abuse Objectives

Michigan Office of Recovery Oriented Systems of Care

Substance Abuse and Mental Health Services Administration

Source/Evidence Base

National Prevention Strategy: preventing drug abuse and excessive alcohol use

Substance Abuse and Mental Health Services Administration

Office of National Drug Control Policy

Michigan Association of Substance Abuse Coordinating Agencies

Policy Component

Monitor, educate, and support Michigan substance abuse-related legislative agenda supporting substance abuse prevention.

Collaborate with Washtenaw Health Initiative.
Objectives:
- Reduce the proportion of high school students who smoked cigarettes during the past month from 5% to 2%.
- Reduce the proportion of high school students who had at least one drink of alcohol during the past month from 17% to 10%.
- Reduce the proportion of high school students who have used marijuana in the past month from 17% to 8%.
- Reduce the proportion of high school students who have ever taken prescription drug such as Oxycontin, Codeine, Percocet, Vicodin, or Tylenol III without doctor’s prescription from 5% to 2%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school students who smoked cigarettes during the past month</td>
<td>5%</td>
<td>2%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>High school students who had at least one drink of alcohol during the past month</td>
<td>17%</td>
<td>10%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>High school students who have used marijuana in the past month</td>
<td>17%</td>
<td>8%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>High school students who have ever taken prescription drug such as Oxycontin,</td>
<td>5%</td>
<td>2%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>Codeine, Percocet, Vicodin, or Tylenol III without doctor’s prescription</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Action Plan:

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend and provide technical support to Washtenaw Health Initiative's Mental Health</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, Washtenaw Health Initiative partners</td>
<td>2013-2018</td>
<td>Meeting minutes</td>
</tr>
<tr>
<td>and Substance Abuse Subgroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete surveillance regarding substance abuse and share with collaborators</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health</td>
<td>2013-2018</td>
<td>Presentations and reports to Washtenaw Community Health Organization, Substance Abuse Coordinating Agency and others summarizing:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Biannual E-Code Data from University of Michigan Health System and St. Joseph Mercy Health System</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3. HIP Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4. Treatment, Episode, Data Set (TEDS reports)</td>
</tr>
<tr>
<td>Program Activities</td>
<td>Baseline</td>
<td>Person/Group Responsible</td>
<td>Timeline</td>
<td>Performance Indicator</td>
</tr>
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<td>----------------------------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Explore expanding Above the Influence media campaign that aims to reduce teen drug</td>
<td>New</td>
<td>Washtenaw County Public Health, Washtenaw Community Health</td>
<td>2014</td>
<td>Report, including plan and proposed budget, Recommendations for Implementation</td>
</tr>
<tr>
<td>and alcohol use. Identify costs/benefits/plan/potential funders or in-kind resources available.</td>
<td></td>
<td>Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure funding for Above the Influence media campaign.</td>
<td>New</td>
<td>Washtenaw County Public Health, Washtenaw Community Health</td>
<td>2014</td>
<td>Funding and in-kind commitments</td>
</tr>
<tr>
<td>Implement Above the Influence media campaign</td>
<td>New</td>
<td>Washtenaw County Public Health, Washtenaw Community Health</td>
<td>2015-2018</td>
<td>Media campaign metrics such as # hits to website, # ads posted, # people reached</td>
</tr>
<tr>
<td>Implement Above the Influence media campaign</td>
<td>New</td>
<td>Washtenaw County Public Health, Washtenaw Community Health</td>
<td>2015-2018</td>
<td>Media campaign metrics such as # hits to website, # ads posted, # people reached</td>
</tr>
<tr>
<td>Educate Health Improvement Plan’s Community Health Committee regarding “Recovery</td>
<td>New</td>
<td>Washtenaw County Public Health, Washtenaw Community Health</td>
<td>2014</td>
<td>Copy of presentation and meeting evaluations</td>
</tr>
<tr>
<td>Oriented Systems of Care” principles and how to become a prevention prepared</td>
<td></td>
<td>Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor public policies/legislative actions related to substance abuse prevention</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health, Washtenaw Community Health</td>
<td>2013-2018</td>
<td>HIP Implementation minutes and reports</td>
</tr>
<tr>
<td>in Michigan.</td>
<td></td>
<td>Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review HIP policies and procedures for CHC, Coordinating and Implementation Teams to</td>
<td>Ongoing</td>
<td>Coordinating Committee</td>
<td>2015</td>
<td>Meeting minutes, plan for addressing opportunities</td>
</tr>
<tr>
<td>identify opportunities and plan regarding decisions, policies, meeting logistics to</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>be more inclusive and actively promote input from mental health consumers and those at risk of</td>
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<td></td>
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<tr>
<td>with substance abuse disorders</td>
<td></td>
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</tbody>
</table>
**Action Plan: (continued)**

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a substance abuse access to care needs assessment for Washtenaw County. Describe system of care, capacity, access by special populations, gaps, and needs.</td>
<td>New</td>
<td>Washtenaw County Public Health and Washtenaw Community Health Organization</td>
<td>2016</td>
<td>Report</td>
</tr>
</tbody>
</table>

**Data Source:**

**PRIORITY: PERINATAL HEALTH**

**GOAL:** Improve the health of children and mothers in Washtenaw County.

**Current Situation**

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

**Alignment with State or National Initiatives**

Reproductive and sexual health is a National Preventive Strategy Priority. The US Department of Health and Human Services recommends that local governments “Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.”

**Source/Evidence Base**

The published results of an evaluation of Michigan’s Maternal and Infant Health Program provide strong evidence for the effectiveness of a Medicaid-sponsored population-based home-visitation program in improving maternal prenatal and postnatal care and infant care.¹

**Policy Component**

Yes, advocate for a statewide law that prohibits discrimination of mothers who are breastfeeding in public.
**Objective:**

Increase proportion of low-income females 18-49 years who initiate breastfeeding from 47% to 75%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase proportion of low-income females 18-49 years who initiate breastfeeding</td>
<td>47%</td>
<td>75%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

**Action Plan:**

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate on statewide Healthy Kids Healthy Michigan Breastfeeding Committee</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health</td>
<td>2013-2015</td>
<td>Copies of agendas and minutes, copy of workplan</td>
</tr>
<tr>
<td>Participate on the Washtenaw County Breastfeeding Coalition with an emphasis on supporting and promoting policy strategies for breastfeeding promotion</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health WIC Co-chair, Health Improvement Plan of Washtenaw County, St. Joseph Mercy Health System, University of Michigan Health System, La Leche League</td>
<td>2013-2016</td>
<td>Copies of agendas and minutes, copy of workplan</td>
</tr>
</tbody>
</table>
**Objectives:**
- Decrease the mortality rate in black/African-American infants from 16 per 1,000 to 5 per 1,000.
- Decrease low birth rates in black/African-American infants from 11% of live births to 3% of live births.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the mortality rate in black/African-American infants</td>
<td>16 per 1,000</td>
<td>5 per 1,000</td>
<td>Michigan Department of Community Health</td>
</tr>
<tr>
<td>Decrease low birth weight rates in black/African-American infants</td>
<td>11% of live births</td>
<td>3% of live births</td>
<td>Michigan Department of Community Health</td>
</tr>
</tbody>
</table>

**Action Plan:**

<table>
<thead>
<tr>
<th>Program Activities</th>
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<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate on the Infant Safe Sleep Task Force. Assist group complete needs assessment and draft and implement a workplan.</td>
<td>New</td>
<td>Washtenaw Area Council for Children, Washtenaw County Public Health</td>
<td>2013-2016</td>
<td>Attendance at coalition meetings, copy of assessment</td>
</tr>
<tr>
<td>Maintain the Michigan Infant Health Program at Washtenaw County Public Health; participate on the inter-agency leadership team</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health (Family Health Division), St. Joseph Mercy Health System, University of Michigan Health System</td>
<td>2013-2016</td>
<td>Copies of minutes, list of attendees</td>
</tr>
<tr>
<td>Enroll women of childbearing age into Medicaid to increase access to preconceptual and prenatal care</td>
<td>New</td>
<td>Washtenaw County Public Health, Washtenaw Health Plan</td>
<td>2013-2016</td>
<td># of enrollment events and education, # of people enrolled</td>
</tr>
</tbody>
</table>

**Data Source:**

## PRIORITY: VACCINE PREVENTABLE DISEASES

## GOAL 1: Prevent infectious diseases.

### Current Situation

The percentage of childhood vaccination in Washtenaw County has remained in the low 70s. Vaccine hesitancy and delayed immunization schedules are an issue in this community. School vaccine waiver rates are at 9%.

### Alignment with State or National Initiatives

Vaccination rate in young children is a leading health indicator at the national level.¹

### Source/Evidence Base

The Community Preventive Task Force recommends client reminder (vaccines due) and recall (vaccines late) interventions based on strong evidence of effectiveness in improving vaccination coverage. Review of 20 studies from 1997 to 2007 showed a median absolute increase of 6.1 percentage points in vaccine rates.

The Community Preventive Task Force recommends vaccine provider assessment and feedback based on strong evidence of effectiveness in improving vaccination coverage. Review of 19 studies from 1997 to 2007 showed a median absolute increase of 9.4 percentage points in vaccine rates.²

### Policy Component

Yes, establish a community-wide standard for vaccine declination.
### Objective:
Increase the proportion of children 19 – 35 months who are fully immunized from 70% to 90%.

<table>
<thead>
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<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of children 19 – 35 months who are fully immunized</td>
<td>70%</td>
<td>90%</td>
<td>Michigan Care Improvement Registry</td>
</tr>
</tbody>
</table>

### Action Plan:

<table>
<thead>
<tr>
<th>Program Activities Interventions</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate on and provide technical assistance to Washtenaw Immunization Action Coalition</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health and all Washtenaw Immunization Action Coalition members</td>
<td>2013-2018</td>
<td>Meeting minutes</td>
</tr>
<tr>
<td>Parent reminder/recall for child’s vaccine</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health and Providers</td>
<td>2013 - 2018</td>
<td># of reminders sent</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health</td>
<td>2013 - 2018</td>
<td># VFC site visits</td>
</tr>
<tr>
<td>Create a standard protocol for vaccine declination</td>
<td>New</td>
<td>Washtenaw Immunization Action Coalition</td>
<td>July 2014</td>
<td>Protocol written</td>
</tr>
<tr>
<td>Implement waiver packet in schools</td>
<td>New</td>
<td>Washtenaw County Public Health and Washtenaw Intermediate School District</td>
<td>July 2014</td>
<td># Packets distributed, waiver rate</td>
</tr>
</tbody>
</table>
GOAL 2: Prevent influenza hospitalization and death.

Current Situation

Influenza vaccine rates are increasing but certain segments of the population have lower rates. Increasing the vaccine rates in all groups, especially children and young adults, helps protect the whole community.

Alignment with State or National Initiatives

Flu vaccine is recommended for everyone six months and older. A strong recommendation from a health care provider is associated with increased uptake of vaccines, according to the Centers for Disease Control and Prevention.

Source/Evidence Base

The Community Preventive Task Force recommends vaccine provider assessment and feedback based on strong evidence of effectiveness in improving vaccination coverage. Review of 19 studies from 1997 to 2007 showed a median absolute increase of nine percentage points in vaccine rates.3

Policy Component

Yes, promote flu vaccine policies for long-term care facility staff.
## Objectives:
- Increase the annual influenza vaccination rate in children 6-59 months from 65% to 90%.
- Increase the annual influenza vaccination rate in adults 18 years and older from 50% to 80%.

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>2010 Baseline</th>
<th>2020 Target</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the annual influenza vaccination rate in children 6-59 months.</td>
<td>65%</td>
<td>90%</td>
<td>Michigan Care Improvement Registry</td>
</tr>
<tr>
<td>Increase the annual influenza vaccination rate in adults 18 years and older.</td>
<td>50%</td>
<td>80%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

## Action Plan:

<table>
<thead>
<tr>
<th>Program Activities</th>
<th>Baseline</th>
<th>Person/Group Responsible</th>
<th>Timeline</th>
<th>Performance Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate and provide technical assistance to Washtenaw Immunization Action Coalition</td>
<td>Ongoing</td>
<td>Washtenaw County Public Health and all Washtenaw Immunization Action Coalition members</td>
<td>2013-2018</td>
<td>Meeting minutes</td>
</tr>
<tr>
<td>Promote MCIR for tracking adult vaccines</td>
<td>Ongoing</td>
<td>Washtenaw Immunization Action Coalition</td>
<td>2013-2018</td>
<td>Adult Vaccine doses in MCIR</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>Ongoing</td>
<td>WCPH</td>
<td>2013-2018</td>
<td># site visits</td>
</tr>
<tr>
<td>Promote flu vaccine policies for long-term care staff</td>
<td>New</td>
<td>WCPH</td>
<td>2015</td>
<td># facilities with policies</td>
</tr>
</tbody>
</table>

## Data Sources:

NEXT STEPS

Plan Implementation

Washtenaw County Public Health will use this plan to help guide our collaborative work with partners. An important organizational framework for this collaborative work will be the Health Improvement Plan (HIP) Coordinating Team. All of our area hospital partners are engaged and invested in the HIP Coordinating Team, and we will continue our ongoing review of the hospital’s Community Health Needs Assessments and Community Health Improvement Plans as well as our collective work on the six strategic priority areas that are shared across all organizations. We will track progress on each of these six strategic priority areas and report progress back to the community utilizing Public Health’s HIP website and hospital websites.

Sustainability

The longstanding HIP partnerships (1995 to present) that Washtenaw County Public Health has in place with its hospital partners (UM Health System, St. Joseph Mercy Health System, Chelsea Community Hospital) and academic partners (University of Michigan, Eastern Michigan University, Washtenaw Community College) in collecting, analyzing and disseminating community health assessment data is a success factor in sustaining the Community Health Assessment and Community Health Improvement Plans into the future. There is a strong commitment to making Washtenaw County a place where each and every resident can achieve their optimal state of health and well-being. We are confident that our past partnerships will last into the future as we make progress on each of our six strategic priority areas and make investments to Build a Healthier Washtenaw!
APPENDIX

1. Health Improvement Plan of Washtenaw County: Partner Organizations
2. Health Improvement Plan of Washtenaw County: Committee and Team Members
3. Progress Report on Washtenaw County Health Objectives for the Year 2020
4. Health Disparities Matrix
5. Health Equity Index and Report Card
7. Community Health Needs Assessments: Health Priorities of Washtenaw’s Health Systems, Washtenaw County Public Health, and other local and state agencies
8. Community Health Assessment and Community Health Improvement Plan Participants and Reviewers
Partner Organizations

Many groups have pledged their support for the Health Improvement Plan of Washtenaw County:

- Ann Arbor Center for Independent Living
- Ann Arbor Public Schools - Community Recreation & Education
- Ann Arbor YMCA
- Area Agency on Aging 1-B
- Blueprint for Aging
- Chelsea-Area Wellness Foundation
- Chelsea Community Hospital
- City of Ypsilanti
- Community Support and Treatment Services - M3P Early Intervention Program
- Hemophilia Foundation of Michigan
- HIV/AIDS Resource Center
- Hylant Group
- March of Dimes
- Michigan Institute for Clinical and Health Research Community Engagement Program
- National Kidney Foundation of Michigan
- Packard Health
- Pick Up the Pace, Saline Coalition
- Regional Alliance for Healthy Schools (RAHS) School Based Health Centers
- Saint Joseph Mercy Health System
- Slow Food Huron Valley
- Social Security Administration - Inkster, MI
- TheRide / Ann Arbor Transportation Authority
- The Women's Center of Southeastern Michigan
- United Way of Washtenaw County
- University of Michigan Comprehensive Cancer Center Community Outreach Office
- University of Michigan Health System - Community Health Services
- University of Michigan Health System - MFit
- University of Michigan Health System - Program for Multicultural Health
- University of Michigan Medical School - Minority Health Research Program - Diversity & Career Development Office
- University of Michigan Library - Health Sciences Libraries
- Washtenaw Area Transportation Study
- Washtenaw Asthma Coalition
- Washtenaw County Community Support and Treatment Services
- Washtenaw County Parks and Recreation Commission
- Washtenaw County Public Health Department
- Washtenaw County Public Health - Women, Infants, and Children (WIC)
- Washtenaw County Tobacco Reduction Coalition
- Washtenaw Health Plan
- Washtenaw Intermediate School District
- Ypsilanti Health Coalition

Updated 2/13
Committee and Team Members

The Health Improvement Plan of Washtenaw County is supported by the following partner agencies, who contribute funding, physical support and leadership to HIP. They are:

We are also supported by the participation in our Community Health Committee, Implementation and Coordinating Teams by a wide range of agencies, community volunteers, and funding organizations:

Community Health Committee Leadership:

Chair
Susan Kheder
Saint Joseph Mercy Health System

Co-Chair
Matt Pegouskie
Chelsea Area Wellness Foundation

Coordinating Team Members:

Dinella Crosby
University of Michigan Medical School

Reiley Curran
Chelsea Community Hospital

Gloria Edwards
Community Volunteer

Richard Fleece
Washtenaw County Public Health

Michael Miller
Saint Joseph Mercy Health System

Naomi Norman
Washtenaw Intermediate School District

Alice Penrose
Washtenaw County Public Health

Maria Thomas
University of Michigan Health System
Implementation Team Members:

Nicole Adelman
Alpha House

Phil Barr
Truven Health Analytics

Diane Carr
Ann Arbor YMCA

Reiley Curran
Chelsea Community Hospital

Katy Derezinski
Community Volunteer

Jean DuRussel-Weston
University of Michigan Project Healthy Schools

Richard Fleece
Washtenaw County Public Health

Carolyn Grawi
Ann Arbor Center for Independent Living

Trudy Hall
University of Michigan Program for Multicultural Health

Measie James
Washtenaw Health Plan

Ruth Kraut
Washtenaw Health Plan

Aisha Langford
University of Michigan Community Outreach

Keven Mosley-Koehler
University of Michigan Health System, Community Programs and Services

Els Nieuwenhuijsen
University of Michigan, Physical Medicine and Rehabilitation

Matt Pegouskie
Chelsea Area Wellness Foundation

Fran Talsma
Michigan Institute for Clinical Health Research

Josephine Taylor
Community Volunteer

Catricia Thomas
University of Michigan Comprehensive Cancer Center

Susan Wyman
Saint Joseph Mercy Health System

Updated 10/12
Progress Report on Washtenaw County
Health Objectives for the Year 2020

This report is an update on progress toward health improvement objectives for the year 2020 that were established in 2007 by the Health Improvement Plan of Washtenaw County. These targets focus community partner efforts and provide an avenue for measuring progress. Health objectives fall into four categories: healthy kids, adults, older adults, and communities. For more information and to join the Health Improvement Plan effort, please visit http://hip.ewashtenaw.org.

Key: ✔ Objective met  🔵 Moving in right direction  🔴 Moving in wrong direction  ⇆ No change, unclear trend  --- Trend not available

<table>
<thead>
<tr>
<th>Progress</th>
<th>Objective</th>
<th>2005 Baseline</th>
<th>2010 Update</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTHY KIDS</td>
<td>Chronic Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✔</td>
<td>Increase the proportion of children 10-17 years who attain at least 60 minutes of physical activity five days per week</td>
<td>58%</td>
<td>61%</td>
<td>80%</td>
<td>Health Improvement Plan of Washtenaw County Survey (HIP Survey)</td>
</tr>
<tr>
<td>✔</td>
<td>Increase consumption of five or more servings of fruits and vegetables per day in children 6-17 years</td>
<td>13%</td>
<td>20%</td>
<td>28%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>⇆</td>
<td>Decrease the overweight or obesity rate in low income preschool children</td>
<td>29%</td>
<td>28%</td>
<td>20%</td>
<td>Washtenaw County WIC</td>
</tr>
<tr>
<td>✔</td>
<td>Decrease the prevalence of asthma in children 2-17 years</td>
<td>19%</td>
<td>10%</td>
<td>10%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>⇆</td>
<td>Decrease the Chlamydia infection rate in Ypsilanti teenagers 15-19 years</td>
<td>3,345 per 100,000</td>
<td>3,272 per 100,000</td>
<td>1,201 per 100,000</td>
<td>Michigan Disease Surveillance System</td>
</tr>
<tr>
<td>✔</td>
<td>Increase the proportion of females who have received the Human Papillomavirus (HPV) vaccine by age 16</td>
<td>0%</td>
<td>24% (2011)</td>
<td>75%</td>
<td>Michigan Care Improvement Registry</td>
</tr>
<tr>
<td>❌</td>
<td>Increase the annual influenza vaccination rate in children 6-59 months</td>
<td>65%</td>
<td>51% (2011)</td>
<td>90%</td>
<td>Michigan Care Improvement Registry</td>
</tr>
<tr>
<td>✔</td>
<td>Increase the proportion of children 19-35 months who are fully immunized</td>
<td>73%</td>
<td>70% (2011)</td>
<td>90%</td>
<td>Michigan Care Improvement Registry</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>Reduce the proportion of high school students who smoked cigarettes during the past month</td>
<td>Baseline not available (n/a)</td>
<td>5%</td>
<td>2%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>---</td>
<td>Reduce the proportion of high school students who had at least one drink of alcohol during the past month</td>
<td>n/a</td>
<td>17% (2011/12)</td>
<td>10%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>---</td>
<td>Reduce the proportion of high school students who have used marijuana in the past month</td>
<td>n/a</td>
<td>17% (2011/12)</td>
<td>8%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>---</td>
<td>Reduce the proportion of high school students who have ever taken prescription drug such as Oxycontin, Codeine, Percocet, Vicodin or Tylenol III without doctor’s prescription</td>
<td>n/a</td>
<td>5% (2011/12)</td>
<td>2%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>Increase the proportion of high school students who could ask their mom or dad for help with personal problems</td>
<td>n/a</td>
<td>78% (2011/12)</td>
<td>85%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
<tr>
<td>---</td>
<td>Reduce the proportion of middle school students who have ever had suicidal thoughts</td>
<td>n/a</td>
<td>16% (2011/12)</td>
<td>7%</td>
<td>Michigan Profile for Healthy Youth</td>
</tr>
</tbody>
</table>
### Progress

<table>
<thead>
<tr>
<th>Objective</th>
<th>2005 Baseline</th>
<th>2010 Update</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce the substantiated child abuse rate for children under 18 years</td>
<td>366 per 100,000</td>
<td>687 per 100,000</td>
<td>275 per 100,000</td>
<td>Michigan Department of Human Services</td>
</tr>
<tr>
<td>Reduce the sexual assault rate in females 19 years or younger</td>
<td>242 per 100,000</td>
<td>503 per 100,000</td>
<td>121 per 100,000</td>
<td>Michigan State Police</td>
</tr>
<tr>
<td>Perinatal Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the proportion of low-income females 18-49 years who initiate breastfeeding</td>
<td>47%</td>
<td>85%</td>
<td>75%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Decrease the mortality rate in Black infants</td>
<td>16 per 1,000</td>
<td>11.5 per 1,000</td>
<td>5 per 1,000</td>
<td>Michigan Department of Community Health</td>
</tr>
<tr>
<td>Decrease low birth weight rates in Black infants</td>
<td>11% live births</td>
<td>12% (2009) live births</td>
<td>3% live births</td>
<td>Michigan Department of Community Health</td>
</tr>
</tbody>
</table>

### HEALTHY ADULTS

#### Chronic Disease

<table>
<thead>
<tr>
<th>Objective</th>
<th>2005 Baseline</th>
<th>2010 Update</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the proportion of adults who consume five or more servings of fruits and vegetables per day</td>
<td>25%</td>
<td>18%</td>
<td>33%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Decrease the proportion of adults who are current smokers</td>
<td>16%</td>
<td>12%</td>
<td>5%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Increase the proportion of adults who attain at least 30 minutes of moderate activity five days per week OR 20 minutes of vigorous activity three days per week</td>
<td>49%</td>
<td>65%</td>
<td>62%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Increase the proportion of adults with a disability who participate in any physical activity for exercise during the past month</td>
<td>59%</td>
<td>70%</td>
<td>79%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Decrease the proportion of adults who are overweight from 50% to 40%</td>
<td>50%</td>
<td>59%</td>
<td>40%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Reduce the annual rate of hospitalizations due to asthma in African American females</td>
<td>35 per 10,000 (2009)</td>
<td>15 per 10,000</td>
<td>10 per 10,000</td>
<td>Michigan Department of Community Health</td>
</tr>
<tr>
<td>Decrease the prevalence of diabetes in African American adults</td>
<td>22%</td>
<td>7%</td>
<td>9%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

#### Infectious Disease

<table>
<thead>
<tr>
<th>Objective</th>
<th>2005 Baseline</th>
<th>2010 Update</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the incidence of Human Immunodeficiency Virus (HIV) infection in persons 13 years and older</td>
<td>10 per 100,000</td>
<td>7 per 100,000</td>
<td>1 per 100,000</td>
<td>Washtenaw County Public Health</td>
</tr>
</tbody>
</table>

#### Substance Abuse

<table>
<thead>
<tr>
<th>Objective</th>
<th>2005 Baseline</th>
<th>2010 Update</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the proportion of adults 18-29 years who binge drink</td>
<td>23%</td>
<td>30%</td>
<td>14%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Reduce illicit drug use in adults 18-29 years</td>
<td>15%</td>
<td>16%</td>
<td>7%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>
## Key:
- ✓ Objective met
- 👍 Moving in right direction
- 🎞 Moving in wrong direction
- ↔ No change, unclear trend
- ---- Trend not available

<table>
<thead>
<tr>
<th>Progress</th>
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<th>2005 Baseline</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Increase the proportion of Asian American adults who have sufficient social support</td>
<td>73%</td>
<td>75%</td>
<td>91%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td></td>
<td>Decrease the proportion of Black adults with 15 or more poor mental health days per month</td>
<td>16%</td>
<td>13%</td>
<td>7%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Injury</td>
<td>Decrease the annual domestic violence victim rate for adults</td>
<td>611 per 100,000</td>
<td>791 per 100,000</td>
<td>427 per 100,000</td>
<td>Michigan State Police</td>
</tr>
<tr>
<td></td>
<td>Reduce the annual arrest rate for adults related to driving under the influence of drugs or alcohol</td>
<td>362 per 100,000</td>
<td>201 per 100,000</td>
<td>272 per 100,000</td>
<td>Michigan State Police</td>
</tr>
<tr>
<td></td>
<td>Reduce the percent of self-reported drinking and driving among adults 18-34 years</td>
<td>12%</td>
<td>4%</td>
<td>5%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Access to Care</td>
<td>Increase rates of low-income residents with health insurance</td>
<td>84%</td>
<td>75%</td>
<td>100%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td></td>
<td>Increase rates of adults with dental insurance</td>
<td>76%</td>
<td>73%</td>
<td>87%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>Pre-Conceptual Health</td>
<td>Decrease the proportion of Ypsilanti females 18-49 years who are current smokers</td>
<td>37%</td>
<td>14%</td>
<td>12%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td></td>
<td>Decrease the proportion of Black females 18-49 years who are overweight</td>
<td>62%</td>
<td>52%</td>
<td>40%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td></td>
<td>Decrease the proportion of females 18-49 years who have ten or more poor mental health days per month</td>
<td>14%</td>
<td>18%</td>
<td>7%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

### HEALTHY OLDER ADULTS

#### Chronic Disease

- ✓ Decrease the proportion of adults 50 years and older who have diabetes | 18% | 8% | 12% | HIP Survey |
- ✓ Increase the proportion of adults 65 years and older who attain at least 30 minutes of moderate activity three days per week | 45% | 60% | 60% | HIP Survey |
- ✓ Increase the proportion of women 50-64 years who get an annual mammogram | 62% | 73%* | 68% | HIP Survey & *MI BRFS (2008-2010) |

#### Infectious Disease

- ✓ Increase the annual influenza vaccination rate in adults 18 years and older | 28% | 50% | 80% | HIP Survey |
- ✓ Increase the proportion of adults 65 years and older who have received at least one pneumococcal vaccination | 58% | 65% | 90% | HIP Survey |

#### Injury

- ✓ Reduce the annual rate of hospitalizations due to falls for persons 65 years and older | 162 per 10,000 | 137 per 10,000 (2009) | 130 per 10,000 | Michigan Department of Community Health |
<table>
<thead>
<tr>
<th>Progress</th>
<th>Objective</th>
<th>2005 Baseline</th>
<th>2010 Update</th>
<th>2020 Target</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>↔</td>
<td>Increase the proportion of vendors who comply with laws restricting tobacco sales to minors</td>
<td>62%</td>
<td>65% (2011)</td>
<td>80%</td>
<td>Michigan Department of Community Health</td>
</tr>
<tr>
<td>✓</td>
<td>Advocate for a statewide law requiring all public spaces be smoke-free</td>
<td>No statewide smoke free law</td>
<td>Statewide Smoke Free Law passed in 2009</td>
<td>Presence of Statewide Smoke Free Law</td>
<td>Michigan Department of Community Health</td>
</tr>
<tr>
<td>☻</td>
<td>Increase the proportion of residents with pedestrian sidewalks, paths, or trails in or near their neighborhood</td>
<td>78%</td>
<td>74%</td>
<td>86%</td>
<td>HIP Survey</td>
</tr>
<tr>
<td>↔</td>
<td>Increase the proportion of residents using alternative modes of transportation (not driving alone) on their journey to and from work</td>
<td>24%</td>
<td>25%</td>
<td>37%</td>
<td>United States Census Bureau</td>
</tr>
<tr>
<td>☻</td>
<td>Reduce annual number of unhealthy air quality days due to fine particulate matter</td>
<td>10 (2010)</td>
<td>4 (2012)</td>
<td>0</td>
<td>County Health Rankings</td>
</tr>
<tr>
<td>☻</td>
<td>Reduce the annual number of unhealthy air quality days due to ozone</td>
<td>4 (2010)</td>
<td>6 (2012)</td>
<td>0</td>
<td>County Health Rankings</td>
</tr>
<tr>
<td>✓</td>
<td>Increase food security in residents with fair or poor health</td>
<td>74%</td>
<td>95%</td>
<td>95%</td>
<td>HIP Survey</td>
</tr>
</tbody>
</table>

**INFORMATION ABOUT DATA SOURCES:**

- **County Health Rankings** – A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings, based on the latest data publically available for each county, measure the overall health of each county in all 50 states on the multiple factors that influence health.
- **Health Improvement Plan of Washtenaw County Survey (HIP Survey)** – Collected every 5 years in Washtenaw, a landline telephone survey consisting of state Behavioral Risk Factor Survey as well as additional local questions.
- **Michigan Behavioral Risk Factor Surveillance Survey** – Telephone survey of adults collected on an ongoing basis statewide on health risk behaviors.
- **Michigan Care Improvement Registry (MCIR)** – A computerized immunization record for all adults and children in Michigan.
- **Michigan Department of Community Health (MDCH)** – The Department of Community Health is responsible for the collection of information on a range of health related issues. The data are provided at the state, county and community level.
- **Michigan Department of Human Services (DHS)** – The Department of Human Services is Michigan’s public assistance, child and family welfare agency.
- **Michigan Disease Surveillance System** – Web based communicable disease reporting system developed for the state of Michigan.
- **Michigan Profile for Healthy Youth (MiPHY)** – Voluntary online student health survey for 7, 9, and 11 graders offered by the Michigan Departments of Education and Community Health to assess health risk behaviors.
- **Michigan State Police** – Crime statistics collected from participating law enforcement agencies throughout the state.
- **Washtenaw County Public Health** – Over 70 diseases are reportable to local public health; health statistics available online.
- **Washtenaw County WIC** – Biometric data collected on WIC clients.
- **United States Census Bureau** – National Census data collected every 10 years.
<table>
<thead>
<tr>
<th>Jurisdiction Wide</th>
<th>Target Community</th>
<th>Target Community</th>
<th>Target Community</th>
<th>Target Community</th>
<th>Disparity Group</th>
<th>Disparity Group</th>
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<tbody>
<tr>
<td>Washtenaw County</td>
<td>Ann Arbor</td>
<td>Ypsilanti</td>
<td>Western Washtenaw</td>
<td>Other Washtenaw</td>
<td>&lt;$35,000</td>
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<td>Health Outcomes</td>
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<td>Overweight current</td>
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<td>32</td>
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<td>44</td>
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<td>Obese current</td>
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<td>41</td>
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<td>Diabetes ever</td>
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<td>Stroke ever</td>
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<td>5</td>
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<td>2</td>
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<td>36</td>
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<td>Angina/Heart Disease ever</td>
<td>3</td>
<td>5</td>
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<td>2</td>
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<td>High Blood Pressure ever</td>
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<td>22</td>
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<td>Asthma current</td>
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<td>Couldn’t afford prescriptions</td>
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<td>77</td>
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<td>72</td>
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<td>Delayed healthcare – no transportation</td>
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<td>3</td>
<td>0</td>
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<td>Physical Activity</td>
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<td>No physical activity for exercise</td>
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<td>18</td>
<td>36</td>
<td>21</td>
<td>26</td>
<td>40</td>
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<td>Screen time minutes/day (average)</td>
<td>168</td>
<td>157</td>
<td>192</td>
<td>166</td>
<td>162</td>
<td>173</td>
<td>192</td>
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<tr>
<td>Strongly/Somewhat Disagree Walking areas in neighborhood</td>
<td>26</td>
<td>9</td>
<td>20</td>
<td>49</td>
<td>49</td>
<td>23</td>
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<td>19</td>
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<tr>
<td>Strongly/Somewhat Disagree Feel safe walking in neighborhood</td>
<td>11</td>
<td>4</td>
<td>12</td>
<td>21</td>
<td>10</td>
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<td>Times in past week walked/biked for transportation (average)</td>
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<td>4</td>
<td>8</td>
<td>18</td>
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<td>12</td>
<td>33</td>
<td>4</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>5 or more servings of fruits&amp;vegs/day</td>
<td>18</td>
<td>24</td>
<td>19</td>
<td>9</td>
<td>9</td>
<td>10</td>
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<td>Fast food once a week or more</td>
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<td>40</td>
<td>49</td>
<td>26</td>
<td>33</td>
<td>49</td>
<td>46</td>
<td>44</td>
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<tr>
<td>Food Insecure</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>8</td>
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<td>Nearest grocery/healthy food source ½ mile or less</td>
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<td>16</td>
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<td>3</td>
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<td>Ever tested for HIV</td>
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<td>45</td>
<td>47</td>
<td>35</td>
<td>50</td>
<td>57</td>
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<tr>
<td>Past Year influenza vaccine</td>
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<td>57</td>
<td>41</td>
<td>50</td>
<td>48</td>
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<td>Alcohol/Tobacco/Drugs/Firearms</td>
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<td>Binge Drank Past Month</td>
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<td>15</td>
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<td>Currently Smoke</td>
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<td>14</td>
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<td>Illicit drug use in past year</td>
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<td>8</td>
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<td>Drug use interferes w/responsibility</td>
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<td>9</td>
<td>2</td>
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<td>Firearms in home</td>
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<td>62</td>
<td>45</td>
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<td>Mental Health/Social Support</td>
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<td>Depression diagnosis ever</td>
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<td>Always Sufficient Emotional Support</td>
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<td>48</td>
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<td>46</td>
<td>40</td>
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<td>Eats meal with family 7 days/week (adults who do not live alone)</td>
<td>42</td>
<td>39</td>
<td>35</td>
<td>47</td>
<td>52</td>
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<tr>
<td>Lives alone</td>
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<td>15</td>
<td>5</td>
<td>8</td>
<td>23</td>
<td>11</td>
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<td>Strongly/Somewhat Disagree neighbors help</td>
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<td>14</td>
<td>21</td>
<td>14</td>
<td>36</td>
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<td>10</td>
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<tr>
<td>Jurisdiction Wide</td>
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<td>Target Community</td>
<td>Target Community</td>
<td>Target Community</td>
<td>Disparity Group</td>
<td>Disparity Group</td>
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<tr>
<td>Washtenaw County</td>
<td>Ann Arbor</td>
<td>Ypsilanti</td>
<td>Western Washtenaw</td>
<td>Other Washtenaw</td>
<td>$&lt;35,000</td>
<td>Less than High School</td>
<td>African American</td>
<td>No Health Insurance</td>
</tr>
<tr>
<td>Research Participation Willingness – ‘Very’ or ‘Somewhat Likely’</td>
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<td>47</td>
<td>43</td>
<td>52</td>
<td>58</td>
<td>53</td>
<td>35</td>
<td>57</td>
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<td>Oral Health</td>
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<tr>
<td>Have visited a dentist past 12 months</td>
<td>78</td>
<td>79</td>
<td>73</td>
<td>86</td>
<td>78</td>
<td>50</td>
<td>45</td>
<td>73</td>
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<tr>
<td>Between 1-5 teeth removed due to decay</td>
<td>16</td>
<td>14</td>
<td>20</td>
<td>21</td>
<td>12</td>
<td>18</td>
<td>11</td>
<td>30</td>
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<tr>
<td>Teeth cleaned in past year</td>
<td>78</td>
<td>79</td>
<td>75</td>
<td>85</td>
<td>79</td>
<td>54</td>
<td>49</td>
<td>74</td>
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<tr>
<td>Have dental insurance of any kind</td>
<td>74</td>
<td>75</td>
<td>76</td>
<td>70</td>
<td>68</td>
<td>53</td>
<td>56</td>
<td>82</td>
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</tbody>
</table>

* All indicators imply percentages unless otherwise specified.  
Adreanne Waller, MPH – updated 3/4/12
# Health Equity Report Card

<table>
<thead>
<tr>
<th>Health Equity Indicator</th>
<th>As Measured By</th>
<th>Demographic Category with Worst Disparity</th>
<th>Population with Worst Rate</th>
<th>Worst Rate</th>
<th>Population with Best Rate</th>
<th>Best Rate</th>
<th>Disparity Ratio</th>
<th>Equity Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality</td>
<td>Number of infant deaths under one year of age per 1,000 live births (^1)</td>
<td>Race</td>
<td>African-American/ Black</td>
<td>11.5 per 1,000</td>
<td>White</td>
<td>4.4 per 1,000</td>
<td>2.6</td>
<td>D</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Adults who have ever been diagnosed with diabetes (^1)</td>
<td>Race</td>
<td>African-American/ Black</td>
<td>7%</td>
<td>Asian/Pacific Islander</td>
<td>2%</td>
<td>3.5</td>
<td>F</td>
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<tr>
<td>Substance Abuse</td>
<td>Adults that engaged in illicit drug use during the past year (^1)</td>
<td>Geography</td>
<td>Ann Arbor</td>
<td>13%</td>
<td>Rest of County</td>
<td>1%</td>
<td>13</td>
<td>F</td>
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<tr>
<td>Physical Activity</td>
<td>Adults who get less than 30 minutes of physical activity five days week (^1)</td>
<td>Geography</td>
<td>Rest of County</td>
<td>70%</td>
<td>Western Washtenaw</td>
<td>45%</td>
<td>1.5</td>
<td>B</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Adults who currently use tobacco (^1)</td>
<td>Education</td>
<td>High School Graduate</td>
<td>22%</td>
<td>College Graduates</td>
<td>3%</td>
<td>7.3</td>
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<tr>
<td>Primary Care Physician</td>
<td>Adults currently with no personal physician for medical care (^1)</td>
<td>Education</td>
<td>High School Graduate</td>
<td>28%</td>
<td>Less than High School Diploma</td>
<td>9%</td>
<td>3.1</td>
<td>F</td>
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<tr>
<td>Health Insurance</td>
<td>Adults currently with no insurance (^1)</td>
<td>Income</td>
<td>Less Than $35,000/year</td>
<td>25%</td>
<td>More Than $75,000/year</td>
<td>2%</td>
<td>12.5</td>
<td>F</td>
</tr>
<tr>
<td>High School Dropout</td>
<td>Percent of students who left high school permanently during four years (^2, (^3)</td>
<td>Geography</td>
<td>Willow Run</td>
<td>20%</td>
<td>Manchester</td>
<td>3%</td>
<td>6.6</td>
<td>F</td>
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<tr>
<td>Social Connectedness</td>
<td>Disagree or strongly disagree that neighbors help each other out (^1)</td>
<td>Income</td>
<td>Less Than $35,000/year</td>
<td>35%</td>
<td>More Than $75,000/year</td>
<td>10%</td>
<td>3.5</td>
<td>F</td>
</tr>
<tr>
<td>Healthy Food Access</td>
<td>Adults that consume fast food two or more times per week (^1)</td>
<td>Education</td>
<td>Some College</td>
<td>28%</td>
<td>College Graduates</td>
<td>12%</td>
<td>2.3</td>
<td>C</td>
</tr>
<tr>
<td>Poverty</td>
<td>Families lived below poverty level during past year (^6)</td>
<td>Geography</td>
<td>Ypsilanti City</td>
<td>16%</td>
<td>Lima Twp</td>
<td>1%</td>
<td>16</td>
<td>F</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Disparity Ratio</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1.0 – 1.4</td>
<td>Little or no disparity</td>
</tr>
<tr>
<td>B</td>
<td>1.5 – 1.9</td>
<td>A disparity exists and should be monitored</td>
</tr>
<tr>
<td>C</td>
<td>2.0 – 2.4</td>
<td>The disparity requires intervention</td>
</tr>
<tr>
<td>D</td>
<td>2.5 – 2.9</td>
<td>Major interventions are needed</td>
</tr>
<tr>
<td>F</td>
<td>(\geq 3.0)</td>
<td>Urgent interventions are needed</td>
</tr>
</tbody>
</table>

**Definitions**

- **Demographic categories**: Geography, income, education, school district, and race.
- **Disparity ratio**: Divides the population with the worst rate by the population the best rate.
- **Equity grade**: Letter grade that reflects how well the public health system/community is doing in eliminating the inequities between populations. These ratings are only related to differences between populations and not an indication of how well or poorly the population compares to other counties, states, or nation.
- **Rest of county**: The areas of Saline, Milan, Whitmore Lake, and surrounding townships.
About this Report Card:
The Washtenaw County Health Equity Report Card was created to show differences in health status between populations for specific health indicators by race, income, education, and geography. The report card provides key information about our County’s most pressing health disparities and where interventions are most needed. This data can be used to inform decision makers and guide those working in our local community to improve the health of Washtenaw County citizens.

What are we doing about it? What can you do?
Health Equity Report Card indicators are updated as data sources used for each indicator are available. Presentations on the Report Card and associated indicators can be made by contacting Washtenaw County Public Health.

Data Sources:
5. United States Census, American Community Survey, 2011

For more information, contact:
Adreanne Waller, MPH
Washtenaw County Public Health
734-544-6700
wallera@ewashtenaw.org

Partners:
# Guide to Health Coverage in Washtenaw County

## Free/Low Cost Health Care/Coverage

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>WHAT &amp; WHO QUALIFIES</th>
<th>HOW TO GET SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHELSEA GRACE CLINIC</strong>&lt;br&gt; 775 S. Main St., Chelsea, MI --(517) 536-4587&lt;br&gt; <a href="http://www.thehopeclinic.org">www.thehopeclinic.org</a></td>
<td>Primary care for patients without insurance or the ability to pay for health care. Available to adults who reside in Western Washtenaw County.</td>
<td>Call Faith In Action, (888) 331-1174. Leave a message with contact info to receive a call back for an appointment. Appointments available on Saturdays.</td>
</tr>
<tr>
<td><strong>CORNER HEALTH CENTER</strong>&lt;br&gt; 47 N. Huron, Ypsilanti --(734) 484-3600&lt;br&gt; <a href="http://www.cornerhealth.org">www.cornerhealth.org</a></td>
<td>Services include: medical care, health education and support. For patients age 12-21 with low income and their children.</td>
<td>Call (734) 484-3600 ext. 200 to schedule an appointment. Sliding fee scale with help in applying for insurance. Medicaid and some other insurance accepted.</td>
</tr>
<tr>
<td><strong>RAHS (REGIONAL ALLIANCE FOR HEALTHY SCHOOLS)</strong>&lt;br&gt; <a href="http://www.a2schools.org/rahs/rahs_home">http://www.a2schools.org/rahs/rahs_home</a></td>
<td>Services include:&lt;br&gt; - Treatment of childhood illness&lt;br&gt; - Physical exams/Immunizations&lt;br&gt; School age children and their siblings.</td>
<td>Call for an appointment. Most insurance accepted. Will also see the uninsured. Accepts most insurance. Sliding fee scale available for those who qualify.</td>
</tr>
<tr>
<td><strong>HOPE MEDICAL CLINIC</strong>&lt;br&gt; Ypsilanti --(734) 481-0111&lt;br&gt; <a href="http://www.thehopeclinic.org">www.thehopeclinic.org</a></td>
<td>Primary care for patients without insurance or the ability to pay for health care. For children and adults.</td>
<td>Call (734) 481-0111 for a telephone pre-screening and registration. $5 donation for service - requested, but not required.</td>
</tr>
<tr>
<td><strong>NEIGHBORHOOD HEALTH CLINIC</strong>&lt;br&gt; 111 N. Huron Street, Ypsilanti --(734) 544-6900</td>
<td>Primary care medical services, prescription assistance, financial counseling and food bank available for ages 18 and over.</td>
<td>Call to schedule an appointment. Some insurance accepted with help to find health coverage for the uninsured.</td>
</tr>
<tr>
<td><strong>PACKARD HEALTH</strong>&lt;br&gt; 3174 Packard, Ann Arbor --(734) 971-1073</td>
<td>Primary medical care for adults and children.&lt;br&gt; - Nutritional Counseling&lt;br&gt; - Diabetes Education&lt;br&gt; - Assistance applying for health coverage for the uninsured.</td>
<td>Call to schedule an appointment. Accepts most insurance. Sliding fee scale available to those who qualify and are uninsured.</td>
</tr>
<tr>
<td><strong>PACKARD HEALTH WEST</strong>&lt;br&gt; 501 N Maple, Ann Arbor --(734) 926-4900&lt;br&gt; <a href="http://www.packardhealth.org">http://www.packardhealth.org</a></td>
<td>Services include:&lt;br&gt; - Abortion Referral&lt;br&gt; - Birth Control Services&lt;br&gt; - LGBT Services&lt;br&gt; - Pregnancy Testing, Options &amp; Services&lt;br&gt; - STD/HIV Testing &amp; Treatment&lt;br&gt; - Women's/Men's Health Services</td>
<td>Call to schedule an appointment, walk-in available for some services, call for information. Sliding fee scale based on household income, pregnancy tests have a sliding scale fee.</td>
</tr>
<tr>
<td><strong>PLANNED PARENTHOOD</strong>&lt;br&gt; 3100 Professional Dr., Ann Arbor (734) 973-0710&lt;br&gt; Planned Parenthood Ann Arbor West&lt;br&gt; 2370 W. Stadium Blvd., Ann Arbor, 929-9480&lt;br&gt; Planned Parenthood, Ypsilanti&lt;br&gt; 840 Maus Avenue, Ypsilanti, (734) 485-0144&lt;br&gt; <a href="http://www.plannedparenthood.org/midsouthmi">http://www.plannedparenthood.org/midsouthmi</a></td>
<td>Adult Clinic Services:&lt;br&gt; - STD testing and treatment&lt;br&gt; - Family Planning&lt;br&gt; Immunization Services:&lt;br&gt; - Routine and Travel Vaccines&lt;br&gt; - Flu shots&lt;br&gt; For children and adults.&lt;br&gt; WIC Clinic Services:&lt;br&gt; - Food benefits and Nutrition counseling&lt;br&gt; - Breastfeeding support&lt;br&gt; Pregnant women, new mothers, &amp; children.</td>
<td>Call 734-544-6840 to schedule an Adult Clinic appointment. Free pregnancy testing, walk-in Wednesday from 9am-noon &amp; 1pm- 4pm. Immunizations are available by appointment only. Call (734) 544-6770 to schedule. Low cost and free vaccines. To apply for WIC services call 734-544-6800. Free for those who qualify.</td>
</tr>
</tbody>
</table>

## Charity Care Programs

<table>
<thead>
<tr>
<th>HEALTH SYSTEM</th>
<th>WHO TO CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Michigan Health System</td>
<td>Patient Financial Services: 734-647-5225</td>
</tr>
<tr>
<td>St. Joseph Mercy Health System</td>
<td>Patient Financial Services: 734-712-3700 or 1-800-676-0437</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse services</td>
<td>Call Health Services Access at 734-544-3050 or 1-800-440-7548</td>
</tr>
</tbody>
</table>

This guide was compiled by the Washtenaw Health Plan as a community service and may be subject to change. Please call contact numbers or check websites to get the most current information. Washtenaw Health Plan, 555 Towner, Ypsilanti, MI 48197; [http://whp.ewashtenaw.org](http://whp.ewashtenaw.org) 4-28-2010

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- **RAHS**<br> [http://www.a2schools.org/rahs/rahs_home](http://www.a2schools.org/rahs/rahs_home)
- **NEIGHBORHOOD HEALTH CLINIC**<br> 111 N. Huron Street, Ypsilanti --(734) 544-6900
- **PACKARD HEALTH WEST**<br> 501 N Maple, Ann Arbor --(734) 926-4900
- **PLANNED PARENTHOOD**<br> 3100 Professional Dr., Ann Arbor (734) 973-0710
- **WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT CLINICS**
  - **Adult Health Clinic**<br> (734) 544-6840
  - **Immunization Program**<br> (734) 544-6770
  - **Women, Infants and Children (WIC)**<br> (734) 544-6800
## Free/Low Cost Dental Care/Coverage

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>WHAT &amp; WHO QUALIFIES</th>
<th>HOW TO GET SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY DENTAL CENTER</strong>&lt;br&gt;406 N. Ashley, Ann Arbor&lt;br&gt;(734) 998-9640&lt;br&gt;<a href="http://communitydental.dent.umich.edu">http://communitydental.dent.umich.edu</a></td>
<td>Dental services for children and adults who live in Washtenaw County.</td>
<td>Call for an appointment. Fee for service with grants for qualified residents of Washtenaw County.</td>
</tr>
<tr>
<td><strong>HOPE DENTAL CLINIC</strong>&lt;br&gt;Ypsilanti&lt;br&gt;(734) 480-9575&lt;br&gt;<a href="http://www.thed">http://www.thed</a> hoopsclinic.org</td>
<td>General preventive and restorative dental care. For those without dental insurance or the ability to pay for dental care.</td>
<td>Must be an established patient. Call (734) 480-9575 for a telephone screening and registration. A $5 donation per visit is requested, but not required.</td>
</tr>
<tr>
<td><strong>UNIVERSITY DENTAL CLINICS</strong>&lt;br&gt;U of M School of Dentistry&lt;br&gt;1011 N. University, Ann Arbor&lt;br&gt;Patient Admitting and Emergency Services (PAES) (734) 763-6933 or toll free at 1-888-707-2500&lt;br&gt;Pediatric Dentistry Clinic&lt;br&gt;734-764-1523&lt;br&gt;<a href="http://www.dent.umich.edu/patients/">http://www.dent.umich.edu/patients/</a></td>
<td>Patient care is provided by a dental student under the close supervision of experienced faculty dentists.</td>
<td>For patients over age 14, call 734-763-6933 or call toll free at 1-888-707-2500 to schedule an appointment. For patients less than age 14, call 734-764-1523 to make an appointment with the Pediatric Dentistry Clinic. Lower fees in exchange for extra time needed for dental students.</td>
</tr>
<tr>
<td><strong>WASHTENAW CHILDREN'S DENTAL CLINIC</strong>&lt;br&gt;Mack School,&lt;br&gt;920 Miller Avenue, Ann Arbor&lt;br&gt;(734) 663-7073&lt;br&gt;<a href="http://www.washtenawchildrensdentalclinic.com/location.htm">http://www.washtenawchildrensdentalclinic.com/location.htm</a></td>
<td>Dental services for&lt;br&gt;• low-income children,&lt;br&gt;• with no dental insurance,&lt;br&gt;• Washtenaw County residents,&lt;br&gt;• Preschool age through age 18.</td>
<td>Insurance is not accepted. Nominal fees are charged to cover the cost of supplies. Requests for appointments are taken by answering machine and calls are returned to schedule appointments.</td>
</tr>
</tbody>
</table>

## Other Health Care Resources

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>WHAT &amp; WHO QUALIFIES</th>
<th>HOW TO GET SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAID</strong>&lt;br&gt;MORE THAN 30 DIFFERENT HEALTH PROGRAMS FOR CHILDREN, ADULTS AND FAMILIES&lt;br&gt;• Family Independence Program (FIP) Recipients&lt;br&gt;• SSI for Aged, Blind or Disabled persons&lt;br&gt;• Medicaid Q program for 19 and 20 year olds</td>
<td>Submit DHS application 1171 to 22 Center Street, Ypsilanti, MI 48197&lt;br&gt;Michigan Beneficiary help line: (use a touch tone phone, M-F 8am to 7pm) 1-800-642-3195</td>
<td></td>
</tr>
<tr>
<td><strong>HEALTHY KIDS MEDICAID/MI-CHILD</strong>&lt;br&gt;HEALTH AND DENTAL CARE&lt;br&gt;• Children age 18 and under&lt;br&gt;• Pregnant women</td>
<td>Submit Healthy Kids application to 22 Center Street, Ypsilanti, MI 48197&lt;br&gt;Enroll online at <a href="https://healthcare4mi.com">https://healthcare4mi.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>MATUREITY OUTPATIENT MEDICAL SERVICES (MOMS)</strong>&lt;br&gt;PREGNANCY SERVICES FOR WOMEN&lt;br&gt;• Immediate prenatal coverage for 45 days pending Medicaid coverage&lt;br&gt;• Coverage for most non-citizens with Emergency Services Only Medicaid</td>
<td>Call WIC office at: 734-544-6800 for an appointment</td>
<td></td>
</tr>
<tr>
<td><strong>PLAN FIRSTI</strong>&lt;br&gt;FAMILY PLANNING SERVICES FOR WOMEN&lt;br&gt;• Low Income U.S. citizen or “qualified” (legal) non-citizen;&lt;br&gt;• Women ages 19-44 with Social Security Number;&lt;br&gt;• Not currently pregnant; Not on Medicaid or WHP Plan A.</td>
<td>Enroll online at <a href="https://healthcare4mi.com">https://healthcare4mi.com</a>&lt;br&gt;Use Plan First! application form and mail to: PO Box 30412, Lansing, MI 48909; or fax to 517-324-0710</td>
<td></td>
</tr>
<tr>
<td><strong>BCCCP – TITLE XV</strong>&lt;br&gt;BREAST AND CERVICAL CANCER SCREENING&lt;br&gt;• Low Income Women between age 40 – 64&lt;br&gt;• No or limited health insurance</td>
<td>Call a BCCCP-Title XV site to apply for services&lt;br&gt;University of Michigan Taubman OB/GYN&lt;br&gt;(734) 763-6295&lt;br&gt;St. Joseph Academic OB/GYN clinic&lt;br&gt;(734) 712-3967</td>
<td></td>
</tr>
<tr>
<td><strong>WASHTENAW COUNTY PRESCRIPTION PLAN</strong>&lt;br&gt;DISCOUNT PRESCRIPTION PROGRAM&lt;br&gt;• Washtenaw County Residents&lt;br&gt;• No age or income requirements</td>
<td>Call (734) 544-6886. Or apply online at: <a href="http://www.communityhealthplans.org/IHP/OLDIHPWEBAPP/Cappenrollment.asp">http://www.communityhealthplans.org/IHP/OLDIHPWEBAPP/Cappenrollment.asp</a></td>
<td></td>
</tr>
<tr>
<td><strong>YPISILANTI CHAMBER OF COMMERCE</strong>&lt;br&gt;PRESCRIPTION DRUG CARD --30%-75% SAVINGS&lt;br&gt;• Michigan Residents&lt;br&gt;• No age or income requirements</td>
<td>Download a prescription drug card free of charge at <a href="http://www.ypischamber.org/benefit_card.htm">http://www.ypischamber.org/benefit_card.htm</a>. The card may be used immediately. For more information, call 734-482-4920.</td>
<td></td>
</tr>
</tbody>
</table>


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# Community Health Needs Assessments

## Health Priorities of Washtenaw’s Health Systems, Washtenaw County Public Health, and other local and state agencies

**Updated April 11, 2013**

<table>
<thead>
<tr>
<th>Geographic Focus</th>
<th>University of Michigan Health System</th>
<th>St. Joseph Mercy Health System</th>
<th>Chelsea Community Hospital</th>
<th>Washtenaw County Public Health</th>
<th>Prioritized by # of health agencies</th>
<th>Alignment with other plans and initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Issue</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Relevant HIP Objectives</td>
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<tr>
<td>Substance Abuse (Alcohol, Tobacco, Other Drugs)</td>
<td>✓</td>
<td>✓</td>
<td>✓ (Adults and Youth)</td>
<td>✓</td>
<td>4</td>
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<tr>
<td>Obesity</td>
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<td>✓ (Adults)</td>
<td>✓</td>
<td>4</td>
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<tr>
<td>Mental health</td>
<td>✓</td>
<td>✓</td>
<td>✓ (Youth)</td>
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<tr>
<td>Infectious Diseases and Immunization</td>
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<td>✓</td>
<td>✓</td>
<td></td>
<td>3</td>
<td>•</td>
</tr>
<tr>
<td>Access to care (oral, mental, medical)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>3</td>
<td>•</td>
</tr>
<tr>
<td>Pre- and Perinatal health</td>
<td>✓</td>
<td>Breastfeeding ✓</td>
<td>✓</td>
<td>✓ Infant Mortality</td>
<td>3</td>
<td>•</td>
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<tr>
<td>Vascular (heart disease, stroke)</td>
<td></td>
<td>✓ (Adults)</td>
<td>✓</td>
<td></td>
<td>2</td>
<td>•</td>
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<tr>
<td>Child abuse/neglect</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>•</td>
</tr>
<tr>
<td>Mammography</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>1</td>
<td>•</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
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<td></td>
<td></td>
<td>1</td>
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<tr>
<td>Cancer</td>
<td>✓</td>
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<td></td>
<td></td>
<td>1</td>
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<tr>
<td>Communicable disease (HIV, AIDS, STD’s, HPV)</td>
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<td></td>
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</tr>
<tr>
<td>Environmental health</td>
<td>✓</td>
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<td></td>
<td></td>
<td>1</td>
<td>•</td>
</tr>
</tbody>
</table>

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Building a Healthier Washtenaw: Appendix
Agencies, groups, organizations, and others who participated in the process or provided document review for the Washtenaw County Community Health Assessment and Community Health Improvement Plan:

<table>
<thead>
<tr>
<th>Agency/Group/Organization</th>
<th>Agency/Group/Organization Type</th>
<th>Which section of the document did this agency/group/organization participate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washtenaw County, Office of Community and Economic Development</td>
<td>Governmental Agency</td>
<td>Demographics and social and economic factors</td>
</tr>
<tr>
<td>University of Michigan Health System, Community Health Services, Community Benefit and Community Health Assessment</td>
<td>Health System</td>
<td>Demographics and social and economic factors, Access to Care, Chronic Disease</td>
</tr>
<tr>
<td>Washtenaw Health Initiative</td>
<td>Non-profit</td>
<td>Access to Care</td>
</tr>
<tr>
<td>Hope Clinic</td>
<td>Services – Health</td>
<td>Access to Care</td>
</tr>
<tr>
<td>Washtenaw Health Plan</td>
<td>Health coverage for uninsured</td>
<td>Access to Care, Perinatal Health</td>
</tr>
<tr>
<td>University of Michigan Health System, Community Health Services, Program for Multicultural Health</td>
<td>Health System</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>Healthy Kids Healthy Michigan</td>
<td>Statewide Childhood Obesity Coalition</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>YMCA of Ann Arbor</td>
<td>Services – Recreation</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>Washtenaw County, Women, Infants and Children</td>
<td>Services – Health</td>
<td>Perinatal Health</td>
</tr>
<tr>
<td>Washtenaw Area Council for Children</td>
<td>Services – Children</td>
<td>Perinatal Health</td>
</tr>
<tr>
<td>Maternal Infant Health Program, Washtenaw County Public Health</td>
<td>Services – Health</td>
<td>Perinatal Health</td>
</tr>
<tr>
<td>Washtenaw Community Support and Treatment Services</td>
<td>Governmental Agency</td>
<td>Mental Health</td>
</tr>
<tr>
<td>SRSLY</td>
<td>Community Coalition</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Chelsea Community Hospital</td>
<td>Health Care Provider</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Dawn King</td>
<td>Community Member</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Eastern Michigan University</td>
<td>Academic Institution</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Milan High School</td>
<td>Academic Institution</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Washtenaw Community Health Organization</td>
<td>Governmental Agency</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Washtenaw Immunization Action Coalition</td>
<td>Coalition</td>
<td>Infectious Disease</td>
</tr>
</tbody>
</table>
The following Health Improvement Plan of Washtenaw County teams and committees were given the opportunity to provide feedback on the whole document:

- Community Health Committee
- Implementation Team
- Coordinating Committee

Public comment was solicited for a two week period from August 26, 2012 – September 6, 2013. Anonymous submissions were collected via comment form on the Washtenaw County Public Health website.