

State/Local Public Health Planning Retreat
October 2008
Pre-meeting Survey Local Health Departments–Responses

1) For the following list of required local public health services, please indicate how adequately your agency is able to deliver or assure delivery of each service. (LPHO indicates Local Public Health Operations service)

For each service listed below, the percentage of respondents (followed by the number of respondents in parenthesis) reporting each level of adequacy is displayed. For question 1 there were 24 potential respondents.

Care for individuals with serious communicable disease or infection

- No Service: 8.3% (2)
- Less than Adequate: 37.5% (9)
- Adequate: 54.2% (13)
- More than Adequate: 0.0% (0)
- No Answer: 0.0% (0)

- *We put a lot of local dollars into this effort when needed.*
- *It is adequate for routine incidence of such disease or infection.*
- *We do not provide for care of individuals with serious CDs unless they are a part of the county health plan and are within our primary care clinic.*
- *For our Facility.*
- *We are increasingly challenged by TB cases needing extensive case contact tracing and evaluations as well as the need for TB DOT. In addition vaccine preventable diseases are beginning to occur again. HIV infection rates are not going down either.*

Emergency Management-Community Health Annex

- No Service: 4.2% (1)
- Less than Adequate: 12.5% (3)
- Adequate: 75.0% (18)
- More than Adequate: 8.3% (2)
- No Answer: 0.0% (0)

- *We are losing our surge capacity due to tightening budgets.*
- *Emergency Preparedness is an area that has actually received adequate funding, and it shows in terms of increased capacity.*
- *As federal funding declines we are less able to sustain the new levels of preparedness that are expected. In addition, even at its highest, federal funding was inadequate to offset the new requirements. The resources we devote to preparedness, while important, represent an opportunity cost elsewhere in our list of community public health needs.*

Family planning services for indigent women

- No Service: 12.5% (3)
- Less than Adequate: 37.5% (9)
- Adequate: 45.8% (11)
- More than Adequate: 4.2% (1)
- No Answer: 0.0% (0)

- *We need better funding.*
- *Although with the increase in personnel and pharmaceutical cost, this program becomes more vulnerable to discontinuance.*
- *Service provided through Planned Parenthood & adjoining programs.*
- *Title X funds are critical to family planning fiscal stability.*
- *However we really are having a hard time recruiting a full time NP.*
- *Our community need is not met with existing federal funding.*

Food Protection (LPHO)

- No Service: 0.0% (0)
- Less than Adequate: 29.2% (7)
- Adequate: 58.3% (14)
- More than Adequate: 12.5% (3)
- No Answer: 0.0% (0)

- *Number of establishments in area continue to grow and limited staff to conduct inspections; also, added requirements with schools inspections with no funding attached.*
- *We would like to beef up the educational component of this program.*
- *State needs to cover their portion of providing this service.*
- *The ONLY reason that this program is adequate is the reliance of funding at the local level. If local funding was at the level of state funding, all services (all inspections, FBI investigations, complaint investigation, license issuance and quarterly report submittal) would cease before the beginning of the fourth quarter in any fiscal year*
- *We are covering more than our 50% share, mostly thru increased local fees.*

Health Education

- No Service: 0.0% (0)
- Less than Adequate: 79.2% (19)
- Adequate: 12.5% (3)
- More than Adequate: 8.3% (2)
- No Answer: 0.0% (0)

- *Unable to conduct an updated Community Health Assessment and Improvement Process.*
- *Few dollars to provide service.*
- *Baseline funding needs to be provided.*
- *Most of these activities require local dollars which have to be prioritized since they are scarce and some of these activities rank lower than services to members of the community.*
- *WE do not have capacity to sustain service delivery in high risk schools but can accommodate very limited services on a per request basis.*
- *This is a core service and we have unlimited opportunities to expand in this capacity to meet community needs.*
- *Serious lack of funding to support staff in this area.*

Hearing and Vision Screening (LPHO)

- No Service: 0.0% (0)
- Less than Adequate: 16.7% (4)
- Adequate: 75.0% (18)

- More than Adequate: 8.3% (2)
- No Answer: 0.0% (0)

- MDCH needs to work with education, it is a duplication having Early On Funds spent on hearing and vision when local health is not funded adequately.
- adequate only because our county has subsidized this state mandates for years. These funds are currently being cut.
- Although there has been a reduction in personnel and subsequent reduction in scheduling.
- We cover more than our 50% share for this service, in part offset by Medicaid billing.

HIV/AIDS services: reporting, counseling, and partner notification

- No Service: 16.7% (4)
- Less than Adequate: 41.7% (10)
- Adequate: 37.5% (9)
- More than Adequate: 4.2% (1)
- No Answer: 0.0% (0)

- Need to assure funds are available for all populations, not just urban area.
- Equal funding needs to be provided in all counties.
- adequate only because our county has subsidized this state mandates for years. These funds are currently being cut.
- Requires additional local funding due to 'low risk' status of our agency.
- Only do court ordered.
- We should be providing more counseling and testing clinic hours but do not have the funding available.

Immunizations (LPHO)

- No Service: 0.0% (0)
- Less than Adequate: 33.3% (8)
- Adequate: 54.2% (13)
- More than Adequate: 8.3% (2)
- No Answer: 4.2% (1)

- Always room for improvement here.
- Immunization demands have increased with the same funding and requirements have increased.
- Adequate only because our county has subsidized this state mandates for years. These funds are currently being cut.

Infectious/Communicable Disease Control (LPHO)

- No Service: 0.0% (0)
- Less than Adequate: 33.3% (8)
- Adequate: 62.5% (15)
- More than Adequate: 4.2% (1)
- No Answer: 0.0% (0)

- A lot of local dollars go into this effort.
- We need more staff dedicated to this effort.

- *Need for more community education and follow with medical community.*
- *CD activity has greatly expanded over the past four years.*
- *adequate only because our county has subsidized this state mandates for years. These funds are currently being cut.*
- *Although adequate as defined by meeting accreditation MPRs, there is a need for better tracking and reporting. We purchased software that allows schools to submit electronic reports that in turn can be entered into MDSS. Too bad that MDCH is not seeking ways to support LHDs in becoming more efficient.*
- *See also the comments for the first area, not sure what the distinction is between these two.*

Nutrition Services

- No Service: 4.2% (1)
- Less than Adequate: 62.5% (15)
- Adequate: 29.2% (7)
- More than Adequate: 4.2% (1)
- No Answer: 0.0% (0)

- *We could do much more.*
- *No resources for community nutrition programs, especially targeting low income.*
- *No resource available.*
- *We are finding our WIC case load increasing with the economy.*
- *Nutrition services are adequate in terms of the WIC program, but inadequate in terms of overall healthy living and chronic disease management.*
- *Effectiveness is the question.*
- *There are many opportunities here that we cannot respond to, we primarily provide through WIC and MIHP.*

Pregnancy Test related to informed consent to abortion

- No Service: 29.2% (7)
- Less than Adequate: 8.3% (2)
- Adequate: 58.3% (14)
- More than Adequate: 0.0% (0)
- No Answer: 4.2% (1)

- *We do pregnancy testing but only provided information on resources for abortion options.*
- *We do not have any requests for this service however, as an entry point to WIC and other services we do offer free pregnancy tests.*

Prenatal Care

- No Service: 29.2% (7)
- Less than Adequate: 33.3% (8)
- Adequate: 29.2% (7)
- More than Adequate: 0.0% (0)
- No Answer: 8.3% (2)

- *Future uncertain due to Full Cost Reimbursement questions.*

- *Agency provides excellent service through MIHP program but one of our counties has no provider of OB services at their local hospital and women have to travel more then 50 miles one way to obtain care and for delivery of their babies.*
- *Our HRSA Healthy Start grant is essential to addressing prenatal care and maternal/child health, but still does not fully address the need in the community.*
- *We have good community access here.*

Public/Private Sewer (LPHO)

- No Service: 4.2% (1)
- Less than Adequate: 20.8% (5)
- Adequate: 66.7% (16)
- More than Adequate: 8.3% (2)
- No Answer: 0.0% (0)

- *Funding not distributed based upon outputs.*
- *adequate only because our county has subsidized this state mandates for years. These funds are currently being cut.*
- *Again, only because of the local money that goes way beyond the amount provided by the state.*
- *Service demand has decreased dramatically. Not the most efficient program due to seasonal demand.*
- *final disposal of septage and sludge from Sewer plants remains an issue.*
- *State funding covers less than the 50% share, we make up the difference in fees.*

Public/Private Water Supply (LPHO)

- No Service: 4.2% (1)
- Less than Adequate: 25.0% (6)
- Adequate: 62.5% (15)
- More than Adequate: 8.3% (2)
- No Answer: 0.0% (0)

- *The Type II funding is woefully inadequate.*
- *Funding not distributed based upon outputs.*
- *adequate only because our county has subsidized this state mandates for years. These funds are currently being cut.*
- *See above comment.*
- *Service demand has decreased dramatically Not the most efficient program due to seasonal demand.*
- *Protection of certain water supplies is an issue.*
- *State funding covers less than the 50% share, we make up the difference in fees.*

STD Control (LPHO)

- No Service: 0.0% (0)
- Less than Adequate: 50% (12)
- Adequate: 50% (12)
- More than Adequate: 0.0% (0)
- No Answer: 0.0% (0)

- *We only provide what is necessary, not what is needed.*

- *We should be offering expended clinic hours but don't have the resources. More GC and CT would be possible if we had more staffing.*

TB Control

- No Service: 4.2% (1)
- Less than Adequate: 29.2% (7)
- Adequate: 66.7% (16)
- More than Adequate: 0.0% (0)
- No Answer: 0.0% (0)

- *More emphasis upon prevention.*
- *TB patient care is contracted out to providers.*
- *See the first one above, not sure of the difference here.*

2) Do you think any of these required services should no longer be required? Check those services that you suggest NOT be required

For each service listed below, the percentage of respondents (followed by the number of respondents in parenthesis) reporting that they think the service should no longer be required is displayed. For question 2 there were 24 potential respondents.

| | | |
|--|-------|-----|
| Care for individuals with serious communicable disease or infection | 4.2% | (1) |
| Emergency Management-Community Health Annex | 0.0% | (0) |
| Family planning services for indigent women | 8.3% | (2) |
| Food Protection (LPHO) | 0.0% | (0) |
| Health Education | 4.2% | (1) |
| Hearing and Vision Screening (LPHO) | 8.3% | (2) |
| HIV/AIDS services: reporting, counseling, and partner notification | 0.0% | (0) |
| Immunizations (LPHO) | 4.2% | (1) |
| Infectious/Communicable Disease Control (LPHO) | 0.0% | (0) |
| Nutrition Services | 16.7% | (4) |
| Pregnancy Test related to informed consent to abortion | 29.2% | (7) |
| Prenatal Care | 16.7% | (4) |
| Public/Private Sewer (LPHO) | 0.0% | (0) |
| Public/Private Water Supply (LPHO) | 0.0% | (0) |
| STD Control (LPHO) | 0.0% | (0) |

| | | |
|--|-------|------|
| TB Control | 0.0% | (0) |
| All Services Should Continue to be Required | 41.7% | (10) |
| No Response Given | 20.8% | (5) |

- *Item is based upon legislative views as opposed to a public health priority.*
- *Only those programs that meet the 50/50 cost shared expense should be required. All the others would fall into a block grant category whereby the LHD would fund with state and local money their priorities.*
- *Required services should ONLY include what the state is willing to pay in terms of 50/50 cost-sharing.*
- *Services should be required and provided with appropriate funding, as per the code.*
- *Prenatal should be a basic health assurance role at the local level, state should assure that it is resourced.*

3) Please list other services that warrant consideration as required to be delivered by local public health.

- *ID and monitoring of risk factors related to chronic disease*
- *Chronic disease control - but only if fully funded and proven programs supported.*
- *LHDs should be the focal point for indigent health care through clinics. Michigan needs a better inspection program for existing on-site sewage treatment systems so that the many unpermitted or unapproved systems are evaluated regularly and brought into compliance. We need to have a bigger role in preventing prescription drug abuse.*
- *Required services need to be funded. The present list is not funded and they are core public health services. Michigan needs to make a commitment to present required services and then move forward with other services such as chronic disease prevention.*
- *No services should be added unless the state is going to pay for the additional services 100%.*
- *Chronic Disease Prevention, Maternal and Infant health programs and client participation should be mandated to receive Medicaid*
- *Because there is a lack of funds, we have eliminated home health, hospice, healthy families and MIHP in the last two years. Family planning may be next. Since money is not growing, we need to decide the programs to trash, hope we can keep the money and then be able to fund new programs.*
- *Funding of the required services is the issue. Our agency considers many other services to be essential as well. But there is no point in converting them to require services until the current services are funded adequately by the state.*
- *Specifically include health promotion / disease prevention services re: chronic disease prevention Community assessment.*
- *Community Health Assessment/Health Improvement Planning; Chronic Disease Prevention/Healthy Living. More consideration should be given in terms of aligning state requirements AND corresponding funding with the National Public Health Performance Standards/NACCHO Operational Definition of a LHD.*
- *Chronic Disease Control Programming. Control and Education regarding factors contributing to chronic disease.*
- *Until current programs are funded at appropriate levels, no new services should be initiated.*

- *Community health planning for chronic disease control and assurance of access for vulnerable population groups*
- *Chronic Disease prevention.*
- *Policy and Environmental approaches to obesity prevention and chronic disease risk reduction, Public Health Administration, Epidemiology, Community Health Assessment*
- *Substance Abuse: Prevention, Treatment and Recovery, Data Surveillance and Analysis.*
- *chronic diseases & obesity, lead poisoning prevention, public beach water monitoring*

4) Please describe your agency's infrastructure capacity with regard to the following:

For each activity listed below, the percentage of respondents (followed by the number of respondents in parenthesis) reporting each level of adequacy in infrastructure is displayed. For question 4 there were 23 potential respondents.

Community Health Planning

- Less than Adequate: 69.6% (16)
- Adequate: 30.4% (7)
- More than Adequate: 0.0% (0)
- No Answer: 0.0% (0)

Environmental Health Services

- Less than Adequate: 21.7% (5)
- Adequate: 65.2% (15)
- More than Adequate: 13.0% (3)
- No Answer: 0.0% (0)

Epidemiology and Disease Surveillance

- Less than Adequate: 47.8% (11)
- Adequate: 43.5% (10)
- More than Adequate: 4.3% (1)
- No Answer: 4.3% (1)

Financial Oversight and Internal Controls

- Less than Adequate: 8.7% (2)
- Adequate: 82.6% (19)
- More than Adequate: 8.7% (2)
- No Answer: 0.0% (0)

General Administration

- Less than Adequate: 17.4% (4)
- Adequate: 62.5% (15)
- More than Adequate: 17.4% (4)
- No Answer: 0.0% (0)

Information Technology

- Less than Adequate: 34.8% (8)
- Adequate: 56.5% (13)
- More than Adequate: 8.7% (2)
- No Answer: 0.0% (0)

Medical Direction

- Less than Adequate: 4.3% (1)
- Adequate: 73.9% (17)
- More than Adequate: 21.7% (5)
- No Answer: 0.0% (0)

Personal Health Services

- Less than Adequate: 47.8% (11)
- Adequate: 47.8% (11)
- More than Adequate: 4.3% (1)
- No Answer: 0.0% (0)

5) Please list the 5 most urgent health issues (excluding PH Infrastructure) in your jurisdiction that should be addressed during the next 3 to 5 years.

| Rank | Response Category | Total |
|------|--|-------|
| 1 | Chronic Disease | 14 |
| 1 | Communicable/Infectious Disease | 14 |
| 1 | Healthy Lifestyles | 14 |
| 1 | MCH | 14 |
| 5 | Substance Abuse | 8 |
| 5 | Tobacco/Cessation | 8 |
| 7 | Access to services | 7 |
| 8 | Environmental Health/Safety | 5 |
| 9 | Health Disparities | 4 |
| 9 | PH - Funding | 4 |
| 9 | Surveillance/Monitoring/Needs Assessment | 4 |
| 9 | Uninsured | 4 |
| 13 | Senior Health | 3 |
| 13 | Teen Pregnancy | 3 |
| 15 | Poverty | 2 |

| | |
|------------------------------------|---|
| Misc Response Categories | 6 |
| Community Education on Value of PH | |
| HIT | |
| Immunizations - FLU | |
| Men's Health | |
| PH - Infrastructure | |
| PH - Workforce Development | |

Total Responses 114
 Total Response Categories 21
 Total Responders 23

6) Are there other issues or topics that you would like to see addressed at the State/Local Public Health Planning Retreat?

- orientation of new public health staff to state departments and contacts. how to adequately prioritize and advocate for essential public health services.
- Ensure the only mandates are those the state is willing to bear their fair share of cost - this requires fixing the funding formulas, which is a state responsibility.
- Cancer prevention. Heart Disease Prevention. Accident prevention.
- State support of Local public health issues and concerns, recognition that rural areas also have health concerns and public health needs.
- State partners need to support LPH Departments.
- Discuss the Headlee work around found in Tattoo legislation. It is the wrong message to LHDs.