

State/Local Public Health Planning Retreat
 October 2008
 Public Health Survey – State Program Manager Responses

1) Please list the 5 most urgent State-level health issues (excluding PH Infrastructure) in Michigan that should be addressed during the next 3 to 5 years.

Rank	Category	Total
1	Healthy Lifestyles	12
2	Communicable/Infectious Disease	8
3	PH - Funding	5
4	Environmental Health/Safety	4
4	Health Disparities	4
4	PH - Collaboration	4
4	Surveillance/Monitoring/Needs Assessment	4
8	Access to services	3
8	Chronic Disease	3
8	PH - Preparedness	3
8	PH - Workforce Development	3
8	Tobacco/Cessation	3
13	Food Safety	2
13	PH - Strategic Planning	2
13	Uninsured	2

MISC Categories	10
Community Education on Value of PH	
Disease Prevention	
HIT	
MCH - IMR	
PH - Code Revision	
PH - Health Care System - Reform	
PH - Law	
Public Health Genomics	
Senior Health	
Substance Abuse	

Total Responses	72
Total Responders	15
Total Response Categories	26

2) From your State perspective, please list the 5 most urgent local public health needs (excluding PH Infrastructure) in Michigan that should be addressed during the next 3 to 5 years.

Rank	Category	Total
1	PH - Funding	10
2	PH - Workforce Development	9
3	PH - Collaboration	6
4	Surveillance/Needs Assessment/Evaluation	5
5	Chronic Disease	4
5	Communicable/Infectious Disease	4
7	Environmental Health/Safety	3
7	PH - Preparedness	3
9	Community Education on Value of PH	2
9	Disease Prevention	2
9	Health Disparities	2
9	HIT	2
9	Immunizations	2
9	MCH	2

MISC Response Categories	7
Access to Services	
Affordable Health Care	
Emerging PH Issues	
Healthy Lifestyles	
PH - Infrastructure	
PH - Reorganization	
Transportation	

Total Responses 63
 Total Responders 17
 Total Response Categories 21

3) Are there other issues or topics that you would like to see addressed at the State/Local Public Health Planning Retreat? If yes, please describe below

- Integration of health disparity reductions across programs.
- The plans to review and revise state work practices in the changing environment, ie., considering telecommuting, compressed work schedule, along with the current reduction of resources at the state and local level.
- Clarification on the role of MALPH overall, executive committee and subcommittee
- Making management support services, at every level, responsive to program needs. Seems to be the other way around lots of the time.

- *Local infrastructure, Politics of local public health/funding, Focused Research by/on the local level.*
- *Can we come together and develop a joint action plan to take to the legislature so that we look less fractured?*
- *Infrastructure!*
- *Public Health Infrastructure - refer to the Romani Report.*
- *Support the epidemiology network beyond infectious and bioterrorism.*
- *Transportation for rural areas for people to get to health care appointments.*
- *Mutual respect. I have seen the respect level go down in the past 10 years. Why? What can be done to regain the mutual respect between state and local public health?*
- *It is important for State and Local public health to work together as closely as possible. In some areas our collaboration is very successful and in others we are missing opportunities. I'd like to see the State work more closely with locals on public health data (e.g. the MDCH webpage) so that local reporting could be even more effective and streamlined.*
- *general interactions with MALPH.*
- *how to improve understanding and mutual support of common goals between state and local stakeholders.*