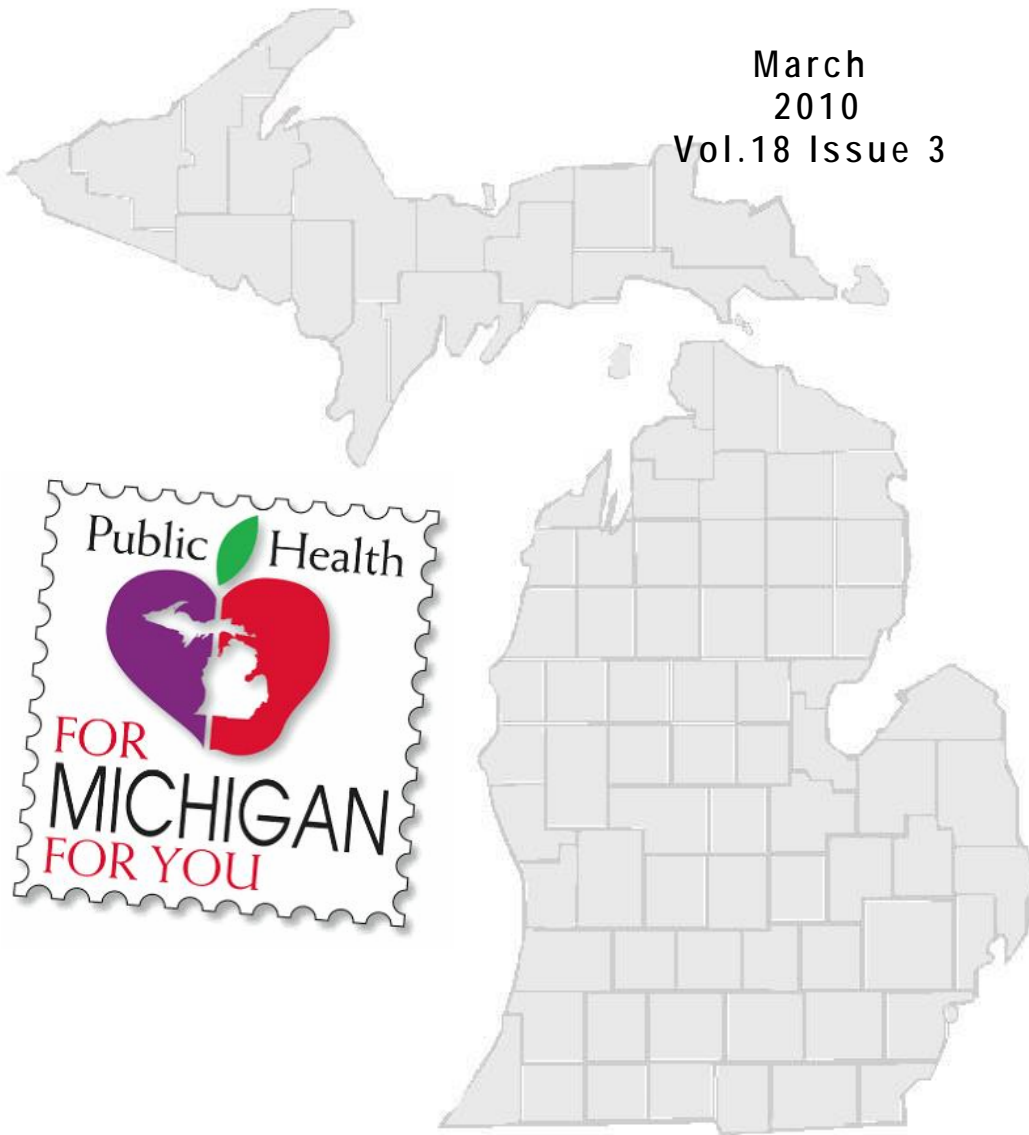


March
2010
Vol.18 Issue 3



LOCAL LIAISON REPORT

to

Local Health Departments



Point of my Pen



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Public Health Grand Rounds

National Nursing Workforce Shortage: What is the Future for Public Health?

12:00-2:00PM EDT

[Register](#)

On-site or Webcast

Local Liaison Report ♦

Jean Chabut, RN, MPH, Deputy for Public Health Administration



Their loud, wailing cry is enough to break your heart. But you have an important job to do. So, with a little TLC, you proceed to prick the newborn baby's heel before gently covering with a bandage.

The filter paper cards with those dried blood spots (DBS) – the few drops of blood taken from that adorable peanut – are then sent to the lab at the Michigan Department of Community Health (MDCH) to test for 49 rare but serious disorders like phenylketonuria (PKU), cystic fibrosis and sickle cell anemia.

Not only are newborn screenings (NBS) a mandatory public health program in Michigan, these tests save babies through early identification and treatment. In fact, about 200 Michigan babies – or 1 in 500-600 births – are found through NBS to have one of the disorders each year. NBS began around the 1960s and has saved thousands of babies.

So what's new? The Michigan BioTrust for Health. This initiative better preserves the remaining NBS blood spot specimens for future health research by moving them to the Michigan Neonatal Biobank, which is a non-profit organization in Wayne State University's Biobanking Center of Excellence.

The residual DBS are invaluable. Researchers can use them to develop new newborn screening tests or even investigate the spread of infectious diseases.

Michigan law allows residual DBS to be used for medical research as long as privacy is maintained. MDCH removes readily identifiable information prior to storage. Other information would still be available to the researchers like gender, race and where the mother resided. A new parental consent process will be implemented this year to allow samples to be made available for use in health research. In addition, MDCH has appointed advisory and review boards to oversee the BioTrust with members from major state universities, research institutes, disease organizations, community groups and the general public.

The Community Values Advisory Board provides guidance on ethical issues, such as what type of research is and is not acceptable. A Scientific Review Board approves requests for specific research studies based on scientific merit. The Institutional Review Board assures protection of human subjects.

The hope is to continue making progress in the medical research arena. Who knows ... that one tiny pinprick could link a disease to an environmental health issue or help develop additional lab screening methods. The possibilities are great.



MI FluFocus

Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories



http://www.michigan.gov/documents/MIFluFocus_1_5_06_146893_7.pdf

State Laboratory Bioterrorism Notification and Result Changes

The Laboratory Information System (LIS) that has been used to communicate with local health departments since 2001 concerning the receipt and results of a potential bioterrorism “white powder” sample will soon be replaced. With the move to the new LIS, StarLIMS, the State Laboratory Bioterrorism specimen e-mail receipt notification and test results delivery will be modified. Currently, notifications and results are delivered in the body of an e-mail to one individual per facility. When the switch to StarLIMS occurs, these notifications and test results will be automatically sent to the currently designated individual as an attachment to an e-mail. This attachment will be a zipped file that will require a password to unzip. Each facility will be provided one unique password. Your facility password will be sent via email to your designated individual prior to the implementation of the new system. It is anticipated the switch to StarLIMS will occur on March 15, 2010. During the transition period, you may get duplicate notifications through both the new and current systems. Your understanding during this time of transition is appreciated. Questions about this change should be directed to Patty Clark, Laboratory Systems Section Manager, at ClarkP@michigan.gov.

Division of Environmental Health

Pesticide Illness and Injury Surveillance Report

The MDCH Division of Environmental Health is pleased to announce the publication of the 2008 annual report on surveillance of acute, work-related pesticide illnesses and injuries in Michigan. This public health surveillance project is funded by the National Institute for Occupational Safety and Health (NIOSH). The full report, titled *Pesticide Illness and Injury Surveillance in Michigan 2008*, is available at www.michigan.gov/mdch-toxics; under “Products & Services” click on “Pesticide Information.” You can receive a paper copy by calling/e-mailing Abby Schwartz at 517-335-9684 or schwartz@mdch.michigan.gov.

This report summarizes data collected from 2001 – 2008 and presents detailed data on 2008 case reports. During that time period, 862 individuals were reported with a known or suspected injury or illness from exposure to pesticides at work and 615 (71.3%) were confirmed as cases according to the surveillance case definition. In 2008 there were 165 reported cases; 125 (75.8%) were confirmed.

The most common contributing factors involved in confirmed occupational cases were spills or splashes of liquid or dust (29 or 25.0%) and mixing incompatible products (27 or 23.3%). Three cases were reported to the Michigan Department of Agriculture for investigation of possible pesticide use violations.

In 2008 there were also 376 reported non-occupational cases. One hundred thirty one (34.8%) of these cases met the criteria (other than work-relatedness) to be considered confirmed cases.

Brief case summaries of 2008 confirmed occupational cases are included in the report appendix.

New Factsheets for Mold

The Division of Environmental Health (DEH) in the Michigan Department of Community Health recently created a webpage and several simple fact sheets dedicated to mold. They can be found at:

<http://www.michigan.gov/mold>.

Nearly 20% of the phone calls that come into the DEH Toxics Hotline (1-800-MI-TOXIC or 648-6942) each month are related to mold. Many calls are referrals from local health departments, indicating a similar burden on local resources. The new DEH mold website will hopefully ease this burden by providing easily accessible and useful information to address citizen concerns.

The MDCH fact sheets that are available on the website include:

- **All About Mold** - information on finding mold, cleaning and testing for mold, and 'toxic black mold'
- **Mold & Your Health** - information on common health problems caused by mold
- **Steps for Cleaning Mold** - step-by-step clean up instructions for mold in homes
- **Mold & Home Owners** - addresses some common problems a home owner may face with mold and consumer protection issues
- **Mold & Renter Disputes** (coming soon)
- **All About Mold (for Health Care Providers)** (coming soon)

The MDCH Mold Hotline is also available for those who do not have access to the internet. The hotline provides a brief overview on mold issues and provides the opportunity for people to leave a message with specific questions and/or their address if they wish to have a packet mailed directly to their home. The Mold Hotline can be reached at 1-800-648-6942 or (517) 335-9436.

Division of Genomics, Perinatal Health, and Chronic Disease Epidemiology

Michigan BRFSS/Health Disparities Surveillance Brief

The latest issue of the Michigan BRFSS Surveillance Briefs entitled "Health Problems among Smokers & Secondhand Smoke Exposure" has just been released by the Michigan Department of Community Health, Chronic Disease Epidemiology Section. This issue can be found on the Michigan BRFSS website (www.michigan.gov/brfs) under the "Michigan BRFSS Surveillance Briefs and Miscellaneous BRFSS Reports" link. Any questions regarding the content of this brief should be sent to MIBRFSS@michigan.gov.

Bureau of Family, Maternal & Child Health

Division of Family and Community Health

Exciting NEW Research Results for the Michigan Model for Health®

About the Michigan Model for Health®

The Michigan Model for Health® is a comprehensive health education curriculum for grades K-12 that began in 1984. It addresses social and emotional health; nutrition; physical activity; alcohol, tobacco and other drugs; and safety, all of which were identified by the Centers for Disease Control and Prevention as the most serious health challenges students currently face. The primary goal of the curriculum is to motivate and assist students in improving and maintaining their health, preventing disease, and reducing health-related risk behaviors while creating partnerships with parents, schools, community groups and government.



The Michigan Model for Health® facilitates skills-based learning through lessons that include a variety of teaching and learning techniques, skill development and practice, and building positive lifestyle behaviors in students and families. Aligned with Michigan's health education standards and grade level content expectations, the Michigan Model for Health® helps schools meet the Michigan Merit Curriculum Guidelines for health education. Approximately 95% of Michigan's public school districts provide Michigan Model for Health® to their students. In addition, 32 other states utilize the curriculum in their schools.

Effectiveness of the Michigan Model for Health®

Studies over the past 15 years have shown the Michigan Model for Health® to be effective in improving certain skills and reducing risky behaviors for students. Recently, a two-year, randomized control study of the Michigan Model for Health® was conducted during the 2006/2007 and 2007/2008 school years. It involved over 2,500 students and 300 teachers in Grades 4 and 5 across over 50 schools in Michigan and Indiana. This study evaluated the curriculum's impact on multiple health issues including aggression, drug use, and mental health. Please note that the following study results are preliminary and additional data will be released, including data specific to nutrition.

The two-year study results found *significant differences* between students who received the Michigan Model for Health® curriculum versus those who did not. Specifically, *the findings indicated better drug refusal skills, interpersonal communication skills, and social emotional skills among Michigan Model for Health® students compared to their counterparts. In addition, the study found lower intentions to use alcohol and tobacco, less use of alcohol and tobacco in the past 30 days, and less aggression among students who received the curriculum versus those who did not.*

These results demonstrate the efficacy of a comprehensive approach to health education as well as the important role of such programs in preparing elementary students to adopt and maintain healthy behaviors and lifestyles.

For more details regarding evaluation results of the Michigan Model for Health® please visit the following site: www.emc.cmich.edu/mm/revision/evaluation.htm.

Partnerships Make a Difference!

Many partners contribute to the ongoing work and success of the Michigan Model for Health®. They include the following: the Michigan Department of Community Health; the Michigan Department of Education; a network of School Health Coordinators at 25 Intermediate School Districts across the state; the Educational Materials Center at Central Michigan University; additional state and community level organizations, including the Michigan State Police, the Department of Human Services; the Michigan Fitness Foundation, the Michigan Primary Care Association, Michigan State University Extension, the Office of Highway Safety Planning; and the United Dairy Industry of Michigan.

Accessing additional information regarding the Michigan Model for Health®

For more in-depth information regarding the Michigan Model for Health® curriculum, including history of the program, scope and sequence charts, partners, and ordering information, please visit www.emc.cmich.edu.

Michigan Model for Health® Contacts

If you would like to speak with someone regarding the Michigan Model for Health®, please contact the following staff:

Michigan Department of Community Health:

Jessica Shaffer
517-241-0270
shafferj3@michigan.gov

Sophia Hines
517-335-6965
hinessop@michigan.gov

Michigan Department of Education:

Mary Teachout
517-335-1730
TeachoutM@michigan.gov

Safe Sleep Initiative

March 2010 marks the 17th Annual Observance of Parenting Awareness month for Michigan. Parenting Awareness Month is a Michigan initiative celebrating parents and caregivers with a special focus on promoting awareness, education, and resources for families, emphasizing the importance of effective parenting in nurturing children to become healthy, caring, and contributing citizens. Parenting Awareness Month is unique to Michigan and has been celebrated since 1993. Parenting Awareness Month provides an excellent opportunity to remind all parents and those who care for infants of the American Academy of Pediatrics guidelines on providing a safe sleep environment for babies under one:

- Infants should be placed to sleep on their BACKS for every sleep

- Use a firm sleep surface, firm mattress covered only with a fitted sheet
- Keep soft objects and loose bedding out of the crib (no pillows, quilts, comforters, stuffed toys, or other soft objects)
- Do not smoke when you are pregnant, do not smoke or let others smoke around baby
- Do not share a bed with your baby. A safe crib in the parents room, next to the adult bed is recommended
- Avoid overheating baby
- Encourage “Tummy Time” when baby is awake
- Make sure everyone caring for your baby knows these guidelines

In 2008, 52 Michigan babies, **one child every week**, died of accidental suffocation or strangulation in bed. From the fifth annual Report of Child Deaths in Michigan, we know that:

- Four out of 5 deaths due to suffocation occur in an adult bed, waterbed, couch, or recliner
- For nearly $\frac{3}{4}$ of deaths due to suffocation, the baby was found sleeping with another adult or child
- Soft/heavy bedding was found to be a factor in 50% of the sleep related deaths ¹

An additional 48 infant deaths were classified as SIDS in 2008 ² and many of these deaths have documented risk factors related to un-safe sleep practices as well.

To learn more and to find resources on Safe Sleep, visit:

- Web site: www.michigan.gov/safesleep
- Tomorrow’s Child/Michigan SIDS: 1-800-331-7437 or e-mail at info@tcmisids.org to order brochures, posters, DVD’s on safe sleep
- Online training is available FREE: www.learning.mihealth.org
- An Online Version of a Continuing Education Program on SIDS Risk Reduction is now available through the National Institutes of Health (NIH) to access the online version or order copies of the print version, go to: <http://www.nichd.nih.gov/sidsnursesce/>, or call 1-800-370-2943.
- Data and reports are available through Michigan Public Health Institute, 1-517-324-7330, or www.keepingkidsalive.org

¹Child Deaths in Michigan, 2005 Annual Report, Michigan Department of Human Services/MPHI

²Michigan Vital Statistics, 1989-2006 Michigan Department of Community Health http://www.michigan.gov/dhs/0,1607,7-124-5452_7124_47340---.00.html

Fetal Alcohol Spectrum Disorders (FASD) Conference

The 2010 International FASD Conference will be held Friday-Saturday, April 9-10 at the Kewadin Casino Hotel and Convention Center in Sault Ste Marie. It's not too late to register at:

<http://www.dcs.wisc.edu/pda/fasd/conference.htm>

Fetal Alcohol Spectrum Disorders (FASD) are 100% Preventable

There is no safe limit of alcohol during pregnancy! If a woman does not drink alcohol while she is pregnant, her child cannot have FASD. Every woman and their family should know the significant importance of not drinking alcohol during pregnancy. The 2005 United States Surgeon General report states: "*When a pregnant women drinks alcohol, so does her baby.*"

Return on Investment

Decreasing these preventable disorders and enhancing quality of life for affected individuals and their families will lessen the social and economic impact of FASD in Michigan. A 2004 publication in the *American Journal of Medical Genetics* reported the average lifetime cost for each child with FAS is \$2 million and the return on investment of one prevented case of FAS saves:

- \$130,000 in the first 5 years
- \$360,000 in 10 years
- \$587,000 in 15 years
- More than \$1 million in 30 years

Michigan's Statewide Community-Based Projects

During fiscal year FY 2009-2010, The Michigan Department of Community Health, Division of Family and Community Health is providing funding support to ten local community projects and five FASD Diagnostic Centers of Excellence in the state of Michigan to lead the effort and increase awareness of FASD, improve service delivery systems, eliminate birth defects caused by alcohol consumption during pregnancy and to improve the quality of life of those individuals and families affected by Fetal Alcohol Spectrum Disorders (FASD).

Public Health Goals of Michigan's FASD Program

The Michigan programs are to achieve one of three goals:

1. FASD Prevention: Decrease the incidence of FASD by eliminating alcohol consumption by pregnant women.
2. FASD Prevention of Screening, Diagnosis and Linking: Increase the identification of individuals exposed to alcohol during pregnancy, provide diagnostic evaluations and linking with specific resources based on the individual need.
3. Intervention Strategies for Individuals Affected by FASD: Improve the functioning and quality of life of children, youth or adults with an FASD and their families.

Below are the participating Michigan sites:

Michigan Community Projects Addressing FASD Prevention

- **Delta, Menominee Counties**
Public Health Delta-Menominee
Mary Claire Massi-Lee, Contact
2920 College Avenue, Escanaba, MI 49829
Phone: 906-786-9639
mmsilee@phdm.org
- **Gogebic, Ontonagon Counties**
Lac Vieux Desert Band of Lake Superior Chippewa Indians
Christine Fink, Contact
PO Box 249, Watersmeet, MI 49969
Phone: 906-358-4587 x107
Christinefink@lvdtribal.com
- **Jackson County**
Community Action Agency
Shelley Hawver, Contact
1214 Greenwood Ave, Jackson, MI 49203
Phone: 517-784-4800 x235
shawver@caajlh.org
- **Macomb County**
CARE (Community Assessment Referral & Education)
Shelly Bania, Contact
31900 Utica Road, Fraser, MI 48026
Phone: 586-541-0033x128
sbania@careofmacomb.com
- **Isabella County**
Central Michigan District Health Department
Mari Pat Terpening, Contacts
2012 E. Preston Ave., Mt. Pleasant, MI 48858
Phone: 989-773-5921 x8434
mterpening@cmdhd.org
- **Oakland County**
St. Joseph Mercy Oakland – Healthy Start Healthy Families Oakland
Melissa Freel, Contact
44405 Woodward, H-19, Pontiac, MI 48341
Phone: 248-858-6940
freelm@trinity-health.org

Michigan Community Projects Addressing FASD Screening, Diagnosis and Linking

- **Wayne County**
The Guidance Center
15601 Northline Road, Southgate, MI 48195
Phone: 734-785-7705 ext.7359

Michigan Community Projects Addressing Intervention for Individuals Affected by FASD

- **Alcona, Alpena, Montmorency & Presque Isle Counties**

Northeast Michigan Community Partnership, Inc.

Mary Schalk, Contact

3022 US-23S, Suite C, Alpena, MI 49707

Phone: 989-356-2880 Fax:989-354-6939

maryschalk@verizon.net

- **Kent County**

Spectrum Health Genetics

Barbara Wybrecht, Contact

25 Michigan St, Grand Rapids, MI 49503

Phone: 616-391-2319

Barbara.wybrecht@spectrum-health.org

- **Marquette County**

Marquette General Health System

Elaine Taylor, Contact

420 West Magnetic Street, Marquette, MI 49885

Phone: 906-225-3207

etaylor@mgh.org

FASD Resources

Michigan Department of Community Health www.michigan.gov/fas

Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/ncbddd/fasd/index.html>

Watch a video about one family's story living with FASD or listen to a pod cast

www.cdc.gov/ncbddd/fasd/index.html

U.S. Surgeon General 2005 Advisory on Alcohol Use In Pregnancy

<http://www.surgeongeneral.gov/pressreleases/sq02222005.html>

March of Dimes http://www.marchofdimes.com/14332_1170.asp

Fetal Alcohol Spectrum Disorders (FASD) Center of Excellence

<http://www.fasdcenter.samhsa.gov/>

National Organization on Fetal Alcohol Syndrome (NOFAS) www.nofas.org

The Arc of the United States www.thearc.org

Encourage and share this information with all women and their families!

1. There is no safe limit of alcohol during pregnancy!

2. Encourage women to work with their health care providers during pregnancy will help them make important lifestyle changes to avoid drinking all types of alcoholic beverages.

3. Refer your clients to their health care provider and health plan case manager. Help is available to assist women to avoid drinking during pregnancy.

WIC Division

WIC PROGRAM Federal Regulations require that state agencies ensure that the public has an opportunity to provide comment on the development of the WIC Program State Plan of Operations.

The Michigan Department of Community Health will accept written comments regarding the operation of the WIC Program in Michigan between March 1, 2010 and April 30, 2010. Comments may be related to any aspect of the operation of the WIC Program in Michigan. These comments will assist the Department to constructively review WIC operations and make improvements in the operation of the WIC Program in Michigan. Comments should be mailed to WIC Division, Michigan Department of Community Health, 320 S. Walnut St. ,Lansing,MI48913,or emailed to: MichiganWIC@Michigan.gov

Division of Health, Wellness and Disease Control

<http://www.michigan.gov/hivstd>

Expanded Testing Initiative

In 2009, HAPIS received additional funding from the CDC that is supporting expanded routine testing into STD clinics and community health clinics. Effective October, 2009 Kalamazoo County Health and Community Services and Ingham County Health Department began implementation of routine HIV testing as a standard of care in their STD clinic. Effective January, 2010 high prevalence local health departments in Berrien, Calhoun, Jackson, Saginaw, Van Buren Cass and Washtenaw counties have also begun implementation of routine testing in their STD clinics. By the end of 2010, 15 high prevalence local health departments are expected to have completed implementation of HIV testing as a standard of care in their STD clinics.

Also, in January, 2010 Intercare Community Health Network began HIV testing as a standard of care at their clinical sites. For additional information contact Jeanine Hernandez at hernandezjea@michigan.gov

Institute of Medicine (IOM) Report Addresses Viral Hepatitis

The Institute of Medicine has released a report that contains the Committees' detailed findings and recommendations. The committee identified three major factors they believe have impeded current efforts to prevent and control Hepatitis B and Hepatitis C diseases in the US, including:

- 1) A lack of knowledge and awareness on chronic viral hepatitis by health care and social service providers
- 2) A lack of knowledge and awareness about chronic viral hepatitis by at-risk populations, the general public and policy-makers
- 3) Insufficient understanding about the extent and seriousness of the problem, along with inadequate public resources allocated to prevention, control and surveillance programs.

All states, including Michigan, have an Adult Viral Hepatitis Prevention Coordinator funded by the CDC that will be working in the coming months with other health department partners to begin the monumental task of working towards implementing the recommendations that include knowledge and awareness, immunization, surveillance, and viral hepatitis services. Please contact Lisa Taton-Murphy at HAPIS for further information at 517-241-5932 or TatonL@michigan.gov.

Environmental Health Funding Opportunity

Michigan Community Pollution Prevention (P2) Grant Program

A total of \$250,000 in funding is available through the Michigan Community Pollution Prevention (P2) Grant Program for the development of local Climate Action Plans. These action plans should include all strategies and initiatives to fully implement climate change activities in your community. The Michigan Department of Natural Resources and Environment (DNRE) will provide matching grants to county governments, local health departments, municipalities, and regional planning agencies to fund local climate action planning. Local governments can also improve infrastructure, operations, and enable climate-smart practices through land use plans, zoning and building codes, solid waste and water management programs, energy reduction programs, and through policies dealing with roads and public transportation. Local governments can lead, educate, and demonstrate the savings from energy efficiency and low-carbon energy, encouraging businesses, institutions, and individuals to move forward on climate change. Preference will be given to projects that include community-based coalitions. Projects should be transferable, and act as models to be shared by other institutions across the state. Requests for funding will be accepted from March 01, 2010, through April 30, 2010. For further information contact Mr. Michael Young, DNRE, at (989) 894-6238, or you can download the

Request for Proposal from the Internet at:

http://www.michigan.gov/documents/deq/dnre-oppca-communityp2-rfp_311980_7.pdf.