

Jackson County Health Department Public Health Update

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New Website Offers Help Finding Free or Low Cost Health Care

The Michigan Department of Community Health (MDCH) announced a new Website offering information to Michigan residents on how and where to find low cost or free health care. The Website, www.michigan.gov/healthcarehelp, is another tool Michigan residents can use for finding and accessing affordable, quality health care, especially during these current economic conditions.

The web page acts as a portal for finding free or low cost health care resources available throughout Michigan. The site links to pages with information on a variety of programs including community health centers, free clinics, community mental health service programs, community dental care programs, assistance with prescriptions, breast and cervical cancer screening and treatment programs, local public health departments, family planning, information on Medicaid enrollment, and a number of other resources. In many cases, the site links to directories or lists by Michigan County to help people locate nearby help with health care.

For additional information contact the MDCH Health Planning and Access to Care Section at (517) 241-2966 or HPAC@michigan.gov. For information regarding JCHD Programs or services, call 788-4420, or 211 for local resources.

Pediatricians Play Vital Role in Child Death Review Process

The article below was recently published in the American Association of Pediatrics (AAP) News, highlighting the vital role that pediatricians and others play in the child death review process. The Jackson County Child Death Review Team (CDRT) meets several times a year at the Jackson County Medical Examiner's Office. If you have any questions about the Jackson County team or are interested in how you may be able to contribute to this process, please contact Jill Glair, CDRT Coordinator at (517) 788-4482.

AAP News Article:

The death of a child should be a sentinel event for a community, prompting it to explore ways to prevent future deaths.

In 2005, 53,502 U.S. children ages 0-19 died, and many deaths have been found to be preventable to some degree. Pediatricians can play an important role in preventing serious injury and death by participating in their community's child death review (CDR) team.

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The first CDR teams were developed in the 1970's in California, North Carolina and Oregon with an emphasis on child abuse fatalities. A few more states started CDR teams during the 1980's, but it wasn't until after the 1990 Missouri Child Fatality Study concluded child abuse deaths were grossly underreported that the CDR movement began to be implemented across the United States.

In 1991, the American Bar Association published a manual to help design teams and proposed model legislation. The number of teams expanded, and the focus shifted from reviewing only child abuse cases to looking at all deaths.

Most states have legislated the role and function of teams to some degree. AAP policy statements in 1993 and 1999 have advocated for states to form CDR teams and for pediatricians to be involved on those teams. The latest statement is under revision and will emphasize the public health role CDR teams play.

Today, 49 states have CDR teams. No two states run their teams exactly alike, but there are many similarities. Most states perform reviews on a local level, and the majority review many different causes of death. A CDR team typically is composed of a coroner/medical examiner, and a representative from child protective services, law enforcement, prosecutor/district attorneys' offices, public health department, emergency medical services (EMS), schools as well as a pediatrician or other health provider. Other organizations may be represented depending on the needs and resources of a community.

Most CDR teams focus on prevention. When a team assembles to review a case, individuals bring records of how their agency had interacted with the child. A story unfolds as to the circumstances surrounding the death. Questions are used to probe where breakdowns in systems may have occurred. The goal is not to assign blame to a particular agency or individual, but rather to determine how to prevent future deaths. Many teams partner with organizations that have safety as their mission and will use these organizations to implement prevention strategies.

Both child abuse pediatricians and general pediatricians play a vital role in the CDR process. Much of the data presented at meetings (such as autopsy reports, hospital summaries, EMS logs) require a pediatric background to fully understand. Pediatricians can interpret the data for the team and educate them about child development.

There are many reasons why children die – premature birth, infant safe sleep issues, child abuse, child passenger issues, drowning, suicide, teen driving and all-terrain vehicle crashes to name a few. Many of these deaths are preventable. Pediatricians can take an active role in preventing deaths by working with prevention partners to implement proven strategies, advocating for safety legislation or joining a local CDR team to help understand why children are dying in their own community.

More information about the review process and the role of pediatricians is available from the National Center for Child Death Review (www.childdeathreview.org) and the National Center on Child Fatality Review (www.ican-ncfr.org). For more information about the Jackson County CDRT contact Jill Glair at (517) 788-4482.

Year End Reportable Diseases - Jackson County

Reportable Diseases	Total 2008	Total 2007	Total 2006
Amebiasis	0	1	0
Campylobacter	26	16	16
Chickenpox (Varicella)	26	71	100
Chlamydia (Genital)	710	709	636
Coccidioidomycosis	0	1	1
Creutzfeldt-Jakob Disease	0	1	0
Cryptococcosis	2	1	0
Cryptosporidiosis	6	2	1
Escherichia coli 0157:H7	2	2	2
Flu Like Disease *	2303	1429	801
Giardiasis	7	11	13
Gonorrhea	277	360	327
Guillain-Barre Syndrome	1	1	0
H. Influenzae Disease – Inv.	1	0	1
Hepatitis A	0	0	1
Hepatitis B, Acute	1	0	2
Hepatitis B, Chronic	19	16	9
Hepatitis C, Acute	7	0	2
Hepatitis C, Chronic **	396	123	145
Histoplasmosis	0	1	1
Kawasaki	1	0	0
Legionellosis	2	0	1
Listeriosis	1	0	1
Lyme Disease	0	0	2
Malaria	0	1	0
Measles	0	0	0
Meningitis – Aseptic	27	14	7
Meningitis – Bacterial Other	3	2	2
Mumps	0	0	0
Pertussis	0	4	9
Rheumatic Fever	0	1	1
Rubella	0	0	0
Salmonellosis	16	20	25
Shigellosis	0	0	17
Staphylococcus Aureus	0	1	0
Streptococcal Dis, Inv, Grp A	4	8	1
Streptococcus pneumoniae, Inv	19	12	11
Syphilis - Early Latent	1	1	0
Syphilis – Late Latent	0	0	1
Syphilis - Latent of Unknown Duration	3	4	3
Syphilis – Primary	1	0	1
Syphilis – Secondary	0	1	0
Toxic Shock	0	0	1
Trachoma	0	1	0
Tuberculosis	2	3	3
Yersinia enteritis	0	1	0

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www.co.jackson.mi.us/hd

Foot Notes for Year End Reportable Diseases

The communicable disease numbers represent the number of confirmed and completed cases, per calendar year, reported through the Michigan Disease Surveillance System (MDSS). For more information contact the JCHD CD Program at 768-1662.

* Flu like disease reporting in aggregate number only.

** Hep C, Chronic increase is reflective of previously unreported cases from the Michigan Department of Corrections (MDOC) from 2007 through April 2008. Legislation was passed in the fall of 2007 requiring MDOC to test prisoners on intake and on release for Hepatitis and HIV. Confirmed cases are posted to the county of incarceration. Testing began in 2008.

Kids Count in Michigan 2008 Data Book (Summary of Jackson County Selected Indicators)

The Kids Count in Michigan Data Book is a collaboration of the Michigan League for Human Services (MILHS) and Michigan's Children. The project collects and annually publishes information regarding the well-being of children as a basis for public policy development and community action. The report profiles 17 indicators in five areas of child well-being for the state and each of its 83 counties, and the city of Detroit. The Data Book is available from the MILHS and on the web at www.milhs.org.

Child Health

Less than adequate prenatal care - 34% improvement from 2000 to 2006; ranked 73/83

Low birth weight babies - 8% worse from 2000 to 2006; ranked 67/82

Infant mortality (per 1,000) - 22% improvement from 2000 to 2006; ranked 46/52

Child deaths, ages 1-14, (per 100,000) - 65% improvement from 2000 to 2006; ranked 1/40

Fully immunized, ages 19-35 months - 80.7% (2007)

Lead tested (Medicaid enrolled children) - 57.7% (2007)

Adolescence Health

Teen births, ages 15-19 (per 1,000) - 10% improvement from 2000 to 2006; ranked 76/82

Teen deaths (per 100,000) - 39% improvement from 2000 to 2006; ranked 2/44

Child Safety (Abuse and Neglect)

Children in investigated families - 54% worse from 2000 to 2007; ranked 77/83

Confirmed victims - 110% worse from 2000 to 2007; ranked 64/82

Economic Security

Children in poverty, ages 0-17 - 13.6% (2000) to 19.2% (2005); ranked 47/83

Children in poverty, ages 5-17 - 11.5% (2000) to 17.3% (2005); ranked 48/83

Children receiving food stamps - 13.3% (2000) to 28.2% (2007)

Children receiving cash assistance - 6.4% (2000) to 6.3% (2007)

Children insured by Medicaid - 35.7% (2007)

Average wage per job - \$36,530 (2006)

Unemployment rate - 7.6% (2007)

(A ranking of 1 means a county has the "best" rate compared to other counties in the state. Not all 83 counties can be ranked on all indicators, sometimes due to low incidence or unavailable data.)

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