



STORIES ABOUT THE GENESEE COUNTY HEALTH DEPARTMENT

March, 2006

(Stories Added May 2007)

Introduction

Storytelling can be a powerful communication tool to share knowledge, history, culture and identity within and about an organization. In a world where we are inundated with facts and figures and rules and regulations it is often the personal stories that inspire us to action and guide us to do good work. Stories can be used to instill moral compasses in our children, raise morale among team members, recall important facts and details, and motivate people to act by putting a personal face on the details of our work. Storytelling has existed for thousands of years as a means of exchanging information and generating understanding. In recent years it has become increasingly favored as a deliberate organizational technique for sharing knowledge.

I invite you to read the following stories contributed by members of our Management Team. As you read these consider, "What do they say about public health practice and the work of our Department?"

I also encourage you to share your own stories with me. They might be about our organizational identity and culture, our history, how we have been successful or how we have learned to improve.

What impact has public health work had on you or someone you know? Your stories can help convey the nature and importance of our work to both staff and members of the public who might read them.

Ours is a great story; please help tell it!

Bobby Pestronk,
Health Officer

Mark

I have one I tell in my class at the University of Michigan - Flint about smoking regulations, when we passed the initial regulation. Personally, I thought it would be more of an experience in process for my staff because I think the majority of the commissioners were smokers at that time.

We were facing the big guns because the retailer associations had the tobacco companies send their well-funded lobbyists into the community to work against us. Our response was to gather our community partners, the people that commissioners understood would be here after the issue was voted on and would be voting in the next election. That I think did a lot to convince the commissioners to pass the regulation. We also worked closely with a couple other counties that had already passed regulations successfully. This helped alleviate the fears that I think some of the commissioners had about passing some of the regulations that we were proposing. We were able to show a strong case even up against what I thought were insurmountable odds.

I remember the first time I walked into the Genesee Valley Mall and saw a sign that said "Smoking Prohibited by Genesee County Health Department Ordinance". I actually got a little tear in my eye and thought this is something that the Mall had wanted to do, but they did not want to be responsible for doing it, so we took on that responsibility, because it was our job and were successful at it.

Frank

During a recent vacation, we went to the Henry Ford Museum in Dearborn. The museum is changing. They are doing a lot of remodeling and are making it similar to the Smithsonian. For example, the Smithsonian is building backgrounds around their exhibits. No longer do you just walk in and see stuff, but the display now tells more of a story of the time period. The Henry Ford Museum is doing the same thing. They still have sections where all you see are refrigerators and sewing machines. However, they are making it look like you are looking at a certain era of the 1700's and 1800's etc....

When you get to the 20th and 21st century they start to show a timeline by each year. It was in the later half of the 90's that the internet really took off. We started using the internet in 1995, and for us this is our ten year anniversary. When I looked at the timeline, I said "wow", we were really on the beginning of the cutting edge of using the internet back in 1995 and we are continuing to develop new things all the time.

Our latest internet use will be to put restaurant inspections on-line. We may use a GIS system where you click on a map or you may be able to search by the name of the restaurant. Happy ten year anniversary!

Kristie

I have said to many people that even though substance abuse has been my main focus, getting the Tobacco Regulation approved by the Board of Commissioners is one of the things I am most proud of. I think one of the reasons is that even though it took a long time, and we wrote it with Corporation Counsel, it is a very good example of how public health policy changes and how it can work. The process had an actual beginning and end, unlike many other things that I do. I think that is the nice thing about it, that you can look back at that process and see how we actually can impact the public's health through the commissioners, through the political process.

One big factor was the SMART Coalition. The Coalition is so incredibly important and I think it is a really great example how, as a health department, we can have a vision to improve the health of the community and see very clearly how we can do that through a specific ordinance, but know that we can't really do that by ourselves and we need this partnership with community. Having the Coalition, which is made up of a very diverse group of people from the community, as our ally, really is incredibly significant in making the vision become an actuality. When we completed the first draft and there were opposition groups that came to the hearing such as the bingo folks or the convention bureau representatives, we were able to use the SMART Coalition to meet with them. We did not have to, as a department, be the bad guy or be the one to necessarily go out there and meet these folks. The Coalition helped us do that. They helped us negotiate with these groups and reach an agreement so that by the time it got back to the Commissioners we were able to have agreements. Sometimes people look back and say, "well you did not get 100% of what you wanted, you wanted smoking banned everywhere". I think that if we can look back and say that we got 90% of what we wanted, that's incredible and we are so much farther down the road. The fact that people don't have to breathe secondhand smoke at plants like General Motors, the county's largest employer, has been an amazing thing that we were able to accomplish!

Back when the Department tried the first time to pass smoking regulations, the work place smoking ban did not go through because public support was not there. Now, ten years down the road, we were able to get this accomplished and again it is something I am very proud of and proud of staff and everybody that was involved. It was also an excellent example of different areas of the department working together, because Ward and some of Jim's staff were very instrumental in cross pollination between Divisions to help us understand food service regulations generally and within bingo halls and the relations to the proposed regulation specifically. It was also a good example and experience in terms of working very closely with other parts of the county, such as corporation counsel, and to see how those pieces work together.

Dr. Johnson

I can think of a story. It is the evolution of the Medical Examiner Investigator (MEI) program in Genesee County. MEI programs are not new; they exist in other counties.

Reflecting back on the process, it was exciting to remember how we had to talk to different officials in the County to explain the MEI concept. An RFP was issued to see who would

respond. As an appropriate person or agency had not been chosen to fill this role, a process was underway to see who was the most appropriate person or agency for the job. It was decided to use sheriff paramedics because of their medical and law enforcement background and because they could respond anywhere in the County under the County Medical Examiner's authority. Since starting the MEI program, MEIs have received compliments from different persons, funeral homes, families and the public. Persons in County government say they like the program. I thought this was a nice success story.

Jim

A while ago I had a chance to attend the investigation of a poisoned child. It was on Missouri Street on the east side of Flint. The reason I was going with them was to see what was going on and how difficult it was out in the field with things they had to overcome.

We went to the house and it was hot, really hot. I think it was one of the 95 degree days. There was no air conditioning in the house. They had fans in the windows to get some kind of breeze into the house. Tim was working the meter checking the lead levels on the paint and on the windows. Toni was taking information from the lady that owned the house. She was a grandmother of the child that was poisoned.

There were actually two kids. One was six months old and was in a small bassinet. The other child, the one that was poisoned, was about four years of age.

They identified lead on the windows on the outside, on the porch and on the floors. They worked to put together an application for HUD so the windows could be replaced, the porch could be sealed and so the floors could have carpet put down so the child wouldn't be exposed again. When I went upstairs, I noticed that all the paint chips that had come off the window from the outside were in the window trough itself and there was a fan in it. When they were taking the readings, the readings were just off the chart. All the dust that was from the paint chips were getting into the bedroom and the child was inhaling it. The house was a mess when they were there the first time and the people had done a really good job cleaning it up. As soon as you entered the house, there was this particular odor that you get when you enter a house. They had garbage in it that was just never cleaned and that odor was still present, even if they got rid of the carpet. Also you could see cockroaches coming out of some of the rotten windows where the pulleys were, where the weights go down and also around the stove. You know that the house was not cleaned at one time.

I started looking at the child that was six months old and I just started thinking about long term. For this house particularly, the HUD money will be able to replace windows and fix things up so there won't be any exposure to these kids. There are other places out there that we can't do with the HUD lead grant.

There is so much damage neurologically to kids when they are exposed to lead, regardless of whether they get Chelation and the lead level comes down. There will still be still some long term permanent damage.

My point is to reinforce the idea of what I want to take forward. That is to try to prevent lead poisoning by educating people. This means that they actually clean the house, and whether

they use a HEPA vacuum cleaner or wet paper towel to clean the window sills or they just do proper cleaning, essentially they can prevent lead poisoning before it happens. This story reinforces what I've made a priority effort in environmental health this year. It was good that I went out there that day.

John

This is a story with me as the main character. It happened a few months after I came here, which is over five years ago. It is an event that did not register with me at the time, but it is a story that has been repeatedly told by some community partners that we work with. It had this big impact on them and I have used the story to tell new staff. I think it demonstrates some principles of how I think the whole department can interact with other community players, to do the kind of collaborations that are so important to our work. It occurred during the time we were trying to write the REACH grant proposal and all I was trying to do was get the grant done. What I ended up having to do was go to a community-based organization that we were working with and sit down at their conference table, which for some odd reason was low to the ground and outfitted with little kids chairs. So I had to go to this grungy place and sit in these little chairs and it was very hot, so I rolled up my sleeves and loosened my tie and finally got what I needed to get the thing written. It was a complete accident and unintentional on my part, I just wanted to get the thing done. But it had this huge impact on all these community partners that were around this table and so they tell this story. They told it then, and they told it five years later, most recently a couple of weeks ago when the CDC Project Officer came for a visit. Here comes this story again that I thought was long gone, but the issues for them were I came to them, I sat down at their level of where they were at, so to speak, as symbolized by these little kid chairs, and then the fact that John McKellar loosened his tie and rolled up his sleeves, I sort of came out of my usual self to interact, had this huge impact. I am amazed. I have ridden the crest of this thing for five years and it just won't go away. It had a huge impact on a way of relating with community partners to get something done.

Kristie

I have learned when it comes to community partners not to give up when there is someone that you get off on the wrong foot with. The one I have worked with was Judge Ransom. When he first started drug court, he invited us to a meeting, appropriately along with other community partners, and he gave a very specific idea of how he thought things should go and should be the way he wanted them to be. He felt that every substance abuse client should go to a residential program, whether we liked it or not, and it didn't matter if we had the money to pay for it or if there was a medical necessity, that's just the way it should be. So we got off on a very bad foot, from the stand point that I tried to introduce the concept of medical necessity and that we have systems that the State requires, that the people are at the right level of care and that is the one we can pay for. None of that mattered, so I began to think of ways to try and help him better understand my recommendations. By the time he retired a few months ago, he thought I was wonderful, that is the short of it, there are lots of other things I can say in between, but the moral of the story is don't give up on an important community partner.

We now have an incredible drug court relationship and the coordinating agency and the adult felony court and family court, for that matter, now have an excellent relationship. I have listened to some of my colleagues at MASACA on Friday and some of them are in the place that I was, and some of them are saying, "oh, you are never going to change their mind, don't even try to get them to understand". I said, "Why? It's possible, mine does now". I think it is important to not give up if you really believe in the goal. In drug courts there is a lot of research that shows that they are very valuable, don't give up just because somebody thinks that you're evil. Convince them that you are not.

John

You made me think of a story where Bobby is the main character. What triggered it is you said you go around the State and hear other people envy the relationship that you have with some of these folks. In the emergency preparedness and bioterrorism realm it has gotten better, but early on a lot of other communities envied the relationship that existed here between the Health Department, Emergency Management Department and law enforcement, that kind of thing. It was really because right from the get-go Grace was made to feel a part of it. Everyone got pulled together real early on and those relationships developed and Bobby allowed people to feel a part of it. The result of that has served us well over a long time. Other communities are getting there, but I remember early on they weren't even at the same tables and they would ask us, "How do your Emergency Management folks even talk to you?", and that kind of thing.

Bobby

I had a meeting with Sheriff Pickell scheduled on my calendar one afternoon. But anthrax had been identified on the East Coast, and the day before I was to go over to meet with him, I received a phone call from a patrol officer from one of our local police departments. I wondered what he was calling about. He said, "I have been dispatched by my police chief to go to a home in my community and I went there because they said they had identified a package that had some white powder on it."

Remember all those incidents with white powder a few years ago?

He said, "I arrived at the home, looked at the package and didn't see much on it. I shook it, smelled it. There was not anything in it and I did not smell anything unusual. I walked it around the house to ask whether anyone knew anything about this package. I think I'm done here, but is there anything else I need to do?"

I thought to myself, "Well you could be dropping dead shortly". I said, "There is not much more you need to do. There is probably nothing there." Yet I spoke with folks at the FBI and had them follow-up.

The next afternoon I was going over to meet with Sheriff Pickell. I said, "Bob, listen to what happened to me yesterday. Police officers are being dispatched to respond to the 'white powder' calls. They are the first ones who should respond to these events but they have no idea what to do".

The Sheriff said he had a meeting the next day with the President of the Police Chiefs Association in Genesee County and asked if I could go to that meeting. "Tell this story to him and tell them what should be happening," he said. I told the story the next day and they shook their heads in disbelief.

I said, "We need to train all police and the fire fighters in Genesee County. They need to know what to do when they are dispatched. They shouldn't be doing what this officer did."

So they said, "Well if you are going to train all the police and fire officers in Genesee County, you are going to have to do it on three shifts. Folks work on three shifts and we can not stop what we are doing to come in at one point in the day. We can not pay all that overtime for everybody to do that."

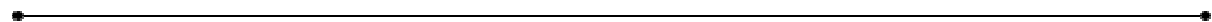
So I said we would arrange to have training available on three shifts. The Sheriff offered the Captain of his paramedics to assist with the training.

I came back to the Department and talked with our Medical Director and epidemiologist and asked them to be in touch with the paramedic Captain. I said we must provide the training. In a short period of time, the trainings were set up and held on three shifts. We trained hundreds of police officers and firefighters.

The Chiefs of Police are now good friends and our accommodation has been returned reciprocally and by relationship. For example, staff had tobacco compliance checks to do. Police officers County-wide were happy to help.

People in some other parts of the State don't have relationships like this. Ours is the result of the first step here collectively as a department to respond to somebody else's need and set the precedent. As a result, when we've needed their help, they have been happy to return.

We have lots of these stories around the department. I can think of two or three other ones off the top of my head that reflect on us. Short one-sentence versions would be: 1) There would not be a Greater Flint Health Coalition in Genesee County without the work of the Health Department; 2) There would not be a Genesee Health Plan, now serving 15, 000 people, and soon to be 30,000 in Genesee County with access to the same health care system that we all have, without the Health Department; 3) We have one of the best food service licensing programs in the State and it wasn't always that way. We used to have one of the worst. But because we rolled up our sleeves, pulled ourselves up by our bootstraps, admitted that what we were doing was not what it should be, we now have a program to envy; and 4) The food service advisory board, which promotes a close working relationship with the business community. I'm sure there are many more stories to tell.



Toni

A couple of years ago, the concerns over communicable disease as it relates to Body Art establishments became apparent. Facilities across the county were beginning to be regulated. The Community Health Nursing Program was asked to work with Environmental Health in identifying establishments and assisting in researching and writing policy for Body Art regulations.

We met with another county that had been regulating Body Art Establishments for about a year. They shared their regulations with us. We researched on-line to find after care instructions, and other consent forms. Environmental Health and Community Health Nursing met to help put together the package that would be submitted to the Board of Health for adoption.

The six community health nurses did a windshield survey of their respective communities identifying establishments. We then met with the operators of each establishment to discuss their process from consent through the procedure to sterile technique and after care instructions. We looked to some especially proactive operators to help us champion the cause.

We developed some materials to assist the operators in looking at things to improve their practices to limit the spread of communicable disease and to document what they did. Subsequently, the regulations were approved by the Board of Health and the Board of Commissioners.

It was a great experience for the community health nurses to be involved in at the outset of a new regulation to improve the health of the community.



Deborah

As a Genesee County public health nurse, daily motivation comes easy when reflecting on interventions that positively impact the children and families in our program.

One example of a positive outcome is a fourteen year old male with a primary diagnosis of Spina Bifida with hydrocephalus. This diagnosis has also resulted in neurogenic bowel & bladder, seizure disorder, obesity, abdominal wall hernias, and bilateral lower extremity contractures.

Awareness of an opportunity to help this child and family became evident during a home visit to assess access to medical equipment. This child is wheelchair bound and unable to bear any weight; therefore, any transfers from the wheelchair to the van bench were completed by his twin brother without any adaptive medical equipment. Without CSHCS Special Needs Fund this child would be regularly exposed to increased risk of injury to his spinal cord during transfers. Public health nursing allows me the opportunity to assist the child and family in locating a variety of resources, completing a trust fund application and ultimately obtaining a wheelchair van lift. After obtaining wheelchair van lift approval through the trust fund this child now has the accessibility to experience life without the risk of injury.

Patty

One of things that I am most proud of is the relationship the substance abuse coordinating agency has with GLATTC, Great Lakes Addiction Technology Transfer Center. The focus of GLATTC is to implement change initiatives that will improve substance abuse prevention and treatment outcomes.

Our provider network had been struggling with decreased dollars for substance abuse services and increased need over the last few years. Our biggest concern was the number of people that were typically on the wait list for residential treatment which was, at the time, over 100 people. This was of extreme concern.

We gathered our Providers together to brainstorm how to address the overwhelming need with a decreasing source of funds. We developed a list of approximately 20-25 ideas and ranked them in order of importance. The number one idea generated was motivational interviewing. In a nutshell, motivational interviewing is a technique utilized to more effectively treat substance abuse clients.

After significant research into motivational interviewing, who could best provide it and its application to an entire provider network, came the challenge of introducing this into the provider network.. The task of completing this by ourselves was overwhelming and seemingly next to impossible.

Prior to this, I had been attending trainings put on by Dr. Joe Rosenfeld. I had also sought his advice on how the Health Department could provide a comprehensive approach to reduce waiting lists for treatment. I decided to contact Joe to see if he could help us out.

I remember him saying that what the health department would like to achieve is exactly what GLATTC would like to get involved in. I was both excited and relieved. I could not believe it. He said that they pick one to two projects per year in a five state region. We eventually partnered with GLATTC. It has been 2 years now.

The original intent to reduce wait lists has moved to incorporating a major systems change initiative into the substance abuse provider network on a multifaceted level. Accomplishing something like this has been a dream. Providers have moved from a position of not thinking about change to preparing and focusing on getting people within their organization to buy into change and the face of substance abuse treatment is changing in Genesee County.

Ward

Ask any group of public health employees when an emergency phone call is most likely to come in and they will sing out in unison, "Friday at 5:00!" We all know the kind of calls: a bacterial meningitis case in a school-aged child, a confirmed case of Hepatitis A in a restaurant employee or a water supply interruption affecting an entire town.

It's not that we dread emergencies. We choose to work in public health, after all, and emergency situations are to be expected. Emergencies offer challenges and excitement that keep us fresh in our profession. Still, in a post 9-11, post Katrina world, we worry whether the next emergency will be too big for us to handle. We worry whether we should have paid better attention when we slogged through the on-line emergency preparedness courses we were required to take. We worry whether we will let the public down when they need us the most. At least I do, and my only responsibility is food safety!

Well, at 9:30 a.m. on Friday, October 21, 2005, the call came. It was from an elementary school principal. I could hear the disquiet in her voice as she told me that nearly three-quarters of the children in one first grade classroom and half of the children in the other first grade classroom were ill. The affliction was vomiting. She said that many of the children were unable to come to school at all. Others came to school, but recounted how they had vomited through the night. Still others were in the lavatory throwing up as she was talking to me.

The principal said that both first grade classes had gone on a field trip to an orchard the day before. There they went on a hay ride among the apple trees, walked through a pumpkin patch, looked at farm animals through a fence, and finished their visit by drinking freshly pressed apple cider and eating pumpkin donuts fried at the orchard. The principal worried that the cider or donuts made her first graders ill. She was burdened by the thought that her school had sponsored an excursion that resulted in harm to the children. She was anxious that children from other schools visiting the orchard on Friday would be exposed to the same agent that made her pupils sick and she understood the importance of notifying the health department.

This is a story about things going right after receiving that Friday call.

The secretary who took the call recognized its importance and followed protocol by putting it through to management. I took notes as I talked to the principal, and upon hanging up, I followed protocol by notifying the health department's Communicable Disease Investigation and Response Team (C-DIRT) of the situation via e-mail. Within five minutes, my director had read the e-mail and called me to say that he would recommend to the medical director that C-DIRT be convened. While he did that, I notified the regional supervisor at the Michigan Department of Agriculture in Saginaw of the situation. (The MDA licenses and inspects the orchard, and protocol demands that it be notified.) His secretary told me that he was working out of the office, and I asked her to get a message to both him and the inspector assigned to the orchard. I had barely hung up from the call to the MDA when the medical director's secretary called me saying that C-DIRT would meet in just ten minutes. Before making my way to the meeting, I gathered the food program sanitarians still in the office, told them of the situation, and determined that four were available to interview cases on the phone or at the school or to go to the orchard. Per our protocol, I asked them to stand by.

Every C-DIRT member was present at the meeting. I briefed them on what I knew and had done to that point, and the medical director made notes on the white board, listing tasks for members and their staff to do. One of the tasks was to arrange a joint inspection of the orchard with the MDA. The dry-erase ink for this line item was out of the pen only seconds when my cell phone rang; it was the MDA inspector. I activated the speaker function of the Nextel, and C-DIRT members listened to the inspector tell how he had inspected the orchard the week before and found no critical violations. He said that he was able to finish his current inspection in a half hour and would be available to meet us at the orchard any time after that. The joint inspection was

set for one hour from then. My director left the meeting shortly after that call, took with him one of my staff who was standing by, and headed to the orchard.

As the C-DIRT meeting continued, we got the principal on speaker phone. She gave us updated information about the number of children sick in each first grade class as well as in the other grades of the school. She answered our questions about how the children traveled to the orchard and whether the teachers and other chaperones who accompanied them were ill, and whether there was similar illness among the children earlier in the week. We began to wonder whether the cider and donuts were the cause of the vomiting. To figure out exactly what had happened, we knew we needed to interview the parents of the first graders and the adults who went to the orchard, so we asked the principal to fax us a list of their names and home phone numbers. We listened to her plan to notify parents about the situation, and suggested to her delight that she go to our website and download two fact sheets we published for distribution to parents of school-aged children: one for flu-like illnesses and one for hand washing.

Walking back to my desk following the meeting, a secretary stopped me and said that the foodborne illness consultant at the MDA in Lansing was on the phone for me. I took the call. She had heard from the MDA regional office that we had a potential outbreak on our hands, and she called to offer her help. I told her what we knew, what we had done, and what we planned to do. She confirmed that our plan was sound, and when I told her that C-DIRT was meeting again in the early afternoon, she asked to be included via telephone.

Back at my desk I found a voice-mail message waiting for me from the MDA regional supervisor. I called and reached him on his cell phone. I mentioned that I had just spoken to the MDA consultant in Lansing. He said he had notified her in case the situation at the orchard was indeed serious. He said that as luck would have it, he was ten miles from the orchard when he got my message, and he was pulling into the parking lot of the orchard as he talked to me. Thus, within two hours of the first call from the principal, we had four responders at the orchard: two from public health and two from the MDA.

By mid-afternoon, we had a current report from the orchard. We had a list with contact information for all the groups that toured the orchard the day before and had called each one. We had received a fax from the principal with home contact information for the first graders, and staff had interviewed enough parents to make some preliminary epidemiological conclusions about the event. C-DIRT had met to study all this information, including the MDA consultant in the discussion. We had a pretty good idea what had happened.

Later that afternoon in a distant airport, the health officer checked his e-mail between flights and read that a potential outbreak was occurring. He immediately called, and I was able to tell him that everything was under control and that we believed the illness was not linked to food or conditions at the orchard, but was apparently caused by a virus passed between the first graders.

This story tells me that we are ready. Staff people in the MDA and the schools are ready. The lines of communication within and between agencies are excellent. We have paid attention to our emergency preparedness training. We have refined our protocol for response and have practiced it. We are worthy of the public trust. Skeptics like me have doubted all along that Genesee County will be targeted in a terrorist attack. I still doubt it. But it is evident that preparing to respond to potential catastrophic events has improved our response to the real public health crises we face every day.

Marcia

One story that comes to mind is a recent course of events resulting from 2-3 years' work with the medical community. After about 1 1/2 years spent developing a uniform prenatal assessment tool (the PRAT) that all of our partners could agree on, we pilot-tested it in 2001 at four sites. The overall goal was to implement this tool in all the prenatal offices in the county. This is an ambitious goal and a very lengthy process. One of the pilot sites, the Hurley OB Clinic, produced some unforeseen advantages. Hurley cycles through a considerable number of OB/GYN Residents each year through their Resident Training Program. As a result, some of the residents who used the PRAT during their training have requested to use the PRAT when they started their own private practices. We actually expected to recruit sites to use the PRAT. We didn't expect them to volunteer.

The recent event that turned into a major achievement was the request of one of the largest OB/GYN practices to use the PRAT. This private practice was one we hoped to recruit. As it turns out, the reason for their interest was a new physician who joined the practice had been a Hurley OB/GYN resident. What made this even more exciting was that this was the practice where I had received prenatal care for both my pregnancies. While I felt I received good care there, in retrospect, I realize that their assessment process could really benefit if they used the PRAT. When we went to train the staff to use the PRAT, we were pleasantly surprised to see a lot of enthusiasm. Some of the other sites were more reluctant to use a new form that was not only more detailed, but quite a bit longer than what they were used to using. Before we left, one of the physicians came in and started to review the form. He was particularly complimentary about it. It was great to see this tool on which we had worked so hard and spent so much energy be met with so much enthusiasm and appreciation — especially when we believe so strongly that it will make a difference for moms and babies in our community.

Brian

I remember (back in the day) when I first started working at the health department, there was a concern with a localized area of the County where water wells frequently produced salt water. There was an interest in mapping this area — both for staff use and public education. This was before computers were commonplace in the work area. One staff person was assigned the task of putting colored pins on a county road map to represent varying levels of salt in drinking water samples, but the map offered no history of past water test results or geologic information about which aquifer system the sample had come from. (Moreover, there was only one copy of the map!)

The staff person had been working very diligently on the project for years — and once was awarded the coveted departmental “Golden Utter of the Year Award” for milking the project for so long!

Then, through a grant from the Mott Foundation, we were given the opportunity to conduct a systematic mapping of aquifer systems in Genesee County. We were able to obtain the hardware, software, and university expertise to compile the data necessary for a project of this magnitude. Over the next four years there was a lot of hard work pouring over paper files, tens of thousands of data records generated, hundreds of samples were collected. All of this combined with countless hours of struggling with software systems that simply refused to act in the manner you perceived they should. The project involved many long hours — and deadlines that were even more pressing.

However, when the data was initially compiled four years later, for first time ever, we were able to identify distinct water bearing aquifer formations; build 3 dimensional models representing the hills and valleys of the various underground formations; and make educated guesses about the probable direction of groundwater (and contamination) flows. In addition, we were able to build a database of background levels of many metals, minerals and organic compounds throughout the eight (8) aquifer formations in Genesee County.

So today, when we receive the anxious call from a resident about how much arsenic, or manganese, or zinc they can expect in their groundwater — we have the resources available to address their concerns, and guide them in their actions.

The past 25 years, as we grew with the exponential explosion of information systems available, has been a very exciting journey.



Greg

I received a call from an elderly man requesting a variance from connecting to the sanitary sewer that was along the road in front of his property. He wanted to install a septic tank and field to save money. He stated that it would cost \$4000.00 to tap the sewer and \$2400.00 to run the pipe from his house. He thought a septic system would only cost about \$1500.00.

He continued to explain that he and his wife bought a modular house to put on their land and they did not have a lot of money left to complete their home because they were retired. Although we could not evaluate his property for a septic system until a variance was granted, I did provide him with an estimated cost of \$9000.00, based on soil maps and the size of his house. I suggested he contact licensed contractors to confirm an actual cost.

I told him that sanitary sewer may be a cheaper way to go, because he only needs to pay 20% of the \$4000.00 tap fee, and can prorate the balance on his taxes for 20 years. He called back a week later and was very grateful for our guidance. He received estimates for a septic system; the low bid was \$8275.00. The Sewer cost was \$3115.00, initially, and \$175.00/yr. on his taxes. He felt the Health Department saved him over \$5000.00 on his new home.

Tammy Trzcinski-Green R.E.H.S.

I was a fairly new sanitarian with only a year of experience when I noticed a roadside sign advertising a food auction at a warehouse located on S. Dort Hwy in Burton. I was the area sanitarian for Burton at the time. I informed my supervisor that the auction was scheduled for Friday night at 7:00. I was told to shut down the food concession stand, and to inform the owners about the necessity of having a food license.

When I went out to shut down this illegal food concession stand, I witnessed the food auction underway. To my surprise this old, deteriorated building was a storage warehouse for damaged and discarded canned goods. I knew it was not a facility which the Michigan Department of Agriculture would have licensed. The large #10 cans up for auction were dented, rusted and some were bloated. While I wandered around the warehouse, I saw mouse droppings on several on the cans in the back of the warehouse. The warehouse had open holes in the walls for mice and birds to enter and set up their living area. Perhaps the most unexpected and shocking thing I observed was the auctioneer was selling these items to restaurant owners, catering companies, and to people who were planning large parties.

Dented, rusted, damaged, and bloated cans are considered critical violations. They allow bacteria to enter the food and to multiply. Bloated cans are a primary source for botulism poisoning. These cans were stored on the dirty ground and many no longer had labels. I tried to speak to the person in charge about the filthy conditions and how the canned foods were no longer in hermetically sealed containers but, he was not interested. At my instruction, the hot dog concession stand was shut down and issued a written notice not to sell any foods without obtaining a license from our department. I also provided temporary guidelines, so that he was aware of our requirements for a temporary food service.

The selling of bulk foods falls under the jurisdiction of the Department of Agriculture. I referred the illegal warehouse on Dort Hwy to our Department of Agriculture representative. She was able to take the owners to court and to have this facility shut down. She thanked me several times for my observations and for executing the proper protocol by letting her know about this operation. She was unaware of this illegal warehouse. I had to testify in court during this enforcement hearing. The whole experience was a very eye opening one.

Matt Spodney, RS

Recently, I encountered a potential problem during the construction of a retail complex located in Mundy Township. Upon review of the land use history of the site, it was determined to have been a residential development with an on-site water well. Upon further investigation, the residential structure was demolished and no abandonment water well log had been submitted.

The project was put on hold because the parking lot was scheduled to be paved and the location of the water well was unknown. After the contractor was contacted by me, and educated to the potential problem posed by an unplugged well on the site, they initiated the search for the well.

The well was located inside the building and the floor was not yet poured. The well had to be uncovered by hand digging because a backhoe would not be able to get inside the structure. The hand dug hole was eight feet wide and six feet deep. The two inch steel well was found, with 40 feet of open casing (pipe). A sewer drain was also within four inches of the open well. Any leak from the sanitary sewer would have surely introduced raw sewage directly into the aquifer via the direct conduit provided by the well's casing.

A licensed well contractor was contacted and the well was properly plugged. The parking lot and floor was poured the next day. We need to protect the ground water as much as possible. This can only be achieved by vigilance, willingness, and cooperation between those charged with protecting our natural resources and those that use them.

I'm sure there are other situations similar to this one that go undetected that jeopardizes our drinking water. We need to do everything we can to protect our drinking water supply.

Joanne Robinson, Public Health Nurse

Shortly after I began working here, I made a home visit to a mom who was expecting her 2nd baby.

I began to follow this family routinely for almost 20 years due to 2 more high risk pregnancies, mom developing diabetes, family problems, several referrals to Protective Services, obesity, alcoholism, hypertension and heart disease. The family moved north and mom kept in touch with me throughout the years. They stayed together and the kids all finished school and went on to gain employment, marry, and start their own families.

Several months ago, I received a call from the oldest son. He told me his mom had passed away after experiencing another heart attack. He expressed their appreciation for the contact that was maintained between their mom and myself. He said she really enjoyed and appreciated all the help she received from "her nurse" at the Health Department.

I found it extremely rewarding to be a part of this family for so years and to watch them deal with and solve their problems by being directed to the appropriate agencies and receiving support consistently from someone who knew their entire history. Each one of them will always have a special place in my heart.

Cassie Lambert, Secretary

In August, a woman stopped at the front desk to pay the Health Department a very nice compliment. She thanked us for educating her on how to get her insulin for her diabetes. She was very appreciative and in her words stated, "Thank you Health Department for your help. You saved me. God bless you all and thank you."

E. Hill Deloney, Flint Odyssey House – Health Awareness Center

Good morning, my name is E. Hill Deloney, 529 Dr. Martin Luther King, Jr. Ave., Flint, Michigan 48502.

I am a resident and voter in Genesee County, Flint, Michigan. I spend many committed hours working toward reducing health disparities in Flint and Genesee County by being one of thirteen community partners' organizations that work with the Health Department.

Genesee County and Flint are working feverishly to build and refurbish the metropolitan area, making sure that the new structures' foundations are solid and strong. However, if the health of the community is not as strong as the buildings, the buildings will not be needed. As Flint is revitalized, the Genesee County Health Department must be as strong as those buildings. The GCHD is responsible for the health of the public and this local Health Department understands that the "community" is the "heart" of public health. As such, Genesee County has taken the lead, on collaboration with other groups, in working toward eliminating health disparities in Genesee County. It has made a concerted effort to reach out to groups that are suffering disproportionately with chronic diseases, groups that contact chronic illnesses quicker and earlier when compared to others.

As an African American, I know that my people suffer greatly because of social disparities that render us, and therefore our treatment, less than equal in quality and access. However, before the last round of cuts, the Health Department assigned staff to work in the community educating and advocating for equal access. At one time, there was a community nurse to work with the public on diabetes; she is no longer there because of reductions in their budget. Another community health nurse worked designing activities to reduce violence, understanding that this also is a health issue. I personally and collectively understand the work performed by the Health Department staff every day for our neighborhoods and families. If the Health Department budget is reduced further, the people most in need of their expertise will suffer even more.

The GCHD takes the lead in improving health outcomes. It was one of the leaders in advocating for the passage of Genesee Health Plan. Why? Because: the Health Department knows the major disparities in healthcare and health outcomes and works toward reducing and eliminating them. If there had been an effective Health Department during the last century, according to Dr.

David Satcher, MD, former Surgeon General of the United States, there would have been 85,000 fewer black deaths overall in 2000. Included in that number, there would have been 24,000 fewer black deaths from cardiovascular disease and 4,700 fewer black infant deaths in the first year of life. The Health Department is taking a leading role in working toward reducing and elimination of infant mortality where African American infants died at a three to one ratio in Flint seven years ago. With a collaborative effort and the Health Department taking a leading role, it is now down to a two to one ratio. There would have been 22,000 fewer deaths from diabetes and 2,000 fewer black women would have died for cancer.

In addition to health outcomes, the Health Department understands disparities in health related to access to care. Access to healthcare is determined by many factors, one of them is a strong, viable, committed Health Department with leadership that understands the need and areas of responsibilities. The Genesee County Health Department understands the importance of health professionals working with people of their own ethnic group. Today, underrepresented minorities make up almost 30 percent of the population but make up only 10 percent of the physicians in America. The Health Department is working with universities to address that problem.

As a member of this community, I understand the importance of prevention and early interventions. The Health Department leaders and staff understand that it is less expensive to invest in preventions than cure. This community will pay now or pay later; it is less expensive to invest at the front end. In investing in the Health Department's work, you can reduce money which would otherwise be spent on, for example, chronic illnesses, law enforcement and criminal justice activity, which is currently becoming a chronic disease in parts of our community. Much more money is needed for prevention. Efforts focused on prevention that identify problems early will reduce costly and otherwise unnecessary expenditures in the future.

The Genesee County Health Department, as stated earlier, has been involved extensively in reducing health disparities in infant mortality, and helping communities understand disease-related risk factors, such as hypertension. One out of every three black people is plagued by hypertension; this is the highest rate in the world! Hypertension can damage kidneys and lead to stroke, heart failure, and heart attack when it is not treated. The Health Department provides information that allows people to become aware of the importance of taking steps to prevent hypertension. Through its programs, the Health Department protects the community from diseases, emergencies, and especially reducing overcrowding of emergency rooms, by helping people understand the importance of having a primary family physician.

Health data has been prevalent for many years for the state and nation, but it has only been recent that data has been collected on Flint's health. In a collective effort, the health department has taken a lead in designing surveys to collect and maintain data about our communities' health which we all use that help us identify community-wide priorities, which gives us broader channeled areas of interest as well as reliable data for organizations to use in our work.

In closing, the Health Department is the community's front line for health prevention and early intervention. It responds to health problems, emergencies, infectious disease, a focused effort in lead poisoning, contamination, and old and mold which is very prevalent in the near North and North side of Flint. The Health Department puts the people's health first. For a strong, healthy community; there must be a strong, healthy Health Department. It should be strong, both in financial and human resources, as well as experts in their professions.

In addition to Michigan's law requiring a strong Health Department, Michigan's Public Health Code requires the County to fund a broad range of services to protect us, prevent disease, and

promote health. The Genesee County Health Department focuses on health for all of Genesee County, and I ask, on behalf of its many partners in health prevention and education, that their budget not be cut any more than it has already been in the past and should additional funds become available, increase their budget so their focus can be even broader.

Thank you.

