



**MICHIGAN
ASSOCIATION
FOR LOCAL
PUBLIC HEALTH**

P.O. Box 13276 ✧ Lansing, Michigan 48901 ✧ (517) 485-0660 ✧ www.malphp.org
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**Testimony to the
Senate Health Policy Committee**

Provided by

Mike Krecek, Health Officer

**Midland County Department of Public Health
and**

**Board President, Michigan Association for Local Public Health
October 21, 2009**

Chairman George, Members of the Committee, Citizens and Colleagues;

Thank you for the opportunity to testify today on Senate Bill 681, a bill to amend 1978 PA 368, entitled "Public Health Code" by amending section 5133 (MCL 333.5133), as amended by PA 420.

I come here today as an individual public health professional to provide this testimony. Our Association (the Michigan Association for Local Public Health) has not taken a formal position on this bill, but could do so within the next 2-3 weeks, upon request by the Senate Health Policy Committee.

Upon review of the proposed bill I offer the following comments:

- The bill offers changes to HIV testing procedures whereby a physician or other designated health professional may order an HIV test without receiving written informed consent.
- Consent is assumed unless declined in writing by the test subject
- A provision to decline the test in writing is included as part of the bill with a form to be developed by the Department
- The bill includes provisions for a pamphlet to be made available for test subjects outlining the HIV testing procedures.
- This is essentially a change from the current methodology of "opting in" or consenting to HIV testing to "opting out" for HIV testing

This bill would most likely provide for additional HIV testing in Michigan, a desire of the Centers of Disease Control, as well as the Michigan Department of Community Health and local public health jurisdictions. Testing is an important technique for early detection of HIV.

Provisions to decline the HIV testing are included in the bill and while I'm not an attorney, these provisions would seem to satisfy the need to protect the rights of the test subjects.

Court ordered HIV testing, another option available to mandate HIV testing of certain individuals, does not seem to be addressed in this bill.

This bill would seem to have merit and I support passage of SB 681.

Thank you for the work you do on behalf on the great State of Michigan.

Very truly yours,



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The Michigan Association for Local Public Health Michigan (MALPH) represents the 45 city, county, and district health departments providing public health services to Michigan's 83 counties with offices in Lansing, Michigan.



**MICHIGAN
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Michigan's Public Health System



State Agency Partners

Receive state, federal, and other resources

State agencies are part of the executive branch of state government.

Dept of Ag
Don Koivisto, Director

Dept of Community Health
Janet Olszewski, Director

Dept of Environmental Quality
Steve Chester, Director



Local health departments are part of local government.

45 Local Health Departments

Receive state, federal, local, and other resources

Together they strive to provide core public health services to all Michigan citizens in an efficient and quality manner.

Communicable Disease Control

Immunizations

Restaurant Inspections

Hearing Screening

Vision Screening

Sexually Transmitted Disease Control

Onsite Sewage Management

Drinking Water Supply

Other Categorical Programs

Other Local Programs



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THE ROLE OF LOCAL HEALTH DEPARTMENTS

This fact sheet briefly describes what every person, regardless of where they live, can reasonably expect from their local health department (LHD). LHDs protect and improve community well-being by preventing disease, illness and injury and impacting social, economic and environmental factors fundamental to excellent health. The LHD is the foundation of the local public health system that comprises public- and private-sector health care providers, academia, business, the media, and other local and state governmental entities. Adapting to local circumstances, LHDs vary in the strategies and tactics used to protect and improve community well-being.

- ***Track and investigate health problems and hazards in the community.*** LHDs gather and analyze data on the community's health to determine risks and problems. This information drives specific programs and activities designed to control multiple threats: both communicable and chronic diseases; food, water, insect and other "vector-borne" outbreaks; biological, chemical and radiological hazards; and public health disasters.
- ***Prepare for and respond to public health emergencies.*** As a result of extensive and ongoing preparation, LHDs respond quickly and effectively to disease outbreaks and other public health events—they are intensively trained to respond to increases in the incidence of diseases, natural disasters, and acts of terrorism. They coordinate delivery of drugs, supplies, and provisions to victims and populations at risk. They keep the public informed and serve as the network hub for community hospitals, physicians, and other health care providers.
- ***Develop, apply and enforce policies, laws and regulations that improve health and ensure safety.*** Acting on their knowledge about their community, LHDs create data-driven policies to meet health needs and address emerging issues. They help craft sound health policies by providing expertise to local, state and federal decision makers. LHDs also inform individuals and organizations about public health laws while monitoring and enforcing compliance.
- ***Lead efforts to mobilize communities around important health issues.*** With local and state government agencies, businesses, schools, and the media, LHDs spearhead locally organized health promotion and disease prevention campaigns and projects. They galvanize the community to tackle disease prevention and personal health care needs. LHDs also educate and encourage people to lead healthy lives through community forums; public workshops and presentations; and public service announcements.
- ***Link people to health services.*** LHDs connect people with personal health services, including preventive and health promotion services, either in the community or as close to the community as possible. They also advocate for development of needed programs and services in underserved populations and continuously monitor the quality and accessibility of public health services.
- ***Achieve excellence in public health practice through a trained workforce, evaluation, and evidence-based programs.*** LHDs recruit and develop skilled workers with expertise in core public health competencies. They ensure that public health workers update their knowledge and skills through continuing education, training and leadership development activities. They regularly evaluate the effectiveness of all programs and activities using evidence-based standards and strive to adapt successful interventions from other communities.



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WHAT DOES THE LOCAL PUBLIC HEALTH DEPARTMENT DO IN YOUR COMMUNITY?

INTRODUCTION

To many people, "public health" is just the medical care provided to poor people at public health clinics. Actually, that kind of service is just the tip of the iceberg. Public Health programs are responsible for the major increases in life span that developed countries have achieved. We enjoy additional years of life because the public health system has controlled contagious diseases, improved sanitation, and assured safe water supplies and food purity.

WHAT IS PUBLIC HEALTH?

Public Health is a complex system which protects people from unsafe or hazardous conditions and provides methods of promoting good health and preventing disease. Partners in this system include state and local health departments; community health centers; colleges and universities; schools; federal agencies; federal and state legislatures; community organizations; the business community; and, of course, the public.

Public health functions are often grouped into three basic areas - **assessment, assurance, and policy development**. While these terms are not well known, many of the functions that are provided under them are probably familiar to most people.

Assessment functions include determining if a community has enough doctors, nurses and dentists; recording the number of births and deaths; tracking health trends; conducting laboratory analyses; and evaluating the effectiveness of programs. Assessment programs primarily serve as the mechanism to determine if the total health system is working as well as it should.

Assurance covers those activities that deal with making sure people's health needs are safely and effectively met. For example, government's role in regulating, through licensure and inspection, falls under this heading. Programs that provide education to both health care providers and the community are part of assurance as well. Finally, assurance includes providing medical, dental, and psychological services directly to the public.

Policy development pertains to the setting of goals for health services, developing performance standards, determining priorities for the allocation of resources, and planning for systems to meet identified health needs. Setting immunization standards for children is an example of public policy development

The story of public health is one of success. The public can eat at restaurants anywhere in Michigan, access health care, breathe clean air, work in a safe environment, and live without fear of catching many diseases because our public health system is working.



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Michigan's governmental public health system is predicated on a State-Local partnership. Local public health departments rely on financial support from state government to provide a basic set of mandated public health services to all Michigan residents. This basic set of services provides an essential public health safety-net. During these tough economic times, the services we provide on a daily basis to children, families and our communities have never been in greater demand.

2009 MALPH LEGISLATIVE AGENDA

Promoting a strong system of local public health departments that assures healthy outcomes and is responsive to emerging community needs.

- Ensure an economic increase to Local Public Health Operations (LPHO) line item.
- Advocate for no reductions to the 2010 MDCH Budget for public health programs.
- Maintain state revenue sharing payments counties to protect public health services from further reduction or elimination.
- Create standardize contract language between the state and local public health departments allowing local health departments flexibility across state departments (MDCH, DEQ, DNR) to leverage federal matching funds and maximize local resources.

Documenting local public health accountability.

- Create an annual report demonstrating the effectiveness and outcomes of state-wide local public health operations services.
- Re-establish an annual process for reviewing the current set of basic health services to ensure that local public health mandated services are focused on "today's" local public health needs.
- Collaborate with the state to identify opportunities and funding sources for new public health programs to address unmet community needs.

Partnering with state government to promote initiatives that will improve the public's health.

- Implement a complete ban on indoor smoking in the workplace.
- Expand local control in the regulation of tobacco products.
- Increase tobacco settlement resources for evidence based activities aimed at reducing tobacco use and other chronic disease risk factors.
- Support county health plans as an important part of the social safety net.
- Maintain state programs designed to provide health coverage to children.
- Partner with the state to reduce chronic disease through healthy lifestyle programs.
- Enhance the local public health role in Brownfield redevelopment cleanup.