

Profile

“It’s Great To Be Back!”

MDCH Director Janet Olszewski

In her corner office

on the sixth floor of the Lewis Cass Building in downtown Lansing, a colorful spray of fresh cut flowers brightens Janet Olszewski’s large round conference table. “They just keep coming,” smiles the new MDCH director, warmed by the congratulatory wishes.



Overlooking the capitol, the office is already home. A wedding photo sits on the windowsill next to her work station. On a shelf, there’s a photo of her new boss, Governor Jennifer M. Granholm. On the wall, there’s a snapshot of a sunset over the lake at her cottage in remote Osceola County. Next to the phone, a wide shot of a footbridge over a river along a trail in the high peaks of the Adirondacks.

And, next to her work station there’s a stack of reality – folders of mail, documents for her signature and other administrative tasks. Amidst it all, she is remarkably poised for a person who has just assumed the leadership of the largest department in state government.

“The reason I come to work in the morning is to have a positive impact,” says Olszewski. “That’s very important for me, and I’ve always found the opportunity to do that here.”

If she sounds familiar with the department, it’s because she is – from long experience. More than 20 years of Olszewski’s career in state government have been spent in various areas of MDCH, first in aging, then public health and Medicaid.

“This is a critical department,” Olszewski says. “We touch a large number of Michigan citizens each month. We have lots of opportunities to help people. People look to us across a whole range of health issues. It’s important for us to eventually be the voice of health for the state in the broadest perspective. I’m excited about looking at new partnerships in helping to do that.”

A Connecticut native, Olszewski came to the state to attend graduate school at the University of Michigan in 1974. She never left Michigan. And her U of M experience left her a die-hard Wolverine.

MDCH Director Janet Olszewski	
Born:	Bridgeport, Connecticut
Undergraduate:	BA, Sociology, Boston University
Graduate:	MSW, University of Michigan
Hobbies & Interests:	Backpacking & hiking, gardening, cooking
Last Book:	<i>The World Below</i> by Sue Miller
Last Movie:	<i>The Twin Towers</i>
Favorite TV Show:	<i>The West Wing</i>
Favorite Workouts:	Running, aerobics, strength training

Her husband, Dennis Paradis, is executive director of the Michigan Osteopathic Association.

For relaxation, it's backpacking and hiking, and she tries to take a week every year to explore a new locale. "I like to get away from all the phones and distractions of modern life," Olszewski says. Her latest escape was to British Columbia's Kootenay National Park. She has also hiked the Rockies, the Sierra Nevadas, and has made several trips to Isle Royal. Other interests include gardening and cooking, though she seldom gets the time.

Suspense and mysteries are her favorite reading, especially Robert B. Parker's Spenser series, Janet Evanovich's Stephanie Plum novels, and Carl Hiassen's tales of misadventures in Florida.

When there's time for TV, her pick is *The West Wing*. "I like the speed and wit of the dialogue," says Olszewski. "I also like the way they deal with contemporary issues. It's almost a civics lesson."

A personal commitment to health and fitness takes her to the Michigan Athletic Club three times a week. "I used to run extensively, and I did the Grand Rapids Riverbank Run," she says. "I still run some, and I do aerobics classes and strength training." She's from a health-minded family. "My mother is 88 and still very vital. She still rakes her own leaves and does other chores around the house. She grew up on a farm and always did a lot of physical labor. She's my hero."

With a management style that she describes as straightforward and thoughtful, Olszewski likes to convene stakeholders and build consensus. "I try to assimilate views from every perspective before making decisions," she says. "I try to provide guidance that helps people do their jobs. I don't consider myself a micromanager, but I do need to

drive things to completion, and I insist on enough information to know that things are getting done.”

Though there was no single formative event that led her into public service, Olszewski reflects on a path of experiences that guided her towards her career. “My father was president of his Steelworkers union local. That was my first exposure to the interrelationships of people and organizations, which has always been an interest.”

Another factor was her first job working with senior citizens. “I was impressed not only with what they have to offer us in terms of their knowledge and experience, but also with their needs, and I wanted to help with that.”

She was also struck by some input from her graduate school professors. “They said that if you want to have an impact and influence programs, state government is closer to people than the federal level. That was good advice.”

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A little over two years ago, she left state government for M-CARE, where she was vice president of the health plan’s government programs and regulation. “I wanted to have some other experience in my career. I didn’t think I was coming back to state government.”

She never thought then that she would have the opportunity to direct the department that now encompasses the state agencies where she spent much of her career.

“When the door opened for me to consider this position, I felt it was an opportunity I could not pass up,” she says. “I had experience in many of the issues and programs we’re responsible for. I felt I could bring that experience to the table to help this governor craft an agenda to move health programs forward.”

The agenda spans all areas of the department, but the major task is in Medicaid, now about 25 percent of the state’s general fund budget, and growing. Increased demand in the elderly and disabled populations adds even greater pressure, Olszewski says.

“We need to restructure Medicaid to provide coverage but also sustainability for the program,” she says. “That will involve some short-term changes as well as long-term approaches.” The longer view includes advocacy at the federal level for flexibility in what states may do and other program changes, she says.

In public health, the focus is on preparedness. “Bioterrorism preparedness is the hot issue nationally and in the state,” Olszewski says. “We need a strong local and state

infrastructure. And, by preparing for bioterrorism, we can also prepare for other emergencies.”

Another item on the agenda is access to health care. “Access is critical,” she says. “There are places in Michigan where people can’t get care, whether they have coverage

or not. It happens in both urban and rural areas. There are issues of coverage as well as capacity. Some people can’t get hospital care because hospitals are short of nurses. Some can’t find a doctor close to a bus line. Outside of cities some people may have to drive 75 miles because of a shortage of physicians in rural areas.”

“I knew coming in that there are a lot of good people here to help me.”

In the mental health field, there’s a sense that Michigan has historically had a model among states, but that revenue constriction in recent years is jeopardizing this status. “Given our fiscal

constraints we need to bring all interested parties to the table to determine where we go from here,” Olszewski says.

Along with mental health issues, substance abuse continues to contribute to acute care admissions. “We need to deal with some of these root issues that affect other areas of the health care system,” she says.

Michigan faces perennial challenges in the area of chronic disease. “We continue to have horrible statistics and we have unacceptable racial disparities,” Olszewski says. “We need to work with community leaders in various groups and find ways to appropriately target special populations.”

We also need to fix the prescription drug issue, she says. “This is particularly true for seniors. They have few options for coverage. Prescription drug costs are a large piece of the health care dollar now. We need to be sure that our dollar goes as far as it can and gives as much coverage as it can.”

It’s a substantial challenge, she acknowledges, but it’s also exciting. And, she adds, it’s great to be back in the department. “I wanted another opportunity to accomplish some of the things we had worked on here before,” says Olszewski.

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