Mid-Michigan District Health Department

Board of Health Annual Report

2010

Your public health team,
connecting with our communities to achieve healthier outcomes

Serving Clinton, Gratiot & Montcalm Counties

PREVENTIVE HEALTH SERVICES
MID-MICHIGAN DISTRICT
HEALTH DEPARTMENT
CLINTON*MONTCALM*GRATIOT

Dental Hygienist Division Director Emergency Preparedness Coordinator

Public Health Representative Public Information Officer

Environmental Health Specialist Epidemiologist Health Educator Health Officer Hearing Technician

Registered Dietician Social Worker Systems Development Coordinator

Accounting Clerk Board of Health Member Data Specialist Dental Assistant Dental Clinic Manager

Medical Director MIS Specialist Oral Health Prevention Coordinator

We take action to assure the health and well-being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

Vision Technician WIC Peer Counselor

Health Promotion Coordinator Human Resources Coordinator

Graphic design and layout: Leslie Kinnee, MMDHD

On behalf of the Board of Health, I am pleased to present you with the Mid-Michigan District Health Department's 2010 Annual Report.

Kim Singh,
M.A., C.H.E.S.
Health Officer

This report provides an overview of several selected health indicators and highlights the programs and services of the Environmental Health (EH) and Community Health & Education (CHED) Divisions. Local public health departments are on the front line for ensuring the health, safety and well-being of the populations we serve. Many people do not realize public health is on the job 365 days per year, making sure the food you eat is safe, our drinking water is clean and disease outbreaks are controlled. All of these services are provided by the dedicated staff of the Mid-Michigan District Health Department for the residents of Clinton, Gratiot and Montcalm Counties.

This report also summarizes department priorities and accomplishments in 2010. Our emphasis continues to be on maximizing existing resources, seeking creative partnerships and funding opportunities to meet current needs, and addressing new challenges. Highlights for the year included:

- Successfully participated in the Michigan Local Public Health Cycle 4 Accreditation On-site review and achieved fully-accredited status.
- Continued to focus on quality improvement and completed the Michigan Accreditation Quality Improvement Supplement and received a grant to improve customer satisfaction with the agency's automated phone system.
- In conjunction with Capital Area Community Services and EightCAP Inc. utilized American Recovery and Reinvestment Act (ARRA) funding to continue to provide adult dental services to residents at or below 200% of poverty. Without this funding, the Community-Based Dental Clinic in St. Johns would have been closed due to the elimination of Medicaid dental benefits for adults. Benefits were restored October 1, 2010.
- Utilized Federal funding to enhance agency infrastructure (servers, computers and software) to increase department capacity to respond to disease outbreaks and implement mass–vaccination clinics.

In 2010, the University of Wisconsin Center for Population Health published the first Michigan-specific County Health Rankings (www.countyhealthrankings.org). Each county received a rank for Health Outcomes (how healthy they are) and Health Factors (things that contribute to good health). The results for our district were very diverse with Clinton among the top third of counties, Gratiot in the middle of the rankings and Montcalm in the bottom third. The results reinforce the fact that health is everyone's business and it takes an entire community to achieve good health. MMDHD is committed to working with community partners over the next several years to maintain (Clinton) and improve (Gratiot and Montcalm) the population's health.

In conclusion, the Mid-Michigan District Health Department will continue its efforts to enhance the health and well-being of the residents of Clinton, Gratiot and Montcalm Counties by providing exceptional customer service, enhancing community partnerships, and by actively addressing emerging issues. I encourage you to review this report and call me (989-831-3610) with any questions, or e-mail me at ksingh@mmdhd.org. The Mid-Michigan District Health Department appreciates your continued support and looks forward to continuing our work in making our communities safer and healthier.

Sincerely,

Kimberly Singh, M.A., C.H.E.S.
Health Officer

2010 BOARD OF HEALTH

The Mid-Michigan District Health Department Board of Health governs the agency's programming, finances and personnel. It is composed of two county commissioners, appointed by each of the three member counties (Clinton, Gratiot and Montcalm) served by the health department. It is the responsibility of the Board of Health to see that a plan is designated and implemented which will provide long-term, continuing health protection for the residents of the district.

(front l-r) Roland Merignac, Health Officer Kimberly Singh, Carl Paepke, and Patricia Gillis.
(back l-r) Medical Director, Dr. Robert Graham, Paul McNamara, Tom Lindeman, and Jack Enderle.

Jack A. Enderle (Clinton County)
Mr. Enderle is serving his fourth year on the Board of Health. As Chairperson of the Finance Committee, he is responsible for developing and presenting the proposed annual budget for Board approval. He also serves as a member of the Personnel and Mid-Central Coordinating Committees.

Paul E. McNamara (Clinton County)
Mr. McNamara is serving his fourth year on the Board of Health. He also serves as a member of the Program and Public Health Emergency Committees and is a representative on the Michigan Association for Local Public Health (MALPH) Board.

Roland Merignac (Gratiot County)
Mr. Merignac is serving his second year on the Board of Health. As Chairperson of the Program Committee, he is responsible for developing and presenting all proposed policies and program changes. He also serves as a member of the Mid-Central Coordinating Committee.

Patricia K. Gillis (Gratiot County)
Ms. Gillis is serving her second year on the Board of Health and is Vice-Chairperson. She also serves as a member of the Finance, Personnel and Public Health Emergency Committees.

Tom Lindeman (Montcalm County)
Mr. Lindeman is serving his seventh year on the Board of Health. As Chairperson of the Personnel Committee, he presides at all negotiation meetings and presents recommended salary and benefit changes to the Board.

Carl Paepke (Montcalm County)
Mr. Paepke is serving his sixteenth year on the Board of Health. As Chairperson of the Board, he is responsible for preparing and/or approving meeting agendas and presiding at Board meetings. He also serves as a member of the Finance, Program, Mid-Central Coordinating and Public Health Emergency Committees.

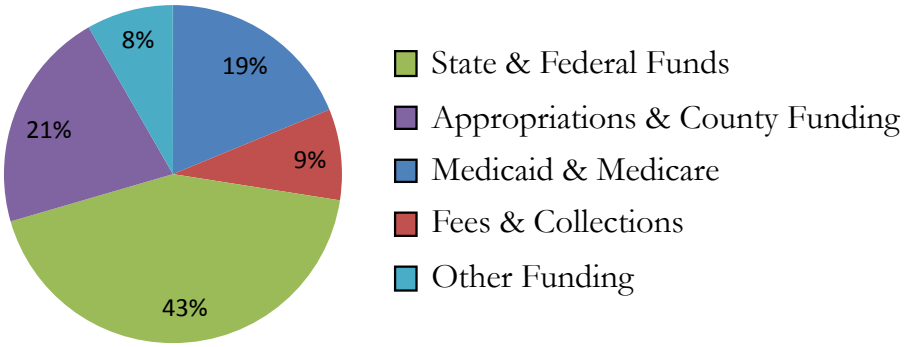
Kimberly Singh, M.A., C.H.E.S. (Health Officer)
Ms. Singh is serving her fourteenth year as the agency's Health Officer. She is responsible for carrying out the policies of the Board of Health and overseeing the internal operations of the Health Department.

Robert Graham, D.O., M.P.H., F.A.A.F.P. (Medical Director)
Dr. Graham is serving his nineteenth year as the Medical Director for the Mid-Michigan District Health Department and is also the Medical Director for the Central Michigan District Health Department. He is responsible for determining and directing medical policies and procedures.

2010 FINANCES

Revenues

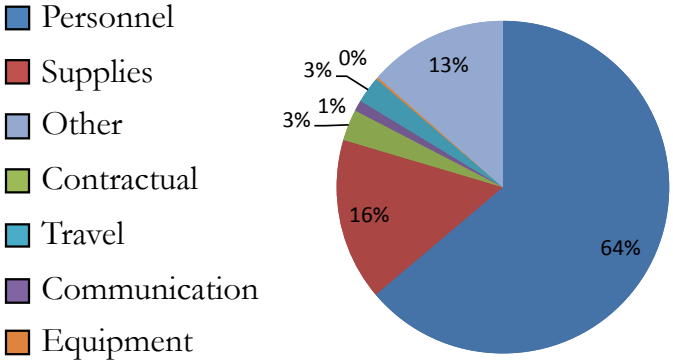
State & Federal Funds 43%
Appropriations & County Funding 21%
Medicaid & Medicare 19%
Fees & Collections 9%
Other Funding 8%
TOTAL REVENUES $6,511,361.00



The accounting and financial management of the health department's resources are overseen by the Administrative Services Division. The financial management staff are responsible for complying with budgeting requirements and financial reporting for the various state and federal agencies that provide financial resources to the agency.

Expenditures

Personnel 64%
Supplies 16%
Other 13%
Contractual 3%
Travel 3%
Communication 1%
Equipment 0%
TOTAL EXPENSES $6,511,361.00



Environmental Health Division

Your public health team, connecting with our communities to achieve healthier outcomes

Ensuring a safe and healthy environment for the residents and visitors of Clinton, Gratiot, and Montcalm Counties remains the Environmental Health Division's primary objective.

Bob Gouin,
R.S., M.B.A.
Environmental Health
Division Director

Register for Quality 2010

Registration for septic installers/contractors doing business in MMDHD's three counties was held during the winter of 2010. As required by the Health Department's Sanitary Regulations, contractors installing or repairing septic systems must register with the Department. The very first Register for Quality session was held in 2000.

Registration sessions are educational in regards to new technologies and procedures related to sewage disposal. This year's program focused on current issues facing today's contractors. Highlights included information regarding State initiatives impacting the septic installer, including point-of-sale programs, proposed mandatory inspection legislation, high-capacity water withdrawal regulations, and the upcoming geothermal water well regulations. Efforts at the State to amend the commercial septic system guidelines and ground water permitting process by the Michigan Department of Natural Resources and Environment were also presented.

These educational sessions create an excellent venue for keeping the lines of communication open between the industry and our staff. In 2010, a total of 150 local installers and contractors participated in this event.

Michigan's Smoke-Free Law

On May 1 Michigan's Smoke-Free Law (P.A. 188) went into effect, which required all worksites, public places and food service establishments to be smoke-free. The law also designated local health departments to enforce the law. To assist MMDHD's residents with this transition, the Division partnered with our health education staff and community partners to provide a variety of educational programs and materials regarding smoking and smoking cessation. Area food service establishments received specialized materials and consultations to assist with the implementation of the new law. The Department oversees approximately 600 licensed food service establishments across the three counties.

Michigan's body art regulation

Amendments to Michigan's Body Art Regulation were effective December 22, 2010. Initially implemented in February 2010, Michigan's Body Art Regulation (P.A. 149) required that an individual cannot tattoo, brand, or perform body piercing on another individual unless it occurs at a facility licensed by the Michigan Department of Community Health (MDCH). The law delegated inspection and enforcement authority to the local health department. To meet the challenges of the new State regulation, the Division created new policy and procedures to address the components of the law. To support the implementation of this new law, the Division performed a one-on-one consultation with every body art facility in the district to assure a smooth transition. To date, the health department has inspected six establishments district-wide.

Through community education and enforcement of laws designed to protect the public, the Environmental Health Division continually works to protect the environment in which we live by responding to emerging issues such as food safety, sanitation, drinking water supplies, and wastewater disposal.

Food Program

The focus of the food program is to assure a safe, clean food product for the public through regular inspections and education. Efforts in this program are key elements in assuring the meals we consume outside of home are safe.

Number of Services Provided (unduplicated)

	Clinton	Gratiot	Montcalm	District
Advanced Food Training Classes	83	107	79	269
Food Service Inspections (Fixed)	407	299	454	1,160
Food Service Inspections (Temporary)	206	103	232	541
TOTALS	696	509	765	1,970

Wastewater Management

One of the most important methods of preventing the spread of disease and viral infection is the proper treatment of human wastewater. These programs provide guidance and oversight for on-site sewage disposal.

Number of Inspections and Permits Issued (unduplicated)

	Clinton	Gratiot	Montcalm	District
On-Site Sewage Disposal Permits	87	62	159	308
Site Evaluations	34	23	24	81
TOTALS	121	85	183	389

Environmental Quality

Assuring a good quality of life where we live and play is a key component of these programs.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Campground Program	4	5	23	32
Dept. of Human Services Inspections	45	33	44	122
Nuisance Complaint Investigations	34	27	73	134
Radon Test Kits Distributed	319	46	151	516
Public Swimming Pool Program	35	7	16	58
TOTALS	437	118	307	862

Surface & Groundwater Control

A fundamental component of public health met by these programs is the protection of our lakes, streams and the water we drink.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Ground Water Quality Control	116	117	238	471
Well Contaminate Monitoring	7	10	20	37
Septage Waste Haulers				
Trucks Inspected	10	7	15	32
Sites Inspected	3	3	9	15
Water System Evaluation	1	2	22	25
Sewage Disposal Evaluation	1	1	21	23
TOTALS	138	140	325	603

In 2010, the Environmental Health Division provided service to 3,822 unduplicated clients or facilities throughout the district.

Community Health & Education Division

Assuring the health and well-being of our community and the environment

This division embraces its role as the provider of and advocate for public health in Clinton, Gratiot, and Montcalm Counties. Enhancing partnerships in the community is always at the forefront of this division's mission.

Andrea Tabor,
R.N., B.S.N., M.P.H.
Community Health &
Education Division Director

Insight

Staff of the Community Health and Education Division (CHED) spent considerable time and effort preparing for the October 5, 2009 "go live" date for the new Insight computer software system. Throughout 2010, staff worked to enhance the use of the system for clinic scheduling, data entry, and billing purposes. Overall, staff report a high level of satisfaction with Insight, as it is much more "user-friendly" than the former system. In 2011 the focus will be to implement paperless charting in the multiple CHED programs, which will result in enhanced efficiencies.

WIC Food Dollars

In 2010, MMDHD received a report summarizing the food dollars spent by WIC participants in 2008/2009. In addition to providing essential nutrition and educational services to pregnant women and children in our district, the WIC program benefits the local grocery stores as well. Below are the total dollars spent on food in the district, by county.

	Clinton	Gratiot	Montcalm	District
2008/2009	603,339	830,121	1,215,155	2,648,614
2007/2008	635,504	874,376	1,279,934	2,789,814
2006/2007	575,257	791,484	1,158,598	2,525,339

H1N1 Activities

Most of late 2009 and the beginning of 2010 involved the planning, preparation, and implementation of five mass H1N1 vaccination clinics that occurred district-wide. The clinics were a huge success based on feedback from community partners and residents served in the school-located clinics. One major benefit was the relationships that were developed and/or strengthened with our community partners in each of the three counties.

School Communicable Disease Reporting

The Public Health Code requires that schools report certain diseases to the local health department on a weekly basis. Currently, school personnel have the option of emailing, faxing, or mailing the information to the communicable disease nurse. In fall 2010, staff began to research the possibility of implementing a web-based program for schools to use to report the information. After researching options, staff chose a secure, web-based program currently being utilized in seven other local health departments in Michigan. Benefits include:

- User-friendly for school staff
- Enhanced ability to run reports
- System will send reminder emails if a school doesn't submit information

The system was rolled-out in May 2011.

The Community Health and Education Division provides a variety of preventative health services to individuals and families in a variety of settings, including health department clinics, homes, community centers, churches, schools, and throughout the entire community.

Maternal & Child Health

Maternal and child health programs give financial, social, nutritional and medical support to qualified families. These programs benefit the community by reducing infant mortality, ensuring healthy births and maintaining infant and child health.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Hearing Screenings (# conducted)	2,870	1,748	3,907	8,525
Vision Screenings (# conducted)	4,052	2,848	5,835	12,735
Children's Special Health Care	195	129	240	564
Family Planning Services	495	698	914	2,107
Women, Infants & Children Program	1,109	1,420	2,108	4,637
Maternal Support Services	N/A	216	N/A	216
Infant Support Services	N/A	129	N/A	129
	8,721	7,188	13,004	28,913

Chronic Disease Control

These activities target specific chronic diseases. Efforts focus on early detection and referral.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Breast & Cervical Cancer Control	112	108	92	312
Lead Poisoning Screening	224	308	490	1,022
TOTALS	336	416	582	1,334

Communicable Disease Control

These programs offer testing, education, prevention and treatment services to control communicable diseases within our communities. Many of these services may be available at low or no cost.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Communicable Disease Control	312	361	407	1,080
HIV Counseling/Testing	14	26	67	107
Immunizations	1,402	1,261	1,331	3,994
Sexually Transmitted Disease Control	253	426	455	1,134
TOTALS	1,981	2,074	2,260	6,315

Oral Health

The Community-Based Dental Clinic in St. Johns serves Medicaid-eligible adults from Clinton and Gratiot Counties who, without the clinic, would not have access to services. The sealant and fluoride varnish programs promote oral health education and prevention.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Community-Based Dental Clinic- St. Johns	*285	177	N/A	462
Sealants Placed	N/A	N/A	673	673
Fluoride Varnish Application	N/A	53	199	252
TOTALS	285	230	872	1,387

*Additional funding through the American Recovery & Reinvestment Act received from Capital Area Community Services supported an extra day/week for Clinton County residents to be served at the clinic.

In 2010, the Community Health and Education Division provided service to 37,957 unduplicated individuals and families.

Medical Director's Perspective

The Medical Director provides general oversight of all health department programs, disease outbreak investigations and advises the MMDHD Board of Health in medical matters. He also provides consultation to health care providers regarding diseases that affect the community.

Robert Graham
D.O., M.P.H., F.A.A.F.P.
Medical Director

An ounce of prevention is worth a pound of cure.
--- Benjamin Franklin

As parents, we are familiar with the traditional report card grading scale used by schools to communicate the progress our children are making in their coursework. If I were to develop a report card that graded publicly funded programs, I would use a different grading scale that focused on "Es" as representing outstanding performance; that is, I would want to see a report card with six "Es" indicating the program to be Effective, Efficient, Efficacious, Essential, Economical, and met Expectations.

An **effective** program should get the job done. For example, restaurant inspections provided by the local health department is effective in helping restaurateurs serve safe food by ensuring food safety guidelines are followed, and by enhancing the skills and knowledge of the restaurant's employees.

An **efficient** program should produce an outcome within a specified range of cost and time. For example, the health department helps clients obtain highly nutritious food for pregnant and nursing women, for infants needing formula, and for children with special nutritional needs. The Women, Infants, and Children program, commonly called WIC, also provides educational programs for young families. The information WIC provides helps families make good food choices for their entire lives, while the money spent on the WIC program conveys immediate and long-term benefits to the recipient. The country as a whole profits because the recipients of WIC benefits are less likely to be ill, more likely to do well in school, and more likely to maintain a healthy weight.

An **efficacious** program should work for everyone. Nothing modern civilization has done is more efficacious than immunizations. Immunizing the citizens of the world has eliminated the scourge of smallpox and made polio virtually nonexistent in the Western Hemisphere. Shingles, one of the most painful of human afflictions, can be prevented by a simple vaccine. Vaccines are now routinely available through the local health department to prevent potentially serious conditions like hepatitis, influenza, pneumonia, meningitis, polio, tetanus, diphtheria, pertussis, measles, mumps, rubella, and chicken pox.

An **essential** program is one that we all rely on to ensure basic needs. Clean water, free of pollutants and germs, is essential to all human life. Local health departments work with homeowners, businesses, and public institutions every day to make sure the water they draw from the environment and the water they return to the environment is fit for human use.

An **economical** program should provide quality services while keeping costs low. Many public health programs focus on long-term cost savings. For example, for every dollar invested in providing school-based vision screenings, a long-term cost savings of $162 is realized. The same can be said for several other public health programs, where investment in prevention and early detection leads to savings on medical expenditures later in life.

The **expectations** of our customers (the general public) should be high, and we (MMDHD) have delivered. Our services are available to all residents and are delivered quickly by an experienced staff. We highly value input from our customers and share their input (via a client satisfaction survey) with our staff and members of the Board of Health.

Our efforts rate "E" for excellent.

MMDHD makes a difference

Vision Screening

Shortly before Christmas, MMDHD Hearing and Vision Technician, Lisa Smith, conducted a routine vision screening on first-graders Brianna and Brendan Mikesell. Both children failed.

Lisa Mikesell was informed that her children had failed their screenings, and quickly made appointments for them to see an optometrist, hoping for an easy fix. While Brianna did need glasses to correct her vision problem, an easy fix wasn't meant to be for her brother. The optometrist's exam revealed something more serious; his optic nerves were swollen, which typically indicates the presence of a brain tumor.

The following day Brendan underwent a MRI scan. Thankfully, a brain tumor was ruled out. The next several weeks were a blur for the family as they were referred from one doctor to another, in search of an answer. Finally they received a diagnosis: idiopathic intracranial hypertension (pressure around the brain).

The Mikesell's are thankful that MMDHD provides routine vision and hearing screenings to school-age children within the district. "If it weren't for MMDHD, and technicians like Smith, we wouldn't have found out about Brendan's condition until much later," said Mikesell. "We are taking a conservative approach at this time and are relieved he is under a doctor's care."

Radon Mitigation

In December 2010, MMDHDs Environmental Health Specialist, Sarah Rottiers, assisted a Clinton County resident with addressing elevated levels of radon gas found in his home. Initial air testing performed by the owner resulted in levels of 70.1 and 90.1 picocuries per liter – well above the Federal action level of 4 picocuries per liter.

After consultation with Environmental Health staff, the owner was advised to install a home radon mitigation system to exhaust the gas. After installation of the exhaust system, follow-up sampling indicated the radon gas levels within the home had dropped to 1.0 picocuries per liter. In response to this case, the Environmental Health staff are contacting surrounding homeowners to inform and facilitate further radon testing.

Breast & Cervical Cancer Control Program

Sharon Browne, Manager of MMDHDs Community-Based Dental Clinic in St. Johns, discovered one day that one of their patients was in desperate need of a breast exam but had no way of paying for one. Browne referred her to the agency's Breast and Cervical Cancer Control Program (BCCCP), which provides physical exams, mammograms, and pap smears, as well as follow-up services free-of-charge to qualifying women. Through the program, it was discovered that the woman had breast cancer, which resulted in both breasts being removed. As part of her treatment she had to take expensive medication, which the BCCCP program also helped pay for. She was extremely thankful, saying MMDHD and former Nurse Practitioner, Rusty Higgins (now retired), saved her life; if it weren't for MMDHD, she may not have survived.

Children's Special Health Care Services

In August 2010 Judy Wernert, MMDHD Public Health Nurse, was contacted by the mother of a 17-month-old girl who was undergoing treatment for stage IV cancer. She was receiving aggressive treatments and the family was traveling daily to Ann Arbor.

In October, the family started to plan for their daughter's homecoming but needed assistance with updating heating and plumbing to their older home. Wernert contacted community partners to see what assistance might be available. Unfortunately, the family did not qualify for any county or state services, so Wernert suggested the family reach out to local non-profit organizations. Letters were then sent to several area non-profit organizations, with the help of the family's social worker, and soon after calls started coming in. By mid-December the upgrades were complete and the family was reassured that their home was safe for their fragile daughter's health condition. However, more bad news came on Christmas Eve as the father learned that he would be losing his job. Wernert was able to coordinate COBRA insurance through Children's Special Health Care Services. Their daughter was finally discharged in mid-February of this year, although her battle continues.

Wernert is honored to have had the opportunity to provide the family with case management because she knows that she and MMDHD made a difference in their lives.

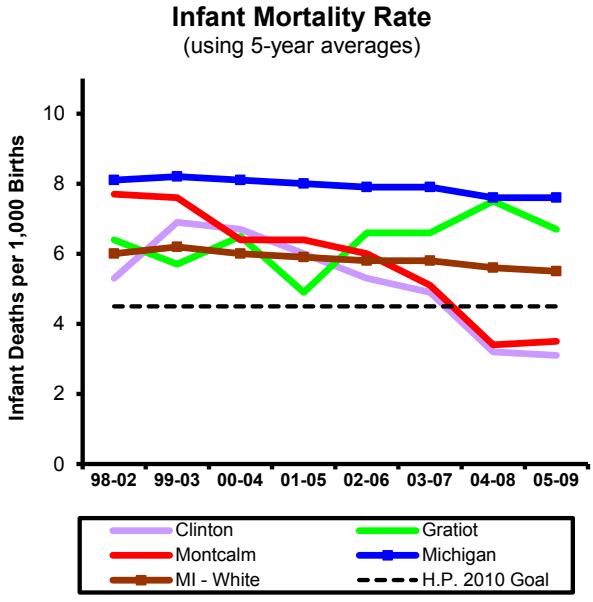
COMMUNITY HEALTH STATUS

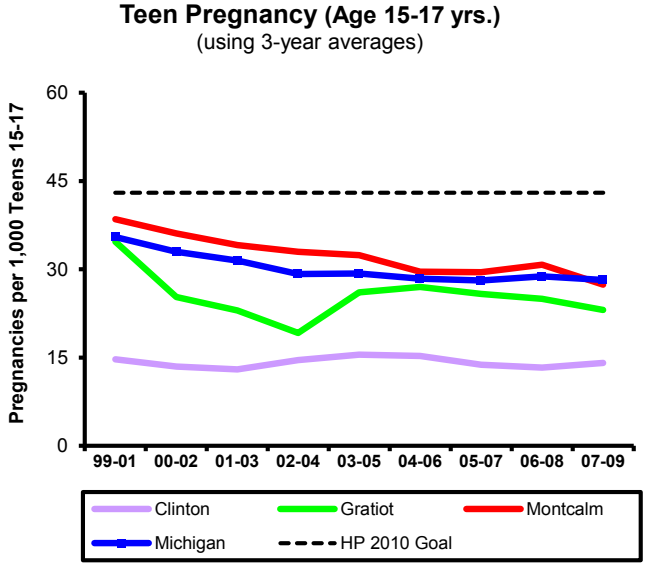
Many indicators are used to measure the health of the population. The following two pages summarize select indicators which help create a snapshot of the health status of the residents living in Clinton, Gratiot, and Montcalm counties. In some cases, Michigan data has also been provided to allow for comparison between the counties and state level. Because the population of mid-Michigan is primarily white, non-hispanic (98%), we have included "Michigan, White" statistics on selected indicators to better reflect our district's population.

Community Indicators

Infant Mortality Rate

The infant mortality rate is a measure of the number of infant deaths under the age of 1 year per 1,000 live births. Infants at greatest risk of death are those born prematurely, having low birth weight or born with major congenital anomalies. Other factors influencing infant mortality include socioeconomic status, age and health of the mother, risk of infant injury, extent of prenatal care, and the infant's medical care during the first year of life. Infant mortality is often used as an index of the general health of the community, since many of the risk factors reflect on community issues such as healthcare access, education, poverty, and lifestyle choices. After seeing a steady improvement in infant mortality since the early 1970s and early 1990s, the rate in Michigan has changed little in the 10 years leading up to 2009, hovering near 8 deaths per 1,000 infants. During the most recent decade, mortality data indicates that Clinton, Gratiot, and Montcalm Counties have generally maintained a lower infant mortality rate than Michigan, overall, and have compared similarly to the mortality rate for Caucasians/white infants born in Michigan (approximately 6 deaths per 1,000 infants). Nationally and for Michigan, the mortality rate for African American/black infants continues to be more than twice that of Caucasian infants. MMDHD continues to advocate for a community-wide collaborative effort to examine and reduce factors that lead to infant mortality.





Teen Pregnancy Rate

The teen pregnancy rate typically represents the number of women 15 to 19 years of age who have given birth, experienced an abortion or miscarried per 1,000 teens of the same age. For this report, however, the data represents a more specific group of teens, age 15-17 years only. From 1990 to 2005, Michigan experienced a continuous decline in teen pregnancy. Since 2005, the rate for 15 to 17-year-olds has leveled off at approximately 28 pregnancies per 1,000 teens. The counties served by MMDHD have generally shown steady declines in the teen pregnancy rate over the past 15 years. Gratiot and Clinton County rates have remained below that of Michigan, while the Montcalm County rate has generally remained above that of the State. Efforts to encourage responsible sexual decision making and increased use of contraceptives have contributed to the decrease in teen pregnancy. MMDHD offers Family Planning services in all 3 counties.

Selected Birth Indicators

Selected Birth Characteristics

Findings from the Centers for Disease Control and Prevention (CDC) indicate that many women report high-risk behaviors or experience high-risk conditions before, during, and shortly after pregnancy. These behavioral/social characteristics of the mother may influence the delivery outcome and the future health status of her newborn. Some of these characteristics are monitored at the county and state levels so that trends can be observed and evaluated. These findings are useful in assisting the design of public health programs and policies that address these behaviors and experiences so that the health of mothers and their infants can be improved. The table (*right*) compares selected birth characteristics for Clinton, Gratiot, and Montcalm Counties as well as the State of Michigan.

Selected Birth Characteristics - 2009

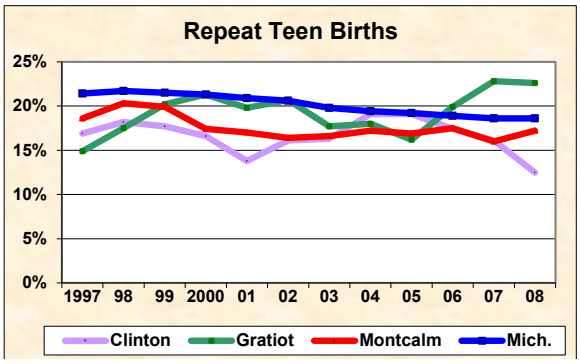
	Clinton	Gratiot	Montcalm	Michigan
Total Live Births	710	493	710	117,309
– to women under age 20 years (teens)	41	57	90	11,841
– to women over age 40 years	19	9	13	2,786
% birth mothers under 20 years of age	5.8	11.6	12.7	10.1
% birth mothers w/less than 12 yrs education	9.2	11.2	17.5	15.9
% birth mothers unmarried	27.0	42.0	33.5	41.5
% birth mothers enrolled in Medicaid	34.1	59.4	55.8	44.0
% birth mothers who smoked while pregnant	10.8	33.5	31.1	20.6
% received prenatal care during 1st trimester	87.2	51.9	70.1	73.5
% low birth weight (under 5 lbs. 8 oz.)	5.5	8.7	7.7	8.4
% very low birth weight (under 3 lbs. 5 oz.)	.07	1.8	1.1	1.7
% pre-term birth (born before 37 complete weeks)	10.8	9.5	11.0	9.8

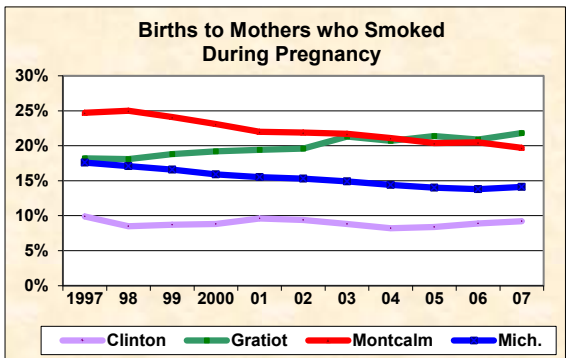
NOTE: Values in red indicate specific county results that are less favorable than state results. SOURCE: Birth Characteristics data from Michigan 2008 Resident Birth Files, Michigan Department of Community Health, 2011.

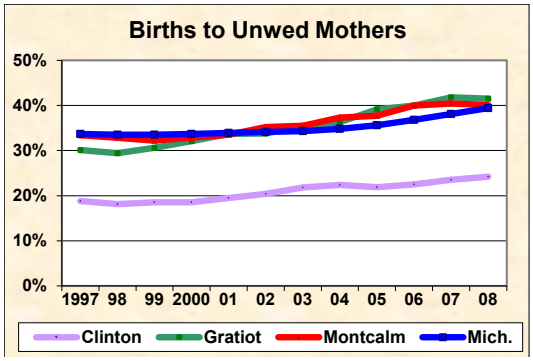
Selected Maternal Birth Trends

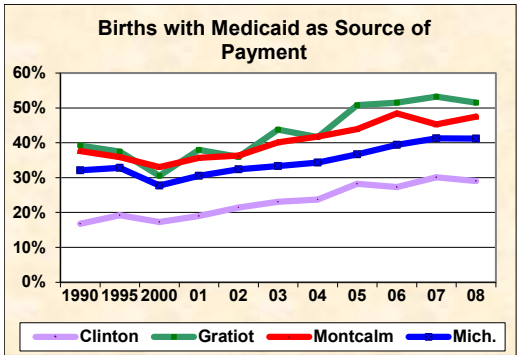
The graphs below represent trends of selected maternal birth characteristics. At the state level, both "Repeat Teen Births" (women giving birth to a second child while a teen) and "Births to Mothers who Smoked During Pregnancy" appear to be moving in a favorable direction (rates decreasing) over the past decade; whereas "Births to Unwed Mothers" and "Births with Medicaid as Source of Payment" appear to be moving in an unfavorable direction (rates increasing).* County-level trends generally mirror the state trend for each indicator, with two minor exceptions: Gratiot County appears to be experiencing an upswing in the percentage of repeat teen births and mothers who smoked during pregnancy.

*Due to a change in wording on birth certificates regarding mothers who smoked during pregnancy, results for 2008 not included.









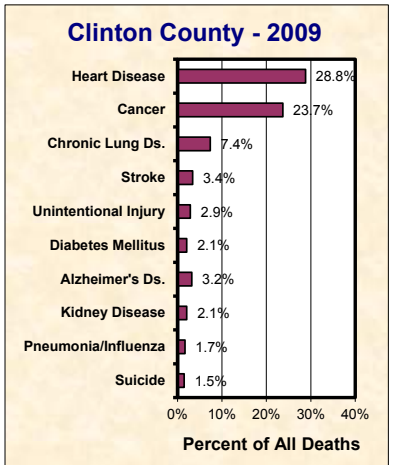
LEADING CAUSES OF DEATH

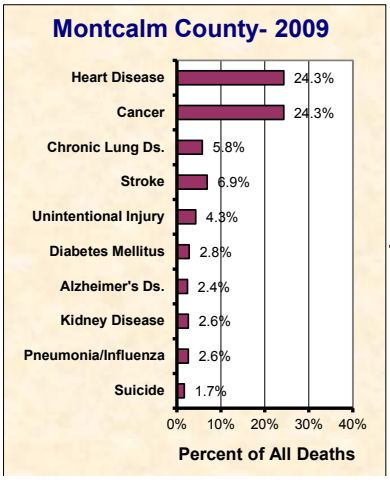
The 10 disease categories shown in this table represent the most frequent causes of death and account for about 75% of all deaths. The values represent the average number of deaths per 100,000 people for the years 2007-2009 (most recent data available). Mortality data helps provide a snapshot of the general health status of a community, which aids in the identification of health concerns and the development of intervention programs. This mortality data can also be used to compare the health status of one population to another (e.g., counties) or to evaluate the status of one population over time (e.g., county trends). The table provides a comparison of mortality rates between MMDHD's 3 counties and Michigan. The bar charts below represent the proportion of all deaths during 2009 (most recent data available) attributable to each of the 10 leading causes of death.

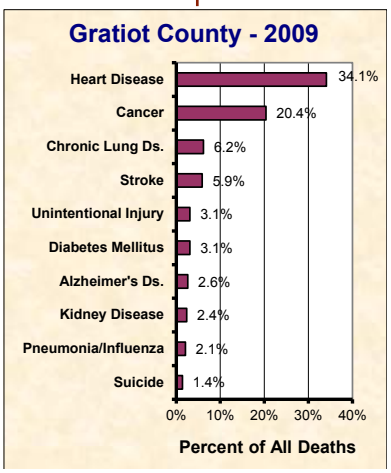
AGE-ADJUSTED MORTALITY PER 100,000 POPULATION (2007-2009 AVERAGE)

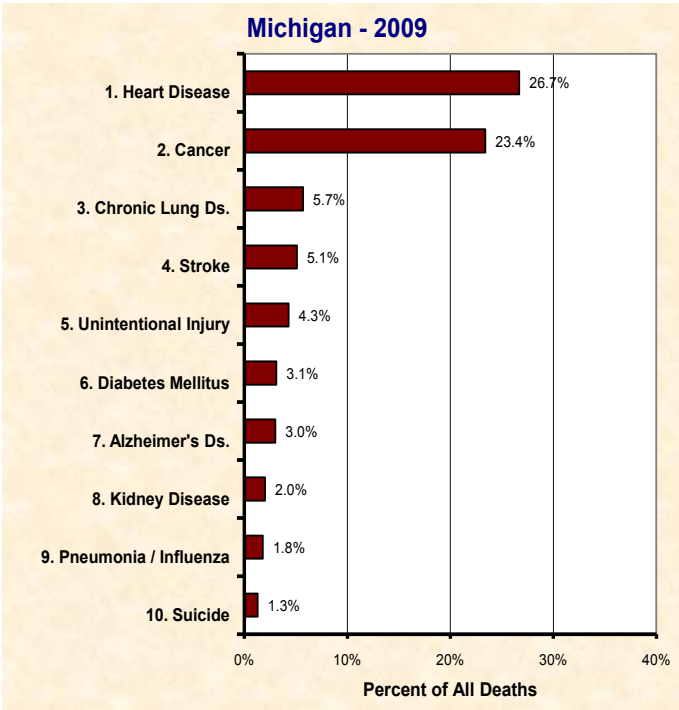
		Clinton	Gratiot	Montcalm	Michigan
1.	Heart Disease	191.9	247.2	207.6	216.4
2.	Cancer	152.6	180.3	196.8	184.8
3.	Chronic Lung Disease	31.2	61.3	49.1	45.5
4.	Stroke	45.7	60.4	53.8	41.7
5.	Unintentional Injury	22.2	30.4	50.2	35.4
6.	Diabetes	20.5	22.7	21.0	25.3
7.	Alzheimer's Disease	27.6	22.9	23.2	23.2
8.	Pneumonia/Influenza	9.9	18.5	19.9	15.3
9.	Kidney Disease	8.4	18.5	20.9	15.2
10.	Suicide	9.3	10.0	15.0	11.2
	Subtotal	519.3	672.2	657.5	614.0
	Age 65+	*11.9%*	*13.7%*	*13.0%*	*12.7%*

NOTE: Values in red represent county rates greater than State of Michigan rate.









Mid-Michigan District Health Department
Services

Maternal & Child Health Services

- WIC (Women, Infants and Children)
- Family Planning Program
- Immunization Program
- Communicable Disease Control
- Sexually Transmitted Disease testing, treatment, counseling and follow-up
- Tuberculosis Control
- HIV Counseling and Testing
- Children's Special Health Care Services
- Maternity Outpatient Medical Services (M.O.M.S.), MIChild Healthy Kids Enrollment
- Maternal and Infant Support Services
- Breast and Cervical Cancer Control Program (BCCCP)

Environmental Health Programs

- Oversee operational status of septic systems and drinking water wells
- Food Service Sanitation Program
- Issue permits for installing or repairing sewage disposal and water supply systems
- Department of Human Services-Licensed Facility Inspections
- Inspect public swimming pools, spas and hot tubs
- Rabies control through investigation of animal bite complaints
- Annual inspections of campgrounds
- Regulate the service of septic tanks, portable toilets and septage waste haulers
- Provide test kits for radon
- Review new public pool location plans and monitor pool sample quality reports
- Lead testing in homes

Community Health Programs

- Health Education
- Hearing & Vision Screening

Mid-Michigan Health Plan Enrollment Coordination

- Locally-organized system of care for uninsured adults

Montcalm Area Community Dental Clinic
(Formerly Stanton Dental Care Center)

- Provides access to dental health and hygiene services for Medicaid, low-income and uninsured patients in the Montcalm County area

Community-Based Dental Clinic in St. Johns

- Provides access to dental health and hygiene services for Medicaid-eligible adults in Clinton and Gratiot Counties.

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fax 989.224.4300
Off-site clinic: DeWitt

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151 Commerce Dr.
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989.875.3681
fax 989.875.3747
Off-site clinic: Alma

MONTCALM AREA COMMUNITY DENTAL CLINIC
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989-328-2200

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PREVENTIVE HEALTH SERVICES
MID-MICHIGAN DISTRICT
HEALTH DEPARTMENT
CLINTON*MONTCALM*GRATIOT

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