

Mid-Michigan District Health Department

Serving Clinton, Gratiot and Montcalm counties



2015

Board of Health ANNUAL REPORT

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



Health Officer's Message

Local health departments must transform themselves into more efficient and effective organizations in order to serve the public in these times of fiscal turmoil.



On November 10th, the Public Health Accreditation Board (PHAB) voted to confer national accreditation on the Mid-Michigan District Health Department. Only 96 out of 2,800 local health departments—less than four percent—are nationally accredited. MMDHD is in elite company!

Why did we want to undertake national accreditation? The reason is that local health departments must transform themselves into more efficient and effective organizations in order to serve the public in these times of fiscal turmoil. Going through the PHAB process would force us to make many of those needed changes.

Achieving national accreditation caps off a four-year effort. Throughout 2012 we worked on prerequisites that must be completed to apply for PHAB. We wrote community health assessments, launched a new strategic planning process, and transformed our Quality Vision Action Team into the body that would lead the PHAB process. On December 21, 2012 we submitted our Statement of Intent to PHAB. Now the clock was ticking: we had a year to finish all the prerequisites.

During 2013 we completed the other documents needed for PHAB, including the strategic plan, a quality improvement and performance management plan, and a workforce development plan. On December 18, 2013, with three days to spare, we submitted the application.

With the application done, we had a year to provide documentation to demonstrate compliance with all of PHAB's 97 domains. We worked throughout 2014 to get this done and submitted our final documents on October 14, with two months to spare. A site visit by PHAB was set for June 24 and 25, 2015. On September 10 we received the final report of the site visitors. The site visitors had found a few things they thought could be improved on at MMDHD, so we were a little nervous, and relieved on November 13 when we got word of PHAB's vote three days earlier. We made it!

The PHAB site review team had lots of praise for MMDHD. They cited three things in particular as areas of strength for us:

- Information Technology: They named our use of data from our electronic health record for evaluation and quality improvement, and the launching of new Environmental Health software as examples of areas where MMDHD stands out.
- Community Engagement: They especially noted the extent to which community partners expressed their confidence in the health department, and pointed to specific examples such as our community health assessments and numerous collaborative projects.
- Talented Workforce: The site reviewers could not say enough about the people they met at the department and the skill and motivation they displayed.

MMDHD is part of the Mid-Central Coordinating Committee, together with District Health Department #10 and Central Michigan District Health Department. The three departments share personnel, collaborate on a number of activities, and are all PHAB accredited. Together we form a strong public health network protecting the health of people throughout the middle of the mitten.

Marcus Cheatham, Ph.D.
Health Officer

Our Mission

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.



Administrative Staff



Melissa Bowerman
B.S.
Administrative
Services Division
Director



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



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



Jennifer Morse
M.D.
Medical Director
August to present



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

A special thank you to Medical Director, Dr. Robert Graham, who retired in 2015 after twenty-four years of dedicated public health service.

Board of Health



Marcus Cheatham



George Bailey



Bruce Delong



Robert Graham



Betty Kellenberger



Tom Lindeman



Laura McCollum



Ken Mitchell



Jennifer E. Morse

Mark W. (Marcus) Cheatham, PH.D. • Health Officer

Dr. Cheatham is serving his fourth year as Health Officer and Board of Health member.

George Bailey • Gratiot County Commissioner

Mr. Bailey is serving his first year on the Board of Health. He serves on the Finance Committee and is a representative to the Michigan Association of Local Public Health (MALPH) Board.

Bruce Delong • Clinton County Commissioner

Mr. Delong is serving his fifth year on the Board of Health. He is Chairperson of the Board, and a member of the Finance and Program Committees.

Robert Graham D.O., M.P.H., F.A.A.F.P. • Medical Director, January through July

Dr. Graham is serving his twenty-fourth year as Medical Director and Board of Health member.

Betty Kellenberger • Montcalm County Commissioner

Ms. Kellenberger is serving her third year on the Board of Health. She is Vice Chairperson of the Board, Chairperson of the Personnel Committee, and serves on the Quality Vision Action Team.

Tom Lindeman • Montcalm County Commissioner

Mr. Lindeman is serving his twelfth year on the Board of Health. He is the Chairperson of the Finance Committee, Vice Chairperson of the Mid-Central Coordinating Committee, and a member of the Program Committee.

Laura McCollum • Gratiot County Commissioner

Ms. McCollum is serving her third year on the Board of Health. She is Chairperson of the Program Committee, and a member of the Personnel and Mid-Central Coordinating Committees.

Ken Mitchell • Clinton County Commissioner

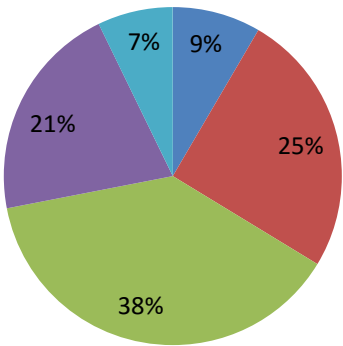
Mr. Mitchell is serving his first year on the Board of Health. He serves on the Personnel and Mid-Central Coordinating Committees.

Jennifer E. Morse, M.D. • Medical Director, July to present

Ms. Morse, Medical Director, is serving her first year on the Board of Health.

Finances

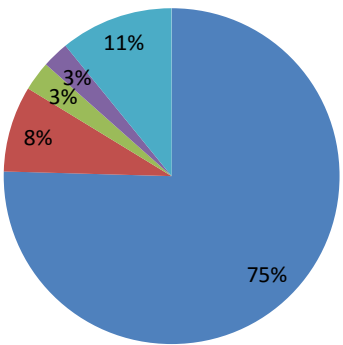
Revenues



State & Federal funding	38%	
Charges for service	25%	
Appropriations & County funding	21%	
Licenses and permits	9%	
Other funding	7%	

TOTAL REVENUES \$6,840,036.00

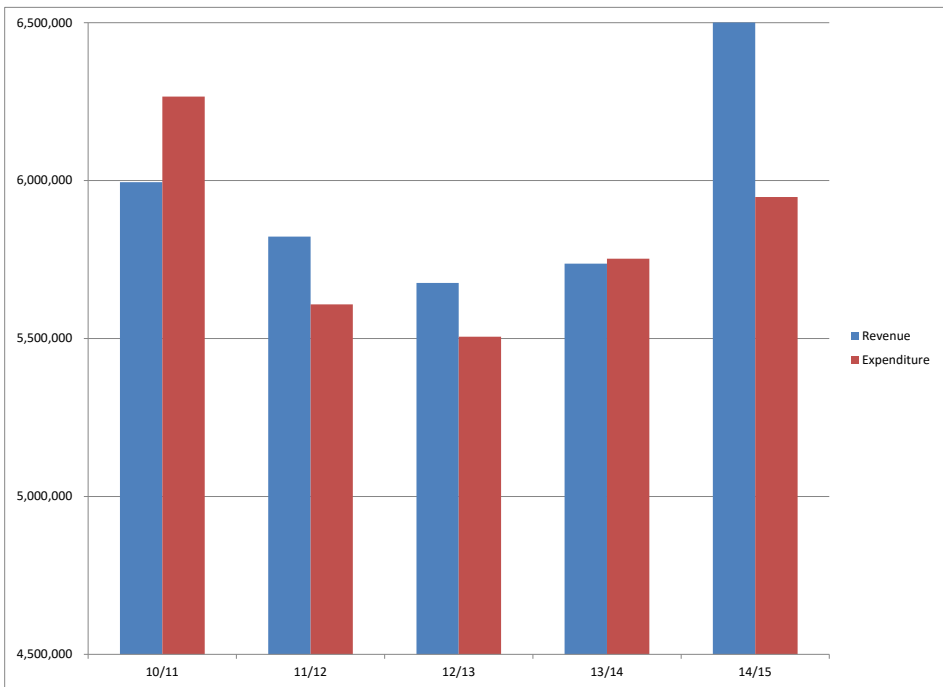
Expenses



Salaries and benefits	75%	
Other	11%	
Supplies and equipment	8%	
Travel	3%	
Contractual	3%	

TOTAL EXPENSES \$5,947,996.00

Five-Year-Trend



* In 2015 MMDHD received late payments from the State of Michigan related to Medicaid. We budgeted these funds for capital improvements, including a new phone system.

Environmental Health

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



Water quality testing

Michigan State University water scientist, Joan Rose, studied 64 Michigan rivers and found them all contaminated with human fecal bacteria. "All along, we have presumed that on-site wastewater disposal systems, such as septic tanks, were working," said Rose, "But in this study, in sample after sample, bacterial concentrations were highest where there were higher numbers of septic systems in the watershed area." Recognizing this reality, Governor Snyder's plan for ensuring the health of Michigan's water (*Sustaining Michigan's Water Heritage*), includes tough recommendations to ensure that homes have working septic systems.

Is there evidence of septic tank failure in Mid-Michigan? To answer this question, MMDHD has partnered with the Clinton, Gratiot and Kent County Conservation Districts and Alma College, to test the Flat, Pine and Upper Maple rivers for E. coli bacteria that live in human intestines.

There are two main ways of identifying human E. coli in water. One way is to use dogs trained to identify samples with human fecal contamination. The other way is DNA testing of the bacteria.

In Clinton and Gratiot Counties, the Clinton Conservation District took 47 samples from the Upper Maple and tributaries. Trained dogs alerted on 37 of the samples, indicating human fecal contamination. Twelve samples were submitted for DNA testing. Eleven were positive for human E. coli DNA. Another year of testing is planned in Clinton County to confirm these results. In Montcalm County, 59 samples were taken from the Flat River and its tributaries by the Kent Conservation District. Dogs alerted on 16 of the samples. The Kent Conservation District plans to conduct DNA testing next year.

Alma College chemist, Tim Keeton, and students conducted sampling over the summer at five sites on the Pine River. Their results indicated that most of the time the river exceeded Michigan Department of Environmental Quality E. coli standards for swimming. Furthermore, 6 out of 60 samples exceeded standards for boating or fishing. Next summer, the Gratiot Conservation District intends to do DNA testing on the Pine with a grant from the Saginaw Bay Watershed Initiative.

The Health Department could not do this testing on its own and is grateful for the help of partners who are ensuring that the community has the facts about threats to water quality and health.

Sharps disposal

Medications, which should help keep us healthy, can pose a threat to our health. Intoxicating medications are liable to be abused. And when medications wind up in the water supply they can affect people and wildlife. Clinton, Gratiot and Montcalm counties all have successful programs for taking back unused medications. But what about sharps? They can't go into medication drop boxes because of the needle stick risk and throwing them in the trash poses a risk of injury or infection. To help combat this problem, MMDHD has piloted a program to take back sharps at its Montcalm County branch office. Residents can return sharps to the Environmental Health office by placing them in a sharps container or empty laundry detergent bottle. Thanks to the Medication Disposal Coalition of Montcalm County for working to make this program happen.

In 2015, this division provided services to 3,418 unduplicated clients.

FOOD PROGRAM

Through regular inspections and education, this program helps assure the public that the meals consumed outside of the home are safe.

	Number of Services Provided (unduplicated)			
	Clinton	Gratiot	Montcalm	District
Advanced Food Training Classes	87	47	76	210
Food Service Inspections (Fixed)	398	312	377	1,087
Food Service Inspections (Temp.)	61	63	70	194
TOTALS	546	422	523	1,491

WASTEWATER MANAGEMENT

Proper treatment of human wastewater helps prevent the spread of disease and viral infection. These programs provide guidance and oversight for on-site sewage disposal.

	Number of Inspections/Permits Issued (unduplicated)			
	Clinton	Gratiot	Montcalm	District
On-Site Sewage Disposal Permits	126	56	205	387
Site Evaluation	78	18	56	152
TOTALS	204	74	261	539

ENVIRONMENTAL QUALITY

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

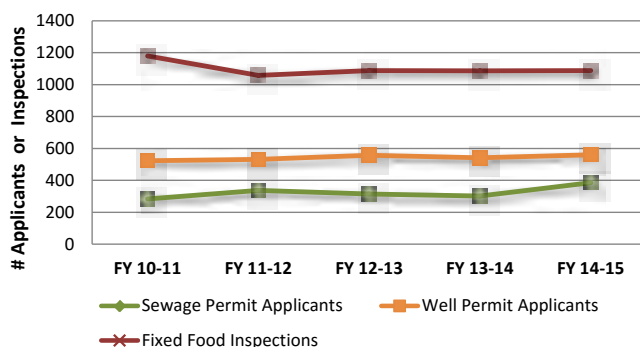
	Number of Clients Served (unduplicated)			
	Clinton	Gratiot	Montcalm	District
Campground Program	3	6	30	39
DHS Inspections	52	16	48	116
Nuisance Complaint Investigations	55	40	102	197
Radon Test Kits Distributed	178	43	56	277
Public Swimming Pool Program	33	6	14	53
TOTALS	321	111	250	682

SURFACE AND 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
Groundwater Quality Control (permits)	129	98	334	561
Well Contaminate Monitoring	5	12	2	19
Septage Waste Haulers				
Trucks Inspected	13	13	14	40
Sites Inspected	1	1	6	8
Loan Evaluations	23	3	38	64
Clandestine Drug Investigations	2	7	5	14
TOTALS	173	134	399	706

EH Programs, Five Year Trends



As the economy has slowly recovered, demand for environmental health services has remained strong.

Community Health & Education

The Community Health and Education Division embraces its role as the provider of and advocate for public health in our counties.



Integrating mental and physical health

People who are clients of community mental health often have trouble seeing a doctor. They may have difficulty navigating the health care system, arranging transportation or keeping appointments. They are more likely than other people to have been dismissed by their doctor. Because of this, they are more likely than other people to develop chronic conditions, and are likely to have difficulty managing such conditions if they develop. Poor physical health can aggravate their mental health problems and make coping with or recovering from mental illness much more difficult. This population includes many people who are high users of expensive emergency room services. These are people who public health wants to serve! To address this challenge, the Montcalm Care Network and the Health Department have entered into a partnership to provide physical health care services for mental health patients. We now share a Physician's Assistant, Kate Long, who works at Montcalm

Care Network, treating both mental and physical health problems. People can see Kate during their regular mental health appointment, so it is very convenient. And since she is treating the whole person—mind and body—Kate can make sure mental and physical health treatments work together to restore health.

This project has posed one big challenge for the Health Department. One of our roles is to bill insurances for Kate's services in order to cover costs and make the project sustainable. Entering into contracts with insurance companies and billing for primary care services is somewhat new for us and has proved to be a steep climb. We are anxious to take this on; however, because as we develop these skills, it will give us more options for delivery of care in the future.

Convenient access to counseling

Community Mental Health (CMH) offers some of the best, most comprehensive treatment for mental health problems available anywhere. But there is a catch. By law, CMH can only treat people with certain severe diagnoses. This means many people with mental health problems who can't afford a private doctor can't get treatment. This also affects some of the Health Department's clients who may want mental health treatment but aren't CMH patients.

To combat this, we are collaborating with CMH to expand access to mental health services in our three counties. CMH has placed a counselor in our Clinton and Gratiot branch offices, and in Montcalm County, a CMH counselor is available to see clients as needed. The counselors are available to help people with a variety of problems, including stress, depression, anxiety and substance abuse. You don't have to be a Health Department client to see them. Their caring, confidential services are open to the entire community.

In 2015, this division provided services to 34,142 unduplicated clients.

MATERNAL & CHILD HEALTH

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

	Number of Clients Served			
	Clinton	Gratiot	Montcalm	District
Hearing Screenings (# conducted)	2,939	1,800	3,235	7,974
Vision Screenings (# conducted)	4,544	2,996	4,551	12,091
Children's Special Health Care	229	176	363	747
Family Planning Services	206	330	286	807
Women, Infants & Children Program	1,065	1,297	1,850	4,212
Maternal/Infant Health Program	N/A	272	N/A	272
TOTALS	8,983	6,871	10,285	26,103

CHRONIC DISEASE CONTROL

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

	Number of Clients Served			
	Clinton	Gratiot	Montcalm	District
Pathways (Community Health Workers)	109	82	69	260
Lead Poisoning Screening	295	366	662	1,323
TOTALS	404	448	731	1,583

COMMUNICABLE DISEASE CONTROL

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

	Number of Clients Served			
	Clinton	Gratiot	Montcalm	District
Communicable Disease Control	579	289	604	1,472
HIV Counseling/Testing	1	26	43	70
Immunizations	1,160	904	1,165	3,229
Sexually Transmitted Disease Control	53	68	104	215
TOTALS	1,793	1,287	1,916	4,986

Totals may not add up because some clients were served in more than one county.

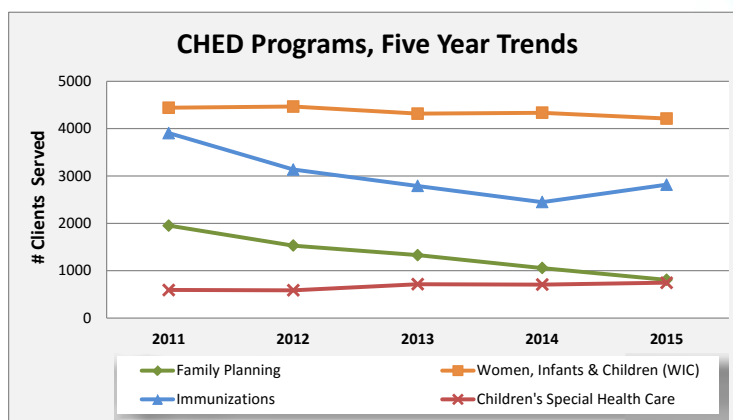
ORAL HEALTH

For families that cannot afford dental care, help with prevention is essential for their children's oral health. MMDHDs fluoride varnish program, supported by Meijer, serves over a thousand children each year.

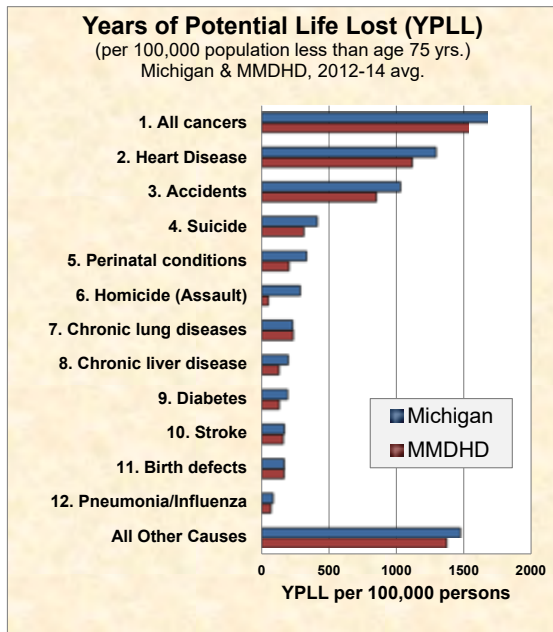
	Number of Clients Served			
	Clinton	Gratiot	Montcalm	District
Fluoride Varnish Application				
WIC	99	166	195	460
Head Start	0	0	1,010	1,010
TOTALS	99	166	1,205	1,470

Totals may not add up because some clients were served in more than one county.

This is a good problem to have because it means that more people have a doctor and don't need publicly provided health services.



What's killing us and making us sick?



Our programs should be aimed at addressing the most urgent health problems our communities face. But how do we know what those are? One way is to look at the leading causes of death. Obviously, we should focus our health improvement efforts on the top killers. But we also try to use a slightly different indicator of the leading causes of death that weighs the deaths of young people more heavily, because of the value society assigns to the lives of infants and children. This is called Years of Potential Life Lost (YPLL) and is shown in the chart at left.

Heart disease and cancer are the main causes of YPLL. This reflects the fact that chronic diseases associated with unhealthy lifestyles have become our biggest health challenge. One of the most harmful health-related behaviors is tobacco use. Smoking is still the leading preventable cause of death. On the chart, smoking is related to high rates of cancer and heart disease, and also perinatal conditions, lung disease, birth defects, pneumonia and stroke. Two other harmful behaviors are unhealthy diets and lack of physical activity. These behaviors cause destructive changes in every one of our body's systems. They especially affect the metabolic and circulatory systems, kidneys and liver. These contribute to cancer,

heart disease, liver disease, diabetes and stroke (see chart). Other killers in the top 12 are related to unhealthy lifestyles, too. Substance abuse, including the abuse of alcohol and prescription drugs contributes significantly to YPLL, especially through accidents, homicides and suicides.

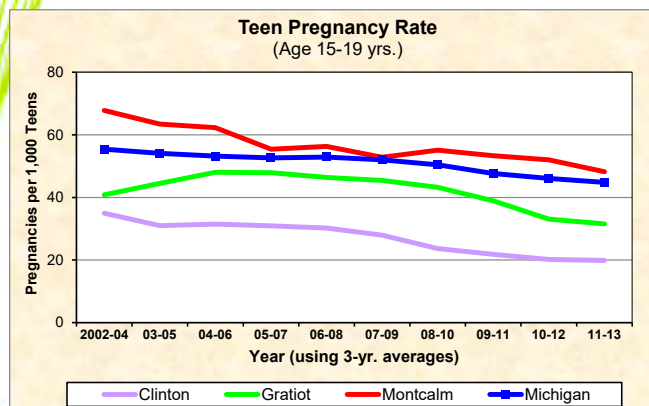
Although deaths of infants and children are rare today, they contribute significantly to YPLL because the youngest people lose the most years of potential life if they die. When mothers are not healthy, their babies are likely to be unhealthy or unsafe. Unfortunately, young mothers are all too often poor and vulnerable to health risks. Notice that premature births (perinatal conditions) and birth defects are among the top 12 killers. Finally, communicable diseases (illness caused by germs) make it into the top 12, including pneumonia and flu, hepatitis and cancer (several cancers are caused by viruses including cervical cancer).

What follows on the next three pages is a brief exploration of health status in three critical areas that contribute to YPLL: maternal and child health, communicable disease and chronic disease. Because of their importance as leading causes of death and illness, these areas are the major focuses of what we do in public health.



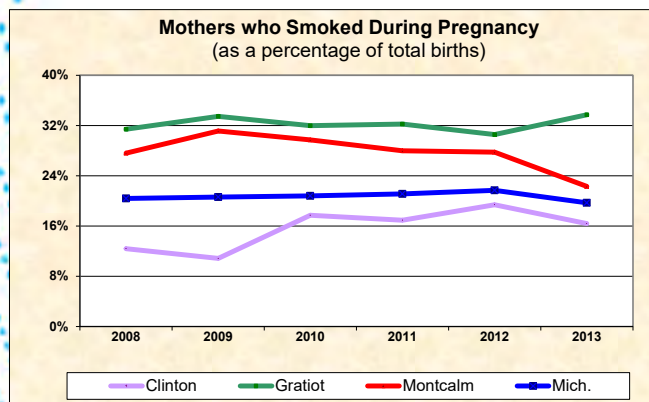
Maternal and Child Health

Maternal and child health status may be the single best indicator of the overall health of a community. A community that can assure the well-being of its mothers and babies is a strong one. For this reason, maternal and child health has always been a major focus of public health. Some of our most popular and well-known programs, like Women, Infants and Children (WIC) and the Maternal and Infant Health Program (MIHP), serve our mothers and children. WIC and MIHP have been evaluated and shown to improve maternal and child health and reduce preterm births.



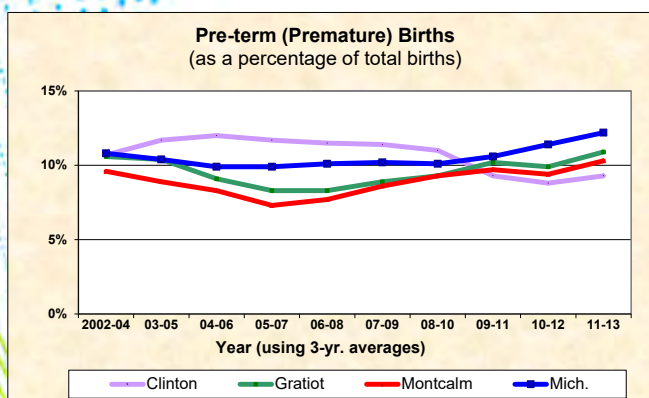
Teen Pregnancy

One of public health's successes has been helping girls and their families prevent unwanted teen pregnancies. This has contributed to a dramatic improvement in the health of mothers and infants, and enables more girls to stay in school. Notice the long, steady decline in teen pregnancies in our counties. The teen pregnancy rates for Gratiot and Montcalm Counties are around the State average while Clinton is much lower. Public health doesn't get all the credit for this decline, however. It is part of the worldwide phenomenon of girls and women delaying motherhood to stay in school and enter the workforce.



Mothers who smoked during pregnancy

Mothers who smoke during pregnancy are more likely to have premature or low birth weight babies. Their babies are more likely to have birth defects, and their infants are more likely to develop asthma or other respiratory problems. Startlingly, parts of Mid-Michigan have stubbornly high rates of maternal smoking. Notice that Clinton County's maternal smoking rate is around 15 percent (lower than State average), whereas Gratiot and Montcalm have very high rates of maternal smoking—much higher than the average for Michigan as a whole. After learning this from the Live Well Gratiot Community Health Assessment, people in that community have stepped up smoking prevention efforts.



Premature births

About one-in-four U.S. children are born in poverty. As a result, the health of mothers and babies is not ideal. When mothers are not healthy, there is a higher chance of premature birth. Preemies are less likely to survive and can suffer long-term physical and cognitive problems. Their Neonatal Intensive Care is extremely expensive and drives up health care costs. This chart shows the rate of premature births for our counties and Michigan. Michigan's rate of 10 to 12 percent is high compared to other states and countries with similar economies. Unfortunately, our counties have prematurity rates about as high. There has been little improvement and it can't

be corrected by health care alone. It depends on improving living conditions of mothers, what we call a "social determinant" of health.

Communicable Disease

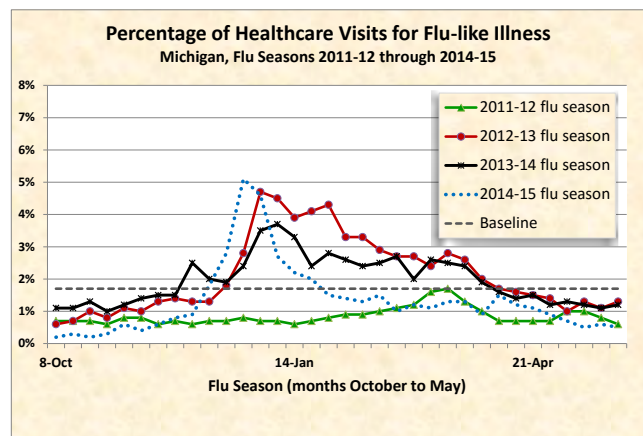
Great strides in preventing communicable disease

In the 19th century, communicable diseases like dysentery, diphtheria, typhoid fever, small pox and polio were scourges that sickened and killed indiscriminately. The public health services we offer today were developed to defeat communicable disease, including well and septic inspections, food service sanitation and outbreak investigations. Victory over communicable disease was finally achieved through the development of vaccines. In fact, the pertussis vaccine was developed in Grand Rapids in the 1930s by three scientists, Pearl Kendrick, Grace Eldering and Loney Clinton Gordon. Pertussis and measles are making a comeback, though, because levels of vaccination are lower than they should be.

Vaccines: the best way to beat germs

Many diseases that used to sicken or kill people are now rare because of vaccines. MMDHD provides a variety of immunizations through the Vaccines for Children, Immunization Action Plan and other programs. Vaccination information is entered into the Michigan Care Improvement Registry (MCIR) database, so wherever someone goes, their doctor knows what immunizations they need and those they've already had.

One of the most familiar vaccine-preventable illnesses is the flu. The chart at right shows hospital visits for flu during the flu seasons 2011-12 through 2014-15. This data comes from the nation's hospital-based Influenza-Like Illness Reporting Network. Notice that the 2014-15 flu season started early and was very active. Most years, three different types of influenza viruses circulate, so you can get a flu shot even after you have had influenza and be protected against other strains.



2015 outbreaks

Can one case of a communicable disease be an 'outbreak?' Yes, it can. During 2015 we investigated single cases of two types of bacterial meningitis that can be fatal (unfortunately one was) and verified that the close contacts to these persons were given appropriate antibiotics. Surveillance of exposed persons and potential cases is an important function of public health. We monitored for cases of dangerous shiga toxin e coli (STEC) when samples of cider from a local establishment tested positive (no cases were verified). We also monitored two travelers who returned from an area of Africa where an ebola virus outbreak was occurring to protect our citizens in the event that they developed illness (they did not). We also assisted other health departments in monitoring for cases of shigella and STEC that might be linked to their large outbreaks.

Date	County	Exposure	# Ill	Suspect Vector	Agent
Feb. - Oct.	Montcalm, others	Multi-county outbreak	46	Fecal-oral spread	Shigella sonnei
Feb. - March	Montcalm	Monitored Liberia traveler	0		Ebola virus
May - June	Clinton	Monitored Liberia traveler	0		Ebola virus
July	Clinton, Montcalm	Cancer treatment center	2	Close contact	Haemophilus influenza
July	Clinton	Assisted PA Dept. Health	1	Food	Shiga toxin ecoli
October	Clinton	Local Cider Mill	0	Food	Shiga toxin ecoli

MMDHD has an Epi Team to respond to communicable disease outbreaks. This team includes the medical director, epidemiologist, communicable disease nurses and environmental health staff. MMDHD uses the Michigan Disease Surveillance System (MDSS) to receive and manage disease reports. MDSS is a highly-advanced database that allows local and State investigators to collaborate. It also reports cases to the Centers for Disease Control and Prevention, which can identify when local cases of diseases are connected to more widespread outbreaks.

Chronic Disease

A Surge in Chronic Disease

The health of the public has improved tremendously over the years. We live longer with less fear of disease than ever before. However, as we are all too aware, chronic illnesses associated with unhealthy lifestyles have emerged as new challenges to public health. Obesity and related syndromes like hypertension, stroke and diabetes are common in adults and are increasing in our children. Complicating the picture, people can live for a long time with these conditions, driving up the cost of health care. Public health is throwing itself into the struggle against chronic disease, just as it once did in the fight against germs.

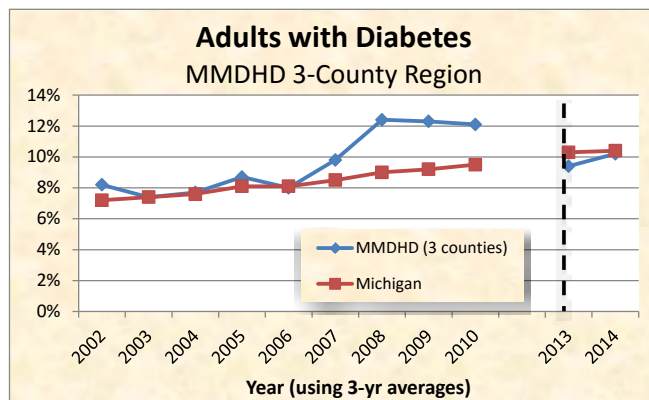


Taking action to improve health

The three Community Health Assessment and Improvement Projects in our district, Healthy Montcalm, Live Well Gratiot and Healthy! Capital Counties, are targeting factors that increase our risk of chronic disease. The plans include strategies aimed at promoting physical activity and healthier diets; fighting substance abuse, including alcohol and tobacco; and increasing access to preventive health services for low-income and uninsured people. To see these plans, visit www.mmdhd.org and click on the "Community Health Assessment" link.

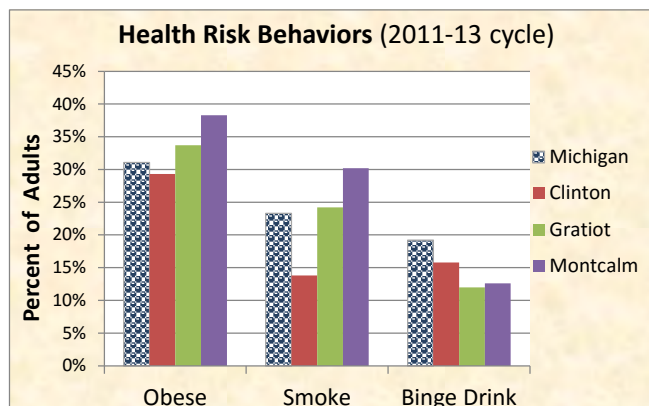
Diabetes increasing

The chart at right shows that the percentage of people living with diabetes has increased in the past 20 years. Mid-Michigan is affected by the same increases in chronic disease seen elsewhere in the United States. It is no wonder. We have yet to make the changes in our lifestyles that we need to improve health.



Health Risk Behaviors

The chart at right shows the percent of the population who are obese, smoke, or binge drink in Clinton, Gratiot and Montcalm counties, and compares them to the State of Michigan. Notice that Gratiot and Montcalm counties have rates of obesity and smoking that are higher than Michigan. Clinton County has the highest rate of binge drinking. These patterns fit what is typically seen in other places. Of the three counties, Clinton County has higher household incomes and rates of college graduation. Such communities often have lower rates of obesity and lower rates of smoking, but higher rates of alcohol consumption.



In the Spotlight



Immunization waivers

Immunizations are vital. They are safe and prevent many life-threatening diseases. Because of this, Michigan requires schools to report on the immunization status of all kindergarten and seventh grade students. While most parents vaccinate their children, there are some who don't due to medical, philosophical or religious reasons.

Michigan allows parents who don't want their children to be immunized to sign a waiver. Michigan has the fourth-highest rate of vaccine waivers in the nation. As of September 2015, the waiver rate for the State was 5.5 percent, compared to the national rate of 1.8 percent. Immunization waiver rates for our three counties were 6.5 percent for both Clinton and Montcalm, with Gratiot having the lowest, at 2.2 percent.

To assure that parents are making the best possible decision on whether or not to immunize their child, Governor Snyder and lawmakers approved a rule that went into effect January 1, 2015. It requires parents wanting a non-medical waiver to speak with their local health department about the risks associated with not receiving vaccines and the benefits of vaccination to their child and community. Michigan is one of twenty states that allow parents to obtain a waiver for philosophical reasons, which are the most common reasons for requesting a waiver (71% of all waivers in 2014).

Our staff have been working diligently on the new waiver rule. In 2015 our staff met with parents and completed a total of 341 waivers (Clinton – 158, Gratiot - 51 and Montcalm - 132).

The new waiver rule has been very successful. Since the waiver rule went into effect, Michigan's total waiver rate for schools decreased to 2.8 percent in November 2015. This means more children are protected by vaccines, while parents who don't want their children vaccinated still have that option.

If a client feels they were not treated respectfully by MMDHD staff while seeking an immunization waiver, they should contact Marcus Cheatham, Health Officer, at 989-831-3614.

Medical Director's Perspective



Your health is affected by the health of those around you. Providing social support to your community may help you live a healthier life.

It is with great pleasure that I introduce myself to you as Medical Director for the Mid-Michigan District Health Department. I have been in this position since August 2015. Dr. Robert Graham, your previous Medical Director, retired after providing 23 years of wonderful public health service. I previously worked as a family physician for 11 years in Clare, Michigan.

Public health, which is the primary service provided by your local health department, focuses on many things, such as encouraging healthy behaviors, addressing environmental hazards and preventing spread of infectious disease. Population health, while similar, focuses on the health of a group of individuals. The Michigan Department of Health and Human Services has identified the top five population health priorities that are felt to have the largest scale impact on the population of our state. They are also felt to have known, effective strategies to address them, following the leadership of the Centers for Disease Control and Prevention.

The five Winnable Battles that Michigan identified are: healthy babies; heart disease and stroke; tobacco use; immunizations, and; nutrition, physical activity, and obesity. Each of these battles is affected by social factors, such as family support, education, income and other resources. Providers of health care, health educators and health advocates of all types, including those of us at the health department, work to improve the health of everyone in Michigan. Unfortunately, we are limited in how much we can impact these social factors. We turn to you in the community to do all you can to help. Please continue to volunteer your time and do what you can to help your neighbors to improve their situations so that they may improve their health. Your health is affected by the health of those around you and providing social support to your community may help you live a healthier life.

I look forward to serving your community for many years to come. If I can ever be of service to you, please contact your local branch office.

Sincerely,

A handwritten signature in black ink, appearing to read 'J Morse'.

Jennifer Morse, M.D.
Medical Director



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