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

Serving Clinton, Gratiot & Montcalm Counties
45 years of service in 2011

On May 17, 2011 MMDHD marked its 45th anniversary with an open house in Ithaca. Board of Health members, community partners, government representatives, and current and past employees joined together to celebrate MMDHD's many accomplishments and to look forward to another 45 years of providing top-notch public health care services to the residents of Clinton, Gratiot, and Montcalm counties.

A look back...

1966
- Mid-Michigan District Health Department was organized
- The first immunization clinic took place
- Environmental Health sanitary code was adopted
- Each branch office had one nurse, one sanitarian, and one clerk

1967-1968
- The first hearing clinic was held
- The first food establishment permit was issued
- The first vision screening clinic was held

1972-1974
- Began conducting land evaluations
- Began air sampling tests for airborne particulates

1975-1979
- WIC program began
- State Public Health Code adopted
- Healthy People initiative began

1980s
- Began HIV/AIDS counseling and testing
- Maternal Support Services (MSS) and Early On programs began

1990s
- Infant Support Services began
- New Montcalm and Gratiot branch offices opened

2000
- Stanton Dental Care Center opened
- Healthy People 2010 initiative was released
- Environmental Health's “Register for Quality” program began

2001
- Agency's website was established
- Mid-Michigan Health Plan established
- Emergence of bioterrorism as a public health threat

2002
- Environmental Health's GIS system was implemented

2003
- Environmental Health established “Food Basics 101 course
- Agency worked extensively on smallpox preparedness

2004
- MIS developed video conferencing capabilities between branch offices

2005
- EH developed policies and procedures for Residential Well Program

2006
- Established Pandemic Influenza Coordinating Committee
- Increased access to Family Planning and Plan First
- Hosted Pandemic Influenza Summit
- Secured funding to locate and procure abandonment of old unused water wells in partnership with the City of Ithaca

2007
- Community-Based Adult Dental Clinic opened in St. Johns
- New Clinton Branch Office opened
- Oral Health program awarded grants to apply sealants and fluoride varnish
- Agency awarded over $600,000 worth of vaccine for uninsured residents
- Agency awarded two Komen grants to address breast cancer

2008
- Environmental Health investigates and stops illegal sewage discharge into Pine River
- MMDHD hosted “Bite Fright” rabies conference
- WIC program converted from paper coupons to electronic benefit card

2009
- Initiated a comprehensive H1N1 influenza response and vaccination campaign
- Expanded and relocated the Stanton Dental Care Center to Sidney

2010
- Smoke-Free law begins for local businesses in Michigan
- Secured funding to install indoor fitness trails in Gratiot and Clinton schools
A Message from the Health Officer

On behalf of the Board of Health and Staff, I am pleased to present you with the Mid-Michigan District Health Department’s 2011 Annual Report.

This report provides an overview of several selected health indicators and highlights the programs and services of the Environmental Health (EH) and Community Health and Education Divisions (CHED). Local health departments are focused on keeping people healthy by making sure the food you eat is safe, our drinking water is clean, and vaccine preventable diseases are eradicated. All of our 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 summarizes department priorities and accomplishments in 2011. Our emphasis continues to be on maximizing resources, seeking creative partnerships and new funding opportunities to meet current needs and address new challenges. Highlights for the year included:

- Celebrated our 45th year as a district health department in 2011 and reflected upon how the department has evolved to meet the changing needs of our communities.
- Expanded the Community-Based Dental Clinic in St. Johns from 3 chairs to 5 chairs and increased the days of operation from 2 to 5, more than doubling capacity. The day-do-day operations were also transitioned to the Michigan Community Dental Clinics who have expertise in providing dental services to the low-income population.
- Adopted a new vision statement and strategic plan for the agency focusing on quality improvement.
- Launched a comprehensive Community Health Assessment and Improvement planning process in conjunction with community partners in each county to improve health and well-being.
- Collaborating with community partners to reduce the prevalence of obesity in the district.

In 2011, Governor Snyder held a statewide Obesity Summit and launched the Michigan Health and Wellness 4 X 4 Plan. Residents can improve their personal health by practicing four key health behaviors:
1) Maintain a healthy diet, 2) Engage in regular exercise, 3) Get an annual physical examination and 4) Avoid all tobacco use and exposure. In conjunction with these healthy behaviors, we should all be aware of four key health measures: 1) Body Mass Index (BMI), 2) Blood pressure, 3) Cholesterol level and 4) Blood sugar level. If residents practice the 4 X 4 plan, their lives will be fuller and our health care costs will be reduced.

In conclusion, the Mid-Michigan District Health Department will continue 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 actively addressing emerging issues. I encourage you to review the report and call the health department with any questions at (989) 831-3610. The Mid-Michigan District Health Department appreciates your continued support and looks forward to helping make our communities safer and healthier.

Sincerely,

Kimberly Singh, M.A., C.H.E.S.
Health Officer
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 formulated and implemented which will provide long-term, continuing health protection for the residents of the district.

(front l-r) Roland Merignac and Carl Paepke.
(back l-r) Health Officer Kimberly Singh, Teresa Hagerman, Medical Director Dr. Robert Graham, Tom Lindeman, Jack Enderle, and Bruce Delong.

JACK A. ENDERLE (CLINTON COUNTY)
Mr. Enderle is serving his fifth year on the Board of Health. As Chairperson of the Board, he is responsible for preparing and approving meeting agendas and presiding at Board meetings. As Chairperson of the Personnel Committee, he presides during negotiations with collective bargaining units and presents recommended salary and benefit changes to the Board. He also serves as a member of the Finance Committee and is Vice Chairperson of the Mid-Central Coordinating Committee. He is also a representative on the Michigan Association for Local Public Health (MALPH) Board.

BRUCE DELONG (CLINTON COUNTY)
Mr. Delong is serving his first year on the Board of Health. He serves as a member of the Program Committee.

ROLAND MERIGNAC (GRATIOT COUNTY)
Mr. Merignon is serving his third 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 Personnel and Mid-Central Coordinating Committees.

TERESA HAGERMAN (GRATIOT COUNTY)
Ms. Hagerman is serving her first year on the Board of Health. She serves as a member of the Finance Committee and Quality Vision Action Team (QVAT).

TOM LINDEMAN (MONTCALM COUNTY)
Mr. Lindeman is serving his eighth year on the Board of Health and is Vice Chairperson for the Board. He also serves on the Personnel Committee.

CARL PAEPKE (MONTCALM COUNTY)
Mr. Paepke is serving his seventeenth 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 Program, Mid-Central Coordinating, and Emergency Preparedness Coordinating Committees.

KIMBERLY SINGH, M.A., C.H.E.S. (HEALTH OFFICER)
Ms. Singh is serving her fifteenth 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 twentieth 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.
2011 FINANCES

Revenues

State & Federal Funds ................................................................. 49%
Appropriations & County Funding ............................................... 23%
Other .................................................................................. 10%
Fees & Collections .................................................................. 10%
Medicaid and Medicare Collections .......................................... 8%

TOTAL REVENUES .............................................................. $6,064,430

Expenditures

Personnel ................................................................................ 70%
Supplies ............................................................................... 11%
Other .................................................................................. 9%
Contractual ......................................................................... 6%
Travel .................................................................................. 3%
Communication .................................................................... 1%
Equipment ............................................................................ 0%

TOTAL EXPENSES ......................................................... $6,064,430

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.
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 in areas such as food safety, sanitation, drinking water supplies, and wastewater disposal.

Technology Advancements
The use of technology within our Environmental Health Division has advanced greatly over our 45 year history. In the early days, reports and notices were handwritten with many issues settled verbally. The progression to the use of carbon paper, then providing a handwritten letter to clerical staff to receiving an actual printed document from the Division’s one computer was seen as landmark at the time. Today, the Division staff use technology every day. Once maintained by memory or a sheet of paper, sites affected by environmental contamination are now available electronically via website listings and electronic mapping. With critical information more available, water quality issues are addressed quicker and more comprehensively than ever before. Once handwritten, food service inspections are now entered, printed, and discussed with facilities on the spot with laptop computers. Inspection results are now tracked electronically via databases, allowing for program planning and trend analysis. In the past, the agency's standard forms were whatever the inspector had in or around their office. Today, our agency maintains policy, procedure, and approved forms, all available to our staff electronically on an internal website, assuring consistency. All of these new uses of technology improve awareness and response to environmental concerns, not only within our Division, but also within the community. The Environmental Health Division will continue to look to provide improvements in making information available to the public and community partners.

Environmental Health Standard Advancements
One cannot quickly look back across 45 years of Environmental Health without briefly touching upon the many changes in environmental regulations. Locally, the District’s first Environmental Health Regulations were adopted and effective in 1967. Undergoing four revisions in the past 40 years, the current Environmental Health Regulations now contain modern, comprehensive language consistent with local conditions. The past 45 years has seen changes in the food safety program as well. Food service inspections, once regulated under a 1976 statute, are now managed under Michigan's Food Law of 2000. Michigan's Food Law was amended as recent as 2008 and remains the regulatory cornerstone for local health departments and the State of Michigan. Water regulations within Michigan have also changed in the past 45 years. In addition to changes in local regulations, the State of Michigan has had several statutes change over time including, but not limited to, laws from 1976 and 1978 as well as landmark amendments in 1994 and 1999. These increasingly complex environmental standards have specifically addressed areas such as water well construction, water sampling, and groundwater withdrawals; all of which affect the quality of life in our local communities. The Environmental Health Division has remained committed to not only keep pace with the changing landscape of environmental standards but also look forward for opportunities to educate and ensure healthy communities.

Community Education Advancements
In 1966, each of our three offices had one Environmental Health Specialist responsible for multiple programs and inspections. Education efforts took place, but typically on a limited scale. Today we maintain multiple education efforts on a much larger scale. This past year alone, our Division has interacted with a myriad of different community groups. We presented educational sessions on environmental hazards such as Mercury, Lead, and Radon to Commission on Aging groups, visited local schools to present on subjects, such as indoor air issues, and offered sessions updating commercial water well owners of current and changing regulations affecting their water supply systems. The Division also continued its commitment to providing food service facility owners and managers with state-of-the-art training and certification regarding best practices in food safety. Looking forward, the Environmental Health Division will continue to seek even more opportunities to provide environmental education.
### 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.

<table>
<thead>
<tr>
<th>Number of Services Provided (unduplicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinton</strong></td>
</tr>
<tr>
<td>Advanced Food Training Classes</td>
</tr>
<tr>
<td>Food Service Inspections (Fixed)</td>
</tr>
<tr>
<td>Food Service Inspections (Temporary)</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Number of Inspections and Permits Issued (unduplicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinton</strong></td>
</tr>
<tr>
<td>On-Site Sewage Disposal Permits</td>
</tr>
<tr>
<td>Site Evaluations</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
</tbody>
</table>

### Environmental Quality

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

<table>
<thead>
<tr>
<th>Number of Clients Served (unduplicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinton</strong></td>
</tr>
<tr>
<td>Campground Program</td>
</tr>
<tr>
<td>Dept. of Human Services Inspections</td>
</tr>
<tr>
<td>Nuisance Complaint Investigations</td>
</tr>
<tr>
<td>Radon Test Kits Distributed</td>
</tr>
<tr>
<td>Public Swimming Pool Program</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Number of Clients Served (unduplicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinton</strong></td>
</tr>
<tr>
<td>Groundwater Quality Control</td>
</tr>
<tr>
<td>Well Contaminate Monitoring</td>
</tr>
<tr>
<td>Septage Waste Haulers</td>
</tr>
<tr>
<td>Trucks Inspected</td>
</tr>
<tr>
<td>Sites Inspected</td>
</tr>
<tr>
<td>Water System Evaluation</td>
</tr>
<tr>
<td>Sewage Disposal Evaluation</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
</tr>
</tbody>
</table>

In 2011, the Environmental Health Division provided service to 3,580 unduplicated clients or facilities throughout the district.
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.

As we celebrate our 45th Anniversary, it’s a time to reminisce, track our progress, and build a vision for our future.

**Forty-five years ago**, our staff felt lucky to have a typewriter, especially if it had the auto correct function. Carbon paper was an everyday office item. This year, we continued the transition to electronic health records. The Children’s Special Health Care Services program was the first to “go live” on April 1, 2011. Along with the EZLink electronic record system, our staff can now communicate children’s needs with the state electronically and assist clients district wide from any MMDHD office location. CSHCS staff uses Insight Anywhere software to complete Plans of Care for Special Needs children in the home. The Communicable Disease program rolled out an electronic reporting system for the schools with full implementation at the start of the 2011 school year. The system has improved school communicable disease reporting compliance. On October 1, 2011 the Family Planning program went live on Insight. The family planning staff, along with Management of Information Systems (MIS) support, built their own record system for the program. The electronic records have improved data collection and report generation. Paper charts and filing cabinets are becoming things of the past.

**Thirty-five years ago**, the WIC program began at MMDHD. In 1977 MMDHD WIC distributed handwritten, carbon copy coupons for food and served 350 participants. In 2011 WIC is fully electronic and served over 4,100 participants. In late 2010, MMDHD received a $130,000 grant to hire 4 part time WIC Breastfeeding Peer Counselors. By January 2011 the Peer Counselors were meeting with pregnant WIC clients to explain the benefits of breastfeeding and offering in-office and phone support to breastfeeding mothers. The percentage of WIC women who initially fed their infant breast milk increased from 64% to 70%. “Because rates of obesity are significantly lower in breastfed infants, national campaigns to prevent obesity begin with breastfeeding support. There is a 15% to 30% reduction in adolescent and adult obesity rates if any breastfeeding occurred in infancy compared with no breastfeeding.” (Pediatrics. February 27, 2012) MMDHD congratulates employee Angie Martin, RD, who received International Board Certified Lactation Consultant certification this year. This is a challenging and highly-recognized credential. Breastfeeding support offers the promise of a healthier future for babies.

**Fifteen years ago**, there were no dental clinics in the MMDHD jurisdiction serving low income-residents. Oral Health prevention initiatives were nonexistent. MMDHD played an integral role in the establishment of the two dental clinics currently located in Sidney and St. Johns. In 2011, through the assistance of community partners, the St. Johns Dental Center was expanded from three to five operatories. On September 1, 2011, the dental clinic operation was transferred to Michigan Community Dental Clinics, Inc. We continue to work in a cooperative environment sharing referrals and office space. MMDHDs Oral Health Coordinator continues to spearhead oral health initiatives, such as fluoride varnish applications to children through Head Start and WIC clinics. Through her collaborative efforts with local volunteer dentists, 2nd and 6th grade students in Montcalm County received dental sealant applications.

**Today**, Mid-Michigan District Health Department’s highly skilled and innovative staff continue working with our community partners to create a healthy future for our communities.
In 2011, the Community Health and Education Division provided service to 37,800 unduplicated individuals and families.
Our health care system is out of date.

The twentieth century witnessed an explosion of medical knowledge. Scientists discovered germs that cause acute illnesses like tuberculosis and meningitis. Immunizations have nearly conquered diseases that routinely killed half of all children before they turned five years old. Aseptic techniques (procedures performed under sterile conditions) made surgery safer. By the end of the twentieth century, most acute illness rates had decreased by 99 percent. More people were living longer.

Acute illnesses such as polio, tetanus, and measles have been tamed. Chronic illnesses such as diabetes, heart disease, and cancer have taken over as the leading killer andcrippler of people in the twenty-first century. Unfortunately, our approach to chronic illness is the same as for acute diseases. We want a pill to take care of our blood sugar, we want a pill to lower our cholesterol, we want a wonder drug to knock out cancer.

The twentieth century approach to medicine will not make people healthier or live longer. The counties’ medical budgets are growing, yet we are getting an awful return. Diabetes is a perfect example of what is wrong with our medical system. More and more people are becoming diabetics in America. The financial and illness burden of this chronic disease has become suffocating. Diabetics are more likely to need dialysis, become blind, have heart attacks, and lose extremities to amputation.

What can be done?

For answers to what needs to be done, let us look at an example of what works. One of the modern wonders of healthy living is something simply amazing: sewage disposal. This feat is something we all take for granted. Keeping people separated from sewage saves more lives every day than all the open heart surgeries that have been performed since the procedure was introduced.

The recent terrible earthquake in Haiti is a perfect example of the consequences of the failure of an important infrastructure system. The sewage disposal system was destroyed. The water supply became contaminated by sewage. Thousands of people contracted Cholera and many people died. It was the lack of preventing the co-mingling of drinking water with sewage that caused the deaths.

Looking back at what worked in the past has always come down to prevention. Preventing tooth decay, preventing diphtheria, preventing infant diarrheal illnesses, preventing the spread of disease from tainted food all are simple methods and save lives.

For chronic illnesses let us adopt preventative methods. Let us pour a little more of today’s money into preventing diabetes, heart disease and cancer. We should make the practice of prevention as important as the latest surgical innovation. The education of doctors and other health care providers should concentrate on preventing disease as well as treating disease.
The 10 disease categories shown in this table (lower right) 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 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.
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 of Michigan.

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, the 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 from the early 1970s to 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, Clinton, Gratiot, and Montcalm Counties have generally maintained a lower infant mortality rate than Michigan, and have compared similarly to the mortality rate for Caucasian/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 to 17 years only. From 1990 to 2005, Michigan experienced a continuous decline in the rate of teen pregnancy. Since 2005, the rate for 15-17 year-olds has leveled off at approximately 28 pregnancies per 1,000 teens. The counties served by MMDHD have generally shown 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 Michigan. Efforts to encourage abstinence, responsible sexual decision making, and increased use of contraceptives are important contributors 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 some mothers-to-be engage in high-risk behaviors or experience high-risk conditions before, during, and shortly after pregnancy. This is important because how moms behave and what happens to them can influence the health of their growing baby, even before birth. Some of these characteristics are monitored at the county and state levels so trends can be observed and evaluated. These findings are useful in designing 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 (above right) compares selected birth characteristics for Clinton, Gratiot, and Montcalm Counties as well as the State of Michigan.

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 has experienced a recent fluctuation in the percentage of repeat teen births and the percentage of Gratiot County mothers who smoked during pregnancy generally increased during the period indicated in the chart.

![Graphs of selected maternal birth trends]

<table>
<thead>
<tr>
<th>Selected Birth Characteristics - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Total Live Births</td>
</tr>
<tr>
<td>- to women under age 20 years (teens)</td>
</tr>
<tr>
<td>- to women over age 40 years</td>
</tr>
<tr>
<td>% birth mothers under 20 years of age</td>
</tr>
<tr>
<td>% birth mothers w/less than 12 yrs education</td>
</tr>
<tr>
<td>% birth mothers unmarried</td>
</tr>
<tr>
<td>% birth mothers enrolled in Medicaid</td>
</tr>
<tr>
<td>% birth mothers who smoked while pregnant</td>
</tr>
<tr>
<td>% received prenatal care during 1st trimester</td>
</tr>
<tr>
<td>% low birth weight (under 5 lbs. 8 oz.)</td>
</tr>
<tr>
<td>% very low birth weight (under 3 lbs. 5 oz.)</td>
</tr>
<tr>
<td>% pre-term birth (born before 37 complete weeks)</td>
</tr>
</tbody>
</table>

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.
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.
Services Provided

Community Health And Education Programs

- 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)
- Oral health (fluoride, varnish, and sealant) applications
- Hearing and Vision Screening
- Health Education
- Blood lead testing and education
- Rabies investigation
- Mid-Michigan Health Plan enrollment coordination

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
MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

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

www.mmdhd.org