MICHIGAN DISTRICT HEALTH DEPARTMENT GRANOWILL STREET

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

www.mmdhd.org

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BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Sam Smith
Dwight Washington, Ph.D.

MARK W. (MARCUS) CHEATHAM Health Officer

JENNIFER MORSE, MD Medical Director

BOARD OF HEALTH REGULAR MEETING

Δt

Mid-Michigan District Health Department Gratiot County Branch Office Ithaca, Michigan

Wednesday, September 27, 2017 10:00 a.m.

AGENDA

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.

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1.

- **B. CONSENT ITEMS:**
 - 1. Meeting Minutes
 - a. Michigan Association for Local Public Health (MALPH) Meeting held August 14, 2017 Included.
 - b. Mid-Michigan District Board of Health (BOH) Regular Meeting held August 23, 2017 **Included.**

c.

2. Communications

a.

- C. PUBLIC COMMENTS:
- D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

- 1. Finance Committee Tom Lindeman, Chair
 - a. Mid-Michigan District Health Department's Expenses for August 19 through September 15, 2017 **Included.**
 - b. FY 16/17 Proposed Amended Budget and Monthly Balance Sheet, Revenue and Expenditure Report for August 2017 **Included.**
 - c. New Fees for Family Planning Program Included.
 - d. FY 15/16 Audit, Update on Corrective Action Plan Policies **Handout.**

e.

- 2. Personnel Committee Betty Kellenberger, Chair
 - a. Environmental Health Director Recruitment
- 3. Program Committee Bruce DeLong, Chair
- 4. Mid-Central Coordinating Committee Tom Lindeman, Vice Chair
- F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D. **Included.**
 - 1. Mold

2.

- G. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D.
 - 1. My Community Dental Centers (MCDC) Financial and Operational Reports, June 2017 **Included.**

2.

H. OLD BUSINESS:

- 1. District-Wide In-Service, Friday, November 3, 2017, Gratiot-Isabella Regional Education Service District (RESD), 8:30 a.m. to 4:30 p.m. **Included.**
- 2. Update on the Montcalm County Animal Shelter

3.

I. NEW BUSINESS:

- 1. Screening for Elevated Blood Lead, Becky Stoddard, Public Health Nurse III Included.
- 2. Agency Rebranding, Leslie Kinnee, Public Information Officer Included.

3. Emerging Issues

a.

- J. LEGISLATIVE ACTION:
- K. INFORMATIONAL ITEMS: Included.
 - 1. Mid-Michigan District BOH Action Items, August 2017
 - 2. Staffing Report
- L. RELATED NEWS ARTICLES AND LINKS:
 - 1. MMDHD News Articles Available Online at: http://mmdhd.org/?q=node/125
 - 2. "Two Montcalm Co. Residents Contract West Nile Virus", Fox 17 West Michigan Online, http://fox17online.com/2017/08/31/two-montcalm-co-residents-contract-west-nile-virus/ August 31, 2017

3.

M. AGENCY NEWSLETTERS: - None.



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Board of Health Synopsis of Actions Needed

Item A. 1.	AGENDA NOTES, REVIEW, AND REVISIONS
Motion to ap	prove the Agenda as amended.
Item B. 1. & 2.	CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to ac	ccept and place on file Meeting Minutes B. 1. a. and b.
Item E. 1. a.	EXPENSES FOR AUGUST 19 THROUGH SEPTEMBER 15, 2017
	oprove payment of the Mid-Michigan District Health Department's Expenses for rough September 15, 2017, totaling \$450,015.15.
Item E. 1. b.	BALANCE SHEET, REVENUE AND EXPENDITURE REPORT-AUGUST; PROPOSED AMENDED BUDGET
•	oprove and place the Balance Sheet, Revenue and Expenditure Report for August 2017 posed Amended Budget on file.
Item E. 1. c.	NEW FEES FOR FAMILY PLANNING PROGRAM
Motion to ap	prove the new fees for the Family Planning Program as proposed.
Item E. 1. d.	FY 15/16 AUDIT, UPDATE ON CORRECTIVE ACTION PLAN POLICIES
Motion to ap	prove the FY 15/16 Audit Corrective Action Plan Policies as proposed and authorize the
Board Chair	to sign where needed.
Item F. 1.	MEDICAL DIRECTOR'S REPORT, MOLD
Motion to ac	lopt the BOH Monthly Healthy Living Recommendation for October as proposed.
Motion to ac	ccept and place the Medical Director's Report on file.

MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

(MALPH)

Board of Directors Meeting Minutes August 14, 2017

I. Call to Order

The meeting was called to order at 9:02am by Marcus Cheatham, President.

II. Roll Call

A quorum was present.

Jurisdictions Represented: Barry-Eaton [Colette Scrimger], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Eric Pessell], Central Michigan [Steve Hall], Chippewa [Karen Senkus], Delta-Menominee [Mike Snyder], Detroit [Tim Lawther], Dickinson-Iron [Daren Deyaert], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Grand Traverse [Wendy Hirschenberger], Huron [Ann Hepfer], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Kathy Haskins], Lenawee [Martha Hall], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Marquette [Jerry Messana], Midland [Mike Krecek], Mid-Michigan [Marcus Cheatham], Oakland [Leigh-Anne Stafford], Ottawa [Lisa Stefanovsky], Saginaw [Christina Harrington], St. Clair [Annette Mercatante], Tuscola [Ann Hepfer], Washtenaw [Ellen Rabinowitz], Western UP [Kate Beer].

Others Present:

Administrative Officers Forum, [Barton Maas, Rachel Shymkiw], Health Education and Promotion Forum, [Tracey Wood], Nurse Administrators Forum, [Joann Hoganson], Physician's Forum, [Ruta Sharangpani], MAC, [Don Vrablic], MDARD, [Sean Dunleavy, Jennifer Holton], MDEQ, [Dana DeBruyn, Dan Detweiler, Susan Ramirez], MDHHS, [Caroline Castillo, Sarah Lyon Callo, Mary MacQueen, Sue Moran, Orlando Todd], MPHI, [Jessie Jones], PAA, [Ed Dore]

Staff: Meghan Swain, Jodie Shaver

III. Approve Agenda

Removed presentation by Anne Barna. Motion by R. Burns, support by K. Hughes to approve the agenda. Motion carried.

IV. Approve Meeting Minutes

Motion by D. Bryan, support by R. Burns to approve the July 10, 2017 minutes. Motion carried.

V. Reports of Officers/Staff/Forums

President

M. Cheatham reported that the executive committee is currently working on the executive director evaluation. If anyone would like to offer additional comments, please let him

know. He also reported that Friday was the last day for group liability insurance bids. Michigan Municipal Risk Management Authority learned of this project and would like to develop this specific malpractice product, as they have business relationships with many counties. In addition, collaborative practice agreements and model contracts have received legal review. A small MALPH group met with state departments to discuss overall concerns about legal action that can be taken against state (and local) personnel. M. Swain offered that people are heightened since Flint charges have been filed at a top level.

L. Stefanovsky reported that she attended a session on public health ethics. She, A. Mercatante, E. Rabinowitz are seeking to bring the speaker here to meet with health officers and personnel to form a committee. Molly Polverento, at MSU is going to assist. C. Scrimger added that if a health department is applying for PHAB, it will be required to demonstrate that an ethics committee is in place under the 1.5 tool. She offered to join the workgroup.

K. Hughes reviewed the MALPH 2017/2018 executive committee ballot. L. Stefanovsky's term will expire, and the board needs to approve her remaining on the executive committee until 2019. Motion by A. Mercatante, support by R. Thoune to allow L. Stefanovsky to run for an additional term. M. Cheatham asked for nominations from the floor. Hearing none, the slate of candidates are set. M. Swain will mail ballots to members.

Secretary/Treasurer

N. Derusha stated that there was nothing new to report with regard to the budget. We are on track. Motion by M. Krecek, support by K. Hughes to accept the financial reports.

Executive Director

M. Swain reminded members that the October board meeting will be Tuesday, October 3rd at Mission Point on Mackinac Island from 12:00noon-2:00pm with lunch. She also stated that reservations to Mission Point must be made by August 18, 2017, and that cancellations must be done two weeks prior to your arrival date. Patagonia will host user group training/activities on Tuesday (pre-conference day). She reported that the Sustaining Immunization Action project manager and coordinators, along with representatives from the Michigan Health Endowment Fund, will be presenting at the September board meeting. She provided an update on a meeting regarding the vision screening bill (SB411). There is almost 100% response (and approval) for statewide access in MDSS. We are waiting for the final data use agreement form and guidance. There is draft legislation regarding pre-K dental assessments. There is a white powder incident webinar, hosted by the Bureau of Emergency and Trauma Preparedness on Monday, September 11th, immediately following the board meeting.

Lobbyist

E. Dore reported that the legislature continues their summer break, reporting that the House may meet, but the Senate has no scheduled session days. They will return after Labor Day. He also reported that more candidates are nearing their announcement for governor. He

reported that the legal preliminary exams for MDHHS leadership will be at the end of August, beginning of September. There may be many ballot initiatives on the 2018 ballot, including multiple ones regarding marijuana.

Forum Reports

Administrator's Forum: R. Shymkiw reported that they are addressing confusion regarding the Maternal and Child Health block grant, as the state department is reviewing indirect costs and may be using a different interpretation of federal guidance. Jeanette Hensler and Deb Hallenbeck will explain indirect rates and entering them into eGrams. Trudy Esch and Robin Orsborn have indicated that something has changed, but health departments have not been notified of any changes. There are questions with regard to the health risk assessment requirement for continued enrollment in the Healthy Michigan Plan. The State Medicaid office believes the local health departments need to locate these individuals and inform them that they risk losing health insurance. It was reported that there is a significant decrease in Medicaid outreach claims. They have been working on clarification for months. They were supposed to have a workgroup but that has yet to be scheduled. The forum is also discussing a lack of hearing and vision training, which is only one time per year. This is impacting screenings because staff cannot be trained timely. O. Todd is inquiring.

<u>Health Education and Promotion Forum</u>: Tracy Wood reported that they are working with PIOs on a survey to better understand health education and linking to public information officers. Survey includes who has health education staff, desired skill sets, and how to have effective health education staff, especially those in joint roles. She is getting the summary together and will forward accordingly.

<u>Michigan Association of Counties (MAC)</u>: D. Vrablic reported that the MAC health and human services committee does not meet during the summer months.

<u>Environmental Health Forum</u>: K. Bowen reported that the statewide septic may move forward. In addition, updates to the food law including food service handlers required to have certified training. MALEHA is currently opposing the proposed because this certification would only be required of restaurant employees, not retail.

<u>Preventative Physicians Forum</u>: R. Sharangpani reported that they discussed Hepatitis A and legionella outbreaks, opioids use/abuse. They are keeping updated on Naloxone medical order with pharmacies (Currently, there are approximately 550 pharmacies who have signed on). She also reported that parents coming in for immunization waivers are refusing to fill out portions of the paperwork including name, numbers, etc. Next month, they will be discussing the follow up from the cross jurisdictional sharing meeting held earlier in the month.

Information Systems Forum: No report given at this time.

<u>Nurse Administrator's Forum</u>: J. Hoganson reported that the forum discussed electronic medical record products, including what counties have committee to, how is implementation going, transition, and how well are vendors responding? She also reported that they have discussed the pros/cons of the MALPH restructure. They discussed the update for MDSS and a few legislative pieces, including the vision screening and pre-K dental and the role of nursing. As a result, discussed the need for school nurses in every school. They have drafted a letter to Medicaid addressing MIHP reimbursement rates. Motion by C. Scrimger, support by M. Krecek to also send a letter regarding MIHP. They also approved having a vendor table at the conference in October.

VI. Southwest Workforce Development Project

J. Jones of the Michigan Public Health Institute reported that she facilitated a regional workforce development workgroup. The counties included Allegan, Barry Eaton, Berrien, Kent, Ottawa, Calhoun, Kalamazoo, and Branch Hillsdale St. Joseph. This project was funded by a Cross Jurisdictional Sharing grant. They assessed and analyzed the data to create efficiencies and finalize action plans. The priorities included engaging in regular collaboration as a region, reviewing gaps, and address common themes as a region. They would like to develop a public health 101 for staff training across the region as well. Other ideas include Public Health 3.0, collaboration with community partners, core competencies, analytical assessment skills, funding, and policy development. One possible pilot project, for next year's funding, includes a regional training calendar, including public health 101, messaging to recruit and retain staff, promoting leadership and partnership. This year was a lot of planning, next year will be implementation, to include a plan for sustainability. K. Hughes and S. Hall offered information on training for performance based hiring, done through the Adler Group on recruitment.

VII. Reports from State Departments

Department of Agriculture and Rural Development (MDARD)

- J. Holton, Communications Director for MDARD shared they are putting together media trainings to include ambush-style interviews (due to cell phones), the role social media plays, quickly putting together three to four talking points, the changing face of media relations, and role/interaction between federal, state, and local. The first training is scheduled for St. Ignace on October 12th. The second in mid-Michigan October 26th. If well received they will look at a training on the west side.
- S. Dunleavy re-stated the communications training by J. Holton and looking forward to that work. He also reported that the fair pilot projects would begin soon, and he will have some draft summaries by next month's meeting. He also reported that the food law committee continues to meet and addressing concerns.

Department of Environmental Quality (MDEQ)

D. Debruyn reported they have a new secretary. Dan Detweiler is the new non-community water supply supervisor. Eric Oswald is the new division director. The department will be discussing FY 19 budget recommendations. On August 23rd, they are hosting a drinking water intended use hearing. They are setting aside future monies for water track in SIGWIS. They are putting together a large information technology proposal for drinking water and environmental health. She also reported that the lead/copper meeting went well, and they received a lot of feedback and discussion from a wide variety of roles connected to a lead/copper program. They are trying to strengthen the sampling and looking at thresholds. Currently, there are no requirements for school and daycares in sampling municipal water. They are reviewing the first year of revised Total Coliform Rules and looking to reconvene a workgroup. Several local health departments have chosen to put all systems on quarterly monitoring.

Department of Health and Human Services (MDHHS)

- S. Moran reported that they are currently working on the FY2019 budget, and she is seeking to prioritize and strategize for population health. The FY 2018 does allow to expand staff in the areas of water exceedance and vapor intrusion. She is also putting forward a recommendation to provide capacity and resources for local health departments in the areas of opioids, HIV/AIDS, and Hepatitis. She did add that it may be a tough budget year, but she is hopeful.
- S. Lyon Callo reported on the Hepatitis A outbreak, which has been active for over a year in Southeast Michigan. As of August 10, 2017, 234 confirmed cases of hepatitis A virus (HAV) infection have been reported since August 1, 2016 in the City of Detroit (74) and Macomb (55), Oakland (53), St. Clair (7), and Wayne (45) Counties. This represents a fifteen-fold increase over the same time period two years ago (8/1/2014 to 8/10/2015). Approximately, 85% of cases diagnosed with hepatitis A during the outbreak have been hospitalized and there have been 13 associated deaths. Cases range in age from 20 to 92 years (median 44 years), and 65% are men. Forty-three percent disclosed illicit drug use while 21% had unknown illicit drug use. 23% are co-infected with hepatitis C. Four percent of male cases reported MSM, while 30% were unknown. At least 15% of cases have noted homelessness or transient living situations. Transmission appears to be through direct person-to-person spread and illicit drug use; no common food or water source has been identified. The Centers for Disease Control and Prevention (CDC) has performed testing on select specimens and determined that several very closely related strains of hepatitis A virus genotype 1b are the cause of the outbreak.
- O. Todd reported that the second public health law training took place in Howell. This is an overview, and it will be expanded next year. Friday, September 8th is the multi-departmental state/local strategic planning session. This is part two from last year's small workgroup on building public health capacity through state accreditation (and then some). Please RSVP. There will be a pre-conference session in October to review the work

performed through Cross Jurisdictional Sharing grants. He is currently working on coordinated care contracts (consolidating them) and late foster care inspection payments.

M. MacQueen reported that the last week, yearend reports went out to include the following documents: the Medical Countermeasure Operational Readiness Review (MCMORR), the CERC Plan Reviews, the sub-recipient review reports, and a table showcasing the results of their required deliverables. These were sent to health officers and emergency preparedness coordinators. A majority of the health departments are in good standing, and the department will work with those that need assistance. She distributed materials for a webinar on a white powder incident. She also reported that there will be a strategic planning session between local health departments/tribes on June 5-6, 2018. She added that the tribes are trying to build some better relationships with local health departments and coordinating activities. Federal funding will be flat through June, 2018. She reported that they are expecting cuts in the future. The president's budget includes a 17% cut, prompting the bureau to consider a 5-year strategic plan in mass care and fatality management planning. They will help develop templates, plans, and the role of the local health department including food safety, monitoring for illness, screening, and triage. Will discuss further at the next state/local workgroup.

VIII. Public Comment/Announcements

M. Krecek reported that he is retiring at the end of the year. The board wished him well.

IX. Adjournment

The meeting adjourned at 11:50am.



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MARK W. (MARCUS) CHEATHAM Health Officer

JENNIFER MORSE, MD Medical Director

BOARD OF HEALTH REGULAR MEETING

at

Mid-Michigan District Health Department Clinton County Branch Office St. Johns, Michigan

> Wednesday, August 23, 2017 10:00 a.m.

MINUTES

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.

Members Present: Bruce DeLong, Chairperson; Sam Smith; George Bailey (left at 10:55 a.m.); Tom

Lindeman, Vice Chairperson; and Betty Kellenberger

Members Absent: Dwight Washington

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of

Administrative Services; Cindy Partlo, Board Secretary; and Jennifer E. Morse, M.D.,

Medical Director; Andrea Tabor, Director of Community Health and Education

Staff Absent: None

Guests: Amanda Harwood, Professor at Alma College; Sarah Doak, Supervisor of Community

Health and Education; and Ashley Tate, Michigan Care Immunization Registry (MCIR)

Coordinator

B. DeLong, Chairperson called the regular meeting of the Mid-Michigan District Board of Health (BOH) to order at 10:04 a.m., on Wednesday, August 23, 2017, at the Clinton County Branch Office of the Mid-Michigan District Health Department (MMDHD), St. Johns, Michigan.

Pledge of Allegiance was led by T. Lindeman.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

M. Cheatham requested that item G. 2., Alma College's Investigation of Potential Health Risk to Anglers Fishing in Pine River...Dam be moved to the first order of business. He also distributed a handout for item I. 3., Signage in Clinton County for MMDHD and My Community Dental Centers (MCDC).

Motion made by B. Kellenberger and seconded by T. Lindeman to move item G. 2. to the first order of business and approve the Agenda as amended. Motion carried.

- G. <u>HEALTH OFFICER'S REPORT:</u> Mark W. (Marcus) Cheatham, Ph.D., Health Officer
 - 2. Alma College's Investigation of Potential Health Risk to Anglers Fishing in Pine River Upstream of Alma Dam

Dr. Amanda Harwood, Alma College Professor, provided an overview of Alma College's research projects regarding the health risk to anglers fishing in the Pine River. Their research projects proved that 88% of (clean) fish from a hatchery released into the Pine River had traces of coliform bacteria; of those fish, 73% had traces of E. coli bacteria. Regarding anglers fishing in the Pine River, 78% had traces of E. coli bacteria on their hands after catching their first fish. A total of 78% of anglers that dipped their hands in the river had traces of E. coli bacteria on their hands. Shore locations had higher concentrations of E. coli — where most children fish. Traces of fecal coliform and E. coli bacteria were present on their hands, even when fish hadn't been caught — touching the line, bait, and water.

- M. Cheatham added that the results from the Michigan Department of Environmental Quality (MDEQ) DNA testing on the Pine River should be received soon which should determine whether the E. coli is from animal or human waste.
- S. Smith commented that this research points to the need for a well and septic ordinance. M. Cheatham replied that the Clinton Conservation District is working toward a solution for inspecting septic systems at the time of sale or transfer of a home.

B. <u>CONSENT ITEMS:</u>

- 1. Meeting Minutes
 - a) Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held July 10, 2017
 - b) Mid-Michigan District BOH Regular Meeting held July 26, 2017
- 2. Communications None

Motion made by B. Kellenberger to accept the Consent Items, Meeting Minutes B. 1. a. and b. and place on file. Motion seconded by G. Bailey. Motion carried.

- C. <u>PUBLIC COMMENTS:</u> None
- D. <u>BRANCH OFFICE EMPLOYEES:</u> M. Cheatham introduced Ashley Tate, new MCIR Coordinator.

E. COMMITTEE REPORTS:

- 1. Finance Committee Tom Lindeman, Chair
 - a. Mid-Michigan District Health Department's Expenses for July 22 through August 18, 2017

Motion made by T. Lindeman and seconded by B. Kellenberger to approve payment of the Mid-Michigan District Health Department's (MMDHD) Expenses for July 22 through August 18, 2017, totaling \$376,265.11. Motion carried.

b. Mid-Michigan District Health Department's Monthly Balance Sheet, Revenue and Expenditure Report for July 2017

Motion made by T. Lindeman and seconded by G. Bailey to approve and place the Balance Sheet, Revenue and Expenditure Report for July 2017 on file. Motion carried.

c) Retirement Incentive

M. Bowerman explained that due to decreasing caseloads in the Community Health and Education Division, it would be necessary for the agency to making staff cuts for FY 17/18. To address this staffing issue, the agency would like to offer a retirement incentive of up to \$16,000 to a long-time Community Health and Education Division employee contemplating retirement which would be offset by not having to pay unemployment costs of approximately \$5,000 for a laid off employee.

After discussion, motion made by T. Lindeman and seconded by B. Kellenberger to authorize the agency to offer a one-time retirement incentive up to \$16,000 to a long-time Community Health and Education Division employee. Motion carried.

d) Increase in High-Dose Influenza Vaccine

T. Lindeman mentioned that the price for the high-dose influenza vaccine increased to \$43.12 and the approved fee is \$40; therefore, the Finance Committee recommended the fee be increased to \$45.

Motion made by T. Lindeman and seconded by G. Bailey to authorize the increase in the high-dose influenza vaccine to \$45.00, effective immediately. Motion carried.

- 2. Personnel Committee Betty Kellenberger, Chair No topics.
- 3. Program Committee Bruce DeLong, Chair No topics.
- 4. Mid-Central Coordinating Committee Tom Lindeman, Vice Chair No topics.

F. <u>MEDICAL DIRECTOR'S REPORT:</u> Jennifer E. Morse, M.D.

1. Concussions

Dr. Morse explained the signs of a concussion and mentioned that the effects of concussions can be serious. She summarized a study published in the July 25, 2017 edition of The Journal of the American Medical Society (JAMA) related to head injuries sustained by football players. She discussed the damage to brain tissue from incurring repeated concussions. Additionally, memory loss and mood changes also occur with brain tissue damage. She said that every state now has a Return to Play law requiring that all coaches and adults involved in youth athletics receive proper training regarding concussions. The law also outlines the criteria for returning to any physical activity.

She recommended the following be adopted as the BOH Monthly Healthy Living Recommendation* for September:

- 1. Learn how to spot a concussion and what to do if a concussion is suspected.
- 2. Model, expect, and reinforce safe and sportsmanlike play.
- 3. Encourage players to report symptoms of concussion and encourage teammates to support those sitting out of play if they have a concussion.

Motion made by G. Bailey and seconded by T. Lindeman to adopt the BOH Monthly Healthy Living recommendation for September as proposed and accept and place the Medical Director's Report on file. Motion carried.

- H. <u>HEALTH OFFICER'S REPORT:</u> Mark W. (Marcus) Cheatham, Ph.D., Health Officer
 - 1. District-Wide In-Service, Friday, November 3, 2017, Gratiot-Isabella Regional Education Service District (RESD), 8:30 a.m. to 4:30 p.m.
 - M. Cheatham encouraged BOH members to attend the agency's District-Wide In-Service scheduled for November 3, 2017, 8:30 a.m. to 4:30 p.m. at the Gratiot-Isabella RESD. C. Partlo asked that any BOH members interested in attending to please let her know.
 - 3. Environmental Health (EH) Director Transition
 - M. Cheatham provided background regarding the transition to a new EH Director as Bob Gouin resigned effective August 25, 2017; stating that the job had been posted through several organizations nationwide. S. Smith asked if the agency's wage for the position was in line with the region. M. Cheatham thought that it was; however, would confirm the last time the agency conducted a wage study for the EH Division. He also said that the EH Supervisors would focus on addressing staff work questions; and he would handle other EH issues. Additionally, he plans to meet with the division to outline the transition plan.

Motion made by B. Kellenberger and seconded by G. Bailey to accept and place on file the Health Officer's report. Motion carried.

^{*}Taken from Concussion at Play: Opportunities to Reshape the Culture Around Concussion.

H. <u>OLD BUSINESS:</u>

1. Cross-Jurisdictional Sharing (CJS) Medical Director Workgroup Update

M. Cheatham provided an update regarding the CJS project regarding medical direction. He discussed some of the issues that the workgroup was trying to address. He also reviewed the key accomplishments of the workgroup to date and key themes moving forward through FY 17/18. He indicated that the grant would likely be funded another year and his involvement in the project would increase, although the grant would still have a consultant.

I. NEW BUSINESS:

1. Local Appropriation Calculation Policy #499.0

M. Cheatham reviewed Local Appropriation Calculation Policy #499.0 with the BOH and asked them to approve it. He indicated that the policy was shared with all of the County Administrators.

Motion made by B. Kellenberger and seconded by T. Lindeman to approve the agency's Local Appropriation Calculation Policy #499.0 as presented. Motion carried.

2. Immunization Rates, Sarah Doak, Supervisor, Community Health and Education

Sarah Doak, Supervisor for Community Health and Education provided an overview of the immunization waiver rates for Clinton, Gratiot, and Montcalm Counties. She reported that to date, Clinton County has had 69 waivers with 8 appointments scheduled; Gratiot County has 10 waivers, and Montcalm County has 38 waivers with 24 appointments scheduled. Michigan waiver rates have dropped significantly. She added that the Amish community does abide by the waiver law. M. Bowerman added that if an individual does not receive all of the school-required vaccines; they show as incomplete on the report.

3. Signage in Clinton County for MMDHD and My Community Dental Centers (MCDC)

M. Cheatham explained that signage directing visitors to the Clinton County Branch Office and MCDC at US 127 and Townsend Rd. is sparse. Kimberly Singh, Director of Community & Governmental Affairs with MCDC asked that he bring the issue up to the BOH again as their clients were having difficulty finding the dental center. He provided an example of signage that MCDC used in their facilities. B. DeLong mentioned that he thought the sign on US 127 was installed by the Michigan Department of Transportation (MDOT). He recommended that the agency contact them regarding any possible signage changes. B. DeLong also noted that it might be possible to put a sign in the yard; however, he would be cautious about the type of sign chosen so that it doesn't overpower the current health department signage. A lighted sign was also discussed to aid in finding the building in the dark. G. Bailey mentioned that it might be possible to create a directory listing the agencies in the building. After discussion, he recommended that the agency hold off on new signage until the agency rebranding has been completed. M. Cheatham added that then, the signs could be the same at each branch office.

4. Emerging Issues

a) Capital Crossings Mobile Home Park

M. Cheatham provided background regarding the issue with the Capital Crossings Mobile Home Park. He stated that a meeting has been scheduled with the Clinton County Prosecutor in September regarding how to move forward.

b) Medication Drop Boxes, Clinton County

M. Cheatham reported that staff is working with the Clinton County Substance Abuse Coalition to increase the number of medication disposal drop boxes in Clinton County.

c) Michigan PBB Registry Data

M. Cheatham mentioned that two positive steps have occurred to enable the Michigan PBB registry data to be used more extensively for research purposes by Emory University. He said that a webinar was held with the Michigan Department of Health and Human Services (MDHHS) staff outlining the history of the PBB registry and how Emory University would use the data for research.

Additionally, Jane Keon had a meeting with Representative Jim Lower about how he could assist in scheduling a meeting with Nick Lyon, Administrative Officer for Operations-MDHHS, to convince the State to release the PBB data to Emory University for research. Although, Jane was not able to meet directly with Mr. Lyon, two good meetings have been held with MDHHS lawyers. After the meetings, the State agreed to inventory all of the PBB data in different locations and mediums and develop plans of how it will be used. Additionally, when the PBB Registry was originally created, it was a partnership between the Centers for Disease Control and Prevention (CDC) and the State. The agency is exploring two different approaches of how the data could be released to Emory University for research since the consents that residents signed were with the CDC and the State. He indicated that it was possible that the CDC could hold the data for Emory University.

J. <u>LEGISLATIVE ACTION:</u>

M. Cheatham mentioned that he thinks that MALPH might have quashed House Bill 411 requiring parents or guardians of children to obtain vision screening from an eye care professional and making the health department responsible for ensuring that the parent or guardian complies with any recommended treatment. M. Cheatham added that there was no money provided to assist low-income parents with how they would pay for it.

K. <u>INFORMATIONAL ITEMS:</u>

1. Mid-Michigan District BOH Action Items, July 2017

2. Staffing Report

M. Cheatham reviewed the agency staffing report indicating that Tracey Larabel was hired to do billing in the event of Bonnie Waterman's upcoming retirement. He reviewed the new hires in Environmental Health.

M. <u>RELATED NEWS ARTICLES AND LINKS:</u>

- 1. MMDHD News Articles Available Online at: http://www.mmdhd.org/?q=node/124
- 2. "How To Get Your Back-To-School Immunizations For Little Or No Cost", *WLNS.Com*, August 10, 2017 http://wlns.com/2017/08/10/how-to-get-your-back-to-school-immunizations-for-little-or-no-cost/

N. <u>AGENCY NEWSLETTERS:</u> – None

There being no further business to come before the Board, the meeting adjourned at 11:25 a.m.

Respectfully Submitted,

Cynthia M. Partlo

Board Secretary For

Bruce DeLong, Chairperson

Cynthia M. Para

Mid-Michigan District Board of Health

MONTHLY EXPENSES FOR August 19, 2017 - September 15, 2017

EV 1853 \$ 230,604.83

EV 1854 \$ 219,410.32

TOTAL \$ 450,015.15

Mid-Michigan District Health Department 615 North State Street, Suite 2 Stanton MI 48888 (989) 831-5237

СК#	EV 1853		9/1/2017
	Payables		
103577 thru 103603	Quantum Checks & Direct Deposits & Voids	\$	93,635.96
	Payroll		
	AFLAC Employee Deduction	\$	353.17
	MERS Employee Electronic Transfer	\$	3,530.56
	Chemical Bank Payroll-Ameriprise NBS	\$	190.00
	Chemical Bank Payroll-Nationwide	\$ \$ \$ \$	2,235.00
	Chemical Bank Payroll-MERS 457	\$	380.00
	Chemical Bank Payroll Tax Electronic Transfer		
	Federal	\$	30,590.00
	Direct Deposit Payroll	\$	99,690.14
	TOTAL	\$	230,604.83

RUN DA	TE: AUG 29, 201	7 - 15:49	Mid Michigan District Health Department	PAGE 0004
			ACCOUNTS PAYABLE CHECK REGISTER	
CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE INVOICE VOUCH# P.ONO AMOUNT DISCOUN NO DATE PAID TAKEN	T CHECK AMOUNT
		01 UNITED WAY OF MONTCALM CO	100934 08/29/17 16067 \$ 117.00 \$ - 9/1/17 EMPLOYEE DONATION	\$ 117.00
COMPU	TER CHECK		CHECK TOTALS: \$ 117.00 \$ -	\$ 117.00
	09/01/17 UNI00	09 UNITED WAY OF GRATIOT CO	100934 08/29/17 16066 \$ 86.00 \$ - 9/1/17 EMPLOYEE DONATION	\$ 86.00
COMPO	TER CHECK		CHECK TOTALS: \$ 86.00 \$ -	\$ 86.00
		02 UNITED PARCEL SERVICE	423867327 08/12/17 16044 \$ 14.47 \$ - 3 MAILED PACKAGES	\$ 14.47
СОМРО	TER CHECK		423867337 08/19/17 16055 \$ 34.38 \$ - 4 MAILED PACKAGES	\$ 34.38
			CHECK TOTALS: \$ 48.85 \$ -	\$ 48.85
103601	09/01/17 VICK2	7 VICKERY LEEANNA	100922 08/16/17 16035 \$ 159.49 \$ - JULY CADCA TRAVEL/CONFERENCE	\$ 159.49
COMPU	TER CHECK		CHECK TOTALS: \$ 159.49 \$ -	\$ 159.49
103602	09/01/17 WALO	017 WALMART COMMUNITY	100924 07/28/17 16037 \$ 11.92 \$ - 2 WIC BASKETS FOR HEALTH FAIR	\$ 11.92
COMPU	TER CHECK		CHECK TOTALS: \$ 11.92 \$ -	\$ 11.92
103603	09/01/17 WINN	173 WINN TELECOM	2251240 08/15/17 16041 \$ 2,713.10 \$ - DISTRICT WIDE LOCAL/LONG PHONES	\$ 2,713.10
COMPU	TER CHECK		CHECK TOTALS: \$ 2,713.10 \$ -	\$ 2,713.10
0 MANU 0 VOID 0 VOID 0 VOID 4 DIREC	IPUTER CHECKS JAL PAYMENT CHECKS - TRX CHECKS - STUBS CHECKS - ERROR CHECKS - FORM T DEPOSITS CKS TOTAL		BANK CODE TOTALS: \$ 93,635.96 \$ -	\$ 93,635.96
			COMPANY TOTALS: \$ 93,635.96 \$ -	\$ 93,635.96

Mid-Michigan District Health Department 615 North State Street, Suite 2 Stanton MI 48888 (989) 831-5237

CK#	EV	1854			9/15/2017
	Payables				
103604					
thru		Quantum Checks & Direct Deposits & Voids		\$	56,382.53
103642		Stamps.com - postage reserve		\$	1,000.00
	Payroll				
		AFLAC Employee Deduction		\$	353.17
		MERS Employee Electronic Transfer			3,664.98
		Chemical Bank Payroll-Ameriprise NBS		\$ \$ \$	190.00
		Chemical Bank Payroll-Nationwide		\$	2,235.00
		Chemical Bank Payroll-MERS 457		\$	380.00
		Chemical Bank Payroll Tax Electronic Transfer			
		Federal		\$	31,837.60
		MERS Employer Electronic Transfer	17-Aug	\$	20,910.42
		Direct Deposit Payroll		\$	102,456.62
	TOTAL			\$	219,410.32

RUN DATE: SEP 13, 2017 - 10:17	Mid Michigan District Health Department			PAGE 0001
	ACCOUNTS PAYABLE CHECK REGISTER			
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103604 09/15/17 ADAM79 ADAMS OUTDOOR ADVERTISING	08MDH201704224 08/30/17 16131 DRUG FREE BILLBOARD 5/8-7/30	\$ 3,000.00	\$ -	\$ 3,000.00
COMPUTER CHECK	CHECK TOTALS:	\$ 3,000.00	\$ -	\$ 3,000.00
103605 09/15/17 AHC045 AHC MEDIA	100948 07/31/17 16141 54874976 RENEW MEMBERSHIP	\$ 496.95	\$ -	\$ 496.95
COMPUTER CHECK	CHECK TOTALS:	\$ 496.95	\$ -	\$ 496.95
103606 09/15/17 ASR084 ASR HEALTH BENEFITS	00003602 10/20/16 16134 DUPLICATE PAYMENT/REFUND	\$ 20.36	\$ -	\$ 20.36
COMPUTER CHECK	CHECK TOTALS:	\$ 20.36	\$ -	\$ 20.36
103607 09/15/17 BAI014 BAILEY'S	17.11289 08/31/17 16090 094686-00 DISHWASHER TEMP. STRIPS	\$ 34.00	\$ -	\$ 34.00
COMPUTER CHECK	CHECK TOTALS:	\$ 34.00	\$ -	\$ 34.00
103608 09/15/17 CAP095 CAPITAL AREA UNITED WAY	100951 09/13/17 16151 9/15/17 EMPLOYEE DONATION	\$ 28.00	\$ -	\$ 28.00
COMPUTER CHECK	CHECK TOTALS:	\$ 28.00	\$ -	\$ 28.00
103609 09/15/17 CDW016 CDW GOVERNMENT, INC.	1BS4JD6 09/07/17 16135 5 ADOBE LICENSE	\$ 841.05	\$ -	\$ 841.05
COMPUTER CHECK	JTL5517 08/11/17 16073 094668-00 3 COMPUTER/CASE, 3 PRINTERS	\$ 4,563.66	\$ -	\$ 4,563.66
	JTM0279 08/11/17 16075 094655-00 COMPUTER, PRINTER, CASE, DOCK	\$ 1,847.12	\$ -	\$ 1,847.12
	JVV7004 08/18/17 16074 094655-00 WIRED MOUSE	\$ 27.47	\$ -	\$ 27.47
	CHECK TOTALS:	\$ 7,279.30	\$ -	\$ 7,279.30
103610 09/15/17 CLI092 CLINTON COUNTY ADMIN/ACCT	ac-2017-025 09/01/17 16136 DENTAL RENT	\$ 1,966.66	\$ -	\$ 1,966.66
COMPUTER CHECK	CHECK TOTALS:	\$ 1,966.66	\$ -	\$ 1,966.66
103611 09/15/17 COM047 COMMUNITY MENTAL HEALTH	100949 06/07/17 16143 17/18 MEMBER DUES	\$ 2,600.00	\$ -	\$ 2,600.00
COMPUTER CHECK	CHECK TOTALS:	\$ 2,600.00	\$ -	\$ 2,600.00
103612 09/15/17 COV178 COVENANT MEDICAL CENTER	100950 09/05/17 16146 LABS	\$ 21.42	\$ -	\$ 21.42
COMPUTER CHECK	CHECK TOTALS:	\$ 21.42	\$ -	\$ 21.42

RUN DATE: SEP 13, 2017 - 10:17	Mid Michigan District Health Department			PAGE 0003
	ACCOUNTS PAYABLE CHECK REGISTER			
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103622 09/15/17 MAS187 MASON COURTHOUSE COMPUTER CHECK	100944 08/29/17 16125 BOND FILING FEE	\$ 10.00	\$ -	\$ 10.00
CONFOLINCIECK	CHECK TOTALS:	\$ 10.00	\$ -	\$ 10.00
103624 09/15/17 MER016 MERCK & CO INC	7010555451 08/14/17 16085 094660-00 VARIVAX VACCINE	\$ 1,127.58	\$ -	\$ 1,127.58
COMPUTER CHECK	7010600373 08/23/17 16082 094676-00 GARDASIL, VAQTA VACCINE	\$ 4,101.31	\$ -	\$ 4,101.31
	7010614294 08/28/17 16094 094683-00 30 DOSES HEP A ADULT	\$ 1,017.98	\$ -	\$ 1,017.98
	CHECK TOTALS:	\$ 6,246.87	\$ -	\$ 6,246.87
103625 09/15/17 MIC006 MICHIGAN DEPT OF AGRICULTURE	791-71091 08/22/17 16140 DISTRICT WIDE FOOD FEES	\$ 652.00	\$ -	\$ 652.00
COMPUTER CHECK	CHECK TOTALS:	\$ 652.00	\$ -	\$ 652.00
103626 09/15/17 MNA004 MICHIGAN NURSES ASSOCIATION	100951 09/13/17 16150 SEPTEMBER DUES	\$ 552.50	\$ -	\$ 552.50
COMPUTER CHECK	CHECK TOTALS:	\$ 552.50	\$ -	\$ 552.50
103627 09/15/17 OFF015 OFFICE DEPOT	951328873001 08/11/17 16078 094663-00 COPYPAPER, NOTES, PENS, FLAGS	\$ 375.02	\$ -	\$ 375.02
COMPUTER CHECK	951329869001 08/11/17 16079 094663-00 BALLPOINT PENS	\$ 19.96	\$ -	\$ 19.96
	951903588001 08/17/17 16104 094664-00 FORM 3PT PAPER, PENS	\$ 69.95	\$ -	\$ 69.95
103627 09/15/17 OFF015 OFFICE DEPOT	952349492001 08/28/17 16097 094670-00 8 BOXES COPY PAPER	\$ 286.32	\$ -	\$ 286.32
	953918549001 08/16/17 16077 094672-00 3 BOXES POSTCARDS	\$ 76.92	\$ -	\$ 76.92
	957721996001 08/28/17 16096 094662-00 MANILA JACKETS, ZIPLOCK BAGS	\$ 196.16	\$ -	\$ 196.16
	CHECK TOTALS:	\$ 1,024.33	\$ -	\$ 1,024.33
103628 09/15/17 PAT052 PATTERSON DENTAL	0092585821 08/29/17 16080 VARNISH	\$ 310.68	\$ -	\$ 310.68
COMPUTER CHECK	CHECK TOTALS:	\$ 310.68	\$ -	\$ 310.68
103629 09/15/17 PLE041 PLEASANT GRAPHICS INC	31760 07/24/17 16081 094677-00 1,000 A/P CHECKS	\$ 213.00	\$ -	\$ 213.00
COMPUTER CHECK	CHECK TOTALS:	\$ 213.00	\$ -	\$ 213.00

RUN DATE: SEP 13, 2017 - 10:17	Mid Michigan District Health Department			PAGE 0004
	ACCOUNTS PAYABLE CHECK REGISTER			
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103630 09/15/17 QUI003 QUILL CORPORATION	9507306 08/31/17 16091 094691-00 INK 2-pk	\$ 73.98	\$ -	\$ 73.98
COMPUTER CHECK	CHECK TOTALS:	\$ 73.98	\$ -	\$ 73.98
103631 09/15/17 SAN020 SANOFI PASTEUR INC	908664802 08/23/17 16083 094674-00 MENACTRA VACCINE	\$ 1,018.02	\$ -	\$ 1,018.02
COMPUTER CHECK	908706475 08/28/17 16095 094684-00 MENACTRA TUBERSOL VACCINE	\$ 2,106.13	\$ -	\$ 2,106.13
	CHECK TOTALS:	\$ 3,124.15	\$ -	\$ 3,124.15
103632 09/15/17 SOL198 SOLARWINDS	SW356969 10/01/17 16142 MAINTENANCE RENEWAL	\$ 1,015.00	\$ -	\$ 1,015.00
COMPUTER CHECK	CHECK TOTALS:	\$ 1,015.00	\$ -	\$ 1,015.00
103633 09/15/17 STA002 STATE OF MICHIGAN/DEQ	761-8176355 07/28/17 16127 GRATIOT WATER LABS	\$ 694.00	\$ -	\$ 694.00
COMPUTER CHECK	761-8176368 07/28/17 16117 CLINTON WATER LABS	\$ 1,200.00	\$ -	\$ 1,200.00
	761-8176375 07/28/17 16118 MONTCALM WATER LABS	\$ 2,856.00	\$ -	\$ 2,856.00
	CHECK TOTALS:	\$ 4,750.00	\$ -	\$ 4,750.00
103634 09/15/17 STA032 STATE OF MICHIGAN-MDHHS	4008142017 08/14/17 16122 LABS	\$ 231.24	\$ -	\$ 231.24
COMPUTER CHECK	CHECK TOTALS:	\$ 231.24	\$ -	\$ 231.24
103635 09/15/17 STA032 STATE OF MICHIGAN-MDHHS	4008242017 08/24/17 16121 LABS	\$ 77.08	\$ -	\$ 77.08
COMPUTER CHECK	CHECK TOTALS:	\$ 77.08	\$ -	\$ 77.08
103636 09/15/17 STA032 STATE OF MICHIGAN-MDHHS	27708242017 08/24/17 16120 LABS	\$ 77.08	\$ -	\$ 77.08
COMPUTER CHECK	CHECK TOTALS:	\$ 77.08	\$ -	\$ 77.08
103637 09/15/17 STA032 STATE OF MICHIGAN-MDHHS	MID0409072017 09/07/17 16145 LABS	\$ 17.67	\$ -	\$ 17.67
COMPUTER CHECK	CHECK TOTALS:	\$ 17.67	\$ -	\$ 17.67
103638 09/15/17 TEA001 TEAMSTERS LOCAL 214	100951 09/13/17 16154 SEPTEMBER DUES	\$ 1,872.49	\$ -	\$ 1,872.49
COMPUTER CHECK	CHECK TOTALS:	\$ 1,872.49	\$ -	\$ 1,872.49

RUN DATE: SEP 13, 2017 - 10:17	Mid Michigan District Health Department				F	PAGE 0005
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	ACCOUNTS PAYABLE CHECK REGISTER INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	T.	COUNT AKEN	,	CHECK AMOUNT
103639 09/15/17 UNI001 UNITED WAY OF MONTCALM CO	100951 09/13/17 16153 9/15/17 EMPLOYEE DONATION	\$ 119.00	\$	-	\$	119.00
COMPUTER CHECK	CHECK TOTALS:	\$ 119.00	\$	-	\$	119.00
103640 09/15/17 UNI009 UNITED WAY OF GRATIOT CO	100951 09/13/17 16152 9/15/17 EMPLOYEE DONATION	\$ 86.00	\$	-	\$	86.00
COMPUTER CHECK	CHECK TOTALS:	\$ 86.00	\$	-	\$	86.00
103641 09/15/17 UPS002 UNITED PARCEL SERVICE	0000423867367 09/09/17 16147 MAIL WATER BOTTLES	\$ 33.85	\$	-	\$	33.85
COMPUTER CHECK	00000423867347 08/26/17 16149 MAIL CD PACKAGE	\$ 7.22	\$	-	\$	7.22
	00000423867357 09/02/17 16148 MAIL FOOD TESTS	\$ 25.46	\$	-	\$	25.46
	CHECK TOTALS:	\$ 66.53	\$	-	\$	66.53
103642 09/15/17 VAN024 VANGILLS LINDA	100946 09/01/17 16132 AUGUST 2017 CJS-MD	\$ 2,907.88	\$	-	\$	2,907.88
	CHECK TOTALS:	\$ 2,907.88	\$	-	\$	2,907.88
103643 09/15/17 VER004 VERIZON COMPUTER CHECK	9791439759 08/21/17 16123 8/22-9/21 MOBILE BROADBAND	\$ 1,582.10	\$	-	\$	1,582.10
	9791611605 08/23/17 16119 8/24-9/23 MIHP BROADBAND	\$ 224.70	\$	-	\$	224.70
	CHECK TOTALS:	\$ 1,806.80	\$	-	\$	1,806.80
103644 09/15/17 WEST87 WEST MICHIGAN DENT FOUNDATION	100947 08/31/17 16139 REFUND DENTAL GRANT	\$ 2,000.00	\$	-	\$	2,000.00
COMPUTER CHECK	CHECK TOTALS:	\$ 2,000.00	\$	-	\$	2,000.00
103645 09/15/17 WHIT88	1516 09/07/17 16129 REFUND IMMS/INS PAID	\$ 190.00	\$	-	\$	190.00
COMPUTER CHECK	CHECK TOTALS:	\$ 190.00	\$	-	\$	190.00
103646 09/15/17 FIR003 FIRST NATIONAL BANK OMAHA	100941 09/12/17 16113 STAMPS.COM,HOTEL,TRAINING	\$ 625.15	\$	-	\$	625.15
COMPUTER CHECK	100942 09/05/17 16114 EH DIRECTOR RECRUIT	\$ 550.00	\$	-	\$	550.00
	100943 09/05/17 16115 NEW EMPLOYEE LUNCH	\$ 18.32	\$	-	\$	18.32
	100941-1 09/05/17 16106 094673-00 GBO REFRIGERATOR	\$ 465.33	\$	-	\$	465.33

RUN DATE: SEP 13, 2017 - 10:17	Mid Michigan District Health Department			PAGE 0006
	ACCOUNTS PAYABLE CHECK REGISTER			
CHECK CHECK\VOID REMIT-TO NAME NO DATE VENDOR-#	INVOICE INVOICE VOUCH# P.ONO NO DATE	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103646 09/15/17 FIR003 FIRST NATIONAL BANK OMAHA	100941-2 09/05/17 16107 094680-00 STETHOSCOPE	\$ 91.69	\$ -	\$ 91.69
	100941-3 09/05/17 16108 094681-00 1 BUSINESS CARDS - LARABEL	\$ 48.75	\$ -	\$ 48.75
	100941-4 09/05/17 16109 094678-00 BATTERIES, LARGE TOTE	\$ 50.97	\$ -	\$ 50.97
	100941-5 09/05/17 16110 094682-00 CALENDAR REFILL	\$ 13.12	\$ -	\$ 13.12
	100941-6 09/05/17 16111 094679-00 PLANNER	\$ 13.77	\$ -	\$ 13.77
	100941-7 09/05/17 16112 094688-00 NAME SIGNS & CARDS RUSSELL & JAMMER	\$ 91.15	\$ -	\$ 91.15
	CHECK TOTALS:	\$ 1,968.25	\$ -	\$ 1,968.25
43 COMPUTER CHECKS 0 MANUAL PAYMENT CHECKS 0 VOID CHECKS - TRX	BANK CODE TOTALS:	\$ 56,382.53	\$ -	\$ 56,382.53
0 VOID CHECKS - TIKX 0 VOID CHECKS - STUBS 0 VOID CHECKS - ERROR				
0 VOID CHECKS - FORM ALIGNMENT 0 DIRECT DEPOSITS 43 CHECKS TOTAL				

COMPANY TOTALS:

\$ 56,382.53 \$ - \$ 56,382.53



First National Bank Omaha P.O. Box 2818 Omaha, NE 68103-2818

MID MICHIGAN DIST HEALTH MELISSA BOWERMAN 615 N STATE ST STE 2 STANTON MI 48888-9702

43664 0389

Մեվլլել|||-||ելենե-||լլլել|-ենրիայիելիայի-լիատերլիներ|

Account Number: New Balance: \$1,399.93 Minimum Payment Due: \$27.00 Payment Due Date: October 1, 2017

Make checks payable to First National Bank Omaha Amount of Payment Enclosed

Change of Address? If yes, please complete reverse side.

REC'D SEP 1 4 2017

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Page 001 of 002



Account Summary

BOED	
Previous Balance	\$5,839.03
Payments	\$5,839.03
Other Credits	\$120.09
Purchases	. +\$1,520.02
Balance Transfers	+\$0.00
Cash Advances	+\$0.00
Fees Charged	
Interest Charged	+\$0.00
New Balance	\$1,399.93
Statement Closing Date	09/05/17
Days in Billing Cycle	33
Total Credit Limit	. \$12,000.00
Available Credit	. \$10,600.00
Cash Limit	\$6,000.00
Available Cash	\$6,000.00



Payment Information

New Balance	\$1,399.93
Minimum Payment Due	
Past Due Amount	
Payment Due Date	October 1, 2017

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Visit: www.firstnational.com

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR)
8-03	8-07	246921672161009628398561	AMWAY GRAND PLAZA HOTE GRAND RAPIDS MI	\$8.94
8-10	8-11	246921672221000359132357	STAMPS.COM 855-608-2677 CA	\$89.97
8-03	8-14	74692167224100093935198	AMWAY GRAND PLAZA HOTE GRAND RAPIDS MI	\$8.94 (CR)
8-10	8-14	24736937223002129252277	SOMERSET INN HOTEL 248-6437800 MI	\$298.30
8-15	8-17	24610437228010193725661 5	THE HOME DEPOT #2732 MT. PLEASANT MI	\$465,33
8-17	8-18	244921572298943223681217	PAYPAL *UNITEDWAYMO 402-935-7733 CA	\$20.00
8-18	8-18	74418007230007230007851	ONLINE PAYMENT THANK YOU	\$5,839.03 (CR)
8-23	8-24	244921572358945119558477	PAYPAL *GLC SOPHE 402-935-7733 CA	\$77.49
8-23	8-24	244921572358945052682497	PAYPAL *UNITEDWAYMO 402-935-7733 CA	\$20.00
8-23	8-24	24224437236103013137387	SPEEDWAY 03593 103 ST. JOHNS MI	\$16.55
8-24	8-24	246921672361003996486457	Amazon.com amzn.com/Bill wa	\$91.69
8-25	8-28	246921672371004794662301	VISTAPR*VistaPrint.com 866-8936743 MA	\$48.75
8-25	8-28	24445007238200099455006	CRYSTAL MTN LODGING THOMPSONVILLE MI	\$111.15
8-26	8-28	246921672381002203385397	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	\$50.97
8-27	8-28	246921672391005363708291	ACCO BRANDS DIRECT 800-365-9327 NY	\$13.12
8-27	8-28	246921672391006090618597	Amazon.com AMZN.COM/BILL WA	\$13.77
8-31	9-01	246921672431001596939561	VISTAPR*VistaPrint.com 866-8936743 MA	\$91.15
8-31	9-05	74445007244200126785109	CRYSTAL MTN LODGING THOMPSONVILLE MI	\$111.15 (CR)
9-01	9-05	246921672441000222931087	INDEED 203-564-2400 CT	\$102.84

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Special Offer or Eligible Purchase APR Expiration Date	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	N/A	\$3,328.45	33	\$0.00
Cash Advance	26.24% (v)	N/A	\$0.00	33	\$0.00

2017 Total Year-to-Date

Total fees charged in 2017 Total interest charged in 2017\$0.00



We are committed to providing our customers with quality products, superior service, and our continued support and respect.

Account Number:

Page 002 of 002

Additional Information Regarding Your Account

SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)

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First National Bank Omaha P.O. Box 2818 Omaha, NE 68103-2818

MID MICHIGAN DIST HEALTH BOB GOUIN 615 N STATE ST APT 2 STANTON MI 48888-9702

43778 Q389

լիր Մասիլի Միարիալիի իրև Միզմի վիրան

Account Number: New Balance: Minimum Payment Due: \$10.00 Payment Due Date: October 1, 2017

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

Change of Address? If yes, please complete reverse side.

REC'D SEP 1 4 2017

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Page 001 of 001



Account Summary

A STATE OF THE PARTY OF THE PAR	
Previous Balance	\$919.86
Payments	\$919.86
Other Credits	
Purchases	
Balance Transfers	
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	
New Balance	
State t Olasia D. A.	00/05/47
Statement Closing Date .	
Days in Billing Cycle	33
Total Credit Limit	\$2,000.00
Available Credit	
Cash Limit	
	\$0.00



Payment Information

New Balance	\$18.32
Minimum Payment Due	\$10.00
Past Due Amount	\$0.00
Payment Due Date	

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Visit: www.firstnational.com

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818



Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
8-14	8-15	24388967226030018299344	BRICKYARD BAR & GRILL LLC STANTON MI	\$18.32
8-18	8-18	74418007230007230007844	ONLINE PAYMENT THANK YOU	\$919.86 (CR)

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Special Offer or Eligible Purchase APR Expiration Date	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	N/A	\$407.45	33	\$0.00
Cash Advance	26.24% (v)	N/A	\$0.00	33	\$0.00

2017 Total Year-to-Date

Total fees charged in 2017	\$0.00
Total interest charged in 2017	. \$0.00

Additional Information Regarding Your Account

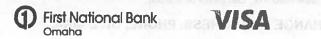
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MID MICHIGAN DIST HEALTH MARCUS W CHEATHAM 615 N STATE ST STANTON MI 48888-9702

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Account Number: New Balance: \$550.00 Minimum Payment Due: \$11.00 Payment Due Date: October 1, 2017 Make checks payable to First National Bank Omaha

\$

Change of Address? If yes, please complete reverse side.

Amount of Payment Enclosed

REC'D SEP 1 4 2017

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number



Account Summary

The state of the s	
Previous Balance	\$50.36
Payments	\$50.36
Other Credits	\$0.00
Purchases	
Balance Transfers	
Cash Advances	
Fees Charged	
Interest Charged	
New Balance	
Statement Closing Date	09/05/17
Days in Billing Cycle	
Total Condit I imit	# 0 000 00
Total Credit Limit	
Available Credit	
Cash Limit	
Available Cash	\$0.00



Payment Information

New Balance	\$550.00
Minimum Payment Due	\$11.00
Past Due Amount	\$0.00
Payment Due Date	October 1, 2017

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Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
8-03	8-07	24639237216900016601351 1	BOXWOOD TECHNOLOGY 888-4918833 MD	\$550.00
8-18	8-18	74418007230007230007869	ONLINE PAYMENT THANK YOU	\$50.36 (CR)

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Special Offer or Eligible Purchase APR Expiration Date	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	N/A	\$575.47	33	\$0.00
Cash Advance	26.24% (v)	N/A	\$0.00	33	\$0.00

2017 Total Year-to-Date

Total fees charged in 2017		\$0.00
Total interest charged in 20	17	\$0.00

Additional Information Regarding Your Account

SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)

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VISA

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MID MICHIGAN DIST HEALTH ANDREA TABOR 615 N STATE ST STANTON MI 48888-9702

Q309

գլլլումիովիի հերովիրի հետարայակարարեց

Account Number: Minimum Payment Due: \$0.00 Payment Due Date: October 1, 2017 Make checks payable to First National Bank Omaha Amount of Payment Enclosed

\$

Change of Address? If yes, please complete reverse side.

REC'D SEP 1 4 2017

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Page 001 of 002



Account Summary

0000	
Previous Balance	\$194.91
Payments	\$194.91
Other Credits	\$0.00
Purchases	+\$0.00
Balance Transfers	+\$0.00
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	\$0.00
Statement Closing Date	09/05/17
Days in Billing Cycle	33
Total Credit Limit	\$2.000.00
Available Credit	
Cash Limit	
Available Cash	\$0.00



Payment Information

New Balance	\$0.00
Minimum Payment Due	
Past Due Amount	\$0.00
Payment Due Date October 1	

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Important Information Regarding Your Account

This is a zero balance statement for your information only. No payment is required



Transaction Detail

Trans Post Reference Date **Date** Number 8-18 8-18 74418007230007230007836

Transaction Description

ONLINE PAYMENT THANK YOU

Credits (CR) and Debits \$194.91 (CR)

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Special Offer or Eligible Purchase APR Expiration Date	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	N/A	\$83.61	33	\$0.00
Cash Advance	26.24% (v)	N/A	\$0.00	33	\$0.00

2017 Total Year-to-Date

Total fees charged in 2017. Total interest charged in 2017\$0.00

Additional Information Regarding Your Account

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We are committed to providing our customers with quality products, superior service, and our continued support and respect.

Account Number:

Page 002 of 002

Additional Information Regarding Your Account

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Mid-Michigan District Health Department Monthly Balance Sheet, Revenue and Expenditure Report August 2017

Summary and Special Notes

As of the end of the June, actual revenues and expenditures should be approximately 92% of the \$6,311,514 total budget. The total revenues through August were \$5,686,437.58 and the total expenses were \$5,647,385.10. The overall actual revenues and expenditures (adjusting for in-kind space costs and Vaccines for Children) were at 93% and 92% respectively representing a small surplus of \$39,052.48. In factoring out the approved capital expense, the surplus would be \$192,431.38.

The proposed budget amendment is in the right column. The budget amendment mainly is to balance the line items due to variances throughout the year. The budget has increased over the original by approximately \$350,000. There are many variances throughout the line items. The increase is mainly due to higher than budget Medicaid Full Cost Reimbursement, other increases in grants and environmental health fees, the payoff of the building loan and an increase in contractual services related to grants and partnerships.

In the budget amendment, I am requesting to use fund balance for the loan balance of approximately \$155,000 that was approved by the Board of Health; the purchase of Singlewire from equipment for approximately \$5,000; possibly \$20,000 of the potential claims that is designated to use in Family Planning; \$20,000 of the Behavioral Risk Factor Survey, if paid this year. In addition, we will be putting in restricted funding of \$30,000 into the dental programs. There may be some additional grant funding that we receive, but it wasn't certain so I didn't include, but will reduce these amounts if needed.

I am requesting that you approve the budget amendment and the use of fund balance, if needed, as proposed.

Mid-Michigan District Health Department

AUG

92%

FY 2017

AP: 11

Revenue

Revenue and Expenditure Report

	Revenue		a Expenditure				
	Account	Budget	Current Month	Year-To-Date	Balance	% of Budget	Proposed Budget
1	Onsite Sewage	137,562.00	47,810.50	171,923.25	131,740.50	125%	195,000.00
2	Groundwater Quality	135,338.00	53,772.50	141,728.70	151,007.00	105%	162,000.00
3	Food Service	270,000.00	12,320.00	272,209.00	243,986.00	101%	277,000.00
4	Campgrounds	3,500.00	1,560.00	1,075.00	3,366.00	31%	2,000.00
5	Swimming Pools	5,000.00	0.00	3,224.00	5,456.00	64%	5,000.00
6	Waste Haulers	3,000.00	166.00	1,818.00	7,833.00	61%	3,000.00
7	DHS Facility Inspections	25,000.00	5,157.00	18,466.00	29,150.00	74%	21,000.00
8	Body Art Fees	1,300.00	0.00	1,144.00	1,300.00	88%	1,500.00
9	EH Misc Fees	760.00	6,490.67	6,660.76	814.60	876%	7,500.00
10	Vision Fees	25,000.00	220.20	22,811.60	27,464.00	91%	25,000.00
11	Hearing Fees	21,000.00	827.42	21,290.62	25,152.20	101%	25,000.00
12	MIHP Fees	90,000.00	1,433.93	50,860.40	120,957.88	57%	58,000.00
13	Communicable Disease Fees	600.00	315.00	2,290.00	620.00	382%	3,000.00
14	Immunization Fees	130,000.00	3,944.42	83,051.01	160,054.08	64%	96,000.00
15	Family Planning/STD Fees	110,000.00	-5,464.09	73,501.62	160,868.69	67%	87,000.00
16	Breast Cancer Fees	4,000.00	-572.43	1,231.57	12,230.96	31%	2,000.00
17	Lead Fees	15,000.00	1,205.28	13,909.39	11,102.98	93%	17,000.00
18	Varnish Fees	22,000.00	-3,113.98	26,478.85	19,339.84	120%	32,000.00
19	WIC Varnish Fees	12,000.00	-2,131.00	11,120.43	30,177.08	93%	14,000.00
20	Ched Miscellaneous Fees	600.00	0.00	110.00	600.00	18%	500.00
21	Miscellaneous Other Fees	100.00	0.00	50.00	100.00	50%	100.00

22	Behavioral Health Primary Care Fees	55,100.00	4,972.25	35,503.33	-4.86	64%	85,000.00
23	Deferred Revenues - Billing	0.00	29,513.81	84,999.81	0.00	0%	75,000.00
24	VFC/317 Vaccine Revenue	400,000.00	21,181.85	180,147.18	419,219.53	45%	350,000.00
25	MDCH Grants	1,493,406.00	128,191.00	1,463,811.00	1,614,605.00	98%	1,610,000.00
26	Essential Local Public Health Services	753,897.00	63,209.00	695,263.00	788,469.00	92%	759,000.00
27	MDCH Fee For Service Revenue	61,000.00	8,923.16	31,147.32	58,160.00	51%	50,000.00
28	DEQ Grants	72,255.00	6,927.00	58,622.00	80,956.00	81%	72,000.00
29	Other Grants/Community Support	479,280.00	153,012.52	470,952.22	301,935.01	98%	391,000.00
30	Medicaid Full Cost Reimbursement	540,368.00	0.00	477,087.32	353,913.74	88%	625,000.00
31	Interest	2,000.00	1,131.14	8,785.76	5,318.00	439%	12,000.00
32	Miscellaneous Revenue	0.00	0.00	21,515.00	5,318.00	0%	22,000.00
33	Donations	3,000.00	0.00	1,518.83	7,002.13	51%	5,000.00
34	Cash Over/Short	0.00	0.00	0.33	0.00	0%	100.00
35	Clinton Co - Appropriation	393,715.00	32,809.25	360,230.25	423,599.58	91%	393,039.50
36	Gratiot Co - Appropriation	297,814.00	24,817.75	272,996.00	307,446.75	92%	297,814.00
37	Montcalm Co - Appropriation	423,949.00	32,071.25	352,783.75	461,132.75	83%	384,855.00
38	Prior Year Adjustments	0.00	0.00	1.28	0.00	0%	10.00
39	Space Occupancy	256,570.00	22,373.00	246,119.00	271,447.00	96%	273,000.00
40	Deferred Revenue/Fiund Balance	67,400.00	0.00	0.00	65,000.00	0%	228,000.00
	TOTAL REVENUE:	6,311,514.00	484,578.66	5,686,437.58	625,076.42	90%	6,666,418.50
	W/O SPACE & VFC	5,654,944.00	448,318.61	5,260,171.40	4,107,346.69	93%	

Mid-Michigan District Health Department

AUG

92%

FY 2017

AP: 11

Expenditure

Revenue and Expenditure Report

	Account	Budget	Current Month	Year-To-Date	Balance	% of Budget	Proposed Budget
1	Board of Health Per Diem	4,000.00	903.00	3,514.00	486.00	88%	5,000.00
2	Salaries	3,497,421.00	276,604.56	3,073,709.38	423,711.62	88%	3,393,418.50
3	FICA	255,304.00	20,988.90	227,754.58	27,549.42	89%	252,000.00
4	Health Insurance	646,342.00	56,845.60	585,806.17	60,535.83	91%	653,000.00
5	Dental Insurance	52,513.00	3,358.29	38,886.01	13,626.99	74%	44,000.00
6	Retirement	278,715.00	20,910.42	246,586.53	32,128.47	88%	275,000.00
7	Work Comp	40,515.00	1,966.00	22,015.89	18,499.11	54%	25,000.00
8	Unemployment Comp	6,000.00	0.00	994.00	5,006.00	17%	6,000.00
9	Life Insurance	4,859.00	402.16	4,711.95	147.05	97%	6,000.00
10	Printed Materials	10,500.00	358.23	2,968.63	7,531.37	28%	6,000.00
11	Postage	18,000.00	1,108.67	26,041.87	-8,041.87	145%	34,000.00
12	Office Supplies	53,195.00	1,988.16	31,488.43	21,706.57	59%	60,000.00
13	Computer/Printer Supplies	13,500.00	8,428.25	40,725.47	-27,225.47	302%	64,000.00
14	Medical Supplies	56,400.00	2,981.12	56,855.71	-455.71	101%	74,000.00
15	CD Meds Biologics	69,000.00	16,689.30	50,477.59	18,522.41	73%	60,000.00
16	VFC Supplies	400,000.00	21,181.85	180,147.18	219,852.82	45%	350,000.00
17	Contractual Services	172,000.00	31,475.23	251,507.13	-79,507.13	146%	440,000.00
18	Legal Expenses	4,000.00	2,187.30	6,758.91	-2,758.91	169%	9,000.00

19	Communications	69,450.00	5,663.67	56,857.56	12,592.44	82%	64,000.00
20	Travel	139,400.00	13,338.48	128,234.62	11,165.38	92%	149,000.00
21	Advertising & Recruitment	4,750.00	241.54	2,296.56	2,453.44	48%	5,000.00
22	Liability Insurance	32,000.00	2,801.30	30,935.60	1,064.40	97%	34,000.00
23	Equipment Maintenance/Lease	51,380.00	4,774.69	52,785.55	-1,405.55	103%	60,000.00
24	Rent	27,100.00	2,191.67	25,966.34	1,133.66	96%	29,000.00
25	Space Occupancy	256,570.00	22,373.00	245,850.00	10,720.00	96%	273,000.00
26	Training	27,000.00	4,641.00	24,694.26	2,305.74	91%	30,000.00
27	Memberships/Certifications/Subscriptions	14,500.00	0.00	11,814.24	2,685.76	81%	13,000.00
28	Tuition Reimbursement	2,000.00	0.00	0.00	2,000.00	0%	1,000.00
29	Laboratory	2,500.00	80.02	3,799.74	-1,299.74	152%	5,000.00
30	Behavioral Risk Factor Survey	21,000.00	0.00	0.00	21,000.00	0%	20,000.00
31	Misc Other Expense	1,100.00	0.00	0.00	1,100.00	0%	1,000.00
32	Computer Support	75,500.00	6,377.43	52,978.53	22,521.47	70%	56,000.00
33	Service Charges/Credit Card Fees	5,000.00	767.37	5,843.77	-843.77	117%	8,000.00
34	Equipment	0.00	1,000.00	1,000.00	-1,000.00	0%	8,000.00
35	BOH Approved Loan Payoff	0.00	0.00	153,378.90	-153,378.90	0%	154,000.00
	TOTAL EXPENSES	6,311,514.00	469,792.92	5,647,385.10	664,128.90	89%	6,666,418.50
	W/O SPACE & VFC	5,654,944.00	433,532.87	5,221,387.92	433,556.08	92%	0.00
	Revenue Over Expenditures (Deficit)	0.00	14,785.74	39,052.48	-39,052.48	0%	0.00
	Revenue Over Expenditures (Deficit) without BOH approved capital expense	0.00	14,785.74	192,431.38	37,870.64	0%	

MMDHD BALANCE SHEET AS OF	8/31/2017
CURRENT ASSETS	
CASH TO TREASURER	\$2,762,101.64
CASH ON DEPOSIT/PETTY CASH/CASH IN TRANSIT	10,403.12
ACCOUNTS RECEIVABLE	34,264.72
DUE FROM GOVERNMENTAL AGENCIES	546,036.29
INVENTORY - VFC IMMS	48,690.17
PREPAIDS	35,879.40
TOTAL ASSETS	3,437,375.34
LIABILITIES AND FUND BALANCE	
ACCOUNTS PAYABLE	\$45,203.04
PAYROLL PAYABLES	\$283,522.23
OTHER ACCRUED PAYABLES	\$0.00
TRUST FUNDS	\$18,063.17
DEFERRED REVENUE BILLING	\$0.00
DEFERRED REVENUE MCDC	\$286,205.00
DEFERRED REVENUE MCDC	\$141,000.00
DEFERRED REVENUE-VFC IMMS	\$48,690.17
DEFERRED REVENUE - DENTAL CENTER EXPANSION	\$25,297.69
FUND BALANCE PRIOR YEAR	\$0.00
FUND BALANCE	\$365,340.21
RESTRICTED FUND BALANCE - DENTAL OUTREACH	\$104,633.61
FUND BALANCE EQUIPMENT	\$489,494.46
FUND BALANCE FACILITY DEV	\$124,580.00
FUND BALANCE SELF INS BONDS	\$13,949.72
FUND BALANCE-FUTURE RETIREMENT	\$608,829.80

FUND BALANCE-COMPENSATED LEAVES	\$488,257.76
FUND BALANCE-UNEMPLOYMENT	\$55,000.00
FUND BALANCE-TRAINING	\$35,000.00
FUND BALANCE/BRFS	\$11,522.00
FUND BALANCE-HEALTH INSURANCE	\$160,000.00
FUND BALANCE-POTENTIAL CLAIMS	\$93,734.00
BALANCE SHEET NET INCOME	\$39,052.48
TOTAL LIABILITIES	3,437,375.34
TOTAL NET INCOME	0.00

MEMICHIGAN DISTRICT HEALTH DEPARTMENT CHAPTON MONTCALM CRAFT

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

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Ithaca, MI 48847-1627
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BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Sam Smith
Dwight Washington, Ph.D.

MARK W. (MARCUS) CHEATHAM Health Officer

JENNIFER MORSE, MD Medical Director

Board of Health Action Sheet

Da	ate: August 29, 2017	Administ	rator:		werman Administrative Services		
Su	ıbject: New Fees for Family Planning	☐ Infor	mation	Only			
ı.	Authority For This Action:						
	☐ Local Policy						
	☑ Law or Rule Public Act 368 of 1978,	3333.2444 Fees for S	Services				
II.	II. Summary: (Previous board action relating to this item? Background information and if any future action anticipated.)						
	New fees need to be approved for the Farexam that are already being provided.	mily Planning/STD cl	inic for	services that	t can be billed during their		

III. Strategic Objective, Health Issue, or other Need Addressed:

(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

Vision Priority #5 from the agency's Strategic Plan states that: We effectively manage our fiscal resources while expanding opportunities for financial growth. It is necessary for us to recover our costs to effectively manage our fiscal resources.

IV. Fiscal Impact and Cost:

(Immediate, ongoing, and future impact.)

Procedure Code	Procedure Name	Fee
87210QW	CERVICAL WET MOUNT	\$6.00
872120QW	VAG AMINE	\$6.00
83986QW	PH, BODY FLUID-GASTRIC OCCULT BLOOD	\$3.00

V. Alternatives Considered:

(Scope of options reviewed. Reasons for rejecting alternatives.)

There are no reasons that the MMDHD should not add these new fees for the Family Planning Program.

VI. Recommendation:

(Advantages/benefits of proposal. Expected results. Possible problems or disadvantages of proposal. Effect of action on agency. Consequences of not approving recommendation or taking action.)

I request that the Finance Committee recommend the full Board of Health approve the new fees as proposed, retroactive to September 1, 2017.

VII. Monitoring and Reporting Time Line:

(Evaluation method and timeline. Next report to the Board.)

The new fees for the Family Planning/STD Program will be reported on the monthly Revenue and Expenditure Report.

Report to the Boards of Health

Jennifer Morse, M.D. Medical Director



Mid-Michigan District Health Department, Wednesday, September 27, 2017 Central Michigan District Health Department, Wednesday, September 27, 2017 District Health Department 10, Friday, September 29, 2017

Mold

Mold is a type of living organism called a fungus. Mold spores are almost always present in the air. Most molds and fungi need moist environments to grow. In fact, the lowest relative humidity that supports mold growth is approximately 75%. In addition to moisture, mold needs some type of food source, or something to grow on. This can be nearly anything, including paper, cloth, insulation, dirt, and wood. Mold typically damages the material it is growing on. As long as fungi have moisture and nutrients, they are able to grow in a wide range of temperatures.

We can come in contact with mold by touching, inhaling, or eating it. There are health effects linked to molds. Inhaling indoor mold has been associated with nasal congestion, sneezing, runny nose, throat irritation, exacerbation of pre-existing asthma, wheeze, cough, hypersensitivity pneumonitis, and fungal infections. Most health issues due to mold occur in individuals that have pre-existing sensitivity or allergies to mold. It is suspected that the cause of these symptoms is usually not just due to mold. Damp air, insufficient ventilation, dust mites, ozone, chemicals, bacteria, and other organisms are commonly present in the same indoor environments as mold and are likely to also be responsible. Sometimes buildings with poor indoor air quality due to these conditions are given the label "sick building syndrome" (SBS) and occupants may report symptoms such as eye, nose, or throat irritation, cough, dry or itchy skin, nausea, headaches, dizziness, difficulties concentrating, and fatigue. Again, these symptoms are not due to the presence of mold alone.

The term "toxic mold" is not a correct term. Certain molds can indeed produce toxins, called mycotoxins. The



molds themselves, however, are not toxic or poisonous. The amount of mycotoxins produced and present in a home will vary based on the conditions the mold is growing in. Humans living in homes affected by mold are not exposed to enough mycotoxins to develop illness, unless the toxins are eaten. Popular media has reported on "toxic black mold" which is typically linked to a specific mold, *Stachybotrys chartarum*. In a recent review of the data (Borchers, Chang, & Gershwin, 2017), it was determined that there was no validity to the hype of "toxic black mold" and "mycotoxicosis". There is no evidence that *S. chartarum* or its toxins have any unique inflammatory effect in humans. Many molds are black in appearance and the color of mold does not indicate species or any other features of the mold.

If a mold issue is suspected in a building or home, testing is not necessary or recommended. If mold can be detected by sight or smell, it needs to be addressed. As previously mentioned, the genus or species of mold does not matter in most types of exposure. Action is not based on the amount of spores present. Also, there is no "safe" or "dangerous" level of mold established to compare test results. Testing the occupants' blood for antibodies (IgG) against mold as a sign of exposure is also of no use. It is expected that all people should have antibodies against mold, since molds are so prevalent in the environment.

Mold should be dealt with quickly once it is found to avoid damaged property and illness. If you have health issues; particularly allergies or asthma, there has been a great deal of water damage, or mold is covering over 10 square feet of your home, it may be best to hire a contractor to do the work for you. If you do hire a contractor, make sure they have experience cleaning up mold: check references, ask if they follow recommendations of the Environmental Protection Agency (EPA), the American Conference of Governmental Industrial Hygienists (ACGIH), or other professional/governmental guidelines. If you do not have health issues or allergies and the area of mold is small, consult the resources provided below prior to attempting to clean the mold yourself. Any water issues or leaks must also be addressed and repaired or mold will keep coming back, no matter how well the area is cleaned.

Resources:

• Mold: General Resources:

https://www.cdc.gov/mold/

• Mold After a Disaster:

https://www.cdc.gov/disasters/mold/

• Reentering Your Flooded Home:

https://www.cdc.gov/disasters/mold/reenter.html

• Floods and Mold Growth:

https://www.epa.gov/mold/floods-and-mold-growth

• Homeowner's and Renter's Guide to Mold Cleanup after Disasters:

https://www.cdc.gov/mold/pdfs/Homeowners and Renters Guide.pdf

• Steps for Cleaning Mold:

http://www.michigan.gov/documents/mdch/STEPS FOR CLEANING MOLD - WEB MDCH 473600 7.pdf

• A Brief Guide to Mold, Moisture, and Your Home:

https://www.epa.gov/sites/production/files/2016-10/documents/moldguide12.pdf

• Mold and Your Health:

http://www.michigan.gov/documents/mdch/MOLD YOUR HEALTH - WEB MDCH 473599 7.pdf

• Mold and Home Owners:

http://www.michigan.gov/documents/mdch/MOLD HOME OWNERS - WEB MDCH 473601 7.pdf

• Mold and Renter Disputes:

http://www.michigan.gov/documents/mdch/MOLD RENTERS MDCH 320757 7.pdf

• Publications on Exposure to Mold and Related Health Effects:

https://www.cdc.gov/mold/pdfs/rr5508 app.pdf

Board of Health Healthy Living Recommendations:

- 1. Mold is common and can be found almost everywhere.
- 2. Moist environments encourage mold growth, but also facilitate development of poor air quality for many additional reasons.
- 3. If mold is present in buildings or homes, it must be dealt with, but so must the underlying moisture issues.

References

- Michigan Department of Community Health. (n.d.). Mold for Health Care Providers.
 http://www.michigan.gov/documents/mdch/ALL_ABOUT_MOLD_FOR_HCPs_MDCH_316958_7.pdf
- Kuhn, D. M., & Ghannoum, M. A. (2003). Indoor mold, toxigenic fungi, and Stachybotrys chartarum: infectious disease perspective. *Clinical microbiology reviews*, *16*(1), 144-172.
- Borchers, A. T., Chang, C., & Gershwin, M. E. (2017). Mold and Human Health: a Reality Check. *Clinical Reviews in Allergy & Immunology*, *52*(3), 305-322.

8 TIPS TO MUDICIPAL OF THE STREET OF THE STR



Protect Yourself

Put on personal protective equipment (gloves, mask, goggles) to protect your eyes, nose, mouth, and skin.



Toss!

Take it out! Anything that was wet with flood water and can't be cleaned and dried completely within 24 to 48 hours should be taken outside. Take photos of discarded items for filing insurance claims.



Air it out

Open all doors and windows when you are working, and leave as many open as you safely can when you leave.



Circulate

When electricity is safe to use, use fans and dehumidifiers to remove moisture.



Don't mix cleaners If you use cleaning products, do not mix cleaning products together. DO NOT mix bleach and ammonia because it can create toxic vapors.



Scrub surfaces Clean with water and a detergent. Remove all mold you can see. Dry right away.



Painting or caulking over mold will not prevent mold from growing. Fix the water problem completely and clean up all the mold before you paint or caulk.



Dry it up Dry your home and everything in it as quickly as possible – within 24 to 48 hours if you can.





Financial and Operational Reports

June 2017

My Community Dental Centers, Inc. Quarterly Actual Vs Budget ALL CENTERS

2017

	- 				
	1st Quarter Actual	2nd Quarter Actual	Actual	June YTD Budget	Variance
Revenue					
Dental Services Revenue State/Federal Funds	\$6,517,462 3,427,762	\$7,228,534 3,367,052	\$13,745,997 6,794,815	\$13,913,981 6,718,696	(\$167,984) 76,119
Grants MCDC Administrative Revenue	2,196,984	9,066 2,171,140	9,066 4,368,124	4,195,975	9,066 172,149
Total Revenue	12,142,208	12,775,792	24,918,002	24,828,652	89,350
Charity Care	153,694	158,485	312,179	202,649	(109,530)
Total Revenue Adjustments	153,694	158,485	312,179	202,649	(109,530)
Net Revenue	11,988,514	12,617,307	24,605,823	24,626,003	(20,180)
% of RVU's	92.6%	92.8%	92.7%	88.9%	
Direct Care Expense Dentist					
Dentist	2,678,397	2,813,714	5,492,111	5,729,435	237,324
Fringe Benefits	467,394	404,425	871,820	818,778	(53,042)
Total Dentist Expense % of RVU's	3,145,791	3,218,139	6,363,931	6,548,213	184,282
% OI RVUS	24.3%	23.7%	24.0%	23.6%	
Other Direct Care Staffing					
Hygienist	972,135	992,869	1,965,004	1,551,627	(413,377)
Dental Assistant	1,075,827	1,031,163	2,106,990	2,550,110	443,120
Front Office Fringe Benefits	889,344 805,813	867,877 758,088	1,757,221 1,563,901	1,474,611 1,444,150	(282,610) (119,751)
Total Other Direct Care Staffing	000,013	750,000	1,303,901	1,444,150	(119,751)
Expense	3,743,119	3,649,997	7,393,116	7,020,498	(372,618)
% of RVU's	28.9%	26.8%	27.9%	25.3%	(0.12,0.0)
Clinical Supplies Expense % of RVU's	598,167	697,893	1,296,060	1,159,653	(136,407)
Lab Fees Expense	4.6% 569,118	5.1% 625,373	4.9% 1,194,491	4.2% 1,273,318	78,827
% of RVU's	4.4%	4.6%	4.5%	4.6%	70,027
Total Direct Care Expense % of RVU's	8,056,195 62.2%	8,191,402 60.2%	16,247,598 61.2%	16,001,682 57.8%	(245,916)
Net Revenues over Direct Costs	3,932,319	4,425,905	8,358,225	8,624,321	(266,096)
Net Nevendes over Direct Gosts	3,332,313	4,420,300	0,330,223	0,024,321	(200,030)
Total Administrative Expense	1,849,630	1,883,598	3,733,228	4,381,719	648,491
% of RVU's	14.3%	13.9%	14.1%	15.8%	
Total Facility and Equipment Expense	726,646	812,654	1,539,299	1,280,659	(258,640)
Community Education and Outreach	1,092,915	1,018,336	2,111,251	2,458,539	347,288
Total Operating Surplus/(Deficit)	263,128	711,317	974,447	503,404	471,043
Other Income	1,934	1,253	3,187		3,187
Other Expenses	16,243	21,584	37,827	5,040	(32,787)
Surplus/(Deficit)	248,819	690,986	939,807	498,364	441,443
Relative Value Units (RVU)	12,943,564	13,598,284	26,541,848	27,707,621	(1,165,773)

Please note that financials are prepared on an accrual basis and therefore does not reflect the cash activity. Operating surplus is designated to operating reserves until reserve is met.

My Community Dental Centers, Inc. Quarterly Actual Vs Budget MID-MICHIGAN DISTRICT HD

2017

	1st Quarter Actual	2nd Quarter Actual	Actual	June YTD Budget	Variance
Revenue					
Dental Services Revenue	\$434,849	\$483,131	\$917,980	\$1,083,990	(\$166,010)
State/Federal Funds	295,219	269,281	564,500	598,802	(34,302)
Total Revenue	730,068	752,412	1,482,480	1,682,792	(200,312)
Charity Care	4,596	4,667	9,262	16,562	7,300
Total Revenue Adjustments	<i>4,</i> 596	4,667	9,262	16,562	7,300
Net Revenue	725,472	747,745	1,473,218	1,666,230	(193,012)
% of RVU's	106.6%	106.2%	106.4%	100.5%	(, - ,
Direct Care Expense					
Dentist					
Dentist	140,628	150,939	291,568	342,460	50,892
Fringe Benefits	29,677	25,554	55,232	48,937	(6,295)
Total Dentist Expense	170,305	176,493	346,800	391,397	44,597
% of RVU's	25.0%	25.1%	25.0%	23.6%	
Other Direct Care Staffing					
Hygienist	51,517	54,861	106,379	92,825	(13,554)
Dental Assistant	56,219	57,647	113,866	152,333	38,467
Front Office	56,185	49,339	105,524	98,692	(6,832)
Fringe Benefits Total Other Direct Care Staffing	46,162	40,075	86,237	86,427	190
Expense	210,083	201,922	412,006	430,277	18,271
% of RVU's	30.9%	28.7%	29.8%	26.0%	10,271
Clinical Supplies Expense	29,232	35,971	65,204	94,152	28,948
% of RVU's	4.3%	5.1%	4.7%	5.7%	20,040
Lab Fees Expense	48,330	39.436	87.765	105.092	17,327
% of RVU's	7.1%	5.6%	6.3%	6.3%	,-
Total Direct Care Expense	457,950	453,822	911,775	1,020,918	109,143
% of RVU's	67.3%	64.4%	65.8%	61.6%	
Net Revenues over Direct Costs	267,522	293,923	561,443	645,312	(83,869)
Total Administrative Expense	92,531	93,479	186,009	288,309	102,300
% of RVU's	13.6%	13.3%	13.4%	17.4%	,,,,,,
Total Facility and Equipment Expense	54,550	28,450	83,000	84,034	1,034
Community Education and Outreach	101,030	92,355	193,385	219,117	25,732
Total Operating Surplus/(Deficit)	19,411	79,639	99,049	53,852	45,197
Surplus/(Deficit)	19,411	79,639	99,049	53,852	45,197
Relative Value Units (RVU)	680,517	704,349	1,384,866	1,657,597	(272,731)

Please note that financials are prepared on an accrual basis and therefore does not reflect the cash activity.

Operating surplus is designated to operating reserves until reserve is met.

My Community Dental Centers, Inc. Quarterly Actual Vs Budget SIDNEY

2017

	1st Quarter Actual	2nd Quarter Actual	Actual	June YTD Budget	Variance
Revenue					
Dental Services Revenue	\$294,178	\$336,108	\$630,285	\$738,927	(\$108,642)
State/Federal Funds	188,421	161,324	349,745	364,736	(14,991)
Total Revenue	482,599	497,432	980,030	1,103,663	(123,633)
Charity Care	671	3,076	3,747	10,971	7,224
Total Revenue Adjustments	671	3,076	3,747	10,971	7,224
Net Revenue	481,928	494,356	976,283	1,092,692	(116,409)
% of RVU's	107.2%	105.9%	106.5%	99.6%	
Direct Care Expense					
Dentist					
Dentist	96,236	97,723	193,959	226,670	32,711
Fringe Benefits Total Dentist Expense	22,155 118,391	19,831 117,554	41,986 235,945	32,391 259,061	(9,595) 23,116
% of RVU's	26.3%	25.2%	255,945 25.7%	239,001	23,110
	20.070		20 / 0	20.070	
Other Direct Care Staffing	22.222	00.000	20.404	04.440	(0.044)
Hygienist	33,093	36,388	69,481	61,440	(8,041)
Dental Assistant Front Office	34,308 37,717	37,165 35,053	71,472 72,770	100,827 65,315	29,355 (7,455)
Fringe Benefits	28,924	25,017	53,941	57,205	3,264
Total Other Direct Care Staffing	20,021	20,017	00,011	07,200	0,201
Expense	134.042	133,623	267,664	284,787	17,123
% of RVU's	29.8%	28.6%	29.2%	26.0%	,
Clinical Supplies Expense	16,667	22,523	39,190	62,318	23,128
% of RVU's	3.7%	4.8%	4.3%	5.7%	
Lab Fees Expense	33,929	26,497	60,426	69,559	9,133
% of RVU's	7.5%	5.7%	6.6%	6.3%	
Total Divact Cova Francis	202.000	200 407	CO2 205	675 705	70 500
Total Direct Care Expense % of RVU's	303,029 67.4%	300,197 64.3%	603,225 65.8%	675,725 61.6%	72,500
// OI IXVO 5	07.470	04.570	05.070	01.070	
Net Revenues over Direct Costs	178,899	194,159	373,058	416,967	(43,909)
Total Administrative Expense	54,512	55,650	110,162	170,103	59,941
% of RVU's	12.1%	11.9%	12.0%	15.5%	
Total Facility and Equipment Expense	23,325	18,108	41,433	50,329	8,896
Community Education and Outreach	64,484	55,282	119,766	133,466	13,700
Total Operating Surplus/(Deficit)	36,578	65,119	101,697	63,069	38,628
Surplus/(Deficit)	36,578	65,119	101,697	63,069	38,628
Relative Value Units (RVU)	449,733	466,931	916,664	1,097,143	(180,479)

Please note that financials are prepared on an accrual basis and therefore does not reflect the cash activity.

Operating surplus is designated to operating reserves until reserve is met.

My Community Dental Centers, Inc. Quarterly Actual Vs Budget ST JOHNS

2017

	2011				
	1st Quarter Actual	2nd Quarter Actual	Actual	June YTD Budget	Variance
Revenue					
Dental Services Revenue	\$139,059	\$148,699	\$287,759	\$345,063	(\$57,304)
State/Federal Funds	106,798	107,957	214,755	234,067	(19,312)
Total Revenue	245,857	256,656	502,514	579,130	(76,616)
Charity Care	3,098	2,418	5,516	5,591	75
Total Revenue Adjustments	3,098	2,418	5,516	5,591	75
Net Revenue	242,759	254,238	496,998	573,539	(76,541)
% of RVU's	105.2%	107.1%	106.2%	102.3%	
Direct Care Expense					
Dentist					
Dentist	44,392	53,216	97,609	115,790	18,181
Fringe Benefits	7,522	5,723	13,245	16,546	3,301
Total Dentist Expense	51,914	58,939	110,854	132,336	21,482
% of RVU's	22.5%	24.8%	23.7%	23.6%	
Other Direct Care Staffing					
Hygienist	18,425	18,473	36,898	31,385	(5,513)
Dental Assistant	21,912	20,482	42,394	51,506	9,112
Front Office	18,468	14,286	32,754	33,376	622
Fringe Benefits	17,238	15,058	32,296	29,222	(3,074)
Total Other Direct Care Staffing					
Expense	76,043	68,299	144,342	145.489	1,147
% of RVU's	32.9%	28.8%	30.8%	26.0%	,
Clinical Supplies Expense	12,565	13,449	26,014	31,834	5,820
% of RVU's	5.4%	5.7%	5.6%	5.7%	-,-
Lab Fees Expense	14.400	12,939	27,339	35,533	8,194
% of RVU's	6.2%	5.4%	5.8%	6.3%	2,121
T. (15) (2) T	454.000	450.000	222 7 42	0.45.400	22.242
Total Direct Care Expense	154,922	153,626	308,549	345,192	36,643
% of RVU's	67.1%	64.7%	65.9%	61.6%	
Net Revenues over Direct Costs	87,837	100,612	188,449	228,347	(39,898)
Total Administrative Expense	38,018	37,829	75.847	118,206	42,359
% of RVU's	16.5%	15.9%	16.2%	21.1%	,
Total Facility and Equipment Expense	31,225	10,342	41,567	33,705	(7,862)
Community Education and Outreach	36,546	37,073	73,620	85,651	12,031
Total Operating Surplus/(Deficit)	(17,952)	15,368	(2,585)	(9,215)	6,630
Surplus/(Deficit)	(17,952)	15,368	(2,585)	(9,215)	6,630
Relative Value Units (RVU)	230,784	237,418	468,202	560,455	(92,253)
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Please note that financials are prepared on an accrual basis and therefore does not reflect the cash activity.

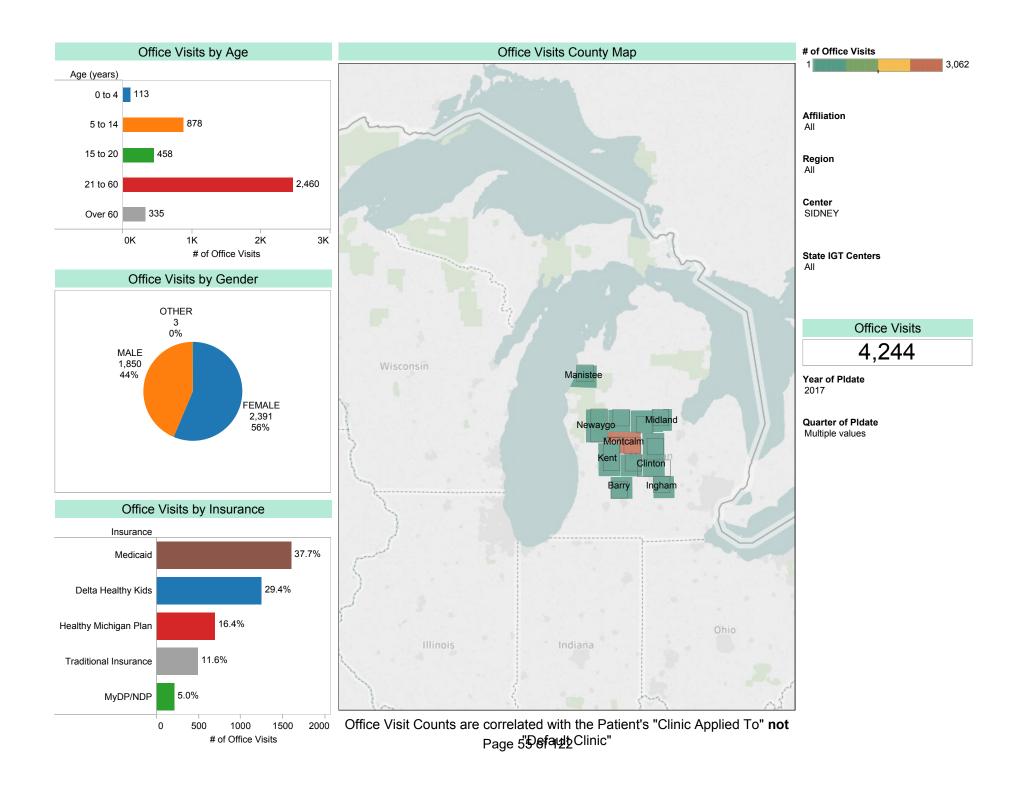
Operating surplus is designated to operating reserves until reserve is met.

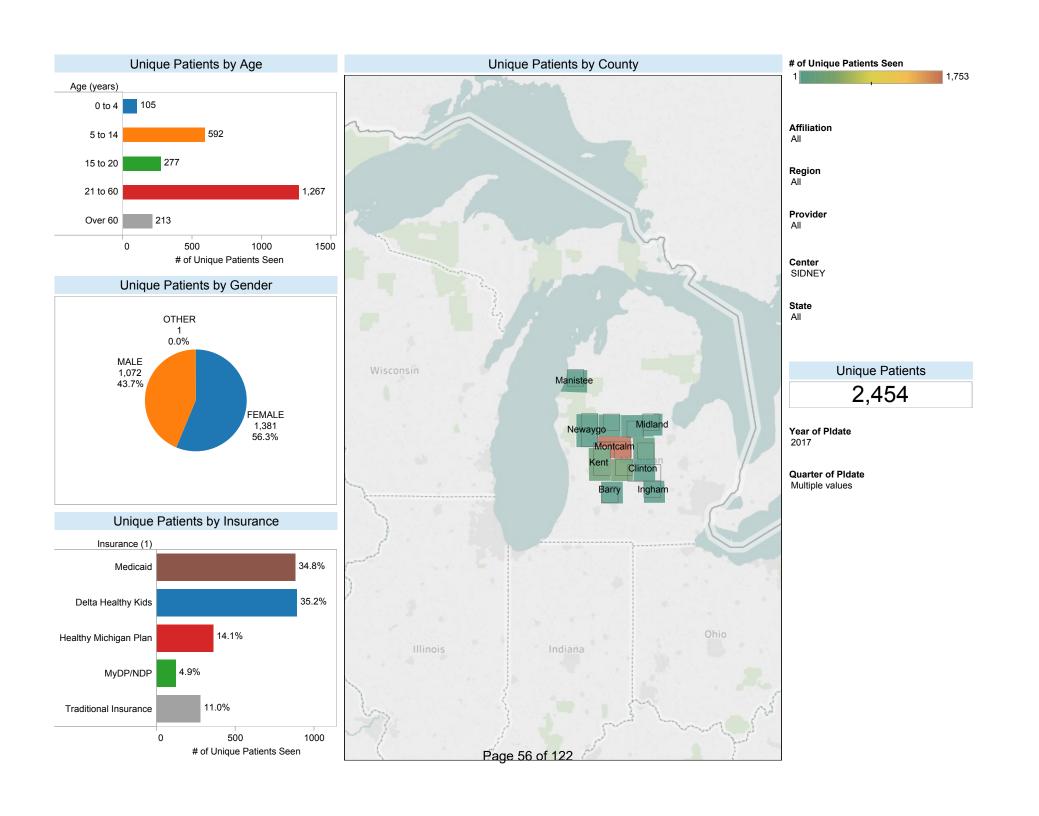
My Community Dental Centers, Inc. Quarterly Actual Vs Budget HOSPITALS - SHERIDAN

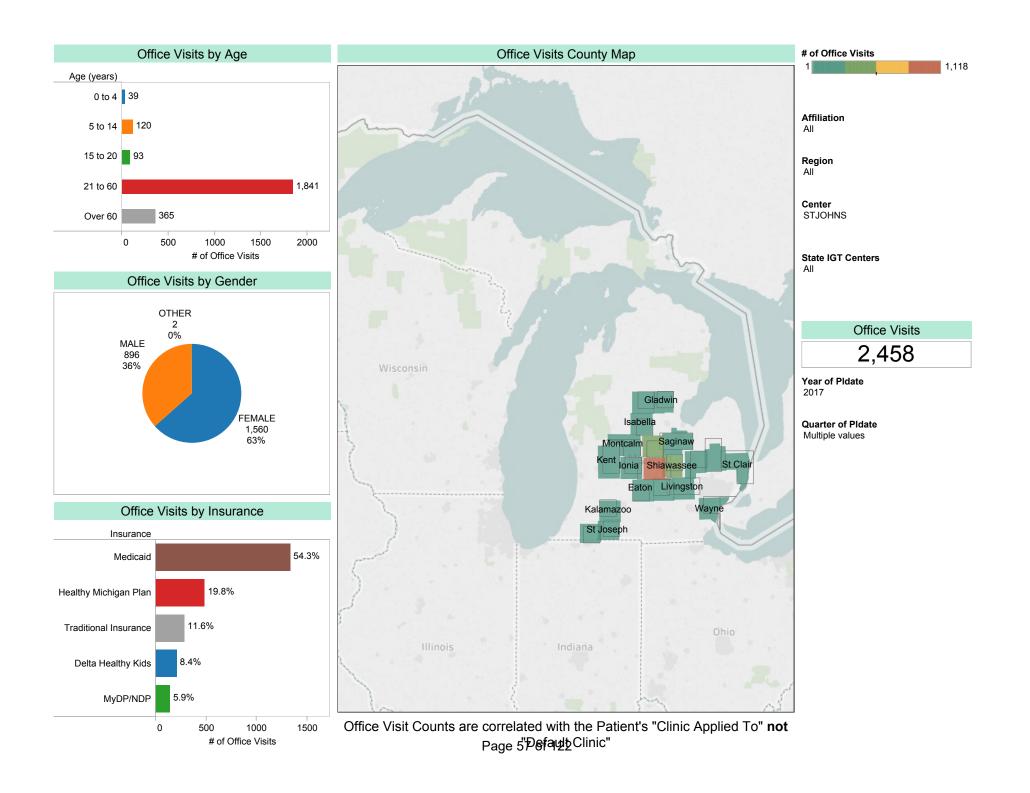
2017

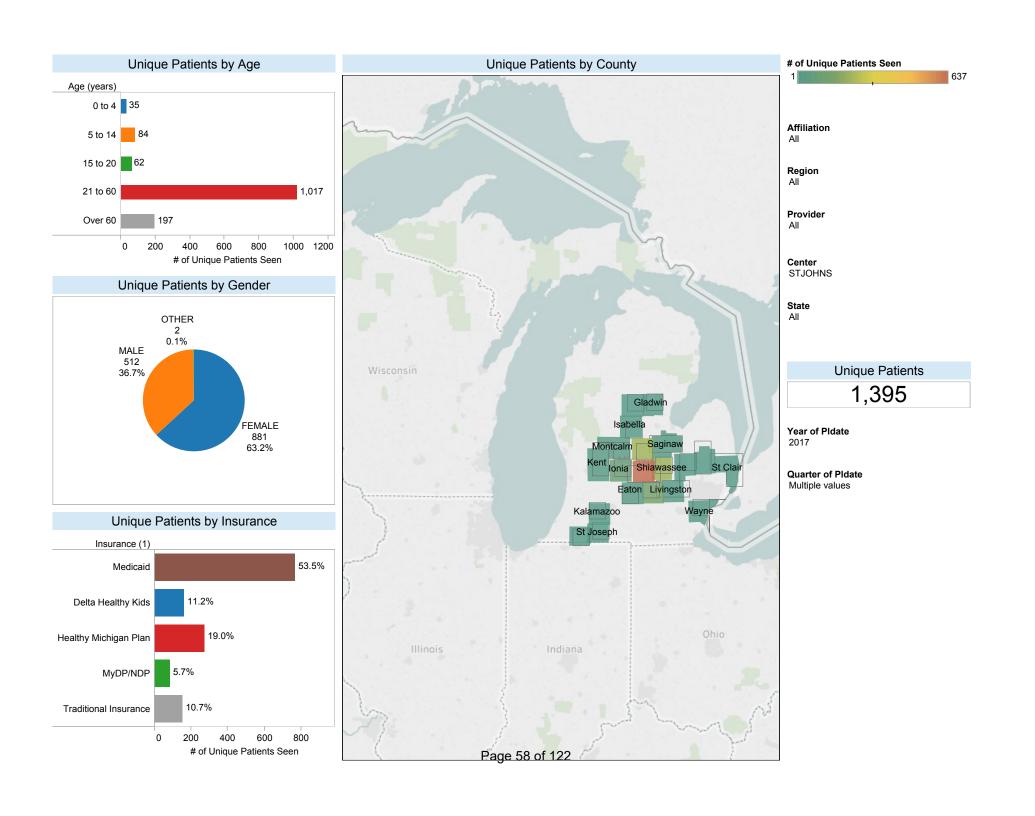
	1st Quarter Actual	2nd Quarter Actual	Actual	June YTD Budget	Variance
Revenue Dental Services Revenue Total Revenue	\$1,612 1,612	(\$1,676) (1,676)	(\$64) (64)		(\$64) (64)
Charity Care Total Revenue Adjustments	827 827	(827) (827)			
Net Revenue	785	(849)	(64)		(64)
Direct Care Expense Dentist					
Other Direct Care Staffing					
Net Revenues over Direct Costs	785	(849)	(64)		(64)
Total Operating Surplus/(Deficit)	785	(849)	(64)		(64)
Surplus/(Deficit)	785	(849)	(64)		(64)

Please note that financials are prepared on an accrual basis and therefore does not reflect the cash activity. Operating surplus is designated to operating reserves until reserve is met.









Save the Date!



November 3, 2017

Mid-Michigan District Health
Department's Annual
District-wide In Service!

Location: Gratiot-Isabella Regional

Education Service District 1131 E. Center St., Ithaca

When: November 3, 2017

from 8:30 a.m. – 4:30 p.m.

Attend any portion or the whole day at your convenience!

Lunch served at 12 noon.

Please RSVP to Cindy at (989) 831-3610 or cpartlo@mmdhd.org if you plan to attend





2015 Data Report on Childhood Lead Testing and Elevated Blood Lead Levels: Michigan

February 2017

Prepared by

Junaid Maqsood, MPH Martha Stanbury, MSPH RoseAnn Miller, PhD

Childhood Lead Poisoning Prevention Program (CLPPP)
Division of Environmental Health
Michigan Department of Health and Human Services

For information and questions, contact

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Acknowledgements:

Daniel Albright, Jessica Cooper, Kory Groetsch, Karen Lishinski, Sarah Lyon-Callo, Robert Scott, Veronica Tijerina

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Executive Summary

This is the 12th annual statistical summary of clinical laboratory reports of children tested for lead in Michigan. Data for this report cover tests conducted in the calendar year 2015, and comparison data are provided for the previous 17 years. Note: This report does not present an analysis of blood lead data on children in Flint beyond that which is presented for the state as a whole, counties, and by zip code. For more information about Flint blood lead data and related information, the reader is referred to the State of Michigan's Flint water response website (www.michigan.gov/flintwater) and an article in *Morbidity and Mortality Weekly Report* (MMWR).¹

Key Findings:

- In 2015, 140,857 children younger than six years of age had a blood lead test, or approximately 20% of the population in this age group.
 - o Among children age one and two, 86,437 were tested for lead, or approximately 37.9% of the population in this age group.
- Of 140,857 children under age six who were tested for lead, 4,791 (3.4%) had an elevated blood lead level (EBLL) of ≥5 micrograms of lead per deciliter of blood (µg/dL).
 - Of all 4,791 children with an EBLL, 2,495 (52.1%) had a confirmatory venous blood test ≥5 μg/dL.
- Lenawee County, Mason County, and Kent County ranked as the three counties with the highest percentage of children under age six with an EBLL, at 10.0%, 6.5%, and 6.2%, respectively.
- More children under age six were tested and had an EBLL in the City of Detroit than any county in Michigan; the 21,548 tested included 1,620 with EBLLs. Thirty-six percent of the estimated population of children under age six in Detroit were tested.
- In 2015, 59,361 children one and two years of age who were enrolled in Medicaid were tested for lead.
 - o Among children age one and two enrolled in Medicaid, 2,486 (4.2%) had an EBLL.

Key recommendations and next steps for the MDHHS Childhood Lead Poisoning Prevention Program (CLPPP):

- Improving the completeness, accuracy, and timeliness of the surveillance system by implementing a
 modernized data management system and automating the process of receiving and compiling
 reports from laboratories.
- Partnering with other agencies to increase screening rates to increase the proportion of children with EBLLs based on capillary tests receiving a confirmatory venous test.
- Launching a new program to increase reimbursement to Local Health Departments for the provision of in-home nursing case management for Medicaid children with EBLLs, supported by training and technical assistance from MDHHS CLPPP.
- Collaborating with the MDHHS Lead Safe Home Program (LSHP), which is implementing a major expansion of environmental inspection services and financial support for home lead abatement.

Report Abbreviations

BLL: Blood Lead Level

CDC: Centers for Disease Control and Prevention CLPPP: Childhood Lead Poisoning Prevention Program

EBLL: Elevated Blood Lead Level (defined as \geq 5 micrograms per deciliter (μ g/dL) of blood)

LHD: Local Health Department LSHP: Lead Safe Home Program

MDHHS: Michigan Department of Health and Human Services

2015 Data Report on Childhood Lead Testing and Elevated Levels: Michigan

Introduction

The purpose of this report is to provide a summary of the blood lead data for 2015 for the public, public health professionals, and researchers to use in understanding the scope of blood lead testing and elevated blood lead levels throughout Michigan. Data tables in this report are available in Excel, upon request, from the MDHHS CLPPP.

Health Hazards of Lead

For more than 40 years, government, environmental advocates, parents, and the public have worked tirelessly to reduce and eliminate childhood lead poisoning hazards. These efforts have led to considerable gains such as elimination of lead in paint and gasoline in the 1970s as well as some consumer products; increased awareness of lead as an environmental hazard; and improvements in

guidance for blood lead testing and treatment of lead poisoned children.

Unfortunately, lead poisoning is far from being eliminated. Significant factors contributing to lead poisoning include living in homes built before 1978 (before the ban on the use of lead in paint), poverty, and children of some ethnic and racial groups.²⁻⁴ The detrimental and long-lasting effects of lead are magnified in Michigan's urban areas, where aging housing stock and substandard living conditions increase risk of exposure.

Young children, wherever they live, are particularly vulnerable to lead poisoning because of their tendency to put contaminated hands and items such as toys into their

Health Hazards of Lead

Lead is a potent neurotoxin, and no safe blood lead level has been identified. In children, lead exposure can cause

- Learning problems
- Behavior problems, including hyperactivity
- Lower IQ
- Slowed growth and development
- Hearing and speech problems
- Anemia

mouths.² All Medicaid-enrolled children are considered to be at increased risk for lead exposure and poisoning, and Michigan Medicaid policy requires that all enrolled children be tested for lead exposure at 12 and 24 months of age, or between 36 and 72 months of age if not previously tested.⁵ The Michigan Medicaid Program produces detailed monthly statistics on testing rates of Medicaid enrolled children by age groups and types of Medicaid enrollment (Managed Care, Fee-for-Service, and Medicaid/CSHCS Dual Eligibles).⁶

MDHHS Childhood Lead Poisoning Prevention Program

The Michigan Department of Health and Human Services (MDHHS) Childhood Lead Poisoning Prevention Program (CLPPP) began in 1992 through a grant from the federal Centers for Disease Control and Prevention (CDC). The program was formalized into state law in 1998, under Public Health Code MCL

333.5474, with the goal of preventing lead poisoning through targeted primary and secondary prevention aimed at high risk children and their families.

Blood Lead Testing and Surveillance

The MDHHS CLPPP blood lead surveillance program compiles blood lead test results for children under the age of 18 in the state of Michigan from clinical laboratory reports to the State.

Exposure to lead is measured by blood lead tests. A blood lead level (BLL) equal to or greater than 5 micrograms per deciliter of blood (\geq 5 µg/dL) is considered elevated by CDC. In 2012, the CDC's Advisory Committee on Childhood Lead Poisoning recommended changing the definition of elevated blood lead level (EBLL) from a BLL \geq 10 µg/dL to \geq 5 µg/dL, based on a report that even low levels of lead in blood

present health concerns, and that 2.5% of children in the U.S. have a BLL \geq 5 $\mu g/dL$.⁴

The laboratory test for BLL is done on a venous blood sample or capillary blood, usually from a finger stick. Even though they are easier to conduct, elevated levels from capillary blood tests should be confirmed with a venous blood test because capillary tests can produce false positive results.

Under the Public Health Code, clinical laboratories and users of portable blood lead analyzers are required to submit all blood lead

laboratory test results within five days after test completion to the MDHHS CLPPP (R325.9081-9086).

Significance of the Elevated Blood Lead Level (EBLL)

The EBLL is the level at which interventions should be initiated. Interventions include additional testing of the child, education of the caregivers, and assessment of the home for lead hazards.

The CLPPP maintains a public health surveillance database of all laboratory test results. Blood lead testing results include name, address, and demographic information about the person tested, contact information for the parent and the provider who ordered the test, the test result including the sample type, the date the blood sample was taken and the date the test analysis was completed. CLPPP compiles all the reports on a weekly cycle, including cleaning the data, and uploads the results into the data management system. Each week, an extract of the data is uploaded to a database in the MDHHS data warehouse where a computer algorithm generates a child ID, so that multiple tests of the same child are linked. This child ID is also used to link the results to the Medicaid data files and the state's immunization registry (the Michigan Care Improvement Registry, or MCIR).

Compiled data from CLPPP are made available to governmental agencies (including local health departments [LHDs], Medicaid, the Michigan State Housing Development Authority, the Michigan Lead Safe Home Program, and CDC), non-governmental organizations, researchers and the public. In addition, because the child's lead level is linked to MCIR, health care providers can simultaneously see their patient's lead level when the child's immunization record is opened in MCIR.

Uses of Surveillance Data

The surveillance data are used for a variety of purposes, including improving compliance with requirements and recommendations for testing of children, individual case management for children with elevated blood lead levels (EBLL), and identification of homes in need of inspections for lead hazards coupled with home lead abatement. Surveillance data are also used to identify areas of concern when unusual or unexpected increases in the numbers of cases of EBLL are seen, and to identify high risk groups for targeting a variety of interventions.

Improve screening and testing

To improve compliance with the lead testing requirements of Medicaid and recommendations for testing of high risk children, and to promote the importance of obtaining a confirmatory venous test for EBLLs from capillary tests:

- The lead testing status of children is provided to all Medicaid Managed Care Plans. This is done by matching Medicaid enrollment files with CLPPP's lead surveillance data files. Managed Care Plans use the data to contact their providers who are not compliant with Medicaid testing requirements.
- Monthly, CLPPP provides LHDs a list of children who are in Medicaid fee-for-service and their lead testing status so that LHDs can conduct follow-up with providers of children who are not in compliance with Medicaid testing requirements.
- CLPPP provides LHDs with a weekly list of all new blood lead tests, including whether they are venous or capillary, so that the LHDs can follow up with the families of children with capillary EBLLs to encourage them to see their provider to get a confirmatory venous test.

Conduct case management for children with elevated blood lead levels

LHDs use the weekly data reports from CLPPP to identify and follow up on children with EBLLs. Depending on resources, LHDs provide case management services to children with EBLLs and their families. Case management may include a home visit to make a visual assessment of lead hazards, an assessment of the child's growth and development, education of the caregivers on nutrition and cleaning, and referrals to other agencies for interventions. A nurse consultant at MDHHS supports case management activities at the LHDs through training and technical consultations. LHDs use a web-based application to track case management activities called the Healthy Homes Lead Poisoning Surveillance System (HHLPSS).

Identify homes with lead hazards

To ensure that families of children in lead contaminated homes have resources to remove lead hazards from the home, CLPPP provides information on all children with EBLLs to the MDHHS Lead Safe Home Program. This program provides assistance to low-to-moderate income families whose children have EBLLs and to families that live in potentially hazardous homes. The program provides resources to identify lead-based paint hazards and hire contractors that will safely remove these hazards.

Methods

Data Sources

Blood lead test results were extracted from the surveillance database that resides in the MDHHS data warehouse for tests conducted in 2015 of children under age 6. Data for a calendar year are never truly complete, but the 2015 data were considered complete as of the end of the second quarter of 2016 (May 31, 2016). Extracted data elements included child ID, blood lead level; blood sample type (venous, capillary, or unknown); age at the time of the test; Medicaid ID; and city, county, and zip code of residence at the time of the test. In addition, the number of children tested and number with EBLLs were obtained for previous years going back to 1998.

Each child was counted only once in a given year in this report. If a child had multiple tests in a year, the highest BLL obtained from a venous test was retained. If no venous test was performed, the highest BLL obtained from a capillary blood draw was retained. If the child had neither a venous or capillary test, the highest BLL obtained from an unknown sample type was retained. If the highest level was $\geq 5 \, \mu g/dL$, the child was counted as having an EBLL.

All test outcomes were categorized by sample type and BLL:

- Capillary, venous, or unknown sample type with LL < 5 μg/dL
- All capillary or unknown sample type tests ≥5 µg/dL
- Venous tests 5-14 μg/dL
- Venous tests ≥15 µg/dL

Analytical approach

The number and EBLL status of children were enumerated by age group, Medicaid enrollment status, counties, and zip codes. Data were analyzed for all children under age six and for children between one and two years of age. The latter group was examined because they are targeted by Medicaid for testing and represent the age group with the highest risk of EBLLs. For county-level testing results, two indicators of older housing were included: percent of housing constructed before 1978, when leaded paint was completely banned, and percent of pre-1950 housing, when homes had high levels of leaded paint.⁷ The estimated population of children under age 6 in each county used to calculate testing rates was obtained from the U.S Census American Community Survey.⁸ SAS® was used for data analysis.

If there were fewer than six counts in a given tabulation, the value was suppressed to maintain confidentiality. Further, to prevent back-calculation of the suppressed numbers using other numbers in the rows and/or columns of the data tables, some numbers greater than six were also suppressed. Tables without data suppression will be made available, in Excel or PDF, to local health departments upon request.

Results

Figures and Tables are presented after the narrative, starting on p. 16.

Figure 1: Percent of Children under Age Six with EBLLs, State of Michigan, 1998-2015 (p. 16)

Since 1998, the percentage of children under age six with EBLLs has declined, and this trend continued in 2015. A total of 140,857 children under age six were tested in 2015, of which 4,791 (3.4%) had EBLLs.

Figure 2: Number of Children under Age Six, Tested for Lead, 1998 – 2015, by Medicaid enrollment status (p. 17)

The total number of children under age six who were tested for blood lead rose from 73,643 in 1998, to a peak of 155,847 in 2010, and then steadily declined to 140,857 in 2015. Approximately 71.2% of the children tested in 2015 were enrolled in Medicaid in the calendar year. The proportion of tested children who were enrolled in Medicaid increased since 1998; the percent enrolled in Medicaid consistently remained between 70% and 76% since 2004.

Figure 3: Number of Children Age One and Two, Tested for Lead, 1998 – 2015, by Medicaid enrollment status (p. 18)

In 2015, 61.4% (86,437) of the 140,857 children under age six were in the one and two age group, and 68.7% of these children were enrolled in Medicaid. The number of children tested more than doubled from 1998 to 2015. The proportion tested for blood lead who were enrolled in Medicaid rose from 50% in 1998 to a peak of 75.3% in 2010 and then declined to 68.7% in 2015.

Table 1: Blood Lead Levels for Children under Age Six by County, 2015 (p. 19) and **Table 2: Blood Lead Levels for Children Age One and Two by County, 2015** (p.23)

The numbers and percent of EBLLs, categorized by venous and capillary results, are listed in Table 1 for children under age six, and in Table 2 for children age one and two. County-level population and housing data are also included in the tables.

Overall, 20.1% (140,857) of all children under age six were tested in Michigan (Table 1), and the average percent of children tested by county was 18.4%. The percent of children tested ranged from 36.7% (Detroit) to 8.9% (Livingston County). The city of Detroit had the largest number of tested children (N= 21,548) and the highest percentage of older housing (57.9% built before 1950 and 93.2% built before 1978).

A total of 4,791 (3.4%) had EBLL, of which 52.1% (2,495) were based on venous blood samples.
 Detroit had the highest percent of EBLL based only on venous tests (6.1%), followed by Calhoun

- County (3.3%). Approximately 33.8% (1,620) of all children with EBLLs lived in Detroit. Of all EBLLs from a venous test, 53.1% (1,324) lived in Detroit.
- Two hundred and sixty-two (10.5%) of the 2,495 venous tests were 15 μ g/dL or greater, a level at which a home intervention should take place as soon as possible to identify and mitigate sources of lead exposure. More than half of these children (137 of 262, or 52.3%) were residents of the city of Detroit.

A total of 86,437 children age one and two were tested for EBLL in Michigan in 2015 (Table 2). The overall testing rate children age one and two was higher for this age group (37.9%) than for all children under age six (20.1%). Testing rates ranged from 68.5% (Baraga County) to 20.4% (Livingston County), and the average county testing rates for children in this age group (40.8%) was higher than the rates for all children under age six (18.4%).

- Overall, 2,996 (3.5%) of children in this age group had EBLL, which was similar to the percent for all children under age six (3.4%).
- The city of Detroit comprised 662 (46.0%) of the 1,438 EBLLs from a venous test among children age one and two, which was lower than the 53.1% of 2,495 EBLLs from a venous test among children under age six.

In 2015, nine children (data not presented) had a confirmed venous level of 45 μ g/dL or greater, a level requiring immediate medical attention and possible chelation therapy. Three of these children lived in the city of Detroit, two in Kent County, and one lived in Flint.

Table 3. Blood Lead Levels for Children under Age Six Enrolled in Medicaid by County, 2015 (p. 27) and Table 4. Blood Lead Levels for Children Age One and Two Enrolled in Medicaid by County, 2015 (p. 30)

(Note: The City of Detroit data are included in the data for Wayne County for Tables 3 and 4.)

For the 100,279 children under age six enrolled in Medicaid at any time in 2015 who were tested (Table 3), 4,020 (4.0%) had an EBLL and 2,140 (2.1%) had an EBLL from a venous test.

- The four counties with the highest percent EBLL were Lenawee (12.4%), Mason (8.1%), Kent (7.4%) and Jackson (6.3%).
- Over half of the 4,020 Medicaid children with an EBLL lived in Wayne County (42.1%) or Kent County (13.2%). The EBLL percentage for Wayne County, which includes Detroit, was less than these other counties (5.5%), but had the highest percentage of children with an EBLL from a confirmatory venous test, at 4.4% (1,345 of 30,764).

A total of 59,361 children age one and two enrolled in Medicaid were tested in 2015 (Table 4).

- The percentage of children age one and two with an EBLL (4.2%, or 2,486 of 59,361) and percentage with an EBLL from a venous test (2.1%).
 - o These levels were similar to the percentages for children under age six.

- Among all EBLLs for children age one and two years of age, 49.0% were from a venous test.
 - This level was similar to the 53.2% (2,140 of 4,020) of venous EBLLs among all EBLLs for children under age six.
- More than half of the 2,486 children age one and two enrolled in Medicaid and tested with an EBLL in 2015 lived in Wayne County (34.9%) or Kent County (16.7%). Wayne County also made up 55.8% of all children tested with an EBLL from a venous test in this age group in Medicaid.

Table 5. Blood Lead Levels for Children under Age Six by Zip Code, 2015 (sorted by zip code) (p. 34) and Table 6. Blood Lead Levels for Children under Age Six by Zip Code, 2015 (sorted by % EBLL) (p. 46)

These tables are made available for identifying small jurisdictions for additional investigation. Results should be interpreted with caution because the numbers are very small for most zip codes.

Conclusions and Recommendations

Childhood Blood Lead Levels in Michigan

The State of Michigan has made great strides in reducing the number of children with EBLLs while also increasing the number of children getting tested. Surveillance data from the MDHHS CLPPP have been essential in identifying problems, driving interventions, and documenting successes. Despite many successes, childhood lead poisoning remains a public health threat for many Michigan children.

In 2015, there were 4,791 children under the age of six with elevated blood lead levels, comprising 3.4% of all tested children. Detroit continued to bear the greatest burden of EBLLs in children. Detroit and other communities with a high percent of children living in poverty and with older housing continue to have a disproportionate number of children with elevated blood lead levels.

Of the 140,857 children under age six who were tested in 2015, 100,279 (71.2%) were enrolled in Medicaid.

Impact of the Flint Water Crisis

On April 25, 2014, the city of Flint changed its water supply from Lake Huron (supplied by the Detroit Water Authority) to the Flint River. This was done under the direction of state-appointed emergency management in an effort to save the city money. Water from the Flint River was very corrosive whereas water from the Detroit Water Authority had very low corrosivity. When the water supply was switched, corrosion inhibitors were not added, which allowed corrosive water to run through aging pipes and leach lead into the city's water supply.

Increased water lead levels and EBLLs in young children were observed in Flint¹⁰ and confirmed by the State of Michigan in September 2015. In October 2015, the city of Flint's water supply was returned to water from the Detroit Water Authority. The public health emergency response brought local, state, and

federal resources together to coordinate a response that is expected to continue well into the future, with the common goal of protecting Michigan residents from lead exposure.

The MDHHS CLPPP program mounted an active response to the Flint water crisis by striving to increase the numbers of blood tests conducted for Flint residents, increase and support active case management in Flint and Genesee County, and increase home lead abatement through the Michigan Healthy Homes program. The CLPPP also provided numerous data and customized reports to government agencies, the media, the public and other community stakeholders, to support their activities in monitoring and responding to community needs and legislative actions.

In addition to activities by the MDHHS, other agencies within the State of Michigan have acted in response to the Flint Water Crisis with programs to increase water testing, removal of lead service lines from homes in the affected area, and other programs to reduce exposure to lead through water in Flint. Governor Rick Snyder created the Child Lead Poisoning Elimination Board in 2016 to address the need for coordinated efforts to design a long-term strategy for eliminating child lead poisoning in Michigan. ¹¹ Its recommendations focus on the importance of eliminating sources of lead in the environment before children become lead poisoned.

Challenges

CLPPP has faced challenges to meeting the program goals in several areas. Each challenge, however, provides opportunities for improvement which are translated into key recommendations and next steps for the MDHHS Childhood Lead Poisoning Prevention Program (CLPPP). Some challenges include:

Surveillance

- The number and percentage of children with EBLLs are based only on the numbers of children tested, which may underestimate the true number of children with EBLLs because not all children are tested.
- Lead poisoning prevention has been underfunded and somewhat neglected since lead poisoning prevention initiatives significantly reduced levels of child EBLLs. The urgent need for expanded surveillance highlighted by the Flint Water Crisis has called attention to the need for more resources for surveillance data management and on-going epidemiologic analysis.

Case definition and data quality

- Inclusion of counts of EBLLs based on capillary test results without a confirmatory venous test
 may increase the count/percent of children with EBLLs because of the known problem of false
 positives with capillary tests. In 2015, nearly half of the 4,791 children under the age of six with
 EBLLs did not have a confirmatory venous test.
- The surveillance definition of EBLL varies from state to state, agency to agency (e.g., action levels for EBLL differ between HUD and CDC), and even within CDC, where two different definitions are used by two separate programs. These inconsistencies make it difficult to compare results between agencies. In this annual report, including the highest capillary test if

- there was no venous test may have identified more false positives but, on the balance, provides a more inclusive data with which to target interventions.
- The computer algorithm used to identify repeat tests of children is imperfect, due to differences in spelling of names, dates of birth and other information used to link tests to one child, thus it is possible that all test results of the same child may not have been linked to that child.

Case management and primary prevention

- Case management for children with EBLLs is complex and health departments do not have the resources needed to support their case management staff and activities.
- Because of the age of Michigan's housing stock, the number of children living in rental homes, and lack of funding for lead remediation, many Michigan children continue to be at risk of adverse health effects from exposure to lead. Primary prevention eliminating sources of lead in the environment is the most effective way to address the problem of elevated blood lead levels in children, ^{12,13} and the Child Lead Poisoning Elimination Board Report, issued to the public in November 2016, highlighted the critical importance of primary prevention. ¹¹

Recommendations and Future Steps

Based on the challenges outlined above, the following general recommendations and steps are planned:

- Improving the completeness, accuracy, and timeliness of the surveillance system, by implementing a
 modernized data management system and automating the process of receiving and compiling
 reports from laboratories
 - CLPPP, in partnership with the Michigan Public Health Institute, is completing development
 of "MiCLIPS", a web-based surveillance data application with significantly enhanced
 functionality which will replace the current data management system that has been used
 since 1998.
 - o CLPPP is now conducting regular analysis and dissemination of surveillance data, with the goal of identifying high-risk communities for targeted surveillance. These analyses include the identification of other factors (e.g., socioeconomic factors associated with EBLL) that can be used to identify potential EBLL cases and high-risk groups and to initiate investigation and follow-up by CLPPP and other health care partners.
- Partnering with other agencies to increase screening rates, and increase the proportions of children with EBLLs based on capillary tests receiving a confirmatory venous test
 - CLPPP is working with Medicaid, health care providers, and LHDs to stress the importance of the confirmatory venous blood tests.
 - The attention drawn to Michigan by the Flint Water Crisis dramatically increased the numbers of people (children and adults) tested in 2016. Recommendations by the Lead Poisoning Elimination Board include statewide universal blood lead testing at the ages of 9-12 months and again at 24-36 months to ensure that every child with an EBL receives

treatment, case management, and monitoring. ¹⁰ CLPPP will be developing strategies to address this recommendation.

- Launching a new program to increase reimbursement to Local Health Departments for the provision of in-home nursing case management to Medicaid children with EBLLs, supported by training and technical assistance from MDHHS CLPPP.
 - All local health departments are eligible to be reimbursed for in-home case management of Medicaid children with venous confirmed EBLLs starting January 1, 2017.
- Collaborating with the MDHHS Lead Safe Home Program (LSHP) as the LSHP implements a major expansion of their programs to offer environmental inspection services and financial support for home lead abatement.
 - Blood lead surveillance data will be critical in identifying a long-term statewide strategy to help prevent some of Michigan's most vulnerable residents from being exposed to lead from all sources, as recommended by the Governor's Lead Elimination Board.¹⁰

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Figure 1. Percentage of Tested Children under Age Six with Elevated Blood Lead Levels (EBLL) (≥5 μg/dL), 1998-2015

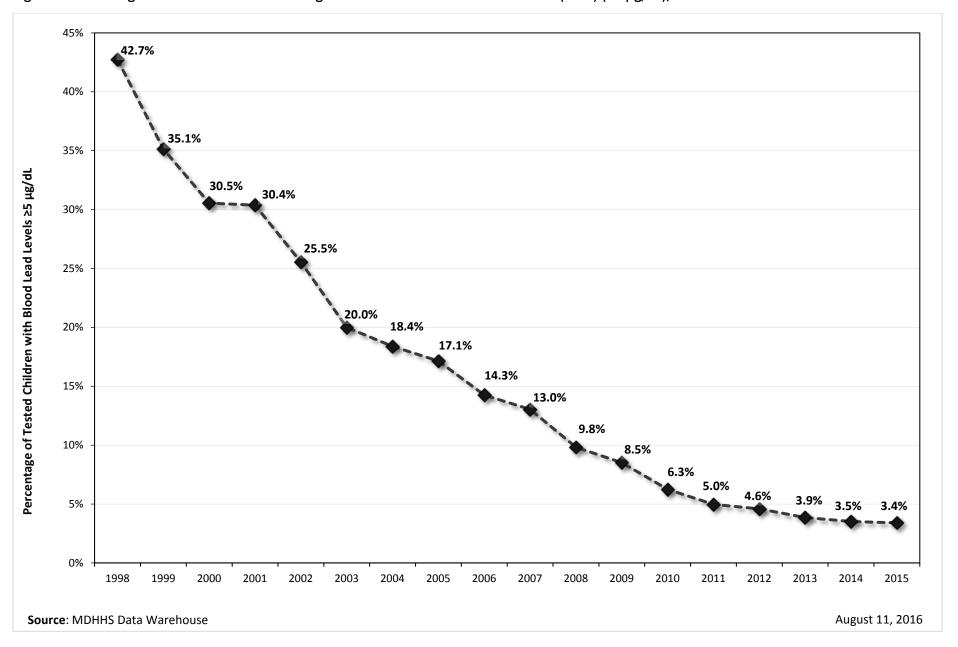


Figure 2. Number of Children under Age Six Tested for Lead by Medicaid Enrollment Status, 1998-2015

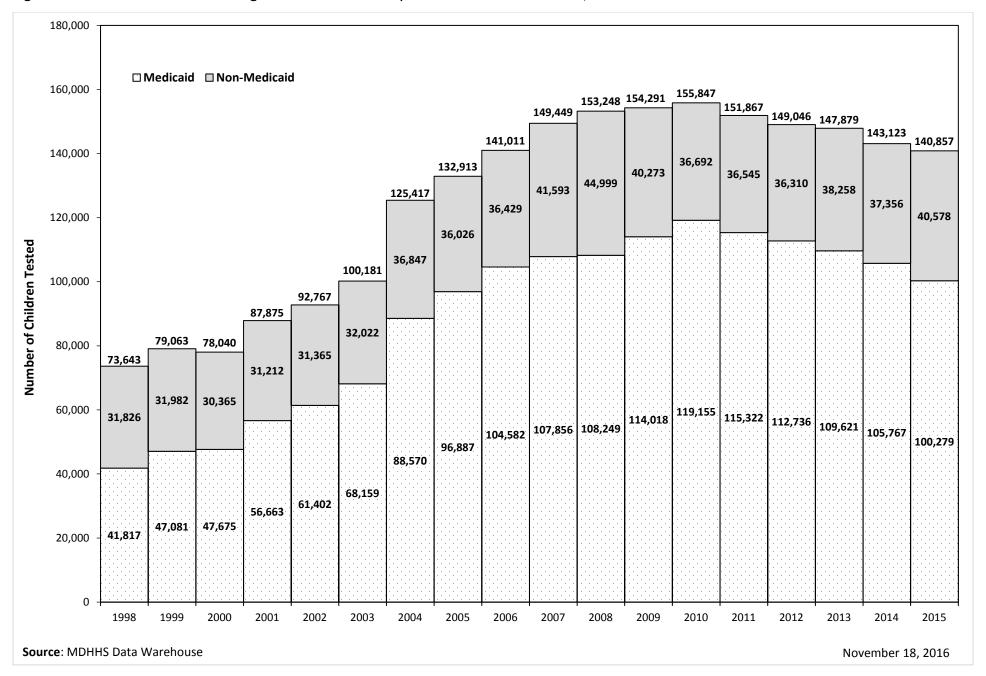


Figure 3. Number of Children Age One and Two Tested for Lead by Medicaid Enrollment Status, 1998-2015

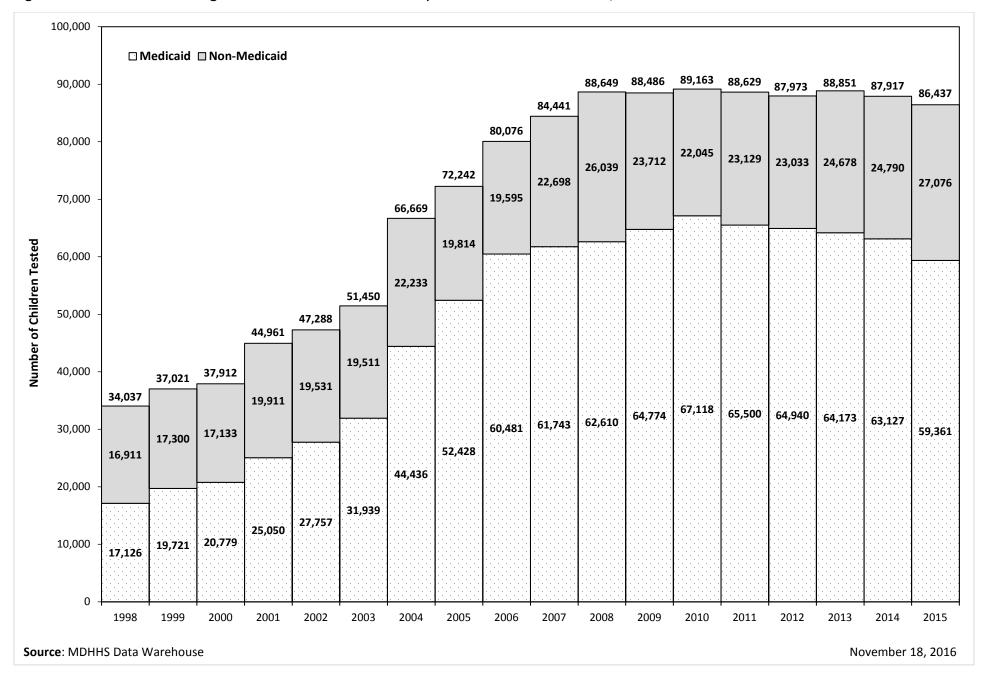


Table 1. Blood Lead Levels for Children under Age Six by County, 2015

CIIII	DDEN LINI		c	Children	Tostod	В	lood Lead L	evel (μg/dL)	‡	BLL ≥5	venous	BLL ≥5 v	•
CHII	DREN UNI	DEK AGE	b	Children	restea		≥5 µg/dL	5-14	≥15	sam	ples	capillary, sam	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	μg/dL Venous samples	μg/dL Venous samples	N	%	N	%
Alcona	15.0	61.5	421	51	12.1	48	**	0	0	0	0	**	**
Alger	25.7	64.1	438	66	15.1	62	**	**	0	**	**	**	**
Allegan	21.0	51.1	8,514	1,287	15.1	1,239	40	**	**	8	0.6	48	3.7
Alpena	23.5	71.6	1,700	258	15.2	256	**	0	0	0	0	**	**
Antrim	17.1	52.6	1,305	265	20.3	261	**	0	0	0	0	**	**
Arenac	16.9	58.2	799	209	26.2	207	**	**	0	**	**	**	**
Baraga	30.9	71.7	483	155	32.1	154	0	**	0	**	**	**	**
Barry	24.5	57.3	4,017	456	11.4	439	**	**	**	**	**	17	3.7
Bay	32.1	75.6	7,065	1,401	19.8	1,340	43	**	**	18	1.3	61	4.4
Benzie	17.1	46.3	922	264	28.6	262	**	**	0	**	**	**	**
Berrien	26.5	72.2	11,491	1,697	14.8	1,632	33	**	**	32	1.9	65	3.8
Branch	27.8	65.3	3,306	563	17.0	551	**	**	**	**	**	12	2.1
Calhoun	32.6	75.3	10,075	1,918	19.0	1,830	25	54	9	63	3.3	88	4.6
Cass	20.3	59.9	3,318	438	13.2	424	**	**	0	**	**	14	3.2
Charlevoix	19.8	54.4	1,615	265	16.4	263	**	**	0	**	**	**	**
Cheboygan	23.0	53.5	1,335	216	16.2	215	0	**	0	**	**	**	**
Chippewa	22.0	58.6	2,565	373	14.5	367	**	**	**	**	**	6	1.6
Clare	12.0	58.8	1,984	386	19.5	385	0	**	0	**	**	**	**
Clinton	22.1	52.8	4,835	644	13.3	634	**	**	**	**	**	10	1.6
Crawford	10.5	55.6	629	93	14.8	92	0	**	0	**	**	**	**
Delta	32.4	68.0	2,242	401	17.9	382	12	7	0	7	1.7	19	4.7
Dickinson	36.4	71.7	1,520	211	13.9	211	0	0	0	0	0	0	0
Eaton	20.1	56.4	7,374	995	13.5	964	16	15	0	15	1.5	31	3.1
Emmet	22.8	48.3	1,969	320	16.3	320	0	0	0	0	0	0	0
Genesee	19.9	68.0	30,963	6,983	22.6	6,823	77	74	9	83	1.2	160	2.3
Gladwin	12.0	49.5	1,540	303	19.7	301	**	**	0	**	**	**	**
Gogebic	46.4	76.7	781	174	22.3	166	**	**	0	**	**	8	4.6

Table 1. Blood Lead Levels for Children under Age Six by County, 2015

Clus	יייין אייי		•	Children	Tostod	В	lood Lead Le	evel (µg/dL)	‡	BLL ≥5 v	venous	BLL ≥5 venous, capillary, unknown	
CHILL	DREN UNI	DEK AGE	0	Children	rested		≥5 µg/dL	5-14	≥15	sam	ples	capillary, i samp	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	μg/dL Venous samples	μg/dL Venous samples	N	%	N	%
Grand Traverse	14.8	43.5	6,117	1,422	23.2	1,393	20	9	0	9	0.6	29	2.0
Gratiot	36.5	69.8	2,652	464	17.5	461	**	0	0	0	0	**	**
Hillsdale	34.5	63.2	3,153	791	25.1	768	16	**	**	7	0.9	23	2.9
Houghton	50.5	75.5	2,418	592	24.5	577	**	**	**	**	**	15	2.5
Huron	28.9	68.9	1,840	338	18.4	333	**	0	**	**	**	**	**
Ingham	23.9	68.2	19,732	4,741	24.0	4,616	61	**	**	64	1.3	125	2.6
Ionia	33.2	63.0	4,806	830	17.3	801	18	**	**	11	1.3	29	3.5
losco	17.7	65.6	1,232	253	20.5	243	**	**	**	**	**	10	4.0
Iron	43.3	72.1	603	108	17.9	107	**	0	0	0	0	**	**
Isabella	16.1	48.2	4,123	623	15.1	616	**	**	0	**	**	7	1.1
Jackson	30.2	67.9	11,225	2,941	26.2	2,790	103	**	**	48	1.6	151	5.1
Kalamazoo	22.0	62.6	18,545	3,383	18.2	3,268	80	**	**	35	1.0	115	3.4
Kalkaska	11.2	49.3	1,136	183	16.1	182	0	**	0	**	**	**	**
Kent	23.1	59.2	53,229	9,780	18.4	9,170	460	131	19	150	1.5	610	6.2
Keweenaw	44.5	77.6	108	23	21.3	23	0	0	0	0	0	0	0
Lake	11.3	52.6	555	115	20.7	114	**	0	0	0	0	**	**
Lapeer	19.6	52.9	5,481	847	15.5	825	**	0	**	**	**	22	2.6
Leelanau	16.0	46.5	1,043	237	22.7	230	**	**	0	**	**	7	3.0
Lenawee	30.9	67.2	6,641	1,044	15.7	940	79	**	**	25	2.4	104	10.0
Livingston	11.4	39.0	11,768	1,048	8.9	1,039	**	**	0	**	**	9	0.9
Luce	24.8	64.3	368	84	22.8	84	0	0	0	0	0	0	0
Mackinac	23.6	58.6	534	127	23.8	126	0	**	0	**	**	**	**
Macomb	9.1	59.1	56,493	10,430	18.5	10,316	80	**	**	34	0.3	114	1.1
Manistee	27.4	63.9	1,308	287	21.9	280	**	0	**	**	**	7	2.4
Marquette	29.0	69.4	4,159	435	10.5	423	**	**	0	**	**	12	2.8
Mason	27.4	64.6	1,915	447	23.3	418	**	**	0	**	**	29	6.5
Mecosta	17.6	53.4	2,519	278	11.0	276	**	0	0	0	0	**	**

Table 1. Blood Lead Levels for Children under Age Six by County, 2015

CHILDREN UNDER AGE 6 Children Tested ≥5 μg/dL Capillary, Unknown samples ≥5 μg/dL Venous samples ≥15 μg/dL Venous samples County % pre-1950 housing housing housing Population housing N % ≤5 μg/dL Capillary, Unknown samples Venous samples N % Menominee 31.1 73.2 1,383 254 18.4 241 ** <th>sar</th> <th>1.4 ** 1.2 1.8</th>	sar	1.4 ** 1.2 1.8
County 1950 housing housing 1978 housing housing Population N % Unknown samples* Venous samples N % Menominee 31.1 73.2 1,383 254 18.4 241 ** ** ** ** Midland 14.2 58.7 5,411 493 9.1 486 ** ** 0 ** Missaukee 17.4 56.2 1,082 119 11.0 117 ** ** 0 ** Monroe 21.9 59.0 10,703 1,433 13.4 1,416 11 ** ** 6 Montcalm 25.0 57.7 4,315 856 19.8 841 ** ** 0 ** Montmorency 13.5 58.6 398 66 16.6 66 0 0 0 0	** 13 ** 7 ** ** 0.4 17 (**) 15 0 0	5.1 1.4 ** 1.2 1.8
Midland 14.2 58.7 5,411 493 9.1 486 ** ** 0 ** Missaukee 17.4 56.2 1,082 119 11.0 117 ** ** 0 ** Monroe 21.9 59.0 10,703 1,433 13.4 1,416 11 ** ** 6 Montcalm 25.0 57.7 4,315 856 19.8 841 ** ** 0 ** Montmorency 13.5 58.6 398 66 16.6 66 0 0 0 0	** 7 ** ** 0.4 17 **	1.4 ** 1.2 1.8
Missaukee 17.4 56.2 1,082 119 11.0 117 ** ** 0 ** Monroe 21.9 59.0 10,703 1,433 13.4 1,416 11 ** ** 6 Montcalm 25.0 57.7 4,315 856 19.8 841 ** ** 0 ** Montmorency 13.5 58.6 398 66 16.6 66 0 0 0 0	** ** 0.4 17 **	** ** 1.2 1.8
Monroe 21.9 59.0 10,703 1,433 13.4 1,416 11 ** ** 6 Montcalm 25.0 57.7 4,315 856 19.8 841 ** ** 0 ** Montmorency 13.5 58.6 398 66 16.6 66 0 0 0 0	0.4 17 (**) 15 0 0	1.2
Montcalm 25.0 57.7 4,315 856 19.8 841 ** ** 0 ** Montmorency 13.5 58.6 398 66 16.6 66 0 0 0 0	0 0	1.8
Montmorency 13.5 58.6 398 66 16.6 66 0 0 0 0	0 0	
		0
Muskegon 26.7 66.2 13,332 2,625 19.7 2,513 56 46 10 56	2.1 112	
		4.3
Newaygo 17.9 53.6 3,449 438 12.7 432 ** ** 0 **	** 6	1.4
Oakland 14.1 60.5 82,220 14,806 18.0 14,602 94 100 10 110	0.7 204	1.4
Oceana 23.9 57.8 2,048 458 22.4 444 ** ** ** 6	1.3 14	3.1
Ogemaw 15.5 61.6 1,329 176 13.2 176 0 0 0	0 0	0
Ontonagon 39.2 73.2 209 40 19.1 39 0 ** 0 **	** **	**
Osceola 18.7 56.6 1,698 271 16.0 268 ** 0 0	0 **	**
Oscoda 13.0 62.1 473 94 19.9 94 0 0 0 0	0 0	0
Otsego 11.2 50.3 1,644 271 16.5 271 0 0 0	0 0	0
Ottawa 14.8 45.3 20,885 2,815 13.5 2,761 44 10 0 10	0.4 54	1.9
Presque Isle 22.0 66.3 622 91 14.6 90 ** 0 0	0 **	**
Roscommon 9.8 58.7 1,080 190 17.6 189 ** 0 0 0	0 **	**
Saginaw 26.3 73.1 13,953 3,332 23.9 3,227 85 ** ** 20	0.6 105	3.2
Saint Clair 25.6 59.4 10,573 2,752 26.0 2,633 106 ** ** 13	0.5 119	4.3
Saint Joseph 24.2 65.1 4,972 908 18.3 872 ** ** 0 **	** 36	4.0
Sanilac 30.5 64.6 2,726 373 13.7 360 ** ** 0 **	** 13	3.5
Schoolcraft 26.8 63.3 494 89 18.0 88 ** 0 0	0 **	**
Shiawassee 30.4 68.2 4,608 1,324 28.7 1,266 49 9 0 9	0.7 58	4.4
Tuscola 30.0 67.4 3,415 791 23.2 785 ** ** 0 **	** 6	0.8
Van Buren 22.7 58.1 5,611 783 14.0 753 19 11 0 11	1.4 30	3.8
Washtenaw 16.8 56.5 22,439 2,903 12.9 2,858 19 ** ** 26	0.9 45	1.6

Table 1. Blood Lead Levels for Children under Age Six by County, 2015

CHILI	CHILDREN UNDER AGE 6				Children Tested		lood Lead Le	evel (μg/dL)	‡	BLL ≥5 v	venous	BLL ≥5 v	•
CHILI	JKEN UNI	DER AGE	0	Children	restea		≥5 µg/dL	5-14	≥15	sam	ples	capillary, ı samı	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	μg/dL Venous samples	μg/dL Venous samples	N	%	N	%
Wayne (excluding Detroit)	21.7	74.5	81,870	17,998	22.0	17,691	110	183	14	197	1.1	307	1.7
Wexford	21.4	53.7	2,552	317	12.4	312	**	**	0	**	**	**	**
City of Detroit	57.9	93.2	58,660	21,548	36.7	19,928	296	1,187	137	1,324	6.1	1,620	7.5
MICHIGAN	23.4	64.8	701,063	140,857	20.1	136,066	2,296	2,233	262	2,495	1.8	4,791	3.4

^{*} Twenty-nine children under six years of age had an elevated blood lead level (≥5 µg/dL) and were tested with unknown sample type.

Source: American Community Survey 2014 5-year estimates (population and pre-1950 housing data); U.S Census Bureau, Census 2010 (pre-1978 housing data); MDHHS Data Warehouse (children tested and BLL statistics)

^{**} Values less six (not including zero) were suppressed to maintain confidentiality. Some values six or greater may have been suppressed to prevent back-calculation.

[‡]Reflects each child's highest venous result, or if no venous, highest capillary result, or if no venous or capillary, highest unknown test type result

Table 2. Blood Lead Levels for Children Age One and Two by County, 2015

CHILDREN ONE AND TWO YEARS OLD			Children Tested		Blood Lead Level (μg/dL) [‡]				BLL ≥5 venous		BLL ≥5 venous,		
CHILDREN O	NE AND	TWO YEAI	RS OLD	Childre	n Tested		≥5 µg/dL	5-14 μg/dL	≥15 µg/dL	samp		capillary, ւ samր	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	Venous samples	Venous samples	N	%	N	%
Alcona	15.0	61.5	134	44	32.8	41	**	0	0	0	0	**	**
Alger	25.7	64.1	137	55	40.1	51	**	**	0	**	**	**	**
Allegan	21.0	51.1	2,656	966	36.4	929	30	**	**	7	0.7	37	3.8
Alpena	23.5	71.6	535	218	40.7	216	**	0	0	0	0	**	**
Antrim	17.1	52.6	390	182	46.7	179	**	0	0	0	0	**	**
Arenac	16.9	58.2	226	153	67.7	151	**	**	0	**	**	**	**
Baraga	30.9	71.7	143	98	68.5	98	0	0	0	0	0	0	0
Barry	24.5	57.3	1,241	357	28.8	345	**	**	**	**	**	12	3.4
Bay	32.1	75.6	2,125	1,182	55.6	1,134	36	**	**	12	1.0	48	4.1
Benzie	17.1	46.3	307	180	58.6	180	0	0	0	0	0	0	0
Berrien	26.5	72.2	3,815	1,293	33.9	1,245	22	**	**	26	2.0	48	3.7
Branch	27.8	65.3	1,185	255	21.5	246	**	**	0	**	**	9	3.5
Calhoun	32.6	75.3	3,338	1,067	32.0	1,013	17	29	8	37	3.5	54	5.1
Cass	20.3	59.9	961	369	38.4	360	**	**	0	**	**	9	2.4
Charlevoix	19.8	54.4	487	188	38.6	186	**	**	0	**	**	**	**
Cheboygan	23.0	53.5	408	175	42.9	175	0	0	0	0	0	0	0
Chippewa	22.0	58.6	704	230	32.7	225	**	**	0	**	**	**	**
Clare	12.0	58.8	661	307	46.4	306	0	**	0	**	**	**	**
Clinton	22.1	52.8	1,690	364	21.5	359	**	**	0	**	**	**	**
Crawford	10.5	55.6	224	70	31.3	69	0	**	0	**	**	**	**
Delta	32.4	68	728	341	46.8	323	11	7	0	7	2.1	18	5.3
Dickinson	36.4	71.7	533	180	33.8	180	0	0	0	0	0	0	0
Eaton	20.1	56.4	2,305	610	26.5	585	11	14	0	14	2.3	25	4.1
Emmet	22.8	48.3	616	235	38.1	235	0	0	0	0	0	0	0
Genesee	19.9	68	9,867	4,196	42.5	4,090	56	**	**	50	1.2	106	2.5
Gladwin	12.0	49.5	499	215	43.1	213	**	**	0	**	**	**	**
Gogebic	46.4	76.7	237	115	48.5	108	**	**	0	**	**	7	6.1

Table 2. Blood Lead Levels for Children Age One and Two by County, 2015

						В	lood Lead L	evel (μg/dL)	[‡]	BLL ≥5 v	von ou s	BLL ≥5 v	enous,
CHILDREN (ONE AND	TWO YEA	RS OLD	Children	Tested		≥5 μg/dL	5-14	≥15	samp		capillary, u samp	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	μg/dL Venous samples	μg/dL Venous samples	N	%	N	%
Grand Traverse	14.8	43.5	2,013	937	46.5	918	13	6	0	6	0.6	19	2.0
Gratiot	36.5	69.8	818	280	34.2	279	**	0	0	0	0	**	**
Hillsdale	34.5	63.2	1,071	361	33.7	348	**	**	0	**	**	13	3.6
Houghton	50.5	75.5	749	471	62.9	461	0	**	**	10	2.1	10	2.1
Huron	28.9	68.9	590	217	36.8	213	**	0	**	**	**	**	**
Ingham	23.9	68.2	6,440	2,693	41.8	2,624	32	**	**	37	1.4	69	2.6
Ionia	33.2	63	1,492	641	43.0	620	15	**	**	6	0.9	21	3.3
losco	17.7	65.6	493	224	45.4	215	**	**	**	**	**	9	4.0
Iron	43.3	72.1	186	79	42.5	78	**	0	0	0	0	**	**
Isabella	16.1	48.2	1,337	453	33.9	447	**	**	0	**	**	6	1.3
Jackson	30.2	67.9	3,412	2,192	64.2	2,080	79	**	**	33	1.5	112	5.1
Kalamazoo	22.0	62.6	6,234	2,082	33.4	2,009	54	**	**	19	0.9	73	3.5
Kalkaska	11.2	49.3	367	101	27.5	101	0	0	0	0	0	0	0
Kent	23.1	59.2	17,888	7,767	43.4	7,283	371	100	13	113	1.5	484	6.2
Keweenaw	44.5	77.6	29	19	65.5	19	0	0	0	0	0	0	0
Lake	11.3	52.6	144	78	54.2	78	0	0	0	0	0	0	0
Lapeer	19.6	52.9	1,672	647	38.7	629	**	0	**	**	**	18	2.8
Leelanau	16.0	46.5	313	164	52.4	157	**	**	0	**	**	7	4.3
Lenawee	30.9	67.2	2,255	641	28.4	577	44	**	**	20	3.1	64	10.0
Livingston	11.4	39	3,689	751	20.4	744	**	**	0	**	**	7	0.9
Luce	24.8	64.3	102	68	66.7	68	0	0	0	0	0	0	0
Mackinac	23.6	58.6	182	109	59.9	108	0	**	0	**	**	**	**
Macomb	9.1	59.1	18,754	6,773	36.1	6,690	60	**	**	23	0.3	83	1.2
Manistee	27.4	63.9	376	236	62.8	230	**	0	**	**	**	6	2.5
Marquette	29.0	69.4	1,241	381	30.7	374	**	**	0	**	**	7	1.8
Mason	27.4	64.6	591	131	22.2	128	**	**	0	**	**	**	**
Mecosta	17.6	53.4	840	233	27.7	231	**	0	0	0	0	**	**

Table 2. Blood Lead Levels for Children Age One and Two by County, 2015

						В	lood Lead L	evel (μg/dL)	[‡]	BLL ≥5 v	von Ous	BLL ≥5 venous,	
CHILDREN (ONE AND	TWO YEA	RS OLD	Childrer	n Tested		≥5 μg/dL	5-14 μg/dL	≥15 µg/dL	samı		capillary, ւ samp	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	Venous samples	Venous samples	N	%	N	%
Menominee	31.1	73.2	436	208	47.7	197	**	**	**	**	**	11	5.3
Midland	14.2	58.7	1,679	359	21.4	354	**	**	0	**	**	**	**
Missaukee	17.4	56.2	351	105	29.9	105	0	0	0	0	0	0	0
Monroe	21.9	59	3,208	990	30.9	976	8	**	**	6	0.6	14	1.4
Montcalm	25.0	57.7	1,411	539	38.2	526	**	**	0	**	**	13	2.4
Montmorency	13.5	58.6	127	48	37.8	48	0	0	0	0	0	0	0
Muskegon	26.7	66.2	4,150	1,551	37.4	1,480	35	29	7	36	2.3	71	4.6
Newaygo	17.9	53.6	1,097	367	33.5	361	**	**	0	**	**	6	1.6
Oakland	14.1	60.5	27,162	8,597	31.7	8,469	61	59	8	67	0.8	128	1.5
Oceana	23.9	57.8	604	218	36.1	215	**	**	0	**	**	**	**
Ogemaw	15.5	61.6	373	148	39.7	148	0	0	0	0	0	0	0
Ontonagon	39.2	73.2	59	35	59.3	34	0	**	0	**	**	**	**
Osceola	18.7	56.6	522	218	41.8	216	**	0	0	0	0	**	**
Oscoda	13.0	62.1	135	61	45.2	61	0	0	0	0	0	0	0
Otsego	11.2	50.3	488	165	33.8	165	0	0	0	0	0	0	0
Ottawa	14.8	45.3	7,054	2,369	33.6	2,321	40	8	0	8	0.3	48	2.0
Presque Isle	22.0	66.3	184	83	45.1	82	**	0	0	0	0	**	**
Roscommon	9.8	58.7	362	162	44.8	161	**	0	0	0	0	**	**
Saginaw	26.3	73.1	4,490	2,495	55.6	2,423	59	**	**	13	0.5	72	2.9
Saint Clair	25.6	59.4	3,146	1,422	45.2	1,359	54	**	**	9	0.6	63	4.4
Saint Joseph	24.2	65.1	1,568	603	38.5	576	**	**	0	**	**	27	4.5
Sanilac	30.5	64.6	871	215	24.7	209	**	**	0	**	**	6	2.8
Schoolcraft	26.8	63.3	139	73	52.5	72	**	0	0	0	0	**	**
Shiawassee	30.4	68.2	1,421	797	56.1	752	39	6	0	6	0.8	45	5.6
Tuscola	30.0	67.4	1,107	583	52.7	578	**	**	0	**	**	**	**
Van Buren	22.7	58.1	1,872	449	24.0	427	12	10	0	10	2.2	22	4.9
Washtenaw	16.8	56.5	7,337	2,000	27.3	1,968	11	21	0	21	1.1	32	1.6

Table 2. Blood Lead Levels for Children Age One and Two by County, 2015

	CHILDREN ONE AND TWO YEARS OLD			0.00		Blood Lead Level (μg/dL) [‡]				BLL ≥5 venous		BLL ≥5 v	enous,
CHILDREN (ONE AND	TWO YEAI	RS OLD	Children Tested			≥5 μg/dL	5-14	≥15 (d)	sam		capillary, ı samı	
County	% pre- 1950 housing	% pre- 1978 housing	Population	N	%	<5	Capillary, Unknown samples*	μg/dL Venous samples	μg/dL Venous samples	N	%	N	%
Wayne (excluding Detroit)	21.7	74.5	[†]	9,868		9,692	64	**	**	112	1.1	176	1.8
Wexford	21.4	53.7	814	260	31.9	257	**	**	0	**	**	**	**
City of Detroit	57.9	93.2	†	9,075		8,258	155	588	74	662	7.3	817	9.0
MICHIGAN	23.4	64.8	228,094	86,437	37.9	83,441	1,558	1,277	161	1,438	1.7	2,996	3.5

^{*} Twenty children 1 to 2 years of age had an elevated blood lead level (≥5 µg/dL) and were tested with unknown sample type.

Source: American Community Survey 2014 5-year estimates (pre-1950 housing data); U.S Census Bureau, Census 2010 (pre-1978 housing data); CDC National Center for Health Statistics 2015 Vintage bridged-race postcensal population estimates; MDHHS Data Warehouse (children tested and BLL statistics)

^{**} Values less six (not including zero) were suppressed to maintain confidentiality. Some values six or greater may have been suppressed to prevent back-calculation.

[‡] Reflects each child's highest venous result, or if no venous, highest capillary result, or if no venous or capillary, highest unknown test type result

[†] Population data are not available for the City of Detroit and Wayne County excluding Detroit

Table 3. Blood Lead Levels for Children under Age Six Enrolled in Medicaid† by County, 2015

CHILDREN UNI	DER AGE SIX		Blood Lea	d Level (μg/dL)‡					
IN MEDI	CAID [†]					BLL ≥5 ve			ous, capillary,
	01.11.1	<5	≥5 µg/dL Capillary,	5-14 μg/dL	≥15 µg/dL Venous	samp	les	unknow	n samples
County	Children Tested	\3	Unknown samples*	Venous samples	samples	N	%	N	%
Alcona	47	44	**	0	0	0	0	**	**
Alger	54	51	**	**	0	**	**	**	**
Allegan	885	850	**	**	**	**	**	35	4.0
Alpena	226	225	**	0	0	0	0	**	**
Antrim	207	204	**	0	0	0	0	**	**
Arenac	171	169	**	**	0	**	**	**	**
Baraga	119	118	0	**	0	**	**	**	**
Barry	356	342	**	**	**	**	**	14	3.9
Bay	1,034	977	39	**	**	18	1.7	57	5.5
Benzie	168	166	**	**	0	**	**	**	**
Berrien	1,480	1,422	30	**	**	28	1.9	58	3.9
Branch	513	501	**	**	**	**	**	12	2.3
Calhoun	1,329	1,257	18	45	9	54	4.1	72	5.4
Cass	365	353	**	**	0	**	**	12	3.3
Charlevoix	252	250	**	**	0	**	**	**	**
Cheboygan	194	193	0	**	0	**	**	**	**
Chippewa	267	262	**	**	**	**	**	**	**
Clare	342	341	0	**	0	**	**	**	**
Clinton	462	454	**	0	**	**	**	8	1.7
Crawford	85	84	0	**	0	**	**	**	**
Delta	373	354	12	7	0	7	1.9	19	5.1
Dickinson	155	155	0	0	0	0	0	0	0
Eaton	768	742	13	13	0	13	1.7	26	3.4
Emmet	284	284	0	0	0	0	0	0	0
Genesee	5,372	5,229	66	68	9	77	1.4	143	2.7
Gladwin	264	262	**	**	0	**	**	**	**
Gogebic	147	140	**	**	0	**	**	7	4.8
Grand Traverse	684	668	9	7	0	7	1.0	16	2.3
Gratiot	402	399	**	0	0	0	0	**	**
Hillsdale	607	591	**	**	0	**	**	16	2.6

Table 3. Blood Lead Levels for Children under Age Six Enrolled in Medicaid† by County, 2015

CHILDREN UNDER AGE SIX IN MEDICAID [†]			Blood Lea	d Level (μg/dL) [‡]		BLL ≥5 venous		BLL ≥5 venous, capillary,	
IN MEDIC	AID [†]		>5/-!! C:!!	E 44/-/-/-	>45/dl \/	sampl			n samples
County	Children Tested	<5	≥5 µg/dL Capillary, Unknown samples*	5-14 μg/dL Venous samples	≥15 µg/dL Venous samples	N	%	N	%
Houghton	368	354	**	**	**	**	**	14	3.8
Huron	264	259	**	0	**	**	**	**	**
Ingham	3,802	3,699	50	**	**	53	1.4	103	2.7
Ionia	621	599	12	**	**	10	1.6	22	3.5
losco	241	231	**	**	**	**	**	10	4.1
Iron	98	97	**	0	0	0	0	**	**
Isabella	409	405	**	**	0	**	**	**	**
Jackson	1,983	1,858	85	**	**	40	2.0	125	6.3
Kalamazoo	2,453	2,352	73	**	**	28	1.1	101	4.1
Kalkaska	130	129	0	**	0	**	**	**	**
Kent	7,185	6,654	397	118	16	134	1.9	531	7.4
Keweenaw	17	17	0	0	0	0	0	0	0
Lake	99	98	**	0	0	0	0	**	**
Lapeer	619	602	**	0	**	**	**	17	2.7
Leelanau	132	126	**	**	0	**	**	6	4.5
Lenawee	678	594	62	**	**	22	3.2	84	12.4
Livingston	662	657	**	**	0	**	**	**	**
Luce	66	66	0	0	0	0	0	0	0
Mackinac	98	97	0	**	0	**	**	**	**
Macomb	6,601	6,526	53	**	**	22	0.3	75	1.1
Manistee	201	195	**	0	**	**	**	6	3.0
Marquette	358	349	**	**	0	**	**	9	2.5
Mason	298	274	**	**	0	**	**	24	8.1
Mecosta	234	232	**	0	0	0	0	**	**
Menominee	175	166	**	**	**	**	**	9	5.1
Midland	312	305	**	**	0	**	**	7	2.2
Missaukee	112	111	0	**	0	**	**	**	**
Monroe	807	795	**	**	**	**	**	12	1.5
Montcalm	764	750	**	**	0	**	**	14	1.8
Montmorency	61	61	0	0	0	0	0	0	0
Muskegon	1,937	1,835	48	45	9	54	2.8	102	5.3

Table 3. Blood Lead Levels for Children under Age Six Enrolled in Medicaid† by County, 2015

CHILDREN UNI			Blood Lea	d Level (μg/dL) [‡]		BLL ≥5 v	/enous	RII >5 ven	ous, capillary,
IN MEDI	CAID [†]		≥5 µg/dL Capillary,	5-14 μg/dL	≥15 µg/dL Venous	sam			n samples
County	Children Tested	<5	Unknown samples*	Venous samples	samples	N	%	N	%
Newaygo	351	346	**	**	0	**	**	**	**
Oakland	6,971	6,862	49	**	**	60	0.9	109	1.6
Oceana	374	365	**	**	0	**	**	9	2.4
Ogemaw	151	151	0	0	0	0	0	0	0
Ontonagon	28	27	0	**	0	**	**	**	**
Osceola	243	240	**	0	0	0	0	**	**
Oscoda	86	86	0	0	0	0	0	0	0
Otsego	248	248	0	0	0	0	0	0	0
Ottawa	1,492	1,455	30	7	0	7	0.5	37	2.5
Presque Isle	83	82	**	0	0	0	0	**	**
Roscommon	177	176	**	0	0	0	0	**	**
Saginaw	2,462	2,375	69	**	**	18	0.7	87	3.5
Saint Clair	2,278	2,174	93	**	**	11	0.5	104	4.6
Saint Joseph	745	716	**	**	0	**	**	29	3.9
Sanilac	324	312	**	**	0	**	**	12	3.7
Schoolcraft	72	72	0	0	0	0	0	0	0
Shiawassee	923	875	42	6	0	6	0.7	48	5.2
Tuscola	606	600	**	**	0	**	**	6	1.0
Van Buren	587	558	19	10	0	10	1.7	29	4.9
Washtenaw	1,635	1,609	11	**	**	15	0.9	26	1.6
Wayne	30,764	29,072	347	1,208	137	1,345	4.4	1,692	5.5
Wexford	282	278	**	**	0	**	**	**	**
MICHIGAN	100,279	96,259	1,880	1,912	228	2,140	2.1	4,020	4.0

[†]A child enrolled in Medicaid at any time in the year is included in the definition of Medicaid enrollment.

Source: MDHHS Data Warehouse

^{*} Twenty children under 6 years of age had an elevated blood lead level (≥5 µg/dL) and were tested with unknown sample type.

^{**} Values less six (not including zero) were suppressed to maintain confidentiality. Some values six or greater may have been suppressed to prevent back-calculation.

[‡]Reflects each child's highest venous result, or if no venous, highest capillary result, or if no venous or capillary, highest unknown test type result

Table 4. Blood Lead Levels for Children Age One and Two Enrolled in Medicaid† by County, 2015

CHILDREN ONE TO T	WO YEARS		Blood Lead L	evel (μg/dL)‡					
OLD IN MEDIC		<5	≥5 µg/dL Capillary or	5-14 μg/dL Venous	≥15 µg/dL Venous	BLL ≥5 veno	us samples	BLL ≥5 venous unknown	
County	Children Tested	,	Unknown samples*	samples	samples	N	%	N	%
Alcona	40	37	**	0	0	0	0	**	**
Alger	46	43	**	**	0	**	**	**	**
Allegan	645	618	**	**	**	**	**	27	4.2
Alpena	198	197	**	0	0	0	0	**	**
Antrim	148	145	**	0	0	0	0	**	**
Arenac	120	118	**	**	0	**	**	**	**
Baraga	77	77	0	0	0	0	0	0	0
Barry	280	271	**	**	**	7	2.5	9	3.2
Bay	845	801	32	**	**	12	1.4	44	5.2
Benzie	114	114	0	0	0	0	0	0	0
Berrien	1,143	1,100	21	**	**	22	1.9	43	3.8
Branch	227	218	**	**	0	**	**	9	4.0
Calhoun	696	650	13	25	8	33	4.7	46	6.6
Cass	306	298	**	**	0	**	**	8	2.6
Charlevoix	180	178	**	**	0	**	**	**	**
Cheboygan	163	163	0	0	0	0	0	0	0
Chippewa	170	166	**	**	0	**	**	**	**
Clare	281	280	0	**	0	**	**	**	**
Clinton	255	251	**	0	0	0	0	**	**
Crawford	66	65	0	**	0	**	**	**	**
Delta	323	305	11	7	0	7	2.2	18	5.6
Dickinson	129	129	0	0	0	0	0	0	0
Eaton	470	449	9	12	0	12	2.6	21	4.5
Emmet	212	212	0	0	0	0	0	0	0
Genesee	3,233	3,137	48	**	**	48	1.5	96	3.0
Gladwin	191	189	**	**	0	**	**	**	**
Gogebic	95	89	**	**	0	**	**	6	6.3

Table 4. Blood Lead Levels for Children Age One and Two Enrolled in Medicaid† by County, 2015

CHILDREN ONE TO T	WO YEARS		Blood Lead L	evel (μg/dL) [‡]					
OLD IN MEDIC		< 5	≥5 µg/dL Capillary or	5-14 μg/dL Venous	≥15 µg/dL Venous	BLL ≥5 venou	ıs samples	BLL ≥5 venous unknown	
County	Children Tested	,	Unknown samples*	samples	samples	N	%	N	%
Grand Traverse	442	430	**	**	0	**	**	12	2.7
Gratiot	242	241	**	0	0	0	0	**	**
Hillsdale	294	282	**	**	0	**	**	12	4.1
Houghton	270	261	0	**	**	9	3.3	9	3.3
Huron	163	159	**	0	**	**	**	**	**
Ingham	2,101	2,049	23	**	**	29	1.4	52	2.5
Ionia	464	450	**	**	**	**	**	14	3.0
losco	215	206	**	**	**	**	**	9	4.2
Iron	71	70	**	0	0	0	0	**	**
Isabella	310	306	**	**	0	**	**	**	**
Jackson	1,405	1,314	64	**	**	27	1.9	91	6.5
Kalamazoo	1,454	1,390	50	**	**	14	1.0	64	4.4
Kalkaska	73	73	0	0	0	0	0	0	0
Kent	5,593	5,179	315	88	11	99	1.8	414	7.4
Keweenaw	13	13	0	0	0	0	0	0	0
Lake	74	74	0	0	0	0	0	0	0
Lapeer	463	450	**	0	**	**	**	13	2.8
Leelanau	94	88	**	**	0	**	**	6	6.4
Lenawee	400	345	37	**	**	18	4.5	55	13.8
Livingston	501	497	**	**	0	**	**	**	**
Luce	56	56	0	0	0	0	0	0	0
Mackinac	83	82	0	**	0	**	**	**	**
Macomb	3,813	3,762	36	**	**	15	0.4	51	1.3
Manistee	158	153	**	0	**	**	**	**	**
Marquette	314	309	**	**	0	**	**	**	**
Mason	100	97	**	**	0	**	**	**	**
Mecosta	195	193	**	0	0	0	0	**	**

Table 4. Blood Lead Levels for Children Age One and Two Enrolled in Medicaid† by County, 2015

CHILDREN ONE TO T	WO YEARS		Blood Lead Lo	evel (μg/dL)‡					
OLD IN MEDIC		<5	≥5 µg/dL Capillary or	5-14 μg/dL Venous	≥15 µg/dL Venous	BLL ≥5 veno	us samples	BLL ≥5 venous unknown	
County	Children Tested	,	Unknown samples*	samples	samples	N	%	N	%
Menominee	148	141	**	0	**	**	**	7	4.7
Midland	216	211	**	**	0	**	**	**	**
Missaukee	100	100	0	0	0	0	0	0	0
Monroe	563	553	**	**	**	**	**	10	1.8
Montcalm	473	461	**	**	0	**	**	12	2.5
Montmorency	46	46	0	0	0	0	0	0	0
Muskegon	1,053	989	29	28	7	35	3.3	64	6.1
Newaygo	292	287	**	**	0	**	**	**	**
Oakland	3,753	3,683	33	**	**	37	1.0	70	1.9
Oceana	186	185	**	0	0	0	0	**	**
Ogemaw	128	128	0	0	0	0	0	0	0
Ontonagon	25	24	0	**	0	**	**	**	**
Osceola	202	200	**	0	0	0	0	**	**
Oscoda	58	58	0	0	0	0	0	0	0
Otsego	153	153	0	0	0	0	0	0	0
Ottawa	1,211	1,179	**	**	0	**	**	32	2.6
Presque Isle	77	76	**	0	0	0	0	**	**
Roscommon	155	154	**	0	0	0	0	**	**
Saginaw	1,775	1,717	46	**	**	12	0.7	58	3.3
Saint Clair	1,177	1,121	49	**	**	7	0.6	56	4.8
Saint Joseph	495	472	**	**	0	**	**	23	4.6
Sanilac	187	182	**	**	0	**	**	**	**
Schoolcraft	58	58	0	0	0	0	0	0	0
Shiawassee	592	555	**	**	0	**	**	37	6.3
Tuscola	445	440	**	**	0	**	**	**	**
Van Buren	326	305	12	9	0	9	2.8	21	6.4
Washtenaw	992	977	**	**	0	**	**	15	1.5

Table 4. Blood Lead Levels for Children Age One and Two Enrolled in Medicaid† by County, 2015

CHILDREN ONE TO	TWO YEARS		Blood Lead L	evel (μg/dL)‡					
OLD IN MEDIC	CAID†	<5	≥5 µg/dL Capillary or	5-14 μg/dL	≥15 µg/dL	BLL ≥5 venc	ous samples		s, capillary, or n samples
County	Children Tested	<>>	Unknown samples*	Venous samples	Venous samples	N	%	N	%
Wayne	14,226	13,359	187	608	72	680	4.8	867	6.1
Wexford	235	232	**	**	0	**	**	**	**
MICHIGAN	59,361	56,875	1,267	1,078	141	1,219	2.1	2,486	4.2

[†]A child enrolled in Medicaid at any time in the year is included in the definition of Medicaid enrollment.

Source: MDHHS Data Warehouse

^{*} Eleven children 1 to 2 years of age had an elevated blood lead level (≥5 µg/dL) and were tested with unknown sample type.

^{**} Values less six (not including zero) were suppressed to maintain confidentiality. Some values six or greater may have been suppressed to prevent back-calculation.

[‡]Reflects each child's highest venous result, or if no venous, highest capillary result, or if no venous or capillary, highest unknown test type result

	Population	Child	ren		L ≥5		Population	Child			L≥5		Population	Child			L ≥5
	Under	Test		any sa	mples [‡]		Under	Test		any sa	mples [‡]		Under	Test		any sa	mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48001	594	143	24.1	**	**	48044	4,808	519	10.8	**	**	48083	1,743	271	15.5	**	**
48002	184	16	8.7	0	0	48045	1,084	205	18.9	0	0	48084	1,067	183	17.2	8	4.4
48003	444	54	12.2	**	**	48047	2,840	383	13.5	**	**	48085	1,383	206	14.9	**	**
48005	231	25	10.8	0	0	48048	689	108	15.7	**	**	48088	1,455	260	17.9	**	**
48006	183	43	23.5	**	**	48049	327	53	16.2	0	0	48089	2,548	687	27.0	11	1.6
48009	1,776	311	17.5	**	**	48050	74	11	14.9	0	0	48091	2,604	641	24.6	10	1.6
48014	377	74	19.6	**	**	48051	1,412	183	13.0	**	**	48092	1,637	431	26.3	**	**
48015	438	137	31.3	**	**	48054	302	55	18.2	0	0	48093	1,509	335	22.2	**	**
48017	695	149	21.4	0	0	48059	966	192	19.9	**	**	48094	1,228	150	12.2	**	**
48021	2,121	545	25.7	12	2.2	48060	3,266	1,290	39.5	83	6.4	48095	306	44	14.4	0	0
48022	220	31	14.1	0	0	48062	656	114	17.4	**	**	48096	119	26	21.8	0	0
48023	207	49	23.7	**	**	48063	221	45	20.4	**	**	48097	312	90	28.8	**	**
48025	790	144	18.2	**	**	48064	327	56	17.1	0	0	48098	1,068	137	12.8	0	0
48026	885	165	18.6	**	**	48065	561	87	15.5	**	**	48101	1,576	362	23.0	**	**
48027	234	41	17.5	0	0	48066	3,554	658	18.5	6	0.9	48103	3,312	370	11.2	**	**
48028	28	**	**	0	0	48067	1,421	296	20.8	**	**	48104	1,271	138	10.9	**	**
48030	1,309	285	21.8	7	2.5	48069	126	34	27.0	0	0	48105	2,214	161	7.3	**	**
48032	171	32	18.7	**	**	48070	496	82	16.5	0	0	48108	1,730	267	15.4	**	**
48033	931	317	34.0	**	**	48071	2,132	492	23.1	7	1.4	48111	3,078	559	18.2	**	**
48034	1,082	258	23.8	**	**	48072	1,184	205	17.3	**	**	48114	1,153	90	7.8	0	0
48035	2,760	442	16.0	6	1.4	48073	2,047	417	20.4	**	**	48116	1,578	115	7.3	**	**
48036	1,481	286	19.3	**	**	48074	828	181	21.9	6	3.3	48117	596	83	13.9	0	0
48038	2,458	409	16.6	**	**	48075	1,330	430	32.3	**	**	48118	797	88	11.0	**	**
48039	475	94	19.8	**	**	48076	1,439	399	27.7	**	**	48120	722	339	47.0	**	**
48040	645	108	16.7	**	**	48079	611	130	21.3	**	**	48122	938	328	35.0	**	**
48041	254	36	14.2	**	**	48080	1,366	241	17.6	**	**	48124	2,120	381	18.0	**	**
48042	2,100	243	11.6	**	**	48081	979	177	18.1	**	**	48125	1,713	365	21.3	**	**
48043	751	192	25.6	8	4.2	48082	1,083	116	10.7	**	**	48126	5,466	1,446	26.5	24	1.7

	Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child: Test			L ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48127	3,330	730	21.9	10	1.4	48169	1,135	86	7.6	0	0	48207	1,592	531	33.4	39	7.3
48128	1,037	165	15.9	**	**	48170	2,461	179	7.3	**	**	48208	831	308	37.1	22	7.1
48130	1,149	55	4.8	**	**	48173	818	141	17.2	**	**	48209	3,705	1,446	39.0	100	6.9
48131	401	65	16.2	0	0	48174	2,435	638	26.2	6	0.9	48210	4,292	1,517	35.3	128	8.4
48133	590	55	9.3	0	0	48176	1,146	108	9.4	0	0	48211	560	241	43.0	26	10.8
48134	1,505	315	20.9	**	**	48178	2,292	266	11.6	**	**	48212	4,056	1,405	34.6	103	7.3
48135	2,001	345	17.2	**	**	48179	180	34	18.9	0	0	48213	2,310	716	31.0	90	12.6
48137	287	30	10.5	0	0	48180	5,363	1,458	27.2	17	1.2	48214	1,350	558	41.3	96	17.2
48138	387	69	17.8	0	0	48182	1,588	194	12.2	**	**	48215	1,107	370	33.4	47	12.7
48140	100	28	28.0	0	0	48183	2,663	524	19.7	7	1.3	48216	286	123	43.0	7	5.7
48141	2,601	708	27.2	11	1.6	48184	1,155	273	23.6	0	0	48217	373	180	48.3	9	5.0
48144	626	54	8.6	**	**	48185	3,554	741	20.8	8	1.1	48218	729	241	33.1	11	4.6
48145	237	21	8.9	**	**	48186	2,305	525	22.8	**	**	48219	3,765	1,336	35.5	39	2.9
48146	3,273	1,028	31.4	16	1.6	48187	3,333	436	13.1	**	**	48220	1,671	298	17.8	7	2.3
48150	1,867	293	15.7	**	**	48188	3,597	426	11.8	11	2.6	48221	2,723	942	34.6	63	6.7
48152	1,750	308	17.6	**	**	48189	931	91	9.8	0	0	48223	1,933	736	38.1	23	3.1
48154	1,896	298	15.7	**	**	48191	374	34	9.1	**	**	48224	4,186	1,380	33.0	91	6.6
48157	100	13	13.0	0	0	48192	1,441	357	24.8	**	**	48225	970	243	25.1	**	**
48158	405	46	11.4	**	**	48193	1,227	238	19.4	**	**	48226	93	37	39.8	**	**
48159	180	28	15.6	**	**	48195	1,568	459	29.3	**	**	48227	3,415	1,313	38.4	74	5.6
48160	617	88	14.3	**	**	48197	5,012	794	15.8	12	1.5	48228	5,338	1,868	35.0	77	4.1
48161	1,876	304	16.2	**	**	48198	3,545	647	18.3	8	1.2	48229	895	241	26.9	9	3.7
48162	2,197	292	13.3	**	**	48201	787	346	44.0	14	4.0	48230	1,153	180	15.6	10	5.6
48164	458	90	19.7	0	0	48202	734	382	52.0	53	13.9	48234	2,554	1,022	40.0	44	4.3
48165	417	107	25.7	**	**	48203	1,814	703	38.8	87	12.4	48235	3,234	1,303	40.3	70	5.4
48166	1,125	154	13.7	**	**	48204	2,542	800	31.5	119	14.9	48236	1,905	286	15.0	6	2.1
48167	1,311	211	16.1	**	**	48205	3,302	1,402	42.5	92	6.6	48237	2,259	588	26.0	8	1.4
48168	1,364	129	9.5	**	**	48206	1,717	592	34.5	82	13.9	48238	2,527	1,025	40.6	120	11.7

	Population Under	Child Test	ted		L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test		BLI any sai	. ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48239	3,000	646	21.5	8	1.2	48340	2,603	753	28.9	6	0.8	48413	546	81	14.8	**	**
48240	1,322	349	26.4	**	**	48341	1,251	320	25.6	15	4.7	48414	268	30	11.2	0	0
48243	*	**		0	0	48342	1,840	566	30.8	16	2.8	48415	666	130	19.5	0	0
48301	1,058	133	12.6	0	0	48346	1,440	191	13.3	**	**	48416	348	59	17.0	**	**
48302	611	121	19.8	**	**	48348	1,469	255	17.4	0	0	48417	219	29	13.2	0	0
48304	949	120	12.6	0	0	48350	512	63	12.3	**	**	48418	287	44	15.3	**	**
48306	1,844	117	6.3	**	**	48353	491	36	7.3	**	**	48419	183	25	13.7	**	**
48307	3,399	311	9.1	**	**	48356	511	47	9.2	0	0	48420	1,261	272	21.6	**	**
48309	1,684	148	8.8	**	**	48357	622	41	6.6	0	0	48421	366	66	18.0	**	**
48310	2,759	740	26.8	**	**	48359	667	121	18.1	**	**	48422	420	64	15.2	**	**
48312	1,899	435	22.9	**	**	48360	839	84	10.0	0	0	48423	1,968	368	18.7	7	1.9
48313	1,926	408	21.2	0	0	48362	1,205	126	10.5	**	**	48426	56	**	**	0	0
48314	1,308	229	17.5	**	**	48363	319	30	9.4	0	0	48427	213	15	7.0	**	**
48315	1,297	184	14.2	**	**	48367	220	22	10.0	**	**	48428	206	31	15.0	0	0
48316	1,664	200	12.0	**	**	48370	66	6	9.1	0	0	48429	311	118	37.9	**	**
48317	1,873	379	20.2	**	**	48371	1,625	173	10.6	**	**	48430	2,641	351	13.3	9	2.6
48320	307	57	18.6	**	**	48374	1,141	176	15.4	**	**	48432	62	**	**	0	0
48322	1,750	287	16.4	**	**	48375	1,293	288	22.3	9	3.1	48433	2,049	312	15.2	**	**
48323	1,033	135	13.1	0	0	48377	1,229	296	24.1	**	**	48435	146	24	16.4	0	0
48324	980	152	15.5	**	**	48380	317	27	8.5	0	0	48436	200	38	19.0	**	**
48326	1,589	236	14.9	9	3.8	48381	864	127	14.7	**	**	48437	17	**	**	**	**
48327	1,507	238	15.8	0	0	48382	1,627	188	11.6	0	0	48438	370	54	14.6	0	0
48328	1,999	315	15.8	**	**	48383	829	125	15.1	0	0	48439	3,103	533	17.2	**	**
48329	1,234	237	19.2	**	**	48386	1,079	134	12.4	**	**	48440	34	**	**	0	0
48331	1,173	192	16.4	0	0	48390	1,445	249	17.2	**	**	48441	250	40	16.0	0	0
48334	910	227	24.9	**	**	48393	1,365	265	19.4	**	**	48442	1,383	214	15.5	**	**
48335	1,532	470	30.7	28	6.0	48401	81	**	**	0	0	48444	612	120	19.6	**	**
48336	1,733	361	20.8	7	1.9	48412	395	54	13.7	**	**	48445	85	21	24.7	0	0

	Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test		BLL any sar	. ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48446	1,814	308	17.0	8	2.6	48505	1,776	596	33.6	16	2.7	48626	288	55	19.1	**	**
48449	96	61	63.5	**	**	48506	2,426	600	24.7	18	3.0	48628	122	10	8.2	0	0
48450	141	26	18.4	**	**	48507	2,915	836	28.7	13	1.6	48629	373	68	18.2	0	0
48451	1,096	138	12.6	**	**	48509	469	97	20.7	**	**	48631	234	45	19.2	0	0
48453	402	52	12.9	**	**	48519	512	108	21.1	**	**	48632	228	69	30.3	0	0
48454	94	12	12.8	**	**	48529	829	213	25.7	6	2.8	48633	15	**	**	0	0
48455	452	50	11.1	**	**	48532	1,335	400	30.0	**	**	48634	393	44	11.2	0	0
48456	45	9	20.0	0	0	48601	3,085	1,105	35.8	41	3.7	48635	53	9	17.0	0	0
48457	549	106	19.3	**	**	48602	2,543	684	26.9	35	5.1	48636	24	9	37.5	0	0
48458	1,706	361	21.2	7	1.9	48603	1,458	370	25.4	10	2.7	48637	246	23	9.3	0	0
48460	181	42	23.2	0	0	48604	755	142	18.8	**	**	48638	1,258	200	15.9	**	**
48461	556	90	16.2	**	**	48607	67	25	37.3	**	**	48640	1,995	190	9.5	0	0
48462	609	121	19.9	0	0	48609	586	123	21.0	**	**	48642	2,449	205	8.4	**	**
48463	129	47	36.4	0	0	48610	124	41	33.1	0	0	48647	283	57	20.1	0	0
48464	230	17	7.4	0	0	48611	503	50	9.9	0	0	48649	37	17	45.9	0	0
48465	55	**	**	0	0	48612	549	115	20.9	**	**	48650	387	68	17.6	**	**
48466	107	16	15.0	0	0	48613	101	18	17.8	0	0	48651	197	47	23.9	0	0
48467	62	23	37.1	**	**	48614	73	13	17.8	**	**	48652	58	10	17.2	**	**
48468	34	**	**	0	0	48615	194	34	17.5	0	0	48653	445	62	13.9	**	**
48469	16	12	75.0	0	0	48616	649	95	14.6	**	**	48654	159	15	9.4	0	0
48470	13	**	**	0	0	48617	807	112	13.9	0	0	48655	396	74	18.7	**	**
48471	302	54	17.9	**	**	48618	344	33	9.6	**	**	48656	133	29	21.8	0	0
48472	213	17	8.0	**	**	48619	34	**	**	0	0	48657	411	41	10.0	**	**
48473	1,385	297	21.4	**	**	48621	45	17	37.8	0	0	48658	255	73	28.6	**	**
48475	168	15	8.9	**	**	48622	323	67	20.7	0	0	48659	219	53	24.2	**	**
48502	20	15	75.0	**	**	48623	837	110	13.1	0	0	48661	725	79	10.9	0	0
48503	2,295	637	27.8	36	5.7	48624	1,007	180	17.9	**	**	48662	62	14	22.6	0	0
48504	2,711	701	25.9	28	4.0	48625	812	174	21.4	**	**	48701	57	21	36.8	0	0

	Population Under	Child Test	:ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ed	any sar	•
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	**
48703	125	27 **	21.6	0	0	48746	638	113	17.7	0	0	48818	172	37	21.5	**	
48705	22			0	0	48747	65	16	24.6	0	0	48819	187	30	16.0	0	0
48706	2,474	537	21.7	18	3.4	48748	48	13	27.1	**	**	48820	1,234	136	11.0	0	0
48708	2,189	458	20.9	36	7.9	48749	65	23	35.4	0	0	48821	416	25	6.0	0	0
48720	25	15	60.0	0	0	48750	393	110	28.0	6	5.5	48822	198	12	6.1	0	0
48721	**	**	**	0	0	48754	58	14	24.1	0	0	48823	2,142	363	16.9	**	**
48722	308	40	13.0	0	0	48755	171	26	15.2	0	0	48824	*	**		**	**
48723	744	206	27.7	**	**	48756	262	50	19.1	0	0	48825	*	**		0	0
48725	89	17	19.1	0	0	48757	331	56	16.9	0	0	48827	1,513	152	10.0	**	**
48726	434	69	15.9	**	**	48759	175	45	25.7	**	**	48829	222	53	23.9	**	**
48727	95	13	13.7	0	0	48760	46	23	50.0	0	0	48831	188	44	23.4	**	**
48728	18	**	**	0	0	48761	12	**	**	0	0	48832	98	13	13.3	0	0
48729	68	21	30.9	0	0	48762	43	6	14.0	0	0	48834	142	26	18.3	0	0
48730	248	31	12.5	**	**	48763	289	52	18.0	0	0	48835	190	16	8.4	0	0
48731	137	27	19.7	0	0	48765	21	6	28.6	0	0	48836	1,265	121	9.6	**	**
48732	468	134	28.6	**	**	48766	65	16	24.6	0	0	48837	1,291	121	9.4	**	**
48733	76	30	39.5	**	**	48767	103	20	19.4	0	0	48838	1,469	252	17.2	**	**
48734	384	53	13.8	0	0	48768	651	142	21.8	**	**	48840	604	110	18.2	**	**
48735	31	8	25.8	**	**	48770	144	20	13.9	0	0	48841	69	11	15.9	0	0
48737	57	9	15.8	**	**	48801	977	173	17.7	**	**	48842	1,605	293	18.3	**	**
48738	61	10	16.4	0	0	48806	49	11	22.4	0	0	48843	2,887	276	9.6	0	0
48739	177	26	14.7	0	0	48807	68	10	14.7	0	0	48845	59	12	20.3	**	**
48740	84	9	10.7	**	**	48808	356	58	16.3	0	0	48846	1,376	279	20.3	12	4.3
48741	105	17	16.2	0	0	48809	722	191	26.5	9	4.7	48847	302	58	19.2	0	0
48742	46	7	15.2	**	**	48811	333	57	17.1	**	**	48848	403	71	17.6	**	**
48743	*	**		0	0	48813	1,433	165	11.5	8	4.8	48849	440	65	14.8	0	0
48744	161	66	41.0	0	0	48815	157	21	13.4	0	0	48850	330	52	15.8	**	**
48745	83	7	8.4	0	0	48817	355	126	35.5	**	**	48851	293	36	12.3	0	0

	Population Under	Child Test	ted		L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48853	49	16	32.7	0	0	48888	445	98	22.0	**	**	49014	1,419	295	20.8	17	5.8
48854	1,235	234	18.9	**	**	48889	86	11	12.8	0	0	49015	1,972	432	21.9	21	4.9
48855	994	83	8.4	0	0	48890	200	23	11.5	**	**	49017	1,446	306	21.2	15	4.9
48856	90	16	17.8	0	0	48891	108	35	32.4	0	0	49021	485	74	15.3	**	**
48857	199	25	12.6	**	**	48892	409	88	21.5	0	0	49022	3,166	611	19.3	21	3.4
48858	2,632	417	15.8	**	**	48893	457	45	9.8	**	**	49024	2,643	293	11.1	**	**
48860	145	14	9.7	**	**	48894	172	18	10.5	0	0	49026	103	17	16.5	**	**
48861	192	11	5.7	**	**	48895	710	103	14.5	**	**	49027	12	**	**	0	0
48864	1,369	153	11.2	**	**	48896	36	**	**	0	0	49028	522	86	16.5	**	**
48865	54	31	57.4	**	**	48897	60	12	20.0	0	0	49029	137	15	10.9	**	**
48866	306	75	24.5	**	**	48906	2,678	659	24.6	37	5.6	49030	243	29	11.9	**	**
48867	2,014	710	35.3	38	5.4	48910	2,900	841	29.0	24	2.9	49031	452	47	10.4	**	**
48870	10	**	**	0	0	48911	3,760	1,152	30.6	25	2.2	49032	280	37	13.2	**	**
48871	142	12	8.5	0	0	48912	1,400	369	26.4	16	4.3	49033	137	10	7.3	0	0
48872	581	107	18.4	6	5.6	48915	892	248	27.8	8	3.2	49034	205	25	12.2	0	0
48873	89	**	**	0	0	48917	1,567	370	23.6	7	1.9	49036	1,524	332	21.8	8	2.4
48874	12	**	**	0	0	48933	93	37	39.8	0	0	49037	2,049	478	23.3	13	2.7
48875	847	113	13.3	**	**	49001	1,907	529	27.7	36	6.8	49038	487	56	11.5	**	**
48876	310	37	11.9	**	**	49002	1,640	210	12.8	**	**	49040	393	27	6.9	0	0
48877	131	31	23.7	0	0	49004	1,403	225	16.0	6	2.7	49042	292	84	28.8	**	**
48878	140	21	15.0	**	**	49006	1,388	304	21.9	**	**	49043	286	37	12.9	**	**
48879	1,282	150	11.7	**	**	49007	768	245	31.9	22	9.0	49045	519	84	16.2	**	**
48880	583	99	17.0	**	**	49008	907	172	19.0	**	**	49046	306	60	19.6	0	0
48881	513	64	12.5	**	**	49009	2,840	445	15.7	10	2.2	49047	1,281	202	15.8	8	4.0
48883	403	61	15.1	0	0	49010	1,474	266	18.0	17	6.4	49048	2,157	524	24.3	18	3.4
48884	188	49	26.1	**	**	49011	135	25	18.5	**	**	49050	84	12	14.3	0	0
48885	52	13	25.0	0	0	49012	167	24	14.4	0	0	49051	63	16	25.4	0	0
48886	128	33	25.8	**	**	49013	390	62	15.9	**	**	49052	46	12	26.1	0	0

	Population Under	Child Test	:ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ed	any sa	L ≥5 mples [‡]
Zip Code	Age Six	N O4	%	N **	**	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	45.0	N CZ	%
49053	541	94	17.4	**	**	49092	151	11	7.3	0	0	49221	3,274	517	15.8	67	13.0
49055	342	62	18.1			49093	1,238	342	27.6	17	5.0	49224	1,369	133	9.7	11	8.3
49056	220	66	30.0	0	0	49094	319	39	12.2	0	0	49227	109	21	19.3	**	**
49057	631	128	20.3	6	4.7	49095	100	11	11.0	0	0	49228	363	46	12.7	**	**
49058	1,248	148	11.9	9	6.1	49096	175	26	14.9			49229	188	27	14.4		
49060	75	20	26.7			49097	666	75	11.3	0	0	49230	540	87	16.1	0	0
49061	51	14	27.5	0	0	49098	553	53	9.6	**	**	49232	250	49	19.6	**	**
49064	228	37	16.2	**	**	49099	396	70	17.7	**	**	49233	183	29	15.8	0	0
49065	340	47	13.8	**	**	49101	179	24	13.4	0	0	49234	116	41	35.3	0	0
49066	51	8	15.7	0	0	49102	45	8	17.8	**	**	49235	193	22	11.4	**	**
49067	213	37	17.4	**	**	49103	688	135	19.6	**	**	49236	374	30	8.0	**	**
49068	927	123	13.3	**	**	49106	273	23	8.4	**	**	49237	223	47	21.1	0	0
49070	288	24	8.3	0	0	49107	468	95	20.3	6	6.3	49238	230	19	8.3	0	0
49071	573	62	10.8	**	**	49111	198	61	30.8	0	0	49240	624	83	13.3	**	**
49072	229	36	15.7	**	**	49112	740	54	7.3	0	0	49241	177	39	22.0	**	**
49073	330	52	15.8	**	**	49113	112	20	17.9	**	**	49242	827	283	34.2	10	3.5
49076	216	27	12.5	**	**	49117	164	16	9.8	0	0	49245	477	48	10.1	**	**
49078	422	104	24.6	**	**	49120	2,771	445	16.1	24	5.4	49246	212	46	21.7	0	0
49079	1,076	99	9.2	**	**	49125	105	9	8.6	0	0	49247	470	105	22.3	9	8.6
49080	929	171	18.4	**	**	49126	66	21	31.8	**	**	49248	34	9	26.5	**	**
49082	557	73	13.1	**	**	49127	716	42	5.9	0	0	49249	134	41	30.6	**	**
49083	469	66	14.1	**	**	49128	281	30	10.7	**	**	49250	424	115	27.1	**	**
49085	1,588	87	5.5	**	**	49129	27	**	**	0	0	49251	297	109	36.7	**	**
49087	396	46	11.6	**	**	49130	151	16	10.6	**	**	49252	217	48	22.1	**	**
49088	225	44	19.6	**	**	49201	2,660	780	29.3	43	5.5	49253	59	31	52.5	**	**
49089	111	18	16.2	0	0	49202	1,837	543	29.6	25	4.6	49254	80	55	68.8	**	**
49090	995	121	12.2	**	**	49203	3,339	956	28.6	70	7.3	49255	219	16	7.3	0	0
49091	1,891	277	14.6	11	4.0	49220	124	29	23.4	**	**	49256	274	54	19.7	7	13.0

	Population Under	Child Test			L ≥5 Imples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49259	127	23	18.1	0	0	49306	722	55	7.6	0	0	49343	487	56	11.5	**	**
49262	94	20	21.3	0	0	49307	969	118	12.2	**	**	49344	277	27	9.7	**	**
49264	143	29	20.3	**	**	49309	102	15	14.7	0	0	49345	1,097	202	18.4	**	**
49265	222	33	14.9	**	**	49310	205	19	9.3	0	0	49346	309	26	8.4	0	0
49266	154	40	26.0	**	**	49312	**	**	**	0	0	49347	80	17	21.3	0	0
49267	233	25	10.7	0	0	49315	1,619	124	7.7	**	**	49348	974	79	8.1	**	**
49268	61	14	23.0	**	**	49316	2,014	122	6.1	**	**	49349	453	74	16.3	0	0
49269	316	72	22.8	**	**	49318	104	31	29.8	**	**	49401	1,301	65	5.0	**	**
49270	286	46	16.1	**	**	49319	1,688	200	11.8	7	3.5	49402	80	13	16.3	**	**
49271	238	42	17.6	**	**	49321	1,375	271	19.7	8	3.0	49403	101	63	62.4	0	0
49272	117	33	28.2	0	0	49322	84	10	11.9	**	**	49404	728	67	9.2	**	**
49274	334	58	17.4	**	**	49323	916	61	6.7	**	**	49405	83	13	15.7	**	**
49276	83	**	**	0	0	49325	111	6	5.4	0	0	49408	707	150	21.2	6	4.0
49277	281	37	13.2	0	0	49326	244	44	18.0	0	0	49410	166	24	14.5	**	**
49279	29	7	24.1	**	**	49327	667	92	13.8	0	0	49411	72	18	25.0	0	0
49282	11	6	54.5	0	0	49328	322	21	6.5	0	0	49412	782	108	13.8	**	**
49283	164	49	29.9	0	0	49329	556	115	20.7	**	**	49415	377	73	19.4	0	0
49284	204	36	17.6	**	**	49330	531	107	20.2	**	**	49417	2,114	443	21.0	**	**
49285	352	82	23.3	0	0	49331	1,229	164	13.3	**	**	49418	1,887	246	13.0	**	**
49286	751	101	13.4	**	**	49332	188	22	11.7	0	0	49419	570	90	15.8	6	6.7
49287	104	6	5.8	**	**	49333	1,165	74	6.4	**	**	49420	616	170	27.6	6	3.5
49288	168	37	22.0	0	0	49336	313	38	12.1	0	0	49421	446	40	9.0	0	0
49289	17	**	**	0	0	49337	907	91	10.0	**	**	49423	4,123	655	15.9	24	3.7
49301	1,607	140	8.7	**	**	49338	172	14	8.1	**	**	49424	3,534	697	19.7	16	2.3
49302	814	62	7.6	**	**	49339	184	21	11.4	0	0	49425	446	42	9.4	0	0
49303	91	13	14.3	0	0	49340	199	33	16.6	0	0	49426	3,315	197	5.9	**	**
49304	186	56	30.1	**	**	49341	2,874	220	7.7	7	3.2	49428	2,010	120	6.0	0	0
49305	150	18	12.0	0	0	49342	196	8	4.1	0	0	49431	1,122	272	24.2	18	6.6

	Population Under	Child Test	:ed		L ≥5 Imples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49435	222	23	10.4	0	0	49508	3,669	814	22.2	20	2.5	49631	385	70	18.2	**	**
49436	114	18	15.8	0	0	49509	2,638	685	26.0	23	3.4	49632	96	6	6.3	0	0
49437	476	68	14.3	0	0	49512	1,417	314	22.2	**	**	49633	185	33	17.8	**	**
49440 [†]	74	21	28.4	**	**	49519	2,467	474	19.2	14	3.0	49635	171	42	24.6	**	**
49441	2,425	536	22.1	21	3.9	49525	1,845	246	13.3	**	**	49636	*	**		0	0
49442	3,822	811	21.2	56	6.9	49534	1,562	179	11.5	8	4.5	49637	295	65	22.0	**	**
49444	2,502	545	21.8	27	5.0	49544	620	133	21.5	**	**	49638	30	**	**	0	0
49445	1,263	180	14.3	**	**	49546	2,077	381	18.3	**	**	49639	190	28	14.7	**	**
49446	239	36	15.1	**	**	49548	2,928	701	23.9	25	3.6	49640	37	23	62.2	**	**
49448	312	51	16.3	0	0	49601	1,579	179	11.3	**	**	49642	21	8	38.1	0	0
49449	75	26	34.7	0	0	49611	24	11	45.8	0	0	49643	453	122	26.9	0	0
49450	231	81	35.1	**	**	49612	69	14	20.3	**	**	49644	54	9	16.7	0	0
49451	564	65	11.5	**	**	49613	16	6	37.5	0	0	49645	94	28	29.8	**	**
49452	109	34	31.2	0	0	49614	109	26	23.9	0	0	49646	666	82	12.3	**	**
49453	138	23	16.7	**	**	49615	206	39	18.9	0	0	49648	69	16	23.2	**	**
49454	397	91	22.9	6	6.6	49616	103	33	32.0	0	0	49649	486	120	24.7	**	**
49455	345	118	34.2	**	**	49617	149	39	26.2	0	0	49650	307	69	22.5	0	0
49456	1,126	231	20.5	**	**	49618	65	**	**	0	0	49651	514	69	13.4	**	**
49457	806	159	19.7	**	**	49619 [†]	65	15	23.1	0	0	49653	40	31	77.5	0	0
49459	118	32	27.1	**	**	49620	248	49	19.8	0	0	49654	7	**	**	0	0
49460	447	83	18.6	**	**	49621	139	33	23.7	**	**	49655	215	27	12.6	0	0
49461	579	82	14.2	0	0	49622	187	23	12.3	0	0	49656	105	15	14.3	0	0
49464	2,346	271	11.6	**	**	49623	50	12	24.0	0	0	49657	328	32	9.8	0	0
49503	2,872	794	27.6	95	12.0	49625	53	17	32.1	0	0	49659	399	120	30.1	0	0
49504	3,721	779	20.9	96	12.3	49626	10	**	**	0	0	49660	828	179	21.6	7	3.9
49505	2,809	565	20.1	41	7.3	49628	9	**	**	0	0	49663	519	50	9.6	**	**
49506	2,447	434	17.7	44	10.1	49629	110	17	15.5	**	**	49664	131	29	22.1	0	0
49507	4,965	1,328	26.7	188	14.2	49630	20	9	45.0	0	0	49665	272	54	19.9	0	0

	Population Under	Child Test	ted	BLL ≥5 any samples [‡]			Population Under	Children Tested		BLL ≥5 any samples [‡]			Population Under	Child Test			L ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49667	13	**	**	0	0	49719	83	18	21.7	**	**	49759	57	11	19.3	**	**
49668	273	51	18.7	0	0	49720	540	69	12.8	0	0	49760	11	10	90.9	0	0
49670	89	**	**	0	0	49721	720	125	17.4	**	**	49762	11	**	**	0	0
49675	94	**	**	0	0	49722	19	**	**	0	0	49765	246	22	8.9	0	0
49676	157	43	27.4	**	**	49724	65	13	20.0	0	0	49766	161	13	8.1	0	0
49677	629	84	13.4	**	**	49726	17	**	**	0	0	49768	29	**	**	0	0
49679	82	14	17.1	0	0	49727	436	91	20.9	**	**	49769	87	26	29.9	0	0
49680	129	20	15.5	0	0	49728	7	**	**	0	0	49770	1,144	172	15.0	0	0
49682	295	63	21.4	**	**	49729	65	10	15.4	0	0	49774	68	13	19.1	**	**
49683	125	23	18.4	0	0	49730	125	25	20.0	0	0	49775	*	**		0	0
49684	3,194	581	18.2	10	1.7	49733	161	15	9.3	**	**	49776	88	11	12.5	0	0
49685	*	27		0	0	49735	1,389	206	14.8	0	0	49777	66	**	**	0	0
49686	1,794	497	27.7	14	2.8	49736	28	**	**	0	0	49779	198	51	25.8	0	0
49688	189	15	7.9	0	0	49738	463	62	13.4	0	0	49780	117	18	15.4	0	0
49689	61	14	23.0	0	0	49740	301	37	12.3	0	0	49781	219	49	22.4	0	0
49690	176	81	46.0	**	**	49743	35	**	**	0	0	49782	14	**	**	0	0
49696	*	12		**	**	49744	16	8	50.0	0	0	49783	1,464	208	14.2	**	**
49701	32	7	21.9	0	0	49745	52	20	38.5	0	0	49788	494	70	14.2	0	0
49705	144	6	4.2	0	0	49746	166	27	16.3	0	0	49791	11	**	**	0	0
49706	301	60	19.9	0	0	49747	63	9	14.3	0	0	49795	127	24	18.9	0	0
49707	1,324	204	15.4	**	**	49748	7	**	**	0	0	49796	**	**	**	0	0
49709	157	26	16.6	0	0	49749	165	35	21.2	0	0	49799	143	19	13.3	0	0
49710	7	**	**	0	0	49751	79	16	20.3	0	0	49801	752	87	11.6	0	0
49712	547	86	15.7	0	0	49752	23	7	30.4	0	0	49802	426	58	13.6	0	0
49713	152	24	15.8	0	0	49753	103	16	15.5	0	0	49805	*	**		0	0
49715	219	37	16.9	**	**	49755	125	21	16.8	0	0	49806	32	**	**	0	0
49716	17	**	**	0	0	49756	177	22	12.4	0	0	49807	212	21	9.9	**	**
49718	37	6	16.2	0	0	49757	30	**	**	0	0	49812	71	**	**	0	0

	Population Under	Child Test		BLL ≥5 any samples [‡]			Population Under	Children Tested		BLL ≥5 any samples [‡]			Population Under	Child Test			L ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49814	112	6	5.4	0	0	49863	6	**	**	0	0	49912	23	**	**	0	0
49815	11	**	**	0	0	49864	7	**	**	0	0	49913	580	142	24.5	10	7.0
49816	12	7	58.3	0	0	49866	550	41	7.5	**	**	49915	35	**	**	0	0
49817	30	8	26.7	0	0	49868	313	69	22.0	0	0	49916	157	50	31.8	0	0
49818	57	**	**	0	0	49870	142	30	21.1	0	0	49917	37	**	**	0	0
49820	**	**	**	0	0	49871	34	**	**	0	0	49919	20	**	**	0	0
49821	56	18	32.1	**	**	49872	12	**	**	0	0	49920	286	36	12.6	0	0
49825	15	**	**	0	0	49873	10	**	**	0	0	49921	*	**		0	0
49827	61	10	16.4	0	0	49874	55	**	**	0	0	49922	56	17	30.4	**	**
49829	1,098	231	21.0	15	6.5	49876	14	6	42.9	0	0	49925	15	**	**	0	0
49831	50	**	**	0	0	49878	158	28	17.7	0	0	49927	32	**	**	0	0
49834	17	**	**	0	0	49879	42	**	**	0	0	49930	500	133	26.6	**	**
49835	54	7	13.0	0	0	49880	77	**	**	0	0	49931	386	106	27.5	0	0
49836	38	11	28.9	0	0	49881	9	**	**	0	0	49934	117	10	8.5	0	0
49837	596	94	15.8	**	**	49884	35	10	28.6	**	**	49935	235	63	26.8	**	**
49838	20	6	30.0	0	0	49885	131	11	8.4	0	0	49938	411	95	23.1	**	**
49840	49	**	**	0	0	49886	57	**	**	0	0	49945	178	32	18.0	**	**
49841	434	104	24.0	**	**	49887	114	17	14.9	0	0	49946	316	96	30.4	**	**
49847	64	13	20.3	**	**	49891	19	**	**	0	0	49947	7	**	**	0	0
49848	**	**	**	0	0	49892	81	10	12.3	0	0	49948	24	11	45.8	0	0
49849	1,002	101	10.1	**	**	49893	59	14	23.7	0	0	49950	92	10	10.9	0	0
49852	8	**	**	0	0	49894	17	14	82.4	0	0	49952	*	**		0	0
49853	65	15	23.1	0	0	49895	48	**	**	**	**	49953	103	12	11.7	0	0
49854	398	66	16.6	**	**	49896	167	37	22.2	**	**	49955	30	9	30.0	0	0
49855	1,840	152	8.3	6	3.9	49901	14	**	**	0	0	49958	89	9	10.1	0	0
49858	695	139	20.0	8	5.8	49905	192	50	26.0	0	0	49959	29	6	20.7	0	0
49861	21	**	**	0	0	49908	125	53	42.4	0	0	49960	**	**	**	0	0
49862	208	40	19.2	**	**	49911	179	31	17.3	**	**	49961	**	**	**	0	0

	Population Under	Child Test			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Childr Teste		BLL any sar	
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49962	**	**	**	0	0	49968	86	23	26.7	**	**	Unknown		107		**	**
49963	96	23	24.0	0	0	49969	69	15	21.7	0	0	PO box		226		0	0
49965	**	**	**	0	0	49970	10	**	**	0	0	TOTAL	700,787	140,857	20.1	4,791	3.4
49967	14	**	**	0	0	49971	**	**	**	**	**						

^{*}Census data not available

^{**} Values less six (not including zero) were suppressed to maintain confidentiality. Some numbers greater than or equal to six may have been suppressed to prevent back-calculation.

[†]Population data from 2010 Census

[‡]Reflects each child's highest venous result, or if no venous, highest capillary result, or if no venous or capillary, highest unknown test type result **Source**: American Community Survey 2014 5-year estimates (population data), unless otherwise noted; MDHHS Data Warehouse (children tested and BLL statistics)

	Population	Children Tested		BLL ≥5 . ±			Population	Children			L ≥5 . ±		Population	Child		BLL ≥5 any samples [‡]	
7: Cada	Under				mples [‡]	7in Cada	Under	Test			mples [‡]	7: Codo	Under	Test			
Zip Code 48214	Age Six 1,350	N 558	% 41.3	N 96	% 17.2	Zip Code 49001	Age Six 1,907	N 529	% 27.7	N 36	6.8	Zip Code 49093	Age Six 1,238	N 342	% 27.6	N 17	% 5.0
48214	2,542	800	31.5	119	14.9	48221	2,723	942	34.6	63	6.7	49444	2,502	545	21.8	27	5.0
49507	4,965	1,328	26.7	188	14.9	49419	570	90	15.8	6	6.7	49017	1,446	306	21.2	15	4.9
48202		,	52.0			49431	1,122	272	24.2	18	6.6	49015	1,972	432	21.2	21	4.9
	734	382		53	13.9		<u> </u>				6.6		•	-			
48206	1,717	592	34.5	82	13.9	48224	4,186	1,380	33.0	91		48813	1,433	165	11.5	8	4.8
49256	274	54	19.7	7	13.0	49454	397	91	22.9	6	6.6	48809	722	191	26.5	9	4.7
49221	3,274	517	15.8	67	13.0	48205	3,302	1,402	42.5	92	6.6	48341	1,251	320	25.6	15	4.7
48215	1,107	370	33.4	47	12.7	49829	1,098	231	21.0	15	6.5	49057	631	128	20.3	6	4.7
48213	2,310	716	31.0	90	12.6	48060	3,266	1,290	39.5	83	6.4	49202	1,837	543	29.6	25	4.6
48203	1,814	703	38.8	87	12.4	49010	1,474	266	18.0	17	6.4	48218	729	241	33.1	11	4.6
49504	3,721	779	20.9	96	12.3	49107	468	95	20.3	6	6.3	49534	1,562	179	11.5	8	4.5
49503	2,872	794	27.6	95	12.0	49058	1,248	148	11.9	9	6.1	48084	1,067	183	17.2	8	4.4
48238	2,527	1,025	40.6	120	11.7	48335	1,532	470	30.7	28	6.0	48912	1,400	369	26.4	16	4.3
48211	560	241	43.0	26	10.8	49014	1,419	295	20.8	17	5.8	48234	2,554	1,022	40.0	44	4.3
49506	2,447	434	17.7	44	10.1	49858	695	139	20.0	8	5.8	48846	1,376	279	20.3	12	4.3
49007	768	245	31.9	22	9.0	48216	286	123	43.0	7	5.7	48043	751	192	25.6	8	4.2
49247	470	105	22.3	9	8.6	48503	2,295	637	27.8	36	5.7	48228	5,338	1,868	35.0	77	4.1
48210	4,292	1,517	35.3	128	8.4	48227	3,415	1,313	38.4	74	5.6	48201	787	346	44.0	14	4.0
49224	1,369	133	9.7	11	8.3	48906	2,678	659	24.6	37	5.6	49408	707	150	21.2	6	4.0
48708	2,189	458	20.9	36	7.9	48872	581	107	18.4	6	5.6	48504	2,711	701	25.9	28	4.0
48207	1,592	531	33.4	39	7.3	48230	1,153	180	15.6	10	5.6	49091	1,891	277	14.6	11	4.0
48212	4,056	1,405	34.6	103	7.3	49201	2,660	780	29.3	43	5.5	49047	1,281	202	15.8	8	4.0
49203	3,339	956	28.6	70	7.3	48750	393	110	28.0	6	5.5	49855	1,840	152	8.3	6	3.9
49505	2,809	565	20.1	41	7.3	49120	2,771	445	16.1	24	5.4	49441	2,425	536	22.1	21	3.9
48208	831	308	37.1	22	7.1	48235	3,234	1,303	40.3	70	5.4	49660	828	179	21.6	7	3.9
49913	580	142	24.5	10	7.0	48867	2,014	710	35.3	38	5.4	48326	1,589	236	14.9	9	3.8
48209	3,705	1,446	39.0	100	6.9	48602	2,543	684	26.9	35	5.1	48229	895	241	26.9	9	3.7
49442	3,822	811	21.2	56	6.9	48217	373	180	48.3	9	5.0	48601	3,085	1,105	35.8	41	3.7

	Population Under	Child Test	ed	BLL ≥5 any samples [‡]			Population Under	Tested		BLL ≥5 any samples [‡]			Population Under	Child Test	ed	any sai	
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49423	4,123	655	15.9	24	3.7	48430	2,641	351	13.3	9	2.6	48198	3,545	647	18.3	8	1.2
49548	2,928	701	23.9	25	3.6	49508	3,669	814	22.2	20	2.5	48180	5,363	1,458	27.2	17	1.2
49242	827	283	34.2	10	3.5	48030	1,309	285	21.8	7	2.5	48185	3,554	741	20.8	8	1.1
49420	616	170	27.6	6	3.5	49036	1,524	332	21.8	8	2.4	48174	2,435	638	26.2	6	0.9
49319	1,688	200	11.8	7	3.5	48220	1,671	298	17.8	7	2.3	48066	3,554	658	18.5	6	0.9
49022	3,166	611	19.3	21	3.4	49424	3,534	697	19.7	16	2.3	48340	2,603	753	28.9	6	0.8
49048	2,157	524	24.3	18	3.4	49009	2,840	445	15.7	10	2.2	48001	594	143	24.1	**	**
49509	2,638	685	26.0	23	3.4	48021	2,121	545	25.7	12	2.2	48003	444	54	12.2	**	**
48706	2,474	537	21.7	18	3.4	48911	3,760	1,152	30.6	25	2.2	48006	183	43	23.5	**	**
48074	828	181	21.9	6	3.3	48236	1,905	286	15.0	6	2.1	48009	1,776	311	17.5	**	**
48915	892	248	27.8	8	3.2	48336	1,733	361	20.8	7	1.9	48014	377	74	19.6	**	**
49341	2,874	220	7.7	7	3.2	48458	1,706	361	21.2	7	1.9	48015	438	137	31.3	**	**
48223	1,933	736	38.1	23	3.1	48423	1,968	368	18.7	7	1.9	48023	207	49	23.7	**	**
48375	1,293	288	22.3	9	3.1	48917	1,567	370	23.6	7	1.9	48025	790	144	18.2	**	**
48506	2,426	600	24.7	18	3.0	49684	3,194	581	18.2	10	1.7	48026	885	165	18.6	**	**
49519	2,467	474	19.2	14	3.0	48126	5,466	1,446	26.5	24	1.7	48032	171	32	18.7	**	**
49321	1,375	271	19.7	8	3.0	48089	2,548	687	27.0	11	1.6	48033	931	317	34.0	**	**
48219	3,765	1,336	35.5	39	2.9	48091	2,604	641	24.6	10	1.6	48034	1,082	258	23.8	**	**
48910	2,900	841	29.0	24	2.9	48146	3,273	1,028	31.4	16	1.6	48036	1,481	286	19.3	**	**
48342	1,840	566	30.8	16	2.8	48507	2,915	836	28.7	13	1.6	48038	2,458	409	16.6	**	**
48529	829	213	25.7	6	2.8	48141	2,601	708	27.2	11	1.6	48039	475	94	19.8	**	**
49686	1,794	497	27.7	14	2.8	48197	5,012	794	15.8	12	1.5	48040	645	108	16.7	**	**
49037	2,049	478	23.3	13	2.7	48071	2,132	492	23.1	7	1.4	48041	254	36	14.2	**	**
48603	1,458	370	25.4	10	2.7	48127	3,330	730	21.9	10	1.4	48042	2,100	243	11.6	**	**
48505	1,776	596	33.6	16	2.7	48237	2,259	588	26.0	8	1.4	48044	4,808	519	10.8	**	**
49004	1,403	225	16.0	6	2.7	48035	2,760	442	16.0	6	1.4	48047	2,840	383	13.5	**	**
48446	1,814	308	17.0	8	2.6	48183	2,663	524	19.7	7	1.3	48048	689	108	15.7	**	**
48188	3,597	426	11.8	11	2.6	48239	3,000	646	21.5	8	1.2	48051	1,412	183	13.0	**	**

	Population Under	Child Test		BLL ≥5 any samples [‡]			Population Under	er Tested		BLL ≥5 any samples ‡			Population Under	Child Test		BLL any sai	. ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48059	966	192	19.9	**	**	48120	722	339	47.0	**	**	48191	374	34	9.1	**	**
48062	656	114	17.4	**	**	48122	938	328	35.0	**	**	48192	1,441	357	24.8	**	**
48063	221	45	20.4	**	**	48124	2,120	381	18.0	**	**	48193	1,227	238	19.4	**	**
48065	561	87	15.5	**	**	48125	1,713	365	21.3	**	**	48195	1,568	459	29.3	**	**
48067	1,421	296	20.8	**	**	48128	1,037	165	15.9	**	**	48225	970	243	25.1	**	**
48072	1,184	205	17.3	**	**	48130	1,149	55	4.8	**	**	48226	93	37	39.8	**	**
48073	2,047	417	20.4	**	**	48134	1,505	315	20.9	**	**	48240	1,322	349	26.4	**	**
48075	1,330	430	32.3	**	**	48135	2,001	345	17.2	**	**	48302	611	121	19.8	**	**
48076	1,439	399	27.7	**	**	48144	626	54	8.6	**	**	48306	1,844	117	6.3	**	**
48079	611	130	21.3	**	**	48145	237	21	8.9	**	**	48307	3,399	311	9.1	**	**
48080	1,366	241	17.6	**	**	48150	1,867	293	15.7	**	**	48309	1,684	148	8.8	**	**
48081	979	177	18.1	**	**	48152	1,750	308	17.6	**	**	48310	2,759	740	26.8	**	**
48082	1,083	116	10.7	**	**	48154	1,896	298	15.7	**	**	48312	1,899	435	22.9	**	**
48083	1,743	271	15.5	**	**	48158	405	46	11.4	**	**	48314	1,308	229	17.5	**	**
48085	1,383	206	14.9	**	**	48159	180	28	15.6	**	**	48315	1,297	184	14.2	**	**
48088	1,455	260	17.9	**	**	48160	617	88	14.3	**	**	48316	1,664	200	12.0	**	**
48092	1,637	431	26.3	**	**	48161	1,876	304	16.2	**	**	48317	1,873	379	20.2	**	**
48093	1,509	335	22.2	**	**	48162	2,197	292	13.3	**	**	48320	307	57	18.6	**	**
48094	1,228	150	12.2	**	**	48165	417	107	25.7	**	**	48322	1,750	287	16.4	**	**
48097	312	90	28.8	**	**	48166	1,125	154	13.7	**	**	48324	980	152	15.5	**	**
48101	1,576	362	23.0	**	**	48167	1,311	211	16.1	**	**	48328	1,999	315	15.8	**	**
48103	3,312	370	11.2	**	**	48168	1,364	129	9.5	**	**	48329	1,234	237	19.2	**	**
48104	1,271	138	10.9	**	**	48170	2,461	179	7.3	**	**	48334	910	227	24.9	**	**
48105	2,214	161	7.3	**	**	48173	818	141	17.2	**	**	48346	1,440	191	13.3	**	**
48108	1,730	267	15.4	**	**	48178	2,292	266	11.6	**	**	48350	512	63	12.3	**	**
48111	3,078	559	18.2	**	**	48182	1,588	194	12.2	**	**	48353	491	36	7.3	**	**
48116	1,578	115	7.3	**	**	48186	2,305	525	22.8	**	**	48359	667	121	18.1	**	**
48118	797	88	11.0	**	**	48187	3,333	436	13.1	**	**	48362	1,205	126	10.5	**	**

	Population Under	Child Test		BLL ≥5 any samples [‡]			Population Under	Children Tested		BLL ≥5 any samples ‡			Population Under	Child Test		BLL any sai	_ ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48367	220	22	10.0	**	**	48454	94	12	12.8	**	**	48655	396	74	18.7	**	**
48371	1,625	173	10.6	**	**	48455	452	50	11.1	**	**	48657	411	41	10.0	**	**
48374	1,141	176	15.4	**	**	48457	549	106	19.3	**	**	48658	255	73	28.6	**	**
48377	1,229	296	24.1	**	**	48461	556	90	16.2	**	**	48659	219	53	24.2	**	**
48381	864	127	14.7	**	**	48467	62	23	37.1	**	**	48723	744	206	27.7	**	**
48386	1,079	134	12.4	**	**	48471	302	54	17.9	**	**	48726	434	69	15.9	**	**
48390	1,445	249	17.2	**	**	48472	213	17	8.0	**	**	48730	248	31	12.5	**	**
48393	1,365	265	19.4	**	**	48473	1,385	297	21.4	**	**	48732	468	134	28.6	**	**
48412	395	54	13.7	**	**	48475	168	15	8.9	**	**	48733	76	30	39.5	**	**
48413	546	81	14.8	**	**	48502	20	15	75.0	**	**	48735	31	8	25.8	**	**
48416	348	59	17.0	**	**	48509	469	97	20.7	**	**	48737	57	9	15.8	**	**
48418	287	44	15.3	**	**	48519	512	108	21.1	**	**	48740	84	9	10.7	**	**
48419	183	25	13.7	**	**	48532	1,335	400	30.0	**	**	48742	46	7	15.2	**	**
48420	1,261	272	21.6	**	**	48604	755	142	18.8	**	**	48748	48	13	27.1	**	**
48421	366	66	18.0	**	**	48607	67	25	37.3	**	**	48759	175	45	25.7	**	**
48422	420	64	15.2	**	**	48609	586	123	21.0	**	**	48768	651	142	21.8	**	**
48427	213	15	7.0	**	**	48612	549	115	20.9	**	**	48801	977	173	17.7	**	**
48429	311	118	37.9	**	**	48614	73	13	17.8	**	**	48811	333	57	17.1	**	**
48433	2,049	312	15.2	**	**	48616	649	95	14.6	**	**	48817	355	126	35.5	**	**
48436	200	38	19.0	**	**	48618	344	33	9.6	**	**	48818	172	37	21.5	**	**
48437	17	**	**	**	**	48624	1,007	180	17.9	**	**	48823	2,142	363	16.9	**	**
48439	3,103	533	17.2	**	**	48625	812	174	21.4	**	**	48824	*	**		**	**
48442	1,383	214	15.5	**	**	48626	288	55	19.1	**	**	48827	1,513	152	10.0	**	**
48444	612	120	19.6	**	**	48638	1,258	200	15.9	**	**	48829	222	53	23.9	**	**
48449	96	61	63.5	**	**	48642	2,449	205	8.4	**	**	48831	188	44	23.4	**	**
48450	141	26	18.4	**	**	48650	387	68	17.6	**	**	48836	1,265	121	9.6	**	**
48451	1,096	138	12.6	**	**	48652	58	10	17.2	**	**	48837	1,291	121	9.4	**	**
48453	402	52	12.9	**	**	48653	445	62	13.9	**	**	48838	1,469	252	17.2	**	**

	Population Under	Child Test			. ≥5 mples [‡]		Population Under	Child Test	ted		L ≥5 mples [‡]		Population Under	Child Test	ed	BLL any sai	. ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
48840	604	110	18.2	**	**	49011	135	25	18.5	**	**	49082	557	73	13.1	**	**
48842	1,605	293	18.3	**	**	49013	390	62	15.9	**	**	49083	469	66	14.1	**	**
48845	59	12	20.3	**	**	49021	485	74	15.3	**	**	49085	1,588	87	5.5	**	**
48848	403	71	17.6	**	**	49024	2,643	293	11.1	**	**	49087	396	46	11.6	**	**
48850	330	52	15.8	**	**	49026	103	17	16.5	**	**	49088	225	44	19.6	**	**
48854	1,235	234	18.9	**	**	49028	522	86	16.5	**	**	49090	995	121	12.2	**	**
48857	199	25	12.6	**	**	49029	137	15	10.9	**	**	49096	175	26	14.9	**	**
48858	2,632	417	15.8	**	**	49030	243	29	11.9	**	**	49098	553	53	9.6	**	**
48860	145	14	9.7	**	**	49031	452	47	10.4	**	**	49099	396	70	17.7	**	**
48861	192	11	5.7	**	**	49032	280	37	13.2	**	**	49102	45	8	17.8	**	**
48864	1,369	153	11.2	**	**	49038	487	56	11.5	**	**	49103	688	135	19.6	**	**
48865	54	31	57.4	**	**	49042	292	84	28.8	**	**	49106	273	23	8.4	**	**
48866	306	75	24.5	**	**	49043	286	37	12.9	**	**	49113	112	20	17.9	**	**
48875	847	113	13.3	**	**	49045	519	84	16.2	**	**	49126	66	21	31.8	**	**
48876	310	37	11.9	**	**	49053	541	94	17.4	**	**	49128	281	30	10.7	**	**
48878	140	21	15.0	**	**	49055	342	62	18.1	**	**	49130	151	16	10.6	**	**
48879	1,282	150	11.7	**	**	49060	75	20	26.7	**	**	49220	124	29	23.4	**	**
48880	583	99	17.0	**	**	49064	228	37	16.2	**	**	49227	109	21	19.3	**	**
48881	513	64	12.5	**	**	49065	340	47	13.8	**	**	49228	363	46	12.7	**	**
48884	188	49	26.1	**	**	49067	213	37	17.4	**	**	49229	188	27	14.4	**	**
48886	128	33	25.8	**	**	49068	927	123	13.3	**	**	49232	250	49	19.6	**	**
48888	445	98	22.0	**	**	49071	573	62	10.8	**	**	49235	193	22	11.4	**	**
48890	200	23	11.5	**	**	49072	229	36	15.7	**	**	49236	374	30	8.0	**	**
48893	457	45	9.8	**	**	49073	330	52	15.8	**	**	49240	624	83	13.3	**	**
48895	710	103	14.5	**	**	49076	216	27	12.5	**	**	49241	177	39	22.0	**	**
49002	1,640	210	12.8	**	**	49078	422	104	24.6	**	**	49245	477	48	10.1	**	**
49006	1,388	304	21.9	**	**	49079	1,076	99	9.2	**	**	49248	34	9	26.5	**	**
49008	907	172	19.0	**	**	49080	929	171	18.4	**	**	49249	134	41	30.6	**	**

	Population Under	Child Test			. ≥5 mples [‡]		Population Under	Child Test			. ≥5 mples [‡]		Population Under	Child Test		BLL any sai	. ≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49250	424	115	27.1	**	**	49331	1,229	164	13.3	**	**	49464	2,346	271	11.6	**	**
49251	297	109	36.7	**	**	49333	1,165	74	6.4	**	**	49512	1,417	314	22.2	**	**
49252	217	48	22.1	**	**	49337	907	91	10.0	**	**	49525	1,845	246	13.3	**	**
49253	59	31	52.5	**	**	49338	172	14	8.1	**	**	49544	620	133	21.5	**	**
49254	80	55	68.8	**	**	49343	487	56	11.5	**	**	49546	2,077	381	18.3	**	**
49264	143	29	20.3	**	**	49344	277	27	9.7	**	**	49601	1,579	179	11.3	**	**
49265	222	33	14.9	**	**	49345	1,097	202	18.4	**	**	49612	69	14	20.3	**	**
49266	154	40	26.0	**	**	49348	974	79	8.1	**	**	49621	139	33	23.7	**	**
49268	61	14	23.0	**	**	49401	1,301	65	5.0	**	**	49629	110	17	15.5	**	**
49269	316	72	22.8	**	**	49402	80	13	16.3	**	**	49631	385	70	18.2	**	**
49270	286	46	16.1	**	**	49404	728	67	9.2	**	**	49633	185	33	17.8	**	**
49271	238	42	17.6	**	**	49405	83	13	15.7	**	**	49635	171	42	24.6	**	**
49274	334	58	17.4	**	**	49410	166	24	14.5	**	**	49637	295	65	22.0	**	**
49279	29	7	24.1	**	**	49412	782	108	13.8	**	**	49639	190	28	14.7	**	**
49284	204	36	17.6	**	**	49417	2,114	443	21.0	**	**	49640	37	23	62.2	**	**
49286	751	101	13.4	**	**	49418	1,887	246	13.0	**	**	49645	94	28	29.8	**	**
49287	104	6	5.8	**	**	49426	3,315	197	5.9	**	**	49646	666	82	12.3	**	**
49301	1,607	140	8.7	**	**	49440†	74	21	28.4	**	**	49648	69	16	23.2	**	**
49302	814	62	7.6	**	**	49445	1,263	180	14.3	**	**	49649	486	120	24.7	**	**
49304	186	56	30.1	**	**	49446	239	36	15.1	**	**	49651	514	69	13.4	**	**
49307	969	118	12.2	**	**	49450	231	81	35.1	**	**	49663	519	50	9.6	**	**
49315	1,619	124	7.7	**	**	49451	564	65	11.5	**	**	49676	157	43	27.4	**	**
49316	2,014	122	6.1	**	**	49453	138	23	16.7	**	**	49677	629	84	13.4	**	**
49318	104	31	29.8	**	**	49455	345	118	34.2	**	**	49682	295	63	21.4	**	**
49322	84	10	11.9	**	**	49456	1,126	231	20.5	**	**	49690	176	81	46.0	**	**
49323	916	61	6.7	**	**	49457	806	159	19.7	**	**	49696	*	12		**	**
49329	556	115	20.7	**	**	49459	118	32	27.1	**	**	49707	1,324	204	15.4	**	**
49330	531	107	20.2	**	**	49460	447	83	18.6	**	**	49715	219	37	16.9	**	**

	Population Under	Child Test			. ≥5 mples [‡]		Population Under	Child Test			. ≥5 mples [‡]		Population Under	Child Test		BLI any sai	_≥5 mples [‡]
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49719	83	18	21.7	**	**	Unknown		107		**	**	48179	180	34	18.9	0	0
49721	720	125	17.4	**	**	48002	184	16	8.7	0	0	48184	1,155	273	23.6	0	0
49727	436	91	20.9	**	**	48005	231	25	10.8	0	0	48189	931	91	9.8	0	0
49733	161	15	9.3	**	**	48017	695	149	21.4	0	0	48243	*	**		0	0
49759	57	11	19.3	**	**	48022	220	31	14.1	0	0	48301	1,058	133	12.6	0	0
49774	68	13	19.1	**	**	48027	234	41	17.5	0	0	48304	949	120	12.6	0	0
49783	1,464	208	14.2	**	**	48028	28	**	**	0	0	48313	1,926	408	21.2	0	0
49807	212	21	9.9	**	**	48045	1,084	205	18.9	0	0	48323	1,033	135	13.1	0	0
49821	56	18	32.1	**	**	48049	327	53	16.2	0	0	48327	1,507	238	15.8	0	0
49837	596	94	15.8	**	**	48050	74	11	14.9	0	0	48331	1,173	192	16.4	0	0
49841	434	104	24.0	**	**	48054	302	55	18.2	0	0	48348	1,469	255	17.4	0	0
49847	64	13	20.3	**	**	48064	327	56	17.1	0	0	48356	511	47	9.2	0	0
49849	1,002	101	10.1	**	**	48069	126	34	27.0	0	0	48357	622	41	6.6	0	0
49854	398	66	16.6	**	**	48070	496	82	16.5	0	0	48360	839	84	10.0	0	0
49862	208	40	19.2	**	**	48095	306	44	14.4	0	0	48363	319	30	9.4	0	0
49866	550	41	7.5	**	**	48096	119	26	21.8	0	0	48370	66	6	9.1	0	0
49884	35	10	28.6	**	**	48098	1,068	137	12.8	0	0	48380	317	27	8.5	0	0
49895	48	**	**	**	**	48114	1,153	90	7.8	0	0	48382	1,627	188	11.6	0	0
49896	167	37	22.2	**	**	48117	596	83	13.9	0	0	48383	829	125	15.1	0	0
49911	179	31	17.3	**	**	48131	401	65	16.2	0	0	48401	81	**	**	0	0
49922	56	17	30.4	**	**	48133	590	55	9.3	0	0	48414	268	30	11.2	0	0
49930	500	133	26.6	**	**	48137	287	30	10.5	0	0	48415	666	130	19.5	0	0
49935	235	63	26.8	**	**	48138	387	69	17.8	0	0	48417	219	29	13.2	0	0
49938	411	95	23.1	**	**	48140	100	28	28.0	0	0	48426	56	**	**	0	0
49945	178	32	18.0	**	**	48157	100	13	13.0	0	0	48428	206	31	15.0	0	0
49946	316	96	30.4	**	**	48164	458	90	19.7	0	0	48432	62	**	**	0	0
49968	86	23	26.7	**	**	48169	1,135	86	7.6	0	0	48435	146	24	16.4	0	0
49971	**	**	**	**	**	48176	1,146	108	9.4	0	0	48438	370	54	14.6	0	0

	Population Under	Child Test	:ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ed	any sa	. ≥5 mples [‡]		Population Under	Child Test	ed	any sai	
Zip Code	Age Six	N **	**	N	%	Zip Code	Age Six	N	47.0	N	%	Zip Code	Age Six	N	%	N	%
48440	34			0	0	48635	53	9	17.0	0	0	48745	83	7	8.4	0	0
48441	250	40	16.0	0	0	48636	24	9	37.5	0	0	48746	638	113	17.7	0	0
48445	85	21	24.7	0	0	48637	246	23	9.3	0	0	48747	65	16	24.6	0	0
48456	45	9	20.0	0	0	48640	1,995	190	9.5	0	0	48749	65	23	35.4	0	0
48460	181	42	23.2	0	0	48647	283	57	20.1	0	0	48754	58	14	24.1	0	0
48462	609	121	19.9	0	0	48649	37	17	45.9	0	0	48755	171	26	15.2	0	0
48463	129	47	36.4	0	0	48651	197	47	23.9	0	0	48756	262	50	19.1	0	0
48464	230	17	7.4	0	0	48654	159	15	9.4	0	0	48757	331	56	16.9	0	0
48465	55	**	**	0	0	48656	133	29	21.8	0	0	48760	46	23	50.0	0	0
48466	107	16	15.0	0	0	48661	725	79	10.9	0	0	48761	12	**	**	0	0
48468	34	**	**	0	0	48662	62	14	22.6	0	0	48762	43	6	14.0	0	0
48469	16	12	75.0	0	0	48701	57	21	36.8	0	0	48763	289	52	18.0	0	0
48470	13	**	**	0	0	48703	125	27	21.6	0	0	48765	21	6	28.6	0	0
48610	124	41	33.1	0	0	48705	22	**	**	0	0	48766	65	16	24.6	0	0
48611	503	50	9.9	0	0	48720	25	15	60.0	0	0	48767	103	20	19.4	0	0
48613	101	18	17.8	0	0	48721	**	**	**	0	0	48770	144	20	13.9	0	0
48615	194	34	17.5	0	0	48722	308	40	13.0	0	0	48806	49	11	22.4	0	0
48617	807	112	13.9	0	0	48725	89	17	19.1	0	0	48807	68	10	14.7	0	0
48619	34	**	**	0	0	48727	95	13	13.7	0	0	48808	356	58	16.3	0	0
48621	45	17	37.8	0	0	48728	18	**	**	0	0	48815	157	21	13.4	0	0
48622	323	67	20.7	0	0	48729	68	21	30.9	0	0	48819	187	30	16.0	0	0
48623	837	110	13.1	0	0	48731	137	27	19.7	0	0	48820	1,234	136	11.0	0	0
48628	122	10	8.2	0	0	48734	384	53	13.8	0	0	48821	416	25	6.0	0	0
48629	373	68	18.2	0	0	48738	61	10	16.4	0	0	48822	198	12	6.1	0	0
48631	234	45	19.2	0	0	48739	177	26	14.7	0	0	48825	*	**		0	0
48632	228	69	30.3	0	0	48741	105	17	16.2	0	0	48832	98	13	13.3	0	0
48633	15	**	**	0	0	48743	*	**		0	0	48834	142	26	18.3	0	0
48634	393	44	11.2	0	0	48744	161	66	41.0	0	0	48835	190	16	8.4	0	0

	Population Under	Child Test	:ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ted	any sa	. ≥5 mples [‡]		Population Under	Child Test	ed	any sai	
Zip Code	Age Six	N	45.0	N	%	Zip Code	Age Six	N 12	%	N	%	Zip Code	Age Six	N	% 40.7	N	%
48841	69	11	15.9	0	0	49050	84	12	14.3	0	0	49267	233	25	10.7	0	0
48843	2,887	276	9.6	0	0	49051	63	16	25.4	0	0	49272	117	33	28.2	0	0
48847	302	58	19.2	0	0	49052	46	12	26.1	0	0	49276	83			0	0
48849	440	65	14.8	0	0	49056	220	66	30.0	0	0	49277	281	37	13.2	0	0
48851	293	36	12.3	0	0	49061	51	14	27.5	0	0	49282	11	6	54.5	0	0
48853	49	16	32.7	0	0	49066	51	8	15.7	0	0	49283	164	49	29.9	0	0
48855	994	83	8.4	0	0	49070	288	24	8.3	0	0	49285	352	82	23.3	0	0
48856	90	16	17.8	0	0	49089	111	18	16.2	0	0	49288	168	37	22.0	0	0
48870	10	**	**	0	0	49092	151	11	7.3	0	0	49289	17	**	**	0	0
48871	142	12	8.5	0	0	49094	319	39	12.2	0	0	49303	91	13	14.3	0	0
48873	89	**	**	0	0	49095	100	11	11.0	0	0	49305	150	18	12.0	0	0
48874	12	**	**	0	0	49097	666	75	11.3	0	0	49306	722	55	7.6	0	0
48877	131	31	23.7	0	0	49101	179	24	13.4	0	0	49309	102	15	14.7	0	0
48883	403	61	15.1	0	0	49111	198	61	30.8	0	0	49310	205	19	9.3	0	0
48885	52	13	25.0	0	0	49112	740	54	7.3	0	0	49312	**	**	**	0	0
48889	86	11	12.8	0	0	49117	164	16	9.8	0	0	49325	111	6	5.4	0	0
48891	108	35	32.4	0	0	49125	105	9	8.6	0	0	49326	244	44	18.0	0	0
48892	409	88	21.5	0	0	49127	716	42	5.9	0	0	49327	667	92	13.8	0	0
48894	172	18	10.5	0	0	49129	27	**	**	0	0	49328	322	21	6.5	0	0
48896	36	**	**	0	0	49230	540	87	16.1	0	0	49332	188	22	11.7	0	0
48897	60	12	20.0	0	0	49233	183	29	15.8	0	0	49336	313	38	12.1	0	0
48933	93	37	39.8	0	0	49234	116	41	35.3	0	0	49339	184	21	11.4	0	0
49012	167	24	14.4	0	0	49237	223	47	21.1	0	0	49340	199	33	16.6	0	0
49027	12	**	**	0	0	49238	230	19	8.3	0	0	49342	196	8	4.1	0	0
49033	137	10	7.3	0	0	49246	212	46	21.7	0	0	49346	309	26	8.4	0	0
49034	205	25	12.2	0	0	49255	219	16	7.3	0	0	49347	80	17	21.3	0	0
49040	393	27	6.9	0	0	49259	127	23	18.1	0	0	49349	453	74	16.3	0	0
49046	306	60	19.6	0	0	49262	94	20	21.3	0	0	49403	101	63	62.4	0	0

	Population Under	Child Test	:ed	any sa	L ≥5 mples [‡]		Population Under	Child Test	ed:	any sa	. ≥5 mples [‡]		Population Under	Child Test	ed	any sar	
Zip Code	Age Six	N 10	% 25.0	N	%	Zip Code	Age Six	N **	%	N	%	Zip Code	Age Six	N **	**	N	%
49411	72	18	25.0	0	0	49636		**	**	0	0	49710	7			0	0
49415	377	73	19.4	0	0	49638	30			0	0	49712	547	86	15.7	0	0
49421	446	40	9.0	0	0	49642	21	8	38.1	0	0	49713	152	24 **	15.8	0	0
49425	446	42	9.4	0	0	49643	453	122	26.9	0	0	49716	17			0	0
49428	2,010	120	6.0	0	0	49644	54	9	16.7	0	0	49718	37	6	16.2	0	0
49435	222	23	10.4	0	0	49650	307	69	22.5	0	0	49720	540	69	12.8	0	0
49436	114	18	15.8	0	0	49653	40	31	77.5	0	0	49722	19	**	**	0	0
49437	476	68	14.3	0	0	49654	7	**	**	0	0	49724	65	13	20.0	0	0
49448	312	51	16.3	0	0	49655	215	27	12.6	0	0	49726	17	**	**	0	0
49449	75	26	34.7	0	0	49656	105	15	14.3	0	0	49728	7	**	**	0	0
49452	109	34	31.2	0	0	49657	328	32	9.8	0	0	49729	65	10	15.4	0	0
49461	579	82	14.2	0	0	49659	399	120	30.1	0	0	49730	125	25	20.0	0	0
49611	24	11	45.8	0	0	49664	131	29	22.1	0	0	49735	1,389	206	14.8	0	0
49613	16	6	37.5	0	0	49665	272	54	19.9	0	0	49736	28	**	**	0	0
49614	109	26	23.9	0	0	49667	13	**	**	0	0	49738	463	62	13.4	0	0
49615	206	39	18.9	0	0	49668	273	51	18.7	0	0	49740	301	37	12.3	0	0
49616	103	33	32.0	0	0	49670	89	**	**	0	0	49743	35	**	**	0	0
49617	149	39	26.2	0	0	49675	94	**	**	0	0	49744	16	8	50.0	0	0
49618	65	**	**	0	0	49679	82	14	17.1	0	0	49745	52	20	38.5	0	0
49619 [†]	65	15	23.1	0	0	49680	129	20	15.5	0	0	49746	166	27	16.3	0	0
49620	248	49	19.8	0	0	49683	125	23	18.4	0	0	49747	63	9	14.3	0	0
49622	187	23	12.3	0	0	49685	*	27		0	0	49748	7	**	**	0	0
49623	50	12	24.0	0	0	49688	189	15	7.9	0	0	49749	165	35	21.2	0	0
49625	53	17	32.1	0	0	49689	61	14	23.0	0	0	49751	79	16	20.3	0	0
49626	10	**	**	0	0	49701	32	7	21.9	0	0	49752	23	7	30.4	0	0
49628	9	**	**	0	0	49705	144	6	4.2	0	0	49753	103	16	15.5	0	0
49630	20	9	45.0	0	0	49706	301	60	19.9	0	0	49755	125	21	16.8	0	0
49632	96	6	6.3	0	0	49709	157	26	16.6	0	0	49756	177	22	12.4	0	0

7	Population Under	Child Test	ted	any sa	L ≥5 mples [‡]	7:	Population Under	Child Test	ted	any sa	. ≥5 mples [‡]		Population Under	Child Test	ed	any sai	
Zip Code 49757	Age Six	N **	% **	N 0	0	Zip Code 49817	Age Six	N 8	% 26.7	N 0	% 0	Zip Code 49885	Age Six 131	N 11	% 8.4	N 0	% 0
49760	11	10	90.9	0	0	49818	57	**	**	0	0	49886	57	**	**	0	0
49762	11	**	**	0	0	49820	**	**	**	0	0	49887	114	17	14.9	0	0
49765	246	22	8.9	0	0	49825	15	**	**	0	0	49891	19	**	**	0	0
49766	161	13	8.1	0	0	49827	61	10	16.4	0	0	49892	81	10	12.3	0	0
49768	29	**	**	0	0	49831	50	**	**	0	0	49893	59	14	23.7	0	0
49769	87	26	29.9	0	0	49834	17	**	**	0	0	49894	17	14	82.4	0	0
49770	1,144	172	15.0	0	0	49835	54	7	13.0	0	0	49901	14	**	**	0	0
49775	*	**		0	0	49836	38	11	28.9	0	0	49905	192	50	26.0	0	0
49776	88	11	12.5	0	0	49838	20	6	30.0	0	0	49908	125	53	42.4	0	0
49777	66	**	**	0	0	49840	49	**	**	0	0	49912	23	**	**	0	0
49779	198	51	25.8	0	0	49848	**	**	**	0	0	49915	35	**	**	0	0
49780	117	18	15.4	0	0	49852	8	**	**	0	0	49916	157	50	31.8	0	0
49781	219	49	22.4	0	0	49853	65	15	23.1	0	0	49917	37	**	**	0	0
49782	14	**	**	0	0	49861	21	**	**	0	0	49919	20	**	**	0	0
49788	494	70	14.2	0	0	49863	6	**	**	0	0	49920	286	36	12.6	0	0
49791	11	**	**	0	0	49864	7	**	**	0	0	49921	*	**		0	0
49795	127	24	18.9	0	0	49868	313	69	22.0	0	0	49925	15	**	**	0	0
49796	**	**	**	0	0	49870	142	30	21.1	0	0	49927	32	**	**	0	0
49799	143	19	13.3	0	0	49871	34	**	**	0	0	49931	386	106	27.5	0	0
49801	752	87	11.6	0	0	49872	12	**	**	0	0	49934	117	10	8.5	0	0
49802	426	58	13.6	0	0	49873	10	**	**	0	0	49947	7	**	**	0	0
49805	*	**		0	0	49874	55	**	**	0	0	49948	24	11	45.8	0	0
49806	32	**	**	0	0	49876	14	6	42.9	0	0	49950	92	10	10.9	0	0
49812	71	**	**	0	0	49878	158	28	17.7	0	0	49952	*	**		0	0
49814	112	6	5.4	0	0	49879	42	**	**	0	0	49953	103	12	11.7	0	0
49815	11	**	**	0	0	49880	77	**	**	0	0	49955	30	9	30.0	0	0
49816	12	7	58.3	0	0	49881	9	**	**	0	0	49958	89	9	10.1	0	0

	Population Under	Child Tes			L ≥5 mples [‡]		Population Under	Child Test			L ≥5 mples [‡]		Population Under	Childr Teste		BLL any sar	
Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%	Zip Code	Age Six	N	%	N	%
49959	29	6	20.7	0	0	49963	96	23	24.0	0	0	49970	10	**	**	0	0
49960	**	**	**	0	0	49965	**	**	**	0	0	PO box		226		0	0
49961	**	**	**	0	0	49967	14	**	**	0	0	TOTAL	700,787	140,857	20.1	4,791	3.4
49962	**	**	**	0	0	49969	69	15	21 7	0	0						

^{*}Census data not available

Source: American Community Survey 2014 5-year estimates (population data), unless otherwise noted; MDHHS Data Warehouse (children tested and BLL statistics)

^{**} Values less six (not including zero) were suppressed to maintain confidentiality. Some numbers greater than or equal to six may have been suppressed to prevent back-calculation.

[†]Population data from 2010 Census

[‡]Reflects each child's highest venous result, or if no venous, highest capillary result, or if no venous or capillary, highest unknown test type result

BRANDING

Branding is our personality. It's the essence of our agency and is centered around our mission, vision and values.

It's the image we project to the community every day. Every communication, every action, ever interaction with the public and stakeholders helps form our brand. Each member of our staff is an integral part of maintaining a positive brand. Branding should drive our day-to-day efforts to create and deliver the best possible client experience. It's what community members, clients, policymakers, and other stakeholders think and say about us. It communicates what we stand for and what we provide the community that is unique and different from other organizations. It's our reputation!

A consistent brand will help us strengthen our culture, provide focus and energy, increase community partnerships, understand who we are, why we do what we do and how we make a difference.

THE BRANDING PROCESS

1 ENGAGE STAFF IN THE PROCESS/RECEIVE THEIR SUPPORT

Communicate with staff early and often the reasons behind the change.

2 PLANNING

- Determine why a rebranding effort is needed
- Determine objectives and goals
- Identify challenges
- What do we provide? What sets us apart?
- Research
 - a. Communications audit:
 - What are our current methods of communicating with the public?
 - b. Comprehensive list of all programs and services
 - c. Identify close community partners and examine why they are important and what we do for each other
 - d. Market research:
 - Examine logos, taglines and images of other health departments and other health organizations. How does our image compare?
 - e. Conduct external research:
 - Community partners, community foundations, funders, business leaders, local government, local and state officials, media, etc. What impressions and beliefs do they have about us? What do they perceive to be our strengths and weaknesses?
 - f. Conduct public research:
 - Is public aware of our programs and services? What are their needs? What is their impression of us?
 - g. Conduct internal research (staff and BOH):
 - What's our purpose? How do we make a difference? How can we make a bigger difference? Do our actions and attitude align with our mission, vision and values? What do we want to accomplish in the future?
 - h. Examine client satisfaction surveys:

This will help identify health priorities and needs of residents. How does public perceive us and where can we improve?

i. Who is our target audience:

(Demographics, interests, perceptions). Who do we serve and what do they want/need?

- 1. Community partners
- 2. Businesses
- 3. Clients/residents
- 4. Media
- 5. Health partners
- 6. Policymakers
- 7. Others?

3 BRAND/IDENTITY EXPLORATION

- Ask ourselves:
 - a. Do we consistently deliver programs and services important to community members, funders and other key stakeholders?
 - b. How can we position our agency as a trusted community leader and agent of change on public health issues affecting the community?
 - c. How can we become more valued by and visible to policymakers, funders, media and the public?
 - d. Are we delivering the promises we are making to our community? Are we evaluating our programs for effectiveness and reporting those results to the community?
- Examine how we currently communicate with public and identify new ways.
- Find out what is working and what isn't (SWOT Analysis):
 - a. Strengths: what do we do well?
 - b. Weaknesses: in what ways can we improve? Where are we lacking?
 - c. Opportunities: What new avenues can we use to promote and share our brand?
 - d. Threats: What external factors hinder the promotion of our agency?
- Define desired future:

How does the agency want employees, the public and key stakeholders to perceive us? What are our short-term and long-term goals?

- Vision statement: COMPLETE.
- Mission statement: COMPLETE. List and define values: COMPLETE (I CARE)
- Incorporate Strategic Plan: COMPLETE.
- Identity -who are we?

What qualities and characteristics do we want people to think of when they hear our name or visit our facilities? What feelings do we want people to have?

Internal culture:

How well do we function together? Do we know what others are doing and how each job benefits the agency? If our own employees don't like and value who we are, how can we expect the public to? A strong brand is built from the inside out.

 Affordable Care Act: How has it changed the way we do business? How do we have to change, what can we do differently to compete? How has our client base changed? Do we need to target others?

4 BRAND/IDENTIY DEVELOPMENT (Tools, strategies to consider)

- Name, logo and look: should reflect the vision, mission, values and core essence.
 - a. Name: Is our name hurting or helping?

- b. Logo: While a brand is much more than a logo, it is the visual reminder of who the agency is, what we do and what it stands for.
- c. Look: The logo, official font and color scheme needs to be defined and adhered to.
- Tagline or motto
- Providing excellent customer service:
 - Implement customer service trainings and create a customer service guide.
- Internal culture:

Building and maintaining a brand requires a long-term commitment by <u>every member</u> of the agency to present the agency in a positive manner. Employees are the face of the brand and carry out the mission daily through interaction with clients and community partners. A brand must be successful internally before it can be successful externally.

Website

By clearly stating our mission, vision and values, clients will know they'll be treated with respect and dignity. Community partners will know we're an agency that cares. Prospective employees will know our culture, what is to be expected of them and how much we value our workforce. Can help entice prospective employees, giving them the sense this is someplace they would like to work.

Brand personality:

Do our actions reflect our values? Clients and co-workers need to be treated with dignity and respect. We need to uphold the highest level of ethical standards. We need to provide the highest quality product, service and customer experience.

Are we/do we:

- a. Connect with the community
- b. Fiscally responsible
- c. Reliable health resource
- d. Care for the health and safety of our community
- e. Offer programs and services that address health concerns
- f. How do people perceive us?
- Appearance of facilities
- Dress code
- Quality programs and services: are we providing?
- Communications:
 - a. Educational/promotional material consistency
 - b. Templates: email signature, letterhead, etc.
 - c. Website
 - d. Social media
 - e. Campaign: a strategy should be developed that resonates with the public. Give our agency a voice that reflects our personality and values. Create a campaign to help introduce new look. Ideas include:
 - 1. Newspaper advertising
 - 2. Billboards
 - 3. Radio
 - 4. TV
 - 5. Direct mail- postcard- did you know?
 - 6. Social media
 - 7. Sponsorship: events, baseball teams, etc.
 - 8. Online advertising
 - 9. Earned (free) media: press releases, radio PSAs

10. Form good relationships with the media

Participation in community coalitions, committees, health fairs, conferences:
 Sends message we care and take action to address issues. Community partners are important to increasing our brand awareness. How well we collaborate with other organizations to meet common objectives greatly reflects our culture and increases positive opinions.

5 DRAFT AND FINALIZE BRAND DEVELOPMENT PLAN

- Determine objectives
- Creation of deliverables
- Develop Brand guidelines so staff can consistently and effectively deliver our message
- Develop Communications plan
- · Guidelines on framing our messages

6 FINAL APPROVAL FROM ADMIN STAFF

Management Team and Admin Staff will receive updates and have opportunity to give input/approval along the way

- 7 BOH APPROVAL
- 8 ROLL OUT TO STAFF at division meetings

9 IMPLEMENTATION/ PUBLIC LAUNCH STRATEGIES

- Building and maintaining a brand requires a long-term commitment by every member of the agency to present the agency in a positive manner. Employees are the face of the brand and carry out the mission daily through interaction with clients and community partners. A brand must be successful internally before it can be successful externally. Everyone must know, understand, and live the brand. Staff is critical to ensuring a positive experience by delivering consistently superior customer service. Employee engagement with community partners is also critical in supporting our brand or image. Partners can be strong allies for reinforcing the community's perception of us.
 - a. Hold internal meetings with all employees to educate everyone about the key elements of the brand and stress importance of adhering to the brand. Explain why it's important to present a unified front to the public and community partners. Stress importance of customer service. Stress how what we say and do has a direct result on public perception.
 - b.Integrate the brand into all communication materials
 - c. Integrate the brand into all internal quality improvement activities
 - d.the brand into communication channels: website, social media
 - e.Integrate the brand into written, visual and verbal communication
- Consistently use the brand in its entirety
- 10 **EVALUATION** after one year.

MID-MICHIGAN DISTRICT BOARD OF HEALTH

Action Items August 2017



- The BOH adopted the Monthly Healthy Living Recommendation for September 2017:
 - ✓ Learn how to spot a concussion and what to do if a concussion is suspected.
 - √ Model, expect, and reinforce safe and sportsmanlike play.
 - ✓ Encourage players to report symptoms of concussion and encourage teammates to support those sitting out of play if they have a concussion.

*Taken from Concussion at Play: Opportunities to Reshape the Culture Around Concussion.

- The BOH authorized the agency to offer a one-time retirement incentive up to \$16,000 to a Community Health and Education Division (CHED) employee. The amount is offset by the agency not having to pay unemployment costs of approximately \$5,000 for a laid-off employee.
- The BOH authorized an increase in the high-dose influenza vaccine fee to \$45.00, effective immediately to cover the increased cost of the vaccine.
- The BOH approved the agency's Local Appropriation Calculation Policy #449.0 outlining the formula to be used for county appropriations.



STAFFING CHANGES SEPTEMBER - 2017

AS

STATUS	POSITION	BRANCH OFFICE
	No changes	

CHED

STATUS	POSITION	BRANCH OFFICE
DIVISION TRANSFER	Courtney Beagle, FT P.H. Representative II, Clinton Branch Office, Environmental Health to Community Health and Education effective September 18, 2017	Clinton
STATUS CHANGE/ TRANSFER	Dena Kent, PT (0.7 FTE) to FT (1.0 FTE) P.H. Nurse II, Clinton Branch Office transfer to Montcalm Branch Office effective September 18, 2017	Montcalm
POSITION ELIMINATED	PT (0.7 FTE) P.H. Nurse I/II, Clinton Branch Office effective September 18, 2017	Clinton
RETIREMENT	Laura Grosskopf, FT P.H. Nurse II, Montcalm Branch Office effective September 29, 2017	Montcalm

EH

STATUS	POSITION	BRANCH OFFICE
VACANCY	FT E.H. Division Director, Main Office effective August 28, 2017	Main
STATUS CHANGE/ TRANSFER	Pauline Black, PT (0.6 FTE) to FT (1.0 FTE) P.H. Representative I, Gratiot Branch Office transfer to Clinton Branch Office effective October 1, 2017	Clinton
VACANCY	PT (0.6 FTE) P.H. Representative I/II, Gratiot Branch Office effective October 1, 2017	Gratiot