

# Mid-Michigan District Health Department Board of Health Annual Report



*Your public health experts; connecting with the  
community and exceeding expectations*

*Serving Clinton, Gratiot & Montcalm Counties*



# Mid-Michigan District Health Department

*Serving the residents of Clinton, Gratiot and Montcalm Counties for 42 years*

## OUR MISSION

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

## OUR VISION

Your public health experts; connecting with the community and exceeding expectations.

## OUR STAFF



Montcalm County Branch Office, Stanton



Gratiot County Branch Office, Ithaca



Clinton County Branch Office, St. Johns

# HEALTH OFFICER'S PERSPECTIVE

The Mid-Michigan District Board of Health is pleased to provide you with our 2008 Annual Report.

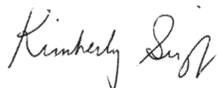
This report provides an overview of several selected health indicators and highlights the programs and services of the Environmental Health (EH) and Community Health & Education (CHED) Divisions. Health department staff works throughout the year to protect the public's health and enhance the quality of life for all residents in Clinton, Gratiot and Montcalm Counties.

This report also summarizes department priorities and accomplishments throughout the year. Our emphasis continues to focus on maximizing existing resources and seeking creative partnerships and funding opportunities to meet new challenges. Highlights for the year include:

- Implemented a new software program to automate restaurant inspections. Computer generated reports are now provided to facilities on-site at the time of inspection.
- Converted the Woman, Infant and Children (WIC) program paper food coupons to an electronic benefit card.
- Enhanced our All-Hazards and Strategic National Stockpile (SNS) plans to assure department readiness to respond to emergency events, including our ability to provide mass dispensing clinics for the public.
- Received grant funding from the Stanley and Blanche Ash, Greenville Area and Central Montcalm Community Foundations to support the relocation and expansion of the Stanton Dental Center to the Montcalm Area Career Center.
- In conjunction with community dentists, expanded efforts related school-based dental screening and sealant program.

In conclusion, the Mid-Michigan District Health Department will continue its efforts to enhance the health and well-being of the residents of the district by providing exceptional customer service, through strengthened community partnerships, and by actively responding to emerging issues. On behalf of the Board of Health and the many dedicated professionals who work at the health department, I encourage you to review this report. Please feel free to call me (989-831-3610) with questions, or e-mail me at [ksingh@mmdhd.org](mailto:ksingh@mmdhd.org). The Mid-Michigan District Health Department looks forward to continuing our work on the front line in making our communities healthier and appreciates your continued support.

Sincerely,



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



Kimberly Singh,  
M.A., C.H.E.S.  
Health Officer, Mid-Michigan  
District Health Department

*The Mid-Michigan District Health Department will continue its efforts to enhance the health and well-being of the residents of the district by providing exceptional customer service, through strengthened community partnerships and by actively responding to emerging issues.*



# 2008 BOARD OF HEALTH

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



*(front l-r) Carl Paepke, Marcia Walker, Health Officer Kimberly Singh, and Paul McNamara.  
(back l-r) Linton Chapin, Jack Enderle, Roger Cook, and Medical Director Dr. Robert Graham.*

#### **JACK A. ENDERLE (CLINTON COUNTY)**

Mr. Enderle is serving his second year on the Board of Health. He serves as a member of the Finance and Mid-Central Coordinating Committees. As Chairperson of the Personnel Committee, he presides at all negotiation meetings and presents recommended salary and benefit changes to the Board.

#### **PAUL E. MCNAMARA (CLINTON COUNTY)**

Mr. McNamara is serving his second year on the Board of Health. As Chairperson of the Board, he is responsible for preparing and/or approving meeting agendas and presiding at Board meetings. He also serves as a member of the Program and Public Health Emergency Committees. He is also a representative of the Michigan Association for Local Public Health (MALPH).

#### **LINTON CHAPIN (GRATIOT COUNTY)**

Mr. Chapin is serving his fourth year on the Board of Health. As Chairperson of the Program Committee, he is responsible for developing and presenting all proposed policies and program changes. He also serves as a member of the Personnel Committee.

#### **ROGER L. COOK (GRATIOT COUNTY)**

Mr. Cook is serving his second year on the Board of Health. He also serves as a member of the Finance, Mid-Central Coordinating and Public Health Emergency Committees.

#### **CARL PAEPKE (MONTCALM COUNTY)**

Mr. Paepke is serving his 14<sup>th</sup> year on the Board of Health and is Vice Chairperson. As Chairperson of the Finance Committee, he is responsible for developing and presenting the proposed annual budget for Board approval. He also serves as a member of the Program, Mid-Central Coordinating and Public Health Emergency Committees.

#### **MARCIA WALKER (MONTCALM COUNTY)**

Ms. Walker is serving her fourth year on the Board of Health. She serves as a member of the Personnel Committee.

#### **KIMBERLY SINGH, M.A., C.H.E.S. (HEALTH OFFICER)**

Ms. Singh is serving her 12<sup>th</sup> year as the agency's Health Officer. She is responsible for carrying out the policies of the Board of Health and overseeing the internal operations of the Health Department.

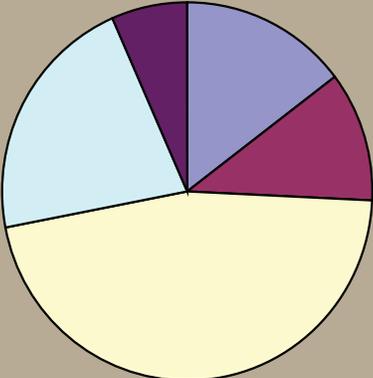
#### **ROBERT GRAHAM, D.O., M.P.H., F.A.A.F.P. (MEDICAL DIRECTOR)**

Dr. Graham is serving his 17<sup>th</sup> year as the Medical Director for the Mid-Michigan District Health Department and is also the Medical Director for the Central Michigan District Health Department. He is responsible for determining and directing medical policies and procedures.

# 2008 FINANCES

## REVENUES

State & Federal Funds .....	49%
Appropriations & County Funding .....	19%
Medicaid & Medicare .....	16%
Fees & Collections .....	12%
Other Funding .....	5%
<b>TOTAL REVENUES .....</b>	<b>\$7,177,491.58</b>



- State & Federal Funds
- Appropriations & County Funding
- Medicaid & Medicare
- Fees & Collections
- Other Funding

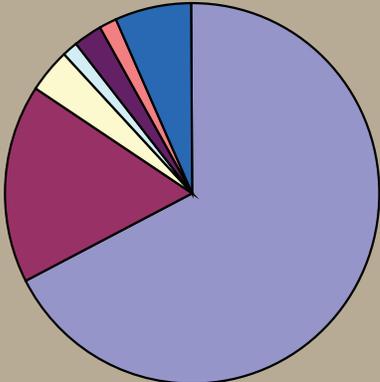
*The accounting and financial management of the health department's resources are overseen by the Administrative Services Division.*

*The financial management staff are responsible for complying with budgeting requirements and financial reporting for the various state and federal agencies that provide financial resources to the agency.*

## EXPENDITURES

Personnel .....	65%
Supplies .....	22%
Other .....	7%
Contractual .....	3%
Travel .....	3%
Communication .....	1%
Equipment .....	0%
<b>TOTAL EXPENDITURES .....</b>	<b>\$7,177,491.58</b>

- Personnel
- Supplies
- Other
- Contractual
- Travel
- Communication
- Equipment



# ENVIRONMENTAL HEALTH DIVISION



Bruce Du Hamel,  
R.S., M.S.A.  
Environmental Health  
Division Director

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

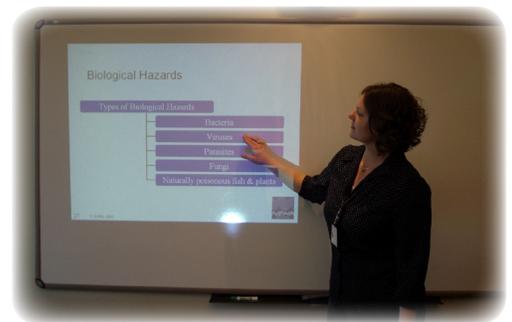
While the Division's primary mission remains to ensure a safe and healthy environment for the residents of Clinton, Gratiot and Montcalm Counties, the current challenge is how to do so efficiently and effectively, especially during these troubled economic times. As in past years, the Division continues to focus on educational efforts to meet its mission. The Division continually strives to promote a clean and healthy environment by offering educational seminars for septic system contractors, food certification classes for restaurant operators and owners as well as presentations at area schools.

**Register for Quality-** The biannual Register for Quality Sessions for septic installers/contractors doing business in the three counties was held during the winter of 2008. As required by the Health Department's Sanitary Regulations, contractors who are engaged in the business of installing or repairing septic systems must register with the Department. Registration sessions are educational in nature and include information regarding new technologies and procedures related to sewage disposal. Sessions also create an excellent venue for keeping the lines of communication open. In 2008 a total of 189 local installers and contractors participated in these sessions.



**Electronic Software Program-** In the summer of 2008, the Division implemented an electronic software program to assist with monitoring and inspecting area restaurants. With this enhanced technology, the Division is now able to monitor historical trends in restaurants and concentrate on efforts towards improving sanitary operations in problem facilities. In addition, computer-generated field reports are much easier for operators to read and interpret versus the previous handwritten reports.

**Food Certification Training-** For nearly two years now, the Division has been offering food certification training classes at each of the Department's three branch offices. The classes are intended to provide restaurant owners and managers training at an advanced level. Participants who successfully complete the training course are awarded a five-year certificate of achievement. The training curriculum is approved by the National Environmental Health Association as well as the Michigan Department of Agriculture. To date, 287 food service professionals have successfully completed the training and received certification.



In 2008, the Environmental Health Division provided service to 3,829 unduplicated clients or facilities throughout the district.

## FOOD PROGRAM

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

*Number of Services Provided (unduplicated)*

	Clinton	Gratiot	Montcalm	District
Advanced Food Training Classes	89	33	165	287
Food Service Inspections (Fixed)	399	279	427	1,105
Food Service Inspections (Temporary)	58	30	127	215
<b>TOTALS</b>	<b>546</b>	<b>342</b>	<b>719</b>	<b>1,607</b>

## WASTEWATER MANAGEMENT

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

*Number of Inspections and Permits Issued (unduplicated)*

	Clinton	Gratiot	Montcalm	District
On-Site Sewage Disposal Permits	101	54	216	371
Site Evaluations	59	27	40	126
Register for Quality	35	79	75	189
<b>TOTALS</b>	<b>195</b>	<b>160</b>	<b>331</b>	<b>686</b>

## ENVIRONMENTAL QUALITY

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

*Number of Clients Served (unduplicated)*

	Clinton	Gratiot	Montcalm	District
Campground Program	2	5	22	29
Family Independence Agency Inspections	34	19	36	89
Nuisance Complaint Investigations	18	23	89	130
Radon Test Kits Distributed	222	52	177	451
Public Swimming Pool Program	35	9	16	60
<b>TOTALS</b>	<b>311</b>	<b>108</b>	<b>340</b>	<b>759</b>

## SURFACE AND GROUNDWATER CONTROL

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

*Number of Clients Served (unduplicated)*

	Clinton	Gratiot	Montcalm	District
Ground Water Quality Control	119	107	334	560
Well Contaminate Monitoring	8	11	17	36
Septage Waste Haulers				
Trucks Inspected	13	6	16	35
Sites Inspected	3	3	15	21
Water System Evaluation	8	4	55	67
Sewage Disposal Evaluation	7	2	53	62
<b>TOTALS</b>	<b>158</b>	<b>133</b>	<b>490</b>	<b>781</b>



# COMMUNITY HEALTH & EDUCATION DIVISION



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

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

This division embraces its role as the provider of and advocate for public health in Clinton, Gratiot and Montcalm counties. Enhancing partnerships in the community is always at the forefront of this division's mission, and this has been especially true in 2008.

**Fluoride Varnish Program** - This is a collaborative project between Mid-Michigan District Health Department, Eight-Cap, Ionia County Health Department and Central Michigan District Health Department. The program, funded by a grant through the Michigan Department of Community Health (MDCH), involves providing oral health education and the application of fluoride varnish to Early Head Start and Head Start children in Gratiot, Montcalm, Ionia and Isabella counties (Clinton County has a program in place). This program, led by MMDHDs Oral Health Coordinator, provided services to 952 children in 2008.

**Montcalm County School Sealant Program** - The sealant program, which is a collaborative effort between MMDHD and local dentists, involves the provision of dental screenings and sealant placements for eligible second and sixth graders enrolled in the seven Montcalm area school districts. The program is funded through a grant from the Meijer Children's Health Care Fund, which is used to support partial funding of the Oral Health Coordinator and supplies. During the 07/08 school year, 132 students received sealants through the program.

**Women, Infants, and Children (WIC) Electronic Benefits Transfer (EBT)** - WIC staff rolled out the new EBT System on Monday, April 2008. EBT replaced the old printed food coupons with an electronic benefit, giving participants more flexibility in purchasing their WIC foods and reimbursing vendors more quickly. Following the initial training of participants in the use of the EBT card, staff reported an increase in clinic efficiency because benefits are downloaded electronically versus printing the coupons and having the client sign each coupon.

**WIC Food Dollars** - In addition to providing essential services to pregnant women and children in our district, the WIC program benefits the local grocery stores. Below are the total dollars spent on food in the district and by county.

	<u>Clinton</u>	<u>Gratiot</u>	<u>Montcalm</u>	<u>District</u>
2006/07	575,257	791,484	1,158,598	2,525,339
2005/06	555,656	764,515	1,119,119	2,439,290
2004/05	476,426	655,758	1,108,807	2,141,991
2003/04	438,381	626,507	905,794	1,970,682

**Rabies Prevention** - On June 4, 2008, MMDHD hosted a "Bite Fright" conference in Clinton County which provided information on ways to prevent exposure to animals known to carry rabies as well as post-exposure treatment. The target audience included staff from animal control, hospital emergency rooms, physician offices and local health departments. In all, 82 participants attended the training and evaluation results were very positive, as the majority of attendees rated the overall content as excellent.



In 2008, the Community Health and Education Division provided service to 42,320 unduplicated individuals and families.

## MATERNAL & CHILD HEALTH PROGRAMS

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

	<i>Number of Clients Served (unduplicated)</i>			
	Clinton	Gratiot	Montcalm	District
Hearing Screenings (# conducted)	3,073	2,546	3,596	9,215
Vision Screenings (# conducted)	4,375	4,617	5,555	14,547
Children's Special Health Care	209	182	283	671
Family Planning Services	514	796	1,036	2,320
Women, Infants & Children Program	1,132	1,469	2,104	4,705
Maternal Support Services	N/A	178	N/A	178
Infant Support Services	N/A	136	N/A	136
Early On	N/A	220	N/A	220
<b>TOTALS</b>	<b>9,303</b>	<b>10,144</b>	<b>12,574</b>	<b>32,021</b>

## CHRONIC DISEASE CONTROL PROGRAMS

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

	<i>Number of Clients Served (unduplicated)</i>			
	Clinton	Gratiot	Montcalm	District
Breast & Cervical Cancer Control	96	115	31	242
Lead Poisoning Screening	127	154	347	628
<b>TOTALS</b>	<b>223</b>	<b>269</b>	<b>378</b>	<b>870</b>

## COMMUNICABLE DISEASE CONTROL PROGRAMS

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

	<i>Number of Clients Served (unduplicated)</i>			
	Clinton	Gratiot	Montcalm	District
Communicable Disease Control	217	263	316	796
HIV Counseling/Testing	21	40	95	156
Immunizations	1,127	1,720	1,455	4,283
Sexually Transmitted Disease Control	291	438	559	1,283
<b>TOTALS</b>	<b>1,656</b>	<b>2,461</b>	<b>2,196</b>	<b>6,518</b>

## ORAL HEALTH

These programs promote oral health education and prevention, increase community awareness of the needs in the district and improve access to oral dental services.

	<i>Number of Clients Served (unduplicated)</i>			
	Clinton	Gratiot	Montcalm	District
Stanton Dental Care Center	N/A	N/A	2,475	2,475
Community-Based Dental Clinic- St. Johns	222	214	N/A	436
<b>TOTALS</b>	<b>222</b>	<b>214</b>	<b>2,475</b>	<b>2,911</b>



# MEDICAL DIRECTOR'S PERSPECTIVE



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

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

On television the suave and debonair surgeon is seen close up with a blood-spattered surgical gown, holding shiny steel instruments and hovering over a patient's chest. There is a rhythmical beeping coming from the patient's heart monitor. Then, the beep increases in rate and then turns to a high-pitched monotone. The surgeon barks out orders, paddles are applied to the patient and ZAP! Everyone in the operating room appears anxious as the high-pitched noise continues. ZAP! A close-up of the surgeon shows confidence and swagger. "Again" the surgeon orders. ZAP! Then the rhythmic beep returns. The camera captures the knowing look of confidence between the surgeon and the operating room staff. Later, the surgeon and several close and very good looking colleagues sit in an intimate restaurant and sip red wine as if all was right in the world. Another life saved and then...break for commercial.

Far away from the lights of a television studio at the health department a nurse reviews the immunization record of the toddler before her. The toddler's mom asks why the baby needs shots. "Isn't polio gone in the United States?" she asks. The questions continue: "Are there any cases of mumps? Will the shots hurt? "Why do kids need shots?" The toddler squirms. The public health nurse explains that 100 years ago half of our children died from communicable diseases before they turned five-years-old. She also explains that diseases prevented by vaccines are still found in the US and the world. Whooping cough, measles, mumps, meningitis are still found here but, thankfully, in very small numbers.

At a local restaurant, a health department inspector finds the blood from uncooked hamburger dripping on a large bowl of ready-to-eat salad. The inspector educates the restaurant owner about the possibility of cross contamination of foods held in storage and during food preparation. The health inspector helped the restaurant owner serve wholesome food and retain their good reputation.

The Environmental Health Specialist helped the well driller find a safe place on a homeowner's property to put a water well. The homeowner wanted the well to be placed near the septic drain field. The Environmental Health Specialist told the homeowner how important it is to have a safe distance of separation between a septic system and a drinking water supply. When septic system discharge is allowed to seep into a drinking water well the entire water supply could be jeopardized.

The surgeon depicted on TV dramatically saves one life at a time. The Public Health Nurse, The restaurant inspector, and the Environmental Health Specialist save many lives every day. Their jobs are not glamorous. There are no television cameras recording what we do. Companies don't advertise during our job performance. However, all residents are positively affected by what we do at the health department.

Children are protected from vaccine preventable diseases, restaurants provide us with wholesome food, and we have potable water in our homes. These are just some of the benefits the health department offers to all of our citizens. These and other services are provided by a staff of dedicated professionals eager to serve.



# COMMUNITY HEALTH STATUS

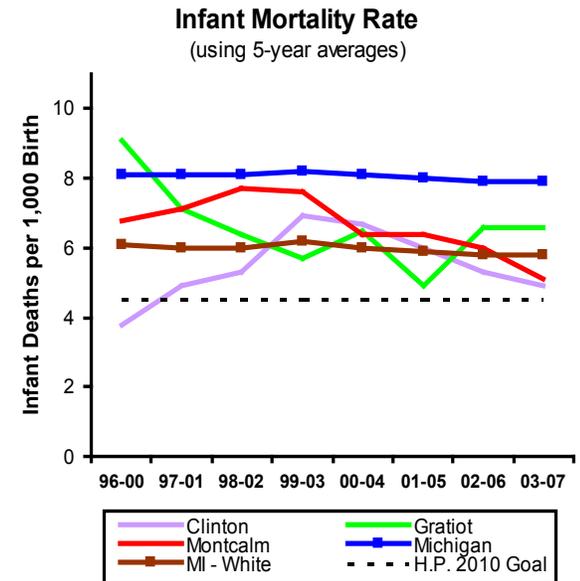
Many indicators are used to measure the health of the population. The following two pages summarize select indicators which help create a snapshot of the health status of the residents living in Clinton, Gratiot and Montcalm counties. In some cases, Michigan data has also been provided to allow for comparison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

## COMMUNITY INDICATORS

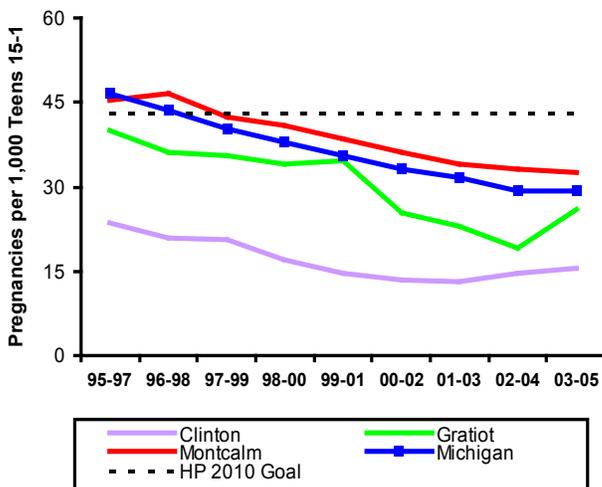
### INFANT MORTALITY RATE

The infant mortality rate is a measure of the number of infant deaths under the age of one year per 1,000 live births. Infants at greatest risk of death are those born prematurely, having low birth weight or born with major congenital anomalies. Other factors influencing infant mortality include socioeconomic status, age and health of the mother, risk of infant injury, extent of prenatal care, and the infant’s medical care during the first year of life. Infant mortality is often used as an index of the general health of the community, since many of the risk factors reflect on community issues such as health-care access, education, poverty, and lifestyle choices. After seeing a steady improvement in infant mortality since the early 1970s and early 1990s, the rate in Michigan has changed little in the 10 years leading up to 2007, hovering near eight deaths per 1,000 infants. In recent years, Clinton, Gratiot and Montcalm Counties have experienced an infant mortality rate lower than the overall rate for Michigan (and similar to that of the statewide Caucasian infant mortality rate). The mortality rate for African American infants continues to be more than twice that of Caucasian infants in Michigan. Mid-Michigan District Health Department continues to advocate for community-wide collaboration to examine and reduce factors that lead to infant mortality. (Due to the relatively small number of annual mortality cases in each of the three counties, five-year average rates are used to display the mortality rate in the figure at right). MMDHD continues to advocate for a community-wide collaborative effort to examine and reduce factors that lead to infant mortality.

*(Due to the relatively small number of annual mortality cases in each of the three counties, 5-year average rates are used to display the infant mortality rate in the above figure).*



### Teen Pregnancy Age 15-17 yrs. (using 3-year averages)



### TEEN PREGNANCY RATE

The teen pregnancy rate typically represents the number of women 15 to 19 years who have given birth, experienced an abortion or miscarried per 1,000 teens of the same age. For this report, however, the data represents a more specific group of teens, age 15-17 only. The counties served by MMDHD have shown steady declines in the teen pregnancy rate over the past decade, mirroring the trend for Michigan as a whole. Gratiot and Clinton County rates have remained below that of Michigan, while the Montcalm County rate consistently remains above that of the State, but falling at a similar pace. Efforts to encourage responsible sexual decision making and increased use of contraceptives have contributed to the decrease in teen pregnancy. MMDHD offers Family Planning services in all three counties.

# SELECTED BIRTH INDICATORS

## SELECTED BIRTH CHARACTERISTICS

Findings from the Centers for Disease Control (CDC) indicate that many women report high-risk behaviors or experience high-risk conditions before, during, and shortly after pregnancy. These behavioral/social characteristics of the mother may influence the delivery outcome and the future health status of her newborn. Some of these characteristics are monitored at the county and state levels so that trends can be observed and evaluated. These findings are useful in assisting the design of public health programs and policies that address these

behaviors and experiences so that the health of mothers and their infants can be improved. The table and figures (above) compare selected birth characteristics for Clinton, Gratiot and Montcalm counties as well as the state of Michigan.

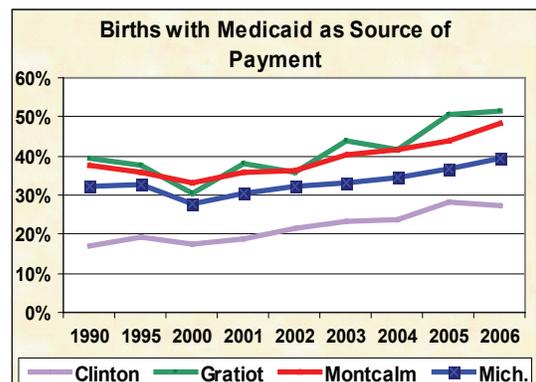
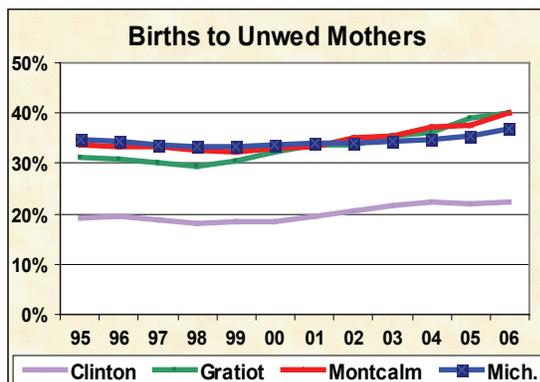
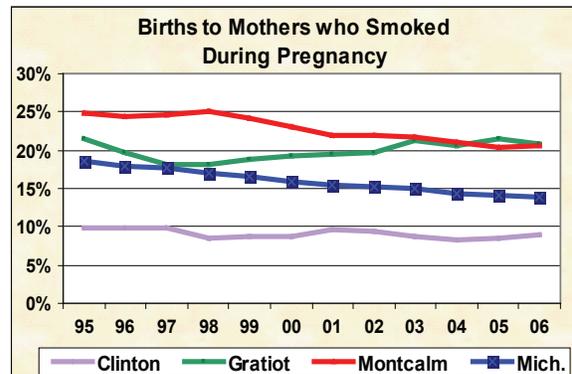
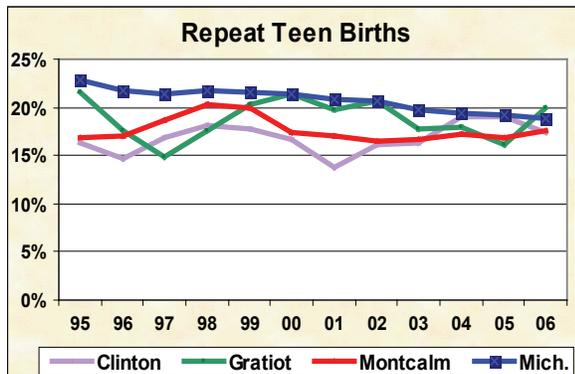
## SELECTED BIRTH CHARACTERISTICS - 2006

	Clinton	Gratiot	Montcalm	Michigan
Total Live Births	784	457	808	125,172
- to women under age 20 years	61	53	95	12,678
- to women over age 40 years	not avail.	not avail.	not avail.	not avail.
% birth mothers under 20 years of age	7.8	11.6	11.8	10.1
% birth mothers w/less than 12 yrs education	7.0	12.3	19.3	16.6
% birth mothers unmarried	25.4	42.5	39.9	39.6
% birth mothers enrolled in Medicaid (2003)	23.1	43.8	40.1	33.3
% birth mothers who smoked while pregnant	9.2	22.5	18.6	14.8
% received prenatal care during 1st trimester	85.5	70.2	77.8	81.5
% low birth weight (under 5 lbs. 8 oz.)	6.9	9.0	5.9	8.4
% very low birth weight (under 3 lbs. 5 oz.)	1.1	1.8	0.7	1.7
% pre-term birth (born before 37 complete weeks)	10.8	7.9	76.7	10.0

NOTE: Values in red indicate specific county results that are less favorable than state results. SOURCE: Birth Characteristics data from Michigan 2005 Resident Birth Files, Michigan Department of Community Health, 2007.

## SELECTED MATERNAL BIRTH TRENDS

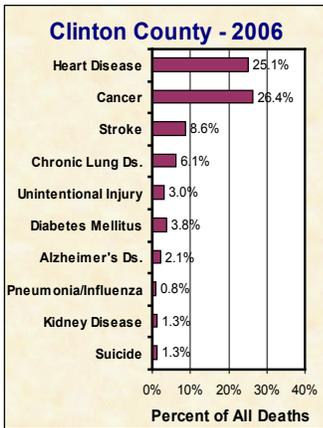
The graphs below represent trends of selected maternal birth characteristics. At the state level, both “Repeat Teen Births” (women giving birth to a second child while a teen) and “Births to Mothers who Smoked During Pregnancy” appear to be moving in a favorable direction (rates decreasing) over the past decade; whereas “Births to Unwed Mothers” and “Births with Medicaid as Source of Payment” appear to be moving in an unfavorable direction (rates increasing). County-level results generally mirror the state trend for each indicator, with one minor exception: Gratiot County appears to be experiencing an upswing in the percentage of mothers who smoked during pregnancy. Most noticeable among the county-level results is the relatively better results for Clinton County in relation to the state and the other two counties. Both Gratiot and Montcalm counties continue to experience greater rates than the state for “Births to Mothers who Smoked During Pregnancy” and “Births with Medicaid as Source of Payment.”



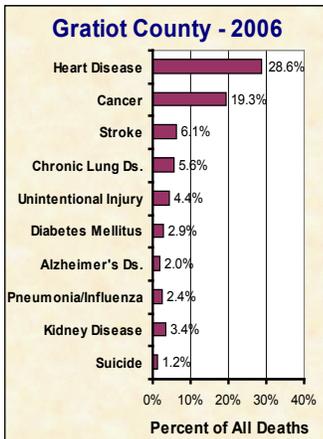
# LEADING CAUSES OF DEATH

The 10 disease categories shown below represent the most frequent causes of death and account for about 75% of all deaths. The values represent the average number of deaths per 100,000 people for the years 2004-2006 (most recent data available). Mortality data helps provide a snapshot of the general health status of a community, which aids in the identification of health concerns and the development of intervention programs. This mortality data can also be used to compare the health status of one population to another (i.e., counties) or to evaluate the status of one population over time (i.e., county trends). The table shown provides a comparison between MMDHDs three counties and Michigan. The bar charts represent the proportion of all deaths during 2006 (most recent data available) that each underlying cause is responsible for.

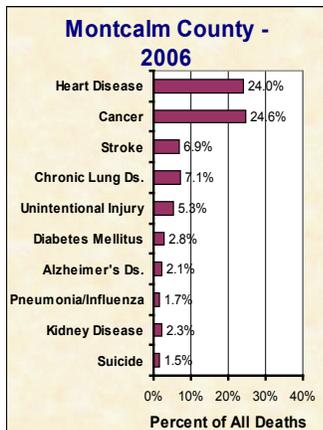
## CLINTON COUNTY



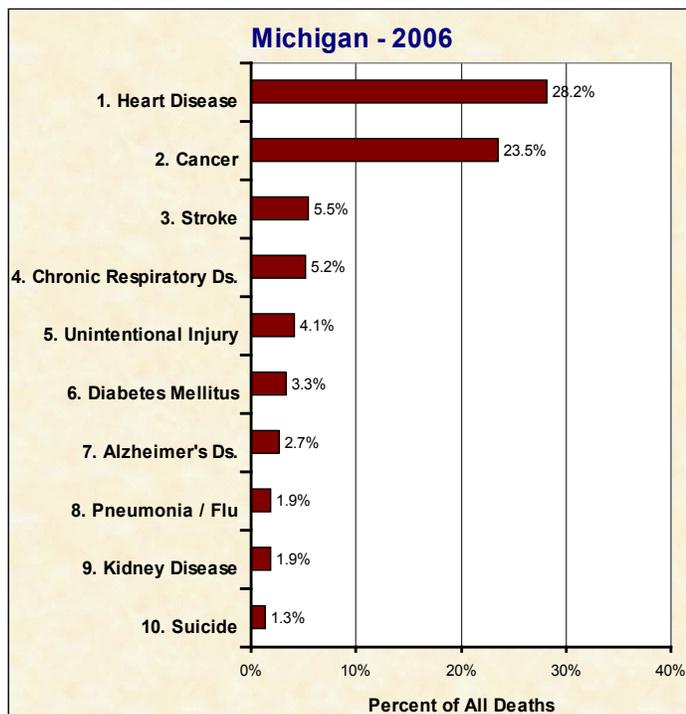
## GRATIOT COUNTY



## MONTCALM COUNTY



## MICHIGAN



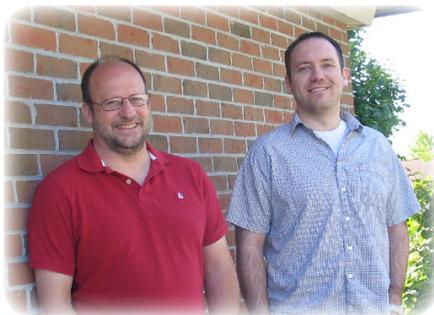
## AGE-ADJUSTED MORTALITY PER 100,000 POPULATION (2004-2006 AVERAGE)

	Clinton	Gratiot	Montcalm	Michigan
1. Heart Disease	174.0	248.0	224.8	
2. Cancer	165.5	201.6	180.9	
3. Diabetes related	72.0	103.3	72.0	
4. Stroke	71.7	67.4	60.2	
5. Chronic Respiratory	33.3	49.3	54.9	
6. Unintentional Injury	28.1	30.0	45.4	
7. Alzheimer's Disease	24.2	19.1	19.6	
8. Pneumonia/Influenza	14.8	23.4	24.8	
9. Kidney Disease	11.2	22.5	23.4	
10. Suicide	12.3	*	14.4	
<i>Subtotal</i>	607.1	764.6	720.4	
<i>Age 65+</i>	11.2%	13.5%	12.4%	

NOTE: Values in red represent county rates greater than State of Michigan rate. Asterisk (\*) indicates too few cases to determine a reliable mortality rate.



# Making a difference



## 2008 SUCCESSES

### PANDEMIC INFLUENZA COORDINATING COMMITTEE (PICC)

The PICC was established in the fall of 2006 and represents many diverse community partners within Clinton, Gratiot (Region 1) and Montcalm Counties (Region 6). The PICC has been working diligently to better prepare and mobilize our communities for an influenza pandemic. The committee has three focus areas: the promotion of standardized planning; to serve as a conduit for coordinated communication and information dissemination; and to promote personal responsibility as well as enhanced community resiliency.

### VISION SCREENING

During a routine hearing and vision screening in one of the local schools, a first grader failed a vision screening and subsequent re-screen. Staff recommended that the child be seen by an eye doctor. The child's mother contacted the health department later to thank staff for alerting her to the problem. The young child was diagnosed with glaucoma, which is treatable if caught early as was the case.

### HOMES DISCHARGE SEWAGE INTO LOCAL RIVER

Environmental Health staff investigated an alleged illegal sewage discharge into the Pine River. Following homeowner interviews and a field survey, several dye tests were performed to determine if sewage was being discharged into the river. Two homes were identified as illegally discharging directly into the river. Both owners were contacted and replacement sewage disposal systems were installed. By eliminating this problem, Environmental Health staff removed a conservative estimate of 182,500 gallons of raw sewage from this public waterway.

### CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

Staff provide case management services to children with qualifying medical conditions which involves medical advocacy and financial assistance. A public health nurse coordinated transportation services for a 12-year-old girl with Acute Lymphoid Leukemia. The family did not have a working car and were not able to secure transportation to a chemotherapy appointment in Lansing. The MMDHD nurse was able to arrange for a cab ride supported by CSHCS funding. The family was very grateful that the girl received the needed treatment.

### FLUORIDE VARNISH PROGRAM

MMDHDs Oral Health Coordinator (OHC) oversees a program in which fluoride varnish is applied to children 0-5 years of age in Head Start and Early Head Start. While applying the varnish, the OHC completes an oral screening and recommends specific treatment as appropriate. Since many of the children do not receive routine dental care, the OHC is often the first dental professional to identify problems. While applying fluoride varnish to a five-year-old's teeth, the OHC discovered the girl had 12 teeth with rampant decay and recommended that she receive immediate dental care. Six months later when the OHC assessed the young girl again, she had received two crowns, two fillings and had three teeth extracted. Another student, a four-year-old boy, was also found to have rampant decay in 18 teeth. As a result of the OHCs examination and recommendation, the child received four fillings and two crowns.

# in our communities



## SERVICES

### MATERNAL & CHILD HEALTH SERVICES

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

### ENVIRONMENTAL HEALTH PROGRAMS

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

### COMMUNITY HEALTH PROGRAMS

- Health Education
- Hearing & Vision Screening

### MID-MICHIGAN HEALTH PLAN ENROLLMENT COORDINATION

- Locally-organized system of care for uninsured adults

### STANTON DENTAL CARE CENTER

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

### ST. JOHNS COMMUNITY-BASED DENTAL CLINIC

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

### BOARD OF HEALTH/ ADMINISTRATIVE OFFICES

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Off-site clinic: DeWitt

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fax 989.875.3747  
Off-site clinic: Alma

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Off-site clinics:  
Greenville, Howard City

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# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

*Your public health experts,  
connecting with the community and exceeding expectations.*



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