

Public Health

2015 Annual Report

Ottawa County Department of Public Health

We make
babies cry
and we don't like it!

Nurses bring comfort & support to the clinic room

Community Health Improvement Plan
How to STOP negative
health outcomes

3 PRIORITY AREAS

Gov Snyder signs bill
removing offensive language

Miles of Smiles patient inspired
to become a dental hygienist

4 in 10

youth, ages 18-20 yrs,
have used a fake ID
Is your kid an underage drinker?

**GVSU students create sexual
health educational videos**

Combating STIs and promoting the
Wear One free condom program



feature articles

We make babies cry
and we don't like it!



Immunization nurses talk about parents' concerns and help comfort their children.
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miOttawa Department of Public Health

Activities and programs of this department are brought to you by the members of the Ottawa County Board of Commissioners

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How to STOP negative health outcomes
Community Health Improvement Plan
Ottawa County working together to improve access to health care, mental health treatment and healthy behaviors.
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Miles of Smiles patient inspired to become a dental hygienist
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Click the play buttons, throughout the online report, to hear our stories.
miOttawa.org/health2015

HEALTH OFFICER

Message



It is with great pride I present to you the 2015 Ottawa County Department of Public Health (OCDPH) Annual Report. One of the most effective and essential functions of a local public health department is to facilitate community partnerships. Collectively, we identify health priorities and strategies to help improve people's health outcomes. The stories shared in this report show how we collaborate with numerous people from schools, mobile home parks, hospitals, physician and dental offices, nonprofit organizations, law enforcement agencies, universities, businesses, Realtor agencies, restaurants and so many other areas throughout our community.

“We must continue to strengthen our community partnerships, to better help people obtain healthier outcomes.”

I thank the Ottawa County Board of Commissioners and the Ottawa County Administration for their commitment to the health of our citizens. In addition, I commend our department staff members for their expertise and passion to help improve people's health. In keeping with the theme of this report, I extend my deep appreciation to our community members and partners for their shared vision of a healthy community. It is the collective impact of this shared vision, common values and hard work that allows us to remain seated as the healthiest county in Michigan.

Sincerely,

Lisa Stefanovsky, M.Ed
Administrative Health Officer



Community members working together to share ideas, plans, goals and resources.

Health Officer

Lisa Stefanovsky, M.Ed

Assistant Health Officer

Donovan Thomas, MBA

Medical Director

Paul Heidel, MD, MPH

Epidemiologist

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miOttawa.org/healthdata

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miOttawa.org/prepare

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Communicable Disease Control
miOttawa.org/CD

Disease Reporting
miOttawa.org/diseasereporting

Immunizations & Travel Clinic
miOttawa.org/immunize

Sexual Health & Birth Control
miOttawa.org/sexualhealth

STD Testing & Treatment
miOttawa.org/STD

Community Health Services

Sandy Boven, M.Ed

Children's Special Health Care Services
miOttawa.org/CSHCS

Health Insurance Enrollment
miOttawa.org/healthinsurance

Health Promotions

Nutrition & Wellness
miOttawa.org/nutrition

Sexual Health Education
miOttawa.org/SexEd

Substance Abuse Prevention
miOttawa.org/SAP

Hearing & Vision Screenings
miOttawa.org/hearingvision

Maternal & Infant Health Program
miOttawa.org/MIHP

Oral Health
miOttawa.org/dental

Environmental Health

Adeline Hambley, MBA, REHS

ecoOttawa
miOttawa.org/eco
miOttawa.org/recycle

Food Safety Program
miOttawa.org/food

On-site Services
miOttawa.org/beachwatch
miOttawa.org/landevaluation

Editor's COLUMN



People want to know.

I found out, from serving on the National Association of County and City Health Officials (NACCHO) Public Health Communications Committee that most health departments do not have a position specifically designated for communications. According to the Centers for Disease Control and Prevention (CDC), health communications is the study and use of

communication strategies to inform and influence individual decisions that enhance health. One of the NACCHO committee's goals is to help health departments recognize the essential role of public health communicators.¹

“It is essential for us to communicate relevant, credible and timely information; including a call to action.”

As you read our 2015 Annual Report, you will find we took a different approach. Instead of simply submitting our budget and highlighting the happenings of our department, we shared our stories and demonstrated how we collaborate with our community (e.g., The Ottawa County Health Improvement Plan, pages 8-11). The articles written by our health department staff members, unless otherwise noted (page 11) were a heartfelt and extensive endeavor. To enhance our stories, we provided video and audio clips. We want you to see the people who are working for the county, engaging with our community and making a difference in their lives. We included stories from nurses, who met with parents to address their concerns about vaccines, when they were deciding whether to waive them. We included the challenges we had with the Real Estate Transfer Evaluation program, and how working with local Realtors and the Ottawa County Board of Commissioners helped us reach our goal to improve customer service. In addition, we shared so many other stories from working with babies to preventing substance abuse.

We hope you enjoy!

Kristina Wieghmink

Kristina Wieghmink, M.Ed
Communications Specialist

in this issue

Local businessman loses brother to suicide, and now he helps advance mental health awareness

Health department partners with organizations on suicide prevention.
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Lack of health care insurance hinders patient care

New health insurance enrollment specialist helps uninsured and under-insured people get access to health care.
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Local hospitals adopt public health referral system to help reduce infant mortality

Evidence shows home visiting programs make a difference in reducing at-risk infant deaths.
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Hearing laughter, seeing smiles

Five reasons why Michigan law requires child hearing and vision screenings.
page 24

Summer meal program addresses local child hunger

Meet Up and Eat Up sites provide children with free summertime meals.
page 28

Changes in policy reduces wait times for septic and well inspections

Board of Commissioners approve fee increase, including a rush fee, and two new positions to help improve customer service.
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Are we prepared for a disease outbreak?

Educating long-term care facilities about norovirus, food safety inspections and emergency preparedness.
page 37

How did we do?

Financial statement shows our social responsibility and how tax payer money is spent.
page 38

From a pinch to nurses bringing COMFORT & SMILES

by Julie Kuiper, BSN, RN
Immunization Nurse

Whenever I call patients back to my clinic room, I take a quick assessment of their non-verbal cues. Are they smiling? Are they crying? Are they disinterested? Once we are in the clinic room, I introduce myself. I always try to get a smile out of them.

Right before I immunize babies, I often talk right to them with a singing voice and tell them I'm doing this to help keep them healthy. This also helps remind parents, one more time, why we are vaccinating.

With toddlers, children and adolescents, I try to ease their minds by talking about something other than immunizations. I ask questions such as "what school do you attend?" or "who is the cartoon character on your t-shirt?" This seems to make everyone more comfortable. Sometimes the older kids ask if it'll hurt. I'm honest and tell them what other kids have told me, "it feels like a pinch."

I then go over the immunizations they will receive and the reason we are vaccinating against the particular disease. I review possible side effects and I ask the patient and parent if they have any questions.

Even though they are there to be vaccinated, at times, I hear verbal and see non-verbal cues of them being uncomfortable. In those situations, I go further and say something like, "what concerns do you have? I want to make you as comfortable as possible with your decision."

After the immunizations are complete and the parents have started to comfort their child, I talk to the babies again and tell them they were brave. With the older kids, I congratulate them on doing such a good job and offer a sucker or sticker. I also try to get another smile before they leave. ●

90% is the approximate number of vaccinated people needed in a community to help stop the spread of diseases. Also known as **Herd Immunity**.²



Vaccination waivers put communities at risk for disease outbreaks

by Sue Schryber, BSN, RN
Immunization Supervisor

Vaccines protect more than just a vaccinated person. They can prevent disease outbreaks and save lives. According to the National Institute of Allergy and Infectious Diseases, when the majority of people in a community are immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak. This is known as herd immunity and applies to controlling a variety of contagious diseases, including influenza, measles, mumps, rotavirus and pneumococcal disease.³

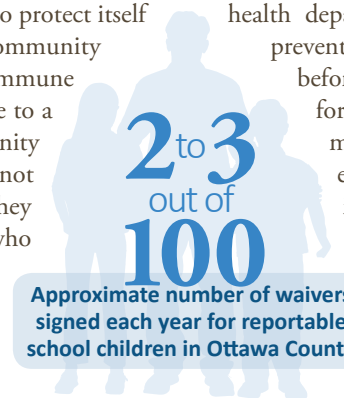
Just as a herd of cattle uses its strength in numbers to protect itself from predators, human herd immunity protects a community from infectious diseases by the number of people immune to such diseases. The more people who are immune to a given disease, the better protected the whole community will be from an outbreak. Vaccinated individuals not only are protecting themselves from disease, but they are also protecting members of the community who cannot be vaccinated.⁴

Children who have cancer or problems with their immune systems often cannot be vaccinated, due to medical reasons, making them the most vulnerable

for disease infection. When unvaccinated children are in their schools or childcare centers, these medically compromised children are at greater risk of being infected with a vaccine preventable disease. This can have serious or life threatening consequences. When a person refuses to vaccinate, it affects the whole community and possibly the country, as we saw during the Disneyland measles outbreak in 2015.

Since 1992, Ottawa County has had a waiver education policy in place. This requires a parent to have an appointment with a health department nurse to discuss vaccines, the diseases they prevent, listen to their concerns and answer any questions before receiving a signed waiver. We have been doing this for more than 23 years, well before the State of Michigan made it into law in January 2015. It is our priority to ensure parents have the most up-to-date and accurate information about vaccines.

We know parents want what's best for their children. We help empower them to make informed decisions about vaccinating their children; giving them another way to help keep their loved ones healthy. ●



Building RELATIONSHIPS & Earning Parents' Trust

In January 2015, the State of Michigan passed a law that all parents who have a religious or personal objection to any one or all required vaccinations need to go to a local health department for vaccine education before receiving a signed waiver. In Ottawa County, we have required educational appointments for more than 23 years. However, this process for many parents is new.

When we meet with parents, we talk about the diseases the vaccines protect against, vaccine preventable diseases we may be seeing in our community or country, vaccine ingredients or other topics that may be on the parents' mind. We tailor our conversations to address their concerns, since each one may vary. I talk about their child's life journey; going to childcare through high school and beyond. I also let parents know when they will need an updated waiver and how new research, emerging diseases, mission trips or sports may change their current decision. Whether or not they decide on one or all vaccinations, the decision is theirs to make.

The doors we open during our time together
are not something you can get from an online source; most parents
thank me for respecting their views and addressing their concerns.

Our immunization nurses and I have built relationships and trust with families, during our visits throughout the years. Some parents have shared with me their apprehensions of going to the health department. However, they've also said they appreciate how I respected their views and they're thankful for the information and resources. When we equip parents with accurate and thorough information about vaccines, they have the right tools to do their own research. ●



by Cynthia Botbyl, BSN, RN
Immunization Nurse

2015

Ottawa County Community Health Improvement Plan



Public Media WGVU
CHIP interview with
Hilary Farrell

by Kristina Wieghmink, M.Ed.
Communications Specialist

What you need to know

The Patient Protection and Affordable Care Act requires nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years to remain as a Charitable 501(c)3 Hospital. The law also states the assessment must include input from individuals who represent the interests of the community (e.g., health and human service representatives, health care professionals, public health officials and community members).

CHNA partners include representatives from:

- Greater Ottawa County United Way
- Holland Hospital
- North Ottawa Community Hospital
- Ottawa County Community Mental Health
- Ottawa County Department of Public Health
- Spectrum Health Zeeland Community Hospital

The 2015 Ottawa County CHNA primary data consisted of surveys from adult residents (including under-served populations) and key informants; in addition to interviews with key stakeholders. The secondary data was collected from local, state and national (e.g., CDC and County Health Rankings) reports. The assessment provided information on the county's health strengths and opportunities for improvement.

As a result of the CHNA, an Ottawa County Community Health Improvement Plan (CHIP) was initiated by the partners of the CHNA and community members. The CHIP participants invested 10 weeks focusing on the most pressing health issues:

Access to Health Care • Healthy Behaviors • Mental Health



They served in collaborative work groups and identified feasible strategies that may impact their areas of influence. They also recognized some of the best strategies were already in place or being developed by other organizations and initiatives, so they assessed where they might leverage existing efforts to avoid duplication, maximize resources and obtain better health outcomes. ●

Why you should care

Most people, or someone they know, may experience challenges with access to health care, healthy behaviors or mental health. While the CHIP was created by the community to serve as a roadmap, an array of complex and multi-faceted health and human services make it challenging to improve people's health.

- **4 in 10** low-income households are not confident navigating the health care system
- **1 in 4** adults, 18-24 years of age, experience mild to severe psychological distress
- **6 in 10** adults are overweight (35.3%) or obese (23.9%)
- **7 in 10** adults consume less than 5 fruits and vegetables/day

“We want to **maximize** resources and **reduce** duplication, which leads us to look at measures and find out where we can have the **GREATEST IMPACT** with our giving dollars.”

Employee Giving board member
Doug Bazuin, with Herman Miller Cares

What you can do

Review the supporting evidence.
miOttawa.org/2015CHNA

Read the improvement plan.
miOttawa.org/2015CHIP

Find where you can help.

Take action and call today!
Ottawa County Department of Public Health
616-393-5775 miOttawa.org/miHealth



Continued on the next page.



Access to HEALTH CARE

GOAL

Increase access to a patient centered and community integrated system of care.

OBJECTIVES

- Increase the amount of adults who are confident navigating the health care system.
- Increase the amount of adults who report their general health is better than fair or poor.

STRATEGIES

- Implement community health worker model.
- Increase care coordination.
- Increase health literacy.



Healthy BEHAVIORS

GOAL

Promote consistent healthy behavior messages and decrease barriers to healthy living.

OBJECTIVES

- Increase fruit and vegetable consumption.
- Increase the amount of people who have enough to eat.
- Increase the amount of people who are at a healthy weight.
- Increase leisure time physical activity.

STRATEGIES

- Support the Ottawa County Food Policy Council's efforts.
- Support SHAPE Michigan's efforts.



Mental HEALTH

GOAL

Increase recognition and treatment of mental health conditions.

OBJECTIVE

More people will seek and receive appropriate mental health treatment.

STRATEGIES

- Partner and promote *be nice*.
- Train primary point of contact people in mental health.
- Develop and distribute treatment resource materials.
- Improve and promote existing resources.

Changing a negative to a POSITIVE LIFE

by Jeff Elhart

Wayne Elhart *Be Nice* Memorial Fund

After entering the world of a suicide survivor (as a result of my brother's death), I quickly learned mental health awareness and suicide prevention are priorities for schools, colleges, corporations, churches, law enforcement agencies and other civic organizations.

During the summer of 2015, I partnered with the Michigan Health Foundation of West Michigan, to help raise awareness about depression and suicide. We've been hosting several community showings of the movie *Hope Bridge - Where there is hope, there is life* and distributing *be nice*. awareness materials. The campaign is a mental health awareness and bullying and suicide prevention initiative that focuses on school-wide change through simple daily actions.



“When people of all ages understand, support and utilize the *be nice*. campaign tools, they can be lifesavers for loved ones struggling with a mental health condition.”

Bullying is a significant issue within schools and communities. Its devastating effects such as depression and suicide are reduced with mental health awareness. My family and I established the Wayne Elhart *be nice*. Memorial Fund with the Holland/Zeeland Community Foundation. Our mission is to provide matching funds for schools, within the Ottawa Area Intermediate School District, that are committed to providing their students and staff members with the *be nice*. awareness materials. When people are able to talk about their struggles and ask for help, they become happier and frankly more productive. ●

Notice changes in behavior, signs of depression

Invite yourself to start the conversation

Challenge stigma

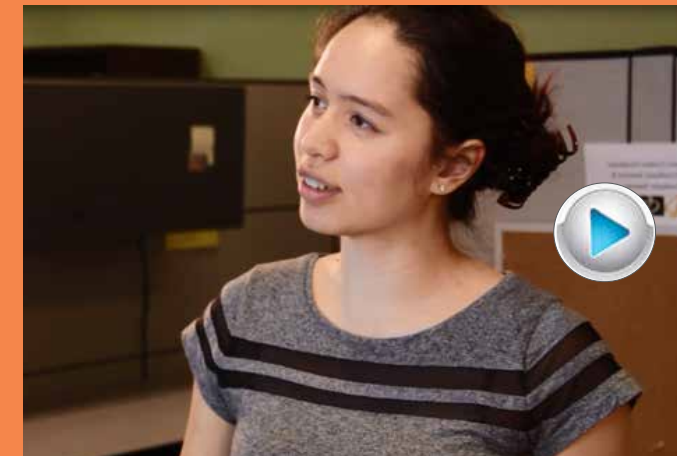
Empower yourself and others to take action

PROBLEM

854 people tested
positive
for chlamydia
in 2015 in Ottawa County⁵



GVSU students create sexual health educational videos



by Heather Alberda, BA
AASECT Certified Sexuality Educator

During the 2015 Fall semester, Grand Valley State University (GVSU) Film and Video students produced two educational videos for our department's sexual health clinic; one to create awareness of the *Wear One* campaign and another to encourage testing of sexually transmitted infections (STIs) specifically for chlamydia.

The objective of the project was to help individuals 18-24 years of age, who engage in sexual activity, become more comfortable talking about sexual health and encourage them to use condoms. In addition, the video provides information on where they may find any one of the 26 *Wear One* pick-up locations in Holland, Grand Haven, Spring Lake, Hudsonville and near GVSU in Allendale.

***Wear One* Video Scene**

The scene takes place at the GVSU Women's Center; a participating location of the *Wear One* campaign. Two students interact with each other in a fun and upbeat manner. One of the students is unaware of the *Wear One* campaign, and the other one tells him how it was developed to create awareness about free condom availability and promote the acceptance of condom use. She goes on to explain the goal of the program is to decrease STIs and unplanned pregnancies; by removing barriers such as cost, embarrassment and the lack of access. Also displayed, within the video, is a map of participating locations.

Near the end of the video, the male student grabs a few of the *Wear One* condom packages (which includes information about sexual health, OCDPH's clinic services and STI testing). After their dialogue, another student approaches them and asks if the condoms are free. She also takes a few packages, and right after, another student comes up and takes the whole basket of condoms. *Continued on the next page.*

Get Tested! Video Scene

This video was recorded at OCDPH's Hudsonville clinic. It begins with a serious feel then transitions into an upbeat conversation and ending with a mixture of the two. Graphics highlighting chlamydia statistics and free condom pick-up locations appear on the screen, while a nurse and a client discuss a range of topics:

- **sexual health services**
birth control options, STI testing, breast and cervical cancer screenings and other sexual health concerns
- **sexually transmitted infections**
symptoms and long-term effects, if left untreated
- **free or low cost testing available**
- **3 easy steps to get tested:**
meet with a nurse, pee in a cup and get the results (if needed medication, will be provided)
- **confidential services**
no parental consent is required



Get Tested! Video Script

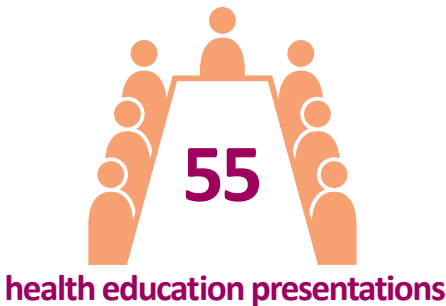
Did you know Michigan ranks 15th in the nation for having the highest number of people with chlamydia? Most people who have chlamydia show no symptoms of the infection. This is why you should go get tested. The Ottawa County Department of Public Health offers free or low cost confidential testing for STIs. Chlamydia is a sexually transmitted infection. If left untreated, it can cause serious health risks for both men and women.

So what can you do to protect yourself? Know your partner, use condoms every time, get tested and know your status. With just a simple urine test, you can expect your results within a week. Young adults under the age of 18 do not need a parent's consent for any of the sexual health clinic services. If you test positive, you will receive a one-time dose of antibiotics along with information on partner notification. It is that easy. Call today for an appointment at 616-396-5266. For more information about sexual health services, visit www.miOttawa.org/sexualhealthclinic.



As a result of our **collaboration,** students took theoretical concepts and integrated them with practical application.

In addition, they enhanced their learning experience and helped advance the **good work of public health.**



Why a mother couldn't get her daughter the vaccines she needed



Karrie, a mother of a one-year-old baby girl, brought her daughter (Ella) to our immunization clinic. When she showed up for the appointment, she thought the Vaccines for Children program (federally funded to provide vaccines at no cost to eligible children), would cover the cost of Ella's vaccines. However, because she had a private health insurance plan, her daughter was not eligible. Karrie would have had to pay out-of-pocket, since she had not met the \$10,000 deductible required by her health insurance plan. The cost for this round of immunizations was more than \$500, which she could not afford. After I explained to her the insurance situation and the cost, she decided not to get Ella's vaccines. I continued to state how important it was for her to receive this one year round of immunizations. It included the first dose of the measles, mumps and rubella vaccine, which would help protect her from these highly contagious diseases. Karrie was very upset. She did not want Ella to go without the much-needed vaccines, and she did not know what to do. I understood her anxiety, as I am a mother myself. I was also frustrated for her having to be in that position.

I referred Karrie to Penny, our health insurance enrollment specialist, to help her find a way toward a solution. They sat down together and talked about the situation and her health insurance plan. Karrie expressed the challenges of meeting the high deductible. Penny asked about her household income, and found out Karrie and her family were eligible for Medicaid (Healthy Michigan Plan). At first, Karrie was not certain whether or not this plan would be more beneficial for her household budget, and if the coverage was adequate enough to meet her family's needs. After Penny explained the plan's benefits and services, Karrie realized Medicaid was the better option.

Within a couple weeks of enrolling in the new plan, Penny checked to verify if the health insurance coverage was active. It was, so she called Karrie and told her she was all set to make another appointment. She was very excited to finally have affordable medical coverage, so she and her family could receive services and treatment without financial burden. At Ella's new appointment, Karrie expressed how much she appreciated our help in getting her daughter the vaccines she needed. I was happy to see them again and even happier to see Ella is now protected against vaccine preventable diseases. ●

Parents who don't have affordable health care sometimes have to choose between their children receiving medical treatment or meeting their family's basic needs.



by Abbie Munsters, BSN, RN
Immunizations Nurse

Is your kid an underage drinker?

55% of Ottawa County youth
think it's easy to get alcohol.*

44% of minors admit to having
used a fake ID to purchase alcohol.*

Busted with a fake ID
to purchase alcohol will
result in a misdemeanor,
\$100 fine & 93 days in jail
for first time offenders.



Minor in Possession

Possess, consume, purchase or have any bodily alcohol
content will result in a misdemeanor, \$100 fine, community
service and substance abuse treatment. If resulting in
death - felony, 10 years in prison and a \$5,000 fine.

In 2015
17% knew someone who
hosted a party where
alcohol was available
or served to college
age minors.*
In 2013
21%



PREVENT ALCOHOL ACCESS TO MINORS

The OCDPH partners with the Reducing Ottawa
Area Drunk Driving (ROADD) Coalition, which is
comprised of numerous community organizations.

- Local and county law enforcement agencies
- Local colleges and universities
- Ottawa County Central Dispatch
- Ottawa County Prosecuting Attorney's office
- Pathways, MI
- Ottawa Substance Abuse Prevention Coalition
- Substance abuse prevention organizations

Our health promotions team collaborates to help
reach the program goals: **REDUCE ALCOHOL
RELATED CRASHES**, among individuals 18-
24 year of age, and **INCREASE AWARENESS**
of drunk driving consequences.

PREVENT DRUNK DRIVING

Social Host LAW

Allowing possession or consumption
of an alcoholic beverage or controlled
substance by an underage person is a
**misdemeanor, \$1,000 fine
and 30 days in jail.**



Operating while Intoxicated

Misdemeanor, \$500 fine, 93 days in jail, 360 hours community
service, driver's license suspension, 6 points added to your
driving record and driver responsibility fee: \$1,000 for 2 years

In 2015
68% had their ID checked
when they ordered
an alcohol beverage.*
In 2013
31%

In 2015
8% have seen someone who
appeared intoxicated, and was
cut off in a bar or restaurant.*
In 2013
4%



In 2015
87% said they would
call **911**, if they
saw a potential
drunk driver.*
In 2013
65%

miOttawa.org/ROADD

* Sources: 2013 Ottawa County Youth Assessment Survey and
the 2015 Ottawa County Adult Survey on Alcohol and Drug Use.



Ottawa County offers
Training for Intervention
Procedures (TIPS). The
Michigan Liquor Control
Commission recommends TIPS for hotels,
restaurants, bars, nightclubs and stores.

PREVENT
sales to minors

DIFFERENTIATE
between social drinkers
and alcohol abusers

RECOGNIZE
signs of intoxication

INTERVENE
quickly and confidently

HELP STOP
drunk driving

MOBILE EYES

Call 911 when:

- someone is drinking while driving
- a car is swerving or violating traffic signals
- someone is visibly intoxicated;
walking to his/her car to drive

What to do next:

- explain the reason for the call
- provide a vehicle description
and the license plate number
- give a location (e.g. North on US 31)





Offensive language removed from the law

Stigmatizing language no longer used to describe children with disabilities

by **Janine Chittenden, BSN, RN**

CSHCS, Child Health Team Supervisor

Child Health Team Supervisor Janine Chittenden (*pictured first on left*) with the OCDPH Children's Special Health Care Services (CSHCS) program, Public Health Program Supervisor Chris Buczek (*pictured second on left*) with the Kent County Health Department CSHCS program and Michigan Council for Maternal and Child Health Executive Director Amy Zaagman (*pictured third on left*) serve on the CSHCS Advisory Committee. Members of the committee recommended language changes in the law to eliminate outdated and offensive references to children with disabilities. During the Fall of 2015, they attended a ceremonial signing with Governor Snyder (*seated in photo*) to celebrate the passage of the new Acts.

House Bills 4203, 4204, 4205 and Senate Bills 112, 113 and 114 (sponsored by state Representatives Mike Callton, Joe Graves and Andy Schor, and state Senators Curtis Hertel, Jim Marleau and Margaret O'Brien) are now the Public Acts 89-94 of 2015. The new Acts changed all references to the term "crippled children" to "children or youth with special health care needs."⁷

"This term is offensive to our children with special needs and to the parents that care for them. There is no place in the law for this term, and I am happy to work on a bipartisan and bicameral manner to strike this term from the law," Schor said. "As elected officials, we are charged with making positive improvements for our constituents and Michiganders across the state. This bill is one giant step toward making a positive impact for the future."⁸

Najeema McMahon, a parent of a 4-year-old daughter enrolled in the CSHCS program, applauded the bill's passage. "Removing the term 'crippled child' in Michigan law is a very meaningful change for our family," McMahon said. "It's very important that all children are referred to in a respectful and accurate way, and this language change acknowledges that children with special health care needs are capable of a full adaptive lifestyle."⁹

It truly was an honor to update the Public Health Code statutes with language that now recognizes the person before the disability.

- Janine Chittenden, OCDPH Child Health Team Supervisor

Michigan is **39th**
in the country for infant mortality rates



by **Dawn Dotson, RN, BSN, MPA**

MIHP Supervisor

Janine Chittenden, BSN, RN

CSHCS, Child Health Team Supervisor

Evidence shows home visiting programs make a difference in reducing at-risk infant deaths. By increasing family support systems, children may achieve better health and developmental outcomes. Our department, along with the State of Michigan and community stakeholders, coordinated statewide efforts to help reduce the high number of infant deaths. Our goals are to create greater access to care, assess needs and connect eligible infants and mothers to Medicaid home visiting programs; such as the Maternal and Infant Health Program (MIHP) and the Children's Special Health Care Services (CSHCS) program.

The Michigan Department of Community Health, Division of Family and Community Health, granted \$10,000 to Michigan birthing hospitals. The funds were provided to aid hospitals in developing a referral system, linking Medicaid beneficiary infants and their families to MIHP. In addition, infants who may qualify for CSHCS will receive assistance in obtaining more support, medical care and care coordination services.



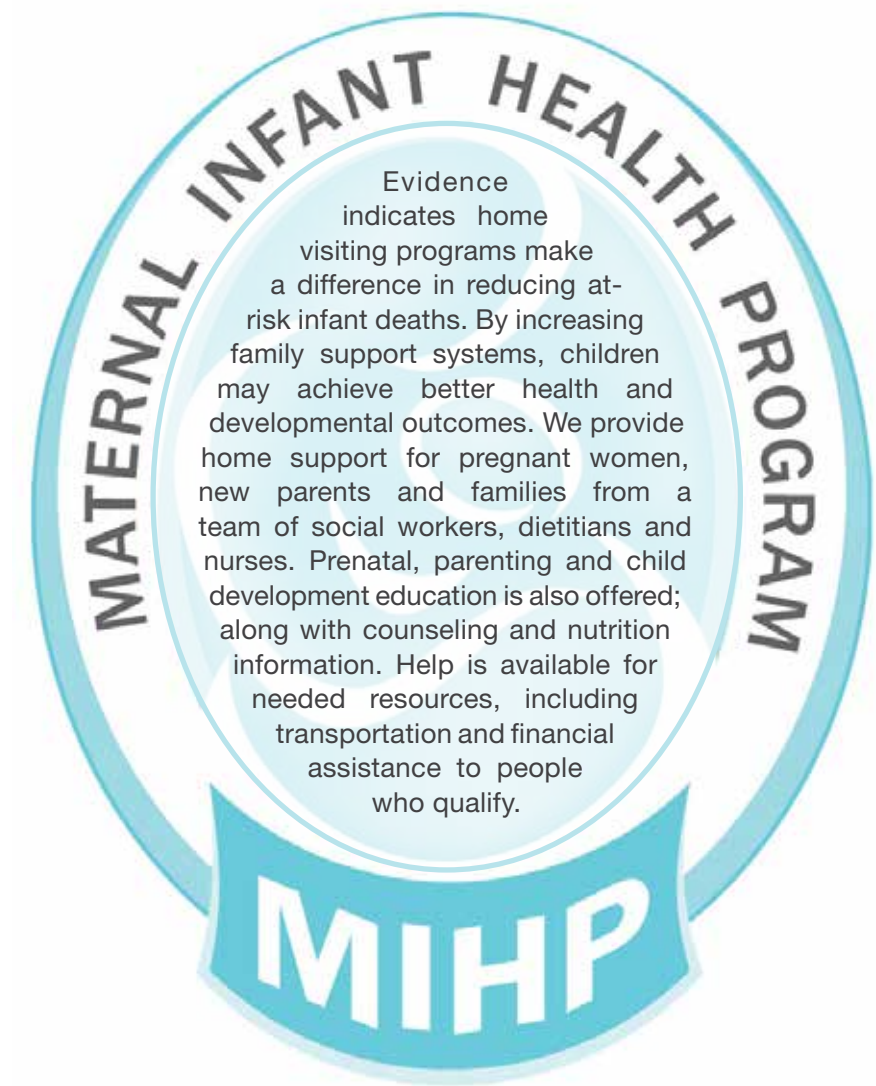
North Ottawa Community Hospital, Spectrum Health Zeeland Community Hospital and Holland Hospital each received the grant to collaborate with our department, Intercare and other area MIHP providers. Our task is to develop the referral system for health care professionals, enabling them to share information with families about services provided by the MIHP and CSHCS program. Working together on this statewide initiative will help reduce infant mortalities to protect babies and their futures. ●



- Home support to pregnant women, new parents and families
- Team of social workers, dietitians and nurses
- Prenatal, parenting and child development education
- Counseling and nutritional information
- Resources, financial aid and travel expense assistance



- Service coordination and assistance with finding community resources
- Help to possibly keep private insurance
- Eligibility based on medical condition
All income levels may qualify
- People who qualify may be eligible to receive assistance to help pay for:
 - visits to specialists
 - co-pays and deductibles from private insurance
 - medications and specialized equipment, such as wheelchairs
(related to the CSHCS qualifying medical condition)
 - travel and lodging expenses
(related to the CSHCS qualifying medical condition)



“We have an opportunity to empower families; beginning during pregnancy, continuing at birth and ongoing through the first year of a child’s life.
- MIHP Supervisor Dawn Dotson, RN, BSN, MPA”

A heartwarming welcome

by Dawn Dotson, RN, BSN, MPA
MIHP Supervisor

I have a happy message to share with you. We had a mom in our program who we visited during her prenatal period. She is from England, and her husband is from Peru. The couple delivered their first baby boy, and went home with him a few days later. Becky called the mom to find out how the delivery went and their adjustment at home with a new baby. The mom was crying and very distraught on the phone. She said she was in pain from her cesarean section delivery and was having problems breastfeeding. Becky suggested she seek assistance from the hospital's lactation specialist or a family member. The mom said she did not have any family nearby and she needed help right away.

During her prenatal period, all of the visits that were allowed by insurance were used up, because she had multiple needs. To receive additional visits after childbirth, the child needed to be enrolled in the MIHP. To start the enrollment process, a social worker must first visit



the home and do a risk identifier assessment on the baby. However, our social worker was not scheduled to visit them until later that week. Even though we could not bill the health insurance provider, since the child was not yet enrolled in our program, Becky was happy to visit her and see how she could help.

When Becky arrived at the home, the mom was holding her child, crying and said she was feeling hopeless. The dad was also home, and noticed how Becky soothed the baby and helped his wife successfully breastfeed their child. The parents thanked her for being concerned with their family and praised her for providing great care. Becky went back to her office full of joy, and was glad to see the mom in a better emotional state. With the mom's boosted confidence and successful breastfeeding, we believe it may have possibly prevented her from getting postpartum depression. Becky was a welcomed visitor and the outcome was heartwarming. ●

No place to call home

by Charly Nienhuis, BSN
Community Health Nurse



When Tia was 18 years old, she dropped out of high school. Her parents were bankrupt, lost their house, homeless and living in their car. She did not want to be in that situation, so she left school to find a full-time job and got her own apartment. Now at 22 years old, Tia has a six-week-old child (Zachary) whose father only comes to see him on occasion. Before they separated, they pooled their money to buy a car, so she could have transportation to doctor appointments. Now, he has the vehicle and Tia has yet to receive payment for the portion of money she put toward purchasing it. Since Tia and Zachary have been on their own, she has been struggling to find them a good home.

Tia was referred to us through one of our partners, Holland Hospital. She called and asked me where she could find affordable housing and good childcare, so she could return to work. She was sharing an apartment with her grandma, but she moved out of state and Tia was now looking for a home again. She cannot ask to live with her parents, as they are still not back on their feet. They are living in a trailer in the woods on a friend's property, which is not suitable for Zachary and her. A friend was willing to let her live with him in his trailer, but the plumbing had to be replaced. Moving into his place was not an option and she was still looking for a home.

Unfortunately, when we tried to follow-up, we could not find her. I called to see if she was staying at the Holland Rescue Mission. A staff member said she was for a short while, but now they don't know where she is staying. Tia and Zachary left in the middle of the night. Child Protective Services is involved with this case too. Our hope is they will find her, and we asked if and when they do they will recommend she continue with the MIHP. We want to help Tia and Zachary get the support and safety they need. ●

A day in the life of a MIHP

by Charly Nienhuis, BSN "road warrior"
Community Health Nurse

A mom in the MIHP voiced her sadness and extreme frustration about the murder of her baby's father. The man who shot him received a short sentence, and will most likely get out of prison early. To add to the tragedy, she was receiving negative messages from the shooter's family and friends. The situation added even more stress to her and her baby's lives. In addition, she hardly has any family support, since her mom lives in Chicago and is not able to be directly involved in her life right now.

When we first spoke, I asked her if she had any adverse childhood experiences. I listed some examples (raised by parents who were abusive, neglectful, swore or used substances), and she indicated they related to her. I told her we, through the MIHP, could help her find support and work through these issues. I also said we wanted to help her be strong and stay healthy.

I'm happy to say this mom, shortly after our conversation, found a job and set up arrangements with one of her friends to help provide childcare. Now, she feels she is getting her life back on track. ●



MIHP supports healthy pregnancies & healthy babies



During Pregnancy, we will:

- help assist you with your Medicaid application;
- connect you with community services for clothing, food and housing;
- provide education about developing fetuses;
- teach you how to make healthy choices for a healthy pregnancy;
- assist with health problems that may affect your baby (e.g., diabetes, asthma, high blood pressure, anxiety, depression);
- help you quit or reduce tobacco, alcohol and drug abuse;
- provide you with travel information to your doctor visits;
- and address any concerns you may have about abuse or violence.

After Childbirth, we will: *(newborns through 12 months)*

- support you with breastfeeding;
- teach you about safe sleeping;
- give you immunization information;
- weigh and measure your baby;
- help you discover ways to calm your baby;
- demonstrate infant massage techniques;
- talk about postpartum depression and self-care;
- provide counseling services for a healthy family;
- suggest ways to play and spend time together;
- explain children's growth and development;
- help you find low-cost birth control options;
- and give you nutrition education.

Hearing Laughter Seeing Smiles



Trained technicians with our Hearing and Vision Program conduct comprehensive screenings for children within Ottawa County. Our focus is to detect hearing and vision loss early in a child's life, so they may receive better care. If untreated, hearing and vision loss can impede a child's development and performance. This can affect their ability to reach their full potential. The Michigan Public Health Code requires children ages three to five years of age to have a hearing and vision screening prior to entering kindergarten and throughout their school years. The OCDPH collaborates with the Ottawa Area Intermediate School District, Head Start programs and county preschools to ensure children are receiving the screenings they need. This is vital to their learning, working and socialization.

Proper hearing and vision enables children to reach their full potential.

"I am so thrilled with Esther and the health department for helping my kids get something I didn't even know they needed! - A caring mom"



"I wanted to call and say Esther Arizola, the hearing and vision liaison, made our screening experience wonderful! My younger son failed his hearing and vision test at school. We received a letter from the health department letting us know. I called Esther and I told her my son's teacher and I hadn't noticed any problems. She encouraged me to bring him in for testing with her personally. I brought both my boys and they both failed the tests. This has been a short journey, but I just wanted to say how much I appreciate Esther's encouragement and all the good advice she gave me on where to go for a pediatric ophthalmology. I now know my oldest son is on the autism spectrum. Everything she did was just wonderful! This has been wonderful and I really appreciate her and what she did!"



Muriel Gonzalez

Miles of Smiles



by Muriel Gonzalez, RDH
Miles of Smiles Volunteer Dental Hygienist

When I was 11 years old, I had the opportunity to be a patient on the Miles of Smiles Mobile Dental Unit. I was excited to go, and the dentist and hygienist were very nice. They taught me the importance of oral health, and how to properly brush and floss my teeth. It really stuck with me how they took the time to explain to me what they were doing and why. That **INSPIRED ME to become a dental hygienist**. Now at 24 years old, I use these same techniques with my little patients. I love what I do, and I give back to my community by volunteering on the Miles of Smiles bus whenever I can.

GIVE BACK
big smiles for little patients



by Debra Bassett, RDH, BHS
Oral Health Team Supervisor

In 2001, Muriel Gonzalez moved from New York to Michigan with her family. At that time, her father was the only one working and money was tight. They did not have dental insurance, so her parents signed her up for the Miles of Smiles program. When we visited her school, Great Lakes Elementary School in Holland, she had x-rays, an exam and her teeth cleaned.

Muriel is now a volunteer dental hygienist with our program. She told our dental clinic manager, Lu Ann, she used to be one of our patients. Muriel shared with her that coming aboard the Miles of Smiles bus was a great experience for her and her brother. She said the hygienist was very nice, and explained to her the importance of oral health. She also said it motivated her to brush and floss more often, after the hygienist scraped the plaque off her teeth, put it on gauze, and showed her what was removed. ●

“I cannot begin to express my thanks
for this program! Kids and families who do not have the means to see a dentist are often in pain, which hinders their sleeping and learning. You are making a difference and changing lives, one smile at a time.
Superintendent Cal De Kuiper, Zeeland Public Schools”

MEET UP and EAT UP

Meet Up and Eat Up is a national program created to ensure children 18 years of age and younger have access to healthy and nourishing foods when school is not in session. In Michigan, the program is coordinated by the Michigan Department of Education, and specifically targets areas with high rates of free or reduced lunches (50% or more).

Locally, the Meet Up and Eat Up coalition, a committee of the Ottawa County Food Policy Council (OCFPC), partnered with the West Ottawa and Grand Haven Area Public Schools to implement the program. We established community summer meal sites at Leisure Estates Mobile Home Park and Pine Acres Migrant Camp in Holland and the Loutit District Library in Grand Haven. For 2016, we also plan to expand to River Haven Mobile Home Park in Grand Haven. This program is important because it provides children with food, educational enrichment, physical activity and social engagement during the summer break from school. They also receive a free book from the Give a Book a Home program and supplemental food from a local backpack program.



The Meet Up and Eat Up program provides children with food, health education, physical activity and social engagement.

Partners for the West Ottawa Public School sites

Great Start Parent Collaborative, Hand 2 Hand Ministries, Herrick District Library-North Branch, Holland Museum, Kids Food Basket, Michigan Department of Health and Human Services (MDHHS), Migrant Resource Council, Neighbors Plus, OCDPH, OCFPC, Ready for School and West Ottawa Public Schools Food Service Department.

Partners for the Grand Haven Area Public School sites

Grand Haven Area Public Schools Food Service Department, Great Start Parent Collaborative, Loutit District Library, Love INC of the Tri-Cities, MDHHS, Northwest Ottawa Recreation Authority, OCDPH, OCFPC, Salvation Army, Tri-Cities College Access Network, Tri-Cities Historical Museum and the Youth Advisory Council •

2014
412 meals served

2015
5,534 meals served



by Amy Sheele
Health Educator

REAL ESTATE

TRANSFER EVALUATIONS



PARTNERSHIP

results in reduced wait times

by Matthew Allen, REHS
Environmental Health Supervisor

By law, a Real Estate Transfer Evaluation is required prior to the sale or transfer of ownership of any home or business served by an on-site water supply system or wastewater dispersal system. The OCDPH Real Estate Transfer Evaluation (RETE) program was designed to protect the buyer, seller, seller's agent and the community. Sewage from a failed wastewater dispersal system can flow into back yards, wetlands or a nearby creek. A damaged water supply system can contaminate the water serving many homes. Buyers will not seek out a neighborhood where potential health hazards exist, due to sewage over flow or contaminated water. Properly maintained and evaluated waste water dispersal and water supply systems help ensure the health and value of our communities.



At the time of closing, the seller is required to provide the buyer with a copy of the evaluation report we issue. Prior to receiving the report, often, the buyer is unaware of problems and the need for correction or the replacement of a system. Ottawa County Environmental Health does not prevent closing on a property with a standing correction order nor specifies which party (buyer or seller) is responsible for the costs. The report provides the buyer with information to make purchasing decisions. The requirement of the evaluation and disclosure to the buyer also provides protection from liability for the seller and the seller's agent.

During the summer of 2014, our department experienced a significant increase in the demand for on-site services, which affected our ability to provide consistent turnaround times for

the RETE program. By September, the wait time (from receiving an application to completing an inspection and issuing a report) extended beyond three weeks. Some applicants had to wait up to five weeks.

To find a solution and improve customer service, we formed a Real Estate Advisory Work-group comprised of area Realtors. We met on multiple occasions, where we examined possible causes of turnaround time delays and evaluated potential solutions. After we discussed various options in-depth, we developed a proposal and presented it to the Ottawa County Board of Commissioners for consideration. In early 2015, the board approved our proposal, which now provides us a way to process RETE applications and issue a report within 10 business days or less. To improve our customer service and processing time, the changes included:

- Increasing the RETE application fee by \$95
- Creating 2 new full-time positions
- Hiring 2 temporary staff members (May-Sept, 2015)
- Establishing a \$250 rush fee
(without impacting the wait time of other applicants)

Since implementing the approved changes, we've consistently maintained a 10 business day (or less) turnaround time. In addition, Environmental Health Manager Adeline Hambley and members of the Real Estate Advisory Work-group (particularly CEO Dale P. Zahn, RCE with the West Michigan Lakeshore Association of Realtors), have shared at several national conferences our improved RETE program and how



**building successful
partnerships
between
regulatory agencies
& private industries
benefits everyone.**

The document that requires inspections has been around for 30 years. It's served the county very well, and it gives centralized oversight with the inspections. I personally like that.

Dale P. Zahn

Norovirus

3 out of 4



**norovirus outbreaks occur in long-term care facilities:
elderly residents are more likely to get very sick or die**

by **Adam Zantello, REHS**
Registered Environmental Health Specialist

Norovirus is the leading cause of disease outbreaks from contaminated food. It is a highly contagious virus, and anyone can become infected with it and get sick. Most norovirus outbreaks happen from November to April, and can spread quickly in closed places like daycare centers, schools, cruise ships and long-term care facilities (LTCFs).⁹

We understand it is important to provide health education to community members, and help prevent gastrointestinal (GI) illnesses. The OCDPH environmental health food safety team collaborated with our department's communicable disease nurses. Together, we developed an illness prevention-training program for LTCFs. Our goal is to help their staff members and residents understand GI illnesses to limit their spread and reduce the time someone may become sick. Collectively, we decided it was essential to communicate basic information about GI illnesses (particularly norovirus), prevention, symptoms, treatment and response.

We coordinated training sessions with three Ottawa County LTCFs that had GI illness outbreaks within recent years. The sessions were

a half hour long, which included time for questions and feedback. Each facility had approximately 30 people participate; consisting of clerks, food service workers, housekeepers and administrative and nursing staff members.

To determine whether the training was effective and beneficial for LTCFs, we asked attendees to take the same five question survey before and after the sessions. We wanted to determine their level of understanding on how to prevent GI illnesses from entering a facility, how they spread and how to properly clean the site of a vomiting or diarrhea incident. The average pretest score was 35.5 percent. Most people incorrectly answered the question "where can norovirus grow?" After the training, the average post-test score was 72.3 percent.

Ninety-two percent of attendees said they would recommend the training to other facilities, and 100 percent said they learned something new. Since the training sessions received such positive feedback and confirmed the information was beneficial, our team plans to hold more sessions this year. ●



Norovirus symptoms usually occur 12 to 48 hours after being exposed. Most people get better within 1 to 3 days.

SYMPTOMS

diarrhea • throwing up • nausea • fever
stomach pain • headache • body aches

5 top causes of GI illnesses

Food from Unsafe Sources

- Non-licensed Establishment
- Home Prepared Food

Improper Holding Temperatures

- Cold Holding
- Hot Holding
- Thawing
- Cooling

Inadequate Cooking Temperatures

- Cooking
- Reheating

Contaminated Food Equipment

- Cutting Boards
- Utensils
- Other Food Contact Surfaces

Poor Personal Hygiene

- Unhealthy Employees
- Improper Hand Washing
- Bare Hand Contact with Ready-to-eat Food

Fearing health inspectors to thank you for your help

by **Spencer Ballard, REHS**
Environmental Health Supervisor

One of the many goals of the OCDPH food services team is to reduce the risk and prevalence of illness. The U.S. has food safety regulations in place to help ensure the food we eat is safe. In Michigan, local health department environmental health specialists inspect food service establishments, to ensure food safety compliance. A study, conducted by Yapp and Fairman (*Factors affecting food safety compliance within small and medium-sized enterprises: Implications for regulatory and enforcement strategies, 2004*), found 83 percent of survey respondents do not trust inspectors, the food safety regulations nor actions taken by government officials.¹⁰

The purpose of an inspection is to reduce risk factors for illnesses related to food preparation. Often regulators can be overly reliant on enforcement tools. This detached inspection method, which focuses on enforcement actions and requiring more inspections, fosters an “us” versus “them” mentality, degrades trust in government and closes communication channels. As a result, food establishment owners and employees may not cooperate with inspectors. They may be hesitant to give necessary information and report employee illnesses. This hinders inspectors from writing accurate reports, and ensuring establishments meet acceptable standards. By not complying with food safety regulations, the risk for foodborne illnesses increases.

We take a different approach. We build partnerships with food establishment owners and employees, open communication channels and provide training on why food safety regulations are one of the primary ways to ensure the health of their patrons. Our endeavor is to keep building trust, to be a health resource and be known as an organization that helps prevent illnesses and disease outbreaks.

In 2011, we conducted a survey and found Ottawa County food establishment owners and employees had negative perceptions of OCDPH’s inspectors and little trust in them. At that time, inspectors used unsuccessful enforcement methods, such as issuing numerous non-compliance fines and penalties, and did not spend time to build cooperative relationships.

Prior to the 2011 intervention, high-risk violation rates for each establishment averaged **3.54 per year**. After we implemented the changes, the rate declined to **2.76 per year**.
22% reduction
in the number of high-risk violations
cited in Ottawa County food establishments¹¹

This was a problem. After the 2011 survey, we began focusing on ways we could develop partnerships. The OCDPH administration and environmental health leaders identified factors that contributed to adverse relationships between county officials and food establishment owners and employees. They found previous health department leaders (no longer employed by the county) expected the environmental health food safety team to act as enforcers of the public health code and not partners within the community. Understanding causes of our department’s negative public perception, we immediately developed techniques to improve customer service.



Keeping Foods Safe
OCDPH Food Service Specialists
Jessica Voglewede & Anastasia Endres-Bercher

- worked to change staff members’ attitudes and behaviors
- hired people based on emotional intelligence and communication skills
- shifted expectations to supporting education
- provided food safety training to food establishment owners and employees
- participated in Ottawa County’s 4Cs training (customer service, communications, creativity and cultural intelligence)
- opened lines of communications (internally and externally)
- worked to be seen as a resource

In 2012, we conducted another survey to measure the effectiveness of our changes. We provided open-ended questions, such as “what improvements are needed?” We keep this survey open by including a link at the bottom of our email signatures, and by providing it after every inspection. Our recent survey demonstrates the importance of developing collaborative relationships built upon mutual respect and trust. The time we invest in customer service initiatives is well worth the expense. It helps food establishment owners and employees listen to what we are saying, which ultimately helps increase safe food handling and protect public health. ●

“I lost the scary, breathtaking, pulse-racing anxiety that previously accompanied our inspections.”

- Ottawa County restaurant owner



**It's not *IF*
an emergency
will happen,
but *WHEN***



by Jennifer Sorek, MA, MEP
Public Health Preparedness Coordinator

Public health preparedness is about providing people with resources and information on how to prevent disease outbreaks, protect our community in the event of an emergency and how to respond and recover. My role involves coordinating and planning with our department staff members, anyone from immunization nurses to environmental health specialists. During 2014 and 2015, it was more challenging, because global disease outbreaks were on the rise, like Ebola.

Public fear increased and preparedness was on the forefront of most people’s minds. There was great concern about how to prevent the spread of emerging diseases and how to respond during an outbreak. The OCDPH strengthened its public health preparedness program by using a collaborative approach. We encouraged community members, business owners, local organization representatives and health care staff members to work with us when developing their emergency response plans. By doing so, we create a united front and will continue to be ready and keep people safe and healthy. ●

**emergencies start and end locally
preparedness can make the difference**

Financial Statement

| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | Unaudited 2014/15 | 2015/16 |
|--|---------------|---------------|---------------|---------------|----------------------|---------------|
| | Actual | Actual | Actual | Actual | Actual | Budget |
| Revenues | | | | | | |
| Licenses & Permits | \$552,669 | \$691,093 | \$769,963 | \$779,766 | \$850,503 | \$767,862 |
| Intergovernmental Revenue-Non CPBC | \$2,832,226 | \$1,848,394 | \$1,037,092 | \$1,860,395 | \$2,594,340 | \$1,141,271 |
| Intergovernmental Revenue-CPBC | \$2,300,794 | \$2,054,657 | \$2,027,912 | \$2,057,109 | \$2,195,532 | \$2,090,407 |
| Charges for Services | \$627,960 | \$671,925 | \$696,757 | \$826,927 | \$892,714 | \$990,655 |
| Interest & Rent | \$0 | \$0 | \$0 | | | \$0 |
| Other Revenue | \$199,754 | \$197,529 | \$247,542 | \$291,256 | \$143,758 | \$174,727 |
| Total Revenues | \$6,513,403 | \$5,463,598 | \$4,779,266 | \$5,815,453 | \$6,676,847 | \$5,164,922 |
| Expenditures | | | | | | |
| Personnel Services | \$5,877,766 | \$5,891,724 | \$6,001,198 | \$6,099,813 | \$6,275,888 | \$6,585,273 |
| Supplies | \$1,224,418 | \$1,026,358 | \$948,514 | \$887,349 | \$863,994 | \$1,035,526 |
| Others Services & Charges | \$1,619,228 | \$1,702,687 | \$1,755,617 | \$1,847,074 | \$1,955,688 | \$1,748,933 |
| Capital Outlay | \$5,760 | \$0 | \$8,030 | \$0 | \$0 | \$0 |
| Total Expenditures | \$8,727,172 | \$8,620,769 | \$8,713,358 | \$8,834,236 | \$9,095,570 | \$9,369,732 |
| Excess (deficiency) of revenues over (under) expenditures Health Operations | (\$2,213,769) | (\$3,157,171) | (\$3,934,092) | (\$3,018,783) | (\$2,418,723) | (\$4,204,810) |
| Jail | | | | | | |
| Revenue | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Expenditures | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Excess (deficiency) of revenues over (under) expenditures Jail Health Operations | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Excess (deficiency) of revenues over (under) expenditures - Total | (\$2,213,769) | (\$3,157,171) | (\$3,934,092) | (\$3,018,783) | (\$2,418,723) | (\$4,204,810) |
| Other Financing Sources (Uses): | | | | | | |
| Transfers in | \$3,084,996 | \$3,557,171 | \$3,934,092 | \$3,655,541 | \$3,395,301 | \$3,379,710 |
| Transfers out | (\$871,527) | | | | | |
| Total Other Financing Sources (Uses) | \$2,213,469 | \$3,557,171 | \$3,934,092 | \$3,655,541 | \$3,395,301 | \$3,379,710 |
| FTE (Employees) | | | | | | |
| Health Operations | 84.13 | 85.35 | 85.65 | 87.23 | 86.65 | 88.55 |
| Note - Unfunded positions | 2.8 | 2.6 | 1.6 | 1.6 | 1.6 | 1.6 |

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- Page 7 Building relationships and earning parent's trust, by OCDPH Immunization Nurse Cynthia Botbyl, BSN, RN, <https://youtu.be/3rzHFcbvmx4>
- Page 9 Ottawa County earns high health marks on statewide scorecard, by Hilary Farrell, Public Media WGVU reporter with OCDPH Communications Specialist Kristina Wieghmink, M.Ed, <http://bit.ly/1QpSczg>
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- Page 13 Free Condom Pick-up Locations in Ottawa County (MI), created by Grand Valley State University School of Communications students for the OCDPH Wear One program, <https://youtu.be/7K54kh-m-68>
- Page 14 Sexually Transmitted Infection testing in Ottawa County (MI), created by Grand Valley State University School of Communications students for the OCDPH sexual health clinic, <https://youtu.be/NA6uqauF9Wo>
- Page 25 "I am so thrilled with Esther and the health department", by a caring mom in Ottawa County, <https://youtu.be/SM831d4yC2g>
- Page 26 Miles of Smiles: Give back big smiles for little patients, by Volunteer Dental Hygienist Muriel Gonzalez, RDH, <https://youtu.be/LWwHrFjmSPk>
- Page 28 Summer lunch program helping kids in West Michigan, courtesy of Fox 17 News with OCDPH Health Educator Amy Sheele, <http://bit.ly/21Gj3hQ>
- Page 32 Partnerships results in reduced wait times, by OCDPH Environmental Health Supervisor Matthew Allen, REHS with CEO Dale P. Zahn, RCE with the West Michigan Lakeshore Association of Realtors, https://youtu.be/JZ8Z_GnVPZU
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- Page 8 Couple at lakeshore lookout, courtesy of Holland Hospital
- Page 8 Community Health Improvement Planning meetings, 2015, courtesy of Community SPOKE
- Page 10 Elderly man and nurse; Woman walking dog on beach, courtesy of North Ottawa Community Health System
- Page 11 Mental Health, www.CorbisImages.com, 42-47418223
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- Page 23 Young couple with infant, www.CorbisImages.com, 42-19944702
- Page 27 Child brushing teeth, www.freedigitalphotos.net, ID-10036468
- Page 28 Child at Meet Up & Eat Up site, purchased from the Holland Sentinel, photographer Andrew Whitaker
- Page 30 RETE home, courtesy of Royce Hansman, sxc.hu, 1274831
- Page 34 Norovirus, www.dollarphotoclub.com, 55633716

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Our Mission

Assure conditions in which all people can achieve optimal health.

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