



MPHA

VOICES OF PUBLIC HEALTH NEWSLETTER

The Official Newsletter of the Michigan Public Health Association
Affiliate of the American Public Health Association



A Message from the President

Dear MPHA Members, Partners, and Friends,

As we welcome a new calendar year, I want to extend my sincere thanks to each of you for your continued commitment to our organization and to the field of public health. The start of a new year carries special meaning — it represents both reflection and renewal, a moment to look back on what we have accomplished and to look forward with optimism and purpose.

The New Year is one of the most widely celebrated moments worldwide, symbolizing both an ending and a beginning. It is often a time when we pause to reflect, set intentions, and recommit ourselves to growth — personally and professionally. I hope this season has offered you time to rest, reflect, and reconnect with what matters most as we begin another year together.

I am incredibly proud of what we accomplished in 2025. Together, we renewed MPHA with stronger engagement among our members, colleagues, and friends across the public health community. We refreshed our website to share information and resources better, increased the frequency and consistency of our communications, and strengthened member engagement through regular bi-monthly updates that highlight timely public health news and opportunities.

We also revitalized the Public Policy and Legislation Committee, which is now actively providing legislative updates, thoughtful commentary on critical public health issues, and tools to help members connect with their elected officials. In addition, we re-established the Oral Health Section, bringing renewed focus to the essential role oral health plays in overall public health. Our sections continued to thrive as well, with two highly successful conferences hosted by the Public Health Nursing and Epidemiology Sections — reflecting the strength, expertise, and commitment of our membership.

These accomplishments represent just a few of the many exciting strides made in 2025, and they would not have been possible without your engagement, leadership, and dedication.

As we move into 2026, our hope is to continue building on this momentum — expanding opportunities for connection, advocacy, professional development, and collaboration across the state. I am truly excited for what lies ahead and grateful to serve alongside such a passionate and committed community.

On behalf of the Board and leadership team, thank you for your continued support and involvement. I wish you a healthy, productive, and fulfilling year ahead, and I look forward to all that we will accomplish together in 2026.

Warmly,
Marcia Mastracci Ditmyer, PhD, MS, MBA, MCHES

The Critical Role Played by Public Health in Preventing Youth Suicide in Michigan

Stephen M. Modell, M.D., M.S., Sarah Hartzell, Ph.D.

September was National Suicide Prevention Month, with September 10 being World Suicide Prevention Day. As awareness raising is a component, the Substance Abuse and Mental Health Services Administration (SAMHSA) publicized its Black Youth Suicide Prevention Initiative, and the Michigan Department of Health and Human Services (MDHHS) reminded consumers that while youth bullying and PTSD may be major culprits in specific instances, suicide's roots are often situated in multiple causes. Across Michigan, tragic cases of youth suicide remind us that public health guidance and action are needed, as reflected in these campaigns. In 2023, Upper Peninsula high school homecoming king, Jordan DeMay, took his life after being threatened by an extortion ring. That same year, a 2½ year-old child in Howell died from accidental gunshot from an unsecured firearm. In 2017, University of Michigan tennis standout and amateur musician, Garrett Halpert, took his own life shortly after graduating. No biological immunity exists against suicide. Public health professionals and community leaders must work together to protect our young people.

Assessment Role of Public Health in Michigan

The Michigan Department of Health and Human Services reports that between 2006 and 2015, 120 10-14-year-olds and 1,574 15-24-year-olds died by suicide in Michigan.¹ The suicide rate in our state for African Americans climbed from 5.7 deaths per 100,000 in 2017 to 9.1 in 2020.² LGBTQ+ youth are at increased risk for suicide. Though approximately 47% of LGBTQ+ youth receive professional support addressing suicide, for similar African American youth this figure declines to 39%.³ Together, this data begins to map out the dimensions of the problem and highlights the value of public health's assessment function. In Michigan, this work is achieved through cooperative agreements between MDHHS and SAMHSA. Local health departments and nonprofits like the Trevor Project, centered on gender diversity, perform related tracking.

Assurance Role

The Michigan Suicide Prevention Plan, orchestrated by MDHHS, adopts a systems approach with strategic priorities emphasizing increasing public knowledge of suicide protective factors and warning signs, as well as coordinating community-based services related to mental health and substance use disorders.⁴ Michigan also supports OK2SAY, a student safety program working with MDHHS and other agencies to educate schools and communities on risk factors and warning signs. The state health department website prominently features the 988 Suicide & Crisis Lifeline. As a point of comparison, Vermont's Department of Health conducts Facing SuicideVT (<https://facingsuicidevt.com>), a statewide initiative which fosters public dialogue on suicide and serves as a model for other states to emulate.

Authors at the Johns Hopkins Bloomberg School of Public Health Center for Suicide Prevention and the School of Medicine note that while access to mental health treatment is critical to reducing youth firearms suicide, it does not always prevent loss of life.⁵ A community-wide approach incorporating mental health into schools, juvenile justice settings, and child welfare is needed. Public health professionals are well positioned to collaborate with these sectors, offering information, coordination, and advocacy to ensure mental health services are available to those at risk. These knowledge-sharing and community-bridging roles underscore the importance of public health's assurance core function.



Community-Led Suicide Prevention
(adapted from EDC.org (2024))

Policy Development Role

In 2024, public health researchers at New York University and Columbia University published an evidentiary review of U.S. suicide prevention policies that highlights policymaking's essential role in public health.⁶ Among the evidence they present, Ortega (2023) found that Medicaid Expansion was independently associated with increased admissions to mental health treatment facilities, which resulted in modest decreases in suicide mortality.⁷ Similarly, a one standard deviation increase in Supplemental Nutrition Assistance Program (SNAP) participation was connected with the prevention of approximately 31,000 suicides over a 15-year period.⁶

Feature Story, Cont.

These findings hold timely implications as proposed federal-level Medicaid cuts could result in at least 200,000 Michiganders losing direct insurance coverage and \$900 million lost in food assistance.^{8,9}

The Michigan Public Health Association (MPHA) website calls attention to the consequences of federal cutbacks through its *Voices of Public Health* Newsletter and Public Policy Updates. Governor Gretchen Whitmer has also spoken out on these impacts. In 2003, she sponsored Michigan House Bills 4495 and 4496 to streamline access to the Michigan Healthy Plan, a Medicaid program provided through the DHHS. It is the role of MPHA to publicize such policy developments, and of national public health to represent the public's health needs before Congress and individual elected officials with the stark changes that are taking place. The American Public Health Association (APHA) Action Alerts MPHA publicizes on its "Advocacy – Take Action Now" webpage support nationally relevant / state impacting efforts.

Conclusion

Public Health in Michigan is actively engaged in preventing youth suicide through its core functions of assessment, assurance, and policy development.¹⁰ Both state and local health departments, alongside the Governor's office and academic institutions, maintain these roles. Many general public health initiatives aimed broadly at population health also have significant impacts on suicide prevention. Though developments in the field reveal a timeline that straddles the last 15 years, policy changes happening now are especially relevant. Michigan's public health professionals are uniquely positioned to communicate the importance of these changes affecting our youth's mental and physical well-being, and champion action prioritizing the health of those 19 years and younger.

References

1. Michigan Department of Health and Human Services (MDHHS). (2018). Injury and Violence in Michigan: Michigan's Core Violence and Injury Prevention Program Burden Report. Retrieved May 29, 2025, from https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder26/Folder1/Folder126/Injury_Violence_Michigan_Burden_Report.pdf.
2. Michigan Department of Health and Human Services (MDHHS). (2022). 2022 Michigan Suicide Prevention Commission Annual Report. Retrieved May 30, 2025, from https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder2/2022_Suicide_Prevention_Commission_Annual_Report.pdf.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2024). Issue Brief: Black Youth Suicide Prevention. Publ. No. PEP24-01-034. Retrieved May 30, 2025, from <https://library.samhsa.gov/sites/default/files/black-youth-suicide-prevention-pep24-01-034.pdf>.
4. Michigan Department of Health and Human Services (MDHHS). (2024). Michigan Suicide Prevention Plan: A Systems Level Approach to Preventing Suicide. Retrieved October 22, 2024, from https://sprc.org/wp-content/uploads/Michigan-Suicide-Prevention-Plan-2024-2027_FINAL.pdf.
5. Wilcox HC, Ryan TC, Frosh A (2025). Editorial: Disparities in mental health care access prior to youth suicide: Implications for research and upstream prevention. *Journal of the American Academy of Child & Adolescent Psychiatry* 64(5): 561-563.
6. Purtle J, Mauri AI, Lindsey MA, Keyes KM (2024). Evidence for public policies to prevent suicide death in the United States. *Annual Review of Public Health* 46(1): 349-367.
7. Ortega A (2023). Medicaid Expansion and mental health treatment: evidence from the Affordable Care Act. *Health Economics* 32(4): 755-806.
8. Citizens Research Council of Michigan. (2025, June 25). Federal Medicaid cuts will have big consequences in Michigan. Retrieved August 18, 2025, from <https://crcmich.org/publications/federal-medicaid-cuts-will-have-big-consequences-in-michigan>.
9. Nichols AL (2025, June 4). State Budget Memo: Food assistance cuts proposed by Congress would cost Michigan around \$900 million. Retrieved August 18, 2025, from <https://michiganadvance.com/2025/06/04/state-budget-memo-food-assistance-cuts-proposed-by-congress-would-cost-michigan-around-900-million>.
10. Institute of Medicine, Committee for the Study of the Future of Public Health. (1988). *The Future of Public Health*. Washington, D.C.: National Academy Press.

*From the Desk of the Chief Medical Executive:
Rebuilding trust, protecting health and moving forward together*



Dear colleagues and community partners,

As we look ahead to 2026, I'm reminded that public health is not just about data and systems — it's about trust. Right now, that trust is being tested.

We are seeing growing skepticism toward vaccines, science and the institutions that have long safeguarded our communities. Misinformation spreads faster than facts, and the consequences are real: declining immunization rates, preventable outbreaks and a fraying connection between public health and the people we serve.

This erosion of trust is one of the greatest challenges we face — and one of the most urgent calls to action.

At the same time, we continue to confront another crisis that continues to devastate families and communities: gun violence. Recent mass shootings around the world have once again underscored the toll of firearm-related deaths — a toll that hits close to home here in Michigan. In 2023, more than 1,300 Michiganders lost their lives to firearms, most by suicide. Firearms are now the leading cause of death for children and teens in our state.

These are not separate issues. They are symptoms of a deeper need: to reconnect, to rebuild and to reimagine what public health can be, and must, be.

We must also speak out against efforts that diminish the value of our profession. The U.S. Department of Education has proposed reclassifying many graduate degrees — including the Master of Public Health (MPH), nursing, social work and physical therapy — as non-professional. This move threatens to undermine the expertise and leadership of those who dedicate their lives to improving health outcomes.

Public health professionals are not just practitioners — we are protectors, advocates and problem-solvers. And in 2026, our work will be more important than ever.

We have the tools. We have the knowledge. What we need now is unity; across disciplines, across sectors and across communities. Whether it's preventing violence, restoring trust in vaccines, defending the integrity of our field or responding to emerging health threats, we must move forward together.

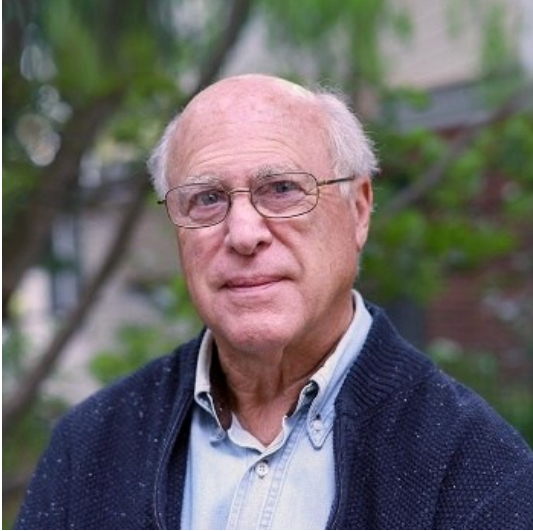
Let this be the year we recommit to our mission. Let this be the year we speak boldly, act compassionately and lead with integrity. Because every child deserves to feel safe. Every family deserves access to care. And every person deserves to live in a community where health is protected and valued.

Thank you for your continued partnership. I look forward to all we will accomplish together in the year ahead.

Warm regards,

Dr. Natasha Bagdasarian
Chief Medical Executive
Michigan Department of Health and Human Services

Member Spotlight (Richard Douglass)



Richard Douglass' distinguished career in public health began with a formative junior-year abroad experience from Alma College in Ethiopia. While studying field biology and African ethnography at Haile Selassie I University—now the University of Addis Ababa—he witnessed firsthand the profound population-level health challenges facing Addis Ababa. That year reshaped his professional path, redirecting him from pre-medicine to public health and social epidemiology, and instilling a lifelong commitment to addressing health inequities at their root. His connection to Africa has influenced both his personal and professional journey since 1967. After graduating from Alma College in 1968, Richard joined the U.S. Public Health Service, completing field epidemiology training at the Centers for Disease Control and Prevention before being assigned to the Chicago Board of Health. In 1970, he accepted a U.S. Public Health Service Traineeship to pursue graduate studies at the School of Public Health at the University of Michigan, earning his PhD in 1974.

His doctoral dissertation, *The Effect of the Lower Legal Drinking Age on Youth Crash Involvement*, played a pivotal role in establishing the national presumption of a 21-year-old legal drinking age. Subsequent research on alcohol availability and policy has been credited by the National Highway Traffic Safety Administration with helping to prevent more than 600,000 deaths since 1979. In 1977, Richard expanded his scholarly focus on social gerontology at the University of Michigan's Institute of Gerontology. In 1980, his research team published the first field-based studies on elder abuse and neglect sponsored by the U.S. Administration on Aging. This groundbreaking work brought global attention to the issue, earned recognition from the Gerontological Society of America, and led to his election as a Fellow of the GSA. The research has since been replicated and validated internationally.

As a social epidemiologist, Richard served on the faculties of the University of Michigan, Wayne State University, and Eastern Michigan University, where he was Program Director for Health Administration and taught health services administration, policy, management, and ethics from 1987 to 2014. His research at Eastern Michigan focused on healthcare utilization and health outcomes among people experiencing homelessness, as well as the health and social functioning of incarcerated adults over age 55 for the Michigan Department of Corrections. His international work brought him back to Africa as a visiting professor at the University of Ghana-Legon and Ashesi University, and later as a researcher studying childhood survival related to kwashiorkor between 1999 and 2007. He received three Fulbright Senior Scholar awards for his work in Ghana and was honored with Distinguished Faculty Status by Eastern Michigan University and the Governing Board of Michigan State Universities. He also taught internationally in the Philippines and Kenya and is currently Emeritus Professor of Health Administration at Eastern Michigan University.

Retirement proved short-lived. After relocating to Tawas City in 2020 during the height of the COVID-19 pandemic, Richard co-founded the pro bono Rural Health Group with fellow retirees in healthcare and health policy. Since 2022, the group has completed sponsored research and advocacy projects addressing non-emergency medical transportation challenges in rural Michigan, in partnership with Central Michigan University's Rural Health Excellence Institute, the Iosco County Commission on Aging, and the Region 9 Area Agency on Aging.

In addition to his continued advocacy, Richard has authored two books since 2020, including *The Evolution of the U.S. Healthcare System: A Legacy of Opportunism and Greed* (2023), a critical examination of systemic forces that prioritize profit over sustained investment in public health.

Member
Spotlight

If you know a member whom you would like to spotlight, please send to mditmyer@svsu.edu. You might see them highlighted in the next issue of Voices of Public Health!

Member
Spotlight

Policy & Advocacy Updates

POLICY

- ✓ [Policy Briefs](#)
- ✓ [Policy Brief Database](#)
- ✓ [Policy Brief Development Process](#)
- ✓ [Policy Brief Archiving Process](#)
- ✓ [Proposed Policy Briefs](#)

MPHA Health Policy Submission

Do you have recent local or national policy/legislative topics, issues, or stories that members should be aware of? Use the QR code to submit topics you would like to see on our website.

ADVOCACY

- ✓ [Advocacy for Public Health](#)
- ✓ [Advocacy Priorities](#)
- ✓ [Action Alerts](#)
- ✓ [Letters to Congress](#)
- ✓ [Testimony, Comments and Briefs](#)
- ✓ [Be a Public Health Advocate](#)
- ✓ [Speak for Health](#)



Resources You Might Find Helpful

The Citizens Research Council of Michigan is a privately funded, not-for-profit public affairs research organization that was founded in 1916. Since then, the objective of the Research Council has been to provide factual, unbiased, independent information on significant issues concerning state and local government organization and finance. The Research Council believes that the use of this information by policymakers will lead to sound, rational public policy formation in Michigan.



A newly released report highlights that Michigan's health outcomes lag behind where they could be, emphasizing the strong connection between social determinants of health, financial stability, and overall well-being. The report underscores the need for thoughtful, cross-sector policy solutions to improve population health and economic vitality and is now available for review on their website. Please [click here](#) to view the report.



PopHIVE is a community-driven collaborative effort led by Yale School of Public Health that empowers you with multiple sources of health data—so you can explore, understand, and act on what matters most. This powerful, user-friendly data platform allows users to explore and visualize public health data across communities. It helps policymakers, practitioners, and the public better understand health trends, disparities, and the social factors that influence health outcomes. Please [click here](#) to view their website and start searching data.

American Public Health Association

Membership in the **American Public Health Association (APHA)** opens the door to a wide range of benefits designed to support your professional growth and amplify your impact. Members enjoy discounted registration for premier events like the **APHA Annual Meeting**, access to career-building tools such as **Big Interview, job boards, and continuing education opportunities**, along with savings on insurance, travel, and tuition. Members also receive complimentary access to leading publications, including *The Nation's Health*, keeping you informed on the latest issues shaping public health practice and policy.



With more than **25,000 public health professionals nationwide**, APHA connects you to a powerful network of colleagues, advocates, and experts who are driving meaningful change in communities across the country. As an APHA member, you become part of a vibrant community committed to advancing equity, improving population health, and strengthening the public health workforce.

As the **only formal affiliate of APHA in Michigan**, the Michigan Public Health Association offers added value you won't find elsewhere. Membership in both APHA and MPHA provides a unique opportunity to engage at the national and state levels — truly a double benefit for professionals dedicated to making a difference in public health. [Click here](#) for more information to APHA membership.

Upcoming MPHA Events in 2026

EPIDEMIOLOGY SECTION



SAVE THE DATE!

The Michigan Public Health Association Annual Epidemiology Conference 2026

When: Friday, April 17, 2026
Where: DeVos Center, Pew Campus
Grand Valley State University,
Grand Rapids, MI

For more information about conference and abstract submission, [click here!](#)

ANNUAL MEETING AND SUMMIT

Annual Business Meeting 12:30 to 1:30pm
Summit begins 1:45pm
Special Guest:
APHA President, Dr. Randy McDonough

SAVE THE DATE!

Date: June 25, 2026

PUBLIC HEALTH NURSING SECTION



MICHIGAN PUBLIC HEALTH ASSOCIATION
Public Health Nursing Section

ANNUAL CONFERENCE

**Addressing
Misinformation/Disinformation
About Health**

SAVE THE DATE!

Tuesday, March 24, 2026

8:30 a.m. - 4:30 p.m.

Virtual link to be provided

As it becomes available, more information and registration will be posted on the MPHA website at <https://mipha.org/event-calendar/> and distributed by e-mail.

Questions? Contact Lynn McDaniels at mcdanielsl@hotmail.com

Contact hours will be available.



Section & Committee Contact Information



EPIDEMIOLOGY SECTION

To get more involved, please contact [Brian Hartl](#), Chair of the Epidemiology Section. Regular meeting for the 2026 Epidemiology Conference are ongoing. If you want to get involved, please [click here](#).

PUBLIC HEALTH NURSING SECTION

To get more involved, please contact [Belinda Aberle](#), MSN, RN, APHN-BC, Chair of the PHN Section. Regular meetings for the PHN Section are ongoing. To get more involved in their section, please [click here](#).

HEALTH EDUCATION AND HEALTH PROMOTION

To get more involved, please contact [Katherine Balint](#), DNP, APHN-BC, CHSE, CRRN, Chair of the HEHP Section. Regular meetings for the PHN Section are ongoing. To get more involved in their section, please [click here](#).

ORAL HEALTH SECTION

To get more involved, please contact [Marcia Mastracci Ditmyer](#), PhD, MBA, MS, MCHES, Chair of the OH Section. Regular meetings for the PHN Section are ongoing. To get more involved in their section or various committees, please [click here](#).

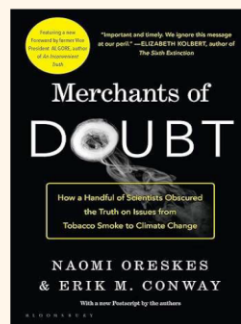
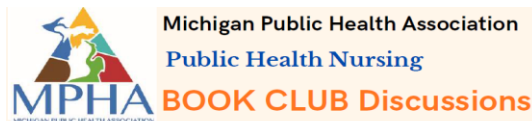
STUDENT SECTION

To get more involved, please contact [Dillion Glenn](#), Chair of the OH Section. Regular meetings for the PHN Section are ongoing. To get more involved in the section, please [click here](#).

Public Policy and Legislative Committee. If you want to get involved in the PPLC, contact [Stephen M. Modell](#), Chair or [Marcia Mastracci Ditmyer](#), Secretary. Regular meetings for the PPLC Section are ongoing. To get more involved in this committee, please [click here](#).

Program Committee. If you want to get involved in the PPLC, contact [Fatema Manou](#), Chair. Regular meetings for the PPLC Section are ongoing. To get more involved in this committee, please contact Fatema.

Membership. For more information about membership, [click here](#). If you have questions regarding membership, membership benefits, and other information about MPHA, its Sections and Committees, please contact [Marcia Mastracci Ditmyer](#).



JOIN US!

Tuesday
Feb 17,
2026
6:00 pm

- FREE
- One nursing CE unit offered
- Do not need to read the book to participate
- Not limited to MPHA members- All are welcome!
- Contact Lynn McDaniels for MS Teams link or to be placed on the email list for future announcements: mcdanielLsL@hotmail.com

For more information contact [Lynn McDaniels](#)

A Preventable Setback: Measles Resurgence

A Preventable Setback: Measles Resurgence and the Risk to U.S. Elimination Status

Christina Sellers, Stephen M. Modell, Marcia Mastracci Ditmyer

After nearly 30 years of keeping measles at bay, the United States now stands on the brink of losing one of its most significant public health achievements. The return of measles is no longer a theoretical concern—it is unfolding in real time. In January 2026, after nearly three decades, the United States is expected to lose its measles elimination status.

As of December 23, 2025, a total of 2,065 confirmed measles cases had been reported nationwide.¹ Alarming, 68% of these cases (n = 1,402) occurred among children and adolescents from birth to 19 years of age, with more than one-quarter (26%, n = 537) affecting children under the age of five—those most vulnerable to severe complications¹.

Table 1 illustrates the dramatic rise in measles cases year to date, highlighting a sharp and concerning trend. By March 2025, the number of confirmed cases had already surpassed the total reported for all of 2024, representing a staggering 625% increase.¹ Figure 1 further demonstrates the sustained and accelerating rise in measles incidence since 2021.²

Together, these data underscore a sobering reality: measles has reestablished a foothold in the United States. What was once a rare, preventable disease is once again circulating in communities—placing infants, children, and unvaccinated individuals at growing risk and signaling a dangerous erosion of decades of public health progress.

Table 1. Comparison 2024 to 2025 Reported Measles Cases U.S.

Year	Total Confirmed Cases	Outbreaks Reported
2024	285	16
2025	2,065	50

NOTE: CDC, 2026

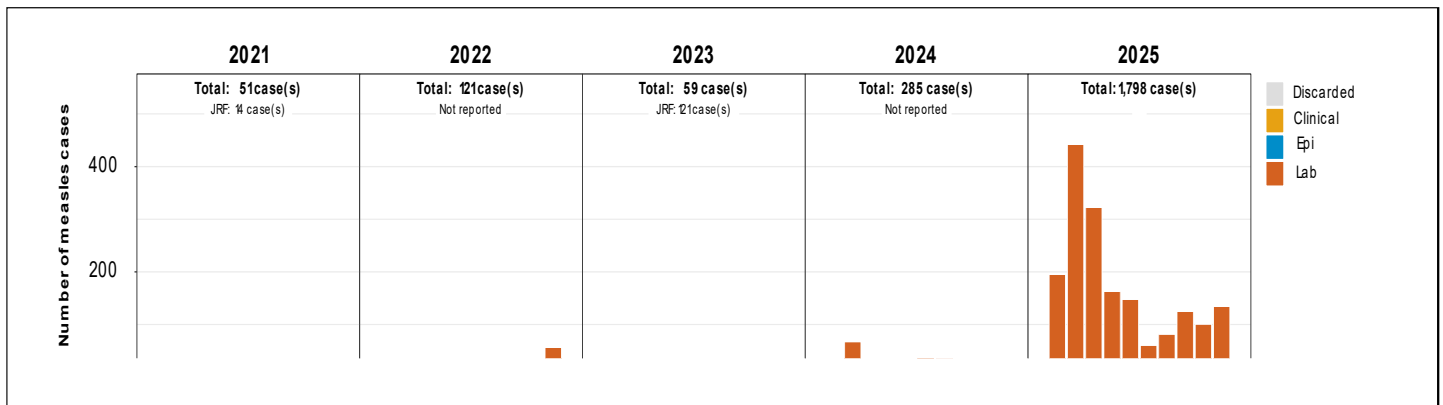


Figure 1. Measles Cases: U.S. (WHO, December 2024)

There have also been 49 measles outbreaks reported in 2025.¹ An outbreak is declared when there are 3 or more genetically-linked cases in the chain of transmission.^{1,3} Of the reported measles cases, 1,820 (88%) of cases are outbreak-associated with the Texas outbreak originating in January of 2025.¹

Of reported cases, 93% of those who have been infected have been unvaccinated or have an unknown vaccination status.¹ In 2025, Michigan experienced such outbreaks in Grand Traverse and Montcalm Counties (MDHHS 2025).⁴

A Preventable Setback: Measles Resurgence, Cont.

Measles Elimination Status to Be at Risk—and How Did We Get Here?

Measles is a highly contagious viral disease spread through the air when an infected person breathes, coughs, or sneezes.⁵ The consequences of infection can be severe. In 2024 alone, approximately 12% of reported measles cases required hospitalization, and three deaths occurred—two of them among children.^{1,6} Measles can also lead to encephalitis, a serious inflammation of the brain that occurs in approximately 1 in 1,000 cases.⁶ In addition, nearly everyone infected with measles experiences some degree of immune “amnesia,” a condition that weakens immune memory and leaves individuals vulnerable to other infectious diseases for years after recovery.⁶⁻⁷

Measles elimination status is determined by national public health authorities, including the Centers for Disease Control and Prevention (CDC), in coordination with international partners such as the Pan American Health Organization (PAHO) and the World Health Organization (WHO). The United States regularly reports data on measles cases, viral genotypes, outbreaks, and prevention efforts to these organizations. If continuous, genetically linked measles transmission—referred to as endemic measles—persists for 12 consecutive months, a country’s elimination status is revoked.⁸ The loss of measles elimination status would signal a major public health setback. It would mean a sustained increase in measles transmission, greater strain on the healthcare system, rising healthcare costs, and a reversal of decades of public health progress.⁹ For everyday Americans, this would translate into a new and unsettling reality—where a routine trip to the grocery store, a classroom visit, or a child’s playdate could carry the risk of exposure to a highly contagious and potentially deadly disease, particularly for those who are unvaccinated or medically vulnerable.

The United States’ Journey to Elimination

Routine measles vaccination in the United States began in 1967, with the first dose administered to infants at 12 months of age.¹⁰ Although vaccination initially led to a substantial decline in measles cases, outbreaks continued to occur. In response, the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommended the addition of a second dose of the measles-mumps-rubella (MMR) vaccine in 1989, to be administered prior to school entry.¹⁰ This two-dose schedule is supported by extensive scientific evidence, despite recent calls by the current administration to divide the vaccine into separate components.¹¹

The implementation of the two-dose MMR schedule, combined with school vaccination requirements and removal of financial barriers through the Vaccines for Children (VFC) program, resulted in a dramatic decline in measles cases nationwide. Between 1993 and 2001, measles incidence fell sharply, culminating in the United States being declared measles-free in 2000.⁹ Since that time, the U.S. has maintained elimination status; however, this achievement is increasingly at risk. Concerns have emerged that funding for the VFC program may be reduced under current federal budget proposals, threatening access to routine childhood immunizations.¹²

In 2018–2019, the United States experienced significant measles outbreaks. During the 2019 outbreak alone, approximately 1,250 cases were reported across 31 states.^{3,9} Sustained transmission nearly resulted in the loss of elimination status, but aggressive public health interventions and vaccination efforts successfully interrupted transmission before the 12-month threshold was reached. The 2019 outbreak represented the largest measles outbreak since elimination was achieved in 2000—until the current resurgence in 2025.^{1,13}

Vaccination remains the most effective public health intervention for preventing measles and other vaccine-preventable diseases.⁵ Despite this, vaccination coverage in the United States has steadily declined and now falls well below the 95% threshold required for herd immunity.⁶ A 2025 study published in *The Journal of the American Medical Association* reported that national two-dose MMR coverage declined from 93.92% prior to the COVID-19 pandemic to 91.26% in the post-pandemic period.¹⁴

State-level data reveal even greater concern. In Michigan, as of September 2025, only 78% of preschool-aged children had received one dose of MMR, and just 86% of adolescents aged 13–17 had completed the two-dose series.¹⁵ These rates fall well below the threshold required to prevent sustained transmission, placing Michigan communities at elevated risk for future outbreaks.

A Preventable Setback: Measles Resurgence, Cont.

Vaccine hesitancy remains a significant barrier to immunization uptake, fueled largely by misinformation and disinformation propagated through social media platforms.^{16–18} Persistent concerns—particularly the false belief that the MMR vaccine causes autism—continue to influence parental decision-making, despite overwhelming scientific evidence disproving this claim.¹⁹ The American Academy of Family Physicians has explicitly encouraged clinicians to reassure families about vaccine safety and address misinformation directly.²⁰

Stopping the Backslide

Urgent action is needed to reverse declining vaccination rates and protect public health. The American Academy of Pediatrics (AAP) supports medical exemptions only when clinically justified and determined on an individual basis.²¹ The AAP further recommends that states eliminate non-medical exemptions to school immunization requirements and implement safeguards to ensure that any medical exemptions are evidence-based and appropriately applied.²¹ Because only a small percentage of children have legitimate medical contraindications to vaccination, these policy changes would have a substantial impact on improving population-level immunity without placing undue burden on families.²² Historical precedent demonstrates that strong immunization policies are effective in preventing measles transmission.¹⁰ Restoring and maintaining high vaccination coverage will require coordinated policy action at the state level, including eliminating non-medical exemptions in Michigan. At the federal level, healthcare providers and public health professionals must advocate for continued funding of the Vaccines for Children program, which remains a cornerstone of equitable vaccine access.²³

Equally important are effective communication strategies. Parents benefit from open, respectful, and nonjudgmental conversations with trusted healthcare providers regarding vaccine safety and efficacy.¹⁰ Evidence suggests that vaccination education is most effective when initiated during pregnancy and reinforced at every well-child visit throughout early childhood.^{5,10,18,24} Reminder and recall systems for vaccinations and well-child visits have also been shown to improve immunization rates.¹⁰ Together, these strategies—strong policy, consistent access, trusted communication, and early education—represent the most effective path forward to protect children, preserve measles elimination status, and prevent the re-emergence of a disease that is both preventable and potentially deadly.

Footnote: While writing this article, an additional 153 cases were added in a matter of 3 weeks (December 9 to December 31).

References:

1. Centers for Disease Control and Prevention (CDC). U.S. Measles Cases 2025. Retrieved January 2, 2026 from [Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#).
2. World Health Organizations (WHO). Measles Global Update, December 2025. Retrieved January 2, 2026 from [WHO updates data on measles outbreaks each month](#)
3. Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control and Prevention (CDC). National Update on Measles Cases and Outbreaks – U.S. January 1 – October 1, 2019). Released October 4, 2019. Retrieved January 2, 2026 from [National Update on Measles Cases and Outbreaks – United States, January 1–October 1, 2019 | MMWR](#).
4. Michigan Department of Health and Human Services. (2025). Updates on Measles in the State of Michigan. Retrieved December 31, 2025, from [Measles Updates](#).
5. World Health Organization (WHO). Measles: Key Facts, 2025, Nov. Retrieved January 2, 2026 from [Measles](#).
6. Committee on Infectious Diseases, American Academy of Pediatrics. Red Book: 2024-2027 Report of the Committee on Infectious Diseases (33rd Edition). Edited by Kimberlin DW et al. April 2024: American Academy of Pediatrics DOI: <https://doi.org/10.1542/9781610027373>. Retrieved January 2, 2026 from <https://publications.aap.org/redbook/book/755/chapter/14079321/Measles>
7. Mina MJ, Kula T, Leng Y, Li M, de Vries RD, Knip M, et al. Measles virus infection diminishes preexisting antibodies that offer protection from other pathogens. *Science* 2019;366:599–606. Retrieved January 2, 2026 from <https://www.jpeds.com/article/S0022-3476%2819%2931728-7/fulltext>

A Preventable Setback: Measles Resurgence, Cont.

8. Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission. Pan American Health Organization, World Health Organization, Americas Region. Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission. How is a country re-verified after an outbreak? Retrieved January 2, 2026 from [Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission - PAHO/WHO | Pan American Health Organization](#).
9. American Academy of Pediatrics. With measles elimination status at risk, pediatricians are ‘most important line of defense.’ 2025, Nov. Retrieved January 2, 2026 from [With measles elimination status at risk, pediatricians are ‘most important line of defense’ | AAP News | American Academy of Pediatrics](#).
10. Jackson, MA, Harrison C. On the Brink: Why the U.S. is in Danger of Losing Measles Elimination Status. *Mo Med*, 2019 Jul-Aug;116(4):260–264. Retrieved January 2, 2026 from <https://pmc.ncbi.nlm.nih.gov/articles/PMC6699811/>
11. Czopek M, Why the measles, mumps and rubella vaccine is combined. Retrieved December 31, 2025, from <https://www.politifact.com/article/2025/oct/31/MMR-vaccine-combination-trump-separate>.
12. Turner W, RFK Jr.’s new regime puts vaccine coverage for low-income children in jeopardy. Retrieved December 31, 2025, from <https://healthlaw.org/rfk-jr-s-new-regime-puts-vaccine-coverage-for-low-income-children-in-jeopardy>.
13. IVAC International Vaccine Access Center. Johns Hopkins Bloomberg School of Public Health. U.S. Measles Cases Hit Highest Level Since Declared Eliminated in 2000. Published July 7, 2025. Retrieved January 2, 2026 from [U.S. Measles Cases Hit Highest Level Since Declared Eliminated in 2000 | International Vaccine Access Center](#).
14. Dong E, Salyed S, Nearchou A. et al. Trends in County-Level MMR Vaccination Coverage in Children in the U.S. *JAMA*, 2025, June 2, 334(8), doi:10.1001/jama.2025.8952. Retrieved January 2, 2026 from <https://jamanetwork.com/journals/jama/fullarticle/2834892>
15. Michigan Department of Health and Human Services (MDHHS). Michigan’s Statewide Quarterly Immunization Report Card. Retrieved January 2, 2026 from [State Level ReportCard.pdf](#).
16. Institute for Vaccine Safety. Johns Hopkins Bloomberg School of Public Health. Do Vaccines Cause Autism? Retrieved from January 2, 2026 [Do Vaccines Cause Autism? - Institute for Vaccine Safety](#).
17. Novilla MLB, Goates MC, Redelfs AH, et al. Why Parents Say No to Having Their Children Vaccinated against Measles: A Systematic Review of the Social Determinants of Parental Perceptions on MMR Vaccine Hesitancy. *Vaccines (Basel)*. 2023 May 2;11(5):926. doi: 10.3390/vaccines11050926. PMID: 37243030; PMCID: PMC10224336. Retrieved January 2, 2026 from <https://pmc.ncbi.nlm.nih.gov/articles/PMC10224336/>
18. O’Leary ST, Opel DJ, Catalki JR, et al. Strategies for improving vaccine communication and uptake, *Pediatrics* (2024) 153 (3): e2023065483. <https://doi.org/10.1542/peds.2023-065483>
19. Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health. Do vaccines cause autism? Updated May 19, 2025. Retrieved January 2, 2026 from [Do Vaccines Cause Autism? - Institute for Vaccine Safety](#).
20. American Academy of Family Physicians. (2025). Measles Vaccine. Retrieved December 31, 2025, from <https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/disease-pop-immunization/measles-vaccine.html>.
21. Haskell JM, Brothers K, Bode S, et al. Medical vs Nonmedical Immunization Exemptions for Child Care and School Attendance: Policy Statement. *Pediatrics* (2025) 156 (2): e2025072714. Retrieved January 2, 206 from <https://doi.org/10.1542/peds.2025-072714>
22. Seither R, Yusuf OB, Dramann D, Calhoun K, Mugerwa-Kasujja A, Knighton CL. Coverage with selected vaccines and exemption from school vaccine requirements among children in kindergarten—United States, 2022–23 school year. *MMWR Morb Mortal Wkly Rep*. 2023;72(45):1217–1224. PubMed doi: 10.15585/mmwr.mm7245a2.
23. Children’s Hospital of Philadelphia. (2025). Technically speaking: 5 avenues for vaccine advocacy. Retrieved January 1, 2025, from <https://www.chop.edu/vaccine-update-healthcare-professionals/newsletter/5-avenues-vaccine-advocacy>.
24. Frew PM, Lutz CS. Interventions to increase pediatric vaccine uptake: An overview of recent findings. *Hum Vaccin Immunother*. 2017 Nov 2;13(11):2503-2511. doi: 10.1080/21645515.2017.1367069. Epub 2017 Sep 26. PMID: 28949819; PMCID: PMC5703404. Retrieved January 2, 2026 from <https://pmc.ncbi.nlm.nih.gov/articles/PMC5703404/>
25. O’Leary ST, Opel DJ, Catalki JR, et al. Strategies for improving vaccine communication and uptake, *Pediatrics* (2024) 153 (3): e2023065483. <https://doi.org/10.1542/peds.2023-065483>

Community Events & Professional Development Opportunities

Below is a selection of upcoming events we think you'll find interesting. We encourage you to explore these opportunities—and if you attend and discover innovative ideas, please share them with us. We'd love to feature your experiences in a future *Voices of Public Health* newsletter. If you've never had the chance to present your work or attend a program—whether here in the U.S. or abroad—these upcoming events over the coming year are an excellent place to start. Take a look, get involved, and make the most of these opportunities to learn, connect, and highlight your expertise.

- ✓ [The FITEXPO](#), Los Angeles, CA, January 10-11, 2026
- ✓ [Population Health Spotlight Speaker Series: Dr. Manganello Webinar](#): January 21, 2026, 2:00pm
- ✓ [Nutrition & Supplementation in Clinical Care Conference](#): January 29-Feb 1, 2026, Carlsbad, CA.
- ✓ [AHA Rural Health Leadership Conference](#): Feb 8-11, 2026, San Antonio, TX
- ✓ [Transportation Banaza 17](#): February 11, 2026
- ✓ [NACHC's Anniversary Gala at 2026 Policy & Issues Forum](#), Oxon Hill, MD, February 9-12, 2026
- ✓ [Integrative Healthcare Summit](#): February 19-20, 2026, Hilton Midtown, New York, NY.
- ✓ [ACHE 2025 Congress on Healthcare Leadership](#): March 2-4, 2026, Houston, TX
- ✓ [HIMSS Global Health Conference & Exhibition](#), Las Vegas, March 9-12, 2026
- ✓ [Population Health Spotlight Speaker Series: Dr. Gerberding](#): March 11, 2026, 2:00pm
- ✓ [EPI Lifestyle Scientific Sessions 2026](#), Boston, MA March 17-20, 2026
- ✓ [2026 ASPPH Annual Meeting for Academic Public Health](#), Arlington, VA, March 18-20, 2026
- ✓ [International Public Health Conference](#), Singapore, March 19-20, 2026
- ✓ [6th Inter. Conference: Future of Preventive Medicine and Public Health](#), Rome, March 23-24, 2026
- ✓ [MPHA Annual PHN Conference 2026](#): March 24, 2026, Virtual
- ✓ [36th Annual Art & Science of Health Promotion Conference](#), Colorado Springs, March 25-27, 2026
- ✓ [Nursing Care Conference on Public Health](#), Charlotte, NC, March 26-27, 2026
- ✓ [Health 2.0 Conference](#): April 7-9, 2026, Las Vegas, NV
- ✓ [MPHA Annual Epidemiology Conference](#), Grand Valley State University, April 17, 2026
- ✓ [SOPHE's Annual Advocacy Summit 2026](#): April 22-24, 2026, Portland, OR
- ✓ [NNPHI Annual Conference](#): April 28-30, New Orleans (Public Health Institutes).
- ✓ [CDC, Epidemic Intelligence Service Conference](#), Atlanta, GA, April 20-23, 2026
- ✓ [HIMSS 2026 Global Health Conference & Exhibition](#): May 19-22, 2026, Las Vegas, NV.
- ✓ [NRHA Rural Health Conference](#): May 19-22, San Diego, CA (Rural Health).
- ✓ [Council of State and Territorial Epidemiologists \(CSTE\) 2026 conference](#), Boston, MA, May 31-June 4, 2026
- ✓ [APHA Policy Action Institute](#): June 9-10, Arlington, VA & Online (Policy).
- ✓ [2026 Society for Epidemiologic Research Conference](#), Phoenix, AR, June 23-26, 2026
- ✓ [MPHA Annual Meeting and Summit](#): June 25, 2026, Ingham County Health Department, Lansing, MI
- ✓ [2nd Edition of the Public Health & Midwifery Conference](#): Sept 18-20, 2026, Miami, FL
- ✓ [NASHP Annual Conference](#): Sept 28-30, New York City (State Health Policy).
- ✓ [Michigan Premier Public Health Conference](#): October 7-9, 2026, Blue Water Convention Center, Port Huron
- ✓ [2026 APHA Annual Conference and Expo](#): November 1-4, San Antonio, TX
- ✓ [16th International Conference on Health, Wellness & Society](#), Guadalajara, Mexico, Sept 19-11, 2026
- ✓ [19th European Public Health Conference 2026](#), Bilbao, Spain, November 10-13, 2026



[Click here](#) to access the Community Toolbox



- ✓ Council of State and Territorial Epidemiologists
- ✓ [Results](#) of the 2024 Epidemiology Capacity Assessment
- ✓ [Resource Section](#)
- ✓ [The CSTE Foundation](#)

Resources & Tools

There are so many valuable resources available for those working in public and community health. I've gathered some of them here in one place in the hope that they will be helpful to you. These are tools, ideas, and connections that have supported me throughout my career, and I'm excited to share them with you.

WELLNESS RESOURCES



- ✓ [Wellness Resources](#)
- ✓ [Wellness Toolkit](#)
- ✓ [Stay Well Program Resources](#)
- ✓ [Workplace Well-being Resources](#)
- ✓ [Prevention and Wellness](#)
- ✓ [Health and Wellness](#)
- ✓ [Professional Wellbeing](#)
- ✓ [Employee Whole Health](#)
- ✓ [Prioritizing Well-being in the PH Workforce](#)
- ✓ [National Plan for Health Workforce Well-Being](#)
- ✓ [Wellness Alliance](#)



TOOLS & RESOURCES

- ✓ [Policy Briefs](#)
- ✓ [Books](#)
- ✓ [Fact Sheets](#)
- ✓ [Research & Data](#)
- ✓ [That's Public Health Videos](#)
- ✓ [Public Health Buyers Guide](#)
- ✓ [Public Health and Equity Resource Navigator](#)
- ✓ [FAQs](#)

PROFESSIONAL DEVELOPMENT

- ✓ [Public Health Jobs](#)
- ✓ [Professional Development](#)
- ✓ [APHA Now Courses](#)
- ✓ [Public Health Careers](#)
- ✓ [Internships & Fellowships](#)
- ✓ [Networking Opportunities](#)
- ✓ [Awards & Honors](#)



Michigan Journal of Public Health

Promoting Public Health Practice, Research and Policy with a Focus on the Great Lakes Region



Mission and Purpose:

The mission of the Michigan Journal of Public Health is to promote public health practice, research, and policy with a specific focus on Michigan. The Michigan Journal of Public Health is a peer-reviewed, open-access journal with no publication fees. We encourage contributions from the field of practice, original research, and high-quality commentaries grounded in public health science. It is the expressed interest of this Journal to encourage the dissemination of public health research and practice focused on Michigan populations. The [Michigan Public Health Association](#) is the organizing entity of the Michigan Journal of Public Health.

To view the latest issue of the Michigan Journal of Public Health, [click here](#)

To submit an article, please go to: <https://scholarworks.gvsu.edu/mjph/>

Questions? Contact the editor, Dr. Sarah Nechuta at nechutas@gvsu.edu



MICHIGAN JOURNAL OF PUBLIC HEALTH

DECEMBER 2025 VOLUME 12, ISSUE 1

PEER REVIEWED JOURNAL FOR PUBLIC HEALTH PRACTICE, RESEARCH, AND POLICY IN MICHIGAN

EDITORIALS:

Letter from the President, Marcia Ditmeyer

Letter from the Editor, Sarah Nechuta

ARTICLES:

Influence of Rec-Connect on Youth Physical Activity in Michigan: A Multi-Year Look at Behavior Change, Cailyn A. Van Camp et al.

Deficiencies in Non-Emergency Medical Transportation for Aging Rural Residents of Iosco County, Michigan, Richard L. Douglass et al.

Fostering Dialogue, Learning, and Reflection: The Role of Book Discussions for Public Health Professionals, Naomi E. Ervin et al.

A Community-Based After-School Wellness Camp's Effect on Healthy Habit Beliefs, Staci A. O'Brien et al.

COMMENTARY:

Physical Therapy Direct Access to Unrestricted Access in the State of Michigan- Is Michigan Ready to Embrace Change? A Policy Analysis, Erica M. Fernandes et al.



A family practices jump roping on a summer day. Photo courtesy of Michigan Fitness Foundation. Printed with permission.

In this issue of the journal, Van Camp et al. present findings on the implementation of the Michigan Fitness Foundation's Rec-Connect demonstration series on physical activity participation post-program among youth aged 8 to 17 years in counties throughout Michigan. Rec-Connect is being used in communities to inspire and empower people to engage regularly in physical activity. Rec-Connect offers accessible activities for participants of all ages so they can make physical activity part of their regular routine.

Momentum Matters: 2025 Highlights & 2026 Priorities



Challenges We Faced

- ✓ Global health efforts were disrupted by significant foreign aid cuts.
- ✓ Public health agencies were dismantled or weakened, limiting capacity and trust.
- ✓ Vaccine hesitancy continued to spread, fueling the return of vaccine-preventable diseases.

Breakthroughs That Mattered

- ✓ A global pandemic treaty was signed, strengthening international preparedness.
- ✓ A game-changing HIV prevention injection entered the global response.
- ✓ Several countries exceeded expectations for HPV vaccination coverage.
- ✓ Overdose deaths began trending downward, signaling progress amid crisis.

Wins Worth Celebrating

- ✓ Continued deployment of advanced treatments and prevention strategies during filovirus outbreaks, including Ebola.
- ✓ New type 2 diabetes medications (SGLT2 inhibitors and GLP-1 receptor agonists) demonstrated reductions in heart and kidney disease risk.
- ✓ The first islet cell transplants for type 1 diabetes, enabled by new immunomodulatory therapy, allowed patients to discontinue insulin injections.

Questions That Shaped 2025

- ✓ Where is artificial intelligence heading—and how do we harness it responsibly for public good?
- ✓ Does acetaminophen (Tylenol) use during pregnancy increase autism risk?
- ✓ How do we prevent the next pandemic before it starts?
- ✓ How do we restore public trust in public health institutions?

Key Public Health Challenges for 2026

- ✓ Healthcare Affordability & Access: Rising insurance premiums, drug costs, and financial strain on hospitals threaten access and deepen inequities.
- ✓ Chronic Disease Burden: Obesity, diabetes, heart disease, and lifestyle-related conditions remain pervasive, even as new therapies emerge.
- ✓ Substance Use Disorders: Fentanyl-related deaths and alcohol misuse continue to devastate communities.
- ✓ Mental Health & Suicide: Escalating mental health needs demand sustained investment and attention.
- ✓ Infectious Diseases: Vaccine-preventable outbreaks—such as measles—risk becoming re-endemic in the U.S.
- ✓ Trust & Communication: Erosion of confidence in public health agencies, driven by political pressures and leadership changes, complicates effective messaging.
- ✓ Climate Change: Increasingly recognized as a fundamental driver of health outcomes, requiring urgent adaptation strategies.
- ✓ Health Equity: Persistent and widening disparities tied to social determinants of health remain a central challenge.

Emerging Trends & Areas of Focus

- ✓ AI & Digital Health: Integrating artificial intelligence and digital tools to improve care delivery and system efficiency.
- ✓ Prevention First: Shifting from reactive care to proactive prevention and chronic disease management.
- ✓ Workforce Transformation: Addressing staffing shortages while aligning workforce strategies with evolving technologies and care models.

How to Get Involved with MPHA?

Getting involved in the Michigan Public Health Association (MPHA) is a great way to make meaningful contributions to public health across the state while also expanding your professional network. Here are some of the best ways to get involved:

1. **Become a Member.** Start by becoming an official member if you aren't already. Membership provides access to:
 - ✓ Networking opportunities.
 - ✓ Events and conferences.
 - ✓ MPHA updates and newsletter.
 - ✓ Opportunities to serve on committees and workgroups.
 - ✓ Join MPHA by clicking [here!](#)
2. **Join a Section or Committee.** MPHA has several sections/committees aligned with different public health focus areas, such as:
 - ✓ Epidemiology, Public Health Nursing, Public Policy and Legislation, Membership engagement, Health Education and Promotion, and Environmental health.
 - ✓ This is where much of the meaningful work happens—and they are always looking for passionate members!
3. **Attend Annual Events & Conferences.** Participate in MPHA's conference or any of the educational seminars, webinars, or learning opportunities. These are excellent ways to:
 - ✓ Learn from experts.
 - ✓ Present your own work.
 - ✓ Connect with other public health professionals.
4. **Michigan Journal of Public Health.** The mission of the MJPH is to promote public health practice, research, and policy with a specific focus on Michigan. This is an excellent avenue to:
 - ✓ Contribute to the field of practice grounded in public health science.
 - ✓ Contribute to the growing body of public health literature.
 - ✓ Enhance your career advancement by expanding your professional visibility.
 - ✓ Connect with other researchers and practitioners.
5. **Run for a Leadership Position**

MPHA is always looking for emerging leaders. You can:

 - ✓ Serve on the Board of Directors.
 - ✓ Chair or co-chair a committee.
 - ✓ Volunteer as a regional representative.
 - ✓ Leadership positions often open each year and are announced to the membership.
6. **Contribute to the Newsletter.** The *Voices of Public Health* newsletter welcomes member contributions. You can:
 - ✓ Share articles or stories.
 - ✓ Highlight public health efforts in your community.
 - ✓ Promote events or initiatives.
7. **Spread the Word.** Help grow MPHA's impact by:
 - ✓ Inviting colleagues to join.
 - ✓ Sharing MPHA posts and events on social media.
 - ✓ Representing MPHA at your workplace or school/institution.
8. **Student Involvement.** If you're a student:
 - ✓ Join as a student member at a discounted rate.
 - ✓ Participate in student-focused events.
 - ✓ Apply for internships or mentorship opportunities through MPHA.

Call for Submissions: Voices of Public Health – 1st Quarter 2026

We are now accepting **newsworthy items and content** for the upcoming issue of *Voices of Public Health*, MPHA's quarterly newsletter. The next edition will be published **January 2026**.

We welcome contributions that highlight the work and achievements of our members and partners since the last issue, including:

- Public health events, learning opportunities, or community outreach.
- Noteworthy accomplishments or awards
- Creative projects or initiatives
- Member spotlights or profiles
- Innovative ideas or stories that reflect the mission of MPHA.

Whether you're sharing a success story, promoting an upcoming program, or shining a light on someone making a difference, we want to hear from you!

- **Submission Deadline:** March 15, 2026
- **Submit your content here:** [\[Click here\]](#)

Let's work together to amplify the incredible public health efforts happening across Michigan!



Click here to submit content, event, or
announcements in January 2026
newsletter

Closing Message & Quote



When public health is tested, unity becomes our strength. MPHA brings together practitioners, researchers, students, and advocates to turn shared concern into collective action. Joining MPHA in 2026 is an investment in our profession—and in the health of Michigan's future.

“Alone we can do so little; together we can do so much.”

— **Helen Keller**