ISSUE 04: 3rd Quarter 2026

MPHA

VOICES OF PUBLIC HEALTH NEWSLETTER

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

President's Message

Moving Public Health Forward Together

Dear MPHA Members, Partners, and Friends,

As we move into summer, I want to take a moment to thank each of you for your continued commitment to protecting and advancing the public's health across Michigan. Public health work is never seasonal—it is constant, evolving, and deeply rooted in the communities we serve. Yet summer offers us an opportunity to pause, reconnect, learn together, and refocus our collective energy on the work ahead.

This season is especially exciting for MPHA. We are building momentum through opportunities for professional development, statewide collaboration, and enhanced member engagement. Whether through our Annual Meeting & Summit, new educational programming, or improvements to how we communicate and connect with members, MPHA continues to grow and evolve because of your involvement and dedication.

I am excited to share several important updates and opportunities happening this summer.

MPHA Annual Meeting & Summit – June 25, 2026

We are looking forward to welcoming members, partners, and public health leaders from across the state to the MPHA Annual Meeting & Summit, taking place on **Thursday, June 25, 2026, from 11:00AM-5:00PM** at the MSUFCU Headquarters Building 2 in East Lansing.

This year's theme, **"Continuing to Protect the Public's Health,"** reflects both the challenges and opportunities facing our profession today. The summit will provide opportunities to network, learn, and engage in meaningful dialogue around the future of public health in Michigan.

We are especially honored to welcome Dr. Nandi Marshall, President of the American Public Health Association, as our keynote speaker. In addition to educational sessions and networking, we will also celebrate MPHA accomplishments, conduct our Annual Business Meeting, and formally announce our newly elected Board of Directors.

I encourage you to join us for what promises to be an energizing and inspiring day of learning, collaboration, and celebration. The link for registration and sponsorships is found later in this newsletter.

President's Message (Cont.)

Extreme Heat & Health Training Pilot – July 9, 2026

As temperatures rise and climate-related health risks continue to impact communities, MPHA is proud to be one of only five state affiliates selected by the APHA to participate in the **Extreme Heat & Health Training Pilot**.

This important initiative reflects the growing need to better understand, anticipate, and respond to heat-related health concerns, particularly among vulnerable populations.

The **free training** will take place on **July 9, 2026, from 12:00 p.m.–4:00 p.m.** and is designed for public health professionals, healthcare providers, community partners, emergency preparedness professionals, and others interested in climate and health preparedness.

This is an exciting opportunity to expand knowledge, build statewide capacity, and engage in conversations about emerging public health priorities. We hope many of you will join us for this timely and impactful training. More information can be found later in this newsletter.

A New MPHA Website Is Coming Soon!
One of the initiatives we are particularly excited about is the upcoming launch of the **new MPHA website** through our partnership with *MemberLeap*.

Our goal is to create a more engaging, user-friendly experience for members and visitors alike. The new site will enhance communication, improve access to events and resources, streamline membership functions, and create stronger opportunities for connection across our sections and committees.

Features will include improved event registration, member resources, communication tools, and a more dynamic platform to help us better serve Michigan's public health community.

We look forward to sharing more details soon and are excited for what this new chapter will bring for MPHA.

Looking Ahead Together

Public health has always been strengthened through partnership, innovation, and a shared commitment to improving the lives of others. As we move through the summer months, I encourage you to stay connected, participate in upcoming events, and continue engaging with MPHA as we collectively work to advance the health and well-being of all Michiganders.

Thank you for all you do—often behind the scenes—to strengthen communities, advocate for prevention, and protect the public's health. It is truly an honor to serve as your President, and I remain inspired by the passion, expertise, and dedication of our members.

I look forward to seeing many of you this summer.

Warmly,

Marcia Mastracci Ditmyer, PhD, MS, MBA, MCHES

2026 Annual Business Meeting and Summit

Registration Open!

MICHIGAN PUBLIC HEALTH ASSOCIATION

2026 ANNUAL BUSINESS MEETING & SUMMIT

Continuing to Protect the Public's Health

June 25, 2026 | 11:00 am - 5:00 pm |
MSUFCU Headquarters Building 2
3899 Coolidge Rd. East Lansing, MI

Member $40 | Non-Member $60
Lunch Included! Students rates available!

Keynote Speaker

Dr. Nandi Marshall, APHA President

Professor and Associate Dean for Academic Affairs in the Jiann-Ping Hsu College of Public Health at Georgia Southern University

Scan to Register Today!

Scan for Sponsorship Opportunities!

Click here to register today!

Click here for sponsorship opportunities!

2026 Annual Business Meeting and Summit (Cont.)

Please remember to register prior to Monday, June 22nd at 5pm to ensure a lunch is available for you.

In addition, for those who require hotel accommodations, we have booked a block of rooms at:

Candlewood Suites Lansing
3545 Forest Road
Lansing, MI 48910
Phone : (517)-351-8181 Ext. 412
The room cost is $104 (if rooms still available)
Book your room here.

We look forward to seeing you on June 25th!!

Extreme Heat and Health: Heat Training Pilot

Join us for an engaging virtual training focused on the growing public health impacts of extreme heat and the strategies communities can use to stay safe and prepared. This interactive session is designed for healthcare professionals, public health practitioners, educators, community leaders, and anyone interested in climate and health advocacy. Participants will learn how extreme heat affects health and explore ways to strengthen prevention, communication, and public health response efforts through real-world application and collaboration. Participants will watch short videos, engage in small-group discussions, and participate in hands-on activities designed to encourage collaboration and real-world application.

At the end of the program, participants will:

- understand climate change basics and their connection to extreme heat;
- recognize risk factors, symptoms, and treatment for heat-related illnesses;
- explore prevention strategies at both clinical and public health levels;
- build confidence in communicating about extreme heat and health impacts; and
- develop messaging strategies that inspire awareness and action.

Training Details

Date: July 9, 2026
Time: 12:00PM to 4:00PM
Location: Virtual via Zoom

Following the training, participants will also have the opportunity to join a national network of nearly 5,000 Climate Ambassadors with access to advocacy tools, resources, events, and ongoing support opportunities.

Click here to register.

Integrating Traffic Safety into Public Health Practice: A Community Focused Brief for Public Health Professionals

By: Sandra Enness, MPH, MA
Michigan State Police Office of Highway Safety Planning

Executive Summary
Motor vehicle crashes remain one of Michigan's most preventable causes of death and serious injury. According to the Michigan Traffic Crash Facts program, a traffic crash occurs in the state approximately every two minutes, and a traffic-related fatality occurs nearly every eight hours.[1-2] Beyond the human toll, crashes impose substantial economic, social, and health burdens on individuals, families, employers, healthcare systems, and communities. As such, traffic safety should be viewed not solely as a transportation issue, but as a critical public health priority. This brief highlights opportunities for public health practitioners to incorporate traffic safety promotion into existing community health programs through the use of local data and readily available educational resources. By integrating evidence-based prevention strategies into ongoing public health initiatives, agencies can contribute to reducing injuries and fatalities while promoting safer communities throughout Michigan.

Background: Traffic Crashes as a Public Health Issue
Traffic-related injuries are among the leading causes of preventable death in the United States. The National Highway Traffic Safety Administration (NHTSA) identifies speeding, impaired driving, distracted driving, and low seat belt use as major contributors to motor vehicle crashes and recognizes these behaviors as significant public health concerns.[3] In response, NHTSA and the U.S. Department of Transportation have adopted the Safe System Approach, which acknowledges that human error is inevitable and focuses on designing transportation systems that minimize the likelihood and severity of crashes.[4]

Traffic crashes affect not only motorists but also pedestrians, bicyclists, motorcyclists, and other vulnerable road users. The consequences extend far beyond immediate physical injuries and include disability, mental health effects, lost productivity, increased healthcare expenditures, and diminished quality of life. In Michigan, the continual occurrence of crashes, injuries, and fatalities underscores the need for sustained prevention efforts and community-based interventions.[1-2]

Using Local Data to Inform Outreach
Effective prevention begins with understanding local patterns of injury and risk. County-level crash data provide valuable information that can guide education and intervention efforts. The University of Michigan Transportation Research Institute (UMTRI) maintains the Michigan Traffic Crash Facts Dashboard, an interactive system that enables users to examine crash trends, geographic patterns, contributing factors, and populations at greatest risk.[5]

Public health practitioners can utilize these data to identify priority populations, high-risk roadways, seasonal trends, and specific crash types. Such information can be used to support community health assessments, strategic planning efforts, grant applications, and targeted educational campaigns. UMTRI also provides additional transportation research and analytical tools that support evidence-based decision-making and data-driven prevention strategies.[6]

Opportunities for Public Health Integration
Local health departments and community-based organizations routinely engage individuals and families through programs addressing maternal and child health, chronic disease prevention, injury prevention, aging services, behavioral health, and community outreach. These existing touchpoints provide natural opportunities to incorporate concise and actionable traffic safety messages.

Integrating Traffic Safety into Public Health Practice: A Community Focused Brief for Public Health Professionals (Cont.)

Examples include promoting seat belt use during health screenings, discussing child passenger safety during maternal and infant health visits, incorporating distracted driving messages into adolescent health programs, and providing pedestrian and bicycle safety education to older adults and active transportation users. Integrating traffic safety messages into routine public health activities helps normalize protective behaviors and reinforces the understanding that transportation safety is an essential component of community health. Public health agencies are uniquely positioned to serve as trusted messengers and important partners in multidisciplinary efforts aimed at reducing preventable injuries and deaths.

Free Resources to Support Traffic Safety Work

The Michigan Office of Highway Safety Planning (OHSP), a division within the Michigan State Police, offers a variety of educational resources at no cost to organizations throughout the state.[7] Available materials include brochures, posters, banners, campaign toolkits, and educational resources addressing impaired driving, distracted driving, seat belt use, pedestrian safety, motorcycle safety, and child passenger protection. These resources allow local public health agencies to expand prevention messaging and community engagement activities without placing additional strain on already limited budgets. Incorporating these materials into existing health promotion programs represents a cost-effective strategy for enhancing community awareness and promoting safer behaviors.

Conclusion

Traffic safety and public health are closely interconnected. Motor vehicle crashes are predictable and preventable events that demand a comprehensive approach involving education, engineering, enforcement, and community engagement. Public health professionals play a critical role in advancing these efforts through surveillance, health education, partnership development, and population-based interventions.

By leveraging local crash data, integrating evidence-based safety messages into existing programs, and utilizing free educational resources available through state partners, public health agencies can help reduce injuries, prevent fatalities, and improve the health and well-being of communities across Michigan. Small interventions implemented consistently across diverse settings have the potential to save lives and create lasting improvements in transportation safety.

References

1. *Michigan Traffic Crash Facts*. "Statewide Crash Statistics." Michigan Traffic Crash Facts, 2024, https://www.michigantrafficcrashfacts.org.
2. *Michigan Traffic Crash Facts*. *General Crash Facts*. Michigan Traffic Crash Facts, 2024, https://www.michigantrafficcrashfacts.org/doc/fact-sheets/full_document.
3. National Highway Traffic Safety Administration. *Traffic Safety Facts: Behavioral Research*. U.S. Department of Transportation, 2023, https://www.nhtsa.gov/behavioral-research.
4. U.S. Department of Transportation. *Safe System Approach*. National Roadway Safety Strategy, 2023, https://www.transportation.gov/NRSS/SafeSystem.
5. University of Michigan Transportation Research Institute. *Michigan Traffic Crash Facts Dashboard*. UMTRI, 2024, https://www.crashfacts.org.
6. University of Michigan Transportation Research Institute. *UMTRI Research and Data Tools*. UMTRI, 2024, https://www.umtri.umich.edu.
7. Michigan Office of Highway Safety Planning. *Michigan Traffic Safety Materials Catalog*. Michigan State Police, 2024, https://www.michigan.gov/msp/ohsp/michigan-traffic-safety-materials-catalog.

MPHA Board Opportunity: Call for Secretary!!

MPHA Board Opportunity: Call for Secretary

Are you looking for a meaningful way to become more involved in the Michigan public health community? The Michigan Public Health Association is currently seeking a **Board Secretary** to join our leadership team!

Serving as Board Secretary is an excellent opportunity to contribute to the advancement of public health in Michigan while building connections with professionals and leaders from across the state.

Whether you are an emerging public health professional or a seasoned leader looking to give back, we encourage you to consider this important service opportunity.

Why Serve?

Serving on the MPHA Board provides an opportunity to:

- Contribute to advancing public health initiatives across Michigan.
- Engage with public health professionals, educators, practitioners, and community leaders.
- Gain leadership experience within a statewide professional organization.
- Help shape the future direction and priorities of MPHA.
- Give back to the profession and communities we serve.

Role of the Board Secretary

The Board Secretary plays an important role in supporting the work of MPHA through:

- Recording and maintaining accurate meeting minutes for Board meetings and the Annual Business Meeting
- Assisting with board communication and official records
- Supporting organizational continuity and governance activities in collaboration with MPHA leadership

Who Can Apply?

The only requirement is that you are a **current MPHA member** with an interest in supporting the mission and work of the Association. A commitment to public health, collaboration, and organizational engagement are key qualities we are seeking. This is a wonderful opportunity for anyone wanting to become more engaged, expand their professional network, and make a meaningful contribution to public health in Michigan.

If you are interested in serving or would like to learn more, please contact **Marcia Ditmyer, PhD at mditmyer@svsu.edu** by Friday, **June 26th at 5PM.**

We hope you will consider joining us as we continue protecting and advancing the public's health in Michigan—together.

"The best way to find yourself is to lose yourself in the service of others."
~Mahatma Gandhi

Member Spotlight – Liyal U Ruffin


Livah U. Ruffin

Liyah Ruffin is among the newest members of the Saginaw Valley State University alumni family, having graduated in Winter 2026 with a Bachelor of Science in Public Health with a concentration in Administration and a minor in Chemistry. Her academic journey at SVSU reflects both intellectual curiosity and a commitment to serving others. When Liyah first arrived at SVSU, her goal was to pursue a career as a Medical Laboratory Scientist. As she progressed through her coursework, however, she discovered a growing passion for research development, healthcare policy and regulation, pathophysiology, health education, and direct community engagement. Recognizing that public health would allow her to combine her love of science with her desire to improve the health of populations, she made the decision to change majors. That decision proved to be transformative, providing her with the opportunity to study how evidence-based approaches can be used to prevent disease and address emerging health challenges affecting communities at both the local and national levels.

Committed to continuing her education, Liyah has enrolled in SVSU's Combined BS/MPH Program and is currently pursuing her Master of Public Health degree. She expects to complete the program in Winter 2027 and looks forward to further developing the knowledge and skills necessary to make a meaningful impact in the field.
Liyah recently completed an academic internship under the mentorship of Dr. Marcia Ditmyer, Dean of the College of Health & Human Services, and Kelsey Phelps, an active leader within the Michigan Public Health Association (MPHA). Through this experience, she gained firsthand exposure to professional public health practice and organizational leadership. Her internship activities included attending MPHA Board of Directors meetings, participating in her first MPHA Epidemiology Conference, learning to manage content through a Content Management System (CMS), and contributing articles highlighting pressing issues affecting population health. Reflecting on the experience, Liyah expressed deep appreciation for the opportunity to work alongside dedicated public health professionals.

"It was an honor working alongside healthcare professionals who are truly committed to making a difference in the community," she said.

As she concludes this internship, Liyah hopes to continue her involvement with MPHA through another graduate-level internship. She looks forward to assuming new responsibilities, expanding her understanding of organizational operations, and collaborating with diverse communities and public health partners across Michigan.

Outside of her academic and professional pursuits, Liyah is a devoted wife and proud mother of two beautiful daughters. Family remains at the center of her life, and she is passionate about being actively involved in her children's education. Whether attending PTO meetings, volunteering at school events, or simply serving as a positive example, she believes that investing in her children's growth and development is just as important as building a successful career. For Liyah, professional achievement and family commitment go hand in hand.

Looking toward the future, Liyah hopes to begin her career as a Public Health Data Analyst or pursue opportunities in healthcare administration. Ultimately, she aspires to become a Clinical Epidemiologist, combining her passion for research, data, and community health to improve outcomes and address complex health challenges.
Through her dedication to learning, service, and family, Liyah Ruffin exemplifies the spirit of Saginaw Valley State University and represents the next generation of public health leaders committed to creating healthier communities for all.

APHA Policy & Advocacy Information

APHA 2026 Advocacy Priorities

- Increase and protect funding for vital public health agencies and programs and strengthen the nation's public health infrastructure and workforce.
- Defend existing federal public health programs and the workforce in light of ongoing efforts to defund important agencies and programs and dramatically reduce the federal public health workforce.
- Uphold and strengthen the Affordable Care Act and the Medicaid program and further expand access to health coverage and services.
- Tackle the health impacts of climate change.
- Protect access to women's health services and reproductive health care.
- Strengthen and uphold critical public health laws, including defending and challenging existing public health and environmental health laws and regulations in the federal courts.
- Address the nation's gun violence epidemic by advocating for interventions to reduce firearm-related morbidity and mortality and maintaining and expanding funding for gun violence prevention research at CDC and NIH.
- Advocate for the humane treatment of all immigrants, including in detention facilities, and support access to needed health services, safe living conditions and nutritious food.

What can you do?

- Send an action alert.
- Spread the word and Speak for Health.
- Check out this handy summary of APHA's 2025 advocacy priorities.

APHA

AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

Advocacy for Public Health

Advocating for better national public health, APHA, in coordination with its members and state and regional Affiliates, works with key decisionmakers to shape public policy to address today's ongoing public health concerns. Those include ensuring access to care, protecting funding for core public health programs and services and eliminating health disparities. APHA is also working on other critical public health issues including public health and emergency preparedness, food safety, hunger and nutrition, climate change and other environmental health issues, public health infrastructure, disease control, international health and tobacco control.

Latest Updates

- ✓ **Watch: Making sense of the buzzwords and protecting public health**
- ✓ **Take Action**
- ✓ **Vote for Health:** Check out our voting toolkit for information on voter registration, voting deadlines, voting healthy guidelines and more.
- ✓ **Stay Informed**

Oral Health Section

Goals and Objectives

Goal 1: Provide a forum for members to discuss oral health issues, share information about community oral health programs, solve program challenges, and direct advocacy efforts.

Goal 2: Support the mission of the Michigan Public Health Association (MPHA) and the Michigan Oral Health Coalition (MOHC) through active participation, advocacy, and integration of oral health with other public health disciplines.

Links

- Michigan Oral Health Coalition
- Michigan Oral Health Program
- Healthy People 2030: Oral Health Objectives

Community Water Fluoridation Resources

- The Centers for Disease Control and Prevention
- The National Institute for Dental and Cranial Research
- The American Dental Association
- I Like My Teeth

Michigan Journal of Public Health

Yes- can you share that the MJPH is still accepting new submissions through July 15, 2026.

MJPH Lunchtime Learning Series.

Thursday, September 17th at 12pm

MJPH Author research presentation: Richard Douglass MPH, PhD; Professor Emeritus at Eastern Michigan University.

Click here to register. Registration

Public Policy and Legislative Committee: Making an Impact

The Public Policy and Legislation Committee has been busy advancing public health across Michigan! How can you influence policy?

Every citizen can advocate on behalf of public health. Those employed in government should forward messages to their State Legislators and Members of Congress after business hours and use only personal stationary, email addresses, and personal telephone.
Let your local, state, and federal representatives know how you, the voter, feel about issues. To get involved in MPHA's Policy Committee, please contact Stephen Modell.

Preparing Michigan for Extreme Heat: Why Training and Policy Matter
As temperatures continue to rise and heat events become more frequent and severe, extreme heat is emerging as one of the most significant climate-related public health threats facing communities across Michigan. Heat-related illnesses and deaths are preventable, but protecting vulnerable populations requires awareness, preparedness, and coordinated action. Recognizing this growing need, Michigan is participating in a pilot initiative with the American Public Health Association (APHA), **Extreme Heat & Health: Strategies for Prevention and Action Training**. This interactive virtual training will equip healthcare professionals, public health practitioners, educators, community leaders, and advocates with practical tools to address the health impacts of extreme heat.

Don't forget to sign up for the free training**. See page 4 for registration details.**

Exciting News: NEW MPHA Website Coming Soon!

Get ready for a fresh look and a host of new features! Our website is getting a makeover—same URL, **mipha.org**, but with a more modern design, easier navigation, and more ways to stay connected with Michiga

Whether you're looking for the latest updates from MPHA, ways to get involved, or tools to support your public health work, the new site will make it easier than ever to access what you need—and help us get the word out about public health across the state. Stay tuned for the launch and explore all the ways the new website can help you engage with Michigan's public health community!

July's Highlight Article

From Invisibility to Elder Abuse Recognition Week – A Personal Journey

By: Richard Douglass, MPH, PhD.

It seems like it has been a long time since August of 1978. I was just 14 years post-doc. and I was in a marriage to a remarkable social worker for less than 18 months. I was only 10 months into an academic appointment at the Institute of Gerontology at The University of Michigan and the new kid on the block at the Institute where I had the only degree or field work experience in public health. Although I was brought into the Institute because I could manage very large databases, my heart was still focused on social epidemiology which I had practiced since my initial training at CDC in Atlanta. My grounding was "shoe leather epidemiology".

The story that I am about to tell reflects each of the critical elements above. The significance of a newly married man who needed to listen to the observations of his partner, being innocent and unread in the traditions of the evolving field of gerontology, and the opportunity to use what I had learned in my career in applications. All of this came together into an intense period of innovation by necessity and discovery. In fact, the sequence of events and remarkable opportunities that I experienced over the next many years focused on issues and circumstances in society that few had recognized at all and no one had systematically studied.

This is also a story that illuminates how new research questions seem to emerge independently at the same moment in history; questions never raised systematically before in academic or practice settings. Spontaneous independent discovery is a fascinating process. Sometimes the festering sores of social pathology remain unseen, undefined and invisible.

An Unexpected Question

My wife, Pat, worked for the Michigan Department of Social Services (DSS), where she handled prior authorizations for Medicaid recipients being admitted to nursing homes. I usually got home first and, because I enjoyed cooking, I often made dinner. One evening, Pat came home late, said nothing, went upstairs, and went straight to bed. Like many newlyweds, I wondered what I had done wrong.

The next morning Pat woke up very early and seemed to be racing to get dressed and go to work. She still had said nothing at all since arriving home the previous evening. So, I asked her what I had done to provoke such silence and she instantly said, "It has nothing to do with you." Then she proceeded to walk to the door. I jumped between her and the door and pleaded to know what was wrong and what had made her so very upset.

"It has nothing to do with you," she replied.

Eventually, she explained that she had interviewed two women in their mid-eighties seeking Medicaid assistance and placement in nursing homes. One had large patches of hair missing and visible sores on her scalp. Another bore what appeared to be cigarette burns on the back of her hand. In my naivety, I immediately blamed the nursing homes.

Pat stopped me.

"You weren't listening," she said. "These women had never spent a day in a nursing home."

Then came the realization that changed the trajectory of my career.

"Do you mean," I asked, "that they were mistreated at home?"

"Yes," she replied, "by those who claim to love them."

Those words stayed with me.

The Right Question at the Right Time
That afternoon in Ann Arbor at the Institute of Gerontology Dean Wilbur Cohen, who was the Dean of the Michigan School of Education, was having a meeting with Harold Johnson, the Institute Director. Wilbur Cohen was a co-author of the original Social Security Act with his friend, Florida Senator Claude Pepper who chaired the Select Committee on Aging of the Senate.

When I walked past his office Harold Johnson asked me to come in to meet Dean Cohen. Then, out of nowhere, he asked me to describe my first months in the Institute of Gerontology and what new research questions I might have been thinking about. To be honest, I did not think that some of the Institute's research questions were very important, including the definition of a good retirement and animal models of retirement. It seemed to me that there must be more potent issues needing research and discovery. But this reflects the prejudice of public health people's fascination with pathologies. So, as unprepared as I was for the question, I simply said, "If the new research from Michigan State has demonstrated widespread abuse and neglect of children by parents who claim to love them, and if spouses, usually wives, are abused by partners who claim to love them, as we know from work at Wayne State, is it inconceivable that vulnerable and dependent elderly people might be mistreated by adult caregivers, sons or daughters who claim to love them?

Dean Cohen asked me to sit down and explain what I meant. Then another faculty member who heard my question said, from the hallway, "Douglass should resign right now because he just insulted the whole field of social gerontology!" The words rang in my ear.

I related what Pat had said to me a few hours earlier and Dean Cohen picked up Harold Johnson's desk phone and called the private number to reach Claude Pepper. I was asked to repeat my rhetorical question to Senator Pepper. Within a week Senator Pepper had tapped into three other groups who were raising the possibility of domestic mistreatment of the elderly. Jordan Kosberg at Cleveland State University, Marylin Block at the University of Maryland, and Elizabeth Rathbone-McCuan at Wahington University in St. Louis, Missouri all communicated to the Select Committee on Aging, advisory to the U.S. Administration on Aging, that they were considering examining health care or social services records to see if patterns of domestic mistreatment could be identified.

Investigating the Invisible
By mid-September 1978, the Administration on Aging sent out an RFP for two studies of "domestic maltreatment of the elderly".

I considered what Pat had said, what I had begun to wonder about, and concluded that institutional records might not be coded sufficiently to make it possible to actually detect evidence of such undefined "maltreatment." I dug into my social epidemiology toolbox and wrote a proposal to go into the field, directly to a wide array of people working with elderly populations and asking them probing questions about their experience and observations.

that might verify, or challenge, the idea of domestic maltreatment of elderly people by those who care for and at least claim, to love them. To design such a study, we needed to borrow research strategies from the literature in in child abuse and spouse abuse. We considered fields of practice ranging from medicine to religious leaders, social workers, nursing home administrators, police officers and even funeral home directors if their routine workdays were at least 60% devoted to working with seniors. Our application was approved, along with a parallel study led by Marylin Block, in October 1978. In November the State of Michigan, thanks to a champion of the vulnerable named Joe Larosa, took funds from the Adult Protective Services budget doubled the size and scope of our project. I assembled a team by the end of December, and the first staff meeting was started with my admission that, "What we are about to do has never been done before. We will need to invent, beg, borrow, or steal methods and strategies to pull off this investigation."

In December 1978 there was only one publication in the English language in any peer-reviewed professional journal addressing elder abuse or neglect. The acknowledgement of elder abuse did not emerge in medical literature until 1975 when Dr. G.R. Burston, an emergency physician in Southmead, Hospital published an entry in the *British Medical Journal* entitled 'Granny-battering'. Burston claimed that abuse being disguised as older people 'falling' was ultimately "… another manifestation of the inadequate care we as a profession give to elderly people and to their relatives who are left with the task of coping with them unaided and unsupported by us." In 1978 there were no codes, record keeping or reporting procedures in hospital, physicians' offices, social service offices, police, courts or legislatures that defined what was actually treated by many professions, case by case, without cognition of the precipitating causes or pathological causal sequences.

Thanks to the lucky availability of a very bright linguist named Catherine Noel, who joined my team as a research associate (think Chief of Staff) we began to look into field methods of investigation, survey instrumentation, case studies and narratives and from a crazy combination of discipline inputs. By the end of February 1979, we had created and pilot tested a 45–90-minute interview instrument, selected respondents from a dozen job and professional groups, and hit the field in Kent, Lake, Marquette, Oakland, Washtenaw, and Wayne Counties.

The interview process produced what we hoped not to find. Often respondents, like a social worker in Oakland County, told me after claiming that "We just don't see this sort of thing. I really don't recall any cases." Followed by an embarrassed pause and the statement, "I'm sorry, but I think we should start the interview over again." He led me to a storage room with a 5' tall legal size file cabinet that was stuffed with case files that did not fit into the coded case classifications in Lutheran Social Services. The files had scores of cases of physical abuse, neglect, financial exploitation, psychological abuse and even sexual abuse or humiliation that received no closure because they didn't fit into the standard operating procedures of the agency's staff. My team had similar experiences in each discipline or job description in every county of our field study.

Discovering What Was Hidden in Plain Sight

The data collection was concluded in October 1979. The technical report to the U.S. Administration on Aging was delivered in February 1980 and peer reviewed papers were presented and published in the annual meetings of the American Public Health Association and the Gerontological Society of America before the end of the year. Our work produced the first peer-reviewed field study of domestic elder abuse and neglect in any professional literature. Studies in Ohio, Maryland and Missouri verified that evidence of abuse and neglect of dependent elders could be found in medical, hospital, social service, and criminal justice case record systems if investigations were not dependent on standardized codes that simply did not classify domestic maltreatment, abuse or neglect.

July's Highlight Article, (Cont.)

The Select Committee on Aging, of the US. House of Representatives published Elder /Abuse: An Examination of a Health Problem, in 1981 drawing content largely from our Michigan study. In 1982 Roberta Cronin and Brad Allen published The Uses of Research Sponsored by the Administration on Aging (AOA) Case Study No. 5 – Maltreatment and Abuse of the Elderly in which our study in Michigan was recognized as the seminal field validation research. In 1987 the Criminal Justice Services office of AARP published my monograph, Domestic Mistreatment of the Elderly; Towards Prevention, with four editions and a distribution of over 6 million print copies.

From Research Question to Public Recognition

World-wide, within ten years of the completion of our field study, hundreds of investigations by academic, social service, clinical and criminal justice organizations validated not only the presence of domestic neglect and abuse of the elderly but also the descriptive paradigm that was established by me and Catherine Noel between November 1978 and February 1979. Today elder abuse and neglect is a substantive element in the professional training of all health and human services, criminal justice, and related fields. The State of Michigan, and every state government, have established ongoing fact finding, mandatory reporting, investigation, intervention, legislative development and advocacy programs addressing the shortened label "Elder Abuse" including the Elder Abuse Task Force in the office of Michigan's Attorney General.

Lessons Learned

To me the most significant lesson from this has been to recognize, with a big dose of humility, that in public health and related fields of human services, we simply have not asked all the questions that could shed light on the unknowns of public health and human development. We cannot have answers to questions that have yet to be asked. I think it is good to bring new talent, from a broad spectrum of disciplines to the challenge of protecting the public's health. My application of methods of social epidemiology changed the language of inter-generational relationships in gerontology. It is essential to introduce previously unarticulated questions into our work even if it exposes our innocence and demands our intellectual humility. And, probably most importantly, it is very good idea to listen closely to what trusted people have to say, including our spouses and partners.

Take Action

If you know anyone who is suffering from elder abuse or neglect, speak up and protect.

Adult Protective Services (APS) investigators protect vulnerable adults from abuse, neglect and exploitation by coordinating with mental health, public health, law enforcement, the probate courts, the aging network, community groups and the general public.

If you suspect abuse, neglect or exploitation, call **855-444-3911** any time day or night to make a report. Staff will investigate allegations within 24 hours after the report is received.

Social Welfare Act MCL 400.11 provides the framework for Adult Protective Services and interventions.

Here are the current **MDHHS Adult Protective Services (APS) definitions and policy provisions** for abuse, neglect, exploitation, and related procedures in Michigan.

July's Highlight Article, (Cont.)

Bibliography

1. Banerjee, R. (2026). Elder abuse in India's urban settings: evidence-based reflections from old-age homes across a few select cities. *The Journal of Adult Protection.* (28) 2 76–90. https://doi.org/10.1108/JAP-06-2025-0022
2. Block, M. R. (1983). Violence in the Family: Abuse of the Elderly. (in) Kadish (ed.). *Encyclopedia of Crime and Justice*. New York: McMillan Publishing.
3. Block, M.R. The Battered Elder Syndrome. Baltimore, MD. Maryland State office on Aging.
4. Burston G.R., (1975). Granny-battering. *British Medical Journal* 3:592. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1674523/pdf/brmedj01463-0050b.pdf
5. Cronin, R and Allen B. (1982). *The Uses of Research Sponsored by the Administration on Aging(AoA) Case Study No. 5*. Maltreatment and Abuse of the Elderly. Washington DC. American Institutes for Research – Gerontological Research Institute.
6. Douglass, R.L. and Ruby-Douglass, P.A. (1982), Domestic Abuse and Neglect of the Elderly. (in) Warber, C.G. and Braen, G.R. (eds.). *Management of the Physically and Emotionally Abused: Emergency Assessment, Intervention and Counseling*. Capistrano Press/Appelton-Century Crofts, Norwalk, Connecticut.
7. Douglass, R.L. and Noel, C. (1982). Neglect and Abuse of the Elderly in Michigan. *Michigan Academician*, Michigan Academy of Science, Arts and Lettes, (14) 3.
8. Douglass, R.L. (1987, 1988, 1989). *Domestic Mistreatment of the Elderly – Towards Prevention*. Washington D.C. Criminal Justice Services, AARP.
9. Douglass, R.L. (1991). Reaching 30 Million People - AARP's Strategy to Prevent Domestic Neglect and Abuse of the Elderly. *Journal of Neglect and Abuse of the Elderly.* Fall.
10. Douglass, R.L. (1983). Domestic Neglect and Abuse of the Elderly, *Family Relations,* (32) 3., 395-402.
11. Hickey, T. and Douglass, R.L. (1981), Neglect and Abuse of Older Family Members: Professionals' Perspectives and Case Experiences. *The Gerontologist*, (21) 2. 171-176.
12. Hickey, T. and Douglass, R.L. (1981) Mistreatment of the Elderly in the Domestic Setting. *American Journal of Public Health*. (7), 5. 500-507.
13. Jukes, R. (2021). Granny Battering. Committee Member, Age Friendly Moose Jaw. https://www.moosejawtoday.com/local-news/granny-battering-3841243. Retrieved 5/21/26)
14. Kosberg, J. (Ed.). (1983). *Abuse and Maltreatment of the Elderly: Causes and Interventions*. London, U.K. Wright PSG.
15. Lubowitz, J.H., Brand, J.C., and Rossi, M.J. (2018). Two of a Kind: Multiple Discovery AKA Simultaneous Invention is the Rule. *Arthroscopy*. (34) 8:2257-2258. DOI: 10.1016/j.arthro.2018.06.027
16. McDonald, L. (2011). *Elder Abuse and Neglect in Canada: The Glass is Still Half Full.* Toronto: Institute for Life Course and Aging, University of Toronto.
17. Rathbone-McCuan, E. and Voyles, B. (1982). Case detection of abused elderly parents, *American Journal of Psychiatry*. 139 (2). DOI: 10.1176/ajp.139.2.189.
18. Select Committee on Aging, U.S. House of Representatives, 97th Congress. (1981). *Elder Abuse: An Examination of a Health Problem*, 97-277. Washington, D.C.
19. Teter, S. L. (2026). Michigan's Elder Abuse Task Force. Lansing MI. https://www.michigan.gov/ag/initiatives/elder-abuse/elder-abuse-task-force

Voices of PH Series: Community-Led Change Across Michigan

Voices of Public Health *aims to inspire, inform, and connect communities statewide through a new series, Community-Led Change Across Michigan. We're excited to launch this series celebrating the people, organizations, and partnerships driving public health across our state.* Each installment will highlight local challenges, successes, and innovative solutions—giving a platform to stories that too often go untold. As the series continues, we'll feature diverse communities from across Michigan, showcasing how grassroots efforts, meaningful partnerships, and everyday actions are shaping the health of our state. Stay tuned and join us in celebrating the individuals and communities making public health real in Michigan—one community at a time.

Authentic Collaboration is the Future of Community Health Improvement

Christina Harrington, MPH,
Chief Health Officer,
Saginaw County Health Department

With a vision of making Saginaw County one of Michigan's top 25 healthiest communities, twelve organizations have joined together through BWell Saginaw to address some of the region's most pressing health challenges through shared leadership, aligned resources, collective action, and authentic collaboration. The initiative is convened by the Saginaw County Health Department under the leadership of Chief Health Officer Christina Harrington, MPH.

In just three years, BWell Saginaw's collaborative efforts have contributed to measurable improvements in community health. The county has experienced reductions in infant mortality and fatal and non-fatal overdoses, and notably, Saginaw County no longer holds the state's highest obesity ranking. While significant challenges remain; these outcomes suggest that coordinated community action can produce meaningful change.

Recently, Harrington reflected on the evolution of BWell Saginaw, the importance of public health leadership in convening partners, and the lessons learned from building a community-wide approach to improving health.

For many years, Saginaw County's health assessment and planning processes consistently identified maternal and child health, mental health and substance use, and obesity and chronic disease as the community's top health priorities. While organizations across the county were committed to improving health outcomes, efforts were often pursued independently, limiting the potential for large-scale impact.

BWELL Saginaw

From Parallel Efforts to Collective Action

For years, Saginaw County's community health assessments consistently identified maternal and child health, behavioral health and substance use, and obesity and chronic disease as the county's most pressing priorities. Although numerous organizations were committed to addressing these issues, most efforts occurred independently. Individual programs achieved successes, but the absence of coordinated strategies often limited the potential for large-scale population impact.

Community-Led Change Across Michigan (Cont.)

From Crisis Response to Long-Term Community Health Improvement
The COVID-19 pandemic fundamentally changed that dynamic.

During the crisis, healthcare providers, schools, public agencies, nonprofits, and local governments were forced to work together in ways that had not previously existed. Relationships strengthened, trust developed, and organizations discovered that collaboration could accelerate solutions to complex problems.

As the immediate crisis began to subside, community leaders began asking an important question:

"If we could mobilize around COVID-19, why couldn't we bring the same urgency and partnership to the health issues that have challenged Saginaw County for decades?"

The contrast was striking. In 2020, the deadliest year of the pandemic, Saginaw County lost 403 residents to COVID-19. Yet heart disease—the county's leading cause of death—claimed 597 lives during that same year. While extraordinary collaboration emerged to combat the pandemic, no comparable cross-sector infrastructure existed to address chronic disease, maternal-child health, mental health, and substance use disorders.

That realization became the catalyst for a new model of community health improvement.

BWell Saginaw emerged through the partnership of Central Michigan University Medical Education Partners, Covenant HealthCare, Great Lakes Bay Health Centers, HealthSource Saginaw, the Michigan Department of Health and Human Services-Saginaw office, MyMichigan Health, the Saginaw Community Foundation, Saginaw County Community Mental Health Authority, the Saginaw County Health Department, Saginaw County Intermediate School District, Saginaw Valley State University, and United Way of Saginaw County.

BWell Saginaw – A Post-Pandemic Strategy for Health Transformation
Building a coalition of this magnitude has not been without challenges.

Several BWell partners are competitors in the healthcare marketplace. Organizations operate under different funding structures, reimbursement systems, strategic priorities, and governing boards. Each institution remains accountable for its own financial sustainability and mission.

According to Harrington, one of the keys to success has been establishing a neutral convener.
The Saginaw County Health Department embraced that role by aligning its own strategic operating plan around BWell priorities and encouraging partners to do the same. Rather than asking organizations to abandon their individual missions, the coalition focused on identifying areas where common goals and shared outcomes could create greater collective impact.

Today, interdisciplinary workgroups composed of subject matter experts and community leaders collaborate to implement innovative strategies that address the priorities identified in the Community Health Improvement Plan. Through podcasts, school-based initiatives, public awareness campaigns, digital tools, and community events, BWell Saginaw strives to meet residents where they are—whether online, at school, in neighborhoods, or at home.

Working towards a healthier community!

Community-Led Change Across Michigan (Cont.)

BWell Saginaw in Action
The coalition's work spans multiple sectors and populations.

- ✓ **Improving Infant Health**
  The ABCs of Safe Sleep campaign promotes a unified community message around infant sleep safety. Between 2023 and 2025, total infant deaths declined by 43 percent, while preventable sleep-related infant deaths decreased from ten to two.

- ✓ **Supporting Families**
  Through the expansion of Rx Kids, mothers in three Saginaw communities now receive direct financial support and resources shown to improve prenatal care, increase full-term births, enhance birth weights, and strengthen economic stability.

- ✓ **Changing the Conversation Around Health**
  BWell's Emmy-nominated *Healthier Me* podcast uses storytelling to focus not simply on disease statistics, but on how healthier choices contribute to fuller and more meaningful lives.

- ✓ **Encouraging Active Living**
  The Step Up & BWell school initiative and the BWell Strides Toward Wellness Race Series encourage residents of all ages to become more physically active while strengthening social connections throughout the community.

- ✓ **Addressing the Overdose Crisis**
  The Overdose Fatality Review Committee examines real-time information to better understand gaps in prevention and identify opportunities to intervene before future tragedies occur.

- ✓ **Reducing Mental Health Stigma**
  Led by Saginaw County Community Mental Health Authority, the BWell anti-stigma campaign features respected community leaders sharing their personal experiences with mental health challenges and recovery.

- ✓ **Supporting Youth Mental Health**
  Saginaw Valley State University and the Saginaw Intermediate School District collaborated to create the *Youth Mental Healthopedia*, an online self-help resource designed for adolescents aged twelve and older.

- ✓ **Expanding Access to Care**
  The BWell Mental Health Directory provides residents with real-time information regarding provider availability and accepted insurance plans, helping individuals navigate services more efficiently.

- ✓ **Coordinating Social Care**
  The new Saginaw Information System (SIS) represents an important step toward integrated care. The electronic platform enables community health workers, physicians, hospitals, social service agencies, and community-based organizations to better understand and coordinate responses to an individual's medical and social needs.

Community-Led Change Across Michigan (Cont.)

Recognition Beyond Saginaw County
The work of BWell Saginaw has attracted statewide attention.

In 2025, the Saginaw County Health Department and BWell Saginaw received the Michigan Department of Health and Human Services Director's Award in recognition of their groundbreaking efforts in community health transformation.

In presenting the award, MDHHS stated:

"BWell Saginaw is more than a program—it is a united movement. Through one voice and one vision, BWell Saginaw has demonstrated that authentic partnership—not competition—is the future of public health."

Lessons for Public Health Practice (Insights for Fellow Public Health Professionals)
For Harrington, one lesson stands above all others: sustainable improvements in community health rarely occur because of the efforts of a single organization.

Complex challenges require healthcare providers, schools, public health agencies, community organizations, businesses, philanthropy, and residents to share responsibility for outcomes. Alignment matters. Shared goals matter. Relationships matter.

"The health department has been privileged to serve as a convener and facilitator of this work," Harrington noted.

"Our role has been to help bring partners together around a common purpose while maintaining focus on measurable outcomes."

For fellow public health professionals, the message is straightforward.

→ Follow the data. Invest in relationships. Create opportunities for collaboration. Build trust before crises occur. Most importantly, recognize that communities benefit when organizations move beyond isolated initiatives and embrace collective action.

The experience of BWell Saginaw demonstrates that when institutions choose partnership over competition and focus on shared outcomes, transformational change becomes possible. While no single organization can create healthier communities alone, communities can accomplish remarkable things when they work together.

CONTACT US
bwell@saginawcountymi.gov

Want more information on events!
Upcoming Events

BWell Saginaw updates

Join our mailing list for BWell Saginaw information and updates!

Subscribe

BWELL Saginaw

Community Events & Professional Development

MPHA Annual Meeting and Summit
Date: June 25, 2026
Location: East Lansing, MI
Click here to register for this event.

American Public Health Association
APHA 2026 Annual Meeting & Expo
Together We Thrive: Health Across the Lifespan
San Antonio | November 1-4, 2026
Click here to register

ADDITIONAL EVENTS OF INTEREST

40th Annual Michigan Premier Public Health Conference
Meeting Dates: Wednesday, October 7, 2026 - Friday, October 9, 2026
Location: Blue Water Convention Center, Port Huron, Michigan
SAVE THE DATE

Registration coming this summer. Click here for more information

How to Get Involved with MPHA?

The Michigan Public Health Association welcomes professionals, students, and community partners who are interested in advancing public health across our state. There are many ways to get involved and contribute to the work of strengthening public health in Michigan. Members can participate by **joining one of MPHA's professional sections**, attending conferences and educational events, contributing to policy and advocacy efforts, or volunteering on committees and working groups that support the association's initiatives. MPHA also provides opportunities for students and early-career professionals to engage with experienced leaders in the field and build valuable professional networks.

Another important way to get involved is by **sharing your work and expertise**. Members can present at conferences, contribute to the Michigan Journal of Public Health, participate in webinars, and collaborate on initiatives that promote evidence-based public health practice across the state. Public health thrives through collaboration, and MPHA serves as a platform for bringing together professionals from across disciplines to share knowledge, strengthen partnerships, and elevate the voice of public health in Michigan.

The Michigan Public Health Association welcomes professionals, students, and community partners who are interested in advancing public health across our state. There are many ways to get involved and contribute to the work of strengthening public health in Michigan. Members can participate by **joining one of MPHA's professional sections**, attending conferences and educational events, contributing to policy and advocacy efforts, or volunteering on committees and working groups that support the association's initiatives. MPHA also provides opportunities for students and early-career professionals to engage with experienced leaders in the field and build valuable professional networks.

Another important way to get involved is by **sharing your work and expertise**. Members can present at conferences, contribute to the Michigan Journal of Public Health, participate in webinars, and collaborate on initiatives that promote evidence-based public health practice across the state. Public health thrives through collaboration, and MPHA serves as a platform for bringing together professionals from across disciplines to share knowledge, strengthen partnerships, and elevate the voice of public health in Michigan.

To learn more about membership, upcoming events, and opportunities to participate, visit the **MPHA website** and stay connected with us throughout the year.

Closing Message & Quote

As summer unfolds and we enter the second half of the year, it provides an opportunity to pause, reflect, and appreciate the remarkable work taking place across Michigan. While the pace of life may shift with the season, the commitment of public health professionals, educators, researchers, advocates, and community partners remains constant. Every day, individuals across our state are working to improve health, prevent disease, and create conditions that allow all Michiganders to thrive.

This season also reminds us of the importance of connection—connection to our communities, to our colleagues, and to the mission that unites us. Whether through strengthening partnerships, advancing innovative programs, preparing the next generation of public health leaders, or advocating for policies that promote health equity, the public health community continues to demonstrate resilience, compassion, and an unwavering dedication to service.

As we look ahead to the months to come, I encourage each of us to celebrate our successes, learn from one another, and take time to recharge. The work of public health is a marathon, not a sprint, and sustaining ourselves is essential to sustaining our impact. I am continually inspired by the dedication and leadership of MPHA members and our many partners throughout the state.

Thank you for all that you do on behalf of the people and communities of Michigan. I hope you are able to enjoy the remainder of the summer, spend time with family and friends, and return refreshed for the important work that lies ahead. Together, we will continue building a healthier and stronger Michigan.

Selected Quote
"Do what you can, with what you have, where you are."
~ Theodore Roosevelt