

BOARD OF HEALTH

Monthly Meeting: July 30, 2021 - 9:30 a.m.

Cadillac Office

521 Cobb Street, Cadillac

<u>AGENDA</u>

| I. | Call to Order | Jim Maike, Chair |
|-----------|--|---|
| II. | Roll Call | |
| III. | Review and Approval of the Agenda | |
| IV. | Review and Approval of Board of Health Meeting Minutes | June 25, 2021 |
| V. | Public Comment | |
| VI. | Committee Reports | |
| | A. Executive Committee | Jim Maike |
| | B. Finance Committee | Ray Steinke |
| | 1. Approve June Accounts Payable and Payroll | Action Item |
| | C. Personnel Committee | Hubert Zuiderveen |
| | D. Legislative Committee | Shelley Pinkelman |
| VII. | Board Presentation Eyes on the Epidemic: Opioid Use & Prevent Jordan Powell, MPH, DHD#10 Epidemiologist | tion in DHD#10 Counties |
| VIII. | Program Reports | |
| | A. Environmental Health | Tom Reichard |
| | B. Family HealthAnne Bianchi | , Lisa Morrill, Anne Young |
| | C. Community Health | |
| IX. | | Sarah Oleniczak |
| | Administration Reports | Sarah Oleniczak |
| | Administration Reports A. Medical Director | |
| | - | Dr. Jennifer Morse, MD |
| | A. Medical Director | Dr. Jennifer Morse, MD <i>Approve</i> |
| | A. Medical Director 2. Healthy Living Recommendations | Dr. Jennifer Morse, MD <i>Approve</i> Sarah Oleniczak |
| X. | A. Medical Director | Dr. Jennifer Morse, MD <i>Approve</i> Sarah Oleniczak |
| X. XI. | A. Medical Director | Dr. Jennifer Morse, MD <i>Approve</i> Sarah Oleniczak Kevin Hughes |



BOARD OF HEALTH

Meeting Minutes

June 25, 2021

To comply with State guidelines on gatherings, the meeting was held at Evergreen Resort, 7880 Mackinaw Trail, Cadillac, Michigan. In accordance with Board of Health Bylaws, members had the option to attend via online meeting platform or teleconferencing. As amendments to the Michigan Opens Meeting Act allowing for remote meetings expired on April 1, public access to a remote meeting platform was not provided.

Additional Meeting Materials. The following materials were distributed at the meeting: Annual Report and Vaccination Progress

- I. Call to Order: Jim Maike, Chair, called the meeting to order at 9:30 a.m.
- II. Roll Call

Members Present – In Person: Ron Bacon, Robert Baldwin, Betty Dermyer, Paul Erickson, Pauline Jaquish, Brian Kolk, Nick Krieger, Phil Lewis, Jim Maike, Martha Meyette, Judy Nichols, Tom O'Neil, Roger Ouwinga, Richard Schmidt, Ray Steinke, James Sweet, Gary Taylor, Hubert Zuiderveen

| Members – Online: | None |
|--------------------|---|
| Members Excused: | Dave Comai |
| Member Absent: | Dawn Martin, Shelley Pinkelman |
| Staff – In-Person: | Kevin Hughes, Christine Lopez, Dr. Jennifer Morse |
| Public: | None |

- III. Approval of the Agenda. Motion by Ray Steinke, seconded by Judy Nichols to approve the meeting agenda. <u>Motion carried</u>.
- IV. Approval of the Meeting Minutes. Motion by Ron Bacon, seconded by Hubert Zuiderveen, to approve the minutes of the May 21, 2021. *Motion carried*.
- V. Public Comment: none
- VI. Committee Reports
 - A. Executive Committee. None
 - B. Finance Committee. Did not meet. Christine Lopez, Administrative Services Director, reviewed the financial report for the month ended May 31, 2021. The balance sheet showed cash balance of \$10.1 million, and a total fund balance of \$8.4 million. Total revenues for the month were just over \$1.6 million, with expenses of almost \$1.7 million. Lopez reported actual collections for the administration of the COVID-19 vaccine totaled \$1.2 million.
 - 1. Approve Accounts Payable and Payroll. Motion by Ray Steinke, seconded by Hubert Zuiderveen, to approve the May accounts payable and payroll total of \$1,122,039.68.

Roll Call Vote

| Ron Bacon | Yes | Nick Krieger | Yes | Roger Ouwinga | Yes |
|-----------------|-----|----------------|-----|-------------------|-----|
| Robert Baldwin | Yes | Phil Lewis | Yes | Richard Schmidt | Yes |
| Betty Dermyer | Yes | Jim Maike | Yes | Ray Steinke | Yes |
| Paul Erickson | Yes | Martha Meyette | Yes | James Sweet | Yes |
| Pauline Jaquish | Yes | Judy Nichols | Yes | Gary Taylor | Yes |
| Bryan Kolk | Yes | Tom O'Neil | Yes | Hubert Zuiderveen | Yes |

Motion carried.

- C. Personnel Committee.
- A meeting will be held with our Insurance Reps and the Board Personnel Committee. There are potential negative implications that will impact the Agency. Option are being explored with HUB. HUB is putting together a presentation for personnel committee. The meeting will be held either 7/23 or 7/26. HUB will explain what is impacting the Agency and some possible alternatives. These alternatives will be shared with the BOH to inform of potential impacts/barriers. An update will be provided to the entire BOH at the July meeting.
- Kevin Hughes started individual office meetings with staff. These meetings are called "County Conversations". These meetings usually occur towards the end of fiscal year. These meetings were started earlier this year to hear of any concerns and what we are addressing. The meetings started the end of May and go through the end of June. Some of the topics included staff impacts of last 15 months. The staff have been working positions they don't normally work in. Kevin will share more with personnel committee at the July meeting.
- Legislative Committee. Kevin Hughes is reviewing house bill 4551 and will provide an update at the next meeting. Senate bill 495 limits authority for local health departments to address epidemics in future. Public health code gives broad authority regarding public health issues. There is concern with legislation as this limits this authority.
 - An example of this concern is that public act 238 legislative action stated quarantine 14 Days when CDC changed to 10 days. This required legislation to act public act 239.
 - Food service licenses no future action at State level. If legislation were to occur it would be a reimbursement initiative. The State is reviewing how they would fund this initiative.
 - DHD10 has 928 restaurant licenses with 3% that have not renewed.

VII. Administration Reports

- A. Medical Director. Dr. Jennifer Morse summarized her written report, COVID-19: What Comes Next.
 - Discussion on vaccine requirements
 - Motion to approve recommendations: Motion Ray Steinke, seconded by Betty Dermyer. Motion carried.
- B. Deputy Health Officer. Sarah Oleniczak was not present.

Community Input on COVID-19 Vaccination Results were shared. Key notes: 66.6% of respondents already received the COVID-19 vaccine; of those who had not received the vaccine, 66% said nothing would make them more likely to receive it. Assumptions: COVID is no big deal, concerned about side effects; vaccine development too quick.

We have offered extended in-office clinic hours on Tuesday evenings until 6:20pm; pop-up clinics at community locations in many counties; video with answer to questions/concerns made by our medical director, Dr. Morse.

- C. Health Officer. Kevin Hughes highlighted his written report.
 - COVID-19 Update: Information on current case counts and vaccination efforts was shared along with changes in Epidemic Orders and MIOSHA Workplace rules. DHD10 is following the healthcare guidelines. Symptom screening and if in clinical area or front desk with clients, masks are required regardless of vaccine status. Signage is posted stating masking guidelines.
 - Rothbury PFAS Site: Testing started with 6 homes. To date have provided 16 filter systems with 8 more systems to be provided. New site at Manistee former landfill.
 - Local Health Department Employee Wellbeing: Funding available from MALPH. Applied for funding and will be providing a "fun day" for staff in September. Will have a speaker for staff.
 - Return to Normal Operations: As of July 1, go back to normal operations as much as we can. Some staff working remote will be coming back into the office. WIC still has a waiver in place for remote work. Some other staff may continue to work remotely as appropriate. Looking to schedule the All Staff Meeting this fall.
 - Kalkaska Kiwanis Organizational Hometown Hero Award 2020: Presentation and award presented on June 22, 2021.
 - Quran Griffin was presented award Lake County
 - Vaccine Passports Resolution: Dr. Morse provided a rebuttal document that was shared
 - FYI "Leave our children alone" letter is being distributed by a group? No mandated testing or requirements for schools. Etc.?? Parent Advocacy group. Contacting legislature, etc.
 - Mobile Unit is being used at community clinics. Have familiarized staff with use.

The BOARD Expressed their congratulations to the staff of DHD10.

VIII. Other Business

Counties have received funds. Approaching with caution on how to spend. Researching guidelines with Treasury. No rush to get started at this time due to lengthy timeline.

Vietnam Veterans wall will be in Oceana County at the fairgrounds, July 7 - 12th

IX. Next Meeting

The next regular meeting of the Board of Health is scheduled for Friday, July 30, at 9:30 a.m. at the Cadillac Office.

Adjournment

Jim Maike adjourned the meeting at 10:48 a.m.

Jim Maike, Chair

Judy Nichols, Secretary

Current Assets Cash 10,981,131.26 Due from State 1,428,376.23 Due From Others 1,469,080.90 Total Current Assets 13,878,588.39 Other Assets Inventory 273,153.00 Prepaid Expense 221,205.80 Total Other Assets 494,358.80 Total ASSETS 14,372,947.19 LIABILITIES **Current Liabilities** Accounts Payable 722,913.81 Payroll Taxes/Deductions Due 253,337.53 Accrued Wages 545,976.96 **Total Current Liabilities** 1,522,228.30 Other Liabilities Deferred Revenue 4,595,482.08 Total LIABILITIES 6,117,710.38 FUND BALANCE Fund Balance 7,366,273.80 888,963.01 Increase in Fund Balance Total FUND BALANCE 8,255,236.81

LIABILITIES AND FUND BALANCE 14,372,947.19

ASSETS

| | -,, | | | Percent Budget | Total Budget |
|--|----------------|-----------------------|-------------------|----------------------|---------------------------|
| | Current Month | YTD Actual | Budget | Remaining | Variance |
| Revenues | | | | | |
| State & Federal Funding | | | | | |
| Adolescent Health Center - Lake City Clinical | 7,611.67 | 70,744.15 | 135,000 | (47.60)% | (64,255.85) |
| Adolescent Health Center - Mason County | 8,702.29 | 35,553.48 | 135,000 | (73.66)% | (99,446.52) |
| Beach Monitoring | 1,646.28 | 7,256.16 | 11,500 | (36.90)% | (4,243.84) |
| Breast Cervical Cancer Control Program | 1,900.26 | 59,268.28 | 114,400 | (48.19)% | (55,131.72) |
| Brethren High School Mental Health Grant | 7,252.21 | 50,418.00 | 100,000 | (49.58)% | (49,582.00) |
| Childrens Special Health Care Services | 22,123.66 | 177,676.00 | 208,393 | (14.74)% | (30,717.00) |
| Chippewa Hills School Mental Health Grant | 5,094.86 | 45,804.46 | 100,000 | (54.20)% | (54,195.54) |
| CJS Alliance | 2,487.12 | 11,660.74 | 23,466 | (50.31)% | (11,805.26) |
| Communicable Disease | 36,338.40 | 181,187.65 | 359,030 | (49.53)% | (177,842.35) |
| Community Health | - | - | 10,000 | (100.00)% | (10,000.00) |
| COVID MI Supplemental Funding | - | 922,704.00 | 922,704 | 0.00% | - |
| COVID Vaccination Clinic | - | 178,133.00 | 178,133 | 0.00% | - |
| COVID19 Influenza Vaccination Supplemental | - | 81,311.00 | 81,311 | 0.00% | - |
| CRF Immunizations COVID Response CRFIMM | - | 85,713.00 | 85,713 | 0.00% | - |
| CRF LHD Contact Tracing CRFLCT | - | 180,556.00 | 180,556 | 0.00% | - |
| CRF LHD Testing CRFLT | - | 150,007.00 | 150,007 | 0.00% | - |
| Cross Jurisdictional Sharing Admin | - | 144.72 | 44,530 | (99.68)% | (44,385.28) |
| CSHCS Care Coordination Case Mgmt | 5,419.48 | 27,092.92 | 50,000 | (45.81)% | (22,907.08) |
| Dental Partnering for Heart Health | 8,610.00 | 98,990.00 | 138,000 | (28.27)% | (39,010.00) |
| Dental Sealants | 3,015.50 | 11,470.67 | 30,000 | (61.76)% | (18,529.33) |
| Drinking Water | 18,490.97 | 247,753.56 | 448,757 | (44.79)% | (201,003.44) |
| ELC COVID Contact Tracing Testing Coordination | 50,191.18 | 728,968.98 | 850,556 | (14.30)% | (121,587.02) |
| ELC COVID Infection Prevention - CELC | - | 90,000.00 | 90,000 | 0.00% | - |
| Emergency Preparedness | 4,884.56 | 121,660.00 | 160,591 | (24.24)% | (38,931.00) |
| Family Planning | 7,963.00 | 328,345.00 | 382,235 | (14.10)% | (53,890.00) |
| General EH - Campgrounds | - | 5,250.00 | 5,950 | (11.76)% | (700.00) |
| General EH - DHHS Inspection | 5,890.00 | 28,715.00 | 55,900 | (48.63)% | (27,185.00) |
| General EH - Pools & Spas | - | - | 5,400 | (100.00)% | (5,400.00) |
| Grayling Water Recovery | 607.11 | 14,743.23 | 70,233 | (79.01)% | (55,489.77) |
| Harm Reduction | 1,559.01 | 18,480.21 | 50,000 | (63.04)% | (31,519.79) |
| Harm Reduction Support | 991.05 | 42,655.59 | 70,000 | (39.06)% | (27,344.41) |
| Hart High School Mental Health Grant | 3,812.90 | 33,926.03 | 100,000 | (66.07)% | (66,073.97) |
| Hearing | 8,205.14 | 50,106.82 8,703.94 | 74,143 | (32.42)% | (24,036.18) |
| HIV Prevention | 3,231.44 | 14,350.00 | 45,000 | (80.66)% (19.38)% | (36,296.06) (3,450.00) |
| Imms VFC/INE Immunizations | - | 207,484.00 | 17,800 307,484 | (32.52)% | (100,000.00) |
| Immunizations IAP | 8,232.25 | 56,557.32 | 108,280 | (47.77)% | (51,722.68) |
| Immunizations Vaccine Quality Assurance | 4,530.54 | 39,412.15 | 54,660 | (27.90)% | (15,247.85) |
| Lead Home Visiting | т, 550.5т - | 201.58 | 500 | (59.68)% | (13,247.83) (298.42) |
| MCH Women | 13,091.59 | 54,727.95 | 78,000 | (29.84)% | (23,272.05) |
| MCIR | 14,557.81 | 100,511.32 | 175,000 | (42.56)% | (74,488.68) |
| Medicaid Outreach | 20,790.79 | 320,629.82 | 463,728 | (30.86)% | (143,098.18) |
| MI Home Visiting IRE (HFA) | 48,811.45 | 307,152.71 | 569,651 | (46.08)% | (262,498.29) |
| Non Community Water | 15,041.00 | 135,369.00 | 230,492 | (41.27)% | (95,123.00) |
| On-Site Sewage - Septic Systems | 7,669.91 | 135,861.67 | 387,374 | (64.93)% | (251,512.33) |
| PFAS Rothbury | 4,637.48 | 12,365.28 | 18,982 | (34.86)% | (6,616.72) |
| Prosperity Grant/CLPP | 3,542.32 | 22,646.77 | 40,000 | (43.38)% | (17,353.23) |
| Rural Health Network - CHIR | 11,263.00 | 50,361.00 | 90,000 | (44.04)% | (39,639.00) |
| STI Clinics | (694.13) | 51,564.65 | 45,000 | 14.59% | 6,564.65 |
| Tobacco Grant | 6,242.91 | 22,170.07 | 40,000 | (44.57)% | (17,829.93) |
| Vision | 10,656.54 | 61,645.37 | 75,808 | (18.68)% | (14,162.63) |
| WIC Migrant | 11,815.83 | 97,479.82 | 98,000 | (0.53)% | (520.18) |
| | | 277172102 | 50,000 | (0.00)/0 | (020110) |

| | oo, o _, _ o o a g | | | Percent Budget | Total Budget |
|--|-----------------------|------------------------|------------------|----------------------|----------------------------|
| | Current Month | YTD Actual | Budget | Remaining | Variance |
| WIC Peer Counselor | 25,881.03 | 181,081.30 | 297,969 | (39.23)% | (116,887.70) |
| WIC Resident | 153,052.80 | 1,068,054.39 | 1,570,745 | (32.00)% | (502,690.61) |
| Wisewoman Coordination | 12,513.15 | 37,513.15 | 25,000 | 50.05% | 12,513.15 |
| Zika Virus Mosquito Surveillance | - | - | 18,000 | (100.00)% | (18,000.00) |
| Total State & Federal Funding | 587,664.36 | 7,342,929.91 | 10,549,772 | (30.40)% | (3,206,842.09) |
| Other Funding | | | | | |
| Administration | - | - | 5,055 | (100.00)% | (5,055.00) |
| Administrative Leave | - | 36,735.41 | 0 | 0.00% | 36,735.41 |
| Adolescent Health Center - Crawford | 10,411.00 | 109,419.00 | 135,000 | (18.95)% | (25,581.00) |
| Adolescent Health Center - Wexford | 20,446.00 | 155,871.00 | 195,000 | (20.07)% | (39,129.00) |
| Adolescent Health Center Oceana | 18,950.00 | 169,880.00 | 195,000 | (12.88)% | (25,120.00) |
| Agnes Taylor Fund | - | - | 2,321 | (100.00)% | (2,321.00) |
| AHC Imms Cadillac | - | 27,232.00 | 0 | 0.00% | 27,232.00 |
| AHC Imms Grayling | - | 32,830.00 | 0 | 0.00% | 32,830.00 |
| AHC Imms Mesick/Manton | - | 35,744.00 | 0 | 0.00% | 35,744.00 |
| AHC Imms Shelby | - | 40,000.00 | 0 | 0.00% | 40,000.00 |
| Beach Monitoring - Other | - | 3,000.00 | 3,000 | 0.00% | - |
| Building Lease Cadillac | 8,600.00 | 77,400.00 | 103,200 | (25.00)% | (25,800.00) |
| Building Lease Hart | 5,300.00 | 47,700.00 | 63,600 | (25.00)% | (15,900.00) |
| CATCH Grant | 10,746.70 | 15,661.09 | 26,287 | (40.42)% | (10,625.91) |
| CCL HUB | 13,336.00 | 95,000.00 | 95,000 | 0.00% | - |
| CD Billing Counties | 332.80 | 949.10 | 2,500 | (62.04)% | (1,550.90) |
| Census Grant | - | 2,125.19 | 0 | 0.00% | 2,125.19 |
| CHA Needs Assessment | 12,388.00 | 40,958.00 | 30,000 | 36.53% | 10,958.00 |
| CHIR - Communications | 2,268.00 | 11,687.00 | 11,227 | 4.10% | 460.00 |
| CHIR BBO EVEN | - | 2,500.00 | 2,500 | 0.00% | - |
| Community Health | 750.00 | 9,016.00 | 6,000 | 50.27% | 3,016.00 |
| COVID MI Supplemental Funding | 23,388.90 | 23,388.90 | 0 | 0.00% | 23,388.90 |
| CSHCS Thorton Fund Kalkaska | - | 100.00 | 6,498 | (98.46)% | (6,398.00) |
| Dental Outreach | - | 11,736.73 | 30,000 | (60.88)% | (18,263.27) |
| Early On Oceana | 267.68 | 484.40 | 250 | 93.76% | 234.40 |
| Finance | - | 118,443.36 | 118,444 | (0.00)% | (0.64) |
| Gambling Disorder Prevention Project Grant | 2,642.00 | 15,957.00 | 24,300 | (34.33)% | (8,343.00) |
| Grayling School Mental Health | 1,566.83 | 23,405.97 | 30,000 | (21.98)% | (6,594.03) |
| Healthy Families America - Manistee/Missaukee | 15,348.00 | 92,973.00 | 154,146 | (39.69)% | (61,173.00) |
| Immunizations | - | 225.00 | 305,500 | (99.93)% | (305,275.00) |
| LiveWell for your Heart | 2,975.14 | 16,604.07 | 100,000 | (83.40)% | (83,395.93) |
| MCDC | 15,210.00 | 357,566.27 | 800,000 | (55.30)% | (442,433.73) |
| Medical Marihuana Operations and Oversight | - 7 940 00 | 30,573.00 | 5,938 | 414.87% | 24,635.00 39,917.00 |
| Oceana LEADS | 7,840.00 | 39,917.00 20,930.00 | 0 42 E00 | 0.00% | |
| PFS Mason PFS Oceana | 5,737.00 | | 42,500 | (50.75)% | (21,570.00) (30,458.00) |
| | 2,049.00 | 12,042.00 62,087.00 | 42,500 | (71.67)% | |
| Prevention | 12,309.00 | - | 112,518 | (44.82)% | (50,431.00) |
| Prevention Grant Missaukee Prevention Grant Wexford | 2,478.00 5,826.00 | 13,049.00 27,823.00 | 20,854 43,472 | (37.43)% (36.00)% | (7,805.00) (15,649.00) |
| Rotary Charities | 5,620.00 | 14,478.00 | 25,000 | (42.09)% | (10,522.00) |
| Rx for Health | - 6,338.17 | 65,647.29 | 25,000 | (42.09)% (73.74)% | |
| School Wellness Center | | | 150,000 | (22.06)% | (184,352.71) |
| | 7,681.00 | 116,914.00 | | | (33,086.00) |
| SH Coalition Support Missaukee SH Coalition Support Wexford | 1,523.00 | 6,531.00 10,330.00 | 8,230 19,215 | (20.64)% (46.24)% | (1,699.00) (8,885.00) |
| Snap Ed Full-Year | 2,309.00 | 49,262.48 | 19,215 92,710 | (46.24)% | |
| State Opioid Response (SOR) Lake | 11,900.64 1,067.00 | 49,262.48 3,424.00 | 92,710 10,000 | (40.86)% | (43,447.52) (6,576.00) |
| State Opioid Response (SOR) Lake | 559.00 | 5,665.00 | 20,000 | (71.67)% | (14,335.00) |
| | 559.00 | 5,005.00 | 20,000 | (71.07)70 | (1,333.00) |

| | | | | Percent Budget | Total Budget |
|---|---------------|---------------|------------|----------------|----------------|
| | Current Month | YTD Actual | Budget | Remaining | Variance |
| State Opioid Response (SOR) Oceana | 609.00 | 6,792.00 | 15,000 | (54.72)% | (8,208.00) |
| Substance, Education and Awareness (SEA) | - | 5,000.00 | 0 | 0.00% | 5,000.00 |
| Tobacco/ENDS Education | 46.00 | 1,310.00 | 0 | 0.00% | 1,310.00 |
| WIC Resident | | 200.00 | 200 | 0.00% | - |
| Total Other Funding | 233,198.86 | 2,066,567.26 | 3,302,965 | (37.43)% | (1,236,397.74) |
| Billing Revenue | | | | | |
| Adolescent Health Center - Crawford | 10,837.00 | 65,768.78 | 35,754 | 83.95% | 30,014.78 |
| Adolescent Health Center - Lake City Clinical | 7,320.00 | 20,650.00 | 5,000 | 313.00% | 15,650.00 |
| Adolescent Health Center - Mason County | 2,050.00 | 2,050.00 | 5,000 | (59.00)% | (2,950.00) |
| Adolescent Health Center - Wexford | 8,118.00 | 65,800.57 | 51,555 | 27.63% | 14,245.57 |
| Adolescent Health Center Oceana | 17,131.00 | 103,713.25 | 57,463 | 80.49% | 46,250.25 |
| BCCCP Direct | 308.38 | 6,748.89 | 7,500 | (10.01)% | (751.11) |
| Breast Cervical Cancer Control Program | 4,733.00 | 9,610.60 | 5,000 | 92.21% | 4,610.60 |
| Brethren High School Mental Health Grant | 3,980.00 | 35,019.82 | 10,000 | 250.20% | 25,019.82 |
| CCL HUB | 16,444.00 | 130,600.00 | 150,000 | (12.93)% | (19,400.00) |
| Chippewa Hills School Mental Health Grant | 2,990.00 | 34,081.34 | 10,000 | 240.81% | 24,081.34 |
| COVID MI Supplemental Funding | 80,806.25 | 1,379,674.66 | 400,000 | 244.92% | 979,674.66 |
| COVID Vaccination Clinic | - | 22,738.80 | 200,000 | (88.63)% | (177,261.20) |
| Dental Varnish | - | 49.00 | 0 | 0.00% | 49.00 |
| Family Planning | 17,521.86 | 141,783.35 | 91,110 | 55.62% | 50,673.35 |
| Hart High School Mental Health Grant | 6,045.00 | 47,420.20 | 10,000 | 374.20% | 37,420.20 |
| Healthy Families America - Manistee/Missaukee | - | 3,883.00 | 0 | 0.00% | 3,883.00 |
| Hearing | 10.00 | 8,101.60 | 3,500 | 131.47% | 4,601.60 |
| Immunizations | 6,558.70 | 138,055.63 | 400,000 | (65.49)% | (261,944.37) |
| Lead Hemoglobin | 32.71 | 704.05 | 0 | 0.00% | 704.05 |
| Maternal Infant Health Program | 44,762.57 | 341,423.55 | 502,500 | (32.06)% | (161,076.45) |
| MCH Women | - | 318.30 | 0 | 0.00% | 318.30 |
| School Wellness Center | 8,450.00 | 68,137.47 | 47,132 | 44.57% | 21,005.47 |
| STI Clinics | 1,385.00 | 6,040.65 | 5,400 | 11.86% | 640.65 |
| Vision | 10.00 | 8,350.80 | 3,500 | 138.59% | 4,850.80 |
| Wisewoman Coordination | 11,635.00 | 13,210.00 | 5,000 | 164.20% | 8,210.00 |
| Total Billing Revenue | 251,128.47 | 2,653,934.31 | 2,005,414 | 32.34% | 648,520.31 |
| Medicaid Cost Settlement | | | | | |
| Medicaid Cost Report | | 600,000.00 | 1,800,000 | (66.67)% | (1,200,000.00) |
| Total Medicaid Cost Settlement | - | 600,000.00 | 1,800,000 | (66.67)% | (1,200,000.00) |
| Environmental Health Revenue | 195,424.91 | 1,359,604.74 | 1,374,040 | (1.05)% | (14,435.26) |
| Appropriations | 247,873.36 | 2,230,860.24 | 2,974,480 | (25.00)% | (743,619.76) |
| Other Revenue | | | | | |
| MMRMA Distribution | - | 39,642.00 | 39,642 | 0.00% | - |
| Workers Compensation Dividends | - | 23,564.00 | 23,564 | 0.00% | - |
| Other | 5,038.21 | 88,850.35 | 128,500 | (30.86)% | (39,649.65) |
| Total Other Revenue | 5,038.21 | 152,056.35 | 191,706 | (20.68)% | (39,649.65) |
| Total Revenues | 1,520,328.17 | 16,405,952.81 | 22,198,377 | (26.09)% | (5,792,424.19) |

| | | | | Percent Budget | Total Budget |
|----------------------------------|---------------|---------------|--------------------|----------------|--------------|
| | Current Month | YTD Actual | Budget | Remaining | Variance |
| | | | | | |
| Expenses | | | | | |
| Wages | 887,946.05 | 8,077,960.37 | 11,308,823 | 28.57% | 3,230,862.63 |
| Fringes | 411,188.15 | 3,724,615.68 | 5,175,818 | 28.04% | 1,451,202.32 |
| Travel | 33,626.77 | 243,565.66 | 546,174 | 55.41% | 302,608.34 |
| Supplies | 51,655.14 | 556,900.64 | 1,389,883 | 59.93% | 832,982.36 |
| Contractual | 21,406.02 | 340,307.72 | 899,938 | 62.19% | 559,630.28 |
| Communications | 52,219.35 | 241,720.66 | 393,391 | 38.55% | 151,670.34 |
| Printing/Publishing | 8,275.97 | 139,441.34 | 81,143 | (71.85)% | (58,298.34) |
| Education/Training | 2,150.93 | 12,083.93 | 47,125 | 74.36% | 35,041.07 |
| Liability Insurance | 8,428.17 | 77,028.49 | 90,491 | 14.88% | 13,462.51 |
| Maintenance | 65,773.22 | 312,467.45 | 430,009 | 27.33% | 117,541.55 |
| Space | 107,601.96 | 977,017.64 | 1,302,704 | 25.00% | 325,686.36 |
| Capital Outlay | 6,534.90 | 331,213.95 | 258,528 | (28.12)% | (72,685.95) |
| County DSH/Dental | 29,110.00 | 482,666.27 | 966,800 | 50.08% | 484,133.73 |
| Total Expenses | 1,685,916.63 | 15,516,989.80 | 22,890,827 | 32.21% | 7,373,837.20 |
| | | | | | |
| Increase (Decrease) Fund Balance | (165,588.46) | 888,963.01 | (<u>692,450</u>) | | |

Note: \$146,000 of Contractual budget to be moved to Capital Outlay in the next amendment.

District Health Department #10 Aged Receivable Report 06/01/2021 - 06/30/2021

| | Balance | Current | 31-60 Days | 61-90 Days | 91+ Days |
|--|--------------|--------------|------------|------------|--------------|
| Due From Billing | | | | | |
| Due From Adolescent Health Cadillac Billing | 66,871.45 | 8,118.00 | 5,257.20 | 24,074.25 | 29,422.00 |
| Due From Adolescent Health Grayling Billing | 64,235.52 | 10,837.00 | 9,132.89 | 5,290.63 | 38,975.00 |
| Due From Adolescent Health Shelby Billing | 102,834.99 | 17,131.00 | 13,004.61 | 23,944.38 | 48,755.00 |
| Due From BCCCP Billing | 11,221.38 | 5,041.38 | 2,264.56 | 1,155.44 | 2,760.00 |
| Due From Dental Varnish Billing | - | - | - | - | - |
| Due From Diabetes Prevention Program Billing | - | - | - | - | - |
| Due From Family Planning Billing | 151,778.09 | 17,521.86 | 27,538.38 | 15,190.65 | 91,527.20 |
| Due From Hearing Billing | 4,004.80 | 10.00 | 3,994.80 | - | - |
| Due From Hemoglobin Billing | 144.05 | 8.29 | - | 135.76 | - |
| Due From Immunizations Billing | 25,545.89 | 6,558.70 | 18,987.19 | - | - |
| Due From Lead Billing | 56.46 | 24.42 | - | 32.04 | - |
| Due From MIHP Billing | 236,293.83 | 44,762.57 | 25,619.85 | 17,173.28 | 148,738.13 |
| Due From School Wellness Billing | 65,849.02 | 8,450.00 | 7,558.10 | 7,359.84 | 42,481.08 |
| Due From STD Billing | 4,861.53 | 1,385.00 | 815.79 | 2,660.74 | - |
| Due From Vision Billing | 3,949.20 | 10.00 | 333.20 | 3,606.00 | - |
| Due From Wisewoman Billing | 10,625.00 | 10,625.00 | - | - | - |
| Due From School Mental Health Billing | 110,266.41 | 12,914.59 | 23,150.00 | 27,301.82 | 46,900.00 |
| Due From AHC - Lake City Clinical Billing | 16,300.00 | 7,320.00 | 4,980.00 | 4,000.00 | - |
| Due From AHC - Mason County Eastern Billing | 2,050.00 | 2,050.00 | - | - | - |
| Due From Billing Sum | 876,887.62 | 152,767.81 | 142,636.57 | 131,924.83 | 449,558.41 |
| Due From County | 14,562.12 | 14,232.80 | - | - | 329.32 |
| Due From Other | 529,524.83 | 199,169.15 | 190,880.03 | 124,459.33 | 15,016.32 |
| Due From State | 1,476,482.56 | 739,782.56 | 16,377.00 | 3,150.00 | 717,173.00 |
| Grand Total | 2,897,457.13 | 1,105,952.32 | 349,893.60 | 259,534.16 | 1,182,077.05 |
| Percentages | | 38.17% | 12.08% | 8.96% | 40.80% |

District Health Department #10 Cash Flow Analysis July 22, 2021

| Beginning Cash Balance | July 10,881,454 | August 9,930,097 | September 8,777,713 | October 7,625,329 | November 6,819,946 | December 5,617,560 |
|--------------------------|--------------------|---------------------|------------------------|----------------------|-----------------------|-----------------------|
| beginning cash balance | 10,001,454 | 9,930,097 | 0,777,715 | 7,023,329 | 0,819,940 | 5,017,500 |
| Receipts: | | | | | | |
| State Funding | 50,000 | 489,829 | 489,829 | 489,829 | 489,829 | 489,829 |
| Billing Revenue | 50,176 | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| EH Fees | 100,000 | 100,000 | 100,000 | 50,000 | 50,000 | 5,000 |
| Appropriations | - | - | - | 397,002 | - | - |
| Other | 50,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 |
| Total | 250,176 | 839,829 | 839,829 | 1,186,831 | 789,829 | 744,829 |
| | | | | | | |
| Expenses: | | | | | | |
| Wages | 584,293 | 968,586 | 968,586 | 968,586 | 968,586 | 968,586 |
| Benefits | 217,240 | 434,293 | 434,293 | 434,293 | 434,293 | 434,293 |
| Other | 400,000 | 589,334 | 589,334 | 589,335 | 589,336 | 589,337 |
| Total | 1,201,533 | 1,992,213 | 1,992,213 | 1,992,214 | 1,992,215 | 1,992,216 |
| | | | | | | |
| | | | | | | |
| Total Cash & Investments | 9,930,097 | 8,777,713 | 7,625,329 | 6,819,946 | 5,617,560 | 4,370,173 |

DISTRICT HEALTH DEPARTMENT NO. 10 Board of Health Listing

Accounts Payable

| | Amount | Date |
|--------------------------------|----------------|-------------|
| 20994 - 21074, 508153 - 508185 | \$797,018.77 | June - July |
| 1274 - 1277 | \$ 2,229.27 | |
| | | |
| | | |
| Total Accounts Payable | \$799,248.04 | |

Payroll

| 1 4/1 611 | | |
|---------------|--------------|-------------|
| 65391 - 65848 | \$604,567.08 | June - July |
| | | |
| | | |
| | | |
| Total Payroll | \$604,567.08 | |

Total Expenditures\$1,403,815.12

QUALITY ASSURANCE REPORT 3rd Quarter, April - June 2021

SEPTIC AND WELL PROGRAM

| County | April | May | June |
|-----------|-------|-----|------|
| Crawford | 9 | 12 | 14 |
| Kalkaska | 10 | 7 | 9 |
| Lake | 12 | 8 | 11 |
| Manistee | 8 | 5 | 8 |
| Mason | 11 | 9 | 4 |
| Mecosta | 10 | 8 | 6 |
| Missaukee | 9 | 8 | 7 |
| Newaygo | 7 | 6 | 5 |
| Oceana | 8 | 7 | 5 |
| Wexford | 6 | 3 | 6 |

NA = too small of permit numbers to calculate median (5 minimum) Goal: No more than 7 days to issue

The response time to issuing septic and well permits was extremely poor in the 3rd quarter. The staff was overwhelmed by the housing boon brought on by the low mortgage rates and an improved economy. The strain on the staff was considerable with one sanitarian resigning and the rest being in a state of being "burned out". In addition, the rush to get the work completed as soon as possible has lead to many staff errors being made. Conditions did improve toward the end of the quarter when an additional sanitarian was hired for Newaygo County. The Environmental Health Division has developed a staffing plan to 2022 which would include staff changes and expansion to help meet the workload needs.

FOOD SAFETY PROGRAM

319 Priority and Priority Foundation health violations were found in food service operations for the period of April - June 2021 for an average of 1.0 violations per inspection. This is an increase from last year when the District averaged 0.6 violations per inspection. Goal: an average of 0.5 violations per inspection. The major violations were food being kept at an improper temperature which would increase bacterial growth and a lack of dating of food in storage. Other major concerns were dirty equipment, serving expired foods, and storing raw meats above vegetables.

The Division documents the amount and type of food that we request to be disposed of at restaurants. For this quarter, the agency requested 205 pounds of food to be disposed of. Most of the food was disposed of due to it having been temperature abused or having expired its use date. This is a low amount of food disposal which is the result of a decline in inspections performed at restaurants brought on by the COVID-19 virus outbreak.

For this quarter, there were six (6) suspected foodborne illness events, which involved 12 people, that were reported to the Department. This is double what we experienced in 2020. We also received seven (7) restaurant complaints, which is similar to the 9 we had last year. The complaints were as follows:

- > Restaurant was dirty.
- > Operating without a food license
- > Grease and trash spilled on ground
- > Hair/nail found in food
- > Using food after it touched the floor

GENERAL ENVIRONMENTAL HEALTH

The District received 48 environmental complaints for this quarter. This is a significant increase in the number of complaints from this quarter last year (39 complaints). Most of the increase came from a rise in the number of failed septic systems.

The complaints were as follows:

| Residential septic systems | | Trash/rubbish | 10 |
|----------------------------|---|---------------------------|----|
| Drinking water quality | | Condition of housing | 2 |
| Commercial septic system | 1 | Indoor Air Quality (mold) | 1 |

| County | # of | # of Red Tags | # of Denied Permits |
|-----------|---------------|---------------|---------------------|
| | Variances | | |
| Crawford | 5 | 2 | 0 |
| Kalkaska | 8 | 4 | 0 |
| Lake | 25 | 9 | 0 |
| Manistee | 20 | 0 | 0 |
| Mason | 13 | 9 | 0 |
| Mecosta | 28 | 9 | 0 |
| Missaukee | 1 | 2 | 0 |
| Newaygo | 32 | 14 | 0 |
| Oceana | 27 | 1 | 0 |
| Wexford | 0 | 7 | 0 |
| | | | |
| Total | 159 | 51 | 0 |
| | (114 in 2020) | (39 in 2020) | (0 in 2020) |

Enforcement in the Septic/Well Program July 2020 to June 2021

Variance are given by the county sanitarians when conditions are found that do not comply with the Sanitary Code but a reduction in standards will likely not result in a major public health concern. Normally, this consists of a reduction of isolation distances due to a lack of space. Red tags are given by the county sanitarians when the installation of the septic system does not comply with the permit requirements. Permit denials are given when the new construction cannot meet the requirements of the Sanitary Code.

District Health Department #10 Environmental Health Activities by County June 2021

| County/ Totals | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|------|------|------|-------|-----|-----|-----|-------|-----|-----|-----|-------|------|-------|-----|-------|-----|------|-----|-------|-------|-------|
| | Craw | ford | Kall | kaska | La | ake | Man | istee | Ma | son | Mee | costa | Miss | aukee | New | aygo | Oce | eana | Wey | xford | Т | otal |
| Activity | Мо | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD | Mo | YTD |
| Soil Evaluations | 1 | 5 | 1 | 6 | 1 | 4 | 8 | 23 | 2 | 24 | 4 | 31 | 0 | 0 | 3 | 53 | 3 | 22 | 3 | 8 | 26 | 176 |
| Septic Permits | 16 | 81 | 33 | 125 | 32 | 164 | 21 | 161 | 15 | 121 | 27 | 191 | 15 | 71 | 44 | 268 | 34 | 184 | 24 | 118 | 261 | 1,484 |
| Well Permits | 8 | 74 | 34 | 147 | 31 | 187 | 13 | 125 | 28 | 162 | 32 | 230 | 23 | 116 | 52 | 328 | 37 | 206 | 23 | 125 | 281 | 1,700 |
| Mort. Evaluations | 1 | 6 | 0 | 1 | 1 | 6 | 0 | 0 | 0 | 2 | 2 | 13 | 0 | 4 | 14 | 114 | 2 | 12 | 1 | 3 | 21 | 161 |
| BPA* | 0 | 1 | 4 | 9 | 2 | 40 | 1 | 5 | 0 | 12 | 3 | 30 | 1 | 3 | 4 | 36 | 4 | 40 | 1 | 4 | 20 | 180 |
| Complaints (all) | 2 | 4 | 2 | 2 | 10 | 19 | 0 | 3 | 1 | 17 | 3 | 21 | 0 | 0 | 3 | 25 | 3 | 8 | 2 | 8 | 26 | 107 |
| Final Inspections (sewage) | 18 | 67 | 18 | 45 | 26 | 97 | 19 | 128 | 16 | 67 | 22 | 154 | 14 | 45 | 37 | 177 | 21 | 142 | 19 | 89 | 210 | 1,011 |
| Well Inspection | 0 | 2 | 0 | 2 | 9 | 45 | 0 | 10 | 6 | 10 | 5 | 20 | 0 | 3 | 3 | 11 | 4 | 17 | 1 | 14 | 28 | 134 |
| HHS Inspection | 0 | 5 | 4 | 8 | 1 | 3 | 2 | 9 | 1 | 15 | 3 | 21 | 2 | 8 | 3 | 18 | 0 | 8 | 3 | 16 | 19 | 111 |
| Campground Inspection | 0 | 3 | 0 | 0 | 3 | 4 | 24 | 28 | 10 | 10 | 0 | 0 | 7 | 13 | 0 | 0 | 1 | 5 | 2 | 13 | 47 | 76 |
| Routine Food Inspections | 4 | 58 | 8 | 66 | 7 | 42 | 17 | 129 | 22 | 151 | 24 | 171 | 4 | 41 | 21 | 151 | 26 | 106 | 31 | 172 | 164 | 1,087 |
| Follow-Up Food Inspections | 5 | 15 | 0 | 0 | 1 | 6 | 4 | 18 | 10 | 43 | 6 | 27 | 0 | 3 | 4 | 25 | 3 | 16 | 2 | 11 | 35 | 164 |
| Temp. Food Inspection | 0 | 0 | 2 | 7 | 4 | 18 | 2 | 16 | 1 | 8 | 2 | 6 | 0 | 2 | 3 | 12 | 7 | 19 | 2 | 13 | 23 | 101 |
| Swimming Pool Inspection | 0 | 6 | 0 | 0 | 0 | 0 | 8 | 14 | 5 | 17 | 2 | 12 | 0 | 2 | 1 | 1 | 0 | 4 | 0 | 2 | 16 | 58 |
| Type II Sanitary Surveys | 0 | 6 | 1 | 2 | 3 | 12 | 1 | 10 | 2 | 7 | 7 | 27 | 0 | 20 | 2 | 13 | 1 | 12 | 2 | 16 | 19 | 125 |
| Tanning Insp. | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 3 | 4 | 4 | 0 | 8 | 0 | 0 | 0 | 6 | 0 | 2 | 0 | 1 | 4 | 28 |
| <u>Totals</u> : Month YTD | 55 | 337 | 107 | 420 | 131 | 647 | 120 | 682 | 123 | 670 | 142 | 962 | 66 | 331 | 194 | 1,238 | 146 | 803 | 116 | 613 | 1,200 | 6,703 |

BPA = Building Permit Approval **YTD** = year to date (as of October 2020)

Point-of-sale Inspection (private contractors): Kalkaska – 18 (239); Manistee – 53 (222)

District Health Department #10 BOARD OF HEALTH

Family Health Division - WIC Report

July 30, 2021

- 1. National Public Health Emergency Extension: The USDA FNS has extended currently active waivers until 30 days after the end of the nationally declared public health emergency (PHE) under section 319 of the Public Health Service Act (42 U.S.C. 247d), for WIC State agencies that choose to continue operations under such waivers. By law, the HHS Secretary must renew the PHE declaration every ninety days. The Health and Human Services Secretary Xavier Becerra has renewed the national PHE, effective July 20, 2021. This allows for approved WIC waivers to continue through at least mid-November 2021. Accordingly, Michigan WIC will continue the physical presence waiver implemented since March of 2020. This July, DHD #10 adopted a modified approach to WIC service delivery by offering in-person WIC clinic services to clients who need and prefer such.
- 2. **MDHHS Implements Revised WIC Income Guidelines Effective June 30, 2021:** Michigan WIC policy has been revised based on the updated federal poverty level values. WIC Income eligibility is set at or below 185% of the poverty index. This income threshold allows for many women and children to be eligible for WIC services. For example, individuals living in a household of four (4) can earn up to\$49,025.00 and qualify for WIC service and benefits. Link: complete WIC income reference:

www.michigan.gov/documents/mdhhs/Income_Calculation_Reference_sheet_625406_7.pdf

- 3. **MDHHS Releases Biannual Breastfeeding Report (April 2021):** These are point-in-time ad hoc reports which provide breastfeeding duration and rate for all Local WIC Agencies. These reports are used to monitor our progress towards important WIC health outcomes. As of March 2021, 74.63% of women enrolled in our WIC program initiated breastfeeding and 22.3% continued at 6 months meeting our nutrition services plan. Initiation rates remained stable since November while 6-month duration increased during this time.
- 4. Children and Women WIC Cash Value Benefit (CVB) Increase: On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) into law. Per the ARPA and subsequent guidance received from USDA, State WIC agencies may temporarily increase the Cash-Value Benefit (CVB) for Fruit and Vegetable Purchases for food packages up to \$35 per month for up to four (4) consecutive months. On May 1st, the State of Michigan WIC Program implemented this CVB for all children and women which continues through August benefit cycles. Clients will have their CVB returned to current levels (\$9 for children and \$11 for women) in September.
- 5. MDHHS WIC Announces Final FY 2020 WIC Food Costs: An Important Economic Impact for our Local Communities: DHD #10 WIC clients redeemed a total of \$4,048,303.00 in food benefits at participating grocery stores and pharmacies in FY 2020. In addition to providing health and nutrition benefits to our families, our WIC Program contributes significantly to our local economies.
- 6. **WIC Professional Development Opportunities and Accomplishments:** Our WIC staff continue to engage in valuable trainings expanding their knowledge and expertise in maternal-child nutrition and breastfeeding. Both Diane Shelton, WIC Supervisor and Rebekah Hodson, RN completed the intensive Certified Lactation Specialist course. Colleen Unsal, Senior Breastfeeding (BF) Peer achieved the

Certified Clinical and Communication Lactation Specialist (CCLS) designation in November of 2020. In addition, two BF Peers, Kristen Sytek and Tina McDonald completed the MDHHS Senior Peer training in April. Renae Sutton, RD will participate in the upcoming Lactation Counselor Educator (LCE) training in September. To date, eight of our WIC Nutritionists hold advanced certifications in breastfeeding lending to district-wide support for our families and communities. In addition, several WIC staff engaged in virtual MDHHS conferences, including the 2021 Michigan WIC Training and Education conference in June.

- 7. Local Breastfeeding Program Updates: As mentioned in item #3, more women WIC participants are breastfeeding their infants to 6 months of age and beyond (22.3%). This increase can be attributed to numerous factors including the outstanding support and expertise families receive from our WIC and MCH staff and community engagement efforts. These include phone, telehealth and home-based appointments as well as participation in local coalition groups. Breastfeeding support will also be expanded via a virtual breastfeeding support group set to launch in August in cooperation with Transitions Women's Wellness Center in Manistee. This new support group will be open to all moms in all counties. In addition, staff is in discussion with Spectrum-Ludington regarding a future agreement to allow our BF Peer to do in-hospital visits with clients. In August DHD #10 will celebrate National Breastfeeding Month with several activities planned virtually through social media. This includes Facebook posts and a contest with weekly prizes and a "grand prize" goody bag. With support of our community partners, promotional yard signs compliments of Michigan WIC will be placed throughout our communities highlighting the importance of breastfeeding. Lastly our DHD #10 Breastfeeding Peer Counselor program is an applicant for the USDA Loving Support-Gold Status Award. Staff will participate in a virtual USDA ceremony in August.
- 8. Regional Childhood Lead Poisoning Prevention Program (CLPPP) Grant: This prevention grant is funded by MDHHS and serves 21 counties in northern-lower Michigan in Prosperity Regions 2 and 3. Jessica Miller, RN leads project activities and outreach working collaboratively with six other local health departments in the region as well as our local Nurse Case Manager, Tawnya Ebels, RN. Project accomplishments include hosting of virtual regional grant meeting, launch of targeted Facebook campaign, participation in state and local lead prevention meetings, outreach to local health care providers encouraging testing and venous confirmations (phone and mail contacts and donation of testing supplies) and multiple consultations with parents/guardians regarding childhood elevated blood lead (EBL) levels.
- 9. Family Health-WIC Staff: We are pleased to have new staff join our agency over the past several months. Diane Shelton, RD, CLS moved from Georgia to Michigan and began work for DHD#10 on January 11th, 2021 and was recently married. Diane is the WIC supervisor and Breastfeeding Peer Counselor Manager. She supervises 19 employees in Lake, Manistee, Mason, Mecosta, Newaygo, Oceana counties as well as 6 Breastfeeding Peer Counselors throughout DHD#10. Prior to moving to Michigan, Diane worked for Public Health in District 3-4 in Georgia. She was the Nutrition Services Director and had worked in the WIC program since

1991, working her way progressively from a part time WIC certifier and Registered Dietitian to Nutrition Services Director. **Michelle Cook, MS, RD** joined DHD #10 last August and serves as the WIC Dietitian in Newaygo County. Prior to joining our team, Michelle worked as a dietetic technician at the Helen DeVos Children's Hospital in the Neonatal Intensive Care Unit and as a WIC Nutritionist in Kent and Ottawa Counties since 2017. Michelle completed her master's degree in Nutrition and Registered Dietitian certification in March of 2020. **Jami Haner** is our newest addition to our WIC team. Jami began working for DHD#10 as Temporary COVID Support in March of 2021 to help with data entry during clinics and in June accepted the Mecosta WIC Clinic Assistant. Prior to DHD #10, Jami worked for Big Rapids Township as an office manager and as a Legal Secretary/Legal Assistant for a local attorney.

10. Caseload Performance:

The availability and flexibility of remote WIC services due to COVID-19 and USDA waivers have contributed to improved client engagement and convenience. Fiscal-year-to-date, DHD #10 WIC Resident enrollment is stable as compared FY 2020. Resident participation averaged 7238 clients per month 10/2020 - 5/2021 as compared to 7203 in 2019-2020. Service to migrants averaged 206 clients per month. However, during the months of March-May there has been an overall decline in DHD #10 WIC participation of about 218 clients per month (-3.1%) as compared to 2020 at onset of the pandemic. We will continue to monitor caseload performance and adjust outreach efforts and staffing accordingly. FY-to-date, DHD #10 is achieving 94.5% of assigned base caseload of 7662.

Lastly, MDHHS WIC Division recently awarded DHD #10 stable funding for FY 2022: \$1,570,745.00 for WIC resident and \$98,000.00 for WIC Migrant populations.

| | Curr | ent | | Compa | rison | Difference | | |
|-------------------------------|------|-----|----------------------|-------|-------|------------|-------|--|
| WIC Measure | Mo/ | Yr | Total Clients | Mo/ | Yr | # | % | |
| Resident Enrollment | June | 21 | 7,354 | June | 20 | -213 | -2.8% | |
| Resident Participation | May | 21 | 7,113 | May | 20 | - 227 | -3.0% | |
| Migrant Participation | May | 21 | 201 | May | 20 | -9 | | |

Respectfully submitted:

Anne Bianchi, MS, RD Family Health Co-Director - WIC

Family Health Clinical Division BOH Report

- 1. We have been working diligently throughout the pandemic providing testing, vaccine, contract tracing, education, and case investigation. Things are starting to return to normal, but we continue to rely on our contracted staff as well as our regular staff. We have lost several of our PHNs over the 18 months and have replaced nurses in Kalkaska, Crawford, Mecosta, and Ludington. Robin W resigned and George D has stepped down as Clinical Supervisor and will be working only part time beginning mid-August. Currently have openings for our NP in the south, our Clinical Supervisor's and a new position of Immunization Nurse that will be shared between Newaygo and Oceana to help off set the clinical role that was assisted by Robin.
- We have returned to scheduling business as usual while continuing to offer COVID vaccine during regular Imms clinics in each county and then using Friday mornings as overflow as needed.
- 3. Imms data submitted by Bethanie.
- 4. We have seen close to 550 clients in the FP/STD/BCCCNP clinics throughout the district. Clinics are filling and phone calls are being made in attempt to capture clients that are due or past due for scheduling. We will be doing nurse only clinics from mid-August through September due to a loss on our southern clinician and maternity leave of our other FT NP.
- 5. The state is nudging us to begin working toward accreditation. A post-covid package was sent to our FP group for review and scheduled September web meeting.

- 6. A "Covid Strike Team" has been developed and ready to roll. We have a north and a south team that will be available to react immediately to a work-place outbreak. They will offer antigen testing, vaccine, and education at the workplace when requested.
- 7. Kalkaska Kiwanis Club awarded North Country Community Mental Health and District Health Department #10 the Hometown Heroes Award for their efforts as frontline workers. They were recognized for their service to the Kalkaska community during these challenging and sometimes dangerous times.

District Health Department #10 BOARD OF HEALTH

Family Health Division

Home Visiting Section Report July 30, 2021

a. Healthy Families America

During this time, DHD #10 Healthy Families America-Affiliate staff worked providing COVID-19 vaccination clinics, doing COVID-19 contact tracing calls and trying to maintain some texting or telephone contact with families. We used Microsoft teams and Patagonia for virtual, video home visits when families were accepting of these platforms and had the internet connectivity capability. This has been a trying time for staff, families, and our community. DHD #10 HFA has lost some families through this process. However, we are very pleased with the number of families (46) we have been able to keep on our program. We have begun receiving referrals again from WIC staff, MIHP staff and other community referrals! Staff are beginning to enroll new families!

Since the end of May, staff have been able to work on re-engaging families for consistent home visits. The home visitors have done virtual visits, in-person, physically distanced, outside, and masked visits. Home visits have continued to be delivered in a fluid way to accommodate family and staff needs since we still have sicknesses, some families who are uncomfortable with meeting in-person due to COVID-19, and some staff who have been using FMLA for a variety of reasons. DHD #10 HFA has been flexible which has allowed us to maintain our staff and many of the connections with the families we serve.

The program has received more funding through FFPSA funds to expand our services in Lake County. We have hired a new HFA home visiting staff member for Lake County. Jacqui Gorczewicz started on 7-14-21. She will focus on families involved in the Child Welfare system who voluntarily wish to commit to involvement in our program. This expansion will allow her to accept referrals from Child Protective Services, Foster Care and Families First for children up to the age of 24 months old who are at risk for removal from their homes. They will be able to receive our services for 3 years. DHD #10 HFA is excited about this expansion and welcomes Jacqui this month!

b. Maternal Infant Health Program

We have been able to continue services throughout the pandemic even though most staff were pulled to do Covid vaccine clinics. We are getting back to home visiting yet continuing telehealth visits for those clients that are still concerned with Covid. Staff are wearing masks and encouraging our clients to do so as well. Our clients are excited to be able to see us in person again! We will begin our MIHP Pilot Program with a Community Health Worker (CHW) for referrals to MIHP in October. This will allow us to have a part-time (20 hours/week) CHW to contact referrals for MIHP and thoroughly explain the program and the benefits of MIHP. We are encouraged that this will help with rebuilding our MIHP caseload in all counties.

Our MIHP staff pitched in wherever they were needed during these last 6 months, along with continuing to serve their MIHP families. We are extremely lucky to have the staff that we do, and we are so excited to see MIHP grow in this next year!

c. Healthy Futures

We have been able to continue services throughout the pandemic. We have made phone calls and helped many new moms out with breastfeeding and resources. Although our nurses were pulled to assist with Covid vaccines, they were still able to connect with our Healthy Futures clients. Our IBCLC, Mandy Vogler has done a great job with reaching moms that needed extra help with breastfeeding during these last few months.

We are hopeful that the Healthy Futures website used for documenting contact with our Healthy Futures clients, will be up and running again soon. Healthy Futures is a great program to help new moms regardless of their financial status.

d. Children's Special Health Care Services

We were able to use CSHCS staff in different programs to help during the pandemic. All staff pitched in and helped where they were needed.

We are looking forward to being fully staffed in the future for all 10 counties and have recently hired a full-time RN that will be based out of Mecosta County.

We are hoping to start community outreach with local physicians in the upcoming year to reeducate their staff about the CSHCS program and how it helps families. This will establish good working relationships with those offices and allow faster access to CSHCS program when referrals are being made for specialty care.

e. Hearing and Vision Screening

Due to Covid-19 we were assisting with Covid clinics and helping out in the CSHCS program until May 2021. It has been nice to begin screening again and focus on our program while preparing for the new school year. We had to say goodbye to Diana Stencel, but gained a wonderful new addition to the program, Pennie Thebo. We have been working with Pennie in a clinical setting, so she is fully prepared upon completion of her training.

Respectfully submitted:

Anne Young, BSN, MA Family Health Director

Report to the Boards of Health

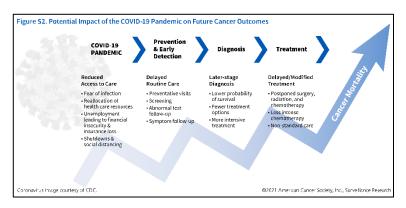
Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, July 28, 2021 Central Michigan District Health Department, Wednesday, July 28, 2021 District Health Department 10, Friday, July 30, 2021

Consequences of Pandemic on Healthcare

The COVID-19 pandemic has had many consequences. One has been reduced access to or use of healthcare for prevention or treatment of illness. There have been several reasons for this. When COVID-19 cases were very high, healthcare resources were needed to care for those sick with COVID-19. Healthy people also needed to be protected from exposure to COVID-19 or were complying with stay-at-home orders. Some may have not sought emergency care due to a misconception that hospitals were only caring for COVID-19 patients or fear of exposure to COVID-19. A great deal of non-urgent health care was paused which included vaccinations, cancer screening, elective surgeries, and care of chronic health conditions. This healthcare is still important and necessary, and their delay will have consequences.

It is estimated that in March and April of 2020, compared to the same time in 2019, breast, cervical, and colon cancer screening decreased by 80% to 90% in the United States. Screenings did increase in June 2020 but was still 29% to 36% below the prepandemic rates. Because there was decreased screening in 2020, new cancer diagnoses will likely be lower for 2020. This does not mean there was less cancer present, only that it was not being found. When these cases of cancer are finally diagnosed, they will be at a more advanced stage and have a

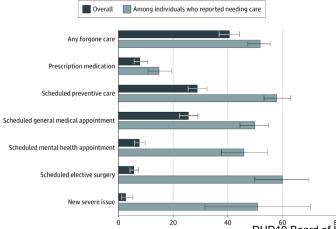


Public 🏉 Health

worse prognosis. It is expected that cancer mortality will be increased over the long term due to delayed diagnoses, as well as interruptions or changes in treatment, during the COVID-19 pandemic.

As with other parts of healthcare, treatment for cancer was interrupted or delayed for many during the COVID-19 pandemic. The American Cancer Society surveyed cancer patients and survivors early in the pandemic and found that 27% in April 2020 and 79% in May of 2020 had a delay in their cancer treatment. Over half of cancer clinical trials also stopped screening and/or enrolling participants.

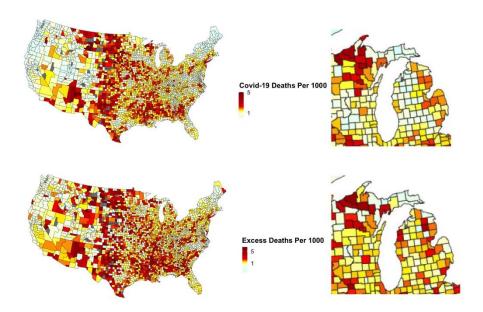
General medical care also decreased. In a survey of 1,337 people, over 40% said they skipped medical care during the first 4 months of the pandemic. Most, over 60%, said it was because the medical practice was closed, over half said it was because they were afraid of exposure to COV ID-19, while less than 10% did so due to financial stresses. The care skipped is listed below:



- 15% didn't pick up a prescription and missed one or more doses.
- 58% missed scheduled preventative care.
- 50% missed general medical care.
- 46% with scheduled mental health care reported missing visits.
- 60% with a scheduled elective surgical procedure missed it.
- 51% with a severe mental or physical health issue that emerged after the start of the pandemic forwent care.

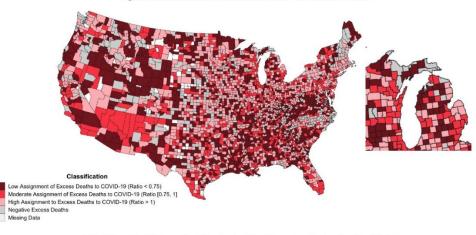
The COVID-19 pandemic has also led to an excess in deaths above what would be expected compared to previous years. It has been found that a significant number of deaths have not been directly attributed to COVID-19. The amount of excess deaths not assigned to COVID-19 has varied across the US. Rural areas have had a lower proportion of their excess deaths attributed to COVID-19 than urban areas. In other words, in rural areas, there seems to be an excess of deaths above normal that are not due to COVID-19. This could be due to under-diagnosis and under-reporting of COVID-19 in rural areas. It could also be due to increases in deaths due to other causes in rural areas because of the pandemic, such as difficulties accessing healthcare, loss of employment, worsening mental health conditions, increased overdoses, and other factors. See figures 1 and 2 below for an illustration. In figure 2, the darker colored counties have a lower proportion of their excess deaths attributed to COVID-19 (or, stated another way, a higher amount of excess of deaths above normal that are not due to rural are not due to COVID-19).

Figure 1: COVID-19 and Excess Deaths by County (Per 1000 Person-Years)

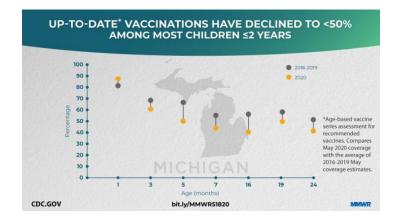


Notes: Heat maps of direct COVID-19 deaths per 1000 person-years by county (top) and excess death rate per 1000 person-years by county (bottom). Numbers are based on provisional data from the National Center for Health Statistics (NCHS) on COVID-19 mortality by county of residence from January 1 to December 31, 2020 reported by April 21, 2021. Note that estimates for counties in North Carolina may be unreliable due to reporting lags.



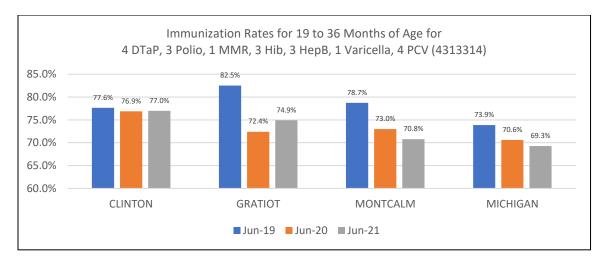


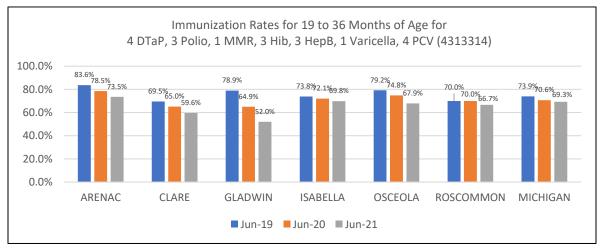
Notes: U.S. counties labeled according to five categories: (1) positive excess death rate and less than 75% of excess deaths assigned to COVID-19 (moderate assignment), (2) positive excess death rate and between 75% and 100% of excess deaths assigned to COVID-19 (moderate assignment), (3) positive excess death rate and more than 100% of excess deaths assigned to COVID-19 (high assignment), (4) negative excess death rate, and (5) missing data. Ratio denotes the ratio of direct COVID-19 deaths to excess deaths. Note that estimates for counties in North Carolina may be unreliable due to reporting lags. Lack of in person medical care and delayed routine healthcare has led to significant declines in routine vaccination rates for all ages. By May 2020, the vaccination rates of young children had already dropped significantly and in Michigan, less than half of children 5 months old and younger were up to date on recommended vaccinations.

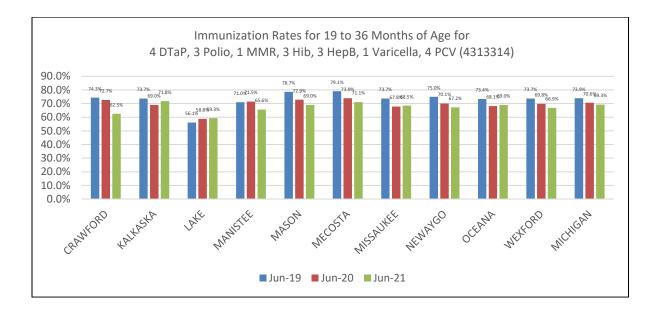


Vaccination rates for adults 65 and older in the US dropped 83% in 2020 compared to 2019, and dropped over 60% in those 19- to 49- years of age.

Below are the vaccination rates for our counties for June of 2019, 2020, and 2021, as well as the entire state of Michigan, for the minimum vaccines toddlers should have received.







Recommendations:

- 1. Schedule any healthcare appointments that may be overdue, including cancer screening, dental care, eye exams, vaccinations, etc.
- 2. Look at your lifestyle to see if it may need some tune-ups
 - a. Ten Things You Can Do for Your Mental Health https://uhs.umich.edu/tenthings
 - b. Healthy Living https://medlineplus.gov/healthyliving.html
 - c. Healthy for Good Infographics <u>https://www.heart.org/en/healthy-living/healthy-living-</u> infographics
- 3. If you need help finding or paying for healthcare, call 211.

Sources

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• Anderson, Kelly E., et al. "Reports of forgone medical care among US adults during the initial phase of the COVID-19 pandemic." JAMA network open 4.1 (2021): e2034882-e2034882.

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• National Foundation for Infectious Diseases. (2021). Issue Brief: The Impact of COVID-19 on US Vaccination Rates. <u>https://www.nfid.org/keep-up-the-rates/issue-brief-the-impact-of-covid-19-on-us-vaccination-rates/</u>

• Current Immunization Rates by County <u>https://www.mcir.org/providers/local-health-departments-lhd/county-data/</u>

District Health Department #10 BOARD OF HEALTH

Health Officer Report

July 30, 2021

- 1. **COVID-19 Update:** Information on current case counts and vaccination efforts will be shared at the meeting.
- 2. **Board Appointment:** Appointed to the Spectrum Big Rapids and Reed City Hospital Community Board, effective January, 2022.
- 3. Local Health Department Employee Wellbeing: DHD#10 will be hosting our staff Wellness/Wellbeing Day on Friday, September 10th in Manistee at the Armory Youth Project Facility.
- 4. **Return to Normal Operations:** July 1 represented our established day of return to normal operations in our offices.
- 5. Annual Health Department Update: During the month of July I attended the Board of Commissioners meetings in the Counties of Kalkaska, Lake, Missaukee, Newaygo and Wexford to provide the annual health department update.

Respectfully submitted:

Kevin Hughes, MA Health Officer