



BOARD OF HEALTH

Monthly Meeting: October 29, 2021 – 9:30 a.m.

Cadillac Office

521 Cobb Street, Cadillac

A G E N D A

- 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.....September 24, 2021
- V. Review and Approval of Public Comment Rules
 - 1. *Public Comment Rules*
- VI. Public Comment
- VII. Committee Reports
 - A. Executive Committee.....Jim Maike
 - 1. *Health Officer Evaluation*
 - 2. *Health Officer Agreement*
 - B. Finance Committee.....Ray Steinke
 - 1. *Finance Report*
 - 2. *Approve September Accounts Payable and Payroll.....Action Item*
 - B. Personnel Committee.....Shelley Pinkelman
 - 1. *Action Item: 10/22 Committee Meeting.....Action Item*
 - B. Legislative Committee.....Shelley Pinkelman
- I. Board Presentation.....Elizabeth Johnson, RDH, BS, Oral Health Coordinator
Children's Oral Health, Where We Are At & Why It Matters
- II. Program Reports
 - 1. *Family Health Clinical Division Report..... Lisa Morrill*
 - 2. *Community Health Division Report..... Christy Rivette*
 - 3. *Environmental Health Division Report..... Tom Reichard*
 - 4. *Family Health Division Home Visiting Report..... Anne Young*
 - 5. *Family Health Division WIC Report.....Anne Bianchi*

III. Administration Reports

- A. Medical Director.....Dr. Jennifer Morse, MD
- B. Deputy Health OfficerSarah Oleniczak
- C. Health Officer.....Kevin Hughes
- 1. *Action Item: Malph Dues*.....*Action Item*

II. Next Board of Health Meeting: Friday, November 19, 2021, at 10:00 a.m.

III. Adjournment



BOARD OF HEALTH

Meeting Minutes

September 24, 2021

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 Dermeyer, Paul Erickson, Pauline Jaquish, Brian Kolk, Nick Krieger, Phil Lewis, Jim Maike, Dawn Martin, Martha Meyette, Judy Nichols, Wendy Nystrom, Tom O'Neil, Roger Ouwinga, Shelley Pinkelman, Richard Schmidt, James Sweet, Gary Taylor, Hubert Zuiderveen

Members – Online:

Members Excused: Ray Steinke

Member Absent:

Staff – In-Person: Kevin Hughes, Christine Lopez, Dr. Jennifer Morse, Sarah Oleniczak

Public: Doug Turner, Amy Nelson, Pat Collins, Peggy Wittman, Cassidy Jones, Whitney Schornagel

III. **Approval of the Agenda.** Motion by Bryan Kolk, seconded by Judy Nichols to approve the meeting agenda. *Motion carried.*

Kevin Hughes presented a plaque to Hubert Zuiderveen for 22 years of service on the BOH. *This is his last meeting*

IV. **Approval of the Meeting Minutes.** Motion by Ron Bacon, seconded by Roger Ouwinga to approve the minutes of the August 27, 2021, meeting. *Motion carried.*

V. **Public Comment:**

Public Comment on a separate document and attached

VI. **Committee Reports**

A. Executive Committee – did not meet. A meeting is scheduled for October.

B. Finance Committee: Christine Lopez, Administrative Services Director, reviewed the financial report and FY21 Amended Budget and the FY22 Budget. Lopez presented the financial report for the month ending September 30, 2021. The balance sheet showed cash balance of \$10 million, and a total fund balance of \$7.6 million. Total revenues for the month were just over \$19.09 million, with expenses of almost \$18.845 million.

- *Approve Accounts Payable and Payroll.* Motion by Richard Schmidt, seconded by Ron Bacon, to approve the September accounts payable and payroll total of \$1,993,054.20

Roll Call Vote

Bacon, Ron	Yes	Meyette, Martha	Yes
Baldwin, Robert	Yes	Nichols, Judy	Yes
Dermeyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maike, Jim	Yes	Taylor, Gary	Yes
Martin, Dawn	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Approve FY22 Budget.* Motion by Richard Schmidt, seconded by Judy Nichols, to approve the FY22 Budget

Roll Call Vote

Bacon, Ron	Yes	Meyette, Martha	Yes
Baldwin, Robert	Yes	Nichols, Judy	Yes
Dermeyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maike, Jim	Yes	Taylor, Gary	Yes
Martin, Dawn	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Approve FY21 Final Amended Budget.* Motion by Richard Schmidt, seconded by Ron Bacon, to approve the FY21 Amended Budget

Roll Call Vote

Bacon, Ron	Yes	Meyette, Martha	Yes
Baldwin, Robert	Yes	Nichols, Judy	Yes
Dermeyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maike, Jim	Yes	Taylor, Gary	Yes
Martin, Dawn	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- C. Personnel Committee: Kevin Hughes and Christine Lopez presented the benefit information presented to the Personnel Committee on September 20, 2021.

- *Approve the Resolution for Exemption from PA 152.* Motion by Robert Baldwin, seconded by Bryan Kolk to sign the resolution for exemption from PA152.

Roll Call Vote

Bacon, Ron	Yes	Martin, Dawn	Yes
Baldwin, Robert	Yes	Meyette, Martha	No
Dermeyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maiké, Jim	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Maintain the current four health insurance plans.* Motion by Robert Baldwin, seconded by Roger Ouwinga to continue with the current four health insurance plans.

Roll Call Vote

Bacon, Ron	Yes	Martin, Dawn	Yes
Baldwin, Robert	Yes	Meyette, Martha	Yes
Dermeyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maiké, Jim	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Continue with the current dental and vision plans.* Motion by Hubert Zuiderveen, seconded by Ron Bacon to continue with the current dental and vision plans.

Roll Call Vote

Bacon, Ron	Yes	Martin, Dawn	Yes
Baldwin, Robert	Yes	Meyette, Martha	Yes
Dermeyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maiké, Jim	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Flex/HSA Card \$500 FT Employees, \$250 PT Employees eligible for health insurance.* Motion by Bryan Kolk, seconded by Roger Ouwinga to continue the Flex/HSA Card for those eligible for health insurance.

Roll Call Vote

Bacon, Ron	Yes	Martin, Dawn	Yes
Baldwin, Robert	Yes	Meyette, Martha	No
Dermmyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maike, Jim	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Increase Health Insurance CAPS.* Motion by Nick Krieger, seconded by Ron Bacon to increase the health insurance caps; \$500 Single, \$750 Double, \$1000 Family Plan/Health Option.

Roll Call Vote

Bacon, Ron	Yes	Martin, Dawn	Yes
Baldwin, Robert	Yes	Meyette, Martha	No
Dermmyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maike, Jim	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- *Extend Pandemic Time through month of October 2021.* Motion by Betty Dermmyer, seconded by Robert Baldwin to extend pandemic time through the month of October 2021. A new plan will be shared at the October BOH Meeting.

Roll Call Vote

Bacon, Ron	Yes	Martin, Dawn	Yes
Baldwin, Robert	Yes	Meyette, Martha	Yes
Dermmyer, Betty	Yes	Nystrom, Wendy	Yes
Erickson, Paul	Yes	O'Neil, Tom	Yes
Jaquish, Pauline	Yes	Ouwinga, Roger	Yes
Kolk, Bryan	Yes	Pinkelman, Shelley	Yes
Krieger, Nick	Yes	Schmidt, Richard	Yes
Lewis, Phil	Yes	Sweet, James	Yes
Maike, Jim	Yes	Zuiderveen, Hubert	Yes

Motion carried.

- D. Legislative Committee. Shelley Pinkelman reported that there are no new updates. The MAC Meeting starts Sunday, September 26. Kevin Hughes reported that the Day at the Capitol may start up again. Agency has been well represented at these meetings.

VII. Administration Reports

- A. Medical Director. Dr. Jennifer Morse provided a report on COVID-19 Vaccine Updates: Boosters and Use in Children and Morse handed out a report on new information re: COVID-19 Vaccines.

Recommendation: To continue to encourage and support COVID-19 vaccination following the recommendation of the Advisory Committee on Immunization Practices (ACIP). While vaccinations are safe and effective when used properly, overuse/misuse could have adverse reactions and side effects. This is one reason it is important that evidence-based decisions are made and followed. Motion by Shelley Pinkelman, supported by Bryan Kolk to approve recommendation. Motion carried with Martha Meyette voting no.

- B. Deputy Health Officer. Sarah Oleniczak reported that the PHAB application is due and that the agency will be submitting for reaccreditation

- C. Health Officer. Hughes shared his report.

- PFAS work continues. Townhall virtual meeting held in Grayling. Filters and replacement cartridges are provided. PFAS Rothbury site gets filters and cartridges also. Hughes also reported that there is a new PFAS Site at Kunen Landfill in Newaygo County.
- MCDC – participated in meeting September 7th to advocate for additional funding for dental clinics to get away from LHD participating in funding. Senator Vanderwall indicated that he will work on this
- Flu Clinic – setting up external and internally clinics
- Dental Screening – update on Bill and dental screening requirement. As of now, there is money in the State budget to provide this screening. If the money remains in the State budget, we will start that screening process with MCDC

VIII. Other Business House Bill 4471 discussion held

IX. Next Meeting

The next regular meeting of the Board of Health is scheduled for Friday, October 29, 2021, at 9:30 a.m. at the Cadillac Office.

X. Adjournment

Jim Maike adjourned the meeting at 11:15am

Jim Maike, Chair

Date

Judy Nichols, Secretary

Date



BOARD OF HEALTH

Public Comment

September 24, 2021

Peggy Whitman – She is the advocate for mother, Janet and mother in-law Deloris and 75 residents who can't see family and loved ones at Oceana Medical Care Facility. In March of 2020 couldn't see mother. She took a job at facility to see mother. On July 16, 2021 – submitted letter to manager for religious exception to COVID shot, (read letter). Asked for mask exception at work also as has antibodies in blood as exposed to COVID. She is at today's meeting as was suspended from work. Can't see mother and wants to see mother.

Amy Nelson, Grant, MI - Has copies of FOIA request from MDHHS, showing published studies of masks and covering children's faces. Summarized document received. Stated it is criminal to not be able to see loved ones in a nursing home, in-humane, unconstitutional, criminal.

Doug Turner, Grant, MI – wants to remind health director that has been told that health director is the best we have ever had. Thank you for what you do. In the health code – says local health dept should continually and diligently prevent disease. Please use information to make decisions and he hopes health director is using all resources.

Whitney Shortnagel – Fremont – She speaks on behalf of those who appreciate health. Enormous budget, use some to help people telling them to get out an exercise, eat healthy, do advertising. 15,000 people have died. We need to recognize there are risks. CDC has money from lobbyists with special interests. Asking for people who stand behind her that we want our areas to be leaders, we are going to make a stand and tackle this a different way and be healthy and the potential to be healthy. Make a name for ourselves. Appreciates board members allowing us to be here.

Bob Baldwin – Comment – last month suggested this board consider that this issue won't go away and take back to county and look at this issue. Kalkaska county passed resolution to oppose mask mandates. Kalkaska county school board opposed mask mandate by Kalkaska schools. Knows this board can't oppose or rescind order. Board should take position on where we stand as elected officials.



www.dhd10.org
www.facebook.com/dhd10

Locations:

Crawford County Office

501 Norway Street
Suite #1
Grayling, MI 49738
(989) 348-7800

Kalkaska County Office

625 Courthouse Drive
Kalkaska, MI 49646
(231) 258-8669

Lake County Office

5681 S. M-37
Baldwin, MI 49304
(231) 745-4663

Manistee County Office

385 Third Street
Manistee, MI 49660
(231) 723-3595

Mason County Office

916 Diana Street
Ludington, MI 49431
(231) 845-7381

Mecosta County Office

14485 Northland Drive
Big Rapids, MI 49307
(231) 592-0130

Missaukee County Office

6180 W. Sanborn Road
Suite #1
Lake City, MI 49651
(231) 839-7167

Newaygo County Office

1049 Newell Street
White Cloud, MI 49349
(231) 689-7300

Oceana County Office

3986 N Oceana Drive
Hart, MI 49420
(231) 873-2193

Wexford County Office

521 Cobbs Street
Cadillac, MI 49601
(231) 775-9942

Public Comment Rules

1. At each Board of Health regular meeting that is open to the public, there shall be a public comment period. It shall be held at the beginning of the meeting following approval of the meeting agenda and previous meeting minutes.
2. Any individual desiring to make a public comment shall be requested to first state their name and address for the record.
3. An individual is limited to a three (3) minute time period for public comment. The individual is not limited to one topic.
4. An individual will not be allowed to speak more than once during the public comment period.
5. An individual may not transfer, reserve, delegate or yield any public comment time to other individuals.
6. All public comments shall be directed to and through the Chairperson of the Board of Health. Individuals shall not directly address any other member of the public, other Board of Health members or staff.

10/29/21

October 18, 2021

Wexford County Office

I Committee Chair, Jim Maike, called the meeting to order at 2:05 pm

Members Present: Judy Nichols, Richard Schmidt, Ray Steinke, Jim Maike

Member Excused:

Staff Present: Kevin Hughes

II Review and Approval

A. Motion by Ray Steinke, seconded by Judy Nichols, to approve the agenda. Motion Carried.

B. Motion by Ray Steinke, seconded by Judy Nichols, to approve the meeting minutes from December 11, 2020. Motion Carried.

III Health Officer Evaluation

Kevin presented a modified Health Officer evaluation document for review by the Executive Committee.

Discussion on the metrics/measures provided. Consensus of the Executive Committee was to recommend to fill board an above average rating on the evaluation. Kevin indicated that 2022 goals will be provide in usual format at the November meeting. *Motion by Richard Schmidt to move the evaluation to the full board for approval with above average rating, seconded by Ray Steinke. All members voted in favor of this motion.*

IV Health Officer Agreement

A copy of the current Health Officer agreement was provided for review by the committee members. Consensus of all was to keep the agreement language the same and adjust the salary. A comparison of surrounding Health Officer salaries was provided to the committee for review as well as the salary step chart used for the previous agreement. Kevin also asked for the committee to consider the value of the Health Officer position in comparison to other organizational leaders compensation. *Motion by Richard Schmidt to recommend to the full board continuing the current agreement with the salary adjusted to step 4 category, \$111,885, through December 31, 2023, seconded by Ray Steinke. All members voted in favor.*

V Public Comment Rules

Discussion on the need for rules related to public comment. Kevin provided recommendations from DHD#10 legal counsel for consideration. *Motion by Ray Steinke to move the recommended rules to the full Board for approval, seconded by Judy Nichols. All members voted in favor of this.*

VI Other

- Discussion on concerns of sharing/emailing information between Board members.

VII Next Meeting - TBA

VIII Adjourn

Motion by Richard Schmidt, seconded by Judy Nichols, to adjourn the meeting at 3:10 pm. Motion Carried

2021 Health Officer Goals

1. Assure DHD#10 response to COVID-19 Pandemic

- Case Investigation and Contact tracing
- Enforcement Activities
- Testing Opportunities
- COVID-19 Vaccination Efforts
- Education/Information to Community Partners

2. Assure Communication with Stakeholders During Pandemic

- Weekly County Update Calls
- Weekly Updates to BOH Members and County Administrators
- Weekly-Monthly Update Calls with DHD#10 Staff

3. PFAS Response

- Camp Grayling
- Rothbury Site
- Former City of Manistee Landfill
- Former Kunnen's Landfill Site Newaygo
- Packaging Corporation of America – Manistee

4. Meeting MDHHS Accreditation Requirements

- Informed via email that DHD#10 had been met CAP Requirements for 2019 Accreditation process and had been recommended for Accredited status June 30, 2021. Waiting on official letter.

5. Returning DHD#10 to Normal Operations

- Assured continuation of regular services, although on limited basis, throughout Pandemic.
- July 1st returned to normal operations with majority of staff back inhouse.



HEALTH OFFICER
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www.dhd10.org



DHD10

District Health Department #10

BOARD OF HEALTH

Clinical Division Report

October 29, 2021

The Clinical Division has been busy with COVID and Flu Clinics as well as trying to manage business as usual. Staff have continued their twice weekly COVID clinics for vaccine, provided community outreach clinics as well as internal clinics for both Flu and COVID vaccines. Immunization clinics have been overbooked for regular immunizations and waivers decreasing open slots for the Flu and COVID vaccines. We are currently having issues with ordering enough Flu vaccine to cover our needs. Clinics may have to be postponed temporarily until we can have enough for our clinics. FP and STD clinics have shown an increase in visits, and we are looking to add a couple additional clinics for more appointment times.

Sheila Parker from Missaukee County has accepted a new role of Clinical Supervisor. She will begin this role when we have a new PHN hired for Lake City office. Congratulations Sheila. Glad to have you on the Leadership team.

Our new southern NP clinician has begun orientation. Happy to have her on board and part of our clinical division. Melissa has a strong background with OB/GYN nursing practice and brings years of nursing knowledge to our group.

Our annual Family Planning plan as well as our COVID response plan is completed and submitted to the state. Our mid-year FPAR for 2021 does show a decrease in numbers from 2020 but campaigns for increased visits are being planned and implemented.

District Health Department #10
BOARD OF HEALTH
Community Health Division Report
October 29, 2021

1. Adolescent Health

The clinical Adolescent Health Centers were busier than ever before this quarter providing sports physicals for athletes. The Adolescent health mental health clinicians stayed busy in the summer months providing telehealth services for students unable to get a ride to the school clinic.

The Lake City Wellness Staff began providing services out of the new clinic space on July 1. The Mason County Eastern Wellness Center provided comprehensive well-child exams/sports physicals out of the DHD#10 mobile unit for a few days in August and provided mental health and limited medical services in a classroom/clinic room once school started while waiting to move into their new clinic space in October.

The Wexford Adolescent Wellness Center moved into a new "Temporary" clinic space in the Cadillac Schools Annex Building across from Cadillac High School. The WAWC will be getting a brand-new clinic space in 2.5 years when the Cadillac High School renovation project is done.

2. Substance Abuse Prevention (Lake, Mason, Missaukee, Oceana, and Wexford)

There were 40 participants in the Oceana LEADS Ride for Recovery event in September that gave riders an opportunity to learn about opioid use disorder, local recover resources, and the Oceana LEADS coalition.

Lake County Communities that Care Substance Use Disorder prevention coalition partnered with the LC Sheriff and explorer officers to host Arrive Alive- an education program to help prevent teen drunk driving. Youth and the sheriff ride in a golf cart using the drunk goggles to help simulate the dangers of driving while impaired, this simulation demonstrates the dangerous effects of DUI/DWI driving, such as delayed response and tunnel vision.

In July staff took part in the "Grandparents raising Grandchildren" event in Mason County. Staff educated 15 grandparents about youth vaping and provided our other prevention outreach materials such as TalkSooner, medication lock boxes, and gambling.

Photos from these events are provided at the end of the report.

3. Prescription for Health

The Prescription for Health program continues to serve residents across the jurisdiction and connect them to nutrition education opportunities and access to fruits and vegetables. Total enrollment (June-September): 1,228

Total # of participants who completed an education session (June-Sept): 1,453 (higher than the # enrolled due to family enrollment forms with multiple family members completing education)

Approximate \$ value of vouchers distributed June-Sept): \$10,413

4. Tobacco Programming

In Q4 of FY21 there were 15 tobacco referrals and 5 enrolled in tobacco cessation services. Referrals typically come from the Dental Partnering/Live Well grant screenings (See #5 Live Well for your Heart), DHD#10 CHWs, and healthcare providers.

A quarterly update was provided to state legislators around the topic of tobacco retail licensing. Currently there is no licensing requirement for retail tobacco establishments, and

Michigan is one of only eight states that currently does not require any form of tobacco retail license. A copy of the legislative update is included at the end of this report.

5. Live Well for your Heart

Using the CDC Heart Age Calculator, 105 participants were screened in Wexford and Missaukee Counties between January 1, 2021 and September 30, 2021 to determine their 10-year risk for developing cardiovascular disease. Of the 105 participants it was found that:

- 9 participants had a blood pressure \geq or equal to 140/90
- 16 participants have diabetes
 - i. 3 have an A1c \geq or equal to 9.0
 - ii. 4 have not had A1c checked in the past year
- 25 participants scored at risk for pre-diabetes
- 31 participants use tobacco products
- 22 participants have a BMI 25 to 29.9
- 65 participants have a BMI \geq or equal to 30
- 71 participants have a 10-year risk of heart attack or stroke of 0-10%
- 16 participants have a 10-year risk of heart attack or stroke of 10.1%-20%
- 15 participants have a 10-year risk of heart attack or stroke of 20.1%-30%
- 3 participants have a 10-year risk of heart attack or stroke $>30\%$

6. Supplemental Nutrition Assistance Program Education (SNAP-Ed)

Staff worked with the LiveWell Manistee coalition, Manistee Parks & Recreation, and Manistee Parks Commission to develop signage for Sands Park to encourage physical activity. The Manistee Parks Commission approved the signage and the grant funds covered the costs of the signs and installation posts. The signs include access to a feedback survey using a QR code for community members to give quick, immediate feedback on the signage. In Mecosta County, staff worked with the New Journey Clubhouse and Starburst Pantry to complete an environmental assessment of the pantry. It was found that about 25% of the patrons are within walking distance of the pantry yet there is no way to transport foods back to their residence. SNAP-Ed funds were able to purchase four collapsible wagons to assist pantry clients with a method to transport items. A policy was put in place at the pantry so that clients are only able to use the wagons for healthy foods (a stipulation of grant funds) and they are utilized by via a checkout method. Photos are included at the end of the report.

Oceana LEADS Ride for Recovery participants



Grandparents Raising Grandchildren event



Arrive Alive event



Physical activity signage at Sands Park in Manistee and collapsible wagons at Starburst Pantry in Big Rapids



Q4



Tobacco legislative update included on the next page.

Respectfully submitted:

Christy Rivette, MS, CHES
Community Health Division Director



District Health Department #10 (DHD#10) receives funding from the Michigan Department of Health and Human Services under the Michigan Tobacco Control Grant Program to implement activities in the 10 counties of the jurisdiction to prevent and reduce tobacco use.

THE NEED FOR TOBACCO RETAIL LICENSING:

- **Nearly 1 in 4 Michigan retailers sell to minors.** In 2018, Michigan's retailer violation rate for sales to minors through FDA compliance inspections was 23%.
- **Michigan is one of only eight states that does not require any form of tobacco retail license.** All of Michigan's neighbors require statewide tobacco retail licensure.
- **In 2019, federal legislation raised the minimum legal sales age nationwide for all tobacco products to 21.** Because Michigan's tobacco minimum sales age is 18, sellers must follow the federal law but only the FDA can enforce it.
- **Tobacco retailer licensing reduces youth accessibility, use, and initiation of tobacco with enforcement of restrictions against sales to minors.** This reduces the need for purchase, use, or possession penalties which have little effect on tobacco usage rates.

IMPACTS OF TOBACCO IN MICHIGAN:

- **Medicaid costs in Michigan caused by smoking is \$1.36 billion.** Total health care costs annually in Michigan caused by smoking is \$4.59 billion.
- **20.8% of High School students in Michigan use e-cigarettes.** This is higher than the percentage of adults in Michigan who smoke (18.7%).
- **An estimated 213,000 youth under 18 in Michigan will ultimately die prematurely from smoking.**
- **Smoking kills more people** than alcohol, AIDS, car crashes, illegal drugs, murder, and suicide **combined**.

Sources: www.tobaccofreemichigan.org, www.heart.org, www.tobaccofreekids.org

BENEFITS OF TOBACCO RETAIL LICENSING:

- **Track and Limit the Sale of Tobacco Products.**
Licensing enables communities to know where tobacco products are being sold, and it can allow officials to set limits on the location, number, and types of stores that sell tobacco products.
- **Enforce Tobacco Laws.**
Fees from licensing can be used to fund compliance checks, giving officials the resources needed to enforce tobacco laws and consequently reduce illegal sales to youth.
- **Curb Youth Use.**
With tobacco retail licensure, we can monitor where tobacco products are being sold and who they're being sold to. Tobacco retail licensure holds retailers accountable to refuse sale of harmful and addictive products to youth.

RECOMMENDATIONS:

- **Eliminate Youth Penalties.**
Kids should not be penalized for purchase, use or possession of harmful products that have been aggressively marketed and illegally sold to them.
- **Fine the License Holder.**
Penalties for failing to follow tobacco control laws should be levied on the business owner rather than store employees who are likely low-wage earners and unable to afford financial penalties. By holding the retailer accountable proper training on tobacco control laws is more likely to take place.
- **Allocate Funding for Compliance Checks.**
Fees collected from retail licensing can be used to fund compliance checks to ensure retailers are not selling tobacco products to kids.

For more information on tobacco programs and services at DHD#10 and in your community, visit:
<https://www.livewell4health.org/>

QUALITY ASSURANCE REPORT
4th Quarter, July - September 2021

SEPTIC AND WELL PROGRAM

Amount of time (days) from receipt of application to completed permit

County	July	August	September
Crawford	8	7	11
Kalkaska	11	7	11
Lake	10	7	12
Manistee	8	10	6
Mason	6	14	10
Mecosta	8	10	11
Missaukee	6	3	4
Newaygo	6	5	5
Oceana	5	5	6
Wexford	5	8	4

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 continued to be poor in the 4th quarter. The 3rd quarter saw some of the worst response times in the agency's history. Conditions did not change in this 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 two more sanitarians resigning (a total of 3 over the past 6 months) and the rest being in a state of being "burned out". In addition, most offices experienced a loss or turnover in clerical support. In some cases, permits were completed but had to wait days before they could be printed. It is hoped that conditions will improve with the addition of a sanitarian in the southern section of the District and another sanitarian for the northern counties.

FOOD SAFETY PROGRAM

334 Priority and Priority Foundation health violations were found in food service operations for the period of July - September 2021 for an average of 0.8 violations per inspection. This is a slight increase from last year when

the District averaged 0.7 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, dirty equipment and improper cooling of foods. Other major concerns were the serving expired foods and no test kits to measure the amount of sanitizer being used.

The Division documents the amount and type of food that we request to be disposed of at restaurants. For this quarter, the agency requested 666 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.

For this quarter, there were four (4) suspected foodborne illness events, which involved 36 people, that were reported to the Department. This is double what we experienced in 2020. We also received fourteen (14) restaurant complaints, which is similar to the 11 we had last year. The complaints were as follows:

- No glove use by employees
- Restaurant was dirty
- Food was spoiled
- Flies in the dining room
- Employees working while sick
- Operating without a food license

GENERAL ENVIRONMENTAL HEALTH

The District received 59 environmental complaints for this quarter. This is a significant decline in the number of complaints from this quarter last year (66 complaints).

The complaints were as follows:

Residential septic systems	37	Trash/rubbish	10
Drinking water quality	6	Pests (flies, bedbugs)	3
Campground conditions	2	Condition of housing	1

**Environmental Health Activity Changes
Fiscal Year 2020 to Fiscal Year 2021
(October 1st to September 30th)**

County	Total Activities	Septic Permits	Well Permits	Routine Food Inspections
Crawford	Up 15%	No Change	Up 26%	Up 26%
Kalkaska	Up 11%	Up 9%	Up 40%	Up 21%
Lake	Up 47%	Up 32%	Up 95%	Up 19%
Manistee	Up 9%	Up 19%	Up 10%	No Change
Mason	Up 18%	Up 13%	Up 55%	Up 14%
Mecosta	Up 27%	Up 31%	Up 31%	Up 12%
Missaukee	Up 17%	Up 12%	Up 20%	Up 32%
Newaygo	Up 14%	Up 12%	Up 17%	Up 7%
Oceana	Up 14%	Up 6%	Up 48%	Up 15%
Wexford	Up 16%	Up 29%	Up 25%	No Change
Total	Up 18%	Up 16%	Up 34%	Up 11%

Environmental Health activities increased in 2021 at such a pace that the staff were barely able to complete the tasks assigned them. Due to the record low interest rates for mortgages (3% or lower), the region experienced a massive housing boom. In addition, many of the restaurants that were closed in 2020 as a result of the COVID-19 outbreak, reopened in 2021. It is unlikely that all of the services that are needed will be able to be provided in 2022 if the 2021 levels continue. As a result, additional staff will be added in early 2022.

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

County/ Totals Activity	Crawford		Kalkaska		Lake		Manistee		Mason		Mecosta		Missaukee		Newaygo		Oceana		Wexford		Total	
	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD	Mo	YTD
Soil Evaluations	0	5	1	7	0	4	4	31	2	27	3	44	3	4	6	65	2	28	0	10	21	225
Septic Permits	10	125	22	189	23	238	17	228	17	177	28	277	1	86	23	373	24	255	19	170	184	2,118
Well Permits	3	107	22	228	14	256	17	183	34	255	34	342	9	160	30	418	31	291	22	182	216	2,422
Mort. Evaluations	1	8	1	3	1	9	0	0	2	7	0	17	1	5	7	164	2	17	0	4	15	234
BPA*	0	1	3	21	2	52	3	13	2	19	4	45	0	3	1	47	4	60	0	6	19	267
Complaints (all)	0	5	1	6	7	39	0	4	0	20	3	31	1	2	4	35	2	12	0	12	18	166
Final Inspections (sewage)	6	100	13	94	17	162	17	186	13	105	14	207	10	69	34	276	13	203	10	140	147	1,542
Well Inspection	0	3	0	3	1	51	1	19	3	16	4	36	0	4	8	26	7	27	1	20	25	205
HHS Inspection	0	9	2	13	0	6	0	12	1	17	1	30	1	10	3	30	2	14	0	22	10	163
Campground Inspection	2	21	1	11	3	30	0	29	1	22	9	24	1	16	1	33	0	29	0	27	18	242
Routine Food Inspections	11	87	6	91	3	62	21	189	36	218	23	237	6	62	32	243	7	166	19	237	164	1,592
Follow-Up Food Inspections	3	20	1	3	2	12	1	23	10	71	4	36	4	8	5	39	8	36	6	28	44	276
Temp. Food Inspection	0	5	0	10	4	42	5	46	5	45	2	28	6	11	4	23	10	54	3	40	39	304
Swimming Pool Inspection	2	8	1	4	0	10	0	22	0	37	0	20	0	2	0	9	9	36	3	21	15	169
Type II Sanitary Surveys	0	11	4	6	0	16	1	13	2	13	2	33	0	22	6	34	0	18	0	19	15	185
Tanning Insp.	0	4	0	0	0	0	0	3	0	4	0	8	0	0	0	6	0	2	0	1	0	28
15 Totals: Month YTD	38	519	78	689	77	989	87	1,001	128	1,053	131	1,415	43	464	164	1,821	121	1,248	83	939	950	10,138

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

Point-of-sale Inspection (private contractors): Kalkaska – 27 (338); Manistee – 37 (327)

District Health Department #10

BOARD OF HEALTH

Family Health Division Home Visiting Report

October 29, 2021

Healthy Families America

Healthy Families America (HFA) has expanded once again. We have hired Jacqui Gorczewicz for Lake County. This is due to an expansion with FFPSA Child Welfare Protocol funds. Jacqui is full-time. She is accepting referrals from the Child Welfare system for children up to 24 months and will be offering services to those families for three years. We are excited to welcome Jacqui to our team, reach out to Child Welfare for prevention support around keeping children in their homes, and continue to meet the needs of the communities we serve by offering this adaptation to the HFA model allowing us to take referrals for older children in need. This expansion now means that DHD #10 Healthy Families America has 7 home visitors within 6 of our counties!!

The team has begun in-person, masked, physically distanced, in-person home visits. This has greatly improved our ability to engage and retain families in services. Staff and families are excited about being able to have in-person visits again while still maintaining the opportunity to have virtual visits if needed due to family sickness, staff sickness or other reasons for virtual communication.

The Healthy Families America program is also participating with the state and the University of Michigan to participate in a Cost Study opportunity. HFA programs in Michigan (including DHD #10) will provide primary data on expenditure and resource use to the CHEAR Center at U of M. The information collected from all HFA programs will be reported back to each agency and will also be used to inform budget, resource mobilization, and sustainability plans for home visiting initiatives in Michigan.

Maternal Infant Health Program

The Maternal Infant Health Program (MIHP) had our State Review for Accreditation Cycle 8 in July and received a Full Certification (18 months).

Due to Covid, this year and a half has been very difficult for MIHP staff. Staff was pulled out of the program to help with testing, contact tracing, Covid vaccinations and helping at clinics. Through it all, staff have been able to maintain as much of a caseload as possible in each county and our staff is working hard to increase those numbers and get more families involved in MIHP. Our program is a great program and we do make a difference in helping parents have a positive pregnancy outcome and healthier newborns! We have excellent staff, and they truly love what they do!

The Pilot Program that we were hoping to begin in October with a CHW to help with referrals, has been pushed to a January 2022 start date. We are hopeful that the pilot program that they have begun this summer with a few MIHP's will be successful and that full implementation of the pilot program will start for us in January and be successful in increasing our MIHP numbers. We also have hired a new nurse for Oceana County - Stephanie Thurow who started on August 23rd, and we are so excited to have her!

Children's Special Health Care Services

We welcomed a new Registered Nurse, Kristen Nelson, to our Children's Special Health Care Services (CSHCS) staff. Our staff is working hard to connect with our families in all counties. Staff were able to participate in the CSHCS fall conference, which included a session on what we are allowable to bill for care coordination and case management services. This session was very informative and has helped increase revenue in the program.

The CSHCS program has also received additional funding to increase immunization rates of the children in the program. We are working on a plan to be able to provide vaccines in the home for our CSHCS families. This allows kids with disabilities to receive vaccines without having to go out during high illness transmission times.

Healthy Futures

Healthy Futures (HF) is a universal, free program for any family, regardless of income. The mission of Healthy Futures is to improve the health outcomes of pregnant women and children born in Northern Michigan through universal community-based RN Care Coordination, education, and support to families. Objectives include:

1. Ensure access to health care and community resources
2. Support women during pregnancy, postpartum and newborn period to continue breastfeeding through 2 months of age
3. Inform, support, and refer parents regarding immunizations to ensure all children born in the region are fully immunized at age 2.

There is a pilot starting in September with MMC births receiving HF home visits in Benzie, Grand Traverse and Leelanau counties. All post-partum women receiving a Healthy Futures home visit with a Registered Nurse will be offered a blood pressure assessment and be assessed for the warning signs of post birth related complications as a strategy to reduce preventable maternal mortality. This will be expanded to all counties at the completion of the pilot program.

Hearing and Vision

The health department provides hearing screening for all children in pre-school, kindergarten, second, and fourth grades. Vision screening is provided to all children in pre-school, first, third, fifth, seventh, and ninth grades.

Over the summer we had a long-term hearing and vision tech retire. Pennie Thebo, who has been a long-term employee of DHD #10, is our newest hearing and vision tech—welcome! Our Hearing and Vision Techs have been busy screening pre-school children and making appointments to screen in the schools. The schools are anxious for the screenings because many children missed them last year due to Covid.

Respectfully submitted:

Anne Young, BSN, MA
Home Visiting Director

District Health Department #10
BOARD OF HEALTH

Family Health Division - WIC Report
October 29, 2021

1. **National Public Health Emergency Extension:** USDA FNS has extended currently active WIC waivers until 90 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 October 18, 2021. **This allows for approved WIC waivers to continue through at least mid-April 2022. Accordingly, Michigan WIC will continue the physical presence waiver implemented since March of 2020. DHD #10 will continue a modified approach to WIC service delivery by offering in-person WIC clinic services to clients who need and prefer such.**
2. **MDHHS WIC and SNAP EBT Transition:** During the weekend of October 15-17th, the State of Michigan successfully completed the implementation of MI-WIC Release 9.0 and the conversion to the new EBT processor, FIS/CDP. WIC Staff began issuing new and replacement WIC EBT cards on October 18th. Meanwhile clients will be able to use their “Old” WIC EBT Bridge cards throughout this transition which will take several months.
3. **MDHHS WIC Approves FY 2022 DHD #10 Nutrition Services Plan:** WIC staff developed workplans for breastfeeding, nutrition education and outreach in efforts to improve maternal- child health outcomes. Objectives include: 1) Maintain breastfeeding duration rate of 22.3%; 2) Decrease the # of children 2-5 years old with obesity from 14.6% to 13.6%; 3) Increase 1st trimester WIC enrollment from 39.9% to 40.4% and 4) Increase total WIC participation from 7142 to 7213 clients per month. Workplan activities include staff, client community trainings, breastfeeding support groups, hospital-WIC Peer Counselor agreements, social media campaigns and Great Start-WIC collaboratives.
4. **Michigan WIC Prepares for Infant Formula Manufacturer Transition November 1st:** Federal regulations require that State WIC agencies contract with an infant formula manufacturer to provide rebates on standard infant formulas. State WIC agencies must award infant formula rebate contracts to the responsible and responsive bidder offering the lowest price to the State. Abbott Labs which manufacture Similac brand formulas was granted the WIC contract effective November 1st, transitioning from Mead Johnson Enfamil products. This is a major change for clients, staff and health care providers requiring training, education and extensive MI-WIC food package transactions.
5. **WIC Farmers Market Nutrition Program/Project FRESH:** This summer WIC staff issued **4530 special coupon booklets (valued at \$113,250.00)** to eligible WIC women and children to redeem at participating farmers and markets. The Project FRESH grant provides clients with locally grown fresh fruit and vegetables June 1st through October 31st. These benefits are in addition to monthly WIC food benefits and provide an important revenue source for our local farmers.
6. **WIC Professional Development Opportunities and Accomplishments:** Congratulations to **Elise Keaton, RD** who was selected for the northern WIC Coordinator position and to **Renae Sutton, RD** completed all requirements for the Lactation Counselor Educator (LCE) designation/certification.

- 7. Local Breastfeeding Program Updates:** In August, we celebrated "**National Breastfeeding Month**". DHD #10 conducted a strong social media campaign, weekly prize drawings, and a "Why WIC for Breastfeeding" postcard campaign. Clients received and returned stamped postcards about how WIC has helped support them in breastfeeding. They were then entered into a grand prize drawing including a wonderful assortment of breastfeeding supplies, including a double electric breast pump. Newaygo county hosted a breastfeeding photo shoot in White Cloud, in cooperation with the Newaygo County Breastfeeding Coalition. Also, during National Breastfeeding Month, DHD #10 kicked off our virtual Breastfeeding Cafe', in partnership with Transitions Women's Wellness Center in Manistee. This support group is offered for community members as well as WIC clients. It is held every Wednesday from 2-3 pm via ZOOM and is gaining momentum and attendance every week. We have been able to enroll several new WIC clients from the group.
- 8. Magellan Diagnostics Recall of LeadCare II Kits: Background:** On July 1, 2021 Magellan Diagnostics and the U.S. Food and Drug Administration (FDA) [issued a recall](#) for certain LeadCare® blood test kits due to the risk of serious injury because of the potential for impacted test kits to provide falsely low results. The initial recall was identified by the FDA as a Class I recall, the most serious type. On August 30, 2021, Magellan Diagnostics issued a notice of an impending recall expansion. Magellan Diagnostics has temporarily stopped shipments of LeadCare® test kits and has not issued a definitive date to resume shipments. All DHD #10 LeadCare II kits were subject to these recalls thereby halting all childhood blood lead testing through our WIC Program. WIC and MCH staff are actively referring clients to their medical care providers for venous testing.
- 9. Regional Childhood Lead Poisoning Prevention Program (CLPPP) Grant: Our FY 2021 our Facebook ad campaign had 1,926 Post engagements, 64,700 Post reaches, and 149,410 Impressions.** 15 Elevated Blood Lead (EBL) packets were mailed to families with children with high results July- September. Mailings were completed to 105 families during this time. We purchased banners and dispersed for Lead poisoning prevention week Oct 24th-30th to 30 counties. Participation in the state recall for Lead Care II kits including webinars, meetings, and community. 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.
- 10. Community Outreach and Engagement:** WIC Staff continue to engage in creative outreach activities despite pandemic conditions. **Newaygo County: In July, a drive-through Farm workers Appreciation day** in July was sponsored with funding from The Fremont Area Community Foundation, and Choice One banks. Highlights of event included a DHD #10 mobile vaccine clinic, Detroit Mexican Counsel information booth (Mexican Visas and Passports) and

Kent County Library literary station. All school-aged children (300 +) received backpacks with school supplies, coats, shoes, undergarments, hygiene items and culture-friendly groceries. A big thanks to **Mary Rangel, Grant WIC Clerk/Technician** for all her work and dedication to this important community event! **Mecosta: Outreach to Life Resources and food pantry**; provided updated WIC outreach pamphlets with the newest income guidelines.

11. 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. October 2020 – July 2021 DHD #10 WIC client participation is down slightly (-1.0%) as compared FY 2020. We will continue to monitor caseload performance and adjust outreach efforts and staffing accordingly. FY-to-date, DHD #10 is achieving 93.7% of assigned resident base caseload of 7662.

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	Sept 21	7,294	Sept 20	-272	-3.6%
Resident Participation	July 21	6,927	July 20	- 501	-6.7%
Migrant Participation	July 21	215	July 20	-9	

Respectfully submitted:

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

Report to the Boards of Health
Jennifer Morse, MD, MPH, FAAFP, Medical Director



Mid-Michigan District Health Department, Wednesday, October 27, 2021
Central Michigan District Health Department, Wednesday, October 27, 2021
District Health Department 10, Friday, October 29, 2021

Evaluating Health Information

According to the World Health Organization (WHO), we are currently fighting an infodemic in addition to the COVID-19 pandemic. An infodemic is defined as an overabundance of information occurring during an epidemic or pandemic. This and other terms often used include the following (as defined by Kavanaugh-Burke, 2021; Staats, 2021):

- **Infodemic:** too much information, including false or misleading information, during a disease outbreak.
- **Misinformation:** information that is false, inaccurate, or misleading according to the best available evidence at the time; this includes unintentional mistakes such as inaccurate photo captions, dates, statistics, translations, or when satire is taken seriously. Most people do not intentionally spread misinformation but do not have the resources to counter it.
- **Disinformation:** deliberately misleading or biased information; manipulated or fabricated messaging, audio/visual content, or facts. Intentionally created conspiracy theories, rumors, or propaganda.

There are **seven categories** most misinformation and disinformation fall into (for an excellent description of these categories with examples, see [Understanding Information Disorder by First Draft](#)):

1. **Satire:** usually in satire, it is clear to most people what is true and not, but it can be used to spread rumors and conspiracies, and if challenged later, can just be brushed off as a joke.
2. **False connection:** this is “click bait” or headlines and photos on the internet that are designed to make you want to click on them, but the content is different and falls short of expectations.
3. **Misleading content:** this can be challenging to define, but includes things like taking a quote out of context, omitting part of a quote, skewing data, cropping photos to change the message presented, etc.
4. **Imposter content:** false or misleading content that uses well-known logos or the news from established figures or journalists (in other words, generating messages to make them look like they are from a reputable news source, but they are not).
5. **False content:** content that is genuine but has been warped and reframed in dangerous ways. This is one of the most common trends relating to the infodemic. Example is taking a real photo and using it with a new message.
6. **Manipulated content:** when something genuine is altered. This is most often done to photographs, images, and video.
7. **Fabricated content:** anything that is 100% false. This is the lowest of the spectrum and the only content that can really be called ‘fake’ or ‘synthetic media’.

We are social and enjoy sharing information. We typically share information that makes us feel connected to others like us and share things that trigger our emotions. Disinformation is usually made to be sensational and trigger our emotions, so that it makes us anxious or angry. This causes us to want to comment on it and share it with others. This is also how misinformation can gain attention. Social media content with more comments or views is highlighted or prioritized by many social media platforms. In this way, the most popular, rather than the most factual information gets shared or viewed by others.

BEFORE YOU SHARE, THINK:

- ② WHO made it?
- ② WHAT is the source?
- ② WHERE did it come from?
- ② WHY are you sharing this?
- ② WHEN was it published?

#PledgeToPause



<https://shareverified.com/pledge-to-pause/>

Health misinformation and disinformation can have serious bad effects on health outcomes, for us as individuals and as a community. It isn't as easy as deciding what is true or false, as misinformation and disinformation may be based on a truth but taken out of context or altered in some way. It is important that we have the tools we need to identify inaccurate information. Before liking, commenting on, or sharing things on social media, verify if it is accurate. You may need to go to the source of the information to know.

When on a website, the following questions can help determine if it provides trustworthy information:

- Who runs the site? This is usually on the main page or the "About Us" tab or page. See if the contributors have appropriate qualifications to be giving advice and information for the website.
- Is there a way to contact them? Look for the contact information on the site. You should be able to reach the site sponsor by telephone, email, or a mailing address.
- Why have they created the site? What is their mission? Are they a business with financial incentives?
- What do they want from you? Are there articles encouraging you to buy things? Do they seem interested in educating you or changing your mind to agree with them?
- Who is paying for the site? Does the site's information favor the sponsor?
- Is the information reviewed by experts? Comments in their "About Us" page that state things like "all of the material on the website was reviewed by the editorial board/selection policy/ review process" can point you in the right direction.
- Where did the information come from? If they mention research studies or evidence, do they provide links to those studies or references so you can verify their information?
- Does the site make unbelievable claims? If their information sounds too good or bad, it may be. If it causes an emotional response in you, that is also a warning sign.
- Is it up to date? There should be a "Page last update on " statement at the bottom of the webpage. If not, you don't know how current the information is.
- Do they want your personal information? What will they do with it? They should have a privacy policy link somewhere on their page. Review that before giving them any information.
- Is the information coming from a community discussion post or chat room? These discussions are not usually reviewed or regulated. The information is not from experts and likely to be incorrect, may not apply to you, or may be from people trying to sell something.
- Is this a personal story or a report of just a few people? Reports of just one person or a few people is not scientific. It may be emotional and inspiring, and may be true, but may not apply to you.
- Does this message agree with most other websites that cover this topic? Don't rely on just one source of information. Compare it with other sites. Information that is very different from what the majority of other reputable sites say is more likely to be wrong or may have an agenda of some kind.

Other clues to the identity of the publisher of a website can be found in the web address itself:

- A web address that ends in ".edu" is published by an organization that is associated with an educational institution such as a university.
- A web address that ends in ".gov" is published by a governmental organization.
- A web address that ends in ".org" is published by a nonprofit.
- A web address that ends in ".com" is published by a for-profit company.

While these neither signal if the website and their information is good or bad, it does provide more information for you to consider.

You can get the best quality information by going directly to scientific papers or articles. However, evaluating these reports can be difficult even for scientists. First and foremost, it is important to know that not all published papers or articles are good quality science and that any scientific paper can be wrong. During the COVID-19 pandemic, there has been a huge number of papers written and many papers have been published online ahead of print and before peer review due to the volume of work and the need to share knowledge quickly.

Peer review is a process that typically happens after the editors of a journal decide they are interested in publishing an article. They then send the article on to other scientists (or “peers”) in that topic to review the research, looking for any problems with the experiments, if any different experiments are needed, if the data needs to be interpreted or evaluated any differently, and so on. They may also decide the research and the paper were not good enough, didn’t provide any new information, didn’t interpret the data correctly, or some other issue, and reject the paper. In this way, peer review is an important part of the accuracy and honesty in science. Peer reviews are not foolproof, and don’t catch all mistakes and errors, or even well-hidden falsifications.

When you evaluate a scientific paper, your best hope is to determine if it seems to have been written in good faith, using the proper methods, and has been taken seriously by the scientific community. Papers that have been published in the top journals are typically those with the most credibility and are most reliable. Google Scholar provides journal rankings in the form of journal h-index scores at

https://scholar.google.com/citations?view_op=top_venues. Below is their list of most highly ranked medical journals:

Rank	Publication	<u>h5-index</u>
1.	The New England Journal of Medicine	<u>410</u>
2.	The Lancet	<u>345</u>
3.	Cell	<u>288</u>
4.	JAMA	<u>253</u>
5.	Proceedings of the National Academy of Sciences	<u>245</u>
6.	Journal of Clinical Oncology	<u>213</u>
7.	Nature Medicine	<u>205</u>
8.	The Lancet Oncology	<u>196</u>
9.	PLoS ONE	<u>185</u>
10.	Nature Genetics	<u>184</u>
11.	Circulation	<u>176</u>
12.	BMJ	<u>175</u>
13.	Journal of the American College of Cardiology	<u>175</u>
14.	Cochrane Database of Systematic Reviews	<u>161</u>
15.	The Lancet Infectious Diseases	<u>160</u>
16.	European Heart Journal	<u>159</u>
17.	Blood	<u>159</u>
18.	Immunity	<u>158</u>

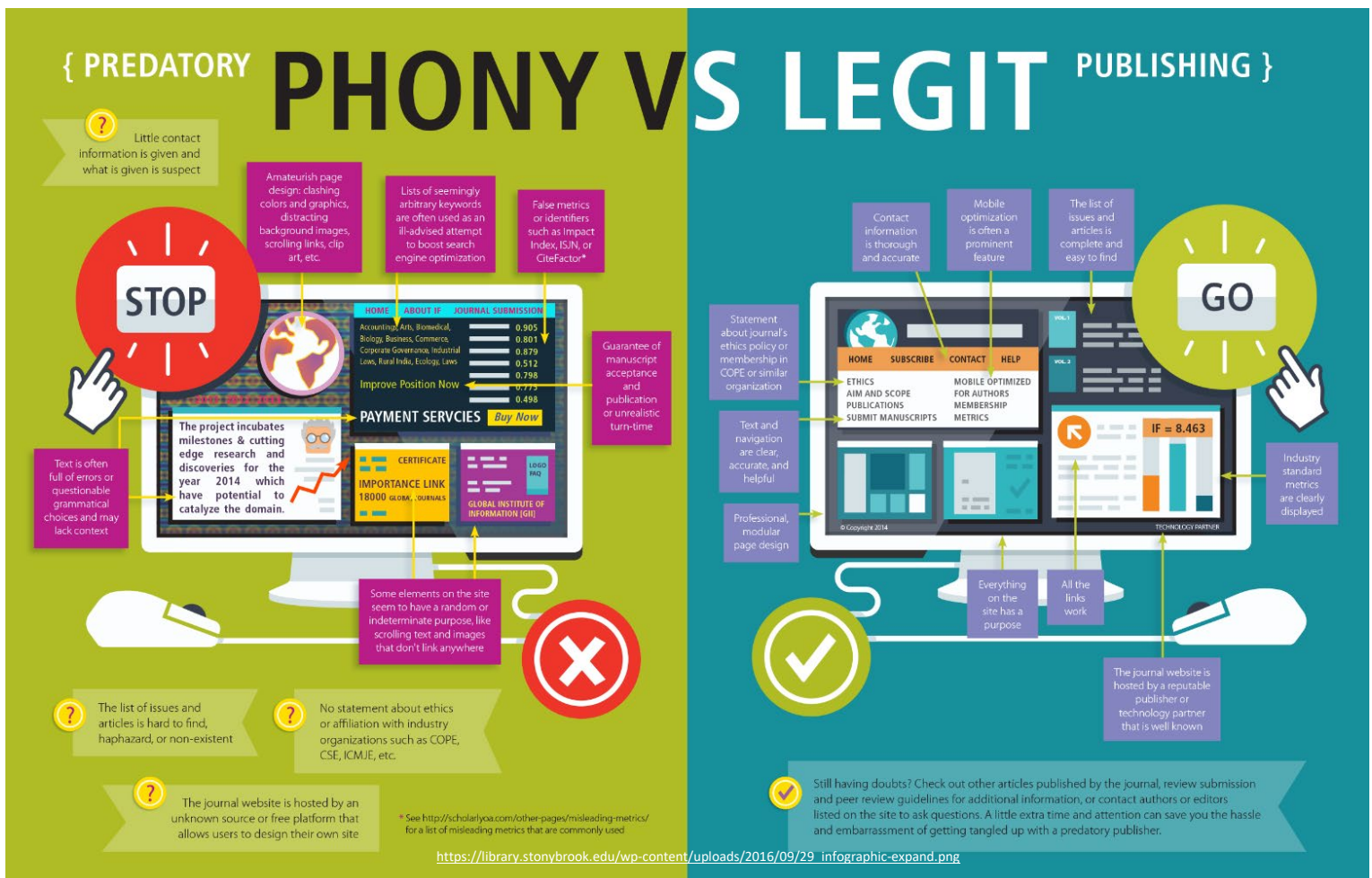
19.	Gastroenterology	<u>157</u>
20.	Neuron	

https://scholar.google.com/citations?view_op=top_venues&hl=en&vq=med

You can also search individual journals and articles at

<http://eigenfactor.org/projects/journalRank/journalsearch.php>, a tool developed at the University of Washington. This will give you the EF (Eigenfactor score), a measure of the journal's total importance to the scientific community, as well as the AI (article Influence score), a measure of the average influence of each of its articles over the first five years after publication. This tool is described more here <http://eigenfactor.org/about.php>.

On the opposite end of the spectrum there are journals and publishers with very little to no credibility. There are often called predatory journals or publishers and you will want to avoid papers or articles from these sources. Essentially, these journals and publishers take advantage of authors by promising rapid publication of their articles with little discrimination of what will be published. The authors are often promised that standards, like peer review, will take place, but do not. The authors are charged a fee to have their paper published. These are described in detail here <https://beallist.net/wp-content/uploads/2019/12/criteria-2015.pdf>. There are also journals that have been hijacked, meaning they have had their branding or website co-opted by a predatory journal or publisher. Finally, there is something called vanity press, where you simply pay to have your paper published, with no pretense of any peer review or credible process. Lists of predatory publishers and journals and other non-recommended sources are listed here <https://beallist.net/>.



There are some tips that can help when trying to make sense of a scientific research article. First, look to see that all of the major parts of the paper are present. Most articles have the same basic format or structure. They usually include the following parts:

1. **Abstract:** this provides a brief summary of the key point the paper will cover.
2. **Methods:** this section gives detailed information about how the study was performed.
3. **Results:** this is where the data from the study is given. There may be tables, graphs, or charts and may also include some analysis of the data. However, there shouldn't be any evaluation or judgement on the meaning of the data here.
4. **Discussion and Conclusion:** this is where the author(s) discuss what they feel their results mean and where you are likely to see how the study could relate to you and others. Often, the author(s) will discuss any limitations their study may have had, that is, things about their study that may have made it biased or less accurate. They may also discuss future research that is needed on the topic.
5. **References:** this is the list of articles the author(s) reviewed to see what was known about the topic before and to help design their study.

Next when evaluating an article, look at the date of the study. If it is more than a few years old, there may be studies available that are more up to date. Then, see how large the study was. A trial needs to include enough participants that the results cannot be a matter of chance. The size needed for this in each trial is determined by statistics, but in general, large studies (hundreds to thousands of people) are much better than small studies (less than a hundred).

Knowing the type of study and whether it was controlled is the next point to determine. A controlled trial compares two groups of participants as similar as possible all ways except that one group gets the experimental treatment. Participants are usually randomly assigned to one group or another. A placebo-controlled trial includes giving one of the groups an inactive treatment that resembles the experimental treatment (a placebo) and the other half the experimental treatment.

Different types of studies can help reduce bias in a study. If the participants don't know what group they are in, whether it is the placebo or experimental group, their emotions or impressions are less likely to impact or bias the outcomes. This is called a blinded study. If the researchers don't know which group is getting the placebo or experimental treatment, they are also blinded, and this would be called a double-blinded study.

So, a randomized, double-blinded, placebo-controlled clinical trial, which is the gold standard type of study, involves volunteers that are randomly assigned to either an experimental or nonexperimental group. Neither they nor the researchers studying them know what group they are in. They get either an experimental treatment or a placebo that looks exactly the same. Other types of study models are described on the next page.

It is important to see if there are any possible conflicts of interest that might impact the study. Somewhere in the paper there should be a statement regarding how the research was funded and if the author(s) had any conflicts of interest. You can also search the author(s) on-line to see if they have any unusual affiliations that might cause a bias or conflict in their research.

Next, look to see if the results were statistically significant and if they were considered clinically significant. Some results are statistically significant, but such small difference, or associated with such side effects or cost, that they are not clinically significant, meaning they wouldn't make a difference in the real world. Finally, does the study

provide results that fit with most of the other evidence in this field? When studies or evidence is reproduced, it is much more reliable. A single study or publication, no matter how groundbreaking, almost never provides the final answer to something.

Recommendations:

1. Be aware of false information, also known as misinformation and disinformation. Learn how to spot it.
2. Take care before you share. Sharing false information on social media can cost lives.
3. If you find misinformation online, report it. Find out how to report false information to most social media platforms [here](#).

ADDITIONAL INFORMATION

Fact Checking Websites

- <https://factcheck.afp.com/>
- www.factcheck.org
- <https://www.factcheck.org/scicheck/>
- The International Fact Checking Network <https://www.poynter.org/ifcn/>
- <https://www.reuters.com/fact-check>
- <https://www.politifact.com/>
- <https://www.washingtonpost.com/news/fact-checker/>
- <https://www.snopes.com/>
- <https://mediabiasfactcheck.com/>

Tools to help with your own fact checking:

- [RevEye](#) Chrome extension: allows to perform an reverse image* search by right-clicking onto any image in a web site.
- [Google Reverse Image Search](#): perform reverse image search* on Google
- [Tineye](#): perform reverse image search*
- [Fake video news debunker by InVID](#) Chrome extension: allow you to quickly get contextual information and reverse image searches*, copywrite verifications, and other things on numerous platforms
- Whois.icann.org: a free public service that gives you the ability to look up publicly available contact and other information related to a domain name or an internet number resource such as an Autonomous System number (ASN), or IP networks.

WHY DO RESEARCHERS DO DIFFERENT KINDS OF CLINICAL STUDIES?



Clinical research is the study of health and illness in people.

Scientists may have many reasons for doing a clinical study, such as:

- To explore the cause of a disease or a set of symptoms
- To test if a treatment will help with a symptom or condition
- To learn how a certain behavior affects people's health

Different types of clinical studies are used in different circumstances. Depending on what is known and what isn't, scientists may even study the same research question using different kinds of studies and in different groups of people. Here are different types of clinical studies and why they might be used.

Observational Studies

In many studies, researchers do not do experiments or test new treatments; they observe. Observational studies help researchers understand a situation and come up with hypotheses that can be put to the test in clinical trials. Observational studies can find associations between things but can't prove that one thing causes another. Types include:

- Case Study/Case Series**
A detailed description of one or more patients. By documenting new and unusual cases, researchers start to generate hypotheses about causes or risk factors.
- Ecological Study**
Compares the rate of a disease or condition for groups of people, such as towns in different climates or with different average incomes.
- Cross-Sectional Study**
A snapshot of many people at one moment in time. These studies can show how common a condition is and help identify factors associated with it.
- Case-Control Study**
A group of people who have a condition is compared to a control group of people who don't. Possible causes or risk factors can emerge.
- Cohort Study**
A large group of people is observed over time. Some eventually develop a disease or condition. Researchers can learn how often the condition occurs and find possible causes or risk factors.

Clinical Trials

In these studies, researchers test new ways to prevent, detect, or treat disease. Treatments might be new drugs or combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. Clinical trials can also test other aspects of care, such as ways to improve the quality of life for people with chronic illnesses.

A well-designed clinical trial is the gold standard for proving that a treatment or medical approach works, but clinical trials can't always be used. For example, scientists can't randomly assign people to live in different places, or ask people to start smoking or eating an unhealthy diet. Clinical trials are conducted in phases:

- Phase I**
• Purpose: Find out whether a medical approach (e.g., drug, diagnostic test, device) is safe, identify side effects, and figure out appropriate doses.
• Number of people: Typically fewer than 100
- Phase II**
• Purpose: Start testing whether a medical approach works. Continue monitoring for side effects; get information that goes into designing a large, phase III trial.
• Number of people: Typically 100-300
- Phase III**
• Purpose: Prove whether a medical approach works; continue monitoring side effects.
• Number of people: As many as needed or able to enroll – can be 1,000 or more
- Phase IV**
• Purpose: When a medical approach is being marketed, continue gathering information on its effects.
• Number of people: Thousands

How good are these kinds of studies at showing cause and effect?

The strength of a study depends on its size and design. New results may confirm earlier findings, contradict them, or add new aspects to scientists' understanding. In the end, cause and effect are usually hard to establish without a well-designed clinical trial.



Least Effective
Most Effective

- Case Study/Series
- Ecological Study
- Cross-Sectional Study
- Case-Control Study/Cohort Study
- Clinical Trial

What can I do to help?

You've begun! Learning about what results mean will help you make good choices with your health care provider.

You could also consider volunteering either as a healthy volunteer or as a participant who has a particular disease or condition.

For more information about clinical trials: ClinicalTrials.gov

CRAY@mail.nih.gov



National Institutes of Health
Turning Discovery Into Health

Produced by the National Institutes of Health, the largest source of public funding for medical research in the world. NIH's mission is to seek truth and help people live longer, healthier and more productive lives by understanding the causes of disease and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

<https://www.nih.gov/sites/default/files/health-info/clinical-trials/infographic-why-researchers-different-kinds-clinical-studies.pdf>

- [YouTube Data Viewer \(Amnesty\)](#): performs reverse image* search of YouTube videos (just paste in the web address to the video)

**a reverse image search is used to find out more information about a picture or video, like if it was used before, where it is from, etc. It is helpful to find out if you are dealing with fake content (someone using an image of one thing, with a message about something else)*

Useful Resources:

- <https://firstdraftnews.org/> a non-partisan organization, their mission is to protect communities from harmful misinformation. They work to empower society with the knowledge, understanding, and tools needed to outsmart false and misleading information.
- Understanding Information Disorder by First Draft https://firstdraftnews.org/wp-content/uploads/2019/10/Information_Disorder_Digital_AW.pdf?x76851
- A history of FLICC: the 5 techniques of science denial by John Cook <https://skepticalscience.com/history-FLICC-5-techniques-science-denial.html>
- The COVID-19 Vaccine Communication Handbook and Wiki: This project tracks behavioural science evidence and advice about COVID-19 vaccine uptake. <https://hackmd.io/@scibehC19vax/home>
- Fighting Disinformation Online A Database of Web Tools <https://www.rand.org/research/projects/truth-decay/fighting-disinformation.html>
- First Draft's Toolkit – collection of mobile friendly verification and monitoring tools <https://firstdraft-toolkit.glideapp.io/>
- <https://www.goviralgame.com/en> GO VIRAL! is a 5-minute game that helps protect you against COVID-19 misinformation. You'll learn about some of the most common strategies used to spread false and misleading information about the virus.
- Fighting Disinformation Online A Database of Web Tools <https://www.rand.org/research/projects/truth-decay/fighting-disinformation.html>
- Center for Countering Digital Hate CCDH <https://www.counterhate.com/>

“Games” to teach fact checking:

- <https://www.fakeittomakeitgame.com/> Welcome to Fake It To Make It, a social-impact game about fake news.
- <https://harmonysquare.game/en> Harmony Square is a game about fake news. The game's setting is the idyllic Harmony Square, a small neighborhood mildly obsessed with democracy. You, the player, are hired as Chief Disinformation Officer. Over the course of 4 short levels, your job is to disturb the square's peace and quiet by fomenting internal divisions and pitting its residents against each other.
- <https://trollfactory.yle.fi/> WELCOME TO TROLL FACTORY: It's your first week at the new job at Troll Factory. Your task is to grow your influence on social media — by whatever means necessary. How many people can you reel in?
- <https://crankyuncle.com/game/> The Cranky Uncle game uses cartoons and critical thinking to fight misinformation. The game was developed by George Mason University scientist John Cook, in collaboration with creative agency Autonomy. The game is now available for free on iPhone and Android.
- Verifying content online challenge
https://ftp.firstdraftnews.org/articulate/2020/en/OVC/story_html5.html

References:

- Murthy, V. H. 2021. “Confronting Health Misinformation: The U. S. Surgeon General’s Advisory on Building a Health Information Environment.” US Department of Health and Human Services, Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>
- Zielinski, Chris. "Infodemics and infodemiology: a short history, a long future." Revista Panamericana de Salud Pública 45 (2021): e40. <https://iris.paho.org/bitstream/handle/10665.2/53850/v45e402021.pdf>

- Kavanaugh-Burke, L. 2021. Health Misinformation and the Integrity of Data—What Is the Role of HI Professionals? Journal of AHIMA. <https://journal.ahima.org/health-misinformation-and-the-integrity-of-data-what-is-the-role-of-hi-professionals/>
- Staats, B. 2021. Misinformation, Disinformation, Malinformation: What's the difference? <https://minitex.umn.edu/news/elibrary-minnesota/2021-02/misinformation-disinformation-malinformation-whats-difference>
- First Draft. 2020. Too much information: a public guide to navigating the Infodemic. <https://firstdraftnews.org/long-form-article/too-much-information/>
- U.S. National Library of Medicine. Evaluating Internet Health Information Tutorial <https://medlineplus.gov/webeval/intro1.html>
- University of California San Francisco. Evaluating Health Information <https://www.ucsfhealth.org/education/evaluating-health-information>
- U.S. National Library of Medicine. 2021. Online health information - what can you trust? <https://medlineplus.gov/ency/patientinstructions/000869.htm>
- NIH News In Health. 2020. Discoveries in Basic Science A Perfectly Imperfect Process <https://newsinhealth.nih.gov/2020/10/discoveries-basic-science>
- National Center for Complementary and Integrative Health. 2021. Know the Science: 9 Questions To Help You Make Sense of Health Research <https://www.nccih.nih.gov/health/know-science/make-sense-health-research>

District Health Department #10
BOARD OF HEALTH

Deputy Health Officer Report
October 2021

1. Strategic Plan Update

Attached is a copy of the third quarter report on the 2021 Strategic Plan workplan. Many of our projects for FY 21 were shifted back in January to the 3rd & 4th quarter in response to our COVID-19 vaccination efforts. Unfortunately, we've had to re-adjust our plans this year as a result of the current increases in COVID-19 cases this fall and the implementation of new projects to address those increases. After a realistic look at the list, we are moving the majority of items to next year's plan. Please note, that in the end we will have accomplished a number of key projects the past year and a half in spite of the pandemic. Our current Strategic Plan ends this year and we will be evaluating the proposed items listed at the bottom of the attached report in January for a recommendation to extend the current DHD#10 Strategic Plan a year to adjust to the current state and ability to start a new Strategic Planning process next summer.

2. COVID-19 Data Summaries

Attached please find copies of the jurisdiction wide data summaries on the COVID-19 cases during the month of September. Of note, the agency's caseload increased significant during the month of September moving from a total of 1036 confirmed and 86 probable cases during August to 2849 confirmed and 299 probable cases in September. Total agency cases have grown to 23,834 through 9/30/21.

Attached please find a copy of the DHD#10 Vaccination Progress report tracking progress since mid-April. Of note is progress being made over time as noted in the chart.

3. Mi-Safer Schools Grant

DHD#10 received a state grant for \$1.2 million to implement a school liaison project in partnership with our intermediate and local school districts. This project includes support for 11 Health Resource Advocates to support COVID mitigation strategies including testing, vaccination, case investigation & contact tracing. We had hired for all counties plus a float except Kankakee & Mason Counties as of earlier this week, but unfortunately our Manistee County staff person resigned. We have interviews continuing next week. The positions are a mix of nurses, social workers, health educators and even a physical therapy assistant. Staff have been in training on COVID-19, case investigation and mitigation and are actively working cases within two days of onboarding with the agency.

4. Accreditation: Public Health Accreditation Board update

Our road to re-accreditation application continues to move forward. Our PHAB consultant reached out to us the end of September and offered an extension of the application submission. We will be submitting our application by the end of the year.

Respectfully submitted,

Sarah Oleniczak, MPH, MCHES
Deputy Health Officer

DISTRICT HEALTH DEPARTMENT #10 STRATEGIC PLAN
January 2021 – December 2021 Revised Plan 9/2/21

Practical Vision: <i>What do we want to see in place at DHD#10 in three years as a result of our actions?</i>							
Satisfied, Competent Staff	Accessible, Client-centered Service Provider	Effective Internal & External Communication	Effective, Efficient Technology	Fiscally Sound Agency	Increased Community Driven Services	Strong, Responsive Infrastructure	Innovative, Collaborative Public Health Leader
Strategic Directions: <i>What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?</i>							
Reformatting Public Health			Engaging and Empowering Staff		Strengthening Communication and Relationships		
Increase Financial Stability			Strengthen New Employee Processes		Improve Internal Communications Channels		
Improve Client-Centered Access					Expand External Communications		
Advance Public Health			Expand Internal Training		Strengthen Community Relations		
Improve Agency Infrastructure							
Focused Implementation: <i>What will we accomplish in 2020?</i>							
1 st Quarter 2021	2 nd Quarter 2021		3 rd Quarter 2021			4 th Quarter 2021	
AGENCY PRIORITY: COVID-19 VACCINATION	AGENCY PRIORITY: COVID-19 VACCINATION		AGENCY PRIORITY: COVID-19 VACCINATION	Initiate new phone system implementation in phases ★	Evaluate Org Structure Changes		
				Develop idea drop box for staff recommendations ★	Develop 2021/2022 Workforce Development Plan		
					Develop Ethics Idea drop box for staff input		
					Submit PHAB Reaccreditation Application; Complete Documentation Upload		
					Develop plan to secure Constiuent Voice for agency program planning		
					Develop agency 2021/22 outreach plan		

★ = completed

Move to 2022 from original timeline not yet accomplished -

- Develop online appt request thru the EHR
- Expand clinical & prevention services to community, school & worksites
- Initiate new Strategic Planning process
- Implement Staff Training on SDOH & on ACES
- Assess Academic Health Department Status & opportunities
- Develop Disability Inclusion Improvement Plan
- Implement Plan to secure Constituent Voice for program planning
- Implement QI project on clinic schedule in response to client need for non-traditional hours; expand services as identified
- Assess Public Health 3.0 status & develop responsive plan for next Strategic Plan cycle
- Develop Leadership Training Plan
- Standardize practices for hiring & training staff agency wide; utilize a mentoring plan

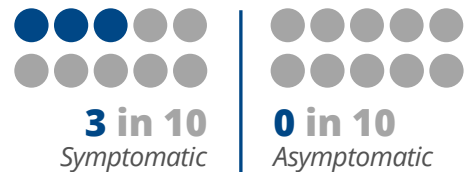
COVID-19 Jurisdiction Wide Monthly Summary – September 2021

The purpose of this monthly summary is to provide you with more information regarding cases referred to the health department over the past month. Information is obtained through the Michigan Disease Surveillance System (MDSS). Data provided is for confirmed cases only unless otherwise noted as probable.

There was an increase in confirmed COVID-19 cases this month.

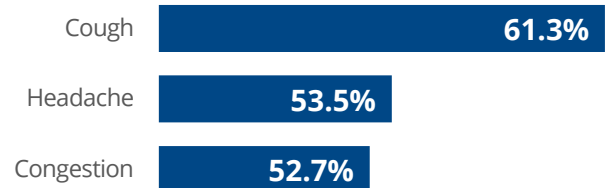


Less than half of the cases were symptomatic during their course of illness.*



Please note: Symptomatic and Asymptomatic are both contagious

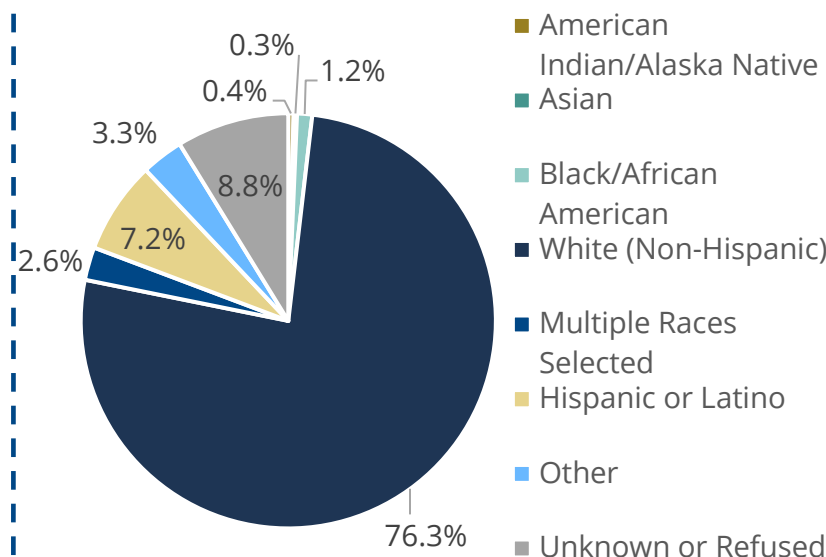
Of those with symptoms, the most common symptom among all cases was cough.



Known source of exposure has been identified for less than half of the cases.

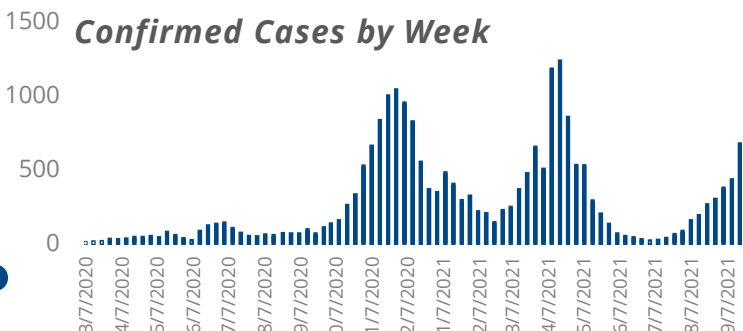
- 138 cases are associated with a named outbreak connected to worksites, agriculture, care facilities, restaurant (employees), schools, college, social gatherings, preschool/daycare, social gathering, and mass gathering.
- Of those unassociated with an outbreak, 97 cases are community contacts meaning they are connected to another positive COVID-19 case not within the same household
- Of those unassociated with an outbreak, 298 cases are household contacts meaning they are connected to another positive COVID-19 case within the same household

Race of Total Confirmed Cases



Native Hawaiian/Pacific Islander account for 0.05% of total cases

Confirmed Cases by Week



Get more information about coronavirus
in your county at

[DHD10.ORG/CORONAVIRUS](https://dhd10.org/coronavirus)

*Symptom status of the remaining cases is unknown



FOR DAILY UPDATES FOLLOW US ON FACEBOOK: facebook.com/DHD10/

District Health Department #10

Vaccination Progress

County	April 17th (%)	June 17th (%)	July 17th (%)	August 17th (%)	September 18th (%)	October 18th (%)	1-Month Difference	% Change
Crawford	45.8	54.6	55.9	57.3	58.9	60.2	+1.3%	2.21%
Kalkaska	41.9	49.8	51	52.3	54.2	55.5	+1.3%	2.40%
Lake	36	57.6	58.9	60.5	62.0	63.3	+1.3%	2.10%
Manistee	52.2	60.2	61.2	62.6	64.3	65.9	+1.6%	2.49%
Mason	51.8	61.4	62.8	64.4	66.5	67.9	+1.4%	2.11%
Mecosta	34.9	42	43.2	44.3	46.1	47.1	+1.0%	2.17%
Missaukee	42	50.5	51.5	52.7	54.1	56.0	+1.9%	3.51%
Newaygo	36.6	46	47.5	49.2	51.3	52.9	+1.6%	3.12%
Oceana	46	55.9	57.8	60.2	62.2	63.8	+1.6%	2.57%
Wexford	45.4	54.6	55.9	57.5	58.9	60.2	+1.3%	2.21%
DHD#10	42.6	52.0	53.3	54.6	56.5	58.0	+1.5%	2.65%

- Data presented is based on:
 - eligible population of those 16+
 - % initiated vaccination is shown
- 2 out of 10 counties had a higher increase in vaccination rate from September to October than August to September.
 - Missaukee County had the greatest growth rate followed by Newaygo County this month
 - Lake County had the lowest growth rate among DHD#10 counties this month
 - In comparison, Michigan's overall percent change from September 18th to October 18th was 1.9%

Source: MI Lighthouse 2021, *Population data is based on 2018 ACS estimate

District Health Department #10
BOARD OF HEALTH

Health Officer Report
October 29, 2021

1. **COVID-19 Update:** Information on current case counts and vaccination efforts as well as on Epidemic Orders and MIOSHA Workplace Rules will be shared at the meeting.
2. **PFAS Site Update:** DHD#10 continues to provide filter systems and replacement cartridges to residents around the Camp Grayling impacted areas. The Rothbury site continues to have ongoing testing completed with homes identified with PFAS detection offered point of use filters and replacement cartridges. Testing of homes around the Kunnen's Landfill site is expected to begin the end of October or in early November. Finally, DHD#10 was notified of a potential new site in our jurisdiction, Packaging Corporation of America in Manistee. Exploration of this location continues with our involvement at this point being to try and identify any homes with wells within a half-mile radius of the plant. More information on this site will be shared as it becomes available.
3. **Northern Michigan Counties Association:** I had been asked to provide a presentation on PFAS and an update on the Statewide Sanitary Code for this group at their October 18th meeting. In preparation for the PFAS presentation I was able to arrange for Abby Hendershott, MPART Executive Director, to cover this information and an overview of what MPART is. Related to the Statewide Sanitary Code update, no coordinated work is ongoing with this issue at this point however various groups continue to explore bringing the issue forward again.
4. **MALPH Day at the Capital:** This has been scheduled for December 14th in Lansing. Typically DHD#10 invites our Legislators to our December Board meeting so the Board will need to decide if it wants to continue with that for this year or instead meet with Legislators as part of this event.
5. **All Staff Meeting:** We have decided to postpone our All Staff meeting until hopefully later in 2022.
6. **Alternative COVID-Testing Sites:** In response to requests from some of our local hospitals, I have been working with one of the testing contractors, HONU, which MDHHS has secured, to set-up alternative testing locations in the community. Currently such a location is in operation in Kalkaska and in Newaygo. Exploration for additional sites continues in Big Rapids, Ludington and Cadillac.
7. **MALPH Dues Invoice:** Included is the 2022 invoice for MALPH dues. Dues remain the same as last year. I am asking the Board for approval to pay the 2022 MALPH dues.

Respectfully submitted:

Kevin Hughes, MA
Health Officer

MALPH DUES ASSESSMENT

Fiscal
October 1, 2021 - September 30, 2022

District Health Department #10
Kevin Hughes, MA

AMOUNT DUE \$5717.00

AMOUNT PAID _____

DATE PAID _____

Make Payment to: **MALPH**
PO Box 13276
Lansing, MI 48901

Please use this form when paying your dues.

MALPH Dues Assessment is due February 1, 2022

Health Officer Salary Comparison (October, 2021)

Benzie-Leelanau District Health Department, pop. 39,233 (2010) and Health Dept. Northwest Michigan, pop. 106,307 (2010)
\$115,000 in 2018, hadn't replied back to request for information, 40 hours. (6-7 yrs.)

District Health Department #2, pop. 67,168 (2010) and District Health Department #4, pop. 78,891 (2010)
Currently \$125,000, frozen past two years and expecting an increase in October 2021, 40 hours. (8-9 yrs.)

Central Michigan District Health Department, pop. 190,805 (2010)
Current \$107,000, in second year of a three year plan to catch-up, expecting a \$7000 increase October, 2022, 40 hours. (8-9 yrs.)

Mid-Michigan District Health Department, pop. 181,200 (2010)
Current \$100,536.80, 40 hours. (3-4 months)

Grand Traverse County Health Department, pop. 89,987 (2013)
Current \$106,000, 40 hours (9-10 yrs) projecting 3% increase in 2022

Luce-Mackinac-Alger-Schoolcraft District Health Department, pop. 35,830 (2010)
Current \$120,000, 40 hours (11-12 yrs)

District Health Department #10, pop. 264,367 (2019)
Current \$103,483, 40 hours (6.5 yrs)