



**BOARD OF HEALTH**

**Monthly Meeting: March 25, 2022 – 10:00 a.m.**

DHD #10

521 Cobb St, 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.....February 25, 2022
- V. Public Comment
- VI. Committee Reports
  - A. Executive Committee.....Jim Maike
  - B. Finance Committee.....Ray Steinke
    - 1. *Finance Report*
    - 2. *Approve February Accounts Payable and Payroll*.....Action Item
    - 3. *Acceptance of 2021 Audit Report*.....Action Item
    - 4. *PA202 Mers Report*.....Vickie Crouch, CPA
  - C. Personnel Committee.....Shelley Pinkelman
    - 5. *Third Party Benefits Provider*.....Action Item
    - 6. *2022 Christmas/New Year's Proposal*.....Action Item
    - 7. *Retention Plan Update*.....Informational
  - D. Legislative Committee.....Shelley Pinkelman
- VII. Administration Reports
  - A. Medical Director.....Dr. Jennifer Morse, MD
  - B. Deputy Health Officer .....Sarah Oleniczak
  - C. Health Officer.....Kevin Hughes
- VIII. Public Health Comments
- IX. Other Business
- X. Next Board of Health Meeting: Friday, April 29, 2022, at 9:30 a.m.
- XI. Adjournment

**BOARD OF HEALTH**

**Meeting Minutes**

*February 25, 2022*

---

I. **Call to Order:** Jim Maike, Chair, called the meeting to order at 10:01 a.m.

II. **Roll Call**

**Members Present – In Person:** Shelly Pinkelman, Phil Lewis, James Sweet, Betty Dermeyer, Pauline Jaquish, Richard Schmidt, Ron Bacon, Nick Krieger, Tom O’Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike, Paul Erickson, Gary Taylor, Late arrival – Martha Meyette

**Staff In Person -** Kevin Hughes, Christine Lopez, Dr. Jennifer Morse, Stephanie Jacobs

**Members – Online:** Robert Baldwin, Judy Nichols

**Members Excused:** Dawn Martin, Star Hughston,

III. **Approval of the Agenda.** Motion by Ron Bacon, seconded by Ray Steinke to approve the meeting agenda.

Motion carried.

IV. **Approval of the Meeting Minutes.** Motion by Ray Steinke, seconded by Betty Dermeyer to approve the minutes of the January 28, 2022 meeting.

Motion carried.

V. **Public Comment:** No Public Comment

VI. **Committee Reports**

A. Executive Committee – No Updates

B. Finance Committee: Christine Lopez, Administrative Services Director, reviewed the financial report through January 31<sup>st</sup>. Total Assets \$14.5 million, fund balance of \$8.5 million is preliminary, waiting on audit results due in March. Total accounts payable \$1,670,796.22.

**Approve Accounts Payable and Payroll.** Motion by Ray Steinke, seconded by Betty Dermeyer, to approve the October accounts payable and payroll.

**Roll Call**

|                  |     |                 |     |
|------------------|-----|-----------------|-----|
| Shelly Pinkelman | Yes | Pauline Jaquish | Yes |
| Phil Lewis       | Yes | Richard Schmidt | Yes |
| Robert Baldwin   | Yes | Ron Bacon       | Yes |
| James Sweet      | Yes | Nick Krieger    | Yes |
| Betty Dermeyer   | Yes | Tom O’Neil      | Yes |

|               |     |               |     |
|---------------|-----|---------------|-----|
| Ray Steinke   | Yes | Jim Maike     | Yes |
| Roger Ouwinga | Yes | Paul Erickson | Yes |
| Bryan Kolk    | Yes | Gary Taylor   | Yes |

*Motion Carried*

- C. Personnel Committee – Will be meeting on the 11<sup>th</sup> of March at DHD #10, Cadillac Office. Discussion and decision will be made on the new benefit company to go with. Board of Health has agreed to go with the personnel committee’s recommendation.
- D. Legislative Committee – New Health Bill - 5711 tied bar to Bill 5355, has language to modify Health Officer serve at the pleasure of the Board of Health or county commissioners, 5711 modified that Health Officers can be removed by majority vote by a county board of commissioners. Citizens related effort, a notice was sent to all prosecutors nationwide indicating they need to take action against local health officers or face indictment.

**VII. Administration Reports**

- A. Medical Director. Dr. Jennifer Morse shared updates on post COVID conditions. These are symptoms that are still experienced 3-4 weeks after COVID. Shared Infectious Disease web-site

Follow up from January meeting – Mercury Thermometers, she has not heard back from EGLE. Per Jim Maike, Honeywell is willing to work with DHD, Hughes and Maike to discuss a plan.

Recommendation: Get a COVID vaccine, to prevent post COVID conditions. Follow up with your primary care facility, if experiencing post COVID symptoms.

**Approve recommendations presented by Dr. Morse.** Motion made by Ray Steinke seconded by Betty Dermeyer to approve recommendations by Dr. Morse

*Motion Carried*

- B. Deputy Health Officer - Hughes shared update for Sarah Oleniczak. State dollars allotted for HRA’s will continue and will be used to put nurses back in schools. Funding will be for 4 years, then will need to be funded by schools after that.

6-month extension was approved for reaccreditation, new deadline should be met.

- C. Health Officer Kevin Hughes shared that COVID testing numbers are declining, will continue to monitor, the hope is to continue using the test sites through spring break.

PFAS funding was received for Camp Grayling, Rock Berry, CTC site. Potential new site on Newaygo/Oceana line, 25 homes to be tested. Letters are currently being mailed to the homes and in some cases door to door is being conducted. Pork producers are also conducting testing in their animals and feed. Site should be listed on website in March, DHD #10 will assist with water filters if needed. Hughes shared alternatives to filter. Hughes also shared the process when a new site has been identified.

Hughes discussed the “Project Bloom Stop” pilot.

Hughes met with Manistee County on expanding syringe services. Results will be shared at a later date.

Spectrum Health - Big Rapids, Reed City and Ludington are participating in a community health improvement plan, data will be shared in April.

Met with representatives from Ferris State University, very positive comments on the relationship, workforce benefits and the public health program. We will continue to expand relationships after COVID.

State budget was released, nothing targeted for the Health Department, but additional money was targeted for vaccines.

Currently dealing with a 3<sup>rd</sup> FOIA from individual in Crawford County; a well permit issued in Mecosta County, permitted for agricultural but was hooked up to a home, working with building and zoning; illegal Tattoo shop in Newaygo County, working with police chief and prosecutor.

Partnering with Red Project & Harm Reduction to provide syringe services. Information on needle usage, drug usage and hepatitis numbers, can be found at [Michigan.gov/ssp](http://Michigan.gov/ssp) data.

DHD # 10 certificate of appreciation for wastewater initiatives was shared.

VIII. **Other Business** No other business

IX. **Public Comment** – No Public Comment

X. **Next Meeting**

The next regular meeting of the Board of Health is scheduled for Friday, March 25, 2022, at 10:00 a.m. at the Cadillac Office. Will resume 9:00 meeting time at the April meeting.

XI. **Adjournment** – Motion by Betty Dermeyer and seconded by James Sweet to adjourn meeting.

Motion Carried

Jim Maike adjourned the meeting at 10:48 am

District Health Department #10  
Balance Sheet  
February 28, 2022

Prepared by:  
Christine Lopez, MBA  
Administrative Services Director

ASSETS

Current Assets

|                      |                   |
|----------------------|-------------------|
| Cash                 | 11,459,731.91     |
| Due from State       | 1,868,721.25      |
| Due From Others      | <u>787,347.25</u> |
| Total Current Assets | 14,115,800.41     |

Other Assets

|                    |                   |
|--------------------|-------------------|
| Inventory          | 259,623.00        |
| Prepaid Expense    | <u>228,382.25</u> |
| Total Other Assets | <u>488,005.25</u> |

|              |                      |
|--------------|----------------------|
| Total ASSETS | <u>14,603,805.66</u> |
|--------------|----------------------|

LIABILITIES

Current Liabilities

|                              |                   |
|------------------------------|-------------------|
| Accounts Payable             | 136,873.61        |
| Payroll Taxes/Deductions Due | 336,735.98        |
| Accrued Wages                | <u>352,460.51</u> |
| Total Current Liabilities    | 826,070.10        |

Other Liabilities

|                   |                     |
|-------------------|---------------------|
| Deferred Revenue  | <u>5,336,795.42</u> |
| Total LIABILITIES | 6,162,865.52        |

FUND BALANCE

|                           |                     |
|---------------------------|---------------------|
| Fund Balance, Preliminary | 8,180,941.43        |
| Increase in Fund Balance  | <u>259,998.71</u>   |
| Total FUND BALANCE        | <u>8,440,940.14</u> |

|                              |                      |
|------------------------------|----------------------|
| LIABILITIES AND FUND BALANCE | <u>14,603,805.66</u> |
|------------------------------|----------------------|

District Health Department #10  
Statement of Revenues and Expenditures  
From 02/01/2022 Through 02/28/2022

|   | Current Month | YTD Actual | Budget    | Percent Budget<br>Remaining | Total Budget<br>Variance |
|---|---------------|------------|-----------|-----------------------------|--------------------------|
| <b>Revenues</b>                               |               |            |           |                             |                          |
| State & Federal Funding                       |               |            |           |                             |                          |
| Adolescent Health Center - Lake City Clinical | 26,983.29     | 62,933.23  | 135,000   | (53.38)%                    | (72,066.77)              |
| Adolescent Health Center - Mason County       | 18,712.17     | 122,940.05 | 135,000   | (8.93)%                     | (12,059.95)              |
| Beach Monitoring                              | -             | 556.07     | 11,500    | (95.16)%                    | (10,943.93)              |
| Beach Monitoring - Other                      | -             | 732.63     | -         | 0.00%                       | 732.63                   |
| Breast Cervical Cancer Control Program        | 4,635.50      | 30,334.74  | 74,800    | (59.45)%                    | (44,465.26)              |
| Brethren High School Mental Health Grant      | 11,075.86     | 59,748.26  | 100,000   | (40.25)%                    | (40,251.74)              |
| CCL HUB                                       | -             | -          | 256,755   | (100.00)%                   | (256,755.00)             |
| CHA Needs Assessment                          | -             | -          | 18,681    | (100.00)%                   | (18,681.00)              |
| Childrens Special Health Care Services        | 25,298.39     | 153,931.99 | 298,541   | (48.44)%                    | (144,609.01)             |
| Chippewa Hills School Mental Health Grant     | 9,608.97      | 37,238.11  | 100,000   | (62.76)%                    | (62,761.89)              |
| CHIR - Communications                         | -             | -          | 22,284    | (100.00)%                   | (22,284.00)              |
| CJS Alliance                                  | 2,152.77      | 10,883.35  | 23,466    | (53.62)%                    | (12,582.65)              |
| Communicable Disease                          | 48,628.50     | 197,914.83 | 359,030   | (44.88)%                    | (161,115.17)             |
| Community Health                              | -             | -          | 10,000    | (100.00)%                   | (10,000.00)              |
| COVID MI Supplemental Funding                 | -             | 176,503.92 | 1,185,790 | (85.12)%                    | (1,009,286.08)           |
| Cross Jurisdictional Sharing Admin            | 15,000.00     | 15,000.00  | 44,530    | (66.31)%                    | (29,530.00)              |
| CSHCS Care Coordination Case Mgmt             | 0.01          | 19,518.51  | 110,000   | (82.26)%                    | (90,481.49)              |
| CSHCS Vaccine Initiative                      | 500.06        | 5,777.58   | 21,321    | (72.90)%                    | (15,543.42)              |
| Dental Partnering for Heart Health            | 6,415.00      | 54,601.00  | 69,329    | (21.24)%                    | (14,728.00)              |
| Dental Sealants                               | 1,752.66      | 13,955.53  | 30,000    | (53.48)%                    | (16,044.47)              |
| Drinking Water                                | 5,352.02      | 221,757.55 | 448,757   | (50.58)%                    | (226,999.45)             |
| ELC Contact Tracing and Wraparound            | 58,607.08     | 309,226.24 | 755,142   | (59.05)%                    | (445,915.76)             |
| ELC COVID Infection Prevention - CELC         | 13,427.98     | 16,059.94  | 90,000    | (82.16)%                    | (73,940.06)              |
| Emergency Preparedness                        | 14,449.23     | 73,867.59  | 161,987   | (54.40)%                    | (88,119.41)              |
| Family Planning                               | 15,927.00     | 345,836.00 | 401,579   | (13.88)%                    | (55,743.00)              |
| Food Service                                  | -             | 270,791.00 | 270,791   | 0.00%                       | -                        |
| General EH - Campgrounds                      | 2,650.00      | 3,575.00   | 5,950     | (39.92)%                    | (2,375.00)               |
| General EH - DHHS Inspection                  | 2,445.00      | 13,005.00  | 41,000    | (68.28)%                    | (27,995.00)              |
| General EH - Pools & Spas                     | -             | -          | 5,400     | (100.00)%                   | (5,400.00)               |
| Grayling Water Recovery                       | 5,110.92      | 8,762.70   | 70,233    | (87.52)%                    | (61,470.30)              |
| Harm Reduction Support                        | 3,794.31      | 16,004.28  | 90,000    | (82.22)%                    | (73,995.72)              |
| Hart High School Mental Health Grant          | 11,259.14     | 54,855.75  | 100,000   | (45.14)%                    | (45,144.25)              |
| Hearing                                       | 11,142.86     | 56,028.35  | 70,808    | (20.87)%                    | (14,779.65)              |
| HFA FFPSA Lake County                         | 11,844.85     | 65,644.52  | 130,000   | (49.50)%                    | (64,355.48)              |
| HIV Prevention                                | 1,695.66      | 6,894.78   | 45,000    | (84.68)%                    | (38,105.22)              |
| Imms VFC/INE                                  | -             | 4,800.00   | 15,000    | (68.00)%                    | (10,200.00)              |
| Immunizations                                 | -             | 207,484.00 | 207,484   | 0.00%                       | -                        |
| Immunizations IAP                             | 7,048.34      | 50,652.64  | 108,280   | (53.22)%                    | (57,627.36)              |
| Immunizations Vaccine Quality Assurance       | 9,281.14      | 37,570.46  | 54,660    | (31.27)%                    | (17,089.54)              |
| Interconnected MH System-Mason                | -             | -          | 39,605    | (100.00)%                   | (39,605.00)              |
| Lead Home Visiting                            | -             | -          | 500       | (100.00)%                   | (500.00)                 |
| MCH Women                                     | 2,540.79      | 17,527.49  | 78,000    | (77.53)%                    | (60,472.51)              |
| MCIR  | 13,921.94     | 76,357.86  | 175,000   | (56.37)%                    | (98,642.14)              |
| Medicaid Outreach                             | 37,958.68     | 182,877.20 | 395,799   | (53.80)%                    | (212,921.80)             |
| MI Home Visiting IRE (HFA)                    | 46,724.13     | 262,124.98 | 569,651   | (53.98)%                    | (307,526.02)             |
| MI Safer Schools                              | 98,838.75     | 449,590.91 | 1,206,708 | (62.74)%                    | (757,117.09)             |
| Non Community Water                           | 15,041.00     | 75,205.00  | 180,492   | (58.33)%                    | (105,287.00)             |
| On-Site Sewage - Septic Systems               | 43,585.22     | 270,279.40 | 387,374   | (30.23)%                    | (117,094.60)             |
| PFAS Rothbury                                 | 274.34        | 606.54     | 18,982    | (96.80)%                    | (18,375.46)              |
| PFAS Wexford Missaukee CTC                    | 8,401.86      | 8,401.86   | -         | 0.00%                       | 8,401.86                 |
| Prosperity Grant/CLPP                         | 2,386.60      | 18,964.46  | 40,000    | (52.59)%                    | (21,035.54)              |
| Regional Perinatal Care System                | 1,351.51      | 3,821.40   | 170,000   | (97.75)%                    | (166,178.60)             |
| Rotary Charities                              | -             | -          | 2,887     | (100.00)%                   | (2,887.00)               |
| Rural Health Network - CHIR                   | -             | 30,188.00  | 32,000    | (5.66)%                     | (1,812.00)               |
| STI Clinics                                   | 9,298.28      | 45,000.00  | 45,000    | 0.00%                       | -                        |
| Tobacco Grant                                 | 2,038.25      | 9,053.15   | 40,000    | (77.37)%                    | (30,946.85)              |
| Vision  | 12,884.82     | 69,870.11  | 70,808    | (1.32)%                     | (937.89)                 |
| WIC Migrant                                   | 14,453.31     | 62,334.70  | 98,000    | (36.39)%                    | (35,665.30)              |
| WIC Peer Counselor                            | 25,237.49     | 136,511.06 | 297,969   | (54.19)%                    | (161,457.94)             |

District Health Department #10  
Statement of Revenues and Expenditures  
From 02/01/2022 Through 02/28/2022

|   | Current Month | YTD Actual   | Budget     | Percent Budget<br>Remaining | Total Budget<br>Variance |
|---|---------------|--------------|------------|-----------------------------|--------------------------|
| WIC Resident                                  | 140,430.76    | 769,963.49   | 1,570,745  | (50.98)%                    | (800,781.51)             |
| Wisewoman Coordination                        | 2,859.97      | 10,209.08    | 25,000     | (59.16)%                    | (14,790.92)              |
| Total State & Federal Funding                 | 823,026.41    | 5,224,272.29 | 11,522,618 | (54.66)%                    | (6,298,345.71)           |
| Other Funding                                 |               |              |            |                             |                          |
| Administration                                | -             | -            | 5,055      | (100.00)%                   | (5,055.00)               |
| Adolescent Health Center - Crawford           | 15,233.31     | 77,607.31    | 155,000    | (49.93)%                    | (77,392.69)              |
| Adolescent Health Center - Lake City Clinical | 8,333.31      | 50,740.81    | -          | 0.00%                       | 50,740.81                |
| Adolescent Health Center - Mason County       | 8,333.31      | 8,333.31     | -          | 0.00%                       | 8,333.31                 |
| Adolescent Health Center - Wexford            | 34,516.00     | 119,550.00   | 215,000    | (44.40)%                    | (95,450.00)              |
| Adolescent Health Center Oceana               | 36,344.00     | 143,359.00   | 215,000    | (33.32)%                    | (71,641.00)              |
| Agnes Taylor Fund                             | 123.22        | 123.22       | 4,215      | (97.08)%                    | (4,091.78)               |
| AHC COVID Immunization                        | 13,647.00     | 31,089.00    | 180,647    | (82.79)%                    | (149,558.00)             |
| AHC Lake City MH Expansion                    | 5,000.00      | 5,000.00     | -          | 0.00%                       | 5,000.00                 |
| AHC Mason County Eastern MH Expansion         | 5,000.00      | 5,000.00     | -          | 0.00%                       | 5,000.00                 |
| Beach Monitoring - Other                      | -             | -            | 3,000      | (100.00)%                   | (3,000.00)               |
| Brethren High School Mental Health Grant      | 8,333.31      | 8,333.31     | -          | 0.00%                       | 8,333.31                 |
| Building Lease Cadillac                       | 8,600.00      | 43,000.00    | 103,200    | (58.33)%                    | (60,200.00)              |
| Building Lease Hart                           | 5,300.00      | 26,500.00    | 63,600     | (58.33)%                    | (37,100.00)              |
| CATCH Grant                                   | 3,008.32      | 6,183.77     | 10,000     | (38.16)%                    | (3,816.23)               |
| CC HUB NW                                     | 7,457.00      | 37,285.00    | -          | 0.00%                       | 37,285.00                |
| CD Billing Counties                           | -             | 1,058.33     | 2,500      | (57.67)%                    | (1,441.67)               |
| CHA Needs Assessment                          | 18,030.00     | 18,030.00    | 25,000     | (27.88)%                    | (6,970.00)               |
| Chippewa Hills School Mental Health Grant     | 8,333.31      | 8,333.31     | -          | 0.00%                       | 8,333.31                 |
| CHIR - Communications                         | -             | -            | 10,000     | (100.00)%                   | (10,000.00)              |
| CHIR BBO                                      | 1,074.00      | 5,495.00     | 25,000     | (78.02)%                    | (19,505.00)              |
| Communicable Disease                          | -             | 390.00       | -          | 0.00%                       | 390.00                   |
| Community Health                              | 6,920.00      | 12,720.00    | 12,500     | 1.76%                       | 220.00                   |
| COVID Prevention Missaukee                    | 344.00        | 2,844.00     | 8,342      | (65.91)%                    | (5,498.00)               |
| COVID Prevention Wexford                      | 684.00        | 4,596.00     | 17,389     | (73.57)%                    | (12,793.00)              |
| CSHCS Thorton Fund Kalkaska                   | 91.96         | 1,498.06     | 5,977      | (74.94)%                    | (4,478.94)               |
| Dental Outreach                               | -             | 3,609.14     | 30,000     | (87.97)%                    | (26,390.86)              |
| Early On Oceana                               | -             | 118.44       | 1,248      | (90.51)%                    | (1,129.56)               |
| EPI   | -             | 350.00       | -          | 0.00%                       | 350.00                   |
| Finance                                       | 12,500.00     | 54,836.00    | 113,352    | (51.62)%                    | (58,516.00)              |
| Gambling Disorder Prevention Project Grant    | 1,435.00      | 8,647.00     | 23,000     | (62.40)%                    | (14,353.00)              |
| Grayling School Mental Health                 | 2,603.34      | 14,113.48    | 30,000     | (52.96)%                    | (15,886.52)              |
| Hart High School Mental Health Grant          | 8,333.31      | 8,333.31     | -          | 0.00%                       | 8,333.31                 |
| Healthy Families America - Manistee/Missaukee | 11,818.00     | 71,385.00    | 154,146    | (53.69)%                    | (82,761.00)              |
| Immunizations                                 | -             | -            | 305,500    | (100.00)%                   | (305,500.00)             |
| Interconnected MH System-Mason                | 19,374.95     | 46,580.65    | 250,000    | (81.37)%                    | (203,419.35)             |
| LiveWell for your Heart                       | 3,121.51      | 12,419.88    | 54,689     | (77.29)%                    | (42,269.12)              |
| MCDC  | 32,591.13     | 157,301.99   | 400,000    | (60.67)%                    | (242,698.01)             |
| Oceana LEADS DFC                              | 10,942.00     | 42,941.00    | 100,000    | (57.06)%                    | (57,059.00)              |
| Prevention                                    | 6,497.00      | 51,368.00    | 107,540    | (52.23)%                    | (56,172.00)              |
| Prevention Grant Missaukee                    | 3,160.00      | 9,469.00     | 20,854     | (54.59)%                    | (11,385.00)              |
| Prevention Grant Wexford                      | 1,385.00      | 18,473.00    | 43,472     | (57.51)%                    | (24,999.00)              |
| Rotary Charities                              | 2,643.00      | 7,761.00     | 10,000     | (22.39)%                    | (2,239.00)               |
| Rx for Health                                 | 35,344.44     | 74,507.91    | 246,566    | (69.78)%                    | (172,058.09)             |
| School Wellness Center                        | 28,112.00     | 95,395.00    | 170,000    | (43.89)%                    | (74,605.00)              |
| SEA Prevention Network                        | 7,398.00      | 7,398.00     | -          | 0.00%                       | 7,398.00                 |
| Snap Ed Full-Year                             | 6,560.57      | 34,070.64    | 92,710     | (63.25)%                    | (58,639.36)              |
| State Opioid Response (SOR) Lake              | 279.00        | 7,207.00     | 10,000     | (27.93)%                    | (2,793.00)               |
| State Opioid Response (SOR) Mason             | 1,737.00      | 8,337.00     | 45,000     | (81.47)%                    | (36,663.00)              |
| State Opioid Response (SOR) Oceana            | 1,956.00      | 7,380.00     | 15,000     | (50.80)%                    | (7,620.00)               |
| Sub Abuse COVID Supplemental - Lake           | 96.00         | 4,262.00     | 5,260      | (18.97)%                    | (998.00)                 |
| Sub Abuse COVID Supplemental - Mason          | 1,502.00      | 7,423.00     | 15,782     | (52.97)%                    | (8,359.00)               |
| Sub Abuse COVID Supplemental - Oceana         | -             | 2,219.00     | 16,748     | (86.75)%                    | (14,529.00)              |
| Sub Abuse COVID Supplemental Lake21           | 1,267.00      | 4,351.00     | -          | 0.00%                       | 4,351.00                 |

District Health Department #10  
Statement of Revenues and Expenditures  
From 02/01/2022 Through 02/28/2022

|   | Current Month | YTD Actual   | Budget     | Percent Budget<br>Remaining | Total Budget<br>Variance |
|---|---------------|--------------|------------|-----------------------------|--------------------------|
| Sub Abuse COVID Supplemental Mason21          | 438.00        | 1,661.00     | -          | 0.00%                       | 1,661.00                 |
| Sub Abuse COVID Supplemental Oceana21         | 1,214.00      | 2,550.00     | -          | 0.00%                       | 2,550.00                 |
| Substance, Education and Awareness (SEA)      | (2,810.00)    | 8,000.00     | 8,500      | (5.88)%                     | (500.00)                 |
| Tobacco/ENDS Education                        | -             | -            | 1,000      | (100.00)%                   | (1,000.00)               |
| Vaccine Marketing                             | -             | 12,000.00    | 12,000     | 0.00%                       | -                        |
| WIC Resident                                  | -             | -            | 200        | (100.00)%                   | (200.00)                 |
| Total Other Funding                           | 394,204.30    | 1,401,537.87 | 3,343,992  | (58.09)%                    | (1,942,454.13)           |
| Billing Revenue                               |               |              |            |                             |                          |
| Adolescent Health Center - Crawford           | 3,393.33      | 6,638.62     | 40,000     | (83.40)%                    | (33,361.38)              |
| Adolescent Health Center - Lake City Clinical | 105.24        | 6,736.88     | 50,000     | (86.53)%                    | (43,263.12)              |
| Adolescent Health Center - Mason County       | 92.48         | 117.48       | 50,000     | (99.77)%                    | (49,882.52)              |
| Adolescent Health Center - Wexford            | 728.23        | 18,415.48    | 90,000     | (79.54)%                    | (71,584.52)              |
| Adolescent Health Center Oceana               | 4,270.86      | 17,312.77    | 62,000     | (72.08)%                    | (44,687.23)              |
| BCCCP Direct                                  | 332.36        | 4,012.48     | 6,000      | (33.13)%                    | (1,987.52)               |
| Breast Cervical Cancer Control Program        | 167.15        | 737.04       | 5,000      | (85.26)%                    | (4,262.96)               |
| Brethren High School Mental Health Grant      | -             | 438.54       | 30,000     | (98.54)%                    | (29,561.46)              |
| CC HUB NW                                     | 13,567.00     | 68,195.00    | -          | 0.00%                       | 68,195.00                |
| CCL HUB                                       | -             | -            | 267,800    | (100.00)%                   | (267,800.00)             |
| Chippewa Hills School Mental Health Grant     | 853.23        | 18,675.10    | 47,000     | (60.27)%                    | (28,324.90)              |
| CJS Alliance                                  | -             | -            | 4,000      | (100.00)%                   | (4,000.00)               |
| Community Health                              | -             | -            | 10,000     | (100.00)%                   | (10,000.00)              |
| COVID MI Supplemental Funding                 | 102,398.50    | 525,801.72   | -          | 0.00%                       | 525,801.72               |
| Dental Sealants                               | 29.00         | 298.00       | 10,000     | (97.02)%                    | (9,702.00)               |
| Dental Varnish                                | 40.00         | 80.00        | 25,000     | (99.68)%                    | (24,920.00)              |
| Family Planning                               | 22,325.73     | 48,386.28    | 150,000    | (67.74)%                    | (101,613.72)             |
| Hart High School Mental Health Grant          | 23.46         | 3,628.15     | 40,000     | (90.93)%                    | (36,371.85)              |
| Hearing                                       | 703.80        | 9,911.00     | 16,000     | (38.06)%                    | (6,089.00)               |
| HIV Prevention                                | -             | 171.26       | -          | 0.00%                       | 171.26                   |
| Immunizations                                 | 47,376.91     | 168,946.45   | 500,000    | (66.21)%                    | (331,053.55)             |
| Lead Hemoglobin                               | 8.96          | 541.49       | 12,000     | (95.49)%                    | (11,458.51)              |
| Maternal Infant Health Program                | 17,481.36     | 146,698.45   | 638,000    | (77.01)%                    | (491,301.55)             |
| School Wellness Center                        | 2,130.33      | 13,340.26    | 32,312     | (58.71)%                    | (18,971.74)              |
| STI Clinics                                   | 1,124.56      | 2,260.15     | 5,000      | (54.80)%                    | (2,739.85)               |
| Vision  | 979.80        | 10,421.00    | 20,000     | (47.90)%                    | (9,579.00)               |
| Wisewoman Coordination                        | -             | 7,625.00     | 5,000      | 52.50%                      | 2,625.00                 |
| Total Billing Revenue                         | 218,132.29    | 1,079,388.60 | 2,115,112  | (48.97)%                    | (1,035,723.40)           |
| Medicaid Cost Settlement                      |               |              |            |                             |                          |
| Medicaid Cost Report                          | -             | 375,000.00   | 2,000,000  | (81.25)%                    | (1,625,000.00)           |
| Total Medicaid Cost Settlement                | -             | 375,000.00   | 2,000,000  | (81.25)%                    | (1,625,000.00)           |
| Environmental Health Revenue                  | 82,173.56     | 424,054.46   | 1,734,500  | (75.55)%                    | (1,310,445.54)           |
| Appropriations                                | 247,873.30    | 1,239,366.68 | 2,974,480  | (58.33)%                    | (1,735,113.32)           |
| Other Revenue                                 |               |              |            |                             |                          |
| MMRMA Distribution                            | -             | 32,291.00    | 32,291     | 0.00%                       | -                        |
| Workers Compensation Dividends                | -             | 24,973.00    | 24,973     | 0.00%                       | -                        |
| Other   | 3,904.48      | 40,576.22    | 113,500    | (64.25)%                    | (72,923.78)              |
| Total Other Revenue                           | 3,904.48      | 97,840.22    | 170,764    | (42.70)%                    | (72,923.78)              |
| Total Revenues                                | 1,769,314.34  | 9,841,460.12 | 23,861,466 | (58.76)%                    | (14,020,005.88)          |



District Health Department #10  
Statement of Revenues and Expenditures  
From 02/01/2022 Through 02/28/2022

|                                  | Current Month       | YTD Actual          | Budget            | Percent Budget<br>Remaining | Total Budget<br>Variance |
|----------------------------------|---------------------|---------------------|-------------------|-----------------------------|--------------------------|
| Expenses                         |                     |                     |                   |                             |                          |
| Wages                            | 898,166.48          | 4,632,305.98        | 12,222,064        | 62.10%                      | 7,589,758.02             |
| Fringes                          | 415,493.95          | 2,790,773.05        | 5,891,406         | 52.63%                      | 3,100,632.95             |
| Travel                           | 27,337.74           | 146,511.28          | 590,121           | 75.17%                      | 443,609.72               |
| Supplies                         | 100,872.07          | 432,416.68          | 1,441,129         | 69.99%                      | 1,008,712.32             |
| Contractual                      | 85,682.14           | 249,997.96          | 929,211           | 73.10%                      | 679,213.04               |
| Communications                   | 38,927.50           | 150,911.93          | 363,326           | 58.46%                      | 212,414.07               |
| Printing/Publishing              | 7,809.75            | 29,116.63           | 125,053           | 76.72%                      | 95,936.37                |
| Education/Training               | 5,143.67            | 13,155.68           | 71,685            | 81.65%                      | 58,529.32                |
| Liability Insurance              | 8,347.08            | 40,562.44           | 100,130           | 59.49%                      | 59,567.56                |
| Maintenance                      | 38,182.13           | 158,211.53          | 517,447           | 69.42%                      | 359,235.47               |
| Space                            | 202,601.82          | 637,176.33          | 1,294,162         | 50.77%                      | 656,985.67               |
| Capital Outlay                   | 132.87              | 73,519.93           | 281,000           | 73.84%                      | 207,480.07               |
| County DSH/Dental                | 46,491.13           | 226,801.99          | 566,800           | 59.99%                      | 339,998.01               |
| Total Expenses                   | <u>1,875,188.33</u> | <u>9,581,461.41</u> | <u>24,393,534</u> | <u>60.72%</u>               | <u>14,812,072.59</u>     |
| Increase (Decrease) Fund Balance | <u>(105,873.99)</u> | <u>259,998.71</u>   | <u>(532,068)</u>  |                             |                          |

District Health Department #10  
Aged Receivable Report 02/01/2022 - 02/28/2022

|   | Balance             | Current             | 31-60 Days        | 61-90 Days        | 91+ Days          |
|---|---------------------|---------------------|-------------------|-------------------|-------------------|
| <b>Due From County</b>                          | <b>35,472.33</b>    | <b>17,650.58</b>    | <b>17,650.58</b>  | <b>171.17</b>     | <b>-</b>          |
| <b>Due From Other</b>                           |                     |                     |                   |                   |                   |
| Due From Adolescent Health Center Grant         | 52,050.00           | 20,766.00           | 20,486.00         | 10,798.00         | -                 |
| Due From Adolescent Health Center Grayling Gran | 30,524.00           | 6,900.00            | 17,009.00         | 6,615.00          | -                 |
| Due From Adolescent Health Center Shelby Grant  | 75,859.00           | 22,594.00           | 24,808.00         | 27,420.00         | 1,037.00          |
| Due From AHC - Lake City Clinical               | 4,195.37            | 4,195.37            | -                 | -                 | -                 |
| Due From AHC - Mason County Eastern             | 77,940.05           | 18,712.17           | 33,361.17         | 25,866.71         | -                 |
| Due From AHC COVID Immunization                 | 30,911.00           | 13,647.00           | 6,430.00          | 5,329.00          | 5,505.00          |
| Due From Basic Flex                             | 73,586.78           | -                   | -                 | -                 | 73,586.78         |
| Due From CCL Hub                                | 37,285.00           | 7,457.00            | 7,457.00          | 7,457.00          | 14,914.00         |
| Due From CHA Needs Assessment                   | 18,030.00           | 18,030.00           | -                 | -                 | -                 |
| Due From CHIR                                   | 5,495.00            | 1,074.00            | 769.00            | 1,421.00          | 2,231.00          |
| Due From CHIR Rotary Charities                  | 4,862.00            | 2,643.00            | 2,219.00          | -                 | -                 |
| Due From CHW Project - McLaren                  | 3,975.00            | -                   | -                 | -                 | 3,975.00          |
| Due From CHW Project - Meridian                 | 13,567.00           | 13,567.00           | -                 | -                 | -                 |
| Due From COVID Prevention                       | 2,657.00            | 1,028.00            | 1,629.00          | -                 | -                 |
| Due From Dental Partnership                     | 34,517.00           | 6,415.00            | 28,102.00         | -                 | -                 |
| Due From DFC Oceana LEADS                       | 42,041.00           | 10,942.00           | 8,422.00          | 12,411.00         | 10,266.00         |
| Due From Gamblin Disorder Grant                 | 8,647.00            | 1,435.00            | 1,791.00          | 2,323.00          | 3,098.00          |
| Due From Grayling Mental Health Grant           | 4,929.47            | 2,603.34            | 2,326.13          | -                 | -                 |
| Due From Healthy Families Manistee/Missaukee    | 23,344.00           | 11,818.00           | 11,526.00         | -                 | -                 |
| Due From MCDC                                   | 17,381.13           | 17,381.13           | -                 | -                 | -                 |
| Due From Others                                 | 2,293.58            | -                   | -                 | -                 | 2,293.58          |
| Due From Prevention                             | 10,699.00           | 6,497.00            | 4,202.00          | -                 | -                 |
| Due From Prevention Grant Miss/Wex              | 10,661.00           | 4,545.00            | 6,116.00          | -                 | -                 |
| Due From SA COVID Supplemental                  | 22,390.00           | 4,517.00            | 4,706.00          | 8,862.00          | 4,305.00          |
| Due from School Wellness Grant                  | 40,395.00           | 15,612.00           | 20,246.00         | 4,537.00          | -                 |
| Due From SEA Coalition - Manistee               | 7,398.00            | 4,588.00            | 2,810.00          | -                 | -                 |
| Due From Snap                                   | 12,802.64           | 6,560.57            | 6,242.07          | -                 | -                 |
| <b>Due From Other Sum</b>                       | <b>668,436.02</b>   | <b>223,527.58</b>   | <b>210,657.37</b> | <b>113,039.71</b> | <b>121,211.36</b> |
| <b>Due From State</b>                           | <b>1,952,160.15</b> | <b>1,729,887.52</b> | <b>37,357.11</b>  | <b>85,340.32</b>  | <b>99,575.20</b>  |
| <b>Grand Total</b>                              | <b>2,656,068.50</b> | <b>1,971,065.68</b> | <b>265,665.06</b> | <b>198,551.20</b> | <b>220,786.56</b> |

|                    |               |               |              |              |
|--------------------|---------------|---------------|--------------|--------------|
| <b>Percentages</b> | <b>74.21%</b> | <b>10.00%</b> | <b>7.48%</b> | <b>8.31%</b> |
|--------------------|---------------|---------------|--------------|--------------|

District Health Department #10  
Cash Flow Analysis  
March 17, 2022

|                              | March                        | April                        | May                          | June                        | July                        |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Beginning Cash Balance       | 11,875,450                   | 11,023,885                   | 10,715,670                   | 10,207,455                  | 9,699,240                   |
| Receipts:                    |                              |                              |                              |                             |                             |
| State Funding                | -                            | 832,000                      | 832,000                      | 832,000                     | 832,000                     |
| Billing Revenue              | 50,000                       | 125,000                      | 125,000                      | 125,000                     | 125,000                     |
| EH Fees                      | 50,000                       | 175,000                      | 175,000                      | 175,000                     | 175,000                     |
| Appropriations               | -                            | 200,000                      | -                            | -                           | 200,000                     |
| Other                        | <u>50,000</u>                | <u>261,900</u>               | <u>261,900</u>               | <u>261,900</u>              | <u>261,900</u>              |
| Total                        | 150,000                      | 1,593,900                    | 1,393,900                    | 1,393,900                   | 1,593,900                   |
| Expenses:                    |                              |                              |                              |                             |                             |
| Wages                        | 462,932                      | 925,864                      | 925,864                      | 925,864                     | 925,864                     |
| Benefits                     | 238,633                      | 477,266                      | 477,266                      | 477,266                     | 477,266                     |
| Other                        | <u>300,000</u>               | <u>498,985</u>               | <u>498,985</u>               | <u>498,985</u>              | <u>498,985</u>              |
| Total                        | 1,001,565                    | 1,902,115                    | 1,902,115                    | 1,902,115                   | 1,902,115                   |
| <br>Total Cash & Investments | <br><u><u>11,023,885</u></u> | <br><u><u>10,715,670</u></u> | <br><u><u>10,207,455</u></u> | <br><u><u>9,699,240</u></u> | <br><u><u>9,391,025</u></u> |

**DISTRICT HEALTH DEPARTMENT NO. 10**  
**Board of Health Listing**

**Accounts Payable**

|                                | Amount       | Date             |
|--------------------------------|--------------|------------------|
| 21691 - 21794, 508432 - 508462 | \$939,410.15 | February - March |
| 1293                           |              |                  |
|                                |              |                  |
|                                |              |                  |
| Total Accounts Payable         | \$939,410.15 |                  |

**Payroll**

|               |              |                  |
|---------------|--------------|------------------|
| 69395 - 69875 | \$696,807.10 | February - March |
|               |              |                  |
|               |              |                  |
|               |              |                  |
| Total Payroll | \$696,807.10 |                  |

**Total Expenditures**                      \$1,636,217.25

## Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, March 23, 2022  
Central Michigan District Health Department, Wednesday, March 23, 2022  
District Health Department 10, Friday, March 25, 2022



### Updates In Lead

Lead is an elemental metal that occurs naturally and is used in the production of many things such as batteries, ammunition, and metal products (solder and pipes). In the past it was used much more widely in paints, ceramic products, caulking, and pipe solder, as well as in gasoline, but due to health concerns, the use of lead has been greatly reduced. Unfortunately, since it is an element, it does not break down. Lead that was released into the air by gasoline or is still being released in other pollution can travel long distances before settling. Lead on the ground can stick to the soil. Soil can also get contaminated by lead from old gasoline leaks or spills, old paint chips, and other chemicals and products with lead. There are still some pipes and soldering that contain lead, which can enter our drinking water, glazed pottery made with lead, as well as metal jewelry, older painted wooden and metal toys, and imported makeup, candy, nutritional supplements, and spices.

The most common source of lead exposure to children in the US is from dust and soil contaminated with paint from pre-1978 housing. Drinking water is not the major source of exposure to lead for most people in the US. However, drinking water can make up 20 percent or more of a person's total exposure to lead, and this can be higher for young infants who consume mostly formula made with tap water. Lead poisoning is preventable. Removing potential sources of lead and avoiding sources of lead are the main prevention. Following healthy nutrition also help minimize the severity of lead poisoning.

#### Lead can be found throughout a child's environment.

**1** Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.

**2** Certain water pipes may contain lead.

**3** Lead can be found in some products such as toys and toy jewelry.

**4** Lead is sometimes in candies imported from other countries or traditional home remedies.

**5** Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

There is no safe level of lead in any produce or in your drinking water. No amount of lead in your body is considered safe or normal. Once lead gets into the body, it mainly effects the nervous system. It has the biggest effect on those whose nervous systems are still developing, like young children or unborn fetuses. Long term exposure to lead can cause poor learning, decreased intelligence, poor memory, and attention, as well as weakness. Lead can also cause anemia, kidney damage, high blood pressure, premature births, and miscarriage. Most children with elevated lead levels do not have any signs of illness.

Although there is no safe level of lead, the CDC has identified a blood lead reference value (BLRV) to identify children with higher levels of lead in their blood compared to most children. This level is based on the 97.5<sup>th</sup> percentile of blood lead values among U.S. children ages 1 to 5 years from 2015 to 2018 studies. This value, which is a venous lead level of or over 3.5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ), would represent blood lead levels that are in the top 2.5% of the highest lead levels in the U.S. In 2012, the first BLRV was established at 5  $\mu\text{g}/\text{dL}$  based on data from 2007 to 2010. Prior to that, levels over 10  $\mu\text{g}/\text{dL}$  were considered “levels of concern”. Studies have found that even low levels of lead, those under 10  $\mu\text{g}/\text{dL}$ , had significant impacts on childhood neurocognitive development.

**TABLE 1. Definitions for interpreting children’s blood lead levels — United States, 1960–2021**

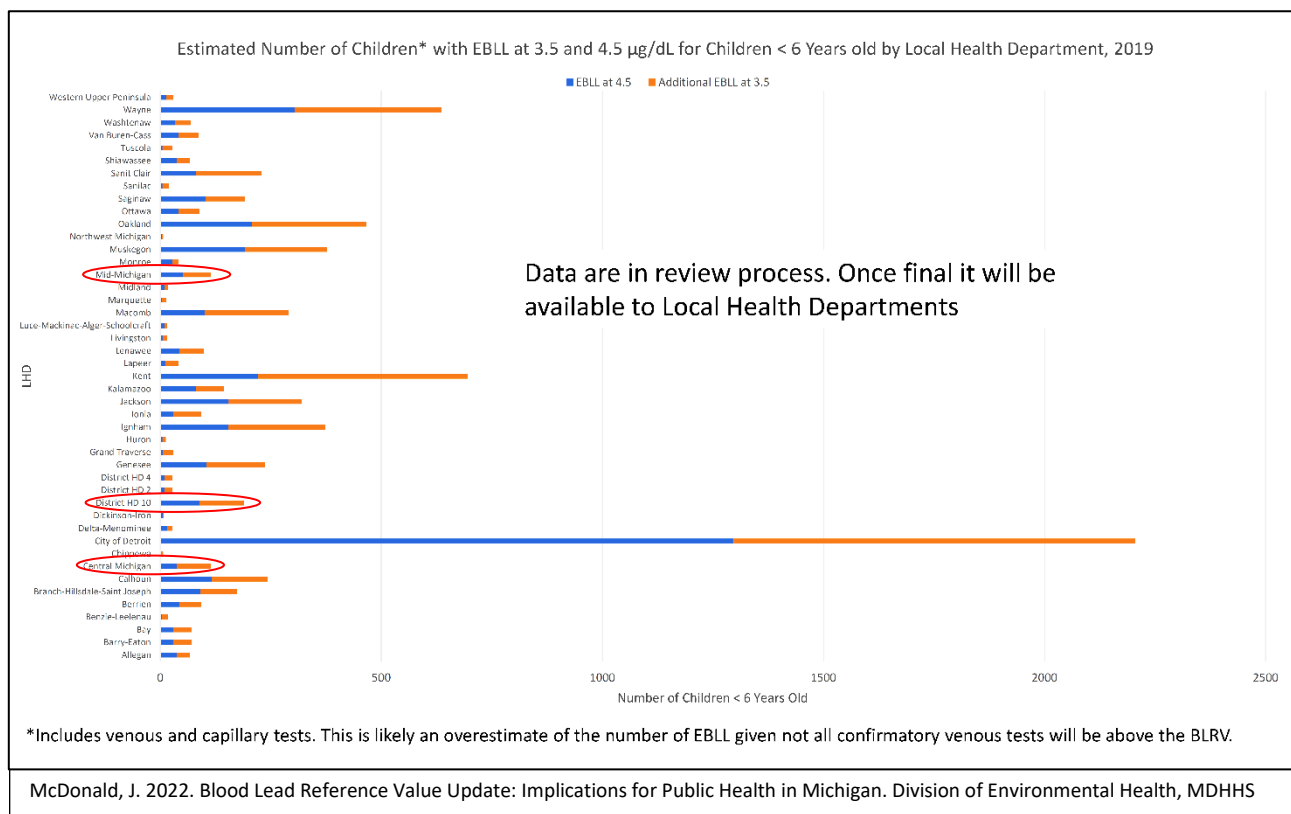
| Year | Blood lead level ( $\mu\text{g}/\text{dL}$ ) | Interpretation*                    |
|------|--|------------------------------------|
| 1960 | 60   | NA                                 |
| 1970 | 40   | Undue or increased lead absorption |
| 1975 | 30   | Undue or increased lead absorption |
| 1978 | 30   | Elevated blood lead level          |
| 1985 | 25   | Elevated blood lead level          |
| 1991 | 10   | Level of concern                   |
| 2012 | 5  | Reference value                    |
| 2021 | 3.5  | Reference value                    |

**Abbreviation:** NA = not available.

\* <https://stacks.cdc.gov/view/cdc/61820>

Ruckart PZ, Jones RL, Courtney JG, et al. Update of the Blood Lead Reference Value — United States, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1509–1512. DOI: <http://dx.doi.org/10.15585/mmwr.mm7043a4>

Testing lead levels is required at 12 and 24 months for children on Medicaid or certain other high-risk factors and recommended for children with identified risks for lead poisoning. Since the BLRV has been decreased to 3.5, an increase in the number of children with elevated blood lead levels that need evaluation and management is expected.



Below is a summary of the evaluation and management of elevated lead levels in children.

| BLOOD LEAD LEVEL (BLL)<br>QUICK REFERENCE FOR PRIMARY CARE PROVIDERS   |   |  |   |  |
|--|---|--|---|--|
| Medicaid requires all children to be tested at 12 and 24 months of age. Children between 36 and 72 months who were not previously tested must be tested at least once. |   |  |   |  |
|  | BEST PRACTICE   | CONSIDERATIONS/TREATMENT   | RETESTING   | ANTICIPATORY GUIDANCE AND REFERRALS  |
| NOT YET TESTED   |   | <ul style="list-style-type: none"><li>Conduct the risk assessment on the other side of this document</li><li>Test based on Medicaid requirements or risk assessment results</li></ul>  |   | <ul style="list-style-type: none"><li>Provide education about nutrition and lead exposure prevention</li></ul>   |
| BLL < 3.5 µg/dL  | <ul style="list-style-type: none"><li>Review lead level with family</li></ul>   | <ul style="list-style-type: none"><li>The limit of detection for lead can vary by lab method and is typically between 1 and 3.3 µg/dL</li></ul>  | <ul style="list-style-type: none"><li>Retest in 6-12 months if child is at high risk</li><li>If child tested at age &lt; 12 months, retest in 3-6 months</li></ul>            |  |
| BLL 3.5-14 µg/dL   | <ul style="list-style-type: none"><li>Confirm capillary result with venous test</li><li>Review lead level with family</li></ul>                                     | <ul style="list-style-type: none"><li>Conduct environmental history</li><li>Consider other children who may be exposed</li><li>Review diet for calcium and iron</li><li>Ensure iron sufficiency with laboratory testing</li><li>Perform developmental screening</li></ul>                                      | <ul style="list-style-type: none"><li>Venous retest within 1-3 months to ensure BLL is not rising</li><li>If it is stable or decreasing, retest in 3 months</li></ul>         | <ul style="list-style-type: none"><li>Provide education about nutrition and lead exposure prevention</li><li>Refer family to local health department for linkage to services</li><li>Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement</li><li>For children &lt; 3 years refer to Early On</li></ul> |
| BLL 15-44 µg/dL  | <ul style="list-style-type: none"><li>Confirm capillary result with venous test</li><li>Review lead level with family</li></ul>                                     | <ul style="list-style-type: none"><li>Follow guidance above for 3.5-14 µg/dL</li><li>Consider abdominal xray if ingested lead is suspected</li></ul>   | <ul style="list-style-type: none"><li>Venous retest within 2-4 weeks, more rapidly at higher levels</li><li>Repeat every 1-3 months until levels are &lt; 3.5 µg/dL</li></ul> |  |
| BLL 45+ µg/dL  | <ul style="list-style-type: none"><li>Confirm capillary result with venous test as soon as possible within 48 hours</li><li>Review lead level with family</li></ul> | <ul style="list-style-type: none"><li>Follow guidance above for 15-44 µg/dL</li><li>Any treatment at this level should be performed in consultation with MI Poison Control 800-222-1222</li><li>Consider hospitalization and/or chelation</li><li>Family should NOT return to lead-contaminated home</li></ul> | <ul style="list-style-type: none"><li>Confirm initial BLL with venous repeat as soon as possible within 48 hours</li><li>Retesting as directed by expert</li></ul>            |  |

## BLOOD LEAD RISK ASSESSMENT

**Medicaid Requirements: All children covered by Medicaid are considered at high risk for lead exposure. Medicaid requires all children to be tested at 12 and 24 months of age. Children between 36 and 72 months, who were not previously tested, must be tested at least once.**

**All children under 6 years old (72 months) should be assessed for risk of lead poisoning using the following questions:**

Does the child live in or regularly visit a home built before 1978? (Note: recent or planned renovations can greatly increase risk of lead exposure in homes built before 1978)

Does the child live in or regularly visit a home that had a water test with high lead levels?

Does the child have a brother, sister, or friend that has an elevated blood lead level?

Does the child come in contact with an adult whose job or hobby involves exposure to lead (e.g., smelting, indoor shooting/firing ranges, pottery, stained glass, refinishing old furniture)?

Does the child's caregiver use home remedies (e.g., ba-baw-san, daw tway, greta, azarcon, balguti kesaria, ghasard) or imported spices that may contain lead?

Is the child in a special population group such as foreign adoptee, refugee, migrant, immigrant, or foster child?

Does the child's caregiver have reason to believe the child is at risk for lead exposure (e.g., exhibiting pica behavior, developmental delays)?

**If answered YES or DON'T KNOW to any of these questions, lead testing is recommended.**

**To learn more about lead poisoning prevention and blood lead testing, contact the Childhood Lead Poisoning Prevention Program:**

**517-335-8885 or [Michigan.gov/MiLeadSafe](http://Michigan.gov/MiLeadSafe)**

Also see: AAP Council on Environmental Health. Prevention of Childhood Lead Toxicity. Pediatrics. 2016; 138(1):e20161493.DOI: 10.1542/peds.2016-1493

**Recommendations:**

1. Be aware of the potential sources of lead exposure which can include the soil, dust, old paints, older pipes and soldering, which can enter our drinking water, some glazed pottery, metal jewelry, older painted wooden and metal toys, and imported makeup, candy, nutritional supplements, and spices.
2. Be sure 12- and 24-month old children are at least assessed for risk of lead poisoning using a targeted screening questionnaire and preferably receive universal blood lead level testing. If their screening (capillary) level is 3.5 or above, have it confirmed by a blood draw (venous blood test).
3. Be aware of the new lower level defining an elevated blood lead level in children.

**Resources:**

- MI Lead Safe <https://www.michigan.gov/mileadsafe/>
- Childhood Lead Poisoning Prevention Program <https://www.cdc.gov/nceh/lead>
- 10 Policies to Prevent and Respond to Childhood Lead Exposure [https://nchh.org/resource-library/hip\\_10-policies-to-prevent-and-respond-to-childhood\\_lead\\_exposure\\_english.pdf](https://nchh.org/resource-library/hip_10-policies-to-prevent-and-respond-to-childhood_lead_exposure_english.pdf)
- United States Consumer Product Safety Commission (search “lead” under HAZARD) <https://www.cpsc.gov/Recalls>
- A Healthy Home for Everyone: The Guide for Families and Individuals [https://www.cdc.gov/nceh/lead/docs/publications/final\\_companion\\_piece.pdf](https://www.cdc.gov/nceh/lead/docs/publications/final_companion_piece.pdf)
- Lead Poisoning Words to Know from A to Z [https://www.cdc.gov/nceh/lead/docs/LeadGlossary\\_508.pdf](https://www.cdc.gov/nceh/lead/docs/LeadGlossary_508.pdf)
- National Lead Poisoning Prevention Week Partner Information Kit, 2021 [https://www.hud.gov/sites/dfiles/HH/documents/NLPPW\\_2021\\_Partner\\_Information\\_Kit.pdf](https://www.hud.gov/sites/dfiles/HH/documents/NLPPW_2021_Partner_Information_Kit.pdf)
- Training opportunities for lead inspections or abatement [https://www.michigan.gov/mileadsafe/0,9490,7-392-84218\\_104618---,00.html](https://www.michigan.gov/mileadsafe/0,9490,7-392-84218_104618---,00.html)

**Sources:**

- Agency for Toxic Substance and Disease Registry. 2020. ToxFAQs™ for Lead. <https://wwwn.cdc.gov/TSP/ToxFAQs/ToxFAQsDetails.aspx?faqid=93&toxid=22>
- Ruckart PZ, Jones RL, Courtney JG, et al. Update of the Blood Lead Reference Value — United States, 2021. MMWR Morb Mortal Wkly Rep 2021;70:1509–1512. DOI: <http://dx.doi.org/10.15585/mmwr.mm7043a4>
- McDonald, J. 2022. Blood Lead Reference Value Update: Implications for Public Health in Michigan. Division of Environmental Health, MDHHS



# Highly Pathogenic Avian Influenza (HPAI) Basics

Updated March 2, 2022

## What is HPAI?

HPAI is an extremely contagious virus found in many bird species (most often in migratory waterfowl like ducks, geese, and swans) and can be transmitted to domestic birds (such as chickens and turkeys).

## Does HPAI present any food safety concerns?

No poultry products (meat or eggs) from HPAI-positive flocks enter the food chain. It is safe to eat properly handled and cooked poultry products in the United States.

## How is HPAI spread?

HPAI is spread directly through the droppings, saliva, and nasal discharges of infected birds as well as indirectly through any equipment, feed/feed ingredients, water sources, bedding, and/or clothing and shoes of caretakers that may have been exposed to infected birds.

## Why is HPAI a concern?

Domestic birds are very susceptible to HPAI, causing high death loss in flocks. These losses can lead to significant economic impacts.

## What is the best way to protect Michigan's domestic birds?

Taking any action necessary to prevent domestic birds from having contact with wild birds and the germs this wildlife could be carrying. This is known as biosecurity.

## What are the main signs of HPAI in domestic birds?

Signs include unusual deaths, a drop in egg production, a significant decrease in water consumption, and an increase in sick birds.

## What should people do if they see sick birds?

**For domestic birds:** Call the Michigan Department of Agriculture and Rural Development at 800-292-3939 (daytime) or 517-373-0440 (after-hours).

**For wild birds:** Call the Michigan Department of Natural Resources at 517-336-5030.

## Can people catch HPAI?

According to the Centers for Disease Control and Prevention, these recent HPAI detections do not present an immediate public health concern; and at this time, there have been no human cases in the United States.

**District Health Department #10**

**BOARD OF HEALTH**

**Health Officer Report**

*March 25, 2022*

1. **COVID-19 Update:** Information on current case counts, vaccination efforts and changes on to the Case Investigation/Contact Tracing processes will be shared at the meeting.
2. **PFAS Update:** Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
3. **Public Health Code Review:** Sharing as an FYI, an overview of the Public Health Code and the authority it provides to State and Local Public Health Departments.
4. **MDHHS Accreditation:** The following status and proposed plan for MDHHS Accreditation was shared at that 3/14 MALPH Board mtg. Proposed that cycle 7 be officially ended with those agencies not completing the accreditation process considered accredited. A cycle of TA would be started in 2023 and when that was completed then a resumption of formal accreditation would begin. DHD#10 has received our letter indicting that we had met all accreditation standards for cycle 7 but we still haven't received our certificate. I did inquire about this and was told it is being worked on.
5. **Health Summits:** A save the date notice for the Health Summits will be coming out very soon. Again, the dates and locations are: April 22, Kirtland Community College, May 6, Little River Casino – Manistee and May 13, Ferris State University. Each summit will run from 10am until noon with lunch provided.
6. **Public Health Conferences:** The Premier Public Health Conference will be held on June 16-17 at the Amway Grand Plaza in Grand Rapids. The 2022 NALBOH Conference will also be held in Grand Rapids on August 1-3. Please let me know if any BOH member is interested in attending either of these conferences.

*Respectfully submitted:*

Kevin Hughes, MA  
Health Officer



## SUMMARY OF AUTHORITY AND ACTIONS REGARDING PUBLIC HEALTH EMERGENCIES

### Issue Brief

## Michigan Public Health Code

Michigan's Public Health Code and Communicable Disease Rules provide an array of actions that state and local health officers can use to respond to a public health emergency. This document is intended to assist health officers and their attorneys by identifying potential actions and linking to the applicable law. Though the details of this document apply only in Michigan, the legal provisions likely have similar counterparts in all other states. Lawyers in other states may have developed, or could develop, comparable summaries for their states. You may wish to talk with your attorney, or visit the [Public Health Lawyer Directory](#) to find a public health attorney in your state.

|   | AUTHORITY/ACTION                    | LAW <sup>1</sup>                                 | COMMENTS   |
|---|-------------------------------------|--|--|
| 1 | Imminent Danger Order               | § <a href="#">2251</a><br>§ <a href="#">2451</a> | <ul style="list-style-type: none"> <li>• Issued by State Health Director or Local Health Officer</li> <li>• Requires determination of “imminent danger”, i.e. a condition or practice exists which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided</li> <li>• May require immediate action to avoid, correct, or remove imminent danger</li> <li>• If Director determines that conditions anywhere in state constitute a menace to the public health, Director may take full charge of the administration of applicable state and local health laws, rules, regulations, and ordinances</li> <li>• Petition filed in circuit court for an order to compel compliance</li> </ul> |
| 2 | Emergency Order to Control Epidemic | § <a href="#">2253</a><br>§ <a href="#">2453</a> | <ul style="list-style-type: none"> <li>• Issued by State Health Director or Local Health Officer</li> <li>• May prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic</li> <li>• Unlike Warning Notice (described below) may be issued to a class of persons</li> <li>• May be used to direct mass immunization (§ <a href="#">9203</a>)</li> <li>• Petition filed in circuit court for an order to compel compliance</li> </ul>  |
| 3 | Order to Abate a Nuisance           | § <a href="#">2455</a>                           | <ul style="list-style-type: none"> <li>• Issued by State Health Director or Local Health Officer against owner of property</li> <li>• If property owner does not comply, may remove nuisance and charge owner</li> <li>• May seek warrant from court for assistance from law enforcement to remove nuisance</li> </ul>   |
| 4 | Procedures for Control of Disease   | <a href="#">Rule 175</a>                         | <ul style="list-style-type: none"> <li>• A physician or other person who attends to a case of communicable disease shall arrange for appropriate barrier precautions, treatment, or isolation if needed to prevent the spread of infection. The physician or other person may request necessary information on appropriate precautionary measures from the Local Health Officer or the department.</li> <li>• A Local Health Officer or the State Health Director may institute appropriate isolation or other barrier precautions for a case or suspected case of disease, infection or other condition as necessary to protect the public health.</li> </ul>   |

|   |   |   |   |
|---|---|---|---|
|   | Procedures for Control of Disease, cont.                                |   | <ul style="list-style-type: none"> <li>• Upon reasonable suspicion that a student has a communicable disease, a school official may exclude the student for a period sufficient to obtain a determination by a physician or Local Health Officer as to the presence of a communicable disease.</li> <li>• A Local Health Officer may initiate the exclusion from school or group programs of a student or individual who has a communicable disease. A student or individual may be returned when a physician or Local Health Officer indicates that the individual does not represent a risk to others.</li> <li>• When a Local Health Officer confirms or reasonably suspects that a student or individual attending a school or group program has a communicable disease, he/she may exclude from attendance any individuals lacking documentation of immunity or otherwise considered susceptible to the disease until the Health Officer deems there to be no likely further risk of disease spread.</li> </ul>  |
| 5 | Inspection or Investigation Authority                                   | <a href="#">§ 2221(2)(d)</a><br><a href="#">§ 2241(1)</a><br><a href="#">§ 2433(2)(c)</a><br><a href="#">§ 2446</a><br><a href="#">Rule 174</a> | <ul style="list-style-type: none"> <li>• State and local health departments are authorized to inspect or investigate: <ul style="list-style-type: none"> <li>– A suspected outbreak or exposure</li> <li>– Any matter, thing, premises, place, person, record, vehicle, incident, or event</li> </ul> </li> <li>• State and local health investigators to be provided with medical and epidemiological pertaining to individuals who have, are suspected of having, or may have been exposed to a disease or condition of public health significance</li> <li>• State and local investigators may obtain human, animal, environmental or other types of specimens, or cause specimens to be obtained by appropriate means, in the course of an investigation of a reported disease, infection, or condition.</li> </ul>   |
| 6 | Inspection or Investigative Warrant                                     | <a href="#">§§ 2241-2247</a><br><a href="#">§ 2446</a>  | <ul style="list-style-type: none"> <li>• Application for warrant may be filed by State or Local Health Department</li> <li>• Issued by Magistrate based on facts stated in affidavit</li> <li>• May authorize property to be seized</li> <li>• May direct law enforcement to assist health department in inspection or investigation</li> </ul>   |
| 7 | Criminal Prosecution  | <a href="#">§ 2261</a><br><a href="#">§ 2443</a>  | <ul style="list-style-type: none"> <li>• A person who violates a rule or order of the Department or Local Health Officer is guilty of a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200, or both</li> <li>• Individual may be arrested if violation occurs in the presence of a police officer or a police officer has reasonable cause to believe individual has violated rule or order (<a href="#">MCL 764.15(1)</a>)</li> </ul>   |
| 8 | Injunction  | <a href="#">§ 2255</a><br><a href="#">§ 2465</a>  | <ul style="list-style-type: none"> <li>• State Health Director or Local Health Director may maintain action</li> <li>• May seek court order to restrain, prevent, or correct: <ul style="list-style-type: none"> <li>– A violation of a law, rule or order that health department has duty to enforce</li> <li>– An activity or condition that health department believes adversely affects the public health</li> </ul> </li> </ul>  |
| 9 | Warning Notice (for involuntary detention and treatment of individuals) | <a href="#">§ 2453(2)</a><br><a href="#">§§ 5201 - 5205</a>   | <ul style="list-style-type: none"> <li>• Shall be issued by state health department representative or Local Health Officer upon a determination that individual: <ul style="list-style-type: none"> <li>– Is or is reasonably believed to be a carrier of a specific infectious agent or serious communicable disease or infection</li> <li>– Has demonstrated inability or unwillingness to act in a manner that does not put others at risk of exposure</li> </ul> </li> <li>• Must be in writing (may be verbal in urgent circumstances, followed by a written notice within 3 days)</li> <li>• Must be specific and individual, cannot be issued to a class of persons</li> <li>• Must require individual to cooperate with health department in efforts to control spread of disease</li> <li>• May require individual to participate in education, counseling, or treatment programs, and to undergo medical tests to verify carrier status</li> <li>• Must inform individual that if individual fails to comply with Warning Notice, health department shall seek court order</li> </ul> |

---

|   |   |   |
|---|---|---|
| <b>10</b> Court Order for Detaining, Transporting, Testing, or Treating Carrier of Infectious Disease | § <a href="#">2453(2)</a><br>§§ <a href="#">5205 - 5207</a> | <ul style="list-style-type: none"> <li>• If individual fails or refused to comply with Warning Notice (see discussion above), health department must petition Circuit Court (Family Division) for order requiring testing, treatment, education, counseling, commitment, isolation, etc., as appropriate             <ul style="list-style-type: none"> <li>– Individual has right to evidentiary hearing</li> <li>– Health department must prove allegations by clear and convincing evidence</li> <li>– Individual has right to appeal and review by Court of Appeals within 30 days</li> <li>– Before committing individual to a facility, court must consider recommendation of a commitment panel, and commitment order must be reviewed periodically</li> </ul> </li> <li>• In an emergency, health department may go straight to court (without issuing Warning Notice). Upon filing of affidavit by health department, court may order that individual be taken into custody and transported to an appropriate emergency care or treatment facility for observation, examination, testing diagnosis, treatment, or temporary detention             <ul style="list-style-type: none"> <li>– Court must have reasonable cause to believe that individual is a carrier and health threat to others</li> <li>– Emergency order may be issued <i>ex parte</i></li> <li>– Hearing on temporary detainment order must be held within 72 hours (excluding weekends and holidays)</li> </ul> </li> <li>• Individual who is subject of either emergency proceedings or petition on a Warning Notice has right to counsel at all stages of proceedings. Indigent individual is entitled to appointed counsel</li> <li>• For forms approved by the Michigan Supreme Court Administrative Office for use in commitment or testing for infectious disease, go to <a href="http://courts.mi.gov/Administration/SCAO/Forms/Pages/Infectious-Disease.aspx">http://courts.mi.gov/Administration/SCAO/Forms/Pages/Infectious-Disease.aspx</a>.</li> </ul> |
|---|---|---|

---

## SUPPORTERS



Robert Wood Johnson Foundation

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.

This document was first developed by Denise Chrysler, J.D., Director for the Network for Public Health Law - Mid-States Region at the University of Michigan School of Public Health, while employed by Michigan's state health department (then the Michigan Department of Community Health). Thank you to MDCH for its permission to update and make this tool available. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

<sup>1</sup> Refers to section of Public Health Code, [MCL 333.1101 et seq.](#) or communicable disease rules, Michigan Administrative Code, [R 325.171 et seq.](#), promulgated under the Code (§§ [2226\(d\)](#), [2435\(d\)](#), and [5111](#)).