



BOARD OF HEALTH

Monthly Meeting: April 29th, 9:30a.m.

DHD #10 Cadillac

521 Cobb St

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.....March 25, 2022
- V. Public Comment
- VI. Committee Reports
 - A. Executive Committee.....Jim Maike
 - B. Finance Committee.....Ray Steinke
 - 1. *Finance Report*
 - 2. *Approve December Accounts Payable and Payroll*.....Action Item
 - C. Personnel Committee.....Shelley Pinkelman
 - 3. *Approve TPA – Benefits*.....Action Item
 - D. Legislative Committee.....Shelley Pinkelman
- VII. Board of Health Presentation – “Community Connections”
Sally Mellema, MPH, Community Health Supervisor
- VIII. Program Reports
 - A. Community Health Division Report.....Christy Rivette
 - B. Environmental Health Division Report.....Mick Kramer
 - C. Family Health Clinical Division Report.....Lisa Morrill
 - D. Family Health Division Home Visiting/WIC Report.....Anne Bianchi
- IX. Administration Reports
 - A. Medical Director.....Dr. Jennifer Morse, MD
 - B. Deputy Health OfficerSarah Oleniczak
 - C. Health Officer.....Kevin Hughes
- X. Public Health Comments
- XI. Other Business
- XII. Next Board of Health Meeting: Friday, May 20, 2022, at 9:30 a.m.
- XIII. Adjournment



BOARD OF HEALTH

Meeting Minutes

March 25, 2022

I. **Call to Order:** Jim Maike, Chair, called the meeting to order at 10:00 a.m.

II. **Roll Call**

Members Present – In Person: Shelly Pinkelman, Phil Lewis, Bob Baldwin, James Sweet, Betty Dermeyer, Pauline Jaquish, Richard Schmidt, Tom O’Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike, Paul Erickson, Martha Meyeette, Gary Taylor

Staff In Person - Kevin Hughes, Christine Lopez, Dr. Jennifer Morse, Julie Hilkowski

Members – Online: Judy Nichols

Members Excused: Dawn Martin, Ron Bacon, Steven Hull

Guests: Nicole Rodriguez – Peterson/McGregor

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

Motion carried.

IV. **Approval of the Meeting Minutes.** Motion by Betty Dermeyer, seconded by Roger Ouwinga to approve the minutes of the February 25, 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 February 28th. Total Assets \$14.6 million, fund balance of \$8.4 million. Total accounts payable \$1,636,217.25.

Approve Accounts Payable and Payroll. Motion by Ray Steinke, seconded by Brian Kolk, to approve the accounts payable and payroll.

Roll Call

Shelly Pinkelman	Yes	Pauline Jaquish	Yes
Phil Lewis	Yes	Richard Schmidt	Yes
Robert Baldwin	Yes	Tom O’Neil	Yes
James Sweet	Yes	Ray Steinke	Yes
Betty Dermeyer	Yes	Roger Ouwinga	Yes

<i>Bryan Kolk</i>	<i>Yes</i>	<i>Martha Meyette</i>	<i>Yes</i>
<i>Jim Maike</i>	<i>Yes</i>	<i>Judy Nichols</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried

Audit Report Presented by Vickie Crouch and Luke Downing. Key points of the audit were presented by Luke Downing. Net position related to pension liability that must be recorded on the books, net position trended in a positive direction. In compliance with budget to actual. Compliance letter didn't note any issues, deficiencies, or material weaknesses. All major programs tested; no compliance issues noted.

Approve Audit Report. Motion by Ray Steinke, seconded by Bryan Kolk to approve the audit.

Roll Call

<i>Shelly Pinkelman</i>	<i>Yes</i>	<i>Pauline Jaquish</i>	<i>Yes</i>
<i>Phil Lewis</i>	<i>Yes</i>	<i>Richard Schmidt</i>	<i>Yes</i>
<i>Robert Baldwin</i>	<i>Yes</i>	<i>Tom O'Neil</i>	<i>Yes</i>
<i>James Sweet</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Betty Dermeyer</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Bryan Kolk</i>	<i>Yes</i>	<i>Martha Meyette</i>	<i>Yes</i>
<i>Jim Maike</i>	<i>Yes</i>	<i>Judy Nichols</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried

C. Personnel Committee – Minutes of personnel committee shared.

3rd Party Administrator – been with HUB 5+ years and have run into customer service issues. Went out and assessed 5 different companies and presented pros/cons to the personnel committee. Peterson McGregor is more local. Offices in Cadillac, Lake City, Manistee and Traverse City. Recommendation was to move from HUB to Petersen McGregor with next benefit cycle.

Approve Peterson McGregor as new 3rd Party Administrator. Motion made by Shelley Pinkelman, seconded by Betty Dermeyer.

Roll Call

<i>Shelly Pinkelman</i>	<i>Yes</i>	<i>Pauline Jaquish</i>	<i>Yes</i>
<i>Phil Lewis</i>	<i>Yes</i>	<i>Richard Schmidt</i>	<i>Yes</i>
<i>Robert Baldwin</i>	<i>Yes</i>	<i>Tom O'Neil</i>	<i>Yes</i>
<i>James Sweet</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Betty Dermeyer</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Bryan Kolk</i>	<i>Yes</i>	<i>Martha Meyette</i>	<i>Yes</i>
<i>Jim Maike</i>	<i>Yes</i>	<i>Judy Nichols</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried

2022 Christmas/New Year's Proposal – Motion by Betty Dermeyer, seconded by Roger Ouwinga to approve.

Roll Call

<i>Shelly Pinkelman</i>	<i>Yes</i>	<i>Pauline Jaquish</i>	<i>Yes</i>
<i>Phil Lewis</i>	<i>Yes</i>	<i>Richard Schmidt</i>	<i>Yes</i>
<i>Robert Baldwin</i>	<i>No</i>	<i>Tom O'Neil</i>	<i>Yes</i>
<i>James Sweet</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Betty Dermeyer</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Bryan Kolk</i>	<i>Yes</i>	<i>Martha Meyette</i>	<i>Yes</i>
<i>Jim Maike</i>	<i>Yes</i>	<i>Judy Nichols</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried – 15 Yes, 1 No

Retention Plan – Formal list to be given at the May meeting.

D. Legislative Committee –

MALPH – moving April board meeting from 2nd Monday of the month to April 12th in the afternoon. Invitation to all Health officers to attend, meeting on the 12th and meet with their legislators on the 13th. Purpose of the meeting is to work on relations between local public health and the legislature. Hughes will be unable to attend the April 12th & 13th meeting, it was decided to invite legislators to meet with us. Two meetings will be planned for potentially May.

VII. **Administration Reports**

- A. Medical Director. Dr. Jennifer Morse shared report on Lead and lead levels and how this has changed over the years.

Approve recommendations presented by Dr. Morse. Motion made by Ray Steinke, seconded by Robert Baldwin to approve recommendations by Dr. Morse

Motion Carried

- B. Deputy Health Officer – no report
- C. Health Officer Kevin Hughes shared – case numbers are declining. Hospitalizations are also declining. Two hospitals report zero covid cases. Copy shared with Board about testing sites. Ludington testing site will end on April 15th. Will be evaluating the other sites. Most of the sites have been on the property of other entities. Would like to send a letter and certificate thanking them for working with us.

Approve sending a letter and certificate of appreciation to test site locations. Motion by Ray Steinke, seconded by Tom O’Neil to send a letter and certificates to test site locations.

Motion carried.

PFAS – Rothbury - update on sampling. Town hall meetings after results are back. Wexford CTC , Virtual Town Hall Meeting on April 6th, Camp Grayling, continues as is. Manistee City Landfill site, MDHHS doing some additional residential sampling

Public Health Code Review – included in packet. Broad authority to protect the public’s health

MDHHS State Accreditation – we have completed cycle 7. DHD #10 is accredited. 10 LHD’s did not go through Cycle 7 and the State is going to end Cycle 7. Those LHDs who did not complete process will be considered accredited until Cycle 8 begins.

Health Summits – June 6th - Kirtland Community College; May 6th - Little River Casino; May 13th - Ferris State University. Will present county level community needs data

Public Health Conferences – Premier Public Health Conference – June 16th and 17th – Amway Grand Plaza in Grand Rapids. 2022 NALBOH Conference August 1st – 3rd in Grand Rapids.

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, April 29 at 9:30 a.m. at the Cadillac Office.

Jim Maike adjourned the meeting at 11:29am

District Health Department #10
Balance Sheet
March 31, 2022

Prepared by:
Christine Lopez, MBA
Administrative Services Director

ASSETS

Current Assets

Cash	11,676,202.99
Due from State	2,048,264.84
Due From Others	<u>790,280.34</u>
Total Current Assets	14,514,748.17

Other Assets

Inventory	259,623.00
Prepaid Expense	<u>242,857.16</u>
Total Other Assets	<u>502,480.16</u>
Total ASSETS	<u>15,017,228.33</u>

LIABILITIES

Current Liabilities

Accounts Payable	365,456.69
Payroll Taxes/Deductions Due	442,782.37
Accrued Wages	<u>491,413.62</u>
Total Current Liabilities	1,299,652.68

Other Liabilities

Deferred Revenue	<u>5,144,633.51</u>
Total LIABILITIES	6,444,286.19

FUND BALANCE

Fund Balance	8,180,941.43
Increase in Fund Balance	<u>392,000.71</u>
Total FUND BALANCE	<u>8,572,942.14</u>

LIABILITIES AND FUND BALANCE	<u>15,017,228.33</u>
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District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2022 Through 03/31/2022

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
Revenues					
State & Federal Funding					
Adolescent Health Center - Lake City Clinical	12,554.23	75,487.46	135,000	(44.08)%	(59,512.54)
Adolescent Health Center - Mason County Eastern	12,059.95	135,000.00	135,000	0.00%	-
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	6,509.80	36,844.54	74,800	(50.74)%	(37,955.46)
Brethren High School Mental Health Grant	13,079.62	72,827.88	100,000	(27.17)%	(27,172.12)
CCL HUB	-	-	256,755	(100.00)%	(256,755.00)
CHA Needs Assessment	-	-	18,681	(100.00)%	(18,681.00)
Childrens Special Health Care Services	23,744.01	177,676.00	298,541	(40.49)%	(120,865.00)
Chippewa Hills School Mental Health Grant	12,331.30	49,569.41	100,000	(50.43)%	(50,430.59)
CHIR - Communications	-	-	22,284	(100.00)%	(22,284.00)
CJS Alliance	2,437.03	13,320.38	23,466	(43.24)%	(10,145.62)
Communicable Disease	58,736.73	256,651.56	359,030	(28.52)%	(102,378.44)
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	86.61	15,086.61	44,530	(66.12)%	(29,443.39)
CSHCS Care Coordination Case Mgmt	21,154.82	40,673.33	110,000	(63.02)%	(69,326.67)
CSHCS Vaccine Initiative	1,025.53	6,803.11	21,321	(68.09)%	(14,517.89)
Dental Partnering for Heart Health	4,795.00	59,396.00	69,329	(14.33)%	(9,933.00)
Dental Sealants	33.77	13,989.30	30,000	(53.37)%	(16,010.70)
Drinking Water	46,621.58	268,379.13	448,757	(40.19)%	(180,377.87)
ELC Contact Tracing and Wraparound	31,403.59	340,629.83	755,142	(54.89)%	(414,512.17)
ELC COVID Infection Prevention - CELC	15,337.65	31,397.59	90,000	(65.11)%	(58,602.41)
Emergency Preparedness	16,475.56	90,343.15	161,987	(44.23)%	(71,643.85)
Family Planning	7,963.00	353,799.00	401,579	(11.90)%	(47,780.00)
Food Service	-	270,791.00	270,791	0.00%	-
General EH - Campgrounds	-	3,575.00	5,950	(39.92)%	(2,375.00)
General EH - DHHS Inspection	3,220.00	16,225.00	41,000	(60.43)%	(24,775.00)
General EH - Pools & Spas	3,955.00	3,955.00	5,400	(26.76)%	(1,445.00)
Grayling Water Recovery	2,929.56	11,692.26	70,233	(83.35)%	(58,540.74)
Harm Reduction Support	5,417.78	21,422.06	90,000	(76.20)%	(68,577.94)
Hart High School Mental Health Grant	-	54,855.75	100,000	(45.14)%	(45,144.25)
Hearing	11,756.93	67,785.28	70,808	(4.27)%	(3,022.72)
HFA FFPSA Lake County	13,224.42	78,868.94	130,000	(39.33)%	(51,131.06)
HIV Prevention	2,613.94	9,508.72	45,000	(78.87)%	(35,491.28)
Imms VFC/INE	11,800.00	16,600.00	15,000	10.67%	1,600.00
Immunizations	-	207,484.00	207,484	0.00%	-
Immunizations IAP	13,372.73	64,025.37	108,280	(40.87)%	(44,254.63)
Immunizations Vaccine Quality Assurance	14,538.45	52,108.91	54,660	(4.67)%	(2,551.09)
Interconnected MH System-Mason	-	-	39,605	(100.00)%	(39,605.00)
Lead Home Visiting	-	-	500	(100.00)%	(500.00)
MCH Women	9,043.66	26,571.15	78,000	(65.93)%	(51,428.85)
MCIR	16,202.07	92,559.93	175,000	(47.11)%	(82,440.07)
Medicaid Outreach	40,273.26	223,150.46	395,799	(43.62)%	(172,648.54)
MI Home Visiting IRE (HFA)	54,499.18	316,624.16	569,651	(44.42)%	(253,026.84)
MI Safer Schools	99,849.13	549,440.04	1,206,708	(54.47)%	(657,267.96)
Non Community Water	24,697.00	99,902.00	180,492	(44.65)%	(80,590.00)
On-Site Sewage - Septic Systems	43,293.59	313,572.99	387,374	(19.05)%	(73,801.01)
PFAS Rothbury	503.93	1,110.47	18,982	(94.15)%	(17,871.53)
PFAS Wexford Missaukee CTC	1,078.14	9,480.00	-	0.00%	9,480.00
Prosperity Grant/CLPP	3,550.87	22,515.33	40,000	(43.71)%	(17,484.67)
Regional Perinatal Care System	6,390.46	10,211.86	170,000	(93.99)%	(159,788.14)
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	-	45,000.00	45,000	0.00%	-
Tobacco Grant	3,556.01	12,609.16	40,000	(68.48)%	(27,390.84)
Vision	937.89	70,808.00	70,808	0.00%	-
WIC Migrant	8,502.32	70,837.02	98,000	(27.72)%	(27,162.98)
WIC Peer Counselor	28,236.77	164,747.83	297,969	(44.71)%	(133,221.17)

District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2022 Through 03/31/2022

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
WIC Resident	161,597.25	931,560.74	1,570,745	(40.69)%	(639,184.26)
Wisewoman Coordination	4,072.07	14,281.15	25,000	(42.88)%	(10,718.85)
Total State & Federal Funding	875,462.19	6,099,734.48	11,522,618	(47.06)%	(5,422,883.52)
Other Funding					
Administration	-	-	5,055	(100.00)%	(5,055.00)
Adolescent Health Center - Crawford	22,444.67	100,051.98	155,000	(35.45)%	(54,948.02)
Adolescent Health Center - Lake City Clinical	1,666.67	52,407.48	-	0.00%	52,407.48
Adolescent Health Center - Mason County Eastern	1,666.67	9,999.98	-	0.00%	9,999.98
Adolescent Health Center - Wexford	35,466.00	155,016.00	215,000	(27.90)%	(59,984.00)
Adolescent Health Center Oceana	29,627.00	172,986.00	215,000	(19.54)%	(42,014.00)
Agnes Taylor Fund	-	123.22	4,215	(97.08)%	(4,091.78)
AHC COVID Immunization	15,003.00	46,092.00	180,647	(74.49)%	(134,555.00)
AHC Lake City MH Expansion	-	5,000.00	-	0.00%	5,000.00
AHC Mason County Eastern MH Expansion	-	5,000.00	-	0.00%	5,000.00
Beach Monitoring - Other	-	-	3,000	(100.00)%	(3,000.00)
Brethren High School Mental Health Grant	1,666.67	9,999.98	-	0.00%	9,999.98
Building Lease Cadillac	8,600.00	51,600.00	103,200	(50.00)%	(51,600.00)
Building Lease Hart	5,300.00	31,800.00	63,600	(50.00)%	(31,800.00)
CATCH Grant	1,623.05	7,806.82	10,000	(21.93)%	(2,193.18)
CC HUB NW	7,453.00	44,738.00	-	0.00%	44,738.00
CD Billing Counties	381.77	1,440.10	2,500	(42.40)%	(1,059.90)
CHA Needs Assessment	5,970.00	24,000.00	25,000	(4.00)%	(1,000.00)
Chippewa Hills School Mental Health Grant	1,666.67	9,999.98	-	0.00%	9,999.98
CHIR - Communications	9,459.00	9,459.00	10,000	(5.41)%	(541.00)
CHIR BBO	1,045.00	6,540.00	25,000	(73.84)%	(18,460.00)
Coalition Capacity Building Lake	232.00	232.00	-	0.00%	232.00
Coalition Capacity Building Manistee	1,023.00	8,421.00	-	0.00%	8,421.00
Coalition Capacity Building Mason	165.00	165.00	-	0.00%	165.00
Communicable Disease	-	390.00	-	0.00%	390.00
Community Health	-	12,720.00	12,500	1.76%	220.00
COVID Health Disparities - Rural Health	5,558.00	5,558.00	-	0.00%	5,558.00
COVID Prevention Missaukee	1,609.00	4,453.00	8,342	(46.62)%	(3,889.00)
COVID Prevention Wexford	2,443.00	7,039.00	17,389	(59.52)%	(10,350.00)
CSHCS Thorton Fund Kalkaska	1,840.87	3,338.93	5,977	(44.14)%	(2,638.07)
Dental Outreach	910.87	4,520.01	30,000	(84.93)%	(25,479.99)
Early On Oceana	-	118.44	1,248	(90.51)%	(1,129.56)
EPI	-	350.00	-	0.00%	350.00
Finance	12,500.00	67,336.00	113,352	(40.60)%	(46,016.00)
Gambling Disorder Prevention Project Grant	2,772.00	11,419.00	23,000	(50.35)%	(11,581.00)
Grayling School Mental Health	3,543.44	17,656.92	30,000	(41.14)%	(12,343.08)
Hart High School Mental Health Grant	1,666.67	9,999.98	-	0.00%	9,999.98
Healthy Families America - Manistee/Missaukee	13,946.00	85,331.00	154,146	(44.64)%	(68,815.00)
Immunizations	-	-	305,500	(100.00)%	(305,500.00)
Interconnected MH System-Mason	10,655.12	57,235.77	250,000	(77.11)%	(192,764.23)
LiveWell for your Heart	2,047.92	14,467.80	54,689	(73.55)%	(40,221.20)
MCDC	15,210.00	172,511.99	400,000	(56.87)%	(227,488.01)
Medical Marihuana Operations and Oversight Grant	7,059.00	7,059.00	-	0.00%	7,059.00
Oceana LEADS DFC	11,543.00	54,484.00	100,000	(45.52)%	(45,516.00)
Prevention	6,203.00	57,571.00	107,540	(46.47)%	(49,969.00)
Prevention Grant Missaukee	(359.00)	9,110.00	20,854	(56.32)%	(11,744.00)
Prevention Grant Wexford	5,457.00	23,930.00	43,472	(44.95)%	(19,542.00)
Rotary Charities	3,855.00	11,616.00	10,000	16.16%	1,616.00
Rx for Health	18,268.38	92,776.29	246,566	(62.37)%	(153,789.71)
School Wellness Center	22,233.00	117,628.00	170,000	(30.81)%	(52,372.00)
Snap Ed Full-Year	12,059.10	46,129.74	92,710	(50.24)%	(46,580.26)
State Opioid Response (SOR) Lake	506.00	7,713.00	10,000	(22.87)%	(2,287.00)
State Opioid Response (SOR) Mason	486.00	8,823.00	45,000	(80.39)%	(36,177.00)
State Opioid Response (SOR) Oceana	796.00	8,176.00	15,000	(45.49)%	(6,824.00)
Sub Abuse COVID Supplemental - Lake	191.00	4,453.00	5,260	(15.34)%	(807.00)
Sub Abuse COVID Supplemental - Mason	325.00	7,748.00	15,782	(50.91)%	(8,034.00)

District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2022 Through 03/31/2022

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
Sub Abuse COVID Supplemental - Oceana	54.00	2,273.00	16,748	(86.43)%	(14,475.00)
Sub Abuse COVID Supplemental Lake21	1,021.00	5,372.00	-	0.00%	5,372.00
Sub Abuse COVID Supplemental Mason21	3,346.00	5,007.00	-	0.00%	5,007.00
Sub Abuse COVID Supplemental Oceana21	3,775.00	6,325.00	-	0.00%	6,325.00
Substance, Education and Awareness (SEA) Coalition -	-	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	321,980.54	1,723,518.41	3,343,992	(48.46)%	(1,620,473.59)
Billing Revenue					
Adolescent Health Center - Crawford	249.74	6,888.36	40,000	(82.78)%	(33,111.64)
Adolescent Health Center - Lake City Clinical	5,032.13	11,769.01	50,000	(76.46)%	(38,230.99)
Adolescent Health Center - Mason County Eastern	3,089.17	3,206.65	50,000	(93.59)%	(46,793.35)
Adolescent Health Center - Wexford	234.63	18,650.11	90,000	(79.28)%	(71,349.89)
Adolescent Health Center Oceana	3,426.81	20,739.58	62,000	(66.55)%	(41,260.42)
BCCCP Direct	1,031.59	5,044.07	6,000	(15.93)%	(955.93)
Breast Cervical Cancer Control Program	660.00	1,397.04	5,000	(72.06)%	(3,602.96)
Brethren High School Mental Health Grant	-	438.54	30,000	(98.54)%	(29,561.46)
CC HUB NW	14,571.00	82,766.00	-	0.00%	82,766.00
CCL HUB	-	-	267,800	(100.00)%	(267,800.00)
Chippewa Hills School Mental Health Grant	-	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	48,847.37	574,649.09	-	0.00%	574,649.09
Dental Sealants	1,350.00	1,648.00	10,000	(83.52)%	(8,352.00)
Dental Varnish	40.00	120.00	25,000	(99.52)%	(24,880.00)
Family Planning	7,338.69	55,724.97	150,000	(62.85)%	(94,275.03)
Hart High School Mental Health Grant	15,896.06	19,524.21	40,000	(51.19)%	(20,475.79)
Hearing	993.60	10,904.60	16,000	(31.85)%	(5,095.40)
HIV Prevention	(171.26)	-	-	0.00%	-
Immunizations	56,862.08	225,808.53	500,000	(54.84)%	(274,191.47)
Lead Hemoglobin	1.96	543.45	12,000	(95.47)%	(11,456.55)
Maternal Infant Health Program	52,928.57	199,627.02	638,000	(68.71)%	(438,372.98)
MI Home Visiting IRE (HFA)	140.81	140.81	-	0.00%	140.81
School Wellness Center	1,550.53	14,890.79	32,312	(53.92)%	(17,421.21)
STI Clinics	697.91	2,958.06	5,000	(40.84)%	(2,041.94)
Vision	1,150.00	11,571.00	20,000	(42.15)%	(8,429.00)
Wisewoman Coordination	575.00	8,200.00	5,000	64.00%	3,200.00
Total Billing Revenue	216,496.39	1,295,884.99	2,115,112	(38.73)%	(819,227.01)
Medicaid Cost Settlement					
Medicaid Cost Report	250,000.00	625,000.00	2,000,000	(68.75)%	(1,375,000.00)
Total Medicaid Cost Settlement	250,000.00	625,000.00	2,000,000	(68.75)%	(1,375,000.00)
Environmental Health Revenue	183,812.88	607,867.34	1,734,500	(64.95)%	(1,126,632.66)
Appropriations	247,873.30	1,487,239.98	2,974,480	(50.00)%	(1,487,240.02)
Other Revenue					
MMRMA Distribution	-	32,291.00	32,291	0.00%	-
Workers Compensation Dividends	-	24,973.00	24,973	0.00%	-
Other	5,988.28	46,564.50	113,500	(58.97)%	(66,935.50)
Total Other Revenue	5,988.28	103,828.50	170,764	(39.20)%	(66,935.50)
Total Revenues	2,101,613.58	11,943,073.70	23,861,466	(49.95)%	(11,918,392.30)

District Health Department #10
Statement of Revenues and Expenditures
From 03/01/2022 Through 03/31/2022

	Current Month	YTD Actual	Budget	Percent Budget Remaining	Total Budget Variance
Expenses					
Wages	1,062,678.22	5,694,984.20	12,222,064	53.40%	6,527,079.80
Fringes	488,213.34	3,278,986.39	5,891,406	44.34%	2,612,419.61
Travel	47,153.39	193,664.67	590,121	67.18%	396,456.33
Supplies	85,950.01	518,366.69	1,441,129	64.03%	922,762.31
Contractual	24,104.01	274,101.97	929,211	70.50%	655,109.03
Communications	25,351.62	176,263.55	363,326	51.49%	187,062.45
Printing/Publishing	9,241.26	38,357.89	125,053	69.33%	86,695.11
Education/Training	13,834.00	26,989.68	71,685	62.35%	44,695.32
Liability Insurance	8,347.08	48,909.52	100,130	51.15%	51,220.48
Maintenance	42,305.81	200,517.34	517,447	61.25%	316,929.66
Space	125,601.98	762,778.31	1,294,162	41.06%	531,383.69
Capital Outlay	7,720.86	81,240.79	281,000	71.09%	199,759.21
County DSH/Dental	29,110.00	255,911.99	566,800	54.85%	310,888.01
Total Expenses	<u>1,969,611.58</u>	<u>11,551,072.99</u>	<u>24,393,534</u>	<u>52.65%</u>	<u>12,842,461.01</u>
Increase (Decrease) Fund Balance	<u>132,002.00</u>	<u>392,000.71</u>	<u>(532,068)</u>	<u>(173.67)%</u>	<u>924,068.71</u>

District Health Department #10
Aged Receivable Report 03/01/2022 - 03/31/2022

	Balance	Current	31-60 Days	61-90 Days	91+ Days
Due From County	39,070.76	19,704.43	9,597.58	9,597.58	171.17
Due From Other					
Due From Adolescent Health Center Grant	84,766.00	32,716.00	20,766.00	20,486.00	10,798.00
Due From Adolescent Health Center Grayling Gran	51,302.00	20,778.00	6,900.00	17,009.00	6,615.00
Due From Adolescent Health Center Shelby Grant	102,736.00	26,877.00	22,594.00	24,808.00	28,457.00
Due From AHC - Lake City Clinical	5,499.60	5,499.60	-	-	-
Due From AHC - Mason County Eastern	78,750.00	12,059.95	18,712.17	33,361.17	14,616.71
Due From AHC COVID Immunization	35,080.00	15,003.00	13,647.00	6,430.00	-
Due From Basic Flex	73,586.78	-	-	-	73,586.78
Due From CCL Hub	14,910.00	7,453.00	7,457.00	-	-
Due From CHA Needs Assessment	16,619.00	5,970.00	10,649.00	-	-
Due From CHIR	2,119.00	1,045.00	1,074.00	-	-
Due From CHIR Communications	9,459.00	9,459.00	-	-	-
Due From CHIR Rotary Charities	6,498.00	3,855.00	2,643.00	-	-
Due From CHW Project - McLaren	4,202.10	227.10	-	-	3,975.00
Due From CHW Project - Meridian	13,621.00	13,621.00	-	-	-
Due From Coalition Capacity Building	1,420.00	1,420.00	-	-	-
Due From COVID Health Disparities	5,558.00	5,558.00	-	-	-
Due From COVID Prevention	4,052.00	4,052.00	-	-	-
Due From Dental Partnership	4,795.00	4,795.00	-	-	-
Due From DFC Oceana LEADS	30,907.00	11,543.00	10,942.00	8,422.00	-
Due From Gamblin Disorder Grant	5,998.00	2,772.00	1,435.00	1,791.00	-
Due From Grayling Mental Health Grant	6,146.78	3,543.44	2,603.34	-	-
Due From Healthy Families Manistee/Missaukee	13,946.00	13,946.00	-	-	-
Due From MCDC	-	-	-	-	-
Due From MMOOG	7,059.00	7,059.00	-	-	-
Due From Others	133.58	-	-	-	133.58
Due From Prevention	6,203.00	6,203.00	-	-	-
Due From Prevention Grant Miss/Wex	5,098.00	5,098.00	-	-	-
Due From SA COVID Supplemental	18,035.00	8,712.00	4,517.00	4,706.00	100.00
Due from School Wellness Grant	60,128.00	19,733.00	15,612.00	20,246.00	4,537.00
Due From Snap	25,105.11	12,059.10	6,560.57	6,485.44	-
Due From Other Sum	693,732.95	261,057.19	146,112.08	143,744.61	142,819.07
Due From State	2,105,741.47	1,897,034.41	9,641.00	37,357.11	161,708.95
Grand Total	2,838,545.18	2,177,796.03	165,350.66	190,699.30	304,699.19

Percentages	76.72%	5.83%	6.72%	10.73%
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District Health Department #10
Cash Flow Analysis
April 21, 2022

	April	May	June	July
Beginning Cash Balance	#####	10,967,377	10,459,162	9,950,947
Receipts:				
State Funding	-	832,000	832,000	832,000
Billing Revenue	75,000	125,000	125,000	125,000
EH Fees	50,000	175,000	175,000	175,000
Appropriations	100,000	-	-	200,000
Other	<u>150,000</u>	<u>261,900</u>	<u>261,900</u>	<u>261,900</u>
Total	375,000	1,393,900	1,393,900	1,593,900
Expenses:				
Wages	462,932	925,864	925,864	925,864
Benefits	238,633	477,266	477,266	477,266
Other	<u>150,000</u>	<u>498,985</u>	<u>498,985</u>	<u>498,985</u>
Total	851,565	1,902,115	1,902,115	1,902,115
Total Cash & Investments	<u><u>10,967,377</u></u>	<u><u>10,459,162</u></u>	<u><u>9,950,947</u></u>	<u><u>9,642,732</u></u>

DISTRICT HEALTH DEPARTMENT NO. 10
Board of Health Listing

Accounts Payable

	Amount	Date
21795 - 21956, 508463 - 508524	\$1,552,437.16	March - April
1294 - 1298		
Total Accounts Payable	\$1,552,437.16	

Payroll

69876 -	\$1,030,586.44	March - April
Total Payroll	\$1,030,586.44	

Total Expenditures \$2,583,023.60

District Health Department #10
BOARD OF HEALTH
Community Health Division Report
April 29, 2022

1. Community Connections

a. DHD#10 Community Connections Q2* and YTD data for FY22

County	Referral Data				Pathways Data			
	Referred		Accepted Services		Pathways Opened		Needs Met	
	Q2	FY22	Q2	FY22	Q2	FY22	Q2	FY22
Crawford	23	37	7	11	14	26	3	5
Kalkaska	27	43	3	7	6	14	0	4
Lake	16	23	4	7	11	18	5	7
Manistee	62	100	17	31	46	97	12	36
Mason	17	43	4	14	13	33	4	11
Mecosta	60	97	15	26	36	66	25	35
Missaukee	31	63	7	12	27	35	16	20
Newaygo	33	61	5	12	11	21	1	9
Oceana	58	83	7	15	13	32	3	6
Wexford	106	219	28	47	93	151	50	80
Totals:	433	769	97	182	270	493	119	213

*For Q2, some assistance pathways and contact attempts are still in progress

- b. Most frequent pathways opened:
Food (89); Utilities (72); Health Insurance access/navigation (60); Housing (59)
- c. Only 20% of housing pathways have successfully accessed their need, compared to 60% of those needing food, utilities, or health insurance navigation. The biggest unmet need is housing due to lack of housing stock and large gaps in distance between homeless shelters.
- d. One CHW was added in Q2 and another position was posted, both based in Wexford to meet high demand in the north.
- e. Success stories:
 - i. Four uninsured clients have been able to help get insurance to have their cancer treatments covered since October 2021. Two of those did not know the extent of their medical needs until being insured and going to the doctor. One of them also was couch surfing and is now successfully housed in her new apartment, just in time to start her cancer treatments.
 - ii. An uninsured client walked into the health department last summer who was new to the area, she didn't know where to seek assistance, and front desk clerk referred her to Community Connections. The client had several needs, the most pressing being her desire to become sober. Community Connections helped her find a treatment center that worked for her and helped her in navigating the resources that were a barrier to getting treatment, including concerns for her son and health insurance. The client was successfully connected to insurance before treatment. After treatment, Community Connections resumed navigation services with the client as

she settled into her new life. This included housing, food, employment, a medical doctor, and a behavioral health provider. Currently at 8 months sober, the client reports she is the most stable she has ever been with health insurance and permanent housing. She is so thankful for that random stop at the health department last summer.

2. Chronic Disease Prevention

- a. Tobacco Control and Cessation:
 - i. Q2 Legislative handout is at the end of the Community Health Report
 - ii. 16 TTS referrals (5 SCRIPT referrals), 4 enrollments, 1 quit
 - iii. Working with Spectrum Health Ludington OB/GYN, Northwest Michigan Health Services, and Centra Wellness to improve process for tobacco screening and referrals.
 - iv. 8,431 people reached through tobacco cessation and prevention messages on social media.
- b. SNAP-Ed Nutrition Education programming
 - i. Staff participated in a media interview to discuss past and present SNAP-Ed PSE work: www.tinyurl.com/bdhmakft
 - ii. 856 people were reached through SNAP-Ed messages on social media.
 - iii. Staff are continuing implementation of Direct Education and Policy, Systems, and Environment (PSE) change strategies in Manistee, Mason, and Mecosta Counties.
- c. Prescription for Health
 - i. Between October and January, 369 people enrolled in the program across the jurisdiction, 340 completed nutrition education, and 200 vouchers were distributed. For the Munson Healthcare and Spectrum Health partners, the total value of food items distributed to program participants in this time frame was \$13,940.
 - ii. 199 participants completed post-program evaluations.
 - iii. A partnership was secured with family Fare stores in the jurisdiction. Family Fare will now accept Rx for Health vouchers for fruits and vegetables from program participants.
- d. National Diabetes Prevention Program (NDPP)
 - i. DHD#10 is participating in a CDC research study to better understand participant retention and recruitment of low-income and/or minority participants. DHD receives \$250/person NDPP scholarships for participants who meet eligibility criteria.
 - ii. DHD#10 applied and was approved to be a Medicare DPP supplier and is now able to bill for DPP for Medicare and program eligible participants.
- e. WISEWOMAN

FY22 Enrollments by County – FY22 caseload: 100 women	
Mason	3
Mecosta	5
Oceana	6
Wexford	13
Total	27

- i. Enrollments increased from 7 in Q1 to 20 in Q2. Staff expect to reach caseload due to heavy summer programming with the entrepreneurial gardening program.

3. Oral Health

- a. Working collaboratively with Adolescent Health staff to add a full-time clerk/tech to split between the Shelby AHC and dental programming to increase capacity for dental screenings and sealants.
- b. Working collaboratively with Manistee County partners (e.g., Manistee HSCB and Betsie Valley Community Center) to do some screenings/sealants in the high needs area of Betsie Valley.
- c. 2 Fluoride Varnish trainings for DHD#10 staff were completed (8 staff trained).
- d. 26 students seen for screenings. 84 total sealants placed. 26 fluoride varnish applied.

4. Behavioral Health – Mason Co Interconnected Systems of Care

- a. The collaborative finalized their mission statement: *Promote wellness, build resiliency, and provide resources to empower students, families, educators, and staff in Mason County through enhanced partnerships and a sustainable interconnected system of education and mental health.*
- b. Completion of a State Systems Fidelity Inventory in collaboration with West Michigan CMH and project co-leads (DHD#10, UW of Mason Co., West Shore ESD).

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

- a. 155 medication lockboxes were distributed.
- b. LifeSkills prevention programming was provided to 84 middle school students.
- c. 48 people were trained on naloxone use in Wexford and Missaukee Counties.
- d. 350 people were reached with vaping education.
- e. The TOPPC youth (Oceana) completed a virtual vaping presentation at Shelby Middle School (6th - 8th grades). Four TOPPC youth presented, sharing information on what vaping is, the risks of youth use, and how the vaping industry targets youth.
- f. “Parents Who Host, Lose the Most” Billboards and Radio PSAs began running in Wexford and Missaukee Counties- focused on reducing adults supplying alcohol to minors.



6. Gambling Prevention

- a. The youth gambling prevention curriculum was integrated into LifeSkills programming at Ludington Middle School. Three health classes consisting of 6th, 7th, and 8th grade students (66 youth total) completed the curriculum.
- b. Staff partnered with local senior centers to do a gambling prevention presentation and also distribute materials.

7. Grant Funding update

- a. Three 1-year Prevention Network grants were awarded to Lake, Manistee, and Mason Counties for \$50,000 each to increase substance use prevention coalition capacity in those communities.

Respectfully submitted:

Christy Rivette, MS, CHES
Director of Community Health



District Health Department #10

Healthy People, Healthy Communities

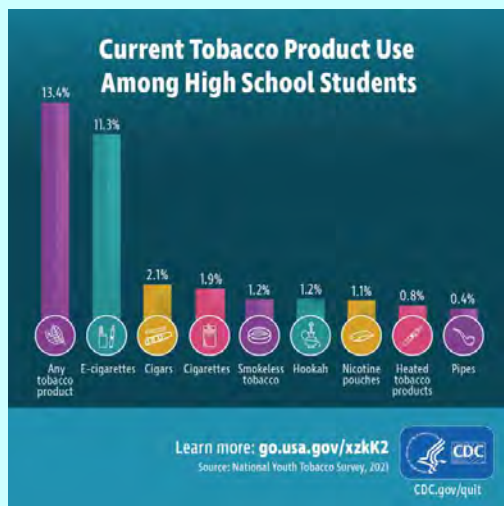
Tobacco Prevention & Control Quarterly Update

January, February, March 2022

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.

TOBACCO USE AMONG YOUTH

Since 2014, electronic cigarettes (e-cigs, vapes) have been the most popular tobacco product among youth. In 2021, about 1 in every 35 middle school students (2.8%) and 1 in every 9 high school students (11.3%) reported that they had used electronic cigarettes in the past 30 days.



Studies show that youth who use multiple tobacco products are at a higher risk for developing nicotine dependence and are more likely to continue using tobacco in adulthood (CDC).

If current trends continue, it's estimated that **5.6 million of Americans who are currently 18 years or younger will die early from a smoking-related illness.**

District Health Department #10 is joining youth and advocacy groups around the nation to recognize **April 1st** as *National Take Down Tobacco Day*. Find out more information about the effort to end targeted marketing of tobacco products to youth and learn how you can help prevent youth tobacco use at:

takedowntobacco.org

**IT'S
TIME TO
TAKE DOWN
TOBACCO**

04.01.22

Get involved in the nationwide movement.
takedowntobacco.org

CALL TO ACTION:

Preventing tobacco use among youth is a critical step in ending the tobacco epidemic in the United States.

Strategies that combine policy, system, or environmental changes (PSE) with education have been shown to help prevent tobacco use among youth.

Examples of PSE strategies that reduce tobacco use:

- **Tobacco Retailer Licensing:** The National Academy of Medicine recommends that states license all retail stores that sell tobacco products and limit the number of stores that sell tobacco (CDC). Michigan is 1 of only 10 states with no license requirement.
- **Tobacco-Free Parks and Beaches:** Local policy that prevents tobacco use in public spaces can help to protect young lungs from the dangers of secondhand vapor and smoke while also limiting tobacco litter and protecting our environment.
- **School Policies:** Tobacco-free school policies, combined with alternative suspension and education strategies can help schools cope with the challenges of vaping among youth while also increasing knowledge of the dangers and risks of smoking and vaping among the student population.

WE NEED TOBACCO RETAIL LICENSING BECAUSE...

YOUTH USE:
23.6 percent of high school students report current use of any tobacco product (cigarettes, electronic cigarettes, cigars, smokeless tobacco, hookah, pipe tobacco, and/or bidis)

YOUTH ACCESS:
3 out of 4 kids who try to buy tobacco products are not refused sale even though they are under the legal sales age.

Visit livewell4health.org/tobacco-cessation to learn more!

QUALITY ASSURANCE REPORT
2nd Quarter, January - March 2022

SEPTIC AND WELL PROGRAM

Number of days from receipt of permit application to completed permit

County	January	February	March
Crawford	31	N/A	N/A
Kalkaska	N/A	2	2
Lake	5	10	7
Manistee	13	14	11
Mason	6	9	7
Mecosta	8	6	7
Missaukee	2	2	3
Newaygo	5	4	4
Oceana	4	5	3
Wexford	10	5	5

N/A= Too small of permit numbers to calculate median (5 minimum)

Goal: No more than 7 days from date of receipt to issue

The response timeline for 2nd Quarter of FY22 was an improvement over the 1st Quarter FY22. While yet challenging for our staff we bring optimism within our department. We continued to bring on new clerical staff within the agency. In addition, we plan on bringing on an additional Sanitarian "floater" to serve the five (5) Northern most counties in the spring. Our goal of the floater positions is to essentially allow the general well/septic sanitarian more time to focus solely on well & septic permits and to pick up extra work when a given sanitarian falls behind or needs additional assistance.

FOOD SAFETY PROGRAM

Over the last quarter the food sanitarians completed a total of 342 routine inspections. Over this span, a total of 230 Priority and Priority violations were cited. This comes out to 0.7 violations per inspection. The major violations being cited were (1) improper cold holding temperatures, (2) poor design, maintenance or cleaning of food equipment and utensils and (3) date marking of food products. Also reinvented for this year was the re-introduction of our Food Merit Awards. Due to the number of facility closures in 2020 and the COVID-19 pandemic, it was not feasible to do in 2020. For 2021 the agency nominated 214 food establishments to receive the Merit Award. The criteria for the award is:

- ✓ No repeat priority foundation violations on the last two (2) inspection reports.
- ✓ No priority violations on the last two inspection reports.
- ✓ No valid complaints for the year in question.
- ✓ No valid foodborne illnesses for one (1) year.

From January-March 2022 the agency received seven (7) suspected foodborne illness events. One of these was from a licensed daycare facility in Mason. We suspect this event was due to *Norovirus* although not confirmed. For the other six (6), 72 hour questionnaire's were completed; none resulted in any confirmed outbreaks. We also received three (3) complaints for restaurants. These are as follows:

- 1) Dirty establishment
- 2) Facility not allowing service animals into the establishment
- 3) Facility serving tainted food products

POINT OF SALE PROGRAM
January 1, 2021 to December 31, 2021

	Kalkaska	Manistee
Number of Homes Inspected	342	364
Number of Full Inspections (both well and septic)	337	364
Number of Partial Inspections (well or septic)	12	0
Number of Inspections Completed by Contractors	342	364
Number of Waivers Granted	10	1

For the most part the number of homes evaluated in 2021 was comparable in number to 2020's numbers. In 2020 Kalkaska had 341 homes inspected; in 2021 that number was 342. For Manistee the number of homes inspected in 2020 was 294; in 2021 that number rose to 364 a 24% increase.

Waivers to forego an evaluation were granted for the following reasons:

In Kalkaska:

- Well and septic systems were to be abandoned: 1 waiver
- Well and septic system to be abandoned, purchased from a family member, new home never lived in: 5 waivers
- Transfer between family members, septic and well systems to be removed and replaced: 4 waivers

In Manistee:

- Septic and well plan to be abandoned: 1 waiver



GENERAL ENVIRONMENTAL HEALTH

The agency received 26 environmental complaints for this quarter. This is the same number as last quarter. The complaints were as follows:

Residential Septic	17
Trash/Rubbish	3
Drinking Water	1
Building Structure	1
Indoor Air	1
Cockroaches	1
Swimming Pool	1
Other	1

District Health Department #10

BOARD OF HEALTH

Family Health Division – Clinical Services Report

04/29/2022

1. **Family Planning-** We are working to add additional Family Planning Clinics in Mecosta. All staffing positions have been filled with new Public Health Nurses in Missaukee, Lake & Newaygo Counties and a Nurse Practitioner for our southern counties.
2. **Immunizations-** Demand for COVID booster doses have risen. Contract Immunization nurses are continuing to cover COVID clinics. The immunization division is reestablishing partnerships with the schools for the kindergarten round up and back to school activities. They will continue to collaborate with local business for immunization clinics. Immunization reports attached.
3. **BCCNP Program.** Algorithms are being created by the Leadership Team for the BCCNP Program. Goal is to increase efficiency with the clients as well as the staff. Brochures for the program have been updated and distributed to all local agencies.
4. **340B Audit.** 340B Audit with the State is now complete. Results will be shared once received. The in-person audit was conducted in the Mason County office and a virtual audit was conducted in the Manistee, Kalkaska, Grayling and Newaygo offices.
5. **STD/HIV Audit.** We are currently preparing and submitting materials for the upcoming STD/HIV audit being held at the end of May.

Respectfully submitted:

Lisa Morrill, MSN, RN
Clinical Manager

DISTRICT HEALTH DEPARTMENT #10

IMMUNIZATION COVERAGE LEVELS

IMMS	DTaP/DT/TD:4 IPV:3 MMR:1 HIB:3 HepB:3 Varicella: 1 PCV13: 4			With 2 Hep A added		Tdap:1 IPV:3 MMR:2 Hep B: 3 Varicella: 2 Meningococcal:1			With HPV complete added		HPV complete					
Age Range	19 through 36 months 4:3:1:3:3:1:4			4:3:1:3:3:1:4:2		13 - 17 years 1:3:2:3:2:1			1:3:2:3:2:1:3		<u>ALL</u> 13 - 17 years			Female 13 - 17 years		
County	<i>Records</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>Records</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>Records</i>	<i>#</i>	<i>%</i>	<i>Records</i>	<i>#</i>	<i>%</i>
	<i>Assessed</i>	<i>Complete</i>		<i>Complete</i>		<i>Assessed</i>	<i>Complete</i>		<i>Complete</i>		<i>Assessed</i>	<i>Complete</i>		<i>Assessed</i>	<i>Complete</i>	
<i>Crawford</i>	157	92	59	75	48	804	634	79	356	44	804	360	45	356	165	46
<i>Kalkaska</i>	253	175	69	138	55	1,191	930	78	538	45	1,191	542	46	596	279	47
<i>Lake</i>	110	64	58	47	43	589	453	77	268	46	589	271	46	279	125	45
<i>Manistee</i>	302	196	65	169	56	1,477	1,138	77	746	51	1,477	755	51	729	373	51
<i>Mason</i>	405	286	71	218	54	1,983	1,601	81	909	46	1,983	916	46	986	474	48
<i>Mecosta</i>	612	445	73	362	59	2,503	1,899	76	1,177	47	2,503	1,185	47	1,249	585	47
<i>Missaukee</i>	216	149	69	123	57	1,024	808	79	491	48	1,024	493	48	518	261	50
<i>Newaygo</i>	722	472	65	328	45	3,440	2,664	77	1,517	44	3,440	1,530	44	1,695	792	47
<i>Oceana</i>	414	302	73	231	56	2,210	1,628	74	985	45	2,210	993	45	1,056	483	46
<i>Wexford</i>	573	401	70	335	58	2,629	2,145	82	1,304	50	2,629	1,313	50	1,286	653	51
TOTALS	3,764	2,582		2,026		17,850	13,900		8,291		17,850	8,358		8,750	4,190	
% Compliant DHD#10	69%			54%		78%			46%		47%			48%		
% Compliant State of MI	69.9%			56.8%		72.6%			42.5%		Not available			45.4% per 12/31/21 County report card		

Date: 3/22/2022

ADDENDUM: 24-36 Month Coverage Levels

DISTRICT HEALTH DEPARTMENT #10
IMMUNIZATION COVERAGE LEVELS

COUNTY	# of Records Assessed	DTaP/DT/TD:4 IPV:3 MMR:1 HIB:3 HepB:3 Varicella:1 PCV13:4		With 2 Hep A Added	
		4:3:1:3:3:1:4		4:3:1:3:3:1:4:2	
		# Complete	%	# Complete	%
Crawford	112	62	55	53	47
Kalkaska	179	128	72	108	60
Lake	83	53	64	41	49
Manistee	214	142	66	130	61
Mason	290	214	74	175	60
Mecosta	439	325	74	291	66
Missaukee	152	114	75	95	63
Newaygo	513	350	68	284	55
Oceana	280	212	76	179	64
Wexford	419	312	74	281	67
TOTALS	2,681	1,912		1,637	
% Compliant DHD#10	_____	71.3%		61.1%	
% Compliant State of MI	_____	Unavailable at this time		Unavailable at this time	

Date: 3/22/22

DISTRICT HEALTH DEPARTMENT #10

Total Vaccines Given – Fiscal Year 2021-2022
(Includes Flu) *(does not include COVID)*
MCE AHC - 0 Lake City AHC - 0

COUNTY	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Oct-Dec 2021	Totals YTD	Jan-Mar 2022	Totals YTD	Apr-Jun 2022	Totals YTD	Jul-Sep 2022	Totals YTD
Crawford	559	559						
Kalkaska	518	518						
Lake	381	381						
Manistee	953	953						
Mason	843	843						
Mecosta	806	806						
Missaukee	495	495						
Newaygo	568	568						
Oceana	750	750						
Wexford	671	671						
WAWC	121	121						
SAHC	98	98						
Viking WC	18	18						
TOTALS	6,781	6,781	0	0	0	0	0	0

District Health Department #10 2021-2022 Flu Season

Flu Administered 09/01/21-03/01/2022

MCE AHC1 VFC PF / LCWC 1 private MDV

***Flu Mist - SAHC 10 / Viking 1**

	VFC / MI-AVP			Private				Grand Total
	Multi vial	PF .5 syr or vial	Total	Multi vial	PF .5 syr	High Dose	Total	
Crawford	4	73	77	188	83	167	438	515
Kalkaska	4	21	25	271	40	187	498	523
Lake	1	15	16	161	35	186	382	398
Manistee	7	37	44	478	31	316	825	869
Mason	1	79	80	399	63	260	722	802
Mecosta	8	23	31	458	69	243	770	801
Missaukee	1	18	19	263	30	162	455	474
Newaygo	13	13	26	326	89	179	594	620
Oceana	5	42	47	424	40	217	681	728
Wexford	3	41	44	387	48	178	613	657
WAWC	0	9	9	55	0	0	55	64
SAHC	1*	16	16	18	20	0	38	54
Viking WC	0*	1	1	2	1	0	3	4
TOTALS	47	388	435	3,430	549	2,095	6,074	6,509

6522 including flu mist
83 doses
since 2/1/21

ANIMAL BITES/EXPOSURES		CD CASES REPORTED		TUBERCULOSIS/TB		STD CASES/HIV		OTHER ACTIVITY	PH ACTIVITIES
# TOTAL BITES	65	# CD CASES		# NEW		# STD REPORTED	102	# COMMUNITY	
EXPOSURES	3	REPORTED IN		TUBERCULOSIS		# HIV TEST	43	OUTREACH &	# VARNISH
REPORTED	6	MDSS	4317	CASES	0	# NEW		PRESENTATIONS	
# POSITIVE	0	#CD		NEW TB		HIV POSITIVE	0		
Rabies +	0	OUTBREAKS		On Prevention		#NEW HIV			
#PEP Recommend	8		17	LTBI	6	REPORTED	0	9	0

COMMUNICABLE DISEASE REPORTED IN MDSS									

SEXUALLY TRANSMITTED DISEASE REPORTED IN MDSS									

OTHER REPORTABLE ACTIVITY									

ANIMAL BITE DETAILS

ANIMAL	BITES	EXPOSURES	COMMENTS	
DOG	47	1		
CAT	14	0		
BAT	1	3		
	0	0		
	0	0		
	0	0		
TICKS SUBMITTED	0	0	Pictures sent by clients but not recommended for sending	

Submitted by: _____

Date: _____

District Health Department #10
BOARD OF HEALTH

Family Health Division - WIC Report
April 29, 2022

- 1. Abbott Labs Powder Formula Recall:** On February 17th, the FDA issued a Public Health Advisory for certain Similac brand (including Alimentum) and EleCare powder infant formulas manufactured at the Sturgis, Michigan plant. Abbott voluntarily recalled these products after four consumer complaints related to *Cronobacter sakazakii* or *Salmonella* Newport in infants who had consumed powder infant formula manufactured in this facility. Cronobacter infection might have contributed to two infant deaths. [FDA Investigation of Cronobacter and Salmonella Complaints: Powdered Infant Formula \(February 2022\) | FDA](#). On March 1st, Abbott extended their voluntary recall to include Similac PM 60/40 after learning that an infant who consumed the Similac specialty product died after testing positive for *Cronobacter sakazakii*. This recall has created extreme concern for Michigan WIC clients who are reliant on Similac contract formulas. MDHHS WIC Division responded immediately via implementation of the contractual provision with Abbott which allowed for the purchase of temporary competitor formulas because of outages related to this recall. An USDA monthly maximum allowance (MMA) waiver approval was granted late Sunday 2/20 which provided Michigan WIC the flexibility within the data system to have similar-sized competitor products share the same subcategory assignment (despite slightly different reconstituted ounces and can maximums.) This waiver and flexibility allowed WIC clients to redeem their existing powder Class I Similac food package benefits for alternate products as needed, at the same number of cans allotted in the Similac food packages. Over the weeks, State WIC has added more contract formulas alternatives and larger can size options in the attempt to address the continued supply chain issues. Formula samples were also made available to local agencies to distribute directly to clients due to urgent needs. WIC staff addressed and continue to address hundreds of calls related to this recall working with local and State WIC vendors to secure needed infant formulas across our rural health jurisdiction.
- 2. National Public Health Emergency and WIC Waivers Extensions:** Secretary of Health and Human Services Xavier Becerra [renewed](#) the public health emergency declaration for COVID-19, effective April 16, 2022. **This allows for approved WIC waivers (which includes the physical presence waiver) to continue through at least mid-October 2022.** DHD #10 will continue its modified approach to WIC service delivery by offering in-person WIC clinic services to clients who need and prefer such. Many WIC families are opting for in-person visits and are requesting lab services. As such, WIC staff has performed 188 hemoglobin tests during the 2nd quarter. Beginning the week of July 11th, WIC clinic and dietitian staff will be working 100% in the office while the Breastfeeding Peers will split their schedules (50% in-clinic and 50% remote work).
- 3. Increased Cash Value Benefit (CVB) Extended Until September 2022:** On March 15, 2021, President Biden signed the omnibus spending package into law after Congress approved the legislation the prior week. This spending package includes an extension of the temporary increase of WIC Cash-Value Benefit (CVB) for fruit and vegetables purchases for women and children clients through September 30, 2022. The increased CVB amounts will remain at \$24 for children, \$43 for pregnant and postpartum women, and \$47 for fully and partially breastfeeding women.

- 4. DHD #10 Resumes Childhood Blood Lead Testing:** In January, our WIC Program resumed testing children for blood lead poisoning using the capillary method, filter paper process and MDHHS Lab for sample analysis. Staff tested sixty (60) + children for blood lead poisoning last quarter. On March 4th, we hosted a Head Start lead clinic in our Crawford office and re-enrolled several preschoolers in our WIC program.
- 5. MDHHS Bureau of Laboratories (BOL) Changes in Blood Lead Analysis Options:** On April 13th, the Bureau of Laboratories (BOL) at the Michigan Department of Health and Human Services announced that it is necessary to discontinue accepting filter paper specimens as a screening collection option for blood lead analysis. The last day that filter paper specimens will be accepted by the laboratory is April 24, 2022. (The BOL will continue to accept capillary blood specimens collected into microtainers and venous blood specimens collected into vacutainers for blood lead analysis.) This change is a result of the Center for Disease Control and Prevention's (CDC) update of the blood lead reference value (BLRV) from 5 µg/dL to 3.5 µg/dL. The filter paper method used at the MDHHS BOL, at the lower level of 3.5 µg/dL, lacks the robustness expected of methods used by BOL. Effective May 1, 2022, the MDHHS Lab will adopt the CDC's blood lead reference level of 3.5 µg/dL. **As a result, DHD #10 will have a temporary pause in blood lead testing as we pivot to an alternative blood lead testing technology.**
- 6. Professional Development and Staffing:** Recruitment continues for three WIC Program position vacancies: 2 Nutrition Specialists (Newaygo and Mason counties) and 1 part-time WIC Clinic Assistant in Oceana County. WIC employees have been very helpful and adaptable throughout the weeks and months staffing WIC clinics across the district.
- 7. Local Breastfeeding Program Updates:** In March, DHD #10 launched its 2nd virtual Breastfeeding Support group in collaboration with the Newaygo County Breastfeeding Coalition. This support group is offered on Fridays from 10 -11 am and is open to the public. In addition, we continue to host a virtual support group on Wednesdays from 1 – 2 pm with Transitions Women Center of Manistee. Lastly, staff provided WIC and breastfeeding outreach and educational materials for the Mason-Lake-Oceana Great Start Collaborative's book walk held in early February.
- 8. Regional Childhood Lead Poisoning Prevention Program (CLPPP) Grant:** The CLPPP program mailed out 46 letters/ packets to at risk families and families with children who have elevated blood lead levels. In January, DHD #10 resumed lead testing in WIC clinics by reverting to filter paper testing after staff were provided with a refresher course on testing. This allowed for a blood lead clinic in Crawford serving 12 Head Start families. CLPPP grant staff presented four (4) trainings to staff, Community Partners, and parents both in person and virtually. CLPPP has been working with the State and EAP to help develop plans for lead prevention both on a State and Federal Level. We have currently participated in five meetings. Lastly, a flyer was developed for hardware stores to direct individuals to the State lead prevention website and resources: www.michigan.gov/lead 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.

9. Caseload Performance:

FY-to-date, DHD # 10 WIC client participation is down approximately 4.6% from FY 2021 despite continued convenience and flexibility of remote/ phone appointments. DHD #10 is achieving 90.7% of assigned resident base caseload of 7662. We continue to monitor caseload performance and adjust outreach efforts and staffing accordingly.

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	March 22	7,318	March 21	- 153	-2.0%
Resident Participation	Feb 22	7,021	Feb 21	- 167	-2.3%
Migrant Participation	Feb 22	195	Feb 21	+6	

Respectfully submitted:

Anne Bianchi, MS, RD
Family Health Director - WIC

District Health Department #10

BOARD OF HEALTH

Family Health Division Home Visiting Report

April 29, 2022

Healthy Families America

Due to a couple of Healthy Families America (HFA) staff changing roles (Britney Wright has accepted a part-time Home Visiting Manager position) and FTE's, we have replaced those positions and have hired a new full-time home visiting staff member for Kalkaska County. Carmen Richmond, who has a bachelor's degree in Early Childhood, is scheduled to begin in early May.

DHD #10 is partnering with Grand Traverse County Health Department to expand the program into Traverse City. The full-time staff member will be an employee of DHD #10 but serve Grand Traverse County families. This grant will be focused on families with substance use issues and our staff member will also work in partnership with a community health worker from Munson Medical Center. The grant will begin this summer, in July. Due to reflective supervision requirements for the grant, a part-time position will open up for an HFA home visitor in Crawford County.

Family Support Staff visited 50 of 65 families in March. There were 19 Parent Surveys completed this quarter (January-March) and 348 visits.

DHD #10's HFA program completed a State Accreditation and Quality Assurance visit in March that went very well. The program is now gearing up for National Accreditation slated for June.

Maternal Infant Health Program

MIHP was chosen to take part in a Healthy Mom Healthy Babies pilot program at the end of January. We have submitted the paperwork and have just recently added the correct billing codes to our progress notes in Patagonia. We will begin the pilot program, allowing us to do an extra discharge visit for our MIHP client's that have an overall high risk, in May.

MIHP has developed a sub-group of our staff to work on a new curriculum for MIHP. We have recently purchased a new curriculum through Florida State University. We will be implementing that new curriculum in May as well.

MIHP has also developed a sub-group of our staff to work on a media project for MIHP. We are planning to create a 30–60-minute video outlining the benefits of the Maternal Infant Health Program. Our staff will obtain consents from some of our client's and record their own pieces of video to compile into one great short video promotion. Jeannine Taylor, our Public Information Officer is assisting us with this project.

We have hired 2 new MIHP staff in January. We have hired Dawn Painter, SW for Mecosta County and Molly Cain, RN in Newaygo County. We are very excited to have them both. They have both been very busy since they started and are well on their way to developing their caseload.

Tina Edmonds, Stephanie Thurow, & Becky Fink have now been trained in Elevated Blood Lead levels and will work with Tawnya Ebels to help to reach out to children & their families with elevated blood lead levels in their counties and surrounding counties. They will make home visits and work with the child & their families to lower the child's lead level.

Children's Special Health Care Services

This quarter we have been able to connect with the Pediatric Anchors Program through Hospice of Michigan. We are working on assisting families with bereavement after the death of a child. We have purchased memory boxes for 6 families in our 10 counties that have lost children in the last 5 months. We are also working on our CSHCS vaccine grant plan. We were able to bring Carol Lambert on to help with administering childhood vaccines in the client's home. This is being offered for any child with a physical or mental disability in all 10 counties.

10 County Renewal Total = 286

10 County Enrollment Total = 91

10 County Diagnostic Total = 1

10 County Home POC Total = 0

10 County Telephone/Office POC Total = 27

10 County Care Coordination Total = 80

10 County Case Management Total = 83

10 County Client Totals = 1,336

Total Program Revenue = \$21,831.14

Healthy Futures

A training for the Healthy Futures staff postpartum hypertension protocol is scheduled for April. This protocol will assess women for hypertension at the first Healthy Futures postpartum home visit.

Hearing and Vision

Over this past quarter (January-March 2022), Hearing and Vision staff have provided:

6,076 vision screens of school-age children and 1,157 screens to preschoolers.

5,765 hearing screens of school-age children and 1,072 screens to preschoolers.

Respectfully submitted:

Anne Young, MA, BSN, RN

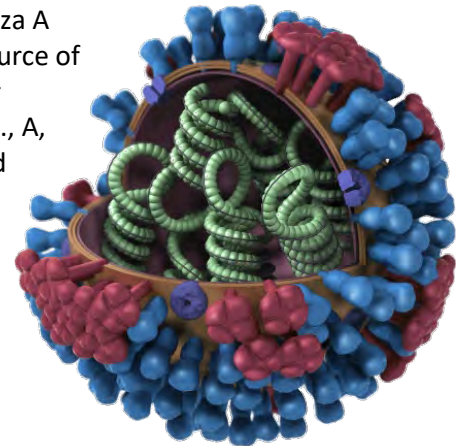
Home Visiting Manager

Mid-Michigan District Health Department, Wednesday, April 27, 2022
Central Michigan District Health Department, Wednesday, April 27, 2022
District Health Department 10, Friday, April 29, 2022

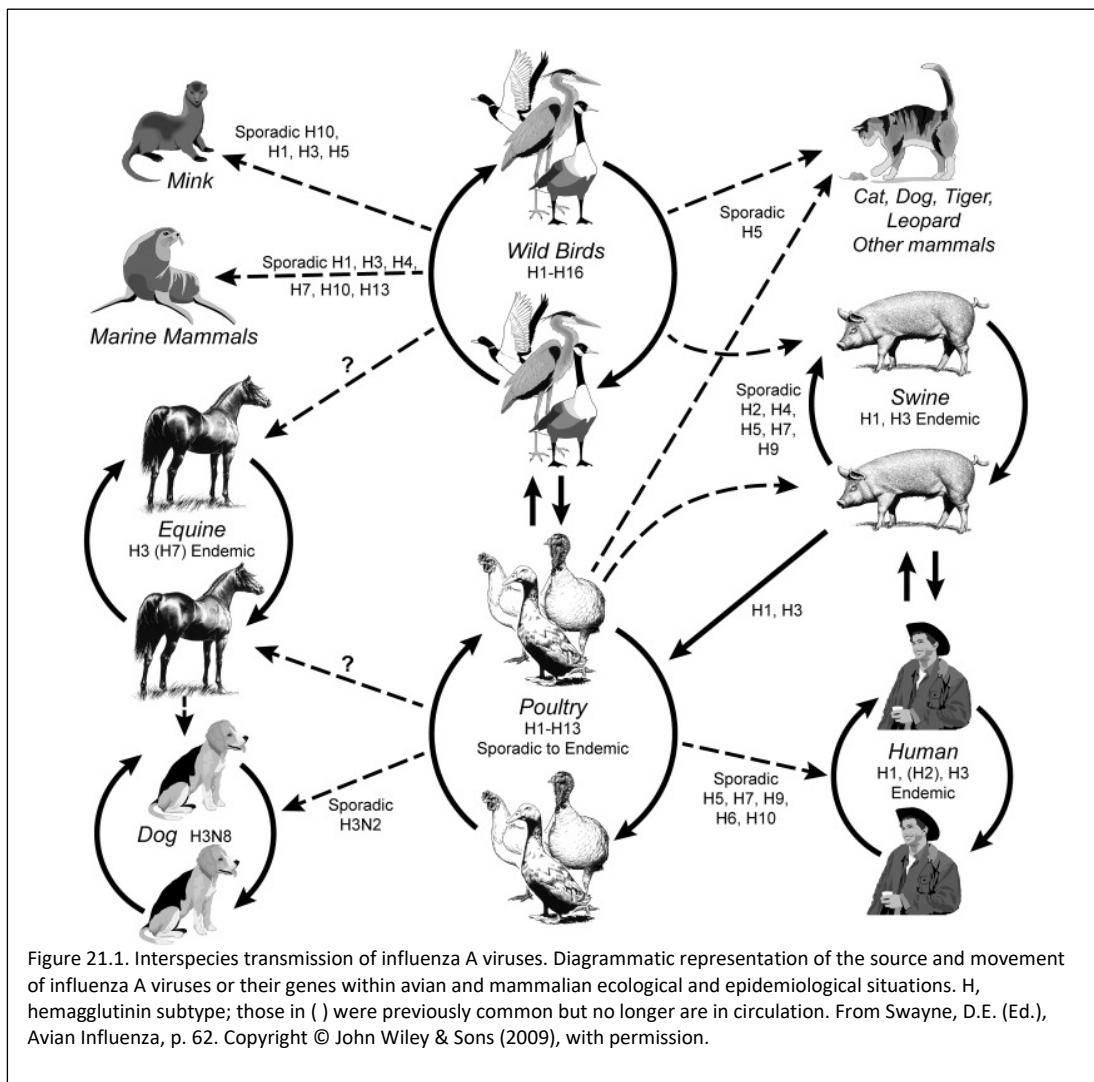


Highly Pathogenic Avian Influenza (HPAI)

Avian influenza, or bird flu, can be caused by different strains of influenza A virus. Avian influenza A virus subtypes are thought to be the original source of *all* influenza A viruses that infect mammals, either in the distant past or more recently. Influenza viruses are classified by their core proteins (i.e., A, B, or C), and, for influenza A, by the subtypes of hemagglutinin (HA) and the neuraminidase (NA). HA and NA are two major antigens embedded into the membrane of the influenza virus. At least 16 hemagglutinins (H1 to H16) and 9 neuraminidases (N1 to N9) have been found in viruses from birds, while two additional HA and NA types have been identified only in bats. Only three HA subtypes cause widespread human infections (H1, H2, and H3). Avian influenza virus infections have been found occasionally in many different species of mammals. Some of these species include cats, dogs, pigs, horses, donkeys, mink, and various wild and captive wild mammals.



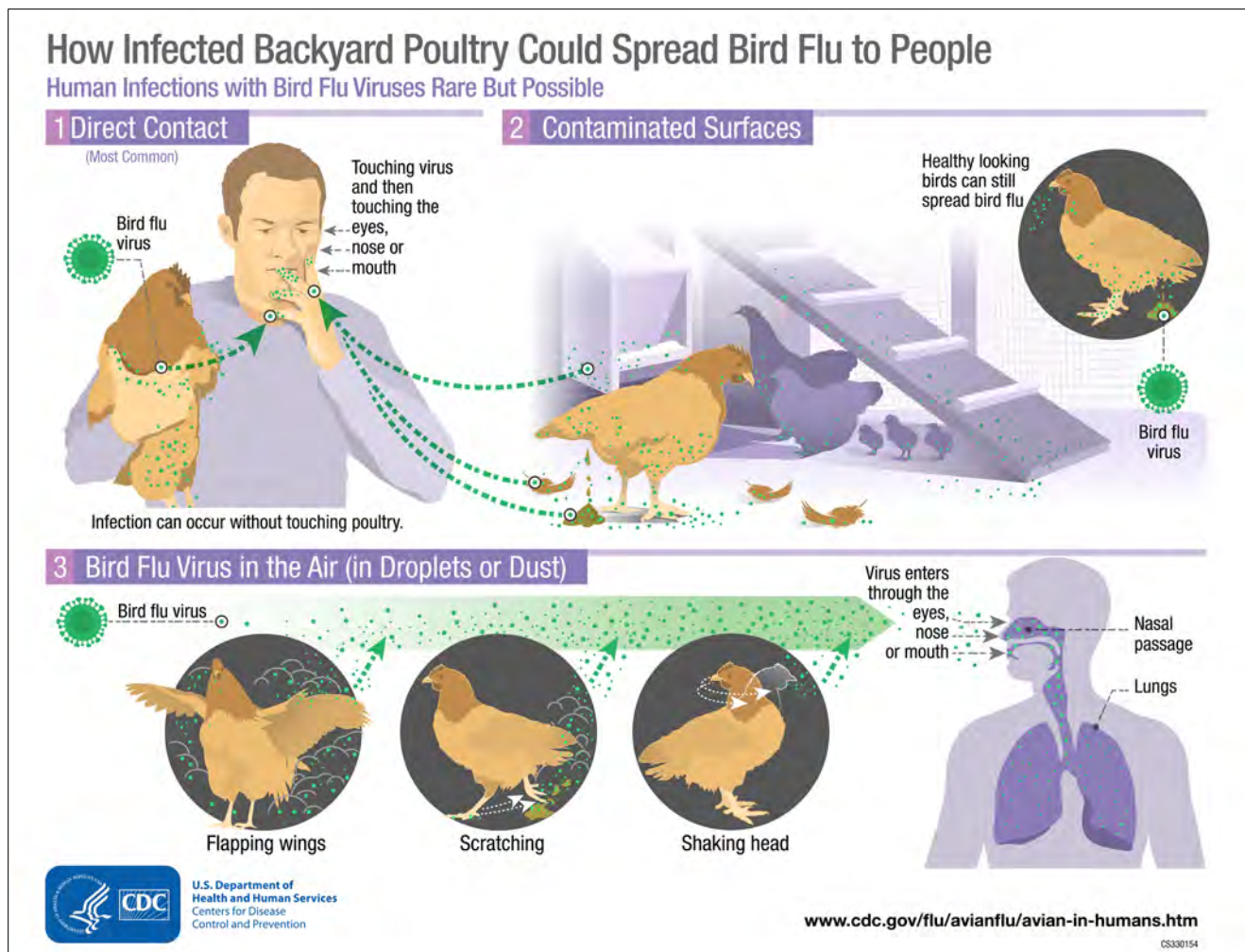
<https://www.cdc.gov/flu/resource-center/freeresources/graphics/images.htm>



In birds, avian influenza viruses are very contagious, widespread, and vary greatly in how severe they are. Most of them cause little to no disease and are called low pathogenic avian influenza (LPAI) viruses. Most LPAI viruses continue to spread in wild birds, mainly those in wetlands, who are probably the reservoir hosts for these viruses. The feces of the infected birds contain large amounts of virus. The virus from the feces of waterfowl can survive for a long time in cold water and is spread to other birds and animals through the fecal-oral route.

Highly pathogenic avian influenza (HPAI) viruses can develop from certain LPAI viruses and cause serious illness, killing up to 90% to 100% of the infected flock. HPAI spreads rapidly and causes devastation to the poultry industry. When a flock is affected by HPAI, the birds need to be destroyed. Most countries are usually free of these viruses other than doing rare outbreaks. HPAI are not usually found in wild birds other than on occasion near outbreaks in poultry or backyard flocks. Unfortunately, The Asian lineage of H5N1 HPAI viruses has become endemic in poultry in some countries of Asia and the Middle East. Most HPAI viruses found in birds contain the H5 or H7 HA.

Avian influenza can occasionally cross over to mammals, including humans. It usually spreads during close contact with infected poultry. Most illnesses in mammals are mild and limited to conjunctivitis (pink eye) or mild respiratory disease. Some strains do cause serious illness and death. Rare cases have been caused by influenza strains that have had enough adaption to allow it to circulate in humans and have been responsible for the last four major influenza pandemics. The 1918 influenza pandemic was caused by an H1N1 virus with avian influenza origin. The 1957-58 pandemic was caused by H2N2 that originated from an avian influenza A virus and the 1968 pandemic was caused by an H3N2 virus with avian influenza origin. The 2009 influenza pandemic was caused by a novel H1N1 virus with swine and avian origins.



A summary of other avian influenza A viruses that have caused illness in humans:

H5N1: The potential threat from Influenza H5N1 has been described as a “public health crisis” by the World Health Organization (WHO). Since 2003, it has caused at least 864 confirmed human infections in 19 countries with a 53% death rate. Rare human-to-human transmission has been reported. The largest number of cases have been in Egypt (359), Indonesia (200), Vietnam (127), Cambodia (56), and China (53). In December 2021, a case was diagnosed in the United Kingdom in an individual that lived with a large number of domestically kept birds. A fatal case of H5N1 infection was reported in a woman in Canada in January 2014, following her return from a trip to Beijing, China. All other cases have been in Eurasia or the Middle East. Antibody studies in poultry workers suggest that subclinical and mild infection have gone undetected.

H5N6: As of April 9, 2022, avian influenza H5N6 viruses has caused a total of 77 human cases of illness in China since 2014, causing illness ranging mild respiratory symptoms to severe pneumonia and death with a death rate around 43%. Nineteen (19) of cases have occurred since the beginning of 2022. Avian influenza H5N6 infections have been found in wild birds in England but no human cases have occurred there.

H5N8: Infections with H5N8 have been reported in a small number of asymptomatic people in Russia in 2020.

H6N1: One infection with H6N1 was reported in a person with lower respiratory tract disease in Taiwan in 2013.

H7N2: Infections with H7N2 have been reported in a small number of people with conjunctivitis (pink eye), mild upper respiratory tract symptoms, and lower respiratory tract disease in the U.K. and U.S. since 2002. Four infections have been identified in the U.S. since 2002, including 2 that resulted from cat-to-human transmission of an H7N2 virus circulating among cats in 2016.

H7N4: One infection with H7N4 was reported in a person with pneumonia in China in 2017.

H7N7: Infections with H7N7 have been reported in more than 90 people since the first human infection was identified in the U.S. in 1959; although that first infection was associated with hepatitis, most infections have caused conjunctivitis. However, mild upper respiratory tract symptoms, lower respiratory tract disease, severe pneumonia with respiratory failure, and multi-organ failure have been reported, including one death. Most cases were linked with widespread poultry outbreaks of H7N7 in the Netherlands in 2003. Rare human-to-human transmission has been reported.

H7N9: In late March and April 2013, infections of H7N9 in China were reported. Additional yearly epidemic waves occurred during the following four influenza seasons mostly in China or imported from China. A total of 1,568 case have occurred with a death rate around 40%. Since the fall of 2017, few cases have been reported, but concern about re-emergence remain. Rare human-to-human transmission has been reported.

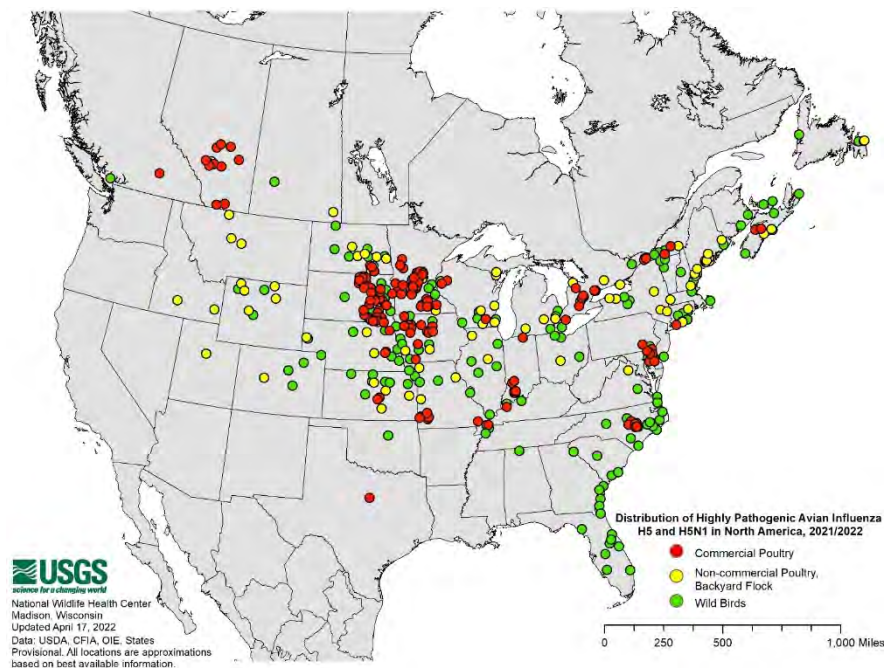
H9N2: This avian influenza virus has cause 95 sporadic cases since 1998, 83 of which were in China. The most effected age group has been under 10 years of age, and there have been two deaths. Antibody studies of poultry workers in China and Egypt suggest between 4.5% and 16% of these workers may have been infected at some time. Avian H9N2 viruses are now endemic in poultry and live-bird markets in Asia and Egypt and have been isolated from pigs. There is evidence of reassortment between H9N2 and H5N1, increasing concern for a developing pandemic virus.

H10N3: Infection with H10N3 was reported in one person with severe pneumonia and respiratory failure in China in 2021.

H10N7: Infection with H10N7 has been reported in a small number of people with conjunctivitis or mild upper respiratory tract symptoms in Egypt in 2004 and Australia in 2010.

H10N8: Infection with H10N8 has been reported in a small number of people with severe pneumonia with respiratory failure, including a few deaths, in China since 2013.

HPAI viruses can be found in the meat and eggs of infected species. Careful food handling and preparation are important when working with wild game birds or raw poultry in endemic or effected areas and all poultry products should be completely cooked before eating. Precautions in cooking and cleaning that are recommended to prevent Salmonella and other potential illnesses from poultry will also kill the avian influenza virus, making it safe to eat. Find chicken food safety here <https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/poultry>.



<https://d9-wret.s3.us-west-2.amazonaws.com/assets/palladium/production/s3fs-public/media/images/20220417%20HPAI%20Distribution%20in%20NA.jpg>

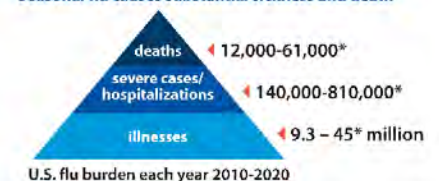
As of April 18, 28,582,060 commercial and backyard flocks have been effected by H5N1 HPAI during the 2022 season. This may have an impact on the cost of poultry, eggs, and on poultry producers. There have been large numbers of wild birds effected, many with no symptoms. It is possible H5N1 could become endemic to our wild birds as it is in other countries.

While the threat to humans in the US is low right now, the ever present fear is that HPAI will reassort with other influenza strains, allowing for human-to-human spread and a new pandemic influenza virus. If this new pandemic influenza virus were to retain the high severity and death rates that have been seen in other human infections caused by HPAI, this could be truly disastrous. The United States federal government does maintain a stockpile of vaccines, including vaccines against A(H5N1) and A(H7N9) avian influenza. Unfortunately, as we found in 2009, enough reassortment and changes can occur that new vaccines need to be created in order to be effective. Preparedness for influenza pandemic is a fundamental part of the national, state, and local planning. <https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html>.

Influenza is always changing

- Flu viruses change constantly, from season to season and sometimes during the season.
- Flu vaccines must be updated frequently to keep up with these changes.
- Each year, influenza causes millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths.

Seasonal flu causes substantial sickness and death



*The top range of these burden estimates are from the severe 2017-2018 flu season. These are preliminary and may change as data are finalized.

Novel influenza viruses are always emerging

- Most influenza viruses spread among animals more than among people, especially wild birds and pigs.
- A few of these animal influenza viruses can change to cause illness in people, and in rare cases, may cause a pandemic.
- People may have little or no immunity to novel influenza so the consequences can be much greater.

Animal influenza viruses can spread to people



An influenza pandemic can start anywhere and spread globally

- Four influenza pandemics have occurred in the past 100 years, and another could occur at any time.
- The 1918 flu pandemic was the most severe, killing 675,000 Americans and 50 to 100 million people worldwide.
- CDC's influenza laboratory capabilities and epidemiologic networks have strengthened pandemic preparedness by improving influenza surveillance and vaccine strain selection. CDC was able to quickly adapt these systems to use for the COVID-19 pandemic response.

Estimated U.S. deaths from pandemic flu

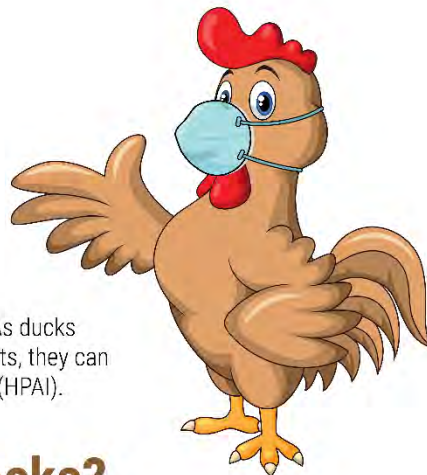


www.cdc.gov/flu

Keeping our Birds Safe

From Avian Influenza (HPAI)

In Michigan, late winter can be worrisome for poultry farmers. As ducks and other migratory waterfowl migrate north from winter habitats, they can carry diseases, most notably highly pathogenic avian influenza (HPAI).



How can we protect our flocks?



Biosecurity and Prevention Measures

- Keep all domestic poultry inside their coop.
- Avoid contact with wild birds, especially migratory waterfowl (ducks, geese, etc.).
- Avoid contact with any other poultry farms, regardless of size.
- Stop or limit the movement of birds to and from your farm.
- Have a dedicated set of boots and clothing to use when taking care of your birds. These should not leave your farm or coop area.
- Place a footbath or boot wash (scrub brush and disinfectant) at the entrance of your coop.



Know the Symptoms

- Lack of appetite
- Significant drop in egg production
- Nasal discharge, sneezing, coughing
- Swollen, purple combs, wattles, legs
- Swollen head, legs
- Bloody diarrhea
- Increased Flock Mortalities
- Neck Torsion



If you suspect Avian Influenza:

- Call MDARD immediately
Daytime: (800) 292-3939
After hours: (517) 373-0440
- Restrict visitors
- Clean and disinfect equipment, clothing and footwear.



Scan to sign up for email alerts about the virus on MDARD's website.



For additional information

Zac Williams, PhD
Poultry Specialist, Michigan State Extension
Will3343@msu.edu

<https://www.michigan.gov/mdard/-/media/Project/Websites/mdard/documents/animals/diseases/Keeping-Our-Birds-Safe-Flyer.pdf?rev=913728455d4048a6a3ddcaa4b2aaf3c3&hash=9FBBFA75B784A4F0E7FFB832FA838144>

Resources:

- www.mi.gov/birdflu (Sign-up to receive updates and alerts about avian influenza in Michigan)
- https://www.canr.msu.edu/avian_influenza/
- <https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian/avian-influenza>

- The following hotlines are available for reporting concerns:
 - Eyes in the Field (sick or dead bird and mammal observation report)
<https://www2.dnr.state.mi.us/ors/Survey/4>
 - If suspect HPAI infections:
 - DOMESTIC BIRDS: 800-292-3939 (daytime); 517-373-0440 (after-hours)
 - WILD BIRDS: 517-336-5030

Recommendations:

- Avoid direct contact with wild birds and observe them only from a distance.
- Prevent contact between domestic and wild birds.
- If you have poultry, don't feed other birds. Otherwise, if you feed birds, clean your feeder properly.
- Use well or municipal water as drinking water for birds.
- Keep waterfowl and other wildlife off your land by removing standing water and preventing access to ponds and basins.
- Do not use untreated or unfiltered surface water to wet or water poultry or to clean equipment, barns, or other facilities.
- Do not walk or drive trucks, tractors, or other equipment through areas where waterfowl or other wildlife feces may be present.



Sources

- Chapter 21 - Orthomyxoviridae, Editor(s): MacLachlan, N., Dubovi, E. Fenner's Veterinary Virology (Fifth Edition), Academic Press, 2017, Pages 389-410, ISBN 9780128009468, <https://doi.org/10.1016/B978-0-12-800946-8.00021-0>.
- Fowl Plague, Grippe Aviaire " Avian Influenza." " November 2015 (Last Updated February 2016)." At https://www.cfsph.iastate.edu/Factsheets/pdfs/highly_pathogenic_avian_influenza.pdf
- CDC. Past Pandemics. <https://www.cdc.gov/flu/pandemic-resources/basics/past-pandemics.html>
- Stephenson, I. Avian influenza: Epidemiology, transmission, and pathogenesis. In: UpToDate, Hirsch, M., Baron, E. (Ed), UpToDate, Waltham, MA. (Accessed on April 18, 2022)
- CDC. Reported Human Infections with Avian Influenza A Viruses. <https://www.cdc.gov/flu/avianflu/reported-human-infections.htm>
- USDA. 2022 Confirmations of Highly Pathogenic Avian Influenza in Commercial and Backyard Flocks <https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/animal-disease-information/avian/avian-influenza/hpai-2022/2022-hpai-commercial-backyard-flocks>

<https://www.wbfi.org/feedsmart/>

District Health Department #10
BOARD OF HEALTH

Deputy Health Officer Report
March – 2nd Quart Report

1. DHD#10 Annual Report – 2021

The 2021 Annual Report is being distributed at the April Board of Health meeting for your review. Kevin will be sharing this report at his upcoming county update meetings.

2. North Central Community Health Innovation Region (NCCHIR) Update

The NCCHIR hosted a virtual learning session on the success of our HRSA Rural Health Network Planning Grant which ended in December. This grant helped to launch the creation of the NCCHIR to assure the long-term success of the project and align with the work of the NWCHIR. The learning session was attended by nearly 50 individuals and provided an overview of the work to date and the discussion of next steps and created new interest in joining the efforts to address upstream efforts to impact health outcomes.

An application for funding to the Michigan Health Endowment Fund to increase the capacity for collaboration of the NCCHIR was submitted at the end of January and we are waiting to hear the outcomes.

MDHHS just issued an RFP for readiness of new regions to address Social Determinants of Health (SDoH) work and the NCCHIR will be applying for funding to sustain their efforts. The grant is due the end of May and I will be working with the Planning Unit to assure that our application, in partnership with Central Michigan District Health Department and the NMCHIR is completed.

3. Michigan Center for Rural Health (MCRH) – COVID Health Priorities Grant Funding

We received notification at the end of February that we were being awarded \$540,093 in federal funding to address COVID health disparities based on rural health barriers. The goal of our response application submitted last month is: Reduce COVID-19 health disparities among populations at high-risk and underserved across the District Health Department #10 jurisdiction including racial and ethnic minority populations, rural communities, and those living in or most at risk of poverty. Our project plan focuses on expanding our Community Connections Program by adding additional Community Health Workers within our agency and supporting training needs with our community partner agencies by offering the Michigan Community Health Worker Certification training at minimal costs to CHWs in the region. DHD#10 has a certified trainer on staff that will be providing quarterly certification training over the next year with her first training launching next month. In addition, the funding will support the addition of a Care Coordinator position to support the work of the Community Connections Program that is growing fast, and the addition of two new CHWs to support the expanding work across the jurisdiction. This grant will be managed by the Community Health Division.

4. Community Health Needs Assessment Update –

As mentioned, DHD#10 has been part of the initiative to implement our Community Health Needs Assessment on a regional level through the MiThrive initiative. The data was presented in December and released at the end of January. Our Planning Unit has been working to ensure that our Hospital Partner reports on the data and data analysis were finalized per our contract. The Spectrum Health reports were finalized in March and the team is currently working on the Munson Health System report.

In addition, the work on the DHD#10 CHNA report is underway, should be finalized in May, and will come to the BOH for review and approval. In honor of the work, we will be hosting DHD#10 Data Walks over the next 6 weeks to present the data to the public and our partners to show them how they can find the data, how to interpret the data and how to reach out to DHD#10 for further data explanations or how to use the data. Next steps in our work will be to take the strategic priorities that came out of the MiThrive Data review and develop the regional Community Health Improvement Plans (CHIP) and the DHD#10 CHIP.

Please join us at the local presentation of the data – note there is also a virtual option for joining as well as in person. Below is the invite sent out to the community – please join one of our events – Note that the below link is active so you can register online. The invite flyer is also attached.

District Health Department #10 (DHD#10) is hosting 3 community summits throughout the 10-county jurisdiction to highlight local data from the 2021 MiThrive Community Health Assessment.

You can **register here** for one of the following dates:

Friday, May 6th at Little River Casino Resort, Manistee (in-person only)

Friday, May 13th at Ferris State University, Big Rapids (in-person or virtual option)

Friday, June 3rd at Kirtland College, Grayling (in-person only)

5. **COVID Response Unit Update**

Our COVID Response team continues to provide case notification, education and attempt a survey investigation to all reported COVID cases through our electronic notification system. Cases have been low with recent increases post spring break and we continue to monitor for outbreaks and wrap around for prevention as

The HRA Team has continued to work with schools on mitigation and education and this past month has shifted to a broader health perspective than COVID and providing other education support for schools including partnering on attending Kindergarten Roundup events to share general immunization education, MCIR look up for vaccines students are due for, and general wellness. Follow up efforts have been creative in getting students to the local office to get their immunizations, hearing & vision screening etc. The flyer to your right is an event coming up for Oceana County specifically that our local HRA helped to coordinate demonstrating the unique work of the team.



6. Mask Distribution Update – DHD#10 has able to secure both Adult and Child KN95 masks this past quarter for mass distribution to community agencies and the daycare/childcare/preschool organizations.
 - The HRA Team surveyed all the childcare facilities across the jurisdiction back in January to determine the need/desire for child KN95 masks. Based on the survey results, the state was informed of the numbers and the masks arrived and were given out in February. The team distributed the 10,000 masks across the 10 counties. This was very much appreciated by the childcare organizations.
 - The Health Education Team worked to distribute 10,000 adult KN95 masks between February and March across the jurisdiction assuring equity in getting those to all counties. While some masks were distributed through our front desks, most of the masks were distributed by the health educators working with community partners such as libraries, senior centers, senior meals sites, community mental health, various human service agencies, churches, fire departments, camps, etc.
7. We have been notified by MDHHS that the HRA grant is being refunded for the next year with the potential of additional funding for the 23/24 school year. We have not gotten official guidance on that yet, but have heard that the program is changing so we are waiting to hear the new direction prior to posting our open positions for the grant.

Respectfully submitted,

Sarah Oleniczak, MPH, MCHES
Deputy Health Officer

Join Us

DISTRICT HEALTH DEPARTMENT #10 COMMUNITY SUMMIT: *Local Data Tour*

DHD#10 is hosting three community summits throughout the ten-county jurisdiction to highlight local data from the 2021 MiThrive Community Health Assessment

Register Now



Scan the QR
code or go to:

<https://bit.ly/3J6994w>

3 options:

- MAY 6TH** Little River Casino Resort | Manistee
in person only
- MAY 13TH** Ferris State University | Big Rapids
in person or virtual; recording available
- JUNE 3RD** Kirtland College | Grayling
in person only



10.00 am - 12.00 pm | Lunch to follow



District Health Department #10
BOARD OF HEALTH

Health Officer Report

April 29, 2022

1. **COVID-19 Update:** Information on current case counts, vaccination efforts and changes on 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. **First Amendment Auditors Visit:** On Monday, April 4 the Cadillac office had a visit from two individuals who we believe were part of a group called the First Amendment Auditors. They entered the lobby and began videoing everything on the walls and behind the front desk counter, in the upstairs lobby area, out in the parking lot and then into office windows as they walked around the building. They would not provide any information on what they were doing or who they were. Fortunately, there were no clients in our lobby during this time, so we did not have any issues there. In discussing this situation with our legal counsel, she feels that had we had clients in the lobby then videoing them may have created some legal issues. Subsequent discussion with the City of Cadillac Public Safety Director and the Wexford County Prosecutor back that belief up. I will be meeting with them again on 4/27 to discuss this situation more.
4. **Senate Bill 569:** As part of the infrastructure bill sponsored by Senator Bumstead, was the creation of a funding mechanism to make available resources to cover replacement costs of failing septic systems. These resources will be provided as low interest or no interest loans to individuals. I am currently waiting on EGLE to draft these criteria.
5. **Annual Health Department Update:** Beginning in May, I will be providing the annual health department update to each Counties Board of Commissioners.

Respectfully submitted:

Kevin Hughes, MA
Health Officer