



BOARD OF HEALTH

Monthly Meeting

September 30, 9:30 a.m.

521 Cobb St, Cadillac, MI

A G E N D A

Call to Order.....Jim Maike, Chair

Roll Call

Review and Approval of the Agenda

Review and Approval of Board of Health Meeting Minutes.....August 26, 2022

Public Comment

I. Committee Reports

A. Executive Committee.....Jim Maike

B. Finance Committee.....Ray Steinke

1. *Finance Report*

2. *Approve August Accounts Payable and Payroll.....Action Item*

3. *Approve Amended BudgetAction Item*

4. *FY23 BudgetAction Item*

C. Personnel Committee.....Shelley Pinkelman

D. Legislative Committee.....Shelley Pinkelman

II. Administration Reports

A. Medical Director.....Dr. Jennifer Morse, MD

B. Deputy Health OfficerSarah Oleniczak

C. Health Officer.....Kevin Hughes

III. Public Comment

IV. Other Business

V. Next Board of Health Meeting: October 28, at 9:30 a.m.

VI. Adjournment



Board of Health

Meeting Minutes

August 26, 2022

521 Cobb St, Cadillac, MI

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

Roll Call:

Members Present: Shelley 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, Martha Meyette, Julie Theobald, Gary Taylor

Staff Present: Kevin Hughes, Christine Lopez, Dr. Jennifer Morse, Sarah Oleniczak

Members Excused: Dawn Martin, Paul Erickson, Star Hughston

Approve the Agenda: Motion by Ray Steinke, seconded by Ron Bacon to approve the meeting agenda.

Motion Carried

Approve the Meeting Minutes: Motion by Ron Bacon, seconded by Betty Dermeyer to approve the minutes of the July 29, 2022, meeting.

Motion Carried

Public Comment: No public comment

Committee Reports:

I. Executive Committee:

- The Executive Committee will meet August 29th, email was sent to the members with agenda and minutes

II. Finance Committee:

- Christine Lopez reviewed the financial report through July 31, 2022. Cash balance of \$12.2 million. \$15 million in assets and liabilities. Statements of revenues, 9.97 million out of 12.2 budget, 25% remaining. Other funding, nothing accrued as of this point. Billing revenue \$1.792 million out \$2.2 million budget, 18% remaining, Medicaid cost settlement is an estimate, and will be included in an amended budget, Environmental Health collected \$1,446 out of a \$1.7 budget, 16% remaining. Total revenues, \$19,478,599.94. Total expenses were \$19,357,463.92. Cash flow projected through September, \$12.4 million. Cash flow of \$11,521,406 projections for the rest of year was shared. Accounts payable \$1,914,193.29
- Finance Committee will meet September 23, 2022

Approve Accounts Payable and Payroll: Motion by Ray Steinke, seconded by Richard Schmidt to approve accounts payable and payroll.

Roll Call:

Shelley Pinkelman	Yes	Tom O'Neil	Yes
Phil Lewis	Yes	Ray Steinke	Yes
James Sweet	Yes	Roger Ouwinga	Yes
Betty Dermeyer	Yes	Bryan Kolk	Yes
Pauline Jaquish	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Martha Meyette	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

Motion Carried

III. Personnel Committee:

- Committee will meet when the new insurance renewal rates are received
- Watching the recent Michigan ruling on paid sick leave and minimum wage law, the Court of Claims overruled it, but will be back on the agenda in February. The ruling, if passed, will require employers to give sick leave. An analysis was done when it was first proposed, it will have a small impact. Minimum wage law will not affect us
- COVID pay, information on employees being paid for working during COVID. Shelley will share the information she received with Kevin

- Shelley will be meeting with some of the legislators. If you have anything that needs to be discussed with legislators, share it with Shelley.

IV. PHAB Summary Report:

- Sarah Oleniczak presented the PHAB summary report
 - Data was collected from employees across several states, and the survey was anonymous
 - 2021 key findings were shared, the focus was on demographics, workforce characteristics, training needs, engagement & satisfaction, wellbeing, impact of COVID
 - 69% of DHD #10 employees completed the survey

Administration Reports:

I. Medical Director

- Formal report was not presented
- Prime focus has been on Monkey Pox
 - No cases in our area
 - Vaccine has been received in our area
 - 11 preventive vaccines given in our area
 - Manistee
 - Mason
 - Mecosta
 - Newaygo
 - Mainly contracted through sexual contact
 - Lots of effort to educate
- E coli Outbreak – Estec Sigma
 - Suspicion that it was lettuce from Wendy's
 - Michigan is the epicenter with the most confirmed cases, 53 cases
 - Affecting Pennsylvania, Ohio, Indiana
 - 115 cases throughout the states
 - Type E coli bacteria that make a toxin that can cause organ damage including kidney failure and can cause long term complications
 - No deaths in Michigan currently
 - Recommendation to wash your Romaine lettuce and all produce very well, not just rinse
- Recommendation to receive the flu shot in either September or October. Getting it sooner could cause it to not be as effective
- COVID Bivalent booster is available, can be given to 12-year-old and over

- COVID testing kits websites shared and list of websites were sent by e-mail to the BOH members

II. Deputy Health Officer

- No report presented

III. Health Officer

- EPI – DHD is the hub for the Monkey Pox vaccine, we have communicated with our partners if they need vaccine to contact us
- COVID
 - Case numbers have been consistent the last few weeks
 - Testing sites continue and have expanded to include Manistee & Mason County
 - Manistee site will be located at Council on Aging, it is a drive-thru site held on Monday & Thursday 11-4, Mason will be held at Safe Harbor, Tuesday & Wednesday, 11-4
 - Kalkaska site has moved back to the DHD #10 office, held at the back of the building on Tuesdays, Thursdays, and Sundays
 - Missaukee is the only county currently that does not have a testing site
- Sewage spill in Newaygo County, it was treated sewage, water samples were taken, no e-coli detected. EPA cleaned up the site
- All the restaurants in our jurisdiction are up to date on payment.
- Noro Virus Outbreak in Kalkaska, 17 individuals statewide needed to be investigated
- Restaurant that we had formal hearing on previously, all issues were corrected, and 2 individuals were hired to help take care of any future issues, if they slip back, we will not start from the beginning we will continue from where we left off
- PFAS
 - Rockbury Site, EGLE will be replacing the 12 wells that had detection of PFAS
 - 1 home retested from the Ludington wastewater treatment facility, there was a detection, filter was offered and taken
 - The state is rolling out MiChem, the program consists of going into communities and taking samples of sites where PFAS has been detected to get a baseline of Michigan. We will be informed if any sites are tested.
 - 8/2 Cross jurisdictional training with Mid-Michigan Health Department and Central Michigan Health Department. The training was held for leaders. The topic for the meeting was Workplace Inclusion.
 - 8/23 Safety Training held at Ferris University, it was also a cross jurisdictional training

- Kevin attended the NALBOH Conference on the last day. The next conference will be held in Tacoma, Washington.
- Continuing to work on finalizing the FY23 budget. Will be brought to the Finance Committee meeting on September 23rd.
- Low-cost loans for septic systems, the bill is moving forward, a committee has been formed to gather information, Mick Kramer will sit on the committee. More information to come
- The funding that was passed for testing wells will only be for one year
- Based on questions on the WIC Formula Recall from the last meeting, Anne Bianchi provided a flyer with answers to the questions

Other Business:

- Jim attended a conference where a discussion was had on the death of an individual from Michigan. If a person from Michigan dies in Michigan and doesn't have the money for a burial, Jim was told it is the responsibility of the Health Department, Kevin stated that it is the responsibility of the medical examiner. We do get involved if a person wants to exhume a body.

Public Comment: No public comment

Next Meeting: The next regular meeting of the Board of Health is scheduled for September 30th, 9:30 a.m. at the Cadillac Office

Meeting Adjourned: Jim Maike adjourned the meeting at 10:35 a.m.

District Health Department #10
Balance Sheet
August 31, 2022

Prepared by:
Christine Lopez, MBA
Administrative Services Director

ASSETS

Current Assets

Cash	11,751,159.72
Due from State	1,287,469.55
Due From Others	<u>734,101.62</u>
Total Current Assets	13,772,730.89

Other Assets

Inventory	259,623.00
Prepaid Expense	<u>195,383.23</u>
Total Other Assets	<u>455,006.23</u>
Total ASSETS	<u>14,227,737.12</u>

LIABILITIES

Current Liabilities

Accounts Payable	331,708.36
Payroll Taxes/Deductions Due	210,871.71
Accrued Wages	<u>459,436.24</u>
Total Current Liabilities	1,002,016.31

Other Liabilities

Deferred Revenue	<u>5,192,647.91</u>
Total LIABILITIES	6,194,664.22

FUND BALANCE

Fund Balance	8,180,941.43
Increase(Decrease) in Fund Balance	<u>(147,868.53)</u>
Total FUND BALANCE	<u>8,033,072.90</u>

LIABILITIES AND FUND BALANCE	<u>14,227,737.12</u>
------------------------------	----------------------

District Health Department #10
Statement of Revenues and Expenditures
From 08/01/2022 Through 08/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Revenues					
State & Federal Funding					
Adolescent Health Center - Chippewa Hills Full	17,843.99	43,588.75	245,000	(201,411.25)	(82.21)%
Adolescent Health Center - Lake City Clinical	10,253.70	130,783.72	135,000	(4,216.28)	(3.12)%
Adolescent Health Center - Mason County	-	135,000.00	135,000	-	0.00%
Beach Monitoring	2,779.00	11,500.00	15,829	(4,329.00)	(27.35)%
Beach Monitoring - Other	-	732.63	-	732.63	0.00%
Breast Cervical Cancer Control Program	10,130.81	61,052.86	84,800	(23,747.14)	(28.00)%
Brethren High School Mental Health Grant	10,000.00	110,000.00	110,000	-	0.00%
CC HUB NW	13,688.00	159,898.00	123,252	36,646.00	29.73%
CCL HUB	15,429.00	124,971.00	205,094	(80,123.00)	(39.07)%
CHA Needs Assessment	1,321.00	42,741.00	52,044	(9,303.00)	(17.88)%
Children's Special Health Care Services	-	217,245.00	254,582	(37,337.00)	(14.67)%
Chippewa Hills School Mental Health Grant	(1,423.53)	54,365.42	70,000	(15,634.58)	(22.34)%
CJS Alliance	30.00	18,743.28	23,466	(4,722.72)	(20.13)%
Communicable Disease	-	258,607.00	437,193	(178,586.00)	(40.85)%
Community Health	-	-	10,000	(10,000.00)	(100.00)%
COVID MI Supplemental Funding	113,688.43	584,747.55	905,530	(320,782.45)	(35.42)%
Cross Jurisdictional Sharing Admin	4,559.73	26,734.63	44,530	(17,795.37)	(39.96)%
CSHCS Care Coordination Case Mgmt	-	61,103.92	90,000	(28,896.08)	(32.11)%
CSHCS Vaccine Initiative	2,281.03	21,321.00	21,321	-	0.00%
Dental Partnering for Heart Health	-	78,631.65	82,810	(4,178.35)	(5.05)%
Dental Sealants	6,777.14	24,638.61	30,000	(5,361.39)	(17.87)%
Drinking Water	40,436.66	427,511.05	448,757	(21,245.95)	(4.73)%
ELC Contact Tracing and Wraparound	56,768.62	413,669.52	494,093	(80,423.48)	(16.28)%
ELC COVID Infection Prevention - CELC	-	90,000.00	51,638	38,362.00	74.29%
Emergency Preparedness	-	121,490.00	130,860	(9,370.00)	(7.16)%
Emergency Preparedness July-Sept	17,012.39	28,829.55	40,619	(11,789.45)	(29.02)%
Family Planning	7,963.67	393,616.00	401,579	(7,963.00)	(1.98)%
Food Service	-	270,791.00	270,791	-	0.00%
General EH - Campgrounds	-	3,575.00	6,375	(2,800.00)	(43.92)%
General EH - DHHS Inspection	8,190.00	35,075.00	41,000	(5,925.00)	(14.45)%
General EH - Pools & Spas	-	3,955.00	5,400	(1,445.00)	(26.76)%
Grayling Water Recovery	764.99	25,166.21	71,639	(46,472.79)	(64.87)%
Harm Reduction Support	1,012.81	90,000.00	90,000	-	0.00%
Hart High School Mental Health Grant	875.24	82,787.90	110,000	(27,212.10)	(24.74)%
Healthy Families America Grand Traverse	-	-	34,247	(34,247.00)	(100.00)%
Hearing	-	70,808.00	70,808	-	0.00%
HFA FFPSA Lake County	2,535.94	130,000.00	130,000	-	0.00%
HIV Prevention	9,266.64	40,841.07	45,000	(4,158.93)	(9.24)%
Imms VFC/INE	(450.00)	19,050.00	20,000	(950.00)	(4.75)%
Immunizations	-	207,484.00	207,484	-	0.00%
Immunizations IAP	-	108,280.00	108,280	-	0.00%
Immunizations Vaccine Quality Assurance	-	54,660.00	54,660	-	0.00%
Interconnected MH System-Mason	-	-	12,602	(12,602.00)	(100.00)%
Lead Home Visiting	-	403.16	500	(96.84)	(19.37)%
Ludington Schools Mental Health Grant	12,379.13	22,961.75	110,000	(87,038.25)	(79.13)%
MCH Women	4,348.68	46,820.51	78,000	(31,179.49)	(39.97)%
MCIR	24,374.68	175,000.00	175,000	-	0.00%
Medicaid Outreach	18,365.00	175,358.00	260,155	(84,797.00)	(32.59)%
MI Home Visiting IRE (HFA)	50,087.92	569,651.00	569,651	-	0.00%
MI Safer Schools	75,161.27	905,970.69	1,148,995	(243,024.31)	(21.15)%
Non Community Water	16,650.00	183,153.00	205,153	(22,000.00)	(10.72)%
On-Site Sewage - Septic Systems	39,563.46	387,374.00	387,374	-	0.00%
Oral Health Kindergarten Screening	4,640.44	28,617.15	49,062	(20,444.85)	(41.67)%
Pentwater Schools Mental Health Grant	12,892.05	28,164.92	110,000	(81,835.08)	(74.40)%
PFAS Eagle Ottawa Farm	246.75	1,883.56	-	1,883.56	0.00%
PFAS Rothbury	458.18	2,965.69	19,737	(16,771.31)	(84.97)%
PFAS Wexford Missaukee CTC	264.57	10,568.25	17,695	(7,126.75)	(40.28)%
Prosperity Grant/CLPP	2,918.67	39,181.92	40,000	(818.08)	(2.05)%

District Health Department #10
Statement of Revenues and Expenditures
From 08/01/2022 Through 08/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Public Health Workforce	-	-	80,000	(80,000.00)	(100.00)%
Regional Perinatal Care System	2,253.58	123,016.69	170,000	(46,983.31)	(27.64)%
Rotary Charities	416.00	5,590.00	3,793	1,797.00	47.38%
Rural Health Network - CHIR	-	30,188.00	30,188	-	0.00%
School Wellness - McBain	17,403.26	31,682.47	170,000	(138,317.53)	(81.36)%
Staff Recognition	-	152,693.31	538,507	(385,813.69)	(71.65)%
STI Clinics	-	45,000.00	45,000	-	0.00%
Tobacco Grant	3,758.23	35,212.18	40,000	(4,787.82)	(11.97)%
Vision	-	70,808.00	70,808	-	0.00%
WIC Migrant	-	98,000.00	98,000	-	0.00%
WIC Peer Counselor	29,841.44	296,643.16	297,969	(1,325.84)	(0.44)%
WIC Resident	81,743.05	1,570,745.00	1,570,745	-	0.00%
Wisewoman Coordination	-	25,000.00	25,000	-	0.00%
Total State & Federal Funding	749,501.62	9,846,647.73	12,232,615	(2,385,967.27)	(19.50)%
Other Funding					
Adolescent Health Center - Cadillac	20,860.68	242,748.66	248,000	(5,251.34)	(2.12)%
Adolescent Health Center - Chippewa Hills Full	-	-	5,277	(5,277.00)	(100.00)%
Adolescent Health Center - Lake City Clinical	1,666.67	60,740.84	62,407	(1,666.16)	(2.67)%
Adolescent Health Center - Mason County	1,666.67	18,333.34	20,000	(1,666.66)	(8.33)%
Adolescent Health Center - Shelby	2,750.00	245,250.00	248,000	(2,750.00)	(1.11)%
Adolescent Health Center - Viking Wellness	12,369.84	145,146.37	175,000	(29,853.63)	(17.06)%
Agnes Taylor Fund	-	210.62	4,215	(4,004.38)	(95.00)%
AHC COVID Immunization	1,296.78	180,647.00	140,385	40,262.00	28.68%
AHC Lake City MH Expansion	-	8,538.36	20,000	(11,461.64)	(57.31)%
AHC Mason County Eastern MH Expansion	-	13,473.04	20,000	(6,526.96)	(32.63)%
Beach Monitoring - Other	-	-	11,879	(11,879.00)	(100.00)%
Brethren High School Mental Health Grant	1,666.67	18,333.34	20,000	(1,666.66)	(8.33)%
Building Lease Cadillac	8,600.00	94,600.00	103,200	(8,600.00)	(8.33)%
Building Lease Hart	5,300.00	58,300.00	63,600	(5,300.00)	(8.33)%
CATCH Grant	-	10,296.50	10,296	0.50	0.00%
CC HUB NW	7,457.00	82,020.00	89,476	(7,456.00)	(8.33)%
CCL HUB	-	60,800.00	-	60,800.00	0.00%
CD Billing Counties	144.60	1,621.87	2,500	(878.13)	-35.13
CHA Needs Assessment	2,000.00	26,000.00	24,000	2,000.00	8.33%
Chippewa Hills School Mental Health Grant	1,666.67	18,333.34	20,000	(1,666.66)	(8.33)%
CHIR - Communications	-	6,000.00	6,000	-	0.00%
CHIR BBO	6,234.56	25,000.00	25,000	-	0.00%
Chronic Disease Prevention	-	-	17,716	(17,716.00)	(100.00)%
Coalition Capacity Building Lake	2,553.17	12,097.05	15,333	(3,235.95)	(21.10)%
Coalition Capacity Building Manistee	5,054.61	29,462.85	28,239	1,223.85	4.33%
Coalition Capacity Building Mason	2,702.18	8,868.97	28,311	(19,442.03)	(68.67)%
Communicable Disease	-	450.00	-	450.00	0.00%
Community Health	2,133.00	26,523.00	45,790	(19,267.00)	(42.08)%
COVID Health Disparities - Rural Health	24,213.66	89,068.40	182,392	(93,323.60)	(51.17)%
COVID Prevention Missaukee	52.19	8,342.00	8,342	-	0.00%
COVID Prevention Wexford	4,203.61	17,389.00	17,389	-	0.00%
CSHCS Thorton Fund Kalkaska	-	3,577.15	5,977	(2,399.85)	(40.15)%
Dental Outreach	-	5,035.05	5,000	35.05	0.70%
Early On Oceana	-	412.50	500	(87.50)	(17.50)%
EPI	-	350.00	-	350.00	0.00%
Finance	-	113,352.00	113,352	-	0.00%
Gambling Disorder Prevention Project Grant	4,464.57	22,035.99	24,300	(2,264.01)	(9.32)%
Grayling School Mental Health	1,060.62	25,816.47	30,000	(4,183.53)	(13.95)%
Hart High School Mental Health Grant	1,666.67	18,333.34	20,000	(1,666.66)	(8.33)%
Healthy Families America - Manistee/Missaukee	13,164.02	137,564.78	150,749	(13,184.22)	(8.75)%
Healthy Futures Munson	-	4,034.00	4,034	-	0.00%
Immunizations	1,000.00	1,275.00	302,000	(300,725.00)	(99.58)%
Interconnected MH System-Mason	3,587.65	125,748.26	250,000	(124,251.74)	-49.7
LiveWell for your Heart	1,524.01	32,192.96	53,000	(20,807.04)	(39.26)%

District Health Department #10
Statement of Revenues and Expenditures
From 08/01/2022 Through 08/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Ludington Schools Mental Health Grant	-	-	3,828	(3,828.00)	(100.00)%
Maternal Infant Health Program	-	500.00	-	500.00	0.00%
MCDC	15,210.00	283,568.37	400,000	(116,431.63)	(29.11)%
Media and Marketing	-	5,000.00	-	5,000.00	0.00%
Medical Marihuana Operations and Oversight	226.11	10,444.79	12,863	(2,418.21)	(18.80)%
Medical Marihuana Operations and Oversight	90.96	2,606.88	2,933	(326.12)	(11.12)%
Medical Marihuana Operations and Oversight	159.98	4,751.78	5,145	(393.22)	(7.64)%
Medical Marihuana Operations and Oversight	212.27	9,263.60	13,043	(3,779.40)	(28.98)%
North Central Network Expanding Capacity for	1,712.39	1,712.39	100,000	(98,287.61)	-98.29
Nursing Administration	-	2,527.50	5,055	(2,527.50)	(50.00)%
Oceana LEADS DFC	8,421.92	125,900.00	104,415	21,485.00	20.58%
Pentwater Schools Mental Health Grant	-	-	3,828	(3,828.00)	(100.00)%
Prevention	9,943.21	92,986.65	107,540	(14,553.35)	(13.53)%
Prevention Grant Missaukee	1,602.48	17,418.71	20,854	(3,435.29)	(16.47)%
Prevention Grant Wexford	3,691.30	43,472.00	43,472	-	0.00%
Rotary Charities	-	16,000.00	16,031	(31.00)	(0.19)%
Rx for Health	72,485.32	268,726.51	223,828	44,898.51	20.06
School Wellness - McBain	-	-	4,346	(4,346.00)	(100.00)%
School Wellness Center - Manton/Mesick	2,500.00	165,547.66	200,000	(34,452.34)	(17.23)%
Snap Ed Full-Year	5,379.35	92,710.00	92,710	-	0.00%
Staff Recognition	-	387,285.16	-	387,285.16	0.00%
State Opioid Response (SOR) Lake	350.35	11,512.84	10,000	1,512.84	15.13%
State Opioid Response (SOR) Mason	175.93	8,836.44	20,000	(11,163.56)	(55.82)%
State Opioid Response (SOR) Oceana	237.92	9,103.22	15,000	(5,896.78)	(39.31)%
Sub Abuse COVID Supplemental - Lake	-	5,260.00	5,260	-	0.00%
Sub Abuse COVID Supplemental - Mason	1,323.65	15,219.27	15,782	(562.73)	(3.57)%
Sub Abuse COVID Supplemental - Oceana	5,503.43	17,310.73	16,748	562.73	3.36%
Sub Abuse COVID Supplemental Lake21	-	3,400.00	3,400	-	0.00%
Sub Abuse COVID Supplemental Mason21	-	9,189.05	12,000	(2,810.95)	(23.42)%
Sub Abuse COVID Supplemental Oceana21	-	12,600.00	12,600	-	0.00%
Substance Use Stigma Assessment and	-	-	32,203	(32,203.00)	(100.00)%
Substance, Education and Awareness (SEA)	-	8,000.00	8,000	-	0.00%
Tobacco/ENDS Education	-	-	1,000	(1,000.00)	(100.00)%
Vaccine Marketing	-	12,000.00	12,000	-	0.00%
WIC Resident	-	-	200	(200.00)	(100.00)%
Total Other Funding	270,286.67	3,641,175.60	4,145,743	(504,567.40)	-12.17%
Billing Revenue					
Adolescent Health Center - Cadillac	945.76	42,153.06	90,000	(47,846.94)	(53.16)%
Adolescent Health Center - Lake City Clinical	5,224.70	27,333.74	50,000	(22,666.26)	(45.33)%
Adolescent Health Center - Mason County	1,496.37	10,022.49	50,000	(39,977.51)	(79.96)%
Adolescent Health Center - Shelby	4,288.46	59,504.56	62,000	(2,495.44)	(4.02)%
Adolescent Health Center - Viking Wellness	2,159.62	31,527.67	40,000	(8,472.33)	(21.18)%
BCCCP Direct	116.85	10,852.05	7,500	3,352.05	44.69%
Breast Cervical Cancer Control Program	70.00	10,327.04	5,000	5,327.04	106.54%
Brethren High School Mental Health Grant	936.74	3,238.68	30,000	(26,761.32)	(89.20)%
CC HUB NW	13,607.00	138,311.52	121,294	17,017.52	14.03%
CCL HUB	-	-	16,800	(16,800.00)	(100.00)%
Chippewa Hills School Mental Health Grant	2,929.40	41,564.39	47,000	(5,435.61)	(11.57)%
Community Health	-	10.00	-	10.00	0.00%
COVID MI Supplemental Funding	20,653.72	437,546.84	400,000	37,546.84	9.39%
Dental Sealants	-	2,341.00	3,000	(659.00)	(21.97)%
Dental Varnish	-	657.89	120	537.89	448.24%
Family Planning	5,308.88	77,993.89	150,000	(72,006.11)	(48.00)%
Hart High School Mental Health Grant	10,326.10	39,995.70	40,000	(4.30)	(0.01)%

District Health Department #10
Statement of Revenues and Expenditures
From 08/01/2022 Through 08/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Hearing	727.60	16,066.60	16,000	66.60	0.42%
Immunizations	23,423.14	487,883.90	500,000	(12,116.10)	(2.42)%
Lead Hemoglobin	125.83	1,724.35	1,500	224.35	14.96%
Maternal Infant Health Program	36,728.61	418,183.97	500,000	(81,816.03)	(16.36)%
MCH Women	604.54	765.35	-	765.35	0.00%
School Wellness Center - Manton/Mesick	14,318.02	41,733.12	32,312	9,421.12	29.16%
STI Clinics	1,086.05	6,347.32	5,000	1,347.32	26.95%
Vision	745.20	17,137.00	20,000	(2,863.00)	(14.31)%
Wisewoman Coordination	-	14,650.00	13,000	1,650.00	12.69%
Total Billing Revenue	145,822.59	1,937,872.13	2,200,526	(262,653.87)	(11.94)%
Medicaid Cost Settlement					
Medicaid Cost Report	400,000.00	1,550,000.00	2,000,000	(450,000.00)	(22.50)%
Total Medicaid Cost Settlement	400,000.00	1,550,000.00	2,000,000	(450,000.00)	(22.50)%
Environmental Health Revenue	147,036.50	1,593,458.67	1,733,400	(139,941.33)	(8.07)%
Appropriations	247,873.30	2,726,606.48	2,974,480	(247,873.52)	(8.33)%
Other Revenue					
MMRMA Distribution	-	32,291.00	32,291	-	0.00%
Workers Compensation Dividends	-	24,973.00	24,973	-	0.00%
Other	7,296.08	93,392.09	91,000	2,392.09	2.63%
Total Other Revenue	7,296.08	150,656.09	148,264	2,392.09	1.61%
Total Revenues	1,967,831.11	21,446,431.05	25,435,028	(3,988,596.95)	-15.68%
Expenses	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Wages	993,081.34	10,858,634.61	12,408,205	1,549,570.39	12.49%
Fringes	426,949.41	5,348,587.82	6,329,366	980,778.18	15.50%
Travel	54,096.35	432,124.28	587,067	154,942.72	26.39%
Supplies	231,307.41	1,160,223.32	1,897,310	737,086.68	38.85%
Contractual	101,426.26	693,209.09	1,273,507	580,297.91	45.57%
Communications	26,742.88	317,673.17	364,552	46,878.83	12.86%
Printing/Publishing	31,288.43	129,343.75	151,830	22,486.25	14.81%
Education/Training	1,081.00	51,184.36	105,450	54,265.64	51.46%
Liability Insurance	18,232.08	100,529.92	100,319	(210.92)	(0.21)%
Maintenance	55,858.79	459,176.05	503,969	44,792.95	8.89%
Space	125,601.98	1,390,788.27	1,535,494	144,705.73	9.42%
Capital Outlay	128,316.18	216,356.57	340,000	123,643.43	36.37%
County DSH/Dental	54,780.42	436,468.37	566,801	130,332.63	22.99%
Total Expenses	2,248,762.53	21,594,299.58	26,163,870	4,569,570.42	17.47%
Increase (Decrease) Fund Balance	(280,931.42)	(147,868.53)	(728,842)		

District Health Department #10
Aged Receivable Report 08/01/2022 - 08/31/2022

	Balance	Current	31-60 Days	61-90 Days	91+ Days
Due From County	21,157.13	9,597.58	9,597.58	1,961.97	-
Due From Other					
Due From Adolescent Health Center Grant	51,248.66	18,110.68	14,926.94	10,634.80	7,576.24
Due From Adolescent Health Center Grayling Grant	10,703.17	10,703.17	-	-	-
Due From Adolescent Health Center Shelby Grant	53,750.00	-	11,915.00	21,329.89	20,505.11
Due From AHC - Lake City Clinical	4,545.86	4,545.86	-	-	-
Due From AHC - Mason County Eastern	11,250.00	11,250.00	-	-	-
Due From AHC COVID Immunization	169,635.00	1,296.78	27,769.93	35,031.35	105,536.94
Due From Basic Flex	73,586.78	-	-	-	73,586.78
Due From CCL Hub	22,370.00	7,456.00	7,456.00	7,458.00	-
Due From CHIR	6,724.00	6,234.56	252.96	236.48	-
Due From CHIR Communications	-	-	-	-	-
Due From CHIR Rotary Charities	-	-	-	-	-
Due From CHW Project - McLaren	2,642.10	-	-	-	2,642.10
Due From CHW Project - Meridian	-	-	-	-	-
Due From Coalition Capacity Building	17,052.87	10,309.96	6,742.91	-	-
Due From COVID Prevention	6,498.00	4,255.80	2,242.20	-	-
Due From Dental Partnership	-	-	-	-	-
Due From DFC Oceana LEADS	32,394.00	8,421.92	23,972.08	-	-
Due From Gambling Disorder Grant	8,014.99	4,464.57	1,818.76	1,731.66	-
Due From Grayling Mental Health Grant	1,060.62	1,060.62	-	-	-
Due From Healthy Families Manistee/Missaukee	48,148.78	13,164.02	8,832.82	-	26,151.94
Due From Healthy Futures Munson	-	-	-	-	-
Due From LEADS' Medication Lock Box	-	-	-	-	-
Due From MCDC	25,670.42	-	25,670.42	-	-
Due From MCE MH Expansion	3,473.04	-	170.41	3,302.63	-
Due From MMOOG	12,210.51	689.32	1,149.71	913.67	9,457.81
Due From Others	-	-	-	-	-
Due From Prevention	16,746.65	9,943.21	6,803.44	-	-
Due From Prevention Grant Miss/Wex	9,985.71	5,293.78	4,691.93	-	-
Due From SA COVID Supplemental	5,677.05	5,677.05	-	-	-
Due from School Wellness Grant	10,547.66	1,824.10	5,080.56	3,643.00	-
Due From Snap	37,595.61	5,379.35	12,169.17	11,033.53	9,013.56
Due From Other Sum	641,531.48	130,080.75	161,665.24	95,315.01	254,470.48
Due From State	1,358,882.56	1,358,611.26	271.30	-	-
Grand Total	2,021,571.17	1,498,289.59	171,534.12	97,276.98	254,470.48
Percentage		74.12%	8.49%	4.81%	12.59%

District Health Department #10

Cash Flow Analysis

September 23, 2022

	September	October	November	December
Beginning Cash Balance	11,023,278	10,272,221	9,752,106	8,999,991
Receipts:				
State Funding	-	800,000	800,000	800,000
Billing Revenue	50,000	50,000	50,000	50,000
EH Fees	50,000	100,000	100,000	100,000
Appropriations	-	232,000	-	-
Other	<u>100,000</u>	<u>200,000</u>	<u>200,000</u>	<u>200,000</u>
Total	200,000	1,382,000	1,150,000	1,150,000
Expenses:				
Wages	462,932	925,864	925,864	925,864
Benefits	238,633	477,266	477,266	477,266
Other	<u>249,493</u>	<u>498,985</u>	<u>498,985</u>	<u>498,985</u>
Total	951,058	1,902,115	1,902,115	1,902,115
Total Cash & Investments	<u>10,272,221</u>	<u>9,752,106</u>	<u>8,999,991</u>	<u>8,247,876</u>

Accounts Payable

	Amount	Date
22360 - 22513, 508740 - 508835	\$1,969,714.65	August - September
1311 - 1313		
Total Accounts Payable	\$1,969,714.65	

Payroll

72778 - 73458	\$1,025,278.74	August - September
Total Payroll	\$1,025,278.74	

Total Expenditures \$2,994,993.39

August 30, 2022

Wexford County Office

I Committee Chair, Jim Maike, called the meeting to order at 2:00 pm

Members Present: Ron Bacon, Richard Schmidt, Ray Steinke, Jim Maike

Member Excused: Shelly Pinkelman

Staff Present: Kevin Hughes

II Review and Approval

A. Motion by Ray Steinke, seconded by Richard Schmidt, to approve the agenda. Motion Carried.

B. Motion by Ray Steinke, seconded by Ron Bacon, to approve the meeting minutes from October 18, 2021. Motion Carried.

III Health Officer Evaluation

Kevin discussed the current Health Officer evaluation tool and the process and if there were any changes needed to either. After discussion, the consensus was to continue with both. Committee members like the current tool and wish to continue using it. Moving forward the tool will be distributed to BOH members at the October meeting, with the Board reviewing the results as part of the November meeting. *Motion by Ray Steinke to recommend to the full Board that the current evaluation process continue, seconded by Ron Bacon. All members voted in favor of this motion.*

IV Board Action Items

Kevin discussed the need to continue with the practice of presenting items for information one month and then submit for action the following month. Inquired if the Board would be ok with requesting action on items presented that month provided, they are included in the Board packet for that month. After discussion, *Motion by Richard Schmidt to recommend to the full board that action items be addressed the month they are presented and that this process be piloted through the end of the calendar year then reevaluated, seconded by Ray Steinke. All members voted in favor.*

V Workforce Update

Kevin reviewed the current challenges with recruiting and maintaining the DHD#10 workforce. Competing against other employers for the same resource with limited ability to enhance continues to be problematic. Will continue to monitor this situation and implement creative strategies as needed.

VI Local Public Health Funding

Kevin discussed impact of continued level funding for public health services and the challenges it provides with staffing services. Without increases in funding, we may need to pursue the following options:

- Increase fees
- Request increased County appropriations
- Cut staffing resulting in limited services and increased time for responses
- Operate using fund balance

Recognizing the rhetoric around limited government and limiting funding to LPH because of response to COVID-19 but we still have MPR that we are expected to meet as specified in our contracts. Discussion was had on advocating with MAC to help address this issue.

VII Enforcement Issues

Kevin discussed a recent development in Lake County with ability to enforce identified issues. Prosecutor has requested additional information be provided on the party involved to pursue any action against. Challenge is, this is not required in any other County, some of the requested information is not legally required to be provide by an individual and finally, none of the requested information is required as part of our permit or work. Our legal counsel is currently communicating with the prosecutor on this issue to try and resolve it.

VIII MALPH Board President Elect

Kevin Informed the committee members that he has been nominated for the position of President Elect for MALPH, meaning he would become President in October 2023. No concerns or issues were raised by the committee members.

IX Other – No other business was brought forward for discussion

X Next Meeting – TBA

XI Adjournment – *motion by Richard Schmidt to adjourn the meeting at 3pm, seconded by Ray Steinke.*

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

Mid-Michigan District Health Department, Wednesday, September 28, 2022
Central Michigan District Health Department, Wednesday, September 28, 2022
District Health Department 10, Friday, September 30, 2022

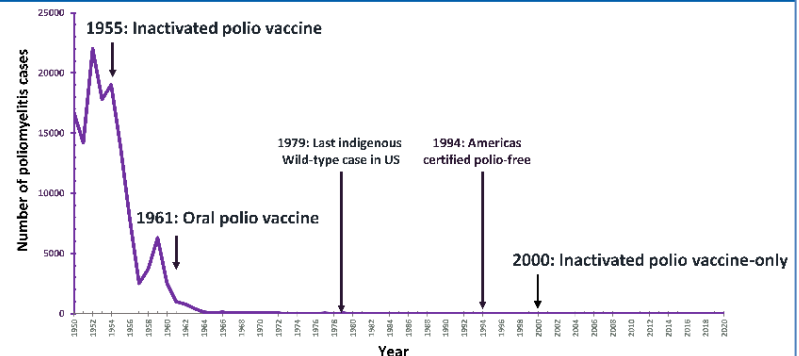


Polio

Polio and, more specifically, paralytic poliomyelitis, has likely existed since the ancient past. It was first clinically described as an illness in the late 1700s, and outbreaks were described starting in the 1800s. In the United States, polio infections peaked in 1952, with over 21,000 cases of paralysis from polio occurring. Cases of polio dropped rapidly in the US after introduction of effective vaccines in 1955.

Poliovirus is a type of enterovirus with three serotypes, type 1, type 2, and type 3. Immunity to one serotype does not provide protection to other serotypes. The virus enters the body through the

Paralytic polio in the U.S. decreased rapidly after introduction of vaccine



mouth and multiplies in the mouth, throat, and gastrointestinal tract. The virus can be shed in stools for several weeks after infection and it is highly infectious. Most of those infected (70-75%) have no symptoms of having contagious polio. About 24% of those infected have a mild illness, usually low fever, and sore throat, with complete recovery in less than a week. Nonparalytic aseptic meningitis occurs in 1% to 5% of people infected, which may cause a neck stiffness, feeling mildly ill for a few days, increased or abnormal sensations (e.g., pain in the limbs, back, or neck), headache, and vomiting, followed by complete recovery.

Less than 1% of all polio infection result in paralytic poliomyelitis and it can take up to 30 days after infection for this complication to occur. Poliomyelitis causes a flaccid type of paralysis, where the muscles are floppy and have decreased muscle tone. Some may have no other signs of polio illness, only the pain and paralysis of poliomyelitis. The paralysis is usually asymmetrical, with one side of the body worse than others. The paralysis is often permanent, though some recovery can occur. The death rate of paralytic polio is 2% to 5% for children and 15% to 30% for adolescents and adults. The death rate is higher if the face, neck, and/or respiratory muscles are involved.

Some People May Experience



Pain in the arms or legs



Pain in the neck or back



Difficulty moving the eyes or drooping eyelids



Facial droop

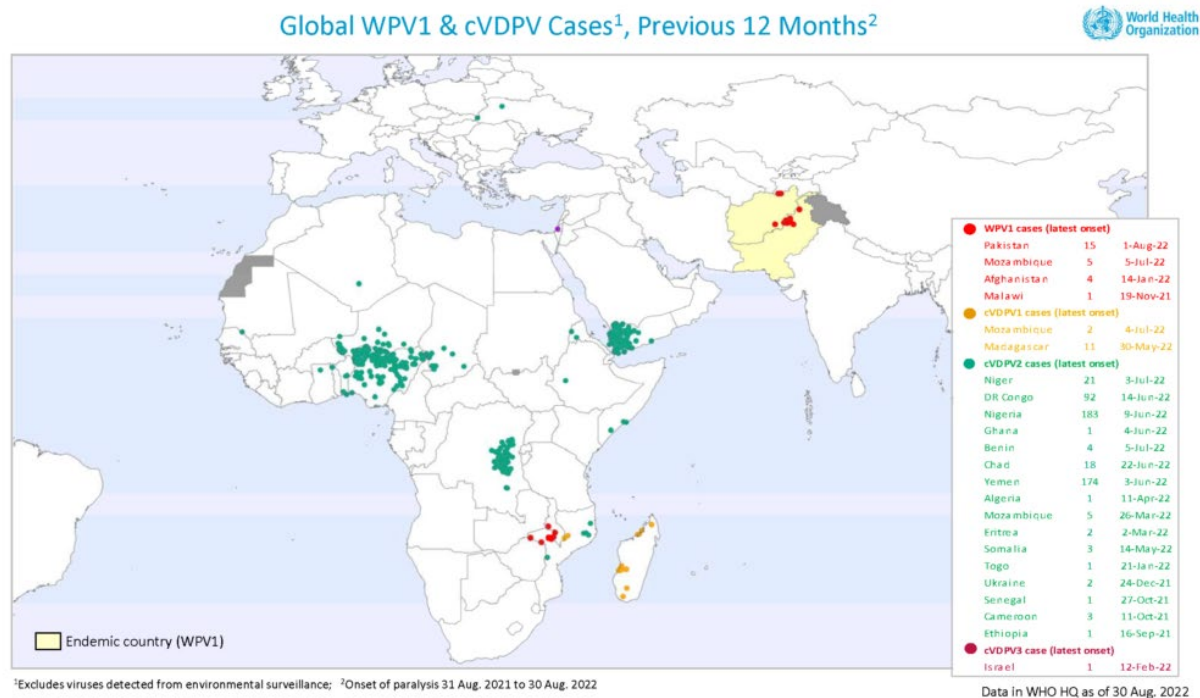


Difficulty swallowing or slurred speech

Immunization against polio has been a huge global achievement. (Note: Michigan played a pivotal part in the development of the polio vaccine. Dr. Thomas Francis Jr., director of the Poliomyelitis Vaccine Evaluation Center at the University of Michigan School of Public Health, conducted the two-year national field trials of the poliomyelitis vaccine on 1.8 million children. The press conference announcing their results was held at U of M, Ann Arbor <https://www.uofmhealth.org/news/archive/202005/looking-back-another-virus-battle-u-m%E2%80%99s-role-polio-history>.) There are two types of polio vaccine: inactivated polio vaccine (IPV) and live attenuated (weakened) oral polio vaccine (OPV). The characteristic of each vaccine is summarized in the table below.

Type of Vaccine	IPV	OPV
Virus in vaccine	Inactivated (dead) poliovirus (inactivated by dilute formalin). Contains serotypes 1, 2, and 3	Weakened poliovirus (weakened by repeatedly passing virus through cell cultures, causing virus became less contagious and less likely to cause illness). Currently only contains serotypes 1 and 3 (type 2 eradicated worldwide in 2015). This is called bivalent oral polio vaccine, or bOPV.
Where vaccine used	Most middle- and upper-income countries. Must be administered by a trained healthcare professional, costs \$1/dose. Only vaccine used in the US.	Many low-income countries. Easy to administer, can be administered by nonmedical volunteers. Costs less than \$0.15/dose. There are efforts to add IPV or switch to only IPV in all countries to try to eliminate polio worldwide.
How administered	Injection, either subcutaneous or intramuscular	Orally
How it works	Body produces antibodies in the blood in response to the inactivated virus.	Weakened virus reproduces in the intestines and the lymphoid tissue in the throat and intestines, causing antibody production in these areas, as well as the rest of the body.
Types of polio protected	Prevents paralysis, and to a lesser extent, polio infection. Protects against polio disease due to WPV and vaccine-derived polioviruses (VDPVs), but cannot stop spread of virus in a community.	Prevents paralysis and transmission of polio. Protects against polio disease due to WPV and vaccine-derived polioviruses (VDPVs). Helps stop transmission by limiting the virus's ability to replicate in the gut and spread to infect others.
Passage of virus to environment	None	Vaccine virus is shed from the throat and mouth for up to 14 days and excreted in stool for up to 6 weeks after vaccination.
Spread of vaccine virus to other	Does not occur	<ul style="list-style-type: none"> • May occur. Spread of the vaccine virus to others can help immunize others in the community. • If the vaccine virus spreads long enough in an under-immunized population, the vaccine virus can mutate, or revert, back to a form that can cause illness and paralytic polio. <ul style="list-style-type: none"> ➤ These are called vaccine-derived polioviruses (VDPVs). <ul style="list-style-type: none"> ▪ VDPVs are forms that have significant genetic change that develop after repeated replication of the vaccine strains contained in OPV in a community with poor vaccination coverage. The changes allow the VDPVs to re-acquire the ability to cause paralytic polio and be contagious like wild poliovirus.
Schedule	4 doses: 2 months, 4 months of age, 6-18 months, and 4-6 years (Recommendations of CDC)	5 doses: Birth, 6 wks., 10wks., and 14 wks. of age and one dose IPV at ≥14 weeks of age (Recommendation of WHO)
Immunity	90% or more are immune after 2 doses, at least 99% immune after 3 doses. Duration of immunity not known with certainty, although probably lifelong.	By 18 months of age, over 95% are immune to types 1 and 3 and 53% to 80% are immune to type 2. Duration of immunity not known with certainty, although probably lifelong

Polio remains endemic (naturally occurring) in only two countries: Afghanistan and Pakistan. Vaccine-derived poliovirus (VDPV) cases continue in many countries.



<https://polioeradication.org/polio-today/polio-now/>

In July 2022, a case of poliomyelitis caused by a vaccine-derived poliovirus (VDPV) was diagnosed in an unvaccinated 20-year-old man in Rockford County, New York. His virus was genetically linked to samples collected in sewage in Jerusalem and London. This patient had not traveled. Rockland County reviewed their sewage samples used for COVID monitoring and found poliovirus in samples from June that matched the patient's sample. New York had detected polio virus in their wastewater system as early as April, and New York City in August, making it likely it had been circulating for some time. Polio causes many asymptomatic and mild cases and has a long incubation period, so it is thought to be likely that other unrecognized cases occurred in the area. Rockland County has vaccination rates lower than most of the country, with only 60% of 2-year-olds fully vaccinated against polio, compared to the national average of 90%.

Similar events to this have happened in the US in the past. In 2005, vaccine-derived poliovirus (VDPV) poliovirus was identified in an immunocompromised infant girl in a predominantly unvaccinated Amish community in Minnesota. She did not develop paralysis but had many other illnesses and symptoms. Stool testing of her community found asymptomatic poliovirus infections with the same VDPV in three other children. None of those three children had been ill and none were immunocompromised. The source of the virus was never determined, but it appeared to have been circulating undetected in an unidentified location, probably another country, for at least 2 years based on number of genetic changes in the virus. Neither the infant nor her family members had any history of international travel.

These incidents highlight the importance of continued polio vaccination in all children in the US. Despite the apparent lack of polio in our country, there continues to be risk of infection and life-long paralysis from this virus, particularly in those that travel internationally to at risk areas. There is also a real chance to eradicate another infectious disease and the Global Polio Eradication Initiative (GPEI) is working toward that goal. Rotary is a member of that initiative.

Most adults have been vaccinated for polio. Adults who are unvaccinated or have incomplete vaccination for poliovirus should receive catch up immunizations to complete their series. In general, booster doses are not needed but can be considered for adults at increased risk of polio exposure, including laboratory workers handling specimens that may contain polioviruses, healthcare personnel treating patients who could have polio or have close contact with a person who could be infected with poliovirus, and travelers to areas where poliomyelitis is endemic or epidemic.

Recommendations:

1. Encourage routine polio vaccination and catch-vaccination in the US and globally.
2. Support efforts to eliminate polio.

Sources

- Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Chapter 18: Polio. Hall E., Wodi A.P., Hamborsky J., et al., eds. 14th ed. Washington, D.C. Public Health Foundation, 2021.
- CDC Clinician Outreach and Communication Activity (COCA) Call. 2022. Polio in New York: How to Recognize and Report Polio and Reinforce Routine Childhood Polio Vaccination.
- Polio Global Eradication Initiative. Fact Sheet: Vaccine-Derived Poliovirus. <https://polioeradication.org/wp-content/uploads/2018/07/GPEI-cVDPV-Fact-Sheet-20191115.pdf>
- Dixon-Luinenburg, M. 2022. New York's polio crisis, explained. Vox. <https://www.vox.com/future-perfect/23288366/polio-rockland-vaccines-new-york-explainer-eradication>
- Gleeson, C. 2022. A timeline of New York's Polio case. Becker's Hospital Review. <https://www.beckershospitalreview.com/public-health/a-timeline-of-new-york-s-polio-case.html>
- Centers for Disease Control and Prevention (CDC). "Poliovirus infections in four unvaccinated children--Minnesota, August-October 2005." MMWR. Morbidity and mortality weekly report 54.41 (2005): 1053-1055.

**Board of Health
Deputy Health Officer
September 2022**

**1. Community Health Innovation
Regions of Northern Michigan
(NMCHIR) Updates**

NMCHIR – Regional Efforts:

- A regional response application to MDHHS's Social Determinants of Health Planning Grant was submitted on behalf of the seven health departments of the Northern Michigan Public Health alliance last month. The application was submitted to support the work within the three CHIR regions serving the 31 counties as indicated on the map. The SDoH Grant had two separate areas including support for Community Health Needs Assessment/Community Health Improvement Planning and Community Information Exchange (CIE) efforts around SDoH assessment data and referral through building and strengthening networks for data sharing and addressing needs through community clinical linkage systems such as the NMCHIR's Community Connections HUBs located within local public health departments. **We received notification earlier this month that the grant application was awarded at \$300,000 and the project will launch in November.** The funding will support the overall CHIR regional leadership team which includes both myself as lead for the North Central CHIR and regional support to the Northwest CHIR, and Erin Barrett as regional Communications Coordinator for the full NMCHIR. In addition, each of the regional CHIRs will receive funding to support CHNA/CHIP work through the MiThrive initiative, and funding to support the initiation or enhancement of the CIE network through the CHIR backbone structure and Community Connections program coordination.



North Central CHIR (NCCHIR) – DHD#10 serves as the backbone organization (BBO)

- As previously reported, DHD#10 submitted an application in July to the Centers for Disease Control and Prevention in response to their “Closing the Gap With Social Determinants of Health Accelerator Plans” Request for Proposals. We received notification earlier this month that we **have been awarded \$125,000 to support another year of staffing for the North Central CHIR** in collaboration with Central Michigan District Health Department.
- The NCCHIR’s **awarded \$100,000 grant, “Expanding Capacity for Collaboration”**, from the Michigan Health Endowment Fund launched in August with key stakeholder interviews with the Training Consultant. This project is designed to build relationships across the 10 counties of the NCCHIR region (in blue on the map above) including five counties of both DHD#10 and CMDHD. This will help build trust and understanding of the work of the CHIR which was launched during the COVID pandemic via virtual meetings. These trainings will blend virtual and in person to help in

building success for collective impact work.

Northwest Michigan CHIR (NWCHIR) – Health Department of Northwest Michigan is BBO - DHD#10 is funded to provide BBO staff support to the region. This was the original CHIR funded through the SIM.

- The NWCHIR received a \$500,000 Behavioral Health Grant Award as follow up to their planning grant from this past year. The project launched in September and they are hosting a Summit on 9/29 to showcase the accomplishments of the work and the plans for the new 2 year grant award. DHD#10 staff are actively involved in a number of their action teams including: Recruit Behavioral health Provider Team), Retain Behavioral Health Providers, Regional Care Coordinators Network, Reducing Mental Health Stigma. As part of the grant application, **DHD#10 has been awarded funding to support placing a half-time Community Health Worker (CHW)** in the Mesick Consolidated Schools to support students and families who have barriers to success due to SDoHs.
- Substance Use Stigma Assessment & Response Grant (SSAR) update – **DHD#10 was awarded a \$220,000 grant from the National Association of City and County Health Officials (NACCHO)** early summer to support 4 targeted counties within the NWCHIR including Manistee and Wexford counties within DHD#10's service area. The project however is being implemented across the full NWCHIR 10 counties with targeted work in the 4 counties to address their higher opiate death rates. The first phase of the project launched last month with implementation of NACCHO's stigma assessment aimed at the general public; the assessment collected nearly 1400 responses and our partners at NACCHO were very happy with such a large public response. Next steps will be to launch specific assessment tools for targeted workgroups such as health care providers, law enforcement, public health and individuals living with a substance use disorder. Phase 2 of the project will be to determine training tools and develop a communications campaign to reduce stigma across the region. Lessons learned will be shared across the 31 counties of the CHIRs.

2. Community Health Needs Assessment & Community Health Improvement Plan Update

As noted above, DHD#10 will be receiving funding to support our CHNA and CHIP. As such, our official agency CHNA Report will be presented for approval later this fall. Work is actively happening now on developing our CHIP at the community level within each of the three separate regions. This also will be coming back to the BOH for approval later this year or early 2023.

3. PHAB Update

We are in the final stages of our PHAB application for re-accreditation with the final deadline for uploading our documentation of October 31.

4. Regional Planning Department

Our Regional Planning Team has had a number of changes over the last several months. In June and in September we brought on two new Epidemiologists to work with our community health data and support CHNA efforts and grant programs within the agency. These positions will help support data driven decisions and evaluation efforts within the agency.

Respectfully Submitted,

*Sarah Oleniczak, MCHES, MPH
Deputy Health Officer*



Board of Health
Health Officer Report
September 30, 2022

- **Epi Team Update:** Information on current case counts, other CD issues, vaccination efforts for flu and COVID will be shared at the meeting.
- **PFAS Update:** Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
- **Lighthouse Communication:** We have received initial communication from Lighthouse, our third-party benefit provider, regarding our 2023 health insurance renewal rates. Currently, we are expecting an overall decrease in costs of 1.19%, essentially keeping the rates at the same level as this current year. We are awaiting additional information from Lighthouse on this topic.
- **President Elect MALPH:** I was elected President Elect for MALPH in this past August's election meaning I will assume the role of MALPH President in October, 2023.

Respectfully submitted,

Kevin Hughes, MA
Health Officer