



BOARD OF HEALTH

December 16th, 2022, 10:00 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.....November 18, 2022

Public Comment

I. Committee Reports

A. Executive Committee.....Jim Maike

1. *Recognition of departing Board of Health members*

2. *Introduction of Legislators*

B. Finance Committee.....Ray Steinke

3. *Finance Report for October*

4. *Approve November Accounts Payable and Payroll.....Action Item*

5. *MERS Payment Proposal.....Action Item*

C. Personnel Committee.....Shelley Pinkelman

6. *Longevity Awards*

D. Legislative Committee.....Shelley Pinkelman

II. Administration Reports

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

B. Deputy Health OfficerSarah Oleniczak

7. *Support of the DHD#10 Community Health Needs Assessment Report ...Action Item*

C. Health Officer.....Kevin Hughes

1. *Approve 2023 Meeting Dates..... Action Item*

2. *Proposed 2023 Health Officer Goals Action Item*

- III. Public Comments**
- IV. Other Business**
- V. Next Board of Health Meeting: January 27, at 10:00 a.m.**
- VI. Adjournment**



Board of Health

Meeting Minutes

November 18, 2022

521 Cobb St, Cadillac, MI

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

Roll Call:

Members Present: James Sweet, Betty Dermeyer, Dawn Martin, Pauline Jaquish, Richard Schmidt, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Roger Ouwinga, Jim Maike, Paul Erickson, Julie Theobald, Gary Taylor

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

Members Excused: Shelley Pinkelman, Phil Lewis, Robert Baldwin, Star Hughston, Bryan Kolk, Martha Meyette

Approve the Agenda: Motion by Richard Schmidt, seconded by Ray Steinke to approve the meeting agenda with a motion to add Health Officer review under Executive Committee

Motion Carried

Approve the Meeting Minutes: Motion by Ray Steinke, seconded by Nick Kriger to approve the minutes of the October 28, 2022, meeting.

Motion Carried

Public Comment: No public comment

Committee Reports:

I. Executive Committee:

- The Executive Committee held a closed session to discuss Health Officer evaluation

Approve closed session to discuss Health Officer evaluation: Motion by Nick Krieger, seconded by Ray Steinke to go into closed session for Health Officer evaluation

James Sweet	Yes	Tom O'Neil	Yes
Betty Dermeyer	Yes	Ray Steinke	Yes
Dawn Martin	Yes	Roger Ouwinga	Yes
Pauline Jaquish	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

Motion Carried

Approve reopening session for regular scheduled Board of Health meeting: Motion by Nick Krieger, seconded by Betty Dermeyer to reopen session for regular Board of Health meeting

Motion Carried

II. Finance Committee:

- Lopez reviewed the current accounts payable report. Regular finance report for October will be delivered at the next Board of Health meeting
- Auditors will be in the first week of December

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

Roll Call:

James Sweet	Yes	Tom O'Neil	Yes
Betty Dermeyer	Yes	Ray Steinke	Yes
Dawn Martin	Yes	Roger Ouwinga	Yes
Pauline Jaquish	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

Motion Carried

III. Personnel Committee:

- Did not meet, all items were presented at the last Board of Health meeting

IV. Legislative Committee:

- Hughes attended a MALPH meeting, based on the meeting there will not be any supplemental funding, will need to wait until January to determine if new electors will address
- Invitations were extended to current legislators to attend the December meeting. Senator Outman responded with a yes, still waiting to hear back from the other legislators
- Hughes shared the two questions that will be asked to the legislators
 - Funding
 - Bill 6101, Point of Sale program which may come back during Lane Duck session
- Committee chair selection process was discussed. Rules for the selection process will be shared in the January meeting

V. Presentation - “Keep Out Room”:

- Kortni Garcia, MS, CHES® Accreditation Specialist and Gracie Kieczynski, Public Health Educator, presented a mock teenager bedroom and shared how parents and guardians can be on the lookout for hidden substance misuse. Diversion items were shared
- Presentation can be given at a commissioners meeting, if interested reach out to Hughes

Administration Reports:

I. Deputy Health Officer

- CHIR funding update from the state was shared, funding was requested to cover the 31 counties of northern Michigan, we are represented in 3 regions of the CHIR. DHD #10 Community Needs Assessment report will come to you in December for approval; each region will have their own report with measures and priorities for the past year
- PHAB report was due and submitted on October 31st. Hope to be done and approved by March

II. Medical Director

- RSV presentation was given
- Common colds can cause RSV which can be more serious for children under 6 months, premature babies, and children under 5 with health issues
- Seattle study on RiNo Virus was shared. RiNo can be contracted through the eyes
- Hospitalization and ICU rates were shared
- First week of October is the beginning of RSV season, this year there were many states that were already high in the first week
- The highest rate for flu is 4 and under. Five children in the US have died of the flu to date
- Only 19% of children in Michigan have been vaccinated for flu
- Guidelines for helping prevent respiratory illness was shared; Stay up to date on vaccines; wash hands; consider wearing a mask; cover cough and sneezes

- Guidelines for getting the Pneumonia vaccine was shared; Over 65 or 19 and older with chronic health issues

III. Health Officer

- EPI
 - No new cases of Avian Flu – state has cancelled all calls for the rest of the year
 - COVID case numbers have decreased, 134 last week
 - Monkey Pox is trending down, none in our area
 - Ebola – currently monitoring 3 low-risk travelers. They have been checking in twice a week
- PFAS
 - The State and MPART had a training on 11/2, one of our sites was referenced in the training
 - CTC will be conducting additional resampling on homes in the area near them
 - New water funding in the state; revolving fund has been made available. CTC submitted for the grant; it will allow them to hook up to municipal water and the homes in that neighborhood can also hook up to municipal water. Waiting to hear if funding has been approved
- Enforcement Actions
 - Enforcement actions going forward will be a standing category
 - Two body art facilities – if inspections of these two facilities are not completed by the end of year, we will be issuing cease and desist orders
 - Reached out to the state for enforcement assistance with a well driller who dug a well without a permit. This has happened more than once with this driller
- A plan is now in place for the Executive Directive 20219 regarding safe, quality drinking water. Hughes was part of a group that worked on creating a cohesive team to address drinking water issues, create a regional approach and include the town, health department, and EGLE. Funding has been requested; final plan has been completed
- Initial salary study has been done. More updates to come after the new year
- CDC memo regarding children and the COVID vaccine was shared with the Board
- Renewal of Medical Director Agreement was shared. Krieger offered assistance to update the renewal for next year, he will send recommendations to Hughes

Approve renewal of Medical Director Agreement: Motion by Ray Steinke, seconded by Tom O’Neil to approve the renewal of the Medical Director agreement.

Roll Call:

James Sweet	Yes	Tom O’Neil	Yes
Betty Dermyer	Yes	Ray Steinke	Yes
Dawn Martin	Yes	Roger Ouwinga	Yes
Pauline Jaquish	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

Motion Carried

- EGLE has issued a closing order for a mobile home park in Grayling. Water testing was not being done
- All staff meeting will be held on December 9th at Ferris State University, invitation was issued for the Board members

Other Business:

- Maike shared a flyer from LTS, they are advertising a kiosk that looks like a vending machine. This machine will offer testing options, such as COVID tests, flu tests, pregnancy testing etc. Hughes shared that they are legitimate and currently have locations in Georgia but is not aware of them being installed in Michigan. They are targeting big box stores and Hughes is not sure if they are limiting the machines to a single test.
- Sparkle in the Park information was shared

Public Comment: No public comment

Next Meeting: The next regular meeting of the Board of Health is scheduled for December 16th, 10:00 a.m. at the Cadillac Office

Meeting Adjourned: Motion to adjourn was made by Betty Dermyer and seconded by Ron Bacon. Jim Maike adjourned the meeting at 11:26 a.m.

2022 Legislator Questions

1. Will there be movement in the Legislature to meet the funding requirement for Local Public Health services?
2. House Bill 6101 which would create a statewide point of sale program, currently is sitting out there. What do you believe is the tipping point, if there is one, for Michigan adopting such a policy as well as adopting a statewide sanitary code?



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www.dhd10.org



DHD10

District Health Department #10
Balance Sheet
October 31, 2022

Prepared by:
Christine Lopez, MBA
Administrative Services Director

ASSETS

Current Assets

Cash	12,549,049.15
Due from State	1,014,544.65
Due From Others	<u>764,516.08</u>
Total Current Assets	14,328,109.88

Other Assets

Inventory	232,613.00
Prepaid Expense	<u>232,617.09</u>
Total Other Assets	<u>465,230.09</u>

Total ASSETS	<u>14,793,339.97</u>
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LIABILITIES

Current Liabilities

Accounts Payable	348,794.38
Payroll Taxes/Deductions Due	338,207.12
Accrued Wages	<u>558,536.58</u>
Total Current Liabilities	1,245,538.08

Other Liabilities

Deferred Revenue	<u>5,574,710.90</u>
Total LIABILITIES	6,820,248.98

FUND BALANCE

Fund Balance, Preliminary	7,862,888.83
Increase in Fund Balance	<u>110,202.16</u>
Total FUND BALANCE	<u>7,973,090.99</u>

LIABILITIES AND FUND BALANCE	<u>14,793,339.97</u>
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District Health Department #10
Statement of Revenues and Expenditures
From 10/01/2022 Through 10/31/2022

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Revenues					
State, Federal, Other Funding					
Adolescent Health Center - Cadillac	33,157.85	33,157.85	248,000	(214,842.15)	(86.63)%
Adolescent Health Center - Chippewa Hills Full	14,420.60	14,420.60	278,000	(263,579.40)	(94.81)%
Adolescent Health Center - Lake City Clinical	20,121.67	20,121.67	155,000	(134,878.33)	(87.02)%
Adolescent Health Center - Mason County	12,685.67	12,685.67	155,000	(142,314.33)	(91.82)%
Adolescent Health Center - Shelby	23,660.18	23,660.18	248,000	(224,339.82)	(90.46)%
Adolescent Health Center - Viking Wellness	20,428.67	20,428.67	175,000	(154,571.33)	(88.33)%
Agnes Taylor Fund	-	-	4,004	(4,004.00)	(100.00)%
AHC COVID Immunization	-	-	11,389	(11,389.00)	(100.00)%
AHC Lake City MH Expansion	300.00	300.00	16,600	(16,300.00)	(98.19)%
Beach Monitoring	-	-	15,829	(15,829.00)	(100.00)%
Beach Monitoring - Other	-	-	11,879	(11,879.00)	(100.00)%
Breast Cervical Cancer Control Program	4,259.00	4,259.00	53,550	(49,291.00)	(92.05)%
Brethren High School Mental Health Grant	13,507.67	13,507.67	130,000	(116,492.33)	(89.61)%
Building Lease Cadillac	-	-	103,200	(103,200.00)	(100.00)%
Building Lease Hart	5,300.00	5,300.00	63,600	(58,300.00)	(91.67)%
CC HUB NW	7,455.00	7,455.00	244,097	(236,642.00)	(96.95)%
CCL HUB	-	-	218,543	(218,543.00)	(100.00)%
CD Billing Counties	-	-	3,000	(3,000.00)	(100.00)%
CHA Needs Assessment	-	-	30,989	(30,989.00)	(100.00)%
Children's Special Health Care Services	31,001.00	31,001.00	297,021	(266,020.00)	(89.56)%
CHIR - Communications	-	-	21,839	(21,839.00)	(100.00)%
CHIR BBO	2,837.00	2,837.00	12,343	(9,506.00)	(77.02)%
Chronic Disease Prevention	-	-	37,160	(37,160.00)	(100.00)%
CJS Alliance	-	-	23,466	(23,466.00)	(100.00)%
Coalition Capacity Building Lake	2,541.00	2,541.00	35,967	(33,426.00)	(92.94)%
Coalition Capacity Building Manistee	3,698.00	3,698.00	22,000	(18,302.00)	(83.19)%
Coalition Capacity Building Mason	4,717.00	4,717.00	40,000	(35,283.00)	(88.21)%
Communicable Disease	31,444.00	31,444.00	259,030	(227,586.00)	(87.86)%
Community Health	3,500.00	3,500.00	10,000	(6,500.00)	(65.00)%
COVID Health Disparities - Rural Health	32,942.00	32,942.00	320,000	(287,058.00)	(89.71)%
COVID MI Supplemental Funding	68,334.09	68,334.09	497,392	(429,057.91)	(86.26)%
COVID Prevention Missaukee	252.00	252.00	8,768	(8,516.00)	(97.13)%
COVID Prevention Wexford	697.00	697.00	17,389	(16,692.00)	(95.99)%
Cross Jurisdictional Sharing Admin	22.57	22.57	44,500	(44,477.43)	(99.95)%
CSHCS Care Coordination Case Mgmt	-	-	110,000	(110,000.00)	(100.00)%
CSHCS Thorton Fund Kalkaska	491.84	491.84	2,400	(1,908.16)	(79.51)%
CSHCS Vaccine Initiative	1,025.00	1,025.00	21,321	(20,296.00)	(95.19)%
Dental Outreach	-	-	14,911	(14,911.00)	(100.00)%
Dental Sealants	6,783.00	6,783.00	26,000	(19,217.00)	(73.91)%
Deterra Disposal & Medication Lock Box Project	8,758.00	8,758.00	-	8,758.00	0.00%
Drinking Water	53,080.00	53,080.00	448,757	(395,677.00)	(88.17)%
Early On Oceana	-	-	500	(500.00)	(100.00)%
ELC Contact Tracing and Wraparound	22,677.00	22,677.00	845,142	(822,465.00)	(97.32)%
Emergency Preparedness	13,859.00	13,859.00	162,476	(148,617.00)	(91.47)%
Family Planning	71,802.60	71,802.60	296,632	(224,829.40)	(75.79)%
Finance	13,600.00	13,600.00	113,000	(99,400.00)	(87.96)%
Food Service	73,689.00	73,689.00	270,791	(197,102.00)	(72.79)%
Gambling Disorder Prevention Project Grant	813.00	813.00	24,300	(23,487.00)	(96.65)%
General EH - Campgrounds	-	-	6,400	(6,400.00)	(100.00)%
General EH - Medical Waste	-	-	5,000	(5,000.00)	(100.00)%
General EH - Pools & Spas	-	-	5,400	(5,400.00)	(100.00)%
Grayling School Mental Health	964.20	964.20	15,000	(14,035.80)	(93.57)%
Harm Reduction Support	4,710.00	4,710.00	50,000	(45,290.00)	(90.58)%
Hart High School Mental Health Grant	12,522.67	12,522.67	130,000	(117,477.33)	(90.37)%
Healthy Families America - Manistee/Missaukee	12,745.00	12,745.00	150,749	(138,004.00)	(91.55)%
Healthy Families America Grand Traverse	2,069.00	2,069.00	200,142	(198,073.00)	(98.97)%
Hearing	13,682.00	13,682.00	70,808	(57,126.00)	(80.68)%
HFA FFPSA Lake County	11,897.00	11,897.00	130,000	(118,103.00)	(90.85)%
HIV Prevention	2,156.00	2,156.00	45,000	(42,844.00)	(95.21)%
Imms VFC/INE	-	-	15,000	(15,000.00)	(100.00)%

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

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Immunizations	160,567.15	160,567.15	509,484	(348,916.85)	(68.48)%
Immunizations IAP	8,837.00	8,837.00	108,280	(99,443.00)	(91.84)%
Immunizations Vaccine Quality Assurance	7,372.00	7,372.00	54,660	(47,288.00)	(86.51)%
Interconnected MH System-Mason	12,974.00	12,974.00	281,295	(268,321.00)	(95.39)%
Lead Hemoglobin	7.11	7.11	-	7.11	0.00%
Lead Home Visiting	-	-	1,000	(1,000.00)	(100.00)%
LiveWell for your Heart	4,078.00	4,078.00	20,000	(15,922.00)	(79.61)%
LRE ARPA Prevention	-	-	14,766	(14,766.00)	(100.00)%
Ludington Schools Mental Health Grant	16,865.00	16,865.00	130,000	(113,135.00)	(87.03)%
MCDC	15,210.00	15,210.00	400,000	(384,790.00)	(96.20)%
MCH Women	6,766.00	6,766.00	97,000	(90,234.00)	(93.02)%
MCIR	14,676.00	14,676.00	175,000	(160,324.00)	(91.61)%
Medicaid Outreach	12,741.00	12,741.00	290,410	(277,669.00)	(95.61)%
MI Home Visiting IRE (HFA)	40,134.00	40,134.00	569,651	(529,517.00)	(92.95)%
MI Safer Schools HRA	68,609.00	68,609.00	1,144,483	(1,075,874.00)	(94.01)%
MiKids Now Lake City	1,359.00	1,359.00	25,000	(23,641.00)	(94.56)%
MiKids Now MCE	2,083.00	2,083.00	25,000	(22,917.00)	(91.67)%
MiKids Now Shelby	-	-	50,000	(50,000.00)	(100.00)%
MiKids Now Viking Wellness Center	-	-	25,000	(25,000.00)	(100.00)%
MiKids Now Wexford	-	-	50,000	(50,000.00)	(100.00)%
Non Community Water	36,604.00	36,604.00	205,153	(168,549.00)	(82.16)%
North Central Network Expanding Capacity for	5,906.00	5,906.00	122,495	(116,589.00)	(95.18)%
Oceana LEADS DFC	22,211.00	22,211.00	100,000	(77,789.00)	(77.79)%
On-Site Sewage - Septic Systems	40,171.00	40,171.00	387,374	(347,203.00)	(89.63)%
Oral Health Kindergarten Screening	1,945.00	1,945.00	92,308	(90,363.00)	(97.89)%
Pentwater Schools Mental Health Grant	10,932.00	10,932.00	130,000	(119,068.00)	(91.59)%
PFAS Eagle Ottawa Farm	-	-	15,326	(15,326.00)	(100.00)%
PFAS Grayling Water Recovery	1,440.00	1,440.00	83,210	(81,770.00)	(98.27)%
PFAS Rothbury	1,102.00	1,102.00	26,574	(25,472.00)	(95.85)%
PFAS Wexford Missaukee CTC	693.00	693.00	40,004	(39,311.00)	(98.27)%
Prevention	-	-	108,540	(108,540.00)	(100.00)%
Prevention Grant Missaukee	1,755.00	1,755.00	17,612	(15,857.00)	(90.04)%
Prevention Grant Wexford	3,800.00	3,800.00	41,818	(38,018.00)	(90.91)%
Prevention Lake	1,277.00	1,277.00	-	1,277.00	0.00%
Prevention Mason	2,402.00	2,402.00	-	2,402.00	0.00%
Prevention Oceana	3,491.00	3,491.00	-	3,491.00	0.00%
Prosperity Grant/CLPP	2,851.00	2,851.00	40,000	(37,149.00)	(92.87)%
Public Health Workforce	65,301.00	65,301.00	198,134	(132,833.00)	(67.04)%
Regional Perinatal Care System	3,524.00	3,524.00	100,000	(96,476.00)	(96.48)%
School Wellness - McBain	24,082.00	24,082.00	200,000	(175,918.00)	(87.96)%
School Wellness Center - Manton/Mesick	23,515.00	23,515.00	220,000	(196,485.00)	(89.31)%
SDOH Accelerator Grant	-	-	125,000	(125,000.00)	(100.00)%
Snap Ed Full-Year	9,093.28	9,093.28	100,000	(90,906.72)	(90.91)%
State Opioid Response (SOR)	4,720.00	4,720.00	21,000	(16,280.00)	(77.52)%
State Opioid Response (SOR) Lake	-	-	10,908	(10,908.00)	(100.00)%
State Opioid Response (SOR) Oceana	-	-	15,000	(15,000.00)	(100.00)%
STI Clinics	6,724.00	6,724.00	45,000	(38,276.00)	(85.06)%
Substance Use Stigma Assessment and	10,303.00	10,303.00	200,000	(189,697.00)	(94.85)%
Tobacco Checks LSRE	485.00	485.00	-	485.00	0.00%
Tobacco Grant	3,276.00	3,276.00	40,000	(36,724.00)	(91.81)%
Tobacco/ENDS Education	-	-	1,000	(1,000.00)	(100.00)%
Vision	11,127.00	11,127.00	70,808	(59,681.00)	(84.29)%
WIC Migrant	13,277.00	13,277.00	98,000	(84,723.00)	(86.45)%
WIC Peer Counselor	28,454.00	28,454.00	297,969	(269,515.00)	(90.45)%
WIC Resident	148,431.00	148,431.00	1,570,945	(1,422,514.00)	(90.55)%
Wisewoman Coordination	3,212.00	3,212.00	25,000	(21,788.00)	(87.15)%
Total State, Federal, Other Funding	1,528,988.82	1,528,988.82	15,692,491	(14,163,502.18)	(90.26)%

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

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Billing Revenue					
Adolescent Health Center - Cadillac	96.18	96.18	90,000	(89,903.82)	(99.89)%
Adolescent Health Center - Chippewa Hills Full	1,115.45	1,115.45	70,000	(68,884.55)	(98.41)%
Adolescent Health Center - Lake City Clinical	165.01	165.01	35,000	(34,834.99)	(99.53)%
Adolescent Health Center - Mason County	277.50	277.50	35,000	(34,722.50)	(99.21)%
Adolescent Health Center - Shelby	1,035.15	1,035.15	90,000	(88,964.85)	(98.85)%
Adolescent Health Center - Viking Wellness	144.27	144.27	35,381	(35,236.73)	(99.59)%
BCCCP Direct	-	-	7,500	(7,500.00)	(100.00)%
Brethren High School Mental Health Grant	96.18	96.18	35,000	(34,903.82)	(99.73)%
CC HUB NW	15,177.25	15,177.25	177,600	(162,422.75)	(91.45)%
CCL HUB	353.75	353.75	34,000	(33,646.25)	(98.96)%
Community Health	-	-	4,000	(4,000.00)	(100.00)%
COVID MI Supplemental Funding	1,658.06	1,658.06	200,000	(198,341.94)	(99.17)%
Dental Sealants	-	-	2,000	(2,000.00)	(100.00)%
Dental Varnish	-	-	5,000	(5,000.00)	(100.00)%
Family Planning	656.68	656.68	101,232	(100,575.32)	(99.35)%
Hart High School Mental Health Grant	1,118.26	1,118.26	20,000	(18,881.74)	(94.41)%
Hearing	542.80	542.80	15,000	(14,457.20)	(96.38)%
Immunizations	3,320.51	3,320.51	580,000	(576,679.49)	(99.43)%
Lead Hemoglobin	58.62	58.62	9,000	(8,941.38)	(99.35)%
Ludington Schools Mental Health Grant	-	-	20,000	(20,000.00)	(100.00)%
Maternal Infant Health Program	16,881.17	16,881.17	700,000	(683,118.83)	(97.59)%
MCH Women	-	-	4,231	(4,231.00)	(100.00)%
National Diabetes Prevention Program	50.00	50.00	-	50.00	0.00%
Oral Health Kindergarten Screening	-	-	5,000	(5,000.00)	(100.00)%
Pentwater Schools Mental Health Grant	96.18	96.18	20,000	(19,903.82)	(99.52)%
School Wellness Center - Manton/Mesick	143.29	143.29	35,000	(34,856.71)	(99.59)%
STI Clinics	38.89	38.89	6,000	(5,961.11)	(99.35)%
Vision	524.40	524.40	20,000	(19,475.60)	(97.38)%
Wisewoman Coordination	-	-	13,000	(13,000.00)	(100.00)%
Total Billing Revenue	43,549.60	43,549.60	2,368,944	(2,325,394.40)	(98.16)%
Medicaid Cost Settlement					
Medicaid Cost Report	-	-	1,500,000	(1,500,000.00)	(100.00)%
Total Medicaid Cost Settlement	-	-	1,500,000	(1,500,000.00)	(100.00)%
Environmental Health Revenue	93,712.00	93,712.00	1,773,950	(1,680,238.00)	(94.72)%
Appropriations	247,873.30	247,873.30	2,974,479	(2,726,605.70)	(91.67)%
Other Revenue					
Insurance Company Distributions Dividends	47,724.00	47,724.00	32,291	15,433.00	47.79%
Workers Compensation Dividends	25,862.00	25,862.00	24,973	889.00	3.56%
Other	5,306.50	5,306.50	91,000	(85,693.50)	(94.17)%
Total Other Revenue	78,892.50	78,892.50	148,264	(69,371.50)	(46.79)%
Total Revenues	1,993,016.22	1,993,016.22	24,458,128	(22,465,111.78)	(91.85)%

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

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Expenses					
Wages	929,558.87	929,558.87	12,434,741	11,505,182.13	92.52%
Fringes	443,445.82	443,445.82	5,651,531	5,208,085.18	92.15%
Travel	63,830.40	63,830.40	640,223	576,392.60	90.03%
Supplies	162,122.92	162,122.92	1,621,129	1,459,006.08	90.00%
Contractual	73,855.06	73,855.06	1,021,595	947,739.94	92.77%
Communications	17,285.68	17,285.68	360,224	342,938.32	95.20%
Printing/Publishing	2,559.26	2,559.26	235,905	233,345.74	98.92%
Education/Training	13,233.01	13,233.01	96,917	83,683.99	86.35%
Liability Insurance	9,048.86	9,048.86	99,758	90,709.14	90.93%
Maintenance	16,732.11	16,732.11	501,144	484,411.89	96.66%
Space	128,101.98	128,101.98	1,478,129	1,350,027.02	91.33%
Capital Outlay	2,530.09	2,530.09	140,000	137,469.91	98.19%
County DSH/Dental	20,510.00	20,510.00	566,800	546,290.00	96.38%
Total Expenses	<u>1,882,814.06</u>	<u>1,882,814.06</u>	<u>24,848,096</u>	<u>22,965,281.94</u>	<u>92.42%</u>
 Increase (Decrease) Fund Balance	 <u>110,202.16</u>	 <u>110,202.16</u>	 <u>(389,968)</u>		

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

	Balance	Current	31-60 Days	61-90 Days	91+ Days
Due From Billing	45,657.83	-	45,657.83	-	-
Due From County	52,091.86	51,244.99	846.87	-	-
Due From Other					
Due From Adolescent Health Center Grant	30,223.00	30,223.00	-	-	-
Due From Adolescent Health Center Grayling Grant	18,762.00	18,762.00	-	-	-
Due From Adolescent Health Center Shelby Grant	20,300.00	20,300.00	-	-	-
Due From AHC - Lake City Clinical	5,022.00	5,022.00	-	-	-
Due From AHC COVID Immunization	169,813.00	178.00	1,296.78	27,769.93	140,568.29
Due From ARPA	14,766.00	-	14,766.00	-	-
Due From Basic Flex	73,586.78	-	-	-	73,586.78
Due From CCL Hub	22,367.00	7,455.00	7,456.00	7,456.00	-
Due From CHIR	3,091.00	2,837.00	-	254.00	-
Due From CHW Project	27,159.00	13,571.00	13,588.00	-	-
Due From Coalition Capacity Building	13,072.42	10,956.00	2,116.42	-	-
Due From COVID Prevention	949.00	949.00	-	-	-
Due From Detera Disposal & Medication Lock Box Project	8,758.00	8,758.00	-	-	-
Due From DFC Oceana LEADS	30,632.00	22,211.00	8,421.00	-	-
Due From Gambling Disorder Grant	10,152.00	813.00	4,874.01	4,464.99	-
Due From Grayling Mental Health Grant	4,495.58	964.20	3,531.38	-	-
Due From Healthy Families Manistee/Missaukee	25,930.00	12,745.00	13,185.00	-	-
Due From Lake City MH Expansion	323.88	-	323.88	-	-
Due From MCE MH Expansion	5,000.00	-	5,000.00	-	-
Due From MMOOG	719.55	-	-	719.55	-
Due From Others	19,494.00	-	19,494.00	-	-
Due From Prevention	16,670.00	7,170.00	9,500.00	-	-
Due From Prevention Grant Miss/Wex	8,991.00	5,555.00	3,436.00	-	-
Due From SA COVID Supplemental	9,338.00	-	9,338.00	-	-
Due from School Wellness Grant	20,822.00	20,822.00	-	-	-
Due From Snap	14,472.63	9,093.28	-	5,379.35	-
Due From Tobacco Checks LSRE	485.00	485.00	-	-	-
Due from Tobacco/ENDS Education	1,000.00	-	1,000.00	-	-
Due From Other Sum	576,394.84	198,869.48	117,326.47	46,043.82	214,155.07
Due From State	1,104,916.20	1,102,842.20	1,308.00	766.00	-
Grand Total	1,779,060.73	1,352,956.67	165,139.17	46,809.82	214,155.07
		76%	9%	3%	12%

District Health Department #10
Cash Flow Analysis
December 7, 2022

	December	January	February	March
Beginning Cash Balance	11,649,415	10,572,147	10,660,693	10,328,425
Receipts:				
State Funding	500,000	961,000	961,000	961,000
Billing Revenue	150,000	171,000	171,000	171,000
EH Fees	50,000	65,000	65,000	125,000
Appropriations	-	420,814	-	-
Other	<u>150,000</u>	<u>398,000</u>	<u>398,000</u>	<u>398,000</u>
Total	850,000	2,015,814	1,595,000	1,655,000
Expenses:				
Wages	987,555	987,555	987,555	987,555
Benefits	491,702	491,702	491,702	491,702
Other	<u>448,011</u>	<u>448,011</u>	<u>448,011</u>	<u>448,011</u>
Total	1,927,268	1,927,268	1,927,268	1,927,268
 Total Cash & Investments	 <u>10,572,147</u>	 <u>10,660,693</u>	 <u>10,328,425</u>	 <u>10,056,157</u>

Accounts Payable

	Amount	Date
22717 - 22756, 508968 - 509003	\$223,440.42	November - December
Total Accounts Payable	\$223,440.42	

Payroll

74384 - 74620	\$359,187.76	November - December
Total Payroll	\$359,187.76	

Total Expenditures \$582,628.18

DHD # 10 - YEARS OF SERVICE AWARDS - 2021

<i>5 YEARS</i>	<i>10 YEARS</i>	<i>15 YEARS</i>	<i>20 YEARS</i>	<i>25 YEARS</i>	<i>30 YEARS</i>	<i>35 YEARS</i>	<i>40 YEARS</i>
<i>Angela Gullekson</i>	<i>Rachel Genson</i>	<i>Ryan Gyurich</i>	<i>Amy Eling</i>	<i>Holly Joseph</i>	<i>Anne Young</i>		
<i>Megan England</i>	<i>Gary Hesseling</i>	<i>Rebecca Fink</i>	<i>Julie Burger</i>		<i>Linda Wiedman</i>		
<i>Sarah Stickney</i>	<i>Caitlin Cameron</i>	<i>Margaret Wojey</i>	<i>Kimberly DePeel</i>				
<i>Valerie Marshall</i>		<i>Nina Bolles</i>	<i>Pennie Thebo</i>				
<i>Douglas Reed</i>		<i>Michelle Berk</i>	<i>Susan Owens</i>				
<i>Jessica Grace</i>		<i>Lisa Harding</i>					
<i>Ronald Lamarand</i>							
<i>Jennifer Gonzalez</i>							
<i>Lizette Trejo</i>							

<i>Amelia Peets</i>							
<i>Jeanne Bulmer</i>							
<i>Lisa Morrill</i>							
<i>Lori Simon</i>							
<i>Lisa Briggs</i>							

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

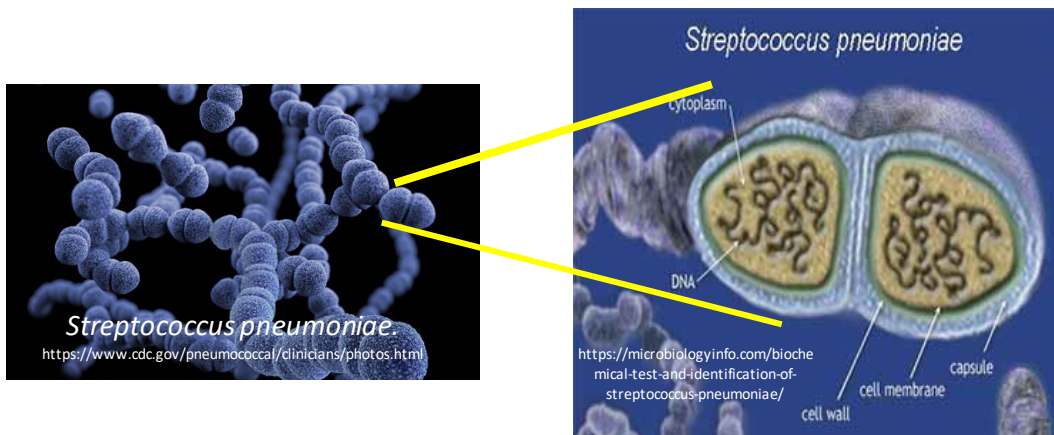
Mid-Michigan District Health Department, Wednesday, December 21, 2022
Central Michigan District Health Department, Wednesday, December 14, 2022
District Health Department 10, Friday, December 16, 2022



New Pneumococcal Vaccinations

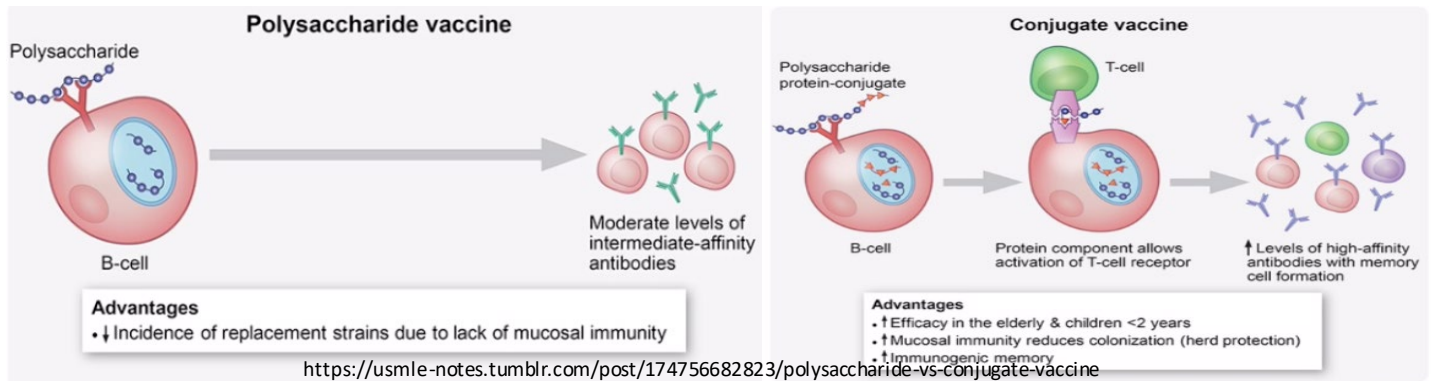
Streptococcus pneumoniae is a cause of bacterial pneumonia. Pneumococcal pneumonia causes about 150,000 hospitalizations a year. *S. pneumoniae* causes other infections, such as ear and sinus infections, bacteremia (infection in the blood), and meningitis. Invasive pneumococcal infections like bacteremia and meningitis kill thousands each year in the United States. Vaccination for *S. pneumoniae* for those at higher risk continues to be the best way to prevent serious infections and death.

There are more than 100 different serotypes of *Streptococcus pneumoniae*. The polysaccharides, or complex sugars, in the capsule of the bacteria determine the serotype, as well as how severe the infections and illness caused by the serotype. Antibodies specific for one serotype will typically only protect against that specific serotype, though some antibodies will cross-react with more than one serotype.



A vaccine targeted against the polysaccharides in the capsule (also referred to as the antigen) was first created in 1977 and contained capsular polysaccharide antigen from 14 different serotypes of pneumococci. In 1983, the vaccine Pneumovax 23 (PPSV23), which contained antigen from 23 different serotypes of pneumococci, became the standard vaccine. Polysaccharide vaccines cause good antibody production, but don't work in children under the age of 2. They also do not trigger our T cells to respond. T cells are needed to help our immune system keep a memory of our immunity. This allows our immune system to respond better if we are exposed to pneumococcus again in the future. T cells also seems to allow us to produce more antibodies in our mucus membranes, which can keep us from getting colonized with pneumococcus. The antibody protection from PPSV23 can start to drop as soon as 2 years after vaccination.

To improve the immune response from vaccination, the polysaccharide antigens were conjugated (attached) to a protein to create the pneumococcal conjugate vaccine. The protein used is a genetically detoxified diphtheria toxin. That first conjugated pneumococcal vaccine, Prevnar 7 (PCV7), was introduced in 2000 and included antigens to 7 serotypes. In 2010, it was replaced by Prevnar 13 (PCV13), which contained 6 additional serotypes. Recently, two additional pneumococcal conjugate vaccines have been approved for use. One is Vaxneuvance (PCV15) and the other is Prevnar 20 (PCV20). Each contains the same serotypes as PCV13, but PCV15 had 2 additional types and PCV20 had 7 additional types.



Infants and young children are recommended to get a 4-shot series of PCV vaccine. Initially the PCV 7 vaccine was utilized, and this was replaced by PCV13, and has now been replaced by PCV15. Adult pneumococcal vaccination recommendations have been more complicated over the years and are as follow:

1997: Give 1 dose of the PPSV23 to adults at average risk age 65 and older.

2012: Give both the PCV13 and PPSV23 to adults with risk factors for invasive pneumococcal disease.

2014: Expanded indications for PCV13: give it, along with PPSV23, to all adults aged 65 and older.

2019: Another layer of complexity: use a process of shared clinical decision-making between the healthcare provider and the patient to determine who should get PCV13 in addition to the PPSV23 vaccine.

2022: New recommendations made to incorporate newer and potentially better vaccine options and to try to simplify recommendations. For those that have already received a PCV13, PPSV23, or both vaccines, the recommendations are still a bit confusing. The current recommendations are in the table below. The CDC has an app called the ***PneumoRecs VaxAdvisor*** (<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html>) to help vaccine providers quickly and easily determine which pneumococcal vaccines a patient needs and when.

Population	Prior pneumococcal vaccine history	Vaccine(s) recommended to complete pneumococcal vaccine series
Adults aged 65 years and older	None	PCV20 OR PCV15, then one year later, get PPSV23
	1 dose of PCV13	PCV20 OR PPSV23 at least 1 year after the PCV13
	1 dose PPSV23	PCV20 or PCV15 at least 1 year after their last PPSV23 dose
	PCV13 and PPSV23	PCV20 <i>may</i> be given at least 5 years after the most recent pneumococcal vaccine dose (<i>shared clinical decision-making</i>) *
Adults 19-64 with a risk factor [#]	None	PCV20 OR PCV15 then at least 8 weeks later, get PPSV23
	PCV13 only	<i>Option A: PCV20</i> at least 8 weeks after previous PCV13 dose <i>Option B: PPSV23</i> least 8 weeks after previous PCV13 dose
	PPSV23 only	PCV20 or PCV15 least 8 weeks after previous PPSV dose
	PCV13 and one or more PPSV23 doses (before age 65), but have not completed all previously recommended doses of PPSV23	<i>Option A: PCV20</i> at least 5 years after the most recent pneumococcal vaccine dose <i>Option B: PPSV23</i> as previously recommended (5 years after most recent PPSV23) *

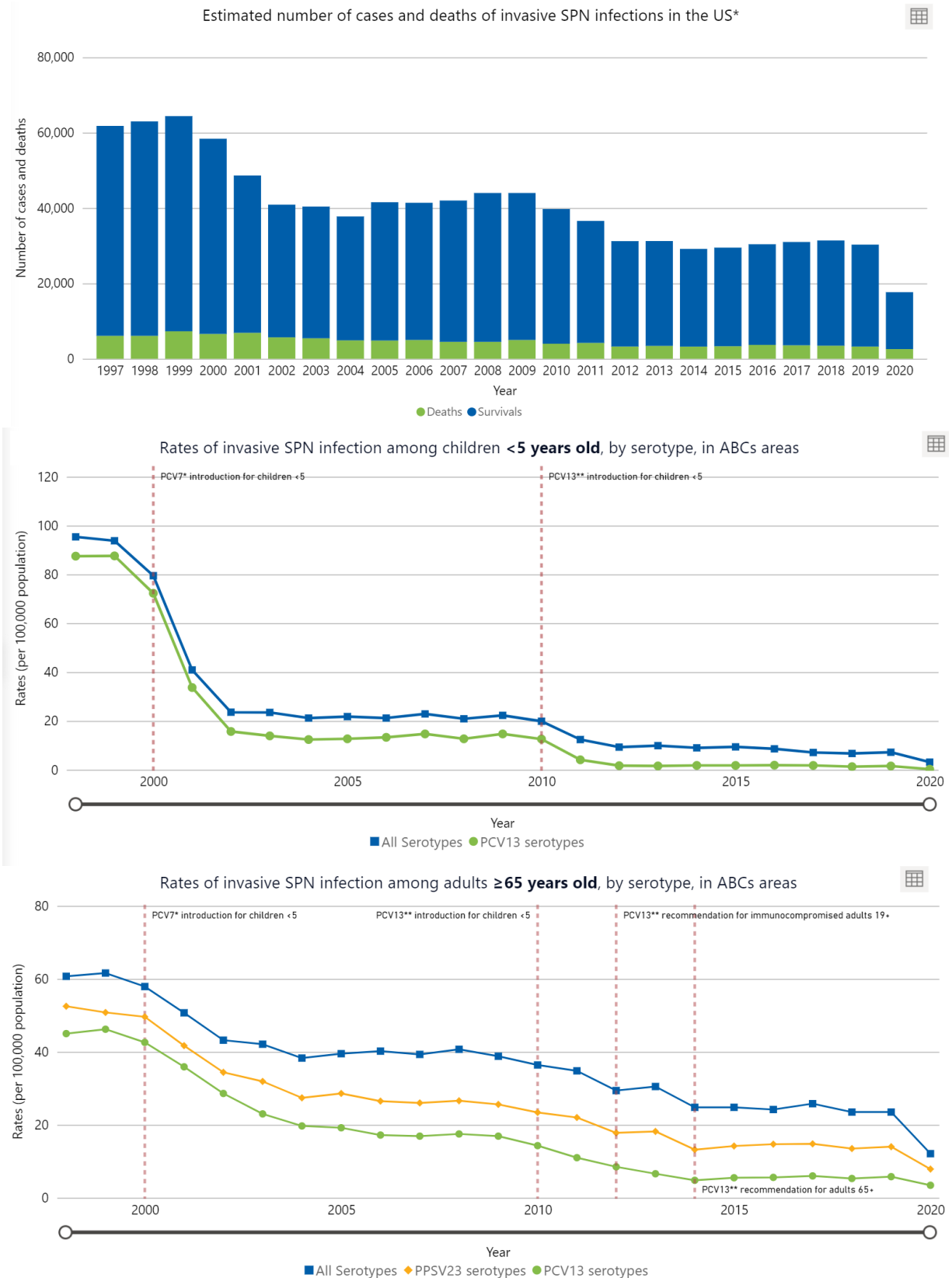
BOLD added to note the authors recommendation

*These [are recommendations of the ACIP](#) and yet to be formally published


#Risk Factors for 19-64 Include:

- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart disease, including congestive heart failure and cardiomyopathies
- Chronic liver disease
- Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma
- Chronic renal failure
- Cigarette smoking
- Cochlear implant
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiency
- Diabetes mellitus
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression, including long-term systemic corticosteroids and radiation therapy
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome
- Sick cell disease or other hemoglobinopathies
- Solid organ transplant















Since pneumococcal vaccination started in the United States, there has been a decrease in the number of illnesses caused by *S. pneumoniae* as well as deaths, and a decrease in invasive infections caused by the serogroups covered by vaccination.



The 20 serotypes that cause 92.6% of pneumococcal disease in the US are illustrated in the table below. Four of these serotypes, accounting 24.65% of the cause of disease, are included in PCV13, 15, 20 and PPSV23 vaccines. Compared to PCV13, the PCV20 vaccine provides protection against serotypes causing an additional 39.5% of disease, while PCV15 proved protection against serotypes causing an additional 16.94%. PPSV23 does proved protection against one additional serotype causing 2.08% of disease in the US. Unlike PPSV23, PCV20 and 15 immunize against serotype 6A, which not shown on this table, does cause 0.593% of pneumococcal disease. PCV20 and 15 are also expected to cause longer lasting immunity than PPSV23. A single dose of PCV20 may be an easier vaccination schedule then PCV15 followed one year later by PPSV23.

US 
2012 Post-PCV13

Type

	% of illness caused by serotype	Serotype	Serotype included in the following vaccine:
	11.9%	19A	PCV13, 15, 20, PPSV23
	11.6%	22F	PCV15, 20, PPSV23
	9.79%	15B/15C	15B in PCV20, PPSV23
	6.23%	3	PCV13, 15, 20, PPSV23
	5.34%	33F	PCV15, 20, PPSV23
	5.34%	35B	
	5.04%	7F	PCV13, 15, 20, PPSV23
	4.75%	12F	PCV20, PPSV23
	4.45%	23B	
	4.15%	6C	
	3.56%	11A	PCV20, PPSV23
	2.97%	10A	PCV20, PPSV23
	2.97%	15A	
	2.97%	38	
	2.37%	16F	
	2.37%	23A	
	2.08%	9N	PPSV23
	1.78%	31	
	1.48%	19F	PCV13, 15, 20, PPSV23
	1.48%	8	PCV20, PPSV23

<https://www.pneumogen.net/>

Serotypes of <i>S. pneumoniae</i> Targeted by Pneumococcal Vaccines																				
	1	3	4	5	6A	6B	7F	9V	14	18C	19A	19F	23F	22F	33F	8	10A	11A	12F	15B
PCV13																				
PCV15																				
PCV20																				
PPSV23																				

Recommendations:

1. Talk to your healthcare provider or health department to ensure your pneumococcal vaccinations are up to date. Getting too many vaccines is not recommended.
2. Pneumococcal illness can be very serious and deadly, especially if you have risks. Do all you can to improve any risks you may have.

Sources

- Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hall E., Wodi A.P., Hamborsky J., et al., eds. 14th ed. Washington, D.C. Public Health Foundation, 2021.
- Centers for Disease Control and Prevention. Pneumococcal Disease. <https://www.cdc.gov/pneumococcal/index.html>
- Kobayashi M, Farrar JL, Gierke R, et al. Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022. MMWR Morb Mortal Wkly Rep 2022;71:109–117. DOI: <http://dx.doi.org/10.15585/mmwr.mm7104a1>
- IZ Express. Issue1,659: October 26, 2022. *Immunize.org summarizes ACIP's October 19–20 meeting allowing PCV20 vaccination for previously vaccinated adults, adding COVID-19 vaccines to the VFC program, and more.* <https://www.immunize.org/express/issue1659.asp#IZX1>
- Nielsen, Craig D., Joel A. Kammeyer, and Michael J. Tan. "Update on pneumococcal vaccination in adults: Simpler is better." *Cleveland Clinic Journal of Medicine* 89.11 (2022): 640-642.
- Centers for Disease Control and Prevention. Active Bacterial Core surveillance (ABCs). <https://www.cdc.gov/abcs/bact-facts-interactive-dashboard.html>

Board of Health Deputy Health Officer December 2022

1. DHD#10 Community Health Needs Assessment (CHNA) Report Update

The CHNA report specific to the DHD#10 jurisdiction will be shared at the upcoming meeting. Each of the three MiThrive/CHNA regions will have a CHNA report created over the next 2 months. With DHD#10 being part of each of the 3 regions, there was value in pulling the data for the 10 counties into one report for targeted understanding of our jurisdiction, in addition to the reports representing each regional focus. Many of the Board of Health members participated in the Data Walk presentation of the data in Big Rapids, Grayling, or Manistee last spring where the MiThrive data was revealed. The DHD#10 CHNA Report is not new information, but rather the data gathered together for the 10 counties into one report for providing clarity.



2. DHD#10 Community Health Improvement Plan (CHIP) update

The DHD#10 CHIP will align with both the regional CHIP being developed now at the community level through the efforts of the CHIRs/MiThrive workgroup and then enhanced by DHD#10 public health priorities. The state grant supports the staffing to getting this work done in collaboration with our communities. The DHD#10 CHIR staff are working with the Division Directors and Administration to determine the DHD#10 public health priorities that are not captured in the MiThrive priorities – such as childhood immunization rates, tobacco rates, maternal smoking rates, etc. Our goal is to finalize our CHIP by February to bring to the BOH for approval.

3. NMCHIR Sustainability Efforts

The NMCHIR Communications Team (this team is made up of DHD#10 staff) worked on an infographic to be used by CHIR leadership and the Health Officers of the Northern Michigan Public Health Alliance to support sustainability advocacy efforts for the NWCHIR and expansion to support the full 31 counties including the NCCHIR & the launch of the NECHIR. This infographic (attached) was developed as a request for working with our legislators to support funding requests in the new year as current state funding ends in May. With all of the evaluation data demonstrating the value and cost savings of the work of the CHIR we are working to assure that the legislature has understanding around the need to support the work.

4. Performance Management Update

Working with our Epidemiologists, we are redeveloping our performance management system that was set aside due to the COVID-19 pandemic. We made the decision to start from scratch as we have a number of new Directors, and they have new leadership teams since our last work in this area. My goal is to have the final version of the PM crafted by the end of this month and will be presenting the

PM system to the Board in January for sharing, securing input and support. The PM system will drive organizational and divisional quality improvement efforts to assure we grow our culture of quality and focus on maintaining DHD#10 as a high performing agency.

5. Leadership Development – the next layer

As part of our Workforce Development efforts, a “Learning Community” launched just prior to COVID (February 2020) for our supervisors and coordinators to develop their capacity as leaders and support their learning and develop relationships across programs/divisions/counties. Unfortunately, the “Super/Coor” team only met once before it was stalled to address the pandemic. The team relaunched in June to kick-start this project. There are approximately 30 members represented as supervisors or specific program coordinators and from all divisions and administration. Progress so far includes development of Action Teams around: Quality Improvement, Disability & Inclusion Planning, Employee Orientation, and Workforce Development. Our overall goal with this group is to build understanding across the agency, leadership development for succession planning, develop critical thinking skills, support strategic planning, planning around workforce development in general and public health core competency development specifically, and also to encourage this team to tackle problem-solving day-to-day operations.

Respectfully Submitted,

*Sarah Oleniczak, MPH, MCHES,
Deputy Health Officer*



NORTHERN MICHIGAN
COMMUNITY
HEALTH
INNOVATION
REGION

Creating Healthy People in Equitable Communities Through Innovative Partnerships & Systems Change

The Northern Michigan Community Health Innovation Region (NMCHIR), represents a unique, coordinated approach to improving conditions where people live, work, learn, & play.

POWERFUL OUTCOMES

The NMCHIR was recognized last year with a national Rural Health Innovation Profile for “exciting, and potentially replicable, innovations in rural health care that show promise in improving health, improving care, and lowering costs.”



COST SAVINGS \$3M in Medicaid Health Plan savings Jan 2016 - Jan 2021 by reducing ER visits by 23.5% and inpatient stays by 25.5% ¹



COORDINATED SYSTEM Transformation of individual lives and the creation of more responsive & effective organizations and a more accessible, coordinated, service system ⁴



EFFECTIVE COLLABORATION Unprecedented levels of cross-sector collaboration and increased recognition among local leaders of the role of social determinants of health in influencing health and other outcomes ²



EXPENSE REDUCTION \$1.21 in averted medical costs for every \$1 of navigation services ⁵



INCREASED SELF-EFFICACY 80% of clients who participated in the NMCHIR's Community Connections CHW Program reported being able to help themselves in the future ³



STRONG ROI Partnerships have provided \$500K of base funding bringing in an additional \$1M to local communities & reimbursement contracts

Sources: 1) MDHHS Analysis 2) 2022 MPH Analysis 3) 2019 Customer Service Satisfaction Survey by UofM 4) 2019 Collective Impact Evaluation by MSU 5) 2021 MDHHS 2021 Report

POWERFUL IMPACT

The cost of poor health in a community is high. The NMCHIR can help people avoid chronic illness by focusing on prevention. Healthier people means lower Medicaid costs.



The NMCHIR connects & coordinates multiple social services, often funded by tax dollars. This model creates more efficiencies to help this money go further.



Healthy people can better participate in the economy, increasing productivity & economic expansion.



CREATING
ALIGNED
SYSTEMS

TRANSFORMING
INDIVIDUAL
LIVES





NORTHERN MICHIGAN PUBLIC HEALTH ALLIANCE

THE PUBLIC HEALTH BACKBONE ORGANIZATION (BBO) IS THE KEY TO SUCCESS!

NMCHIR partners are organized by a BBO that facilitates the development and implementation of key strategies, creating the necessary capacity to sustain progress on stated objectives:



**Guides Vision
& Strategy**



**Supports
Aligned Activities**



**Establishes
Shared Measures**



Builds Public Will



Advances Policy



Mobilizes Funding

The Northern Michigan Public Health Alliance (NMPHA) is an award-winning partnership of seven local health departments and was designated by MDHHS in 2016 as the BBO for the Northern Michigan CHIR, one of five CHIR's in the State, for its State Innovation Model (SIM) which brought \$70M into the State of Michigan.

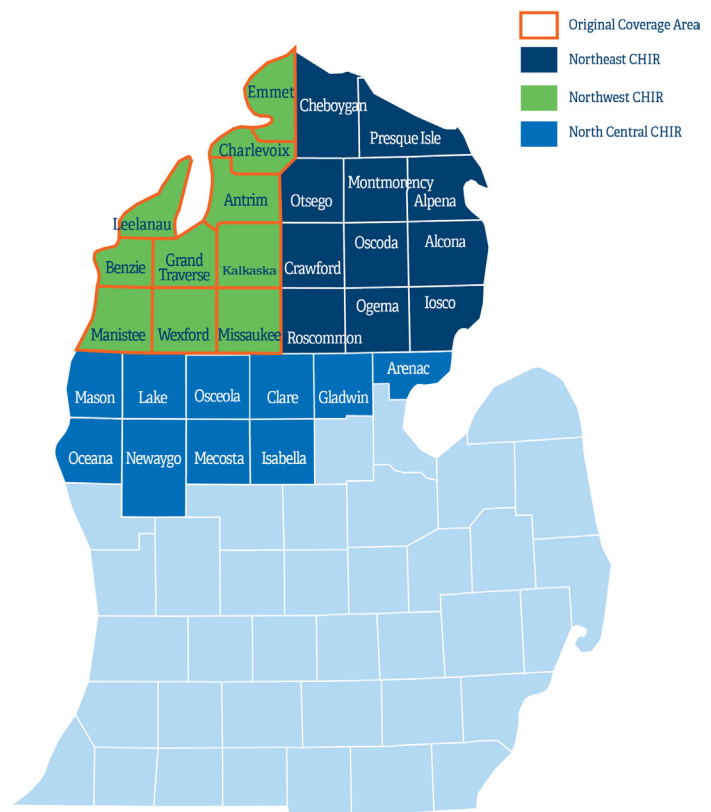
BRAIDED FUNDING CATALYZES THE INNOVATION IN THE NMCHIR

For more information about this unique model for improving the well-being of Northern Lower Michigan, visit: www.northernmichiganchir.org



GOAL OF THE NMCHIR

Secure strong & sustainable funding to reduce unnecessary medical expenses, increase health equity, & improve population health.



WE NEED \$3M IN BASE FUNDING TO LEVERAGE RESOURCES & CONTINUE EXPANSION OF THIS TRANSFORMATIVE WORK TO ALL 31 COUNTIES OF NORTHERN LOWER MICHIGAN. OUR CURRENT FUNDING IS AT RISK, ENDING ON MAY 31, 2023.

Board of Health

Health Officer Report

December, 16, 2022

- **Epi Team Update:** Information on current case counts, vaccination efforts, outbreaks and other CD related issues will be shared at the meeting.
- **PFAS Update:** Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
- **Enforcement Action Update:** Information on new or ongoing enforcement actions will be provided at the Board meeting.
- **2023 BOH Meeting Dates:** Included in the Board Packet is a copy of the proposed 2023 BOH meeting dates. Requesting approval of these dates.
- **Compensation Study Update:** A virtual orientation was provided to staff on the compensation study process. Staff have been asked to complete a questionnaire on their job duties as part of the study. Additional updates will be provided as appropriate.
- **2023 Health Officer Goals:** Included in the Board Packet are the proposed 2023 Health Officer goals for your review.

Respectfully submitted:

Kevin Hughes, MA
Health Officer



BOARD OF HEALTH MEETING DATES

2023

Time: 10:00 a.m. *Fall & Winter*
 9:30 a.m. *Spring & Summer*

Location: 521 Cobb Street, Cadillac MI

Schedule

Last Friday of the month unless otherwise noted

January 27	10:00 a.m.
February 24	10:00 a.m.
March 31	10:00 a.m.
April 28	9:30 a.m.
May 19*	9:30 a.m.
June 30	9:30 a.m.
July 28	9:30 a.m.
August 25	9:30 a.m.
September 29	9:30 a.m.
October 27	9:30 a.m.
November 17*	10:00 a.m.
December 15*	10:00 a.m.

* Due to holiday scheduling, meeting will not be held on last Friday.

2023 Proposed Health Officer Goals

1. Assure initiation of strategic planning process for DHD#10.
2. Monitor and address workforce development issues within DHD#10 including a review of the 2022 retention plan initiatives.
3. Create communication mechanisms and avenues with Legislature on importance of Public Health funding, challenges and accomplishments.
4. Identify strategies focused on regaining community/stakeholder trust in Local Public Health.
5. Assure that DHD#10 is prepared to address emerging Public Health emergencies and threats.



HEALTH OFFICER
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DHD10