



BOARD OF HEALTH

Monthly Meeting: March 31st, 2023, 10:00 a.m.

521 Cobb St, Cadillac, MI

A G E N D A

Call to Order.....Richard Schmidt, Chair

Roll Call

Review and Approval of the Agenda

Review and Approval of Board of Health Meeting Minutes.....February 24, 2023

Public Comment

I. Committee Reports

A. Executive Committee.....Richard Schmidt

B. Finance Committee.....Bryan Kolk

1. *Finance Report*

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

C. Personnel Committee.....Bob Baldwin

D. Legislative Committee.....Nick Krieger

II. Board of Health Presentation – Audit Presentation

III. Administration Reports

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

B. Deputy Health OfficerSarah Oleniczak

C. Health Officer.....Kevin Hughes

IV. Public Health Comments

V. Other Business

VI. Next Board of Health Meeting: April 28, 2023, at 9:30 a.m.

VII. Adjournment



District Health Department #10

Healthy People, Healthy Communities

BOARD OF HEALTH

Meeting Minutes

February 24, 2023

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

II. **Roll Call**

Members Present – In Person: Dorothy Frederick, Phil Lewis, Robert Baldwin, Dawn Fuller, Kristine Raymond, Richard Schmidt, Jeff Dontz, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Bryan Kolk, Jim Maike, Paul Erickson, Bob Walker, Julie Theobald, Gary Taylor

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

Members Excused: James Sweet, Roger Ouwinga, Star Hughston

Guests:

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

Motion carried.

IV. **Approval of the Meeting Minutes.** Motion by Ray Steinke, seconded by Ron Bacon to approve the minutes of the January 27, 2023, meeting.

Motion carried.

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

VI. **Committee Reports**

A. Executive Committee – No Updates

B. Finance Committee: Christine Lopez, Administrative Services Director, reviewed the financial report through January 31st. Total Assets \$15.2 million, fund balance of \$143k. 64.5 % of the budget remaining. Medicaid budget is being finalized for FY22; \$1.5 million is projected. Environmental Health revenue is \$301,087.42, with 83% of the budget remaining, because it is a seasonal program, food inspections will start in the spring which will decrease the remaining budget. Appropriations, \$991,43.20 which is on target for the year. Total revenue is \$7,912,184.67, total expenses \$7,769,75.91. Lopez explained that “draft” is listed on page one of the report because a new software went into effect on February 1st, confirmation on if a change is needed to the January report will be shared with the board next month. Total accounts payable \$2,629,179.74.

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

Roll Call

<i>Dorothy Frederick</i>	<i>Yes</i>	<i>Tom O'Neil</i>	<i>Yes</i>
<i>Phil Lewis</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Robert Baldwin</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Dawn Fuller</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Paul Erickson</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>		

Motion Carried

Lopez presented the revised budget. Paperwork included the original budget, amended budget and the change between the original and amended. Changes included additional grants received, additional funds that were received, carryover grants that were spent, and any changes to programs were included in this report. Additional funding for Type II was shared; Hughes explained what the Type II program is about. WIC (Women, Infants and Children) did receive adjustments to their projects. State funding was provided. Building has been paid off so it will be removed from our budget. Included in this budget was the extra MERS payment that was previously approved.

Approve Amended Budget Report. Motion by Julie Theobald, seconded by Ron Bacon to approve the amended budget.

Roll Call

<i>Dorothy Frederick</i>	<i>Yes</i>	<i>Tom O'Neil</i>	<i>Yes</i>
<i>Phil Lewis</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Robert Baldwin</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Dawn Fuller</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Paul Erickson</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>		

Motion Carried

- C. Personnel Committee – Did not meet, nothing to share.
- D. Legislative Committee

- Day at the Capital, 4/11/2023. Meetings will be held with most of the legislators. One hotel spot is available, let Hughes know if you will be attending.
- Update was provided on the Sanitary Code coalition. Representative Skaggs will be presenting a draft of a statewide sanitary code to the MEHA group. Point of Sale program is not provided currently.
- The Governor has released the budget, a couple items did target public health. Allocation of \$30 million to Public Health. Public Health Code Act 368 of 1978 dictates that programs should be shared 50/50, the state has only met this goal one time since 1978, currently it is 60/40. This allocation should get us to the 50/50 cost share if it goes through. \$100 million has been allocated to address lead contaminants, it is a one-time funding and would provide filters to homes that have lead contamination. Funding is also in the budget for Children's Special Health Care Services and the expanding of the age limit for coverage to 26 years old, also included in CSHCS is a program to cover Sickle Cell for life. Discussion on the allocation/budget will be had with the legislatures during the Day at the Capital.
- Funding for well testing may be available, the State would do this testing, not sure if this includes PFAS, more to come on this program.
- PFAS discussion was held. EGLE identifies the impacted areas and funding for these sites will be provided with filters. A few additional residents near the Eagle/Ottawa site have issued complaints and want to be included in the funding for filters. Discussion will be needed with EGLE to include these residents or contact their legislatures. A request was made to have a map of the sites that were tested. Dr. Morse verbally shared the MPART links. The links will be shared with BOH members and are listed below:
 - <https://www.michigan.gov/pfasresponse/investigations/sites-aoi>
 - <https://egle.maps.arcgis.com/apps/webappviewer/index.html?id=bdec7880220d4ccf943aea13eba102db>
- Hughes shared the cost of filters; \$100, replacement filters \$60. The filters last for about 800 gallons. Filters last around 6 months.

E. Presentation

Erin Oleniczak provided an overview of Mason County Interconnected Systems Framework. Grant received from Michigan Health Endowment Fund for Mason County in partnership with the West Shore Education District (ESD) and United Way of Mason County to create a streamlined approach to school mental health service provision through implementation of the Interconnected Systems Framework (ISF). ISF is an evidence-based model of a systems-change approach to service provision, aligning multiple providers within the school district to improve outcomes for students. Impacts include increased academic performance, reduced exclusionary discipline, and improved teacher outcomes. Mason County was the pilot county to receive the grant, with expansion to Lake & Oceana Counties launching this summer.

- Discussion was held on multiple agencies trying to achieve the same objectives and duplicate efforts. Clarification given around how DHD#10's role as neutral convenor

to support systems change work as best practice to streamline for efficiencies, reducing duplication and increasing access to health services.

VII. **Administration Reports**

- A. Medical Director. Dr. Jennifer Morse shared an overview of her role as the Medical Director and her duties. Dr. Morse covers 2 additional local public health departments which expands her coverage to a total of 19 counties. Dr. Morse shared a part of the Public Health code, and the requirements of Medical Director are listed in the code.
- B. Deputy Health Officer – Sarah Oleniczak presented her report.
- DHD#10's strategic planning process will launch mid-June. Jane Sundamacher, director of Northern Michigan Public Health Alliance (NMPHA), will be providing lead the strategic planning process through a cross jurisdictional sharing (CJS) agreement at no cost to the agency.
 - PHAB reaccreditation was paused after our submission due to their transitioning to a new system. The system is now live and we expect notification of the status of our application soon. Oleniczak is scheduled for training of the new portal next week. The outcomes of our application initial review will be shared at the March board meeting.
 - DHD#10's completed an internal disability assessment last summer as part of a CJS mini-grant opportunity. That assessment was the basis of a \$25,000 grant application to the National Association of County and City Health Officials (NACCHO). A team is working with our Disability Networks across the jurisdiction to identify opportunities for changes that will allow us to better serve persons living with a disability including physical, mental and emotional.
 - A grant proposal is being submitted to Rotary Charity of Traverse City, for another Systems Change Accelerator project and builds off the project that just ended last fall. This proposal covers half of the Northwest Michigan Community Health Innovation Region (NMCHIR) including Kalkaska County as part of the Rotary Charities service area. A grant has also been submitted to the BCBS Foundation to support the other 5 counties of the NMCHIR (including Manistee, Missaukee and Wexford Counties), as well as the 10 counties of the North Central CHIR. This Rotary Charities application is in partnership with the NMCHIR and Munson Healthcare to implement. The application process includes a requirement to present the grant to the governing board of the applicant agency for approval of its submission.

Approve submission of grant to Rotary Charity of Traverse City. Motion by Nick Krieger, seconded by Julie Theobald, to submit grant application to Rotary Charity of Traverse City.

Motion Carried

- C. Health Officer Kevin Hughes shared his report.
- EPI Team update
 - COVID/FLU/RSV – numbers continue to decrease.

- Pertussis case in our jurisdiction, a clinic was set up for testing, 1 family showed up to the clinic site.
- PFAS – Discussion held earlier in the meeting; links provided above.
- Enforcement action will be taken on an unlicensed mobile home/campground in Crawford County. EGLE has attempted to get the owner to sample their Type 1 system; and now issued a Court Order: The owner is no longer able to provide water, water will be turned off on May 22nd, there are 13 families left at the site.
 - a. This is an EGLE/LARA issue. Currently not a public health issue. Once the water is turned off it will fall under DHD#10, and then required to enforce the sanitary code and post it as unfit for human habitation.
 - b. Weekly calls are being held with MDHHS regarding alternative water.
 - c. EGLE/ DHD#10 staff did go door to door to explain the situation, only one family did not know that they had to move out by the end of May. The DHS office is trying to find alternative housing but there is not much available.
 - d. BOH members discussed the enforcement criteria; Enforcement needs to be done so this does not keep happening in our counties. Suggestion from Krieger is that enforcement needs to be discussed at the board level, believes there is a perception that the Health Department does not enforce the sanitary code.
 - e. Hughes has met with EGLE, and legal counsel and believes that nothing will be done by the owner or EGLE, and the clock will run out and then become a DHD#10 issue.
- Public Health emergency will be lifted May 11th, and redetermination is required for Medicaid recipients. Our program staff are all sharing notification information to their clients and making connections to our Community Connections staff for support with redetermination as appropriate.
- Opioid Settlement – state plan was shared. It outlines what the state will be following and how the funds will be used.
- The Annual Review of the Local Public Health Authority responsibilities were shared. It outlines what the Public Health Departments, Board of Health and Health Officer are responsible for, shared with the new members this morning during their orientation to the DHD#10 Board.
- State Accreditation process was shared
- Board responsibilities were shared. The board guidelines were shared and distributed.
- Health Officer responsibilities were shared, the Health Officer is the only employee of the Board of Health, his contract is with the Board.
- Michigan Public Health Code Summary was shared.
- Questions were received from board members: Does the Health Officer have authority to sign for a misdemeanor if a rule is violated? Response: No, the authority is not written in the sanitary code at this time.

- National Association of Local Boards of Health (NALBOH) Conference in Tacoma, Washington, July 31 – August 2.
- Compensation Study Update – The project will launch next week with interviews with key staff in Cadillac on Monday and in Big Rapids on Tuesday. Interviews are to clarify questions on job roles and responsibilities for comparison to like jobs in other agencies. The goal for completion of the study is June. A zoom meeting will then be held and shared with either the Board or the Personnel Committee first and then results of the study will be presented to the Board at a future meeting.
- My Community Dental Clinic update - Dentists have now been hired for Oceana County and Roscommon County. Services will start in March or April.

VIII. **Other Business** - No Other Business

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

X. **Next Meeting** The next regular meeting of the Board of Health is scheduled for Friday, March 31, at 10:00 a.m. at the Cadillac Office.

Richard Schmidt adjourned the meeting at 11:28am.

Michigan Association for Local Public Health
Legislative Tracking – Update March 8, 2023
legislature.mi.gov

HB 4023

placement distance of underground storage tanks from a public water supply system

- Introduced January 18th | Last action: referred to committee January 19th
- Sponsor: Curtis VanderWall (R-102)
- Committee assignment: Natural Resources, Environment, Tourism, and Outdoor Recreation

SB 0031 (HB 4200 is the House version)

screening minors for lead poisoning

- Introduced January 19th | Last action: referred to committee January 19th
- Sponsor: John Cherry (D-27)
- Committee assignment: Health Policy
- Note: an amendment to Public Health Code (1978)
- Position: Neutral
 - MALPH forums are concerned with the additional burden on healthcare providers and the overreach into doctor-patient relationship, as well as the bill's unfunded mandate
- Note: Similar bill (HB 4200) introduced in the House on March 7th by Rep. Helena Scott (D-7)

SB 0026

air pollution fines and community impact grant programming

- Introduced January 18th | Last action: referred to committee January 19th
- Sponsor: Stephanie Chang (D-3)
- Committee assignment: Energy and Environment

HB 4131

coverage of healthcare services through telemedicine

- Introduced February 22nd | Last action: referred to committee February 22nd
- Sponsor: Tullio Liberato (D-2)
- Committee assignment: Insurance and Financial Services

SB 0088

installation of filtration systems in childcare centers

- Part of Filter First package [tie bar with SB 0089]
 - In 2022 session: SB 185
- Introduced February 21st | Last action: referred to committee February 21st
- Sponsor: Sylvia Santana (D-2)
- Committee assignment: Energy and Environment

SB 0089**"Clean Drinking Water Access Act"**

- Part of Filter First package [tie bar with SB 0088]
 - In 2022 session: SB 184
- Introduced February 21st | Last action: referred to committee February 21st
- Sponsor: John Cherry (D-27)
- Committee assignment: Energy and Environment
- Position:
 - MALPH supported the Filter First package in 2022
 - Questions remain about funding for LHD role in water testing and facility monitoring

SB 0133**"Overdose Fatality Review Act"**

- Creates overdose fatality review teams, creates regulation related to, provides relevant powers and duties to local government entities, etc.
- Introduced March 2nd | Last action: referred to committee March 2nd
- Sponsor: Sean McCann (D-19)
- Committee assignment: Health Policy

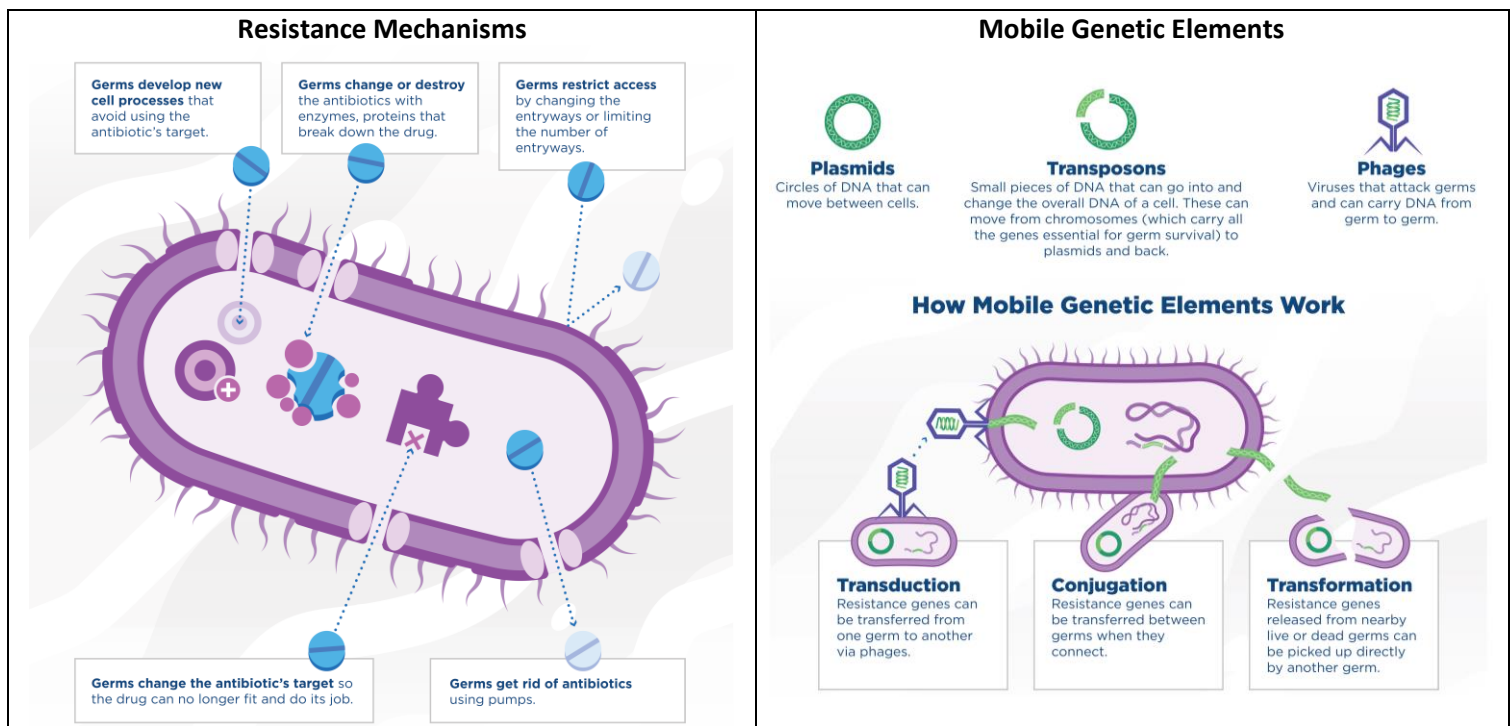
HB 4167**Creation of a rare disease advisory council**

- Amends [1978 PA 368](#) (MCL [333.1101](#) - [333.25211](#)) by adding secs. 5135 & 5135a, and creates a rare disease advisory council
- Introduced March 2nd | Last action: referred to committee March 7th
- Sponsor: Jason Morgan (D-23)
- Committee assignment: Health Policy

Antimicrobial Resistant Organisms

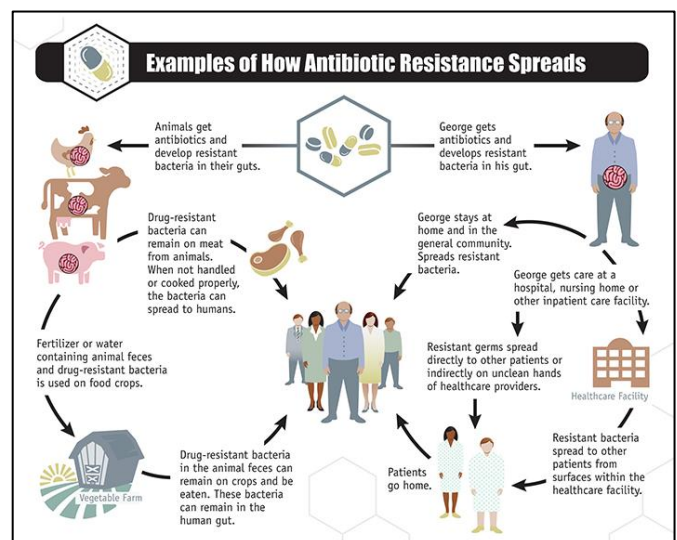
In 2019, at least 1.27 million people died worldwide due to antimicrobial resistant (AMR) bacteria and nearly 5 million more deaths were associated to infections with AMR bacteria. In the U.S., it is estimated that more than 2.8 million infections and more than 35,000 deaths occur each year to due AMR infections. These infections and deaths can happen to anyone and can be debilitating, as [these patient stories reflect](#). Antimicrobial resistance is considered an urgent global public health threat.

Antimicrobial resistance happens when germs, like bacteria or fungi, develop ways to keep medicines from working against them. Germs use different resistance mechanisms to do this. These mechanisms can be passed to the next generation of the same germ, and they can also pass to other germs by ways called mobile genetic elements. The resistance mechanisms and mobile genetic elements are illustrated below.



All germs, including AMR germs, can spread between people, between people and animals, and from people and animals to the environment. The environment includes water, soil, food, hospitals and other buildings, medical equipment, cars, airplanes, and so on. This is how antimicrobial resistance in one person or one animal can spread to many others and eventually spread around the world.

There has recently been news about an increase in XDR (extensively drug resistant) *Shigella*. *Shigella* is a very contagious bacteria that causes shigellosis, an inflammatory type of diarrhea. It is spread from the stool or soiled fingers of one person to the mouth of another person, and is known to cause outbreaks in day cares, through food preparation,



and during sexual encounters. This germ had been gaining resistance to the most common antibiotics used against it. More recently, increasing number of *Shigella* germs have been found that are resistant to all the commonly used and alternative antibiotics available including ampicillin, azithromycin, ciprofloxacin, trimethoprim-sulfamethoxazole, and ceftriaxone, making it XDR. Last year 5% of all *Shigella* cases in the U.S. were XDR, compared to 0% in 2015.

Shigella is only one of the AMR organisms causing high levels of concern. The CDC reported 16 antibiotic resistance organisms that were of urgent or serious public health threat in 2019, which are listed below. The COVID-19 pandemic did cause setbacks in efforts against antibiotic resistance. Due to interruptions in and shifting of healthcare resources, it is likely many infections were not diagnosed and reporting of antimicrobial resistant infections slowed. There was also an increased use of antibiotics during the pandemic due to confusion of COVID-19 symptoms with bacterial infections. The stress to the healthcare system during the pandemic also caused slips in some infection prevention and control practices in healthcare facilities.

Bacteria and Fungi Listed in the 2019 AR Threats Report

(% increase from 2019 to 2020 or if data is delayed due to pandemic)

Urgent Threats

1. [Carbapenem-resistant *Acinetobacter*](#) (+78%)
2. Antifungal-resistant [Candida auris](#) (+60%)
3. [Clostridioides difficile](#) (delay)
4. [Carbapenem-resistant Enterobacterales](#) (+35%)
5. [Drug-resistant *Neisseria gonorrhoeae*](#) (delay)
8. [Drug-resistant *Shigella*](#) (delay)
9. [Methicillin-resistant *Staphylococcus aureus* \(MRSA\)](#) (+13%)
10. [Drug-resistant *Streptococcus pneumoniae*](#) (delay)
11. [Drug-resistant Tuberculosis](#)

Serious Threats

1. [Drug-resistant *Campylobacter*](#) (delay)
2. [Drug-resistant *Candida*](#) (+26%)
3. Extended-spectrum β -lactamase (ESBL)-producing [Enterobacterales](#) (+32%)
4. [Vancomycin-resistant *Enterococci* \(VRE\)](#) (+14%)
5. [Multidrug-resistant *Pseudomonas aeruginosa*](#) (+32%)
6. [Drug-resistant nontyphoidal *Salmonella*](#) (delay)
7. [Drug-resistant *Salmonella* serotype Typhi](#) (delay)

Concerning Threats

1. [Erythromycin-Resistant Group A *Streptococcus*](#) (delay)
2. [Clindamycin-resistant Group B *Streptococcus*](#) (delay)

Watch List

1. [Azole-resistant *Aspergillus fumigatus*](#)
2. [Drug-resistant *Mycoplasma genitalium*](#)
3. [Drug-resistant *Bordetella pertussis*](#)

There is action taking place to fight against antibiotic resistance and things we can all do to help.

1. Prevent infections from happening.
 - Take [proper care of cuts and scrapes](#), and care for your [health conditions that may increase your risk for infections](#).
 - [Wash your hands properly](#).
 - [Get vaccinated](#).
 - Only use [antibiotics](#) and [antifungals](#) when they are truly needed and use them properly.
 - [Use safe habits around pets and animals](#).
 - [Follow safe food preparation recommendations](#).
 - [Take care when traveling](#) by checking travel health alerts, having safe food and drinks, and having plans in case you do get ill.
 - [Take steps to prevent STIs](#).
 - Livestock and poultry producers should implement [biosecurity practices](#) to prevent the introduction and spread of disease to their animals.
2. Improve antibiotic and antifungal use.

- [Healthcare providers, dentists, and veterinarians](#) should follow clinical and treatment guidelines for diagnosis and treatment of infections.
 - [Livestock and poultry producers](#) should communicate with their veterinarian regarding antibiotic and antifungal use.
 - Healthcare providers should know the resistance patterns for common infections in their community.
3. Stop the spread of resistance when it does occur.
- Follow infection prevention and control guidelines for your setting.
 - <https://infectionpreventionandyou.org/infection-prevention-basics/>
 - <https://www.cdc.gov/infectioncontrol/index.html>
 - <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

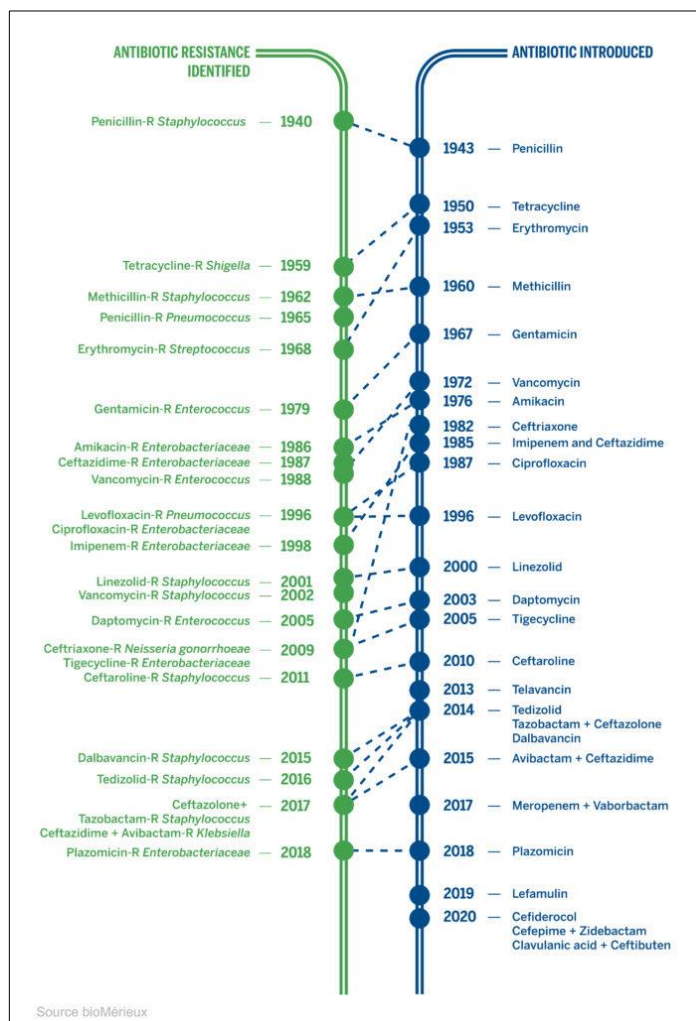
Antimicrobial resistance tends to develop quickly after a new class of drug is developed. Due to the difficulty finding effective drugs, the short course an antimicrobial is prescribed, the lower price typically charged for an antimicrobial, and recommendations to only use antimicrobials sparingly, there is little motivation for pharmaceutical companies to invest in research and development of new antimicrobials. Over the past decade, there has been much more support of the research and development of antimicrobials worldwide by several government and non-government organizations. An excellent review of these developments can be found [here](#). Research is also exploring non-antimicrobial options to treat and prevent infections. Improvements have also been made in testing available to differentiate viral from bacterial infections and quickly identify antimicrobial resistance in organisms.

Additional Resources

- The Michigan Antibiotic Resistance Reduction Coalition (MARR) <https://www.mi-marr.org/>
- Guide to Wise Use of Antibiotics <https://dobugsneeddrugs.org/guide-to-wise-use-of-antibiotics/>
- Patient Stories: The Faces of Antimicrobial Resistance <https://www.idsociety.org/public-health/patient-stories/patient-stories/>
- Be Antibiotics Aware <https://www.cdc.gov/antibiotic-use/index.html>
- CIDRAP-ASP Communication Toolkit <https://drive.google.com/drive/folders/1-MvEgQXY38iLVr10J0LmIpue0TvYIsCV?usp=sharing>
- Infection Prevention and You <https://infectionpreventionandyou.org/>

Recommendations:

1. Take steps to prevent infections in yourself and those around you.
2. Before taking an antibiotic, ask if it is really necessary and the most appropriate one for your infection. If it is, take all of it as prescribed.
3. Support efforts to combat antimicrobial resistance.



Sources

- Murray, Christopher JL, et al. "Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis." The Lancet 399.10325 (2022): 629-655.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02724-0/fulltext#seccestitle190](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext#seccestitle190)
- CDC. 2021. Antimicrobial Resistance. National Infection & Death Estimates for Antimicrobial Resistance.
<https://www.cdc.gov/drugresistance/national-estimates.html>
- CDC. 2023. Increase in Extensively Drug-Resistant Shigellosis in the United States.
<https://emergency.cdc.gov/han/2023/han00486.asp>
- CDC. 2022. COVID-19 and Antimicrobial Resistance.
https://www.cdc.gov/drugresistance/covid19.html#anchor_1656421934582
- Biomerieux. A lack of new antibiotics. <https://amr.biomerieux.com/en/challenges/a-lack-of-antibiotics/>
- Wasan, Himika, et al. "Landscape of Push Funding in Antibiotic Research: Current Status and Way Forward." Biology 12.1 (2023): 101. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9855914/>

**Board of Health
Deputy Health Officer
March 2023**

1. **Strategic Plan** – DHD#10’s current Strategic Plan’s timeframe is 2019 – 2021. As a result of the COVID Pandemic, our Strategic Plan was extended through 2022 with the launch of a new planning process during 2023. We will be working with the Regional Director of the Northern Michigan Public Health Alliance (NMPHA) as part of a cross-jurisdictional sharing (CJS) agreement to guide the process. The project will launch on June 20th - location yet to be determined. Once final we will seek participation from the Board of Health for the “Practical Vision” development session on June 20th.
2. **PHAB Re-Accreditation** – Our national accreditation application was submitted on October 31st and reopened on March 6th for review of comments and requests for clarifications or requests for new documents from the preliminary reviewers. Per PHAB communications:

When a measure is assessed as Met in the site visit report, the Accreditation Committee concludes the health department has demonstrated adequate conformity to PHAB requirements. Therefore, only measures scored Not Met will typically be reopened during PHAB’s combined Completeness and Pre-Site Visit Review. After the health department’s response, trained volunteer site visitors will conduct an independent review of all measures that staff assessed as Not Met and all core measures. PHAB will assign up to two site visitors to each health department based on the number of reopened measures. The Site Visit Team is comprised of the Accreditation Specialist and Site Visitor(s). The Site Visit Team will conduct the site visit and write the Site Visit Report.

Results of that preliminary review of DHD#10 documentation include the following summary:

Domains Reopened:	5 Domains (12 Total Domains)
Measures Reopened:	8 Measures (31 Total Measures with 90 Requirements)
Resulting in Documents Reopened:	8 Documents (117 Total Documents submitted)

Our responses to the reopened measures are due to PHAB by April 20th. PHAB staff will review for clarity and seek out site review candidates to assign our application. These reviewers will review the 8 documents submitted by DHD#10 as indicated above and prepare their questions for our site visit. Reaccreditation site visits are conducted virtually, and their purpose is to provide an opportunity for the reviewers to ask questions about the new documents and about the agency specific to the Standards and Measures. I’ve attached an overview of the Standards and Measures. I estimate that our site visit will be scheduled for June or July.

Respectfully Submitted,

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

STANDARDS: AN OVERVIEW

ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

- Standard 1.1:** Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
- Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health
- Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

- Standard 2.1:** Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
- Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards
- Standard 2.3:** Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards
- Standard 2.4:** Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

- Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

- Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes
- Standard 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

- Standard 5.1:** Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity
- Standard 5.2:** Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan
- Standard 5.3:** Develop and Implement a Health Department Organizational Strategic Plan
- Standard 5.4:** Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

- Standard 6.1:** Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed
- Standard 6.2:** Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
- Standard 6.3:** Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care

Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

QUALITY IMPROVEMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences

ADMINISTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities



The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.5 document, available at www.phaboard.org, for the full official standards, measures, required documentation, and guidance.

Board of Health

Health Officer Report

March 31, 2023

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 Actions: Updates on recent enforcement actions taken by DHD#10 will be shared at the meeting.

NALBOH Conference: This conference is geared towards Board Governance with some Public Health Programming efforts. For 2023 the conference will be held in Tacoma Washington from July 31st – August 2nd. DHD#10 will support up to 3 BOH members attending this conference.

Follow-up Items from Previous Meetings:

- PFAS Rothbury Site
- Baby Formula Rules
- Narcan Vending Machines

Community Water Supply

Respectfully submitted:
Kevin Hughes, MA
Health Officer

What is a Community Public Water Supply?

Types of Public Water Supplies

Classification	Description	Examples
Type I Community Public Water Supply	Provides year-round service to not less than 25 residents OR not less than 15 living units	Municipalities, Apartments, Condominiums, Nursing Homes, Mobile Home Parks
Type II Nontransient Noncommunity Public Water Supply	Serves not less than 25 of the SAME people for at least six months per year	Schools, Industries, Places of Employment
Type II Transient Noncommunity Public Water Supply	Serves not less than 25 people OR not less than 15 connections for at least 60 DAYS per year	Hotels and Restaurants (with less than 25 employees), Campgrounds
Type III Public Water Supply	Anything not considered a Type I or Type II water supply; serves less than 25 people AND 15 connections, or operates for less than 60 days per year	Small Apartment Complexes and Condominiums, Duplexes, all Others
Private Water Supply	Serves a single living unit	Single Family Home

Type II noncommunity water supplies are also classified according to their water production. Type IIa water supplies have an average production during the maximum month equal to or greater than 20,000 gallons per day. Type IIb water supplies produce less than 20,000 gallons per day during the peak month.

Community Water Supply Listings

Stay Connected



Environmental Calendar,
Events and Training
Information for Employees

Contacts

Environmental Assistance
Center: 800-662-9278
EGLE Organization
State of Michigan Contact
Directory
Media Contacts
EGLE FOIA Information
Report an Emergency

Documents

Maps & Data
Reports
Forms
Publications

Regulations

Nondiscrimination in EGLE
Programs (English, El
español and العربية)
EGLE Policies
Laws & Rules
Permits
Boards and Advisory Groups

FOIA

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FACT SHEET

EPA's Proposal to Limit PFAS in Drinking Water

March 2023

We rely on water from the moment we wake up and make a cup of coffee to when we brush our teeth at night. Every person should have access to clean and safe drinking water. That's why the U.S. Environmental Protection Agency (EPA) is taking a key step to protect public health by proposing to establish legally enforceable levels for six PFAS known to occur in drinking water, fulfilling a foundational commitment in the Agency's PFAS Strategic Roadmap. Through this proposed rule, EPA is leveraging the most recent science and building on existing state efforts to limit PFAS and provide a nationwide, health-protective standard for these specific PFAS in drinking water.

What are PFAS chemicals and why are they in our drinking water?

PFAS are a category of manufactured chemicals that have been used in industry and consumer products since the 1940s. PFAS have characteristics that make them useful in a variety of products, including nonstick cookware, waterproof clothing, and firefighting foam, as well as in certain manufacturing processes.

People can be exposed to PFAS in several ways. When their drinking water is contaminated with PFAS, it can be a significant portion of a person's total PFAS exposure. Exposure to PFAS over a long time, and during certain critical life stages, like during pregnancy and in developing babies, may lead to negative health effects.

PFAS can enter the environment from multiple sources, and because they tend to break down very slowly in the environment, PFAS can end up in the water sources that many communities rely on for drinking water. Reducing PFAS in drinking water helps reduce PFAS health risks.

What is EPA doing to make our drinking water safe?

EPA is taking a key step to protect public health by proposing a National Primary Drinking Water Regulation (NPDWR) to establish legally enforceable levels, called Maximum Contaminant Levels (MCLs), for six PFAS known to occur in drinking water. The six PFAS are **PFOA**, **PFOS**, **PFNA**, **PFHxS**, **PFBS**, and GenX Chemicals.

An MCL protects public health by setting a maximum level of a contaminant allowed in drinking water which can be delivered to users of a public water system. Additionally, EPA is proposing health-based, non-enforceable Maximum Contaminant Level Goals (MCLGs) for these six PFAS. An MCLG is the maximum level of a contaminant in drinking water where there is no known or anticipated negative effect on an individual's health, allowing for a margin of safety.

What levels EPA is proposing and what do water systems have to do?

Specifically, EPA is proposing:

- An enforceable MCL for PFOA and PFOS. EPA is proposing to regulate PFOA and PFOS at a level they can be reliably measured, which is 4 parts per trillion (4.0 nanograms/Liter).
- An enforceable limit on a combination of PFNA, PFHxS, PFBS, and GenX Chemicals. The proposed rule also would place limits on any mixture containing one or more of PFNA, PFHxS, PFBS, and/or GenX Chemicals. For these PFAS, water systems would use an approach called a hazard index, defined in the proposed rule and described later in this document, to determine if the combined levels of these PFAS

pose a potential risk. This approach protects communities from the additive effects of multiple PFAS when they occur together.

- **Monitoring.** EPA is proposing requirements for monitoring for the six PFAS that build upon EPA's long established monitoring frameworks where monitoring frequency depends on previous results. The proposal also includes flexibilities allowing systems to use some previously collected data to satisfy initial monitoring requirements.
- **Public notification.** Public water systems would be required to notify the public if monitoring detects these PFAS at levels that exceed the proposed regulatory standards.
- **Treatment.** Public water systems would be required take actions to reduce the levels of these PFAS in drinking water if they exceed the proposed regulatory standards. This could include removing these chemicals through various types of treatment or switching to an alternative water supply that meets the standard.

Are testing and treatment technologies available to remove these six PFAS?

Available technologies exist to monitor for and treat these six PFAS. Technologies capable of reducing PFAS in drinking water include granular activated carbon (GAC), anion exchange resins (AIX), reverse osmosis (RO), and nanofiltration (NF).

What does this proposal mean?

If finalized, the proposed regulation will require public water systems to monitor for these chemicals. It will also require systems to notify the public and reduce the levels of these PFAS if levels exceed the proposed regulatory standards. EPA anticipates that over time, if fully implemented, the rule will reduce tens of thousands of PFAS-attributable illnesses or deaths.

This proposal does not require any actions for drinking water systems until the rule is finalized, and water systems will be required to meet the MCIs after a specified implementation time period. EPA anticipates finalizing the rule by the end of 2023.

Public input on the proposal

EPA welcomes public input as part of the regulatory development process. The public is invited to review the proposal and supporting information. Comments can be provided in the public docket associated with this rulemaking at [regulations.gov](https://www.regulations.gov), identified by Docket ID Number: EPA-HQ-OW-2022-0114. Comments must be submitted to the public docket during the 60-day public comment period.

EPA will consider all public comments in informing the development of the final regulation. For more information and instructions on how to submit input to the public docket, visit: www.epa.gov/dockets/commenting-epa-dockets. EPA will also hold a virtual public hearing on May 4, 2023 where the public is invited to provide EPA with verbal comments. For more information on the public hearing and how to provide EPA with verbal and written comments, please visit: www.epa.gov/sdwa/and-polyfluoroalkyl-substances-pfas.

Is funding available?

Reducing PFAS in drinking water will likely require investments in water infrastructure. Thanks to President Biden's leadership and bipartisan action in Congress, the Bipartisan Infrastructure Law provides an unprecedented \$9 billion to invest in drinking water systems impacted by PFAS and other emerging contaminants. EPA will ensure that states, Tribes, and communities get their fair share of this federal water infrastructure investment—especially in disadvantaged communities. These funds include:

- \$4 billion in investment through the Drinking Water State Revolving Funds, including a requirement that states dedicate 25% of these resources to disadvantaged communities or public water systems serving fewer than 25,000 people.
- \$5 billion to communities as grants through EPA's new Emerging Contaminants in Small or **Disadvantaged Communities (EC-SOC) Grant Program**. This program will promote access to safe and clean water in small, rural, and disadvantaged communities while supporting local economies. In February 2023, EPA announced the availability of the first \$2 billion of this funding.

For more information on Bipartisan Infrastructure Law funding, visit: www.epa.gov/infrastructure.

What if I am concerned about PFAS in my drinking water?

If you get your water from a drinking water system, reach out to your local water utility to learn about how they may be addressing PFAS as well as ask them to test the water for PFAS or to share information with you if they have already tested the water. Some public drinking water systems may not have this information. If you choose to test your water yourself, it is important to use a state-certified laboratory using EPA-developed testing methods. Check with your state's drinking water program to see if they have issued guidance or standards for PFAS in your state and what actions they recommend or require when there is PFAS contamination. If your state does not have standards or guidance for PFAS see EPA's Health Advisory levels for [certain PFAS](#) for EPA's advice regarding these PFAS in drinking water. You may also consider installing in-home water treatment (e.g., filters) that are certified to lower the levels of PFAS in your water. [Learn about certified in-home water treatment filters.](#)

To learn more about PFAS and steps that can be taken to reduce risks: www.epa.gov/pfas/meaningful-and-achievable-steps-you-can-take-reduce-your-risk

What does this proposed regulation mean for households on private wells?

While the Safe Drinking Water Act does not regulate private wells and this proposed rule does not set any requirements or standards for private well owners, EPA understands that people who consume water from private wells may be concerned about contamination of their drinking water by PFAS or other contaminants. EPA has resources to help people who rely on private wells for their drinking water.

First, EPA has information on protecting private wells to prevent contamination, testing private wells and protecting your health at <https://www.epa.gov/privatewells>. (The Centers for Disease Control and Prevention also provides similar information about private water systems at <https://www.cdc.gov/healthywater/drinking/private/index.html>)

Second, if test results from an approved laboratory show levels of PFOA, PFOS, Gen X or PFBS, see EPA's PFAS health advisories [Questions and Answers](#) to learn about actions that you might consider based on your test results.

Third, State Drinking Water State Revolving Loan Fund programs may provide funding to households served by private wells to connect to a drinking water system, or to form a new drinking water system that would be subject to Safe Drinking Water Act requirements. SRF funds can be used by states to provide household water quality testing for these PFAS where there is an intent to connect with a public water system, or to form a new one, and to provide temporary household or point-of-use filters while a connection to a public water system is established. For more information on these funding programs, please visit www.epa.gov/infrastructure.

My state drinking water standard for PFAS is higher than this proposal, is my water safe?

This proposal is based on the latest science and if finalized, states will need to establish standards that are as strict as the federal rule. In the interim, EPA currently has Health Advisories in place to act as a guide for states and water systems. EPA's 2022 lifetime health advisory levels represent the concentration of individual PFAS (PFOA, PFOS, GenX Chemicals, and PFBS) in drinking water at below which adverse health effects are not anticipated to occur over a lifetime. It's important to note that many states and utilities are already taking action to reduce PFAS in water, and less PFAS is better over a lifetime of exposure.

If you get your water from a drinking water system, reach out to your local water utility to learn about how they may be addressing PFAS as well as ask them to test the water for PFAS or to share information with you if they have already tested the water. NOTE: Some public drinking water systems may not have this information. If you choose to test your water yourself, it is important to use a state-certified laboratory using EPA-developed testing methods. Check with your state's drinking water program to see if they have issued guidance or standards for PFAS in your state and what actions they recommend or require when there is PFAS contamination. If your state does not have standards or guidance for PFAS see EPA's Health Advisory levels for [certain PFAS](#) for EPA's advice regarding these PFAS in drinking water. You may also consider installing in-home water treatment (e.g., filters) that are certified to lower the levels of PFAS in your water. [Learn about certified in-home water treatment filters.](#)

To learn more about PFAS and steps that can be taken to reduce risks: www.epa.gov/pfas/meaningful-and-achievable-steps-you-can-take-reduce-your-risk

This is a proposed rule for public comment. It does not require any actions for drinking water systems until EPA has a chance to consider public input and the rule is finalized. Once the rule is finalized, water systems will not be required to meet the MCLs until after a specified implementation time period. EPA anticipates finalizing the rule by the end of 2023.

Additional Background

What are MCLGs and MCLs?

MCLGs are non-enforceable public health goals. MCLGs consider only public health, not the limits of detection and treatment technology effectiveness. Therefore, they are sometimes set at levels which water systems cannot meet because of technological limitations. For example, if a contaminant is a known or likely carcinogen, EPA sets the MCLG at 0. MCLGs also consider adverse health risks to sensitive groups, including infants, children, the elderly, and immuno-compromised individuals. Once the MCLG is established, EPA determines the MCL. MCLs are enforceable standards. An MCL is the maximum level of a contaminant allowed in drinking water which can be delivered to users of a public water system. For this rule proposal, EPA evaluated available methods and treatment technologies, that are shown to measure and remove these six PFAS and set the proposed MCLs as close as possible to the MCLGs. EPA also evaluated costs and benefits in determining the proposed MCLs.

What is a Hazard Index?

The Hazard Index is a tool used to evaluate health risks of simultaneous exposure to mixtures of related chemicals. To prevent health risks from mixtures of certain PFAS in drinking water, EPA is proposing that water systems use this Hazard Index approach to regulate PFHxS, GenX Chemicals, PFNA, and PFBS. To determine the Hazard Index for these four PFAS, water systems would monitor and compare the amount of each PFAS in drinking water to its associated Health-Based Water Concentration (HBWC), which is the level at which no health effects are expected for that PFAS.

Water systems would add the comparison values for each PFAS contained within the mixture. If the value is greater than 1.0, it would be an exceedance of the proposed Hazard Index MCL for these four PFAS. For ease of use, EPA

intends to provide water systems with a web-based form that will automatically calculate the Hazard Index. More information on the Hazard Index, including an example of how to calculate it, can be found in the rule proposal at: www.epa.gov/sdwa/and-polyfluoroalkyl-substances-pfas.

What are PFAS and What are their Health Effects?

There are thousands of different PFAS, and they can be found in many different consumer, commercial, and industrial products. PFAS can enter the environment from multiple sources and because they break down very slowly, concentrations of PFAS can accumulate in people, animals, and the environment overtime and can end up in the water sources that many communities rely on for drinking water.

We now know that some PFAS can cause serious health problems if you are exposed to them - even at low levels - over a long period of time. Drinking water is one of several ways people may be exposed to PFAS and reducing PFAS in drinking water helps reduce PFAS health risks. Exposure to the PFAS EPA is proposing to regulate can increase the risks of a range of health effects, including:

- Reproductive effects such as increased high blood pressure in pregnant people
- Developmental effects or delays in children, including low birth weight, bone variations, or behavioral changes
- Increased risk of some cancers, including kidney and testicular cancers
- Reduced ability of the body's immune system to fight infections, including reduced vaccine effectiveness
- Interference with the body's natural hormones, including thyroid hormones
- Increased cholesterol levels
- Liver damage

What Else is EPA Doing to Stop PFAS Pollution and Protect Communities?

EPA released its PFAS Strategic Roadmap in October 2021 and has taken actions to reduce PFAS from entering the water we drink, fish, and swim; hold polluters accountable; and accelerate research that will help EPA and other agencies take future actions. EPA is committed to taking broader actions to help reduce Americans' exposure to PFAS, including:

- Monitoring thousands of drinking water systems across the country for dozens of PFAS;
- Taking final action on a proposal to designate two PFAS as "hazardous substances" to help hold polluters accountable;
- Restricting PFAS discharges to our waterways by strengthening Clean Water Act standards; and
- Finalizing chemical data and safety rules that will increase our knowledge about PFAS, allow us to act faster and more strategically, and restrict legacy PFAS from reentering production.

To learn more about the proposed rule visit:

www.epa.gov/sdwa/and-polyfluoroalkyl-substances-pfas