



BOARD OF HEALTH

Monthly Meeting: April 28th, 9:30 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.....March 31st, 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. Legislative Updates.....Representative Roth

III. Program Reports

A. Community Health Division Report.....Christy Rivette

B. Environmental Health Division Report.....Mick Kramer

C. Family Health Clinical Division Report.....Lisa Morrill

D. Family Health Division Home Visiting ReportAnne Young

E. Family Health Division WIC Report.....Anne Bianchi

F. School WellnessKaty Bies

IV. Administration Reports

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

B. Deputy Health OfficerSarah Oleniczak

C. Health Officer.....Kevin Hughes

- V. Public Comment**
- VI. Other Business**
- VII. Next Board of Health Meeting: May 19th, at 9:30 a.m.**
- VIII. Adjournment**



District Health Department #10

Healthy People, Healthy Communities

BOARD OF HEALTH

Meeting Minutes

March 31st, 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: *Bob Baldwin, James Sweet, Kristine Raymond, Richard Schmidt, Jeff Dontz, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike, Paul Erickson, Bob Walker, Julie Theobald, Gary Taylor*
Staff In Person - *Kevin Hughes, Sarah Oleniczak, Christine Lopez*
Members Excused: *Dorothy Frederick, Phil Lewis, Dawn Fuller, Star Hughston*
Guests: *Luke Downing*
- III. **Change to the Agenda -** A Suggestion was made to have the audit presentation be included as part of the financial report.
- IV. **Approval of the Agenda.** Motion by Jim Maike, seconded by Ray Steinke to approve the updated meeting agenda.

Motion carried.
- V. **Approval of the Meeting Minutes.** Motion by Bryan Kolk, seconded by Nick Krieger to approve the minutes of the February 24, 2023, meeting.

Motion carried.
- VI. **Public Comment:** No Public Comment
- VII. **Committee Reports**

A. **Executive Committee** – No updates, a meeting will be set up in the next couple of months.
- B. **Finance Committee:** Christine Lopez, Administrative Services Director introduced Luke Downing, of Clark, Schaefer, Hackett & Co. Mr. Downing presented the independent audit report, and, in their opinion, the financial statements present fairly, in all material respects, the respective financial position of the governmental activities, the major fund, and aggregate remaining fund information of District Health Department #10 as of September 30, 2022, in accordance with accounting principles. In their opinion, DHD#10 also complied in all material respects, with the types of compliance requirements that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2022. The auditors did not identify any deficiencies in internal control. Discussion was held on the MERS pension plan and 65% funding level. Mr. Downing shared that we are doing well with our pension plan. The funding level has increased in the last few years. The agency has committed to paying extra to MERS as funds are available.

Christine Lopez presented the financial report through February 28th, 2023. The agency submits a statement on the funding level for the MERS pension plan annually. The current funding level is at 65.8%, no action needs to be taken. State/Federal funding is \$5.3 million. The Medicaid cost report will be completed after the end of the fiscal year. EH revenue was shared; it is expected to increase as the program is seasonal. The February report indicates total revenue of \$9,862,661.98 and total expense of \$9,623,282.76. Cash flow projections are \$9.9M through June. There was no aged receivable report this month due to a new software program and the report is being finalized. The final January financial report was shared.

Approval of Accounts Payable and Payroll. Motion by Ray Steinke, seconded by Ron Bacon, to approve the accounts payable and payroll total of \$1,714,619.25.

Roll Call

<i>Robert Baldwin</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Paul Erickson</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Tom O'Neil</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried

Lopez presented a recommendation to increase fees for some services. Recommendations include increasing the administrative fee to \$40, it will still include discounts for sliding scale fee. Would also like to increase the TB tests and reading fees to \$45, change to an office visit fee of \$25 and the food certification fee to \$100.

Approve Increased fees. Motion by Bryan Kolk, seconded by Ray Steinke to approve the increase in fees.

Roll Call

<i>Robert Baldwin</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Paul Erickson</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Tom O'Neil</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried

Approval of Audit Review. Motion by Ray Steinke and seconded by Roger Ouwinga to approve the audit review presented by Luke Downing.

Roll Call

<i>Robert Baldwin</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Paul Erickson</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Tom O'Neil</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion Carried

C. Personnel Committee – Did not meet.

- Hughes provided a summary of upcoming events. Plan to possibly meet in June or July to discuss changes to the Administrator of the Social Security Replacement Plan. When the agency was formed in 1997, staff voted to stay out of Social Security. This referendum was allowed as a new Government entity was formed. Currently, the agency works with Empower Retirement for administration of this plan. The opportunity for a better fixed account interest rate and lower fee has resulted in the agency exploring a possible move to Principal Financial Group. Representatives from Principal will be meeting with agency staff in April to discuss such a move more. Following this meeting, if a move is recommended, an additional meeting with Principal and the Personnel Committee will be set up.
- Workforce issues were discussed. Hughes provided HR statistics for DHD #10. Currently, the agency has approximately 230 employees. In the last 5 years, we have brought on 220 new employees. Of this number, 102 have since left the agency, leaving 120 still here. Of the total number of employees, 109 have been here over 5 years. Interviews continue for several positions that remain open and unfilled.
- Compensation study with Mark Notley is still on track. The final report will be provided in May/June, which will be during the time of working on the FY 24 budget. Will need to determine if the formal presentation on the report will be done to the Personnel Committee or the full Board. Retention issues were discussed. Some retention initiatives were brought to the BOH last year that were approved and implemented, such as maternity leave. There is an understanding among all that we cannot compete with hospitals for pay, but our hours and flexibility are a benefit to some. Retention issues will continue to be addressed.

D. Legislative Committee

- MALPH Legislative Tracking Report was included in the Board Packet and was discussed. Consensus was, it is a good report, and the hope is that MALPH continues to provide the report which includes bills they are monitoring.
- An update on the Sanitary Code bill was given. Rep. Skaggs is the Legislative lead on this bill. It was hoped that a draft of the bill would have been released in March. The idea of a statewide sanitary code will be discussed with legislators during the “Day at the Capital”, which is April 11th. Meetings have been set up with all but one legislator.

VIII. Administration Reports

- IX. Medical Director. Hughes reviewed Dr. Morse’s report on Antimicrobial Resistant Organisms. Recommendations include taking steps to prevent infections in yourself and those around you. 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. Support efforts to combat antimicrobial resistance.

Approval of recommendations by the Medical Director, Dr. Morse. Motion by Jim Maike, seconded by Nick Krieger to approve the recommendations from Dr. Morse to ensure that the correct antibiotic is being used and to support efforts to combat antimicrobial resistance.

Motion carried.

A. Deputy Health Officer – Sarah Oleniczak presented her report.

- Strategic Planning process will be launching in June; dates and location will be shared at next month's Board of Health meeting. Board members will be invited to the first day of the process to participate in the vision setting.
- PHAB update was provided: five domains were reopened out of twelve. Within those five domains, eight measures/documents were returned for clarifications or revisions and the option is also available for submitting new documents instead. The deadline for submission of the updates is April 20th.
- The Annual Report is currently at the printer; a copy will be mailed to the BOH members. Hughes will be sharing the report during his annual Public Health Update during the upcoming county commissioner meetings. In addition, the Regional Planning Department is working on the 2022 Communicable Disease Report (CD). This is the first time we have created a district wide communicable disease report. This will be shared at the April BOH meeting. Hughes will also be sharing the CD report during the upcoming county commissioner update meetings.

B. Health Officer - Kevin Hughes presented his report.

- EPI Team update
 - COVID testing sites will be shutting down at the end of April. Trying to secure over the counter kits for residents needing testing options.
- PFAS
 - Rothbury Site – resampling of some homes is being conducted.

- Drilling of the 12 new wells in Oceana County/Rothbury will be starting.
- Limited information on Kalkaska Wastewater Treatment plant has not been provided to date.
- EPA is taking steps to protect drinking water by proposing national PFAS maximum level of contaminants (MCL) similar to those adopted by Michigan. They are also proposing maximum contaminant level goals (MCLG) for each analyte. The proposal is open for public comment at this time.
- Enforcement Action
 - An update on efforts around addressing issues with Timberly Village Mobile Home Park was provided.
 - It was shared that a request for an appeal may be brought to the attention of the Board in the very near future.
- NAIBOH
 - The National Association of Local Boards of Health (NALBOH) conference will be held 7/31–8/2 in Tacoma, WA. We can support 3 members attending. If you are interested in attending let Hughes know.
- Follow Up – Hughes provided some follow up and answers to questions that were asked at the last meeting.
 - Update on issues in Oceana County regarding an individual expressing concern regarding PFAS testing close to Eagle-Ottawa PFAS site and the availability of filters provided by the agency. Explanation on process was provided to the resident.
 - Baby Formula - Question was asked on why there is only one contract for baby formula. A meeting was held with MDHHS WIC representatives, the reason there is only one contract is due to Federal Law.
 - The Gerber products that were recently recalled were not a part of what WIC provides.
 - Narcan Vending Machines – The following counties have approved NARCAN Vending Machine to be installed: Crawford, Manistee and Mason. Staff are working to expand into additional communities
 - Community Water Supply – Hughes shared a document that explains the different types of water systems: Type I, Type II etc.
 - ⊖ Public Health Data Summits will be held this summer focusing on Environmental Health Data, issues and prevention. The dates will be 6/2 Kirtland Community College, 6/9 West Shore Community College & 6/16 Ferris University. Save the date notices will be sent out soon and shared at the April Board of Health meeting.
 - Tattoo shop in Newaygo County is now in compliance.
 - Syringe Program – Hughes met with a community member from Oceana County to discuss the syringe service program. The resident was encouraged to contact local law enforcement to get numbers on drug use. She will also be meeting with

DHD #10 staff next week; they will be providing information on opioid prevention efforts and the syringe service program. Included as part of the syringe service program, provided at DHD # 10 offices, are various resources including referrals to available substance use disorder treatment services and supportive health screening and vaccination services available through DHD#10. Missaukee is the only county that opted out of the program.

- X. **Other Business -** No Other Business
- XI. **Public Comment** – No Public Comment
- XII. **Next Meeting** The next regular meeting of the Board of Health is scheduled for Friday, April 28th, at 9:30 a.m. at the Cadillac Office.
- XIII. **Adjournment** – Motion by Jim Maike to adjourn meeting, seconded by Nick Krieger.
Richard Schmidt adjourned the meeting at 11:23am.

Board of Health

Community Health Report

2nd Quarter Report – April 28, 2023

Community Connections

	Referred Clients		Accepted Clients		Assistance Pathways	
	Q2	FYTD	Q2	FYTD	Q2	FYTD
Crawford	34	54	13	19	32	48
Kalkaska	28	62	6	18	22	40
Lake	13	31	6	14	30	34
Manistee	77	143	27	53	107	154
Mason	26	46	2	6	12	26
Mecosta	48	86	16	25	54	61
Missaukee	49	78	19	22	13	20
Newaygo	37	62	5	26	52	58
Oceana	19	36	6	10	17	39
Wexford	88	197	15	49	95	139
Total	419	795	115	242	434	619

Most frequent navigation needs included food, housing, and utility payment assistance. Community Health Workers are anticipated in helping community members navigate their Medicaid redetermination paperwork as the National Public Health Emergency unwinds.

Community Connections provided resource navigation as part of the Crawford County Environmental Health EGLE water case. 13 households benefited from a Community Health Worker helping them navigate community resources, including housing.

Program growth through a collaborative partnership with Kalkaska Memorial Hospital in Spring 2023 to place a Community Health Worker in the Emergency Department. Community Connections also added a position posting in Mecosta County through a growing partnership with Meridian Health plan.

Substance Use Prevention

The Lake, Manistee, and Mason substance use prevention coalitions each received another year of grant funding from Prevention Network. The award amount was \$50,000 per county, for a total of \$150,000.

The Lake, Mason, and Oceana substance use prevention coalitions hosted a virtual training on the dangers of social media and drug trends (Officer Gomez) with 149 people participating.

In Mason County, staff participated in the Family AFFAIR event at Mason County Central and reached over 200 families with prevention information. The Keep Out Room was also set up to educate parents on hidden drug paraphernalia that could be present in a young person's room.

1,775 materials were distributed in Wexford and Missaukee promoting the Parents That Host Lose the Most messages (underage drinking).

140 students participated in the LifeSkills prevention curriculum in Mason and Oceana schools. The Oceana LEADS Coalition hosted a Medication Take Back event collecting 31 pounds of sharps and unused medication.

The Lake County prevention coalition presented Adverse Childhood Experiences 101 (ACEs) to 16 DHD#10 School Health staff.

Gambling Prevention

68 students in Mason and Oceana Counties participated in the gambling prevention education program.

Harm Reduction

Seven naloxone trainings were provided reaching 47 people in the jurisdiction.

Three safe use kits were distributed to clients (2 Newaygo, 1 Wexford)

Oral Health

48 students received oral health assessments (Oceana)

161 teeth were sealed in 48 students (Oceana)

Fluoride varnish was provided to 38 students

Oral health education was presented to 534 students (Oceana)

Kindergarten oral health assessment program implementation will launch in April with the first screenings. The goal of this program is to have every incoming kindergartener in the jurisdiction have a no cost oral health screening prior to the start of the 2023/2024 school year.

WISEWOMAN

Currently in the last year of a 5-year grant cycle ending June 30th. Funding supports cholesterol, diabetes screenings, and health coaching for women ages 45-640. The state is awaiting notice for the next 5-year grant cycle.

FY23 Enrollments by County – FYTD	
Manistee	1
Mason	2
Mecosta	2
Oceana	2
Wexford	8
Total	15

Tobacco Control and Cessation.

10 referrals for tobacco treatment this quarter and 4 enrollments. A boosted post on social media promoting the Tobacco Treatment program at DHD#10 reached a total of 20,852 people.

Tobacco Control and Prevention grant: Staff worked with school districts to design an exterior sign and an indoor poster to help educate the school community about tobacco policies on the schools' campuses. In addition, a toolkit for tobacco and vaping prevention was created and shared out to 29 school districts in the region. The tobacco legislative newsletter follows this report.



Diabetes Prevention Program

One of the two current cohorts completed the year-long program; 4 participants in Oceana County completed with a total combined weight loss of 13.2 lbs.

SNAP-Ed

Staff reached over 200 students in the participating schools with SNAP-Ed programming this quarter.

Behavioral Health Project: Mason County Interconnected Systems Framework

The project team released a website for this project to share updates with school and community partners:
<https://sites.google.com/view/masoncountyisf/home>

Respectfully submitted:

Christy Rivette, MS, CHES
 Director of Community Health



District Health Department #10 (DHD#10) receives funding from the Michigan Department of Health and Human Services under the Michigan Tobacco Control Grant Program to implement activities in the 10 counties of the jurisdiction to prevent and reduce tobacco use.

TOBACCO PREVENTION & CONTROL

According to the “State of Tobacco Control” report released by the American Heart Association (AHA), Michigan received low marks on several issues- including Tobacco Prevention and Cessation Funding (F), Tobacco Taxes (F), Access to Cessation Services (D), Flavored Tobacco Products (F), and Smokefree Air (C).

The AHA recommends the following strategies:

1. Pass a law to license all tobacco retailers, including e-cigarette retailers;
2. Prohibit flavorings, including mint and menthol, for all tobacco products;
3. Increase funding for tobacco prevention and cessation programs; and
4. Match the tax on non-cigarette forms of tobacco like spit tobacco, cigars, hookah and e-cigarettes to the cigarette tax.

Review the full report here: [Michigan State of Tobacco Report](#)

Michigan Facts

Healthcare Costs Due to Smoking:	\$4,589,784,016
Adult Smoking Rate:	17.00%
High School Smoking Rate:	4.50%
High School Tobacco Use Rate:	23.00%
Middle School Smoking Rate:	N/A
Smoking Attributable Deaths per Year:	16,170

PROGRAM UPDATES AT DHD#10

During this quarter, staff at DHD#10 developed a toolkit for schools that includes numerous resources for tobacco prevention, such as model language for a tobacco-free school policy. Tobacco-free school campus signage was provided for Walkerville Public Schools and the Career Technical Center at the Wexford-Missaukee Intermediate School District. Resources were also provided to Adolescent Health Centers throughout the jurisdiction. Staff also provided presentations on the dangers of vaping and resources to help people quit tobacco products at Club Cadillac and Mason County Central High School. Staff are working with West Michigan Community Mental Health and Baldwin Family Healthcare to assess their current tobacco screening and referral processes.

DID YOU
KNOW?

**OVER 2.5 MILLION
KIDS IN THE U.S.
USE E-CIGARETTES,
AND 85% OF THEM
USE FLAVORED
PRODUCTS.**

On March 31st, get involved on Take
Down Tobacco National Day of
Action to make your voice heard.

Let's go all-in and #TakeDownTobacco
for good!!

TAKEDOWNTOBACCO.ORG



**TAKE DOWN
TOBACCO**

DHD#10 joins youth advocates throughout the nation in recognizing **March 31st** as **Take Down Tobacco Day**, highlighting the need for improved tobacco legislation, such as the elimination of flavored vape products.

Learn more:

TakeDownTobacco.org

QUALITY ASSURANCE REPORT: Septic and Well Program

There are a number of performance metrics EH evaluates for customer support. The permit timeline accounts for the time a permit application is submitted to the time the permit is mailed. The first few months are always our slowest periods of the year with little work being done with the conditions of the soil. Activities will spike once frost comes out of the ground and weight restrictions are lifted in the spring. December through March are usually the least busy periods of the year.

Number of days from receipt of permit application to completed permit.

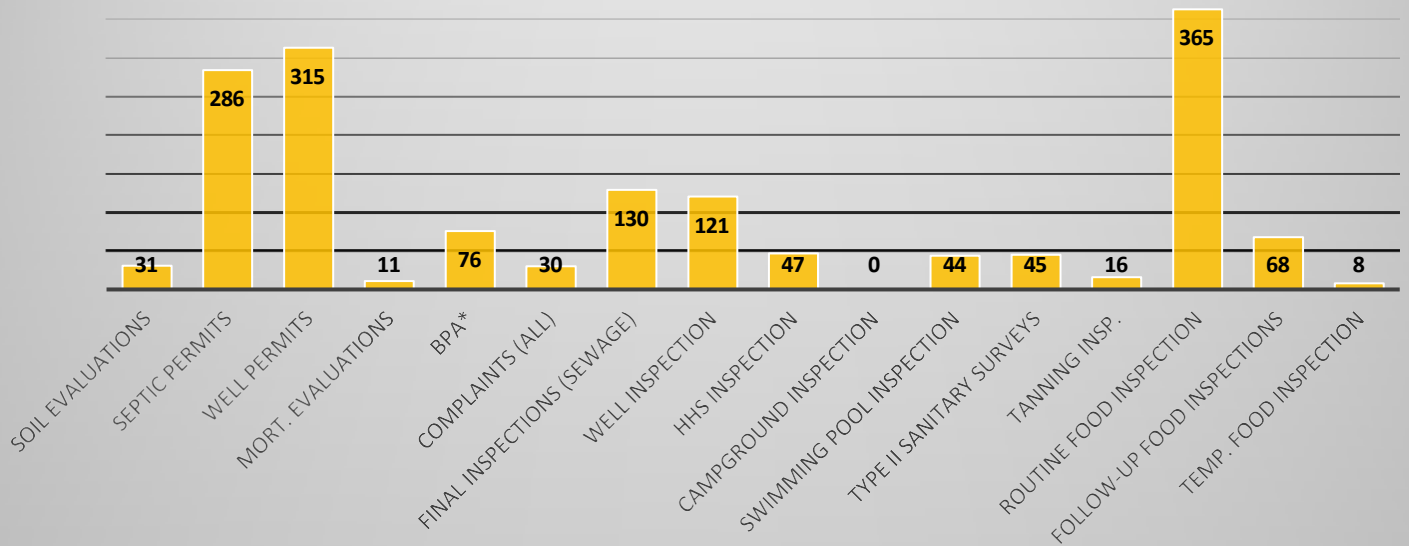
County	January	February	March
Crawford	N/A	N/A	17
Kalkaska	7	6	7
Lake	6	8	5
Manistee	9	13	10
Mason	6	8	7
Mecosta	3	2	4
Missaukee	6	2	4
Newaygo	7	7	8
Oceana	2	4	2
Wexford	4	4	2

N/A= Too small of permit numbers to calculate median (5 minimum) Goal: No more than 7 days from date of receipt to issue

GENERAL ENVIRONMENTAL HEALTH

The associated graph displays the number and types of activities our staff have completed over the course of the last three (3) months. Overall, the activities remain steady from a year ago. Septic permits are up 10% from this time last year while water well permits are down 19%. Total activities this quarter however did increase 13% when compared to 2nd quarter 2022. A further breakdown of the types of activities is provided in the graphs below.

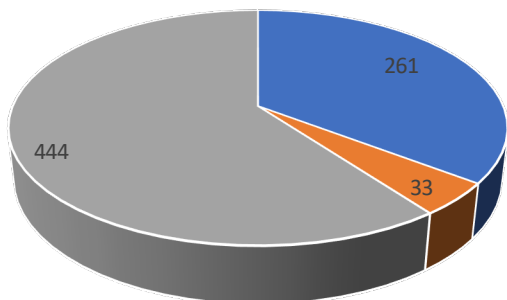
DHD#10 ENVIRONMENTAL HEALTH ACTIVITIES 2nd QUARTER



RADON

Radon is a naturally occurring radioactive gas which comes from the radioactive decay of radium. Radium and uranium are naturally occurring and are frequently found in soils or rock. Because it is odorless and colorless, it is often overlooked as a potential indoor air quality concern. The U.S. Environmental Protection Agency has established an action level of 4 pico-curies (pCi/L) of radon in residential homes. If a home has more than this level, the occupants have a higher chance of developing lung cancer. Radon is the 2nd leading cause of lung cancer in the U.S. Winter is the best time to check for radon since the building tends to be closed-up and it is possible to test the indoor air under a “worst case” scenario. For the entire month of January, all of the offices of District Health Department #10 distribute radon test kits at no cost.

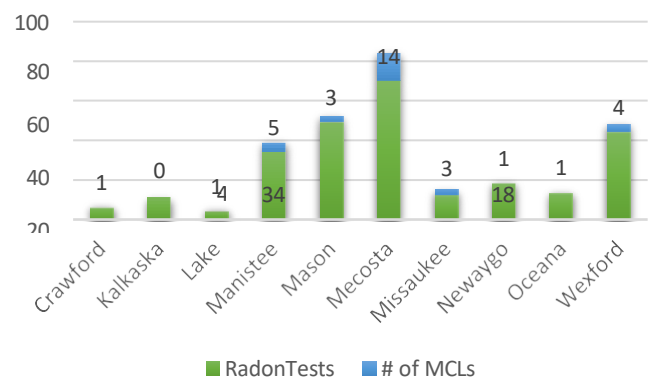
DHD#10 RADON TESTS CY22



■ Total # of Radon Tests
■ # of Samples Exceeding MCL
■ Radon Kits Distributed

Radon Program by County

DHD #10 CY 2022



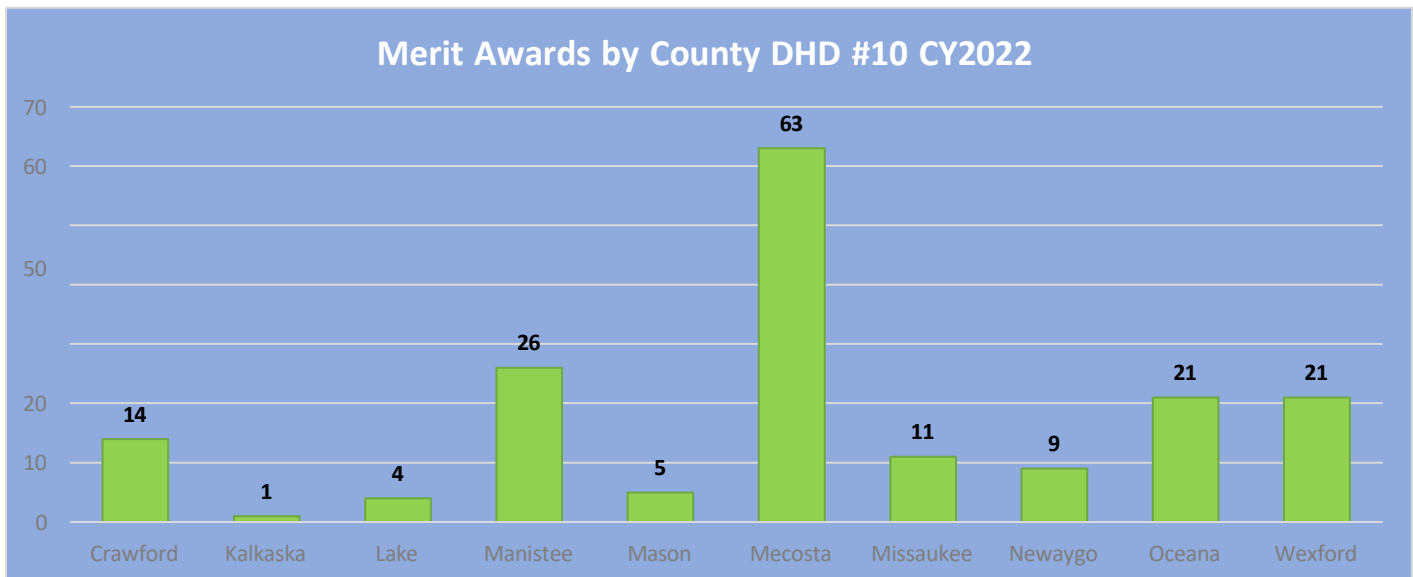
■ RadonTests
■ # of MCLs

FOOD PROGRAM

Historically the agency has issued food merit awards to restaurants who have done an exemplary job in their Facility over the course of a year. In general, the food operators like the program as they often display their achievement in a conspicuous area for other food patrons to see. This program is solely for restaurants and does not include schools, STFU/Temporaries, mobile or senior meal centers. Therefore, the restaurant has a pretty good idea on the number of customers they will be serving. The criteria to receive an award is as follows:

- a) No repeat priority foundation violations on the last two inspection reports
- b) No priority violations on the last two inspection reports
- c) No valid complaints for the evaluation year
- d) No valid foodborne illnesses for the evaluation year

A breakdown of the food merit awards received by county is given below for CY2022.



Food Facility Inspection Frequency Change

Several years ago, the Michigan Department of Agriculture (MDARD) sent out a memo to all LHDs which provided guidance on utilizing a Risk Based Inspection Schedule. The Michigan Department of Agriculture (MDA) has been utilizing a risk-based inspection schedule since 2000. Studies have validated that the types of food served, the food preparation processes used, the volume of food and the population served all have a direct bearing on the occurrence of foodborne illness in the food service industry. Most, not all, LHDs also inspect their facilities with a frequency directly relating to their risk. DHD #10 has never made this adjustment and has historically always given each licensed facility two (2) inspections per year.

We are now beginning to transition into modifying our inspection frequency based on the risk of the facility. We ascertained a number of benefits which include:

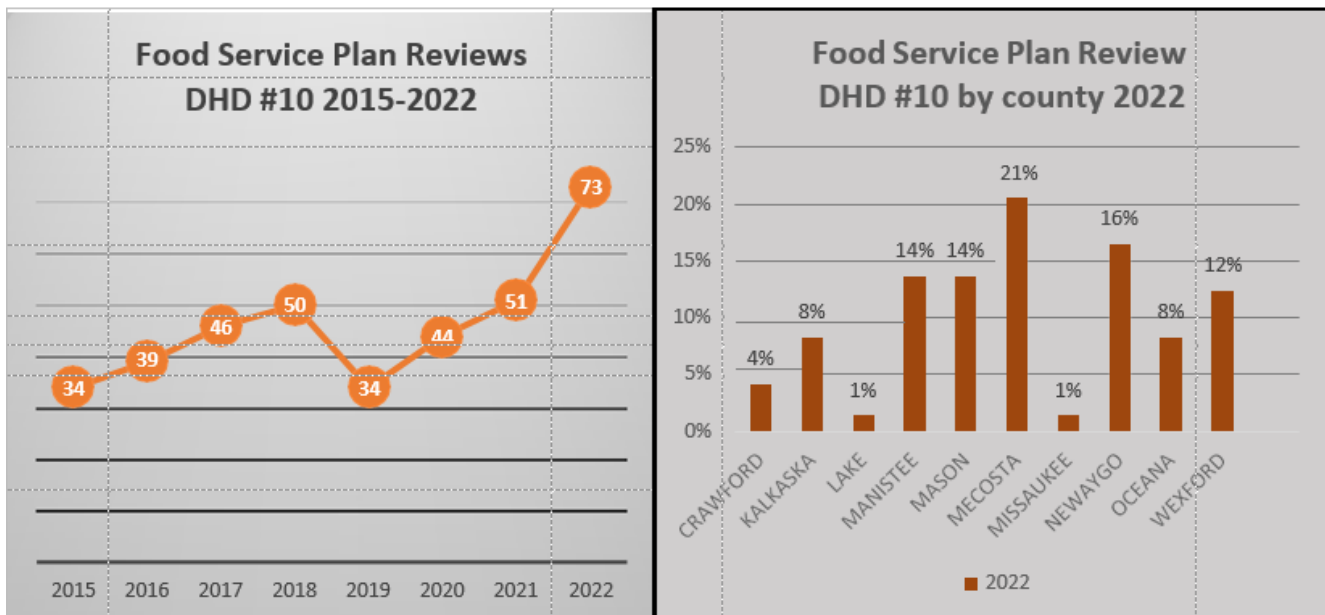
- a) Minimum program requirements are still met.
- b) Allow sanitarians to utilize their time more effectively by spending less time in low risk facilities and more time in facilities deemed a higher risk that have a greater potential that

lead to FBI.

- c) Greater consistency in classifying facilities across the state.
- d) By moving to a risk-frequency based schedule we estimate we will reduce the total number of inspections conducted per year by approximately 460 inspections.
- e) Less burnout and fatigue by food sanitarians.
- f) Reduced overall program expenses.

Plan Review

Plan reviews are conducted on both new construction and prior to remodeling of existing food service establishments. They can be uncomplicated and involve only a few hours of review for a simple remodel or they may be fairly extensive and require several days of work or even months for some facilities. The industry clearly has rebounded from the economic hit in 2019 and 2020 due mainly from COVID-19 and the epidemic orders. In 2022 we saw a 30% increase in the number of plans submitted compared to 2021. Last year we saw historic numbers with 73 sets of plans received. Mecosta, Newaygo, Mason, and Manistee counties had the highest percentage of plan reviews submitted.



Respectfully Submitted,

Michael Kramer, MPH, REHS/RS

Environmental Health Director

Board of Health

Family Health Clinical Report

2nd Quarter Report, April 28, 2023

Immunization Updates

COVID Vaccine

Bivalent COVID boosters are available for all clients 6 months and older. COVID vaccine is offered during all immunization clinics and by walk in. The demand for COVID vaccines has slowed down. CD-F started outreach for clients aged 12-18 years old who have not completed their primary series or are due for a bivalent booster.

MPOX:

As of date, there are no active cases in the DHD#10 Jurisdiction. The demand for vaccination has decreased. Promotion of the vaccine and outreach continues.

Site Visits:

Annual site visits of our Vaccines for Children (VFC) are in full swing for project year 4. DHD#10 site visitors are conducting annual visits and follow ups. DHD#10 has 51 VFC providers who are due for annual site visits this project year.

Recall and Reminder for overdue immunizations:

CD-F staff completed a recall and reminder project. Staff contacted parents of children 13-18 years old within the DHD#10 jurisdiction who were due or overdue for immunizations and encouraged them to schedule an appointment to get their child up to date.

School Immunization Reporting:

School immunization reporting period ended 2/1/23. Schools are required to report on any student who is in kindergarten, 7th grade, or any student new to the school district. Those students are required to be up to date on immunizations or have a waiver on file. Schools are required to reach a 90% status by November 1st and 95% by February 1st. All school districts within the DHD#10 jurisdiction were successfully closed.

Vaccine Storage:

Accsense, an alarm notification system that contacts staff during a power outage or out of range temperature was purchased for our ultra-cold freezers. This purchase will ensure that our ultra-cold freezers are within the proper range and staff can respond outside of business hours if there is a power outage or out of range temperature to save the vaccine.

Vaccines administered:

April Monthly Immunization stats attached.

Family Planning

HT2 continues to be implemented in Crawford, Missaukee, and Wexford counties. In place of the iPad, new android tablets will be sent to the three counties for survey completion from clients. The tablets provide more security for data collected.

All updated policies from MDHHS for Family Planning have been finalized.

FY22 Teen and Consumer surveys were due April 15, 2023. MDHHS asked that each sub-recipient administer 30 surveys to adults and teens (20 Adult, 10 Teen). A total of 31 surveys were collected and submitted (21 Adult, 10 Teen).

Our medical clinic numbers have increased slightly from last quarter, up 65 visits (see tables below). We will be adding an additional clinic in Mason, Oceana, and Wexford Counties. We will continue to monitor and if needed, will add additional clinics based on client needs. In the 2nd Quarter 2023, we saw a 40% increase in teen clients ages 15-19. Male clients increased 40% from last quarter.

1st Quarter 2022

2nd Quarter 2023

Age Group	Female Users	Male Users	Total Users	Age Group	Female Users	Male Users	Total Users
Under 15	5	0	5	Under 15	5	1	6
15 - 17	31	1	32	15 - 17	43	3	46
18 - 19	28	1	29	18 - 19	50	3	53
20 - 24	85	7	92	20 - 24	89	8	97
25 - 29	44	7	51	25 - 29	46	10	56
30 - 34	48	2	50	30 - 34	47	9	56
35 - 39	44	5	49	35 - 39	44	0	44
40 - 44	31	3	34	40 - 44	28	12	40
Over 44	36	6	42	Over 44	40	11	51
Total Users	352	32	384	Total Users	392	57	449

STD/HIV

All updated policies from MDHHS for STDs have been finalized.

The HIV testing day will be held in June. Our goal is to have walk-in testing in all our DHD#10 offices on June 27th. Advertising will be done for this event.

Proficiency samples were sent from the Bureau of Laboratories as part of the required MDHHS quality assurance activities for HIV testing. Our CTR (counseling, testing, referral) proficiency testing in Missaukee was completed in January and we passed. CTR proficiency testing will be completed again in April.

HIV self-test kits continue to be sent to homes when requested by clients from our website. Sixteen kits were requested and sent last quarter. 3 tests were completed, all with negative results.

Outreach

Planning for Mecosta's Big Rapid's Pride Event will be starting next quarter. The event will be held in June. We will be utilizing our mobile unit.

During the last week in March, information on LGBTQIA + Health Awareness Week was added to the DHD#10 website.

Beginning in the 3rd quarter, social media advertisements and flyers will be completed to advertise IUD contraception in Mason County. Except for the health department, Mason County currently has no providers that perform IUD insertions.

Communicable Disease

Communicable disease investigation numbers remained consistent from first to second quarter.

A remote team continues to handle COVID follow-up and outbreaks, enabling our staff to focus on clinics and public health.

On Jan 1, 2023, a state team took over investigation and follow up on our Hepatitis C cases. This state team works under the "We Treat Hep C" platform and has many resources to assist cases in treatment and follow-up, which in turn helps prevent spread.

In January and early February, we became aware of Pertussis cases in an unvaccinated community. Our staff along with Dr. Morse set up a community clinic to offer testing and vaccinations. Although numbers were low, we have found that the local PHN has developed good relationships with this group and hopefully this will help spread education and trust for future outbreaks or other needs.

To increase public awareness of health department programs, staff are planning community events outside of the office. More to come.

CLIA

External proficiency testing continues, we have closed the outstanding corrective actions for calendar year 2022. We submitted results for 4 events this year with results on 3 being 100%.

All programs have moved to sharing documents via SharePoint. Work has been focused on standardization of reporting and utilizing this central repository for all documents.

A major focus has been on chart audit completion per the quality manual requirements. Results for FY23 Q1 show 75% completion and noted opportunities for improvement have been shared with program leads.

Multiple Adolescent sites started point of care testing in the last quarter of 2022. Collaboration with participants will ensure ongoing improvement efforts and efficiencies.

We have moved to an electronic version of quality control completion review and sign off. This will streamline the process and has identified some focus areas.

Central Scheduling

With the implementation of the new call tree, incoming calls to Central Scheduling have been manageable and clerical staff is continuing to assist with scheduling of immunizations.

Immunization clinics for the rest of the year end have been updated in EHR. This will optimize scheduling for follow up vaccines if needed.

The CS team collaborated with the clerical staff to optimize schedules and accommodate client needs when clinics are full.

Students

In the second quarter of FY23, we had over 40 nursing students embark on rotations within our organization. Students shadowed in various programs as part of their degree program. We currently have agreements with 7 educational providers and will continue to welcome students with various degree levels to shadow staff and share the great work.

Respectfully Submitted,

Lisa Morrill MSN, RN

Director Clinical Services

DISTRICT HEALTH DEPARTMENT #10

IMMUNIZATION COVERAGE LEVELS

IMMS	DTaP/DT/TD:4 IPV:3 MMR:1 HIB:3 HepB:3 Varicella: 1 PCV13: 4			With 2 Hep A added		Tdap:1 IPV:3 MMR:2 Hep B: 3 Varicella: 2 Meningococcal:1			With HPV complete added		HPV complete					
Age Range	19 through 36 months 4:3:1:3:3:1:4			4:3:1:3:3:1:4:2		13 - 17 years 1:3:2:3:2:1			1:3:2:3:2:1:3		<u>ALL</u> 13 - 17 years			Female 13 - 17 years		
County	<i>Records</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>Records</i>	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>	<i>Records</i>	<i>#</i>	<i>%</i>	<i>Records</i>	<i>#</i>	<i>%</i>
	<i>Assessed</i>	<i>Complete</i>		<i>Complete</i>		<i>Assessed</i>	<i>Complete</i>		<i>Complete</i>		<i>Assessed</i>	<i>Complete</i>		<i>Assessed</i>	<i>Complete</i>	
<i>Crawford</i>	121	91	75	67	55	805	622	77	360	45	805	367	46	363	162	45
<i>Kalkaska</i>	243	167	69	135	56	1,206	928	77	552	46	1,206	557	46	587	277	47
<i>Lake</i>	110	56	51	41	37	611	476	78	265	43	611	268	44	294	131	45
<i>Manistee</i>	301	193	64	154	51	1,461	1,109	76	743	51	1,461	749	51	718	377	53
<i>Mason</i>	339	245	72	206	61	1,978	1,578	80	930	47	1,978	939	47	987	489	50
<i>Mecosta</i>	592	391	66	329	56	2,497	1,908	76	1,190	48	2,497	1,197	48	1,262	593	47
<i>Missaukee</i>	203	128	63	110	54	1,000	783	78	471	47	1,000	476	48	488	237	49
<i>Newaygo</i>	711	450	63	316	44	3,345	2,552	76	1,423	43	3,345	1,444	43	1,617	736	46
<i>Oceana</i>	432	292	68	225	52	2,179	1,590	73	941	43	2,179	958	44	1,060	470	44
<i>Wexford</i>	561	380	68	307	55	2,646	2,122	80	1,311	50	2,646	1,323	50	1,301	644	50
TOTALS	3,613	2,393		1,890		17,728	13,668		8,186		17,728	8,278		8,677	4,116	
% Compliant DHD#10	66%			52%		77%			46%		47%			47%		
% Compliant State of MI	66.1%			53.3%		72.8%			42.8%		Not available			45.3% per 12/31/2022 County report card		

Date: 04/04/2023

Board of Health

Family Home Visiting Report

2nd Quarter Report – April 28, 2023

Maternal Infant Health Program (MIHP)

MIHP provides in home support to pregnant women and infants who have Medicaid insurance. MIHP will see clients throughout their pregnancies and follow infants to the age of 18 months.

The MIHP caseload continues to increase and is now at 659, with 22 families added this quarter. 1,621 MIHP visits were completed with families from January through March along with 24 extra discharge visits.

A new MIHP nurse, Rebekah Hodson, was trained for Mecosta County and a new WIC nurse, Kristen Carlson, was trained to complete MIHP enrollments in Lake and Mason Counties.

Using the results of 66 focus groups with 357 families, the Michigan Public Health Institute (MPHI), the Michigan Department of Education (MDE) and the Michigan Department of Health and Human Services (MDHHS) partnered to create a survey instrument measuring the outcomes of home visiting that were most important to families. The survey aims to measure outcomes that are not being systematically captured across the system such as parenting skills and knowledge of child development, parental confidence and empowerment, goal setting, family bonding, stress management, coping, social support and connectedness.

DHD #10 Newaygo County is participating in this initiative and parents can receive \$50 incentives to participate in this project. DHD #10 is also receiving \$2500 to assist with this endeavor and it will be completed by April 30th.

Healthy Families America (HFA)

HFA shares child growth and development information and activities with families, along with personalized support in the comfort and convenience of their homes.

Kim Young completed her training and began seeing families in Crawford County in January, which allowed Samantha Brado to begin her Coordinator role for Data Analyst and full-time reflective supervision in February. We hired and trained 3 other new home visiting staff. Marie Robbins is seeing families in Wexford County, Rachel Buchner is seeing families in Lake County, and Anne Donn is completing her training and will begin seeing families in Grand Traverse County in May. The DHD #10 HFA team is now fully staffed with 8 home visitors in 7 counties and two Coordinators.

The home visitors completed 291 visits with 49 families this quarter.

Children's Special Health Care Services (CSHCS)

CSHCS helps individuals (0-21 years old) that have special needs and health concerns to improve their health and enhance their quality of life.

The CSHCS team has been working on increasing our billings this last quarter. Valerie Marshall RN has been steadily getting her numbers up in the program and working towards her quota. We recently hired Jessica Grace RN and are looking forward to her transition from WIC to CSHCS team. Our Nurses were able to attend the diabetes education classes offered by Helen Devos Children's Hospital endocrinology team. The classes were extremely helpful in understanding diabetes management and helping our team to assist families with diabetes education. Our enrollment increased slightly this quarter compared to the last quarter and we are beginning to think ahead for the transition of CSHCS enrollment age increasing from 21 years to 26 years. The state is projecting a 21% increase in our caseload when that change takes effect. We have already begun to discuss how that will affect the team and we are working on a plan to manage that when it happens.

There are currently 1,365 families enrolled in this program. From January through March, staff assisted 283 families to renew their applications and helped 82 new families to enroll. They also completed 132 Plans of Care, 97 Care Coordination's, and 40 complex Case Management services.

Respectfully Submitted,

Anne Young MA, BSN, RN

Family Health Home Visiting Director

Board of Health

Family Health WIC Report

2nd Quarter Report – April 28, 2023

Michigan WIC Contract Formula Transition

Similac Formula Transition Plan

On February 28th, USDA WIC waivers allowing for competitor brand infant formulas expired. On March 1st marked phase one of the contract Similac formula transition, with alternate can sizes and imported Similac products available to Michigan WIC clients. We are very pleased to report that this transition has been smooth for our clients, staff, and WIC vendors. On May 1st, the Michigan WIC Similac contract will be in full effect transitioning to the standard 12.4-12.6 oz Similac can sizes. MDHHS WIC and Abbott Labs continue to monitor availability of the four contract powder formulas (Similac Advance, Similac Total Comfort, Similac Sensitive, and Similac Soy-Isomil) and report healthy inventories across the State. As indicated, WIC staff will report any local Similac shortages to the State WIC Vendor Unit for resolution.

National Public Health Emergency and WIC Waivers Extensions

February 7, 2023: National WIC Association Legislative Report: USDA Unveils New Waiver Authorities Beyond the Public Health Emergency

“Last Monday, the White House [announced](#) that the Public Health Emergency declaration (PHE) tied to the COVID-19 pandemic will come to an end on May 11. This announcement means that WIC waivers under the PHE, including flexibilities in physical presence requirements, will expire on August 9, 2023.

USDA also [announced](#) a new round of waivers to be rolled out this summer. These new waivers, which allow for remote certification and recertification of participants while establishing a 60-day window for the collection of anthropometric data, build a bridge toward modernization of WIC services while transitioning away from the program’s emergency posture adopted during the pandemic. NWA will be working with State agencies to transition to these new physical presence and remote benefit issuance waivers, which will be available through at least September 30, 2026”. Michigan WIC has applied for the optional USDA waivers and is awaiting Food Nutrition Service (FNS) final approval and guidance expected in May.

Breastfeeding Program Updates

Colleen Unsal, the senior breastfeeding peer counselor in Mason County- Ludington, has been awarded a scholarship from the National WIC Association to attend their May 2023 Annual Education and Training Conference held in San Diego, California. Colleen Unsal has also been selected for the Michigan Statewide Peer Counselor Developmental Task Force.

Kristen Sytek, a breastfeeding peer counselor in Oceana County-Hart, has been selected as a statewide HUG trainer (H.U.G. is help, understanding, guidance) Your Baby course by Michigan WIC.

All Breastfeeding Peer Counselors are working on in person World Breastfeeding Week/Month special events for August. Planned events include a community baby shower and picnic.

DHD #10 received an anonymous donation of breastfeeding materials valued at around \$10,000.00 to distribute to our breastfeeding clients.

Community Outreach

DHD#10 WIC staff from Big Rapids participated in the Great Start Collaborative Virtual Baby shower in Mecosta County in March by providing items for outreach and education for families with expectant mothers and new babies. WIC Staff from Newaygo County are planning to participate in the Great Start Community Expo in Fremont on May 13th.

Professional Development and Staffing

Staffing: We are pleased to announce new staff joining our WIC team: Jenna Dotson, BS and Julianne Jones, RN are job sharing the WIC Nutrition Specialist position in Mecosta County as Rebekah Hodson, RN transitions to home visiting (MIHP) services. In May, Riley Wrzesinski, BS will begin part-time employment in our Wexford office as the Nutrition Specialist as Jessica Grace, RN transitions to work with our Children's Special Health Care Services (CSHCS) program. Riley recently completed her WIC-Community Nutrition dietetic internship rotation with DHD #10 and will be sitting for the Registered Dietitian (RD) national boards this summer.

Congratulations to Elise Keaton, RD, and WIC Coordinator, who completed the intensive Certified Lactation Specialist (CLS) training and passed the exam in March.

Regional Childhood Lead Poisoning Prevention Program (CLPPP) and Nurse Case Management Grants

CLPPP grant staff provided education materials and spoke with 49 families of children with elevated blood lead levels (EBLLs) and were referred for nurse case management services. Staff distributed several communications from MDHHS to our local health department CLPPP liaisons in the region about future training and education opportunities. Our Social Media Campaign has reached 37,732 individuals with 791 engaging in our posts since the beginning of the fiscal year. Grant staff presented information to Wexford, Missaukee, Manistee Great Start Readiness Program (GSRP) groups and local community agencies. As a result of our outreach to health care providers, we have increased our elevated blood lead (EBL) conversion rate for capillary to venous to 98.2% up from 97.5% in quarter one. This lead prevention grant is funded by MDHHS and serves 21 +5 counties in northern-lower Michigan in Prosperity Regions 2 and 3. Jessica Grace, RN leads project activities and outreach working collaboratively with six other local health departments in the region as well as our local Nurse Case Manager, Tawnya Ebels, RN.

FY 2023 Caseload

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	March 23	7,591	March 22	+ 273	+3.7%
Resident Participation	Feb 23	7,170	Feb 22	+149	+2.1%
Migrant Participation	Feb 23	167	Feb 22	-28	-14%

1st Quarter FY 2023: WIC Client Participation by County/Clinic

County/Clinic	FY 2023 (Oct 22-Dec 22)	FY 2022 (Oct 21-Dec 21)	# Clients change	% Change
Crawford	372	389	-17	--4.4%
Kalkaska	436	410	+26	+6.3%
Lake	264	246	+18	+7.3%
Manistee	421	464	-43	-9.3%

Mason	595	556	+39	+7.0%
Mecosta	1218	1141	+77	+6.7%
Missaukee	347	349	-2	stable
White Cloud	856	810	+46	+5.7%
Grant	956	963	-7	stable
Newaygo Total	(1812)	(1773)	+39	+3.3%
Oceana- Hart	706	744	-38	-5.1%
Wexford	1062	1070	-8	stable
TOTAL	7233	7142	+91	+1.3%

***counts include migrant clients**

Respectfully Submitted,

Anne M. Bianchi, MS, RD

Family Health WIC Director

Board of Health

School Health Division Report

2nd Quarter 2023 Report – April 28, 2023

Chippewa Hills Wellness Center

The final inspections with approval to move in and provide services at the Chippewa Hills Wellness Center were received on March 17th. The Grand Opening & Open House for the Wellness Center was held on April 15th from 11:00 a.m.-2:00 pm. All 4 of the sites that were awarded funding in 2022 are now opened and fully operational.

Lunch & Learn

The School Health Team, including the Health Resource Advocate Team have been busy providing “Lunch & Learn” educational sessions in the schools throughout our jurisdiction. These sessions have included a wide range of topics including the importance of hydration, healthy sleep, stress management, anxiety, healthy habits, education on the dangers of vaping, using marijuana and alcohol, nutrition education, influenza prevention, winter safety, heart health screenings, handwashing, and hygiene. We have received a lot of positive feedback from both schools and parents on these events. For example: Sophia Reaume-Weible, nurse at the Mackinaw Trail Middle School site teamed up with Chartwells (the food service provider) to have a specific catered lunch of hydrating foods for her “Importance of Hydration” Lunch & Learn Event. After the event, she received a call from a parent whose child has Prader-Willi Syndrome (hydration is very important for him), the parent reported that their son is now tracking his water intake and wants to do more to be healthy after the Lunch & Learn event.

School Health Partnerships

In addition to providing Physical and/or Mental Health services every day for students, each clinic that is funded through the MDHHS Child and Adolescent Health Center Division is required to implement at least one evidence-based intervention in their school. Most of the clinics implement the “Signs of Suicide” Curriculum, which teaches students how to identify signs of depression and suicide in themselves and their peers, while providing materials that support school professionals, parents, and communities in recognizing at-risk students and taking appropriate action. So far, this fiscal year, a total of 536 students have completed the curriculum this school year: 359 Cadillac Schools students, 69 Lake City Schools students, 87 Hart Schools students, and 21 Mesick Schools Students.

In summary the School Health Division is partnering with the schools and doing great things to equip hundreds of students across the jurisdiction with the knowledge and tools to improve their physical and mental health.

Respectfully Submitted,

Katy Bies, BS

School Health Director

AHC Program Quarterly Report	<i>Unduplicated STUDENTS SERVED</i>	<i>MEDICAL SERVICES</i>		<i>MENTAL HEALTH SERVICES</i>		<i>TOTAL SERVICES</i>
<i>SCHOOL CLINIC SITE</i>	<i>YTD</i>	<i>Current</i>	<i>YTD</i>	<i>Current</i>	<i>YTD</i>	<i>Jan-March</i>
CADILLAC SCHOOLS Health Clinic/ Behavioral Health Services	151	78	192	118	237	196
CHIPPEWA HILLS SCHOOLS Health Clinic/ Behavioral Health Services	132	73	73	288	581	361
GRAYLING SCHOOLS - Health Clinic/ Behavioral Health Services	116	61	133	246	419	307
LAKE CITY SCHOOLS - Health Clinic/ Behavioral Health Services	137	88	177	103	185	191
MASON COUNTY EASTERN SCHOOLS -Health Clinic/ Behavioral Health Services	98	49	87	109	186	158
SHELBY SCHOOLS - Health Clinic/ Behavioral Health Services	204	162	309	61	97	223
McBain Schools - School Wellness Center - Nurse/Behavioral Health Services	69	72	207	99	189	171
MESICK SCHOOLS -School Wellness Center -Nurse/Behavioral Health Services	85	61	105	211	191	272

MANTON SCHOOLS - - School Wellness Center - Nurse/Behavioral Health Services	71	33	60	64	119	97
BRETHREN SCHOOL - MENTAL HEALTH SERVICES	18	N/A	N/A	69	123	69
Ludington Schools - Mental Health Services	28	N/A	N/A	113	170	113
Pentwater Schools - Mental Health Services	35	N/A	N/A	187	333	187
HART SCHOOLS - Mental Health Services	59	N/A	N/A	205	399	205
TOTALS	1203	677	1343	1873	3229	2550
HRA School Nurse Program	Qrt Visits	Visits YTD	Qrt Imms	Imms YTD	Unduplicated Services	YTD Unduplicated Services
Mackinaw Trail MS School Nurse	116	207		30	68	159
Bear Lake School Nurse	5	13		8	4	15
Brethren School Nurse	43	80		27	26	57
Morley Stanwood School Nurse	0	61	0	82		30

Grand Opening Chippewa Hills Wellness Center







Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, April 26, 2023
 Central Michigan District Health Department, Wednesday, April 26, 2023
 District Health Department 10, Friday, April 28, 2023

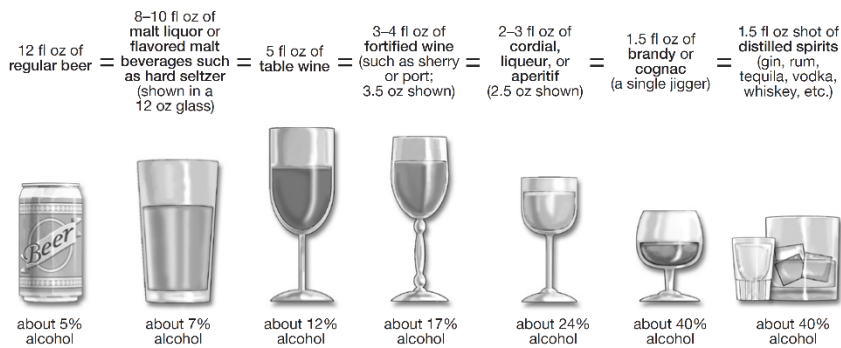


April is Alcohol Awareness Month

April is Alcohol Awareness Month. Alcohol use disorder (AUD) is difficulty stopping or controlling alcohol use even when it is causing problems with your health, job, or social situations. This term covers other conditions such as alcohol abuse, dependence, or alcoholism. Alcohol misuse includes binge drinking and heavy drinking. Binge drinking is typically 4 or more drinks for a woman or 5 or more drinks for a man within about 2 hours. Heavy alcohol use for men is more than 4 drinks in any one day or more than 14 drinks total per week and for women more than 3 drinks on any one day or more than 7 drinks per week.

WHAT'S A "STANDARD DRINK"?

In the United States, a "standard drink" (also known as an alcoholic drink-equivalent) is defined as any beverage containing 0.6 fluid ounces or 14 grams of pure alcohol. Although the drinks pictured here are different sizes, each contains approximately the same amount of alcohol and counts as one U.S. standard drink or one alcoholic drink equivalent.



Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of "pure" ethanol. Each beverage portrayed above represents one standard drink (or one alcoholic drink equivalent), defined in the United States as any beverage containing 0.6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

HOW MANY DRINKS ARE IN COMMON CONTAINERS?

The table below shows the approximate number of standard drinks (or alcoholic drink equivalents) found in common containers.

regular beer (5% alc/vol)	malt liquor (7% alc/vol)	table wine (12% alc/vol)	80-proof distilled spirits (40% alc/vol)
12 fl oz = 1	12 fl oz = 1½	750 ml (a regular wine bottle) = 5	a shot (1.5 oz glass/50 ml bottle) = 1
16 fl oz = 1½	16 fl oz = 2		a mixed drink or cocktail = 1 or more
22 fl oz = 2	22 fl oz = 2½		200 ml (a "half pint") = 4½
40 fl oz = 3½	40 fl oz = 4½		375 ml (a "pint" or "half bottle") = 8½
			750 ml (a "fifth") = 17

According to the 2021 National Survey on Drug Use and Health (NSDUH), 84% of people ages 18 and older have had alcohol at some point in their lifetimes and 52% drank within the last month. For those ages 12 to 17, 23% had alcohol at some point in their lifetime and 48% drank in the past month. Binge drinking was reported in the past month by 4% of 12- to 17-year-olds and 23% of people ages 18 and older. Heavy alcohol use was reported in the past month by 0.4% of 12- to 17-year-olds and 6% of people ages 18 and older.

Alcohol consumption rose in the US during the 2020 COVID-19 pandemic period, mainly due to increased frequency of drinking. One study result found the largest increases were among women and African Americans. Before the pandemic, alcohol consumption had already been increasing over the previous 20 years despite decreases in underage and binge drinking. It is thought this increase had been driven in part by heavier drinking in middle-aged and older adults.

There are numerous health problems associated with drinking alcohol.

Blackouts can occur while intoxicated,

which is due to the alcohol blocking the transfer of memories from the short- to long-term storage in our brain. Excessive alcohol intake is associated with cancers of the mouth, esophagus, larynx, pharynx, liver, colon, breast, and rectum. It is also associated with cirrhosis (liver disease), pancreatitis, heart damage, osteoporosis, low blood production, accidents, trauma, violence, suicide, gout, neuropathy, and dementia. People who misuse alcohol

may also have problems managing conditions such as diabetes, high blood pressure, pain, and sleep disorders. People who misuse alcohol are more likely to engage in unsafe sexual behavior, putting themselves and others at risk for sexually transmitted infections and unintentional pregnancies. Women seem to be more susceptible to the consequences of alcohol use, including liver disease, heart disease, nerve damage, and blackouts. This is likely because women have less water in their body as compared to men. Alcohol use during pregnancy can result in brain damage and other serious problems in babies, referred to as fetal alcohol syndrome (FAS).

Alcohol use is also intertwined with our mental health. Many use alcohol to alter their mood, using it to deal with their feelings, emotions, or situations they find difficult. Unfortunately, people who use higher amounts of alcohol are at higher risk of having poor mental health. It is very common for mental health problems and alcohol use problems to co-exist.

It is estimated that more than 140,000 people (approximately 97,000 men and 43,000 women) die from alcohol-related causes annually, making alcohol the fourth-leading preventable cause of death in the United States behind tobacco, poor diet and physical inactivity, and illegal drugs. In 2020, 30% of all driving deaths involved an alcohol-impaired driver. Review of suicides from 1995-2019 found that 21% had a blood alcohol concentration of 0.1% or more. Alcohol use disorder is involved in about 1 in 4 deaths by suicide. Alcohol contributes to approximately 19% of emergency department visits and 22% of overdose deaths related to prescription opioids. Alcohol is a factor in about 50% of fatal drownings and of homicides, and about 65% of fatal falls. In addition, a significant number of sexual assaults involve alcohol use.

Some who drink do develop alcohol dependence, also called alcoholism. In this chronic disease, people crave alcohol and cannot control their drinking. Over time, they need to drink greater amounts to get the same effect. If they stop drinking, they get withdrawal symptoms, typically within 24 hours. If severe withdrawal is not medically managed it can lead to death.

Alcohol Withdrawal Phases and Symptoms		
Phase of Withdrawal	Symptoms	Time from Last Drink
Minor withdrawal	Shaky/tremors, mild anxiety, headache, sweating, palpitations, loss of appetite, stomach upset	6 to 36 hours
Seizures	Single or brief flurry of generalized seizures, status epilepticus (non-stop seizure) is rare	6 to 48 hours
Alcoholic hallucinosis	Visual, auditory, and/or tactile hallucinations (seeing, hearing, and/or feeling things that aren't there)	12 to 48 hours
Delirium tremens (DTs)	Delirium (confused thinking and lack of awareness), agitation, tachycardia (fast heart rate), high blood pressure, fever (can be very high), sweating, heart failure, electrolyte abnormalities, heart rhythm abnormalities, death	48 to 96 hours

Drinking less alcohol is best for health, however most adults can choose to drink in moderation which is no more than 2 drinks in a day for men and no more than 1 drink in a day for a woman. For some, it is safest to avoid all alcohol, and this includes those that are pregnant or could be pregnant, are taking medication that interacts with alcohol, have a medical problem that can be made worse by drinking, are under 21, and are recovering from AUD or unable to control the amount they drink. Anyone planning to drive, operate machinery, or participate in complicated activities should avoid alcohol.

The questions listed below are based on the symptoms used to diagnose AUD. Having two or three of the symptoms listed suggests mild AUD, four to five symptoms suggest moderate AUD, and six or more suggests severe AUD.

In the past year, have you (check all that apply):

- ☐ Had times when you ended up drinking more, or longer, than you intended?
- ☐ More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- ☐ Spent a lot of time drinking, being sick from drinking, or getting over other aftereffects?
- ☐ Wanted a drink so badly you couldn't think of anything else?
- ☐ Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
- ☐ Continued to drink even though it was causing trouble with your family or friends?
- ☐ Given up or cut back on activities that were important or interesting to you, or gave you pleasure, to drink?
- ☐ More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or engaging in unsafe sexual behavior)?
- ☐ Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had an alcohol-related memory blackout?
- ☐ Had you drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- ☐ Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, dysphoria (feeling uneasy or unhappy), malaise (general sense of being unwell), feeling low, or a seizure? Or sensed things that were not there?

Alcohol use disorders can be treated with psychosocial therapy and/or medications. For those looking for more information, talk to your healthcare provider, or find more information at:

- <https://alcoholtreatment.niaaa.nih.gov/>
- <https://www.samhsa.gov/find-help/national-helpline>
- <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/treatment>

Recommendations:

1. Keep track of your own alcohol use and decide if you should consider cutting back.
2. Encourage parents, teachers, and other trusted adults to discuss alcohol abuse with children.
 - a. Resources:
 - i. <https://knowwhenknowhow.org/>
 - ii. <https://asklistenlearn.org/>
 - iii. <https://talksooner.org/alcohol/>
 - iv. <https://drugfree.org/drugs/alcohol/>
 - v. <https://notmykid.org/>
 - vi. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/make-a-difference-child-alcohol>
3. If someone you care about struggles with alcohol, it may take them time to be ready for change. Tips for talking to them are available at <https://alcoholtreatment.niaaa.nih.gov/support-through-the-process/starting-the-conversation>. This link also has resources to help you get support.

Sources

- National Institute on Alcohol Abuse and Alcoholism. Alcohol Use in the United States.
<https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-use-united-states>
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- Kerr, William C., et al. "Longitudinal assessment of drinking changes during the pandemic: The 2021 COVID-19 follow-up study to the 2019 to 2020 National Alcohol Survey." *Alcoholism: Clinical and Experimental Research* 46.6 (2022): 1050-1061.
- National Institute on Alcohol Abuse and Alcoholism. Rethink Your Drink.
https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_RethinkingDrinking.pdf
- Mental Health Foundation. Cheers?
https://www.drugsandalcohol.ie/15771/1/cheers_report%5B1%5D.pdf

**Board of Health
Deputy Health Officer
April 2023**

1. **2022 Annual Report** – The DHD#10 Annual Report will be distributed at the April Board of Health meeting. The report was shared with our legislators during the recent Day at the Capitol event earlier this month. The report is also posted on the agency’s website.
2. **2022 Communicable Disease Summary** – This is the first of a planned annual report on communicable diseases impacting the jurisdiction. This report provides an opportunity to educate the Board of Health and key community stakeholders on the communicable disease impact and is an educational tool highlighting the broader public health work and responsibilities around infectious disease monitoring and mitigation. The report was compiled by a member of our Epidemiology team in partnership with the Communicable Disease Coordinator and Dr. Morse. Many of you will meet Chelsea as she is joining Kevin in presenting local data at his scheduled annual public health updates at county commissioner meetings this spring. This report will be posted on the agency’s website as well.
3. **Strategic Plan** – The DHD#10 Strategic Planning process has been finalized and will launch in Manistee County on Tuesday, June 20. A diverse cross-section of 34 staff representative of administration, management, leadership team members, and line staff across all divisions will be working together to explore agency strengths, challenges, and opportunities as we build the next three-year plan. We are seeking participation from Board of Health members for the “Practical Vision” development session on June 20th. If you are interested in participating, please notify Kevin or me.
4. **PHAB Re-Accreditation** – Our national accreditation application was submitted last October and reopened in March for clarifications or requests for new documents from the preliminary reviewers. As noted last month, results of that preliminary review included 8 documents being reopened for clarifications, revisions, or replacement. DHD#10 responses were submitted to PHAB by the April 20th deadline. 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. We estimate that our site visit will be scheduled for June or July, and we will need a minimum of one Board of Health member to participate.
5. **NACCHO Disability Inclusion Project** – Funded through a small grant from the National Association of County and City Health Officials (NACCHO) to support improvements in the agency’s ability to meet the diverse needs of persons living with a disability to access services. DHD#10 was one of only two applications funded nationally. Our efforts include partnering with the Disability Networks across the region to review survey results and provide staff training. In addition, the project will include embedding training within the organizational structure as part of on-boarding new staff to the agency and will be added to the DHD#10 Workforce Development plan for annual staff training. Following our first official meeting with the NACCHO team and review of our workplan, DHD#10 has been invited to present our project at the upcoming NACCHO conference in July.

6. **NACCHO Substance Use Stigma Assessment and Response (SSAR) Project** – Also funded by NACCHO, the project launched last summer and is focused on implementing a community stigma assessment associated with substance use treatment. Stigma has been identified as a significant barrier to seeking treatment. Based on assessment outcomes, an anti-stigma training campaign targeting healthcare, law enforcement, and first responders will be implemented along with a comprehensive anti-stigma media campaign across the region. The NACCHO research team were very pleased with the success of the stigma data collection, along with our team’s data analysis. **As a result of the high quality of the data, NACCHO recently reached out to request exploring the potential of partnering with the DHD#10 SSAR team to publish the results of the stigma assessment.** We are honored to be invited to partner with NACCHO’s Research and Evaluation Team to share the findings.
7. **Performance Management Update** - The first quarter’s Performance Management System report will be shared at the May meeting. The delay is a result of the efforts around assuring the deadline for PHAB documentation and submission was met.

Respectfully Submitted,

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

Board of Health Health Officer Report

April 28, 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.

Annual DHD#10 Update

I am currently attending the County Board of Commissioner's meeting and will be providing the annual DHD#10 updates. As part of this year's updates, Chelsea Rossow, DHD#10 Epidemiologist will be sharing a review of the 2022 Communicable Disease data from our jurisdiction.

Strategic Planning Meeting with MDHHS

Following the MALPH Board of Directors meeting on June 12, the MALPH Executive Committee will meet with MDHHS representatives to begin a discussion on "Where do we want Public Health to go moving forward".

Respectfully submitted:

Kevin Hughes, MA
Health Officer