

# **BOARD OF HEALTH**

Monthly Meeting: June 30, 9:30 a.m.

521 Cobb St, Cadillac, MI

# AGENDA

	Call to Order
	Roll Call
	Review and Approval of the Agenda
	Review and Approval of Board of Health Meeting MinutesMay 19th, 2023
	Public Comment
I.	Committee Reports
	A. Executive Committee
	B. Finance CommitteeBryan Kolk
	<ol> <li>Finance Report</li> <li>Approve Accounts Payable and PayrollAction Item</li> </ol>
	C. Personnel CommitteeBob Baldwin
	D. Legislative CommitteeNick Krieger
II.	<b>Board of Health Presentation – Compensation Study</b>
III.	Administration Reports
	A. Medical Director
	B. Deputy Health Officer
	C. Health OfficerKevin Hughes
IV.	Public Comment
V.	Other Business
VI.	Next Board of Health Meeting: July 28th, 9:30 a.m.
VII.	Adjournment



### **BOARD OF HEALTH**

## **Meeting Minutes**

May 19, 2023

I. Call to Order: Richard Schmidt, Chair, called the meeting to order at 9:29 a.m.

### II. Roll Call

Members Present – In Person: Dorothy Frederick, Phil Lewis, James Sweet, Dawn Fuller, Kristine

Raymond, Richard Schmidt, Jeff Dontz, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Star Hughston, Bryan Kolk, Jim Maike, Paul Erickson, Bob

Walker, Julie Theobald, Gary Taylor

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

Members Excused: Bob Baldwin, Roger Ouwinga

Guests:

III. **Approval of the Agenda.** Motion by Jim Maike, seconded by Ron Bacon 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 April 28, 2023, meeting.

Motion carried.

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

### VI. Committee Reports

- A. Executive Committee Did not meet.
- B. Finance Committee Christine Lopez, Administrative Services Director, presented the financial report for the month ended April 30th. Total revenue exceeded expenses resulting in a fund balance of \$353,143.65. Total YTD revenue 13.9mil, total expenses 13.6mil. Projections through September were shared. Lopez reviewed the accounts payable and payroll for May of \$1,421,385.56.

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

### **Roll Call**

Dorothy Frederick	Yes	Tom O'Neil	Yes
Phil Lewis	Yes	Ray Steinke	Yes
James Sweet	Yes	Star Hughston	Yes
Dawn Fuller	Yes	Bryan Kolk	Yes
Kristine Raymond	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Jeff Dontz	Yes	Bob Walker	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

### **Motion Carried**

### C. Personnel Committee

Committee met on 5/12, Copies of the draft meeting minutes shared with the Board.
Presentation by representatives from Principal Financial Group on their proposal to
assume administration of agencies Social Security Replacement Plan administration,
currently provided by Empower Retirement Services. Benefits of the change include
lower fees for participants and a better fixed rate percentage. The Personnel Committee
recommends moving from Empower to Principal as the new administrator.

Approve switching the Social Security Replacement Plan Administrator from Empower Retirement Services to Principal Financial Group. Motion by Dorothy Frederick, seconded by Nick Krieger, to approve changing Social Security Replacement Plan administrators from Empower Retirment Services to Principal Financial Group.

### **Roll Call**

Dorothy Frederick	Yes	Tom O'Neil	Yes
Phil Lewis	Yes	Ray Steinke	Yes
James Sweet	Yes	Star Hughston	Yes
Dawn Fuller	Yes	Bryan Kolk	Yes
Kristine Raymond	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Jeff Dontz	Yes	Bob Walker	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

### Motion Carried

Retention Idea handout shared with the Board. Retention ideas presented to the Committee included: Agency covering 50% of staff pay beginning week 5 thru week 12 for maternity/paternity leave, effective 10/01/2023; Adding 2 additional personal days to employee paid days off, effective 01/2024; Adding July 3<sup>rd</sup>, 2023, as an additional day off, one time only for staff appreciation. After discussion of projected costs and overtime, the Personnel Committee recommended moving the list to the full Board for approval.

**Approve the 3 retention ideas presented by the Personnel Committee.** Motion by Jim Maike, seconded by Nick Krieger, to approve the retention ideas as presented.

### **Roll Call**

Dorothy Frederick	Yes	Tom O'Neil	Yes
Phil Lewis	Yes	Ray Steinke	Yes
James Sweet	Yes	Star Hughston	Yes
Dawn Fuller	Yes	Bryan Kolk	Yes
Kristine Raymond	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Jeff Dontz	Yes	Bob Walker	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

### **Motion Carried**

• A formal presentation of the Compensation Study will be done at the June Board of Health meeting.

### D. Legislative Committee

a. Discussion was had on the senate bills, 299 and 300, included in the Board of Health packet. House Bills 4479 & 4480 are identical bills for a new statewide sanitary code which would include inspections of all septic systems every 5 years. Pros and Cons of all the bills as currently written were discussed. Following discussion, it was recommended that the Board of Health adopt a resolution opposing these bills as currently written.

**Approve adopting a resolution to oppose the Statewide Sanitary Code bills as written.** Motion by Dorothy Frederick seconded by Nick Krieger, to oppose the bills as written.

Approve amendment to adopting a resolution to oppose the Statewide Sanitary Code bills as written by providing a copy of the resolution to MAC, legislators, interested Counties and Board of Health members. Motion by Dorothy Frederick to accept the amendment to provide a copy of the resolution opposing the Statewide Sanitary Code to legislators and a copy to MAC and interested counties and Board of Health members, seconded by Nick Krieger.

### **Roll Call**

Dorothy Frederick	Yes	Tom O'Neil	Yes
Phil Lewis	Yes	Ray Steinke	Yes
James Sweet	Yes	Star Hughston	Yes
Dawn Fuller	Yes	Bryan Kolk	Yes
Kristine Raymond	Yes	Jim Maike	Yes
Richard Schmidt	Yes	Paul Erickson	Yes
Jeff Dontz	Yes	Bob Walker	Yes
Ron Bacon	Yes	Julie Theobald	Yes
Nick Krieger	Yes	Gary Taylor	Yes

### **Motion Carried**

- b. House Bill 4463 shallow well bill, opposition to the bill was discussed with no action being taken by the Board.
- c. Filter First Bill, previously shared, was updated, substitute language is being added to the bill to remove Local Public Health involvement.
- d. Oral Health Bill 4445 requires mandatory oral health screening prior to entering kindergarten, Hughes will be sharing concerns with Senator Singh regarding the funding and issues with this bill.
- e. The state budget, in the Governor's initial budget, an additional 30 million dollars in funding for essential local public health services was proposed. Currently, the budget in the House contains an additional \$14 million for this line item while the version in the Senate still has the 30 million additional for essential local public health services.

### VII. Administration Reports

- A. Medical Director, Dr. Jennifer Morse shared her report on One Health.
  - Highlights and basic concepts on how our health is interconnected with the health of animals, plants and our environment were shared.
  - In the last 3 decades, 30 new human pathogens have been found, 75% of them originating in animals.
  - Vector borne illness has seen an increase in Michigan.
  - Lyme disease has increased over the last 4 years, risks of Lyme Disease were shared.
  - Recommendations:

- Consider healthy environments, such as walking and biking paths, parks, ground water drainage, and vector control, during city planning.
- o Integrate One Health philosophies into 4-H, hunting, fishing, fairs, agriculture, and other areas of human and animal interaction.
- O Highlight the effects our environment has on our health and the health of our wildlife and animals to unite us to combat climate change and pollution.

**Approve recommendations made by Dr. Morse**. Motion by Ray Steinke, seconded by Ron Bacon, to approve the recommendations by Dr. Morse.

### Motion Carried

- B. Deputy Health Officer No report
- C. Health Officer Hughes shared his report.
  - EPI
- Monitoring chicken pox outbreak in a daycare within the jurisdiction, 9 new cases associated with children under the age of 3. No more cases have been reported in the last couple of days.

### PFAS

Continuing to monitor the release of the proposed PFAS MCL levels from EPA. If they are adopted by the end of the calendar year, there would be an 8-fold increase in the number of municipal systems with exceedances.

### Enforcement

- Legal representative provided a response to an appeal request from Peninsula Cove. The developer is unable to request an appeal through DHD#10 as the agency does not have the authority for this project.
- o Timberly Village Effective 5/22, owner needs to cease providing water to residents. 11 units are still on site. DHD#10 may need to issue unfit for human habitation order to these units. A meeting with the Sheriff, prosecutor, and county administrator to update them on the situation and to ask for support has been held.
- o It was shared that several complaints on garbage/trash have been received to date. These complaints did come from townships that have existing ordinances in place designed to address such issues. DHD#10 does not have authority to issue a citation or a fine in these cases so would need to request assistance from local law enforcement and prosecutors in such situations. Historically, such assistance has been difficult to secure if the Township already has an existing ordinance on this subject with a mechanism to address included.

### Other

- An introductory meeting with the administrator of Wexford County and MCDC clinic was set up. The county will now be the landlord of MCDC and will be securing a lease with them.
- O A meeting with the administrator and building maintenance of Manistee County, on building issues, was set up.
- O Health Summit flyer was included in the Board of Health packet. Environmental Health will be the subject of these meetings.

- 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, June 30, at 9:30 a.m. at the Cadillac Office.

Richard Schmidt adjourned the meeting at 10:51am.



### Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director



Mid-Michigan District Health Department, Wednesday, June 28, 2023 Central Michigan District Health Department, Wednesday, June 28, 2023 District Health Department 10, Friday, June 30, 2023

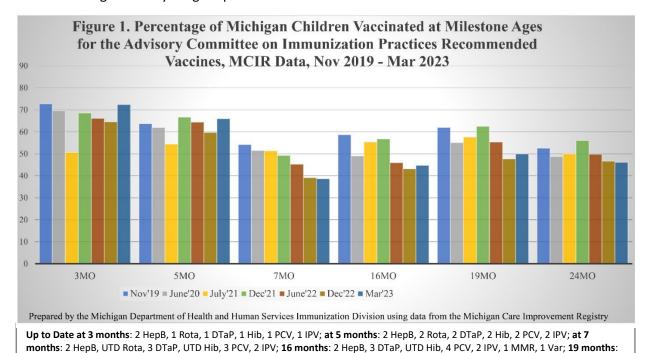
### **Decline in Routine Vaccinations**

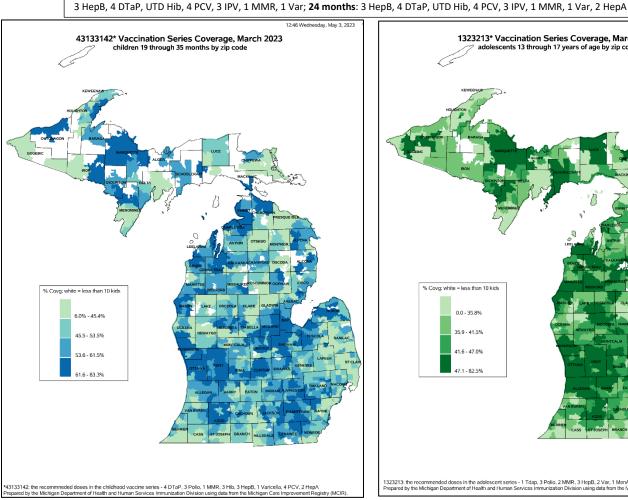
By the time they enter kindergarten, a child can be protected from 15 different infectious diseases. The reduction in number of illnesses and deaths in the United States caused by these germs has dropped dramatically, as shown below (not included in the table: rotavirus, influenza, COVID-19; in the table but not part of routine vaccines: smallpox).

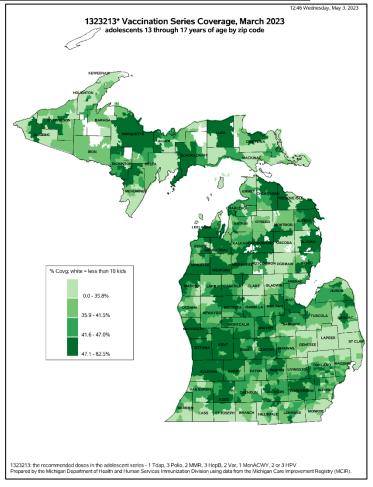
		Cases	All post-vaccine cases refer to 2006	I	Deaths	All post-vaccine deaths refer to 2004
Diphtheria	Pre-vaccine: 158 cases per million per year (1936-45)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 13.7 deaths per million per year (1936-45)	100% Reduction	Post-vaccine: 0 deaths per million per year
Measles	Pre-vaccine: 3044 cases per million per year (1953-62)	<b>99.99%</b> Reduction	Post-vaccine: 0.2 cases per million per year	Pre-vaccine: 2.5 deaths per million per year (1953-62)	100% Reduction	Post-vaccine: 0 deaths per million per year
Mumps	Pre-vaccine: 830 cases per milion per year (1963-68)	97.4% Reduction	Post-vaccine: 22 cases per million per year	Pre-vaccine: 0.2 deaths per million per year (1963-68)	100% Reduction	Post-vaccine: 0 deaths per million per year
Pertussis	Pre-vaccine: 1534 cases per million per year (1934-43)	96.6% Reduction	Post-vaccine: 52 cases per million per year	Pre-vaccine: 30.8 deaths per million per year (1934-43)	99.7% Reduction	Post-vaccine: 0.09 death per million per year
Acute Poliomyeltis	Pre-vaccine: 141 cases per million per year (1941-50)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 10 deaths per million per year (1941-50)	100% Reduction	Post-vaccine: 0 deaths per million per year
Paralytic Poliomyeltis	Pre-vaccine: 103 cases per million per year (1951-54)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 11.8 deaths per million per year (1951-54)	100% Reduction	Post-vaccine: 0 deaths per million per year
Rubella	Pre-vaccine: 242 cases per million per year (1966-68)	99.98% Reduction	Post-vaccine: 0.04 cases per million per year	Pre-vaccine: 0.09 deaths per million per year (1966-68)	100% Reduction	Post-vaccine: 0 deaths per million per year
Congenital Rubella Syndron	Pre-vaccine: 0.76 cases per million per year (1966-69)	99.6% Reduction	Post-vaccine: 0.003 cases per million per year	Pre-vaccine: no data (1966-69)	no data	Post-vaccine: 0 deaths per million per year
Smallpox	Pre-vaccine: 250 cases per million per year (1900-49)	100% Reduction	Post-vaccine: 0 cases per million per year	Pre-vaccine: 2.9 deaths per million per year (1900-49)	100% Reduction	Post-vaccine: 0 deaths per million per year
Tetanus	Pre-vaccine: 4 cases per milion per year (1947-49)	96.6% Reduction	Post-vaccine: 0.14 cases per million per year	Pre-vaccine: 3.2 deaths per million per year (1947-49)	99.6% Reduction	Post-vaccine: 0.01 deat per million per year
Hepatitis A	Pre-vaccine: 465 cases per million per year (1986-95)	89% Reduction	Post-vaccine: 51 cases per milion per year	Pre-vaccine: 0.5 deaths per million per year (1986-95)	88.7% Reduction	Post-vaccine: 0.06 deat
Acute Hepatitis B	Pre-vaccine: 273 cases per million per year (1982-91)	83.9% Reduction	Post-vaccine: 44 cases per milion per year	Pre-vaccine: 1 death per million per year (1982-91)	83.6% Reduction	Post-vaccine: 0.16 death
Haemophilus Influenza type b	Pre-vaccine: 84 cases per million per year (1980s)	99.8% Reduction	Post-vaccine: 0.17 cases per million per year	Pre-vaccine: no data (1980s)	no data	Post-vaccine: 0.02 deat
Pneumococca Disease	Pre-vaccine: 233 cases per million per year (1997-99)	40.5% Reduction	Post-vaccine: 139 cases per million per year	Pre-vaccine: 24 deaths per million per year (1997-99)	31.3% Reduction	Post-vaccine: 16.5 deat per million per year
Varicella	Pre-vaccine: 16018 cases per million per year (1990-94)	87.2% Reduction	Post-vaccine: 2046 cases per million per year	Pre-vaccine: 0.41 deaths per million per year (1990-94)	84.3% Reduction	Post-vaccine: 0.06 deat

The COVID-19 pandemic caused disruptions in routine health care, including vaccinations. A review of studies around the world found decreased childhood vaccination rates in most countries during the pandemic, some up to 80%. Initially, this was due to delays put on nonurgent health care, shortages in healthcare providers, parent

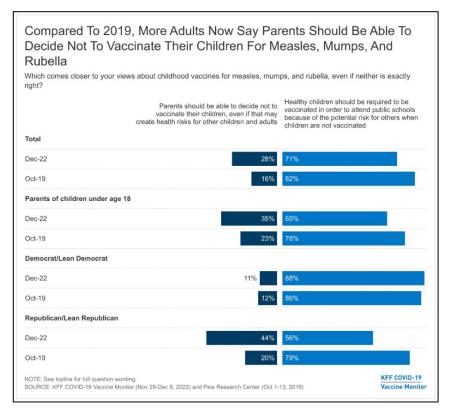
concern for the safety of their children in healthcare settings, social distancing, and quarantine orders. These initial issues have passed but vaccination coverage for children in Michigan is still near or below pre-pandemic levels for all age groups under 2 years except the 3- and 5-month-olds. This means that children born during the pandemic have not gotten fully caught up on their immunizations.

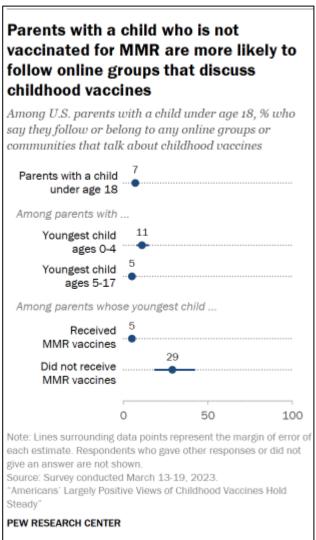






There is concern that vaccination rates continue to struggle as collateral damage to issues surrounding COVID-19 vaccines. Vaccination rates in the United States had been slowly increasing since 2001 until the pandemic. The pandemic brought very complicated topics of science, research, and vaccine development to the forefront. Much of the information changed rapidly and wasn't shared with the public in the best way. This, along with social media platforms, gave a perfect opportunity for science and vaccine deniers to sow mis- and disinformation, causing hesitation in all vaccines and distrust in science and medicine. Parents of unvaccinated children are more likely to follow social media and online groups that discuss vaccines. In addition, surveys and studies continue to find acceptance of vaccines and vaccine requirements, along with trust in science, health systems, and public health, increasingly and persistently follow political party lines.

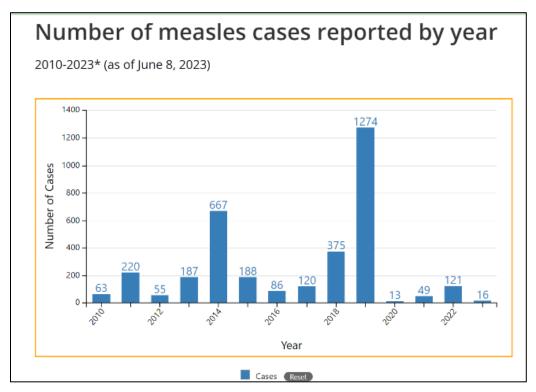




In addition to those choosing not to vaccinate, some have a hard time accessing vaccinations. This includes those at a socioeconomic disadvantage, such as uninsured, underinsured, and living in rural areas. The vaccination rates of children with no insurance or with Medicaid have been slower to rebound since the pandemic compared to children with private insurance.

Lower vaccination rates cause concerns about outbreaks of infectious diseases like chickenpox and measles. We also lose the benefit of community immunity which protects those that are not able to be vaccinated. More cases of illness increase the chances of serious or even deadly complications. At a minimum, it causes up to weeks of missed school and work and can lead to lost income and medical and public health expenses.

Measles, which is one of the most contagious germs in the world, can easily cause outbreaks if vaccination levels drop. Before the pandemic, 2019 saw 1,274 measles cases in 31 states, the highest number seen in the U.S. since 1992. Most cases were in people who were not vaccinated against measles. There were few cases during the pandemic, likely because the prevention measure used to prevent COVID-19 also prevent the spread of measles. In 2020, there were 13 cases of measles in 8 jurisdictions, and in 2021, there were 49 cases in 5 jurisdictions. In 2022, as COVID-19 precautions had essentially ended, there were a total of 121 measles cases reported by 6 jurisdictions. This included an outbreak of 85 cases of measles in Columbus, Ohio. All these cases occurred in children, and 36 had to be hospitalized. Of the 85 cases, none were fully vaccinated: 80 were unvaccinated, 4 under-vaccinated, and the vaccination status of 1 was unknown. Another 22 cases occurred in Minnesota. As of June 8, 2023, a total of 16 measles cases have been reported in 11 jurisdictions this year.



A review of 10 recent measles outbreaks found the average cost per outbreak is \$152,308, ranging from \$9,862 to \$1,063,936. It is estimated the outbreak in Columbus, Ohio last year cost society an estimated \$3.4 million. Most of the costs were for the public health response to the outbreak, followed by loss of productivity, and direct medical costs.

Recently in Michigan, there are signs of recovery. In March 2023, the total monthly number of non-COVID vaccine doses given was near the monthly level before the pandemic. This varies based on age, however:

- For all ages, the total monthly number of vaccines given was 0.3% lower than pre-pandemic levels.
- For ages 0 to 8 years, 8.9% fewer doses were given.
- For ages 9 to 18 years, 7.2% fewer doses were given.
- For adults (ages 19 to 105 years), 15.8% more doses were given.

While overall doses of non-COVID vaccine seem to be returning to baseline, our children still are not getting as many doses as they once were, while it appears adults have recently been getting more. Vaccination rates do vary from state to state based on the number and type of exemptions allowed in required vaccination. An exemption is an immunity from the obligation of legally required vaccination for a specific reason. Vaccine exemptions typically come in three types, medical, religious, or personal/philosophical. In general, states with more exemptions have lower vaccination rates. Michigan allows for all 3 exemptions.



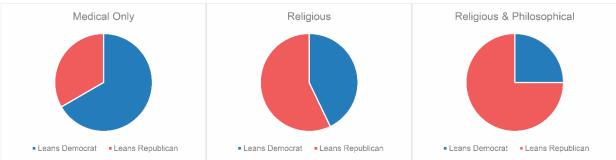


Figure 4: Portion of states in each category of exemptions leaning Democrat vs. Republican. Data from FiveThirtyEight.com, based on the 2020-2021 election cycle.

### **Recommendations:**

- 1. Continue to support vaccinations, one of the top public health achievements of all time.
- Take questions or concerns regarding vaccination to trusted sources of information. This site, <a href="https://vaccineinformation.org/diseases/">https://vaccineinformation.org/diseases/</a> is an excellent starting point with links to other trusted sources. For concerns specific to vaccine safety and ingredients, <a href="https://www.vaccinesafety.edu/">https://www.vaccinesafety.edu/</a> is a good starting point.
- 3. Take the <a href="#PledgetoPause">#PledgetoPause</a>. Before you forward a message or share something on social media, pause to interrupt your emotional response, take a breath and use your critical thinking, and don't share something if you don't trust it. (from <a href="https://shareverified.com/pledge-to-pause/">https://shareverified.com/pledge-to-pause/</a>)

# BEFORE YOU SHARE, THINK: II WHO made it? II WHAT is the source? II WHERE did it come from? II WHY are you sharing this? II WHEN was it published? #PledgetoPause

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# Board of Health Deputy Health Officer

June 2023

1. **Strategic Plan** – The DHD#10 Strategic Planning process launched on June 20<sup>th</sup> & 21<sup>st</sup>. A diverse cross-section of 36 staff representative of administration, management, leadership team members and line staff across all divisions worked together to explore agency strengths, challenges, and opportunities as we built the strategic directions for the agency over the next three-years. Thank you to commissioner Jeff Dontz who joined us on Tuesday for the "Practical Vision" development session. Below are the draft Practical Vision and Strategic Directions. The administrative team will be meeting to assure that the proposed directions are inclusive of financial, information technology, data, community health assessment and improvement planning to meet the standards and measures under the Public Health Accreditation Board (PHAB). The Strategic Planning team will meet in July to finalize the plan by creating the action workplan for the first year to move the agency forward to accomplish the strategic directions. The final plan will come back to the Board of Health for support and approval in September.

VISION												
What do we hope to accomplish in the long run?					Healthy People Healthy Communities							
MISSION												
What are we do	ing to achieve ti	he vision?				Promotin	g and e	enhancing t	the he	ealth of our c	ommunities and	environments
						through <sub>I</sub>	orotecti	ion, prever	ntion,	and interven	ntion	
PRACTICAL VISIO	ON											
What do we wan	it to see in the l	District Health I	Department	#10 by Dec	cember 2	2026 as a	result o	f our actio	ns?			June 20, 2023
Continually	Strategically	Continual	ly Mea	ningfully	Zea	lously	Inte	ntionally	Ex	peditiously	Enthusiastically	Continually
assessed and	increased	improve	d int	grated	1	gthened		ovided	l	expanded	engaged	assessed and
improved access	employee	quality		DEI		ublic		ventive		mental	community	updated
to healthcare	retention	workford	-	oss all	perc	eptions		ealth		health	stakeholders	technology
UNDERLYING CO	DAITD A DICTION		Se	rvices			pro	motion	ser	vices for all		
		_										I 24 2022
What is blocking								Fdd		n	Difficulties	June 21, 2023
Evolving workforce	Barriers to care and resources	Divided political climate	Barriers to st growth		ng levels nployee	Comple		Eroded tru public he		Barriers to engage with		Reciprocal disengagement
needs	una resources	ciiiidec	growth		agement	progre	•	public lici		new	diverse fundin	00
						natur	e of			possibilities	requirements	community
						DHD	#10					
STRATEGIC DIRE												
What bold inno	vative actions co	an we take that	will address					the Practic	al Vis	sion?		June 21, 2023
Engaging and e	empowering	Enhancing of				ng service			_	n opportunitie		thing about
staf	ff	involv	ement	eı	nhance o	overall value for advocacy and educ		and education		ive infrastructure		
											(fin	ance/IT)

2. **PHAB Re-Accreditation** – Our national accreditation application site visit has been scheduled for August 30<sup>th</sup> at 9:30 am with the accreditation review team at PHAB. In review, our application was submitted last October, reopened in March for clarifications which were submitted in April. 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 no more than 4 hours and while virtual our team will be in our Cadillac Office for the event. We are required to have at least one Board of Health member participate but all BOH members are welcome to join the site visit. Please let me know if you are interested in joining.

Respectfully Submitted,

Sarah Oleniczak, MPH, MCHES, Deputy Health Officer



# Board of Health Health Officer Report

June 30, 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.
- Mid, Central, DHD#10 Coordination Group: This group will be meeting on Monday, July 17th at 10:30 a.m. in Mt. Pleasant offices of the CMDHD. Purpose of the meeting will be to discuss Dr. Morse's contract. Currently, Ray and Richard serve on this Committee for DHD#10. Joan Reynolds was previously also a member but now that she has left the Board a third member from DHD#10 will need to be identified.
- Environmental Health Director Resignation: Michael Kramer, our current Environmental Health Director, notified me last Friday that he was planning to resign his position with DHD#10 in August. We have begun the search process for a new Director at this time.
- Statewide Septic Replacement Program: EGLE shared at this month's MALPH Board Meeting that they are still working to secure an entity to serve as the fiduciary/loan vendor for this project. No startup date was provided.
- **Statewide Home Well Testing Program:** EGLE shared at this month's MALPH Board meeting that this funding initiative will be starting in July of this year.

Respectfully submitted:

Kevin Hughes, MA

Health Officer