



BOARD OF HEALTH

Monthly Meeting: July 28, 2023 9:30a.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.....June 30, 2023

Public Comment

I. Committee Reports

- A. Executive Committee.....Richard Schmidt
- B. Finance Committee.....Bryan Kolk
 - 1. *Finance Report*
 - 2. *Approve Accounts Payable and Payroll*.....*Action Item*
- C. Personnel Committee.....Bob Baldwin
- D. Legislative Committee.....Nick Krieger

II. Board of Health Presentation – Compensation Study.....Mark Nottley,
Municipal Consulting Services, LLC

III. Program Reports

- A. Community Health Division Report.....Christy Rivette
- B. Environmental Health Division Report.....Mick Kramer
- C. Family Health Clinical Division Report.....Sheila Parker
- D. Family Health Division Home Visiting.....Anne 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 Comments

VI. Other Business

VII. Next Board of Health Meeting: August 25, 2023, at 9:30 a.m.

VIII. Adjournment



District Health Department #10

Healthy People, Healthy Communities

BOARD OF HEALTH

Meeting Minutes

June 30, 2023

I. **Call to Order:** Richard Schmidt, Chair, called the meeting to order at 9:30 a.m.

II. **Roll Call**

Members Present – In Person: *James Sweet, Dawn Fuller, Clyde Welford, 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, Dorothy Frederick arrived at 9:36*

Staff In Person - *Kevin Hughes, Dr. Jennifer Morse, Sarah Oleniczak, Christy Rivette*

Staff Virtual – *Christine Lopez, Anne Young*

Members Excused: *Phil Lewis, Bob Baldwin, Kristine Raymond, Star Hughston*

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 Bryan Kolk, seconded by Ron Bacon to approve the minutes of the May 19, 2023, meeting.

Motion carried.

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

VI. **Committee Reports**

A. Executive Committee – Did not meet. Nothing to report.

B. Finance Committee – Did not meet.

- Accounts payable and payroll handout distributed.
- A full financial report will be provided at the July meeting.
- Hughes received the MERS actuary report, a copy will be sent to the BOH members. Hughes to meet with Christine Lopez, Steve Marks, and Julie Hilkowski to review the report. More information will be provided at the July BOH meeting.
- Hughes was notified that the state budget is close to being done. An additional 25 million is expected to be directed towards Essential Local Public Health Services for FY 24. More information will be provided at the July BOH meeting.

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

Roll Call

<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Dawn Fuller</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Clyde Welford</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Paul Erickson</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>
<i>Tom O'Neil</i>	<i>Yes</i>		

Motion Carried

C. Personnel Committee – did not meet.

- Weekly meetings are being held with Principal Financial Group to prepare for the transition as the new administrator of the Social Security Replacement Plan, which will take place on 9/1.
- Virtual meetings will be set up with the staff and Principal Financial Group to answer any questions and provide information on the transition.
- Resignation was received from the Environmental Health Director.

D. Legislative Committee - did not meet.

- EGLE met with Rep. Skaggs to share concerns about the language in the proposed sanitary code. MALEHA sent a letter outlining their concerns about the sanitary code. The sanitary code update has been moved to the fall due to substitute language for the code being worked on.
- Update on the Oral Health Assessment Project – no new funding was proposed for the expansion of the project. Sustainability is in question.
- Update on Universal Lead Screening - the impact will be more on primary care providers than on public health.

VII. Administration Reports

- A. Medical Director, Dr. Jennifer Morse shared her report on declining rates of routine vaccinations.
- Children can be protected from up to fifteen infectious diseases by kindergarten age with routine vaccines.

- COVID caused a decline in vaccination rates. Children aged 3 -5 months old are caught up, and all other age groups are under pre-pandemic rates.
- Chart of vaccination rates per age and where we are behind was provided in the BOH packet.
- Surveys and polls continue to show there are partisan differences.
- There are risks of outbreaks such as the measles outbreak that was in Ohio, cases were all within the 2-3-year-olds, they were either not vaccinated or behind in their series of the measles vaccine.
- Discussion was held on declinations, guidelines, and the increase in waiver rates.
- Recommendations by Dr. Morse:
 - Continue to support vaccinations, one of the top public health achievements of all time.
 - Take questions or concerns regarding vaccinations to trusted sources of information.
 - Take the #PledgetoPause. Before you forward a message or share something on social media, pause to interrupt your emotional response, take a breath, use your critical thinking, and do not share something if you do not trust it.

Approve recommendations made by Dr. Morse. Motion by Jim Maike, seconded by Nick Krieger, to approve the recommendations by Dr. Morse.

Motion Carried

B. Deputy Health Officer, Sarah Oleniczak presented her report.

- Strategic planning was launched last week for a 3-year plan of priorities for DHD#10. BOH member Jeff Dontz attended the first meeting. The draft outcome was shared in the BOH packet. The finance/administrative direction will be shared at a later date. The next meeting will be held in July and during this meeting, a path will be chosen and brought to the Board in September for approval.
- PHAB (Public Health Accreditation Board) reaccreditation will be having a virtual site visit on August 30th. Two board members will need to attend; Ray Steinke and Bryan Kolk have volunteered to attend these meetings. The virtual meeting will be held in the Wexford County office.

C. Health Officer, Kevin Hughes presented his report.

- EPI
 - Communicable Disease supervisor has announced her retirement at the end of the calendar year.
 - Addiction Treatment Services from Traverse City has purchased a mobile unit and will provide addiction treatment services around the jurisdiction. As part of a pilot project, ATS has secured permission from both DHD#10 and Wexford County, to have the unit parked at the DHD #10 Wexford County office starting July 11th and every Tuesday after that. Walk-ins will be available first and then appointments will be scheduled. DHD #10 may be able to provide additional

public health services such as Immunizations, WIC, and Family Health Services. If the Board is interested in learning about the program, Addiction Treatment Services will give a presentation. A suggestion was made to have them provide a presentation a few months after starting the program to provide updates.

- PFAS

- In 2019 the Dream Catcher motel was identified with detection of PFAS, a filter was provided to them, EGLE did continue to monitor, and the levels have increased. DHD #10 is working with EGLE & MDHHS to address this issue. There is a possibility of connecting the hotel to a small municipal system in the area.
- Kalkaska Wastewater Treatment Plant update – A well replacement request was received from a homeowner. Consultation was done with EGLE and MDHHS, a well permit was issued. Based upon sampling of the current well, cases of bottled water will be taken to the owner to use until the new well has been installed and tested. The cost of subsequent testing in the area may be covered by the wastewater treatment plant.
- MiChem project – project initiative started in Rockford and near the Wurtsmith Air Force base. Sampling is looking at chemical exposures of Michigan Residents. This initiative is branching out statewide. The test consists of taking blood/urine samples of residents to test for 197 different chemicals, pesticides, and metals. The MiChem Mobile Unit will be in Newaygo County at Everett Township Hall to conduct sampling; The event will be for 3 days in August, September, and October. The exact dates will be provided to the Board.

- Enforcement

- Timberly Village update – Water was shut off per court order. On June 1, an unfit for human habitation order was issued to residents still living in the park. The residents have a maximum of 30 days to fix the issue. A representative from legal services from Gaylord sent a letter demanding that DHD #10 order the park owner to provide water to the units, DHD #10 does not have the authority to do this. There are 6-8 units still in the park, some have plans to move. They are purchasing bottled water, and the park's owner allows them to collect buckets of water to flush their toilets. No sewage is being released on the ground currently. The 30-day order is up on July 1st currently there is no issue to the public. Any further action that will be taken by the agency is dependent on the identification of public health issues.

- Other

- Mid-Central Coordinating Group – Current board members in this group are Ray Steinke and Richard Schmidt, one more member is needed. Ron Bacon volunteered. The group will be meeting on July 17th, at 10:30 in the Mount Pleasant office. Dr. Morse's contract will be discussed.
- Discussion was held on the resignation of the EH (Environmental Health) Director. The position has been posted.
- The statewide septic replacement program is moving forward.
- Home well testing program, no specifics yet, it will not cover PFAS testing but will cover some of the other metals.
- Hughes received notification from the dental clinic in Hart that the dentist has submitted their resignation.

- Due to a mix-up, there was not a formal presentation on the completed Compensation Study. An effort will be made to try to set up the presentation for the July meeting. The Board was reminded that they still had not taken any action related to the consideration of a salary adjustment for the Health Officer for 2023 as stated in the current agreement.

VIII. **Other Business**

- A discussion was had on the Michigan Township Association dues. Annual dues are different for each township and there were some significant increases.
- Grant school system has voted to rescind the contract for Family Health Care in their schools. A special school board meeting will be held this afternoon. DHD#10 will have a representative at the meeting to provide historical data on the importance of school health clinics filling an access to healthcare need.

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

X. **Next Meeting** The next regular meeting of the Board of Health is scheduled for Friday, July 28th, at 9:30 a.m. at the Cadillac Office.

Motion by Nick Krieger to adjourn the meeting, seconded by Ray Steinke

Richard Schmidt adjourned the meeting at 10:48 am.

Board of Health

Community Health Division Report

3rd Quarter Report, July 28, 2023

Community Connections

- Most frequent navigation needs included food (65), health insurance navigation (38) utility payment assistance (38), and housing (32). The average referral received assistance with 3 resource needs each during the 3rd quarter.
- Community Connections continues to provide 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.
- Community Connections began a collaborative partnership with Kalkaska Memorial Hospital in Spring 2023 to place a Community Health Worker in the Emergency Department. The first month saw 24 referrals to the program from the emergency department.

	Referred Clients		Accepted clients		Assistance Pathways	
	Q3	YTD	Q3	YTD	Q3	YTD
Crawford	29	54	4	23	14	62
Kalkaska	51	62	8	25	8	48
Lake	13	31	6	19	32	66
Manistee	85	143	27	89	85	239
Mason	22	46	7	15	18	64
Mecosta	36	114	11	37	17	78
Missaukee	49	78	11	25	25	45
Newaygo	28	62	5	35	39	97
Oceana	18	36	2	8	7	46
Wexford	103	197	32	89	162	301
TOTAL	434	823	113	365	407	1046

WISEWOMAN

- Finishing the 5th year of a five-year grant cycle. Funding supports cholesterol and diabetes screenings and health coaching for women 45-64 thru August 31, 2023.

FY 23 Enrollments by County FY 23 YTD	
Manistee	1
Mason	5
Mecosta	6
Newaygo	2
Oceana	5
Wexford	18
TOTAL	37

Substance Use Prevention

Lake, Manistee, Mason, Missaukee, Oceana, Wexford Counties

- Partnered with Meals on Wheels to distribute Detera Prescription Drug Disposal bags to their clients reaching 51 Missaukee residents and 122 Wexford residents.
- The 5th annual Youth Summit was held bringing together 70 students from Lake, Mason and Oceana Counties for a daylong event at Grace Adventures in Mears. The day included a variety of speakers and activities geared toward substance use prevention (particularly vaping) and mental health.
- Lake County Youth Advisory Council students hosted their annual Adolescent Health Fair at Baldwin Community Schools, reaching 225 participants on substance use and other youth risk behaviors.
- Lake County Communities That Care prevention coalition in partnership with MSU Extension to host Youth Mental Health First Aid to Baldwin Community School staff. 12 staff participated.
- Staff participated in Lake County Kids Safety Day to share information on youth risk behaviors, specifically substance use prevention. 190 youth and families were reached.
- Tobacco compliance checks were completed on 23 retailers in Mason and Oceana Counties, with 2 illegal sales.

Harm Reduction

- Partnered with 6 summer festivals in the jurisdiction to provide Naloxone for potential overdose emergencies.
 - For the Electric Forest Festival, staff worked in partnership with Rothbury Police Dept. so they could attain Naloxone kits for their staff and supporting law enforcement agencies.
 - Through DHD#10 vending boxes, 69 Naloxone kits were distributed in Wexford, and 35 kits were distributed in Mason.
 - 61 people at the Wex Express and Cadillac YMCA received Naloxone training.
 - Two new Naloxone vending boxes were placed in Wexford County, one at Mancino's and one at the YMCA.
- Across the jurisdiction, staff collected 140 sharps containers, and handed out 124 containers, to the 115 users of the sharps disposal program.
- Established partnership with EMS Naloxone Leave Behind Program so information on safer use kits will be included in the Leave Behind Kit given to patients at the scene of an overdose. Safer use kit distribution is as follows: Lake- 5; Manistee- 3; Newaygo- 4; Wexford- 6.
- A partnership was established with Addiction Treatment Services (ATS) where they will bring their medication-assisted treatment (MAT) mobile unit to DHD#10 Wexford County office parking lot on Tuesdays from 10a-3p starting in July. ATS provides on-location treatment for substance use disorder, peer support services, and connection to outreach services and can link clients to DHD#10 services including sharps disposal, HIV/Hep C/STI testing, family planning, immunizations, Community Connections, etc.

Oral Health

- The Kindergarten Oral Health Assessment Program screens kids that will be entering kindergarten in the fall of 2023. 347 incoming kindergarteners were screened at 38 events and an additional 18 kids were provided dental sealants at two events with more scheduled for August.

Agency Outreach Planning

- Community Health staff are working in partnership with the other divisions to implement a cohesive plan for DHD#10 program outreach with an emphasis on utilizing the mobile unit. There are plans for the mobile unit to be in communities throughout the summer.

Environmental Health Education

- Working in partnership with Environmental Health Division to support their work with health education and outreach. Staff supported the Environmental Health Summits mentioned in the Environmental Health report and released an educational bulletin about bed bugs through GovDelivery in May to 3,358 people.

Behavioral Health Project: Mason County Interconnected Systems Framework

- DHD#10 Received a no-cost extension from the Michigan Health Endowment Fund to extend the project an additional year (through 8/31/24), which will enable the continuation of the project in Mason County, along with expansion into schools in Lake and Oceana Counties. Forty staff from schools and community-based mental health provider agencies attended training to support building-level teams in schools across Mason County with integrating mental health services for youth into the school system.

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

- Direct education programming wrapped up at school-based sites this quarter, with 307 participants at 5 sites in Crawford, Mecosta, and Oceana Counties.
- The Farmer's Market Food Navigator program kicked off at the Manistee Farmer's Market in June with DHD#10 staff providing information about seasonal produce as well as food assistance benefits available for shoppers at the market. Nutrition and physical activity assessments as well as ideas for policy, systems, and/or environmental improvements are in process for those three counties.

Tobacco Control, Prevention, and Cessation

- 22 referrals for tobacco treatment this quarter- 5 enrollments. New partnership with Munson Healthcare system for referrals through a centralized e-fax and email; resulting in 14 of the 22 referrals this quarter.
- Provider referral packet created and shared with Munson Healthcare and Baldwin Family Healthcare. Includes updated referral resources for DHD#10's Tobacco Treatment Program (postcard, referral form) as well as support documents for providers ("5A's Provider Assessment Tool" and "What to Expect from Referring to DHD#10").
- Social media posts this quarter recognized "World No Tobacco Day," (May 31st), "No Menthol Sunday," (May 21st); Mental Health Month and the implications of tobacco use on mental health; and apps to help teens quit vaping. A total of 26,126 people were reached.
- *See Legislator Newsletter FY23 Q3 following this report.*

Kalkaska Walks!

- Representatives from DHD#10 and Kalkaska County participated in a three-day Active People Healthy Nation Walkability Action Institute (WAI) put on by the National Association of Chronic Disease Directors (NACDD) and the Centers for Disease Control (CDC) with MDHHS. The Kalkaska Team created a multi-year action plan to improve walkability features in Kalkaska County, focusing on the intersection of South Cedar Street and 4th Street.



Respectfully Submitted,

*Christy Rivette, MS, CHES
Director of Community Health*



**District Health
Department #10**
Healthy People, Healthy Communities

Tobacco Prevention & Control Quarterly Update

April, May, June 2023

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

On May 1, the Michigan Tobacco Control and Cancer Control Programs began offering lung cancer screening information to Michigan Tobacco Quitlink participants ages 50-80 who have a 20-pack-year history. More information about this program can be found online at:

michigan.quitlogix.org



NEW AND NOTEWORTHY

This quarter, MDHHS released two reports highlighting the association between tobacco-free school policies and student tobacco use. The links for each report are included below:

[Literature Review: Tobacco-Free School Policy and Student Tobacco Use](#)

[Data Summary: Determining the Association Between Tobacco-Free School Policy and Student Tobacco Use in Michigan's K-12 Public School Districts](#)

CALL TO ACTION- "Tobacco Nation" Report

Michigan is part of a region of 12 states known as "Tobacco Nation," where both adults and young adults have 50% higher smoking prevalence than people living in other states.

Access the report today to learn ways we can work to eliminate this label from our Great Lakes state!

[Tobacco Nation](#)

PROGRAM UPDATES AT DHD#10

Between April and June, DHD#10 received 20 referrals for the Tobacco Treatment Program. From these referrals, 5 clients enrolled in Tobacco Treatment.

In June, DHD#10 rolled out a new e-fax process for receiving referrals through a streamlined single fax number and email.

Learn more about the program: quittobacco@dhd10.org



DHD#10 also developed and purchased signage for Chippewa Hills School District to promote their tobacco-free school campus policy:



To learn more about the Tobacco Control and Prevention at DHD#10, please contact:

kmiller@dhd10.org

231-316-8567

Board of Health
Environmental Health Report
3rd Quarter, July 28, 2023

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. Generally, the summer and fall are our busiest months of the year.

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

County	April	May	June
Crawford	18	14	14
Kalkaska	9	6	7
Lake	3	4	7
Manistee	8	9	8
Mason	8	10	8
Mecosta	6	9	8
Missaukee	4	5	7
Newaygo	11	15	10
Oceana	4	2	3
Wexford	5	6	4

N/A= Too small of permit numbers to calculate median (5 minimum)

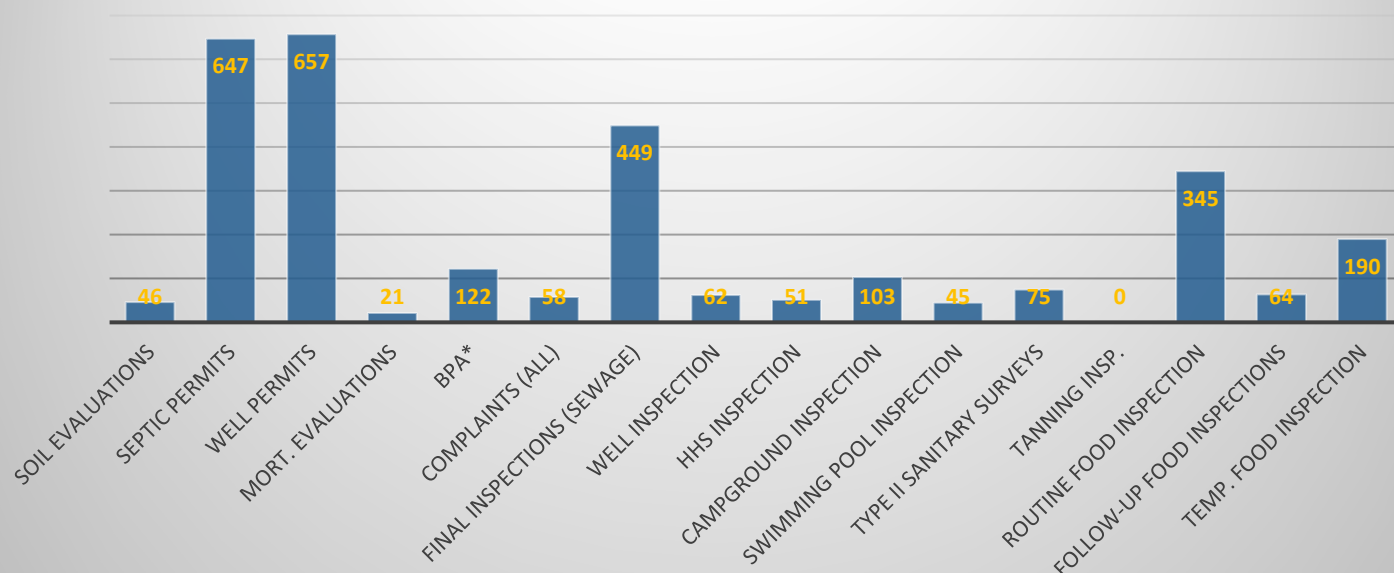
Goal: No more than 7 days from date of receipt to issue

- EH has experienced some very significant turnover due to staff either retiring or resigning. We have added a new sanitarian in Newaygo County to assist with contractual programs. This provides three (3) sanitarians in Newaygo to address wells/septic and contractual work. We have also added an additional general sanitarian in Mecosta County. Mecosta County now has two (2) designated sanitarians for wells/septic. In addition, we had to fill vacancies in Oceana County, Wexford County, and Crawford County. We have since filled those positions, but it will take some additional time to train staff. We also plan on adding an additional EH Supervisor to assist in covering our large agency. Therefore, we aim to have two (2) supervisors cover the well and septic programs. This will be split geographically with (1) supervisor covering the western district and (1) supervisor covering the eastern district.

GENERAL ENVIRONMENTAL HEALTH.

- The associated graph displays the number and types of activities our staff has completed over the course of the last three (3) months. Overall, the activities remain steady from a year ago. Septic permits are down 3% (18) from this time last year going from 665 permits in 2022 to 647 in 2023; water well permits are down 3% (15) going from 672 in 2022 to 657 in 2023 and total activities are down only 6% (207) going from 3,142 in 2022 to 2,935 in 2023. A further breakdown of the types of activities is provided in the graphs below.

DHD#10 ENVIRONMENTAL HEALTH ACTIVITIES 3rd QUARTER



EH SUMMITS.

- The agency held three (3) EH summits this quarter to educate and inform the public and interested stakeholders on the types of work and programs EH is involved in. The focus areas were general Environmental Health including what EH is, our role at the agency including permitting, regulation, food safety, wells/septic systems, water lab, radon, PFAS, and environmentally related illnesses. The summits were all held in the month of June and were located at; Kirtland Community College (June 2, 2023), Westshore Community College (June 9, 2023), and Ferris (June 16, 2023). We had approximately 18 participants at each of the summits. Several other people expressed an interest in attending but were unable to attend. They wished to receive follow-up information; therefore, we will be providing a recording of the presentation which will be sent to all on our EH listserv on gov delivery.

FOOD PROGRAM.

Complaints.

The department received a total of eight (8) food complaints for this last quarter. The complaints are as follows:

1.	Cleaning deficiencies. Broken food equipment
2.	Rotten/outdated food in reefer. Trash in pool area & not taken out. Dirty facility
3.	Hair restraints either not worn or worn improperly
4.	Advertisement on FB of "seasoned" pans being used for 40 years. Pan dirty and black
5.	Sanitation of facility, restrooms and poor running water
6.	Report from MDARD of a facility not having a food license
7.	Facility using food sourced from an outside grill and not having a food license
8.	Touching ready to eat foods with bare hands

District Health Department #10**Food Facilities Closed CY2022**

<u>County</u>	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>
Crawford	0	0	0	0
Kalkaska	0	0	0	0
Lake	0	0	0	0
Manistee	0	0	0	1
Mason	0	0	0	1
Mecosta	0	0	0	1
Missaukee	0	0	0	0
Newaygo	0	0	0	1
Oceana	0	0	0	2
Wexford	0	0	0	1
Total	0	0	0	7

District Health Department #10**Food Licenses Issued CY 2023**

<u>County</u>	
Crawford	59
Kalkaska	55
Lake	39
Manistee	121
Mason	142
Mecosta	157
Missaukee	40
Newaygo	157
Oceana	106
Wexford	155
Total	1031

District Health Department #10**New Food Licenses Issued CY 2023**

<u>County</u>	
Crawford	2
Kalkaska	2
Lake	1
Manistee	10
Mason	7
Mecosta	3
Missaukee	3
Newaygo	5
Oceana	4
Wexford	8
Total	45

District Health Department #10**Unpaid Food Licenses CY 2023**

<u>County</u>	
Crawford	0
Kalkaska	0
Lake	0
Manistee	0
Mason	1
Mecosta	2
Missaukee	1
Newaygo	3
Oceana	2
Wexford	0
Total	9

Respectfully Submitted,
Michael Kramer, MPH, REHS/RS

Board of Health

Family Health Clinical Report

3rd Quarter Report, July 28, 2023

Immunization Updates

MPOX

- MPOX vaccines were offered at HIV National Testing Day clinics on 6/27/23.

Site Visits

- Project Year 4 ended on 6/30/23 - We conducted 49 annual site visits and enrolled 2 new providers into the Vaccines for Children (VFC) program.
- LHDs have the responsibility to conduct an annual compliance visit with the VFC providers in our jurisdiction to assure vaccine storage and handling requirements are being followed and appropriate standards for immunization practices are being met. Another portion called Immunization Quality Improvement for Providers (IQIP) is also conducted to help determine goals and action items based on current immunization rates. that help increase. These goals and action items are followed up at 2 months, 6 months, and 12 months.

Influenza Vaccination

- The 2022-2023 flu season ended on 6/30/23. 6208 doses were administered.

School Readiness Clinics

- Each county held a school readiness clinic in June and provided Immunizations along with hearing/vision and dental screenings.

3rd quarter vaccines administered:

- A total of 993 vaccines were administered. These numbers do not include COVID/MPOX). For COVID, 467 doses were administered, and for MPOX 3 doses were administered.

Vaccine Recommendations

- In April 2023, the CDC simplified the COVID vaccine recommendations. Moderna and Pfizer monovalent vaccines are no longer authorized. It is recommended that clients that are 6 months and older receive a bivalent COVID vaccine. Janssen is no longer authorized and is not available in the United States.
- May/June 2023 ACIP and FDA have authorized a new RSV vaccine for adults 60 years and older. DHD #10 will begin offering the vaccine in the fall.

Family Planning

- Our total medical clinic numbers (FP and STI) have remained consistent. 441 clients received services in the 3rd quarter. We continue to see an increase in services for teens with the 3rd quarter up 20% in the 15-17 age group.

3rd Quarter FY 23

Age Group	Female Users	Male Users	Total Users
Under 15	5	0	5
15 - 17	54	1	55
18 - 19	45	5	50
20 - 24	90	10	100
25 - 29	40	11	51
30 - 34	41	14	55
35 - 39	35	4	39
40 - 44	29	3	32
Over 44	43	11	54
Total Users	382	59	441

2nd Quarter FY 23

Age Group	Female Users	Male Users	Total Users
Under 15	5	1	6
15 - 17	43	3	46
18 - 19	50	3	53
20 - 24	89	8	97
25 - 29	46	10	56
30 - 34	47	9	56
35 - 39	44	0	44
40 - 44	28	12	40
Over 44	40	11	51
Total Users	392	57	449

Interviews

- Interviews were conducted for both the northern and southern clinician positions. The northern clinician has been hired with a start date of July 24th. Interviews are still being conducted for the southern clinician.

STD/HIV

- 3rd Quarter, FY 23 Medical clinic numbers, STI

Age Group	Female Users	Male Users	Total Users
15 - 17	3	1	4
18 - 19	4	4	8
20 - 24	11	8	19
25 - 29	6	10	16
30 - 34	9	10	19
35 - 39	7	4	11
40 - 44	4	3	7
Over 44	6	10	16
Total Users	50	50	100

HIV National Testing Day

- HIV National Testing Day was held in all 10 counties on June 27th with walk-in clinics available in all 10 counties. The Mobile Unit was utilized in Wexford County and had 4 participants. 2 of these 4 participants are homeless, and they were referred to our community hub for services.
- The Home HIV Test Program continues with HIV home tests being sent to community members upon request. Tests can be ordered on our website and will be sent to the community member's home. Listed in the table below are the number of tests ordered (29) and the results reported (8).

HIV Home Test Program 2023					
Month	Tests Sent	Calls Completed			Lost to Follow Up
		Negative	Positive	Test Not Completed	
January	4			2	2
February	3			1	2
March	9	2		2	5
April	15	3		3	9
May	8	3			5
June	6				3
July					
August					
September					
October					
November					

Outreach

- Began working on Social Media advertisement for Plan First, a health coverage program administered by the Michigan Department of Health and Human Services. Individuals with Plan First healthcare coverage generally will not have to pay for family planning services including co-pays.
- Attended Pride Event in Mecosta on June 25th. STI/STD education was provided at this event and condoms were dispensed. Home HIV Test program information was also given to individuals during the event.

Communicable Disease

- During 3rd quarter, 443 Cases (excluding influenza and Covid) were investigated, 37 of those cases were foodborne illnesses.
- Animal bites and bat exposures have increased this past quarter, which is normal for this time of year, but those 'bats in a bag' that still show movement are not the nurses' favorite gifts!

- Reported LTBI has increased this quarter and currently we have TB case which requires daily nurse time. We continue to participate in weekly TB calls with Dr. Morse to review cases with her and she provides education for the staff.
- Camp illness investigation call (Newaygo County)- Multiple campers were vomiting – Norm Keon reviewed and recommended a kitchen inspection. LARA was notified and a kitchen inspection/review was planned.

CLIA

- External API testing for 6 samples yielded 100% passing compliance. Testing is being rotated through staff and sites. Results are being shared with a program lead to communicate with frontline staff for educational purposes. The review of chart audits continues with the discussion of opportunities for improvement (OFI) shared. DHD#10 now has 24 sites that perform a variety of testing under its license.

Central Scheduling

- Central Scheduling and clerks are working together to schedule clients in the various clinics/counties for all programs.
- Immunization clinic schedules have been loaded into EMR for proactive scheduling of follow-up appointments.

Students

- Collaboration with higher learning institutes continues. DHD#10 hosted Ferris State Nursing students as well as the first of two MSU College of Human Medicine Rural Health program medical students. An affiliation agreement was also instituted with Ross Medical for medical assistant training. We are proud to partner and be a part of training a new generation of healthcare professionals.

Respectfully Submitted,

Sheila Parker, BSN

Co-Director Family Health-Clinical

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 Assessed</i>	<i># Complete</i>	<i>%</i>	<i># Complete</i>	<i>%</i>	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>	<i># Complete</i>	<i>%</i>	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>	<i>Records Assessed</i>	<i># Complete</i>	<i>%</i>
<i>Crawford</i>	128	91	71	71	55	799	623	78	361	45	799	366	46	360	161	45
<i>Kalkaska</i>	239	156	65	128	54	1,191	910	76	532	45	1,191	538	45	580	264	46
<i>Lake</i>	108	59	55	41	38	597	462	77	250	42	597	253	42	286	121	42
<i>Manistee</i>	298	189	63	153	51	1,453	1,103	76	738	51	1,453	743	51	716	386	54
<i>Mason</i>	357	259	73	219	61	1,991	1,576	79	935	47	1,991	944	47	994	489	49
<i>Mecosta</i>	612	416	68	328	54	2,497	1,909	76	1,192	48	2,497	1,202	48	1,284	608	47
<i>Missaukee</i>	213	138	65	115	54	989	775	78	464	47	989	469	47	486	235	48
<i>Newaygo</i>	698	439	63	306	44	3,322	2,530	76	1,390	42	3,322	1,411	42	1,595	719	45
<i>Oceana</i>	421	278	66	210	50	2,172	1,593	73	936	43	2,172	951	44	1,053	465	44
<i>Wexford</i>	587	394	67	318	54	2,638	2,118	80	1,303	49	2,638	1,314	50	1,303	643	49
TOTALS	3,661	2,419		1,889		17,649	13,599		8,101		17,649	8,191		8,657	4,091	
% Compliant DHD#10	66%			52%		77%			46%		46%			47%		
% Compliant State of MI	65.8%			52.8%		72.6%			42.6%		Not available			45.4% per 03/31/2023 County report card		

Date: 07/06/2023

ADDENDUM: 24-36 Month Coverage Levels

DISTRICT HEALTH DEPARTMENT #10
IMMUNIZATION COVERAGE LEVELS

COUNTY	# of Records Assessed	DTaP/DT/TD:4 IPV:3 MMR:1 HIB:3 HepB:3 Varicella:1 PCV13:4		With 2 Hep A Added	
		4:3:1:3:3:1:4		4:3:1:3:3:1:4:2	
		# Complete	%	# Complete	%
Crawford	87	63	72	55	63
Kalkaska	172	118	69	104	60
Lake	74	39	53	32	43
Manistee	213	138	65	128	60
Mason	246	179	73	161	65
Mecosta	410	278	68	251	61
Missaukee	156	103	66	95	61
Newaygo	470	316	67	250	53
Oceana	295	200	68	169	57
Wexford	402	275	68	250	62
TOTALS	2,525	1,709		1,495	
% Compliant DHD#10	_____	67.7%		59.2%	
% Compliant State of MI	_____	Unavailable at this time		Unavailable at this time	

Date: 07/06/2023

DISTRICT HEALTH DEPARTMENT #10

Total Vaccines Given – Fiscal Year 2022-2023
(Includes Flu) (does not include COVID or MPOX Vaccines administered)

COUNTY	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Oct-Dec 2022	Totals YTD	Jan-Mar 2023	Totals YTD	Apr-Jun 2023	Totals YTD	Jul-Sep 2023	Totals YTD
Crawford	328	328	144	472	97	569		
Kalkaska	423	423	76	499	55	554		
Lake	254	254	33	287	32	319		
Manistee	639	639	128	767	90	857		
Mason	783	783	236	1019	205	1,224		
Mecosta	602	602	169	771	145	916		
Missaukee	334	334	55	389	51	440		
Newaygo	437	437	67	504	46	550		
Oceana	705	705	157	862	100	962		
Wexford	685	685	170	855	117	972		
WAWC	48	48	18	66	11	77		
SAHC	87	87	43	130	24	154		
LC WC	47	47	20	67	7	74		
MCE WC	11	11	15	26	9	35		
Viking WC	27	27	23	50	4	54		
TOTALS	5,410	5,410	1,354	6,764	993	7,757	0	0

District Health Department #10 2022-2023 Flu Season

Flu Administered 09/01/2022 - 06/30/2023

	VFC / MI-AVP				Private				Grand Total
	Multi vial	PF .5 syr or vial	Flu Mist	Total	Multi vial	PF .5 syr	High Dose	Total	
Crawford	0	36	0	36	230	28	234	492	528
Kalkaska	0	13	0	13	189	48	202	439	452
Lake	0	8	0	8	124	37	157	318	326
Manistee	0	30	0	30	335	24	377	736	766
Mason	0	69	0	69	307	61	418	786	855
Mecosta	2	24	0	26	268	59	284	611	637
Missaukee	0	15	0	15	183	12	211	406	421
Newaygo	6	18	0	24	219	91	200	510	534
Oceana	1	33	0	34	429	56	371	856	890
Wexford	7	49	0	56	335	40	211	586	642
WAWC	0	8	0	8	0	23	0	23	31
SAHC	0	19	19	38	10	45	0	55	93
LC WC	0	5	0	5	0	5	0	5	10
MCE WC	0	3	0	3	0	5	0	5	8
Viking WC	0	13	0	13	0	2	0	2	15
TOTALS	16	343	19	378	2,629	536	2,665	5,830	6,208

DISTRICT HEALTH DEPARTMENT #10

Total Outbreak Vaccines Given – Fiscal Year 2022-2023
COVID and MPOX Vaccines

COUNTY	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Oct-Dec 2022	Totals YTD	Jan-Mar 2023	Totals YTD	Apr-Jun 2023	Totals YTD	Jul-Sep 2023	Totals YTD
Crawford	336	336	41	377	29	406		
Kalkaska	373	373	21	394	31	425		
Lake	253	253	39	292	15	307		
Manistee	658	658	65	723	73	796		
Mason	612	612	64	676	64	740		
Mecosta	602	602	67	669	43	712		
Missaukee	341	341	40	381	39	420		
Newaygo	378	378	39	417	26	443		
Oceana	772	772	84	856	106	962		
Wexford	491	491	72	563	37	600		
WAWC	9	9	1	10	0	10		
SAHC	33	33	9	42	3	45		
LC WC	2	2	4	6	1	7		
MCE WC	1	1	0	1	0	1		
Viking WC	0	0	1	1	0	1		
TOTALS	4,861	4,861	547	5,408	467	5,875	0	0

Board of Health
Family Health: Home Visiting Report
3rd Quarter Report, July 28, 2023

Maternal Infant Health Program

- Current caseload 644, with 1596 visits completed in the last quarter.
- Received a recent resignation of a social worker in Mecosta, will be interviewing in July for replacement.
- Part-time social worker for Mason recently hired and a staff member in Newaygo went from part-time to full-time to help cover increasing case load.

Healthy Families America

In April HFA had visits from the state for a financial audit, a quality assurance from the multi-site system, and an annual site visit. Except for a few areas to improve upon, all of the visits resulted in passing. Family satisfaction surveys that were sent out in May were returned with all positive feedback and comments. Staff satisfaction surveys were completed in May with mostly positive feedback and some areas of growth noted.

Children's Special Health Care Service

- Current caseload is 1,400, with \$23,245 billed in the last quarter.
- Program Coordinator recently resigned from the agency. The current staff members are not qualified to take this position; in the interim the Home Visiting Supervisor is filling this role.
- With the recent retirement of a nurse and the resignation of a social worker, an in-house part-time nurse has been hired for the program and we will be looking for a full-time nurse.

Hearing and Vision

- Staff screened 1,875 children's vision in the past quarter providing 2,058 services.
- Staff screened 1,832 children's hearing in the past quarter providing 1,932 services.
- In preparation for the upcoming school year, staff are completing screenings at school readiness clinics.

Respectfully Submitted,

Anne Young, Home Visiting Director

Britney Wright, Home Visiting Manager



Board of Health

Family Health: WIC

3rd Quarter Report – July 28, 2023

MDHHS WIC Program “Opts Into” American Rescue Plan Act (ARPA) Waivers

- In March 2020 the Families First Coronavirus Response Act gave the U. S. Department of Agriculture (USDA) the authority to waive the physical presence requirement and other qualified administrative requirements that were necessary to provide assistance to Program participants during the COVID-19 pandemic. The end of the FFCRA Waivers for the WIC program will be on August 9, 2023, and WIC State Agencies are being offered the opportunity to opt into new waivers under the American Rescue Plan Act 2021 (P.L. 117-2; ARPA) to waive Physical Presence and offer Remote Benefit Services through September 2026.
- The MDHHS WIC Program has elected to opt into these waivers effective August 10, 2023. Under these ARPA waivers, Michigan local WIC agencies will be expected to provide remote services when necessary to ensure Program access, including remote appointments and benefit issuance. State WIC is in the process of developing policy, guidance, and MI-WIC system changes to assist local agencies with operationalizing these new waivers.

MDHHS WIC Announces 2023 Income Eligibility Guidelines

- The Michigan WIC Program Income Guidelines were revised based on the updated federal poverty level values. The updated policy was approved by USDA with an effective date of June 1, 2023. Please note the **significant increases** in WIC income eligibility that take effect this year. **For example, a family of four may qualify with an annual income of up to \$55,500**, a \$4,162 or 8.1% increase from 2022, which maximizes our reach to newly eligible families. We have copies of DHD #10 WIC Program outreach brochures to share with Board of Health members today.

WIC Farmers Market Nutrition Program: Project FRESH Grant

- DHD #10 received a grant valued at \$116,400.00 to administer the 2023 WIC Project FRESH Program. June 1st through September 30th, WIC staff will distribute 3880 special coupon booklets worth \$30.00 each to eligible WIC women and children. Eligible families will receive two coupon booklets valued at a total of \$60.00 to purchase locally grown, fresh fruits and vegetables from authorized farmers, farmers' markets, and roadside stands throughout Michigan. WIC Project FRESH helps to provide healthy and nutritious produce to Michigan WIC clients while promoting the economic development of our state's diverse agricultural products. Nationally, Michigan has the thirteenth largest WIC Project FRESH program in the nation and the third largest in USDA Midwest Region, which includes Wisconsin, Illinois, Indiana, Minnesota,

Iowa, and Ohio. There also is a Senior Market FRESH program which is administered by the Michigan Department of Health and Human Services, Aging and Adult Services Office (formerly known as Office of Services to the Aging). Interested seniors should contact their local senior center

Breastfeeding Program Updates

- We are now offering weekly breastfeeding peer counselor support at the Family Birthing Center at Corewell/Spectrum Hospital in Ludington. Colleen Unsal, the senior breastfeeding peer counselor in Ludington, has been awarded a National WIC Association AHEAD 2.0 subgrant to advance her education to prepare for the International Board-Certified Lactation Counselor (IBCLC) certification. All Breastfeeding Peer Counselors are working on World Breastfeeding Week/National Breastfeeding Week special community events for August. These will be held in Newaygo, Wexford and at the support groups in Manistee & Mason counties. Lastly, our WIC Peers have greatly expanded **in-person breastfeeding support groups** across the district as follows: Note, these support groups are open to the public:
 - Crawford County Library: 2nd & 4th Thursday of each month, 10-11 am
 - Kalkaska Church of Christ: 2nd and 4th Tuesday of each month, 10-11 am
 - Wexford-Cadillac Public Library: 1st Monday of every month, 10-11 am
 - Mason County District Library-Ludington Branch: every Monday, 9:15 - 10 am
 - Newaygo - various dates and locations as determined by community partners.

Community Outreach

- WIC Project Fresh coupon issuance and outreach at the Newaygo Farmer's Market June 16th, Virtual Sparta Area Migrant Resource Council, and North Kent Connect, Rockford: April 20th, May 18th, and June 15th.
- We will be partnering with the Farm Worker Appreciation event in Newaygo County at the Grant Middle School on July 30th to provide DHD #10 program outreach, immunizations and WISEWOMAN services. The DHD #10 Mobile Unit will be utilized at this event

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

- DHD#10 was awarded an additional \$10,000 grant for regions 2&3 to improve childhood blood lead testing rates. DHD #10 will be utilizing this funding to purchase LeadCare II supplies. The LeadCare II system provides for in-house analysis of capillary blood samples and immediate blood lead results to share with families and health care providers (HCPs). WIC staff was trained on LeadCare II this month and transitioned to this new process on July 13th. In addition, CLPPP grant staff provided education materials and spoke with 46 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 LHD CLPPP liaisons in the

region about future training and education opportunities. On May 9th, CLPPP staff organized and hosted the State Lead MiTracking database training. Our Social Media Campaign has reached 48,912 individuals with 1775 engaging in our posts since the beginning of the fiscal year. Staff presented information for Wexford, Missaukee, Manistee Great Start Readiness Program (GSRP) groups and local community agencies. Staff attended a safety event in Baldwin of Lake County providing lead prevention education to 197 individuals. 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 and provides Nurse Case Management for our families.

FY 2023 Caseload

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	June 23	7,635	June 22	+ 331	+4.5%
Resident Participation	May 23	7,374	May 22	+376	+5.4%
Migrant Participation	May 23	174	May 22	-26	-13%

Respectfully Submitted,

*Anne M. Bianchi, MS, RD
Family Health WIC Director*

Board of Health
School Health Report
3rd Quarter, July 28, 2023

Summer Wellness Days

- The clinics in Shelby, Cadillac, Lake City, and Grayling received Mental Health Expansion funding from MDHHS to provide Summer Wellness Days for students in their counties. The sessions are being offered once per week for 6 weeks. The topics include Mental Health and You, Positive Self-Talk, Technology, and Mental Health, Expressing Feelings, Self-Image, and Healthy Relationships. The Mental Health Clinicians with help from Health Resource Advocate staff facilitate the sessions and are open to Middle and High Schools Students. The Lake City Wellness Center is using some of that grant funding to work with the school on a school garden project.

CPR Instructor Training and Stop the Bleed Facilitator Training

- There have been requests from the schools asking if the health department had anyone that could come and train their staff on CPR and The Stop the Bleed Training for School Staff. The Stop the Bleed Training encourages bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. The MI Safer Schools- Health Resource Advocate grant supports education and health promotion in schools. One of the HRA Health Educators has been trained and a second (a school health nurse) is getting trained to teach CPR. We have a few staff trained and ready to facilitate The Stop the Bleed Training for school staff.

Respectfully submitted:
Katy Bies, BS
School Health Director



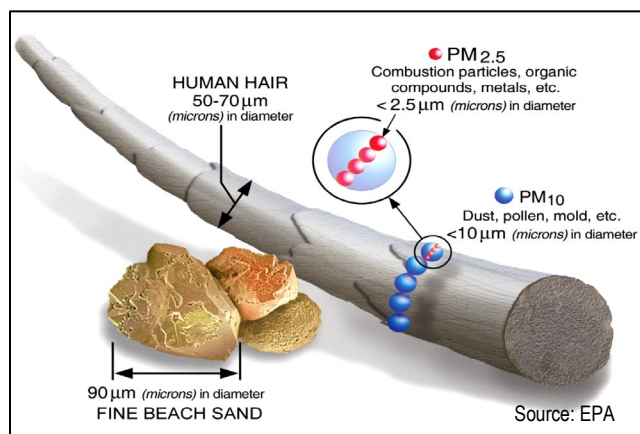
Air Quality

Wildfire smoke creates air pollution that can be a health hazard. The main pollutant from smoke is particulate pollution also called particulate matter. Other pollutants include carbon monoxide, ozone, hydrocarbons, and other organic chemicals, especially if buildings and man-made materials are burning.

Particulate matter (PM) is a general term for a mixture of solid and liquid droplets that can hang in the air. Particles 10 micrometers (μm) wide or smaller can be breathed in through the nose and throat and go into the lungs. Particles 2.5 μm and smaller can even get into the bloodstream. Particles from smoke are usually very small, many less than 1 μm .

Particulate matter and air pollution from wildfires can irritate the eyes and airways. It can also cause increased illness and early death from

- Asthma
- Bronchitis
- COPD
- Pneumonia
- Abnormal heart rhythms
- Heart attack
- Congestive heart failure
- Sudden cardiac arrest
- Stroke



Life stages and situations that are at higher risk from this exposure include:

- Children
 - Children spend more time outdoors and are usually at a greater activity level than adults.
 - The amount of air children inhale per pound of body weight compared to adults is higher, so they have a higher amount of exposure compared to adults.
 - Children's lungs are still developing and more easily damaged. Some damage can be irreversible.
 - Children are more likely to have asthma than adults.
- Older adulthood (65 years of age and older)
 - Older adults are more likely to have pre-existing respiratory or cardiovascular diseases. There is also a decline in the body's defenses that occur as part of the aging process.
- Pregnant women
 - Pregnant women have a higher breathing rate, causing them to have a higher amount of exposure.
 - Exposures to the mother may affect the developing fetus.
 - Some evidence from wildfire smoke, and evidence from secondhand tobacco smoke exposure, show risks of lower birth weight with exposure to particulate matter prior to birth.
- Outdoor workers
 - Outdoor workers have longer periods of time exposed to smoke which can lead to increased risks of experiencing health effects.
- People with lower [socioeconomic status](#) (SES)

- Those with lower SES typically have higher amounts of pre-existing health conditions and less access to medical care. This leads to a higher likelihood of untreated or insufficiently treated underlying health conditions.
- They have less access to measures to reduce exposure, such as air conditioning or air filtration, which could lead to higher levels of exposure.
- They may be exposed to higher levels of other pollutants due to the location of their homes, schools, and work environments.
- People with pre-existing health problems, specifically lung disease, cardiovascular diseases, and diabetes.

Healthy people can also be affected, especially if they are more active while outside, or are more sensitive to smoke.

Health Resources:

- Air Quality Index - A Guide to Air Quality and Your Health https://www.airnow.gov/sites/default/files/2018-04/aqi_brochure_02_14_0.pdf
- Particle Pollution and Your Health <https://www.airnow.gov/sites/default/files/2018-03/pm-color.pdf>
- Protecting Children from Wildfire Smoke and Ash <https://www.airnow.gov/sites/default/files/2021-07/pehsu-protecting-children-from-wildfire-smoke-and-ash-factsheet.pdf>
- How Smoke from Fires Can Affect Your Health <https://www.airnow.gov/sites/default/files/2021-08/how-smoke-from-fire-can-affect-your-health-2021-v1-d1.pdf>

For pets and animals:

- Protect Your Large Animals and Livestock from Wildfire Smoke <https://www.airnow.gov/sites/default/files/2021-06/protect-your-large-animals-and-livestock-from-wildfire-smoke.pdf>
- Protect Your Pets from Wildfire Smoke <https://www.airnow.gov/sites/default/files/2021-06/protect-your-pets-from-wildfire-smoke.pdf>

Action Steps

For the General Public:

1. Sign up and Start Receiving Your Air Quality Forecast <https://www.enviroflash.info/signup.cfm>
 - a. Air Quality Guide for Particle Pollution https://www.airnow.gov/sites/default/files/2023-03/air-quality-guide-for-particle-pollution_0.pdf
2. Prepare for Fire Season <https://www.airnow.gov/sites/default/files/2021-07/prepare-for-fire-season.pdf>
3. Reduce Your Smoke Exposure <https://www.airnow.gov/sites/default/files/2021-07/reduce-your-smoke-exposure.pdf>
 - a. Infographic: Reduce Health Risks In Areas With Wildfire Smoke <https://www.airnow.gov/sites/default/files/2020-02/reduce-health-risks-with-wildfire-smoke-508.pdf>
 - b. Create a Clean Room to Protect Indoor Air Quality During a Wildfire <https://www.epa.gov/indoor-air-quality-iaq/create-clean-room-protect-indoor-air-quality-during-wildfire> OR <https://www.airnow.gov/sites/default/files/2022-02/how-to-create-a-clean-room-at-home.pdf>
 - c. Indoor Air Filtration <https://www.airnow.gov/sites/default/files/2022-02/indoor-air-filtration.pdf>
 - d. U.S. EPA: Guide to Air Cleaners in the Home https://www.epa.gov/sites/default/files/2018-07/documents/guide_to_air_cleaners_in_the_home_2nd_edition.pdf
 - e. DIY Air Cleaner to Reduce Wildfire Smoke Indoors https://www.epa.gov/system/files/documents/2021-09/diy-air-purifier-infographic_final.pdf
4. Protect Your Lungs from Wildfire Smoke or Ash (Masks) <https://www.airnow.gov/sites/default/files/2021-12/protect-your-lungs-from-wildfire-smoke-or-ash.pdf>




5. Take care of your health. See: How Smoke from Fires Can Affect Your Health
<https://www.airnow.gov/sites/default/files/2021-08/how-smoke-from-fire-can-affect-your-health-2021-v1-d1.pdf>



For Government Agencies/Businesses/Public Health:

1. Sign up and Start Receiving Your Air Quality Forecast <https://www.enviroflash.info/signup.cfm>
 - a. Other forecasting tools:
 - i. 84 hr. forecast <https://tools.airfire.org/websky/v2/run/standard/NAM84-0.15deg/2023070700/#viewer>
 - ii. Fire Potential Outlooks <https://www.nifc.gov/nicc/predictive-services/outlooks>
 - iii. NASA Fire and Smoke mapping <https://www.ospo.noaa.gov/Products/land/hms.html#maps>
 - iv. Other Wildland Fire / Air Quality Tools <https://portal.airfire.org/>
 2. Wildfire Smoke: A Guide for Public Health Officials <https://www.airnow.gov/publications/wildfire-smoke-guide/wildfire-smoke-a-guide-for-public-health-officials/>
 3. Consider setting up an air quality/smoke page. Example: <https://wasmoke.blogspot.com/>
 4. Health effects of Common Air Pollutants Poster <https://www.airnow.gov/sites/default/files/2018-03/common-air-pollutants-2011-lo.pdf>
 5. Employee and public building Health
 - a. Occupational Safety and Health Administration Wildfires <https://www.osha.gov/wildfires>
 - b. Outdoor Workers Exposed to Wildfire Smoke
<https://www.cdc.gov/niosh/topics/firefighting/wffsmoke.html>
 - c. Protecting Outdoor Workers Exposed to Smoke from Wildfires
<https://www.dir.ca.gov/dosh/wildfire/Worker-Protection-from-Wildfire-Smoke.html>
 - d. Wildfires and Indoor Air Quality in Schools and Commercial Buildings
<https://www.epa.gov/indoor-air-quality-iaq/wildfires-and-indoor-air-quality-schools-and-commercial-buildings>
 - e. ASHRAE: Planning Framework for Protecting Commercial Building Occupants from Smoke During Wildfire Events <https://www.ashrae.org/file%20library/technical%20resources/covid-19/guidance-for-commercial-building-occupants-from-smoke-during-wildfire-events.pdf>
 6. School Information
 - a. U.S. EPA: Air Quality and Outdoor Activity Guidance for Schools: Indoor Air Quality, A Guide for Educators <https://www.cde.ca.gov/ls/fa/sf/iaq.asp>
 - b. Air Quality Guidance Template for Schools <https://www.aqmd.gov/docs/default-source/air-quality/advisories/air-quality-guidance-for-schools.pdf?sfvrsn=6>
 7. Respirators
 - a. NIOSH Respirator Trusted-Source Information
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource.html
 - b. Non-occupational Uses of Respiratory Protection – What Public Health Organizations and Users Need to Know <https://blogs.cdc.gov/niosh-science-blog/2018/01/04/respirators-public-use/>
- Keep in mind that one of the main sources of particulate matter in the winter months in Michigan are wood burning units used for heat (<https://www.ladco.org/public-issues/great-lakes-air-quality/>).
- The EPA has resources to help educate the public and businesses to reduce the risks with wood burning for heat at <https://www.epa.gov/burnwise>.
 - Also the state has provided an “Outdoor Burning Model Ordinance A Guide for Michigan Counties, Cities, Villages, and Townships” which includes verbiage for Outdoor Wood Furnaces available at https://www.michigan.gov/documents/deq/deq-ess-caap-modelordinance_312507_7.pdf

Health effects, public messages, and recommended actions for each AQI category

NOTE: Higher advisory levels automatically incorporate all of the guidance offered at lower levels

AQI Category (AQI Values)	Flag Color	Health Effects	Warning Messages	Other Action Step Messages for Public	Recommended Actions for Consideration
Good (0–50)		None expected	None	None	If smoke event forecasted, implement communication plan. Example: Public Health Wildfire Smoke Communication Guide, Montana
Moderate (51–100)		Possible aggravation of heart or lung disease	<ul style="list-style-type: none"> Unusually sensitive people should consider limiting prolonged or heavy exertion/activity. People with heart or lung disease should pay attention to symptoms. Individuals with symptoms of lung or heart disease (repeated coughing, shortness of breath or difficulty breathing, wheezing, chest tightness or pain, palpitations, nausea, unusual fatigue or lightheadedness) should contact a health care provider. 	<ul style="list-style-type: none"> If having symptoms, reduce exposure by following advice in box below. 	<ul style="list-style-type: none"> Prepare for full implementation of School Activity Guidelines (https://www.airnow.gov/sites/default/files/2021-03/school-outdoor%20activity%20guidance.pdf). Issue public service announcements (PSAs) advising public about health effects, symptoms, and ways to reduce exposure. Distribute information about exposure avoidance.
Unhealthy for Sensitive Groups (101–150)		Increasing likelihood of respiratory or cardiac symptoms in sensitive individuals, aggravation of heart or lung disease, and premature death in people with heart or lung disease and older adults.	<p>Sensitive Groups (People with heart or lung disease, the elderly, children, and pregnant women) should:</p> <ul style="list-style-type: none"> Limit time spent outdoors. Avoid physical exertion/activity. People with asthma should follow their asthma management plan. Individuals with symptoms of lung or heart disease that may be related to excess smoke exposure (repeated coughing, shortness of breath or difficulty breathing, wheezing, chest tightness or pain, heart palpitations, nausea, unusual fatigue or lightheadedness) should contact a health care provider. 	<ul style="list-style-type: none"> Keep doors and windows closed, seal large gaps as much as possible. Avoid using exhaust fans (e.g., kitchen, bathroom, clothes dryer, and utility room exhaust fans). If cooling is needed, turn air conditioning to re-circulate mode in home and car, or use ceiling fans or portable fans. Turn fans to recirculate mode. If a home has a central heating and/or air conditioning system, install higher-efficiency filters (e.g., filters rated at MERV 13 or higher) if they can be accommodated by the system. The system's circulating fan can be temporarily set to operate continuously to obtain maximum particle removal by the central air system's filter, although this will increase energy use and costs. Operate appropriately sized portable air cleaners to reduce indoor particle levels. Avoid indoor sources of pollutants, including tobacco smoke, heating with wood stoves and kerosene heaters, frying or broiling foods, burning candles or incense, vacuuming (unless with HEPA filter), using paints, solvents, cleaning products, and adhesives. Keep at least a 5-day supply of medication available and have a supply of non-perishable groceries to avoid leaving the home. 	<ul style="list-style-type: none"> Evaluate implementation of School Activity Guidelines If smoke event projected to be prolonged, evaluate and notify about possible sites for cleaner air shelters. If smoke event projected to be prolonged, prepare evacuation plans for at-risk populations. See Appendix B of Wildfire Smoke: A Guide for Public Health Officials

AQI Category (AQI Values)	Flag Color	Health Effects	Warning Messages	Other Action Step Messages for Public	Recommended Actions for Consideration
Unhealthy (151–200)		Increased aggravation of heart or lung disease and premature death in persons with heart or lung disease and older adults; increased respiratory effects in general population.	<ul style="list-style-type: none"> • Sensitive Groups: Should avoid prolonged or heavy exertion/activity. • Everyone: Should limit prolonged or heavy exertion/activity. • Limit time spent outdoors. • Individuals with symptoms of lung or heart disease that may be related to excess smoke exposure (repeated coughing, shortness of breath or difficulty breathing, wheezing, chest tightness or pain, palpitations, nausea or unusual fatigue or lightheadedness) should contact your health care provider. 	<ul style="list-style-type: none"> • Sensitive Groups: Stay in a “clean room” at home. • Everyone: Follow advice for sensitive groups in box above. • Identify potential “cleaner air” shelters in the community. 	<ul style="list-style-type: none"> • Full implementation of School Activity Guidelines • Consider canceling outdoor events (e.g., concerts and competitive sports), based on public health and travel considerations.
Very Unhealthy (201–300)		Significant aggravation of heart or lung disease, premature death in persons with heart or lung disease and older adults; significant increase in respiratory effects in general population.	<ul style="list-style-type: none"> • Everyone: Should avoid prolonged or heavy exertion/activity and stay indoors, preferably in a space with filtered air. 	<ul style="list-style-type: none"> • Everyone: If symptomatic, seek medical attention. If you are unable to create your own cleaner indoor air space to shelter in place, evacuate to a cleaner air shelter or leave the area, if it is safe to do so. 	<ul style="list-style-type: none"> • Move all school activities indoors or reschedule them to another day. • Cancel school physical activities (e.g., physical education, athletic practice) unless the school is able to provide cleaner indoor air for the students. • Consider closing some or all schools. • Cancel outdoor events involving activity (e.g., competitive sports). • Consider canceling outdoor events that do not involve activity (e.g. concerts).
Hazardous (> 300)		Serious aggravation of heart or lung disease, premature death in persons with heart or lung disease and older adults; serious risk of respiratory effects in general population.	<ul style="list-style-type: none"> • Everyone: Should avoid any outdoor activity, and stay indoors, preferably in a space with filtered air. 	<ul style="list-style-type: none"> • Everyone: If symptomatic, seek medical attention. If you are unable to create your own cleaner indoor air space to shelter in place, evacuate to a cleaner air shelter or leave the area, if it is safe to do so. 	<ul style="list-style-type: none"> • Consider closing schools¹. • Cancel outdoor events (e.g., concerts and competitive sports). • Consider air quality in indoor workplaces and take measures to protect workers as needed. See Appendix D of Wildfire Smoke: A Guide for Public Health Officials • Consider curtailment of outdoor work activities unless the workers have a fully implemented respirator plan in place and clean air respite breaks. • If PM levels are projected to remain high for a prolonged time, consider evacuation of at-risk populations.

¹ See Children's Health and Wildfire Smoke Workshop: Workshop Recommendations <https://www.airnow.gov/sites/default/files/2022-01/childrens-health-wildfire-smoke-workshop-recommendations.pdf> for more detailed guidance. Newer schools with a central air cleaning filter may be more protective than older, leakier schools. Also, being at school may mean children's activity levels can be better monitored.

This table was adapted from Wildfire Smoke: A Guide for Public Health Officials <https://www.airnow.gov/publications/wildfire-smoke-guide/wildfire-smoke-a-guide-for-public-health-officials/>

Recommendations:

1. Sign up and Start Receiving Your Air Quality Forecast <https://www.enviroflash.info/signup.cfm>
2. Be prepared for poor air quality days. Develop a plan for yourself and your community before fire season starts.

Sources

- Wildfire Smoke: A Guide for Public Health Officials <https://www.airnow.gov/publications/wildfire-smoke-guide/wildfire-smoke-a-guide-for-public-health-officials/>
- As referenced in text

Board of Health Health Officer Report

July 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 on recent and ongoing developments.

Enforcement Actions

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

Medical Director Associated Agreement

- The Mid-Central Coordinating Committee met in Mt. Pleasant on Monday, July 17, 2023, to discuss the Medical Director agreement and proposed salary. Richard Schmidt and Ray Steinke attended the meeting as representatives for DHD#10. A copy of the proposed agreement is included in the Board Packet. I ask that the DHD#10 Board approve the proposed contract.

Michigan Chemical Exposure Monitoring (MiChEM)

- At last month's meeting I shared information on the expansion of this project into the DHD#10 jurisdiction. Expected dates for services to be provided in Newaygo County are August 22-26, September 12 – 15, and October 3 – 5. A copy of the promotional flyer for the project is included in the Board Packet.

Respectfully submitted:
Kevin Hughes, MA
Health Officer

MID CENTRAL COORDINATING COMMITTEE
MEETING MINUTES

July 17, 2023

PRESENT: Commissioners Jeff Haskell (CMDHD), Marc Milburn (CMDHD), Jim Moreno (CMDHD), David Pohl (MMDHD), Richard Schmidt (DHD10), and Ray Steinke (DHD10)
EXCUSED: Commissioner Ron Bacon (DHD10)
STAFF: Health Officers Liz Braddock (MMDHD), Steve Hall (CMDHD), Kevin Hughes (DHD10), and CMDHD Board of Health Secretary Allison Dunn

Call to Order – S. Hall, Health Officer for the Central Michigan District Health Department, called the meeting of the Mid-Central Coordinating Committee to order at 10:30 a.m. in Conference Room B, of the Central Michigan District Health Department, located at 2012 East Preston Avenue, in Mt. Pleasant, MI 48858. S. Hall stated that we need to elect a chairperson for the committee. Commissioner R. Schmidt stated that he would be willing to chair the committee. With no other nominations or questions, Commissioner R. Schmidt was elected to serve as chairperson of the Mid-Central Coordinating committee.

Agenda Review and Introductions – Introductions were made. With no comments or questions, Commissioner R. Steinke moved to approve the agenda as mailed. Supported by Commissioner J. Moreno and motion carried.

Review of Dr. Morse's Contract – S. Hall stated that Dr. Jennifer Morse is technically considered an employee of the Central Michigan District Health Department, however, she provides services for all three health departments (Central Michigan District Health Department, District Health Department #10, and Mid Michigan District Health Department). A. Dunn distributed a copy of Dr. Morse's contract.

S. Hall stated that Dr. Morse signed a one-year contract last year due to the fact that CMDHD and DHD10 were conducting a wage study and wanted to wait to see the results of that study. S. Hall stated that both CMDHD and DHD10 received similar reports that showed that Dr. Morse was 22% underpaid, with the mid-point salary of a person with her position being \$211,000. S. Hall stated that he looked at the most comparable medical director in the wage study, who also covers multiple counties, and that person currently makes \$226,000.

S. Hall stated that he took this information into the negotiations, and it was discussed to build up the compensation over the next three years. S. Hall stated that this position is very difficult to fill. S. Hall stated that the contract presented provides Year 1 compensation being \$188,133; Year 2 compensation being \$196,560; and Year 3 compensation being \$205,660. S. Hall stated that Dr. Morse would like to remain at 35 hours per work. S. Hall stated that these annual compensation rates will be split between all three health departments. S. Hall stated that Dr. Morse was happy with the contract as presented.

S. Hall stated that Dr. Morse truly does have a heart for public health and that she is one of the few medical directors in the state that does public health full-time, as most do public health part time in

conjunction with a private practice. S. Hall stated that we are lucky to have Dr. Morse and the arrangement between the three health departments. S. Hall also stated that Dr. Morse provides excellent research on a wide range of topics. K. Hughes stated that Dr. Morse goes above and beyond the 35 hours that are built into her contract. L. Braddock stated that is beneficial that Dr. Morse also lives in the community in which she represents. K. Hughes stated that DHD10 also provides an additional stipend for Dr. Morse to provide coverage to their school-based health care clinics, and any negotiations to that number would be handled through DHD10.

Discussion was held on the services that Dr. Morse provides and the compensation rate. The commissioners agreed that compensation in the agreement that was distributed was well deserved and that they could always revisit the rates at a later date should the opportunity present itself.

Commissioner M. Milburn moved to approve presenting the associated agreement between Mid Michigan District Health Department and Central Michigan District Health Department and District Health Department #10 for Physician Services to all three boards of health and recommending approval. Supported by Commissioner R. Steinke. A roll call vote was taken, and the motion passed unanimously by a vote of 6-0.

The meeting was adjourned at 10:47 a.m.

Respectfully submitted with subject to approval,

Allison B. Dunn, CMDHD Board of Health Secretary

ASSOCIATED AGREEMENT
BETWEEN
MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
AND
CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
AND
DISTRICT HEALTH DEPARTMENT #10
FOR PHYSICIAN SERVICES

For the purpose of Medical Direction and to comply with applicable statutes and rules, the MID-MICHIGAN DISTRICT HEALTH DEPARTMENT, hereinafter referred to as (MMDHD), 615 North State Street, Suite 2, Stanton, Michigan, 48888-9702, the CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT, hereinafter referred to as (CMDHD), 2012 East Preston, Mt. Pleasant, Michigan, 48858, and DISTRICT HEALTH DEPARTMENT #10, hereinafter referred to as (DHD#10), 521 Cobbs Street, Cadillac, MI 49601, herein enter into this associated Health Department agreement for physician services. The Medical Director will serve three District Boards, MMDHD, CMDHD, and DHD#10.

NOW THEREFORE, it is agreed as follows:

1. Agreement shall commence October 1, 2023, and continue through September 30, 2026, at the will of the respective Boards of Health.
2. The Employee shall receive a base salary of One Hundred Eighty-Eight Thousand One Hundred Thirty-Three Dollars (\$188,133), for the period of October 1, 2023 – September 30, 2024. This amount will increase to One Hundred Ninety-Six Thousand Five Hundred

Sixty (\$196,560) on October 1, 2024, and to Two Hundred Five Thousand Six Hundred Sixty (\$205,660) on October 1, 2025. The Employee will also receive a Two Thousand Dollars (\$2,000) stipend annually to help pay for job related expenses. These amounts will be split thirty-three and one-third percent (33.3%), to each party (MMDHD, CMDHD, and DHD#10). CMDHD will bill MMDHD and DHD#10 their share of all expenses monthly. In addition, DHD#10 will pay an additional Five Thousand Dollars (\$5,000) per year for oversight of Adolescent Health Centers. This additional funding will be provided to the Medical Director from CMDHD.

3. The Employee shall receive all fringe benefits and expense reimbursements that he/she will receive as Medical Director for CMDHD. The Employee shall suffer no loss of seniority, vested rights, or any other benefits related to his/her length of employment by virtue of entering into this Agreement. The Employee shall also be provided malpractice insurance. MMDHD and DHD#10 will be billed thirty-three and one-third percent (33.3%) of all applicable expenses.
4. All Employee records and disbursements shall be administered from CMDHD.
5. The Employee shall dedicate his/her full time to this employment. Except under extraordinary circumstances, the Employee shall direct thirty-three and one third percent (33.3%) of his/her working efforts to MMDHD, thirty-three and one third percent (33.3%) to CMDHD, and thirty three and one third percent (33.3%) to DHD#10.
6. The Employee shall, as a condition of employment, continue to be a licensed physician in the State of Michigan. He/she shall perform and/or supervise public health physician duties under the Michigan Public Health Code (Act 368, PA 1978) for MMDHD, CMDHD, and DHD#10.
7. Typical duties to be performed by the Employee are set forth in the Job Description attached as Exhibit "A" and incorporated herein by reference.
8. The parties to this agreement shall ensure that the Employee has malpractice insurance (\$1,000,000 per occurrence, \$3,000,000 aggregate).
9. This agreement shall be from October 1, 2023, through September 30, 2026. The Employee shall also be an employee at will.

10. This agreement shall continue until terminated by any party giving thirty (30) days written notice. CMDHD agrees that should this Associated Employment Agreement be terminated, the Employee shall revert to being an employee of CMDHD only and, in that capacity, the Employee shall also be an employee at will.

11. This Agreement will become effective October 1, 2023, upon approval of the MMDHD Board of Health, CMDHD Board of Health, and DHD#10 Board of Health. Approval from the Boards of Health is indicated by the signature of the respective Board of Health Chairperson shown below and these signatures will constitute the entire agreement between the parties.

Mid-Michigan District Health Department

By: _____

Adam Petersen, Chairperson

Date: _____

**Central Michigan District Health
Department**

By: _____

Dale Majewski, Chairperson

Date: _____

District Health Department #10

By: _____

Richard Schmidt, Chairperson

Date: _____

MEDICAL DIRECTOR - Job Description

Status: Exempt

OSHA: Category A

Medical Director Job Summary

The medical director provides professional direction in the development of medical public health policy and program planning. Develops and carries out medical policies and programs, provides guidance on matters specifically related to the prevention of disease and promotion of public health. The Medical Director provides medical direction to a wide variety of professional, paraprofessional and technical employees and programs. An individual in this classification performs work in accordance with professional training and practices receiving administrative guidance and direction from the Health Officer. The work requires independent judgment with considerable consequence of error present. The Medical Director must exercise considerable skill in dealing with the public and public officials. The Medical Director shall be responsible for medical activities which, in the Medical Director's professional opinion, are reasonable and necessary to fulfil the purpose of Act 368 of P.A. of 1978, and those assigned or delegated to the Medical Director by the Board of Health and/or Health Officer.

Essential Duties, Responsibilities and Role:

The following duties are essential for this classification. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned by the Board of Health or Health Officer.

- Provides advanced public health medical expertise to the Department, staff, and patients.
- Supervises assigned professional and para profession staff.
- Function as part of the administrative team by providing appropriate medical input to the administrative decision-making process as it relates to the health of the community and the functioning of the Department. Collaborates and partners with the Health Officer in carrying out duties and responsibilities including the management and establishing of public health programs, polies and procedures;
- Participate in community health assessment and agency/community strategic planning processes to promote improved health outcomes through health improvement plans;
- Provide leadership in policy development, and coordination of the provision of health care services on a community-wide basis. This role includes, but is not limited to, the following elements:
 - a. Actively engage local/state/national political leaders and officials to promote public health goals;
 - b. Provide leadership and assistance in developing the role of public health in providing population –based services;

- c. Provide a key community leadership role in defining public health's core functions of assessment, policy development and assurance at the local level;
 - d. Serve as a liaison to medical community and health care networks (staff, public, providers & partners). Provide leadership in public health transformation, healthcare engagement in public health, community physician consultant, Engaging the community in population health goals;
 - e. Provide epidemiological consultation to area physicians, community projects, and department programs and staff;
 - f. Research topics to identify resources and evidenced based practice, critical analysis and networking/consultation with the health care community as needed or requested;
 - g. Represent the department on various local and state committees and special task forces;
 - h. Where appropriate, be the liaison to local and state organizations;
 - i. Take on responsibility for a leadership role in coordinating special projects.
- Provide medical oversight and guidance to all programs of the department. This includes, but not limited to:
 - a. create and review of the medical information sections of policies, procedures, and publications;
 - b. create, review, and sign standing orders;
 - c. create and review of laboratory procedures;
 - d. provide staff in-servicing as requested or as required for accreditation and licensing;
- Function as an integral member of the local Emergency Preparedness Team addressing the medical and health components of an All Hazards Plan, which includes, but is not limited to, CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosives), Weapons of Mass Destruction (WMD), and other public health threats;
- Where applicable and consistent with training of Medical Director, provide direct medical services or oversight of mid-level practitioners for specific programs, which could include, but is not limited to:
 - a. Family Planning/STI
 - b. School Based Clinic
 - c. STI Clinic
 - d. Home Health
- Promote competent care in the clinic settings by reviewing clinician medical charts, providing professional consultation, and engages in quality improvement activities. Assure that deficiencies are addressed appropriately, and laboratory competencies are successfully completed as required. Assess new clinical applicants for appropriate training and credentials prior to hire;

- Function as a contact person between the department and medical services at the Michigan Department of Health and Human Services and assist in translating these services into local activity;
- The medical director will advocate for public health priorities through community outreach and may serve as the spokesperson for the department by being a visible public health leader for the department;
- The medical director will engage in professional development and in continuing education aimed to assure public health competencies. The medical director may serve as a mentor to new medical directors and may serve as an academic teacher or preceptor to students.
- Describe the nature of the threats, recommend corrective actions, and communicates these effectively to the Board of Health and to the consumers and providers in the county.

Key Competencies:

Medical Directors are included in Tier 3 of the Public Health Core Competencies for Public Health Professionals as identified by the Council on Linkages between Academia and Public Health Practice, June 26, 2014, phf.org/corecompetencies. The domains are listed below along with competencies relevant to public health medical directors.

- Analytical Assessment Skills: 1C1, 1C3, 1C4, 1C5, 1C6, 1C9, 1C10, 1C12, 1C13, 1C14, 1C15.
- Policy Development/Program Planning Skills: 2 C 1 , 2 C6, 2C5, 2C9, 2C10, 2C11, 2C12, 2C14.
- Communication Skills: 3C2, 3C3, 3C4, 3C5, 3C6, 3C7, 3C8.
- Cultural Competency Skills: 4 C 2 , 4C3, 4C4, 4C5, 4C6, 4C7, 4C8.
- Community Dimensions of Practice Skills: 5C2, 5C3, 5C4, 5C5, 5C10.
- Public Health Science Skills: 6C1, 6C2, 6C3, 6C4, 6C5, 6C6, 6C7, 6C8, 6C9, 6C10.
- Financial Planning and Management Skills: 7C1, 7C2, 7C5, 7C7, 7C16.
- Leadership and Systems Thinking Skills: 8C1, 8C2, 8C3, 8C4, 8C5, 8C6, 8C7, 8C8, 8C10.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

Education, Licensure, Certifications, Experience

- Licensed as a physician, MD or DO, in Michigan.
- Possession of a master's degree in a field of public health or board certification in Preventive Medicine.
- Compliance with MDHHS educational requirements for medical directors as defined Rule 325.13004 and R325.13006, adopted pursuant to Section 2495 of Public Act 368, P.A. of 1978 as amended, or as approved by the Director of the Michigan Department of Community Health.

- Valid Michigan driver's license, current certificate of vehicle insurance, and access to reliable transportation to all assigned work locations.
- Required to complete various National Incident Management System (NIMS)/Incident Command System (ICS) courses as designated by the local health department within a designated time frame.

Knowledge and Skills:

- Knowledge of the core functions and essential services of public health.
- Extensive knowledge and comfort with numerous public health topics and willingness to remain current on these topics as well as new and evolving issues.
- Knowledge of basic epidemiology and statistics.
- Extensive knowledge of laws, codes and regulations pertaining to public health medicine.
- Ability to work effectively with the local medical community.
- Ability and willingness to work with community partners in a variety of ways, i.e., training, attending community meetings, providing public health guidance.
- The Medical Director will pursue on-going training and education in the fields of public health and/or preventive medicine.
- Knowledge of emergency preparedness and incident command structure.
- Knowledge of relevant OSHA and CLIA standards.
- Demonstrates excellent communication skills (oral and written).
- Must have ability to develop computer skills to manage implemented agency documentation systems.

Behavioral Expectations:

- Is professional in all interactions with staff, the public and other public health entities.
- Responds with flexibility to changing needs.
- Manages multiple tasks and deadlines.
- Supports and promotes the department's vision, mission, and core values.
- Promotes team and organizational learning.
- In times of a public health emergency, may be required to report for specialized assigned duties inside or outside of the health jurisdiction.
- Adheres to the applicable professional practice standards, Departmental policies and all State and Federal laws and policies as they presently exist and they are changed or modified.

PHYSICAL DEMANDS

Duties require sufficient mobility to work in a normal office setting and use standard office

Equipment including a computer, vision to read printed materials and a VDT screen, and hearing

and speech sufficient to communicate in person or over the telephone. Must be able to be fitted and wear a NIOSH 95 mask or other OSHA approved mask.

If unable to demonstrate these abilities based upon a standardized, objective assessment performed by external occupational health professionals, reasonable accommodations will be made, in compliance with the Americans with Disabilities Act and any other applicable Federal and Michigan law.



MiChEM

Michigan Chemical Exposure Monitoring

The MiChEM project is the first statewide effort to gather data on the amount of certain chemicals in the blood and urine of Michiganders, including lead, mercury, and PFAS. This project will help the Michigan Department of Health and Human Services (MDHHS) understand more about the chemical exposures of Michigan residents.

What are chemical exposures?

People can come in contact with chemicals in what they eat and drink, in products they use, at work, and in their environment, like in the air, soil, and water. Some chemicals are helpful and necessary for life and some can be harmful. Either way, contact with chemicals is called a chemical exposure.

Why was my household selected for MiChEM? Can those who did not get an invitation join the project?

The goal of the MiChEM project is to better understand exposures to certain chemicals in Michigan residents. It is not possible to test everyone in the state, so the MiChEM project team used a statistical method to select households in different areas of the state to represent the state as a whole. All adults in selected households are eligible to register; however, we will randomly select only one adult from each household to participate in this important project. Only those selected are able to join the project.

Why should I register my household for the MiChEM project?

Your household was selected to help the MiChEM project reflect the diversity of Michiganders. It's important that people of different races, ethnicities, age groups, and parts of the state participate in MiChEM to better understand whether certain groups have greater amounts of certain chemicals in their blood and urine. MiChEM will help MDHHS and other agencies know what actions to take to reduce chemical exposures. These actions could include:



Investigating sources and health effects of chemical exposures



Creating programs to reduce harmful chemical exposures



Improving laws related to chemical use

What will participants do?



Participants will answer survey questions online or by phone, which will take about 30-45 minutes. These questions are about how they may have come in contact with certain chemicals.



Participants will attend a 30-minute appointment. During the appointment, a trained professional will collect a blood sample and ask for a urine sample. The project team will follow COVID-19 safety measures.

Once they complete these steps, participants will receive:

- A \$65 Visa gift card
- Personal lab results for the 197 chemicals that we measured in blood and urine samples they gave – a \$1,000 value – along with resources on how to reduce chemical exposures.

How will participant data and samples be protected?

MiChEM will never publicly release information that could identify participants, such as their name or address. MiChEM will protect results to the fullest extent of the law. All staff are required by law to maintain confidentiality for all project participants.

Only MDHHS will have access to and maintain the privacy and security of participants' data and samples. Other parties may request to see their data, but the MDHHS will not give it unless participants give their explicit permission. All samples will be stored at the MDHHS Bureau of Laboratories. Participants' DNA will not be tested or given to any other parties.

What chemicals are being tested?

- 17 organochlorine pesticides
- 45 per- and polyfluoroalkyl substances (PFAS)
- 1 polybrominated biphenyl congener (PBB)
- 10 polybrominated diphenyl ethers (PBDEs)
- 100 polychlorinated biphenyls (PCBs)
- 24 metals such as:
 - Lead
 - Mercury
 - Arsenic
 - Aluminum
 - Manganese
 - Chromium
 - Selenium
 - Thallium
 - Cadmium
 - Cobalt

MiChEM will not test the blood and urine collected for any drugs or DNA.

Will participants get their lab results?

Yes. Unless participants choose to opt out, lab results will be mailed to participants' homes.

What will the results show?

The results will tell participants the amount of certain chemicals in their blood and urine at the time they were collected.

Results will not show:

- The source of any of the chemicals in the blood or urine.
- Anything about any chemicals we did not measure.
- If the chemicals we measure are currently harming participants' health, have harmed their health in the past, or may harm their health in the future.

How do I register my household for this project?

To register the adults in your household, visit <https://is.gd/GVBh6T> before [insert date], enter the code from your letter, and follow the steps on the screen. If you prefer, call 844-464-7327 between 9 a.m. and 7 p.m., Monday through Friday, and you can talk to the MiChEM project team.

One adult per household will be randomly selected. We will be in each area for a limited time, so sign up now!

El Departamento de Salud y Servicios Humanos de Michigan (MDHHS, por sus siglas en inglés) invita a su hogar a registrarse en el proyecto Monitoreo de Exposición Química de Michigan (MiChEM, por sus siglas en inglés). Si está interesado en saber más sobre el proyecto, puede encontrar información en español en nuestro sitio web Michigan.gov/DEHBio.

يدعو مركز الصحة والخدمات الإنسانية في ولاية ميشيغان (MDHHS) أسرته للتسجيل في دراسة ميشيغان لمراقبة التعرض للمواد الكيميائية (MiChEM). إذا كنت مهتمًا بمعرفة المزيد عن الدراسة، فيمكنك العثور على المعلومات باللغة العربية على موقعنا على الإنترنت Michigan.gov/DEHBio.

For more information:

MDHHS-michem@michigan.gov

844-464-7327

Michigan.gov/DEHBio

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.



HOUSE BILL NO. 4087

February 14, 2023, Introduced by Reps. O'Neal, Stone, Roth, Price, Tsernoglou, Byrnes, McFall, Haadsma, Hood, Rheingans, Young, Scott, Wilson, Morse, Breen, MacDonell, Brixie, Brenda Carter, Miller and Glanville and referred to the Committee on Families, Children and Seniors.

A bill to allow homeless or runaway youth access to health care without parental consent; and to allow health care providers to treat homeless or runaway youth without parental consent.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. As used in this act:

2 (a) "Child neglect" means that term as defined in section 2 of
3 the child protection law, 1975 PA 238, MCL 722.622.

4 (b) "Homeless youth" means an individual for whom it is not
5 possible to live in a safe environment with a relative, who has no
6 other safe alternative living arrangement, and who is either of the

1 following:

2 (i) Seeking shelter in a basic center as described in 34 USC
3 11212(a).

4 (ii) Seeking enrollment in a transitional living program as
5 described in 34 USC 11222(a), is not less than 16 years of age, and
6 is either of the following:

7 (A) Less than 22 years of age.

8 (B) Not less than 22 years of age as of the expiration of the
9 maximum period of stay permitted under 34 USC 11222(a)(2) if the
10 individual commences the stay before reaching 22 years of age.

11 (c) "Runaway youth" means an individual who is seeking shelter
12 in a basic center as described in 34 USC 11212(a), is less than 18
13 years of age, and who absents himself or herself from home or a
14 place of legal residence without the permission of a parent or
15 legal guardian.

16 Sec. 2. (1) A homeless or runaway youth may consent to,
17 contract for, and receive medical, dental, or behavioral health
18 examinations, care, or treatment without a parent's or guardian's
19 permission, authority, or consent. Acceptable documentation
20 demonstrating an individual's status as a homeless or runaway youth
21 includes the following:

22 (a) A statement documenting that status, signed by a director
23 or designee of a governmental or nonprofit entity that receives
24 public or private funding to provide services to individuals who
25 are homeless or runaway youth.

26 (b) A statement documenting that status, signed by a local
27 educational agency liaison for homeless or runaway youth designated
28 under 42 USC 11432(g)(1)(J)(ii), a local educational agency foster
29 care point of contact designated under 20 USC 6312(c)(5)(A), or a

1 school social worker or counselor.

2 (c) A statement documenting that status, signed by an attorney
3 representing the individual in any legal matter.

4 (d) A statement documenting that status, signed by the
5 individual and 2 adults with knowledge of the individual's actual
6 circumstances.

7 (2) This act does not authorize a homeless or runaway youth to
8 consent to an abortion.

9 Sec. 3. A homeless or runaway youth who is a parent may
10 consent to, contract for, and receive medical, dental, and
11 behavioral health examinations, care, or treatment for the youth's
12 child.

13 Sec. 4. (1) A physician or other qualified professional
14 licensed to practice in this state who provides medical, dental, or
15 behavioral health examinations, care, or treatment to a homeless or
16 runaway youth under this act may not be held liable in a civil or
17 criminal action for providing those services without having
18 obtained permission from the youth's parent or guardian.

19 (2) This section does not relieve the physician or other
20 qualified professional licensed in this state from liability for
21 negligence in the diagnosis or treatment of a homeless or runaway
22 youth.

23 Sec. 5. (1) Identification of an individual as a homeless or
24 runaway youth does not automatically mean the individual has
25 experienced child abuse or child neglect.

26 (2) This act does not supersede the mandatory reporting
27 requirements of section 3 of the child protection law, 1975 PA 238,
28 MCL 722.623.