



BOARD OF HEALTH

Monthly Meeting: October 27, 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.....September 29, 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

1. *Public Act 152 proposal*Action Item

2. *Health Insurance renewal*Action Item

3. *Dental/Vision/Flex renewal*Action Item

4. *Life & Disability renewal*Action Item

5. *Retention Ideas*

D. Legislative Committee.....Nick Krieger

II. Board of Health Presentation

III. Program Reports

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

B. Environmental Health Division Report.....Max Bjorkman

C. Family Health Clinical Division Report.....Sheila Parker

D. Family Health Home Visiting Division Report.....Anne Young

- E. Family Health WIC Division Report.....Anne Bianchi
- F. School Health Division ReportKaty Bies

IV. Administration Reports

- A. Medical Director.....Dr. Jennifer Morse, MD
- B. Deputy Health OfficerSarah Oleniczak
- C. Health Officer.....Kevin Hughes

V. Public Comment

VI. Other Business

VII. Next Board of Health Meeting: November 17, at 10 a.m.

VIII. Adjournment

Public Comment Rules

1. At each Board of Health regular meeting that is open to the public, there shall be a public comment period. It shall be held at the beginning of the meeting following approval of the meeting agenda and previous meeting minutes.
2. Any individual desiring to make a public comment shall be requested to first state their name and address for the record.
3. An individual is limited to a three (3) minute time period for public comment. The individual is not limited to one topic.
4. An individual will not be allowed to speak more than once during the public comment period.
5. An individual may not transfer, reserve, delegate or yield any public comment time to other individuals.
6. All public comments shall be directed to and through the Chairperson of the Board of Health. Individuals shall not directly address any other member of the public, other Board of Health members or staff.



District Health Department #10

Healthy People, Healthy Communities

BOARD OF HEALTH

Meeting Minutes

September 29, 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, Kristine Raymond, Richard Schmidt, Jeff Dontz, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike, Paul Erickson, Julie Theobald, Gary Taylor, Dorothy Frederick (late), Robert Baldwin (late)*

Staff In Person - *Kevin Hughes, Dr. Jennifer Morse, Christine Lopez, Amanda VanPeeren, Bret Haner*

Members Excused: *Phil Lewis, Star Hughston, Robert Walker*

Members Absent: *Dawn Fuller*

Guests: *Armin Schleiffarth, Jim Pomaranski*

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

Motion carried.

IV. **Approval of the Meeting Minutes.** Motion by Julie Theobald, seconded by Ron Bacon to approve the minutes of the August 25, 2023, meeting.

Motion carried.

V. **Public Comment:**

Jim Pomaranski, P.E. from Onkama and Armin Schleiffarth from Meander Law: Representing Katherine Bradford and Brad Shaw from Manistee County. In summer of 2022, clients hired surveyor to come out and stake property, in November 2022 sanitarian from Manistee issued a permit for well and septic on property not owned by applicant- this is detrimental to health and safety of public. Need to know how this is going to be handled and prevented in the future. Will look into per Richard Schmidt and Kevin Hughes.

VI. **Committee Reports**

A. Executive Committee – The executive committee did not meet.

- The committee will meet on October 13 at 11:30am to discuss the health officer agreement.

B. Finance Committee – Bryan Kolk

- Christine Lopez will present the August financial report at the October meeting. The report has been delayed as new payroll software was implemented.

- **Approve Accounts Payable and Payroll.** Motion by Jim Maike, seconded by Ray Steinke, to approve the accounts payable and payroll of \$3,137,745.29.

Roll Call

<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Robert Baldwin</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Ray Steinke</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

- **Approval of the FY24 Budget.** Motion by Jeff Dontz, seconded by Nick Kreiger to approve the FY24 budget.

Roll Call

<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Robert Baldwin</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Ray Steinke</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

- **Approval of the FY23 Final Budget.** Motion by Julie Theobald, seconded by Ron Bacon to approve the FY23 final budget.

<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Bryan Kolk</i>	<i>Yes</i>
<i>Kristine Raymond</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Richard Schmidt</i>	<i>Yes</i>	<i>Robert Baldwin</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Ray Steinke</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>	<i>Dorothy Frederick</i>	<i>Yes</i>

Motion Carried

- Motion by Nick Krieger, seconded by Dorothy Frederick to approve the dissolution of the Tencon Improvement Plan, Inc as of 09/30/2023 and to give Christine Lopez authority to complete the necessary forms. *Motion Carried.*

C. Personnel Committee – Robert Baldwin

- The personnel committee did not meet.
- Robert Baldwin met with Kevin Hughes and Julie Hilkowski in August to discuss retention ideas. These ideas will be presented to the personnel committee on October 13, 2023, at 10am.
- Kevin Hughes shared that the SSRP plan black out period is over. Staff have access to funds now at Principal. The transition went smoothly. Health Insurance renewal rates have been brought forward with an overall reduction of 1.45%. This will be discussed at the next personnel committee meeting. DHD10 is monitoring the overtime salary changes to determine if changes will need to be made.

D. Legislative Committee – Nick Krieger

- The legislative committee did not meet.
- Kevin Hughes: Universal Lead Screening. No impact on us, but more on primary care providers.
- Kindergarten Oral Health Assessment Commitment: passed out of senate and out of house committee, but not voted on by full house yet.
- Statewide Septic Code Bill: nobody has yet seen substitute bills.
- Tobacco Bill Package: directed at more flavor tobacco-waiting on more information.
- State Level Health insurance marketplace: looking at state versus federal options.

- Mandatory Minimum Staffing Levels (per Jeff Dontz): it will create issues in staffing per Kevin-Munson and Corewell have looked at it and discussing it.
- Nick and Paul discussed issues of rural areas not being able to provide basic healthcare needs due to staff shortages as it is.
- Dr. Morse: MI State Medical Society is concerned about the fact that insurance is not even paying the amount that it costs to deliver a baby. Discuss with representatives when you have time. Physicians are not happy, and they are leaving. It's a huge issue and concern that they are looking at overall.

VII. Emergency Response Update – Bret Haner, Emergency Response Coordinator

As part of national accreditation, on an annual basis an emergency response update is provided to the Board of Health. The following topics were discussed.

- Emergency Operations Plan: All others fall under-NIMS, when we would activate (in event if COVID occurs we have plans in place if outside of our jurisdiction), capabilities such as lab to access communication platforms to respond.
- Incident Management Plan: Chain of command, incident command structure (has a team that would come together), legal authorities.
- Medical counter measures plan: Strategic national stockpile
- Communication Plan: Covers media relations. Our PIO is Nick Eckhart. Implement hotline, vulnerable populations.
- Internal EP Plan: what to do in emergency situations.

VIII. Administration Reports

- A. Medical Director, Dr. Jennifer Morse provided an Immunization update. She discussed Influenza Vaccine, COVID-19, and RSV. A summary of the vaccines including options, eligibility and when to get the vaccines was shared.

- Recommendations by Dr. Morse:
 - Vaccination and immunization are our best tools to reduce risks of COVID-19, influenza, and RSV.
 - Help be a vaccination champion.
 - Read real life stories of what these illnesses can do.

Approve recommendations made by Dr. Morse. Motion by Jim Maike, seconded by Ray Steinke, to approve the recommendations by Dr. Morse.

Motion Carried

B. Deputy Health Officer, Kevin Hughes presented report for Sarah Oleniczak

- The PHAB Accreditation site visit review board should review by November 2, 2023. We believe we will be recredited.
- Leadership Energizer is doing a yearlong leadership program for directors, managers and supervisors.
- The Public Health Conference is the week of October 2nd. DHD10 staff are presenting on different topics.

C. Health Officer, Kevin Hughes

- EPI Team Update – My Chem Update – the State is looking to see what chemicals people have been exposed to. Setting up in Newaygo County. 62 people have completed testing. There will be one more testing day in October. Not sure if this will be expanded to other counties.
- Easter Equine Encephalitis – Detected in a Mecosta County horse, no human cases.
- PFAS Update – Detections came back in 12 homes. Will update as report is reviewed.
- Enforcement activities – formal hearing in Crawford County. The restaurant owner did not show up. The Hearing did continue. The restaurant has requirements to meet in 30 days. Waiting to hear back on response from them. This restaurant did not have hot water, which is a food establishment requirement.
- Timberly Village – Grayling mobile home park has two units left.
- CDC Infrastructure funding was shared.
- The private well sampling program initiated by EGLE on September 6th reached capacity on September 12th. There has been no determination to see if additional resources will be allocated by EGLE to continue this program.
- Michigan Saves partnered with EGLE to give a loan to replace septic systems. This program is to help homeowners that have failing systems.

IX. **Other Business - None**

X. **Public Comment** – No Public Comment

XI. **Next Meeting** The next regular meeting of the Board of Health is scheduled for Friday, October 27 at 9:30 a.m. at the Cadillac Office.

Richard Schmidt adjourned the meeting at 11:00 am.

Richard Schmidt, Chair

Date

Ron Bacon, Secretary

Date

October 13, 2023

Wexford County Office

I Committee Chair, Richard Schmidt, called the meeting to order at 11:30 am

Members Present: Ron Bacon, Richard Schmidt, Ray Steinke, Robert Baldwin, Bryan Kolk

Member Excused: Jim Maike

Staff Present: Kevin Hughes

II Review and Approval

A. Motion by Ray Steinke, seconded by Bryan Kolk, to approve the agenda. Motion Carried.

B. Motion by Ray Steinke, seconded by Ron Bacon, to approve the meeting minutes from August 30, 2022. Motion Carried.

III Health Officer Evaluation

Kevin explained that the current evaluation tool would be shared with the full Board at the October meeting. The plan would be for the members to review and complete this form as part of the November Board meeting and then share with the Health Officer. This would follow the process completed previously.

IV Health Officer Salary Adjustment 2023

Brian led the discussion on a salary adjustment amount based upon the documents he had shared at the September meeting. Copies of the document were shared with the committee members. After much discussion, it was proposed that the Health Officer salary adjustment for 2023 be set at 8% which would bring the Health officer pay up to \$120,834. This increase would be retroactive to 1/1/2023. *Motion by Ray Steinke to recommend to the full board that the proposed salary adjustment, including that it be retroactive to 1/1/2023, be adopted. Motion was seconded by Bryan Kolk. All members voted in favor.*

V Health Officer Agreement

Discussion on the 2024-2025 Health Officer agreement was had including the salary amount to start on 1/1/2024. Kevin had provided a comparison of Health Officer salaries to the Committee members prior to the meeting for consideration in this process. Following discussion, *a motion was made by Ron Bacon to recommend to the full Board, that the Health Officer salary for the new agreement be set at \$132,918, a 10% increase from the 2023 proposed amount. No other changes were proposed to the agreement. This motion was seconded by Ray Steinke. All members voted in favor.*

VI Succession Plan

Kevin discussed his plans for continuing as Health Officer for DHD#10 as well as the reality that currently, there are no internal candidates for this position. There have been two staff who have inquired about the role, but neither of them meet the MDHHS eligibility requirements for the position currently. This could change in the future. It was proposed that if there is no eligible candidate(s) identified within the coming year, that the Board considering advertising outside DHD#10 for someone and bring them in as an additional Deputy Health Officer with the intention of this individual moving into the Health Officer role when ready. No action on this was needed by the committee at this time.

VII Local Public Health Funding

Kevin provided an update on the expected additional ELPHS funding amount DHD#`10 could see from this years state budget process. He also discussed the importance of sustaining such an increase in funding moving forward.

VIII MALPH Board President

Kevin Informed the committee members that he has assumed the role of MALPH President effective 10/1/2023. This is a one year term position.

IX Other – nothing else was brought forward for discussion

X Next Meeting – TBA

XI Adjournment – *motion by Richard Schmidt to adjourn the meeting at 12:30 pm, seconded by Ray Steinke.*

2023 Health Officer Salary Comparison September 2023

Department	Jurisdiction Size # Residents	Health Officer Longevity	Salary - Annual	Notes
DHD#2 & 4	146,059	9 yrs	\$126,500	Covers 2 Counties
Central Michigan DHD	183,076	10 yrs	\$135,000	Effective 10/1 as a result of Comp. Study
Mid-Michigan DHD	188,190	2 yrs	\$124,030	
Grand Traverse	95,328	11 yrs	\$124,125	Included in County salary structure
Luce-Mackinaw- Alger-School Craft	35,830	12 yrs	\$131,329	
Barry-Eaton DHD	171,936	11 yrs	\$116,043	
Berrien County	153,101	1 yr	\$143,208	
Branch/Hillsdale/St. Joseph	151,289	7 yrs	\$106,662	
Calhoun County	133,819	6 yrs	\$132,000	Annually receives a \$8750 car allowance
Health Dept. of Northwest Mich.	109,413	1 yr	\$132,000	
Ingham County	284,034	1 yr	\$179,254	
Jackson County	160,050	1 yr	\$135,928	
Kalamazoo County	261,108	7 yr	\$164,351	Previous Health Officer at Calhoun, Current County Admin. working to bring salary up to \$184,074
Kent County	658,046	10 yr	\$153,712	
Muskegon County	175,824	8 yr	\$117,478	
Ottawa County	299,157	1 yr	\$142,230	
DHD#10	265,027	8 yr	\$111,883	

R 325.13002 Medical health officer; qualifications.

Rule 2. A medical health officer shall be a physician licensed in Michigan as an M.D. or D.O. who complies with 1 of the following requirements:

- (1) Is board certified in preventive medicine or public health.
- (2) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice.
- (3) Has an unexpired provisional appointment issued by the department under the authority of MCL 325.2495, provided the appointment was issued before the effective date of these rules.

R 325.13003 Administrative health officer; qualifications.

Rule 3. An administrative health officer shall comply with 1 of the following requirements:

- (1) Have an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience.
- (2) Have a related graduate degree and 5 years of full-time public health administrative experience.
- (3) Have a bachelor's degree and 8 years of full-time public health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

**EMPLOYMENT AGREEMENT
FOR
HEALTH OFFICER**

THIS AGREEMENT, made January 1, 2024 by and between **DISTRICT HEALTH DEPARTMENT #10** (hereinafter referred to as the **DEPARTMENT**), and Kevin Hughes (hereinafter referred to as the **HEALTH OFFICER**.)

WITNESSETH:

WHEREAS, the DEPARTMENT wishes to retain the services of Kevin Hughes as HEALTH OFFICER; and

WHEREAS, Kevin Hughes wishes to be employed by the DEPARTMENT in the capacity of HEALTH OFFICER.

NOW THEREFORE, it is mutually agreed by the parties as follows:

1. **EMPLOYMENT**

The DEPARTMENT hereby employs Kevin Hughes as the HEALTH OFFICER and Kevin Hughes hereby accepts such employment upon the terms and conditions hereinafter set forth.

2. **QUALIFICATIONS**

The HEALTH OFFICER shall comply with the requirements set forth by the Michigan Department of Community Health and District Health Department #10 Job Description attached and incorporated herein by reference.

3. **APPLICABLE LAWS**

This agreement is subject to all applicable laws bearing upon the parties and the subject matter of this Agreement as such law may be in effect from time to time. In the event of a conflict between the provisions of this Agreement and such applicable law, such applicable law shall control.

4. **TERM**

This Agreement shall commence on **January 1, 2024**, and shall continue through **December 31, 2025**.

It is expressly understood and agreed by the DEPARTMENT and the HEALTH OFFICER that the HEALTH OFFICER shall be an at will employee of the DEPARTMENT. Either party may terminate this Agreement or the HEALTH OFFICERS employment upon thirty (30) days prior written notice.

5. **COMPENSATION**

The HEALTH OFFICER shall be compensated on a bi-weekly basis based upon an annual salary of **\$132,918**. The BOH agrees to review the current salary amount by December 31, 2024 as part of the annual review process. Any increases shall be at the discretion of the Board of Health. It is agreed between the parties that the HEALTH OFFICER is exempt from the overtime provisions of the Federal Fair Labor Standards Act and that the HEALTH OFFICER

shall not be entitled to and shall not receive overtime compensation. In the event of termination of employment, the HEALTH OFFICER'S salary shall be pro-rated to the effective date of termination.

6. DUTIES

The HEALTH OFFICER shall perform all duties as required and directed by the DEPARTMENT including, but not limited to, those stated in the attached Job Description. The HEALTH OFFICER agrees that at all times will, faithfully and to the best of their ability, experience and talents, perform all the duties that may be required. The HEALTH OFFICER shall report to the Board of Health and/or such other representative as may be designated by the DEPARTMENT.

7. EXTENT OF SERVICES

The HEALTH OFFICER shall devote his/her full professional time, attention and energies to the business of the DEPARTMENT. In order to discharge the functions of the office of HEALTH OFFICER, activities may occur outside regular office hours that require the HEALTH OFFICER'S attendance. The HEALTH OFFICER shall not be entitled to overtime and/or compensatory time for work over 40 hours per week as set forth in Section 5.

8. OUTSIDE EMPLOYMENT

The HEALTH OFFICER must receive written approval from the Board of Health before engaging in outside or supplemental employment. In no case shall outside or supplemental employment conflict with or impair the HEALTH OFFICERS responsibilities to the DEPARTMENT.

9. PERFORMANCE Review

The DHD#10 Executive Committee will establish performance goals annually with the Health Officer and evaluate progress no later than December 31st of each year. The Executive Committee will gather input from BOH members on all performance reviews.

10. INSURANCE

The DEPARTMENT agrees that the HEALTH OFFICER shall be covered by liability insurance carried by the DEPARTMENT for itself and its officers and employees covering the HEALTH OFFICER to the same extent as other DEPARTMENT employees. The requirements of this paragraph may be met through a self-insurance pool of funds.

11. MILEAGE AND CELL PHONE REIMBURSEMENT

The HEALTH OFFICER shall be reimbursed for motor vehicle mileage incurred in the course of the DEPARTMENT business at a rate per mile as established by the DHD #10 Personnel Policies. The DEPARTMENT will reimburse the HEALTH OFFICER for cell phone availability.

12. FRINGE BENEFITS

The HEALTH OFFICER shall be entitled to the following fringe benefits:

- a. The HEALTH OFFICER shall be entitled to the fringe benefits as identified by their date of employment and carried forth from the DHD #5 benefit package items which have been modified are defined in the DHD #10 Personnel Policies.
- b. MERS Retirement Plan: The HEALTH OFFICER shall be covered by the Municipal

Employees Retirement System Benefit Program Hybrid with 1.25% multiplier. The Health Officer will have an employee contribution of 3%.

- c. The BOH will contribute up to \$250 per month for a MERS retiree health savings account not to exceed \$3,000 annually that is matched by the employee.

13. PROFESSIONAL DEVELOPMENT

The HEALTH OFFICER will participate in professional meetings at the State, regional, and local level. Board of Health approval for participation in professional meetings at the national level is required. Reasonable expenses for such attendance to be paid by the DEPARTMENT. The DEPARTMENT agrees, within budget limitations, and subject to the DEPARTMENT'S approval, to pay for profession dues and subscriptions of the HEALTH OFFICER necessary for the HEALTH OFFICER'S continuation and full participation in national, regional, state, and local associations and organizations necessary and desirable for the HEALTH OFFICERS continued professional participation, growth, and advancement, and for the good of the DEPARTMENT.

14. OFFICE LOCATION

The Wexford County office of DHD #10 will serve as the base office for the Health Officer.

15. WAIVER OR BREACH

A waiver of the DEPARTMENT of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

16. ASSIGNMENT

This Agreement is not assignable by either party hereto.

17. NON-DISCRIMINATION

The HEALTH OFFICER agrees not to discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or matters directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, disability, height, weight, or marital status. Breach of this covenant may be regarded as material breach of Agreement.

18. RETURN OF DOCUMENTS AND EQUIPMENT

Upon termination of employment, the HEALTH OFFICER agrees to return to the DEPARTMENT all equipment, documents, correspondence, papers and other property pertaining to the DEPARTMENT then in the HEALTH OFFICERS possession.

19. PREVIOUS AGREEMENTS

All previous Agreements and any Amendments thereto are hereby superseded by this Employment Agreement and the same shall be null and void.

20. MODIFICATION OF AGREEMENT

This Agreement may be modified only by mutual written consent of both parties.

21. COMPLETE AGREEMENT

This AGREEMENT shall supersede any and all prior contractual arrangements between the parties and shall serve as the sole basis for the HEALTH OFFICER'S employment.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date and year first above written.

DISTRICT HEALTH DEPARTMENT #10

By: _____
(Signature)

Name: Richard Schmidt

Title: DHD #10 Board Chairperson

By: _____
(Signature)

Name: Robert Baldwin

Title: DHD #10 Board Personnel Committee

HEALTH OFFICER

By: _____

District Health Department #10
Balance Sheet
August 31, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

Assets

Current Assets	
Cash	12,991,315.50
Due From State	1,228,715.58
Due From Others	<u>824,323.86</u>
Total Current Assets	15,044,354.94
Other Assets	
Inventory	232,613.00
Prepaid Expense	<u>329,175.71</u>
Total Other Assets	<u>561,788.71</u>
Total Assets	<u><u>15,606,143.65</u></u>

Liabilities

Current Liabilities	
Accounts Payable	443,132.93
Payroll Taxes/Deductions Due	111,929.14
Accrued Wages	<u>917,712.11</u>
Total Current Liabilities	1,472,774.18
Other Liabilities	
Deferred Revenue	<u>6,198,999.36</u>
Total Other Liabilities	<u>6,198,999.36</u>
Total Liabilities	<u><u>7,671,773.54</u></u>

Fund Balance

Fund Balance	7,875,227.32
Increase(Decrease) in Fund Balance	<u>59,142.79</u>
Total Fund Balance	<u><u>7,934,370.11</u></u>
Liabilities and Fund Balance	<u><u>15,606,143.65</u></u>

District Health Department #10
Statement of Revenues and Expenditures
As of August 31, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Revenues					
State & Federal Funding					
CHA Needs Assessment	0.00	9,757.00	26,597.00	16,840.00	(63.31) %
CHIR BBO	0.00	5,783.00	6,694.00	911.00	(13.60) %
CHIR Regional SDoH Leadership	0.00	0.00	479.00	479.00	(100.00) %
CHIR SDoH Community Info Exchange	0.00	0.00	8,643.00	8,643.00	(100.00) %
CJS Alliance	3,420.00	22,964.00	23,466.00	502.00	(2.13) %
Cross Jurisdictional Sharing Admin	0.00	9,528.00	44,500.00	34,972.00	(78.58) %
Emergency Preparedness	21,660.00	156,812.00	162,476.00	5,664.00	(3.48) %
MCIR	15,523.00	170,253.00	175,000.00	4,747.00	(2.71) %
Medicaid Outreach	35,068.00	193,906.00	183,221.00	(10,685.00)	5.83 %
North Central Network Collaboration	0.00	0.00	18,328.00	18,328.00	(100.00) %
Public Health Workforce	20,762.00	273,516.00	313,576.00	40,060.00	(12.77) %
SDoH Accelerator Grant	4,887.00	41,435.00	80,712.00	39,277.00	(48.66) %
Strengthening Disability Inclusion	0.00	0.00	25,000.00	25,000.00	(100.00) %
Substance Use Stigma Assessment SSAR	0.00	175,012.29	144,447.00	(30,565.29)	21.16 %
Timberly Village	1,889.00	4,441.00	7,575.00	3,134.00	(41.37) %
COVID Immunizations	27,525.00	171,097.00	281,371.00	110,274.00	(39.19) %
Communicable Disease	0.00	259,938.00	259,938.00	0.00	0.00 %
ELC Contact Tracing and Wraparound	54,647.00	646,561.00	731,726.00	85,165.00	(11.63) %
Family Planning	6,380.00	290,242.00	296,622.00	6,380.00	(2.15) %
Imms Vaccine Quality Assurance VQA	0.00	54,660.00	54,660.00	0.00	0.00 %
Immunization Site Visits VFC/INE	0.00	23,450.00	23,450.00	0.00	0.00 %
Immunizations	0.00	207,484.00	207,484.00	0.00	0.00 %
Immunizations Action Plan - IAP	0.00	108,280.00	108,280.00	0.00	0.00 %
Monkeypox	72.00	1,597.00	1,525.00	(72.00)	4.72 %
STI Clinics	0.00	45,000.00	45,000.00	0.00	0.00 %
TB Ukraine U4U	0.00	143.00	143.00	0.00	0.00 %
Breast Cervical Cancer Control Program	5,813.00	50,446.00	53,550.00	3,104.00	(5.79) %
CCL Community Connections	0.00	88,165.00	146,559.00	58,394.00	(39.84) %
CCL Community Connections NW	0.00	86,866.00	70,861.00	(16,005.00)	22.58 %
Community Health	834.00	9,166.00	10,000.00	834.00	(8.34) %
Dental Outreach	0.00	0.00	7,562.00	7,562.00	(100.00) %
Dental Sealants	0.00	33,000.00	33,000.00	0.00	0.00 %
HIV Prevention	2,453.00	39,339.00	45,000.00	5,661.00	(12.58) %
Harm Reduction Support	5,694.00	64,272.00	85,000.00	20,728.00	(24.38) %
Oral Health Kindergarten Screening	17,767.00	69,177.00	82,998.00	13,821.00	(16.65) %
Tobacco Grant	1,484.00	40,000.00	40,000.00	0.00	0.00 %
Wisewoman Coordination	0.00	37,000.00	37,000.00	0.00	0.00 %
Beach Monitoring	(2,718.00)	4,959.00	16,823.00	11,864.00	(70.52) %
Beach Monitoring - Inland Lakes	2,386.60	2,386.60	8,598.00	6,211.40	(72.24) %
Campgrounds	0.00	13,765.00	23,220.00	9,455.00	(40.71) %
Drinking Water	27,574.00	275,620.00	298,757.00	23,137.00	(7.74) %
Food Service	80,542.00	570,791.00	570,791.00	0.00	0.00 %
Long Term Groundwater Monitoring	0.00	0.00	7,416.00	7,416.00	(100.00) %
Medical Waste	0.00	5,000.00	5,000.00	0.00	0.00 %
Non Community Water	53,730.00	558,601.45	664,848.00	106,246.55	(15.98) %
On-Site Sewage - Land Application	0.00	3,500.00	12,200.00	8,700.00	(71.31) %
On-Site Sewage - Septic Systems	567.10	237,941.10	237,374.00	(567.10)	0.23 %
PFAS Eagle Ottawa Farm	(55.00)	1,476.00	1,476.00	0.00	0.00 %
PFAS Grayling Water Recovery	2,440.00	32,743.00	59,917.00	27,174.00	(45.35) %
PFAS Kalkaska	0.00	0.00	7,760.00	7,760.00	(100.00) %
PFAS Ludington WWTP	215.00	1,347.00	1,476.00	129.00	(8.73) %

District Health Department #10
Statement of Revenues and Expenditures
As of August 31, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
PFAS Rothbury	793.00	9,216.00	15,620.00	6,404.00	(40.99) %
PFAS Wexford Missaukee CTC	589.00	7,111.00	16,077.00	8,966.00	(55.76) %
Pools & Spas	0.00	10,225.00	16,920.00	6,695.00	(39.56) %
CSHCS Care Coordination Case Management	0.00	68,630.69	90,000.00	21,369.31	(23.74) %
CSHCS Vaccine Initiative	705.00	9,789.00	21,321.00	11,532.00	(54.08) %
Children's Special Health Care Services	0.00	250,429.00	318,308.00	67,879.00	(21.32) %
HFA FFPSA	6,951.00	122,975.00	130,000.00	7,025.00	(5.40) %
Healthy Families America Grand Traverse	17,347.00	115,522.00	125,576.00	10,054.00	(8.00) %
Hearing	0.00	70,808.00	70,808.00	0.00	0.00 %
Lead Home Visiting	0.00	1,007.90	2,400.00	1,392.10	(58.00) %
MCH Women	9,649.00	88,863.00	97,000.00	8,137.00	(8.38) %
MI Home Visiting IRE (HFA)	71,616.00	562,190.00	569,651.00	7,461.00	(1.30) %
Regional Perinatal Care System	4,981.00	71,752.00	122,000.00	50,248.00	(41.18) %
Vision	0.00	70,808.00	70,808.00	0.00	0.00 %
Brethren High School Mental Health Grant	9,065.00	108,417.00	110,000.00	1,583.00	(1.43) %
Chippewa Hills Clinical AHC	22,853.00	269,467.00	275,000.00	5,533.00	(2.01) %
Hart High School Mental Health Grant	9,147.00	82,372.00	110,000.00	27,628.00	(25.11) %
Lake City Clinical AHC	8,158.00	155,000.00	155,000.00	0.00	0.00 %
Ludington Schools Mental Health Grant	6,774.00	110,000.00	110,000.00	0.00	0.00 %
MI Safer Schools HRA	85,593.00	823,402.00	1,002,720.00	179,318.00	(17.88) %
Mason County Eastern AHC	16,992.00	143,031.00	155,000.00	11,969.00	(7.72) %
MiKids Now Lake City	2,580.00	16,447.00	25,000.00	8,553.00	(34.21) %
MiKids Now MCE	0.00	25,000.00	25,000.00	0.00	0.00 %
Pentwater Schools Mental Health Grant	11,772.00	99,694.00	110,000.00	10,306.00	(9.36) %
School Wellness - McBain	20,410.00	170,000.00	170,000.00	0.00	0.00 %
Prosperity Grant/CLPP	1,208.00	40,000.00	50,000.00	10,000.00	(20.00) %
WIC Migrant	0.00	100,640.00	100,640.00	0.00	0.00 %
WIC Peer Counselor	0.00	305,356.00	305,356.00	0.00	0.00 %
WIC Resident	22,950.00	1,612,793.00	1,612,793.00	0.00	0.00 %
Total State & Federal Funding	720,692.70	10,618,366.03	11,741,097.00	1,122,730.97	(9.56) %
Other Funding					
Building Lease Hart	5,300.00	58,300.00	63,600.00	5,300.00	(8.33) %
CHA Needs Assessment	1,371.00	41,024.00	43,275.00	2,251.00	(5.20) %
CHIR BBO	0.00	17,000.00	17,000.00	0.00	0.00 %
CHIR Regional SDoH Leadership	260.00	9,712.00	10,000.00	288.00	(2.88) %
CHIR SDoH Community Info Exchange	888.00	37,000.00	37,000.00	0.00	0.00 %
MCDC	13,370.00	165,470.00	165,470.00	0.00	0.00 %
Michigan Center for Rural Health	443.00	15,220.00	14,777.00	(443.00)	2.99 %
NMPHA/CHIR Communication and Education	0.00	7,000.00	7,000.00	0.00	0.00 %
North Central Network Collaboration	3,014.00	77,860.00	77,676.00	(184.00)	0.23 %
Agency	0.00	0.00	68,127.00	68,127.00	(100.00) %
EPI	0.00	8,000.00	8,000.00	0.00	0.00 %
Employee Wellness Program	0.00	5,000.00	5,000.00	0.00	0.00 %
Finance	0.00	111,048.51	113,000.00	1,951.49	(1.72) %
Media and Marketing	0.00	200.00	0.00	(200.00)	100.00 %
CD Billing Counties	15.63	1,278.91	3,500.00	2,221.09	(63.45) %
COVID Immunizations	0.00	6,700.00	6,700.00	0.00	0.00 %
Communicable Disease	0.00	60.00	60.00	0.00	0.00 %
Immunizations	100.00	1,525.00	302,000.00	300,475.00	(99.49) %
CCL Community Connections	0.00	30,400.00	30,400.00	0.00	0.00 %
CCL Community Connections NW	0.00	59,643.00	59,642.00	(1.00)	0.00 %
CDC National Diabetes Prevention Program	0.00	0.00	8,000.00	8,000.00	(100.00) %

District Health Department #10
Statement of Revenues and Expenditures
As of August 31, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
COVID Health Disparities - Rural Health	28,808.00	322,109.00	361,589.00	39,480.00	(10.91) %
COVID Prevention Missaukee	(10.00)	8,591.00	8,768.00	177.00	(2.01) %
COVID Prevention Wexford	1,474.00	17,150.00	17,389.00	239.00	(1.37) %
Chronic Disease Prevention	0.00	35,882.00	39,299.00	3,417.00	(8.69) %
Coalition Capacity Building Lake	3,197.00	54,373.67	65,304.00	10,930.33	(16.73) %
Coalition Capacity Building Manistee	1,721.00	28,051.99	26,257.00	(1,794.99)	6.83 %
Coalition Capacity Building Mason	1,702.00	54,414.23	64,165.00	9,750.77	(15.19) %
Community Health	1,000.00	12,270.00	11,500.00	(770.00)	6.69 %
Deterra Disposal & Medication Lock Box	0.16	9,000.00	9,000.00	0.00	0.00 %
Gambling Disorder Prevention Project	2,654.16	12,975.37	17,062.00	4,086.63	(23.95) %
Interconnected MH System-Mason	6,955.00	149,133.00	200,606.00	51,473.00	(25.65) %
Kalkaska Memorial Health Center CHW	0.00	25,000.00	20,548.00	(4,452.00)	21.66 %
LRE ARPA Prevention	0.00	8,339.86	14,766.00	6,426.14	(43.51) %
LiveWell for your Heart	0.00	28,966.85	28,966.00	(0.85)	0.00 %
Mesick School based CHW Grant	642.00	16,469.00	21,115.00	4,646.00	(22.00) %
Oceana LEADS DFC	3,538.39	101,450.00	119,539.00	18,089.00	(15.13) %
Prevention Grant Missaukee	2,111.00	17,104.00	17,612.00	508.00	(2.88) %
Prevention Grant Wexford	4,141.00	41,077.00	41,818.00	741.00	(1.77) %
Prevention Lake	1,456.23	13,366.33	14,299.00	932.67	(6.52) %
Prevention Mason	5,681.22	41,898.44	45,696.00	3,797.56	(8.31) %
Prevention Oceana	2,492.22	20,628.90	21,509.00	880.10	(4.09) %
ROCA Mentee Grant	0.00	87,750.00	82,332.00	(5,418.00)	6.58 %
Snap Ed	5,201.48	100,000.00	100,000.00	0.00	0.00 %
State Opioid Response (SOR)	921.73	21,355.45	26,136.00	4,780.55	(18.29) %
Sub Use COVID Supplemental Lake	6,265.44	10,146.65	14,690.00	4,543.35	(30.92) %
Sub Use COVID Supplemental Mason	4,018.69	16,570.31	28,601.00	12,030.69	(42.06) %
Sub Use COVID Supplemental Oceana	3,847.58	6,086.00	14,539.00	8,453.00	(58.14) %
Tobacco Checks LSRE	264.75	2,499.00	2,500.00	1.00	(0.04) %
Agnes Taylor Fund	59.99	1,053.21	4,008.00	2,954.79	(73.72) %
CSHCS Thorton Fund Kalkaska	0.00	991.56	2,400.00	1,408.44	(58.68) %
Early On Oceana	0.00	232.50	500.00	267.50	(53.50) %
Healthy Families Manistee/Missaukee	18,796.00	166,624.00	178,183.00	11,559.00	(6.48) %
MCH Women	0.00	2,000.00	2,000.00	0.00	0.00 %
MI Home Visiting IRE (HFA)	0.00	18,229.71	18,230.00	0.29	0.00 %
Maternal Infant Health Program	0.00	729.72	730.00	0.28	(0.03) %
Nursing Administration	0.00	2,527.50	2,527.00	(0.50)	0.01 %
Brethren High School Mental Health Grant	1,666.67	18,333.34	20,000.00	1,666.66	(8.33) %
Cadillac Adolescent Health Center	(6,200.00)	227,923.00	278,000.00	50,077.00	(18.01) %
Chippewa Hills Clinical AHC	2,750.00	30,250.00	33,000.00	2,750.00	(8.33) %
Grayling School Mental Health	385.68	10,365.15	15,000.00	4,634.85	(30.89) %
Hart High School Mental Health Grant	1,666.67	18,333.34	20,000.00	1,666.66	(8.33) %
Lake City Clinical AHC	1,666.67	18,333.34	20,000.00	1,666.66	(8.33) %
Lake City MH Expansion AHC	14,405.00	19,933.00	16,600.00	(3,333.00)	20.07 %
Ludington Schools Mental Health Grant	1,666.67	18,333.34	20,000.00	1,666.66	(8.33) %
Mason County Eastern AHC	1,666.67	18,333.34	20,000.00	1,666.66	(8.33) %
MiKids Now Lake City	102.83	1,131.16	1,234.00	102.84	(8.33) %
MiKids Now MCE	154.33	1,697.66	1,852.00	154.34	(8.33) %
MiKids Now Shelby	10,778.92	51,884.09	52,963.00	1,078.91	(2.03) %
MiKids Now Viking Wellness Center	3,309.33	26,225.66	26,852.00	626.34	(2.33) %
MiKids Now Wexford	246.92	42,354.09	52,963.00	10,608.91	(20.03) %
Pentwater Schools Mental Health Grant	1,666.67	18,333.34	20,000.00	1,666.66	(8.33) %
School Wellness - McBain	2,500.00	27,500.00	30,000.00	2,500.00	(8.33) %
School Wellness Center - Manton/Mesick	13,524.00	185,546.00	220,000.00	34,454.00	(15.66) %

District Health Department #10
Statement of Revenues and Expenditures
As of August 31, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Shelby Adolescent Health Center	29,124.00	196,898.00	278,000.00	81,102.00	(29.17) %
Viking Wellness Center - Grayling AHC	33,762.67	173,333.34	175,000.00	1,666.66	(0.95) %
Diaper Assistance Project	660.67	9,798.82	10,000.00	201.18	(2.01) %
WIC Peer Counselor	0.00	400.00	0.00	(400.00)	100.00 %
WIC Resident	0.00	427.65	830.00	402.35	(48.47) %
Total Other Funding	247,205.04	3,223,155.33	3,996,704.00	773,548.67	(19.35) %
Billing Revenue					
BCCCP Direct	548.71	7,385.62	7,500.00	114.38	(1.52) %
COVID Immunizations	5,120.13	265,560.13	265,000.00	(560.13)	0.21 %
Communicable Disease	0.00	15.00	0.00	(15.00)	100.00 %
Family Planning	9,774.14	111,400.13	110,000.00	(1,400.13)	1.27 %
Immunizations	49,919.26	617,552.56	600,000.00	(17,552.56)	2.92 %
STI Clinics	1,341.12	16,441.58	16,000.00	(441.58)	2.75 %
Breast Cervical Cancer Control Program	0.00	700.00	700.00	0.00	0.00 %
CCL Community Connections	18,286.25	75,673.75	110,000.00	34,326.25	(31.20) %
CCL Community Connections NW	16,018.75	229,198.75	230,000.00	801.25	(0.34) %
Community Health	0.00	378.30	500.00	121.70	(24.34) %
Dental Sealants	0.00	7,487.00	7,600.00	113.00	(1.48) %
HIV Prevention	0.00	173.69	0.00	(173.69)	100.00 %
Oral Health Kindergarten Screening	1,470.04	7,208.96	6,800.00	(408.96)	6.01 %
Wisewoman Coordination	0.00	6,075.00	6,500.00	425.00	(6.53) %
Hearing	487.60	11,582.80	13,000.00	1,417.20	(10.90) %
MCH Women	1,159.40	4,784.30	3,800.00	(984.30)	25.90 %
Maternal Infant Health Program	52,008.87	506,235.86	550,000.00	43,764.14	(7.95) %
Vision	772.80	8,633.20	12,000.00	3,366.80	(28.05) %
Brethren High School Mental Health Grant	1,660.62	16,330.72	16,000.00	(330.72)	2.06 %
Cadillac Adolescent Health Center	9,064.78	64,383.47	60,000.00	(4,383.47)	7.30 %
Chippewa Hills Clinical AHC	7,206.32	54,419.83	51,000.00	(3,419.83)	6.70 %
Hart High School Mental Health Grant	927.47	41,964.45	42,000.00	35.55	(0.08) %
Lake City Clinical AHC	5,139.49	36,869.72	35,000.00	(1,869.72)	5.34 %
Ludington Schools Mental Health Grant	266.95	13,814.79	15,000.00	1,185.21	(7.90) %
Mason County Eastern AHC	1,445.42	27,652.08	28,000.00	347.92	(1.24) %
Pentwater Schools Mental Health Grant	35.05	14,954.45	15,000.00	45.55	(0.30) %
School Wellness - McBain	189.54	8,999.60	10,000.00	1,000.40	(10.00) %
School Wellness Center - Manton/Mesick	2,127.07	41,465.09	41,000.00	(465.09)	1.13 %
Shelby Adolescent Health Center	4,335.84	68,130.66	67,000.00	(1,130.66)	1.68 %
Viking Wellness Center - Grayling AHC	2,048.35	45,135.18	44,000.00	(1,135.18)	2.57 %
Dental Varnish	0.00	823.00	1,200.00	377.00	(31.41) %
Lead Hemoglobin	1,469.31	3,366.98	2,050.00	(1,316.98)	64.24 %
Total Billing Revenue	192,823.28	2,314,796.65	2,366,650.00	51,853.35	(2.19) %
Medicaid Cost Settlement	600,000.00	1,093,000.00	2,944,356.00	1,851,356.00	(62.87) %
Environmental Health Revenue	158,908.25	1,535,454.87	1,695,356.00	159,901.13	(9.43) %
Appropriations	247,873.30	2,726,606.31	2,974,479.00	247,872.69	(8.33) %
Other Revenue	12,793.04	249,473.59	240,787.00	(8,686.59)	3.60 %
Total Revenues	2,180,295.61	21,760,852.78	25,959,429.00	4,198,576.22	(16.17) %

District Health Department #10
Statement of Revenues and Expenditures
As of August 31, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

	Current Month	YTD Actual	Budget	Total Budget Variance	Percent Budget Remaining
Expenditures					
Wages	1,120,707.22	10,954,487.50	12,111,761.00	1,157,273.50	(9.55) %
Fringes	521,936.38	5,280,991.78	6,059,803.00	778,811.22	(12.85) %
Travel	58,376.56	554,234.51	730,139.00	175,904.49	(24.09) %
Supplies	190,480.85	1,222,573.39	1,910,519.00	687,945.61	(36.00) %
Contractual	48,954.44	717,420.79	1,192,229.00	474,808.21	(39.82) %
Communications	54,061.75	344,573.54	453,896.00	109,322.46	(24.08) %
Printing/Publishing	18,999.88	104,166.01	225,755.00	121,588.99	(53.85) %
Education/Training	7,614.92	85,655.88	158,229.00	72,573.12	(45.86) %
Liability Insurance	9,048.83	113,309.52	135,437.00	22,127.48	(16.33) %
Maintenance	62,035.50	449,065.17	536,217.00	87,151.83	(16.25) %
Space	133,423.98	1,476,830.27	1,610,307.00	133,476.73	(8.28) %
Equipment	43,215.08	176,471.63	257,227.00	80,755.37	(31.39) %
Other Expenses	18,710.00	222,010.00	244,270.00	22,260.00	(9.11) %
Total Expenditures	2,287,565.39	21,701,789.99	25,625,789.00	3,923,999.01	(15.31) %
Increase(Decrease) in Fund Balance	(107,269.78)	59,142.79	333,640.00	274,497.21	(82.27) %

District Health Department #10
Cash Flow Analysis
October 19, 2023

Prepared by:
Christine Lopez, MBA
Administrative Services Director

	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>
Beginning Cash Balance	12,778,732	12,306,678	11,910,612	11,497,546
Receipts:				
State Funding	-	1,125,000	1,125,000	1,125,000
Billing Revenue	50,000	217,000	200,000	180,000
EH Fees	146,979	100,000	100,000	75,000
Appropriations	300,000	-	-	420,814
Other	<u>100,000</u>	<u>300,000</u>	<u>300,000</u>	<u>300,000</u>
Total	596,979	1,742,000	1,725,000	2,100,814
Expenses:				
Wages	523,670	1,047,340	1,047,340	1,047,340
Benefits	256,474	512,947	512,947	512,947
Other	<u>288,890</u>	<u>577,779</u>	<u>577,779</u>	<u>577,779</u>
Total	1,069,033	2,138,066	2,138,066	2,138,066
 Total Cash & Investments	 <u>12,306,678</u>	 <u>11,910,612</u>	 <u>11,497,546</u>	 <u>11,460,294</u>

APPR Report - September/October**Accounts Payable**

	Amount	Date
Voucher # 74/75	\$ 355,186.36	10/6/2023
Voucher # 76	\$ 9,702.73	10/6/2023
Voucher # 77/78	\$ 428,350.37	10/20/2023
Total Accounts Payable	\$793,239.46	

Payroll

Voucher # 74/75	\$453,583.97	10/6/2023
Voucher # 77/78	\$ 447,237.18	10/20/2023
Total Payroll	\$900,821.15	

Total Expenditures \$1,694,060.61



Board of Health – Personnel Committee

Meeting Minutes: October 13, 2023

Members Present: Robert Baldwin, Jim Maike, Tom O’Neil, Gary Taylor, Kristine Raymond, Jeff Dontz, Robert Walker

Members Absent: Star Hughston, Dorothy Frederick, Nick Krieger

Staff Present: Kevin Hughes, Julie Hilkowski, Christine Lopez

The Meeting was called to order by Chairperson Robert Baldwin at 10:00 a.m.

Motion by Jim Maike, seconded by Gary Tylor to approve the agenda as presented. Motion carried.

Motion by Gary Taylor, seconded by Jim Maike to approve the meeting minutes of August 18, 2023. Motion carried.

Public Act 152 Proposal

A request was made to the Personnel Committee to opt out of PA 152 for 2024. DHD#10 would instead utilize Health Insurance caps like last year and shared with the Committee. Motion by Jeff Dontz, seconded by Robert Walker, to recommend to the full Board that DHD#10 opt out of PA 152. Motion passed.

Health Insurance Renewal

A review of the health insurance options was distributed and discussed. The Blue Care Network plans experienced an overall 1.49% decrease in cost. For 2024, DHD#10 is proposing to offer 3 plans. One traditional HMO and 2 HSA plans. Christine and Julie provided comments on each individual plan. Jeff Dontz made the motion, seconded by Robert Walker, to bring the recommendation to the full Board for consideration at the October 27, 2023, meeting. Motion carried.

Dental/Vision Coverage

The Delta Dental coverage and the VSP Vision coverage rates are at the same rate as 2023. DHD#10 staff pay 50% of these costs. Jim Maike made the motion, seconded by Gary Taylor, to recommend to the full Board to approve these options. Motion carried.

Flex Card

Kevin reported on the proposed continuation of the FLEX Card for assisting with healthcare related costs: \$500 for FT employees and \$250 for part-time employees eligible for agency health insurance. Motion by Jim Maike, seconded by Gary Taylor, to recommend the Board continue this benefit. Motion carried with one no vote.

Life and Disability Renewal

Life and Disability costs remain at the 2023 level. Motion by Gary Taylor, seconded by Jim Maike to recommend approval to the full Board. Motion carried.

Retention Ideas

Retention ideas were shared. Additional personal days for 5-year milestones and Employee Wellness screening were discussed. Motion by Jim Maike and supported by Gary Taylor to recommend to the full board for approval. Motion carried.

A Further assessment will be completed in 2024 on the potential of daycare stipends and exploration of time off between Christmas/New Years.

Motion to adjourn at 11:00 a.m. by Jim Maike, seconded by Gary Taylor. Motion carried.

2024 Renewal - Employee Benefits - January 1st

Effective 1/1/2024

Plan Type	PA 152 CAPS		2024 Recommended CAP	Overall Annual Increase	CAP Difference	CAP Percentage Increase	Flex or HSA Card
	2023 CAP	2024 CAP					
Single	\$7,399.47	\$7,702.85	\$8,202.85	\$500.00	\$303.38	4.10%	\$500.00
Double	\$15,474.60	\$16,109.06	\$16,859.06	\$750.00	\$634.46	4.10%	\$500.00
Family	\$20,180.43	\$21,007.83	\$22,007.83	\$1,000.00	\$827.40	4.10%	\$500.00
Health Option	\$1,500.00	\$1,500.00	\$2,500.00	\$1,000.00			\$500.00

District Health Department #10
Full-Time Employees

	<u>New</u>		<u>Deductible Changed</u>			
	BCN HMO \$3,000	BCN HSA \$1,600/\$3,200	BCN HSA \$3,200/30%			
Benefit Analysis	In Network	In Network	In Network			
Deductible (Single/Family)	\$3,000/\$6,000	\$1,600/\$3,200	\$3,200/\$6,400			
Deductible (Plan or Calendar)	Calendar	Calendar	Calendar			
Coinsurance Max (Single/Family)	\$2,500/\$5,000	Included in OOPM	Included in OOPM			
Out of Pocket Max (Single/Family)	\$8,150/\$16,300	\$4,000/\$8,000	\$6,900/\$13,800			
Coinsurance (Employee %)	20%	20%	30%			
Primary Care Visit	\$30	20% after deductible	30% after deductible			
Specialist Visit	\$50	20% after deductible	30% after deductible			
Urgent Care	\$60	20% after deductible	30% after deductible			
Emergency Room	\$250 after deductible	20% after deductible	30% after deductible			
Deductible Applies to Rx	No	Yes	Yes			
Generic/Formulary/Non-Formulary	\$10/\$30/\$60/\$80	\$6/\$25/\$50/\$80	\$6/\$25/\$50/\$80			
Specialty: Preferred/Non-Preferred	20% to a max of \$200/\$300	20% to a max of \$200/\$300	20% to a max of \$200/\$300			
Mail Order	3x copay minus \$10	3x copay minus \$10	3x copay minus \$10			
Renewal Rates	Enrollment	Rate	Enrollment	Rate	Enrollment	Rate
Single	26	\$662.60	16	\$620.95	16	\$526.08
Double	7	\$1,590.23	7	\$1,490.26	9	\$1,262.60
Family	15	\$1,987.79	14	\$1,862.83	32	\$1,578.25
Annual Rates	Annual Rate		Annual Rate		Annual Rate	
Single	\$7,951.20		\$7,451.40		\$6,312.96	
Double	\$19,082.76		\$17,883.12		\$15,151.20	
Family	\$23,853.48		\$22,353.96		\$18,939.00	
CAPS						
Single	\$8,202.85		\$8,202.85		\$8,202.85	
Double	\$16,859.06		\$16,859.06		\$16,859.06	
Family	\$22,007.83		\$22,007.83		\$22,007.83	
Annual Contributions Employee						
Single	\$0.00		\$0.00		\$0.00	
Double	\$2,223.70		\$1,024.06		\$0.00	
Family	\$1,845.65		\$346.13		\$0.00	
Monthly Contributions Employee						
Single	\$0.00		\$0.00		\$0.00	
Double	\$185.31		\$85.34		\$0.00	
Family	\$153.80		\$28.84		\$0.00	
Bi-Weekly Contribution Employee						
Single	\$0.00		\$0.00		\$0.00	
Double	\$85.53		\$39.39		\$0.00	
Family	\$70.99		\$13.31		\$0.00	
HSA Contributions Employer						
Single	\$0.00		\$751.45		\$1,889.89	
Double	\$0.00		\$0.00		\$1,707.86	
Family	\$0.00		\$0.00		\$3,068.83	
Percentage Change from Current	-0.60%		1.13%		-2.18%	

District Health Department #10
Part-Time Employees

	<u>New</u>		<u>Deductible Changed</u>
	BCN HMO \$3,000	BCN HSA \$1,600/\$3,200	BCN HSA \$3,200/30%
Benefit Analysis	In Network	In Network	In Network
Deductible (Single/Family)	\$3,000/\$6,000	\$1,600/\$3,200	\$3,200/\$6,400
Deductible (Plan or Calendar)	Calendar	Calendar	Calendar
Coinsurance Max (Single/Family)	\$2,500/\$5,000	Included in OOPM	Included in OOPM
Out of Pocket Max (Single/Family)	\$8,150/\$16,300	\$4,000/\$8,000	\$6,900/\$13,800
Coinsurance (Employee %)	20%	20%	30%
Primary Care Visit	\$30	20% after deductible	30% after deductible
Specialist Visit	\$50	20% after deductible	30% after deductible
Urgent Care	\$60	20% after deductible	30% after deductible
Emergency Room	\$250 after deductible	20% after deductible	30% after deductible
Deductible Applies to Rx	No	Yes	Yes
Generic/Formulary/Non-Formulary	\$10/\$30/\$60/\$80	\$6/\$25/\$50/\$80	\$6/\$25/\$50/\$80
Specialty: Preferred/Non-Preferred	20% to a max of \$200/\$300	20% to a max of \$200/\$300	20% to a max of \$200/\$300
Mail Order	3x copay minus \$10	3x copay minus \$10	3x copay minus \$10
Renewal Rates	Enrollment Rate	Enrollment Rate	Enrollment Rate
Single			
Double	\$662.60	\$620.95	\$526.08
Family	\$1,590.23	\$1,490.26	\$1,262.60
	\$1,987.79	\$1,862.83	\$1,578.25
Annual Rates	Annual Rate	Annual Rate	Annual Rate
Single	\$7,951.20	\$7,451.40	\$6,312.96
Double	\$19,082.76	\$17,883.12	\$15,151.20
Family	\$23,853.48	\$22,353.96	\$18,939.00
CAPS			
Single	\$4,101.43	\$4,101.43	\$4,101.43
Double	\$8,429.53	\$8,429.53	\$8,429.53
Family	\$11,003.92	\$11,003.92	\$11,003.92
Annual Contributions Employee			
Single	\$3,849.78	\$3,349.98	\$2,211.54
Double	\$10,653.23	\$9,453.59	\$6,721.67
Family	\$12,849.57	\$11,350.05	\$7,935.09
Monthly Contributions Employee			
Single	\$320.81	\$279.16	\$184.29
Double	\$887.77	\$787.80	\$560.14
Family	\$1,070.80	\$945.84	\$661.26
Bi-Weekly Contribution Employee			
Single	\$148.07	\$128.85	\$85.06
Double	\$409.74	\$363.60	\$258.53
Family	\$494.21	\$436.54	\$305.20
Percentage Change from Current	-0.60%	1.13%	-2.18%

District Health Department #10

Dental Insurance - Effective January 1, 2024

		Current/Renewal Plan Delta Dental	
Benefits		In-Network	
Deductible		\$0	
Preventive Services		50%	
Basic Services		50%	
Major Services		50%	
Annual Max		\$1,500	
Orthodontics		50%	
Orthodontics Lifetime Max		\$1,000	
Participation Requirements		Maintain	
Rate Guarantee		Last Year of 2 Year Rate	
Enrollment		Current Rate	
Employee	51	\$27.85	
EE + Spouse	35	\$60.94	
Family	70	\$78.14	
Annual Rate		Annual Rate	
Employee		\$334.20	
EE + Spouse		\$731.28	
Family		\$937.68	
Annual Employee Responsibility		Employee Responsibility Full-Time	Employee Responsibility Part-Time
Employee		\$167.10	\$250.65
EE + Spouse		\$365.64	\$548.46
Family		\$468.84	\$703.26
Bi-Weekly Employee Responsibility		Employee Responsibility Full-Time	Employee Responsibility Part-Time
Employee		\$6.43	\$9.64
EE + Spouse		\$14.06	\$21.09
Family		\$18.03	\$27.05
Monthly Employee Responsibility		Employee Responsibility Full-Time	Employee Responsibility Part-Time
Employee		\$13.93	\$20.89
EE + Spouse		\$30.47	\$45.71
Family		\$39.07	\$58.61

* Rate did not change

*Employee is responsible for 50% of the premium

District Health Department #10

Vision Plan - Effective January 1, 2024

		Current Plan VSP MI Chamber	
Exam			
Exam Copay		\$10 Copay	
Exam Frequency		12 months	
Materials			
Lenses			
Single Vision		\$25 Copay	
Bifocal		\$25 Copay	
Trifocal		\$25 Copay	
Contact Lenses			
Contact Lenses		\$130 allowance	
Lenses Frequency		12 months	
Frames			
Frames Copay (combined with lenses)		\$25 Copay (included in lens copay)	
Frames Allowance		\$130 allowance	
Frames Frequency		24 months	
Considerations			
Participation		Maintain current	
Employee Contribution		100%	
Rate Guarantee		2 Years	
Enrollment		Current Rates	
Employee	55	\$7.57	
EE + Spouse	35	\$11.57	
Family	66	\$20.68	
Annual Rate		Annual Rate	
Employee		\$90.84	
EE + Spouse		\$138.84	
Family		\$248.16	
Annual Employee Responsibility		Employee Responsibility Full-Time	Employee Responsibility Part-Time
Employee		\$45.42	\$68.13
EE + Spouse		\$69.42	\$104.13
Family		\$124.08	\$186.12
Bi-Weekly Employee Responsibility		Employee Responsibility Full-Time	Employee Responsibility Part-Time
Employee		\$1.75	\$2.62
EE + Spouse		\$2.67	\$4.01
Family		\$4.77	\$7.16
Monthly Employee Responsibility		Employee Responsibility Full-Time	Employee Responsibility Part-Time
Employee		\$3.79	\$5.68
EE + Spouse		\$5.79	\$8.68
Family		\$10.34	\$15.51

*Rate did not change

*Employee is responsible for 50% of the premium

**District Health Department #10
Life & Disability Renewal Summary**

2024

	Mutual of Ohama
Group Life	\$10,244
Group STD	\$5,877
Group LTD	\$40,191
Estimated Annual	\$56,312

Rates are the same as 2023

Retention Ideas - September 2023
<u>Updated Pay Schedule</u>
Approved - effective 10/1/2023
<u>Time Off Between Christmas and New Years</u>
Office closed to the public
Staff may use PDO time or work
<u>Additional Personal Day for 5 Year Milestones</u>
1 Extra Personal day at 5 years, 10 years, 15 years, 20 years, 25 Years, etc
(53% of current employees have worked for DHD10 less than 5 years)
(23% of current employees have worked for DHD10 more than 10 years)
<u>Pet Insurance</u>
Offer the option for staff to buy Pet Insurance
<u>Employee Wellness</u>
Offer optional wellness screenings annually
<u>Survey Counties and Cities on their retention strategies</u>

District Health Department #10 is the largest geographical health department in Michigan and represents 10 counties in Northern Lower Michigan. The department administers over 100 major programs and relies heavily on the financial support of state government to provide a basic set of mandated public health services, as defined in the public health code for all Michigan residents.

This basic set of services provides an essential public health safety-net for our residents. Public Act 368 of 1978, Section 2475, defines the funding partnership for these services between the State and local public health departments as a 50-50 cost sharing arrangement. DHD#10 appreciates legislative efforts to achieve the 50-50 cost sharing for funding of the Essential Local Public Health Services.

2024 District Health Department #10 Legislative Priorities

Provide a strong public health system to assure improved community level health outcomes and is responsive to local emerging needs.

- ✓ Recognize Public Health as a nonpartisan issue.
- ✓ Request continued Legislative commitment to maintain the defined funding partnership identified in the public health code as a 50/50 cost sharing model to support the mandated Essential Local Public Health Services.
- ✓ Encourage continued investment in Essential Local Public Health Services funding which encompass:
 - Drinking Water Safety*
 - Groundwater safety and on-site sewage monitoring/control*
 - Food Safety*
 - Communicable Disease Control*
 - Sexually Transmitted Disease Control*
 - Immunization*
 - Hearing & Vision Screening*
- ✓ Support and assure timely, continuous, and consistent communications between State partners and Local Public Health.
- ✓ Support revenue sharing stewardship initiatives that ensure public funds are responsibly spent on tangible outcomes for the benefit of our communities, our environment, and our residents.

- ✓ Support Community Health Innovation Regions as a unique model and best practice for improving the wellbeing of the community while reducing unnecessary medical costs through collaboration and systems change; recognizing the outcome evaluation data recently released on the significant Medicaid cost savings; supporting public health as the backbone structure for the neutral convening of regional CHIRs.
- ✓ Support funding initiatives for chronic disease prevention and maternal and child health outcomes:
 - Reduce infant mortality by reducing unintended pregnancies and improving preconception health.
 - Reduce chronic disease impact by promoting healthy lifestyle habits, supporting healthy environments and targeting community level obesity prevention efforts.
 - Support implementation of the MDHHS Advancing Healthy Births Plan.
 - Support increased funding for evidence-based home visiting programs.
- ✓ Support legislation to strengthen immunization rates such as: assure “no wrong door” for immunizations regardless of access point assuring immunization coverage by all insurances regardless of the provider, etc.
- ✓ Support a comprehensive tobacco control program, statewide tobacco retail licensing, and increased funding for tobacco prevention and cessation.
- ✓ Support marijuana regulation and policies that are evidence-based and focused on protecting the health and safety of the citizens.
- ✓ Support resources that assure all substance use prevention and treatment funding utilize a public health population based approach and are developed at the local community level.
- ✓ Support resources and infrastructure needed to address emerging Public Health issues, such as Vapor Intrusion, PFAS issues, vector borne illnesses, lead exposure and universal childhood blood lead testing, communicable disease, pandemic response, etc.

The DHD#10 Board of Health is requesting a continued commitment to local public health, which is the foundation of public health services in Michigan. Public health funding has been sacrificed during past budget deficits, and the impact was evident as we struggled to respond effectively to the COVID-19 pandemic. Local health departments cannot continue to absorb the funding shift to local units of government. Legislative support is needed to ensure adequate infrastructure is in place to address public health threats, ensure that the ten essential public health services are being met, and that the minimum performance requirements for the eight mandated essential local public health services are being fulfilled and assure a commitment to population-based outcomes. **Every dollar spent on preventive health services saves approximately \$5.60.** The health of our good citizens of Michigan is being compromised and we must make a financial commitment to public health; the return on the investment will be great as we work to improve the economic health of Michigan.

Board of Health
Community Health Division
4th Quarter Report, October 27, 2023

Community Connections - DHD#10 Community Connections FY 2023 4th Quarter:

	Referred Clients		Accepted clients		Assistance Pathways	
	Q4	YTD	Q4	YTD	Q4	YTD
Crawford	18	101	8	35	8	71
Kalkaska	64	177	13	39	45	97
Lake	18	60	6	27	9	76
Manistee	78	301	25	117	81	336
Mason	28	97	8	24	23	73
Mecosta	59	178	22	58	74	175
Missaukee	49	157	7	33	5	52
Newaygo	32	121	10	46	23	122
Oceana	27	81	7	15	11	52
Wexford	112	424	22	120	58	377
TOTAL	486	1697	128	514	337	1431

Most frequent navigation needs during the fiscal year included food (222), housing (147), utility payment assistance (144), health insurance navigation (119), and transportation (96). The average referral received assistance with 2.6 resource needs each during the 4th quarter. CHWs also complete outreach on behalf of Medicaid health plans to support their HEDIS measures, such as well child visits, immunizations, dental, etc. Staff called 1,099 health plan referrals in Q4.

WISEWOMAN – Recently awarded an additional 5 years of funding. This program provides diabetes and cholesterol screening with lifestyle coaching, programming, and navigation of the healthcare system for women ages 45-64.

FY23 Enrollments by County YTD	
Kalkaska	1
Manistee	1
Mason	7
Mecosta	8
Newaygo	10
Oceana	9
Wexford	20
TOTAL	56

Substance Use Prevention – Lake, Manistee, Mason, Missaukee, Oceana, Wexford Counties

- 57 Baldwin Community Schools students were provided with the LifeSkills prevention curriculum.

- Prevention materials and information were shared with 1006 people at nine community events held in Mason, Lake, and Oceana counties.
- Gambling prevention outreach was provided to a total of 302 people in Lake, Mason and Oceana County at various events and presentations.
- Distributed coalition tobacco cessation kits to schools (50) to help student quit vaping- photo at the end of this report.
- Staff promoted Family Meals Month by Participating in Live 9&10 TV interview to discuss Talksooner and promote “Any way You Slice It” Family Meals Month Campaign. They distributed 83 Family Meals Pizza Kits with prevention information to educate families on the importance of having a meal together.
- Staff participated in a backpack giveaway event at Trinity Lutheran Church in Oceana County, reaching 225 youth with prevention information.
- Staff participated in International Overdose Awareness Day events in Manistee and Wexford Counties with DHD#10 mobile unit- photo at the end of this report.
 - Provided Safe Use Kits, Naloxone, and Sharps Disposal containers.
 - HIV, Hep C, and STI testing were offered – 9 tests were provided at the Manistee event.

Harm Reduction –For sharps disposal, 135 clients have used the program with 137 containers returned and 146 containers provided across the jurisdiction. Utilization of safe use kits and naloxone from on-site vending boxes is increasing. Staff provided Naloxone trainings at 2 breakout sessions at the Mecosta Osceola Substance Awareness Coalition’s (MOSAC) Harm Reduction Summit

Q4 FY23	Safe Use Kits	Naloxone
Crawford	0	0
Kalkaska	0	0
Lake	0	0
Manistee	46	53
Mason	7	43
Mecosta	0	28
Missaukee	N/A	N/A
Newaygo	5	N/A
Oceana	0	102
Wexford	58	111
Total	116	337

Oral Health

- 138 kids screened at 10 events through the Kindergarten Oral Health Assessment program.
- 118 total kids served at 3 events through the SEAL Michigan program.
- Staff provided dental outreach to 375 people at 3 events.
- Legislation is pending that will determine whether the kindergarten screening program continues and becomes mandated for all incoming kindergarten students.

Agency Outreach

- Partnered with Corewell Health to bring the mobile unit to 4 community events.
- The mobile unit participated in multiple community events in 7 of our 10 counties: Manistee, Mecosta, Oceana, Wexford, Lake, Newaygo, and Mason

- Using the mobile unit, we were able to provide immunizations, hearing & vision screenings, HIV testing, SSP education and a plethora of information to our communities.
- Staff are working with the QI coordinator to streamline outreach tracking and reporting across all divisions.

Tobacco Control, Prevention, and Cessation Efforts

- 28 referrals for tobacco treatment this quarter- resulting in 10 enrollments, 3 reduced/quit.
- MDHHS Tobacco Grant – see legislator newsletter for Q4 following this report.
 - Staff attended back-to-school events at Cadillac, Manton, and Mesick schools and shared vaping prevention and cessation information with parents.
 - Boosted posts on social media promoted the Tobacco Treatment Specialist team at DHD#10 and the cessation services offered through this program. 2,097 total reached.
 - *See Legislator Newsletter FY23 Q4 attached.*

Diabetes Prevention Program:

- All 8 participants in the current “Prevent T2” diabetes prevention program cohort completed the year-long program in August. In total, the cohort lost a total of 82.7 lbs., and physical activity increased over the course of the program for 7 participants, to an average of 183 minutes per week. Two participants experienced a reduction in their hemoglobin A1C (3-month average blood sugar) levels as a result of the program.
- DHD#10 is a contractual partner with the National Kidney Foundation of Michigan for a newly received CDC Cooperative Agreement. Through this partnership, DHD#10 will receive \$56,000 to support the DPP program in Kalkaska, Mecosta, Newaygo, Oceana, and Wexford Counties between October of 2023 and June of 2024.

SNAP-Ed:

- The SNAP-Ed team worked with coalitions and community partners across Mecosta, Crawford, Oceana, and Manistee Counties to complete PSE (policy, systems, and environmental) assessments at food pantries, community gardens, farmer’s markets, parks, and neighborhoods. As a result of these assessments, staff were able to provide nutritional print material to two food pantries, as well as signage and flyer holders to better display health-related information for pantry users. Staff assisted Morley-Stanwood Schools with purchasing and installing raised garden beds at the school garden, which will be a site for nutrition programming for students in the new school year. Staff also continued to provide nutrition and food assistance benefits information at farmer’s markets in Manistee, Mecosta, and Crawford Counties throughout this quarter (approximately 527 reached).
- 12 posts on social media promoting nutrition and low-cost physical activity programs reached over 3,093 people. A blog posted on the LiveWell 4 Health website promoted July as Parks and Recreation Month.

Environmental Health Outreach:

- Staff participated in outreach to libraries throughout the jurisdiction with information about ticks, rabies, and other Environmental Health topics with 78 people reached.
- GovDelivery newsletter for "Adopting Healthy Pet Habits" distributed in July was delivered to 3,335 recipients.

- GovDelivery newsletter for "Septic Smart Week" distributed in September was delivered to 5,546 recipients.

Behavioral Health Project: Mason County Interconnected Systems Framework

- The co-leads team (DHD#10 staff, as well as West Shore ESD and United Way of Mason County) participated in the West Michigan ISF Collaborative event at Kentwood Public Schools (Kent County) on September 27th.



Vaping cessation kits provided to schools in Mason County.



Staff provide community with education and resources on Overdose Awareness Day.



Raised garden beds in the school garden at Morley-Stanwood Elementary School.

*Respectfully Submitted,
Christy Rivette*



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

Tobacco Prevention & Control Quarterly Update

July, August, September 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

The Campaign for Tobacco-Free Kids and the Rutgers Institute for Nicotine and Tobacco Studies issued a new report documenting how tobacco companies have infiltrated the market with low-cost, flavored cigars that are marketed specifically to youth.

The report comes as the FDA is about to issue a final rule prohibiting flavored cigars.

We encourage you to read and share this report broadly, as it speaks to the need for stronger tobacco legislation to protect the youth in our communities.

Read the report [here](#).

NEW AND NOTEWORTHY

Tobacco-Free Report Card for Michigan K-12 Schools

The Michigan Department of Health and Human Services (MDHHS) Tobacco Section has released the [2023 Tobacco-Free Report Card: Michigan K-12 Public School Districts](#), which reports on the current state of tobacco-free policies in public school districts across the state. [Click here to view the press release.](#)



Use this QR code to access the state of Michigan's Tobacco Prevention and Control website:



PROGRAM UPDATES AT DHD#10

Between July and September, DHD#10 received 28 referrals for the Tobacco Treatment Program. From these referrals, 10 clients enrolled in Tobacco Treatment and 3 reduced their tobacco use or quit altogether. The program has reached 19 women of childbearing age (18-44) with cessation resources and support this year.

A boosted post on social media helped drive clients to the program. Of the 28 referrals received this quarter, 11 were self-referrals from individuals seeking cessation services for themselves.



WANT TO QUIT SMOKING?

DHD#10 has trained Tobacco Treatment Specialists covering each of our ten counties ready to assist you with quitting.

For more information, visit:
<https://www.livewell4health.org/tobacco-cessation>



You can self-refer for the Tobacco Treatment Program by using the QR code or by clicking on the link below:
<https://tinyurl.com/mrydd3y8>





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

kmiller@dhd10.org

231-316-8567

Board of Health

Environmental Health

4th Quarter Report – July-September 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 out of the year.

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

July 2023

County	# of Completed Permits Reviewed	Median # of Days to Conduct the Site Visit (Sanitarian)	Median # of Days to Issue and Mail the Permit (Support)	Total # of Days
Crawford	17	14*	8	22*
Kalkaska	38	4	4	8
Lake	38	4	4	8
Manistee	43	4	4	8
Mason	31	5	3	8
Mecosta	55	2	3	5
Missaukee	27	5	5	10
Newaygo	55	5	6	11
Oceana	35	11**	1	12**
Wexford	39	4	4	8

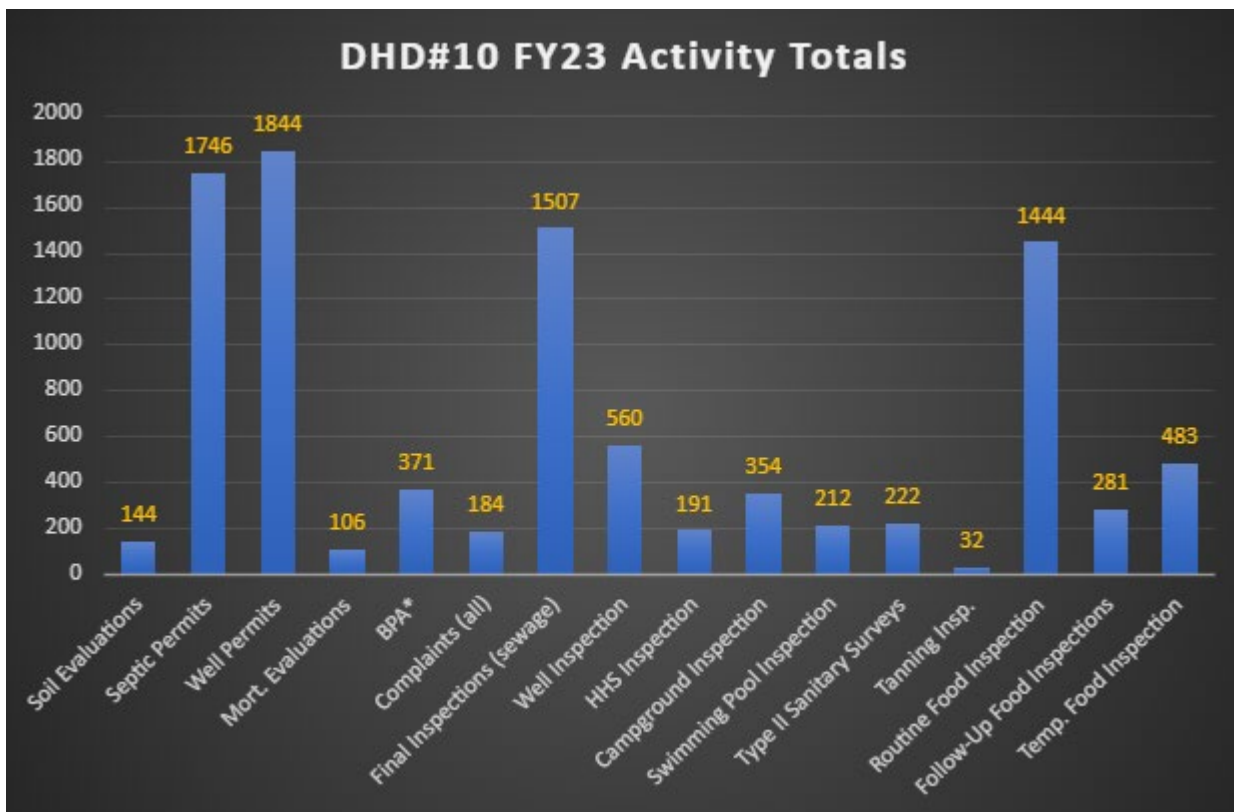
Aug 2023

County	# of Completed Permits Reviewed	Median # of Days to Conduct the Site Visit (Sanitarian)	Median # of Days to Issue and Mail the Permit (Support)	Total # of Days
Crawford	43	11	5	16
Kalkaska	42	6	2	9
Lake	48	10	3	13
Manistee	58	10	1	12
Mason	47	9	2	13
Mecosta	50	4	2	8
Missaukee	28	9	1	11
Newaygo	83	8	1	15
Oceana	59	11	1	13
Wexford	27	5	1	8

Sept 2023

County	# of Completed Permits Re-viewed	Median # of Days to Conduct the Site Visit (Sanitarian)	Median # of Days to Issue and Mail the Permit (Support)	Total # of Days
Crawford	24	4	3	11
Kalkaska	42	3	2	6
Lake	46	12	2	15
Manistee	39	5	1	9
Mason	14	12	1	13
Mecosta	34	8	2	11
Missaukee	36	6	1	8
Newaygo	53	6	1	11
Oceana	41	8	1	9
Wexford	26	6	1	8

2023 Fiscal Year



Activity	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Soil Evaluations	31	31	46	36
Septic Permits	290	286	647	523
Well Permits	316	315	657	556
Mort. Evaluations	29	11	21	45
BPA*	55	76	122	118
Complaints (all)	40	30	58	56
Final Inspections (sewage)	521	130	449	407
Well Inspection	84	121	62	293
HHS Inspection	38	47	51	55
Campground Inspection	1	0	103	250
Swimming Pool Inspection	0	44	45	123
Type II Sanitary Surveys	33	45	75	69
Tanning Insp.	4	19	0	9
Routine Food Inspection	401	365	345	333
Follow-Up Food Inspections	82	68	64	67
Temp. Food Inspection	36	8	190	249
Totals	1961	1596	2935	3189

	Q1	Q2	Q3	Q4
Fixed Food Inspections	378	359	306	307
Mobile, Vending, & STFU	23	6	43	26
Temp. Food Inspection	36	9	190	249
Follow-Up Food Inspections	82	70	62	63

Staffing is starting to stabilize. Multiple sanitarians have moved counties, a new EH Director was hired and the only current opening is in Oceana County for a Field Sanitarian.

Respectfully Submitted,

Max Bjorkman, REHS/RS

Board of Health
Family Health: Clinical
4th Quarter

Communicable Disease

- Wexford county had a client that was a part of the Bone Graph Allograft Tuberculosis Outbreak.
 - DHD 10 was a part of the contact tracing for initial follow up testing for potential contact that were or may have been exposed.
 - CDC will be reporting on this outbreak in an upcoming MMWR where local staff and Dr. Morse will be on the list of acknowledgements.
- DHD#10 Major Communicable Disease Groups by Fiscal Year Quarter, Oct. 1, 2022 - Sep. 30, 2023
 - See graph

Medical Clinics

- Offsite HIV testing offered at "Overdose Awareness Day" Events on 8/31/23 in Manistee and Wexford counties.
- Home HIV tests continue to be sent to community member's home upon request (order online on our website)
 - 19 tests requested in Q4.
- New Physician Assistant will be starting with DHD10 in November, to cover 5 Southern counties (Manistee, Lake, Mason, Newaygo, Oceana)

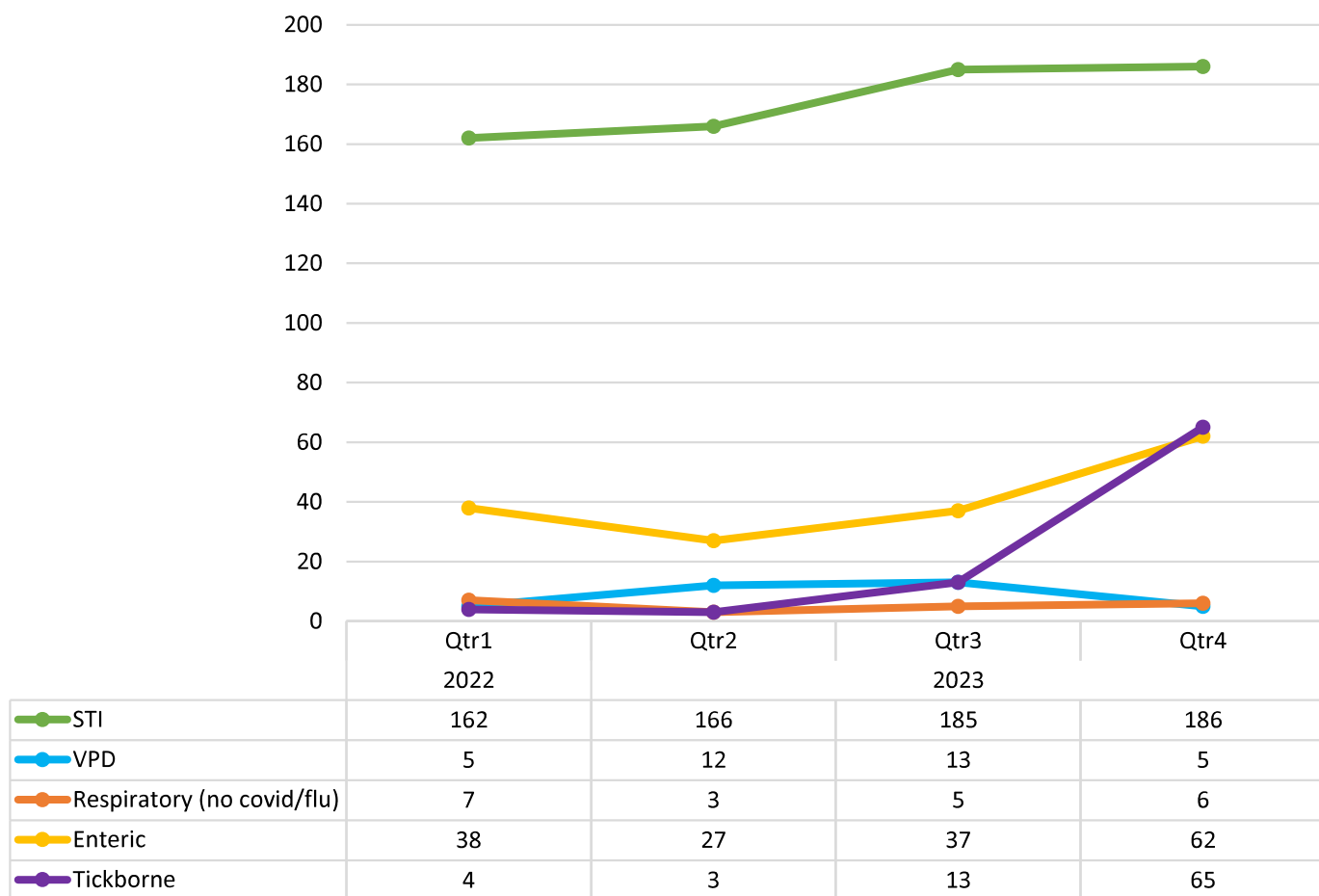
Immunizations-

- Flu season is in full swing.
 - Vaccination efforts started in September.
 - Flu vaccines are offered to clients 6 months and over and being administered in our offices and out in the communities along with our COVID 19 vaccines that are now commercialized and no longer being supplied through the government/
 - Nurses are also giving vaccines to clients that are homebound.
- RSV vaccine was approved for adults 60 years and older with clinical decision making. It was also approved for pregnant women between 32-36 weeks' gestation. We will start offering it soon.

Respectfully Submitted,

Sheila Parker

**DHD#10 Major Communicable Disease Groups by Fiscal Year Quarter,
Oct. 1, 2022 - Sep. 30, 2023**



****The graph above includes confirmed & probable CD cases.**

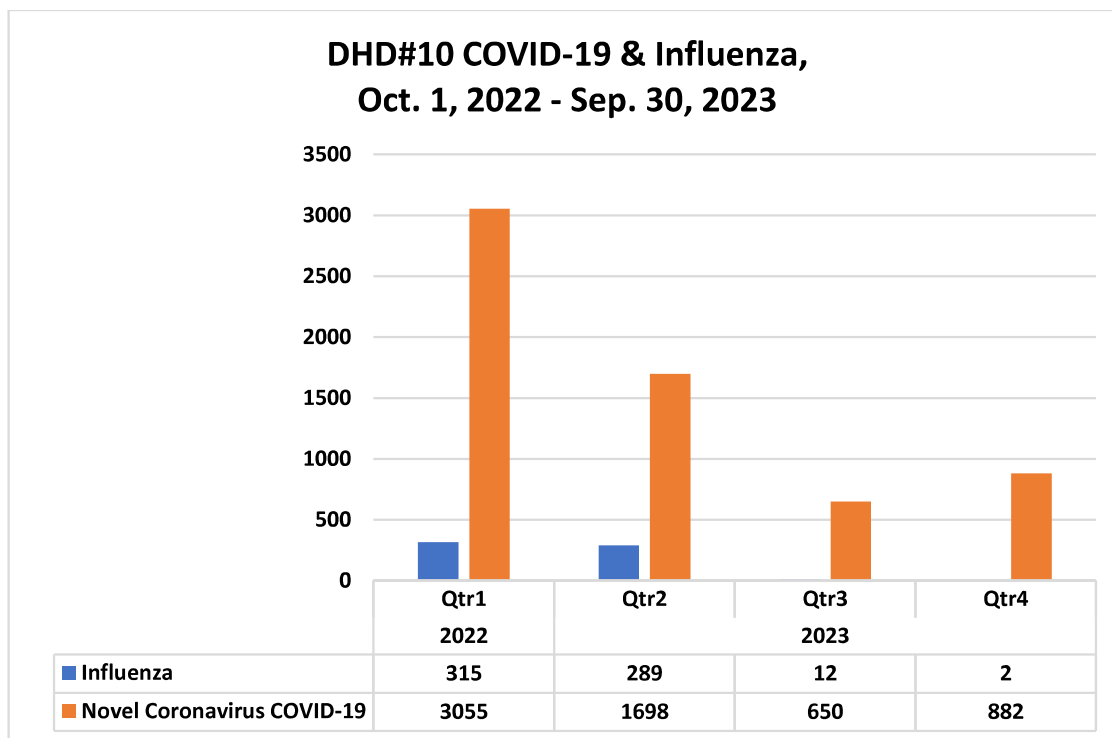
STI category only includes chlamydia, gonorrhea, and probable syphilis cases. (Confirmed syphilis and HIV data request from the state is in progress)

Vaccine Preventable Diseases (VPD) includes, pertussis (Whooping Cough), tetanus, H. influenzae Disease (invasive), chronic hepatitis B, and varicella (Chickenpox).

Respiratory category includes RSV, blastomycosis, histoplasmosis, legionellosis, and tuberculosis. It does not include COVID-19 or influenza.

Enteric category includes campylobacteriosis, cryptosporidiosis, giardiasis, listeriosis, norovirus, salmonellosis, STEC, shigellosis, vibriosis (non-cholera), and yersinia enteritis.

Tickborne includes anaplasmosis and Lyme Disease.



***The graph above includes confirmed and probable cases of influenza and COVID-19. This only includes cases that were reported to the Michigan Disease Surveillance System (MDSS). This is likely a significant underestimation of true prevalence of these conditions due to the lack of home test result reporting.*

Board of Health
Family Health: Home Visiting
Quarter Report

Maternal Infant Health Program– Caseload at the end of the fiscal year 595 clients, with 1531 visits completed in the last quarter. Of note, as of October 1, 2023, Medicaid Reimbursement for Maternal Infant Health Program services was increased 7%. No acceptable candidates applied for the Mecosta Social Worker position in July 2023, therefore, the position was reposted for a Social Worker or Registered Nurse. The Maternal Infant Health Program, Registered Nurse in Lake County, applied for the position and has switched base offices. The Social Worker position was reposted with a Lake, Newaygo, or Mecosta County base. The post recently closed October 10, 2023, with no new applicants. This was reposted and will stay open until filled. Recently the Registered Nurse in Manistee County accepted a position in the Children’s Special Healthcare Services program. Her position was posted, and interviews were conducted October 16, 2023.

Healthy Families America – Current caseload is 67 clients, with 388 visits completed in the last quarter. Healthy Families Staff continue to work internally and with DHHS and Grand Traverse County partners to increase referrals.

Children’s Special Health Care Service- Current client caseload is 2183, with \$19,559.52 billed last quarter. As of October 1, 2023, a 22% increase in state level funding to the program and 10% increase in reimbursement for services was implemented. The Home Visiting Supervisor continues to fill the role of Program Coordinator at this time. A Registered Nurse was recently hired in Manistee as mentioned above. Her training has started but will start in earnest when her replacement is hired and trained. Another Registered Nurse position was posted, and interviews are planned for October 20, 2023. This position was posted in response to the recent increase in the age limit to serving recipients until the age of 26 years old.

Hearing and Vision- Staff screened 677 children's vision in the past quarter and provided 813 services to these children. Also, staff screened 907 children's hearing in the past quarter and provided 1042 services. Staff are in the busy season with school now in session.

Lead Case Management- 8 elevated lead Nurse Case Management home visits were conducted in the last quarter. With the recent bill being passed regarding universal lead testing, staff are preparing for an increase in elevated lead levels to follow up on. In response, leadership is looking to cross-train staff in Lead Case Management in order to cover cases and spread the workload. This cross training likely will happen in the Spring as the current Registered Nurse that follows up on elevated lead levels will be on Maternity Leave until then.

Respectfully Submitted,

Anne Young RN, MA

Co-Director Family Health-Home Visiting

Britney Wright RN, MSN

Co-Director Family Health-Home Visiting

Board of Health

Family Health: WIC

4th Quarter Report – October 27, 2023

WIC Program Operations and Benefits: Continuing Resolution

On Saturday, September 30, 2023, President Biden signed into law H.R. 5860, which provides temporary funding to federal agencies under a continuing resolution (CR) through Friday, November 17, 2023. Congress must still pass a federal budget to ensure the government can be funded through the end of fiscal year 2024. If a full-year budget or another temporary funding measure is not passed by mid-November, planning for a potential federal government shutdown will resume. Before the CR, State WIC Director, Christina Herring-Johnson announced that Michigan WIC would remain open despite a federal government shut down. We are awaiting further information and direction should a shutdown occur November 18th.

The current CR provides authority to maintain the WIC fruit and vegetable Cash Value Benefit at the higher, NASEM-recommended levels, adjusted for inflation. On October 4th, Michigan WIC successfully implemented the new monthly Cash Value Benefit (CVB) amounts of \$26 for children, \$47 for pregnant and postpartum clients, and \$52 for fully and partially breastfeeding clients.

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

Effective August 10th, MDHHS WIC opted 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. Under these ARPA waivers, local WIC agencies are expected to provide remote services when necessary to ensure Program access, including remote appointments and benefit issuance. WIC Staff has been trained on the new State WIC policy, guidance, and MI-WIC system changes needed to operationalize these new waivers. We have successfully accommodated families with ongoing hardships due to their work schedules, limited transportation, and/or medical conditions. Fortunately, most of WIC clients are presenting in-person to receive important growth and lab measurements and nutrition education, as this is the expectation of MDHHS.

Michigan Passes Universal Childhood Blood Lead Testing

On October 3, 2023, Governor Whitmer signed into law Senate Bill 31 and House Bill 4200 which require universal blood lead testing for children under the age of six years effective January 1, 2024. A summary of the requirements in the laws is below:

- a. Physicians must test, or order a test, for lead in blood for all minors at 12 and 24 months of age (age one and 2), or between age 24 and 72 months (i.e., sixth birthday) if there is no record of a previous test.
- b. Minors living in geographic areas of the state determined by MDHHS to pose a high risk for lead poisoning must be tested additionally at age 4.
- c. As well as age-based testing requirements, minors should be tested at “intervals determined by MDHHS” if a physician determines or the parent attests that the minor is at “high risk” for “lead poisoning.”
- d. MDHHS is required to promulgate implementing rules. They will include the list of high-risk geographies and factors that place a minor at high risk of lead poisoning. The high-risk factors

for a minor must include, but not be limited to, the minor residing in a home built before 1978 and the minor residing in a home where other minors have been “diagnosed with lead poisoning”.

- e. The testing mandates do not apply if the parent/guardian/in loco parentis objects to the testing. Physicians must ensure that the child’s blood lead test results are included in the minor’s “certificate of Immunization”.

MDHHS is starting to plan for activities that will be needed to implement the laws, including health care provider and public education, administrative rule-making, and technical support for local health departments. As for DHD #10, our WIC Program will continue to offer universal blood lead testing for our child participants regardless of insurance status.

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

On July 26th, DHD #10 CLPPP grant staff hosted the State in our Mecosta County office for our annual grantee meeting. Staff from MDHHS, several local agencies, and Molina Healthcare shared resources and best practices for community outreach and education. On August 9th, staff attended State blood lead database, (MICLEAR) training in Lansing. Locally, DHD #10 staff provided education materials and made 99 calls to families of children with elevated blood lead levels (EBLLs). 16 Confirmed Elevated cases 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. Staff attended four separate community events throughout the 4th quarter, reaching 1,116 individuals. For fiscal year 2023 DHD#10 managed 148 EBLL cases with a capillary to venous conversion rate of 92.6%. 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 and Elise Keaton, RD lead project activities and outreach working collaboratively with six other local health departments in the region and Jessica Grace, RN also provides Nurse Case Management for our families.

Staff Development and Recognition

Colleen Unsal, Senior Breastfeeding Peer Counselor received the Mid-Central Peer-of-the-Year award at the September 12th State Peer update in Grand Rapids.

DHD #10 WIC Program was awarded the National WIC Association (NWA) AHEAD 2.0: Strengthening and Diversifying the WIC Workforce for WIC Dietetic Internships Subgrant on behalf of Jenna Dotson, WIC Nutrition Specialist. The \$7379.40 in funding will support Jenna’s application fees and enrollment into the Michigan State University (MSU) Dietetic internship WIC Cohort in the Fall of 2024. After completion of the 16-month internship and master’s degree, Jenna will be eligible to take the Registered Dietitian exam.

In October, Bobbie Jo Benson, BSN, RN joined our agency and WIC teams as a part-time WIC Nutritionist based in Kalkaska County.

Breastfeeding Program Updates

Colleen Unsal, Senior Breastfeeding Peer Counselor is collaborating with West Shore Family Center in Ludington teaching the breastfeeding class segment as part of their "Bright Birth Academy". The first breastfeeding class was held on September 26th with 10 persons in attendance.



In August, DHD #10 Breastfeeding Peer Counselors hosted special events in celebration of World Breastfeeding Week/National Breastfeeding Week. These included a family picnic at River Front Park in Newaygo, Back to School event in Cadillac, and special activities at Manistee and Mason breastfeeding support groups.

Pictured are Tina McDonald, Breastfeeding Peer Counselor and Debbie Hamler, Registered Dietitian at the Newaygo picnic on August 10th.

Community Outreach

July 30th: Farm Worker Appreciation Day was held on Sunday July 30th at the Grant Middle school in Newaygo County. 187 Migrant families attended with a total of 300 participants served. DHD #10 staff worked out of our mobile unit and administered 39 COVID vaccines and several WISEWOMEN services. Families received new tennis shoes donated from Wolverine Worldwide in Rockford, backpacks with school supplies, socks and underwear, dental hygiene kits, and grocery bags with culture friendly grocery items, including tortillas and tortilla chips from El Milagro, of Grand Rapids. Lots of agency information from Migrant Resource council members. Featured below: Mary Rangel, Newaygo County WIC Clerk/Technician



[Farmworker Appreciation Day 2023](#)

This event is an annual celebration based on an ongoing relationship with the Sparta Area Migrant Resource Council (SAMRC) coordinated by the Department of H...

www.youtube.com

Monthly participation at **Migrant Resource Council** meetings at Telemon in Sparta and **North Kent Connect** board meetings in Rockford.

FY 2023 Caseload

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	Sept 23	7,540	Sept 22	+ 319	+4.4%
Resident Participation	Aug 23	7,322	Aug 22	+384	+5.5%
Migrant Participation	Aug 23	194	Aug 22	-31	-13.8%

Respectfully Submitted,

Anne M. Bianchi, MS, RD

Family Health WIC Director

Board of Health
School Health Division Report
2023 4th Quarter Report

1. The end of the fourth quarter wraps up the first year that all seventeen School-Based Clinics that are operated within the School Health Division were open and serving students. There are 5 different clinic models included in the 17 clinics. The Clinical Models are open 5 days per week, year-round and are staffed with a Mental Health Clinician, a Nurse Practitioner, and a Clinic Assistant. This model is in Shelby, Cadillac, and Chippewa Hills Schools. The Alternative Clinical Models are open 3 days per week, year-round and are staffed by a Mental Health Clinician, Nurse Practitioner, and a Clinic Assistant. This model is in Grayling, Mason County Eastern, and Lake City Schools. The E3 (Expanding, Enhancing Emotional Health) Models are open 5 days per week, year-round (with varying summer hours) and are staffed by a Mental Health Clinician. This model is in Ludington, Pentwater, Brethren, and Hart Schools. The School Wellness Model is open primarily when school is in session and is staffed by a Nurse and a Mental Health Clinician. This model is in Manton, Mesick, and McBain Schools. The HRA School Nurse Model is open primarily when school is in session and is staffed by a Nurse. This model is in Mackinaw Trail Middle School (CAPS), Brethren, Bear Lake, and Morely Stanwood Schools. 2,779 individual students were served with over 10,019 total visits across the school-based clinics. Of those visits, 6,058 were mental health visits and 3,769 were medical visits.

2. DHD#10 received money this year as part of a two-year grant (beginning fiscal year 2021) to increase mental health awareness/services. As part of that grant, the following services were offered in the fourth quarter.

Summer Wellness Days: 5 of our clinics participated in summer wellness days. Students from various schools were invited to participate once per week for six weeks in a group setting to promote positive mental wellness. The session paired psychoeducation with a fun activity for the students. Topics for the group included: Mental Health and You, Positive Self-Talk, Technology and Mental Health, Expressing Feelings, Self-Image, and Healthy Relationships. The groups averaged 35-50 students.

Eagle Village Field Trip: 48 students and 8 staff (one from WAWC) from Innovation High School in Cadillac attended an all-day workshop at Eagle Village in September. The purpose of the trip was to build resiliency in the students. Teens who are resilient can effectively cope with or adapt to stress and challenging life situations. This is especially important for teens in vulnerable situations, like those who attend Innovations

High School. Through experiential learning at Eagle Village, the students learned how to be part of a team, problem solve, and challenge themselves to overcome difficult situations.

Mental Health Lunch and Learns

During the month of September, staff members from the WAWC hosted a Lunch and Learn on Mental Wellness at the school once per week. Topics included: mental health stigma, coping skills, mental health technology, and substance abuse. In addition, 9 of the Youth Advisory Committee members engaged with approximately 50 students in the cafeteria and talked about the harmful effects of vaping. The students appreciated the efforts of the staff and YAC and thanked them for “starting the conversation”.

3. CPR and First Aid Courses for Schools

Starting in August the Health Resource Advocate (HRA) Staff began offering free CPR/AED and First Aid courses to all schools in the DHD #10 jurisdiction. There has been a high demand for these courses in August and September with 93 school staff trained so far in CPR/AED and 70 in First Aid. Public, private and ISD schools are eligible for these trainings. We have many more trainings scheduled and DHD #10 is now an official “Training Site” of the American Heart Association, which allows us to be a leader in regional AHA CPR/AED and First Aid Courses.

School Health Success Stories for FY 2023

Providing Education Access to

Mental Health and Physical Health Care for Youth

- The Shelby AHC Staff took the DHD#10 mobile unit to provide sports physicals for 19 students at Walkerville Schools on two dates in May 2023. A team of 3 worked to provide the comprehensive exams and risk assessments: Julie Burger, Nurse Practitioner, Rosa Avilez Martinez, Mental Health Clinician, and Janet Monroe, Clinic Assistant. The students were highly impressed by the mobile unit and the Walkerville principal was extremely grateful and requested that these services are offered again by the Shelby Adolescent Health Center in Spring 2024. Most of these students had not been seen by a medical provider since their last sports physical the year prior.
- Mental Health Clinician report: I have a counseling client that is a pregnant teenager. I was able to collaborate with our DHD#10 MIHP nurse who is going to start coming to school to see my client to assist with her pregnancy needs/education.
- Nurse Practitioner report: I saw a student whose mom had strep throat and the pediatrician's office could not get the daughter in for an appointment until the next day, the Nurse Practitioner was able to see the daughter in clinic the same day.

- Nurse Practitioner report: I heard a heart murmur that had not been documented on previous sports physicals...on a patient during a sports physical, so I sent the patient to Helen Devos Cardiology. I got the report back and the work up showed a ventricular septal defect with insignificant left to right shunt. The cardiologist told mom that she was born with it and I must have hit the nail on the head because there was only one spot the murmur was audible!
- Nurse Practitioner report: A local pediatrician retired unexpectedly at the end of July, this caused many patients needing a sports physical to be seen ASAP, and the other providers in that office were booked weeks out. The Wellness Center was able to complete sports physicals on these patients. Without the Wellness Center many kids would not have been able to participate in sports.
- Mental Health Clinician report: I have a student who I have been seeing for just over a year. They are diagnosed with selective mutism and after 8 months of weekly sessions, they started talking in therapy and we were able to get them on anxiety medication. Their guardian signed a release of information which has allowed me to work with school staff on identifying accommodations, and that has helped increase this student's attendance and grades. The students have now started talking more to teachers and staff.

Respectfully Submitted,

*Katy Bies
School Health Division Director*

ADOLESCENT HEALTH PROGRAMS						
	UNDUPLICATED STUDENTS SERVED	MEDICAL SERVICES		MENTAL HEALTH Serv.		TOTAL SERVICES
SCHOOL CLINIC SITE	YTD	CURRENT	YTD	CURRENT	YTD	OCT 22-SEPT 23
CADILLAC SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	412	245	530	83	493	1023
CHIPPEWA HILLS SCHOOLS HEALTH CLINIC/BEHAVIORAL HEALTH SERVICES	321	187	378	143	1024	1402
GRAYLING SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	219	99	284	73	947	1231
LAKE CITY SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	283	142	413	20	263	927
MASON COUNTY EASTERN SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	192	109	259	1	282	541
SHELBY SCHOOLS - HEALTH CLINIC/ BEHAVIORAL SERVICES	509	227	764	53	221	926
MCBAIN SCHOOLS- SCHOOL WELLNESS CENTER	156	43	123	70	244	367
MESICK SCHOOLS - SCHOOL WELLNESS CENTER	118	49	231	57	602	833
MANTON SCHOOLS - SCHOOL WELLNESS CENTER	99	25	140	0	166	306
BRETHREN SCHOOL - MENTAL HEALTH SERVICES	38			105	313	313
Ludington Schools - MENTAL HEALTH SERVICES	37			38	329	329
Pentwater Schools- MENTAL HEALTH SERVICES	46			44	583	583
HART SCHOOLS - MENTAL HEALTH SERVICES	63			43	591	591
TOTALS	2493	1126	3122	730	6058	9372

* There is a Mental Health provider vacancy at this clinic

* There is a Mental Health provider vacancy at this clinic

* There is a Mental Health provider vacancy at this clinic

MI Safer Schools- HRA	Mackinaw Trail MS School Nurse	Bear Lake School Nurse	Brethren School Nurse	Morley Stanwood School Nurse	Total for FY 2023
Visits this Quarter	32	5	43	28	108
Visits YTD	337	24	207	79	647
Imms YTD	30	8	27	82	147
Unduplicated	146	21	139	65	371
Undup Pre patagonia		3	5		8
Total Unduplicated	146	24	144	65	379

Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director

Mid-Michigan District Health Department, Wednesday, October 25, 2023
Central Michigan District Health Department, Wednesday, October 25, 2023
District Health Department 10, Friday, October 27, 2023



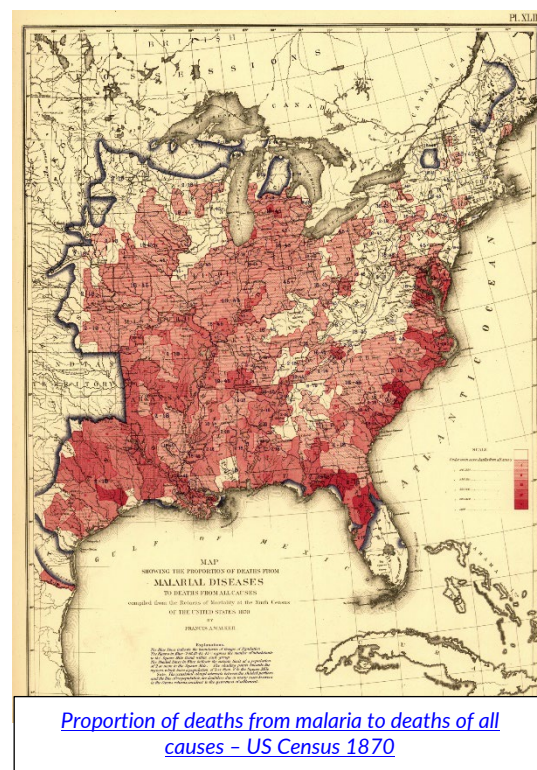
Malaria in the US

In the United States, malaria is typically diagnosed in people returning from travel to areas where malaria is endemic. So far this year there have been 10 cases of locally acquired malaria reported in four states: one case each in Arkansas, Maryland, and Texas, and seven in Florida. Prior to 2023, the last locally acquired cases of malaria in the U.S. occurred in 2003 when eight cases occurred in Palm Beach County, Florida. In the United States, outbreaks of locally transmitted malaria have been small and isolated. The mosquitoes capable of carrying malaria are still in the U.S., so there is always the potential risk for the disease to re-establish itself.

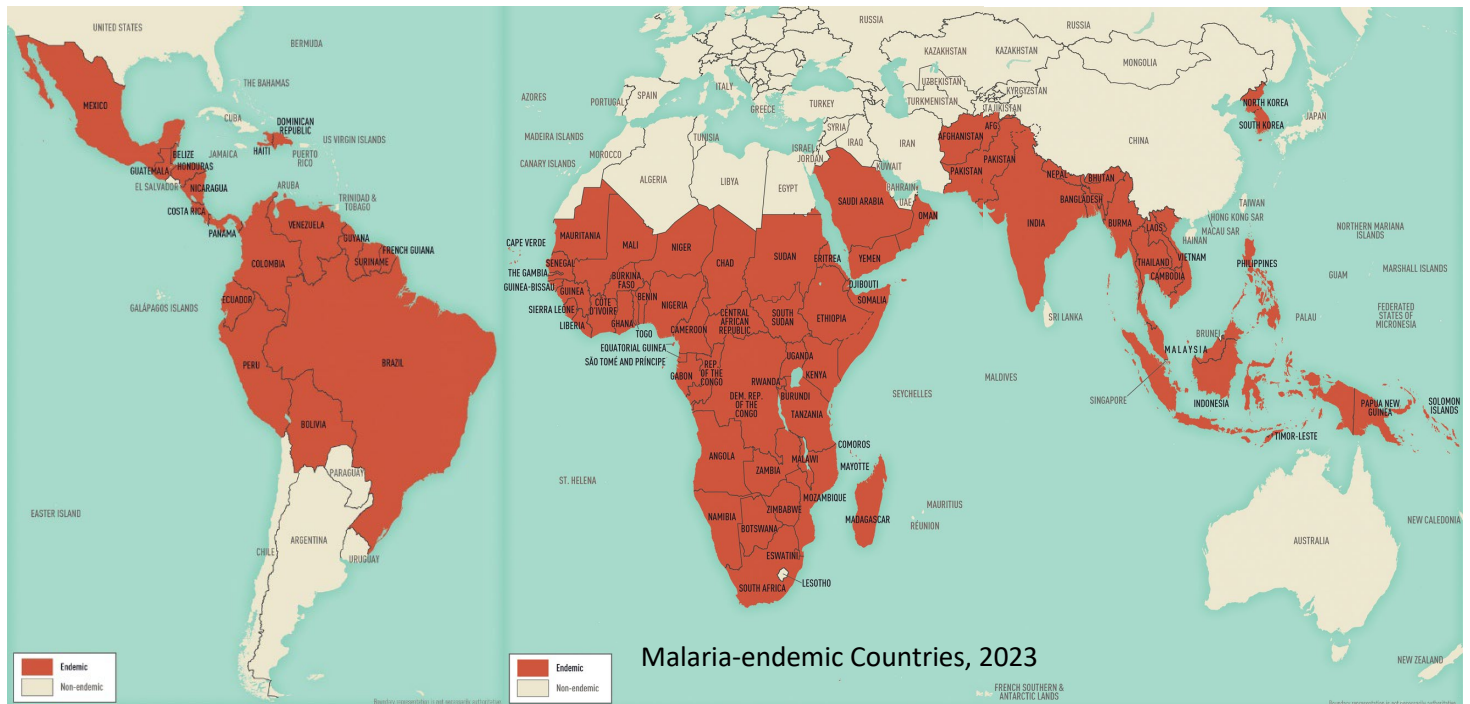
Malaria has been a major source of illness and death since at least 3200 B.C. There was no record of malaria in the Americas prior to their exploration by Europeans, and it is felt that malaria was most likely brought to the New World with explorers, conquerors, and colonists. The importation of malaria continued at an even larger scale during the trade of African slaves. Malaria is mentioned in many historic writings and has shaped history. It likely contributed to the fall of Rome, helped the colonists win the final battles of the Revolutionary War, and had major effects on the Civil War, World War I, and World War II. Over time, malaria has had and continues to have its greatest effects on Africa.

It was discovered that malaria was caused by a parasite in the 1880s and the role of mosquitos in spreading malaria was discovered in the late 1800s to early 1900s. These discoveries allowed for more focused improvements in sanitation and prevention. In 1942, the Malaria Control in War Areas (MCWA) program was established in the United States to control malaria around the military bases in the southern U.S. In 1946, this program led to the creation of the Communicable Disease Center, or CDC, as it was known at that time. The focus of the CDC then was mainly the control and elimination of malaria in the United States. The National Malaria Eradication Program started July 1, 1947. The main efforts were DDT application to the inside of homes in rural areas or to entire counties where malaria had recently been reported. Over the span of two years, over 4.5 million houses were sprayed. By 1951, malaria was considered eliminated from the US.

More than 90 countries in the world continue to be affected by malaria. In 2020, 241 million cases and 627,000 deaths from malaria were reported. More than 95% of cases of malaria occur in Africa, with Nigeria the most effected. Southeast Asian and Eastern Mediterranean regions each have 2% of cases, and the American and Western Pacific regions have the remaining cases. There are typically about 2,000 cases of malaria diagnosed in the United States each year in people that have returned from travel within the prior three months. The majority (95%) of these travelers diagnosed with malaria did not take malaria prophylaxis properly and 25% did not take any prophylaxis.



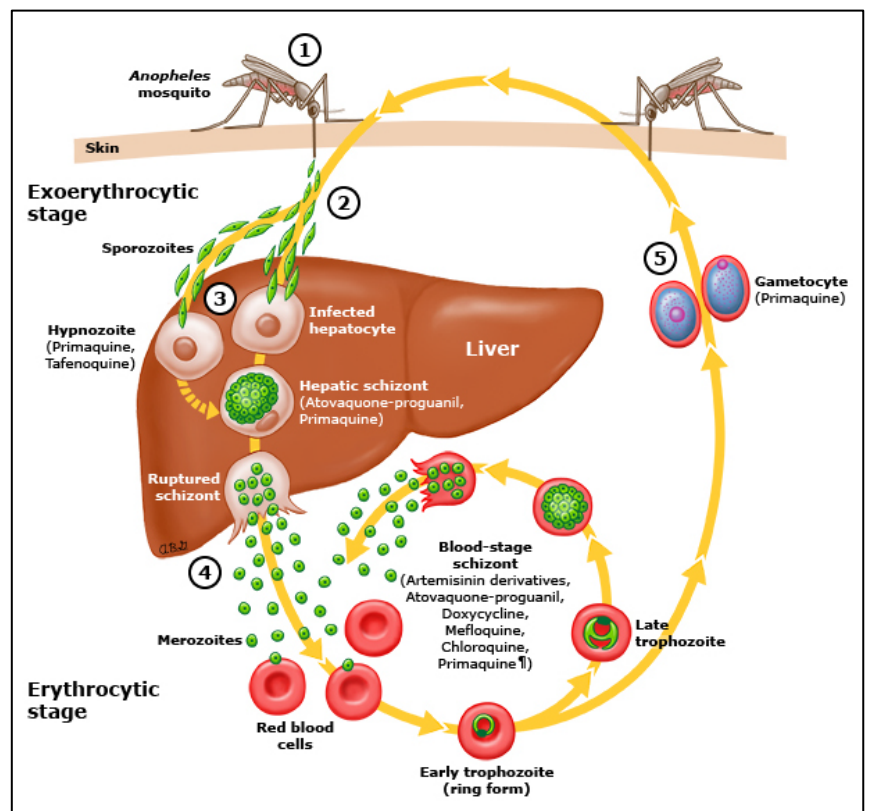
[Proportion of deaths from malaria to deaths of all causes – US Census 1870](#)



Malaria is caused by one of several parasites in the genus *Plasmodium*. There are several different species of *Plasmodium*, and the illness varies depending on the species causing the infection. *Plasmodium falciparum* is the most common species in the world. Malaria is spread by mosquitos. It does not spread directly from person to person, by close contact, or sexual contact.

The parasite goes through different phases of its life cycle in humans and in mosquitos. The phases in humans happen mainly in the liver and the red blood cells. Symptoms may start from one week to one year after infection and may include fever that typically comes on rapidly and at intervals, chills, sweating, headache, muscle and bone aches, tiredness, nausea, vomiting, abdominal pain, diarrhea, and loss of appetite. Malaria damages red blood cells and can cause anemia, and the effort to clear out the damaged red blood cells can cause the spleen to become enlarged. The cycles through the liver can cause liver damage, and all this together can start to damage the kidneys. Severe malaria happens when there is serious organ and blood damage. This can lead to death. Malaria can recur, either because treatment failed or from reinfection.

Malaria can be diagnosed by looking at the blood under a microscope. There are also



rapid tests for malaria if microscopes are not available. There are tests available to determine what species of parasite is causing malaria, and to check for drug resistance.

The treatment for malaria varies based on the species causing malaria, what area the malaria likely came from which can determine the chance of drug resistance, the age of the infected person, if they are pregnant or breastfeeding, and how sick they are. Guidelines for clinicians is available [here](#).

To control malaria transmission in an area, there needs to be effective access to antimalarial medication, mosquito protection, area control of mosquitos, and more research into the control malaria. There are currently many countries that lack the infrastructure needed to achieve the needed steps for malaria control.



Rings of *P. falciparum* in a thin blood smear
<https://www.cdc.gov/dpdx/malaria/index.html>

Before traveling, see what vaccines and medications are recommended for your destination at <https://wwwnc.cdc.gov/travel/destinations/list>. If malaria prophylaxis is recommended, talk with your healthcare provider about getting a prescription or getting a referral to a travel clinic. More guidance for malaria and travelers is available [here](#). Because malaria can be transmitted by infected blood, you should not donate blood for 3 months after you return from an area with malaria. For those that lived in an area where malaria is present, donation should be deferred for 3 years after coming to the United States.

Efforts have been underway for over 60 years to develop a vaccine that will work against malaria. There have recently been two new malaria vaccines approved and recommended by the World Health Organization (WHO) for children in Sub-Sahara Africa and other regions with high transmission, the RTS,S/AS01 (Mosquirix™) vaccine and R21/Matrix-M™.

The RTS,S/AS01 (Mosquirix™) vaccine consists of a recombinant protein that targets an antigen in the surface of the *P. falciparum* sporozoite, fused with the hepatitis B surface antigen as a carrier, along with an adjuvant to help boost immunity. The vaccine efficacy of preventing clinical illness among children between the ages of 5 months and 17 months who received three doses plus a booster from birth to the age of 20 months was 36% to 44%. Follow up of children that received only three doses had no remaining efficacy by age 4 years. Additional follow-up for those who received the four-dose vaccine schedule is pending.

The R21/Matrix-M™ vaccine is like RTS,S/AS01 but has had part of the protein in the antigen taken out, which is believed will improve the immune response to the antigen. It is also fused to the hepatitis B antigen and uses an adjuvant, but one that is easier to manufacture so the vaccine should be less costly. The vaccine efficacy of preventing clinical illness in children between the ages of 5 months and 17 months more than 6 months after receiving three doses of vaccine was 74% to 77%. The efficacy data beyond 6 months are limited at this time. It is difficult to compare vaccine efficacy between R21 and RTS,S vaccines.

Recommendations:

1. Before traveling, see what vaccines and medications are recommended for your destination at <https://wwwnc.cdc.gov/travel/destinations/list>. If malaria prophylaxis is recommended, talk with your healthcare provider about getting a prescription or getting a referral to a travel clinic.
2. Whether traveling or at home, use [insect repellent](#) to prevent mosquito and tick-borne diseases.
3. Follow the U.S. efforts in combating malaria at the U.S. President's Malaria Initiative, started in 2005 <https://www.pmi.gov/about-us/>.

Sources

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Board of Health

Deputy Health Officer

October 2023

1. PHAB Re-Accreditation Update

We recently received our PHAB Reaccreditation Application Site Visit Report. I've attached the summary pages documenting the outcomes including the score of Met for all 31 Measures and their overall impressions of the agency's ability to meet the national accreditation standards. It's important to note that the report did indicate six measures where *"gaps in evidence were identified, however noted that the majority of requirements of the measure were identified, and therefore the overall intent of the measure was met."* In addition, four measures were flagged as having "Areas of Excellence". Board members interested in a copy of the full report on all measures can contact me. DHD#10's reaccreditation application will be reviewed at the November 2, 2023 PHAB Accreditation Review Committee meeting for determination on our reaccreditation status. Formal notification will follow.

2. Workforce Development Updates

"Leadership Energizer" Initiative – As noted last month, our initiative kicked off in September and included an organizational culture survey across the agency. The results of the survey were shared at the October 5th training session. Below are a couple of highlights from the survey and a full review of the survey is being shared with staff next month at with the Board of Health at their November meeting.



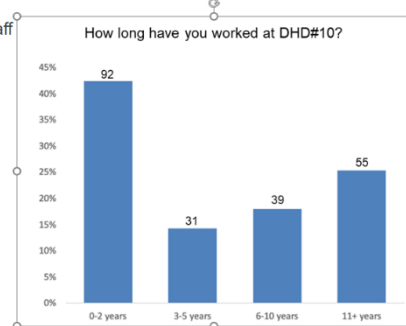
Organizational Culture Survey

September 2023

218 respondents

92% response rate based on 237 staff

Directors	7
Managers	5
Administrators	6
Supervisors	18
Direct Service Staff	179
Not indicated	3



Overall, how would you rank your satisfaction as a DHD#10 employee?

4/5

86% of respondents ranked overall satisfaction as 4 or 5
Directors/Managers/Administrators 4.4 - Supervisors 4.1 - Direct Service Staff 4.1

How likely would you be to recommend DHD#10 as an exceptional place to work?

95%

likely or very likely to recommend

3. State Accreditation Update

DHD#10's state accreditation through MDHHS will be occurring in 2024. Division Directors and their leadership teams are currently working on their documentation to demonstrate that the Minimum Program Requirements for their program areas are met. Monthly work sessions to review progress will launch in January to identify areas for improvement or identify needs. This next accreditation cycle will be a learning opportunity for most divisions with the leadership changes over the past several years. This has been identified by MDHHS as a learning/training cycle statewide.

Respectfully Submitted,

Sarah Oleniczak, MPH, MCHES,
Deputy Health Officer

Site Visit Report

PHAB

Version 2016 Reaccreditation

Created on: September 27, 2023

Confidential

District Health Department #10

521 Cobbs Street

Cadillac, MI 49601

Summary of Findings

Measure	Score
Measure 1.1	Met
Measure 1.2	Met
Measure 1.3	Met
Measure 2.1	Met
Measure 2.2	Met
Measure 3.1	Met
Measure 3.2	Met
Measure 3.3	Met
Measure 4.1	Met
Measure 4.2	Met
Measure 4.3	Met
Measure 5.1	Met
Measure 5.2	Met
Measure 5.3	Met
Measure 5.4	Met
Measure 6.1	Met
Measure 6.2	Met
Measure 6.3	Met
Measure 7.1	Met
Measure 7.2	Met
Measure 8.1	Met
Measure 8.2	Met
Measure 9.1	Met
Measure 9.2	Met
Measure 10.1	Met
Measure 10.2	Met
Measure 11.1	Met
Measure 11.2	Met
Measure 11.3	Met
Measure 12.1	Met
Measure 12.2	Met

NOTE: Areas of Excellence and Opportunities for Improvement are optional comments, therefore, these areas may be blank throughout the report.

Overarching Comments

Overall Impressions:

District Health Department #10 is a high functioning department that has developed extraordinarily strong community partnerships to improve the health of the community as evidenced in many PHAB Domains. They show a strong commitment to the community with the implementation of the Community Health Worker position to meet the needs of more vulnerable populations. The department has actively been working on the Performance Management system to monitor their progress and easily identify areas for improvement. They have committed resources to Performance Management and Quality Improvement with the hiring of a new QI Coordinator and increasing to six staff to support the ten counties and to further integrate QI into the culture several staff trainings are planned at all levels of the organization.

As the department continues to advance public health practice, a more formal process to review emerging data for integration into the CHA and the CHIP may be beneficial. This review of the data in a formal manner may also help identify areas for improvement in department programs and services. Additionally, as the department evaluates its processes and develops the new iteration of the Strategic Plan, it will be important to work with the community, governing entity, and staff to ensure the forward direction is clear and everyone is working collectively to improve the health of the community.

The department continued their progress towards reaccreditation even while responding to the Covid 19 pandemic, including dealing with a huge turnover in staff that included some leadership positions, which is to be commended.

District Health Department #10

BOARD OF HEALTH

Health Officer Report

October 27, 2023

1. **Epi Team Update:** Information on current case counts, vaccination efforts, outbreaks and other CD related issues will be shared at the meeting.
2. **PFAS Update:** Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
3. **Enforcement Actions:** Updates on recent enforcement actions taken by DHD#10 will be shared at the meeting.
4. **County Conversation Meetings:** Currently meeting with staff in each County to provide an update on how FY 23 ended, FY 24 is starting and other DHD#10 updates staff need to know about.
5. **Health Officer Review Tool and Process:** Included separate from the Board packet is a copy of the Health Officer review tool and Health Officer goals and updates from 2023. The annual review of the Health Officer will be included as part of the November Board of Health meeting.
6. **MALPH:** Just wanted to share that I did assume Presidency of MALPH on October 2, 2023. This is a one-year term responsibility.

Respectfully submitted:

*Kevin Hughes, MA
Health Officer*