



BOARD OF HEALTH

Monthly Meeting: September 29, 2023, 9:30a.m.

521 Cobb Street, Cadillac, MI

A G E N D A

- I. Call to Order.....Richard Schmidt, Chair
- II. Roll Call
- III. Review and Approval of the Agenda
- IV. Review and Approval of Board of Health Meeting Minutes.....August 25, 2023
- V. Public Comment
- VI. Committee Reports
 - A. Executive Committee.....Richard Schmidt
 - B. Finance Committee.....Bryan Kolk
 - 1. *Finance Report*
 - 2. *Approve Accounts Payable and Payroll*.....Action Item
 - 3. *FY24 Budget Approval*.....Action Item
 - 4. *FY23 Final Budget Approval*.....Action Item
 - 5. *Health Officer Compensation*
 - C. Personnel Committee.....Robert Baldwin
 - D. Legislative Committee.....Nick Krieger
- VII. Board of Health Presentation
 - A. Emergency Response UpdateBret Haner
- VIII. Administration Reports
 - A. Medical Director.....Dr. Jennifer Morse, MD
 - B. Deputy Health OfficerSarah Oleniczak
 - C. Health Officer.....Kevin Hughes
- IX. Public Comments
- X. Other Business
- XI. Next Board of Health Meeting: October 27, 2023, at 9:30 a.m.
- XII. Adjournment



District Health Department #10

Healthy People, Healthy Communities

BOARD OF HEALTH

Meeting Minutes

August 25, 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: *Phil Lewis, Dorothy Frederick, James Sweet, Robert Baldwin, Kristine Raymond, Clyde Welford, Richard Schmidt, Ron Bacon, Nick Krieger, Tom O'Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike, Bob Walker, Julie Theobald, Gary Taylor*
Staff In Person - *Kevin Hughes, Dr. Jennifer Morse, Sarah Oleniczak, Christine Lopez, Amanda VanPeeren*
Members Excused: *Dawn Fuller, Star Hughston*
Members Absent: *Jeff Dontz, Paul Erickson*
Guests: *Leslie Telfor*
- III. **Approval of the Agenda.** Motion by Jim Maike, seconded by Nick Krieger to approve the meeting agenda.

Motion carried.
- IV. **Approval of the Meeting Minutes.** Motion by Bryan Kolk, seconded by Ron Bacon to approve the minutes of the July 28, 2023, meeting.

Motion carried.
- V. **Public Comment:** No Public Comment
- VI. **Committee Reports**
A. Executive Committee – The executive committee did not meet.
 - The committee will meet in October to discuss the health officer agreement.
B. Finance Committee – Bryan Kolk
 - The Finance Committee met on August 18, 2023, to review the FY24 budget and MERS. The budget for 2024 was presented and discussed by Christine Lopez. The budget will be presented to the board at the September meeting for approval.
 - Christine Lopez presented the financial report for the month ending July 31, 2023. The balance sheet showed cash balance of \$13.1 million, and a total fund balance of \$8 million. Total revenues for the month were just over \$1.56 million, with expenses of \$1.75 million.

Approve Accounts Payable and Payroll. Motion by Ron Bacon, seconded by Nick Krieger, to approve the accounts payable and payroll.

Roll Call

<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Clyde Welford</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>Phil Lewis</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>
<i>Tom O'Neil</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Dorothy Frederick</i>	<i>Yes</i>		

Motion Carried

C. Personnel Committee – Robert Baldwin

- The personnel committee met on August 18, 2023. Recruitment and retention ideas were discussed. There will be more follow up on this in October. The pay schedule was discussed, and a recommendation was made to forward it to the full board for consideration. There was discussion on the overall cost to implement the scale and discussion on the differences between a five step and nine step pay schedule. The nine step pay schedule was used for budget planning purposes.

Approve 9 Step Pay Schedule as presented. Motion by Robert Baldwin, seconded by Jim Maike to approve the pay schedule with an implementation date of October 1, 2023

Roll Call

<i>James Sweet</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Clyde Welford</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>Phil Lewis</i>	<i>Yes</i>	<i>Bob Walker</i>	<i>Yes</i>
<i>Ron Bacon</i>	<i>Yes</i>	<i>Julie Theobald</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>
<i>Tom O'Neil</i>	<i>Yes</i>	<i>Ray Steinke</i>	<i>Yes</i>
<i>Dorothy Frederick</i>	<i>Yes</i>		

- The personnel committee will meet in October to review benefits.
- The new Environmental Health Director was hired as of September 11, 2023.
- The move for the social security replacement plan (SSRP) to Principal blackout period started 8/24/2023. 9/1/2023 is the official change over. The blackout period will end the week of September 17th.

D. Legislative Committee – did not meet.

- Kevin Hughes shared bill 4087. Federal guidelines for law enforcement to get homeless youth in for medical services if needed. Dr. Morse and Katy Bies are working on providing information.
- Rep Vanderwall met with Kevin Hughes, Jen Hansen, Elizabeth Johnson on the oral health project. The current program ends in December unless the new programs is approved.
- Statewide sanitary code bill – substitute bills are out but they haven’t been seen.
- September 26th is Legislative Day in Lansing

VII. Addiction Treatment Services Mobile Unit Update – Leslie Telfor, BSN

Mobile MAT unit in the parking lot at Wexford - Addiction recovery services for people with lack of transportation or money. Have been in Wexford since July and now have two established clients that meet bi-weekly. Has bathroom to do urine screenings and is able to do telehealth visits on the mobile unit. Medication like methadone is not offered by the mobile unit but treatment options are. Helps by minimizing gaps in services or lack of services they can receive otherwise. Expanding to other places including currently to Kalkaska. Vivitrol injections are given monthly and will be case by case to determine how long to treat clients. Funded by state opioid treatment, and medications are funded by grants. Concern-that we enable people to be addicted to something else, so what are we doing to prevent this from happening and are we tracking it. The goal is to have cases to eventually bring forth, but they don’t have that right now as this is such a new program, but they will be tracking long term. There is no medication treatment for marijuana, which is a current problem right now per Dr. Morse, and they do push that it’s a “safer drug” which isn’t true so that is a concern as well.

VIII. **Administration Reports**

- A. Medical Director, Dr. Jennifer Morse has a separate handout that was shared. Her report was on animal bites and rabies. There was one rapid bat in Kalkaska County that caused animal exposures. The State got involved to help quarantine. Information on animal rehabs and how to contact was also provided.

- Recommendations by Dr. Morse:
 - Avoid wild animals. Use care when handling dead animals.
 - Do not touch, move, or feed an injured animal.
 - Avoid direct contact with bats.
 - If bitten or scratched by a dog, cat, or other animal in a foreign county, get medical attention right away, or as soon as you get home as there may be a higher risk for rabies.

Approve recommendations made by Dr. Morse. Motion by Bryan Kolk, seconded by Ron Bacon, to approve the recommendations by Dr. Morse.

Motion Carried

B. Deputy Health Officer, Sarah Oleniczak

- PHAB reaccréditation update was provided. We should hear if we are reaccrédited in November.
- DHD10 Strategic Plan 2023-2026 – seeking approval for strategic plan that is in the handout. This will be put into a formal template for PHAB.

Approve DHD10 Strategic Plan. Motion by Ron Bacon, seconded by Ray Steinke to approve. *Motion carried.*

C. Health Officer, Kevin Hughes

- EPI Team Update – diesel fuel spill in Lake Michigan. Beach advisories were out but there was no lasting damage and beaches are now open.
- PFAS Update – a new well in Kalkaska County has detection of PFAS. A filter may be provided. The McBain wastewater treatment plant has PFAS detected. EGLE will do an update call next week. The Scottville landfill also has PFAS. There are no homes near the area, and nothing needs to be done at this time.
- Enforcement activities – it was found out the morning of the Kalkaska appeals board meeting that the property, since less than 1 acre, falls under land division which means that EGLE must make the decision on the appeal.
- A formal hearing for a restaurant in Crawford County will be held on September 18th in Cadillac at 10am. Phil Lewis and Ray Steinke will be the two board members in attendance. The restaurant does not have enough hot water to sanitize dishes.
- Timberly Village – nothing new to report
- Public Health in the last 50 years was shared.
- A staff safety training will be held on September 8, 2023, at Ferris State University
- Health Officer goals were shared.
- Beaumont handouts discussed.

- Workplace culture study shows that our staff are positive regarding workplace culture.

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, September 29 at 9:30 a.m. at the Cadillac Office.

Richard Schmidt adjourned the meeting at 10:57 am.

Richard Schmidt, Chair

Date

Ron Bacon, Secretary

Date

District Health Department #10 - FY24 Budget
10/1/2023

	FY23 Budget	FY24 Budget	Difference
Revenues			
State & Federal Funding			
CHA Needs Assessment	30,804.00	29,625.00	(1,179.00)
CHIR BBO	4,618.00	2,654.00	(1,964.00)
CHIR Regional SDoH Leadership	479.00	1,878.00	1,399.00
CHIR SDoH Community Info Exchange	8,643.00	9,408.00	765.00
CJS Alliance	23,466.00	23,466.00	0.00
Cross Jurisdictional Sharing Admin	44,500.00	44,530.00	30.00
Emergency Preparedness	162,476.00	162,476.00	0.00
MCIR	175,000.00	0.00	(175,000.00)
Medicaid Outreach	227,207.00	295,244.00	68,037.00
North Central Network Collaboration	35,590.00	9,544.00	(26,046.00)
Public Health Workforce	313,577.00	175,000.00	(138,577.00)
Rotary Charities LC	0.00	3,649.00	3,649.00
SDoH Accelerator Grant	125,000.00	22,933.00	(102,067.00)
Strengthening Disability Inclusion	26,022.00	0.00	(26,022.00)
Substance Use Stigma Assessment SSAR	205,586.00	118,587.00	(86,999.00)
Agency	0.00	716,670.00	716,670.00
COVID Immunizations	150,282.00	281,371.00	131,089.00
Communicable Disease	259,938.00	259,938.00	0.00
ELC Contact Tracing and Wraparound	692,910.00	704,286.00	11,376.00
Family Planning	296,622.00	220,062.00	(76,560.00)
Imms Vaccine Quality Assurance VQA	54,660.00	54,660.00	0.00
Immunization Site Visits VFC/INE	15,000.00	15,000.00	0.00
Immunizations	207,484.00	207,484.00	0.00
Immunizations Action Plan - IAP	108,280.00	113,694.00	5,414.00
STI Clinics	45,000.00	45,000.00	0.00
Breast Cervical Cancer Control Program	54,250.00	40,162.00	(14,088.00)
CCL Community Connections	137,852.00	245,200.00	107,348.00
CCL Community Connections NW	138,667.00	261,118.00	122,451.00
Community Health	10,000.00	0.00	(10,000.00)
Dental Outreach	8,620.00	0.00	(8,620.00)
Dental Sealants	33,000.00	26,000.00	(7,000.00)
Deterra Disposal & Medication Lock Box	9,000.00	0.00	(9,000.00)
HIV Prevention	45,000.00	45,000.00	0.00
Harm Reduction Support	75,000.00	70,000.00	(5,000.00)
Interconnected MH System-Mason	0.00	24,421.00	24,421.00
Kalkaska Memorial Health Center CHW	23,333.00	20,337.00	(2,996.00)
Live Well Reach Grant	0.00	722,000.00	722,000.00
Mesick School based CHW Grant	63,689.00	50,886.00	(12,803.00)
Oral Health Kindergarten Screening	82,408.00	68,308.00	(14,100.00)
Tobacco Grant	40,000.00	40,000.00	0.00
Wisewoman Coordination	33,000.00	33,000.00	0.00
Beach Monitoring	16,823.00	15,829.00	(994.00)
Beach Monitoring - Inland Lakes	11,879.00	11,879.00	0.00
Campgrounds	23,220.00	23,220.00	0.00
Drinking Water	448,757.00	448,757.00	0.00
Food Service	270,791.00	270,791.00	0.00
Long Term Groundwater Monitoring	7,416.00	7,416.00	0.00
Medical Waste	5,000.00	5,000.00	0.00
Non Community Water	580,936.00	772,538.00	191,602.00
On-Site Sewage - Land Application	12,200.00	12,200.00	0.00
On-Site Sewage - Septic Systems	387,374.00	387,374.00	0.00
PFAS Eagle Ottawa Farm	1,476.00	23,639.00	22,163.00
PFAS Grayling Water Recovery	76,336.00	76,663.00	327.00
PFAS Ludington WWTP	1,476.00	1,974.00	498.00
PFAS Rothbury	26,623.00	26,287.00	(336.00)
PFAS Wexford Missaukee CTC	34,992.00	37,544.00	2,552.00
Pools & Spas	16,920.00	16,920.00	0.00
CSHCS Care Coordination Case Management	90,000.00	125,000.00	35,000.00
CSHCS Vaccine Initiative	21,321.00	11,447.00	(9,874.00)
Children's Special Health Care Services	318,308.00	316,075.00	(2,233.00)
HFA FFPSA	130,000.00	130,000.00	0.00
Healthy Families America Grand Traverse	200,142.00	200,142.00	0.00

	FY23 Budget	FY24 Budget	Difference
Hearing	70,808.00	70,808.00	0.00
Lead Home Visiting	2,400.00	3,000.00	600.00
MCH Women	97,000.00	183,560.00	86,560.00
MI Home Visiting IRE (HFA)	569,651.00	569,651.00	0.00
Regional Perinatal Care System	120,000.00	100,000.00	(20,000.00)
Vision	70,808.00	70,808.00	0.00
Brethren High School Mental Health Grant	110,000.00	110,000.00	0.00
Chippewa Hills Clinical AHC	275,000.00	275,000.00	0.00
Hart High School Mental Health Grant	110,000.00	110,000.00	0.00
Lake City Clinical AHC	155,000.00	180,000.00	25,000.00
Ludington Schools Mental Health Grant	110,000.00	110,000.00	0.00
MI Safer Schools HRA	1,026,666.00	1,163,367.00	136,701.00
Mason County Eastern AHC	155,000.00	180,000.00	25,000.00
MiKids Now Lake City	25,000.00	0.00	(25,000.00)
MiKids Now MCE	25,000.00	0.00	(25,000.00)
MiKids Now Shelby	50,000.00	0.00	(50,000.00)
MiKids Now Viking Wellness Center	25,000.00	0.00	(25,000.00)
MiKids Now Wexford	50,000.00	0.00	(50,000.00)
Pentwater Schools Mental Health Grant	110,000.00	110,000.00	0.00
School Wellness - McBain	170,000.00	170,000.00	0.00
School Wellness Center - Manton/Mesick	0.00	170,000.00	170,000.00
Shelby Adolescent Health Center	0.00	275,000.00	275,000.00
Prosperity Grant/CLPP	40,000.00	50,000.00	10,000.00
WIC Migrant	100,640.00	98,000.00	(2,640.00)
WIC Peer Counselor	305,356.00	297,969.00	(7,387.00)
WIC Resident	1,612,793.00	1,570,745.00	(42,048.00)
Total State & Federal Funding	12,035,075.00	13,952,194.00	1,917,119.00
Other Funding			
Building Lease Hart	63,600.00	63,600.00	0.00
CHA Needs Assessment	43,275.00	40,000.00	(3,275.00)
CHIR BBO	17,000.00	17,000.00	0.00
CHIR Regional SDoH Leadership	10,000.00	10,000.00	0.00
CHIR SDoH Community Info Exchange	37,000.00	40,000.00	3,000.00
MCDC	100,000.00	0.00	(100,000.00)
Michigan Center for Rural Health	18,970.00	18,970.00	0.00
NMPHA/CHIR Communication and Education	7,000.00	0.00	(7,000.00)
North Central Network Collaboration	91,332.00	15,000.00	(76,332.00)
Rotary Charities LC	0.00	101,090.00	101,090.00
EPI	8,000.00	0.00	(8,000.00)
Employee Wellness Program	5,000.00	5,000.00	0.00
Finance	113,000.00	113,000.00	0.00
CD Billing Counties	3,000.00	3,000.00	0.00
Immunizations	302,000.00	302,000.00	0.00
CCL Community Connections	179,476.00	0.00	(179,476.00)
CDC National Diabetes Prevention Program	0.00	38,000.00	38,000.00
COVID Health Disparities - Rural Health	425,144.00	72,495.00	(352,649.00)
COVID Prevention Missaukee	8,768.00	8,055.00	(713.00)
COVID Prevention Wexford	17,389.00	17,389.00	0.00
Chronic Disease Prevention	37,018.00	0.00	(37,018.00)
Coalition Capacity Building Lake	35,967.00	22,585.00	(13,382.00)
Coalition Capacity Building Manistee	22,000.00	22,819.00	819.00
Coalition Capacity Building Mason	40,000.00	21,595.00	(18,405.00)
Community Health	11,500.00	11,500.00	0.00
Gambling Disorder Prevention Project	24,300.00	19,000.00	(5,300.00)
Interconnected MH System-Mason	325,408.00	200,000.00	(125,408.00)
Kalkaska Memorial Health Center CHW	50,000.00	50,000.00	0.00
LRE ARPA Prevention	14,766.00	0.00	(14,766.00)
LiveWell for your Heart	28,966.00	0.00	(28,966.00)
Oceana LEADS DFC	119,000.00	100,000.00	(19,000.00)
Prevention Grant Missaukee	17,612.00	17,478.00	(134.00)
Prevention Grant Wexford	41,818.00	40,699.00	(1,119.00)
Prevention Lake	15,708.00	15,708.00	0.00
Prevention Mason	57,963.00	58,243.00	280.00
Prevention Oceana	29,769.00	29,769.00	0.00
ROCA Mentee Grant	92,555.00	53,166.00	(39,389.00)
Snap Ed	100,000.00	105,000.00	5,000.00

	FY23 Budget	FY24 Budget	Difference
State Opioid Response (SOR)	37,200.00	37,200.00	0.00
State Opioid Response (SOR) Lake	10,908.00	0.00	(10,908.00)
State Opioid Response (SOR) Oceana	15,000.00	0.00	(15,000.00)
Tobacco Checks LSRE	2,500.00	2,500.00	0.00
Agnes Taylor Fund	4,004.00	4,004.00	0.00
CSHCS Thorton Fund Kalkaska	2,400.00	2,400.00	0.00
Early On Oceana	500.00	1,355.00	855.00
Healthy Families Manistee/Missaukee	178,183.00	178,183.00	0.00
MI Home Visiting IRE (HFA)	8,230.00	0.00	(8,230.00)
Brethren High School Mental Health Grant	20,000.00	20,000.00	0.00
Cadillac Adolescent Health Center	278,000.00	308,000.00	30,000.00
Chippewa Hills Clinical AHC	33,000.00	33,000.00	0.00
Grayling School Mental Health	15,000.00	15,000.00	0.00
Hart High School Mental Health Grant	20,000.00	20,000.00	0.00
Lake City Clinical AHC	20,000.00	20,000.00	0.00
Lake City MH Expansion AHC	16,600.00	0.00	(16,600.00)
Ludington Schools Mental Health Grant	20,000.00	20,000.00	0.00
Mason County Eastern AHC	20,000.00	20,000.00	0.00
MiKids Now Lake City	1,234.00	0.00	(1,234.00)
MiKids Now MCE	1,852.00	0.00	(1,852.00)
MiKids Now Shelby	2,963.00	0.00	(2,963.00)
MiKids Now Viking Wellness Center	1,852.00	0.00	(1,852.00)
MiKids Now Wexford	2,963.00	0.00	(2,963.00)
Pentwater Schools Mental Health Grant	20,000.00	20,000.00	0.00
School Wellness - McBain	30,000.00	30,000.00	0.00
School Wellness Center - Manton/Mesick	220,000.00	30,000.00	(190,000.00)
Shelby Adolescent Health Center	278,000.00	33,000.00	(245,000.00)
Viking Wellness Center - Grayling AHC	175,000.00	200,000.00	25,000.00
Diaper Assistance Project	10,000.00	0.00	(10,000.00)
WIC Resident	830.00	0.00	(830.00)
Total Other Funding	3,960,523.00	2,626,803.00	(1,333,720.00)
Billing Revenue			
BCCCP Direct	7,500.00	7,500.00	0.00
COVID Immunizations	200,000.00	100,000.00	(100,000.00)
Family Planning	90,000.00	120,000.00	30,000.00
Immunizations	580,000.00	700,000.00	120,000.00
STI Clinics	7,000.00	18,000.00	11,000.00
Breast Cervical Cancer Control Program	73.00	0.00	(73.00)
CCL Community Connections	227,600.00	478,000.00	250,400.00
Community Health	4,000.00	4,000.00	0.00
Dental Sealants	2,000.00	6,500.00	4,500.00
Oral Health Kindergarten Screening	5,000.00	10,000.00	5,000.00
Wisewoman Coordination	13,000.00	0.00	(13,000.00)
Hearing	15,000.00	15,000.00	0.00
MCH Women	4,231.00	5,000.00	769.00
Maternal Infant Health Program	700,000.00	600,000.00	(100,000.00)
Vision	20,000.00	20,000.00	0.00
Brethren High School Mental Health Grant	35,000.00	35,000.00	0.00
Cadillac Adolescent Health Center	90,000.00	90,000.00	0.00
Chippewa Hills Clinical AHC	70,000.00	70,000.00	0.00
Hart High School Mental Health Grant	20,000.00	20,000.00	0.00
Lake City Clinical AHC	35,000.00	35,000.00	0.00
Ludington Schools Mental Health Grant	20,000.00	20,000.00	0.00
Mason County Eastern AHC	35,000.00	35,000.00	0.00
Pentwater Schools Mental Health Grant	20,000.00	20,000.00	0.00
School Wellness - McBain	30,000.00	30,000.00	0.00
School Wellness Center - Manton/Mesick	35,000.00	35,000.00	0.00
Shelby Adolescent Health Center	90,000.00	90,000.00	0.00
Viking Wellness Center - Grayling AHC	35,381.00	35,381.00	0.00
Dental Varnish	2,500.00	2,500.00	0.00
Lead Hemoglobin	4,000.00	5,500.00	1,500.00
Total Billing Revenue	2,397,285.00	2,607,381.00	210,096.00
Medicaid Cost Settlement			
Medicaid Cost Report	1,500,000.00	2,254,000.00	754,000.00
Total Medicaid Cost Settlement	1,500,000.00	2,254,000.00	754,000.00

	FY23 Budget	FY24 Budget	Difference
Environmental Health Revenue			
Body Art	6,000.00	6,000.00	0.00
Campgrounds	34,000.00	34,000.00	0.00
DHHS Inspection	41,000.00	41,000.00	0.00
Drinking Water	422,000.00	422,000.00	0.00
Food Service	364,000.00	364,000.00	0.00
Food Service - Manager Training Class	10,800.00	10,800.00	0.00
Food Service - Plan Review	19,000.00	19,000.00	0.00
Food Service - TFSE/STFU	15,000.00	15,000.00	0.00
Non Community Water	31,000.00	31,000.00	0.00
On-Site Sewage - BPA	5,500.00	5,500.00	0.00
On-Site Sewage - Mortgage Evaluation	50,000.00	50,000.00	0.00
On-Site Sewage - POS Evaluation	20,000.00	20,000.00	0.00
On-Site Sewage - Septic Systems	648,000.00	648,000.00	0.00
On-Site Sewage - Subdivision/Condo	1,000.00	1,500.00	500.00
Pools & Spas	14,500.00	14,500.00	0.00
Radon	650.00	650.00	0.00
Sewage Contractor License	8,500.00	8,500.00	0.00
Tanning	2,300.00	2,300.00	0.00
Water Lab	70,000.00	70,000.00	0.00
Total Environmental Health Revenue	1,763,250.00	1,763,750.00	500.00
Appropriations			
County Appropriations	1,683,256.00	1,683,256.00	0.00
Space Appropriations	1,291,223.00	1,291,223.00	0.00
Total Appropriations	2,974,479.00	2,974,479.00	0.00
Other Revenue			
Donations	4,000.00	7,000.00	3,000.00
Interest	85,000.00	110,000.00	25,000.00
Flower Fund	2,000.00	2,000.00	0.00
Insurance Company Distributions Dividends	72,697.00	73,586.00	889.00
Total Other Revenue	163,697.00	192,586.00	28,889.00
Total Revenues	24,794,309.00	26,371,193.00	1,576,884.00
Expenditures			
Wages	12,240,039.00	13,615,418.00	1,375,379.00
Fringes	6,107,368.00	6,155,366.00	47,998.00
Travel	687,581.00	706,386.00	18,805.00
Supplies	1,726,983.00	1,744,134.00	17,151.00
Contractual	1,214,002.00	1,175,784.00	(38,218.00)
Communications	352,223.00	394,938.00	42,715.00
Printing/Publishing	261,039.00	200,380.00	(60,659.00)
Education/Training	135,640.00	122,763.00	(12,877.00)
Liability Insurance	99,758.00	125,369.00	25,611.00
Maintenance	501,144.00	589,565.00	88,421.00
Space	1,602,689.00	1,600,429.00	(2,260.00)
Equipment	232,227.00	210,000.00	(22,227.00)
Other Expenses	178,800.00	63,600.00	(115,200.00)
Total Expenditures	25,339,493.00	26,704,132.00	1,364,639.00
Increase(Decrease) in Fund Balance	(545,184.00)	(332,939.00)	212,245.00

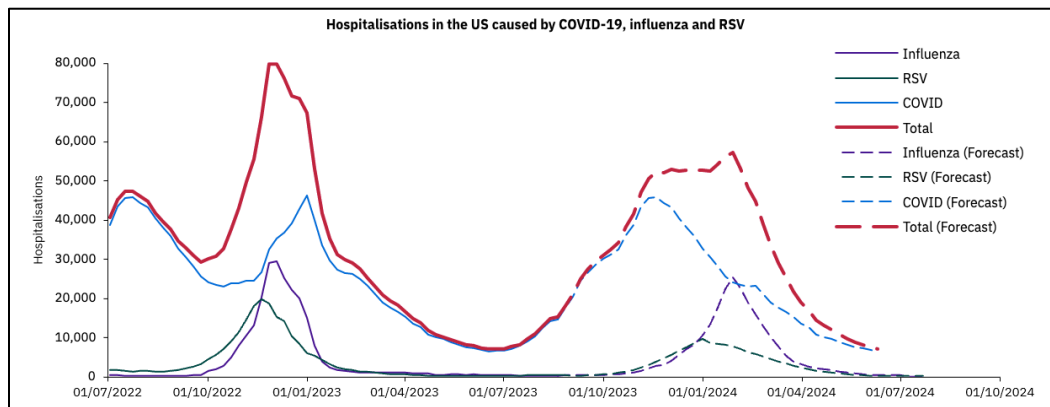
Report to the Boards of Health
Jennifer Morse, MD, MPH, FAAFP, Medical Director



Mid-Michigan District Health Department, Wednesday, September 27, 2023
Central Michigan District Health Department, Wednesday, September 27, 2023
District Health Department 10, Friday, September 29, 2023

Immunization Update

During the winter and spring months, we typically see outbreaks of influenza, respiratory syncytial virus (RSV), and COVID-19. Below is a graph of the hospitalizations from these three viruses last year and the projections for this season.



<https://www.airfinity.com/articles/tripledemic-peak-in-us-and-uk-hospitalisations-to-be-smaller-than-last-year>

This is the first year we have active prevention measures for all three of these illnesses. There is an updated influenza vaccine, as is typical each fall, an updated COVID-19 vaccine, two new RSV vaccines for adults 60 years and older, and an RSV long-acting monoclonal antibody product for all infants under 8 months and some older infants and toddlers at increased risk. We will review each one.

Influenza Vaccine

Influenza, or “the flu”, is a very contagious respiratory illness caused by different flu viruses. In the United States each year, millions of people get the flu, hundreds of thousands of people are hospitalized, and thousands or tens of thousands of people die. Influenza vaccines prevent flu illness, make flu illness less severe, reduce risk for hospitalization, and reduce chances of needing intensive care unit admission and duration of hospitalization. Vaccination also reduces the risk of death when infected.

Everyone ages 6 months and older should receive a flu vaccine dose each year, with few exceptions. All 2023-2024 seasonal influenza vaccines are “quadrivalent” which means they vaccinate for four (4) strains of influenza: two influenza A strains and two influenza B strains. It is best to get the flu vaccine during September or October, but the vaccine should still be given throughout the season if influenza viruses are circulating. It can be given in July and August to children who need two doses, pregnant people who are in the third trimester at that time, and others if they might not be able to get it later.

There are [several flu vaccines available](#). For those over 65 years of age and older, [high](#)

Vaccine Type		Age Indication
Inactivated Influenza Quadrivalent Vaccine		6 months & older (varies per brand)
¹ Live Attenuated Influenza Quadrivalent Vaccine		2 through 49 years if healthy and not pregnant persons
² Cell Culture Inactivated Influenza Quadrivalent Vaccine		6 months & older
PREFERRED FOR 65 YEARS AND OLDER	³ Recombinant Inactivated Influenza Quadrivalent Vaccine	18 years & older
	⁴ High Dose- Inactivated Influenza Quadrivalent Vaccine	65 years & older
	⁵ Adjuvanted Inactivated Influenza Quadrivalent Vaccine	65 years & older

¹ Cannot use in the following situations: Concomitant aspirin- or salicylate-containing therapy in children and adolescents. Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months. Immunocompromised due to any cause, including but not limited to immunosuppression caused by medications, congenital or acquired immunodeficiency states, HIV infection, anatomic asplenia, or functional asplenia (e.g., due to sickle cell anemia). Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. Pregnancy; Persons with active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak; Persons with cochlear implants; Receipt of influenza antiviral medication within the previous 48 hours for oseltamivir and zanamivir, previous 5 days for peramivir, and previous 17 days for baloxavir. Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]).

² Does not contain egg protein

³ Contains three times the amount of antigen as in the traditional influenza vaccine, made from recombinant hemagglutinin produced in an insect cell line using genetic sequences from cell-derived influenza viruses and is manufactured without the use of influenza viruses or eggs

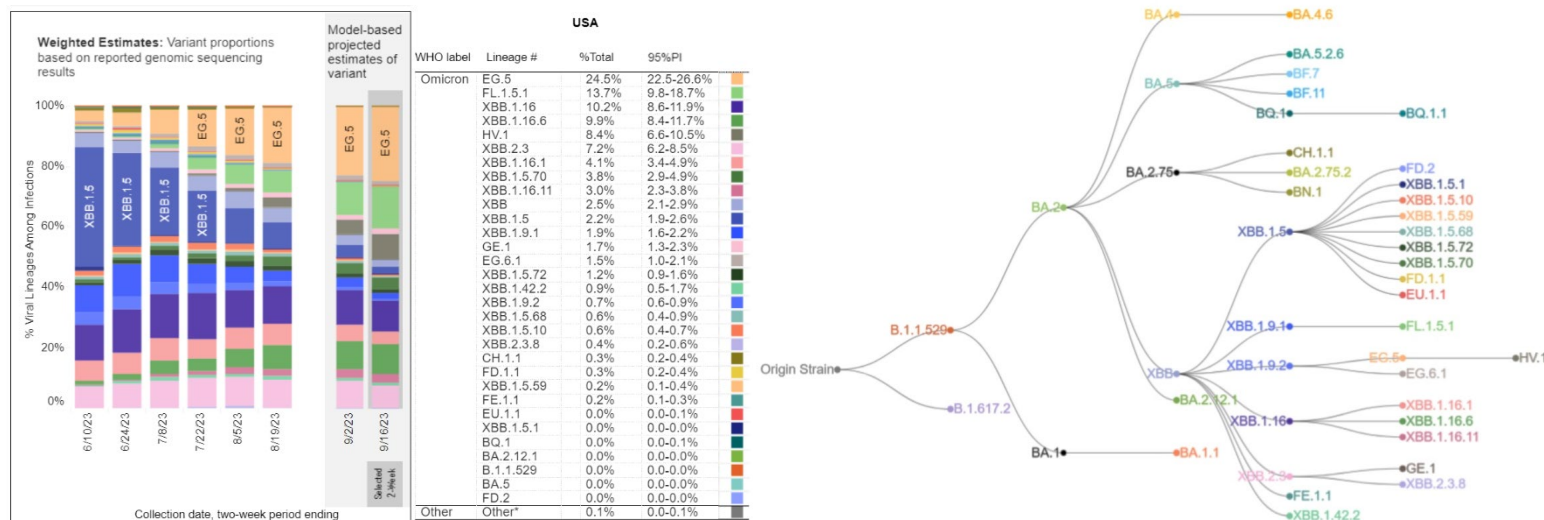
⁴ Contains four times the amount of antigen as in the traditional influenza vaccine

⁵ Includes the adjuvant MF59C.1

[dose flu vaccine](#), [adjuvanted flu vaccine](#), and [recombinant flu vaccine](#) are recommended because they stimulate the immune system better.

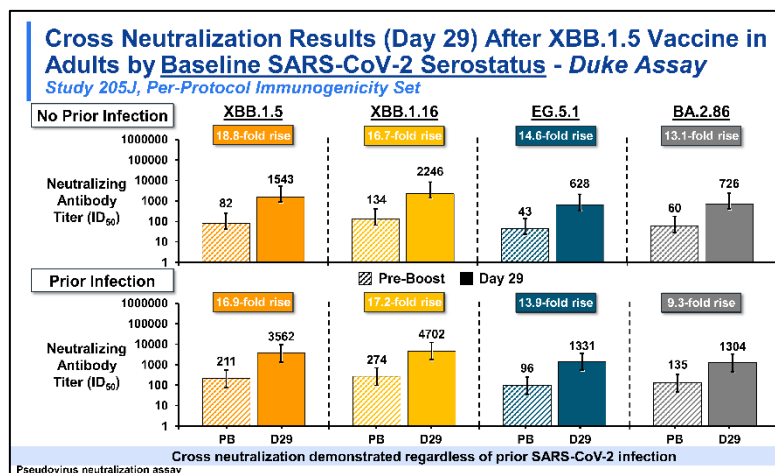
COVID-19 Vaccine

The COVID-19 virus keeps changing and our immunity, whether from vaccination or infection, wears off with time. Because of both things, we need an updated COVID-19 vaccine. There is now an [updated COVID-19 vaccine](#) available which targets one of the Omicron subvariants, XBB.1.5. The original strain of COVID-19 has been replaced by variants and is no longer spreading or causing illness. That is why we don't need to keep it in the vaccine anymore, and why we have a monovalent vaccine instead of a bivalent.



It is recommended that everyone 6 months and older get an updated COVID-19 vaccine if they have not had a COVID-19 vaccine in the past 2 months or been infected with COVID-19 in the past 3 months. Novavax vaccine, which is made like the recombinant flu vaccine and some other vaccines, has not yet been approved by the FDA due to some delays but should be soon and should have the same recommendations.

The updated vaccines worked well last year, decreasing needs for urgent care and ER visits by 60% in children and adults. They reduced the need for hospitalization in those with COVID-19 by 65%. Benefits did decrease with time, though it is hard to sort out how much of the decrease was the effect of new variants. There is also now good and repeated evidence to show that COVID-19 vaccination, especially staying up to date on vaccination, reduces the risks and severity of long COVID. Each of the pharmaceutical companies were able to show the newest updated vaccine created increases in antibodies against the currently circulating variants, and in the case of Moderna, they included BA.2.86.



Immunogenicity of Moderna COVID-19 Vaccine (2023-2024 Formula) XBB.1.5 Monovalent Vaccine

Some question the need of COVID-19 vaccination in children. The most recent data shows that more than half of children hospitalized for COVID-19 do not have any other health problems, or co-morbidity. For kids, hospitalization rates were lower or comparable to those with the flu but once hospitalized, more kids went to the ICU for COVID-19 than for the flu. COVID-19 hospitalization rates were higher than some other vaccine-preventable diseases, such as hepatitis A, chickenpox, and invasive pneumococcal disease. There have also been concerns regarding the risks of myocarditis and pericarditis with mRNA vaccines, especially with teens and young adults. There were only 2 cases of myocarditis or pericarditis observed after over 650,000 bivalent boosters were given (or 0.31 per 100,000). This was a much smaller rate than after the primary series. It is thought this was because of the increased time between vaccine doses. The estimated rate of myocarditis with COVID-19 infections is 150 cases/100,000 individuals, or 480x higher than the rate after receiving the bivalent booster.

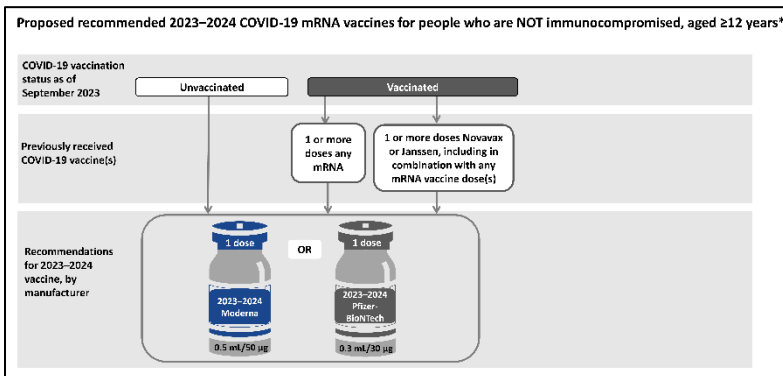
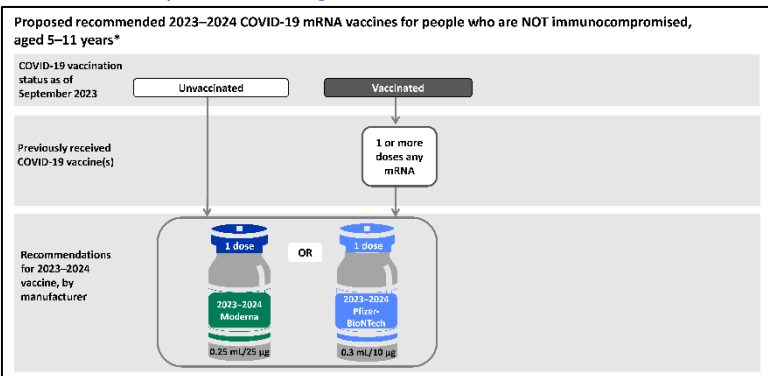
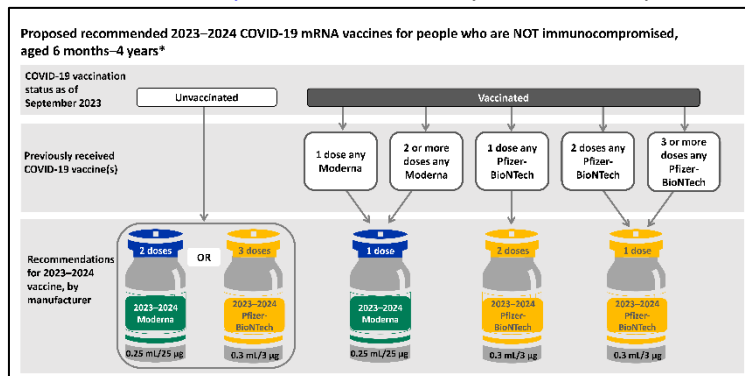
Specified Serious Adverse Events (Myocarditis/Pericarditis)

Incidence Rate of Verified Myocarditis/Pericarditis in the 0 to 7 Days After mRNA COVID-19 Vaccination among Persons Aged 12 – 39 Years by Product, Age Group, Sex.

Age group	Monovalent Booster Dose		Bivalent Booster Dose	
	Cases/Doses Administered	Incidence Rate/Million Doses (95% CI)	Cases/Doses Administered	Incidence Rate/Million Doses (95% CI)
Pfizer				
Male				
12-17 y	-	-	0/55649	0.0 (0.0 – 53.8)
12-15 y	5/81613	61.3 (19.9 – 143.0)	-	-
16-17 y	9/47874	188.0 (86.0 – 356.9)	-	-
18-29 y	7/166973	41.9 (16.9 – 86.4)	1/60338	16.6 (0.4 – 92.3)
30-39 y	3/197554	15.2 (3.1 – 44.4)	0/97171	0.0 (0.0 – 30.8)
Female				
12-17 y	-	-	0/57776	0.0 (0.0 – 51.9)
12-15 y	0/84114	0.0 (0.0 – 35.6)	-	-
16-17 y	2/55004	36.4 (4.4 – 131.3)	-	-
18-29 y	1/240226	4.2 (0.1 – 23.2)	0/95162	0.0 (0.0 – 31.5)
30-39 y	1/268412	3.7 (0.1 – 20.8)	0/133305	0.0 (0.0 – 22.5)
Moderna				
Male				
18-29 y	7/109337	64.0 (25.7 – 131.9)	0/22247	0.0 (0.0 – 134.7)
30-39 y	1/149468	6.7 (0.2 – 37.3)	1/41820	23.9 (0.6 – 133.2)
Female				
18-29 y	1/156707	6.4 (0.2 – 35.6)	0/35393	0.0 (0.0 – 84.6)
30-39 y	2/191765	10.4 (1.3 – 37.7)	0/55816	0.0 (0.0 – 53.7)

Source: Goddard K, et al. Incidence of Myocarditis/Pericarditis Following mRNA COVID-19 Vaccination Among Children and Younger Adults in the United States. Ann Intern Med. 2022;175:1169-1771. Bivalent booster data through March 11, 2023. Data unpublished.

Those that are up to date on their COVID-19 vaccines and most 5 years old and older will just need one dose of the updated vaccine. Some who are younger than 5 years may need additional doses. For those who are [immunocompromised](#), talk with your health department or healthcare provider [for guidance](#).



RSV Vaccine

Respiratory syncytial virus, or RSV, is a common respiratory virus and in most people causes cold symptoms. Most children will have RSV by the time they are 2 years old. Young infants and older adults are more likely than others to develop severe RSV and need hospitalization. Each year in the United States, RSV leads to approximately: 2.1 million healthcare visits for children younger than 5 years; 58,000-80,000 hospitalizations for children younger than 5 years old and 60,000-160,000 hospitalizations for adults 65 years and older, and; 100–300 deaths in children younger than 5 years old and 6,000-10,000 deaths among adults 65 years and older.

There are two new vaccines available that can be given starting at age 60 to prevent RSV, Arexvy (GSK) and Abrysvo (Pfizer), Abrysvo is also FDA approved for use in late pregnancy but still awaiting more input from the Advisory Committee on Immunization Practices (ACIP) as to the safest way to use it. When given later in pregnancy, antibodies pass to the baby providing around 6 months of protection after birth. However, there is some discussion regarding how much protection is provided, and concerns about side effects.

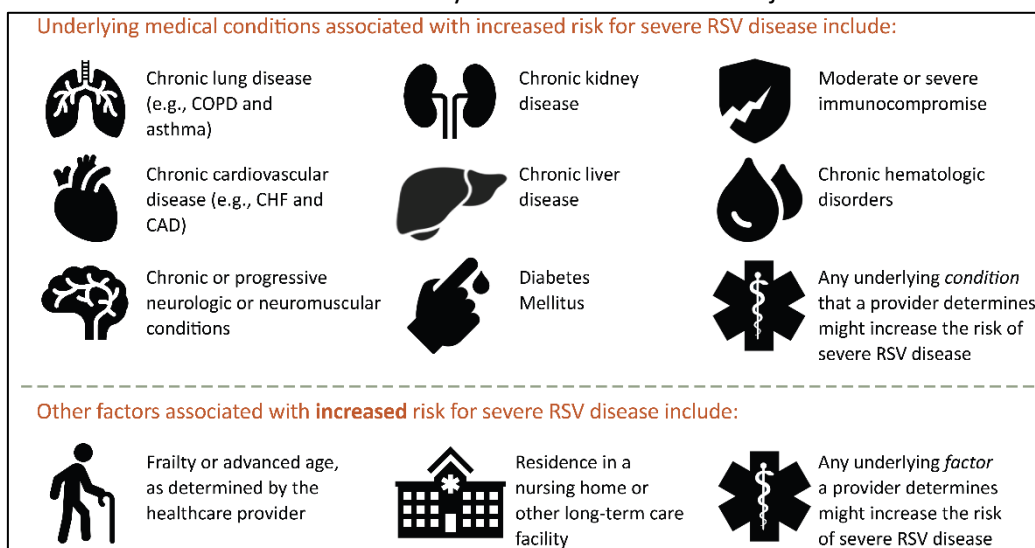
Both vaccines are [recombinant](#) protein subunit vaccines. Arexvy, (from GSK) uses an [adjuvant](#) (called AS01E) which is an ingredient that helps vaccines create a stronger and longer immune responses. Because they activate the immune system so well, vaccines with adjuvants tend to cause more short-term side effects like injection site redness, swelling, pain, as well as headache, muscle aches, and fatigue. Abrysvo (from Pfizer) has no adjuvant but does target one extra area of the same protein. In reality, it is expected that this will not add much to the protection it provides, but the vaccine does have fewer side effects since it has no adjuvant.

The recommendation is to give a single dose of either RSV vaccine as early as the vaccine supply becomes available and prior to the onset of RSV season (if possible) using *shared clinical decision making* between patient and healthcare provider. There are currently no recommendations for boosters but may change in future as more long-term evidence is available. In initial trials these vaccines reduced the need to seek healthcare and the risks of bronchitis and pneumonia from RSV by over 80%. They were studied over 2 RSV seasons.

The decision was made to not recommend these vaccines to all adults at this time until we know how well it prevents hospitalizations and deaths and how well it works over the long run. In addition, in the studies of over 50,000 people for both vaccines combined, there were 5 cases of inflammatory neurologic conditions (Guillain-Barré syndrome [GBS] and acute disseminated encephalomyelitis [ADEM]) and one case of worsening of an already existing motor-sensory polyneuropathy. Some of these cases happened in parts of the trial that had no placebo arm, making it more difficult interpret their relation to the vaccine. There was also a higher number of participants in the vaccine groups than the control groups that reported atrial fibrillation. A total of 20 in the vaccine group versus 8 in the control group reported an onset of atrial fibrillation within 30 days after vaccination. With such a small number of cases, we can't know if these issues are really related to the vaccine or just chance.

With more information from additional trials and post-marketing surveillance, it should become clearer if there is any true concern as well as the full benefits from the vaccine and recommendations may change.

At this time the vaccine is targeted at those adults with the highest risks from RSV infections, as illustrated to the right.













RSV Monoclonal Antibody

Nirsevimab (Bayfortus from Sanofi and AstraZeneca) is a new long-acting monoclonal antibody available for RSV. It is labeled as a medication by the FDA and is considered an immunization rather than a vaccination. It is recommended for infants up to 8 months who are born during or entering their first RSV season and for infants and children aged 8 to 19 months who are at increased risk for severe RSV disease and are entering their second RSV season.

Those at increased risk for severe disease include children with complicated chronic lung disease of prematurity; children with severe immunocompromise; children with complicated cystic fibrosis, and; American Indian or Alaska Native children. The protection lasts 4-6 months and in clinical trials it reduced the risk of hospitalization and healthcare visits by around 80%. It is very safe and has a very rare risk of allergic reactions but otherwise no major side effects.






Key differences between monoclonal antibodies and vaccines

What is it?	How does it work?	What does it do?	When does it take effect?	How long does it last for?
 Monoclonal Antibody	 A molecule that mimics natural antibodies to neutralise a virus	 Potential to protect against infection or treat an illness	 Works almost immediately	 Duration of effect may vary; potential to last many months or longer
 Vaccine	 A weakened pathogen, or particle, that starts an immune response	 Aims to help the body prevent infection	 Immune response develops a few weeks after vaccination	 Expected to provide long-term protection

¹Lloyd SC, et al. Monoclonal antibodies for COVID-19. JAMA. 2021; 325(19):1915-1916. doi:10.1001/jama.2021.10225.
²Lo Y-M, et al. AZD7442 demonstrates prophylactic and therapeutic efficacy in non-human primates and extended half-life in humans. medRxiv. Cold Spring Harbor Laboratory Press; 2021 [preprint]. Available from: <https://doi.org/10.1101/2020.09.09.20202222>.
³Li H, et al. Development of Rhesus antibodies for the treatment of disease. J Immunol Sci. 2020; 27:1. <https://doi.org/10.1101/2020.09.09.20202222>.
⁴Centers for Disease Control and Prevention (CDC). [Internet]. 2017 May 15. Available from: <https://www.cdc.gov/vaccines/imz/immunization/types.html>. [Last accessed: October 2021]
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Version ID: 24-08004 Date of preparation: November 2021

Version: Aug 2023
Additions Sept 2023 by JMorse

FALL 2023 VACCINES

	What are the options?	Who is eligible?	How well do they work?	When should I get it?
INFLUENZA 	A shot that targets 4 strains of seasonal flu	6 months and older	Typically reduces the risk of going to the doctor by 40- 60%	October is ideal, as vaccine protection wanes over a season
COVID-19 	Updated vaccine formula targeting XBB – an Omicron subvariant Options: Moderna and Pfizer (mRNA) and Novavax (protein)	<div> <div>TBD. CDC will decide in mid-to-late September</div> <div>UPDATE 9/12/23: Everyone 6 months and older</div> </div>	Last year, the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease	For protection against severe disease , get it anytime Protection against infection : It's best to get it right before a wave, which can be challenging to time
RSV (OLDER ADULTS) 	2 options: GSK and Pfizer. They are slightly different in design, but only at a microscopic level	60 years and older	82-86% efficacy against severe disease	Protection is durable. Get when it's available; no need to juggle timing
RSV (PREGNANCY) 	Pfizer is actively seeking approval	Pregnant people (then protection will pass to baby for protection in first 6 months of life).	82% efficacy in preventing hospitalization in first 3 months of life, 69% efficacy after 6 months	It's not available yet but once approved, get at 24 to 36 weeks of pregnancy
RSV ANTIBODY 	A new monoclonal antibody by AstraZeneca. This is not a vaccine (doesn't teach the body to make antibodies) but rather a proactive medication (provides antibodies).	All infants <8 months. High-risk infants 8-19 months	Reduces risk of hospitalization and healthcare visits by ~80%	Will be available soon. Protection lasts 4-6 months

By: Katelyn Jetelina, MPH PHD and Caitlin Rivers, MPH PHD. For more information go to Your Local Epidemiologist

Recommendations:

1. While most colds and flus and minor, illness with COVID-19, influenza, and RSV can cause missed work and school, serious illness, hospitalization, and death especially in those at highest risk. Vaccination and immunization are our best tools to reduce these risks.
2. Help be a vaccination champion. Excellent toolkits available at <https://www.voicesforvaccines.org/toolkits/> including Vaccine Hesitancy Toolkit: Introduction, Family Advocacy Toolkit: Introduction, and New Parent Toolkit: Congratulations!
3. Read real life stories of what these illnesses can do at: <https://www.familiesfightingflu.org/family-stories/>, https://www.nfid.org/resources/real-stories-real-people/?_disease=rsv, and <https://covidurvivorsforchange.org/survivor-stories/>

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Board of Health
Deputy Health Officer

September 2023

1. **PHAB Re-Accreditation** – Our national accreditation application site visit was held on August 30th with the accreditation review team at PHAB, key staff at DHD#10 and two of our Board of Health Members. Our review went smoothly and was completed in just over two hours. There were 5 documents or narratives that needed further clarity and resubmission was completed on September 5th. DHD#10's reaccreditation application will be reviewed at the next PHAB Accreditation Review Committee meeting on November 2, 2023.
2. **NACCHO** - DHD#10 continues to collaborate with the National Association of City and County Health Officials through grant opportunities. Our Disability and Inclusion project, funded in January, was recently published in NACCHO's *Stories From the Field*. As reported previously, this is the project that I presented on behalf of our team during a breakout session of the NACHHO 360 Conference earlier this summer. I have attached the publication.
3. **Workforce Development Updates**
 - “Contemplating Retirement” Series – a three series workshop was held in September as part of the Cross-Jurisdictional Sharing(CJS) training grant that DHD#10 holds in partnership with Central Michigan DHD and Mid-Michigan DHD. Each agency hosted their own series for staff who are considering retiring in the next 5 years. There were 17 DHD#10 staff who participated in this opportunity. The funding for the CJS grant is through MDHHS.
 - “Leadership Energizer” Initiative - In an effort to strengthen our leadership team’s skills and capacity to support growth and development for meeting the needs of the agency, DHD#10 is working with external training consultants to implement an intensive 9-month training cohort for the full 28-member management team including Administrators, Directors, Managers and Supervisors. The initiative kicked off on September 7th and includes an organizational culture survey across the agency. Results of the survey will be shared with the Board. The initiative was co-created between the Consultants, the DHD#10 Health Officer and Deputy Health Officer with the following goals of the initiative:
 - Develop adaptive, collaborative and effective leaders
 - Increase team strength, communication and cohesion
 - Build trust and psychological safety
 - Prepare for effective succession and organizational change
 - “Open Forum” Training – The Open Forum is an intensive three-day training on performance management and quality improvement in Indianapolis, September 27-29, 2023. Participation in the training is included in the agency’s QI policy and plan. This year there is a team of three participating in the training including our QI Coordinator, one of our Epidemiologists/PM Coordinator and Deputy Health Officer. The DHO was gifted a full scholarship to attend.

4. **Conference Presentations** – DHD#10 will have staff presenting three separate presentations at the upcoming Premier Public Health Conference at Shanty Creek October 3-4, 2023. This is a testament to the level of the work happening at DHD#10. All three initiatives are efforts in collaboration with community partners across the jurisdiction and across the Northern Michigan Public Health Alliance region. The initiatives include:

- **“Prescribing Health in Rural Communities: The Power of Partnership in Advancing Access to Nutrition and Physical Activity”** – Katie Miller, MPH, CHES, Community Health Supervisor, Kaitlyn Haner, CHES, Public Health Educator, Maegan Sorenson, BS, Public Health Educator
- **“Changing the Culture Around Substance Use Disorders: Substance Use Stigma Assessment and Response Project”** – Donna Norkoli, BS, MCHES, Public Health Regional Systems Specialist, Emily Pokorski, MPH, Epidemiologist, Erin Oleniczak, Public Health Educator
- **“Public Health ‘Well-Being Champions’: Stories of Implementation from the Field”** – Sarah Oleniczak, MPH, MCHES, Deputy Health Officer. This session will include two other presenters that participated in the Wellbeing Lab Initiative sponsored by MALPH.

In addition to staff presentations as part of the conference, Kevin Hughes will be presenting on our two CJS grant initiatives during the pre-session event **“Local Public Health Department Collaboration and Exploration of Shared Approach to Delivery of Services.”**

Respectfully Submitted,

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

Strengthening Disability Inclusion Efforts within Local Health Departments: Successes and Challenges

District Health Department #10, Cadillac, Michigan (www.dhd10.org)



Contributed by Donna Norkoli (dnorkoli@dhd10.org)

Background

District Health Department #10 (DHD #10) is the largest health department jurisdiction in Northwest Michigan, covering over 5,800 square miles. This jurisdiction covers ten rural counties: Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Oceana, Newaygo, and Wexford Counties. In 2015, DHD #10 became a Nationally Accredited Public Health Department through the Public Health Accreditation Board (PHAB). In 2019, DHD #10 formed a committee to complete a Disability Assessment for Local Health Departments. Ideas for future action were identified and work began on the development of an action plan to address identified areas for improvement. Unfortunately, this development was interrupted by COVID-19. In August 2022, the DHD #10 re-established the Inclusion Team to assist with the development of an action plan and resources to strengthen partnerships with the Disability Networks serving our jurisdiction. Additionally, the DHD #10 connected with Michigan's Disability & Health program, housed in the Michigan Department of Health and Human Services, to provide technical assistance and training around disability access and inclusion.

Project Description

The DHD #10's action plan aimed to meet the needs of people with disabilities in our communities by first establishing a partnership with Disability Network West Michigan (DNWM) and Disability Network Northern Michigan, the two Networks that serve the DHD #10 jurisdiction. This partnership provided expertise and technical assistance in gathering resident voices from people with disabilities. DNWM conducted a Diversity, Equity, Inclusion, and Accessibility training that was mandatory for all DHD #10 staff. The training took place on three different dates and was recorded for those who could not participate in person. This recorded training will be used for staff on-boarding and will be held annually for the entire team. This training provided valuable information for our staff regarding how to be more inclusive of people we serve who are living with disabilities. To further assess accessibility needs, the DHD #10 Inclusion Team partnered with disability networks and other community partners to develop and distribute an in-person targeting people with disabilities to identify challenges that people with disabilities face in accessing services at DHD #10 and healthcare services in the community. The Inclusion Team and Disability Network partners used the findings to develop a plan for improving health department services for people with disabilities.

Challenges

The first challenge the DHD #10 Inclusion Team encountered was developing a partnership with the Disability Network Northern Michigan, serving 5 of our northern counties. It was difficult to engage the right person within the organization and once initially engaged, participation in the project was minimal. This led to the challenge with the distribution of the Disability Inclusion Survey as the team struggled to get participation in the survey from our northern counties. The survey was sent out to DHD #10 staff and community partners who serve people with disabilities, posted on the DHD #10 Facebook page, and distributed by the DNWM in the DHD #10 southern counties. The survey was extended by several weeks to get a sufficient number of responses. Seventy-eight responses were received, but the team was hoping for at least 100 responses. Due to the survey being longer than expected, the team had limited time to analyze results, brainstorm recommended actions and implement the recommendations before the end of the project period.

Solutions to Challenges

To overcome the challenge of developing a relationship with Disability Network Northern Michigan, the team relied on our partner at DNWM to connect us with the appropriate person. This provided us with a connection that we could request to distribute the Disability Inclusion survey. To address the challenge of low survey response, the Survey deadline was extended by three weeks to give the team time to follow up with other community partners on survey distribution. These partners included community mental health agencies, Clubhouses, and senior centers. The DHD #10 health educators, community health workers, and other staff made a concerted effort to provide paper surveys in-person to clients and community groups. From the 78 responses gathered, important anecdotal information was collected to help DHD #10 identify barriers and provide accessibility information that will be useful for other healthcare agencies in the DHD #10 communities.



[STORIES FROM THE FIELD]

August 2023



Results

The Diversity, Equity, Inclusion, and Accessibility Training for staff provided by the DNWM delivered short-term outcomes of increased knowledge and awareness of 1) the definition of disability, 2) disability as it pertains to DEI&A, 3) respectful interactions, 4) inclusion, 5) ableism, and 6) Centers for Independent Living and the IL Philosophy. Because this training will be an annual mandatory training and used for staff onboarding, these outcomes will be long-term to strengthen disability inclusion at DHD#10. The short-term success of gathering resident voices from people with disabilities will provide intermediate and long-term outcomes as the results of the survey are incorporated into recommendations for action within our one-year and three-year action plans. The responses from the survey revealed how important our DHD #10 Community Health Workers have become in assisting people with disabilities and navigating them to services. Our partnership with DNWM was one of the most important outcomes and was critical to the short-term success. We will continue to partner with DNWM as we further implement our long-term action plan.

Lessons Learned

This project was successful due to the support of the DHD #10 Administration, the commitment of the DHD #10 Inclusion Team, assistance from the DHD #10 Epidemiologist, and the partnership with DNWM. Everyone had a role to play. It took a team and a concerted and coordinated effort to succeed. Even though the team did not get everything we had planned completed, what we did complete was very valuable to our disability inclusion efforts and laid a strong foundation that our team can build upon for future success. DHD #10 appreciates the opportunity this funding has provided and will continue to build on the momentum we have moving forward. The most important piece of this work that can be replicated is the implementation of the Disability Inclusion Survey, which provided information from people with disabilities about barriers to access to DHD #10 services and healthcare services in general. An important barrier that was identified throughout this process was that almost half of the respondents did not know about our services. This identified the need for DHD #10 staff to reach out to people with disabilities and agencies that serve people with disabilities to provide information about services and resources DHD #10 has to offer.

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District Health Department #10

BOARD OF HEALTH

Health Officer Report

September 29, 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. **CDC Infrastructure Funding:** Notice that DHD#10 will be receiving this funding was shared earlier with the Board. Final acknowledgement on the amount and uses was provided by MDHHS earlier this month. DHD#10 will be receiving a total of \$704,738 over 4 years. Annually, this would equate to \$176,184 should it be decided to utilize it this way. The purpose of this funding can be used for: recruitment and hiring expenses, supplies and equipment, training and conference expenses, software and IT equipment purchases, workforce development and physical infrastructure improvements. Over the next 6 months to a year, we will be assessing how best to utilize these funds.
5. **Private Well Sampling Program:** On September 6, EGLE began accepting requests, through an online portal, for private well sampling. Homeowners had the option to request Coloforms, Partial Chemistry and Metals sampling of their private wells. Due to the overwhelming response to this opportunity, the program reached its capacity, based upon allocated resources, on September 12. No determination has been made on additional resources being allocated to continue with this sampling at this time.
6. **Oceana County Health Department Building and Dental Services Update:** Information on both of these will be shared at the September Board meeting.

Respectfully submitted:

Kevin Hughes, MA
Health Officer