



**BOARD OF HEALTH**

**Monthly Meeting: November 17, 2023, 10:00 a.m.**

521 Cobb St, Cadillac, MI

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**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..... October 27, 2023**

**Public Comment**

**I. Committee Reports**

A. Executive Committee.....Richard Schmidt

1. *Health Officer Contract Review*

B. Finance Committee.....Bryan Kolk

1. *Finance Report*

2. *Approve Accounts Payable and Payroll .....Action Item*

C. Personnel Committee.....Bob Baldwin

D. Legislative Committee.....Nick Krieger

**II. Administration Reports**

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

B. Deputy Health Officer .....Sarah Oleniczak

C. Health Officer.....Kevin Hughes

**III. Public Comment**

**IV. Other Business**

**V. Next Board of Health Meeting: December 15, 2023, 10:00 a.m.**

**VI. 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.



**BOARD OF HEALTH**

**Meeting Minutes**

*October 27, 2023*

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I. **Call to Order:** Ray Steinke, Vice Chair, called the meeting to order at 9:30 a.m.

II. **Roll Call**

**Members Present – In Person:** *Dorothy Frederick, Philip Lewis, Robert Baldwin, Kristine Raymond (left early), Jeffrey Dontz, Ron Bacon, Nick Krieger, Tom O’Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike (left during closed session), Paul Erickson, Robert Walker, Julie Theobald, Gary Taylor, James Sweet (late)*

**Staff Present - In Person:** *Christine Lopez, Kevin Hughes, Katy Bies, Anne Bianchi, Max Bjorkman, Sarah Oleniczak, Sheila Parker, Dr. Jennifer Morse, Britney Wright, Christy Rivette, Amanda VanPeeren*

**Staff Virtual:** *None*

**Members Excused:** *Richard Schmidt, Star Hughston*

**Members Absent:** *None*

**Guests:** *None*

III. **Approval of the Agenda.** Amended to add closed session. Motion by Jim Maike, seconded by Jeffrey Dontz to approve the meeting agenda.

*Motion carried.*

IV. **Approval of the Meeting Minutes.** Motion by Bryan Kolk, seconded by Nick Kreiger to approve the minutes of the September 29, 2023, meeting.

*Motion carried.*

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

VI. **Committee Reports**

A. Executive Committee – Richard Schmidt, Committee Chair not present.

- The executive committee met on October 13, 2023, at 11:30 a.m. to discuss the Health Officer Agreement. The Health Officer Agreement discussion was presented by Ray Steinke. Bryan Kolk also reviewed and recognized no action was taken in 2023. After discussion, it was recommended that the health officer receive an 8% salary increase retroactive to January 1, 2023. In January 2023, the board approved an approximate 4% adjustment for all staff.
- The committee discussed a 10% salary increase for 2024 based on experience and succession planning. A performance evaluation to be completed in November for discussion and review. The committee will vote on the proposed 2024 salary increase after the evaluation is complete.

- Succession planning presented by Kevin Hughes. The health officer has committed to three additional years from February 2024 but no more than six years. Recommended to look internally for a potential replacement.

**Approve health officer 8% salary increase retroactive to January 1, 2023.** Motion by Bob Baldwin, seconded by Ron Bacon, to approve the health officer salary increase of 8% and retroactive date presented.

### **Roll Call**

<i>Dorothy Frederick</i>	<i>Yes</i>	<i>Phil Lewis</i>	<i>Yes</i>
<i>Robert Baldwin</i>	<i>Yes</i>	<i>Kristine Raymond</i>	<i>Yes</i>
<i>Jeff Dontz</i>	<i>Yes</i>	<i>Ron Bacon</i>	<i>Yes</i>
<i>Nick Krieger</i>	<i>Yes</i>	<i>Tom O'Neil</i>	<i>Yes</i>
<i>Ray Steinke</i>	<i>Yes</i>	<i>Roger Ouwinga</i>	<i>Yes</i>
<i>Bryan Kolk</i>	<i>Yes</i>	<i>Jim Maike</i>	<i>Yes</i>
<i>Paul Erickson</i>	<i>Yes</i>	<i>Robert Walker</i>	<i>Yes</i>
<i>Julie Theobald</i>	<i>Yes</i>	<i>Gary Taylor</i>	<i>Yes</i>

Motion carried.

### **B. Finance Committee – Bryan Kolk, Committee Chair**

- Christine Lopez presented and discussed the August financial report. The September financial report is in the process of being finalized and will be presented at a future date. The balance sheet showed a cash balance of \$12.9 million, and a total fund balance of \$7.9 million. Total revenues of \$21.76 million, with expenses of \$21.70 million.

**Approve Accounts Payable and Payroll.** Motion by Ron Bacon, seconded by Phillip Lewis, to approve the accounts payable and payroll of \$1,694,060.61.

### **Roll Call**

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

Motion carried.

C. Personnel Committee – Robert Baldwin, Committee Chair

- The Personnel Committee met on October 13, 2023, at 10:00 a.m. Kevin Hughes reviewed the Public Act 152 Proposal. A request was made to the Personnel Committee to opt out of Public Act 152 for 2024. DHD#10 would instead utilize Health Insurance caps the same as last year.
- Health Insurance renewal options shared with the board. The Blue Care Network plans had an overall 1.49% decrease for 2023. For 2024, DHD#10 is proposing to offer three health plans. One traditional HMO plan and two HSA plans. Christine Lopez reviewed the plans, deductibles, and HSA agency contributions.
- Dental and Vision Plans renewal were discussed. 2023 rates are locked in for both plans so there will be no change for 2024.
- 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.
- Life Insurance & Disability Plan renewal was discussed. Basic, Life, Long-term disability, and Short-term disability insurance costs will remain the same as 2023.
- The committee discussed employee retention ideas including time off between Christmas and New Year's, pet insurance, and a daycare stipend including a Tri Share option. These ideas require further review and will be explored. The committee encouraged the board to bring forth any additional progressive job enrichment ideas for consideration.
- The committee proposed one additional personal day for staff at each 5-year milestone as well as an employee wellness program and screening.

**Approve opting out of Public Act 152.** Motion by Jeff Dontz, seconded by Jim Maike, for opting out of Public Act 152 and to utilize Health Insurance caps for 2024.

**Roll Call**

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

Motion carried.

**Approve Health Insurance Plans renewal for 2024.** Motion by Jim Maike, seconded by Ron Bacon, for the renewal of the health insurance plans for 2024.

**Roll Call**

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

Motion carried.

**Approve Dental and Vision Plans renewal for 2024.** Motion by Bob Baldwin, seconded by Nick Kreiger, for the renewal of Dental and Vision plans for 2024.

Motion carried.

**Approve Flex Card Plan renewal for 2024.** Motion by Bob Baldwin, seconded by Ron Bacon, for the renewal of the Flex Card plan for 2024.

**Roll Call**

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

Motion carried.

**Approve Basic, Life, Long-term Disability, and Short-term Disability Plans renewal for 2024.** Motion by Ron Bacon, seconded by Jim Maike, for the renewal of Basic, Life, Long-term Disability, and Short-term Disability Plans for 2024.

**Roll Call**

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

Motion carried.

**Approve one additional personal day for staff at each 5-year milestone.** Motion by Jim Maike, seconded by Bob Baldwin, for one additional personal day for each 5-year milestone of staff.

**Roll Call**

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

Motion carried.

**Approve Employee Wellness Program and Screening.** Motion by Bob Baldwin, seconded by Ron Bacon, for employee wellness program and screening for staff.

**Roll Call**

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

**Motion carried.**

D. Legislative Committee – Nick Krieger, Committee Chair

- The Legislative Committee did not meet. Kevin Hughes reviewed the 2024 legislative priorities that were discussed at the leadership team meeting.
- Statewide Sanitary Code: In January or February, the SEMCOG is reviewing the sanitary codes and will present them to representatives.
- House Bill 423: Kindergarten oral health screening has since been passed to the house. DHD#10 is currently involved and has a hygienist on staff.
- Kevin proposed extending an invitation to legislators for the December BOH meeting. The board overall agreed to this.

**Approve 2024 District Health Department #10 Legislative Priorities.** Motion by Nick Krieger, seconded by Ron Bacon, to approve DHD#10 Legislative Priorities for 2024.

**Motion carried.**

VII. **Board of Health Presentation**

- Closed session to take place after the meeting.

VIII. **Program Reports**

A. Community Health Division Report – Christy Rivette

- Christy reviewed Community Connections 4<sup>th</sup> quarter accomplishments. The program had 486 referred clients and accepted 128 of those clients. 337 assistance pathways completed including food, house, and utilities assistance.



- Wise women awarded an additional 5 years of funding.
- Diabetes prevention expansion program discussed.
- CDC funding for REACH grant is over \$700,000 per year over a 5-year period.

B. Environmental Health Division Report – Max Bjorkman

- Max discussed his previous work experience and provided a Quality Assurance Report to the board for review.
- EGLE has changed campground rules and requirements with regard to four sites and “friends and family”.

C. Family Health Clinical Division Report – Sheila Parker

- Sheila provided an update for Covid and Flu vaccinations. Off-site and in office clinics have increased.
- RSV vaccine recommended for ages 60 and over. This vaccine is available and is being administered at our offices.
- Additional funding provided by Title X.
- New clinician hired for DHD#10 southern counties.

D. Family Health Home Visiting Division Report – Britney Wright

- Britney provided the case load and staffing update for each program.
- As of October 1, Medicaid reimbursement increased 7%.
- There was a 22% increase in state level funding.
- Bill passed for required universal blood lead testing for children ages 1-2.

E. Family Health WIC Division Report – Anne Bianchi

- Anne discussed the looming Federal Government shutdown. WIC is 100% federally funded and the program has funding to operate WIC through the end of the calendar year if a shutdown occurs.
- Blood lead testing has seen an increase in appointments and cases. Discussed why lead levels are showing up more now than before.
- Breastfeeding Peer Counselor Colleen Unsal received the Mid-Central Peer-of-the-Year award.
- \$7379.40 grant funding provided for dietician internship WIC Cohort for the Fall of 2024 which will aid in staff retention.

F. School Health Division Report – Katy Bies

- Katy reviewed the 17 school-based health centers in our jurisdiction that have been up and running since the start of the school year. There are 260 adolescent health centers statewide.
- These centers provide mental health and physical health services for children that wouldn’t have access to care otherwise. Adolescent health centers have completed a total of 10,019 visits.

- The program has seen an increase in funding for the school wellness clinics and appreciates the support for staff retention.

**IX. Administration Reports - Dr. Jennifer Morse**

A. Medical Director, Dr. Jennifer Morse discussed Malari and the available vaccines for disease prevention. Dr. Morse provided information about the benefits and risks of the vaccine. This varies from person to person and should be discussed with a healthcare provider.

- Recommendations by Dr. Morse
  - Before traveling see what vaccines and medication are recommended for your destination. If malaria prophylaxis is recommended, talk to your healthcare provider about getting a prescription or getting a referral to a travel clinic.
  - Whether traveling or at home, use insect repellent to prevent mosquito and tick-borne diseases.
  - Follow the U.S. efforts in combating malaria of the U.S. President's Malaria Initiative, started in 2005.

**Approve recommendations made by Dr. Morse.** Motion by Nick Krieger, seconded by Ron Bacon, to approve the recommendations provided by Dr. Morse.

*Motion Carried.*

**B. Deputy Health Officer - Sarah Oleniczak**

- Sarah provided a reaccreditation update and site visit report for review. DHD#10 met all 31 measures.
- Confident we will be approved at the PHAB Accreditation site visit review board meeting on November 2, 2023.
- Organization culture survey results were shared with the board. 218 responses were received from staff and 86% of respondents ranked overall satisfaction 4/5 for DHD#10 and 95% recommend DHD#10 as an exceptional place to work.
- Sarah also discussed the state accreditation process and requirements for preparation of next summer's review.

**C. Health Officer, Kevin Hughes**

- Kevin provided an EPI Team update including an owl that tested positive for West Nile virus in Wexford County. No PFAS update this month and met with MDHHS regarding HIV cases.
- County Conversation meetings with staff in each county to provide an update on how FY23 ended, how FY24 is starting, and other DHD#10 updates staff need to know were completed this week.
- Kevin shared that he assumed a one-year term Presidency of MALPH on October 2, 2023.
- Munson realignment and impact on access to healthcare is willing to come to the BOH for a presentation. The board decided to allow time after a meeting for the presentation and lunch will be provided.

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

XI. **Other Business** – Closed Session at 11:03 a.m. Closed Session Ended at 11:20 a.m.

**Approve recommendation of attorney.** Motion by Ron Bacon, seconded by Phil Lewis, to approve recommendation of attorney.

**Roll Call**

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

*Motion carried.*

XII. **Next Meeting** The next regular meeting of the Board of Health is scheduled for Friday, November 17, 2023, at 10:00 a.m. in the Cadillac Office.

Richard Schmidt adjourned the meeting at 11:23 am. Motion to adjourn by Dorothy Frederick, seconded by Roger Ouwinga. *Motion Carried.*

\_\_\_\_\_  
Richard Schmidt, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ron Bacon, Secretary

\_\_\_\_\_  
Date



Prepared by:  
Christine Lopez, MBA  
Administrative Services Director

#### District Health Department #10 Financial Report

The Draft September Financial Report will be provided at the November 17, 2023, Board of Health meeting.



**Website:** www.dhd10.org  
**Facebook:** healthdept10

**Locations:**

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501 Norway Street  
Suite #1  
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**Kalkaska County Office**  
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(231) 258-8669

**Lake County Office**  
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**Manistee County Office**  
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**Mason County Office**  
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3986 N Oceana Drive  
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(231) 873-2193

**Wexford County Office**  
521 Cobbs Street  
Cadillac, MI 49601  
(231) 775-9942

November 17, 2023

My signature below documents the support of the District Health Department #10 Board of Health for the continued utilization of the existing organizational Personnel Policies and the Employee Handbook for the period of January 1, 2024 – December 31, 2024. Questions related to these policies and Handbook can be directed to either Kevin Hughes, Health Officer or Julie Hilkowski, HR Manager.

\_\_\_\_\_  
Ray Steinke  
District Health Department #10  
Board of Health Vice-Chairperson

\_\_\_\_\_  
Date





## 2023 Proposed Health Officer Goals

1. Assure initiation of strategic planning process for DHD#10.
  - **Process started June, 2023 with additional session in July; expected finalization in September for Board review and approval**
2. Monitor and address workforce development issues within DHD#10 including a review of the 2022 retention plan initiatives.
  - **Initiated Compensation Study of DHD#10**
  - **Proposed staff appreciation day on July 3<sup>rd</sup>**
  - **Secured 2 additional Personal Days for staff (Jan. 24.)**
  - **Enhanced maternity/paternity leave (Oct., 23)**
  - **Added an additional environmental health supervisor**
  - **Supported completion of staff Wellbeing survey**
  - **Collaborated with CMDHD and MMDHD on Leadership Trainings utilizing CSJ funds focused on succession planning and planning for retirement**
  - **Secured a leadership development initiative through external consultants and utilized Public Health Workforce Development Funding for a 9-month initiative. Aimed at both mid-level and top administrative-level teams; planning launched in May 2023 with training launching early September 2023**
  - **Launched Employee Wellbeing initiative including workplace culture assessment**
3. Create communication mechanisms and avenues with Legislature on importance of Public Health funding, challenges and accomplishments.
  - **Launched monthly Public Health Update communications to Legislators**
  - **Emails to all DHD#10 Legislators following BOH meetings with highlights**
  - **Participated in MALPH Day at the Capital**
  - **Participated in individual Legislator meetings throughout the year**
  - **Planning for Northern Michigan Public Health Alliance Legislative event in Lansing on 9/26**
  - **Participated in the above event. Nine of the 16 invited Legislators attended**
4. Identify strategies focused on regaining community/stakeholder trust in Local Public Health.
  - **Hosted three Regional Health Summits across the jurisdiction (Environmental Health focus)**



HEALTH OFFICER  
Kevin Hughes  
521 Cobb Street  
Cadillac, MI 49601



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[www.dhd10.org](http://www.dhd10.org)



DHD10

- **Presented Communicable Disease Profiles (county level/district level) with annual Public Health updates at County Commissioner meetings – this is a new initiative for the department**
  - **Initiated outreach team/plan for better utilization of mobile unit**
  - **Advocated for conducting community events-Rabies & Ticks at libraries**
5. Assure that DHD#10 is prepared to address emerging Public Health emergencies and threats.
- **Review DHD#10 Covid-19 After Action Report**
  - **Planning initiated for DHD#10 Incident Command Training event**
  - **Relaunched annual DHD#10 All Staff training day (9/8/23)**
  - **Conduct monthly EPT Team calls**
  - **Initiated pilot project with Addiction Treatment Services - MAT**

PERFORMANCE PLAN & REVIEW					
Name <b>Kevin Hughes</b>		Position Start Date		Hire Date	
<b>Performance Plan</b>		<b>Performance Review</b>			
Plan Period From <b>Oct., 2022</b> To <b>Sept., 2023</b>		Review Date		Reviewers	
<b>Factor</b>	<b>Assessment</b>	<b>Exceeds</b>	<b>Meets</b>	<b>NS</b>	
<i>Job Duties and Responsibilities</i>					
1. Assures required agency plans are created, monitored and reviewed.	1. Strategic Plan, Workforce Development, CHNA & CHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Establishes and maintains effective Board relationships.	2. Communicate with BOH Chair as needed. Provide county specific heads up to BOH members as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Optimizes external relationships with stakeholders, partners, and leaders.	3. Foster and maintain external relationships and assure DHD#10 is positioned to respond as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Core Competencies</i>					
1. Ensures programs are managed within current and projected budgets and staffing levels.	1. Meeting with Divisional Leadership staff regularly to review budget revenues and expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Motivates personnel for the purpose of achieving program and organizational goals.	2. Maintain regular communication with staff on agency status and progress, county mtgs 2x each year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Advocates for the role of public health in providing public health services.	3. Represent DHD#10 with state groups and Legislators as well as local leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Goals</i>					
1. Identify strategies focused on regaining community/stakeholder trust in Local Public Health.	1. Host community events to showcase DHD#10 capacity and programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Create plan directed at staff retention efforts. Address workforce issues as needed.	2. Retention Plan presented/approved 6/2022. Workforce issues ongoing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assure agency is prepared to respond to emerging Public Health issues and/or threats.	3. Maintain appropriate response to COVID-19, Monkeypox, HPAI, PFAS within jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Advocate with MDHHS, Counties and Legislators regarding dangers on continued flat ELPHS funding levels.	4. Document on flat funding ramifications created for Ex. Comm., to be shared with MAC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>All Other Factors</i>					
Performs all other duties, demonstrates other core competencies, and completes other assigned goals, objectives and projects.		Complete daily administrative functions necessary for the operation of DHD#10.		<input type="checkbox"/>	<input type="checkbox"/>

Factor	Assessment	Exceeds	Meets	NS
<i>Professional Development Plan</i>				
1. National Conferences	NALBOH – August, 2023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Michigan Public Health Conference	October, 2023			
<b>Overall Assessment</b>				
Performance Rating: <input type="checkbox"/> Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Not Satisfactory				
<b>Comments/Suggestions</b>				

Performance Plan	Performance Review
<b>Committee Recommendations</b>	
Date	Date
<b>Approvals: Signatures &amp; Dates</b>	
Health Officer	Health Officer*
Date	Date
Board Chair	Board Chair
Date	Date

*\*Health Officer signature does not indicate agreement with performance review, but only that the review has been shared and discussed, and that it is understood he/she may add written comments that will be included in his/her personnel file.*

**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 31<sup>st</sup> 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

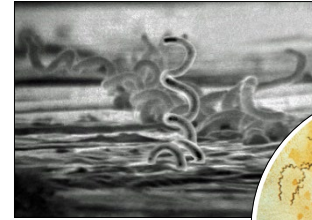
By: \_\_\_\_\_



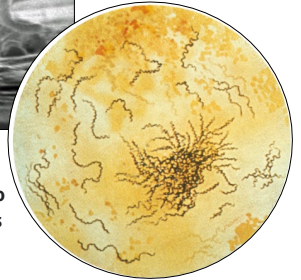


## Syphilis

Syphilis is a sexually transmitted infection (STI) caused by a corkscrew-shaped bacteria called *Treponema pallidum*. Throughout history, syphilis has had some major impacts on the world. If you are interested in more information on the history and origins of syphilis, you can see [Origins of Syphilis](#), [A Medieval French Skeleton Is Rewriting the History of Syphilis](#), and [Revisiting the Great Imitator: The Origin and History of Syphilis](#).




Corkscrew shaped *Treponema pallidum* bacteria, also known as spirochetes



Syphilis spreads person to person during vaginal, anal, or oral sex or other similar close intimate contact. It doesn't spread by casual contact with items such as doorknobs, toilet seats, towels, or clothing. Using condoms and other barriers during sex lowers the risk of getting syphilis but it can still spread if there is an infectious syphilis sore not covered by the condom or barrier.

## Signs and Symptoms of Syphilis

**Syphilis** is a bacterial infection typically spread through sexual contact. Congenital syphilis occurs when infection is passed from parent to fetus during pregnancy and can result in stillbirth, infant death, or other health issues.

 Syphilis can present at different stages, so early diagnosis and treatment are important to prevent disease progression and transmission to others.

Stage	Time period	Symptoms
Primary	10-90 days after infection	Painless ulcer (chancre) on the genitals or mouth Typically heals on its own within 3-6 weeks
Secondary	Varies, typically 4-10 weeks after primary stage	Full-body rash (can involve palms of hands and soles of feet) and flu-like symptoms (eg, fever, headache, sore throat)
Latent	After untreated secondary syphilis	No symptoms but the infection is still present Can still be transmitted congenitally
Tertiary	Years or decades after initial infection	May cause damage to the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints May be life-threatening

**Neurosyphilis** (infection of the brain and spinal cord) can occur at any stage and cause meningitis, stroke, hearing loss, blindness, paralysis, and dementia.

Syphilis can lead to lifelong suffering, disability, and death. Unlike most other STIs, syphilis can cause a variety of unusual symptoms at various stages of infection. Infection during pregnancy can pass to the fetus causing a serious infection called congenital syphilis.

The different stages of syphilis are primary, secondary, latent, and tertiary. Primary syphilis, or the earliest part of the infection, causes a painless ulcer called a chancre. This chancre will appear where the germ first entered the body, either on the genitals, anus, mouth, or other parts of the body. On average, the chancre forms about 3 weeks after the infection happened, but it may develop as soon as 3 days to as long as 3 months after. The chancre may go unnoticed because it is painless. The chancre usually goes away on its own in 3 to 6 weeks even without treatment.

Secondary syphilis happens when the bacteria move from the chancre into the blood stream and spreads throughout the body. If the primary stage is not treated, secondary syphilis will develop in about 1 in 4 people that are infected, usually within weeks to a few months. Secondary syphilis can cause a wide variety of symptoms such as fever, headache, sore throat, feeling unwell, muscle aches, weight loss, patchy hair loss, and swollen lymph nodes. The most classic symptom in secondary syphilis is a rash, which can be all over the body including the palms of the hands and soles of the feet. Sores or large, raised growths called condylomata lata may form on mucus membranes like the mouth, tongue, or genital areas. Injury to the liver (hepatitis), ulcerations in the stomach and intestines, inflammation of the bones and joints, and kidney damage can also occur.

Without treatment, the symptoms of secondary syphilis usually go away on their own. This phase without symptoms is called latent syphilis. Latent syphilis is further divided into early latent and late latent. It is considered

early latent infection if the infection started within the past year and late latent if the infection started more than a year ago. Even though there are no symptoms, the syphilis infection is still in the body.

About 25% to 40% of those that don't get treatment will go on to develop symptoms of late syphilis disease, called tertiary syphilis. This can happen any time from 1 to 30 years after the infection started. The infected person may never have had or noticed symptoms of syphilis before. Tertiary syphilis can cause a wide variety of symptoms. It can affect the cardiovascular system, causing enlargement of the upper part of the aorta, called an aneurysm. This can result in a heart valve problem and heart failure. It can also affect the arteries in the heart, causing them to narrow and block. A less common symptom in tertiary syphilis is the formation of gumma, which are tumor-like growths caused by inflammation that can occur anywhere in the body. The gumma destroys the tissue where they are growing. Syphilis can affect the nervous system at any stage of infection, but especially during the tertiary phase. It can cause headaches, meningitis, stroke, hearing loss, blindness, paralysis, and dementia. Conditions that happen during tertiary syphilis include general paresis, which is a type of dementia caused by syphilis, and tabes dorsalis, which causes weakness, problems walking, pain, and abnormal sensations.

Pregnant women with syphilis can pass it to their fetus, which is called congenital syphilis. When the bacteria pass to the fetus, it is in the blood circulation and spreads to almost all organs of the fetus. Of pregnant women with early syphilis infections that do not get treated, 40% end up having a miscarriage. Other serious and common complications of congenital syphilis are stillbirth, infant death, early birth, and low birth weight. For children that are born with congenital syphilis, most show no symptoms at birth but start to show symptoms by 3 months of age on average. Some children may not have any symptoms for years. Congenital syphilis can cause a wide variety of symptoms such as enlarged liver and spleen, skin rashes, peeling skin, eye and vision damage, hearing loss, anemia, abnormalities and deformities of the teeth, bones, and face, and developmental delay.

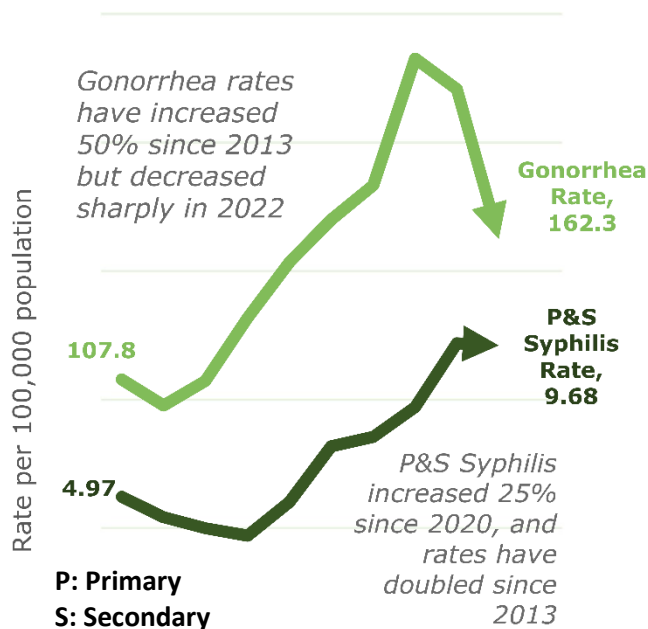
### Increases in Cases in U.S. and Michigan

The rates of new syphilis infections in the U.S. have been increasing over the past 20 years. More than half of the new cases have been reported in men who have sex with men (MSM), but there have been increases in the number of women with syphilis, leading to more cases of congenital syphilis.

Rates of congenital syphilis in the U.S. have steadily risen since 2012. In Michigan, the number of women of child-bearing age (15 to 45 years of age) and the number of pregnant women with any stage of syphilis has tripled since 2018. Last year, 37 newborns in Michigan were reported to have congenital syphilis, which is more than double the number in 2018.

[Public Act 538 of 2018](#) requires health care providers test for pregnant women for syphilis at the first prenatal visit, and again early in the third trimester. There has been an increase in testing for syphilis in pregnant women, but despite this nearly half of pregnant women still do not get the syphilis testing that is required by Michigan law.

In the past 10 years, rates of gonorrhea and syphilis have increased in Michigan across many counties and sub-populations.



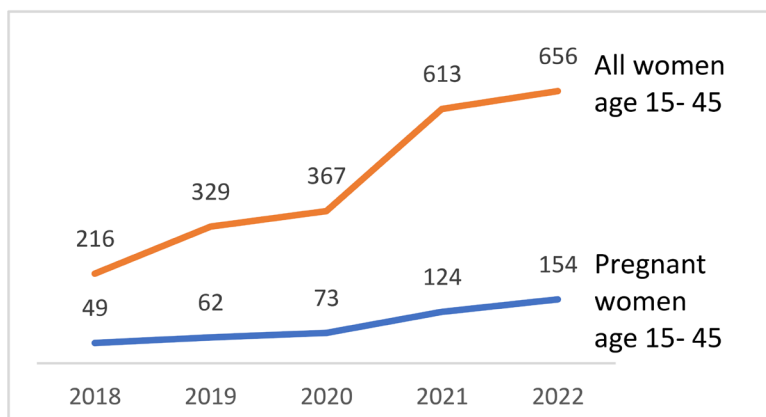


Fig. 1: Michigan syphilis (all stages) among women of child-bearing age

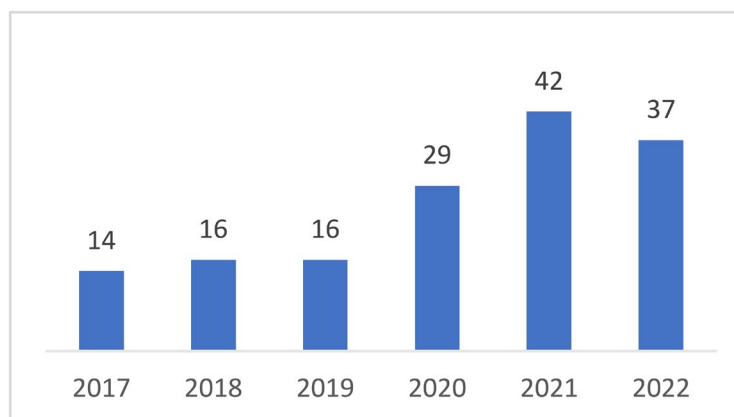


Fig. 3: Michigan congenital syphilis diagnoses

Congenital Syphilis Reports by Local Health Jurisdiction, 2022			
	count	rate per 100,000	live births*
Calhoun County	2	129.4	1,545
Detroit City	18	225.2	7,994
District 10	1	48.1	2,080
Genesee County	2	45.2	4,425
Jackson County	2	120.0	1,667
Kalamazoo County	2	72.5	2,760
Kent County	1	12.2	8,195
Lenawee County	1	119.0	840
Macomb County	2	22.8	8,787
Mid-Michigan District	1	56.0	1,785
Oakland County	2	15.5	12,876
Wayne County	3	22.4	13,368

## Testing and Screening

Testing for syphilis is done by blood tests for antibodies showing signs of possible infection with syphilis. If the first test is positive, a second blood test is performed to confirm the diagnosis. In addition to those with symptoms of syphilis or recent exposure to syphilis, there are recommendations for syphilis screening which are listed in the table below.

Syphilis Screening Recommendations	
<b>Women</b>	<ul style="list-style-type: none"> <li>Screen women at increased risk for syphilis infection (history of time in jail/prison, sex work, living in areas of higher levels of syphilis, history of drug use, of a higher risk demographic)</li> </ul>
<b>Pregnant Women</b>	<ul style="list-style-type: none"> <li>Screen all pregnant women at the first prenatal visit</li> <li>Retest early in the third trimester and at delivery if at high risk for syphilis infection (living in areas of higher levels of syphilis or is at risk for getting syphilis during pregnancy [history of drug use, other STIs during pregnancy, has had multiple partners or a new partner, has had partner with STIs, etc.])</li> </ul>
<b>Men Who Have Sex with Women (MSW)</b>	<ul style="list-style-type: none"> <li>Screen adults at increased risk for syphilis infection (history of time in jail/prison, sex work, living in areas of higher levels of syphilis, history of drug use, of a higher risk demographic, and being a male younger than 29 years)</li> </ul>
<b>Men Who Have Sex with Men (MSM)</b>	<ul style="list-style-type: none"> <li>Screen sexually active MSM at least once a year</li> <li>Screen every 3 to 6 months if at increased risk for syphilis infection (history of time in jail/prison, sex work, living in areas of higher levels of syphilis, history of drug use, of a higher risk demographic, and being a male younger than 29 years)</li> </ul>
<b>Transgender and Gender Diverse People</b>	<ul style="list-style-type: none"> <li>Consider screening at least once a year based on reported sexual behaviors and exposure</li> </ul>
<b>Persons with HIV</b>	<ul style="list-style-type: none"> <li>For sexually active individuals, screen at first HIV evaluation, and at least once a year after that</li> <li>More frequent screening might be appropriate based on individual risk behaviors and the local levels of syphilis</li> </ul>

Source: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>

## Treatment

The best treatment for syphilis is injectable penicillin (Benzathine penicillin G, or Bicillin LA). The length of treatment needed depends on the stage of syphilis and whether any signs of neurosyphilis are present. There are a couple of other treatments that can be used if the patient is allergic to penicillin or if penicillin is not available. Only penicillin is recommended to treat syphilis during pregnancy to prevent congenital syphilis.

There have been worldwide shortages of the injectable penicillin used for syphilis over the past decade. Currently in the U.S. there is a severe shortage of Bicillin LA. Pfizer is the sole supplier of this medication and they have reported manufacturing issue due to problems with their supply chain. There has also been increased demand due to the increased numbers of syphilis infections in the United States. The limited number of doses have had to be reserved for pregnant women and women of childbearing age, with second line antibiotics used for all other people. There is a real danger the supply of penicillin will run out which will be a true public health crisis.

## Recommendations:

1. Support efforts to prevent and correct critical drug shortages. For more information, see the report of the inter-agency Drug Shortage Task Force, which was led by FDA: [Drug Shortages: Root Causes and Potential Solutions](https://www.fda.gov/drugs/drug-shortages/report-drug-shortages-root-causes-and-potential-solutions) (<https://www.fda.gov/drugs/drug-shortages/report-drug-shortages-root-causes-and-potential-solutions>)
2. Support recommended STI testing and appropriate safer sex programming.
  - a. For local information see <https://www.dhd10.org/sexualhealth/sti-hiv/>, <https://www.mmdhd.org/hiv/>, and <https://www.cmdhd.org/testing>.
  - b. For free, in-home, anonymous, mail-in testing, see <https://takemehome.org/>.
  - c. Find mail-order condoms at <https://www.dhd10.org/mail-order-condoms/>, <https://caresswm.org/condoms/>, and here: [Condom order form](#).
3. Support appropriate community information sharing about STI illnesses and testing recommendations.
  - a. A simple list of screening recommendations can be found here <https://www.cdc.gov/std/prevention/screeningreccs.htm>.
  - b. Basic and detailed fact sheets about all STIs can be found here [https://www.cdc.gov/std/healthcomm/fact\\_sheets.htm](https://www.cdc.gov/std/healthcomm/fact_sheets.htm).
  - c. Information to help people talk to their healthcare providers about testing and sexual health can be found at the Take Charge of Your Sexual Health <https://www.ncshguide.org/>.

## Sources

- Up To Date: Chapters on syphilis epidemiology, clinical manifestations, congenital syphilis
- CDC: Sites on syphilis and Bicillin LA shortage
- JAMA Patient Page. 2023. What Is Syphilis? [https://jamanetwork.com/journals/jama/fullarticle/2804366?utm\\_campaign=articlePDF&utm\\_medium=articlePDFlink&utm\\_source=articlePDF&utm\\_content=jama.2023.2897](https://jamanetwork.com/journals/jama/fullarticle/2804366?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jama.2023.2897)
- MDHHS. August 2023. Maternal and Congenital Syphilis in Michigan Fact Sheet. <https://www.michigan.gov/mdhhs/-/media/Project/Webistes/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2023/Maternal-and-Congenital-Syphilis-in-Michigan-Fact-Sheet.pdf?rev=027f8dc9bc734234861b4e0f82c6725f&hash=D47EA87AAC6F69BA8FADA4A72A60763C>
- MDHHS. April 2022. STI Fact Sheet, 2022. <https://www.michigan.gov/mdhhs/-/media/Project/Webistes/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2022/2022-STIs-in-Michigan-Fact-Sheet.pdf?rev=bba9e1ebc1c6433da45293f2e8457a17&hash=C007FC803AC49C938FDF8C380350939A>
- MDHHS. 2023. STI Diagnoses in Michigan, 2022. <https://www.michigan.gov/mdhhs/-/media/Project/Webistes/mdhhs/Keeping-Michigan-Healthy/HIVSTI/Data-and-Statistics/2022/2022-STIs-in-Michigan-Tables-Summary.pdf?rev=92bf78dfb8c04b6598380ade4e2297d5&hash=21E14AB375BFE0B2958C2F142BB7B413>

# Board of Health Deputy Health Officer

November 2023

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## 1. PHAB Re-Accreditation Update

We received notification last week that our PHAB Reaccreditation Application was approved. Below is the narrative of the Reaccreditation Decision Letter indicating that official notification and a framed certification will be arriving in the next month. At this time, we are waiting for their official notification packet for communicating our accreditation status prior to sharing with the media and partners.

November 7, 2023



Dear Kevin Hughes,

Congratulations. The Public Health Accreditation Board is pleased to notify you that the PHAB Accreditation Committee, on November 2, 2023, made its decision to continue accreditation of the District Health Department #10.

You will receive a letter from PHAB formally notifying you of your health department's continued accreditation. You will also receive a plaque with the dates of your continued five-year accreditation. PHAB will share materials with you to support your communication efforts, including specific language you should use to announce the continuation of your accreditation for five years.

Please remember that your health department will continue to be required to submit an annual report to PHAB through e-PHAB.

Again, congratulations on your health department's continued accreditation.

Sincerely,

Paul Kuehnert, DNP, RN, FAAN  
President and CEO  
Public Health Accreditation Board

## 2. Molina Healthcare of Michigan – School-Based Clinic of the Year Award

District Health Department #10 has been selected by Molina Healthcare of Michigan for their School-based Clinic of the Year award! The selection of DHD#10 was based on the quality and compassionate care the teams across the 14 school clinic sites provide to students every day. Each of the 14 sites will receive an Apple IPAD for use in clinic for student intake, surveys, engagement and education efforts. Attached please find a copy of the letter sent to Katy Bies, School Health Division Director last week.

*Respectfully Submitted,*

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



Dear Katie Bies,

We are excited to announce your school-based clinic has been selected as a Molina Healthcare of Michigan Clinic of the Year!

It is an honor for us to recognize District 10 Health Department as a school-based clinic of the year! You are receiving this award for the quality and compassionate care you provide to school age students in Michigan. We are grateful for the service and the expert level care you provide to students each day.

**Molina Health Care School Based Clinic of the Year Award winners receive the following:**

• Apple IPADs (10.2 9TH Generation with 64GB WIFI) to help your patients use as coping tools in waiting, exam rooms and are great tools to provide relief through:

- Art and music therapy for patients
- Stress relief through educational games and stories
- Connections with loved ones by making zoom calls to family.

Patients can use the iPads in a variety of ways like playing games, listening to music or books, creating art projects, and watching movies. Patients can use the iPad to talk to families and friends through Zoom and more easily access school materials to help them keep up with classes during treatment.

The program provides the clinic management an additional iPad to award to an outstanding team member as a "Staff Excellence Award" presented by Molina Healthcare Inc. This award selection is at management's discretion to recognize a team member for excellent patient care and service at the clinic. We understand the importance of staff appreciation and recognition and are excited to add this staff member award as part of the program.

We will provide lunch for the clinic the day the award will be presented to the winning staff member. Clinic management may choose a springtime date in **March or April 2024** for the award presentation lunch.

Please contact me to schedule delivery and to discuss program details.

Sincerely,

*Melody L. Relerford*

**Melody L. Relerford**  
**Sr. Specialist, Growth & Community Engagement**  
Molina Healthcare of Michigan  
880 West Long Lake Road, Ste. 600 | Troy, MI 48098  
[Melody.Reterford@MolinaHealthcare.com](mailto:Melody.Reterford@MolinaHealthcare.com)

**District Health Department #10**  
**BOARD OF HEALTH**

**Health Officer Report**  
*November 17, 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. **Meeting with EGLE on Land Division Issues:** This meeting was related to the recent Appeals Board Hearing request for a piece of property in Kankaska County. The owner of the property has indicated that he has had it re-surveyed and that it is now slightly over an acre in size. This survey has not yet been officially filed so the original survey, which indicated that the property was less than 1 acre, still stands. EGLE has indicated that the property size needs to only include “upland ground” and not wetlands area. I am sharing this with the Board as it may come back for an Appeals Board Hearing.
5. **MALPH Dues:** Included in the Board Packet is a copy of the 2024 MALPH Dues invoice. The dues amount continues at the same rate as last year. Historically, MALPH membership has been brought to the Board for approval so, I am asking that the Board approve payment of the 2024 dues amount.

*Respectfully submitted:*

Kevin Hughes, MA  
Health Officer







# INVOICE

## Michigan Association For Local Public Health

INVOICE #: INV0204  
DATE: 10/01/2023  
DUE DATE: 02/01/2024

P.O. Box 13276  
Lansing, MI 48901

TOTAL AMOUNT: \$5,717.00  
TOTAL DUE: \$5,717.00

**BILL TO:** District Health Dept. No. 10  
521 Cobbs St.  
Cadillac, MI 49601

DESCRIPTION / MEMO	AMOUNT
MALPH Dues Assessment	\$5,717.00
October 1, 2023 - September 31, 2024	
<b>TOTAL AMOUNT:</b>	<b>\$5,717.00</b>

Michigan Association For Local Public Health  
P.O. Box 13276  
Lansing, MI 48901

TOTAL DUE: \$5,717.00

AMOUNT ENCLOSED:

Customer ID - Name: C0024 - District Health Dept. No. 10  
Invoice #: INV0204

**BILL TO:** District Health Dept. No. 10  
521 Cobbs St.  
Cadillac, MI 49601

**REMIT TO:** Michigan Association For Local  
Public Health  
P.O. Box 13276  
Lansing, MI 48901