MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department **www.mmdhd.org**

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MARK W. (MARCUS) CHEATHAM
Health Officer

JENNIFER MORSE, MD
Medical Director

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Sam Smith
Dwight Washington, Ph.D.

BOARD OF HEALTH
REGULAR MEETING
At
Mid-Michigan District Health Department
Clinton County Branch Office
Saint Johns, Michigan

Wednesday, February 22, 2017
10:00 AM

AGENDA

We take action to assure the health and well being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS: 5

1.

B. CONSENT ITEMS:

1. Meeting Minutes

a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held January 9, 2017 - **Included.** 6

b. Mid-Michigan District Board of Health (BOH) Regular Meeting held January 25, 2017 - **Included.** 10

2. Communications

a. National Association of Local Boards of Health (NALBOH) NewsBrief, Winter 2017 - **Handout and Extra.**

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee: Tom Lindeman, Chair

   a. Mid-Michigan District Health Department (MMDHD) Expenses for January 21 through February 17, 2017 - **Included.** 18

   b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for January 2017 - **Handout.**

   c. MMDHD FY 17/18 Budget Development Schedule - **Handout.** 34

   d. Consideration to Purchase Singlewire InformaCast Software - **Included.** 35

2. Personnel Committee: Betty Kellenberger, Chair

3. Program Committee: Bruce DeLong, Chair

4. Mid-Central Coordinating Committee: Tom Lindeman, Vice Chairperson

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D. - **Included.**

1. Vapor Intrusion 39

G. HEALTH OFFICER'S REPORT: Marcus Cheatham, Ph.D.

1. National Public Health Week, April 3-9, 2017; Healthiest Nation 2030 - **www.nphw.org**

2. National Association of County & City Health Officials (NACCHO) 2016 National Profile of Local Health Departments Report - **www.nacchoprofilestudy.org - Included.** 42

3. National Academy for State Health Policy (NASHP), Repeal Impacts of the Affordable Care Act - **Included.** 43

4. Grant Update - **Included.** 55

5. Michigan Public Health Institute (MPHI) BOH Training, Governance in Action for Public Health -**https://goo.gl/KnOh5B - Included.** 56

H. OLD BUSINESS:

1. Restructure Organizational Meeting Agenda - **Included.** 61

I. NEW BUSINESS:

1. Community Health Worker (CHW) Program, *Shelly McPherson and Molly Smith, CHWs* - **Handout.**

   a. Letter to Nick Lyon dated February 22, 2017 - **Included.** 69

2. Role of Health Department Epidemiologist, *Norm Keon, Epidemiologist* - **Handout.**

3. Emerging Issues

J. LEGISLATIVE ACTION:

1. Legislative Update - **Included.** 71

2. Defunding Planned Parenthood - **Included.**

   a. House Bill (HB) 4221 of 2017 72

   b. House Bill 0162 of 2017 77

K. INFORMATIONAL ITEMS: - **Included.**

1. Mid-Michigan District Board of Health Action Items, January 2017 82

2. Staffing Report 83

3. Influenza-like Illness Cases Report to the MMDHD by County and District, 2016-2017 - **Included.** 84

L. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD News Articles available online at **http://mmdhd.org/?q=node/118**

M. AGENCY NEWSLETTERS: - **None.**

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Board of Health Synopsis of Actions Needed

Item A. 1.	AGENDA NOTES, REVIEW, AND REVISIONS
Motion to approve the Agenda as presented.	
Item B. 1. & 2.	CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to accept and place on file Meeting Minutes B. 1. a. and b. Motion to accept and place on file Communications B. 2. a.	
Item E. 1. a.	EXPENSES FOR JANUARY 21 THROUGH FEBRUARY 17, 2017
Motion to approve payment of the Mid-Michigan District Health Department's (MMDHD) Expenses for January 21 through February 17, 2017, totaling $411,967.32.	
Item E. 1. b.	BALANCE SHEET, REVENUE AND EXPENDITURE REPORT
Motion to approve and place the Balance Sheet, Revenue and Expenditure Report for January 2017 on file.	
Item E. 1. c.	MMDHD FY 17/18 BUDGET DEVELOPMENT SCHEDULE
Motion to approve the MMDHD FY 17/18 Budget Development Schedule as presented.	
Item E. 1. d.	PURCHASE OF SINGLEWIRE INFORMACAST SOFTWARE
Motion to authorize the agency to purchase Singlewire InformaCast software on a three-year Agreement from CDW at a cost not to exceed $5,521.87 and authorize $2,186.87 to be used from the technology reserve fund as partial payment with the remaining balance coming from the Montcalm County Emergency Services (MCES).	
Item F. 1.	MEDICAL DIRECTOR'S REPORT, VAPOR INTRUSION
Motion to adopt the BOH Monthly Healthy Living Recommendation for March as proposed. Motion to accept and place the Medical Director's Report on file.	
Item H. 1.	RESTRUCTURE ORGANIZATIONAL MEETING AGENDA
Motion to approve the revised Board of Health Organizational Meeting Agenda as presented.	
Item I. 1.	COMMUNITY HEALTH WORKER (CHW) PROGRAM
Motion to authorize the Board Chair to sign a letter to Nick Lyon, Director of the Michigan Department of Health and Human Services regarding sustainability of the Community Health Worker Program.	

MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
(MALPH)
Board of Directors
Meeting Minutes
January 9, 2017

I. Call to Order

The meeting was called to order at 9:03 by Kathy Forzley, President.

II. Roll Call

A quorum was present.

Jurisdictions Represented: Allegan [Angelique Joynes], Barry-Eaton [Colette Scrimger], Bay [Joel Strasz], Benzie-Leelanau [Lisa Peacock], Berrien [Nikki Britten], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Michelle Datema], Central Michigan [Steve Hall], Chippewa [Karen Senkus], Detroit [Kanzoni Asabigi, Kim Rustem, Caroline Park], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Grand Traverse [Wendy Trute], Huron [Ann Hepfer], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Stephanie Simmons], Lenawee [Martha Hall], Livingston [Dianne McCormick], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Macomb [Bill Ridella], Marquette [Jerry Messana], Midland [Mike Krecek], Mid-Michigan [Marcus Cheatham], Monroe [Kim Comerzan], Northwest Michigan [Linda Yaroch], Oakland [Kathy Forzley], Ottawa [Donovan Thomas], Saginaw [John McKellar], Shiawassee [Larry Johnson,Gene Paez], St. Clair [Annette Mercatante]Tuscola [Ann Hepfer], Washtenaw [Ellen Rabinowitz], Western UP [Kate Beer].

Others Present: Administrative Officers Forum, [Rachel Shymkiw], Health Education and Promotion Forum, [Jill Keast, Julie Weisbrod], Environmental Health Forum, [Bob Gouin], Management Information Systems Forum, [Brent Helm], Nurse Administrators Forum, [Joann Hoganson], Physician's Forum, [Ruta Sharangpani],

MDHHS, [Orlando Todd, Glen Copeland, Ken McFarland, Karen MacMaster, Jay Fiedler, Tom Curtis, Jan Merkel, Erin Frisch], MDEQ, [Dana Debruyn, Terry Philibeck, Jeremy Hoeh, Matt Gamble], MDARD, [Kevin Besey, Sean Dunleavy], MAC, [Don Vrablic], PAA, [Becky Bechler, Ed Dore]

Staff: Meghan Swain, Jodie Shaver

III. Approve Agenda

Motion by M. Cheatham, support by B. Ridella to approve the agenda. Motion carried.

IV. Approve Meeting Minutes

Motion by D. Bryan, support by B. Ridella to approve the December 12, 2016 minutes. Motion carried.

V. Reports of Officers/Staff/Forums

President

K. Forzley reported on the activities of the Public Health Advisory Commission. They will meet every two weeks and include homework. Maternal Infant Health Plan billing has been discussed and we will extend an invite to the new executive director of the Michigan Association of Health Plans to discuss our mutual work. The executive committee has also been discussing a peer response team pilot project between Genesee, Saginaw, Oakland, and Washtenaw Counties. Outcomes will be presented to the full board including a toolkit for future use. They are also working on a policy paper/position statement regarding marijuana use. This will be available to members to utilize in discussions at the state and local level. The committee has also been discussing the STD billing issue along with the administrator's forum including possible options. They are also addressing enhanced communication with the forums. They will be discussing U of M's SPH's role with enhancing the student experience in (local) public health. She also discussed a letter to be sent to the MDARD, with the board's approval, regarding the vending license fee changes and impact on local health departments. Motion by A. Mercatante, support by K. Hughes to approve sending the letter to MDARD. Edits to the letter should be sent to M. Swain within 24 hours. There was a request by a board member to get minutes from forums, executive committee, and board meetings in a timelier manner if possible. K. Forzley will take back to the executive committee for discussion.

Secretary/Treasurer

N. Derusha reported on the financial reports provided in the packet. There was zero revenue for the month of November, which is normal as a majority of the deposits come from dues or the conference. All expenses for the month are typical ongoing expenses. Motion by M. Cheatham, support by A. Mercatante to accept the financial statements. Motion carried. Also in the packet is the 2017 draft budget for the board's review. It is recommended that members review the budget and contact him or M. Swain with any questions. He will be seeking approval of the budget at February's meeting. In addition, the budget will be prepared prior to the end of the fiscal year.

Executive Director

M. Swain reported that Day at the Capitol is scheduled for Wednesday, April 19. Also, the University of Michigan School of Public Health would like to host the board for the April board meeting on Monday, April 10. The legislature has returned, and committee assignments should be released next week. The revenue estimating conference will be next week to give members of appropriations an idea of Michigan's economy and projections of revenue in order to make budget considerations. The State of the State address will be January 17, and the governor should be releasing his budget recommendations in early February. We will be watching the repeal (and replace) of the Affordable Care Act at the federal level. Areas of interest for states across the country include Zika, immigration, clean energy, legalized marijuana, and opioids. It was recommended that we monitor the defunding of Planned Parenthood.

Lobbyist

The governor will most likely discuss infrastructure during his State of the State address next week. He will also highlight jobs, skilled trades, and job training. It is unsure if he will address healthcare including the possible repeal of the Affordable Care Act and impact on the Healthy Michigan Plan. There will be a push from the Senate to address prevailing wage, even though the governor has indicated he will not sign that legislation. A voter petition drive, with enough valid signatures could preempt the governor. The legislature could focus on teacher retirement, municipal employee retirement, and auto no-fault. There may be a call for an end to income tax. Other possible areas of focus include affordable childcare, college, restoration of the Earned Income Tax Credit, Flint, Detroit Public Schools, and marijuana legalization.

Forum Reports

Finance Forum: R. Shymkiw reported that SIGMA is not likely to replace eGrAMS quickly. They have been discussing funding for case management of women who have contracted Zika. There will be some Medicaid Outreach training. They are working on the STD billing issue and looking at other states as models. There are some different options available. They have started a mentor/mentee program between veteran and new finance administrators.

Health Education and Promotion Forum: There is no report at this time.

Environmental Health Forum: Kory Groetsch provided a vapor intrusion 101 discussion and addressed how complex responses to such can be. The discussion included all three departments. MALEHA will be focused on Food Law update, Food Safety Modernization Act, vapor intrusion annual review of sites and response, Parjana, and changes in MDEQ's contamination department. This will include engaging MDHHS in the process.

Information Systems Forum: B. Helm reported that many local health departments are in transition with clinical software and sharing information. They are also working with MDHHS personnel to electronically submit data, similar to MCIR to reduce duplications.

Public Health Nursing Forum: The forum is looking at electronic health records, ensuring the users have a voice in the process. Jurisdictions are creating their own forms related to electronic health records, and the forum is sharing forms for efficiency. They are also reviewing options for STD visits.

Public Health Physicians Forum: R. Sharangpani is the new president. She reported that they are reviewing standing orders in terms of compiling them and sharing them across jurisdictions, creating templates for new medical directors. They are reviewing the new Naloxone prescribing powers and working with Eden Wells on standing orders. They feel there is a strong public health component to be considered and seeking to ensure education and training.

VI. Reports from State Departments

Department of Agriculture and Rural Development (MDARD)

S. Dunleavy reported that he reviewed vending licenses, and there were 32 health departments impacted, including 124 at the $2.00 fee and 11 at the $3.00 fee, all others

have been corrected. Within a week, a survey will be forwarded to gather data regarding the Hepatitis A investigation. They are looking to have a conference call by the end of January as part of an after action plan. The department will be piloting a process regarding fair inspections by local health departments. They will review and assess it during normal accreditation processes. Prior to any transition, the department will have a pre-meeting with the local MDARD inspector, local health department, and licensees. K. McFarland presented the Food and Dairy Fundamentals Map and Aggregate, Performance Summary, outcome measure example, and alignment.

Department of Environmental Quality (MDEQ)

D. Debruyn reported some organizational changes within the department. Departments previously title "office" will be called "divisions". She reported on the collection and sampling pilot project of non-community water supply for routine bacterial and nitrates. HB 5120 passed and was signed by the governor. It requires facilities to post education for lead action levels exceedance within three days of determination of said exceedance. M. Gamble reported that there are staffing changes in groundwater. There will be a position posted for investigation and well construction. They are completing the P3 program review and the results are positive. There are a couple of health departments who require a corrective action plan. There will be some changes to swimming pools and campgrounds as it relates to the governor's water strategy.

Department of Health and Human Services (MDHHS)

J. Fiedler presented the Data Use and Non-Disclosure Agreement in using the Michigan Disease Surveillance System for cross jurisdictional purposes. The board will need to discuss this further. G. Copeland presented MDHHS' Zika Pregnancy Register. E. Frisch from the Office of Child Support discussed the parentage DNA testing and utilizing the health departments for such testing.

VII. State Innovation Model Update

Tom Curtis of MDHHS provided an update on the State Innovation Model including priority areas such as governance, consolidating health needs assessment and focus on one priority area, create and communicate a health improvement plan, and clinical community linkage partnership, workforce, community resources, screening, and referral.

VIII. Public Comments/Announcements

There are no public comments at this time.

IX. Adjournment

The meeting adjourned at 12:16pm.

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BOARD OF HEALTH
ORGANIZATIONAL MEETING
at
Mid-Michigan District Health Department
Montcalm County Administrative Offices
Stanton, Michigan

January 25, 2017
10:00 a.m.

MINUTES

Members Present: Bruce DeLong, Tom Lindeman *(left at 12:00 p.m.)*, Dwight Washington, and Betty Kellenberger

Members Absent: Sam Smith and George Bailey

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of Administrative Services; Cindy Partlo, Executive Administrative Assistant; Bob Gouin, Director of Environmental Health (EH) *(arrived at 11:42 a.m.)*

Staff Excused: Jennifer E. Morse, M.D., Medical Director; Andrea Tabor, Director of Community Health and Education

Guests: None

Mark W. (Marcus) Cheatham, Health Officer called the Organizational Meeting of the Mid-Michigan District Board of Health (BOH) to order at 10:11 a.m., on Wednesday, January 25, 2017, at the Montcalm County Administrative Offices of the Mid-Michigan District Health Department (MMDHD), Stanton, Michigan.

The Pledge of Allegiance was led by M. Cheatham. Introductions were made.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

M. Cheatham opened the Organizational Meeting by requesting any additions or revisions to the Agenda. He requested that New Business I. 1. through 6. be moved to the first order of business in order to conduct election of officers.

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Motion made by B. DeLong and seconded by T. Lindeman to move New Business I. 1. through 6. to the first order of business in order to conduct election of officers. Motion carried.

Motion made by B. Kellenberger and seconded by T. Lindeman to approve the Agenda as amended. Motion carried.

M. Cheatham asked B. Kellenberger to talk about the structure of the Board of Health, the rotation of the Board Chair, and committee appointments. B. Kellenberger expressed concern that both Gratiot County Commissioners were not present and the rotation of the Board Chair was to rotate to Gratiot County. In consideration of G. Bailey's and S. Smith's conflicts with attending meetings, she suggested that a Commissioner from Montcalm or Clinton County hold the position of Board Chair. The Board discussed the past rotations of the Board Chair.

I. NEW BUSINESS:

1. Election of Officers for 2017:

   a. Chairperson

      M. Cheatham requested nominations for Chairperson. T. Lindeman nominated B. DeLong. B. Kellenberger seconded the nomination.

      Motion made by T. Lindeman to close the nominations and cast a unanimous ballot for B. DeLong as Chairperson. Motion seconded by B. Kellenberger. Motion carried.

      M. Cheatham turned the meeting over to the Chairperson, B. DeLong.

   b. Vice Chairperson

      B. DeLong asked for nominations for Vice Chairperson. B. Kellenberger nominated T. Lindeman. Nomination seconded by D. Washington.

      Motion made by B. Kellenberger to close the nominations and cast a unanimous ballot for T. Lindeman as Vice Chairperson. Motion seconded by D. Washington. Motion carried.

2. Appointment of BOH Secretary

   B. DeLong appointed the agency's position of Executive Administrative Assistant as BOH Secretary and designated that position carry out the posting of public notices for the Board.

   Motion made by B. Kellenberger and seconded by T. Lindeman to appoint the Executive Administrative Assistant position as BOH Secretary and designate that position carry out the posting of public notices for the Board. Motion carried.

3. Appointment of BOH Standing Committee Chairpersons and Membership: Assignments for 2017

   a. Finance Committee

      B. DeLong appointed himself, G. Bailey, and T. Lindeman to the Finance Committee. T. Lindeman will serve as Chairperson.

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b. Personnel Committee

B. DeLong appointed B. Kellenberger, S. Smith, and D. Washington to the Personnel Committee. B. Kellenberger will serve as Chairperson.

c. Program Committee

B. DeLong appointed himself, T. Lindeman, and S. Smith to the Program Committee. B. DeLong will serve as Chairperson.

4. Appointment of BOH Representatives to External Organizations and Associations - Assignments for 2017

a. Mid-Central Coordinating Committee

B. DeLong appointed T. Lindeman, S. Smith, and D. Washington to the Mid-Central Coordinating Committee.

b. Michigan Association for Local Public Health (MALPH)

M. Cheatham explained the structure of the MALPH meetings.

B. DeLong appointed M. Cheatham as primary and Dwight Washington as alternate to the MALPH.

c. Well and Septic Stakeholders Committee

M. Cheatham explained why the Well and Septic Stakeholders Committee was added to the External Organizations and Associations for 2017, stating that due to the district-wide work of the Clinton Conservation District, the Committee would be reconvened in 2017 to monitor the progress of the project and implement the recommendations to reduce pollution in the Upper Maple River Watershed. He indicated that the Committee membership would be expanded to include additional representatives from all three counties.

B. DeLong appointed M. Cheatham and D. Washington to the Well and Septic Stakeholders Committee.

Motion made by B. Kellenberger and seconded by T. Lindeman to accept the standing committee appointments and external appointments for 2017. Motion carried.

5. Appointment of BOH Representatives to Internal Committees for 2017

a. Quality Vision Action Team (QVAT)

B. DeLong appointed B. Kellenberger to the QVAT.

Motion made by T. Lindeman and seconded by B. Kellenberger to accept the internal committee appointments. Motion carried.

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6. Adoption of Proposed 2017 BOH Finance and Regular Meeting Schedule

Motion made by B. Kellenberger and seconded by T. Lindeman to approve the 2017 BOH Finance and Regular Meeting Schedule as proposed. Motion carried.

B. CONSENT ITEMS:

1. Meeting Minutes

   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held December 12, 2016

   b. Mid-Michigan District BOH Regular Meeting held December 21, 2016

2. Communications

   a. Letter dated December 14, 2016 to Marcus Cheatham from Mary C. Pino, Chief Assistant Prosecutor, Clinton County regarding an unlicensed mobile home park, Eagle Township

   b. Email message dated January 4, 2017 to Cindy Partlo from Penny Goerge, Executive Secretary, Clinton County regarding Clinton County BOH appointments

   c. Letter dated January 9, 2017 to MMDHD from Angie Thompson, Gratiot County Clerk to Mid-Michigan District BOH regarding Gratiot County BOH appointments for 2017

   d. Letter dated January 11, 2017 to Marcus Cheatham from Bob Clingenpeel, Montcalm County Controller/Administrator regarding Montcalm County appointments to the BOH for 2017

M. Cheatham provided background regarding the issue with the unlicensed Clinton County mobile home park. He stated that Commissioners might hear of the issue and wanted them to be informed of the situation.

Motion made by B. Kellenberger and seconded by T. Lindeman to accept and place the Consent Items on file. Motion carried.

C. PUBLIC COMMENTS: None.

D. BRANCH OFFICE EMPLOYEES: None.

E. COMMITTEE REPORTS:

1. Finance Committee:

   a. Mid-Michigan District Health Department's Expenses for December 10, 2016 – January 20, 2017

   T. Lindeman and B. DeLong indicated that they reviewed the expenses and found no concerns.

   Motion made by T. Lindeman to approve the Mid-Michigan District Health Department's Expenses for December 10, 2016 – January 20, 2017, totaling $423,637.78. Motion seconded by D. Washington. Motion carried.

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b. Mid-Michigan District Health Department's Monthly Balance Sheet, Revenue and Expenditure Report for December 2016

Motion made by T. Lindeman to approve and place on file the MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for December 2016. Motion seconded by D. Washington. Motion carried.

c. New and Revised Fees

M. Bowerman stated that Board approval was needed for new primary care fees, as well as for adjustments to previously-approved fees. She indicated that the new fees were color shaded and the revised fees were white.

Motion made by B. Kellenberger and seconded by T. Lindeman to approve the new primary care fees retroactive to October 1, 2016 and immediately for revised fees. Motion carried.

d. Singlewire Software Proposal for Paging and Emergency Notification

M. Bowerman stated that she would like the BOH to table the topic to February. M. Cheatham provided some background regarding the proposal stating that the agency received partial funding for the project from the Montcalm County Emergency Services (MCES). He explained the need for the software to the Board citing a few incidents where it would have been beneficial. M. Bowerman added that it enables the agency to communicate with staff out in the field during an emergency. B. DeLong asked if the agency checked with Clinton and Gratiot Counties to see if additional funding was available. M. Cheatham commented that was a good idea and indicated he would ask Hailey Brewer, Emergency Preparedness Coordinator to check with them. M. Bowerman reported that the initial quote was $11,000; however, some of the services were not needed, so that reduced the cost to approximately $8,000. D. Washington asked if there was a limit on how many individuals could be served through the software. M. Bowerman replied that she didn't think there was a limit, but would confirm. The BOH tabled the topic to their February regular meeting.

2. Personnel Committee – No report.

3. Program Committee – No report.

4. Mid-Central Coordinating Committee – No report.

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D.

M. Cheatham provided the Medical Director's Report in Dr. Morse's absence.

1. Evidence-Based Public Health Practice

M. Cheatham provided background regarding a grant that former Clinton Co. Commissioner, Jack Enderle was able to obtain for the agency regarding evidence-based practices through the Community Guide. He explained that the Community Guide was very useful because it summarizes the scientific data that has already been proven to work.

He recommended the following be adopted as the BOH Monthly Healthy Living Recommendation for February:

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1. *Support evidence-based medicine and evidence-based public health practices; ask your health care providers what the research shows to be the recommended treatments or screening you need or use the websites listed above to find the standard of care.*

2. *Be very leery of any non-expert (e.g., news, magazine, bloggers, etc.) interpretation of medical research. Research study findings are often misrepresented and the limitations of studies are almost never discussed. Review the original research yourself or discuss the findings of the study with your health care provider if you are interested or concerned.*

M. Cheatham suggested a correction to the Healthy Living Recommendation 2. stating that he would like to add "discuss the findings of the study with your health care provider *or local health department…."*

Motion made by B. Kellenberger and seconded by T. Lindeman to adopt the BOH Monthly Healthy Living recommendation for February as amended. Motion carried.

G. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D., Health Officer.

1. Quarterly Service Report, First Quarter FY 16/17 (October 1, 2016 through December 31, 2016)

   M. Cheatham explained the Quarterly Service Report (QSR) and reviewed program numbers, as well as division reports for Community Health and Education and EH Divisions for the first quarter of FY 16/17. He reported that the State has taken the vending inspection program away from local health departments, which caused the service numbers for Food to decline. He also reported a decline in service numbers for Family Planning (FP) and the Women, Infants, and Children's (WIC) Programs.

2. National Association of County and City Health Officials (NACCHO) 2017 Annual Conference – Public Health Revolution, Bridging Clinical Medicine and Population Health, July 11-13, 2017, Pittsburgh, Pennsylvania – http://www.nacchoannual.org/

   M. Cheatham encouraged BOH members to register for the NACCHO 2017 Annual Conference in Pittsburgh, Pennsylvania, and to let C. Partlo know if interested in attending.

3. FY 16/17 Client Satisfaction Survey, First Quarter (October 1, 2016 through December 31, 2016)

   M. Cheatham reviewed the first quarter Client Satisfaction Survey report stating the responses are fairly consistent. M. Bowerman stated that in order to obtain more information from clients, the questions may occasionally be changed. Client comments were also reviewed.

4. Health Officer Trip to Virginia, January 31 – February 2, 2017

   M. Cheatham mentioned that he will be traveling to Virginia to attend a Joint Public Health Informatics Task Force (JPHIT) meeting January 31st and will be returning late February 2nd. He explained electronic case reporting and mentioned that the JPHIT would be working on pilot sites for the initiative. He said all expenses would be paid by NACCHO, and he would be available by phone if needed.

5. Section 298 Initiative Interim Report, Coordination of Physical and Behavioral Health Services

   M. Cheatham explained the Section 298 Initiative to integrate physical and behavioral health services. He mentioned that the State is soliciting input from local governmental agencies regarding the initiative. He reported that the agency has partnered with the Montcalm Care Network to submit a proposal to the

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State regarding collaboration between the agencies. He briefly explained the proposal stating that enhanced Medicaid reimbursement was available to certain agencies that serve low-income uninsured individuals, such as mental health agencies and Federally Qualified Health Centers. Additionally, the My Community Dental Centers in Sidney and Saint Johns also receive enhanced reimbursement. M. Cheatham indicated that the proposal submitted to the State requests that Community Health Workers be financially supported through Hubs receiving enhanced reimbursement as this program provides much-needed services to the uninsured. He provided background regarding the relationship with the Ingham County Hub, indicating that the Hubs need additional funding in order to be sustainable.

Motion made by B. Kellenberger and seconded by T. Lindeman to approve the Health Officer's report. Motion carried.

H. OLD BUSINESS:

1. Clinton County Conservation District & Mid-Michigan District Health Department Well and Septic Stakeholder Committee

   M. Cheatham provided background regarding development of the Upper Maple River Comprehensive Watershed Management Plan. He indicated one part of the Plan addresses E.coli in rivers and includes three recommendations:

   a. Health Department should digitized records;
   b. Conduct a Public Education Campaign regarding septic tanks; and
   c. Explore alternatives to the current EH Regulations to increase septic inspections.

   M. Cheatham indicated that the progress has moved along to the point where all three counties are getting involved in watershed management. He reported the Clinton County Conservation District was reconvening the Well and Septic Stakeholder Committee to work on the recommendations in early March. At Montcalm County Commissioner, John Johansen's request, a seminar will be held at Montcalm Community College on February 23, 2017 to inform the community on the progress that has been made.

I. NEW BUSINESS:

7. Public Health Advisory Commission

   B. Gouin indicated that he was appointed to serve on the Public Health Advisory Commission and explained the purpose of the Commission, indicating that it was formed in December 2016 by Executive Order of the Governor. The Commission was established because of the Flint water crisis. Their mission was to assess the current public health delivery system in Michigan at both the State and local level, look at other states for best practices, and make policy recommendations that refer to organizing public health delivery across Michigan at the State level, between the State and at the local level, and evaluate the Public Health Code to see if any changes needed to be made. He provided an overview of the three meetings that have been held to date. There was discussion regarding the dismantling of the State Public Health Department that occurred in the 1970s and consensus was that an overarching agency that oversees all the State departments needed to be created to ensure that services are delivered to the public correctly. Additionally, stakeholders felt that there was duplication of many services at the State and local level. He mentioned that a final report and recommendations was due by April 1, 2017. M. Cheatham added that the Public Health Advisory Commission meets every two weeks.

DRAFT

8. Emerging Issues

   M. Cheatham provided background regarding an outbreak of Seoul virus in Wisconsin and Ohio. Seoul virus is transmitted to humans from rats. The Centers for Disease Control and Prevention (CDC) determined that infected rats could have come from an animal-breeding facility in Clinton County. M. Cheatham stated that the facility is Food and Drug Administration (FDA) certified and the owner is cooperating with the investigation. Our Public Health Nurses are collecting specimens from family members and sending them to the CDC for testing. He stated that the topic was informational.

J. LEGISLATIVE ACTION: – None.

K. INFORMATIONAL ITEMS:

1. Mid-Michigan District BOH Action Items, December 2016

2. Staffing Report

L. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD News articles available online at **http://mmdhd.org/?q=node/117**

2. "Aging Septic Systems Fouling Michigan Waters", *Detroit Free Press,* January 16, 2017

M. AGENCY NEWSLETTERS:

1. "Inside MMDHD", *Health Enhancement Committee (HEC),* December 2016

There being no further business to come before the Board, the meeting adjourned at 12:11 p.m.

Respectfully Submitted,

Cynthia M. Partlo
Board Secretary For
Bruce DeLong, Chairperson
Mid-Michigan District BOH

DRAFT

MONTHLY EXPENSES FOR
January 21, 2017 - February 17, 2017

EV 1838	*$ 212,948.45*
EV 1839	*$ 199,018.87*
TOTAL	***$ 411,967.32***

Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton MI 48888
(989) 831-5237

CK#	EV 1838	2/3/2017
	Payables	
103102 thru 103128	Quantum Checks & Direct Deposits & Voids	$ 71,218.69
	Payroll	
	AFLAC Employee Deduction	$ 375.49
	MERS Employee Electronic Transfer	$ 3,712.69
	Chemical Bank Payroll-Ameriprise NBS	$ 150.00
	Chemical Bank Payroll-Nationwide	$ 2,385.00
	Chemical Bank Payroll-MERS 457	$ 385.00
	Chemical Bank Payroll Tax Electronic Transfer Federal	$ 31,642.78
	Direct Deposit Payroll	$ 103,078.80
	Bank Fees	$ -
	TOTAL	**$ 212,948.45**

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
165	02/03/17	KEL038 KELLENBERGER BETTY	100728	01/25/17	15259		$ 57.54	$ -	$ 57.54
			JANUARY TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 57.54	$ -	$ 57.54
166	02/03/17	LIN033 LINDEMAN TOM	100729	01/25/17	15260		$ 52.73	$ -	$ 52.73
			JANUARY TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 52.73	$ -	$ 52.73
103102	02/03/17	15OFF OFFICE DEPOT	894764921001	01/16/17	15245	094452-00	$ 143.16	$ -	$ 143.16
			COPY PAPER						
COMPUTER CHECK									
			CHECK TOTALS:				$ 143.16	$ -	$ 143.16
103103	02/03/17	BCN035 BLUE CARE NETWORK	170130065253	01/13/17	15272		$ 1,359.23	$ -	$ 1,359.23
			FEBRUARY HEALTH INSURANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,359.23	$ -	$ 1,359.23
103104	02/03/17	BLU008 BLUE CROSS BLUE SHIELD OF MICH	100733	01/08/17	15268		$ 13,880.21	$ -	$ 13,880.21
			FEBRUARY HEALTH INSURANCE						
COMPUTER CHECK									
			100734	01/08/17	15269		$ 9,779.20	$ -	$ 9,779.20
			FEBRUARY HEALTH INSURANCE						
			100735	01/08/17	15270		$ 17,429.12	$ -	$ 17,429.12
			FEBRUARY HEALTH INSURANCE						
			CHECK TOTALS:				$ 41,088.53	$ -	$ 41,088.53
103105	02/03/17	BLU034 BLUE CARE NETWORK	170130070030	01/13/17	15271		$ 6,749.70	$ -	$ 6,749.70
			FEBRUARY HEALTH INSURANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 6,749.70	$ -	$ 6,749.70
103106	02/03/17	CAP095 CAPITAL AREA UNITED WAY	100736	02/01/17	15276		$ 28.00	$ -	$ 28.00
			2/3/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 28.00	$ -	$ 28.00
103107	02/03/17	CDW016 CDW GOVERNMENT, INC.	GJK7549	12/21/16	15243	094439-00	$ 3,559.09	$ -	$ 3,559.09
			THINKPADS,SAMSUNG PRO850						
COMPUTER CHECK									
			CHECK TOTALS:				$ 3,559.09	$ -	$ 3,559.09
103108	02/03/17	CEN021 CENTRAL MI DIST HEALTH DEPT	100730	01/23/17	15261		$ 5,478.35	$ -	$ 5,478.35
			DECEMBER MD						
COMPUTER CHECK									
			CHECK TOTALS:				$ 5,478.35	$ -	$ 5,478.35

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103109	02/03/17	COV178 COVENANT MEDICAL CENTER	100725	01/04/17	15254		$ 64.26	$ -	$ 64.26
			20940 LABS						
COMPUTER CHECK									
			100726	01/04/17	15255		$ 30.00	$ -	$ 30.00
			21654 LABS						
			100727	01/04/17	15256		$ 15.76	$ -	$ 15.76
			22412 LABS						
			CHECK TOTALS:				$ 110.02	$ -	$ 110.02
103110	02/03/17	DEL007 DELTA DENTAL OF MICHIGAN	RIS00001356943	01/17/17	15273		$ 4,241.19	$ -	$ 4,241.19
			FEBRUARY DENTAL INSURANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 4,241.19	$ -	$ 4,241.19
103111	02/03/17	HEA080 HEADSTART	17728	01/18/17	15252		$ 15.00	$ -	$ 15.00
			REFUND/PD BY DELTA DENTAL						
COMPUTER CHECK									
			17769	01/23/17	15251		$ 40.00	$ -	$ 40.00
			REFUND/PD BY DELTA DENTAL						
			17770	01/23/17	15250		$ 40.00	$ -	$ 40.00
			REFUND/PD BY DELTA DENTAL						
			CHECK TOTALS:				$ 95.00	$ -	$ 95.00
103112	02/03/17	LIN061 LINCOLN FINANCIAL GROUP	100732	01/17/17	15267		$ 1,488.05	$ -	$ 1,488.05
			FEB 2017 LIFE/LTD/AD&D						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,488.05	$ -	$ 1,488.05
103113	02/03/17	LIT005 LITWILLERS TRACY & KATHY	007463	12/21/16	15253		$ 153.75	$ -	$ 153.75
			BOH CHRISTMAS LUNCHEON						
COMPUTER CHECK									
			CHECK TOTALS:				$ 153.75	$ -	$ 153.75
103114	02/03/17	MCK032 MCKESSON MEDICAL	92506910	01/12/17	15236	094441-00	$ 55.11	$ -	$ 55.11
			HAND SANITIZER,CLOROX WIPES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 55.11	$ -	$ 55.11
103115	02/03/17	MIC006 MICHIGAN DEPT OF AGRICULTURE	791-67664	12/22/16	15264		$ 419.00	$ -	$ 419.00
			DISTRICT WIDE FOOD FEES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 419.00	$ -	$ 419.00
103116	02/03/17	MON029 MONTCALM ALLIANCE	108	01/18/17	15248		$ 500.00	$ -	$ 500.00
			ANNUAL DUES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 500.00	$ -	$ 500.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103117	02/03/17	NAT016 NRFSP	G1612310558	12/31/16	15266		$ 525.00	$ -	$ 525.00
			FOOD TRAINING KITS MBO/CBO						
COMPUTER CHECK									
			CHECK TOTALS:				$ 525.00	$ -	$ 525.00
103118	02/03/17	OFF001 OFFICEMAX INCORPORATED	730734	12/05/16	15237	094415-00	$ 50.78	$ -	$ 50.78
			OXFORD FOLDERS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 50.78	$ -	$ 50.78
103119	02/03/17	OPT016 OPTUM	37484949	01/09/17	15257		$ 224.80	$ -	$ 224.80
			DECEMBER EDI CLAIMS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 224.80	$ -	$ 224.80
103120	02/03/17	PER009 PERSPECTIVE ENTERPRISES	51369	01/20/17	15244	094453-00	$ 439.00	$ -	$ 439.00
			DIGITAL SCALE,ADAPTER, CASE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 439.00	$ -	$ 439.00
103121	02/03/17	SHA199 SHAFFER AMANDA	100731	01/19/17	15265		$ 82.50	$ -	$ 82.50
			1/9-13 CSHCS PARENT LIASON						
COMPUTER CHECK									
			CHECK TOTALS:				$ 82.50	$ -	$ 82.50
103122	02/03/17	SHR011 SHRED-IT USA LLC	8121551166	01/07/17	15263		$ 101.93	$ -	$ 101.93
			STANTON SHREDDING						
COMPUTER CHECK									
			8121557710	01/15/17	15262		$ 95.04	$ -	$ 95.04
			ST JOHNS SHREDDING						
			CHECK TOTALS:				$ 196.97	$ -	$ 196.97
103123	02/03/17	STA043 STATE OF MICHIGAN-DEQ	1075	01/27/17	15274		$ 25.00	$ -	$ 25.00
			CHOLEY MOREY TRAINING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 25.00	$ -	$ 25.00
103124	02/03/17	UNI001 UNITED WAY OF MONTCALM CO	100736	02/01/17	15278		$ 144.00	$ -	$ 144.00
			2/3/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 144.00	$ -	$ 144.00
103125	02/03/17	UNI009 UNITED WAY OF GRATIOT CO	100736	02/01/17	15277		$ 87.00	$ -	$ 87.00
			2/3/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 87.00	$ -	$ 87.00
103126	02/03/17	UPS002 UNITED PARCEL SERVICE	423867027	01/14/17	15249		$ 14.05	$ -	$ 14.05
			FOOD TEST KITS MAILED						
COMPUTER CHECK									
			CHECK TOTALS:				$ 14.05	$ -	$ 14.05

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103127	02/03/17	VER004 VERIZON	9779107724	01/21/17	15275		$ 1,237.66	$ -	$ 1,237.66
			12/22-1/21 MOBILE BROADBAND						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,237.66	$ -	$ 1,237.66
103128	02/03/17	WINN73 WINN TELECOM	2069535	01/15/17	15247		$ 2,613.48	$ -	$ 2,613.48
			12/13-1/10 LOCAL/LONG DISTANCE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 2,613.48	$ -	$ 2,613.48
			BANK CODE TOTALS:				$ 71,218.69	$ -	$ 71,218.69

27 COMPUTER CHECKS
0 MANUAL PAYMENT CHECKS
0 VOID CHECKS - TRX
0 VOID CHECKS - STUBS
0 VOID CHECKS - ERROR
0 VOID CHECKS - FORM ALIGNMENT
2 DIRECT DEPOSITS
29 CHECKS TOTAL

			COMPANY TOTALS:				$ 71,218.69	$ -	$ 71,218.69

Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton MI 48888
(989) 831-5237

CK#	EV 1839		2/17/2017
	Payables		
103129 thru 103168	Quantum Checks & Direct Deposits & Voids		$26,087.07
	Payroll		
	AFLAC Employee Deduction		$375.49
	MERS Employee Electronic Transfer		$3,715.61
	Chemical Bank Payroll-Ameriprise NBS		$165.00
	Chemical Bank Payroll-Nationwide		$2,435.00
	Chemical Bank Payroll-MERS 457		$385.00
	Chemical Bank Payroll Tax Electronic Transfer		
	Federal		$32,274.86
	State		$9,516.71
	MERS Employer Electronic Transfer		$21,159.71
	Direct Deposit Payroll		$102,833.75
	Bank Fees		
	Chemical E-Banking fee	17-Jan	$74.87
	Chemical Bank Interest	17-Jan	($4.20)
	TOTAL		**$199,018.87**

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103129	02/17/17	CAP095 CAPITAL AREA UNITED WAY	100746	02/14/17	15339		$ 28.00	$ -	$ 28.00
			2/17/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 28.00	$ -	$ 28.00
103130	02/17/17	CDW016 CDW GOVERNMENT, INC.	GPH6884	01/18/17	15281	094455-00	$ 104.22	$ -	$ 104.22
			ADOBE ACROBAT						
COMPUTER CHECK									
			GPP7699	02/09/17	15301	094446-00	$ 110.85	$ -	$ 110.85
			WIRELESS MOUSE						
			GPQ9929	01/20/17	15279	094446-00	$ 423.58	$ -	$ 423.58
			SIGNATURE PAD						
			CHECK TOTALS:				$ 638.65	$ -	$ 638.65
103131	02/17/17	CLI092 CLINTON COUNTY ADMIN/ACCT	AC-2017-004	02/01/17	15333		$ 1,966.67	$ -	$ 1,966.67
			MARCH 2017 DENTAL RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,966.67	$ -	$ 1,966.67
103132	02/17/17	COH003 COHL, STOKER & TOSKEY	47144	02/03/17	15316		$ 228.00	$ -	$ 228.00
			EH LEGAL						
COMPUTER CHECK									
			CHECK TOTALS:				$ 228.00	$ -	$ 228.00
103133	02/17/17	CON117 CONTEMPORARY FORMS	1063	01/12/17	15336		$ 495.00	$ -	$ 495.00
			EFAW CONTRACEPTIVE TRAINING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 495.00	$ -	$ 495.00
103134	02/17/17	COU009 COUNTRYSIDE PHARMACY	4339	01/24/17	15322		$ 25.59	$ -	$ 25.59
			RX 1725514, 1725517						
COMPUTER CHECK									
			CHECK TOTALS:				$ 25.59	$ -	$ 25.59
103135	02/17/17	CRY023 CASAIR-CRYSTAL AUTO SYSTEM	329654	02/01/17	15321		$ 800.00	$ -	$ 800.00
			FEB 2017 FIBER/LIST SERV						
COMPUTER CHECK									
			CHECK TOTALS:				$ 800.00	$ -	$ 800.00
103136	02/17/17	CUS199 CUSTOM EMBROIDERY PLUS	26420	01/24/17	15317		$ 163.00	$ -	$ 163.00
			DRUG FREE TSHIRTS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 163.00	$ -	$ 163.00
103137	02/17/17	GRE086 GREENVILLE COMMUNITY CHURCH	100743	02/14/17	15328		$ 175.00	$ -	$ 175.00
			FEBRUARY 2017 CLINIC RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 175.00	$ -	$ 175.00
103138	02/17/17	GSK052 GLAXO SMITH KLINE	33778030	01/19/17	15282	094449-00	$ 605.31	$ -	$ 605.31
			BEXERO VACCINE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 605.31	$ -	$ 605.31

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103139	02/17/17	HOS101 HOSPITAL NETWORK HEALTHCARE	45387	01/31/17	15315		$ 59.00	$ -	$ 59.00
			STJOHNS WASTE PICKUP						
COMPUTER CHECK									
			CHECK TOTALS:				$ 59.00	$ -	$ 59.00
103140	02/17/17	INAS28 IN A SNAP PHOTOBOOTHS	591	02/01/17	15320		$ 250.00	$ -	$ 250.00
			MAY 6 PHOTO BOOTH/CSHCS GRANT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 250.00	$ -	$ 250.00
103141	02/17/17	INSP25 INSPIRATION STUDIO DESIGN	1295	01/18/17	15325		$ 449.15	$ -	$ 449.15
			FULL COLOR BROCHURES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 449.15	$ -	$ 449.15
103142	02/17/17	MAL033 MALEHA	100742	01/31/17	15324		$ 20.00	$ -	$ 20.00
			LONNIE SMITH 2017 MEMBERSHIP						
COMPUTER CHECK									
			CHECK TOTALS:				$ 20.00	$ -	$ 20.00
103143	02/17/17	MCK032 MCKESSON MEDICAL	92833498	01/18/17	15288	094447-00	$ 181.44	$ -	$ 181.44
			GAUZE PADS						
COMPUTER CHECK									
			92840143	01/18/17	15289	094447-00	$ 1,795.19	$ -	$ 1,795.19
			SHARPS CONTAINER,GLOVES						
			92845208	01/18/17	15286	094447-00	$ 132.18	$ -	$ 132.18
			MADACIDE						
			92846298	01/18/17	15287	094447-00	$ 58.24	$ -	$ 58.24
			CLEANER LYSOL						
			93490824	01/30/17	15298	094460-00	$ 454.47	$ -	$ 454.47
			QUANTIFY URINE CONTROLS						
			CHECK TOTALS:				$ 2,621.52	$ -	$ 2,621.52
103144	02/17/17	MED144 MEDIBADGE	734865	01/31/17	15297	094456-00	$ 124.75	$ -	$ 124.75
			STICKERS						
COMPUTER CHECK									
			734868	01/31/17	15290	094457-00	$ 120.77	$ -	$ 120.77
			STICKERS						
			CHECK TOTALS:				$ 245.52	$ -	$ 245.52
103145	02/17/17	MER016 MERCK & CO INC	7009789226	01/19/17	15283	094450-00	$ 339.24	$ -	$ 339.24
			VAQTA VACCINE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 339.24	$ -	$ 339.24
103146	02/17/17	MIC006 MICHIGAN DEPT OF AGRICULTURE	791-67886	01/23/17	15327		$ 492.00	$ -	$ 492.00
			DISTRICT WIDE FOOD FEES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 492.00	$ -	$ 492.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103147	02/17/17	MIC007 MICHIGAN PUBLIC HEALTH INST	40671	01/19/17	15332		$ 130.00	$ -	$ 130.00
			TABOR/CURRIE MIHP 5/9/17 TRAINING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 130.00	$ -	$ 130.00
103148	02/17/17	MNA004 MICHIGAN NURSES ASSOCIATION	100746	02/14/17	15338		$ 552.50	$ -	$ 552.50
			FEBRUARY DUES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 552.50	$ -	$ 552.50
103149	02/17/17	MON183 MONTCALM CO CONTROLLER	100744	01/31/17	15329		$ 12.20	$ -	$ 12.20
			JANUARY 2017 SOLID WASTE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 12.20	$ -	$ 12.20
103150	02/17/17	MOO092 MOORE MEDICAL, LLC	831894961	01/10/17	15284		$ 56.95	$ -	$ 56.95
			CONCENTRATION MASK						
COMPUTER CHECK									
			CHECK TOTALS:				$ 56.95	$ -	$ 56.95
103151	02/17/17	MOS084 MOS/MICHIGAN OFFICE SOLUTION	IN819414	02/08/17	15302		$ 362.48	$ -	$ 362.48
			11/7-2/6/17 CONTRACT OVERAGE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 362.48	$ -	$ 362.48
103152	02/17/17	OFF001 OFFICEMAX INCORPORATED	853245	12/19/16	15296	094434-00	$ 210.04	$ -	$ 210.04
			ENVELOPES,INK, LABELS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 210.04	$ -	$ 210.04
103153	02/17/17	OPT016 OPTUM	37484540	12/15/16	15326		$ 25.20	$ -	$ 25.20
			NOV 2016 EDI CLAIMS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 25.20	$ -	$ 25.20
103154	02/17/17	PLE041 PLEASANT GRAPHICS INC	30205	02/06/17	15300	094459-00	$ 90.00	$ -	$ 90.00
			RX PADS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 90.00	$ -	$ 90.00
103155	02/17/17	QUI003 QUILL CORPORATION	4114606	02/03/17	15299	094463-00	$ 295.92	$ -	$ 295.92
			INK CARTRIDGES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 295.92	$ -	$ 295.92
103156	02/17/17	SHA199 SHAFFER AMANDA	100741	01/31/17	15323		$ 120.00	$ -	$ 120.00
			1/19-1/27 CSHCS PARENT LIASON						
COMPUTER CHECK									
			CHECK TOTALS:				$ 120.00	$ -	$ 120.00
103157	02/17/17	STA008 STATE OF MICHIGAN-MDCH	4002012017	02/01/17	15313		$ 154.16	$ -	$ 154.16
			LABS						
COMPUTER CHECK									
			MID0502012017	02/01/17	15312		$ 35.34	$ -	$ 35.34
			LABS						

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103157	02/17/17	STA008 STATE OF MICHIGAN-MDCH	MID0512052016	12/05/16	15314		$ 70.68	$ -	$ 70.68
			LABS						
			CHECK TOTALS:				$ 260.18	$ -	$ 260.18
103158	02/17/17	STA104 STATE OF MICHIGAN	1077	02/13/17	15335		$ 50.00	$ -	$ 50.00
			STODDARD 3/20/17 TRAINING						
COMPUTER CHECK									
			1078	02/13/17	15334		$ 50.00	$ -	$ 50.00
			MIKESELL 3/20/17 TRAINING						
			CHECK TOTALS:				$ 100.00	$ -	$ 100.00
103159	02/17/17	STA212 STAFFORD MEDIA SOLUTIONS	AMP01083389	01/31/17	15318		$ 135.65	$ -	$ 135.65
			BOH LEGAL NOTICE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 135.65	$ -	$ 135.65
103160	02/17/17	TEA001 TEAMSTERS LOCAL 214	100746	02/14/17	15342		$ 1,996.88	$ -	$ 1,996.88
			FEBRUARY DUES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,996.88	$ -	$ 1,996.88
103161	02/17/17	TEA031 TEAM FINANCIAL GROUP, INC	145436	02/09/17	15337		$ 2,459.37	$ -	$ 2,459.37
			513018-A MARCH LEASE CONTRACT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 2,459.37	$ -	$ 2,459.37
103162	02/17/17	UNI001 UNITED WAY OF MONTCALM CO	100746	02/14/17	15341		$ 144.00	$ -	$ 144.00
			2/17/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 144.00	$ -	$ 144.00
103163	02/17/17	UNI009 UNITED WAY OF GRATIOT CO	100746	02/14/17	15340		$ 87.00	$ -	$ 87.00
			2/17/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 87.00	$ -	$ 87.00
103164	02/17/17	UPS002 UNITED PARCEL SERVICE	057	02/04/17	15331		$ 13.95	$ -	$ 13.95
			POSTAGE FOR PACKAGES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 13.95	$ -	$ 13.95
103165	02/17/17	VAN024 VANGILLS LINDA	100745	02/14/17	15330		$ 1,540.00	$ -	$ 1,540.00
			DEC/JAN MD PROJECT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,540.00	$ -	$ 1,540.00
103166	02/17/17	VER004 VERIZON	9779279788	01/23/17	15319		$ 223.85	$ -	$ 223.85
			1/24-2/23 BROADBAND MOBILE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 223.85	$ -	$ 223.85
103167	02/17/17	WRS015 WRS GROUP LTD	IN8508	12/19/16	15294	094419-00	$ 203.00	$ -	$ 203.00
			CRAYONS						
COMPUTER CHECK									

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
103167	02/17/17	WRS015 WRS GROUP LTD	IN8540	12/20/16	15292	094419-00	$ 686.00	$ -	$ 686.00
			MOOD PENCILS						
			IN8595	12/22/16	15293	094419-00	$ 139.00	$ -	$ 139.00
			PROMO CLICK PENS						
			IN8625	12/23/16	15295	094419-00	$ 367.00	$ -	$ 367.00
			BUSINESS CARD MAGNETS						
			IN9283	02/01/17	15291	094419-00	$ 754.00	$ -	$ 754.00
			BANDAGE DISPENSERS						
			CHECK TOTALS:				$ 2,149.00	$ -	$ 2,149.00
103168	02/17/17	FIR003 FIRST NATIONAL BANK OMAHA	100737	02/02/17	15303		$ 22.72	$ -	$ 22.72
			PARKING/MEAL						
COMPUTER CHECK									
			100738	02/02/17	15304		$ 4,127.33	$ -	$ 4,127.33
			DFRUG FREE CONFERENCE/HOTEL/FLIGHTS						
			100739	02/02/17	15310		$ 32.29	$ -	$ 32.29
			LUNCH FOR 3						
			100740	02/02/17	15311		$ 50.35	$ -	$ 50.35
			PAGER						
			100738-1	02/02/17	15305	094448-00	$ 567.56	$ -	$ 567.56
			3 OXYGEN TANKS						
			100738-2	02/02/17	15306	094454-00	$ 95.88	$ -	$ 95.88
			BREAST PUMP CAR CHARGERS						
			100738-3	02/02/17	15307	094461-00	$ 271.35	$ -	$ 271.35
			SWIVEL GLIDER ROCKER						
			100738-4	02/02/17	15308	094458-00	$ 81.42	$ -	$ 81.42
			OFFICE SWIVEL CHAIR						
			100738-5	02/02/17	15309	094462-00	$ 271.35	$ -	$ 271.35
			SWIVEL GLIDER ROCKER						
			CHECK TOTALS:				$ 5,520.25	$ -	$ 5,520.25
			BANK CODE TOTALS:				$ 26,087.07	$ -	$ 26,087.07

40 COMPUTER CHECKS
0 MANUAL PAYMENT CHECKS
0 VOID CHECKS - TRX
0 VOID CHECKS - STUBS
0 VOID CHECKS - ERROR
0 VOID CHECKS - FORM ALIGNMENT
0 DIRECT DEPOSITS
40 CHECKS TOTAL

COMPANY TOTALS:	$ 26,087.07	$ -	$ 26,087.07

First National Bank Omaha

VISA

Account Number:
New Balance: **$5,414.89**
Minimum Payment Due: **$108.00**
Payment Due Date: ..... **March 1, 2017**

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

$

First National Bank Omaha
P.O. Box 2818
Omaha, NE 68103-2818

2253

MID MICHIGAN DIST HEALTH
MELISSA BOWERMAN
615 N STATE ST STE 2
STANTON MI 48888-9702

57226
Q302

Change of Address? If yes, please complete reverse side.

REC'D FEB 10 2017

0000000541489

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$3,686.16
Payments	-$3,686.16
Other Credits	-$15.89
Purchases	+$5,430.78
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$5,414.89**
Statement Closing Date	02/02/17
Days in Billing Cycle	30
Total Credit Limit	$10,000.00
Available Credit	$4,585.00
Cash Limit	$5,000.00
Available Cash	$4,585.00

Payment Information

New Balance	$5,414.89
Minimum Payment Due	$108.00
Past Due Amount	$0.00
Payment Due Date	**March 1, 2017**

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(TDD Telecommunications Device for the Deaf: 1-800-925-2833)
Visit: www.firstnational.com
Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
1-04	1-05	24492157004894466807539 7	CADCA ALEXANDRIA VA 703-706-0560 VA	$1,390.00
1-05	1-09	24431067006344900369418	AMERICAN AIR0017935093753 FORT WORTH TX	$196.40
1-05	1-09	24431067006344900372628	AMERICAN AIR0017935107847 FORT WORTH TX	$340.40
1-18	1-19	24435657019200699301955 1	AIRGASS NORTH 216-642-6600 OH	$129.46
1-18	1-19	24435657019200699301963 1	AIRGASS NORTH 216-642-6600 OH	$438.10
1-18	1-20	24610437019004028804703 7	ADOBE *ACROPRO SUBS 800-833-6687 CA	$15.89
1-20	1-20	74418007020007020025240	ONLINE PAYMENT THANK YOU	$3,686.16 (CR)
1-20	1-23	24692167020000629851235 7	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$95.88
1-20	1-23	24692167020000743967610 7	STAMPS.COM 855-608-2677 CA	$51.47
1-20	1-23	24692167020000955649666 7	STAMPS.COM 855-608-2677 CA	$89.97
1-23	1-25	74610437024004032817632 7	ADOBE *ACROPRO SUBS 800-833-6687 CA	$15.89 (CR)
1-24	1-25	24692167024000104120417 1	GAYLORD NATIONAL F/D 866-435-7627 MD	$872.34
1-24	1-25	24692167024000104124575 1	GAYLORD NATIONAL F/D 866-435-7627 MD	$1,170.28
1-25	1-27	24445007026200108062872	MEIJER #303 Q01 IONIA MI	$16.47
1-27	1-30	24692167027000875937566 7	Amazon.com AMZN.COM/BILL WA	$271.35
1-28	1-30	24431067028083301548972 7	AMAZON.COM AMZN.COM/BILL AMZN.COM/BILL WA	$81.42
2-01	2-02	24431067032083759657881 7	AMAZON.COM AMZN.COM/BILL AMZN.COM/BILL WA	$271.35

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	$5,107.89	30	$0.00
Cash Advance	25.78% (v)	$0.00	30	$0.00

2017 Total Year-to-Date

Total fees charged in 2017	$0.00
Total interest charged in 2017	$0.00

Issued by First National Bank of Omaha

See reverse for additional information.

First National Bank Omaha

VISA

Account Number:
New Balance: **$50.35**
Minimum Payment Due: **$10.00**
Payment Due Date: ..... **March 1, 2017**

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

$ REC'D FEB 10 2017

Change of Address? If yes, please complete reverse side.

First National Bank Omaha
P.O. Box 2818
Omaha, NE 68103-2818

2253

MID MICHIGAN DIST HEALTH
MARCUS W CHEATHAM
615 N STATE ST
STANTON MI 48888-9702

57229
Q302

0000000005035

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$3.66
Payments	-$3.66
Other Credits	-$0.00
Purchases	+$50.35
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$50.35**
Statement Closing Date	02/02/17
Days in Billing Cycle	30
Total Credit Limit	$2,000.00
Available Credit	$1,949.00
Cash Limit	$400.00
Available Cash	$400.00

Payment Information

New Balance	$50.35
Minimum Payment Due	$10.00
Past Due Amount	$0.00
Payment Due Date	**March 1, 2017**

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Visit: www.firstnational.com
Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
1-12	1-13	24592167012000441771637 7	AMERICAN MESSAGING 888-247-7890 TX	$50.35
1-20	1-20	74418007020007020025257	ONLINE PAYMENT THANK YOU	$3.66 (CR)

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	$39.06	30	$0.00
Cash Advance	25.78% (v)	$0.00	30	$0.00

2017 Total Year-to-Date

Total fees charged in 2017	$0.00
Total interest charged in 2017	$0.00

Additional Information Regarding Your Account

An Easier Way to Pay Your Bills!

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Issued by First National Bank of Omaha

See reverse for additional information.

First National Bank Omaha

VISA

Account Number:
New Balance: $22.72
Minimum Payment Due: $10.00
Payment Due Date: ..... March 1, 2017

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

$

First National Bank Omaha
P.O. Box 2818
Omaha, NE 68103-2818

2253

MID MICHIGAN DIST HEALTH
BOB GOUIN
615 N STATE ST APT 2
STANTON MI 48888-9702

57227
Q302

Change of Address? If yes, please complete reverse side.

REC'D FEB 10 2017

0000000002272

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$1,260.00
Payments	-$1,260.00
Other Credits	-$0.00
Purchases	+$22.72
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$22.72**
Statement Closing Date	02/02/17
Days in Billing Cycle	30
Total Credit Limit	$2,000.00
Available Credit	$1,977.00
Cash Limit	$400.00
Available Cash	$400.00

Payment Information

New Balance	$22.72
Minimum Payment Due	$10.00
Past Due Amount	$0.00
Payment Due Date	**March 1, 2017**

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Visit: www.firstnational.com
Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
1-17	1-19	24707807018080080189216	SOUTH GRAND RAMP LANSING MI	$6.00
1-20	1-20	74418007020007020025232	ONLINE PAYMENT THANK YOU	$1,260.00 (CR)
1-19	1-23	24122597020701451277732	GRAND TRAVERSE PIE- OKEMO OKEMOS MI	$10.47
1-30	2-01	24072807031401013099787	ELLIS C & W LOT LANSING LANSING MI	$6.25

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	$687.84	30	$0.00
Cash Advance	25.78% (v)	$0.00	30	$0.00

2017 Total Year-to-Date

Total fees charged in 2017	$0.00
Total interest charged in 2017	$0.00

Additional Information Regarding Your Account

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Issued by First National Bank of Omaha

See reverse for additional information.

First National Bank Omaha

VISA

Account Number:
New Balance: **$32.29**
Minimum Payment Due: **$10.00**
Payment Due Date: ..... **March 1, 2017**

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

$

First National Bank Omaha
P.O. Box 2818
Omaha, NE 68103-2818

2253

MID MICHIGAN DIST HEALTH
ANDREA TABOR
615 N STATE ST
STANTON MI 48888-9702

57226
Q302

Change of Address? If yes, please complete reverse side.

REC'D FEB 10 2017

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Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$25.12
Payments	-$25.12
Other Credits	-$0.00
Purchases	+$32.29
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$32.29**
Statement Closing Date	02/02/17
Days in Billing Cycle	30
Total Credit Limit	$2,000.00
Available Credit	$1,967.00
Cash Limit	$400.00
Available Cash	$400.00

Payment Information

New Balance	$32.29
Minimum Payment Due	$10.00
Past Due Amount	$0.00
Payment Due Date	**March 1, 2017**

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Visit: www.firstnational.com
Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
1-11	1-12	24013397011001553303553	LOS AZTECAS 2 MOUNT PLEASAN MI	$32.29
1-20	1-20	74418007020007020025224	ONLINE PAYMENT THANK YOU	$25.12 (CR)

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	$38.39	30	$0.00
Cash Advance	25.78% (v)	$0.00	30	$0.00

2017 Total Year-to-Date

Total fees charged in 2017	$0.00
Total interest charged in 2017	$0.00

Additional Information Regarding Your Account

An Easier Way to Pay Your Bills!

Tired of writing checks and spending money on stamps every time you pay a bill? Pay your recurring monthly bills automatically with your credit card! No hassle. No forgetting to send a payment for phone, internet, even utilities. And, no worries about your payment being lost or intercepted in the mail. It's quick and convenient. Start paying your monthly bills with your credit card today!

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See reverse for additional information.

Mid-Michigan District Health Department
FY 17/18 Budget Development Schedule
February 22, 2017

March 3rd	Budget Meeting #1 – Review of initial budget draft
March 24th	Budget Meeting #2 – 1st revisions made
April 3rd	Budget Meeting #3 – 2nd revisions made. All final changes discussed and provided for final budget preparation.
April 18th	Budget Meeting #4. Final budget review including all materials that will be sent to the Board of Health (Budget, Overview, Fee Schedule).
May 3rd	Proposed budget materials mailed to Finance Committee and full Board of Health.
May 10th	Board of Health Finance Committee consideration of FY 17/18 Budget.
May 17th	Proposed FY 17/18 Budget and overview summary with any Finance Committee revisions mailed with full Board of Health May meeting packets.
May 24th	Full Board of Health consideration and decisions regarding FY 17/18 Budget.

DRAFT

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

www.mmdhd.org

CLINTON
Branch Office
1307 E. Townsend Rd.
St. Johns, MI 48879-9036
(989) 224-2195

GRATIOT
Branch Office
151 Commerce Drive
Ithaca, MI 48847-1627
(989) 875-3681

MONTCALM
Branch Office
615 N. State St., Ste. 1
Stanton, MI 48888-9702
(989) 831-5237

ADMINISTRATIVE OFFICES
615 N. State St. Ste. 2
Stanton, MI 48888-9702
(989) 831-5237

MARK W. (MARCUS) CHEATHAM
Health Officer

JENNIFER MORSE, MD
Medical Director

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Sam Smith
Dwight Washington, Ph.D.

Board of Health Action Sheet

Date:	February 22, 2017	Administrator:	Melissa Bowerman Director of Administrative Services
Subject:	Consideration to Purchase Singlewire InformaCast Software	☐ **Information Only**	☒ **Action Needed**

I. Authority For This Action:

☒ Local Policy 185.0 Purchasing Procedure
☐ Law or Rule _____

II. Summary:
(Previous board action relating to this item? Background information and if any future action anticipated.)

In October 2015, the agency purchased the Cisco Collaboration Solutions system (phones and platform). When the system was up and running in January 2016, staff were unable to do overhead paging, as they were used to doing with the former phone system. Additionally, the agency lost its ability to announce fire and tornado drills. Currently, if the Mid-Michigan District Health Department (MMDHD) were to have an emergency we have no way to notify the individuals within and between buildings that an emergency situation is happening. Right now, we would have to yell down the hall or call each person individually to get the alert out. This process could pose a risk to our staff and clients during an emergency, and they have requested that we take action to address this problem.

Our Management Information Systems (MIS) staff began researching options that would integrate with our new communications system and also provide flexibility for emergency notifications district-wide inside the office as well as out in the field, paging, and the possibility of notifications to community partner agencies.

III. Strategic Objective, Health Issue, or other Need Addressed:
(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

Singlewire InformaCast would allow the MMDHD to not only bring back the ability to do overhead paging, but would also allow us to send alerts across multiple platforms, such as computer screens, desk phones, mobile phones, client waiting room televisions, social media, and many others. Alerts can be sent internally or externally across the district with a click of a button. Additionally, MMDHD would be able to

summon our first responders from the system when there is a client emergency, aiding and ensuring the safety of our patients.

MMDHD will not be using the professional installation services of CDW as our MIS staff is capable of installing the software themselves.

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

The total cost of the project is listed below:

Quote	Cost
Quote 371246 for Singlewire InformaCast	$3,055.54
3-Year Maintenance Agreement	$2,333.00
Smart Hub	$883.33
Subtotal:	$6,271.87
Discount for purchasing 3-Year Agreement:	(750.00)
Total Cost:	$5,521.87

Fifty percent of the project cost would be paid upon approval by the Board of Health (BOH), and the remaining balance would be due upon completion of the project. After the three-year period, the maintenance fee could be negotiated for a one-year or another three-year Agreement. No additional equipment or other charges would be due.

MMDHD is a member of Emergency Preparedness Regions 1 and 6. MMDHD requested funding assistance for this project from Region 6 and has been approved to receive partial funding of $3,335.00 toward this purchase. The Montcalm County Emergency Services (MCES) would reimburse our agency $3,335.00 of the cost once they receive their grant funding. The balance of $2,186.87 could be paid for by using fund balance for technology.

V. Alternatives Considered:
(Scope of options reviewed. Reasons for rejecting alternatives.)

At the January Organizational Meeting, the BOH directed us to seek additional financial support from Region 1 (Clinton and Gratiot) which we did. Both responded that their grant funding for the current fiscal year is encumbered but encouraged us to ask for support for the Maintenance Agreement in the future.

Alternative systems were explored; however, Singlewire InformaCast was the most economical as it integrates with our current communications platform and provides the most value for the cost. There was a one-year option of Singlewire InformaCast presented to us as well; however, it was not cost effective.

VI. Recommendation:
(Advantages/benefits of proposal. Expected results. Possible problems or disadvantages of proposal. Effect of action on agency. Consequences of not approving recommendation or taking action.)

I recommend that the BOH authorize the purchase of the three-year option of Singlewire InformaCast software at a cost of $5,521.87, with $3,335.00 being reimbursed from the MCES and $2,186.87 coming from the technology fund.

VII. Monitoring and Reporting Time Line:

(Evaluation method and timeline. Next report to the Board.)

The paging portion of the software will be installed immediately after receipt with the remainder of the software portions being phased in by April. The BOH will be kept informed on the progress of the new software.

PRICE QUOTE

CDW PEOPLE WHO GET IT

Cisco Gold Partner | Cisco Master Unified Communications Partner | Cisco Master Security Partner | Cisco Master Cloud Builder Partner | Cisco Master Managed Services Partner

QUOTE ID: 371246
Revision: 1
CUSTOMER ID: 3032614
QUOTE DATE: 01/26/2017
QUOTE EXPIRES: 02/27/2017
PAYMENT TERMS: Net 30 Days
FOB: Port of Origin

200 N. Milwaukee Ave
Vernon Hills, IL 60061

Project: Singlewire Informacast - 3 year
Attention: Mario Lucchesi
Prepared for: Mid-michigan Dist. Health Dept
615 N State St Ste 2
Stanton, MI
48888-9702

Sales Person: Brian Donovan
Phone: (616) 464-2701
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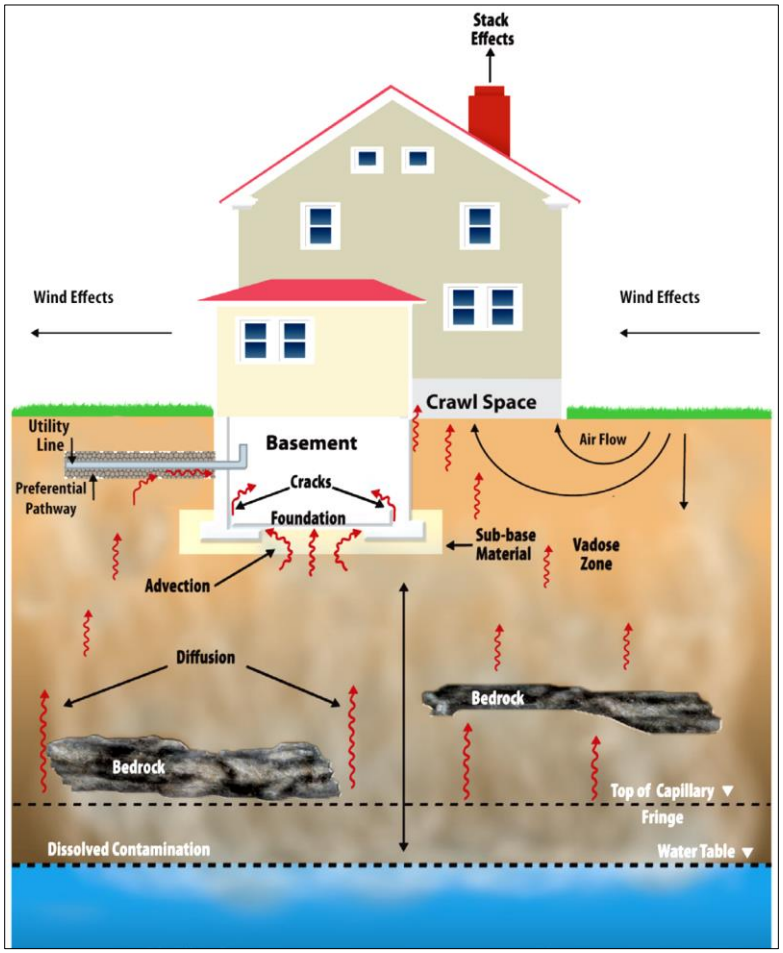
Qty	Part Number	Description	Customer Price	Customer Extended Price
Singlewire				
2	IPTA-IC50	SINGLEWIRE INFORMACAST UNV ENDPT 50U	$ 1,527.77	$ 3,055.54
100	IPTA-M3Y-A	SINGLEWIRE 3Y MNT SUB P/ENDPT 50U	$ 23.33	$ 2,333.00
1	SS-ICMB1YR-250	SINGLEWIRE INFORMACAST MOB SMART SUB	$ 883.33	$ 883.33
			Sub Total:	$ 6,271.87
Discount with a three year purchase				
1		Discount with a three year purchase	$ -750.00	$ -750.00
			Sub Total:	$ -750.00

Quote Total: $ 5,521.87

CUSTOMER IS RESPONSIBLE TO PAY FREIGHT CHARGES. ESTIMATED OR ACTUAL FREIGHT CHARGES ARE NOT INCLUDED IN QUOTES (UNLESS SPECIFICALLY STATED). THIS QUOTE EXCLUDES SALES TAX (UNLESS SPECIFICALLY STATED). SALES AND SERVICES ARE GOVERNED BY THE SIGNED AGREEMENT YOU MAY HAVE WITH CDW. IF NO SEPARATE AGREEMENT IS EFFECTIVE, THE TERMS AND CONDITIONS OF SALES AND SERVICES ARE LIMITED TO THOSE CONTAINED IN THE "TERMS & CONDITIONS" LINK AT http://www.cdw.com/content/terms-conditions/default.aspx. BY ORDERING OR ACCEPTING DELIVERY OF PRODUCTS OR BY ENGAGING CDW TO PERFORM OR PROCURE SERVICES, YOU AGREE TO BE BOUND BY AND ACCEPT THOSE TERMS AND CONDITIONS. ANY ADDITIONAL OR DIFFERENT TERMS OR CONDITIONS IN ANY FORM DELIVERED BY CUSTOMER ARE HEREBY DEEMED TO BE MATERIAL ALTERATIONS, AND NOTICE OF OBJECTION TO THEM AND REJECTION OF THEM IS HEREBY GIVEN. THIS DOCUMENT IS CONFIDENTIAL.

Vapor Intrusion

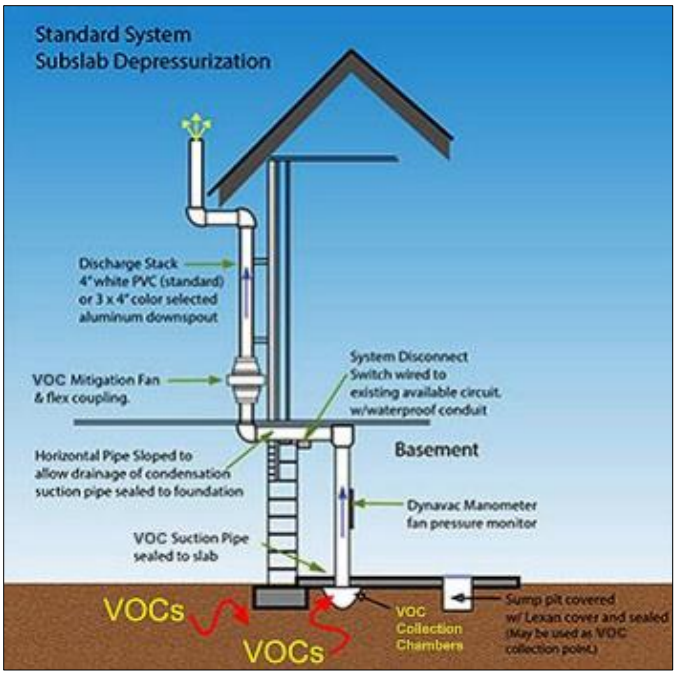
Vapor intrusion (VI) is the build-up of evaporated volatile chemicals in buildings that overlie soil or groundwater contaminated with these chemicals[1]. The chemicals may be directly beneath the building, or may be next to a building and spread along utility piping and trenches made for utilities[1]. Volatile chemicals are chemicals that evaporate easily into a vapor and enter the air. Common volatile chemicals involved in VI include tetrachloroethylene (TCE), which has long been used in dry cleaning, and benzene, which is a component of gasoline[1]. Often, these chemicals get into the soil and groundwater after a spill or a leak from a tank. Not all chemical spills lead to vapor intrusion. The chemical must be volatile, the soil and foundation beneath the building must allow for the intrusion, and weather conditions, such as wind, must be favorable[1]. Many of these chemicals have negative health effects, including being linked to cancer.



[1] Agency for Toxic Substances and Disease Registry. (n.d.). *Vapor Intrusion*. Retrieved February 17, 2017 from https://www.atsdr.cdc.gov/docs/atsdr_vapor_intrusion.pdf.

The risks from vapor intrusion and the health effects from the involved chemicals have been known for some time. The guidance documents "Vapor Intrusion Pathway: A Practical Guideline"[2] and "Vapor Intrusion Pathway: Investigative Approaches for Typical Scenarios"[3], were written 10 years ago by the Interstate Technology and Regulatory Council (ITRC) Vapor Intrusion Team. This team was composed of representatives from 19 state environmental agencies, 12 environmental companies, and 4 federal agencies (including the EPA). Since that publication, more is understood about VI. The 2012 EPA document "Conceptual Model Scenarios for the Vapor Intrusion Pathway"[4] describes a model utilizing calculations based on sub-slab (beneath the foundation) and exterior soil gas concentrations to estimate the indoor air concentration of vapors.

In December 2015, the Michigan Office of Regulatory Reinvention (ORR) introduced revisions to the Environmental Contamination Response Activity, or Michigan's Environmental Cleanup Criteria, which utilizes the 2012 EPA calculation models[5]. A second public hearing regarding this proposed revision was held October 2016. In this proposed revision, there are three tiers of calculations that can be performed, based on the specificity of the data utilized[5]. These changes in assessments have already led to re-investigation of known contaminated sites in Michigan. Four VI sites have been successfully redeveloped in Michigan, with the fifth site in Big Rapids currently undergoing mitigation (interventions to decrease the amount of vapor to make it safe).



There are 7,544 leaking underground storage tanks in Michigan that have not been completely cleaned up[6]. These may or may not be causing vapor intrusion and there may be vapor intrusion caused by other spills. There is no clear list of vapor intrusion sites in Michigan. Michigan Department of Environmental Quality (DEQ) is re-assessing sites and working on mitigation strategies if needed. If levels are dangerously high, evacuation orders may need to be issued.

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[2] The Interstate Technology & Regulatory Council Vapor Intrusion Team. (2007, January). *Vapor Intrusion Pathway: A Practical Guideline* (Rep.). Retrieved on February 17, 2017 from http://www.itrcweb.org/GuidanceDocuments/VI-1.pdf

[3] The Interstate Technology & Regulatory Council Vapor Intrusion Team. (2007, January). *Vapor Intrusion Pathway: Investigative Approaches for Typical Scenarios* (Rep.). Retrieved February 17, 2017, from http://www.itrcweb.org/GuidanceDocuments/VI-1A.pdf

[4] Conceptual Model Scenarios for the Vapor Intrusion Pathway (2012, February). Retrieved February 17, 2017, from https://www.epa.gov/sites/production/files/2015-09/documents/vi-cms-v11final-2-24-2012.pdf

[5] Bolin, J. (2016, June 07). Vapor Intrusion: The New Tiered Approach under Michigan's Part 201. Retrieved February 17, 2017, from http://www.dragun.com/2016/06/07/vapor-intrusion-new-tiered-approach-michigans-part-201/

[6] Michigan Department of Environmental Quality (MDEQ). (n.d.). Storage Tank Information Database. Retrieved February 17, 2017, from http://www.deq.state.mi.us/sid-web/LUST_Search.aspx

One challenge in dealing with air vapor levels is interpretation of results. Measurements can be given in units of ug/m^3, ppbv, and ppmv and these measurements may need to be compared to each other.

Measurements and conversions		
ppmv	=	1000 ppbv
ppbv	=	24.45 x ug/m^3 ÷ molecular weight
ug/m^3	=	0.0409 x ppb x molecular weight

Example
Tetrachloroethylene (PCE) Commercial Action Level
180 ug/m^3 = 69 ppbv = 0.069 ppmv

Another challenge is knowing how accurate the estimated air vapor levels are when using soil concentrations to perform calculations. This is a particularly concern if local public health officials are asked to make and enforce decisions regarding evacuation and safety to occupy if only given caluculated estimates based on soil levels. However, according to the 2013 DEQ Guidance Document for the Vapor Intrusion Pathway, air samples should be collected after the soil samples indicate the need for an assessment of immediate risk[7]. If a sub-slab soil gas concentration exceeds the immediate response activity screening levels for a chemical, even after just one event, then further assessment for mitigation should begin. In some cases, this assessment phase is skipped and mitigation is started as quickly as possible.

This has likely been the most confusing report written in the past 16 months. That is probably because VI is extremely confusing to the author and many who have suddenly had to deal with them. Given that there are so many more sites still to be addressed in Michigan, efforts are underway for MDHHS, local public health, and MDEQ to collaborate and communicate more about how to handle these situations.

Recommendations

1. Be aware of what a vapor intrusion is and what can be done for it; see https://www.atsdr.cdc.gov/docs/atsdr_vapor_intrusion.pdf and https://www.atsdr.cdc.gov/docs/atsdr_vapor_investigation.pdf

2. For accurate information about toxic substances, such as chemicals that cause vapors, see The Agency for Toxic Substances and Disease Registry https://www.atsdr.cdc.gov/substances/index.asp

3. If you would like to see how a sub-slab soil vapor sample is taken using a vapor pin, see the Vapor Intrusion Sampling video provided by MDEQ at https://www.youtube.com/watch?v=XWwTOXaP5vs&feature=youtu.be

[7] Michigan Department of Environmental Quality (DEQ), Remediation and Redevelopment Division. (2013, May). *Guidance Document FOR THE VAPOR INTRUSION PATHWAY.* Retrieved February 17, 2017, from http://www.michigan.gov/documents/deq/deq-rrd-VIGuidanceDoc-May2013_422550_7.pdf

REC'D JAN 31 2017

NACCHO
National Association of County & City Health Officials
1100 17th Street, NW, Seventh Floor, Washington, DC 20036

January 2017

Dear Colleague:

I am pleased to enclose a copy of the 2016 National Profile of Local Health Departments (Profile) Highlights Report. Funded by the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), the 2016 Profile study collected data on local health department infrastructure and practice. Data from the Profile study are essential to painting a picture of the realities on the ground for local health departments and are used by a broad audience, including practitioners and policymakers at the local, state, and federal level; academic researchers; the media; and the public.

Thanks to you, 76% of all local health departments in the United States responded to the Profile survey. Together, we have provided a comprehensive look at LHD governance, funding, workforce, and activities and services, including those related to emergency preparedness, quality improvement, accreditation, access to health care services, policymaking, and information technology. Thank you, we could not have done this without your help.

New this year, NACCHO produced a highlights version of the report (enclosed), presenting what we found to be the most interesting findings from the 2016 Profile. However, there are many more findings to share, all of which are available online at www.nacchoprofilestudy.org. A PDF of the full Profile report, a PDF of this highlights report, image files of all the figures included in both reports, and the dataset for those who may be interested in conducting additional analyses are available at this link.

I hope you will find the 2016 Profile report useful in your work. I look forward to your continued support and use of this and other NACCHO products and services. For more information, please contact NACCHO's Profile team at profileteam@naccho.org.

Sincerely,

LaMar Hasbrouck, MD, MPH

Executive Director

NASHP Chart – An Overview of ACA Provisions and Their Repeal Implications for States

Note: This chart summarizes potential impact of ACA repeal on states. Issues identified here may be addressed by Congress, but the replacement bill(s) have not yet been made public for analysis.

Topic Area	ACA	Implications/questions for states to consider as a result of ACA repeal
Federal support/enforcement to expand coverage		
Increasing coverage (private and public markets discussed below)	**Coverage mandates:** ● **Individual Mandate:** Requires all U.S. citizens and legal residents to have health coverage. Assesses a tax penalty on those lacking coverage. ● **Employer Mandates:** Requires all employers with more than 200 employees to automatically enroll employees in health insurance plans (opt out is available for employees). All employers with more than 50 employees are assessed a fee if they have at least one employee who receives a premium tax credit **Individual Market Affordability Assistance:** ● **Advance Premium Tax Credits:** Refundable credits, which can be paid in advance, are given to individuals and families with incomes between 100-400% of the FPL to be used for the purchase of coverage through a state or federal health insurance exchange. ● **Cost Sharing Reduction:** Direct reimbursement is given to issuers; available for individuals with income between 100-250% FPL who enroll in a Silver level plan. These reimbursements increase the actuarial value of coverage so it is equal to a Gold or Platinum plan.	**How will states respond to an increase in the overall uninsured rates?** CBO's analysis of the Restoring Americans' Healthcare Freedom Reconciliation Act--a repeal bill passed by the Senate in December 2016—estimated 32 million will lose coverage: ● 19 million projected to lose Medicaid and CHIP coverage; ● 23 million projected to lose non-group insurance; and ● 11 million projected to gain employer-sponsored insurance. **Loss of coverage mandate and affordability assistance could affect premium costs in the individual market** CBO has estimated elimination of the ACA's individual mandate could lead to a 20% - 25% increase in premiums immediately and as much as 50% once Medicaid expansion ends. Increases would vary based upon the resulting risk mix of individuals obtaining coverage post-repeal. Will uncertainty about the future of ACA cause increased health care utilization now? If so, how will that impact premiums in the non-group market? **Questions about availability and affordability of coverage could affect insurance market stability** Experts and stakeholders predict destabilization of the health insurance markets following a repeal, largely resulting from uncertainty over the number and risk mix of individuals that maintain coverage through repeal. **Safety-net providers are likely to see increased demand and require additional resources** The Urban Institute estimates state spending on uncompensated care to increase by $68.5 billion from 2017-2026. **Loss of insurance that funds health services could lead to loss of health care sector jobs** The increase in the number of uninsured is predicted to lead to lost revenue for most providers, which researchers at the George Washington University estimate could result in the loss of more than 900,000 healthcare sector jobs. **How will changes in coverage affect access to care? Will there be disruptions in care for individuals currently receiving treatment for chronic conditions who lose health insurance?**

Insurance Standards and Consumer Protections** **Changing these provisions would require full repeal of ACA, not just the budget reconciliation vote that Congress is currently pursuing because they have no direct impact on the budget.	**Protections that limit consumer spending:** • Out-of-pocket spending limits • Elimination of annual and lifetime limits • Elimination of cost-sharing for preventive services defined by the U.S. Preventive Services Task Force **Standard benefits package (for qualified health plans (QHPs):** Requires QHPs to offer a package of essential health benefits (EHB) that cover a comprehensive set of services defined within 10 benefit categories, which include mental health and substance abuse services. **Preventive services without cost sharing:** People covered by private insurance and Medicaid expansion can receive recommended, in-network preventive services with no cost sharing. **Extension of dependent coverage:** Requires employer-sponsored insurance plans to offer employees' dependents health coverage up to age 26. **Guaranteed issue requirement:** Requires health plans to offer coverage to any eligible applicant regardless of health status, including those with pre-existing conditions. **Institution of rate review program:** Requires state/ federal review of any premium increases in excess of 10% over the prior year. Requires state to report on premium trends and offer recommendations for plans that should be excluded from the marketplace. Provides grants to states to support the rate review program. **Ban on rescissions:** Prohibits issuers from revoking coverage other than in cases of fraud or intentional misrepresentation of facts.	**States have enacted enabling legislation and regulations to implement these provisions. They would likely need to be repealed, assuming governors and state legislatures agree and take that action. Failure to enforce state-enacted legislation could lead to court challenges. Consider how loss of certain protections will affect consumers:** • Those with pre-existing conditions could either lose or be unable to purchase health coverage; • Women could be charged higher premiums then men for the same insurance plan; • Health plans could make changes to provider networks, which could affect consumers' access to care; • There could be changes to benefits offered through health plans. Without assurance that all plans include comprehensive benefits, consumers may experience challenges in purchasing plans that meet their health needs; • Some consumers may meet the lifetime cost limit available through their health plan and have trouble purchasing another one. Some states have relied on federal preemption to establish insurance standards and have repealed previous legal requirements. Without state legislative action following federal repeal, there might be no or incoherent market rules. **States will need to determine whether to retain this mandate or require Individuals to become responsible for paying toward their preventive services, which may lead to:** • Decreases in preventive care • Increases in preventable medical conditions **If states elect to continue ACA consumer protections, they will need to consider how issuers will respond and whether they will leave more regulated markets for less regulated ones.** • Making changes too quickly to state insurance market standards or to consumer protections could result in issuers being pulled away into nearby states they consider more favorable, reducing insurer competition in more tightly-regulated states. **Challenges in balancing consumer protections without the coverage mandate/** • Kaiser estimates 27% of individuals under the age of 65 have health conditions that would have excluded them from coverage prior to the ACA. • If network adequacy provisions are changed, consumers who are receiving treatment could lose current providers and could be subject to different drug formularies and out-of-pocket costs. How wills states protect consumers in the transition?

	Actuarial values: Establishes four standard tiers of health insurance based on actuarial values (60%, 70%, 80% and 90% of the expected costs the plan will cover). The tiered system sets the minimum amount of coverage individuals must purchase to receive tax credits and sets benchmarks for premium and cost sharing subsidies. **Limits on allowable rating factors:** Issuers offering health plans through the marketplaces may only rate (or price) their products based on age (3:1 ratio), tobacco use (1.5:1 ratio), geographic area, or family size. As described above, the law explicitly prohibits rating factors related to medical underwriting (i.e. a consumer's health condition.) **Ban on gender and health status rating:** Prohibits issuers from charging different premiums to individuals based on gender or health status. **Non-discrimination standards:** Prohibits discrimination on the basis of race, color, national origin, sex, age, or disability for health programs or activities funded by federal Health and Human Services Administration (HHS) and by issuers offering coverage in the health insurance marketplace. **Network adequacy requirements:** Requires marketplace plans to offer a sufficient choice of providers—meaning an adequate number and mix of provider types (including mental health and substance abuse providers) to assure accessibility of services without unreasonable delay. Networks must include essential community providers that serve predominantly low-income, medically-underserved individuals, such as federally qualified health centers. **Enables an appeal process:** Establishes an avenue for consumers to appeal coverage denials to the insurer and be guaranteed the right	

	to an independent external review.	
Easing purchasing and transparency	**Health insurance marketplaces:** • Establishes individual and small-group marketplaces, administered by a governmental agency or non-profit organizations, where individuals and businesses with up to 100 employees can purchase coverage. Exchanges are required to perform certain functions related to consumer outreach and service as well as provide health plan oversight. Tax-credits to purchase coverage are only available through the marketplaces. • Allows states to form regional exchanges and/or for multiple exchanges to exist in a state (the latter only if they serve distinct geographic regions). • Promotes greater transparency through a simplified approach to "shopping" for health insurance by providing tools that guide consumers through the process of obtaining health insurance, from plan search through enrollment. • Coordinates outreach and enrollment efforts with federal financial support for navigators and assisters to ensure individuals understand their plan options. **No-wrong door eligibility:** Requires states to develop a single form for consumers to use when applying for health insurance subsidies. Enables states to contract with Medicaid to determine eligibility for Medicaid coverage. **Maintenance of provider directories:** Mandates issuers to develop provider directories and to post accurate information about provider availability and networks.	**Elimination of marketplaces will result in the following:** • **Job loss**: Marketplace staff, navigators and other application assisters, and call center staff, insurance company staff, brokers and others. • **Elimination of one-stop shopping for health insurance: C**onsumers will lose the simplicity and ease of shopping for health insurance in one easy-to-use website that offers important details on cost, provider networks, etc. • **Terminate contracts:** In states that operate marketplaces, there could be a variety of vendors under contract with the state that are responsible for different aspects of related work, including operating or managing a call center, enrollment and eligibility systems, data sharing technology, and more. • **Statutory or regulatory changes:** States may need to change laws or regulations that established their marketplaces and created oversight Board of Directors, etc. • **Major systems changes:** The ACA required states to upgrade or build new Medicaid eligibility systems to integrate with the federal data hub and marketplace systems. The updated, integrated systems required substantial state and federal resources (money, staff, and time.) Dismantling the marketplace from the state's integrated eligibility and enrollment systems will require IT expertise (possibly requiring new expenditures/ contracts) and resources, such as Medicaid policy staff time and state funds. What should states do with their new eligibility and enrollment systems if ACA is repealed? Should they continue to use these systems once marketplaces are dismantled? Explore options for modifying systems – perhaps coordinating with other means-based programs? It is likely cost, which could be significant, will determine next steps.
Establishing coverage options	**Consumer-Operated and -Oriented Plan Program (CO-OPs):** Fosters the creation of qualified nonprofit health insurance issuers	**It is likely without the ACA's affordability assistance (APTCs and CSR), insurance regulators in the six states (MT, ID, WI, NM, MA and ME) with CO-Ops will need to review their long term viability**

and alternatives	to increase competition in the individual and small group markets. **Multi-state Program:** Directs the Office of Personnel Management to contract with at least two private health insurers per state to offer marketplace coverage options that [intend to] provide statewide or cross-state coverage. **Basic Health Plan: This o**ption for states creates an insurance product available to citizens or lawfully present non-citizens with income between 133-200% of the FPL who do not qualify for Medicaid, CHIP, or other minimum essential coverage. States receive 95% of the premium tax credits and cost-sharing reductions that would have otherwise been provided to (or on behalf of) eligible individuals if these individuals enrolled in QHPs through the marketplace. **Limitations on high-deductible plans and scope of Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), and Flexible Spending Accounts (FSAs)** ● Limits FSA and HRA flexibility: Excludes over-the-counter, non-prescribed drugs as reimbursable expenses. ● Increased tax on HSA funds: Imposes an increased tax on distributions to HSAs not spent on qualified medical expenses. ● Limits FSA contributions: Limits FSA contribution amounts to $2,500 per year, adjusted for cost of living. **1332 Waiver:** States can apply to CMS to pursue innovative strategies for providing health insurance that: • Are as comprehensive and affordable as they would be without the waiver; • Offers coverage to a comparable number of people; and • Does not increase the federal deficit.	**Only two states (MN and NY) implemented the ACA's Basic Health Plan. Without the ACA's affordability assistance, it is unclear how states will fund this coverage, which will require state expenditure to continue coverage or result in more individuals losing coverage.** **Only Hawaii has an approved 1332 waiver and three states (AK, CA, and VT) are actively pursuing approval for their waivers with CMS.** However, others are likely considering their options and may have initiated processes in their states to begin to develop coverage strategies. What will repeal mean for these efforts?

Market stabilization vehicles, and additional issuer requirements	**Medical loss rebates:** Requires most insurance companies that cover individuals and small businesses to spend at least 80% of their premium income on health care claims and quality improvement. The remaining 20% may be allocated to administrative and marketing costs and plan profits. **Reinsurance program:** Temporary program (2014-16) through which issuers are eligible for payments if enrollee costs exceed a specified threshold. All health insurance issuers and self-insured plans contribute funds to the program. **Risk Corridors program:** Temporary program (2014-16) through which marketplace issuers are required to spend 80% of premium dollars on healthcare and quality improvement. Issuers falling below 3% of the target are required to pay into the program. Funds collected are intended to be used to reimburse plans whose costs are 3% above the spending threshold. **Risk adjustment program:** Program through which HHS redistributes funds from plans with lower-risk enrollees to plans with higher-risk enrollees based on a risk calculation developed to evaluate the average financial risk of marketplace enrollees. States have the option to operate their own risk adjustment program, though to date all have defaulted to federal operation of the program. **Health issuer fees:** Imposes an annual fee on health insurance of a base rate, grown to reflect growth of premium rates. Fee is reduced for non-profit issuers. **Merged markets:** Permits states to merge individual and small group markets. **Single risk pool:** Requires issuers to consider all plans sold in a	**States have enacted laws and regulations to implement these provisions of the ACA. If repealed, states will need to consider what, if any, provisions they wish to continue, and revise laws and regulations accordingly. States will need to consider the impact of losing federal mechanisms for:** • Limiting how much insurers can retain for profit and administration; • Limiting how much insurance rates can be increased based on where consumers live, their age, or health condition; and • Supporting health plans by protecting them against large financial losses that could result in higher premiums for consumers. States will need to determine whether to retain fees on insurers to support state-based initiatives or repeal them. Without the ACA, states will make different decisions and issuers will make decisions about which states to do business in based on those choices.

	state's individual market as part of a single risk pool, whether the plans exist on or off an exchange.	
Employer market reforms	**Small employer tax credit:** Provides small employers (up to 25 employees) with a temporary tax credit for purchase of health insurance (up to 50% of employer contribution if employer contributes at least 50% of premium costs). **Small business Health Options Program (SHOP):** Creates the SHOP marketplace to enable purchase of health coverage by small-employers (up to 50 employees, with a state option to expand the definition to up to 100 employees). **Cadillac tax:** Imposes an excise tax on insurers of employer-sponsored health plans with aggregate values that exceed $10,200 for individual coverage and $27,500 for family coverage (indexed based on the consumer price index for urban consumers). Implementation of the tax has been repeatedly delayed, with implementation now slated for 2020.	**Loss of the small employer tax credit, while temporary and limited, could result in some small employers dropping coverage for employees due to cost, especially true if ACA repeal creates overall insurance market destabilization as noted above.**
Prescription drug benefits	Prescription drugs are included as one of the 10 EHBs. The ACA requires private plans and plans covering the Medicaid expansion population to cover all 10. A tax on drug manufacturers and importers is created as part of the ACA funding mechanism, and the ACA gives manufacturers 12 years of exclusive use before generics can be developed. The ACA includes provisions to close the Medicare Part D coverage gap (the "donut hole") by phasing down the copayments for drugs until it is at the standard 25% in 2020 and stepping up the percent discount that manufacturers provide.	**Without the EHB requirement and increasing costs for pharmaceuticals, will health plans begin limiting or simply not covering some drugs? Will plans provide catastrophic care only?** **In some states, the non-discrimination requirements (noted above) have had an impact on formulary design. For example, ensuring individuals with HIV have coverage for antiretroviral drugs.** **How will the re-introduction of the Medicare Part D pharmacy coverage gap impact state retiree health plans and Medicaid budgets? For individuals who are eligible for both Medicare and Medicaid, might some spend down income on drug costs and become Medicaid eligible?** **Will consumers experiencing the coverage gap for their prescription drugs go without necessary medications and ultimately require expensive care at emergency departments or other safety net providers? How will such care be funded?**
Medicaid		

Medicaid expansion	**Coverage expansion:** Expanded Medicaid to all non-Medicare-eligible individuals under age 65 with incomes up to 138% FPL, based on modified adjusted gross income (Supreme Court ruling resulted in expansion being optional for states) **Increased funding to states:** States expanding Medicaid for the newly-eligible population received 100% federal match for 2014-2016, gradually phasing down to 90% federal match in 2020 **Benchmark benefits:** Benefits for newly-eligible individuals based on a Medicaid benchmark plan that includes the ACA's essential health benefits	**Increases in uninsured:** The Congressional Budget Office has estimated that the repeal of the ACA would result in approximately 19 million individuals losing Medicaid or CHIP coverage. **States will lose money:** A recent analysis found that the expansion provided an estimated $73 billion in federal funding in calendar year 2016 to states that expanded Medicaid. Other analyses found that many of these states have experienced budget savings as a result of spending less on uncompensated care and behavioral health programs previously funded by state dollars, as well as revenue gains from hospital and issuer taxes. **The 32 states that expanded Medicaid will need to pick up costs with all state dollars or shut down part of their Medicaid program. They may be forced to:** • **Disenroll individuals from Medicaid;** • **Review and address contracts that need to be modified or terminated;** • **Collect, process, and pay providers of expansion beneficiaries; and/or** • **Make eligibility and enrollment system changes that will be dependent upon repeal language. Will states need to change eligibility methodology from MAGI? States need to dismantle integration with marketplaces, which will likely be costly.** **With individuals losing Medicaid coverage, what would be the magnitude of the increase in uncompensated care costs, as well as the financial impact on providers in states that expanded Medicaid, such as rural hospitals and community health centers? What would be the impact on individuals' ability to access care?**
Other Medicaid changes (not including LTSS delivery system changes and DSH reductions)	**Systems changes:** States were required to implement a number of changes to their Medicaid programs (related to eligibility and enrollment, operations, etc.), regardless of whether they opted to implement the Medicaid expansion **Maintenance of effort (MOE)**: This provision requires states to maintain the Medicaid and CHIP eligibility levels, standards, methodologies, and procedures for children that were in place in 2010 through FFY 2019 **New eligibility floor** -This raises Medicaid eligibility levels for all children to 138% FPL, which required some states to transition children from separate CHIP to Medicaid coverage **Enrollment simplification:** Provides a new presumptive eligibility (PE) authority for hospitals	**ACA repeal could include a shift from using MAGI to determine Medicaid eligibility**. As identified by the National Association of Medicaid Directors, states invested significant resources to implement this standard and changes would be costly. Changing eligibility methodology could also: • Increase administrative burden for eligibility staff; • Require new eligibility, enrollment, renewal and data systems, policies and practices, as well as new applications – online and paper; and • Necessitate new income data sources. **ACA repeal could eliminate the MOE provision**, which would allow states more flexibility to determine eligibility levels, but could likely result in increases in uninsured children. **Would it create state savings?** **ACA repeal could revert Medicaid eligibility levels for children ages 6-18 to lower levels required pre-ACA.** States would need to determine whether or not to maintain higher eligibility. States may have to transition children within certain income ranges from Medicaid to CHIP, which could result in disruptions to care or unintended loss of coverage and additional systems changes.

		Hospitals may have to stop presumptive eligibility determinations, which may: • Delay needed care for uninsured individuals; • Result in hospitals not receiving payment for care delivered; and/or • Increase demand on states to render fast eligibility determinations for people in need of medical services.
Medicaid demonstrations and state options for long-term services and supports	Money follows the Person: The rebalancing demonstration program -- through September 2016 -- allocated an additional $2.25 billion to the program and expanded eligibility criteria. **Home and community-based services: P**rovided states with additional options for providing home and community based services (HCBS) through Medicaid state plans instead of waivers for certain individuals. **Community First Choice:** Created an option in Medicaid to allow states to provide community-based supports for individuals with disabilities who need institutional-level care. States were provided with an enhanced federal match rate. Balancing Incentive Program: Provided qualifying states with an enhanced federal match rate from 10/1/11 to 9/30/15 to increase access to non-institutional LTSS options for individuals	**Repealing ACA could remove state flexibility for implementing HCBS services as a Medicaid option in their state plans.** **Would states have flexibility to promote home- and community-based, long-term care services in Medicaid? If so, through what authority? Would there be an enhanced federal match rate to support states' efforts to provide community-based, long-term services and supports? If so, how would they be funded and how would states access those enhanced funds? What are the implications, if any, for Medicaid managed care contracting if changes are made to states' options for promoting HCBS?** **Would states see an increase in demand for nursing home services?**
Medicaid health home	Established a Medicaid state plan option to coordinate care through a health home model for individuals with two or more chronic conditions, or who have one chronic condition and are at risk for developing another, or who have one serious mental illness. States receive enhanced federal funding (a 90% match) for the first eight quarters of implementation.	**Would these types of care coordination initiatives remain in place even if ACA is repealed?** States may no longer receive enhanced funding matches for these services, so there could be additional costs to states.
Children's Health Insurance Program (CHIP)		
CHIP financing and policy changes	**Reauthorized CHIP: E**xtended funding for CHIP through FFY 2015 **Enhanced funding to states: I**ntroduced a 23% point increase in the federal CHIP match rate (not to exceed 100%) beginning in FFY 2016 through FFY 2019 **Maintenance of effort (MOE**): Requires states to maintain Medicaid	**ACA repeal could eliminate the MOE provision**, which would allow states more flexibility to determine eligibility levels, but could also result in an increase in uninsured children. Could result in a cost **savings to states.** **States may lose enhanced CHIP funding bump**, which would require more state spending to maintain children's coverage or a decision to disenroll children from CHIP. **Regardless of ACA future, CHIP funding is currently limited**

	and CHIP eligibility levels, standards, methodologies and procedures for children that were in place in 2010 through FFY 2019 **Option to extend CHIP coverage:** Provided states an option to offer CHIP coverage to children of state employees who were eligible for health benefits (if certain conditions were met)	• Federal CHIP funding would be maintained through FFY 2017 because funding was extended by the passage of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015; MACRA also funds the ACA's 23% point increase in the CHIP match rate through FFY 2017 • With CHIP funding currently set to expire 9/30/17, Congress will need to address the issue of whether to extend funding for the program • If federal funding for CHIP is not available, states operating separate CHIP programs can limit enrollment; states operating Medicaid expansion CHIP programs would be required by the MOE provision to maintain current eligibility levels but would receive the Medicaid match rate (unless MOE provision is repealed in an ACA repeal bill) • States operating separate CHIP programs need to begin planning early in 2017 for the possibility of CHIP funding not being extended. Planning efforts include budgetary, legislative, policy, and operational changes as well as communicating with families and medical providers about potential changes in children's coverage
Delivery System Reforms		
Center for Medicare and Medicaid Innovation (CMMI) within CMS	CMMI demonstration programs reward providers and systems for value over volume. CMMI funds a number of initiatives (such as the State innovation Model - SIM)) that address payment and delivery system reform and population health and prevention. CMMI also has a prevention and population health group that provides national leadership.	**As of December 2016, CMMI was on track to award all of its appropriated $10 billion by 2019 to states to support health system reforms, but ACA repeal puts that plan at risk.** • **SIM efforts:** o **Round 1:** Of the six states originally awarded a total of $250 million, only Arkansas has completed its efforts; five states currently still have efforts funded with federal dollars underway, but most are scheduled to wrap up within the current fiscal year. o **Round 2:** All 11 states awarded a total of $620 million are actively engaged in their federally-funded supported efforts – at least until 2019. It may be possible for states to lose portions of their SIM grants. Individual state awards range from $20 million to $100 million.
Accountable care organizations (ACOs)	The ACA defines ACOs and establishes a Medicare Shared Savings ACO program.	• Without the Medicare Shared Savings ACO program, will all payers be incentivized to participate in ACOs?
Medicare-Medicaid Coordination Office	Created to address issues for individuals dually-enrolled in Medicare and Medicaid	**Thirteen states participate in the MMCO Financial Alignment Initiative demonstration and could lose:** • **Federal funds that help support efforts to achieve costs savings by better coordinating care.** Loss of these funds could mean job loss for care coordinators and others established to support demonstration efforts**.** • **Cost savings achieved through these efforts.**
Provider Payments		
Hospital readmissions reduction program	Penalizes hospitals for excess readmissions within 30 days of discharge.	As result of this program, hospitals have an incentive to: • Improve care transitions; • Focus on discharge planning; and • Engage in other supports for the homeless and marginally-housed so they don't return within 30 days. **Without this program, will hospitals continue their efforts? If not, what costs will states and Medicaid MCOs**

		shoulder to reduce readmissions, particularly for homeless beneficiaries?
Hospital-Acquired Condition (HAC) reduction program	Penalizes the worst-performing quarter of hospitals.	**The removal of incentives could result in increased hospital-acquired infections that require state reporting and surveillance.** Prior to the ACA, CMS encouraged states to adopt non-payment policies for never events, in line with federal policy.
Medicaid coverage for tobacco cessation for pregnant women	Medicaid must cover counseling and medication for tobacco cessation without cost sharing.	**Federal funds for these services would end and as a result the services will either cease or become 100% state-funded.**
Disproportionate Share Hospital (DSH) and other hospital payments	• Reduces Medicare DSH payments and aggregates Medicaid DSH allotments. • Reduces Medicare payments to certain hospitals for hospital-acquired conditions by 1%	**If repealing the ACA results in a higher rate of uninsured, would repealing the DSH cuts scheduled to begin in FY 2018 be adequate to cover the higher uncompensated care costs?** **How would repealing DSH cuts, coupled with the changing numbers of the uninsured and Medicaid beneficiaries, impact Medicaid payment adequacy in different states?**
Provider Workforce		
National Healthcare Workforce Commission	Reauthorized funding for existing grant programs under the Public Health Services Act (PHSA) including federal health workforce programs administered by Health Resources and Services Administration (HRSA) National Health Service Corps (NHSC) funding reauthorized through Community Health Center Fund (CHCF)	Has not met since its creation because no appropriation has been made. MACRA extended funding for NHSC through FY17.
Additional federal support for medical education	• Increased federally-supported medical student loans, increased loan rates/amounts for nursing students. • Established pediatric specialty and public health loan repayment programs	**Will reducing available federal loans and loan repayments have an adverse effect on individuals choosing certain medical specialties? If so, how will that affect access to care?**
Quality Improvement		
National Quality Strategy (NQS)	NQS works with stakeholders to align clinical quality measures around shared aims and priorities. It identifies and prioritizes areas of focus for quality improvement nationwide. It developed measure sets for nine topics aligned with six quality priorities. Measure alignment is done with an eye toward minimizing provider burden.	**Removing this alignment could increase burden on states.** Aligning measures across federal programs helps states focus resources and reduce administrative burden. In 2015, the Agency for Healthcare Research and Quality (AHRQ) aligned the NQS with the National Healthcare Quality and Disparities report, in order to focus on health disparities. **Would dismantling these initiatives impact state efforts to reduce disparities?**
Patient-Centered Outcomes Research Institute (PCORI)	PCORI funds comparative effectiveness research (CER) to help policymakers and others make informed decisions based on evidence-based information; however, CER may not be, "construed as mandates, guidelines, or recommendations for payment,	States will have less robust resources for decision-making.

	coverage, or treatment or used to deny coverage."	
Population Health		
Prevention and Public Health Fund	The Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement, which awards funds to all 50 state health departments, receives nearly half its funding from the fund (see ASTHO, Prevention and Public Health Fund). ELC awards to states and localities totaled $245 million in 2016. According to the CDC, "Funds provided through the ELC mechanism help pay for more than 1,000 full- and part-time positions in the state, territorial, local, and tribal health departments. These positions include epidemiologists, laboratorians, and health information systems staff," in 2013. Trust for America's Health estimates that states would lose more than $3 billion over five years if the fund were repealed. The fund supports the Preventive Health and Health Services (PHHS) Block Grant to states, which supports rapid responses to emerging health issues. The CDC allocated $160 million in PHHS Block Grant funding 2015, aligned with Healthy People 2020 goals. The ELC also gave states and cities $60 million in July 2016 to fight Zika.	**Without the Prevention and Public Health Fund, states and localities could lose the 1,000 jobs in state, local and tribal departments that the fund currently helps to support, and lose funding to fight Zika and other emerging threats to public health.** If the CDC diminishes its support for state vaccination, chronic disease prevention, and other public health programs, will state governments and hospitals face rising costs for treating and monitoring preventable diseases and conditions?
Tax-exempt hospital community needs assessment/ community benefits	The ACA requires nonprofit hospitals seeking to retain their tax-exempt status to conduct community health needs assessments and develop a plan for addressing those needs. Final rules specify that the community needs addressed by hospitals may include the need to, "ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community." The rule requires each hospital to obtain and consider input from a governmental public health department.	**If community health needs assessments are no longer required of tax-exempt hospitals, what are the implications for aligning activities with state public health priorities?**
Office of Minority Health	The ACA reauthorized the Office of Minority Health and moved it to the Office of the Secretary. It also created individual offices of minority health within each agency: CDC, HRSA, SAMHSA, AHRQ, FDA, and CMS.	**Will investments in community health worker initiatives, as a strategy to increase health equity, be adequate to address the needs of minority health without additional federal support to the Office Minority Health?**
Enhanced demographic data collection to monitor disparities	The ACA called for enhanced data collection for federal programs, including Medicaid and CHIP, to help address disparities.	**Without enhanced national data collection, will states have the information required to address health disparities in their own states? To effectively measure disparities, will states need to invest their own resources or not be able to measure disparities at all?**

Mid-Michigan District Health Department
Grant Funding Update
February 22, 2017

Grants Awarded:

- MMDHD was awarded continuation funding in the amount of $34,394 from the Michigan Department of Health and Human Services (MDHHS) for a second year of the Cross-Jurisdictional Sharing grant to lead a statewide effort addressing contracting and liability issues related to local health department Medical Direction.

- District Health Department #10 was awarded continuation funding for its Cross-Jurisdictional Sharing grant with Central Michigan District Health Department and MMDHD exploring administrative efficiencies, including collaborative billing and human resources work. MMDHD will receive $10,000.

- MMDHD was awarded $5,000 from YouThink Montcalm for our Data Specialist, Rex Hoyt's work for them.

- Partial funding was received from the Montcalm County Emergency Services (MCES) in the amount of $3,335 to assist the agency with purchasing Singlewire Software, an emergency alerting and overhead paging system for all three counties. Funding should be received in July 2017.

Grants Not Awarded:

- The Clinton-Eaton-Ingham Community Mental Health Agency partnered with local health departments, including the Mid-Michigan District Health Department (MMDHD) to apply for a grant from the Michigan Health Endowment Fund to support community-based efforts to prevent chronic disease. The Fund declined to support the application.

GOVERNANCE IN ACTION FOR PUBLIC HEALTH

This document provides an outline of the content featured in Governance in Action for Public Health, and screenshots of select parts of the web-based course.

Visit https://www.eventbrite.com/e/governance-in-action-for-public-health-registration-2868145701 to register your board of health! Contact us at mphtc@umich.edu with further questions.

MODULE 1 – PUBLIC HEALTH: A PRIMER – PART A

This module provides an introduction to public health. This module will provide a basic definition of public health and identify how it is different from medical and primary care. This presentation will also give examples of how public health has impacted population health outcomes. Finally, this video explores the three core functions and ten essential services of public health.

MODULE 1 OBJECTIVES

- Define public health
- List examples of the public health field's impact on population health outcomes
- Identify the three core functions and ten essential services of public health

MODULE 2 – PUBLIC HEALTH: A PRIMER – PART B

This module continues the introduction to public health by exploring the components of the public health system. Additionally, the video explains the structures and functions that support local public health, such as the public health workforce. As governing bodies with responsibility for oversight, boards of health help assure that health departments have an efficient and effective infrastructure to carry out their work.

MODULE 2 OBJECTIVES

- Identify components of the public health system
- Discuss the structures and functions of local public health, including the local public health workforce

MODULE 3 – OPERATING AS A BOARD OF HEALTH

This module will detail some important concepts about public health governance, starting with the various structures at state and local levels. Next, the video looks at the key functions of public health governing bodies established by the National Association of Local Boards of Health. By the end of this module, board of health members should have a better understanding of how a board of health functions and how members might integrate the information into their work.

MODULE 3 OBJECTIVES

- Distinguish between state and local public health governing entities
- Describe the six functions of public health governance

MODULE 4 – FINANCING PUBLIC HEALTH

This module explores the role of boards of health as stewards of public health resources. The video also looks at the importance of funding for boards of health and for public health in general. Finally, the video describes various sources of funding and the best way to access them.

MODULE 4 OBJECTIVES

- Describe the role of boards of health as stewards of public health resources
- Identify importance of funding for boards of health and public health
- List four sources for funding and how to access them

MODULE 5 – CONTRIBUTING TO HEALTH EQUITY

This module explores the concept of health equity, a driving force behind the essential services provided by public health agencies and an important aspect of the governance function of continuous improvement. The video looks at the social determinants of health and explores how they relate to health equity and health disparities. Finally, the video identifies strategies for addressing causes of health inequity. The knowledge gained from this video will help boards of health to make equitable decisions for their communities.

MODULE 5 OBJECTIVES

- Define the concept of health equity
- Describe the social determinants of health
- Identify strategies for addressing causes of health inequity

MODULE 6 – PARTNERSHIPS TO IMPROVE HEALTH OUTCOMES

This module explains the importance of cross-sectoral partnerships to improve population health outcomes. Additionally, the video explores how boards of health can contribute to fostering those partnerships.

MODULE 6 OBJECTIVES

- Define the role of other sectors in enhancing public health
- Describe the board of health's role in fostering partnerships

MODULE 7 – SUPPORTING POPULATION HEALTH THROUGH POLICY AND ADVOCACY

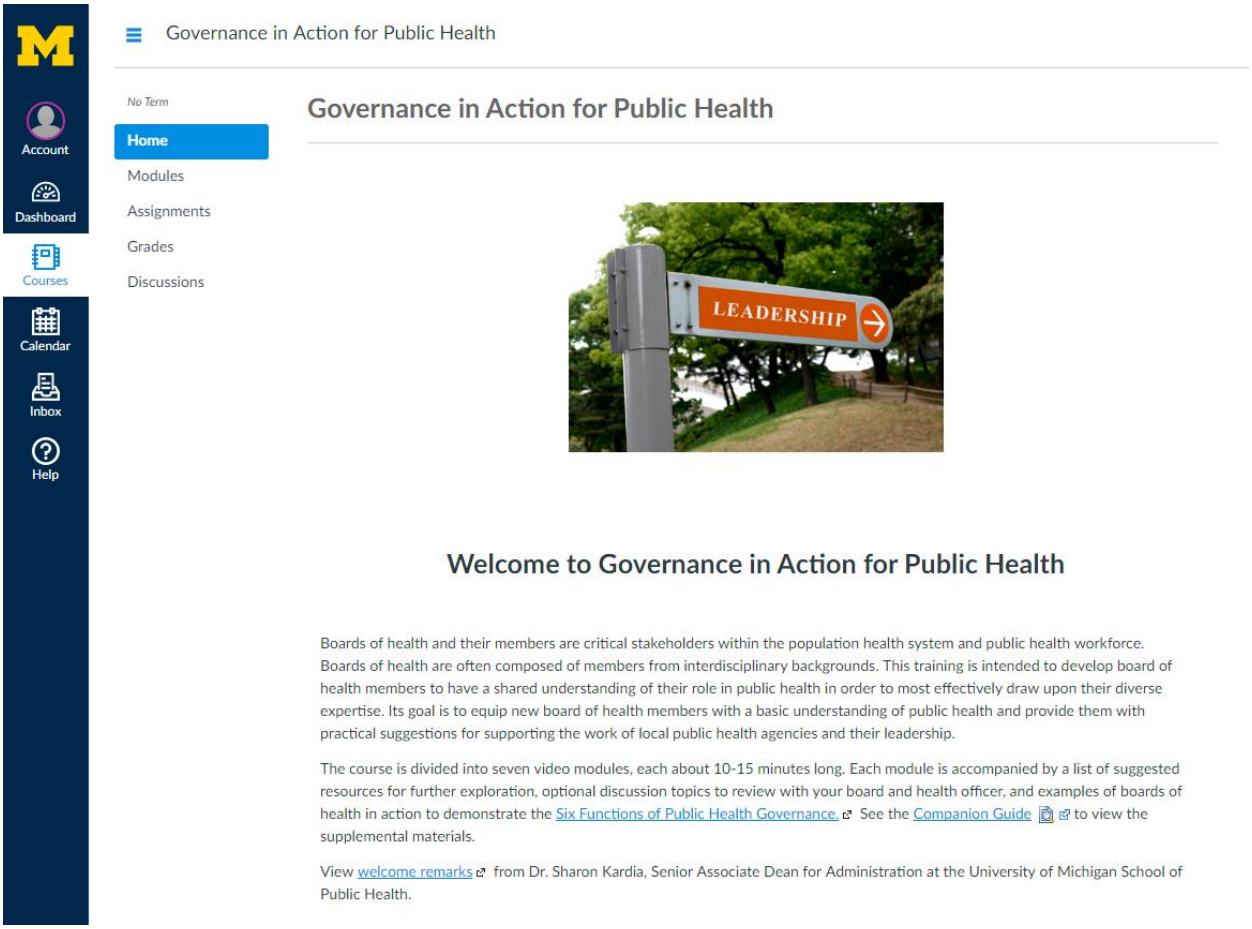
The last module focuses on the board of health governance function of policy development and the role of governing bodies in working toward population health change through advocacy. This video explores the differences between policy and advocacy. Additionally, the video describes strategies for creating effective public health policy.

MODULE 7 OBJECTIVES

- Explain the difference between policy and advocacy
- Identify strategies for effective policy

SCREENSHOTS FROM COURSE WEBSITE

COURSE HOME PAGE



EXAMPLE MODULE PAGE

Module 1: Public Health: A Primer - Part A

This module provides an introduction to public health. This module will provide a basic definition of public health and identify how it is different from medical and primary care. This presentation will also give examples of how public health has impacted population health outcomes. Finally, this video explores the three Core Functions and 10 Essential Services of Public Health.

Learning Objectives

1. Define public health
2. List examples of the public health field's impact on population health outcomes
3. Identify the three Core Functions and 10 Essential Services of Public Health

Lecture Recording

This video is approximately 15 minutes long.

PowerPoint Slides

A transcript is available along with the PowerPoint slides.

Discussion

Looking for ways to discuss this material with others on your board? Consider the following suggested discussion topics that you might request your health officer to address:

- Request an overview of major services provided by the health department in your county
- Seek examples of how the board of health and the health officer work together to support the health department's work

Quiz

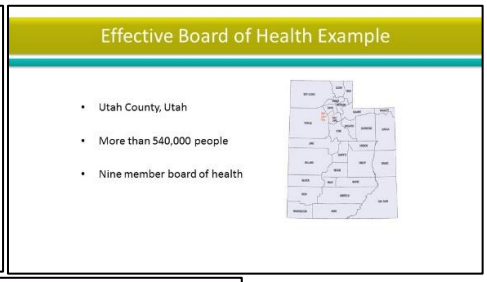
Complete the quiz for this module before moving on.

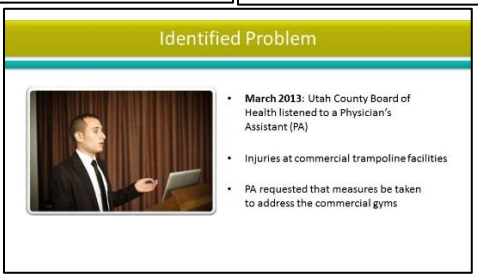
Optional Readings and Resources

- Governance in Action for Public Health Companion Guide (see pages 2-3)
- References

Next ▸

EXAMPLE MODULE VIDEO CLIPS





MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department **www.mmdhd.org**

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Health Officer

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Medical Director

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Sam Smith
Dwight Washington, Ph.D.

BOARD OF HEALTH
ORGANIZATIONAL MEETING
At
Mid-Michigan District Health Department
Montcalm County Administrative Offices
Conference Room A, Stanton, Michigan

Wednesday, January 25, 2017
10:00 AM

AGENDA

We take action to assure the health and well being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

Pledge of Allegiance

No Finance Committee Meeting; topics addressed at the Organizational Meeting.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1. Note: Traditionally, the Board of Health has directed the Health Officer to open the "Organizational Meeting", move the election of officers to the first item on the Agenda by consent, and conduct the election of the Chairperson. Then the meeting is turned over to the Chairperson.

B. CONSENT ITEMS:

1. Meeting Minutes

   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held December 12, 2016 - **Included.**

   b. Mid-Michigan District Board of Health (BOH) Regular Meeting held December 21, 2016 - **Included.**

2. Communications

   a. Letter dated December 14, 2016 to Marcus Cheatham from Mary C. Pino, Chief Assistant Prosecutor, Clinton County regarding and unlicensed mobile home park, Eagle Township - **Included.**

   b. Email message dated January 4, 2017 to Cindy Partlo from Penny Goerge, Executive Secretary, Clinton County regarding Clinton County BOH appointments - **Included.**

   c. Letter dated January 9, 2017 to Mid-Michigan District Health Department (MMDHD) from Angie Thompson, Gratiot County Clerk regarding Gratiot County BOH appointments for 2017 - **Included.**

   d. Letter dated January 11, 2017 to Marcus Cheatham from Bob Clingenpeel, Montcalm County Controller/Administrator, regarding Montcalm County appointments to the BOH for 2017 - **Included.**

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee

   a. MMDHD's Expenses for December 10, 2016 through January 20, 2017 - **Included.**

   b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for December 2016 - **Included.**

   c. New and Revised Fees - **Included.**

   d. Singlewire Software Proposal for Paging and Emergency Notification - **Handout.**

2. Personnel Committee

3. Program Committee

4. Mid-Central Coordinating Committee - Tom Lindeman, Vice Chairperson

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D.

1. Evidence-Based Public Health Practice - **Included.**

G. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D.

1. Quarterly Service Report, First Quarter FY 16/17 (October 1, 2016 through December 31, 2016) - I**ncluded.**

2. National Association of County and City Health Officials (NACCHO) 2017 Annual Conference - Public Health Revolution, Bridging Clinical Medicine and Population Health, July 11-13, 2017, Pittsburgh, Pennsylvania - **(see link in extras)**

3. FY 16/17 Client Satisfaction Survey, First Quarter (October 1, 2016 through December 31, 2016) - **Included.**

4. Health Officer Trip to Virginia, January 31 - February 2, 2017

5. Section 298 Initiative Interim Report, Coordination of Physical and Behavioral Health Services **(see link in extras)**

H. OLD BUSINESS:

1. Clinton County Conservation District & MMDHD Well and Septic Stakeholder Committee - **Included.**

I. NEW BUSINESS:

1. Election of Officers for 2017

   a. Chairperson

   b. Vice Chairperson

2. Appointment of BOH Secretary *(Traditionally, the position of Executive Administrative Assistant is appointed to serve as the Board Secretary and designated to post public notices for the Board.)*

3. Appointment of BOH Standing Committees, Chairpersons, and Membership Assignments for 2017 - **Included.**

a. Finance Committee

b. Personnel Committee

c. Program Committee

4. Appointment of BOH Representatives to External Organizations and Associations - Assignments for 2017

a. Mid-Central Coordinating Committee

b. Michigan Association for Local Public Health (MALPH)

c. Well and Septic Stakeholder Committee

5. Appointment of BOH Representatives to Internal Committees for 2017

a. Quality Vision Action Team (QVAT)

6. Adoption of Proposed 2017 BOH Regular Meeting Schedule - **Included.**

7. Public Health Advisory Commission - *Bob Gouin, Director of Environmental Health*

8. Emerging Issues

J. LEGISLATIVE ACTION:

K. INFORMATIONAL ITEMS: - **Included.**

1. Mid-Michigan District BOH Action Items, December 2016

2. Staffing Report

L. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD news articles available online at **http://www.mmdhd.org/?q=node/117**

2. "Aging Septic Systems Fouling Michigan Waters", *Detroit Free Press,* January 16, 2017 **(see link in extras)**

M. AGENCY NEWSLETTERS:

1. "Inside MMDHD", *Health Enhancement Committee (HEC)*, December 2016 - **Included.**

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BOARD OF HEALTH
ORGANIZATIONAL MEETING
At
Mid-Michigan District Health Department
Montcalm County Administrative Offices
Stanton, Michigan

REVISED
10:20 am, Feb 17, 2017

Wednesday, February 22, 2017
10:00 AM

AGENDA

We take action to assure the health and well being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1. Note: Traditionally, the Board of Health has directed the Health Officer to open the "Organizational Meeting" and conduct the election of the Chairperson. Then the meeting is turned over to the Chairperson.

B. ELECTION OF OFFICERS FOR 20XX

1. Chairperson

2. Vice Chairperson

C. APPOINTMENTS TO THE BOARD OF HEALTH (BOH) FOR 20XX - **Included.**

D. CONSENT ITEMS:

1. Meeting Minutes

2. Communications

E. PUBLIC COMMENTS:

F. BRANCH OFFICE EMPLOYEES:

G. COMMITTEE REPORTS:

1. Finance Committee

a. Mid-Michigan District Health Department's (MMDHD's) Expenses for December XX, 20XX through January XX, 20XX - **Included.**

b. MMDHD's Monthly Balance Sheet, Revenue and Expenditure Report for December 2016 - **Included.**

2. Personnel Committee

3. Program Committee

4. Mid-Central Coordinating Committee

H. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D.

I. HEALTH OFFICER'S REPORT: Mark W. (Marcus) Cheatham, Ph.D.

J. OLD BUSINESS:

K. NEW BUSINESS:

1. Adoption of Proposed 2017 BOH Regular Meeting Schedule - **Included.**

2. Emerging Issues

L. LEGISLATIVE ACTION:

M. INFORMATIONAL ITEMS: - **Included.**

1. Mid-Michigan District BOH Action Items, December 20XX

2. Staffing Report

N. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD news articles available online at **http://www.mmdhd.org/?q=node/117**

O. AGENCY NEWSLETTERS:

1. "Inside MMDHD", *Health Enhancement Committee (HEC),* December 20XX - **Included.**

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Administrative Offices – Stanton

February 22, 2017

Nick Lyon, Director
MI Dept. of Health and Human Services
320 S. Walnut St.
Lansing, MI 48913

Re: Community Health Workers (CHW)

Dear Director Lyon:

On behalf of the Board of Health of the Mid-Michigan District Health Department (MMDHD), I am writing to express our concern about the sustainability of CHW projects in Michigan. The Michigan Department of Health and Human Services (MDHHS) and the Michigan Community Health Worker Alliance (MiCHWA) are exploring options for sustaining CHW in a process convened by the Michigan Public Health Institute (MPHI). We want to ask you to encourage them to finish their work quickly and make meaningful policy changes that allow these projects to garner the resources they need to continue serving Michiganders.

I believe you are aware of the stories of CHW projects in Michigan. In short, CHW are typically paraprofessionals who work with the sickest and most expensive people. These are people who are disconnected from health and mental health care and are high utilizers of emergency departments and are frequently hospitalized. CHW connect these people to care where they are helped to recover their health. This is called the Pathways model. CHW projects that follow the Pathways model can sustain themselves by dramatically reducing health care costs.

In 2012 Michigan received a three-year innovation grant from the Centers for Medicare and Medicaid Services (CMS) which it used to launch three Pathways model projects in Lansing, Muskegon and Saginaw. These projects made dramatic changes in the communities they served; and extensive human capital and infrastructure was created aimed at changing the lives of the sickest people in these communities. The goal of the grant was to take these projects to sustainability. However, in spite of the fact that CMS' own evaluation of the projects showed them to be successful, the three years came and went without the necessary policies being put in place and dozens of Michigan CHW were laid off. Most recently, Michigan required Medicaid Health Plans to work with CHW as part of the Medicaid rebid. In reality though, the Medicaid Health Plans are not signing contracts with CHW Programs. Some of them have their own in-house CHW, but they do not follow the Pathways model, sharply limit CHW contact with clients, and may in fact be entirely telephonic. This should not count as meeting the intent of the re-bid, since this approach will not improve health or reduce costs.

There are a number of things Michigan could do to make CHW projects sustainable. One would be to insist that Plans contract with or implement real Pathways CHW projects. There is an objective way to identify high quality CHW projects and that is certification. MiCHWA has done extensive work on CHW certification and certified projects are operating in Michigan. Another option would be to allow CHW to bill insurance for services the same way that Community Mental Health Peer Supports do. Plans could be protected from overcharging by having Community Mental Health Agencies or Local Health Departments act as gatekeepers.

A common objection to supporting CHW projects is the claim that it is difficult to demonstrate return on investment. In fact, CHW projects have been evaluated numerous times and have been shown to be effective. They have been endorsed by the Agency for Healthcare Research and Quality. Most recently Grand Valley State University evaluated a CHW project in Muskegon for high-risk pregnancies which produced dramatic improvements in perinatal outcomes including avoiding neonatal intensive care utilization.

Michigan has invested a tremendous amount of resources in building a truly innovative and transformational system for saving the lives of its sickest and most expensive residents. If policies are not put in place to sustain the work that has been done much of it will be lost. We encourage the State to do whatever it can to sustain the CHW projects without delay.

Thank-you for considering our appeal.

Sincerely,

Bruce DeLong
Board Chairperson
Mid-Michigan District Board of Health

cc: Sue Moran, Deputy Director-MDHHS
Chris Priest, Deputy Director-MDHHS

Legislative Update

2/22/2017

MALPH is Monitoring:

HB 4022 – Provides for increased revenue sharing payments for cities, villages, townships, and counties. Kosowski (Sponsor – Wayne). Introduced 1/12/2017. Referred to Appropriations.

SB 30 – Creates the health services fund. Stamas (Sponsor – Mid –Northeast). Introduced 1/18/2017. Referred to Michigan Competitiveness.

SB 57 – Child Lead Poisoning Prevention and Control Commission; establish. Ananich (Sponsor – Genesee). Introduced 1/24/2017. Referred to Government Operations.

SB 58 – Provides for duties of the childhood lead poisoning prevention and control commission. Hertel (Sponsor – Ingham). Introduced 1/24/2017. Referred to Government Operations.

SB 62 – Modify provision related to rental unit containing lead-based paint hazard. Hertel (Sponsor – Ingham). Introduced 1/24/2017. Referred to Health Policy.

SB 63 – Reduce lead action level in drinking water. Ananich (Sponsor – Genesee). Introduced 1/24/2017. Referred to Government Operations.

HB 4120 – Requires testing for levels of lead and other contaminants in water supplied to public schools. Zemke (Sponsor – Washtenaw). Introduced 1/31/2017. Referred to Natural Resources.

HB 4123 – Require, unless technically infeasible, cleanup to residential and safe drinking water standards. Rabhi (Sponsor – Washtenaw). Introduced 1/31/2017. Referred to Natural Resources.

HB 4124 – Provide program for testing and removing lead in drinking water used by schools and child care centers. Neeley (Sponsor – Genesee). Introduced 1/31/2017. Referred to Natural Resources.

HB 4125 – Require and specify procedures for testing lead and copper in drinking water. Phelps (Sponsor – Genesee). Introduced 1/31/2017. Referred to Natural Resources.

SB 74 – Increase penalties for selling tobacco product to minor. Bieda (Sponsor – Macomb). Introduced 1/31/2017. Referred to Judiciary. Passed Judiciary with amendment 2/7/2017.

HB 4175 – Create drinking water emergency loan fund. Kosowski (Sponsor – Wayne). Introduced 2/8/2017. Referred to Natural Resources.

HB 4179 – Authorize use of drinking water revolving fund for replacing lead or galvanized service lines safe. Hughes (Sponsor – Muskegon). Introduced 2/8/2017. Referred to Natural Resources.

SB 122 – Allow dogs to be present in outdoor seating areas at restaurants. O'Brien (Sponsor – Kalamazoo). Introduced 2/9/2017. Referred to Agriculture.

HB 4187 – Allow dogs to be present in outdoor seating at restaurants. Hornberger (Sponsor – Macomb/St. Clair). Introduced 2/9/2017. Referred to Regulatory Reform.

HOUSE BILL No. 4221

February 15, 2017, Introduced by Reps. Johnson, Glenn, Lucido, Barrett, Howrylak, Miller, Griffin, Rendon, Whiteford, Kahle, Reilly, Noble, Brann, Chatfield, Graves, VanSingel, Allor, Bizon, Frederick, Theis, Runestad, Calley, Howell, McCready, Wentworth, Cole, Tedder, Kelly, VanderWall, Hernandez, Canfield, Lower and Hoitenga and referred to the Committee on Appropriations.

A bill to amend 2002 PA 360, entitled

"An act to revise the priority of allocation of funds for certain programs and services administered by the department of community health; and to prescribe the powers and duties of certain state agencies and departments,"

by amending the title and section 1 (MCL 333.1091).

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

TITLE

An act to ~~revise the priority of allocation of funds for certain programs and services administered by the department of community health;~~ **PROHIBIT THE ALLOCATION OF STATE FUNDS TO CERTAIN ENTITIES;** and to prescribe ~~the~~ **CERTAIN** powers and duties of ~~certain~~ state agencies and departments.

Sec. 1. (1) ~~Except as otherwise provided in this section, it~~ **IT** is the policy of this state ~~for the department of community health to give priority under this subsection~~ in ~~the allocation of~~

ALLOCATING funds through grants or contracts for educational and other programs and services ~~administered by the department of community health and primarily pertaining to family planning or reproductive health services, or both. This subsection applies to grants or contracts awarded to a qualified entity that does not engage in 1 or more of the following activities:~~**TO REFRAIN FROM ALLOCATING FUNDS TO AN ENTITY THAT CONSIDERS AN ELECTIVE ABORTION TO BE A PART OF THE CONTINUUM OF HEALTH CARE FOR PURPOSES OF FAMILY PLANNING OR COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES.**

~~(a) Performing elective abortions or allowing the performance of elective abortions within a facility owned or operated by the qualified entity.~~

~~(b) Referring a pregnant woman to an abortion provider for an elective abortion.~~

~~(c) Adopting or maintaining a policy in writing that elective abortion is considered part of a continuum of family planning or reproductive health services, or both.~~

~~(2) If each of the entities applying for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c), the department of community health shall give priority to those entities that engage in the least number of activities listed in subsection (1)(a) to (c).~~

~~(3) Subsection (1) does not apply if the only applying entity for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c).~~

~~(4) Subsection (1) does not apply to grants or contracts awarded by the department of community health other than family~~

~~planning and pregnancy prevention awards under subpart a of part 59 of title 42 of the Code of Federal Regulations or state appropriated family planning or pregnancy prevention funds.~~

~~(5) In applying the priority established in subsection (1), the department of community health shall not take into consideration an activity listed in subsection (1)(a) to (c) if participating in that activity is required under federal law as a qualification for receiving federal funding.~~

(2) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, A STATE DEPARTMENT OR OTHER AGENCY OF THIS STATE SHALL NOT ALLOCATE FEDERAL OR STATE FUNDS TO AN ENTITY THAT PERFORMS MORE THAN 120 ELECTIVE ABORTIONS PER YEAR ON 1 OR MORE OF THE ENTITY'S PHYSICAL PROPERTIES AND THAT ADVERTISES OUTPATIENT ABORTION SERVICES.

(3) ~~(6)~~ If an entity applying for a contract or grant ~~described in subsection (1)~~ is affiliated with another entity that engages in ~~1 or more of~~ the activities ~~listed in subsection (1)(a) to (c),~~ **DESCRIBED IN SUBSECTION (2),** the applying entity ~~shall,~~ **IS,** for purposes of awarding a grant or contract, ~~under subsection (1), be~~ considered independent of the affiliated entity if all of the following conditions are met:

(a) The physical properties and equipment of the applying entity are separate and not shared with the affiliated entity.

(b) The financial records of the applying entity and affiliated entity demonstrate that the affiliated entity receives no funds from the applying entity.

(c) The paid personnel of the applying entity do not perform any function or duty on behalf of the affiliated entity while on

the physical property of the applying entity or during the hours the personnel are being paid by the applying entity.

(4) ~~(7) The~~ **A STATE** department ~~of community health~~ **OR OTHER AGENCY OF THIS STATE** shall award grants and contracts to qualified entities under this act to ensure that ~~family planning~~ **EDUCATIONAL, SUPPORT, AND HEALTH** services are adequately available and distributed in a manner that is reflective of the geographic and population diversity of this state. A qualified entity that is awarded a grant or contract must also be capable of serving the patient census reflected in the contract or grant for which the qualified entity is applying.

(5) ~~(8)~~ As used in this act:

(a) "Affiliated" means the sharing between entities of 1 or more of the following:

(*i*) A common name or other identifier.

(*ii*) Members of a governing board.

(*iii*) A director.

(*iv*) Paid personnel.

(b) "Elective abortion" means the performance of a procedure involving the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Elective abortion does not include either of the following:

(*i*) The use or prescription of a drug or device intended as a contraceptive.

(*ii*) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(c) "Entity" means a local agency, organization, or corporation or a subdivision, contractee, subcontractee, or grant recipient of a local agency, organization, or corporation.

(d) "Qualified entity" means an entity **THAT HAS BEEN** reviewed and determined by the **ALLOCATING STATE** department ~~of community health~~ **OR OTHER AGENCY OF THIS STATE** to be technically and logistically capable of providing the quality and quantity of services required within a cost range considered appropriate by the department **OR OTHER AGENCY AND THAT DOES NOT ENGAGE IN THE ACTIVITIES DESCRIBED IN SUBSECTION (2).**

Enacting section 1. This amendatory act takes effect 90 days after the date it is enacted into law.

SENATE BILL No. 162

February 15, 2017, Introduced by Senators COLBECK, HANSEN, JONES, PAVLOV, ROBERTSON, BOOHER, MARLEAU, ZORN, GREEN, PROOS, NOFS, KNOLLENBERG and EMMONS and referred to the Committee on Oversight.

A bill to amend 2002 PA 360, entitled

"An act to revise the priority of allocation of funds for certain programs and services administered by the department of community health; and to prescribe the powers and duties of certain state agencies and departments,"

by amending the title and section 1 (MCL 333.1091).

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

TITLE

An act to ~~revise the priority of allocation of funds for certain programs and services administered by the department of community health;~~ **PROHIBIT THE ALLOCATION OF STATE FUNDS TO CERTAIN ENTITIES;** and to prescribe ~~the~~ **CERTAIN** powers and duties of ~~certain~~ state agencies and departments.

Sec. 1. (1) ~~Except as otherwise provided in this section, it~~ **IT** is the policy of this state ~~for the department of community health to give priority under this subsection~~ in ~~the allocation of~~

SENATE BILL No. 162

ALLOCATING funds through grants or contracts for educational and other programs and services ~~administered by the department of community health and primarily pertaining to family planning or reproductive health services, or both. This subsection applies to grants or contracts awarded to a qualified entity that does not engage in 1 or more of the following activities:~~**TO REFRAIN FROM ALLOCATING FUNDS TO AN ENTITY THAT CONSIDERS AN ELECTIVE ABORTION TO BE A PART OF THE CONTINUUM OF HEALTH CARE FOR PURPOSES OF FAMILY PLANNING OR COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES.**

~~(a) Performing elective abortions or allowing the performance of elective abortions within a facility owned or operated by the qualified entity.~~

~~(b) Referring a pregnant woman to an abortion provider for an elective abortion.~~

~~(c) Adopting or maintaining a policy in writing that elective abortion is considered part of a continuum of family planning or reproductive health services, or both.~~

~~(2) If each of the entities applying for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c), the department of community health shall give priority to those entities that engage in the least number of activities listed in subsection (1)(a) to (c).~~

~~(3) Subsection (1) does not apply if the only applying entity for a grant or contract described in subsection (1) engages in 1 or more of the activities listed in subsection (1)(a) to (c).~~

~~(4) Subsection (1) does not apply to grants or contracts awarded by the department of community health other than family~~

~~planning and pregnancy prevention awards under subpart a of part 59 of title 42 of the Code of Federal Regulations or state appropriated family planning or pregnancy prevention funds.~~

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(2) NOTWITHSTANDING ANY PROVISION OF LAW TO THE CONTRARY, A STATE DEPARTMENT OR OTHER AGENCY OF THIS STATE SHALL NOT ALLOCATE FEDERAL OR STATE FUNDS TO AN ENTITY THAT PERFORMS MORE THAN 120 ELECTIVE ABORTIONS PER YEAR ON 1 OR MORE OF THE ENTITY'S PHYSICAL PROPERTIES AND THAT ADVERTISES OUTPATIENT ABORTION SERVICES.

(3) ~~(6)~~ If an entity applying for a contract or grant ~~described in subsection (1)~~ is affiliated with another entity that engages in ~~1 or more of~~ the activities ~~listed in subsection (1)(a) to (c),~~ **DESCRIBED IN SUBSECTION (2),** the applying entity ~~shall,~~ **IS,** for purposes of awarding a grant or contract, ~~under subsection (1), be~~ considered independent of the affiliated entity if all of the following conditions are met:

(a) The physical properties and equipment of the applying entity are separate and not shared with the affiliated entity.

(b) The financial records of the applying entity and affiliated entity demonstrate that the affiliated entity receives no funds from the applying entity.

(c) The paid personnel of the applying entity do not perform any function or duty on behalf of the affiliated entity while on

the physical property of the applying entity or during the hours the personnel are being paid by the applying entity.

(4) ~~(7) The~~ **A STATE** department ~~of community health~~ **OR OTHER AGENCY OF THIS STATE** shall award grants and contracts to qualified entities under this act to ensure that ~~family planning~~ **EDUCATIONAL, SUPPORT, AND HEALTH** services are adequately available and distributed in a manner that is reflective of the geographic and population diversity of this state. A qualified entity that is awarded a grant or contract must also be capable of serving the patient census reflected in the contract or grant for which the qualified entity is applying.

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(*iii*) A director.

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(*i*) The use or prescription of a drug or device intended as a contraceptive.

(*ii*) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(c) "Entity" means a local agency, organization, or corporation or a subdivision, contractee, subcontractee, or grant recipient of a local agency, organization, or corporation.

(d) "Qualified entity" means an entity **THAT HAS BEEN** reviewed and determined by the **ALLOCATING STATE** department ~~of community health~~ **OR OTHER AGENCY OF THIS STATE** to be technically and logistically capable of providing the quality and quantity of services required within a cost range considered appropriate by the department **OR OTHER AGENCY AND THAT DOES NOT ENGAGE IN THE ACTIVITIES DESCRIBED IN SUBSECTION (2).**

Enacting section 1. This amendatory act takes effect 90 days after the date it is enacted into law.

MID-MICHIGAN DISTRICT BOARD OF HEALTH

Action Items
January 2017

- The Board of Health (BOH) elected Clinton County Commissioner, Bruce DeLong as the BOH Chairperson and Montcalm County Commissioner, Tom Lindeman as Vice Chairperson.

- The BOH approved the standing, external, and internal committee appointments for 2017.

- The BOH approved the Finance and Regular Meeting Schedule for 2017 with the meetings on the fourth Wednesday of the month, except in December due to the holiday.

- The BOH adopted the following Monthly Healthy Living Recommendation for February 2017:

  - ✓ *Support evidence-based medicine and evidence-based public health practices; ask your health care providers what the research shows to be the recommended treatments or screening you need or use the websites listed above to find the standard of care.*

  - ✓ *Be very leery of any non-expert (e.g., news, magazine, bloggers, etc.) interpretation of medical research. Research study findings are often misrepresented and the limitations of studies are almost never discussed. Review the original research yourself or discuss the findings of the study with your health care provider or local health department if you are interested or concerned.*

STAFFING CHANGES

FEBRUARY - 2017

AS

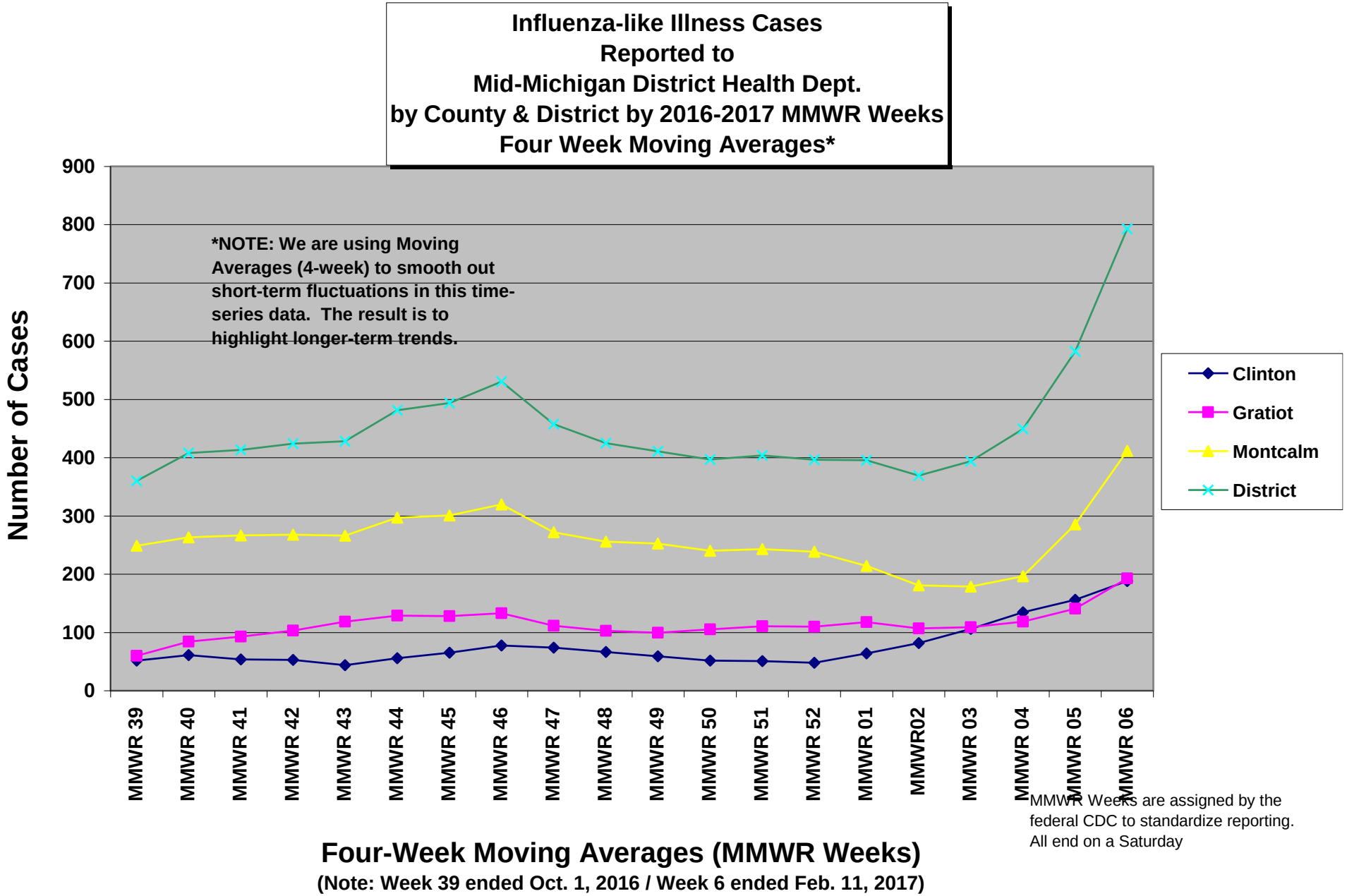
STATUS	POSITION	BRANCH OFFICE
	No changes.	

CHED

STATUS	POSITION	BRANCH OFFICE
	No changes.	

EH

STATUS	POSITION	BRANCH OFFICE
	No changes.	


Influenza-like Illness Cases
Reported to
Mid-Michigan District Health Dept.
by County & District by 2016-2017 MMWR Weeks
Four Week Moving Averages*
*NOTE: We are using Moving Averages (4-week) to smooth out short-term fluctuations in this time-series data. The result is to highlight longer-term trends.
Number of Cases
900
800
700
600
500
400
300
200
100
0
MMWR 39
MMWR 40
MMWR 41
MMWR 42
MMWR 43
MMWR 44
MMWR 45
MMWR 46
MMWR 47
MMWR 48
MMWR 49
MMWR 50
MMWR 51
MMWR 52
MMWR 01
MMWR02
MMWR 03
MMWR 04
MMWR 05
MMWR 06
Clinton
Gratiot
Montcalm
District
MMWR Weeks are assigned by the federal CDC to standardize reporting. All end on a Saturday
Four-Week Moving Averages (MMWR Weeks)
(Note: Week 39 ended Oct. 1, 2016 / Week 6 ended Feb. 11, 2017)