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
Montcalm Administrative Offices
Stanton, Michigan

Wednesday, July 26, 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. Board of Health (BOH) Synopsis of Actions Needed – **Included.**

2.

B. CONSENT ITEMS:

1. Meeting Minutes

   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held June 12, 2017 – **Included**.

   b. Mid-Michigan District Board of Health Regular Meeting held June 28, 2017 – **Included**.

   c. Mid-Michigan District Board of Health Closed Meeting held June 28, 2017 – **Handout**.

2. Communications

   a. National Association of Local Boards of Health (NALBOH) NewsBrief, Summer 2017 – **Included.**

   b.

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair

    a. MMDHD's Expenses for June 24 – July 21, 2017 – **Included**.

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

    c. Michigan Municipal Risk Management Authority (MMRMA) Net Asset Distribution for 2016 – **Included.**

    d. Gym Membership Benefit for Employees – **Included.**

    e. Adding Signatory to Agency Bank Accounts – **Included.**

    f.

2. Personnel Committee – Betty Kellenberger, Chair

    a. Non-Union Wage Proposal – **Included.**

    b. Health Officer Employment Agreement – **Handout.**

3. Program Committee – Bruce DeLong, Chair

4. Mid-Central Coordinating Committee – Tom Lindeman, Vice Chair

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

1. Mumps

2.

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

1. FY 16/17 Third Quarter (April 1, 2017-June 30, 2017) Client Satisfaction Survey – **Included**.

2. Women, Infants, and Children (WIC) Audit, October 1, 2015 Through September 30, 2016, Preliminary Analysis – **Included.**

3.

H. OLD BUSINESS:

1. Annual Commissioner Forum, Thursday, September 28, 2017 at 10 a.m., First Baptist Church Community Center, Carson City – **Included.**

2. Update on Appeal Hearing-Crumbaugh

3.

I. NEW BUSINESS:

1. My Community Dental Centers (MCDC) 2016 Annual Report – **Included.**

2. Request for a Board of Appeals Hearing from Dan Swain, Crooked Lake, Montcalm County – **Included.**

3. Emerging Issues

J. LEGISLATIVE ACTION:

1.

K. INFORMATIONAL ITEMS: – **Included**.

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

2. Staffing Report

3.

L. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD News Articles Available Online at: **http://mmdhd.org/?q=node/123**

2. "Infamous Michigan Chemical Plant Cleanup Gets $9.7M From EPA", *Mlive, www.mlive.com*, http://www.mlive.com/news/index.ssf/2017/06/epa_velsicol_97m.html

3. "Quarter of Michigan Counties See Rise in Opioids", *Detroit News, http://www.detroitnews.com/story/news/local/michigan/2017/07/12/quarter-michigan-counties-see-opioid-rise/103653256/*

4.

M. AGENCY NEWSLETTERS:

1. "Inside MMDHD", Health Enhancement Committee (HEC), June 2017 - **Included.**

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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 approved.	
Item B. 1. & 2.	CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to accept and place on file Meeting Minutes B. 1. a. through c. and Communications B. 2. a.	
Item E. 1. b.	EXPENSES FOR JUNE 24 THROUGH JULY 21, 2017
Motion to approve payment of the Mid-Michigan District Health Department's Expenses for June 24 through July 21, 2017, totaling $410,876.47.	
Item E. 1. a.	BALANCE SHEET, REVENUE AND EXPENDITURE REPORT
Motion to approve and place the Balance Sheet, Revenue and Expenditure Report for June 2017 on file.	
Item E. 1. d.	GYM MEMBERSHIP BENEFIT FOR EMPLOYEES
Motion to approve the reimbursement of gym memberships for employees at one-half of the employees' cost up to $100 annually, paid from the normal operating budget or reserved insurance fund.	
Item E. 1. e.	ADDING SIGNATORY TO AGENCY BANK ACCOUNTS
Motion to authorize the following staff as signatories on agency bank accounts (Chemical Bank Montcalm Branch Office/Main Office in Stanton, First Bank for the Clinton Branch Office in St. Johns, and Commercial Bank for the Gratiot Branch Office in Ithaca) effective immediately: Mark W. (Marcus) Cheatham, Health Officer; Melissa Bowerman, Director of Administrative Services; Bob Gouin, Environmental Health Director; and Andrea Tabor, Director of Community Health and Education.	
Item E. 2. a.	NON-UNION WAGE PROPOSAL
Motion to approve the non-union wage proposal of 2%.	
Item E. 2. b.	HEALTH OFFICER EMPLOYMENT AGREEMENT
Motion to approve the Health Officer Employment Agreement with Marcus Cheatham, Health Officer for FY 17/18.	
Item F. 1.	MEDICAL DIRECTOR'S REPORT, MUMPS
Motion to adopt the BOH Monthly Healthy Living Recommendation for August as proposed. Motion to accept and place the Medical Director's Report on file.	

MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
(MALPH)
Board of Directors
Meeting Minutes
June 12, 2017

I. Call to Order

The meeting was called to order at 9:02am by Marcus Cheatham, President.

II. Roll Call

A quorum was present.

Jurisdictions Represented: Allegan [Angelique Joynes], Bay [Joel Strasz], Benzie-Leelanau [Lisa Peacock], Berrien [Nicole Britten], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Michelle Datema], Central Michigan [Steve Hall], Chippewa [Lana Forrest], Delta-Menominee [Mike Snyder], Detroit [Joneigh Khaldun], Dickinson-Iron [Daren Deyaert], District 2 [Denise Bryan], District 10 [Kevin Hughes], District 4 [Denise Bryan], Genesee [Mark Valacak], Grand Traverse [Wendy Trute], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoune], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Kathy Haskins], 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, Dwight Washington], Monroe [Kim Comerzan], Northwest Michigan [Lisa Peacock], Ottawa [Lisa Stefanovsky], Saginaw [Christina Harrington], Sanilac [Bryant Wilke], Shiawassee [Gene Paez], St. Clair [Annette Mercatante], Washtenaw [Ellen Rabinowitz], Western UP [Kate Beer].

Others Present:

Administrative Officers Forum, [Rachel Shymkiw], Health Education and Promotion Forum, [Julie Weisbrod], Environmental Health Forum, [Bob Gouin], Nurse Administrators Forum, [Joann Hoganson], Physician's Forum, MAC, [Don Vrablic], [Ruta Sharangpani], MDARD, [Sean Dunleavy], MDEQ, [Dana Debruyn], MDHHS, [Orlando Todd, Mary MacQueen, Lynette Biery], PAA, [Becky Bechler, Ed Dore],

Staff: Meghan Swain, Jodie Shaver

III. Approve Agenda

Motion by K. Hughes, support by R. Burns to approve the agenda with changes. Changes include VI. Marijuana Discussion, Mental Health Resolution, and American Healthcare Act. VII. Will be Standards Review. Motion carried.

IV. Approve Meeting Minutes

Motion by S. Hall, support by D. Bryan to approve the May 8, 2017 minutes. Motion carried.

V. Reports of Officers/Staff/Forums

President

M. Cheatham reported that Linda VanGills' cross jurisdictional sharing work is progressing. There is a planned meeting with health officers and medical directors to strengthen the position of the medical directors, using a health officer/medical director team approach to drive a public health agenda locally. Members will receive a save the date for August 1st. Next year, his grant proposes to hold a statewide training for local public health leadership teams. Mark Miller will submit a bid. Look for a survey late summer/early fall for your training needs. Also, the project will be reviewing a mentoring program for new health officers.

Secretary/Treasurer

N. Derusha reported that a revised budget was provided. Items in red include expenditures outside of the approved budget but were approved individually by the full board. Motion by M. Krecek, support by K. Hughes to accept the financials and approve the revised budget.

Executive Director

M. Swain reported that the executive committee will be meeting with department leadership teams on Wednesday. She also discussed SB 411 (vision screening), SB 122 (dogs on restaurant patios), HB 4425/HB 4426 (immunizations), and a proposal for pre-kindergarten dental assessment. The Michigan Department of Education is inquiring about local health departments performing inspections for the Meet Up, Eat Up programs statewide throughout the summer. MDARD is working with local health departments and MALPH on a retail food program standards mentorship program grant. The grant has been submitted. She also reported that she attended a meeting with Citizen's Research Council and they are looking for topics to research and provide non-partisan summaries. They are currently reviewing immunizations. The executive committee had a phone meeting with Dominick Pallone of the Michigan Association of Health Plans to discuss various issues that have occurred between local health departments and individual health plans. We will take those responses to MDHHS. The Michigan Health Policy Forum met to discuss potential topics for their fall meeting. Those include: pharmaceutical costs, value-based purchasing, State Innovation Model update, state-based single payer, electronic health record (a uniform system), and increasing patient involvement in healthcare (health literacy).

Lobbyist

The legislature and governor are trying to complete the budget; however, there is disagreement between the governor, House, and Senate leadership regarding a proposed new teacher pension system. In addition, the governor is seeking a tax credit for a new company in Detroit; however, the House and Senate are not interested in approving it.

Discussion continues on what the impact of federal cuts to the Affordable Care Act will do to the Healthy Michigan Plan.

Forum Reports

Administrator's Forum: R. Shymkiw reported on a memo regarding local health department memberships and needing MDHHS' approval if a health department is going to use federal money towards membership fees. Once approved, it will be on record. It is unclear how often the information would have to be filed. Cindy Linn in Medicaid Outreach would like to have a group meeting with Medicaid Services Administration and they are working to get that scheduled. Looking at a survey for new electronic medical record and new environmental health systems.

Environmental Health Forum: B. Gouin reported that Katie VanDorn and Jane Powers of Public Sector Consultants presented work on the cross jurisdictional sharing grant focusing with the local health department program inventory. As far as committee work, they have created a vapor intrusion workgroup with Kory Groetsch of MDHHS and DEQ personnel. They have been discussing billing inspection fees for long term care facilities with MDHHS. There are issues with not getting paid and what the procedures are. They are working with Orlando Todd to address this. It was learned that both LARA and MDHHS have personnel, who oversee this program, on extended leave. They will meet in July to discuss further.

Health Education and Promotion Forum: The forum reviewed Play Flu. The company is looking for local partners. The information is based on CDC information. They invited more state universities to discuss student internships. Schools include Oakland University, Wayne State, Michigan State University, Grand Valley State, and Saginaw Valley.

Information Systems Forum: No report at this time.

Michigan Association of Counties: D. Vrablic reported that MAC has completed its legislative agenda. M. Swain will forward to the full board.

Preventative Physician's Forum: During their last monthly call, the forum heard a presentation on pre-exposure prophylaxis for HIV. They discussed Tobacco 21, the cross jurisdictional sharing work, and still monitoring the immunization legislation.

Nurse Administrator's Forum: No report at this time.

VI. Marijuana Paper/Position

Board members reviewed the position paper. The goal is to make it an official position paper for MALPH. MALPH's position would be public health implications and the document used to inform readers and focus on harm reduction strategies that need to be in place in various ways from health to legal. Motion by E. Rabinowitz, support by L. Stefanovsky to support the marijuana position paper as harm reduction and neutral. Motion

carried. Health officers, boards of commissioners, and boards of health can utilize the document for discussion points and include impact on local communities.

VII. Standards Review Committee Presentation

A. Joynes reviewed the standards process with board members including who is on the committee, timeline, changes (onsite wastewater, immunization, Children's Special Healthcare Services, and powers and duties) and feedback on the process. Motion by A. Mercatante, support by L. Stefanovsky to support a documented standardized process for minimum performance review. Motion carried.

VIII. Reports from State Departments

Department of Agriculture and Rural Development (MDARD)

S. Dunleavy provided an update on the Food Safety Modernization Act work. The next process will include Michigan's Food Code. They will have an internal review. Seventeen health departments have signed the 2088 agreement. They are looking at having MDHHS and MDEQ sign them as well. The participants in the fair pilot project are going to survey three fairs (one in each health jurisdiction). Following the fairs in August, MDARD will conduct a survey with all stakeholders (health departments, fair operators, boards, and vendors). The retail food program standards mentorship program grant has been submitted by MDARD.

Department of Environmental Quality (MDEQ)

D. Debruyn reported that Eric Oswald is new Drinking Water and Municipal Assistance Director. He has been invited to MALEHA and MALPH. Dan Dettweiler has been hired into her old position. She reported that they are moving forward with LEIN process in the non-community water supply; staff is working on monitoring and reporting and creating a module for certified operators. She also reported that they have two MPH interns from U of M looking at lead and copper data from last year. She reported that they are doing community outreach with 16 Head Start classrooms, who are defined as transient, to sample for lead. Letters with resources are going out. Head Start could get reimbursed for sampling. There are no requirements through Head Start or child care licensing that requires testing at this time.

Department of Health and Human Services (MDHHS)

O. Todd stated he will send an email with guidance regarding use of federal dollars to pay for memberships. They must have it for accounting. List your department's memberships, provide a general statement, and get it approved. The strategic planning session for August 28th will need to be rescheduled. The child support (DNA testing) is on hold until the fall. He also reported that he will meet with the administrator's forum regarding care coordination contracts.

L. Biery from the Bureau of Family Health Services introduced herself. They are focusing on WIC enrollment in targeted areas, immunizations, infant mortality reduction plan, Pre-

Paid Insurance Health Plan Behavioral Health for pregnant women (depression, anxiety, and substance misuse interventions). Will be reviewing maternal and child health funding formulas throughout the summer. She was asked about Fetal and Infant Mortality Review, and she stated that dollars had been eliminated.

Bureau of Emergency and Trauma Preparedness (MDHHS)
M. MacQueen reported that they are doing a statewide exposure exercise to include a power outage, radio testing, Health Alert Network, and a statewide conference call. The next state and local workgroup is July 24th. Please get agenda items to Kerri Taylor. There are ongoing concerns with the federal budget and possible cuts to the CDC, thus, cuts to emergency preparedness.

IX. Tobacco 21 Amicus Brief, Mental Health Resolution, and Letter Opposing the American Healthcare Act

The board reviewed documents/information regarding these three initiatives.

Motion by E. Rabinowitz, support by A. Mercatante to add MALPH's name in support to the Tobacco 21 Amicus Brief. Motion carried.
Motion by N. Derusha, support by D. McCormick to adopt a resolution opposing Section 298 (mental health). Amendment by N. Derusha, support by A. Mercatante to include recommendations. Both motions carried.
Motion by E. Rabinowitz, support by A. Joynes to write a letter to the Michigan delegation, expressing concerns over the proposed American Healthcare Act. Motion carried.

X. Public Comment / Announcements

A. Mercatante reported that MAPPP is working on opioid issues by declaring it a public health issue. they would like to see a cohesive strategy to address, looking at what everyone else is doing. Would like to see prevention efforts focused on small children (and birth) as well.

Eden wells is working on standing orders at pharmacies for Naloxone. Get cohesive on our strategies. What are we all doing? Prevention is huge. Locals do not have funding for prevention.

The meeting adjourned at 11:55am.

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BOARD OF HEALTH
REGULAR MEETING
at
Mid-Michigan District Health Department
Gratiot County Branch Office
Ithaca, Michigan

Conference Room A

Wednesday, June 28, 2017, 10:00 a.m.

MINUTES

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.

Members Present: Dwight Washington, Tom Lindeman (Vice Chairperson), Bruce DeLong (Chairperson), George Bailey, and Betty Kellenberger

Members Absent: Sam Smith

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of Administrative Services; Cynthia M. Partlo, Board Secretary

Staff Absent: Jennifer E. Morse, M.D., Medical Director

Guests: Brandon Losinski, Alma College intern and Jenniffer Efaw, NP

B. DeLong, Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health (BOH) to order at 10:03 a.m., on Wednesday, June 28, 2017, at the Gratiot County Branch Office of the Mid-Michigan District Health Department (MMDHD), Ithaca, Michigan.

Pledge of Allegiance was led by B. DeLong.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

M. Cheatham requested to add Montcalm County Animal Shelter to the Agenda as item H. 3. under Old Business. Additionally, he requested that item I. 1. Family Planning (FP) Quality Improvement (QI)

DRAFT

Project to the first item on the Agenda. B. DeLong indicated that the BOH would need to go into closed session to discuss Teamsters Local 214 negotiations during the Personnel Committee update. G. Bailey requested that the Personnel Committee report (E. 2. a.) be moved to the end of the Agenda.

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

I. NEW BUSINESS:

1. Family Planning (FP) Quality Improvement (QI) Project, *Jenniffer Efaw, NP*

Jenniffer Efaw, NP provided background regarding the FP QI Project regarding the increase in chlamydia cases. The State found that percentage of clients being screened annually for chlamydia was below the percentage for Medicaid providers across the State. Therefore, the State requested interventions, such as routine screenings for chlamydia and gonorrhea, bundle screenings with annual exams, and having standing orders for routine collection of urine for all Title X patients if not tested in the last 12 months. She said that MMDHD modified procedures to increase chlamydia screenings. She reported that the agency's numbers for chlamydia screenings increased from 42.3% to 59.8% through 2016. For 2017, the agency has increased chlamydia screenings 70%! She reported that the agency's screening rates are now above the Michigan rate of 59.82% (increased from 42.25%).

B. CONSENT ITEMS:

1. Meeting Minutes

a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held May 8, 2017

b. Mid-Michigan District Board of Health Regular Meeting held May 24, 2017

c. Mid-Michigan District Board of Health Personnel Committee Meeting held June 15, 2017

2. Communications – None.

Motion made by B. Kellenberger to accept and place on file Meeting Minutes B. 1. a. through c. Motion seconded by T. Lindeman. Motion carried.

C. PUBLIC COMMENTS: None.

D. BRANCH OFFICE EMPLOYEES: M. Cheatham mentioned that Brandon Losinski was an intern working with the agency from Alma College. He provided an overview of the projects he has been working on.

DRAFT

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair

a. Mid-Michigan District Health Department's Expenses for May 13 through June 23, 2017

Motion made by T. Lindeman to approve payment of the Mid-Michigan District Health Department's Expenses for May 13 through June 23, 2017, totaling $828,254.31. Motion seconded by B. Kellenberger. Motion carried.

c. Mid-Michigan District Health Department's Monthly Balance Sheet, Revenue and Expenditure Report for May 2017

Motion made by T. Lindeman to approve and place on file the Mid-Michigan District Health Department's Monthly Balance Sheet, Revenue and Expenditure Report for May 2017. Motion seconded by B. Kellenberger. Motion carried.

3. Program Committee – Bruce DeLong, Chair – No report.

4. Mid-Central Coordinating Committee – Tom Lindeman, Vice Chair – No report.

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D. *(M. Cheatham provided report in her absence.)*

1. Legionnaires' Disease

M. Cheatham provided an overview of Legionnaires' disease indicating that the disease was rare, but can spread by getting into public plumbing supplies. M. Cheatham mentioned that the disease is not communicable.

2. Update on Ebola

M. Cheatham reported on Ebola stating that another outbreak occurred in the Democratic Republic of Congo. He reported that they tried a newly-developed, experimental Ebola vaccine that was found to be effective at slowing down the spread of Ebola.

M. Cheatham recommended the following be adopted as the BOH Monthly Healthy Living Recommendation for June:

1. *Encourage building owners and operators, especially those of health care facilities, to develop a water management program to reduce Legionella growth and spread. See the CDC Toolkit at:* *https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html* *and the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHREA) Guidelines at:* *https://www.ashrae.org/resources--publications/bookstore/ansi-ashrae-standard-188-2015-legionellosis-risk-management-for-building-water-systems* *and links to numerous other guidelines at:* *http://www.specialpathogenslab.com/legionella-guidelines-table.php.*

2. *Properly maintain pools and hot tubs. For both professional and recreational links, see: https://www.cdc.gov/healthywater/swimming/aquatics-professionals/operation-maintenance.html.*

DRAFT

3. *Be aware of global infectious disease outbreaks and support efforts to control and contain them. Prepare yourself, your family, and your community for the potential of a pandemic at some point in the future: https://www.ready.gov/pandemic.*

Motion made by B. Kellenberger and seconded by D. Washington to adopt the BOH Monthly Healthy Living Recommendation for June as proposed and accept the Medical Director's Report and place on file. Motion carried.

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

1. Legalizing Marihuana, MALPH Position

M. Cheatham discussed MALPH's position paper on legalizing marihuana stating that Dr. Morse contributed to the paper. He reported that he was sharing the document with Clinton Substance Abuse Prevention Coalition, the Montcalm Prevention Coalition who will offer it to the Gratiot County Substance Abuse Prevention Coalition, with the BOH and with legislators. The position paper suggests that the money from regulating marihuana should be used for substance abuse prevention and treatment.

2. Michigan Compiled Laws, Section 298 – Mental Health Care, Resolution 02-2017

M. Cheatham explained that Section 298 of the Michigan Compiled Laws creates pilot projects that could lead to privatizing the mental health system. He requested the BOH express their opposition to Section 298 – Mental Health Care by authorizing the BOH Chair to sign Resolution 02-2017.

After discussion, motion made by B. Kellenberger and seconded by G. Bailey to approve Resolution 02-2017, To Preserve the Public Mental Health System and authorize the Board Chair to sign it. Chairman DeLong requested a roll call vote. C. Partlo called the roll: G. Bailey - Yes, B. Kellenberger - Yes, T. Lindeman - Yes, D. Washington – Yes, and B. DeLong - Yes. Motion carried 5-0.

H. OLD BUSINESS:

1. Annual Commissioner Forum

M. Cheatham asked C. Partlo to report on responses received from County Commissioners. She indicated that she heard from eight Commissioners and that September 28, 2017 at 10 a.m. had the most available Commissioners. M. Cheatham indicated that suggested topics received were vapor intrusion, MMDHD's role in the Pine River clean-up, and septic system update. After discussion, the BOH agreed to hold the forum on September 28, 2017 at 10 a.m. C. Partlo will check to see if Community Center in Carson City is available.

2. Update on Environmental Health (EH) Service Delivery Status for 2017 – Hire Food Inspection Contractor

M. Cheatham provided an update regarding EH service delivery and meetings that have been held with the Michigan Department of Environmental Quality (MDEQ) to discuss food service inspections that the agency was behind on due to the newly-hired staff not being trained yet to conduct food inspections. He reported to the State that due to the rain, trained EH Specialists

haven't been able to do much well and septic work; therefore, they have been able to get more of the food inspections done than originally anticipated. At the meeting, the State indicated that they were satisfied with the progress of our plan of action.

3. Montcalm County Animal Shelter

M. Cheatham provided an update regarding the privatization of the Montcalm County Animal Shelter and the problem of Montcalm County having difficulty following up on rabies investigations due to lack of funding and manpower. G. Bailey suggested Montcalm County require that the Mid-Michigan Humane Society (MMHS), the newly created agency taking over the Animal Shelter, conduct rabies field work investigations. M. Cheatham stated that the topic was for information only, and he continues to meet with Montcalm County to work on a solution.

I. NEW BUSINESS:

3. Emerging Issues – None

J. LEGISLATIVE ACTION:

1. Tobacco 21

M. Cheatham provided background regarding Tobacco 21 and mentioned that Washtenaw and Genesee Counties have passed Tobacco 21 Resolutions. Attorney General, Bill Schutte ruled that those local ordinances go against State policy on tobacco sales which set the "age of majority" to 18. He mentioned that House Bill 4736 was drafted to address Tobacco 21. MALPH has signed on to an amici brief to express support for Genesee and Washtenaw Counties. M. Cheatham mentioned that public health likes House Bill 4736 and indicated that it was being vetted in committee. He said that the topic was informational.

K. INFORMATIONAL ITEMS:

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

2. Staffing Report

The BOH discussed the latest staffing changes.

L. RELATED NEWS ARTICLES:

1. MMDHD News Articles available online at **www.mmdhd.org/?q=node/122**

T. Lindeman indicated that Montcalm County was rated sixth in heroin overdoses within a 15-county region. M. Cheatham thanked T. Lindeman for the report and stated that good, current data is needed to address the issue locally. He indicated that the data currently being used is old.

DRAFT

M. AGENCY NEWSLETTERS: None

2. Personnel Committee – Betty Kellenberger, Chair

a. Teamsters Local 214 (T214) Contract Negotiations Update

Motion made by T. Lindeman to go into closed session at 11:13 a.m. Motion seconded by D. Washington.

Chairman DeLong requested a roll call vote. C. Partlo called the roll: G. Bailey - Yes, B. Kellenberger - Yes, T. Lindeman - Yes, D. Washington – Yes, and B. DeLong - Yes. Motion carried 5-0.

The BOH returned to open session at 11:27 a.m.

Motion made by B. Kellenberger to adopt the Teamsters Local 214 revised Contract. Motion seconded by D. Washington. Motion carried 4.1. ***(T. Lindeman voted no.)***

There being no further business to come before the Board, the meeting adjourned at 11:29 a.m.

Respectfully Submitted,

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

DRAFT

NALBOH
National Association of Local Boards of Health
NewsBrief

There is Still Time to Register for the 2017 Annual Conference!

This year's theme is Celebrating Innovations in Board Governance: the Past, Present and Future. NALBOH is proud to celebrate its 25th Anniversary throughout the Conference! NALBOH leaders are looking forward to holding the 2017 conference in Ohio, where NALBOH's history began, to celebrate the Past, Present and Future of the national voice for Boards of Health.

REGISTER FOR THE 2017 ANNUAL CONFERENCE TODAY!

***Please be sure to login to see and register at the member rate!**

Conference Keynote Presentations

More information available at www.nalboh.org

Thursday, August 3 • 9:00-10:00 A.M.

Innovating Through Partnerships and Engagement

Thomas Quade, MA, MPH - President, American Public Health Association; Health Commissioner, Marion County Marion, OH

This presentation will address the evolving role of public health departments in the broader public health system and how that can be supported by an informed board of health that is strategically engaged. A focus on building functional relationships between the public and private sectors will be discussed. The session will also include information on the role of boards of health in not only pursuing accreditation but using accreditation status in communicating the value of public health within the community and to stakeholders.

Friday, August 4 • 8:15-9:15 A.M.

Building Relationships Between Health Departments and Hospitals to Successfully Assess Community Needs

Gary Edwards, MS - Executive Director Salt Lake County Health Department Salt Lake City, UT
Mikelle Moore, MS, FACHE - Vice President, Community Benefits Intermountain Healthcare Salt Lake City, UT

Many of Utah's local health departments have successfully engaged with Intermountain Healthcare, the state's largest non-profit healthcare system, to design a needs assessment that meets each organization's objectives. This presentation will provide participants with a valuable toolkit to implement with their own organizations and a model for success in how to initiate and maintain relationships with healthcare systems. Don't miss this enlightening presentation!

Friday, August 4 • 12:30-1:30 P.M.

Public Health 3.0: Building Stronger Communities

Karen DeSalvo, MD - Formerly - U.S. Department of Health and Human Services (HHS)

Public Health 3.0 has been a new approach to public health. Released by the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH), this call to action builds on the work of Healthy People 2020, which encourages collaborations across communities and sectors. Through this presentation, Dr. DeSalvo will discuss the broad determinants of health and identify the components of the Public Health 3.0 framework. Attendees will have the opportunity to learn more about the best practice models to build multi-sectorial collaborations to improve community health by addressing the social determinants of health.

THANK YOU to the Public Health Accreditation Board for sponsoring the Summer Quarterly Newsbrief

PHAB
Advancing public health performance

Summer 2017 President's Message

Greetings,

Be sure to finish your PLANNING for your trip to Cleveland to attend our NALBOH Annual Conference -the 2017 PROGRAM provides an opportunity to perfect your own take on the Six Functions of Governance. There are opportunities to head to three different breakouts each round – you will not know which to choose from! I encourage you to visit our exhibitors, who have an opportunity to exhibit their products, programs, and services for us to see and be interested in purchasing and using for our health departments. You will meet new friends and discuss challenges.

Plan to come the extra day and register to attend the PRE-CONFERENCE WORKSHOP, Wed. Aug. 2 from 1:30 - 4:30 PM. One of the founders of NALBOH and faculty member of the Gilling's School of Public Health, University of North Carolina, Dr. Vaughn Upshaw, will be our facilitator for "How Can I be a Public Health Leader." She has spent the past 15 years in the UNC-CH School of Government where she led workshops across NC for county commissioners and other county boards.

Summer often means our General Assemblies or Legislatures are meeting. We are advocating with them, I hope. Some have met and gone home. As of this writing, end of May, the National Congress is on another Recess. For some, it is a good time to meet them in their home districts and please do talk with them about your knowledge of public health issues. Try becoming a friend to them to the extent they will ask your opinions about public health issues – get to know them. You can become their expert by explaining reasons we need fluoridated water; maternal and child health home visits to new mothers; breastfeeding practices; antidotes to opioids; well inspections, needle exchanges, accreditation, child nutrition programs; redistricting… And the list could go on! You know your own issues. Please advocate.

I asked some of the county health department leaders to write short articles about "best practices identified". Thank you to the North Carolina leaders for providing these stories in this issue –be sure to share yours with us as well! Accreditation – whether local or national, continues to be worth striving for – to continuously improve! Thank you to the Summer 2017 Newsbrief Sponsor – the Public Health Accreditation Board (PHAB) for their generous support of this publication.

We are looking forward to seeing all of you very soon, to learn, connect, and celebrate the works of public health. Until then, stay healthy and enjoy the summer!

Barbara Ann Hughes

Pre-Conference Session

Wednesday, August 2 • 1:30-4:30 p.m.
How Can I be a Public Health Leader?

Dr. Vaughn Upshaw - University of North Carolina – Chapel Hill

In this highly interactive, pre-conference workshop, participants will use appreciative inquiry (AI) to discover what leaders do when they are at their best. In their book, Appreciative Inquiry: A Positive Revolution in Change (2005), David Cooperrider and Diana Whitney describe a how AI has flipped traditional approaches to change management upside down. Rather than using organizational change to identify and solve problems the AI approach sees change as a way for organizations (and communities) to find solutions that satisfy social needs. This simple reframing--moving away from asking "What are the problems we are trying to fix?" to "What solutions are we seeking?" has a powerful, psychological, effect. When we focus on problems, we become overwhelmed with the challenges. When we focus on solutions, we become energized with possibilities. By the end of the workshop, the full group will weave themes together and craft a positive and compelling description of what exemplary public health leaders looks like in practice.

Host your state meeting at the NALBOH Conference!

We have reserved the 4:00-5:00 p.m. time slot on August 3rd in the Conference schedule; don't miss a chance to hold your meeting! Contact the NALBOH Office or Jamie Michael (jamie@badgerbay.co) for more information.

There is limited space available!

Board of Health Members Receive Scholarship to Attend 2017 Annual Conference

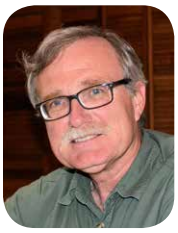
The NALBOH Endowment fund was implemented to provide leadership training to NALBOH members. The NALBOH Board of Directors has selected FIVE Scholarship winners as 2017 First Time Attendees.

The scholarship winners are:

- Susan Shepeard, Greendale Board of Health, WI
- Shanna Wheeler, Tri-County Board of Health, UT
- Trish Factor, Galion City Board of Health, OH
- Lisa McCafferty, Tioga Board of Health, NY
- Belinda Jones-Hill, Halifax County Board of Health, NC

We look forward to seeing all of these first time attendees and many of you in Cleveland!

Get to Know Your NALBOH Board Members!



William O. Beeman, BBA, NREMT-P

NALBOH Director at Large, Greene County Board of Health

Xenia, OH

Bill's first exposure to Public Health was as a paramedic where he encountered people with various injuries, diseases and ailments. In the late 1990's, Bill was appointed to the Board of Public Health – Greene County located in Xenia, OH. He is a Past President of the Board.

Bill attended Ohio University and earned a BBA in Management and Marketing. He also attended Sinclair Community College, National Fire Academy and the Air Force Institute of Technology. On December 31, 2015, Bill retired from the Air Force. As a civilian employee for the Air Force Research Laboratory, Bill served 33 years. Upon retirement, Bill was awarded The Air Force Outstanding Civilian Career Service Award Medal.

Bill has been involved with his community as a Lieutenant-Fire Fighter Paramedic for 18 years. He still teaches CPR and First Aid classes and coordinates their blood drives. He has been a Boy Scout leader for 20 years. Bill has enjoyed the great experience leading the National Association of Local Boards of Health with many other local public health leaders!

Diane Gerlach, DO, MHA

NALBOH Director at Large, Kenosha County Board of Health

Kenosha, WI

Dr. Gerlach earned her DO at Chicago College of Osteopathic Medicine and did Residency at East Carolina University. She recently earned her MHA at the University of Minnesota. She has been a pediatrician with Aurora Health Care for over 20 years and the Kenosha Community Health Center for 8 years. Her passion is serving the underserved and Foster Care Children. She is active in the community, collaborating with early childhood agencies on grants to fill gaps in community resources and improve awareness of the effects of trauma. She is working with the community engagement movement Strive Together to ensure kindergarten readiness for all children in her community. She is serving as Board President for Big Brothers Big Sisters of Kenosha and Racine Counties, leading fundraising, and programming to support healthy, long lasting adult relationships for at risk children.

She is currently the Interim Medical Director for the Kenosha Community Health Center leading the startup of a Mobile Medical Unit for Racine and a new clinic in the county. She enjoys medical missions in Africa and precepting a variety of students in her clinic. Diane is an open minded, innovative thinker. She has helped develop e-visits and video-visits for her healthcare system. She is also part of the Aurora Children's Health Counsel and Strategic Planning expanding Pediatric Specialty Care to the smaller communities of Eastern Wisconsin.

Diane hopes to use her experience and passion to engage local boards of health to train leaders and creative thinkers and as a new board member of NALBOH, looks forward to seeing everyone again this year in Ohio!

Board of Health Advocacy in Challenging Political Times

Submitted by: Beth Lovette & Ken Richardson, Appalachian District Board of Health (NC)

Appalachian District Board of Health serves Alleghany, Ashe and Watauga counties in the beautiful mountains of northwest North Carolina. I have worked with Appalachian District Health Department, (aka AppHealthCare) under the leadership of the Board of Health for the last 7 years. In that time, the commissioners have worked harmoniously and without partisanship for board of health appointments that they believe fairly represent their constituents.

The District Board of Health has the same governance and rule-making authority as any single county Board of Health in NC, but has the additional challenge of complete fiscal responsibility for the work of Appalachian District Health department. Believe me, when you are responsible for a district health department with no ability to raise revenue beyond asking for county dollars or finding revenue through grants and fee for service, advocacy around funding becomes job #1!

In the past few years this board has adopted resolutions encouraging increasing the tobacco tax, supporting Medicaid expansion, educating federal officials about the danger of inadvertently losing the federal Public Health Prevention Fund with the repeal of the Affordable Care Act and other items. I appreciate the board's desire to be informed so that they can interact as individuals regarding important public health concerns if they choose.

I heard at a recent conference: "If our elected officials fail to read all of the details of the many pages of legislation they are voting on, shame on them. *But if they haven't heard from public health about our concerns, shame on us!*"

NALBOH Members Share the Importance of Accreditation through Q&A & Essay

Read more details of the interviews by going to www.nalboh.org.

The Honorable Henry W. Bertram (KY)

"For every dollar spent on accreditation, a higher level of service is provided."

What are some of the greatest benefits national accreditation brings to your communities?

Accreditation greatly improves the health department services provided by our employees due to asking them to obligate themselves to a higher standard of performance. Thus, our constituents are able to benefit from the health department's commitment to accreditation.

Some health departments are concerned with the expenses related to accreditation. What would you say to those that are not pursuing accreditation due to costs?

Employee production is extremely enhanced through achieving accreditation. Thus, for every dollar spent on accreditation, a higher level of service is provided. Employee production can recoup accreditation expenses in a short amount of time. Salaries are always the most expensive part of operating any type of business, thus production must be at its best in order to get the most bang for the buck. We must, as public servants, spend every taxpayer dollar provided us as wisely as possible.

Judith Sartucci (CT)

"Accreditation is a great accomplishment. Board members take away the satisfaction of knowing that they are serving their community well."

What are some of the greatest benefits national accreditation brings to communities?

When an agency decides to seek voluntary public health department accreditation, it sends a strong message to the public that it serves that it's committed to both providing the best service it can and to making a difference in the health and well-being of that community.

One need only to look at some of the principles behind public health accreditation to see the benefits an accredited agency can offer. I am thinking of agency leadership that brings stakeholders in the community together to identify public health problems and do solid planning to address them; community engagement of individuals and groups to make decisions together about how best to address issues and move solutions forward; a customer focus with improved agency responsiveness to requests for service, new service needs and community concerns, to name a few. And best of all, improvements in the health of the community.

Some health departments are concerned with the expenses related to accreditation. What would you say to those that are not pursuing accreditation due to costs?

This is a tough choice for many boards of health given their fiscal circumstances. For too long our public health agencies and infrastructure have been underfunded for their breadth of responsibility and collectively we are feeling the brunt of it. Voluntary accreditation is not for every agency, for any number of reasons. The cost and lack of funding can be major barriers and are most often cited. Capacity is another issue, especially with the smaller health departments. Leadership turnover has been underway for some time. The right circumstances just might not be there.

Boards of health need to weigh the costs versus the benefits of seeking accreditation, not just in the immediate future, but long term. However, it is important to recognize that what public health accreditation asks of an agency is not exotic. It does not contain unusual standards or measures that are out of the ordinary. It does not go into foreign territory. Rather it addresses processes and tools that have long been part of public health. It's about good management and good public health practice. Some of the early findings from accredited agencies report more opportunities for funding opening for these agencies.

I think that it is the journey towards accreditation, not just the final designation, that is important. I am impressed with the remarkable changes in public health agencies - their functioning, focus, staff enthusiasm, problem-solving -- that occurs over time as they commit to and begin down this road. A transformation happens over time and can lead to better efficiencies in management and service delivery; better health outcomes for their communities; and better problem-solving in using the resources they have, including seeking new revenue streams and funding.

What does a board of health member or elected official get out of working with their health department on accreditation?

Whether elected or appointed, board of health members are based in the communities they represent and serve. Most take this obligation very seriously and look for ways where their service can make a difference. Accreditation is a great accomplishment. Board members take away the satisfaction of knowing that they are serving their community well through an agency that is serving its community well and making a difference.

Working Together to Make Communities Healthier

BOARDS OF HEALTH & Health Departments

"What does accreditation cost? It's not a cost, it's an investment — an investment in production. I ran my own business for 30 years. I wanted my employees to know they were being held accountable for the work they were doing. I was also a County Judge Executive, and in Kentucky that means I was an administrator. I was responsible for tax dollars from the public, and I was held accountable as to how I spent those tax dollars. With accreditation, I can say that those tax dollars spent in the health department were utilized in the best way possible. Plus, accreditation brings about pride in their work from employees. Our board fully supported Three Rivers District Health Department in this effort. Boards should include accreditation in planning and budgeting before anything else. The atmosphere that accreditation creates is just phenomenal."

— Judge Henry Bertram, member, Pendleton County (Ky.) Local Board of Health

(commenting on accreditation at NALBOH's 2015 Annual Conference in Louisville, Ky.)

"Accreditation is not just another program you complete in order to get a plaque and then it's over. Accreditation is a process — or 'playbook' — for operating a health department. A health department operating by accreditation standards can handle anything that comes its way, and that's what it's all about."

— Georgia Heise, DrPH, District Director, Three Rivers District Health Department

(commenting on accreditation at NALBOH's 2015 Annual Conference in Louisville, Ky.)

Ensure your health department meets your community's needs. Make national public health department accreditation a strategic goal for your local health department! The support of the Board of Health is essential to the achievement of national accreditation.

The benefits national accreditation brings to communities include:

- Demonstrated accountability and improved quality. Nationally, public health accreditation means that people across the country can expect the same quality of public health programs and services no matter where they live.
- Performance feedback and quality improvement. The accreditation process provides valuable feedback to health departments about their strengths and areas for improvement, laying the foundation for improved protection, promotion and preservation of their community's health.
- Accountability and credibility. Accreditation is a way for health departments to show how effectively they are allocating resources. Achieving accreditation demonstrates accountability to elected officials and communities, resulting in increased credibility for public health departments.
- Staff morale and visibility. The recognition of excellence that comes with meeting accreditation standards positively impacts staff morale and enhances the visibility of the health departments in their communities, enabling them to compete successfully for additional resources.

Accreditation also encourages public health departments to continuously improve the quality of their public health services. Strong health departments, engaged in effective community partnerships, can help make all of our communities healthier places to live, work, learn, and play.

PHAB

Advancing public health performance

Learn more about the Public Health Accreditation Board at www.phaboard.org

NALBOH Members Share the Importance of Accreditation through Q&A & Essay *continued from page 4...*

Harvey Wallace (MI)

Public Health Department Accreditation: What's In it For a Board of Health Member?

I am often asked what a board of health member or elected official gets out of working with their health department on accreditation. There is no short, direct answer to this question. The best answer requires knowledge of the process or "road" to accreditation through the Public Health Accreditation Board (PHAB), and that knowledge is best left to the local health department's leadership team. However, the initial application process requires a letter of support from the governing entity. Which brings us back to the original question: Why support a process that takes time and money and is voluntary?

I have been a proud member of my local board of health for a very long time, having been appointed by my county commission. I am also a proud member of the National Association of Local Boards of Health (NALBOH), as well as a proud member of PHAB's Board of Directors. Though each role is separate and distinct, the common thread that weaves this trio of responsibilities together is the importance of national accreditation through PHAB. Working with local health departments, NALBOH, and PHAB gives me a unique perspective and affirms our shared roles in the performance of NALBOH's six Functions of Public Health Governance: policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight.

PHAB accreditation strengthens a local health department (LHD) and helps it better serve its community. Boards of health participate in the community health assessment and the community health improvement plan, bringing them together with not only other health care providers but also with a wide range of community members interested in working toward a common goal. Working toward PHAB accreditation helps the LHD better identify the strengths and weaknesses in the public health system, which leads to a strategic plan directed toward achieving their mission and vision. This plan can be used to assess a LHD's progress toward meeting its program goals.

Around the nation, LHD employees, after working so hard to achieve PHAB accreditation, are looking forward to working on the goals identified in their community health improvement plans. A question many have is "Does accreditation make it easier to get state and/or federal funding for local programs?" The answer is a definite maybe. More than half of PHAB's accredited health departments report that they used information they developed during the accreditation process to acquire additional funding. There is growing evidence that PHAB-accredited health departments are contributing to positive health outcomes. That should encourage funding agencies to provide accredited health departments with additional opportunities.

Meanwhile, local boards of health around the nation will continue their oversight functions and will continue to move toward their goals, which for my own board of health is a vision of "a community where people achieve the highest quality of life through healthy living by caring for themselves, one another, and the environment."

Achieving Racial Equity to Improve Outcomes for All

Submitted by: Helene Edwards, Hoke County (NC)

For the last eighteen months, Durham County Department of Public Health has begun a courageous journey to include a wide range of partners representing multiple sectors to discuss racial equity in Durham County. Almost 500 individuals representing community, public health, social services, faith and community-based organizations, university, law enforcement, education, transportation, housing, recreation, finance, state government, business, criminal and juvenile justice participated in Durham County Department of Public Health-sponsored racial equity training sessions. Through training, we received an introductory analysis of racism and its cultural and historical roots to begin the work of intentionally creating racially equitable organizations and systems.

From our collective learning, we now know that racial inequities are not random and have been created and sustained over time. Deeply racialized systems are costly and affect outcomes and life opportunities for all groups particularly in communities where there is concentrated poverty and communities of color. When racial equity is not explicitly brought into decision-making, racial inequities are likely to be perpetuated.

Our overarching goal is to increase success for everyone and continue dialogue to close the gap in Durham with an understanding that strategies must be directed based on the needs and voices of our community. We are on this journey to consciously integrate racial equity in decisions, including policies, practices, programs, and budgets. We are building relationships and working alongside community to ensure we create a different narrative to achieve different results.

Hoke County Health Department Partners with DayMark

Submitted by: Joanne F. Pierce, Durham County (NC)

In September 2016, the Hoke County HD and DayMark Recovery Services piloted a new program to deliver behavioral health services to the citizens of Hoke County. The Hoke County Board of Health and the Hoke County Commissioners unanimously supported this initiative and the funding was made possible by Sandhills Center Mental Health Services. Ms. Avis Johnson, MA, LPC, a DayMark Recovery Services Counselor, provides clinical screening of all patients referred for potential Mental Health and Substance Abuse issues. The consumers are seen at the Hoke County Health Department for the mental health assessments and initial therapies.

Due to the success during the first year, Sandhills Center Mental Health Services has continued to fund the partnership between the Hoke County Health Department and the DayMark Recovery Services during the FY 2017-2018.

Guilford County's Public-Private Health Center Partnership

Submitted by: Merle Green, Guilford County (NC)

Guilford County Department of Public Health is in its 7th year of a very successful public-private partnership to provide primary health care services to local adults. Adults who are uninsured, low income or underinsured now have a medical home that is making a huge difference in southeast Greensboro.

The center is named the Evans-Blount Community Health Center, and is named after two local and prominent African American doctors who dedicated their medical practices to servicing underserved communities in Guilford County. Dr. Evans and Dr. Blount were trailblazers in the Guilford medical community.

Prior to the opening of the clinic, the target area documented high incidences of undiagnosed and untreated chronic conditions, inappropriate usage of the local hospital emergency departments, and death rates higher than the national average. They knew that their zip code was more critical than their genetic code.

One of the most widely promoted patient success stories was the patient who lost over 100 pounds, and was able to discontinue her hypertension and diabetes medication; her message to the community was "without this clinic and the help of the doctor, I was destined for an early grave."

Cumberland County Department of Public Health's Restaurant Inspection Scores are now on Yelp

Submitted by: Marika Hoeckmann, Cumberland County (NC)

The Environmental Health division of the Cumberland County Department of Public Health has partnered with Yelp in order to allow restaurant inspection scores to be available online on Yelp, a website already used by residents and visitors looking for dining information. This is part of Yelp's LIVES open data program, which stands for Local Inspector Value Entry Specification. It allows consumers to see inspection data before eating at a restaurant. By clicking on a restaurant listing, the results of the restaurant's latest health safety inspection will be available, along with customer reviews, price range and restaurant information. "Environmental Health is very excited to post our inspection grades on Yelp," Environmental Health Director Daniel Ortiz said. "We want to ensure the public is able to review our inspection results with ease and Environmental Health believes this availability will raise public awareness of food safety." This change is innovative and beneficial to the public because previously, the scores were only available posted on the wall of the establishment, filed at the Health Department, or made available on the county website. This increase of access to inspection scores on Yelp provides a valuable resource to the community.

County & Community Partners Secure Environmental Supports for Physical Activity for County Employees

Submitted by: LeighAnn Creson, Person County (NC)

Person County Government purchased property, with buildings that once housed a private gym, along with other businesses in December 2016. The sale of the property came with a fully outfitted gym, with state-of-the-art, commercial-use equipment. The County soon entered into a lease agreement with the Person County Senior Center which, as of May 2017, occupies the various buildings.

As of July 1, 2017, Person County employees will have a unique opportunity unlike many of their counterparts in other counties. They will have access to the fitness facility at the county's new Senior Center for the extremely low fee of $50 for the entire fiscal year. The team was charged with everything from ensuring that a waiver and guidelines for utilization were in place to setting the annual fee, promoting the new facility, and enrolling employees in memberships during annual benefit meetings. Additionally, PCHD's Health Educator worked with county administration, the Senior Center's Executive Director, and a private fitness equipment company to establish a preventive maintenance agreement to ensure regular assessment of the equipment.

This project falls on the heels of another initiative to provide environmental supports for physical activity for county employees. PCHD's Health Educator continuously strives to align county wellness efforts with the Health Department's mission of "promoting, protecting, and nurturing the health of our community".

Celebrating
INNOVATIONS
IN BOARD GOVERNANCE
the Past, Present and Future

NALBOH 2017 Annual Conference August 2-4

Hotel and Conference Facility Details

Still Time to Book your Room at the Discounted Rate!

Westin Cleveland Downtown

Rates: $159 single/double occupancy.
Phone: 866-716-8108

Reservation Deadline Approaching: July 11th!

When making your hotel reservation, tell the reservation agent that you are booking a room under the NALBOH 2017 room block.

Parking

For directions to the Westin Cleveland Downtown please visit the website. Parking is $30.00. The cost is subject to change.

InALBOH Works to Move towards a Healthier State

Submitted by: Harley Robinson, Indiana Association of Local Boards of Health President (IN)

The spring of 2017 in Indiana offered a variety of conferences on public health issues. I attended 3 such symposiums, two in Indianapolis and one at Purdue University. The following is a recap of the topics discussed.

In March the Indiana State Department of Health held its Spring Symposium. Gov. Holcomb's 5 pillars were outlined: Economy, Workforce, Opioid crisis, Roads and infrastructure, Government services. We learned that in 2015 Indiana lead the nation in pharmacy robberies. From 1991 to 2015 unintentional poisonings (mostly opiates) increased 771%. The governor has established an office of Prevention, Treatment and Recovery to work on the opioid crisis. A startup company has introduced an interesting device called a Neuro-stem System Bridge to eliminate/reduce the opioid craving during detox. It is worn for 5 days. They claim that the psychological component of opioid addiction is greatly underestimated and their device addresses this issue.

Most recently I attended a meeting entitled "Striving for Healthy Communities", sponsored by the Indiana Healthy Weight Initiative. The keynote speaker was Dr. Jane Ellery, PhD, the coordinator of the graduate program, Wellness Management, at Ball State University. She described wellness management as "helping people function optimally in their environment." Wellness management is to well-being as healthcare is to health. Her booklet that she distributed called "Placemaking" depicts the connection between placemaking and healthy living and shows the difference between space which is described physically and place which has an emotional attachment.

Finally, I regret to report that the "cigarette tax" failed once again in the 2017 state legislative session. A new group has formed called the Alliance for a Healthier Indiana with some high-profile members from schools of public health and state hospital associations. We will watch their work throughout 2017 to see if they can have an impact on state legislators.

2017 NALBOH Annual Business Meeting

ALL Members Invited!

The NALBOH Annual Business Meeting will be held in conjunction with the 2017 NALBOH Annual Conference on Thursday, August 3rd from 12-1 P.M. at the Westin Cleveland Downtown in Ohio. Lunch will be available. ALL MEMBERS of NALBOH are invited to attend. This is an opportunity to hear more about what the organization is doing internally and externally.

Join us to:

- Present the 2018 NALBOH Board of Directors
- Review 2017 NALBOH Successes
- Discuss new partnerships and future planning

We look forward to your participation and feedback to take NALBOH to the next level!

2017 NALBOH Election – Watch for Information to Vote for your Next Board Members!

Watch your emails for information for the 2017 Board of Directors' Election. Each organizational member of NALBOH receives one vote. The last day to vote is Monday, July 31st. Please contact the NALBOH Office if you are unsure whether your board of health has voted.

NALBOH's Mission

The mission of NALBOH is to strengthen and improve public health governance.

Visit NALBOH online at: www.nalboh.org

The vision of NALBOH is boards of health that are:

- Appointed as a result of a well-informed selection process.
- Comprised of individuals who have demonstrated the knowledge, skills, and abilities to effectively represent and serve.
- Well-connected to other stakeholders in public health and government.
- Effectively and competently serving the public health needs of their community in accordance with the core functions and essential public health services.
- Aware of NALBOH's resources and actively engaged in its success.

MONTHLY EXPENSES FOR
June 24, 2017 - July 21, 2017

EV 1849	*$ 159,574.79*
EV 1850	*$ 251,301.68*
TOTAL	***$ 410,876.47***

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

CK#	EV 1849	7/7/2017
	Payables	
103465 thru 103485	Quantum Checks & Direct Deposits & Voids	$20,633.92
	Stamps.com - postage reserve	$1,000.00
	Payroll	
	AFLAC Employee Deduction	$375.49
	MERS Employee Electronic Transfer	$3,570.14
	Chemical Bank Payroll-Ameriprise NBS	$190.00
	Chemical Bank Payroll-Nationwide	$2,235.00
	Chemical Bank Payroll-MERS 457	$380.00
	Chemical Bank Payroll Tax Electronic Transfer Federal	$31,011.60
	Direct Deposit Payroll	$100,178.64
	TOTAL	**$159,574.79**

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
182	07/07/17	BAI102 BAILEY GEORGE	2017 JUNE	06/28/17	15862		$ 59.54	$ -	$ 59.54
			TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 59.54	$ -	$ 59.54
183	07/07/17	DEL057 DELONG BRUCE	2017 JUNE	06/28/17	15861		$ 125.00	$ -	$ 125.00
			QTRLY PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 125.00	$ -	$ 125.00
184	07/07/17	KEL038 KELLENBERGER BETTY	2017 JUNE	06/28/17	15860		$ 159.39	$ -	$ 159.39
			TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 159.39	$ -	$ 159.39
185	07/07/17	LIN033 LINDEMAN TOM	2017 JUNE	06/28/17	15863		$ 106.08	$ -	$ 106.08
			TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 106.08	$ -	$ 106.08
186	07/07/17	WASH83 WASHINGTON DWIGHT	2017 JUNE	06/28/17	15864		$ 97.43	$ -	$ 97.43
			TRAVEL/PER DIEM						
DIRECT DEPOSIT									
			CHECK TOTALS:				$ 97.43	$ -	$ 97.43
103465	07/07/17	CAP095 CAPITAL AREA UNITED WAY	100873	07/05/17	15857		$ 28.00	$ -	$ 28.00
			7/7/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 28.00	$ -	$ 28.00
103466	07/07/17	CDW016 CDW GOVERNMENT, INC.	JCH5903	06/06/17	15839	094595-00	$ 3,757.62	$ -	$ 3,757.62
			STROBE,SAMSUNG 850,DDR						
COMPUTER CHECK									
			JCN6413	06/07/17	15833	094595-00	$ 708.08	$ -	$ 708.08
			8 KINGSTON 8GB						
			JDT2461	06/13/17	15842	094605-00	$ 3,753.95	$ -	$ 3,753.95
			LAPTOPS,COMPUTERS,MOUSE						
			JFN4206	06/16/17	15843	094613-00	$ 64.20	$ -	$ 64.20
			2 KINGSTON 4GB MEMORY MODULE						
			CHECK TOTALS:				$ 8,283.85	$ -	$ 8,283.85
103467	07/07/17	CEN021 CENTRAL MI DIST HEALTH DEPT	2017-MAY	06/19/17	15848		$ 4,238.10	$ -	$ 4,238.10
			MD FOR MAY						
COMPUTER CHECK									
			CHECK TOTALS:				$ 4,238.10	$ -	$ 4,238.10
103468	07/07/17	CRY023 CASAIR-CRYSTAL AUTO SYSTEM	360381	06/08/17	15834	094597-00	$ 1,160.00	$ -	$ 1,160.00
			RENEW 3YR SOPHOS-ITHACA/STJOHNS						
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
103468	07/07/17	CRY023 CASAIR-CRYSTAL AUTO SYSTEM	365945	07/01/17	15869		$ 800.00	$ -	$ 800.00
			INTERNET, LIST SERV, FIBER						
			CHECK TOTALS:				$ 1,960.00	$ -	$ 1,960.00
103469	07/07/17	FOR008 FORESTRY SUPPLIERS INC	207559-00	06/08/17	15836	094590-00	$ 58.24	$ -	$ 58.24
			2 FIBERGLASS 100FT TAPE MEASURE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 58.24	$ -	$ 58.24
103470	07/07/17	GRE086 GREENVILLE COMMUNITY CHURCH	2017-JULY	06/29/17	15855		$ 175.00	$ -	$ 175.00
			JULY RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 175.00	$ -	$ 175.00
103471	07/07/17	MED144 MEDIBADGE	748763	06/16/17	15845	094609-00	$ 199.60	$ -	$ 199.60
			STICKERS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 199.60	$ -	$ 199.60
103472	07/07/17	NAT016 NRFSP	G1705310890	05/31/17	15854		$ 325.00	$ -	$ 325.00
			9558930-1 CLINTON FOOD TESTS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 325.00	$ -	$ 325.00
103473	07/07/17	PER009 PERSPECTIVE ENTERPRISES	52016	06/12/17	15840	094588-00	$ 352.00	$ -	$ 352.00
			INFANTOMETER						
COMPUTER CHECK									
			CHECK TOTALS:				$ 352.00	$ -	$ 352.00
103474	07/07/17	QUI003 QUILL CORPORATION	759115	06/16/17	15847	094598-00	$ 45.76	$ -	$ 45.76
			CLEANER,CLIPS, ROLL TAPE						
COMPUTER CHECK									
			7596523	06/16/17	15846	094611-00	$ 61.45	$ -	$ 61.45
			HP 62 INK, TAPE, CLOROX WIPES						
			CHECK TOTALS:				$ 107.21	$ -	$ 107.21
103475	07/07/17	R&S005 R&S NORTHEAST LLC	129493	04/12/17	15829	094601-00	$ 675.00	$ -	$ 675.00
			AVIANE TAB CONTRACEPTIVES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 675.00	$ -	$ 675.00
103476	07/07/17	SAN020 SANOFI PASTEUR INC	908173118	06/20/17	15844	094602-00	$ 643.44	$ -	$ 643.44
			10 TUBERSOL VACCINE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 643.44	$ -	$ 643.44
103477	07/07/17	SHA199 SHAFFER AMANDA	100871	06/23/17	15849		$ 120.00	$ -	$ 120.00
			6/12-23 CSHCS PARENT LIASON						
COMPUTER CHECK									
			CHECK TOTALS:				$ 120.00	$ -	$ 120.00

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
103478	07/07/17	SHR011 SHRED-IT USA LLC	8122519931	06/07/17	15851		$ 296.21	$ -	$ 296.21
			MBO CHED CONTRACT PICKUP						
COMPUTER CHECK									
			8122530420	06/15/17	15853		$ 101.69	$ -	$ 101.69
			GRATIOT ONSITE SHREDDING						
			CHECK TOTALS:				$ 397.90	$ -	$ 397.90
103479	07/07/17	SMI205 SMITH SAM	2017 JUNE	06/28/17	15865		$ 53.26	$ -	$ 53.26
			TRAVEL/PER DIEM						
COMPUTER CHECK									
			CHECK TOTALS:				$ 53.26	$ -	$ 53.26
103480	07/07/17	UNI001 UNITED WAY OF MONTCALM CO	100873	07/05/17	15859		$ 119.00	$ -	$ 119.00
			7/7/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 119.00	$ -	$ 119.00
103481	07/07/17	UNI009 UNITED WAY OF GRATIOT CO	100873	07/05/17	15858		$ 87.00	$ -	$ 87.00
			7/7/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 87.00	$ -	$ 87.00
103482	07/07/17	UPS002 UNITED PARCEL SERVICE	423867247	06/17/17	15852		$ 23.92	$ -	$ 23.92
			NEXT DAY PACKAGES						
COMPUTER CHECK									
			CHECK TOTALS:				$ 23.92	$ -	$ 23.92
103483	07/07/17	VALL25 VALLEY FARMS BAPTIST CHURCH	2017-JULY	06/29/17	15856		$ 100.00	$ -	$ 100.00
			JULY RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 100.00	$ -	$ 100.00
103484	07/07/17	VER004 VERIZON	9787949703	06/21/17	15867		$ 1,752.33	$ -	$ 1,752.33
			6/22-7/21 MOBILE BROADBAND						
COMPUTER CHECK									
103484	07/07/17	VER004 VERIZON	9788123100	06/23/17	15868		$ 222.84	$ -	$ 222.84
			6/24-7/23 MOBILE BROADBAND						
			CHECK TOTALS:				$ 1,975.17	$ -	$ 1,975.17
103485	07/07/17	WOOT84 WOOTEN KELSEY	100872	06/16/17	15850		$ 69.02	$ -	$ 69.02
			INTERN TRAVEL 6/7-15						
COMPUTER CHECK									
			100874	06/30/17	15866		$ 95.77	$ -	$ 95.77
			6/22-6/30/17 INTERN TRAVEL						
			CHECK TOTALS:				$ 164.79	$ -	$ 164.79
			BANK CODE TOTALS:				$ 20,633.92	$ -	$ 20,633.92

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

21 COMPUTER CHECKS
0 MANUAL PAYMENT CHECKS
0 VOID CHECKS - TRX
0 VOID CHECKS - STUBS
0 VOID CHECKS - ERROR
0 VOID CHECKS - FORM ALIGNMENT
5 DIRECT DEPOSITS
26 CHECKS TOTAL

COMPANY TOTALS:	$ 20,633.92	$ -	$ 20,633.92

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

CK#	EV 1850		7/21/2017
	Payables		
103486 thru 103514	Quantum Checks & Direct Deposits & Voids		$ 82,151.57
	Payroll		
	AFLAC Employee Deduction		$ 375.49
	MERS Employee Electronic Transfer		$ 3,549.83
	Chemical Bank Payroll-Ameriprise NBS		$ 190.00
	Chemical Bank Payroll-Nationwide		$ 2,235.00
	Chemical Bank Payroll-MERS 457		$ 380.00
	Chemical Bank Payroll Tax Electronic Transfer		
	Federal		$ 31,348.84
	State		$ 9,243.59
	MERS Employer Electronic Transfer	17-Jun	$ 21,288.39
	Direct Deposit Payroll		$ 99,466.48
	State of Michigan Unemployment (June)		$ 994.00
	Bank Fees		
	Chemical E-Banking fee	17-Jun	$ 84.47
	Chemical Bank Interest	17-Jun	$ (5.98)
	TOTAL		**$251,301.68**

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
103486	07/21/17	ALPH83 ALPHA FAMILY CENTER	100889	07/18/17	15925		$ 300.00	$ -	$ 300.00
			JULY RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 300.00	$ -	$ 300.00
103487	07/21/17	BLU008 BLUE CROSS BLUE SHIELD OF MICH	100877	07/07/17	15882		$ 11,987.42	$ -	$ 11,987.42
			0005 AUGUST HEALTH INS						
COMPUTER CHECK									
			100878	07/07/17	15883		$ 8,596.24	$ -	$ 8,596.24
			0004 AUGUST HEALTH INS						
			100879	07/07/17	15884		$ 17,902.29	$ -	$ 17,902.29
			0003 AUGUST HEALTH INS						
			CHECK TOTALS:				$ 38,485.95	$ -	$ 38,485.95
103488	07/21/17	BLU034 BLUE CARE NETWORK	171890087954	07/07/17	15881		$ 8,197.06	$ -	$ 8,197.06
			0002 AUGUST HEALTH INS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 8,197.06	$ -	$ 8,197.06
103489	07/21/17	BLU035 BLUE CARE NETWORK	171890125247	07/07/17	15880		$ 1,951.68	$ -	$ 1,951.68
			0003 AUGUST HEALTH INS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,951.68	$ -	$ 1,951.68
103490	07/21/17	CAP095 CAPITAL AREA UNITED WAY	100891	07/21/17	15929		$ 28.00	$ -	$ 28.00
			7/21/17 EMPLOYEE DONATION						
COMPUTER CHECK									
			CHECK TOTALS:				$ 28.00	$ -	$ 28.00
103491	07/21/17	CDW016 CDW GOVERNMENT, INC.	JFC9226	06/15/17	15872	094617-00	$ 132.79	$ -	$ 132.79
			SAMSONITE WHEELED CASE						
COMPUTER CHECK									
			JJJ6994	06/29/17	15877	094621-00	$ 265.99	$ -	$ 265.99
			OFFICEJET MOBILE PRINTER						
			CHECK TOTALS:				$ 398.78	$ -	$ 398.78
103492	07/21/17	CLI092 CLINTON COUNTY ADMIN/ACCT	AC-2017-019	07/05/17	15922		$ 1,966.67	$ -	$ 1,966.67
			AUGUST DENTAL RENT						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,966.67	$ -	$ 1,966.67
103493	07/21/17	COV178 COVENANT MEDICAL CENTER	100884	07/04/17	15914		$ 64.26	$ -	$ 64.26
			20940 LABS						
COMPUTER CHECK									
			100885	07/04/17	15915		$ 21.42	$ -	$ 21.42
			22412 LAB						
			100886	07/04/17	15916		$ 85.68	$ -	$ 85.68
			21654 LABS						
			CHECK TOTALS:				$ 171.36	$ -	$ 171.36

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
103494	07/21/17	DEL007 DELTA DENTAL OF MICHIGAN	0001535683	07/11/77	15879		$ 3,976.03	$ -	$ 3,976.03
			AUGUST DENTAL INS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 3,976.03	$ -	$ 3,976.03
103495	07/21/17	E&S003 E&S GRAPHICS INC	56251	07/06/17	15876	094625-00	$ 397.09	$ -	$ 397.09
			APPROVED/NON APPROVED TAGS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 397.09	$ -	$ 397.09
103496	07/21/17	EAT029 EATON RESA	005033	06/30/17	15917		$ 2,917.76	$ -	$ 2,917.76
			3Q BRAINERD DFG						
COMPUTER CHECK									
			CHECK TOTALS:				$ 2,917.76	$ -	$ 2,917.76
103497	07/21/17	EPIP31 EPIPHANY COMMUNITY SERVICE	2569	06/13/17	15918		$ 155.54	$ -	$ 155.54
			DFG SITE VISIT						
COMPUTER CHECK									
			2590	07/10/17	15919		$ 3,375.00	$ -	$ 3,375.00
			2ND PMT ON 17/18 CONTRACT						
			CHECK TOTALS:				$ 3,530.54	$ -	$ 3,530.54
103498	07/21/17	HOS101 HOSPITAL NETWORK HEALTHCARE	47658	06/30/17	15923		$ 118.00	$ -	$ 118.00
			CLINTON/GRATIOT WASTE PICKUP						
COMPUTER CHECK									
			CHECK TOTALS:				$ 118.00	$ -	$ 118.00
103499	07/21/17	LIN061 LINCOLN FINANCIAL GROUP	100876	07/10/17	15878		$ 1,561.69	$ -	$ 1,561.69
			AUGUST LIFE/LTD/AD&[						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,561.69	$ -	$ 1,561.69
103500	07/21/17	MA184 MAGELLAN DIAGNOSTICS	30106	06/26/17	15871	094615-00	$ 1,291.93	$ -	$ 1,291.93
			4 BLOOD LEAD II TEST KITS						
COMPUTER CHECK									
			CHECK TOTALS:				$ 1,291.93	$ -	$ 1,291.93
103501	07/21/17	MIC007 MICHIGAN PUBLIC HEALTH INST	45711	06/23/17	15885		$ 50.00	$ -	$ 50.00
			FINN MIHP TRAINING						
COMPUTER CHECK									
			CHECK TOTALS:				$ 50.00	$ -	$ 50.00
103502	07/21/17	MNA004 MICHIGAN NURSES ASSOCIATION	100891	07/21/17	15928		$ 552.50	$ -	$ 552.50
			JULY DUE!						
COMPUTER CHECK									
			CHECK TOTALS:				$ 552.50	$ -	$ 552.50
103503	07/21/17	MON183 MONTCALM CO CONTROLLER	100890	06/30/17	15926		$ 58.00	$ -	$ 58.00
			JUNE SOLID WASTE						
COMPUTER CHECK									
			CHECK TOTALS:				$ 58.00	$ -	$ 58.00

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
103504	07/21/17	NAT016 NRFSP	G1706300828	06/30/17	15913		$ 250.00	$ -	$ 250.00
			9558931 FOOD TEST KITS						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 250.00	$ -	$ 250.00
103505	07/21/17	OFF015 OFFICE DEPOT	938601681001	06/26/17	15870	094614-00	$ 284.25	$ -	$ 284.25
			7 BOXES COPY PAPER,TAPE,MARKERS						
		COMPUTER CHECK							
			940334415001	06/30/17	15875	094622-00	$ 56.34	$ -	$ 56.34
			FOLDER CERTIFICATE FRAMES						
			CHECK TOTALS:				$ 340.59	$ -	$ 340.59
103506	07/21/17	SHA199 SHAFFER AMANDA	100887	07/10/17	15920		$ 75.00	$ -	$ 75.00
			6/29-7/9 CSHCS PARENT LIASON						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 75.00	$ -	$ 75.00
103507	07/21/17	STA032 STATE OF MICHIGAN-MDHHS LAB	MID0406232017	06/23/17	15912		$ 17.67	$ -	$ 17.67
			LAB						
		COMPUTER CHECK							
			MID0506232017	06/23/17	15911		$ 106.02	$ -	$ 106.02
			LABS						
			CHECK TOTALS:				$ 123.69	$ -	$ 123.69
103508	07/21/17	TEA001 TEAMSTERS LOCAL 214	100891	07/21/17	15932		$ 1,723.49	$ -	$ 1,723.49
			JULY DUES						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 1,723.49	$ -	$ 1,723.49
103509	07/21/17	UNI001 UNITED WAY OF MONTCALM CO	100891	07/21/17	15931		$ 117.00	$ -	$ 117.00
			7/21/17 EMPLOYEE DONATION						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 117.00	$ -	$ 117.00
103510	07/21/17	UNI009 UNITED WAY OF GRATIOT CO	100891	07/21/17	15930		$ 87.00	$ -	$ 87.00
			7/21/17 EMPLOYEE DONATION						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 87.00	$ -	$ 87.00
103511	07/21/17	UPS002 UNITED PARCEL SERVICE	423867257	06/24/17	15924		$ 5.73	$ -	$ 5.73
			ADMIN PACKAGE TO PHP						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 5.73	$ -	$ 5.73
103512	07/21/17	VAN024 VANGILLS LINDA	100888	06/02/17	15921		$ 2,282.50	$ -	$ 2,282.50
			JUNE 2017 CJS						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 2,282.50	$ -	$ 2,282.50
103513	07/21/17	WINN73 WINN TELECOM	2239001	07/15/17	15927		$ 2,661.86	$ -	$ 2,661.86
			LOCAL/LONG DISTANCE						
		COMPUTER CHECK							
			CHECK TOTALS:				$ 2,661.86	$ -	$ 2,661.86

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
103514	07/21/17	FIR003 FIRST NATIONAL BANK OMAHA	100880	07/05/17	15886		$ 126.15	$ -	$ 126.15
			SARA THELEN HOTEl						
COMPUTER CHECK									
			100881	07/05/17	15908		$ 197.65	$ -	$ 197.65
			PAGER/NEHA CONFERENCE - CHEATHAM						
			100882	07/05/17	15909		$ 150.15	$ -	$ 150.15
			LUNCH/RECRUIT AD FOR EH						
			100883	07/05/17	15910		$ 28.84	$ -	$ 28.84
			LUNCH/PARKING						
			100880-1	07/05/17	15887	094585-00	$ 1,178.75	$ -	$ 1,178.75
			4 STAMPED ENVELOPES MBO CHED						
			100880-10	07/05/17	15896		$ 295.40	$ -	$ 295.40
			CHEATHAM/LINDEMAN HOTEL						
			100880-11	07/05/17	15897		$ 89.97	$ -	$ 89.97
			JUNE STAMPS.COM FEES						
			100880-12	07/05/17	15898	094606-00	$ 45.00	$ -	$ 45.00
			REPLACEMENT FAN						
			100880-13	07/05/17	15899		$ 1,190.00	$ -	$ 1,190.00
			CADCA TRAINING THELEN/COALITION MEMBER						
			100880-14	07/05/17	15900	094607-00	$ 13.77	$ -	$ 13.77
			1 BUSINESS CARD						
			100880-15	07/05/17	15901	094612-00	$ 94.52	$ -	$ 94.52
			4 POSTER FRAMES/PLANNER						
			100880-16	07/05/17	15902	094610-00	$ 42.78	$ -	$ 42.78
			CHAIR STEP STOOL						
			100880-17	07/05/17	15903	094634-00	$ 69.99	$ -	$ 69.99
			12X15 CLEAR BAGS FOR DENTAL						
			100880-18	07/05/17	15904		$ 150.94	$ -	$ 150.94
			BREWER HOTEL						
			100880-19	07/05/17	15905	094620-00	$ 28.66	$ -	$ 28.66
			SENSAPHONE BATTERY						
			100880-2	07/05/17	15888	094591-00	$ 899.75	$ -	$ 899.75
			3 STAMPED ENVELOPES MBO EH						
			100880-20	07/05/17	15906	094618-00	$ 63.59	$ -	$ 63.59
			ROLLING COMPUTER BAG						
			100880-21	07/05/17	15907		$ 27.00	$ -	$ 27.00
			MONTHLY MINDTOOLS CLUB						
			100880-3	07/05/17	15889	094592-00	$ 2,359.75	$ -	$ 2,359.75
			8 STAMPED ENVELOPES MCIR						

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
103514	07/21/17	FIR003 FIRST NATIONAL BANK OMAHA	100880-4	07/05/17	15890		$ 241.30	$ -	$ 241.30
			KENT HOTEL						
			100880-5	07/05/17	15891	094589-00	$ 69.95	$ -	$ 69.95
			2 BUSINESS CARDS/NAME PLATE						
			100880-6	07/05/17	15892	094599-00	$ 263.48	$ -	$ 263.48
			INSIGHT TO VMWARE CONVERSION						
			100880-7	07/05/17	15893	094600-00	$ 39.00	$ -	$ 39.00
			DC POWER CORD						
			100880-8	07/05/17	15894	094539-00	$ 727.49	$ -	$ 727.49
			400 VARNISH, HAND SANITIZER						
			100880-9	07/05/17	15895	094603-00	$ 137.79	$ -	$ 137.79
			VACUUM FOR GRATIOT						
			CHECK TOTALS:				$ 8,531.67	$ -	$ 8,531.67
			BANK CODE TOTALS:				$ 82,151.57	$ -	$ 82,151.57

29 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
29 CHECKS TOTAL

COMPANY TOTALS:	$ 82,151.57	$ -	$ 82,151.57

First National Bank Omaha

VISA

Account Number:
New Balance: **$8,155.03**
Minimum Payment Due: **$163.00**
Payment Due Date: ..... **August 1, 2017**

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

$

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

REC'D JUL 17 2017

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

47139
Q307

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Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$1,651.95
Payments	-$1,651.95
Other Credits	-$0.00
Purchases	+$8,155.03
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$8,155.03**
Statement Closing Date	07/05/17
Days in Billing Cycle	30
Total Credit Limit	$10,000.00
Available Credit	$1,844.00
Cash Limit	$5,000.00
Available Cash	$1,844.00

Payment Information

New Balance	$8,155.03
Minimum Payment Due	$163.00
Past Due Amount	$0.00
Payment Due Date	**August 1, 2017**

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Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
6-05	6-07	24489937157200156292625	BAVARIAN INN MOTOR LODGE FRANKENMUTH MI	$103.95
6-06	6-07	24445007158000655820411 7	USPS.COM POSTAL STORE 800-782-6724 MO	$1,178.75
6-06	6-07	24445007158000655820668 7	USPS.COM POSTAL STORE 800-782-6724 MO	$302.50
6-06	6-07	24445007158000655820585 7	USPS.COM POSTAL STORE 800-782-6724 MO	$2,359.75
6-06	6-07	24445007158000655820742 7	USPS.COM POSTAL STORE 800-782-6724 MO	$597.25
6-06	6-07	24431067158200788300048	MOHICAN LODGING PERRYSVILLE OH	$241.30
6-06	6-07	24692167157000371686396 1	VISTAPR*VistaPrint.com 866-8936743 MA	$69.95
6-06	6-07	24692167157000499814870 7	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$136.23
6-06	6-08	24489937158200140408005	BAVARIAN INN MOTOR LODGE FRANKENMUTH MI	$22.20
6-07	6-08	24692167158000010680148 7	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$39.00
6-07	6-08	24239007158900010490760 7	ULTIMATE DENTAL 901-6836677 TN	$727.49
6-08	6-09	24692167159000631649836 7	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$127.25
6-09	6-09	74418007160007160013949	ONLINE PAYMENT THANK YOU	$1,651.95 (CR)
6-09	6-09	24692167160000820529036 7	Amazon.com AMZN.COM/BILL WA	$137.79
6-08	6-12	24431067160036001063799	MISSION POINT RESORT MACKINAC ISLA MI	$147.70
6-08	6-12	24431067160036001063815	MISSION POINT RESORT MACKINAC ISLA MI	$147.70
6-09	6-12	24692167160000366764047 7	STAMPS.COM 855-608-2677 CA	$89.97
6-13	6-14	24692167164100721828390 7	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$45.00
6-15	6-16	24492157166894366776234 7	CADCA ALEXANDRIA VA 703-706-0560 VA	$1,190.00
6-16	6-19	24692167167100640104185 1	VISTAPR*VistaPrint.com 866-8936743 MA	$13.77
6-17	6-19	24692167168100887036792 7	Amazon.com AMZN.COM/BILL WA	$16.01
6-20	6-21	24692167171100022102330 7	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$42.78
6-20	6-21	24692167171001653736567	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$78.51
6-25	6-26	24692167176100029040667	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$69.99
6-26	6-28	24610437178004023237526	SUPER 8 MOTEL GRAYLING GRAYLING MI	$150.94
6-27	6-28	24247607179000911916278 1	BATTERYCLERKCOM 888-808-3520 NJ	$28.66
7-01	7-03	24692167182100947348080 7	Amazon.com AMZN.COM/BILL WA	$63.59
7-02	7-03	74313287183100718198515 4	WWW.MINDTOOLS.COM MINDTOOLS.COM	$27.00

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See reverse for additional information.

Continued next page

PAY BILLS THE EASY WAY

Simply use your credit card

Your credit card is the faster, easier way to pay your monthly and recurring bills. There's no need to write checks, buy stamps or worry about delays in the mail. Plus you can view all your payments in one place on your monthly card statement. Pay all kinds of bills with your credit card.

1. **Contact** the companies that send you bills. Be sure to have your bill handy.
2. **Pay** with your credit card. You can even schedule automatic payments.
3. **Relax** knowing your bills are paid on time.

Account Number:

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)	$7,614.12	30	$0.00
Cash Advance	26.05% (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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First National Bank Omaha

VISA

Account Number:
New Balance: **$197.65**
Minimum Payment Due: **$10.00**
Payment Due Date: ..... **August 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
MARCUS W CHEATHAM
615 N STATE ST
STANTON MI 48888-9702

47041
Q307

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

REC'D JUL 17 2017

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Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$352.65
Payments	-$352.65
Other Credits	-$0.00
Purchases	+$197.65
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$197.65**
Statement Closing Date	07/05/17
Days in Billing Cycle	30
Total Credit Limit	$2,000.00
Available Credit	$1,802.00
Cash Limit	$400.00
Available Cash	$400.00

Payment Information

New Balance	$197.65
Minimum Payment Due	$10.00
Past Due Amount	$0.00
Payment Due Date	**August 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
6-09	6-09	74418007160007160013956	ONLINE PAYMENT THANK YOU	$352.65 (CR)
6-19	6-20	24692167170100632406429 7	AMERICAN MESSAGING 888-247-7890 TX	$2.65
7-02	7-03	24493987184286585900025 7	NEHA 303-756-9090 CO	$195.00

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)	$63.22	30	$0.00
Cash Advance	26.05% (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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See reverse for additional information.

First National Bank Omaha

VISA

Account Number:
New Balance: **$150.15**
Minimum Payment Due: **$10.00**
Payment Due Date: ..... **August 1, 2017**

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

$

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
BOB GOUIN
615 N STATE ST APT 2
STANTON MI 48888-9702

47040
Q307

REC'D JUL 17 2017

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Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$123.28
Payments	-$123.28
Other Credits	-$0.00
Purchases	+$150.15
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$150.15**
Statement Closing Date	07/05/17
Days in Billing Cycle	30
Total Credit Limit	$2,000.00
Available Credit	$1,849.00
Cash Limit	$400.00
Available Cash	$400.00

Payment Information

New Balance	$150.15
Minimum Payment Due	$10.00
Past Due Amount	$0.00
Payment Due Date	**August 1, 2017**

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Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
6-09	6-09	74418007160007160013931	ONLINE PAYMENT THANK YOU	$123.28 (CR)
6-15	6-19	24342857167018017974859	STILLWATER GRILL OKEMOS MI	$23.03
7-01	7-03	24692167182100434569370 7	INDEED 203-564-2400 CT	$127.12

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)	$49.87	30	$0.00
Cash Advance	26.05% (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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See reverse for additional information.

First National Bank Omaha

VISA

Account Number:
New Balance: **$28.84**
Minimum Payment Due: **$10.00**
Payment Due Date: ..... **August 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

47039
Q307

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

REC'D JUL 17 2017

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Business Edition® Visa®

Account Number:

Account Summary

Previous Balance	$464.75
Payments	-$464.75
Other Credits	-$0.00
Purchases	+$28.84
Balance Transfers	+$0.00
Cash Advances	+$0.00
Fees Charged	+$0.00
Interest Charged	+$0.00
New Balance	**$28.84**
Statement Closing Date	07/05/17
Days in Billing Cycle	30
Total Credit Limit	$2,000.00
Available Credit	$1,971.00
Cash Limit	$400.00
Available Cash	$400.00

Payment Information

New Balance	$28.84
Minimum Payment Due	$10.00
Past Due Amount	$0.00
Payment Due Date	**August 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
6-09	6-09	74418007160007160013923	ONLINE PAYMENT THANK YOU	$464.75 (CR)
6-13	6-14	24231687165286088800538	MCALISTERS DELI Q81 LANSING MI	$18.84
6-15	6-16	24445007167000707014202	PARKING EP/PS LANSING MI	$10.00

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)	$68.58	30	$0.00
Cash Advance	26.05% (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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Mid-Michigan District Health Department
Monthly Balance Sheet, Revenue and Expenditure Report
June 2017

Summary and Special Notes

As of the end of the June, actual revenues and expenditures should be approximately 75% of the $6,311,514 total budget. The total revenues through June were $4,545,767.92 and the total expenses were $4,639,091.80. The overall actual revenues and expenditures (adjusting for in-kind space costs and Vaccines for Children) were at 76% and 77% respectively representing a deficit of $93,323.88. In factoring out the approved capital expense, the surplus would be $60,055.02.

The Environmental Health electronic system went live in mid-May. As we are still learning the reporting system, the fees for June are estimated and will be reconciled in the next month or two. We continue to learn the reporting system for the Community Health and Education Division as well.

Revenues

- **Communicable Disease (Line 13) –** There has been a few more court-ordered tests than are typically recorded and therefore, the line item - although small, is over budget for the year.

Expenses

- **Computer Supplies (Line 13) –** There have been computer purchases made that were necessary but not budgeted. We continue to monitor this line item, but many of these items are upgrades to computers and other equipment as well as additional items needed for the software upgrades that we have done. These replacements and upgrades allow increased productivity and efficiency for staff.

- **Contractual (Line 17) –** The amount paid to the Montcalm Care Network for the Primary Care Project is more than budgeted; but the expenses are offset by revenue received.

Mid-Michigan District Health Department **JUNE** **75%** **FY 2017** **AP: 9**

Revenue **Revenue and Expenditure Report**

	Account	Budget	Current Month	Year-To-Date	Balance	% of Budget
1	Onsite Sewage	136,200.00	11,703.00	112,409.75	131,740.50	83%
2	Groundwater Quality	133,998.00	5,005.00	82,951.20	151,007.00	62%
3	Food Service	274,740.00	6,692.00	261,461.00	243,986.00	95%
4	Campgrounds	3,264.00	0.00	-485.00	3,366.00	-15%
5	Swimming Pools	5,304.00	0.00	3,224.00	5,456.00	61%
6	Waste Haulers	7,833.00	0.00	1,652.00	7,833.00	21%
7	DHS Facility Inspections	25,000.00	-714.00	13,309.00	29,150.00	53%
8	Body Art Fees	1,300.00	0.00	1,144.00	1,300.00	88%
9	EH Misc Fees	760.00	-58.00	228.09	814.60	30%
10	Vision Fees	25,000.00	-237.60	22,571.40	27,464.00	90%
11	Hearing Fees	21,000.00	-366.40	20,444.00	25,152.20	97%
12	MIHP Fees	100,000.00	7,531.81	48,640.57	120,957.88	49%
13	Communicable Disease Fees	600.00	400.00	2,005.00	620.00	334%
14	Immunization Fees	130,000.00	6,509.67	76,083.46	160,054.08	59%
15	Family Planning/STD Fees	139,000.00	17,153.78	75,176.10	160,868.69	54%
16	Breast Cancer Fees	6,000.00	460.00	2,483.64	12,230.96	41%
17	Lead Fees	15,000.00	2,155.64	11,850.81	11,102.98	79%
18	Varnish Fees	15,000.00	1,125.98	28,767.83	19,339.84	192%
19	WIC Varnish Fees	25,000.00	4,618.00	13,251.43	30,177.08	53%
20	Ched Miscellaneous Fees	600.00	0.00	110.00	600.00	18%
21	Miscellaneous Other Fees	100.00	0.00	50.00	100.00	50%

22	Behavioral Health Primary Care Fees	55,100.00	5,753.66	16,399.37	-4.86	30%
23	Deferred Revenues - Billing	0.00	0.00	55,486.00	0.00	0%
24	VFC/317 Vaccine Revenue	400,000.00	9,142.79	145,085.28	419,219.53	36%
25	MDCH Grants	1,513,543.00	158,563.00	1,204,512.00	1,614,605.00	80%
26	Essential Local Public Health Services	726,412.00	63,209.00	568,845.00	788,469.00	78%
27	MDCH Fee For Service Revenue	56,000.00	2,546.00	14,564.16	58,160.00	26%
28	DEQ Grants	76,255.00	5,092.00	46,603.00	80,956.00	61%
29	Other Grants/Community Support	471,280.00	137,856.70	323,359.90	301,935.01	69%
30	Medicaid Full Cost Reimbursement	385,175.00	-0.64	378,143.92	353,913.74	98%
31	Interest	2,000.00	237.00	5,942.85	5,318.00	297%
32	Donations	0.00	364.00	1,518.83	7,002.13	0%
33	Cash Over/Short	0.00	0.00	0.33	0.00	0%
34	Clinton Co - Appropriation	391,015.00	32,809.75	294,611.25	423,599.58	75%
35	Gratiot Co - Appropriation	283,797.00	24,818.00	223,360.50	307,446.75	79%
36	Montcalm Co - Appropriation	425,661.00	32,071.25	288,641.25	461,132.75	68%
37	Prior Year Adjustments	0.00	0.00	0.00	0.00	0%
38	Space Occupancy	250,570.00	22,377.00	201,366.00	271,447.00	80%
43	Deferred Revenues - Other	97,009.00	0.00	0.00	65,000.00	0%
	TOTAL REVENUE:	6,199,516.00	556,818.39	4,545,767.92	1,653,748.08	73%
	W/O SPACE & VFC	5,548,946.00	525,298.60	4,199,316.64	4,107,346.69	76%

Mid-Michigan District Health Department **JUNE** **75%** **FY 2017** **AP: 9**

Expenditure **Revenue and Expenditure Report**

	Account	Budget	Current Month	Year-To-Date	Balance	% of Budget
1	Board of Health Per Diem	5,000.00	422.00	2,611.00	2,389.00	52%
2	Salaries	3,338,248.00	282,945.49	2,527,468.94	810,779.06	76%
3	FICA	247,587.00	20,550.47	187,201.31	60,385.69	76%
4	Health Insurance	680,703.00	54,548.21	470,132.10	210,570.90	69%
5	Dental Insurance	51,498.00	3,521.22	31,962.21	19,535.79	62%
6	Retirement	263,444.00	20,884.43	204,511.96	58,932.04	78%
7	Work Comp	52,139.00	1,967.00	18,083.89	34,055.11	35%
8	Unemployment Comp	6,000.00	994.00	994.00	5,006.00	17%
9	Life Insurance	4,647.00	1,409.00	3,887.22	759.78	84%
10	Printed Materials	6,300.00	2,117.44	2,549.15	3,750.85	40%
11	Postage	20,000.00	2,026.92	19,354.05	645.95	97%
12	Office Supplies	64,000.00	1,173.85	27,381.24	36,618.76	43%
13	Computer/Printer Supplies	8,500.00	8,283.85	31,589.96	-23,089.96	372%
14	Medical Supplies	62,200.00	881.00	48,747.12	13,452.88	78%
15	CD Meds Biologics	70,000.00	643.44	33,788.29	36,211.71	48%
16	VFC Supplies	400,000.00	9,142.79	145,556.91	254,443.09	36%
17	Contractual Services	186,000.00	11,366.06	202,654.36	-16,654.36	109%
18	Legal Expenses	4,000.00	179.86	1,216.31	2,783.69	30%

19	Communications	69,950.00	5,480.54	47,669.38	22,280.62	68%
20	Travel	144,300.00	13,438.40	103,176.44	41,123.56	72%
21	Advertising & Recruitment	4,000.00	0.00	1,927.90	2,072.10	48%
22	Liability Insurance	32,000.00	2,814.00	25,333.00	6,667.00	79%
23	Equipment Maintenance/Lease	49,050.00	4,216.37	43,794.49	5,255.51	89%
24	Rent	29,100.00	2,241.67	21,233.00	7,867.00	73%
25	Space Occupancy	250,570.00	22,377.00	201,097.00	49,473.00	80%
26	Training	25,600.00	946.51	16,917.82	8,682.18	66%
27	Memberships/Certifications/Subscriptions	14,980.00	0.00	10,782.24	4,197.76	72%
28	Tuition Reimbursement	2,000.00	0.00	0.00	2,000.00	0%
29	Laboratory	2,800.00	254.81	3,116.35	-316.35	111%
30	Behavioral Risk Factor Survey	21,000.00	0.00	0.00	21,000.00	0%
31	Misc Other Expense	3,400.00	0.00	0.00	3,400.00	0%
32	Computer Support	75,500.00	35,355.20	46,601.10	28,898.90	62%
33	Service Charges/Credit Card Fees	5,000.00	479.63	4,374.16	625.84	87%
34	Equipment	0.00	0.00	0.00	0.00	0%
35	BOH Approved Loan Payoff	0.00	0.00	153,378.90	-153,378.90	0%
	TOTAL EXPENSES	6,199,516.00	510,661.16	4,639,091.80	1,560,424.20	75%
	W/O SPACE & VFC	5,548,946.00	479,141.37	4,292,437.89	1,256,508.11	77%
	Revenue Over Expenditures (Deficit)	0.00	46,157.23	-93,323.88	93,323.88	0%
	Revenue Over Expenditures (Deficit) without BOH approved capital expense	0.00	46,157.23	60,055.02	37,870.64	0%

MMDHD BALANCE SHEET AS OF	6/30/2017
CURRENT ASSETS	
CASH TO TREASURER	$2,452,860.28
CASH ON DEPOSIT/IMPREST CASH	2,790.00
ACCOUNTS RECEIVABLE	58,175.93
DUE FROM GOVERNMENTAL AGENCIES	627,186.51
INVENTORY - VFC IMMS	52,405.72
PREPAIDS	11,798.00
TOTAL ASSETS	3,205,216.44
LIABILITIES AND FUND BALANCE	
ACCOUNTS PAYABLE	($78,528.81)
PAYROLL PAYABLES	$231,803.64
OTHER ACCRUED PAYABLES	$0.00
TRUST FUNDS	$18,063.17
DEFERRED REVENUE BILLING	$29,513.81
DEFERRED REVENUE MCDC	$217,629.31
DEFERRED REVENUE MCDC	$141,000.00
DEFERRED REVENUE-VFC IMMS	$52,405.72
DEFERRED REVENUE - DENTAL CENTER EXPANSION	$25,297.69
FUND BALANCE PRIOR YEAR	($193,058.73)
FUND BALANCE	$368,140.73
RESTRICTED FUND BALANCE - DENTAL OUTREACH	$215,647.84
FUND BALANCE EQUIPMENT	$679,752.67
FUND BALANCE FACILITY DEV	$124,580.00
FUND BALANCE SELF INS BONDS	$13,949.72
FUND BALANCE-FUTURE RETIREMENT	$608,829.80

FUND BALANCE-COMPENSATED LEAVES	$488,257.76
FUND BALANCE-UNEMPLOYMENT	$55,000.00
FUND BALANCE-TRAINING	$35,000.00
FUND BALANCE/BRFS	$11,522.00
FUND BALANCE-HEALTH INSURANCE	$160,000.00
FUND BALANCE-POTENTIAL CLAIMS	$93,734.00
BALANCE SHEET NET INCOME	($93,323.88)
TOTAL LIABILITIES	3,205,216.44
TOTAL NET INCOME	0.00

REC'D JUL 12 2017

MICHIGAN MUNICIPAL
RISK MANAGEMENT
AUTHORITY

June 22, 2017

Melissa Bowerman, Director of Administrative Services
Mid-Michigan District Health Department
615 North State Road, STE 2
Stanton, MI 48888-9702

Dear Ms. Bowerman:

Thank you for your recent renewal with the Michigan Municipal Risk Management Authority. On behalf of the MMRMA Board of Directors, I am very pleased to provide the Mid-Michigan District Health Department with the enclosed check for $15,782. This represents your share of the distribution of excess net assets to Members, which was declared by the Board in February 2017.

This distribution is based on the most recent analysis of net asset adequacy at June 30, 2016. Each year, the Board determines whether to declare a net asset distribution. This year, the Board of Directors declared a net asset distribution to eligible Members of $23.7 million. MMRMA's ability to declare this distribution is a direct reflection of consistently strong performance results. Many factors contribute to these results, including better than expected loss trends, good risk management practices, responsiveness to risk control recommendations, and solid investment income. Since a new analysis is performed each year, there is no guarantee of future distributions.

However, the essential and most important factor allowing MMRMA to distribute excess net assets is the long-term commitment of its Members. A majority of MMRMA Members enjoy over 20 years of continuous membership, and several have more than 25 continuous years with the organization. The method used to calculate the distribution of excess net assets recognizes and rewards those municipalities with sustained longevity. In addition to the years of continuous membership, the calculation method considers General Fund contributions and claim loss history in excess of your self-insured retention (SIR) layer over the past five years. The ultimate recognition of the success of our organization goes to you -- the MMRMA Members. Without your ongoing participation, such distributions would not be possible. The Board and I sincerely thank you for your loyal support of the MMRMA.

Warmest regards,

Michael L. Rhyner
Executive Director

Enclosure

14001 Merriman Road • Livonia, MI 48154 • 734.513.0300 • 800.243.1324 • FAX 734.513.0318 • www.mmrma.org

RISK

MICHIGAN MUNICIPAL
RISK MANAGEMENT
AUTHORITY

REC'D JUL 12 2017

June 22, 2017

Melissa Bowerman, Director of Administrative Services
Mid-Michigan District Health Department
615 North State Road, STE 2
Stanton, MI 48888-9702

Dear Ms. Bowerman:

Thank you for your recent renewal with the Michigan Municipal Risk Management Authority. On behalf of the MMRMA Board of Directors, I am pleased to provide the Mid-Michigan District Health Department with the enclosed check in the amount of $5,733. This represents your share of the distribution of excess net assets from the State Pool Loss Fund to current renewing State Pool Members.

This distribution is based on the most recent analysis by our actuary of net asset adequacy of the State Pool Loss Fund at June 30, 2016. Each year, the Board determines whether to declare a distribution of excess net assets from the State Pool Loss Fund. Based on a recommendation from the State Pool Committee, the Board of Directors declared a distribution of $1 million in excess net assets from the State Pool Loss Fund at its February 2017 meeting. Many factors contribute to these results, including better than expected loss trends, good risk management practices, responsiveness to risk control recommendations, and solid investment income. Since a new analysis is performed each year, there is no guarantee of future distributions.

However, the essential and most important factor allowing MMRMA to distribute excess net assets is the long-term commitment of its State Pool Members. The method used to calculate the distribution of excess net assets recognizes and rewards those municipalities with sustained longevity. The calculation also considers a State Pool Member's loss history within the State Pool's retained risk layer and their Retention Fund contributions to the State Pool Loss Fund over the past five years. Without your ongoing participation, such distributions would not be possible. The Board and I sincerely thank you for your loyal support of the MMRMA.

Warmest regards,

Michael L. Rhyner
Executive Director

Enclosure

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Board of Health Action Sheet

Date:	July 21, 2017	Administrator:	Melissa Bowerman, Director of Administrative Services
Subject:	Consideration to Reimburse Employee Gym Memberships	☐ **Information Only**	☒ **Action Needed**

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2444

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

In October 2016, the Health Enhancement Committee (HEC) of the Mid-Michigan District Health Department (MMDHD) asked all employees to complete a wellness interest survey to determine what types of wellness activities employees would be interested in. After the conclusion of this survey, HEC members decided to reach out and specifically ask all employees how interested they would be in purchasing a gym membership (and utilizing it) if partial reimbursement could be offered; as this was one wellness initiative employees mentioned in the original survey. Approximately 30 employees responded stating they would purchase or continue with their memberships if partial reimbursement was an option. For more information and research regarding sedentary behavior and its effects on employee health, please see the attached document.

HEC cohesively designed a gym membership program that would provide the employees with a reasonable benefit and ensure they had a financial obligation to these memberships without putting too much strain on the agency.

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.)

The objective of this benefit is to aid in reducing health care costs borne by the agency due to the health of MMDHD employees. This impact may not be witnessed right away as it takes time to reverse chronic health conditions. Additionally, the reimbursement of memberships may increase staff moral as it would be considered an additional voluntary benefit to the employee.

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

The HEC committee has proposed a reimbursement of one-half of the employees' cost up to $100 annually for a single gym membership. Employees would be able to purchase family memberships; but they would only be reimbursed for the single membership. Due to the results of the survey, approximately 30 employees responded saying they would be interested. With the conditions of the proposal and program, it is estimated that approximately 20-25 employees would actually request and qualify for reimbursement. Using this estimate, if all participating employees were eligible for the maximum reimbursement of a gym membership at $100, the cost to the agency would be approximately $2,000-$2,500. It should be noted that some reimbursements will be less as not every employee will spend more than $200 on memberships. Again, the amount is just an estimate at this point; however, HEC feels fairly confident in the amount based on the survey results. After the first year, the agency could re-evaluate the feasibility of the program based on the number of requests made.

Reimbursement would happen one time a year in November to reduce strain placed on finance staff; and it would be considered taxable income to the employee.

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

Alternative options were considered such as bringing exercise equipment into each branch office; but that was determined to be a costly burden and increased the liability to the agency. Lower reimbursement rates were considered, but it was determined that the employees would not see it as a benefit and opt not to participate, thus reducing the chances of lowing health care costs. Finally, bulk membership prices were discussed; but the locations of the gyms would reduce the number of individuals that would participate as employees travel from various parts of Michigan to work at MMDHD.

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.)

We recommend that the BOH authorize the reimbursement of gym memberships to employees of MMDHD at one-half of the employees' cost up to $100 annually. This is approximately $2,000-$2,500 depending on the costs of the memberships, and the number of staff members that qualify to participate in the benefit that will be paid from the normal operating budget or the reserved insurance fund.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

Employees will submit reimbursement paperwork every November. It will be the employee's responsibility to track the gym membership purchase and turn into finance personnel for reimbursement. As previously stated, after the first year, the agency will re-evaluate the feasibility of the program based on participation and cost. The BOH will be kept informed of the fiscal impact on MMDHD.

How do sedentary lifestyles affect our health?

A sedentary lifestyle is considered any behavior in which an individual has an energy expenditure less than or equal to 1.5 metabolic equivalents, while sitting, reclining, or in a lying posture[1]. Some common sedentary behaviors that individuals partake in on a daily basis include but are not limited to the following: TV viewing, video game playing, computer use, driving, reading, sitting, or sleeping[1]. The problem with these sedentary behaviors is it is detrimental to the health of our employees and can increase costs associated with healthcare expenditures.

Compared to older generations, we are spending increasing amounts of time in environments that limit physical activity and require prolonged sitting – at home, at work, in the car, in our communities[2]. In 1972, 2 in 10 Americans were in jobs that required light physical activity (desk job)[2]. In 2000, 4 in 10 were in light activity jobs[2]. By 2003, nearly 6 in 10 working adults use a computer for their job and 9 in 10 children use computers at school[2]; increasing screen time resulting in increased sedentary behavior. Based on a research study conducted by Owen, Sparling, Healy, Dunstan, and Matthews (2010), 1 in 4 white US adults spend 70% of their waking hours sitting, 30% doing light activities, and practically zero time in exercise[2].

There are many health risks associated with a lack of physical activity. Including but not limited to the following:

- Greater risk of developing high blood pressure
- Increased risk of developing type 2 diabetes
- More likely to develop coronary heart disease
- Increased feelings of anxiety and depression
- Increased risk of certain cancers
- Excess body fat around the waist
- Abnormal cholesterol levels
- Increased risk of obesity

Across the nation these health issues are continually on the rise and Michigan is no exception. The following picture depicts the prevalence of self-reported obesity among U.S. adults by state and territory, BRFSS, 2015[3]:

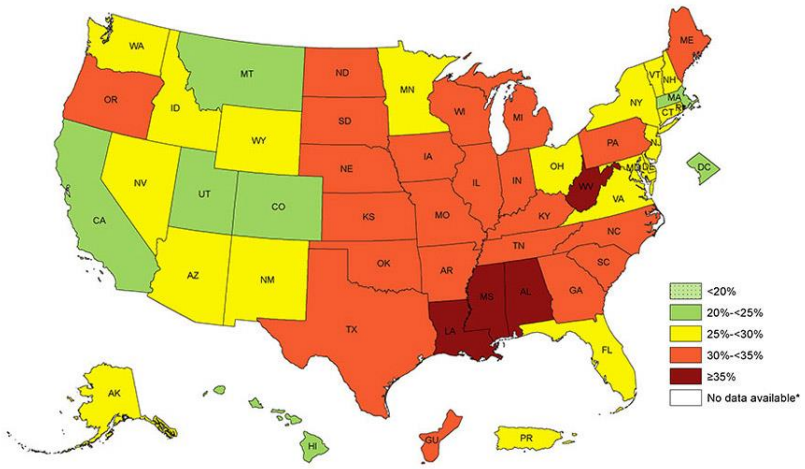
---

[1] Tremblay MS, Aubert S, Barnes JD, Saunders TJ, Carson V, Latimer-Cheung AE, Chastin SFM, Altenburg TM, Chinapaw MJM, SBRN Terminology Consensus Project Participants. Sedentary Behavior Research Network (SBRN) – Terminology Consensus Project process and outcome. Int J Behav Nutr Phys Act. 2017 June 10;14(1):75.

[2] Owen, N., Sparling, P. B., Healy, G. N., Dunstan, D. W., & Matthews, C. E. (2010). Sedentary Behavior: Emergning Evidence for a New Health Risk. *Mayo Clinic Precedings*, 1138-1141.

[3] *Adult Obesity Prevalence Maps*. (2017, April 10). Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/obesity/data/prevalence-maps.html

In Michigan, approximately 30-35% of the population is considered obese. Sedentary lifestyles and the resulting health effects (i.e. obesity) can be very costly to employers. Studies have consistently shown that obese persons have higher health care expenditures than persons considered being of normal weight[4].



A study conducted by Carlson, Fulton, Pratt, Yang, and Adams (2015), found that the considerable financial burden associated with low levels of physical activity could be reduced by increasing adults' physical activity[4]. Additionally, enrollees in Minnesota health plan age 40 or older, each additional "active" day per week is associated with a 4.7% decrease in healthcare cost; 5 days of activity would equal about 23.5% cost reduction[4].

Due to the sedentary environment experienced by many MMDHD employees, the Health Enhancement Committee tasked itself to find a way to make MMDHD staff healthier. A recent poll of MMDHD employees (approximately 30 employees responded) stated that they would be interested in maintaining or acquiring a gym membership or fitness class if it would be partially reimbursed by the agency. The goal of partial reimbursement would to make the employees healthier thus potentially reducing healthcare costs borne by the agency.

The proposal includes:

1. MMDHD reimburse half up to $100 for a membership
2. Employees can choose their own gym
3. Reimbursement would happen one time per year and it will be the employees responsibility to track and provide proof of purchase to finance (even monthly purchases)
4. Family memberships are allowed but the employee will only be reimbursed for the cost of a single membership.

Partial reimbursement would require the employee to have a sizeable investment which would deter employees from purchasing gym memberships and not using them.

---

[4] Carlson, S. A., Fulton, J. E., Pratt, M., Yang, Z., & and Adams, E. K. (2015). Inadequate Physical Activity and Health Care Expenditures in the United States. *Progress in Cardiovascular Diseases*, 315-323.

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Board of Health Action Sheet

Date: July 21, 2017	Administrator: Melissa Bowerman Director of Administrative Services
Subject: Bank Signatures on Agency Accounts	☐ **Information Only** ☒ **Action Needed**

I. Authority For This Action:

☒ Local Policy
☐ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

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

The Mid-Michigan District Health Department (MMDHD) currently has three authorized signatories on their bank accounts including Marcus Cheatham, Melissa Bowerman and Bob Gouin. In the past couple of years, it has become increasingly difficult to coordinate getting signatures in a timely manner as schedules have pulled each of the current authorized signers out of the office more frequently than in the past. Therefore, MMDHD would like to add Andrea Tabor as an authorized signer to give more redundancy to aide in getting checks signed on a weekly basis.

III. Strategic Objective, Health Issue, or other Need Addressed: None
(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.)

IV. Fiscal Impact and Cost: None
(Immediate, ongoing, and future impact.)

V. Alternatives Considered: None
(Scope of options reviewed. Reasons for rejecting alternatives.)

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 am requesting that the Board of Health approve the following staff be authorized on all Mid-Michigan District Health Department bank accounts – Chemical Bank Montcalm Branch Office/Main Office in

Stanton, First Bank for the Clinton Branch Office in St. Johns, and Commercial Bank for the Gratiot Branch Office in Ithaca:

- Marcus Cheatham, Health Officer
- Melissa Bowerman, Director of Administrative Services
- Bob Gouin, Environmental Health Director
- Andrea Tabor, Director of Community Health and Education

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

No future report to the BOH is needed unless requested.

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Board of Health Action Sheet

Date: July 21, 2017	Administrator: Melissa Bowerman Director of Administrative Services
Subject: Non-Union Wages	☐ **Information Only** ☒ **Action Needed**

I. Authority For This Action:

☒ Local Policy
☐ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2417

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

As was mentioned during the budget discussion and also discussion regarding negotiated wages for the unions, MMDHD is recommending a 2% cost of living increase for the non-union employees. This amount is in line with the unions. The non-union employees did not desire to make any other changes to their current benefit structure.

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.)

The health department strives to retain a competent workforce. There have been years that there have been minimal or no increases for staff. In addition, as the wage increases for the unions have already been negotiated and approved, the non-union employees are asking for the same amount as received by the Teamsters union.

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

The cost-of-living increase is part of the normal operating costs within the budget.

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

The alternatives would be to give less of an increase or no increase for the non-union employees. This is not recommended in order to keep these wages in line with the union employees.

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.)

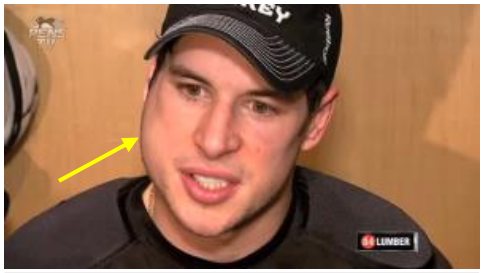
I recommend that the BOH approve the non-union cost-of-living wage increase as requested.

VII. Monitoring and Reporting Time Line: N/A
(Evaluation method and timeline. Next report to the Board.)

Mumps

Mumps is caused by a virus spread person-to-person through droplets of saliva or mucus, much like influenza[1]. Before vaccine began in 1967, nearly every child had a case of mumps. It was a frequent cause of outbreaks in the military; in fact, only influenza and gonorrhea were a more common cause of hospitalization among soldiers during World War I[1]. Mumps was also one of the most common causes of aseptic (viral) meningitis and sensorineural deafness (deafness caused by nerve damage) in childhood[1]. Since the vaccination program started in the United States, there has been over a 99% reduction in mumps cases[2].

Symptoms of mumps include generally feeling unwell with headache, loss of appetite, and low-grade fever[1]. Parotitis, or swollen salivary glands, is the most common symptom, but only occurs in 31% to 65% of sick individuals[1]. It can take anywhere from 12 to 25 days for illness to appear after being exposed to someone who is carrying the mumps virus; but most commonly, it develops within 16 to 18 days. Unfortunately, infected individuals become contagious several days before their symptoms appear, which may cause them to unknowingly spread mumps to others.



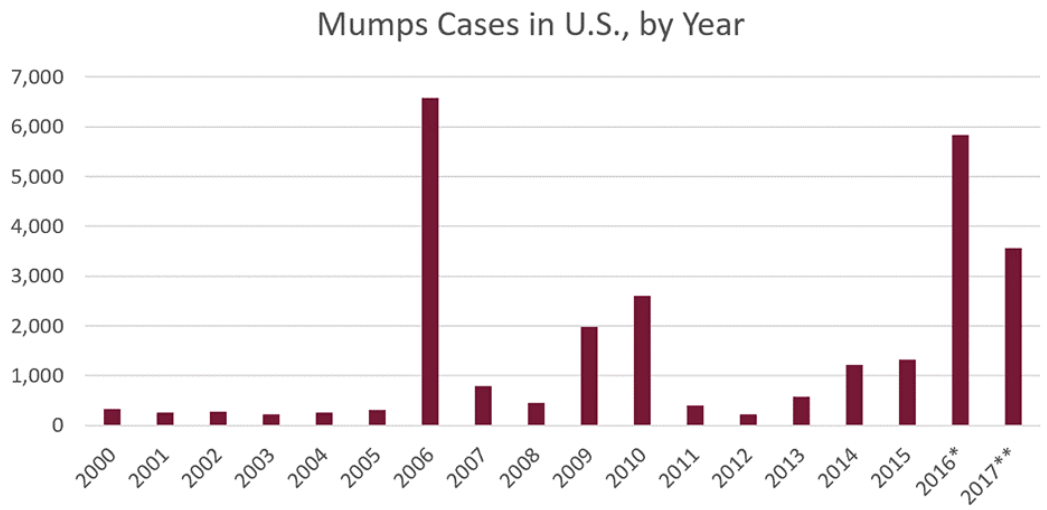
Parotitis in Sidney Crosby, player for NHL Penguins team and 2014 U.S. Winter Olympics Hockey Team. One of numerous NHL players to contract mumps during the 2014-2015 season.

Complications from mumps can occur. Orchitis, or testicular inflammation, occurred in 12% to 66% of infected men that had gone through puberty during the pre-vaccine years[1]. Since vaccination, it is observed in 3% to 10% of post-puberty men[1]. Prior to the vaccination era, mumps was the cause of 10% of aseptic meningitis and 36% of encephalitis[1]. Also prior to vaccination availability, 3.5% of mumps cases were complicated by pancreatitis, 4.1% lead to temporary deafness and 1 out of 20,000 cases suffered from permanent deafness in one ear[1]. Unfortunately, 2 in 10,000 individuals died as a result of mumps[1]. Since vaccination has been available, rates of meningitis, encephalitis, pancreatitis, and deafness have been less than 1%[1].

The mumps vaccine is given as part of the Measles, Mumps, and Rubella (MMR) vaccination. The first dose is given at 12 months of age, and a second is given at age 4 through 6 years[1]. Two doses are 88% effective at protecting against mumps (range: 66% to 95%)[3]. However, outbreaks can still occur in crowded environments, such as schools, colleges, sports teams, and camps, where it is easy to come in contact with saliva from others, either by inhaling droplets, or sharing personal items[1]. In fact, there were several outbreaks on university campuses in 2016 and the number of mumps cases in the U.S. in 2016 outnumbered all cases in the prior five years combined[3]. For more details on some of the larger

[1] Centers for Disease Control and Prevention (CDC). (2015, July 30). Epidemiology and Prevention of Vaccine-Preventable Diseases: Mumps. Retrieved July 17, 2017, from https://www.cdc.gov/vaccines/pubs/pinkbook/mumps.html
[2] Centers for Disease Control and Prevention (CDC). (2016, November 22). Vaccines and Preventable Diseases. Retrieved July 17, 2017, from https://www.cdc.gov/vaccines/vpd/mumps/index.html
[3] Centers for Disease Control and Prevention (CDC). (2017, June 27). Mumps. Retrieved July 17, 2017, from https://www.cdc.gov/mumps/outbreaks.html

and more interesting outbreaks that have occurred over the past 10 years, see https://www.cdc.gov/mumps/outbreaks.html .



* Case count is preliminary and subject to change.
**Cases as of June 17, 2017. Case count is preliminary and subject to change.
Source: Morbidity and Mortality Weekly Report (MMWR), Notifiable Diseases and Mortality Tables

The number of cases in Michigan has been variable. However, the number of cases this year already exceeds the total number reported for all of 2016:

YEAR					
	2013	**2014**	**2015**	**2016**	**2017**
Number of Mumps Cases	16	39	20	36	as of 7/8/17: 37 (9 in Kent Co)

Cases in local districts:

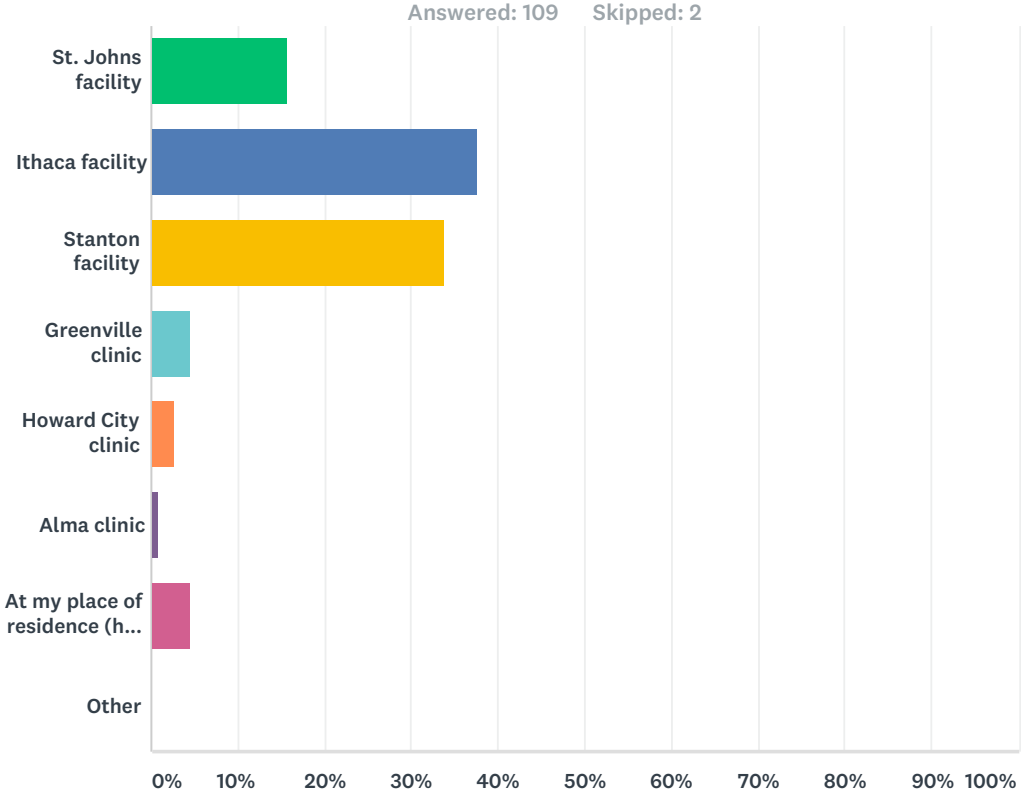
YEAR										
	2008	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**
MMDHD	2	0	0	1	0	0	0	0	1	1
DHD#10	1	0	0	0	0	0	0	0	0	0
CMDHD	0	0	0	0	0	0	0	0	0	0

Board of Health Healthy Living Recommendations:

1. Be sure you and your loved ones have received two doses of MMR.
2. Do not share drinks, eating utensils, or other items that have touched the mouth, particularly if attending camps, school, or in sports.
3. Practice good infection prevention, like covering coughs and sneezes and washing hands often with soap and water.
4. Seek medical care if you develop signs or symptoms of the mumps.

Q1 Please select the location you received service during your most recent visit.

Answered: 109 Skipped: 2

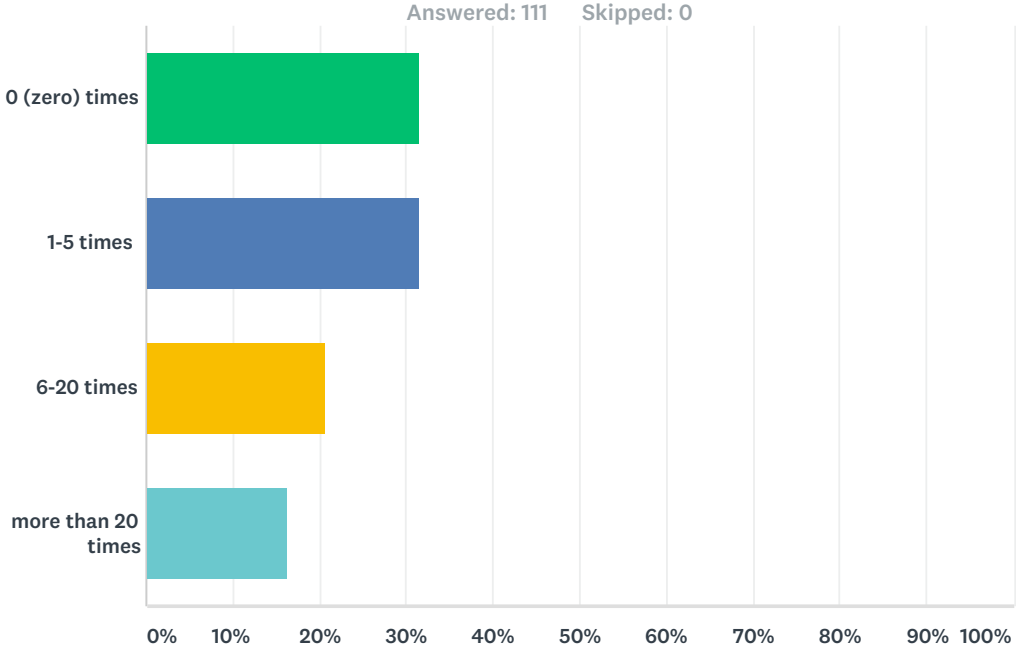


Answer Choices	Responses	
St. Johns facility	15.60%	17
Ithaca facility	37.61%	41
Stanton facility	33.94%	37
Greenville clinic	4.59%	5
Howard City clinic	2.75%	3
Alma clinic	0.92%	1
At my place of residence (home visit)	4.59%	5
Other	0.00%	0
Total		109

#	If you selected "other", please describe	Date
	There are no responses.	

Q2 How many times have you previously used our services?

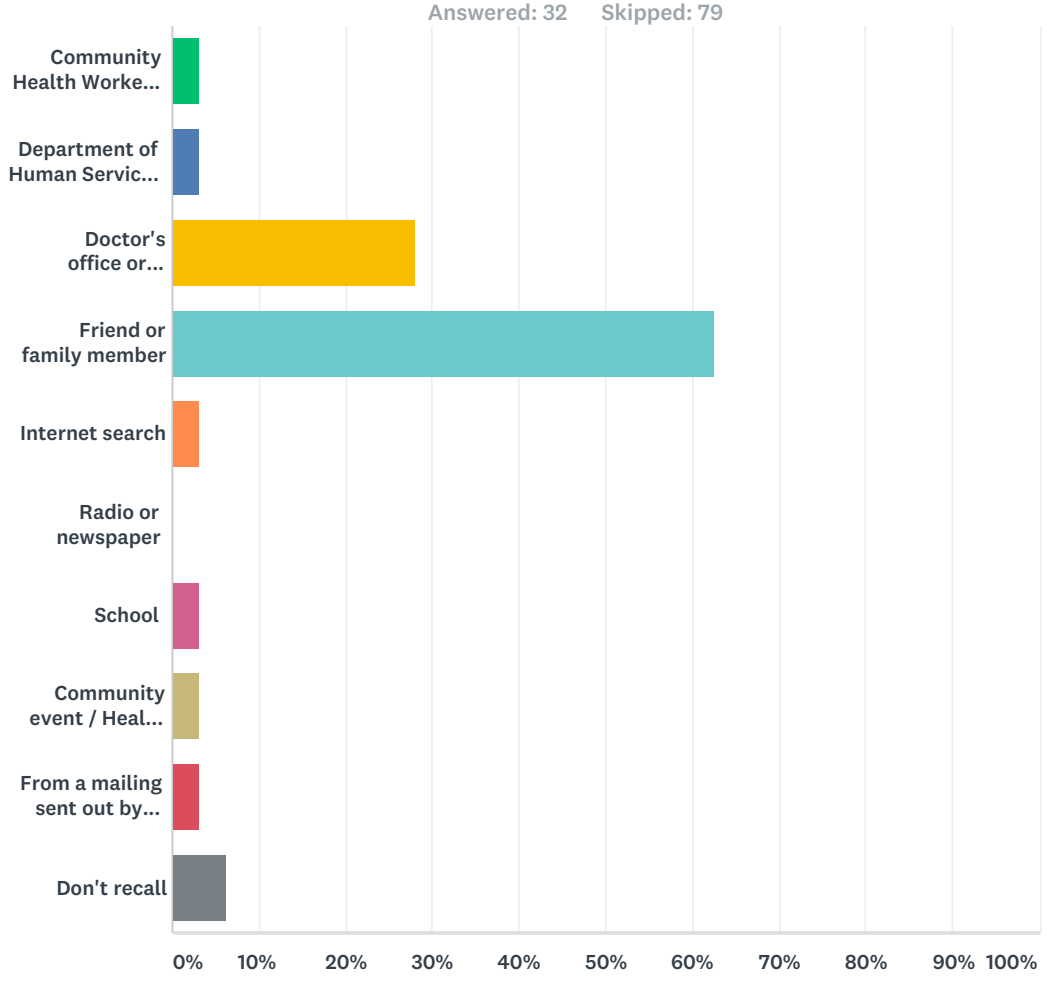
Answered: 111 Skipped: 0



Answer Choices	Responses	
0 (zero) times	**31.53%**	35
1-5 times	**31.53%**	35
6-20 times	**20.72%**	23
more than 20 times	**16.22%**	18
Total		**111**

Q3 How did you hear or learn about our services? (select all that apply)

Answered: 32 Skipped: 79



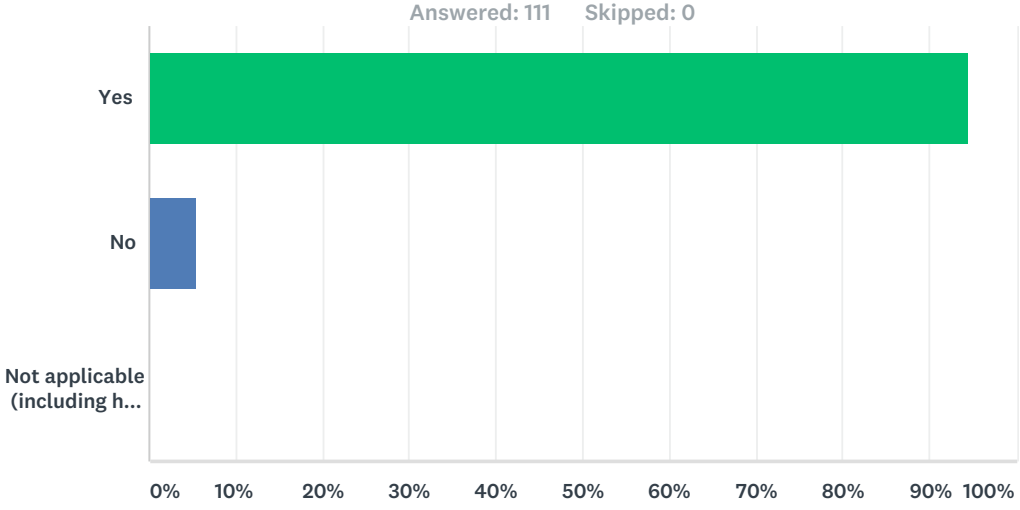
Answer Choices	Responses	
Community Health Worker (CHW)	3.13%	1
Department of Human Services (DHS)	3.13%	1
Doctor's office or medical clinic	28.13%	9
Friend or family member	62.50%	20
Internet search	3.13%	1
Radio or newspaper	0.00%	0
School	3.13%	1
Community event / Health fair	3.13%	1
From a mailing sent out by health department	3.13%	1
Don't recall	6.25%	2
Total Respondents: 32		

#	Other (please specify)	Date

1	Meijer pharmacy	6/29/2017 4:17 PM
2	Alpha center greenville	6/14/2017 10:51 AM
3	My insurance referred me	6/13/2017 3:41 PM
4	Social worker	5/23/2017 2:39 PM

Q4 Did you have a scheduled appointment for your most recent visit?

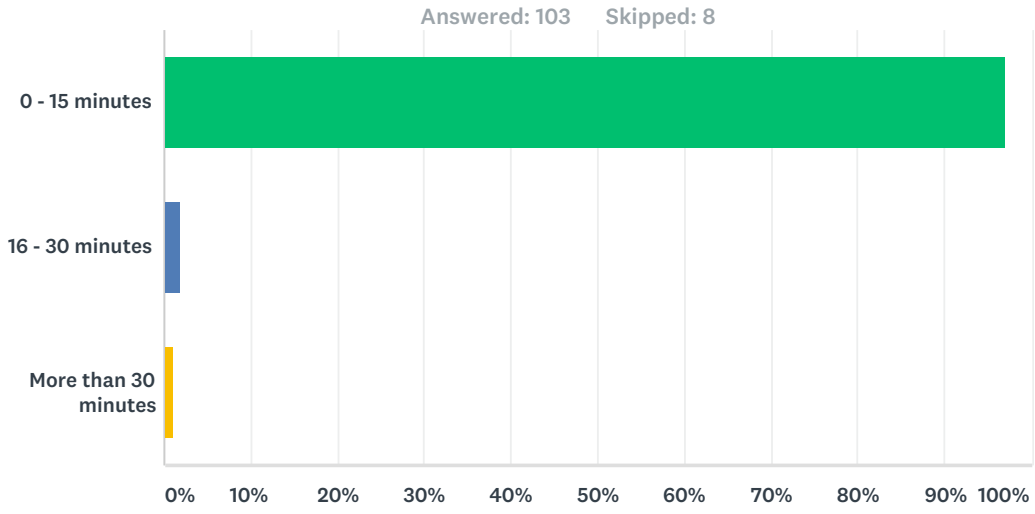
Answered: 111 Skipped: 0



Answer Choices	Responses	
Yes	**94.59%**	105
No	**5.41%**	6
Not applicable (including home visits)	**0.00%**	0
Total		**111**

Q5 Approximately how long after checking in did you wait to be seen for your scheduled appointment?

Answered: 103 Skipped: 8

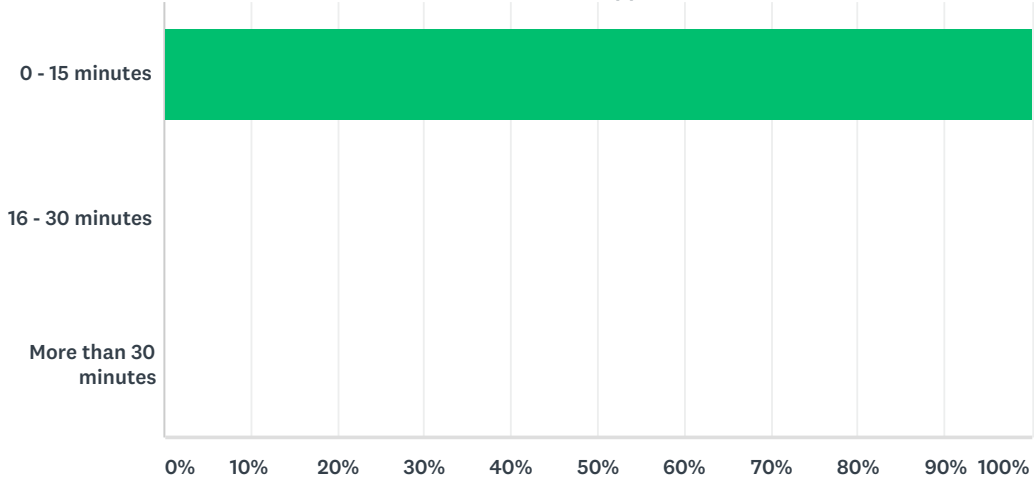


Answer Choices	Responses	
0 - 15 minutes	**97.09%**	100
16 - 30 minutes	**1.94%**	2
More than 30 minutes	**0.97%**	1
Total		103

#	Please comment if more than 30 minutes	Date
	There are no responses.	

Q6 Approximately how long after checking in did you wait to be seen for your walk-in appointment?

Answered: 6 Skipped: 105

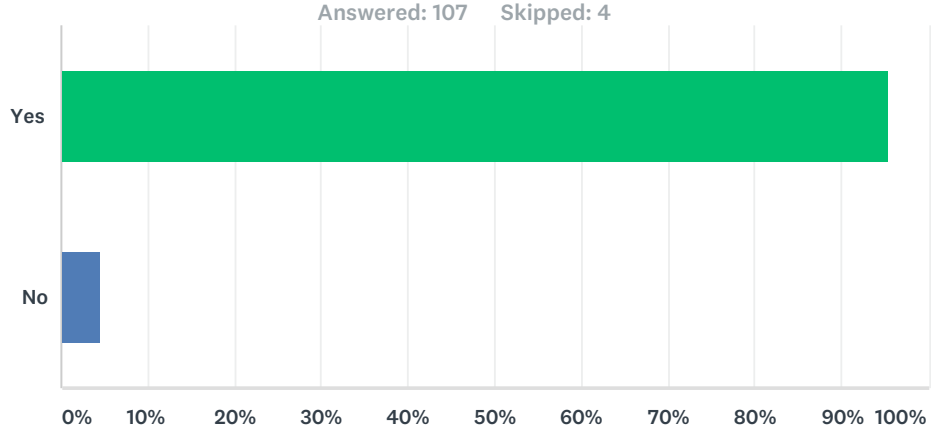


Answer Choices	Responses	
0 - 15 minutes	100.00%	6
16 - 30 minutes	0.00%	0
More than 30 minutes	0.00%	0
Total		6

#	Please comment if more than 30 minutes	Date
	There are no responses.	

Q7 Do you currently have health insurance? (include private insurance and government-sponsored programs like Medicaid, Healthy Michigan Plan, and Medicare)

Answered: 107 Skipped: 4

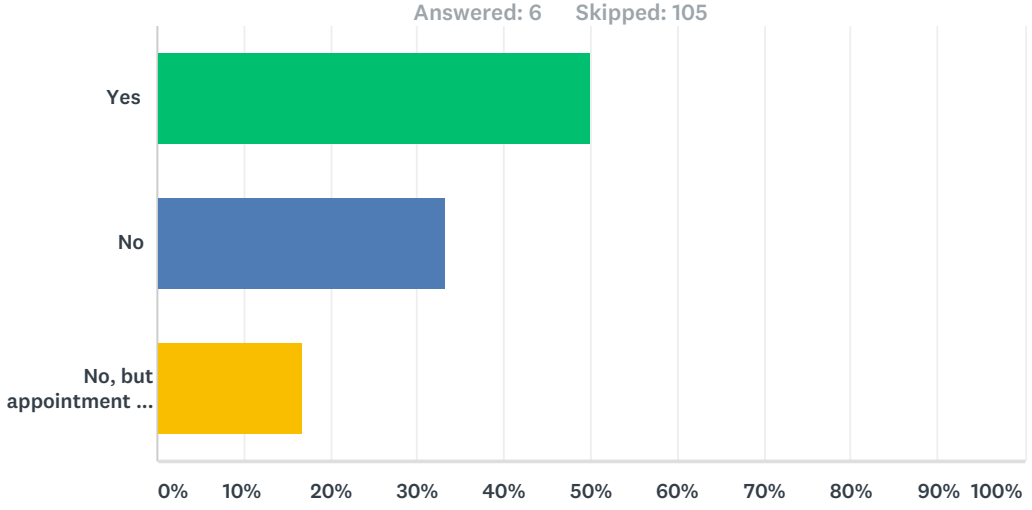


Answer Choices	Responses	
Yes	**95.33%**	102
No	**4.67%**	5
Total		**107**

#	Other (please specify)	Date
	There are no responses.	

Q8 Did staff help you with applying for health insurance or health care coverage, or was information provided on how to apply?

Answered: 6 Skipped: 105

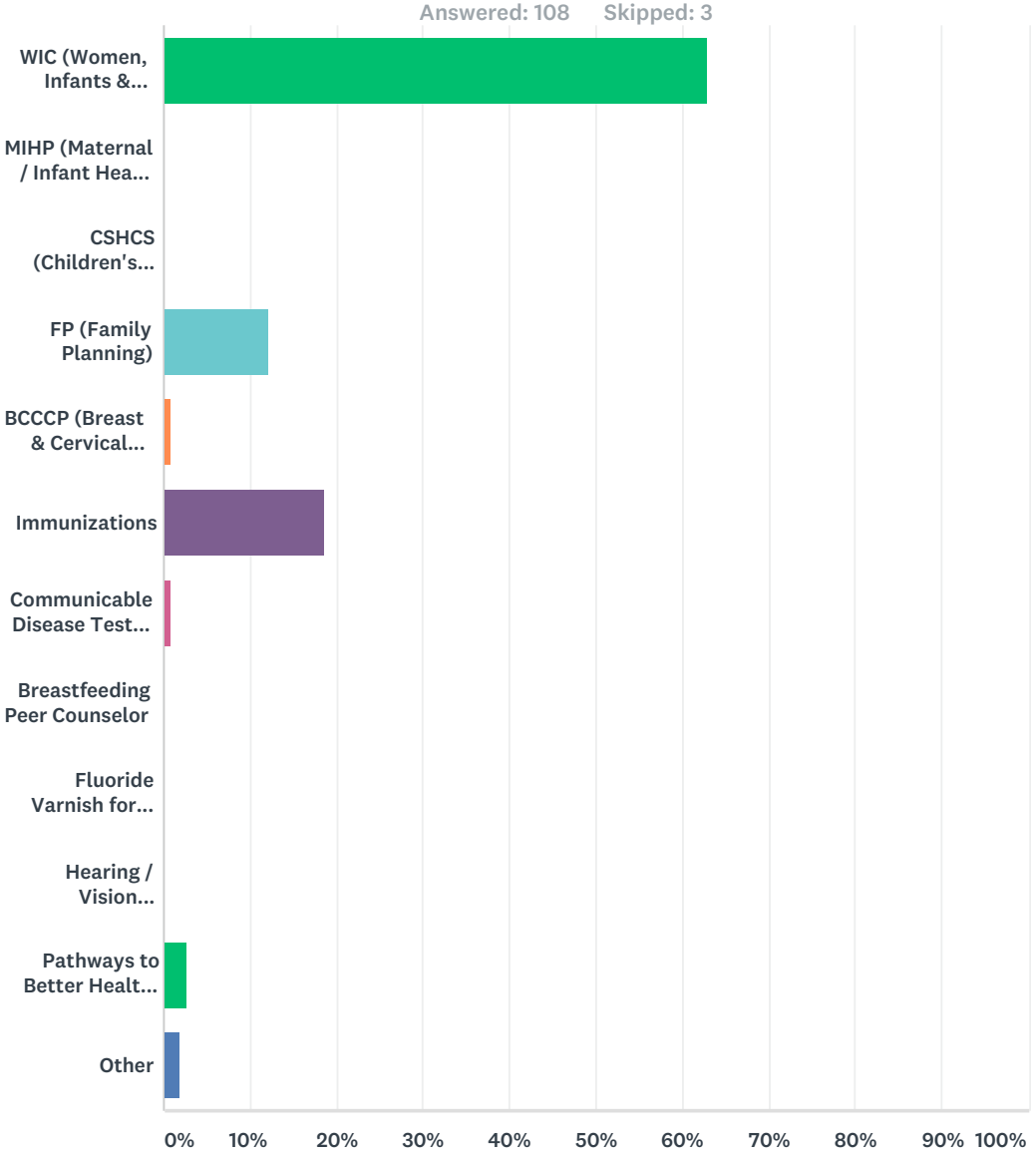


Answer Choices	Responses	
Yes	50.00%	3
No	33.33%	2
No, but appointment was scheduled to address it	16.67%	1
Total		6

#	Other (please specify)	Date
	There are no responses.	

Q9 Please select the health department service for which you are providing feedback in this survey (if you want to respond to more than one program, please complete separate surveys)

Answered: 108 Skipped: 3



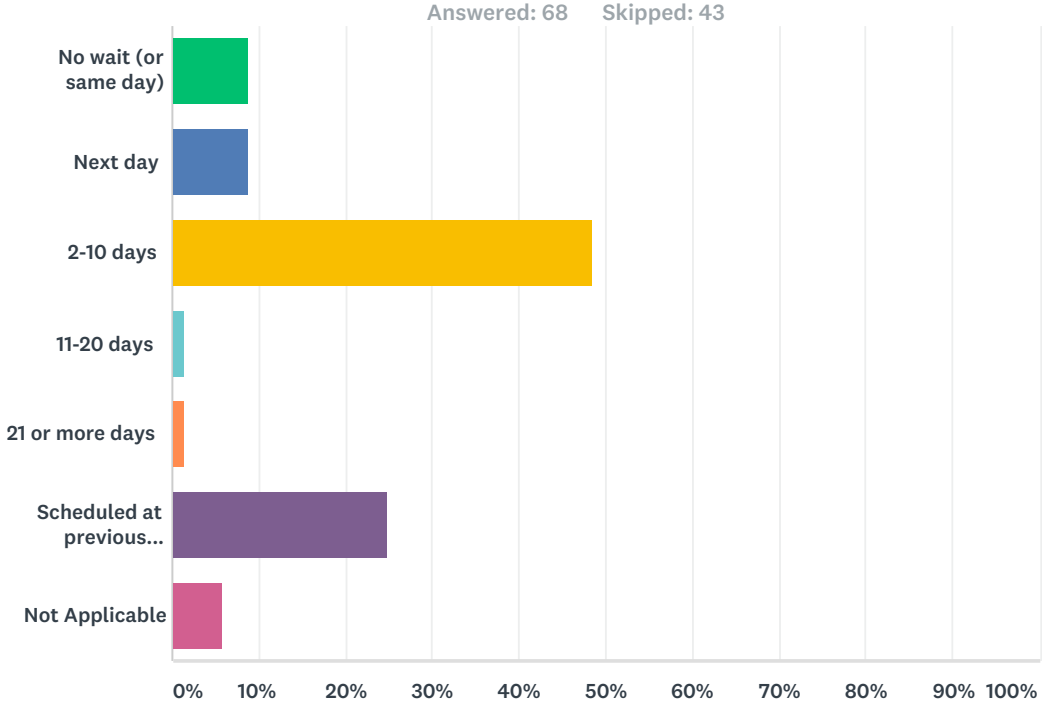
Answer Choices	Responses	
WIC (Women, Infants & Children)	62.96%	68
MIHP (Maternal / Infant Health Program)	0.00%	0
CSHCS (Children's Special Health Care Services)	0.00%	0
FP (Family Planning)	12.04%	13
BCCCP (Breast & Cervical Cancer Control Prog.)	0.93%	1
Immunizations	18.52%	20
Communicable Disease Testing (STD / HIV / TB)	0.93%	1
Breastfeeding Peer Counselor	0.00%	0

Fluoride Varnish for Children	0.00%	0
Hearing / Vision Screenings	0.00%	0
Pathways to Better Health (Community Health Worker)	2.78%	3
Other	1.85%	2
Total		108

#	If you selected "other", please describe the type of service you received	Date
1	Food assistance	4/18/2017 10:51 AM

Q10 [WIC] What was the length of time from when you requested your appointment to when you were seen?

Answered: 68 Skipped: 43

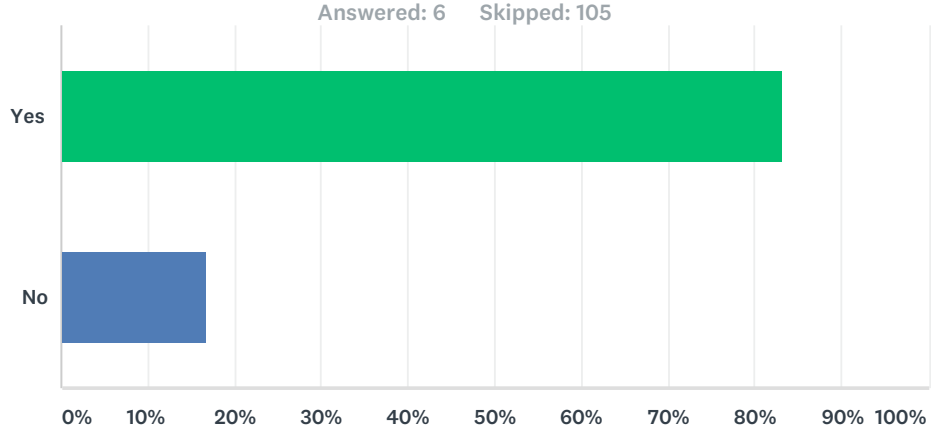


Answer Choices	Responses	
No wait (or same day)	8.82%	6
Next day	8.82%	6
2-10 days	48.53%	33
11-20 days	1.47%	1
21 or more days	1.47%	1
Scheduled at previous appointment	25.00%	17
Not Applicable	5.88%	4
Total		68

#	Other (please specify)	Date
	There are no responses.	

Q11 [WIC] Given your response to the previous question, did you have an opportunity to select an earlier appointment date and chose not to take it?

Answered: 6 Skipped: 105

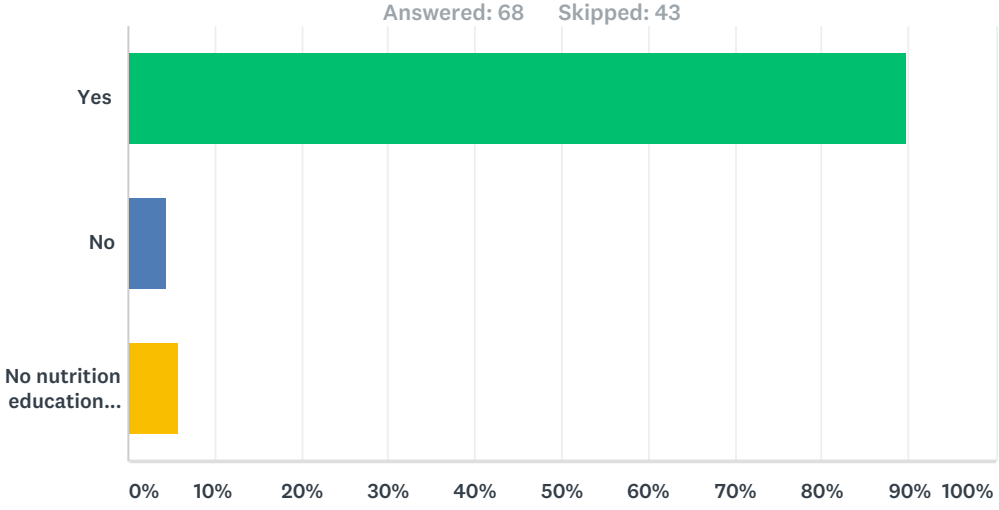


Answer Choices	Responses	
Yes	83.33%	5
No	16.67%	1
Total		6

#	Other (please specify)	Date
	There are no responses.	

Q12 [WIC] Did YOU have the opportunity to select one or more nutrition education topics during your WIC visit?

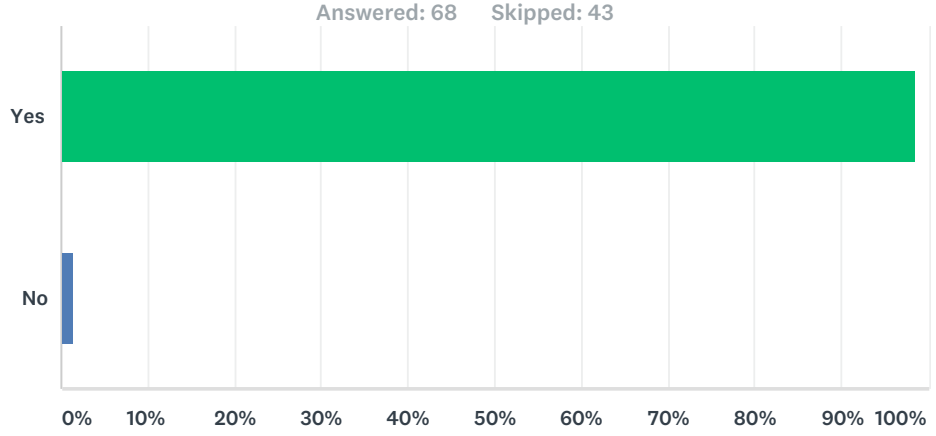
Answered: 68 Skipped: 43



Answer Choices	Responses	
Yes	**89.71%**	61
No	**4.41%**	3
No nutrition education provided	**5.88%**	4
Total		68

Q13 [WIC] Did you find the nutrition education helpful in meeting your needs?

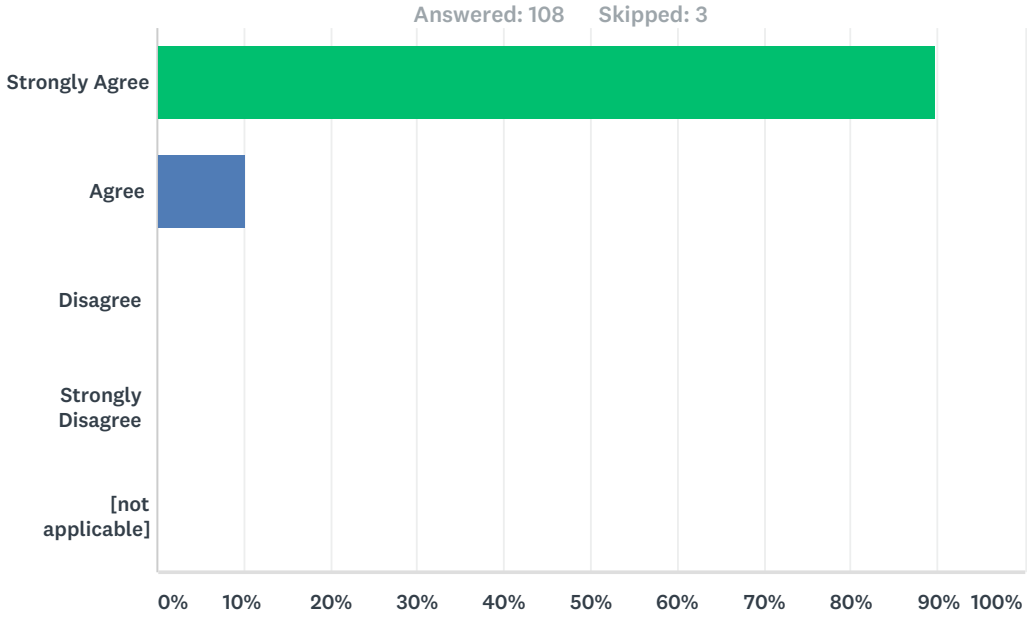
Answered: 68 Skipped: 43



Answer Choices	Responses	
Yes	**98.53%**	67
No	**1.47%**	1
Total		68

#	If you said 'no', please explain why	Date
	There are no responses.	

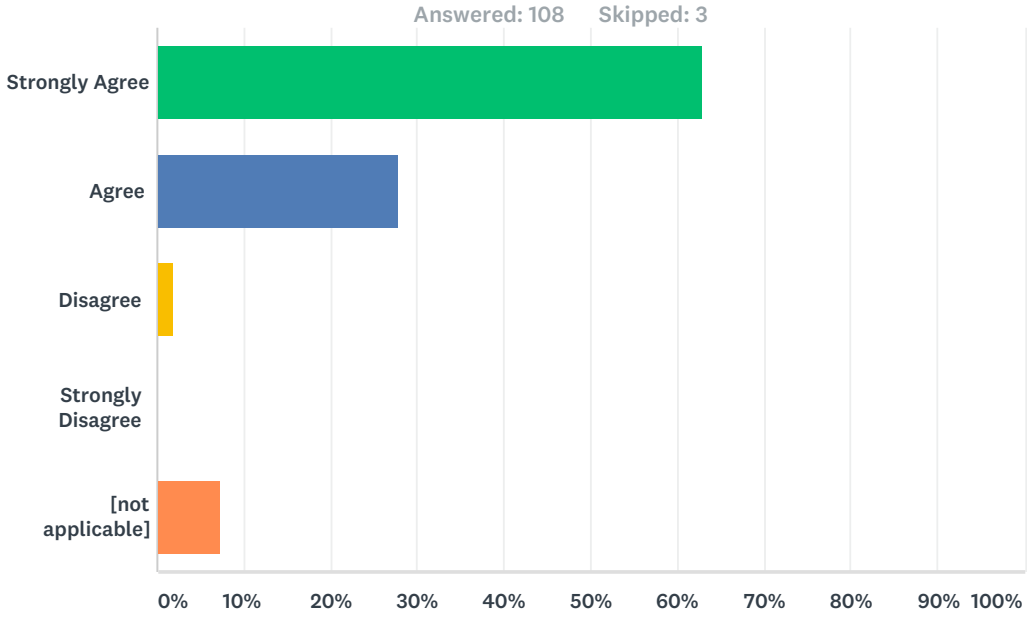
Q33 [GEN] The Staff could answer my questions and gave me useful information.



Answer Choices	Responses	
Strongly Agree	89.81%	97
Agree	10.19%	11
Disagree	0.00%	0
Strongly Disagree	0.00%	0
[not applicable]	0.00%	0
Total		108

#	Please provide additional comment if disagree	Date
1	Friendly & helpful staff	6/13/2017 3:43 PM

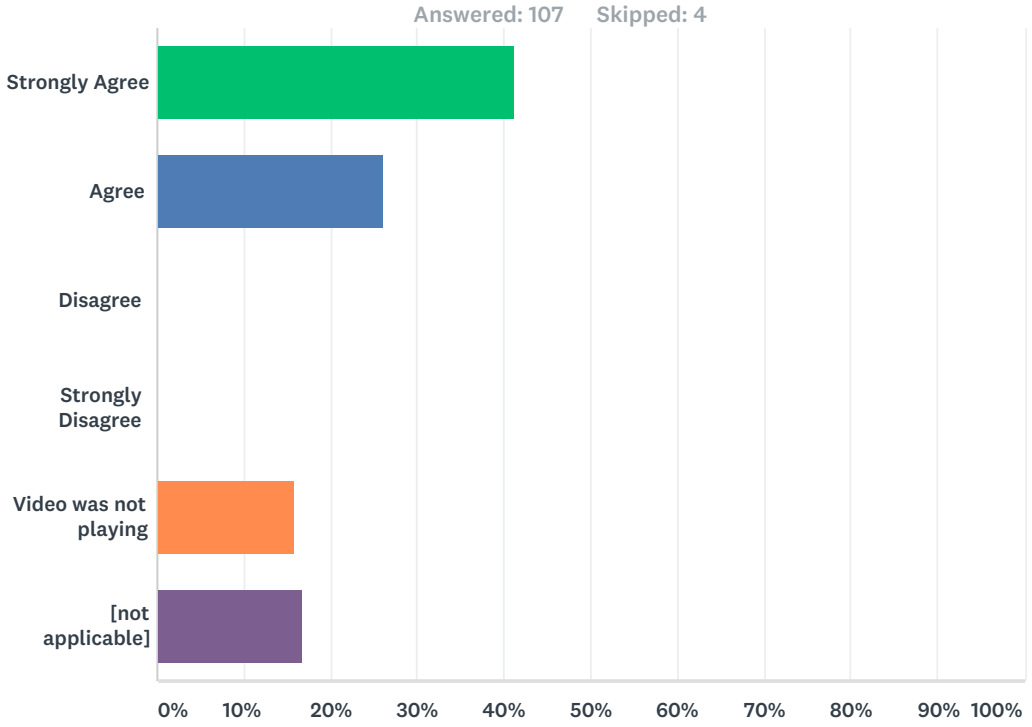
Q34 [GEN] The health department phone system is user-friendly.



Answer Choices	Responses	
Strongly Agree	62.96%	68
Agree	27.78%	30
Disagree	1.85%	2
Strongly Disagree	0.00%	0
[not applicable]	7.41%	8
Total		108

#	Please provide additional comment if disagree	Date
	There are no responses.	

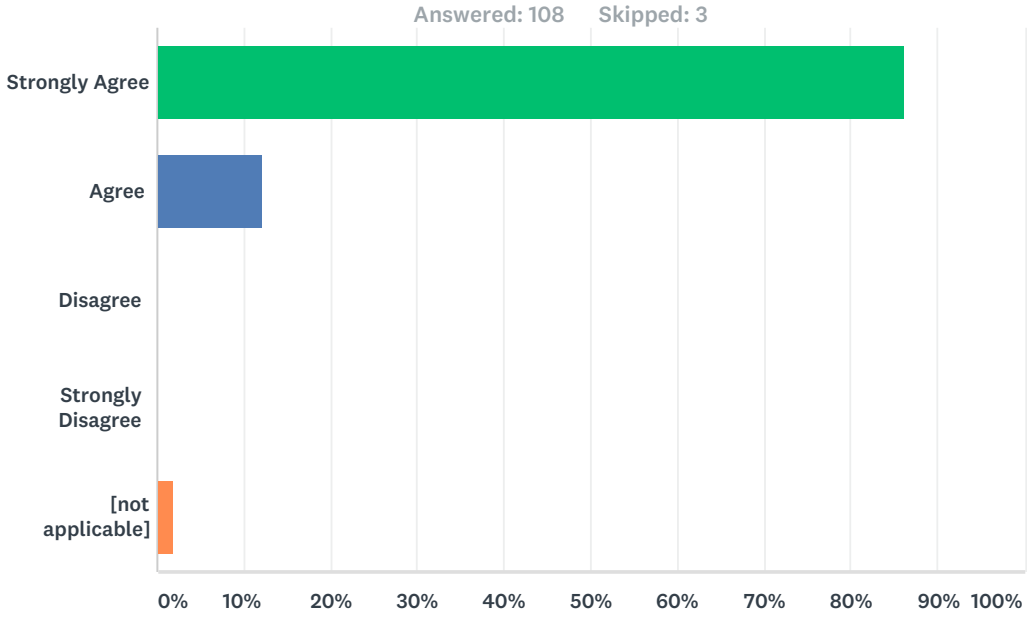
Q35 [GEN] Waiting room videos were educational and informed me of the health department services



Answer Choices	Responses	
Strongly Agree	41.12%	44
Agree	26.17%	28
Disagree	0.00%	0
Strongly Disagree	0.00%	0
Video was not playing	15.89%	17
[not applicable]	16.82%	18
Total		107

#	Please provide additional comment if disagree	Date
	There are no responses.	

Q36 [GEN] I am satisfied with the service I received today.



Answer Choices	Responses	
Strongly Agree	86.11%	93
Agree	12.04%	13
Disagree	0.00%	0
Strongly Disagree	0.00%	0
[not applicable]	1.85%	2
Total		108

#	Please provide additional comment if disagree	Date
1	Molly has been awesome at her job and helping make things understandable	4/18/2017 10:52 AM

Q37 [GEN] What can we do to make your visit a better experience? We use client feedback to improve our services and greatly value your input.

Answered: 26 Skipped: 85

#	Responses	Date
1	Staff was quick and friendly. Very happy with my visit. Thank you	6/29/2017 2:41 PM
2	I had a very welcoming experience. All questions answered	6/27/2017 2:37 PM
3	You don't need improvement, everything is well	6/21/2017 3:18 PM
4	Visit was great. No change needed	6/20/2017 10:13 AM
5	Everything is great. No complaints.	6/19/2017 11:40 AM
6	Very good visit. Thanks	6/14/2017 10:53 AM
7	Ask who insurance provider is when scheduling an appointment.	6/13/2017 11:19 AM
8	Nothing	6/9/2017 11:56 AM
9	None	6/6/2017 2:39 PM
10	Have a more private place to check in at	5/25/2017 3:49 PM
11	I love the staff they are always so nice and friendly just wishyou would stay in one lacation	5/25/2017 10:06 AM
12	I thought the visit was great.	5/23/2017 10:08 AM
13	Have a shorter wait time when there is no one but us in the waiting room	5/22/2017 8:38 AM
14	Office seemed a little dirty this visit	5/17/2017 3:26 PM
15	I was overall very satisfied with my visit	5/9/2017 3:04 PM
16	I think you guys do great, no complaints! Super friendly and fast!	5/3/2017 10:51 AM
17	Nothing.	4/25/2017 3:49 PM
18	It was great	4/25/2017 3:12 PM
19	Nothing i thought it was very good	4/25/2017 9:45 AM
20	Nothing things were great	4/19/2017 9:25 AM
21	My experience with the staff was amazing idk of anything they could change	4/19/2017 9:23 AM
22	Everything one was great and friendly and gave wonderful information	4/18/2017 10:22 AM
23	Nothing	4/13/2017 10:19 AM
24	Nothing this is a wonderful place	4/12/2017 9:35 AM
25	Everyone is friendly havent had a super bad experience	4/6/2017 3:53 PM
26	Nothing	4/3/2017 10:23 AM

Q38 [GEN] If you received outstanding service from one of our staff members, this is an opportunity to briefly describe your experience.

Answered: 41 Skipped: 70

#	Responses	Date
1	Sue was fabulous! I felt she went above and beyond to help me with my situation.	6/29/2017 4:20 PM
2	Staff got me in and out quick.	6/29/2017 2:41 PM
3	Both Lisa and Sue went to great lengths to figure out what vaccines I needed.	6/27/2017 2:57 PM
4	Shelly is very friendly and went the extra mile to help me.	6/27/2017 8:28 AM
5	Everyone is very friendly	6/21/2017 3:18 PM
6	Very helpful and sweet with my children	6/20/2017 10:13 AM
7	The nurse was nice and informational , the breast feeding guru was amazing .	6/14/2017 10:53 AM
8	Sue in the office was very friendly & helpful over the phone & in person	6/13/2017 3:44 PM
9	Sue and Peggy were amazing with how friendly and knowledgeable they were. Sue went above and beyond to help me get everything figured out and in order for my immunizations.	6/13/2017 11:19 AM
10	Jenna is great	6/9/2017 11:56 AM
11	Everyone was very pleasant and friendly.	6/9/2017 10:15 AM
12	Good experiance	6/6/2017 2:39 PM
13	Sue was very friendly providing excellent customer service.	6/6/2017 12:34 PM
14	I got in withim a couple days of having my baby	6/1/2017 4:32 PM
15	Everyone is great here thamkful for the program	6/1/2017 4:30 PM
16	Laura was great with tips and ideas to meet our goals.	5/26/2017 9:33 AM
17	I love coming to Wic it helps alot	5/25/2017 3:49 PM
18	Girls are always very helpful and polite love it here Very helpful	5/24/2017 3:59 PM
19	The staff sat in and talk while we were waiting to be seen instead of coming out and serving us	5/22/2017 8:38 AM
20	Staff was very friendly	5/17/2017 3:26 PM
21	No matter what I am here for the staff is always helpful and friendly	5/16/2017 1:15 PM
22	Everyone was great to work with. Thank you.	5/10/2017 1:50 PM
23	Very nice and services are really good	5/9/2017 4:13 PM
24	Very friendly helpful staff	5/9/2017 3:04 PM
25	All of the nurses and breast feeding counsler was outstanding 5/19/17	5/9/2017 1:05 PM
26	Friendly.	4/25/2017 3:49 PM
27	I got everything i need	4/25/2017 3:12 PM
28	Friendly service from all staff.	4/25/2017 1:42 PM
29	It was great everyone was very nice	4/25/2017 9:45 AM
30	Everyone was great	4/19/2017 9:25 AM
31	All of the staff is amazing at the ithaca clinic	4/19/2017 9:23 AM
32	The nurse that gave my daughter her immunizationshots was patient and friendly even though my daughter was frantic.	4/18/2017 3:00 PM
33	Molly Smith is. Very professional and does an outstanding job	4/18/2017 10:54 AM

34	I just moved to ithaca and I felt very conformable, everyone was very nice	4/18/2017 10:22 AM
35	Very kind worked well with me and loud kiddos	4/13/2017 10:19 AM
36	Love the ladies at Gratiot county, always friendly and smiling	4/12/2017 10:15 AM
37	Everyone is wonderful	4/12/2017 9:35 AM
38	The staff is always welcomein and friendly	4/11/2017 8:39 AM
39	They are all very friendly and easy to talk to.	4/6/2017 3:58 PM
40	Tamara, shes greatand not pushy about breastfeeding	4/6/2017 3:53 PM
41	They are all sweet and very understandable	4/3/2017 10:23 AM

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

REC'D JUL 10 2017

July 5, 2017

Mark W. Cheatham, Health Officer
Mid-Michigan District Health Department
615 N. State St., Suite 2
Stanton, MI 48888-9702

Dear Mr. Cheatham:

Enclosed is our Preliminary Analysis from our audit of the Mid-Michigan District Health Department WIC and Family Planning Programs for the period October 1, 2015 through September 30, 2016.

If after reviewing the Preliminary Analysis, you believe a meeting is necessary to discuss the issues, inform us by **July 17, 2017** so that we can make the necessary arrangements to hold a meeting. Please inform us of any concerns about the information, conclusions drawn, recommendations, supporting data, etc. so that we may amend the Preliminary Analysis, if necessary, prior to your formal response.

The Preliminary Analysis includes conclusions for each objective of the audit, and any findings and recommendations related to each objective. Additionally, the Comments and Recommendations section includes comments regarding inadequate supporting documentation for direct expenditures, improper time frame reporting of direct expenditures, improper allocation of direct expenditures, unapproved indirect expenditure, not properly billing clients according to the sliding fee scale, and lack of a cost analysis.

We request that you send us a formal response for each finding and recommendation, and each comment and recommendation. For each finding, use the attached Corrective Action Plan Forms and include your statements of agreement or disagreement in the comments section, your corrective action and anticipated completion date. For each comment, provide management's response including statements of agreement or disagreement, corrective action and anticipated completion date. We intend to include your responses in our final audit report, where applicable. You should submit your formal response to us by **August 7, 2017** to be included in our final audit report.

The Preliminary Analysis is a working document and does not constitute a final determination of policy or action by this Department. The Preliminary Analysis should only be disclosed to individuals deemed necessary by your agency. Public agencies in receipt of the preliminary analysis should consult with their FOIA coordinators as to whether public disclosure is appropriate.

CAPITOL COMMONS CENTER • 400 SOUTH PINE • LANSING, MICHIGAN 48913
www.michigan.gov/mdhhs

If you have any questions concerning the procedures or the Preliminary Analysis, contact me at 517-241-8914 or Bryce Wooton at 517-241-0112.

Please send your response to the following address:

Michigan Department of Health and Human Services
Bureau of Audit, Reimbursement and Quality Assurance
P.O. Box 30479
Lansing, Michigan 48909

Thank you for the cooperation extended our auditor.

Sincerely,

Shannah M. Havens

Shannah M. Havens, CPA, CISA
Audit Section Manager
Population Health and Community Services Program Audit Section

Enclosure

c: Bryce Wooton, Auditor, Population Health and Community Services Program Audit Section
Matthew Tompkins, Auditor, Population Health and Community Services Program Audit Section
Melissa Bowerman, Director of Administrative Services, Mid-Michigan District Health Department
Andrea Tabor, RN, BSN, MPH, Director of Community Health & Education, Mid-Michigan District Health Department

Preliminary Analysis

Mid-Michigan District Health Department
WIC & Family Planning Programs

October 1, 2015 – September 30, 2016

Bureau of Audit, Reimbursement, and Quality Assurance
Audit Division
July 2017

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DESCRIPTION OF AGENCY

The Mid Michigan District Health Department (Health Department) is governed under the Public Health Code, Act 368 of 1978. The Health Department is a Special Revenue Fund of Montcalm County, which is the reporting entity, and the administrative office is located in Stanton, Michigan. The Health Department operates under the legal supervision and control of the Board of Health, which is comprised of commissioners of the counties of Clinton, Gratiot, and Montcalm. The Health Department provides community health program services to the residents of these three counties.

FUNDING METHODOLOGY

The Health Department services are funded from local appropriations, fees and collections, and grant programs administered through the Michigan Department of Health and Human Services (MDHHS), which consist of federal and state funds. MDHHS provides the Health Department with grant funding monthly based on Financial Status Reports in accordance with the terms and conditions of each grant agreement and budget.

The Women, Infants, and Children (WIC) Program was funded by MDHHS Grant Funds, and Other Local Funds. Grant funding from MDHHS for the WIC Program is federal funding under federal catalog number 10.557.

The Family Planning Program was funded by MDHHS Grant Funds, First and Third Party Fees and Collections, Local and Other Revenue. Grant funding from MDHHS for the Family Planning Program is federal funding under federal catalog numbers 93.217 and 93.994, and is subject to performance requirements. That is, reimbursement from MDHHS is based upon the understanding that a certain level of performance (measured in caseload established by MDHHS) must be met in order to receive full reimbursement of costs (net of program income and other earmarked sources) up to the contracted amount of grant funds prior to any utilization of local funds.

PURPOSE AND OBJECTIVES

The purpose of this audit was to assess the WIC and Family Planning Programs financial reporting, and to determine the MDHHS shares of WIC Program and Family Planning Program costs. The following were the specific objectives of the audit:

1. To assess the Health Department's effectiveness in reporting their WIC Program and Family Planning Program financial activity to MDHHS in accordance with applicable MDHHS requirements and agreements, applicable federal standards, and generally accepted accounting principles.
2. To determine the MDHHS shares of cost for the WIC, WIC Breastfeeding, and Family Planning Programs in accordance with applicable MDHHS requirements and agreements, and any balance due to or due from the Health Department.

SCOPE AND METHODOLOGY

We examined the Health Department's records and activities for the fiscal period October 1, 2015 through September 30, 2016. Our review procedures included the following:

- Reviewed the most recent Health Department Single Audit report for any WIC Program or Family Planning Program concerns.
- Reviewed the completed Subrecipient Questionnaire.
- Reconciled the WIC Program and Family Planning Program Financial Status Reports (FSRs) to the accounting records.
- Reviewed a sample of payroll expenditures.
- Tested a sample of expenditures for program compliance and adherence to policy and approval procedures.
- Reviewed building space/lease costs for proper reporting and compliance with Federal requirements.
- Reviewed indirect cost and other cost allocations for reasonableness, and an equitable methodology.
- Reviewed Family Planning billing and collection of fees, and collection of donations.

Our audit did not include a review of program content or quality of services provided.

CONCLUSIONS, FINDINGS AND RECOMMENDATIONS

FINANCIAL REPORTING

Objective 1: To assess the Health Department's effectiveness in reporting their WIC Program and Family Planning Program financial activity to MDHHS in accordance with applicable MDHHS requirements and agreements, applicable federal standards, and generally accepted accounting principles.

Conclusion: The Health Department generally reported its WIC Program and Family Planning Program financial activity to MDHHS in accordance with applicable MDHHS requirements and agreements, applicable federal standards, and generally accepted accounting principles. However, we identified the distribution of retirement is based on an inconsistent allocation methodology (Finding 1).

Finding

1. Improper Allocation of Retirement Fringe Benefits

The Health Department did not properly allocate employee retirement fringe benefits for employees working on multiple activities in accordance with 2 CFR Part 200.

The MDHHS Grant Agreement, Part II, Section III. A. Compliance with Applicable Laws states:

> *The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Grantee will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.*

Title 2 CFR 200.431 (c) states the following with respect to fringe benefits:

> *The cost of fringe benefits in the form of employer contributions or expenses...must be allocated to Federal awards and all other activities in a manner consistent with the pattern of benefits attributable to the individuals or groups(s) of employees whose salaries and wages are chargeable to such Federal awards and other activities, and charged as direct or indirect costs in accordance with the non-Federal entity's accounting practices.*

The Health Department's costs for retirement fringe benefits is calculated by taking the employee's total gross monthly wage and multiplying it by the retirement contribution percentage. However, the allocation for the retirement contribution is allocated only on the last pay period of the month while salaries, wages and other fringe benefits are allocated bi-weekly.

In our review of retirement fringe benefit expenditures for March 2016, one employee who only charged time to the WIC program during the first pay period and not the last pay period in the month, was excluded in the retirement allocation to the WIC program. The current retirement contribution methodology does not properly reflect all employee activity for the month which could result in an overstatement or understatement of program expenditures.

Recommendation

We recommend that the Health Department properly allocate employee retirement benefits and implement a consistent methodology for all fringe benefits to ensure actual expenditures are properly allocated as required by 2 CFR 200.

MDHHS SHARES OF COST AND BALANCE DUE

Objective 2: To determine the MDHHS shares of cost for the WIC, WIC Breastfeeding and Family Planning Programs in accordance with applicable MDHHS requirements and agreements, and any balance due to or due from the Health Department.

Conclusion: The MDHHS obligations under the WIC, WIC Breastfeeding, and Family Planning Programs for fiscal year ended September 30, 2016, are $658,405, $110,292, and $180,715; respectively. The attached Statements of Grant Program Revenues and Expenditures show the budgeted, reported, and allowable costs. The audit made adjustments but none affected the WIC Program or Family Planning Program grant funding.

Mid-Michigan District Health Department
WIC Resident Services
Statement of Grant Program Revenues and Expenditures
10/1/15 - 9/30/16

	BUDGETED	REPORTED	AUDIT ADJUSTMENT	ALLOWABLE
REVENUES:				
MDHHS Grant	$658,405	$658,405 *1*		$658,405
Fees & Collections - 1st & 2nd Party	$100	$0		$0
Local Non-ELPHS	$100	$0		$0
Local Funds - Other	$536,731	$311,882	($385) *2*	$311,497
TOTAL REVENUES	$1,195,336	$970,287	($385)	$969,902
EXPENDITURES:				
Salary & Wages	$453,386	$396,070		$396,070
Fringe Benefits	$204,024	$173,974		$173,974
Supplies & Materials	$15,000	$7,862		$7,862
Travel	$15,000	$8,872		$8,872
Communication	$2,000	$693		$693
Space Costs	$65,000	$17,666		$17,666
Other	$5,000	$4,377		$4,377
Indirect Costs	$170,926	$138,481	($385) *2*	$138,096
Other Costs Distributions	$265,000	$222,291		$222,291
TOTAL EXPENDITURES	$1,195,336	$970,287	($385)	$969,902

1 Actual MDHHS payments.
2 Over-Allocated Indirect Costs (Comment and Recommendation 4)

Mid-Michigan District Health Department
WIC Breastfeeding
Statement of Grant Program Revenues and Expenditures
10/1/15 - 9/30/16

	BUDGETED	REPORTED	AUDIT ADJUSTMENT	ALLOWABLE
REVENUES:				
MDHHS Grant	$110,292	$110,292 *1*		$110,292
Local Funds - Other	$20,521	$10,850	($47) *2*	$10,803
TOTAL REVENUES	$130,813	$121,142	($47)	$121,095
EXPENDITURES:				
Salary & Wages	$61,113	$58,573		$58,573
Fringe Benefits	$12,398	$10,406		$10,406
Supplies & Materials	$1,000	$415		$415
Travel	$9,000	$3,003		$3,003
Communication	$1,500	$1,038		$1,038
Space Costs	$5,800	$4,052		$4,052
Other	$1,000	$0		$0
Indirect Costs	$17,643	$16,757	($47) *2*	$16,710
Other Costs Distributions	$21,359	$26,899		$26,899
TOTAL EXPENDITURES	$130,813	$121,142	($47)	$121,095

1 Actual MDHHS payments.
2 Over-Allocated Indirect Costs (Comment and Recommendation 4)

Mid-Michigan District Health Department
Family Planning Services
Statement of Grant Program Revenues and Expenditures
10/1/15 - 9/30/16

	BUDGETED	REPORTED	AUDIT ADJUSTMENT	ALLOWABLE
REVENUES:				
MDHHS Grant	$180,715	$180,715 *1*		$180,715
Fees & Collections - 1st & 2nd Party	$20,000	$8,031		$8,031
Fees & Collections - 3rd Party	$110,000	$85,594		$85,594
Federal Cost Based Reimbursement	$50,000	$48,460		$48,460
Local Non-ELPHS	$2,000	$0		$0
Other Non-ELPHS	$20,000	$0		$0
Local Funds - Other	$68,889	$19,433	($153) *2*	$19,280
TOTAL REVENUES	$451,604	$342,233	($153)	$342,080
EXPENDITURES:				
Salary & Wages	$184,896	$156,921		$156,921
Fringe Benefits	$91,498	$69,476		$69,476
Supplies & Materials	$64,000	$41,433		$41,433
Travel	$7,500	$6,778		$6,778
Communication	$200	$32		$32
Space Costs	$40,000	$6,566		$6,566
Other	$10,000	$2,946		$2,946
Indirect Costs	$62,748	$54,999	($153) *2*	$54,846
Other Costs Distributions	($9,238)	$3,081		$3,081
TOTAL EXPENDITURES	$451,604	$342,233	($153)	$342,080

1 Actual MDHHS payments.
2 Over-Allocated Indirect Costs (Comment and Recommendation 4)

Corrective Action Plan

Finding Number: 1

Page Reference: 3

Finding: **Improper Allocation of Retirement Fringe Benefits**

The Health Department did not properly allocate employee retirement fringe benefits for employees working on multiple activities in accordance with 2 CFR Part 200.

Recommendation: Properly allocate employee retirement benefits and implement a consistent methodology for all fringe benefits to ensure actual expenditures are properly allocated as required by 2 CFR 200.

Comments:

Corrective Action:

Comments and Recommendations

1. **Direct Expenditures Not Supported by Appropriate Documentation**

   The Health Department is required to comply with 2 CFR Part 200. According to 2 CFR 200.403, to be allowable under Federal awards, costs must be adequately documented. During our review of direct expenditures of the WIC and Family Planning Programs, we noted that three recorded expenditure amounts did not reconcile to the costs in the supporting invoice or purchase order. We recommend that the Health Department implement policies and procedures to ensure appropriate documentation is obtained and retained to support all expenditures.

   Management Response:

2. **Direct Expenditure Not Reported in Fiscal Year Incurred**

   The MDHHS Grant Agreement states, "*The Grantee will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Grantee will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.*" Also, the MDHHS Grant Agreement stated that the period of agreement "*shall commence on October 1, 2015 and continue through September 30, 2016. This agreement is full force and effect for the period specified. The Department has the option to assume no responsibility for costs incurred by the Grantee prior to signing of this agreement.*" According to 2 CFR 200.309, "*A non-Federal entity may charge to the Federal award only allowable costs incurred during the period of performance…*" During our review of direct expenditures of the WIC Program, we noted one expense that incurred was in August 2015 but was not paid until April 2016. We recommend that the Health Department implement policies and procedures to ensure proper and timely payments are made for costs incurred and that costs are reported in the period incurred.

   Management Response:

3. **Improper Allocation of Program Expenditures**

   The Health Department is required to comply with 2 CFR Part 200. According to 2 CFR 200.405 (c), "*Any cost allocable to a particular Federal award under the principles provided for in this Part may not be charged to other federal awards…*" During our review of direct expenditures of the WIC and WIC Breastfeeding Programs, we noted two WIC expenses that were improperly allocated to WIC Breastfeeding and one WIC Breastfeeding expense that was improperly allocated to WIC. During our review of direct expenditures of the Family Planning Program, we noted one invoice had a 100%

allocation of the shipping and handling costs to Family Planning, instead of equitably allocating these costs to all benefitting programs. We recommend that the Health Department implement policies and procedures to ensure that expenses are adequately and properly allocated to correct benefitting programs.

Management Response:

4. **Unapproved Indirect Community Membership Expense**

The Health Department is required to comply with 2 CFR Part 200. According to 2 CFR 200.454 (c), *"Costs of membership in any civic or community organization are allowable with prior approval by the Federal awarding agency or pass-through entity."* During our review of indirect expenditures, we noted a membership fee for a community organization that the Health Department did not receive appropriate prior approval to expense. WIC, WIC Breastfeeding, and Family Planning were overstated by $385, $47, and $153; respectively. However, there was no impact on MDHHS grant funding. We recommend that the agency seek prior approval from the PHA Office of Local Health Services before expensing membership fees to a civic or community organization.

Management Response:

5. **Not Billing Family Planning Clients According to the Sliding Fee Scale**

The Health Department did not always charge their clients according to the sliding fee scale as required by Title X.

According to Title X regulations at 42 CFR 59.5:

> *(a) Each project supported under this part must:*
> *(8) Provide that charges will be made for services to persons other than those from low-income families in accordance with a fee schedule of discounts based on ability to pay….*

MDHHS Title X Family Planning Program Standards & Guidelines, Part II, Section C.8., Subsection 8.4.2, states:

> *A schedule of discounts **must** be developed for individuals with family income between 101% and 250% of the FPL, to assure that services are billed based on ability to pay, (42 CFR 59.5(a) (8)).*
> *A. Individual eligibility for a discount **must** be documented in the client's record/file. Client income should be re-evaluated at least annually.*

For 2 of the 15 client fees reviewed, we noted the Health Department did not follow Title X guidelines and bill clients based on their ability to pay. We recommend that the Health Department provide training to employees on charging clients according to the sliding fee scale, and implement monitoring procedures to ensure compliance.

Management Response:

6. **Lack of Recent Cost Analysis for Establishing Family Planning Program Fees (Repeat)**

The Health Department did not use a cost analysis to develop their fee schedule for Family Planning Program Services.

The Michigan Title X Family Planning Program Standards and Guidelines Manual, Part II, Section C.8., Subsection 8.4.4, states:

> *For persons from families whose income exceeds 250% of the FPL, charges **must** be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services (42 CFR 59.5(a) (8)). Sub-recipients **must** document their process for determining how the schedule of fees is designed to recover the reasonable cost of providing services. Sub-recipients are encouraged to review their program costs and reassess their schedule of fees on an annual basis.*
>
> *A. While not recommended to do so, sub-recipients may elect to set their fee schedule below what would recover the actual cost of providing services, based on their specific community needs and circumstances. To elect this option, the sub-recipient **must** have a policy in place that identifies the percentage of costs the fee schedule is designed to recover and the policy **must** be approved by the sub-recipient's administrative board.*

The Health Department did not perform a cost analysis to develop their schedule of fees used during the fiscal year under review. This was also cited in our FYE 2013 audit report. The Corrective Action in that audit report was: "The Mid-Michigan District Health Department will conduct a cost analysis to establish an effective rate for each procedure in an effort to set the billing rate for Family Planning services and supplies that are sufficient to recover the reasonable cost of the services." The Health Department, however, never completed a cost analysis of the services and supplies they provide. We again recommend that the Health Department conduct a cost analysis to determine the cost of providing each distinct service and supply, and set fees based on the cost analysis to ensure the schedule of fees is designed to recover the reasonable cost of providing services.

Management Response:

SAVE THE DATE

Mid-Michigan District Health Department

The Mid-Michigan District Health Department would like to invite all County Commissioners to attend a luncheon forum to discuss hot topics in local public health, including:

- **Health Department role in river cleanup**
- **Groundwater quality—septic systems**
- **Vapor intrusion**

Commissioner Forum

PLEASE MARK YOUR CALENDAR

First Baptist Church Community Center
10010 E. Carson City Road (M-57)
Carson City
(East of the Rusty Nail Restaurant)

Thursday, September 28, 2017

10:00 a.m. to 12:00 p.m.

Lunch provided by:

The Muffin Top Bakery

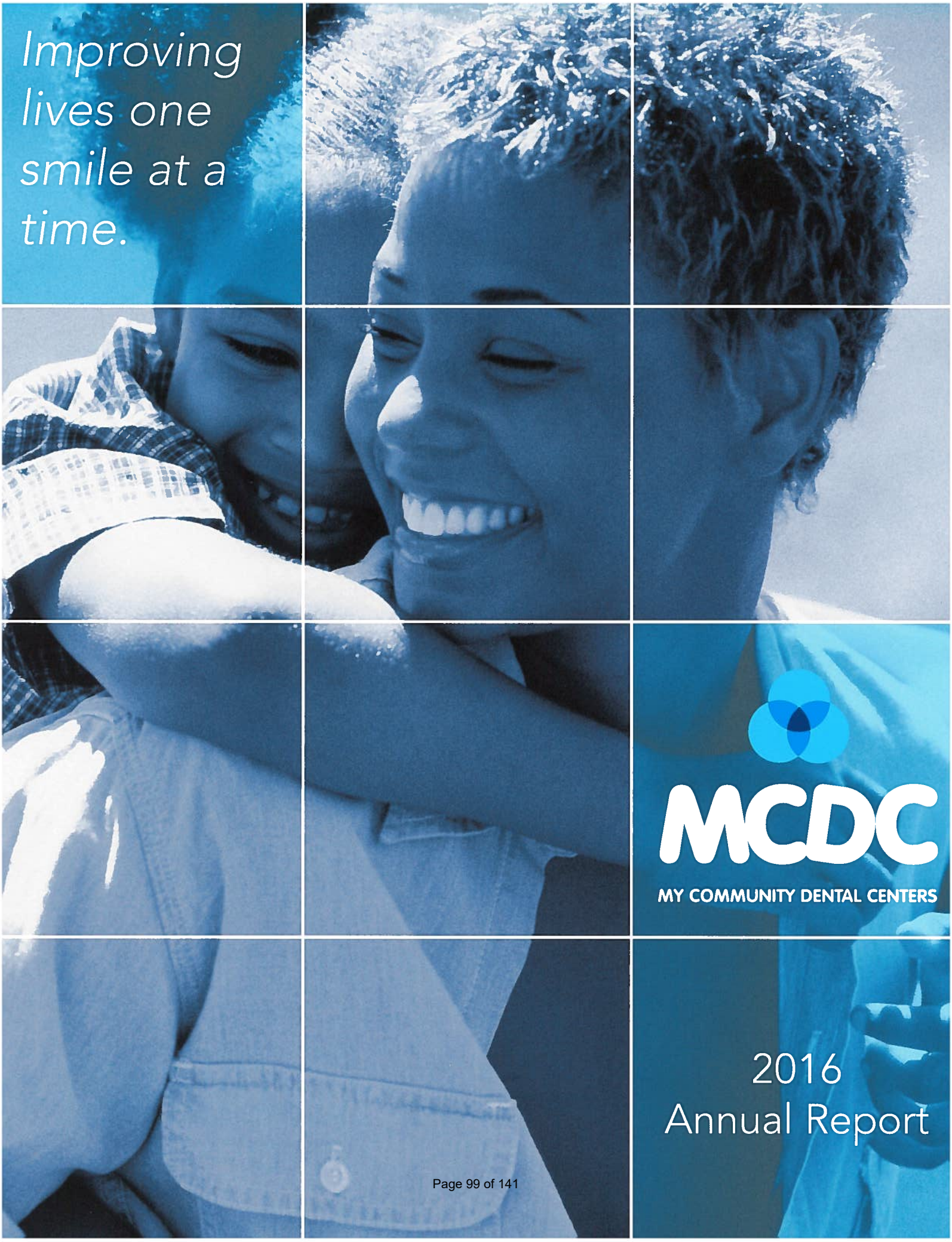
Please RSVP by
Friday, September 8th to:

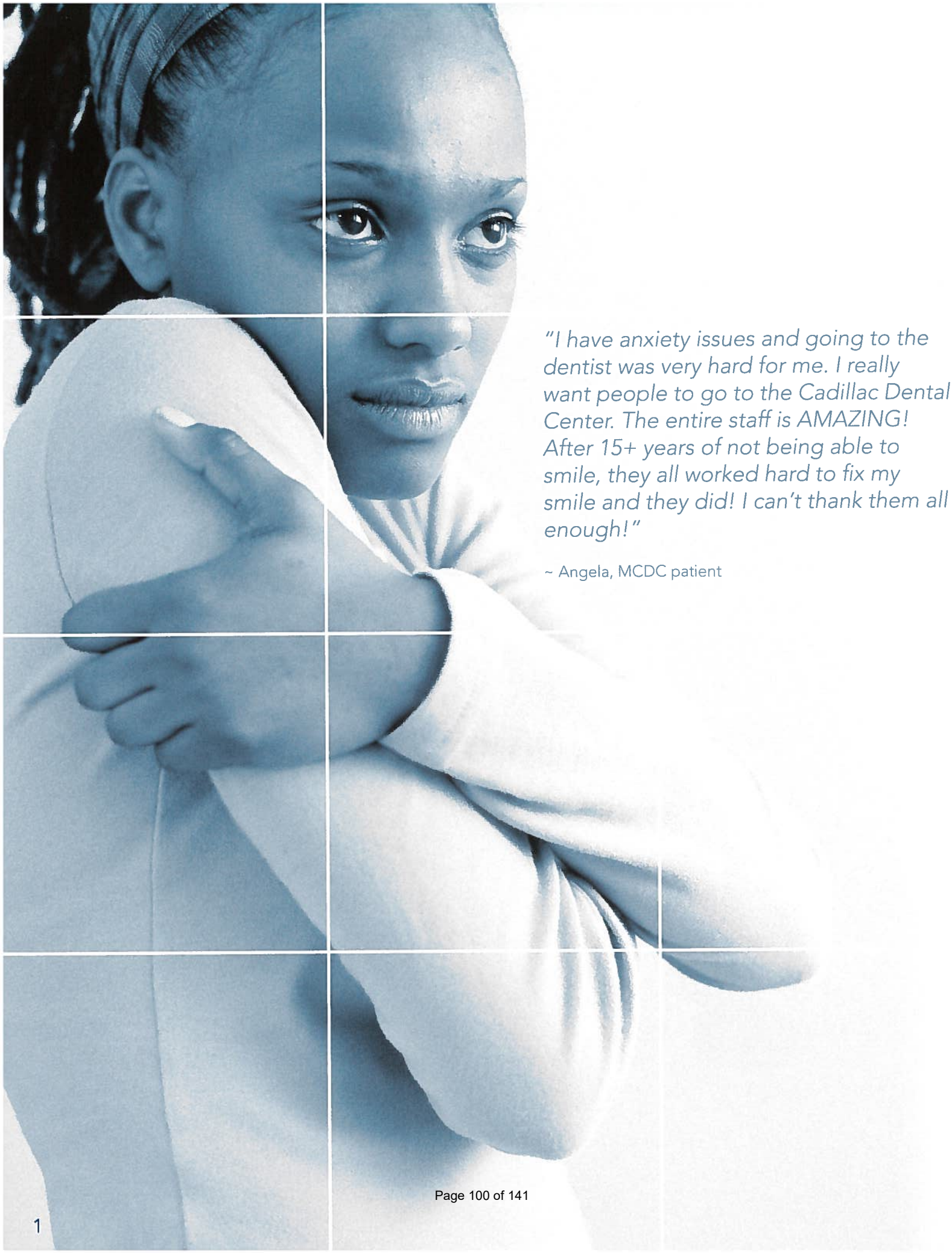
Cindy Partlo, Administrative Assistant
(989) 831-3610 or **cpartlo@mmdhd.org**

Mid-Michigan District Health Department

Administrative Offices
615 N. State St., Ste. 2
Stanton, MI 48888-9702

Phone: 989-831-5237
Fax: 989-831-5522
www.mmdhd.org


Improving lives one smile at a time.
MCDC
MY COMMUNITY DENTAL CENTERS
2016
Annual Report



"I have anxiety issues and going to the dentist was very hard for me. I really want people to go to the Cadillac Dental Center. The entire staff is AMAZING! After 15+ years of not being able to smile, they all worked hard to fix my smile and they did! I can't thank them all enough!"

~ Angela, MCDC patient

Message from the CEO

It is an honor to serve as the President and CEO of My Community Dental Centers a nonprofit 501(c)3. I am truly humbled to lead an incredibly talented, dedicated, and caring staff of professionals. These individuals inspire me. In 2016 they made a profound impact on improving the lives of those less fortunate.

Every year MCDC is challenged with serving more individuals in more communities to improve their overall oral health. 2016 was no different. We met the challenge: opening four new dental centers for a total of thirty one (31), thus, serving more individuals and families in more communities since our inception 10 years ago. Looking to the future, we will continue to meet that challenge by expanding our reach to other areas.

Many thanks to our partners within the communities we serve, all who tell others about MCDC, those who advocate on our behalf, those who provide the care to our patients, and our Board of Directors who give of their time and expertise. You are a valued part of our success.

Looking ahead, we will continue to expand our reach in order to provide the highest level of care for those who have nowhere else to go. We will strive to be the "employer of choice" in order to attract and retain exceptional talent. I ask that you too support us by following us on social media or by making a charitable donation to support the care for those that cannot afford it.

Sincerely,

Gregory P. Heintschel, D.D.S., M.B.A.
President and CEO
My Community Dental Centers, Inc.

MCDC

MY COMMUNITY DENTAL CENTERS

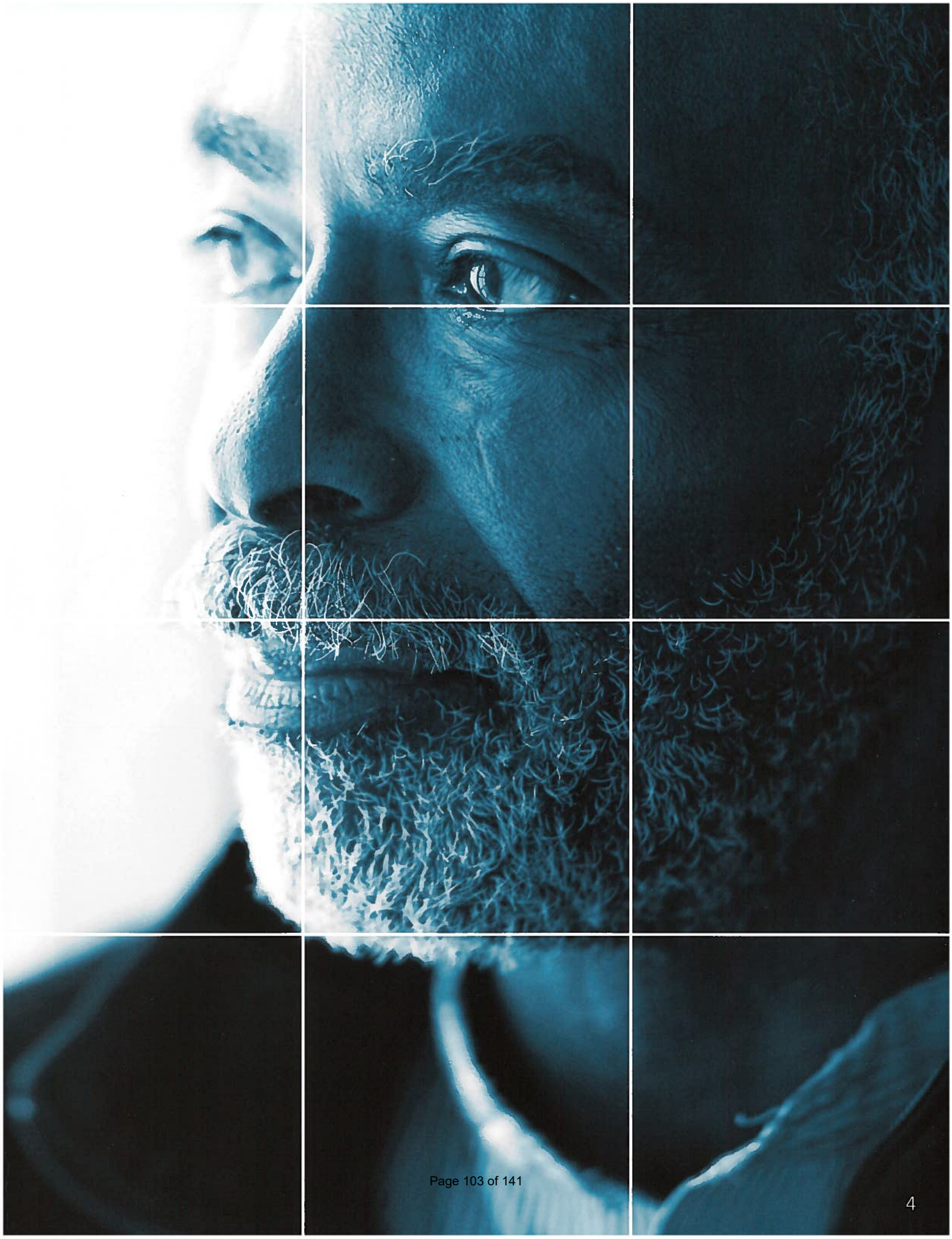
10 YEARS

Celebrating our 10th anniversary

As of September 2016, MCDC has grown from the original eight Dental Clinics North to 31 centers throughout Michigan, along with the administrative office located in Boyne City, Michigan. We are recognized as the largest non-profit dental providers in the country, and have received multiple awards and recognitions for our successful business model and mission of delivering exceptional patient care. We are fortunate to have a skilled, compassionate, and dedicated work force who will continue to shape MCDC's future. As we look within our organization as well as to the communities we serve, we should feel a great deal of pride in our ability to partner in our goal to continue improving lives one smile at a time.

2016
31 Dental centers
91,875 Patients served

2006
8 Dental centers
35,000 Patients served



Our Mission

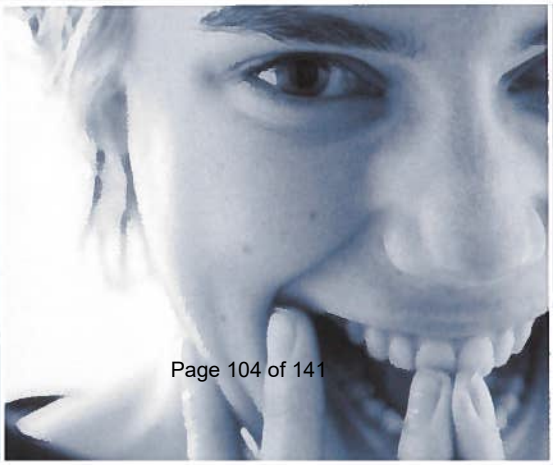
To improve the lives of our patients and enhance community health by setting the highest standard of oral health care.

Our Culture

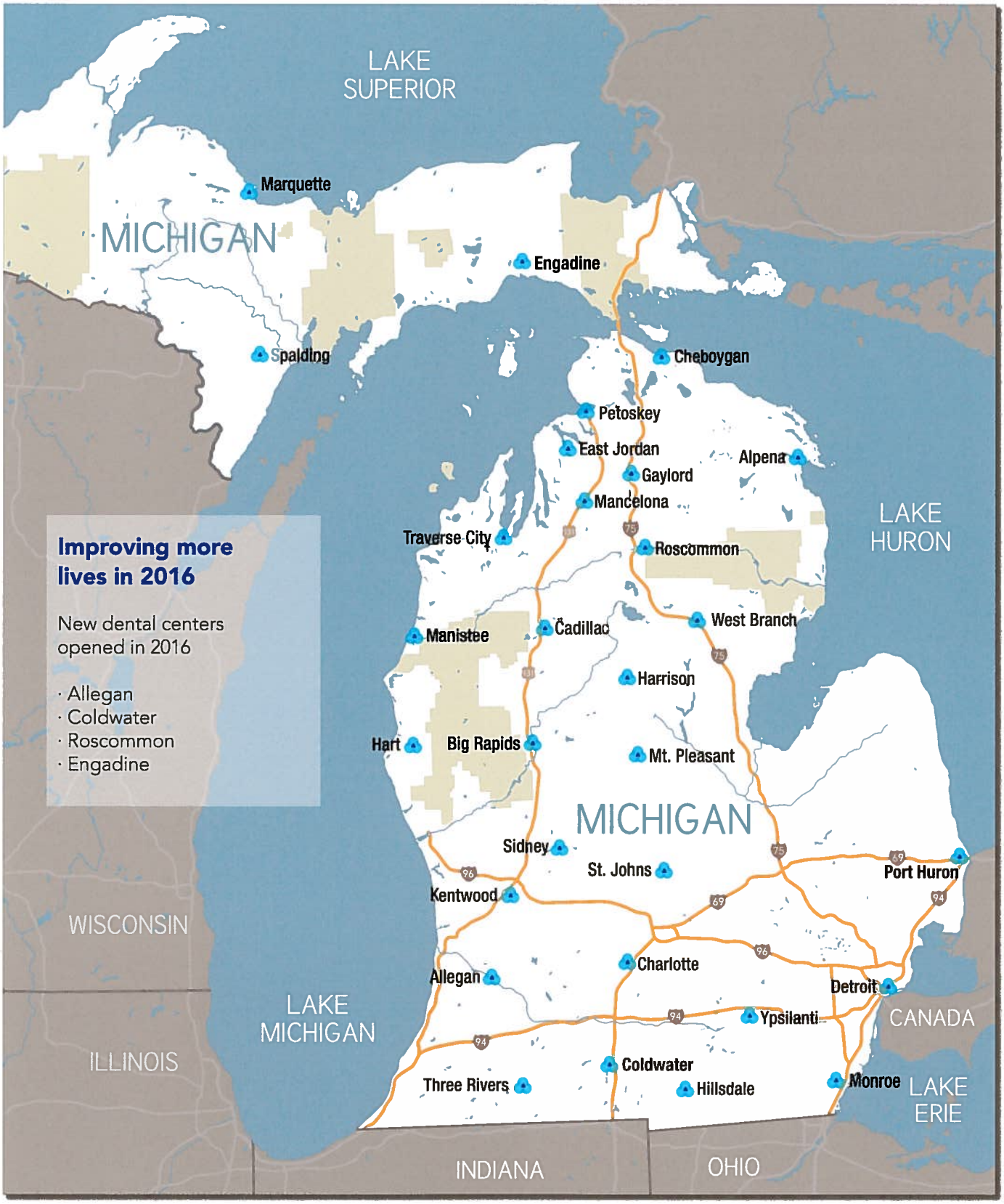
Continuous improvement in a patient-centered environment.

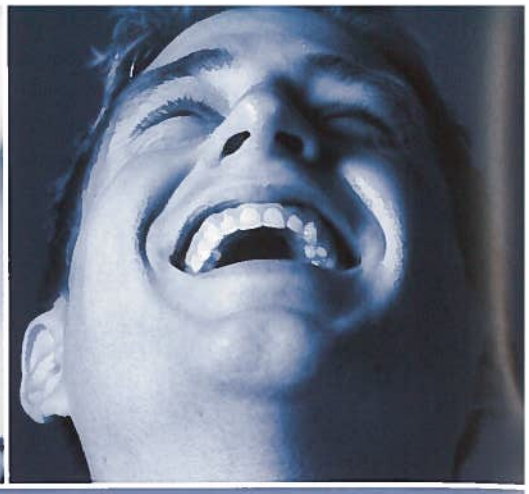
Our Massive Transformative Purpose

MCDC is continuing on our growth strategy to serve 200,000 patients by 2020. Reflective of that growth, MCDC will begin to cross state lines in years ahead.



Our centers of care: always growing, always improving





Expanding care in the Upper Peninsula: Engadine

"My hope is to restore services to provide good dental hygiene, as we know it affects one's overall general health and well-being."

Dr. Martzke, Michelle Chapman, and Diane Casperson with the first Engadine patients, Charles and Richard

Patient Experience call center

In September 2016, the Patient Experience team moved to its new administrative location in Petoskey. Due to the exciting and rapid growth of MCDC, the move was necessary to accommodate the continued growth of the team.

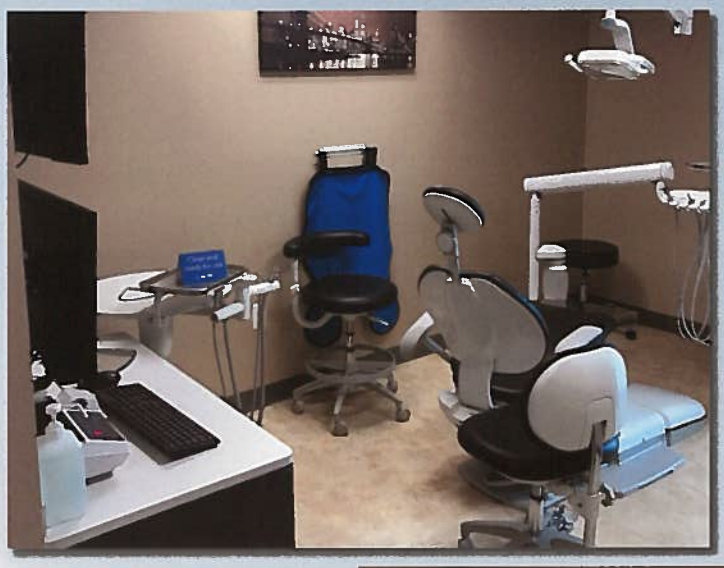
The new space provides the Patient Experience team the opportunity to offer a better patient experience, as well as expand our services to our patients and the dental centers that we are honored to serve. This positive move for the team leads directly into our culture: continuous improvement in a patient-centered environment.

Working together to improve oral health

The 2020 Michigan State Oral Health Plan provides an excellent framework that is designed to achieve optimal oral health among all Michiganders. The vision for Michigan, by 2020, is all residents will have the knowledge, support, and care they need to achieve optimal oral health. This vision resonates with the MCDC leadership team and Board of Directors. The focus on access to oral health care among underserved and/or hard-to-reach patients aligns with MCDC's commitment to growth and expanded access to quality oral health care. MCDC looks forward to our continued partnership with the Michigan Department of Human Services, the Michigan Oral Health Coalition, and other stakeholders in our work to improve the lives of patients and enhance community health.

Always improving our facilities

Our dental centers utilize electronic patient records, digital radiography, and state-of-the-art dental equipment including intraoral cameras and CEREC technology. With CEREC technology, we are able to accomplish same-day crowns in several of our dental centers.



"One of our favorite stories involves a single mother who had always smiled with her hand covering her mouth. She was embarrassed to smile and show a crown that was placed several years ago; it was discolored and didn't fit her smile very well. This patient had a new crown completed that same day using CEREC technology. Immediately upon looking in the mirror at her smile, she started to cry. She walked out and hugged everyone that she came into contact with. She said she was going to finish her schooling and that she was sure she would now find a job with her new smile. "

~ Joan Arkema, Office Manager, Hart

Measures of MCDC's success

WE SERVED

91,875

UNIQUE PATIENTS WITH

223,246

OFFICE VISITS

92%

OF PATIENTS SEEN WITHIN 10 MINUTES OF THEIR SCHEDULED APPOINTMENT TIME

$50 MILLION

WORTH OF SERVICES RENDERED

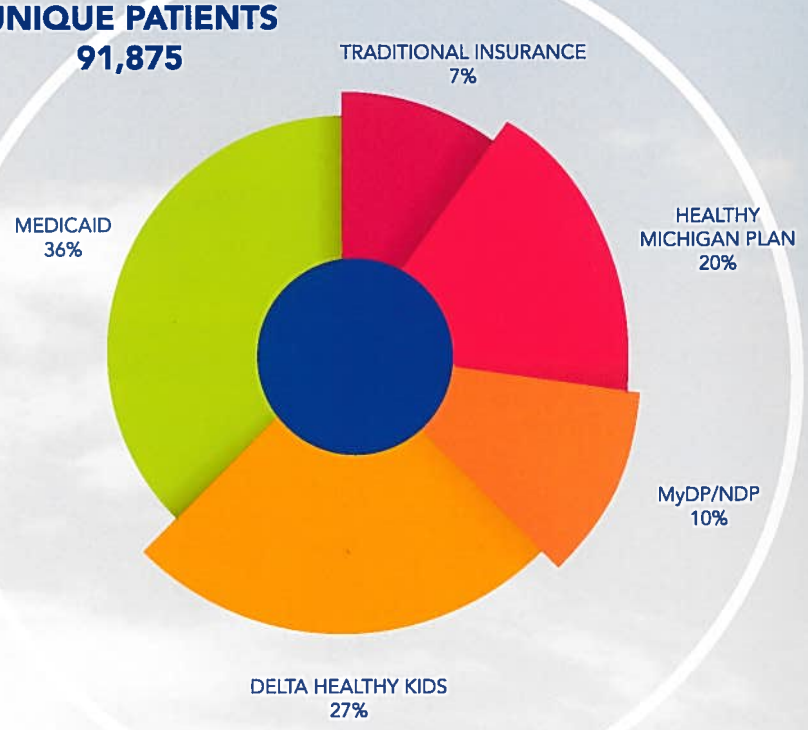
BROKEN APPOINTMENT RATE OF

8%

The value of our dental services

MCDC has developed and funds an internal reduced fee program called My Dental Plan (MyDP). This membership plan offers quality dental services at a reduced fee to patients without dental insurance. Under the MyDP program, funds are available to contribute to the cost of care on a sliding fee scale based on the patient's income.

UNIQUE PATIENTS
91,875



Patients first: giving back to make a difference

We were able to provide charity care for 9,379 individuals to improve smiles and their overall oral health.

CHARITY CARE

9,379

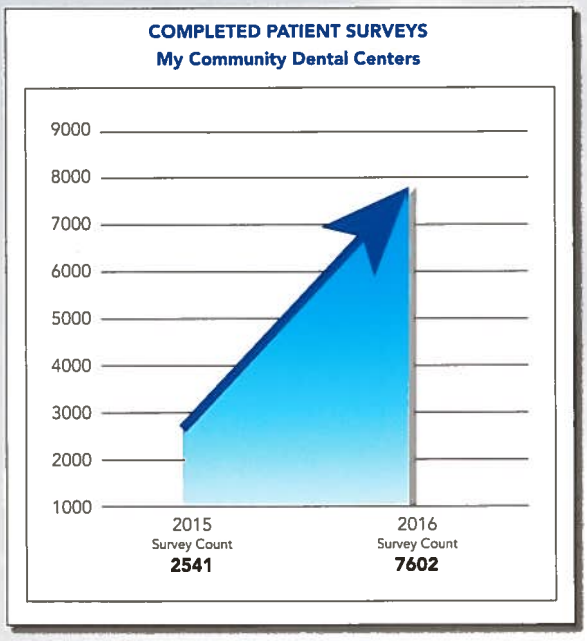
PATIENTS SERVED

PRESS GANEY®

Since 2012, MCDC has partnered with Press Ganey, a solutions and consultant group dedicated to supporting health care providers in understanding and improving the patient experience.

Press Ganey selects patients at random and contacts them by phone to answer questions and provide feedback regarding their visit at an MCDC office. The information gained from these surveys is then utilized to create action plans for improvement in the care we provide our patients.

2016 was a year of accomplishment for MCDC in regards to our efforts to continuously improve upon the patient experience. Not only did MCDC's Press Ganey score improve in 2016, but we also increased the number of completed surveys by three times compared to 2015.



MCDC Advisory Council: our partners in improving lives

The MCDC Advisory Council provides valuable input to the MCDC leadership team and Board of Directors. The Advisory Council, which meets twice per year, is comprised of the Health Officer or their designee from our health department partners throughout the state. The council is chaired by Dr. Greg Heintschel, President and CEO, and also includes MCDC's current board chair, and Kimberly Singh, Director of Community and Governmental Affairs. Local health department partners are key to MCDC's mission to improve the lives of our patients and enhance community health. The Advisory Council provides an ongoing venue for communication and information sharing. In 2016, our health department partners increased to 19 and include the following departments:

- Allegan County
- Barry-Eaton District
- Branch-Hillsdale-St. Joseph Community Health Agency
- Central Michigan District
- City of Detroit
- Delta and Menominee Counties
- District Health Department #10
- Health Department of Northwest Michigan (includes District #2, #4, and Grand Traverse County)
- Luce-Mackinac-Alger-Schoolcraft District
- Kent County
- Marquette County
- Mid-Michigan District
- Monroe County
- St. Clair County
- Washtenaw County
- Western Upper Peninsula District

The Health Department of Northwest Michigan — a valued partner

Dr. Heintschel and Linda Yaroch, Health Officer, Health Department of Northwest Michigan, sign a renewed contract in June 2016. The contract supports a continued partnership to operate Dental Clinics North eight clinics.

Improving the lives of our veterans and their families

On Veterans Day, MCDC was honored to serve 103 patients and complete 402 procedures, rendering $27,447 of care — all at no cost to our patients!

Care was provided at three of our dental centers: Roscommon, Allegan, and Harrison. On this day, patients were welcomed into these centers and treatment was completed at no cost to the patient. Patients were able to receive cleanings, exams, x-rays, fillings, and/or extractions. Due to dedication of our team members, the response from the veterans, and the support from our communities, we were able to provide a tremendous service for many deserving veterans, spouses, and families.

Among the patients welcomed at our Roscommon Center was the Martray family. Joshua Martray served in the U.S. Army for 9 years, 8 months including tours to Afghanistan, South Korea, South America, and many other locations. The Martay family had been in search of a dental home for over a year and were excited to find that MCDC not only provided quality care but financial options to accommodate all. Joshua, his wife Alicia, and his children were all able to receive care at the Roscommon office.

The MCDC team members were grateful to have the opportunity to give back to our veterans and those in need in our communities. There were heroes on both sides of the dental chair that day!

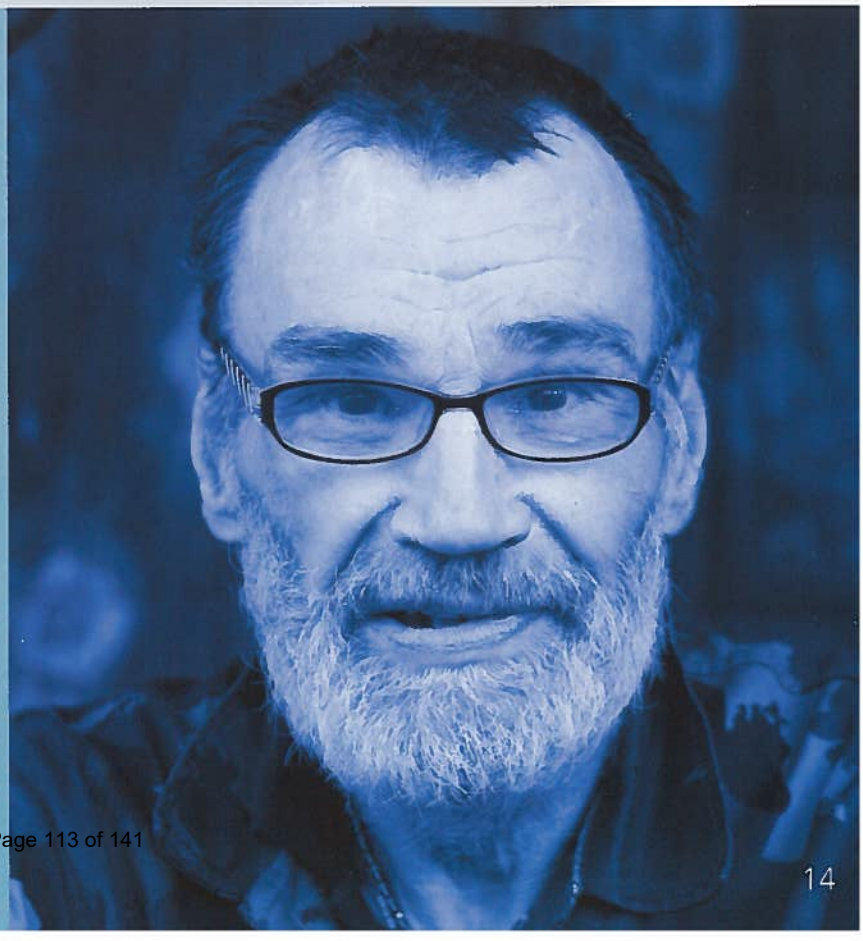
Joshua and Alicia Martray with their children Trever, Seth, Nevaeh, and Jaden

Taking care of those who served

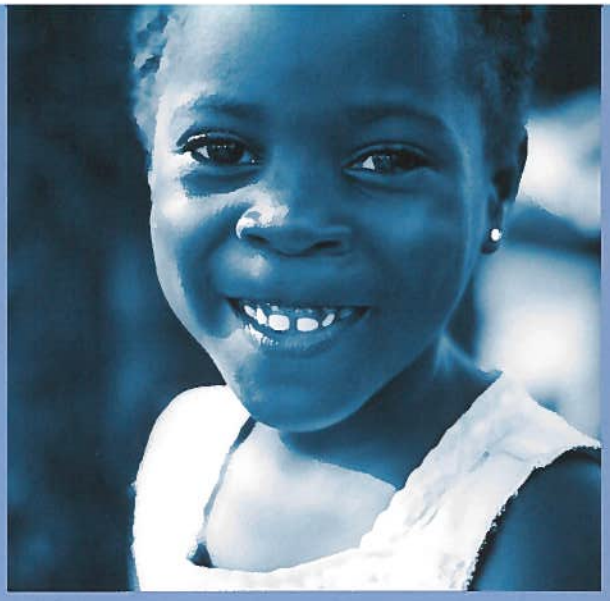
A disabled veteran came into our center as an emergency patient who had never been seen in the past. The severity of his dental needs exceeded $4,000. He was without income, resources, or even a home. We partnered with the community veterans affairs representative and was able to fund his entire treatment case.

"I cannot begin to explain the feeling amongst all parties involved delivering the news to the veteran. Due to the severity, we quite possibly saved his life. Also through connecting him with veterans affairs, he now has a place to call home."

~ Kris Lifer, Office Manager, Petoskey



On a mission to improve lives in Haiti

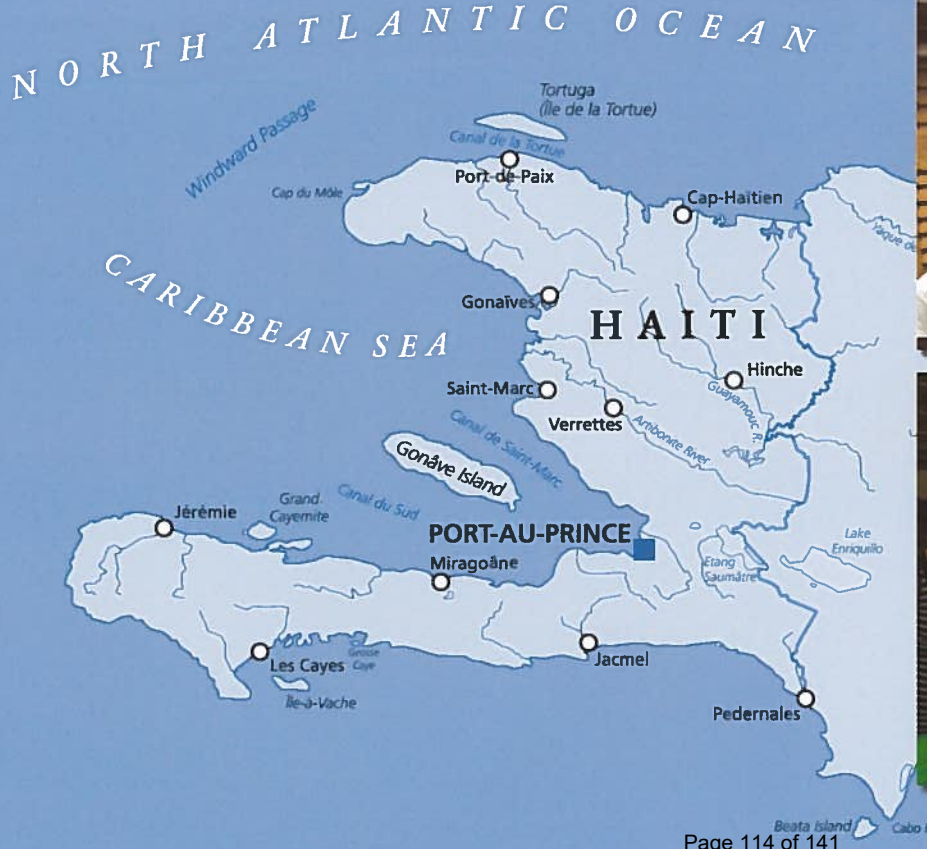


For the past nine years, Dr. McMurry has taken a group of people to Haiti to provide dentistry.

"We typically see 300 patients in four days and remove 500-600 teeth. At the end of each trip, I wish I could do more. *It has been both rewarding and humbling each day waking up to the alarm clock provided by the roosters outside. Each morning we attended church, followed by a breakfast of plantains, bananas, mangos, sweetened juice, and boiled pasta. The coffee is second to none! The local people have been on the road (walking of course, some in bare feet) for hours by now to get in line to see us. Our humble clinic of four patio chairs is set up in the back of a large church with either two or three dentists providing extractions. There is no suction so we use plastic cups for the patients to spit in and a 4x4 gauze to wipe their mouth. People wait, sitting squished next to each other, waiting for their turn, for hours. It is not that we don't have room for them. I believe they just want to be closer to the front of the line! Because nourishment is limited, we provide protein bars while they are waiting. We will work with headlamps until we finish or when the priest insists that we stop. It is hard to say, go home and try again tomorrow. My heart breaks that when we leave after four days, as it will be another year until we come back."*

~ Dr. Lori McMurry

Dr. McMurry exemplifies MCDC's core value and we applaud her efforts in bringing care to the underserved in Haiti. Just recently, MCDC has provided a portable dental unit at a cost of nearly $8,000 which will be used for future trips.



Our journey toward continuous improvement and patient safety

As reflected in MCDC's vision, we strive to lead the dental profession toward continuous improvement and patient safety. Recognizing that our contribution to the dental profession will be greater by expanding our collaboration to include worldwide leaders in quality and safety, MCDC participates at the Institute for Healthcare Improvement's (IHI) annual forum.

The IHI 2016 national forum consisted of nearly 6,000 attendees from over 50 different countries. The health care professionals attending the IHI forum convene to encourage collaboration and ongoing education on quality and patient safety initiatives. In 2016, MCDC attendees included several members of our administrative team as well as four of MCDC's exceptional doctors: Dr. Alison Ladd, Dr. Cassandra Cao, Dr. Paymon Dorri, and Dr. Viviana Vagalau.

In addition to attending the IHI conference, MCDC also sponsored a Dental Collaborative Meeting, in which worldwide leaders in the dental industry convened to network, share challenges and ideas, as well as discuss the potential future direction of a dental quality collaboration.

MCDC remains committed to leading the dental profession towards the highest standard of oral health care and bringing about positive change in the health care profession.

Making a difference for every patient

Veronica, a patient at our Harrison dental center, was ecstatic to receive an upper denture and lower partial, and the staff there was just as thrilled to be able to help.

"Every time I came into the office, everyone made me feel so special. From the phone call reminding me of my appointment until I went to the appointment and was walking out the door, I felt VERY cared for and special. The whole office worked together to try to get me in sooner for my appointments. I couldn't be happier with my experience at the MCDC in Harrison!"

Veronica, MCDC patient, pictured with Monica, Dental Assistant; Jennifer, Registered Dental Assistant; and Dr. McMurry

Valuable relationships

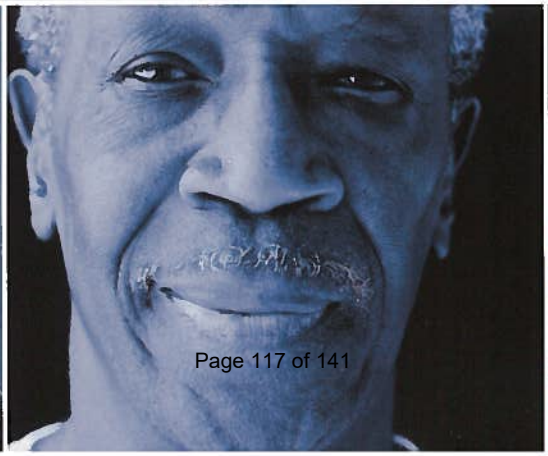
Larry DeGroat, D.D.S., President of the Michigan Dental Association, visits our Petoskey Dental Center.

Pictured with Dr. Viviana Vagalau, Dr. Amanda DesJardins, Michelle Bluthardt, and Sarah Romel

People helping people

"I love working for MCDC because I enjoy being part of an organization that has a positive impact within our local community. I feel a great sense of achievement at work when I observe one of my team members succeeding in helping a patient improve the outlook on their smile. I choose to work for MCDC because I am confident that my organization and I share a commitment in giving back to our community. One of my favorite outreach events that we participated in recently was a Christmas dinner over the holidays at the local food pantry in Alpena. We donated oral hygiene gift bags to spread holiday cheer to those in need. I am proud to have a profession in which I have the privilege of serving others."

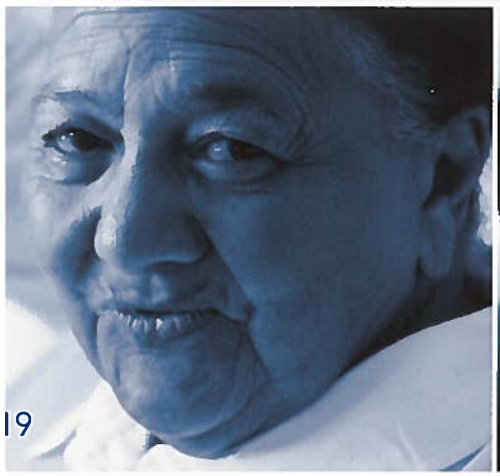
~ Mary Smuda, Office Manager, Alpena

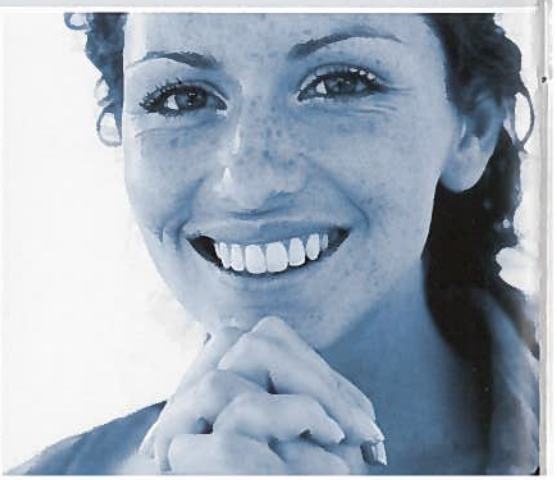


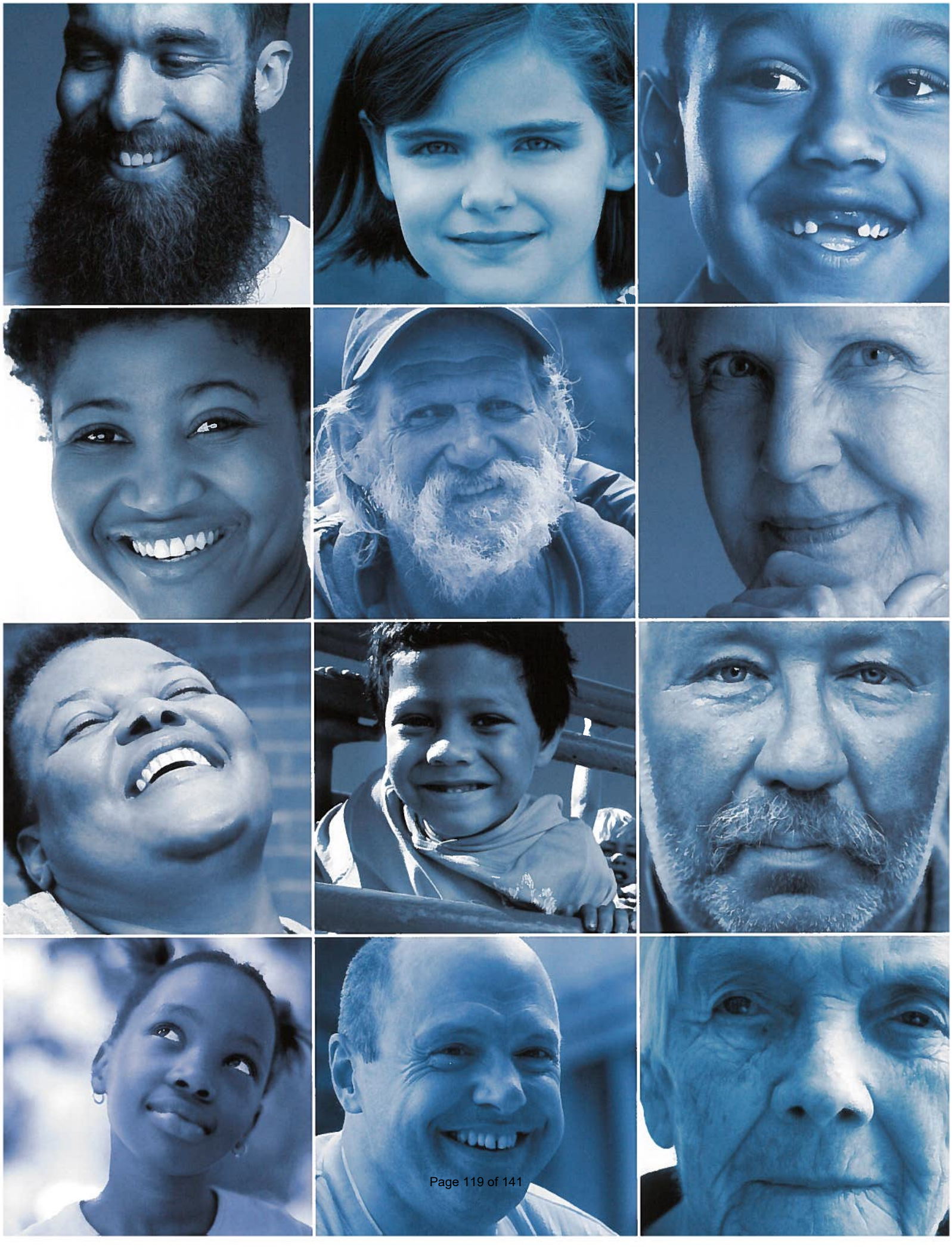
Recruiting great employees to join us in improving lives

A component of our MCDC vision is to recruit and retain exceptional health care talent. MCDC employed over 400 employees during 2016. While every employee is key to our mission, we are especially proud that 2016 was a year of much success in doctor recruitment, with 23 doctors hired and 14 of these doctors accepting full-time positions. MCDC's vision includes not only recruiting and retaining exceptional talent, but also fostering an environment which encourages the personal and professional growth of our team. As such, MCDC hired seven doctors upon their graduation from dental school and partnered them with a senior MCDC doctor to support mentorship and professional development.

Successful recruitment of doctors is dependent upon the mission, vision, and values of MCDC. In 2016, MCDC began rewarding doctors for exceptional performance in our Venn components of Patient Experience, Clinical Quality, and Sustainability. Doctors demonstrating above average performance in these categories receive enhanced compensation in recognition of their contribution to improving the lives of our patients while supporting our mission, vision, and values.







Our values: what we believe

Social entrepreneurship

We believe that visionary innovation and creative thinking will improve upon the delivery of dental services.

Respect

We respect all individuals and demonstrate it through consideration, appreciation, empathy, inclusion, and compassion.

Excellence

We strive for continuous improvement to exceed the expectations of our patients, staff, and the community.

Honesty

We are transparent in our actions by being real, credible, and free of deception.

Learning

The pursuit of education strengthens our ability to make well-informed decisions and prepares us to embark upon the best course of action.

Engagement

As stated by Ken Blanchard, "None of us is as smart as all of us." Given that, we will be engaged in our work to the benefit of the organization, our patients, and each other.

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
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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.

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Administrative Offices – Stanton

July 20, 2017

Mr. Don Swain
3565 South Roy Dr.
Sheridan, MI 48884

RE: **Your Complaint to the Mid-Michigan District Health Department dated June 27, 2017**

Dear Mr. Swain:

The Mid-Michigan District Health Department received a completed complaint report from you on June 27, 2017. In the complaint you question whether the Department is properly enforcing the minimum isolation distance of the septic system on the property of your neighbor, Lyle Thomas of 3538 Roy Drive, Sheridan, MI 48884. Your complaint is that you were required to maintain a minimum isolation distance of 10 feet on your property; however, the isolation distance is less than that on the Thomas property.

After filing the complaint, you spoke with Lonnie Smith, Environmental Health Supervisor who told you the septic system on the Thomas property was properly permitted. He also told you that if you were not satisfied you could appeal to the Health Officer.

You and I spoke on July 7, 2017. At that time, I told you the septic system on the Thomas property has a proper permit for two reasons: 1) it was permitted before the current Environmental Health Regulations went into effect in 2012. Therefore, the 2012 regulations do not apply to it. 2) Even so, the 10-foot isolation distance between septic systems and property lines is a recommendation and not a requirement. This is clearly noted in Chapter Three, Section 4.5 of the Environmental Health Regulations.

During our conversation, I told you that if you were not satisfied with my decision, you may appeal to the Board of Health. You told me that you wished to do that. The Board of Health will meet on July 26, 2017 at 10:00 a.m. in the Administrative Offices of the Mid-Michigan District Health Department, 615 N. State Rd. in Stanton. They will take up the question of whether to hear your appeal.

Your appeal is unusual. Generally, someone appeals because they have been accused of a violation and wish to have the violation overturned, or they have been denied a permit and wish to reverse the decision. In this case, there is no violation to appeal and all permits are in order.

If the Board agrees to hear your appeal, you should know that there is an appeal fee of $185. You can pay the fee at our offices in Stanton.

Sincerely,

Mark W. (Marcus) Cheatham, Ph.D.
Health Officer

CC: Mid-Michigan District Health Department Board of Health
Bob Gouin, R.S., Environmental Health Director

MID-MICHIGAN DISTRICT BOARD OF HEALTH

Action Items
June 2017

- **The BOH adopted the Monthly Healthy Living Recommendation for June 2017:**

  - ✓ ***Encourage building owners and operators, especially those of health care facilities, to develop a water management program to reduce Legionella growth and spread. See the CDC Toolkit at:***
    https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html
    and the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHREA) Guidelines at:
    https://www.ashrae.org/resources--publications/bookstore/ansi-ashrae-standard-188-2015-legionellosis-risk-management-for-building-water-systems
    and links to numerous other guidelines at:
    http://www.specialpathogenslab.com/legionella-guidelines-table.php.

  - ✓ ***Properly maintain pools and hot tubs. For both professional and recreational links, see: https://www.cdc.gov/healthywater/swimming/aquatics-professionals/operation-maintenance.html.***

  - ✓ ***Be aware of global infectious disease outbreaks and support efforts to control and contain them. Prepare yourself, your family, and your community for the potential of a pandemic at some point in the future: https://www.ready.gov/pandemic.***

- **The BOH approved Resolution 02-2017 To Preserve the Public Mental Health System and encourage legislators to prevent Section 298/234 from becoming law.**

- **The BOH scheduled the Annual Commissioner Forum for Thursday, September 28, 2017, 10 a.m. at the First Baptist Church Community Center in Carson City. Topics to be covered include: the Mid-Michigan District Health Department's role in river cleanup; groundwater quality-septic systems; and vapor intrusion.**

- **The BOH also approved the Teamsters Local 214 revised Contract.**

STAFFING CHANGES

JULY - 2017

AS

STATUS	POSITION	BRANCH OFFICE
	No changes	

CHED

STATUS	POSITION	BRANCH OFFICE
	No changes	

EH

STATUS	POSITION	BRANCH OFFICE
NEW HIRE	Keegan Russell, FT E.H. Specialist I, Gratiot Branch Office effective July 31, 2017	Gratiot

Inside MMDHD

Health Enhancement Committee (HEC)
Employee Newsletter

June 2017

Big changes

By Marcus Cheatham, Health Officer

When I read the exit interview my heart sank. A sanitarian had written, "I'm leaving because this place will never change. We need to realize it's the 21st century. We could be doing things so much more efficiently." I thought Bob and I had made it clear that "change was coming," but it apparently it wasn't soon enough.

Now we are very much in the thick of it, having rolled out Patagonia for most Community Health programs, and Hedgehog for some of our Environmental Health programs (more to come!). This has been a strain for staff. A new software launch slows everything down at first. Things that were supposed to be working at the time of the launch were not working after all (At least it wasn't as bad as the launch of Obamacare!). It has also been a strain on management, too, who had to teach our vendors the "Michigan way" of doing things in public health, so they could build it into our workflows. One thing I feel good about is our vendors are good companies who are doing their best to make their products work for us.

We are putting ourselves through this for three main reasons: First, we want to be able to provide clients with better customer service. We think things will go more smoothly for them with these new products. Second, we hope that after the dust settles we will be more efficient. There are only a few of us but there are a lot of people who are depending on us. Efficient software should make us better able to serve them. Finally, we need good reports on our performance and whether we are meeting our goals. It used to make me sad to see people in Environmental Health spending hours tallying things on paper when they needed to be in the field. Hopefully, Hedgehog is the cure. Ironically, when you have a reporting system like we had in CHED with Insight, and you launch new software, you lose your reports. We have had to tell the Board of Health reports will be overdue until we can get them programmed into our new systems.

Along with changes in technology have come personnel changes. For example, I don't know if everyone realizes how desperately short-staffed Environmental Health has been for years. Every year since I have been here we have tried to hire a new supervisor for EH and every year we had to cut that position from the budget. This year we finally got it done. In case you don't know, the new supervisor is Bryan Fowler. Congratulate him when you see him. We have a lot of new people joining our EH family, including Cameron Tenwalde and Paul Klein and whoever fills the vacancy left by Bryan's promotion.

In Administrative Services, the decision was made to not fill the position left vacant when Juncai Li resigned. This was a difficult decision as the dependence on technology continues to grow. However, most of the maintenance for the software programs that we have chosen for both EH and CHED will be done by the software vendor instead of our team. Therefore, the decision was made to not fill the vacancy and use the resources in other areas.

We have had personnel changes in CHED, too. Over the past couple of years we have seen caseloads slipping. There are just fewer people in the main demographic we serve; young, low-income families; because the economy has improved, Medicaid has expanded and our population is getting older. So we have let attrition reduce our roster in CHED. I'm sure it feels weird to have fewer people in the office: fewer clients AND coworkers.

I'm very proud of MMDHD and all the people who work here. You all have done an excellent job of identifying areas that need improvement and then helping each other through the changes that follow. We will continue to do all we can to make sure you are successful.

In the spotlight

Ticks and tick-borne illness

Written by Jennifer Morse, M.D.

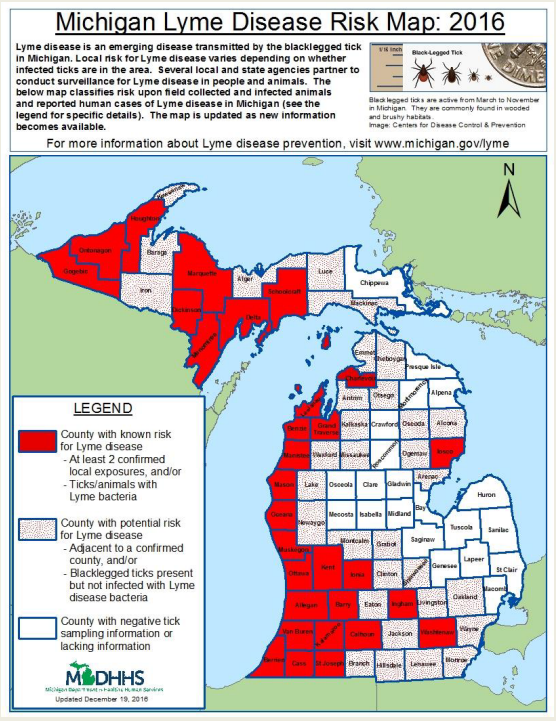
Ticks are very small insects that feed on the blood of wildlife, but will also feed on people and pets that work in or enjoy the areas ticks live. Ticks most commonly live in wooded areas, fields near wooded areas, and grassy shorelines. They are rarely found indoors, unless they are brought in on a pet, person, or clothing.

There are an estimated 899 species of ticks in the world, over 90 of which reside in the U.S. and 20 of which are known to Michigan. Only about 10 tick species in the United States spread diseases. The most common are the American dog tick, or wood tick, (making up 76% of Michigan ticks sent in for identification), Blacklegged tick, or deer tick (15%), Lone star tick (5%), Woodchuck tick (3%), and Brown dog tick, or kennel tick (1%).

Untreated Lyme disease can produce a wide range of symptoms, depending on the stage of infection. These include fever, rash, facial paralysis, and arthritis. Seek medical attention if you observe any of these symptoms and have had a tick bite, live in an area known for Lyme disease, or have recently traveled to an area where Lyme disease occurs (see map).

Early Signs and Symptoms (3 to 30 days after tick bite):

- Fever, chills, headache, fatigue, muscle and joint aches, and swollen lymph nodes
- A rash that occurs in approximately 70 to 80 percent of infected persons. It begins at the site of a tick bite after about 3 to 30 days (average is about 7 days). The rash expands gradually over a period of days reaching up to 12 inches or more (30 cm) across. It may feel warm to the touch but is rarely itchy or painful. Sometimes clears as it enlarges, resulting in a target or "bull's-eye" appearance.



Later Signs and Symptoms (days to months after tick bite):

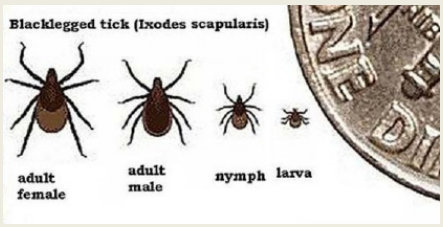
- Severe headaches and neck stiffness
- Additional EM rashes on other areas of the body
- Arthritis with severe joint pain and swelling, particularly the knees and other large joints.
- Facial palsy (droop on one or both sides of the face)
- Intermittent pain in tendons, muscles, joints, and bones
- Heart palpitations or an irregular heart beat (Lyme carditis)
- Episodes of dizziness or shortness of breath
- Inflammation of the brain and spinal cord
- Nerve pain
- Shooting pains, numbness, or tingling in the hands or feet
- Problems with short-term memory

If you find a tick attached to your skin, there's no need to panic. Several tick removal devices are available on the market, but a plain set of fine-tipped tweezers will remove a tick effectively. Avoid folklore remedies such as "painting" the tick with nail polish or petroleum jelly, or using heat to make the tick detach from the skin. Your goal is to remove the tick as quickly as possible–do not wait for it to detach.

1. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.

2. Pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal.
3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, an iodine scrub, or soap and water.
4. Dispose of a live tick by submersing it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet. Never crush a tick with your fingers.

You can also have the tick identified professionally, as only certain ticks can transmit disease. If the tick is still alive and is a Blacklegged tick, it will be tested to see if it is carrying Lyme disease. If the tick is alive, place it in a small container with a small piece of paper towel moistened with a few drops of water. If the tick is dead, place it in a small, watertight container filled with water or alcohol.



Protect yourself!
Use insect repellent that contains 20-30% DEET.
Wear clothing that has been treated with permethrin.
Take a shower as soon as you can after coming indoors.
Look for ticks on your body. Ticks tend to bite the scalp, ears, underarms, belly button, waist, back, behind the knees, pelvic area and in between the legs.

Years of Service

Congratulations to the following employees on another year of service:

Twenty-Five Years
Angie Martin
Linda Gronda

Fifteen Years
Kim Peters

Ten Years
Leslie Kinnee
Melissa Bowerman

Five Years
Eric Deford
Marcus Cheatham
Stacey Peterman

One Year
Hailey Brewer
Adam Byrne
Seth Steenwyk

Promotions

Lisa Mikesell was promoted to PHN III, effective March 20, 2017

Bryan Fowler was promoted to Environmental Health Supervisor, effective June 5, 2017.

Role change

Stacey Peterman has accepted the Montcalm Hearing and Vision Technician position left vacant after Shawn Evans retired.

Condolences

Duane Schneider, whose brother passed away in December.

Jamie Shepler, whose grandfather passed away in February.

Katie Allen, whose grandfather passed away in February.

Shelley Treynor, whose father-in-law passed away in February.

Mary Wallen, whose mother passed away in March.

Lisa Smith, whose mother-in-law passed away in March.

Cindy Partlo, whose brother-in-law passed away in March

Holly Stevens, whose mother-in-law passed away in April.

Birthday Greetings

June

1 Ross Pope
9 Cameron Tenwalde
10 Kim Peters
13 Erin Morgan
14 Jacque Strack
25 Charity Little
26 Sam Tran
26 Sue Corrigan

July

1 Linda Gronda
6 Molly Smith
7 Cheryl Thelen
9 Duane Schneider
14 Lisa Smith
20 Mary Wallen
20 Carol Siedlik

August

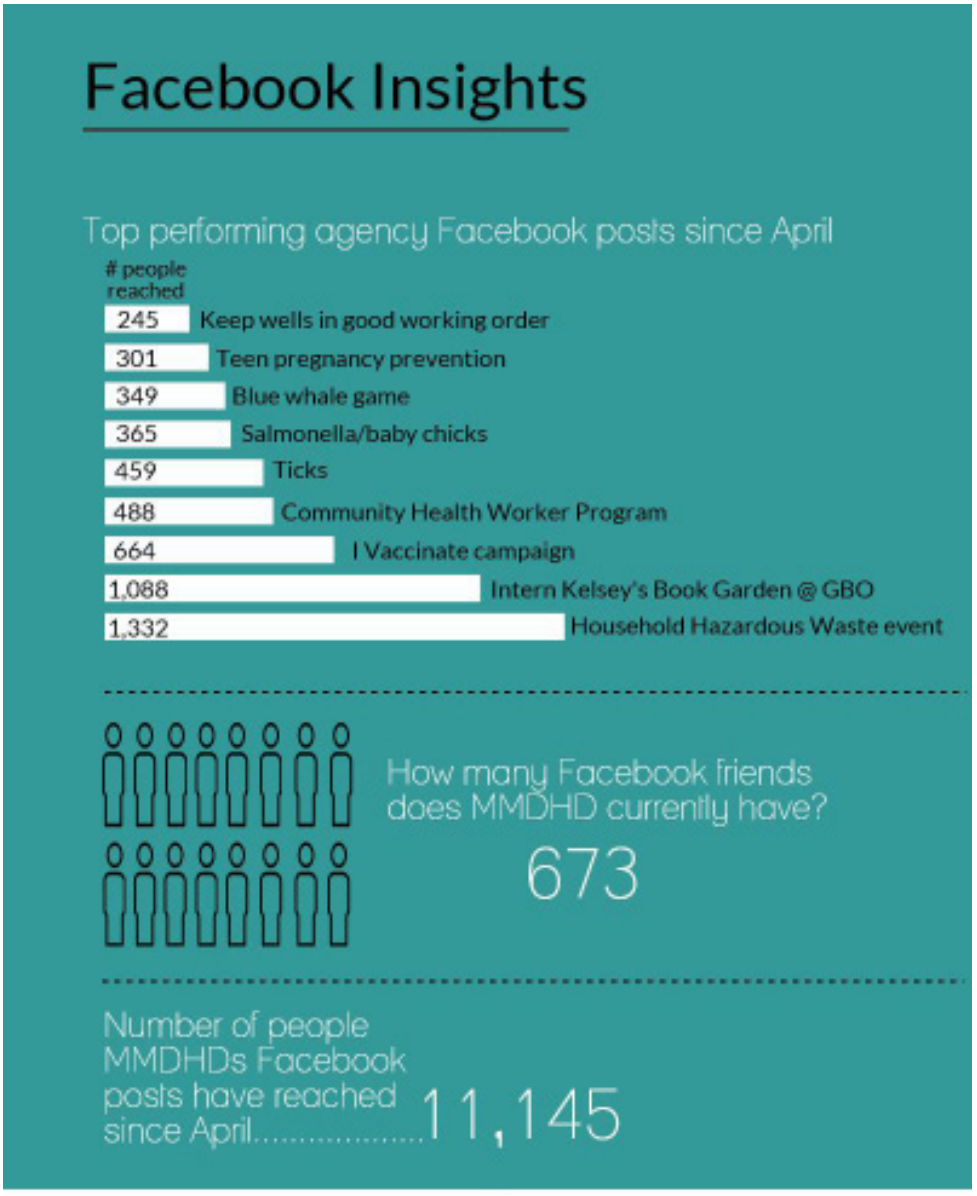
1 Sara Thelen
4 Jake Kizer
23 Cathy Smith
24 Pauline Black

How useful is Facebook?

Facebook has become one of the main ways we communicate with the people in our communities. Our Facebook friends receive valuable general health information and are among the first to learn about urgent public health matters. In the event of a public health emergency, Facebook will be absolutely critical in getting our message out to the masses.

Our following steadily continues to grow, which means we are able to reach more and more people with one click of the mouse, and the best part is, it's free!

We also have separate Facebook pages for our Children's Special Health Care clients and those receiving breastfeeding support. What a terrific way to deliver targeted messaging to these specific groups.



Foodborne illness is no picnic!

It's that time of year when family and friends gather together at graduation open houses, picnics, family reunions and backyard barbecues. Warmer temperatures definitely help make these events more enjoyable, but also present opportunities for foodborne illness to thrive. As food heats up in summer's sizzling temperatures, bacteria can multiply rapidly.

Eating foodborne bacteria can cause illness within as little as 20 minutes or up to three days of eating contaminated food. Symptoms can include: vomiting, diarrhea, and abdominal pain—and flu-like symptoms, such as fever, headache, and body ache. Most people recover from a foodborne illness within a short period of time, but some can develop sever problems.

This scenario can spell disaster and put a damper on an otherwise enjoyable time, so safe food handling when eating outdoors is critical.

The first step to safe food handling is to clean: Wash hands with warm, soapy water for at least 20 seconds before and after handling food, and after using the bathroom, handling pets or changing diapers. Always rinse raw fruits and vegetables under running water, and avoid cross-contamination by cleaning counters, cutting boards, utensils and dishes with hot soapy water after preparing each item.

The second step is to separate: Separate raw meat, poultry, seafood and eggs from other foods. Use one cutting board for fresh produce and a separate one for raw meat, poultry and seafood. Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs unless the plate has been washed in hot, soapy water. When packing a cooler, wrap uncooked meats and poultry separately, and put them on the bottom to prevent raw juices from dripping onto other foods. A separate cooler for storing raw food is ideal.

The third step is to kill harmful bacteria by cooking food to the right temperature: Visual cues, like color, are not a guarantee that food is safe. Don't guess! Use a metal stemmed thermometer to check when meat and poultry are safe to eat. Foods are safe to eat when internal temperatures are 145 degrees for chops, roasts and steak; 165 degrees for poultry; and 160 degrees for ground meat.

The fourth step is to keep cold food cold. Perishable foods normally kept in the refrigerator must be kept in a cooler with freezer packs or ice to keep the temperature at or near 40 degrees F. Also put leftovers back in the refrigerator or cooler as soon as you are done eating. The simple rule is: When in doubt, throw it out!

MMDHD welcomes new employees

Ashley Tate, MCIR Coordinator

Ashley Tate is our new MCIR Coordinator. She is based in CBO and started on March 20, 2017. She has a B.S. from Grand Valley State University, where she double majored in Legal studies and Women & Gender Studies. She previously worked with Cedar Point hotels, was a contractor with MDCHs immunization division for two years and was with the Michigan Public Health Institute for one and a half years as an analyst with the MCIR State Help Desk. She has three sisters and four nieces, with two more on the way. Ashley has two dogs, Belle and Renni. Interests include music, photography, and MSU women's basketball and softball. She also loves to travel and has visited thirty U.S. states as well as France, England, the Netherlands, Germany, Turkey, Czech Republic, Poland and Ireland.

Paul Klein, Environmental Health Specialist I

Paul Klein is one of two new faces to the Environmental Health Division. He is based in CBO and started on May 15, 2017. He has a biology degree from Central Michigan University. He worked at McDonald's for six years and completed a horticulture internship at Michigan State University last summer. His family includes his parents, two younger brothers and two cats. Paul enjoys running, reading, hiking, hunting and fishing. Two of his favorite travel destinations include Yellowstone National Park and the Grand Canyon.

Cameron Tenwalde, Environmental Health Specialist I

The Environmental Health Division also welcomes Cameron Tenwalde, who is based in MBO. His first day with the agency was May 15, 2017. Cameron attended Lake Superior State University where he earned a bachelors degree in Wildlife Management. He has worked for Michigan DNR and U.S. Fish and Wildlife Service. He likes to hunt, fish, watch the Tigers and Lions. Travels include road trips to California and Florida. He has a dog named Osgood and four brothers and two sisters.

Grant receives stamp of approval

MMDHD was awarded funding in the amount of $20,000 from the Michigan Department of Health and Human Services (MDHHS) for Title X Family Planning Program activities that enhance the provision of core family planning or preventive health services. There is no additional caseload requirement tied to the funding. An additional $3,000 is available to increase collaboration with a Medicaid Health Plan. MMDHD plans to use the money to increase the quality of billing and the percentage of claims paid. This should enable us to garner the extra $3,000.

ACE Award

Achievement • Character • Excellence

Becky Stoddard, PHN III January - March 2017

Becky received the following nominations from her co-workers:

- Becky played a key role in coordinating the lab testing for potentially seoul virus exposed individuals. She was able to coordinate these lab draws in an expedited and efficient manner.
- Becky is professional and dedicated. She is respectful to clients and co-workers. You can rely on her when issues come up to be handled quickly, but with care and precision. GREAT TEAM PLAYER!
- Becky has been a huge help with Family Planning while learning Patagonia. She is always willing to help and is very caring to our clients.

Also nominated: Jacque Strack and Dena Kent.

Sarah Doak, CHED Supervisor October - December 2016

Sarah received the following nominations from her co-workers:

- Sarah always goes above and beyond, taking the time to travel to each office and give a refresher on Patagonia for all imms staff. She cares about her programs and it shows!
- I love Sarah's willingness to participate and make our offices a fun place to work. She is always laughing and joining in on conversations to show her love for each of us.
- Sarah is always on top of her game and willing to help wherever she can, whenever she can.
- Sarah is a strong leader-- she listens to staff concerns/issues and takes them seriously and is proactive in helping to resolve situations. She is very supportive of staff, which is greatly appreciated.
- Sarah has volunteered to help with Patagonia and has really helped me out a lot.

Also nominated: Duane Schneider, Laurie Finn, Melissa Bowerman

Nominations are currently being accepted for the next ACE Award! Nominate a deserving co-worker today! The nomination form can be found on the intranet- click on "Resource Links" and then "Ace Nominations."

MMDHD on the radio

MMDHD is featured the fourth Tuesday of each month on Greenville's 106.3 WGLM radio morning show. Recent participants include ***Cheryl Thelen*** (smoking cessation), ***Amanda Shaffer*** (CSHCS picnic and sib shops), ***Sam Tran*** (Pathways to Better Health) and ***Leslie Kinnee*** (sharps disposal and Pathways to Better Health). ***Amanda Shaffer*** also appeared on Alma's WMLM in May to promote CSHCS picnic and sib shops.

MMDHD blog

Check out our blog at www.mmdhd.blogspot.com. A link can also be found on our website.

Like us on Facebook

MMDHD currently has three Facebook accounts to keep followers informed of important notices, reminders, and other items of public health concern: the main page, Children's Special Health Care Services page and Breastfeeding Peer Counselor page. Be sure to like these accounts and encourage your family and friends to do the same!

Follow us on Twitter

Follow MMDHD on Twitter and be sure to send content ideas to Leslie Kinnee.

Notes of appreciation

Dear Andrea,

My overall experience at MMDHD was spectacular! I was unaware that assistive programs like the ones you offer were available until this clinical rotation. I felt very at home in your facility and even felt I would enjoy a career like this one day. It was exciting to me that people in need are able to be assisted by amazing benefits and amazing staff. I have always been interested in helping the underprivileged and improving quality of life for good people. MMDHD does just that!

Sincerely,
Rhiannon Bowen, MCC Student

Dear Andrea, Jamie, Dena, Lisa and Becky,

Thank you all so much for taking time out of your busy day to talk to us about the Patagonia EMR and to walk us through the process of registration, immunizations and checkout. It was very informative and helpful!

Gratefully,
Sue, Tonya and Regina
Ottawa County Health Department

Dear Shawn Evans,

Thank you for coming to our kindergarten registration night. Your dedication to our students is greatly appreciated!

Sincerely,
Lakeview Elementary

Dear Wendy,
We want to thank you again for allowing us to visit and take up staff time to help us with Patagonia. It was extremely helpful to both myself and Rhonda. Jamie and Jackie were patient and great at educating us.

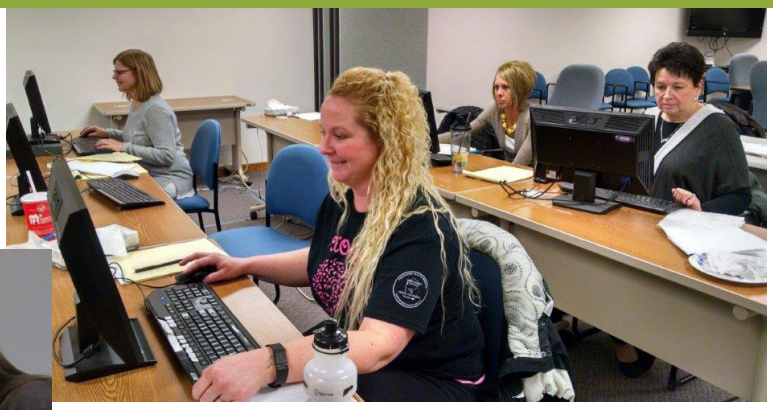
Sincerely,
Catherine Chamberlin
Personal Health Supervisor, Osceola County

Don't-miss fireworks displays

Visit www.michiganfireworks.com for a list of fireworks near you.

Dearborn
Grand Rapids
Bay City
Detroit
Grand Haven
Lake Orion
Mackinac Island
Marquette
Rochester Hills
Saginaw
Sterling Heights
Traverse City

MMDHD *at work*



Pauline Black, Courtney Beagle, Breann Bonga and Pat Wall receiving Hedgehog training.

Jamie Sawdy helping a client get checked in.

Shelley Treynor playing peek-a-boo before applying fluoride varnish.

Charity Little preparing her food class for their exam.

New Additions

Quinn Avery, granddaughter of Becky Stoddard, was born on June 9 and weighed 7 pounds, 13 ounces and was 19 1/2" long.

Gabriel Alexander, son of Adam Byrne, was born on May 18 and weighed 7 pounds, 7 ounces.

Grayson Thomas, son of Eric Deford, was born on March 21 and weighed 6 pounds, 10 ounces.

SOAR certified

Molly Smith, Community Health Worker, recently attended a unique training that will enable her to offer additional assistance to some of her neediest clients.

The SSI/SSDI Outreach, Access, and Recovery (SOAR) certification allows Molly to assist disabled applicants who are homeless or at risk of being homeless apply for disability. By marking these applications with "SOAR" it ensures that the applications are accepted or denied in a timely manner. Applying for disability normally can take years before receiving a determination, but applications with SOAR take only a few months.

Molly is the only person certified in SOAR in Gratiot County and we're proud to have her on our team!

REMINDER!

Be sure to fill out a training request form on the intranet, even for free trainings like webinars!

MMDHD Holidays and office closure

July 4 - Independence Day
September 4 - Labor Day
October 9 - Columbus Day
November 10 - Veteran's Day Observed
November 23 - Thanksgiving Day
November 24 - Day after Thanksgiving

Celebrate what you have accomplished, but raise the bar a little higher each time you succeed. - Mia Hamm

Gone but not forgotten

We recently said goodbye to three of MMDHDs finest: Hazel Hall, and Shawn Evans, retirees; and Juncai Li, who left to pursue another employment opportunity. We wish them all the best!

Back row: Katie Allen, Bryan Fowler, and Wendy Currie. Middle row: Ashley Tate, Hazel Hall, Kim Peters, Molly Smith, Megan Schulz and Cassie House. Front row: Sue Corrigan and Cheryl Thelen.

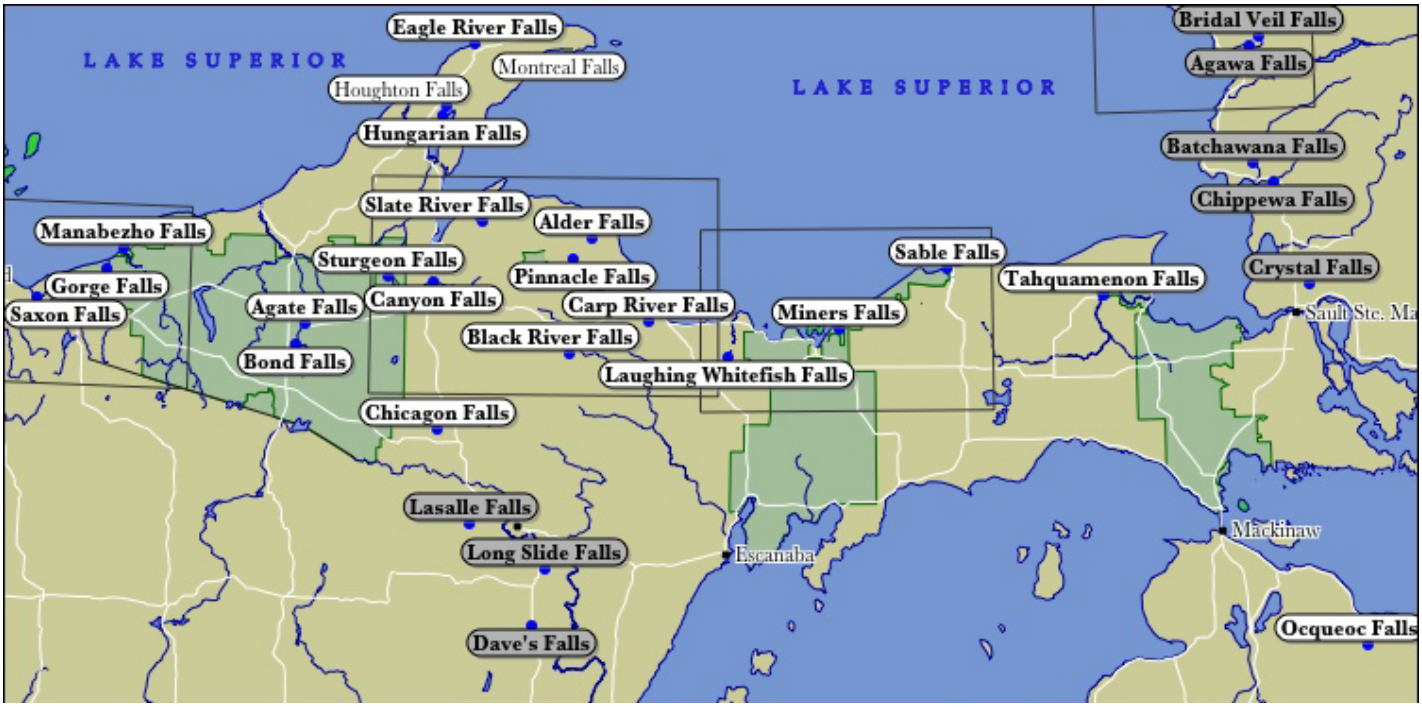
Juncai Li and Melissa Bowerman

Shawn Evans elected to not have a going-away party, but it's important to note that she was with MMDHD for almost 24 years and made a huge impact as Hearing and Vision Technician for Montcalm County.

Summer road trips

Waterfall tour

Michigan is said to have nearly 200 named waterfalls, all but one of which are located in the Upper Peninsula. However most of those falls are quite small. Many of them are better described as rapids. There are still a good number of interesting falls to visit across the UP. Tahquamenon Falls is the most impressive waterfall in the state. Miners Falls, Laughing Whitefish Falls, Bond Falls, Agate Falls, Gorge Falls, Potawatomi Falls and Superior Falls are also all not to be missed.



Three of Michigan's best beach towns

Beautiful Empire
Bustling Traverse City
Artsy Suttons Bay

Pure Michigan scenic drives

Red Arrow Highway from New Buffalo to St. Joseph

M-22 from Arcadia to Frankfort

M-23 from Tawas City to Alpena

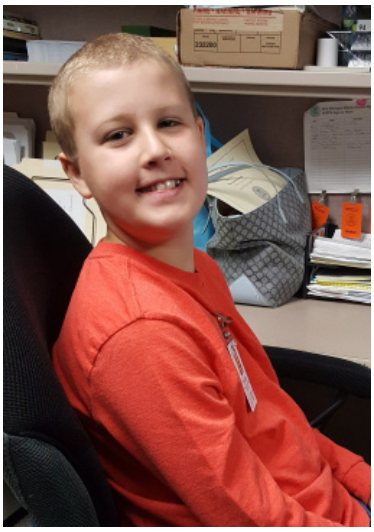
River Road Scenic Byway

US-2 from St. Ignace to Manistique

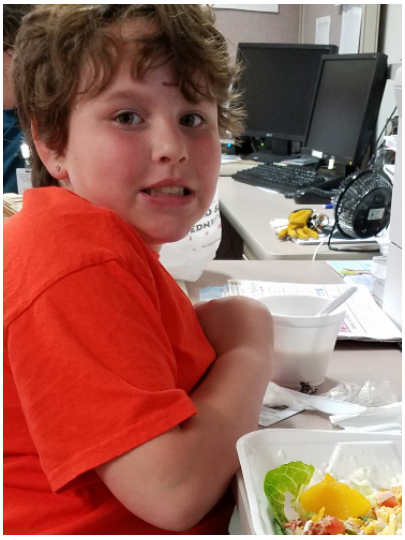
Mackinaw pirate ship

Arggg you ready for some Good Fortune? Come join Mackinaw Pirate Cruises on a unique family adventure aboard th' Good Fortune Pirate Ship! Located at Star Line Mackinaw Island Hydro-Jet Ferry's main dock in Mackinaw City. Day trips cater to the kids and evening trips are for adults only. Tis' a fun adventure for all who dare to enter and take the Pirate Oath…

Take your child to work day participants



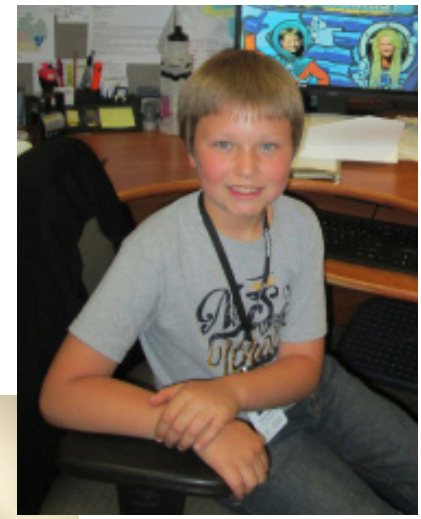
Breann Bonga's son, Brayden



Erin Morgan's daughter, Khilen

Candy Smith's granddaughter, Kylee and Stacey Peterman's son, Zack.

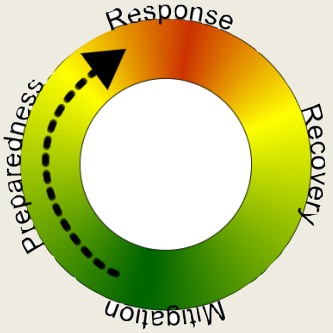
Sam Tran's son, Ashton.



Courtney Beagle's son, Brayden.

Lisa Mikesell's son, Nicholas; Cassie House's sister, Rylee; Katie Allen's daughter, Maggie; Cathy Smith's granddaughter, Kaelyn; and Sue Corrigan's grandson, Jayden.

Emergency Preparedness Bulletin



Who can you count on? Who counts on you?

Written by Hailey Brewer

In the midst of an emergency is not the best time to determine what you need, and who can help you. It is also not the time to find out someone is counting on you to help them out. This route of unpreparedness could be very dangerous or even life threatening.

So how do we become prepared? Well, take a few minutes to answer these four questions:

1. In a crisis, who can you count on?
Identify at least 3 people in each major location where you regularly spend time (i.e. home, work, church, school, sport team, volunteer organization, etc.).

2. Do these identified people know you would count on them?
Sit down and talk to these individuals to let them know about medical conditions, medications you are taking, things you may need their help for (i.e. turning off the gas to your home, moving large objects, a mode of transportation). Determining this ahead of time allows you and the people you count on to be ready and to know what to do when that crisis strikes.

3. Who in your life counts on you?
Try to identify individuals in each of the major locations in which you regularly spend time that would count on you during an emergency (i.e. spouse, children, coworker, elderly family member, neighbor, volunteer organization, etc.).

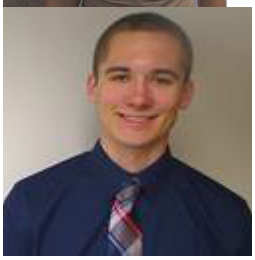
4. Do you know what is expected of you to help them?
Again, sit down and talk to these individuals to determine ahead of time what they expect of you. This will help you from being blindsided with something you can't do, or show up and don't know how to help them.

It is important to consider a variety of scenarios because the people may change depending on the situation. Some common crises are: a power outage, flooding, tornado, medical emergency, fire, or a blizzard or storm.

This may seem like a silly task but when that crisis does strike, you will be grateful that you took the time to identify these individuals and expectations.

Summer interns

Kelsey Wooten is a Community Health student from Central Michigan University and is graduating in August. She has been busy working on a literacy initiative, which has required her to find funding and donations for children's' books to fill the book gardens that she set up in all of the clinic waiting rooms. These book gardens are stocked with books for parents and children to take for FREE. She has collected over 500 books, so far! Kelsey is also working on revising and recreating promotional and informative materials for various programs such as MIHP and WIC.



Brandon Losinski is currently attending Alma College. Much of his time will be spent working on activities related to our Community Health Improvement Plans for Live Well Gratiot and Healthy Montcalm. He will also spend some time working with Rex Hoyt on the Maternal & Child Health community assessment grant that Andrea Tabor is overseeing. It is also hoped that he will be able to move forward our initial work with mapping the various walking opportunities in our counties – This will include going out to some of the trails and recording them with a GPS device and the uploading them to PlotaRoute.

Empowering a PBB-exposed community

Article re-printed from Partnerships for Environmental Public Health's online newsletter, February, 2017

Since taking over the Michigan Polybrominated Biphenyl (PBB) Registry in 2011, Michele Marcus, Ph.D., and her team at Emory University have been actively involved with the affected community. In fact, community engagement efforts evolved into a community-based participatory research partnership wherein residents helped identify important research questions, informed the research approach, and maintained an active role in the decision-making process moving forward.

In the early 1970s, millions of Michigan residents were exposed to a flame retardant mixture containing PBB through consumption of contaminated meat and other agricultural products. The Michigan PBB Registry has been following exposed residents and their children since 1976 to measure body burdens of PBB and to evaluate adverse health outcomes, such as earlier age at first menstruation, increased miscarriages and lower estrogen levels among females, and more urogenital problems among males.

"I had worked with the PBB health data for over 15 years but never had the chance to talk with the people affected. When the Michigan health department asked that I take over the Registry, I was excited for the opportunity to talk to Registry members, share the research findings with them, hear their stories, and hear their health concerns. I have learned so much from them," said Marcus.

The team at Emory has built relationships and forged partnerships among diverse stakeholders, including the PBB Citizen's Advisory Board, the Pine River Superfund Citizen Task Force, the Mid-Michigan District Health Department, Alma College, and approximately 1,000 residents who have reached out and shared their experiences. Together they have worked to fulfill their goals of educating and sharing research findings with the community, seeking out and incorporating community input into research, and facilitating community participation in research.

"The PBB community has enhanced the research in so many ways, from logistical issues such as convincing the state to keep the PBB health records available for research to issues that influenced the scientific direction, such as health concerns in children born to fathers with high PBB exposure," Marcus noted. Based on community input, Marcus' team identified new research priorities and, with funding from NIEHS, began to explore those questions of interest to affected residents. For example, community members expressed concerns about health issues such as neurodegenerative diseases, arthritis, cancer, and autoimmune problems that were not originally included in the research scope. In response, the research team added new questions to health surveys to compile data on these additional symptoms and health problems.

Residents wondered about the possibility of passing down negative health effects to their children and grandchildren, as well as the continued high levels of PBB in their bodies over the years. These questions helped to inform a recently funded epigenetics study looking at the heritability of genetic modifications across three generations, as well as a new clinical trial aimed at identifying a treatment to accelerate the removal of PBB from subjects' bodies.

"Our partnership with the community has improved both the science we conduct and its relevance to those affected. Our partners will ensure that the health findings are not only shared with those affected, but also part of a statewide effort to educate Michigan's health care providers," said Marcus.

How do you cope with stress?

RELAX
Think positive
Listen to music
Don't dwell on the negative
SMILE
Go for a walk
LAUGH OUT LOUD
Don't bottle things up
Do Yoga
TALK TO SOMEONE YOU TRUST
WALK
Enjoy a quiet moment
HAVE FUN
Make time for you!
PLAY SPORTS
EAT HEALTHY
SLEEP

Strategic planning update

Written by Ross Pope

Members of the Quality Vision Action Team (QVAT) have been working on developing the agency's new three year strategic plan that will be rolled out in the next few months. We wanted to provide an overview of where we currently stand in the planning process to help keep you informed. The team has been meeting monthly since January to develop our road map for the next three years. We believe this road map will help us move in the right direction while maintaining our core values and leveraging our resources to best fit the needs of the community. As part of this process, the team spent a considerable amount of time drafting new values and new mission and vision statements. The hope is that staff will bless these elements as is, but QVAT wants your opinion!

Proposed Mission: "We take action to protect, maintain, and improve the health of our community"

Proposed Vision: "Advancing innovative solutions to achieve healthier outcomes"

Proposed Values: Innovation, Collaboration, Accountability, Respect, and Equity ("I CARE")

After examining data internal and external data, the team developed a S.W.O.T. (Strength, Weakness, Opportunity, Threats) analysis to determine our areas of focus and is currently in the process of refining our objectives and strategies to achieve those goals. Our focus areas are very similar to our previous plan in order to build upon previous work. Below is a list of our 5 focus areas with an example objective provided for each to help give you the clearer picture of what we are trying to achieve:

1. We monitor community needs (ex: ensure Pathways sustainability)
2. We excel at quality improvement (ex: increased automated reporting & system development)
3. We promote public health (ex: One Stop Shop for clinical services/multiple services provided in one visit)
4. We are an ideal place to work (ex: improved internal communications)
5. We manage our fiscal resources (ex: program & service innovation)

Our next steps will be to continue to refine our objectives and strategies to help achieve our overall goals by using evidenced-based strategies where possible. We will also be determining who will be leading these strategies and the best method for keeping staff informed of the progress being made. QVAT will be finalizing the plan this summer and plan to showcase it to all staff before the plan is implemented this fall, so there will be more to come as our objectives and strategies are not set in stone at this point in time. As this was a general overview of our work in progress, If you have any questions or input about the plan please reach out one of the QVAT members so that we can address concerns or ideas that you may have with the plan in more detail.

The QVAT team leads the strategic planning process and is comprised of staff representing all branches and levels of the agency. Team members rotate on an annual basis. Current members are:

Melissa Bowerman, Administrative Services Division Director
Adam Byrne, Environmental Health Specialist I
Marcus Cheatham, Health Officer
Sue Corrigan, Public Health Representative II
Bob Gouin, Environmental Health Division Director
Andrew Holdeman, MIS Specialist II
Gayle Hood, Registered Dietitian
Betty Kellenberger, Board of Health Member
Jennifer Stratton, CHED Supervisor
Dena Kent, Public Health Nurse II
Lisa Mikesell, Public Health Nurse II
Janea Near, Public Health Representative I
Cindy Partlo, Executive Administrative Assistant
Ross Pope, Quality & Process Improvement
Jamie Shepler, Public Health Nurse I
Seth Steenwyk, EH Specialist I
Andrea Tabor, CHED Director

Partlo rides to fund skin cancer research

Cindy Partlo is happily celebrating four years cancer-free and rode in the 5th annual MSU Gran Fondo on June 24 in Grand Rapids. She was joined by 1,699 other riders, including her husband, Ron, all on a quest to help put an end to skin cancer.

Italian for "Big Ride," a Gran Fondo is a long-distance, mass participation event geared toward cyclists of all abilities. The MSU Gran Fondo starts and ends in downtown Grand Rapids and offers multiple lengths through West Michigan, including a 10, 25, 40 or 80 mile ride.

The Partlos chose to tackle the 40 mile ride, completing it in three hours and 10 minutes, almost an hour faster than their 2015 performance! Together, Cindy and Ron raised $886. This year's event raised a grand total of $161,745 for skin cancer research!

After only five years in existance, the MSU Gran Fondo has already started to make a difference. MSU College of Human Medicine researchers have completed several promising studies and have discovered a promising new drug that stops the spread of melanoma.

Click here to read Cindy's incredible story, "A mole, a freckle or a sunspot?"

In 2013 Cindy was diagnosed with melanoma. She underwent 3 surgeries and experienced a painful staph infection before she found herself on the road to recovery. As scary as her situation was, she is one of the lucky ones-- her cancer was found early and she is now cancer-free. She urges us all to wear sunscreen so we don't have to go through what she did.

6/17/13
First surgery to remove cancer cells.

6/19/13
Second surgery to remove remaining cancer cells.

6/21/13
A plastic surgeon repairs her face.

Cindy today--
Cancer-free and an avid sunscreen user.

HEC Committee

Purpose: To assist employees in establishing a balance of health and wellness in the workplace.

Mission: To create a sense of community within the agency that conveys a positive outlook and a shared vision for the health and wellness of self and others.

Members: Katie Allen, Melissa Bowerman, Hailey Brewer, Bryan Fowler, Leslie Kinnee, Charity Little, Nicole Montgomery, Erin Morgan, Megan Schulz, Sara Thelen, and Dawn Wadle.