BOARD OF HEALTH
REGULAR MEETING
At
Mid-Michigan District Health Department
Montcalm Administrative Offices
Stanton, Michigan
Wednesday, April 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
   b. Mid-Michigan District Board of Health Regular Meeting held March 22, 2017 – Included.

2. Communications
   a. Letters dated March 27, 2017 to Senators Judy Emmons and Rick Jones, and Representatives Jim Lower and Tom Leonard from Bruce DeLong, Chairperson regarding vapor intrusion – Included.
b. Letter dated April 5, 2017 to Bob Gouin from Dale Ladouceur, Michigan Department of Environmental Quality (MDEQ), Drinking Water and Municipal Assistance Division regarding Annual Self-Assessment of the Onsite Wastewater Treatment Management Program – **Included**.

c.

C. **PUBLIC COMMENTS:**

D. **BRANCH OFFICE EMPLOYEES:**

E. **COMMITTEE REPORTS:**

1. Finance Committee – Tom Lindeman, Chair

   a. MMDHD's Expenses for March 18 – April 14, 2017 – **Included**.

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

   c. Environmental Health (EH) Staffing

      1. Hire Food Inspection Contractor – **Included and Handout**.

      2. Hire EH Supervisor – **Included**.

   d.

2. Personnel Committee – Betty Kellenberger, Chair

   a. Schedule Health Officer Appraisal – **Included**.

   b.

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. Mosquitoes and Health

   2.

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

1. Grant Update – **Included**.

2. NALBOH Annual Conference, Celebrating Innovations in Board Governance, August 2-4, 2017, Cleveland, Ohio, [www.nalboh.org/events](http://www.nalboh.org/events) – **Included**.
3. FY 16/17 Second Quarter Client Satisfaction Survey – Included.

4. OLD BUSINESS:
   1. Recap of Day at the Capitol Event, April 19, 2017
   2. Watershed Planning
   3. Restructure Organizational Meeting Agenda – Included.
   4. PBB Research – Included.

I. NEW BUSINESS:
   2. Schedule Appeals Hearing, Gratiot County Residential Well Issue – Included.
   3. Emerging Issues

J. LEGISLATIVE ACTION:
   1. Legislative Update – Included.

K. INFORMATIONAL ITEMS: - Included.
   1. Mid-Michigan District Board of Health Action Items, March 2017
   2. Staffing Report

L. RELATED NEWS ARTICLES AND LINKS:
   1. MMDHD News Articles Available Online at: http://mmdhd.org/?q=node/120

M. AGENCY NEWSLETTERS: None
### Board of Health Synopsis of Actions Needed

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<td><strong>A. 1.</strong></td>
<td>AGENDA NOTES, REVIEW, AND REVISIONS</td>
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<td>Motion to approve the Agenda as proposed.</td>
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<td><strong>B. 1. &amp; 2.</strong></td>
<td>CONSENT ITEMS (MEETING MINUTES &amp; COMMUNICATIONS)</td>
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<td>Motion to accept and place on file Meeting Minutes B. 1. a. through c. and Communications B. 2. a. and b.</td>
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<tr>
<td><strong>E. 1. a.</strong></td>
<td>EXPENSES FOR MARCH 18 THROUGH APRIL 14, 2017</td>
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<td>Motion to approve payment of the Mid-Michigan District Health Department’s Expenses for March 18 through April 14, 2017, totaling $444,120.22.</td>
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<td><strong>E. 1. b.</strong></td>
<td>BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR MARCH 2017</td>
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<td>Motion to approve and place the Balance Sheet, Revenue and Expenditure Report for March 2017 on file.</td>
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<td><strong>E. 1. c. 1.</strong></td>
<td>ENVIRONMENTAL HEALTH (EH) STAFFING, EH SUPERVISOR</td>
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<td>Motion to authorize the Health Officer to hire an EH Supervisor to work districtwide effective immediately.</td>
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<td><strong>E. 1. c. 2.</strong></td>
<td>HIRE FOOD INSPECTION CONTRACTOR</td>
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<td>Motion to authorize the agency to enter into an Employment Agreement with an independent contractor to conduct food inspections district-wide.</td>
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<td><strong>E. 2. a.</strong></td>
<td>SCHEDULE HEALTH OFFICER ANNUAL APPRAISAL</td>
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<td>Motion to schedule the Health Officer’s annual appraisal with the Personnel Committee members after the May 24th Regular Meeting in St. Johns at 12:15 p.m. and with the Finance Committee members at 8:30 a.m., prior to the May 24th Regular Meeting.</td>
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<td><strong>F. 1.</strong></td>
<td>MEDICAL DIRECTOR’S REPORT, MOSQUITOES AND HEALTH</td>
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<td>Motion to adopt the BOH Monthly Healthy Living Recommendation for May as proposed and accept and place the Medical Director’s Report on file.</td>
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<td><strong>H. 3.</strong></td>
<td>RESTRUCTURE ORGANIZATIONAL MEETING AGENDA</td>
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<td>Motion to approve the revised BOH Organizational Meeting Agenda.</td>
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<td><strong>I. 2.</strong></td>
<td>APPEALS HEARING, GRATIOT COUNTY RESIDENTIAL WELL ISSUE</td>
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<td>Motion to appoint X, X, and X to the Appeals Board and schedule a hearing for May X, 2017 at X .m. in the Gratiot Branch Office, Ithaca</td>
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I. Call to Order
The meeting was called to order at 9:00am by Kathy Forzley, President.

II. Roll Call
A quorum was present.
Jurisdictions Represented: Allegan [Angelique Joynes], Barry-Eaton [Colette Scrimger], 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], District 2 [Denise Bryan], District 4 [Denise Bryan], Huron [Ann Hepfer], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Angela Videto], Kalamazoo [Jim Rutherford], Kent [Adam London], Lenawee [Martha Hall], Livingston [Dianne McCormick], Luce-Mackinaw-Alger-Schoolcraft [Nick Derusha], Macomb [Bill Ridella], Marquette [Jerry Messana], Midland [Mike Krecek], Mid-Michigan [Marcus Cheatham], Monroe [Kim Comerzan], Northwest Michigan [Lisa Peacock], Oakland [Kathy Forzley], Ottawa [Lisa Stefanovsky], Saginaw [John McKellar], Sanilac [Bryant Wilke], Shiawassee [Larry Johnson], Tuscola [Ann Hepfer], Washtenaw [Ellen Rabinowitz], Western UP [Kate Beer].

Others Present: Administrative Officers Forum, [Rachel Shymkiw], Health Education and Promotion Forum, [Jill Keast], Environmental Health Forum, [Bob Gouin], Management Information Systems Forum, [Brent Helm], Nurse Administrators Forum, [Joann Hoganson], Physician’s Forum, [Ruta Sharanpani], MDHHS, [Orlando Todd, Bob Swanson, Kory Groetsch], MDEQ, [Dana Debruyn, Sue Leeming, Michael McClellan, Lisa Quiggle, Al Taylor], MDARD, [Sean Dunleavy], MAC, [Don Vrablic], PAA, [Ed Dore], Abdul El-Sayed, Sen. Curtis Hertel Jr.

Staff: Meghan Swain, Jodie Shaver

III. Approve Agenda
Motion by M. Cheatham, support by C. Scrimger to approve the agenda. Motion carried.

IV. Approve Meeting Minutes
Motion by C. Scrimger, support by L. Peacock to approve the February 13, 2017 minutes. Motion carried.

V. Reports of Officers/Staff/Forums
President
K. Forzley reported issues with medical waivers (vs philosophical waivers). There appears to be some inconsistencies and confusion and the role of local health department.
As part of her report, she requested that B. Swanson be present to report on a legal opinion from staff counsel. It is appropriate to contact the physician, but not challenge the beliefs of the physician or individual. Jay Fiedler is still looking for all health departments to participate in MDSS; however, it is still unclear if the department can enter only those who have agreed to participate and exclude others. M. Swain will survey the membership. CareConnect 360 is a program utilized by community mental health. The executive committee will discuss further with MDHHS to see if local health departments can get access too. Local health departments are signing the 2088 FDA Sharing Agreement. Oakland is continuing address an uptick in Pertussis cases. After investigation, it was determined that a lot of cases were being reported from a pediatrician’s office. Samples were taken, and it was determined that some type of environmental contamination was compromising the samples. Once they removed the low signal data, the number of cases went from 300 to 54. Issues with Maternal and Infant Health Program will be discussed with MDHSS’ leadership. After the April meeting, executive committee members would like to meet with the forum chairs to discuss MALPH’s governance structure and fiduciary responsibility with an attorney. Board members are welcome to stay. Additionally, we will be purchasing Directors’ and Officers’ insurance. She thanked the board members who could participate on the conference call regarding the survey of the Public Health Advisory Commissioners. She received great comments from the membership. She added that the commission is looking for structural change that will provide improvement to protecting the health of the public through vertical and horizontal changes between federal, state, and local units of government.

B. Swanson did report that the state will be doing a vaccination campaign, called I Vaccinate. There will be a press conference on Monday, March 20. There will be multiple media outlets utilized including TV, cable, social media, radio, Google and social media pushes, outdoor billboards, Pandora advertising, and other digital content media.

**Secretary/Treasurer**

N. Derusha reported all expenditures for this reporting period are within budget targets. We did receive the final payment from the Michigan Health Endowment Fund. Motion by R. Burns, support by L. Stefanovsky to accept the financial reports. Motion carried.

**Executive Director**

M. Swain reported that she was approached by Nancy Grijalva of MDHHS regarding veterans’ services and what, if any, kind of service delivery or supportive services do local health departments provide for this population. She is seeking a workgroup to explore options. She also reported that budget process is moving slower than normal. The Senate is most likely to concur with the governor; however, the House would like to move on their income tax repeal. To do that, they may be looking to cut budgets to make that proposal revenue neutral. The Affordable Care Act continues to be of concern regarding the Healthy Michigan Plan and the Public Health and Prevention Fund. M.
Swain reported that she was invited to participate on the steering committee for Adverse Childhood Experiences (ACE). This initiative is focused on expanding efforts toward statewide awareness of the Adverse Childhood Experiences and creating a statewide coalition to recommend development of appropriate interventions and state policy; and to provide for the implementation of Medicaid policy for ACE. She reported that the executive committee will be meeting with the three departments. She offered information on the U of M Training Center’s Board of Health/Commissioner training program that is now available. Individual health departments can purchase for $300 or MALPH can purchase it for $3,000, and the entire membership would have access to it. Motion by C. Scrimger, support by L. Peacock to have MALPH purchase the program. M. Cheatham offered an amendment that information be sent to the full board to review and vote yay or nay. A survey will be sent to the board for an online vote. M. Swain reported that she is participating in a Partners for Health workgroup that is addressing the American Health Care Act. We still need several board representation forms completed. She will notify health departments that still need to complete those.

**Lobbyist**
No report was given.

**Forum Reports**
Administrator’s Forum: R. Shymkiw reported that they are currently addressing issues with Medicaid Health Plan payments. There will be a Medicaid Outreach workgroup between state and local personnel to address issues.

Health Education and Promotion (HEP): J. Weisbrod reported that they are working on Smiles on Wheels (dental sealant program) to have an oral health impact. At the April meeting, they will have higher education institutions in to discuss internships at health departments. The HEP and Public Information Officer survey will be done and forwarded to health officers.

Management Information Systems: B. Helm reported that they are reviewing different electronic health record programs such as Patagonia.

Environmental Health: B. Gouin reported that they are working on MDARD’s proposal for front line food workers. They have reviewed SB 169 (campgrounds), which is the piece of legislation from last legislative cycle. They continue to oppose the legislation. They are working on several projects with MDARD including Food Safety Modernization Act. They have been working on Minimum Performance Requirements with both MDARD and DEQ. MALEHA has submitted a written response of opposition to what is being proposed now, as they were unable to provide input. Comments will be sent to M. Swain to forward to health officers.

Nurse Administrator’s Forum: J. Hoganson reported that they are reviewing transitions to electronic medical record programs (strengths and weaknesses of various programs).
She also reported that there are changes in Medicaid Outreach that they are reviewing as well. They are reviewing lead documentation and billing systems. They are also working with HHS on the DNA testing request.

Public Health Physicians: R. Sharangpani reported that they are continuing to work with Linda VanGills on the Cross Jurisdictional Sharing grant regarding medical directors. They are reviewing policies, memorandum of understanding, insurance, etc. They are also discussing concerns to Title X funding and maternal and child healthcare cuts.

VI. Vapor Intrusion Discussion with DEQ and HHS
Kory Groetsch of HHS, and Sue Leeming, Michael McClellan, Lisa Quiggle, and Al Taylor came to discuss their work and approach to addressing vapor intrusion.

VII. Reports from State Departments
Department of Agriculture and Rural Development (MDARD)
S. Dunleavy reported that they are reviewing the vending machine license refunds. He expressed thanks to those health departments who have signed the 2088 FDA Sharing Agreement. He asked if there are any questions from local legal counsel, to please contact him. He also reported that they are working on an Incident Command System exercise with the City of Detroit. They plan on offering a session at the Michigan Premier Public Health Conference. They have hired an emergency manager and recently stood up an emergency management plan. He discussed dogs on restaurant patio legislation and is looking to have a workgroup to review the variance process.

Department of Environmental Quality (MDEQ)
D. DeBruyn reported that Bryce Feighner is retiring in July. They are reviewing a request for rule making for Safe Drinking Water Act, Part 1-28. They are also reviewing secondary treaters of community water supplies. They have meet with HHS and LARA to determine roles and authorities for secondary treaters, and they are meeting with other states. The Office of Drinking Water were cited for lack of data systems. They will have expert LEIN personnel to train DEQ staff for permitting, and they are looking for local public health department volunteer(s) in a smaller program like septage. In February, there was a meeting with Sen. Rick Jones’ staff regarding statewide sanitary code. She reported that DEQ staff attended the Wastewater Conference, and there is an improved relationship with well-drillers. Personnel of DEQ will be attending the National Environmental Health Association’s conference in Grand Rapids. The campground bill, SB 169, has been reintroduced.

Department of Health and Human Services (MDHHS)
O. Todd reported that they are working on Cycle 7 Minimum Performance Requirements. Programs have submitted revisions, changes, and comments. The department will sponsor another strategic planning session, as follow up to the October meeting. All health officers will be invited. He participated in a meeting with Denise Chrysler, L. VanGills, and M. Cheatham to go over new health officer training and legal duties. They
will have sessions available in the Upper Peninsula, northern, and central trainings. He encouraged new health officers, new staff, and attorneys to attend. He stated that the Cross Jurisdictional Sharing grants will continue, and dollars will be given to those who received them most recently. Projects will start October 1. He stated that they must be a project with innovation to include policy recommendations.

VIII. Dr. Adul El Sayed, Gubernatorial Candidate
Dr. Abdul El Sayed came to discuss his gubernatorial campaign. His approach is to think about state government and its role to protect the public. He said it is time to reclaim and rethink to empower public health at the state level. He added that the role of government has changed from what you see today to what the framers wanted.

IX. Public Comment/Announcements
No public comments at this time.

X. Adjournment
The meeting adjourned at 12:15pm.
BOARD OF HEALTH
REGULAR MEETING
at
Mid-Michigan District Health Department
Gratiot County Branch Office
Ithaca, Michigan

Conference Room A

Wednesday, March 22, 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 (arrived at 10:10 a.m.), Tom Lindeman (Vice Chairperson), Bruce DeLong (Chairperson), George Bailey (left at 11:31 a.m.), and Betty Kellenberger

Members Absent: Sam Smith

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

Staff Absent: None

Guests: Alison Barnes, CPA, Yeo & Yeo

B. DeLong, Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health (BOH) to order at 10:06 a.m., on Wednesday, March 22, 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 that Capital Crossings Mobile Home Park, Clinton County be added as item H. 6. T. Lindeman requested that item E. 1. e., FY 15/16 Audit be moved to the first order of business.
Motion made by T. Lindeman and seconded by G. Bailey to move item E. 1. e., FY 15/16 Audit to the first order of business and approve the Agenda as amended. Motion carried.

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair
   
   c. FY 14/15 Audit – Yeo & Yeo

   Alison Barnes, CPA from Yeo & Yeo reported that they prepared the FY 15/16 Audited Financial Statements including a Single Audit Report. She stated that the process and working with staff went well. She reviewed portions of the Financial Statements noting that the opinion given was an unmodified, clean opinion. She recommended that the BOH annually approve a schedule of committed funds for the general operating fund as outlined on page 3-10 in the Audit. She also reviewed a schedule of long-term contracts and leases receivable as outlined on page 3-13. Additionally, she said that an adjustment was required to uncompensated absences where employee total hourly leave balance was recorded, not the amount of leave time to be paid out at separation of employment (which was less). Furthermore, unearned revenue regarding the dental clinic should have been stated as restricted fund balance, lease contracts were recorded as unearned revenue and should have been included in deferred inflow. In summary, she stated that there appeared to be a misunderstanding of these items with the prior accounting firm; however, there should not be issues going forward as the recommended adjustments have been made.

   She reviewed the Single Audit Report indicating that the Federal award program examined was the Women, Infants, and Children’s Program (WIC). There was one material weakness in adjusting journal entries and one significant weakness regarding Federal procedures (e.g., policies regarding Federal procedures) was identified from this Federally-funded program. The significant weakness was corrected and these findings should not be an issue in the future. No Federal award findings were found. Alison Barnes stated that M. Bowerman will be working on four policies covering Federal procedures over the coming months to present to the BOH for approval. G. Bailey stated that having findings allows the agency to improve and was thankful that the agency changed auditors.

   Motion made by B. Kellenberger and seconded by T. Lindeman to receive and place the FY 15/16 Audited Financial Statements on file. Motion carried.

   Motion made by B. Kellenberger and seconded by T. Lindeman to reaffirm the motions made at the February 22, 2017 meeting. Motion carried.

B. CONSENT ITEMS:

1. Meeting Minutes
   
   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held January 9, 2017
   
   b. Mid-Michigan District Board of Health Regular Meeting held January 25, 2017
c. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held February 13, 2017

d. Mid-Michigan District Board of Health Regular Meeting held February 22, 2017

2. Communications


b. Public Health Accreditation Board (PHAB) Annual Report, Section II

M. Cheatham reported that the incorrect document was included in the BOH packet for item 2. b. He distributed a revised document to the BOH that described the items that the agency needed to work on regarding Performance Management and Quality Improvement.

Motion made by B. Kellenberger to accept and place on file Meeting Minutes B. 1. a. through d. and Communications B. 2. a. and b. Motion seconded by G. Bailey. Motion carried.

Motion made by T. Lindeman to go into closed session at 11:03 a.m. Chairman DeLong requested a roll call vote. C. Partio 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 11:13 a.m.

C. PUBLIC COMMENTS: None.

D. BRANCH OFFICE EMPLOYEES: None.

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair

a. Mid-Michigan District Health Department's Expenses for January 21 through February 17, 2017

   Motion made by T. Lindeman to approve payment of the Mid-Michigan District Health Department’s Expenses for January 21 through February 17, 2017, totaling $411,967.32. Motion seconded by G. Bailey. Motion carried.

b. Mid-Michigan District Health Department's Expenses for February 18 – March 17, 2017

   Motion made by T. Lindeman to approve payment of the Mid-Michigan District Health Department’s Expenses for February 18 – March 17, 2017, totaling $411,501.47. Motion seconded by G. Bailey. Motion carried.
c. Mid-Michigan District Health Department’s Monthly Balance Sheet, Revenue and Expenditure Report for February 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 February 2017. Motion seconded by G. Bailey. Motion carried.

d. Revised FY 17/18 Budget Development Schedule

M. Bowerman stated that a draft copy of the FY 17/18 Budget would be mailed to the full BOH for review on May 3, 2017 and mentioned that if any Board member had questions to contact a Finance Committee member.

Motion made by T. Lindeman and seconded by G. Bailey to approve the Revised FY 17/18 Budget Development Schedule and to schedule the Special Finance Committee Meeting for May 8, 2017, 2 p.m. at the Gratiot Branch Office, Ithaca. Motion carried.

Motion made by T. Lindeman and seconded by G. Bailey to place the Finance Committee Report on file. Motion carried.

2. Personnel Committee – Betty Kellenberger, Chair – No report.

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.

1. Influenza: How Well Does the Vaccine Work and Why Don’t More People Get It?

Dr. Morse provided an overview of her report on why people do not receive the influenza vaccine. She also reviewed statistics with the BOH indicating that the vaccine efficacy over a ten-year period was approximately 47%. She explained that this was due to the changing make-up of the virus from year-to-year.

Dr. Morse recommended the following be adopted as the BOH Monthly Healthy Living Recommendation for April:

1. Support annual influenza vaccination efforts.

D. Washington asked about iVaccinate. Dr. Morse provided an overview of the program indicating that the statewide campaign began this week. She said anyone with questions or concerns regarding vaccination can find accurate data at: https://ivaccinate.org/answering-your-questions/. She also stated that immunization waiver rates were also reported on the site.

Dr. Morse also provided an update regarding concerns in Montcalm County with Animal Control reporting of bites and follow-up. Dr. Morse indicated that she talked with the Angela Hollinshead and Sheriff Mike Williams, as well as City Police Chiefs and a State of Michigan Trooper about animal control concerns in Montcalm County. The group worked out a plan to establish a few kennels with a lockbox including a code or key for strays to be secured when picked up after hours or on the weekends.
by Montcalm County Officers. Other concerns were also discussed regarding residents dropping animals off after hours and wildlife captures. B. Kellenberger mentioned that she received feedback that Dr. Morse’s attention to this issue was very much appreciated.

**Motion made by T. Lindeman and seconded by G. Bailey to adopt the BOH Monthly Healthy Living Recommendation for April 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. **Michigan’s Premier Public Health Conference, October 3-5, 2017, Mission Point Resort, Mackinac Island**

   M. Cheatham encouraged Board members to consider attending the Michigan’s Premier Public Health Conference and mentioned that if interested to let C. Partlo know.

2. **Draft 2016 Mid-Michigan District Health Department Annual Report**

   M. Cheatham distributed draft copies of the MMDHD 2016 Annual Report and reviewed it with the BOH. He also asked them for their feedback by sending him an email message or by calling.

3. **Grant Update**

   M. Cheatham indicated that the topic was postponed to the April 26, 2017 BOH Regular Meeting.

4. **Board of Commissioners Meetings**

   M. Cheatham mentioned that he would be attending Commissioners meetings on: Thursday, March 30, 2017 in Clinton County; Tuesday, April 18, 2017 in Gratiot County; and Monday, April 10, 2017 in Montcalm County. He asked if there were any specific topics the BOH would like him to cover. D. Washington suggested vapor intrusion. The BOH indicated that they would think on it and pass along any ideas to him.

5. **Power Outage, Environmental Health Food Service Work**

   M. Cheatham provided an overview of the actions taken by the health department during the recent power outage to keep the public safe. He mentioned that there were no foodborne outbreaks from the power outages.

**H. OLD BUSINESS:**

1. **Michigan Public Health Institute (MPHI) BOH Training, Governance in Action for Public Health**

   M. Cheatham reported that he contacted MPHI regarding the training and also discussed with MALPH. He stated that MALPH decided to purchase the training for access by all local health departments within the State.
2. Vapor Intrusion, Draft Letter to Legislators

M. Cheatham reviewed the draft letter to legislators encouraging them to support funding for vapor intrusion and requested approval to have the Board Chair sign it.

Motion made by B. Kellenberger and seconded by T. Lindeman to authorize the Board Chair to sign the vapor intrusion letter to legislators. Motion carried.

3. Restructure Organizational Meeting Agenda

Topic postponed to the April 26, 2017 Regular BOH Meeting.

4. PBB Research

Topic postponed to the April 26, 2017 Regular BOH Meeting.

5. Watershed Planning

Topic postponed to the April 26, 2017 Regular BOH Meeting.

6. Capital Crossings Mobile Home Park

M. Cheatham distributed information updating the BOH regarding the Capital Crossings Mobile Home Park issue in Clinton County. He provided background stating that the Michigan Department of Licensing and Regulatory Affairs (LARA) declined to reissue the license for the park in June 2015 and relinquished responsibility for inspections and enforcement to Clinton County in July 2016. Mary Pino, Clinton County Prosecutor sent a written reply to LARA stating that according to the Public Health Code and Mobile Home Act, LARA can continue to regulate and prosecute the owner.

M. Cheatham updated the BOH regarding the health department’s actions and indicated that at the request of the Clinton County Commissioners and Mary Pino, a walkthrough was done on February 24, 2017 by EH staff, Eagle Township representatives, Clinton County Drain Commissioner and Code Enforcement staff, as well as the Michigan Department of Environmental Quality (MDEQ). MDEQ completed an inspection form, took photos, and placed the inspection on their website. One significant finding was that the sewage system was currently off line for repairs and waste was being stored in the lagoon. He said that the Clinton County and Eagle Township staff asked the Health Department to involve Senator Jones’ and Representative Leonard’s offices on the issue and to request them to encourage MDEQ and LARA to carry out enforcement against the owner.

I. NEW BUSINESS:

1. MALPH Day at the Capitol and Release of 2017 County Health Rankings, Wednesday, April 19, 2017

M. Cheatham mentioned that the MALPH Day at the Capitol was scheduled for Wednesday, April 19, 2017 in Lansing. He indicated the 2017 County Health Rankings would be released that day and asked if any BOH members were interested in attending to meeting with legislators. B. Kellenberger indicated she would attend.
2. Exploring the Concept of a Food HUB
   Topic postponed to the April 26, 2017 Regular BOH Meeting.

3. Emerging Issues – None

J. LEGISLATIVE ACTION: None

K. INFORMATIONAL ITEMS:
   1. Mid-Michigan District Board of Health Action Items, February 2017
   2. Staffing Report

L. RELATED NEWS ARTICLES:
   1. MMDHD News Articles available online at [www.mmdhd.org/?q=node/119](http://www.mmdhd.org/?q=node/119)

M. AGENCY NEWSLETTERS: None

There being no further business to come before the Board, the meeting adjourned at 12:05 p.m.

Respectfully Submitted,

Cynthia M. Partlo, Board Secretary
For Bruce DeLong, Chairperson
Mid-Michigan District Board of Health
March 27, 2017

Honorable Judy K. Emmons, Senator
Michigan State Senate, 33rd District
201 Townsend St., Ste. 4400
PO Box 30036
Lansing MI 48909-7536

Dear Senator Emmons:

Vapor intrusion is a significant public health issue that has been quietly brewing at up to 4,000 locations in Michigan\(^{13}\). Vapor intrusion is the build-up of evaporated volatile chemicals in buildings that overlie soil or groundwater contaminated with these chemicals\(^{14}\). Common volatile chemicals involved in vapor intrusion include tetrachloroethylene (TCE), which has long been used in dry cleaning, and benzene, which is a component of gasoline\(^{2}\). Most of these chemicals have serious health effects, including being linked to cancer\(^{15,16}\).

Though the existence and risk of vapor intrusion has been known for years, more precise vapor measurement methods and recent decreases in toxicity standards by the U.S. Environmental Protection Agency have prompted re-evaluation of known sites and efforts to mitigate, or correct, the contamination at these sites for the protection of human health.

In order to respond appropriately to this issue, resources are desperately needed. The Governor has proposed that $1,376,000 in the 2018 budget be dedicated to the Vapor Intrusion Program. On behalf of the Mid-Michigan District Board of Health, I urge you to support this funding to help address the vapor intrusion problem in Michigan with necessary Michigan Department of Environmental Quality (MDEQ) staff and resources.

Those of us working in Michigan’s public health system have learned all too well over the past few years how damaging it can be in the long run to cut costs at the sake of environmental contamination. Our hope is that investment now can help prevent further contamination and health problems to your constituents.

Sincerely,

Bruce DeLong, Chairperson
Mid-Michigan District Board of Health

---


Administrative Offices – Stanton

March 27, 2017

Honorable Rick Jones, Senator
Michigan State Senate, 24th District
201 Townsend St., Ste. 4200
PO Box 30036
Lansing MI 48909-7536

Dear Senator Jones:

Vapor intrusion is a significant public health issue that has been quietly brewing at up to 4,000 locations in Michigan\(^1\). Vapor intrusion is the build-up of evaporated volatile chemicals in buildings that overlie soil or groundwater contaminated with these chemicals\(^2\). Common volatile chemicals involved in vapor intrusion include tetrachloroethylene (TCE), which has long been used in dry cleaning, and benzene, which is a component of gasoline\(^2\). Most of these chemicals have serious health effects, including being linked to cancer\(^3,4\).

Though the existence and risk of vapor intrusion has been known for years, more precise vapor measurement methods and recent decreases in toxicity standards by the U.S. Environmental Protection Agency have prompted re-evaluation of known sites and efforts to mitigate, or correct, the contamination at these sites for the protection of human health.

In order to respond appropriately to this issue, resources are desperately needed. The Governor has proposed that $1,376,000 in the 2018 budget be dedicated to the Vapor Intrusion Program. On behalf of the Mid-Michigan District Board of Health, I urge you to support this funding to help address the vapor intrusion problem in Michigan with necessary Michigan Department of Environmental Quality (MDEQ) staff and resources.

Those of us working in Michigan’s public health system have learned all too well over the past few years how damaging it can be in the long run to cut costs at the sake of environmental contamination. Our hope is that investment now can help prevent further contamination and health problems to your constituents.

Sincerely,

\[signature\]

Bruce DeLong, Chairperson
Mid-Michigan District Board of Health

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Administrative Offices – Stanton

March 27, 2017

Honorable Tom Leonard, Representative
Michigan House of Representatives, 93rd District
164 Capitol Bldg.
PO Box 30014
Lansing MI 48909

Dear Representative Leonard:

Vapor intrusion is a significant public health issue that has been quietly brewing at up to 4,000 locations in Michigan. Vapor intrusion is the build-up of evaporated volatile chemicals in buildings that overlie soil or groundwater contaminated with these chemicals. Common volatile chemicals involved in vapor intrusion include tetrachloroethylene (TCE), which has long been used in dry cleaning, and benzene, which is a component of gasoline. Most of these chemicals have serious health effects, including being linked to cancer.

Though the existence and risk of vapor intrusion has been known for years, more precise vapor measurement methods and recent decreases in toxicity standards by the U.S. Environmental Protection Agency have prompted re-evaluation of known sites and efforts to mitigate, or correct, the contamination at these sites for the protection of human health.

In order to respond appropriately to this issue, resources are desperately needed. The Governor has proposed that $1,376,000 in the 2018 budget be dedicated to the Vapor Intrusion Program. On behalf of the Mid-Michigan District Board of Health, I urge you to support this funding to help address the vapor intrusion problem in Michigan with necessary Michigan Department of Environmental Quality (MDEQ) staff and resources.

Those of us working in Michigan’s public health system have learned all too well over the past few years how damaging it can be in the long run to cut costs at the sake of environmental contamination. Our hope is that investment now can help prevent further contamination and health problems to your constituents.

Sincerely,

Bruce DeLong, Chairperson
Mid-Michigan District Board of Health

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 Administrative Offices – Stanton

March 27, 2017

Honorable James Lower, Representative
Michigan House of Representatives, 70th District
S1089 House Office Bldg
PO Box 30014
Lansing MI 48909

Dear Representative Lower:

Vapor intrusion is a significant public health issue that has been quietly brewing at up to 4,000 locations in Michigan. Vapor intrusion is the build-up of evaporated volatile chemicals in buildings that overlie soil or groundwater contaminated with these chemicals. Common volatile chemicals involved in vapor intrusion include tetrachloroethylene (TCE), which has long been used in dry cleaning, and benzene, which is a component of gasoline. Most of these chemicals have serious health effects, including being linked to cancer.

Though the existence and risk of vapor intrusion has been known for years, more precise vapor measurement methods and recent decreases in toxicity standards by the U.S. Environmental Protection Agency have prompted re-evaluation of known sites and efforts to mitigate, or correct, the contamination at these sites for the protection of human health.

In order to respond appropriately to this issue, resources are desperately needed. The Governor has proposed that $1,376,000 in the 2018 budget be dedicated to the Vapor Intrusion Program. On behalf of the Mid-Michigan District Board of Health, I urge you to support this funding to help address the vapor intrusion problem in Michigan with necessary Michigan Department of Environmental Quality (MDEQ) staff and resources.

Those of us working in Michigan’s public health system have learned all too well over the past few years how damaging it can be in the long run to cut costs at the sake of environmental contamination. Our hope is that investment now can help prevent further contamination and health problems to your constituents.

Sincerely,

Bruce DeLong, Chairperson
Mid-Michigan District Board of Health

---

April 5, 2017

Bob Gouin, R.S., M.B.A., Environmental Health Division Director
Mid-Michigan District Health Department
615 N. State Street
Stanton, Michigan 48888

Dear Mr. Gouin:

SUBJECT: Annual Self-Assessment of the Onsite Wastewater Treatment Management Program

This is to acknowledge receipt and acceptance by the Department of Environmental Quality (DEQ) of the annual self-assessment as completed by the Mid-Michigan District Health Department (MMDHD). The annual self-assessment was submitted in accordance with Section VI, Onsite Wastewater Treatment Management Program (OWTMP) of the Michigan Local Public Health Accreditation Program (MLPHAP) and the findings of our review are discussed in this correspondence.

The annual self-assessment report from MMDHD was received on January 18, 2017, and the initial review was completed on February 22, 2017. Subsequently, on March 10, 2017 a teleconference was held with Lonnie Smith, R.S, of MMDHD and me. During the teleconference we discussed the review of the annual self-assessment and agreed with your agency findings of compliance being “Met” for all Indicators.

The review findings for several of the Indicators were discussed in detail during the teleconference and pertinent comments are reiterated below.

Indicator 1.3 – Evidence of Enforcement Measures:

The DEQ review of the agency self-assessment and discussion determined that MMDHD reported twenty-five (25) correction orders for failed systems and thirty-seven (37) orders to correct construction violations (red tags). The DEQ recognizes MMDHD for these efforts to both protect public health by resolving sewage system failures and for the greater assurances that onsite systems are installed correctly per the permit requirements.
Indicator 2.1 – Site Evaluation Documentation:

The agency self-assessment reported 92 percent compliance. The DEQ review resulted in agreement with agency findings. The DEQ review also determined that 249 (46 percent) of the permit files with site evaluation documentation were reviewed which is commendable in that only a minimum of 25 permit files are required to be reviewed.

Indicator 2.2 – Sewage Permit Documentation:

The agency self-assessment reported 86 percent compliance. The DEQ review determined that the percentage of compliance for this Indicator may be higher than the 86 percent reported. More specifically, the DEQ review determined that the internal quality assurance process of MMDHD is likely exceeding the minimum measures required for compliance with this Indicator resulting in the potential for underreporting the compliance percentage. The DEQ review also determined that 249 (63 percent) of the permit files were reviewed which is commendable in that only a minimum of 25 permit files are required to be reviewed.

Indicator 2.3 – Organized Filing System

During the DEQ review and subsequent discussion regarding this Indicator it was learned that MMDHD has moved to the Hedgehog data management system for the Onsite Wastewater Program. The DEQ commends MMDHD in their efforts to explore and utilize available programs for document retention and data management for the Onsite Wastewater Program.

Indicator 3.1 – Final Inspection Documentation:

The agency self-assessment reported 84 percent compliance. The DEQ review determined that the percentage of compliance for this Indicator is 89 percent. The difference in percentage was due to MMDHD policy for documenting septic tank abandonments as part of the internal quality assurance process that exceeds the minimum measures required for compliance with this Indicator. The DEQ review also determined that 249 (78 percent) of the permit files were reviewed which is highly commendable in that only a minimum of 25 permit files are required to be reviewed.

Based on our review of the self-assessment, we commend the agency for achieving 92 percent compliance with Indicator 2.1 and transitioning to an enhanced data management system for the Onsite Wastewater Program. We also commend the agency for maintaining exceptional internal quality assurance/quality control, especially during times of ongoing challenges with staff resources.
In closing, thank you for participating in the self-assessment review option. We appreciate the efforts of you and your staff in the pursuit of ongoing quality assurance in the OWTMP Program. We further recognize Lonnie Smith as the key staff person within your agency assigned the responsibility for implementing activities integral to the self-assessment process. The efforts of Mr. Smith to provide program oversight, monitoring, and reporting as part of the annual self-assessment represents a sincere commitment to ongoing quality assurance on behalf of your agency.

If you require further information, please contact me at 517-284-6534; ladouceurd@michigan.gov; or DEQ, Drinking Water and Municipal Assistance Division, P.O. Box 30241, Lansing, Michigan, 48909-7741.

Sincerely,

Dale R. Ladouceur, R.S.
Onsite Wastewater Program
Environmental Health Programs Unit
Drinking Water and Municipal Assistance Division

cc: Mr. Marcus Cheatham, Health Officer, MMDHD
    Mr. Lonnie Smith, EH Supervisor, MMDHD
    Mr. Jeremy Hoeh, DEQ
MONTHLY EXPENSES FOR  
March 18, 2017 - April 14, 2017

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

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**Payroll**

| MERS Employee Electronic Transfer | $ 3,728.95 |
| Chemical Bank Payroll-Ameriprise NBS | $ 190.00 |
| Chemical Bank Payroll-Nationwide | $ 2,435.00 |
| Chemical Bank Payroll-MERS 457 | $ 430.00 |
| Chemical Bank Payroll Tax Electronic Transfer |             |
| Federal | $ 32,175.91 |
| State | $ 14,273.55 |
| Direct Deposit Payroll | $ 100,444.80 |

**TOTAL** | **$ 245,189.26**

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Page 25 of 134
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CHECK TOTALS:

- $ 4,176.03
- $ 160.00
- $ 146.16
- $ 777.93
- $ 25.00
- $ 17.00
- $ 40.00
- $ 1,913.65
- $ 30.00
- $ 103.37
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**ACCOUNTS PAYABLE CHECK REGISTER**

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**BANK CODE TOTALS:**

- $91,511.05 $ - $91,511.05

**COMPANY TOTALS:**

- $91,511.05 $ - $91,511.05

36 COMPUTER CHECKS
0 MANUAL PAYMENT CHECKS
0 VOID CHECKS - TRX
0 VOID CHECKS - STUBS
0 VOID CHECKS - ERROR
0 VOID CHECKS - FORM ALIGNMENT
4 DIRECT DEPOSITS
40 CHECKS TOTAL
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<td><strong>Payroll</strong></td>
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<td>Chemical Bank Payroll-Ameriprise NBS</td>
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<td>Chemical Bank Payroll-Nationwide</td>
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<td>VALLEY FARMS BAPTIST CHURCH</td>
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<td>VAN024</td>
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COMPUTER CHECK

**2Q FY16 HEALTH CLINIC**

**EHS RECRUITMENT AD**

**PREVENTION FORUM AD**

**3/7-3/24 CSHCS PARENT LIASON**

**4/14/17 EMPLOYEE DONATION**

**4/14/17 EMPLOYEE DONATION**

**3/25/17 FOOD/CD PACKAGES**

**3/22-4/21 BROADBAND**

**3/24-4/23 MIHP BROADBAND**

**2017 APRIL WIC RENT**
<table>
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<th>DESCRIPTION</th>
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<td>15532</td>
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<td>2,183.06</td>
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<td>100804-1</td>
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<td>9 WIC DECALS</td>
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<td>15540</td>
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<td>15541</td>
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<td>KEYBOARD/NUMBER PAD - ADMIN</td>
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CHECK TOTALS: $5,773.82

BANK CODE TOTALS: $25,140.09

COMPANY TOTALS: $25,140.09
Account Number:
New Balance: $2.65
Minimum Payment Due: $2.65
Payment Due Date: May 1, 2017

Make check payable to First National Bank Omaha
Amount of Payment Enclosed

Change of Address? Yes, please complete reverse side

REO APR 17 2017

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT:

Account Summary

Previous Balance $2.65
Payments $2.65
Other Credits $0.00
Purchases $2.65
Balance Transfers $0.00
Cash Advances $0.00
Fees Charged $0.00
Interest Charged $0.00
New Balance $2.65
Statement Closing Date 04/04/17
Days in Billing Cycle 33
Total Credit Limit $2,000.00
Available Credit $1,997.00
Cash Limit $400.00
Available Cash $400.00

Payment Information

New Balance $2.65
Minimum Payment Due $2.65
Past Due Amount $0.00
Payment Due Date May 1, 2017

Manage your business expenses with convenient online access:
- Make secure online payments
- Access current and historical statements, up to 7 years old
- Monitor monthly expenses

Login today to explore all the online possibilities!

Customer Service
Call: Toll Free 1-800-819-4249
Visit: www.firstnational.com
Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Transaction Detail

<table>
<thead>
<tr>
<th>Trans Date</th>
<th>Post Date</th>
<th>Reference Number</th>
<th>Transaction Description</th>
<th>Credits (CR) and Debits</th>
</tr>
</thead>
<tbody>
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<td>04/30</td>
<td>0143021032</td>
<td>ONLINE PAYMENT THANK YOU</td>
<td>$2.65 (CR)</td>
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<tr>
<td>05/05</td>
<td>05/05</td>
<td>0243921032</td>
<td>AMERICAN MESSAGING 888-247-7800 TX</td>
<td>$2.65</td>
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</table>

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

<table>
<thead>
<tr>
<th>Charge Summary</th>
<th>Annual Percentage Rate (APR)</th>
<th>Balance Subject to Interest Rate</th>
<th>Days Rate Used</th>
<th>Interest Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases</td>
<td>15.99% (v)</td>
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<td>33</td>
<td>$0.00</td>
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</table>

2017 Total Year-to-Date:
Total fees charged in 2017 ........................................ $0.00
Total interest charged in 2017 ................................... $0.00

Additional Information Regarding Your Account

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

<table>
<thead>
<tr>
<th>Trans Date</th>
<th>Post Date</th>
<th>Reference Number</th>
<th>Transaction Description</th>
<th>Credits (CR) and Debits</th>
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<tr>
<td>3-08</td>
<td>3-09</td>
<td>24438106790708300711445479</td>
<td>BUILDASIGN.COM 600-S30-9932</td>
<td>$12.49</td>
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<tr>
<td>3-10</td>
<td>3-13</td>
<td>244381067908990100444697</td>
<td>AMAZON.COM AMZN.COM/BILL AMZN.COM/BILL WA</td>
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<td>3-13</td>
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<td>74418007770907803966</td>
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<td>$27.00</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Charge Summary</th>
<th>Annual Percentage Rate (APR)</th>
<th>Balance Subject to Interest Rate</th>
<th>Days Rate Used</th>
<th>Interest Charge</th>
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<tbody>
<tr>
<td>Purchases</td>
<td>15.99%</td>
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<td>Cash Advance</td>
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2017 Total Year-to-Date

Total fees charged in 2017: $0.00
Total interest charged in 2017: $0.00
## Account Summary

Previous Balance: $853.80
Payments: $853.80
Other Credits: $0.00
Purchases: $44.45
Balance Transfers: $0.00
Cash Advances: $0.00
Fees Charged: $0.00
Interest Charged: $0.00
New Balance: $44.45

Statement Closing Date: 04/04/17
Days in Billing Cycle: 33

Total Credit Limit: $2,000.00
Available Credit: $1,955.00
Cash Limit: $400.00
Available Cash: $400.00

## Payment Information

New Balance: $44.45
Minimum Payment Due: $10.00
Past Due Amount: $0.00
Payment Due Date: May 1, 2017

## Transaction Detail

<table>
<thead>
<tr>
<th>Trans Date</th>
<th>Post Date</th>
<th>Reference Number</th>
<th>Transaction Description</th>
<th>Credits (CR) and Debits</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-02</td>
<td>3-03</td>
<td>244407098401151817</td>
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<td>7441800707001707009568</td>
<td>ONLINE PAYMENT THANK YOU</td>
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<td>3-16</td>
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Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

### Charge Summary

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual Percentage Rate (APR)</th>
<th>Balance Subject to Interest Rate</th>
<th>Days Rate Used</th>
<th>Interest Charged</th>
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<tbody>
<tr>
<td>Purchases</td>
<td>15.99% (v)</td>
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<tr>
<td>Cash Advance</td>
<td>25.79% (v)</td>
<td>$0.00</td>
<td>33</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Additional Information Regarding Your Account

An Easier Way to Pay Your Bill!

Tired of writing checks and spending money on stamps every time you pay a bill? Pay your recurring monthly bills automatically with your credit card! No hassle. No forgetting to send a payment for phone, internet, even utilities. And, no worries about your payment being lost or intercepted in the mail. It's quick and convenient. Start paying your monthly bills with your credit card today!
Account Number: 
New Balance: .......................... $0.00
Minimum Payment Due: .................. $10.00
Payment Due Date: .................. May 1, 2017

Make checks payable to First National Bank Omaha
Amount of Payment Enclosed $ 

Change of Address? If yes, please complete reverse side

RECD APR 17 2017

**Account Summary**

- **Previous Balance**: $0.00
- **Payments**: $0.00
- **Other Credits**: $0.00
- **Purchases**: $+50.38
- **Balance Transfers**: $+0.00
- **Cash Advances**: $+0.00
- **Fees Charged**: $+0.00
- **Interest Charged**: $+0.00
- **New Balance**: $50.38

**Statement Closing Date**: 04/04/17
**Days in Billing Cycle**: 33
**Total Credit Limit**: $2,000.00
**Available Credit**: $1,949.00
**Cash Limit**: $400.00
**Available Cash**: $400.00

**Transaction Detail**

- **3-14**
  - **Post Date**: 3-15
  - **Reference Number**: 24288884201007047240115511
  - **Transaction Description**: JIMMY JOHNS - 9005400948 ORCPM 18
  - **Credits (CR) and Debits**: $6.29

- **3-20**
  - **Post Date**: 3-21
  - **Reference Number**: 2438866079869014406824
  - **Transaction Description**: BRICKYARD BAR & GRILL LLC STANTON MN
  - **Credits (CR) and Debits**: $45.09

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

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<th>Annual Percentage Rate (APR)</th>
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<th>Interest Charge</th>
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<td>Cash Advance</td>
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<td>$0.00</td>
<td>33</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**2017 Total Year-to-Date**

- **Total fees charged in 2017**: $0.00
- **Total interest charged in 2017**: $0.00

**Additional Information Regarding Your Account**

**An Easier Way to Pay Your Bills!**

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

Issued by First National Bank of Omaha

Page 39 of 134
**Board of Health Action Sheet**

<table>
<thead>
<tr>
<th>Date:</th>
<th>April 26, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator:</td>
<td>Bob Gouin, Environmental Health (EH) Director</td>
</tr>
<tr>
<td>Subject:</td>
<td>EH Service Delivery Status for 2017 – Hire Food Inspection Contractor</td>
</tr>
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<td>Information Only</td>
<td>☐</td>
</tr>
<tr>
<td>Action Needed</td>
<td>☒</td>
</tr>
</tbody>
</table>

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.)*

This is a request to the Board of Health (BOH) to authorize an employment contract with a qualified individual to work in the Food Safety Program and conduct other duties as assigned until the end of the fiscal year.

The EH Division has two vacant EH Specialist positions. Both of these former employees had been trained and were delivering services in our three major programs (Food, Water, and Sewage). One of these positions also was the Resource Recovery Coordinator for Montcalm County.

While the hiring and training process continues to move forward (employment offers have been made for both positions with expected start dates in May), the vacancies have immediate and lasting effects to EH services due to several factors. EH is entering the spring and summer seasons which accounts for much of our demand for services. In addition to the construction season, seasonal inspections such as food facilities, opening of seasonal water supplies, campgrounds, and outdoor pools are due over this period. Both of these vacancies created an inability to maintain food service inspections at the required frequencies districtwide. Sanitarians must be trained and certified prior to being able to legally inspect fixed food service facilities. Training and certification typically takes six to eight months to complete and requires that a Standardized Trainer (State of Michigan certified) participate and coordinate.

Additionally, the EH Division is experiencing increased service demands across the Water and Sewage Programs (see attachments). The Quarterly Service Report (QSR) also provides an additional data source for consideration.
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.)

Taking into account the current staffing environment, as well as the current and projected service demands, the Department has several recommendations. These recommendations include addressing EH staffing (see additional Board of Health Action Sheet), considering contractual EH services, and monitoring service demands while looking for opportunities to provide suspended services.

As outlined above, the current and projected environment for the remainder of the fiscal year means it is unlikely we will be able to comply with every Minimum Program Requirement (MPR) in the Food Safety, Water Quality, and Sewage Disposal programs. In order to minimize impacts to our local communities as well as existing staff, the following modifications to the EH service delivery model have been recommended:

- **Food Safety Program** –
  - Routine Inspections will be suspended (MPR 2 & MPR 4).
  - Follow up Inspections will be suspended (MPR 8 & MPR 4).
  - Consumer Complaints (non-illness) will be suspended (MPR 11).
  - Plan Reviews for new and remodeled facilities will be maintained but at the maximum response time allowed by the Food Law (MPR 1).
  - Foodborne Illness Complaint response will be transferred to the Communicable Disease nurses in order for MMDHD to respond to potential public health threats; however, state standards will not be maintained (MPR 15 & 16).
  - Quality Assurance components have been suspended (MPR 4, MPR 12, MPR 13, & Important Factor IV).
  - Advanced Food Training Classes have been canceled or rescheduled until fall 2017.
  - Other Food Safety Program components that directly relate to a potential public health threat will be maintained if at all possible. It is the intent to continue to provide temporary food safety inspections (i.e. festivals, MPR 3) however, at this time service delivery cannot be assured.

- **Medical Waste Pilot Program** –
  - Routine Inspections have been suspended.
  - Follow-up Inspections have been suspended.
  - Consumer Complaint Inspections have been suspended.

- **Type II Non-Community Water Supply** -
  - Routine Sanitary Surveys will take place, but will not meet state required frequency. It is the intent to provide the other program functions as required.

- **Water Quality and On-site Sewage Disposal Programs** -
  - The intent is to deliver the demand services in both of these programs if at all possible; however, delays in response times are anticipated.

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

Attached is a draft contract for the BOH’s consideration. Costs would include an hourly rate equivalent to a Sanitarian II, which is a rate of pay between $21.23 and $25.88 per hour, as well as administrative costs in managing and maintaining the contract services arrangement.
V. Alternatives Considered:
(Scope of options reviewed. Reasons for rejecting alternatives.)

The following alternatives have been considered and are open for discussion:

- Attempting to maintain service delivery and MPR's without contract service assistance. This alternative is unlikely to succeed, could result in poor customer service, and would place additional stress on existing staff.

- Contracting EH services, yet failing to maintain service delivery and MPR’s regardless. This alternative must be considered as being able to obtain, afford, and maintain contractual service support is not a 100% guaranteed positive result. For example, being able to obtain qualified individuals that can maintain working a second job after hours all summer long (or the next 5 months) may not be feasible.

- Failing to attempt to take corrective action may result in State of Michigan interventions. As the member counties of the Mid-Michigan District Health Department (MMDHD) are required to provide these basic services at a Minimum Program Requirement (MPR) level; failing to attempt to take any corrective action may result in State of Michigan involvement.

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.)

MMDHD recommends the Board of Health authorize the Department to pursue and obtain an employment contract for select EH functions, specifically, routine and follow-up food service inspections and new facility plan reviews associated with the Food Safety Program. We request authorization to negotiate a rate of pay between $21.23 and $25.88 per hour which is the wage band for a Sanitarian II. The contract would last until September 30, 2017 and includes an option for early termination.

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

The EH Division will be monitoring services performed through the remainder of the fiscal year as well as monitoring services that were unable to be performed. Updates to the Board of Health will be provided upon request.
EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT is entered into this __ day of __________, 2017, by and between the MID-MICHIGAN DISTRICT HEALTH DEPARTMENT ("Employer") and ___________________________ ("Employee").

W I T N E S S E T H:

WHEREAS, the Employer requires the services of a qualified person to serve as a temporary part-time certified food service inspector; and

WHEREAS, the Employee desires to provide such services and is qualified to perform the same.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, IT IS HEREBY AGREED between the parties as follows:

1. Employment. The Employee shall be employed part-time as a certified food service inspector for the Mid-Michigan District Health Department. It is expressly understood and agreed that the Employee shall be an “at-will” employee of the Employer. Either the Employee or the Employer may terminate this Agreement with or without cause at any time, upon 14 calendar days’ prior written notice.

2. Duties. The Employee shall perform all duties as required and directed by the Employer including, but not limited to, those stated in the attached Exhibit A, consistent with the minimum program requirements of the Food Service Sanitation section of Michigan’s Local Public Health Accreditation Program.

3. Term and Termination. The term of this Agreement shall be as specified in Exhibit A, unless terminated earlier as provided in Section 1. Upon termination of employment, the Employee shall return all documents, correspondence, files, papers or property of any kind, of all type or nature pertaining to the Employer, which the Employee may possess or control.

4. Compensation. The Employer shall pay, and the Employee shall receive, compensation at the rate specified in Exhibit A, payable in installments at the same time as other employees of the Employer are paid, for services rendered pursuant to this Agreement. The Employee shall not be entitled to, or receive, any fringe benefits, except those required by law. The Employee shall submit weekly time sheets documenting his or her work hours to his or her supervisor.

5. Non-Discrimination. The Employee, as required by law, shall not discriminate against any person seeking services from the Employer or against any employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, or matters directly or indirectly related to employment because of physical or mental disability that is unrelated to the individual’s ability to perform the duties of a particular job or position, or
because of race, color, height, weight, marital status, religion, national origin, age, or sex. Breach of this covenant may be regarded as a material breach of this Agreement.

6. **Governing Law; Compliance with the Law.** This Agreement is governed by Michigan law. The Employee shall perform all duties and obligations hereunder in complete compliance with all applicable federal, state and local laws, ordinances, rules and regulations.

7. **Complete Agreement.** This Agreement constitutes the complete agreement concerning the employment arrangement between the parties and shall, as of the effective date hereof, supersede any and all prior contracts, oral or written, between the parties, if any. It is understood and agreed that this Agreement shall supersede and take precedence over any other document, handbook, benefit plan or material which could otherwise be construed as being contractual in nature, whether in existence prior to, currently or subsequent to the execution of this Agreement, unless such other document, handbook, plan or material is made expressly applicable to the Employee by this Agreement or by formal action of the Employer. It is further understood that no Employer personnel has authority to enter into any employment contract with the Employee for any specified period of time, or to make any agreement contrary to the provisions herein, except when the same is approved by a formal action of the Employer.

8. **Waivers.** No failure or delay on the part of either of the parties to this Agreement in exercising any right, power, or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power or privilege preclude any other or further exercise of any other right, power or privilege.

9. **Assignment or Subcontracting.** The Employee may not assign, subcontract, or otherwise transfer any duties and/or obligations under this Agreement.

10. **Modification of Agreement.** Modifications, amendments, or waivers of any provisions of this Agreement may be made only by the written mutual consent of the parties hereto.

11. **Disregarding Titles.** The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.

12. **Invalid Provisions.** If any provision of this Agreement is held to be invalid, the remainder of the agreement shall not be affected thereby, except where the invalidity of the provision would result in the illegality and/or unenforceability of this Agreement.

13. **Certification.** The persons signing this Agreement on behalf of the parties hereto certify by their signatures that they are duly authorized to sign this Agreement on behalf of said parties and that this Agreement has been authorized by said parties.
IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully executed this Agreement on the day and year first above written.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

_________________________________ Date:________________________
Mark W. Cheatham, Health Officer

EMPLOYEE

_________________________________ Date:________________________

N:\Client\Mid-Mich DHD\Agreements\Employment Agr.doc
**Board of Health Action Sheet**

<table>
<thead>
<tr>
<th>Date:</th>
<th>April 26, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator:</td>
<td>Bob Gouin, Environmental Health (EH) Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Hire EH Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Information Only</td>
<td>☒ Action Needed</td>
</tr>
</tbody>
</table>

I. Authority For This Action:


II. Summary:

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

This is a request to the Board of Health (BOH) to authorize a second EH Supervisor position and to authorize the Mid-Michigan District Health Department (MMDHD) to search for a qualified applicant and fill the position. The EH Supervisor position will be paid for by holding a vacant System Developer position open.

Several local factors have combined to create an environment that requires recommendations concerning the functioning of the EH Division to be provided to the BOH. In summary, the local factors contributing to EH staffing recommendations include:

- Overall increased service demand trends. The MMDHD has provided annual summaries at the conclusion of each fiscal year demonstrating an overall increase in service demand over the past five years. In some cases, recent demands in some services have been at a 10-year high.

- Increased service demand seen in FY 2016/2017 due to several factors including a mild winter/lack of frost and inventory of foreclosures at a low level. This substantial increase in service demand is higher than in the past 5 years.

- Sanitarian Vacancies. This last quarter, two EH Specialists were pilfered by the Michigan Drinking Water and Municipal Assistance Division (formally MDEQ). Both of these vacant positions are in the process of being filled with tentative start dates in May. Regardless, neither of the leading replacement candidates has local public health department experience and will require complete training.

- Demand exceeding available resources. When taking the previous factors into consideration, the EH Division will not be able to maintain service delivery and Minimum Program Requirements (MPR) for the remainder
of this fiscal year. Both sanitarians that left MMDHD were providing services in all of our major programs. While the one EH Supervisor trains the two new sanitarians in our Water and Sewage programs over this building season, the loss of two certified sanitarians results in the inability to maintain the Food Safety program at required levels.

• Staff Turnover. The EH Division has turned over at least one EH Specialist every year for the last six years. While the reasons for separation from MMDHD have all had some degree of case-by-case variability, all of these exit interviews have documented either too high of a workload, not enough EH supervision or both. Increased demand and continuing to operate with a “new” staff only exacerbate these issues.

Because of this, we know the EH Division is failing to meet MPR. According to the State’s local accreditation process, failing to meet a mandatory program’s MPR requires that local health departments take action and formalize a Corrective Plan of Action. As part of MMDHD’s anticipated Corrective Plan of Action, we are recommending that the BOH authorize adding an EH Supervisor with a concentration in Food Safety.

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.)

There are multiple strategic objectives and/or needs to be addressed with hiring an EH Supervisor:

• Corrective Plan of Action (CPA). As part of an anticipated CPA that will be required to be filed with the Michigan Department of Agriculture and Rural Development (at a minimum); MMDHD’s Food Safety program will need to provide a source of management, oversight, and assurance that the program’s functions are brought back into compliance with state standards. This cannot be accomplished with present staffing, nor will the State have any reason to believe that existing staffing levels (including two untrained sanitarians) will bring the Food Safety program back into compliance.

• Staff Training. An EH Supervisor would be required to be a state certified “Standardized Trainer” and would be tasked with not only training the new sanitarians in the Food Safety program but also providing the required food inspection quality assurance activities in the field with all the current EH Specialists.

• Food Safety Program Administration and MPR Compliance. An EH Supervisor assigned to this program would immediately begin quality assurance activities within the program. Activities such as policy updating and assurance, oversight of food inspection services, oversight of illness and enforcement activities as well as a focus point for consultation with the state. The EH Supervisor would also be tasked with providing program consultation within the district, thus providing the supervision resource desired by the current staff.

• MMDHD EH Administrative Capacity. An additional EH Supervisor also allows for an improvement in functionality across the Division in all programs. With the new EH Supervisor providing oversight activities for the Food Safety Program, more opportunities would be available to the current EH Supervisor (not state certified in the Food Program) to provide supervision to the Water and Sewage program areas of the Division.

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

The Supervisor position will be paid for by holding a vacant System Development Coordinator position open. The wages and benefits of an EH Supervisor at the start step come to approximately $70,800 depending on what options they take. The System Development Coordinator position totaled about $62,000. The difference of about $10,000...
will be made up with the savings from current vacancies and by expected staff retirements, which mean those positions will adjust from the top step to the start step also.

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

The following Alternatives have been considered and are available for consideration and discussion:

- Attempting to maintain service delivery and MPR without EH staffing considerations (i.e., status quo). This alternative is unlikely to succeed; could result in poor customer service; and would place additional stress on existing staff. It is not likely that State agencies would agree to this alternative as a Corrective Plan of Action to reach MPR compliance.

- Contracting for Food Safety Program Training. Attempting to contract for the training of our new sanitarians this coming winter is a possible alternative. This alternative, however, does not address Food Safety program oversight, program consultation/supervision resource for staff, nor position MMDHD in a strategic position to maintain MPR going forward.

- Failing to attempt to take corrective action may result in State of Michigan interventions. As the member counties of MMDHD are required to provide these basic services at MPR level; failing to attempt to take any corrective action may result in State of Michigan involvement regardless.

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.)

It is our recommendation that the BOH authorize a new EH Supervisor position, authorize MMDHD to search for a qualified candidate, and fill the position effective immediately. This action at this time will be approximately revenue neutral but is badly needed to support our EH programs.

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

The EH Division will be monitoring services performed through the remainder of the fiscal year. Updates to the BOH will be provided upon request.
EH Numbers through March

**Septic Permits through March**

- 2013: 100
- 2014: 110
- 2015: 120
- 2016: 130
- 2017: 140

**Well Permits through March**

- 2013: 230
- 2014: 190
- 2015: 180
- 2016: 200
- 2017: 220

**Vacant Land Evaluations through March**

- 2013: 40
- 2014: 30
- 2015: 70
- 2016: 60
- 2017: 90
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<th>ENVIRONMENTAL HEALTH PROGRAMS</th>
<th>Clinton 2016/2017</th>
<th>Gratiot 2016/2017</th>
<th>Montcalm 2016/2017</th>
<th>DW Year To Date 2016/2017</th>
<th>YTD FY Total</th>
<th>FY Goal</th>
<th>DW Prev. Year to Date 2015/2016</th>
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<tr>
<td><strong>FOOD SERVICE SANITATION</strong></td>
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<td><strong>ON-SITE SEWAGE DISPOSAL</strong></td>
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<td>A. # of Permit Applications Issued</td>
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<td>C. Inspections Conducted during and/or after construction</td>
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<td><strong>WATER QUALITY CONTROL</strong></td>
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<td>(Private, Public, Non-Comm)</td>
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<td>B. # of Site Inspections of Completed Water Well Systems</td>
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<td><strong>NUISANCE ABATEMENT</strong></td>
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**Quarterly Service Report**  
Mid-Michigan District Health Department  
Environmental Health Services

District Wide (DW)
**Board of Health Action Sheet**

<table>
<thead>
<tr>
<th>Date: April 26, 2017</th>
<th>Administrator: Mark W. Cheatham, Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject: Health Officer Performance Review Process</td>
<td>Information Only</td>
</tr>
</tbody>
</table>

I. Authority For This Action:

- ☒ Local Policy – *Board of Health (BOH) Minutes, December 19, 2001*

II. Summary:

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

The BOH conducts the Health Officer’s annual performance evaluation. December 19, 2001, the BOH approved an annual Health Officer Performance Review Process. This process involves a two-part review conducted between May and July. Three of the Board members participate in one session (usually Personnel Committee members), while the other three Board members (Finance Committee members) participate in a second session. Typically, the sessions are held over lunch after the Regular Board Meetings. The BOH reviews the Health Officer Performance Review Criteria and the Health Officer’s Goals with the Health Officer. The review criteria and written Health Officer Goals for FY 16/17 are attached for your consideration.

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 annual Health Officer Performance Evaluation Process allows the BOH to modify the Health Officer’s goals and evaluate progress and performance. Based on the completion of the Performance Evaluation Process, the Health Officer advances one step on the wage band if applicable.
IV. Fiscal Impact and Cost:
   (Immediate, ongoing, and future impact.)

The Health Officer’s step increases are budgeted. There is an unknown risk from not addressing poor performance issues in a timely manner.

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

The BOH has regularly considered alternative methods of evaluating the Health Officer’s performance and thus far has chosen to continue with this method.

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.)

Recommendation for a motion to be made and voted on stating that the Personnel Committee shall meet either before or after the May BOH meeting and the Finance Committee shall meet either before or after the June or July BOH meeting.

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

The Health Officer will update the goals for FY 16/17 and develop new goals for FY 17/18 based upon feedback from the BOH and present those new goals to the BOH at the August BOH meeting.
HEALTH OFFICER GOALS AND DEPARTMENT PROGRESS
MID-MICHIGAN DISTRICT HEALTH DEPARTMENT (MMDHD)
UPDATED FOR FY 2016-17

I have significantly overhauled my goals for FY 2016-17. I have established new goals in areas including economic impact, health impacts, strategic planning, mental health, Electronic Health Record (EHR), emergency preparedness and public information. I have removed several goals including medical direction, training, accreditation, meaningful use and Great Lakes Health Connect because we have made good progress on them (the goals that achieved “green” status have all been removed).

In 2016-17, the agency will be updating its Strategic Plan. I want to use that opportunity to address the issues that the agency has been struggling with. I have set all the new goals at yellow (because they are neither in good shape nor in bad shape yet).

1) Relations with Local Government
   a. **Improve relations with Boards of Commissioners.** We have made progress in this area by working with Administrators to determine the savings to counties from being part of a district health department and to define the funding formula clearly. It continues to be an area of focus.

2) Economy (new for 2016)
   a. **Understand the Health Department’s role in the local economy better.** We need to make the case more strongly that we are an asset in such areas as: 1) restaurants, construction, recreation (by assuring the safety of consumers) and retail sales (WIC dollars); and 2) employment and education (healthy employees and students).

   b. **Understand direct impact of the Health Department on the local economy.** For example, the Health Department is a provider of good, stable jobs. As we transition from being almost entirely funded by taxes to using a mix of taxes and locally generated dollars can we demonstrate more value to the local economy?

3) Health (new for 2016)
   a. **Use the community health assessment and improvement process to garner new opportunities to work on chronic disease, clean water and opioid abuse.** These three areas are the main issues raised in all our community health assessments. However, MMDHD and the communities have limited resources to deal with them. MMDHD will take the lead in seeking grant funding and organizational synergies to create opportunities for the communities to address these issues.

4) Strategic Planning (new for 2016)
   a. **Attack goals that we have not been successful in meeting by leveraging our strategic planning process.** It is time to update our strategic plan. Instead of incrementally adjusting the plan I would like to use the opportunity to rethink how we have been approaching these problems.

   b. **Maintain adequate levels of supervision to ensure employees’ performance is of the highest quality.** My efforts to expand preventive services have only been partially successful. I have been able to add new programs like Community Health Workers (CHWs); (others like rTCR are being mandated); but old programs have not gone away yet. The spans of control of supervisors have grown out of control.
5) **Establish new, reimbursable preventive health services.** MMDHD has made significant strides in contracting with health plans and in expanding the scope of billing. This continues to be an area of focus.
   a. **Successfully bill for Mid-Michigan Pathways to Better Health.**
   b. **Establish Health 360 with all our CMH partners. (new for 2016)**
   c. **Increased billing for immunizations, family planning and other services.**
   d. **Expand Medicaid Outreach.**

6) **Workforce**
   a. **Maintain competitive levels of compensation for employees** by working with collective bargaining units and the Health Insurance Task Force.
   b. **Continue to work to improve the quality of supervision.** Supervisors play a critical role in the functioning of the Department. They must understand their own powers and their responsibility to exercise it. The agency needs to do more to strengthen their skills.

7) **Infrastructure**
   a. **Transition to a new, better and less expensive EHR system (new for 2016).** MMDHD has determined that Netsmart is not satisfactory for us as an EHR vendor. We have determined that if the agency switches to Patagonia, it will have better work flows at significant savings.
   b. **Complete the first phase of the Hedgehog software project in Environmental Health (EH).** The BOH has approved acquisition of the Hedgehog system and EH staff is making good progress in working with the vendor, Hedgerow, to prepare the system for delivery.

8) **Quality Improvement/Performance Management**
   a. **Build a true performance management system** to increase staff efficiency by giving everyone easy, real-time access to information about our performance. We have developed and automated performance reporting for most indicators on Community Health & Education Division (CHED) programs. Performance management will be the main area of focus for to satisfy the requirements of the Public Health Accreditation Board (PHAB) for the next four years.

9) **Emergency Preparedness**
   a. **Identify at least one way to conduct an exercise in each County by September 2017.** The Bureau of EMS, Trauma, and Preparedness (BETP) requirements mostly involve reporting. In order to ensure we are truly prepared, we have to find ways to use our funding for exercises and drills, especially those involving other community partners.
   b. **Explore ways to mitigate expected cuts in emergency preparedness funds (new for 2016).** The BETP has received a reduction in funds from Federal Emergency Management Agency (FEMA) which will be passed to Local Health Departments (LHDs). Options for addressing this could include a different distribution of funds within the Department or cross-jurisdictional sharing with neighboring LHDs.

10) **Public Information**
    a. **Explore re-branding the Health Department (new for 2016).** The agency needs to evaluate the tools it has for communicating with the general public (clients and residents) and improve the impact we are having on their recognition of us.
b. **Utilize our public information capacity to impact legislation (new for 2016).** There are frequent legislative threats to public health. MMDHD is well positioned to communicate rapidly with legislators about public health issues and should develop an enhanced capacity to do so.

c. **Develop a twitter feed by September 2016.** While it is true that few people will routinely follow the health department on Twitter, we find that whenever some kind of event happens, demand for information explodes. We need to get better at this.
Mosquitos and Health

The deadliest animal on earth isn’t a crocodile, dog, or even man – it is the mosquito. It is estimated that the mosquito is responsible for approximately 725,000 deaths globally each year. Mosquitos get their danger due to the diseases they can carry. Malaria is the major cause of death, killing an estimated 429,000 of the 212 million infected worldwide. While malaria is caused by a parasite, most illnesses spread by mosquitos are arboviruses. An arbovirus is any virus that is transmitted by an arthropod (insect) such as a mosquito, tick, or other.

In Michigan, mosquitos are responsible for transmitting the arboviruses West Nile virus, St. Louis encephalitis, Eastern equine encephalitis, and the California group of encephalitis viruses (which includes La Crosse encephalitis). These viruses affect animals as well as humans, and mosquitos also spread heartworms to dogs. Other important illnesses caused by mosquitos around the world include yellow fever, chikungunya, dengue, and Zika.

Due to the global environment in which we live, all of these diseases have been diagnosed in the United States in travelers. Chikungunya, dengue and Zika have started to spread to the southernmost parts of Florida and Texas and locally acquired infections have been diagnosed in those areas. Any Michigander that travels must be aware of these illnesses and how to prevent contracting them.

There are over 2,500 different types of mosquitos worldwide, and at least 60 different species in Michigan. Michigan still contains the mosquitos known to carry malaria. Due largely to climate change and warmer winters, it is expected the Asian tiger mosquito, *Aedes albopictus*, will significantly expand its range into the northeastern U.S. over

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the next few decades. This mosquito is a very aggressive feeder and can spread many of the viruses already present in Michigan as well as chikungunya, dengue, and Zika. Therefore, these serious illnesses are only a flight away now, and may be at our doorstep before we know it.

These serious illnesses are only a flight away now, and may be at our doorstep before we know it.

There are things you can do. First, if you do travel, be aware of what health risks may be present. Go to https://wwwnc.cdc.gov/travel/ and enter your destination to receive recommendations. Do this as early as possible in your travel plans, as you may need a series of vaccinations that may take 6 months to complete. If you are going to an area with Zika virus, and you could become pregnant or are a male having sex with someone that could become pregnant, you need to discuss your travel plans with your health care provider. For Zika travel tips and mosquito prevention tips, see https://www.cdc.gov/zika/prevention/plan-for-travel.html. For an interactive tool to select the best insect repellent for your needs, see https://www.epa.gov/insect-repellents/find-insect-repellent-right-you.

The prevention of mosquito bites is well summarized in a handout from the American Mosquito Control Association, at http://www.mosquito.org/assets/amca%20fact%20sheet%20v2%20web.pdf (shown below). It covers the 3 D’s: Drain, Dress, and Defend. Draining of water is to eliminate habitats suitable for mosquitoes to lay eggs and for mosquito larva to develop. Any amount of water can act as a breeding ground and artificial containers in yards account for a large portion of the mosquito population in the summer in urban areas. If larva has been found to be present above threshold levels in water that cannot or should not be drained, larvicidal chemicals may need to be used. It is much easier to kill mosquitos as larva than as adults. There are chemicals available to kill adult mosquitos; however, a challenge with any pesticide is that mosquitos have been developing resistance. This is a major problem in other countries, where aggressive mosquito control efforts have been used in an attempt to control malaria.

Different biologic methods have been used and are being evaluated to control mosquitos. The mosquito fish (Gambusia affinis), which eats mosquito larva, has been used since the 1940s. A parasite called Romanomermis culicivorax has also been used to kill larva with some success. Genetic alterations to male mosquitos, causing them to be sterile, then releasing them into the population leading to unsuccessful mating sessions, has shown some success. Two bacteria in the Bacillus species have been used for years to infect and kill the larva and have been successful.

BOH Monthly Healthy Living Recommendation for May:

- Be aware of the evolving health concerns associated with mosquitos at home and when traveling.
- Practice the 3 D’s of prevention from mosquitos – Drain, Dress, Defend.

Useful Resources:

- Michigan Mosquito Control Association: http://www.mimosq.org/default.html
- American Mosquito Control Association: https://amca.memberclicks.net/
- CDC: Avoid Mosquito Bites: https://www.cdc.gov/features/stopmosquitoes/index.html
- Michigan Emerging Diseases (includes West Nile, Eastern Equine, Zika, and others): www.michigan.gov/emergingdiseases/
- CDC: Chikungunya: https://www.cdc.gov/chikungunya/
- CDC: Dengue: https://www.cdc.gov/dengue/
- CDC: Malaria: https://www.cdc.gov/malaria/
- CDC: Yellow Fever: https://www.cdc.gov/yellowfever/

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Mosquito Prevention and Protection

Always remember the 3 D’s of protection from mosquitoes

**Drain**

Many mosquito problems in your neighborhood are likely to come from water-filled containers that you, the resident, can help to eliminate. All mosquitoes require water in which to breed. Be sure to drain any standing water around your house.

- Dispose of any tires. Tires can breed thousands of mosquitoes.
- Drill holes in the bottom of recycling containers.
- Clear roof gutters of debris.
- Clean pet water dishes regularly.
- Check and empty children’s toys.
- Repair leaky outdoor faucets.
- Change the water in bird baths at least once a week.
- Canoes and other boats should be turned over.
- Avoid water collecting on pool covers.
- Empty water collected in tarps around the yard or on woodpiles.
- Plug tree holes.
- Even the smallest of containers that can collect water can breed hundreds to thousands of mosquitoes. They don’t need much water to lay their eggs. (bottles, barrels, buckets, overturned garbage can lids, etc.)

**Dress**

Wear light colored, loose fitting clothing. Studies have shown that some of the 174 mosquito species in the United States are more attracted to dark clothing and most can readily bite through tight-fitting clothing of loose weave. When practical, wear long sleeves and pants.

**Defend**

Choose a mosquito repellent that has been registered by the Environmental Protection Agency. Registered products have been reviewed, approved, and pose minimal risk for human safety when used according to label directions. Three repellents that are approved and recommended are:

- DEET (N,N-diethyl-m-toluamide)
- Picaridin (KBR 3023)
- Oil of lemon eucalyptus (p-methane 3,8-diol, or PMD)

Here are some rules to follow when using repellents:

- Read the directions on the label carefully before applying.
- Apply repellent sparingly, only to exposed skin (not on clothing).
- Keep repellents away from eyes, nostrils and lips: do not inhale or ingest repellents or get them into the eyes.
- The American Academy of Pediatrics (AAP) suggests that DEET-based repellents can be used on children as young as two months of age. Generally, the AAP recommends concentrations of 10% or less, unless disease risk is imminent, then concentration can be increased to 30% or less.
- Avoid applying repellents to portions of children’s hands that are likely to have contact with eyes or mouth.
- Pregnant and nursing women should minimize use of repellents.
- Never use repellents on wounds or irritated skin.
- Use repellent sparingly and reapply as needed. Saturation does not increase efficacy.
- Wash repellent-treated skin after coming indoors.
- If a suspected reaction to insect repellents occurs, wash treated skin, and call a physician. Take the repellent container to the physician.

mosquito.org

@AMCAupdates

facebook.com/AmericanMosquitoControl
Grants Submitted:

MMDHD submitted a grant request to Chemical Bank Foundation in the amount of $25,000 for expansion of the Sidney Community Dental Clinic from 6 to 8 operatories. Unfortunately, our request did not get funded.

Awarded:

- 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.

Grants Not Awarded:

- When Michiganders were exposed to PBB in their meat, milk and eggs in 1978, the then Michigan Department of Public Health began testing people’s PBB levels and tracking them to see how they were affected. People continued to be added to the study including the descendants of people initially exposed. About 6,000 people were ultimately tested. Later the studies of chemical workers and farm families were separated. With the advent of computers, some of the paper records were put into electronic databases but others were not. Today the study records are scattered in several electronic files and boxes of paper. These data represent a rich source of information about PBB which is one of a class of chemicals that have been shown to have lasting effects on the offspring of those exposed. Last year, the National Institutes of Environmental Health Sciences released funding opportunities of $250,000 for the purpose of maintaining cohort studies like this one. Our colleagues at Emory University applied for a grant which would have given MMDHD about $25,000 a year to educate the community about the findings of PBB research and conduct population health analysis. We were very surprised that we were not funded! However, the grant will be resubmitted in October after we learn what the concerns of the reviewers were.
REGISTRATION AND RATES

Full Conference (Wednesday-Friday)
Register before June 30 to receive a $25 discount on the below full conference rate.
Members ................ $400
Non-Members ............... $500

One Day Registration (Thursday or Friday)
Members ................ $250
Non-Members ............... $350

Pre-Conference (Wednesday Only)
Members ................ $150
Non-Members ............... $250

Guest Pass ................ $100
Guest pass covers participation in continental breakfast, lunch and the reception on Thursday, August 3 as well as continental breakfast and lunch on Friday, August 4. Guest registration does not include participation in sessions. Guest passes must be accompanied by a conference registration.

Registration Policies
Registration fee includes plenary and breakout sessions, reception, conference materials, breaks, breakfast and lunch on both days of the conference. Please keep a copy of your registration form for your records. Tickets are available for guest attendance at meals.

Cancellation Policy
All cancellations must be received by July 11, 2017. A $25 administrative fee will be deducted from your refund. No refunds will be made for cancellations received after July 11. Refunds will not be given for no-shows.

REGISTER ONLINE AT: www.nalboh.org

HOTEL RESERVATIONS

Make Your Hotel Reservation Today
Reservation Deadline: July 11, 2017
The Westin Cleveland Downtown
Phone: 866-716-8108 or visit the Westin Online at: https://www.starwoodmeeting.com/Book/NALBOH2017

Rate: $159 single/double occupancy, $209 club room; or $259 suites. When making your reservation, tell the reservation agent that you are booking a room under the NALBOH 2017 room block.

Join NALBOH to Save on Conference Registration!
Make sure to become a NALBOH member or renew your membership prior to registering for the conference to SAVE on your registration for all of your board of health members!

If you have questions about membership or the conference, contact the NALBOH office: NALBOH@Badgerbay.co

Celebrate	INNOVATIONS
IN BOARD GOVERNANCE
the Past, Present and Future

August 2-4, 2017
NALBOH
National Association of Local Boards of Health

563 Carter Court, Suite B
Kimberly, WI 54136

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This year’s theme is “Celebrating Innovations in Board Governance: the Past, Present and Future.” Conference activities will provide attendees with information, skills, and resources focused on the six functions of public health governance. The conference will also provide time for attendees to learn about and share information on critical public health issues. All sessions will touch on at least one of the six functions of governance. NALBOH is also pleased to be celebrating 25 years of improving board governance in 2017. Don’t miss this conference!

Conference Objectives:
• Demonstrate best practices used in public health and their relationship to the Six Functions of Public Health Governance.
• Examine successful experiences and actions using the Six Functions of Public Health Governance.
• Integrate the Six Functions of Governance within the Public Health System.
• Identify advocacy and leadership roles in board of health success.

Intended Audience
The program is designed for board of health members, health directors/officials, local health department staff, as well as all public health professionals from the local, state and national level.

THURSDAY, AUGUST 3
7:00–8:30 a.m. Continental Breakfast & Visit Exhibits
8:30–10:00 a.m. Conference Welcome & Keynote
10:00–10:30 a.m. Break to Visit Exhibits
10:30–11:30 a.m. BREAKOUT SESSIONS - BLOCK 1 SESSIONS
11:30 a.m.–12:00 p.m. Lunch
12:00–1:30 p.m. NALBOH Annual Business Meeting
1:30 p.m.–2:30 p.m. BREAKOUT SESSIONS - BLOCK 2 SESSIONS
2:30–4:00 p.m. Break to Visit Exhibits
2:45–3:45 p.m. BREAKOUT SESSIONS - BLOCK 3 SESSIONS
3:45–4:00 p.m. Break to Visit Exhibits
4:00–5:00 p.m. State Meeting Opportunities
5:00–6:00 p.m. Reception with Vendors

THURSDAY, AUGUST 3 continued...
1:30 p.m.–2:30 p.m. BREAKOUT SESSIONS - BLOCK 2 SESSIONS
2.3. 2016 Survey Results of Gender-Specific Health Resources in State and Federal Government
Lauren P. Lamas - Men’s Health Network, Washington, DC

2:30–2:45 p.m. Break to Visit Exhibits
2:45–3:45 p.m. BREAKOUT SESSIONS - BLOCK 3 SESSIONS
3.1. Continuous Governance Improvement by Local Public Health Boards
Sharon Linsdale - Center for Rural Health Development, Huronia, WV

3.2. Weed Indeed! Issues and Options in Regulating Marijuana
Kerry Corke - Tobacco Control Legal Consortium/Public Health Law Center, St. Paul, MN
Cheryl Sbarra - Massachusetts Association of Health Boards, Winchester, MA

3.3. Engaging Communities to Collaborate Through the Collective Impact Framework in an Effort to Improve Health and Leverage Resources
Speaker Information coming soon!
3:45–4:00 p.m. Break to Visit Exhibits
4:00–5:00 p.m. State Meeting Opportunities
5:00–6:00 p.m. Reception with Vendors

FRIDAY, AUGUST 4
7:00–8:00 a.m. Continental Breakfast & Visit Exhibits
8:00–9:15 a.m. Morning Welcome & Keynote
9:15–10:30 a.m. Break to Visit Exhibits
9:30–10:30 a.m. BREAKOUT SESSIONS - BLOCK 4 SESSIONS
4.1. How Boards of Health Can Promote Innovation and High Performance in Their Health Departments
Jessica Fisher - Public Health National Center for Innovations, Alexandria, VA

4.2. Creating a Taxonomy of Local Boards of Health Based on Local Health Department Perspectives
Guaral Sharm, PhD, MIF, MD - Georgia Southern University, Statesboro, GA

4.3. Transforming Eau Claire: Designing a Healthy Community
Tony Brandenburg, MD - Medical College of Wisconsin, Milwaukee, WI
10:30–10:45 a.m. Break to Visit Exhibits

FRIDAY, AUGUST 4 continued...
10:45–11:45 a.m. BREAKOUT SESSIONS - BLOCK 5 SESSIONS
5.1. Boards’ Governance Functions in Preparing For and Responding to Public Health Emergencies
Ronald Burgar - Senior Associate HWC; Formerly DHHS CDC, Tahlaassee, FL

5.2. Local Board of Health Improvements
Jimmie McAdams, MPH - Franklin County Public Health, Columbus, OH
Kalli Kincl, Franklin County Public Health, Columbus, OH

5.3. Governing models to help drive Boards of Health to Create Healthier Communities
Scott Hays - University of Illinois at Urbana-Champaign, Center for Prevention Research and Development, Urbana, IL
11:45 a.m.–12:30 p.m. Lunch & Recognition
12:30–2:00 p.m. Keynote & Closing
Q1 Please select the location you received service during your most recent visit.

Answered: 97  Skipped: 0

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<tr>
<th>Answer Choices</th>
<th>Responses</th>
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<tr>
<td>St. Johns facility</td>
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<td>Ithaca facility</td>
<td>44.33%</td>
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<td>Stanton facility</td>
<td>23.71%</td>
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<td>Greenville clinic</td>
<td>4.12%</td>
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<td>Howard City clinic</td>
<td>0.00%</td>
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<tr>
<td>Alma clinic</td>
<td>0.00%</td>
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<tr>
<td>At my place of residence (home visit)</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>97</strong></td>
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# If you selected "other", please describe

There are no responses.
Q2 How many times have you previously used our services?

Answered: 97  Skipped: 0

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<td>0 (zero) times</td>
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<td>1-5 times</td>
<td>31.96%</td>
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<td>6-20 times</td>
<td>26.80%</td>
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<tr>
<td>more than 20 times</td>
<td>18.56%</td>
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<tr>
<td><strong>Total</strong></td>
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</table>
Q3 How did you hear or learn about our services? (select all that apply)

Answered: 21  Skipped: 76

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<thead>
<tr>
<th>Answer Choices</th>
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<tr>
<td>Community Health Worker (CHW)</td>
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<tr>
<td>Department of Human Services (DHS)</td>
<td>4.76%</td>
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<td>Doctor's office or medical clinic</td>
<td>4.76%</td>
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<tr>
<td>Friend or family member</td>
<td>76.19%</td>
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<td>Internet search</td>
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<tr>
<td>Radio or newspaper</td>
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<td>School</td>
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</tr>
<tr>
<td>Community event / Health fair</td>
<td>4.76%</td>
</tr>
<tr>
<td>From a mailing sent out by health department</td>
<td>4.76%</td>
</tr>
<tr>
<td>Don't recall</td>
<td>4.76%</td>
</tr>
<tr>
<td>#</td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Insurance company</td>
</tr>
</tbody>
</table>

Total Respondents: 21
Q4 Did you have a scheduled appointment for your most recent visit?

Answered: 96  Skipped: 1

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>86.46%</td>
</tr>
<tr>
<td>No</td>
<td>13.54%</td>
</tr>
<tr>
<td>Not applicable (including home visits)</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q5 Approximately how long after checking in did you wait to be seen for your scheduled appointment?

Answered: 83  Skipped: 14

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 15 minutes</td>
<td>95.18%</td>
</tr>
<tr>
<td>16 - 30 minutes</td>
<td>4.82%</td>
</tr>
<tr>
<td>More than 30 minutes</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total: 83

<table>
<thead>
<tr>
<th>#</th>
<th>Please comment if more than 30 minutes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I was early for my appointment</td>
<td>3/21/2017 2:56 PM</td>
</tr>
</tbody>
</table>
### Q6 Approximately how long after checking in did you wait to be seen for your walk-in appointment?

Answered: 13  Skipped: 84

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 15 minutes</td>
<td>84.62%</td>
</tr>
<tr>
<td>16 - 30 minutes</td>
<td>7.69%</td>
</tr>
<tr>
<td>More than 30 minutes</td>
<td>7.69%</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Please comment if more than 30 minutes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There are no responses.</td>
<td></td>
</tr>
</tbody>
</table>
Q7 Do you currently have health insurance? (include private insurance and government-sponsored programs like Medicaid, Healthy Michigan Plan, and Medicare)

Answered: 96  Skipped: 1

Answer Choices

<table>
<thead>
<tr>
<th></th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>88.54%</td>
</tr>
<tr>
<td>No</td>
<td>11.46%</td>
</tr>
</tbody>
</table>

Total 96

<table>
<thead>
<tr>
<th>#</th>
<th>Other (please specify)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reapplied for medicaid</td>
<td>3/8/2017 2:06 PM</td>
</tr>
<tr>
<td>2</td>
<td>Connect Care</td>
<td>3/1/2017 8:58 AM</td>
</tr>
</tbody>
</table>

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

Answered: 11  Skipped: 86

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27.27%</td>
</tr>
<tr>
<td>No</td>
<td>72.73%</td>
</tr>
<tr>
<td>No, but appointment was scheduled to address it</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Other (please specify)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Confidential client</td>
<td>3/22/2017 3:37 PM</td>
</tr>
<tr>
<td>2</td>
<td>Already have apply</td>
<td>3/2/2017 9:05 AM</td>
</tr>
</tbody>
</table>
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: 96  Skipped: 1

Answer Choices

<table>
<thead>
<tr>
<th>Service</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC (Women, Infants &amp; Children)</td>
<td>58.33%</td>
</tr>
<tr>
<td>MIHP (Maternal / Infant Health Program)</td>
<td>0.00%</td>
</tr>
<tr>
<td>CSHCS (Children's Special Health Care Services)</td>
<td>0.00%</td>
</tr>
<tr>
<td>FP (Family Planning)</td>
<td>13.54%</td>
</tr>
<tr>
<td>BCCCP (Breast &amp; Cervical Cancer Control Prog.)</td>
<td>1.04%</td>
</tr>
</tbody>
</table>

Pa
### CHED Client Satisfaction Survey

<table>
<thead>
<tr>
<th>Service</th>
<th>%</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>18.75%</td>
<td>18</td>
</tr>
<tr>
<td>Communicable Disease Testing (STD / HIV / TB)</td>
<td>3.13%</td>
<td>3</td>
</tr>
<tr>
<td>Breastfeeding Peer Counselor</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Fluoride Varnish for Children</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Hearing / Vision Screenings</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Pathways to Better Health (Community Health Worker)</td>
<td>2.08%</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3.13%</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>If you selected &quot;other&quot;, please describe the type of service you received</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tb skin test</td>
<td>2/14/2017 3:19 PM</td>
</tr>
</tbody>
</table>
Q18 [FP] Please select the Family Planning services you received during your recent visit. (check all that apply)

Answered: 13    Skipped: 84

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled appointment with nurse practitioner</td>
<td>53.85%</td>
</tr>
<tr>
<td>Depo. injection</td>
<td>61.54%</td>
</tr>
<tr>
<td>Picked up birth control supplies</td>
<td>53.85%</td>
</tr>
<tr>
<td>Pregnancy test</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other service(s)</td>
<td>15.38%</td>
</tr>
</tbody>
</table>

Total Respondents: 13

If you selected 'Other', please specify

<table>
<thead>
<tr>
<th>#</th>
<th>If you selected 'Other', please specify</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical</td>
<td>3/1/2017 8:59 AM</td>
</tr>
<tr>
<td>2</td>
<td>Implant</td>
<td>2/1/2017 9:02 AM</td>
</tr>
</tbody>
</table>
Q19 [FP] What led you to choose the health department for your health care needs? (select all that apply)

Answered: 13  Skipped: 84

- I am an existing client: 46.15% (6 responses)
- Convenient location: 23.08% (3 responses)
- Have not looked for a private health care provider: 7.69% (1 response)
- Can not find another health care provider who will accept me as a client: 7.69% (1 response)
- Can not find another health care provider who will accept my insurance: 7.69% (1 response)
- More affordable here: 53.85% (7 responses)
- Other reason: 15.38% (2 responses)

Total Respondents: 13

<table>
<thead>
<tr>
<th>#</th>
<th>If Other (please specify)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suggested</td>
<td>3/1/2017 8:59 AM</td>
</tr>
</tbody>
</table>
Q33 [GEN] The Staff could answer my questions and gave me useful information.

Answered: 96  Skipped: 1

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>91.67%</td>
</tr>
<tr>
<td>Agree</td>
<td>7.29%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>[not applicable]</td>
<td>1.04%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

# Please provide additional comment if disagree  Date

There are no responses.
Q34 [GEN] The health department phone system is user-friendly.

Answered: 95  Skipped: 2

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>61.05%</td>
<td>58</td>
</tr>
<tr>
<td>Agree</td>
<td>31.58%</td>
<td>30</td>
</tr>
<tr>
<td>Disagree</td>
<td>1.05%</td>
<td>1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>[not applicable]</td>
<td>6.32%</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Please provide additional comment if disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There are no responses.</td>
<td></td>
</tr>
</tbody>
</table>
Q35 [GEN] Waiting room videos were educational and informed me of the health department services

Answered: 96  Skipped: 1

Answer Choices

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>45.83%</td>
</tr>
<tr>
<td>Agree</td>
<td>22.92%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Video was not playing</td>
<td>12.50%</td>
</tr>
<tr>
<td>[not applicable]</td>
<td>18.75%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

# Please provide additional comment if disagree

<table>
<thead>
<tr>
<th>#</th>
<th>Please provide additional comment if disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I didn't sit in the waiting room long</td>
<td>2/28/2017 1:50 PM</td>
</tr>
</tbody>
</table>
Q36 [GEN] I am satisfied with the service I received today.

Answered: 96  Skipped: 1

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>88.54%</td>
</tr>
<tr>
<td>Agree</td>
<td>11.46%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>[not applicable]</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Please provide additional comment if disagree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The ladies are wonderful love coming to the Ithaca office</td>
<td>1/31/2017 12:46 PM</td>
</tr>
</tbody>
</table>
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: 30  Skipped: 67

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N/a</td>
<td>3/29/2017 2:31 PM</td>
</tr>
<tr>
<td>2</td>
<td>N/a</td>
<td>3/29/2017 2:29 PM</td>
</tr>
<tr>
<td>3</td>
<td>My experience here is always great the staff is super friendly.</td>
<td>3/29/2017 8:48 AM</td>
</tr>
<tr>
<td>4</td>
<td>Nothing everything is great. I love the travel location</td>
<td>3/22/2017 1:38 PM</td>
</tr>
<tr>
<td>5</td>
<td>Everything was great</td>
<td>3/21/2017 2:58 PM</td>
</tr>
<tr>
<td>6</td>
<td>Maybe play cartoons in the waiting room for the kids. otherwise everything was great.</td>
<td>3/21/2017 9:50 AM</td>
</tr>
<tr>
<td>7</td>
<td>Great visit</td>
<td>3/14/2017 3:53 PM</td>
</tr>
<tr>
<td>8</td>
<td>It was great</td>
<td>3/14/2017 9:18 AM</td>
</tr>
<tr>
<td>9</td>
<td>Everything good</td>
<td>3/14/2017 9:18 AM</td>
</tr>
<tr>
<td>10</td>
<td>Nothing it was perfect as ithe always is</td>
<td>3/13/2017 11:07 AM</td>
</tr>
<tr>
<td>11</td>
<td>Nothing I was treated very respectfully during my visit</td>
<td>3/8/2017 4:57 PM</td>
</tr>
<tr>
<td>12</td>
<td>I always enjoy the experience I have when I come in. The women are so sweet.</td>
<td>3/8/2017 1:43 PM</td>
</tr>
<tr>
<td>13</td>
<td>Nothing</td>
<td>3/8/2017 9:05 AM</td>
</tr>
<tr>
<td>14</td>
<td>Nothing</td>
<td>3/6/2017 10:38 AM</td>
</tr>
<tr>
<td>15</td>
<td>They did great</td>
<td>3/2/2017 9:07 AM</td>
</tr>
<tr>
<td>16</td>
<td>Nothing it was great</td>
<td>3/1/2017 1:42 PM</td>
</tr>
<tr>
<td>17</td>
<td>Na</td>
<td>3/1/2017 11:41 AM</td>
</tr>
<tr>
<td>18</td>
<td>Keep up the good work</td>
<td>2/28/2017 10:40 AM</td>
</tr>
<tr>
<td>19</td>
<td>Everything was great</td>
<td>2/25/2017 12:31 PM</td>
</tr>
<tr>
<td>20</td>
<td>Nothing</td>
<td>2/28/2017 2:27 PM</td>
</tr>
<tr>
<td>21</td>
<td>Thank u stacey for always being nice</td>
<td>2/28/2017 2:27 PM</td>
</tr>
<tr>
<td>22</td>
<td>Free suckers</td>
<td>2/28/2017 2:27 PM</td>
</tr>
<tr>
<td>23</td>
<td>Everything went great</td>
<td>2/21/2017 2:27 PM</td>
</tr>
<tr>
<td>24</td>
<td>The shots kinda hurt</td>
<td>2/7/2017 2:34 PM</td>
</tr>
<tr>
<td>25</td>
<td>Nothing</td>
<td>2/2/2017 11:06 AM</td>
</tr>
<tr>
<td>26</td>
<td>Keep doing what your doing :)</td>
<td>1/31/2017 9:19 AM</td>
</tr>
<tr>
<td>27</td>
<td>Na</td>
<td>1/20/2017 10:06 AM</td>
</tr>
<tr>
<td>28</td>
<td>Na</td>
<td>1/17/2017 2:39 PM</td>
</tr>
<tr>
<td>29</td>
<td>Nothing</td>
<td>1/15/2017 4:25 PM</td>
</tr>
<tr>
<td>30</td>
<td>I love the friendly service. The staff is cheerful and efficient.</td>
<td>1/10/2017 3:29 PM</td>
</tr>
</tbody>
</table>
**Q38 [GEN] If you received outstanding service from one of our staff members, this is an opportunity to briefly describe your experience.**

Answered: 35  Skipped: 62

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The women here are always so sweet to us.</td>
<td>3/30/2017 10:28 AM</td>
</tr>
<tr>
<td>2</td>
<td>Very helpful and informative</td>
<td>3/29/2017 4:16 PM</td>
</tr>
<tr>
<td>3</td>
<td>N/a</td>
<td>3/29/2017 2:31 PM</td>
</tr>
<tr>
<td>4</td>
<td>N/a</td>
<td>3/29/2017 2:29 PM</td>
</tr>
<tr>
<td>5</td>
<td>Cathy is always super helpful and answers all the questions I have.</td>
<td>3/29/2017 8:48 AM</td>
</tr>
<tr>
<td>6</td>
<td>Foster mom as they got me in right away</td>
<td>3/28/2017 11:14 AM</td>
</tr>
<tr>
<td>7</td>
<td>Super helpful, kind, and patient.</td>
<td>3/22/2017 2:14 PM</td>
</tr>
<tr>
<td>8</td>
<td>Love the state Road church location very convenient</td>
<td>3/22/2017 10:43 AM</td>
</tr>
<tr>
<td>9</td>
<td>The front counter ladies and the nurse that did his vaccinations were all outstanding. They were so kind to him. He has autism and he has a hard time normally but everything was wonderful.</td>
<td>3/21/2017 9:50 AM</td>
</tr>
<tr>
<td>10</td>
<td>Both gals were great</td>
<td>3/21/2017 9:17 AM</td>
</tr>
<tr>
<td>11</td>
<td>Very friendly</td>
<td>3/14/2017 3:53 PM</td>
</tr>
<tr>
<td>12</td>
<td>Sue best help I ever had</td>
<td>3/14/2017 9:18 AM</td>
</tr>
<tr>
<td>13</td>
<td>Excellent</td>
<td>3/13/2017 11:07 AM</td>
</tr>
<tr>
<td>14</td>
<td>All the staff that I encountered today during my visit was extremely helpful and understanding</td>
<td>3/8/2017 4:57 PM</td>
</tr>
<tr>
<td>15</td>
<td>Jen makes you feel comfortable during your entire visit</td>
<td>3/8/2017 9:05 AM</td>
</tr>
<tr>
<td>16</td>
<td>Good</td>
<td>3/6/2017 10:38 AM</td>
</tr>
<tr>
<td>17</td>
<td>Angie is wonderful</td>
<td>3/2/2017 4:30 PM</td>
</tr>
<tr>
<td>18</td>
<td>The nurse was wonderful</td>
<td>3/2/2017 9:07 AM</td>
</tr>
<tr>
<td>19</td>
<td>N/a</td>
<td>3/1/2017 1:42 PM</td>
</tr>
<tr>
<td>20</td>
<td>Nicole was very friendly and helpful.</td>
<td>3/1/2017 11:41 AM</td>
</tr>
<tr>
<td>21</td>
<td>The ladies are always friendly and helpful</td>
<td>2/28/2017 2:49 PM</td>
</tr>
<tr>
<td>22</td>
<td>Very informative</td>
<td>2/28/2017 2:15 PM</td>
</tr>
<tr>
<td>23</td>
<td>Every lady I talked to was super nice and friendly!</td>
<td>2/28/2017 1:50 PM</td>
</tr>
<tr>
<td>24</td>
<td>Both Lisa and the nurse have been wonderful and have helped with any questions I ever had!</td>
<td>2/16/2017 3:35 PM</td>
</tr>
<tr>
<td>25</td>
<td>I was provided with plenty of useful information and my experience was great.</td>
<td>2/14/2017 10:40 AM</td>
</tr>
<tr>
<td>26</td>
<td>Everyone is extremely helpful and friendly</td>
<td>2/9/2017 1:36 PM</td>
</tr>
<tr>
<td>27</td>
<td>Janea is always so pleasant when we come in for our appointments.</td>
<td>2/1/2017 9:24 AM</td>
</tr>
<tr>
<td>28</td>
<td>Very informative</td>
<td>1/31/2017 9:19 AM</td>
</tr>
<tr>
<td>29</td>
<td>Stacey, candy, and Jackie are amazing</td>
<td>1/26/2017 3:53 PM</td>
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<td>30</td>
<td>Na</td>
<td>1/20/2017 10:06 AM</td>
</tr>
<tr>
<td>31</td>
<td>The staff in Greenville are super kind and helpful.....they treat my son and I very well....thank you</td>
<td>1/19/2017 1:57 PM</td>
</tr>
<tr>
<td>32</td>
<td>It was good</td>
<td>1/15/2017 4:25 PM</td>
</tr>
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<td></td>
<td>Description</td>
<td>Date/Time</td>
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</tr>
<tr>
<td>33</td>
<td>Sue was friendly and provided all the necessary help</td>
<td>1/10/2017 2:00 PM</td>
</tr>
<tr>
<td>34</td>
<td>Quick and helpful</td>
<td>1/3/2017 4:02 PM</td>
</tr>
<tr>
<td>35</td>
<td>I received excellent service. Sue and Megan were very helpful. Sweet gals.</td>
<td>1/3/2017 2:24 PM</td>
</tr>
</tbody>
</table>
BOARD OF HEALTH ORGANIZATIONAL MEETING
At
Mid-Michigan District Health Department
Montcalm County Administrative Offices
Stanton, Michigan

Wednesday, February 22, 2017
10:00 AM

AGENDA

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

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

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

B. ELECTION OF OFFICERS FOR 20XX

1. Chairperson

2. Vice Chairperson

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

D. CONSENT ITEMS:

1. Meeting Minutes
2. Communications

E. PUBLIC COMMENTS:

F. BRANCH OFFICE EMPLOYEES:

G. COMMITTEE REPORTS:

1. Finance Committee

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


2. Personnel Committee

3. Program Committee

4. Mid-Central Coordinating Committee

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

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

J. OLD BUSINESS:

K. NEW BUSINESS:

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

   2. Emerging Issues

L. LEGISLATIVE ACTION:

M. INFORMATIONAL ITEMS: - Included.
1. Mid-Michigan District BOH Action Items, December 20XX

2. Staffing Report

N. RELATED NEWS ARTICLES AND LINKS:

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

O. AGENCY NEWSLETTERS:

1. "Inside MMDHD", Health Enhancement Committee (HEC), December 20XX - Included.
BOARD OF HEALTH
ORGANIZATIONAL MEETING
At
Mid-Michigan District Health Department
Montcalm County Administrative Offices
Conference Room A, Stanton, Michigan

Wednesday, January 25, 2017
10:00 AM

AGENDA

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

Pledge of Allegiance

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

A. AGENDA NOTES, REVIEW, AND REVISIONS:

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

B. CONSENT ITEMS:

1. Meeting Minutes

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

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

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

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

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

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

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:

E. COMMITTEE REPORTS:

1. Finance Committee

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


   c. New and Revised Fees - Included.


2. Personnel Committee

3. Program Committee

4. Mid-Central Coordinating Committee - Tom Lindeman, Vice Chairperson
F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D.

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

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

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


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

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

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

H. OLD BUSINESS:

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

I. NEW BUSINESS:

1. Election of Officers for 2017
   a. Chairperson
   b. Vice Chairperson

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

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

b. Personnel Committee

c. Program Committee

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

a. Mid-Central Coordinating Committee

b. Michigan Association for Local Public Health (MALPH)

c. Well and Septic Stakeholder Committee

5. Appointment of BOH Representatives to Internal Committees for 2017

a. Quality Vision Action Team (QVAT)

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

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

8. Emerging Issues

J. LEGISLATIVE ACTION:

K. INFORMATIONAL ITEMS: - Included.

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

2. Staffing Report

L. RELATED NEWS ARTICLES AND LINKS:

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

M. AGENCY NEWSLETTERS:

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

LAYOUT OF REGISTRY

Mid-Michigan District Board of Health
Administrative Offices
615 N. State St., Suite 2
Stanton, Michigan, 48888-9702
T: (989) 831-5237
E: mcheatham@mmdhd.org
Participants Data Viewing New Submission Portal (A)
This would be a web-based portal that is access controlled and would allow the participant to obtain a report on their event. They would be able to get general information documents on how to interpret the data. They might be able to check on and submit any self reporting data or a new event submission? Perhaps they have control over permissions to use the data in the registry as well?

(A1) The participant logs in to access their records and lab results.
(A2) The system pulls the data just for that participant and formats the reports and personal letter into a PDF that can be downloaded from the portal session.
(A3) Request from the participant portal are passed through a web server, middle tier systems, and hits the database.
(A4) Possible future service is to update the registry with request to be part of a new study, add self reporting data, enter additional event data?
(A5) Request for access to system as a known user and request linkage of results to MI PHD BPID data

Phases Functions Implemented: A1-A3 = Phase 1, A4 = Phase 4

PBB Data Registry Research Portal (B)
The Research Portal is provided for collaborators to be able to view deidentified aggregate information in the form of tables and visualization tools from the registry data. They can also setup a query to request the selection to be supplied a deidentified data file. The third capability, that was requested as part of the RFA, is to be able to select a cohort of participants to be sampled for a new study.

(B1) An access controlled query to request the release of a data set from the registry
(B2) Secured and encrypted data set is made available for download to the researcher
(B3) Requested aggregate/deidentified charts/graphs/tables of information in the registry can be viewed from the portal.
(B4) An access controlled selection of potential participants for a new study cohort is submitted.
(B5) The approved/encrypted cohort list is sent back to the researcher.

Phases Functions Implemented: B1-B2 = Phase 1, B3 = Phase 3, B4-B5 = Phase 4
Data Curation and Translation and Loading (C)

The data curation process would have an initial significant amount of work to process all of the existing data sources and migrate them to an aggregate single data structure that would be the registry sharing infrastructure. After the initial loads are completed this process would stay in place to allow for continued growth of data incorporated into the central database. Additional curation code and processes may be added over time to bring in new data sets that have value to be fused with the existing PPB data. There are different processes to handle the varied information to be brought in. It is recognized that the data ranges from paper, to microfiche, to varied electronic structures and formats. Translation and mapping programs will need to be created for each unique type to properly become part of a cohesive single data structure meeting the data sharing intent of the RFA.

(C1) Using existing data dictionary documentation the Excel and SAS data sets are mapped to and intermediate relational table performing the first level of load into the mains aggregate database. Some unique mapping and SQL insertion code is developed for each unique data structure to comply with the final aggregate data structure and standards.

(C2)/(C8) The code is executed for each external file and loaded into the intermediate table in the database, function (C8)

(C3)/(C4) One possible pathway for microfiche data. The (C3) / (C4) pathway would use an external service to bulk migrate the data into some consistent electronic structured format. Then similar to (C1) specific code would map the data to an intermediate table. A third possible way to process the Microfiche data is to not try to transform it to a structured searchable data and just hold the “images” in the database associated with each participant.

(C5) A second pathway for the microfiche data is to hand enter the data into a web form that captures and stages the data into an intermediate data table.

(C6) The paper data would be hand entered into a web form that captures and stages the data into an intermediate data table.

(C7)/(C8) The code is run to process the data into the intermediate tables in the database.

Phases Functions Implemented: 
C1-C2/C8 = Phase 1, C6-C8 = Phase 2, C5 or C3-C4/C8 = Phase 3/4
Specimen Biorepository (D)
The specimens currently associated with this study are held in an Emory Biorepository and tracked through a separate LIMS system. It will be critical to carry forward specimen accessioning data to locate a specimen of interest. Also additional data may be worth loading about the specimen such as its pre treatment, stability, and volume available in the aggregate schema. This linkage is useful to meet one of the intents of the RFP being not only access to the data but possible access to specimens for further study.

(D1/D2) Specimens are stored in the Freezer units and tracked in the biorepository LIMS system
(D3) As specimens are added, destroyed, or data around them changes the linkage information is passed back to the relevant fields in the aggregate database.

*Phases Functions Implemented: D1-D3 = Phase 1*
The Michigan PBB Research Registry Resource Sharing Infrastructure

PBB Research Database (E)
This the centralized, aggregate database of all the curated data from the various sources. A single schema is designed and created to ensure all the data is interpretable the same way and designed to meet research data queries. This schema is one of the first steps in the process to create this registry and is derived from the various available data sources bringing them into one data structure that properly represents the information about the patients, the events, the specimens, and the associated results. The second factor in developing this registry schema is to examine some of the potential research queries of this data and ensure the schema can accommodate the data representation. The data schema is also designed with future capabilities in mind to hold expanded assay results, events, and allow for interoperable fusion of other data sets.

(E1) This the central registry data schema created to hold all the curated initial data and additional specimens going forward. The schema may hold other meta data to aid in the research value interpreting the data as well. This schema may be in a *normalized* structure but probably best served as a *star* or *snowflake* structure. Also experimentation with a NoSQL database like Cassandra may be advantageous for this project.

(E2) The flat functional tables are used to translate data and map to the E1 schema during data loads from the various data sources.

(E3) Programs are written to aid in the extraction and deidentification of data sets requested by external researchers.

(E4) Programs are created to maintain the tables and service information in the aggregated data schema.

(E5) Interoperability value of data to be shared across the research, clinical, and applied public health domains need to follow data standards. Conversion code will be written to migrate the initial loads to data to standard vocabularies such as LOINC, SNOMED, and ICD-10. During initial schema migration from the various data sets other standards will be applied early on as well.

*Phases Functions Implemented: E1-E2/E4 = Phase 1, E3 = Phase 2, E5 = Phase 3*
API Interface (F)
(F1) This is a future feature that would provide a programmatic service to access and share data to researchers. Where the databases are going is that this API would be serviced through a FHIR interface which would allow for data sharing between other data repositories and systems such as EHRs.

*Phases Functions Implemented: F1 = Phase 4/5*

MI PH Dept PBBID Repository (G)
The Identifiable information for each specimen and results is linked back to the MI PH Dept PBBID and the repository that holds this participant data. When a participant wishes to view their results data in the registry or data form a family member they can request access and confirmation of identity to allow the identifiable data to flow into the repository to link the results data with identify and access credentials.

(G1) An initial secure load of the PBBIDs is sent to the secure repository and flagged for linkage to observation records and further access control validated by the participants. After the initial loads a programmatic interface may be setup to request new PBBID data when a new participant is identified or an updated set is available.
(G2) Requests for updated or a single PBBID record are made as needed through a program interface such as an API call. Manual request and data exchange may be in place initially for these requests.

*Phases Functions Implemented: G1-G2 = Phase 1/2*
Collaborative Research to Action: Empowering an Exposed Community

Outcomes associated with PBB exposure:
- Thyroid hormone levels (among females)
- Greater risk of thyroid disorders
- Lower urinary estrogen metabolites (among females)
- Greater risk of Breast Cancer (among females)

Outcomes associated with PARENTAL PBB Exposure:
- Sperm health
- Lower sperm counts
- Later puberty and slower growth (among males)
- Menstrual problems of the urinary or genital tract (among females)
- Earlier puberty (among females)
- Greater risk of miscarriages (among females)

Community Concerns Integrated into Research

Community Concerns

- Environmental factors
- Health impacts
- Economic concerns

Research Changes

- Quantum added to health questionnaires
- Multigenerational epigenetic studies integrated into research action plan

Michigan PBB Community

Serum PBB 153 Concentrations

Enrollment: 1975-1979
Recent: 2012-2015
Recent: Median by Group

Research Findings

Epigenetic Study

- We have observed health outcomes among multiple generations and have preliminary data indicating DNA methylation patterns in amniotic cells and in sperm DNA are associated with exposure.

Methodology

- To determine if epigenetic marks associated with exposure are transmitted intergenerationally.
- Examine 20 families with PBB exposure, 10 unexposed females.
- Examines levels with unexposed males.
- Analyze epigenetic marks in F1 and F2 and biological descendants.

Clinical Trial

- A dietary supplement has been shown in pilot studies to safely reduce heavy metals of hepatic chemerin expression.
- 100 eligible participants will be enrolled into 12-months, randomized, double-blind dietary supplement trial.
- Participants will be randomly assigned the supplement or a placebo, which they will consume daily.
- All participants will have their blood drawn at enrollment, six months, and at 12 months for measurement of persistent organic pollutants and for monitoring of possible side effects.
Letter from Commission Chair

March 31, 2017

Governor Snyder:

On behalf of the Public Health Advisory Commission, I am pleased to present you the Commission’s final report, which arose from an honest assessment of our state and local government’s current public health service delivery systems. In order to ensure the protection and promotion of public health in the State of Michigan, we must all work together to move our state forward towards a more equitable and effective future.

The State of Michigan has a strong history of dedicated public health professionals working for the betterment of all residents. The Commission, composed of health care experts, educators, nonprofit leaders, and public servants from throughout the state worked diligently over the last four months to produce these recommendations. The State is committed to public health excellence, recognizing the need for change in order to truly achieve a transformational public health system. This report proposes robust recommendations to advance Michigan’s public health system into a citizen responsive, integrated system.

This document is presented with the support of the Commission and their hope that the recommendations will energize a statewide effort towards a more comprehensive, cohesive, accountable and effective public health system. More research, discussions with the public and stakeholders, and expert input will be needed to continue this journey that the Commission has embarked upon.

Please join me, and my fellow Commissioners, in challenging Michigan to ensure the protection and promotion of public health for all residents. The Commission looks forward to working with you on continuing to improve the State’s public health service delivery system. Thank you for your leadership in creating this Commission and your commitment to promoting and protecting the health of the people of Michigan.

Sincerely,

Eden Wells, MD, MPH, FACPM
Chief Medical Executive, Michigan Department of Health and Human Services
Chair, Public Health Advisory Commission
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Commission Members

GUBERNATORIAL APPOINTEES

- Eden Wells (Chair), State of Michigan Chief Medical Executive
- Kathleen Forzley (Vice Chair), Oakland County Health Division
  - Representing local public health officials
- Cynthia Aaron, Children's Hospital of Michigan Regional Poison Control Center
  - Representing toxicologists
- Eric Adelman, Kadima Mental Health Services
  - Representing general public
- Denise Chrysler, Network for Public Health Law Mid-States Regional Center at University of Michigan
  - Representing schools of public health from higher education institutions
- William Fales, Western Michigan University's Homer Stryker MD School of Medicine
  - Representing a nationally accredited medical school
- Mark Fowler, City of Boyne City
  - Representing local directors of public works
- Debra Furr-Holden, Michigan State University College of Human Medicine
  - Representing epidemiologists
- Robert Gouin, Mid-Michigan District Health Department
  - Representing environmental health experts
- Mona Hanna-Attisha, Hurley Medical Center / Michigan State University
  - Representing physicians
- Joneigh Khaldun, Detroit Health Department
  - Representing local public health officials
- Chris Kolb, Michigan Environmental Council
  - Representing non-profit environmental organizations
- Dianne Malburg, Michigan Pharmacists Association
  - Representing licensed pharmacists
- Bill Manns, Trinity Health/Mercy Health Saint Mary's
  - Representing hospital administrators
- Susie Meshigaud, Hannahville Indian Community
  - Representing general public
- Kristen Schweighoefer, Washtenaw County Public Health
  - Representing food safety experts
- Ann Sheehan, Michigan State University College of Nursing
  - Representing registered nurses
- Michelle Styma, Thunder Bay Community Health Services, Inc.
  - Representing general public
- Melinda Wilkins, College of Veterinary Medicine at Michigan State University
  - Representing veterinarians
Commission Members and Staff

NONVOTING, EX OFFICIO MEMBERS
- Jamie Clover Adams, Director, Department of Agriculture and Rural Development
- Shelly Edgerton, Director, Department of Licensing and Regulatory Affairs
- Heidi Grether, Director, Department of Environmental Quality
- Col. Kriste Kibbey Etue, Director, Michigan State Police
- Nick Lyon, Director, Department of Health and Human Services

STAFF
- Therese Empie, Executive Office of the Governor
- Nick Payne, Executive Office of the Governor
- Jamie Zaniewski, Executive Office of the Governor
- Mike Zimmer, Executive Office of the Governor
Executive Summary

In September 2016 Governor Rick Snyder announced the creation of a commission focused on assessing and recommending improvements to Michigan’s current public health service delivery system. The Public Health Advisory Commission was chaired by Dr. Eden Wells, Michigan’s Chief Medical Executive, and included 24 members representing a diverse set of professions and experiences.

The Commission met regularly throughout a four month period. Commissioners dedicated a substantial amount of time discussing Michigan’s current organizational structure of public health services, and deliberating what the optimal organizational structure should be.

The following three proposed reorganization models were actively considered by the Commission, with particular emphasis and time spent contemplating the first two models. Each proposed model represented a different approach to elevating public health’s visibility and authority at the state level.

1. The creation of a new and separate State Department of Public Health. The proposed new department would at a minimum include the programs and services provided by the current Michigan Department of Health and Human Services (MDHHS) Population Health Administration.

2. The creation of an independent and autonomous Type 1 Public Health Agency within MDHHS.

3. The creation of a State Health Officer position within MDHHS. The proposed new position would be granted the public health authority provided under the Public Health Code (PHC) PA 368 of 1978, including police powers. Examples of such powers include: declarations of imminent danger, public health emergency orders, isolation, and quarantine.

Despite their sincere efforts and time dedicated to this topic, Commissioners remained divided on which of the three proposed models would best serve the residents of Michigan. The Commission therefore unanimously agreed that further analysis and a more comprehensive review were necessary, prior to recommending one of the proposed models.

Regardless of whether or not changes are made in the future to the state’s organizational structure of public health services, commissioners unanimously agreed the State Director of Public Health should:

- Have a strong background in public health practice.
- Serve as the chief strategist for cross-sector and cross-disciplinary work towards executing the vision of public health services, consistent with Public Health 3.01.
- Serve as a member of the Governor’s cabinet; regardless of whether or not this position is separated from the Director of MDHHS in the future.
While the Commission did not reach consensus on the optimal organizational structure of state public health services, the overwhelming majority of commissioners did support the 39 recommendations included in this report. The 39 recommendations fall under three themes: **collaboration**, **investment**, and **accreditation**. The following three recommendations are the Commissions highest priorities for consideration:

1. **Create a permanent Public Health Advisory Council.** In addition to continuing further analysis and implementing the recommendations of this Commission, the new Council would serve as a forum to address emerging state and local public health threats or issues; further, it will provide all state department directors and other public health stakeholders the opportunity to collaborate in real time on public health responses.

2. **Ensure all state departments utilize a “Health in all Policies” approach when implementing policies and programs.** Included in this report are several department-specific recommendations related to elevating public health, and ensuring that the health of Michigan citizens is considered in all state policy decisions.

3. **Commence a comprehensive review of state public health funding.** The review should be conducted on a county-by-county basis in order to recognize disparities and unmet needs throughout the state. In addition, and in some cases dependent of this review, the Commission recommends the repurposing of current funding, and calls for increasing investments for Michigan’s public health system.
**Purpose and Responsibilities**

Through Executive Order No. 2016-19, the Governor created the Public Health Advisory Commission, to help “…protect and promote public health in Michigan by providing advice and assistance on best practices for the organization of functions and the delivery of public health services by state and local governments.” The Commission is temporary and will disband on July 1, 2017.

**Mission Statement:**
To evaluate and provide recommendations to the Governor as to the optimum organization of governmental public health in Michigan.

**Vision Statement:**
Improve public health services, assure public health accountability and improve public health efficiency and response.

**Commission’s Responsibilities:**
The Public Health Advisory Commission serves as a resource to the Governor for insight on current and emerging public health issues. The Commission’s central charge was to make policy recommendations to the Governor regarding the following three key areas by April 1, 2017:

1. The organization of public health functions within and across Michigan’s executive departments.
2. The division of responsibilities between state and local public health authorities.
3. The regulatory framework established by the PHC, as necessary to best protect and promote public health in Michigan.

Lastly, in order to understand opportunities for growth in Michigan in the above mentioned areas, the Commission researched and benchmarked other states throughout the country to identify other state models of public health governance.
Background

Ten Essential Public Health Services

While the amount and level of services vary by state and local public health department (LHD), according to the Centers for Disease Control all public health agencies should provide a minimum amount of services. Developed over twenty years ago, the ten essential public health services that all public health agencies should undertake include the following:

- Monitor health status to identify and solve community health problems,
- Diagnose and investigate health problems and health hazards in the community,
- Inform, educate, and empower people about health issues,
- Mobilize community partnerships and action to identify and solve health problems,
- Develop policies and plans that support individual and community health efforts,
- Enforce laws and regulations that protect health and ensure safety,
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable,
- Assure competent public and personal health care workforce,
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services,
- Research for new insights and innovative solutions to health problems.

Public Health 3.0

Public Health 1.0 began in the late 19th century and continued into the 20th century. It was during this time that modern public health became an essential governmental function. This included federal, state and local authorities establishing minimum health standards for necessities such as food and water, while working to better understand disease prevention and treatment.¹

Public Health 2.0 emerged in the second half of the 20th century, and is recognized as the period of systematic development of public health governmental agency capacity across the U.S.¹ During this time, Michigan solidified its commitment to public health by establishing its own PHC.

Public Health 3.0 is the current initiative being led by the U.S. Department of Health and Human Services and goes beyond the traditional aims of governance. The initiative requires cross-sector collaboration between state, local, and private partners to identify and improve social determinants of health to provide equitable health to all. Public Health 3.0 aims to challenge business and community leaders, state lawmakers, and federal policymakers to incorporate a “health in all policy” approach to governance.¹
Organization of U.S. State Health Departments

Under the U.S. Constitution the federal government has limited authority to regulate public health; however, federal policy makers frequently use their spending power through the budget to shape public health policies. Because of the broad flexibility states have regarding public health, no one state health department is like any other in the United States. Currently, there is no universally-accepted best practice for how to organize public health within a state. Rather, accountability models between LHDs and state agencies vary drastically. Per the Association of State and Territorial Health Official’s (ASTHO) *Profile of State Public Health Vol. III*, most states can be categorized into one of the following four governance classifications: decentralized, centralized, shared and mixed.\(^3\)

A majority of states (AZ, CA, CO, CT, ID, IL, IN, IA, KS, MA, MI, MN, MO, MT, NE, NJ, NV, NY, NC, ND, OH, OR, TX, UT, WA, WV, WI) have what ASTHO considers to be a decentralized governance structure. In this structure, local health units, primarily led by employees of local governments, retain authority over most key decisions.\(^3\) Under this model LHDs primarily operate independently from their state’s public health agency.

In centralized governance structures, the state retains almost all public health authority. A centralized structure generally begins with the health agency establishing state-run LHDs, or state-run regional offices which oversee the LHDs. Under this structure state employees make most decisions related to the budget, issuing public health orders, and selecting local health officials.\(^3\) Fourteen states utilize a centralized structure to facilitate public health (AL, AR, DE, DC, HI, LA, MS, NH, NM, RI, SC, SD, VA, VT).

Four states have a shared governance structure (FL, GA, KY, MD). Under this structure LHDs may be led by state employees or local government employees. If local units are led by state employees, the local government has the authority to make key decisions. If local units are led by local employees, the state health department has the authority to make key decisions.\(^3\)

Finally, six states have a mixed governance structure (AK, ME, OK, PA, TN, WY). Under this structure no one entity can claim authority across the entire state. In some areas of the state local health units retain power and authority, and in other parts the power and authority reside within the state department.

History of Public Health in Michigan

Michigan’s historic connection to public health began in 1873, when the State Board of Health was created.\(^4\) Throughout the past 140-plus years, Michigan has remained committed to providing public health services to its residents. Since 1978 public health in Michigan has been primarily governed by the PHC. The PHC has provided Michigan a well-developed state level public health system, while also preserving effective and primarily autonomous LHDs. While there have been numerous amendments to the PHC
since its inception, Michigan has one of the most comprehensive and contemporary
codes in the nation.\textsuperscript{4}

From 1978 through 1996, Michigan’s state public health system consisted of three
departments: Department of Public Health, Department of Mental Health, and
Department of Social Services. The following five agencies were housed in the
Department of Public Health during this time: Public Health, Food Safety, Health Facility
Licensing, Occupational Safety and Health Regulation, and the Division of Water
Supply. The Department of Social Services housed the Medicaid program during this
period.

In 1996, through Executive Orders No. 1996-1\textsuperscript{5} and No. 1996-4\textsuperscript{6}, Michigan experienced
a large restructuring of public health services. Public health services were disseminated
into the following five separate departments: Department of Community Health (DCH),
Department of Environmental Quality (MDEQ), Department of Commerce, Department
of Agriculture, and Department of Human Services (DHS). Public health, mental health
and the Medicaid program were housed in DCH. It was also during this restructuring
that the Division of Water Supply was moved to MDEQ, Food Safety was shifted to the
Department of Agriculture, and Health Facility Licensing and the Michigan Occupational
Safety and Health Administration (MIOSHA) were integrated into the Department of
Commerce. The state-wide restructuring of public health services in 1996 did not affect
LHDs home rule authority.

In February 2015, through Executive Order No. 2015-4, Governor Snyder announced
the creation of MDHHS.\textsuperscript{7} Through this order, all authority and powers of DHS and DCH
were transferred to the newly created MDHHS. In addition to departmental transfers,
the order created two new agencies to be housed within MDHHS (Michigan Children’s
Services Agency and Aging and Adult Services Agency) and one new office (Health and
Human Services Office of Inspector General). The following public health services
remained untouched by the order: Food Safety Services remained within the
Department of Agriculture and Rural Development (MDARD), the Division of Water
Supply remained within MDEQ, and Licensing and Regulatory Affairs (LARA) continued
to house the Bureau of Community and Health Facility Licensing and MIOSHA.

\textbf{Michigan’s Current Public Health System (State and Local Level)}

As previously mentioned, Michigan operates under a decentralized public health
governance structure. Michigan has forty-five LHDs that are broken out in the following
manner (see Figure 1): thirty-two single county departments, twelve district (multi-
county) agencies, and one city (Detroit). These forty-five LHDs vary in size from
approximately twenty-five staff members to almost five-hundred staff members and
provide services for populations ranging from 50,000 to more than 1,000,000 residents.
Michigan also has twelve federally acknowledged Indian tribes. These tribes are
sovereign governments that exercise direct jurisdiction over their members and territories. These tribes provide a wide array of services to their members, including health services.

Figure 1: Multi-county agencies are identified by colors

Per the PHC, MDHHS and LHDs have parallel authorities. For example, as outlined in the PHC, the state has delegated much authority to LHDs. Through this “home rule” governance structure, the state has granted local governments the general power to manage their own affairs, including the health and well-being of their residents. That being said, MDHHS requires LHDs to meet certain performance and program criteria in their provision of public health services. For example, under the PHC, LHDs are required to have a Health Officer and a Medical Director; although one person may hold both positions if the Health Officer is also a licensed physician (MCL 333.2428). These positions may or may not report to a Board of Health in addition to their local governing
entities governance structure. LHDs are also required by the PHC to do the following (MCL 333.2433):

- Implement and enforce laws regarding local health,
- Utilize vital and health statistics for the purpose of protecting the public health,
- Make investigations and inquiries as to the causes of disease (especially epidemics), morbidity and mortality,
- Make investigations and inquiries as to the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness,
- Plan, implement and evaluate health education,
- Plan, implement, and evaluate nutritional services.

Thus because of this parallel authority and often shared responsibility, several points must be emphasized regarding state and local public health accountability:

- Local health officers are accountable for public health within their jurisdiction; including rapid communication and response actions with jurisdictional stakeholders and local emergency managers. Local health officers are also accountable for the notification and engagement of relevant state departments; including, but not limited to: MDHHS, LARA, MDEQ, MDARD, and MSP.
- The director of MDHHS is accountable for coordinating public health responses for public health issues impacting multiple local health jurisdictions. This includes assuring uniform comprehensive communications and responses occur from each of the LHD jurisdictions.
- By statute the director of MDHHS shall assign responsibility for the coordination and delivery of public health services and programs to the LHD, unless the LHD is deemed to be unwilling or unable to perform them by the director, the services are specialized or complex, or, other legal constraints preclude assignment of responsibility (MCL 333.2235).

Public Health Service Delivery in Michigan

Many of the programs and funding for public health services are, as expected, administered by MDHHS. Housed within MDHHS, various traditional and essential public health services reside within the Population Health Administration, including, but not limited to: Maternal and Child Health, the Bureau of Health and Wellness, the Bureau of Family Health Services, the Bureau of Epidemiology, the Bureau of Laboratories, the Bureau of Emergency Medical Services (EMS), Trauma, and Preparedness, and the Office of Local Health Services. In addition to administering traditional public health services, MDHHS administers the Medicaid and Healthy Michigan Plan. MDHHS also conducts programs and delivers services for children’s health, foster care, behavioral health, crime victims fund, vital records, and seniors; to name a few.

Although MDHHS administers many public health services, multiple state departments oversee various public health programs and/or deliver public health services. In fact,
numerous state departments play a significant role in the overall delivery of public health services to Michigan residents. The following are examples of public health services provided by state departments:

- MDEQ regulates and tests drinking water, environmental toxins and air quality.
- MDARD conducts food safety investigations, along with assuring safe food production in Michigan facilities.
- LARA licenses health professionals and facilities, and has the power to inspect or investigate any concerns in licensed areas.
- Michigan State Police (MSP) assist in the enforcement of laws that effect citizen’s safety, implement orders and directives of the Governor in the event of a state emergency or state disaster, and manages the State Emergency Operations Center (SEOC) which is the primary point of direction and control for coordinating state response and recovery resources.

In addition to these examples, the Commission recognized that many state departments, as represented in the Governor’s Cabinet, play some part in the overall “Public Health System” of the state.
Recommendations

The Commission discussed and evaluated proposed changes to Michigan's current public health service delivery system by analyzing three different structural aspects: horizontal organization of public health at local level, horizontal organization of public health at state level, and the vertical organization of state and local public health. It was through these lenses that the Commission made their recommendations. Although many of the recommendations were individual in nature and specific to the mode of delivery, all recommendations fell under three common themes: 1) collaboration, 2) investment, and 3) accreditation.

1) Continuing and Expanding Collaboration

Throughout the Commission’s tenure, one theme continuously arose: collaboration. As highlighted in the Public Health 3.0 White Paper\(^1\), public health is what all relevant agencies and stakeholders do together, and building healthy communities involves collaboration of all sectors - public and private.\(^1\) Therefore, the more collaboration that takes place, the easier it will be to diminish communication silos and create a stronger Michigan public health service delivery system. The following Commission recommendations require collaboration at local, state and federal levels, across state departments, and throughout the governmental hierarchy.

State and Local Collaboration:

Public Health Advisory Council
Create a permanent Public Health Advisory Council to be housed in a principle state health department. In addition to continuing the work and implementing the recommendations of this commission, the new council would serve as a forum to address emerging state and local public health threats or issues, and provide all state department directors and other public health stakeholders the opportunity to collaborate in real time on public health responses.

Regional Collaboration
LHDs should continue and expand collaboration with each other, the state, and tribal entities to build and formalize regional structures that share public health resources where appropriate.

Incentivize Consolidation
The State should incentivize LHDs to consolidate into multi-county public health districts; where and when appropriate. For example, such incentives could include flexible funding models, templates for the sharing of resources or sharing of subject matter expertise across county lines.
Coordination of Multi-Jurisdictional Public Health Response
Create a public health response system when multiple agencies are required to respond to a non-emergency situation. This system would replicate the system utilized by the State Emergency Operations Center (SEOC). The system would allow public health officials to more appropriately and expeditiously respond to emerging public health threats or response needs involving multiple state and local agencies.

Develop Local Response Teams
Develop local public health response teams. The teams would provide multi-disciplinary public health expertise, including, but not limited to: capacity-building, mentorship and general assistance to peer agencies. Teams will be formed through collaborative efforts of appropriate State agencies and the Michigan Association for Local Public Health (MALPH).

Leverage Collective Buying Power
The State should inventory and share any appropriate state contracts that LHDs could choose to utilize, and also collaborate with each other on new opportunities for leveraging collective buying power. For example, in order to eliminate duplicative negotiations and contracts for each LHD to purchase vaccines for private pay clients, the State could negotiate a single contract that all LHD could utilize.

State and Local Public Health Leadership Continued Teamwork
State public health leaders should continue to meet, and actively engage with, MALPH and the Michigan Association of Local Environmental Health Administrators (MALEHA) leadership on a regular basis to determine model program elements, communication items, etc.

Ensure LHD Involvement
Public health programs and services conducted by any state department at the local level should ensure that LHDs participate in the delivery and coordination of those programs and services; or, assess whether the programs and services be administered by the LHD, where possible. This includes, but is not limited to: food inspection programs conducted by MDARD at the local level, issuance of public health orders by the MDHHS pertaining to local issues, and collaboration with local partners to identify or investigate public health hazards with the MDEQ.

Survey LHDs
LHDs and their stakeholders should be surveyed by the State to determine and compare local public health structures, in order to identify and share best practices of high-performing organizations.
Create Public Health Hotline
Create a state public health hotline. The hotline would provide the general public and nongovernmental staff with one phone number for public health services inquiries, regardless of which state department the service may reside in. This single point of access would allow individuals to ask questions, express concerns, receive direction, and obtain contact information for where to go for appropriate assistance at both the state and local level.

Increase Statewide Information Sharing
Improve and support statewide information sharing by connecting Michigan health information systems and databases to enhance health officer’s capabilities at the state and local level.

Collaboration between State Departments

Ensure Health in all Policies
The Governor and his cabinet should ensure all state departments utilize a “Health in all Policies” approach when implementing policies and programs. The following are mechanisms to achieving this:

Public Health Impact Statements
Require public health impact statements and assessments be developed and reviewed by state decision-makers and stakeholders. At a minimum, state transportation and infrastructure decisions should require a public health impact statement and assessment.

State Departments Conduct Public Health Assessment
Each state department should conduct an assessment of the services they provide that impact public health. The assessment would help departments identify gaps and/or challenges in their delivery of public health services.

State Department Mission
All state departments’ mission statements should include the prioritization and safeguarding of public health, and they should maintain special consideration for vulnerable populations.

Environmental Justice
State departments and LHDs should embrace awareness of environmental justice and its impact on vulnerable populations.

State Director of Public Health
The State Director of Public Health should serve as the chief strategist for cross-sector and cross-discipline work toward implementing the vision of Public Health 3.0¹ and achieving the Commission’s goal of health in all policies.
**One Health Approach**
State to review multiagency efforts that support a One Health approach (human health/animal health interface) in order to reduce duplication of effort and facilities by involved agencies. For example, currently MDARD and MDHHS have two separate laboratories for testing infectious diseases that affect animals and humans.

**Unified State Communication Strategy**
In order to limit duplication of efforts and resources, state departments should coordinate a unified communication strategy when addressing local public health concerns.

**Orientation of State Staff to Understand Powers Provided by the PHC**
The state, in partnership with the MALPH and MALEHA, should provide orientation, education, and training programs for the Director of MDHHS, Medical Directors, Environmental Health Directors, state level public health leadership and emergency management coordinators to assure understanding of state and local public health powers provided by the PHC.

**State and Federal Collaboration**

**Alignment of Community Needs Assessment**
State should collaborate with the federal government to allow for the alignment of the hospital system community health needs assessment requirements with those conducted and required by Michigan LHDs. This would allow for both entities to be on the same timeline and encourage collaboration when conducting community health assessments.

### 2) Investing in Michigan’s Public Health

As state and local governments have faced fiscal challenges throughout the past two decades, public health spending has also continued to decrease. For example, in a 2015 study published in the American Journal of Public Health, it was determined that national public health expenditures had decreased by 17 percent from 2014 compared to 2002. Not only state and local governments have decreased spending; the federal government continued to decrease funding throughout this same time period. In a recent report published by the Robert Wood Johnson Foundation, it was determined that federal funding for the Centers for Disease Control and Prevention (CDC), the agency that primarily supports public health services and programs for states, had decreased by more than $1 billion (15 percent) between fiscal year 2005 to 2013. Despite declining funding, the science and field of public health has broadened to include critical issues such as poverty, racism, food insecurity and adverse childhood experiences (ACE).

Because preventing diseases, reducing health care costs and preparing for emergencies is vital to all Michiganders health and well-being, the Commission
recommended the following, pertaining to the State’s investment in its’ public health delivery system:

**Comprehensive Review of State Public Health Funding**
Commence a comprehensive review of state public health funding. The review should evaluate funding on a county-by-county basis, in order to recognize disparities and unmet needs throughout the state. The review would help ensure provided funding be based on program and service needs.

In addition, and in some cases dependent of such a review, the Commission made the following recommendations related to the repurposing of current funding and increasing investments towards Michigan’s public health system:

**Support LHDs Efforts towards Accomplishing a Public Health 3.0 Vision**
State should promote and support LHDs to complete community health assessments, community health improvement plans, programs such as Project Public Health Ready, and national voluntary retail standards, consistent with Public Health 3.0.

**Complete review of State Equitable Cost Sharing**
State should complete a review of state equitable cost sharing for local public health operations, and identify opportunities for developing a sustainable funding formula.

**Blend Funding Streams**
State should review the use and flexibility of block grants to LHDs. The State should explore opportunities to blend funding streams to support local and state public health needs.

**Ensure Flexibility of LHD Funding**
State should review funding allocations and work with MALPH towards maximizing LHD funding flexibility. Currently, due to varying sources of state and federal funding, LHDs are not able to move certain funds from one area to another to address needed public health service delivery.

**Additional State Appropriations Geared at Accreditation Compliance**
State should work with MALPH towards achieving additional unrestricted state appropriations for LHDs, to be used towards compliance with current and enhanced accreditation standards.

**Establish Minimum Emergency Response Standards**
State should work with MALPH to establish minimum emergency response standards for all LHDs and allocate additional funding to support implementation and maintenance of these standards. Support should include minimum staffing, training, planning and exercise requirements.
Review LHDs Funding for Regional Emergency Response Training
State should continue to review the need for additional state funding for MDHHS and LHDs to be used towards required regional emergency preparedness planning, training, and response exercises in collaboration with local and state emergency management and public health agencies.

State Training of LHD Staff to Understand Powers Provided by the PHC
State should provide orientation, education, and training programs for local public health officers, medical directors, environmental health directors, local emergency management coordinators and health care system leadership to understand, and effectively use, local public health powers provided through the PHC.

Expand Office of Local Health Services
State should provide additional resources to support expanded functions and additional staff to the Office of Local Health Services. This office is currently staffed by one MDHHS employee. With expanded function and additional staff, this office will have opportunity to engage with LHDs more frequently.

Increase Public Health Workforce
Increase funding and field staff for state and local employees actively working in public health related activities.

3) Changes to Accreditation Process (State and Local)

The Michigan Local Public Health Accreditation Program identifies and promotes the implementation of public health standards for LHDs and evaluates and accredits LHDs based upon their ability to meet these standards. LHD accreditation began in Michigan in 1998 and is now conducted by several state departments. On a regular cycle, LHD accreditation by the state occurs every three years. The program is a collaborative effort between the Michigan Public Health Institute, MDARD, MDEQ, MDHHS, MALPH, and Michigan's 45 LHDs. MDHHS provides oversight and funding for the program.

The Commission makes the following recommendations related to the state accreditation process for LHDs:

LHD State Accreditation to Reflect Public Health 3.0 Initiatives
Working through the Michigan Local Public Health Accreditation Program, the state should amend the accreditation process for all LHDs to reflect and encompass national accreditation standards consistent with Public Health 3.0 initiatives.
**LHD State Accreditation to Reflect Performance & Outcome Based Assessments**
The Michigan Local Public Health Accreditation Program should review and revise local public health accreditation standards, in alignment with national standards, to reflect performance and outcome-based assessments, quality improvement processes, and the powers and duties explicitly required by the Michigan PHC.

**LHD Accreditation Review Findings Made Public**
LHD accreditation review findings should be summarized, scored and made available to the public.

**Review of State Intervention Procedures**
State intervention protocols and procedures that take place if LHDs fail to meet state accreditation minimum standards should be reviewed by the Director of MDHHS. The Michigan Local Public Health Accreditation Program should be included in the review and necessary revisions.

**Include Local Governing Entities in LHD Accreditation Process**
Amend the state’s LHD accreditation process to require the state meet with local governing entities of each community during the accreditation process.

Just as LHDs are accredited by the state, MDHHS should also receive accreditation. The Commission recommends the following in regards to MDHHS pursuing national accreditation:

**State to Pursue National Accreditation**
MDHHS should pursue national accreditation through the Public Health Accreditation Board (PHAB).

**MDHHS Accreditation Process**
MDHHS’ accreditation process, once initiated, should reflect national accreditation standards consistent with Public Health 3.0 initiatives, similar to the recommendation for LHDs.
Evaluation of Proposed Organizational Changes to Public Health at State Level

The Commission included an accomplished and diverse group of stakeholders and state department representation. Commissioners dedicated a substantial amount of time discussing Michigan’s current organizational structure of public health services, and deliberating what the optimal organizational structure should be. Commissioners supported structural solutions to address fragmentation of public health programming at the state level. It was thought that a structural change would assist in defining clear authority over public health program implementation across multiple departments and decisions that impact human health.

Three proposed reorganization models were strongly considered by the Commission; with particular emphasis and time spent deliberating model 1 and model 2. Each of the three models (described below) call for differing levels of reorganization of public health functions at the state department level, with varying impacts on agreed upon attributes.

In their efforts to determine the optimal model of state public health service delivery, Commissioners measured the impact that each of the proposed models would have on the following sub-attributes:

- Credibility of public health
- Alignment of public health responses and communications
- Accountability between state and locals clearly defined
- Visibility of public health
- Funding impacts

Despite their sincere efforts and time dedicated to examining the state’s public health service delivery system, Commissioners were unable to reach consensus on which of the three proposed models would best serve the residents of Michigan. Therefore, the Commission unanimously agreed that additional time was required to pursue an objective, measured, and comprehensive analysis of the optimal model for Michigan’s organizational structure of public health services.

While the Commission did not reach consensus on which model for structural change should be recommended, Commissioners unanimously agreed that the State’s Director of Public Health, regardless of whether or not changes are made in the future to the state’s organization structures of public health services, should be responsible for advancing state public health priorities and serve as a member of the Governor’s cabinet.
The following three proposed reorganization models were actively considered by the Commission:

**Model 1**
Create a new and separate State Department of Public Health. The proposed new department would at a minimum include the programs and services provided by current MDHHS Population Health Administration. The Commission recommends that future consideration of this model includes a review of all public health services provided by the state, and the consideration of combining public health services provided by state departments other than MDHHS. The proposed new department should be led by a Governor appointed, cabinet level director, who should also serve as the State’s Health Officer.

**Model 2**
Create an independent and autonomous Type 1 Public Health Agency within MDHHS. The proposed new agency should be led by a Governor appointed, cabinet level director, who should also serve as the State’s Health Officer.

**Model 3**
Create a State Health Officer position within MDHHS. The proposed new position would be granted the public health authority provided under the PHC; including police powers. Examples of such powers include: declarations of imminent danger, public health emergency orders, isolation, and quarantine. Amongst other responsibilities, this position would be responsible for implementing the Public Health 3.0 vision, including consideration of health in all policies, cross-agency coordination of state and local public health service responses, and lead strategic planning for Michigan public health.
References


10. MDHHS. “Michigan Local Public Health Accreditation Program.” http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982_70541-343502--,00.html
HEARING APPEALS

The Board of Appeals shall hear appeals based on the following rules of procedure:

- A written request to appeal to the Health Officer within ninety (90) days after recommendation to appeal by the health Officer and/or his representatives.

- The Health Officer shall provide to the appellant a “Request for Appeal” form and appeal procedure.

- The appellant shall submit the completed “Request for Appeal” form, appeal fee and additional information pertinent to his/her appeal.

- The request for appeal shall be transmitted to the Board of Appeals at its next regular board meeting.

- The Board of Appeals shall set a time and date for appeal within forty-five (45) days or, at the discretion of the chairperson of the Board of Appeals, may establish a special meeting for appeal purposes.

- The Health Officer shall forthwith transmit the appeal hearing information to the appellant at least fifteen (15) days prior to the hearing date.

- The chairperson of the Board of Appeals shall conduct the hearing.

- The Board of Appeals shall provide a written disposition of its findings and decision within ten (10) days to the appellant.
APPEAL PROCEDURE

HEALTH DEPARTMENT STAFF

In the instance of an appeal regarding the denial of a permit to construct an on-site water supply system or an order to plug/properly abandon an on-site water supply system, the Environmental Health (EH) Director and the EH Specialist of Supervisor who issued the denial shall:

- Attend the appeal meeting.
- Provide the Board of Appeals detailed accounting of the rationale for the denial or order. The EH Director and/or Specialist shall provide this information to the Board of Appeals fifteen (15) days prior to the appeal meeting.
- Provide the Board of Appeals background information concerning the lot(s) characteristics, basis for the denial or order, summary of requirements according to federal, state or local regulations, etc.

APPELLANT

The Board of Appeals advises that the appellant provide any and all documentation they wish to be considered by the Board. This should be presented to the Board of Appeals at least fifteen (15) days prior to the appeal meeting.

The appellant should provide the Board of Appeals with the following:

- How does the appellant’s proposal address the requirements of federal, state or local regulations?
- How does the appellant’s proposal address the criteria for a variance as outlined in Chapter One, Section 2.3 of the Mid-Michigan District Health Department Environmental Health Regulations?

POSSIBLE OUTCOME

The Board of Appeals may conclude:

- Continuance of denial or decision rendered by the Mid-Michigan District Health Department staff.
- Accept the appellant’s position with stipulations as based upon a motion by the Board of Appeals.
REQUEST FOR APPEAL

Name of Petitioner: Scott Crumbaugh
Address: 288 W. St. Charles, Ithaca
Telephone number: 989 285 0218 County: Gratiot
Email: scott.crumbaugh@cgb.com

I have been notified by the Mid-Michigan District Health Department that:

A correction order was in place w/r. Oberliter. Well Drilling (contractor registration # 24-2439) that the MM DHD had reasonable grounds to believe there was a violation of Part 127, Act 368, PA. of 1978 or the rules regs or code under the act. First, well for the location described was constructed without a permit and second, the constructed well does not meet proper isolation distance to the gravity sewer main.

My reason for appealing the above decision is as follows:

I applied and paid for a permit. The well driller discussed possible locations with me. Well driller moved forward and put in well. I purchased three lots 84, 85 and 97 that are connected and/or contiguous. A small bldg is put on 97 w/ intent to build on 84 and 85, well was put on upper part of 85 with limited space before steep slope to lake. The well site, then some 20 feet from the sewer.

Your Public Health Team,
Connecting with our Communities to Achieve Healthier Outcomes.
line, is 387 feet deep with a clay barrier of approximately 290 feet thickness between the state approved sewer line and the stone aquifer. The sewer line is (or was) made up of State approved material as per regulations.

This well site was deemed the best place on this lot (85) versus 84 because both lots have steep slopes to the lake side.

With ownership of 3 contiguous lots, it makes no economic sense to drill two wells. A permit was executed with the Grant County Road Commission to bore Lakeside Drive (Lot 85 to Lot 97) to install a new water service line. (see attached permit)

I believe it would do no harm to allow a variance given all these circumstances.
REQUEST FOR APPEAL
(continued)

I wish to submit the following information as my basis for the requested appeal:

(attach/submit additional information as necessary)

The variance can be allowed since: 1) there is no substantial health hazard or nuisance likely to occur; because the well is 347 feet below a state approved material (clayballed sealed tile) with 290 feet of clay barrier and well is pressure grouted 0 feet to 320 feet. 2) strict compliance with regulation requirements would result in unnecessary or unreasonable hardship; because the well cost is approximately $10,000 with an additional $4,000 cost totally unaffordable. 3) no state statute or other applicable laws would be violated by such variance and 4) the proposed variance would provide essentially equivalent protection for the public health and would be in the public interest. 5) a precedent has been set by allowing other homeowners to have wells in close proximity to the existing sewer main. 6) an easement or advisory will be added to the deed using health department approved wording or a deed adendum if so desired.

I understand my request for appeal will be reviewed, and I will be notified within thirty (30) days after receipt of this request as to when I may make my appeal to the Board of Health. I hereby certify that the above statements are true to the best of my knowledge.

Date: March 10, 2019  Signature: [Signature]
Petitioner (appellant)
A health officer may issue a deviation from the provision of specific rules if the spirit and intent of these rules are observed and the public health, safety, and welfare are assured.

(2) Rules or parts of rules, specific minimum standards, requirements and conditions for which deviations may be permitted are as follows:
(b) The provisions of R 325.1622 may be deviated from as follows:

(A) Hydro geologic data indicates that the direction of the groundwater flow at the possible contamination source is away from the well.
(B) The depth of the well and depth of the grouting of the casing that is specified by a health officer as a condition of the deviation will provide equivalent protection of groundwater quality and the public health

Well is 387 feet deep.
From 2 feet to 300 feet is a clay barrier (layer) with the exception of approximately 2 feet sand vein at the 80 to 100 foot depth.
Well is pressure grouted 0 feet to 320 feet.

(iii) A well may be located closer than the specified minimum distance, but not closer than 10 feet, to a pressurized sewer that meets all of the following requirements:

Sewer has been pressure tested to not less than 100 psi and determined water tight.
The sewer pipe and joints meet standards of ASTM D 1785-91 or D 2241-89.
The sewer has a thickness that is equivalent to schedule 40 or SDR 21.

Clay belled sealed tile used to provide sewer handling placed in the early seventies.

R 325.1613

(3) Deviations from the rules listed in subrule (2) shall be made in writing and shall state the reasons for each deviation.
Reasons for the deviation shall be based upon the following factors:
(a) Site hydrogeology
(b) Site topography
(c) Site dimensions
(d) Soil characteristics
(e) Depth of well
(f) Type of well
(i) Distance from contamination sources

R 325.1622

Where possible, a well shall be known source of contamination. A well shall be located the maximum PRACTICAL distance from a potential source of contamination.

Lot 35 does not allow a lot of room for placement of a well. It is in the best place and only place on the lot. The rest is steep slope or on the lake elevation.
Gratiot County Road Commission
200 Commerce Drive
PO Box 187
Ithaca, MI 48847-0000
Phone: 989-875-3811
Fax: 989-875-2831

APPLICATION AND PERMIT TO CONSTRUCT, OPERATE, USE AND/OR MAINTAIN WITHIN THE RIGHT-OF-WAY; OR TO CLOSE A COUNTY ROAD. If a contractor is to perform the construction entailed in this application and permit, and is supplying the deposit, and bond, he will fill out the information block provided, and thereby assumes responsibility, along with the applicant, for any provisions of this application and permit which apply to him.

Scott Crumbaugh
Lot 85 & 97
Perrinton, MI 48871-0000

Phone(s): 989-285-0218
Signature: [Signature]
Title: Owner Date: 9/19/16

C O N T R A C T O R
Signature: [Signature]
Title: [Title] Date: [Date]

A T T A C H M E N T S

Insurance
Plans: No
Retainer Letter: No
Attachments: No
Bond No.
Bond Amt.

3 WORKING DAYS BEFORE YOU DIG - DIAL (MISS DIG) (TOLL FREE)
(800-482-7171)

Applicant and/or Contractor request a Permit for the purpose indicated in the attached plans and specifications at the following location:

City/Township: Fulton
Project: Boring,
Name of Road: Lakeside Drive
Roadside

Between

For a Period Beginning: 09/08/2016 and Ending: 12/08/2016

and Agrees to the terms of this permit.

Applicant to bore Lakeside Drive from Lot #85 to Lot #97 in Rainbow Lakes West Subdivision to install a new water service line. Tile is to be a minimum of 4' below the roadway. All disturbed areas to be restored and seeded by the contractor. The permit holder shall be responsible for costs incurred by the road commission for any repairs performed by or on behalf of the road commission for the safety of the motoring public as a result of the activity permitted. Said repairs shall be performed with or without notifying permit holder if immediate action is required. This determination shall be at the sole and reasonable discretion of the road commission. Applicant responsible for notifying the public utilities (ie MISS DIG) at least 3 days before work. Crossing is to be completed before nightfall. Maintenance of said water line to be the responsibility of the property owner. If applicant does not own property on both sides of roadway at crossing then written permission from the adjacent property owner must be obtained and submitted to the Gratiot County Road Commission prior to commencing work.

Recommended For Issuance:
Board of County Road Commissioners
Gratiot County, Michigan

09/08/2016
Date

By

09/08/2016
Date

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Page 1 of 1
FLOOD PLAIN CONTOUR AS E

BY THE WATER RESOURCES CI

ELEVATION 687.2 (U.S.G.S

9857 Lakeside Dr.
MEMORANDUM OF LAND CONTRACT

THIS MEMORANDUM OF LAND CONTRACT, entered into on September 12, 2016, by and between David J. Crumbaugh, Trustee of the David J. Crumbaugh Trust Agreement dated July 21, 2010, of 10913 Lakeside Drive, Perrinton, Michigan, 48871, hereinafter referred to as the "Seller(s)", and Scott W. Crumbaugh, a single man, of 530 Norton Gibbs Drive, Ithaca, Michigan 48847, hereinafter referred to as the "Purchaser(s)".

WITNESSETH:

WHEREAS, Buyer(s) and Seller(s) have entered into a Land Contract of even date herewith; and

WHEREAS, the parties desire to enter into this Memorandum of Land Contract to give record notice of existence of said Land Contract;

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, Sellers acknowledge and agree that they have sold to Buyer on the Land Contract dated September 12, 2016, the following described premises situated in the Township of Fulton, County of Gratiot and State of Michigan, to-wit:

Lot 85 and the South 2/3 of Lot 84, Rainbow Lake West, according to the recorded plat thereof;
RESERVING UNTO GRANTOR a non exclusive driveway easement for use by Grantor and Grantee being 20 feet in width for ingress and egress, the center line of which is described as commencing at a point on Lakeside Drive which is 30 feet South of the Northwest corner of Lot 85; thence Northerly to the North line of Lot 84. Grantor and Grantee shall share equally all costs of repair and maintenance. This easement is intended to run with the land, binding the parties hereto, their heirs, assigns and successors.

The grantor grants to the grantee the right to make no divisions under section 108 of the Land Division Act, Act No. 288 of the Public Acts of 1967.

This property may be located within the vicinity of farm land or farm operation. Generally accepted agricultural and management practices which may generate noise, dust, odors and other associated conditions may be used and are protected by the Michigan Right to Farm Act.

The purpose of this Memorandum of Land Contract is to give record notice to the existence
of the aforesaid Land Contract.

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum of Land Contract and have caused their hands and seals to be affixed hereto the day and year first above written.

Executed in the presence of:

David J. Crumbaugh, TTE UAD 07/21/2010

Scott W. Crumbaugh

STATE OF MICHIGAN )
COUNTY OF (Gratiot )

On September 15, 2016, before me, a Notary Public, in and for said County, personally appeared David J. Crumbaugh and Scott W. Crumbaugh, to me known to be the same person(s) described in and who executed the within instrument, who acknowledged the same to be a free act and deed.

Debora S. Becker, Notary Public
Gratiot County, Michigan
My Commission Expires: 3-11-17
Acting in the County of (Gratiot)

PREPARED BY:
FORTINO, PLAXTON & COSTANZO, P.C.
Charles M. Fortino: pjm
214 East Superior Street
Alma, Michigan 48801
(989) 463-2101
• **Uncompensated Care.** The Michigan legislature responded to the Affordable Care Act in part by amending the Social Welfare Act, Act 280 of 1939 to create the Healthy Michigan Plan in 2013. MCL 400.105d(8) says in part, “Based on the evidence of the reduction in the amount of the actual cost of uncompensated care borne by the hospitals in this state, beginning April 1, 2015, the department of community health shall proportionally reduce the disproportionate share payments to all hospitals and hospital systems for the purpose of producing general fund savings.” If Congress eliminates or reduces the expansion of Medicaid the Michigan legislature must revisit this language to ensure that disproportionate share payments can increase to provide uncompensated care for those who might lose insurance.

• **Income Tax.** We understand the legislature may try again to reduce the income tax. During the previous attempt the authors of the bill did not specify how the lost revenue would be replaced. A chaotic loss of revenue could have unforeseen and potentially serious consequences for public health. A future bill should deal with replacement revenue at the same time as tax reductions. The bills that did not pass were SB 4, Brandenberg, (Emmons) and HB4001, Chatfield.

• **Senate Bill 30. Stamas.** The purpose of this bill is to eliminate the unpopular Health Insurance Claims Assessment and replace the revenue by drawing down Federal Medicaid match. It would create a new Managed Care Use Tax which would go into a new Health Services Fund that would serve as the local match for Medicaid dollars. In general, public health supports this arrangement because 30 million dollars from the fund would be dedicated to Essential Local Public Health Services (ELPHS) which would tend to protect it from arbitrary cuts. Total ELPHS funding is 40 million dollars. A similar bill was vetoed by Governor Snyder in 2015.

• **House Bill 4022. Kosowski.** Makes additional revenue sharing available to communities that take certain actions. It incentivizes budget cuts and personnel reductions. Low income rural communities already have budgets that are too small to ensure public safety and too few personnel to cover many essential tasks. For these counties the bill should incentivize capital improvements and technology sharing to increase efficiency and improve customer service.

• **House Bills 4425, Barrett and 4426, Noble.** These bills would undo the Michigan Department of Health and Human Services (MDHHS) policy that parents seeking an immunization waiver obtain it at a health department. They would also prohibit Medical Directors from excluding unimmunized children from school during an outbreak. Similar bills died in the Health Policy Committee in 2015 but Tim Kelly, Chair of the Education Reform Committee said these bills will get a hearing. Immunization rates increased after MDHHS changed its policy.

• **Vapor Intrusion.** MDHHS and the Michigan Department of Environmental Quality (MDEQ) have become aware that there could be as many as 4,000 locations in Michigan where volatile organic chemicals could emerge into occupied buildings as toxic vapor posing a health threat to people exposed to them (Vapor Intrusion). MDEQ has informed the legislature that it lacks the personnel to deal with this problem. As part of its 2018 budget request, MDEQ is asking for an additional 2.6 million dollars for vapor intrusion remediation. MMDHD supports the request.
The Board of Health (BOH) reaffirmed actions from their February meeting.

The BOH received and placed the FY 15/16 Audited Financial Statements on file. MMDHD received an unmodified, clean opinion.

The BOH approved the FY 17/18 Budget Development Schedule and set a Special Finance Committee Meeting for May 8, 2017, 2 p.m. at the Gratiot Branch Office in Ithaca.

The BOH approved the Monthly Healthy Living Recommendation for April 2017:

- Support annual influenza vaccination efforts.

The BOH authorized the Board Chair to sign the vapor intrusion letter to legislators.
## STAFFING CHANGES
### APRIL - 2017

### AS

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