BOARD OF HEALTH
REGULAR MEETING
At
Mid-Michigan District Health Department (MMDHD)
Montcalm County Administrative Office
Stanton, Michigan
Conference Room A
Wednesday, October 23, 2019 at 9 a.m.

AGENDA

We take action to protect, maintain, and improve the health of our community.

Pledge of Allegiance

A. AGENDA NOTES, REVIEW, AND REVISIONS:

1.

B. CONSENT ITEMS:

1. Meeting Minutes
   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held September 9, 2019 – Included.
   b. Mid-Michigan District Board of Health Regular Meeting held September 25, 2019 – Included.
   c.

2. Communications
   a.

C. PUBLIC COMMENTS:

D. BRANCH OFFICE EMPLOYEES:
E. COMMITTEE REPORTS:

1. Finance Committee – Bruce DeLong, Chairperson
   a. MMDHD’s Expenses for September 14 through October 11, 2019 – Included.
   c. Community Health and Education Division (CHED) Fee Changes – Handout.

2. Personnel Committee – Betty Kellenberger, Chairperson
   a.

3. Program Committee – Chuck Murphy, Chairperson
   a.

4. Mid-Central Coordinating Committee – D. Washington
   a.

F. MEDICAL DIRECTOR’S REPORT: Jennifer E. Morse, MD, MPH, FAAFP – Included.

   1. Cannabidiol (CBD) Oil
   2. Influenza – Shots provided to BOH members; wear short sleeves.

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

   1. FY 18/19 Quarterly Service Report, Fourth Quarter (July 1, 2019 through September 30, 2019) – Included.
   2. District-Wide In-Service, Friday, November 1, 2019, Agro-Liquid Fertilizers, Saint Johns
   3. Agreements Signed, September 21 – October 18, 2019 – Included.

H. OLD BUSINESS:

   1. Eastern Equine Encephalitis (EEE) – Included.
   2. PFAS Update
3. Letter to Public Health Accreditation Board (PHAB); MMDHD National Accreditation Withdrawal – Included.

4. Recap of Michigan’s Premier Public Health Conference, October 16-17, 2019, Ypsilanti

5. Riverdale, Seville Township

6. 

I. NEW BUSINESS:

1. FY 19/20 MMDHD Organizational Charts – Included.

2. Michigan Septic Summit, November 6, 2019, Traverse City – Included.

3. State Road Women, Infants, and Children’s Clinic, Clinton County

4. Emerging Issues

5. 

J. LEGISLATIVE ACTION:

1. 

K. INFORMATIONAL ITEMS: – Included.

1. Mid-Michigan District BOH Action Items, September 2019

2. Staffing Report


1.EEE Found in Montcalm County Animal, Daily News, September 23, 2019

2. Health Department Confirms Case of EEE, Morning Sun, September 24, 2019

3. State To conduct Aerial Sprays Sunday Of Eureka, Montcalm and Pierson Townships To Combat EEE, Daily News, September 27, 2019


5. EEE Spray In Portions Of Eureka, Montcalm and Pierson Townships Postponed, Daily News, September 30, 2019

6. BOH Takes On Full Slate of Issues, Gratiot County Herald, October 3, 2019

7. Riverdale Residents Hopeful Future Water Tests Wards Off Municipal System, Gratiot County Herald, October 3, 2019

8. Bad Weather, Resident Concerns Hamper Efforts To Spray For EEE, Daily News, October 5, 2019

9. County Locations Receive “All-Clear” Results For PFAS, Gratiot County Herald, October 9, 2019

10. 3 Montcalm County Townships Sprayed For EEE Virus, Daily News, October 10, 2019

11. Understanding EEE, Lakeview Area News, October 10, 2019

M. AGENCY NEWSLETTERS: None
# Board of Health (BOH) Synopsis of Actions Needed
## October 23, 2019 Meeting

### Item A. 1. AGENDA NOTES, REVIEW, AND REVISIONS
Motion to approve the Agenda as presented.

### Item B. 1. & 2. CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to accept and place on file Meeting Minutes B. 1. a. and b.

### Item E. 1. a. EXPENSES FOR SEPTEMBER 14 THROUGH OCTOBER 11, 2019
Motion to approve payment of the Mid-Michigan District Health Department’s (MMDHD) Expenses for September 14 through October 11, 2019, totaling $489,804.23.

### Item E. 1. c. COMMUNITY HEALTH AND EDUCATION DIVISION (CHED) FEE CHANGES
Motion to approve CHED fee changes as proposed.

### Item F. 1. MEDICAL DIRECTORS REPORT-CANNABIDIOL (CBD) OIL
Motion to adopt the BOH Monthly Healthy Living Recommendation for November as proposed and accept and place the Medical Director’s Report on file.

### Item H. 3. LETTER TO PUBLIC HEALTH ACCREDITATION BOARD (PHAB); MMDHD NATIONAL ACCREDITATION WITHDRAWAL
Motion to authorize the Board Chairperson to sign the letter to PHAB regarding MMDHD’s withdrawal from national accreditation.

### Item I. 1. FY 19/20 MMDHD ORGANIZATIONAL CHARTS
Motion to approve the FY 19/20 MMDHD Organizational Charts as proposed.
I. Call to Order
The meeting was called to order at 9:00am by Steve Hall, President.

II. Roll Call
A quorum was present.
Jurisdictions Represented: Barry-Eaton [Colette Scrimger], Bay [Joel Strasz], Benzie-Leelanau [Lisa Peacock], Branch-Hillsdale-St. Joseph [Rebecca Burns], Calhoun [Eric Pessell], Central Michigan [Steve Hall], Delta-Menominee [Mike Snyder], Detroit [Denise Fair], Dickinson-Iron [Daren Deyaert], District 2 [Denise Bryan], District 10 [Sarah Oleniczak], District 4 [Denise Bryan], Genesee [John McKellar], Grand Traverse [Wendy Hirschenberger], Huron [Ann Hepfer], Ingham [Debbie Edokpolo, Linda Vail], Ionia [Ken Bowen], Jackson [Rashmi Travis], Kalamazoo [Jim Rutherford], Kent [Adam London], Lapeer [Kathy Haskins], Lenawee [Martha Hall], Livingston [Dianne McCormick], Marquette [Jerry Messana], Midland [Fred Yanoski], Mid-Michigan [Marcus Cheatham, Dwight Washington], Monroe [Kim Comerzan], Muskegon [Kathy Moore], Northwest Michigan [Lisa Peacock], Oakland [Leigh-Anne Stafford], Ottawa [Lisa Stefanovsk], Saginaw [Christina Harrington], Shiawassee [Larry Johnson], St. Clair [Annette Mercatante], Tuscola [Ann Hepfer], Washtenaw [Jimena Loveluck], Wayne [Carol Austerberry], Western UP [Kate Beer].

Others Present:
Administrative Officers Forum, [Jamie Dean], Nurse Administrators Forum, [Jane Nickert], Physician’s Forum, [Jen Morse], EGLE, [Ian Smith], MAC, [Dwight Washington], MDARD, [Sean Dunleavy, Tim Slawinski], MDHHS, [Carolyn Chaudhary, Steve Crider, Laura de la Rambelje, Julia Hitchingham, Melissa Limon-Flegler, Orlando Todd], MDLARA, [Alesha Gensler,Stephan Gobbo], MPH, [Jessie Jones], PAA, [Becky Bechler], Pamela Evans

Staff: Meghan Swain, Jodie Shaver

III. Approve Agenda
Motion by M. Cheatham, support by A. London to approve the agenda. Motion carried.

IV. Approve Meeting Minutes
Motion by M. Cheatham, support by R. Burns to approve the August 12, 2019 minutes. Motion carried.
V. 2018 Audit Report
L. Downing of Layton Richardson provided the final report of the 2018 Audit. He reported that MALPH has good working capital. Due to the size of the organization, he advised the board to stay involved in regular financial review. He provided recommendations to consider.

VI. Strategic Planning Update
P. Evans reviewed the updated strategic plan including needs assessment, vision for 2022, 2022 goals, and internal capacity. Finally, she addressed MALPH goals, strategies, and outcomes that include action steps, timing, lead, and dashboard measures.

VII. Reports of Officers/Staff/Forums
President
S. Hall reported the MALPH Executive Committee election results. He participated in the quarterly leadership meeting with EGLE and MDARD (MDHHS canceled). MDARD did discuss climate change and impact on agriculture and needing to address. The executive committee continues to review the decision to relocate the MALPH office. M. Swain was authorized to support the new rules regarding ban on flavored vape products. With regard to the strategic plan, it is hoped to complete the work next month.

Secretary/Treasurer
M. Swain provided the July financial report. There will be spend down of the SIA grant. Revenue and some expenditures have occurred for the Michigan Premier Public Health Conference. Dues notices will be sent in October. MALPH continues to spend according to the budget. Motion by M. Cheatham, support by R. Burns to accept the July financial reports. Motion carries. Motion by R. Burns, support by L. Stefanovsky to accept the 2018 Audit Report. Motion carries.

Executive Director
M. Swain discussed the start of the state health assessment discussion, which will lead to national accreditation. She also provided an update on HB 4223 including an impending senate hearing. She met with the governor’s office to discuss the $6M senate-recommended appropriation for ELPHS. They are supportive at this time. She also reported on the quarterly leadership meetings with EGLE and MDARD. She provided an update on the conference including sleeping room block and the Continuing Medical Education credit offering. The Children’s Oral Public Health Improvement Initiative has been submitted to the Michigan Health Endowment Fund. There were questions with the submission, and we followed up with clarification. We should learn in November if the project will be funded. She met with the oral health program at MDHHS, as the state would like to strengthen the relationship with local public health. M. Swain elaborated on the emergency orders/rules ban on e-cigarettes. Finally, she provided an update on office relocation.
Lobbyist
B. Bechler reported that the legislature and governor’s office continue to discuss FY 2020 budget. There is concern regarding a government shutdown if the budget is not completed by October 1. She reported that Senator MacGregor remains committed to the $6M increase for Essential Local Public Health Services. Legislators are unhappy that they did not get prior notification of the flavored vape ban rule. The governor’s priority remains transportation funding, and other items will be secondary unless emergent.

Forum Reports

Health Education and Promotion: No report at this time.

Public health nursing: J. Nickert reported that they have completed the hiring and recruitment practices survey. The chair of the forum will be Lisa Hahn (Oakland County) beginning in October.

Environmental health: No report at this time.

Public health finance and administration: J. Dean reported that Dawn Shanafelt of MDHHS attended the last meeting to encourage agencies to expand family planning services. There will be two Medicaid policy online trainings in October. The forum conference is this week in Mt. Pleasant.

Public health physicians: Dr. J. Morse reported on the joint meeting with health officers in August. They are currently working on coverage and liability, discussing Title X changes and finding materials regarding e-cigarettes.

Management information systems: No report at this time.

VIII. Accreditation QI Initiative
J. Jones provided an overview to the Accreditation Quality Improvement Initiative. The Public Health Advisory Council made recommendations to Power and Duties (MPR 1), Cross Sector Partnership Indicator, Workforce Development Indicator, and Quality Improvement MPR and Indicators. She also reviewed pilot activities and early findings from local health departments.

IX. Reports from State Departments
Department of Agriculture and Rural Development (MDARD)
S. Dunleavy reported they have completed the fair pilot project for this season and will have an after-action call. He also reported that they attended an FDA conference and discussed National Program Standards that will change the availability of dollars. He would like to review state/local workgroup the Principles of Collaboration between MDARD and MALPH. T. Slawinsky reported that the department is still working on
language with regard to the Food Code/Food Law. They will review/discuss with stakeholders before legislation is drafted. There are no updates on marihuana at this time.

**Department of Environment, Great Lakes, and Energy (EGLE)**

I. Smith reported on the rule making process related to PFAS. The rough draft rules will be distributed to stakeholders, including an invitation to submit comment in the next few weeks. He also shared that statewide testing and working with MDHHS is occurring.

**Department of Health and Human Services (MDHHS)**

L. de la Rambelje provided an update on the $10M that was to be appropriated in January. The department is still waiting on legislative changes to the language. She also provided an update on the Hepatitis A outbreak. There is an epidemiology call regarding the new vaping rule. There was a question regarding new body art rules.

Melissa Limon-Flegler of MDHHS presented the overview and opportunities for local public health representation on the Michigan Maternal Mortality Surveillance (MMMS) work that they currently underway. The MMMS program reviews all deaths that occur during pregnancy or within one year of the end of pregnancy.

Carolyn Chaudhary of MDHHS’ Tobacco Section provided an update on the new vaping ban rules. She passed around the various devices that deliver nicotine and marijuana.

**X. Public Comment / Announcements**

A. London is looking for 8 topic ideas for students of his health department to work on, which aligns with MALPH’s current strategic plan discussion.

**XI. Adjournment**

The meeting adjourned at 12:15pm.
BOARD OF HEALTH
REGULAR MEETING

At
Mid-Michigan District Health Department (MMDHD)
Gratiot County Office
Ithaca, Michigan

Conference Room A

Wednesday, September 25, 2019 at 9 a.m.

MINUTES
We take action to protect, maintain, and improve the health of our community.

Pledge of Allegiance

Members Present: Bruce DeLong, Chuck Murphy, Betty Kellenberger (Vice Chairperson), Adam Petersen, and Dwight Washington

Members Absent: George Bailey (Chairperson)

Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Bowerman, Director of Administrative Services; Cynthia M. Partlo, Board Secretary; Jennifer E. Morse, MD, MPH, FAAFP, Medical Director; Liz Braddock, Director of Environmental Health; Sarah Doak, Director of Community Health and Education

Staff Absent: None

Guests: Doug Young, Environmental Health (EH) Specialist I; Ryan Klump, EH Specialist I; Grant Reeves, Community Health Worker (CHW); Shanna Smith Public Health Representative I (PHRI); public; Doug Brecht, Seville Township Trustee; Mikie Van Horn; Rosemary Horvath, Reporter, Gratiot County Herald

B. Kellenberger, Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health (BOH) to order at 9:01 a.m. on Wednesday, September 25, 2019, at the Gratiot County Office of the MMDHD, Ithaca, Michigan.

The Pledge of Allegiance was led by B. Kellenberger.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

M. Cheatham stated that an emerging issue, Eastern Equine Encephalitis (EEE) should be added to the Agenda as item I. 3. a.
Motion made by B. DeLong and seconded by C. Murphy to approve the Agenda as amended. Motion carried.

B. CONSENT ITEMS:

1. Meeting Minutes
   a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held August 12, 2019
   b. Mid-Michigan District BOH Regular Meeting held August 28, 2019

   Motion made by B. DeLong and seconded by D. Washington to accept the Meeting Minutes B. 1. a. and b. and place on file.

2. Communications – None

C. PUBLIC COMMENTS: Public comment was given by Mikie Van Horn and Doug Brecht, Seville Township Trustee regarding an update in Riverdale. Mikie Van Horn expressed appreciation for the help Riverdale residents have received from MMDHD staff in an attempt to keep their septic systems.

D. BRANCH OFFICE EMPLOYEES: M. Cheatham explained the BOH governing process and asked staff to introduce themselves. MMDHD staff was attending to satisfy requirements of their orientation.

E. COMMITTEE REPORTS:

1. Finance Committee – Bruce DeLong, Chairperson
   a. MMDHD’s Expenses for August 17 through September 13, 2019

   Motion made by B. DeLong and seconded by C. Murphy to approve payment of the MMDHD’s Expenses for August 17 through September 13, 2019 totaling $460,053.59. Motion carried.

   b. MMDHD’s Monthly Balance Sheet, Revenue and Expenditure Report for August 2019 and Amended FY 18/19 Budget

   M. Bowerman stated that the Amended Budget was the final adjustment for FY 18/19.

   Motion made by B. DeLong and seconded by D. Washington to approve and place the Balance Sheet, Revenue and Expenditure Report for August 2019 on file. Motion carried.

   Motion made by B. DeLong and seconded by D. Washington to approve the MMDHD’s Amended FY 18/19 Budget. Motion carried.


MEDICAL DIRECTOR’S REPORT: Jennifer E. Morse, MD, MPH, FAAFP

1. Vaping and Severe Pulmonary Disease Associated with Vaping

Dr. Morse provided an overview of vaping and severe pulmonary disease associated with vaping. She reported that Michigan has 11 confirmed cases and 4 probable, with another 15 suspected cases. She said that those most affected are individuals between 18 and 34 years of age. Additionally, she reported that youth vaping has increased. She noted that testing the products has not revealed one ingredient that has caused the disease; however, certain flavored products are more toxic to human tissues. Michigan was the first State to ban flavored nicotine vaping products in an attempt to reduce use among youth. She explained that THC extract has been associated with the disease as it has been added to the e-cigarette juice. She noted that Michigan has launched a new web page regarding e-cigarettes, www.michigan.gov/e-cigarettes, along with other great resources listed below.

M. Cheatham mentioned that in Montcalm County, Spectrum Health United Lifestyles has developed an innovative program where they are working with schools to address teen vaping. He explained the program stating that the program was now spreading to other school districts. M. Cheatham indicated that the program would also be made available to local public health departments.

Dr. Morse’s BOH Monthly Healthy Living Recommendation for October is:

1. Educate youth and adults about the harms of e-cigarette and nicotine use.
2. Incorporate e-cigarettes into smoke-free policies and encourage local businesses and schools to do the same.
3. Refer those struggling with tobacco or e-cigarette use to help:
   a. For users younger than 18:
      ii. Smokefree Teen: at www.teen.smokefree.gov or text "QUIT" to iQuit (47848).
      iii. Free Truth Initiative quit programs: This is Quitting or BecomeAnEx. Users can text "QUIT" to 202-804-9884.
   b. For users 18 and older:

Motion made by B. DeLong and seconded by C. Murphy to approve the BOH Monthly Healthy Living Recommendation for October as proposed and approve the Medical Director’s Report as presented. Motion carried.

HEALTH OFFICER’S REPORT:

1. Agreements signed, August 22 – September 20, 2019

M. Cheatham reviewed the Agreements signed stating that the topic was for information only.
H. OLD BUSINESS:

1. Annual Commissioner Forum Recap

M. Cheatham asked for feedback regarding the Commissioner Forum. B. Kellenberger and B. DeLong heard that Commissioners were interested in the topic and found the statistics provided during the meeting informative. D. Washington said that Commissioners he spoke with expressed that they learned a lot about what the health department does.

2. Public Health Accreditation Board (PHAB) National Accreditation Renewal (Tabled from the August Regular Meeting)

M. Cheatham reminded the BOH that the topic was discussed at the August meeting, but no action was taken. The BOH discussed the cost justification for renewing national accreditation at a cost of $45,600 over the next four years. M. Cheatham suggested sending a letter from the BOH to PHAB expressing the difficulty for rural health departments to pay the high cost to renew. C. Murphy added that it’s a 65% increase in fees! B. DeLong said that he would like an explanation from PHAB regarding the dramatic increase in fees. D. Washington stated that he was very proud of the work that the staff do for the residents of the district; however, the PHAB standards are important, and if the agency does not seek to renew, he would want the agency to hold itself accountable to those standards in some way. M. Bowerman said that the agency could develop a list of standards and the BOH could hold the agency accountable to meet them. A. Petersen asked M. Cheatham his thoughts on whether the agency needs to be nationally accredited. M. Cheatham responded that the agency doesn’t need to be nationally accredited. A. Petersen asked M. Cheatham if the money could be better spent locally rather than using it for national accreditation. M. Cheatham replied that the agency could do so much more good work locally with $45,600 in the budget. D. Washington recommended the agency draft a document of PHAB standards so that the agency could use those standards to hold itself accountable. M. Cheatham stated that some PHAB national standards are being incorporated slowly into Michigan’s accreditation program. D. Washington recommended the BOH Personnel Committee be the governing body to ensure that the process is managed correctly. B. DeLong asked staff to bring a plan back to the BOH for consideration at a future meeting.

Motion made by B. DeLong and seconded by A. Petersen to authorize the agency not to renew PHAB National Accreditation. Motion carried 5-0.

I. NEW BUSINESS:

1. Clinton County Signage

M. Cheatham mentioned that the last step to the rebranding process was new signage in front of all of the buildings. Gratiot and Montcalm Counties have approved the signage and the process was moving forward. He stated that Clinton County does not want to move forward with new signage. B. DeLong said that the proposed design didn’t fit the standard county look and it was oversized, so the County would need to obtain a variance. M. Cheatham stated that he would like to approach Ryan Wood, County Administrator regarding placement of a small sign for the health department and My Community Dental Centers in front of the building. B. DeLong mentioned a reduction in size for the sign would be needed. D. Washington suggested using social media to assist residents with finding the locations for the health department.
2. Emerging Issues

a. Eastern Equine Encephalitis (EEE)

M. Cheatham reported that Michigan is having an outbreak of EEE. He explained the viral disease that is transmitted by mosquitos citing statistics from a MLIVE news article regarding human cases of EEE and the high fatality rate noting the urgency for addressing the issue. Currently, M. Cheatham reported that Michigan has 8 human cases of EEE including the counties of Barry, Berrien, Calhoun, Cass, Kalamazoo, and Van Buren (including 3 fatalities). She said that MMDHD has never had a human case of EEE within its district.

Dr. Morse explained how the disease passes from birds through mosquitos to mammals, including humans (humans are dead-end hosts). M. Cheatham stated that a horse in Montcalm Township has died from EEE. He said the Michigan Department of Health and Human Services (MDHHS) wants to aerial spray the area where the dead horse resided within a 2.5-mile radius; however, there is no funding for the spraying. Dr. Morse discussed the type of organic pesticide planning to be used (Merus 3.0) and is using a company that has sprayed this chemical in other states. She reported that the spraying is planned to be done in the evening. M. Cheatham recommended that the BOH accept the offer from the State to spray the affected areas within Montcalm County.

A. Petersen mentioned that this affects his district, and he expressed concern regarding notifying his constituents. B. DeLong said that the agency needs to make sure that the Montcalm County Commissioners are well informed. M. Cheatham indicated that the State was going to hold a press conference; however, has postponed it. He said a conference call was scheduled for later today to further discuss plans with local health departments. Dr. Morse expressed her concerns regarding effectiveness of spraying for mosquitos stating that she asked for a conversation with the State regarding her concerns. She said that the State provided information to her and indicated that they are very confident that the risk from overnight spraying was low. As the risk for contracting the disease is high, Dr. Morse expressed that she is comfortable that the State has done due diligence in researching and recommending spraying. She said that by law, a 48-hour notice is required to be given to affected residents in the spray zone unless a public health emergency has been declared (which it has not).

L. Braddock added that she has staffs that are ready to go door-to-door to notify residents once the State provided the necessary fact sheets. Dr. Morse also indicated that there was also a human case in Newaygo County where the 2.5 mile radius encroaches into northern Montcalm County. A. Petersen said that he could organize a public information meeting in his township to provide the facts and answer questions from the public. D. Washington expressed concern that he wouldn’t want to be in the area when the spraying is done. He would like information to be given regarding how long individuals would need to be gone before returning to their home. L. Braddock added that she would like to be sure that there are no outdoor activities scheduled on Friday/Saturday night, particularly in the Amish community to avoid exposure to the spray. She also mentioned that there is an Amish school in the area and the agency would request that toys are brought in to eliminate exposure.

Regarding the press release, Dr. Morse said that the letter handed out to the BOH was modified to be addressed to Parents/Guardians at the requests of schools within our district. The Morning Sun somehow got a copy of the letter and made it a press release. Dr. Morse summarized that once our area sees a hard frost; there will not be any need to spray mosquitos.
Motion made by A. Petersen and seconded by C. Murphy to accept the State’s spray plan for mosquito control within the MMDHD district as proposed. Motion carried 5-0.

J. **LEGISLATIVE ACTION:** None

K. **INFORMATIONAL ITEMS:**

1. Mid-Michigan District BOH Action Items, August 2019

2. Staffing Report

M. Cheatham reviewed the agency’s staffing report stating that the agency has hired two new employees, as well as staff promotions.


1. When It Comes To Bats, It’s Good To Be Cautious, *Lakeview Area News,* August 29, 2019
3. Riverdale’s Grassroots Attempt Scorched, *Gratiot County Herald,* September 5, 2019
4. Residential Wells Tested For Chemical Substances in Alma, *Gratiot County Herald,* September 5, 2019
5. Riverdale ‘Posse’ On Hunt For Unlawful Septics, *Gratiot County Herald,* September 11, 2019
6. Hearing and Vision Team Gearing Up For Another Successful Year, *Lakeview Area News,* September 12, 2019
8. Foundation Invests $79,500 In Local Programs, *Gratiot County Herald,* September 19, 2019

M. **AGENCY NEWSLETTERS:**

1. *Inside Mid-Michigan District Health Department,* September 2019

There being no further business to come before the Board, the meeting adjourned at 10:46 a.m.

Respectfully Submitted,

[Signature]
Cynthia M. Partlo, Board Secretary
For Betty Kellenberger, Vice Chairperson
Mid-Michigan District Board of Health
MONTHLY EXPENSES FOR
September 14, 2019 - October 11, 2019

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EV 1909 $ 249,485.72

$ 489,804.23
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**Payroll**

- AFLAC Employee Deduction: $ 591.48
- MERS Employee Electronic Transfer: $ 3,650.59
- Chemical Bank Payroll-Ameriprise NBS: $ 185.00
- Chemical Bank Payroll-Nationwide: $ 1,420.00
- Chemical Bank Payroll-MERS 457: $ 790.00
- Chemical Bank Payroll Tax EFT
  - Federal: $ 29,547.32
  - State: $ 4,655.51
- Direct Deposit Payroll: $ 103,385.29

**Bank Fees**

- Chemical E-Banking fee: 19-Sep, $ 90.40

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CHECK TOTALS:  
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CHECK TOTALS:  
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BANK CODE TOTALS:  
$3,960.00 $  $3,960.00

COMPANY TOTALS:  
$96,432.92 $  $96,432.92

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

Check #
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to Quantum Checks & AP Direct Deposits $97,359.43

Payroll

AFLAC Employee Deduction $572.98
MERS Employee Electronic Transfer $3,729.05
Chemical Bank Payroll-Ameriprise NBS $185.00
Chemical Bank Payroll-Nationwide $1,420.00
Chemical Bank Payroll-MERS 457 $790.00
Chemical Bank Payroll Tax EFT
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  State $4,815.35
Direct Deposit Payroll $109,247.03

TOTAL $249,485.72
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- $2,776.00
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- $25.00
- $45.00
- $2,000.00
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CHECK TOTALS: $4,436.85

BANK CODE TOTALS: $97,359.43

COMPANY TOTALS: $97,359.43
CBD Oil

The plant *Cannabis sativa* contains over 500 distinct compounds in classifications such as cannabinoids, terpenoids, flavonoids, and omega fatty acids. There have been over 100 different cannabinoids identified; the most well-known are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is responsible for the “high” and addictive properties of cannabis, whereas CBD does not appear to produce these effects. There is evidence that CBD can help some health issues. For example, it has been found to help two severe childhood epilepsy conditions, Dravet syndrome and Lennox-Gastaut syndrome which usually do not respond to traditional antiseizure medications. In 2018, the U.S. Food and Drug Administration (FDA) approved Epidiolex, a CBD medication to treat these two forms of epilepsy. In addition, there is evidence suggesting CBD has antioxidant, anti-inflammatory, pain relieving, and anti-anxiety properties. Because of this, CBD has been promoted for use to treat many illnesses, including Parkinson’s disease, schizophrenia, drug addiction, anxiety, insomnia, multiple sclerosis, chronic pain, and cancer. It is also used to prevent illness despite lack of evidence for many of these claims.

CBD is now available for sale at countless stores and online and is available in many different forms, most commonly as an oil. The CBD in these oils and other products is typically produced from hemp. Under current U.S. federal law, *C. sativa* is legally divided into two distinct varieties: hemp and marijuana. Hemp is *C. sativa* that has levels of THC that is not over 0.3% of its dry weight as now established in section 297A of the Agricultural Marketing Act of 1946 as amended by the 2018 Farm Bill. Marijuana is *C. sativa* that cannot be defined as hemp as described above, in other words, has THC levels of 0.3% or more. Of note, other countries have different definitions of hemp: in the European Union, hemp cannot have THC levels of 0.3% or more. Of note, other countries have different definitions of hemp: in the European Union, hemp cannot have THC over 0.2%, in Switzerland, THC can be as high as 1%, and in the Netherlands, any detectable amount of THC in hemp is illegal. Because different countries have different laws and allow different activities, hemp production often spans multiple countries to bypass regulations.

In general, CBD oil is considered safe, though there is very little known about the long-term effects of CBD. Epidiolex, which is pure CBD plus trivial amounts of inactive ingredients (sesame oil, strawberry flavor, and dehydrated alcohol), was studied heavily in properly conducted trials and the most common side effects were found to be: drowsiness (in up to 30%), decreased appetite (in 16 to 22%), diarrhea (in 9 to 20%), weight loss (in 3 to 18%), anemia (in 30%), significantly abnormal liver function tests (in 13 to 17%), and infections (in 25 to 41%). Epidiolex also inhibits drug metabolism by the enzyme CYP2C19, which could cause increased levels of numerous commonly used drugs such as antidepressants, antipsychotics, methadone, and blood thinners.

Currently, the biggest risk with CBD products is the lack of quality control and consistency in the products available. Contaminants such as pesticides, metal particles, synthetic cannabinoids, molds, bacteria, solvents, THC, and others have all been found in CBD products. Testing of numerous CBD products from the U.S. and other countries has repeatedly found the CBD content is not as labeled, and many contained THC when labeled as THC free. Some products contained enough THC to cause intoxication or a “high”, especially if given to a child. There is also no general agreement on how to best analyze the concentration of CBD and other cannabinoid products and there are no guidelines or certifications to determine if a cannabis testing lab is qualified.

The legality of CBD products in general, per the FDA, is still not clear. The 2018 Farm Bill included a provision identified as the Hemp Farming Act. States were allowed to have primary regulatory authority over hemp...
production; otherwise they would have to comply with the USDA’s plan. In Michigan, growing industrial hemp will require a license from the Michigan Department of Agriculture and Rural Development (MDARD). MDARD is in the process of developing a licensing program for growers to meet the requirements of both state and federal laws to allow interstate commerce of the plants. MDARD launched an Industrial Hemp Ag Pilot Program in April 2019. According to the State of Michigan (https://www.michigan.gov/documents/lara/2019-lara-marijuana-hemp-handout-2-PAGE-APPROVED_664370_7.pdf) “Products derived from industrial hemp, including CBD oil, fall under several different categories. Any substances that will be added to food, drink, animal feed, or marketed as dietary supplements must first be approved by the U.S. Food and Drug Administration for that intended use. At this time, the FDA has not approved CBD for use in food, drink, animal feed or as a dietary supplement. Therefore, it’s currently illegal to add CBD into food, animal feed products or drinks or dietary supplements. GRAS (Generally Regarded As Safe) is a list of substances that the FDA considers safe to add to food or animal feed. While hulled hemp seeds, hemp seed protein and hemp seed oil are considered GRAS for human food, these products are currently not considered GRAS in animal feed and are not approved to be added as an ingredient in animal feed. CBD is currently not considered GRAS, as of 4/18/19.”

According to the American Herbal Products Association (AHPA), because CBD is a constituent of hemp, which is “an herb or other botanical,” CBD meets the definition of a dietary ingredient under 21 U.S.C. § 321 and should be allowed as an ingredient in a dietary supplement. The FDA, however, currently cites a provision of the Federal Food, Drug, and Cosmetic Act (FDCA) (21 U.S.C. §321) that excludes from the definition of “dietary supplement” any “article” that has been approved as a new drug or authorized for investigation as a new drug in conjunction with certain other conditions. In supporting this argument, the FDA has specifically cited announcements issued by GW Pharmaceuticals with regard to its Cannabis-derived drugs Sativex® (“an investigational new product composed primarily of two cannabinoids: CBD ... and THC;” press release issued November 26, 2007) and Epidiolex® (identified as “a prescription cannabidiol (CBD) medicine;” press release issued May 7, 2014). FDA has stated its belief that CBD was marketed as a dietary supplement prior to the announcements of its authorization of investigations of these CBD drug products. The FDA has taken the same position with regard to CBD as an ingredient in conventional food, citing a separate but similar section of the FDCA that prohibits the addition of a drug to a food unless the drug was marketed in food before the drug’s approval or any substantial clinical investigations involving the drug were instituted (21 U.S.C. § 331(ll)).

In terms of enforcement, the FDA has sent warning letters to companies illegally selling CBD products that claimed to prevent, diagnose, treat, or cure serious diseases, such as cancer. Some of these products were also violating the FDCA because they were marketed as dietary supplements or because they involved the addition of CBD to food. The FDA has taken no other action. Marketers of CBD and legal experts believe that the FDA’s interpretations of these provisions are inaccurate.

**Recommendations:**

1. While CBD may be safe and could have medical benefits, the over-the-counter products available today should be avoided at this time as they are unregulated, often contaminated, and often do not contain the CBD and THC concentrations as labeled.

2. If you do choose to use CBD products, do your best to purchase from a reputable company. Though testing of CBD and other cannabinoid products are still evolving, third party agencies such as National Science Foundation (NSF) and United States Pharmacopeia (USP) will soon begin testing and certifying CBD products. The U.S. Hemp Authority (https://www.ushempauthority.org/certified-companies), an initiative by hemp growers, has already been testing and certifying hemp and hemp products.
References:

- Up To Date. Cannabidiol: Drug information.
This report provides information regarding essential programs operated by the Mid-Michigan District Health Department, on a county-by-county and a district-wide basis. Planned and actual service activities by program are included. Data is also organized in columns to provide comparisons of program data over two (2) periods: 1) Current Quarter and 2) Year-To-Date/Same Period, Previous Year. For additional information or clarification of the data presented in this report, please contact the Health Officer at (989) 831-3614.

COMMUNITY HEALTH AND EDUCATION PROGRAMS .................................................................Pages 1 & 2

ENVIRONMENTAL HEALTH PROGRAMS .................................................................Page 3

Dated: October 23, 2019

Mark W. (Marcus) Cheatham, Ph.D.
Health Officer
**Community Health and Education Division Programs**

**WOMEN, INFANT AND CHILDREN (WIC) NUTRITION PROGRAM:** The WIC program is a federally-funded health and nutrition program designed to improve health outcomes for eligible women, infants and children. This is accomplished by providing nutritious food, nutrition education, breastfeeding promotion and support, and referrals to health and other services. Each year, the clients spend approximately $2.7 million worth of benefits in the local stores and food pantries throughout our district.

**FLUORIDE VARNISH PROGRAM:** The Fluoride Varnish program provides dental screenings and fluoride varnish applications to children 0-5 years of age. Fluoride varnish is a material that is painted on teeth to prevent decay. The services are provided in the WIC clinics, Head Start centers and Great Start Readiness Preschools.

**FAMILY PLANNING (FP) PROGRAM:** FP services help women and men determine if and when they want to have a child. Services include screening for breast and cervical cancer, sexually transmitted infections (STI’s) and other health issues, in addition to providing a full range of birth control information and supplies. The program promotes maternal health through client education, counseling and referral to community resources for social and medical issues. Services are strictly confidential and provided on a sliding fee scale.

**CHILDRENS SPECIAL HEALTH CARE SERVICES (CSHCS):** The Mid-Michigan District Health Department (MMDHD) serves as the local representative for the Michigan Department of Community Health CSHCS program. CSHCS are for children and some adults with special health care needs. Family-centered services include case management and care coordination to assist families in accessing and navigating complex medical specialty systems. Clients are assessed and referred to community resources.

**INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT®:** Providing expert breastfeeding support and education. Serving pregnant and breastfeeding women with or without insurance. Client can be seen in our office or the comfort of their own home. Lactation consultant has personal breastfeeding experience.

**IMMUNIZATION PROGRAM:** The Immunization Program provides vaccinations for preventable diseases for children, teens and adults. The Vaccines for Children (VFC) program provides vaccines at no cost to eligible children, from birth through 18 years of age, who are on Medicaid, have no health insurance, or meet other qualifying conditions.

**ACUTE COMMUNICABLE DISEASE/TB CONTROL PROGRAM:** The Communicable Disease (CD) program provides surveillance, reporting, controlling and preventing infectious diseases in the community. The TB Control program provides diagnosis, treatment and prevention of tuberculosis in cooperation with the family physician and or the MMDHD Medical Director. Medication is provided for treatment and prevention of TB.
SEXUALLY-TRANSMITTED INFECTIONS (STI)/HIV COUNSELING, TESTING and CONTROL PROGRAM: STI services include diagnosis, treatment, counseling and partner notification for STI exposures. STI prevention education is provided with the goal of decreasing costly complications from infections, and saving substantial public and private healthcare dollars. Services are strictly confidential. Anonymous and confidential HIV counseling and testing is also provided. Clients needing treatment or follow-up are referred to the regional provider of these services.

HEARING SCREENING PROGRAM: By law, all children must be screened for hearing at least once between the ages of three and five years old, in kindergarten, second, and fourth grades. Early identification of hearing problems can prevent developmental, social and emotional delays. Children identified with hearing problems are referred to physicians for further evaluation.

VISION SCREENING PROGRAM: Vision screening takes place at least once between the ages of three and five years old, first, fifth, and seventh grades. Early identification of vision problems can enhance academic achievement and prevent permanent loss of vision. Children identified with vision problems are referred for follow-up.

PATHWAYS TO BETTER HEALTH: Home visits by a Community Health Worker to provide referrals to community services, link clients with primary care and preventive health care services, as well as reduce unneeded hospitalizations and emergency room visits. The goal is to connect clients to services to enhance health outcomes.
Environmental Health Division Programs

**FOOD SERVICE SANITATION PROGRAM:** Periodic inspections of food service establishments, and mobile food units for compliance with public health standards; includes recommendations for licensures, review of plans and specifications for new and remodeled establishments, educational activities, and inspections of temporary food service events.

**ON-SITE SEWAGE DISPOSAL PROGRAM:** Assures the adequate and proper disposal of wastewater in areas not served by public sewage systems; accomplished through proper design, inspection and management of various methods of sewage effluent disposal.

**WATER QUALITY CONTROL (PRIVATE, PUBLIC, AND NON-COMMUNITY WATER SUPPLY PROGRAM):** Protects sources of drinking water, assures proper plugging of abandoned wells, and assures private/public water supplies are constructed, maintained, and operated in compliance with state and federal safe drinking water supply standards. Inspections, consultations, and water system approvals are activities included within the program.

**NUISANCE ABATEMENT PROGRAM:** Investigation and management of complaints alleged, including public or private nuisances or unsanitary conditions.
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### COMMUNITY HEALTH & EDUCATION PROGRAMS

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<td>N/A N/A 4 13</td>
<td></td>
</tr>
<tr>
<td>B. Client Visits</td>
<td>1 1 2 0</td>
<td>7 8 9 3</td>
<td>9 11 4 10</td>
<td>17 20 15 13</td>
<td>65 150 N/A</td>
<td>N/A N/A 5 22</td>
<td></td>
</tr>
</tbody>
</table>

### NOTES

STD: there were 2 clients served/visits from Shiawassee that were not included in the data.

FP: there were 10 clients/visits from Shiawassee that were not included in the data.

IBCLC: there was 1 client served/visits from Kent & Isabella that were not included in the data.

CHW: there is no data for the first four quarters due to changing to a different electronic health record. Data should be available after 10/20/19.

WIC: do not believe 4th quarter data to be accurate due to a MI-WIC reporting glitch in August that dropped enrollees out.
WIC

- FY unduplicated clients served.
  - Actual = 3,310 (4\textsuperscript{th} quarter data error in Mi-WIC)
  - Previous FY = 3,552

- FY client visits.
  - Actual = 14,996
  - Previous FY = 14,550
  - 3.1% Increase

- Visit Breakdown
  - CBO = 25% of visits
  - GBO = 29% of visits
  - MBO = 45% of visits
Family Planning

- FY unduplicated clients served.
  - Actual = 702
  - Previous FY = 694
  - 1.2% Increase

- FY client visits.
  - Actual = 1,276
  - Previous FY = 1,328
  - 3.9% Decrease

- Visit Breakdown
  - CBO = 27% of visits
  - GBO = 41% of visits
  - MBO = 33% of visits
Immunizations

- FY unduplicated clients served.
  - Actual = 2,459
  - Previous FY = 2,583
  - 4.8% Decrease

- FY client visits.
  - Actual = 3,068
  - Previous FY = 3,105
  - 1.2% Decrease

- Visit breakdown
  - CBO = 41% of visits
  - GBO = 26% of visits
  - MBO = 32% of visits

- Vaccines Administered
  - Actual = 5,719
  - Previous FY = 5,875
  - 2.7% Decrease
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1st 2nd 3rd 4th</td>
<td>1st 2nd 3rd 4th</td>
<td>1st 2nd 3rd 4th</td>
<td>1st 2nd 3rd 4th</td>
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<td></td>
</tr>
<tr>
<td><strong>FOOD SERVICE SANITATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. # of Licensed Establishments (Fixed, Vending, Mobile)</td>
<td>203 201 198 200</td>
<td>138 144 138 137</td>
<td>189 196 199 200</td>
<td>530 541 535 537</td>
<td>537</td>
<td>530</td>
<td>506 531 537 546</td>
</tr>
<tr>
<td>B. # of Temporary Food Licenses</td>
<td>13 0 8 30</td>
<td>19 4 11 10</td>
<td>13 10 11 37</td>
<td>45 14 30 77</td>
<td>166</td>
<td>170</td>
<td>37 12 40 87</td>
</tr>
<tr>
<td>C. # of Completed Inspections (Fixed, Vending, Mobile)</td>
<td>99 83 96 88</td>
<td>51 77 60 49</td>
<td>61 102 83 102</td>
<td>211 262 239 239</td>
<td>951</td>
<td>N/A</td>
<td>295 227 285 253</td>
</tr>
<tr>
<td>1. Routine</td>
<td>83 74 90 77</td>
<td>47 71 54 38</td>
<td>52 97 74 94</td>
<td>182 242 218 209</td>
<td>851</td>
<td>N/A</td>
<td>269 190 269 230</td>
</tr>
<tr>
<td>2. Follow-up</td>
<td>16 9 6 11</td>
<td>4 6 6 11</td>
<td>9 5 9 8</td>
<td>29 20 21 30</td>
<td>100</td>
<td>N/A</td>
<td>26 37 26 23</td>
</tr>
<tr>
<td>E. Licensed Establishment Plan Review</td>
<td>3 6 3 3</td>
<td>0 1 2 1</td>
<td>6 4 3 4</td>
<td>9 11 8 8</td>
<td>36 30</td>
<td>7 12 10 11</td>
<td></td>
</tr>
<tr>
<td>F. Enforcement Activities</td>
<td>0 0 1 0</td>
<td>0 1 1 0</td>
<td>0 0 2 1</td>
<td>0 1 4 1</td>
<td>6  N/A</td>
<td>0 3 3 0</td>
<td></td>
</tr>
<tr>
<td>G. # of Advanced Food Training Participants</td>
<td>26 33 2 36</td>
<td>6 0 29 9</td>
<td>18 5 40 21</td>
<td>50 38 71 66</td>
<td>225</td>
<td>TBD</td>
<td>47 15 59 44</td>
</tr>
<tr>
<td><strong>ON-SITE SEWAGE DISPOSAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. # of Permit Applications Issued</td>
<td>34 21 67 45</td>
<td>12 3 20 35</td>
<td>59 24 114 94</td>
<td>105 48 201 174</td>
<td>528</td>
<td>347</td>
<td>110 59 176 149</td>
</tr>
<tr>
<td>B. Parcels Evaluated (vacant lands)</td>
<td>56 27 72 57</td>
<td>12 5 28 39</td>
<td>65 27 122 107</td>
<td>133 59 222 203</td>
<td>617</td>
<td>130</td>
<td>121 77 215 183</td>
</tr>
<tr>
<td>C. Inspections Conducted during and/or after construction</td>
<td>43 12 32 120</td>
<td>9 7 7 55</td>
<td>86 20 65 127</td>
<td>138 39 104 302</td>
<td>583</td>
<td>N/A</td>
<td>118 39 150 206</td>
</tr>
<tr>
<td><strong>WATER QUALITY CONTROL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Private, Public, Non-Comm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. # of Permit Applications Issued</td>
<td>19 23 49 43</td>
<td>17 19 23 43</td>
<td>59 45 121 98</td>
<td>95 87 193 184</td>
<td>559</td>
<td>540</td>
<td>126 95 189 204</td>
</tr>
<tr>
<td>B. # of SiteInspections of Completed Water Well Systems</td>
<td>30 20 29 30</td>
<td>20 11 15 36</td>
<td>100 65 78 82</td>
<td>150 96 122 148</td>
<td>516</td>
<td>100%</td>
<td>124 98 89 112</td>
</tr>
<tr>
<td>C. # of Approvals Issued for Newly Completed Water Well Systems</td>
<td>15 20 16 32</td>
<td>10 4 6 21</td>
<td>88 49 61 59</td>
<td>113 73 83 112</td>
<td>381</td>
<td>80%</td>
<td>81 90 71 63</td>
</tr>
<tr>
<td><strong>NUISANCE ABATEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. # of Complaints Submitted</td>
<td>10 3 12 11</td>
<td>7 8 23 15</td>
<td>20 15 45 35</td>
<td>37 26 80 61</td>
<td>204</td>
<td>N/A</td>
<td>59 29 49 41</td>
</tr>
<tr>
<td>1. Initial Visit</td>
<td>5 1 6 7</td>
<td>1 3 19 9</td>
<td>16 13 42 17</td>
<td>22 17 67 33</td>
<td>139</td>
<td>N/A</td>
<td>39 24 43 37</td>
</tr>
<tr>
<td>2. Follow-up Visit</td>
<td>7 6 8 5</td>
<td>0 3 18 14</td>
<td>8 8 20 24</td>
<td>15 17 46 43</td>
<td>121</td>
<td>N/A</td>
<td>20 43 39 58</td>
</tr>
</tbody>
</table>
Food Service Sanitation Program

- FY Licensed Establishments.
  - Actual = 537
  - Previous FY = 546
  - 1.6% Decrease

- FY Temporary Licenses.
  - Actual = 166
  - Previous FY = 176
  - 5.7% Decrease

- Food Establishment Plan Review
  - CBO = 15
  - GBO = 8
  - MBO = 17
  - Actual = 40
  - Previous FY = 35

- Food Safety Class Participants
  - CBO = 97
  - GBO = 44
  - MBO = 84
  - Actual = 225
  - Previous FY = 165
  - 36.4% Increase

# of Food Inspections

---

Mid-Michigan District Health Department

CLINTON • GRATIOT • MONTCALM
Onsite Wastewater Program

- FY permits issued.
  - Actual = 528
  - Previous FY = 494
  - 6.9% Increase

- FY parcels evaluated.
  - Actual = 617
  - Previous FY = 596
  - 3.5% Increase

- Inspection Breakdown
  - CBO = 207 (36%)
  - GBO = 78 (13%)
  - MBO = 298 (51%)
  - Actual = 583
  - Previous FY = 513
  - 13.6% Increase
Drinking Water Program

- FY permits issued.
  - Actual = 559
  - Previous FY = 614
  - 8.9% Decrease

- Inspection Breakdown
  - CBO = 109 (21%)
  - GBO = 82 (16%)
  - MBO = 325 (63%)
  - Actual = 516
  - Previous FY = 423
  - 22.0% Increase

- Approvals Issued.
  - CBO = 83
  - GBO = 41
  - MBO = 257
  - Actual = 381
  - Previous FY = 305
  - 25.0% Increase
Nuisance Complaints

- FY Complaints Submitted.
  - Actual = 204
  - Previous FY = 178
  - 14.6% Increase

- FY Visits
  - Initial = 139
  - Follow-up = 121
<table>
<thead>
<tr>
<th>Date Signed</th>
<th>Organization</th>
<th>Purpose</th>
<th>Signed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/27/19</td>
<td>Gratiot-Isabella Great Start Collaborative</td>
<td>Memorandum of Commitment for Jennifer Stratton, Supervisor for Community Health &amp; Education Division to be the representative for the Agency and participate on the Great Start Collaborative Board</td>
<td>Sarah Doak</td>
</tr>
<tr>
<td>9/27/19</td>
<td>Gratiot Collaborative Council</td>
<td>Memorandum of Commitment and Membership Agreement to participate on the Gratiot Collaborative Council meetings</td>
<td>Marcus Cheatham</td>
</tr>
<tr>
<td>10/1/19</td>
<td>Michigan Department of Health and Human Services (MDHHS) Public Dental Prevention Program</td>
<td>P.A. 161 Application required to operate Mid-Michigan District Health Department’s (MMDHD’s) Varnish! Mid-Michigan Program</td>
<td>Marcus Cheatham</td>
</tr>
<tr>
<td>10/1/19</td>
<td>Harle Lauren Vogel, DO, MPH</td>
<td>Agreement between Harle Lauren Vogel DO, MPH and the MMDHD to provide public health facilitation services for the Cross-Jurisdictional Sharing grant regarding medical direction for Michigan’s local public health departments.</td>
<td>Marcus Cheatham</td>
</tr>
<tr>
<td>10/8/19</td>
<td>Microsoft Corporation</td>
<td>Enterprise Enrollment for Office 365 (Volume Licensing)</td>
<td>Liz Braddock</td>
</tr>
<tr>
<td>10/17/19</td>
<td>Ithaca Fire Department and Community Center Complex</td>
<td>Distribute Node Agreement for distributing medical materials to pre-selected dispensing sites for mass dispensing.</td>
<td>Melissa Bowerman</td>
</tr>
</tbody>
</table>
Arbovirus* Activity, Including EEE and West Nile Virus: Weekly Summary, Michigan 2019

*Arboviruses are viruses transmitted by mosquitoes or other insects

Updated: October 15, 2019

16
Michigan counties with reported EEE activity

44
Animals testing positive for EEE infection

20
Human cases of EEE and other arboviruses reported

2019 Michigan Arbovirus Surveillance
(click links below to see cases by county)

| Human Eastern Equine Encephalitis cases reported | 10 |
| Animal Eastern Equine Encephalitis cases reported | 44 |
| West Nile virus Positive Mosquito Pools | 54 |
| Total Number of Mosquito Pools Tested | 1,532 |
| Total Number of Mosquitoes Tested | 31,606 |
| Human WNV cases | 8 |
| Human California Group virus cases | 2 |
| WNV asymptomatic, viremic blood donor | 5 |
| Equine/Other Animal WNV cases reported | 1 |
| Avian WNV cases reported | 16 |

2019 Michigan Arbovirus Surveillance Highlights

• This year, Eastern Equine encephalitis virus (EEE) infected 10 Michigan residents (1 Barry, 2 Berrien, 1 Calhoun, 2 Cass, 3 Kalamazoo, and 1 Van Buren) with 5 fatalities.

• The mosquitos that spread EEE were caught in traps set 10/1/2019 in southwest Michigan. Trapping performed in Calhoun County post-aerial mosquito treatment found 0 EEE vector species. Additional mosquito trapping is ongoing.

• EEE has also infected 44 animals (2 Allegan, 5 Barry, 1 Berrien, 3 Calhoun, 3 Cass, 1 Genesee, 5 Jackson, 8 Kalamazoo, 2 Kent, 1 Lapeer, 1 Livingston, 1 Montcalm, 1 Newaygo, 7 St. Joseph, 1 Tuscola, and 2 Van Buren).

• West Nile virus (WNV) has sickened 8 Michigan residents (1 Bay, 1 City of Detroit, 1 Genesee, 1 Macomb, 1 Marquette, 1 Oakland, and 2 Wayne) and routine testing of the blood supply identified WNV in 5 Michigan blood donors.

• Additionally, 2 Michigan residents (1 Genesee and 1 Washtenaw) were infected with a California group virus.

Michigan Department of Health & Human Services Bureau of Epidemiology & Population Health Emerging & Zoonotic Infectious Diseases (EZID) Section

www.michigan.gov/eee
Preventing Mosquito Bites and Arboviruses:

Tips for Michigan Residents

The most effective way to avoid arboviruses is to prevent mosquito bites. Be aware of the West Nile virus and other arbovirus activity in your area and take action to protect yourself and your family.

Use Insect Repellent

Use Environmental Protection Agency (EPA)-registered insect repellents with one of the active ingredients below. When used as directed, EPA-registered insect repellents are proven safe and effective, even for pregnant and breastfeeding women.

- DEET
- Picaridin
- IR3535
- Oil of lemon eucalyptus (OLE) or para menthane-diol (PMD)
- 2-undecanone

Find the insect repellent that’s right for you by using EPA’s search tool.

Tips for Babies & Children

- Always follow instructions when applying insect repellent to children.
- Do not use insect repellent on babies younger than 2 months old.
- Do not apply insect repellent onto a child’s hands, eyes, mouth, and cut or irritated skin.
  - Adults: Spray insect repellent onto your hands and then apply to a child’s face.
  - Do not use products containing oil of lemon eucalyptus (OLE) or para-menthane-diol (PMD) on children under 3 years old.

Take steps to control mosquitoes inside and outside your home

- Use screens on windows and doors. Repair holes in screens to keep mosquitoes outside.
- Once a week, eliminate potential breeding areas for mosquitoes. Check inside and outside your home. Mosquitoes lay eggs on or near water:
  - Discard old tires, tin cans, ceramic pots or other containers that can hold water
  - Repair failed septic systems
  - Drill holes in the bottom of recycling containers left outdoors
  - Keep grass cut short and shrubbery trimmed
  - Clean clogged roof gutters, particularly if leaves tend to plug up the drains
  - Frequently replace the water in pet bowls
  - Flush ornamental fountains and birdbaths periodically; aerate ornamental pools, or stock them with predatory fish.

For Up-to-Date Information Visit Michigan’s Emerging Diseases Website

www.michigan.gov/westnile

or the Centers for Disease Control and Prevention Website

www.cdc.gov/westnile
October 23, 2019

Kaye Bender, PhD, RN, FAAN
President and Chief Executive Officer
Public Health Accreditation Board
1600 Duke St., Ste. 200
Alexandria, VA 22314

Dear Dr. Bender:

I am writing to inform you that the Mid-Michigan District Health Department (MMDHD), which is accredited by the Public Health Accreditation Board (PHAB), will not be applying for reaccreditation due to the high cost. This was a difficult decision for us and MMDHD’s Board of Health debated the decision for some time before reaching this conclusion. I am taking the time to write to you because we do believe in the value of PHAB, but believe that the costs have become unrealistic for local health departments (LHDs) and it is important for you to hear that.

MMDHD applied for accreditation by PHAB in December 2013. MMDHD had been building toward that goal for some time, having participated in the Multi-State Learning Collaboratives and having proactively developed all of the prerequisites for accreditation. After two years of work, MMDHD attained national accreditation on November 10, 2015. At that time, only a handful of local health departments had attained this status. Even more unusual was the fact that all three local health departments (LHDs) comprising our region, and collectively called Mid-Central Coordinating Committee, became nationally accredited around the same time, making our unique collaboration very significant.

To us, PHAB accreditation has been valuable because to obtain it, a LHD has to show that it has a suite of processes in place to ensure that it functions at a very high level. As you know, these include a strategic plan, workforce development plan, community health improvement plans, quality improvement processes and a performance management system. The LHD has to show that it has meaningful collaborations with partner organizations, uses data to drive its business and educates and informs the community about public health. The virtue of PHAB is that it creates a date certain by which a LHD must have the required plans, processes and systems in place and thus drives management to create them which ultimately strengthens the LHD.

When MMDHD first applied for national accreditation, the cost was steep. Application required a one-time expenditure of $27,030. PHAB accreditation is good for five years and the application fee covered all five years. At the time the Board applied for accreditation, it understood the costs and considered it worth it when weighed against the benefits. In the second round of PHAB applications, affecting those who applied after us, the cost jumped considerably. In the first year,
applicants paid less – only $21,000, but then paid $8,400 per year for the next four years for a total of $54,600, meaning the cost virtually doubled.

Our first five years as a nationally accredited health department are coming to an end. In December, it will be time to apply for reaccreditation. If we do that, a year-long process will commence leading to reaccreditation at the end of 2020. Reaccreditation is different from initial accreditation because PHAB already knows the LHD has many basic processes in place. Reaccreditation focuses on how the LHD has leveraged its assets to make meaningful improvements in health. However, reaccreditation is similarly expensive now, costing $12,000 to apply and $8,400 for the next four years for a total of $45,600.

The Board faced a clear choice, whether to apply for reaccreditation or not. Applying would cost $45,600 over five years. If we did not apply for reaccreditation this year the opportunity to ever be accredited might be lost. If we wanted to be nationally accredited again in the future, MMDHD would have to start the process over from the beginning.

PHAB says it will work with LHDs that face difficulty in paying the fees; however, this means creating a payment plan – not reducing the total cost. Since we are a district health department and control our own finances, the timing of payments is not an issue, only the total cost.

There are also vexing non-financial considerations. Our Health Officer, Dr. Marcus Cheatham is Vice-Chair of Michigan’s Local Public Health Accreditation Program (MLPHAP), which has been working to ensure that as many Michigan LHDs as possible can apply for national accreditation; and also, that the Michigan Department of Health and Human Services (MDHHS) applies as a state health department. One of our Board of Health Members, Dr. Dwight Washington has served on the Accreditation Quality Improvement Initiative (AQII) which is moving MLPHAP away from a purely performance based model and including elements that prepare LHDs for PHAB. If MMDHD decides not to apply to renew its national accreditation status, it will cause some consternation among our partners who know we have been supportive of PHAB.

There are three things that drove us to make this decision: 1) local public health as an entity within struggling underfunded local governments, 2) the opportunity cost given the many important things we have ambitions to do for our communities, and 3) the need to signal to PHAB that the cost issue is real and something needs to be done about it.

First, it does cause other departments of county government—where positions go unfilled and some basic functions are carried out irregularly if at all—to be alarmed when we budget so much for something they see as wasteful. Of course, the reality is that paying for PHAB would not make a difference in whether MMDHD has healthy fund balances or can meet its liabilities. It is only slightly more than one-tenth of a percent of our five-year budget. But we have to work in an environment where many truly difficult choices are made every day by our partners and PHAB fees have escalated to the point where we can’t defend them anymore.
Second, what else could we do with $10,000 a year? The answer is many things that might improve health, for example, MMDHD 1) could have a paid public health media campaign instead of relying on free but largely ineffective social media; 2) could have paid interns or a Vista volunteer to work on health promotion projects like our Food Hub, Prescription for Health, or physical activity programs which are crying out for more staff support; 3) we could buy supplies for a safe syringe program to address opioid abuse in our affected communities; or 4) we could earmark an extra $10,000 per year to engage professional consultants to help us develop many of the processes required by PHAB which we did before without such support!

The final question is whether PHAB is becoming insensitive to the fiscal reality of LHDs. Most LHDs in Michigan have much tighter budgets than MMDHD. Michigan’s Citizen’s Research Council just published *An Ounce of Prevention* which details the terrible condition of public health financing in our state. Is PHAB still trying to serve as many LHDs as possible—especially the ones that serve low-income communities that need the most help, or has it become more interested in engaging with the high-performing minority of LHDs? It might seem that this question is not something our Board should have to wrestle with; but as I have said, MMDHD has been involved with shaping national accreditation from the beginning, and we feel that if we have growing concerns about its direction, we should demonstrate that in a tangible way.

Thank-you for taking the time to read this letter. I do believe that our concerns matter to you; and I challenge you to discuss them in earnest with your Board.

Sincerely,

George Bailey, Chairperson
Mid-Michigan District Health Department

cc: Jennifer Jimenez
    Mark Paepcke
FY 19-20
Mid-Michigan District Health Department
Environmental Health Division

Division Director
DW, 1.0
Main Office

Supervisor
DW, 1.0
Gratiot

P.H. Representative
Montcalm, 1.0
P.H. Representative
Gratiot, 0.6
P.H. Representative
Clinton, 1.0

Executive
P.H. Representative
Gratiot, 1.0

Supervisor
DW, 1.0
Montcalm

E.H. Specialist I
Montcalm, 1.0
E.H. Specialist I
Montcalm, 1.0
E.H. Specialist II
Montcalm, 1.0

E.H. Specialist I
Gratiot, 1.0
E.H. Specialist I
Gratiot, 1.0
E.H. Specialist III
Clinton, 1.0
E.H. Specialist I
Clinton, 1.0

E.H. Educator
Gratiot, 1.0

Page 55 of 59
Michigan Septic Summit

Protecting Fresh Water from Septic System Pollution

10 a.m. – 4:00 p.m., Wednesday, November 6, 2019
Hagerty Conference Center, Traverse City, MI

SPONSORS:

Promoted by:

Au Sable Institute, Clean Water Action, Leelanau Clean Water, Michigan Resource Stewards,
Tip of the Mitt Watershed Council, Watershed Center Grand Traverse Bay

Cost: $25 in advance per person, includes lunch; $30 at the door.
To Register Visit: https://www.eventbrite.com/e/michigan-septic-summit-tickets-73296990271
Questions? Contact FLOW at 231-944-1568 or info@FLOWforWater.org.

Purpose of this Summit

• To learn about recent and emerging research on the human health and environmental risks presented by old and failing septic systems found in Northern Lower Michigan and elsewhere across the state.
• To characterize local and regional programs and regulations adopted in response to the surface water and groundwater quality threats posed by old and failing septic systems.
• To foster continued dialogue toward more effective and geographically extensive efforts to reduce risks to human health and the environment posed by old and failing septic systems in Michigan.

Targeted Outcomes

• Greater recognition and understanding of the risks posed by old and failing septic systems to surface water and groundwater quality and the related risks to human health.
• Better understanding of local, regional and state options for enhancing controls over the risks posed by septic systems together with increasing momentum for adopting risk control measures across Michigan.
• To offer options and models for local action.
9:30 – 10:00 a.m. Registrations & Open Dialogue

10:00 – 10:10 a.m. Introductions & Setting the Stage
Liz Kirkwood, Executive Director, FLOW
Dr. Joe VanderMeulen, Publisher, Nature Change

10:10 – 10:30 a.m. Basics: Construction & Maintenance of Septic Systems (Old & New)
Scott Kendzierski, Dir. Env. Health Services, Health Dept. of Northwest MI

10:30 – 11:15 a.m. Risks to Human Health & the Environment
Dr. Mark Borchardt, Microbiologist/Researcher
USDA Agriculture Research Service, Marshfield, WI

11:25 – 11:45 a.m. Responding to Old & Failing Septic Systems in Mid-Michigan
Jon Beard, Senior Consultant, Public Sector Consultants

11:45 – 12:30 p.m. Panel: Local Efforts to Control Risks
Eric Johnston, Benzie-Leelanau District Health Department
Seth Phillips, Manistee Lake Association & Kalkaska Co. Drain Commissioner
Grenetta Thomassey, Tip of the Mitt Watershed Council (invited)
Matt Allen, Onsite Service Supervisor, Ottawa County Dept. of Public Health
Toni Morrison, Real Estate One, Elk Rapids

12:30 – 1:45 p.m. LUNCH – with Two Presentations
Enteric Bacteria, Source Tracking & Emerging Techniques
Rob Karner, Watershed Biologist, Glen Lakes Association
Kawkawlin River Watershed Septic System Mapping & Outreach Program
Joel Kwiatkowski, Env. Health Mng., Bay County Health Department

2:00 – 2:45 p.m. Panel – Public Policy Options
Eric Johnston, Benzie-Leelanau District Health Department
Sean McBrearty, Clean Water Action
Leslie Sickterman, Planning Dir., Long Lake Township
George Bailey, Chair, Gratiot County Commission
Rick Stein, Re/Max Bayshore Real Estate

3:00 – 3:45 p.m. Panel – Where Do We Go from Here
Jon Beard, Senior Consultant, Public Sector Consultants
Tom Zimnicki, Michigan Environmental Council
Christine Crissman, Exec. Dir., Watershed Center Grand Traverse Bay
Daniel R. Thorell, Env. Health Dir., Grand Traverse County Health Department
Liz Kirkwood, Exec. Dir., FLOW

3:45 – 4:00 p.m. Closing Remarks
Dave Dempsey, Senior Advisor, FLOW
The Board of Health (BOH) approved the final Budget Amendment for FY 18/19.

The BOH adopted the following Monthly Healthy Living Recommendation for September 2019:

1. Educate youth and adults about the harms of e-cigarette and nicotine use.
2. Incorporate e-cigarettes into smoke-free policies and encourage local businesses and schools to do the same.
3. Refer those struggling with tobacco or e-cigarette use to help:
   a. For users younger than 18:
      ii. Smokefree Teen: at www.teen.smokefree.gov or text "QUIT" to iQuit (47848).
      iii. Free Truth Initiative quit programs: This is Quitting or BecomeAnEx. Users can text "QUIT" to 202-804-9884.
   b. For users 18 and older:

After discussion and consideration, the BOH authorized the agency not to renew its Public Health Accreditation Board National Accreditation status. The BOH plans to establish a committee to oversee compliance with the standards.

The BOH accepted the State’s spray plan for mosquito control within the MMDHD district as proposed.
# STAFFING CHANGES
## OCTOBER - 2019

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