MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
An Accredited Local Public Health Department
www.mmdhd.org

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

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

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

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

MARK W. (MARCUS) CHEATHAM
Health Officer

ROBERT GRAHAM, DO, MPH, FAAFP
Medical Director

Mid-Michigan District Board of Health
New Member Orientation

Mid-Michigan District Health Department
Clinton County Branch Office, Conference Room A
1307 E. Townsend Rd., Saint Johns, Michigan

Monday, January 26, 2015
at
10:00 a.m.

AGENDA

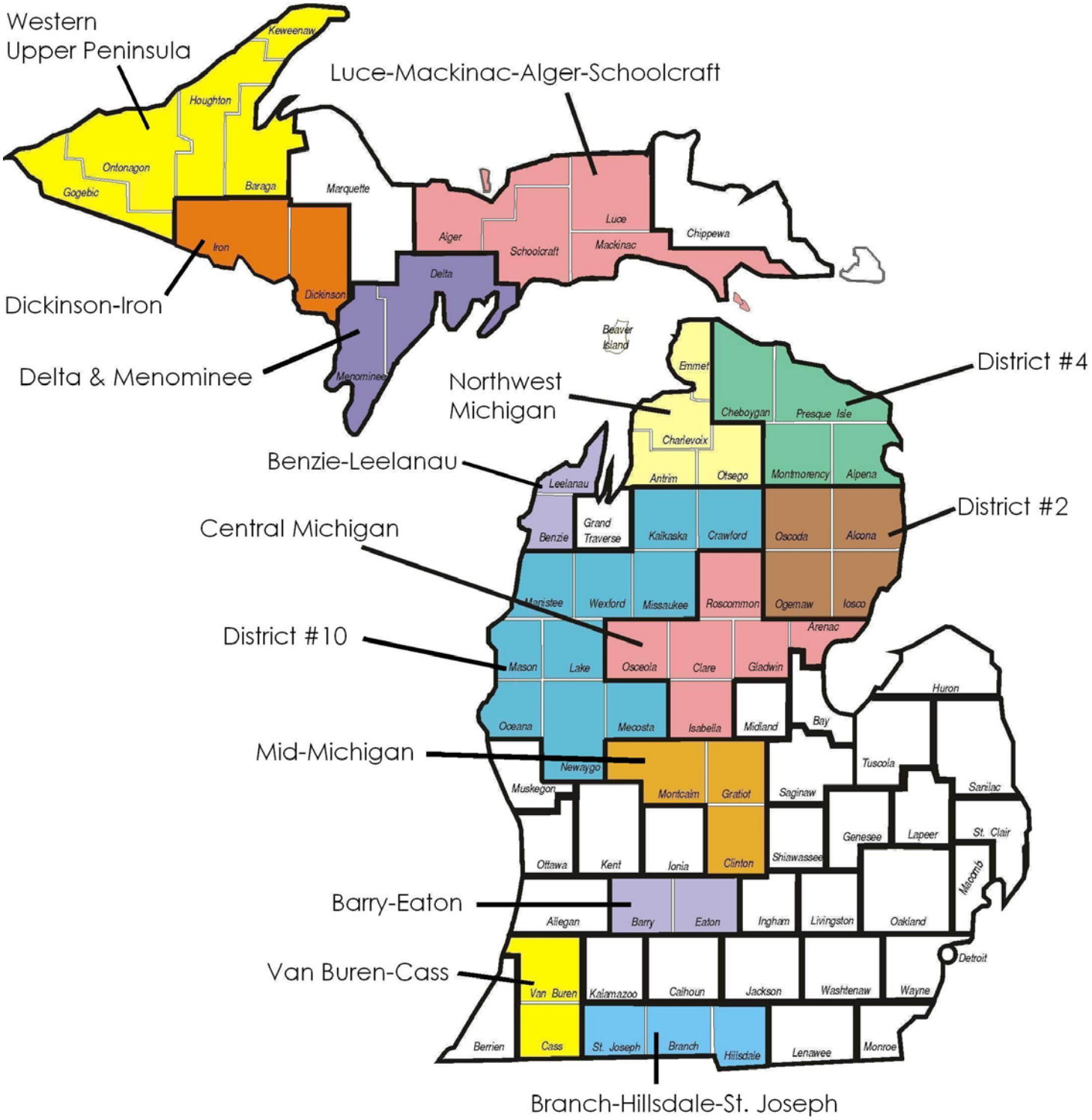
We take action to assure the health and well being of our community and the environment by responding to public health needs and providing a broad spectrum of prevention and educational services.

A. Welcome and Introductions

B. Overview of Local Health Departments/Legal Authority

1. Michigan Local Public Health Department Map 3
2. 2013 Annual Report 4
3. Guide to Public Health for Local Governing Entities 20
4. National Association of Local Boards of Health Governance Functions 83
5. Intergovernmental Agreement and Background 85
6. Letter of Appointment - Mark W. (Marcus) Cheatham, Ph.D., Health Officer *(See Guide to Public Health for Local Governing Entities, page 54)* 107
7. Public Health Code, Part 24 108

Michigan Local Health Departments



MDCH Local Health Services
Updated November 2005

Mid-Michigan District Health Department

Board of Health Annual Report

2013

Ithaca • Stanton • St. Johns

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Essential Public Health Services

MMDHD works to ensure that the residents of Clinton, Gratiot and Montcalm counties are provided with these mandated Essential Public Health Services:

- 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 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.
- Connect people to needed personal health services.
- Assure a 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.

Our Mission

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.

Our Vision

Your public health team, connecting with our communities to achieve healthier outcomes.

Cover photo: MMDHD employees supporting Komen Ride for the Cure

A Message from the Health Officer

Marcus Cheatham, Ph.D.
Health Officer

Welcome to the Mid-Michigan District Health Department's Annual Report for 2013.

Economic struggles in Mid-Michigan pose a real threat to the public's health. First of all, we face high unemployment rates and stagnating incomes. As a result, some people in the areas we serve lack adequate food, shelter, transportation and access to health care. Moreover, like other units of government—sheriff's departments, school districts, departments of human services and community mental health—we struggle with declining resources. Because of this, we know we are doing less than we could to protect public health.

Not being willing to let this situation get any worse, the Mid-Michigan District Health Department began a strategic planning process in February 2013 aimed at increasing our capacity to respond to these challenges and to develop new revenue sources to replace threatened state and federal funds.

This is a good time to undertake such an effort. The State of Michigan is working hard to help public health create new models for providing preventive services. The State's plan—called the State Innovation Model—envisions local health departments that are strong enough to prove the value of what they do and earn their way because of it. The concept is simple: if prevention works, then it saves money for insurance companies who pay for health care. If an insurance company can save a dollar because preventive services are available in a community, it ought to be willing to pay 50¢ to make sure the services continue to be available. The State's model of this concept—which it is encouraging health departments to adopt—is called Pathways to Better Health.

Our strategic planning process had two important features. The first is that it was led by a group of staff members called the Quality Vision Action Team. The Health Officer can dream of innovation all he wants, but only the staff who do the work can create the details of a new service or billing process. I'm gratified that staff have been fully engaged in this work and we have come a long way as a result.

The second feature of our planning process it that it is not just focused on the health department. Pathways to Better Health is something any agency that provides preventive services can take part in. Hopefully, this will help repair and strengthen the fabric of preventive services throughout our communities and lead to meaningful improvement in health.

Our Strategic Plan, completed in October, is available on our website. Please have a look.

Sincerely,

Marcus Cheatham

Marcus Cheatham, Ph.D.
Health Officer

BOARD OF HEALTH


Marcus Cheatham


Bruce Delong


Jack Enderle


Laura McCollum


Robert Graham


Betty Kellenberger


Tom Lindeman

MARK W. (MARCUS) CHEATHAM, PH.D. (HEALTH OFFICER)
Dr. Cheatham is serving his second year as the agency's Health Officer. He is responsible for carrying out the policies of the Board of Health and overseeing the internal operations of the Health Department.

BRUCE DELONG (CLINTON COUNTY)
Mr. Delong is serving his third year on the Board of Health. He serves as a member of the Personnel and Program Committees.

JACK A. ENDERLE (CLINTON COUNTY)
Mr. Enderle is serving his seventh year on the Board of Health, is Chairperson of the Finance Committee, Vice Chairperson of the Mid-Central Coordinating Committee and is on the Michigan Association for Local Public Health Board.

ROBERT GRAHAM D.O., M.P.H., FAAFP (MEDICAL DIRECTOR)
Dr. Graham is serving his twenty-second year as the Medical Director for the Mid-Michigan District Health Department.

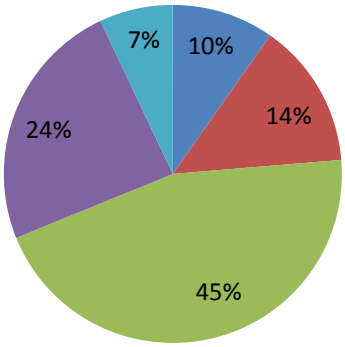
BETTY KELLENBERGER (MONTCALM COUNTY)
Ms. Kellenberger is serving her first year on the Board of Health. She also serves on the Program Committee and Quality Vision Action Team.

TOM LINDEMAN (MONTCALM COUNTY)
Mr. Lindeman is serving his tenth year on the Board of Health. He serves as Chairperson of the Board, Chairperson of the Personnel Committee, and as a member of the Finance and Mid-Central Coordinating Committees.

LAURA MCCOLLUM (GRATIOT COUNTY)
Ms. McCollum is serving her first year on the Board of Health and is Vice Chairperson for the Board. She also serves as a member of the Personnel and Mid-Central Coordinating Committees.

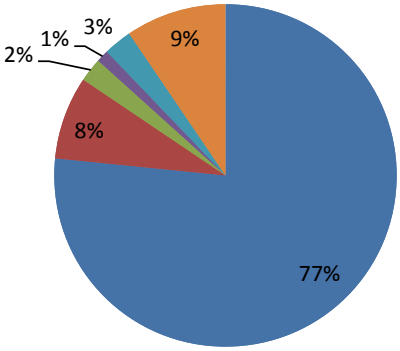
Not Pictured:
DONALD ZINN (GRATIOT COUNTY)
Mr. Zinn is serving his first year on the Board of Health. He serves as a member of the Finance Committee.

Revenues



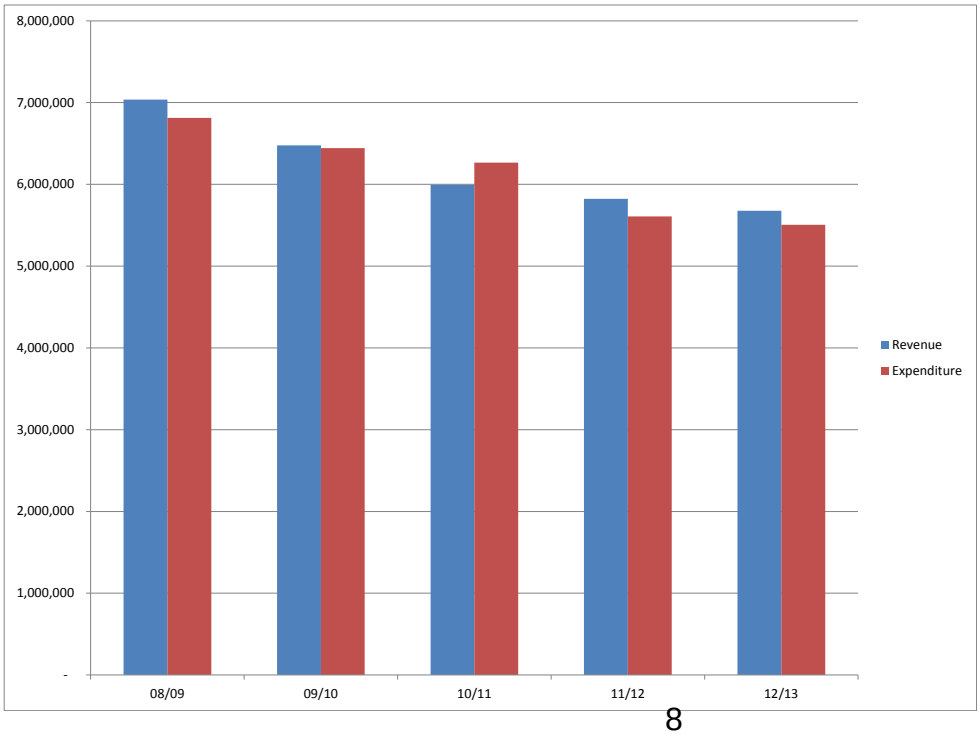
State & Federal Funds	45%
Appropriations & County Funding	24%
Charges for Service	14%
Licenses and Permits	10%
Other	7%
TOTAL REVENUES	$5,675,765

Expenses



Personnel	77%
Other	9%
Supplies and Equipment	8%
Travel	3%
Contractual	2%
Communication	1%
TOTAL EXPENSES	$5,505,885

Five-Year Trend



ENVIRONMENTAL HEALTH

Highlights

Bob Gouin, R.S.,M.B.A.
Environmental Health Division
Director

Ensuring a safe and healthy environment for the residens and visitors of Clinton, Gratiot, and Montcalm counties is the Environmental Health Divison's primary objective.

Food Safety Training

One strategy to help assure that the public is not exposed to foodborne illness is to train food industry personnel in the principles of food safety. The Mid-Michigan District Health Department (MMDHD) provides several food safety training courses throughout the year. Most food service establishments are required by State Law to have a trained, certified food manager. This includes restaurants, bars, schools, hospitals and mobile food units. To become a certified food manager one must pass an ANSI/CFP nationally-accredited exam once every five years. To prepare for the exam, most individuals take a class like the one offered by our Environmental Health Division. Our credentialed instructors administer the exam at the end of the course, which focuses on controlling possible hazards throughout a food service establishment. A less intensive food safety class is also offered for the general public or interested groups. To learn more about when each course is offered and the registration process, please visit our website at www.mmdhd.org/food/aft.html.

Foodborne Illness Exercise

MMDHD submitted a grant and received funding from the Food and Drug Administration (FDA) to conduct a tabletop emergency exercise involving a possible foodborne illness scenario. The grant proposal included a diverse list of participants and stakeholders greater than any previous foodborne illness training held at the department. The internal MMDHD planning team consisted of the Environmental Health and Community Health and Education Division Directors, the Emergency Preparedness Coordinator, Epidemiologist and a Public Health Representative. The planning process included multiple staff meetings to review and update MMDHD's internal Environmental Health and Communicable Disease foodborne illness policies and procedures to better align with State requirements and local conditions.

On August 22, 2013, MMDHD hosted 26 participants at a day-long workshop responding to the fictitious foodborne illness outbreak scenario. Participants included staff from local hospitals, nursing homes, school systems, the local college, food service facilities, emergency preparedness, local government, epidemiology, as well as individuals from the Food and Drug Administration (FDA), Michigan Department of Community Heath, Michigan Department of Agriculture and Rural Development, and MMDHD nurses and inspectors. Throughout the scenario, attendees discussed their agency's response to a foodborne illness, identified best practices and issues, and areas that needed improvement. MMDHD was commended by the FDA for successfully including a broad spectrum of disciplines/stakeholders at the workshop. The benefits of meeting face-to-face with community partners and discussing important public health issues from each agency's perspective led to ongoing communication and program improvements, as well as the confirmation of the positive, local response system already in place to respond to foodborne illness emergencies.

In 2013, the Environmental Health Division provided service to ***3,370*** *unduplicated clients or facilities throughout the district.*

Through community education and enforcement of laws designed to protect the public, the Environmental Health Division continually works to protect the environment in which we live by responding to emerging issues in areas such as food safety, sanitation, drinking water supplies, and wastewater disposal.

Food Program

Through regular inspections and education, this program helps assure the public that the meals consumed outside of the home are safe.

Number of Services Provided (unduplicated)

	Clinton	Gratiot	Montcalm	District
Advanced Food Training Classes	75	48	84	207
Food Service Inspections (Fixed)	369	265	454	1,088
Food Service Inspections (Temp.)	67	48	78	193
TOTALS	511	361	616	1,488

Wastewater Management

Proper treatment of human wastewater helps prevent the spread of disease and viral infection. These programs provide guidance and oversight for on-site sewage disposal.

Number of Inspections/Permits Issued (unduplicated)

	Clinton	Gratiot	Montcalm	District
On-Site Sewage Disposal Permits	89	55	170	314
Site Evaluation	63	15	28	106
TOTALS	152	70	198	420

Environmental Quality

Assuring a good quality of life where we live and play is a key component of these programs.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Campground Program	3	6	26	35
DHS Inspections	60	15	54	129
Nuisance Complaint Investigations	34	24	82	140
Radon Test Kits Distributed	236	82	88	406
Public Swimming Pool Program	29	8	15	52
TOTALS	362	135	265	762

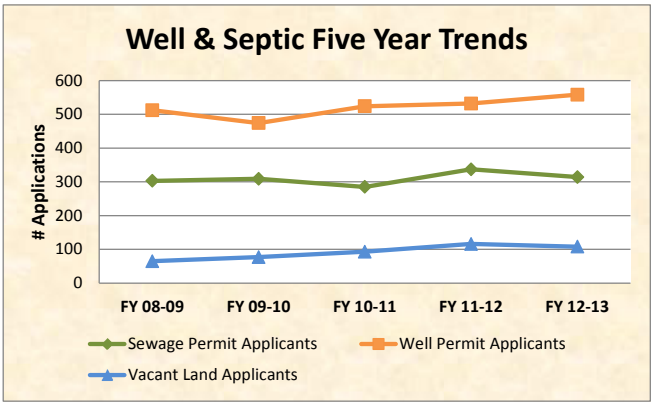
Surface And Groundwater Control

A fundamental component of public health met by these programs is the protection of our lakes, streams and the water we drink.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Groundwater Quality Control	117	149	310	576
Well Contaminate Monitoring	6	12	1	19
Septage Waste Haulers				
Trucks Inspected	11	11	15	37
Sites Inspected	3	3	9	15
Loan Evaluations	2	5	34	41
Clandestine Drug Investigations	0	7	5	12
TOTALS	139	187	374	700

The chart on page 4 shows that MMDHDs budget has been cut, nonetheless, we have maintained high levels of productivity in EH by streamlining permitting and cross-training staff.



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COMMUNITY HEALTH & EDUCATION

Highlights

Bonnie Havlicek, R.N., B.S.N.
Community Health & Education
Division Director

The importance of working with community partners and co-workers from multiple disciplines has never been so critical in achieving our goals as it is now. This became even more important as we started navigating the new health care environment that relies less on shrinking government funding and more on billing insurances to maintain financial viability.

"No man is an island" and no one person, or agency can change the health of a community on their own. It takes working together, both within MMDHD and with community partners, to bring about positive health changes in our communities.

Immunization Billing

In November 2013 we received a grant from Michigan Department of Community Health to work with a mentoring health department to initiate billing private insurances in the immunization program. We identified a gap in services for clients whose physician didn't provide immunizations and MMDHD was unable to serve because we weren't able to bill private insurance. We formed an Immunization Billing Team, consisting of the Immunization Program Supervisor, Immunization Program Public Health Representative, Quality Improvement Coordinator, Management Information Systems, Billing Clerk and the Directors of Administrative Services and Community Health Divisions. This team identified and implemented changes to our clinic flow, billing codes, and electronic health record documentation. As a result, we began successfully billing many major insurances for immunizations and were able to apply much of what we learned to improve billing practices in other programs as well.

Building Bridges

Through collaboration with community partners we can have a greater impact on health behaviors and indicators. On June 5 and 6, 2013, MMDHD teamed up with two area hospitals, Michigan WIC and the USDA, to host Building Bridges for Breastfeeding Duration. The objective was to promote collaboration between hospitals, the WIC program and community partners to provide evidence-based lactation support services to increase both breastfeeding initiation and duration rates. This program trains providers so new mothers can be discharged from the hospital, confident in their breastfeeding skills. It also establishes community partners who can support new mothers to achieve their breastfeeding goals. Attendees at the workshop were staff who work with moms and newborn infants throughout pregnancy and the early postpartum period, including physicians, physician assistants, nurses, social workers, dietitians, lactation consultants, WIC and Head-Start staff. A total of 120 attended one of four sessions at two hospitals. As a result of this training, health professionals will present unified and sound breastfeeding advice and help moms meet their personal breastfeeding goals. We are continuing to see an increase in our breastfeeding initiation rates and in the long run, we are creating a healthier society one mom at a time.

In 2013, the Community Health and Education Division provided service to ***34,990*** *unduplicated clients or facilities throughout the district.*

The Community Health and Education Division provides a variety of preventative health services to individuals and families in a variety of settings, including health department clinics, homes, community centers, churches, schools, and throughout the entire community.

Maternal & Child Health

Maternal and child health programs give financial, social, nutritional and medical support to qualified families. These programs benefit the community by reducing infant mortality, ensuring healthy births and maintaining the health of mothers and their children.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Hearing Screenings (# conducted)	3,020	2,192	3,375	8,587
Vision Screenings (# conducted)	4,201	3,183	4,930	12,314
Children's Special Health Care	225	159	332	716
Family Planning Services	272	542	515	1,329
Women, Infants & Children Program	1,094	1,311	1,912	4,317
Maternal Support Services	N/A	170	N/A	170
Infant Support Services	N/A	124	N/A	124
TOTALS	8,812	7,681	11,064	27,557

Chronic Disease Control

These activities target specific chronic diseases and focus on early detection and referral.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Breast & Cervical Cancer Control	101	107	N/A	208
Lead Poisoning Screening	212	275	319	806
TOTALS	313	382	319	1,014

Communicable Disease Control

These programs offer testing, education, prevention and treatment services to control communicable diseases within our communities. Many of these services may be available at low or no cost.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Communicable Disease Control	339	230	355	924
HIV Counseling/Testing	4	20	47	71
Immunizations	966	813	1,010	2,789
Sexually Transmitted Disease Control	225	464	487	1,176
TOTALS	1,534	1,527	1,899	4,960

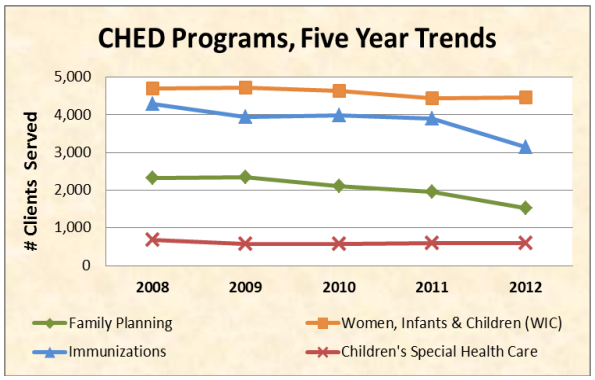
Oral Health

For families that cannot afford dental care, help with prevention is essential for their children's oral health. MMDHDs sealant and fluoride varnish programs, supported by United Way and Meijer, reach hundreds.

Number of Clients Served (unduplicated)

	Clinton	Gratiot	Montcalm	District
Sealants Placed	N/A	N/A	426	426
Fluoride Varnish Application	0	193	840	1,033
TOTALS	0	193	1,266	1,459

The chart on page 4 shows that MMDHDs budget has been cut, nonetheless, we have maintained high levels of productivity in CHED by streamlining permitting and cross-training staff.



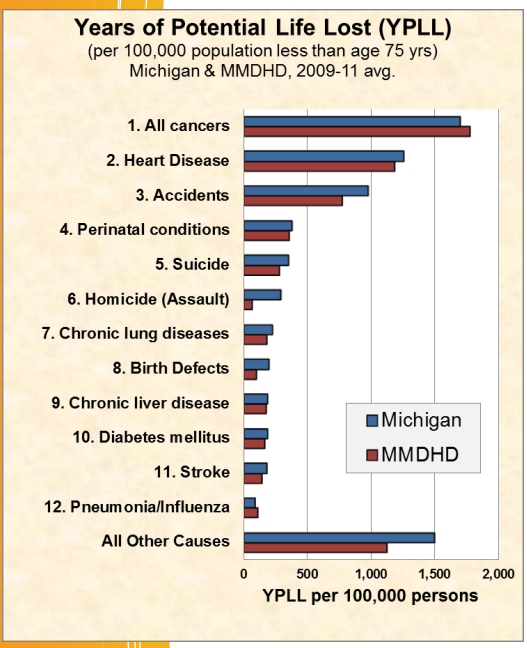
COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT

How Healthy Are We?

How healthy are we? What are the main health threats and what can we do about them? One of the most important functions of public health is to gather data on health status and report to the community. We use this information to decide what programs and services to offer, and we want the community to use this information to evaluate whether we have it right.

Communities use this information to create and implement health improvement strategies. This process is called Community Health Assessment and Improvement (CHAI). The key to creating a CHAI that can improve health is broad-based participation by the entire community—including human services, health care, government and business.

CHAIs with strong community support have been completed in all three of our counties. Montcalm County's *Healthy Montcalm* health assessment and improvement plans and Gratiot County's *Live Well Gratiot* health assessment and improvement plans are on our website, www.mmdhd.org. Clinton County's completed CHAI, in partnership with Ingham and Eaton counties, is called *Healthy! Capital Counties*. You can find their health assessment and improvement plans at www.healthycapitalcounties.org.



Years of Potential Life Lost

If you want to understand health, and what undermines health, one of the best places to start is with the leading causes of death. Obviously we should focus our health improvement efforts on the top killers. When we can, however, we like to use a slightly different indicator of the leading causes of death that weighs the deaths of young people more heavily. This is called Years of Potential Life Lost (YPLL). (See chart at right).

Notice that cancer and heart disease are the main causes of YPLL. This reflects the fact that chronic diseases associated with unhealthy lifestyles have become our biggest health challenge. Two of the most harmful behaviors are unhealthy diets and lack of physical activity. These behaviors cause destructive changes in every one of our body's systems, but especially affect the metabolic and circulatory systems, as well as the kidneys and liver. The chart shows that these contribute to cancer, heart disease, liver disease, diabetes and stroke. Another harmful health-related behavior is tobacco use. Smoking is still the leading preventable cause of death. Smoking is related to cancer and heart disease, but also perinatal conditions, lung disease, birth defects, pneumonia and stroke.

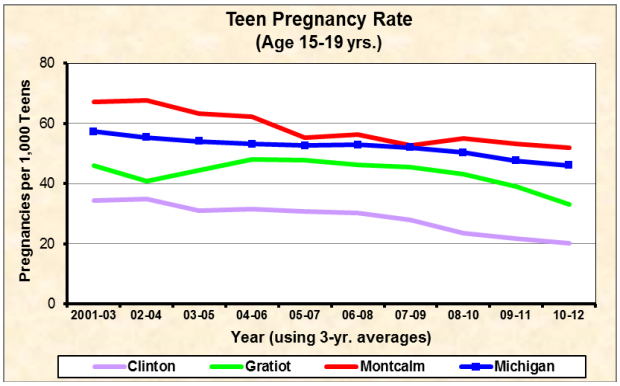
Other killers in the top 12 are related to unhealthy lifestyles, too. Substance abuse, including the abuse of alcohol and prescription drugs, contributes significantly to YPLL, especially to accidents, homicide and suicide.

These problems contribute to poor maternal and child health. When mothers are not healthy, their babies are likely to be unhealthy or unsafe. Unfortunately, young mothers today are all too often poor and vulnerable to health risks. Notice that premature birth (perinatal conditions) and birth defects are among the top 12 killers. Finally, communicable diseases—illness caused by germs—make it into the top 12, including pneumonia and flu, hepatitis (chronic liver disease) and cancer (several cancers are caused by viruses including cervical cancer).

What follows on the next three pages is a brief exploration of health status in three critical areas: maternal and child health, communicable disease and chronic disease. Because of their importance as leading causes of death and illness, these areas are the major focuses of what we do in public health.

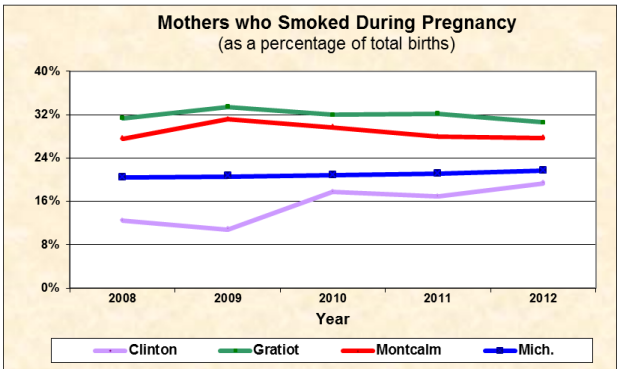
A look at the health of mothers and babies

Maternal and child health status may be the single best indicator of the overall health of a community. A community that can assure the well-being of its mothers and their babies is a strong community. For this reason, maternal and child health has always been a major focus of public health. Some of our most popular and well-known programs, like WIC and the Maternal and Infant Health Program (MIHP), serve our mothers and children. WIC and MIHP have been evaluated and shown to improve maternal and child health and reduce pre-term births.



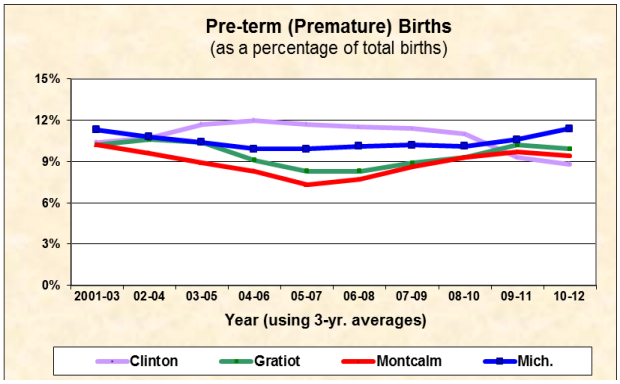
Teen Pregnancy

One of public health's successes has been helping girls and their families prevent unwanted teen pregnancies. This has contributed to a dramatic improvement in the health of mothers and infants, and enables more girls to stay in school. Notice the long, steady decline in teen pregnancies in all the counties we serve. The teen pregnancy rates for Gratiot and Montcalm Counties are around the State average while Clinton is much lower. Public health doesn't get all the credit for this decline, however. It is part of the worldwide phenomenon of girls and women delaying motherhood to go to school and enter the workforce.



Mothers Who Smoked During Pregnancy

The health of newborns depends on the health of mothers. One of the best examples of this is maternal smoking. Mothers who smoke are more likely to have premature or low birthweight babies. Their babies are more likely to have birth defects, and their infants are more likely to develop asthma or other respiratory problems. Startlingly, parts of Mid-Michigan have high rates of maternal smoking. In this chart, Clinton County has a maternal smoking rate of less than 15 percent (lower than State average), but Gratiot and Montcalm have very high rates of maternal smoking—much higher than the State average as a whole. After learning this from the *Live Well Gratiot* CHAI, people in that community have stepped up smoking prevention efforts.



Premature Births

About one-in-four children in the U.S. are born in poverty. As a result, the health of mothers and babies is not what it should be. When mothers aren't healthy, there is a higher chance of premature birth. Premature babies are less likely to survive and can suffer long-term physical and cognitive problems. The care they receive in Neonatal Intensive Care is extremely expensive and driving up the cost of health care. This chart shows the rate of premature births for our counties and Michigan. Michigan's rate, 10 to 12 percent, is high compared to other states and countries with similar economies. Unfortunately, our counties have prematurity rates about as high. As the trend lines show, the picture hasn't improved much over the years and can't be corrected by health care alone. It depends on the living conditions of mothers improving, what we call a "social determinant" of health.

Great strides in preventing communicable disease

When white settlers came to Michigan in the nineteenth century, communicable disease was rife. Dysentery, diphtheria, typhoid fever, small pox and polio were scourges that sickened and killed indiscriminately. Public health's first major battle was to control communicable disease. The modern public health code reflects what we learned in that fight. Victory was finally achieved through public sanitation and widespread vaccination. Programs like food service sanitation, water and septic inspections, immunization, STI and HIV prevention and outbreak investigation ensure these killers stay away.

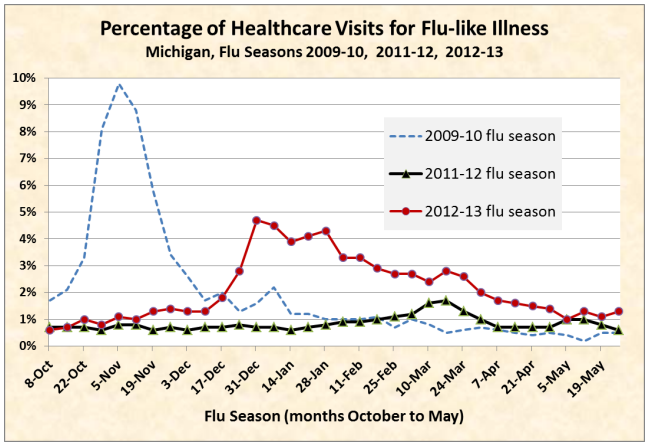
2013 Outbreaks

Date	County	Exposure	# Ill	Suspect Vector	Agent
January 1	Gratiot	Nursing Home	15	Close personal contact	Influenza A (H3)
January 26	Montcalm	Private Party	10	Close personal contact	Norovirus G2
February 27	Gratiot	Nursing Home	65	Close personal contact	Norovirus G2

In 2013, MMDHD conducted three outbreak investigations typical of those that occur in group settings. Two outbreaks were in nursing homes, one of which was caused by norovirus, and the other was caused by influenza. In such situations, our role is to determine the cause and ensure that proper infection control measures are implemented. The third outbreak ocurred from a party at a private residence and was caused by norovirus. This virus is the primary cause of outbreaks in group settings because it is highly contagious and spreads rapidly by casual contact.

MMDHD has an Epidemiological Team to respond to outbreaks of communicable disease, and includes the Medical Director, Epidemiologist, Communicable Disease Nurses and field investigators. Like other Michigan local health departments, MMDHD uses the Michigan Disease Surveillance System (MDSS) to receive and manage disease reports. MDSS is a highly advanced database that allows local and State investigators to collaborate. It also reports cases to the Centers for Disease Control, which can identify when local cases of disease are connected to more widespread outbreaks.

Vaccines: The Best Way To Beat Germs



Many diseases that used to sicken or kill many people are now rare because of immunization. MMDHD provides a variety of immunizations through the Vaccines for Children, Immunization Action Plan and other programs. Vaccination information is entered into the advanced Michigan Care Improvement Registry (MCIR) database, so that wherever someone goes, their doctor knows what immunizations they need (and which not to give).

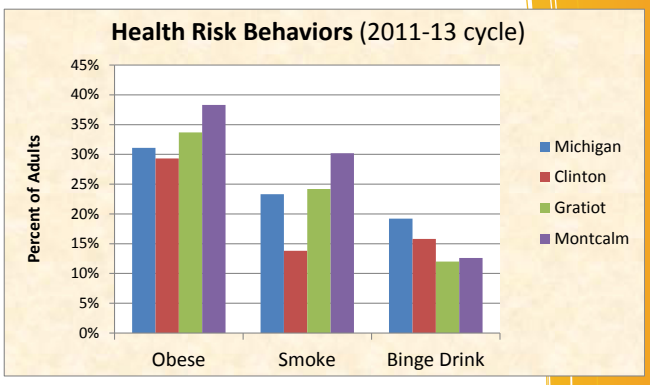
One of the most familiar vaccine-preventable illnesses is the flu. The chart on the left shows hospital visits for flu during the three flu seasons from 2009-10 through 2012-13. These data come from the nation's hospital-based Influenza-Like Illness Reporting Network. You can see the extraordinary H1N1 outbreak in November 2009 and compare it to the more normal peak flu seen February 2011 and March 2012. At the local level we see the importance of vaccination in preventing disease.

Unhealthy lifestyles now the biggest threat

The health of the public has improved tremendously over the years. We live longer with less fear of disease than ever before. However, as we are all too aware, chronic illnesses associated with unhealthy lifestyles have emerged as new challenges to public health. Obesity and related syndromes like hypertension, stroke and diabetes are common in adults and are increasing in our children. Complicating the picture, people can live for a long time with these conditions, driving up the cost of health care. As the cost of health care rises, it affects our businesses and makes government too expensive. Public health is throwing itself into the struggle against chronic disease, just as it once did in the fight against germs.

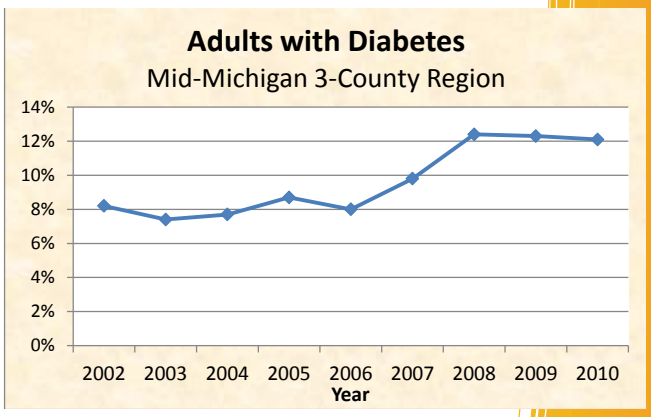
Health Risk Behaviors

The chart at right shows the percent of the population who are obese, smoke or binge drink in Clinton, Gratiot and Montcalm counties, and compares them to the State of Michigan. Notice that Gratiot and Montcalm counties have rates of obesity, similar to the rest of Michigan, and smoking rates that are higher than Michigan. Clinton County has the highest rate of binge drinking. These patterns fit what is typically seen in other places. Of the three counties, Clinton County has higher household incomes and rates of college graduation. Such communities often have lower rates of obesity and lower rates of smoking, but higher rates of alcohol consumption.



Diabetes Increasing

The chart at right shows the percentage of adults with a lifetime history of diabetes and related conditions in the area served by the Mid-Michigan District Health Department. The percentage of people living with diabetes has nearly doubled in the past 20 years. Mid-Michigan is affected by the same increases in chronic disease seen elsewhere in the United States. It is no wonder. We have yet to make the changes in our lifestyles that we need to improve health.



Taking Action To Improve Health

The three Community Health Assessment and Improvement Projects, *Healthy Montcalm, Live Well Gratiot* and *Healthy! Capital Counties,* are targeting risk factors like this that increase our risk of chronic disease. The plans include strategies aimed at promoting physical activity and healthier diets; fighting substance abuse, including alcohol and tobacco; and increasing access to preventive health services for low-income and uninsured people. To see these plans, visit www.mmdhd.org and click on the "Community Health Assessment" link.

St. Louis' MI Chemical Corp.

IN THE SPOTLIGHT

From the 1930s through the 1970s, the Michigan Chemical Corporation operated in St. Louis in Gratiot County. The factory manufactured DDT (an insecticide), PBB (a fire retardant) and other chemicals. The now defunct factory skirted environmental stewardship principles and regulations. As a result, tons of DDT was dumped into the nearby Pine River, which is now an Environmental Protection Agency Superfund Cleanup Site. In 1973, PBB was accidentally shipped to a Farm Bureau plant in Battle Creek and mixed with livestock feed. It was fed to animals, which our citizens ultimately consumed, and many became very ill. At the time, it was the largest chemical contamination in the history of our country.

Skip ahead 25 years to the formation of the Pine River Superfund Citizen's Task Force. These Gratiot County residents, including some employees of the Health Department, banded together to push federal officials to ensure the superfund site was properly cleaned up. The Task Force also wanted a long-term study of the health effects of the chemicals in the environment. Task Force member and Alma College professor Ed Lorenz became aware of PBB research being done by Rollins School of Public Health at Emory University in Atlanta. He called Dr. Michele Marcus, leader of Emory's PBB study, to let her know about the situation in St. Louis.

The Emory team wanted to study the effects of PBB on St. Louis residents, and planned to apply to the National Institutes of Environmental Health, but first they needed data showing that the contamination was real. Emory then asked MMDHD to collect blood samples from 20 residents who had worked at the plant. The results showed elevated levels of PBB nearly 40 years after exposure and Emory was awarded funding for a larger study.

The Task Force informed Michiganders about the study and encouraged residents concerned about the effects of PBB to have themselves and family members tested. From March 6 through March 16 MMDHDs Gratiot Branch Office was turned into a research hub. MMDHD set up a computer bank to process people wishing to be tested and capture results. Phlebotomy stations were set up for blood draws, exam rooms were staffed for physical exams and a full-blown Centers for Disease Control and Prevention (CDC) laboratory, complete with two CDC laboratorians, was set up to analyze specimens. Emory had hoped to test 200 people, and with our help, 284 were tested. Dr. Marcus also held two community meetings with residents and heard their concerns about possible effects of PBB.

What we've learned is that PBB acts as an endocrine system disrupter, affecting the thyroid gland and reproductive system. PBB can be passed to children while in the womb and through breast milk, so children born years after their parents were exposed can be affected. Emory plans to seek additional funds to expand the research to include cancer, thyroid issues and mortality patterns of those exposed.

MMDHD staff who were involved with the PBB clinic include Jenniffer Efaw, Robert Graham, Laura Grosskopf, Bonnie Havlicek, Norm Keon, Mario Lucchesi and Lisa Mikesell.

Medical Director's Perspective

Robert Graham, D.O., M.P.H.,F.A.A.F.P.
Medical Director

A child has a high fever. The parents start to feel a twinge of panic. The doctor has an intense look on her face. Tests are ordered and procedures are performed. Regretfully, the doctor's suspicions are confirmed... meningitis. All kinds of activities are quickly set in motion. The child is placed on intravenous antibiotics, monitors are attached and laboratory technicians busily run tests. Prayers are said and updates on the child's condition burn up social media.

Out of sight of the Intensive Care Unit, away from the emergency room, and in an unassuming office building, an "all hands on deck" order is issued. The hospital infection control practitioner has notified the local health department of a case of bacterial meningitis. The principal of the child's elementary school calls for advice. The child's day care center wants to know if the center should be closed. Parents want to know what they can do to prevent their children from becoming sick with meningitis. Advice is given to acute healthcare providers, and the public is educated via print, radio, website, telecast, and social media outlets.

This is when your local public health department starts pulling community partners together to prevent any new cases and initiate active surveillance for any possible secondary cases. The school's superintendent, ambulance service, central dispatch, county level emergency preparedness agency, hospital representatives, clergy, and doctors are all brought together by the local health department. Everyone wants and needs more information. This is the beginning of swift and decisive action to prevent more cases.

Local health departments try to be "on the case" as quickly as possible. We have responded on holidays, weekends, and in the middle of the night. We also depend on community partners to respond quickly too, and are thankful for their immediate cooperation.

While the scenario at the beginning of this note is fictitious, we have had real life situations like this, and are thankful for the energetic response of those agencies that help to keep our communities safer.

Sincerely,

Robert Graham DO

Robert Graham, D.O., M.P.H., F.A.A.F.P.
Medical Director

Graphic design and layout: Leslie Kinnee, MMDHD

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
ADMINISTRATIVE OFFICES
615 N. STATE ST., SUITE 2
STANTON, MI 48888-9702

Mid-Michigan District Health Department

BOARD OF HEALTH/
ADMINISTRATIVE OFFICES
615 N. State St., Ste. 2
Stanton, MI 48888-9702
989.831.5237
Fax: 989.831.5522

CLINTON BRANCH OFFICE
1307 E. Townsend Rd.
St. Johns, MI 48879-9036
989.224.2195
Fax: 989.224.4300
Off-site clinic: DeWitt

MONTCALM BRANCH OFFICE
615 N. State St., Ste. 1
Stanton, MI 48888-9702
989.831.5237
Fax: 989.831.3666
Off-site clinics:
Greenville, Howard City

GRATIOT BRANCH OFFICE
151 Commerce Dr.
Ithaca, MI 48847-1627
989.875.3681
Fax: 989.875.3747
Off-site clinic: Alma

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Michigan's Guide to Public Health for Local Governing Entities

County Commissioners, Boards of Health, and City Councils

November 2006

Table of Contents

Disclaimer: This document is for information purposes only and not intended as a substitute for legal advice from a competent professional. For legal advice, readers should consult with their own counsel. While every attempt has been made to assure the information presented is accurate as of September 2006, laws do change, and readers will need to confirm accuracy of various laws cited.

Michigan laws are available on the Internet.
For statutes: http://www.legislature.mi.gov
For administrative rules: http://www.michigan.gov/cis/0,1607,7-154-10576_35738---,00.html

Introduction

You will face many challenges as members of local governing entities (LGEs) – always balancing community values, local health priorities, private citizen and business needs against scarce taxpayer dollars. You will be dealing with such issues as emerging global infectious diseases, the provision of health promotion and disease prevention and appropriate limits of policy and regulatory programs all within the context of limited resources. As an elected official, you are charged with the public's trust to be a good fiscal steward along with protecting and promoting the health of your community. By updating your knowledge of the public health field, you will increase your ability to make decisions based on sound public health practice that will ultimately benefit the community you serve.

The purpose of *Michigan's Guide to Public Health for Local Governing Entities* is to present a broad overview of public health, its accomplishments and impact, public health in Michigan, and key public health responsibilities of a LGE and health officer. We hope you find this *Guide* useful in your role as LGE members. It also contains references and electronic links in the Acknowledgements, References and Resources section for more in depth study. All references to documents, articles, and websites are numerically listed within the *Guide* and cited in the endnotes on pages 26-27. Public health, as in any specialized field, has professional terms, acronyms and definitions. A glossary of main terms used in the *Guide* is located in Appendix II.

Michigan Department of Community Health (MDCH), through Michigan statute, is the state health department (SHD). To reduce confusion with titles, SHD will be used when referencing their role in public health. The MDCH title will be used when referencing their broader role in the administration of Medicaid, mental health, and substance abuse programs statewide.

Your community needs you!

As a county commissioner, board of health or township/city council member, you have a legal responsibility to protect and promote the health of your community. You have an opportunity to provide vision, leadership and policy to make your community a safer, healthier place to live.

What is Public Health?

From the highly visible preparations for a possible pandemic flu outbreak, the continuing threat of bioterrorism to the growing awareness that we face an epidemic of obesity, today's headlines provide constant reminders of the importance of public health. Public health works everyday and sometimes around the clock, to promote and protect the public's health and safety from various ongoing threats. The tools public health uses to respond to these urgent and, at times, unexpected public crises are the same tools it uses every day.

Examples of public health tools:

- Community health assessment (identify health priorities)
- Disease and mortality surveillance (investigate, track and record keeping)
- Laboratory testing
- Epidemiology (study of diseases within and between populations)
- Environmental monitoring (air, water, waste)
- Distribution of medicines and vaccines
- Community collaboration and partnership
- Health education and promotion

Public health services help communities become healthy places to live, work and play. They serve as resources for reliable health information and protect communities against environmental hazards. Public health is about understanding and preventing disease and injury across the entire population. It works to assure access for all population groups within the community to health care services. Public health focuses on promoting health and preventing disease before an individual becomes sick. It is a public and private partnership that improves health status by applying science to medical practice, personal behavior and public policy.

Public health services touch lives and directly impact families in many ways.

Public health ensures that:

- Drinking water is safe
- Air is clean
- Sewage is contained
- Restaurants serve safe, untainted food
- Children are vaccinated against disease
- Health care emergency response plans are in place for natural and human-made disasters
- Family planning services are available to educate on reproductive choices and to reduce the number of maternal and infant illness and death
- Screening programs are available to identify possible health risks
- Diseases are investigated to reduce illness for those at risk and prevent the spread of infections
- Access to health care services available for all populations within the community

Public Health Impact and Achievements

Society feels the impact of public health everyday. During the 20th century, the health and life expectancy of persons living in the United States improved dramatically. Since 1900, the average lifespan of US residents has risen from 48 to nearly 78 years, a 30-year increase. Advances in public health are responsible for at least 25 of those increased years.

In the last 100 years, public health has:

- Significantly reduced the case numbers of measles, rubella, tetanus, diphtheria and Haemophilus influenza type b through vaccinations;
- Saved lives through education and promotion of safety belts, child safety seats, bicycle and motorcycle helmets; decreased drinking and driving, in collaboration with transportation and public safety;
- Provided safer workplaces through reduction of severe injuries and deaths related to mining, manufacturing, construction and transportation;
- Drastically reduced the number of illnesses and deaths from typhoid and cholera by control of infectious water-borne diseases through cleaner drinking water and improved sanitation;
- Reduced the number of deaths from coronary heart disease and stroke through smoking cessation programs and blood pressure control, coupled with improved access to early detection and better treatment;

Vaccines are highly cost effective: for every $1.00 spent against potential disease, society saves:[1]

Diphtheria, Tetanus and accellular Pertussis (DTaP)…… $27.00
Measles, Mumps and Rubella (MMR) …….. $26.00
Perinatal Hepatitis B……$14.70

- Provided safer and healthier foods through promotion of hand-washing, pasteurization, and refrigeration; decreased food contamination through restaurant inspections; reduced diseases caused by nutritional deficiencies such as rickets, goiter and pellagra through public health policies and food fortification programs;

- Increased the number of healthy babies and mothers through better hygiene, nutrition, and access to health care;

- Reduced infant, child and maternal death through family planning choices providing health benefits, opportunities for counseling and screening, and barriers against HIV/AIDS and other sexually transmitted diseases;

- Decreased tooth decay in children and tooth loss in adults by adding fluoride to drinking water; and

- Reduced the number of new smokers and smoking-related deaths through identification of tobacco use as a health hazard, promotion of smoking cessation and policies to reduce exposure to environmental tobacco smoke.[2]

The US government spends $1,390 per person per year to treat disease and $1.21 to prevent disease.[3]

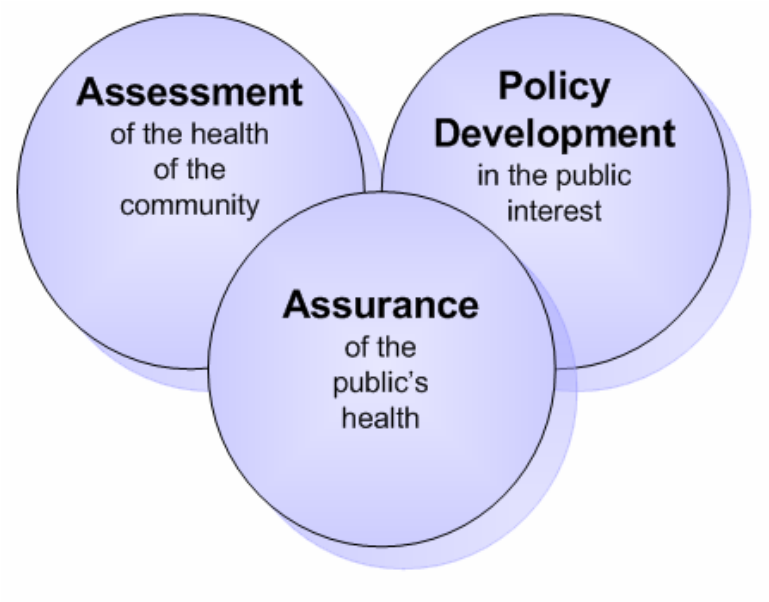
Michigan's Public Health System

Public health in Michigan includes a wide variety of public, private and community resources. The role of government in public health focuses on three core functions: assessment, policy development and assurance.[4]

- **Assessment** *(Learning what the most important health problems are)* Assessment information is used to develop community health priorities. Assessment data are based on birth, illness and death statistics, available heath resources, unmet health needs and citizens' feelings about their personal health.

- **Policy development** *(Deciding what to do based on assessments)* Information gathered through assessments are used to develop state and local health policies. These policies are incorporated into community priorities and plans, public agency budgets, local ordinances and statutes and services provided.

- **Assurance** *(Doing it well or making sure someone else does it well)* Assurance is monitoring the quality of those health services provided.



Michigan's **public health system** is made up of state and local governments, communities, the health care delivery system (hospitals and clinics), employers and businesses, media, and universities and colleges. Each of these players has an important role in assuring success of the public's health.

Michigan's public health system began in 1873 with creation of a State Board of Health. It was initially formed to deal with the growing number of deaths and disability from explosive oil lamps and arsenic wall paper.[5] The State Board of Health evolved over the years into the current state health department (SHD).

In 1996, the former Michigan Department of Public Health was combined with another state department, two offices and the Medical Services Administration to form the current **Michigan Department of Community Health (MDCH).** State health department functions now reside within MDCH. Through reorganization, the department has even broader oversight than public health. Of the 19 state departments, MDCH has the largest state budget appropriation of $10.3 billion for fiscal year 2006. MDCH services are planned and delivered through these areas:

- ***Medicaid*** - health care coverage for people with limited incomes

- ***Mental health*** - services for people who have a mental illness or a developmental disability, and services for people who need care for substance abuse

- ***Public health*** - health needs assessment, health promotion, disease prevention, and accessibility to appropriate health care for all citizens

- ***Drug control policy*** - drug law enforcement, treatment, education and prevention programs

- ***Office of services to the aging*** - promoting independence and enhancing the dignity of Michigan's older persons and their families

- ***Crime victims' services*** - administering crime victims' rights fund, investigating and processing crime victim compensation, and administering federal Victims of Crime Act grants

Public health in Michigan is governed by the Public Health Code (PHC), PA 368, of 1978. State public health law and regulation are critical in granting authority along with defining roles and responsibilities of a government public health system. Michigan has one of the most comprehensive and contemporary codes in the nation and has been a source of study through a national project researching model state public health acts.[6]

Michigan law clearly defines public health and responsibility for its delivery resting with the SHD. The SHD shall "*continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs*" (MCL 333.2221). They also *"shall promote an adequate and appropriate system of local health services throughout the state and shall endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care"* (MCL 333.2224).

Michigan's PHC allows the state health department the option to grant local health departments authority to act on its behalf for primary responsibility in delivery of public health prevention and control programs unless legal barriers exist (MCL 333.2235). The SHD has exercised this option and delivery of public health in Michigan happens at the local level through local health departments.

Other Michigan state departments/agencies with public health responsibilities include:

- Department of Human Services (child/adult care facilities)
- Department of Agriculture (food protection)
- Department of Environmental Quality (public/private sewer and water supply)
- Department of Education (hearing and vision)

The **Michigan State Legislature** provides overall policy direction through legislation. Administrative rules are developed by state agencies and have the effect of law.

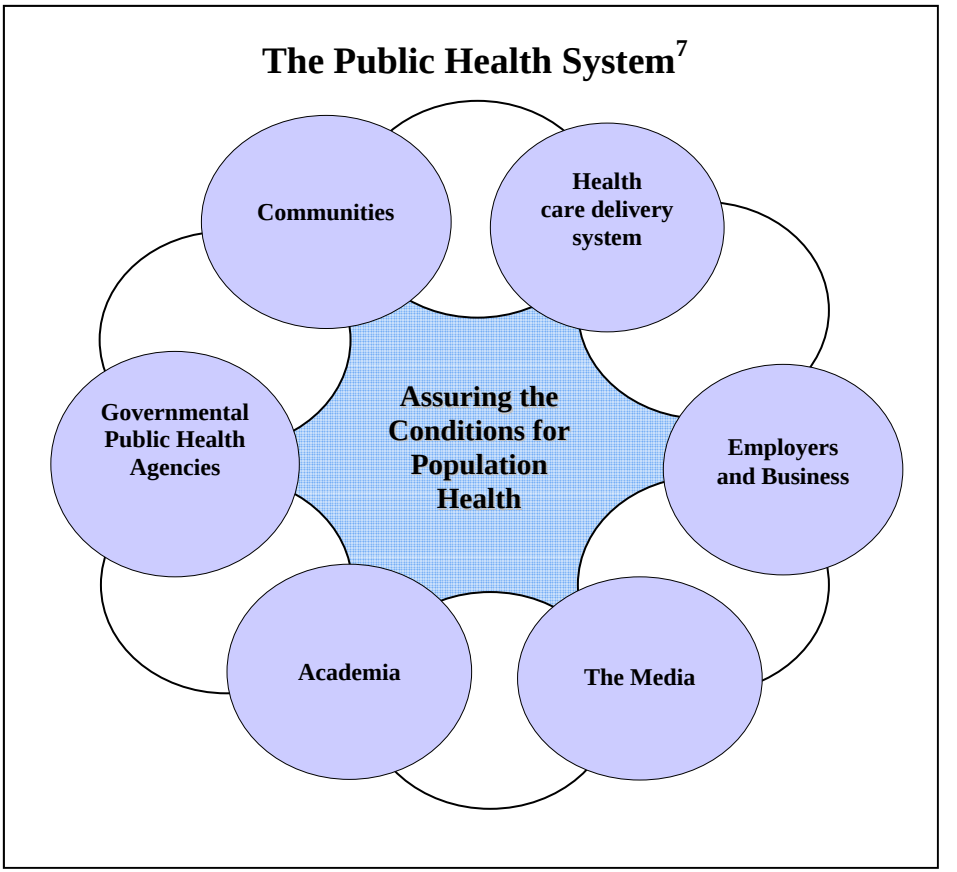
Michigan's federal Public Health agency partners are mostly organized within the U.S. Department of Health and Human Services (DHHS). Within DHHS is the U.S. Public Health Service. The federal Centers for Disease Control and Prevention (CDC), a division of the U.S. Public Health Service, provides technical expertise to local and state public health agencies when outbreaks occur, or when uncommon or new diseases appear. The CDC undertakes research and develops epidemiologic (the study of the spread of diseases within and between populations), medical and managerial approaches for the public health field. Some state and local agencies receive grant funds from DHHS agencies.

Other federal agencies with public health responsibilities include the U.S. Department of Agriculture, Food and Drug Administration, Environmental Protection Agency, Occupational Safety and Health Administration, and various branches of the military.

Public health is not only the responsibility of government, the health care delivery system, business, the media and academia, but of the community. The community is defined as individuals and individuals associating or organizing (community-based organizations) to accomplish common goals. The health of neither individuals nor populations occurs in a vacuum. No one person or community is completely safe unless all are safe.

Communities and individuals can impact the public's health through education on health issues, personal behavior change, involvement and partnering with local health departments to identity local health issues through a community health assessment and improvement process.

Another component of the public health system is the **health care delivery system** made up of hospitals, clinics, physicians and nurses, dentists, mental health, urgent care, community health centers, pharmacists, and insurance plans. These groups are crucial as access to health care is important in determining health of a population and an individual. Health insurance coverage is also associated with better health outcomes for children and adults.



Businesses and employers have wide-ranging influence on communities, employees, and society in general. They influence healthy work environments through their organizational culture, climate and worksite wellness policies and programs.

Both the news and entertainment **media** shapes public opinion and influences decision-making, with possible critical effects on population health. They have the capability to provide accurate and sufficient coverage of public health information.

Colleges and universities, such as the University of Michigan's School of Public Health, have important public health roles. They have opportunities to educate and train current and future public health workforce; conduct research and apply it to pertinent public health disciplines; and engage in community, public and professional service.

Local Governing Entity and Legal Authority for Public Health

Local governing entities (LGE) are ultimately responsible for local public health administration and governance in response to state and local laws, rules and regulations. LGEs should understand required services and other legal mandates local health departments need to perform. LGEs also establish public health regulations and fees for services. They approve the local health department's budget, approve its plan of organization and appoint health officers.

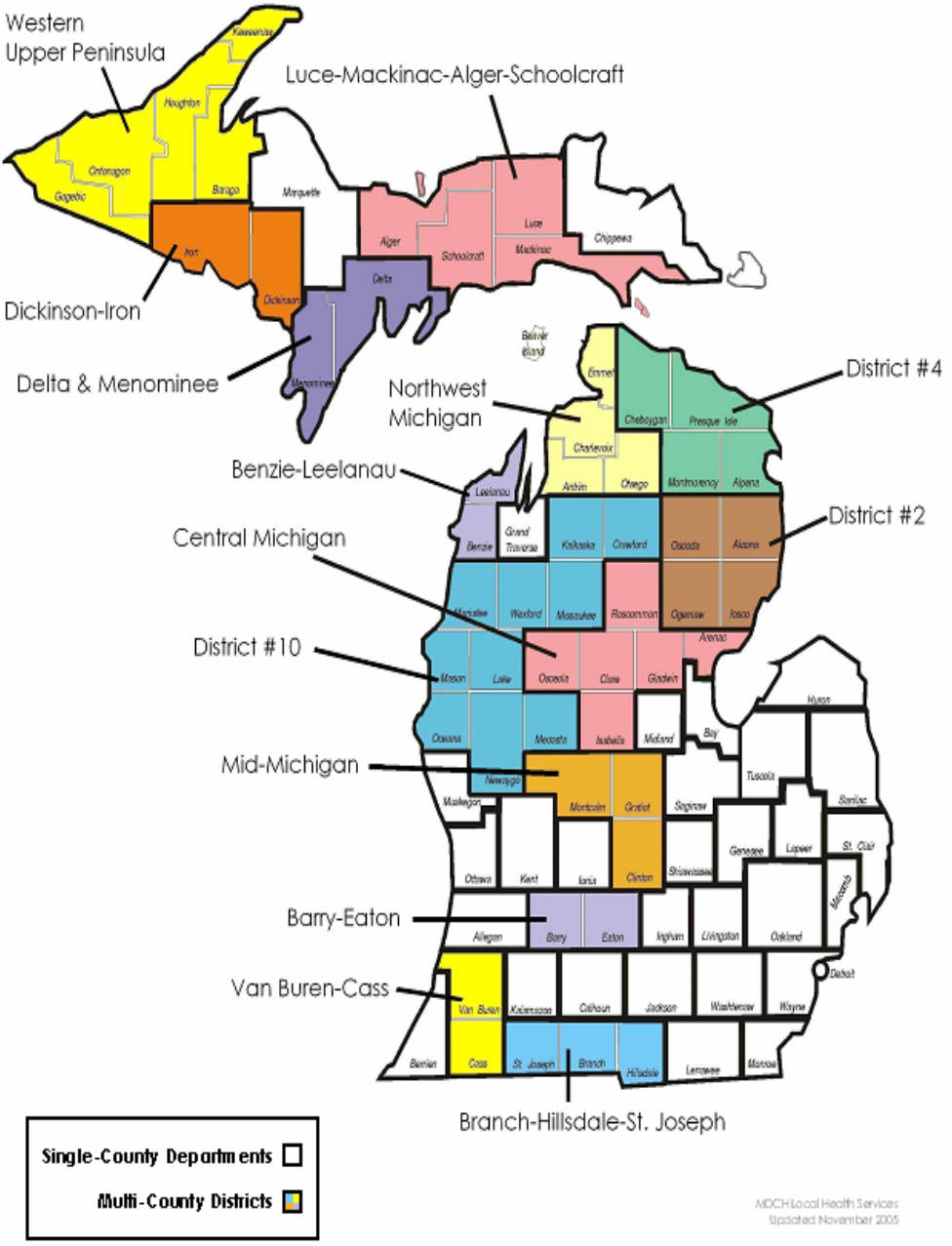
Local governing entities, local health departments and health officers have several legal requirements as listed in Michigan's PHC. Laws are frequently complex and explanations should be done by experts within the field. When listing key responsibilities, *Michigan's Guide to Public Health for Local Governing Entities* does not interpret, but quotes Michigan statute or PHC commentary directly. All PHC citations referenced are listed fully in Appendix I.

Key Local Governing Entity Public Health Responsibilities

The table below represents a partial listing of key public health responsibilities of a local governing entity as quoted directly from the original source cited in the right hand column.

Local Governing Entity Authority/Action	**Reference**[8-9]
Except if a district health department is created pursuant to section 2415, the LGE of a county shall provide for a county health department which meets the requirements of this part, and may appoint a county board of health.	MCL 333.2413 code
It should be noted that the appointment of a county board of health (except where there is a district health department) has been made optional.	MCL 333.2413 commentary
Administration and governance of public health at the local level	MCL 333.2413 commentary
Provide the funds and approve the budget for operation of the LHD	MCL 333.2413 & MCL 333.2483 commentary
Composition of district health board, if applicable	MCL 333.2415 code
Appoint a full-time local health officer who meets requirements set by SHD	MCL 333.2428 commentary
Concurrence or disapproval authorizing LHD to adopt regulations	MCL 333.2441 & 333.2442 commentary
Fix and require payment of fees for services authorized or required to be performed by the local health department	MCL 333.2444 code
[A LHD and its] local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2) code

Michigan Local Health Departments



Local Health Departments – City, County, and Multi-County Districts

Michigan has 83 counties served by 45 LHDs through a city, county or a multi-county district health department. Detroit, as the only Michigan city with a population over 750,000, is eligible and has chosen a single city health department approach (MCL 333.2421). Each LHD is a part of local government and separate from the state health department.

LHDs provide services in response to:

- Laws passed by the federal and Michigan state legislature; a sampling of programs required by statue includes: HIV/AIDS, immunization, family planning, food protection, public/private sewer and water supply;

- Rules - An administrative rule is a state agency's written regulation, statement, standard, policy, ruling, or instruction that has the force and effect of law. An agency writes rules under authority of state statute, the Michigan Administrative Procedures Act (PA 306 of 1969), the Michigan Constitution, and applicable federal law;

- Needs identified and funded by the U.S. Congress and federal agencies, such as the Centers for Disease Control and Prevention and Health Resources and Services Administration;

- Local health needs identified through a community health assessment process, such as early childhood intervention and youth tobacco prevention; and

- Other programs funded from a variety of grant sources, including the Kellogg Foundation and Robert Wood Johnson Foundation.

Key Local Health Department Responsibilities

The tables below represents a partial listing of key local health department responsibilities as quoted directly from their original source and cited in the right hand column.

Local Health Department Authority/Action	**Reference**[8-9]
Have a plan of organization approved by SHD.	MCL 333.2431 (1) (a)
Demonstrate ability to provide required services.	MCL 333.2431 (1) (b)
Demonstrate ability to defend and indemnify employee for civil liability sustained in the performance of official duties except for wanton and willful misconduct.	MCL 333.2431 (1) (c)
Report to the SHD at least annually on its activities, including information required by the department.	MCL 333.2431 (2)
Shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs; Required services designated pursuant to part 23 shall be directed at the following specific objectives: (a) Prevention and control of environmental health hazards. (b) Prevention and control of diseases (c) Prevention and control of health problems of particularly vulnerable population groups (d) Development of health care facilities and agencies and health services delivery systems (e) Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law.	MCL 333.2433 (1) and MCL 333.2473 (1)
Implement and enforce laws for which responsibility is vested in the local health department.	MCL 333.2433 (2) (a)

Local Health Department Authority/Action	Reference[8-9]
Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.	MCL 333.2433 (2) (b)
Make investigations and inquiries as to: (i) The causes of disease and especially of epidemics. (ii) The causes of morbidity and mortality. (iii) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.	MCL 333.2433 (2) (c)
Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.	MCL 333.2433 (2) (d)
Provide or demonstrate the provision of required services as set forth in section 2473(2).	MCL 333.2433 (2) (e)
Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.	MCL 333.2433 (2) (g)
May adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department.	MCL 333.2441 (1)
A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2)
Submit annually to the SHD a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides.	MCL 333.2484 code
Participate in the Michigan Local Public Health Accreditation Program	Contract with MDCH

Listing of LHD Required Services

Although LHDs can elect to carry out other programs and services in response to identified community health needs or grant opportunities, there are several required services based in rule or statute. Required service definition is a combination of basic, mandated and local public health operations categories. Each of the three categories of services is an expression of their various locations within statute and law. The entire matrix of required services with PHC citations can be found in the Plan of Organization Guide, Appendix III. Programs identified in the matrix follow:

- Immunizations
- Infectious/communicable disease control
- STD Control
- TB Control
- Emergency management – community health annex
- Prenatal Care
- Family planning services for indigent women
- Health education
- Nutrition services
- HIV/AIDS services; reporting, counseling and partner notification
- Care of individuals with serious communicable disease or infection
- Hearing and vision screening
- Public swimming pool inspections
- Campground inspection
- Public/private on-site wastewater
- Food protection
- Pregnancy test related to informed consent to abortion
- Public/private water supply

Michigan Local Public Health Accreditation

What is local public health accreditation?

The Michigan Local Public Health Accreditation Program reviews Michigan's 45 LHDs on their ability to meet standards developed by state and local public health professionals. The MDCH oversees the program. Its goals are to assist in continuous quality improvement; assure a uniform set of standards that define public health; assure a process by which the state can ensure local level capacity to address core functions; and provide a mechanism for accountability.

What is the accreditation process?

The Accreditation process measures a LHD's ability to meet program requirements. There are three primary steps:

- Self-Assessment: An internal review of statutory powers and duties, local public health operations, and categorical grant-funded services.

- On-site Review: State agency reviewers, through examination of required documentation and discussions with staff, verify the LHD is meeting all requirements.

- Corrective Plans of Action: LHDs that do not initially meet all requirements develop and implement corrective plans of action to ensure all requirements are met.

Assuring and enhancing the quality of local public health in Michigan

How can local governing entities help?

As a local Board of Commission and/or Board of Health member, you have an important statutory obligation to promote and protect the health of your constituents. This responsibility is mainly carried out through the work of the LHD. The Board of Commissioners/Health provides the oversight and support that assures the LHD meets the standards included in the Accreditation process. Accreditation affirms you have a strong LHD with the capacity and structure to implement statutory duties and responsibilities. To provide the necessary oversight and support you can do the following:

- Place public health programs and services high on your priority list
- Increase your knowledge about your responsibility for public health protection
- Learn about public health programs and services available in your community
- Support your LHD in its efforts to become or remain Accredited
- Discuss Accreditation with your health officer during board meetings
- Arrange for a visit to your LHD during the week of Accreditation On-site review
- Read the On-site Review Report that describes results of the Accreditation process
- Celebrate the success of your LHD's accomplishment when it receives Accreditation

Where can I learn more about accreditation in Michigan?

To learn more about the Michigan Local Public Heath Accreditation Program visit the website at:

www. accreditation.localhealth.net

Or contact the Michigan Department of Community Health at

517-335-8024.

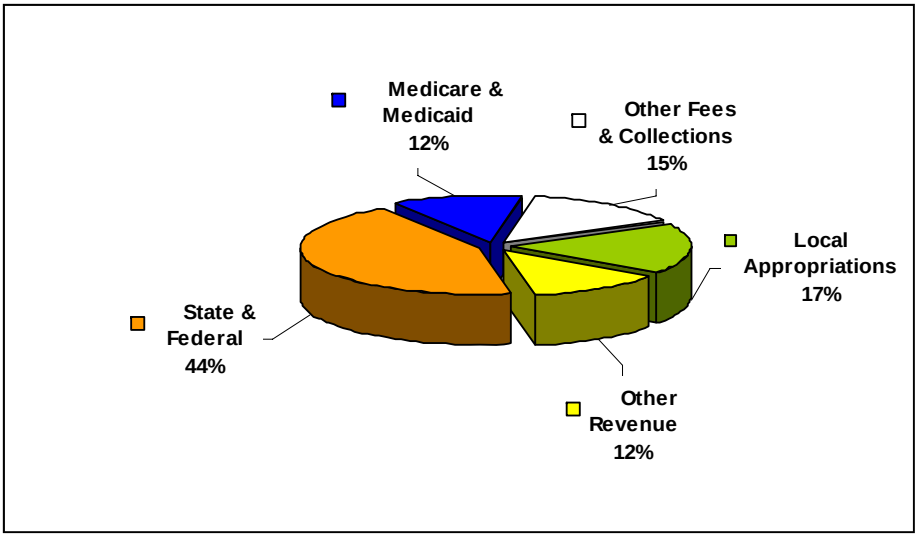
Local Public Health Department Funding

Over the years, federal and state revenues have decreased placing more demands on local tax dollars to fund local health department budgets. Although each LHD will vary on the percentage of revenue coming from state and federal resources, on average, this is still the largest revenue category. Most federal funds are distributed by the MDCH as "pass-through" money; the state also contributes resources. This mixture of state and federal dollars is distributed to the LHD through the Comprehensive Planning, Budgeting and Contracting (CPBC) agreement.

Some of the programs funded through CPBC include:

- Immunizations
- Infectious/communicable disease control
- Family planning
- Emergency preparedness
- Food protection

2003/2004 Average Budgeted Revenues for 45 LHDs[10]



Contractual Requirements of MDCH

The Comprehensive Planning, Budgeting and Contracting (CPBC) agreement is a contractual agreement between MDCH and each of Michigan's 45 LHDs. The contract is the administrative and legal mechanism through which categorical grants and other funds are disbursed or allocated to LHDs to fund required services. This agreement contains the majority of MDCH funded programs provided through LHDs. For fiscal year 2005/2006, the 45 CPBC agreements collectively contain 62 local health service programs and funding of $101,623,860.

Each CPBC agreement contains standard legislative requirements that outline general terms and conditions along with budget instructions and reporting requirements specific to each program funded.

Health Officer

Local governing entities hire health officers who are charged with administration of local health departments and are responsible for hiring employees to carry out agency functions. A health officer can be a governing entity's best public health resource, assisting in answering questions from the LGE and the communities they serve. By state administrative rule, a health officer requires specific education and training in public health (Michigan Department of Community Health, Administrative Rule R325.13001- 325.13004). Health officers have explicit authority and responsibility related to protecting the public's health. Examples include declaring a public health emergency due to a disease outbreak or other public health threat; notifying the public about health risks; and taking necessary legal actions that may include isolating those carrying infectious diseases, quarantining people or places when a health threat is suspected, excluding ill children from school, closing a restaurant, and stopping construction or habitation when unsafe public sewage disposal or drinking water conditions exist.

Common Health Officer Roles

As the chief executive officer for their jurisdiction, health officers typically perform similar roles and responsibilities. Common activities performed across jurisdictions include:

- Represent and principle spokesperson for local health department;
- Provide leadership during a public health threat or emergency;
- Establish relationships with key entities, such as county commissioners, boards of health, city council, medical community, media and the public;

- Develop and present local health department budget to LGE;

- Recommend public health policy changes to LGE;

- Monitor infectious diseases and environmental health;

- Interpret and communicate health data and information; identify priorities and emerging disease trends and; mobilize and educate the community and help them decide on actions to address problems.

Key Health Officer Responsibilities

The table below represents a partial listing of key public health responsibilities of health officers as quoted directly from the original source and cited in the right hand column.

Health Officer Authority/Action	**Reference**[8-9]
Responsible for the planning, implementation, and evaluation of a public health program designed to prevent disease and disability and to promote health	MDCH Administrative Rule R325.13001
Administrator responsible for performing the duties assigned or delegated to the local health department	MCL 333.2428 commentary
Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the LHD and which are not otherwise prohibited by law	MCL 333.2433 (2) (f) code
Issues an emergency order to control an epidemic	MCL 333.2453 code
Order to abate a nuisance	MCL 333.2455 code
May order an autopsy where necessary to carry out the functions vested in a local health department by this code	MCL 333.2855 code
Inform a marriage license applicant of a potential spouse's HIV status as positive; partner notification	MCL 333.5119 and MCL 333.5131 code
Issue a warning to an individual deemed a health threat to others	MCL 333.5203 code
Protect the public health in an emergency	MCL 333.5207 code

Acknowledgements, References, and Resources

Acknowledgements

Michigan's Guide to Public Health for Local Governing Entities: County Commissioners, Boards of Health, and City Councils was facilitated by the Michigan Department of Community Health, Public Health Administration, Local Health Services in collaboration with the Michigan Public Health Institute, Michigan Association for Local Public Health, Michigan Association of Counties, and several local and state program representatives. Special appreciation to Washington State Department of Health and Washington State Board of Health for allowing us to model our work after their *Guidebook for Local Board of Health Members*.

The Public Health Administration of the Michigan Department of Community Health will coordinate periodic *Guide* review and update, as needed. Updates will be a joint local/state community process involving Michigan Association of Counties, Michigan Association for Local Public Health, Michigan Public Health Institute and other stakeholders. The *Guide* will be printed and shared with current LGE members and health officers and may be downloaded electronically at **www.malph.org** and **www.michigan.gov/mdch.** We welcome comments and opinions in order to improve quality of future editions. To share feedback or order additional copies, please call 517-335-8024.

References

[1] CDC, National Immunization Program. PowerPoint presentation.

[2] Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services. "Ten Great Public Health Achievements—United States, 1900-1999." *Morbidity and Mortality Weekly Report,* 1999/48 (12); 241-243.

[3] CDC, National Center for Chronic Disease Prevention & Health Promotion. U.S. Department of Health and Human Services. "Resources and Priorities for Chronic Disease Prevention and Control, 1994." *Morbidity and Mortality Weekly Report,* 1997/46 (13); 286-287.

[4] Institute of Medicine, National Academy of Sciences. *The Future of Public Health.* Washington, DC: National Academy Press, 1988.

[5] Michigan Department of Public Health. *The first 100 years*. 1973.

[6] CDC PH law program. Retrieval May 8, 2006 from http://www2a.cdc.gov/phlp/about.asp

[7] Institute of Medicine, National Academy of Sciences. *The Future of Public Health.* Washington, DC: National Academy Press, 1988.

[8] Richard Strichartz. *Commentary on the Michigan Public Health Code.* University of Michigan, Ann Arbor, Michigan: Institute of Continuing Legal Education, 1982.

[9] Public Health Code, Public Act No. 368 of 1978.

[10] Michigan Association for Local Public Health. Retrieval May 8, 2006 from http://www.malph.org/page.cfm/46/

Resources

Michigan Department of Community Health *(State Health Department)*: http://www.michigan.gov/mdch

Michigan Public Health Institute: http://www.mphi.org

Michigan Association for Local Public Health: http://www.malph.org

Michigan Association of Counties: http://www.micounties.org

Michigan Local Public Health Accreditation Program: http://www.accreditation.localhealth.net

University of Michigan School of Public Health: http://www.sph.umich.edu

Administrative Rules for Health Officers and Medical Directors:

http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Number&Admin_Num=30800001&RngHigh=32599408

Michigan Public Health Code: http://www.legislature.mi.gov/(pbbtpm55gr4xcu453pmqupa0)/mileg.aspx?page=getobject&objectname=mcl-act-368-of-1978

Healthy People 2010: http://www.cdc.gov/nchs/hphome.htm

National Association of County and City Health Officials: http://www.naccho.org

National Association of Local Boards of Health: http://www.nalboh.org

Operational Definition of Functional Local Health Department: http://www.naccho.org/pubs/product1.cfm?Product_ID=9

Appendix I

Michigan Public Health Code and Administrative Rules (Excerpts)

MCL 333.2406. "Local governing entity" means:

(a) In case of a single county health department, the county board of commissioners.

(b) In case of a district health department, the county boards of commissioners of the counties comprising the district.

(c) In case of a district health department which includes a single city health department, the county boards of commissioners of the counties comprising the district and the mayor and city council of the city.

(d) In case of a single city health department, the mayor and city council of the city.

In the case of a local health department serving a county within which a single city health department has been created pursuant to section 2422, the county board of commissioners elected from the districts served by the county health department.

MCL 333.2411 Division of powers and duties.

(1) Where the governing entity of a local health department includes a unified county, the powers and duties vested in the county board of commissioners and county executive in that county shall be divided in accordance with PA 139 of 1973.

Where the local governing entity of a local health department includes a city, the powers and duties vested in the mayor and city council shall be divided as provided by law and the city charter.

MCL 333.2413 County health department; county board of health.

Except if a district health department is created pursuant to section 2415, the local governing entity of a county shall provide for a county health department which meets the requirements of this part, and may appoint a county board of health.

MCL 333.2415 Creation of district health department; composition of district board of health.

Two or more counties or a city having a population of 750,000 or more and 1 or more counties, by a majority vote of each local governing entity and with

approval of the department, may unite to create a district health department. The district board of health shall be composed of 2 members from each county board of commissioners or in case of a city and county district 2 members from each county board of commissioners and 2 representatives appointed by the mayor of the city. With the consent of the local governing entities affected, a county or city may have a greater number of representatives.

MCL 333.2428 Local health officer; appointment; qualifications; powers and duties.

(1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

MCL 333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.

(1) A local health department shall:

(a) Have a plan of organization approved by the department.

(b) Demonstrate ability to provide required services.

(c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.

(d) Meet the other requirements of this part.

(2) Each local health department shall report to the department at least annually on its activities, including information required by the department.

(3) In reviewing a plan for organization of a local health department, the department shall consider the fiscal capacity and public health effort of the applicant and shall encourage boundaries consistent with those of planning agencies established pursuant to federal law.

(4) The department may waive a requirement of this section during the option period specified in section 2422 based on acceptable plan development during the planning period described in section 2424 and thereafter based on acceptable progress toward implementation of the plan as determined by the department.

MCL 333.2433 Local health department; powers and duties generally.

(1) A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

(2) A local health department shall:

(a) Implement and enforce laws for which responsibility is vested in the local health department.

(b) Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.

(c) Make investigations and inquiries as to:

(i) The causes of disease and especially of epidemics.

(ii) The causes of morbidity and mortality.

(iii) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(d) Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.

(e) Provide or demonstrate the provision of required services as set forth in section 2473(2).

(f) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.

(g) Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

(3) This section does not limit the powers or duties of a local health officer otherwise vested by law.

MCL 333.2441 Adoption of regulations; purpose; approval; effective date; stringency; conflicting ordinances; violation; penalty.

(1) A local health department may adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department. The regulations shall be approved or disapproved by the local governing entity. The regulations shall become effective 45 days after

approval by the local health department's governing entity or at a time specified by the local health department's governing entity. The regulations shall be at least as stringent as the standard established by state law applicable to the same or similar subject matter. Regulations of a local health department supersede inconsistent or conflicting local ordinances.

(2) A person who violates a regulation is guilty of a misdemeanor, punishable by imprisonment for not more than 90 days, or a fine of not more than $200.00, or both.

333.2442 Adoption of regulation; notice of public hearing.

Before adoption of a regulation the local health department shall give notice of a public hearing and offer any person an opportunity to present data, views, and arguments. The notice shall be given not less than 10 days before the public hearing and not less than 20 days before adoption of the regulation. The notice shall include the time and place of the public hearing and a statement of the terms or substance of the proposed regulation or a description of the subjects and issues involved and the proposed effective date of the regulation. The notice shall be published in a manner calculated to give notice to persons likely to be affected by the proposed regulation. Methods which may be employed, depending on the circumstances, include publication of the notice in a newspaper of general circulation in the jurisdiction, or when appropriate, in a trade, industry, governmental, or professional publication.

MCL 333.2444 Fees for services; expenses and compensation.

(1) A local governing entity, or in case of a district the district board of health, may fix and require the payment of fees for services authorized or required to be performed by the local health department. The local governing entity or district board may revoke, increase, or amend the fees. The fees charged shall not be more than the reasonable cost of performing the service.

(2) Members of a local board of health may receive necessary traveling expenses for attending meetings and may receive compensation as determined by the local governing entity for each meeting attended.

333.2453 Epidemic; emergency order and procedures; involuntary detention and treatment.

(1) If a local health officer determines that control of an epidemic is necessary to protect the public health, the local health officer may issue an emergency order to prohibit the gathering of people for any purpose and may establish procedures to be followed by persons, including a local governmental entity, during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

(2) A local health department or the department may provide for the involuntary

detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5238.

333.2455 Building or condition violating health laws or constituting nuisance, unsanitary condition, or cause of illness; order; noncompliance; warrant; assessment and collection of expenses; liability; judicial order; other powers not affected.

(1) A local health department or the department may issue an order to avoid, correct, or remove, at the owner's expense, a building or condition which violates health laws or which the local health officer or director reasonably believes to be a nuisance, unsanitary condition, or cause of illness.

(2) If the owner or occupant does not comply with the order, the local health department or department may cause the violation, nuisance, unsanitary condition, or cause of illness to be removed and may seek a warrant for this purpose. The owner of the premises shall pay the expenses incurred.

(3) If the owner of the premises refuses on demand to pay expenses incurred, the sums paid shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under the general laws of this state. An occupant or other person who caused or permitted the violation, nuisance, unsanitary condition, or cause of illness to exist is liable to the owner of the premises for the amount paid by the owner or assessed against the property which amount shall be recoverable in an action.

(4) A court, upon a finding that a violation or nuisance may be injurious to the public health, may order the removal, abatement, or destruction of the violation or nuisance at the expense of the defendant, under the direction of the local health department where the violation or nuisance is found. The form of the warrant to the sheriff or other law enforcement officer may be varied accordingly.

(5) This section does not affect powers otherwise granted to local governments.

MCL 333.2473 Specific objectives of required services; demonstrating provision of service; contracts.

(1) Required services designated pursuant to part 23 shall be directed at the following specific objectives:

(a) Prevention and control of environmental health hazards.

(b) Prevention and control of diseases.

(c) Prevention and control of health problems of particularly vulnerable population groups.

(d) Development of health care facilities and agencies and health services delivery systems.

(e) Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law.

(2) A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.

(3) The department may enter into contracts necessary or appropriate to carry out this section.

MCL 333.2483 Conditions for reimbursement.

A local health department desiring reimbursement under sections 2471 to 2498 shall:

(a) Submit annually to the department a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides. After review and approval by the department, the program statement shall serve as a basis of determining priorities for local development with appropriate state policy and technical assistance.

(b) Submit annually to the department the budget approved by the local governing entity. The budget shall reflect the program statement and include the required services which the local health department provides, other health services proposed for state reimbursement as allowable services, and services proposed for full local or categorical state or federal funding. After review, the department shall determine the services eligible as allowable services for state reimbursement. Determinations regarding proposed allowable services shall be made annually for each local health department.

333.2484 Agreement implementing standards; basis for reimbursement; operating advance; adjustments.

(1) Standards of scope, quality, and administration promulgated under section 2495 shall be implemented through an agreement between the department and the local governing entity. An agreement under this subsection shall specify at least the minimum activities agreed upon as necessary for substantial compliance with rules and shall be based upon findings in the annual program statement of the local health department.

(2) A local health department shall be reimbursed on the basis of approved program performance reports as required by this section and sections 2481 and 2483 and on the basis of prescribed fiscal reports reflecting actual, reasonable, and allowable costs incurred pursuant to rules promulgated under section 2495. An operating advance may be provided which shall be replenished as the costs are reported. Adjustments shall be made as necessary to compensate for payments previously made.

333.2855 Autopsy; physician to perform; consent; ordering of autopsy; exceptions; removal, retention, or use of pituitary gland; conditions; charge; submitting pituitary gland for treatment of human being; agreement.

(1) An autopsy shall not be performed upon the body of a deceased individual except by a physician who has been granted written consent to perform the autopsy by whichever 1 of the following individuals assumes custody of the body for purposes of burial: parent, surviving spouse, guardian, or next of kin of the deceased individual or by an individual charged by law with the responsibility for burial of the body. If 2 or more of those individuals assume custody of the body, the consent of 1 is sufficient. This section shall not prevent the ordering of an autopsy by a medical examiner or a local health officer.

(2) This section shall not apply to a department of anatomy in a school of medicine in this state, or to an autopsy, postmortem, or dissection performed pursuant to and under the authority of any other law.

(3) A local health officer may order an autopsy if necessary to carry out the functions vested in a local health department by this code.

333.5119 Individual applying for marriage license; availability of tests for venereal disease and HIV infection; educational materials; informing HIV infected applicants of test results; definitions.

(1) An individual applying for a marriage license shall be advised through the distribution of written educational materials by the county clerk regarding prenatal care and the transmission and prevention of venereal disease and HIV infection. The written educational materials shall describe the availability to the applicant of tests for both venereal disease and HIV infection. The information shall include a list of locations where HIV counseling and testing services funded by the department are available. The written educational materials shall be approved or prepared by the department.

(2) A county clerk shall not issue a marriage license to an applicant who fails to sign and file with the county clerk an application for a marriage license that includes a statement with a check-off box indicating that the applicant has received the educational materials regarding the transmission and prevention of both venereal disease and HIV infection and has been advised of testing for both venereal disease and HIV infection, pursuant to subsection (1).

(3) If either applicant for a marriage license undergoes a test for HIV or an antibody to HIV, and if the test results indicate that an applicant is HIV infected, the physician or a designee of the physician, the physician's assistant, the certified nurse midwife, or the certified nurse practitioner or the local health officer or designee of the local health officer administering

the test immediately shall inform both applicants of the test results, and shall counsel both applicants regarding the modes of HIV transmission, the potential for HIV transmission to a fetus, and protective measures.

(4) As used in this section:

(a) "Certified nurse midwife" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification in the practice of nurse midwifery by the board of nursing under section 17210.

(b) "Certified nurse practitioner" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification as a nurse practitioner by the board of nursing under section 17210.

(c) "Physician" means an individual licensed as a physician under part 170 or an osteopathic physician under part 175.

(d) "Physician's assistant" means an individual licensed as a physician's assistant under part 170 or part 175.

333.5131 Serious communicable diseases or infections of HIV infection and acquired immunodeficiency syndrome; confidentiality of reports, records, data, and information; test results; limitations and restrictions on disclosures in response to court order and subpoena; information released to legislative body; applicability of subsection (1); immunity; identification of individual; violation as misdemeanor; penalty.

(1) All reports, records, and data pertaining to testing, care, treatment, reporting, and research, and information pertaining to partner notification under section 5114a, that are associated with the serious communicable diseases or infections of HIV infection and acquired immunodeficiency syndrome are confidential. A person shall release reports, records, data, and information described in this subsection only pursuant to this section.

(2) Except as otherwise provided by law, the test results of a test for HIV infection or acquired immunodeficiency syndrome and the fact that such a test was ordered is information that is subject to section 2157 of the revised judicature act of 1961, 1961 PA 236, MCL 600.2157.

(3) The disclosure of information pertaining to HIV infection or acquired immunodeficiency syndrome in response to a court order and subpoena is limited to only the following cases and is subject to all of the following restrictions:

(a) A court that is petitioned for an order to disclose the information shall determine both of the following:

(i) That other ways of obtaining the information are not available or would not be effective.

(ii) That the public interest and need for the disclosure outweigh the potential for injury to the patient.

(b) If a court issues an order for the disclosure of the information, the order shall do all of the following:

(i) Limit disclosure to those parts of the patient's record that are determined by the court to be essential to fulfill the objective of the order.

(ii) Limit disclosure to those persons whose need for the information is the basis for the order.

(iii) Include such other measures as considered necessary by the court to limit disclosure for the protection of the patient.

(4) A person who releases information pertaining to HIV infection or acquired immunodeficiency syndrome to a legislative body shall not identify in the information a specific individual who was tested or is being treated for HIV infection or acquired immunodeficiency syndrome.

(5) Subject to subsection (7), subsection (1) does not apply to the following:

(a) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed to the department, a local health department, or other health care provider for 1 or more of the following purposes:

(i) To protect the health of an individual.

(ii) To prevent further transmission of HIV.

(iii) To diagnose and care for a patient.

(b) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed by a physician or local health officer to an individual who is known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the physician or local health officer determines that the disclosure of the information is necessary to prevent a reasonably foreseeable risk of further transmission of HIV. This subdivision imposes an affirmative duty upon a physician or local health officer to disclose information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome to an individual who is known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome. A physician or local health officer may discharge the affirmative duty imposed under this subdivision by referring the individual who is HIV

infected or has been diagnosed as having acquired immunodeficiency syndrome to the appropriate local health department for assistance with partner notification under section 5114a. The physician or local health officer shall include as part of the referral the name and, if available, address and telephone number of each individual known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome.

(c) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed by an authorized representative of the department or by a local health officer to an employee of a school district, and if the department representative or local health officer determines that the disclosure is necessary to prevent a reasonably foreseeable risk of transmission of HIV to pupils in the school district. An employee of a school district to whom information is disclosed under this subdivision is subject to subsection (1).

(d) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the disclosure is expressly authorized in writing by the individual. This subdivision applies only if the written authorization is specific to HIV infection or acquired immunodeficiency syndrome. If the individual is a minor or incapacitated, the written authorization may be executed by the parent or legal guardian of the individual.

(e) Information disclosed under section 5114, 5114a, 5119(3), 5129, 5204, or 20191 or information disclosed as required by rule promulgated under section 5111(1)(b) or (i).

(f) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is part of a report required under the child protection law, (g) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed by the department of social services, the department of mental health, the probate court, or a child placing agency in order to care for a minor and to place the minor with a child care organization licensed under 1973 PA 116, MCL 722.111 to 722.128. The person disclosing the information shall disclose it only to the director of the child care organization or, if the child care organization is a private home, to the individual who holds the license for the child care organization. An individual to whom information is disclosed under this subdivision is subject to subsection (1). As used in this subdivision, “child care organization” and “child placing agency” mean those terms as defined in section 1 of 1973 PA 116, MCL 722.111.

(6) A person who releases the results of an HIV test or other information described in subsection (1) in compliance with subsection (5) is immune from civil or criminal liability and administrative penalties including, but not limited to, licensure sanctions, for the release of that information.

(7) A person who discloses information under subsection (5) shall not include in the disclosure information that identifies the individual to whom the information pertains, unless the identifying information is determined by the person making the disclosure to be reasonably necessary to prevent a foreseeable risk of transmission of HIV. This subsection does not apply to information disclosed under subsection (5)(d), (f), or (g).

A person who violates this section is guilty of a misdemeanor, punishable by imprisonment for not more than 1 year or a fine of not more than $5,000.00, or both, and is liable in a civil action for actual damages or $1,000.00, whichever is greater, and costs and reasonable attorney fees. This subsection also applies to the employer of a person who violates this section, unless the employer had in effect at the time of the violation reasonable precautions designed to prevent the violation.

333.5203 Warning notice generally.

(1) Upon a determination by a department representative or a local health officer that an individual is a carrier and is a health threat to others, the department representative or local health officer shall issue a warning notice to the individual requiring the individual to cooperate with the department or local health department in efforts to prevent or control transmission of serious communicable diseases or infections. The warning notice may also require the individual to participate in education, counseling, or treatment programs, and to undergo medical tests to verify the person's status as a carrier.

(2) A warning notice issued under subsection (1) shall be in writing, except that in urgent circumstances, the warning notice may be an oral statement, followed by a written statement within 3 days. A warning notice shall be individual and specific and shall not be issued to a class of persons. A written warning notice shall be served either by registered mail, return receipt requested, or personally by an individual who is employed by, or under contract to, the department or a local health department.

333.5207 Protection of public health in emergency; affidavit; court order; taking individual into custody; transporting individual to emergency care or treatment facility; temporary detention; notice of hearing; continued temporary detention; petition.

(1) To protect the public health in an emergency, upon the filing of an affidavit by a department representative or a local health officer, the circuit court may order the department representative, local health officer, or a peace officer to take an individual whom the court has reasonable cause to believe is a

carrier and is a health threat to others into custody and transport the individual to an appropriate emergency care or treatment facility for observation, examination, testing, diagnosis, or treatment and, if determined necessary by the court, temporary detention. If the individual is already institutionalized in a facility, the court may order the facility to temporarily detain the individual. An order issued under this subsection may be issued in an ex parte proceeding upon an affidavit of a department representative or a local health officer. The court shall issue an order under this subsection upon a determination that reasonable cause exists to believe that there is a substantial likelihood that the individual is a carrier and a health threat to others. An order under this subsection may be executed on any day and at any time, and shall be served upon the individual who is the subject of the order immediately upon apprehension or detention.

(2) An affidavit filed by a department representative or a local health officer under subsection (1) shall set forth the specific facts upon which the order is sought including, but not limited to, the reasons why an emergency order is sought.

(3) An individual temporarily detained under subsection (1) shall not be detained longer than 72 hours, excluding Saturdays, Sundays, and legal holidays, without a court hearing to determine if the temporary detention should continue.

(4) Notice of a hearing under subsection (3) shall be served upon the individual not less than 24 hours before the hearing is held. The notice shall contain all of the following information:

(a) The time, date, and place of the hearing.

(b) The grounds and underlying facts upon which continued detention is sought.

(c) The individual's right to appear at the hearing.

(d) The individual's right to present and cross-examine witnesses.

(e) The individual's right to counsel, including the right to counsel designated by the circuit court, as described in section 5205(13).

(5) The circuit court may order that the individual continue to be temporarily detained if the court finds, by a preponderance of the evidence, that the individual would pose a health threat to others if released. An order under this subsection to continued temporary detention shall not continue longer than 5 days, unless a petition is filed under section 5205. If a petition is filed under section 5205, the temporary detention shall continue until a hearing on the petition is held under section 5205.

Administrative Rules

R325.13001 Definitions.

Rule1. As used in these rules:

(a) "Health officer" means the administrative officer of a city, county, district, or associated health department who is appointed by the local governing entity or, in the case of a district health department, by the district board of health and who is responsible for the planning, implementation and evaluation of a public health program designed to prevent disease and disability and to promote health. A health officer shall be a medical health officer or administrative health officer. If the health officer is not a physician, a medical director shall also be employed who is responsible to the health officer for medical decisions.

(b) "Medical director" means a physician who qualifies as a medical health officer but who is employed by a local governing entity or, in the case of a district health department, by the district board of health to provide direction in the formulation of medical public health policy and program operation. A medical director shall be responsible for developing and carrying out medical policies, procedures, and standing orders and for advising the administrative health officer on matters related to medical specialty judgments. A medical director shall devote his or her full time to the needs of the local health department, except that if the department serves a population of not more than 150,000 and cannot obtain full-time medical direction, the time may be reduced to not less than 16 hours per week.

(c) "Public health administrator" means a person who is responsible for developing and implementing good administrative practices and policies for a local health department and its programs.

"Public health physician advisor" means a physician who is responsible for providing public health medical consultation and advice to persons serving under provisional or acting appointments as medical health officers, administrative health officers, or medical directors.

R 325.13002 Medical health officer; qualifications.

Rule 2. A medical health officer shall be a physician licensed in Michigan as an M.D. or D.O. who complies with 1 of the following requirements:

(a) Is board certified in preventive medicine or public health.

(b) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice.

(c) Has not less than 3 years of full-time public health practice and 24 graduate credits acceptable toward a public health degree.

R 325.13003 Administrative health officer; qualifications.

Rule 3. An administrative health officer shall comply with 1 of the following requirements:

(a) Have an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience.

(b) Have a related graduate degree and 5 years of full-time public health administrative experience.

(c) Have a bachelor's degree and 8 years of full-time public health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

R 325.13004 Medical director; qualifications.

Rule 4. A medical director shall have the same qualifications as a medical health officer.

Appendix II

Glossary of Terms and Definitions

Administrative Rule: "Rule" means an agency regulation, statement, standard, policy, ruling, or instruction of general applicability that implements or applies law enforced or administered by the agency, or that prescribes the organization, procedure, or practice of the agency, including the amendment, suspension, or rescission of the law enforced or administered by the agency.

Avian Influenza virus: Usually refers to influenza A viruses found chiefly in birds, but infections can occur in humans.

Assessment: Public health tracks the circumstances of birth, illness and death, and the factors that surround these events, as well as available health resources and their application, unmet needs and citizens' perceptions about their health.

Assurance: Monitoring the quality of all health services provided – public and private.

Comprehensive Planning, Budgeting and Contracting (CPBC): A contract between the MDCH and each local health department that contains all of the MDCH funded programs administered by the local health departments.

DTaP: A childhood vaccine for Diphtheria and Tetanus and accellular Pertussis childhood vaccine.

Epidemic: Spreading rapidly and extensively by infection and affecting many individuals in an area or a population at the same time.

Epidemiology: Study of the spread of diseases within and between populations.

Local Health Department (LHD): The primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

Local Governing Entity: See page 28 MCL 333.2406 definition of a local governing entity.

Local Health Services (LHS): An organizational entity within the Department of Community Health, Public Health Administration that supports local jurisdictional service delivery capacities, as applicable under the Public Health Code. LHS provides administration and oversight of the Michigan Local Public Health Accreditation Program.

Michigan Association of Counties (MAC): For more than a century, MAC has provided a unified, nonpartisan voice for Michigan's 83 counties. MAC is the cornerstone of communication and cooperation between Michigan's 699 elected county commissioners, local personnel, state and federal legislatures, decision-makers, media and the general public.

Michigan Association for Local Public Health (MALPH): Organized to represent Michigan's 45 city, county, and district health departments before the state and federal legislative and executive branches of government.

Michigan Compiled Laws (MCL): All existing general and permanent laws of the state.

Michigan Department of Agriculture (MDA): Serves, promotes and protects the food, agricultural, environmental and economic interests of the people of Michigan. In its dual role of regulator and marketer, MDA provides Michigan citizens with quality services and information by working cooperatively with many state, federal and local agencies and other organizations including universities, colleges and associations.

Michigan Department of Community Health (MDCH): Responsible for health policy and management of the state's publicly-funded health service systems. An estimated two million Michigan residents are served annually through either Medicaid, local public health, mental health, substance abuse programs, services to the aging and victims of crime.

Michigan Department of Environmental Quality (MDEQ): Protects and enhances Michigan's environment and public health through law enforcement in order to promote the appropriate use of, limit the adverse effects on, and restore the quality of the environment.

Michigan Local Public Health Accreditation Program: The Michigan Local Public Health Accreditation Program seeks to assure and enhance the quality of local public health in Michigan by identifying and promoting the implementation of public health standards for local public health departments, and evaluating and accrediting local health departments on their ability to meet these standards.

MMR: A childhood vaccine for Measles, Mumps and Rubella.

Operational Definition of a Functional Local Health Department: Standards which describe what every person, regardless of where they live, should reasonably expect from their local health department. The definition provides a framework by which LHDs are accountable to the state health department, the public and local governing entities. Standards are organized around the ten essential public health services. Link to the online booklet: http://www.naccho.org/pubs/product1.cfm?Product_ID=9

Pandemic Influenza: Flu that causes a global outbreak, or pandemic, of serious illness that spreads easily from person to person.

Public Act (PA): Bills that have been approved by the Legislature and signed into law by the Governor, filed with the Secretary of State, and assigned a Public Act number.

Public Health: The science and practice of protecting and improving the health of a community through preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.

Public Health Code (PHC): Public Act No. 368, as amended in 1978. Michigan's Public Health Code is a detailed comprehensive state policy on health, delineating the authority and responsibility of each government entity within the state which deals with public health, and containing appropriate recommendations for implementation by executive and legislative action.

Plan of Organization (POO): This document should inform the local community as to the statutory role of local health departments. The Plan also assures the state health director that a local health department has the capacity to successfully carry out its required duties and responsibilities.

Policy Development: Information taken from assessment data is used to develop state and local health policies. Policies are incorporated into community priorities and plans, public agency budgets and local ordinances and statutes.

Appendix III

Michigan Department of Community Health
LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION GUIDE

A. Legal Basis

The following citations are the legal basis for the Michigan Department of Community Health (MDCH) to require a Plan of Organization. Citations are taken from the PHC (PA 378 of 1978).

1. *PHC – PART 22 - STATE DEPARTMENT OF PUBLIC HEALTH*

333.2235 Local health department; authorization to exercise power or function; primary organization as to services and programs; exceptions; summary reports.

(1) Except as provided in subsection (3), the department may authorize a local health department to exercise a power or function of the department where not otherwise prohibited by law or rule. *(Refer to the Public Health Code, if needed, for subsection 3.)*
(2) The director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

2. PHC – PART 24 – LOCAL HEALTH DEPARTMENTS

MCL 333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.

(1) A local health department shall:
(a) Have a plan of organization approved by the department.

(b) Demonstrate ability to provide required services. (Refer to Attachment A for required services).

(c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.

3. SUMMARY

Section 2235 of the PHC gives broad delegatory power to MDCH to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who meet the requirements set forth in Part 24 of the PHC.

Part 24 of the PHC spells those requirements out; most notably a local health department shall have a plan of organization approved by the department and demonstrate ability to provide required services.

B. Frequency Requirement

To meet these obligations the State Health Department shall require a local health department to submit its plan of organization:

(1) once every three years, and
(2) two months before the scheduled LHD Accreditation On-site Evaluation, and,
(3) using the requirements listed in Section C and the checklist in Attachment D.

C. LHD Plan of Organization: Requirements and Format

1. LEGAL RESPONSIBILITIES AND AUTHORITY

(a) Outline or list state and local statutory authority (*Refer to Attachment B for a survey of state laws).*
(b) Briefly describe the governing entity relationship with the local health department. Include the relationship with both the Board of Health and Board of Commissioners, and others if applicable.
(c) Briefly describe the manner in which a local health department defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
(d) Briefly describe, if applicable, the agreement, contract, or arrangement for others to assist the local health department in carrying out its Food Service Sanitation Program responsibilities.

2. LHD ORGANIZATION

(a) Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
(b) Documentation of board approval of Local Health Department (LHD) Plan of Organization.
(c) List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget.
(d) Briefly describe Information Technology capacity available to access and

distribute current public health information.

3. MISSION, VISION AND VALUES
   (a) Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, Objectives).

4. LOCAL PLANNING AND COLLABORATION INITIATIVES
   (a) Outline or list LHD-specific priorities.
   (b) Outline or list the LHD activities to plan or pursue priority projects with available resources.
   (c) Outline or list community partnerships and collaborative efforts.

5. SERVICE DELIVERY
   (a) Outline or list the LHD's locations (including addresses), services, and hours of operation *(Refer to Attachment A for a matrix of services of local public health).*

6. REPORTING AND EVALUATION
   (a) Briefly describe the LHD's efforts to evaluate its activities.
   (b) Outline or list the LHD's mechanism to report on its activities to the community and its board or other governing entity.

7. HEALTH OFFICER AND MEDICAL DIRECTOR

   (a) *Outline the LHD procedure for the appointment of a Health Officer and Medical Director.
   (b) Contains correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health MDCH) approving the qualifications of the Health Officer and Medical Director (*refer to Attachment C for health officer and medical director requirements and qualifications review).*

*__NOTE__: The appointment procedure must include approval by MDCH prior to local appointment. (LHDs should make their human resources entity aware of the requirement for MDCH qualifications review/approval before local appointment.) Local health departments and/or their human resources entity should consult MDCH throughout the appointment process and obtain confirmation that candidates meet qualifications according to the applicable sections of the public health code and/or administrative rules. MDCH typically requires 30 days notice to review qualifications.

Services	Rule or Statutory Citation	Required = Basic + Mandated + LPHO				Allowable	Notes
Health Education	MCL 333.2433	X		X			
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; reporting, counseling and partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X			
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X			(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.
Hearing and Vision Screening	MCL 333.9301; PA 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X			Required, if “designated”
Campground Inspection	MCL 333.12510; R325.1551 et seq.	X		X			Required, if “designated”

Services	Rule or Statutory Citation	Required = Basic + Mandated + LPHO				Allowable	Notes
Public/Private On-site wastewater	MCL 333.12751 to MCL 333.12757; R299.2901 et. seq. R323.2210 and R323.2211	X		X	X		Alternative waste treatment systems regulated by local public health.
Food Protection	PA 92 of 2000; MCL 289.3105; PA 349 of 2004 – Sec. 904	X		X	X		
Pregnancy test related to informed consent to abortion	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.	X			X		
Allowable Services						X	This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows

							delegations for specified functions.

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Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408; R325.13053	Means: (A) a basic service designated for delivery through Local Public Health Department (LPH), (B) local health service specifically required pursuant to Part 24 or specifically required elsewhere in state law, or (C) services designated under LPHO.
1.A. Basic Service	MCL 333.2311; MCL 333.2321	A service identified under Part 23 that is funded by appropriations to MDCH or that is made available through other arrangements approved by the legislature. Defined by the current Appropriations Act and could change annually. For FY 2005: immunizations, communicable disease control, STD control, TB control, prevention of gonorrhea eye infection in newborns, screening newborns for 8 conditions, community health annex of the MEMP, and prenatal care.
1.B. Mandated Service	MCL 333.2408	The portion of required services that are not basic services, but are "required pursuant to this part [24] or specifically required elsewhere in state law."
1.C. LPHO	P.A. 349 of 2004 – Sec. 904	Funds appropriated in part 1 of the MDCH Appropriations Act that are to be prospectively allocated to LPH to support immunizations, infectious disease control, STD control and prevention, health screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403; R325.13053	"Means a health service delivered [by LPH] which is not a required service but which the department determines is eligible for cost reimbursement".
PA 349 of 2004		Fiscal year 2005 Appropriations Act for the Department of Community Health.

Attachment B

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

Public Health Code (PA 368 of 1978)
MCL § 333.1105 – Definition of Local Public Health Department
MCL § 333.1111 – Protection of the health, safety, and welfare
Part 22 (MCL §§ 333.2201 *et seq.*) – State Department
Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services
Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments
Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities
Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases
Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care
MCL § 333.5923 – HIV Testing and Counseling Costs
MCL § 333.9131 – Family Planning
Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision
MCL § 333.11101 – Prohibited Donation or Sale of Blood Products
MCL § 333.12425 – Agricultural Labor Camps
Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.
Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems
Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste
(Required to investigate if complaint made and transmit report to MDCH – 13823 and 13825)
MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 349 of 2004)
Sec. 218 – Basic Services
Sec. 904 - LPHO

Michigan Attorney General Opinions

OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services
OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000)
MCL §§ 289.1101 *et seq.*
Specifically:
MCL § 289.1109 – Definition of local health department
MCL § 289.3105 – Enforcement, Delegation to local health department

Natural Resources and Environmental Protection Act (PA 451 of 1994)
Part 31- Water Resources Protection
Specifically: MCL §§ 324.3103 Powers and Duties and 324.3106- (Establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)
Part 117 - Septage Waste Services
Specifically: MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)
MCL § 560.105(g) - Preliminary Plat Approvals
MCL § 560.109a - Parcels less than 1 acre
MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978)
MCL § 559.171a - Approval of Condominiums not served by public sewer and water

Safe Drinking Water Act (PA 399 of 1976)
MCL § 325.1016 - Public Water Supplies
Agreements with Local health departments to administer

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

Attachment C

LHD HEALTH OFFICER AND MEDICAL DIRECTOR REQUIREMENTS AND QUALIFICATIONS REVIEW

A. Legal Basis and Qualifications:

The following Public Health Code citations and rules are the legal basis for the MDCH requirements.

1. Health Officer:

a. **MCL 2428 Local health officer; appointment; qualifications; powers and duties.**
Sec. 2428

(1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

These qualifications are:

(1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health approving the appointment of the health officer, **and**

(2) Has an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience, **or**

(3) Has a related graduate degree and 5 years of full-time public health administrative experience, **or**

(4) Has a bachelor's degree and 8 years of full-time health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

2. Medical Officer

a. R325.13002 – A medical health officer shall be a physician licensed in Michigan as an M.D. or D.O. who complies with the requirements listed in this section.

R325.13004 – A medical director shall have the same qualifications as a medical health officer.

R325.13001 - A medical director shall devote his or her full time to the needs of the local health departments except that if the department serves a population of not more than 150,000 and cannot obtain full-time medical direction, the time may be reduced to not less than 16 hours per week.

b. These qualifications are:
   (1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health approving the appointment of the medical director, **and**
   (2) Is board certified in preventive medicine or public health, **or**
   (3) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice, **or**
   (4) Has not less than 3 years of full-time public health practice and 24 graduate credits acceptable toward a public health degree.

B. <u>Verification and Approval Process:</u>

Prior to health officer or medical director appointment, the LHD and/or the local human resources official submit evidence of qualifications to the Michigan Department of Community Health.

(1) The following documents shall be submitted to the Department for approval prior to appointment for both Health Officers and Medical Directors:
   (a) Current Curriculum Vitae
   (b) Copy of Diploma (s) or other proof of degree completion
   (c) Proof of Enrollment into Masters of Public Health program (if applicable)

(2) In addition to the above, the following documentation shall be submitted for Medical Directors:

   (a) Copy of Current Michigan Physician's License
   (b) Copy of Proposed Contract reflecting hours of service to LHD
   (c) Written documentation of arrangements for a public health physician advisor (if applicable)

(3) MDCH typically requires 30 days notice to review qualifications and credentials. After MDCH review and approval the following shall be submitted with respect to Health Officers:
   (a) A copy of the local governing entity (or in the case of a district health department by the district board of health)

resolution approving the appointment.

Attachment D

LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION
CHECKLIST

Submitted	Description
	1. LEGAL RESPONSIBILITIES
	A. Outline or list State and Local Statutory Authority for your LHD.
	B. Brief description of the Governing Entity Relationship with the LHD.
	C. Brief description of the manner in which the LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
	D. Briefly describe, if applicable, delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity(ies).
	2. LHD ORGANIZATION
	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
	B. Documentation of board approval of LHD Plan of Organization.
	C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget.
	D. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
	3. MISSIONS, VISION AND VALUES
	A. Contains a clear, formally written, publicized statement of the LHD's mission (may include the LHD's Vision, Values, Goals, Objectives).
	4. LOCAL PLANNING AND COLLABORATION INITIATIVES
	A. Outline or list LHD-specific priorities.
	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
	C. Outline or list community partnerships and collaborative efforts.

Submitted	Description
	5. SERVICE DELIVERY
	A. List the LHD's locations (including addresses), services, and hours of operation.
	6. REPORTING AND EVALUATION
	A. Briefly describe the LHD's efforts to evaluate its activities.
	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity.
	7. HEALTH OFFICER AND MEDICAL DIRECTOR
	A. Procedure for appointment of a Health Officer and a Medical Director
	B. HEALTH OFFICER: MDCH Approval – Letter, memo, other.
	C. MEDICAL DIRECTOR: MDCH Approval – Letter, memo, other.
	8. LHD Plan Of Organization Approval Form

Attachment E

LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

APPROVAL FORM

This approval form is to be signed by the health officer and the chairperson either of the board of commissioners or board of health. In the case of a city health department, the mayor or city council president shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of Organization.

I have reviewed the Plan of Organization for _____ .

(insert local health department name)

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name (please print): _____

Health Officer Signature: _____

Date: _____

Board Chairperson Name_____

Board Name: _____

Chairperson Signature: _____

Date: _____

Comments:

November 2006

The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012

NALBOH
National Association of Local Boards of Health
www.nalboh.org

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

INTERGOVERNMENTAL AGREEMENT

A "PARTNERSHIP" FOR PUBLIC HEALTH

Background

Mid-Michigan District Health Department (serving Clinton, Gratiot and Montcalm Counties) was originally established in 1966 through Bylaws ratified by each of the participating counties. These Bylaws covered the basic authority and structure of the health department, and were later amended in 1979 and 1982. The legal basis for the district health department's operation is contained in Part 24 of the Michigan Public Health Code (P.A. 368 of 1978, as amended), which requires that counties have a local health department to provide basic and essential public health services. Other than the Bylaws, no formal agreement existed between the participating counties, which occasionally led to some confusion when operational issues would arise. In early 2002 the Board of Health, with support from the member counties and working with the agency's general legal counsel, began exploring options and advantages of having an intergovernmental agreement to more formally define the agency's organization to:

- Provide a comprehensive organizational framework for the agency;
- Seek to proactively, outline current operations and expectations, preempting future problems of specifying how issues that arise are resolved;
- Assure continuity and understanding as commissioners, administrators and/or health officers change; and,
- Clearly outline the rights and obligations of each county and their direct relationship to the Mid-Michigan District Health Department.

As a result, an Intergovernmental Agreement was developed and approved by: 1) each of the three counties in late 2002; 2) the Michigan Department of Community Health on March 12, 2003; Governor Jennifer Granholm on June 13, 2003.

Highlights

- Formalizes the rights and obligations of each county and their direct relationship to the Mid-Michigan District Health Department.

- Establishes the organizational framework of the Board of Health and of the agency.

- Defines the purpose and responsibilities of the agency under the Michigan Public Health Code, which is to provide a range of public health services in the three counties to prevent disease, prolong life and promote the public health of the residents.

- Notes that the six-member Board of Health, comprised of two county commissioners appointed from each county, is the agency's governing board.

- Defines the Board of Health's organizational structure, officers, committees, meeting requirements, terms of Board membership, legal powers and responsibilities, authority to approve contracts, budget approval and financial oversight requirements, fee-setting authority, appointment of key agency personnel responsibilities, health policy development and direction role, and other duties.

- Notes that the Health Officer is the agency's chief executive and is directly responsible to the Board of Health for policy implementation and agency operations.

- Defines the funding formula and timeframe for how the agency's budget is developed and funded by the three participating counties, clarifies how any funding shortfalls are to be addressed, defines banking and accounting requirements, and outlines annual audit requirements.

- Defines the criteria if an additional county should wish to join the district health department, as well as the criteria should an existing member county wish to withdraw from the district health department.

- Outlines criteria for establishing public health ordinances and ordinance uniformity.

- Notes that this partnership agreement shall continue indefinitely unless formally amended.

REC'D JUN 19 2003

STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JOHN D. CHERRY, JR.
LT. GOVERNOR

June 13, 2003

Kimberly Singh, M.A.
Health Officer
Mid-Michigan District Health Department
615 N. State St., Suite 2
Stanton, MI 48888

Dear Ms. Singh:

Pursuant to the Urban Cooperation Act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, I am writing to approve the Interlocal Agreement for the creation of the Mid-Michigan District Health Department for Clinton, Gratiot and Montcalm counties. This approval is based on the recommendation of the Department of Attorney General. The agreement was previously approved by the Boards of Commissioners of the participating counties and by the Michigan Department of Community Health.

Sincerely yours,

Jennifer M. Granholm
Governor

c: David G. Stoker, Esq.

COPY

RESOLUTION 2002-020

A RESOLUTION TO APPROVE THE INTERGOVERNMENTAL AGREEMENT UNDER THE URBAN COOPERATION ACT FOR THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCAL COUNTIES:

WHEREAS, pursuant to the Michigan Public Health Code, the Counties of Clinton, Gratiot, and Montcalm, established the Mid-Michigan District Health Department; and

WHEREAS, the Counties of Clinton, Gratiot, and Montcalm wish to formalize the public health department structure through the creation of a separate legal entity as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, 1967 PA 7, as amended, being MCLA. 124.501, et seq.; and

WHEREAS, the respective Counties have reviewed and agreed to the terms of the proposed "Intergovernmental Agreement for the Mid-Michigan District Health Department".

THEREFORE, BE IT RESOLVED, that the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" is approved.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the finalized "Intergovernmental Agreement for the Mid-Michigan District Health Department".

BE IT FURTHER RESOLVED, that a certified copy of this Resolution, and the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" shall be filed with the County Clerk's office and the Michigan Secretary of State's office.

BE IT FURTHER RESOLVED, that a copy of this Resolution, and the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" shall be sent tot he Michigan Governor's office pursuant to the Urban Cooperative Act, 1967 PA 7.

STATE OF MICHIGAN }
}SS.
COUNTY OF MONTCALM }

I, the undersigned, duly qualified and acting Clerk of the County of Montcalm, Michigan (the "County") do hereby certify that the foregoing is a true and complete copy of Resolution 2002-020, adopted by the Board of Commissioners at a regular meeting on the 2nd day of December 2002, the original of which is on file in my office. Public notice of said meeting was given pursuant to and in compliance with Act No. 267, Public Acts of Michigan, 1976, as amended, including in the case of a special or rescheduled meeting, notice by posting at least eighteen (18) hours prior to the time set for the meeting.

IN WITNESS WHEREOF, I have hereto affixed by official signature on this 2nd day of December, 2002, A.D.

Kristen Millard, County Clerk
County of Montcalm, State of Michigan

CLINTON COUNTY BOARD OF COMMISSIONERS

COURTHOUSE
100 E. STATE STREET
ST. JOHNS, MICHIGAN 48879-1571

989-224-5120

CLINTON COUNTY BOARD OF COMMISSIONERS
RESOLUTION 2002-32

RESOLUTION TO APPROVE THE INTERGOVERNMENTAL AGREEMENT UNDER THE URBAN COOPERATION ACT FOR THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES

WHEREAS, pursuant to the Michigan Public Health Code, the Counties of Clinton, Gratiot, and Montcalm, established the Mid-Michigan District Health Department; and

WHEREAS, the Counties of Clinton, Gratiot, and Montcalm wish to formalized the public health department structure through the creation of a separate legal entity as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, 1967 PA 7, as amended, being MCLA. 124.501, et seq.; and

WHEREAS, the respective Counties have reviewed and agreed to the terms of the proposed "Intergovernmental Agreement for the Mid-Michigan District Health Department."

THEREFORE BE IT RESOLVED, that the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" is approved.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the finalized "Intergovernmental Agreement for the Mid-Michigan District Health Department."

BE IT FURTHER RESOLVED, that a certified copy of this Resolution, and the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" shall be filed with the County Clerk's office and the Michigan Secretary of State's office.

BE IT FURTHER RESOLVED, that a copy of this Resolution, and the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department," shall be sent to the Michigan Governor's office pursuant to the Urban Cooperation Act, 1967 PA 7.

CERTIFICATION

STATE OF MICHIGAN
COUNTY OF CLINTON

I, DIANE ZUKER, Clerk of the County of Clinton do hereby certify that the foregoing resolution was duly adopted by the Clinton County Board of Commissioners at the regular meeting held December 20, 2002 and is on file in the records of this office.

Diane Zuker, Clinton County Clerk

Resolution

GRATIOT COUNTY BOARD OF COMMISSIONERS
ITHACA, MICHIGAN 48847

RESOLUTION TO APPROVE THE INTERGOVERNMENTAL AGREEMENT UNDER THE URBAN COOPERATION ACT FOR THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES

WHEREAS, pursuant to the Michigan Public Health Code, the Counties of Clinton, Gratiot, and Montcalm, established the Mid-Michigan District health Department; and

WHEREAS, the Counties of Clinton, Gratiot, and Montcalm wish to formalize the public health department structure through the creation of a separate legal entity as permitted under the Michigan Constitution of 1963, Article VII, Section 28; and the Urban Corporation Act, 1967 PA 7, as amended, being MCLA 124.501, et seq.; and

WHEREAS, the respective Counties have reviewed and agreed to the terms of the proposed "Intergovernmental Agreement for the Mid-Michigan District Health Department."

THEREFORE BE IT RESOLVED, that the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" is approved.

BE IT FURTHER RESOLVED, that the Board Chairperson is authorized to sign the finalized "Intergovernmental Agreement for the Mid-Michigan District Health Department."

BE IT FURTHER RESOLVED, that a certified copy of this Resolution, and the attached "Intergovernmental Agreement for the Mid-Michigan District Health Department" shall be filed with the County Clerk's office and the Michigan Secretary of State's office.

BE IT FURTHER RESOLVED, that a copy of this Resolution, and the attached "Intergovernment Agreement for the Mid-Michigan District Health Department," shall be sent to the Michigan Governor's office pursuant to the Urban Cooperation Act, 1967 PA 7.

CERTIFICATION

I hereby certify that the foregoing constitutes a true and complete copy of the resolution adopted by the Board of Commissioners of the County of Gratiot, State of Michigan, at a Regular Meeting, held on January 7, 2003.

Pauline M Merchant

Pauline Merchant, County Clerk

MOVED: Wilhelm
SUPPORTED: Derry
CARRIED: Yes
DATED: January 7, 2003

INTERGOVERNMENTAL AGREEMENT THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FOR CLINTON, GRATIOT, AND MONTCALM COUNTIES

THIS AGREEMENT made and entered into this 1st day of June, A.D., 2003 2002, by and between the Boards of Commissioners of Clinton, Gratiot, and Montcalm Counties (hereinafter collectively referred to as "Counties").

WITNESSETH:

WHEREAS, Section 2415, Act 368 of Public Acts of 1978, as amended, of the State of Michigan (Michigan Public Health Code) provides that any combination of counties may elect to establish a District Health Department by a majority vote of each County Board of Commissioners;

WHEREAS, the counties of Clinton, Gratiot, and Montcalm have operated the Mid-Michigan District Health Department without benefit of a formal intergovernmental agreement since March 1, 1966.

WHEREAS, the counties believe that it is prudent to formalize the rights and obligations of each county and their relationship to the Mid-Michigan District Health Department;

WHEREAS, the counties desire to formalize an organizational framework for the District Health Department;

WHEREAS, Article 7, Section 28 of the Michigan Constitution of 1963 and Act 7 of the Public Acts of 1967, as amended, MCL 124.501 et seq., (Urban Cooperation Act) permit counties to, by agreement, perform functions that could be performed by individual counties;

WHEREAS, the Counties desire to enter into an agreement to establish and create a public entity known as the Mid-Michigan District Health Department, and to specify the powers and duties under which it will operate pursuant to the above cited authority; and

WHEREAS, Section 2448 of the Michigan Public Health Code, as amended (MCL 333.2448), expressly provides for intergovernmental contracts to reorganize local health departments.

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

I.

Establishment

Pursuant to the Public Health Code, 1978 PA 368, MCL 333.1101, et seq., as amended, and pursuant to the Michigan Constitution of 1963, Article 7, Section 28, and 1967 PA 7, as amended, MCL 124.501 et seq., the duly elected Commissioners of Clinton, Gratiot, and Montcalm Counties, State of Michigan hereby establish a public entity to be known as the Mid-Michigan District Health Department.

II.

Definitions

The following terms for this Agreement shall have the meanings attached to them:

"Board" means the Mid-Michigan District Health Department Board of Health (hereinafter sometimes referred to as "Board of Health").

"Health Officer" means the health officer of the Mid-Michigan District Health Department Board of Health.

"Department" means the Department of Community Health of the State of Michigan.

"Director" means the director of the Department of Community Health of the State of Michigan.

"County" means County Board of Commissioners

III.

Purpose of the Department

The purpose of the Mid-Michigan District Health Department is to provide a range of public health services for persons located within the three (3) counties as required by and permitted under 1978 PA 368, as amended. The Board shall carry out the applicable provisions of the Public Health Code and shall, subject to the administrative rules designated by the Michigan Department of Community Health, provide services permitted under the Public Health Code. It is recognized that the public health administrative and service delivery structure of the Mid-Michigan District Health Department should, as a minimum, be sufficient to meet Michigan Public Health Code requirements, grant and contractual obligations, core capacities, and minimum program standards for accreditation.

IV.

Area Served

The Board shall provide the services set forth herein to persons who reside within Clinton, Gratiot, and Montcalm Counties.

V.

Establishment of the Board

The Counties hereby establish a District Board of Health. The Board shall set policy and procedures governing the operation of the Mid-Michigan District Health Department and shall have ultimate authority regarding the exercise of the Mid-Michigan District Health Department powers. Upon execution of this agreement, the Mid-Michigan District Health Department's existing By-Laws are repealed, and new By-Laws are created by the Board of Health. The Board shall be composed of six (6) members: two (2) members from Clinton County, two (2) members

from Gratiot County, and two (2) members from Montcalm County. Board members shall be appointed by the applicable Board of Commissioners and must be serving County Commissioners. The Board shall elect a chairperson and vice-chairperson. The chairperson and vice-chairperson shall not be from the same county. It may create additional officers and such committees as it deems appropriate. The Board shall set its meeting dates and adopt rules of procedures and determine the number of members who will constitute a quorum of the Board. As used in this Agreement, the terminology "entire Board" shall mean the six members of the Board or a lesser number if a vacancy exists in the number of representatives to which each county is entitled. All meetings of the Board shall comply with Michigan's Open Meetings Act, being 1976 Public Act 267, as amended. Actions taken by the Board prior to the effective date of this Agreement are hereby ratified.

VI.

Term of Board Membership, Vacancies, Removal from Office

The term of office of initial Board members shall commence June 1, 2003, and run through December 31, 2004; or until their successors are qualified and appointed to office. Thereafter, members shall be appointed by the respective Boards of Commissioners for two (2) year terms running from January 1st through December 31st (commensurate with board of commissioners terms), or until their successors are qualified and appointed. Membership shall cease upon any member ceasing to be a County Board of Commissioner.

Vacancies shall be filled for unexpired terms in the same manner as original appointments. A Board member may be removed from office by the appointing Board of Commissioners.

VII.

Board Duties

The Board shall:

a) Annually examine and evaluate the public health needs of the Counties and the public and non-public services necessary to meet those needs.

b) Review and approve an annual program statement and budget. The format and documentation of the annual program statement and budget shall be specified by the Department.

c) Submit the annual program statement and budget to the Department by such date as is specified by the Department.

d) Submit to each Board of Commissioners an annual request for County funds to support the programs. Such request shall be in the form and at the time determined by the Board of Health and the individual member counties.

e) Take action to secure private, federal, state, and other public funds to help support its programs.

f) Approve and authorize all contracts.

g) Review and evaluate the quality, effectiveness, and efficiency of services being provided by its programs.

h) Appoint a health officer and a medical director, who shall each meet standards of training and experience established by the Department.

i) Establish general policy guidelines within which the health officer shall execute the Mid-Michigan District Health Department programs.

j) Audit all claims against the Mid-Michigan District Health Department and apportion approved claims as provided under the approved formula established under Section 2417 of the Public Health Code, as amended (MCL 333.2417).

k) The Mid-Michigan District Health Department shall maintain liability insurance in such amounts as the Board shall determine.

VIII.

Powers of the Board

The Board shall have all the rights, powers, duties and obligations set forth in the Michigan Public Health Code, 1978 PA 368, as amended, and shall have the following powers and duties in addition to the other powers and duties stated under this agreement:

a. To enter into contracts, including contracts for the purchase of public health services with private persons and/or entities or public agencies.

b. To acquire ownership, custody, operation, maintenance, lease or sale of real or personal property, subject to any limitation on the payment or funding therefor now or subsequently imposed by the Michigan Public Health Code, 1978 PA 368, as amended.

c. To dispose of, divide, and distribute property.

d. To accept gifts, grants, assistance, funds or bequests.

e. To make claims for federal or state aid payable to the participants in the programs of the Board.

f. To incur debts, liabilities or obligations which do not constitute the debts, liabilities or obligations of any of the parties to this agreement, subject to any limitations thereon which are now or hereafter imposed by the Public Health Code, 1978 PA 368, as amended.

g. To, in its own name, employ employees and agents, which employees or agents shall be considered employees or agents of the Board. The Board shall have the powers, duties and responsibility for establishing policies, guidelines and procedures for employees and shall have the power, duty and responsibility to establish wages and fringe benefits such as, but not limited to, sick leave, vacation leave, holidays, health insurance, pension and life insurance; to provide for workers' compensation and for any and all other terms and conditions of employment of an employee of the Board. However, any employee initially transferred to the Mid-Michigan District Health Department by any of the contracting Counties or from the predecessor Mid-Michigan District Health Department shall continue to have all benefits, obligations and status with respect to pay, seniority credits, and sick leave, vacation leave, holidays, insurance and pension credits that the individual held as a County or District Health Department employee. The above-stated conditions and limitations upon the transfer of County or District Health Department employees shall not serve to limit the right of the Board to hire County or District Health Department employees voluntarily seeking a job change upon such terms and conditions as the Board and the individual may agree.

h. To fix and collect charges, rates, rents or fees where appropriate and to promulgate rules and regulations related thereto. They shall include the power to set fees for the Mid-Michigan District Health Department services as authorized by Section 2444 of the Michigan Public Health Code. All fees shall be paid into the special revenue fund of the Mid-Michigan District Health Department.

i. The powers of the Mid-Michigan District Health Department shall be liberally construed consistent with the Constitution and statutes of this state.

IX.

Health Officer

The health officer shall function as the chief executive and administrative officer of the Mid-Michigan District Health Department and shall execute and administer the Mid-Michigan District Health Department in accordance with the approved program statement and budget, the general policy guidelines established by the Board, the applicable procedures and regulations, and the provisions of state statute. The terms and conditions of the health officer's employment, including tenure of service, shall be mutually agreed to by the Board and the health officer and shall be specified in writing.

X.

Finances

a. The Board shall have the budgetary and financial control over the Mid-Michigan District Health Department, which shall operate on an October 1st through September 30th fiscal year. Each county will provide and maintain a county branch office facility, as well as provide annual financial contributions to support public health services in the district. The Board shall base its request for annual county financial contributions on the proposed budgetary needs of the Mid-Michigan District Health Department. These financial contributions may come from the general fund of each county or from any fees collected by the Mid-Michigan District Health Department in that county or a combination thereof. Payment of the financial contribution of each county shall be made under such terms as shall be specified by each of the respective boards of commissioners. The contribution request scheduled shall be allocated with a base amount, and any increments pro-rata among the counties based on average percentages of actual staff time worked by county in each program service area over

the most recent five years, applied to the proposed annual budget. The financial contribution shall be computed annually and shall be approved as required by Section 2417 of the Public Health Code (MCL 333.2417). Nothing in this Agreement shall bind a county to accept the annual allocation request by the Board.

b. If a county is unable to allocate its full amount requested, the Board may not pass its budgetary shortfall to the other counties. However, the Board in its discretion may elect one or more of the following options, listed in order of priority, taking into account the amount of the non-payment, its duration, the financial condition of the Mid-Michigan District Health Department and such other factors as it deems relevant:

    1. Reassessment of the overall agency programming and cost structure for possible district-wide changes that would reduce services and related costs yet still meet minimum standards for accreditation.
    2. Reduce services in the non-paying county consistent with the non-payment. This could include targeting specific programs for reduction or elimination, to the extent that accreditation standards compliance would not be jeopardized.
    3. Raise fee rates for services in the amount the Board deems necessary. This could include the establishment of higher user fees in the non-paying county consistent with the budgetary shortfall.
    4. Any combination of the above as defined by the Board.
    5. Recommend the dissolution of the Mid-Michigan District Health Department. However, recognizing the long-term mutually beneficial relationship between the counties, this should be the option of last resort.

c. If an additional county wishes to join the Mid-Michigan District Health Department, such a consolidation must meet provisions of Section 2415, Act 368 of Public Acts of 1978, as amended, of the State of Michigan (Michigan Public Health Code). As a prerequisite, such a consolidation request must be approved by all existing counties, and the requesting county must agree to the terms and conditions as well as become a party to this intergovernmental agreement. To become an equal partner, at a minimum, a new county joining the district must make such financial commitments as:

   1. Provision and maintenance of a county branch office facility sufficient to support consistent public health programming with the other counties.
   2. Provision of local funding equivalent in per capita and level consistent with the other counties.
   3. Acceptance of the district's fee structure for services.

d. State and local contributions and all other funds received shall be handled and banked directly by one of the treasurers of one of the member counties as selected by the Board, which has the duty to insure that the funds are banked and accounted for consistent with requirements of law for local governmental units.

e. The Board shall be credited all investment income (minus reasonable handling fees) derived from the assets of the Mid-Michigan District Health Department. All interest income shall also be credited into the special revenue fund of the Mid-Michigan District Health Department.

XI.

Audit

The Mid-Michigan District Health Department shall have an annual independent audit conducted in accordance with the law and as directed by the Board. A copy of the audit shall be given to each Board member upon its completion. If requested by a county, a representative of the auditing firm and the Mid-Michigan District Health Department shall appear before the Board of Commissioners of each county and answer questions regarding the audit or any other aspect of Mid-Michigan District Health Department activities. The counties shall have access to all Mid-Michigan District Health Department records except those records subject to a legally recognized privilege.

XII.

Information

The Board shall provide to Clinton, Gratiot, and Montcalm counties, separately and/or jointly, as requested, any and all information related to the operations of the Board on a timely basis.

XIII.

Notices

Any notices required by this Agreement shall be deemed made when mailed certified mail, return receipt requested, to each county clerk, to each chairperson of the Board of Commissioners of each participating county, and the Health Officer of the Mid-Michigan District Health Department.

XIV.

County Ordinances

Nothing in this agreement shall restrict the right of a county to enact a local ordinance affecting its public health needs and setting fees in any such ordinance. However, any such ordinance shall not impose an obligation or duty on the Mid-Michigan District Health Department or its personnel unless (a) the ordinance has been approved by the Board; provided, however, that the Board's approval shall be limited to assessing the financial and personnel impact of the ordinance on the Mid-Michigan District Health Department, the legality and enforceability of the proposed ordinance and potential liability to the Mid-Michigan District Health Department. (The general public policy considerations of whether the proposed ordinance is needed is solely the responsibility of the county which is considering enacting the proposed ordinance), (b) an agreement has been reached with the county which enacted the ordinance regarding the disposition of any fees required by the ordinance; and (c) an agreement has been reached with the county which enacted the ordinance regarding the reimbursement to the Mid-Michigan District Health Department of any costs of enforcement.

XV.

Ordinance Uniformity

Each county understands the legal and practical importance of ordinance uniformity throughout the District. Each county agrees to make every effort to keep its public health ordinances uniform with those of other counties within the tri-counties. However, this Agreement acknowledges that local conditions and political desires within a particular county may result in some unique ordinance provisions.

XVI.

Duration of This Agreement
and Rights Upon Termination

a) This Agreement shall continue indefinitely unless a county withdraws as provided by this Agreement.

b) A county may give written notice of its desire to withdraw as a member of the Mid-Michigan District Health Department to the Board of Health and to the other counties which are a party to this Agreement. The effective date of the withdrawal by the withdrawing county, subject to provisions of Paragraph XVI. c), shall be effective sixty (60) days from the date of receipt of notice from the withdrawing county and as specified with Board approval. The property division provisions of Paragraph XVI.d.1 shall continue to apply to all counties, including the withdrawing county, until the property division has been completed; otherwise, this Agreement shall be terminated as to the withdrawing county on the effective date of the withdrawal.

c) The Mid-Michigan District Health Department may be dissolved by majority vote of the entire Board of Health. A resolution shall specify the effective date of dissolution. The agreement shall be deemed terminated on the effective date of dissolution; provided, however, the division provisions of Paragraph XVI. d) 1. shall continue to apply to all counties until the property division has been completed.

d) Property Division.

1. If the county withdraws pursuant to Paragraph (b) above, then the following procedure shall be used. The withdrawing county shall not be obligated to pay (or will be reimbursed if it already had paid) a pro-rata portion of its financial contribution attributable to the remainder of the fiscal year after the effective date

of the dissolution. In addition, the withdrawing county will assume any existing debt applicable to the assets that it receives. The distribution of assets shall take place as soon as possible after the effective date of the dissolution, based upon a dissolution plan approved by the majority of parties to this agreement.

2. Nothing contained herein shall preclude the three (3) counties from otherwise jointly agreeing in writing to any distribution of the real and personal property among themselves as they deem proper.

XVII.

Status of the Board

The Board established pursuant to this agreement shall be a separate legal public entity with the power to sue and be sued.

XVIII.

Amendment Procedures

This agreement may be amended only by the mutual agreement of the participating counties pursuant to resolution authorization by each of the County Boards of Commissioners and entered into in writing, and approved as may be required by the Urban Cooperation Act (MCL 124.501, et seq.) and the Public Health Code (MCL 333.1101, et seq.)

XIX.

Conflict of Provisions

If there is any conflict between this agreement and the Michigan Public Health Code (MCL 333.1101, et seq.), as existing or as subsequently amended, the Michigan Public Health

Code shall prevail, and those provisions of this agreement inconsistent therewith shall be deemed null, void and of no effect.

XX.

Continuity

All assets and liabilities as well as the contractual rights and obligations currently in the name of the existing Mid-Michigan District Health Department are hereby assigned to the Mid-Michigan District Health Department created by this Agreement. Each county authorizes its Chair and Clerk to execute such documents as are necessary to effectuate this provision. The created Mid-Michigan District Health Department hereby agrees to assume all such transfers.

XXI.

Effectuation of Agreement

This agreement shall not take effect until this agreement is approved by the Governor of the State of Michigan and the Director of the State Department of Community Health as provided for by law. Upon receipt of the approval of the Governor and after filing with the County Clerk of each county and the Secretary of State, this agreement shall take effect on June 1, 2003.

The name of the entity and its administrative office's business address are Mid-Michigan District Health Department, 615 N. State St., Suite 2, Stanton, Michigan, 48888. Any subsequent change thereof by the Board shall be reported in writing to the forming Counties, the State Department of Community Health and the Governor of Michigan.

The persons signing this agreement hereby verify by their signature that they are authorized to execute this agreement pursuant to appropriate County Board of Commissioner resolution.

IN THE PRESENCE OF:

Debra A. Sutherland

Donna Spicer

Rose Hubbard

Edward J. Scram Jr.

Verta Beaudet
VERTA BEAUDET

CLINTON COUNTY

By: _____
Chairperson, Board of Commissioners

Attest, _____
Diane Zuker, County Clerk

GRATIOT COUNTY

By: _____
Chairperson, Board of Commissioners

Attest, _____
, County Clerk

MONTCALM COUNTY

By, _____
Chairperson, Board of Commissioners

Attest, _____
, County Clerk

COPY

REC'D MAY 7 - 2012

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

May 1, 2012

Jack Enderle, Chairman
Mid-Michigan District Health Department
Board of Health
615 N. State Street, Suite 2
Stanton, MI 48888-9702

Dear Mr. Enderle:

I have received your communication requesting the approval of the appointment of Marcus Cheatham as the Health Officer for the Mid-Michigan District Health Department. After a review of his credentials, I am happy to approve the appointment and recognize Dr. Cheatham as the Mid-Michigan District Health Department Health Officer, with a start date of May 29, 2012.

I am also approving an Acting Health Officer appointment for Mary Kushion for the period May 1, 2012 through May 28, 2012.

I look forward to continuing the positive working relationship between the Mid-Michigan District Health Department and the Michigan Department of Community Health. If you need assistance or if any of the above information changes, please contact Local Health Services at (517) 335-8024.

Sincerely,

Jean Chabut, Deputy Director
Public Health Administration

cc: Local Health Services
Mary Kushion
Marcus Cheatum

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 24
LOCAL HEALTH DEPARTMENTS

333.2401 Meanings of words and phrases; general definitions and principles of construction.

Sec. 2401. (1) For purposes of this part, the words and phrases defined in sections 2403 to 2408 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2403 Definitions; A to D.

Sec. 2403. (1) "Allowable service" means a health service delivered in a city, county, district, or part thereof, which is not a required service but which the department determines is eligible for cost reimbursement pursuant to sections 2471 to 2498.

(2) "County" includes a unified county unless otherwise specified.

(3) "District" means a multi-county or city-county district served by a health department created under section 2415.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2406 Definitions; L.

Sec. 2406. "Local governing entity" means:

(a) In case of a single county health department, the county board of commissioners.

(b) In case of a district health department, the county boards of commissioners of the counties comprising the district.

(c) In case of a district health department which includes a single city health department, the county boards of commissioners of the counties comprising the district and the mayor and city council of the city.

(d) In case of a single city health department, the mayor and city council of the city.

(e) In the case of a local health department serving a county within which a single city health department has been created pursuant to section 2422, the county board of commissioners elected from the districts served by the county health department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2408 Definitions; R to U.

Sec. 2408. (1) "Required service" means a local health service specifically required pursuant to this part or specifically required elsewhere in state law, except a service specifically excluded by this part or a rule promulgated pursuant to this part.

(2) "Unified county" means a county having an optional unified form of county government under Act No. 139 of the Public Acts of 1973, as amended, being sections 45.551 to 45.573 of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2411 Division of powers and duties.

Sec. 2411. (1) Where the governing entity of a local health department includes a unified county, the powers and duties vested in the county board of commissioners and county executive in that county shall be divided in accordance with Act No. 139 of the Public Acts of 1973, as amended.

(2) Where the local governing entity of a local health department includes a city, the powers and duties vested in the mayor and city council shall be divided as provided by law and the city charter.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2413 County health department; county board of health.

Sec. 2413. Except if a district health department is created pursuant to section 2415, the local governing entity of a county shall provide for a county health department which meets the requirements of this part, and

may appoint a county board of health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2415 Creation of district health department; composition of district board of health.

Sec. 2415. Two or more counties or a city having a population of 750,000 or more and 1 or more counties, by a majority vote of each local governing entity and with approval of the department, may unite to create a district health department. The district board of health shall be composed of 2 members from each county board of commissioners or in case of a city-county district 2 members from each county board of commissioners and 2 representatives appointed by the mayor of the city. With the consent of the local governing entities affected, a county or city may have a greater number of representatives.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2417 Claim against district health department; audit; allowance of claim; report; appeal; apportionment of allowed claims; formula; voucher.

Sec. 2417. A claim against a district health department shall be audited by the district board of health which has the same power to allow the claim that a local governing entity has as to claims against a county or city. If the district board of health meets less often than once a month, a claim may be allowed by the local health officer and 1 member of the district board of health who shall report the action to the board at its next regular meeting. The same right of appeal from the decision of the district board of health as to a claim exists as from a similar decision of a local governing entity. The total amount of the allowed claims shall be apportioned among the local governing entities of the district using a formula approved by the district health board. The formula determined by the district health board shall be approved by the state department of treasury. A voucher for an allowed claim shall be issued by the officers of each local governing entity for its apportioned share.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2419 Employment of personnel; consolidation of functions.

Sec. 2419. Two or more local governing entities may contract for the employment of personnel or the consolidation of functions of their local health departments under a plan approved by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2421 City health department; creation; powers and duties.

Sec. 2421. A city having a population of 750,000 or more may create a city health department which shall be considered a local health department for purposes of this code, if the requirements of sections 2422 to 2424 are met. If a city creates a health department, that department and its local governing entity shall have the powers and duties of a local health department or local governing entity as provided by this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2422 Selection of option by city; notice of intent.

Sec. 2422. Not later than 6 months after the effective date of this part, a city having a population of 750,000 or more shall select an option permitted under this section in a manner consistent with its charter and shall notify the department of the city's intent to do 1 of the following:

(a) Create a city health department pursuant to a plan developed under section 2424.

(b) Join with the county or district in which the city is located to create a district health department pursuant to section 2415 and a plan developed under section 2424.

(c) Decline to exercise the options in subdivision (a) or (b), in which case the local health department otherwise having jurisdiction in the county in which the city is located, pursuant to a plan developed under section 2424, shall assume the powers and duties of a local health department in the city.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2423 Selection of option by city; failure to notify department; continuing local financial support for affected services.

Sec. 2423. Failure to notify the department under section 2422 is considered an exercise of the option in section 2422(c). Selection of the option in section 2422(a) or (b) does not preclude the selection of the option in section 2422(c) and the implementation of section 2424 at a later time. During the transition period, a city exercising the option in section 2422(c) shall continue local financial support for affected services at a level considered by the department to be consistent with support previously provided by the city, or with the requirements of the approved plan.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2424 Selection of option by city; planning period; transition plan; responsibility for local cost of required services; approval of developed plan; disposition of federal funds.

Sec. 2424. (1) A city selecting an option under section 2422 has a planning period of:

(a) One year after the selection of the option in section 2422(a).

(b) Eighteen months after the selection of the option in section 2422(b) or (c).

(2) During the planning period the affected local governing entities shall develop and adopt a plan setting forth the arrangements, agreements, and contracts necessary to establish a local health department pursuant to the exercised option and prescribing a timetable for the indicated transition. The transition plan shall provide that a city shall assume full financial liability for the local cost of services or programs provided by the city or transferred to the city by another local governing entity by virtue of the exercise of the option in section 2422(a). The plan shall include contracts providing that an employee transferred under the plan shall not lose any benefit or right as a result of the transfer. Upon completion of the transition period, a city exercising that option is solely responsible for the local cost of all required services under this part.

(3) By the end of the planning period, the developed plan shall be submitted to the department for approval. If a plan is not submitted or approved, the department shall develop a transition plan during the 6 months after the end of the planning period and, upon completion, the plan shall be an approved plan under this section.

(4) Subject to federal law and regulations, disposition of federal funds shall be made in accordance with the approved plan and option exercised.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2426 Real and personal property of village or township board or department of health; title; use and administration.

Sec. 2426. The title to real and personal property of a village or township board or department of health, including cemetery and trust property, shall vest in the village or township and be held in its name as of the effective date of the repeal by this code of provisions authorizing the creation of boards or departments of health. The property shall be used and administered by the village or township, or appropriate agency thereof, as provided by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2428 Local health officer; appointment; qualifications; powers and duties.

Sec. 2428. (1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.

Sec. 2431. (1) A local health department shall:

(a) Have a plan of organization approved by the department.

(b) Demonstrate ability to provide required services.

(c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and wilful misconduct.

(d) Meet the other requirements of this part.

(2) Each local health department shall report to the department at least annually on its activities, including information required by the department.

(3) In reviewing a plan for organization of a local health department, the department shall consider the fiscal capacity and public health effort of the applicant and shall encourage boundaries consistent with those of planning agencies established pursuant to federal law.

(4) The department may waive a requirement of this section during the option period specified in section 2422 based on acceptable plan development during the planning period described in section 2424 and thereafter based on acceptable progress toward implementation of the plan as determined by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1985, Act 18, Imd. Eff. May 16, 1985.

Popular name: Act 368

333.2433 Local health department; powers and duties generally.

Sec. 2433. (1) A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

(2) A local health department shall:

(a) Implement and enforce laws for which responsibility is vested in the local health department.

(b) Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.

(c) Make investigations and inquiries as to:

(*i*) The causes of disease and especially of epidemics.

(*ii*) The causes of morbidity and mortality.

(*iii*) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(d) Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.

(e) Provide or demonstrate the provision of required services as set forth in section 2473(2).

(f) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.

(g) Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

(3) This section does not limit the powers or duties of a local health officer otherwise vested by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2435 Local health department; additional powers.

Sec. 2435. A local health department may:

(a) Engage in research programs and staff professional training programs.

(b) Advise other local agencies and persons as to the location, drainage, water supply, disposal of solid waste, heating, and ventilation of buildings.

(c) Enter into an agreement, contract, or arrangement with a governmental entity or other person necessary or appropriate to assist the local health department in carrying out its duties and functions unless otherwise prohibited by law.

(d) Adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.

(e) Accept gifts, grants, bequests, and other donations for use in performing the local health department's functions. Funds or property accepted shall be used as directed by its donor and in accordance with the law, rules, and procedures of this state and the local governing entity.

(f) Sell and convey real estate owned by the local health department.

(g) Provide services not inconsistent with this code.

(h) Participate in the cost reimbursement program set forth in sections 2471 to 2498.

(i) Perform a delegated function unless otherwise prohibited by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2437 Exercise by department of public health of power vested in local health department.

Sec. 2437. The department, in addition to any other power vested in it by law, may exercise any power vested in a local health department in an area where the local health department does not meet the requirements of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2441 Adoption of regulations; purpose; approval; effective date; stringency; conflicting regulations.

Sec. 2441. A local health department may adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department. The regulations shall be approved or disapproved by the local governing entity. The regulations shall become effective 45 days after approval by the local health department's governing entity or at a time specified by the local health department's governing entity. The regulations shall be at least as stringent as the standard established by state law applicable to the same or similar subject matter. Regulations of a local health department supersede inconsistent or conflicting local ordinances. .

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 76, Imd. Eff. Apr. 7, 1986;—Am. 2010, Act 72, Imd. Eff. May 13, 2010.

Popular name: Act 368

333.2442 Adoption of regulation; notice of public hearing.

Sec. 2442. Before adoption of a regulation the local health department shall give notice of a public hearing and offer any person an opportunity to present data, views, and arguments. The notice shall be given not less than 10 days before the public hearing and not less than 20 days before adoption of the regulation. The notice shall include the time and place of the public hearing and a statement of the terms or substance of the proposed regulation or a description of the subjects and issues involved and the proposed effective date of the regulation. The notice shall be published in a manner calculated to give notice to persons likely to be affected by the proposed regulation. Methods which may be employed, depending on the circumstances, include publication of the notice in a newspaper of general circulation in the jurisdiction, or when appropriate, in a trade, industry, governmental, or professional publication.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2443 Violation of regulation or order; misdemeanor; penalty.

Sec. 2443. Except as otherwise provided in this act, a person who violates a regulation of a local health department or order of a local health officer under this act is guilty of a misdemeanor punishable by imprisonment for not more than 6 months or a fine of not more than $200.00, or both.

History: Add. 2010, Act 72, Imd. Eff. May 13, 2010.

Popular name: Act 368

333.2444 Fees for services; expenses and compensation.

Sec. 2444. (1) A local governing entity, or in case of a district the district board of health, may fix and require the payment of fees for services authorized or required to be performed by the local health department. The local governing entity or district board may revoke, increase, or amend the fees. The fees charged shall not be more than the reasonable cost of performing the service.

(2) Members of a local board of health may receive necessary traveling expenses for attending meetings and may receive compensation as determined by the local governing entity for each meeting attended.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2446 Inspection or investigation.

Sec. 2446. To assure compliance with laws enforced by a local health department, the local health department may inspect, investigate, or authorize an inspection or investigation to be made of, any matter, thing, premise, place, person, record, vehicle, incident, or event. Sections 2241 to 2247 apply to an inspection or investigation made under this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2448 Intergovernmental contracts; existing contracts not affected.

Sec. 2448. (1) A city, county, district, or part thereof may enter into an intergovernmental contract necessary or appropriate to a reorganization or an assumption or relinquishing of a health jurisdiction or function authorized by this part. The contract shall provide that an employee transferred shall not lose any benefit or right as a result of the transfer.

(2) This section does not affect existing contracts between cities and counties for the provision of health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2451 Imminent danger to health or lives; informing individuals affected; order; noncompliance; petition to restrain condition or practice; "imminent danger" and "person" defined.

Sec. 2451. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in the area served by the local health department, the local health officer immediately shall inform the individuals affected by the imminent danger and issue an order which shall be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the findings of the local health department and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.

(2) Upon the failure of a person to comply promptly with an order issued under this section, the local health department may petition a circuit or district court having jurisdiction to restrain a condition or practice which the local health officer determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.

(3) As used in this section:

(a) "Imminent danger" means a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided.

(b) "Person" means a person as defined in section 1106 or a governmental entity.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2453 Epidemic; emergency order and procedures; involuntary detention and treatment.

Sec. 2453. (1) If a local health officer determines that control of an epidemic is necessary to protect the public health, the local health officer may issue an emergency order to prohibit the gathering of people for any purpose and may establish procedures to be followed by persons, including a local governmental entity, during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

(2) A local health department or the department may provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5238.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2455 Building or condition violating health laws or constituting nuisance, unsanitary condition, or cause of illness; order; noncompliance; warrant; assessment and collection of expenses; liability; judicial order; other powers not affected.

Sec. 2455. (1) A local health department or the department may issue an order to avoid, correct, or remove, at the owner's expense, a building or condition which violates health laws or which the local health officer or director reasonably believes to be a nuisance, unsanitary condition, or cause of illness.

(2) If the owner or occupant does not comply with the order, the local health department or department may cause the violation, nuisance, unsanitary condition, or cause of illness to be removed and may seek a warrant for this purpose. The owner of the premises shall pay the expenses incurred.

(3) If the owner of the premises refuses on demand to pay expenses incurred, the sums paid shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under

the general laws of this state. An occupant or other person who caused or permitted the violation, nuisance, unsanitary condition, or cause of illness to exist is liable to the owner of the premises for the amount paid by the owner or assessed against the property which amount shall be recoverable in an action.

(4) A court, upon a finding that a violation or nuisance may be injurious to the public health, may order the removal, abatement, or destruction of the violation or nuisance at the expense of the defendant, under the direction of the local health department where the violation or nuisance is found. The form of the warrant to the sheriff or other law enforcement officer may be varied accordingly.

(5) This section does not affect powers otherwise granted to local governments.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2458 Establishment of cemetery; requirements; determinations; approval; disposition of plats; vacating cemetery; removal and reinterment of bodies and remains.

Sec. 2458. (1) A person or governmental entity shall not establish a cemetery in this state until a description of the premises and a plat showing the cemetery's division is filed in duplicate with the local health department having jurisdiction of the premises. A local health department shall not approve a proposed cemetery if the local health department determines that establishment or operation of the cemetery would be injurious to the public health. The local health department shall determine whether it is safe and healthful for a cemetery to be established in the proposed location and if the local health department approves the location and the plat of the premises, the local health department shall indorse its approval on both plats. When the establishment of a cemetery is approved, 1 plat shall be returned to the proprietor and the other shall be retained and preserved by the local health department.

(2) The local health department shall supervise activities to vacate a cemetery and the removal and reinterment of bodies and remains.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2461 Violation; schedule of monetary civil penalties; issuance, contents, and delivery of citation.

Sec. 2461. (1) In the manner prescribed in sections 2441 and 2442 a local governing entity may adopt a schedule of monetary civil penalties of not more than $1,000.00 for each violation or day that the violation continues which may be assessed for a specified violation of this code or a rule promulgated, regulation adopted, or order issued which the local health department has the authority and duty to enforce.

(2) If a local health department representative believes that a person has violated this code or a rule promulgated, regulation adopted, or order issued under this code which the local health department has the authority and duty to enforce, the representative may issue a citation at that time or not later than 90 days after discovery of the alleged violation. The citation shall be written and shall state with particularity the nature of the violation, including reference to the section, rule, order, or regulation alleged to have been violated, the civil penalty established for the violation, if any, and the right to appeal the citation pursuant to section 2462. The citation shall be delivered or sent by registered mail to the alleged violator.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2462 Citation; petition for administrative hearing; decision of local health officer; review; petition for judicial review; civil penalty.

Sec. 2462. (1) Not later than 20 days after receipt of the citation, the alleged violator may petition the local health department for an administrative hearing which shall be held within 30 days after the receipt of the petition. After the administrative hearing, the local health officer may affirm, dismiss, or modify the citation. The decision of the local health officer shall be final, unless within 60 days of the decision the appropriate local governing entity or committee thereof, or in the case of a district department, the district board of health or committee thereof, grants review of the citation. After the review, the local governing entity, board of health, or committee thereof may affirm, dismiss, or modify the citation.

(2) A person aggrieved by a decision of a local health officer, local governing entity, or board of health under this section may petition the circuit court of the county in which the principal office of the local health department is located for review. The petition shall be filed not later than 60 days following receipt of the final decision.

(3) A civil penalty becomes final if a petition for an administrative hearing or review is not received within the time specified in this section. A civil penalty imposed under this part is payable to the appropriate local

health department for deposit with the general funds of the local governing entity, or in case of a district, the funds shall be divided according to the formula used to divide other district funds. A civil penalty may be recovered in a civil action brought in the county in which the violation occurred or the defendant resides.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2463 Appearance tickets.

Sec. 2463. In the manner prescribed in sections 2441 and 2442 a local governing entity may designate representatives of the local health department as public servants authorized by law to issue and serve appearance tickets pursuant to sections 9a to 9g of chapter 4 of Act No. 175 of the Public Acts of 1927, as amended, being sections 764.9a to 764.9g of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2465 Injunctive action; liability for damages.

Sec. 2465. (1) Notwithstanding the existence and pursuit of any other remedy, a local health officer, without posting bond, may maintain injunctive action to restrain, prevent, or correct a violation of a law, rule, or order which the officer has the duty to enforce, or to restrain, prevent, or correct an activity or condition which the officer believes adversely affects the public health.

(2) A local health officer or an employee or representative of a local health department is not personally liable for damages sustained in the performance of local health department functions, except for wanton and wilful misconduct.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2471 Program; establishment; objectives.

Sec. 2471. The department shall establish a program pursuant to sections 2471 to 2498 with the following objectives:

(a) To prescribe responsibilities of state and local governments for local health services.

(b) To assure the availability, accessibility, and acceptability of required health services for the people of this state.

(c) To establish the basis for equitable state reimbursement of expenditures to support local health services.

(d) To assure that state reimbursement for reasonable and allowable costs for required and allowable local health services shall be provided at the level necessary to assure maintenance of the services on an equitable basis for the people of this state.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2472 Services eligible for cost sharing; criteria and procedures for additional services; minimum standards for delivery of services.

Sec. 2472. (1) Services which a local health department is required to provide under the program plan described in part 23 are eligible for cost sharing under this part.

(2) The department shall prescribe criteria and procedures for designating additional services proposed by a local health department as allowable services.

(3) The department shall establish minimum standards of scope, quality, and administration for the delivery of required and allowable services not inconsistent with sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2473 Specific objectives of required services; demonstrating provision of service; contracts.

Sec. 2473. (1) Required services designated pursuant to part 23 shall be directed at the following specific objectives:

(a) Prevention and control of environmental health hazards.

(b) Prevention and control of diseases.

(c) Prevention and control of health problems of particularly vulnerable population groups.

(d) Development of health care facilities and agencies and health services delivery systems.

(e) Regulation of health care facilities and agencies and health services delivery systems to the extent

provided by state law.

(2) A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.

(3) The department may enter into contracts necessary or appropriate to carry out this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

Sec. 2475. (1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

(a) First year, 20%.

(b) Second year, 30%.

(c) Third year, 40%.

(d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2476 Reimbursement of certain expenditures prohibited.

Sec. 2476. The following expenditures shall not be reimbursed under sections 2471 to 2498:

(a) Expenditures for required and allowable services to the extent the expenditures are reimbursed from another source such as fees for services or another state or federal program.

(b) Direct capital expenditures for facilities.

(c) Expenditures used to match other state funds.

(d) Expenditures for other services specifically excluded in rules promulgated by the department.

(e) Federal and state categorical health program funds.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2477 Local governing entity not to receive less than received under prior provisions; providing, designating, and reallocating funds; accountability.

Sec. 2477. (1) A local governing entity shall not receive less in any year under sections 2471 to 2498 than it received under Act No. 306 of the Public Acts of 1927, as amended, being sections 327.201 to 327.208a of the Michigan Compiled Laws, in the full state fiscal year immediately before the effective date of this part.

(2) Funds under this part shall be provided to the local governing entity which shall be accountable for substantial conformance with agreements and standards as provided by section 2484. The funds shall be designated for the local health department but may be reallocated through the local health department if services are rendered by other local agencies.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2479 Criteria for determining costs for services.

Sec. 2479. Not later than 1 year after the effective date of this section, the department shall prescribe criteria for determining the reasonable and allowable costs for required and allowable services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2481 Condition for approval of funding.

Sec. 2481. As a condition for the approval of funding for a service under sections 2471 to 2498, a local health department shall:

(a) Provide the required health services which the local health department is designated to provide in substantial accord with the program plan developed under part 23 and rules promulgated under section 2495,

including standards as to the scope and quality of services.

(b) Report its performance and fiscal matters in a form and containing information the department reasonably requires to implement sections 2471 to 2498.

(c) Keep records and afford access to the records by authorized state, federal, and local officials for audit and review purposes necessary to verify and assure the accuracy and acceptability of the reports.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2482 Minimum expenditure for health services; waiving maintenance of local funding; certain services considered health services.

Sec. 2482. (1) The total local appropriations for a local health department expended for health services shall be not less in any year than in the local health department's full fiscal year immediately before the effective date of this part. However, the department may waive maintenance of local funding in extraordinary circumstances.

(2) For purposes of this section, services for which funds under Act No. 306 of the Public Acts of 1927, as amended, were being used on the effective date of this part are considered health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2483 Conditions for reimbursement.

Sec. 2483. A local health department desiring reimbursement under sections 2471 to 2498 shall:

(a) Submit annually to the department a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides. After review and approval by the department, the program statement shall serve as a basis of determining priorities for local development with appropriate state policy and technical assistance.

(b) Submit annually to the department the budget approved by the local governing entity. The budget shall reflect the program statement and include the required services which the local health department provides, other health services proposed for state reimbursement as allowable services, and services proposed for full local or categorical state or federal funding. After review, the department shall determine the services eligible as allowable services for state reimbursement. Determinations regarding proposed allowable services shall be made annually for each local health department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2484 Agreement implementing standards; basis for reimbursement; operating advance; adjustments.

Sec. 2484. (1) Standards of scope, quality, and administration promulgated under section 2495 shall be implemented through an agreement between the department and the local governing entity. An agreement under this subsection shall specify at least the minimum activities agreed upon as necessary for substantial compliance with rules and shall be based upon findings in the annual program statement of the local health department.

(2) A local health department shall be reimbursed on the basis of approved program performance reports as required by this section and sections 2481 and 2483 and on the basis of prescribed fiscal reports reflecting actual, reasonable, and allowable costs incurred pursuant to rules promulgated under section 2495. An operating advance may be provided which shall be replenished as the costs are reported. Adjustments shall be made as necessary to compensate for payments previously made.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2486 Notice of appeal; informal conference; reaffirming, modifying, or revoking decision; hearing; petition for redress.

Sec. 2486. (1) Upon receipt of a notice from a local health department that the local health department wishes to appeal a department decision relative to the implementation of sections 2471 to 2498, the department shall schedule an informal conference to be attended by representatives of the jurisdiction affected by the decision and representatives of the department. After the conference the department may reaffirm, modify, or revoke its decision.

(2) Upon request, a local health department adversely affected by a decision of the department as to service eligibility, development priorities, allowable services, minimum activities necessary for substantial

compliance, a decision under section 2235, or the level of reasonable and allowable costs shall be granted a hearing. The local governing entity may pursue further appeal by petition to the appropriate circuit court for redress.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2488 Appropriation request to include funds for reimbursement of local health departments; basis of sums requested.

Sec. 2488. A separate part of the department's annual health appropriation request shall include funds to reimburse local health departments for expenditures incurred to establish and maintain required and allowable health services. The sums requested shall be based on reasonable and allowable costs for required and allowable services at projected levels for the next fiscal period and shall be used for reimbursing local health departments which have complied with sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2490 Administration of MCL 333.2471 to 333.2498.

Sec. 2490. Sections 2471 to 2498 shall be administered in a manner consistent with the requirements of federal law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2492 Status report; appropriation for development and implementation of evaluation and related training.

Sec. 2492. (1) At the end of the second full state fiscal year after the effective date of this part, the department shall report to the governor and legislature as to the status of required and allowable health services in relation to standards, costs, and health needs of the people of this state.

(2) An amount equal to 1% of the estimated total expenditures for the required and allowable local health services shall be appropriated to the department annually for the development and implementation of evaluation and related training for local health departments and department staffs in the delivery of the required and allowable health services authorized under sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2495 Rules; determinations; review and comment.

Sec. 2495. (1) The department shall promulgate rules and may make determinations necessary or appropriate to implement this part, consistent with this code, including the establishment of minimum standards for health officers, development plans, the designation of allowable services, and the quality, delivery, and reasonable costs for required and allowable services.

(2) Not less than 30 days before promulgation of a rule establishing minimum standards for the quality, delivery, or reasonable costs for required and allowable services, the department shall request the Michigan association of counties, the Michigan health officers association, the Michigan association of local environmental health administrators, and the Michigan association of local public health administrators to review and comment on the rule. This subsection does not limit review and comment by additional governmental and professional organizations or by other persons.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.13001 et seq. and R 325.13051 et seq. of the Michigan Administrative Code.

333.2497 Administrative compliance order.

Sec. 2497. Upon a finding that a local health department is not able to provide or to demonstrate the adequate provision of 1 or more of the required services, or fails to meet the requirements of this part or the rules promulgated under this part, the department may issue an administrative compliance order to the local health department's local governing entity. The order shall state the nature of the deficiencies and set forth a reasonable time by which the deficiencies shall be corrected.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2498 Petition for administrative hearing; finality of order or compliance date; reaffirming, modifying, or revoking order; modifying time for compliance; petition for writ of mandamus.

Sec. 2498. (1) Within 60 working days after receipt of an administrative compliance order and proposed compliance period, a local governing entity may petition the department for an administrative hearing. If the local governing entity does not petition the department for a hearing within 60 days after the receipt of an administrative compliance order, the order and proposed compliance date shall be final.

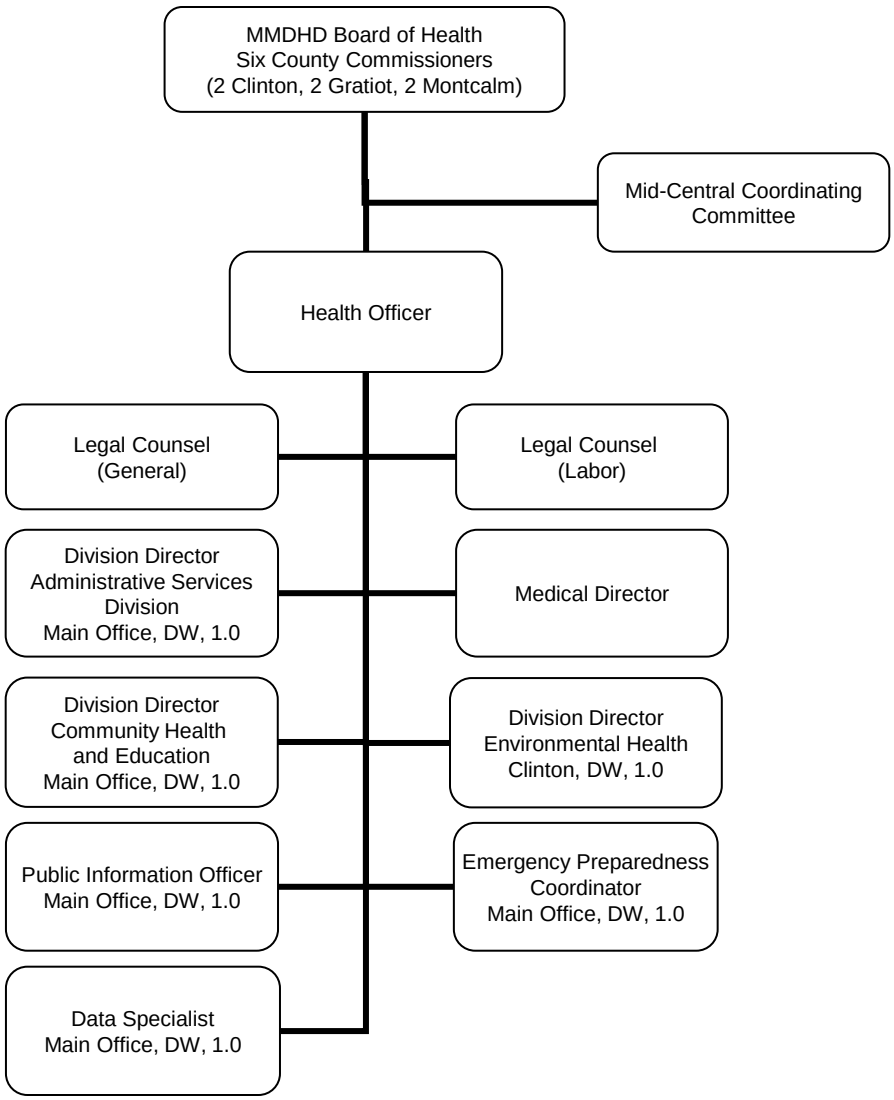
(2) After a hearing, the department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.

(3) If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the department may petition the appropriate circuit court for a writ of mandamus to compel correction.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

FY 14-15
Mid-Michigan District Health Department



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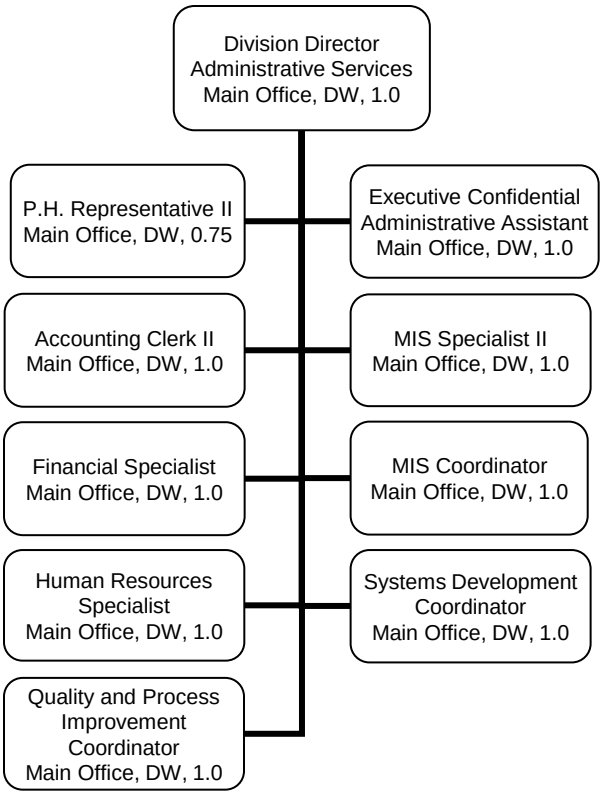
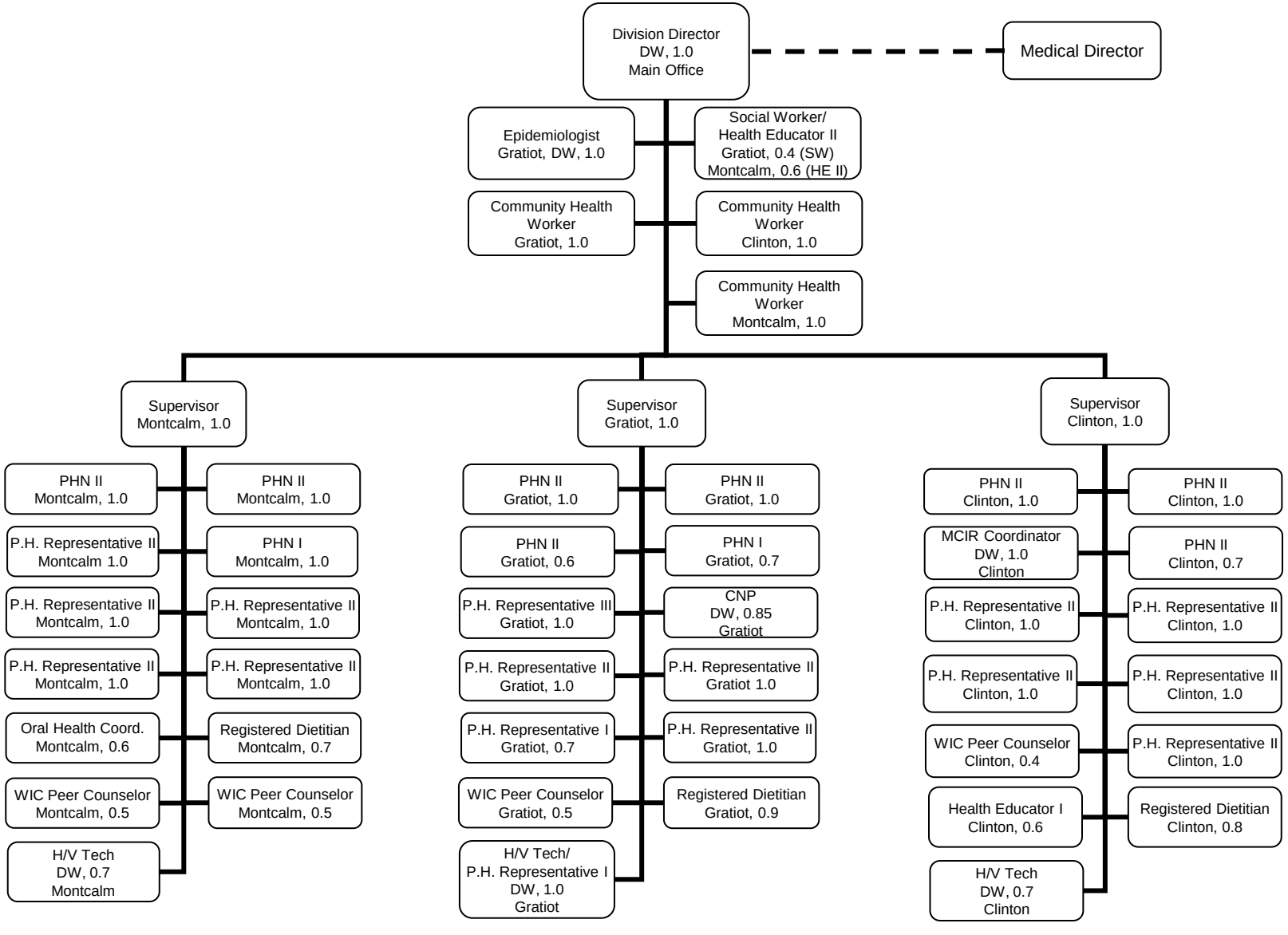
FY 14-15
Mid-Michigan District Health Department
Administrative Services Division

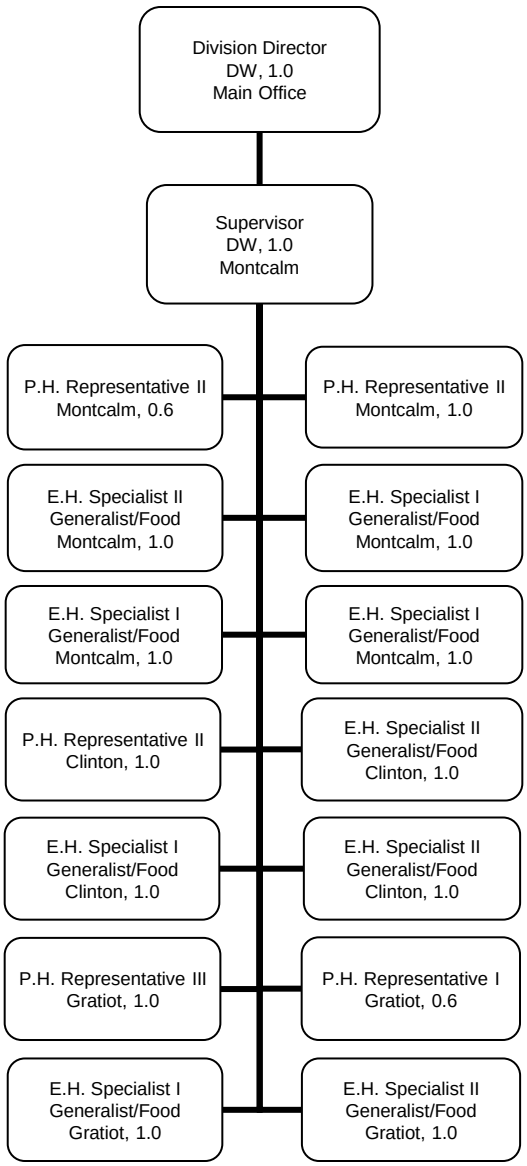


FY 14-15
Mid-Michigan District Health Department
Community Health and Education



10/01/2014

FY 14-15
Mid-Michigan District Health Department
Environmental Health Division



10/01/2014

MISSION

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.

VISION

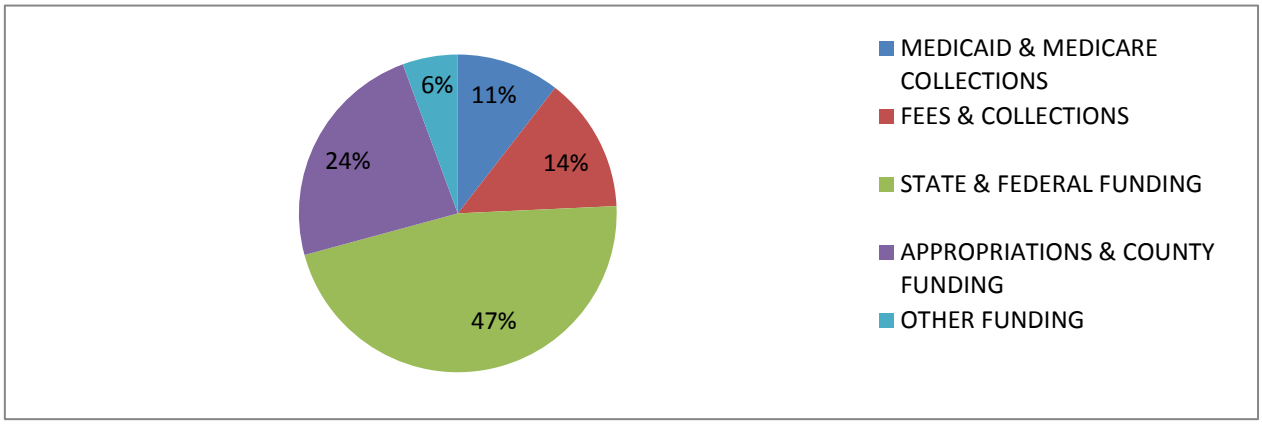
Your public health team, connecting with our communities to achieve healthier outcomes.

FY 14/15 Budget

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

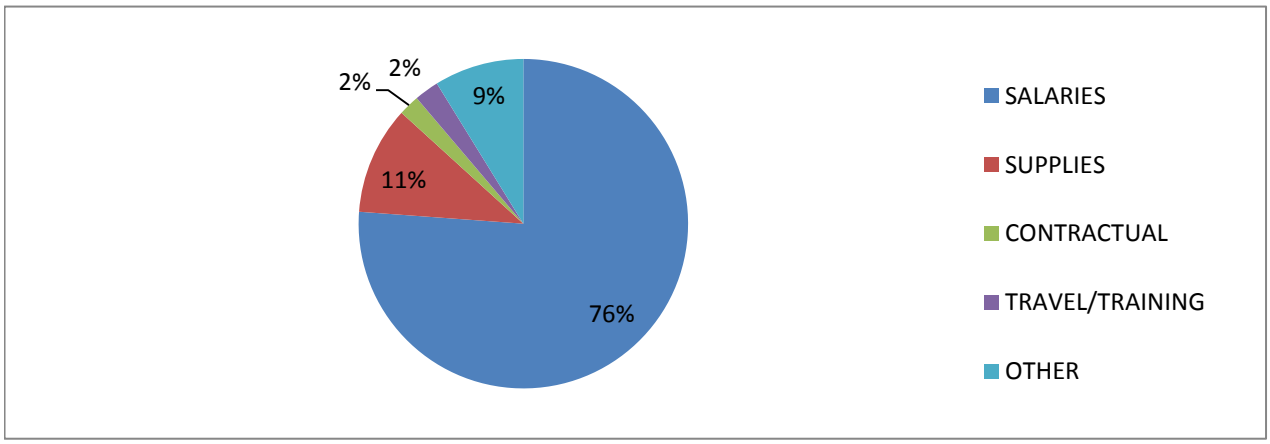
REVENUES

MEDICAID & MEDICARE COLLECTIONS	$	619,344.00	11%
FEES & COLLECTIONS	$	811,822.00	14%
STATE & FEDERAL FUNDING	$	2,743,360.00	47%
APPROPRIATIONS & COUNTY FUNDING	$	1,391,643.00	24%
OTHER FUNDING	$	331,660.00	6%
TOTAL	$	5,897,829.00	100%



EXPENDITURES

SALARIES	$	4,491,599.00	76%
SUPPLIES	$	624,750.00	11%
CONTRACTUAL	$	120,500.00	2%
TRAVEL/TRAINING	$	142,000.00	2%
OTHER	$	518,980.00	9%
TOTAL		5,897,829.00	100%



Essential Local Public Health Services

(Formerly Known as Local Public Health Operations (LPHO)-Cost Shared Services)

Food Service Sanitation

This service is intended to minimize the risk of foodborne illness to persons consuming food from licensed food service establishments. Secondary objectives include the satisfaction of reasonable customer expectations relative to sanitation, and protection of the environmental quality in the vicinity of food service establishments. Elements of this service include plan reviews, licenses and permits, inspections, complaint investigations, enforcement actions, and investigations of reported cases of foodborne diseases.

Drinking Water Supply

The Drinking Water Supply Program (Groundwater Quality Program at MMDHD) works through education and regulation to assure the proper installation, operation and abandonment of the water supplies serving private and public water supply users. This is accomplished through issuance of well permits for all water wells, inspection of well construction techniques, monitoring of water quality and areas of known or suspected areas of contamination.

On-Site Sewage Disposal Management

The On-Site Sewage Disposal Management Program consist of the review of sites proposed for sewage disposal, issuance and/or denial of permits, sewage disposal system evaluations, and inspections, plan review, review of proposals for alternative sewage disposal systems, investigations, and enforcement.

Hearing Screening

Hearing services include screening of hearing problems, referral, and health education for the prevention of deafness and the amelioration of hearing problems. The primary focus of hearing services is preschool children (ages 3-5 years) and school-age children.

Vision Screening

Vision services include screening, health education and referral for the prevention of blindness and the amelioration of vision problems. The primary focus of vision services is preschool children (ages 3-5 years) and school-age children.

STD

This program element addresses diseases transmitted through sexual contact, primarily syphilis, gonorrhea, chlamydia, and HIV; the element targets the immediate effects and long-term sequelae, as well as prevention of the infections. Surveillance, screening clinical services, sexual partner referral, and education are major program components.

Immunization

This program element entails the provision of immunizations to the entire population, with special emphasis on pediatric populations, including proper storage, handling and distribution; the assessment of immunization coverage levels to identify susceptible populations and to evaluate the effectiveness of immunization programs; and the assurance of complete immunization coverage among children enrolled in school, day care or other preschool programs.

General Communicable Disease Control

This program renders services that cut across the full range of communicable diseases, including the vaccine preventable diseases, the sexually transmitted diseases, human immunodeficiency virus (HIV) related disease, and tuberculosis. The activities of this program are directed toward preventing communicable disease, the gathering of information concerning the occurrence of communicable diseases, investigating cases and outbreaks of communicable disease, evaluating data and case information, offering treatment in certain instances, and instituting measures to control epidemics.

Benefits of Participation in Michigan's Local Public Health Accreditation Program

Assuring and enhancing the quality of local public health in Michigan

ACCREDITATION

The mission of the Accreditation Program is to assure and enhance the quality of local public health in Michigan. The Program does this by identifying and promoting the implementation of public health standards for local public health (LPH) and evaluating and accrediting on their ability to meet these standards. The Program's goals are to:

- assist in continuous quality improvement;
- assure a uniform set of standards that define public health;
- assure a process by which the state can ensure local level capacity to address core functions; and
- provide a mechanism for accountability.

HISTORY

These early collaborative efforts defined attributes of a local health department (LHD) and served as the basis for the Accreditation Program.

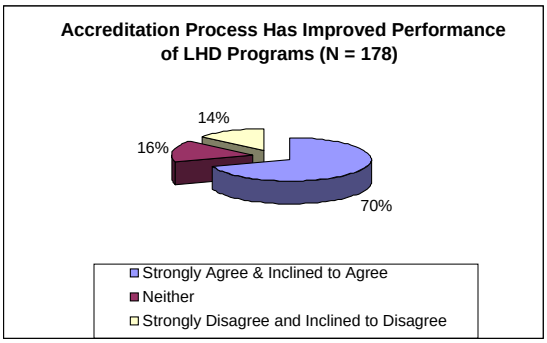
- *1978* - Public Health Code enacted
- *1980* - Minimum Program Requirements (MPRs) were developed to help monitor services delivered at the local level
- *1989* - Assessment Protocol for Excellence in Public health (APEXPH) tool was used as a means to assess and enhance public health core capacities
- *1989-1992* - Established Committees One and Two (comprising state/local public health leaders) recommended pursuing accreditation
- *1999* - Local Public Health Accreditation Program began

LHD ACCREDITATION SUPPORT

In 2003, the Accreditation Quality Improvement Process (AQIP) began. AQIP is a locally-driven workgroup convened to provide leadership and direction for accreditation quality improvement. The group conducted a statewide survey in 2003 to learn what and how to improve the Program. Survey results produced 44 recommendations for improvement which have been implemented. Largely, local public health professionals believe accreditation has improved the performance of LHD programs.

According to 180 AQIP survey* responses:

- 80% believe that Accreditation is an opportunity for constructive program related dialogue;
- 81% agree that the On-site Review Report assists the LHD as a tool for performance improvement; and
- 70% agree that overall, accreditation process has improved LHD program performance.



BENEFITS OF ACCREDITATION

- Maintain LHDs ability to remain current regarding public health practice and science.
- Provide state and local governing entities (LGE) a clear definition of grant-funded services that must be in place in order to qualify as an accredited LHD.
- Provide to LHDs improved coordination of on-site reviews of state funded programs.
- Enhance LHDs reputation with the community, partners and stakeholders.
- Assess local efforts to deliver to citizens a consistent set of services at each LHD.
- Opportunity to communicate with the LGE and community the unique role of public health.
- Opportunity to identify areas where quality improvement is needed.

*AQIP reports found at http://www.accreditation.localhealth.net/ (AQIP)

PHAB

Advancing public health performance

Public Health Accreditation Board

STANDARDS: AN OVERVIEW

VERSION 1.0

APPLICATION PERIOD 2011–2012

APPROVED MAY 2011

ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards

Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan

Standard 5.4: Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

Standard 6.2: Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care services

Standard 7.1: Assess Health Care Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

QUALITY IMPROVEMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

ADMINISTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is "what" the health department provides in services and activities, irrespective of "how" they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.0 document, available at www.phaboard.org, for the full official standards, measures, required documentation, and guidance.

ELIGIBLE HEALTH DEPARTMENTS

Health departments must submit their community health assessment, community health improvement plan, and department strategic plan to PHAB in order to be eligible to apply for accreditation.

TRIBAL HEALTH DEPARTMENTS

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government,[1] Tribal organization or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership or formal collaboration.

1. As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.

STATE AND TERRITORIAL HEALTH DEPARTMENTS

A state or territorial health department is defined, for the purposes of PHAB accreditation, as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state or territorial constitution, statutes or regulations, or established by Executive Order. State or territorial health departments may also apply if they are part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions. However, PHAB will review and accredit only the public health function of the health department.

LOCAL HEALTH DEPARTMENTS

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department, or a city, city-county, county, district, or regional health department.

PUBLIC HEALTH ACCREDITATION BOARD
1600 Duke Street, Suite 440
Alexandria, VA 22314
T: 703.778.4549
F: 703.778.4556
www.phaboard.org

The goal of national public health department accreditation is to improve and protect the public's health by advancing the quality and performance of public health departments.

The **Public Health Accreditation Board (PHAB)** is the national organization that accredits Tribal, state, local, and territorial public health departments.

This publication was supported through grant funding from the Robert Wood Johnson Foundation (RWJF) and Cooperative Agreement #5U38HM000415-04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or RWJF.

Environmental Health Programs

Food Service Sanitation Program
- Provide educational programs on food safety
- Inspect and license locations of public food preparation
- Review new food service establishment plans
- Investigate complaints regarding food establishments

Sewage Disposal/Water Well Program
- Prevent public exposure to untreated wastewater
- Issue permits for installing or repairing sewage disposal and water supply systems
- Protect groundwater quality
- Provide educational programs

Department of Human Services (DHS) Inspections
- Inspect child and adult facilities for compliance with health and social service standards

Loan Evaluation Program
- Perform evaluations of water supply and sewage disposal systems for compliance as required by some loan programs and sales transactions

Septage Waste Haulers
- Regulate the service of septic tanks and portable toilets and the transport/disposal of septage waste

Campground Inspections
- Annual inspections of campgrounds for compliance with public health standards

Public Swimming Pool Program
- Regulate public swimming pools, spas and hot tubs for compliance with public health standards

Unsanitary Condition Investigation
- Written complaints of health nuisances are investigated

Other
- Indoor Air Quality - provide radon test kits
- Rabies Control - investigation of animal bite complaints
- Mercury Spill Response - investigation of mercury spills, including consultation for proper disposal
- Plats/Subdivision Program - Evaluation of plats/sub-divisions relative to state statutes
- Body Art Facility - Regulate fixed and temporary facilities for compliance with public health standards
- Medical Waste Consultation- consult with medical waste producers to assure compliance

Clinton County Branch Office

1307 E. Townsend Road
St. Johns, MI 48879
989-224-2195
FAX 989-224-4300

Gratiot County Branch Office

151 Commerce Drive
Ithaca, MI 48847
989-875-3681
FAX 989-875-3747

Montcalm County Branch Office

615 N State Street; Suite 1
Stanton, MI 48888
989-831-5237
FAX 989-831-5522

Mission
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.

Vision
Your public health experts, connecting with our communities to achieve healthier outcomes.

Client Satisfaction Survey
Mid-Michigan District Health Department's Client Satisfaction Survey is available online at
www.mmdhd.org

We value your input and look forward to hearing from you!

Find us on Facebook

Mid-Michigan District Health Department

PREVENTIVE HEALTH SERVICES
MID-MICHIGAN DISTRICT
HEALTH DEPARTMENT
CLINTON*MONTCALM*GRATIOT

SERVICES BROCHURE

www.mmdhd.org

Community Health and Education Programs

Breast and Cervical Cancer Control Program (BCCCP)
- Physical examinations, including pap smears and mammograms for qualified women
- Referral and follow-up

Communicable Disease Control
- Investigate diseases to prevent spread in the community
- Inform those who may have been exposed
- School consultations

Immunization Program
- Provide vaccinations for all ages
- Michigan Care Improvement Registry (MCIR)
- Physician office technical assistance
- Day care and school-health immunization compliance review

Family Planning Program
- Birth control education, physicals and supplies for males and females
- Pregnancy testing

Health Education
- Provides information and resources on health topics
- Collaboration with community groups and agencies in promoting healthier lifestyles
- Speakers available on health topics

Hearing and Vision Screening
- Hearing and vision screening for preschool and school-age children
- Referrals to health care providers

HIV Counseling and Testing
- Anonymous and confidential testing

Sexually Transmitted Diseases (STD)
- STD testing, treatment and counseling
- Partner notification and follow-up

Tuberculosis Control (TB)
- TB skin testing
- TB medication and monitoring

Maternal and Infant Health Plan (MIHP)
(Home-based services provided in a variety of settings by a nurse, social worker and/or registered dietitian)
- Care and case coordination
- Childbirth/parenting, health and nutrition education
- Client advocacy and referrals
- Transportation assistance
- Strengths, risk assessment and problem solving
- Smoking cessation education

Women, Infants and Children (WIC)
- Nutrition education and food benefits for qualified women, infants and children up to age 5
- Breastfeeding support

Blood Lead Screening and Education

Oral Health Initiatives
- Provide sealants, fluoride varnish and education to preschool and school-age children

Emergency Preparedness Response
- MMDHD works closely with community partners and county, state and federal officials to plan for and coordinate public health's response to emergencies (e.g. mass vaccination clinics). Information, guidance and support are provided to our communities to mitigate the impact of disasters

Dental Clinics
(Operated by Michigan Community Dental Clinics)

Community-Based Dental Clinic- St. Johns
- Serving Medicaid eligible adults in Clinton and Gratiot Counties

Montcalm Area Community Dental Clinic -Sidney
- Serving Medicaid and low-income, uninsured patients in the Montcalm County area

Access to Care

Children's Special Health Care Services
- Provides medical advocacy and financial assistance for children with qualifying medical conditions

Maternity Outpatient Medical Services (MOMS)
- Application assistance for pregnant women applying for health care coverage
- Coordination of services for pregnant women

MIChild
- Insurance program for children of qualifying Michigan working families

Healthy Kids
- Provides health care coverage for qualifying pregnant women, babies and children under age 19

Mental Health Services
- Provide counseling services to uninsured and Medicaid recipients

Community Health Worker
- Identifies the health and social services needed to improve one's health
- Helps manage chronic health conditions and links participants to primary medical care
- Helps with food, housing, and transportation needs
- Reduces unneeded hospitalizations and emergency room visits
- Services free to those who qualify
- May not be available in all counties

"We look forward to serving you!"

Board of Health Actions and Outcomes
October 2013 through September 2014
Edited for Conciseness

October 2013

- **The agency successfully passed accreditation and the staff will be presented with an Accreditation Certificate in December. Commissioners are encouraged to attend one of the follow presentations: Community Health & Education Staff Meeting at the Gratiot-Isabella RESD in Ithaca on Friday, December 6th at 9 a.m. or Environmental Health and Administrative Services staff at the Montcalm County Administrative Offices in Stanton on Thursday, December 12th at 9 a.m. Mark Miller, Director of Local Health Services, at the Michigan Department of Community Health will attend to present the award.**

  In the past the presentations were made to County Boards of Commissioners. This time the BOH decided it should be for staff. Staff said they were very excited to hear how highly regarded the Department is.

- **Dr. Graham explained the goals of the American Board of Internists and the American Academy of Family Physicians to make recommendations based on research on health outcomes, scrutinizing the standards of care to ensure situations are handled producing more benefit than harm. The Board of Health approved the following Monthly Board of Health Healthy Living Recommendations for the month of November:**

  - **That patients talk to their doctor about the risks and benefits of the plan of care prescribed by their doctor.**
  - **The Board of Health recommends that uninsured or underinsured people sign up for health insurance.**

- **The Board of Health received an update regarding the Affordable Care Act and the agency's activities. The agency is now a Certified Application Counselor organization and has two trained staff assisting residents with the process district-wide. The Board approved an increase of .15 FTE for one of the temporary part-time staff.**

  Medicaid and Marketplace enrollment in Gratiot and Montcalm counties significantly exceeded statewide averages.

November 2013

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendations for the month of December:**

  - **Get a flu shot before going to Grandma's House for Thanksgiving.**
  - **Baked yams, sweet potatoes, and baking potatoes are a good source of nutrients. They are an excellent and economical source of calories.**
  - **Have a Happy Thanksgiving!**

- **The Board of Health approved use of the Eljen Geotextile Sand Filter septic system within the district.**

  The systems turned out to be too expensive for the local market and none have been installed. Elgen may ask for approval of an alternate plan in the future.

December 2013

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendations for the month of January:**

  - ***Read and follow directions for all pesticides used in the home. Never use pesticides intended for outdoor use inside the home.***

January 2014

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of February:**

  - ***Get a flu shot***
  - ***Encourage new moms to breastfeed their babies for at least the first six months.***

- **The Board of Health took action to enforce the Food Code by establishing a Formal Hearing Board to convene a Formal Hearing to consider limiting, suspending, or revoking the Food Service License for the Classic Pub & Grill in DeWitt. Commissioners Tom Lindeman (Montcalm County) and Jack Enderle (Clinton County) will serve on the Formal Hearing Board, together with Marcus Cheatham. Pursuant to the law, the hearing will be scheduled within 30 days.**

  Classic Pub did not undertake a corrective plan of action and remains on a limited license.

February 2014

- **As the agency is now able to bill commercial insurances, reimbursement became available for several different condyloma (genital warts) treatments. The Board of Health approved fees for the services provided for condyloma treatment effective March 1, 2014.**

  Commercial billings are an increasingly sizeable portion of our revenue.

- **Ingham County has offered the agency a grant for a Community Health Worker (CHW) for their Ingham County HUB to connect Clinton County residents to needed services. The grant is for FY 14/15, with the possibility of additional funding in subsequent years. The Board of Health approved the Community Health Worker Job Description at the Teamsters Local 214, T4 level.**

  The CHW program has been very successful and caseloads are higher than statewide averages.

- **The Board of Health approved the purchase of two modules (Case Management and Sexually-Transmitted Diseases) for the agency's Insight Software at a cost of $15,000 to be paid from the Equipment/Technology fund balance. The modules will improve processes in the clinical programs.**

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of March:**

  - ***Women planning to become pregnant should quit smoking and alcohol consumption, eat food high in folic acid such as leafy green vegetables, fruits, dried beans, peas, nuts***
  - ***Women planning pregnancy should see a doctor prior to conception for a health review and prenatal testing and bring mom's immunizations up to date***
  - ***After delivery, parents should insist on a smoke-free environment[1]***

  [1]Evidence-Based Prenatal Care: Part I. General Prenatal Care and Counseling Issues, April 5, 2005, American Family Physician

- **As a component of the agency's Performance Management System, the Quarterly Service Report (QSR) was modified to make the report more useful and user-friendly. After review of the proposed changes to the Quarterly Service Report, the Board of Health gave their support for the new format.**

  Using the QSR as a model MIS is moving forward on automating our performance management system.

March 2014

- **The Board of Health approved the agency's FY 12/13 Audit which showed an unmodified, clean opinion.**

- **The Board of Health authorized the agency to pay $3,788 from the Deferred Revenue Dental Outreach reserve to Sheridan Community Hospital to support a one day per month hospital-based dental clinic serving children and adults with developmental disabilities.**

The clinic is up and running and treating patients.

- **The agency learned that in conjunction with the fluoride varnish applications provided in the Women, Infants, and Children's Program, it was possible to bill for oral screenings performed by a Public Health Nurse. The Board of Health approved a $15.00 oral screening fee retroactive to March 1, 2014.**

  MIS has programmed a WIC fluoride varnish module in Insight and the billing is going smoothly.

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of March:**

  - ***Whooping cough continues to spread through our communities. Pregnant women, family members and care givers of newborns are urged to get vaccinated against whooping cough[i]***

    [i] ***MMWR** December 15, 2006 / 55(RR17); 1-33*

- **The 2014 County Health Rankings were released for the 82 counties in Michigan and the following are the results for our district:**

  - **Clinton County ranked 3 for Health Outcomes and Health Factors (improved from 4 to 3 in Health Factors)**
  - **Gratiot County ranked 48 for Health Outcomes and 44 for Health Factors (improved from 49 to 48 in Health outcomes and 56 to 44 in Health Factors)**
  - **Montcalm County ranked 27 for Health outcomes and 42 for Health Factors (improved from 50 to 42 in Health Factors)**

April 2014

- **The Board of Health approved the use of a new brand of Aerobic Treatment Unit (ATU) within the district, pending receipt of a written recommendation from the Director of Environmental Quality.**

- **The Board of Health authorized the Board Chairperson to sign Resolution 01-2014 to support restoration of funding for Essential Local Public Health Services (ELPHS).**

  The State of Michigan did restore the funding to previous levels.

May 2014

- **The agency has held discussions with the Montcalm County Controller/Administrator about the possibility of taking over the Montcalm County Solid Waste Program. This would bring additional revenue for the agency; however, the agency would need to hire an additional Environmental Health Sanitarian. After discussion, the Board of Health recommended that Marcus Cheatham and Bob Gouin continue discussions with Montcalm County and bring a detailed proposal before the Board at their June meeting.**

  MMDHD did take over the program which has been running smoothly.

- **Bonnie Havlicek, Director of Community Health and Education Division announced her resignation from her position effective June 27, 2014. The agency would present a staffing plan at the June Special Finance Committee Meeting.**

- **The Board of Health approved the Hydro-Action Aerobic Treatment System for use within the district.**

June 2014

- **The Board of Health approved the agency's Staffing Transition Proposal effective June 30, 2014. Andrea Tabor has accepted the Director of Community Health and Education position and her former position of Health Services Administrator will not be filled at this time. The responsibilities of the Health Services Administrator will be distributed to staff with Ross Pope taking on the bulk of the responsibilities for national accreditation and quality improvement; being promoted to Quality & Process Improvement Coordinator. Health department participation in community meetings would be decreasing as a result of the cutbacks.**

- **The Board of Health approved an Agreement with Montcalm County for Resource Recovery Services.**

- **The Board of Health approved an Associated Agreement with Central Michigan District Health Department, District Health Department #10, and the Mid-Michigan District Health Department for continued shared physician services.**

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of July:**

  - ***Users of e-cigarettes should take precautions to keep e-cigarettes and the drug-containing liquids out of reach of children.***
  - ***Use of fluoridated community drinking water is a safe and healthy practice.***

July 2014

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of August:**

  - ***Parents should follow the Safe to Sleep® guidelines to reduce the risks of a child dying from SUIDS. Always put an infant to bed on their back on a firm mattress with nothing in the bed such as a pillow, stuffed animals, and blankets; and the infant should be dressed in clothing that keeps the child comfortably warm and not hot. Infants should not be put to bed with another person.***

  - ***Parents are urged to talk to their family doctor about immunizations before they decide whether or not to vaccinate their children.***

- **The Board of Health adopted the Well and Septic Stakeholder Committee's recommendations as outlined in the report, *Implementing the Upper Maple River Watershed Plan: Approaches to Decreased Environmental and Public Health Risks from Failing Well and Septic Systems, July 10, 2014*. Additionally, the Board of Health authorized the agency to move forward with the recommendations, with potential funding to support the activities coming from the Clinton County Conservation District.**

  The recommendations will be presented to the County Commissioners at the Commissioners forum.

- **Marcus Cheatham, Health Officer informed the Board that the Michigan Department of Environmental Quality is contemplating a change in the Water Well Program called the Revised Total Coliform Rule (rTCR). This change would significantly increase the amount of testing that facilities on wells that serve water to the public must do (rural businesses, churches, schools, etc.). It would also increase the cost of the Water Well Program. Although no revenues have been identified by the State to offset this.**

  Health Officers have met with MDEQ and requested that the rules not be implemented without funding.

August 2014

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of August:**

  - ***Travel to West Africa should be postponed until there is evidence from the CDC and the World Health Organization that the Ebola virus disease outbreak has ended.***

- **The Board of Health also accepted Dr. Graham's recommendation to exclude all unvaccinated children from the school where a case of Pertussis/Whooping Cough is diagnosed in a child until one week after the last case occurs in that school.**

  Schools were notified of this recommendation.

- **The Board of Health approved the hiring of two Community Health Workers (CHWs) for the Pathways to Better Health for Gratiot and Montcalm Counties effective October 1, 2014. Funding to hire the CHWs was received from the Mid-Michigan Health Plan.**

This completes a major part of the agency's strategic plan.

September 2014

- **The Board of Health approved the following Monthly Board of Health Healthy Living Recommendation for the month of October:**

  Everyone over the age of six months should get a flu shot. Everyone two months of age and older should begin vaccination against whooping cough or have a completed series against whooping cough.

- **The Board of Health approved the FY 13/14 Amended Budget as proposed.**

- **The Board of Health approved changes to the FY 14/15 Fee Schedule as proposed: Environmental Health Division - Irrigation Well Permit Application fee of $333; Community Health and Education Division— Paraguard IUD fee of $485 and Mirena IUS fee of $670.**

- **As the Associated Agreement for sharing Epidemiologist Services between the Mid-Michigan District Health Department (MMDHD) and the Central Michigan District Health Department was up for renewal, the Board of Health authorized the Board Chair to sign the Agreement.**

- **Upon recommendation of the Personnel Committee, the Board of Health authorized the Board Chair to sign the Teamsters Local 214 ratified Contract.**

- **Upon recommendation of the Personnel Committee, the Board of Health authorized the Board Chair to sign the Health Officer's Contract.**

- **The Board of Health approved vacation leave for the Health Officer September 27 through October 5, 2014 and appointed Melissa Bowerman, Director of Administrative Services as the Person in Charge during his absence.**

- **The Board of Health approved the FY 14/15 MMDHD Organizational Charts.**

- **M. Cheatham provided a grant update stating that the following funds were received:**
  - **$21,000 for expansion of the Montcalm Area Community Dental Clinic, increasing the operatories from six to eight**
  - **$5,000 for the Women, Infants, and Children (WIC) fluoride varnish program**
  - **$73,669 to support the work of the Clinton Substance Abuse Coalition**

- **The Board of Health accepted and placed on file a summary of Board of Health Actions and Outcomes, August 2013 through August 2014.**

Mid-Michigan District Health Department

CLIENT SATISFACTION SURVEY

- **Community Health & Education Services**
- **Environmental Health Services**

Fiscal Year 2013-14
October 01, 2013 – September 30, 2014

Summary of Results - Fiscal Year 2013-14

Clients are currently offered a survey after receiving one of the services provided by MMDHD's three branch offices. The following results represent only those clients completing a survey; therefore, one should understand the findings in this report may not necessarily be representative of all clients at MMDHD.

A total of 494 surveys from the three counties (Clinton, Gratiot and Montcalm) were completed by clients during the 2013-14 fiscal year (10/01/2013 through 09/30/2014) and used for this analysis. This represents a decrease of 396 surveys from the previous fiscal year. The completed surveys this fiscal year represent the Health Department's Environmental Health (EH) services [107 total surveys: 42 Clinton, 29 Gratiot, 36 Montcalm], and Community Health & Education (CHED) services [387 total surveys: 38 Clinton, 230 Gratiot, 119 Montcalm].

Client Demographics – CHED and EH Programs

Of the 107 EH survey respondents, 90% indicated that service was provided via a scheduled appointment; the remainder being unscheduled visits (3%), or not indicated by the client (7%). Nearly three-quarters (74%) reported an appointment waiting time of *15 minutes or less*, while 12% waited *16-30 minutes*, and 5% indicated waiting *more than 30 minutes* (9% did not respond to the question). Of the 107 EH survey respondents, the vast majority were participants in the on-site Food Safety training program or the Register for Quality septic installer training. Approximately 68% of EH respondents were aware of MMDHD's services through the use of public health services in the past. Others indicated they were aware through their employer or through a friend or family member. None of the respondents indicated that current hours of operation were inconvenient, but given an opportunity to suggest the most convenient alternative hours, 10% percent indicated from 6 a.m. to 8 a.m. would be preferred.

Of the 387 CHED survey respondents, 77% were provided services via a scheduled appointment; the remainder being "walk-in" visits (18%), phone contact (0%), or not indicated by the client (5%). Approximately 78% reported an appointment waiting time of *15 minutes or less*, while 13% waited *16-30 minutes*, and 4% indicated waiting *more than 30 minutes* (5% did not respond to the question). Of the 387 CHED respondents, 44% were WIC clients, 21% Family Planning clients, 20% Immunization clients, 4% Vision/Hearing screening clients, 3% communicable disease clients, 1% MIHP clients, 1% CSHC clients, and 4% "other" services (primarily Medicaid outreach and those using multiple CHED services). About 13% of CHED respondents indicated they had never used services before, while 63% used them 1-20 times, and 21% have used services more than 20 times (3% did not respond). The largest share (51%) of respondents heard about MMDHD's services through a friend or family member, while another 23% heard through a health care provider and 3% heard of services through a local school. Of the 128 clients who responded to the question, 25% indicated they had visited the MMDHD website.

Client Satisfaction Results – Quality of Service Questions

Survey questions were designed to reflect important aspects of service provided by the EH and CHED departments. They are:

EH Services	CHED Services
1. I am satisfied with the service I received today.	*1. The Health Dept program has made a positive difference for my child or me.*
2. Receptionist treated me with respect and was helpful.	*2. Health Dept. staff was friendly and respectful.*
3. Receptionist was knowledgeable of services I requested.	*3. Health Dept staff could answer my questions and gave me useful information.*
4. Receptionist attended to me in a timely manner.	*4. When calling Health Dept, I can reach staff when I need to.*
5. The person who delivered services to me was friendly and respectful.	*5. The Health Dept office was easy for me to find.*
6. The person delivered services to me in a timely manner.	*6. I am satisfied with the service I received today.*
7. The service person was capable and could answer my questions.	
8. The Health Department hours of operation are convenient for me.	
9. When calling the Health Department, I can reach the staff when I need to.	
10. The Health Department office was easy for me to find.	

To measure client satisfaction in these ten areas, a Likert-type scale of measurement was employed, where 5 = "Strongly agree", 4 = "Agree", 3 = "Neutral", 2 = "Disagree", 1 = "Strongly Disagree." Comments were also solicited from the respondents if they had more to add.

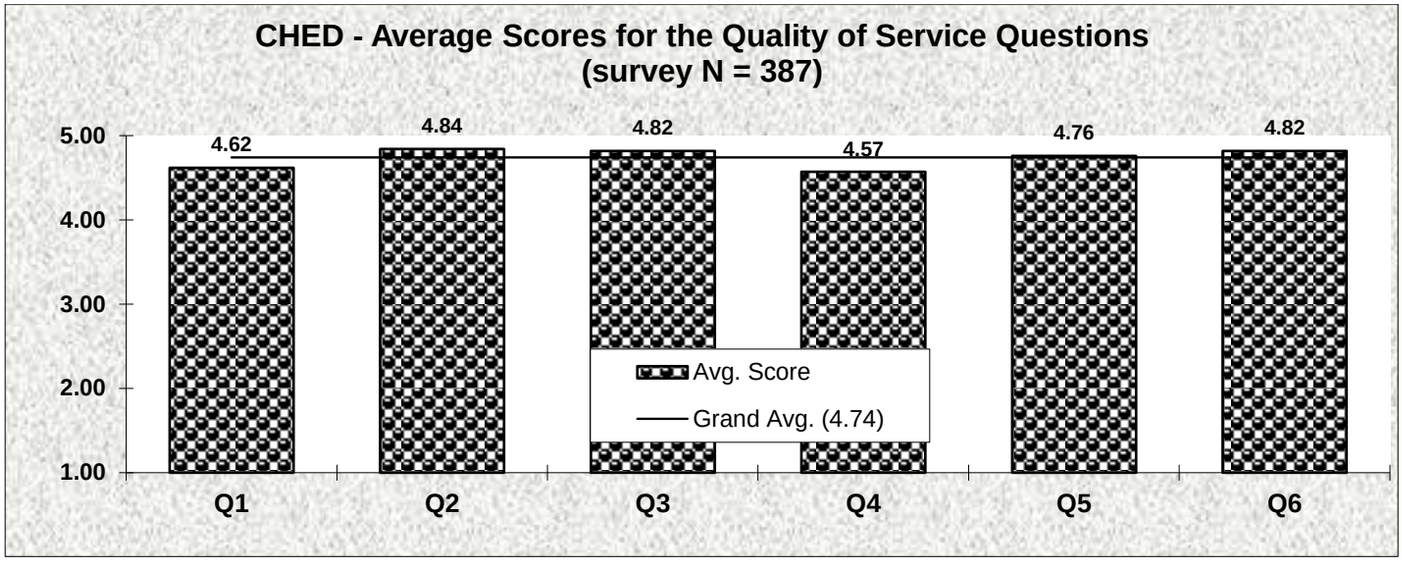
EH: Across all 10 *quality of service* questions, the average satisfaction score was 4.57 out of 5.00, a very favorable score, indicating that EH clients were satisfied with the service they received. Last fiscal year's overall score was 4.75, also very favorable. The statistical mean for each of the 10 scores ranged from a low of 4.25 (Q#9) to a high of 4.67 (Q#7); see enclosed graphs.

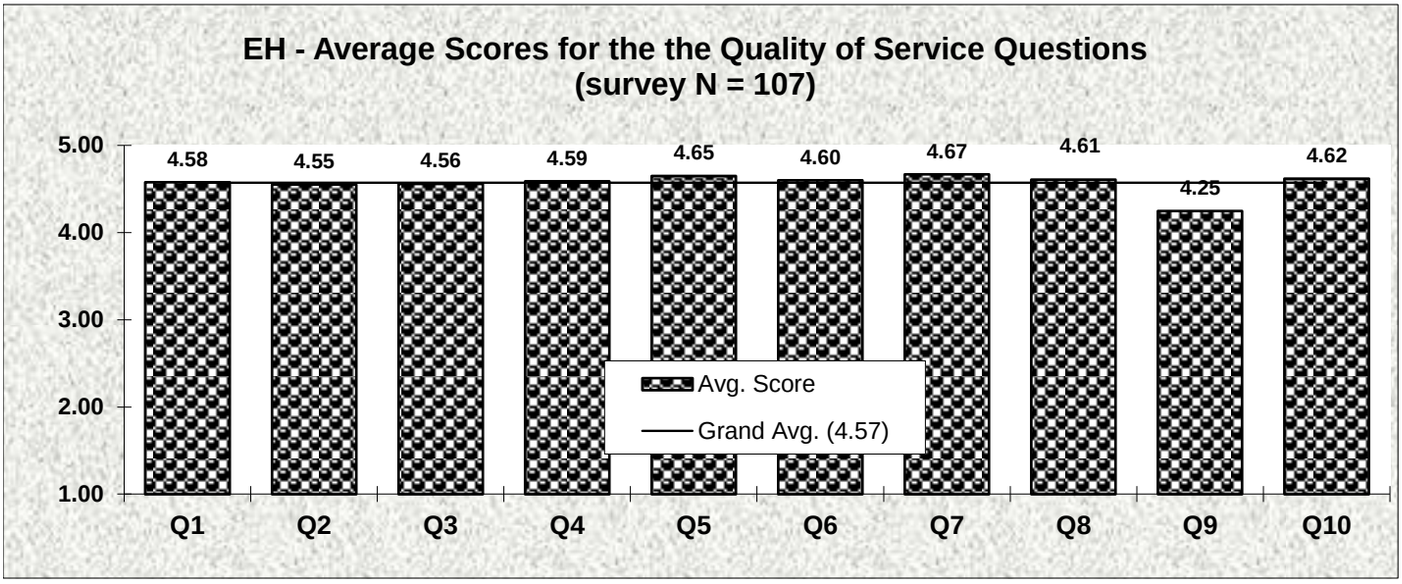
CHED: Across all 6 *quality of service* questions, the average satisfaction score was 4.74 out of 5.00, a very favorable score, indicating that CHED clients were satisfied with the service they received. Last fiscal year's overall score was 4.72. The statistical mean for each of the 6 scores ranged from a low of 4.57 (Q#4) to a high of 4.84 (Q#2); see enclosed graphs.

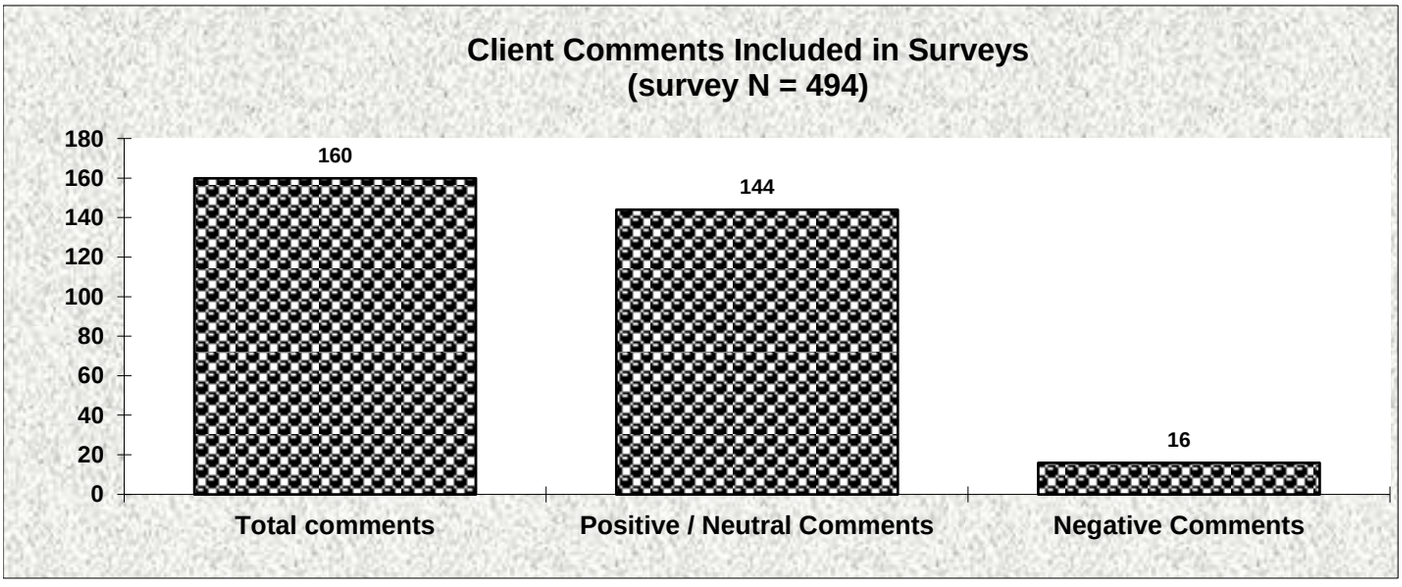
Client Comments

Clients are given an opportunity to provide additional comments when asked a final question on the survey – *"What could we have done to improve the service you received today?"* These comments recorded in the surveys during the fiscal year are attached (comments are sorted by county, service used, topic). Of the 494 agency surveys returned, 160 (32%) included a comment. Of the 160 comments, 16 (10%) were of a negative tone, and 144 (90%) reflected a positive or neutral statement. When considering all 494 returned surveys, negative comments accounted for 3.2% (16 ÷ 494 of the total surveys returned for the fiscal year). The most frequent comments of a negative tone involved "communications" issues, such as interacting with the automated phone system or speaking directly with staff. (See attached comments).

Mid-Michigan District Health Dept.
Client Satisfaction Survey







Respondent's Comments from Client Satisfaction Survey
1st Qtr through 4th Qtr, 2013-2014

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Clinton	CHED - Hearing/Vision	9/20/2013	General - Positive	(Child screenings) always runs smooth. _____ is very flexible when scheduling service and wonderful to work with.
Clinton	CHED - Hearing/Vision	Feb-14	General - Positive	The technicians were professional and caring and [illegible]
Clinton	CHED - Imms	2/10/2014	General - Positive	Excellent! My first visit.
Clinton	CHED - Imms	6/19/2014	Location - Negative	There was no available parking spaces in the employee parking lot or out front so I had to park in handicap parking. [anonymous]
Clinton	EH - Food Service	6/24/2014	General - Positive	The class I took had a great classroom environment and instructor was very knowledgeable.
Clinton	EH - Food Service	6/24/2014	General - Positive	Very friendly and informative class. Test taking was made easy.
Clinton	EH - Food Service	6/24/2014	General - Positive	Took the class - was well informed.
Clinton	EH - Food Service	12/3/2013	General - Positive	Thank you! You're a great instructor.
Clinton	EH - Food Service	1/15/2014	Staff - Positive	_____ is always very nice and explains anything I ask of him. Very nice person.
Clinton	EH - Food Service	12/3/2013	Staff - Positive	Very Happy! _____ does a good job!
Clinton	EH - Other service	2/25/2014	General - Positive	Good presentation with worthwhile updates. [training]
Clinton	EH - Other service	2/25/2014	*Suggestion*	Would like to see email permits. [anonymous]
Clinton	EH - Septic/Well Permit	2/25/2014	General - Positive	Very informational and done in a timely manner.
Gratiot	CHED - BCCCP	5/7/2014	General - Positive	I think you all are doing great!
Gratiot	CHED - BCCCP	11/15/2013	Staff - Positive	Great services. Excellent staff.
Gratiot	CHED - Comm. Ds.	8/4/2014	Staff - Positive	The nurse/counselor _____ was so very professional and helpful. I felt I could ask any question without judgment. Honest answers provided and degree of confidentiality was amazing.
Gratiot	CHED - Early on	12/11/2013	General - Positive	It (service) was good.
Gratiot	CHED - FP	2/19/2014	Communication - Neg	Fix the phone system. Can never get through. [anonymous]
Gratiot	CHED - FP	11/6/2013	Communication - Neg	Change your phone call "on-hold" message, the message gets old.
Gratiot	CHED - FP	4/9/2014	Communication - Pos	Always answers phone quickly. Very friendly.
Gratiot	CHED - FP	1/29/2014	General - Positive	Service was great. I wouldn't change anything!
Gratiot	CHED - FP	3/19/2014	General - Positive	Great service, although could be a little quicker.
Gratiot	CHED - FP	2/19/2014	General - Positive	I can't think of anything to change here.

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Gratiot	CHED - FP	5/21/2014	General - Positive	Perfect!
Gratiot	CHED - FP	4/2/2014	General - Positive	Thanks for being friendly and caring.
Gratiot	CHED - FP	7/2/2014	General - Positive	Without it [FP program], I would not have an annual physical. I love that my physical was fast yet very thorough. Was given by _____.
Gratiot	CHED - FP	7/16/2014	General - Positive	Everything is excellent. Nothing I can think of to improve [service].
Gratiot	CHED - FP	7/2/2014	General - Positive	Keep up the good work. I love to see the smiles!
Gratiot	CHED - FP	9/13/2014	General - Positive	You're perfect.
Gratiot	CHED - FP	8/14/2014	General - Positive	Your services are wonderful the way you have them!
Gratiot	CHED - FP	8/27/2014	General - Positive	Everyone was extremely helpful. I came in for birth control information and was able to get STI testing done as well, even though that wasn't what I scheduled for. Great job.
Gratiot	CHED - FP	7/30/2014	General - Positive	You're doing great!
Gratiot	CHED - FP	8/6/2014	General - Positive	The staff and service is amazing, just keep doing what you are doing.
Gratiot	CHED - FP	10/16/2013	General - Positive	It was awesome.
Gratiot	CHED - FP	10/31/2013	General - Positive	No complaints. Thanks for all the help!
Gratiot	CHED - FP	10/2/2013	General - Positive	Nothing that I can think of - super friendly and helpful.
Gratiot	CHED - FP	12/11/2013	General - Positive	keep doing great!
Gratiot	CHED - FP	5/28/2014	Staff - Positive	Great staff. Good to see them smile.
Gratiot	CHED - FP	5/28/2014	Staff - Positive	The nurses were wonderful and very professional.
Gratiot	CHED - FP	8/5/2014	Staff - Positive	_____ and _____ were vey professional.
Gratiot	CHED - FP	11/14/2013	Staff - Positive	All staff is wonderful & helpful. _____ is a great NP.
Gratiot	CHED - FP	12/12/2013	Wait time - Positive	I appreciate getting me in right away and helping me & my kids with insurance. Thank you.
Gratiot	CHED - Hearing/Vision	Feb-14	General - Positive	Great job! Always kind and courteous. [preschool screenings]
Gratiot	CHED - Imms	10/1/2013	Communication - Neg	I had to call 3 or 4 times to schedule an appt. Super nice people. [anonymous - no further information provided as to the nature of the problem]
Gratiot	CHED - Imms	6/3/2014	Communication - Pos	Left message to call me back and they did.
Gratiot	CHED - Imms	6/3/2014	General - Positive	Keep up with the good work.
Gratiot	CHED - Imms	4/15/2014	General - Positive	Did a great job!
Gratiot	CHED - Imms	4/15/2014	General - Positive	I will definitely use their services again. Very pleasant and helpful.
Gratiot	CHED - Imms	5/6/2014	General - Positive	I cannot see any problems from my first visit. Very nice people.

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Gratiot	CHED - Imms	6/10/2014	General - Positive	Service was excellent.
Gratiot	CHED - Imms	7/29/2014	General - Positive	Great service. Professional and kind.
Gratiot	CHED - Imms	10/15/2013	General - Positive	Very genuine and helpful. Sometimes difficult to navigate the phone service. Everyone was very friendly.
Gratiot	CHED - Imms	10/22/2013	General - Positive	I have always been pretty satisfied.
Gratiot	CHED - Imms	1/21/2014	Staff - Positive	_____ was amazing giving my daughter her immunizations. Greatly appreciated.
Gratiot	CHED - Imms	10/8/2013	Staff - Positive	_____ exhibited infectious enthusiasm while conducting my tetanus shot. _____ displayed information sheet on tdap vaccine was friendly and helpful. Two thumbs up experience with staff, as usual.
Gratiot	CHED - Imms	12/10/2013	Staff - Positive	The Staff were informative and very friendly. Your staff are always informed, helpful and very courteous.
Gratiot	CHED - Imms	8/5/2014	*Suggestion*	Don't warn that shot [vaccine] is coming - just do it.
Gratiot	CHED - Imms	12/3/2013	Wait time - Negative	I don't think there was anyone else before me, so the time waiting was longer than I expected. Staff is extremely helpful and nice. [anonymous] [survey indicated wait time was in the 16-30 minute interval]
Gratiot	CHED - MIHP	3/14/2014	Communication - Neg	Don't just show up with people [home visit]. You need to call before you come. [anonymous]
Gratiot	CHED - MIHP	8/12/2014	General - Positive	Great job.
Gratiot	CHED - MIHP	10/30/2013	Staff - Positive	I am very satisfied with the services provided by the health department. _____ is always respectful and informative helping me and my child with our needs.
Gratiot	CHED - MMHP	11/14/2013	General - Positive	They were awesome medical providers and office workers.
Gratiot	CHED - MMHP	11/14/2013	General - Positive	Great friendly service.
Gratiot	CHED - MMHP	11/14/2013	General - Positive	Can't think of anything to improve.
Gratiot	CHED - MMHP	11/14/2013	General - Positive	Thank you very much for your services. I do not see how they can be improved at this time.
Gratiot	CHED - other service	7/10/2014	General - Positive	Did great! Very helpful and nice.
Gratiot	CHED - other service	8/11/2014	Staff - Positive	_____ was very helpful.
Gratiot	CHED - other service	8/11/2014	Staff - Positive	_____ was very understanding and respectful along with the rest of the ladies. They jumped through 'hoops' to help me with my Medicaid (after months of waiting for insurance). I finally got help that I so deserved. Thank you!
Gratiot	CHED - Other Services	10/29/2013	General - Positive	Everything was fine.

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Gratiot	CHED - WIC	1/27/2014	Communication - Neg	Fix the phone problem, please.
Gratiot	CHED - WIC	11/13/2013	Communication - Neg	Phone system is difficult. I would like to speak to a person rather than an automated teller. [anonymous]
Gratiot	CHED - WIC	1/14/2014	General - Positive	I think everything is great.
Gratiot	CHED - WIC	5/30/2014	General - Positive	Services are great!
Gratiot	CHED - WIC	5/30/2014	General - Positive	Always been great here in Ithaca.
Gratiot	CHED - WIC	9/12/2014	General - Positive	No way to improve that I can see. Every single lady [staff] was wonderful.
Gratiot	CHED - WIC	1/22/2014	Staff - Positive	The staff in the Ithaca office is amazing! They went above and beyond to help me in everything I needed
Gratiot	CHED - WIC	1/24/2014	Staff - Positive	Your staff is great and friendly. Love the services you provide.
Gratiot	CHED - WIC	3/24/2014	Staff - Positive	No problems. _____ and _____ rock!
Gratiot	CHED - WIC	5/30/2014	Staff - Positive	The staff is wonderful and friendly. There is nothing that needs improved.
Gratiot	CHED - WIC	6/3/2014	Staff - Positive	The ladies do a great job. I feel they deserve a treat for good friendly work.
Gratiot	CHED - WIC	7/8/2014	Staff - Positive	I like the follow-through and _____ is awesome to work with. Thanks.
Gratiot	EH - Food Service	10/23/2013	General - Positive	Great service.
Gratiot	EH - Food Service	10/23/2013	General - Positive	I feel all of my questions were answered thoroughly.
Gratiot	EH - Food Service	10/23/2013	General - Positive	Great trainer.
Gratiot	EH - Food Service	10/23/2013	General - Positive	Yes. Information presented was easy to understand & questions were satisfactorily answered.
Gratiot	EH - Food Service	10/28/2013	Staff - Positive	Satisfied indeed. _____ is a good teacher while doing inspections. _____ is very informative. Thanks
Gratiot	EH - Food Service	10/23/2013	Staff - Positive	Very educational for food safety. Thank you.
Gratiot	EH - Food Service	10/23/2013	Staff - Positive	Exceptional trainer & class training. Fun [food safety] class with _____.
Gratiot	EH - Septic/Well Permit	2/26/2014	General - Positive	I attended four of these [trainings] and yours is every bit as beneficial as any.
Montcalm	CHED - FP	6/19/2014	Communication - Neg	The phone wouldn't ring for the Montcalm office. [anonymous]
Montcalm	CHED - FP	11/3/2013	Communication - Neg	There is minimal communication between finance, private insurance, Plan First and the clinic its self. I found out in this visit that I owed from February's, May's and August's visits because it took this long for them to tell me that my private insurance and Plan First was not paying for my services. I was never made aware of any issues the other times I was in here for my appointments. [anonymous] [CHED supervisor discussed issue with MBO staff and how to improve efficiency]

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Montcalm	CHED - FP	11/4/2013	Staff - Negative	I felt as if when I checked in I was treated with a poor attitude. [anonymous] [comment reviewed with branch office staff for clarification and follow-up]
Montcalm	CHED - FP	2/27/2014	Wait time - Negative	Be quicker. Make sure people are checked in and that they are served in a timely manner. [anonymous] [walk-in appt. - wait time indicated as 30 minutes]
Montcalm	CHED - Hearing/Vision	10/3/2013	General - Positive	School screenings make us aware of (child vision or hearing) weakness not discovered without the screening service. Very efficiently done.
Montcalm	CHED - Hearing/Vision	9/10/2013	General - Positive	Smooth flow! (to screening process). Great job.
Montcalm	CHED - Hearing/Vision	11/20/2013	General - Positive	Fast, efficient and friendly.
Montcalm	CHED - Hearing/Vision	Feb-14	General - Positive	Very informative… seeing hands-on how the testing works. A lot of great information as a new school nurse. [school screening for H & V]
Montcalm	CHED - Hearing/Vision	Feb-14	General - Positive	Little disruption to education. Very pleasant, as always. [school screening H/V]
Montcalm	CHED - Hearing/Vision	Apr-14	General - Positive	Always very pleasant and cooperative. Fast and efficient. [school screening]
Montcalm	CHED - Hearing/Vision	May-14	General - Positive	Pleased that they came to our small preschool.
Montcalm	CHED - Hearing/Vision	May-14	General - Positive	We lost power during the initial screening but _____ was able to get us back in right away. We like that you come to our facility on our schedule.
Montcalm	CHED - Hearing/Vision	May-14	General - Positive	Efficient and pleasant.
Montcalm	CHED - Hearing/Vision	Feb-14	General - Positive	Prompt, friendly.
Montcalm	CHED - Hearing/Vision	May-14	Staff - Positive	We always love working with these girls [staff]. _____ rocks!
Montcalm	CHED - Hearing/Vision	May-14	Staff - Positive	_____ is very pleasant to work with.
Montcalm	CHED - Hearing/Vision	May-14	Staff - Positive	_____ and _____ make a great team. They're very comfortable with the children and adults. It's a pleasure to have them in our building. They always have smiles and positive comments.
Montcalm	CHED - Hearing/Vision	May-14	Staff - Positive	As always, very friendly and professional. They were great!
Montcalm	CHED - Hearing/Vision	Apr-14	Staff - Positive	_____ is very easy to work with and always so flexible in working with us.
Montcalm	CHED - Hearing/Vision	Apr-14	Staff - Positive	_____ is always so pleasant.
Montcalm	CHED - Hearing/Vision	Apr-14	Staff - Positive	_____ made if fun for the students and it [screening] was quick.
Montcalm	CHED - Hearing/Vision	Apr-14	Staff - Positive	Organized and easy to work with. Always hard to have a disruption to class, but _____ works very quickly for the least possible disruption.
Montcalm	CHED - Hearing/Vision	12/3/2013	Staff - Positive	Very pleasant and cooperative.
Montcalm	CHED - Hearing/Vision	12/12/2013	Staff - Positive	Organized and efficient. They do a great job and interact well with kids. Love _____ - she does a great job.

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Montcalm	CHED - Hearing/Vision	11/26/2013	Staff - Positive	The (staff) are very pleasant and very kind to the kids, and self-sufficient. They are perfect. _____ and _____ are wonderful.
Montcalm	CHED - Imms	5/28/2014	General - Positive	We appreciate the fast application of shots [vaccine]. The faster the better!
Montcalm	CHED - Imms	5/28/2014	Staff - Positive	Keep _____ doing shots - much faster.
Montcalm	CHED - WIC	4/2/2014	Communication - Neg	To call sometimes takes a long time to speak to a person. [anonymous]
Montcalm	CHED - WIC	10/3/2013	General - Negative	Offer different appointment days than Thursdays. Thursdays don't work for me because I don't have my daughter and I'm required to bring her until she is 2 years old. [Client contacted to discuss concern. This pertains to availability of services at off-site clinic provided in Howard City]
Montcalm	CHED - WIC	1/10/2014	General - Positive	Loved Project Fresh! It got my son to eat a lot of new fruit and veggies. Thank you!
Montcalm	CHED - WIC	2/4/2014	General - Positive	Everything was really great - thank you for making me feel comfortable during this visit. I had a pleasant experience and everyone was really friendly.
Montcalm	CHED - WIC	2/11/2014	General - Positive	Keep up the great services. Always very friendly and helpful staff. Great suggestions and advice to help my little ones eat healthy and well.
Montcalm	CHED - WIC	3/26/2014	General - Positive	All was good for me and my child.
Montcalm	CHED - WIC	3/27/2014	General - Positive	Everything has been good.
Montcalm	CHED - WIC	2/11/2014	General - Positive	Always a good experience when we come. They care about my children's health. Everyone was very friendly and respectful.
Montcalm	CHED - WIC	2/11/2014	General - Positive	Everybody was amazing. My daughter loved coming here, even after her poke [immunization].
Montcalm	CHED - WIC	3/5/2014	General - Positive	My appointment went very well and everyone was very helpful.
Montcalm	CHED - WIC	3/14/2014	General - Positive	I don't think you need to improve anything. Awesome service provided.
Montcalm	CHED - WIC	2/14/2014	General - Positive	The service is good.
Montcalm	CHED - WIC	2/13/2014	General - Positive	Everything meets my needs. To me, nothing needs improved because everything is excellent.
Montcalm	CHED - WIC	5/21/2014	General - Positive	Great friendly. Quick appointments. Very happy.
Montcalm	CHED - WIC	5/27/2014	General - Positive	You did a great job today. Thank you.
Montcalm	CHED - WIC	5/29/2014	General - Positive	I thought the service was great. The workers [staff] were very friendly. Great atmosphere. There were toys for my son to play with. I was overall very impressed with this WIC office.
Montcalm	CHED - WIC	5/30/2014	General - Positive	I am 100% satisfied with what they are helping me with.

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Montcalm	CHED - WIC	5/30/2014	General - Positive	Everything went really well.
Montcalm	CHED - WIC	5/21/2014	General - Positive	You done good!
Montcalm	CHED - WIC	10/3/2013	General - Positive	You are doing great.
Montcalm	CHED - WIC	10/3/2013	General - Positive	I don't think you guys need to do anything - you guys do a good job.
Montcalm	CHED - WIC	1/2/2014	Location - Positive	Love the church location [satellite clinic location - Howard City]
Montcalm	CHED - WIC	1/2/2014	Location - Positive	Doing a great job. The location is so close to our home it makes it very nice. [satellite clinic location - Howard City]
Montcalm	CHED - WIC	10/3/2013	Location - Positive	I like the Howard City location, makes it nice and close to home.
Montcalm	CHED - WIC	1/21/2014	Staff - Positive	Were really nice - felt like I knew them. Very respectful.
Montcalm	CHED - WIC	1/2/2014	Staff - Positive	The staff that I have been able to meet and work with have been extremely nice and friendly. I love having the WIC appts set up near my home here in Howard City. Thank-you to all of the staff that I've been able to meet. I hope that all of the people/staff stay at this location, they've been great!
Montcalm	CHED - WIC	1/2/2014	Staff - Positive	They are great and give me and my family exactly what we need.
Montcalm	CHED - WIC	2/27/2014	Staff - Positive	_____ She is very friendly and helpful to all the patients. She always greats them with a smile, even the not-so-friendly minded patients. The lines can get really busy, but the patients are always acknowledged so that they know she knows they are here. Many people do not do that, and I think that is awesome.
Montcalm	CHED - WIC	2/13/2014	Staff - Positive	I have been treated with so much respect and kindness at the WIC office the five years I've been coming here. I have no complaints, whatsoever. They have always been helpful. _____ was my favorite!
Montcalm	CHED - WIC	5/21/2014	Staff - Positive	Everyone is super friendly and helpful.
Montcalm	CHED - WIC	6/4/2014	Staff - Positive	The staff is easy to ask questions to, and give knowledgeable answers.
Montcalm	CHED - WIC	4/2/2014	Staff - Positive	Love having a lactation counselor. Thank you!
Montcalm	CHED - WIC	5/30/2014	*Suggestion*	Allow more than 1 WIC card to be distributed for ease of use with named proxies for the child.
Montcalm	CHED - WIC	10/3/2013	*Suggestion*	Offer a play area for the young ones to play in while waiting for appointment to get started at the Howard City church (off-site location). [anonymous]
Montcalm	CHED - WIC	10/3/2013	*Suggestion*	Maybe eventually be able to substitute WIC items. For example, trade juices out for bread, etc. [anonymous]
Montcalm	CHED - WIC	3/27/2014	Wait time - Negative	Less waiting time. [client indicated wait time in 15-30 min range at Grnv offsite clinic].

County	Service Used	Date	Topic	Comments by Survey Respondent when asked if they were satisfied with service received or how service can be improved
Montcalm	CHED - WIC	4/2/2014	Wait time - Negative	Make the wait time less. [survey indicated a wait time range of 15-30 min.]
Montcalm	EH - Food Service	2/11/2014	General - Positive	Everyone was friendly, knowledgeable, and it was convenient.
Montcalm	EH - Food Service	2/11/2014	General - Positive	Good explanation of procedures. Was easy to understand.
Montcalm	EH - Food Service	11/12/2013	Staff - Positive	Does a very good job.
Montcalm	EH - Food Service	11/12/2013	Staff - Positive	I was very satisfied. _____ did a great job.
Montcalm	EH - Food Service	11/12/2013	*Suggestion*	Could use more home study time before (food safety) classes started.
Montcalm	EH - Other service	2/27/2014	General - Positive	Seminar for septic system installers was very good.
Montcalm	EH - Other service	2/27/2014	General - Positive	Good job with presentation. [training]

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

An Accredited Local Public Health Department

www.mmdhd.org

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

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

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

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

MARK W. (MARCUS) CHEATHAM
Health Officer

ROBERT GRAHAM, DO, MPH, FAAFP
Medical Director

Administrative Offices – Stanton

January 22, 2015

TO: Hospital Administrators, ER/ED Physicians, Infection Control Nurses, State Police, County Sheriff, City Police, School Superintendents, Central Dispatch, Emergency Services Coordinators, County Commissioners, and County Administrator/Controllers

RE: *IMPORTANT CHANGE IN PROCEDURE FOR REPORTING HEALTH-RELATED EMERGENCIES*

Health related emergencies could occur at any time. Such emergencies include: hazardous waste spills; suspected water borne/food borne illnesses, communicable diseases; biological, chemical and radiological accidents, and; prolonged power outages affecting food and water supplies and sewage disposal. Such incidents should be reported to the Mid-Michigan District Health Department in a timely manner. In order to provide accurate information and execute more expeditious service and/or investigations, we recommend the following procedure:

1. Obtain the name, address and telephone number of the informant(s) and/or victim(s) and the attending physician(s), if appropriate.

2. Call the Mid-Michigan District Health Department Main Office in Stanton, at (989) 831-5237, press 7 for Administration. If the department is closed, please call the **24/7 Emergency Contact Number**.

Emergency Contact Number (989) 276-0260

COMMUNITY HEALTH EMERGENCIES **Andrea Tabor, R.N., B.S.N., M.P.H.** **Director of Community Health and Education** Cell: (989) 235-5117 **E-Mail: atabor@mmdhd.org**	**ENVIRONMENTAL HEALTH EMERGENCIES** **Bob Gouin, R.S.** **Director of Environmental Health** Cell: (989) 506-2627 **E-Mail: bgouin@mmdhd.org**
GENERAL PUBLIC HEALTH EMERGENCIES **Mark W. (Marcus) Cheatham, Ph.D.** **Health Officer** Cell: (989) 287-0701 **E-Mail: mcheatham@mmdhd.org**	**EMERGENCY PREPAREDNESS** **Lynda Farquharson, B.A.A., P.E.M.** **Emergency Preparedness Coordinator** Cell: (989) 763-3577 **E-Mail: lfarquharson@mmdhd.org**

ADMINISTRATION

Melissa Bowerman
Director of Administrative Services
Cell: (517) 526-3793
E-Mail: mbowerman@mmdhd.org

If you are unable to get an answer at one of the above numbers, please call one of the following emergency numbers according to the nature of the emergency:

HEALTH RELATED:	Michigan Department of Community Health (517) 335-9030
ENVIRONMENT RELATED:	Pollution Emergency Alerting System 1-800-292-4706

3. Please obtain the following information from the person placing the call:

    a. Number of people affected
    b. Name and address
    c. Name of treating physician and hospital
    d. Patient's condition
    e. Can patient be interviewed?
    f. Symptoms, if any, and time of on-set

Sincerely,

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