

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

Nationally Accredited by the Public Health Accreditation Board

MARK W. (MARCUS) CHEATHAM, Ph.D.
Health Officer

JENNIFER MORSE, MD
Medical Director



www.mmdhd.org

BOARD OF HEALTH
George Bailey
Bruce DeLong
Betty Kellenberger
Tom Lindeman
Ken Mitchell
Sam Smith

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

Wednesday, November 23, 2016
10:00 AM

AGENDA

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

Pledge of Allegiance

- A. AGENDA NOTES, REVIEW, AND REVISIONS: 3
- 1.
- B. CONSENT ITEMS:
1. Meeting Minutes
- a. Michigan Association for Local Public Health (MALPH) Board of Directors meeting held October 11, 2016- **Attached.** 4
- b. Mid-Michigan District Board of Health Regular Meeting held October 26, 2016 - **Attached** 7
- c. Mid-Michigan District Board of Health Closed Session Meeting held October 26, 2016 - **Handout.**
2. Communications
- a. National Association of Local Boards of Health NewsBrief, Fall 2016 - **Attached.** 14
- C. PUBLIC COMMENTS:
- D. BRANCH OFFICE EMPLOYEES:
- E. COMMITTEE REPORTS:
1. Finance Committee - Tom Lindeman, Chair

*Your Public Health Team,
Connecting with our Communities to Achieve Healthier Outcomes.*

a. Mid-Michigan District Health Department's Expenses for October 15 through November 10, 2016 - Attached.	23
b. Financial Status Report, FY 15/16 - Handout.	
c. FY 15/16 Year-End Highlights and Recommendations; Monthly Balance Sheet, Revenue and Expenditure Report for September 2016 - Handout.	
d. Mid-Michigan District Health Department's Monthly Balance Sheet, Revenue and Expenditure Report for October 2016 - Delayed due to year-end closing.	
e. New Level Two (L2) Assessment Contract Fee, Revised Total Coliform Rule (rTCR) - Attached.	43
2. Personnel Committee - Ken Mitchell, Chair	
3. Program Committee - Sam Smith, Chair	
4. Mid-Central Coordinating Committee - Tom Lindeman, Vice Chair	
F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D.	
1. Hepatitis A Virus - Attached.	45
G. HEALTH OFFICER'S REPORT - Mark W. (Marcus) Cheatham, Ph.D., Health Officer	
1. Board of Health (BOH) Holiday Luncheon, December 21, 2016, 12 noon in Ithaca	
2. Client Medical Incident in the Clinton Branch Office (CBO) - Attached.	48
3. Montcalm County Resource Recovery Services Agreement	
H. OLD BUSINESS:	
I. NEW BUSINESS:	
1. Emergency Preparedness Update and Training for BOH - Attached.	52
2. Emerging Issues	
J. LEGISLATIVE ACTION:	
1. Legislative Update - Attached.	75
K. INFORMATIONAL ITEMS: - Attached.	
1. BOH Action Items, October 2016	77
2. Staffing and Longevity Report	78
L. RELATED NEWS ARTICLES AND LINKS:	
1. MMDHD News Articles Available Online at: http://mmdhd.org/?q=node/106	
M. AGENCY NEWSLETTERS: None.	

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Board of Health Synopsis of Actions Needed

Item A. 1.	AGENDA NOTES, REVIEW, AND REVISIONS
Motion to approve the Agenda as presented.	
Item B. 1. & 2.	CONSENT ITEMS (MEETING MINUTES & COMMUNICATIONS)
Motion to accept and place on file Meeting Minutes B. 1. a. through c.	
Motion to accept and place on file Communications B. 2. a.	
Item E. 1. a.	EXPENSES FOR OCTOBER 15 THROUGH NOVEMBER 10, 2016
Motion to approve payment of the Mid-Michigan District Health Department's Expenses for October 15 through November 10, 2016, totaling \$468,977.03.	
Item E. 1. b.	FINANCIAL STATUS REPORT, FY 15/16
Motion to approve and place the Financial Status Report for FY 14/15 on file.	
Item E. 1. c.	FY 15/16 YEAR-END HIGHLIGHTS AND RECOMMENDATIONS; MONTHLY BALANCE SHEET, REVENUE AND EXPENDITURE REPORT FOR SEPTEMBER 2016
Motion to approve the FY 15/16 Year-End Highlights and Recommendations and the Monthly Balance Sheet, Revenue and Expenditure Report for September 2016 as proposed and place on file.	
Item E. 1. e.	NEW LEVEL TWO (L2) ASSESSMENT CONTRACT FEE, REVISED TOTAL COLIFORM RULE (rTCR)
Motion to approve the new Level Two (L2) Assessment Contract Fee for the Revised Total Coliform Rule (rTCR) effective January 1, 2017.	
Item F. 1.	MEDICAL DIRECTOR'S REPORT, HEPATITIS A VIRUS
Motion to adopt the BOH Monthly Healthy Living Recommendation for December as proposed.	
Motion to accept and place the Medical Director's Report on file.	

**MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
(MALPH)**

Board of Directors

Meeting Minutes

October 11, 2016

I. Call to Order

The meeting was called to order at 12:30pm by Kathy Forzley, President.

II. Roll Call

A quorum was present.

Jurisdictions Represented: Barry-Eaton [Colette Scrimger], Bay [Joel Strasz], Benzie-Leelanau [Lisa Peacock], Berrien [Mike Mortimore], Calhoun [Jim Rutherford], Central Michigan [Steve Hall], Delta-Menominee [Mike Snyder], Detroit [Kanzoni Asabigi], District 2 [Denise Bryan], District 10 [Kevin Hughes], Grand Traverse [Wendy Trute], Huron [Gretchen Tenbusch, Ann Hepfer], Ingham [Linda Vail], Ionia [Ken Bowen], Jackson [Richard Thoun], Kalamazoo [Gillian Stoltman], Kent [Adam London], Lapeer [Stephanie Simmons], Livingston [Dianne McCormick], Macomb [Bill Ridella], Marquette [Jerry Messana], Midland [Mike Krecek], Mid-Michigan [Marcus Cheatham], Monroe [Kim Comerzan], Northwest Michigan [Linda Yaroach], Oakland [Kathy Forzley], Ottawa [Lisa Stefanovsky], Shiawassee [Gene Paez], St. Clair [Annette Mercatante], Tuscola [Gretchen Tenbusch, Ann Hepfer], Western UP [Kate Beer].

Others Present:

Administrative Officers Forum, [Rachel Shymkiw], Health Education and Promotion Forum, [Jill Keast], Nurse Administrators Forum, [Joann Hoganson], MDHHS, [Orlando Todd], MDARD, [Sean Dunleavy], Linda VanGills

Staff: Meghan Swain

III. Approve Agenda

Motion by B. Ridella, support by C. Scrimger to approve the agenda. Motion carried.

IV. Approve Meeting Minutes

Motion by S. Simmons, support by K. Hughes to approve the September 12, 2016 minutes. Motion carried.

**V. Reports of Officers/Staff/Forums
President**

K. Forzley welcomed the board and shared her professional background and goals as president of MALPH. She looks forward to working with everyone this coming year in strengthening local public health and MALPH. She shared that now, more than ever, local public health should have a unified voice. She discussed MALPH's strategic plan including the work that has been done by MALPH but also the broader membership.

Within the next month or two, the executive committee will be reviewing the strategic plan and will report back to the full board on areas where there have been strategic improvements and identified gaps. Key areas to work on include visibility and communication. The goal is to review the plan every three months during a board meeting to ensure we are on track. This will solidify what we all can do together to show a strong front in Michigan. In addition, how we communicate, internally and externally, and how to stay abreast of information without being inundated with emails. At a recent accreditation meeting, areas of community involvement include Public Health Week activities, Friend of Public Health Award (individual, legislator, organization). Who is participating at the national level including NACCHO or APHA? What is the national conversation? Review Public Health 3.0 (healthypeople.gov) and the concept of a chief health strategist. The local public health capacity through accreditation meeting was extremely valuable by having all of our partners at the table. There is a great opportunity with Governor Snyder's Public Health Advisory Commission to elevate issues of public health relevance in this state.

Secretary/Treasurer

M. Krecek reported that we are still waiting for financial reports due to computer and software issues. The process of accounts payable approval by the treasurer was shared to meet internal controls. At this time, there is nothing out of the ordinary with the checks that have been written, and they are in accordance with the budget. He will begin the transition to Nick Derusha.

Executive Director

M. Swain reported that legislative activity will remain slow until after the election. There are some major items that the governor would like to see. She continues to monitor SB 988 (Health Services Fund) and SB 727 (dogs on restaurant patios). Public Sector Consultants will be at the November board meeting to review the local public health inventory project. In addition, Martha Stanbury will present on elevated lead blood level case management. The Michigan State University Health Policy Forum will be Monday, October 24 at the East Lansing Marriot. This year's conference has over 350 registrants, 100 more than last year. We will be asking specifically why people attended this year including location, content, keynote speakers, other. She also discussed the recent meeting with Janet Olszewski, MDHHS, MDARD, MDEQ, and MPHI regarding local public health capacity through state accreditation.

Lobbyist

No report at this time.

Forum Reports

Administrators: R. Shymkiw reported that they had a successful annual meeting. She stated that the biggest area of concern is issues surrounding STDs services provided by registered nurses.

Health Education: J. Keast thanked everyone for providing ideas for speakers at their forum meetings. She also thanked the board for referring staff to become new members. Membership has grown.

Environmental Health: No report given at this time.

Information Systems: No report given at this time.

Nurse Administrators: No report given at this time other than Joann Hoganson is the new chair.

Physicians: MAPPP is discussing Tobacco 21, including SB 1066 that preempts local units of government from passing ordinances. In addition, they are discussing the Naloxone issue including standing orders and best practices. They have addressed the Public Health Advisory Commission in seeking a physician, preferably with a public health background. They are combining efforts with the Michigan State Medical Society.

VI. Medical Director Cross Jurisdictional Sharing Project Update

L. VanGills reported on her project and distributed templates of memorandum of understanding for back up coverage, short and long term. She also provided survey results, continuity of billing policy and procedure, as well as employment checklist.

VII. Reports from State Departments

Department of Agriculture and Rural Development (MDARD)

S. Dunleavy was thankful to participate in the local public health capacity through state accreditation meeting. He reported that he (MDARD) are still working with MALEHA to align strategies and sync the organizational structure. Would like to find common themes and incorporate them into respective strategic plans. They would like to work on initiatives of mutual benefit to include training in processing food retail, the Food Law/Food Code, and Food and Drug Administration training.

Department of Environmental Quality (MDEQ)

No report at this time.

Department of Health and Human Services (MDHHS)

O. Todd was present for the first part of the board meeting but had to leave prior to making the departmental report.

VIII. Public Comment / Announcements

There is concern regarding immunization waiver rule that requires individuals to attend an educational session is an unfunded mandate. Most of the individuals they are seeing are anti-vaccination, and those individuals will not change their mind. In the meantime, it takes staff away from other programs. We will continue to monitor, as other members thought it was important (but is it time to ask for reimbursement?).

The meeting adjourned at 2:00pm.

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BOARD OF HEALTH REGULAR MEETING

at

Mid-Michigan District Health Department
Montcalm County Administrative Offices
Stanton, Michigan

Conference Room A

Wednesday, October 26, 2016, 10:00 a.m.

MINUTES

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

Members Present: Bruce DeLong, Ken Mitchell (*arrived at 10:08 a.m.*), Tom Lindeman, George Bailey (*left at 11:30 a.m.*), Sam Smith, and Betty Kellenberger, Chairperson

Members Absent: None

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

Staff Absent: Jennifer E. Morse, M.D., Medical Director; Bob Gouin, Director of Environmental Health

Guests: Chloe Morey, Environmental Health (EH) Specialist I

B. Kellenberger, Chairperson called the regular meeting of the Mid-Michigan District Board of Health to order at 10:01 a.m., on Wednesday, October 26, 2016, at the Montcalm County Administrative Offices of the Mid-Michigan District Health Department (MMDHD), Stanton, Michigan.

Pledge of Allegiance was led by B. Kellenberger.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

Motion made by B. DeLong and seconded by T. Lindeman to approve the Agenda as presented. Motion carried.

B. CONSENT ITEMS:

1. Meeting Minutes

- a. Michigan Association for Local Public Health (MALPH) Board of Directors Meeting held September 12, 2016
- b. Mid-Michigan District Board of Health Regular Meeting held September 28, 2016

2. Communications

- a. Letter dated October 7, 2016 to Wendy Currie, Maternal Infant Health Program (MIHP) Coordinator from Manal Said, MSW, Manager, Maternal Health Unit, Michigan Department of Health and Human Services regarding the agency's MIHP certification review

Motion made by B. DeLong to accept and place on file meeting minutes B. 1. a. and b. and Communications B. 2. a. Motion seconded by G. Bailey. Motion carried.

C. PUBLIC COMMENTS: None

D. BRANCH OFFICE EMPLOYEES: Chloe Morey, EH Specialist I was introduced and described her duties in Montcalm County. M. Cheatham stated that she is attending the BOH meeting to satisfy requirements of her orientation.

E. COMMITTEE REPORTS:

1. Finance Committee – Tom Lindeman, Chair

- a. Mid-Michigan District Health Department's Expenses for September 17 through October 14, 2016

T. Lindeman stated that the Finance Committee received answers to several inquiries regarding the expenses.

Motion made by T. Lindeman to approve payment of the MMDHD's Expenses for September 17 through October 14, 2016, totaling \$623,697.15. Motion seconded by G. Bailey. Motion carried.

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

M. Bowerman stated that the documents were delayed due to year-end closing.

- c. Update to Montcalm County Reduction to Appropriation

M. Cheatham provided an update regarding the Montcalm County Reduction to the agency's appropriation stating that the agency was facing a deficit of \$98,000 after a final review of the amounts given by Montcalm County. Therefore, the Finance Committee recommended the full Board of Health (BOH) approve the following reductions:

1. Montcalm County appropriation reduction from \$109,000 to \$98,000;
2. EH surcharge from \$25 to \$15;
3. MBO employee furlough days from 4 days to 12 hours and Administrative employees 2 days to 6 hours.

As discussed and approved at the September BOH meeting, the Health Officer reduction in salary of \$10,000 remained the same, the WIC Peer Counselor hours were reduced, and the building loan was paid off. M. Cheatham added that the Finance Committee would watch the budget closely and could recommend changes throughout the year if needed.

Motion made by T. Lindeman and seconded by B. DeLong to approve the revised recommendations as stated above with the EH surcharge retroactive to October 1, 2016. Motion carried.

d. Retiree Health Insurance

M. Bowerman explained the Health Insurance at Retirement Policy #061.0 and the challenges associated with maintaining the policy, which included difficulty obtaining retiree insurance for such a small group. She also explained the proposed revision to the policy and requested that the policy be discontinued for new non-union employees effective November 1, 2016 with the current non-union employees grandfathered in. T. Lindeman asked how many employees would be eligible. M. Bowerman replied that about 10-15 non-union employees would be eligible.

Motion made by T. Lindeman to authorize the MMDHD to 1) revise Policy 061.0 Health Insurance Upon Retirement to state that the agency will pay out an annual amount equal to the amount of the single rate under the PA 152, as long as all conditions in the policy are met and the employee makes such a request; 2) immediately discontinue offering the plan to employees that would be required to pay 100% of the premium, due to not meeting the requirements of having the agency pay the health insurance premiums; and 3) grandfather the benefit in for non-union employees hired prior to November 1, 2016, thereafter the benefit will be discontinued and not offered to future employees. Motion seconded by B. DeLong. Motion carried.

Motion made by T. Lindeman and seconded by K. Mitchell to accept and place the Finance Committee report on file. Motion carried.

2. Personnel Committee – Ken Mitchell, Chair
3. Program Committee – Sam Smith, Chair – No report.
4. Mid-Central Coordinating Committee – Tom Lindeman, Vice Chair – No report.

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, M.D. (*provided by M. Cheatham*)

Dena Kent, Public Health Nurse, administered flu shots to the BOH to demonstrate the importance of receiving the influenza vaccine. M. Cheatham added that this year's influenza vaccine protects against three strains of influenza.

1. Mental Illness Awareness

M. Cheatham provided a report on mental illness awareness stating that mental illness is common and treatable. He stated that it is a physical illness and often occurs with substance abuse. He stated that mental illness is a focus area in our Community Health Assessments in all three of our Counties. He reviewed how the health department is involved with the mental health agencies district-wide.

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

1. *Mental health illness is common and treatable. However, there is still a great deal of stigma and misunderstanding about mental illness. Strive to be understanding about the struggles others experience and aware of any bias you may have.*
2. *If you suspect you struggle with mental illness, do not hesitate or fear to seek help. These conditions are common and treatable. Without treatment, these conditions affect relationships, ability to work, worsen overall health, and can even be life threatening.*
3. *Learn to recognize the warning signs of suicide and what to do if you spot them.*

Motion made by B. DeLong and seconded by T. Lindeman to adopt the monthly BOH recommendation for November as proposed. Motion carried.

Motion made by G. Bailey and seconded by K. Mitchell to accept and place on file the Medical Director's Report. Motion carried.

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

1. District-Wide In-Service, Friday, November 4, 2016, 8:30 a.m. to 4:30 p.m., Gratiot-Isabella RESD, Ithaca

M. Cheatham encouraged the BOH members to attend the agency's District-Wide In-Service for all or part of the day on Friday, November 4, 2016 from 8:30 a.m. to 4:30 p.m. at the Gratiot-Isabella RESD, Ithaca. He said that B. Kellenberger would be a speaker, closing out the day. G. Bailey indicated that he would attend part of the day.

2. Reverse Appraisal Results

M. Cheatham provided an overview of the results from 80 reverse appraisals completed by employees on the management staff and discussed trends that he noticed. G. Bailey added that the employees may have additional stress because of the negative budgetary cuts and changes within public health.

3. Client Satisfaction Survey, Fourth Quarter (July 1 through September 30, 2016)

M. Cheatham reviewed the Client Satisfaction Survey data for the fourth quarter of FY 15/16, indicating that the agency's ratings were good, particularly for low wait times for walk-ins and those with appointments. He noted that 200 surveys were received this quarter versus 280 for the third quarter with the focus this quarter on the Immunizations Program. He reviewed a few positive and negative client comments with the Board.

4. Quarterly Service Report (QSR), Fourth Quarter (July 1 through September 30, 2016)

M. Cheatham reviewed the QSR for the fourth quarter of FY 15/16, reporting that clients served in the Women, Infants, and Children's (WIC) Program, Immunizations, and Family Planning have decreased. A. Tabor added that the number of clients served in the Children's Special Health Care Services (CSHCS) Program were up in part due to the third year of an outreach grant as well as consistent staffing. Additionally, she indicated a new WIC clinic will begin in southern Clinton County on State Rd. in late November on Wednesdays which hopefully will increase the WIC caseload. Furthermore, M. Cheatham stated that due to the reduced caseload in these clinical programs, the following staffing changes have been made: 1) Public Health Representative position remains vacant; 2) reduction of .3 FTE for a Public Health Nurse; and 3) a reduction of a .3 FTE WIC Peer Counselor.

M. Cheatham reviewed the Vision and Hearing results stating that service levels remain constant.

M. Cheatham also reviewed the QSR for Environment Health (EH) stating that water well and sewage permits have increased and continue to show strong activity, despite the low staffing levels.

5. Regional Perinatal System of Care – Cross-Jurisdictional Sharing Project with Kent County

M. Cheatham discussed the Regional Perinatal System of Care, which is a cross-jurisdictional sharing project with Kent County to look at the development of a regional perinatal system of care to reduce the number of infant and mother deaths. He stated that he serves on the Steering Committee for the West Michigan Perinatal Advisory Board.

6. Visit to Gratiot County, Jon Allan, Director, Office of the Great Lakes, Michigan Department of Environmental Quality, October 10, 2016

M. Cheatham provided an update regarding conservation efforts district-wide for the Flat River (Montcalm County), Pine River (Gratiot County), and the Upper Maple River Watershed (Clinton County). He also provided an overview of the Director of the Michigan Office of the Great Lakes, Jon Allan's visit with the Healthy Pine River group in Gratiot County concerning the condition of the Pine and Flat Rivers. Data was reviewed and Jon Allan agreed that Alma College's concerns were justified as similar concerns were also being seen across Michigan. Mr. Allan informed the group about how to file complaints and also recommended individual Michigan Agriculture Environmental Assurance Program (MAEAP) Coordinators for Gratiot and Montcalm Counties.

7. Clinton County Counseling Center Therapist Position

M. Cheatham mentioned that the BOH might want to consider going into closed session to discuss an issue involving a therapist from the Clinton County Counseling Center.

Motion made by T. Lindeman and seconded by B. DeLong to go into closed session at 11:21 a.m. to discuss a sexual harassment issue. B. Kellenberger called the roll: S. Smith – Yes, G. Bailey – Yes, T. Lindeman – Yes, B. DeLong – Yes, K. Mitchell – Yes, and B. Kellenberger – Yes. Motion carried 6-0.

The BOH returned to open session at 11:33 a.m.

8. Local Health Department Collaboration, Shared Approach to Delivery Services

M. Cheatham provided an overview of another cross-jurisdictional sharing project with most of the local health departments in Michigan as a statewide project to collaborate regarding the delivery of medical direction services. He reported that the MMDHD was the fiduciary for the grant. The consultant, Linda VanGills conducted a survey of the duties of a Medical Director and that information was used to develop shared templates for use throughout the State. The outcomes were: 1) a survey was completed; 2) development of MOU templates for back-up coverage, 3) developed Medical Director change checklist; 4) developed Medical Director orientation checklist; and developed a draft Continuity of Billing Policy. M. Cheatham also indicated that the project was reviewed by law firm Cohl, Stoker, & Toskey. In summary, he said it was a great collaborative project.

9. Grant Update

M. Cheatham provided an overview of the Grant Update mentioning that the agency received two grants in the CSHCS Program. M. Bowerman described the National Association of County and City Health Officials (NACCHO) grant award to the agency of \$5,000 to participate in evaluating their Public Health Uniform National Data System (PHUND\$) to align the chart of accounts for local public health in order to achieve better trend data. M. Cheatham mentioned that the agency has been challenged to obtain all of the necessary funds to begin expansion of the Sidney Dental Clinic. Additionally, M. Cheatham said that the agency also received \$15,000 from the Michigan Department of Health and Human Services to support the Maternal Child Health Needs Assessment. He mentioned that the project would benefit the regional Perinatal Project.

H. OLD BUSINESS:

1. Recap of Michigan's Premier Public Health Conference, October 11-13, 2016, Radisson Plaza Hotel, Kalamazoo, Michigan

B. Kellenberger mentioned that she loved the conference and discussed her experience with several sessions. She also reported that Dr. Graham was recognized for receiving the Jean Chabut Award.

I. NEW BUSINESS:

1. My Community Dental Centers Clinic in the Clinton Branch Office, Saint Johns

M. Cheatham mentioned that the My Community Dental Centers (MCDC) dental clinic in Saint Johns is exploring moving their operations from the CBO to their own new facility (to be constructed).

2. None

3. Emerging Issues – None

J. LEGISLATIVE ACTION: None

K. INFORMATIONAL ITEMS:

1. Mid-Michigan District Board of Health Action Items, September 2016

2. Staffing Report

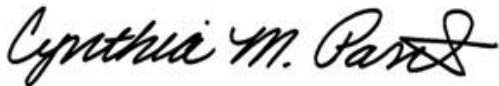
L. RELATED NEWS ARTICLES AND LINKS:

1. MMDHD News Articles Available Online at **<http://mmdhd.org/?q=node/106>**

M. AGENCY NEWSLETTERS: None

There being no further business to come before the Board, the meeting adjourned at 11:59 a.m.

Respectfully Submitted,



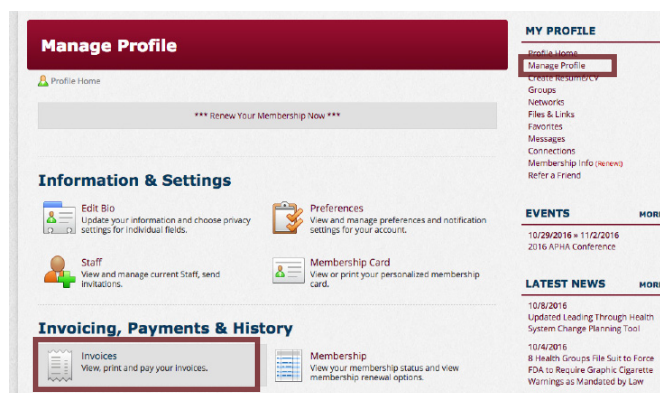
Cynthia M. Partlo, Board Secretary
For Betty Kellenberger, Chairperson
Mid-Michigan District Board of Health

NALBOH Membership Now Open for 2017

By joining NALBOH, you will receive:

- Quarterly Newsbrief electronic and by mail ([View archives here](#))
- Monthly electronic newsletter
- Discounted rates to NALBOH conferences, webinars, and events
- Access to members-only online resources
- Submit news stories & articles for inclusion on NALBOH website eNews & Quarterly Newsbrief
- Eligibility to receive scholarships
- Opportunity to network with Board of Health members across the country
- [Free webinar](#) and training opportunities (Sign in to view archived webinars)
- Chance to join the Board or a Committee and Become a NALBOH Leader
- Track your learning and event participation through the NALBOH web portal

Not a member yet? Join the over 400 Boards of Health in the country and become a member of the only National Association dedicated to strengthening and improving public health governance. [Click here](#) to join today!



Current members can login to their accounts and click on "Renew Your Membership Now". After November 1st your invoice will be created for you - simply click on Invoices (above) to view your 2017 invoice and pay online. You can also print your invoice and pay by check!

Thank you from the NALBOH Board of Directors for a great 2016!

We thank you for supporting NALBOH and were glad to see so many at the 2016 Annual Conference in St. Louis, Missouri! The Board is looking forward to seeing more familiar and new faces in 2017.

The Board had a successful meeting prior to the conference on Tuesday, August 9th in St. Louis, to discuss strategic planning, future conference ideas, member needs, and resources. We look forward to sending out a member survey to determine next steps on some ideas for 2017 and beyond!

Sending health and blessings from the 2016 Board of Directors!

View the full NALBOH Board of Directors roster by [clicking here](#).



Pictured (left to right): Front Row: James Stecker, Nancy Terwoord, Christina Dokter, Margaret Brink, Debbie Peet
Back Row: John Novak, Barbara Ann Hughes, Judy Sartucci, Debbie Peet, Barbara Ann Hughes, Ken Johnson, Bill Beeman

Consider Contributing to the Public Health Endowment Fund to Continue Future Scholarships! Visit www.NALBOH.org!

Fall 2016 President's Message



Ken Johnson, PhD, FACHE
President, National Association of Local Boards of Health

It was great to see many of you at the NALBOH Annual Conference in St. Louis. We had a wonderful meeting and many ideas were shared. I find this one of the most important benefits of being a member of NALBOH. I think we recognize that for many of you, it's a big expense to get to that meeting. We know some spent personal funds to attend. As the staff of NALBOH research the possibilities for the meeting each year and present those ideas to the Board, we all consider how the location affects our attendance. We shoot to have a place somewhat central to many members. We also consider how NALBOH members local to the conference site can help and support what happens at the meeting. We even consider the community and what we might experience when we visit. Ultimately, our goal is to get as many of you as we can to attend and share what's happening with you.

This year's conference gave us the opportunity to learn more about engaging elected officials in public health. We heard from a number of you about specific public health challenges and successes, these included dealing with an outbreak of mumps, the public health challenges with legalized marijuana, the use of County Health Rankings and Roadmaps, Indiana's HIV outbreak, building relationships with non-traditional partners, working with the underserved, and more.

Of special interest was a presentation from a group representing Flint, Michigan. They included Denise Chrysler, the director of the Network for Public Health Law – Mid-States Region; Kay Doerr, the board chair of the Genesee County Health Department; Meghan Swain, the executive director of the Michigan Association for Local Public Health; and Christina Dokter from the Ingham County Board of Health. I learned much that I didn't know about the events leading up to the problems, how local and regional government was involved, how local health departments responded, and what is happening now. Very fascinating.

Plan now, to attend next year's meeting. More details will be coming for August 2017.

A second meeting I attending recently was the Public Health Law Conference. This is typically held in Washington, D.C. in September and is just like it sounds. It's very informative. Among the speakers was Michael Botticelli, the director of the White House Office of National Drug Control Policy. He addressed the challenge with opioids and other drugs.

I'll just mention that in one presentation, we were introduced to some of the top issues facing all of us in the past year. These included immunizations, regulating e-cigarettes, battling controlled substance use, health care system transformation, reproductive health, healthy weight and nutrition, HIV/AIDS, emergency preparedness, global health, environmental law, guns and mass shootings, electronic data exchange and information technology, social determinants of health, and legal epidemiology. This was all in discussed in about 90 minutes, if you can imagine.

We are doing good work around the nation, trying to help all we serve live a healthier life. Thanks for your support of NALBOH. We sincerely appreciate it. Thanks for your good ideas. We want all of your feedback and take it seriously.

Ken Johnson

Recognizing Margaret Brink as Immediate Past President

Margaret Brink, NALBOH Past President, was recognized with a Past President's Award at the 2016 NALBOH Conference. We can all agree what great leadership and advancement she has given to NALBOH over the last few years. It took a strong individual and team leader to make important decisions, promote and advance boards of health as well as the association, and do so with her ever-present positive attitude to get the Association where we are today, and a great look into the future. We are thankful for Board Members like Margaret!

We wish Margaret and her family well and know that she will continue to advocate for NALBOH and the continued work of Board of Health members!



2016 Annual Conference - “That’s a Wrap!”

The 2016 Conference came to a close Friday, August 12th after a great week of Board meetings, State Leadership meeting, Breakout Presentations, Tailgate and Conference Receptions, St. Louis Cardinals Game, excellent keynote presentations, networking, and more! Thank you to all those who were able to make it to St. Louis, MO, this year. If you weren't, we hope to see you next year. News on the 2017 Conference will be coming soon.

NALBOH hopes that you left feeling recharged, energized and having more resources to do all you can to improve public health in your local community to improve our country as a whole! Also, a special thank you to 14 exhibitors that helped us to “Explore Our Role in Board Governance”.

Watch for our 2017 conference announcement coming soon! When announced, be sure to save the date!

Thank you to Our 2016 Conference Exhibitors!

NALBOH appreciates the support given from the following companies:

- Bio-Defense Network
- Center for Sharing Public Health Services
- Department of Health and Human Services Assistant Secretary for Preparedness and Response
- Evidence for Action
- Minnesota Multistate Contracting Alliance for Pharmacy
- Mitchell & McCormick d.b.a. Harris Public Healthcare Solutions
- MO Dept of Health & Senior Services-Bureau of Environmental Epidemiology
- National Board of Public Health Examiners
- Network for Public Health Law
CONFERENCE SPONSOR!
- Public Health Accreditation Board
- Tobacco 21
- U.S. Food and Drug Administration
- UNMC College of Public Health
- Weber-State University - **BREAK SPONSOR!**



Enjoy Conference recaps below from our speakers this year in St. Louis!

Building Community Centered Partnerships between Local Health Departments and Non-Traditional Partners

Submitted by: Heidi Jaeger and Phil Bondurant, Summit County (UT)

In the past, the Summit County Health Department (SCHD), especially Environmental Health, was viewed by the community as a regulatory and punitive organization because of past practices and negative perceptions. Given the legal authority of the Board of Health to condemn properties, evict tenants, deny permits, and close businesses when public health is at risk, this opinion is well justified. However, in a concerted effort to change the mindset of a community, the SCHD has sought opportunities and focused efforts on a more holistic, community-centered approach to resolving common public health problems for the greater good of the community. By cultivating partnerships with non-traditional partners, creative ideas rooted in common sense and bound by regulatory authority have created a win-win solution, resulting in minimized loss of income and housing, protection of public health, and improved public relations and perceptions. Now, the SCHD is viewed as a resource in the community when it comes to solving problems and protecting public health.

Using this framework, the SCHD has effectively addressed a multi-family housing complex with significant sanitation issues and unhealthy living conditions. Additionally, utilizing the same approach to partner with a non-profit organization has allowed for the repair of failed septic systems in residential neighborhoods where cost is a major concern. During this presentation, attendees learned how a community centered creative approach can be achieved utilizing non-traditional partnerships between government agencies, community leaders, property owners, the Board of Health, and non-profit organizations through the creation of cooperative partnerships in a traditional regulatory environment while improving the public image of their organization.

Questions and comments can be directed to:

Heidi Jaeger MHA, PMP, CTHP

Summit County Utah Board of Health Chair
Heidiirene1@gmail.com
435-659-5624

Phil Bondurant MPH, LEHS, RS, HHS

Director of Environmental Health
PBondurant@summitcounty.org
435-333-1584

A Board Governing Conundrum: Legalized Marijuana

Submitted by: Thomas W. Fawell, M.D., FACS, Tri County Board of Health (CO)

A governing conundrum faces Boards of Health, regarding the issue of “legalized” marijuana. The problem isn’t just complex legalities, but also a lack of credible information regarding the substance itself, and the possible health consequences. The issue of legalization hasn’t yet presented itself in all fifty states but proponents are bringing the discussion to those areas where legislatures and voters have yet to approve its use, either medical or recreational. If our prime directive in Public Health is to prevent disease and injury, we are remiss in our duties if we fail to inform ourselves as to the facts regarding the trend of marijuana legalization.

Contradictory positions include the fact that marijuana is illegal in all states by federal law, yet exceptions have been made in more than half of the states for the use of “medicinal” marijuana. Federal authorities have declined to re-schedule marijuana. It remains a Schedule I drug, “showing no beneficial use for humans”, yet marijuana has federal approval as a drug for patients in states where medicinal use has been allowed. Though federally illegal, the Department of Justice has stated that it is unlikely to prosecute individuals or organizations engaged in such activities, if said activities are within the rules, regulations and laws of the states where it has been “legalized”. Health consequences, positive or negative, need to be addressed, regardless of whether marijuana is “legal” or “illegal”. We need to continue to monitor the facts and educate the public.

2016 Conference Recap continued...

Tackling Tobacco Use Among the Underserved, Overlooked and Addicted: A Basic Duty of Public Health

Submitted by: Kerry Cork, Staff Attorney, Tobacco Control Legal Consortium and Cheryl Sbarra, Senior Staff Attorney, Massachusetts Association of Health Boards

Tobacco products have a disparate health impact on our most vulnerable populations: those suffering from mental illness or substance use, as well as the young, the elderly, and the socio-economically disadvantaged. The tobacco industry targets these populations in a variety of ways, such as promoting products in locations and at prices that are particularly appealing to the most susceptible groups. One of the basic roles of local boards of health (and public health governance in general) is to protect public health and to ensure health equity for all community members – particularly those whose health is most at risk. At the 2016 NALBOH conference, tobacco control attorneys Kerry Cork and Cheryl Sbarra presented a session that looked at a few underserved and overlooked populations that are disproportionately addicted to tobacco, and a variety of settings, including assisted living residences and low income neighborhoods, where tobacco use is pervasive. The speakers described state and local challenges in addressing tobacco use in these environments, and provided examples of several policy solutions that public health authorities, such as boards of health, might consider to promote change and reduce tobacco use within these vulnerable populations.

Board Orientation and Communication

Submitted by: Shawn Crabtree, Director, Lake Cumberland District Health Department (KY)

It was my pleasure to present a “Board Orientation and Communication” presentation at the 2016 NALBOH Annual Conference held in St. Louis, Missouri. I felt the entire conference was informative, covering topics of contemporary importance. During my session, we covered a brief history of the evolution of public health’s mission; and, current local health department struggles such as funding shortfalls and conflicting expectations. We also discussed several opportunities that presently exist such as: decreasing obesity, improving nutrition, decreasing chronic disease, improving quality of life, and increasing life expectancy. Further, we covered emerging delivery modalities such as social media (and other virtual avenues), worksite wellness and promoting health screenings.

We covered the basics of how boards can be an asset rather than a liability by providing oversight, not daily management; being involved with planning and budgeting, assisting with lobbying and advocacy and participating in community improvement efforts. We also considered ways to hold a Public Health Director/Officer appropriately accountable. They should be proactive, assure the agency stays within the boundaries of the plan and budget; provide ample feedback in areas such as financial and program audits, employee, patient, partner and board survey results; and for facilitating quality improvement, both within the agency and also directed toward community advancement. Finally, we covered several potential paths of communication between the boards of health and their health director which included: meetings, sub-committees, telephones, emails and web-based resources. The presentation was well received evidenced by the number of quality questions asked. Again, it was my pleasure to present at NALBOH.

Congratulations to the NALBOH Scholarship Winners Given to First Time Attendees

We hope you enjoyed St. Louis and the 2016 Annual Conference!!:

- Janet Patton, Bourbon County (KY)
- Ann Rost, Webster County (MO)
- Tim Hansen, Taylor County (WI)
- Lisa Ciampoli, Madison County (IL)
- Brian Farnsworth, Eastern Idaho Public Health (ID)

NALBOH was excited to share with attendees the boost in membership (membership has doubled since 2015) and conference attendance during the NALBOH Annual Meeting this year. The 2016 Election also ended with the new President-Elect Christina Dokter, Ingham County Board of Health (MI), and Judith Sartucci, Central Connecticut District Board of Health (CT). There was also a close race for the Director at Large positions. Beginning January 1st, 2017, the new board members will be Michael Holliday, Madison County Board of Health (IL), and Diane Gerlach, Kenosha County Board of Health (WI), respectively. A big thank you to Andrew Quarnstrom, Champaign-Urbana Board of Health, (IL), who also ran for a Director at Large position. We look forward to keeping him involved!

PHAB Accreditation Goes to 16 New Health Departments

In keeping with their mission to improve the conditions in which their communities can be healthy, another 16 governmental public health departments have achieved five-year accreditation through the Public Health Accreditation Board (PHAB).

Congratulations to our NALBOH Members that were awarded National accreditation status on August 17, 2016:

- La Crosse County Health Department, La Crosse, Wisconsin
- Lake County General Health District, Painesville, Ohio
- Lorain County General Health District, Elyria, Ohio
- Louisville Metro Public Health and Wellness, Louisville, Kentucky
- Waushara County Health Department, Wautoma, Wisconsin

[View the full story and additional health departments by clicking here.](#)



At the 2016 Annual Conference: Boards of Health in attendance who have received PHAB accreditation to date.

Creating Healthier Communities with Plan4Health: Resources & Success Stories

Submitted by: Matt Makara, American Public Health Association

Plan4Health connects communities across the country, funding work at the intersection of planning and public health. Anchored by members of APHA and the American Planning Association, Plan4Health supports creative partnerships to build sustainable, cross-sector coalitions. Two cohorts totaling 35 coalitions are working to increase access to healthy food and opportunities for physical activity while improving health equity. Visit the Plan4Health website <http://www.plan4health.us/> to learn more about each coalition <http://www.plan4health.us/plan4health-coalitions/> and view the resources that have been created as a result of their work. The website is also home to the Plan4Health blog <http://www.plan4health.us/blog/>, success stories <http://www.plan4health.us/plan4health-success-stories/>, an extensive resource library <http://www.plan4health.us/tools-and-resources/> on a number of topics related to healthy eating and active living. Readers are also invited to join the Plan4Health Peer Learning Network <http://www.plan4health.us/peerlearningnetwork/> – a growing network open to planners, public health professionals and anyone interested in creating vibrant healthy places to live, work and play. Questions or interested in learning more? Contact Matt Makara - Matt.makara@apha.org.

Tobacco 21 Movement Reaches a Milestone – At Least 200 U.S. Cities and Counties Have Raised the Tobacco Age

Statement of Matthew L. Myers, President, Campaign for Tobacco-Free Kids

WASHINGTON, D.C. – With approval Monday, September 26, by the City Council of Liberty, Mo., at least 200 cities and counties across the United States have now enacted laws prohibiting the sale of tobacco products to anyone under 21. The fast-growing Tobacco 21 movement is an innovative strategy that can accelerate progress in reducing tobacco use – the nation's No. 1 preventable cause of death – and help make the next generation tobacco-free. Increasing the tobacco age to 21 will help prevent young people from ever starting to smoke and reduce the deaths, disease and health care costs caused by tobacco use.

In addition to the 200 cities and counties in 14 states, California and Hawaii have enacted statewide laws raising the tobacco age to 21. Major cities that have done so include New York City, Chicago, Boston, Cleveland and both Kansas Cities. Statewide legislation is under consideration in several other states, including Massachusetts, New Jersey and Washington state, as well as in Washington, D.C. Federal legislation has also been introduced by U.S. Sen. Brian Schatz (D-HI) and U.S. Rep. Diana DeGette (D-CO).

Increasing the tobacco age to 21 will reduce tobacco use among youth and young adults – age groups when nearly all tobacco use begins and that are heavily targeted by the tobacco industry. Nationally, about 95 percent of adult smokers began smoking before they turned 21. If we can keep them from smoking as kids, then most will never start.

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The increase in the tobacco age will help counter the industry's efforts to target young people at a critical time when many move from experimenting with tobacco to regular smoking. It will also help keep tobacco out of high schools, where younger teens often obtain tobacco products from older students. A 2015 report by the prestigious Institute of Medicine (now called the National Academy of Medicine) concluded that increasing the tobacco sale age to 21 would yield substantial public health benefits, predicting that a nationwide law would, over time, reduce the smoking rate by 12 percent and smoking-related deaths by 10 percent. This translates into 223,000 fewer premature deaths.

While the United States has made tremendous progress in reducing smoking, tobacco use still kills more than 480,000 Americans and costs the nation about \$170 billion in health care bills each year. If current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness. We applaud the elected officials who have supported Tobacco 21 for their leadership in helping end this terrible epidemic.

Introducing the New Face of LawAtlas.org!

Submitted by: Bethany Saxon, Center for Public Health Law Research

The Policy Surveillance Program is excited to announce that it has recently updated its website, LawAtlas.org!



LawAtlas.org publishes interactive maps and data that showcase laws that are important to the public's health. The site outlines the laws' significant features, and in many cases, tracks how those laws have changed over time. It's a useful resource for understanding how and where law is being used to impact health. Users can interact with the maps, download summary reports, and even export the raw data.

The new LawAtlas.org has been redesigned to make the information easier to navigate, and materials easier to find. It also includes maps on new topics, and a series of training modules and resources that teach policy surveillance and legal mapping methods.

The Policy Surveillance Program is one of the major initiatives of the Center for Public Health Law Research at Temple University. Its mission is to support widespread adoption of scientific tools and methods for mapping and evaluating the impact of law on health.

Visit <http://LawAtlas.org> to learn more and start accessing the resources!

Veterinarians and Their Roles on Local Boards of Health

Submitted by: Susan A. Elmore, MS, DVM; James Miller, DVM; Harley L. Robinson, DVM

County Boards of Health (BOH) are the primary policy-making and adjudicatory body for the local health department, charged to protect and promote the public health of county residents. State statutes determine the composition of local BOHs and elected officials are almost always responsible for appointing local BOH members. The number and makeup of local BOHs may vary widely among the states. According to the 2015 NACCHO Local Board of Health National Profile, 88% of local BOHs have at least one member who is a healthcare professional but interestingly, healthcare professionals make up the majority of members on only one third of all local BOHs (<http://nacchoprofilestudy.org/wp-content/uploads/2014/02/Local-Board-of-Health-Profile.pdf>). For some, a BOH is made up of board of county commissioner-appointed professional and public health advocate representatives. This may include a county commissioner representative, a few at-large representatives, and one professional representative from each of the following public health fields: engineering, dentist, physician, nursing, optometry, pharmacy and veterinary. It is estimated that only ____ states require a veterinarian on a board of health. The main reason some boards of health have a requirement or recommendation for a veterinarian is to provide advice and leadership on issues related to rabies exposure and control in the county.

Veterinarians may be clinicians with a broad range of expertise, or specialize in areas such as anatomic or clinical pathology, dermatology, orthopedics, surgery, lab animal medicine, etc. They may be employed in privately owned hospitals or may work in academia in university-affiliated hospitals, in the pharmaceutical industry, in contract research organizations or in state or federal government. Drs. Elmore, Miller and Robinson are three typical veterinary board members.

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Dr. Elmore is a board certified pathologist and toxicologist and is employed at the National Institute of Environmental Health Sciences (NIEHS) and the National Toxicology Program (NTP) in North Carolina where she has served as a Veterinary Medical Officer and Staff Scientist since 2011 (<https://www.niehs.nih.gov/research/atniehs/labs/lep/ntp-path/staff/elmore/>). The mission of the NIEHS (<http://www.niehs.nih.gov/about/index.cfm>) is to discover how the environment affects people in order to promote healthier lives and the NTP (<http://ntp.niehs.nih.gov/about/index.html>) is an interagency program whose mission is to evaluate agents of public health concern by developing and applying tools of modern toxicology and molecular biology. Since 2013 she has been Editor-in-Chief for the Toxicologic Pathology Journal. She also serves as current board member and past chair of the Orange County Animal Services Advisory Board and the Orange County Health Department, is current President of the Association of NC Boards of Health (ANCBH) and is a newly appointed board member for the North Carolina Institute for Public Health (NCIPH) Local Health Department Accreditation Board where she serves on the Appeals Committee.

Dr. Miller is a 1992 graduate of NC State University of Veterinary Medicine, where he received both his Doctorate in Veterinary Medicine and his B.S. in Animal Science. Dr. Miller is a native of Hillsborough, NC & developed an interest in animals as a child living on a small farm in northern Orange County. Dr. Miller began his veterinary career as an Emergency Doctor treating emergency & critically ill animals in Durham. In 1997 he transitioned to general practice as owner of Durham Animal Hospital in order to have a long-term relationship with his patients and their owners. In 2006, he also founded North Churton Animal Hospital in Hillsborough (<http://myhometownvet.com/meet-our-staff/>). He has served the past 9 years on Durham County Board of Health and is serving his second year as Chair.

Dr. Robinson is a general practitioner and owner of Laughery Valley Veterinary Hospital in Ripley County, Indiana (http://laugheryvalleyvets.vetstreet.com/our_staff.html). He has been on the local Board of Health since 1981, serving as the chairperson the past 12 years. He has a passion for public health and youth. He serves on the boards of two scholarship organizations that have raised more than \$750,000 over the past 25 years to assist high school graduates with the high cost of a college education. He also has served the past 16 years on the Board of Trustees for the local pregnancy care center. Dr. Robinson believes that helping our youth make good choices concerning their future will lead to a healthier population. He is the current president of the Indiana Association of Local Boards of Health and serves his profession as a board member of the Indiana Veterinary Medical Association.

In terms of their service on local boards of health, veterinarians, along with other BOH members, provide oversight and guidance for local health departments and set public health priorities for local communities. Many veterinarians own their own business so have skills in effective communication, managing people, managing finances, leading a team, as well as organizational and planning skills. However, they also bring a unique set of skills related to animal and human health and can provide advice and guidance for local health directors. As an example, in Ripley County, Indiana, Dr. Robinson noticed a sharp increase in the number of dogs testing positive for *Borrelia burgdorferi*, the causative agent of Lyme Disease. He brought this information to the attention of the medical doctors on the local board of health and also to the media. As a result, the local doctors are now more alert for patients with Lyme disease symptoms and the public has been informed about tick control measures. Several human cases of Lyme disease are diagnosed every year in this locale.

Zoonotic diseases are another important area where board of health veterinarians can provide expertise. Any disease or infection that is naturally transmissible from vertebrate animals to humans and vice-versa is classified as a zoonosis. Rabies is a classic example of a zoonotic disease and is the main reason that many state statutes require a licensed veterinarian to serve on local BOHs. Prevention and control strategies for diseases caused by zoonotic agents are different from those required for diseases whose etiologic agent has long relied on human-to-human transmission for its survival and veterinarians on local boards of health will be on the front line and play a key and necessary role.

Contact us:

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James Miller, DVM; jimmiller@gmail.com

Harley L. Robinson, DVM; hlrobin@aol.com

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NALBOH Webinar Recording and Slides

NALBOH hosted a webinar on August 4th titled "Board of Health Profile Report - Opportunities to Build Better Board Governance on August 4th.

It featured the following presenters:

- Carolyn Leep, NACCHO Research and Evaluation Senior Director
- Phoebe Goldberg, Michigan Public Health Training Center Program Manager
- Nancy Terwoord, Greene County Board of Health
- Harvey Wallace, Marquette County Board of Health, NALBOH Emeritus
- Eric Ostermann, NALBOH Executive Director

[View the recording and slides by clicking here.](#)

SALBOH/State Leadership Chair Update

The SALBOH (State Association of Local Boards of Health) and State Leaders were able to meet on the pre-conference day of the 2016 Annual Conference in St. Louis. Over 20 states were represented during this meeting of the states, lead by Chairwoman, Meghan Swain, Michigan Association for Local Public Health Executive Director (MI).

Each state was able to give a five minute report describing their state association, accomplishments for their state and challenges that they may face throughout the previous year and into the next. Many states shared member engagement and funding as key issues either their association or their boards and health departments as a whole are facing. NALBOH Executive Director, Eric Ostermann, also reviewed updates of the current NALBOH plans and 2017 priorities, which include increasing membership and engagement, conference attendance, providing information and resources specific to board of health members, and building sustainable operations.

NALBOH Website - Adding Board of Health Members

If you are the primary account holder for your Health Department you can add your Board of Health members online. This is a great way to get your Board of Health members involved and allow them member benefits.

Visit www.nalboh.org. After signing into your online account click on *Manage Profile* and then click on *Staff*. This will log you out of the Health Department account and allow you to create a new account.

You can also choose to send your Board of Health members the unique link found in your health department profile. Copy and past this link into an email to send.



NALBOH's Mission

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

Visit NALBOH online at:
www.nalboh.org

The vision of NALBOH is boards of health that are:

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

MONTHLY EXPENSES FOR
October 15, 2016 - November 10, 2016

<i>EV 1831</i>	\$ 245,382.39
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<i>EV 1832</i>	<u>\$ 223,594.64</u>
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TOTAL	\$ 468,977.03
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Mid-Michigan District Health Department
615 North State Street, Suite 2
Stanton MI 48888
(989) 831-5237

CK# EV 1831 10/28/2016

Payables

102858		
thru	Quantum Checks & Direct Deposits & Voids	\$99,362.58
102891		

Payroll

AFLAC Employee Deduction		\$407.74
MERS Employee Electronic Transfer		\$3,709.99
Chemical Bank Payroll-Ameriprise NBS		\$150.00
Chemical Bank Payroll-Nationwide		\$2,505.00
Chemical Bank Payroll-MERS 457		\$385.00
Chemical Bank Payroll Tax Electronic Transfer		
	Federal	\$32,712.98
	State	\$9,507.22
MERS Employer Electronic Transfer	EV1830	(\$27,055.16)
MERS Employer Electronic Transfer	EV1830 September correction	\$19,850.80
Direct Deposit Payroll		\$98,452.10
9/30/16 Direct Deposit EV		(\$100,238.41)
9/30/16 Direct Deposit EV		\$100,238.61
State of Michigan Unemployment (Jul-Sept)		\$5,390.00

Bank Fees

Chemical E-Banking fee	16-Aug	(\$75.59)
Chemical E-Banking fee	16-Sep	\$74.87
Chemical Bank Interest	16-Aug	<u>\$4.66</u>

TOTAL		<u><u>\$245,382.39</u></u>
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ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102858	10/28/16	AMA076 AMALGAM LLC	082016-02	08/23/16	14846		\$16,000.00	\$ -	\$16,000.00
			FETCHGIS SECOND INSTALLMENT						
COMPUTER CHECK			CHECK TOTALS:				\$16,000.00	\$ -	\$16,000.00
102859	10/28/16	BLU008 BLUE CROSS BLUE SHIELD OF MICH	100650	10/09/16	14835		\$36,123.99	\$ -	\$36,123.99
			NOV 2016 HEALTH INSURANCE						
COMPUTER CHECK			CHECK TOTALS:				\$36,123.99	\$ -	\$36,123.99
102860	10/28/16	BLU034 BLUE CARE NETWORK	162820113230	10/07/16	14836		\$ 6,159.11	\$ -	\$ 6,159.11
			NOV 2016 HEALTH INSURANCE						
COMPUTER CHECK			CHECK TOTALS:				\$ 6,159.11	\$ -	\$ 6,159.11
102861	10/28/16	CAP095 CAPITAL AREA UNITED WAY	100651	10/24/16	14849		\$ 40.00	\$ -	\$ 40.00
			10/28/16 EMPLOYEE DONATION						
COMPUTER CHECK			CHECK TOTALS:				\$ 40.00	\$ -	\$ 40.00
102862	10/28/16	CDW016 CDW GOVERNMENT, INC.	FLV8225	09/27/16	14795	094331-00	\$ 94.72	\$ -	\$ 94.72
			4 WIRELESS MOUSE						
COMPUTER CHECK			FNG8492	10/03/16	14794	094341-00	\$ 5,618.52	\$ -	\$ 5,618.52
			MS SURFACE PROS,COVERS,CASES						
			FPZ9841	10/11/16	14811	094346-00	\$ 2,101.61	\$ -	\$ 2,101.61
			SURFACE PRO,DOCK,CASE,PORT						
			CHECK TOTALS:				\$ 7,814.85	\$ -	\$ 7,814.85
102863	10/28/16	CLI092 CLINTON COUNTY ADMIN/ACCT	AC-2016-021	10/03/16	14838		\$ 1,966.66	\$ -	\$ 1,966.66
			NOVEMBER RENT						
COMPUTER CHECK			CHECK TOTALS:				\$ 1,966.66	\$ -	\$ 1,966.66
102864	10/28/16	COH003 COHL, STOKER & TOSKEY	46876	10/11/16	14843		\$ 41.85	\$ -	\$ 41.85
			SEPT 2016 LEGAL						
COMPUTER CHECK			46878	10/11/16	14817		\$ 950.00	\$ -	\$ 950.00
			SEPT 2016 CJS MD PROJECT						
			CHECK TOTALS:				\$ 991.85	\$ -	\$ 991.85
102865	10/28/16	COV178 COVENANT MEDICAL CENTER	100643	10/04/16	14818		\$ 42.84	\$ -	\$ 42.84
			22412 LABS						
COMPUTER CHECK			100644	10/04/16	14819		\$ 21.42	\$ -	\$ 21.42
			20940 LABS						
			100645	10/04/16	14820		\$ 125.78	\$ -	\$ 125.78
			21654 LABS						
			CHECK TOTALS:				\$ 190.04	\$ -	\$ 190.04

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102866	10/28/16	DEL007 DELTA DENTAL OF MICHIGAN	RIS0001255401	10/11/16	14834		\$ 4,268.52	\$ -	\$ 4,268.52
		COMPUTER CHECK			NOV 2016 DENTAL INSURANCE				
			CHECK TOTALS:				\$ 4,268.52	\$ -	\$ 4,268.52
102867	10/28/16	HOS101 HOSPITAL NETWORK HEALTHCARE	43527	09/30/16	14840		\$ 283.00	\$ -	\$ 283.00
		COMPUTER CHECK			STANTON/ITHACA WASTE PICKUP				
			CHECK TOTALS:				\$ 283.00	\$ -	\$ 283.00
102868	10/28/16	ION026 IONIA COUNTY ANIMAL SHELTER	100646	09/29/16	14824		\$ 40.00	\$ -	\$ 40.00
		COMPUTER CHECK			MEMORIAL MERLIN "BUD" FOX				
			CHECK TOTALS:				\$ 40.00	\$ -	\$ 40.00
102869	10/28/16	ISAB27 ISABELLA MEDICAL CARE FACILITY	100648	10/19/16	14829		\$ 40.00	\$ -	\$ 40.00
		COMPUTER CHECK			MEMORIAL WILFRED KAUFFMAN				
			CHECK TOTALS:				\$ 40.00	\$ -	\$ 40.00
102870	10/28/16	LIN061 LINCOLN FINANCIAL GROUP	3330285187	10/10/16	14837		\$ 1,213.32	\$ -	\$ 1,213.32
		COMPUTER CHECK			NOV 2016 LIFE/LTD/AD&D				
			CHECK TOTALS:				\$ 1,213.32	\$ -	\$ 1,213.32
102871	10/28/16	MA184 MAGELLAN DIAGNOSTICS	0000279792	10/12/16	14806	094340-00	\$ 3,090.37	\$ -	\$ 3,090.37
		COMPUTER CHECK			8 LEADCARE II ANALYZER KITS				
			CHECK TOTALS:				\$ 3,090.37	\$ -	\$ 3,090.37
102872	10/28/16	MIC006 MICHIGAN DEPT OF AGRICULTURE	791-66736	10/20/16	14844		\$ 4,593.00	\$ -	\$ 4,593.00
		COMPUTER CHECK			FOOD FEES DISTRICT WIDE				
			CHECK TOTALS:				\$ 4,593.00	\$ -	\$ 4,593.00
102873	10/28/16	MIC116 MICHIGAN GRAPHICS & SIGNS	14969	06/06/16	14839	094219-00	\$ 130.00	\$ -	\$ 130.00
		COMPUTER CHECK			EP SIGN FOR POD EXERCISE				
			15228	10/03/16	14823		\$ 180.00	\$ -	\$ 180.00
					STATE ROAD WIC SIGN				
			CHECK TOTALS:				\$ 310.00	\$ -	\$ 310.00
102874	10/28/16	MNA004 MICHIGAN NURSES ASSOCIATION	100651	10/24/16	14848		\$ 552.50	\$ -	\$ 552.50
		COMPUTER CHECK			OCTOBER DUES				
			CHECK TOTALS:				\$ 552.50	\$ -	\$ 552.50
102875	10/28/16	NEH002 NEHA TRAINING	G1609300789	09/30/16	14845		\$ 225.00	\$ -	\$ 225.00
		COMPUTER CHECK			MONTCALM FOOD TESTS				
			CHECK TOTALS:				\$ 225.00	\$ -	\$ 225.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102876	10/28/16	NEW045 NEWEGGBUSINESS INC.	1202158176	10/01/16	14796	094342-00	\$ 254.46	\$ -	\$ 254.46
		COMPUTER CHECK				12 MICRO MOUSE			
			1202159168	10/03/16	14798	094342-00	\$ 1,238.59	\$ -	\$ 1,238.59
						5SAMSUNG PRO,2DRIVE,12SURGEPRO			
			1202160502	10/04/16	14797	094342-00	\$ 75.60	\$ -	\$ 75.60
						3 LOGITECH SPEAKER			
			1202169064	10/07/16	14814	094349-00	\$ 247.98	\$ -	\$ 247.98
						SAMSUNG 2.5,MOUNTING KIT			
			1202169947	10/07/16	14809	094349-00	\$ 301.96	\$ -	\$ 301.96
						PARTLO 2 ACER MONITORS			
			1202171737	10/10/16	14813	094342-00	\$ 180.24	\$ -	\$ 180.24
						CH BLOW AIR DUSTERS			
			1202172255	10/11/16	14807	094349-00	\$ 762.91	\$ -	\$ 762.91
						PARTLO DESKTOP COMPUTER			
			CHECK TOTALS:				\$ 3,061.74	\$ -	\$ 3,061.74
102877	10/28/16	NUR008 NURSE ADMINISTRATORS FORUM	2016-2017	10/14/16	14830		\$ 155.00	\$ -	\$ 155.00
		COMPUTER CHECK				DUES TABOR,CURRIE,DOAK,STRATTON			
			CHECK TOTALS:				\$ 155.00	\$ -	\$ 155.00
102878	10/28/16	OFF001 OFFICEMAX INCORPORATED	176790	09/30/16	14804	094337-00	\$ 44.25	\$ -	\$ 44.25
		COMPUTER CHECK				MONTHLY CALENDARS			
			176799	09/30/16	14803	094338-00	\$ 391.40	\$ -	\$ 391.40
						CHAIR,BANKER BOXES,FILEJACKETS			
			177018	09/29/16	14805	094337-00	\$ 39.29	\$ -	\$ 39.29
						CALENDARS			
			181964	10/03/16	14800	094337-00	\$ 10.45	\$ -	\$ 10.45
						ENGRAVED SIGN			
			263542	10/10/16	14812	094344-00	\$ 267.30	\$ -	\$ 267.30
						CALENDAR,FOLDERS,TAPE LABELER			
			928286	09/30/16	14799	094337-00	\$ 17.04	\$ -	\$ 17.04
						WEEKLY PLANNER			
			CHECK TOTALS:				\$ 769.73	\$ -	\$ 769.73
102879	10/28/16	SAN020 SANOFI PASTEUR INC	907176741	10/10/16	14810	094347-00	\$ 464.12	\$ -	\$ 464.12
		COMPUTER CHECK				FLUZONE JAIL EMPLOYEES			
			CHECK TOTALS:				\$ 464.12	\$ -	\$ 464.12

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102880	10/28/16	SHA199 SHAFFER AMANDA	100647	10/11/16	14826		\$ 60.00	\$ -	\$ 60.00
		COMPUTER CHECK	9/27/16		CSHCS PARENT LIASON				
			100649	10/18/16	14831		\$ 67.50	\$ -	\$ 67.50
			10/11-13		CSHCS PARENT LIASON				
			1-100647	10/11/16	14828		\$ 90.00	\$ -	\$ 90.00
			10/4-6		CSHCS PARENT LIASON				
			CHECK TOTALS:				\$ 217.50	\$ -	\$ 217.50
102881	10/28/16	SHR011 SHRED-IT USA LLC	8120997110	10/07/16	14827		\$ 100.97	\$ -	\$ 100.97
		COMPUTER CHECK			MONTCALM SHREDDING				
			CHECK TOTALS:				\$ 100.97	\$ -	\$ 100.97
102882	10/28/16	SOL198 SOLARWINDS	QN787632	09/10/16	14847		\$ 980.00	\$ -	\$ 980.00
		COMPUTER CHECK			ANNUAL MAINTENANCE RENEWAL				
			CHECK TOTALS:				\$ 980.00	\$ -	\$ 980.00
102883	10/28/16	STA008 STATE OF MICHIGAN-MDCH	MID0409122016	09/12/16	14821		\$ 17.67	\$ -	\$ 17.67
		COMPUTER CHECK			LABS				
			CHECK TOTALS:				\$ 17.67	\$ -	\$ 17.67
102884	10/28/16	TEA001 TEAMSTERS LOCAL 214	100651	10/24/16	14852		\$ 2,090.63	\$ -	\$ 2,090.63
		COMPUTER CHECK			OCTOBER DUES				
			CHECK TOTALS:				\$ 2,090.63	\$ -	\$ 2,090.63
102885	10/28/16	TEA031 TEAM FINANCIAL GROUP, INC	140480	10/12/16	14833		\$ 3,908.58	\$ -	\$ 3,908.58
		COMPUTER CHECK			NOVEMBER XEROX/SUPPLY FEES				
			CHECK TOTALS:				\$ 3,908.58	\$ -	\$ 3,908.58
102886	10/28/16	UNI001 UNITED WAY OF MONTCALM CO	100651	10/24/16	14851		\$ 125.00	\$ -	\$ 125.00
		COMPUTER CHECK			10/28/16 EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 125.00	\$ -	\$ 125.00
102887	10/28/16	UNI009 UNITED WAY OF GRATIOT CO	100651	10/24/16	14850		\$ 96.00	\$ -	\$ 96.00
		COMPUTER CHECK			10/28/16 EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 96.00	\$ -	\$ 96.00
102888	10/28/16	UPS002 UNITED PARCEL SERVICE	423867406	10/01/16	14825		\$ 12.19	\$ -	\$ 12.19
		COMPUTER CHECK			CD/FOOD PACKAGES				
			423867426	10/15/16	14832		\$ 23.99	\$ -	\$ 23.99
					CD/ADMIN PACKAGES				
			CHECK TOTALS:				\$ 36.18	\$ -	\$ 36.18

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102889	10/28/16	VAN024 VANGILLS LINDA	100642	09/30/16	14816		\$ 681.18	\$ -	\$ 681.18
		COMPUTER CHECK			SEPT 2016 CJS MD				
			CHECK TOTALS:				\$ 681.18	\$ -	\$ 681.18
102890	10/28/16	VOI018 VOICES FOR HEALTH	64233	10/21/16	14841		\$ 44.00	\$ -	\$ 44.00
		COMPUTER CHECK			9/16/16 SPANISH WIC CLIENT				
			CHECK TOTALS:				\$ 44.00	\$ -	\$ 44.00
102891	10/28/16	WINN73 WINN TELECOM	2033295	10/15/16	14842		\$ 2,712.07	\$ -	\$ 2,712.07
		COMPUTER CHECK			DISTRICT WIDE LONG DISTANCE				
			CHECK TOTALS:				\$ 2,712.07	\$ -	\$ 2,712.07
			BANK CODE TOTALS:				\$99,362.58	\$ -	\$99,362.58
34 COMPUTER CHECKS									
0 MANUAL PAYMENT CHECKS									
0 VOID CHECKS - TRX									
0 VOID CHECKS - STUBS									
0 VOID CHECKS - ERROR									
0 VOID CHECKS - FORM ALIGNMENT									
0 DIRECT DEPOSITS									
34 CHECKS TOTAL									
			COMPANY TOTALS:				\$99,362.58	\$ -	\$99,362.58

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

CK# **EV 1832** **11/10/2016**

Payables

102892		
thru	Quantum Checks & Direct Deposits & Voids	\$ 76,864.54
102954		

Payroll

AFLAC Employee Deduction	\$ 407.74
MERS Employee Electronic Transfer	\$ 3,712.47
Chemical Bank Payroll-Ameriprise NBS	\$ 150.00
Chemical Bank Payroll-Nationwide	\$ 2,505.00
Chemical Bank Payroll-MERS 457	\$ 385.00
Chemical Bank Payroll Tax Electronic Transfer	
Federal	\$ 31,737.04
Direct Deposit Payroll	\$ 102,442.85
State of Michigan Unemployment (Jul-Sept)	\$ 5,390.00

Bank Fees

TOTAL	<u><u>\$ 223,594.64</u></u>
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ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
153	11/10/16	BAI102 BAILEY GEORGE	100658	10/26/16	14970		\$ 62.08	\$ -	\$ 62.08
		DIRECT DEPOSIT			TRAVEL/PER DIEM FOR OCTOBER				
			CHECK TOTALS:				\$ 62.08	\$ -	\$ 62.08
154	11/10/16	KEL038 KELLENBERGER BETTY	100661	10/26/16	14973		\$ 412.40	\$ -	\$ 412.40
		DIRECT DEPOSIT			TRAVEL/PER DIEM FOR OCTOBER				
			CHECK TOTALS:				\$ 412.40	\$ -	\$ 412.40
155	11/10/16	LIN033 LINDEMAN TOM	100659	10/26/16	14971		\$ 52.90	\$ -	\$ 52.90
		DIRECT DEPOSIT			TRAVEL/PER DIEM FOR OCTOBER				
			CHECK TOTALS:				\$ 52.90	\$ -	\$ 52.90
156	11/10/16	MIT173 MITCHELL KEN	100660	10/26/16	14972		\$ 57.76	\$ -	\$ 57.76
		DIRECT DEPOSIT			TRAVEL/PER DIEM FOR OCTOBER				
			CHECK TOTALS:				\$ 57.76	\$ -	\$ 57.76
102831	10/31/16	NEH002 NEHA TRAINING	G1608310871	08/31/16	14771		\$ (625.00)	\$ -	\$ (625.00)
		VOID CHECK TRANSACTION			WRONG VENDOR				
			CHECK TOTALS:				\$ (625.00)	\$ -	\$ (625.00)
102875	10/28/16	NEH002 NEHA TRAINING	G1609300789	09/30/16	14845		\$ (225.00)	\$ -	\$ (225.00)
		VOID CHECK TRANSACTION			WRONG VENDOR				
			CHECK TOTALS:				\$ (225.00)	\$ -	\$ (225.00)
102892	11/10/16	95PART PARTNERSHIP FOR DRUGFREE	94317	09/20/16	14878 094327-00		\$ 1,286.79	\$ -	\$ 1,286.79
		COMPUTER CHECK			87 CLASSIC TEES/ASSORTED SIZES				
			CHECK TOTALS:				\$ 1,286.79	\$ -	\$ 1,286.79
102893	11/10/16	BARTLE BARTLETTS WELL SERVICE	100653	10/31/16	14948		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J35 REFUND SURCHARGE				
			100653-1	10/31/16	14950		\$ 10.00	\$ -	\$ 10.00
					J37 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 20.00	\$ -	\$ 20.00
102894	11/10/16	BEARDS BEARDSLEE BRUCE	100653	10/31/16	14925		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J12 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
102895	11/10/16	BECK BECK BRUCE	100653	10/31/16	14919		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J6 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00

ACCOUNTS PAYABLE CHECK REGISTER

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102896	11/10/16	BETHEL BETHEL LUTHERAN CHURCH	100653	10/31/16	14927		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J14 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102897	11/10/16	BOGART BOGART WELL DRILLING	100653	10/31/16	14916		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J3 SURCHARGE REFUND				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102898	11/10/16	BRODIE BRODIE TAMMY	100653	10/31/16	14951		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J38 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102899	11/10/16	CAP095 CAPITAL AREA UNITED WAY	100655	11/09/16	14960		\$ 40.00	\$ -	\$ 40.00
		COMPUTER CHECK			11/10/16 EMPLOYEE DONATION				
				CHECK TOTALS:			\$ 40.00	\$ -	\$ 40.00
102900	11/10/16	CDW016 CDW GOVERNMENT, INC.	FNL2983	10/03/16	14870	094336-00	\$ 1,951.32	\$ -	\$ 1,951.32
		COMPUTER CHECK			3 SAMSUNG 50 LED TV'S				
			FNS3027	10/04/16	14866	094336-00	\$ 3,620.28	\$ -	\$ 3,620.28
					VIDOE CONFERENCING EQUIPMENT				
			FPJ6839	10/06/16	14867	094336-00	\$ 83.33	\$ -	\$ 83.33
					VIDEO CONFERENCING EQUIPMENT				
			FPK4545	10/07/16	14869	094336-00	\$ 3,992.26	\$ -	\$ 3,992.26
					3 SAMSUNG 50 LED SUPPORTS				
			FQF0495	10/11/16	14868	094336-00	\$ 80.50	\$ -	\$ 80.50
					VIDEO CONFERENCING EQUIPMENT				
			FRH9304	10/17/16	14871	094336-00	\$ 17,611.05	\$ -	\$ 17,611.05
					VIDEO CONFERENCING EQUIPMENT				
			FRJ4320	10/17/16	14865	094336-00	\$ 2,932.32	\$ -	\$ 2,932.32
					VIDEO CONFERENCING EQUIPMENT				
102900	11/10/16	CDW016 CDW GOVERNMENT, INC.	FRL8820	10/18/16	14908	094351-00	\$ 166.83	\$ -	\$ 166.83
					SCREEN MONITOR, KEYBOARD				
			FTB1260	10/25/16	14892	094371-00	\$ 67.98	\$ -	\$ 67.98
					2 SURFACE PRO ADAPTERS				
				CHECK TOTALS:			\$ 30,505.87	\$ -	\$ 30,505.87
102901	11/10/16	CEN012 CENTER MEDICAL SUPPLY CO	168776	08/03/16	14907	094275-00	\$ 325.85	\$ -	\$ 325.85
		COMPUTER CHECK			HEMATROL LO/HI, URINE CONTROLS				
				CHECK TOTALS:			\$ 325.85	\$ -	\$ 325.85

ACCOUNTS PAYABLE CHECK REGISTER

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102902	11/10/16	CEN021 CENTRAL MI DIST HEALTH DEPT	2016SEPT	09/30/16	14883		\$ 4,505.13	\$ -	\$ 4,505.13
		COMPUTER CHECK			MD FOR SEPTEMBER				
			CHECK TOTALS:				\$ 4,505.13	\$ -	\$ 4,505.13
102903	11/10/16	COOPER COOPER JOHN	100653	10/31/16	14922		\$ 20.00	\$ -	\$ 20.00
		COMPUTER CHECK			J9 REFUND SURCHARGE X2				
			CHECK TOTALS:				\$ 20.00	\$ -	\$ 20.00
102904	11/10/16	CRANDA CRANDALL LOIS	100653	10/31/16	14929		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J16 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
102905	11/10/16	CRY023 CASAIR-CRYSTAL AUTO SYSTEM	306757	11/01/16	14959		\$ 800.00	\$ -	\$ 800.00
		COMPUTER CHECK			NOVEMBER INTERNET/FIBER OPTIC				
			CHECK TOTALS:				\$ 800.00	\$ -	\$ 800.00
102906	11/10/16	CRYSTA CRYSTAL CLEAR	100653	10/31/16	14933		\$ 20.00	\$ -	\$ 20.00
		COMPUTER CHECK			J20 REFUND SURCHARGE				
			100653-1	10/31/16	14940		\$ 10.00	\$ -	\$ 10.00
					J27 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 30.00	\$ -	\$ 30.00
102907	11/10/16	DARLIN DARLING ERIC	100653	10/31/16	14924		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J11 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
102908	11/10/16	DENTON DENTON & SONS	100653	10/31/16	14921		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J8 REFUND SURCHARGE				
			100653-1	10/31/16	14932		\$ 10.00	\$ -	\$ 10.00
					J19 REFUND SURCHARGE				
			100653-2	10/31/16	14944		\$ 10.00	\$ -	\$ 10.00
					J31 REFUND SURCHARGE				
			100653-3	10/31/16	14945		\$ 10.00	\$ -	\$ 10.00
					J32 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 40.00	\$ -	\$ 40.00
102909	11/10/16	EAT029 EATON RESA	004533	10/26/16	14853		\$ 3,101.85	\$ -	\$ 3,101.85
		COMPUTER CHECK			4Q FY16 DRUG FREE				
			CHECK TOTALS:				\$ 3,101.85	\$ -	\$ 3,101.85

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102910	11/10/16	FAITH FAITH LUTHERAN CHURCH	100653	10/31/16	14920		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J7 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102911	11/10/16	GRE086 GREENVILLE COMMUNITY CHURCH	100654	11/07/16	14954		\$ 175.00	\$ -	\$ 175.00
		COMPUTER CHECK			NOVEMBER RENT				
				CHECK TOTALS:			\$ 175.00	\$ -	\$ 175.00
102912	11/10/16	GSK052 GLAXO SMITH KLINE	33608101	10/20/16	14899 094323-00		\$ 757.14	\$ -	\$ 757.14
		COMPUTER CHECK			MENINGOCOCCAL B VACCINE				
				CHECK TOTALS:			\$ 757.14	\$ -	\$ 757.14
102913	11/10/16	HERSHB HERSHBERGER PATRICK	100653	10/31/16	14946		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J33 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102914	11/10/16	HISCOC HISCOCK GREG	100653	10/31/16	14923		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J10 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102915	11/10/16	IMP002 IMPREST CASH-MONTCALM	100652	10/26/16	14862		\$ 65.46	\$ -	\$ 65.46
		COMPUTER CHECK			POSTAGE, OFFICE SUPPLY				
				CHECK TOTALS:			\$ 65.46	\$ -	\$ 65.46
102916	11/10/16	JACKSO JACKSON JOHN	100653	10/31/16	14931		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J18 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102917	11/10/16	KANE KANE DALE	100653	10/31/16	14926		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J13 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102918	11/10/16	KERWIN KERWIN THOMAS	100653	10/31/16	14952		\$ 20.00	\$ -	\$ 20.00
		COMPUTER CHECK			J39 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 20.00	\$ -	\$ 20.00
102919	11/10/16	KOHLER KOHLER MICKELE	100653	10/31/16	14935		\$ 20.00	\$ -	\$ 20.00
		COMPUTER CHECK			J22 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 20.00	\$ -	\$ 20.00
102920	11/10/16	KOOIEN KOOIENGA STEVE	100653	10/31/16	14917		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J4 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102921	11/10/16	LSG LSG ENGINEERING & SURVEYOR	35000	10/31/16	14957		\$ 175.00	\$ -	\$ 175.00
		COMPUTER CHECK			J40 REFUND VACANT LAND EVAL				
				CHECK TOTALS:			\$ 175.00	\$ -	\$ 175.00
102922	11/10/16	MATAS MATAS FUN FOODS	100653	10/31/16	14937		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J24 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102923	11/10/16	MCK032 MCKESSON MEDICAL	87488212	10/18/16	14901	094350-00	\$ 157.59	\$ -	\$ 157.59
		COMPUTER CHECK			LANCET DEVICE				
			87641467	10/20/16	14896	094359-00	\$ 201.93	\$ -	\$ 201.93
					SHARPS CONTAINER,SYRINGES				
				CHECK TOTALS:			\$ 359.52	\$ -	\$ 359.52
102924	11/10/16	MER016 MERCK & CO INC	7009448402	10/18/16	14902	094352-00	\$ 331.91	\$ -	\$ 331.91
		COMPUTER CHECK			HEP A ADULT VACCINE				
				CHECK TOTALS:			\$ 331.91	\$ -	\$ 331.91
102925	11/10/16	MILLAR MILLARD SCOTT	100653	10/31/16	14941		\$ 20.00	\$ -	\$ 20.00
		COMPUTER CHECK			J28 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 20.00	\$ -	\$ 20.00
102926	11/10/16	MON183 MONTCALM CO CONTROLLER	09302016	09/30/16	14854		\$ 104.80	\$ -	\$ 104.80
		COMPUTER CHECK			SEPTEMBER 2016 RECYCLE				
				CHECK TOTALS:			\$ 104.80	\$ -	\$ 104.80
102927	11/10/16	NAT016 NRFSP	G1608310871	08/31/16	14914		\$ 625.00	\$ -	\$ 625.00
		COMPUTER CHECK			CLINTON/MONTCALM FOOD TESTS				
			G1609300789	09/30/16	14913		\$ 225.00	\$ -	\$ 225.00
					MONTCALM FOOD TESTS				
				CHECK TOTALS:			\$ 850.00	\$ -	\$ 850.00
102928	11/10/16	NET001 NETWORKES	37483696	10/07/16	14956		\$ 116.76	\$ -	\$ 116.76
		COMPUTER CHECK			SEPTEMBER EDI/MAILED CLAIMS				
				CHECK TOTALS:			\$ 116.76	\$ -	\$ 116.76
102929	11/10/16	NEW045 NEWEGGBUSINESS INC.	1202127625	09/14/16	14887	094314-00	\$ 14.03	\$ -	\$ 14.03
		COMPUTER CHECK			6FT CABLE				
			1202127656	09/14/16	14885	094314-00	\$ 86.85	\$ -	\$ 86.85
					3 KINGSTON MEMORY				
			1202127739	09/15/16	14886	094314-00	\$ 150.98	\$ -	\$ 150.98
					ACER MONITOR				

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102929	11/10/16	NEW045 NEWEGGBUSINESS INC.	1202128201	09/15/16	14884	094314-00	\$ 2,782.27	\$ -	\$ 2,782.27
			3	LAPTOPS,DOCK PORT,PRO2.5					
			1202128706	09/15/16	14889	094314-00	\$ 166.86	\$ -	\$ 166.86
			3	AC ADAPTERS					
			1202134564	09/19/16	14888	094314-00	\$ 105.95	\$ -	\$ 105.95
				HP BATTERY KIT					
			CHECK TOTALS:				\$ 3,306.94	\$ -	\$ 3,306.94
102930	11/10/16	NIELSE NIELSEN KALEIGH & JARED	100653	10/31/16	14930		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK		J17 REFUND SURCHARGE					
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
102931	11/10/16	OFF001 OFFICEMAX INCORPORATED	324990	10/14/16	14905	094354-00	\$ 305.31	\$ -	\$ 305.31
		COMPUTER CHECK		DESK PAD,WALL CALENDARS					
			355681	10/19/16	14891	094353-00	\$ 44.40	\$ -	\$ 44.40
				LAPTOP CASE					
			358867	10/24/16	14890	094353-00	\$ 58.76	\$ -	\$ 58.76
				POCKET FILE					
			366489	10/20/16	14898	094361-00	\$ 73.08	\$ -	\$ 73.08
				CUSHION SEAT,HILITERS					
			374130	10/20/16	14897	094363-00	\$ 101.16	\$ -	\$ 101.16
				SHIP LABELS,FOLDERS					
			374355	10/20/16	14900	094348-00	\$ 124.81	\$ -	\$ 124.81
				COPY PAPER,FOLDERS,STAPLER					
			395114	10/24/16	14893	094368-00	\$ 46.93	\$ -	\$ 46.93
				LABELS,PENS					
			629279	08/10/16	14864		\$ 26.33	\$ -	\$ 26.33
				DESK ORGANIZER					
			CHECK TOTALS:				\$ 780.78	\$ -	\$ 780.78
102932	11/10/16	PHA011 PHARMPAK INC	133025	10/28/16	14975	094367-00	\$ 81.20	\$ -	\$ 81.20
		COMPUTER CHECK		ISONIAZID TABS,VITAMIN B-6					
			CHECK TOTALS:				\$ 81.20	\$ -	\$ 81.20
102933	11/10/16	PIPER PIPER WILLIAM	100653	10/31/16	14934		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK		J21 REFUND SURCHARGE					
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
102934	11/10/16	POWELL POWELLS EXCAVATING	100653	10/31/16	14939		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK		J26 REFUND SURCHARGE					

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102934	11/10/16	POWELL POWELLS EXCAVATING	100653-1	10/31/16	14942		\$ 10.00	\$ -	\$ 10.00
			J29 REFUND SURCHARGE						
			CHECK TOTALS:				\$ 20.00	\$ -	\$ 20.00
102935	11/10/16	R&S005 R&S NORTHEAST LLC	111735	09/14/16	14909	094302-00	\$ 0.48	\$ -	\$ 0.48
		COMPUTER CHECK	CONDYLOX GEL						
102935	11/10/16	R&S005 R&S NORTHEAST LLC	114873	10/20/16	14895	094358-00	\$ 535.15	\$ -	\$ 535.15
			15 NUVARINGS						
			115141	10/23/16	14974	094358-00	\$ 79.08	\$ -	\$ 79.08
			TERCONAZOLE CREAM						
			CHECK TOTALS:				\$ 614.71	\$ -	\$ 614.71
102936	11/10/16	SAN020 SANOFI PASTEUR INC	906571709	08/17/16	14873	094366-00	\$ 1,821.21	\$ -	\$ 1,821.21
		COMPUTER CHECK	5 FLU HIGH DOSE						
			906712121	08/27/16	14874	094366-00	\$ 1,082.94	\$ -	\$ 1,082.94
			7 FLU HIGH DOSE						
			906762242	08/31/16	14876	094366-00	\$ 4,022.35	\$ -	\$ 4,022.35
			26 FLUZONE QIV						
			906990148	09/20/16	14877	094366-00	\$ 4,006.66	\$ -	\$ 4,006.66
			11 FLUZONE QIV						
			907051804	09/26/16	14863	094305-00	\$ 236.11	\$ -	\$ 236.11
			TUBERSOL						
			907117259	10/01/16	14875	094366-00	\$ 2,185.46	\$ -	\$ 2,185.46
			6 FLU HIGH DOSE						
			907278143	10/19/16	14903	094362-00	\$ 3,535.86	\$ -	\$ 3,535.86
			PREVNAR 13 VACCINE						
			907344645	10/26/16	14872	094366-00	\$ 309.41	\$ -	\$ 309.41
			2 FLU HIGH DOSE						
			CHECK TOTALS:				\$ 17,200.00	\$ -	\$ 17,200.00
102937	11/10/16	SHA199 SHAFFER AMANDA	100656	10/25/16	14968		\$ 90.00	\$ -	\$ 90.00
		COMPUTER CHECK	10/18-20 CSHCS PARENT LIASON						
			CHECK TOTALS:				\$ 90.00	\$ -	\$ 90.00
102938	11/10/16	SHELDO SHELTON GRETCHEN	100653	10/31/16	14938		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK	J25 REFUND SURCHARGE						
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102939	11/10/16	SHR011 SHRED-IT USA LLC	8121004438	10/15/16	14955		\$ 95.04	\$ -	\$ 95.04
		COMPUTER CHECK			GRATIOT SHREDDING				
				CHECK TOTALS:			\$ 95.04	\$ -	\$ 95.04
102940	11/10/16	SMI205 SMITH SAM	100657	10/26/16	14969		\$ 69.10	\$ -	\$ 69.10
		COMPUTER CHECK			TRAVEL/PER DIEM FOR OCTOBER				
				CHECK TOTALS:			\$ 69.10	\$ -	\$ 69.10
102941	11/10/16	STA002 STATE OF MICHIGAN/DEQ	761-8106111	09/30/16	14966		\$ 2,063.00	\$ -	\$ 2,063.00
		COMPUTER CHECK			GRATIOT WATER LABS				
			761-8106120	09/30/16	14965		\$ 1,232.00	\$ -	\$ 1,232.00
					CLINTON WATER LABS				
			761-8106128	09/30/16	14967		\$ 3,290.00	\$ -	\$ 3,290.00
					MONTCALM WATER LABS				
				CHECK TOTALS:			\$ 6,585.00	\$ -	\$ 6,585.00
102942	11/10/16	STA008 STATE OF MICHIGAN-MDCH	GRA0110182016	10/18/16	14958		\$ 17.67	\$ -	\$ 17.67
		COMPUTER CHECK			LAB				
				CHECK TOTALS:			\$ 17.67	\$ -	\$ 17.67
102943	11/10/16	THE007 THERACOM, A CAREMARK CO	158815990-301	10/20/16	14904 094357-00		\$ 1,070.16	\$ -	\$ 1,070.16
		COMPUTER CHECK			3 NEXPLANON				
				CHECK TOTALS:			\$ 1,070.16	\$ -	\$ 1,070.16
102944	11/10/16	THOMPS THOMPSON WELL DRILLING	100653	10/31/16	14943		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J30 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102945	11/10/16	TRAYER TRAYER WATER WELLS	100653	10/31/16	14936		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J23 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102946	11/10/16	TRUFAN TRUFANT MASONIC LODGE 456	100653	10/31/16	14918		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J5 SURCHARGE REFUND				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102947	11/10/16	UNGER UNGER JEFF	100653	10/31/16	14949		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J36 REFUND SURCHARGE				
				CHECK TOTALS:			\$ 10.00	\$ -	\$ 10.00
102948	11/10/16	UNI001 UNITED WAY OF MONTCALM CO	100655	11/09/16	14962		\$ 125.00	\$ -	\$ 125.00
		COMPUTER CHECK			11/10/16 EMPLOYEE DONATION				
				CHECK TOTALS:			\$ 125.00	\$ -	\$ 125.00

ACCOUNTS PAYABLE CHECK REGISTER

CHECK NO	CHECK\VOID DATE	REMIT-TO NAME VENDOR-#	INVOICE NO	INVOICE DATE	VOUCH#	P.O.-NO	AMOUNT PAID	DISCOUNT TAKEN	CHECK AMOUNT
102949	11/10/16	UNI009 UNITED WAY OF GRATIOT CO	100655	11/09/16	14961		\$ 96.00	\$ -	\$ 96.00
		COMPUTER CHECK		11/10/16	EMPLOYEE DONATION				
			CHECK TOTALS:				\$ 96.00	\$ -	\$ 96.00
102950	11/10/16	UPS002 UNITED PARCEL SERVICE	423867436	10/22/16	14953		\$ 13.04	\$ -	\$ 13.04
		COMPUTER CHECK			ADMIN/CD PACKAGES				
			CHECK TOTALS:				\$ 13.04	\$ -	\$ 13.04
102951	11/10/16	VER004 VERIZON	9774090757	10/21/16	14964		\$ 1,240.49	\$ -	\$ 1,240.49
		COMPUTER CHECK		9/22-10/21	MOBILE SHARE PLAN				
			9774266266	10/23/16	14963		\$ 222.69	\$ -	\$ 222.69
			9/24-10/23	MOBILE BROADBAND					
			CHECK TOTALS:				\$ 1,463.18	\$ -	\$ 1,463.18
102952	11/10/16	WINELA WINELAND STEVEN	100653	10/31/16	14947		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J34 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
102953	11/10/16	WRS015 WRS GROUP LTD	IN6883	09/29/16	14881 094316-00		\$ 192.00	\$ -	\$ 192.00
		COMPUTER CHECK			300 STYLUS PENS				
			IN7015	10/04/16	14879 094316-00		\$ 276.00	\$ -	\$ 276.00
					300 LANYARDS				
			IN7064	10/05/16	14880 094316-00		\$ 837.50	\$ -	\$ 837.50
					250 TUMBLERS W/STRAW				
			IN7433	10/21/16	14882 094316-00		\$ 295.00	\$ -	\$ 295.00
					6' CUSTOM TABLE COVER				
			CHECK TOTALS:				\$ 1,600.50	\$ -	\$ 1,600.50
102954	11/10/16	WYATT WYATT BILL	100653	10/31/16	14928		\$ 10.00	\$ -	\$ 10.00
		COMPUTER CHECK			J15 REFUND SURCHARGE				
			CHECK TOTALS:				\$ 10.00	\$ -	\$ 10.00
			BANK CODE TOTALS:				\$ 76,864.54	\$ -	\$ 76,864.54
63		COMPUTER CHECKS							
0		MANUAL PAYMENT CHECKS							
2		VOID CHECKS - TRX							
0		VOID CHECKS - STUBS							
0		VOID CHECKS - ERROR							
0		VOID CHECKS - FORM ALIGNMENT							
4		DIRECT DEPOSITS							
69		CHECKS TOTAL							
			COMPANY TOTALS:				\$ 76,864.54	\$ -	\$ 76,864.54

REC'D NOV 14 2016
2253

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



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

58052
Q311

Account Number:
New Balance: \$764.06
Minimum Payment Due: \$15.00
Payment Due Date: December 1, 2016

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

\$

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

4418369289188796 0000000001500 0000000076406

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Business Edition® Visa®

Account Number:

Page 001 of 001



Account Summary

Previous Balance \$90.00
Payments -\$90.00
Other Credits -\$0.00
Purchases +\$764.06
Balance Transfers +\$0.00
Cash Advances +\$0.00
Fees Charged +\$0.00
Interest Charged +\$0.00
New Balance \$764.06

Statement Closing Date 11/02/16
Days in Billing Cycle 30

Total Credit Limit \$2,000.00
Available Credit \$1,235.00
Cash Limit \$400.00
Available Cash \$400.00



Payment Information

New Balance \$764.06
Minimum Payment Due \$15.00
Past Due Amount \$0.00
Payment Due Date December 1, 2016

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Visit: www.firstnational.com

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



Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
10-03	10-04	24275396277380600243523	BC PIZZA OF STANTON STANTON MI	\$92.03
10-14	10-14	74418006288007288011451	ONLINE PAYMENT THANK YOU	\$90.00 (CR)
10-20	10-21	24755426295642951408282 7	STATE DCH CONFERENCE 517-2415556 MI	\$250.00
10-20	10-21	24755426295642951408290 7	STATE DCH CONFERENCE 517-2415556 MI	\$200.00
10-20	10-21	24492156294894311372755 7	PAYPAL *MICHIGANASS 402-935-7733 CA	\$169.00
10-20	10-21	24692156294000173730919 7	AMERICAN MESSAGING 888-247-7890 TX	\$53.03

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

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	\$437.44	30	\$0.00
Cash Advance	25.55% (v)	\$0.00	30	\$0.00

2016 Total Year-to-Date

Total fees charged in 2016 \$0.00
Total interest charged in 2016 \$0.00

Additional Information Regarding Your Account

An Easier Way to Pay Your Bills!

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



REC'D NOV 14 2016

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

2253

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

58050

0311



Account Number:
New Balance: \$143.58
Minimum Payment Due: \$10.00
Payment Due Date: December 1, 2016

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

\$

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

4418369214493709 0000000001000 0000000014358

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Business Edition® Visa®

Account Number:

Page 001 of 001



Account Summary

Previous Balance \$142.90
Payments -\$142.90
Other Credits -\$0.00
Purchases +\$143.58
Balance Transfers +\$0.00
Cash Advances +\$0.00
Fees Charged +\$0.00
Interest Charged +\$0.00
New Balance \$143.58
Statement Closing Date 11/02/16
Days in Billing Cycle 30

Total Credit Limit \$2,000.00
Available Credit \$1,856.00
Cash Limit \$400.00
Available Cash \$400.00



Payment Information

New Balance \$143.58
Minimum Payment Due \$10.00
Past Due Amount \$0.00
Payment Due Date December 1, 2016

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Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
10-05	10-06	24055236280206984200087	MAGGIE'S TAVERN CADILLAC MI	\$32.56
10-11	10-13	24072806266207599500211	ZAZIOS KALAMAZOO MI	\$53.64
10-12	10-13	24224436287104014854624	CENTRAL CITY TAPHO KALAMAZOO MI	\$57.38
10-14	10-14	74418006288007288011436	ONLINE PAYMENT THANK YOU	\$142.90 (CR)

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

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	\$163.40	30	\$0.00
Cash Advance	25.55% (v)	\$0.00	30	\$0.00

2016 Total Year-to-Date

Total fees charged in 2016 \$39.00
Total interest charged in 2016 \$0.00

Additional Information Regarding Your Account

An Easier Way to Pay Your Bills!

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2253

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



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

58051
Q311

Account Number:
New Balance: \$3,750.69
Minimum Payment Due: \$75.00
Payment Due Date: December 1, 2016

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

\$

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

4418369289179571 0000000007500 0000000375069

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:

Page 001 of 001



Account Summary

Previous Balance \$2,495.94
Payments -\$2,495.94
Other Credits -\$0.00
Purchases +\$3,750.69
Balance Transfers +\$0.00
Cash Advances +\$0.00
Fees Charged +\$0.00
Interest Charged +\$0.00
New Balance \$3,750.69

Statement Closing Date 11/02/16
Days in Billing Cycle 30

Total Credit Limit \$10,000.00
Available Credit \$6,249.00
Cash Limit \$5,000.00
Available Cash \$5,000.00



Payment Information

New Balance \$3,750.69
Minimum Payment Due \$75.00
Past Due Amount \$0.00
Payment Due Date December 1, 2016

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Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
10-03	10-04	24071056277987156110934	THE HEARTHSTONE OVEN ITHACA MI	\$74.86
10-04	10-06	24445006279200118144880	BOYNE MTN LODGING BOYNE FALLS MI	\$181.44
10-14	10-14	74418006288007288011444	ONLINE PAYMENT THANK YOU	\$2,495.94 (CR)
10-13	10-14	246921662870001016901507	STAMPS.COM 855-608-2677 CA	\$89.97
10-13	10-17	24072806288207099600824	RADISSON KALAMAZOO MI	\$282.50
10-13	10-17	24072806288207099600855	RADISSON KALAMAZOO MI	\$262.50
10-20	10-20	246921662940006505311787	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	\$31.17
10-21	10-24	241640762954181869036217	USPS POSTAL ST66100207 800-3447779 MO	\$858.00
10-25	10-26	244921562997177887206587	EB OUT OF THE SHADOWS 801-413-7200 CA	\$120.00
10-27	10-27	246921663010008614479347	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	\$80.29
10-27	10-28	246921663010000015473617	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	\$191.14
10-27	10-28	246921663010001237789367	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	\$147.20
10-29	10-31	244310663030837132988597	AMAZON.COM AMZN.COM/BILL AMZN.COM/BILL WA	\$19.10
10-31	11-01	246921663050001937351197	REGISTEREDSANITARIANC 708-784-1984 IL	\$1,350.00
10-31	11-01	246921663050004691003291	VISTAPR*VistaPrint.com 866-8936743 MA	\$24.37
10-31	11-01	246921663050004691045861	VISTAPR*VistaPrint.com 866-8936743 MA	\$38.15

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

Charge Summary	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	15.99% (v)	\$2,211.02	30	\$0.00
Cash Advance	25.55% (v)	\$0.00	30	\$0.00

2016 Total Year-to-Date

Total fees charged in 2016 \$0.00
Total interest charged in 2016 \$0.00

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

Nationally Accredited by the Public Health Accreditation Board

MARK W. (MARCUS) CHEATHAM, Ph.D.
Health Officer

JENNIFER MORSE, MD
Medical Director



www.mmdhd.org

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Bruce DeLong
Betty Kellenberger
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Sam Smith

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Board of Health Action Sheet

Date: November 14, 2016	Administrator: Bob Gouin, R.S. Director of Environmental Health (EH) Services
Subject: Level Two (L2) Assessment Contract Fee = \$130.00	<input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Action Needed

I. Authority For This Action:

- ☒ Local Policy – Michigan Safe Drinking Water Act 399
- ☒ Law or Rule – Federal Register Vol. 78. 40 CFR Parts 141 and 142. National Primary Drinking Water Regulations: Revisions to the Total Coliform Rule; Final Rule.

II. Summary:

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

Previously the revised Total Coliform Rule (rTCR) and its potential impacts to non-residential water supply owners in the Mid-Michigan District Health Department (MMDHD) jurisdiction was discussed at the 2015 Commissioner's Forum. At that time, the commissioners present from across the District concurred with MMDHD's recommendation to attempt to comply with the requirements of the rTCR as directed by the Michigan Department of Environmental Quality (MDEQ) without passing on any additional costs to the local well supply owners; while gathering information on the requirements in order to provide a future recommendation/request for action.

The rTCR requires that all non-residential water supply owners sample their water quarterly (as opposed to annually) as a baseline change, as well as other documentation requirements. A first year phase in period (2016) was allowed by MDEQ in part due to the fact that the additional requirements put forth by MDEQ are an unfunded mandate. Full compliance is required beginning in 2017. The EH Division requests the approval of a Level Two (L2) Authorization Contract Fee to provide water supply owners a compliance choice.

III. Strategic Objective, Health Issue, or other Need Addressed:

(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

The Strategic Objective is to provide the MDEQ required service delivery with as little impact to local water supply owners and MMDHD as possible. The requested action if approved will provide water supply owners a choice of contracting with the MMDHD to assist them with meeting the rTCR requirements as well as provide some cost recovery to this aspect of the program for MMDHD. The basic health issue being addressed is monitoring non-residential/public water supplies to assure the water served to the public is safe.

IV. Fiscal Impact and Cost:

(Immediate, ongoing, and future impact.)

The EH Division requests that this fee be approved to provide some cost recovery. The **Level Two (L2) Assessment Contract Fee has been set at \$130.00**. This fee allows for MMDHD EH staff to visit a facility once that year and provide a L2 assessment (water supply survey) in accordance to the rTCR. This also allows the water supply to remain on annual sampling (pending safe sample results). In establishing this fee, the average program contact time from an Environmental Health Specialist (EHS) II as well as a Public Health Representative (PHR) was taken into account.

V. Alternatives Considered:

(Scope of options reviewed. Reasons for rejecting alternatives.)

1. Alternative One: Switch the 261 eligible supplies over from annual sampling to quarterly sampling as a mandate. This was rejected as it presented the owners with no local choice consistent with our program delivery culture.
2. Alternative Two: Evaluate the Fiscal Year 16/17 MDEQ contract for financial assistance with implementing the rTCR requirements. The MDEQ has provided no additional resources/funding for this current fiscal year to administer this program change.

VI. Recommendation:

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

The EH Division recommends approving this additional fee for service as presented. The primary benefits include providing compliance choices for local water supply owners as well as some MMDHD cost recovery. A possible disadvantage with this proposal is that a significant number of supply owners out of the 261 eligible facilities take advantage of this new contract for service fee and MMDHD cannot accommodate all the contract requests without additional staffing resources.

VII. Monitoring and Reporting Time Line:

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

If the fee is approved, the general timeline will be implemented:

- Water supply owners are notified of the rTCR options by mid-December.
- Water supply owners will be expected to decide whether to sample quarterly on their own or obtain contract services through the MMDHD by mid-January.
- MMDHD will schedule delivering the service and sampling water during the winter/spring of 2017.
- MMDHD will have sufficient data by the time the Fiscal Year 17/18 budget is being formulated to determine if further recommendations to the Board of Health are recommended.



Report to the Boards of Health

Jennifer Morse, M.D., Medical Director

Mid-Michigan District Health Department, Wednesday, November 23, 2016
Central Michigan District Health Department, Wednesday, November 16, 2016
District Health Department #10, Friday, November 18, 2016

Hepatitis A

Since August 2016, there have been four statewide alerts regarding hepatitis A, the most recent pertaining to a recall of frozen strawberries that originated from Egypt (for more information, refer to [MDARD](#) and the [FDA](#)). These strawberries were not shipped to retail stores; and local health departments throughout the state have contacted the establishments that may have received them. Unrelated to this, it has been observed that since August of this year, the areas of Detroit, Macomb County and Oakland County have had at least a six-fold increase in the number of cases of hepatitis A as normally experienced during this time period when compared to the last several years.¹

Hepatitis A is a virus that infects and inflames the liver. Unlike hepatitis C, the infection does not become chronic. Symptoms, if they occur, can include fever, fatigue, nausea, vomiting, abdominal pain, joint pain and jaundice (a yellowing of the skin or eyes). These symptoms can be severe and debilitating and usually resolve on their own in less than 2 months. Rarely, hepatitis A can lead to liver failure and death, which is more likely in older individuals and those with other liver problems. Children infected with hepatitis A often do not have symptoms and spread virus to others without knowing. Adults are contagious for two weeks before showing symptoms.

Hepatitis A rates were once much higher than they are now. The hepatitis A vaccine was developed in 1995 and was initially only recommended as routine vaccination for children living in communities with high rates of infection. In 2005, the Advisory Committee on Immunization Practices (ACIP) added it to the routine recommended vaccinations for all children, as two-thirds of cases of hepatitis A were occurring in states not identified as high-risk areas.²

Hepatitis A is usually spread when a person eats or drinks something that has become contaminated with the virus from contact with objects, food, or drinks contaminated by feces or stool from an infected person. This most commonly comes from an ill food service worker that prepares food for others, from an ill household member or other close contact, or from contaminated food.³ Food implicated in hepatitis A contamination often include fruits, such as raspberries and strawberries, and shellfish. Viruses such as hepatitis A are often resistant to the treatments used to reduce bacterial contamination on fruits and vegetables⁴. Other factors contributing to hepatitis A illness from foods include large-scale production and wide distribution of food, globalization of the food supply, eating away from home, and increasing number of at risk individuals⁴. One historic example occurred in February and March of 1997, when 213 cases of hepatitis A occurred in 23 schools in Michigan, as well as 29 cases in Maine and scattered cases in other states, which were linked to frozen strawberries originating from Mexico⁵.

Traditional risk factors for hepatitis A are:

- Travel to or living in [countries where hepatitis A is common](#) (some experts advise people traveling outside the United States to consider hepatitis A vaccination regardless of their destination)⁶

¹ Michigan Health Alert Network

² Buck, M. "Routine Hepatitis A Vaccination in the United States." *Pediatric Pharmacotherapy* 12.4 (2006)

³ Centers for Disease Control and Prevention. "Viral Hepatitis-Hepatitis A Information." Inform

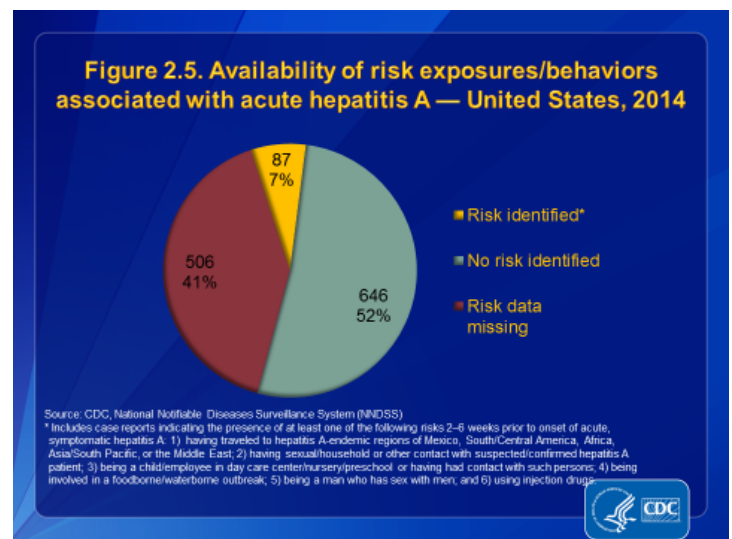
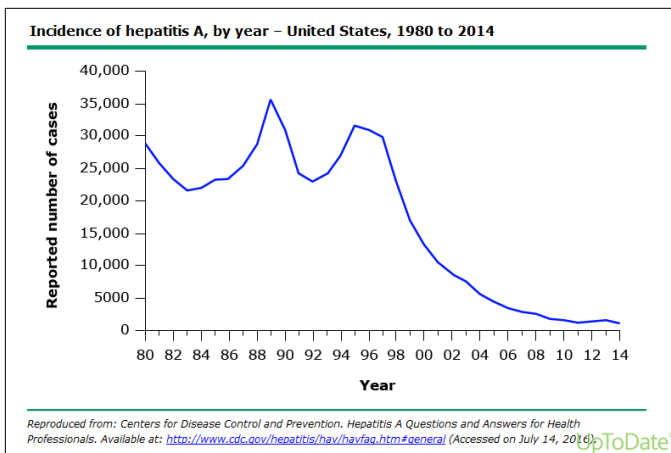
⁴ Radin, Dragoslava. "New trends in food-and waterborne viral outbreaks." *Archives of Biological Sciences* 66.1 (2014): 1-9

⁵ Hutin, Yvan JF, et al. "A multistate, foodborne outbreak of hepatitis A." *New England Journal of Medicine* 340.8 (1999): 595-602

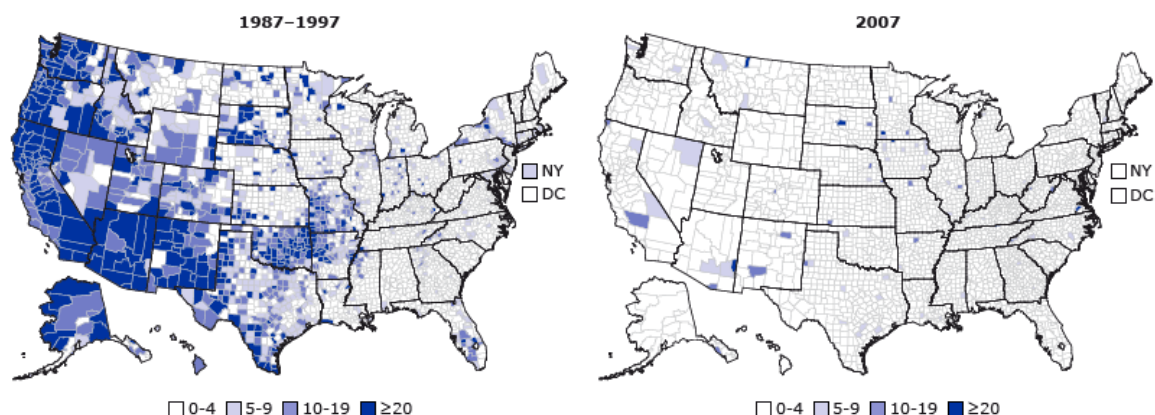
⁶ Centers for Disease Control and Prevention (CDC). *CDC Health Information for International Travel 2016*. New York: Oxford University Press; 2016.

- Being family members or caregivers of a recent adoptee from countries where hepatitis A is common
- Living with someone who has hepatitis A
- Being a man who has sexual contact with other men
- Using illegal drugs, whether injected or not
- Having clotting-factor disorders, such as hemophilia
- Having sexual contact with someone who has hepatitis A

Hepatitis A vaccination is recommended for all children at age 1 year and any individual with any risk factor listed above. As many as 52% of individuals that contract hepatitis A have no identifiable risk factor (see “figure 2.5” below); therefore, any adult who has not been vaccinated previously and wants to be protected against hepatitis A can also be vaccinated. The vaccine is given as a series of two shots, 6 months apart. Any unvaccinated person in close contact with an individual diagnosed with hepatitis A or otherwise exposed to hepatitis A should be evaluated for post-exposure prophylaxis, which is treatment after exposure in an attempt to prevent infection.



Incidence* of reported acute hepatitis A cases, by county — National Notifiable Diseases Surveillance System, United States, 1987 to 1997[†] (pre-vaccine) and 2007



* Rate per 100,000 population.

[†] Annual average incidence.

Reproduced from: Murphy TV, Denniston MM, Hill HA, et al. Progress Toward Eliminating Hepatitis A Disease in the United States. *MMWR Suppl* 2016; 65:29.

UpToDate®

Hepatitis A Incidence, US/Michigan/LHD												
	2010		2011		2012		2013		2014		2015	2016 (as of 11/7/16)
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Number
United States	1670	0.5	1398	0.4	1562	0.5	1781	0.6	1239	0.4	-	-
Michigan	73	0.7	57	0.6	100	1.0	83	0.8	45	0.5	-	79
CMDHD	1	-	3	-	1	-	0	-	1	-	3	1
MMDHD	1	-	1	-	0	-	0	-	0	-	0	0
DHD10	0	-	0	-	0	-	2	-	0	-	0	2

*Rate per 100,000 population

Board of Health Monthly Healthy Living Recommendation:

1. Continue routine hepatitis A vaccination of all children at one year of age.
2. Due to increased travel and globalization of food, all individuals should strongly consider getting hepatitis A vaccination.
3. Enjoy produce safely (<http://www.fightbac.org/food-safety-education/safe-produce/>).

Client Health Emergency in Clinton Branch Office

After-Action Report/Improvement Plan

November 1, 2016



Incident Overview

Incident Name	Client Health Emergency in Clinton Branch Office
Incident Date	October 31, 2016
Mission Area(s)	Response
Scenario	<p>In the morning, a five-day old infant was brought in by its mother and grandmother for an initial dose of Hepatitis B vaccine. Normally this would be given in the hospital; but the mother declined at that time. She was advised to take the baby to her primary care provider for the vaccine and did so. However, the doctor does not participate in the Vaccines for Children program; and the family is low income. He directed them to the Health Department.</p> <p>During intake, the infant was screened as usual and advised about the risks and benefits of vaccination. The family consented to the vaccination. After the vaccine was administered, the mother held the baby to comfort her and her crying stopped. The nurse noticed that the baby did not appear to be breathing. The nurse took the baby and stimulated vigorously by rubbing and patting and the baby responded and began crying again. Staff reported this cycle of stopped breathing and revival by stimulation repeats about 7 times. Finally, the nurse took the baby from the exam room into the reception area and asked the clerk on duty to call 911. The clerk called 911 from the front desk and an ambulance was dispatched. The baby was alert and responsive once EMS arrived.</p> <p>The EMS crew determined the situation was clear and prepared to depart. The nurse did not think that was the correct response and had them call the family's doctor. The doctor instructed the family to have the baby transported to the hospital via ambulance to be evaluated. Baby was admitted to NICU for follow-up testing.</p> <p>Staff later followed up with the family who said the baby was still in the hospital and doing well but no reason for the incident had yet been found.</p> <p>Staff reported that this incident was scary and upsetting for all involved. As soon as supervisors were informed of the incident, Sarah Doak (CHED supervisor in CBO) brought the involved staff together and asked Jennifer Stratton (CHED supervisor in MBO) to facilitate an open-ended dialog (Hotwash/Debriefing/After-Action Meeting). Marcus Cheatham was in attendance.</p>

	Strengths and weaknesses were identified from the meeting.
Participating Staff	Clinton Branch Office Employees
Strengths	<ul style="list-style-type: none"> • The nurse responded promptly and properly to the incident. <ul style="list-style-type: none"> ○ She used plain language when giving instructions to other staff members (i.e., “call 911”).
Improvements	<ul style="list-style-type: none"> • There was only one nurse in the office. <ul style="list-style-type: none"> ○ This happens frequently due to staffing levels. ○ Staff is worried about experiencing an emergency without backup. • Since we changed our phone system (changing was mostly a good thing), MMDHD has lost the ability to do overhead paging and have not yet implemented an alternative emergency alert system. <ul style="list-style-type: none"> ○ The system being evaluated is expensive and the agency should purchase a system that meets our requirements without squeezing out other needs. • The incident prompted staff to examine our emergency equipment. <ul style="list-style-type: none"> ○ Staff determined that our AEDs are not mounted properly and that ventilators are outdated and need replacement. • Staff noted that because each campus of the health department is set up differently, they might not know where to find emergency equipment if they were working at a location different from their home base. <ul style="list-style-type: none"> ○ As a result, tackle boxes have been purchased and will be set up exactly the same for all three offices: resuscitators will be stored in color coded bags depending on size and these set ups will replace the current ‘ER boxes’ in each office. • Staff identified that they would like to do more drills that focus on practical scenarios that are likely to occur. <ul style="list-style-type: none"> ○ Hailey Brewer, Emergency Preparedness Coordinator was asked to take the lead on this. • The nurses wondered if newborns should be getting vaccinated at the health department. • Staff called for a formal policy on how the department supports staff after critical incidents.

Appendix A: Improvement Plan (IP)

This IP has been developed specifically for the Mid-Michigan District Health Department (MMDHD) as a result of the client health emergency experienced on 10/31/2016.

Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
1. Staffing Levels/Staff's comfortability during an emergency event	Practice a variety of emergency events so individuals become more comfortable with potential emergencies that could happen at MMDHD	Training/ Exercising	MMDHD	<ul style="list-style-type: none"> Hailey Brewer 	Continuous	Continuous
2. Internal Emergency Alerting System	Investigate and implement an emergency alerting system to allow for employees to be notified on an emergency within any of the branch offices	Planning/ Equipment	MMDHD	<ul style="list-style-type: none"> Melissa Bowerman Marcus Cheatham Hailey Brewer Mario Lucchesi 	Ongoing	
3. Update emergency medical equipment	All AEDs mounted properly to the walls (same location in each branch office)	Planning	MMDHD	<ul style="list-style-type: none"> Maintenance 	Ongoing (if not already completed)	
	Purchase and install "tackle boxes" (same location for each office)	Equipment	MMDHD	<ul style="list-style-type: none"> Peggy Fox Becky Stoddard 	Ongoing (tackle boxes have been purchased)	
4. Policies for supporting staff during/after a critical incident	Investigate policies or plans to support staff during and after a critical incident	Planning	MMDHD	<ul style="list-style-type: none"> Human Resources Administrative Services Division 	Ongoing	

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Administrative Preparedness

Mid-Michigan District Health Department



November 23, 2016

Agenda

- Discuss what is administrative preparedness
- How does this relate to MMDHD?
- Emergency declaration process
- Highlights from the administrative preparedness plan
- Questions

What is Administrative Preparedness?

- A process of ensuring that fiscal, legal, and administrative authorities and practices that govern funding, procurement, contracting, and hiring can be accelerated, modified, streamlined, and accountably managed in order to mitigate, respond to, and recover from public health threats and emergencies (NACCHO, 2016).
- A lack of administrative preparedness can delay procurement of goods and services, hiring of personnel, and disposition of emergency funds which could result in a delayed response.

How does this relate to MMDHD?

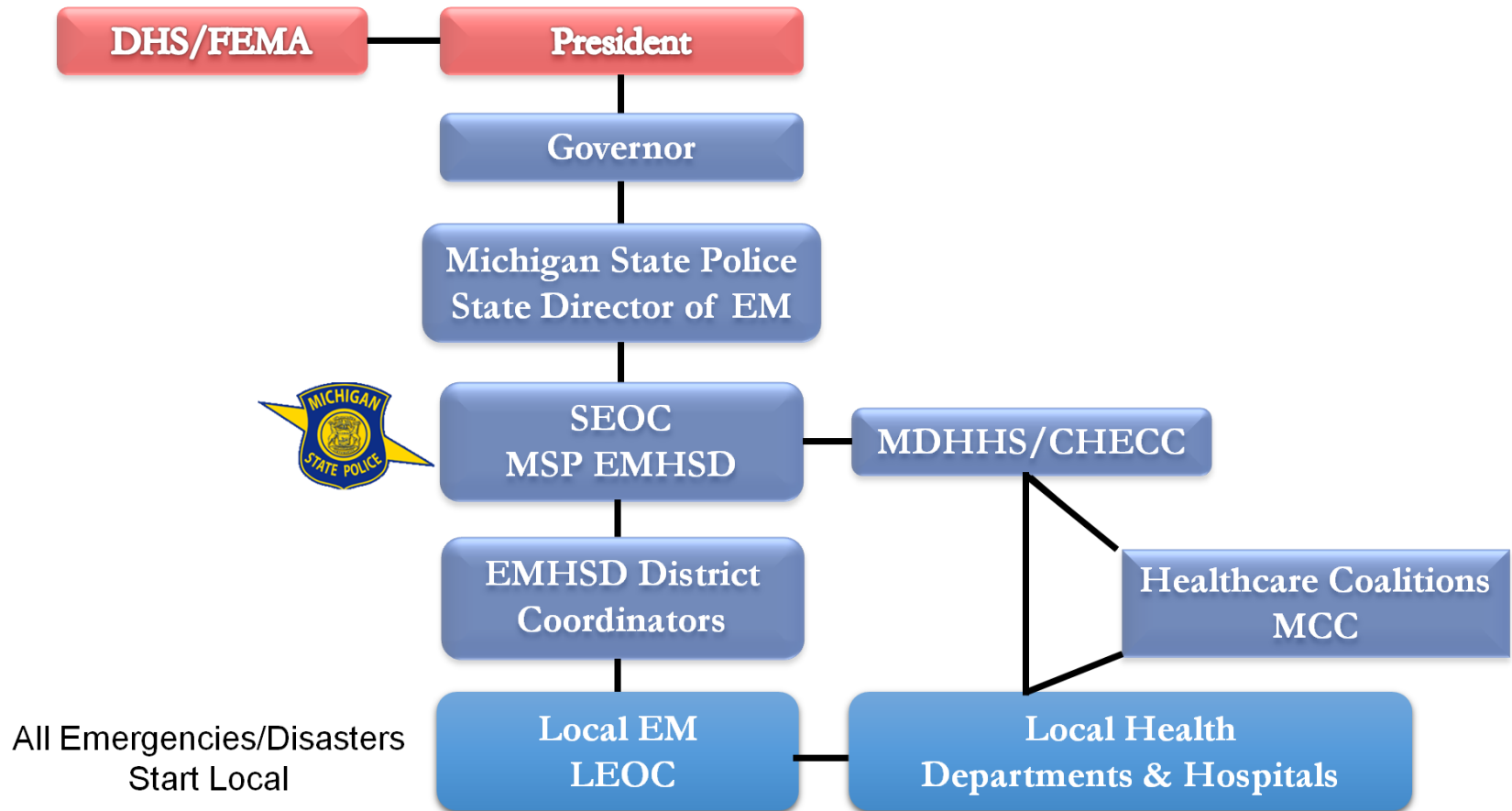
- State Requirement
 - Linked to Public Health Emergency Preparedness funds
 - BP₄-Strengthen and submit a plan
 - BP₅- Must exercise one component of the plan
- MMDHD already has experience with many of these components enclosed in the plan



Emergency Declaration Process

- MMDHD Emergency Operations Plan:
 - MMDHD has the primary responsibility for the coordination of public health and medical services in most impending or actual health emergencies affecting Clinton, Gratiot, and Montcalm counties.
 - Leadership on emergencies will include:
 - Disease outbreak and control, contamination of the food or water supply, and other critical health issues

Michigan Emergency Management System



Administrative Preparedness Plan

- The activation of this plan will rely upon a declaration of emergency from either the federal, state, or local government
- The Health Officer has the capability to activate this plan with approval from the Board of Health Chair or Successor
 - Succession: Chair, Vice Chair, other board members
 - If Board is unreachable (2 hours or appropriate for emergency), defaults to the HO

Administrative Preparedness Plan

- HO will determine if one, two, or all three elements will be activated
- Contracting:
 - Contingency contracts that can be quickly executed or activated during an emergency
 - See pg. 6 (contracting form)
- Expedited Procurement:
 - Our Emergency Purchasing Policy
 - Form to be utilized will be the contracting during an emergency

Administrative Preparedness Plan

- Emergency Staffing Policy:
 - Short staffing becomes critical during emergencies resulting in the need to quickly hire staff
 - Hire contingent workers (contractual, temporary, or substitutes)
 - Increase work hours (HO and leadership determines)
 - Utilize volunteers
 - Emergency Staffing Requisition Form (pg. 10)
 - Contracting form (pg. 6)
 - Volunteer waiver (pg. 13)



Administrative Preparedness Plan

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT



MAY 2016

DRAFT

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Administrative Preparedness

The purpose of this plan is to ensure that fiscal and administrative authorities and practices that govern funding, procurement, contracting, hiring, and legal capabilities necessary to mitigate, respond to, and recover from public health emergencies can be accelerated, modified, streamlined, and accountably managed at all levels of government. Without these processes in place, the procurement of good and services, the hiring of personnel and the disposition of emergency funds may be delayed, inevitably resulting in a delayed response¹

The activation of this plan will rely upon a declaration of emergency from either the federal government, the state government, or the local government. Local government declaration will be completed by the Health Officer or his/her designee with approval from the Board of Health Chair or Successor (for a health department emergency only). Succession of Board of Health members is as follows: Chairperson, Vice Chairperson, and any other board member that is available at the time of the emergency. If for some reason all Board of Health members are unreachable, activation of this plan will default to the Health Officer or his/her designee. “Unreachable” is defined as 2 hours with no response or what is deemed unreachable by the nature of the emergency.

In relation to the activation of this plan, it is the Health Officer or his/her designee’s responsibility to determine if one, two, or all elements of this plan will be activated. They will be responsible for appropriately notifying affected staff of the emergency situation.

Should emergency funding become available as a result of the declaration, the funding will be utilized to augment the necessary response for the emergency. If no funds become available, Mid-Michigan District Health Department (MMDHD) will rely on current funding, current employees, mutual aid agreements, and volunteers to respond to the emergency.

The following attachments contain the departmental policies involving administrative preparedness for MMDHD:

- Contracting During an Emergency
- Expedited Procurement
- Emergency Staffing Policy

¹ Department of Health and Human Services, Centers for Disease Control and Prevention: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements, Funding Opportunity Number: CDC-RFA-TP12-1201.

Appendix 1: Contracting during an emergency

In the event of a disaster or public health emergency, the Mid-Michigan District Health Department (MMDHD) should make every effort to ensure viable capabilities exist to continue essential health department functions. In the event that an emergency has been declared following the guidelines previously provided in this plan, and in conjunction with the Emergency Operations Plan, emergency contracting procedures may be enacted. Contracting may be necessary to effectively handle the emergency situation. This policy will provide guidelines to aide in securing contracts when an emergency has been declared and also the monitoring of these contracts.

MMDHD will strive to obtain contingency contracts and memorandums of understanding that can be quickly executed or activated during an actual emergency.

During an emergency, any Division Director can secure and execute a contract as long as they have secured the following information and filled out [Contracting During an Emergency Form](#):

- What services the contractor is expected to perform
- What manner and timeframe the services will be delivered
- Detailed pricing
- If possible, quotes from at least two sources
- Payment method
- A detailed invoice is required for payment
- If there could be a perceived conflict of interest (i.e. a current employee or a family member of the person signing the contract), two signatures will be required for the contract
- The contractor must have appropriate internal controls in place
- MMDHD may audit the financial records pertaining to the contract as part of the sub-recipient monitoring process
- All required contact information and terms must be clearly stated in the contract. A contract made during an emergency should have a short term duration such as 60 days
- If the contractor will have access to confidential information, a business associates agreement must also be executed

MMDHD is responsible to ensure that subcontractors meet the terms and conditions of the sponsor agency. When a portion of the work is contracted out, MMDHD is still responsible for ensuring that activities are completed and comply with federal and state laws. Once the

emergency situation has been effectively handled, MMDHD will assess the sub-recipients financial and internal controls and will report any negative findings.

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MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

CONTRACTING DURING AN EMERGENCY

Before this form can be utilized a FEDERAL, STATE, or LOCAL emergency must be DECLARED. For specifics when referring to a local emergency please see the MMDHD's Administrative Preparedness Plan.

Determination of a sub-recipient or vendor must be identified prior to filling out this form:

- ☐ **Sub-recipient:** is involved in the substantive activities of the award project. The recipient passes on all of its duties to the sub-recipient who performs substantive work on an award project to accomplish the project's purposes. All the terms and conditions from the grant award flow down to sub-recipients through their sub-award.
- ☐ **Vendor:** is a contractor who provides goods or services to the recipient so the recipient can accomplish the project's purposes. Selected terms and conditions might be passed through to the vendor.

Contact Information:

Name: _____ Date: _____

Name of Organization:

Phone number: _____ Cell: _____

Address: _____

Email: _____

Description of Services:

Services to be performed:

Time frame (not to exceed 60 days, if longer than 60 days you must fill out a second contract):

Cost of Service:

Pricing (If possible quotes from two sources should be used):

Payment Method: _____Cash _____Check _____Credit Card

*****Please attach a detailed invoice to receive payment!!!!*****

Internal Controls and Sub recipient Monitoring:

Contractor must provide copies of references, licenses, financial records, and proof of insurance and/or bonding if requested. If necessary obtain review from your legal representative of your procurement process and any contract to be awarded to ensure they are in compliance with all Federal, State, and local requirements.

******MMDHD reserves the right to audit the financial records pertaining to the contract as part of the sub-recipient monitoring process******

Contract Information:

- All required contact information and terms must be clearly stated in the contract.
- A contract made during a declared emergency will have short term duration of 60 days. If the contract requires an extension, a new contract form must be filled out.
- Is there a perceived conflict of interest (i.e. current employee or a family member of the person signing the contract)? ____Yes ____No
 - If yes, two signatures will be required to validate the contract (Either two division directors or one division director and a supervisor).
- Will the contractor have access to confidential information? ____Yes ____No
 - If yes, a business associate's agreement must be executed.
- The contractor must carry their own liability insurance and worker's compensation insurance.

Signature of Contractor _____Date

Printed

Signature of MMDHD employee _____Date

Printed

Signature of MMDHD employee _____Date

Printed

Appendix 2: Expedited Procurement

Policy Statement

It is the general policy that Mid-Michigan District Health Department purchases materials and services from the most economical sources, given the quality and cost involved, and when practical, the first preference will be given to a vendor within the district utilizing the following criteria:

1. Authorization to Purchase

All purchases must be formally authorized by the Health Officer, a Division Director or a Mid-Level supervisor. All purchases including forms and invoices must be forwarded to administration.

2. Sole Source/Noncompetitive Purchases

A sole source purchase is accomplished through solicitation of a proposal from only one vendor, or after solicitation from a number of vendor sources, competition is determined to be inadequate. Such purchases may be made when:

- The item is available only from a single source;
- There is an emergency or the public need for the item will not permit a delay resulting from a formal competitive solicitation;
- A grantor agency specifies a sole source vendor product that cannot be readily and competitively solicited by the Department;
- A repair item related to an existing piece of capital equipment requires the use of specified vendor services that cannot be competitively solicited otherwise

3. Emergency Purchases

In emergency situations, the Health Officer and Division Directors are authorized to purchase materials and services with at least two price quotes. Such purchases must be made from the most economical and reasonable source available at the time. If procuring two bids is not feasible, individual requesting the purchase must state the reason why. In such instances, the nature of the emergency must be written, the Financial Management Section must be notified, and the [Contracting During an Emergency form](#) must be filled out. If the item to be purchased is greater than \$5,000, three price quotes must be obtained.

4. Purchasing Policy Exceptions, Deviations and Interpretations

These shall be referred to the Health Officer for final determination.

Appendix 3: Emergency Staffing Policy

In the event of a disaster or public health emergency, the Mid-Michigan District Health Department (MMDHD) should make every effort to ensure viable capabilities exist to continue essential health department functions. In the event that an emergency has been declared following the guidelines previously provided in this plan, and in conjunction with the Emergency Operations Plan, emergency staffing procedures may be enacted. Many aspects of staffing will depend on the specific type of emergency event. This policy will provide guidelines to aid in expediting the hiring of contingent staff when an emergency has been declared.

Health departments rely on highly trained and dedicated personnel who are available to respond quickly when an emergency strikes. However, due to decreased funding levels, many health departments have had to scale back their workforce. As a result, many health departments operate short staffed. During emergencies, short staffing becomes critical as surge capacity is reached and there is an imminent need for increased staffing. Therefore, in order to meet this challenge, it is imperative to decrease administrative hurdles during emergency situations.

In order to rapidly increase personnel capacity, MMDHD may enact the following:

- Hire contingent workers including contractual, temporary or substitutes
- Increase work hours of existing employees (which may include working from home when applicable)
- Utilize volunteers to assist in the emergency

Once an emergency has been declared, the Health Officer or his/her designee with leadership will determine the necessary hours that will be needed to meet the demands of the emergency and the essential functions of MMDHD. Once this has been determined, a plan will be developed to meet these needs.

Affected staff will be notified that they may be needed to work additional hours in the appropriate manner. Overtime will be paid according to the Fair Labor Standards Act as well as the Collective Bargaining Agreement if applicable. This could include part time and full time employees.

If the current workforce will not cover the essential functions necessary to meet the demand of the emergency, contingent workers may be hired. Contingent workers may either be contractual, temporary or substitute employees. Contractual workers are individuals

employed by an authorized vendor to provide resources. Contractual workers may be individuals employed by community partners, staffing solutions etc. Contractual workers do not receive any agency benefits. Temporary employees are employed by MMDHD who provides required services of a non-permanent nature and who does not work for more than 90 days in one calendar year. Exceptions for the length of employment could be made with consent from the union for classifications that fall within their collective bargaining agreement. Temporary employees would be used if an increase in total staffing is required during the emergency. A substitute employee takes the place of a regularly scheduled employee on a non-permanent basis until the regularly assigned employee returns, or is replaced. Employment shall not exceed 90 consecutive calendar days. For example, substitute employees would be used to replace employees who were on leaves of absence or were unable to report due to the nature of the emergency.

A member of the management team should fill out an [Emergency Staffing Requisition Form](#). The following information must be included:

- Substitute or temporary
- Position to be filled and the number of employees needed
- The expected amount of hours for each employee
- The expected completion date

Contingent temporary and substitute employees must fill out an application, emergency contact information, I-9 and tax forms. An I-Chat background check will be conducted. Confidentiality policies, BBP and HIPAA still must be reviewed and completed.

If contractual employees are to be utilized, a contract must be executed between the workers employer and MMDHD. This is completed by utilizing the [Contracting During an Emergency Form](#). Mutual aid may also be requested from those employers with which we have letters of understanding (LOU).

Volunteers may also be utilized to meet the needs of the agency. Volunteers must sign a [Waiver and Release Form](#).

References:

1. Department of Health and Human Services, Centers for Disease Control and Prevention: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements, Funding Opportunity Number: CDC-RFA-TP12-1201.
2. UCI: Office of Research. Subrecipient Monitoring 10/19/2016. Retrieved from: <http://research.uci.edu/sponsored-projects/contracts-grants-admin/subawards/subrecipient-monitoring.html>

DRAFT

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT **EMERGENCY STAFFING REQUISITION FORM**

Before this form can be utilized a FEDERAL, STATE, or LOCAL emergency must be DECLARED. For specifics when referring to a local emergency please see the MMDHD's Administrative Preparedness Plan.

Name: _____ Date: _____

Division: _____

Name of Emergency: _____

Reason for additional staffing:

Choose one:

_____ Substitute _____ Temporary

Position(s) to be filled:

Number of employees needed for each position:

Expected number of hours for each employee:

Expected completion date: _____

Signature

*****Hired employees must complete an application, emergency contact information, 1-9 and tax forms, I-Chat background check, confidential policies, BBP, and HIPAA training before the start of employment!*****

**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT VOLUNTEER
WAIVER AND RELEASE FORM**

IN CONSIDERATION of being permitted to participate in the volunteer work described in Attachment A for Mid-Michigan District Health Department, at its facilities at

_____, I (the undersigned participant), INTENDING TO BE LEGALLY BOUND, do hereby, for myself, my heirs, executors, administrators and representatives, ASSUME ALL RISK INHERENT IN MY PARTICIPATION, and further agree to, and do hereby release, waive, discharge, covenant not to sue, and agree to indemnify Mid-Michigan District Health Department, its officers, employers, sponsors, volunteers, representatives and agents, of and from any claim in law or equity for injury or damages of any type whatsoever which I or they may make or incur arising out of my participation in the aforementioned activity, including payment of legal fees or costs incurred by Mid-Michigan District Health Department in defending any such claim.

In addition, I authorize and grant permission to Mid-Michigan District Health Department Personnel to secure emergency medical and/or hospital treatment which I may require as a result of my volunteer work for Mid-Michigan District Health Department.

I also authorize and grant permission to Mid-Michigan District Health Department to photograph or videotape me as a participant and waive any claims by or on behalf of myself for remuneration for any form or use of such photographs/video tapes when used for educational programs, public relation programs, and newspaper use.

I AM FULLY AWARE OF ALL THE INHERENT RISKS ASSOCIATED WITH MY VOLUNTEER WORK AND DO HEREBY ASSUME AND ACCEPT ALL SUCH RISKS. I AM NOT AWARE OF ANY CONDITION, PHYSICAL OR OTHERWISE, WHICH COULD BE AGGRAVATED, WORSENERD OR OTHERWISE ADVERSELY AFFECTED BY MY PARTICIPATION IN VOLUNTEER WORK AT THE MID-MICHIGAN DISTRICT HEALTH DEPARTMENT FACILITY IDENTIFIED ABOVE.

I am signing this Waiver and Release form of my own free will and volition and I acknowledge that I have read this Waiver and Release form and fully understand it and that I am of legal age to execute this Agreement.

Print Participant Name

DOB

Signature of Participant

Date

Print Name of Emergency Contact

Day Phone #

Evening Phone #

Participant's Address, County, and Zip Code

Mid-Michigan District Health Department Legislative Update

11/23/2016

Healthy Michigan Plan

President-Elect Trump and congressional Republicans have set high expectations for replacing the Affordable Care Act (ACA). Trump and House Speaker Paul Ryan (R-WI) have given broad outlines of what an ACA replacement would look like, including tax credits to help buy insurance, tax-favored Health Savings Accounts and allowing insurers to sell policies across state lines. Indications are that some of the more popular aspects of the law like a ban on denying coverage based on pre-existing conditions may be spared. The health care industry has made big changes responding to the law and is already pushing to preserve at least some of the ACA's benefits including expanded Medicaid coverage, because they have largely benefited from reduced uncompensated care costs. It is thought this might be accomplished by pulling the dollars out of the Medicaid program and making them a block grant to states.

As a reminder, because of the expansion of Medicaid, the Health Department has seen reduced patient volumes while at the same time being able to bill for more of the services we do provide and launch our popular Community Health Worker Program. These trends are good for us and the community.

Unfortunately, the Healthy Michigan Plan (Medicaid expansion) could be vulnerable even if a Trump administration retains expanded Medicaid in some form. The Healthy Michigan Plan was created by an amendment to Michigan's Social Welfare Act, Act 280 of 1939 with the addition of section 400.105d. One part of this section says that if Federal funding for the Medicaid Expansion falls below 100% of the cost, Michigan will exit the program and stop covering people. Depending on how the Act and Federal actions are interpreted we could be at risk of losing this important program unless the Social Welfare Act is modified.

County Health Plans

There is an additional consideration. Before the ACA, Michigan had a unique network of County Health Plans (created under Jim Haveman) including a Mid-Michigan Health Plan (MMHP) which provided a limited primary care benefit to qualifying people. While the numbers covered were much, much smaller than under the ACA we were able to help some very low income people who needed access to care. This was accomplished by using local county and hospital dollars to draw down matching funds from Medicaid.

This mechanism went away at the Federal level after the ACA because it was no longer needed. Furthermore, language in section 400.105d of the Social Welfare Act seems to say that Michigan will no longer participate in this mechanism. If the Healthy Michigan Plan were to go away, we could not stand up the County Health Plans again unless both Federal and State legislation was modified (or at least interpreted) to enable this to happen.

Health Insurance Claims Assessment

The HICA tax is a 0.75% tax on insurance transactions that was created to generate dollars needed to garner Medicaid support for Michigan's traditional Medicaid program. The tax is not popular and it is expected that there will be a concerted effort to repeal it. You may remember that the Michigan Association for Local Public Health (MALPH) participated in a bipartisan coalition (SB 987 through 990) in an effort to replace the HICA tax this year which ultimately failed. It failed in part because the Snyder administration was afraid the proposed modifications would not meet the requirements of Medicaid.

Right now we don't know what will happen to the HICA tax. One possible outcome is that the status quo prevails because we can't figure out an alternative. Another is that HICA is repealed without being replaced. This could result in steep general fund cuts affecting both health departments and County government in general. A third alternative is that the new Federal administration will be more accepting of what Michigan proposed in SB 987 through 990. These bills would have been good for local public health and I'd still like to see this option happen.

Where We Go From Here

We will likely not get good outcomes on any of these issues unless both Federal and State legislators are well informed about the complex issues involved. MALPH is convening human service agency directors to analyze the issues involved and educate legislators about how to make the desired changes in ways that don't leave Michiganders without good access to health care.

MID-MICHIGAN DISTRICT BOARD OF HEALTH

Action Items October 2016



- After discussions with Montcalm County regarding their appropriation for FY 16/17, the requested reduction was set at \$98,000 instead of \$109,000 previously anticipated. Therefore, the Board of Health (BOH) approved the following revised actions:
 1. Montcalm County appropriation reduction from \$109,000 to \$98,000;
 2. Environmental Health surcharge from \$25 to \$15;
 3. Montcalm Branch Office employee furlough days from 4 to 12 hours and Administrative employees from 2 days to 6 hours.
- As the agency was challenged to maintain a retiree health insurance policy for a very small number of employees, the BOH authorized the agency to revise Policy 061.0, Health Insurance Upon Retirement so that an annual amount equal to the amount of the single rate under PA 152 would be paid to non-union employees upon retirement with 20 years of continuous service, as long as all conditions are met and the employee makes the request. Then, the BOH approved to immediately discontinue offering the retiree plan to employees required to pay 100% of the premium due to not being eligible and approved grandfathering the benefit in for those non-union employees hired prior to November 1, 2016. Thereafter, the benefit will be discontinued and not offered to future employees.
- The BOH adopted the following Monthly Healthy Living Recommendation for November:
 - ✓ *Mental health illness is common and treatable. However, there is still a great deal of stigma and misunderstanding about mental illness. Strive to be understanding about the struggles others experience and aware of any bias you may have.*
 - ✓ *If you suspect you struggle with mental illness, do not hesitate or fear to seek help. These conditions are common and treatable. Without treatment, these conditions affect relationships, ability to work, worsen overall health, and can even be life threatening.*
 - ✓ *Learn to recognize the warning signs of suicide and what to do if you spot them.*



STAFFING CHANGES
NOVEMBER – 2016

AS

STATUS	POSITION	BRANCH OFFICE
	<i>No changes.</i>	

CHED

STATUS	POSITION	BRANCH OFFICE
ON HOLD	PT (0.5 FTE) WIC Peer Counselor, Montcalm Branch Office effective September 27, 2016	Montcalm

EH

STATUS	POSITION	BRANCH OFFICE
	<i>No changes.</i>	

Longevity recognition on page 2

Longevity Recognition for 2016

Five Years

Jacque Strack	03/28/2016
Sarah Doak	10/24/2016
Sara Thelen	11/29/2016

Ten Years

Candy Smith	03/27/2016
Bonnie Waterman	06/05/2016
Laurie Finn	11/13/2016

Fifteen Years

Norm Keon	01/31/2016
Mario Lucchesi	02/26/2016

Twenty Years

Cheryl Thelen	01/23/2016
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Twenty-Five Years

Laura Grosskopf	06/24/2016
Mary Wallen	10/11/2016

Thirty Years

Laureen Simon	07/07/2016
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