

**BOARD OF HEALTH**

**Notice of Meeting**

Meeting will be held at:  
9:30 a.m. Friday, October 25, 2024  
Wexford County Health Department  
521 Cobb St., Cadillac, MI 49601

**AGENDA**

- A. Call to Order** (*Richard Schmidt, Chair*)
- B. Roll Call**
- C. Review and Approval of the Agenda**
- D. Review and Approval of the Board of Health Meeting Minutes – September 27, 2024**..... 1
- E. Public Comment**
- F. Committee Reports**
  - 1. Executive Committee (*Richard Schmidt*)
  - 2. Finance Committee (*Bryan Kolk*)
    - a. Finance Report
    - b. Approve Accounts Payable and Payroll (*Action Item*)
  - 3. Personnel Committee (*Bob Baldwin*)
  - 4. Legislative Committee (*Nick Krieger*)
    - a. 2025 DHD#10 Legislative Priorities .....9
- G. Board of Health Presentation**
- H. Program Reports**
  - 1. Community Health Division (*Christy Rivette*) ..... 11
  - 2. Environmental Health Division (*Max Bjorkman*) ..... 14
  - 3. Family Health Clinical Division (*Sheila Parker*) ..... 16
  - 4. Family Health Home Visiting Division (*Britney Wright*) .....22
  - 5. Family Health WIC Division (*Anne Bianchi*) .....24
  - 6. School Health Division (*Kay Bies*).....27
- I. Administration Reports**
  - 1. Medical Director (*Dr. Jennifer Morse, MD*).....30
  - 2. Deputy Health Officer (*Sarah Oleniczak*) ..... 33
  - 3. Health Officer (*Kevin Hughes*).....35
    - a. 2024 Public Health Director’s Award.....36
    - b. NWCHIR Behavioral Health Initiative – Executive Summary.....37
- J. Other Business**
- K. Next Board of Health Meeting**
  - November 22, 2024 at 10:00 a.m.
- L. Adjournment**



BOARD OF HEALTH

**Notice of Meeting**

Meeting will be held at:  
9:30 a.m. Friday, September 27, 2024  
Wexford County Health Department  
521 Cobb St., Cadillac, MI 49601

**Meeting Minutes**

**A. Call to Order** (*Richard Schmidt, Chair*)

Meeting was called to order by **Richard Schmidt, Chair** at **9:30 a.m.**

**B. Roll Call**

**Members Present:** Shawn Kraycs, Robert Baldwin, James Sweet, Kristine Raymond, Richard Schmidt, Jeff Dontz, Ron Bacon, Nick Krieger, Tom O’Neil, Ray Steinke, Roger Ouwinga, Bryan Kolk, Jim Maike, Paul Erickson, Robert Walker, Julie Theobald, Gary Taylor

**Members Absent:** Phil Lewis, Dawn Fuller

**Members Excused:** Star Houston

**Staff Present:** Kevin Hughes, Dr. Jennifer Morse, Christine Lopez, Julie Hilkowski, Sheila Parker, Max Bjorkman, Christy Rivette

**Guests:** N/A

**C. Review and Approval of the Agenda**

Motion by Jim Maike request to move other items before the legislative session due to timing. seconded by Jeff Dontz  
to approve the meeting Agenda.

Motion Carried.

**D. Review and Approval of the Board of Health Meeting Minutes - July 26, 2024**

Motion by Nick Krieger, seconded by Ray Steinke, to approve the August 23, 2024, meeting minutes.

Motion Carried.

**E. Public Comment**

N/A

**F. Committee Reports**

1. Executive Committee (*Richard Schmidt*)

Richard Schmidt, Committee Chair, stated they did not meet and nothing to report.

2. Finance Committee (*Bryan Kolk*)

Bryan Kolk, Committee Chair, deferred to Christine Lopez

- a. Finance Report - Christine Lopez presented the finance report. Cash balance is \$13.67 million, total assets and liabilities \$16.25 million, with an increase in fund balance of \$103,507.19. YTD total revenue \$25.839 million and YTD expenses of \$25.736 million. The current cash balance of September 19, 2024, is over \$12 million. Accounts Payable and Payroll totaled \$3,172,045.21
- b. Approve Accounts Payable and Payroll (*Action Item*)  
Motion by Ron Bacon, seconded by Ray Steinke, to approve the accounts payable and payroll in the amount of \$3,172,045.21.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O'Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

**Motion Carried.**

- c. 2024 final budget present by Christine Lopez. Total revenues amended to 31.989 from \$31.294 with a total decrease of \$694,413.00. Total expenditures amended to \$31.835 from \$31.294 which is a decrease of \$540.319.00, Total decrease of fund balance of \$154,094.00.

Motion by Ray Steinke, seconded by Ron Bacon, to approve the 2024 final budget.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O'Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

**Motion Carried.**

- d. Fiscal 2025 budget approval presented by Christine Lopez. Total revenues of \$31.954 which is decrease from 2024 of \$34,990. Total expenditures of \$31.954 which is an increase from 2024 of \$119,104.

Motion by Ray Steinke, seconded Ron Bacon, to approve 2025 fiscal budget.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

*Motion Carried.*

Nick inquired if the budget reflected services that we are required to provide versus what we opt to provide. Kevin stated that LPH per the PH code, required to provide 8 core services. Other areas are areas we decided to move into as other entities aren’t doing them.

3. Personnel Committee (*Bob Baldwin*)

Robert Baldwin, Committee Chair, deferred to Kevin Hughes.

- a. Public Act 152- Kevin discussed that in previous years we have opted out of PA 152 and use own hard caps. This year we do see a 1.4% reduction in cost for health insurance. By opting out of Public Health Act 152, it has made cost to employee more reasonable.

Christine Lopez presented a separate document on the cap information. The recommended cap for benefit year 2025 is close to what it was in 2024.

Motion by Jim Maike, seconded Bob Baldwin, to opt out of Public Act 152.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

*Motion Carried.*

- b. Health insurance renewal proposal– Benefit plans from 2024 included three options from Blue Care Network. Looking to carry those plans to the 2025 benefit year. There is a decrease of 1.4% in the cost for health insurance.

Motion by Bob Baldwin, seconded by Ron Bacon, to approve the 2025 health insurance plans for 2025.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

*Motion Carried*

- c. Dental, Vision, and Flex Card Renewal – The rates are locked in for dental and vision insurance so those will not change. Flex is offered for HMO enrollees and health opt enrollees that don’t have an HSA plan.

Motion by Jeff Dontz, seconded by Nick Kriger, to approve the dental, vision and flex card renewal rates.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

*Motion Carried*

- d. Salary Adjustment- Kevin presented the proposed salary scale for 2025. There is a 3% adjustment in the scale. Was included in budget that was approved and would be effective 10/1/2024.

Motion by Julie Theobald, seconded by Nick Krieger, to approve the 2025 salary scale.

**Roll Call**

Shawn Krays	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

*Motion Carried*

Bob Baldwin stated that the childcare assistance stipend was discussed at the personnel meeting. Staff did a survey and there are 37 that were interested. After discussion, it was determined that more information is needed before determining how to proceed.

Added Agenda Item

Jim Maike proposed a motion that effective 1/1/25 DHD10 will write new well, septic, and cemetery permits only after receiving a signed approved zoning permit from a zoning administrator from that township, city, village, or where the work is going to be done.

Nick Krieger seconded the motion.

Jim stated if DHD10 has a signed document that is approved by the zoning department, then we would be in the clear. This will allow collaboration between DHD10 and townships and villages. This motion will not cost money or time to DHD10. It just means what is going to take place on that property is approved by the township.

Kevin stated he ran this through our legal counsel, and they are hesitant to see this moved forward. Reason being can a county tell a township what it is that they need to do or can DHD10 tell the townships what they have to do.

Nick stated we are not telling them what to do, it puts the requirement on the landowner to have approval if it’s on land that is zoned and would prevent issues we have previously had.

Kevin reinforced that permits that are issued are state permits. If anything, recommend hosting meetings in counties with zoning officials and have conversations on how to handle these, and we need full legal opinion before we allow this to go through.

Nick stated that a well and septic permit is not a state permit, but it has state criteria on it that can be varied by county. We can’t permit someone to build something when they don’t have the right to build it, but dhd10 thinks they can. This is one way to prevent it. Richard suggested we reach out to legal counsel.

Nick proposed a motion to amend the main motion, and postpone indefinitely, but send to expert council, not to our normal law firm.

Jim Maike called for a vote and roll call vote on his main motion.

**Roll Call**

Shawn Kraycs	No	Robert Baldwin	No
James Sweet	No	Kristine Raymond	No
Richard Schmidt	No	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	No	Ray Steinke	Yes
Roger Ouwinga	No	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	No
Gary Taylor	No		

**Motion Denied**

Motion by Paul Erickson, seconded by Bryan Kolk, to send to expert real estate or local government council to review.

Kevin stated he will look into who to send it to for review.

**Roll Call**

Shawn Kraycs	Yes	Robert Baldwin	Yes
James Sweet	Yes	Kristine Raymond	Yes
Richard Schmidt	Yes	Jeff Dontz	Yes
Ron Bacon	Yes	Nick Krieger	Yes
Tom O’Neil	Yes	Ray Steinke	Yes
Roger Ouwinga	Yes	Bryan Kolk	Yes
Jim Maike	Yes	Paul Erickson	Yes
Robert Walker	Yes	Julie Theobald	Yes
Gary Taylor	Yes		

**Motion Carried**

4. Legislative Committee (*Nick Krieger*)

Nick Kreiger, Committee Chair, did not have any updates and deferred to Kevin Hughes. Kevin discussed that version 8 of statewide sanitary code is not out yet and version 7 is still in play. Water affordability house bill 5088 and senate bill 549 where surcharge placed on homes with water meters to provide assistance. Don’t see support for putting in place but sharing it is out there.

**G. Board of Health Presentation**

Community Health Worker Collaboration with Kalkaska Memorial Hospital – Sally Mellema CH Supervisor was cancelled per Kevin Hughes. Will reschedule at a later date.

**H. Administration Reports**

1. Medical Director (*Dr. Jennifer Morse, MD*)

Dr. Jennifer Morse, Medical Director, provided a report on Tuberculosis (TB). TB disease rates in Michigan are mid-range compared to other parts of the US and are concentrated in urban areas. After infection a person’s immune system controls the

bacteria and contains it within the body, it then becomes ‘latent’ and the person is said to have latent TB infection (LTBI). To eliminate TB disease, LTBI needs to be diagnosed and treated so it doesn’t become contagious.

Recommendations:

- If you have risks for TB, get screened by a health care provider for health department.
- If you test positive for TB or are diagnosed with TB, see someone with experience in treating the infections.
- Support efforts to improve access to experience care in rural areas.

Motion by Julie Theobald, seconded by Shawn Kraycs, to approve Dr. Morse recommendation.

Motion Carried.

2. Deputy Health Officer (*Sarah Oleniczak*)

Sarah Oleniczak, Deputy Health Officer, not present. Kevin reported that workplace employee survey-PH Wins on workplace culture-was sent out and will share when we have information.

3. Health Officer (*Kevin Hughes*)

Kevin Hughes, Health Officer, presented the standing agenda items. Epi team-red tale hawk was positive for west Nile virus in Wexford. Wastewater surveillance data has expanded to flu, COVID, RSV, and norovirus. Lastly, there was a harmful algae bloom on lake Cadillac. PFAS-site investigation, Northern Plating, Currently located in an EPA Superfund Cleanup site, investigation being generated as the result of a homeowner self-sampling result that will expand the testing area to surrounding homes. More to come on this. Grayling North Country Lodge has transitioned to long term housing for displaced or low-income individuals and the well needs to be reclassified but PFAS has also been identified. Enforcement actions-rescind unfit for Human Habitation order for Timberly Village. Kalkaska site will put in an alternative wastewater treatment system and will allow him to build the house he wants. Body art facility in Grayling was able to get inspected and licensed. Newaygo had their local township officials meeting which Max presented at. WIC passed most recent Management Evaluation with 97% on evaluation and had two pages of special recognitions. Opioid settlement funds involvement discussed. Annual review process for HO will be changing. Megan will mail out forms in the middle part of October and members are to bring evaluations back to the October meeting.

**I. Other Business**

Julie Theobald suggested that the per diem sheets be sent back out with the packet. Some board members stated they didn’t receive the email of the packet. Kevin is to have Megan send out a test email to confirm who is not receiving the emails.

**J. Next Board of Health Meeting**

- October 25, 2024, at 9:30 a.m.



**K. Adjournment**

Motion by Bryan Kolk, supported by Ron Bacon, to adjourn the meeting.

Richard Schmidt adjourned the meeting at 10:45am.

**District Health Department #10** is the largest geographical health department in Michigan and represents 10 counties in Northern Lower Michigan. The department administers over 100 major programs and relies heavily on the financial support of state government to provide a basic set of mandated public health services, as defined in the public health code for all Michigan residents.

This basic set of services provides an essential public health safety-net for our residents. Public Act 368 of 1978, Section 2475, defines the funding partnership for these services between the State and local public health departments as a 50-50 cost sharing arrangement. DHD#10 appreciates legislative efforts to achieve the 50-50 cost sharing for funding of the Essential Local Public Health Services.

### 2025 District Health Department #10 Legislative Priorities

Provide a strong public health system to assure improved community level health outcomes and is responsive to local emerging needs.

- ✓ Recognize Public Health as a nonpartisan issue.
- ✓ Request continued Legislative commitment to maintain the defined funding partnership identified in the public health code as a 50/50 cost sharing model to support the mandated Essential Local Public Health Services.
- ✓ Encourage continued investment in Essential Local Public Health Services funding which encompass:

- Drinking Water Safety*
- Groundwater safety and on-site sewage monitoring/control*
- Food Safety*
- Communicable Disease Control*
- Sexually Transmitted Disease Control*
- Immunization*
- Hearing & Vision Screening*

- ✓ Support and assure timely, continuous, and consistent communications between State partners and Local Public Health.
- ✓ Support revenue sharing stewardship initiatives that ensure public funds are responsibly spent on tangible outcomes for the benefit of our communities, our environment, and our residents.

- ✓ Support Community Health Innovation Regions as a unique model and best practice for improving the wellbeing of the community while reducing unnecessary medical costs through collaboration and systems change; recognizing the outcome evaluation data recently released on the significant Medicaid cost savings; supporting public health as the backbone structure for the neutral convening of regional CHIRs.
- ✓ Support funding initiatives for chronic disease prevention and maternal and child health outcomes:
  - Reduce infant mortality by reducing unintended pregnancies and improving preconception health.
  - Reduce chronic disease impact by promoting healthy lifestyle habits, supporting healthy environments and targeting community level obesity prevention efforts.
  - Support implementation of the MDHHS Advancing Healthy Births Plan.
  - Support increased funding for evidence-based home visiting programs.
- ✓ Support legislation to strengthen immunization rates such as: assure “no wrong door” for immunizations regardless of access point assuring immunization coverage by all insurances regardless of the provider, etc.
- ✓ Support a comprehensive tobacco control program, statewide tobacco retail licensing, and increased funding for tobacco prevention and cessation.
- ✓ Support marijuana regulation and policies that are evidence-based and focused on protecting the health and safety of the citizens.
- ✓ Support resources that assure all substance use prevention and treatment funding utilize a public health population based approach and are developed at the local community level.
- ✓ Support resources and infrastructure needed to address emerging Public Health issues, such as Vapor Intrusion, PFAS issues, vector borne illnesses, lead exposure and universal childhood blood lead testing, communicable disease, pandemic response, etc.

The DHD#10 Board of Health is requesting a continued commitment to local public health, which is the foundation of public health services in Michigan. Public health funding has been sacrificed during past budget deficits, and the impact was evident as we struggled to respond effectively to the COVID-19 pandemic. Local health departments cannot continue to absorb the funding shift to local units of government. Legislative support is needed to ensure adequate infrastructure is in place to address public health threats, ensure that the ten essential public health services are being met, and that the minimum performance requirements for the eight mandated essential local public health services are being fulfilled and assure a commitment to population-based outcomes. **Every dollar spent on preventive health services saves approximately \$5.60.** The health of our good citizens of Michigan is being compromised and we must make a financial commitment to public health; the return on the investment will be great as we work to improve the economic health of Michigan.

**Board of Health**  
**Community Health Division**  
4th Quarter FY 2024 Report  
October 25, 2024

**Community Connections**

	Referred Participants		Accepted Participants*		Resource Pathways	
	Q4	YTD	Q4	YTD	Q4	YTD
Crawford	49	233	7	28	74	124
Kalkaska	114	322	23	50	103	167
Lake	26	77	2	21	2	53
Manistee	95	396	19	106	99	378
Mason	26	93	2	22	23	85
Mecosta	29	177	2	42	15	134
Missaukee	44	167	4	24	3	32
Newaygo	35	108	4	28	4	57
Oceana	46	121	10	27	23	41
Wexford	111	472	17	82	94	235
<b>TOTAL</b>	<b>575</b>	<b>2,166</b>	<b>90</b>	<b>430</b>	<b>440</b>	<b>1,306</b>

\*Still contacting Q4 referrals

Most frequent needs for pathways include Housing (50), Health Insurance (43), and Food (41). Staff completed 1,194 Medicaid Health Plan outreach calls in Q4.

**WISEWOMAN** – This program provides diabetes and cholesterol screening with lifestyle coaching, programming, and navigation of the healthcare system for women ages 35-64. Program staff completed 51 health coaching sessions on WISEWOMAN participants in Q4 with enrollment data below.

	Enrollments/Screenings	
	Q4	YTD
Manistee	0	3
Mason	1	7
Mecosta	1	11
Newaygo	2	7
Oceana	5	17
Wexford	3	19
Mobile Unit	16	16
<b>Total</b>	<b>28</b>	<b>80</b>

**Breast and Cervical Cancer Control Navigation Program (BCCNP)** – This program provides women who meet certain eligibility guidelines access to breast and cervical cancer screening services and follow-up care. Staff enrolled 68 women across the jurisdiction in Q4, with many women being dual enrolled in WISEWOMAN.

**Substance Use Prevention**

- Prevention messages were shared at in-person outreach events in Lake, Mason, Newaygo, Oceana, and Wexford Counties, reaching 3,508 people.
- Direct Education reached 17 students in Mason and Oceana Counties.
- Media Highlights:
  - Sticker shock campaign sharing prevention messages on pizza boxes reached 200 families.
  - Staff worked with Lake FX Media to create Safe Medication Storage and Disposal video: <https://vimeo.com/966964165/328d661de6?share=copy>
  - Newaygo County’s Headway Coalition was featured in Near North Now online publication: [www.nearnorthnow.com/living-well/making-a-positive-change](http://www.nearnorthnow.com/living-well/making-a-positive-change)

**Harm Reduction**

	Safe Use Kits Distributed		Naloxone Kits Provided		Sharps Containers Collected	
	Q4	YTD	Q4	YTD	Q4	YTD
Crawford	0	0			33	74
Kalkaska	132	194	61	151	29	101
Lake	3	4	10	147	13	27
Manistee	81	168	38	155	24	61
Mason	25	80	60	209	18	118
Mecosta	0	1	59	192	5	56
Missaukee					23	55
Newaygo	10	13	4	7	15	33
Oceana	4	4	123	378	12	28
Wexford	38	166	101	376	80	378
Total	293	630	456	1,615	252	931

- 2 Naloxone trainings were held in Mason and Wexford Counties – 68 people trained
- Added 1 new Naloxone vending machine in Manistee County
- Distributed 4 NaloxBoxes in Mason and Wexford Counties

**Oral Health**

	Kindergarten assessments		# kids with sealants placed	# reached sealant presentations	# reached dental outreach
	Q4	YTD	YTD	YTD	YTD
Crawford		8			
Kalkaska				30	
Lake	43	66			115
Manistee	32	32			
Mason	59	59			300
Mecosta		99			
Missaukee	18	18			
Newaygo	90	127	42	249	
Oceana	115	168	101	671	987
Wexford	11	86			
Total	368	663	143	950	1,402

Most oral health outreach/services occur during the school year (FY25 Q1/Q2) per program requirements.

### **Tobacco Control, Prevention, and Cessation Efforts**

- 53 referrals for tobacco treatment; 6 enrollments; 1 reduced tobacco use.
- Reached 63,243 with press releases, email newsletter, and social media posts promoting the DHD#10 Tobacco Treatment Program and youth cessation and prevention programs, the Michigan Quitline/American Indian Quitline, and the upcoming Tobacco Free Michigan Conference.
- MDHHS staff conducted a site visit for the DHD#10 Tobacco Control Grant, which received positive feedback regarding FY24 programming and outreach.

**National Diabetes Prevention Program** – Program staff hosted informational sessions and implemented a media campaign to promote the NDPP and encourage residents to self-enroll; 55 residents are on program enrollment lists across Crawford, Mason, Mecosta, Newaygo, and Wexford Counties.

### **Supplemental Nutrition Assistance Program Education (SNAP-Ed)**

- Staff provided nutrition and physical activity direct education programming to 236 youth and adults and completed 3 Policy, Systems, and Environment (PSE) assessments in Kalkaska, Mecosta, and Newaygo Counties.
- Social media posts promoting direct education programming and sharing nutrition messages reached 754.

### **LiveWell REACH (Racial and Ethnic Approaches to Community Health) for Lake, Newaygo, and Oceana Counties**

- The focus of Year 1 was data collection and assessments, which in this quarter included:
  - A Community Nutrition Survey via Facebook with Spanish-language version available
  - A Cultural Food Pantry Assessment at 3 pantries with 150 respondents
  - Traffic studies in Newaygo and Oceana Counties
- A mini-grant RFP was released to support Policy, Systems, and Environmental change implementation, with 8 community-based organizations applying for and receiving funding across the three implementation counties.
- Received 12 Community Champion applications provide expertise and support program efforts, with 6-7 to be selected to join the REACH leadership team.
- Created a REACH landing page on the LiveWell4health website:  
<https://www.livewell4health.org/reach>

**Environmental Health Education and Outreach** – Staff reached 12,834 residents across the jurisdiction as part of media campaigns for the following topics: swimmer’s itch, West Nile Virus, waters safety, food safety, tattoo/body art safety, and World Environmental Health Day.

*Respectfully Submitted,  
Christy Rivette*

**Board of Health**  
**Environmental Health Division**  
4th Quarter FY 2024 Report  
October 25, 2024

**Water Well Private and Type III**

Number of Well Permits Issued	637
Number of Wells Drilled	662
Number of Abandoned Wells Plugged	187
Number of Field Pre-Drilling Site Evaluations	662
Number of Random Construction Inspections	0
Number of Final Inspections with Well Construction	41
Number of Final Inspections with Well Construction Code Violations	

**Sewage Residential**

Number of Parcels Evaluated	618
Number of Onsite Sewage Treatment Permits Issued	618
Number of Alternative or Engineered System Plans Approved	7
Number of Appeals Processed	0
Number of Inspections Conducted during and/or after Construction	279
Number Failed System Evaluations Conducted	265
Number of Complaints Received	9
Number of Complaints Investigated	9

**Sewage Non-Residential**

Number of Parcels Evaluated	30
Number of Onsite Sewage Treatment Permits Issued	30
Number of Alternative or Engineered System Plans Approved	9
Number of Appeals Processed	0
Number of Inspections Conducted During and/or After Construction	3
Number of Failed System Evaluations Conducted	12
Number of Complaints Received	0
Number of Complaints Investigated	0

**Food Service**

Food Inspections Conducted	203
STFU/Mobile Inspected	43
Temps Done	237
Reinspection	39
Plans Received	16
Plans Approved	11
Pre-Opening Inspections	23
Food Complaints	23
Suspected Foodborne Investigation	19

1. Type II	
a. Permit	4
b. Well Final Inspections	0
c. Sanitary Surveys	103
d. Paid Level 2 Assessments	11
e. MR Violations Issued (Monthly and Quarterly)	184
2. Tanning Inspections	3
3. Body Art Inspections	
a. New Facility Inspection	1
b. Temporary Facility Inspection	0
c. Routine Annual Inspection	2
d. Body Art Complaints	3
4. Long-Term GW Monitoring Sampling Events	
a. Lake County	4 sites
b. Manistee County	5 sites
c. Mason County	16 sites
d. Missaukee County	7 sites
e. Newaygo County	6 sites
f. Oceana County	14 sites
g. Wexford County	23 sites
5. Pool Inspections	118
6. Campground Inspections	
a. Facility Inspection	158
b. Temporary Campground License Issued	7
7. Septage Inspections	14
8. HAB Investigation	
a. Sampling Event	12
b. Public Health Advisory Issued	5
9. Inland Lakes Beach Monitoring	
a. Sampling Event	96
b. Public Health Advisory Issued	0
10. Great Lakes Beach Monitoring	
a. Sampling Event	206
b. Public Health Advisory Issued	6
11. DHHS Inspections (Per Clerical/EH Log)	17

***Respectfully Submitted,  
Max Bjorkman***



**Board of Health**  
**Communicable Diseases in DHD#10**  
4th Quarter FY 2024 Report  
October 25, 2024

**Reportable Conditions:** All  
**Referral Dates:** July 1, 2024 – September 30, 2024  
**Case Status:** Confirmed, Probable, Suspect

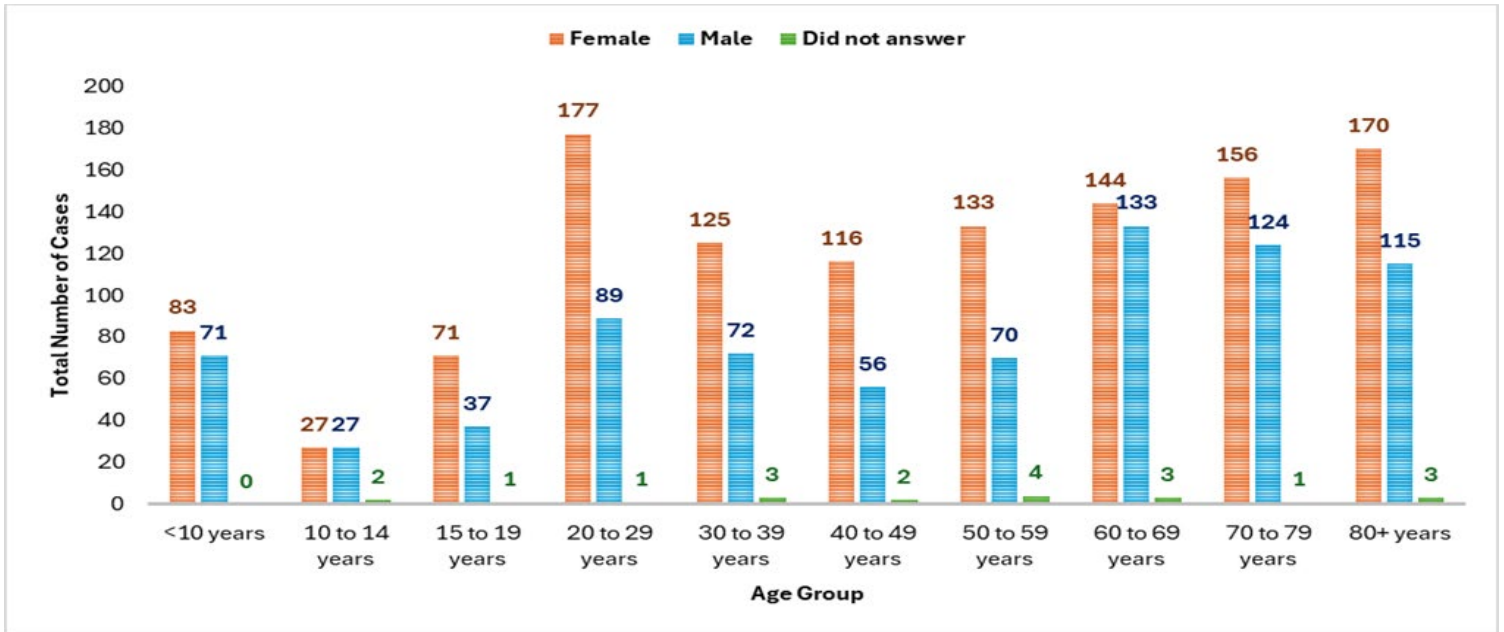
**Table 1. Reportable Cases by Month and Patient Sex**

Reportable Condition/Sex	July	August	September	Quarter 4 Total
<b>Babesiosis</b>				
Female	1			1
<b>Campylobacter</b>				
Female	12	7	3	22
Male	6	6	9	21
<b>Chickenpox (Varicella)</b>				
Female	2			2
Male		2	1	3
<b>Chlamydia (Genital)</b>				
Female	25	37	28	90
Male	12	14	10	36
<b>Coccidioidomycosis</b>				
Female		1		1
Male		2		2
<b>CPO</b>				
Female	1	1		2
Male	1		1	2
<b>Cryptosporidiosis</b>				
Female		2		2
Male	2	3		5
<b>Ehrlichiosis, Anaplasma phagocytophilum</b>				
Male	2			2
<b>Giardiasis</b>				
Female	2	1	2	5
Male	1	1		2
<b>Gonorrhea</b>				
Female		4	3	7
Male	3	1	2	6
<b>H. influenzae Disease - Inv.</b>				
Female	1			1

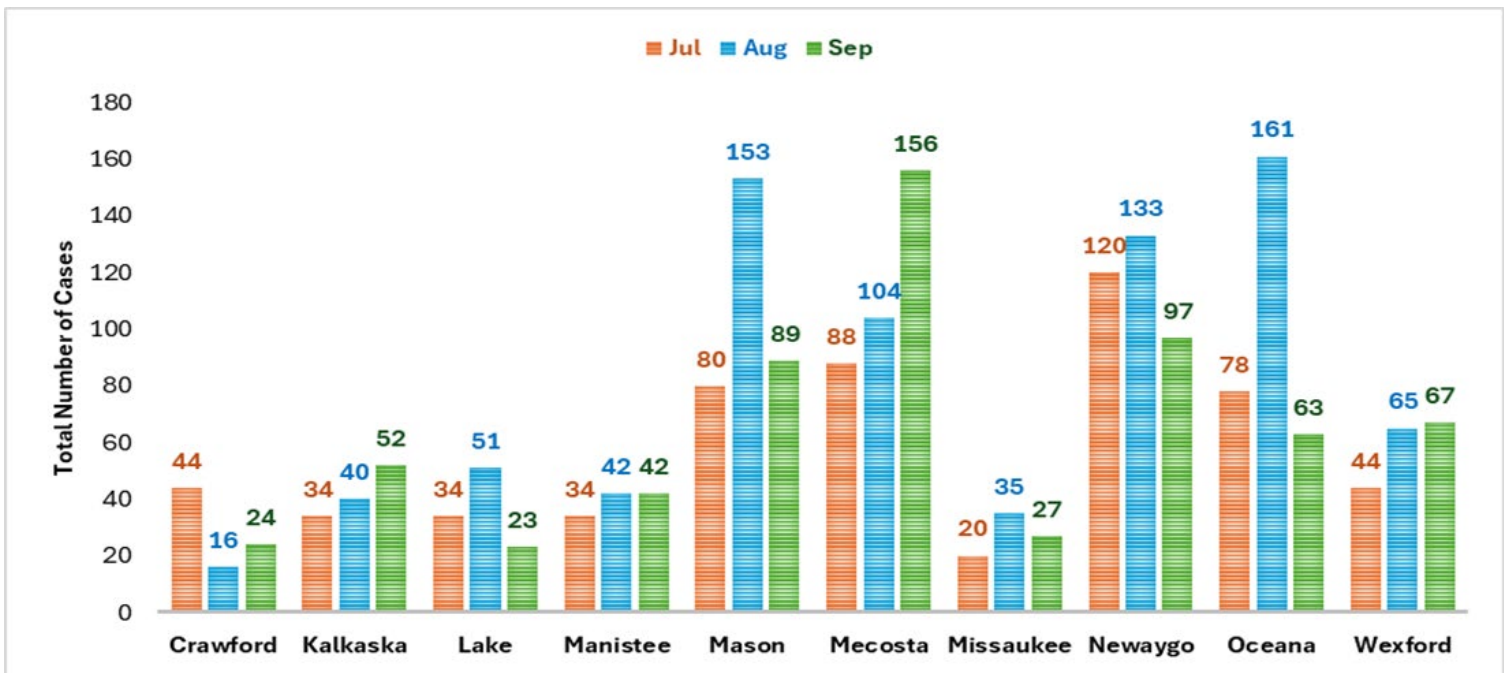
<b>Hepatitis B, Chronic</b>				
Female			1	1
Male	1			1
<b>Hepatitis C, Chronic</b>				
Female	5	6	2	13
Male	1	6	2	9
<b>Histoplasmosis</b>				
Male			1	1
<b>Influenza</b>				
Female	3	5	3	11
Male	2	1	1	4
<b>Latent Tuberculosis Infection</b>				
Female	2	7	1	10
Male			1	1
<b>Listeriosis</b>				
Female	1			1
Male		1		1
<b>Lyme Disease</b>				
Female	13	4	5	22
Male	15	11	3	29
<b>Meningitis - Aseptic</b>				
Female			1	1
<b>Meningitis - Bacterial Other</b>				
Female		1	1	2
<b>Nontuberculous Mycobacterium</b>				
Male	2	1	1	4
<b>Norovirus</b>				
Female			1	1
<b>Novel Coronavirus COVID-19</b>				
Female	217	346	289	852
Male	142	205	190	537
Unknown	5	13	2	20
<b>Pertussis</b>				
Female	3	9	2	14
Male	1	6	3	10
<b>Rabies: Potential Exposure &amp; PEP</b>				
Female	41	51	28	120
Male	35	32	20	87
<b>Salmonellosis</b>				
Female	6	1	1	8
Male	3	2	5	10
<b>Shiga toxin-producing Escherichia coli --(STEC)</b>				
Female		1	1	2
Male			2	2
<b>Shingles</b>				
Female	1		1	2

<b>Strep Throat</b>				
Male		1		1
<b>Streptococcal Dis, Inv, Grp A</b>				
Male	1	1	1	3
<b>Streptococcus pneumoniae, Inv</b>				
Female	1		1	2
Male	1	1	2	4
<b>Syphilis - All stages</b>				
Female	1	0	2	3
Male	2	2	4	8
<b>Unusual Outbreak or Occurrence</b>				
Female		1		1
<b>Vibriosis - Non Cholera</b>				
Female			1	1
<b>VZ Infection, Unspecified</b>				
Female		1	1	2
Male		2	1	3
<b>Grand Total</b>	<b>576</b>	<b>800</b>	<b>640</b>	<b>2,016</b>

**Graph 1. Reportable Cases by Age Group**



**Graph 2. Patient Status by Month**





### Family Planning

October 1st 2023 through September 30th 2024

Age Group	Female Users	Male Users	Total Users
Under 15	10	0	10
15 - 17	75	2	77
18 - 19	88	1	89
20 - 24	134	2	136
25 - 29	93	2	95
30 - 34	74	3	77
35 - 39	56	1	57
40 - 44	44	1	45
Over 44	32	1	33
<b>Total Users</b>	<b>606</b>	<b>13</b>	<b>619</b>

### BC3NP

October 1st 2023 through September 30th 2024

Age Group	Female Users	Male Users	Total Users
20 - 2	1	0	1
25 - 29	1	0	1
30 - 34	4	0	4
35 - 39	1	0	1
40 - 44	16	0	16
Over 44	77	0	77
<b>Total Users</b>	<b>100</b>	<b>0</b>	<b>100</b>

### STI/HIV

October 1st 2023 through September 30th 2024

Age Group	Female Users	Male Users	Total Users
15 - 17	8	4	12
18 - 19	10	6	16
20 - 24	25	19	44
25 - 29	11	26	37
30 - 34	16	19	35
35 - 39	20	13	33
40 - 44	12	7	19
Over 44	23	30	53
<b>Total Users</b>	<b>125</b>	<b>124</b>	<b>249</b>



## CD

- See graphs on next page.
- Pertussis is increasing in our area
- Rabies investigation totaled 207 cases

## Students

- Mentoring a new cohort of students that were able to participate in multiple programs and divisions, staff had students from 3 various educational organizations from Associate to Doctoral programs.
- We hosted a NP student in our Mecosta office



## FP/STI/HIV

- Staff attended the Michigan Family Planning conference in September at Crystal Mountain where Ashlie Baker, our family planning coordinator was asked to represent DHD#10 on a telehealth panel. DHD #10 is one of the few Health Departments that offer telehealth to family planning clients.
- PrEP services access continues in Wexford and Mecosta counties.
- Plans are being developed for our clinicians to begin treating clients with hepatitis C in fiscal year 2025
- A Full time Nurse Practitioner for our Northern Counties was hired in September.
- Family Planning clients served - 619
- STI clients served - 249.
- Breast and Cervical Program clients served - 100.

## IMMS

- 2023-2024 Flu season ended June 30th, 2024.
- 4808 doses were administered. We hosted numerous off-site clinics throughout each county. COVID and Flu vaccines were offered at every off-site clinic.
- 2024-2025 updated COVID vaccine became available. All individuals 6 month and older are eligible for vaccine.
- Launched a back-to-school immunization campaign across our social medial platforms and billboards, emphasizing the the importance of the MMR vaccine in light of recent outbreaks, as well as promoting all necessary back to school vaccinations.



**Board of Health**  
**Family Health Home Visiting**  
4th Quarter FY 2024 Report  
October 25, 2025

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**Maternal and Infant Health Program-**

The MIHP caseload at end of fiscal year was 553. Caseload has fluctuated throughout the fiscal year with September 2024 553 being the lowest month and November 2023 being the highest month with 606. MIHP completed 1,384 visits this quarter. Fiscal year 2024 a total of 5,843 visits were completed.

Still trying to hire for the open full-time Social Worker position in Mason county. Effective October 1, 2024, expanded billable services are available from MIHP. The new services include Care Coordination, Discharge Visit, 1 Additional Visit, and a Complex visit (longer than 60 minutes). This will help capture more reimbursement for previously unbillable services.

**Healthy Families America-**

At the last in-person performance measures and CQI meeting for the state, three HFA staff were recognized for outstanding performance. Denise Davis was awarded, “Systems Star Award.” Denise and a family she serves were videoed during a visit and this video will be used for future HFA trainings. Samantha Brado was recognized for her outstanding contribution to data analysis not only for the agency but for her work with the HFA State office to advocate for improvements in our electronic charting system. Lisa Burmeister was recognized for her work providing wonderful Reflective Supervision sessions individually and in groups.

HFA continues to work with the State in development of a Mental Health program for improving services in Rural Michigan. Also, HFA has completed CQI projects to improve recruitment of families for FFPSA and HMHB funding and improving our services to families around health and safety.

**Lead Nurse Case Management-**

Training was completed for 3 Nurse Case managers and 1 Community Health Worker in August. LNCM staff have provided case management services for 6 families of children with EBLL’s (elevated blood lead levels) this quarter. Currently, 111 elevated capillary and venous cases are under case management. During the last quarter of fiscal year 2024, \$1,330.44 was billed for services and \$3,285.78 was billed total for the fiscal year.

**Children’s Special Health Care Services-**

Staff attended 3 outreach events offering resources in Wexford and Mason Counties. Combined the 3 events had 1,900 in attendance. During the final quarter of fiscal year 2024, \$35,689.22 was billed for services, a total of \$113,532.70 billed for the fiscal year. Also, during quarter four 340 services were completed by staff.



**Hearing and Vision-**

Hearing and Vision Staff attended the 75th Hearing and Vision Anniversary Workshop in Traverse City. All four hearing and vision positions are now filled. The two newest Technician's attended the state hearing training in September. 896 Hearing Services Provided with 2 referrals. 1035 Vision Services Provided with 147 referrals throughout the final quarter of the year.

*Respectfully Submitted,  
Britney Wright RN, MSN*



**Board of Health  
Family Health WIC Division  
4th Quarter FY 2024 Report  
October 25, 2024**

**MDHHS WIC Management Evaluation Site Visit: DHD #10 WIC Program Special Recognition**

Our WIC Management Evaluation site visit was conducted by Kevin Sarb, MDHHS WIC Contractor the week of September 9<sup>th</sup> – 13<sup>th</sup>. Mr. Sarb observed Lake and Mecosta WIC clinic services and reviewed DHD #10 WIC program Administration, Participant Eligibility and Certification, Recordkeeping and Accountability, Nutrition and Breastfeeding Education, Outreach, Referrals, and Civil Rights and Produce Connection. **We meet 33 of 34 (97%) of the WIC minimum program requirements and received several special recognitions:**

- “The WIC staff at District Health Department (DHD) #10 display excellent customer service and provide client centered appointments to clients.”
- “During client interviews, one client stated, "I've been coming here for 9 years and still come here even after moving away because of they treat me and my children so well."
- “The DHD #10 WIC Program provides and documents great client centered nutrition education that assists the client to achieve a positive change in health habits and improved nutritional status...”
- “A strong culture of breastfeeding support is apparent at the DHD #10 WIC Program. There are a significant number of staff with advanced breastfeeding training/certifications... They have an MOU with 2 local birthing hospitals to conduct BFPC bedside visits with postpartum moms and they have 5 in person breastfeeding support groups, with a 6th slated to start in November. Over the previous 6-month period, DHD 10 has a breastfeeding initiation rate 82.96 compared to the State rate of 73.26% and their 6-month breastfeeding duration rate was 34.23% compared to the State rate of 30.81%.”
- “DHD #10 WIC Staff actively participate in MDHHS workgroups and serve on various Statewide Committees.”
- “The DHD #10 WIC Program actively seeks out grant funding including the Regional Childhood Lead Poisoning Prevention Program (CLPPP) and blood lead testing grants.”
- During FY 2023, the DHD #10 WIC Program has provided \$5,221,742 in food dollars to clients, which supports local WIC families and businesses.

**Breastfeeding Program Updates**

**DHD #10 Receives USDA Breastfeeding Award of Excellence – Premiere Level:** On August 22nd, representatives from the USDA’s Midwest Regional Offices and the State WIC state offices traveled to the Mason County office to present DHD #10 with the USDA Breastfeeding Award of Excellence Award – Premiere Level. This year only 20 Premiere awards were given nationwide. DHD #10 is the only agency in Michigan to receive the Premiere Level award in 2024, and 1 of only 2 agencies overall with the Premiere Level award in Michigan. The Breastfeeding Awards of Excellence recognizes agencies that are at varying stages of implementing exemplary

breastfeeding promotion and support practices, with the highest award provided to agencies demonstrating model practices.

### **MDHHS WIC Community Partnership Grant:**

DHD #10 WIC was one of five local programs to receive this grant opportunity, an initiative between State WIC Division and Coffective. The goal of this Community Partnership Collaborative grant was to increase access to lactation / breastfeeding services in our local communities. On September 26<sup>th</sup> we hosted “Building Bridges” trainings for health care providers in collaboration with Corewell Health-Ludington and Munson Healthcare-Cadillac hospitals and Lactation Education Consultants. 46 health care providers participated including hospital OB Nurses, Doulas, Breastfeeding Peer Counselors, Great Start Collaborative (GSC), home-visiting and WIC staff. In addition, we sponsored a large community event on Friday August 2<sup>nd</sup> at Lakeshore Resource Network, in Ludington in celebration of breastfeeding month. Over 200 persons attended and had access to on-site WIC, Dental, Hearing & Vision, Lead Poisoning Prevention, Children’s Special Health Care, MIHP, Childhood Immunizations, Leeward Initiative, Car Seat Safety Checks (in cooperation with Safe Kids MI) and several other community partner services (DHS, West Shore Family Center, Common Grace Doulas, Power Book Bags, Shore Chiropractic, Meridian Health Plan of MI, Blue Cross Complete of MI, Mason-Lake-Oceana Great Start Collaborative, MSU Extension, Safe Kids MI, Lakeshore Food Club/Lakeshore Food4Kids).

**2024 Peer of the Year:** Tina McDonald, breastfeeding peer counselor in Mecosta and Newaygo counties, received the “Peer of the Year” award for the Midwest Michigan Region, at the September 24 State Breastfeeding Peer Update held in Novi, MI.

**Newaygo National Breastfeeding Month Celebration/Ice Cream Social:** 59 people attended this event including WIC and Breastfeeding Coalition staff which was held at Fremont Lake on August 2<sup>nd</sup>.

### **Produce Connection-WIC Farmers Market Nutrition Food Program**

The Farmers' Market Nutrition Program (FMNP), formerly known as WIC Project FRESH is now known in Michigan as WIC Produce Connection and administered by the WIC program. The program provides WIC clients with eligible, locally grown, fresh, unprepared fruits and vegetables from Authorized Growers at farmers markets and roadside stands throughout Michigan. This year WIC clients received these benefits on their WIC EBT card to be used through November 30. Additionally, WIC Clients can use their monthly WIC Cash Value Benefits (CVB) for fruits and vegetables at an Authorized Growers year around. Unfortunately, program implementation was significantly delayed this season largely due to the need to contract each individual grower (in lieu of market masters) through MDHHS. We had only six authorized growers in our area located in five counties: Crawford, Kalkaska, Newaygo, Oceana, and Wexford severely limiting accessibility. Staff issued Produce Connection benefits to 607 clients valued at \$18,210.00, just 30% of the total grant of \$61,680.00 and the 2056 clients we hoped to serve. We trust the 2025 Produce Connection Program will be more successful as MDHHS continues to actively contract with growers.

**Staff Development and Recognition**

Congratulations to Jenna Dotson, Mecosta WIC Nutritionist who began the Michigan State University (MSU) Dietetic internship (WIC Cohort) and master’s degree in August with support of a National WIC Association (NWA) grant. After completion of the 16-month internship and master’s degree, Jenna will be eligible to take the Registered Dietitian exam.

**Regional Childhood Lead Poisoning Prevention Program (CLPPP) and Nurse Case Management (NCM) Grants**

CLPPP Staff, Jessica Grace, was invited and attended the State of Michigan CDC site visit in Lansing, representing the ground level experiences in rural areas. DHD#10 was one of two health departments statewide invited. City of Detroit, Health Department was the other. Jessica Grace attended Cadillac Back to school event and Cadillac Safety Day offering education and resources. The events combined had 1,400 in attendance. A training for Home Visiting staff was provided on lead poisoning prevention. DHD #10 elevated blood lead (EBL) program staff provided the following educational contacts related to EBL cases: 54 mailings, 136 calls to families/providers. and 13 Confirmed (venous) Elevated cases were referred for nurse case management (NCM) services.

**FY 2024 Caseload**

WIC Measure	Current Mo/Yr	Total Clients	Comparison Mo/Yr	Difference	
				#	%
Resident Enrollment	Sept 24	6,508	Sept 23	- 1,032	- 13.7 %
Resident Participation	July 24	6,456	July 23	-921	- 12.4 %
Migrant Participation	July 24	152	July 23	-34	- 18.3 %

Several factors have contributed to our decline in WIC client caseload including return to in-person clinic services (in August of 2023), staff turnover, and the lowest birth rates since the 1970’s. Of note, during FY 2023 we were operating under USDA waivers and providing remote services to clients within and outside of our health jurisdiction. With the transition to in-person services, out-of-district clients transitioned to Statewide WIC Closeout Participation in July was down over 22,000 clients or 10.7%. Fortunately, our WIC staffing stabilized this past quarter resulting in more clinic availability and time for program “in-reach” and outreach. I trust our team can stabilize and begin to rebuild our WIC local client caseload.

*Respectfully Submitted,  
Anne M. Bianchi, MS, RD, Family Health WIC Director*

**Board of Health**  
**School Health Division Report**  
4<sup>th</sup> Quarter FY 2024 Report  
October 25, 2024

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**Item**– The School Health Division has had a busy 4th quarter/year-end. As you will see in the data tables, there were 1,807 medical visits and 967 mental health visits at the school-based clinics this quarter. The School Based Clinics served a total of 2948 unduplicated clients with 19,239 total visits for the Fiscal Year!

**Item**- The new Wexford AWC was ready and the DHD#10 team moved in on August 15<sup>th</sup>. There was a ribbon cutting and Open House on October 10<sup>th</sup>.

**Item**- The McBain Wellness Center had its MDHHS Child and Adolescent Health Program Site Visit on September 10<sup>th</sup> and 11<sup>th</sup>. They received an A grade which means they will not need to have another site visit for 5 years!

**Item**- The new Manton Wellness Center is open to the students there in grades pre-K-12. It is open 5 days per week and is staffed by a mental health clinician and a registered nurse.

*Respectfully Submitted,*  
*Katy Bies*



*Wexford AWC Staff outside of their new clinic!*

**Board of Health  
School Health Programs Report  
4<sup>th</sup> Quarter FY 2024 Report  
October 25, 2024**

SCHOOL CLINIC SITE	UNDUPLICATED STUDENTS SERVED	MEDICAL SERVICES		MENTAL HEALTH SERVICES		TOTAL SERVICES
	YTD	CURRENT	YTD	CURRENT	YTD	OCT 23-June 24
<b>CADILLAC SCHOOLS</b> - Medical & Mental Health	355	161	400	82	555	955
<b>CHIPPEWA HILLS SCHOOLS</b> - Medical & Mental Health	443	195	699	177	1071	1770
<b>GRAYLING SCHOOLS</b> -Medical & Mental Health	298	164	529	83	712	1241
<b>LAKE CITY SCHOOLS</b> - Medical & Mental Health	310	179	477	55	334	914
<b>MASON COUNTY EASTERN SCHOOLS</b> - Medical & Mental Health	203	101	343	2	52	395
<b>SHELBY SCHOOLS</b> - Medical & Mental Health	486	253	658	88	545	633
<b>McBain Schools</b> Medical (Nursing) & Mental Health	273	487	1253	39	506	1759
<b>MESICK SCHOOLS</b> - Medical (Nursing) & Mental Health	135	37	215	156	514	1265
<b>MANTON SCHOOLS</b> - Medical (Nursing) & Mental Health	116	100	269	23	145	414
<b>BRETHREN SCHOOL</b> - Mental Health	56			129	826	826
<b>Ludington Schools</b> - Mental Health	49			54	424	424
<b>Pentwater Schools</b> - Mental Health	44			21	619	619
<b>HART SCHOOLS</b> - Mental Health	58			58	539	539
<b>TOTALS</b>	2826	1677	6530	967	6842	11754

	<b>Mackinaw Trail MS School Nurse</b>	<b>Bear Lake School Nurse</b>	<b>Brethren School Nurse</b>	<b>Morley Stanwood School Nurse</b>	<b>Total for FY 2024</b>
<b>Visits this Quarter</b>	46	6	14	64	130
<b>Visits YTD</b>	160	16	192	275	643
<b>Immunizations YTD</b>	10	2	20	0	32
<b>Unduplicated this Quarter</b>	40	4	9	64	117
<b>Total Unduplicated</b>	122	13	97	191	423

<b>Q4</b>	<b>Wexford</b>	<b>Manistee</b>	<b>Mason</b>	<b>Mecosta</b>	<b>Newaygo</b>	<b>Oceana</b>	<b>Lake</b>	<b>Crawford</b>	<b>Kalkaska</b>	<b>Missaukee</b>
<b>HRA Lunch &amp; Learns</b>										
<b>CPR /First Aid Classes</b>										
<b>Immunizations with HRAs non-nurse</b>										

## Report to the Boards of Health

Jennifer Morse, MD, MPH, FAAFP, Medical Director

*Mid-Michigan District Health Department, Wednesday, October 23, 2024*  
*Central Michigan District Health Department, Wednesday, October 23, 2024*  
*District Health Department 10, Friday, October 25, 2024*



### ***The Public Health of Halloween***

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Halloween is a favorite holiday for many people in the United States. There are some risks that come along with it. In 2011, there was a survey about Halloween and safety of nearly 1,000 parents and caregivers of children 12 and under in the United States. Most (79%) said they had talked to their child about Halloween safety and 75% said they would not let their child go trick-or-treating without an adult with them. Most (75%) also said they keep safety in mind when they choose a costume however 40% of parents allowed at least one unsafe item to be used, such as a mask, long, baggy or loose clothing, and/or a sword, cane, stick or another sharp object. Most parents did not ensure safety features with their child's costume, such as flame-resistant material, non-toxic makeup, or reflective tape or stripping. Only a third (37%) required their child use a flashlight when going out.

Most parents (77%) had at least one specific concern about Halloween risks. These concerns included being hit by a vehicle (31%), poisoning from tampered or spoiled treats (24%), abductions (15%), falls (4%), burns (1%), broken bones (1%), or other fears. In reality, pedestrian accidents and death are likely the biggest risk, with more than twice as many children killed in pedestrian incidents on Halloween between 4:00 pm and 10:00 pm than the same times on other days of the year. A study done in the UK found that accidents on Halloween also caused higher numbers of non-fatal injuries and more severe injuries than other days of the year. The fear that treats will be tampered with or poisoned persists, even though there is no proof this has ever been a real or significant problem.

There are other risks associated with Halloween. One study found an estimated 20,579 pumpkin-related knife injuries over a 10-year period required emergency department (ED) care. The most typical age group were 10- to 19-year-olds, followed by children und 10-years old. Most injuries happened on a Saturday or Sunday, and the peak incidence of injury was on October 30th. While this is only around 2,000 injuries per year, there are only those severe enough to require ED treatment, and likely there were many more less severe injuries.

A review of health insurance claims for injuries between 2003 and 2014 for more than 150 million US individuals found that Halloween, when compared to Columbus Day as a control, found there was an increase in the risk of accidental falls, self-inflicted injuries, and injuries inflicted by others on Halloween, notably among young males. They did not find increases in poisonings, choking, drowning, and vehicle accidents. Since this is looking only at insurance claims, this would only identify things severe enough to need medical care. However, this does suggest that accidents, like trips and falls, as well as fights may be risks for injury on Halloween.

A study done in Canada looked at patients that had a heart attack from October 15 to November 15 between 1989 to 2018. There was a higher risk of heart attack on the day following Halloween, and this was more likely in men and people that had no history of heart disease. It is thought that overindulging on high fat, high sugar foods and potentially excess alcohol, causes many changes in the body leading to the increased risk. As eating sweets and drinking usually happen late in the evening of Halloween, the risks would happen the next day. The day of Halloween was associated with a lower risk of heart attack.



Some worry there would be an increased risk of child abduction and sexual abuse on Halloween and several states, municipalities, and parole departments in US have adopted policies banning known sex offenders from Halloween activities based on this assumption. A review of victim data was done from 1997 through 2005 in the National Incident-Based Reporting System (NIBRS) data sets and during this 9-year period, no significant increases were seen in the risk for nonfamilial child sexual abuse on or just prior to Halloween. The period studied started before any areas would have adopted Halloween sex offender policies and any policies that may have been adopted over the 9-year period didn't appear to affect the overall sex offense rate.

A review of data from the National Electronic Injury Surveillance System (NEISS) All Injury Program (AIP)

for the years 2005 through 2017 reviewed ED visits due to assaults and found that at Halloween, there was an increase in ED visits for injuries due to fights and intimate partner violence. There were decreases in visits for injuries due to robberies and other types of assaults. Of note, they did not find an increase in women presenting to the ED for sexual assault.

However, a review of sexual assault cases reported in Ottawa, Canada in 2013 found that sexual assault occurred more often at holidays, including Halloween, at mass gatherings, and during university orientation week. Victims of sexual assault at mass gatherings tended to be younger, were more likely to have consumed alcohol or drugs, were more likely to suspect they had been drugged, and only knew their assailant 30% of the time.

Halloween is very popular with young adults, especially college students. Studies have found that Halloween is one of the heaviest drinking events for college students throughout the school year. Halloween parties at colleges are not limited to just October 31<sup>st</sup>, and often happen over several days or on the surrounding weekends, known as "Halloweekend". Studies have found that excessive alcohol use continues during these carry-over times.

Dressing in costume on Halloween is popular, particularly on university campuses, and studies of commercially available Halloween costumes have found that women's costumes were significantly more revealing than men's costumes. In the studies, men rated costumed women higher on sexually objectifying traits. Studies of adult women's costume packaging have found that the imaging or ads on the packages hypersexualize the model based on the nature of costume and the poses of the model. Ads directed toward female adolescents showed similar results. While they didn't find this overall for child models, girl child models were more likely than male child models to be sexualized in the ads.

Finally, Halloween is the start of the 9-week period of holiday weight gain lasting until New Years that will contribute to more the half of the yearly weight gain most people experience. This weight gain has also been seen in children, and childhood obesity is an ever-growing problem. Of interest, one study found children were just as likely to choose toys as compared to sweets when trick or treating.

### **Recommendations:**

1. Pedestrian accidents are one of the biggest risks on Halloween. Young children should trick-or-treat with an adult, follow [Halloween safety tips](#), and add reflective features to costumes.
2. Alcohol and drug use is high on and around Halloween, especially at colleges and universities, contributing to many other accidents and injuries. Help promote safe use habits.



3. Try to focus away from food on Halloween. Consider other events or alternatives to candy. Help children ration their candy intake or consider donating a portion of candy to our troops at Operation Shoebox <https://operationshoebox.com/2023/11/11/candy-donations/>.
  - a. More healthy Halloween ideas: <https://chear.ucsd.edu/blog/4-tips-to-avoid-overeating-the-halloween-candy>, <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/nutrition-basics/how-to-have-a-healthy-halloween>

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**Board of Health  
Deputy Health Officer Report  
October 25, 2024**

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**1. Public Health WINS Update – 81%**

DHD# 10 is participating in the national Public Health Workforce Interests and Needs Survey (PHWINS) assessment in partnership with the Region V Public Health Training Center and the Association of State and Territorial Health Officials (ASTHO) and fielded by the de Beaumont Foundation. DHD#10 will receive a customized department report that will be shared with staff as well as with the BOH. The PHWINS survey was launched in mid-September and as of last week, 196 staff have completed the survey, representing 81% of our workforce. The survey stays open across the country through the end of the year with results expected in late spring of 2025.

**2. Michigan Public Health Conference – “Innovations in Public Health”**

The annual Public Health Conference was held last week and many of our agency’s leadership team attended. In addition, staff participated in the conference presentations including:

- Community Connections program in partnership with Washtenaw County Health Department – “Creating Impact, Surviving Sustainability: Working with Community Health Workers in Public Health.” Sally Mellema, MPH, Community Health Supervisor, presented our approach and successes across rural Northern Michigan.
- Regional Planning Team’s presentation on the outcomes of the NCCHIR’s SDOH Accelerator Plan – “Driving SDOH Strategies by Amplifying Community Voice: A Rural health Roadmap to Collaborative Planning.” Erin Barrett, MPH, Regional Public Health Systems Specialist, and Emily Pokorski, MPH, Epidemiologist, presented the outcomes of this CDC funded project to support the North Central Community Health Innovation Region (includes DHD#10’s 5 southern counties).

As included in the Health Officer’s report, DHD#10 was recognized at the conference as the first-place recipient of the 2024 MDHHS Director’s Award to Local Public Health. The award was the result of the work to reduce the impact of stigma and improve outcomes for people experiencing substance use disorders. This two-year research project, funded by NACCHO, was implemented in partnership with the NWCHIR’s Behavioral Health Initiative. The outcomes of the project were published in the *Frontiers in Psychiatry*: “*Persistence of stigma and the cessation of substance use: comparing 3 stigma domains between those who currently use and those who no longer use substances.*” The \$1,000 award will be used to support the Stigma Reduction Action Team’s work.

**3. Northern Michigan Community Health Innovation Region – updates**

- The NMCHIR was notified that it will receive funding from the Center for Health & Research Transformation for FY25 under their “Promotion of Health Equity and the Learning Network” grant award. The funding will support the **existing** infrastructure of the

regional CHIRS and fully funds the regional leadership of the Community Connections HUB including the HUB Director, regional supervision, and the costs to support the data platform and the Pathways Institute's certification fees. In addition, the funding will support the work of the sub-regional CHIRs backbone staff to support the cross-sector partnership efforts around systems change to impact the SDOHs, along with funding to support the Community Connections/ Community Health Worker efforts. I will be representing the NMPHA as the project manager for this grant year. In total, the grant award to the 31 counties of the NMPHA is \$600,000 and DHD#10's \$159,500. While this is the final year of their award, they are writing a 5-year continuation grant application in 2025.

- The North Central Community Health Innovation Region (NCCHIR), in partnership with Healthy Places by Design, is hosting a social connectedness workshop. This half day session will explore community assets, drivers of social isolation, and generate solutions through collaborative action. This initiative is funded through our SDOH Hub grant from MDHHS which ends in December and aligns with the NCCHIR's strategic directions and Community Health Improvement Plan and aligns with their SDOH Accelerator Plan to address Chronic Disease.

#### **4. PHAB Accreditation Update**

DHD#10's first annual report under our reaccredited status will be due by the end of the year. The report template opened for review in October. I will be working with the Directors and the Regional Planning Department over the next month to complete the report on our continued accreditation compliance. I will share the report with the Board of Health once completed.

#### **5. Community Health Needs Assessment Update**

The MiThrive CHNA initiative recently finalized its community survey collection. Staff are working to clean up the data and final summary of data collected by county should be available to share by next month. Work between now and the end of the year include formally sharing the outcomes of the community input, development of issue briefs on the findings of both the primary and secondary data, prioritization of the issues to identify the top 3-5 by CHIR region, development of written reports for each health system and each local health department across the 31 counties (reports are due to organizations during the first quarter of 2025).

*Respectfully Submitted,*

*Sarah Oleniczak, MPH, MCHES,  
Deputy Health Officer*

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1. **Epi Team Update:** Information on current case counts, vaccination efforts, outbreaks and other CD related issues will be shared at the meeting.
2. **PFAS Update:** Site specific updates will be shared at the Board meeting based upon recent and ongoing developments.
3. **Enforcement Actions:** Updates on recent enforcement actions taken by DHD#10 will be shared at the meeting.
4. **Meeting with Township Zoning Administrator:** As a follow-up to last month discussion on the issuance of well, septic and cemetery permits, DHD#10 Environmental Health staff met with Bryan Kolk, Zoning Administrator for Bridgeton and Big Prairie Township in Newaygo County, to discuss his concerns and explore potential solutions. Changes as a result of that meeting will be implemented in those Townships to see how they work. Also, efforts will be made following the November elections, to secure space at one of the quarterly Township Administrators' meetings to discuss issues and explore potential solutions.
5. **MDHHS Directors Award:** At this year's Michigan's Premier Public Health conferenced, it was announced that DHD#10 had been awarded the 2024 MDHHS Director's Award to Local Public Health. DHD#10 had submitted a project titled "Substance Use Stigma Assessment and Response Project for consideration of this award. Included in the Board Packet for your review is the award notification letter and Executive Summer document from the project.
6. **MALPH Presidency:** I concluded my term as MALPH President at the October 14<sup>th</sup> MALPH Board meeting.

*Respectfully submitted:*

**Kevin Hughes, MA  
Health Officer**



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

October 11, 2024

Kevin Hughes  
District Health Department #10  
630 Progress Street  
West Branch, MI 48661

Dear Health Officer Hughes:

I am pleased to announce that District Health Department #10 was chosen as the \$1,000 recipient of the 2024 Michigan Department of Health & Human Services (MDHHS) Director's Award to Local Public Health. You were selected for your work to reduce the impact of stigma and improve outcomes for people experiencing substance use disorders.

You will receive a permanent plaque and the MDHHS Director's Award traveling trophy to proudly display until next year's selection process, along with your monetary award. We will also engrave your local health department's name on a MDHHS plaque. The plaque reflects all recipients since the award's inception in 1983 and is located at the MDHHS Public Health Administration.

The award and recognition item will be presented to you or your representative at Michigan's Premier Public Health Conference luncheon and awards ceremony on October 15, 2024, in Muskegon, Michigan, at the Marriott Muskegon Convention Center.

On behalf of Michigan residents and visitors, I want to express our sincere appreciation for the ongoing efforts of the Substance Use Stigma Assessment and Response Action Team. Your partnership with regional organizations to enhance harm reduction services, improve access to treatment, and reduce overdose deaths is truly commendable. I am excited to recognize your outstanding contributions at the upcoming conference.

Thank you for your participation in the MDHHS Director's Award process, and for your dedication to making a positive impact in our communities.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Lyon-Callo".

Sarah Lyon-Callo, M.S., Ph.D.  
Senior Deputy Director / State Epidemiologist  
Public Health Administration

SLC:jw

# EXECUTIVE SUMMARY

## SUBSTANCE USE STIGMA ASSESSMENT AND RESPONSE PROJECT

*“Working to reduce the impact of stigma and improve outcomes for people experiencing SUDs.”*



### OVERVIEW

District Health Department #10 (DHD#10), in partnership with the Northwest Community Health Innovation Region’s Behavioral Health Initiative, received funding from the National Association of City and County Health Officials to assess the prevalence of stigma regarding substance use disorders (SUDs) in specific subpopulations in the Northwest Community Health Innovation Region (NWCHIR). This data was used to develop effective and targeted interventions to reduce the impact of stigma and improve outcomes for people experiencing SUDs.



### BACKGROUND

The NWCHIR’s Behavioral Health Initiative covers 10 rural counties in northwest Michigan. This region includes four health departments and two healthcare systems. A committed and engaged Team of over 30 stakeholders developed an intervention plan based on data collected from stigma assessments of the general public, healthcare providers, law enforcement/first responders, and people with substance use disorders. This data informed a social media campaign, an education program for healthcare providers, and the creation of story telling videos from people with substance use disorders, healthcare providers who treat people with substance use disorders, and peer recovery coaches. A law enforcement training toolkit was developed to provide educational resources to law enforcement and first responders. Community partners engaged in this project included people with lived experience related to substance use disorders.



### COLLABORATION

The SSAR action team started with 8 members and has grown to include over 36 members. We had representation from local health departments, Munson Healthcare, Meridian Health Plan, peer recovery coaches, substance use prevention coalitions, Harm Reduction Michigan, Northern Michigan Substance Abuse Services, Northern Michigan Regional Entity, Northern Michigan Rural Opioid Collaborative, SUD recovery houses, and law enforcement.

Stigma assessments were developed and distributed across the 10-county region to the general public and the three additional target populations. The Data was analyzed and presentations were developed to provide results of the assessments to each of the target populations and to engage these populations in the planning of interventions to reduce stigma.



**1,374**  
responses

## PUBLIC STIGMA ASSESSMENT RESPONSES

According to the Addiction Technology transfer Center, perhaps the best tool for stigma prevention campaigns is media advocacy. Media advocacy is the strategic use of mass media to advance a social or public policy initiative. It seeks to stimulate media coverage so as to reframe public debate and increase public knowledge and support. From May to August 2023, DHD#10 launched an SUD Stigma Social Media Campaign. This campaign included data from the public assessment, SUD education, words matter training material, and local resources. These social media posts were available for action team members to post on their own social media sites:

#DidYouKnow #DYK that **Substance Abuse Disorder is a chronic condition just like heart disease?**

When we view it like a chronic condition, we **treat addiction with science and compassion.** This way those touched by this disease don't experience shame or stigma.

Stop the stigma by knowing the signs and symptoms of Substance-Use Disorder: <https://www.shatterproof.org/find-help/dsm5-assessment>

**Substance-use Disorder should be treated with science and compassion**



**1 in 2** people agree that Substance-use Disorder is a chronic condition



## PRIORITIZED STRATEGIES

- The SSAR Team created story-telling videos with interviews from 14 residents with lived experience. Of these individuals, we had representation from SUD practitioners, peer recovery coaches, coalition leaders, individuals from long-term and short-term recovery, and family members of individuals with a substance use disorder. Our team developed 3 long videos and 5 short videos. The 3 long videos were developed to use during trainings or presentations, while the short videos were to be boosted on social media. Sharing and celebrating recovery stories connects community members with one another and empowers those who are still struggling to know they are not alone. It also helps to eliminate the stigma people in recovery often face and educate the public that recovery is possible.
- To create systems change in the community, the SSAR Team partnered with Munson Healthcare to provide SUD stigma education to 43 providers. This program included a review of the stigma assessment results and a presentation from a provider with the Michigan Opioid Collaborative regarding Stigma and Substance Use Disorders.
- A law enforcement toolkit that could be used internally by law enforcement staff for SUD stigma training was created to reach law enforcement and first responders. This toolkit included videos created by law enforcement and the story-telling videos created by the SSAR Team.
- The goal of the educational programs designed for healthcare providers and law enforcement is to encourage change within their organizations and creating cultures that are less stigmatizing and traumatic to a culture of compassion and empathy.



## NEXT STEPS

The Substance Use Stigma Assessment and Response Action Team continues its efforts through partnership with organizations in the region working to increase support for harm reductions services, increase access to treatment services, and decrease deaths from overdose. The Action Team members are seeking funding for implementation of youth substance use prevention at the county level and for increasing health outcomes for pregnant women with substance use disorder at the regional level.

District Health Department #10 has secured funding to replicate the Substance Use Stigma Assessment and Response Project in two additional counties in the DHD#10 jurisdiction.



## LEARN MORE

- Access information and resources [here](#).
- View the Harm Reduction Video [here](#).
- View the Reduce Stigma Recovery Stories video [here](#).
- View the Reduce Stigma regarding Substance Use Disorders Short videos [here](#).
- Questions? Email us Donna at [dnorkoli@dhd10.org](mailto:dnorkoli@dhd10.org).