



**MICHIGAN PUBLIC HEALTH  
ADVISORY COUNCIL  
2019/2020 ANNUAL REPORT  
March 2021**

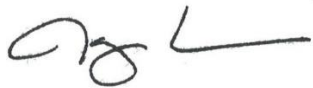
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## Message from the Chair

I am excited to share the Public Health Advisory Council (PHAC) Annual Report. The Public Health Advisory Council has worked hard to address some of the state's most urgent and emerging public health needs. As Michigan continues to strive to protect and promote public health in the face of unprecedented public health challenges, the PHAC continues to be a trusted thought partner. I am proud of our progress thus far and excited about our continued work to advance public health in Michigan!

Sincerely,

A handwritten signature in black ink, appearing to read 'Joneigh S. Khaldun', with a long horizontal stroke extending to the right.

Joneigh S. Khaldun, MD, MPH, FACEP

Chair

Chief Medical Executive and Chief Deputy Director for Health  
Michigan Department of Health and Human Services

## About the Public Health Advisory Council

The Public Health Advisory Council was created within the Michigan Department of Health and Human Services at the recommendation of the Public Health Advisory Commission. The Council is responsible for developing an action plan for implementing the recommendations of the Commission. It is also tasked with providing advice about emerging issues in public health, monitoring the effectiveness of Michigan's public health response system, and reviewing multiagency efforts to support collaboration and a unified approach on public health responses.

The Council is comprised of 20 voting members, including the Chief Medical Executive as Chair, and 5 non-voting ex-officio members representing the following departments:

- The Michigan Department of Agriculture and Rural Development
- The Michigan Department of Environment, Great Lakes, and Energy
- The Michigan Department of Health and Human Services
- The Michigan Department of Licensing and Regulatory Affairs
- The Michigan Department of State Police

## Mission, Vision and Charge to the Council

### Mission

To evaluate and provide recommendations to the Governor as to the optimum practice, delivery and response of governmental public health in Michigan.

### Vision

Improve public health services, assure public health accountability, and improve public health efficiency and response.

### Charge to the Council

1. Provide guidance and advice about emerging issues in public health, or other public health matters as deemed appropriate, or as requested by the Governor or the director of the department.
2. Develop and propose an action plan for implementing the recommendations set forth in the report.
3. Monitor the effectiveness of Michigan's Public Health response system particularly in circumstances in which multiple government agencies are required to work in collaboration in response to a public health threat.
4. Review multiagency efforts that support a One-Health approach (human health/animal health interface) to reduce the duplication of effort by involved agencies and to form a unified communications strategy when addressing public health concern.

## Public Health Advisory Council Members



**Cynthia Aaron**  
Toxicologist



**Eric Adelman**  
General Public



**James Averill**  
Veterinarian



**Denise Chrysler**  
School of Public Health



**Kathleen Forzley**  
General Public



**Brian Hartl**  
Epidemiologist



**Jennifer Johnson**  
National Accredited  
Medical School



**Joneigh Khaldun**  
Chair



**Chris Kolb**  
Environmental Health  
Expert



**Doug LaFave**  
Local Public Works



**Dianne Malburg**  
Pharmacist



**Bill Manns**  
Hospital Administration



**Sandra McGovern**  
Registered Nurse



**Annette Mercatante**  
Vice Chair



**James Rutherford**  
Local Public Health



**Kristin Schweighofer**  
Food Safety Expert



**Michelle Styma**  
General Public



**Dennis Whitford**  
General Public



**Jamie Zaniewski**  
General Public

## Ex-Officio Members



**Larry Horvath**

Michigan Department of  
Licensing & Regulatory  
Affairs



**April Hunt**

Michigan Department of  
Agriculture and Rural  
Development



**Captain Emmitt McGowan**

Michigan State Police



**Eric Oswald**

Michigan Department of  
Environment, Great  
Lakes & Energy

## The Impact of COVID-19

Michigan identified its first confirmed case of COVID-19 on March 10<sup>th</sup>, 2020 and quickly saw its cases and deaths rise like many states across the country.

Governor Gretchen Whitmer and MDHHS have issued orders over the past year to decrease spread of the disease. A robust and unprecedented vaccination effort is currently underway and means that the end of the pandemic is closer. However, the pandemic has had a broad impact on the public's health and the economy, and the PHAC remains ready to partner as Michigan looks towards long-term recovery post-pandemic.

The Public Health Advisory Council's meeting schedule was disrupted due to the pandemic and eventually moved to a virtual platform to ensure ongoing engagement. The group continues to be a thought partner and provides direct insight into community challenges and health department impacts as it relates to COVID-19. The Council has focused heavily on the public health workforce and other impacts to local health department funding.

The Public Health Advisory Council will continue to advocate for resources and streamlined access to services with an understanding that they will need to be sustained throughout the pandemic and beyond.



## 2019 - 2020 Meeting Dates

January 11, 2019

February 8, 2019

March 8, 2019

April 12, 2019

May 10, 2019

June 14, 2019

July 12, 2019

September 13, 2019

October 11, 2019

January 10, 2020

February 14, 2020

May 8, 2020

June 12, 2020

July 10, 2020

September 11, 2020

October 8, 2020

## Emerging Public Health Issue Topics

The Public Health Advisory Council brings emerging public health issues to the department for consideration of resources and strategies.

Asbestos

Buprenorphine

Dioxane

Eastern Equine Encephalitis

Kratom

Lead

Legionella

Marijuana

Measles

Novel Coronavirus

Opioids

PFAS

Salmonella

Vaping

Xylazine

## PHAC Workgroups & Key Accomplishments

### Funding

The Funding Workgroup evaluates current state funding for essential public health services at the local health department. The group also provides written recommendations to the PHAC and other stakeholders as to suggested changes to the current state funding formula for local health departments.

The Funding Workgroup worked in collaboration with MDHHS to create a new funding formula for Essential Public Health Services. The group supported funds being disbursed as a block grant to local health departments to meet the intended flexibility necessary to meet public health needs. A copy of the full funding formula can be found in Appendix 1.

### Health in All Policies

The Health in All Policies Workgroup provides recommendations on how Michigan can achieve a statewide “Health in All Policies” (HiAP) approach to legislation, statute, and administrative rule development.

Formerly known as the Expanded Workgroup, this workgroup identified a mechanism for educating stakeholders on health in all policies implementation with assistance from the Kent County Health Department. Presentations were provided to the entire council so members could promote the concept through their professional networks.

### Organizational Assessment

The Organizational Assessment Workgroup provides recommendations to the Public Health Advisory Council regarding proposed organizational changes to state public health.

The combining of the Organizational and Health in All Policies Workgroup was achieved through consensus and a formal vote of the PHAC. This merger allows for both groups to achieve their goals while adopting an equity lens. The group is focused on highlighting the key components of [Public Health 3.0](#) and identifying synergy with the public health infrastructure in Michigan.

## Open Meetings

The Public Health Advisory Council voted to be compliant with the Open Meetings Act. This effort has been shown to make more the Council more accessible to the community and generate trust in government through increased transparency.

## 2021 Vision and Going Forward

The PHAC spent a majority of 2019 and 2020 reflecting on progress made by the group and conducting an environmental scan for opportunities to advance the Public Health Advisory Commission's initial recommendations. Though many of the goals outlines initially have been identified as completed, the PHAC acknowledges the ongoing nature of many of those tasks and the need for ongoing education and advocacy.

The Council is looking for new opportunities to advance its mission and charge while advocating for the necessary changes to support Michigan's public health service delivery system. The PHAC has recently welcomed new members and new workgroups focusing on lessons learned from COVID-19. These workgroups include Public Health Policy, Data/Technology and Public Health Challenges.

An updated version of the PHAC Action Plan with status can be found in Appendix 2.

# Appendix 1 – PHAC Funding Formula Report

## Executive Summary

**Objective:** The FY 2019 budget boilerplate Section 1234 charged Michigan Department of Health and Human Services (MDHHS) to develop and report to the Legislature a revised distribution formula for the allocation of Essential Local Public Health Services (ELPHS) funding to local health departments to be implemented during the fiscal year beginning October 1, 2019.

**Project Participants:** MDHHS referred this issue to the Public Health Advisory Council (PHAC). The PHAC formed a workgroup to consider the charge. The workgroup consisted of four local health officers, four PHAC members (two of which are health officers), two local financial administrators, and financial and program administrators representing Michigan Department of Agriculture and Rural Development (MDARD), Michigan Department of Environmental Quality (MDEQ) and MDHHS.

### **Recommendations:**

1. Funds should be disbursed as a block grant to local public health to meet the intended flexibility to address local health department needs.
2. Should the proposed formula be implemented, it will require an additional \$6 to \$8 Million to hold all local health departments harmless.
3. If the Legislature cannot provide the additional funds, the workgroup strongly recommends making no changes to Essential Local Public Health Services funding at the present time. Revising the current funding formula to redistribute funds at the current funding levels would cause disruption across the local public health system.

## Conclusion:

As of FY 2017, Michigan provided the ninth lowest state funding for public health in the United States. Given the opportunities to improve Michigan's public health system, and the challenges inherent in providing even minimal services through Essential Local Public Health Services (ELPHS) programming, the funding group believes it is incumbent upon the State of Michigan to increase funding for ELPHS.

## Introduction

The Essential Local Public Health Services include:

- Infectious Disease Control
- Sexually Transmitted Disease Control and Prevention
- Immunization
- Hearing Screening and Vision Services<sup>1</sup>
- Public Water Supply/Private Ground Water Supply
- Onsite Sewage Management
- Food Protection

## Current Programmatic Funding Formulas

The workgroup met seven times to discuss the current funding formula, needs and options to consider as part of a revised allocation methodology. Other discussions ensued relative to local public health funding which will be first recommended to the PHAC. As it pertains to the FY19 boilerplate report, the language states the following:

(1) By February 1 of the current fiscal year, the department shall develop and report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office a revised distribution formula for the allocation of essential local public health services funding to local health departments.

(2) It is the intent of the legislature that the formula developed under this section will be implemented during the fiscal year beginning October 1, 2019.

After considerable discussion and review, the workgroup did not identify a final, equitable funding formula that reflect the reality of needs in each local health department.

While aggregate appropriations have been based upon funds disbursed in 1992, due to some flexibility in use of the funds across ELPHS programs, local health departments have been able to shift revenue to address community need. Subsequent changes in ELPHS appropriations to local health have been based upon the amount of funds present in a given program each year and have not been tied to actual cost to maintain ELPHS programs or to community need.

- **Public Water Supply/Private Groundwater Supply, Onsite Sewage Management and Food Protection** funding is appropriated from the Legislature to MDHHS (not MDEQ and MDARD). MDHHS determines how much each local health department receives and is based upon previous year allocations.
- **HIV/STD ELPHS** funding is based previous year allocations.
- **General Communicable Disease and Immunization** funding is based upon previous year allocations.
  - Additionally, for **General Communicable Disease** each of the eight jurisdictions that house a regional epidemiologist receives \$7,500 (to provide for a workstation and other assets). If the regional epidemiologist has a split office among two (2) jurisdictions, each receives \$3,750.
- **Hearing and Vision** (ELPHS programs funded through Michigan Department of Education) utilize the following to distribute \$5,000,000 in funds:

- Forty-five (45) percent of the total funding represents base funding, determined by the proportion of eligible preschool and school-aged children in the local health department region.
- The remaining fifty-five (55) percent is distributed through the following formula that is comprised of three (3) variables that drive up the cost of administering the program:
  - Twenty (20) percent is based on a proportion of eligible school buildings;
  - Twenty (20) percent is based on a proportion of students in need (Free/Reduced Lunch); and
  - Fifteen (15) percent is based on the average time traveled, as based on the geographic size of the local health department jurisdiction

The current funding for FY 2019 ELPHS appropriations are presented in the following table.



|   | MDARD FOOD | MDHHS HEARING * | MDHHS VISION * | MDHHS Other  | TOTAL MDHHS  | MDEQ PRIVATE & TYPE III WATER SUPPLY | MDEQ ON-SITE WASTEWATER TREATMENT | TOTAL MDEQ | TOTAL ELPHS  |
|---|------------|-----------------|----------------|--------------|--------------|--------------------------------------|-----------------------------------|------------|--------------|
| Allegan County Health Department                          | 99,427.00  | 41,687.00       | 41,686.00      | 137,443.00   | 2,20,818.00  | 81,178.00                            | 103,320.00                        | 184,498.00 | 304,743.00   |
| Barry Eaton District Health Department                    | 130,992.00 | 43,963.00       | 43,963.00      | 149,227.00   | 2,41,137.00  | 221,234.00                           | 212,338.00                        | 433,792.00 | 823,941.00   |
| Bay County Health Department                              | 102,827.00 | 28,773.00       | 28,774.00      | 97,831.00    | 1,33,400.00  | 21,693.00                            | 76,913.00                         | 98,608.00  | 336,833.00   |
| Benzie-Leelanau District Health Department                | 46,936.00  | 14,801.00       | 14,800.00      | 10,078.00    | 39,679.00    | 82,742.00                            | 103,309.00                        | 186,051.00 | 274,666.00   |
| Berrien County Health Department                          | 173,986.00 | 43,318.00       | 43,317.00      | 240,442.00   | 3,31,077.00  | 100,193.00                           | 64,059.00                         | 164,254.00 | 671,317.00   |
| Branch/Hillsdale/St Joseph Community Health Agency        | 147,783.00 | 48,309.00       | 48,309.00      | 439,793.00   | 3,36,813.00  | 162,737.00                           | 182,489.00                        | 345,226.00 | 1,049,832.00 |
| Calhoun County Health Department                          | 206,306.00 | 33,388.00       | 33,387.00      | 276,963.00   | 3,47,738.00  | 66,921.00                            | 104,673.00                        | 171,594.00 | 723,838.00   |
| Central Michigan District Health Department               | 246,433.00 | 48,314.00       | 48,314.00      | 130,048.00   | 2,46,676.00  | 309,798.00                           | 462,401.00                        | 772,199.00 | 1,263,330.00 |
| Chippewa County Health Department                         | 30,238.00  | 26,203.00       | 26,204.00      | 132,869.00   | 1,83,278.00  | 40,173.00                            | 68,403.00                         | 108,576.00 | 344,094.00   |
| City of Detroit Department of Health and Wellness         | 607,074.00 | 173,947.00      | 173,947.00     | 2,314,337.00 | 2,862,231.00 | -                                    | -                                 | -          | 3,469,323.00 |
| Dickinson-Iron District Health Department                 | 63,606.00  | 14,474.00       | 14,473.00      | 43,247.00    | 74,194.00    | 24,938.00                            | 69,090.00                         | 94,028.00  | 231,828.00   |
| District Health Department #10                            | 243,334.00 | 70,808.00       | 70,808.00      | 436,133.00   | 3,97,769.00  | 301,296.00                           | 236,636.00                        | 537,932.00 | 1,399,073.00 |
| District Health Department #2                             | 83,282.00  | 20,333.00       | 20,334.00      | 98,743.00    | 1,39,432.00  | 80,016.00                            | 123,134.00                        | 203,170.00 | 429,884.00   |
| District Health Department #4                             | 90,593.00  | 24,186.00       | 24,183.00      | 43,940.00    | 94,311.00    | 183,068.00                           | 172,338.00                        | 355,406.00 | 342,330.00   |
| Genesee County Health Department                          | 318,738.00 | 106,362.00      | 106,362.00     | 761,128.00   | 974,232.00   | 139,302.00                           | 296,442.00                        | 435,744.00 | 1,928,934.00 |
| Grand Traverse County Health Department                   | 96,436.00  | 27,847.00       | 27,846.00      | 74,286.00    | 1,29,979.00  | 100,177.00                           | 130,129.00                        | 230,306.00 | 436,741.00   |
| Health Department of Northwest Michigan                   | 224,267.00 | 32,331.00       | 32,330.00      | 77,069.00    | 1,42,170.00  | 141,092.00                           | 241,322.00                        | 382,414.00 | 748,831.00   |
| Huron County Health Department                            | 39,763.00  | 22,140.00       | 22,139.00      | 70,423.00    | 1,14,702.00  | 47,739.00                            | 36,041.00                         | 103,780.00 | 236,247.00   |
| Ingham County Health Department                           | 242,740.00 | 67,809.00       | 67,808.00      | 1,041,832.00 | 1,177,469.00 | 33,383.00                            | 108,792.00                        | 142,175.00 | 1,320,384.00 |
| Ionia County Health Department                            | 61,392.00  | 23,429.00       | 23,428.00      | 41,178.00    | 88,033.00    | 20,283.00                            | 60,853.00                         | 81,136.00  | 230,763.00   |
| Jackson County Health Department                          | 137,977.00 | 42,096.00       | 42,093.00      | 193,348.00   | 2,77,339.00  | 92,093.00                            | 108,107.00                        | 200,200.00 | 613,716.00   |
| Kalamazoo County Health and Community Services Department | 337,432.00 | 62,143.00       | 62,142.00      | 681,979.00   | 806,264.00   | 143,363.00                           | 111,821.00                        | 255,184.00 | 1,400,882.00 |
| Kent County Health Department                             | 296,772.00 | 170,383.00      | 170,382.00     | 980,479.00   | 1,321,244.00 | 168,184.00                           | 203,339.00                        | 371,523.00 | 1,991,739.00 |
| Lapeer County Health Department                           | 88,620.00  | 27,477.00       | 27,476.00      | 183,830.00   | 2,38,783.00  | 28,328.00                            | 28,328.00                         | 56,656.00  | 384,039.00   |
| Lenawee County Health Department                          | 119,469.00 | 31,919.00       | 31,918.00      | 30,336.00    | 1,14,193.00  | 127,331.00                           | 104,360.00                        | 231,691.00 | 463,573.00   |
| Livingston County Department of Public Health             | 137,749.00 | 40,187.00       | 40,187.00      | 101,147.00   | 1,81,321.00  | 130,980.00                           | 148,612.00                        | 279,592.00 | 618,862.00   |
| Luce-Mackinac-Alger-Schoolcraft DHD                       | 140,336.00 | 16,643.00       | 16,644.00      | 83,276.00    | 1,18,263.00  | 62,689.00                            | 76,624.00                         | 139,313.00 | 398,434.00   |
| Macomb County Health Department                           | 634,106.00 | 178,114.00      | 178,113.00     | 1,142,944.00 | 1,499,171.00 | 23,233.00                            | 347,339.00                        | 370,774.00 | 2,304,031.00 |
| Marquette County Health Department                        | 60,144.00  | 22,811.00       | 22,810.00      | 132,393.00   | 1,78,216.00  | 23,487.00                            | 68,170.00                         | 91,657.00  | 332,017.00   |

| MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ESSENTIAL LOCAL PUBLIC HEALTH SERVICES (ELPHS) FUNDING |              |                 |                |              |              |                                      |                                   |            |              |
|--|--------------|-----------------|----------------|--------------|--------------|--------------------------------------|-----------------------------------|------------|--------------|
| FY 2019 Appropriation Amended  |              |                 |                |              |              |                                      |                                   |            |              |
|  | MDARD FOOD   | MDHHS HEARING * | MDHHS VISION * | MDHHS Other  | TOTAL MDHHS  | MDEQ PRIVATE & TYPE III WATER SUPPLY | MDEQ ON-SITE WASTEWATER TREATMENT | TOTAL MDEQ | TOTAL ELPHS  |
| Midland County Health Department   | 77,430.00    | 21,692.00       | 21,691.00      | 323,264.00   | 366,647.00   | 41,289.00                            | 119,761.00                        | 161,050.00 | 605,147.00   |
| Mid-Michigan District Health Department  | 190,203.00   | 49,233.00       | 49,233.00      | 258,741.00   | 337,211.00   | 127,289.00                           | 198,393.00                        | 325,682.00 | 873,096.00   |
| Monroe County Health Department  | 89,270.00    | 39,930.00       | 39,929.00      | 343,709.00   | 423,568.00   | 43,864.00                            | 103,053.00                        | 146,917.00 | 661,757.00   |
| Muskegon County Health Department  | 115,403.00   | 49,821.00       | 49,820.00      | 320,109.00   | 619,753.00   | 103,969.00                           | 33,984.00                         | 137,953.00 | 885,108.00   |
| Oakland County Department of Health and Human Services/ Health Division                                    | 954,477.00   | 233,969.00      | 233,968.00     | 2,337,216.00 | 3,065,153.00 | 371,324.00                           | 413,718.00                        | 985,042.00 | 3,004,672.00 |
| Ottawa County Health Department  | 139,374.00   | 67,878.00       | 67,878.00      | 606,704.00   | 742,460.00   | 128,738.00                           | 219,238.00                        | 347,976.00 | 1,249,830.00 |
| Public Health, Delta & Menominee Counties  | 39,087.00    | 21,848.00       | 21,847.00      | 132,238.00   | 193,973.00   | 40,696.00                            | 99,633.00                         | 140,329.00 | 385,369.00   |
| Saginaw County Health Department   | 297,302.00   | 32,619.00       | 32,619.00      | 486,739.00   | 591,977.00   | 40,448.00                            | 121,341.00                        | 161,789.00 | 1,051,268.00 |
| Sanilac County Health Department   | 71,631.00    | 23,972.00       | 23,971.00      | 110,142.00   | 138,083.00   | 24,074.00                            | 33,242.00                         | 57,316.00  | 287,032.00   |
| Shiawassee County Health Department  | 82,146.00    | 24,789.00       | 24,789.00      | 89,670.00    | 139,248.00   | 33,893.00                            | 38,931.00                         | 72,824.00  | 316,218.00   |
| St. Clair County Health Department   | 186,723.00   | 43,603.00       | 43,603.00      | 182,079.00   | 273,289.00   | 60,878.00                            | 213,687.00                        | 274,565.00 | 736,379.00   |
| Tuscola County Health Department   | 47,629.00    | 27,989.00       | 27,989.00      | 142,622.00   | 198,600.00   | 2,826.00                             | 8,374.00                          | 11,200.00  | 237,629.00   |
| Van Buren-Cass County District Health Department   | 112,097.00   | 46,009.00       | 46,009.00      | 393,809.00   | 487,827.00   | 3,860.00                             | 11,897.00                         | 15,757.00  | 617,681.00   |
| Washtenaw County Public Health Department  | 310,470.00   | 69,633.00       | 69,633.00      | 388,425.00   | 527,731.00   | 100,103.00                           | 381,483.00                        | 481,586.00 | 1,319,789.00 |
| Wayne County Health Department   | 1,232,148.00 | 266,126.00      | 266,125.00     | 1,742,284.00 | 2,274,533.00 | 9,987.00                             | 80,798.00                         | 90,785.00  | 3,397,468.00 |
| Western Upper Peninsula Health Department  | 118,384.00   | 23,082.00       | 23,081.00      | 240,908.00   | 287,071.00   | -                                    | 61,083.00                         | 61,083.00  | 466,338.00   |
| TOTAL-Local Health Department ELPHS  | 9,557,442    | 2,595,062       | 2,595,032      | 18,973,727   | 24,163,821   | 4,343,557                            | 6,278,914                         | 10,622,471 | 44,343,734   |
| WSU-Detroit TB   |              |                 |                | 373,364      | 373,364      |                                      |                                   |            | 373,364      |
| WSU- STD and HIV Prevention  |              |                 |                | 300,000      | 300,000      |                                      |                                   |            | 300,000      |
| TOTAL Other ELPHS Detroit Agreements   | -            | -               | -              | 1,075,564    | 1,075,564    | -                                    | -                                 | -          | 1,075,564    |
|  | 9,557,442    | 2,595,062       | 2,595,032      | 20,049,291   | 25,239,385   | 4,343,557                            | 6,278,914                         | 10,622,471 | 45,419,298   |

Table 2

\*\*\*MDHHS Other includes Immunizations, General Communicable Disease, and Sexually Transmitted Disease ELPHS programs\*\*\*

## Funding Recommendations

### Demonstration of Proposed Formula Factors

There is a resource base amount of funding necessary for local health departments to operate and to respond to unforeseen emergencies. The base described in the proposed funding formulas do not represent the actual costs to operate programs. Funding supplementals are not a sustainable way to maintain public health infrastructure. There is an opportunity cost to responding to emerging health threats if time and effort must be consumed to obtain funds sufficient to respond to a Per- and Polyfluoroalkyl Substances (PFAS) situation or hepatitis A outbreak. Base funding would not completely eliminate the need for occasional additional funds for new, unforeseen threats, but would contribute to response readiness.

Factors we recommend for consideration for base funding include:

- Actual administrative costs to implement ELPHS to consistently meet Minimum Program Requirements; such as but not limited to training of staff in food standardization or Registered Environmental Health Specialist (REHS)/ Registered Sanitarian (RS) credentials needed for certain on-site plan review and approval;
- Dramatic changes in public health needs and associated costs since 1992, including but not limited to environmental health threats, emergency management of epidemics (H1N1, hepatitis A), treating and preventing chronic disease, and efforts to reduce infant mortality;
- The importance of historical societal inequities, poverty, and issues such as lack of education, transportation, sufficient food and housing in determining the health of a population. Resources should be aligned to provide greater support for these populations;

- Geographical concerns for multi-county District Health Departments (maintenance of multiple sites across substantial distances to effectively reach residents);
- Costs to respond to expanded public health challenges that were not components of the ELPHS when cost-sharing was first implemented. Examples include increased number of required vaccines for school and day-care entry, antimicrobial resistant gonorrhea and unregulated contaminants in groundwater.
- Health officers or other staff are performing multiple duties, such as a single person acting as both health officer and environmental health director, or health officer and financial administrator and nursing director. This is not sustainable in the long term.

Failure to adequately support Essential Local Public Health Services may result in increased vulnerability of the residents of Michigan to public health threats. The Essential Local Public Health Services funding was established to protect citizens from infectious diseases, contaminated drinking water and barriers for children to benefit from education. Without these protections the state and counties are vulnerable to the financial and personal costs of such threats. The recent outbreaks of hepatitis A and measles in the state are examples of such threats to the public's health and the budgetary impact that control, prevention and mitigation can have.

### **Essential Local Public Health Proposed Formulas**

The group discussed the factors noted above that should be included in the formula, and then prioritized those factors. The affected state agencies agreed that funds will be disbursed as a block grant to local public health to meet the intended flexibility to address local health department needs. Simplicity of the formula was also agreed upon. All formulas will include a base funding amount to assist with maintenance of essential services.

**MDHHS Proposed Formula** (Infectious Disease Control, Sexually Transmitted Disease Control and Prevention, Immunization and Hearing Screening and Vision Services)

The workgroup proposed a formula based upon 10 percent base funding, 50 percent population size, and 40 percent poverty index.

- Based on the new formula, if enacted today without additional ELPHS appropriations, 17 local health departments would lose funding. The amount of loss would range from \$8,725 to \$763,914.
- The amount required to hold all local health departments harmless if these changes to the formula are adopted is \$2.4 million.

**MDEQ Proposed Formula** (Public Water Supply/Private Ground Water Supply and Onsite Sewage Management)

The workgroup proposed combining the two separate allocation funding streams for Private & Type III Water Supply and Onsite Wastewater Treatment Management into one amount to allow for additional flexibility and ease of administration.

The proposed combined formula is to be built upon a base funding amount of \$75,000 for each local health department plus dividing the remaining funding balance through weighting by number of permits for private wells, Type III Public Wells and permits for residential and commercial onsite wastewater systems (under 10,000 gallons/day) within the jurisdiction. Using the current FY 2019 funding allocation for both MDEQ Programs creates a minimum Unit Price of \$237.60 per permit. This unit price will fluctuate with the number of permits issued and could be recalculated for redistribution of the MDEQ funding allocation on a periodic basis.

- Based on the new formula, if enacted today without additional ELPHS appropriations, 18 local health departments would lose funding. The amount of loss would range from \$8,444 to \$529,407 per local health department.

- Hold Harmless requires an additional \$2 million.

Both environmental health programs are more than permitting. Education, complaint investigation, and ongoing monitoring for contaminants are essential elements. The downside to this formula is that as development and the economy increases and the economy improves, so do the number of permits. That in turn, will decrease the unit price if additional money is not added when formulas are reassessed.

### **MDARD Proposed Formula (Food Protection)**

The proposed formula changes for Food Sanitation Services would include a minimum per unit price of \$267 and a minimum base funding of \$100,000.

- Based on the new formula, if enacted today without additional ELPHS appropriations, 24 local health departments would lose funding. The amount of loss would range from \$495 to \$338,844.
- To hold harmless would require a \$100,000 base funding for the 13 smaller local health departments and would provide a minimum per unit price of \$267 for the remaining 32 local health departments. They would require an additional \$1.5 million above current FY 2019 LHD funding levels.

### **Recommendations**

1. Funds should be disbursed as a block grant to local public health to meet the intended flexibility to address local health department needs.
2. Should the proposed formula be implemented, it will require an additional \$6 to \$8 million to hold all local health departments harmless.
3. If the Legislature cannot provide the additional funds, the workgroup strongly recommends making no changes to Essential Local Public Health Services funding at the present time. Revising the current funding formula

to redistribute funds at the current funding levels would cause disruption across the local public health system.

## Appendix 2 – Updated PHAC Action Plan

| THEME         |   | Recommendation   | Last Update | Status       |
|---------------|---|--|-------------|--------------|
| COLLABORATION | 1 | Create a permanent Public Health Advisory Council  | 11/8/2019   | Completed    |
|               | 2 | Local Health Departments (LHDs) should continue and expand regional collaboration with each other, the state, and tribal entities  | 11/8/2019   | In-progress  |
|               | 3 | The State should incentivize LHDs to consolidate into multi-county public health districts; where and when appropriate   | 11/8/2019   | Under review |
|               | 4 | Create a public health response system when multiple agencies are required to respond to a non-emergency situation   | 11/8/2019   | In-progress  |
|               | 5 | Develop local public health response teams   | 11/8/2019   | Under review |
|               | 6 | The State should inventory and share any appropriate state contracts that LHDs could choose to utilize, and also collaborate with each other on new opportunities for leveraging collective buying power   | 11/8/2019   | Under review |
|               | 7 | State public health leaders should continue to meet, and actively engage with, Michigan Association for Local Public Health (MALPH) and the Michigan Association of Local Environmental Health Administrators (MALEHA) leadership on a regular basis | 11/8/2019   | Completed    |



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|  | 8  | Public health programs and services conducted by any state department at the local level should ensure that LHDs participate in the delivery and coordination of those programs and services; or, assess whether the programs and services be administered by the LHD, where possible | 11/8/2019 | Under review |
|  | 9  | LHDs and their stakeholders should be surveyed by the State to determine and compare local public health structures   | 11/8/2019 | Under review |
|  | 10 | Create a state public health hotline.   | 11/8/2019 | In-progress  |
|  | 11 | Improve and support statewide information sharing   | 11/8/2019 | Ongoing      |
|  | 12 | Ensure all state departments utilize a “Health in all Policies” approach when implementing policies and programs  | 11/8/2019 | In-progress  |
|  | 13 | Require public health impact statements and assessments be developed and reviewed by state decision-makers and stakeholders   | 11/8/2019 | Under review |
|  | 14 | Each state department should conduct an assessment of the services they provide that impact public health   | 11/8/2019 | Under review |
|  | 15 | All state departments’ mission statements should include the prioritization and safeguarding of public health   | 11/8/2019 | Under review |
|  | 16 | State departments and LHDs should embrace awareness of  | 11/8/2019 | In-progress  |

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|    | environmental justice and its impact on vulnerable populations   |           |              |
| 17 | The State Director of Public Health should serve as the chief strategist for cross-sector and cross-discipline work toward implementing the vision of Public Health 3.0 and achieving the Council's goal of health in all policies   | 11/8/2019 | Under review |
| 18 | State to review multiagency efforts that support a One Health approach (human health/animal health interface) in order to reduce duplication of effort and facilities by involved agencies   | 11/8/2019 | In-progress  |
| 19 | In order to limit duplication of efforts and resources, state departments should coordinate a unified communication strategy when addressing local public health concerns  | 11/8/2019 | In-progress  |
| 20 | The state, in partnership with the MALPH and MALEHA, should provide orientation, education, and training programs for the Director of MDHHS, Medical Directors, Environmental Health Directors, state level public health leadership and emergency management coordinators to assure understanding of state and local public health powers provided by the PHC | 11/8/2019 | In-progress  |

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|  | 21 | State should collaborate with the federal government to allow for the alignment of the hospital system community health needs assessment requirements with those conducted and required by Michigan LHDs  | 11/8/2019 | Under review |
|  | 22 | Commence a comprehensive review of state public health funding. The review should evaluate funding on a county-by-county basis, in order to recognize disparities and unmet needs throughout the state    | 11/8/2019 | Under review |
|  | 23 | State should promote and support LHDs to complete community health assessments, community health improvement plans, programs such as Project Public Health Ready, and national voluntary retail standards | 11/8/2019 | In-progress  |
|  | 24 | State should complete a review of state equitable cost sharing for local public health operations and identify opportunities for developing a sustainable funding formula                                 | 11/8/2019 | Under review |
|  | 25 | State should review the use and flexibility of block grants to LHDs   | 11/8/2019 | In-progress  |
|  | 26 | State should review funding allocations and work with MALPH towards maximizing LHD funding flexibility  | 11/8/2019 | In-progress  |
|  | 27 | State should work with MALPH towards achieving additional unrestricted state appropriations for LHDs, to be used towards  | 11/8/2019 | In-progress  |

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|            |    | compliance with current and enhanced accreditation standards  |           |                    |
| INVESTMENT | 28 | State should work with MALPH to establish minimum emergency response standards for all LHDs and allocate additional funding to support implementation and maintenance of these standards  | 11/8/2019 | Under review       |
|            | 29 | State should continue to review the need for additional state funding for MDHHS and LHDs to be used towards required regional emergency preparedness planning, training, and response exercises in collaboration with local and state emergency management and public health agencies                                     | 11/8/2019 | In-progress        |
|            | 30 | State should provide orientation, education, and training programs for local public health officers, medical directors, environmental health directors, local emergency management coordinators and health care system leadership to understand, and effectively use, local public health powers provided through the PHC | 11/8/2019 | Complete - Ongoing |
|            | 31 | State should provide additional resources to support expanded functions and additional staff to the Office of Local Health Services   | 11/8/2019 | In-progress        |
|            | 32 | Increase funding and field staff for state and local employees actively working in public health related activities   | 11/8/2019 | In-progress        |

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| ACCREDITATION | 33 | Working through the Michigan Local Public Health Accreditation Program, the state should amend the accreditation process for all LHDs to reflect and encompass national accreditation standards consistent with Public Health 3.0 initiatives   | 11/8/2019 | In-progress |
|               | 34 | The Michigan Local Public Health Accreditation Program should review and revise local public health accreditation standards, in alignment with national standards, to reflect performance and outcome-based assessments, quality improvement processes, and the powers and duties explicitly required by the Michigan PHC | 11/8/2019 | In-progress |
|               | 35 | LHD accreditation review findings should be summarized, scored and made available to the public   | 11/8/2019 | In-progress |
|               | 36 | State intervention protocols and procedures that take place if LHDs fail to meet state accreditation minimum standards should be reviewed by the Director of MDHHS  | 11/8/2019 | In-progress |
|               | 37 | Amend the state's LHD accreditation process to require the state meet with local governing entities of each community during the accreditation process  | 11/8/2019 | In-progress |
|               | 38 | MDHHS should pursue national accreditation through the Public Health Accreditation Board (PHAB)   | 11/8/2019 | In-progress |

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|---------------------|----|---|-----------|--------------|
|                     | 39 | MDHHS' accreditation process, once initiated, should reflect national accreditation standards consistent with Public Health 3.0 initiatives, similar to the recommendation for LHDs | 11/8/2019 | In-progress  |
| <b>ORGANIZATION</b> | 40 | Evaluation of Proposed Organizational Changes to Public Health at State Level   | 11/8/2019 | Under review |

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility..