



*Assuring and enhancing the quality
of local public health in Michigan*

Michigan's Guide to Public Health for Local Governing Entities

Public Health Information and Resources for County Commissioners, Boards of Health, and City Councils







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01

Introduction

As a member of a local governing entity (LGE) you have an important role in your community and the people who live there.

An important part of this role is protecting and promoting the health of the people who live, work, learn, play, and age in your community. Not only is this an essential function of government, as described in Michigan's Constitution (Article IV, Section 51: Public health and general welfare), it contributes to a stronger economy and better education, two other factors that are important to community members. As an elected official, you are entrusted to maintain and enhance the quality of life for the people you serve. By updating your knowledge of public health, you will be better able to make decisions based on science and sound public health practice, ultimately benefiting the community you serve.

The purpose of this guide is to present a broad overview of public health, its accomplishments and impact, the structure of public health in Michigan, and key public health responsibilities of an LGE and health officer. We hope you find this guide useful in your role as an LGE member.



Please note that there are also references and electronic links in the Acknowledgments, References and Resources section for more in-depth study. All references to documents, articles, and websites are numerically listed within the guide and cited in the endnotes on [page 89](#). Public health, as in any specialized field, has professional terms, acronyms, and definitions. A glossary of common terms used in the guide is in [Appendix II](#).

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

Your Community Needs You!

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



What is Public Health?

From the highly visible response to pandemics, to the protection against and mitigation of environmental hazards, to the epidemic of obesity, today’s headlines provide constant reminders of the importance of public health. Public health works every day to promote and protect the public’s health and safety from various ongoing threats.

Figure 1. Public Health Function vs. Value

Public Health Function	Value to Public
Community Collaboration and Partnership	Brings together many parts of the communities to identify health priorities and strategies to address them.
Community Health Needs Assessment	Identifies health needs of the community; and priorities, resources, and actions to address these problems.
Disease and Mortality Surveillance	Identifies emerging diseases within the community and seeks to control further spread to others.
Distribution of Medicines and Vaccines	Prevention and treatment of disease to reduce further spread of the disease.
Environmental Monitoring	Identifies threats to a community’s health through food and water.
Health Education and Promotion	Informs the public about health behaviors.
Laboratory Testing	Provides laboratory confirmation of a disease-causing agent or substance.

Local health departments help communities like yours remain healthy places to live the American way of life. Public health strives to prevent disease and injury throughout our communities to assure a healthy population of all ages and to avoid costly public and private social and medical costs.

Public Health Impact and Achievements

Public health services touch lives and directly impact families in many ways. Public health seeks to ensure the following:



Drinking water is safe.



Air is clean.



Sewage is contained.



Restaurants serve food that is safe and untainted.



Packaged food is manufactured in a safe, controlled environment and labeled correctly.



Recalled food is removed from grocery stores, restaurants, and other facilities.





Children and adults are vaccinated against disease.



Health care emergency response plans are in place for natural and human-made disasters.



Family planning services are available to educate on reproductive choices and to reduce the number of maternal and infant illnesses and deaths.



Screening programs are available to identify possible health risks.



Communicable diseases are investigated to control the spread of infections.



All populations within the community have access to health care services.



Pesticides are used properly to not contaminate farms or food.



Pet food is safe to prevent illness in our fur friends or their human caregivers.





In recent years, public health has **prevented disease**.

United States

The development of vaccines such as the pneumococcal conjugate vaccine, which has prevented an estimated 211,000 serious pneumococcal infections and 13,000 deaths. The rotavirus vaccine now prevents an estimated 40,000-60,000 rotavirus hospitalizations each year. Other achievements included record low reported cases of hepatitis A, hepatitis B, and chicken pox.

Michigan

Since December 2020, local health departments have provided the COVID-19 vaccine statewide, providing more than 11.5 million doses.¹

Each year LHDs...

- Michigan LHDs reported **70,000 new STI cases** and provided a case investigation, partner notification, testing, or treatment;
- Approve approximately **35,500 new and renewed restaurant licenses** after assuring safe food handling practices were in place;
- Approve over **33,000 permits for private wells and onsite sewage systems** to assure safe drinking water; and
- Much more.



In recent years, public health has **controlled tobacco**.

United States

Adult cigarette smoking accounts for 11.7% of all U.S. annual health care expenditures.² Efforts to reduce smoking improve health and reduce the cost of smoking-attributable health care spending in the U.S.

The number of states with comprehensive smoke-free laws grew from zero in 2000 to 30 states, three territories, and the District of Columbia currently.³ The percent of U.S. adults who were current smokers fell from 20.9% in 2005 to 12.5% in 2020.⁴ By 2010, FDA had banned flavored cigarettes, established restrictions on youth access to tobacco products and proposed larger, more effective graphic warning labels. In 2019, the FDA banned all e-cigarette flavors except tobacco and menthol in cartridge e-cigarettes, to reduce the appeal of vaping for young people.⁵ Also in 2019, the United States adopted a law raising the federal minimum age of sale of all tobacco products to 21 years of age.⁶

The MDHHS Tobacco Section has policy toolkits as a resource for local organizations. These toolkits include Tobacco Retail Licensing, Flavored Tobacco Product Restrictions, Tobacco-Free Parks and Beaches, and Including E-cigarettes in Indoor Clean Air Policies.

Michigan enacted a Tobacco 21 law in July 2022. The FDA proposed rulemaking on April 28, 2022, prohibiting menthol flavor in cigarettes, and all characterizing flavors in cigars.

Michigan

Since the Tobacco Quit-Line came into use in 2003, there have been more than 117,000 calls and over 66,000 people have enrolled.⁷ Over 90% of enrollees have been satisfied with the coaching and the services. During the 2020 *Tips from former Smokers®* tobacco education campaign, incoming calls to the Michigan state Quit-Line increased by an average of 63%.⁸







In recent years, public health has **improved maternal and infant health.**

United States

In recent years there has been a substantial reduction in babies born with birth defects such as spina bifida. This is due largely to folic acid fortification of cereal grain products as well as public health campaigns encouraging women of childbearing age to make sure they get the recommended amounts of folic acid. These efforts have led to a 36% reduction in babies born with neural tube defects.

Michigan

Many public health programs in Michigan provide support to improve the health of Michigan's infants and children. Roughly 216,325 eligible Women, Infants and Children (WIC) participants receive WIC services each month in partnership with local stakeholders, such as small businesses in your community and nonprofits. WIC helps to increase ideal prenatal weight gain, reduce the percent of low birthweight infants, increase breastfeeding initiation rate, decrease the prevalence of childhood obesity, and increase intake of fruits and veggies and other nutrient rich foods, among other outcomes.

Michigan local health departments provide application support for the Maternal Outpatient Medical Services (MOMS) program, which assists approximately 3,000 pregnant Michiganders in need each month. This program provides health coverage for pregnant or recently pregnant women who meet requirements to cover outpatient prenatal services and pregnancy-related postpartum services.

Michigan local health departments also provide the Maternal Infant Health Program (MIHP) that **offers** home visiting services to pregnant women and infants up to the age of 1 receiving **and/or eligible** for Medicaid **insurance** in Michigan. This program provides support to promote healthy pregnancies, good birth outcomes, and healthy infants **by licensed professionals to promote healthy birth outcomes.**



In recent years, public health has **prevented childhood lead poisoning.**

United States

Instituting comprehensive lead poisoning prevention laws has reduced the prevalence of lead poisoning. The percentage of children aged 1 to 5 years with elevated blood lead levels has declined significantly, going from 88.2 percent in 1980 to under 1 percent in 2008.

Michigan

105,332 children ages 0-17 in Michigan were tested in 2021 for an elevated blood lead level (EBLL). This number is deduplicated, meaning each child is counted only once per year. Rates of children with EBLL have decreased steadily over time, with more than 11,000 having an EBLL in 2010, to 3,668 children with an EBLL (test result at or above 3.5 µg/dL) in 2021.

On May 1, 2022, Michigan updated the blood lead reference value from 5 µg/dL to 3.5 µg/dL to align with CDC terminology. This lowered value as a threshold means that efforts to prevent ongoing exposure and mitigate health effects of lead exposure to Michigan children can be initiated earlier. Michigan's public health agencies provide case management, home environmental lead investigations, and lead abatement to families with children who have EBLL.







In recent years, public health has **improved public health preparedness and response.**

United States

The Centers for Disease Control and Prevention (CDC) play a key role in ensuring that state and local public health systems are prepared for public health emergencies. CDC's Division of State and Local Readiness funds preparedness activities to state and local public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement and other funding. CDC also works to enhance medical countermeasure (MCM) readiness nationwide to effectively respond to large public health emergencies requiring life-saving medications medicines and medical supplies. Through these resources, CDC helps public health departments improve their ability to respond to a range of public health incidents and build better prepared communities.

Michigan

The MDHHS Division of Emergency Preparedness and Response (DEPR) supports the Michigan PHEP program and the Hospital Preparedness Program, including the eight regional healthcare coalitions. DEPR strives to protect the health of Michigan citizens before, during, and after emergencies by integrating public health and medical preparedness initiatives and leveraging diverse partnerships. DEPR maintains the Community Health Emergency Coordination Center (CHECC) to coordinate the public health and healthcare response to incidents by providing real-time public health information, subject matter expertise, and strategic countermeasure distribution while coordinating with local and regional partners. In coordination with local health departments and other partners the CHECC has supported recent responses including Ebola, Hepatitis A, Eastern Equine Encephalitis (EEE), COVID-19, environmental emergencies and natural disasters.

02

Public Health Frameworks and Models

Responsibility for supporting the public's health does not reside solely in governmental public health agencies, but in a system of organizations and communities.

This includes health care, business, the media, academia, public safety, and many other organizations, as well as in each community. The health of individuals and the population are dependent on each other. No one person or community is completely safe unless all are safe.

Public health is everyone's business. At the individual level, improvements enhance our individual quality of life, and it impacts our educational attainment. At the employment level, improving an educated workforce's health can improve worksite productivity while reducing production costs, which can increase the output of the providers of goods and services in your jurisdiction. A healthier population that has less medical-related costs to pay out-of-pocket and more disposable income can increase the demand of those goods and services. In short, a healthier population can have a big impact on a local economy.

Protecting your jurisdiction from environmental and biological threats to preserve the American way of life is something we can all get behind. Your constituents are depending on you to provide your local health department with the resources that it needs to protect the population.

Social-Ecological Model for Public Health

Public health is the responsibility of the many entities represented in the domains depicted in Figure 2. [The Social-Ecological Model](https://bit.ly/3DMB21s) (URL: <https://bit.ly/3DMB21s>)⁹ contends that individual behavior is shaped by factors at multiple levels, with individual behaviors both shaping and being shaped by physical and sociocultural environments.

Figure 2. The Social-Ecological Model of Population Health



POLICY

Statutes, Administrative Rules, Ordinances,
Guidance | Advocacy Entities

.....



COMMUNITY

Coalitions/Collaboratives | Media | Research Institutes

.....



ORGANIZATIONAL

State/Local Health Departments | Health Care Delivery Systems

.....



INTERPERSONAL

Family | Peers | Social Networks

.....



INDIVIDUAL

Knowledge | Attitude | Beliefs | Actions/Behaviors



Policy

Courses of action, regulatory measures, statutes, administrative rules, ordinances, funding priorities concerning a given topic expressed by a governmental entity or its representatives.

Community



MEDIA

Both the news and entertainment media shape public opinion and influence decision-making, with potentially critical effects on public health. They have the capability to provide accurate and sufficient coverage of public health information.

ACADEMIA

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



Organizational



HEALTH CARE DELIVERY SYSTEM

This system is made up of hospitals, clinics, physicians, nurses, dentists, mental health, urgent care, community health centers, pharmacists, insurance plans, and others contributing to individual health care. These groups are crucial as access to health care is important in determining the health of individuals and populations. Health insurance coverage is also associated with better health outcomes.

EMPLOYERS AND BUSINESS

Having a wide-ranging influence on communities, employees, and society in general, businesses and employers influence healthy work environments through their organizational culture and through worksite wellness policies and programs.



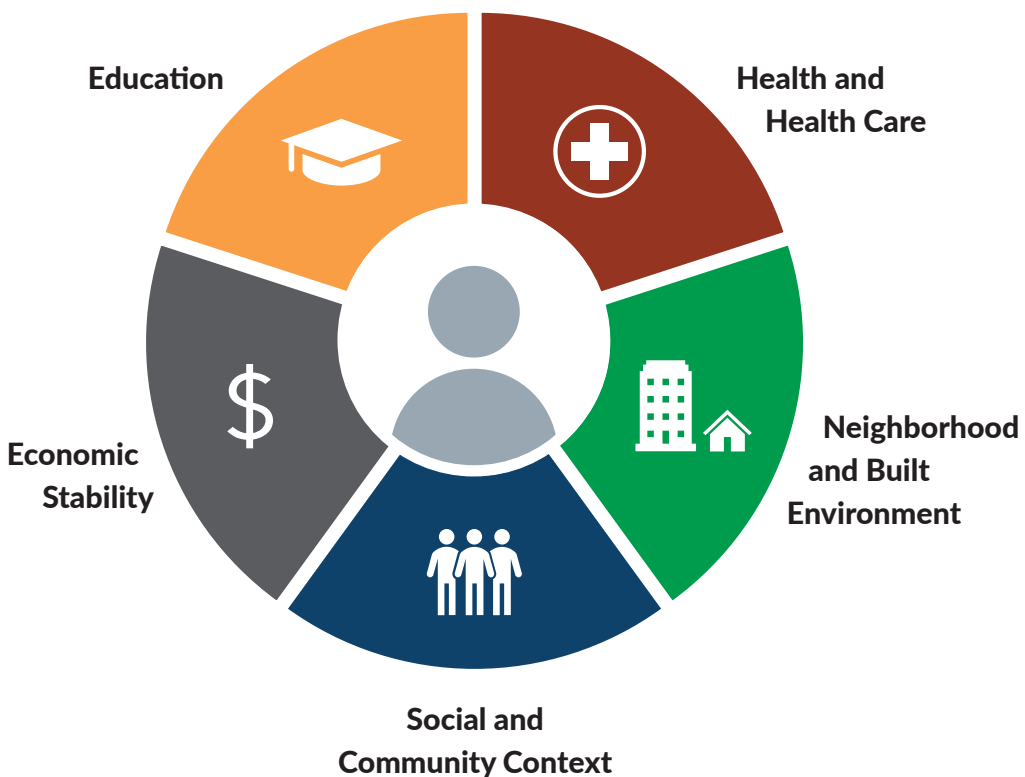
GOVERNMENTAL PUBLIC HEALTH AGENCIES

Understanding the roles of the other components of the public health system allows for governmental public health agencies to focus on three core functions: **assessment**, **policy development**, and **assurance**.

Social Determinants of Health

Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. A healthy local population leads to a productive and healthy local economy, which further increases the number of opportunities available to improve the health of your constituents. It may be one of the most beneficial frameworks to guide public service decision-making.

Figure 3. The Social Determinants of Health



Examples of Factors Affecting Health Outcomes



Education

Early Childhood Development
Higher Education Enrollment



Health & Health Care

Health Literacy
Access to Health Care



Neighborhood and Built Environment

Environmental Concerns
Access to Healthy Food



Social & Community Context

Incarceration
Social Cohesion



Economic Stability

Food Insecurity
Housing Instability



Public Health:

Three Core Functions and 10 Essential Services

Originally developed by a federal working group in the 1990s, the 10 Essential Public Health Services framework provides a description of the activities that public health systems should provide for in all communities. The 10 Essential services are organized in three broad categories, or Core Public Health Functions, which are assessment, policy development, and assurance.

Figure 4. Core Public Health Functions

Assessment

of the health of
the community

Policy Development

in the population's
best interest

Assurance

of the population's
health



ASSESSMENT

Learning about the most important health problems

Assessment information is used to develop community health priorities. Data collected may include birth, illness, and death statistics, available health resources, unmet health needs, and individuals' experiences and opinions about their personal health.

POLICY DEVELOPMENT

Deciding how to improve the situation

Information gathered through assessments are used to develop state and local health policies. These policies are incorporated into community priorities and plans, public agency budgets, local ordinances, state statutes, and services provided.

ASSURANCE

Monitoring the delivery of the service

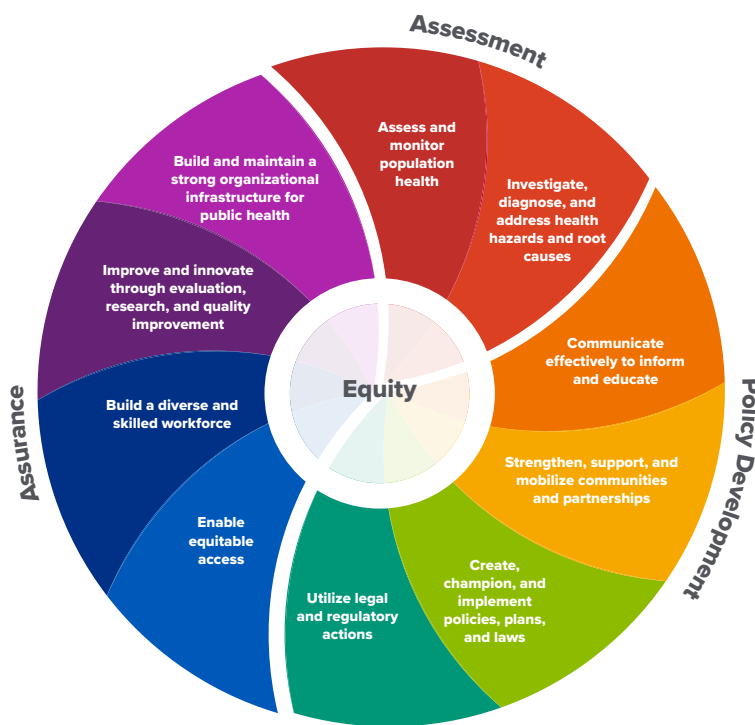
Assurance is monitoring the quality of those health services provided. Observations made and issues detected during assurance will lead to further assessment to continuously improve the quality of services.



These three core functions are further described through the 10 Essential Public Health Services, which provide greater description and examples of the things a public health system must do to support the health of any community. Figure 5 depicts these functions and services.

Figure 5. Essential Public Health Services

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



More information on the Three Core Functions and 10 Essential Public Health Services can be found online at the [Public Health National Center for Innovations website](https://bit.ly/3Lf6UOh) (URL: <https://bit.ly/3Lf6UOh>).

03

Public Health in Michigan

Beginning as a State Board of Public Health in 1873, Michigan’s public health system has evolved over the years into what is now: the [Michigan Department of Health and Human Services \(MDHHS\)](https://bit.ly/3BJHKUN) (URL: <https://bit.ly/3BJHKUN>). MDHHS services are planned and delivered through several different areas that include, but are not limited to, the following:



Public Health Administration



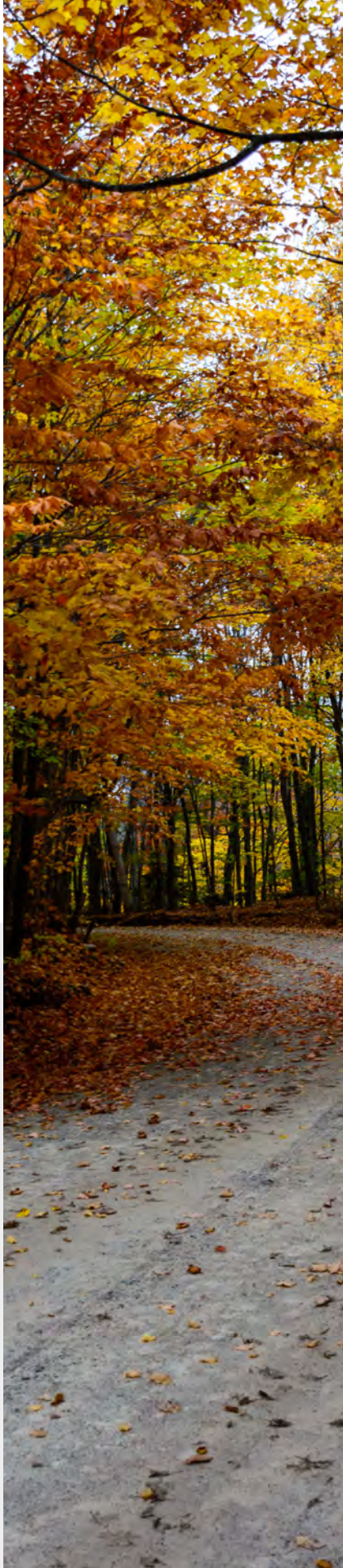
Behavioral and Physical Health
& Aging Services Administration



Crime Victim Services Commission



Children’s Services Agency





Public Health Administration (PHA)

PHA combines a vast array of public health services in Michigan, including the Bureau of Laboratories; EMS, Trauma, and Preparedness; Health and Wellness; and Epidemiology and Population Health. These bureaus facilitate services including state health needs assessment, health promotion activities, disease prevention activities, and access to appropriate health care for all citizens.

.....

Behavioral and Physical Health & Aging Services Administration (BPHASA)

BPHASA combines services areas including Michigan's Medicaid office, services for aging adults, and community-based services for adults with intellectual and developmental disabilities, serious mental illness, and substance use disorders.

.....

Crime Victim Services Commission (CVSC)

CVSC is responsible for administering Michigan's crime victims' rights fund, investigating and processing crime victim compensation, and administering federal Victims of Crime Act grants.

.....

Children's Services Agency

This agency within MDHHS is responsible for overseeing the state's child welfare system, including Children's Protective Services, the foster care system that serves approximately 12,000 children, adoption services, and juvenile justice programs.




Public health in Michigan is governed by the [Public Health Code \(PHC\), P.A. 368 of 1978, as amended](https://bit.ly/3dozpfH) (URL: <https://bit.ly/3dozpfH>). State public health law and regulation are critical in granting authority along with defining roles and responsibilities of a governmental public health system. Michigan has one of the most comprehensive and contemporary codes in the nation and has been a source of study through a national project researching model state public health acts.¹⁰

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

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

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

	Department of Agriculture and Rural Development [Food Protection]
	Department of Environment, Great Lakes, and Energy [Public/Private Wastewater and Water Supply]
	Department of Education [Hearing and Vision]
	Department of State Police [Emergency Preparedness]
	Department of Licensing and Regulatory Affairs [Health, Facility, Health Professional Regulation, Manufactured Housing Regulation, and Marijuana Regulation]
	Department of Labor and Economic Opportunity [Occupational Safety and Health Administration]

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

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

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

04

Local Governing Entity and Legal Authority for Public Health

Local governing entities (LGE) are ultimately responsible for local public health administration and governance in accordance with state and local laws, rules, and regulations.

LGEs should understand required services and other legal mandates local health departments need to perform. Single county and district health department LGEs also establish public health ordinances and fees for services. They approve the local health department's budget and its plan of organization and appoint health officers.

Local governing entities, local health departments, and health officers have several legal requirements as listed in Michigan's PHC. Laws are frequently complex, and explanations should be done by experts within the field. When listing key responsibilities, this guide does not interpret but quotes Michigan statute or PHC commentary directly. All PHC citations referenced are listed fully in [Appendix I](#).

Key Local Governing Entity Public Health Responsibilities

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

Figure 6. Key Public Health Responsibilities of a Local Governing Entity

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

05

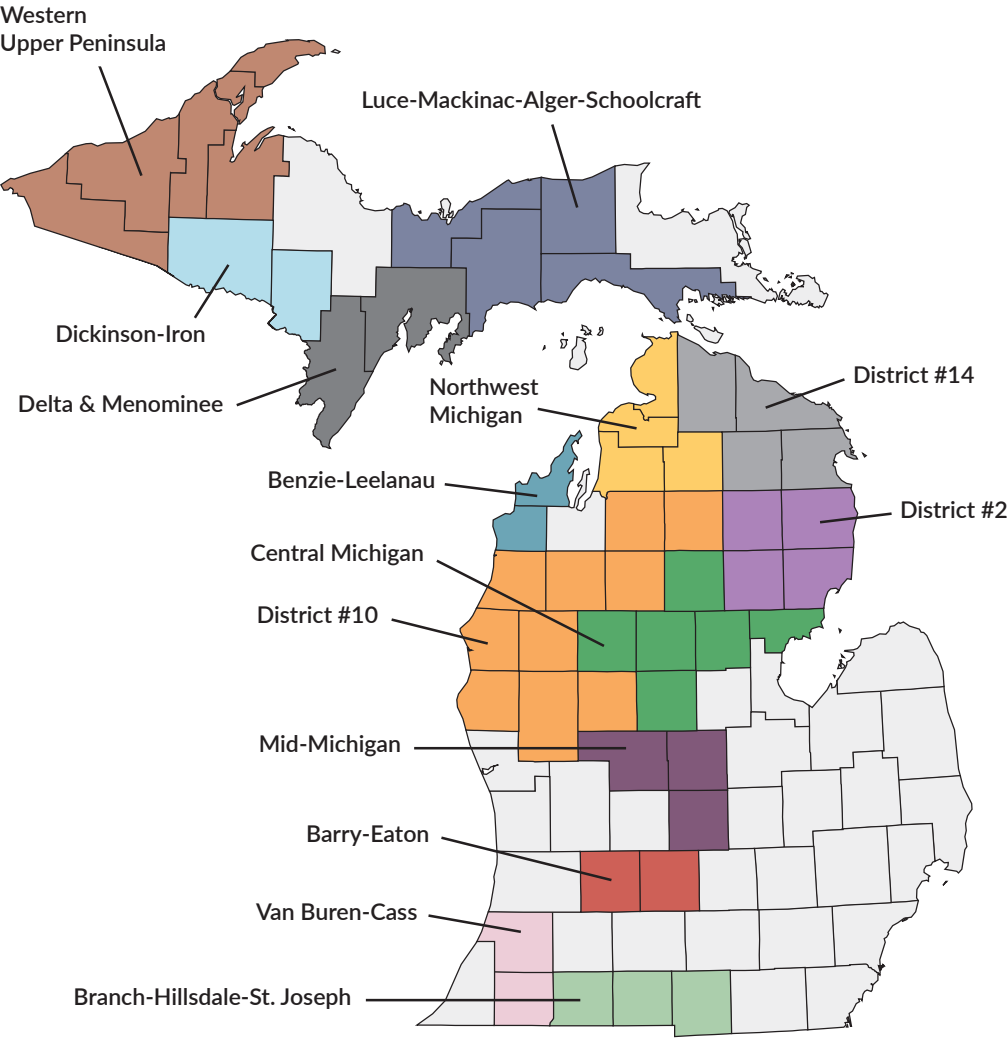
Local Health Departments: City, County, and Multi-County Districts


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

LHDs provide services in response to:

- **Statutes** passed by the federal and Michigan state legislature. A sampling of programs required by statute includes HIV/AIDS, immunization, food protection, public/private wastewater, and water supply;
- **Administrative rules** are a state agency's written regulation, statement, standard, policy, ruling, or instruction that has the force and effect of law. An agency writes rules under authority of state statute, the Michigan Administrative Procedures Act (PA 306 of 1969), the Michigan Constitution, and applicable federal law;
- **Federally identified needs** funded by the U.S. Congress and federal agencies, such as the Centers for Disease Control and Prevention and Health Resources and Services Administration; and
- **Local public health needs** identified through a community health assessment process, service delivery surge capacity assessments, and a variety of other assessments.

Figure 7. Michigan Local Health Departments



Single-County Departments 

Multi-County Districts 



Key Local Health Department Responsibilities

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

Figure 8. Key Public Health Responsibilities

Local Governing Entity Authority/Action	Reference ^{8,9}
Have a plan of organization approved by SHD.	MCL 333.2431 (1) (a)
Demonstrate ability to provide required services.	MCL 333.2431 (1) (b)
Demonstrate ability to defend and indemnify employee for civil liability sustained in the performance of official duties except for wanton and willful misconduct.	MCL 333.2431 (1) (c)
Report to the SHD at least annually on its activities, including information required by the department.	MCL 333.2431 (2)
<p>Shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs;</p> <p>Required services designated pursuant to part 23 shall be directed at the following specific objectives:</p> <ul style="list-style-type: none"> • Prevention and control of environmental health hazards. • Prevention and control of diseases. • Prevention and control of health problems of particularly vulnerable population groups. • Development of health care facilities and agencies and health services delivery systems. • Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law. 	MCL 333.2433 (1) and MCL 333.2473 (1)
Implement and enforce laws for which responsibility is vested in the local health department.	MCL 333.2433 (2) (a)

Local Governing Entity Authority/Action	Reference ^{8,9}
Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.	MCL 333.2433 (2) (b)
<p>Make investigations and inquiries as to:</p> <ul style="list-style-type: none"> • The causes of disease and especially of epidemics. • The causes of morbidity and mortality. • The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. 	MCL 333.2433 (2) (c)
Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.	MCL 333.2433 (2) (d)
Provide or demonstrate the provision of required services as set forth in section 2473(2).	MCL 333.2433 (2) (e)
Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.	MCL 333.2433 (2) (g)
May adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department.	MCL 333.2441 (1)
A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.	MCL 333.2473 (2)
Submit annually to the SHD a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides.	MCL 333.2484 code
Participate in the Michigan Local Public Health Accreditation Program.	Contract with MDHHS



Local Health Department Required Services List

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

Programs identified in the matrix include:

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

Michigan Local Public Health Accreditation



What is local public health accreditation?

The Michigan Local Public Health Accreditation Program reviews Michigan's 45 LHDs on their ability to meet standards developed by state and local public health professionals. MDHHS oversees the program.

Its goals are to:

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

What is the accreditation process?

The accreditation process measures a LHD's ability to meet program requirements.

There are three primary steps:

- **Self-Assessment:** An internal review of statutory powers and duties, local public health operations, and categorical grant-funded services.
- **On-site Review:** State agency reviewers, through examination of required documentation and discussions with staff, verify the LHD is meeting all requirements.
- **Corrective Plans of Action:** LHDs that do not initially meet all requirements develop and implement corrective plans of action to ensure all requirements are met.





How can local governing entities help?

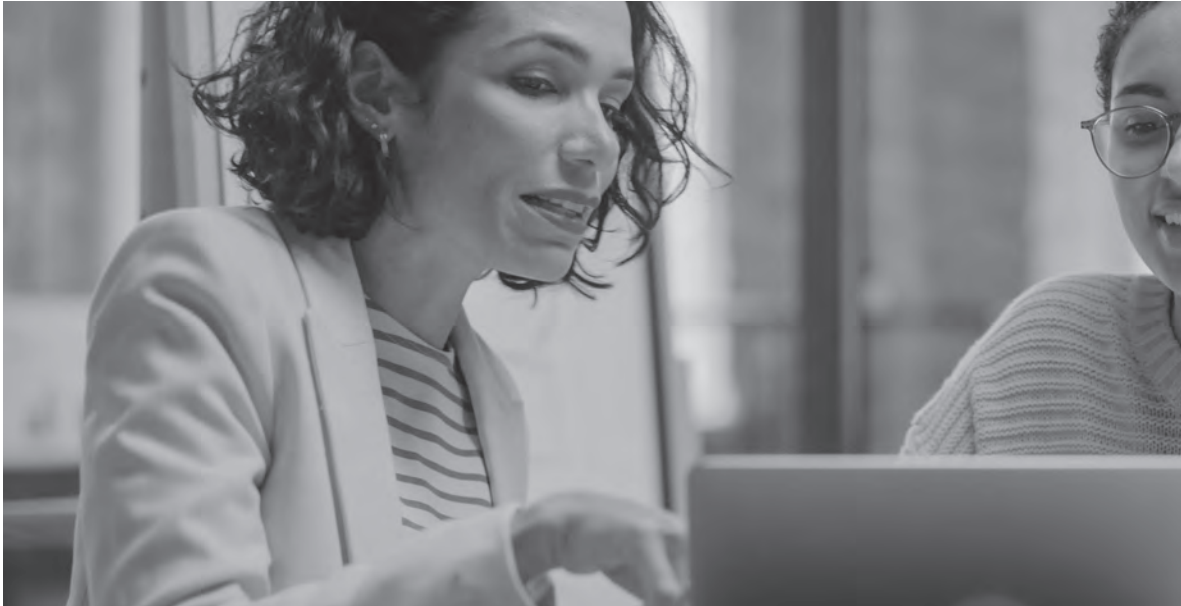
As a local Board of Commission and/or Board of Health member, you have an important statutory obligation to promote and protect the health of your constituents. This responsibility is mainly carried out through the work of the LHD. The Board of Commissioners/Health provides the oversight and support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

To provide the necessary oversight and support you can do the following:

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



Visit the **Michigan Local Public Health Accreditation Program** website (URL: <https://bit.ly/3BSzYrP>) to learn more!



Local Public Health Department Funding

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

Some of the programs funded through CA include:



Immunizations



Family
Planning



Emergency
Preparedness



Food
Protection



Infectious/
Communicable
Disease Control



Contractual Requirements

The CA is a contractual agreement between MDHHS and each of Michigan's 45 LHDs. The contract is the administrative and legal mechanism through which categorical grants and other funds are disbursed or allocated to LHDs to fund required services. This agreement contains the majority of MDHHS funded programs provided through LHDs.



Health Officer

Local governing entities hire health officers who are charged with administration of local health departments and are responsible for hiring employees to carry out agency functions. A health officer can be a governing entity's best public health resource, assisting in answering questions from the LGE and the communities they serve. By state administrative rule, a health officer requires specific education and training in public health (Michigan Department of Health and Human Services, Administrative Rule R325.13001-325.13004).

Health officers have explicit authority and responsibility related to protecting the public's health. Examples include:

- Declaring a public health emergency due to a disease outbreak or other public health threat;
- Notifying the public about health risks; and
- Taking necessary legal actions that may include isolating those carrying infectious diseases, quarantining people or places when a health threat is suspected, excluding ill children from school, closing a restaurant, and stopping construction or habitation when unsafe public sewage disposal or drinking water conditions exist.

Key Health Officer Responsibilities

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

Figure 9. Key Health Officer Responsibilities

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

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Acknowledgments and Resources

Acknowledgments

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

The Public Health Administration of the Michigan Department of Health and Human Services will coordinate periodic guide review and update, as needed. Updates will be a joint local/state community process involving Michigan Association of Counties, Michigan Association for Local Public Health, Michigan Public Health Institute, and other stakeholders. The guide will be printed and shared with current LGE members and health officers and may be downloaded on the [Michigan Association for Local Public Health website](https://bit.ly/3QV3uBr) (URL: <https://bit.ly/3QV3uBr>) and on the [Michigan Department of Health & Human Services website](https://bit.ly/3Sck0Ov) (URL: <https://bit.ly/3Sck0Ov>). We welcome comments and opinions to improve quality of future editions.

Resources

- [Michigan Department of Health and Human Services \(State Health Department\)](https://bit.ly/3RXgcRy) (URL: <https://bit.ly/3RXgcRy>)
- [Michigan Public Health Institute](https://bit.ly/3S0KnaI) (URL: <https://bit.ly/3S0KnaI>)
- [Michigan Association for Local Public Health](https://bit.ly/3xCWMZY) (URL: <https://bit.ly/3xCWMZY>)
- [Michigan Association of Counties](https://bit.ly/3DGGZNK) (URL: <https://bit.ly/3DGGZNK>)
- [Michigan Local Public Health Accreditation Program](https://bit.ly/3BSzYrP) (URL: <https://bit.ly/3BSzYrP>)
- [University of Michigan School of Public Health](https://bit.ly/3BRvBx4) (URL: <https://bit.ly/3BRvBx4>)
- [Administrative Rules for Health Officers and Medical Directors](https://bit.ly/3UAJJIs) (URL: <https://bit.ly/3UAJJIs>)
- [Public Health Code](https://bit.ly/3f8bvG5) (URL: <https://bit.ly/3f8bvG5>)
- [Healthy People 2030](https://bit.ly/3BTWUql) (URL: <https://bit.ly/3BTWUql>)
- [National Association of County and City Health Officials](https://bit.ly/3UmPkMh) (URL: <https://bit.ly/3UmPkMh>)
- [National Association of Local Boards of Health](https://bit.ly/3LrI91a) (URL: <https://bit.ly/3LrI91a>)
- [Operational Definition of Functional Local Health Department](https://bit.ly/3qTq3Mg) (URL: <https://bit.ly/3qTq3Mg>)
- [Public Health 3.0](https://bit.ly/3Bq7c06) (URL: <https://bit.ly/3Bq7c06>)
- [Foundational Public Health Services](https://bit.ly/3xBV4I8) (URL: <https://bit.ly/3xBV4I8>)
- [10 Essential Public Health Services](https://bit.ly/3Lf6UOh) (URL: <https://bit.ly/3Lf6UOh>)

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Appendix I: Michigan Public Health Code and Administrative Rules

Michigan Compiled Law

MCL 333.2406. “Local governing entity” means:

- (1) In case of a single county health department, the county board of commissioners.
- (2) In case of a district health department, the county boards of commissioners of the counties comprising the district.
- (3) In case of a district health department which includes a single city health department, the county boards of commissioners of the counties comprising the district and the mayor and city council of the city.
- (4) In case of a single city health department, the mayor and city council of the city.
- (5) In the case of a local health department serving a county within which a single city health department has been created pursuant to section 2422, the county board of commissioners elected from the districts served by the county health department.

MCL 333.2411 Division of powers and duties.

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

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

MCL 333.2413 County health department; county board of health.

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

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

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

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

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

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

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

- (1) A local health department shall:
 - (a) Have a plan of organization approved by the department.
 - (b) Demonstrate ability to provide required services.
 - (c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.
 - (d) Meet the other requirements of this part.
- (2) Each local health department shall report to the department at least annually on its activities, including information required by the department.
- (3) In reviewing a plan for organization of a local health department, the department shall consider the fiscal capacity and public health effort of the applicant and shall encourage boundaries consistent with those of planning agencies established pursuant to federal law.
- (4) The department may waive a requirement of this section during the option period specified in section 2422 based on acceptable plan development during the planning period described in section 2424 and thereafter based on acceptable progress toward implementation of the plan as determined by the department.

MCL 333.2433 Local health department; powers and duties generally.

- (1) A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.
- (2) A local health department shall:
 - (a) Implement and enforce laws for which responsibility is vested in the local health department.
 - (b) Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.
 - (c) Make investigations and inquiries as to:
 - (i) The causes of disease and especially of epidemics.
 - (ii) The causes of morbidity and mortality.
 - (iii) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.
 - (d) Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.
 - (e) Provide or demonstrate the provision of required services as set forth in section 2473(2).
 - (f) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.
 - (g) Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.
- (3) This section does not limit the powers or duties of a local health officer otherwise vested by law.

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

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

333.2442 Adoption of regulation; notice of public hearing.

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

MCL 333.2444 Fees for services; expenses and compensation.

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

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

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

- (1) Upon a determination that an imminent danger to the health or lives of individuals exists in the area served by the local health department, the local health officer immediately shall inform the individuals affected by the imminent danger and issue an order which shall be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the findings of the local health department and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.
- (2) Upon the failure of a person to comply promptly with an order issued under this section, the local health department may petition a circuit or district court having jurisdiction to restrain a condition or practice which the local health officer determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.
- (3) As used in this section:
 - (a) “Imminent danger” means a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided.
 - (b) “Person” means a person as defined in section 1106 or a governmental entity.

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

- (1) If a local health officer determines that control of an epidemic is necessary to protect the public health, the local health officer may issue an emergency order to prohibit the gathering of people for any purpose and may establish procedures to be followed by persons, including a local governmental entity, during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.
- (2) A local health department or the department may provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5238.

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

- (1) A local health department or the department may issue an order to avoid, correct, or remove, at the owner's expense, a building or condition which violates health laws or which the local health officer or director reasonably believes to be a nuisance, unsanitary condition, or cause of illness.
- (2) If the owner or occupant does not comply with the order, the local health department or department may cause the violation, nuisance, unsanitary condition, or cause of illness to be removed and may seek a warrant for this purpose. The owner of the premises shall pay the expenses incurred.
- (3) If the owner of the premises refuses on demand to pay expenses incurred, the sums paid shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under the general laws of this state. An occupant or other person who caused or permitted the violation, nuisance, unsanitary condition, or cause of illness to exist is liable to the owner of the premises for the amount paid by the owner or assessed against the property which amount shall be recoverable in an action.

- (4) A court, upon a finding that a violation or nuisance may be injurious to the public health, may order the removal, abatement, or destruction of the violation or nuisance at the expense of the defendant, under the direction of the local health department where the violation or nuisance is found. The form of the warrant to the sheriff or other law enforcement officer may be varied accordingly.
- (5) This section does not affect powers otherwise granted to local governments.

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

- (1) Required services designated pursuant to part 23 shall be directed at the following specific objectives:
 - (a) Prevention and control of environmental health hazards.
 - (b) Prevention and control of diseases.
 - (c) Prevention and control of health problems of particularly vulnerable population groups.
 - (d) Development of health care facilities and agencies and health services delivery systems.
 - (e) Regulation of health care facilities and agencies and health services delivery systems to the extent provided by state law.
- (2) A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.
- (3) The department may enter into contracts necessary or appropriate to carry out this section.

MCL 333.2483 Conditions for reimbursement.

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

- (1) Submit annually to the department a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides. After review and approval by the department, the program statement shall serve as a basis of determining priorities for local development with appropriate state policy and technical assistance.
- (2) Submit annually to the department the budget approved by the local governing entity. The budget shall reflect the program statement and include the required services which the local health department provides, other health services proposed for state reimbursement as allowable services, and services proposed for full local or categorical state or federal funding. After review, the department shall determine the services eligible as allowable services for state reimbursement. Determinations regarding proposed allowable services shall be made annually for each local health department.

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

- (1) Standards of scope, quality, and administration promulgated under section 2495 shall be implemented through an agreement between the department and the local governing entity. An agreement under this subsection shall specify at least the minimum activities agreed upon as necessary for substantial compliance with rules and shall be based upon findings in the annual program statement of the local health department.
- (2) A local health department shall be reimbursed on the basis of approved program performance reports as required by this section and sections 2481 and 2483 and on the basis of prescribed fiscal reports reflecting actual, reasonable, and allowable costs incurred pursuant to rules promulgated under section 2495. An operating advance may be provided which shall be replenished as the costs are reported. Adjustments shall be made as necessary to compensate for payments previously made.

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

- (1) An autopsy shall not be performed upon the body of a deceased individual except by a physician who has been granted written consent to perform the autopsy by whichever 1 of the following individuals assumes custody of the body for purposes of burial: parent, surviving spouse, guardian, or next of kin of the deceased individual or by an individual charged by law with the responsibility for burial of the body. If 2 or more of those individuals assume custody of the body, the consent of 1 is sufficient. This section shall not prevent the ordering of an autopsy by a medical examiner or a local health officer.
- (2) This section shall not apply to a department of anatomy in a school of medicine in this state, or to an autopsy, postmortem, or dissection performed pursuant to and under the authority of any other law.
- (3) A local health officer may order an autopsy if necessary to carry out the functions vested in a local health department by this code.

333.5119 Individual applying for marriage license; availability of tests for sexually transmitted infection and HIV infection; educational materials; informing HIV infected applicant of test results; definitions.

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

- (2) A county clerk shall not issue a marriage license to an applicant who fails to sign and file with the county clerk an application for a marriage license that includes a statement with a check-off box indicating that the applicant has received the educational materials regarding the transmission and prevention of both sexually transmitted infection and HIV infection and has been advised of testing for both sexually transmitted infection and HIV infection, under subsection (1).
- (3) If either applicant for a marriage license undergoes a test for HIV or an antibody to HIV, and if the test results indicate that an applicant is HIV infected, the physician or his or her designee, the physician's assistant, the certified nurse midwife, the certified nurse practitioner, the clinical nurse specialist-certified, or the local health officer or his or her designee administering the test immediately shall inform both applicants of the test results and shall counsel both applicants regarding the modes of HIV transmission, the potential for HIV transmission to a fetus, and protective measures.
- (4) As used in this section:
 - (a) "Certified nurse midwife" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification in the practice of nurse midwifery by the Michigan board of nursing under section 17210.
 - (b) "Certified nurse practitioner" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification as a nurse practitioner by the Michigan board of nursing under section 17210.
 - (c) "Clinical nurse specialist-certified" means an individual who is licensed as a registered professional nurse under part 172 who has been granted a specialty certification as a clinical nurse specialist by the Michigan board of nursing under section 17210.
 - (d) "Physician" means an individual who is licensed as a physician under part 170 or part 175.
 - (e) "Physician's assistant" means an individual who is licensed as a physician's assistant under part 170 or part 175.

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

- (1) All reports, records, and data pertaining to testing, care, treatment, reporting, and research, and information pertaining to partner notification under section 5114a, that are associated with HIV infection and acquired immunodeficiency syndrome are confidential. A person shall release reports, records, data, and information described in this subsection only pursuant to this section.
- (2) Except as otherwise provided by law, the test results of a test for HIV infection or acquired immunodeficiency syndrome and the fact that such a test was ordered is information that is subject to section 2157 of the revised judicature act of 1961, 1961 PA 236, MCL 600.2157.
- (3) The disclosure of information pertaining to HIV infection or acquired immunodeficiency syndrome in response to a court order and subpoena is limited to only the following cases and is subject to all of the following restrictions:
 - (a) A court that is petitioned for an order to disclose the information shall determine both of the following:
 - (i) That other ways of obtaining the information are not available or would not be effective.
 - (ii) That the public interest and need for the disclosure outweigh the potential for injury to the patient.
 - (b) If a court issues an order for the disclosure of the information, the order must do all of the following:
 - (i) Limit disclosure to those parts of the patient's record that are determined by the court to be essential to fulfill the objective of the order.
 - (ii) Limit disclosure to those persons whose need for the information is the basis for the order.
 - (iii) Include any other measures as considered necessary by the court to limit disclosure for the protection of the patient.

- (4) A person who releases information pertaining to HIV infection or acquired immunodeficiency syndrome to a legislative body shall not identify in the information a specific individual who was tested or is being treated for HIV infection or acquired immunodeficiency syndrome.
- (5) Subject to subsection (7), subsection (1) does not apply to the following:
 - (a) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed to the department, a local health department, or other health care provider for 1 or more of the following purposes:
 - (i) To protect the health of an individual.
 - (ii) To prevent further transmission of HIV.
 - (iii) To diagnose and care for a patient.
 - (b) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed by a physician or local health officer to an individual who is known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the physician or local health officer determines that the disclosure of the information is necessary to prevent a reasonably foreseeable risk of further transmission of HIV. This subdivision imposes an affirmative duty upon a physician or local health officer to disclose information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome to an individual who is known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome. A physician or local health officer may discharge the affirmative duty imposed under this subdivision by referring the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome to the appropriate local health department for assistance with partner notification under section 5114a. The physician or local health officer shall include as part of the referral the name and, if available, address and telephone number of each individual known by the physician or local health officer to be a contact of the individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome.

- (c) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed by an authorized representative of the department or by a local health officer to an employee of a school district, and if the department representative or local health officer determines that the disclosure is necessary to prevent a reasonably foreseeable risk of transmission of HIV to pupils in the school district. An employee of a school district to whom information is disclosed under this subdivision is subject to subsection (1).
- (d) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the disclosure is expressly authorized in writing by the individual. This subdivision applies only if the written authorization is specific to HIV infection or acquired immunodeficiency syndrome. If the individual is a minor or incapacitated, the written authorization may be executed by the parent or legal guardian of the individual.
- (e) Information disclosed under section 5114, 5114a, 5119(3), 5129, 5204, or 20191 or information disclosed as required by rule promulgated under section 5111.
- (f) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is part of a report required under the child protection law, 1975 PA 238, MCL 722.621 to 722.638.
- (g) Information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome, if the information is disclosed by the department, the probate court, or a child placing agency in order to care for a minor and to place the minor with a child care organization licensed under 1973 PA 116, MCL 722.111 to 722.128. The person disclosing the information shall disclose it only to the director of the child care organization or, if the child care organization is a private home, to the individual who holds the license for the child care organization. An individual to whom information is disclosed under this subdivision is subject to subsection (1). As used in this subdivision, "child care organization" and "child placing agency" mean those terms as defined in section 1 of 1973 PA 116, MCL 722.111.

- (6) A person who releases the results of an HIV test or other information described in subsection (1) in compliance with subsection (5) is immune from civil or criminal liability and administrative penalties including, but not limited to, licensing sanctions, for the release of that information.
- (7) A person who discloses information under subsection (5) shall not include in the disclosure information that identifies the individual to whom the information pertains, unless the identifying information is determined by the person making the disclosure to be reasonably necessary to prevent a foreseeable risk of transmission of HIV, to protect the health of the individual to whom the information pertains, to prevent the further transmission of HIV, or to diagnose and care for a patient. A person disclosing identifying information under this subsection shall disclose only the minimum information necessary to accomplish the intended purpose of the disclosure. This subsection does not apply to information disclosed under subsection (5)(d), (f), or (g).
- (8) A person who violates this section is guilty of a misdemeanor, punishable by imprisonment for not more than 1 year or a fine of not more than \$5,000.00, or both, and is liable in a civil action for actual damages or \$1,000.00, whichever is greater, and costs and reasonable attorney fees. This subsection also applies to the employer of a person who violates this section, unless the employer had in effect at the time of the violation reasonable precautions designed to prevent the violation.

333.5203 Warning notice generally.

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

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

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

- (1) To protect the public health in an emergency, upon the filing of an affidavit by a department representative or a local health officer, the circuit court may order the department representative, local health officer, or a peace officer to take an individual whom the court has reasonable cause to believe is a carrier and is a health threat to others into custody and transport the individual to an appropriate emergency care or treatment facility for observation, examination, testing, diagnosis, or treatment and, if determined necessary by the court, temporary detention. If the individual is already institutionalized in a facility, the court may order the facility to temporarily detain the individual. An order issued under this subsection may be issued in an ex parte proceeding upon an affidavit of a department representative or a local health officer. The court shall issue an order under this subsection upon a determination that reasonable cause exists to believe that there is a substantial likelihood that the individual is a carrier and a health threat to others. An order under this subsection may be executed on any day and at any time, and shall be served upon the individual who is the subject of the order immediately upon apprehension or detention.
- (2) An affidavit filed by a department representative or a local health officer under subsection (1) shall set forth the specific facts upon which the order is sought including, but not limited to, the reasons why an emergency order is sought.
- (3) An individual temporarily detained under subsection (1) shall not be detained longer than 72 hours, excluding Saturdays, Sundays, and legal holidays, without a court hearing to determine if the temporary detention should continue.

- (4) Notice of a hearing under subsection (3) shall be served upon the individual not less than 24 hours before the hearing is held. The notice shall contain all of the following information:
 - (a) The time, date, and place of the hearing.
 - (b) The grounds and underlying facts upon which continued detention is sought.
 - (c) The individual's right to appear at the hearing.
 - (d) The individual's right to present and cross-examine witnesses.
 - (e) The individual's right to counsel, including the right to counsel designated by the circuit court, as described in section 5205(13).
- (5) The circuit court may order that the individual continue to be temporarily detained if the court finds, by a preponderance of the evidence, that the individual would pose a health threat to others if released. An order under this subsection to continued temporary detention shall not continue longer than 5 days, unless a petition is filed under section 5205. If a petition is filed under section 5205, the temporary detention shall continue until a hearing on the petition is held under section 5205.

Administrative Rules

R325.13001 Definitions.

Rule 1. As used in these rules:

- (1) “Code” means 1978 PA 368, MCL 333.1101.
- (2) “Health officer” means the administrative officer of a city, county, district, or associated health department who is appointed by the local governing entity or, in the case of a district health department, by the district board of health and who is responsible for the planning, implementation and evaluation of a public health program designed to prevent disease and disability and to promote health. A health officer shall be a medical health officer or administrative health officer. If the health officer is not a physician, a medical director shall also be employed who is responsible to the health officer for medical decisions.
- (3) “Local health department” means local health department as defined in section 1105 of the code.
- (4) “Medical director” means a physician who qualifies as a medical health officer but who is employed by a local governing entity or, in the case of a district health department, by the district board of health to provide direction in the formulation of medical public health policy and program operation. A medical director shall be responsible for developing and carrying out medical policies, procedures, and standing orders and for advising the administrative health officer on matters related to medical specialty judgments. A medical director shall devote his or her full time to the needs of the local health department, except that if the department serves a population of not more than 150,000 and cannot obtain full-time medical direction, the time may be reduced to not less than 16 hours per week.
- (5) “Public health administrator” means a person who is responsible for developing and implementing good administrative practices and policies for a local health department and its programs.
- (6) “Public health physician advisor” means a physician who is responsible for providing public health medical consultation and advice to persons serving under provisional or acting appointments as medical health officers, administrative health officers, or medical directors.

R 325.13002 Medical health officer; qualifications.

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

- (1) Is board certified in preventive medicine or public health.
- (2) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice.
- (3) Has an unexpired provisional appointment issued by the department under the authority of MCL 325.2495, provided the appointment was issued before the effective date of these rules.

R 325.13003 Administrative health officer; qualifications.

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

- (1) Have an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience.
- (2) Have a related graduate degree and 5 years of full-time public health administrative experience.
- (3) Have a bachelor's degree and 8 years of full-time public health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

R 325.13004 Medical director; qualifications.

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

Rule 4a. A medical director shall comply with all of the following requirements:

- (1) Except as provided in subdivision (c) of this rule, a medical director shall devote his or her full time to the needs of a local health department.
- (2) For purposes of this rule, "full time" means 32 hours or more per week.
- (3) If a local health department serves a population of not more than 250,000 and cannot obtain full time medical direction, the time may be reduced to not less than 16 hours per week. This exception does not apply if the medical director is covering 3 or more local health departments, even if the combined population served is not more than 250,000. Medical directors covering 3 or more local health departments must be full time, regardless of the total combined population.

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Appendix II: Glossary of Terms and Definitions

Administrative Rule:

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

Avian Influenza Virus:

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

Assessment:

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

Assurance:

Monitoring the quality of all health services provided—public and private.

Comprehensive Planning, Budgeting and Contracting (CPBC):

A contract between the MDHHS and each local health department that contains all of the MDHHS-funded programs administered by the local health departments.

DTaP:

A childhood vaccine for diphtheria and tetanus and acellular pertussis childhood vaccine.

Epidemic:

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

Epidemiology:

Study of the spread of diseases within and between populations.

Local Health Department (LHD):

The primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

Local Governing Entity:

See page 28 MCL 333.2406 definition of a local governing entity.

Local Health Services (LHS):

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

Michigan Association of Counties (MAC):

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

Michigan Association for Local Public Health (MALPH):

Organized to represent Michigan's 45 city, county, and district health departments before the state and federal legislative and executive branches of government.

Michigan Compiled Laws (MCL):

All existing general and permanent laws of the state.

Michigan Department of Agriculture and Rural Development (MDARD):

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

Michigan Department of Health and Human Services (MDHHS):

Responsible for health policy and management of the state's publicly funded health service systems. An estimated 2 million Michigan residents are served annually through either Medicaid, local public health, mental health, substance abuse programs, services to the aging and victims of crime.

Michigan Department of Environmental Quality (MDEQ):

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

Michigan Local Public Health Accreditation Program:

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

MMR:

A childhood vaccine for Measles, Mumps and Rubella.

Operational Definition of a Functional Local Health Department:

Standards which describe what every person, regardless of where they live, should reasonably expect from their local health department. The definition provides a framework by which LHDs are accountable to the state health department, the public and local governing entities. Standards are organized around the 10 Essential Public Health Services.

Pandemic Influenza:

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

Public Act (PA):

Bills that have been approved by the Legislature and signed into law by the Governor, filed with the Secretary of State, and assigned a public act number.

Public Health:

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

Public Health Code (PHC):

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

Plan of Organization (POO):

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

Policy Development:

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

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Appendix III: MDHHS Local Health Department (LHD) Plan of Organization Guide

Legal Basis

The following citations are the legal basis for the Michigan Department of Health and Human Services (MDHHS) to require a Plan of Organization. Citations are taken from the PHC (PA 368 of 1978).

(1) PHC – PART 22 - STATE DEPARTMENT OF PUBLIC HEALTH

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

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

(2) PHC – PART 24 – LOCAL HEALTH DEPARTMENTS

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

(a) A local health department shall:

- (i) Have a plan of organization approved by the department.
- (ii) Demonstrate ability to provide required services.
(Refer to Attachment A for required services).
- (iii) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct.

(3) SUMMARY

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

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

Frequency Requirement

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

- (1) Once every three years;
- (2) Two months before the scheduled LHD Accreditation On-site Evaluation; and
- (3) Using the requirements listed in Section C and the checklist in Attachment D.

LHD Plan of Organization: Requirements and Format

(1) LEGAL RESPONSIBILITIES AND AUTHORITY

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

(2) LHD ORGANIZATION

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

(3) MISSION, VISION AND VALUES

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

(4) LOCAL PLANNING AND COLLABORATION INITIATIVES

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

(5) SERVICE DELIVERY

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

(6) REPORTING AND EVALUATION

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

(7) HEALTH OFFICER AND MEDICAL DIRECTOR

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

***NOTE**

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

Services	Rule or Statutory Citation	Required = Basic + Mandated + LPHO				Allowable	Notes
		1	1.A.	1.B.	1.C.		
Immunizations	Annual omnibus appropriations act; MCL 333.9203; R325.176	x	x	x	x		
Infectious/ Communicable Disease Control	MCL 333.2433; Parts 51 and 52; Annual omnibus appropriations act; R325.171 et seq.	x	x	x	x		
STD Control	Annual omnibus appropriations act; R325.177	x	x	x	x		
TB Control	Annual omnibus appropriations act	x	x	x			
Emergency Management—Community Health Annex	Annual omnibus appropriations act; MCL 30.410	x	x	x			Basic Service under Appropriations Act and Mandated Service, if required, under Emergency Management Act.
Prenatal Care	Annual omnibus appropriations act	x	x				
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	x		x			

Services	Rule or Statutory Citation	Required = Basic + Mandated + LPHO				Allowable	Notes
		1	1.A.	1.B.	1.C.		
Health Education	MCL 333.2433	x		x			
Nutrition Services	MCL 333.2433	x		x			
HIV/AIDS Services; reporting, counseling and partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114; MCL 333.5131	x		x			
Care of individuals with serious communicable disease or infection	MCL 333.5117; Part 53; R325.177	x		x			(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.
Hearing and Vision Screening	MCL 333.9301; Annual omnibus appropriations act; R325.3271 et seq.; R325.13091 et seq.	x		x	x		
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	x		x			Required, if "designated".
Campground Inspection	MCL 333.12510; R325.1551 et seq.	x		x			Required, if "designated".

Services	Rule or Statutory Citation	Required = Basic + Mandated + LPHO				Allowable	Notes
		1	1.A.	1.B.	1.C.		
Public/Private On-site wastewater	MCL 333.12751 to MCL 333.12757; R299.2901 et. seq. R323.2210 and R323.2211	x		x	x		This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Food Protection	MCL 289.3105; Annual omnibus appropriations act	x		x	x		
Pregnancy test related to informed consent to abortion	MCL 333.17015(18)	x		x			
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.	x			x		
Allowable Services						x	This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.

Services	Rule or Statutory Citation	Required = Basic + Mandated + LPHO				Allowable	Notes
		1	1.A.	1.B.	1.C.		
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)					x	<p>This category is NOT connected to express responsibilities within statute but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.</p>





Endnotes

- 1 <https://www.michigan.gov/coronavirus/resources/covid-19-vaccine/covid-19-dashboard>
- 2 <https://ash.org/hidden-costs-healthcare/>
- 3 <https://www.tobaccofreekids.org/what-we-do/us/smoke-free-laws>
- 4 https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
- 5 <https://www.nejm.org/doi/full/10.1056/NEJMp1917065#>
- 6 <https://truthinitiative.org/research-resources/smoking-region/tobacco-use-michigan-2019#:~:text=Quitting%20statistics%20in%20Michigan,or%20more%20days%20in%202017.&text=In%202014%2C%20the%20Affordable%20Care,cover%20all%20tobacco%20cessation%20medications>
- 7 <https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/tobacco/michigan-tobacco-quitline-call-reports>
- 8 <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/michigan/index.html>
- 9 McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988;15(4):351–377
- 10 CDC PH law program. <https://www.cdc.gov/phlp/index.html>



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