



MDHHS Division of Environmental Health

History of 2017 to Present

Presented to MALEHA – 01/19/2023

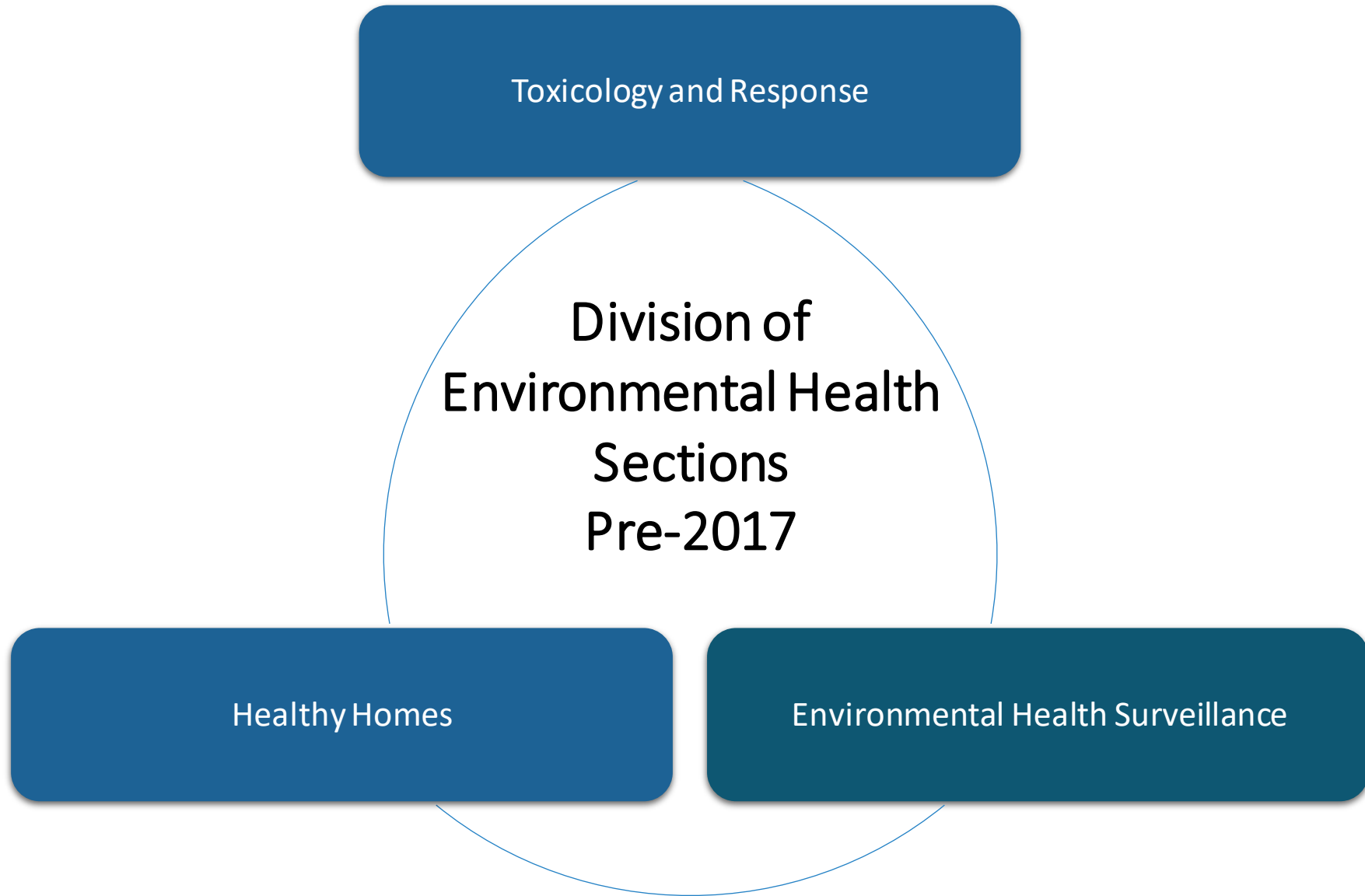


Toxicology and Response

Division of
Environmental Health
Sections
Pre-2017

Healthy Homes

Environmental Health Surveillance



MDHHS – Environmental Health Assistance Funding Prior to 2017

- EH Assistance constrained to federal grant funding & deliverables HUD, ATSDR, CDC, EPA:
 - Lead abatement
 - ATSDR/NPL/Superfund site response
 - Eat Safe Fish/Game
 - Occupational Health/Heavy Metals Surveillance
- Provided capacity-limited technical assistance to Local Health Departments
 - Make public health determinations through written health consultations
 - Responded to known environmental hazards in partnership with LHD

Supply & Demand Challenge for MDHHS Environmental Health Assistance

- MDHHS was in the position of having to:
 - **Respond** to environmental data and information provided to MDHHS identifying environmental threats and hazards to the people of Michigan.
 - **Without funding** to address these threats and hazards

MDHHS Environmental Health Assistance – Timeline of Increasing Demand

Starting Fall of 2015 – demands for environmental health assistance began to increase - but there was limited capacity and no funding.

2016 - 2017 – demands included vapor intrusion and household drinking water; Medicaid accepts Michigan CHIP-SPA requests to fund Nurse Case Management and Lead Abatement

2018 - PFAS and Community Lead Action Level Exceedance Response

2019 – ATSDR PFAS Multi-Site Study Grant and CDC Biomonitoring Grants pursued as required by the legislature and as part of public health investigations into PFAS and other chemical exposures in Michigan

2020 – COVID19 – continue work – but alter workflows to COVID19 protective measures and support on COVID19 response.

2022 – Expanded expectation on public health role in ensuring safe drinking water quality

Public Health Code, PA 368 of 1978

- **MCL 333.2221(1) ...The department shall continually and diligently endeavor to prevent**
 - disease, prolong life, and promote 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...

Public Health Code, PA 368 of 1978

- MCL 333.2221(1) ...
 - (2) The department shall:
 - (a) Have general supervision of the interests of the health and life of the people of this state.
 - **(d) Make investigations and inquiries as to:**
 - **(i) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.**
 - (e) Plan, implement, and evaluate **health education by the provision of expert technical assistance...**

Reactive Budgets

2017

- **ASK:** MDHHS EH Staffing with LHD emergent response funding
- **FOCUS:** vapor intrusion, lead in household tap water, and partnering with ATSDR.
- **OUTCOME:** MDHHS received funding and EH State FTEs but no funding for LHD

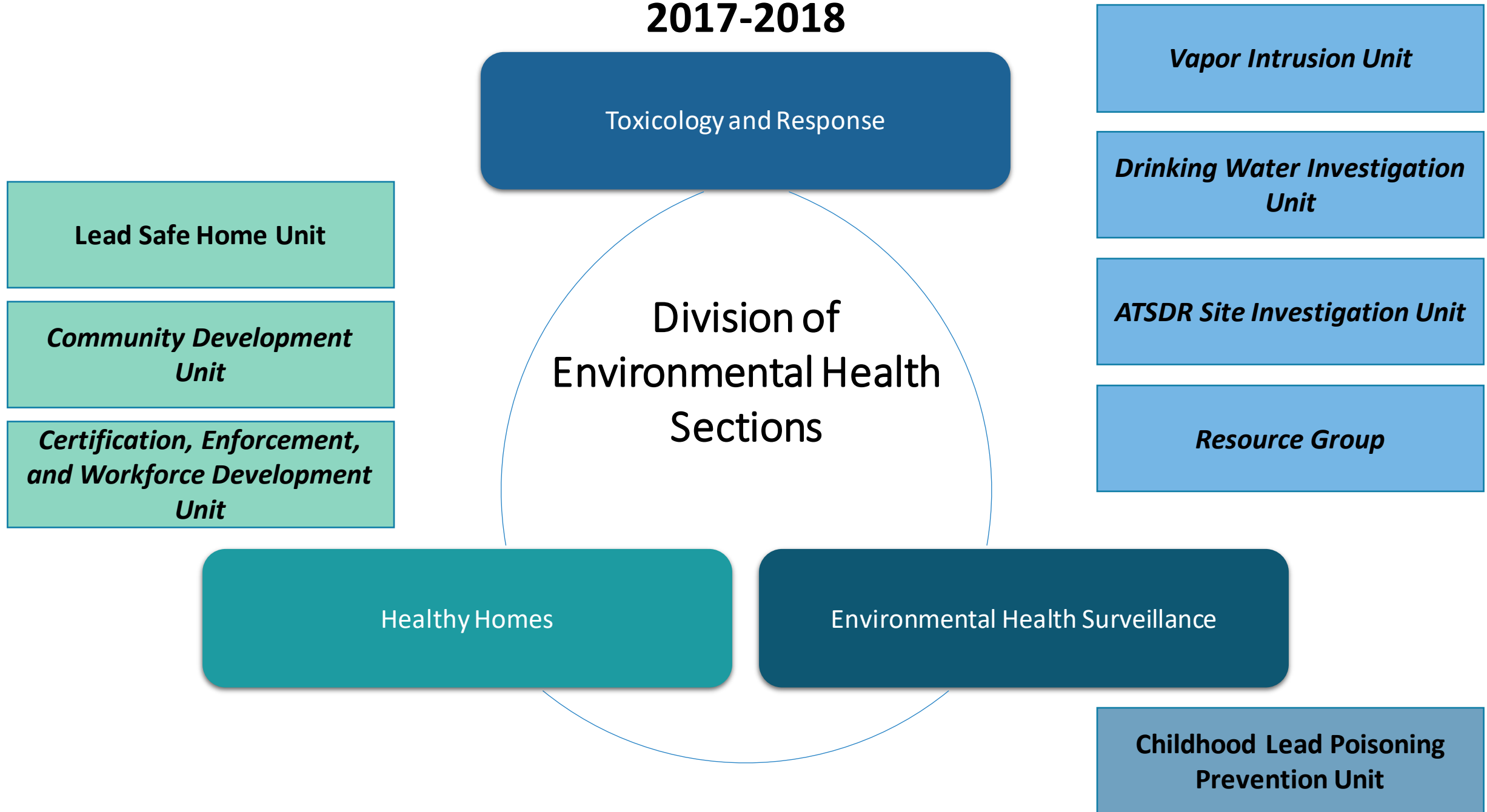
2018

- **ASK:** MDHHS EH and Laboratory staffing with LPH emergent response funding
- **FOCUS:** PFAS
- **OUTCOME:** LHD PFAS and other emergent threats response funding & MDHHS Laboratory and EH funding and State FTEs.

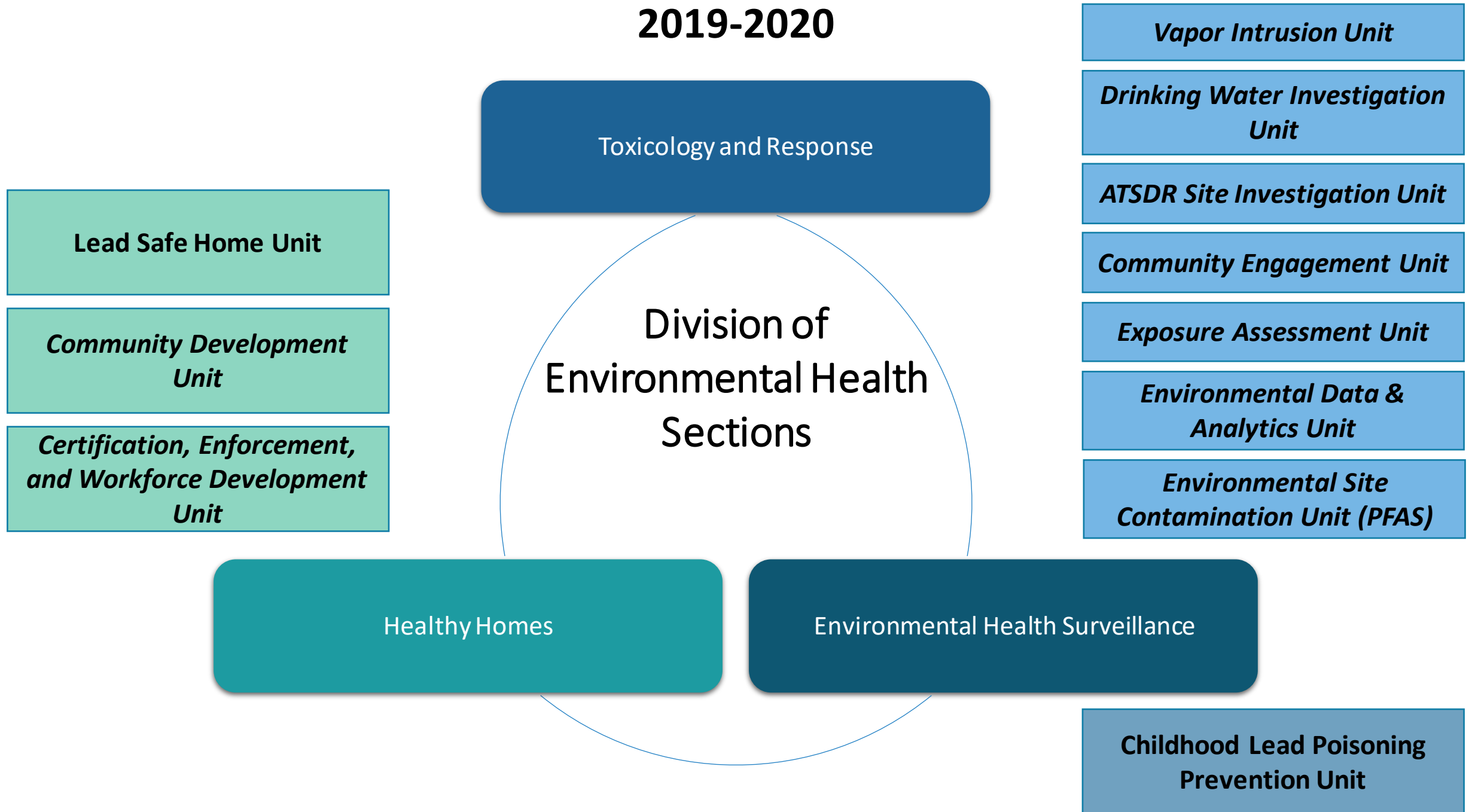
2019

- **ASK:** MDHHS EH and Laboratory Staffing with LHD emergent response funding
- **FOCUS:** Community-Level response to lead in public water supply drinking water
- **OUTCOME:** MDHHS receives funding and no FTEs, no LHD emergent response funding.

2017-2018



2019-2020



DEH Snapshot of 2019

- On the way to >200 staff; 1 Director, 3 Section Managers, 11 Unit Managers
- 600-700 lead abatement projects per year (backlog of additional 552 homes currently)
- 125 lead abatement compliance visits and 1,000 certification request per year.
- Childhood Lead Poisoning Prevention Unit
- Opioid Surveillance Program
- MPART support (~10 workgroup/committees)
- 149 active vapor intrusion sites (total 284 reviewed) with bi-weekly additions
- 59 active PFAS sites (tracking additional 73) with weekly additions
- 635 individual homes responses planned this summer, prior to new Lead Copper Rule Reporting- expecting dramatic increase in July- November
- 16 Superfund Sites scheduled for updated evaluation (96 in Michigan)
- 10-20 other hazardous chemical assessments per year (asbestos, dioxin, PCBs, air quality PM2.5, indoor air quality, 1,4-dioxane)
- 12 LCR Action Level Exceedance Communities (ALEs) plan for additional 100 LCR ALEs.
- 4 PFAS Exposures assessment (1 implemented, 1 writing protocol, 2 planned)
- Since January, 8 cancer review reports pending review.
- ~50 documents pending review

2019-2020 Reorganization of the Division of Environmental Health

Scope of Challenge

- EGLE has notified MDHHS there is ~27,000 to 28,000 sites of hazardous chemical contamination releases without confirmation that the public is separated from exposure to those releases, including thousands of sites with potential for vapor intrusion and ground water contamination.
- 8,000 to 9,000 Michigan children have an elevated blood lead level (2017-2019).
- Number of pre-1978 and Pre-1950 housing with potential lead hazards
- 1,400 public water supplies with varying degrees of lead services and lead in drinking water.
- Emergent threats (PFAS, Hazardous Algal Blooms, unregulated drinking water contaminants, emergencies created from accidental chemical releases)
- ~ 2.6 million people on private drinking water wells
- Public health role in occupational injury
- Protecting wards of the state from EH hazards
- Opioid overdose surveillance and alerts
- Impacts of Climate Change on physical hazards (health, cold, flooding)
- Reported metal and metalloid blood levels
- Air quality complaints related to regulated industrial facilities
- Providing Environmental Health public education and community engagement

MDHHS Environmental Health Assistance Principles

- **Protective** of the public's health beyond regulation
- **Proactive** rather than reactive, early intervention on threats to prevent human exposure
- **Transparent** to provide public access to what we know when we know it
- **Best available science** used to guide environmental health assistance

Reorganization Target Outcome

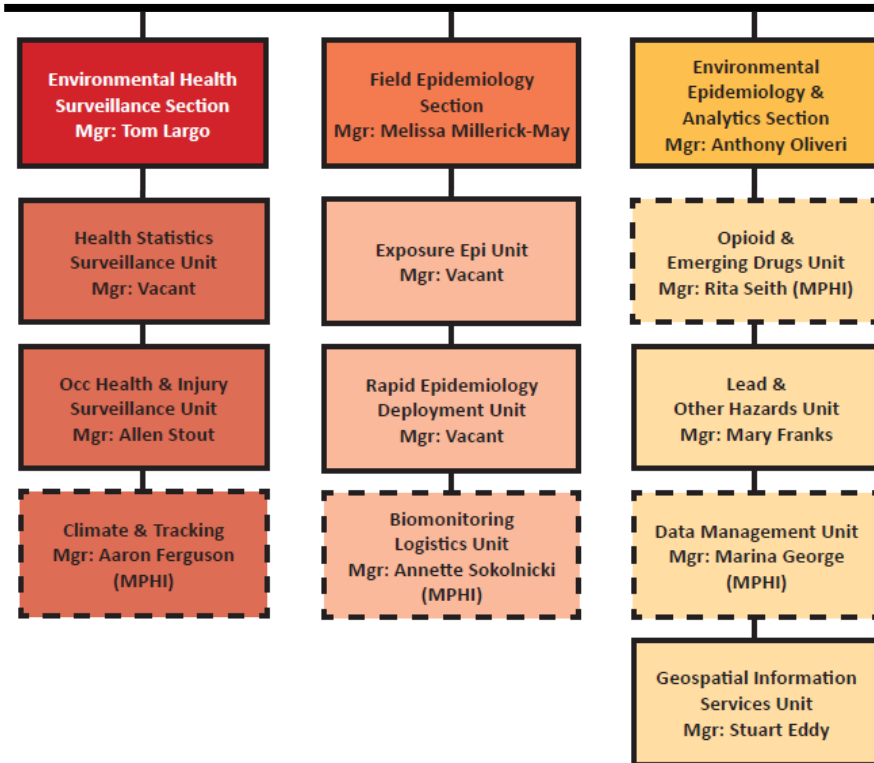
1. Most efficient use of resources for timely, equitable provision of environmental health assistance applying the best available science for the protection of the people of Michigan from known or knowable chemical, physical, or environmental hazards.
2. Transparent, timely communication to, and education and engagement of at-risk populations.

Reorganization Framework

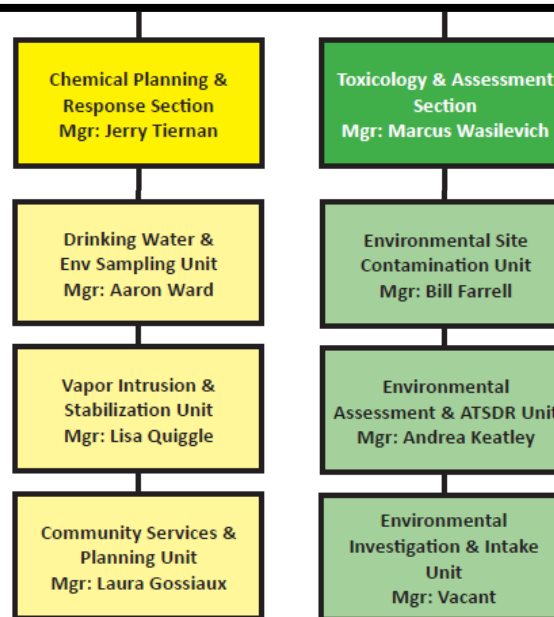
- A. Must apply the best available science to our capacity.
- B. Design the Division to fit into a proactive approach for identification and early intervention of threats.
- C. Use Multi-Disciplinary Team Structure that forms a team around an identified public health threat until that threat is addressed.
- D. Activity-based organizational governance structure that groups staff by skills sets to perform activities allowing staff to learn from each other while being assigned to one or more multi-disciplinary teams to conduct their skill set.

Division of Environmental Health – By Function

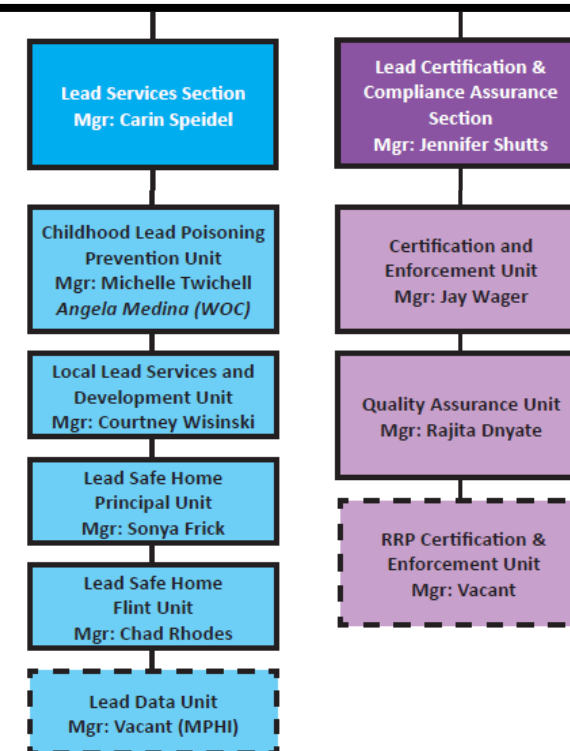
Environmental Epidemiology



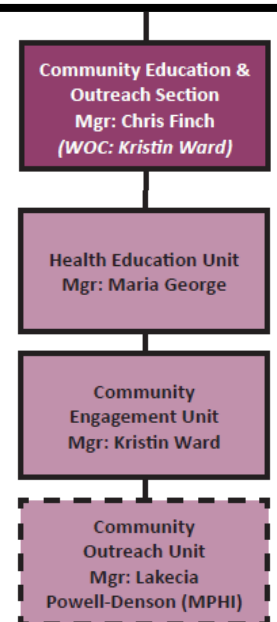
Toxicology Assessment & Response Coordination



Lead Exposure Assistance



Community Education & Engagement



Regional Community Engagement

Michigan Department of Health and Human Services (MDHHS)
Division of Environmental Health (DEH)



DEH Regional Community Engagement

MDHHS-DEH Community Engagement Coordinators serve communities by being a liaison between MDHHS-DEH and community-based organizations. We promote and protect the health of Michiganders by building and maintaining regional connections with local organizations to respond to the community's needs.

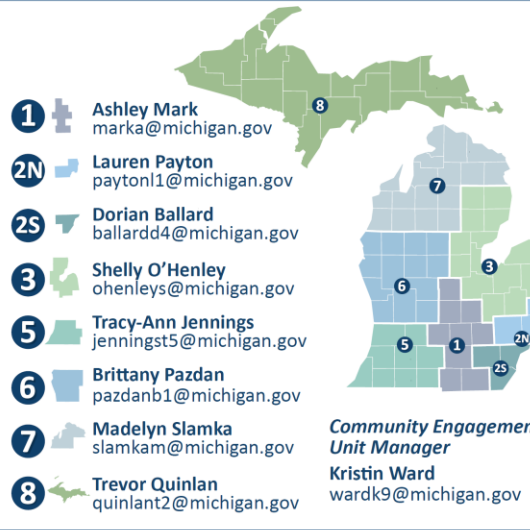
Who We Are and the Areas We Serve

Environmental health is not just about the birds, bees, and trees; it's about all of us and the places where we live, work and play! Our environment provides us with so much that we can easily forget just how vital our stewardship is to keep it healthy.

The quality of the soil that grows our food, the air we breathe, and the water we drink are impacted daily by human activities and factors that can be outside of our control.

DEH is committed to identifying potential health hazards, investigating health effects, and intervening with education and action. We live and work in the same environments you do, which means our professional work is also personal.

As Regional Community Engagement Coordinators, we spend time in the community, listening and learning about our neighbor's concerns and sharing information on how they can help keep themselves and their families safe from environmental hazards.



What We Do



Work with regional collaborators to supplement on-going local efforts to promote and protect the health of the community.



Support local organizations' engagement with communities to elevate their services and programming.



Identify opportunities to engage the community and local organization in relevant DEH programs.



Create opportunities for the community and local organizations to provide feedback about local DEH initiatives.



Keep communities updated about emerging DEH resources and opportunities.



Communicate local environmental emergencies and work with local partners to coordinate response.

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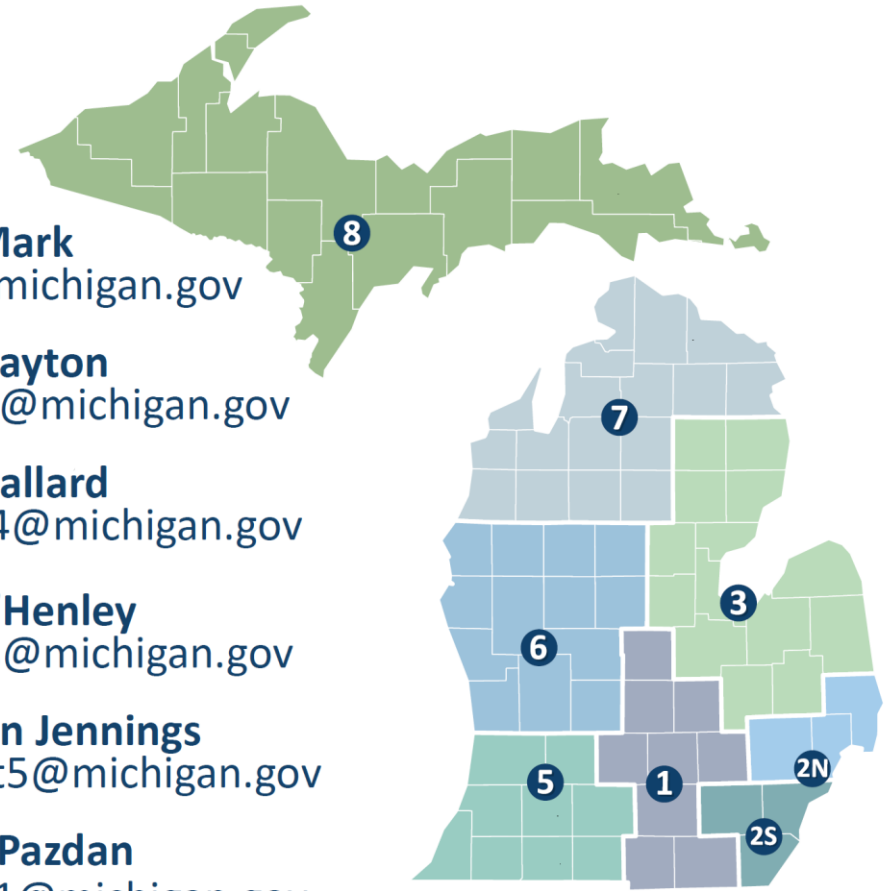
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Questions & Discussion



*How best to
build a
collaborative
path forward?*