PUBLIC HEALTH ADVISORY COUNCIL

2018 Annual Report

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Foreword: The State of Public Health, 2018

Report of the Chief Medical Executive, Chair of the Public Health Advisory Council

Per Executive Order 2016-19 signed by Governor Snyder in November 2016 establishing the Office of the Chief Medical Executive: *the Office shall issue an annual report to the Governor, the legislature, and the public addressing the state of public health in Michigan and outlining the accomplishments and strategic goals of the Department relating to public health.*

As Chair of the Public Health Advisory Council (PHAC), I present the *2018 Public Health Advisory Council Annual Report* which covers activities since the permanent Council's inaugural meeting in February 2018. In addition, *The State of Public Health 2018,* serves as a high-level summary of how Michigan ranks in terms of overall health compared to other states in the nation. The Michigan Department of Health and Human Services (MDHHS) has established metrics in the following **Strategic Priority Areas**, which are measured by Scorecards. The Strategic Priority Areas are the following:

CHILDREN

Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.

ADULTS

Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.

FAMILY SUPPORT

Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.

HEALTH SERVICES

Transform the healthcare system and behavioral health coordination to improve outcomes for residents.

POPULATION HEALTH

Promote and protect the health, wellness, and safety of all Michigan residents.

WORKFORCE

Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

As of September 2018, the following measures were recorded for the Department:

MiScorecard Performance Summary

Business Unit:	**Health and Human Services**
Executive/Director Name:	**Lyon, Nick**
Reporting Period:	**Sep 2018**

Green	>=90% of target
Yellow	>= 75% - 90% of target
Red	<75% of target
Date Approved:	10/15/2018

Metric ID	Metric	Status	Progress	Target	Current	Previous	Frequency	Metric Definition
Adults								
MDHHS-1.01	As a statewide effort, increase the number of MDHHS customers identified as Veterans, and referred to services within MDHHS and external partners for other services/benefits	Green		300	2131	280	CY Annually	As a statewide effort, increase the number of MDHHS customers identified as Veterans, and referred to services within MDHHS and external partners for other services/benefits
MDHHS-1.02	As a statewide effort, increase the number of MDHHS customers identified as Veterans, who are now receiving Veterans Affairs benefits and disbursements as a result of the MDHHS/VA referral	Green		300	421	86	CY Annually	As a statewide effort, increase the number of MDHHS customers identified as Veterans, who are now receiving Veterans Affairs benefits and disbursements as a result of the MDHHS/VA referral
MDHHS-1.03	Number of individuals served by the Meals on Wheels program per fiscal year	Green		48000	51597	52707	FY Annually	Number of individuals served by the Meals on Wheels program per fiscal year
MDHHS-1.04	Percent of individuals served by the Home Delivered Meals Program (HDM) who are at high nutritional risk according to the Federal Administration on Aging guidelines	Green		60.0%	61.6% Apr - Jun 2018	63.9%	Quarterly	Percent of individuals served by the Home Delivered Meals Program (HDM) who are at high nutritional risk according to the Federal Administration on Aging guidelines
MDHHS-1.05	Number of individuals served by the MI Choice program in fiscal year 2018	Green		16400	15158	14818	Monthly	Number of individuals served by the MI Choice program in fiscal year 2018
MDHHS-1.06	Percent of Home Care population with significant daily activity limitations consistent with the Michigan Medicaid Nursing Home Level of Care Determination	Green		6.0%	6.2%	5.8%	FY Annually	Percent of Home Care population with activities of daily living (ADLs)/instrumental activities of daily living (IADLs) limitations consistent with the Michigan Medicaid Nursing Home Level of Care Determination
Children								
MDHHS-2.02	Percent of children free from recurrence of maltreatment	Green		94.6%	92.54%	92.78%	Monthly	Percent of child abuse/neglect victims, Category I, II, or III cases during a 6 month period, who were not victims of another Category I, II, or III case within the next 6 months
MDHHS-2.03	Percent of children free from abuse or neglect in foster care	Green		99.68%	99.33%	99.32%	Monthly	Percent of children in foster care who were not victims of a Category I, II, or III case perpetrated by a foster care parent or child caring institution staff
MDHHS-2.05	Percent of children receiving timely medical exams within 30 days of entering foster care	Green		95%	88%	86%	Monthly	Increase the percent of children entering foster care who receive initial medical exams within 30 days
MDHHS-2.06	Average number of days in residential treatment facilities for juvenile justice youth	Green		230	227	236	Monthly	Decrease the average number of days in residential treatment facilities for juvenile justice youth
MDHHS-2.07	Percent of county offices who have received secondary trauma training for staff	Yellow	=	100%	89%	89%	Monthly	Increase the percent of county offices who have received secondary trauma training for staff
MDHHS-2.08	Number of monthly visits between caseworkers and parents for children in foster care with a permanency goal of reunification	Red	=	85%	63%	63%	Monthly	Increase the number of monthly visits between caseworkers and parents for children in foster care with a permanency goal of reunification
Family Support								
MDHHS-3.01	Percent of Pathways to Potential schools which have continuously decreased chronic absenteeism by 10% since the inception of Pathways in the school	Red		100.0%	28.0% 2016 - 2017 School Year		FY Annually	Percent of Pathways to Potential schools which have continuously decreased chronic absenteeism by 10% since the inception of Pathways in the school. Pathways schools are considered locations that have been fully converted to the Pathways to Potential model for a full school year.
MDHHS-3.03	Number of Employee Resource Networks (ERNs) established in fiscal year 2018	Green		4	9	7	FY Annually	Number of Employee Resource Networks (ERNs) established in fiscal year 2018
MDHHS-3.04	Number of students served by Pathways to Potential during the school year	Green		25000	90815	46108	FY Annually	Number of students served by Pathways to Potential during the school year
MDHHS-3.05	Percent of statewide assistance program applications that are processed timely within the respective program's standard of promptness (SOP)	Green		90%	96.17%	96.83%	Monthly	Percent of statewide assistance program applications that are processed timely within the respective program's standard of promptness (SOP)
Health Services								
MDHHS-4.01	Percent of students receiving ancillary services after entering substance use disorder treatment with parent	Red		12.00%	5.70% Apr - Jun 2018	7.20%	Quarterly	Increase the percent of students receiving ancillary services after entering substance use disorder treatment with parent
MDHHS-4.03	Number of health professionals participating in the Electronic Health Record Incentive Payment Program	Green		8089	7824	7816	Monthly	Increase the number of health professionals participating in the Electronic Health Record Incentive Payment Program
MDHHS-4.04	Number of hospitals participating in the Electronic Health Record Incentive Payment Program	Green	=	125	120	120	Monthly	Increase the number of hospitals participating in the Electronic Health Record Incentive Payment Program
MDHHS-4.05	Dollar amount of Medicaid overpayment identified and/or avoided through audit, investigation and sanction activities in fiscal year 2018	Green		$60000000	$105543598	$110602791	FY Annually	Dollar amount of Medicaid overpayment identified and/or avoided through audit, investigation and sanction activities in fiscal year 2018
MDHHS-4.09	Percent of children enrolled in Healthy Kids Dental who receive an annual dental visit	Yellow		70%	56% Jan - Dec 2017	55%	Quarterly	Increase the percent of children continuously enrolled in Healthy Kids Dental who receive an annual dental visit
MDHHS-4.10	Percent of Healthy Michigan Plan members who receive an annual primary or preventative care visit	Yellow		87.00%	76.40% Jan - Dec 2017	76.74%	Quarterly	Increase the percent of Healthy Michigan Plan members who receive an annual primary or preventative care visit
MDHHS-4.11	Percent of children enrolled in Medicaid Health Plans who receive at least one blood lead screening by 24 months of age	Green		85.00%	80.98% FY 2017	79.55%	FY Annually	Percent of children enrolled in Medicaid Health Plans who receive at least one blood lead screening by 24 months of age
MDHHS-4.12	Percent of adults discharged from a Psychiatric Inpatient Unit who are seen for follow-up care within 7 days	Green		95.00%	96.20% Jan - Mar 2018	97.48%	Quarterly	Percent of adults discharged from a Psychiatric Inpatient Unit who are seen for follow-up care within 7 days
MDHHS-4.13	Dollar amount of public assistance program fraud identified, avoided, and disqualified through Office of Inspector General (OIG) investigations in fiscal year 2018	Green		$155000000	$159413634	$160572304	FY Annually	Dollar amount of public assistance program fraud identified, avoided, and disqualified through Office of Inspector General (OIG) investigations of recipients, non-Medicaid providers, and employees in fiscal year 2018

Population Health								
MDHHS-5.01	Percent of pediatric immunization rates of 19-36 month old children completed for 4:3:1:3:3:1:4 series	Green	=	77%	74%	74%	Monthly	Increase the percent of 19-36 month old children completed for 4:3:1:3:3:1:4 series
MDHHS-5.02	Percent of adolescent immunization rates of 13-17 year olds who have received 1 Tdap, 3 Polio, 2 MMR, 2 Varicellas and 1 MCV	Green	=	78%	77%	77%	Monthly	Increase the percent of 13-17 year old adolescents who have received 1 Tdap, 3 Polio, 2 MMR, 2 Varicellas and 1 MCV
MDHHS-5.03	Percent of children participating in rural evidence-based home visiting who have received their last recommended well-child visit, as defined by the American Academy of Pediatrics (AAP) Bright Futures schedule in fiscal year 2018	Red		90%	43% FY 2017	83%	FY Annually	Increase the percent of children participating in rural evidence-based home visiting who have received their last recommended well-child visit, as defined by the American Academy of Pediatrics (AAP) Bright Futures schedule in fiscal year 2018
MDHHS-5.05	Number of students in grades K-12 screened for sealants through SEAL! Michigan Program	Green		5812	6677	6905	FY Annually	Increase the number of students in grades K-12 screened for sealants through SEAL! Michigan Program
MDHHS-5.06	Percent of adolescents 13 through 17 years of age who complete the HPV vaccine series	Green	=	40%	41%	41%	Monthly	Increase HPV immunization completion rates of adolescents 13 through 17 years of age
MDHHS-5.07	Number of work sites that are implementing work site wellness programs	Green		120	149	130	Quarterly	Increase the number of work sites that are implementing work site wellness programs
MDHHS-5.08	Number of primary care visits through Child & Adolescent Health Centers	Green		65000	65860		FY Annually	Increase the number of primary care visits through the Child & Adolescent Health Centers
MDHHS-5.09	Number of mental health visits through Child & Adolescent Health Centers	Green		30000	33016		FY Annually	Increase the number of mental health visits through Child & Adolescent Health Centers

Workforce								
MDHHS-6.01	Number of staff trained in health equity, cultural competency, and/or National Culturally and Linguistically Appropriate Services (CLAS) Standards	Green		20	198 Apr - Sept 2018	123	Twice a Year	Increase the number of staff trained in health equity and national standards for Culturally and Linguistically Appropriate Services (CLAS) Standards
MDHHS-6.02	Number of professionals assisted in placement in a health professional shortage area	Green		87	130	120	FY Annually	Increase the number of professionals assisted in placement in a health professional shortage area
MDHHS-6.03	Percent of champions identified in the Employee Engagement Survey	Green		57.0%	53.0%	46.5%	CY Annually	Increase the percent of MDHHS champions identified in the statewide Employee Engagement Survey
MDHHS-6.04	Percent participation on Employee Engagement Survey	Green		70%	69%	67%	CY Annually	Increase the percent participation on the statewide Employee Engagement Survey

HOW MICHIGAN'S HEALTH RANKS

In looking at overall health indicators, Michigan ranks overall 35th in the United States compared to other states in Overall Health. These measures are derived from the America's Health Rankings, and are highlighted below, along with a number of other indicators regarding the status of Michigan's population health.

- Childhood Immunizations- 29th; 70.2 percent of children aged 19-35 months are immunized.[1]
- Infant Mortality- 32nd in US; 6.5 deaths /1,000 live Michigan births in 2017 and 2018. [1,2]
- Low Birth Weight- 32nd; 8.5 percent of Michigan babies at birth. [2]
- Obesity- 40th; 32.5 percent of Michigan adults are obese[1]
- Tobacco Use- 40th; 20.4 percent of Michigan adults smoke.[1]
- Maternal Mortality- 27th in US; 19.4/100,000 births.[2]
- Senior Health- 26th in the nation; increased from 27th in 2017.[3]
- Cardiovascular Health- 42nd; 293 deaths/100,000 population, increased from 280.8/100,000.[1]
- Healthcare Coverage - In the past five years, the percentage of uninsured decreased from 12.7 percent to 5.8 percent of the population; a 54 percent decrease.[1]
- Public Health Funding- 41st in the nation; an average of $62 per person.[1]
- Premature Death - 31st; with 7,853 years lost before age 75 per 100,000 in 2017.[1]

State-wide, public health at the local, state and federal levels have been involved in three major public health issues in 2017-2018 within Michigan that remain ongoing at the time of this Report:

The 2016 Hepatitis A Epidemic: Outbreaks of Hepatitis A began in 2016 in California and then Michigan, and now impacts close to a dozen other states. At this writing of this report, Michigan has confirmed 907 outbreak cases of Hepatitis A since 2016 and 28 deaths. For more information, please visit www.michigan.gov/HepatitisAOutbreak.

The Opioid Epidemic: Along with the rest of the United States, Michigan is experiencing an opioid epidemic that crosses societal, racial and gender borders, affecting all communities, rural and urban. For more information including data, resources and education, please visit www.michigan.gov/Opioids.

As Chief Medical Executive, I signed a Standing Order in May 2017 for Michigan individuals to be able to access naloxone, a rescue treatment for opioid overdose, from pharmacies without a prescription. This Standing Order has increased naloxone dispensing by over 33 percent from registered pharmacies within Michigan. For a map of registered pharmacies that dispense naloxone under this Standing Order, please visit www.michigan.gov/Naloxone.

Environmental per- and poly-fluoroalkyl substances (PFAS): In late 2017 the Governor's Office formed the Michigan PFAS Action Response Team (MPART) led by Carol Isaacs, retired Michigan Chief Deputy Attorney General, MPART has been a coordinated interagency effort to respond to an emerging class of chemical contaminants impacting ground and surface water throughout Michigan. As of December 2018, more than 34 PFAS sites are being actively investigated within Michigan. For more information, please visit www.michigan.gov/PFASresponse.

Of note, the Michigan legislature provided unprecedented funding to MDHHS and other Departments in 2017-2018 to assist these local and state multi-agency responses, greatly aiding the protections of Michigan citizen's health from these threats.

Population Health Achievements

The MDHHS Population Health Administration has achieved a number of accomplishments in 2018. A full list can be found in **Appendix 1**. Highlights include:

The Michigan Care Improvement Registry now tracks potential lead exposure for Flint residents.

The Lead Safe Home Program abated and cleared 259 units statewide with another 202 under construction and construction beginning soon.

All (100 percent) of Michigan Local Health Departments are Accredited.

To improve maternal and infant health outcomes in Michigan, the 2019 Mother Infant Health Improvement Plan was developed in coordination with partners statewide.

The Youth Suicide Prevention Program is pilot testing a first in the nation screening process for youth in state custody to identify those at risk for suicide.

To make it easier for new, prospective and existing clients to connect with WIC, the WIC Connect mobile app was released to the public in 2018.

- MDHHS received $7.1 million for Hepatitis A public health response that also supported local health department vaccination efforts.
- MDHHS received $8.4 million for PFAS state and local efforts to protect public health at identified PFAS sites.

Enhanced communications across state agencies, as well as with local and federal agencies, was a priority of the Office of the Chief Medical Executive, with one example being the implementation of interagency notifications, the Michigan Public Health Emerging Response Assessment (MiPHERA). With assistance from the Governor's Office, MiPHERA uses an Everbridge platform application to notify over 40 points of contact within the Departments of Agriculture and Rural Development, Environmental Quality, Natural Resources, State Police, MDHHS and its Bureau of Emergency Trauma and Preparedness, and the Governor's Office. These communications are *non-emergency* but used to raise awareness amongst agency leaders and responders in the event non-emergency responses develop into emergency ones. Examples are provided in the following 2018 PHAC Report.

The 2017-2018 years were unprecedented in the frequency, magnitude and severity of multi-agency, local and state public health responses, as exemplified by the PFAS, Opioid and Hepatitis events among many others. As the Chief Medical Executive and Chair of the Public Health Advisory Council, I would like to thank the Michigan Legislature for the enormous support it has provided for the PFAS and Hepatitis A public health response; the Governor's Office for its leadership and staffing support; MDHHS leadership for hosting the PHAC, and the PHAC members themselves, for their passion, knowledge and dedication to the improvement of Michigan Public Health.

It has been an honor serving as PHAC Chair, and as Michigan's Chief Medical Executive.

Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
State of Michigan

Background

The Public Health Advisory Council, which was recommended by the Michigan Public Health Advisory Commission, was created by Governor Rick Snyder in Executive Order 2017-10 to develop an action plan for implementing the recommendations of the Commission. It also is tasked with providing advice about emerging issues in public health, monitoring the effectiveness of Michigan's public health response system, and reviewing multiagency efforts to support collaboration and a unified approach on public health responses.

Twenty voting members were appointed by Governor Snyder, in addition to the Chief Medical Executive as Chair, and five non-voting, ex-officio members representing the following Departments:

- The Michigan Department of Agriculture and Rural Development
- The Michigan Department of Environmental Quality
- The Michigan Department of Health and Human Services
- The Michigan Department of Licensing and Regulatory Affairs
- The Michigan Department of State Police, or a designee from the Division of Emergency Management and Homeland Security, within the Michigan Department of State Police.

Mission, Vision and Charge to the Council

Mission

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

Vision

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

Charge to the Council

Executive Order 2017-10 outlines the following Governor Snyder's *Charge to the Council* that is summarized in this 2018 Report in Sections VII-X:

1. Provide guidance and advice about emerging issues in public health, or other public health matters, as deemed appropriate, or as requested by the Governor or the Director of the Department.

2. Develop and propose an action plan for implementing the recommendations set forth in the Report.

3. Monitor the effectiveness of Michigan's public health response system, particularly in circumstances in which multiple government agencies are required to work in collaboration in response to a public health threat.

4. Review multiagency efforts that support a One-Health approach (human health/animal health interface) to reduce duplication of effort by involved agencies and to form a unified communications strategy when addressing public health concern.

2018 Members

Voting Members

Cynthia Aaron
Toxicologist

Eric Adelman
General Public

James Averill
Veterinarian

Denise Chrysler
School of Public Health

Kathleen Forzley
General Public

Brain Hartl
Epidemiologist

Jennifer Johnson
National Accredited Medical School

Joneigh Khaldun
Local Public Health

Chris Kolb
Environmental Health Expert

Doug LaFave
Local Public Works

Dianne Malburg
Pharmacist

Bill Manns
Hospital Administration

Sandra McGovern
Registered Nurse

Annette Mercatante
Vice Chair
Physician

James Rutherford
Local Public Health

Kristin Schweighoefer
Food Safety Expert

Michelle Styma
General Public

Eden Wells
Chair

Dennis Whitford
General Public

Jamie Zaniewski
General Public

Non-Voting Members

Shelly Edgerton
Michigan Department of Licensing and Regulatory Affairs

Captain Emmitt McGowan
Michigan State Police

Heidi Grether
Michigan Department of Environmental Quality

April Hunt
Designee to Gordon Wenk

Nick Lyon
Michigan Department of Health and Human Services

Gordon Wenk
Michigan Department of Agriculture and Rural Development

Photos Unavailable

Larry Horvath
Designee to Shelly Edgerton

Karen MacMaster
Designee to Nick Lyon

Eric Oswald
Designee to Heidi Grether

Nick Payne
Governor's Office

Katherine Bennett
Counsel
Attorney General's Office

2018 Meeting Schedule

January 2018 - *Cancelled due to weather*

February 16, 2018

March 9, 2018

April 13, 2018

May 11, 2018

June 8, 2018

July 13, 2018

August 10, 2018

September 14, 2018

October 2018 - *Workgroup Meetings Begin*

November 7, 2018

December 14, 2018

2018 Strategic Planning

Forty recommendations were provided by the Public Health Advisory Committee in its final Report, published in April 2017.

Executive Order 2017-10 directs the PHAC to "Develop and propose an action plan for implementing the recommendations set forth in the Report."

As a first step, in the first six months of the Council's inception, the PHAC worked to prioritize the recommendations as stipulated under Executive Order 2017-10, using the categories of **Collaboration**, **Investment**, and **Accreditation**.

A "**Top Ten**" list identified by a unanimous vote then guided the formation of the Working Groups ("Workgroups") in September 2018:

Prioritized and Categorized Recommendations

COLLABORATION

- Create a permanent Public Health Advisory Council.
- Local Health Departments (LHDs) should continue and expand regional collaboration with each other, the state, and tribal entities.
- The State should incentivize LHDs to consolidate into multi-county public health districts; where and when appropriate.
- Develop local public health response teams.
- The State should inventory and share any appropriate state contracts that LHDs could choose to utilize, and also collaborate with each other on new opportunities for leveraging collective buying power.
- State public health leaders should continue to meet, and actively engage with, Michigan Association for Local Public Health (MALPH) and the Michigan Association of Local Environmental Health Administrators (MALEHA) leadership on a regular basis.
- Public health programs and services conducted by any state department at the local level should ensure that LHDs participate in the delivery and coordination of those programs and services; or, assess whether the programs and services be administered by the LHD, where possible.
- LHDs and their stakeholders should be surveyed by the State to determine and compare local public health structures.
- Create a state public health hotline.

- Require public health impact statements and assessments be developed and reviewed by state decision-makers and stakeholders.
- Each state department should conduct an assessment of the services they provide that impact public health.
- All state departments' mission statements should include the prioritization and safeguarding of public health.
- State departments and LHDs should embrace awareness of environmental justice and its impact on vulnerable populations.
- The State Director of Public Health should serve as the chief strategist for cross-sector and cross-discipline work toward implementing the vision of Public Health 3.0 and achieving the Council's goal of health in all policies.
- State to review multiagency efforts that support a One Health approach (human health/animal health interface) in order to reduce duplication of effort and facilities by involved agencies.
- The state, in partnership with the MALPH and MALEHA, should provide orientation, education, and training programs for the Director of MDHHS, Medical Directors, Environmental Health Directors, state level public health leadership and emergency management coordinators to assure understanding of state and local public health powers provided by the Public Health Code.
- State should collaborate with the federal government to allow for the alignment of the hospital system community health needs assessment requirements with those conducted and required by Michigan LHDs.

INVESTMENT

- State should review the use and flexibility of block grants to LHDs.
- State should review funding allocations and work with MALPH towards maximizing LHD funding flexibility.
- State should work with MALPH towards achieving additional unrestricted state appropriations for LHDs, to be used towards compliance with current and enhanced accreditation standards.
- State should work with MALPH to establish minimum emergency response standards for all LHDs and allocate additional funding to support implementation and maintenance of these standards.

- State should continue to review the need for additional state funding for MDHHS and LHDs to be used towards required regional emergency preparedness planning, training, and response exercises in collaboration with local and state emergency management and public health agencies.
- State should provide orientation, education, and training programs for local public health officers, medical directors, environmental health directors, local emergency management coordinators and health care system leadership to understand, and effectively use, local public health powers provided through the Public Health Code.
- State should provide additional resources to support expanded functions and additional staff to the MDHHS Office of Local Health Services.
- Increase funding and field staff for state and local employees actively working in public health related activities.

ACCREDITATION

- LHD accreditation review findings should be summarized, scored and made available to the public.
- State intervention protocols and procedures that take place if LHDs fail to meet state accreditation minimum standards should be reviewed by the Director of MDHHS.
- Amend the state's LHD accreditation process to require the state meet with local governing entities of each community during the accreditation process.
- MDHHS should pursue national accreditation through the Public Health Accreditation Board (PHAB).
- MDHHS' accreditation process, once initiated, should reflect national accreditation standards consistent with Public Health 3.0 initiatives, similar to the recommendation for LHDs.

"TOP TEN"

- Commence a comprehensive review of state public health funding. The review should evaluate funding on a county-by-county basis, in order to recognize disparities and unmet needs throughout the state.
- Ensure all state departments utilize a "Health in all Policies" approach when implementing policies and programs.

- Working through the Michigan Local Public Health Accreditation Program, the state should amend the accreditation process for all LHDs to reflect and encompass national accreditation standards consistent with Public Health 3.0 initiatives.
- The Michigan Local Public Health Accreditation Program should review and revise local public health accreditation standards, in alignment with national standards, to reflect performance and outcome-based assessments, quality improvement processes, and the powers and duties explicitly required by the Michigan Public Health Code.
- In order to limit duplication of efforts and resources, state departments should coordinate a unified communication strategy when addressing local public health concerns.
- State should promote and support LHDs to complete community health assessments, community health improvement plans, programs such as Project Public Health Ready, and national voluntary retail standards.
- State should complete a review of state equitable cost sharing for local public health operations and identify opportunities for developing a sustainable funding formula.
- Evaluation of Proposed Organizational Changes to Public Health at State Level.
- Create a public health response system when multiple agencies are required to respond to a non-emergency situation.
- Improve and support statewide information sharing.

Emerging Issues Guidance

Executive Order 2017-10 also directs the PHAC to "Provide guidance and advice about emerging issues in public health, or other public health matters, as deemed appropriate, or as requested by the Governor or the Director of the Department." In 2018, all Emerging Public Health issues that were shared by the Chief Medical Executive to the Executive Office and Departmental leadership offices were reviewed by the PHAC.

Using a policy established by the Governor's Office, Departmental leaders and the Office of the Chief Medial Executive, non-emergent inter-departmental notifications of public health significance are shared between relevant departments to increase real-time awareness of issues that may or may not evolve into emergent matters (which would then be incorporated into Michigan's Emergency Management System). This policy was compiled by representatives from multiple state departments and agencies to determine a common system for cross-departmental notification of emerging public health risks.

This system is coordinated through the Chief Medical Executive's office within MDHHS whose responsibilities will include coordinating cross-departmental notification when necessary, utilizing the Everbridge system, and communicating relevant information to MDHHS leadership and the Governor's Office.

Public health issues impact *all* State Departments and Title I agencies; however, key state departments for policy and procedure development and implementation at this time includes MDHHS; Michigan Department of Environmental Quality (MDEQ); Michigan Licensing and Regulatory Affairs (LARA); Michigan Department of Agriculture and Rural Affairs (MDARD); and Michigan State Police (MSP) Emergency Management and Homeland Security Division. The Emerging Public Health Notification system is *not* intended for emergency issues. It is an outlet for emerging non-emergency public health issues that impact more than one department or agency within the State of Michigan.

These notifications, now referred to as the Michigan Public Health Emerging Risk Assessment, (MIPHERA) were reviewed and discussed by PHAC members as part of a standing agenda item at each Council meeting. In 2018, 22 emerging issues were reviewed by the Public Health Advisory Council. When relevant, the Council discussed the efficiency, coordination and timeliness of public health response at the local, state and federal levels, and whether any issues required further evaluation or referral. The Council members continue to advocate for early and enhanced communications between agencies regarding emerging public health issues, particularly when multiple state agencies are working with one local health department.

Further, the Council is very aware of the importance of the intersection between animal and human health issues ("One Health"), in which animal diseases may raise health risks to the human population. For example, West Nile Virus proved to be very active in 2018 compared to recent years, and concerns regarding local jurisdiction's abilities to eradicate mosquito pools effectively were raised in the September PHAC meeting.

Emerging Public Health Issue Topics, 2017-2018

Below is a list of the 22 emerging issues which were reviewed by the PHAC and shared through the MIPHERA system from 2017 through 2018, as of the time of this report's publication.

- Hepatitis A Outbreak updates (multiple)
- *Aedes albopictus* mosquito first-time identification in Michigan
- Gastrointestinal illness, correctional facility
- Hepatitis A, county jail
- Petroleum leak from residence
- Influenza-related school closings
- Elevated volatile organic compounds involving businesses
- Environmental health concerns, Otsego County
- Gastrointestinal illness, state psychiatric facility
- Midwest outbreak of severe bleeding due to contaminated synthetic cannabinoids
- Electrical line breach, Mackinac Straits
- Potential airborne lead form manufacturing facility
- Cadmium in neighborhood drinking water
- PFAS release, Lake St. Clair
- Manganese in city drinking water
- Volatile organic compounds in groundwater
- Statewide Legionella increase 2018
- Opioid overdose clusters (two) identified in one week

2018 Memos to Governor

To advise the Governor and relevant state Departmental leaders regarding issues of public health concern, PHAC members regularly brought issues of concern to the Council, several of which resulted in memos to the Executive Office in 2018.

RECORDED MAY 11, 2018

- **Threat to Michigan Regional Poison Control Center (PCC) funding and accreditation**: There is only one Poison Center in Michigan, the Michigan Regional Poison Control Center (PCC) at Children's Hospital. Medical toxicologists employed at Wayne State University have been made independent contractors by Tenet. Contractual discussions continue, but with potential loss of toxicologic coverage, the PCC will not only be in violation of their accrediting body, but they could be forced into violation of Detroit Medical Center physician staff rules, where providers are supposed to provide seamless coverage to patients. There are no alternative staff to whom PCC can assign coverage in the entire southeast or central Michigan; only 500 boarded medical toxicologists in the world. Advocacy for stable PCC funding and infrastructure is needed.
- **Statewide Sanitation Code**: A bill to implement a statewide sanitation code, as currently written, will erode local control by requiring the elimination of local time of sale regulations. These should continue to be conducted at point of sale or transfer. Further, implementation of septic tank pump out inspections every ten years may incur costs to homeowners for an action that may not be necessary. An appropriate funding mechanism needs to address the additional workload on local health departments.
- **Local coordination of Opioid Epidemic response:** A majority of the council noted that the response to the opioid epidemic is massive, with many sources of funding, a myriad of community-based, governmental, legal, law enforcement, non-profit, for-profit, health care, behavioral health, and public health agency activities. For local health departments, there is a wide variation in the engagement and collaboration of these funded agencies with public health. Further, much of the current funding has been routed to behavioral health agencies, who historically have not had close working relationships with local public health. A coordinating infrastructure is desired that brings similar resources to all areas of the State of Michigan.

RECORDED SEPTEMBER 14, 2018

- **Assuring water quality**: In discussion of emerging public health issues during the PHAC of September 14, 2018, members emphasized the need to address water quality concerns among high risk populations. One such population not often mentioned are those people who suffer from mental illness. Eric Adelman, PHAC member, noted that his organization, Kadima Mental Health Services, is conducting lead and copper testing in their 24 group homes. Addressing such testing is critical in individual, group or foster homes where children also reside. Those who suffer from mental illness, developmental disabilities, age-related illness, etc. should be considered. These clients may also be more highly represented in areas where higher risk for lead exposure exists (old homes, apartments, etc.), and be less likely to be aware of, or be able to respond to, issues of drinking water quality; thus, testing should be considered by responsible parties who can make these determinations. Additionally, these enhanced preventive testing measures for our high-risk clients may require additional funding for those non-profit institutions if such testing were to become required.

2018 Action Plan

Following the development of prioritized recommendations ("Top Ten") from the previous Public Health Advisory Commission, four Workgroups were formed to implement the Action Plan for 2018-2019.

The Action Plan has been derived from the prioritization recommendations to focus on the following areas under immediate consideration by the Council: funding, health in all policies, accreditation and assessment of public health structure.

In addition to the activities of the Workgroups, all recommendations of the previous Public Health Advisory Commission are tracked and reviewed by the Council members on a regular basis to assure that all recommendations are in an active status.

Funding

The Essential Public Health Services Funding Workgroup consists of four local health officers, two PHAC members, two local financial administrators, and financial and program administrators representing MDARD, MDEQ and MDHHS. The committee is currently developing a funding template that will include factors and methodology for the proposed revised funding formula.

Health in All Policies

The Health in all Policies (HiAP) Workgroup has identified resources for training and education on this subject (many thanks to the Kent County Health Department), who is willing to share and distribute them. The workgroup is also developing a short list of talking points meant to introduce the topic of HiAP to stakeholders and encourage them to become engaged. Initial plans are to provide an in-service to the PHAC, then approach key decision makers of each state department.

Accreditation

Recommendations regarding accreditation were moved to the Accreditation Quality Improvement Initiative (AQII), the formation of which was recommended by the temporary Public Health Advisory Commission. The AQII committee reports to the MDHHS Public Health Administration's Senior Deputy Director, and comprises MDHHS, MDARD, MDEQ, local health officers, and others. The committee will meet monthly to review and revise Michigan Local Public Health Accreditation Program standards, in alignment with national standards, to reflect performance and outcome-based assessments, quality improvement processes, and the powers and duties explicitly required by the Michigan Public Health Code.

Organizational Assessment of Public Health Structure

The PHAC Organizational Assessment Workgroup developed an overview of where public health services and functions lie in Michigan's current state level government structure. In addition to assessing the current structure, the workgroup identified gaps in the current structure and highlighted, from their professional perspective, what is and is not working in the current structure for addressing Michiganders' public health needs.

Next Steps

The PHAC will continue, through its Workgroups and as a Council, to address the full body of recommendations as laid out in the Commission's recommendations, in addition to those that have been prioritized. Further, there will be continued work to gather information to advise and assist the next administration with addressing the state's public health system.

REFERENCES

[1] America's Health Ranking 2017 Report. Available at : https://assets.americashealthrankings.org/app/uploads/ahrannual17_complete-121817.pdf . Accessed November 15, 2018

[2] America's Health Rankings, Health of Women and Children, 2018. Available at: https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report/state-summaries-michigan . Accessed November 15, 2018

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APPENDIX 1:
MDHHS POPULATION HEALTH ADMINISTRATION 2018 ACCOMPLISHMENTS

Within the Michigan Department of Health and Human Services (MDHHS), the Population Health Administration (PHA) leads all public health activity for the state of Michigan. Below is a listing of activities and accomplishments from various Administration programs from 2018.

4 x 4 Partnership: Leaders of the 4 x 4 Partnership are improving overall health at Michigan worksites by promoting the Designing Healthy Environments at Work, the online evidence-based policy and practice tool that promotes healthy lifestyles at worksites through assessment of and guidance for implementing wellness policies and programming.

Accreditation Quality Improvement Initiative: The MDHHS PHA established the Accreditation Quality Improvement Initiative (AQII) in response to the Public Health Advisory Commission's April 2017 recommendations to the governor. The AQII committee reports to the PHA Senior Deputy Director and comprises the MDHHS, Agriculture and Rural Development (MDARD), Environmental Quality (MDEQ), local health officers, and others. The committee will meet monthly to review and revise Michigan Local Public Health Accreditation Program standards, in alignment with national standards, to reflect performance and outcome-based assessments, quality improvement processes, and the powers and duties explicitly required by the Michigan Public Health Code.

Blood Lead MCIR Functionality: The Michigan Care Improvement Registry (MCIR) has introduced a new High-Risk indicator in its system. If a person lived in Flint during the time frame of the water crisis, a new indicator called Potential Lead Exposure (Flint Water) will be checked.

Electronic Death Registration System: The Electronic Death Registration System (EDRS), first piloted in 2010, has reach the plateau of voluntarily adoption in all of Michigan's 83 counties. The system is now the registration method of choice for over 90 percent of all Michigan deaths. Registration through the EDRS provides much more timely administrative use of the data to prevent fraud and abuse in state programs which translates into significant savings. It also allows for accelerated access to mortality data for public health surveillance activities.

Environmental Health and Early Care: PHA's Environmental Health (EH) Program implemented phase one of a pilot initiative called Choose Safe Places for Early Care and Education. Funded by the federal Agency for Toxic Substances and Disease Registry, the program aims to reduce children's risk of being exposed to dangerous chemicals during their time in early care and educational facilities. This initiative engages an array of professionals, including public health, early care and education, community planning, licensing, zoning, and environmental protection.

Human Trafficking Training for EMS Providers: The PHA's Division of EMS and Trauma has implemented a requirement for education of EMS providers on human trafficking named Michigan's EMS Call to Action to Prevent Human Trafficking.

Lead Abatement: MDHHS' Lead Safe Home Program (LSHP) abated and cleared 259 units with another 202 under construction and construction beginning soon. This work occurred statewide with a large focus on the cities of Flint and Detroit. This has proven to be the most productive year in the history of the LSHP.

Lead Website: The Childhood Lead Poisoning Prevention Program and the Healthy Homes Section launched a revised and single lead website, www.michigan.gov/lead to make lead information easier to find for the public and professionals. The new website contains general lead information, lead policies/laws, data/reports, and information for specific audiences such as health care providers, laboratories, and lead professionals.

Lead Workforce: The Healthy Homes Section has established several new partnerships in Flint regarding workforce development of the Lead Abatement industry. These include the M.A.D.E. Institute, the Urban Renaissance Center and Flint Strive. The goal is to provide general construction, soft skills and lead abatement training to at-risk youth and formerly incarcerated individuals from the community. The Section also recently entered into partnership with the Michigan Department of Corrections to offer similar training to incarcerated individuals soon to be released.

Local Health Departments: One hundred percent of Michigan's Local Health Departments are accredited. Local Sharing Grants to 10 local health departments were also awarded to encourage implementation of cross jurisdictional sharing initiatives.

Maternal Infant Strategy Group: The Maternal Infant Strategy Group, a Bureau of Family Health Services-led collaborative of public and private partners, is working to improve maternal and infant health outcomes in Michigan. The group is providing guidance in the development and implementation of the 2019 Mother Infant Health Improvement Plan. The primary focus is on achieving zero preventable deaths and zero disparities.

Medicaid PrEP Project: The Division of HIV/STD Programs will be collaborating with the U.S. Centers for Disease Control and Prevention and Academy Health on a project called Medicaid Strategies to Implement Comprehensive Pre-exposure Prophylaxis (PrEP) Intervention Services. This project will engage Medicaid Medical Directors Network in reducing the spread and consequences of STDs, including HIV, by improving coverage and delivery of PrEP interventions (i.e., clinical monitoring and follow-up services) to at-risk Medicaid beneficiaries.

Michigan Care Improvement Registry (MCIR) Consumer Access Project: The first Consumer Access Project for the Michigan Care Improvement Registry (MCIR) went live on March 23, 2018. Under this, Medicaid beneficiaries are now able to view their immunization histories or their dependents. They are also able to print their immunization record, which displays historical as well as forecast information (immunizations that are due). MCIR currently processes over one million queries a month and growing.

National Association of Chronic Disease Directors Grant: The Cardiovascular Health Section's Heart Disease and Stroke Prevention Unit received a grant from the National Association of Chronic Disease Directors to participate in the 2018 Advanced Thematic GIS Training for State Health Departments entitled: Using GIS to Address Blood Pressure Medication Adherence.

National Association for Public Health Statistics and Information Systems: The National Association for Public Health Statistics and Information Systems collaborated with the National Center for Health Statistics and the Robert Wood Johnson Foundation on the United States Small-Area Life Expectancy Estimates Project. The project's goal was to produce life expectancy estimates (the average number of years a person can expect to live) in each census tract in the United States. This was the first-ever nationwide estimation of life expectancy at the census tract (community) level. Traditional health measures have been at the county, state, and national levels.

State Emergency Medical Services Coordinating Committee: Executive Order No. 2018-4 State Emergency Medical Services Coordinating Committee Executive Reorganization was signed by the Governor on April 12, 2018. This order changed the composition of the Committee to ensure the Department continues to have access to subject-matter expertise to fully support the evolution of emergency medical services in Michigan.

Substance Misuse Services in Child and Adolescent Health Centers: The Office of Recovery Oriented Systems of Care and the Child and Adolescent Health Center (CAHC) Program are partnering on a project to provide opioid and other substance misuse counseling in schools. Grant funding is being provided to three CAHC sites to contract with local substance abuse providers to provide prevention and early intervention services to the clients of the CAHC ages 12 and older. Outreach and other prevention services may be provided as well.

Tobacco Use Reduction for People Living with HIV Program: The Tobacco Use Reduction for People Living with HIV Program provides cessation services through Tobacco Dependent Treatment Specialists and support groups for people living with HIV. People living with HIV in Michigan had a previous cigarette smoking rate of 49.5 percent based on a 2015 large client survey, compared to the general public's cigarette smoking rate of 20.4 percent. In the 2017 survey of people living with HIV, the smoking rate was 41 percent. This represents a significant reduction of 8.5 percent in the smoking rate for persons living with HIV.

Youth Suicide Prevention: In partnership with the University of Michigan, the MDHHS Injury Prevention Unit's Youth Suicide Prevention Program is pilot testing a screening process for youth in state custody to identify those at risk for suicide. This is the only project in the country that collects real time information to help characterize risk factors for children in Michigan's Child Welfare, Foster Care and Child Protective Service Systems. Pilots are currently operating in Washtenaw, Oakland and Marquette Counties.

WIC Connect & Client Connect: To make it easier for new, prospective and existing clients to connect with the Women, Infants and Children (WIC) program, the WIC Connect mobile app was released to the public in 2018. Michigan WIC Connect offers existing clients the ability to view their available WIC food benefits, location of nearby WIC authorized grocery stores and upcoming WIC appointments on their mobile device. The app can also be used by people interested in the Michigan WIC program to help determine eligibility, schedule appointments or contact their local WIC agency to learn more about the program.

Zoonotics: The Emerging and Zoonotic Infectious Disease Section partnered with the Bemidji Area Indian Health Service to survey tribal land in Michigan for vector-borne diseases. This project was part of a larger effort in the Upper Midwest Region to document health threats associated with mosquitoes and ticks.