

Agenda
Health & Human Services Committee
West Olive Administration Building – Board Room
12220 Fillmore Street, West Olive, Michigan 49460
Wednesday, October 12, 2011
8:30 a.m.

Consent Items:

1. Approval of the Agenda.
2. Approval of the Minutes from the September 14, 2011 Health and Human Services Committee meeting.

Action Items:

None

Discussion Items:

3. Data and Updates from the Source Tracking/Dog Scenting Project at Dunton Park; presented by Addie Hambley, Environmental Health Manager
4. Public Health Legal Authority Citing "Michigan's Guide to Public Health for Local Governing Entities (County Commissioners, Boards of Health and City Councils); presented by Lisa Stefanovsky, Health Officer.
5. Department Updates

Adjournment

Comments on the day's business are to be limited to three (3) minutes.

HEALTH & HUMAN SERVICES COMMITTEE

Proposed Minutes

DATE: September 14, 2011

TIME: 8:30 a.m.

PLACE: Fillmore Street Complex

PRESENT: Greg DeJong, Stu Visser, James Holtvluwer, Robert Karsten, James Holtrop

STAFF & GUESTS: Chris Way, Dept. of Human Services; Michelle Martin, Dept. of Human Services Acting Director; Lois Havermans, Health Dept; Greg Rappleye, Corporate Counsel; Sherri Sayles, Deputy Clerk; Lisa Stefanovsky, Health Officer; Lynne Doyle, CMH; Donna Cornwell, Human Services Coordinating Counsel; Bill Raymond, MI Works!/CAA Director; Keith VanBeek, Assistant Administrator; Marcia Knol, Health Dept.; Velma Hendershott, InterCare

SUBJECT: CONSENT ITEMS

HHS 11-018 Motion: To approve the agenda of today as presented and to approve the minutes of the August 10, 2011, as presented.
Moved by: Karsten UNANIMOUS

SUBJECT: DISCUSSION ITEMS

1. 48 Month Time Limit for Cash Assistance Families – A powerpoint presentation was presented by Chris Way on the FIP (Family Independence Program) Time Limits. The FIP program is the Michigan's cash program that is designed to support a family's movement to self-sufficiency. Beginning October 1, 2011, Michigan begins implementing stricter enforcement of the time limits. The federal time limit is 60 months and the state time limit is 48 months. Whichever time limit an individual reaches first will close the entire family's cash case.
2. Federally Qualified Health Center; InterCare – A presentation was made by Velma Hendershott, InterCare CEO, explaining that InterCare Community Health Network was formed in 1972 to provide basic health care services in underserved communities. InterCare has been in Ottawa County since 1980. Eligibility for the program is based on family size and income and is open to all who complete a form and provide proof of income.

3. 3rd Grade Body Mass Index (BMI) Presentation – A powerpoint presentation was presented by Marcia Knol, Community Health Planner/Analyst, explaining the trend from 2004 to 2010 on three separate surveys taken at various schools around the county. They looked at 3rd graders at private, public “high income” and public “low income” schools. The type of school was the only variable in the study found to be associated with obesity in 3rd graders.
4. Dental Sealant Program – A powerpoint presentation was presented by Lois Havermans, Oral Health Team Supervisor. Since the pilot program started in 2006, 6,435 students in Ottawa County have received oral health education.

5. Department Update –

MI Works!/CAA – Bill Raymond reported on a FOIA request that was received from the Center for Civil Justice questioning the 1996 orientation materials for the Workforce and JET programs. Corporate Counsel is working on the request. Bill also reported that the Community Action Agency budget is under a lot of stress due to the number of grant cuts and eliminations.

Dept. of Human Services – Michelle Martin reported there is a lot of pending legislation on fraud. She gave a brief update on Centralized Protective Children Services.

Health Dept. – Lisa Stefanovsky reported a lot of preschool prescreening and vaccinations are being done.

Community Mental Health – Lynne Doyle reported CMH is working on the dual eligibility for Medicaid/Medicare recipients and how to serve individuals the best.

SUBJECT: ADJOURNMENT

HHS 11-019 Motion: To adjourn at 10:25 a.m.

Moved by: Karsten

UNANIMOUS



Michigan's Guide to Public Health for Local Governing Entities

**County Commissioners, Boards of
Health, and City Councils**

November 2006

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Disclaimer: This document is for information purposes only and not intended as a substitute for legal advice from a competent professional. For legal advice, readers should consult with their own counsel. While every attempt has been made to assure the information presented is accurate as of September 2006, laws do change, and readers will need to confirm accuracy of various laws cited.

Michigan laws are available on the Internet.
For statutes: <http://www.legislature.mi.gov>
For administrative rules: http://www.michigan.gov/cis/0,1607,7-154-10576_35738--,00.html

Introduction

You will face many challenges as members of local governing entities (LGEs) – always balancing community values, local health priorities, private citizen and business needs against scarce taxpayer dollars. You will be dealing with such issues as emerging global infectious diseases, the provision of health promotion and disease prevention and appropriate limits of policy and regulatory programs all within the context of limited resources. As an elected official, you are charged with the public's trust to be a good fiscal steward along with protecting and promoting the health of your community. By updating your knowledge of the public health field, you will increase your ability to make decisions based on sound public health practice that will ultimately benefit the community you serve.

The purpose of *Michigan's Guide to Public Health for Local Governing Entities* is to present a broad overview of public health, its accomplishments and impact, public health in Michigan, and key public health responsibilities of a LGE and health officer. We hope you find this *Guide* useful in your role as LGE members. It also contains references and electronic links in the Acknowledgements, 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 pages 26-27. Public health, as in any specialized field, has professional terms, acronyms and definitions. A glossary of main terms used in the *Guide* is located in Appendix II.

Michigan Department of Community Health (MDCH), through Michigan statute, is the state health department (SHD). To reduce confusion with titles, SHD will be used when referencing their role in public health. The MDCH title will be used when referencing their 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 or township/city council member, you have a legal responsibility to protect and promote the health of your community. 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 preparations for a possible pandemic flu outbreak, the continuing threat of bioterrorism to the growing awareness that we face an epidemic of obesity, today's headlines provide constant reminders of the importance of public health. Public health works everyday and sometimes around the clock, to promote and protect the public's health and safety from various ongoing threats. The tools public health uses to respond to these urgent and, at times, unexpected public crises are the same tools it uses every day.

Examples of public health tools:

- Community health assessment (identify health priorities)
- Disease and mortality surveillance (investigate, track and record keeping)
- Laboratory testing
- Epidemiology (study of diseases within and between populations)
- Environmental monitoring (air, water, waste)
- Distribution of medicines and vaccines
- Community collaboration and partnership
- Health education and promotion

Public health services help communities become healthy places to live, work and play. They serve as resources for reliable health information and protect communities against environmental hazards. Public health is about understanding and preventing disease and injury across the entire population. It works to assure access for all population groups within the community to health care services. Public health focuses on promoting health and preventing disease before an individual becomes sick. It is a public and private partnership that improves health status by applying science to medical practice, personal behavior and public policy.

Public health services touch lives and directly impact families in many ways.

Public health ensures that:

- Drinking water is safe
- Air is clean
- Sewage is contained
- Restaurants serve safe, untainted food
- Children 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 illness and death
- Screening programs are available to identify possible health risks
- Diseases are investigated to reduce illness for those at risk and prevent the spread of infections
- Access to health care services available for all populations within the community



Public Health Impact and Achievements

Society feels the impact of public health everyday. During the 20th century, the health and life expectancy of persons living in the United States improved dramatically. Since 1900, the average lifespan of US residents has risen from 48 to nearly 78 years, a 30-year increase. Advances in public health are responsible for at least 25 of those increased years.

In the last 100 years, public health has:

- Significantly reduced the case numbers of measles, rubella, tetanus, diphtheria and Haemophilus influenza type b through vaccinations;
- Saved lives through education and promotion of safety belts, child safety seats, bicycle and motorcycle helmets; decreased drinking and driving, in collaboration with transportation and public safety;
- Provided safer workplaces through reduction of severe injuries and deaths related to mining, manufacturing, construction and transportation;
- Drastically reduced the number of illnesses and deaths from typhoid and cholera by control of infectious water-borne diseases through cleaner drinking water and improved sanitation;
- Reduced the number of deaths from coronary heart disease and stroke through smoking cessation programs and blood pressure control, coupled with improved access to early detection and better treatment;

- Provided safer and healthier foods through promotion of hand-washing, pasteurization, and refrigeration; decreased food contamination through restaurant inspections; reduced diseases caused by nutritional deficiencies such as rickets, goiter and pellagra through public health policies and food fortification programs;
- Increased the number of healthy babies and mothers through better hygiene, nutrition, and access to health care;
- Reduced infant, child and maternal death through family planning choices providing health benefits, opportunities for counseling and screening, and barriers against HIV/AIDS and other sexually transmitted diseases;
- Decreased tooth decay in children and tooth loss in adults by adding fluoride to drinking water; and
- Reduced the number of new smokers and smoking-related deaths through identification of tobacco use as a health hazard, promotion of smoking cessation and policies to reduce exposure to environmental tobacco smoke.²



Vaccines are highly cost effective: for every \$1.00 spent against potential disease, society saves:¹

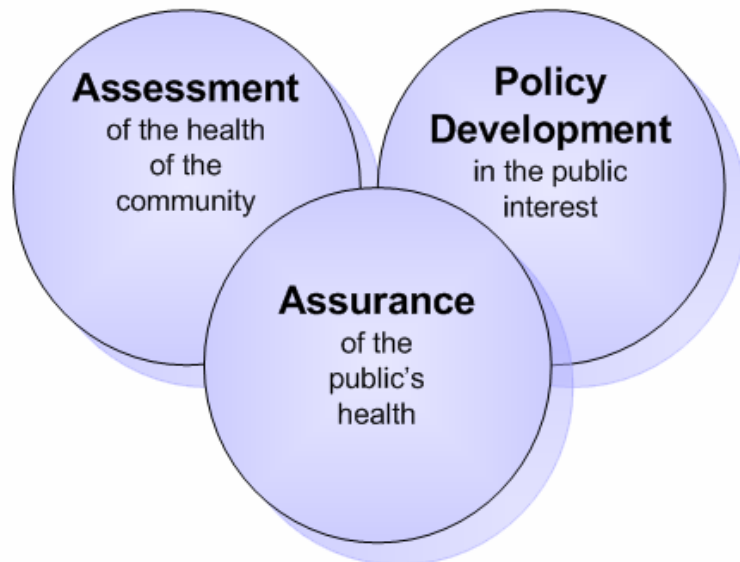
Diphtheria, Tetanus and acellular Pertussis (DTaP).....	\$27.00
Measles, Mumps and Rubella (MMR)	\$26.00
Perinatal Hepatitis B.....	\$14.70

The US government spends \$1,390 per person per year to treat disease and \$1.21 to prevent disease.³

Michigan's Public Health System

Public health in Michigan includes a wide variety of public, private and community resources. The role of government in public health focuses on three core functions: assessment, policy development and assurance.⁴

- **Assessment** (*Learning what the most important health problems are*)
Assessment information is used to develop community health priorities. Assessment data are based on birth, illness and death statistics, available health resources, unmet health needs and citizens' feelings about their personal health.
- **Policy development** (*Deciding what to do based on assessments*)
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 and statutes and services provided.
- **Assurance** (*Doing it well or making sure someone else does it well*)
Assurance is monitoring the quality of those health services provided.



Michigan's **public health system** is made up of state and local governments, communities, the health care delivery system (hospitals and clinics), employers and businesses, media, and universities and colleges. Each of these players has an important role in assuring success of the public's health.

Michigan's public health system began in 1873 with creation of a State Board of Health. It was initially formed to deal with the growing number of deaths and disability from explosive oil lamps and arsenic wall paper.⁵ The State Board of Health evolved over the years into the current state health department (SHD).

In 1996, the former Michigan Department of Public Health was combined with another state department, two offices and the Medical Services Administration to form the current **Michigan Department of Community Health (MDCH)**. State health department functions now reside within MDCH. Through reorganization, the department has even broader oversight than public health. Of the 19 state departments, MDCH has the largest state budget appropriation of \$10.3 billion for fiscal year 2006. MDCH services are planned and delivered through these areas:

- **Medicaid** - health care coverage for people with limited incomes
- **Mental health** - services for people who have a mental illness or a developmental disability, and services for people who need care for substance abuse
- **Public health** - health needs assessment, health promotion, disease prevention, and accessibility to appropriate health care for all citizens
- **Drug control policy** - drug law enforcement, treatment, education and prevention programs
- **Office of services to the aging** - promoting independence and enhancing the dignity of Michigan's older persons and their families
- **Crime victims' services** - administering crime victims' rights fund, investigating and processing crime victim compensation, and administering federal Victims of Crime Act grants



Public health in Michigan is governed by the Public Health Code (PHC), PA 368, of 1978. State public health law and regulation are critical in granting authority along with defining roles and responsibilities of a government 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.⁶

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 Human Services (child/adult care facilities)
- Department of Agriculture (food protection)
- Department of Environmental Quality (public/private sewer and water supply)
- Department of Education (hearing and vision)

The **Michigan State Legislature** provides overall policy direction through legislation. 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.

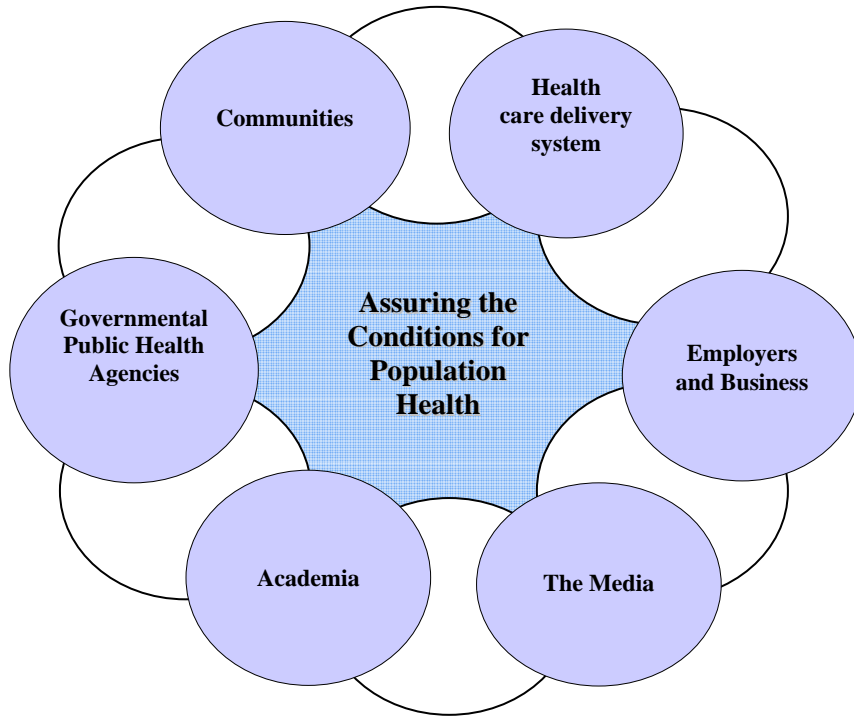
Other federal agencies with public health responsibilities include the U.S. Department of Agriculture, Food and Drug Administration, Environmental Protection Agency, Occupational Safety and Health Administration, and various branches of the military.

Public health is not only the responsibility of government, the health care delivery system, business, the media and academia, but of the community. The community is defined as individuals and individuals associating or organizing (community-based organizations) to accomplish common goals. The health of neither individuals nor populations occurs in a vacuum. No one person or community is completely safe unless all are safe.

Communities and individuals can impact the public’s health through education on health issues, personal behavior change, involvement and partnering with local health departments to identify local health issues through a community health assessment and improvement process.

Another component of the public health system is the **health care delivery system** made up of hospitals, clinics, physicians and nurses, dentists, mental health, urgent care, community health centers, pharmacists, and insurance plans. These groups are crucial as access to health care is important in determining health of a population and an individual. Health insurance coverage is also associated with better health outcomes for children and adults.

The Public Health System⁷



Businesses and employers have wide-ranging influence on communities, employees, and society in general. They influence healthy work environments through their organizational culture, climate and worksite wellness policies and programs.

Both the news and entertainment **media** shapes public opinion and influences decision-making, with possible critical effects on population health. They have the capability to provide accurate and sufficient coverage of public health information.

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 current and future public health workforce; conduct research and apply it to pertinent public health disciplines; and engage in community, public and professional service.

Local Governing Entity and Legal Authority for Public Health

Local governing entities (LGE) are ultimately responsible for local public health administration and governance in response to state and local laws, rules and regulations. LGEs should understand required services and other legal mandates local health departments need to perform. LGEs also establish public health regulations and fees for services. They approve the local health department's budget, approve 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, *Michigan's Guide to Public Health for Local Governing Entities* does not interpret, but quotes Michigan statute or PHC commentary directly. All PHC citations referenced are listed fully in Appendix I.



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

Michigan has 83 counties served by 45 LHDs through a city, county or a multi-county district health department. Detroit, as the only Michigan city with a population over 750,000, is eligible and 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:

- Laws passed by the federal and Michigan state legislature; a sampling of programs required by statute includes: HIV/AIDS, immunization, family planning, food protection, public/private sewer and water supply;
- Rules - An administrative rule is 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;
- Needs identified and funded by the U.S. Congress and federal agencies, such as the Centers for Disease Control and Prevention and Health Resources and Services Administration;
- Local health needs identified through a community health assessment process, such as early childhood intervention and youth tobacco prevention; and
- Other programs funded from a variety of grant sources, including the Kellogg Foundation and Robert Wood Johnson Foundation.

Key Local Health Department Responsibilities

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

Local Health Department 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)
Shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs; Required services designated pursuant to part 23 shall be directed at the following specific objectives: <ul style="list-style-type: none"> (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. 	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 Health Department 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)
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.	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 MDCH

Listing of LHD Required Services

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 follow:

- 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. The MDCH 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.



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

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
- Celebrate the success of your LHD's accomplishment when it receives Accreditation

Where can I learn more about accreditation in Michigan?

To learn more about the Michigan Local Public Health Accreditation Program visit the website at:

www.accreditation.localhealth.net

Or contact the Michigan Department of Community Health at

517-335-8024.

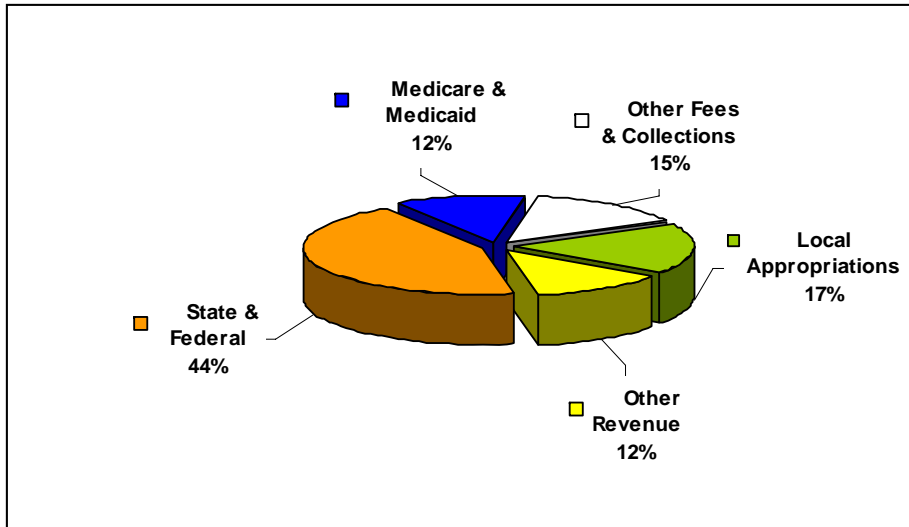
Local Public Health Department Funding

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 the MDCH as “pass-through” money; the state also contributes resources. This mixture of state and federal dollars is distributed to the LHD through the Comprehensive Planning, Budgeting and Contracting (CPBC) agreement.

Some of the programs funded through CPBC include:

- Immunizations
- Infectious/communicable disease control
- Family planning
- Emergency preparedness
- Food protection

2003/2004 Average Budgeted Revenues for 45 LHDs¹⁰



Contractual Requirements of MDCH

The Comprehensive Planning, Budgeting and Contracting (CPBC) agreement is a contractual agreement between MDCH 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 MDCH funded programs provided through LHDs. For fiscal year 2005/2006, the 45 CPBC agreements collectively contain 62 local health service programs and funding of \$101,623,860.

Each CPBC agreement contains standard legislative requirements that outline general terms and conditions along with budget instructions and reporting requirements specific to each program funded.

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 Community Health, 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.

Common Health Officer Roles

As the chief executive officer for their jurisdiction, health officers typically perform similar roles and responsibilities. Common activities performed across jurisdictions include:

- Represent and principle spokesperson for local health department;
- Provide leadership during a public health threat or emergency;
- Establish relationships with key entities, such as county commissioners, boards of health, city council, medical community, media and the public;

- Develop and present local health department budget to LGE;
- Recommend public health policy changes to LGE;
- Monitor infectious diseases and environmental health;
- Interpret and communicate health data and information; identify priorities and emerging disease trends and; mobilize and educate the community and help them decide on actions to address problems.

Key Health Officer Responsibilities

The table below 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.

Health Officer Authority/Action	Reference ⁸⁻⁹
Responsible for the planning, implementation, and evaluation of a public health program designed to prevent disease and disability and to promote health	MDCH 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 HIV status as positive; 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 the public health in an emergency	MCL 333.5207 code

Acknowledgements, References, and Resources

Acknowledgements

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 Community Health, 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 Community Health 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 electronically at www.malpb.org and www.michigan.gov/mdch. We welcome comments and opinions in order to improve quality of future editions. To share feedback or order additional copies, please call 517-335-8024.

References

- ¹ CDC, National Immunization Program. PowerPoint presentation.
- ² Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services. "Ten Great Public Health Achievements—United States, 1900-1999." *Morbidity and Mortality Weekly Report*, 1999/48 (12); 241-243.
- ³ CDC, National Center for Chronic Disease Prevention & Health Promotion. U.S. Department of Health and Human Services. "Resources and Priorities for Chronic Disease Prevention and Control, 1994." *Morbidity and Mortality Weekly Report*, 1997/46 (13); 286-287.
- ⁴ Institute of Medicine, National Academy of Sciences. *The Future of Public Health*. Washington, DC: National Academy Press, 1988.
- ⁵ Michigan Department of Public Health. *The first 100 years*. 1973.

⁶ CDC PH law program. Retrieval May 8, 2006 from <http://www2a.cdc.gov/phlp/about.asp>

⁷ Institute of Medicine, National Academy of Sciences. *The Future of Public Health*. Washington, DC: National Academy Press, 1988.

⁸ Richard Strichartz. *Commentary on the Michigan Public Health Code*. University of Michigan, Ann Arbor, Michigan: Institute of Continuing Legal Education, 1982.

⁹ Public Health Code, Public Act No. 368 of 1978.

¹⁰ Michigan Association for Local Public Health. Retrieval May 8, 2006 from <http://www.malph.org/page.cfm/46/>

Resources

Michigan Department of Community Health (*State Health Department*): <http://www.michigan.gov/mdch>

Michigan Public Health Institute: <http://www.mphi.org>

Michigan Association for Local Public Health: <http://www.malph.org>

Michigan Association of Counties: <http://www.micounties.org>

Michigan Local Public Health Accreditation Program: <http://www.accreditation.localhealth.net>

University of Michigan School of Public Health: <http://www.sph.umich.edu>

Administrative Rules for Health Officers and Medical Directors:

http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Number&Admin_Number=30800001&RngHigh=32599408

Michigan Public Health Code: [http://www.legislature.mi.gov/\(pbtpm55gr4xcu453pmqupa0\)/mileg.aspx?page=getobject&objectname=mcl-act-368-of-1978](http://www.legislature.mi.gov/(pbtpm55gr4xcu453pmqupa0)/mileg.aspx?page=getobject&objectname=mcl-act-368-of-1978)

Healthy People 2010: <http://www.cdc.gov/nchs/hphome.htm>

National Association of County and City Health Officials: <http://www.naccho.org>

National Association of Local Boards of Health: <http://www.nalboh.org>

Operational Definition of Functional Local Health Department: http://www.naccho.org/pubs/product1.cfm?Product_ID=9

Appendix I

Michigan Public Health Code and Administrative Rules (Excerpts)

MCL 333.2406. “Local governing entity” means:

- (a) In case of a single county health department, the county board of commissioners.
- (b) In case of a district health department, the county boards of commissioners of the counties comprising the district.
- (c) 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.
- (d) In case of a single city health department, the mayor and city council of the city.

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 ordinances; violation; penalty.

- (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.

- (2) A person who violates a regulation is guilty of a misdemeanor, punishable by imprisonment for not more than 90 days, or a fine of not more than \$200.00, or both.

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.

333.2453 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:

(a) 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.

(b) 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 venereal disease and HIV infection; educational materials; informing HIV infected applicants of test results; definitions.

(1) An individual 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 venereal disease and HIV infection. The written educational materials shall describe the availability to the applicant of tests for both venereal disease and HIV infection. The information shall include a list of locations where HIV counseling and testing services funded by the department are available. The written educational materials shall be approved or prepared by the department.

(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 venereal disease and HIV infection and has been advised of testing for both venereal disease and HIV infection, pursuant to 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 a designee of the physician, the physician's assistant, the certified nurse midwife, or the certified nurse practitioner or the local health officer or designee of the local health officer 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 licensed as a registered professional nurse under part 172 who has been issued a specialty certification in the practice of nurse midwifery by the board of nursing under section 17210.
- (b) "Certified nurse practitioner" means an individual licensed as a registered professional nurse under part 172 who has been issued a specialty certification as a nurse practitioner by the board of nursing under section 17210.
- (c) "Physician" means an individual licensed as a physician under part 170 or an osteopathic physician under part 175.
- (d) "Physician's assistant" means an individual licensed as a physician's assistant under part 170 or part 175.

333.5131 Serious communicable diseases or infections of 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 the serious communicable diseases or infections of 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 shall 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 such 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(1)(b) or (i).
- (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, (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 of social services, the department of mental health, 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, licensure 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. This subsection does not apply to information disclosed under subsection (5)(d), (f), or (g).

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:

- (a) "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.
- (b) "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.
- (c) "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.

"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:

- (a) Is board certified in preventive medicine or public health.
- (b) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice.
- (c) Has not less than 3 years of full-time public health practice and 24 graduate credits acceptable toward a public health degree.

R 325.13003 Administrative health officer; qualifications.

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

- (a) Have an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience.
- (b) Have a related graduate degree and 5 years of full-time public health administrative experience.
- (c) 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.

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 MDCH and each local health department that contains all of the MDCH 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 Department of Community Health, 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 (MDA): Serves, promotes and protects the food, agricultural, environmental and economic interests of the people of Michigan. In its dual role of regulator and marketer, MDA 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 Community Health (MDCH): Responsible for health policy and management of the state's publicly-funded health service systems. An estimated two 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 ten essential public health services. Link to the online booklet:
http://www.naccho.org/pubs/product1.cfm?Product_ID=9

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.

Appendix III

Michigan Department of Community Health LOCAL HEALTH DEPARTMENT (LHD) PLAN OF ORGANIZATION GUIDE

A. Legal Basis

The following citations are the legal basis for the Michigan Department of Community Health (MDCH) to require a Plan of Organization. Citations are taken from the PHC (PA 378 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.

- (1) 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.*)
- (2) 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.

- (1) A local health department shall:
 - (a) Have a plan of organization approved by the department.
 - (b) Demonstrate ability to provide required services. (Refer to Attachment A for 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.

3. SUMMARY

Section 2235 of the PHC gives broad delegatory power to MDCH to assign primary responsibility for the delivery of services to Local Health Departments (LHDs) who 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.

B. 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, and
- (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.

C. 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 Community Health MDCH) 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 MDCH prior to local appointment. (LHDs should make their human resources entity aware of the requirement for MDCH qualifications review/approval before local appointment.) Local health departments and/or their human resources entity should consult MDCH 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. MDCH 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.		
						2	
Immunizations	PA 349 of 2004 – Sec. 218 and 904; MCL 333.9203; R325.176	X	X	X	X		
Infectious/ Communicable Disease Control	MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.	X	X	X	X		
STD Control	PA 349 of 2004 -- Sec. 218 and 904; R325.177	X	X	X	X		
TB Control	PA 349 of 2004 – Sec. 218	X	X	X			
Emergency Management – Community Health Annex	PA 349 of 2004 – Sec. 218 MCL 30.410	X	X	X			Basic Service under Appropriations Act and Mandated Service, if required, under Emergency Management Act.
Prenatal Care	P.A. 349 of 2004 – Sec. 218	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	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; PA 349 of 2004 – Sec. 904; 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
Public/Private On-site wastewater	MCL 333.12751 to MCL 333.12757; R299.2901 et. seq. R323.2210 and R323.2211	X		X	X		Alternative waste treatment systems regulated by local public health.
Food Protection	PA 92 of 2000; MCL 289.3105; PA 349 of 2004 – Sec. 904	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.
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)					X	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.
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Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408; R325.13053	Means: (A) a basic service designated for delivery through Local Public Health Department (LPH), (B) local health service specifically required pursuant to Part 24 or specifically required elsewhere in state law, or (C) services designated under LPHO.
1.A. Basic Service	MCL 333.2311; MCL 333.2321	A service identified under Part 23 that is funded by appropriations to MDCH or that is made available through other arrangements approved by the legislature. Defined by the current Appropriations Act and could change annually. For FY 2005: immunizations, communicable disease control, STD control, TB control, prevention of gonorrhea eye infection in newborns, screening newborns for 8 conditions, community health annex of the MEMP, and prenatal care.
1.B. Mandated Service	MCL 333.2408	The portion of required services that are not basic services, but are “required pursuant to this part [24] or specifically required elsewhere in state law.”
1.C. LPHO	P.A. 349 of 2004 – Sec. 904	Funds appropriated in part 1 of the MDCH Appropriations Act that are to be prospectively allocated to LPH to support immunizations, infectious disease control, STD control and prevention, health screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403; R325.13053	“Means a health service delivered [by LPH] which is not a required service but which the department determines is eligible for cost reimbursement”.
PA 349 of 2004		Fiscal year 2005 Appropriations Act for the Department of Community Health.

Attachment B

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

Public Health Code (PA 368 of 1978)

MCL § 333.1105 – Definition of Local Public Health Department
MCL § 333.1111 – Protection of the health, safety, and welfare
Part 22 (MCL §§ 333.2201 *et seq.*) – State Department
Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services
Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments
Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities
Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases
Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care
MCL § 333.5923 – HIV Testing and Counseling Costs
MCL § 333.9131 – Family Planning
Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization
Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision
MCL § 333.11101 – Prohibited Donation or Sale of Blood Products
MCL § 333.12425 – Agricultural Labor Camps
Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.
Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems
Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste
(Required to investigate if complaint made and transmit report to MDCH – 13823 and 13825)
MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 349 of 2004)

Sec. 218 – Basic Services
Sec. 904 - LPHO

Michigan Attorney General Opinions

OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services
OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000)

MCL §§ 289.1101 *et seq.*
Specifically:
MCL § 289.1109 – Definition of local health department
MCL § 289.3105 – Enforcement, Delegation to local health department

Natural Resources and Environmental Protection Act (PA 451 of 1994)

Part 31- Water Resources Protection
Specifically: MCL §§ 324.3103 Powers and Duties and 324.3106- (Establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)
Part 117 - Septage Waste Services
Specifically: MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)

MCL § 560.105(g) - Preliminary Plat Approvals
MCL § 560.109a - Parcels less than 1 acre
MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978)

MCL § 559.171a - Approval of Condominiums not served by public sewer and water

Safe Drinking Water Act (PA 399 of 1976)

MCL § 325.1016 - Public Water Supplies
Agreements with Local health departments to administer

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.

Attachment C

LHD HEALTH OFFICER AND MEDICAL DIRECTOR REQUIREMENTS AND QUALIFICATIONS REVIEW

A. Legal Basis and Qualifications:

The following Public Health Code citations and rules are the legal basis for the MDCH requirements.

1. Health Officer:

a. **MCL 2428 Local health officer; appointment; qualifications; powers and duties.**

Sec. 2428

- (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.
- (2) 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.

These qualifications are:

- (1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health approving the appointment of the health officer, **and**
- (2) Has an M.P.H. or M.S.P.H. degree and 3 years of full-time public health administrative experience, **or**
- (3) Has a related graduate degree and 5 years of full-time public health administrative experience, **or**
- (4) Has a bachelor's degree and 8 years of full-time health experience, 5 years of which shall have been in the administration of a broad range of public health programs.

2. Medical Officer

- a. R325.13002 – A medical health officer shall be a physician licensed in Michigan as an M.D. or D.O. who complies with the requirements listed in this section.

R325.13004 – A medical director shall have the same qualifications as a medical health officer.

R325.13001 - A medical director shall devote his or her full time to the needs of the local health departments 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.

b. These qualifications are:

- (1) Has correspondence, such as a letter, memorandum, or other statement, from the Michigan Department of Community Health approving the appointment of the medical director, **and**
- (2) Is board certified in preventive medicine or public health, **or**
- (3) Has an M.P.H. or M.S.P.H. degree and not less than 2 years of full-time public health practice, **or**
- (4) Has not less than 3 years of full-time public health practice and 24 graduate credits acceptable toward a public health degree.

B. Verification and Approval Process:

Prior to health officer or medical director appointment, the LHD and/or the local human resources official submit evidence of qualifications to the Michigan Department of Community Health.

- (1) The following documents shall be submitted to the Department for approval prior to appointment for both Health Officers and Medical Directors:

- (a) Current Curriculum Vitae
- (b) Copy of Diploma (s) or other proof of degree completion
- (c) Proof of Enrollment into Masters of Public Health program (if applicable)

- (2) In addition to the above, the following documentation shall be submitted for Medical Directors:

- (a) Copy of Current Michigan Physician's License
- (b) Copy of Proposed Contract reflecting hours of service to LHD
- (c) Written documentation of arrangements for a public health physician advisor (if applicable)

- (3) MDCH typically requires 30 days notice to review qualifications and credentials. After MDCH review and approval the following shall be submitted with respect to Health Officers:

- (a) A copy of the local governing entity (or in the case of a district health department by the district board of health)

Attachment D

LOCAL HEALTH DEPARTMENT (LHD) PLAN OF ORGANIZATION CHECKLIST

Submitted	Description
	1. LEGAL RESPONSIBILITIES
	A. Outline or list State and Local Statutory Authority for your LHD.
	B. Brief description of the Governing Entity Relationship with the LHD.
	C. Brief description of the manner in which the LHD 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, delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity(ies).
	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 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 needed to access and distribute up-to-date public health information.
	3. MISSIONS, VISION AND VALUES
	A. Contains a clear, formally written, publicized statement of the LHD'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.

Submitted	Description
	5. SERVICE DELIVERY
	A. List the LHD's locations (including addresses), services, and hours of operation.
	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 governing entity.
	7. HEALTH OFFICER AND MEDICAL DIRECTOR
	A. Procedure for appointment of a Health Officer and a Medical Director
	B. HEALTH OFFICER: MDCH Approval – Letter, memo, other.
	C. MEDICAL DIRECTOR: MDCH Approval – Letter, memo, other.
	8. LHD Plan Of Organization Approval Form

Attachment E

LOCAL HEALTH DEPARTMENT (LHD) PLAN OF ORGANIZATION

APPROVAL FORM

This approval form is to be signed by the health officer and the chairperson either of the board of commissioners or board of health. In the case of a city health department, the mayor or city council president shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of Organization.

I have reviewed the Plan of Organization for _____.

(insert local health department name)

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name (please print): _____

Health Officer Signature: _____

Date: _____

Board Chairperson Name: _____

Board Name: _____

Chairperson Signature: _____

Date: _____

Comments:



November 2006