P U B L I C N O T I C E

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN
BOARD OF HEALTH MEETING

Meeting will be held at:
10:00 a.m. Tuesday, August 4, 2026
Charlevoix County Shirley Roloff Center
13513 Division St., Charlevoix, MI 49720
(231) 547-7663

ZOOM OPTION AVAILABLE

Safety Capacity
In person attendance will be limited to allow for spacing and following the Charlevoix County Shirley Roloff Center capacity limits as established by the Fire Marshall. Attendees are reminded they can also view the meeting via Zoom with the link provided. Public comment will not be allowed via Zoom.

Submission of Comments on Agenda Items
Public Comment on any agenda item may be shared through our website to address the Board of Health by clicking this link: PUBLIC COMMENT CARD. To have your comment electronically delivered to Board of Health members for review prior to the meeting, they must be submitted by 10 a.m. the day prior to the scheduled public meeting. Public comment cards submitted after that time will be printed and provided to Board of Health members at the scheduled meeting. NOTE: Public comments submitted via public comment card will be
reviewed but not read at the meeting.

Meeting Accessibility
Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in the Board of Health meeting, may request assistance by calling (231) 547-7663 or by emailing m.bosman@nwhealth.org. Requests should be made by Sunday, August 2, 2026.

The availability of Public Comment is recognized by Robert's Rules of Order and the Michigan Open Meetings Act to provide for orderly comment from the public. Public comments are welcome and are important to the Board of Health. To that end, the following information is provided:

1. Speakers are encouraged to use the podium and microphone so that Board members can clearly hear their message.

2. Before beginning, a speaker should clearly state their name.

3. The Chairperson may implement a sign-up sheet for public comment at any time during a meeting if it becomes necessary to better organize a large public turnout.

4. There is a three (3) minute time limit for each speaker. Timing will begin after a speaker's name is established. Upon notification that thirty (30) seconds remain, speakers must make every effort to conclude their comments within this timeframe.

5. Upon the oral request of a member of the public ("donor") who is present at a public meeting and who wishes to donate his or her speaking slot to another member of the public ("speaker"), and with the permission of the Chairperson which shall not be unreasonably withheld, a speaker may comment for up to six (6) minutes, equivalent to two (2) public speaking slots.

6. Public comment shall be addressed to the Chairperson, not to Health Department staff or individual Board of Health members.

7. Speakers should be germane, courteous, and respectful during their speaking time; strongly worded advocacy, however, is to be expected, and shall not by itself be considered discourteous or disrespectful by the Board of Health.

8. If a speaker desires to provide materials to Board members during the meeting, the speaker or a designee will give the materials to the Board's secretary for distribution.

9. The Chairperson has the discretion to permit members of the public to speak at times other than those times reserved for public comment.

10. These Public Comment Rules will be incorporated with the posted agenda for each public meeting of the Board of Health so that they are readily available to each person who desires to speak at the meeting. The Board of Health expects that each person desiring to speak at the meeting will have read and will comply with these rules.

HEALTH DEPARTMENT of Northwest Michigan

AGENDA

BOARD OF HEALTH MEETING

10:00 a.m. Tuesday, August 4, 2026

Meeting will be held at the Charlevoix County Shirley Roloff Center

13513 Division St., Charlevoix, MI 49720

For more information, please call (231) 547-7663

ZOOM OPTION

https://us06web.zoom.us/j/89787311312?pwd=k8HWTtoPKSuZgntxicRKtRRTcgIrIl.1

Passcode: 201418

Or dial: 1 929 205 6099

Webinar ID: 897 8731 1312

Passcode: 201418

I.	Call to Order	Commissioner Hankins
II.	Opening Ceremony a. Pledge of Allegiance b. Invocation	Commissioner Hankins
III.	Roll Call	Commissioner Hankins
IV.	Approval of the Agenda a. Add or Remove Agenda Items	Commissioner Hankins
V.	Review/Approval of the Meeting Minutes from July 7, 2026	Commissioner Hankins
VI.	Public Comment (Three Minute Limit)	
VII.	Staff Reports	
	a. Health Officer Report	Shannon Klonowski
	Written Reports Submitted By:	
	a. Medical Director	Josh Meyerson
	b. Family Health Director	Melissa Hahn
	c. Environmental Health Director	Jeremy Fruk
	d. School Health Director	Jen Vollmer

e. Community Health Director — Janenne Pung

Oral Report Submitted By:

a. Administrative Director — Tim Hella

VIII. Committee Reports

a. Personnel & Finance Committee

1. June and Employee Expense Approval (Action Item) — Commissioner Koontz
2. Amended 2026 Budget (Action Item) — Kevin Hartley
3. Establish Community Health Educator Position (Action Item) — Janenne Pung

b. Program & Evaluation Committee

IX. Unfinished Business

X. New Business

a. All Staff Gathering (Action Item) — Shannon Klonowski

XI. Public Comment (Three Minute Limit)

XII. Commissioner Comment (Three Minute Limit)

XIII. Adjournment

Minutes of the Regular Board of Health Meeting
Health Department of Northwest Michigan
10:00 a.m. July 7, 2026

Call to order: A regular meeting of the Board of Health was held at the Shirley Roloff Center on July 7, 2026. The meeting was called to order at 10:00 a.m. by Commissioner Hankins, Chairperson. Seven (7) members of the Board of Health were in attendance establishing a quorum.

Members in attendance, roll call: Commissioners Scott Hankins, Terry VanAlstine, Jason Helwig, Matt Koontz, Don Mapes, Dana Wingo, and Jonathan Turnbull.

Members absent/excused: Commissioner Josh Chamberlain.

Staff in attendance: Shannon Klonowski**,** Dr. Joshua Meyerson, Kevin Hartley, Melissa Hahn, Janenne Pung, Jen Vollmer, Jeremy Fruk, Olivia Van Elslander, Nate Damer, Wendy Adams, Kris Lifer and Melanie Bosman.

PLEDGE OF ALLEGIANCE

INVOCATION

APPROVAL OF THE AGENDA
MOTION: Commissioner VanAlstine made a motion to approve the agenda as presented. Supported by Commissioner Helwig. Roll Call. All ayes. Motion carried.

APPROVAL OF THE JUNE 2, BOARD OF HEALTH MEETING MINUTES:
MOTION: Commissioner Wingo made a motion to approve the June 2, 2026, meeting minutes as presented. Supported by Commissioner Mapes. Roll Call. All ayes. Motion carried.

PUBLIC COMMENT: Public comment was heard.

STAFF REPORTS
Shannon Klonowski, Health Officer – Oral and written reports were shared, Dental Clinics North (DCN) Transition Update.

Written reports:

- Joshua Meyerson, MD, MPH, Medical Director – Submitted a report on Swimmer's Itch.
- Melissa Hahn, MPH, BA, RN, Director of Family Health - Submitted a report on Healthy Families Northern Michigan (HFNM)
- Jeremy Fruk, MSA., REHS, Director of Environmental Health – Submitted a report on 2026 Beach Monitoring Program.
- Jen Vollmer, MA LPC, Director of School Health– Submitted a report on School Nurses.
- Janenne Pung, Director of Community Health – Submitted a report on Providing ID Scanners to Community Groups.

Oral report:

- Kris Lifer, Administrative Supervisor and Wendy Adams, Front Office Coordinator - Submitted an oral report on the roles, responsibilities, and services provided by the front office staff.

PERSONNEL & FINANCE COMMITTEE

ACCOUNTS PAYABLE:

MOTION: Commissioner Koontz made a motion that the finance committee met to review the bills and employee expenses and would like for the full board to approve May 2026 bills in the amount of $540,348.14. Supported by Commissioner Helwig. Roll call. All ayes. Motion carried.

MOTION: Commissioner Koontz made a motion that the finance committee met to review the bills and employee expenses and would like for the full board to approve May 2026 employee expenses in the amount of $23,870.34. Supported by Commissioner Helwig. Roll call. All ayes. Motion carried.

PROGRAM & EVALUATION COMMITTEE:

None.

UNFINISHED BUSINESS:

None.

NEW BUSINESS:

None.

PUBLIC COMMENT: Public comment was heard.

COMMISSIONER COMMENT: Commissioner comment was heard.

ADJOURNMENT

Commissioner VanAlstine made a motion to adjourn the meeting. Supported by Commissioner Hankins. Voice vote. All ayes. Motion carried. Meeting adjourned at 11:46 a.m. Tuesday, July 7, 2026. The fixed date and time for the next regular meeting of the Board of Health will be August 4, 2026, at 10:00 a.m. and this meeting will be held at the Charlevoix County Shirley Roloff Center.

Respectfully submitted,

Shannon Klonowski, Health Officer
August 4, 2026

Scott Hankins, Chairperson

HEALTH DEPARTMENT of Northwest Michigan

MEMORANDUM

Date: **August 4, 2026**

To: **Board of Health**

From: **Shannon Klonowski, Health Officer**

Re: **Annual Report**

The Health Department of Northwest Michigan has released the annual report for 2025. The report highlights some of our accomplishments in 2025. In addition, audited financial numbers are included in the report.

This report is presented by the Health Officer to each county's Board of Commissioners at a regularly scheduled board meeting. To date, we have visited Antrim, Emmet, and Otsego counties to present the annual report, and it has been well received. We look forward to presenting at the Charlevoix board meeting on August 12, 2026.

The report is written, formatted, designed, printed, bound, and distributed by our two talented communications staff members. This has resulted in financial savings for this annual expense.

Highlighted accomplishments include:

- Food safety inspections by our environmental health staff who regularly check for food temperatures, verifying proper labeling, assessing cleanliness, and observing the appearance and quality of food to ensure it meets safety guidelines.
    - 750 food establishments licensed in 2025.
- SEAL! Michigan Program provides dental sealants through school-based preventive care to children who may otherwise face barriers accessing dental services. Dental sealants prevent 80% of cavities over a two-year period in the back teeth, where 9 in 10 cavities occur.
    - 1,395 sealants were placed in 2025.
- Breast and Cervical Cancer Control Navigation Program provides free or low-cost breast and cervical cancer screenings. Staff also provide individualized assistance to help patients navigate recommended follow-up care and available community resources.
    - 102 patients were served in 2025.
- School health team provides mental and behavioral health services, well visits, physicals, immunizations, and treatment for chronic conditions such as asthma and diabetes. School health staff are located in the schools to help children stay health, engaged, and ready to learn. This is also a convenience for parents who don't have to take time off of work to transport students to appointments.
    - 22,294 visits to school health in 2025.

These are just a few of the successes of 2025, and the annual report has additional stories to share. We appreciate the support of our Board members as we continue to serve our community.

Summer 2026

PROVIDER UPDATE

News from your local Health Department

In This Issue

Ebola Update

Evolving Uses of Kratom

New WIC Guidelines

Gun Locks

Update on Expanded Narcan Access

COVID-19 Vaccine Benefits

Eat Safe Fish

Year to Date CD Report

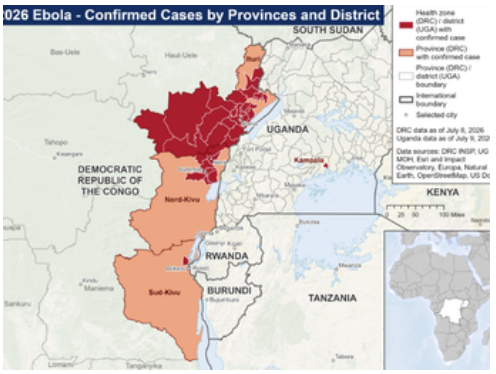
Joshua Meyerson, MD

220 W. Garfield Ave.
Charlevoix, MI 49720

j.meyerson@nwhealth.org
231-547-7679

Ebola Update:
What Providers Should Know About the Current Outbreak

Recent Ebola activity in Central Africa has renewed attention to healthcare preparedness, particularly regarding the Bundibugyo species of Ebola virus. Unlike the Zaire species responsible for the 2014–2016 West Africa outbreak, there is currently no licensed vaccine or specific antiviral treatment available for Bundibugyo Ebola virus disease. While the risk of infection in the United States remains very low, global travel and the ongoing outbreak underscore the importance of maintaining clinical awareness and rapid identification protocols.



Ebola virus disease typically presents with the abrupt onset of fever, severe headache, muscle pain, weakness, vomiting, diarrhea, and abdominal pain. A thorough travel history remains essential when evaluating patients with compatible symptoms. Providers should consider Ebola in patients with recent travel to affected areas or known exposure to individuals with suspected or confirmed infection. Transmission occurs through direct contact with blood or other body fluids of an infected person and is not spread through casual contact or airborne transmission.

Michigan healthcare facilities should continue to follow established protocols for identifying, isolating, and informing public health authorities when Ebola is suspected. PromptEbol implementation of infection prevention and control measures, including appropriate personal protective equipment and coordination with local and state public health partners, remains critical. Although imported cases are unlikely, preparedness efforts developed following previous Ebola outbreaks continue to provide a strong framework for protecting patients, staff, and communities.

Resources:

Ebola Outbreak: Current Situation
Ebola Disease Basics
Clinical Guidance for Ebola Disease
Information for Travelers Returning from Ebola-Affected Areas

HEALTH DEPARTMENT of Northwest Michigan
800-432-4121
www.nwhealth.org

Benzie-Leelanau District Health Department
Caring for our Communities
231-882-4409
www.bldhd.org

District Health Department No. 4
Prevent. Promote. Protect.
989-356-4507
www.dhd4.org

Evolving Uses of Kratom and Newer Synthetic Kratom Products

Kratom (Mitragyna speciosa) is a botanical product traditionally used in Southeast Asia for its stimulant and analgesic effects. Traditional kratom leaf contains primarily mitragynine, with only small amounts (approximately 1%) of the more potent alkaloid 7-hydroxymitragynine (7-OH). In recent years, highly concentrated synthetic 7-OH products have entered the U.S. market and are increasingly replacing traditional kratom products on retail shelves. These products are sold as powders, capsules, concentrated extracts, energy drinks, gummies, and candies. They remain largely unregulated in Michigan and may contain substantially higher concentrations of 7-OH than indicated on product labels. Patients may refer to these products simply as "kratom" or by strain names such as Maeng Da, Bali, Borneo, Indo, or Red, White, and Green kratom.

While traditional kratom may produce mild stimulant effects at lower doses, concentrated 7-OH products have potent opioid-like effects and carry risks of dependence, withdrawal, respiratory depression, overdose, and death. Withdrawal symptoms resemble opioid withdrawal and include anxiety, irritability, insomnia, gastrointestinal distress, muscle aches, and rhinorrhea. Severe toxicity is most commonly associated with polysubstance use involving opioids, alcohol, benzodiazepines, or other central nervous system depressants. Kratom may also interact with prescription medications through hepatic enzyme inhibition. Patients presenting with suspected overdose should be managed similarly to opioid toxicity, and naloxone should be administered when respiratory depression is present.

Michigan Poison & Drug Information Center received 347 reports involving kratom products from 2021–2025, including 116 cases in 2025 alone—more than double the number reported in any previous year. Most exposures occurred among adults aged 20–39 years, although 69 pediatric exposures were reported. Nationally, poison centers documented 3,434 kratom-related cases in 2025, a 1,200% increase compared with 2015, with 233 reported deaths between 2015 and 2025, most involving multiple substances. Kratom remains legal in Michigan, although legislation to prohibit the sale of kratom and synthetic derivatives, including concentrated 7-OH products, is under consideration.

New Women, Infant, Children (WIC) Guidelines

Michigan Women, Infants, and Children (WIC)
Income Eligibility Guidelines
2026-2027
Updated June 1, 2026

Family Size*	Hourly	Weekly	Bi-weekly	Monthly	Annual
1	$14.19	$568	$1,136	$2,461	$29,526
2	$19.24	$770	$1,540	$3,337	$40,034
3	$24.29	$972	$1,944	$4,212	$50,542
4	$29.35	$1,175	$2,349	$5,088	$61,050
5	$34.40	$1,377	$2,753	$5,964	$71,558
6	$39.45	$1,579	$3,157	$6,839	$82,066
7	$44.50	$1,781	$3,561	$7,715	$92,574
8	$49.55	$1,983	$3,965	$8,591	$103,082
For each additional family member add:		$203	$405	$876	$10,508

*If you are pregnant, include the number of infants you are expecting.

The WIC Income guidelines were updated on June 1st, 2026 based on the updated federal poverty level values and approved by USDA.

In addition to the updated income guidelines, the food package updates were finalized in March 2026. These changes allowed for more food choices, better support for healthy eating habits, and new options for different diets.

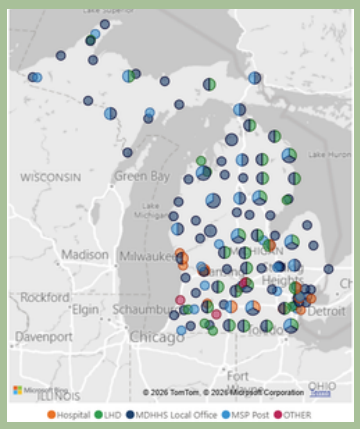
See highlights for the new food package, here.

Helping Families Stay Safe: Michigan Firearm Storage Resources

Gun violence, and its associated firearm-related injuries, is a significant public health issue. Experiencing violence impacts a person's lifelong health, opportunities and overall well-being. Individuals exposed to violence are often at greater risk for developing physical and mental health conditions. They are also more likely to experience other forms of violence, and educational or employment challenges. Even those not directly injured by firearms may still suffer consequences when witnessing violence in neighborhoods or schools or experiencing the trauma of losing a loved one.

Michigan's Secure Storage Law, Public Act 17 of 2023, requires individuals to keep unattended weapons unloaded and locked with a locking device or stored in a locked box or container if it is reasonably known that a minor is likely to be present on the premises.

To help support this law, there are several gun lock distribution sites throughout the state and our northern Michigan region. Many of these sites are located at local health department offices, local MDHHS offices and Michigan State Police posts.



Talk about gun safety with your clients and check out the distribution map to refer them to a gun lock distribution site.

Overdose Deaths Down 47% Following Expanded Narcan Access

The Michigan Department of Health and Human Services (MDHHS) announced that Michigan's overdose death rate has declined by 47% since 2021, with preliminary 2025 data projecting 16.4 overdose deaths per 100,000 residents, down from 30.8 per 100,000 in 2021. Annual overdose deaths are projected to decrease from 3,096 deaths in 2021 to fewer than 1,800 in 2025, marking the fourth consecutive year of decline.

This progress reflects Michigan's comprehensive strategy centered on prevention, harm reduction, treatment, and recovery. Since 2019, the state has expanded harm reduction services from five agencies to 115 community-based sites and distributed more than 1.8 million naloxone kits, with nearly 34,000 reported overdose reversals. Additional efforts include expanded access to medications for opioid use disorder (MOUD), telehealth services, recovery housing, coordinated Medicaid services, and treatment programs in county jails.

Despite these encouraging trends, significant disparities remain. Black Michiganders continue to experience overdose death rates more than twice those of other populations, and urban communities remain disproportionately affected. MDHHS also continues to monitor emerging drug threats, including fentanyl contamination with xylazine, medetomidine, and carfentanil, as well as newer substances such as 7-hydroxymitragynine (7-OH), the active substance found in synthetic kratom, and nitrous oxide.

What this means for providers in Northwest Michigan:

- Continue screening for substance use and utilizing evidence-based treatment practices, including MOUD when appropriate.
- Educate patients and families on overdose prevention and prescribe or distribute naloxone to individuals at increased risk.
- Remain vigilant for evolving drug trends and counsel patients about the risks associated with emerging substances.
- Strengthen connections to local treatment, recovery, and prevention resources to support long-term patient outcomes.

Michigan's progress demonstrates the impact of coordinated public health efforts, but continued collaboration among health care providers, community organizations, and prevention partners remains essential to sustaining these gains and reducing overdose deaths across the state.

New Evidence Highlights Additional Benefits of COVID-19 Vaccination

A recent study published in JAMA Internal Medicine examined more than 1 million U.S. veterans during the 2024–2025 respiratory virus season and found that receipt of an updated COVID-19 vaccine was associated with a significantly lower risk of COVID-19-related cardiovascular complications. Researchers observed a 38% reduction in COVID-19-associated major adverse cardiovascular events (MACE), including heart attack, stroke, cardiovascular death, and hospitalization for heart failure among vaccinated individuals compared with those who did not receive a COVID-19 vaccine.

The strongest protective effect was seen for cardiovascular death, with vaccine effectiveness estimated at nearly 58%. The study also found reductions in COVID-19-associated myocardial infarction and heart failure hospitalization.

Researchers noted that benefits were most pronounced among older adults and those with underlying health conditions, populations already known to be at higher risk for severe COVID-19 outcomes.

These findings add to the growing body of evidence that COVID-19 vaccination provides benefits beyond preventing acute respiratory illness. As providers counsel patients about vaccination, this study offers additional data supporting the role of updated COVID-19 vaccines in reducing serious cardiovascular complications associated with COVID-19 infection, particularly among older adults and individuals with chronic medical conditions.

Promote Safe Fish Consumption Using the MDHHS Eat Safe Fish Guide

The Michigan Department of Environment, Great Lakes, and Energy (EGLE) conducts year-round fish contaminant monitoring, collecting samples from sites with known or suspected contamination and popular fishing locations. Each year, the Michigan Department of Health and Human Services requests specific species from selected lakes and rivers. EGLE then measures, weighs, and prepares the fish for testing.

The guidelines not only identify the safest fish to eat but also offer serving size recommendations and outline the 'Three Cs' of fishing to help reduce chemical exposure.

What are the Three Cs?
·*Choose*: the safest fish to eat, especially if you eat fish often,
·*Clean*: remove the fat, skin and organs, as chemicals often are stored in these areas,
·*Cook*: grill or broil your fish to help reduce chemical-carrying fat—these methods are also healthier.

Safe fish consumption education remains another important environmental health topic, particularly in northern Michigan where fishing is a popular recreational activity. While fish provide valuable nutrients and health benefits, some water bodies have consumption advisories due to environmental contaminants.

Providers can encourage patients who fish or consume locally caught fish to review current state fish consumption guidelines and advisories. Sharing this information can help residents enjoy the benefits of fishing while minimizing potential health risks associated with contaminant exposure.

January 1st- June 30th, 2026

2026 Communicable Disease Report

for

Health Departments of Benzie-Leelanau, District No. 4, and Northwest Michigan

Counties Include:

Benzie
Leelanau
Alpena
Cheboygan
Montmorency
Presque Isle
Antrim
Charlevoix
Emmet
Otsego

Disease Group	Disease	BLDHD	DHD no 4	HDNW
COVID19/MIS	Novel Coronavirus COVID-19	46	258	274
Foodborne	Campylobacter	3	7	21
Foodborne	Giardiasis	1	1	1
Foodborne	Norovirus	0	1	2
Foodborne	Salmonellosis	5	8	12
Foodborne	Shiga toxin-producing Escherichia coli --(STEC)	4	1	0
Foodborne	Shigellosis	1	1	2
Foodborne	Yersinia enteritis	0	0	2
Influenza	Flu Like Disease*	269	16	3148
Influenza	Influenza	47	336	245
Influenza	Respiratory Syncytial Virus	23	68	97
Meningitis	Meningitis - Bacterial Other	0	0	1
Meningitis	Streptococcus pneumoniae, Inv	1	6	4
Other	CPO	0	1	4
Other	Candida auris	1	1	0
Other	Creutzfeldt-Jakob Disease	1	0	0
Other	Coccidioidomycosis	0	1	0
Other	Gastrointestinal Illness	229	0	1
Other	Head Lice	2	0	63
Other	Histoplasmosis	0	0	1
Other	Q Fever*	0	0	1
Other	Legionellosis	0	2	0
Other	Strep Throat	6	0	171
Other	Streptococcal Dis, Inv, Grp A	1	1	3
Other	Unusual Outbreak or Occurrence	0	1	0
Rabies	Rabies: Potential Exposure & PEP	0	30	33
STD	Chlamydia (Genital)	10	34	63
STD	Gonorrhea	1	4	6
STD	Syphilis - Unknown Duration or Late	1	2	1
Tuberculosis	Latent Tuberculosis Infection	1	0	3
Tuberculosis	Nontuberculous Mycobacterium	0	0	5
VPD	H. influenzae Disease - Inv.	1	2	1
VPD	Pertussis	0	1	5
VPD	Shingles	2	0	1
VPD	VZ Infection, Unspecified	0	0	1
Vectorborne	Anaplasmosis	6	0	3
Vectorborne	Lyme Disease	5	3	3
Viral Hepatitis	Hepatitis A	0	1	1
Viral Hepatitis	Hepatitis B, Acute	0	3	0
Viral Hepatitis	Hepatitis B, Chronic	1	2	5
Viral Hepatitis	Hepatitis C, Acute	0	3	0
Viral Hepatitis	Hepatitis C, Chronic	0	3	6
	Total	**668**	**791**	**4185**

Dr. Joshua Meyerson serves as the Medical Director for three local health departments in northern Michigan: Health Department of Northwest Michigan, Benzie-Leelanau District Health Department, and District Health Department No. 4.

MEMORANDUM

Date: **August 4, 2026**

To: **Board of Health**

From: **Melissa Hahn, MPH, BA, RN Director of Family Health**

Re: **Women, Infants & Children (WIC) Supplemental Nutrition Program**

WIC serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. This is done by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to healthcare.

WIC Outcomes:

Benefits to Women and Newborns

- WIC saves health care dollars. Every WIC dollar spent on a pregnant woman saves over $3.50 in federal, state, local and private health care costs.
- WIC participation significantly increases the number of women receiving adequate prenatal care.
- WIC participation dramatically lowers infant mortality among Medicaid beneficiaries.
- WIC improves the dietary intake of pregnant and postpartum women. It also improves weight gain in pregnant women.
- WIC participation decreases the incidence of low birth weight and lowers pre-term births.

Benefits to Children

- WIC participation lowers the rate of anemia among children ages 6 months to 5 years.
- WIC significantly improves children's dietary intake of vitamins and nutrients such as iron, vitamin C, vitamin A, thiamine, protein, niacin, and vitamin B6.
- 4- and 5-year-olds who participated in WIC in early childhood have better vocabularies and digit memory scores than comparable children who did not participate in WIC.
- WIC participation leads to higher rates of immunization against childhood diseases.

Economic Impact:

Not only does WIC impact the health and well-being of families, but it also has a significant impact on the local economy. In fiscal year 2025 (October 1, 2024-September 30, 2025), $1,337,186.11 in food costs were recognized in our four-county district.

HEALTH DEPARTMENT of Northwest Michigan

MEMORANDUM

Date: **August 4, 2026**

To: **Board of Health**

From: **Jeremy Fruk, M.S.A., R.E.H.S., Director of Environmental Health**

Re: **Update on Cyclosporiasis Outbreak**

Michigan identified a rapid increase in Cyclosporiasis cases beginning in late June 2026. Since then, case counts have risen substantially as state and federal investigators continue to identify the source of the outbreak and monitor its spread. Currently, Taylor Farms has volunteered to recall iceberg lettuce served at commercial retail facilities and restaurants.

As of July 27th, 2026, Michigan has reported 9,253 confirmed cases and 160 hospitalizations. The highest concentrations of illness continue to occur in the southern and more densely populated regions of the state, where exposure to commercially distributed fresh produce has been greatest. Northern Michigan has experienced comparatively fewer cases.

As of July 27th, 2026, confirmed cases within our service area:

- Antrim County: 2 cases
- Charlevoix County: 5 cases
- Emmet County: 1 case
- Otsego County: 3 cases

HDNW will continue monitoring suspected cases, interviewing affected individuals, and reporting findings to support ongoing outbreak investigations and identify the source of the outbreak.

Symptoms of cyclosporiasis typically develop 2–14 days after exposure and may include prolonged watery diarrhea, abdominal cramping, nausea, fatigue, decreased appetite, and weight loss. Individuals experiencing persistent gastrointestinal illness should seek medical evaluation, as effective antibiotic treatment is available. Healthcare providers are encouraged to consider *Cyclospora* infection in patients with compatible symptoms and to promptly report confirmed cases to public health authorities.

For more from the following links provide information from FDA regarding current recalls and MDDHS case counts
:https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-9-state-outbreak-cyclospora-illnesses-iceberg-lettuce-july-2026

https://www.michigan.gov/mdhhs/keep-mi-healthy/infectious-diseases/infectious-disease-outbreaks

HEALTH DEPARTMENT of Northwest Michigan

MEMORANDUM

Date: **August 4, 2026**

To: **Board of Health**

From: **Jen Vollmer, MA LPC , Director of School Health**

Re: **Parent Engagement**

As part of our Performance Management and Community Health Improvement Plan (CHIP) goals, the School Health Division is working to increase parent and family engagement. Research consistently demonstrates that students experience better physical, emotional, and social outcomes when families are actively involved in their education and health-related activities.

To achieve this goal, our School Health team plans to offer parent education opportunities and increase communication with families through newsletters, school websites, email, and social media. Additionally, we will encourage family participation in school wellness committees and health promotion events.

Strong partnerships between families, schools, and public health professionals create a supportive environment where student health needs can be identified and addressed early. By providing families with timely health information, educational resources, and opportunities for meaningful involvement, we can help promote healthy behaviors, improve attendance, support mental health, and strengthen students' ability to succeed both academically and socially. These collaborative efforts reinforce the connection between health and learning and contribute to a healthier school community.

Parent engagement is a critical component of a comprehensive school health program. Our Health Department of Northwest Michigan employees work to integrate themselves into the school community as much as possible, including engaging with parents during parent-teacher conferences and other school-led activities throughout the year. Continued efforts to strengthen family engagement will remain a priority in achieving positive health outcomes for all students.

HEALTH DEPARTMENT of Northwest Michigan

MEMORANDUM

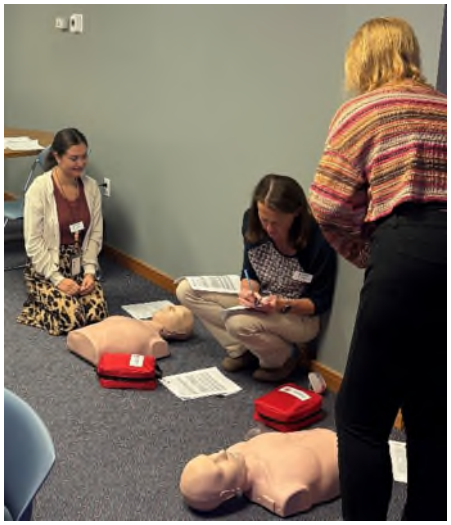
Date: **August 4, 2026**

To: **Board of Health**

From: **Janenne Irene Pung, Director of Community Health**

Re: **Staff Training**

During the quarterly Community Health meeting, staff completed training to become CPR/AED and First Aid certified. The American Heart Association training gave us the information and skills we need to help adults, children, and infants during cardiac emergencies—and more. Each staff member spent roughly 10 hours completing the online coursework, testing, and in-person instruction.



This training has been a long-term goal for our division. Community Health staff frequently work in schools, lead and participate in coalitions, and conduct home visits with residents. Having these skills not only strengthens our ability to support community members but also prepares us to respond if an emergency occurs in one of our offices. The ability to act quickly could truly save a life.

As a bonus, two HDNW nurses who work in the School Health division served as our instructors at the Emmet County office. Both Maggie Jakeway and Dino Pizzino have become certified American Heart Association instructors. They guided our non-medical staff through the final hands-on training and testing using adult and infant manikins. This collaboration between divisions helped make it possible for our team to earn this certification. We are grateful to Maggie and Dino for going the extra mile to become trainers and for sharing their expertise. We learned a great deal, and more importantly, we are better equipped to help our colleagues and neighbors in an emergency.

Using What We've Learned

As part of our emergency preparedness partnerships, some of the newly certified Community Health staff are taking shifts in the First Aid Tent at the Emmet-Charlevoix County Fair. They will also help distribute the HDNW "go kits" to equip residents for emergencies. Each fluorescent bag contains a glow stick, rain poncho, foil blanket, compass, whistle, toothbrush, and toothpaste. Residents can add items as they see fit and store them in their homes and vehicles.

June 2026 Bills and Employee Expenses

Suggested Motion The finance committee met to review the bills and employee expenses and would like to make a motion for the full board to approve the JUNE 2026 bills, in the amount of $557,540.76.

Suggested Motion: The finance committee met to review the bills and employee expenses and would like to make a motion for the full board to approve the JUNE 2026 employee expenses of $28,512.52.

Suggested Budget Amendment Motion

Board of Health

Suggested Motion: I move that the fiscal year 2026 amended budget in the amount of $36,002,743 be accepted and approved.

HEALTH DEPARTMENT of Northwest Michigan

Serving Antrim, Charlevoix, Emmet & Otsego Counties

MEMORANDUM

Date: **August 4, 2026**

To: **Board of Health Members**

From: **Kevin Hartley, Finance Director**

Re: **2026 Amended Budget Narrative**

HDNW's total expenses increased by $812,256 from the initial budget, primarily due to higher employee medical insurance costs. These increased expenses were partially offset by decreases in salaries, supplies, and contractual expenses.

The agency's total expenses increased by a net $274,978 (0.77%). The primary drivers of this increase were higher employee medical insurance costs of $1,239,681, dental van and server expenditures of $103,851, and $91,920 in advertising costs for Community Health grant-funded programs.

Overall, the agency's revenues increased by $1,332,105 (3.77%). This increase included a one-time Safety Net Dental payment of $1,008,912, Dental ERC payments totaling $501,899, and HDNW grant revenue of $677,388. These increases were partially offset by a $1,087,295 decrease in dental fees and collections.

Dental Clinics North (DCN) experienced an increase in dental charges for services and a decrease in Local Other revenue due to a reclassification from the initial budget. In addition, DCN had a decrease in fees and collections, along with reductions in several expense categories, resulting from fewer services being provided.

The amended 2026 budget includes total expenditures of $36,002,743, representing an increase of $274,978 (0.77%) from the initial 2026 budget presented to the Board of Health at its September 2025 meeting. The amended budget projects a year-end surplus of $645,513.

Health Department of Northwest Michigan
Revised Agency Budget
2026 Annual Budget
As of August 4, 2026

	Total Administrative Division	Total Environmental Health Division	Total Family Health Division	Total Community Health Division	Total School Health Division	Total Regional Planning Division
Revenues:						
Fees & Collections	$ -	$ 1,564,276	$ 1,679,500	$ 132,371	$ 739,000	$ -
State Funding (Non-CPBC)	-	541,634	895,386	22,170	344,192	-
Grant Funding	-	-	-	904,487	2,113,747	413,956
Charge for Service	148,095	700	-	16,000	-	-
Local Grant Funding	412,357	-	15,000	160,951	557,472	51,540
State CPBC - MDHHS	248,310	70,632	2,761,618	654,743	561,012	105,000
FFP/Direct Federal Funding	-	-	271,830	207,470	284,570	73,707
State Cost Sharing - ELPHS	-	1,077,528	498,137	-	-	-
Local Other	589,000	-	-	-	-	-
Local Appropriations	184,895	134,574	603,547	83,406	111,242	44,220
From Fund Balance	-	-	-	-	-	-
Total Revenues	$ 1,582,657	$ 3,389,345	$ 6,725,018	$ 2,181,598	$ 5,673,762	$ 688,423
Expenses:						
Salaries and Wages	$ 2,109,198	$ 1,644,141	$ 3,160,475	$ 995,450	$ 3,235,047	$ 291,592
Fringe Benefits	1,837,514	636,690	1,343,678	394,788	1,197,741	114,530
Supplies and Materials	109,014	169,813	637,799	57,002	21,309	2,305
Contractual and Consulting	75,116	106,200	58,376	-	-	149,529
Communications	20,792	21,515	63,911	13,226	13,188	2,858
Travel	39,670	77,779	142,984	75,577	40,091	5,809
Space Costs	355,365	93,281	194,958	56,363	30,987	12,762
Health Services	-	-	5,000	-	-	-
Computer Software	135,000	70,414	22,638	-	90,990	-
Other Contractual	11,800	21,752	-	480	-	-
Advertising / Media	-	-	7,531	184,266	-	-
Other Expenses	152,600	23,168	51,710	41,039	24,870	15,630
Equipment	32,000	-	-	43,554	-	-
Administrative Overhead	(3,295,412)	524,592	1,035,956	319,853	1,019,539	93,408
Program Supervision	-	-	-	-	-	-
Total Expenses	1,582,657	3,389,345	6,725,018	2,181,598	5,673,762	688,423
Net Surplus / (Deficit)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Health Department of Northwest Michigan
Revised Agency Budget
2026 Annual Budget
As of August 4, 2026

	Total HDNW	Total Dental Division	FY26 Revised Agency Budget	FY26 Initial Agency Budget	Difference
Revenues:					
Fees & Collections	$ 4,115,147	$ 14,252,403	$ 18,367,550	$ 19,454,843	$ (1,087,294)
State Funding (Non-CPBC)	1,803,382	1,008,912	2,812,294	1,817,820	994,473
Grant Funding	3,432,190	-	3,432,190	3,055,220	376,970
Charge for Service	164,795	573,681	738,476	625,990	112,486
Local Grant Funding	1,200,860	572,455	1,773,315	900,442	872,873
State CPBC - MDHHS	5,360,302	-	5,360,302	5,279,228	81,074
FFP/Direct Federal Funding	837,577	-	837,577	859,419	(21,841)
State Cost Sharing - ELPHS	1,575,665	-	1,575,665	1,575,665	0
Local Other	589,000	-	589,000	560,161	28,839
Local Appropriations	1,161,884	-	1,161,884	1,187,364	(25,479)
From Fund Balance	-	-	-	-	-
Total Revenues	$ 20,240,803	$ 16,407,451	$ 36,648,256	$ 35,316,151	$ 1,332,105
Expenses:					
Salaries and Wages	$ 11,435,903	$ 916,920	$ 12,352,823	$ 12,539,116	$ (186,293)
Fringe Benefits	5,524,941	396,398	5,921,339	4,681,658	1,239,681
Supplies and Materials	997,242	1,357,796	2,355,038	2,605,400	(250,361)
Contractual and Consulting	389,221	10,991,948	11,381,169	12,048,606	(667,437)
Communications	135,490	41,410	176,900	246,556	(69,656)
Travel	381,910	10,856	392,766	380,568	12,198
Space Costs	743,716	613,540	1,357,256	1,332,525	24,731
Health Services	5,000	758,654	763,654	883,043	(119,389)
Computer Software	319,042	52,633	371,675	366,465	5,210
Other Contractual	34,032	-	34,032	10,680	23,352
Advertising / Media	191,797	-	191,797	99,876	91,920
Other Expenses	309,017	194,974	503,991	436,822	67,169
Equipment	75,554	124,747	200,301	96,450	103,851
Administrative Overhead	(302,063)	302,063	-	-	-
Program Supervision	-	-	-	-	-
Total Expenses	$ 20,240,803	15,761,938	36,002,743	35,727,765	274,978
Net Surplus / (Deficit)	**$ -**	**$ 645,513**	**$ 645,513**	**$ (411,614)**	**$ 1,057,127**

Suggested Motion for Board of Health

Health Educator Job Description

Motion:

I move that the Board of Health approve the addition of the Health Educator job description to provide an entry-level position for community-based education.

Position Title	Health Educator	**Classification Level**	06
Division	Community Health	**FLSA Status**	Non-Exempt
Reports to	Community Health Supervisor	**Revision / Review Date**	7/28/2026

GENERAL SUMMARY

Working in collaboration with team members from all divisions and with community partners, the Health Educator implements, and with support, evaluates work plans for health programs to achieve program objectives. Performs a variety of organizational and community activities to improve health outcomes for specific groups in a variety of settings that may include youth or at risk / high risk populations. Demonstrates effective interpersonal skills, verbal and written communication skills, organizational development skills, problem solving, creativity, and the ability to work independently and as part of a cohesive team.

ESSENTIAL FUNCTIONS

1. Participates in community work groups or coalitions to achieve desired health outcomes or support prevention activities.
2. Plans, organizes, and faciliates meetings for the purpose of coordinating program services within the agency or with community partners with the assistance from other CH staff.
3. With CH staff support, ensures program services are in accordance with the guidelines set by community, state, or federal funders, ap appropriate.
4. Assists in preparation of proposals and opportunites for funding.
5. Implements the work plan for a specific program, usually involving collaboration and coordination with community agencies. With CH staff support, prepares quarterly updates and program evaluations and reports for supervisor review prior to sending to funder.
6. With CH staff support, develops and delivers presentations to the community to educate on program specific goals and objectives.
7. Demonstrates the ability to (1) handle varying levels of stress, (2) display appropriate interpersonal skills to create and maintain effective relationships with co-workers and community partners, and (3) meet the attendance requirements of the position.

NON-ESSENTIAL FUNCTIONS

1. Assists the Public Information Officer in marketing programs and activities to the community if part of grant or program requirements.
2. Collects data for analysis and evaluation.

QUALIFICATIONS To perform this job successfully, employees must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required to do so. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION & EXPERIENCE This position requires an associate's degree with 1 to 3 years of expansive work experience.

Required major:

Preferred major:

Preferred knowledge and experience: Health and/or prevention education, public speaking, working with youth.

LICENSE & CERTIFICATIONS

Program specific certification may be required in the future.

VERBAL COMMUNICATION SKILLS

Position requires: Expressing ideas and thoughts verbally; exhibiting good listening and comprehension and getting clarification when needed; responding well to questions; the ability to develop and maintain positive relationships with other employees, as well as individuals external to the agency, including patrons, partnering agencies, stakeholders, and contractors; the ability to encourage open communication; communicate changes and progress and keep others adequately informed; interpret and translate facts and information; explain situations and issues to people and advise them of alternative or appropriate courses of action; participate in meetings; interview and gather information from others; support and explain reasoning for decisions; speaking clearly and persuasively in positive or negative situations; confronting difficult situations; using negotiation skills to resolve conflicts; developing and making formal presentations; demonstrating group presentation skills; or otherwise engaging in communication activities which substantially contribute to solving problems or achieving work objectives.

WRITTEN COMMUNICATION SKILLS

Position requires the ability to express ideas and thoughts in written form; to write clearly and informatively; the knowledge, application, and ability to edit spelling, punctuation, sentence structure and grammar; the writing skills sufficient to complete more difficult assignments, such as editing documents and materials for style and content; the skill to organize material into formats which ensure ease of reading and understanding; the ability to vary writing style to meet needs of the audience and purpose.

This job description is intended to describe the general nature and level of work performed for

TECHNOLOGIGAL SKILLS

Technological skills include utilization of multiple software products requiring training and utilization of manuals to stay current including advanced knowledge of program functionality to ensure documentation requirements for multiple programs are met or knowledge in specific areas such as graphic design or utilizing technology for marketing health department services.

TRAVEL REQUIRED

Must possess a valid Michigan Driver's License, maintain active auto insurance, be insurable through MMRMA guidelines, and demonstrate the ability and means to travel as needed and dictated by work responsibilities.

WORK ENVIRONMENT The work environment characteristics and the physical demands described here are representative of those employees encounter and must be able to meet to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The tasks performed on the job produce intermittent exposure to illness and injury obtained in the office through the use of equipment, hazardous material or health hazards, such as exposure to blood borne pathogens. Any illness or injury would not be expected to be permanent or long-term. Periodic travel will occur. On a periodic basis (1/3 to 2/3 of the working days) the position requires the following types of physical demands: the ability to see, sit, talk, hear, speak, stand, walk, keyboard, repeatedly reach, bend, kneel, climb stairs/ladders, grip, pinch, pull, push, dig, transfer, lift and / or carry more than 25 lbs.

INCIDENT COMMAND SYSTEM & NATIONAL INCIDENT MANAGEMENT SYSTEM TRAINING

All employees are required to complete the following Incident Command System (ICS) and National Incident Management System (NIMS) courses within the first 30 days of employment:

- **IS-0100.c** Introduction to Incident Command System (ICS)
- **IS-0200.c** Basic Incident Command System (ICS) for Initial Response
- **IS-0700.b** Introduction to the National Incident Management System (NIMS)
- **IS-0800.d** National Response Framework – An Introduction

Some employees will be required to complete additional ICS / NIMS training if assigned to a higher level of emergency response duties.

this position. It is not to be construed as an exhaustive list of all job duties, nor construed as declaring all specific duties and responsibilities. It is not intended to limit or in any way modify the right of the supervisor to assign, direct, and redirect work. Employees may be asked to perform additional duties as required by the supervisor that are of similar kind, level, or difficulty.