

**Agenda**  
**Health & Human Services Committee**  
**West Olive Administration Building – Board Room and YouTube**  
**12220 Fillmore Street, West Olive, Michigan 49460**  
**Tuesday, January 31, 2023**  
**9:00 AM**

**Public Comment**

**Consent Items:**

1. Approval of the Agenda
2. Approval of the Proposed Minutes from the [December 14, 2022](#) Health and Human Services Committee meeting

**Action Items:**

1. Election of Committee Vice Chair  
Suggested Motion:  
To elect \_\_\_\_\_ as Vice Chairperson of the Health and Human Services Committee for 2023.

**Discussion Items:**

1. Department Updates
  - a. Human Services Coordinating Council, Patrick Cisler
  - b. Community Mental Health, Lynne Doyle
  - c. Community Action Agency, Jennifer Brozowski
  - d. Public Health Department, Adeline Hambley
  - e. Department of Health and Human Services, Kendra Spanjer

**Public Comment**

**Adjournment**

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

Items Added to Agenda:

1. [Bylaws of Ottawa County Community Action Agency Advisory Board](#)
2. [Documents from Nathaniel Kelly](#)
3. [Public Health Administration Organizational Chart](#)

## HEALTH & HUMAN SERVICES COMMITTEE

### Proposed Minutes

DATE: December 14, 2022

TIME: 9:31 a.m.

PLACE: Fillmore Street Complex

PRESENT: Allen Dannenberg, James Holtvluwer, Joseph Baumann, and Randy Meppelink (zoom)  
(4)

ABSENT: Kyle Terpstra (1)

STAFF & GUESTS: John Shay, County Administrator; Rachel Sanchez, Chief Deputy Register; Madison Schnaidt, Clerk/Register Specialist; Jen Brozowski, Community Action Agency Program Director; Lisa Stefanovsky, Health Officer; Lynne Doyle, CMH Director; Patrick Cisler, Human Services Coordinating Council Executive Director; Zoom attendants: Patrick Waterman, Assistant County Administrator; Gwen Unzicker, Public Health Medical Director; Kendra Spanjer, DHS Director; Sierra Schuetz, Health Educator

#### SUBJECT: CONSENT ITEMS

HHS 22-028 Motion: To approve the agenda of today and to approve the minutes from the November 9, 2022, meeting as presented.

Moved by: Baumann

UNANIMOUS

#### SUBJECT: ACTION ITEMS

None

#### SUBJECT: DISCUSSION ITEMS

1. Ottawa Food Update-Sierra Schuetz gave an Ottawa Food update.
2. Department Updates
  - a. Human Services Coordinating Council- Patrick Cisler gave a Housing Next, ARPA, and unsheltered homeless population update.
  - b. Community Mental Health- Lynne Doyle gave a mental health update.
  - c. Community Action Agency-Jen Brozowski gave a Community Action Agency update.
  - d. Public Health Department- Lisa Stefanovsky and Gwen Unzicker gave a public health update.
  - e. Department of Human Services – Kendra Spanjer gave a DHHS update.

The meeting was adjourned at 10:40 a.m.

**BYLAWS**  
**Ottawa County Community Action Agency Advisory Board**

**ARTICLE I - NAME**

This organization shall be called the Ottawa County Community Action Agency (CAA) Advisory Board.

**ARTICLE II - PURPOSE AND FUNCTION**

The Ottawa County Community Action Agency was established to operate a comprehensive community action program as outlined in the Michigan Economic and Social Opportunity Act of 1981 (PA 230) and its subsequent revisions and to reduce the effects of poverty in Ottawa County by promoting self-sufficiency and economic independence.

The purpose of the Advisory Board is to advise the OCCAA and the Ottawa County Board of Commissioners (the Governing Board) in the setting of basic goals, policies and procedures for its programs under the Act.

**Section I.     Responsibilities of the Governing Board:**

The Governing Board is the Ottawa County Board of Commissioners and has the responsibility and authority to:

1.     Oversee all program operation and planning.
2.     Approve all contracts, annual program budget requests and operational policies of the CAA.
3.     Establish policies for the operation of the CAA.

**Section II.    Specific Responsibilities of the Advisory Board:**

The Advisory Board shall have the responsibility and authority to:

1. Advise the chief elected officials of the units of local government within the service area of the nature and extent of poverty within Ottawa County and recommend needed changes in federal, state, and local policies and programs.
2. Convene public meetings as necessary to provide individuals eligible for services and other community people the opportunity to comment upon public policies and programs to reduce poverty.
3. Act as the Policy Action Committee (PAC) for local Weatherization Programs.
4. Provide recommendations regarding the selection of the Program Director of the CAA.
5. Determine rules and procedures for the Advisory Board, subject to Ottawa County department and MDHHS-BCAEO policies.

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**Ottawa County Community Action Agency Advisory Board**

6. Select the officers and the Program Committee members, if any, of the Advisory Board.
7. Provide policy recommendations regarding personnel, organization, fiscal, and program activities.
8. Set goals, do long range planning, and monitor progress.
9. Provide recommendations regarding approval of all program proposals and budgets, including evaluation.
10. Exercise other responsibilities which the Governing Board chooses to delegate to the Advisory Board.

**Section III. Specific Responsibilities of the Program Director:**

The Program Director shall have the responsibility and authority to:

1. Prepare budgets for consideration by the Advisory Board and the Governing Board.
2. Implement and manage all programs and budgets that are approved by the Governing Board and which are funded.
3. Implement all policies as recommended by the Advisory Board and established by the Governing Board and/or State.
4. Appoint, supervise, and remove all personnel employed by the Ottawa County CAA subject to the personnel policies of Ottawa County.
5. Keep the Governing Board advised on a regular basis of the financial conditions, as well as the contractual and other legal obligations of the Ottawa County CAA.
6. Submit reports as requested by the Advisory Board and the Governing Board.
7. Report any other information which he/she feels should come to the attention of the Advisory Board and the Governing Board.
8. Perform related work required by the Advisory Board and the Governing Board.
9. Attend meetings of the Advisory Board.
10. Provide a structured Board orientation for each new Board member within 6 months of being seated.
11. The administrative responsibilities and authority established in Section 1 of this Article shall at all times be assigned to one individual. During the vacancy, disability, or leave

## **BYLAWS**

### **Ottawa County Community Action Agency Advisory Board**

of absence of the Program Director, the Governing Board may, at its discretion, appoint an Acting Director/Manager in consultation with the Advisory Board.

12. Program Director is to be hired and supervised by the Deputy County Administrator.

### **ARTICLE III – MEMBERSHIP**

#### **Section I. Representation:**

1. The Community Action Agency Advisory Board shall consist of minimum of nine (9) individuals who live or work in Ottawa County that shall be appointed or removed as set forth in this article.
2. One-third of the members of the Advisory Board shall be elected public officials currently holding office, or their appropriate designated representatives. If the number of elected officials reasonably available and willing to serve is less than one-third of the membership of the Board, appointed public officials may represent the public sector. Public sector representatives will be appointed by the County Board of Commissioners.
3. One-third of the Board members shall represent the private sector, including the areas of business, industry, agriculture, labor, education, and religious and civic organizations located within the County. The private sector representatives shall be appointed by the County Board of Commissioners.
4. One-third of the Board members shall be representative of low-income, elderly, or disabled consumers or other individuals eligible for services residing in the County and shall be selected through a democratic process.
5. Nomination for consumer sector:
  - a) Nominations/selections within the community.
  - b) Nomination/selection of eligible low-income representatives by existing organizations designated by a board, whose membership is predominately composed of individuals eligible for services.
  - c) Nomination/selection of eligible low-income persons at a meeting or conference whose date, time, and place have been adequately publicized.
6. Election for consumer sector:
  - a) Nominations will be received and a list including the individual's backgrounds will be presented to the standing membership of the CAA Advisory Board.

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## **Ottawa County Community Action Agency Advisory Board**

- b) Each Advisory Board member shall place one vote for each consumer sector vacancy on the board. The Governing Board will be informed of the individual(s) who received the most votes and has the final say in confirming the appointment.

### **Section II. Term of Office:**

- 1. Members on the Board shall serve for staggered three-year terms.
- 2. The maximum number of terms is (four)
- 3. If appropriate, a waiver will be requested to extend a member's length of service on the Advisory Board.

### **Section III. Vacancies:**

- 1. Vacancies on the Advisory Board shall occur when:
  - a) a member has been notified of his/her official removal by action of the Advisory Board or Governing Board.
  - b) a member notifies the Advisory Board of his/her resignation.
  - c) a member no longer meets the qualifications for membership (i.e., an elected official who leaves elective office).
- 2. Vacancies shall be filled, through the appropriate selection procedure, within 90 days after the Advisory Board or Governing Board has been notified of the vacancy.
- 3. Notice of public sector and private sector vacancy(ies) will immediately be forwarded to the Governing Board/County Administration office who will act according to established Ottawa County guidelines to fill the vacancy(ies).
- 4. Notice of consumer sector vacancy(ies) will be made to those service groups in Ottawa County which interact with the low-income and other representative populations. Referrals from these groups will be nominated for election to the Advisory Board.

### **Section IV. Neglect of Duties:**

- 1. Public and private sector representatives may be removed from the Advisory Board only by the Governing Board based upon recommendation of the Advisory Board or nominating body.
- 2. Consumer sector representatives can be removed by democratic process of the Advisory Board.
- 3. Reasons for removal include the following:

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## **Ottawa County Community Action Agency Advisory Board**

1. Absenteeism from three (3) consecutive meetings whereby such Advisory Board member shall be notified that unless cause for the absence is shown at the following meeting, he/she will be recommended for removal from Advisory Board membership. In the event that such member shows cause, a committee of the Board will then determine whether the member is still interested in and will be able to fulfill the responsibilities of Board membership.
2. Action or actions by such Advisory Board member which are outside the scope of his/her authority as defined by federal and local guidelines and which substantially interfere with the operations of the Ottawa County Community Action Agency.
  - c) Conduct or behavior by such Advisory Board member which is contrary to adopted Board policies and which substantially interferes with the operations of the Ottawa County Community Action Agency.
  - d) Substantial interference with program goals and objectives adopted and implemented by the Ottawa County Community Action Agency.
  - e) Divulgence of confidential information to non-Advisory Board members prior to action thereon by the Advisory Board.
4. Recommendation for removal of any member from the Advisory Board requires an affirmative vote of two-thirds (2/3) of the seated membership of the appropriate Board at any regular or special meeting.

### **Section V. Powers and Duties:**

The Advisory Board shall have such powers and duties as shall from time to time be provided by law or be assigned by the Governing Board.

## **ARTICLE IV - OFFICERS**

### **Section I. Advisory Board:**

1. The officers of the Advisory Board shall consist of Chairperson and Vice-Chairperson or others as deemed necessary. Officers for these positions shall be elected by the Board members every two years in the fall of the year.
2. Chairperson. The Chairperson shall be elected by and from the membership of the Advisory Board. He/she shall appoint all sub-committees, subject to the approval of the Advisory Board unless otherwise provided by the Bylaws and should insure that activities of the Advisory Board are reported to the Governing Board.

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3. Vice-Chairperson. The Vice-Chairperson shall be elected by and from the membership of the Advisory Board. He/she shall perform such other duties as may from time to time be assigned.
4. Any elected officer may be removed from office for cause by the affirmative vote of two-thirds (2/3) of the whole Advisory Board, at any regular or special meeting. Cause for removal of any officer(s) shall be noted in the meeting Minutes.
5. Any vacancy in any office because of death, resignation, or otherwise, may be filled by the Advisory Board for the unexpired portion of the term. The notice of such meeting must state the intent to elect any officer or officers at said meeting.
6. Task committees will be formed as needed to conduct the Advisory Board's business.

**ARTICLE V - MEETINGS**

**Section I. Regular Meetings:**

1. The Board shall meet on a bi-monthly basis (generally the even months of the year). The Advisory Board shall be provided in writing notice of and the agenda for any meeting at least five (5) days in advance.
2. Each member of the Advisory Board shall, at every meeting of the Board, be entitled to one vote upon each subject properly submitted to vote. All proxy votes must be in writing to the Program Director. An email vote by Advisory Board members is allowable in extenuating circumstances on non-controversial matters when a quorum is not met at a regularly scheduled meeting.
3. A majority of those voting on any proposal at any Board meeting at which a quorum is present shall carry the vote, unless otherwise stated in these Bylaws.
4. A special meeting may be called by the Chairperson or any two (2) members thereof upon adequate written notice served to each member. Members may waive notice of any special meeting either before or after the holding thereof.
5. Written Minutes which include a record of votes on all motions shall be distributed to all Advisory Board members prior to the next meeting.
6. Any meeting of the Advisory Board may be adjourned from time to time as the Board may deem necessary.
7. Not less than 51% of non-vacant positions, of the minimum nine (9) seated Board members present, shall constitute a quorum for the transaction of the ordinary business of this Advisory Board.
8. Any citizen may comment upon Agenda items prior to the taking of a vote thereon.

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Citizens, after being recognized, shall identify themselves by name and address and shall ordinarily limit their presentation to four (4) minutes, unless the time is otherwise extended by the Chairperson or by note of the Advisory Board.

9. No employee of the Ottawa County Community Action Agency may serve on the Advisory Board, and no state employee may serve on the Advisory Board in a capacity which will require him/her to act as an agent for Ottawa County Community Action Agency in its dealings with any state department. Any member who has a direct financial interest in any matter being discussed or is an employee or Board member of an organization shall disclose such interest and refrain from voting on such matters.

**ARTICLE VI - AMENDMENTS**

These Bylaws may be amended by a two-thirds (2/3) vote of the membership present and voting at any duly scheduled meeting of the Advisory Board, or via email, and subsequently approved by the Governing Board.

**ARTICLE VII - COMPENSATION**

Reimbursement of actual expenses (mileage, etc.) to all members of the Advisory Board is permitted at the rates established by the Governing Board for the performance of duties and responsibilities in connection with Ottawa County Community Action Agency funded programs. An Advisory Board member may, at his/her option, waive such payments.

The professional experience I have gained started as a civilian employee at Robins AFB, where I was appointed as an OSHA VPP liaison as an additional duty. This is the setting in which I first ignited my interest in Occupational Safety and Health, Environmental Health, and Public and Community Health. This Air Force installation employed over 22K employees, both military and civilian. After gaining several years of experience, I initiated my professional education while working 60 hours a week in a traveling role. This foundational beginning is important when conveying my ability to access risk and protect both occupational employees and the community from a wide array of industry specific hazards.

An area of public health that concentrates on injury and illness trends in the workplace is occupational health. This is an often-misunderstood overlap between professions. Many OEHS and PH professionals carry dual roles viewed as Total Worker Health to include administrative management and supervisory oversight regarding these areas of discipline, for example:

- Safe drinking water
- ISO/Lab Safety and containment protocols
- Radiation
- RCRA
- SARA I, II, and III
- NESHAP I, II, and III
- Emergency planning and management
- Testing for PFAS
- Identifying, tracking and controlling communicable disease transmission
- Cradle to grave chemical procurement, use, storage and disposal
- Avoiding cross contamination from workplace to community
- Identifying and mitigating
- Waste water management
- Community relations
- Communication with local, state and federal regulatory agencies.

The CDC recognizes Occupational Safety and Health as an integral aspect of Public Health, often misunderstood by the general public. [Workplace Health Is Public Health | Blogs | CDC](#) The workplace is a small cohort of the public. I recognize community concern, but my resume and LinkedIn are a small snapshot of my overall skill set and reach.

As to the online college aspect, I am an autodidact and was functioning in the course of my professional duties while garnering the certifications and degrees needed to show basic competency in my chosen field. Many of the topics covered in the graduate degree program were aspects of the profession that I was able to directly self-cite in reference. The Environmental/Occupational Safety and Health discipline is one that is mastered by the act of doing. An example of this is air sampling in a specific work area to identify the exposure of employees to secondary byproducts of cutting fluid use by machine equipment. One can read about technique but the actual practice of gathering and calibrating sampling pumps to draw air at a specific flow rate with the given sampling media is one that has to be done in real life. The area has to be identified and designated, ambient conditions specific to the worker and the hazards are identified. The worker is fitted with a pump and given real life in-situ training. Then I would have to refer

the specific SDS to determine the potential exposure then refer to my chemistry background to know that as the cutting fluid reaches a specific temperature, it will convert to formaldehyde which is a greater hazard than the original test would identify. This calculated exposure has a public health impact in that the effected worker could bring contaminated clothing home and expose his or her immediate family through cross contamination affecting the health of others not confined to the specific workplace.

Columbia Southern was granted accreditation by the Southern Association of Colleges and Schools – Commission on Colleges (SACSCOC) on Dec. 6, 2022. SACSCOC is the primary accreditor for most colleges and universities in the southeast including University of Georgia, Auburn University, University of Alabama, University of Florida and others. CSU is also currently accredited by the Distance Education Accrediting Commission (DEAC). Both accrediting bodies, SACSCOC and DEAC, are recognized by the Department of Education and the Council for Higher Education Accreditation.

#### Reference reading materials

Centers for Disease Control and Prevention. (2016, December 7). *Workplace health is public health*. CDC Blogs | Blogs | CDC. <https://blogs.cdc.gov/niosh-science-blog/2013/04/01/public-health-week/>

Scutchfield, F. D., & Keck, C. W. (1997). *Principles of public health practice*. Cengage Learning.

Shafritz, J. M., & Hyde, A. C. (2016). *Classics of public administration*. Cengage Learning.

Teitelbaum, J. B., & Wilensky, S. E. (2016). *Essentials of health policy and law*. Jones & Bartlett Publishers.



# The connection between occupational safety and health and public health

Marian Schaapman  
ETUI

Following the outbreak of the Covid-19 pandemic, a particular notion suddenly started popping up in EU policy documents and debates, as well as on conference and research programmes in the field of occupational safety and health (OSH): that of the important connection between OSH and public health (PH).

The concept arises particularly in relation to the goal of “increased preparedness for potential future health crises”, as outlined in the EU Strategic Framework on Health and Safety at Work 2021-2027. In this context, the European Commission advocates that “synergies between OSH and public health should be further developed”. In the mandate given to the Working Party installed by the tripartite EU Commission’s Advisory Committee on Safety and Health (ACSH) to undertake this task, reference is made to “the evident interaction between OSH and PH”. However, nowhere in the mentioned documents is this apparently “evident” link explained, nor is there any clarity offered about how such “synergies” should be promoted. And, perhaps most remarkably, the academic literature on the topic does not provide us with much content on this concept of the interlinkage between the two fields either. It is therefore not surprising that at international and EU-level conferences, the topic appears in the form of “an exploration”.

So here are a few initial thoughts to help take this exploration a little further, starting with a couple of key questions. What do we actually mean when we speak about the link between OSH and PH? And what actions and measures should be taken to increase synergy between the two fields?

## The basis: a clear causal link

The term “public health” refers to the health of the population as a whole, especially as the subject of government regulation and support. The term is also used to refer to the branch of medical science dealing with public health. Occupational safety and health, meanwhile, refers to the safety and health of workers, especially as the subject of preventive and protective measures put in place by employers, and based on government regulation. These

basic definitions point at the evident causal link between the two fields: occupational health is an important determinant of public health, for work can be and unfortunately often is a cause of diseases. In other words, work, exposure to occupational risks, and working conditions are essential factors for understanding population health. Citizens and workers are the same people: if they work in bad conditions that affect their health, it will show in public health statistics through increased disease rates.

However, as obvious as this may seem, work is hardly ever taken into account as a causal factor in public health data. These data consider individual behavioural elements such as smoking, alcohol abuse and unhealthy diets, but much less so environmental and work-related – what we can call “collective” – factors.

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*The Covid-19 pandemic has been a wake-up call, for it has become clear beyond any doubt that work is a key vector in the spreading of the virus.*

It is here that the Covid-19 pandemic has been a wake-up call, for it has become clear beyond any doubt that work is a key vector in the spreading of the virus, with workers in many sectors and professions at great risk of contamination. While in normal times occupational risks and the diseases that occur as a result of them, such as respiratory diseases, cancer or depression, usually stay invisible – only a problem for the victims to deal with – this time, becoming ill at work from Covid-19 is an issue of great public interest. Workplace contamination undermined the continuation of essential services like healthcare and public transport and it created a health risk for the population at large – think, for example, of the meat-processing workers who were quarantined after large numbers of them became infected, to prevent them from infecting others. The Covid-19 pandemic has, in other words, shone a spotlight on occupational health risks and, more than this, presented a window of opportunity to act.

### **The (missing) link between OSH and PH in health data and healthcare**

Since, until now, the occupational causes of diseases have hardly ever been taken into account either in public health surveillance and registration systems or the data that result from them, they have remained largely invisible. Moreover – or perhaps we can say to a large extent as a result of this invisibility – healthcare practitioners also seem to have a blind spot when it comes to work. Let's take a simple, hypothetical example to illustrate what the consequences of this situation can be.

Imagine a painter goes to see his doctor. He has been experiencing regular headaches (especially by the end of the week), incidences of fainting at work (his colleagues lie him on a mattress and then when he wakes up he continues working), and lately he has more and more difficulties with his memory. His wife complains that he has outbursts of aggression that are completely out of character for him. The doctor does not ask his patient what kind of work he does and prescribes him a few weeks of rest, and after that, the painter returns to his work, where – what would have been obvious to any OSH expert – the exposure to the

solvents in the paint he works with are the very cause of his health complaints. The painter goes through several of these cycles of work and prescribed rest until, finally, his wife reads something about psycho-organic syndrome (POS), or "painters' disease", in their union's magazine, and recognises the symptoms. By then, however, it is too late to reverse the disease and the painter is severely handicapped for the rest of his life.

If health surveillance and registration systems would include OSH as a possible causal factor, similarly to individual behavioural factors like smoking, alcohol abuse and unhealthy diets, they would more adequately be able to account for the causes of diseases and inequities in population health in all their complexity. A good example here are cancer registration systems. If these were to include a work history of patients, we would gain a much clearer image of the extent to which carcinogens and mutagens at work are responsible for (certain) cancers amongst the general population. This would help to strengthen the case for more cancer prevention measures at work. It would also make medical practitioners more aware of the possible occupational causes of diseases, which would in turn also contribute to prevention.

### **Establishing the link within health governance**

Decisions on health are largely made based on public health evidence in which, once again, OSH is a blind spot. This was clearly shown in the process of classifying the Covid-19 virus in the context of the Biological Agents Directive<sup>1</sup>. A panel completely composed of public health experts looked only at the disease's mortality rate, totally overlooking both contagiousness and working conditions as factors. For OSH experts it was clear from the outset that working conditions contained a built-in risk to multiply contagion, both because of the intrinsic characteristics of

various kinds of work (e.g. client/patient contacts, closeness to co-workers, impossibility to apply basic hygienic rules, low temperatures, etc.) and because of some factors related to work (such as travel to work in packed public transport or poor housing conditions, with too many people living in close proximity). But OSH experts were not involved in the process of classification. As a consequence, Covid-19 did not end up in the highest risk category (4) but in the one below that (3), despite the fact that it has now killed far more people than, for example, Ebola, which is in the highest risk category.

This can only lead to the conclusion that OSH experts should be included in decision-making processes on public health issues. Including them as important stakeholders would be, at the very least, just good governance. An element not to forget here is the expertise of workers themselves. Work as it is implemented in practice is often very different from work as it is designed – a well-known insight of ergonomists. Often workers are not only the best but actually the only experts that can report on the OSH risks in a specific work context.

A final question, then: are there any drawbacks to integrating the knowledge of occupational safety and health into public health registries, data and practice, as well as into its governance? Well, perhaps just one note of caution: OSH should remain a separate and independent field of expertise and policymaking. Its focus needs to stay on the realm of work, and its governance under the umbrella of employment policy, where it is imperative that the institutions and advisory and negotiation bodies dedicated to OSH be maintained. ●

1. See Musu T., "The Good, the BAD and the Ugly", *Hesamag* #23, Spring 2021. <https://www.etui.org/publications/workers-food-chain>

# Public Health Administration

