



## Section I: Powers and Duties

### MPR I

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.

*Reference: P.A. 368 of 1978, Section 2433*

#### **Indicator I.1**

A local health department shall implement and enforce laws for which responsibility is vested in the local health department. (Section 2433 (2) (a)).

#### **This indicator may be met by:**

- Lists of state and local laws and regulations for which the local health department is responsible in preventing disease, prolonging life, and promoting public health (see Attachment A for state laws that may be applicable).
- Documents setting out the local health department's policies and procedures for enforcement of those laws and regulations for which it is responsible.

#### **Documentation Required:**

Documents setting out the policies and procedures for enforcement, including warning orders and notices, engagement of the court to enforce orders in cases of noncompliance, and the issuance of emergency orders to the mass populace, which may include involuntary detention and treatment.

#### **Evaluation Question:**

None.

#### **Indicator I.2**

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health. (Section 2433 (2) (b)).

#### **This indicator may be met by:**

- Demonstrating access to vital and health statistics for both internal and external customers.
- Documents that demonstrate both qualitative and quantitative analysis and interpretation of vital and health statistics in reports for, at a minimum, the major causes of morbidity, mortality and environmental health hazards within the jurisdiction.

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### **Documentation Required:**

See the ‘This indicator may be met by:’ section of this indicator.

### **Evaluation Question:**

None.

### **Indicator I.3**

A local health department shall make investigations and inquiries as to the causes of disease and especially epidemics, the causes of morbidity and mortality, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. (Section 2433 (2) (c)).

### **This indicator may be met by:**

- A written description of the organizational arrangements and capacity to conduct such investigations, including policies and procedures for doing the same.
- Documentation of required reports to the State of Michigan related to disease outbreaks and environmental health hazards.
- Documents which demonstrate the investigation of causes of morbidity and mortality and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness within the jurisdiction.

### **Documentation Required:**

See the ‘This indicator may be met by:’ section of this indicator.

### **Evaluation Question:**

None.

### **Indicator I.4**

A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both. (Section 2433 (2) (d)).

### **This indicator may be met by:**

Documentation which demonstrates involvement in activities to educate the population about the major causes of morbidity, mortality, and environmental health hazards.

### **Documentation Required:**

See the ‘This indicator may be met by:’ section of this indicator.

### **Evaluation Question:**

None.

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### **Indicator I.5**

A local health department shall provide or demonstrate the provision of required services as set forth in Section 2473(2). (Section 2433 (2) (e)). See Attachment A for required services. Note: A LHD may indicate that it is not providing one or more required services. See Attachment B for excerpt from the Public Health Code (P.A. 368, Sept. 30, 1978).

#### **This indicator may be met by:**

Documentation that required services set forth in Attachment A are available in the jurisdiction either by direct delivery or through other community providers.

#### **Documentation Required:**

See the ‘This indicator may be met by:’ section of this indicator.

#### **Evaluation Question:**

None.

### **Indicator I.6**

A local health department shall 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. (Section 2433 (2) (f)).

#### **This indicator may be met by:**

A current Plan of Organization adopted by the local governing entity and approved by the Director of the Michigan Department of Health & Human Services (MDHHS), containing an organizational chart which includes the names of all local health department leadership, must be on file with MDHHS at all times.

#### **Documentation Required:**

See the ‘This indicator may be met by:’ section of this indicator.

#### **Evaluation Question:**

Did the local health department maintain continuity of operations during the entire accreditation cycle with both a Health Officer and Medical Director in good standing per the Michigan Public Health Code and Michigan Administrative Code?

### **Indicator I.7**

A local health department shall plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both. (Section 2433 (2) (g)).

#### **This indicator may be met by:**

Documentation which demonstrates involvement in activities to provide and/or support Nutrition Services in the jurisdiction.

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### **Documentation Required:**

See the ‘This indicator may be met by:’ section of this indicator.

### **Evaluation Question:**

None.

### **Indicator 1.8 (Not Scored; Demonstration Public Health 3.0 Indicator for Cycle 9)**

A local health department shall engage multiple sectors and community partners to generate collective impact for improving social determinants of health<sup>1</sup> and addressing public health priorities. Collaborative efforts and actions must include various cross-sector and non-traditional partnerships outside the health department and within the community, as defined below (see list under “Documentation Required”).

#### **This indicator may be met by:**

There are seven listed actions a health department may take to meet the indicator, noted below. A health department must provide evidence that it is meeting **at least three of the seven** actions. Documentation required should be provided and evaluation question answered for each of the actions demonstrated.

1. Developing or building new cross-sector and non-traditional partnerships toward achieving collective impact; and/or
2. Leading community health promotion efforts in partnership with health care systems, clinicians, health insurers, and hospitals; and/or
3. Participating with and supporting community coalitions that examine data, set collective goals, and develop plans to improve health outcomes; and/or
4. Leading or playing a prominent community role in engaging multiple sectors to address determinants of health; and/or
5. Using creative and/or innovative strategies to collectively develop partnerships and impact the greatest health needs of the community; and/or
6. Providing leadership in public health policy development through collaboration with multiple sectors and community partners. This may include serving as a chief health strategist or community convener to drive initiatives including those that foster shared resources, services, goals, and collective action to create or assure conditions that improve the community’s health and well-being, such as a community health assessment, environmental assessment, and community health improvement plan in partnership with health systems; and/or
7. Participating in formal or informal academic partnerships to implement and test evidence-based strategies, and/or participating in community-based participatory research.

### **Documentation Required:**

The health department must describe and document its engagement of multiple sectors, non-traditional partners, and community members to improve social determinants of health and address public health priorities. Required documents may include, but are not limited to: policies, plans, assessments, reports, agendas, meeting minutes, participant lists, websites, data sets, briefs, media campaigns, contracts, memorandums of understanding, etc. Documents may include,

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<sup>1</sup> “Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” CDC’s Healthy People 2030, accessed 4/14/2025. [Social Determinants of Health - Healthy People 2030 | odphp.health.gov](https://odphp.health.gov/social-determinants-of-health-healthy-people-2030)



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but are not limited to:

- a) Description of the multi-sector partnership and its members
- b) LHD’s prominent role in the partnership
- c) Priorities, health needs, and social determinants of health addressed
- d) Collaborative process used (key action steps taken, or model used) and duration of the collaboration
- e) Frequency and mode of meetings
- f) List of partnership resources, assets, and roles/responsibilities (i.e., what each partner is contributing to the effort)
- g) Method of implementing actions, responsible parties, and monitoring of progress
- h) Outcomes and results of the collective action and cross-sector partnership

The same documents can be used to show evidence of meeting multiple items below.

Cross-sector partners and non-traditional partners may include, but are not limited to: elected officials, law enforcement, correctional agencies, transportation, housing and community development, parks and recreation, planning and zoning boards, school boards, groups representing populations with high risk or poor health outcomes, businesses, industries, non-profit organizations, faith-based organizations, chambers of commerce, civic groups, hospitals, health-care providers, health insurers, environmental groups, economic development, philanthropic groups, social services, neighborhood organizations, nursing homes, academia, and mental health. Special attention must be made to ensure inclusion of those groups who are served by the health department, including groups who experience health and social inequities. Examples include groups or individuals who represent minority health, tribal agencies, community members, service recipients, people with lived experience, etc.

### Evaluation Questions:

	<b>This indicator may be met by:</b>	<b>Evaluation Questions</b>
1	Developing or building new cross-sector and non-traditional partnerships toward achieving collective impact.	<ul style="list-style-type: none"> <li>• How has the LHD developed or built a cross-sector community collaboration coalition or work group with non-traditional partners that addresses community health priorities or other important community health issues?</li> <li>• Can the LHD describe the process for establishing the partnerships and demonstrate outcomes?</li> <li>• What is the impact of the LHD’s cross-sector partnership?</li> </ul>
2	Leading community health promotion efforts in partnership with health care systems, clinicians, health insurers, and hospitals.	<ul style="list-style-type: none"> <li>• How is the LHD leading a community health promotion effort in partnership with its local health care system (hospitals, health care providers, FQHCs, health care service insurers, etc.)?</li> </ul>
3	Participating with and supporting community coalitions that examine data, set collective goals, and develop plans to improve health outcomes.	<ul style="list-style-type: none"> <li>• How is the LHD collaborating with and supporting community coalition planning and implementation efforts to improve health outcomes (through data analysis and data sharing; planning activities including establishing goals, objectives, work plans, evaluation, resource and grant acquisition, etc.)?</li> </ul>



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	<b>This indicator may be met by:</b>	<b>Evaluation Questions</b>
4	Leading or playing a prominent community role in engaging multiple sectors to address determinants of health.	<ul style="list-style-type: none"> <li>• How is the LHD leading, participating and/or supporting community multi-sector partnerships.</li> <li>• Has the LHD created, convened, and/or sustained relationships with community organizations (private, public, non- profits) that serve particularly vulnerable population groups?</li> <li>• Can the LHD describe the process for establishing the partnerships and demonstrate outcomes?</li> </ul>
5	Using creative and/or innovative strategies to collectively develop partnerships and impact the greatest health needs of the community.	<ul style="list-style-type: none"> <li>• How is the LHD using creative and/or innovative strategies to develop and sustain partnerships that impact community health priorities?</li> </ul>
6	Providing leadership in public health policy development through collaboration with multiple sectors and community partners. This may include serving as a chief health strategist or community convener to drive initiatives including those that foster shared resources, services, goals, and collective action to create or assure conditions that improve the community’s health and well-being, such as a community health assessment, environmental assessment, or community health improvement plan in partnership with health systems.	<ul style="list-style-type: none"> <li>• How did the LHD demonstrate serving as a “Chief Health Strategist” that convened community stakeholders to determine health priorities, develop plans to address health priorities, and evaluate community health outcomes/impacts?</li> </ul>
7	Participating in formal or informal academic partnerships to implement and test evidence-based strategies, and/or participating in community-based participatory research.	<ul style="list-style-type: none"> <li>• Has the LHD developed and can demonstrate formal or informal partnerships with universities or academic organizations to implement evidence-based programs and/or strategies or participate in Community Based Participatory Research?</li> </ul>



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**Attachment A**

**MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH**

Services	Rule or Statutory Citation	Required = Basic + Mandated + ELPHS				Allowable 2	Notes
		1	1-A	1-B	1-C		
Immunizations	MCL 333.9203; R 325.176; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218 and 1222)	X	X	X	X		
Infectious/ Communicable Disease Control; Reporting (General)	MCL 333.2433; Part 51, MCL 333.5101 <i>et seq.</i> ; Part 52, MCL 333.5201 <i>et seq.</i> ; R 325.171 <i>et seq.</i> ; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218 and 1222)	X	X	X	X		See below for more specific requirements.
STI Control	MCL 333.5117; R 325.174; R 325.175; R 325.177; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218 and 1222)	X	X	X	X		For more on HIV/AIDs, see below.
TB Control	MCL 333.5117; R 325.174; R 325.175; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218)	X	X	X			
Emergency Management – Community Health Annex	MCL 30.410; Annual appropriations act (example: P.A. 121 of 2024 Sec. 218)	X	X	X			Basic Service under annual omnibus appropriations act; Mandated Service if required under Emergency Management Act, MCL 30.401 <i>et seq.</i>
Prenatal Care	Annual appropriations act (example: P.A. 121 of 2024 Sec. 218)	X	X				
Family Planning Services for Indigent Women	MCL 333.9131	X		X			
Health Education	MCL 333.2433	X		X			See MCL 333.2237(2) for a definition of "health education."

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Services	Rule or Statutory Citation	Required = Basic + Mandated + ELPHS				Allowable	Notes
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; Reporting, Counseling, and Partner Notification	MCL 333.5114; MCL 333.5114a; MCL 333.5131 MCL 333.5923; R 325.173	X		X			
Care of Individuals with Serious Communicable Disease or Infection	MCL 333.5117; Part 53, MCL 333.5301 <i>et seq.</i> ; R 325.177	X		X			"Financial liability for care rendered under this section shall be determined in accordance with part 53." MCL 333.51147(4).
Hearing and Vision Screening	MCL 333.9301; R 325.3271 <i>et seq.</i> ; R 325.13091 <i>et seq.</i> ; Annual appropriations act	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R 325.2111 <i>et seq.</i>	X		X			Required if "designated." MCL 333.12524(1).
Campground Inspection	MCL 333.12510; R 325.1551 <i>et seq.</i>	X		X			Required if "designated." MCL 333.12510(1).
Public/Private On-Site Wastewater	MCL 333.12751; MCL 333.12757; R 323.2210; R 323.2211	X		X	X		"Alternative waste treatment systems" are regulated by LHD.
Food Protection	MCL 289.3103 <i>et seq.</i> ; Annual appropriations act	X		X	X		
Pregnancy Tests; Certification Forms	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.12701 <i>et seq.</i> ; MCL 325.1001 <i>et seq.</i> ; R 325.1601 <i>et seq.</i> ; R 325.10101 <i>et seq.</i>	X			X		
Allowable Services						X	This category includes all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.

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Other Responsibilities (Upon Delegation)	MCL 333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but instead refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.

**MATRIX DEFINITIONS**

Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408(1)	- "A basic health service designated for delivery through a local health department [LHD] . . . for the local fiscal year covered by the appropriation"; - "[A] local health service specifically required pursuant to [Part 24] or specifically required elsewhere in state law"; or - Services designated under ELPHS.
1-A. Basic Service	MCL 333.2311; MCL 333.2321(2)	A service identified under Part 23 that is funded by appropriations to MDHHS or that is made available through other arrangements approved by the Legislature. Defined by the omnibus appropriations act and could change annually.
1-B. Mandated Service	MCL 333.2408(1)	The portion of required services that are not basic services but are "specifically required pursuant to [Part 24] or specifically required elsewhere in state law."
1-C. ELPHS	Annual appropriations act (example: P.A. 121 of 2024 Sec. 1222. (1))	Funds appropriated in the MDHHS section of the Omnibus Appropriations Act that are to be prospectively allocated to LHDs to support immunizations, infectious disease control, STD control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403(1);	"[A] health service delivered [by an LHD] which is not a required service but which [MDHHS] determines is eligible for cost reimbursement."
Omnibus Appropriations Act	Annual appropriations act	Most recent omnibus appropriations act for MDHHS.

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### Attachment B

#### SELECTION OF LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

##### **Public Health Code (Public Act 368 of 1978, as amended)**

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 Departments

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

MCL § 333.5923 – HIV Testing and Counseling Costs

MCL § 333.9131 – Family Planning Services

Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization

Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision Testing and Screening

MCL § 333.11101 – Reporting of Prohibited Donation or Sale of Blood Products

Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds and Public Swimming Pools

Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems

Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste

MCL § 333.17015 – Informed Consent

##### **Appropriations (Current as of April 2025: Public Act 121 of 2024)**

Sec. 218 – Basic Services

Sec. 1222– Essential Local Public Health Services (ELPHS)

##### **Michigan Office of Attorney General (OAG) 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

OAG, 1989-1990, No. 6650 – LHD procedures for establishing sanitation fees for food service establishments

OAG, 1995-1995, No. 6891 – Application of Administrative Procedures Act of 1969 (APA) to LHD

OAG, 2007, No. 7205 – LHD's authority concerning immunization requirements

##### **Food Law (Public Act 92 of 2000, as amended)**

MCL § 289.1109 – Definition of "Local Health Department"

MCL § 289.3103, *et seq.* – Enforcement, Delegation to Local Health Department

##### **Natural Resources and Environmental Protection Act (Public Act 451 of 1994, as amended)**

Part 31 (MCL §§ 324.3101, *et seq.*) – Water Resources Protection

Water Resources Protection, Part 22 (R 323.2201, *et seq.*) – Groundwater Quality Rules (on-site wastewater treatment)

Part 117 (MCL §§ 324.11701, *et seq.*) – Septage Waste Services

##### **Land Division Act (Public Act 288 of 1967, as amended)**

MCL § 560.105(g) – Preliminary Plat Approvals

MCL § 560.109a – Parcels Less Than One Acre

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MCL § 560.118 – Health Department Approval

### **Condominium Act (Public Act 59 of 1978, as amended)**

MCL § 559.171a – Approval of Condominium Project Not Served by Public Sewer and Water

### **Safe Drinking Water Act (Public Act 399 of 1976, as amended)**

MCL § 325.1016 – Agreements to Administer Act; Public Water Supplies

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.



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### Attachment C

#### Public Health Code (P.A. 368 of 1978):

#### **333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.**

Sec. 2475.

(1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

- (a) First year, 20%.
- (b) Second year, 30%.
- (c) Third year, 40%.
- (d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.