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Edited and compiled by Rona Harris and Wendy Duke-Littlejohn

Photo credit for cover: Rhoda Baer
Welcome to this report of Ingham County Health Department (ICHD) activities for the years 2008 and 2009. Despite these most challenging economic times, ICHD staff sought innovative ways to maintain, and in some cases expand, the broad array of public health and personal health services we offer to Ingham County residents.

A number of initiatives are worth mentioning:

- Most of the ICHD’s network of Community Health Centers received designation by the federal government as Federally Qualified Health Centers. These Health Centers also received American Recovery and Reinvestment Act funding to bolster our primary care clinics for underserved residents.
- The H1N1 pandemic struck Ingham County. ICHD staff worked with multiple community partners to mitigate this infectious disease threat.
- ICHD continued to be the lead primary care provider for the area’s uninsured and underinsured.
- ICHD supported the Power of We Consortium. This Consortium helped secure federal funding of over $1 million to support infrastructure development and capacity building for area nonprofits providing needed human services.
- ICHD supported Ingham County’s Land Use and Health initiatives. These initiatives are helping our community grow in an ecologically smart and green way.
- ICHD became a partner with other major health care providers in the Regional Health Information Organization. This endeavor will facilitate medical records information exchange between providers so that accurate and timely care can be given.
- A strong and growing partnership is developing between ICHD and local media. ICHD officials are working with media outlets to provide regular public health updates to area residents.

I encourage you to review this report to understand how public health in Ingham County positively touches everyone’s life, directly or indirectly, in our community. It is an honor to be the Health Officer of a community that has such a rich public health tradition and such committed staff, elected officials and residents.

Dean G. Sienko, M.D.
Health Officer and Medical Director
2010
Ingham County Board of Commissioners

Debbie De Leon, Chairperson
Victor Celentino, Vice-Chairperson
Steve Dougan, Vice-Chairperson Pro-Tem

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Debbie De Leon District No. 2 Mark Grebner District No. 10
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Commissioner Shelby Bupp, and Beth Boyce
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Ingham County Health Department Administrative Staff

Dean Sienko, M.D., M.S., Health Officer and Medical Director
Renée B. Canady, Ph.D., M.P.A., Deputy Health Officer, Public Health Services
Debra Brinson, M.P.A., Deputy Health Officer, Community Health Care Services
Laura Peterson, M.A., Deputy Health Officer, Health Plan Management
John Jacobs, C.P.A., Chief Financial Officer
Marcus Cheatham, Ph.D., Assistant Deputy Health Officer

Ingham County Health Department’s Core Values

Servant Leadership - We are here to serve people to the best of our ability, seeing beyond our own needs to meet theirs.

Accountability - We are accountable for the quality, integrity, and validity of our work.

Respect for Others - We see the value of all people, and express this through respectful attention to their unique strengths and challenges.

Continuous Mutual Learning - We are committed to learning through the experience and insight of others.

Health Equity - We improve the health of the entire community by working toward a fair and just distribution of the social opportunities needed to achieve well-being.

Ingham County Health Department
Costs and Sources of Funding

October 1, 2007 to September 30, 2008
Total Funding $40,329,275
Total Expenses $39,822,483

Sources of Funding
Ingham County Budget - 27.78%
Fees - 24.11%
State Agreements - 22.30%
State Local Public Health Operations - 3.59%
Cigarette Tax - .17%
Other - 22.05%

Cost by Service Category
Family Health Services - 69.25%
Admin. Support Services - 10.20%
Public Health Preparedness, Disease Control, Environmental Health - 9.22%
Health Plan Management - 5.89%
Jail Medical Services - 4.67%
Medical Examiner - .77%

October 1, 2008 to September 30, 2009
Total Funding $38,316,852
Total Expenses $37,811,928

Sources of Funding
Ingham County Budget - 25.85%
Fees - 29.14%
State Agreements - 19.88%
State Local Public Health Operations - 3.63%
Cigarette Tax - .13%
Other - 21.37%

Cost by Service Category
Family Health Services - 69.92%
Admin. Support Services - 9.37%
Public Health Preparedness, Disease Control, Environmental Health - 9.15%
Health Plan Management - 5.87%
Jail Medical Services - 4.88%
Medical Examiner - .81%
About Ingham County

Selected Demographics

Established in 1829, Ingham County is one of eighty-three counties in Michigan. Its 561 square mile territory includes five cities, three villages, five unincorporated areas and sixteen townships. The county is home to the state’s capitol, Lansing. The county seat is Mason.

An estimated 279,295 people called Ingham County home in 2008.\(^1\) Ingham County is the seventh most populous county in Michigan. The population of Ingham County, in the past eight years, has remained stable. The estimated population in Ingham County was 279,647 in July 2000 and in July 2007 it was estimated to be 279,295.\(^1\) Changes in population numbers result from both natural changes (births and deaths in the area) and migrations (both international and domestic). Between July 2000 and July 2007 the county’s population increased as a result of natural changes (more births than deaths) and international migration (more persons relocating to Ingham County from abroad than leaving to live elsewhere).\(^2,3\) That growth was tempered by persons leaving the county for other areas within the United States (domestic migration).\(^2,3\) Compared to other counties in the state, Ingham County has a young population. The median age of county residents is 32.4 years.\(^4\) One in three county residents is under the age of 20 years.\(^5\) Table 1 displays the racial/ethnic composition of the county compared to the state.

The county boasts one of the more diversified economies in the state, with a mix of government, education (including the second largest university in the state), manufacturing, and agriculture. Nevertheless the economic downturn has affected the county’s economy. Although the median household income of county residents has remained flat (from $37,917 (±$2,686) in 2000 to $37,542.46 (±$1,379) in 2007 (adjusted for inflation), the cost of living has increased.\(^7,8\) The annual unemployment rate in Ingham County rose from 2.9% in 2000 to 7.9% in 2008. In 2007 nearly 20% of residents in Ingham County lived below the federal poverty level, whereas in 2000 the percentage of residents in poverty was 14.4%.\(^9\)

Racial/Ethnic Composition of Ingham County and Michigan, 2007

<table>
<thead>
<tr>
<th></th>
<th>Ingham County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Whites</td>
<td>76.5%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Non-Hispanic Blacks</td>
<td>10.4%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Non-Hispanic Multiracial</td>
<td>2.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>American Indians/Alaskan Natives</td>
<td>0.5%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
A Commitment to Improving Health

Despite the challenges created by a severe nationwide and regional economic downturn in both 2008 and 2009, Ingham County’s Commissioners remained steadfast in their support for health-enhancing services and programming. The County continued to invest in Ingham Health Plan (IHP) which provides basic primary and preventive coverage to residents who are uninsured. Outreach to enroll uninsured residents in Medicaid or IHP in collaboration with a number of community partners was also maintained. In addition, Ingham County Health Department aggressively sought grant funds from federal, state and private sources to continue offering innovative programming for county residents. The County continues to support work on policy and environment changes that make it easier for residents to make healthier choices.

Health Challenges in the County

The health of a community is an essential factor in its growth and development. Excess disease and death within a community can hamper this growth and development. Infant mortality (defined as the death of a live-born infant within the first year of life) is used globally as a measure of a society’s well-being. The rate of infant death in the county was similar to the state’s rate. For every 1,000 live births in Ingham County, approximately eight infants died before their first birthday in 2007. A considerable disparity is observed between the county’s Black infants and White infants. White infants died at a rate of about seven deaths per 1,000 live births, while the infant mortality rate among Black infants was approximately sixteen deaths per 1,000 live births. This indicator suggests a present threat to the health of Ingham County residents.

Chronic diseases, if poorly managed, can hinder growth and development of a region by depriving the community of the full potential of all its citizens. At an individual level, chronic diseases are associated with increased medical costs, disability and a decrease in quality of life. Two conditions associated with a decrease in quality of life and disability are diabetes and arthritis. Between 2005 and 2007, 8.2% of Ingham County adults reported being diagnosed with diabetes and 28.0% were diagnosed with arthritis. Most chronic disease cases are preventable. Proper health behaviors like early diagnosis, balanced diet, and physical activity, can decrease the risk of acquiring most chronic diseases.

11. Selected Health Indicators and Risk Estimates by Community Health Assessment Regions & Local Health Departments, 2005-2007 Michigan Behavioral Risk Factor Survey, Chronic Disease Epidemiology Section Bureau of Epidemiology, Michigan Department of Community Health.
### Ingham County Vital Statistics, 2007

<table>
<thead>
<tr>
<th>Year</th>
<th>Population*</th>
<th>Births</th>
<th>Total Death‡</th>
<th>Infant Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Rate **</td>
<td>Number</td>
</tr>
<tr>
<td>2008</td>
<td>279,618</td>
<td>3,558</td>
<td>12.7</td>
<td>1,926</td>
</tr>
<tr>
<td>2007</td>
<td>280,564</td>
<td>3,639</td>
<td>13.1</td>
<td>1,895</td>
</tr>
<tr>
<td>2006</td>
<td>281,002</td>
<td>3,622</td>
<td>13</td>
<td>1,922</td>
</tr>
<tr>
<td>2005</td>
<td>280,549</td>
<td>3,656</td>
<td>13.1</td>
<td>1,926</td>
</tr>
<tr>
<td>2004</td>
<td>281,487</td>
<td>3,745</td>
<td>13.3</td>
<td>1,934</td>
</tr>
<tr>
<td>2003</td>
<td>280,334</td>
<td>3,745</td>
<td>13.3</td>
<td>1,934</td>
</tr>
<tr>
<td>2002</td>
<td>279,011</td>
<td>3,650</td>
<td>12.7</td>
<td>1,887</td>
</tr>
<tr>
<td>2001</td>
<td>278,316</td>
<td>3,702</td>
<td>13.2</td>
<td>1,823</td>
</tr>
<tr>
<td>2000</td>
<td>277,528</td>
<td>3,776</td>
<td>13.5</td>
<td>1,923</td>
</tr>
<tr>
<td>1999</td>
<td>280,035</td>
<td>3,672</td>
<td>12.9</td>
<td>1,882</td>
</tr>
</tbody>
</table>

*Population estimates as of July 1 for the specified year. These population estimates were developed by the Population Division of the U.S. Census Bureau through the Federal-State Cooperative for Population Estimates. Last Updated: 02/02/2009.

** Birth Rate: Crude birth rates are the number of live births per 1,000 resident population. 1999-2007 Michigan Residents Birth Files, Vital Records & Health Data Development Section, Michigan Department of Community Health.

† Total Death Rate: Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group. Age-adjusted death rates are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000.

‡ Infant Death Rate: The infant death rate is the number of deaths of residents less than one year old in a calendar year divided by total resident live births in that calendar year multiplied by 1,000.


### Select Underlying Causes of Death Among Ingham County Residents, 2007

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Rate</td>
</tr>
<tr>
<td>All Causes</td>
<td>1,567</td>
<td>783.6</td>
<td>757.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>472</td>
<td>193.4</td>
<td>190.2</td>
</tr>
<tr>
<td>All Cancers</td>
<td>439</td>
<td>179.8</td>
<td>171.6</td>
</tr>
<tr>
<td>All Other Causes</td>
<td>217</td>
<td>192.8</td>
<td>181.5</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>116</td>
<td>47.0</td>
<td>48.0</td>
</tr>
<tr>
<td>All Unintentional Injuries</td>
<td>82</td>
<td>31.8</td>
<td>32.9</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>81</td>
<td>34.9</td>
<td>37.1</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>60</td>
<td>24.7</td>
<td>19.1</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>40</td>
<td>16.4</td>
<td>14.0</td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>33</td>
<td>13.4</td>
<td>14.6</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>27</td>
<td>10.2</td>
<td>10.9</td>
</tr>
</tbody>
</table>

† Death Rate: Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group. Age-adjusted death rates are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000.

*: A rate is not calculated when there are fewer than 20 events because the width of the confidence interval would negate any usefulness for comparative purposes.

The Core Functions of Public Health

The mission of public health is defined as assuring the conditions in which people can be healthy (Institute of Medicine, The Future of Public Health, 1988). The IOM identified three core functions of public health:

- **Assessment**, which includes monitoring and surveillance of local health problems and needs and identifying resources for dealing with them.

- **Policy Development** and leadership that foster local involvement, encourage a sense of ownership, emphasize local needs, and advocate for equitable distribution of public resources and complementary private activities to meet community needs.

- **Assurance** that high-quality services, including personal health services, needed for the protection of public health are available and accessible for all community members and that the community is informed about how to obtain public health services or how to comply with public health requirements.¹

![Diagram of the Core Functions of Public Health](source: National Public Health Performance Standards Program, Centers for Disease Control & Prevention)
**The Ten Essential Services of Public Health**

The essential services of Public Health address the promotion of physical and mental health and prevention of disease, injury, and disability. Ten essential services are identified within the three core functions of public health and include the following (See Figure 1):

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

The three core functions and the ten essential services of public health help guide public health organizations in developing environments that encourage all persons to realize their full potential.


**Connecting Public Health and Clinical Services**

At ICHD, population-based public health practice and primary care services provide a continuum that works collaboratively to protect and improve health in our region. ICHD provides a wide variety of personal health clinical services as well as population-based public health activities. ICHD is the only health department in Michigan whose clinics are designated Federally Qualified Health Centers (FQHCs). Funded by the Economic Opportunity Act of 2004,

“The job of science is to find the truth. The job of medicine is to apply the truth. The job of public health is to make sure everybody gets both.”

FQHCs provide an innovative model of community-based comprehensive primary healthcare focused on outreach, disease prevention, and patient education activities. FQHCs serve populations with limited access to healthcare. These include:

- Low income populations
- The uninsured
- Those with limited English proficiency
- Migrant and seasonal farm workers
- Individuals and families experiencing homelessness
- Those living in public housing

FQHCs are patient-directed with the majority of governing boards comprised of health center patients who represent the population served. Comprehensive primary health care services as well as supportive services such as education, translation, and transportation that promote access to health care are provided. Services are available to all with fees adjusted on ability to pay. FQHC’s meet stringent performance and accountability requirements in administrative, clinical, and financial operations.

1. Information in this section was obtained online from the Bureau of Primary Health Care at http://bphc.hrsa.gov
Community Health Centers

The Ingham County Community Health Center Network provides affordable, high quality, and comprehensive primary care to medically-underserved populations, regardless of their insurance status or ability to pay and ensures that these health care services are coordinated, culturally and linguistically competent, and community-directed.

ICHD’s Community Health Center Network has seven different locations to serve the residents of Ingham County.

- Cedar Street Community Health Center – Corner of Jolly Road and Cedar Street
- Community Health Center – Sparrow
- Otto Health Center
- Willow Teen Health Services
- Community Health Center – St. Lawrence
- Healthy Smiles Dental Clinic
- Well Child Health Center

The Community Health Center Network is a collaborative effort. Financially, it is supported by various grants awarded by local, state, and federal governmental agencies, by patient-related payments including reimbursements from third party insurers, and locally through the Ingham County Health Fund. The Network is evidence that the Health Department and the community can improve health, reduce health disparities, and deal with a multitude of costly and significant health and social problems – including access to care, chronic disease management, and homelessness – if they have the resources and leadership to do so.

In 2008 the network was the health care home for 26,952 individuals (Figure 2a). In 2009 the number of individuals served increased to 27,798 (Figure 2b).

The majority of individuals served in both years were medical patients while one-fifth of persons served annually received dental services. The majority of clients were female, especially among patients above the age of fifteen years (Figure 3).
Socioeconomically vulnerable individuals and families in our community have an increased risk of disease and disability. With the turbulence of the local economy, the number of those who are at risk for poor health increased. When in need of services one of the few places these individuals can turn to for care is Ingham County’s Community Health Center Network. Most of the clients served in 2008 and 2009 had no health insurance or were Medicaid participants (Figure 4).

The most prevalent conditions diagnosed were those the poor and marginalized are most susceptible to: chronic diseases and mental illness.

In 2008, hypertension, diabetes and lack of physiological development were the most common diagnoses encountered (Figure 5). In 2009, the top three diagnosed conditions were hypertension, diabetes and depression/mood disorders (Figure 6).

**WIC**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutrition, nutrition education, breastfeeding support, and referral services to socioeconomically vulnerable women and young children in the county. The principal goal of the program is to eliminate nutritional deficiency as a contributing factor in neonatal death, low birth weight, and other significant health problems of children, and pregnant or breastfeeding mothers. The program is a potential point of entry to health care for many clients. Over the past six years the average monthly WIC caseload has increased steadily. In 2004 the average monthly caseload was 6,226 clients. By 2009, the average monthly caseload increased to 7,075.
Public Health Services

Health Equity & Social Justice

The Social Justice Project

Ingham County Health Department is a key player in national efforts to transform public health practice by focusing on the root causes of health inequity. While it is conventional for public health to focus on health disparities (the difference in health status for population groups), health inequity focuses instead on the systematic social advantages given to some groups and denied to others, which have an important impact on health. Health inequity acknowledges that there is an imbalance of power and privilege, rooted in our history and maintained by our institutions, that creates unequal opportunity to achieve health and full participation in society.

A fuller description of the Ingham County dialogue process, which has been replicated by other health departments around the country, can be found in the book, *Tackling Health Inequities through Public Health: Theory to Action*, available from Oxford University Press in early 2010.

Access to Health

Ingham County Health Department continues to coordinate efforts to increase access to health care by leading the Access to Health Committee of...
the Capital Area Health Alliance. The Committee released its Action Plan for Improving Access to Health and Health Care in the Capital Area in 2007, following two years of community dialogue involving over 250 participants. (See [http://www.ingham.org/hd/actionplan.htm](http://www.ingham.org/hd/actionplan.htm).) The four broad themes of the plan—expanding coverage, grassroots connection, unifying oral health, mental health and substance abuse services with primary care, and health equity—continue to drive the Committee’s activities.

The Committee dedicated its energies to the following specific activities:

- Developing strategies for engaging more health care providers in caring for the uninsured through the Ingham Health Plan and other county plans.
- Exploring the possibility of launching a local campaign to increase public funding for coverage of the uninsured.
- Increasing awareness of health inequity and its consequences by facilitating over 40 community dialogue/screenings of the documentary series, Unnatural Causes: Is Inequality Making Us Sick?
- Convening a future Town Hall meeting to launch new initiatives suggested by the Unnatural Causes dialogues.

**Public Health Nursing**

Public Health Nursing provides community nursing and other related services in homes, schools, clinics, and other community settings. Services, directed at preventing health problems in high risk population groups, include those for pregnant mothers, children, adolescents, adults and older adults. Assessment, follow-up, and referral to appropriate community resources are key components of public health nursing services.

Through funding from the American Legacy Foundation in 2008-2009, Public Health Nursing enhanced its smoking cessation services with “House Calls”, a comprehensive tobacco use treatment program focusing on pregnant and parenting women. Over 50 women were enrolled in the program in 2008 and 170 were enrolled in 2009.

Reducing infant mortality is a second important focus of Public Health Nursing. Special efforts are targeted to reduce the significant disparities between infant deaths experienced by African-Americans and Caucasians through Healthy Moms: Between Babies, an interconception care project providing services to women who have experienced an adverse pregnancy outcome.
**Children’s Special Health Care Services (CSHCS)**

CSHCS provides services to individuals with a qualifying medical condition from birth to age 21. Individuals diagnosed with cystic fibrosis and bleeding and clotting disorders are eligible to continue enrollment past the age of 21.

The program provides the families of children and adults with special needs assistance with enrollment, billing, travel to appointments, and advocacy for issues with providers. Outreach and advocacy focus on identifying those who are eligible for and can benefit from services offered by the program. Transitional care coordination is provided for young adults aging out of the CSHCS program. Enhanced case management and care coordination services are provided for families with complex health care and social needs.

In addition, CSHCS provides intensive case management and service coordination for a select group of medically fragile children who receive private duty nursing care in their homes. These children are either ventilator-dependent or require frequent nursing assessment and intervention to protect their health and to maintain them in their own homes, thus avoiding placements in acute or long-term care settings.
Family Outreach Services

Family Outreach Services (FOS) conducts voluntary home visiting services for pregnant women and families with children under the age of three in Ingham County. FOS, formerly known as JumpStart, incorporates two program models, Healthy Families America and Early Head Start.

The former Maternal Infant Outreach Program is also encompassed in FOS. Services include:

- Educating women on the prenatal and postpartum periods and ensuring they attend prenatal appointments.
- Providing child development information including positive approaches to discipline.
- Conducting developmental screenings for children.
- Connecting families and children to a medical home of their choice.
- Linking individuals and families to community resources.

FOS special population initiatives include the Native American Outreach Program (NAOP) a comprehensive program that helps connect families to community assistance programs and resources. In collaboration with Public Health Nursing, Healthy Moms: Between Babies, an interconception care project, and House Calls, a home-based smoking cessation support program, are offered.

Hearing and Vision Screening/Testing Program

The State of Michigan Public Health Code mandates that a local health department conduct periodic hearing and vision testing and screening programs without charge for children residing in its jurisdiction. These services must be delivered by technicians trained to properly administer them.

Hearing and vision screening/testing is provided to children in preschool, those entering kindergarten, and children in selected grades in public and private elementary schools. Secondary school students receive vision screening and hearing screening by referral.
Communicable Disease Control

The Communicable Disease Program is mandated to protect the public’s health. Reports of communicable diseases or unusual occurrences (incidences of specific diseases above the expected threshold) are investigated and control/prevention measures are implemented to contain or eliminate the condition. Control and/or prevention measures may include education about hygiene and sanitation, isolation of the affected individual, quarantine, or restrictions. Communicable Disease nursing staff is available 24 hours a day seven days a week so that critical events can be responded to promptly.

Programs within Disease Control include:

- Communicable Disease Prevention
- Tuberculosis (TB) Disease Prevention
- Lead Abatement Program (HUD/CDC)
- HIV/AIDS/STI Disease and Prevention
- Immunizations

Communicable Disease Reporting

Michigan’s Public Health Code mandates communicable disease conditions that must be reported to local health departments. All medical providers and facilities are required to report these conditions within specific time limits.

Animal Control/Rabies

Assessment of animal encounters with humans is essential to determine if exposure to rabies has occurred. Reported animal encounters are evaluated for rabies exposure. The evaluation may require that animals be tested and, subsequently, recommendations for treatment of the affected person be made.

Lead Prevention Program

Houses in Ingham County built before 1978 increase the risk of lead exposure and poisoning in the young children who live in them. The Lead Poisoning and Prevention program assesses the homes of families with young
children and low to moderate incomes. In 2009, ten homes were assessed for lead hazards and ten were abated with grant funds.

### Homes Assessed and Abated for Lead by Year, 2008-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Houses assessed for lead</th>
<th>Number of Houses abated for lead (LHRP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>2009</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

### Tuberculosis (TB) Program

TB continues to be a global concern which manifests as either Latent TB Infection (LTBI) or TB Disease. LTBI is not infectious and can be treated to decrease the likelihood of future TB Disease. Treatment is available through the Health Department or private physicians. TB Disease is infectious until properly treated. All TB Disease cases are managed by RNs with specialized training who ensure appropriate treatment and protection of the public’s health.

### HIV/AIDS Prevention Program

It is estimated that 1 million persons in the United States are living with HIV/AIDS, and 250,000 of them are unaware of their positive status. In Michigan, an estimated 18,200 persons are living with HIV/AIDS; Ingham County’s estimate is 530 persons. It is recommended that all persons aged 13-64 years old be tested at least once and those at high risk be tested annually. Testing is available at the Health Department or other health care providers.

### STI and HIV Testing by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>STI test performed in clinic</th>
<th>Persons tested/ counseled for HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2,843</td>
<td>1,928</td>
</tr>
<tr>
<td>2009</td>
<td>2,907</td>
<td>2,347</td>
</tr>
</tbody>
</table>

### Number of Cases of the Three Most Prevalent STIs in Ingham County by Year, 2008-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1,632</td>
<td>419</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>1,730</td>
<td>542</td>
<td>17</td>
</tr>
</tbody>
</table>
Outbreaks

Outbreaks, a sudden rise in the incidence of a disease, require immediate expert response and necessitate close collaboration with other government agencies and community partners. Communicable Disease Program staff are available 24 hours a day, seven days a week to promptly identify and contain public health threats.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Year 2008</th>
<th>Year 2009</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Rate</td>
<td></td>
</tr>
<tr>
<td>Giardiasis</td>
<td>30</td>
<td>34</td>
<td>64</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>11</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Amebiasis</td>
<td>9.7</td>
<td>3.6</td>
<td>13.2</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>2.9</td>
<td>4.7</td>
<td>7.5</td>
</tr>
<tr>
<td>Escherichia coli 0157:H7</td>
<td>4.3</td>
<td>1.1</td>
<td>5.4</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>1.4</td>
<td>3.2</td>
<td>4.7</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>2.1</td>
<td>1.8</td>
<td>3.9</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>0</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Yersinia enteritis</td>
<td>0</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Botulism - Foodborne</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Immunization Clinic

The mission of the Immunization Clinic is to protect the community from vaccine preventable diseases by increasing the number of persons properly immunized through public health education and vaccinations.

Services include:

- Immunizations against vaccine preventable diseases
- Education about public health, immunizations, communicable diseases, hypertension, and lice treatment.
- Consultations for international travelers which promote individual and public disease control through vaccines and education.
- Referrals for individuals in need of public health services.

Immunization program activities include:

- Providing access to routine childhood and adult vaccines through a walk-in clinic at the Health Department.
- Administering programs such as Vaccines for Children (VFC) and MI-VRP (for high risk adults).
- Administering the School Immunization Reporting System (SIRS) which documents the immunizations status of children in Michigan schools.
- Educating providers on the most up-to-date immunization practices and vaccine storage and handling techniques.
- Operating a mass immunization campaign for influenza each fall.
- Providing immunizations to community members in the event of a disease outbreak.

Special Clinics/Services:

- TB skin testing was provided for new MSU international students.
- Immunization staff collaborated with MDCH to administer botulism vaccine to MDCH laboratory staff.
- Flu clinics were offered at senior living centers.
- A special drive-through flu clinic was offered for disabled persons.

The National Vaccine for Children (VFC) Program provides free vaccine to VFC-eligible children. Qualifying children are entitled to receive all pediatric vaccines that are recommended by the Advisory Committee on Immunization Practice (ACIP). Ingham County Health Department is responsible for enrolling, educating, and monitoring the use of VFC vaccine by private providers in the community. This responsibility includes investigation of fraud and abuse and assuring that providers are accountable for vaccine losses.

In 2008, a new centralized vaccine distribution system for providers was initiated.

State law mandates that all schools report the immunization status of children
in grades K, 6 and those newly entering school in the Michigan Care Improvement Registry (MCIR) by November 1st and February 1st of each school year. Failure to report can result in the loss of school funding. Childcare centers are required to report the immunization status of all enrolled children by October 1st of each year. Immunization staff provides training and support in the use of MCIR, education on program requirements, and resolution of immunization assessment issues.

### Reporting and Monitoring Activities, 2008-2009

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public and Private Schools</td>
<td>137</td>
<td>137</td>
</tr>
<tr>
<td>Students of Public and Private Schools</td>
<td>11,223</td>
<td>10,517</td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>123</td>
<td>109</td>
</tr>
<tr>
<td>Students of Child Care Centers</td>
<td>4,833</td>
<td>4,212</td>
</tr>
<tr>
<td>Vaccine for Children (VFC) providers</td>
<td>42</td>
<td>39</td>
</tr>
<tr>
<td>Vaccine for Children (VFC) sites</td>
<td>45</td>
<td>37</td>
</tr>
</tbody>
</table>
Community Health Assessment

The mission of Community Health Assessment (CHA) is to help all residents of the community understand health status, set goals for health improvement, create effective strategies to achieve these goals, and monitor progress. CHA strives to fulfill its mission by:

- Advocating that the work of ICHD focus on reducing the leading causes of preventable death and illness.
- Advocating that health improvement programs target the root causes of preventable death and illness.
- Helping the community obtain complete and accurate information about health status.
- Increasing the capacity of the entire community to address health problems.

Engaging the Community to Improve Health

Health Outreach Partners

To accomplish its mission of protecting and promoting public health, the Health Department works with many groups and organizations in the community. Health outreach partners identify uninsured residents and assist those who are eligible with enrollment in the Ingham Health Plan and Medicaid. They also help those they serve to establish a medical home of their choosing and to use the coverage available to them for basic primary and preventive care. Outreach partners also connect residents with other useful services and resources while helping strengthen social connections in neighborhoods.

The Health Department collaborated with a variety of local and regional groups and organizations that are engaged in protecting the health and safety of mid-Michigan residents and creating a healthy living environment. These organizations include:

Healthy Lifestyles Committee – As part of the Capital Area Health Alliance (CAHA), the goal of the Healthy Lifestyles Committee is to promote healthy behaviors and thus reduce illness. Focus is on physical fitness, nutrition, substance abuse, and smoking cessation.

Ingham Substance Abuse Prevention Coalition (ISAPC) – is dedicated to reducing the harm caused by addiction.

Outreach Partners
Allen Neighborhood Center
Baker Donora Center
Capital Area Community Services
Carefree Medical Clinic
Family & Community Development Services
Greater Lansing African American Health Institute
NorthWest Initiative/ARRO
Southside Community Coalition
and substance use in Ingham County. Priority issues which are causing the highest risk and cost in our community are: adult and youth binge drinking, tobacco addiction among young people, and methamphetamine use. Individual and organizational members are invited to attend the Coalition meetings, or join working groups that implement research-based programs to make a difference in the community. Visit www.drugfreeingham.org for meeting times and locations.

**Land Use and Health Resource Team (LUHRT)** – The Land Use and Health Resource Team is a collaborative effort in the tri-county area involving planners, university faculty, businesses, and public health. In 2008 the LUHRT became an affiliate of the *Power of We Consortium*. The purpose of the LUHRT is to educate the community on the impact of the built environment on health and facilitate positive policy and environment changes. Affiliations and projects include Mid-Michigan Green Infrastructure, City of Lansing Non-Motorized Task Force, garden and nutrition education projects at Mid-Michigan Leadership Academy and Riddle Elementary School, and an online calendar listing all local events related to healthy communities. The LUHRT also supported Reo and Willow Elementary schools in a planning and pre-application process to seek implementation funding through the Safe Routes to School Program. For more information, please visit www.cacvoices.org/environment.

**Tobacco Use Prevention, and Reduction**

Tobacco use is the leading cause of preventable deaths, and Ingham County Health Department is actively engaged in strategies to combat it, including enforcement of a county regulation which requires that all tobacco vendors be licensed. Compliance check operations are conducted as a part of enforcement activities and have helped reduce the rate of tobacco sales to minors from its high of 74% in 1992 when the regulation was adopted. The sales rate of tobacco products to minors in 2008 was 17% and 18.9% in 2009. A clerk training program was implemented in 2008 in an effort to reduce sales of tobacco products to minors. Monetary civil penalties are levied against businesses and clerks who violate the regulation.

Other tobacco program activities include distributing information about quit-tobacco resources and offering Quit Tobacco Workshops twice monthly at no charge to participants. Individual cessation support is provided to patients at several Health Department clinics. Staff is also involved in supporting Teens Against Tobacco Use (TATU) and other activities to prevent tobacco use initiation among youth.

Tobacco programming is funded by revenue from tobacco license fees and penalties, along with grants. An American Legacy Foundation grant provided funding for a home-based cessation program for pregnant and parenting women in both 2008 and 2009. Other grants supporting the tobacco program came from Michigan Department of Community Health through the Healthy Michigan Fund and Mid-South Substance Abuse Commission through the Ingham Substance Abuse Prevention Coalition.
Ingham County Food Bank

Ingham County Food Bank (ICFB) is a clearinghouse for families and individuals seeking emergency food assistance. ICFB staff conducts telephone interviews, determines eligibility, and, whenever possible, makes referrals to the food pantry most convenient for the caller to access. Food orders are nutritionally balanced and include both perishable and nonperishable products and a coupon for dairy and produce. Food orders are determined by need, situation, and family size and can be provided once in a thirty day period. This service is free to individuals and families in Ingham County.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 2008</th>
<th>Year 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families served by ICFB</td>
<td>16,925</td>
<td>16,055</td>
</tr>
<tr>
<td>Families served by Rural Family Services</td>
<td>5,131</td>
<td>5,774</td>
</tr>
<tr>
<td>Total served by Food Bank network</td>
<td>22,056</td>
<td>21,829</td>
</tr>
</tbody>
</table>

ICFB also provides:

- Technical assistance to organizations interested in hosting a food pantry.
- Information and referral to other helpful community services.
- Nutritional information and educational opportunities for families seeking food assistance through collaborations with the Garden Project and Ingham County MSU Cooperative Extension.
- Special food packages for families and individuals who do not have a residence or lack kitchen facilities.

Power of We Consortium

The Capital Area Power of We Consortium brings together municipalities, school systems, human service agencies, and non-profits to address complex issues that are beyond the capacity of any single organization to address. The Consortium facilitates community and neighborhood development to improve services, with an emphasis on prevention and early intervention.

The Consortium works through 12 coalitions and three committees (see box below) composed of its member organizations, monthly meetings, and its members’ well-established institutional systems and structures. Ingham County Health Department serves as administrative, fiduciary, and staff home of the Consortium.

With support from a federal grant and local investments, the Consortium provides training, technical assistance and grants to build the capacity of community and faith-based organizations. The Consortium supports a cadre of 17 Ameri*Corps VISTA members who work for a minimum of one year with organizations to alleviate poverty.

The Power of We Consortium -

- The Leadership and Practice Committee builds the organizational capacity of area community and faith-based organizations that serve our community’s most vulnerable populations.
- The Community Data Committee tracks, refines, and reports on 33 indicators that gauge the well-being of our community.
- The Investor’s Steering Committee coordinates, expands and leverages local and external resources to support community improvement.
Health Plan Management

Health Plan Management Services

Health Plan Management Services (HPMS) provides administrative services for 17 County Health Plans in Michigan covering 54 of the state’s 83 counties. A County Health Plan (CHP) is a non-profit organization that operates in a county or group of counties to provide access to healthcare. HPMS enrollment for the 2008 and 2009 fiscal years are highlighted in Figures 1 and 2.

Programs that HPMS administers are Plan A, B, D, P, and V. Plan A covers low income childless adults who qualify for the State’s Adult Benefit Waiver program. Plans B and V cover county residents that do not meet the requirements for Medicaid, Medicare, or any other state program and meet eligibility guidelines established by the CHP. These plans typically cover services such as, primary and specialty care, outpatient laboratory and radiology services and prescription medications at low or no cost to the member. Plan D and P are prescription only programs that provide medications for low co-pays (D) or discounts averaging 30% below retail price (P).

HPMS assists the CHPs to provide an organized system of health care. Members are assigned to a medical home. Management of day to day operations include a customer service call center; claims processing and benefit implementation; member/provider information management; and quality improvement programs.

Major HPMS accomplishments in 2008 include the addition of a County Health Plan serving residents in Washtenaw County. A new Member Management System was also implemented in 2008 to improve the quality of data management, customer usability, and security. This web-based software program allows staff and providers to access member information and reports. Late in 2008, an online Health Assessment questionnaire was also developed and implemented. Questions are based on the Behavioral Risk Factor Surveillance System (BRFSS) and allow CHPs to collect data choosing from over 200 questions in several general categories. Using a “core” set of questions allows CHPs to compare data.

HPMS continues to provide services which support the delivery of healthcare and is committed to the values of accountability, cooperation, integrity, efficiency and innovation as demonstrated by its continued growth, development and application of technology.
Environmental Health

The Bureau of Environmental Health (BEH) programs focus on the physical, chemical, and biological factors that affect the community and the people who reside within it. BEH monitors, assesses, provides guidance and, to the extent possible, controls environmental factors that can affect health.

The primary mission of the BEH is protecting the public from the adverse impacts of environmental factors, man-made, natural, biological and chemical. BEH fulfills this responsibility by monitoring and evaluating environmental conditions, responding to complaints made by individuals, businesses and community organizations and enforcing specific federal, state and local statutes. Programs fall under four broad categories:

Planned Programs provide inspection services in several areas. The Food Safety Program provides required inspections of food service establishments on a periodic basis and also for temporary events, festivals and food vending machines. Food safety education classes for food handlers are offered year-round. BEH also investigates non-illness complaints and complaints of possible foodborne illnesses.

Registration & Enrollment

Registration & Enrollment provides information and application assistance to vulnerable population groups. The staff is organized to assess the eligibility of families and individuals and assist them in applying for:

- Healthy Kids (Medicaid for children & pregnant women)
- MIChild (for children)
- Maternal Outpatient Medical Services (MOMS)
- Breast & Cervical Cancer Control Program (BCCCP)
- Ingham Health Plan (IHP)
- Capital Area Prescription Assistance Program (CAPP)
- Michigan Prescription Drug Discount (MiRx) Card
- Plan First! (family planning services for women)
- City of Lansing & Ingham County - prescription assistance voucher program

Registration & Enrollment utilizes the services of a Michigan Department of Human Services (MDHS) Eligibility Specialist who serves as a liaison between ICHD & MDHS, and assists in the completion of applications for:

- Adult Medical Program (AMP)
- Other Medicaid programs (Healthy Kids, etc.)

Registration & Enrollment is housed at the Health Department, but staff members are also available on a part-time basis at Cristo Rey Community Center in Lansing.
Annual inspections of public swimming pools and body art establishments are conducted. Environmental health-related issues in child day care and adult foster care facilities are also evaluated.

**Demand Programs** respond to public sewage treatment, water supply and shelter needs and are usually driven by requests or complaints. Demand programs include vacant land evaluation for on-site sewage treatment and water supply systems. The water well permit program sets standards for site selection, isolation from contamination, and construction techniques, and for the monitoring of groundwater conditions in approximately 616 known sites of potential groundwater pollution. The Point of Sale Program, established in June 2006, requires inspection and approval of all on-site sewage treatment and/or water well systems before a transfer of home ownership can occur.

**Special Programs** include Hazardous Materials Emergency Planning under SARA Title III (Superfund Amendments and Reauthorization Act) which, in addition to protecting the public from hazardous chemical accidents, provides groundwater protection, solid waste planning and compliance inspections, surface water monitoring, household hazardous waste collection, campground inspections, enforcement of Ingham County’s Clean Air Regulation, and hazardous waste compliance inspections.

**Toxicology** monitors indoor air quality, radon, mercury, and mold and analyzes potentially hazardous materials.

Environmental Health has undertaken a project to digitize all department records making them readily accessible for staff, other agencies, and the general public. Documents associated with a specific property or site will be linked to that site by a Geographical Information System (GIS) making searches much easier. On-line applications and information services have also been expanded, including searchable information on food service establishments.
Emergency Preparedness

The Public Health Emergency Preparedness Program is responsible for developing comprehensive all-hazard emergency response plans with community partners to be used in the event of large scale public health emergencies or disasters such as a pandemic influenza outbreak, acts of bioterrorism, or any other public health threat.

Detailed plans have been established for select community facilities to function as mass immunization or medication dispensing sites if necessary as part of the Ingham County Health Department Emergency Response Plan.

Exercises are conducted regularly with partner agencies and the Ingham County Medical Reserve Corps to test and refine these plans in order for ICHD staff to be as prepared as possible to respond to a public health emergency or disaster.

During 2008, emergency response plans were tested through a set of progressively more complex exercises with a pandemic influenza scenario. These exercises allowed refinement of plans and provided a focus on specific areas for future improvement.

The Emergency Preparedness Program is responsible for providing critical information to the entire community – before, during and after any public health emergency.

A Health Educator was added to the team in March 2008, increasing the capacity for training and education of the Health Department’s workforce and outreach to the community.

Emergency Preparedness 2009: The Year of novel H1N1 Influenza

In April 2009, the World Health Organization raised the pandemic influenza alert level from phase 3 to phase 4 in response to a new influenza virus that humans had not previously been widely exposed to and which causes community-level outbreaks. In addition, the U.S. Department of Health and Human Services declared a public health emergency in the United States allowing funds to be released for medication and supplies. As a result, Ingham County Health Department’s Emergency Coordination Center was activated to lead a comprehensive response to the pandemic which included the following efforts continuing on through December 2009:

- Disease surveillance and investigation of H1N1 Influenza cases in Ingham County
- Public Information/ Risk Communication about H1N1 Influenza

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Public Health Preparedness Activities by Year, 2008 - 2009

<table>
<thead>
<tr>
<th>Year</th>
<th># of exercises conducted</th>
<th># of presentations given</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>2009</td>
<td>4</td>
<td>29</td>
</tr>
</tbody>
</table>

Public Health Preparedness Activities by Year, 2008 - 2009
• Guidance to medical providers and other community stakeholders regarding H1N1 vaccine, treatment (antivirals) and prevention of influenza
• Development of partnerships with community medical providers and pharmacists for the distribution of antiviral medication to the uninsured and underinsured of Ingham County
• Development of partnerships with community hospital systems, medical providers and clinics for the distribution of H1N1 vaccine to their patients
• Distribution of surgical masks to schools and to emergency response partners
• Mass Vaccination and targeted clinics

H1N1 Vaccination Clinics

In October 2009, the Centers for Disease Control and Prevention released the long awaited H1N1 vaccine in limited amounts, resulting in the issuance of recommended initial “target groups” to receive the vaccine due to the limited supply. Ingham County Health Department responded by offering several different types of clinics from October through December to meet the needs of the community:

• **Mass Community Clinics**: 13 mass clinics were activated primarily in area high schools on Saturdays or evenings. The clinics generally lasted 4-6 hours and utilized a large number of staff and volunteers from various community groups to carry out the functions necessary to efficiently vaccinate large numbers of people.

• **School-Based Clinics**: 25 clinics were held in public schools throughout Ingham County during school hours in order to reach the school-aged children in the community.

• **Targeted Clinics**: 5 additional clinics were held for small special groups, such as seniors and first responders.

• **ICHD-Based Clinics**: H1N1 clinics were held daily at Ingham County Health Department Immunization Clinic as well as its Community Health Centers.

By the end of December 2009, the H1N1 vaccine was available to the entire population and Ingham County Health Department had vaccinated approximately 19,000 people.
Office for Young Children

Ingham County Office for Young Children promotes and improves the availability, affordability, and accessibility of quality early education and child care for children in Ingham, Eaton, Clinton, and Shiawassee counties.

Office for Young Children (OYC) is a child care resource and referral agency and is part of the Michigan Community Coordinated Child Care (MI4C) network. OYC maintains updated computer listings of regulated child care centers, day care homes, and family group homes to provide parents with child care referrals. Technical assistance and consultations for parents and child care providers are available. Parenting workshops are conducted for parents.

OYC recruits and educates regulated child care providers, child day care aides and relative providers, elementary teachers and early childhood educators through face-to-face trainings, workshops, correspondence and online learning opportunities which helps fulfill the licensing requirements as prescribed by the Michigan Department of Human Services (DHS) Bureau of Children and Adult Licensing (BCAL).

OYC also assists employers and employees with developing and implementing child care benefits for the workplace and supports early childhood educational needs through Lunch and Learn workshops in the community (i.e. Michigan State University staff and Ingham County Health Department employees). Training was funded in part by the Early Childhood Investment Corporation (ECIC) by the MI4C and through fees for service through September 2009.

OYC produces quarterly newsletters and other resource publications. Financial assistance information is provided to parents and OYC administers the City of Lansing Child Care Scholarship program to assist Lansing families and also the Ingham Great Start Scholarship program.

Office for Young Children maintained Quality Assurance status through the National Association for Child Care Resource and Referral Agencies, assuring that families received high quality resources and referral services.

In the fall of 2009, OYC became part of the Great Start Child Care and Early Learning Central Regional Resource Center. Funded by the Early Childhood Investment Corporation (ECIC), the services from this grant replaced the resource and referral work previously done through local 4C offices. OYC continues to offer supports and services to child care providers such as training, consultations to improve quality, and a lending library. A new online statewide database system has been developed to link parents and those caring for young children with the resources, supports and services needed to give Michigan children a Great Start.
Title XV/Breast & Cervical Cancer Control Program

The Title XV/Breast and Cervical Cancer Control Program (BCCCP) is part of a nation-wide effort to decrease breast and cervical cancer mortality by providing free breast and cervical cancer screening services to women, under- or uninsured, age 40 and older with low to moderate incomes. The BCCCP has provided needed screening services to thousands of women since 1992. Our service area includes Ingham, Clinton, Gratiot, Ionia, and Jackson counties. (Additionally, ICHD is the local coordinating agency for Oakland, Washtenaw and Livingston counties.)

Women who meet the eligibility criteria may receive a pelvic exam, Pap test, clinical breast exam, mammogram and health education. Further diagnostic testing and treatment services are available to women found to have an abnormality through their screening.

Local physicians and hospitals have entered into a partnership with Ingham County Health Department to ensure that women receive appropriate and timely follow-up care. BCCCP screening services are provided at the Health Department’s Women’s Health Services and satellite clinics, Cristo Rey, and Care Free Medical in Ingham County in addition to multiple sites in the other counties.

WiseWoman

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is an extension of the Michigan Department of Community Health’s (MDCH) Breast and Cervical Cancer Control Program (BCCCP).

The focus of WISEWOMAN is to assist women with lifestyle behavior changes that will reduce chronic disease risk factors through healthy lifestyle behavior changes.

During the 2008 fiscal year, 232 participants were screened through the WISEWOMAN program.

ICHD didn’t participate in the program in 2009.

| Breast & Cervical Cancer Control Program Activity in Ingham County Group* |
|-----------------|-----------------|-----------------|
| October 1, 2007 - September 30, 2008  | October 1, 2008 - September 30, 2009  |
| Total number of women served | 2,100 | 2,458 |
| Total number of breast cancers found | 11 | 16 |
| Total number of cervical cancers found | 6 | 4 |

<table>
<thead>
<tr>
<th>Age Breakdown</th>
<th>Racial Breakdown</th>
<th>Racial Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>64.6%</td>
<td>White</td>
</tr>
<tr>
<td>50-64</td>
<td>33.6%</td>
<td>Black</td>
</tr>
<tr>
<td>Over 64</td>
<td>1.8%</td>
<td>Native American</td>
</tr>
<tr>
<td>Poverty Level</td>
<td>Asian</td>
<td>2.5%</td>
</tr>
<tr>
<td>Below poverty level</td>
<td>52.6%</td>
<td>Other</td>
</tr>
<tr>
<td>100% to 250%</td>
<td>47.4%</td>
<td>110% to 250%</td>
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# Department Directory

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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</thead>
<tbody>
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<td>Nights/Weekends/Holidays/Emergency</td>
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<tr>
<td>Administration</td>
<td>887-4311</td>
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<td>Adult Dental Services</td>
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<td>Adult Health Services</td>
<td>887-4302</td>
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<td>Sexually Transmitted Infection (STI) Counseling &amp; Testing Services</td>
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<td>Billing &amp; Reporting</td>
<td>887-4345</td>
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<td>Breast &amp; Cervical Cancer Control Program</td>
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<td>Child Health Services</td>
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<td>Children’s Special Health Care Services</td>
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<td>Communicable Disease Control (Reporting)</td>
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<td>HIV &amp; STI Information</td>
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<tr>
<td>Lead Prevention &amp; Control</td>
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<td>Tuberculosis Control</td>
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<td>Community Health Centers</td>
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<td>St. Lawrence</td>
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<td>Sparrow</td>
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<td>Well Child</td>
<td>267-9175</td>
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<td>Vision &amp; Hearing Screening</td>
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<td>Women’s Health</td>
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