2011 Annual Report

Ingham County Health Department

Meeting the Public’s Health Needs
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Edited and compiled by Rona Harris and Wendy Duke-Littlejohn
Ingham County Board of Commissioners and Citizens of Ingham County:

I am pleased to present the Ingham County Health Department’s 2011 Annual Report. The report provides an overview of important public health issues and trends in Ingham County. It also highlights the Department’s programs and services, and vital community partnerships that protect and promote the health of our residents.

In 2011, Dr. Dean Sienko marked his last year as Health Officer and Medical Director. Dr. Sienko dedicated nearly 23 years of service to the Department. He was highly regarded for his commitment and contributions at all levels of public health practice. The employees of ICHD and I will be forever grateful for his leadership.

Over this past year, the Health Department had many notable accomplishments:

• Our Building Healthy Communities (BHC) and Action Communities for Health, Innovation, and Environmental Change (ACHIEVE) grants enabled us to work with community partners to make environmental and policy changes which encouraged people to be more active and healthy. Through these partnerships, the City of Lansing incorporated food access strategies for residents in their ‘Design Lansing’ master plan. The Department also worked with neighborhood partner NorthWest Initiative in the creation of the Westside Farmer’s Market which increased access to fresh foods to its residents and EBT card users.

• The Department Health Centers successfully implemented an Electronic Medical Records system. EMRs allow the Department and health care providers in our community to move from paper-based records to a more efficient means of information storage and sharing. This change will improve service delivery to clients.

• Community Health Network Center (CHC) Board members and staff were recipients of several awards from the Michigan Primary Care Association for their commitment, service and advocacy on behalf of our clients served within the Network.

• The Department has made several changes to its organizational structure in order to provide residents with the highest quality of services and programs.

These accomplishments are a reflection of the many talents of our dedicated and passionate staff. As the newly appointed Health Officer, on behalf of our staff, I am honored to present this report of our accomplishments for 2011.

Sincerely,

Renée Branch Canady, Ph.D., M.P.A.
Health Officer
2012
Ingham County Board of Commissioners

Dale Copedge, Chairperson
Victor Celentino, Vice-Chairperson
Vince Dragonetti, Vice-Chairperson Pro-Tem

Victor Celentino  District No. 1  Carol Koenig  District No. 9
Debbie De Leon  District No. 2  Mark Grebner  District No. 10
Brian McGrain  District No. 3  Dianne Holman  District No. 11
Rebecca Bahar-Cook  District No. 4  Deb Nolan  District No. 12
Andy Schor  District No. 5  Randy Schafer  District No. 13
Dale Copedge  District No. 6  Steve Dougan  District No. 14
Todd Tennis  District No. 7  Vince Dragonetti  District No. 15
Penelope Tsernoglou  District No. 8  Don Vickers  District No. 16

Human Services Committee of the Ingham County Board of Commissioners
Deb Nolan, Chairperson, Todd Tennis, Vice-Chairperson
Andy Schor, Brian McGrain, Don Vickers and Steve Dougan

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Nancy Hayward, RN, M.P.H., Chairperson, Molly Polverento, M.S.Ed., Chairperson Pro Tem,
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Nigel Paneth, M.D., M.P.H., Maurice Reizen, M.D., M.S.P.H., Chairperson, George Rowan, Ph.D.
and Saturnino Rodriguez, Ph.D.

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Robin Turner, Chairperson, Thomas Curtis, Vice Chairperson, Jackie Carson, Secretary,
Diala Rabah, Willie Davis, Ph.D., Marvin Cato, Beth Boyce, Jacqueline Schraft, Bobby Joyce,
Mary Ellen Zeineh, Fleshia McClurkin, and Commissioner Todd Tennis
Administration and Finance

Ingham County Health Department Administrative Staff

Renée B. Canady, Ph.D., M.P.A., Health Officer
Sugandha Lowhim, M.D., M.P.H., Medical Director
Debra Brinson, M.P.A., Chief Executive Officer/Director of Community Health Services
Jim Wilson, M.P.H., Bureau of Environmental Health Director
John Jacobs, C.P.A., Chief Financial Officer
Debbie Edokpolo, M.S.W., 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, 2010 to September 30, 2011
Total Funding $41,090,856 Total Expenses $41,090,856

Sources of Funding
Ingham County Budget - 22.81%
Fees - 34.92%
State Agreements - 20.12%
State Local Public Health Operations - 3.39%
Cigarette Tax - 0.04%
Other - 18.72%

Cost by Service Category
Family Health Services - 75.45%
Admin. Support Services - 6.05%
Public Health Preparedness, Disease Control, Environmental Health - 8.25%
Health Plan Management - 4.61%
Jail Medical Services - 4.88%
Medical Examiner - 0.76%
About Ingham County

Selected Demographics

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

An estimated 281,613 people called Ingham County home in 2011. Ingham County is the seventh most populous county in Michigan. The population of Ingham County, in the past eight years, has remained relatively stable. The difference between the estimated population in 2000 and 2011 was only 2,318 people. Population changes result from both natural changes (births and deaths in the area) and migrations (both international and domestic). Between July 2000 and July 2011 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 in another country). That growth was eliminated by persons leaving the county for other areas within the United States (domestic migration). Compared to other counties in the state, Ingham County has a young population. The median age of county residents is 31.4 years old. Just over a quarter (26.7%) of county residents is under the age of 20 years. 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 $36,174.82 (± $623.87) in 2010 (adjusted for inflation), the cost of living has increased. The annual unemployment rate in Ingham County rose from 2.9% in 2000 to 10.6% in 2010. In 2010 nearly one in five residents in Ingham County lived below the federal poverty level, whereas in 2000 the percentage of residents in poverty was 14.4%.

Health Challenges in the County

The health of a community is an essential factor to its growth and development. Excess disease and death within a community can stunt 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 salient measure of a society’s health. The rate of infant death in the county was similar to that of the state’s rate. For every 1,000 live births in Ingham County, approximately six infants died before their first birthday in 2009. A considerable disparity is observed between the county’s Black infants and White infants. White infants died at a rate of about five deaths per 1,000 live births. Meanwhile the infant mortality rate among Black infants
was approximately fifteen deaths per 1,000 live births. The overall infant mortality rate and the presence of a significant disparity between infants of different races indicate that, as a community, Ingham County does not enjoy the maximum amount of health possible.

Chronic diseases also hinder growth and development by depriving the community of the full potential of all its citizens. At an individual level, chronic diseases are associated with an increased medical cost, disability and a decrease in quality of life. Two conditions associated with a decrease in quality of life are diabetes and disability. Between 2008 and 2010, 8.8% (95% CI: 7.1%-10.4%) of Ingham County adults reported being diagnosed with diabetes and 20.9% (95% CI: 17.3%-24.5%) reported activity limitations resulting from physical, mental, or emotional problems. Particularly troubling about diabetes and disability is that, in most cases, they are preventable. Proper health behaviors (like balanced nutrition, physical activity) and timely medical care, can decrease the risk and/or severity of these conditions.

![Table 1](image)

7. 2006-2010 American Community Survey [Ingham County, Michigan and state of Michigan]/prepared by the U.S. Census Bureau, 2011.
8. 2006-2010 American Community Survey [Ingham County, Michigan]/prepared by the U.S. Census Bureau, 2011.
### Ingham County Vital Statistics, 2010

<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>2010</td>
<td>280,859</td>
<td>3,339</td>
<td>11.9</td>
<td>—</td>
</tr>
<tr>
<td>2009</td>
<td>277,633</td>
<td>3,351</td>
<td>12.1</td>
<td>1,975</td>
</tr>
<tr>
<td>2008</td>
<td>279,618</td>
<td>3,538</td>
<td>12.7</td>
<td>1,925</td>
</tr>
<tr>
<td>2007</td>
<td>280,564</td>
<td>3,558</td>
<td>12.7</td>
<td>1,926</td>
</tr>
<tr>
<td>2006</td>
<td>281,002</td>
<td>3,639</td>
<td>13.1</td>
<td>1,895</td>
</tr>
<tr>
<td>2005</td>
<td>280,549</td>
<td>3,622</td>
<td>13.0</td>
<td>1,922</td>
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<tr>
<td>2004</td>
<td>281,487</td>
<td>3,656</td>
<td>13.1</td>
<td>1,926</td>
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<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>3,580</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>
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<tr>
<td>2000</td>
<td>277,528</td>
<td>3,776</td>
<td>13.5</td>
<td>1,923</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.

† Total Death Rate: Age-adjusted death rates are based on age-specific death rates per 100,000 population in a 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.


--- 2010 death data not available at time of printing. For more information contact, Community Health Assessment at Ingham County Health Department (517) 887-4428.

### Select Underlying Causes of Death Among Ingham County Residents, 2009 *

<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>1,975</td>
<td>769.1</td>
<td>751.0</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>484</td>
<td>187.8</td>
<td>186.1</td>
</tr>
<tr>
<td>All Cancers</td>
<td>444</td>
<td>172.4</td>
<td>172.4</td>
</tr>
<tr>
<td>All Other Causes</td>
<td>500</td>
<td>195.1</td>
<td>183.1</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Diseases</td>
<td>111</td>
<td>43.7</td>
<td>44.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>101</td>
<td>39.3</td>
<td>36.8</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>102</td>
<td>39.2</td>
<td>38.8</td>
</tr>
<tr>
<td>All Unintentional Injuries</td>
<td>82</td>
<td>31.8</td>
<td>29.1</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>54</td>
<td>21.5</td>
<td>20.3</td>
</tr>
<tr>
<td>Influenza/Pneumonia</td>
<td>34</td>
<td>13.5</td>
<td>14.4</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>33</td>
<td>13.0</td>
<td>12.6</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>30</td>
<td>11.7</td>
<td>13.3</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.


* 2010 death data not available at time of printing. For more information contact, Community Health Assessment at Ingham County Health Department (517) 887-4428.
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.  

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.
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, 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 based on ability to pay. FQHCs 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

To address the primary health care needs of the medically underserved residents of Ingham County, the ICHD formed the Community Health Care Services unit in the 1970s. This unit holds the Ingham Community Health Center Network, which operates eight primary care centers in locations throughout the City of Lansing, improving the health outcomes for its residents. ICHD is the only Health Center Program Grantee, Federally Qualified Health Center (FQHC) within a Public Health Department in Michigan and the only FQHC in the mid-Michigan region. Its services were designed and coordinated to serve the area’s most vulnerable populations.

ICHD operates five FQHCs and three Child and Adolescent Health Centers, including the:

- Cedar Community Health Center - Adult Health Center, Child Health Center, Women’s Health Center and Adult Dental Center
- Well Child Health Center
- Healthy Smiles Dental Center
- Sparrow Community Health Center
- St. Lawrence Community Health Center
- Willow Community Health Center
- Sexton Health Center
- Otto Community Health Center

The Ingham Community Health Center Network (CHCN) is a collaborative effort and is supported financially through federal, state and local grants; patient-related payments, including reimbursements from third party insurers, and through the Ingham County Health Fund. The Ingham CHCN is evidence that the Health Department and the community can improve health, reduce health disparities, and address a multitude of significant health and social concerns, including access to health care and management of chronic disease, if they have the resources and leadership to do so.

In 2011 the Ingham CHCN was the health care home for more than 25,000 Ingham County residents. The majority of people served were female, especially among patients above the age of fifteen years (Figure 2). Many individuals and families served by the Ingham CHCN are socioeconomically vulnerable. It is well understood that socioeconomic status is a general predictor of health status. Specifically, individuals struggling to make ends meet encounter significant challenges when attempting to access the health care system, which puts them at increased risk of experiencing disease and/or disability. With the turbulence of the local economy, the number of persons at risk for poor health continues to increase. The Ingham
CHCN is one of the few places these individuals can access primary health care. Most of the patients served in 2011 had Medicaid or no health insurance (Figure 3).

In addition, the most prevalent conditions diagnosed in 2011 were conditions people with incomes at or below 200% of Federal Poverty Level are often most susceptible to. In 2011, the top three diagnosed conditions were hypertension, depression/mood disorders, and diabetes (Figure 4).

**WIC - Women, Infants, and Children Program**

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental food, nutrition education, breastfeeding support, and referral services to socioeconomically vulnerable pregnant, breastfeeding, and early postpartum women as well as children under 5 years of age in Ingham County. The 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 2011, the State WIC office increased Ingham County’s caseload to 7,450. The WIC Program provides individual and group education and support to women who are considering, or who choose breastfeeding for their infant’s nutrition.
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.

Ingham County's contribution to this national effort has been to explore the use of dialogue as a vehicle for change, both within the health department and within the community. In 2008, with funding from the W.K. Kellogg Foundation, the Health Department began training staff and community members to serve as facilitators of dialogue-based workshops on health equity and social justice. To date over 400 people have attended these workshops. Health Department staff has also been contracted to provide the workshop in other communities and for offices of state government. The initiative has also launched a youth project and an Environmental Justice Project. In 2011, graduates of the workshop were invited to help create a new “Equity Action Circle,” which will serve a networking function for direct-action health equity efforts occurring in the county. 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.

The Environmental Justice Project

Environmental justice seeks to prevent diseases before their biological onset by preventing environmental exposures, attending to the social determinants of health and confronting root causes of health inequities explicitly. The ICHD Environmental Justice Project involves residents and community organizations in creating equal opportunity conditions for healthy housing, active transportation, clean air and water, places for physical activity and relaxation, green space, safe neighborhoods and fresh, healthy food.

The first year of the project included 59 presentations and discussions with groups and organizations, seven grant applications, four community organizing workshops, and participation and/or creation of seven environmental health and social justice coalitions. Activities centering on climate and health, and inclusive community gardens involved sixteen partnering organizations and nearly 2,000 residents. Healthy, stable, affordable rental housing emerged as a pressing need, leading to a series of speaker panels, fact sheets and application to the U.S. Department of Housing and Urban Development to fund a Tenant...
Organizing for Healthy Homes Technical Study. Next steps in the project include facilitating the formation of renters’ associations, dialogues about inclusion in community activities, and organizing workshops to equip residents with tools and information to create policy, system and environmental changes. *Environmental Justice 2011-2012 Report: Equity In Action Through Public Health Practice* provides a full report of the outreach, activities, capacity building and next steps of the project.

**Public Health Nursing**

Public Health Nursing provides community based services including nursing, social work and nutrition in homes, schools, clinics, and other community settings. Services are directed at providing information on preventative interventions aimed at improving the health of high risk population groups, including pregnant women, children, adolescents, and adults. Assessment, education, follow-up, and referral to appropriate community resources are key components of Public Health Nursing services. In 2011, 3,289 home visits were made to clients, in addition to staffing health fairs, doing blood pressure screenings, assisting Communicable Disease and Immunization staff, and teaching classes regarding disease prevention.

Reducing infant morbidity and mortality is an important focus of Public Health Nursing. Special efforts are targeted to reduce the significant disparities in infant deaths experienced by African Americans. In 2011, two staff members who are Certified Childbirth Educators, taught first time parents to prepare for childbirth and parenting using a series of six classes. A board certified lactation consultant teaches a monthly class on breastfeeding and is available to work with clients on an individual basis.

Another focus of Public Health Nursing is to reduce the impact of chronic illness specifically through education aimed at prevention and/or treatment. To address chronic asthma in the community, ICHD has two certified asthma educators who meet with residents impacted by asthma with a goal of reducing emergency visits.

Children with elevated blood lead levels are evaluated along with their home environment to eliminate the source of lead poisoning. Dietary methods are taught to reduce lead in the body.

Public Health Services staff provide smoking cessation services with “House Calls”, a comprehensive tobacco use treatment program focusing on pregnant and parenting women. This program uses carbon monoxide monitors to demonstrate to clients the benefits of decreasing or quitting smoking. House Calls has received both state and national awards for being a best practice. Additionally, PHN staff act as preceptors for BSN nursing students in their community health clinical rotation.

**Children’s Special Health Care Services (CSHCS)**

CSHCS works with an individual’s primary insurance to provide services to the enrollee with a qualifying medical condition, from birth to age 21. Individuals with cystic fibrosis and bleeding and clotting disorders are eligible for enrollment beyond age 21.

Outreach and advocacy focuses on identifying children and adults who are medically eligible and choose to enroll. The program provides children and adults, who are seeing specialists, with additional coverage for medical care, pharmaceutical and medical equipment. Transitional care coordination is provided for young adults aging out of the CSHCS...
program. Enhanced case management and care coordination service is provided for families with complex health care and social needs. Annually every individual enrolled receives a written client centered Plan of Care.

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

Staff also provide CSHCS program orientation to Pediatric Residents and act as preceptors for BSN nursing students in their community health clinical rotation.

Family Outreach Services

Family Outreach Services (FOS) conducts voluntary home visiting services with Medicaid-eligible pregnant women and families with children under the age of three in Ingham County. Program models include Parents as Teachers and Early Head Start.

Services include:

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

FOS staff engage in several population-specific initiatives and grants. Other programs and collaborations include:

- Personal Action Towards Health (PATH), an evidence-based chronic disease self-management program in which over 200 participants graduated.
- House Calls, a home-based smoking cessation support program focused on pregnant and parenting women.
- Food Bank outreach, which connects individuals who call requesting a variety of services from food assistance to health care services including Ingham Health Plan, Medicaid, and other community needs.
- Healthy Beginnings, a childbirth education class taught by two certified childbirth educators.
- Facilitation of area Play and Learn groups with teen parents in the foster care system, as well as refugee and homeless families.

<table>
<thead>
<tr>
<th>Family Outreach Services, 2011</th>
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</thead>
<tbody>
<tr>
<td>Activities</td>
</tr>
<tr>
<td>Total Families Served</td>
</tr>
<tr>
<td>Total Home Visits</td>
</tr>
<tr>
<td>Total Transportation to Medical Appointments</td>
</tr>
<tr>
<td>Subtotal</td>
</tr>
</tbody>
</table>
Hearing and Vision Screening Program

The Michigan Public Health Code mandates local health departments conduct periodic hearing and vision 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 screenings are provided to children in pre-school, those entering kindergarten, and children in selected grades in public and private schools in Ingham County.

<table>
<thead>
<tr>
<th>Education Group</th>
<th>Preschool</th>
<th>School Age</th>
<th>Special Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing Screenings</strong> by Education Group, 2011</td>
<td>4,163</td>
<td>7,515</td>
<td>154</td>
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<tr>
<td><strong>Vision Screenings</strong> by Education Group, 2011</td>
<td>3,776</td>
<td>13,307</td>
<td>89</td>
</tr>
<tr>
<td><strong>Hearing Referrals and Follow-ups</strong> by Education Group, 2011</td>
<td>118</td>
<td>245</td>
<td>154</td>
</tr>
<tr>
<td><strong>Vision Referrals and Follow-ups</strong> by Education Group, 2011</td>
<td>128</td>
<td>1,058</td>
<td>14</td>
</tr>
</tbody>
</table>

*Referrals and follow-ups for special education students were omitted because of the small number of encounters.
Native American Outreach Program

The Native American Outreach Program (NAOP) works with Native American families and individuals to ensure an overall strong and healthy community. In addition to connecting families to medical homes and coverage, NAOP staff provides education on health issues that disproportionately impact Native Americans such as diabetes, heart disease and tobacco use.

Work within the community is a critical component in the success of the NAOP. Highlights of outreach efforts are described below:

- The Indigenous Youth Empowerment Program (IYEP) hosted an annual summer camp for approximately 60 Native youth.
- An afterschool program focused on health, academics and issues specific to Native American youth.
- An annual holiday celebration ensured that almost 250 families and children had access to gifts and food.
- Participation in the Michigan Indian Education Council, and
- Facilitation of Health Equity and Social Justice (HESJ) dialogues.

Communicable Disease Control

The Communicable Disease Control Department is charged with the responsibility of epidemiological investigation, prevention, intervention, control and surveillance of communicable diseases in Ingham County 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 include education regarding the disease process, transmission, and prevention to stop the spread of disease; and hygiene, sanitation, possible isolation, and work/school restrictions of the affected individual. 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 for 2011 include:

- Communicable Disease Control
- Animal Exposure/Rabies
- Tuberculosis (TB) Disease Prevention
- Lead Abatement Program (HUD)
- Childhood Lead Poisoning Prevention Program (CLPPP/CDC)
- HIV/AIDS/STI Disease and Prevention
- Immunizations

Communicable Disease Reporting

Michigan’s Public Health Code mandates that communicable disease conditions be reported to local health departments. All medical providers, laboratories and facilities are required to report certain infections or conditions to their local health department within a specific time frame.
HIV/AIDS Prevention Program

In Michigan, there are an estimated 19,300 people living with HIV/AIDS. Ingham County’s estimate is 445 persons. The HIV/AIDS program is focused on preventing the transmission of HIV infection and prolonging and improving the quality of life of those living with HIV. The Centers for Disease Control has recommended that all persons aged 13-64 years old be tested at least once and those at high risk be tested annually. Primary prevention, education, individual risk reduction, and counseling along with HIV testing are provided at little or no cost to county residents.

Sexually Transmitted Infections

The focus of the Sexually Transmitted Infection Program is to reduce and prevent the transmission of STI infections by providing testing, risk assessment, physical examinations, treatment and counseling. Clinical services are also provided in the strictest of confidence to all county residents who seek care and/or education for the prevention of STIs. Our clinic sites offer STI services to adults and adolescents, for little or no cost to county residents.

Outbreaks

Outbreaks, a sudden rise in the incidence of a disease, requires immediate expert response and 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. There were seven outbreaks and 869 investigations in 2011.
**Animal Exposure/Rabies**

Assessment of animal encounters with humans is essential to determine if exposure to rabies has occurred. Reported animal encounters are evaluated for possible rabies exposure. The evaluation may require that animals be tested for rabies disease. An exposure assessment will determine the need for rabies post exposure treatment of the exposed person.

**Tuberculosis (TB) Program**

TB continues to be a global concern which presents as either Latent TB Infection (LTBI) or TB Disease. TB Disease is infectious until properly treated. All TB Disease cases are managed by RNs with specialized training. This ensures appropriate treatment and protection of the public’s health. The RNs also provide continuing education TB certification courses throughout the year. Ingham County has one Multi-Drug Resistant (MDR) case. Management for the MDR TB case continues to be labor intensive, requiring twice daily direct observation therapy and monthly consultation with the State TB Physician consultant.

**Childhood Lead Poisoning Prevention Program**

ICHD provides investigation and case management of lead-poisoned children. The program provides the community and medical providers education regarding lead poisoning. There were 2,134 children tested for lead.

**Lead Prevention Program**

Young children who live in houses in Ingham County built before 1978 are at an increased risk of lead exposure and poisoning. The Lead Abatement Program assesses the homes of families with young children who are low to moderate income. In 2011, 29 homes were assessed for lead hazards, and 22 were abated with grant funds.
Immunizations Department

The mission of the Immunization Clinic is protection of the community from vaccine-preventable disease. This is accomplished through health education of the public which increases the immunization rate of our residents.

The Department goals are to:

- Immunize the community against vaccine-preventable diseases.
- Identify individuals in need of public health services.
- Educate the community about public health, immunizations, communicable diseases, hypertension, and lice treatment.
- Provide international travel consultations which promote individual and public disease control through vaccines and education.

Ongoing Immunization Program activities include:

- Provision of routine childhood, adolescent, and adult vaccines through a walk-in clinic at the Health Department.
- Administration of Vaccines for Children (VFC), Special 317, and MI-VRP programs.
- Administration of the School Immunization Reporting System (SIRS) which documents the immunization status of children in Michigan schools.
- Education of providers on the most up-to-date immunization practices and vaccine storage and handling techniques.
- Operation of a mass immunization campaign for influenza each fall.
- Provision of immunizations to the community or individuals in the event of a disease outbreak.
- Provision of international travelers with health information and vaccines by appointment.
- Employee vaccination of all ICHD and County employees.
- Representation on the Health Department Safety Committee.

In 2011, Immunizations activities included:

- 17,558 clients were seen for immunizations.
- 28,748 doses of vaccines were administered (excludes flu).
- 491 travel consults were done.
- 2,199 TB skin tests were administered.
- 7,369 doses of flu were administered.
- 20 uninsured clients were treated for head lice.
- 30 clients received free blood pressure checks.
- 652 I-693 forms were assessed, evaluated and processed for immigration.

The Vaccine for Children (VFC) Program provides an unprecedented national approach to providing free vaccine to VFC-eligible children. Qualifying children are entitled to receive all pediatric vaccines 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 holding providers accountable for vaccine losses.

In 2011, VFC activities included:

- 41 VFC providers’ practices were enrolled in VFC.
- A file was maintained for each practice which included refrigerator/freezer temperature logs, doses administered reports and vaccine orders.
- 41 site visits lasting approximately two hours each were conducted. Storage, handling, documentation, and immunization rates were reviewed to assure compliance with program mandates.
- Transition was completed for two Ingham County hospitals to the new centralized vaccine distributing system. All VFC providers are now e-ordering vaccines.

State law mandates that all schools report the immunization status of children in grades K, 6th and those newly entering school in MCIR by November 1 and February 1 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 1 of each year. Immunization staff provides training and support in the use of MCIR, education on program requirements, and resolution of immunization assessment issues. In 2011, 126 public/private schools reported the status of 10,250 students. The compliance rate in Ingham County for public/private schools is 96%. One hundred and seven childcare centers reported the status of 4,761 students. The compliance rate for childcare centers in Ingham County is 94%.

Special Clinics/Services included:

- TB skin testing for new MSU international students.
- Immunization staff, in collaboration with MDCH, administered botulism vaccine and provided updated immunizations for MDCH Lab Staff.
- Flu clinics offered at 22 community sites.
- Four mass community flu clinics were held at ICHD.
- Seven employee flu clinics were held.
- Nursing staff acted as preceptors for observational experiences.
- Immunization Nurse Educator (INE’s) in-services were performed.
- Residents at Highfields Juvenile Detention center were vaccinated quarterly.
- Special 317 and ARRA vaccines were provided monthly for jail inmates.
- Maintained a new relationship and provided Twinrix to a Methadone clinic in Ingham County.
- Provided immunizations for use on the mobile bus weekly.
- Maintained access to MI-WIC program to view WIC client schedule. Provided immunization records for WIC staff to hand out to clients. Immunization rates were increased to 83%.
- Death notices were routinely reported into MCIR.
- Vaccine information was provided at several health fairs.
- Held a special week long vaccination clinic during August for ICHD’s Back to School and Kindergarten round-up event.
- 5,000 recall flyers were sent out to county residents who were going to be 11 years old and in 6th grade for the 2011-2012 school year.
- Two provider meetings were held.
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 to other useful services and resources while helping strengthen social connections in neighborhoods. Some of our partners include: Allen Neighborhood Center, Capital Area Community Services, Carefree Medical Clinic, Family & Community Development Services, Greater Lansing African American Health Institute, NorthWest Initiative, Southside Community Coalition, Child Abuse and Preventions Services, St. Vincent Catholic Charities, Cristo Rey Community Center, Volunteers of America, and South Lansing Community Development Association.

The Health Department collaborates with a variety of local and regional groups and organizations that engage 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 reduce illness by creating a community culture of health. CAHA focuses on physical fitness, nutrition, substance abuse, and smoking cessation.

Ingham Substance Abuse Prevention Coalition (ISAPC) – The Ingham Substance Abuse Prevention Coalition is dedicated to reducing the harm caused by addiction 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, promotion of medical marihuana, and prescription drug abuse and misuse. Individual and organizational members are invited to attend Coalition meetings or join workgroups that implement research-based programs to make a difference in the community. Visit [www.drugfreeingham.org](http://www.drugfreeingham.org) for meeting times and location.

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, Michigan State University Extension, and partners from the business, non-profit, and public health sectors. In 2011, LUHRT lead the community engagement effort to organize a local food policy council, the Food Systems Workgroup, which became a stand alone
coalition under the Power of We Consortium. The LUHRT lead partners, Tri-County Regional Planning Commission and Mid-Michigan Environmental Action Council applied and were successfully awarded a Housing and Urban Development (HUD) Sustainable Communities Regional Planning Program. As a result the region now holds a “preferred sustainability status”. The LUHRT continued its involvement in Building Healthy Communities activities to promote physical activity projects including adding two new communities with Complete Streets ordinances (City of East Lansing and Lansing Township), and initiating Complete Streets projects in three new communities (City of Leslie, Delhi Township and Meridian Township). The grant supported start up funds to open the Westside Farmers Market and four new community gardens to promote healthy eating. A mapping project allowed the LUHRT to prioritize its activities for future food access and nutrition education projects.

The purpose of LUHRT is to educate the community on the impact of the built environment on health and facilitate positive policy and environment changes. For more information, please visit www.cacvoices.org/environment and www.foodsystemsworkgroup.org

Tobacco Use Prevention, and Reduction

Tobacco use is the leading cause of preventable death and disease in Ingham County. Ingham County Health Department is actively engaged in implementing strategies to reduce the burden of tobacco in our community. Strategies include 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 reached its lowest rate in 2011 at 5.32% (down from 9.05% in 2010). 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 and sell tobacco to minors.

Tobacco program activities includes offering “Quit Tobacco Workshops” twice monthly at no charge to participants, and a home based cessation program for pregnant and parenting women which became self-sustaining through 2010 after grant funding ended. Other grants supporting tobacco reduction efforts come from the Michigan Department of Community Health and Mid-South Substance Abuse Commission through the Ingham Substance Abuse Prevention Coalition.

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<tr>
<th>Youth Tobacco Compliance Checks in Ingham County, 2011</th>
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<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>Licensed Tobacco Vendors, Dec. 2011</td>
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<tr>
<td>Compliance Checks Conducted</td>
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<td>Successful Sales to Minors</td>
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**Tobacco Sales Rates to Minors, Ingham County**

*Rate is calculated on first visit to each store only.*
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 one gallon of milk. 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.

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.

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<th>Food Bank Services, 2011</th>
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<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>Families Served by ICFB</td>
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<td>Families Served by Rural Family Services</td>
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<td>Total Served by Food Bank Network</td>
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Power of We Consortium

The Capital Area Power of We Consortium (www.powerofwe.org) brings together human service agencies, public/private institutions, municipalities, and learning institutions 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, and its members’ well established institutional systems and structures, with a focus on issues of equity and sustainability. Ingham County Health Department serves as administrative, fiduciary, and staff home of the Consortium.

The Consortium provides training and technical assistance to build the organizational capacity of community and faith-based organizations. The Consortium supports a cadre of AmeriCorps VISTA and AmeriCorps State members who work for a minimum of one year within organizations to alleviate poverty and to increase access to healthy foods and exercise options in the community.
Health Plan Management

Health Plan Management Services

Health Plan Management Services (HPMS) provides administrative services for 14 County Health Plans in Michigan covering 21 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 2011 fiscal year is highlighted in Figure 6.

Programs that HPMS administers are Plan A, B, 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 P is a prescription only program that provides medications for discounts averaging 30% below retail price.

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 includes a customer service call center; claims processing and benefit implementation; member/provider information management; and quality improvement programs.

Major HPMS accomplishments in 2011 include enhancements to the Member Management System to provide online reporting capabilities and health education as well as the development of a case management program.

Registration & Enrollment

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

- Healthy Kids program (Medicaid for children & pregnant women)
- MICHild health insurance program (for children)
- Maternal Outpatient Medical Services program (MOMS)
- Breast & Cervical Cancer Control Program (BCCCP)
Ingham Health Plan (IHP)
Ingham County Prescription Discount Card
Plan First! program (family planning services for women)
City of Lansing & Ingham County - prescription assistance voucher program

Registration & Enrollment is located in the Ingham County Health Department. Staff members are also available on a part-time basis at Cristo Rey Community Center in Lansing.

Title XV/Breast & Cervical Cancer Control Program

The Title XV/Breast and Cervical Cancer Control Program (BCCCP) is part of a nationwide 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 income. 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 services are available to women found to have an abnormality through their screening. Women diagnosed with breast or cervical cancer through the BCCCP are eligible to apply for Medicaid through the Medicaid Treatment Act for their treatment.

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 Clinics in Ingham County in addition to multiple sites in the other counties.

Emergency Preparedness

Emergency Preparedness is responsible for developing comprehensive all-hazard emergency operations 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. Emergency Preparedness is also responsible for providing critical information to the entire community before, during, and after any public health emergency or disaster.

Exercises are conducted regularly with partner agencies and the Ingham County Medical Reserve Corp to test and refine these plans in order for ICHD staff and volunteers to be as prepared as possible to respond to a public health emergency or disaster. Seven exercises were conducted during fiscal year 2010-2011. These exercises allowed for refinement of plans and provided a focus on specific areas for future improvement. Three emergency preparedness presentations were also conducted during fiscal year 2010-2011.
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 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. 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/private sewage treatment, water supply and shelter needs. These needs are usually driven by requests or complaints. Demand programs include vacant land evaluations 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 861 known and suspected 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). The Program provides groundwater protection, solid waste planning and compliance inspections, surface water monitoring, household hazardous waste collections, campground inspections, tobacco regulation/enforcement, enforcement of Ingham County’s Clean Air Regulation, and implementation of the new Ingham County Pollution Prevention Regulation.
**Toxicology** monitors indoor air quality, radon, mercury, and mold and analyzes potentially hazardous materials. This program is charged with the monitoring of contaminants, and clean-up activities at sites of groundwater contamination and clandestine drug laboratories. The toxicologist acts as a consultant for environmental remediation activities. Environmental Health has undertaken a project called the Environmental Health Mapper, 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.
Office for Young Children

Ingham County Health Department Office for Young Children promotes and improves the availability, affordability, and accessibility of quality early learning and care programs in Ingham County and includes surrounding counties and programs.

Office for Young Children (OYC) is a multifaceted unit within the Ingham County Health Department. OYC provides professional development opportunities for early learning and child care providers (licensed) throughout Ingham County. These opportunities allow childcare providers to obtain the required credits needed to maintain licensing status in the State of Michigan as prescribed by the Michigan Department of Human Services (DHS) Bureau of Children and Adult Licensing (BCAL) and the Great Start To Quality tiered rating system. Professional development opportunities are offered through face-to-face trainings, workshops, correspondence and online learning. Coaching, mentoring, and individual consultations provided by Early Childhood Consultants increases the quality of care in licensed and regulated child care programs. Increasing the quality of care raises the standards that give children a strong beginning.

OYC also offers professional development opportunities for unlicensed subsidized child care providers (aide and relative providers) to meet the new standards required of them. First Aide and CPR is offered to providers supporting the knowledge of safety and basic child development needs which increases the quality of care for children. Other opportunities include mentoring and consultations to assist unlicensed providers to become licensed and to advance on the Great Start To Quality continuum.

OYC is a resource agency that provides technical assistance and consultations for parents and childcare providers. Lending Library resources are available for parents and providers to borrow and use in their homes and programs, and increases quality early learning experiences for children. OYC also assists employers and employees with developing and implementing childcare benefits for the workplace and supports early childhood educational needs through Lunch and Learn workshops in the community for such agencies as Michigan State University staff and Ingham County Health Department employees. Choosing quality early learning and care programs for children is one of the major learning components for parents that are supported by OYC.

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

OYC is also the hub office for the Great Start To Quality Central Resource Center (RC). The RC is a multicounty service agency that coordinates and collaborates with community agencies and early learning and (child) care entities throughout designated counties. Services focus on workforce development and resources for licensed and unlicensed providers, resources for families, and communication and outreach. Established lending libraries are available to providers and families to encourage quality improvement and increased early learning and care knowledge. An online statewide database system links parents and those caring for young children with the resources, support and services needed to give Michigan’s children a great start. Great Start To Quality (tiered rating system) for early learning and care programs strengthens and supports the highest quality of care and needs for children. It also helps support programs to continuously increase their own quality.
Ingham County Health Department
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Ph: (517) 887-4300, Fax: (517) 887-4310

Department Directory

Nights/Weekends/Holidays/Emergency ................................................................. 342-9987
Administration .................................................................................................. 887-4311
Adult Dental Services ....................................................................................... 887-4423
Adult Health Services ....................................................................................... 887-4302
  Sexually Transmitted Infection (STI) Counseling & Testing Services .......... 887-4424
Billing & Reporting ............................................................................................ 887-4345
Breast & Cervical Cancer Control Program ..................................................... 887-4364
Child Health Services ....................................................................................... 887-4305
Children’s Special Health Care Services .......................................................... 887-4309
Communicable Disease Control (Reporting) .................................................... 887-4308
  HIV & STI Information
  Tuberculosis Control
Community Health Centers
  Otto .................................................................................................................... 702-3555
  St. Lawrence .................................................................................................... 364-7440
  Sexton .............................................................................................................. 755-1076
  Sparrow ........................................................................................................... 364-3074
  Well Child ........................................................................................................ 267-9175
  Willow (Teen Services) ................................................................................... 702-3500
Environmental Health .................................................................................... 887-4312
Emergency Preparedness ................................................................................ 887-4631
Food Bank ......................................................................................................... 887-4357
General Accounting/Purchasing .................................................................... 887-4301
Health Plan Management Services .................................................................. 1-866-291-8691
Healthy Smiles Dental Center ....................................................................... 272-4150
Immunizations ................................................................................................. 887-4316
Medical Examiner ............................................................................................ 887-4318
  Nights & Weekends ....................................................................................... 364-2562
Neighborhood & Agency Coordination .......................................................... 887-4691
  Power of We Consortium (PWC)
Office for Young Children ............................................................................... 887-4319
Public Health Services ..................................................................................... 887-4322
  Community Health Assessment
  Family Outreach Services
  Public Health Nursing
  Vision & Hearing Screening
Registration & Enrollment ............................................................................... 887-4306
Tobacco Information Line ............................................................................... 887-4315
Women, Infants and Children (WIC) ............................................................... 887-4326
Women’s Health .............................................................................................. 887-4320