2012 Annual Health Report
INGHAM COUNTY HEALTH DEPARTMENT

Moving Ingham County towards Better Health!
# TABLE of CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH OFFICER’S LETTER</td>
<td>2</td>
</tr>
<tr>
<td>INGHAM COUNTY BOARDS</td>
<td>3</td>
</tr>
<tr>
<td>ADMINISTRATION &amp; FINANCE</td>
<td>2-3</td>
</tr>
<tr>
<td>ORGANIZATIONAL CHART</td>
<td>4</td>
</tr>
<tr>
<td>WHO WE ARE INGHAM COUNTY</td>
<td>5</td>
</tr>
<tr>
<td>ICHDTIMELINE</td>
<td>6-7</td>
</tr>
<tr>
<td>CORE FUNCTIONS OF PUBLIC HEALTH</td>
<td>8</td>
</tr>
<tr>
<td>CONNECTING PUBLIC HEALTH &amp; CLINICAL HEALTH</td>
<td>9</td>
</tr>
<tr>
<td>DEPARTMENT DIVISIONS</td>
<td>10-18</td>
</tr>
<tr>
<td>DEPARTMENT DIRECTORY</td>
<td>19</td>
</tr>
<tr>
<td>ICHD 2012 SERVICE STATISTICS</td>
<td>20-21</td>
</tr>
</tbody>
</table>
The field of public health began in response to the prevention and control of disease outbreaks, especially infectious disease, and to address the lack of proper sanitation that existed in cities. Many of the nation’s first health departments were created in response to these issues.

For almost a century, the Ingham County Health Department (ICHD) has diligently worked to meet the many challenges and changes in public health. I am delighted to serve as ICHD’s Health Officer as we commemorate the Department’s 75th Anniversary.

In the 2012 Annual Report you will learn about ICHD’s founding in 1938, and its history of service to Ingham County residents. You will also discover how the Department has grown and adapted in sync with emerging public health issues and trends by offering many vital programs and services.

The year 2012 though financially challenging, brought with it key administrative appointments, new grant-funded programming, and innovative community partnerships:

- One top priority of the Health Department is to reduce infant mortality. In Ingham County, African American infants die at three times the rate of White infants. Through the Nurse-Family Partnership (NFP) program, Public Health Nurses work with low-income, first-time pregnant African American women to improve their pre-natal health, assure a healthy birth outcome and improve pregnant women’s socioeconomic status. In addition, the Healthy Start Program coordinates with NFP to focus on mothers who live in poverty. Staff provide health education to residents who serve as peer community advisors to help other residents.

- Michigan Public Health Institute subcontracted with ICHD to coordinate with community partners on the state initiative Ingham Pathways to Better Health. This innovative approach to population-based health employs Community Health Workers to provide home visits to Medicaid and Medicare enrolled adults with the goal to help them better manage their chronic conditions thereby decreasing emergency room visits, connect them to a medical home, and reduce healthcare costs.

- The Affordable Care Act provided the opportunity for us to partner with Barry-Eaton District Health Department, and Mid-Michigan District Health Department and area hospital leaders (Sparrow, McLaren, Eaton Rapids and Hayes Green Beach) to conduct a community health assessment called Healthy Capital! Counties. Several community dialogues were conducted with Capital Area residents to gather important feedback to the assessment’s findings and to develop an action plan for the region.

- ICHD established primary care services in the 1970s and grew these services to what today are the Ingham Community Health Centers. The Ingham Community Health Centers became the first public entity Federally Qualified Health Centers (FQHCs) in the state of Michigan, and the only FQHC within a local health department in Michigan. Its services are designed and coordinated to improve health outcomes for its residents. ICHD now operates 7 different locations to serve residents. Currently the Health Centers are working toward the National Committee for Quality Assurance’s Patient Centered Medical Home (PCMH) recognition. PCMH is a care delivery model in which patient treatment is coordinated through the patient’s primary care physician.

Although this 75th anniversary gives us cause to reflect on all our great accomplishments, there’s still much work to be done to help Ingham County’s residents live longer and healthier lives. ICHD stands committed and ready to continue our mission to protect and promote the health of this community. We invite you to join in this endeavor.

Sincerely,

Renée Branch Canady, Ph.D., M.P.A.
Health Officer
Philosophy

Each individual is valuable and unique, and an integral member of our community. The health and well-being of each person is essential to the optimum development of our community. In carrying out its statutory duties to protect and promote public health, the employees of the Department shall treat each client and fellow employee with respect and fairness. The Department’s philosophy is to promote the highest level of health through appreciation of the highest value of human life.

Cost by Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Cost Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Health Services</td>
<td>75.69%</td>
</tr>
<tr>
<td>Admininistrative Support Services</td>
<td>6.71%</td>
</tr>
<tr>
<td>Public Health Preparedness, Disease Control, Environmental Health</td>
<td>8.42%</td>
</tr>
<tr>
<td>Health Plan Management</td>
<td>4.49%</td>
</tr>
<tr>
<td>Jail Medical Services</td>
<td>3.79%</td>
</tr>
<tr>
<td>Medical Examiner</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

Sources of Funding

- 19.65%
- 3.25%
- 0.03%
- 33.38%
- 18.74%
- 24.95%

Cost by Service Category

- 75.69%
- 8.42%
- 4.49%
- 3.79%
- 0.90%
The history of the Ingham County Health Department is so intertwined with the history of Lansing that you cannot discuss one without mentioning the other. Although Ingham County was established by an act of the Michigan Territorial Legislature in October 1829, Lansing was not founded until 1836. In 1865 a Lansing Board of Health was created. This Board was made up of several physicians who were veterans of the Union Army Medical Department in the Civil War. This was part of a larger trend in which the state board of health encouraged the formation of local boards of health in cities, towns, and villages that were almost an extension of the state board. Each Board had a health officer who was a physician who reported to the state the health status of his respective community.

By the 1930’s public health in Ingham County was very fragmented and inconsistent. Various cities, townships, and villages had boards of health with a health officer. Some health officers were physicians and some were not. Some had training in public health and some did not. Nearly all of the health officers did not practice public health full-time. Each interpreted public health laws differently. Consequently, what public health looked like varied from municipality to municipality.

In 1937, there was interest among county officials and the rural community to establish a full-time health department to provide the same services and protections to rural residents of the County that was available to Lansing residents. (City residents were served by their own city health department). At the same time, public health officials across the state and at the Department of Public Health were realizing the need for a training center to provide future public health professionals (e.g., doctors, nurses, and sanitarians) an opportunity to apply the concepts and theories they learned in school, and to observe the inner workings of fully-functioning health departments. On January 10, 1938 the mo-
WHO WE ARE INGHAM COUNTY

Selected Demographics

Ingham County was established in 1829 and includes five unincorporated areas and townships. Its county seat is Mason. According to the 2011 census, 281,613 people live in Ingham County, making it the seventh most populous county in Michigan.

Population Characteristics

- Total Population: 281,365
- % Black/African American (not Hispanic): 11%
- % Hispanic/Latino, any race: 7%
- % White (not Hispanic): 73.2%
- % Under 18: 21.2%
- % 65 years of age and over: 10%
- % Individuals in Poverty: 20%
- % Households with incomes over $50,000: 46.3%

A recent health assessment reported a wide range of differences in the socio-economic characteristics of Ingham County residents. 22.4% of children were identified as living in poverty; however, 35.5% of the adult population holds a Bachelor’s degree or higher. Compared to other similar counties within the state, young people comprise a remarkable proportion of the Ingham County population. The County boasts one of the most diversified economies in the state, with a mix of government, education (including the second largest university in the state), manufacturing and agriculture. Although, the median household income of county residents has remained flat from $37,917 in 2000 to $36,174 in 2010, the unemployment rate rose from 2.9% to 10.6%.

Health Challenges in the Community

The health of a community is the number one community asset for its proper growth and development. Globally, the infant mortality rate (IMR) is used as a salient measure of societal health. IMR in the County is similar to that of the state’s rate, but a remarkable disparity is seen in Black and White IMRs. IMR in the White population is 5/1,000 live births, whereas in the Black population it is 15/1,000 live births.

Differences in IMRs among different races signify that there are several underlying factors like socioeconomics, behavior and environment that could be responsible for the exacerbation of the high infant mortality rate among minority population groups. According to the community health profile and assessment report (2012), 1 in 4 adults in Ingham County is obese, increasing the susceptibility of younger people to various serious health conditions. Ingham County also has the highest rate of ambulatory care sensitive hospitalizations especially in children for asthma when compared across Michigan. This is potentially associated with the lack of adequate primary care or prevention system in the community. During 2008-2010 in Ingham County, 8.8% adults were diagnosed with diabetes and 20.9% reported activity limitation. Health disparities as well as most of the highly prevalent health conditions are preventable. Early interventions targeting various health determinants and appropriate medical care can largely reduce the likelihood and severity of these conditions.

ABOUT INGHAM COUNTY

Formed: October 29, 1829
County Seat: Mason, Michigan
Population: 281,723 (2012 estimate)
Population Density: 505.1 person per sq. mile
Births: 3,339
Births to Teen Mothers: 313
Deaths: 1,894
Leading Cause of Death: Heart Disease (1st), Cancer (2nd), Chronic Lower Respiratory (3rd), Stroke (4th), Accidents (5th)
Infant Mortality Rate: Total: 6.0 deaths per 1,000 births (2008-2010 linked birth and death files)
Median Age: 31 Years of Age
Age Group:
- Under 5 years: 5.8%
- 5 to 19 years: 21.2%
- 20 to 44 years: 39.1%
- 45 to 64 years: 23.7%
- 65 years and over: 10.2%
Race/Ethnicity:
- White: 72.8%
- Black or African American: 10.8%
- Hispanic or Latino (of any race): 7.2%
- American Indian/Alaskan Native: 0.3%
- Multi-racial: 3.7%
- Other: 0.2%
Median Household Income: $45,758
Per Capita Income: $24,322 (2011 dollars)
Persons in Poverty: 20.4%

Official action on January 10, effective April 1, 1938 to establish a health unit for Ingham County outside the city of Lansing. The 11 staff members were initially located in the courthouse. First Health Officer, C.D Barrett (Sr.), M.D. served until 1946. Pictured: Back Row, L to R - Assistant Doctor, Nurse, Nurse Elma Wiegman, Nurse Elizabeth Clinton, Nurse Mildred Cardwell, Nurse Supervisor Lena Sherman; Front Row, L to R - Sanitarian Russell Colston, Sanitarian, Receptionist Marion Hall, Chief Clerk Janette Severance, Nurse Mabel Jessop, and Director Dr. Clarence Barrett.

1939 World War II imposed innumerable obstacles to health related programs and progress.

1946 Survey of Lansing and Ingham County Health Departments by Carl E. Buck, Dr. P.H., Field Director, Roscoe P. Kandle, M.D., Associate Field Director, and American Public Health Association, at the request of the Lansing Board of Health and current Health Director.

1947 Merger of the Departments into “Lansing-Ingham County Health Department”, effective July 1, 1947. City staff became county employees with offices in City Hall and another office in Mason.

1946-48 Public sewers were installed in rapid urbanizing portions of Delhi and Lansing Townships, on the fringes of the city of Lansing, to allow development without reliance on septic tank systems where soils were rated as unsuitable for the drain fields by the Health Department.

1958 ICHD moved to 221½ W. Washtenaw where Commerce Centre Building now stands.


1967 Family Planning Clinic was opened in a space at Sparrow Hospital.

1970 MSU College of Nursing began utilizing ICHD as training center for future nurses.

1972 Saturday health screening for seniors was initiated and co-sponsored by ICHD walk-in clinic and MSU Cooperative Extension Program. ICHD family planning policies were contested by parents of teen-aged clients in Doe vs. Irwin case. Final disposition from the U.S. Court was victorious for ICHD. The treated public water supply was extended from Lansing to serve urbanized portions of Delhi Township. After successful presentation by ICHD, PA 306 was amended to authorize penalty clauses in the county sanitary code.

1975-76 Project Health, now Child Health was initiated. The Nutrition Division, now WIC, and office for Young Children was created. The swine flu epidemic was averted by a community-wide immunization program.

1978-79 Reorganization of clinical services into Adult Health/VD Clinic, Child Health Clinic & Family Planning Clinic was done. The Board of Health changed from policy board to advisory status.

1979 The first MDNR certification of ICHD was administered as Solid Waste Management Act (PA 64) with cost reimbursement.

1980-81 ICHD supported funding for nurse practitioners (part-time) as a family assessment team. Well child assessment clinics were established in several out-county locations.

1983 First certification of ICHD under Hazardous Waste Management Act (PA 64) was established with cost reimbursement until FY 88 when appropriation was reduced 50%, causing loss of one program specialist position in ICHD.

1984 The Human Services Building at 5303 S. Cedar Lansing was built to bring all ICHD staff into one facility.

1985 A satellite facility for the Adolescent Health Program was established at 306 W. Willow.

1985-88 Computers and related equipment was obtained beginning the Household Hazardous Waste Disposal Service. ICHD began counseling and testing for HIV/AIDS.

1986 Health promotion/risk prevention programs were developed by the Health Education Division.

1989 The first toxicologist was employed to evaluate risks of exposure to toxic chemicals. The Health Department developed and employed a pilot office paper recycling program in the Human Services Building. The Department joined the “Medicare B Demonstration Project” jointly sponsored by the CDC. Expansion of Medicaid eligibility helped pregnant women.

1991 ICHD started operating the Friendship Clinic providing a wide range of health care services to homeless people of all ages. ICHD in collaboration with Catholic Social Services/ST. Vincent’s Home Inc. initiated refugee health services.
1990’s

1992-93 The Health Department developed programs and specific services for vulnerable groups at high risk for health problems. Public Health Nurses started providing early home visits to women who received prenatal care at ICHD. ICHD initiated the free Breast and Cervical Cancer Control Program. The Ingham County tobacco regulation was passed to reduce tobacco sales to minors.

1994 In addition to providing screening and follow-up services for lead poisoning in children, the Health Department conducted community education programs for parents and caregivers of children at high risk of lead exposure. The Capital Area Health Alliance (CAHA) was established to prevent substance abuse issues for Clinton, Eaton and Ingham Counties’ residents.

1995 ICHD together with Clinton, Gratiot and Montcalm Counties established a regional HIV prevention planning group. ICHD implemented a new incentive component to enhance patient compliance with the lengthy course of TB treatment. New health center operated by the Health Department was opened in Sparrow Hospital in order to bring services closer to people’s residences.

1995 Mobile immunization and screening clinics were established as a part of state wide immunization initiative. ICHD developed an Immunization Registry Advisory Committee to assure that the Michigan Immunization Registry (MCIR) worked well in the community.

1998 A new program called the Ingham Health Plan began to assure that all residents had access to an organized system of care. Ingham County Smoking Cessation Program was initiated.

2000-01 The Capital Area Prescription Program (CAPP) initiated in order to bring managed care prices to low income senior citizens who didn’t have prescription benefits. International travel health information and vaccination services were initiated. ICHD held 38 Mobile Bus Clinics to serve the hard to reach population.

2003-2004 All Children Connected to Succeed (ACTS) Program launched for a universal and high quality early childhood education and care system. A full scale disaster exercise was conducted to test the local public health emergency preparedness. The Native American Outreach Program began to offer support and education for Native Americans.

2005-06 ICHD provided hearing and vision screening services to the County public, private, charter, and home-schooled children, and day care centers. Expansion of pandemic influenza planning for the Ingham County area occurred. Office for the Young Children was awarded Quality Assurance status and successfully completed the accreditation process.

2007-08 ICHD opened a latent Tuberculosis Infection Clinic to address the need for prevention of active TB disease by treating those with TB infection. A new centralized vaccine distribution system for providers was initiated. A home-based smoking cessation program for pregnant and parenting women was funded by the American Legacy Foundation.

2009 ICHD’s network of Community Health Centers received designation by the federal government as Federally Qualified Health Centers.

2009 Health equity became a core value of ICHD who became a public health leader in the implementation of social justice work.

2009-2010 ICHDs emergency coordination center was activated to lead a comprehensive response to the H1N1 influenza pandemic alert.

2006 & 2011 ICHD experienced several key administrative changes of its Health Officer with a historic placement of the first African American woman as the top administrator of the Department.

2011 Electronic Health Records (EHR) is implemented as required by the Affordable Care Act. EHR improves service delivery to ICHD clients and allows ICHD to move from paper-based records to a more efficient means of information storage and sharing.

2013 ICHD continues to serve the public health needs of 281,613 residents after 75 years of operation!
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

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.² 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.²

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.

Levels of Prevention

**Primary Prevention**
Reduces a person's exposure to and/or risk of getting disease

**Secondary Prevention**
Promotes early detection and/or treatment of disease

**Tertiary Prevention**
Prevents complications from the disease or condition

---

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 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.

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

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

HEALTH EQUITY/SOCIAL JUSTICE (HESJ) WORKSHOPS

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. 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. 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.

HEALTH EQUITY:
A fair, just distribution of the social resources and social opportunities needed to achieve well-being.

SOCIAL JUSTICE:
The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.

-- ICHD Social Justice Team

ICHID ENGAGEMENT & ASSESSMENT

POWER OF WE

So much of the work of Ingham County Health Department relies on continually assessing needs of the community. In addition to secondary data sources (data sources collected for reasons other than assessment), ICHD participated in the Community Indicators Project, from which the Capital Area Behavioral Risk Factor and Social Capital Survey was developed. This Survey is intended to collect health and behavioral data among adults in Clinton, Eaton and Ingham Counties.

As important as an assessment is, it is not a substitute for collaborations and partnerships with other organizations. Through the Power of We and our Health Outreach Partners, ICHD interacts with other entities and community members to develop policy, offer mutual support, and partner on interventions and grants.

HEALTH OUTREACH PARTNERS

NATIVE AMERICAN OUTREACH

CAPITAL AREA BEHAVIORAL RISK FACTOR & SOCIAL CAPITAL SURVEY

HEALTHY! CAPITAL COUNTIES
Several initiatives focus on maintaining the health and well-being of adults and families in the community. Two examples of such programs are: the Breast and Cervical Cancer Control Program (BCCCP) and the Ingham County Food Bank. BCCCP provides breast and cervical cancer screening, diagnosis, and treatment at no cost to women who qualify. Both breast and cervical cancers are highly treatable if detected early. Nevertheless many women, particularly women of low economic status, die unnecessarily because of these cancers.

Food security, having adequate amounts of healthy and nutritious food, is an ever-present problem for some families. In times of economic crisis the number of families that have trouble providing meals for themselves increases. During emergencies or times of crisis, Ingham County families can contact the Food Bank to seek food assistance. Food Bank staff conduct telephone interviews, determine eligibility, and whenever possible, make referrals to the food pantry most convenient for the caller to access.

### ICHD HEALTH PLAN SERVICES

#### HEALTH PLAN MANAGEMENT SERVICES

Health Plan Management Services (HPMS) provides administrative services for over 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. Programs that HPMS administers are Plan A, B, P and V. 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.

Registration and Enrollment staff assess the eligibility of families and individuals and assist them in applying for a variety of health programs including:

- Healthy Kids program
- MIChild Health insurance program
- Breast & Cervical Cancer Control Program (BCCCP)
- Ingham Health Plan (IHP)
- Ingham County Prescription Discount Card
- Plan First! Program
- City of Lansing and Ingham County prescription voucher program

### Breast & Cervical Cancer Control Program Activity in Ingham County Group*

<table>
<thead>
<tr>
<th>October 1, 2011 – September 30, 2012</th>
<th>Total number of women served</th>
<th>1,991</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of breast cancers found</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Total number of cervical cancers found</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

#### Age Breakdown

<table>
<thead>
<tr>
<th>Age Breakdown</th>
<th>Racial Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49</td>
<td>36% White</td>
</tr>
<tr>
<td>50-64</td>
<td>61% Black</td>
</tr>
<tr>
<td>65 years old and older</td>
<td>3% Native American</td>
</tr>
</tbody>
</table>

#### Racial Breakdown

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>Asian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Federal Poverty Level</td>
<td>52.4%</td>
<td></td>
</tr>
<tr>
<td>100% to 250% of Federal Poverty Level</td>
<td>47.6%</td>
<td></td>
</tr>
</tbody>
</table>

#### Poverty Level

- **Plan Wide Plan A Plan B Plan P**
  - **Average Monthly Health Plan Enrollment by Geographic Region, 2012**
  - IHP Enrollment: 11,752, 929, 10,822, 5,009
  - All Other Health Plans Enrollment: 24,094, 6,809, 17,285, 21,107

#### Age Breakdown

- **Plan Wide Plan A Plan B Plan P**
  - **Average Number of Enrollees**
  - IHP Enrollment: 11,752, 929, 10,822, 5,009
  - All Other Health Plans Enrollment: 24,094, 6,809, 17,285, 21,107

*Total number of women screened for all counties (8 counties total) = 3,962

**Breast & Cervical Cancer Control Program Activity in Ingham County Group**

- **Total number of women served**: 1,991
- **Total number of breast cancers found**: 12
- **Total number of cervical cancers found**: 7

**Age Breakdown**

- **40-49**: 36% White
- **50-64**: 61% Black
- **65 years old and older**: 3% Native American

**Racial Breakdown**

- **100% of Federal Poverty Level**: 52.4% Other
- **100% to 250% of Federal Poverty Level**: 47.6%
ICHD LEAD PREVENTION

LEAD PREVENTION
LEAD POISONING PREVENTION

Young children who live in houses in Ingham County built before 1978 are at an increased risk of lead exposure and poisoning. ICHD provides investigation and case management of lead-poisoned children. The program provides the community and medical provider education regarding lead poisoning.

In 2012, there were 2,134 children tested for lead. Children with elevated blood lead levels are evaluated along with their home environment to eliminate the source of lead poisoning. The Lead Abatement Program assesses the homes of families with young children who are low to moderate income. In 2012, 29 homes were assessed for lead hazards, and 22 were abated with grant funds. In addition to lead abatement in the homes, parents and caregivers are taught how to prevent further lead poisoning.

ICHD HOME VISITING SERVICES

NURSE FAMILY PARTNERSHIP (NFP)
HEALTHY START
MATERNAL INFANT HEALTH PROGRAM (MIHP)
FAMILY OUTREACH SERVICES (FOS)
NATIVE AMERICAN OUTREACH PROGRAM (NAOP)
EARLY ON
ASTHMA CONTROL through EDUCATION and ENVIRONMENT (ACE) PROGRAM

Public Health Nurses and Advocates at ICHD conduct voluntary home visiting services with socioeconomically vulnerable women and families with young children in Ingham County. There are a variety of programs through which these clients can obtain home visiting services. These include: Nurse Family Partnership (NFP), Healthy Start, the Maternal Infant Health Program (MIHP), Family Outreach Services (FOS), Native American Outreach Program (NAOP), Early On, and Asthma Control through Education and Environment (ACE) Program.

Services provided in the home may 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.

<table>
<thead>
<tr>
<th>Home Visiting Program Activities, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
</tr>
<tr>
<td>PHN Home Visits</td>
</tr>
<tr>
<td>FOS Home Visits</td>
</tr>
</tbody>
</table>
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. The section spearheads the Department’s efforts to prevent HIV/AIDS, sexually transmitted infections (STIs), and tuberculosis (TB). 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. Primary prevention, education, individual risk reduction, and counseling along with HIV testing are provided at little or no cost to county residents. 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. Tuberculosis (TB), a potentially fatal lung infection, continues to be a concern in the County. All TB cases are managed by RNs with specialized training. This ensures appropriate treatment and protection of the public’s health.

The Communicable Disease Control Department also investigates disease outbreaks. An outbreak is a sudden rise in the incidence of a disease, and 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 13 outbreaks and 849 investigations in 2012. 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.
**ICHD IMMUNIZATIONS**

**IMMUNIZATIONS**  
The mission of the Immunization Program of ICHD is to protect the residents of Ingham County by increasing immunization rates of children and adults. It achieves this through: providing vaccine for a variety of conditions, increasing public awareness of immunizations via education activities; monitoring immunization levels of adults and children through Michigan Care Improvement Registry (MCIR); and providing international travel consultations.

Every fall, the Immunization Program conducts several vaccination clinics specifically for influenza. In 2012, 7,866 doses of seasonal flu vaccines were administered at the Health Department.

**Number of Doses of Vaccine Administered by ICHD by Type, 2012**

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Doses Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Flu Vaccine</td>
<td>19,354</td>
</tr>
<tr>
<td>Seasonal Flu Vaccine</td>
<td>7,866</td>
</tr>
</tbody>
</table>

**ICHD SUBSTANCE ABUSE PREVENTION**

**ICSAP**

**TOBACCO PREVENTION & COMPLIANCE**

The Ingham Substance Abuse Prevention (ISAP) Coalition is dedicated to reducing the harm caused by addiction and substance abuse in Ingham County. Priority issues which cause the highest risk and cost in our community include: adult and youth binge drinking, tobacco addiction among young people, promotion of medical marihuana, and prescription drug abuse and misuse. In addition to participating in the ISAP Coalition, the Ingham County Health Department is actively engaged in implementing strategies to reduce the burden of tobacco use in our community. Strategies include: enforcement of a county regulation which requires that all tobacco vendors be licensed; compliance check operations to enforce regulations against the sale of tobacco products to minors, and a clerk training program for tobacco vendors.

**Tobacco Complianc Checks and New Smoke-free Rental Property in Ingham County, 2012**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Tobacco Vendors Compliance Checks Conducted</td>
<td>319</td>
</tr>
<tr>
<td># of Smokefree Rental Housing Units Registered</td>
<td>51</td>
</tr>
<tr>
<td>Total Activities</td>
<td>370</td>
</tr>
</tbody>
</table>
The health and well being of an individual is intertwined with the health of their community. In acknowledgement of that, ICHD partners and collaborates with a variety of local organizations and coalitions that work to create a community that encourages healthful living. Two such organizations are the Capital Area Health Alliance’s (CAHA) Healthy Lifestyles Committee and the Land Use and Health Resource Team (LUHRT). The Healthy Lifestyles Committee’s mission is to promote healthy behaviors and reduce illness by creating a community culture of health. LUHRT’s purpose is to educate the community on the impact of the built environment on health and facilitate positive urban policy and environment changes. Additionally, the Department, through its Environmental Justice and the Building Healthy Communities Projects, is a resource for communities and other organizations to examine and study the health impact of urban planning, housing, transportation and other community infrastructure issues.

An often overlooked, but critical aspect of health is dental health. Poor dental health can contribute to malnutrition and adversely impact the quality of life. Many socioeconomically vulnerable and underserved persons (racial/ethnic minorities, people with special needs, the elderly, pregnant women, and rural populations) face persistent, systemic barriers to accessing oral health care. The major barrier to dental care utilization is dental health care coverage. To meet the needs of indigent and underserved persons ICHD operates two dental clinics as part of its Federally Qualified Health Center (FQHC) system: the Adult Dental Clinic and the youth-focused Healthy Smiles Dental Clinic.
ICHDA DULT CLINICAL SERVICES

CEDAR-ADULT HEALTH SERVICES
CEDAR-WOMEN HEALTH SERVICES
SPARROW
ST. LAWRENCE

To address the primary health care needs of the medically underserved residents of Ingham County, ICHD formed the Community Health Care Services unit in the 1970s. This unit holds the Ingham Community Health Center Network (CHCN), which operates eight primary care centers in locations throughout the City of Lansing. ICHD operates the only Federally Qualified Health Center (FQHC) in the mid-Michigan region, and is the only public-entity administered FQHC in the state. The CHCN Services are designed and coordinated to serve the area's most vulnerable populations. It also stands as a testimony to the Health Department and the community's commitment to improve health, reduce health disparities, and address a multitude of significant health and social concerns, including access to health care.

ICHD CHILD/YOUTH CLINICAL SERVICES

WELL CHILD SERVICES
WILLOW HEALTH CENTER
SEXTION HEALTH CENTER
EASTERN HEALTH CENTER
OTTO HEALTH CENTER
CEDAR-CHILD HEALTH CENTER

Ingham’s Community Health Center Network (CHCN) includes clinics that specifically cater to the needs of children and adolescents. This group faces unique barriers to accessing medical and preventative care. Two of these sites are school-based health centers: one in Sexton High School and another in Eastern High School.

At a school-based health center students can be:
- Treated for acute illnesses, such as flu.
- Treated for chronic conditions, including asthma.
- Screened for dental, vision and hearing problems; and
- Counseled on healthy habits, and injury and violence prevention.
ICH D ENVIRONMENTAL HEALTH - PLANNED PROGRAMS

FOOD SAFETY PROGRAM

The Bureau of Environmental Health (BEH) monitors, assesses, provides guidance and, to the extent possible, controls environmental factors that can affect health.

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 food-borne 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.

ICH D ENVIRONMENTAL HEALTH - DEMAND PROGRAMS

PERMIT PROGRAMS

The primary mission of the Bureau of Environmental Health (BEH) is protecting the public from the adverse impacts of environmental factors, man-made, natural, biological and chemical. One way BEH fulfills this responsibility is by responding to complaints made by individuals, businesses and community organizations, and enforcing specific federal, state and local statutes. 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.
ICHDENVIRONMENTAL HEALTH - SPECIAL PROGRAMS

POLLUTION PREVENTION REGULATION

SARA TITLE III

HOUSEHOLD HAZARDOUS WASTE COLLECTIONS

CLEAN AIR REGULATION

EMERGENCY PREPAREDNESS

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. Also within the Bureau of Environmental Health is Emergency Preparedness. Emergency Preparedness is responsible for developing comprehensive all-hazard emergency operation 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.

ICHDENVIRONMENTAL HEALTH - TOXICOLOGY

TOXICOLOGY

ENVIRONMENTAL HEALTH MAPPER

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.

Waste Collected by Type and By Year, 2012

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Weight (in lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Waste</td>
<td>44,800</td>
</tr>
<tr>
<td>Book Collection</td>
<td>15,500</td>
</tr>
<tr>
<td>Electronic Waste</td>
<td>125,000</td>
</tr>
</tbody>
</table>
Department Directory

5303 S. Cedar Street, P.O. Box 30161, Lansing, MI 48909
Ph: (517) 887-4300, Fax: (517) 887-4310

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
Ingham Community Health Centers
  Birch ....................................................................................................................... 244-8030
  Eastern ................................................................................................................. 755-1050
  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 ..................................................................................... 887-4311
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
Power of We Consortium (PWC) .................................................................... 887-4691
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
# ICHD 2012 Service Statistics

## Community Health Centers

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Patients (Unduplicated)</td>
<td>25,060</td>
</tr>
<tr>
<td># of Health Center Patients At or Below 100% of FPL</td>
<td>19,796</td>
</tr>
<tr>
<td># of Health Center Patients who are Homeless</td>
<td>954</td>
</tr>
<tr>
<td># of Patients with Regular Medicaid</td>
<td>14,468</td>
</tr>
<tr>
<td># of Patients with S-CHIP Medicaid</td>
<td>75</td>
</tr>
<tr>
<td># of Patients with Medicare</td>
<td>1,155</td>
</tr>
<tr>
<td># of Patients with Private Insurance</td>
<td>1,038</td>
</tr>
<tr>
<td># of Patients with No Insurance</td>
<td>8,324</td>
</tr>
</tbody>
</table>

## Health Plan Management

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly IHP Enrollment (Plan Wide)</td>
<td>11,752</td>
</tr>
<tr>
<td>Average Monthly IHP Enrollment (ICHF Community Health Center Assigned)</td>
<td>5,691</td>
</tr>
<tr>
<td>Ingham Health Plan Visits (All Providers)</td>
<td>40,554</td>
</tr>
<tr>
<td>Ingham Health Plan visits (ICHF Clinics Only)</td>
<td>7,983</td>
</tr>
</tbody>
</table>

## Environmental Health

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Environmental Disease Outbreak Investigations</td>
<td>115</td>
</tr>
<tr>
<td># of Complaints Filed Under Clean Air Regulation</td>
<td>6</td>
</tr>
<tr>
<td># of Tobacco Retailer Compliance Checks</td>
<td>319</td>
</tr>
<tr>
<td># of Quit Tobacco Workshop Facilitators Trained</td>
<td>2</td>
</tr>
<tr>
<td># of Smoke Free Rental Housing Units Registered</td>
<td>51</td>
</tr>
<tr>
<td># of Houses Assessed for Lead</td>
<td>16</td>
</tr>
<tr>
<td># of Emergency Preparedness Exercises Conducted</td>
<td>14</td>
</tr>
</tbody>
</table>

## Disease Control

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Communicable Disease Cases Investigated</td>
<td>849</td>
</tr>
<tr>
<td># of Non-environmental Outbreaks Investigated</td>
<td>13</td>
</tr>
<tr>
<td># of Persons Tested for STIs (Clinic Only)</td>
<td>2,212</td>
</tr>
<tr>
<td># of Doses of Vaccines Administered (Excluding H1N1)</td>
<td>27,220</td>
</tr>
<tr>
<td># of Individuals Served at the International Travel Clinic</td>
<td>516</td>
</tr>
<tr>
<td># of Seasonal Flu Clinics</td>
<td>30</td>
</tr>
<tr>
<td># of Doses of Seasonal Flu Vaccine Administered</td>
<td>7,866</td>
</tr>
<tr>
<td># of Schools Reporting the Immunization Status of their Students</td>
<td>214</td>
</tr>
<tr>
<td># of Students whose Status was Reported</td>
<td>10,307</td>
</tr>
<tr>
<td># of Daycares/Pre-Schools Reporting the Immunization Status of their Students</td>
<td>104</td>
</tr>
<tr>
<td># of Daycares/Pre-Schools Students whose Status was Reported</td>
<td>4,664</td>
</tr>
</tbody>
</table>
## Public Health Nursing and Special Programs

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td># of MIHP Visits</td>
<td>1,472</td>
</tr>
<tr>
<td># of MIHP Clients</td>
<td>948</td>
</tr>
<tr>
<td># of Early On Visits</td>
<td>479</td>
</tr>
<tr>
<td># of Early On Clients</td>
<td>133</td>
</tr>
<tr>
<td># of Pregnant/Postpartum Women Clients in WIC (Unduplicated)</td>
<td>3,120</td>
</tr>
<tr>
<td># of Child Clients in WIC (Unduplicated)</td>
<td>4,427</td>
</tr>
<tr>
<td>Average Number of Clients Served in WIC (Monthly)</td>
<td>7,300</td>
</tr>
<tr>
<td># of Active Caseloads in CSHCS</td>
<td>693</td>
</tr>
<tr>
<td># of New Enrollments in CSHCS</td>
<td>122</td>
</tr>
</tbody>
</table>

## Prevention Programs

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Women Served In BCCCP</td>
<td>1,991</td>
</tr>
<tr>
<td>Total Number of Breast Cancers Found in BCCCP</td>
<td>12</td>
</tr>
<tr>
<td>Total Number of Cervical Cancers Found in BCCCP</td>
<td>7</td>
</tr>
<tr>
<td># of Families Served by Food Bank Annually</td>
<td>19,415</td>
</tr>
<tr>
<td>Average Number of Families Served by Food Bank in a Month</td>
<td>1,618</td>
</tr>
<tr>
<td># of Families Served by Family Outreach Services</td>
<td>414</td>
</tr>
<tr>
<td># of Preschool Age Children Tested for Hearing</td>
<td>3,831</td>
</tr>
<tr>
<td># of School Age Children Tested for Hearing</td>
<td>8,743</td>
</tr>
<tr>
<td># of Special Education Children Tested for Hearing</td>
<td>71</td>
</tr>
<tr>
<td># of Preschool Age Children Tested for Vision</td>
<td>3,981</td>
</tr>
<tr>
<td># of School Age Children Tested for Vision</td>
<td>14,224</td>
</tr>
<tr>
<td># of Special Education Children Tested for Vision</td>
<td>135</td>
</tr>
<tr>
<td># of Child Care Providers Training Completed by OYC</td>
<td>5,310</td>
</tr>
<tr>
<td># of Technical Assistance/Personal Consultations to Providers by OYC</td>
<td>6,363</td>
</tr>
<tr>
<td># Health Fairs ICHD Participated In</td>
<td>24</td>
</tr>
</tbody>
</table>
Core Values
SERVANT LEADERSHIP  ACCOUNTABILITY  RESPECT FOR OTHERS