

2010 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

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**Ingham County Health Department
– Lansing, Michigan –**

Ingham County Board of Commissioners & Residents of Ingham County:

I am pleased to present this report on activities for the Ingham County Health Department during 2010. As I reflect on my 23 years of service to the Department, I am proud of the great work the Department has accomplished to help protect and improve the health of Ingham County residents. I feel fortunate to have worked with such dedicated and supportive people including county commissioners, health department employees, board members, and community partners who all share the mission of ensuring the health and wellbeing of Ingham County residents.

Here are some highlights from 2010:

- The Health Department has been licensing tobacco vendors since 1993. Our staff has been working closely with local tobacco retailers to lower the rate of illegal sales to minors in our community. Tobacco sellers in Ingham County obeyed the law 91% of the time when faced with a teen decoy trying to purchase tobacco products. This successful sales rate to minors in 2010 is the lowest ever recorded at 9.05%.
- The Community Health Center Network (CHC) served more than 25,000 patients with over 88,000 patient visits to health center sites. Among these visits included over 800 visits for behavioral health services that were the result of an innovative partnership with our Community Mental Health agency.
- The Community Health Center Network was awarded a five-year grant totaling over \$4 million to continue providing health care to vulnerable populations. The CHC Network also received a \$499,599 two-year grant to renovate existing school-based and school-linked health centers.
- Health Equity is a core value of the Ingham County Health Department. For several years now, ICHD has been a leader in the national movement to apply a health equity lens to the work of public health. The Health Equity Social Justice Workshops continued to be important efforts to ensure that our workforce has a solid grounding in this concept. About half of ICHD employees completed the workshops in 2010. Another result of these efforts is the formation of a Health Equity Youth Academy. This academy introduces middle school and high school students to the concepts of health equity and social justice.
- Our Community Health Centers and Public Health Services rolled out a new practice management system, NextGen, to help make workflow for patient scheduling and billing more efficient.
- Public Health Services helped to enhance the Department's smoking cessation and maternal services offerings with implementation of the award-winning House Calls, a comprehensive tobacco cessation program that focuses on pregnant and parenting women. The program, made possible through funding from the American Legacy Foundation, has won several notable awards including the Pinnacle PACE Award, the 2010 Michigan Cancer Consortium (MCC) Spirit of Collaboration Award, and the National Association of County and City Health Officials' (NACCHO) Model Best Practice Award.
- Grants from NACCHO and Robert Wood Johnson Foundation supported our quality improvement efforts in our Public Health Nursing Division. The RWJF grant enabled our nursing division to secure expertise to implement a 'communities of practice' approach to quality improvement. The project focuses on the creation of a culture of quality improvement throughout the communities of practice and aims to increase both client contact and billing. The grant also enabled ICHD to conduct quality improvement training for all staff and staff training in Michigan through the MLC-3.

The Department's major challenges this next fiscal year will focus on how to maintain the deliverance and quality of our currently mandated programs and services, both clinical and public health, in the face of local, state and federal funding shortfalls. In spite of the challenges, I am confident that the incoming health department administration will continue our Department's mission of providing the best possible public health and personal health care services for our residents. I wish the Health Department, the Community Health Centers Network, and all our employees much success in the coming years.

Dean G. Sienko, M.D.

Dean G. Sienko, M.D.
Health Officer and Medical Director

2011
Ingham County Board of Commissioners

Mark Grebner, Chairperson
Deb Nolan, Vice-Chairperson
Don Vickers, 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
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Rebecca Bahar-Cook	District No. 4	Deb Nolan	District No. 12
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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

Todd Tennis, Chairperson, Brian McGrain, Vice-Chairperson
Steve Dougan, Carol Koenig, Deb Nolan, and Don Vickers

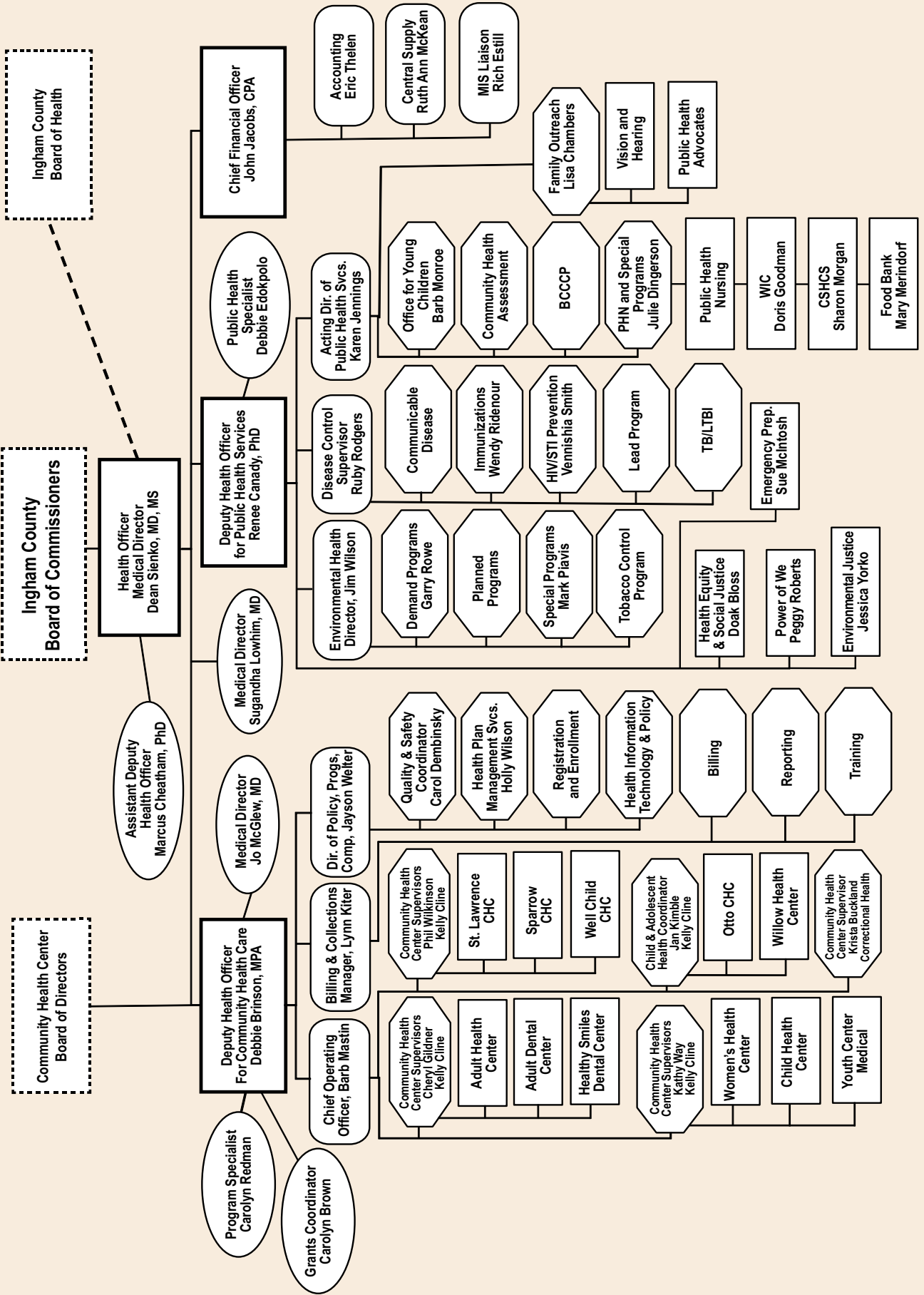
Ingham County Board of Health

Maurice Reizen, M.D., MSPH, Chairperson, Nancy Hayward, MPH, BSN, RN, Chairperson Pro Tem, Molly Polverento, M.S.Ed., Vice-Chairperson, Martha Adams, Christina Dokter, Ph.D., Denae Friedheim, Mark Kieselbach, Nigal Paneth, M.D., MPH, Saturnino Rodriguez, Ph.D., and George Rowan, Ph.D.

Ingham Community Health Center Board

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Ingham County Health Department Organizational Chart



Administration and Finance

Ingham County Health Department Administrative Staff

Dean Sienko, M.D., M.S., Health Officer and Medical Director

Renée B. Canady, Ph.D., M.P.A., Deputy Health Officer, Public Health Services

Debra Brinson, M.P.A., Deputy Health Officer, Community Health Care Services

John Jacobs, C.P.A., Chief Financial Officer

Marcus Cheatham, Ph.D., Assistant Deputy Health Officer

Ingham County Health Department's Core Values

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

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

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

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

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

Ingham County Health Department Costs and Sources of Funding

October 1, 2009 to September 30, 2010

Total Funding \$39,251,132

Total Expenses \$39,456,837

Sources of Funding

Ingham County Budget - 16.61%

Fees - 36.73%

State Agreements - 22.06%

State Local Public Health Operations - 3.64%

Cigarette Tax - 0.09%

Other - 20.87%

Cost by Service Category

Family Health Services - 69.34%

Admin. Support Services - 9.11%

Public Health Preparedness, Disease Control,

Environmental Health - 11%

Health Plan Management - 5.25%

Jail Medical Services - 4.50%

Medical Examiner - .80%

About Ingham County

Selected Demographics

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

An estimated 277,633 people called Ingham County home in 2009.¹ Ingham County is the seventh most populous county in Michigan. The population of Ingham County is relatively stable, losing only an estimated 2,000 residents in ten years. Changes in population numbers result from both natural changes (births and deaths in the area) and migrations (both international and domestic). Between July 2000 and July 2009 the county's population increased as a result of natural changes (more births than deaths) and international migration (more persons relocating to Ingham County from abroad than leaving to live elsewhere).² ³ That growth was tempered by persons leaving the county for other areas within the United States (domestic migration).² ³ Compared to other counties in the state, Ingham County has a young population. The median age of county residents is 29.8 years.⁴ Nearly one in three county residents (27.2%) is under the age of 20 years.⁵ Table 1 displays the racial/ethnic composition of the county compared to the state.

The county boasts one of the more diversified economies in the state, with a mix of government, education (including the second largest university in the state), manufacturing, and agriculture. Nevertheless, the economic downturn has affected the county's economy. Although



the median household income of county residents has remained flat (from \$37,917 (\pm \$2,686) in 2000 to \$34,088.11 (\pm \$1,828) in 2009 (adjusted for inflation), the cost of living has increased.^{7, 8} The annual unemployment rate in Ingham County rose from 2.9% in 2000 to 11.1% in 2009. In 2009 an estimated 19.4% of residents in Ingham County lived below the federal poverty level, whereas in 2000 the percentage was 14.4%.⁹

A Commitment to Improving Health

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

Health Challenges in the County

The health of a community is essential for its growth and development. Excess disease and death within a community can hamper growth and development. Infant mortality (defined as the death of a live-born infant within the first year of life) is used globally as a measure of a society's well-being. The rate of infant death in the county was similar to the state's rate. For every 1,000 live births in Ingham County, approximately six infants died before their first birthday in 2009.¹⁰ 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, while the infant mortality rate among Black infants was approximately fifteen deaths per 1,000 live births in 2009.¹⁰ This indicator suggests a present threat to the health of Ingham County residents.

Chronic diseases, if poorly managed, can hinder growth and development of a region by depriving the community of the full potential of all its citizens. At

an individual level, chronic diseases are associated with increased medical costs, disability and a decrease in quality of life. One pervasive condition associated with a decrease in quality of life is diabetes. In 2009 an estimated, 6.4% of Ingham County adults reported being diagnosed with diabetes.¹¹ Most chronic disease cases are preventable. Proper health behaviors like early diagnosis, balanced diet, and physical activity can decrease the risk of acquiring diseases such as diabetes.

Racial/Ethnic Composition of Ingham County and Michigan, 2009 (Table 1)		
	Ingham County	Michigan
Non-Hispanic Whites	76.0%	77.3%
Non-Hispanic Blacks	9.9%	13.8%
Hispanic	6.1%	4.2%
Asian/Pacific Islanders	4.6%	2.4%
Non-Hispanic Multi-racial/Other	3.2%	1.8%
American Indians/Alaskan Natives	0.2%	0.4%

1. Department of History, Arts, and Libraries, Library of Michigan "Estimated Population of Michigan Counties, 2000-2009."
2. Department of History, Arts, and Libraries, Library of Michigan "Estimated Components of Population Change, 2000-2009: Vital Statistics."
3. Department of History, Arts, and Libraries, Library of Michigan "Estimated Components of Population Change, 2000-2009: Migration."
4. United States Census Bureau. "2009 American Community Survey."
5. Department of History, Arts, and Libraries, Library of Michigan "Estimated Population of Michigan Counties by 5-year Age Group: 2009."
6. Department of History, Arts, and Libraries, Library of Michigan "Estimated Population of Michigan Counties by Race: 2007."
7. United States Census Bureau. "2000 Supplemental Survey."
8. United States Census Bureau. "2009 American Community Survey."
9. Michigan Department of Labor & Economic Growth (DLEG). "Michigan Labor Market Information: Historical Data for Unemployment Rate in Ingham." Extracted 07/27/2011."
10. Unpublished infant mortality data.
11. Selected Health Indicators and Risk Estimates by Community Health Assessment Regions & Local Health Departments, 2007-2009 Michigan Behavioral Risk Factor Survey, Chronic Disease Epidemiology Section Bureau of Epidemiology, Michigan Department of Community Health.

Ingham County Vital Statistics, 2009

Year	Population*	Births		Total Death		Infant Deaths	
		Number	Rate **	Number	Rate †	Number	Rate ‡
2009	277,633	3,351	12.1	1,975	769.1 ±34.3	21	6.3 ±2.7
2008	279,618	3,538	12.7	1,925	771.9 ±34.9	26	7.3 ±2.8
2007	280,564	3,558	12.7	1,926	783.6 ±35.4	30	8.4 ±3.0
2006	281,002	3,639	13.1	1,895	791.7 ±35.7	18	4.9 ±2.3
2005	280,549	3,622	13.0	1,922	791.7 ±35.7	31	8.6 ±3.0
2004	281,487	3,656	13.1	1,926	797.6 ±36.0	29	7.9 ±2.9
2003	280,334	3,745	13.3	1,934	817.6 ±36.7	25	6.7 ±2.6
2002	279,011	3,580	12.7	1,887	815.4 ±37.0	24	6.7 ±2.7
2001	278,316	3,702	13.2	1,823	805.7 ±37.2	25	6.8 ±2.6
2000	277,528	3,776	13.5	1,923	872.2 ±39.2	29	7.7 ±2.8
1999	280,035	3,672	12.9	1,882	836.5 ±38.0	22	6.0 ±2.5

*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.

Source: The source for the birth, death and infant death information are the 1999-2009 Michigan Resident Birth Files, the 1999-2009 Michigan Resident Death Files, and the 1999-2009 Linked Michigan Resident Birth & Death Files, respectively. Division for Vital Records & Health Statistics, Michigan Department of Community Health.

Select Underlying Causes of Death Among Ingham County Residents, 2009

	Total		Non-Hispanic White	Non-Hispanic Black
	Number	Rate †	Rate †	Rate †
All Causes	1,975	769.1	751.0	933.9
Heart Disease	484	187.8	186.1	230.7
All Cancers	444	172.4	172.4	179.9
All Other Causes	500	195.1	183.1	265.2
Chronic Lower Respiratory Diseases	111	43.7	44.0	---
Stroke	101	39.3	36.8	---
Alzheimer's Disease	102	39.2	38.8	---
All Unintentional Injuries	82	31.8	29.1	---
Diabetes Mellitus	54	21.5	20.3	---
Influenza/Pneumonia	34	13.5	14.4	---
Kidney Disease	33	13.0	12.6	---
Intentional Self-Harm (Suicide)	30	11.7	13.3	---

† 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.

Source: 2007 Michigan Resident Death File. Division for Vital Records & Health Statistics, Michigan Department of Community Health.

The Core Functions of Public Health

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

- **Assessment**, which includes monitoring and surveillance of local health problems and needs and identifying resources for dealing with them.
- **Policy Development** and leadership that foster local involvement, encourage a sense of ownership, emphasize local needs, and advocate for equitable distribution of public resources and complementary private activities to meet community needs.
- **Assurance** that high-quality services, including personal health services, needed for the protection of public health are available and accessible for all community members; and that the community is informed about how to obtain public health services or how to comply with public health requirements.¹

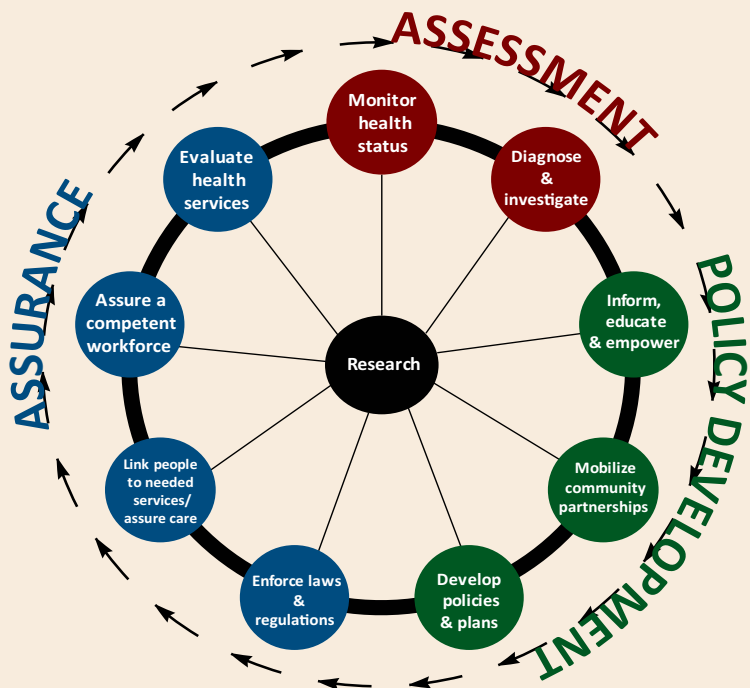


Figure 1
Source: National Public Health Performance Standards Program, Centers for Disease Control & Prevention

- 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.

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):

Levels of Prevention



Figure 1. Source: McKenzie, James F., Robert R. Pinger, and Jerome E. Kotecki. *An Introduction to Community Health*. 6th ed. Boston: Jones & Bartlett Publishers, 2008. 107-08. Print.

- 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.

1. Committee for the Study of the Future of Public Health, Division of Health Care Services, Institute of Medicine. *The Future of Public Health*. National Academies Press: Washington, DC. 1988.
2. Public Health Functions Steering Committee, Division of Health Care Services, Institute of Medicine. "Public Health in America." National Academies Press: Washington, DC. 1994.

Connecting Public Health and Clinical Services

At ICHD, population-based public health practice and primary care services provide a continuum that works collaboratively to protect and improve health in our region. ICHD provides a wide variety of personal health clinical services as well as population-based public health activities. ICHD is the only health department in

Michigan whose clinics are designated Federally Qualified Health Centers (FQHCs). Funded by the Economic Opportunity Act of 2004, FQHCs provide an innovative model of community-based comprehensive primary healthcare focused on outreach, disease prevention, and patient education activities.¹ 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>

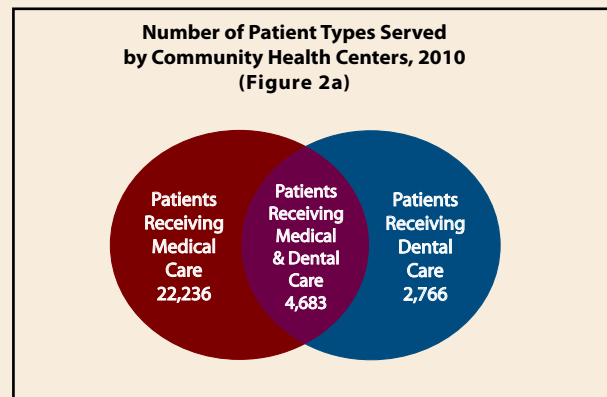
Community Health Centers

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

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

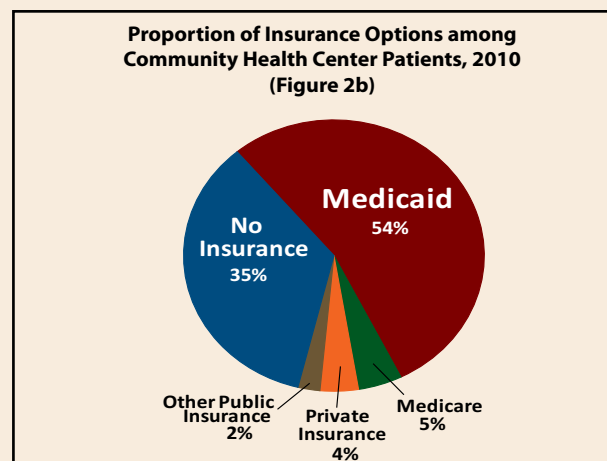
- Cedar Street Community Health Center
- Community Health Center – Sparrow
- Otto Health Center
- Willow Health Center
- Community Health Center – St. Lawrence
- Healthy Smiles Dental Clinic
- Well Child Health Center

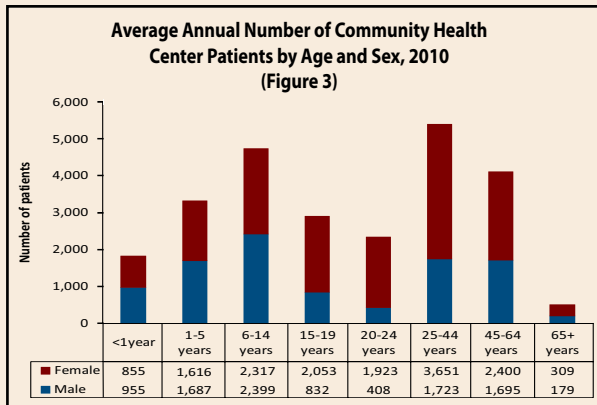
The Community Health Center Network is a collaborative effort. Financially, it is supported by various grants awarded by local, state, and federal governmental agencies, by patient-related payments including reimbursements from third party insurers, and locally through the Ingham County Health Fund.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



In 2010 the network was the health care home for 29,685 individuals (Figure 2a). The majority of individuals served were medical patients while one-fifth of persons served annually received dental services. The majority of clients were female, especially among patients above the age of fifteen years (Figure 3).

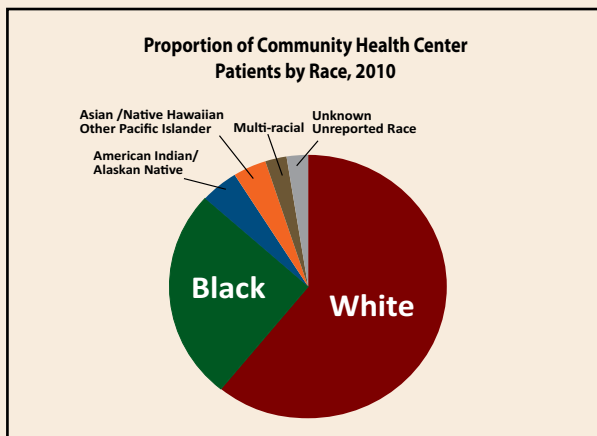
Individuals and families in our community who are socioeconomically vulnerable have an increased risk of disease and disability. With the turbulence of the local economy, the number of those who are at risk for poor health increased. When in need of services, one of the few places these individuals can turn to for care is Ingham



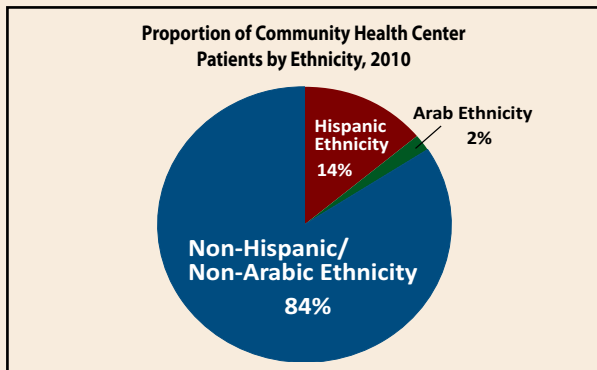


County's Community Health Center Network. Most of the clients served in 2010 had no health insurance or had Medicaid (Figure 2b).

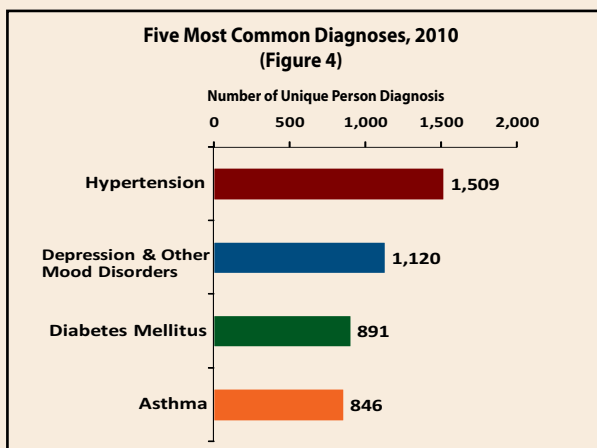
The most prevalent conditions diagnosed were those the poor and marginalized are often most susceptible to: chronic diseases and mental illness. In 2010, the top three diagnosed conditions were hypertension, depression/mood disorders, and diabetes (Figure 4).



WIC - Women, Infants, and Children Program



The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutrition, education, breastfeeding support, and referral services to socioeconomically vulnerable women and young children 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 2010, the average monthly caseload increased to 7,300. In 2010 the program added a Breastfeeding Peer Educator position. This person provides individual and group education and support to women who are considering, or who choose breastfeeding for their infant's nutrition.



Public Health Services

Health Equity & Social Justice

The Social Justice Initiative

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.

What this means in terms of how public health departments do their work has been the subject of much analysis across the nation in recent years. How should the resources of public health be applied to the elimination of institutional racism, class oppression, and gender discrimination? What policies reinforce inequity in access to social resources like quality education, good jobs, and safe affordable housing? If we succeed in “leveling the playing field” for all members of our community, how will we measure the change?

SOCIAL JUSTICE:

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

-- ICHD Social Justice Team

HEALTH EQUITY:

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

-- ICHD Social Justice Team

Ingham County’s contribution to this national effort has been to explore the use of dialogue as a vehicle for transforming practice, 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 300 people have attended these workshops and Health Department staff have been contracted to provide the workshop for other communities as well. Some of the benefits resulting from these efforts have included funding for a Health Equity Youth Academy, funding for community organizing training, and initiation of an Environmental Justice Project. In 2011, graduates of the workshop will be invited to join a new “Equity Action Circle” to explore other tangible ways to eliminate health equity in our community. 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.

Access to Health

Ingham County Health Department continues to coordinate efforts to increase

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

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, follow-up, and referral to appropriate community resources are key components of Public Health Nursing services. In 2010 over 2,850 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 2010, two staff members became Certified Childbirth Educators. They teach first time parents to prepare for childbirth and parenting using a series of six classes. Over 60 pregnant women and their support person attended in 2010.

Childbirth with elevated blood lead levels are evaluated along with their home to eliminate the source of the lead poisoning. Dietary methods to reduce lead in the body is also taught. Asthma and chronic disease management are also part of the services provided.

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. Staff also act as preceptors for BSN nursing students in the community health clinical rotation.

Children’s Special Health Care Services (CSHCS)

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

The program provides the families of children and adults with special needs assistance with enrollment, billing, travel to appointments, and advocacy for issues with providers. Outreach

and advocacy focus on identifying those who are eligible for and can benefit from services offered by the program. Transitional care coordination is provided for young adults aging out of the CSHCS program. Enhanced case management and care coordination services are provided for families with complex health care and social needs.

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

Children's Special Health Care Services Activities in Ingham County, 2010	
Activities	
Active Caseloads	774
New Enrollments	124
Individual Renewals	439
*Diagnostic Evaluations for Non-Medicaid Individuals	79
Subtotal	1,416

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 Early Head Start, Healthy Families America, and staff-certified Parent Educators with Parents as Teachers.

Services include:

- Educating women on the prenatal

and postpartum periods and ensuring they attend prenatal appointments.

- Connecting families and children to a medical home of their choice.
- 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:

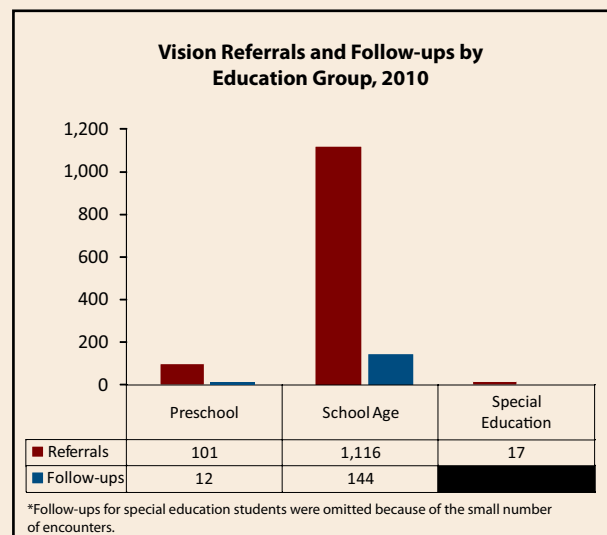
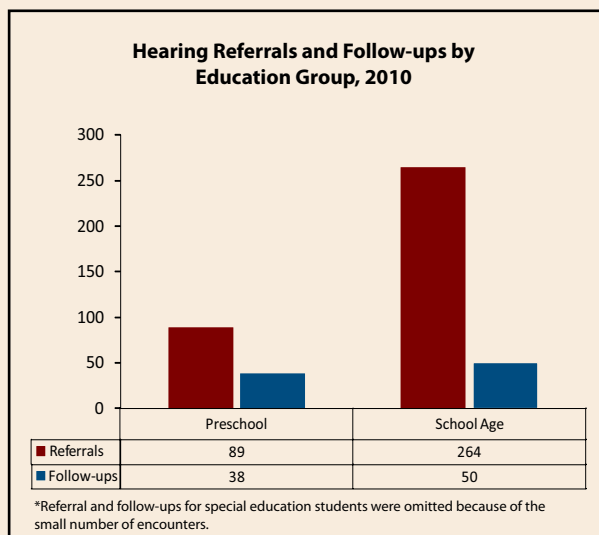
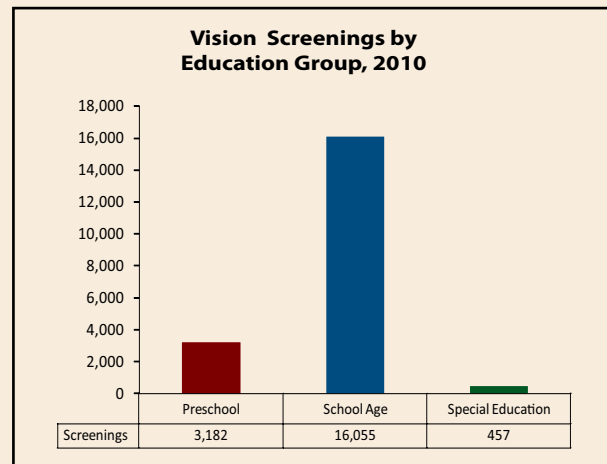
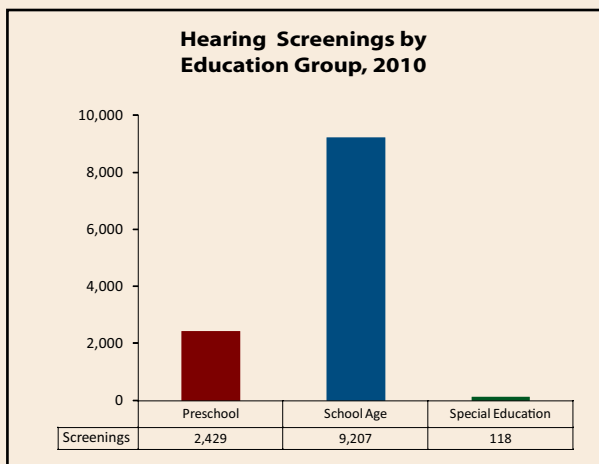
- Personal Action Towards Health (PATH), an evidence-based chronic disease self-management program.
- House Calls, a home-based smoking cessation support program that has worked with over 220 women to stop smoking.
- Food Bank outreach, which has connected over 750 individuals with services including 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 through the Ingham Great Start Collaborative, and a parenting support group with mothers attending Capital Area Michigan Works!

Family Outreach Services, 2010	
Activities	
Total Families Served	441
Total Home Visits	3,761
Total Transportation to Medical Appointments	736
Subtotal	4,938

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.



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:

- Michigan Indian Day 2010 hosted over 200 participants from Michigan and beyond.
- The Indigenous Youth Empowerment Program hosted an annual summer camp for approximately 60 Native youth, and an afterschool program which focused on health, academics, and issues specific to Native Americans.
- A Personal Action Towards Health (PATH) class for Native American elders focused on chronic disease self-management.
- A Ghost Supper which honors anyone who has passed in the Native American community, was attended by over 100 community members.
- An annual holiday celebration ensured that almost 250 families and children had access to gifts and food.
- Work on the 2010 Census ensured that Native American families completed the survey.

Native American Outreach Program Activities, 2010	
Activities	
Total Families Served	47
Total Home Visits	325
Community Outreach Activities	393
Subtotal	765

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 2010 include:

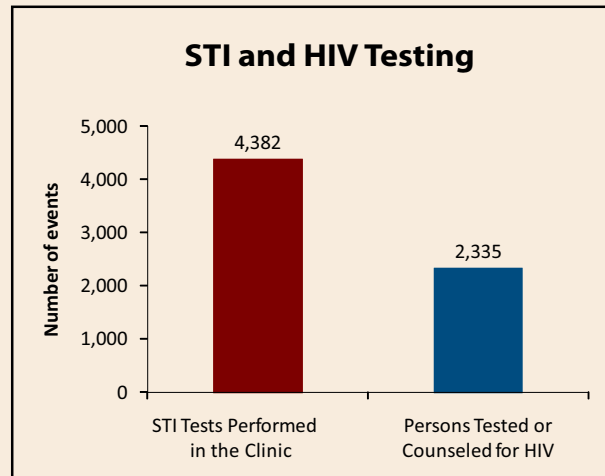
- Communicable Disease Control
- Animal Exposure/Rabies
- Tuberculosis (TB) Disease Prevention
- Lead Abatement Program (HUD)
- Childhood Lead Poisoning Prevention Program (CLPPP/CDC)
- HIV/AIDS/STI Disease and Prevention
- Immunizations

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.

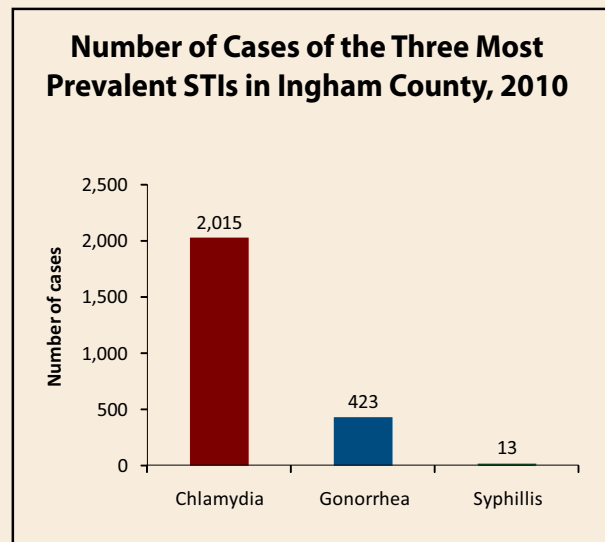
Ten Most Common Foodborne Communicable Diseases (by rate per 100,000 residents) in Ingham County	
Disease	Rate/100,000
Giardiasis	26
Salmonellosis	9.7
Amebiasis	3.2
Campylobacter	7.9
Escherichia coli 0157:H7	0
Shigellosis	1.8
Cryptosporidiosis	1.8
Listeriosis	1.1
Yersinia enteritis	0
Botulism - Foodborne	0
Subtotal	51.5

services to adults and adolescents, for little or no cost to county residents.



HIV/AIDS Prevention Program

In Michigan, an estimated 18,200 persons are living with HIV/AIDS. Ingham County's estimate is 530 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

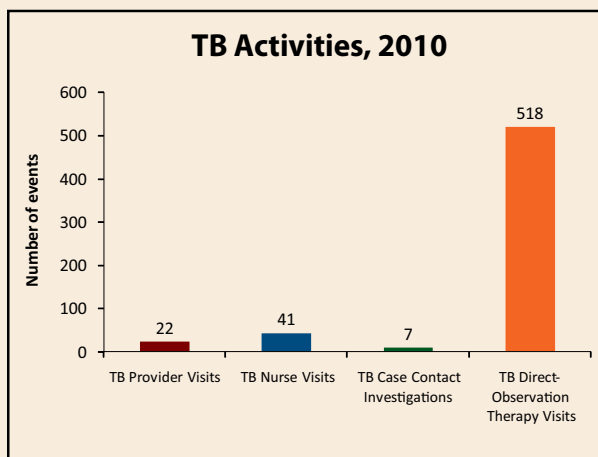
The focus of the Sexually Transmitted Infection Program is to reduce and prevent the transmission of STI infections by providing testing, risk assessment, physical examinations, treatment and counseling. Clinical services are also provided in the strictest of confidence to all county residents who seek care and/or education for the prevention of STIs. Our clinic sites offer STI

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 two outbreaks and 1,203 investigations in 2010.

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. The 2010 count for rabid animals were five bats and one skunk.



Tuberculosis (TB) Program

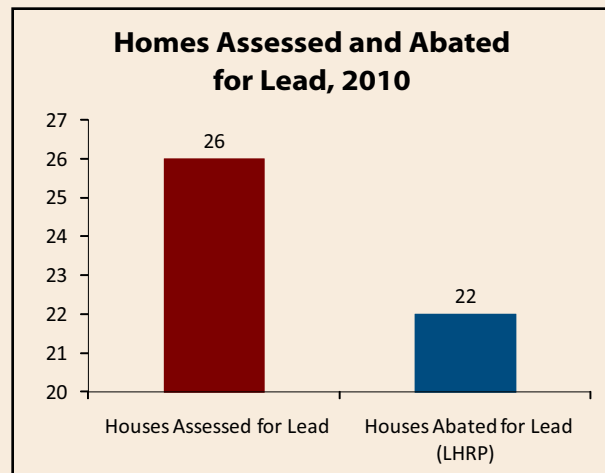
TB continues to be a global concern which presents as either Latent TB Infection (LTBI) or TB Disease. TB Disease is infectious until properly treated. All TB Disease cases are managed by RNs with specialized training. This ensures appropriate treatment and protection of the public's health. The RNs also provide continuing education TB certification courses throughout the year. In 2010, the state of Michigan identified four Multi-Drug Resistant (MDR) cases, one of which was an Ingham County resident. Case management for MDR TB cases is time and 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 5,310 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 2010, 22 homes were assessed for lead hazards, and were abated with grant funds.



Immunizations Department

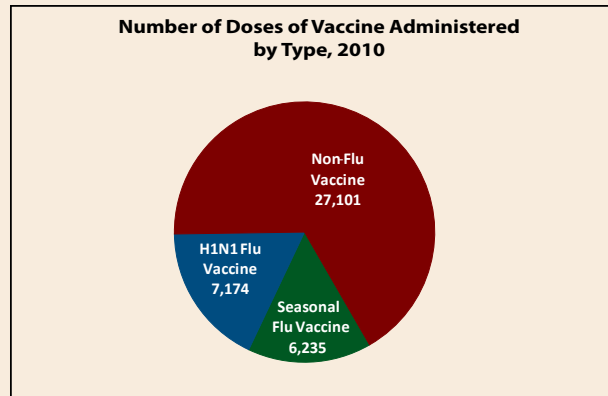
The mission of the Immunization Clinic is protection of the community from vaccine preventable disease. This is accomplished through health education of the public which increases the immunization rate of our citizens.

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 2010, Immunization activities included:

- 14,947 clients were seen for immunizations.
- 33,336 doses of vaccines were administered (excludes H1N1).
- 7,174 doses of H1N1 were administered.
- 636 travel consultations were done.
- 2,514 TB skin tests were administered.
- 6,235 doses of flu vaccine were administered.
- 18 uninsured clients were treated for head lice.
- 27 clients received free blood pressure checks.
- 650 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 2010, VFC activities included:

- 39 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.
- 37 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 providers to the new centralized vaccine distributing system. All providers are now able to e-order vaccines.

State law mandates that all schools report the immunization status of children in grades K, 6 and those newly entering school in the Michigan Care Improvement Registry (MCIR) by November 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 2010, 125 public/private schools reported the status of 9,615 students. The compliance rate in Ingham County for public/private schools is 97%. Ninety-nine childcare centers reported the status of 4,253 students. The compliance rate for childcare centers in Ingham County is 92%.

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 were offered at 38 senior living centers.
- A special drive-through flu clinic was provided for disabled persons.
- Nursing staff acted as preceptors for observational experiences.
- Immunization Nurse Educator (INEs) inservices 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 and during Lansing School District's Back to School Round-up.
- Maintained access to MI-WIC program to view WIC client schedule. Provided immunization records for WIC staff to hand out to clients. Immunization rates increased from 63% to 77%.
- 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.

- Licensed two new vaccines (PCV13 and Menveo).
- Distributed 1,200 flyers to food pantries and school backpack programs regarding new immunization school rules and ARRA vaccines.

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. 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 marijuana, and prescription drug use. Individual and organizational members are invited to attend Coalition meetings, or join working groups that implement research-based programs to make a difference in the community. Visit www.drugfreeingham.org for meeting times and locations.

Land Use and Health Resource Team (LUHRT) – The Land Use and Health Resource Team is a collaborative effort in the tri-county area involving planners, university faculty, businesses, and public health. In 2010 LUHRT was awarded a two year ACHIEVE grant from the National Association of County and City Health Officials (NACCHO) to work on assessing policy, and system and environment practices related to chronic disease in three sites for each of the following sectors: Community at Large, Health Care, School, Worksite, and Community Organizations. LUHRT also completed the Mid-Michigan Green Infrastructure project and developed an interactive online tool as well as a map that can assist planners in their decision to preserve green space in development areas. Healthy Communities 2010 projects funded by Michigan Department of Community Health included a Complete Streets ordinance for East Lansing, Safe Routes to School for Horizon Elementary School in Holt, expanding community gardens in Northwest and South Lansing, and initiating the Mid-Michigan Food System Workgroup. The Workgroup submitted a white paper to the City of Lansing to include food access in their master plan.

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.

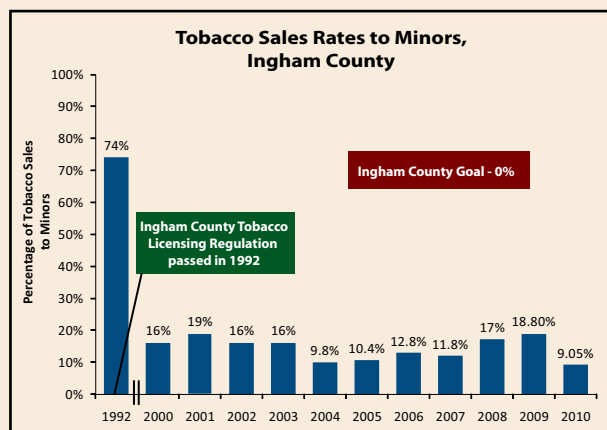
Tobacco Use Prevention, and Reduction

Tobacco use is the leading cause of preventable deaths, and the Ingham County Health Department is actively engaged in strategies to combat it, including enforcement of a county regulation which requires that all tobacco vendors be licensed. Compliance check operations are conducted as a part of enforcement activities and have helped reduce the rate of tobacco sales to minors from its high

of 74% in 1992 when the regulation was adopted. The sales rate of tobacco products to minors reached its lowest rate in 2010 at 9.05% down from 18.8% in 2009. A clerk training program was implemented in 2008 in an effort to reduce sales of tobacco products to minors. Monetary civil penalties are levied against businesses and clerks who violate the regulation.

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.

Youth Tobacco Compliance Checks in Ingham County , 2010	
Activities	
Licensed Tobacco Vendors, Dec. 2010	272
Compliance Checks Conducted	289
Successful Sales to Minors	22
Stores Selling More than Once to a Minor in a 3-Yr. Cycle	8



*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 dairy and produce. Food orders are determined by need, situation, and family size and can be provided once in a thirty day period. This service is free to individuals and families in Ingham County.

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.

Food Bank Services, 2010	
Activities	
Families served by ICFB	16,161
Families served by Rural Family Services	5,668
Total served by Food Bank network	21,829

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. 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, or to increase trails, greenways, and access to healthy foods, respectively.

The Power of We Consortium -

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

Health Plan Management

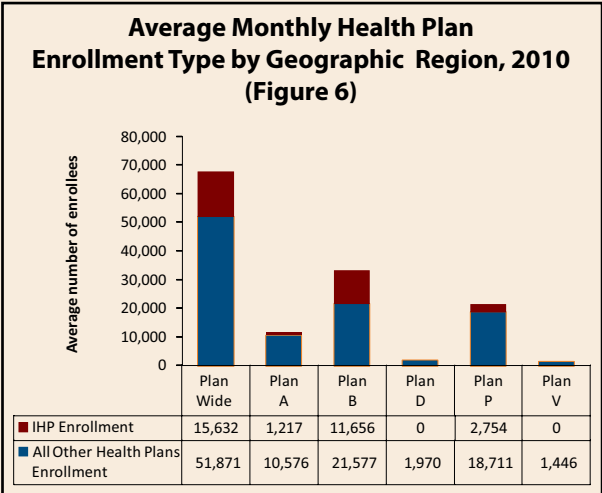
Health Plan Management Services

Health Plan Management Services (HPMS) provides administrative services for 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 2010 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 2010 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.



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

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 (Medicaid for children & pregnant women)
- MICHild (for children)
- Maternal Outpatient Medical Services (MOMS)
- Breast & Cervical Cancer Control Program (BCCCP)
- Ingham Health Plan (IHP)

- Capital Area Prescription Assistance Program (CAPP)
- Michigan Prescription Drug Discount (MiRx) Card
- Plan First! (family planning services for women)
- City of Lansing & Ingham County - prescription assistance voucher program

Registration & Enrollment 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.

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/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. Six exercises were conducted during fiscal year 2009-2010. These exercises allowed refinement of plans and provided a focus on specific areas for future improvement. Three emergency preparedness presentations were also conducted during fiscal year 2009-2010.

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 and treatment services are available to women found to have an abnormality through their screening.

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

Breast & Cervical Cancer Control Program Activity in Ingham County Group*			
October 1, 2009 – September 30, 2010			
*Total number of women screened for all counties (8 counties total) = 4,443			
Total number of women served	2,460		
Total number of breast cancers found	18		
Total number of cervical cancers found	6		
Age Breakdown		Racial Breakdown	
40-49	45.2%	White	79.8%
50-64	52.6%	Black	14.5%
65 years old and older	2.2%	Native American	.5%
Poverty Level		Asian	2.6%
100% of Federal Poverty Level	52.7%	Other	2.6%
100% to 200% of Federal Poverty Level	47.3%		

Environmental Health

Environmental Health

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

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

Programs fall under four broad categories:

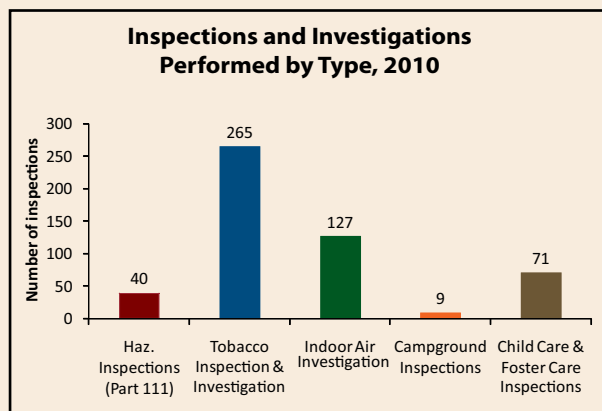
Planned Programs provide inspection services in several areas. The Food Safety Program provides required inspections of food service establishments on a periodic basis and also for temporary events, festivals, and food vending machines. Food safety education classes for food handlers are offered year-round.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



pools and body art establishments are conducted. Environmental health-related issues in child day care and adult foster care facilities are also evaluated.

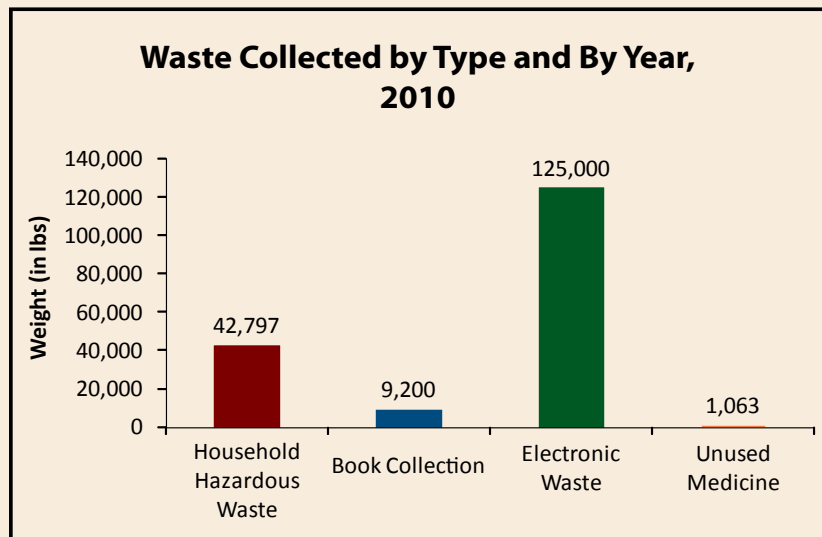
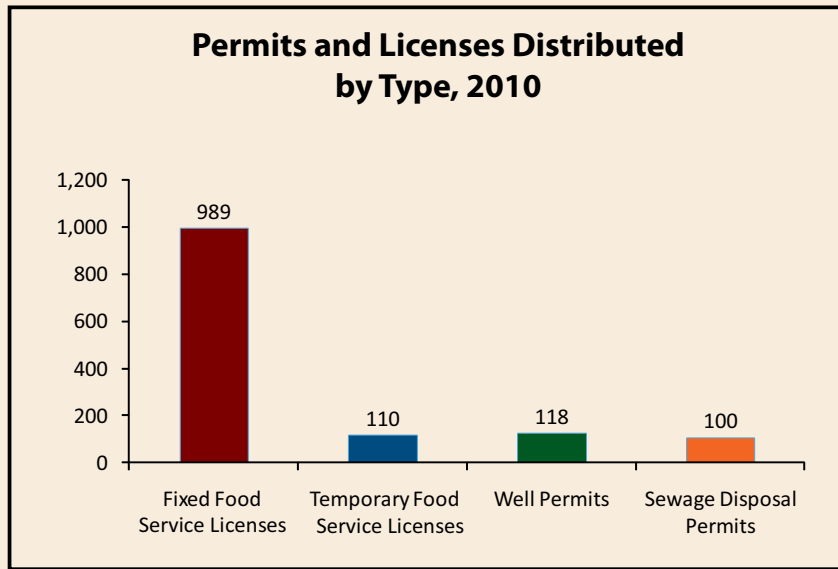
Demand Programs respond to public sewage treatment, water supply and shelter needs and are usually driven by requests or complaints. Demand programs include vacant land evaluation for on-site sewage treatment and water supply systems. The water well permit program sets standards for site selection, isolation from contamination, and construction techniques, and for the monitoring of groundwater conditions in approximately 856 known sites of potential groundwater pollution. The Point of Sale Program, established in June 2006, requires inspection and approval of all on-site sewage treatment and/or water well systems before a transfer of home ownership can occur.

Special Programs include Hazardous Materials Emergency Planning under SARA Title III (Superfund Amendments and Reauthorization Act) which, in addition to protecting the public from hazardous chemical accidents, provides groundwater protection, solid waste planning and compliance inspections, and surface water monitoring, household hazardous waste collection, 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. Environmental Health has undertaken a project to digitize all department records making them readily accessible for staff, other agencies, and the general public. Documents associated with a specific property or site will be linked to that site by a Geographical Information System (GIS) making searches much easier. On-line applications and information services have also been expanded, including searchable information on food service establishments.



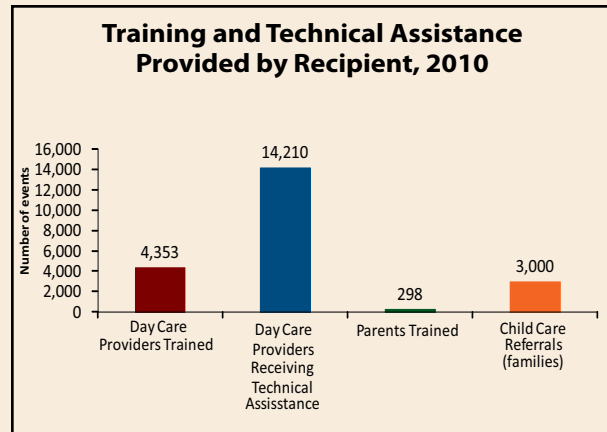
Office for Young Children

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

Office for Young Children (OYC) is a multifaceted unit within the Ingham County Health Department. OYC provides professional development opportunities for both licensed and unlicensed child care providers 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). Professional development opportunities are offered through face-to-face trainings, workshops, correspondence and online learning. Coaching, mentoring, and individual consultations provided by the 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 child care providers (aide and relative providers) to meet the new standards required of them. These opportunities include mentoring and consultations to assist the unlicensed providers to become licensed.

OYC is a resource agency that provides technical assistance and consultations for parents and childcare providers. Parenting workshops are conducted for parents. Play and learn groups model positive behaviors and interactions and strengthen relationships between parents and 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.

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 Central and Eastern Great Start Child Care and Early Learning Regional Resource Center (RRC). The RRC is a multicounty service agency that coordinates and collaborates with community agencies and early learning and childcare entities throughout the 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.

Ingham County Health Department

5303 S. Cedar Street, P.O. Box 30161, Lansing, MI 48909

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
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 & Health Promotion	
Family Outreach Services (formerly Maternal/Infant Outreach Program and Jump Start)	
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