

INGHAM COUNTY HEALTH DEPARTMENT

2015 Annual Health Report

Moving Ingham County towards Better Health!

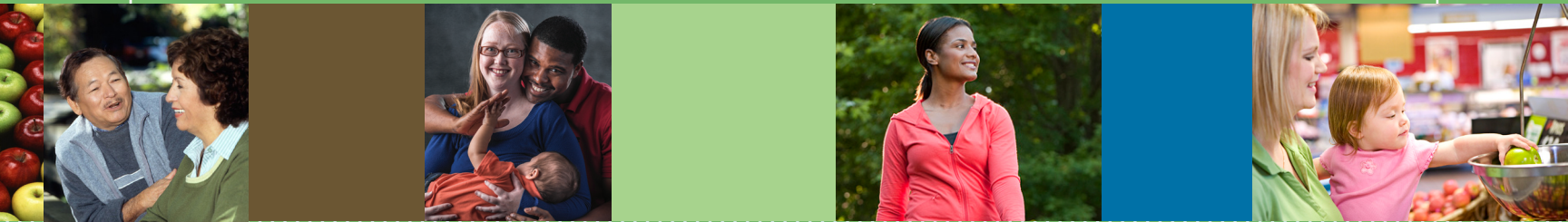


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WELCOME INGHAM COUNTY COMMISSIONERS & CITIZENS

INGHAM COUNTY HEALTH DEPARTMENT LETTER FROM THE HEALTH OFFICER



Threats to our health are “just a plane ride away.” This is a fairly common expression in public health. Our community does not exist in isolation. We would not want it to, but in 2015, we watched and prepared ourselves for what might be, doing everything we could to mitigate risk and empower county residents with accurate health information.

In the beginning of the year, we planned and prepared for Ebola, an extremely remote but deadly threat. In anticipation, we developed protocols with local hospitals, coordinated with first responders, and monitored travelers from countries with Ebola. There was so much fear, and there were many questions. Thankfully, we never saw a case of Ebola, but I was proud of how the health department worked with other organizations, including the media, to respond to concerns and ensure we were ready.

Almost as soon as Ebola left the headlines, a measles outbreak linked to Disneyland took its place. Measles, while it did not make its way to Ingham County, came to other Michigan counties. As a vaccine preventable disease, vaccines were a major part of the conversation. Our county’s vaccination rate and the number of children with vaccination waivers suggested that there was cause for concern in Ingham County. We were vulnerable, but ultimately lucky. Although the measles outbreak ended, we still see vaccine preventable diseases in the U.S., including here in Ingham County. During the measles outbreak, the Michigan Department of Health and Human Services issued an administrative rule requiring parents to visit their local health department for information about vaccines prior to receiving a vaccination waiver for their children. It was hoped that this extra step would boost immunization rates. The rule was implemented January 1, 2015, and the effect was significant. In one year, we met with and educated hundreds

of parents who were seeking waivers. Immunization waiver rates fell 30 percent in Ingham County. Some counties saw much greater declines. Vaccines are one of the safest medical products available. They prevent serious and life-threatening illnesses. I encourage all county residents to get vaccinated. We do not know what the next major outbreak will be or where it will come from, but we know there will be another.

Risks and health threats do not exist solely outside of our community. Ingham County has the second highest HIV prevalence rate in Michigan. This year, to help people who are high risk and HIV-negative maintain their negative status, the Ingham County Health Department, through its Community Health Centers, began prescribing pre-exposure prophylaxis (PrEP) shortly after the U.S. Public Health Service and the Centers for Disease Control issued guidelines for clinical practice. PrEP can reduce the risk of contracting HIV by 90 percent. The health department also began promoting free HIV testing days in 2015. Every person who is tested for HIV and STIs at the health department receives detailed counseling on how they can reduce their risk. This is an especially important step. Other initiatives launched this year include our mobile dental center, the Fetal Infant Mortality Review (FIMR) program, and the Ingham Opioid Work Group. While these are three very different programs, they are only made possible in partnership with other organizations which join us in working to improve our county’s health.

Health threats are all around us, near and far, but through preparation, prevention and partnership, we keep Ingham County healthy. I am proud of the health department’s work in 2015 and am pleased to present this annual report.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda S. Vail". The signature is fluid and cursive.

Linda S. Vail, M.P.A.
Health Officer

MISSION

ICHHD has the statutory responsibility to protect and promote the public health. The Department shall administer programs to prevent and control environmental hazards, prevent and control disease, and prevent and control health problems in vulnerable populations. The Department will assess and monitor the health status of Ingham County, identify major health problems, and develop strategies through a community based process to achieve the highest level of health possible for Ingham County residents.

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.

INGHAM COUNTY BOARD OF COMMISSIONERS

Chairperson Kara Hope, District 7
 Vice Chairperson Sarah Anthony, District 3
 Vice Chairperson Pro Tem Randy Maiville, District 6
 Victor Celentino, District 1
 Rebecca Bahar-Cook, District 2
 Bryan Crenshaw, District 4
 Todd Tennis, District 5

Penelope Tsernoglou, District 8
 Carol Koenig, District 9
 Brian McGrain, District 10
 Teri Banas, District 11
 Deb Nolan, District 12
 Randy Schafer, District 13
 Robin Case Naeyaert, District 14

INGHAM COUNTY BOARD OF HEALTH

Chairperson Molly Polverento, M.S.Ed., C.P.H.
 Vice Chairperson Christina Dokter, Ph.D.
 Chairperson Pro Tem Martha Adams
 Carol Callaghan, M.P.H.
 Denise Chrysler, J.D.

Nigel Paneth, M.D., M.P.H.
 Saturnino Rodriguez, Ph.D.
 Garry Rowe, R.S., M.S.
 Lynne Stauff, M.P.A.

INGHAM COUNTY COMMUNITY HEALTH CENTER BOARD

Chairperson Jon Villasurda
 Vice Chairperson Todd Heywood
 Secretary Flesia McClurkin
 Phillip Bergquist
 Bryanna Brown

Margaret Brown
 Thomas Curtis
 Mary Molloy
 Todd Tennis, Ingham County Commissioner

INGHAM COUNTY HEALTH DEPARTMENT ADMINISTRATION

Linda S. Vail, M.P.A., Health Officer

Debbie Edokpolo, M.S.W., Deputy Health Officer
 Russ Kolski, RN, BSN, M.S.A., Deputy Health Officer/Executive Director - Community Health Centers
 Sugandha Lowhim, M.D., M.P.H., Medical Director
 Joel Murr, M.P.A., Assistant Deputy Health Officer
 Eric Thelen, M.B.A., Chief Financial Officer
 Erik Wert, D.O., Medical Director of the Ingham Community Health Centers

FINANCE

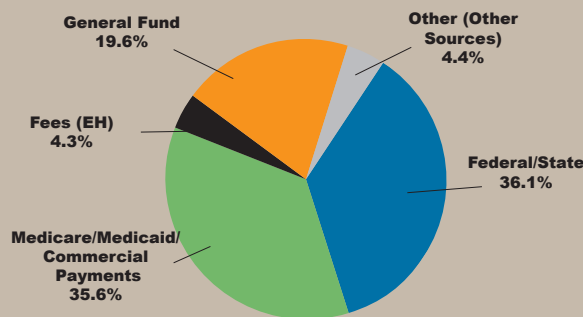
INGHAM COUNTY HEALTH DEPARTMENT FUNDS and EXPENDITURES

January 1, 2015 to December 31, 2015

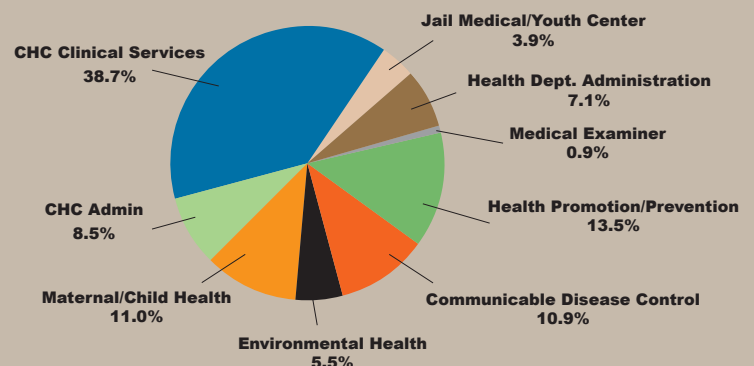
Total Sources of Funds \$40,286,620

Total Expenditures \$40,286,620

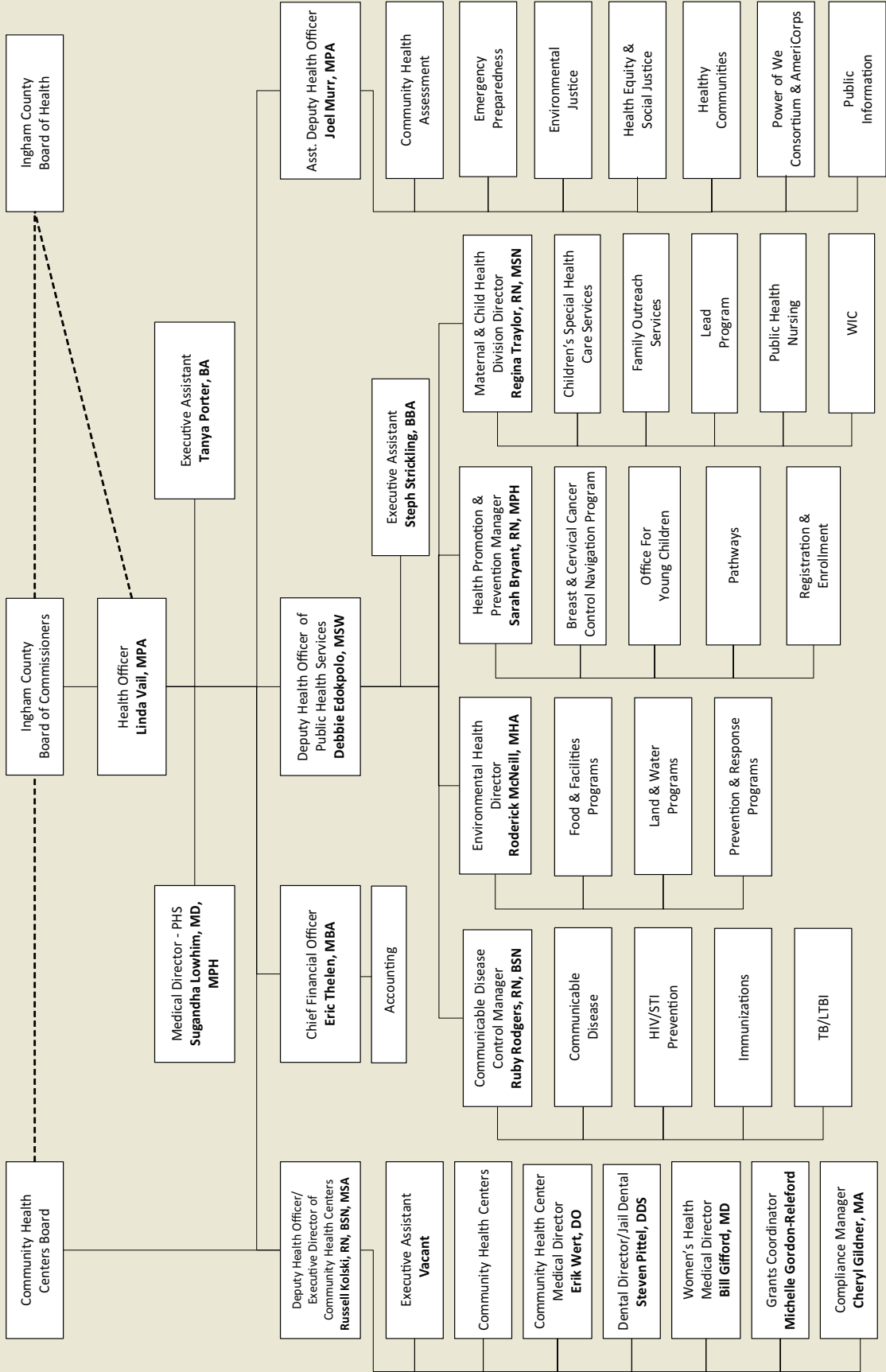
Sources of Funding



Expenditures



2016 INGHAM COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART



WHO WE ARE IN INGHAM COUNTY



Selected Demographics

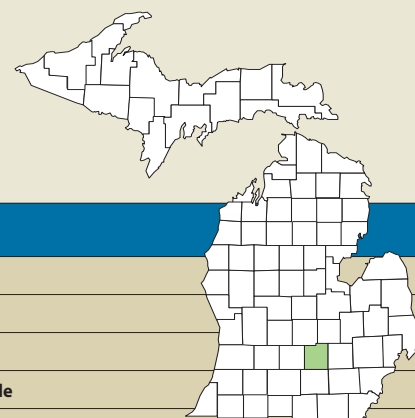
Ingham County was established in 1829 and includes five unincorporated areas, three villages, five cities, and sixteen townships. Its largest city is Lansing (the state capital), but the county seat is in Mason. According to 2015 U.S. Census estimates, 286,085 people live in Ingham County. This makes it the state's seventh most populous county.

A recent health assessment reported a wide range of differences in the socio-economic characteristics of Ingham County residents. For example, 23.7% of children live below the federal poverty level. Meanwhile, 36.7% of the population holds a bachelor's degree or higher. 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. The unemployment rate has decreased from 10.6% in 2010 to 4.4% in 2015, whereas median household income increased from \$40,774 in 2000 to \$45,616 in 2014.

Health Challenges in the Community

The health of a community's residents is its number one asset for proper growth and development. Globally, the infant mortality rate (IMR) is used as a salient measure of a society's health. IMR in the county is similar to that of the state's but a remarkable disparity exists. IMR in the white population is 7.1 ±2.0 deaths per 1,000 live births, whereas in the black population, it is 10.1 ±4.7 deaths per 1,000 live births. Differences in IMRs among different races signify that underlying factors like socioeconomics, behavior and environment are responsible for the exacerbation of high infant mortality rates among minority population groups.

According to the Michigan Behavioral Risk Factor Surveillance System, 30.4% of Ingham County residents were considered obese and 29.1% were overweight. Only 38.1% were classified as being in the healthy weight category. This increases their risk of acquiring several serious chronic health conditions (i.e., heart disease, diabetes and arthritis). Ingham County also has the highest rate of ambulatory care sensitive hospitalizations in Michigan. This is potentially associated with the lack of an adequate primary care or prevention system



ABOUT INGHAM COUNTY

Formed	October 29, 1829
County Seat	Mason, Michigan
Population¹	286,085 (2015 estimate)
Population Density¹	505.1 persons per sq. mile
Births²	3,385
Births to Teen Mothers²	215
Deaths³	2,101
Leading Cause of Death³	Heart Disease (1st), Cancer (2nd), Chronic Lower Respiratory Disease (3rd), Stroke (4th), Unintentional Injuries (5th)
Infant Mortality Rate⁴	Total: 7.1 ±1.7 deaths per 1,000 births White: 7.1 ±2.0 deaths per 1,000 births Black: 10.1 ±4.7 deaths per 1,000 births
Median Age¹	31.6 Years of Age
Age Group¹	Under 5 years - 5.7 % 5 to 19 years - 20.5% 20 to 44 years - 38.9% 45 to 64 years - 23.1% 65 years and over - 11.9%
Race/Ethnicity¹	White - 77.1% Black or African American - 12.2% Hispanic or Latino (of any race) - 7.6% American Indian/Alaskan Native - 0.7% Asian/Pacific Islander - 6.2% Two or More Races - 3.8%
Median Household Income¹	\$45,616
Per Capita Income¹	\$25,594 (2014 dollars)
Persons in Poverty¹	20.1%

Sources:

¹Population: United States Census Bureau, Quick Facts, 2015 Population Estimate. Retrieved from: <http://www.census.gov/quickfacts/table/RH1125214/26065>

¹Population Density: United States Census Bureau, American Fact Finder - Report Number: GCT-PH1. American Community Survey, County Subdivision and Place, 2010 Summary File. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_GCTPH1.CY10&prodType=table

¹Median Age: United States Census Bureau, American Fact Finder - Report Number: B01002 - 2014 American Community Survey 1-year Estimates. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B01002&prodType=table

¹Age Group: United States Census Bureau, American Fact Finder - Report Number: PEPAGESEX, 2014 American Community. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPAGESEX&prodType=table

¹Race/Ethnicity: United States Census Bureau, Quick Facts, 2014 - Report. Retrieved from: <http://www.census.gov/quickfacts/table/RH1125214/26065>

¹Median Household Income: United States Census Bureau, American Fact Finder - Report Number: B19013 - 2014 American Community Survey 1-Year Estimates. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_B19013&prodType=table

¹Per Capita Income: United States Census Bureau, American Fact Finder - Report Number: B19301 - 2014 American Community Survey 1-Year Estimates. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_B19301&prodType=table

¹Persons in Poverty: United States Census Bureau, American Fact Finder - Report Number: B17001 - 2014 American Community Survey 1-Year Estimates - Poverty Status in the Past 12 Months by Sex by Age. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B17001&prodType=table

²Michigan Department of Health and Human Services, Division for Vital Records & Health Statistics, 2014 Geocoded Birth Certificate Registry. Retrieved from: <http://www.mdch.state.mi.us/pha/osr/chi/births14/frameBxChar.html>

³Michigan Department of Health and Human Services, Division for Vital Records & Health Statistics, 2014 Michigan Death Certificate Registry. Retrieved from: <http://www.mdch.state.mi.us/pha/osr/chi/Deaths/frame.html>

⁴Michigan Department of Health and Human Services, Division for Vital Records & Health Statistics, 2014 Michigan Death Certificate Registry. Retrieved from: <http://www.mdch.state.mi.us/pha/osr/chi/profiles/frame.html>

in the community. From 2012-2014, 9.7% of Ingham County residents had diabetes. Health disparities as well as most 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.

DEPARTMENT DIVISIONS

ICHD COMMUNITY HEALTH CENTERS

The Ingham Community Health Centers (ICHC) were the first public-entity administered Federally Qualified Health Centers (FQHCs) in the state. There are eight primary care centers in locations throughout Lansing. Services are designed and coordinated to serve the area's most vulnerable populations. ICHC also stands as a testimony to the community's and the Health Department's commitments to improve health, reduce health disparities, and address a multitude of significant health and social issues, including access to quality health care. Services include primary care, dental care, women's health, school-based and school-linked health care, and adolescent and pediatric services. The Health Department also provides medical services in the Ingham County Jail and the Ingham County Youth Center through ICHC.

2015 Highlights:

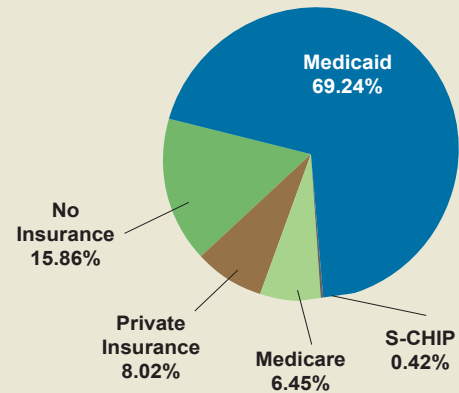
- Awarded Service Area Competition grant from HRSA. This year was a competitive application for the 330e and 330h grant.
- Awarded a New Access Point grant from HRSA
- Awarded an Expanded Services grant from HRSA
- The new Mobile Dental Center began providing services

Ingham Community Health Centers* are:

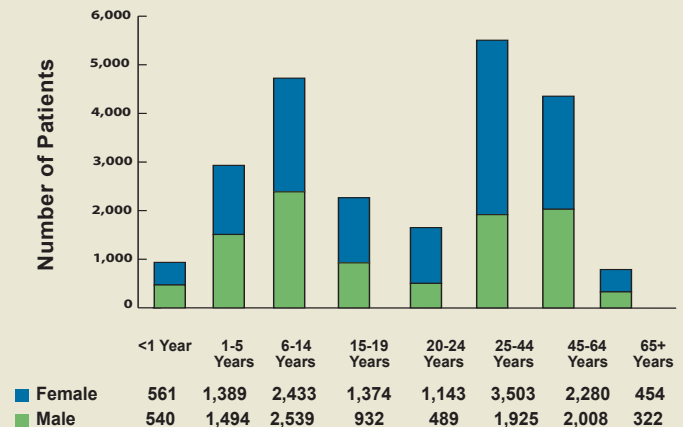
- Birch Health Center - 812 E. Jolly Road, Ste. 112, Lansing
- Cedar Community Health Center - 5303 S. Cedar St., Lansing
 - Child Health
 - Women's Health
- Eastern Health Center - 220 N. Pennsylvania Ave., Room 112, Lansing
- Forest Community Health Center - 2316 S. Cedar St., Lansing
 - Adult Health
 - Healthy Smiles Dental Care
- River Oak Community Health Center - 1115 S. Penn Ave., Lansing
- Sexton Health Center - 102 S. McPherson Ave., Lansing
- Well Child Community Health Center - 901 E. Mt. Hope, Lansing
- Willow Health Center - 306 W. Willow St., Lansing

*(Otto Community Health Center - Closed September 2015, consolidated with Birch as a part of the New Access Point grant)

Proportion of Insurance Options Among Community Health Center Patients, 2015



Average Annual Number of Community Health Center Patients by Age and Sex, 2015



ICHD COMMUNICABLE DISEASE

The Communicable Disease Control Division is responsible for the epidemiological investigation, prevention, intervention, control and surveillance of communicable diseases in Ingham County. A Communicable Disease Control staff member is available 24 hours a day, seven days a week to identify and contain public health threats.

The Division confirmed 14 disease outbreaks in 2015. There were no rabid animals reported. The top outbreak illnesses were norovirus, influenza, and shigella. The top four reported conditions were giardia, varicella (chicken pox), Hepatitis B, and aseptic meningitis. Additional highlights for 2015 included electronic school reporting for Ingham County schools and daycares. The staff also conducted quarterly infection practitioner meetings with area hospitals and nursing homes.

This Division leads ICHD's efforts to prevent HIV/AIDS, sexually transmitted infections (STIs), and tuberculosis (TB). The HIV/AIDS program focuses on preventing the transmission of HIV infection, and prolonging and improving the quality of life for those living with HIV. County residents can get primary prevention, education, individual risk reduction, and counseling along with HIV and STI testing at little or no cost.

The Immunization Program is part of the Communicable Disease Control Division. The Immunization Program works to protect the residents of Ingham County by increasing the immunization rates of children and adults. It achieves this by:

- Providing vaccines for a variety of conditions
- Increasing public awareness of immunizations through educational activities
- Monitoring immunization levels of adults and children through the Michigan Care Improvement Registry (MCIR)
- Providing nurse education courses
- Conducting site visits
- Providing international travel consultations

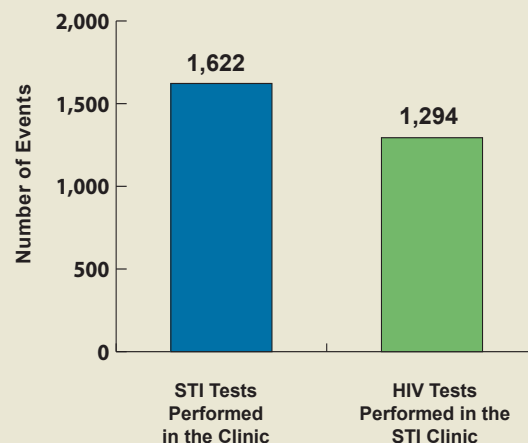
Every fall, the Immunization Program conducts several vaccination clinics specifically for influenza. The program is working to increase immunization coverage. Currently, Ingham County ranks 58 out of 84 counties (83 counties including the city of Detroit) statewide in immunizations for children ages 19 through 35 months.

2015 Highlights:

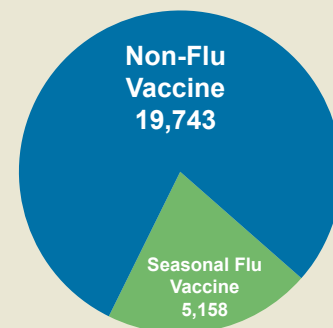
- The number of doses of vaccines administered was 19,743. An additional 5,158 doses of seasonal flu vaccine were administered at ICHD during the year.
- The International Travel Clinic served 447 people.
- In total, 15,941 people were seen by the Immunization Clinic.

Seven Most Common Foodborne Communicable Diseases (by rate per 100,000 residents) in Ingham County by Year, 2015	
Disease	Rate/100,000
Giardiasis	24.0
Salmonellosis	8.0
Campylobacter	6.0
Norovirus	4.0
Amebiasis	4.0
Shigellosis	4.0
Cryptosporidiosis	1.0

STI & HIV Testing, 2015



Number of Doses of Vaccine Administered by ICHD by Type, 2015



DEPARTMENT DIVISIONS

ICHD ENVIRONMENTAL HEALTH

The primary mission of the Environmental Health Division (EH) is to protect the public from the adverse impacts of environmental factors whether they are man-made, natural, biological or chemical. EH fulfills this responsibility by responding to complaints made by individuals, businesses and community organizations, and by enforcing specific federal, state and local statutes. EH responds to public/private sewage treatment, water supply and shelter needs. These needs are usually driven by requests or complaints.

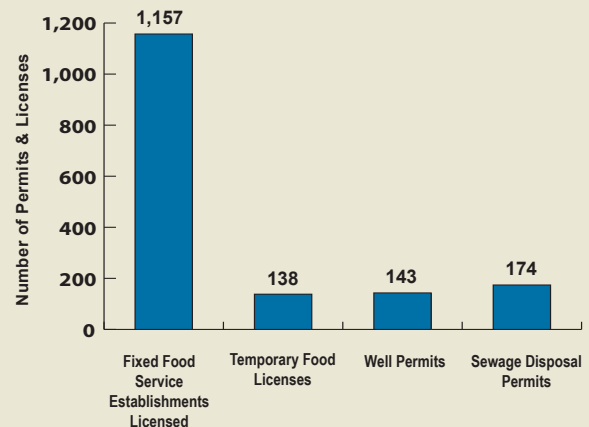
Services provided include:

- Land evaluations for on-site sewage treatment and water supply systems
- Inspection and approval of all on-site sewage treatment and/or water well systems before a transfer of home ownership can occur
- Inspections of food service establishments on a periodic basis and also for temporary events, festivals and food vending machines
- Response to non-illness complaints and complaints of possible foodborne illnesses at food service establishments
- Inspections of public swimming pools, campgrounds and body art establishments annually, and investigation of complaints related to these facilities
- Evaluation of environmental health-related issues in child day care and adult foster care facilities
- Assistance to facilities with Hazardous Materials Emergency Planning under SARA Title III (Superfund Amendments and Reauthorization Act)
- Groundwater protection, solid waste planning and compliance inspections, and surface water monitoring
- Collection of household hazardous waste
- Regulation of tobacco sales and enforcement of restrictions including the State of Michigan's Smoke Free Workplace Law
- Implementation of the Ingham County Pollution Prevention Regulation
- Monitoring of indoor air quality including radon, mercury and mold, and analysis of potentially hazardous materials
- Consultation on environmental remediation activities
- Participation with community partners in implementing research-based, proven programs designed to reduce the abuse of tobacco, alcohol, prescription and illicit drugs

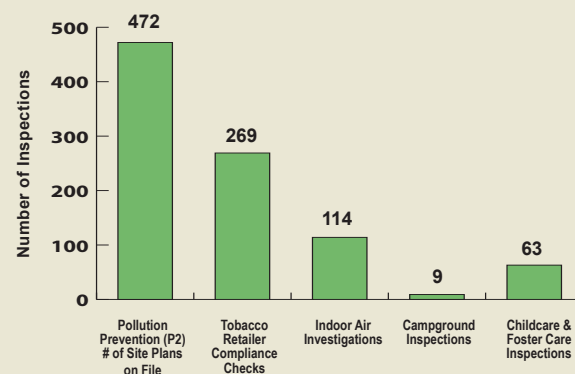
2015 Highlights:

- Collected 76,451 pounds of household hazardous waste and 4,958 pounds of unwanted medications.
- Licensed 1,157 fixed food service establishments.
- Conducted 269 tobacco retailer compliance checks.
- Worked closely with Health Department administrative staff and Board of Health to create a new regulation approved by the County Board of Commissioners requiring electronic cigarette (e-cigarette) vendors to obtain a license and refuse sales to minors starting January 1, 2016.

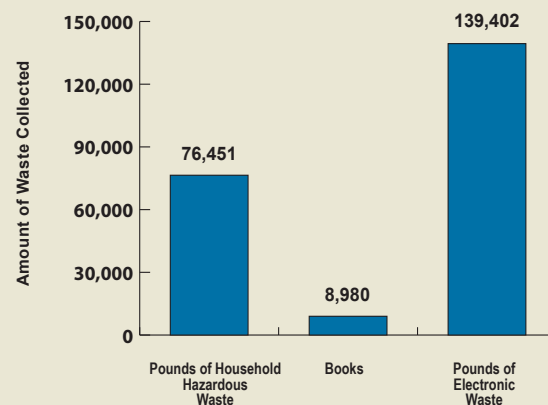
Permits and Licenses Distributed by Type, 2015



Inspections & Investigations Performed by Type, 2015



Waste Collected by Type, 2015



ICHD HEALTH PROMOTION AND PREVENTION

The Health Promotion and Prevention (HPP) Division works to promote wellness and prevent illness across the lifespan. Initiatives focus on maintaining the health and well-being of adults and families in the community. The division is inclusive of all levels of prevention.

Programs include:

Breast and Cervical Cancer Control Navigation Program (BCCCNP)
BCCCNP provides breast and cervical cancer screening, diagnosis, treatment and system navigation 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. BCCCNP is now able to provide services to women under 40 who are in need of diagnostic screening and treatment services.

Registration and Enrollment

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

- Healthy Kids program
- MICHild health insurance program
- Healthy Michigan Plan
- Maternal Outpatient Medical Services (MOMS)
- Breast & Cervical Cancer Control Navigation Program (BCCCNP)
- Ingham Health Plan (IHP)
- Ingham County Prescription Discount Card

ICHD is a certified navigator organization assisting consumers with health coverage options available through the marketplace.

Office for Young Children (OYC)

OYC provides professional development for child care providers. Providers across the state of Michigan utilize training services through various modes of delivery. This office also continues to successfully fulfill the requirements of the Great Start to Quality grant funded by Michigan Department of Education, Office of Great Start. OYC engages with multiple early childhood agency partners, including Early Head Start, to provide supports and services that enhance increased quality child care in our communities.

Pathways to Care

Pathways to Care is a home visiting program staffed by Community Health Workers who assist Medicaid-eligible, adult community members in overcoming obstacles related to accessing necessary care. The purpose of the program is to support clients who are at risk or diagnosed with chronic disease to live longer, healthier lives by improving their access to preventive health services covered by Medicaid. Community Health Workers serve as liaisons between clients, community, and medical and social service systems to streamline health care services.

Pathways to Care benefits clients by:

- Enhancing participants' ability to communicate effectively with healthcare providers
- Providing culturally and linguistically appropriate health information and resources
- Advocating for individual and community health
- Providing referral and follow-up services
- Care coordination

This program is the result of the Pathways to Better Health grant awarded to Michigan Public Health Institute from the Centers of Medicare and Medicaid Services (2012-2015).

Breast and Cervical Cancer Control Navigation Program Activity in Ingham County Group*, 2015	
*Total number of women screened for all counties (local coordinating agency for 6 counties total) = 710	
Total number of women served	710
Total number of breast cancers found	14
Total number of cervical cancers found	5
Age Breakdown	
40-49	39.0%
50-64	55.1%
65 years old and older	Not Available
Poverty Level	
Below 150% of Federal Poverty Level	70.0%
151% to 250% of Federal Poverty Level	30.0%
Racial Breakdown	
White	69.0%
Black	15.0%
Hispanic	22.0%
Native American	0.0%
Asian	5.0%
Other	11.0%

2015 Highlights:

- BCCCNP served 710 women in 2015, detecting 14 breast cancers and 5 cervical cancers. BCCCNP added navigation services for all women between the ages of 40-64 and below 250% FPL to assist with connecting women to receive their annual exams. This is an effort to increase awareness, prevention and early detection.
- Registration and Enrollment served 5,491 people.
- Pathways to Care program served 909 people. The top ten most common health conditions among the clients served were: depression, anxiety, hypertension, arthritis, tobacco use, chronic pain, back pain, diabetes type II, vision loss, and asthma.
- OYC provided technical assistance/personal consultations to 8,624 providers. The Office also provided financial assistance referrals and/or awards through the Lansing Scholarship Program to 134 families and 122 children.

DEPARTMENT DIVISIONS

ICHD MATERNAL and CHILD HEALTH

The Maternal and Child Health (MCH) Division provides community nursing, nutrition education and social work services in homes, schools and other community settings. These services are largely directed at preventing health problems in high-risk populations. Assessment, coordination of care, health education, and referral to appropriate community resources are key components of the services.

2015 Highlights:

- The Health Department launched the Fetal and Infant Mortality Review in partnership with the Strong Start, Healthy Start program to help improve Ingham County's infant mortality rate.
- Children's Special Health Care Services (CSHCS) received the Expanded Outreach Mini-Grant from the Michigan Department of Health and Human Services/Family Center for Children and Youth with Special Health Care Needs. This funding provided the opportunity for the program to continue to work with our parent liaison in providing more program outreach and opportunities for parent involvement.
- In 2015, WIC outreach efforts focused on increasing continued participation of children past one year of age.

Maternal Home Visiting Program, 2015	
Activities	
Maternal Infant Health Home Visits	2,035
Family Outreach Services Home Visits	2,915

The average monthly caseload for the WIC program was 7,282. In total, 2,379 women and 13,785 children were served by WIC. The number of children increased 57%.

- MCH nurses and advocates conducted 4,950 home visits.
- 16,381 children were screened for vision and 13,052 were screened for hearing in 2015.

Maternal & Child Health Division Programs	
Children's Special Health Care Services (CSHCS) Children's Special Health Care Services (CSHCS) provides services for children and some adults with special health care costs and needs. CSHCS covers more than 2,700 medical diagnoses and conditions. Qualifying conditions are covered from birth to age 21. Individuals with cystic fibrosis or a bleeding and clotting disorder are eligible beyond age 21. CSHCS assists clients and families with identifying and reducing barriers to accessing appropriate health care. The program also assesses for and assists clients with referrals to appropriate community resources.	Nurse-Family Partnership (NFP) Nurse-Family Partnership (NFP) is a home visiting program that allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life.
Family Outreach Services (FOS) Family Outreach Services (FOS) is one of the home visiting programs of MCH. The program focuses on: helping eligible families enroll in Medicaid, MICHild and Healthy Kids, assisting families with establishing a medical home of their choice, enhancing family functioning, providing prenatal education and strategies to promote a healthy pregnancy, promoting positive parent-child interactions and relationships, and supporting healthy childhood growth and development.	Strong Start, Healthy Start (SSHS) Strong Start, Healthy Start (SSHS) is an initiative to improve the health of African American families and infants born in Ingham County. SSHS provides services which include home visiting for expectant and parenting moms and expectant and parenting dads with a child up to age two. SSHS also offers free health education and fatherhood workshops that are open to inform and educate pregnant and parenting mothers, expectant and parenting fathers, families, and the community.
Native American Outreach Program (NAOP) The Native American Outreach Program (NAOP), part of FOS, assists American Indians, Alaskan Natives and First Nations families and individuals within Ingham County with a variety of services. The goal is to ensure a healthy community both now and for future generations.	Vision and Hearing The Michigan Public Health Code (Act 368 of 1978) requires the Ingham County Health Department to conduct vision and hearing screening services for children residing in its area at no cost. Hearing and vision technicians, trained by the Michigan Department of Health and Human Services, provide screenings in area schools and preschools throughout Ingham County.
Women, Infants and Children (WIC) The Women, Infants and Children (WIC) Program is a federal food and nutrition program. The goal of WIC 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. Eligible women and children receive breastfeeding support, nutrition counseling and education, and nutritious foods to supplement and improve their diet.	Maternal Infant Health Program (MIHP) The Maternal Infant Health Program (MIHP) is a home visiting program for pregnant women and infants with Medicaid insurance. MIHP provides support services to women and parents so they have healthy pregnancies, good birth outcomes, and healthy infants.

ICHD COMMUNITY HEALTH, PLANNING AND PARTNERSHIPS

Community Health, Planning and Partnerships (CHPP) works to power data-informed decision-making and to address social determinants of health, while developing partnerships and engaging in planning to promote wellness and health equity throughout Ingham County. Programs include: Community Health Assessment (CHA), Emergency Preparedness, Environmental Justice, Health Equity and Social Justice, Healthy Communities and the Power of We, which includes AmeriCorps.

2015 Highlights:

- The Healthy Communities program wrapped up a two-year Health in All Policies grant from the Health Impact Project that elevated the case of health being rooted in affordable and quality housing conditions in the Tri-County region; the project also assessed the impact of urban service management policies on public health and published an online Health Impact Assessment tool to be used by local community planners and practitioners to assess land use development projects. All the projects from this grant can be found at www.midmihealthycommunities.org.
- Health Department administrators and leaders from local government, law enforcement and health agencies formed the Ingham Opioid Work Group to address and work on solutions to the rise of opioid abuse and addiction in the community. CHA staff worked closely with local hospitals and law enforcement to create a community reporting surveillance system. This system collects real-time data to help alert and better inform community partners about emergent issues concerning opioid-related overdoses and deaths.
- Ingham County's partnership with Michigan Department of Health and Human Services (MDHHS) Childhood Lead Poisoning Prevention program resulted in an assessment of housing and building practices in Lansing, revealing numerous opportunities for policy and system changes. Those opportunities were highlighted in the department's Health Impact Assessment (HIA) of the Mid-Michigan Fair and Affordable Housing Plan, along with other recommendations to improve local housing conditions. Also in 2015, HIA was introduced to Community Review Team members for the Lansing Board of Water and Light in regards to informing regional energy production decisions.
- ICHD partnered with the Power of We Consortium (PWC) in the development of the PWC Common Agenda, and provided facilitation capacity building support to local and state partners. ICHD participated in the Michigan Power to Thrive's exploration of social determinants issues affecting Michigan residents, including early childhood education, incarceration, deportation, energy production, and other systems and policies.
- PWC awarded funds in excess of \$35,000 under the Urban Redevelopment Grant. The grantees included: Saginaw Oakland Commercial Association, Allen Neighborhood Center and the Greater Lansing Food Bank. The Consortium was instrumental in helping the City of Lansing facilitate its Public Hearings for the Five-Year Consolidated Housing Plan being submitted to the U.S. Department of Housing and Urban Development (HUD) for federal funding of the Community Development Block Grant (CDBG).
- CHA worked with local hospitals, the Barry-Eaton District Health Department and Mid-Michigan District Health Department to complete the community health assessment called Healthy Capital Counties! The goal of this project is to use data to identify community health issues. Partnering agencies will use the assessment to guide their work.

Community Health, Planning and Partnerships Division Programs	
Community Health Assessment	Healthy Communities
ICHD's Community Health Assessment (CHA) unit works collaboratively with local and state agencies and organizations to help them increase their capacity to use data and information for health improvement and outreach activities, and to identify and address emergent community health issues. Through these partnerships, ICHD is able to extend its interaction with community members and other entities to develop policy, offer mutual support, and partner on interventions and grants. CHA also coordinates staff to attend community outreach events to inform residents about ICHD's many programs and services.	The health and well-being of an individual is intertwined with the health of his or her 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. In conjunction with Environmental Justice, this program 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.
Emergency Preparedness	Health Equity & Social Justice
Emergency Preparedness is dedicated to promoting a state of readiness and prompt response to protect the health of the citizens of Ingham County during a public health emergency/disaster, including natural, technological, and terrorist events. This is accomplished through planning, training, and utilizing a progressive exercise schedule to test plans and make improvements.	Certain populations experience a disproportionate burden of morbidity and mortality. Social conditions, public policies and social constructs such as racism and other types of oppression can create ill health. Work in this area promotes fair distribution of social resources and opportunities and the absence of advantage or privilege based on race, class, gender or other forms of difference.
Environmental Justice	Power of We Consortium (PWC)
Environmental Justice addresses the disproportionate environmental risks borne by low-income communities and communities of color resulting from poor housing stock, poor nutrition, lack of access to healthcare, unemployment, underemployment, and employment in the most hazardous jobs. Lead poisoning, asthma and poor housing conditions are of particular concern in Ingham County.	The Power of We Consortium is an inclusive, multi-purpose, collaborative body of over 250 human services, non-profit, governmental, faith-based, and business sector stakeholders that promotes systems reform in Ingham County. The PWC is often referred to as the "network of networks" and capitalizes on the power of social capital and diversity to achieve positive results for the community. The Power of We Consortium (PWC) believes that the most vexing issues facing our community are interrelated.

ICHD 2015 SERVICE STATISTICS

Community Health Centers

2015

# of Patients (Unduplicated)	23,386
# of Health Center Patients at or below 100% of FPL	18,365
# of Health Center Patients who are Homeless	2,666
# of Patients with Regular Medicaid	16,192
# of Patients with S-CHIP Medicaid	99
# of Patients with Medicare	1,509
# of Patients with Private Insurance	1,876
# of Patients with No Insurance	3,710

Communicable Disease

# of Communicable Disease Cases Investigated	1,259
# of Outbreaks Investigated and Clusters of Disease	14
# of Persons Tested for STIs (Clinic Only)	1,622
# of Doses of Vaccines Administered (Excluding H1N1)	19,743
# of Individuals Served at the International Travel Clinic	447
# of Seasonal Flu Clinics	15
# of Doses of Seasonal Flu Vaccine Administered	5,158
# of Schools Reporting the Immunization Status of their Students	120
# of Students whose Status was Reported	11,917
# of Daycares/Preschools Reporting the Immunization Status of their Students	101
# of Students in Daycare/Preschool whose Status was Reported	4,946

Environmental Health

# of Environmental Disease Outbreak Investigations	5
# of Tobacco Retailer Compliance Checks	269
# of lbs. of Household Hazardous Waste	76,451

Health Promotion and Prevention

2015

Total Number of Women Served In BCCCNP	710
Total Number of Breast Cancers Found in BCCCNP	14
Total Number of Cervical Cancers Found in BCCCNP	5
Total Number of Unique Individuals Served in Pathways	909
# of Child Care Providers Trainings Completed by OYC	1,580
# of Technical Assistance/Personal Consultations to Providers by OYC	8,624

Maternal and Child Health Division

# of MIHP Visits	2,035
# of MIHP Clients	519
# of Pregnant/Postpartum Women Clients in WIC (Unduplicated)	2,379
# of Child Clients in WIC (Unduplicated)	13,785
# for WIC's Average Monthly Caseload	7,282
# of Active Caseloads in CSHCS	934
# of New Enrollments in CSHCS	101
# of Families Served by Family Outreach Services	303
# of Preschool Age Children Tested for Hearing	4,743
# of School Age Children Tested for Hearing	8,309
# of Preschool Age Children Tested for Vision	3,368
# of School Age Children Tested for Vision	13,013

Community Health, Planning and Partnerships

# of Disadvantaged Youth Who Received Services Under the Economic Opportunity Focus of the VISTA grant	927
# of Americorps Members	31
# of Volunteers Supervised/Recruited by Americorps Members	1,685
# of Adults and Children that received Nutrition and Healthy Lifestyle Education through Americorps	10,731
# Health Fairs ICHD Participated In	39
# of Emergency Preparedness Exercises Conducted	4
% of Staff Trained in Incident Command System (ICS) Training	94%
# of Emergency Preparedness Presentations Given	19
# of Media Contacts	87

