

2007 Annual Report



Ingham County Health Department

Meeting the Public's Health Needs



Table of Contents

Health Officer's Letter.....	Page 2
Ingham County Boards.....	Page 3
Organization Chart.....	Page 4
Administration & Finances.....	Page 5
Department Divisions	
■ Community Health Centers.....	Page 7
■ Public Health Services.....	Page 10
■ Health Plan Management.....	Page 21



**Ingham County Board of Commissioners &
Citizens of Ingham County:**

Welcome to the Ingham County Health Department's Annual Report for 2007. Throughout this report you will find information about the broad array of services that the Health Department brings to the residents of Ingham County.

A number of significant personnel and programmatic events occurred in 2007:

- Former Health Officer Bruce Bragg retired in January after 30 years of outstanding service to the community.
- I was appointed as Health Officer and Medical Director for Ingham County in February.
- Health Department Administration was reorganized, and three Deputy Health Officers and an Assistant Deputy Health Officer were appointed.
- A new Infectious Disease Clinic was opened within Adult Health Services.
- An important initiative to return social justice to the forefront of our definition as a public health agency was launched to help the Health Department and the broader Ingham community engage in a dialogue about interpersonal and institutional barriers that limit human potential and diminish our individual and collective health.
- The tobacco control program was strengthened by updating our tobacco vendor's license process, heightening educational interactions with tobacco vendors, and increasing penalties for vendors who sell tobacco products to minors.
- Tobacco cessation services were significantly expanded.

The above are some of the highlights of a busy and productive year. Please read on to find out more about the wonderful work of the Ingham County Health Department. It is an honor for me to work with such a committed staff of public employees, the Ingham County Board of Commissioners, and the residents of Ingham County.

A handwritten signature in black ink that reads "Dean G. Sienko, M.D." The signature is written in a cursive style.

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

2008

Ingham County Board of Commissioners

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Victor Celentino, Vice-Chairperson
Steve Dougan, Vice-Chairperson Pro-Tem

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Debbie De Leon	District No. 2	Mark Grebner	District No. 10
Tina Weatherwax-Grant	District No. 3	Dianne Holman	District No. 11
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Andy Schor	District No. 5	Randy Schafer	District No. 13
Dale Copedge	District No. 6	Steve Dougan	District No. 14
Todd Tennis	District No. 7	Mike Severino	District No. 15
Marc Thomas	District No. 8	Tim Soule	District No. 16

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Andy Schor, Chairperson
Rebecca Bahar-Cook, Steve Dougan, Curtis Hertel, Jr., Mike Severino, Tim Soule

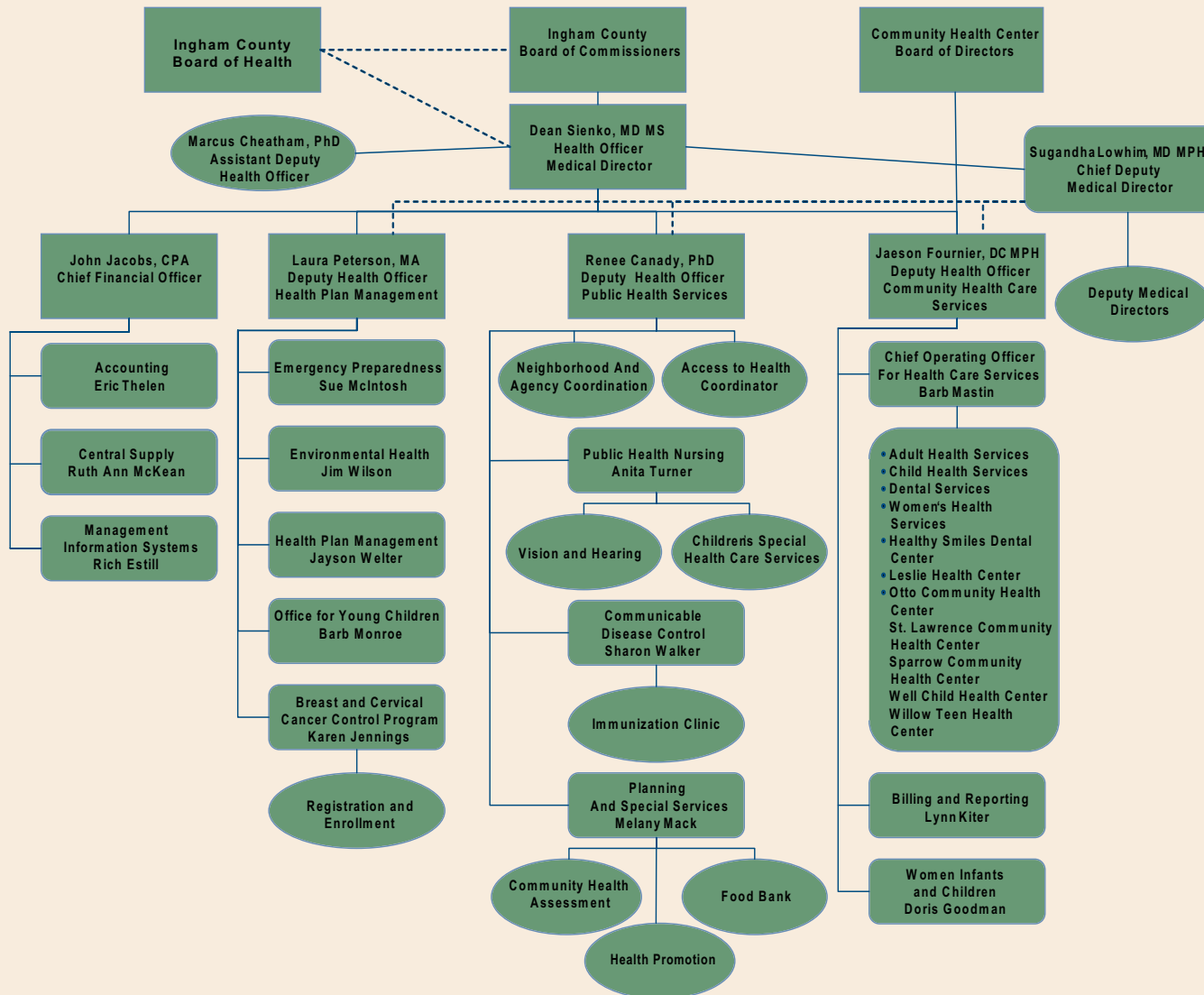
Ingham County Board of Health

George Rowan, Ph.D., Chairperson
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Ingham Community Health Center Board

Margaret Beal, Willie Davis, Ph.D., Patricia Farrell, Lonnie Johnson, Bridget Jones, Bobby Joyce, Elizabeth Manning-Washington, Jacqueline Schraft, Anne Smiley, Sarah Steele, Marc Thomas, Robin Turner

Ingham County Health Department 2008 Organizational Chart



Administration & Finances

Ingham County Health Department Administrative Staff

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

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

Jaeson Fournier, D.C., M.P.H., Deputy Health Officer, Community Health Care Services

Laura Peterson, M.A., Deputy Health Officer, Health Plan Management

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

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

Ingham County Health Department Costs and Sources of Funding

October 1, 2006 to September 30, 2007

Total Funding \$36,314,998

Total Expenses \$35,999,640

Sources of Funding

Ingham County Budget - 26.87%

Fees - 24.98%

State Agreements - 22.42%

State Local Public Health Operations - 3.98%

Cigarette Tax - .25%

Other - 21.5%

Cost by Service Category

Family Health Services - 70.51%

Admin. Support Services - 10.40%

Public Health Preparedness, Disease Control, Environmental Health - 10.00%

Health Plan Management - 5.19%

Jail Medical Services - 3.12%

Medical Examiner - .78%

Ingham County Vital Statistics							
Year	Population	Births		Infant Death [†]		Total Deaths	
		Number	Rate **	Number	Rate [†]	Number	Rate [†]
1997	283,529	3,989	13.9	28	7.0	1,717	-
1998	281,669	3,777	13.2	26	6.9	1,891	872
1999	280,035	3,672	12.9	22	6.0	1,882	862
2000	279,474	3,776	13.5	29	7.7	1,923	872
2001	280,486	3,702	13.2	25	6.8	1,823	807
2002	281,362	3,580	12.7	24	6.7	1,887	815
2003	282,030	3,745	13.3	25	6.7	1,934	817
2004	280,073	3,656	13.1	29	7.9	1,926	797
2005	278,592	3,622	13.0	31	8.6	1,922	792
2006	276,898	3,639	13.1	18	4.9	1,895	784

** Birth Rate: Crude birth rates are live births per 1,000 resident population. 1996 - 2006 Michigan Residents Birth Files, Vital Records & Health Data Development Section, Michigan Department of Community Health; Population Estimate (latest update 9/2007), National Center for Health Statistics

† 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

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

Leading Causes of Death in Ingham County				
Underlying Cause of Death	Total Number	Total Rate [†]	White Residents	Black Residents
			Rate [†]	Rate [†]
All Causes	1,895	784	745	1052
Heart Disease	509	212	208	227
Cancer	449	186	173	309
Chronic Lower Respiratory Diseases	80	34	35	-
Diabetes	58	24	20	-
Stroke	111	46	41	-
Unintentional Injury	72	28	28	-
Alzheimer's Disease	76	32	32	-
Suicide	30	12	11	-
Pneumonia/Flu	33	14	14	-
Kidney Disease	36	15	15	-
Other Causes of Death	441	181	167	240

† 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.

- NOTE: 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.

Community Health Centers

This part of the Ingham County Health Department's operations includes

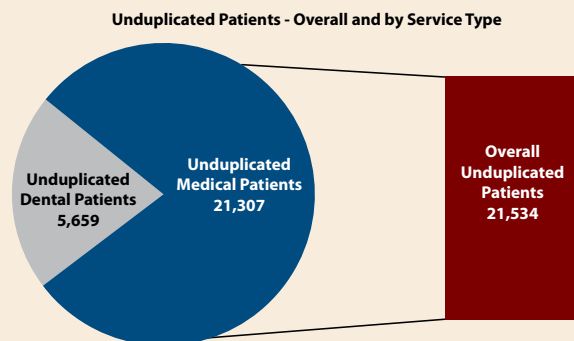


the Special Supplemental Nutrition Program for Women, Infants, and Children (commonly known as WIC), Billing and Reporting, and the Community Health Center Network (13 operations located at 11 sites).

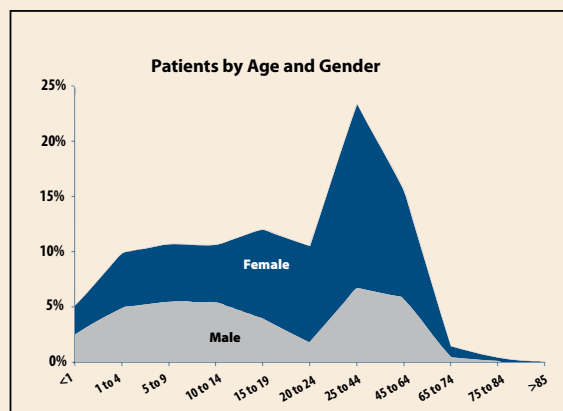
In 2007, our WIC operations provided nutritional support and education to 12,619 individuals with a monthly caseload average of 6,794. This important program ensures access to supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

While access to nutritional support and education is critically important to an individual's health and well being, so is access to a health care home. The Community Health Center Network

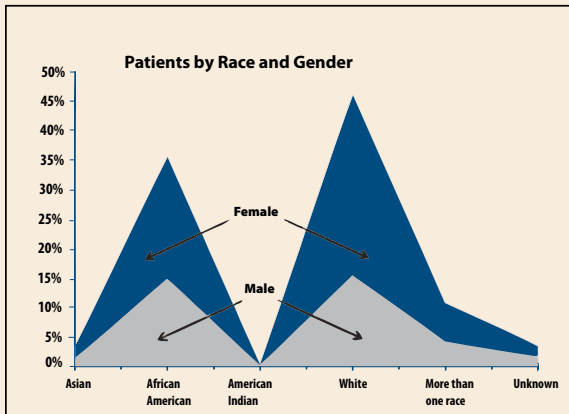
provides affordable, high quality and comprehensive primary care to medically underserved populations, regardless of their insurance status or ability to pay and ensures that these health care services are coordinated, culturally and linguistically competent, and community-directed. In 2007, the Community Health Center Network served as a health care home for 21,534 unique individuals.



The Community Health Center 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. The Department’s Community Health Center Network provides services to a diverse population.



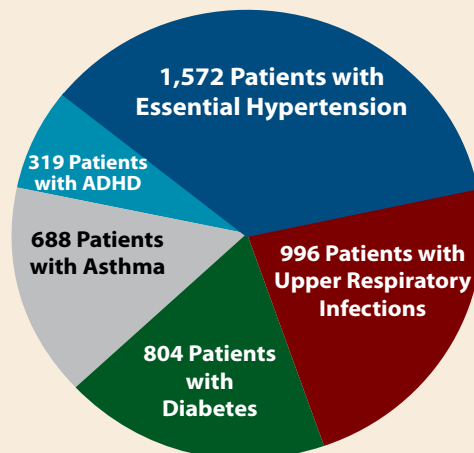
Poor individuals and families are particularly vulnerable in our community, and with the turbulence of the local economy, the number of those dangerously at-risk is increasing. In 2007, 97.90% of Health Center patients had a family income at or below 100% of the Federal Poverty Level, clearly demonstrating that the most vulnerable are accessing primary care, medical, and dental care through Ingham’s Community Health Center Network. This is amplified when one considers that the Department’s Health Center Network provided care to 1,369 homeless individuals. The Health Centers and WIC Program serve as a comprehensive and high quality health care home for these adults and children as well as a referral source for other supportive services.

Ingham County Health Department’s role as a critical component of the area’s health care safety net is demonstrated by both the areas served



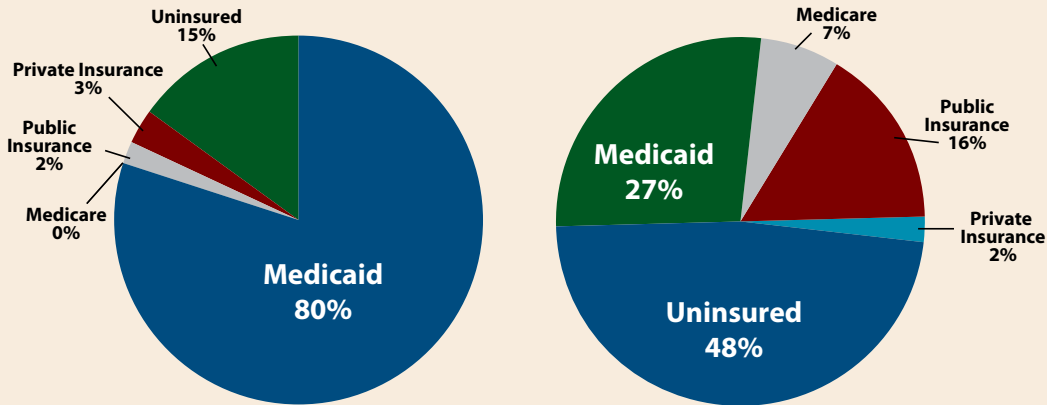
and the conditions treated. Although the overwhelming majority of patients served hail from Ingham County and the City of Lansing, the Health Department also provided services to individuals from 124 cities and 48 counties. The medical conditions treated by Ingham County Health Department medical providers are similarly diverse. In 2007, 1,767 diseases or conditions were treated. The most frequently diagnosed conditions included essential hypertension, upper respiratory illness, diabetes, asthma and attention deficit/hyperactivity disorder.

**Five Most Diagnosed Conditions
Number of Patients**

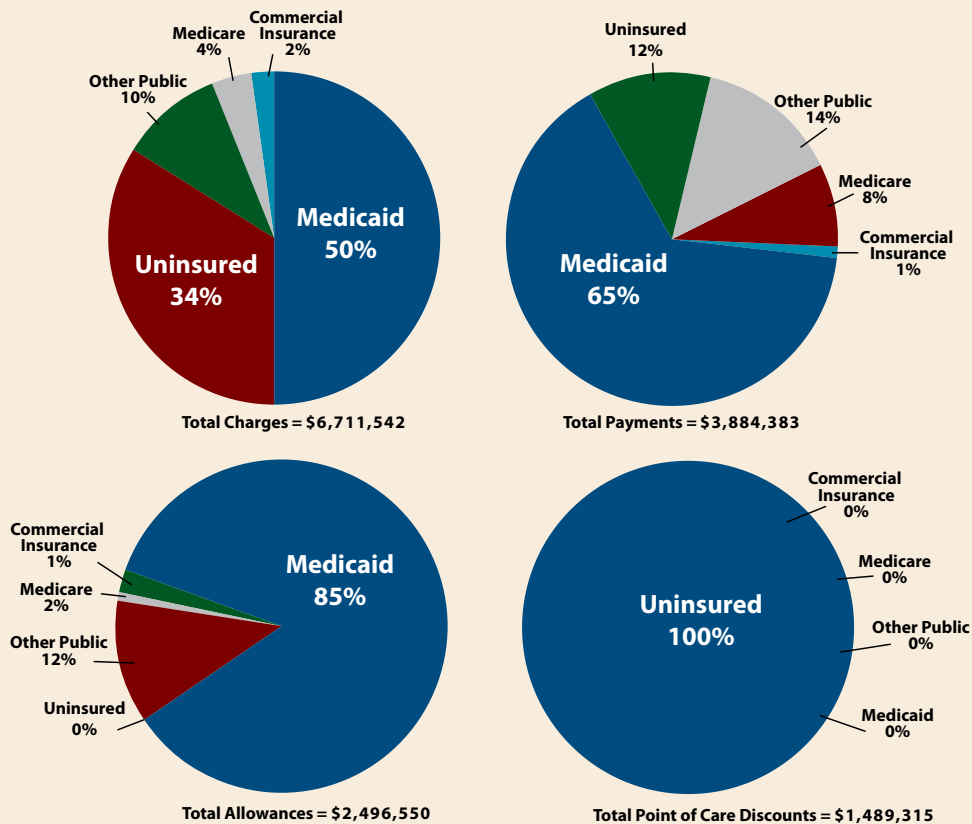


Financially, the Health Department's Community Health Center Network is supported by various grants awarded by local, state and federal governmental agencies, by patient-related payments including reimbursements from third party insurers, and locally through the Ingham County Health Fund. Below is a summary of billings, payments, contractual allowances and point of care discounts (charitable write offs) provided in 2007 for services provided through the Department's Community Health Center Network:

Insured Status by Age Range



Summary of Funding From Provided Services



Public Health Services

Public Health Nursing

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

Significant accomplishments in 2007 included:

- 3,311 home visits
- 1,462 Maternal Support Services visits
- 1,706 Early On Service Coordination visits
- 4,625 children seen in schools, including those attending Kindergarten Round-Up
- 317 clients seen in all clinics
- 25 presentations to community groups

A Public Health Nurse offered women enrolled in the prenatal clinic at Women's Health Services education about the adverse effects of tobacco on their fetuses. Cessation support was provided to women who wanted to quit smoking. Reducing infant mortality was a second important focus of Public Health Nursing.

Special efforts were targeted to reduce the significant disparities between infant deaths experienced by African-Americans and Caucasians.

Children's Special Health Care Services

This program provides services to individuals from birth to age 21 with certain handicapping or potentially handicapping conditions. In addition, it covers individuals diagnosed with Cystic Fibrosis and bleeding disorders such as Hemophilia and Von Willebrand's disease past the age of 21, if enrollment continues.

Children with qualifying diagnoses/conditions and their families are eligible for care coordination, case management, and payment assistance for speciality care.

In 2007, CSHCS staff provided services to an active caseload of 831, and diagnostic evaluations were completed for 102 of them. One hundred new clients also joined the program.

Parents of children in the program serve as strong advocates for promoting their health - medical, physical, and emotional - as well as their spiritual, educational, and social needs. Many parents serve as mentors/coaches for other parents who have newly enrolled children in the program. The availability of certain specialty care is minimal in the Greater Lansing area so many families are required to travel to Ann Arbor, Detroit, or Grand Rapids for a variety of specialty services.

Jump Start

This unit conducts voluntary home visiting services for pregnant and parenting women and families in Ingham County. Families can be served prenatally through the child's third year of life. Jump Start is based on two program models: Healthy Families America and Early Head Start. Services include:

- Providing child development information including positive approaches to discipline
- Providing developmental screenings for children
- Connecting families and children to a medical home
- Linking families to community-based resources

In 2007:

- 807 families were screened for services at both area hospitals.
- 113 families were served.
- 1,643 home visits were conducted with families.

By working closely with the community, the following was accomplished:

- Over 98% of children in Jump Start were up-to-date with immunizations.
- 80% of Jump Start children were up-to-date with well child visits.
- 100% of families who responded to an annual satisfaction survey said



that their parenting skills improved as a result of their involvement with Jump Start.

Maternal Infant Outreach

The major foci of this program are to:

- Provide home visits to high-risk women in Ingham County
- Educate women on the prenatal and postpartum periods
- Connect women to a medical home and ensure that women attend prenatal appointments
- Provide transportation to medical appointments
- Connect women with community-based resources to prepare them for the birth of their child

In 2007, 2,051 home visits were

made to the 439 mothers enrolled in the program.

Hearing and Vision Screening/ Testing Program

Children attending preschool and students in selected grades at elementary schools receive both vision and hearing screenings. Students in secondary schools receive vision screenings and referrals for hearing screenings.



Hearing Services for FY 2007	
Number Tested	
Preschool	3,099
School Age	11,032
Special Education	74
Number Referrals	
Preschool	117
School Age	382
Special Education	26

Vision Services for FY 2007	
Number Tested	
Preschool	2,889
School Age	17,056
Special Education	90
Number Referrals	
Preschool	94
School Age	1,475
Special Education	90

Prompt follow-up on referrals by parents of children who fail to pass hearing and vision screening/testing is a continued concern. Efforts to encourage a closer working relationship with providers of preschool services including Head Start were begun. Also, plans were made to work more closely with the school districts in Ingham County, particularly those districts employing school nurses.

Native American Outreach Program (NAOP)

This program provides support and education for Native Americans in Ingham County, connects families to cultural and community resources, and provides education on health issues impacting Native American communities. A total of 23 families were served in fiscal year 2007 and 227 home visits were conducted with families.

Communicable Disease Control

The goal of the Communicable Disease Program is to protect the health of individuals and the community by preventing or controlling the spread of disease. This goal is accomplished by providing community education on prevention measures and by investigating disease reports and implementing disease control measures. Communicable disease control is at the core of public health practice, and impacts the well-being of the community as a whole.

Communicable Disease Reporting

The Michigan Public Health Code mandates that certain diseases determined to be a risk to the community are reported to local public health departments, which are directed to investigate the reports to assure that the affected persons are treated. Other measures such as testing, hygiene, vaccination, education, or quarantine are often implemented to prevent the spread of disease in the community.

Disease Report Summary for Ingham County in 2007 (Number of cases of communicable diseases)	
Amebiasis	113
Campylobacter	76
Cryptosporidiosis	56
E. coli	11
Flu like disease	*4,846
Giardia	390
Hepatitis B Chronic	280
Hepatitis C Chronic	779
Hepatitis A	*17
Hepatitis B	*38
Histoplasmosis	18
Legionellosis	13
Lyme Disease	4
Measles	*3
Meningitis bacterial	20
Pertussis (whooping cough)	*15
Salmonellosis	131
Shigella	150
Typhoid fever	*1
Varicella (chicken pox)	*218

*Vaccine available to protect against these diseases.

HIV/AIDS

Worldwide, an estimated 33,200,000 persons are living with HIV/AIDS. In the United States an estimated 1 million people are living with HIV/AIDS, but 250,000 are not aware of it. In 2007, the CDC began encouraging all persons to be tested for HIV at least once in their lifetime regardless of known risk. The purpose of increased testing is to initiate early treatment for those with the disease, and to use the knowledge of their disease status to prevent transmission.

**In Ingham County:
Estimated number of
persons living with HIV/AIDS - 540
Reported cases - 377**

Tuberculosis (TB) Program

Worldwide, an estimated 1.75 million deaths occur annually due to TB. Tuberculosis disease (TB case) is **INFECTIOUS**. Latent TB infection (LTB) is **NOT** infectious. The goal of the TB program is to identify people infected with TB (surveillance and testing) and to prevent the spread of TB by implementing appropriate control measures (containment and treatment) for those with TB disease.

In 2007, the Ingham County Health Department opened a Latent Tuberculosis Infection Clinic to address the need within the community for prevention of active TB disease by treating those with TB infection. There were 135 provider visits and 229 nurse visits.

In 2007, 238 persons had a positive TB skin test, 8 TB cases were identified, 171 case contacts were investigated, and 365 direct-observation therapy visits were conducted.

Rabies

The highest number of animals (bats) testing positive for rabies and the highest prevalence of rabies statewide occurred in 2007. The Rabies Program utilizes a comprehensive approach to rabies exposure, following CDC guidelines that recommend treatment measures be implemented in certain situations regardless if a definite bat bite is identified or not. In 2007, 309 animal bite reports were investigated, and 206 persons received treatment. Of the 236 bats tested for rabies, 27 were positive. None of the other animals tested were positive.

Lead Poisoning and Prevention

Infants and children are at the greatest risk for lead poisoning. The effects of lead poisoning include: behavioral problems, reduced growth, and lower IQ. Lead can remain in the body for years if untreated. The Lead Program has two parts:

- Blood lead testing and case management to identify and treat children with elevated blood levels.
- The Lead Safe Home Program to reduce lead hazards in the home, primarily those associated with lead paint.

Immunization Clinic

The Immunization Clinic functions to protect the community from vaccine preventable diseases. Vaccines protect not just those people who are immunized,



but also extends protection to those who are immune-compromised or otherwise more vulnerable to diseases.

The Vaccines for Children (VFC) program purchases vaccines and distributes them to local health departments and enrolled private providers to administer to children who are Medicaid recipients, Native Americans, or uninsured. Vaccines are also available under certain conditions to children who do not have health insurance that covers the cost of vaccines. The 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 2007:

- 52 provider 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, and documentation processes were reviewed to assure compliance with program mandates.
 - Over 63,000 doses of VFC vaccine were distributed to enrolled providers.
 - VFC informational meetings were held to keep staff updated on immunization issues and program changes.

The Immunization Program offers routine immunizations, international travel immunizations, and special clinics for the public. In 2007, 32,347 vaccines were administered. The following clinics were operational:

- **Walk In Clinic** – All routinely recommended vaccines and TB skin testing are handled.
- **International Travel** – Immunizations are provided on an appointment basis. In 2007, 674 individuals traveling to 112 different countries were served.
- **Flu Vaccine Clinics** – In the fall of 2007, 1,050 doses of vaccine were

administered through special flu clinics. Annually, 5,886 doses of flu vaccine were administered. Off-site Immunization Clinics were offered at Tri-County Office on Aging and at senior living centers. A special drive-through flu clinic was offered for disabled persons and for disabled students at Heartwood School.



Special Clinics/Services

- TB skin testing was done for new MSU international students.
- Meningococcal conjugate was provided to LCC students through collaboration with LCC's Nursing Program and Michigan State University.
- Immunization staff collaborated with MDCH to administer botulism vaccine to MDCH lab staff.
- Vaccine was obtained for underserved populations to vaccinate older adults with Zostervax and young women with HPV.

The Michigan Care Improvement Registry (MCIR) is a statewide database for maintaining immunization records. State public health law mandates that immunization providers enter all vaccines given to children born after 1994 into the Registry. In 2007:

- ICHD collaborated with MCIR Region III partners (Barry/Eaton and Mid-Michigan District Health Departments) to promote the use of MCIR.
- MCIR became an all-ages registry, and Ingham County Health Department

entered immunization records of clients regardless of age.

State law mandates that all schools report the immunization status of children in grades K, 6, and those newly entering school in MCIR by November 1st and February 1st of each school year. Failure to report can result in the loss of school funding. Preschools and daycare 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 2007:

- 136 schools reported the status of 11,377 students.
- 123 daycare centers and preschools reported the status of 4,891 students.

In the event of a public health emergency, Immunization staff will have the responsibility for operation of a Neighborhood Emergency Center with the Immunization Clinic supervisor designated as the site manager.

Planning & Special Services

Community Health Assessment

The mission of Community Health Assessment (CHA) is to help all residents of our community desire to be healthy, 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 be directed toward goals related to reducing the leading causes of preventable death and illness.* While the primary source for such goals

is Healthy People 2010, CHA also participates in community goal setting activities. In 2007, CHA worked with other community stakeholders to refine the question modules for the local Behavior Risk Factor and Social Capital Survey used to gather information on various behaviors, medical conditions, and preventive health care practices, as well as some perceptions on land use and social capital.

- *Advocating that health improvement programs aim as much as possible at the root causes of preventable death and illness.* CHA recognizes social factors are important causes of ill health and understands that the most profound and durable changes in health status come from broad improvements in the character of society. However, in instances in which programs cannot aim at root causes, such as the provision of clinical services, CHA encourages implementation of strategies that are evidence-based and clinically proven to be effective.
- *Helping the community obtain complete and accurate information about health status.* Our community will formulate better goals when people understand what causes preventable death and illness, have complete and accurate data to design effective strategies,

and measure progress toward goals. Data from the Behavior Risk Factor and Social Capital Survey contribute to planning efforts and effective targeting of resources to support intervention programs. BRFSS data can be used by all community members to gain a better understanding of the health concerns affecting our community.

The Health Department believes the best way to improve health status is to *increase 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

Outreach Partners

Allen Neighborhood Center

Capital Area Community Services

Family & Community Development Services

Greater Lansing African American Health Institute

NorthWest Initiative/ARRO

South Side Community Coalition

with many groups and organizations in the community. These 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 medical and preventive care. The outreach partners also connect residents with other useful services and resources while helping strengthen social connections in neighborhoods.

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

Ingham Substance Abuse Prevention Coalition (ISAPC) – is dedicated to reducing the harm caused by addiction and substance use in Ingham County. Priority issues which are causing the highest risk and cost in our community are: dangerous alcohol consumption, tobacco addiction, and methamphetamine use. Individual and organizational members are welcome to join the work groups (Family Matters, Community Norms, Youth Use, Adult Use/Parental Involvement, Media and Data) without being formal members of the ISAP Coalition.

Land Use and Health Resource Team (LUHRT) – is dedicated to educating the community about the impact of the built environment on health. The LUHRT also



advocates for progressive policy and environment changes to improve the quality of life for residents of Clinton, Eaton, and Ingham counties. In 2007, the LUHRT sponsored a series of dialogues to engage the community in conversations about creating a more sustainable, healthy, and livable community for all. For more information please visit: www.cacvoices.org/environment.

Tobacco Use, Prevention, and Reduction

Components of the Health Department's Tobacco Program include licensing tobacco retailers, enforcement of the Ingham County Clean Air Regulation, promotion of smoke free resources, provision of information about community smoking cessation resources, training of youth advocacy teams, and individual cessation support.

Grants help to fund tobacco programming. In 2007, a grant from Blue Cross Blue Shield of Michigan helped to increase the tobacco-prevention and quit tobacco resources for youth in Ingham County. Another grant from March of

Dimes increased support for pregnant women who wanted to stop smoking.

Tobacco is the leading cause of preventable death, and the Health Department employs a basic set of prevention and treatment options for those at risk for nicotine addiction and dependence. Individual cessation support and nicotine replacement therapies are provided in several of the Health Department's Community Health Centers.

Ingham County Food Bank

The Ingham County Food Bank (ICFB) acts as a clearinghouse for interviewing families and determining eligibility for emergency food. The ICFB coordinates a network of 20 food providers/pantries

Recent Changes in Food Banking

- Food pantries were open additional hours in the evening and weekends to accommodate families with transportation problems.
- The Food Bank experienced a 5% increase in the number of families served in 2006/2007. 15,598 families or 45,788 individuals received emergency food.
- Of the individuals served, 43% were children under the age of eighteen, 39% received either SSI or SSD, and 40% of the families served were working.

and provides technical assistance to organizations interested in becoming a food pantry. Families are also often referred to additional food programs and agencies that provide assistance with utilities, rent, personal needs, and clothing.

The ICFB program is free to families in need of emergency food in Ingham County. It provides educational opportunities for the families it serves by collaborating with the Garden Project and MSU Cooperative Extension. The Ingham County Food Bank has been used as a model for other counties interested in developing a food pantry network.

Power of We Consortium

The Capital Area Power of We

Committees of Power of We Consortium

- The *Leadership and Practice Committee* builds the 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.



Consortium brings together municipalities, school systems, human service agencies, and non-profits to address the social issues that are beyond the capacity of any single organization to address. The Consortium is dedicated to facilitating community and neighborhood development and to improving services, with an emphasis on prevention and early intervention.

The Consortium gets work done through coalitions and committees composed of its member organizations, monthly member meetings, and its members' well-established institutional systems and structures. The Ingham County Health Department serves as the administrative, fiduciary, and staff home of the Consortium.

Three committees support the work of Power of We Consortium coalitions and members. Please see box at left.

In keeping with its commitment to build the capacity of area community and faith-based organizations, the Consortium supports a cadre of Ameri*Corps VISTA members who work for a minimum of one year with selected organizations to alleviate poverty. For additional information, please visit: www.powerofwe.org.

Health Plan Management

Health Plan Management Services (HPMS) provides administrative services for 16 County Health Plans in Michigan covering 53 out of the 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 to its uninsured residents.

HPMS assists the CHPs to provide an organized system of health care by assigning members to a medical home. Programs that HPMS administers are Plan A, B, D, P, and V.

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

HPMS manages the day-to-day operations for the CHPs including a customer service call center, claims processing and benefit implementation,

member/provider information management, and quality improvement programs.

The following enhancements have made the program more beneficial:

- HPMS led the CHPs in the process of selecting a new Pharmacy Benefit Manager to administer the prescription benefit and improve cost, quality, and efficiency.
- HPMS developed a new Member Management System to improve the quality of data management, customer usability, and security. This web based software program allows staff and providers to access member information and reports.
- HPMS created and implemented an in-house member card production software and operations system.
- HPMS upgraded the CHPs' website to improve user navigation and on-line access to member/provider health education and resources.

Health Plan Management Services is preparing to administer a new health plan in Washtenaw County. They also reissued 75,000 member identification cards. CHPs continue to offer healthcare to as many uninsured residents as possible despite budgetary limitations.

County Health Plan Member Enrollment as of September 2007

County Health Plan/Program	Plan A	Plan B	Plan D	Plan P	Plan V
BE – Healthy	324	979	-	3,791	-
Berrien	610	929	-	226	-
Branch – Hillsdale – St. Joseph	481	877	-	22	-
Calhoun	662	716	-	-	-
Coalition Health Access	278	N/A	-	487	-
Ingham	1,076	15,576	-	3,332	-
Ionia	197	195	-	-	-
Jackson	477	854	-	3,851	-
Kalamazoo	921	1,540	-	-	-
Kent	1,833	3,236	593	-	-
Livingston	180	940	-	1,822	-
Medical Access	1,158	N/A	-	-	211
Mid-Michigan	496	738	-	2,559	-
Monroe	300	100	-	-	-
Northern	279	1,541	-	2,420	-
Northern East	374	-	-	533	-
TenCon	1,099	2,488	-	-	-
Total	10,745	30,709	593	19,043	211

Emergency Preparedness

Public Health Emergency Preparedness is responsible for developing comprehensive all-hazard emergency response plans with our community partners that will 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.

The following preparations have been made:

- Detailed plans have been established for select community facilities to function as mass immunization or medication dispensing sites if necessary as part of the Ingham County Health Department Emergency Response Plan.
- Exercises are conducted regularly with our partner agencies and the Ingham County Medical Reserve Corps to test and refine these plans in order for the ICHD staff to be as prepared as possible to respond to a public health emergency or disaster.

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

Our emergency planning process must be coordinated with our local community partners in the Emergency

Management and Healthcare areas as well as with the traditional first responders and other community partners (schools, volunteer agencies, businesses, etc.). Emergency Preparedness must be coordinated at the regional, state, and federal level.

Opportunities that presented themselves in 2007 included:

- The Continuity of Operations Plan, a department-wide plan, coordinated by Emergency Preparedness, was developed. This plan ensures the continued performance of minimum essential functions of the department during a wide range of potential emergencies.
- ICHD sponsored the Pandemic Influenza Coordinating Committee, a group of community stakeholders responsible for guiding the development of the local Pandemic Influenza Response Plan.
- A community-wide table top exercise on Pandemic Influenza Response was held which included representatives from health care, public health, schools, emergency management, traditional first responders, community businesses, and volunteer agencies. The exercise brought out important and compelling issues for agencies to work on.

Environmental Health

The role of Environmental Health in our community is to evaluate and understand the impact of the environment on people. Public health is the study and practice of managing threats to the health of the community at large. Its distinction from private health practice is that it focuses on the social and environmental context of disease. It fills the gap in care in which private physicians have no authority or cannot deal with efficiently.



Environmental Health has the responsibility to protect the public health from adverse impacts due to environmental factors. These factors may be manmade or natural, biological or chemical, and include air, food, water, housing, soil, and transmissible diseases. Environmental Health monitors and evaluates environmental conditions, responds to resident complaints and issues, and enforces specific state and local statutes. Programs include:

- Permits for and inspections of private well and septic systems.
- Licensing and inspection of food service establishments including temporary events and festivals.
- Commercial hazardous materials storage, waste management, household hazardous waste and solid waste planning, and emergency planning.
- Residential indoor air and surface water monitoring.

- Inspections of public swimming pools, water parks, mobile home parks, day care and adult foster care centers and tattoo shops.
- Identified contamination site reviews.
- Environmental disease outbreak investigations.

In 2007 Environmental Health expanded its Household Hazardous Waste Collection Program to include discarded medicines. Recent research has shown that many common medicines are detectable in surface waters at concentrations which pose a threat to the environment. These medicines are reaching surface waters by being discarded into sanitary sewer systems. Environmental Health has begun accepting Compact Fluorescent Lights (CFL) at its waste collection program. Even though CFLs devices use significantly less electricity than standard incandescent bulbs, they contain small amounts of elemental mercury which should not be released to the environment.

A project is underway for the digitalization of Environmental Health records to make 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 Geographical Information System (GIS) software making searches much easier. Environmental Health's on-line applications and information services have also been expanded, including a considerable amount of searchable information on food service establishments.



Environmental Health places environmental issues (safe water, air, soil, food, homes) in the context of public health. It operates under both the public health code and environmental regulations. Ingham County is one of the first counties in the state to have a Point of Sale program whereby properties with private septic systems must have the system evaluated before a property sale. Ingham County was also one of the first to have a local household hazardous waste program. Ingham County has one of only two local residential indoor air programs in Michigan and is one of only two local health departments employing a staff toxicologist.

Office for Young Children

Office for Young Children is the only child care resource and referral agency in our community and is part of the Michigan Community Coordinated Child Care (MI4C) network. Computer listings of regulated child care centers, day care homes, and family group homes are maintained to provide parents with child care referrals. Services provided include:

- OYC provides technical assistance and consultations for parents and child care providers. Parenting workshops are conducted at local neighborhood centers.
- OYC recruits and educates regulated child care providers, child day care aides, and relative providers, elementary teachers, and early childhood educators through face-to-face trainings, workshops, correspondence, and online learning opportunities which help fulfill the licensing requirements as prescribed by the Michigan Department of Human Services Office of Children and Adult Licensing.
- OYC assists employers and employees with developing and implementing child care benefits for the workplace and supports early childhood education through Lunch and Learn workshops in the community.



CPR/First Aide instructor certifications.

- OYC hosted an evening of entertainment and networking for over 200 providers in celebration of early childhood and education professionals.
- OYC provided parenting workshops and special neighborhood events for children and families at Baker Donora Center.

OYC continues its commitment to the community and quality early childhood education for positive future outcomes for children.

- OYC produces quarterly newsletters and resource publications.
- OYC administers the City of Lansing Child Care Scholarship program to assist Lansing families.
- OYC participates in two grant programs to promote early literacy education. Both projects create coaching and free training opportunities for child care providers in Ingham County.

In 2007, the Office for Young Children served the community in the following ways:

- OYC met new licensing requirements through training opportunities.
- Five OYC staff members received

OYC Activities for 2007

Child Care Provider Services

Providers trained - 1,665

Providers receiving technical assistance - 9,275

Parent Services

Child care referrals - 3,050

Financial assistance information referrals - 1,017

Lansing Child Care Scholarships - 162

Parents trained - 111

Parents receiving technical assistance - 3,057

Public Information Services

Newsletters distributed - 10,000

Resource library loans, materials & information distributed - 15,220

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 incomes. Our service area includes Ingham, Clinton, Gratiot, Ionia, and Jackson counties. (Additionally, ICHD is the local BCCCP 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 whose screenings reveal an abnormality. Local physicians and hospitals partner with the Ingham County Health Department to ensure that women receive appropriate and timely follow-up care. BCCCP screening services are provided at the Ingham County

Health Department's Women's Health Clinic, satellite clinics, Cristo Rey, and Care Free Medical in Ingham County, in addition to multiple sites in the other counties.

The BCCCP has provided needed screening services to hundreds of women since 1992. A unique feature of the program is that women who have abnormal screening results receive caring, compassionate service from case management nurses who help them navigate through the healthcare system, insuring they receive needed care.

As people continue to struggle in this economy, more and more women are eligible for the BCCCP. At the same time, the state's caseload has been reduced. By partnering with Ingham Health Plan and providers in our community, we were able to provide breast and cervical cancer screening services above the caseload assigned by the state.

Breast & Cervical Cancer Control Program Activity in Ingham County - October 1, 2006 – September 30, 2007

- Total number of women served - 1,910
- Total number of women referred for breast or cervical abnormalities (related to breast or cervical cancer) - 112
- Total number of breast cancers found - 15
- Total number of cervical cancers found - 12

Age Breakdown

40-49 67.5%
50-64 31.0%
Over 64 1.5%

Racial Breakdown

White 81.0%
Black 14.9%
Native American .7%
Asian 2.8%
Other .6%

Poverty Level

Below poverty level – 50.2%
100% to 250% - 49.8%

*Total number of women screened for all counties = 3,005

WiseWoman

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program is an extension of the Michigan Department of Community Health's Breast and Cervical Cancer Control Program. The focus of WISEWOMAN is to assist women with lifestyle behavior changes which will reduce chronic disease risk factors. During the 2007 fiscal year, 280 program participants were screened.

The WISEWOMAN Program has added a diabetic screening component

which includes plasma glucose screening. The program teaches women how to take control of their health and to prevent cardiovascular disease by making healthy lifestyle changes, such as stopping smoking, increasing physical activity, eating a healthy diet, and completing health screenings. The program provided services to over 130 women with abnormal blood pressure, elevated cholesterol, and/or undesirable HDL in 2007.



Registration & Enrollment

Registration and Enrollment Services provide information and application assistance to vulnerable population groups. Staff are trained to assess the eligibility of families and individuals and assist them in applying for:

- Healthy Kids Program (Medicaid for children and pregnant women)
- MIChild (health insurance) program (for children)
- Breast & Cervical Cancer Control Program (BCCCP)
- WISEWOMAN Program
- Ingham Health Plan (IHP)
- Capital Area Prescription Assistance Program (CAPP)
- Plan First! Program (family planning services for women)

- City of Lansing & Ingham County – (prescription assistance voucher program)

A new system for screening clients was implemented:

- Applications for Healthy Kids, MIChild, MOMS, and Plan First! can now be completed online.
- All applicants qualify for “presumptive eligibility” for the Healthy Kids and MOMS programs. Coverage in these programs starts immediately.



