



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

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

I am pleased to present the Ingham County Health Department's 2006 Annual Report. The report describes the major health problems in our community. It also highlights the programs and services established by the Board of Commissioners to protect and promote the health of Ingham County residents.

Over the years Ingham County has made an extraordinary investment in its Health Department. Through its many health centers the Department directly provides health services to tens of thousands of individuals; these services are provided regardless of ability to pay or health insurance status. The Health Department also influences the behaviors of individuals and organizations by conducting research, presenting public health information and by engaging citizens in dialogue and community action to improve health. Additionally it continually scans the environment and takes action to protect citizens from the spread of communicable diseases and from environmental hazards.

The year 2006 marked the last full year of Bruce Bragg's tenure as the Ingham County Health Officer. Bruce dedicated 30 years of his life to improve the health of Ingham County residents. He was highly regarded and awarded for his commitment, innovation and contributions at the local, state and national levels of public health practice. His accomplishments and impact will endure for many years to come.

On behalf of all the dedicated employees of the Ingham County Health Department, I am pleased to present these highlights of our work during 2006. We go to work each day with a legal duty to protect and promote the health and well being of our fellow citizens. You can rest assured that we take this charge seriously, and that the public health of Ingham County is in very capable hands.

A handwritten signature in black ink that reads "Dean G. Sienko". The signature is fluid and cursive.

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

# Ingham County Health Department 2006 Annual Report

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Edited and Compiled by Lorraine Eastman & Rona Harris, Community Health Assessment

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## **INGHAM COUNTY HEALTH DEPARTMENT ADMINISTRATIVE STAFF, 2007**

Dean Sienko, M.D., M.S., Health Officer and Medical Director  
Renee Canady, Ph.D, Deputy Health Officer, Nursing Services & Special Programs  
Jaeson Fournier, D.C., M.P.H., Deputy Health Officer, Community Health Care Services  
Laura Peterson, Deputy Health Officer, Health Plan Management  
John Jacobs, C.P.A., Chief Financial Officer  
Marcus Cheatham, Ph.D., Assistant Deputy Health Officer

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# HEALTH DEPARTMENT MANDATE

The Constitution of the State of Michigan includes the following declaration:

“The public health and general welfare of the people of the State are hereby declared to be matters of primary public concern. The Legislature shall pass suitable laws for the protection and promotion of public health.”

In 1978, the Public Health Code was passed by the Legislature and signed by the Governor. The “Code” establishes a state/local system to carry out the responsibility to protect and promote public health.

The Code establishes the Michigan Department of Public Health with the responsibility to:

“...continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.”

The Michigan Department of Public Health is charged in the Public Health Code to:

“...promote an adequate and appropriate system of local health services throughout the state.”

The Public Health Code requires every county to provide for a local health department. County Boards of Commissioners are required to organize county or district health departments.

The Public Health Code charges the local health departments with the same basic responsibilities as are given to the State:

“...continually and diligently endeavor to prevent disease, prolong life and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of disease; prevention and control of health problems of particularly vulnerable population groups...”

The Ingham County Board of Commissioners has responded to this mandate by establishing the Ingham County Health Department as a Department of Ingham County Government. Each year, through the County budget process and through contracts established with the State, the Board of Commissioners determines which programs and services will be established and maintained to respond to the legal requirements to promote and protect the public health of the citizens of Ingham County.

## ICHD MISSION

The Ingham County Health Department 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.

## ICHD 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 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 each human life.

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## INGHAM COUNTY HEALTH DEPARTMENT COSTS AND SOURCES OF FUNDING

October 1, 2005 to September 30, 2006  
Total Funding and Expenses \$31,774,245

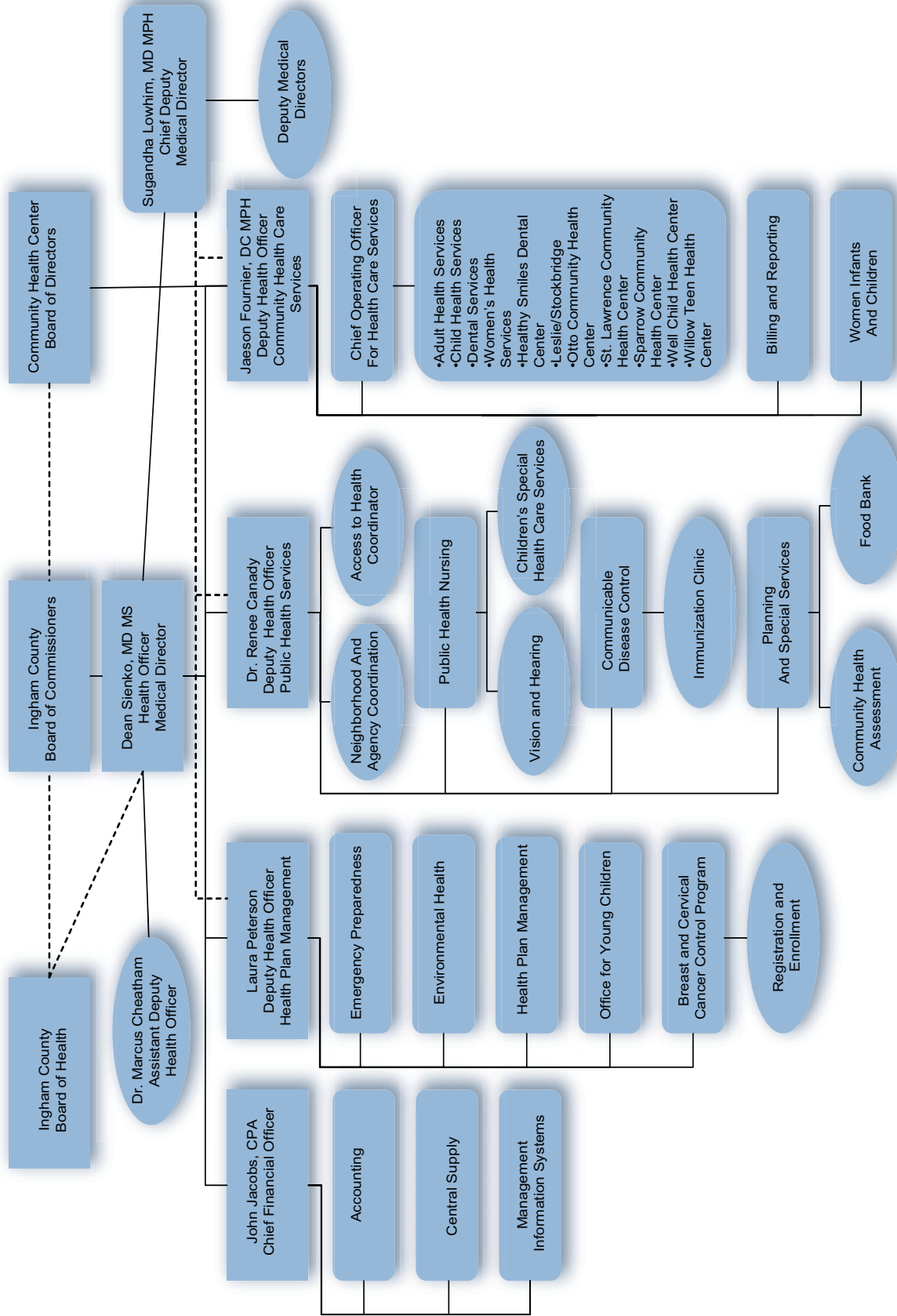
### SOURCES OF FUNDING

Ingham County Budget - 25.7%  
Fees - 26.07%  
State Agreements - 22.7%  
State Local Public Health Operations - 4.27%  
Cigarette Tax - .34%  
Other - 20.92%

### COST BY SERVICE CATEGORY

Family Health Services - 73.56%  
Admin. Support Services - 9.1%  
Public Health Preparedness, Disease  
Control, Environmental Health - 10.56%  
Health Plan Management - 5.88%  
Medical Examiner - .9%

# Ingham County Health Department 2007 Organizational Chart



# INGHAM COUNTY HEALTH STATUS VITAL STATISTICS

YEAR	POPULATION	BIRTHS	BIRTH RATE*	DEATHS	MORTALITY RATE*	INFANT DEATHS	INFANT MORTALITY RATE
1998	281,669	3,777	49.1	1,891	872	26	6.9
1999	280,035	3,672	48.1	1,882	862	22	6.0
2000	279,474	3,776	44.6	1,923	872	29	7.7
2001	280,486	3,702	48.7	1,823	807	25	6.8
2002	281,362	3,580	47.1	1,887	815	24	6.7
2003	282,030	3,745	53.2	1,934	817	25	6.7
2004	279,320	3,656	52.5	1,926	797	29	7.9
2005	278,592	3,622	52.0	1,922	792	31	8.6

\*Birth rate of women 17-40

\*\*Age adjusted rates computed using year 2000 standard

## LEADING CAUSES OF DEATH, INGHAM COUNTY – 2005

	TOTAL NUMBER	TOTAL RATE	WHITE NUMBER	WHITE RATE	BLACK NUMBER	BLACK RATE
All Causes	1,922	797.1	998	770.1	193	1,041.1
Heart Disease	521	215.4	471	213.1	34	210.3
Cancer	410	173.6	366	172.1	39	217.9
Lung Disease	101	44	93	44.8	7	31
Diabetes	49	20.3	37	17.8	11	70
Stroke	135	57.1	116	53.3	15	76
Unintentional Injury	97	37	75	33	16	49
Alzheimer's Disease	76	31.7	70	31.6	6	36
Suicide	22	8.2	22	9.6	-	*
Pneumonia/Flu	42	17.2	42	18.6	-	*
Kidney Disease	41	17	31	13.9	8	57

# COMMUNITY HEALTH CARE SERVICES

## Clinical Services

The total number of services provided through the Ingham County Health Department's Community Health Care Services increased in 2006. This operational unit is comprised of the Health Department's Community Health Center Network (14 operations located at 11 locations), the Special Supplemental Nutrition Program for Women, Infants, and Children (commonly known as WIC) and the Billing and Reporting unit. The primary focus of the Department's Community Health Care Services operations is to provide medical, dental services and support services to Ingham County residents.

In 2006, the Community Health Care Services' operations served as a medical home for 20,659 unique individuals, as a dental home for 5,659 unique individuals and as a nutritional home and resource for over 12,000 women and children. In addition, 2,153 individuals from the community also sought services through the Department's Sexually Transmitted Infection Clinic.



More specifically, the primary and preventive medical and dental service levels provided through the Department's Community Health Center Network in 2006 included:

### Medical

#### Total Unduplicated Patients = 20,659

- Total medical visits = 56,090
- Total medical procedures performed on-site excluding patient visits = 4,970
- Other non-provider (nutritionist, social worker, health educator) patient interaction = 5,893
- Total on-site laboratory procedures (excludes labs sent to external laboratories to be processed) = 27,064
- Medications and supplies provided excluding sample medications and patient assistance programs = 128,981

### Dental

#### Total Unduplicated Patients = 5,659

- Total dental visits = 12,857
- Total dental procedures = 33,166
- Extractions = 1,941
- Fillings = 2,468
- Fluoride treatments = 2,911
- Sealant applications = 957
- Restorative dental procedures = 3,715
- Radiographs = 9,718



Demographically, the Department's Community Health Center Network provided services to a diverse population as demonstrated below:

### Medical

**Total Unduplicated Patients = 20,659**  
 Percent of patients from Ingham County = 89.6  
 Percent of patients from City of Lansing = 78.6  
 Percent of patients that were female = 67.8  
 Percent of patients below poverty = 81.6  
 Percent of patients below 200% poverty = 97.1  
 Percent of patients 18 years or younger = 42.2  
 Percent of patients between 19 – 59 years = 54.2  
 Percent of patients 60 years or older = 3.6  
 Percent of patients as by race (self-reported):

- Asian = 2.9
- American Indian = 0.5
- African American = 37.9
- Native Hawaiian = 0.1
- Pacific Islander = 0.2
- White = 53.8
- Unreported = 4.6

Percent of patients also indicating they were Hispanic = 11.7

### Dental

**Total Unduplicated Patients = 5,659**  
 Percent of patients from Ingham County = 94.9  
 Percent of patients from City of Lansing = 78.6  
 Percent of patients that were female = 55.5  
 Percent of patients below poverty = 77.0  
 Percent of patients below 200% poverty = 98.4  
 Percent of patients 18 years or younger = 57.1  
 Percent of patients between 19 – 59 years = 38.9  
 Percent of patients 60 years or older = 4.0  
 Percent of patients as by race (self-reported):

- Asian = 3.8
- American Indian = 0.5
- African American = 30.7
- Native Hawaiian = 0.1
- Pacific Islander = 0.2
- White = 53.7
- Unreported = 11.0
- Percent of patients also indicating they were Hispanic = 13.0

As the above demographic information indicates, the overwhelming majority of services are provided to Ingham County residents, with the majority of these individuals residing in the City of Lansing. However, individuals whom are insured or have a payment source also secure services through Ingham County's Community Health Center Network with medical patients coming from 142 different cities/towns/villages representing 49 counties and with dental patients coming from 42 different cities/towns/villages representing 16 counties. Of the 20,659 unique individuals served medically 1,160 indicated that they were homeless.

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 charitable write offs provided in 2006 for services provided through the Department's Community Health Center Network:

	Medical	Dental	Total
<b>Charges</b>	\$5,375,018	\$1,518,207	\$6,893,225
<b>Payments</b>	\$2,275,478	\$549,338	\$2,824,816
<b>Contractual allowances</b>	\$1,712,420	\$568,324	\$2,280,744
<b>Charitable reduction provided at time of service or to patients receiving care through Indigent Care Program</b>	\$1,180,932	\$366,864	\$1,547,796
<b>Balance (as of 12/31/06)</b>	<b>\$216,188</b>	<b>\$33,681</b>	<b>\$249,869</b>

In addition to various grants, local support, and patient-based reimbursement, the Health Department is established as Michigan's only dual status public entity Federally Qualified Health Center (FQHC) with many of its Community Health Centers designated as FQHC Look Alike operations by the Center for Medicare and Medicaid Services. One site is designated as a FQHC for the homeless.



The Ingham County Health Department is statutorily required to provide public health services to the community and maintains the following community health centers to serve the Ingham County population:

**Cedar Street Location** - The Adult Health Clinic, Adult Dental Clinic, Child Health Services, and Women's Health utilize social workers, nutritionists, nurse practitioners, and physicians to provide services to low income residents.

**Sparrow Clinic** – This primary care center focuses on serving the homeless population in the Lansing area, as well as other individuals. A mobile health unit operates out of this clinic with visits to area homeless shelters.

**St. Lawrence Community Health Clinic** – This is a medical home to patients enrolled under Medicaid, PHP Family Care, McLaren Health Plan, Ingham Health Plan, Barry-Eaton Health Plan, MIChild, Medicare, and those with no insurance.

**Otto Community Health Clinic** – This is a school-based health center located at C. W. Otto Middle School handling primary care for youth and adults.

**Willow Teen Health Services** – This service addresses the health needs of Ingham County adolescents with an emphasis on pregnancy prevention and infant mortality.

**Stockbridge Community Health Center** – Primary care services are provided to adults.

**Leslie Community Health Center** – Primary care services are provided to adults.

**Healthy Smiles Dental Center** – Oral health is provided to Ingham County children under age 21 with Medicaid, MIChild, or Healthy Kids coverage. Head Start screenings are also provided.

**Well Child Health Center** – This is a pediatric health center serving children from birth to age 18.

## WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

The principal goal of the WIC 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. Clients are eligible for the program for several reasons including poor diet, low iron, weight abnormality, and other risks as defined by the State WIC Office. In 2006 the average monthly participation in WIC was 6,629 individuals.

The WIC program is a potential point of entry to health care for many clients. WIC provides screenings for health problems and offers referrals to other health and social services including lead screenings, immunizations, Medicaid, prenatal care, smoking cessation, and substance abuse programs. WIC participants are offered nutrition education and counseling. In 2006, 1,200 packets of Project Fresh coupons were provided to participants of the WIC program to use at local farm markets to purchase Michigan grown produce.

### PREGNANT WOMEN RACIAL ETHNIC DISTRIBUTION COMPARISON

As of September 30, 2006

	Ingham	Michigan
<b>White, not Hispanic</b>	63.4%	65.3%
<b>Black, not Hispanic</b>	24.5%	26.7%
<b>American Indian/Alaskan Native</b>	1.4%	1.1%
<b>Multi-racial</b>	4.8%	4.4%



# NURSING SERVICES AND SPECIAL PROGRAMS

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## PUBLIC HEALTH NURSING

Public health nurses provide a variety of services and activities within the community including in homes, schools, clinics, and other community settings. Requests for services are received from various sources including the individual, medical provider, or other community agencies. Referrals include those for disease prevention and outbreak control, education, case management and care coordination, or for information about community resources.

Services include general health assessment, blood pressure screening, visits to assess the homes of lead-burdened children, participation in health fairs, and community presentations.

## CHILDREN'S SPECIAL HEALTH CARE SERVICES

During 2006, this locally-based service program provided a broad range of care coordination services for families of children with special needs. Active community outreach and advocacy along with close partnerships with community-based organizations help to identify those in need and eligible for services offered. The program provides in-home intensive case management for medically fragile children who receive private duty nursing care in the home. These children are either ventilator-dependent and/or require frequent nursing assessment and intervention in order to protect and promote their optimal health status. These services enable children to remain in their own homes in the care of their families, avoiding costly acute or long-term care settings.

Any family enrolled in CSHCS gains access to case management and a wide range of care coordination services. Families working with multiple providers are offered the opportunity to establish a written plan of care in order to assure that the health and social needs of the child are met. Care coordination services are provided in the home on an as needed basis. Staff assists families with many service needs including diagnostics, completing applications for new or renewed enrollment, determination of financial eligibility, billing, and transportation issues. When special needs youth reach the age of 18, CSHCS assists with transitional adult services to ensure health care and social needs are addressed after the CSHCS eligibility period.

## CHILDREN'S SPECIAL HEALTH CARE SERVICES

	<u>2005</u>	<u>2006</u>
<b>Active Caseload</b>	833	836
<b>Diagnostic Evaluations</b>	175	112
<b>New Clients Joining CSHCS</b>	200	120

## MATERNAL/CHILD HEALTH SERVICES

The continued goal of the Maternal Infant Health Program (MIHP) is to create a supportive environment for at-risk women, infants, and families to reduce the incidence of infant and maternal morbidity and mortality. The service goal is to ensure that pregnant women are identified and encouraged to seek early prenatal care in order to increase the likelihood that a successful and healthy pregnancy outcome is realized. Prenatal, hospital, and early postpartum home visits are provided to women and their families who receive prenatal care at the health centers and satellites of the Health Department. Referrals MIHP services are also received for selected clients served by the WIC program and from community providers serving prenatal and/or pediatric clients. In 2006 Public Health Nursing conducted 3,451 home visits.

### EARLY ON

Through an agreement with the Health Department, Ingham Intermediate School District provides funding for service coordination for infants and children 0-3 years of age who meet the criteria to qualify for Early On services. These criteria include children with serious medical conditions and/or those experiencing a developmental delay. Children referred to Early On receive home visits from a multi-disciplinary team of nurses, nutritionists, social workers, and family advocates to ensure that their families are able to obtain the resources needed to assist them with their medical, physical, developmental, or emotional/mental conditions. A lead public health nurse serves as liaison between public health nursing and the Intermediate School District. In 2006 Public Health Nursing provided Early On services to an average of 132 families per month.

### JUMP START FAMILY OUTREACH PROGRAM

The Jump Start Family Outreach Program began services to families in 1998. Jump Start provides voluntary home-based support and education to pregnant women and families with very young children who live in Ingham County. Jump Start utilizes two program models: Healthy Families America (HFA) and Early Head Start (EHS). The goal of each program is that every child will be raised in a happy, healthy, and safe environment so that they are able to reach their fullest potential.



Referrals come to Jump Start from local community agencies, area hospitals, and self-referrals. In 2006, Jump Start received 702 referrals. During the initial visit with a new family, a decision is made as to which community agency is the most appropriate for service provision. If Jump Start is selected, families are offered weekly home visitation by a family support advocate and may remain in the program through the child's third year of life.

The weekly home visits focus on early prenatal intervention and education, enhancing positive parent-child interactions, supporting healthy family functioning, and the encouragement of learning readiness. Jump Start advocates also monitor access to medical care, age appropriate immunizations, and well child checks. Additionally, they refer families to other community resources and offer child development screenings. In 2006, the Jump Start



HFA model served 76 families, while the Jump Start EHS program served 43 families, for a total of 119 families. Combined, the two programs provided 1,829 total home visits to those families.

## MATERNAL INFANT OUTREACH PROGRAM

The Maternal Infant Outreach Program began in 1989 with services to high-risk pregnant women as a way to promote access to prenatal care and prevent infant mortality. Support and education is offered to mothers in their homes, and transportation to medical visits is provided. Additionally, the advocates link women with community resources and supports to prepare them for the birth of their child. In 2006, the Maternal Infant Outreach Program served 313 mothers.

## NATIVE AMERICAN OUTREACH PROGRAM

The Native American Outreach Program began in May 2004 as a way to offer support and education for Native Americans living within Ingham County. The program offers health related supports for families and children, connecting them to cultural and community resources. Services include: linkages to health care assistance, smoking cessation, and information and referral for diabetes and other health conditions. The program also focuses on promoting healthy pregnancy and pregnancy outcomes by supporting access to prenatal care and providing education to pregnant women, as well as parenting education and support. In 2006, 44 families were served by the program.

## SCHOOL HEALTH NURSING

During the 2005-2006 school year, public health nurses continued to serve schools in Ingham County, particularly in the rural areas, through regularly scheduled visits. The services were provided through consultation with school administrators, faculty, and other school personnel, and to students on request. Areas of service include communicable disease and chronic disease prevention, health education, educational/health care planning, head lice education and prevention, vision and hearing screenings and follow up, dental and mental health education, children with special needs, assistance with kindergarten roundups, and other general health concerns. Public health nurses provided classroom presentations, including components of the Comprehensive School Health Education Model.

## HEARING AND VISION SCREENING PROGRAM

The Public Health Code Act 368 of 1978, Part 93 sets forth the charge to local health departments: *“A local health department shall conduct periodic hearing and vision testing and screening programs without charge for children residing in its jurisdiction.”* The goal of the hearing program is to prevent childhood hearing loss or to initiate steps to alleviate and reduce the trauma of hearing loss. The goal of the vision program is to promote eye health of children through prevention, identification, treatment, and health education. The technicians who conduct the screenings are specially trained and regularly evaluated by the Michigan Department of Community Health to assure that the tests are administered properly. Children who do not pass the hearing or vision screening tests are referred for evaluation to a physician or optometrist. Families who need assistance with securing hearing aids, other adaptive equipment, or eyeglasses are referred to appropriate community resources.

During the 2005-2006 school year the Health Department provided hearing and screening services to Ingham County public, charter, private schools, pre-schools, home-schooled children, and day care centers that requested screening services. [Due to a reduction in state funding, during the year, the screening services were

reduced, as sanctioned by MDCH, to accommodate this temporary loss.] School hearing screenings were provided to children in pre-kindergarten, grades 1 and 3 and to students in special education. Other children referred to the program by a parent, teacher, or school nurse due to a suspected hearing or vision problem were screened. Reduced state funding during the year resulted in a reduction of screening services.

## HEARING AND VISION ACTIVITY, 2005 - 2006

CHILDREN TESTED AND REFERRED

<b>Hearing</b>	<b>Tested</b>	<b>Retests</b>	<b>Medical Referrals</b>
Pre-school	2,769	202	99
School age	11,066	685	396
Special education	387	77	38
<b>Total</b>	<b>14,222</b>	<b>964</b>	<b>533</b>

<b>Vision</b>	<b>Tested</b>	<b>Retests</b>	<b>Medical Referrals</b>
Pre-school	2,447	275	72
School age	15,015	2,009	3,013
Special Education	503	86	58
<b>Total</b>	<b>17,965</b>	<b>2,370</b>	<b>3,143</b>



## COMMUNICABLE DISEASE CONTROL

The Disease Control Office is charged with the responsibility of the surveillance, epidemiological investigation, and prevention and control of communicable diseases in Ingham County. Newly emerging and re-emerging infectious diseases may increasingly be a threat to public health and must be monitored.

Disease or infection identification and timely reporting to the Health Department comprise the first steps in the disease control process. Prompt investigation of infectious diseases assists in identification of the source of the infection and prevention of future cases. Prompt intervention is important in the prevention and control of communicable diseases.

### INGHAM COUNTY HEALTH DEPARTMENT TWO-YEAR DISEASE SUMMARY

NUMBER OF CASES OF COMMUNICABLE DISEASES

<b>DISEASE</b>	<b>2005</b>	<b>2006</b>
Amebiasis	20	26
Campylobacter	19	14
Chicken Pox	40	69
Cryptosporidiosis	10	5
E. coli O157:H7	3	0
Flu Like Disease	1,263	1,100
Giardia Lamblia	117	87
Hep B Chronic	61	45
Hep C Chronic	186	221
Hepatitis A	4	6
Hepatitis B	4	4
Histoplasmosis	2	3
Legionella	2	3
Lyme Disease	1	2
Meningitis Bacterial	4	0
Pertussis	1	4
Salmonella	25	33
Shigella	17	13
Strp Inv Gp A	5	12
Typhoid Fever	0	0



## HIV/AIDS PREVENTION, CONTROL, AND CARE PROGRAM

The Health Department's HIV/AIDS program is a comprehensive, integrated, and multi-faceted program focused on preventing the transmission of HIV infection and prolonging and improving the quality of life of those living with HIV. Primary prevention, education, individual risk reduction, and counseling, along with HIV testing, are provided at no cost to county residents.

The number of people living with HIV has increased because of new drug treatments that prolong life, but the need for community resources for these persons will increase as medical treatments fail and/or persons become resistant to HIV drug treatments or suffer the side effects of these new drugs.

### INGHAM COUNTY HIV STATISTICS, 2006

Estimated number of persons living with HIV/AIDS in Ingham County	510
Actual reported cases of persons living with HIV/AIDS in Ingham County	368

School-based primary prevention education is provided to students and teachers as requested. Ongoing HIV education is provided to department staff, college students, health care workers, faith-based groups, and employees at worksites. At the Willow Plaza Adolescent Health Center, peer educators provide a creative knowledge and skill-based curriculum for adolescents and hard-to-reach youth. Condoms are distributed at no charge throughout the community and as requested by community agencies. In 2006 HIV counselors provided 1,835 HIV prevention/counseling/testing sessions to residents of Ingham County. Clients needing case management and care coordination are referred to the Lansing Area AIDS Network.

## TUBERCULOSIS CONTROL

The tuberculosis (TB) prevention and control program activities are part of the Communicable Disease Department.

### TUBERCULOSIS CONTROL

	2005	2006
Positive Skin Tests	365	279
TB Cases	13	9
Drug Resistant (one drug)	1	0
Multi-Drug Resistant	0	0
Direct Observed Therapy Visits	791	635
Contacts to Case	551	1,905*

\*Unusual cluster of cases

## LEAD PREVENTION PROGRAM

Since 1999, we have seen a decrease in the number of children identified as being lead-poisoned in Ingham County. Part of this decrease may be a result of the primary prevention efforts focusing on lead hazards in the home. Another reason for the decrease in identified lead-poisoned children is that fewer high risk children are being tested. A certified lead risk assessor is available to identify lead hazards in Ingham County homes. In 2006, 46 families received assessments, along with specific information on how to reduce the hazards in their homes. Thirty-four families had homes that received full lead abatement through our remediation program (funded by HUD). We continue to provide case management, including public health nursing and environmental assessment and follow-up to children identified with elevated blood lead levels.

## IMMUNIZATION CLINIC

The Immunization Clinic is charged with protecting the public's health from vaccine-preventable diseases. Immunization program activities include:

- Offering access to routine childhood and adult vaccines by holding routine walk-in clinics at the Health Department and throughout the county
- Administering Vaccines for Children (VFC) and MI-VFC programs
- Collaborating with Mid-Michigan District Health Department and Barry/Eaton Health Department to implement the MCIR (Michigan Childhood Immunization Registry)
- Administering the School Immunization Reporting System (SIRS) which documents the immunization status of children in Michigan schools
- Educating private providers on the most up-to-date immunization practices and vaccine storage and handling techniques
- Operating a mass immunization campaign for influenza each fall
- Providing immunizations to the community or individuals in the event of a disease outbreak
- Providing international travelers with health information and vaccines by appointment
- Regional coordination of smallpox vaccination training and smallpox vaccination clinics



Beginning the 2003-2004 school year, schools were required to conduct an immunization assessment of all 6<sup>th</sup> grade students. The 6<sup>th</sup> grade assessment continues to be required each school year along with the November and February immunization reports.

### **PRESCHOOL/DAYCARE CENTERS STATUS AS OF 12/31/06 (FEBRUARY REPORT)**

Out of 115 preschools and licensed daycare centers in Ingham County:  
114 have reported their immunization status to the local health department  
1 center is outstanding  
109 preschools/centers are at 90% or above  
5 preschools/centers are below 90% and have been notified

### **INGHAM COUNTY SCHOOL STATUS AS OF 12/31/06 (NOVEMBER REPORT)**

Out of 139 schools in Ingham County (public, private, charters, and academies):  
2 schools are outstanding and have been notified (1 private)  
119 of 137 reporting met or exceeded 90% requirement

### **SCHOOL DISTRICTS IN INGHAM COUNTY**

Of the 20 school districts:  
17 are at 95% and above  
4 school districts are below the 90% requirement and have been notified (1 public, 3 private)

### **INGHAM COUNTY STATISTICS, 2006**

Ingham County immunization rate	73%
Ingham County Health Department rate	77%
Physician office personnel at presentations	100
International travel clients counseled	703
Influenza vaccine doses administered	8,410
Total immunizations administered	38,480

## PLANNING AND SPECIAL SERVICES

### INGHAM COUNTY FOOD BANK

The Ingham County Food Bank (ICFB) provides information and referral to families and individuals seeking emergency food and coordinates the efforts of agencies and churches participating in emergency food distribution. The ICFB also offers technical assistance to churches and organizations wanting to start a food pantry. The ICFB pantry network serves many members of our community, including the working poor, elderly and disabled, children, families on public assistance, and those with no income. Depending on a family's situation, they could receive seven days of food, a homeless pack, or a motel pack. The pantry network provided 1,158,444 meals in 2006.

The poverty rate is about 14% in Ingham County. Statistics show that a child living in poverty misses 4 ½ meals a week, and 43% of the clients served by the ICFB are children. In 2006, a total of 18,920 families or 55,164 individuals received food.

The Ingham County Food Bank distributed over a million pounds of food at a cost of \$350,000 plus an additional 169,145 pounds of food from community food drives valued at \$253,717. This was made possible through funds raised by the Greater Lansing Food Bank which is a tax exempt, non-profit organization that raises funds, food, and in-kind contributions for meeting the emergency needs of the greater Lansing area.

### HEALTH PROMOTION

Tobacco is the leading cause of preventable death. The Health Department has developed a tobacco prevention and cessation approach based on the model program recommendations of the Centers for Disease Control and Prevention's Healthy People 2010. The components of the program include licensing tobacco retailers, enforcement of the Ingham County Clean Air Regulation, conducting "stings" to enforce not selling tobacco to minors by merchants, coordination of community smoking cessation resources, and participating in community resource events. In 2006, the rate of tobacco sales to minors was 12.8%.

Stopping smoking is one of the most powerful ways to improve the health of both pregnant mothers and their babies. In 2006, information about the importance of quitting smoking was provided to over 2,600 pregnant women and their families in prenatal group settings and 120 individualized cessation support sessions were attended by pregnant and postpartum women who were referred by WIC or Women's Health staff. Sixty-five percent of those who received individual cessation support reported stopping smoking or cutting down significantly on the amount of cigarettes smoked.

### 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 those 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 of such goals is Healthy People 2010, CHA also participates in community goal setting activities.

- Advocating that health improvement programs aim as much as possible at the root causes of preventable death and illness. CHA understands that the most profound and durable changes in health status come from broad improvements in the character of society.
- 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, and have complete and accurate data to design effective strategies and measure progress toward goals.

## ACCESS TO HEALTH

Access to Health facilitates the processes of a number of community bodies, including the Capital Area Health Alliance Access to Health Committee, the Ingham County Board of Health, and other organizations on an ad hoc basis. In 2006, the Access Committee completed draft text for a new *Action Plan for Improving Access to Health and Health Care in the Capital Area*. This document is derived from six community dialogues held in 2005, which generated 43 recommendations that have been consolidated into eight broad goals to frame the new Action Plan. The draft will be presented to a variety of community groups and the public throughout 2007, seeking additional input on the plan’s four major themes:

1. Community will to achieve 100% coverage of the uninsured
2. Sustaining and stabilizing grassroots connections to health
3. A unified concept of health that encompasses oral health, mental health, and substance abuse services
4. Health equity – confronting discrimination and exploitation based on class, race, culture, gender, language, and other forms of difference

## SOCIAL JUSTICE PROJECT

Through the Social Justice Project, Ingham County is participating in national efforts to transform public health practice by moving its focus “upstream” toward the root causes of health inequity. While it is conventional for public health to focus on health disparities, health inequity assumes that some differences in health status are the result of a pattern of disadvantage and unequal access to the resources that produce health – things such as safe and affordable housing, quality education, a living wage, transportation, and social networks. “Health inequity” carries the meaning that, through an imbalance of power and privilege, certain groups do not have an equal chance to achieve health and full participation in society.



In 2006, the Social Justice Project facilitated both internal and external dialogues to bring the concept of health inequity to the forefront of community improvement efforts. It co-sponsored, with the Greater Lansing Area Commission on Race and Diversity, “A Community Conversation on Health and Social Justice.” Over 200 people attended this three-hour evening event that provided information on the ways in which social disadvantage and unequal access to resources create diverse health outcomes for certain groups, and dialogue on how we can work to undo this injustice. Other dialogue processes facilitated through the project have addressed such issues as housing and homelessness, land use and health, neighborhood capacity building, infant mortality, and the spread of HIV/AIDS among African Americans.

## ENGAGING THE COMMUNITY TO IMPROVE HEALTH

The Health Department works with many groups and organizations in the community to accomplish its mission of protecting and promoting public health, some examples include:

**Board of Health** – The Board of Health considers important issues impacting public health. Through several facilitated dialogues in 2006, the Board identified priority topic areas which included the County’s new Point of Sale and Surface Water programs and a newly proposed amendment to the County Clean Air Regulation. The Board also identified projects and processes within the Health Department and at the community level to address health disparities and health inequities.

**Discharge Planning, Aftercare, and Community Support Committee (DPACS)** – Affiliated with the Power of We Consortium, the DPACS Committee convened a broad array of stakeholders to consider the needs of persons returning to the community following residential placement who all too often end up homeless. The work of DPACS Committee has become integrated with the larger community plan to end homelessness.

**Greater Lansing African American Health Institute (GLAAHI)** – This group provides education and outreach to the community, generates discussion, and promotes understanding of the inequities in health faced by African Americans. GLAAHI hosts an annual Thanksgiving Health Fair at Advent House Ministries, providing valuable services and information to a large number of homeless individuals and families. Other programs and activities for 2006 included enrollment of uninsured persons in the Ingham Health Plan, creating partnerships with local pastors, and the American Cancer Society to bring Body & Soul, a faith-based wellness program, to area churches, and convening two dialogues on mental health in the African American community.

**Health Outreach Teams** – The Health Department continues to contract with a number of community-based organizations to enroll uninsured residents in the Ingham Health Plan and Medicaid, strengthen social connections, and promote civic participation. The teams also help those they serve connect with a primary care physician and establish a medical home of their choosing.

**Healthy Lifestyles Committee** – Part of the Capital Area Health Alliance (CAHA), the goal of the Healthy Lifestyles Committee is to promote healthy behaviors and thus reduce illness. The committee worked with the Community Action Against Substance Abuse Coalition to create a brochure entitled “Drink Less, Live More.” Over 30,000 copies have been distributed to health care providers, organizations, and the general public in the Capital Area.

**Immigrant and Refugee Resource Collaborative (IRRC)** – Members of the collaborative have helped improve the provision of English as a second language across our community. A FACT (Families and Communities Together) grant from Michigan State University in 2006 will facilitate the enumeration of immigrants, refugees, and language minorities in the Capital Area, promote greater understanding, and help improve services, making it possible for these groups to participate fully in our community at all levels.

**Ingham Substance Abuse Prevention Coalition (ISAPC)** – Formerly known as the Ingham Substance Abuse Prevention Coordinating Council, ISAPC is dedicated to mobilizing our community in the development of a focused, research-based, strategic prevention plan specific to the needs and resources of Ingham County. ISAPC, made up of a broad array of community stakeholders, assesses the needs of specific populations at highest risk of substance use/abuse, shares relevant local data, prioritizes needs, and plans implementation of evidence-based strategies to prevent and reduce substance use/abuse.



### 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. The purpose of the LUHRT is to educate and engage the community on the impact of the built environment on health and facilitate improvement through refinement and promotion of a health impact assessment tool. The LUHRT also works with community groups and policy makers to improve conditions for walking and biking and to increase access to fresh, healthy foods.



### Lansing Latino Health Alliance –

In 2006, the Alliance began to implement the action plan that was developed during its earlier process of engaging the community in the major health needs and concerns of Latinos in the greater Lansing area. The Alliance intends to become the premier advocacy organization for improving the health status of Latinos in our community.

### Moving Our Community Toward Health (MOCTH) –

“Moving Our Community Toward Health” (MOCTH) was launched in April 2005 to improve cardiovascular health through environmental policy changes in Ingham County. “Healthy Community Checklists” (HCC) and “Promoting Active Community Checklists” (PAC) have been completed in three Lansing neighborhoods. Dialogues and action plans with neighborhood partners followed the checklist assessments. Some actions focused on developing school and neighborhood based community gardens; others focused on policy change for improving physical activity such as the initiation of the Lansing Mayor’s Task Force for Walking and Biking and the sponsoring of a regional event on “Putting Health Back in Planning”.



### Oral Health Committee (OHC) –

Made up of dentists, government officials, hygienists, educators, administrators, and social workers, the OHC addresses the dental needs of underserved populations. In 2006, the OHC began focusing on the issue of emergency department utilization by dental patients. The OHC seeks to develop and facilitate implementation of innovative solutions to the problems created through inappropriate utilization of emergency departments by patients needing dental care.

### Power of We Consortium (PWC) –

The Capital Area Power of We Consortium (PWC) brings together municipalities, school systems, human service agencies, and nonprofits to address the social issues that are beyond the capacity of any single organization to address. The PWC is dedicated to facilitating community and neighborhood development and on improving services, with an emphasis on prevention and early intervention.

# HEALTH PLAN MANAGEMENT

Health Plan Management Services (HPMS) is responsible for a number of programs to assist local communities in providing the most cost effective healthcare possible for those persons who may not otherwise be able to afford it. These include the Prescription Discount Program, County Health Plans, Breast and Cervical Cancer Control Program, and WISEWOMAN.

The Prescription Discount Program is a way for residents across Michigan who lack drug coverage to get medicine for less at participating pharmacies. These residents can expect to save about 20 percent off the retail price of a typical “market basket” of drugs. There is no cost to participate in the program. HPMS currently helps to operate programs in 24 counties across Michigan. As of January 2007, the total number of persons enrolled was 18,717.

Health Plan Management Services has continued to grow over the past year. It is currently providing administrative services to 16 county health plans in Michigan. Each County Health Plan (CHP) is responsible for administering the State’s Adult Benefits Waiver (ABW) program for the county or counties it serves. The ABW program provides health care for the state’s childless adult population with income at or below 38 percent of the federal poverty level. Individuals who qualify are enrolled through the local Department of Human Services.

The following CHPs have a contractual arrangement with the Ingham County Health Department Health Plan Management Services to administer its plan:

## COUNTY HEALTH PLAN

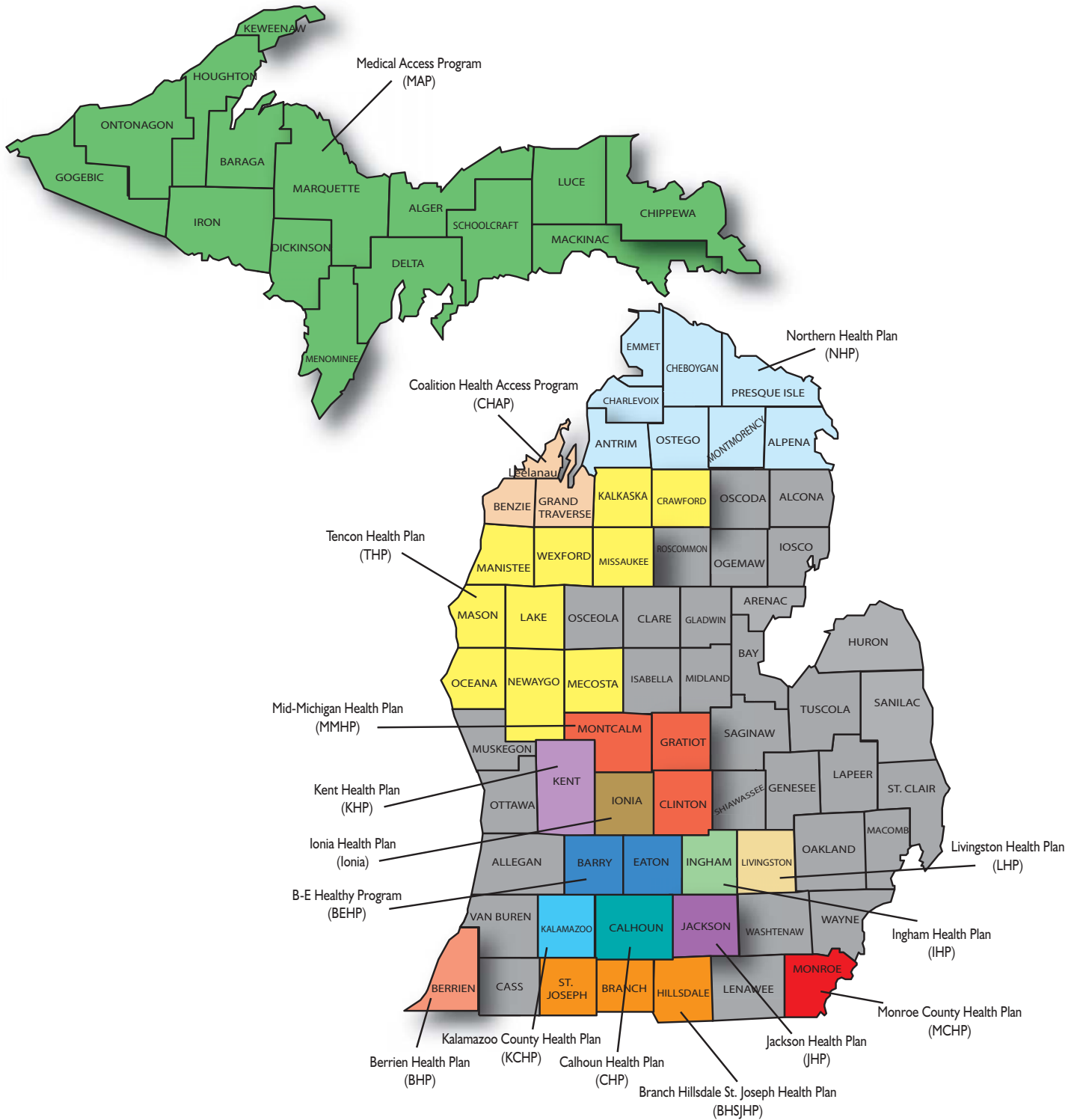
B-E Healthy Program (BEHP)  
Berrien Health Plan (BHP)  
Branch Hillsdale St. Joseph Health Plan (BHSJHP)  
Calhoun Health Plan (CHP)  
Coalition Health Access Program (CHAP)  
Ingham Health Plan (IHP)  
Ionia Health Plan (Ionia)  
Jackson Health Plan (JHP)  
Kalamazoo County Health Plan (KCHP)  
Kent Health Plan (KHP)  
Livingston Health Plan (LHP)  
Medical Access Program (MAP)  
Mid-Michigan Health Plan (MMHP)  
Monroe County Health Plan (MCHP)  
Northern Health Plan (NHP)  
  
Tencon Health Plan (THP)

## COUNTIES

Barry and Eaton  
Berrien  
Branch, Hillsdale, & St. Joseph  
Calhoun  
Benzie, Grand Traverse, & Leelanau  
Ingham  
Ionia  
Jackson  
Kalamazoo  
Kent  
Livingston  
All counties in Michigan’s Upper Peninsula  
Clinton, Gratiot, and Montcalm  
Monroe  
Alpena, Antrim, Charlevoix, Cheboygan,  
Emmet, Montmorency, Otsego, and  
Presque Isle  
Crawford, Kalkaska, Lake, Mason, Mecosta,  
Manistee, Newaygo, Oceana, Wexford,  
and Missaukee



# COUNTIES MANAGED BY INGHAM COUNTY HEALTH DEPT.'S BUREAU OF HEALTH PLAN MANGEMENT



As of January 2007, the CHPs had the following member enrollments:

County Health Plan	Plan A	Plan B
B-E Healthy Program(BEHP)	557	972
Berrien Health Plan (BHP)	1,063	740
Branch Hillsdale St. Joseph Health Plan (BHSJHP)	806	543
Calhoun Health Plan (CHP)	1,225	581
Coalition Health Access Program (CHAP)	588	*
Ingham Health Plan (IHP)	1,874	14,131
Ionia Health Plan (Ionia)	331	234
Jackson Health Plan (JHP)	899	819
Kalamazoo County Health Plan (KCHP)	1,792	1,509
Kent Health Plan (KHP)	3,534	2,974
Livingston Health Plan (LHP)	349	641
Medical Access Program (MAP)	1,997	*
Mid-Michigan Health Plan (MMHP)	817	699
Monroe County Health Plan (MCHP)	564	56
Northern Health Plan (NHP)	1,155	1,876
Tencon Health Plan (THP)	1,942	1,584

\*Do not currently have a Plan B program

The health coverage provided through these health plans include primary care visits, specialty care visits, outpatient laboratory services, outpatient radiology services, and outpatient prescription medications. Plan A members also receive outpatient hospital services, emergency ambulance services, and some durable medical supplies.

## ENVIRONMENTAL HEALTH

Environmental Health is responsible for the following programs:

- **Toxicology Programs** – This program includes radon testing, mercury spill response, residential indoor and outdoor air testing, illegal drug laboratory response, evaluation of environmental contamination, and issues of other potential polluting materials.
- **Planned Programs** – The Food Safety Program conducts inspections of restaurants, temporary food services, and vending machines. Consumer complaints and possible foodborne illness reports are investigated. Food handlers are provided with educational classes and information. Inspections are also done for day care centers, adult foster care homes, mobile home parks, campgrounds, tattoo parlors, and swimming pools and splash pads.
- **Demand Programs** – These programs involve private water supply systems, on-site septic systems, vacant land evaluations, private home transfer evaluations, Type II and Type III private wells, abandoned wells, community surface water monitoring, and sanitary complaints. Private home transfers come under the new Point of Sale (POS) program which requires inspection of on-site sewage treatment and water supply systems.
- **Special Programs** – These programs include pollution incident prevention plans, Title III of the Superfund Amendments and Reauthorization Act (SARA III) Community Right to Know, solid waste management, recycling, plan review for new businesses, hazardous waste inspections, West Nile virus monitoring, emergency management planning and response and community surface water monitoring.



## PUBLIC HEALTH EMERGENCY PREPAREDNESS

The Public Health Emergency Preparedness Program has been charged with the responsibility of developing, updating, and exercising a comprehensive all-hazard emergency response plan for the Ingham County Health Department, coordinated with adjacent jurisdictions' response plans as well as Ingham County, State of Michigan, and federal emergency response plans. This plan will be activated in the event of any large scale emergencies or disasters due to pandemic outbreaks of disease, acts of terrorism, natural hazards, or any other public health threat or emergency.

One of the largest accomplishments of the program during 2006 was the expansion of Pandemic Influenza Planning for the Ingham County area. A Community Summit was held and a Pandemic Influenza Coordinating Committee was formed in October 2006, including a variety of community stakeholders. A full scale regional exercise was conducted in July. Many ICHD staff and almost 100 Medical Reserve Corps/Retired Senior Volunteer Program volunteers were trained and participated in the exercise in order to practice our response in protecting our citizens during a pandemic. Additional planning and revision of plans will occur as well as more exercises involving them as we become more prepared as a community to respond to any disaster or emergency.

## OFFICE FOR YOUNG CHILDREN (OYC)

The Office for Young Children (OYC) is a child care resource and referral agency which is part of the Michigan Community Coordinated Child Care (MI4C) network. OYC maintains updated computer listings of regulated child care centers, day care homes, and family group homes to provide parents with child care referrals. Technical assistance and consultations for parents and child care providers are available. Training workshops on many topics concerning children are organized and implemented for child care providers and parents. OYC recruits and educates regulated child care providers through face-to-face trainings and workshops and through distance learning opportunities. OYC maintains a video lending library, produces quarterly newsletters, and administers the City of Lansing Child Care Scholarship program to assist Lansing families. OYC also assists employers and employees with developing and implementing child care benefits for the workplace.

OYC offers child care provider training, funded in part by the Early Childhood Investment Corporation (ECIC) through the Michigan Community Coordinated Child Care. Service training provides an added opportunity for child care providers to continue their education and fulfill the new licensing requirements as prescribed by the Michigan Department of Human Services Office of Children and Adult Licensing.

### OFFICE FOR YOUNG CHILDREN ACTIVITY, FISCAL YEAR 2006

#### Child Care Provider Services

Providers Trained	1,335
Technical Assistance to Providers	5,065

#### Parent Services

Child Care Referrals	3,673
Financial Assistance Information	2,500
Lansing Child Care Scholarships	189
Parents Trained	56

#### Public Information Services

Newsletter Distributed	10,000
Resource Library Loans, Materials & Information Distributed	17,035

In 2006, the Office for Young Children was awarded Quality Assurance status and successfully completed the accreditation process through the National Association for Child Care Resource and Referral Agencies. The Quality Assurance Program raises the bar for the high standards regarding resource and referral services.

April is the Month of the Young Child in Michigan and in the child care arena, early childhood educators take extra time to celebrate children and focus on early childhood education issues. The Office for Young Children adds a celebration for child care providers in our service area. On April 20, 2006, an evening of dining, prizes, entertainment and networking was provided for over 200 providers celebrating the early childhood care profession.

OYC is a partner with Lansing Community College and Central Michigan Association for the Education of Young Children for the Coming Together for Children Conference which took place February 11, 2006. Over 300 child care providers in the four county service area attended the conference making it the highest attended Coming Together for Children Conference to date.

## TITLE XV/BREAST AND 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. Screening services are available to women living in Ingham, Clinton, Gratiot, Ionia, and Jackson counties. (ICHD is also the local coordinating agency for Oakland, Washtenaw, and Livingston counties.) Women who meet the eligibility guidelines may receive a pelvic exam, Pap test, clinical breast exam, mammogram, and health education. Further diagnostic testing and treatment services are available to women who are found to have an abnormality through their screenings. Local physicians and hospitals have entered into a partnership 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, Care Free Medical, and MSU Nursing in Ingham County in addition to multiple sites in the other counties.

### BREAST AND CERVICAL CANCER CONTROL PROGRAM ACTIVITY WITHIN INGHAM COUNTY GROUP\* October 1, 2005 – September 30, 2006

Total number of women served	1,972
Total number of women referred for breast or cervical abnormalities (related to breast or cervical cancer)	120
Total number of breast cancers found	15
Total number of cervical cancers found	7

#### **Age Breakdown**

40-49	52.9%
50-64	44.6%
Over 64	2.5%

#### **Racial Breakdown**

White	80.7%
Black	15.3%
Native American	.8%
Asian	3.1%
Other	.1%

#### **Poverty Level**

Below poverty level – 51.6%	100% to 250% – 48.4%
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\*Total number of women screened for all counties = 3,285

## WISEWOMAN

The goal of the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program is to reduce cardiovascular disease risk factors in uninsured women ages 40-64 through healthy lifestyle changes. The WISEWOMAN program addresses risk factors such as sedentary lifestyle, high blood pressure, elevated cholesterol, and smoking. This program screened 274 women and 131 were found to have abnormal blood pressure, blood cholesterol, and/or HDL during the period of October 1, 2005 through September 30, 2006.

## REGISTRATION AND ENROLLMENT

Registration and Enrollment provides information and application assistance to vulnerable population groups. The staff is organized 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)
- Maternal Outpatient Medical Services (MOMS) program
- Breast and Cervical Cancer Control Program (BCCCP)
- WISEWOMAN program
- Ingham Health Plan (IHP)
- Capital Area Prescription Assistance Program (CAPP)
- Michigan Prescription Drug Discount (MiRx) Card
- Plan First! Program (family planning services for women)
- City of Lansing and Ingham County – prescription assistance voucher program

Registration and Enrollment utilizes the services of a Michigan Department of Human Services (MDHS) eligibility specialist worker, who serves as a liaison between ICHD and MDHS, and assists in the completion of applications for:

- Adult Medical Program (AMP)
- Other Medicaid programs (Healthy Kids, etc.)

Registration and Enrollment is located in the ICHD at 5303 S. Cedar Street in Lansing. Staff members are also available on a part-time basis at Cristo Rey Community Center in Lansing.

Visit Us on the Web at [www.ingham.org/hd/healthdept.htm](http://www.ingham.org/hd/healthdept.htm)