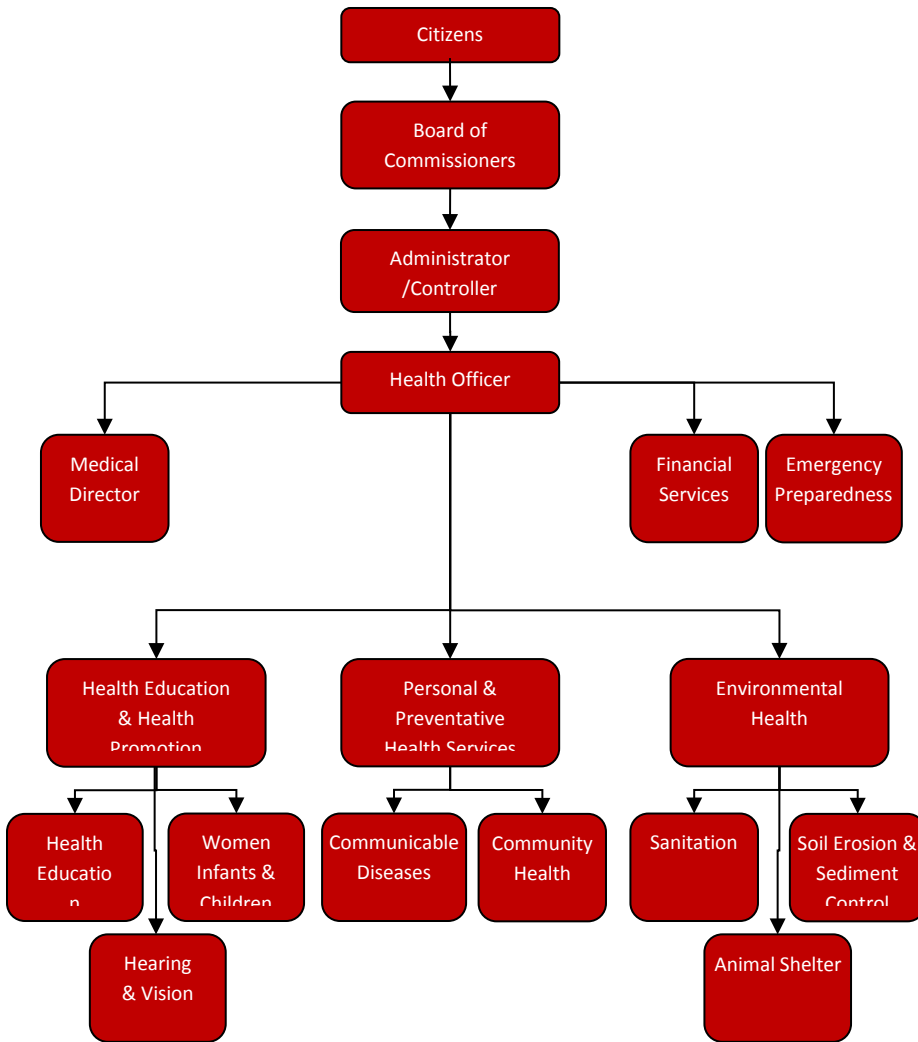


Health



Mission Statement

Working together to create and promote a healthy community through disease prevention and control, health education, environmental protection and emergency preparedness.

Programs

- Health Education
- Emergency Preparedness
- Environmental Health
- Communicable Disease Control
- Maternal Infant Health Program
- Immunizations
- Early On
- Sexually Transmitted Diseases
- Infant Mortality & Prevention
- Children's Special Health Care
- Hearing and Vision
- Medicaid Outreach & Advocacy
- Women, Infants & Children
- Soil Erosion & Sediment Control
- Teen Parent Program
- AIDS Counseling
- Tobacco Reduction Program
- Immunization Action Plan
- Car Seat Safety Program
- Abstinence Program
- Teen Pregnancy Reduction

Health Administration

Activities

Health Department Administration is responsible for administering all Health Department Programs, which includes program functions, personnel, and financial responsibilities.

Strategic Plan Impact

✓ **Healthy Community**

Public Health Administration is responsible for the overall implementation of public health programs & services provided by the Department. It must assess the need, provide or assure that necessary public health programs are being properly provided to enhance the overall health status of the community. Services shall be provided in a fiscally responsible manner.

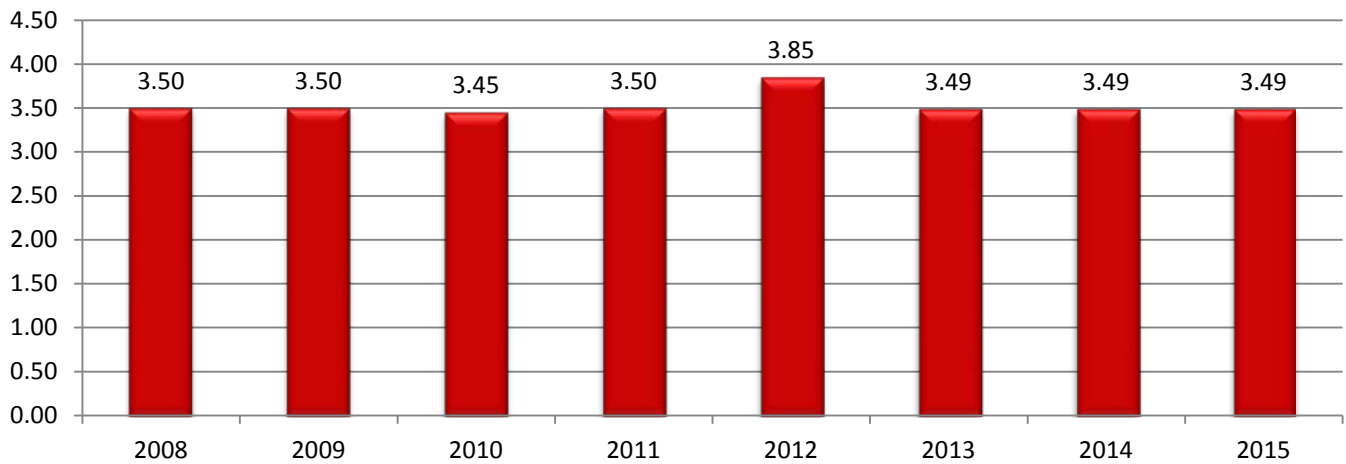
Accomplishments

- ✓ Fifth cycle Accreditation Review by State of Michigan in October 2013. Department met-100% of 123 applicable indicators with no deficiencies.
- ✓ Even though there is increased demand for a majority of our programs, we continue to operate within budget and within our FTE allowance.
- ✓ Continue working closely with the Health Improvement Organization to implement the Community Action Plan.
- ✓ Participating in 2014 community health needs assessment process and community health improvement action plan.

Budget Adjustments

Health reserve fund was used to cover indirect costs beginning in 2012. A long-standing agreement to share health officers with Livingston County ended in 2013. An innovative arrangement with Allegiance Health to share the county's health officers begin in 2013 and continue to work well and save the county money. This innovative arrangement helps to address public health issues more efficiently.

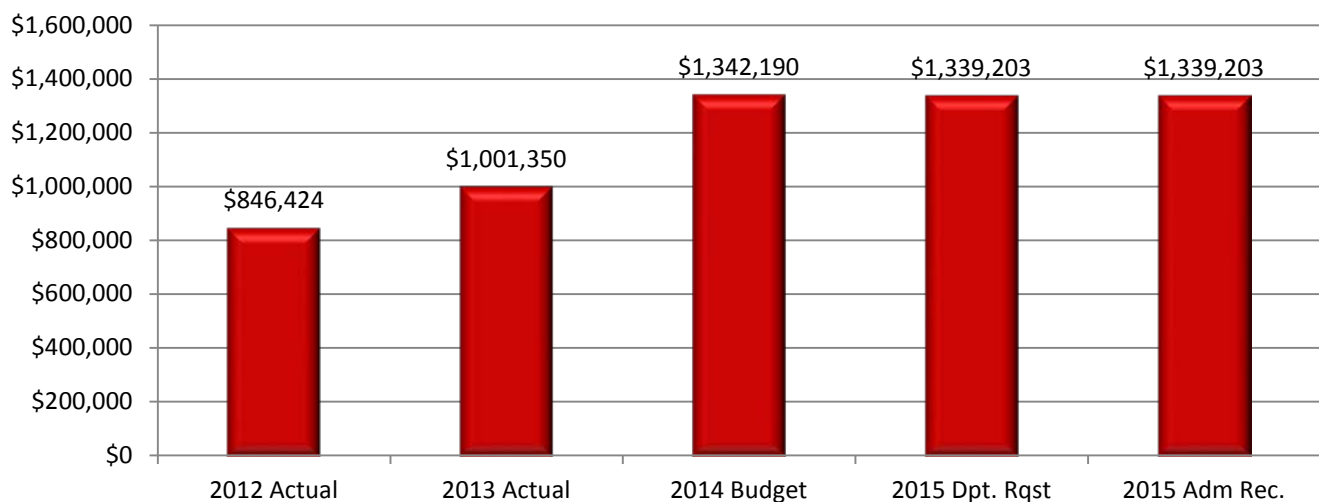
Health Administration FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	269,177	359,513	399,562	379,465	379,465
SUPPLIES & MATERIALS	20,756	37,055	21,500	19,800	19,800
CONTRACT SERVICES	442,413	321,693	294,075	294,575	294,575
OTHER EXPENSES	114,078	32,528	15,231	24,541	24,541
TRANSFER OUT	-	250,561	611,822	620,822	620,822
TOTAL PROGRAM COST	\$846,424	\$1,001,350	\$1,342,190	\$1,339,203	\$1,339,203

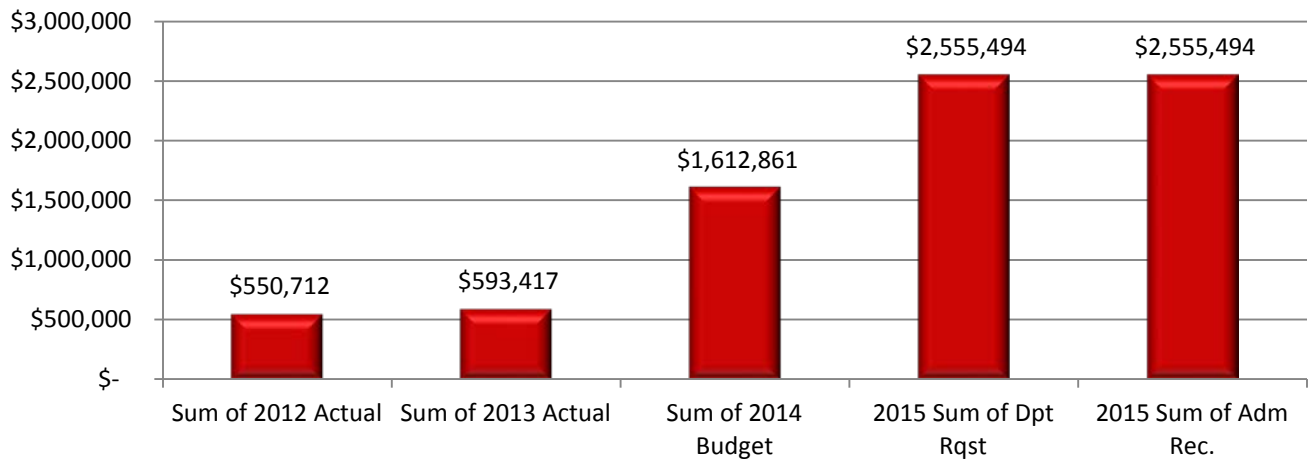
HEALTH ADMINISTRATION EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
TRANSFER IN	550,000	344,969	1,549,071	1,419,759	1,419,759
LICENSES/PERMITS	40	10	40	40	40
INTERGOVERNMENTAL	-	-	-	-	
OTHER	672	248438	63750	1,135,695	1135695
TOTAL PROGRAM COST	\$550,712	\$593,417	\$1,612,861	\$2,555,494	\$2,555,494

HEALTH ADMINISTRATION REVENUE



Health Department

Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Percent of respondents rating the availability of affordable quality health care in Jackson County excellent or good.	30%	30%	28%	28%	28%	28%
Percent of respondents with positive perception of opportunities for healthy lifestyle with regard to physical activity in Jackson County.	84%	84%	86%	86%	86%	86%
Percent of respondents with positive perception of opportunities for healthy lifestyle with regard to fruits and vegetables in Jackson County.	82%	82%	86%	86%	86%	86%
Smoking levels	27%	27%	25%	25%	25%	25%
Percent of respondents who are overweight or obese.	70%	70%	65%	65%	65%	65%
Teenage pregnancy rate (per 1,000)	N/D	N/D	58	58	58	58
Percent of Jackson County 7 th graders at or above the 85 th percentile in BMI.	33.8%	33.8%	32%	32%	32%	32%

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Admin & Oversight Meetings	130	150	150	150	150	150
Community Outreach with Partner Organizations	125	100	100	100	100	100
Financial Reporting Activities (FSR)	12	12	12	12	12	12
FTE's	3.5	3.5	3.5	3.5	3.5	3.5

Health Communities

Activities

The Healthy Communities program seeks to reduce chronic diseases and the associated risks primarily related to obesity, amongst Jackson County residents. Initiatives focus on nutrition and fitness and include supporting/creating policies and system, environmental and/or cultural changes, as well as providing education and awareness opportunities. Strategies target convenience stores, food pantries, schools, athletic programs, workplaces, key stakeholders, neighborhood associations, key residents, etc.

Strategic Plan Impact

- ✓ **Healthy Community**
- ✓ Through collective impact, Healthy Communities program initiatives strive to positively shift the knowledge, attitudes and beliefs amongst residents and key stakeholders, working to achieve a community-wide commitment to wellness. Utilizing the most recent assessment data, program goals, objectives and strategies are planned, implemented and evaluated, based on evidence-based, best practices.

Accomplishments

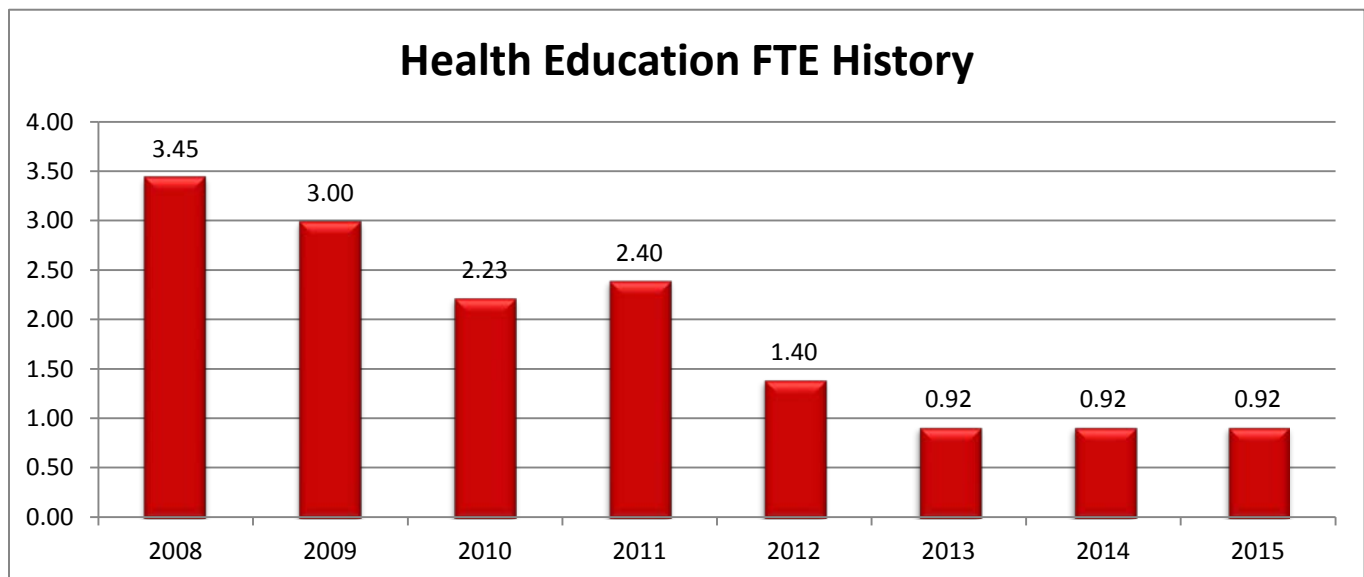
- ✓ Active Member of the County Strategic Implementation Team for the Healthy Community Strategy.
- ✓ Active member of the County Wellness Committee
- ✓ Trainer for the Continuous Process Improvement program
- ✓ Active member of the Leadership Infrastructure for Tomorrow team
- ✓ Active member of the Health Department's Leadership Team
- ✓ Active member of the Health Department's Planning Team
- ✓ Active Member of the Health Improvement Organization (HIO) Coordinating Council
- ✓ Team Lead of the HIO CC's Nutrition-Health Action Team
- ✓ Active member of the HIO CC's Physical Activity-Health Action Team
- ✓ Active member of the HIO CC's Community Engagement & Awareness – Health Action Team
- ✓ Active member of the HIO CC's Evaluation ad-hoc committee
- ✓ Active member of the HIO CC's Assessment ad-hoc committee
- ✓ Active member of the Coordinated School Health Council (CSHC) for Jackson County
- ✓ Active member of the CSHC's Nutrition ad-hoc committee
- ✓ Active member of the Walkable Communities Coalition
- ✓ Applied for a Public Health Associate for a 2-year term through this CDC program

Health Department

- ✓ Created a fulltime Healthy Communities Coordinator position to achieve specific HIO *Community Action Plan* objectives focused on reducing chronic diseases and the associated risks primarily related to obesity.
- ✓ Collaborated with the development of the 2014 Community Health Assessment,
- ✓ Coordinator became trained in ARC GIS to track chronic disease risk factors related to nutrition and physical activity in high-risk areas of Jackson County
- ✓ Coordinator provided internship opportunities to 2 interns: one from Western Michigan University; one from Albion College
- ✓ “Healthy Converted” 3 convenience stores in the City of Jackson: Franks, Log Cabin & Greenwood
- ✓ Coordination of JCHD Marketing Team and implementation of the annual Marketing Plan
- ✓ Develop JCHD Annual Report
- ✓ JCHD Website and Facebook coordination

Budget Adjustments

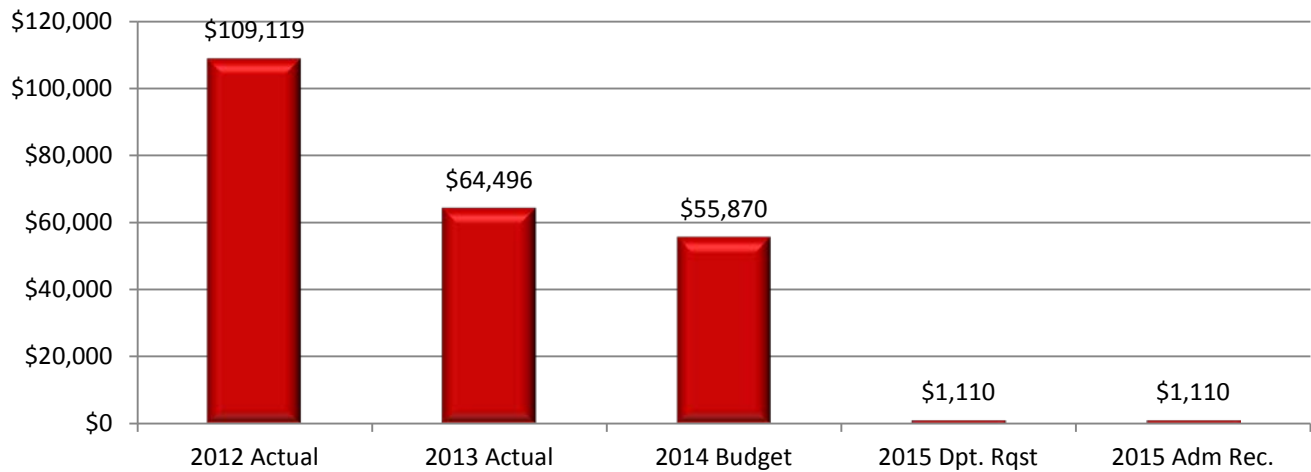
The 2015 Health Education budget will be incorporated into the 2015 Healthy Communities budget.



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	98,624	63,082	39,010		
SUPPLIES & MATERIALS	9,566	1,085	13,020		
CONTRACT SERVICES	-	-	-	-	
OTHER EXPENSES	929	329	3,840	1,110	1,110
TOTAL PROGRAM COST	\$109,119	\$64,496	\$55,870	\$1,110	\$1,110

HEALTH EDUCATION EXPENDITURES

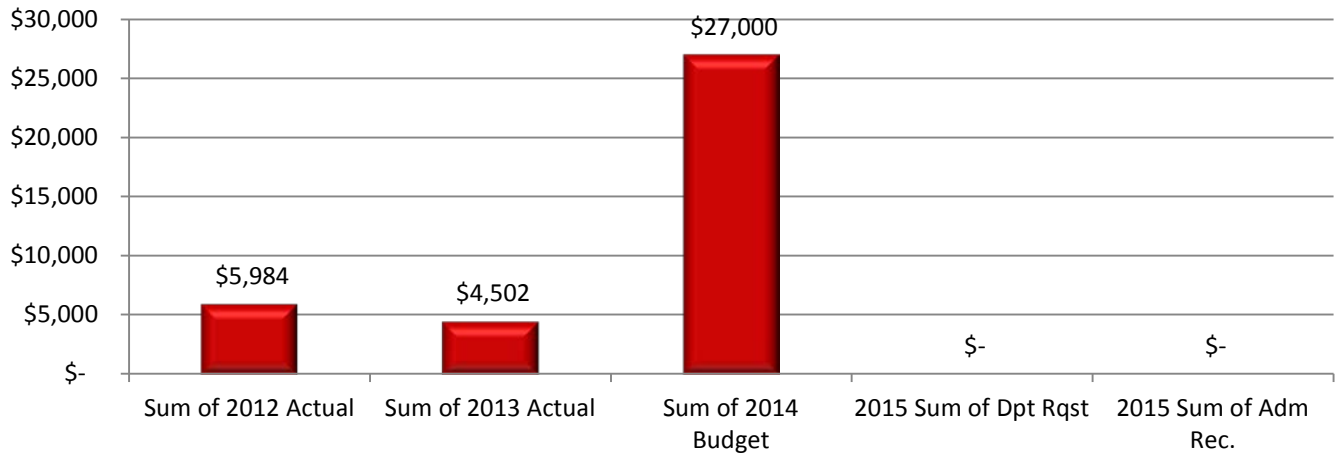


Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
CHARGES/FEES		-	-	-	
INTERGOVERNMENTAL	5,984	4,502	27,000		
TOTAL PROGRAM COST	\$5,984	\$4,502	\$27,000	\$0	\$0

Health Department

HEALTH EDUCATION REVENUE



Strategic Outcomes

Indicator	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
% rating the access/opportunities of the availability of affordable, quality health care as good or excellent ^{1*}	30.0	40.0	NA	NA	NA	NA
% of adults rating the access/opportunities for the availability of affordable, quality food as good or excellent ¹	55.0	53.0	NA	NA	NA	NA
% of adults rating the access/opportunities of the availability of preventive health services as good or excellent ¹	45.0	46.0	NA	NA	NA	NA
% rating the access/opportunities of the availability of paths and walking trails as good or excellent ^{1*}	NA	56.0	NA	NA	NA	NA
% adults who are overweight or obese ^{2*}	NA	68.6	NA	NA	30.9**	30.9**
% adults who understand the guidelines for recommended physical activity ^{2*}	NA	34.9	NA	NA	38.4	NA
% adults who understand the guidelines for recommended nutrition ^{2*}	NA	34.7	NA			

					NA	38.2	NA
% of adults meeting guidelines for physical activity ^{2*}	NA	53.8	NA	NA	NA	51.3	NA
% of adults meeting guidelines for fruits & vegetables ^{2*}	NA	30.5	NA	NA	NA	21.0	NA
% of 7 th grade students with BMI > 85% ³	30.7	NA	30.5	NA	NA	NA	NA
% of 9 th grade students with BMI>85% ³	35.2	NA	32.2	NA	NA	NA	NA
% of 11 th grade students with BMI>85% ³	30.4	NA	34.5	NA	NA	NA	NA
% of 7 th grade students who ate > 5 servings/day of Fruits & Vegetables during past 7 days ³	37.3	NA	39.1	NA	40.6 ²	40.6 ²	
% of 7 th grade students physically active for a total of > 60 minutes/day on > 5 days in past 7 days ³	62.4	NA	65.8	NA	65.6 ²	65.6 ²	
% of 7 th grade students who play on any sports team ³	66.5	NA	66.4	NA	NA	NA	NA
% of 7 th grade students sedentary >3 hrs./school day (combined TV/video games/computer) ³	56.7	NA	63.4	NA	NA	NA	NA
% of 9 th grade students who ate > 5 servings/day of Fruits & Vegetables during past 7 days ³	30.4	NA	28.8	NA	29.7 ²	29.7 ²	
% of 9 th grade students physically active for a total of > 60 minutes/day on > 5 days in past 7 days ³	60.2	NA	65.1	NA	62.6 ²	62.6 ²	
% of 9 th grade students who play on any sports team ³	59.6	NA	61.1	NA	NA	NA	NA
% of 9 th grade students sedentary >3 hrs./school day (combined TV/video games/computer) ³	60.8	NA	53.9	NA	NA	NA	NA
% of 11 th grade students who ate > 5 servings/day of Fruits & Vegetables during past 7 days ³	26.5	NA	23.9	NA	29.7 ²	29.7 ²	
% of 11 th grade students physically active for a total of > 60 minutes/day on > 5 days in past 7 days ³	49.2	NA	52.0	NA	62.6 ²	62.6 ²	
% of 11 th grade students who play on any sports team ³	55.8	NA	55.1	NA	NA	NA	NA
% of 11 th grade students sedentary >3 hrs./school	50.2	NA					

Health Department

<u>day (combined TV/video games/computer)³</u>			53.8	NA	NA	NA
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Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Website/Recent News Updates		12				
Public Health Updates Developed		6				

Emergency Preparedness

Activities

The Emergency Preparedness Program fully supports and strives to enhance the mission of the Jackson County Health Department. The mission is supported by ensuring emergency plans are current and practiced through orientations, drills, and exercises. The goal is to provide rapid and efficient response to public health threats.

Strategic Plan Impact

✓ Safe Community

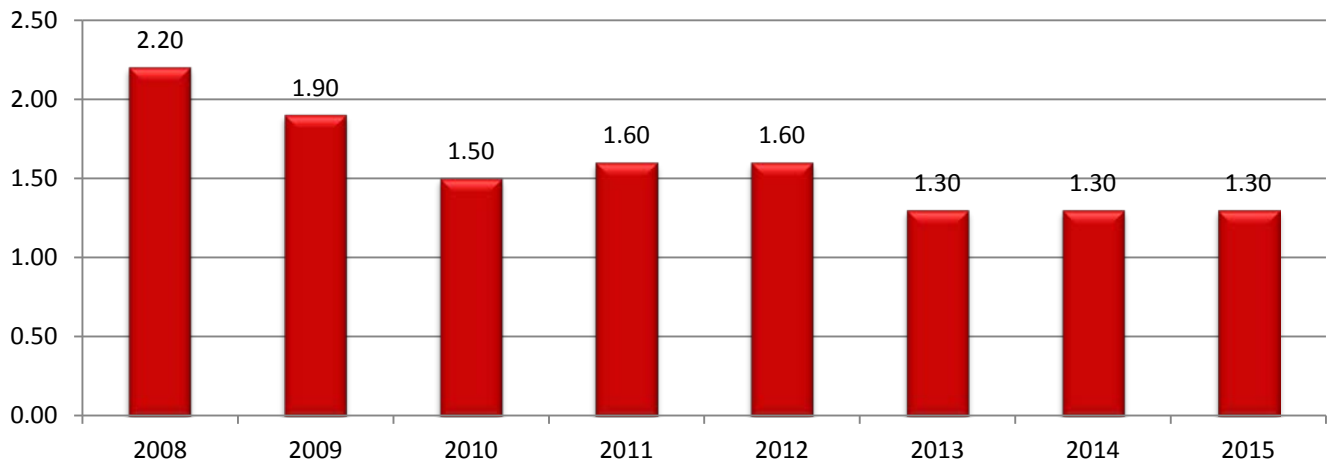
The purpose of Emergency Preparedness is to protect Jackson County residents through mitigation of public health consequences of both natural and intentional emergencies. This mitigation process involves threat assessment, planning, improved operational readiness, timely response, and community/county /state partnerships. The goal of Emergency Preparedness is to ensure that the Jackson County Health Department and the State of Michigan are as prepared as possible for any crisis situation. This is a mandated program which is state and federally funded.

Accomplishments

- ✓ During the first wave of the H1N1 influenza pandemic, the JCHD Community Containment Plan Strategy was employed in lieu of vaccine availability.
- ✓ During the second phase of the H1N1 influenza pandemic, the principles and doctrine of the National Incident Management System (NIMS) were utilized to successfully manage influenza related activities.
- ✓ Developed four major compliant emergency preparedness plans.
- ✓ Developed a Mass Vaccination Plan based on CDC and State guidance.
- ✓ Developed and published, Public Health Fact Sheets on JCHD website.
- ✓ Revised Emergency Preparedness portion of JCHD website.
- ✓ Developed collaborative Active Shooter Plan for Human Services Complex

Budget Adjustments

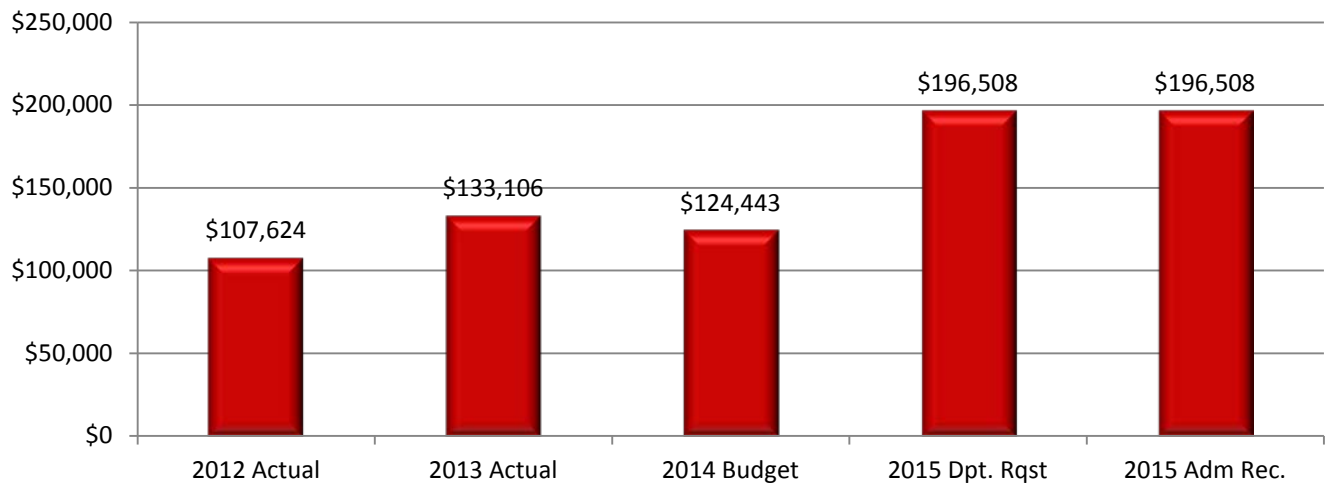
Emergency Preparedness FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	103,074	113,746	106,098	117,945	117,945
SUPPLIES & MATERIALS	14	64	1,200	5,946	5,946
CONTRACT SERVICES	2,820	4,549	13,600	8,600	8,600
OTHER EXPENSES	1,716	14,747	3,545	64,017	64,017
TOTAL PROGRAM COST	\$107,624	\$133,106	\$124,443	\$196,508	\$196,508

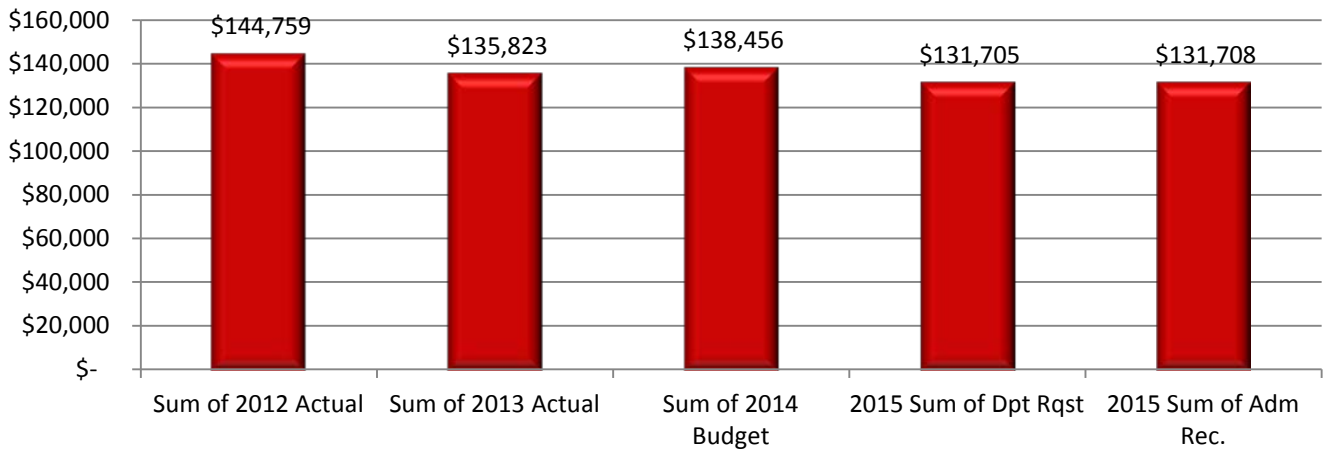
EMERGENCY PREPAREDNESS EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	144,759	135,823	138,456	131,708	131,708
OTHER	-	-	-	-	-
TOTAL PROGRAM COST	\$144,759	\$135,823	\$138,456	\$131,708	\$131,708

EMERGENCY PREPAREDNESS REVENUE



Health Department

Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
100% of employees National Incident Command System Qualified. This qualification is required as part of the Bioterrorism grant work plan. All vital plans required by the Bioterrorism grant have been developed and evaluated and received excellent ratings by the State Office of Public Health Preparedness (OPHP).	100	100	100	100	100	100
a. All Hazards Plan - 100%	100%	100%	100%	100%	100%	100%
b. Pandemic Influenza Plan - 100%	100%	100%	100%	100%	100%	100%
c. Continuity of Operations Plan (COOP) - 100%	100%	100%	100%	100%	100%	100%
d. Strategic National Stockpile Plan - 94%	94%	99%	100%	100%	99%	100%
e. Mass Vaccination Plan	N/A	N/A	100%	100%	100%	100%
f. Special Population/Long Term Care Plan	N/A	N/A	N/A	N/A	N/A	N/A
g. Regional Mass Media Plan	N/A	N/A	N/A	N/A	N/A	N/A
h. Public Health Volunteer Recruitment	N/A	N/A	N/A	N/A	N/A	N/A

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Emergency Preparedness has produced the following outputs since March 2006:						
a. Four major state compliant plans	4	4	5	5	6	5
b. Twelve Table Top Exercises	2	5	4	4	3	4
c. Seven Exercises	7	7	7	4	3	8

Environmental Health

Activities

Inspect and license restaurants, public swimming pools and campgrounds.

Issue sewage disposal and well permits.

Monitor water quality near sites of known contamination.

Monitor non-community water supplies.

Inspect day care and adult foster care homes.

Respond to nuisance complaints.

Act as a resource to the community on environmental matters.

Strategic Plan Impact

- ✓ **Healthy Community**
- ✓ To ensure the relationship between the public and the environment remains a positive and healthy one minimizing disease and/or chronic illness. We protect the public's health by conducting inspections of restaurants, campgrounds, swimming pools and foster care facilities, as well as administering the permitting programs of onsite wastewater, private water supply and non-community water supply.

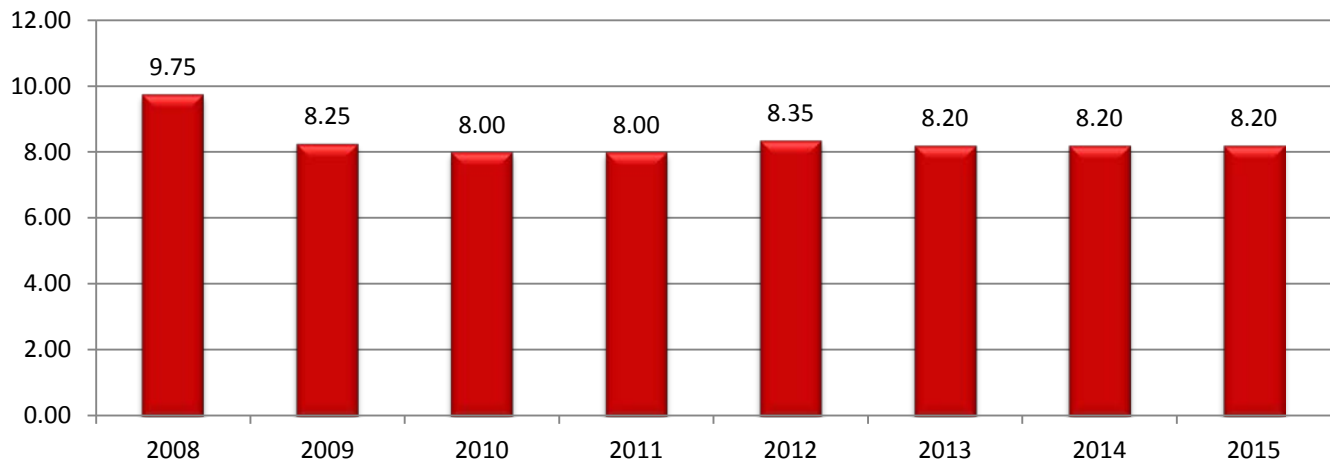
Accomplishments

- ✓ The Environmental Health Division met all program standards evaluated during the 2013 State of Michigan Accreditation review. In addition, we also met all standards for our Water Supply Programs.
- ✓ We routinely provide educational classes to our residents such as the "Basics of Food Safety" class for food establishment employees.
- ✓ The Environmental Health Division continues to adapt to revenue loss by administering non-traditional programs such as the Animal Shelter and Soil Erosion and Sedimentation Control.

Budget Adjustments

There are no significant budget adjustments to this program.

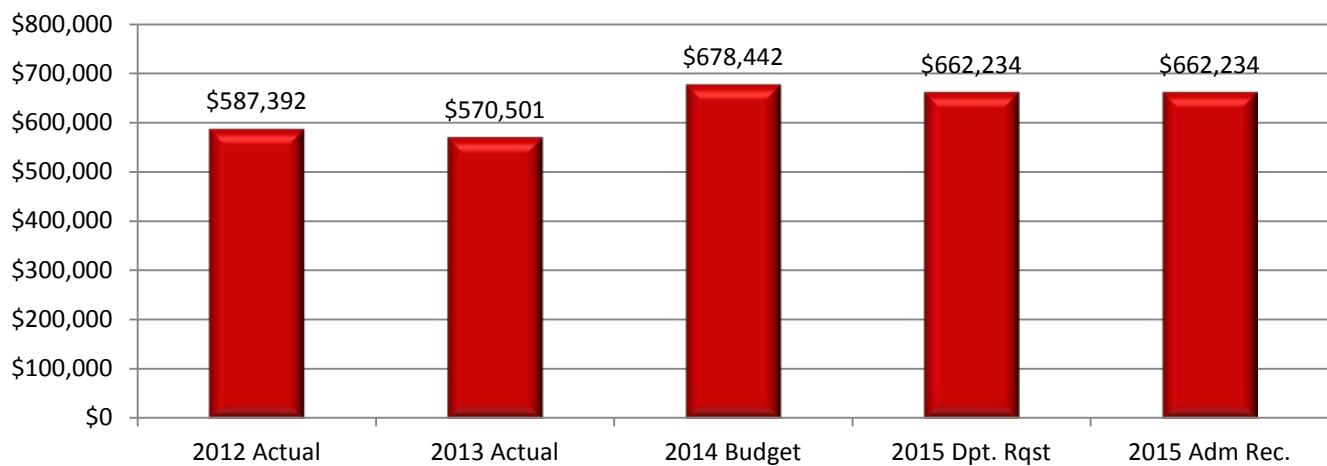
Environmental Health FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	546,657	534,373	637,172	620,164	620,164
SUPPLIES & MATERIALS	7,300	7,418	7,375	6,275	6,275
CONTRACT SERVICES	17,755	15,236	15,225	16,225	16,225
OTHER EXPENSES	15,680	13,474	18,670	19,570	19,570
TOTAL PROGRAM COST	\$587,392	\$570,501	\$678,442	\$662,234	\$662,234

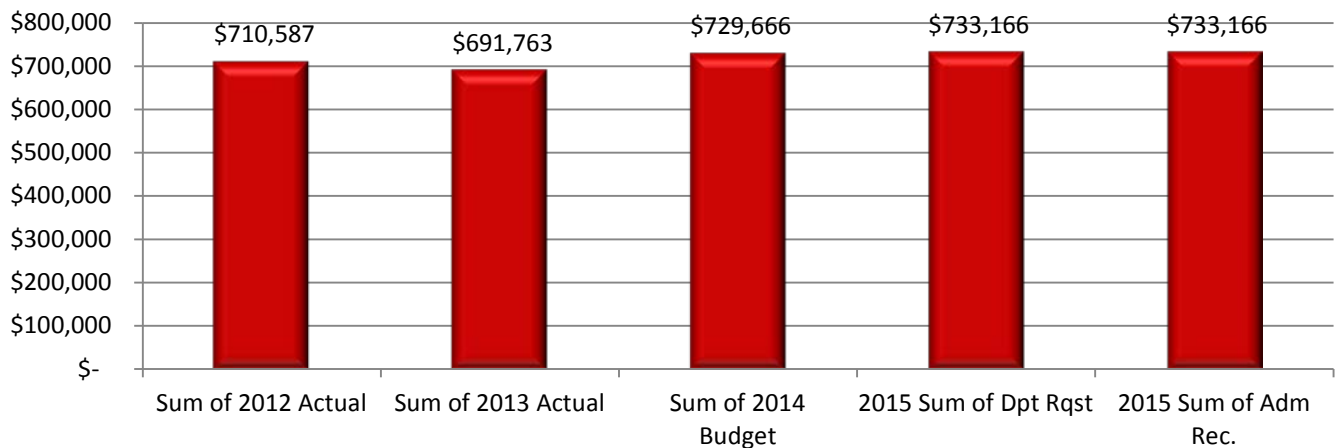
ENVIROMENTAL HEALTH EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
CHARGES/FEES	35,757	32,958	26,640	26,640	26,640
LICENSES/PERMITS	359,320	351,437	363,517	367,017	367,017
FINES	200	100	-	-	
INTERGOVERNMENTAL	314,232	306,526	335,509	335,509	335,509
OTHER	1,078	742	4,000	4,000	4,000
TOTAL PROGRAM COST	\$710,587	\$691,763	\$729,666	\$733,166	\$733,166

ENVIROMENTAL HEALTH REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Food borne Illness Complaints Investigated	15	16	16	17	14	13

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Restaurant Licenses Issued	606	477	462	452	460	460
Sewage Disposal Permits Issued	149	121	146	144	150	150
Water Well Permits Issued	201	200	207	230	240	240
Non-Community Public Water Supplies	234	235	234	234	235	235



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Communicable Disease Control

Activities

Communicable Disease Control monitors and manages over 100 reportable diseases. TB control provides treatment to persons with active disease and latent infection. Treatment includes contact follow-up, medication, education, monitoring clients, specimen collection; direct observe therapy, and case reporting to the MDCH.

Strategic Plan Impact

✓ Healthy Community

The goal of the CD Program is to prevent the spread of infectious diseases through prompt identification, case management, and follow-up on all communicable diseases reported to the health department. Preparation and planning for pandemic events has also been a major goal of the CD Program since 2006.

Accomplishments

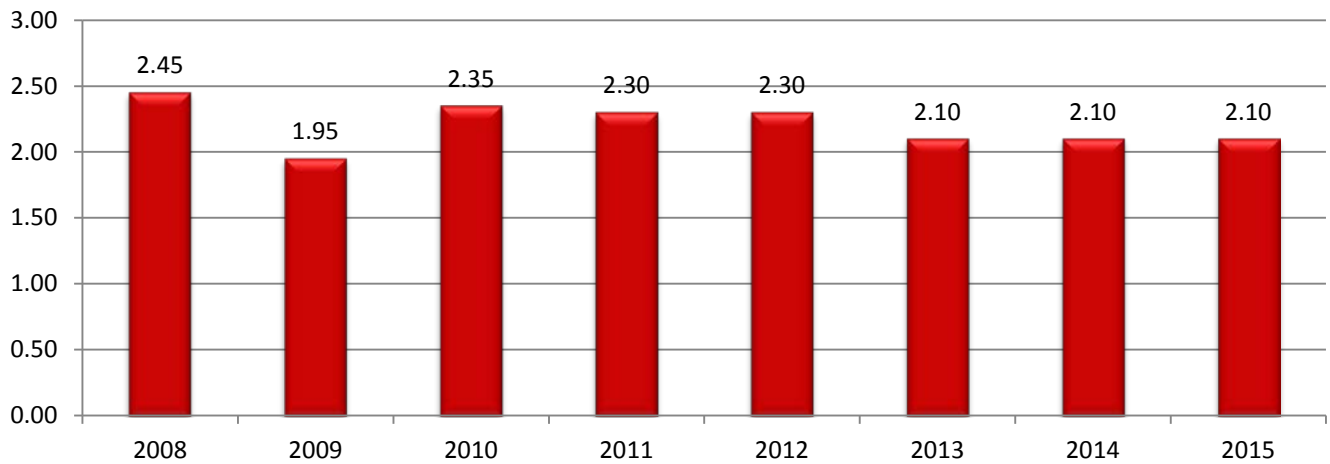
- ✓ Reportable communicable diseases, totaling ~~388~~, 307 in FY 2012 and 346 in FY 2013, were reported to JCHD. All were investigated and documented in the Michigan Disease Surveillance System (MDSS). These did not include Influenza-Like Illness (ILI) cases as they are reported in aggregate numbers only, STD/HIV/AIDS cases, or prisoners from the Michigan Department of Corrections (MDOC) in Jackson County.
- ✓ CD Staff have actively participated in emergency preparedness planning and exercises.
- ✓ The CD staff held their first in a series of TB skin testing certification workshops with nine community health professionals attending.
- ✓ The accreditation process was successfully completed in October 2013 with zero deficiencies.
- ✓ The Communicable Disease Staff investigated twelve outbreaks involving congregate and community settings (Norovirus, Influenza, Pertussis and Shigella), one high school, eight long term care facilities, one hospital and two communities.

The CD staff investigated twenty eight foodborne complaints in 2013.

Budget Adjustments

There are no significant budget adjustments to this program.

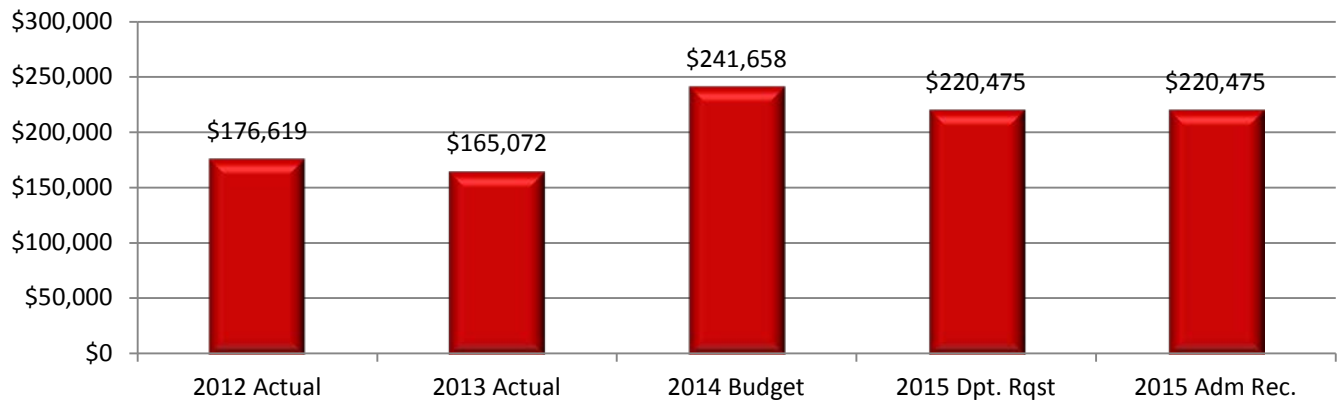
Communicable Disease Control FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	167,920	159,536	217,333	205,150	205,150
SUPPLIES & MATERIALS	4,974	3,618	8,750	5,250	5,250
CONTRACT SERVICES	1,695	361	8,750	6,250	6,250
OTHER EXPENSES	2,030	1,557	6,825	3,825	3,825
TOTAL PROGRAM COST	\$176,619	\$165,072	\$241,658	\$220,475	\$220,475

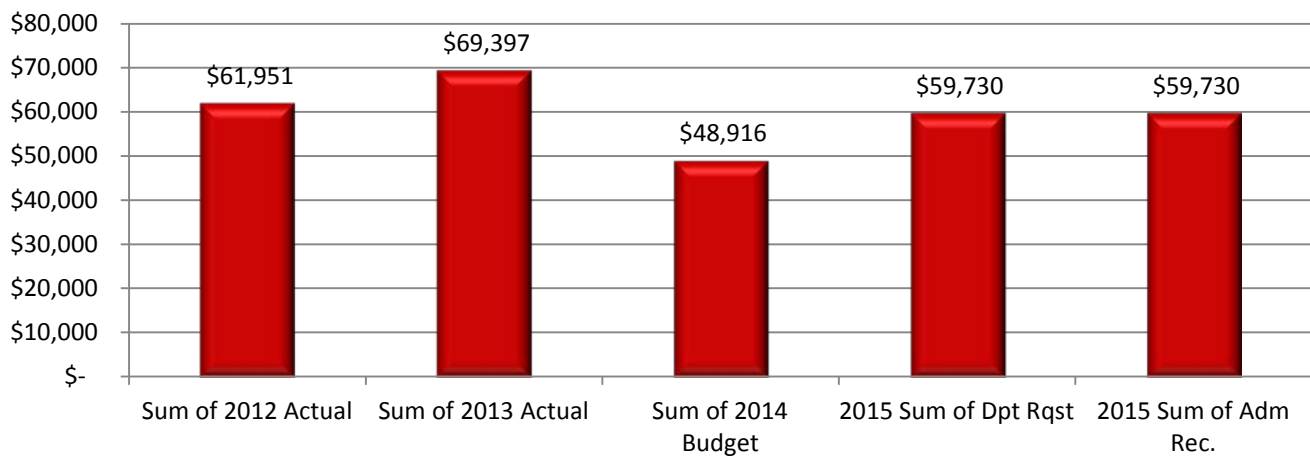
COMMUNICABLE DISEASE PREVENTION EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	61,951	69,397	48,916	59,730	59,730
TOTAL PROGRAM COST	\$61,951	\$69,397	\$48,916	\$59,730	\$59,730

COMMUNICABLE DISEASE PREVENTIN REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	20145 <u>Target</u>
Number of Communicable Disease Cases Investigated and entered into Michigan Disease Surveillance System (MDSS)	388	486	307	346	TBD	TBD

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Number of active TB cases (All Stats by Fiscal Year)	3	2	0	0	TBD	TBD
Number of clients seen in TB clinic	43	63	37	41	TBD	TBD
Number of TB skin tests administered	938	934	801	720	TBD	TBD
Number of animals tested for Rabies	65	58	49	72	TBD	TBD
Number of animals testing positive for Rabies	5	3	2	2	TBD	TBD

Maternal Infant Health Program

Activities

The purpose of Maternal Infant Health Program (MIHP) is to reduce infant mortality and morbidity. The goal of MIHP is to alleviate social and psychosocial problems, health education deficits and transportation needs for medical appointments, and to aim for a delivery of a healthy baby at full term. MIHP also works with the parents of a high-risk infant to help the baby to achieve a healthy status, obtain appropriate well baby visits, medical care, immunizations and link families with community agencies.

Strategic Plan Impact

✓ **Healthy Community**

The purpose of the MIHP is to reduce infant mortality and morbidity. The goals of the program are to alleviate social, psychosocial problems, health education deficits, transportation needs for medical appointments, and to aim for a delivery of a healthy baby at full term. MIHP also works with the parents of a high-risk infant to help the baby to achieve a healthy status, obtain appropriate well baby visits, medical care, immunizations, and link families with community agencies.

Accomplishments

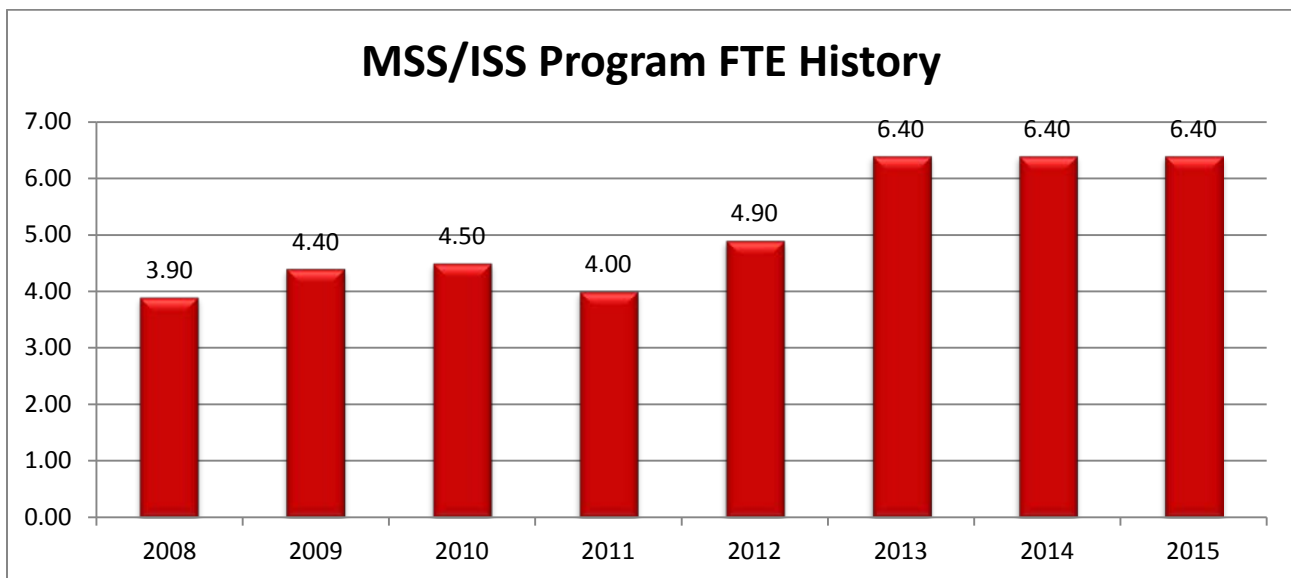
- ✓ JCHD MIHP prepared for the 2013 MIHP State review.
- ✓ Electronic “Maternal and Infant Risk Assessment Identifier Tool” is completed on all pregnant women and infants and entered into the State data base.
- ✓ Continued implementation of the new redesign:
 - Screen all Medicaid-eligible pregnant women for key risk factors
 - Assign risk stratification
 - Engage all Medicaid-eligible pregnant women to participate in MIHP
 - Deliver targeted interventions
 - Measure specified outcomes
- ✓ MIHP continues to be marketed to local providers and community agencies
- ✓ Implementation of the electronic Maternal and Infant Discharges into the State data base
- ✓ Productivity of staff is monitored on a monthly basis to increase and improve services to clients
- ✓ Assist pregnant women and children with Medicaid, MOMS, and MIChild applications.
- ✓ Postpartum women are assisted by the MIHP Staff to apply on-line for family planning services through the Plan First Program.
- ✓ Ages & Stages Questionnaire and Social-Emotional Questionnaire screens are completed on all MIHP infants.

Health Department

- ✓ Assisted smoking pregnant women with referrals to the Michigan Tobacco Quit Line
- ✓ Postpartum women are screened by MIHP Staff for postnatal depression using the Edinburgh Postnatal Depression Scale.
- ✓ MIHP clients are identified and screened for infant crib needs. Cribs are provided to clients in need along with safe sleep education.
- ✓ Social Worker trained as a Certified Application Counselor for the Health Care Market Place.

Budget Adjustments

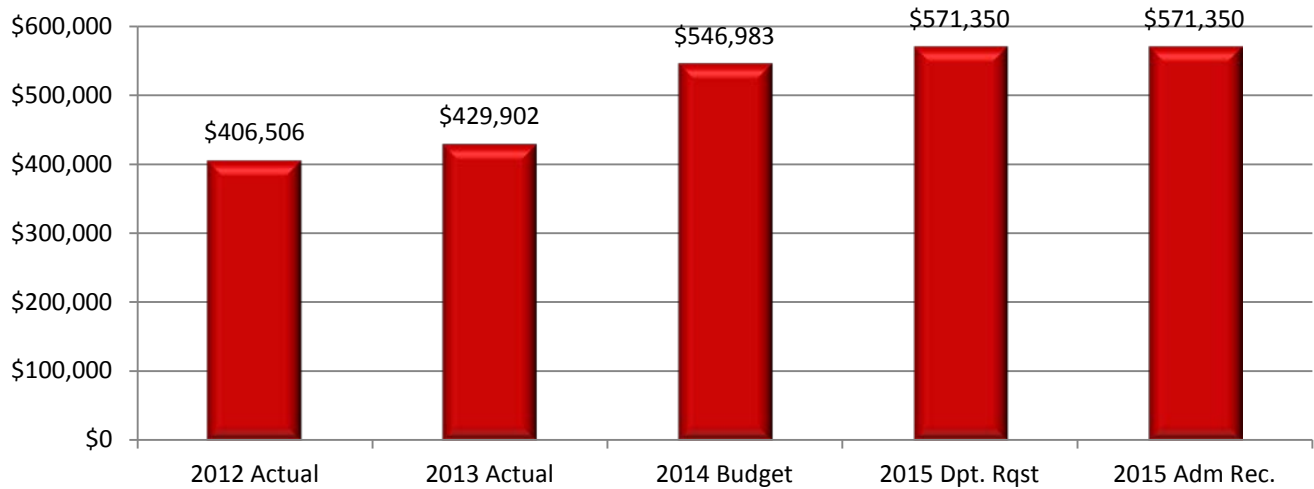
The budget will be increased by 1.0 full time equivalent in 2015.



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	367,430	397,862	512,817	534,380	534,380
SUPPLIES & MATERIALS	5,536	8,494	6,136	8,220	8,220
CONTRACT SERVICES	1,175	330			
OTHER EXPENSES	32,365	23,216	28,030	28,750	28,750
TOTAL PROGRAM COST	\$406,506	\$429,902	\$546,983	\$571,350	\$571,350

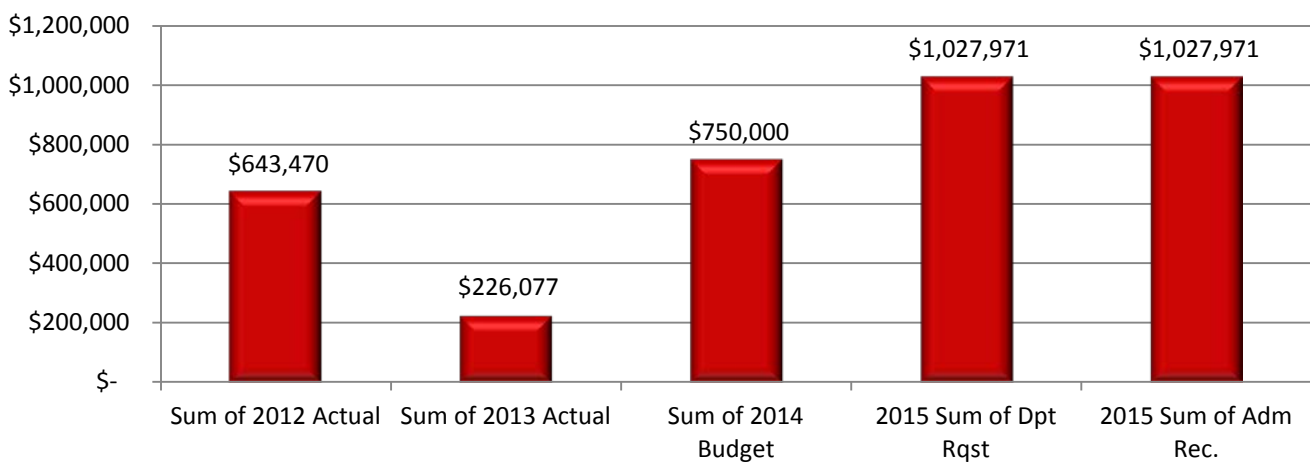
MATERNAL INFANT HEALTH PRGRM EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
CHARGES/FEES	242,316	226,077	300,000	300,000	300,000
OTHER	401,154		450,000	727,971	727,971
TOTAL PROGRAM COST	\$643,470	\$226,077	\$750,000	\$1,027,971	\$1,027,971

MATERNAL INFANT HEALTH PRGRM REVENUE



Health Department

Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Maternal Clients Served	233	172	166	207	210	210
Infant Clients Served	163	121	119	144	144	150

Immunizations

Activities

The Michigan Department of Community Health (MDCH) requires each year that local health departments visit and assess private providers enrolled in the Vaccine for Children Program (VFC). There are currently 20 VFC providers in Jackson County that are assessed yearly.

MCIR User group meetings are held quarterly at the Jackson County Health Department to share information from MDCH and MCIR as well as update providers on current immunization practices and recommendations.

The Immunization Program provides immunizations to all Jackson County residents in order to prevent childhood and adult vaccine preventable diseases.

Strategic Plan Impact

✓ **Healthy Community**

The goal of the Immunization Program is to decrease vaccine preventable diseases and the morbidity and mortality associated with them. It also strives to improve immunization rates from birth through the life span for all Jackson County residents through education, outreach, and vaccination clinics

Accomplishments

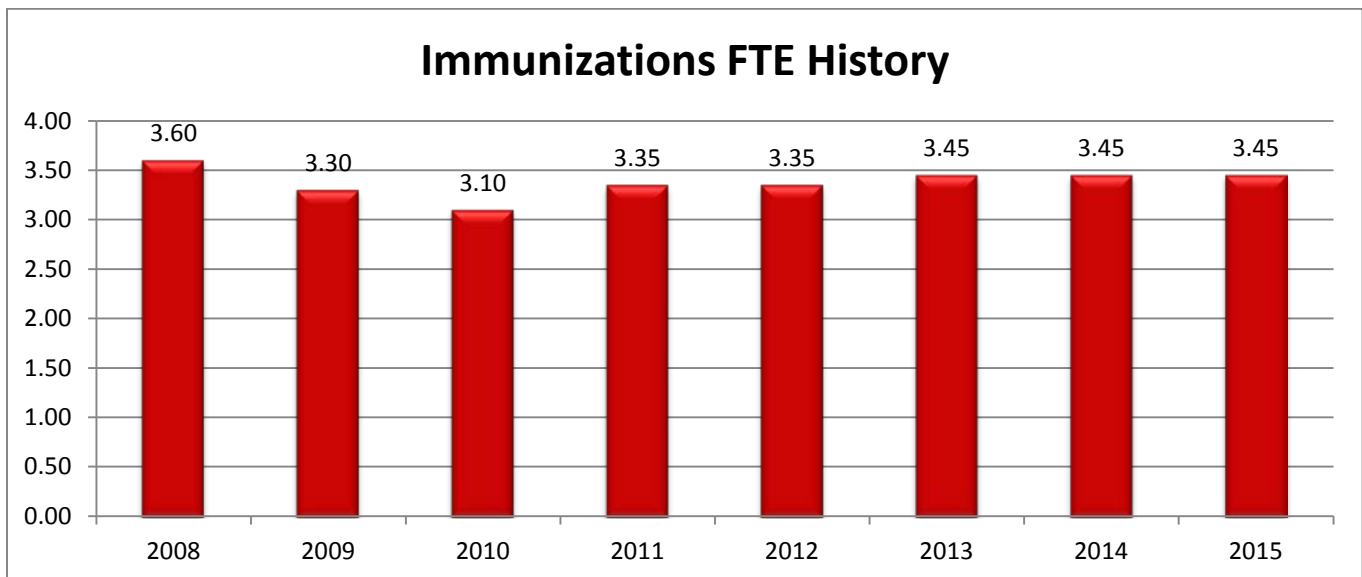
- ✓ Immunization site visits were completed for 100% of the 20 VFC provider offices in Jackson County in 2012-2013.
- ✓ Accreditation was completed in October 2013 with all indicators being met successfully.
- ✓ Thirteen Nurse Education training sessions were provided at VFC Provider offices in Jackson County in 2012-2013.
- ✓ JCHD continues to assist and provide guidance on balancing inventory on a monthly basis for VFC providers
- ✓ Physician offices and staff were updated regularly on changes in the VFC program through quarterly provider meetings, Nurse Education visits, site visits, press releases, faxes, phone, and face to face contact.
- ✓ The health department's immunization rates for children 19-36 months have routinely been above the state average for those adequately immunized.

Health Department

- ✓ Recent focus on teen immunization rates (13-15 years) has continued to improve over the last 12 month period. This has been accomplished through intensive monitoring of profiles, recall efforts, collaboration with schools, and educational messaging.
- ✓ Immunization staff is kept up to date on current immunization recommendations by web conferencing and attending regional immunization conferences in the fall.
- ✓ Provided fourteen county-wide recall efforts over 12 months in an effort to improve county immunization rates.
- ✓ Provided on a bi-monthly to quarterly basis on-site immunization clinics to Jackson County's homeless shelter and Youth Home.

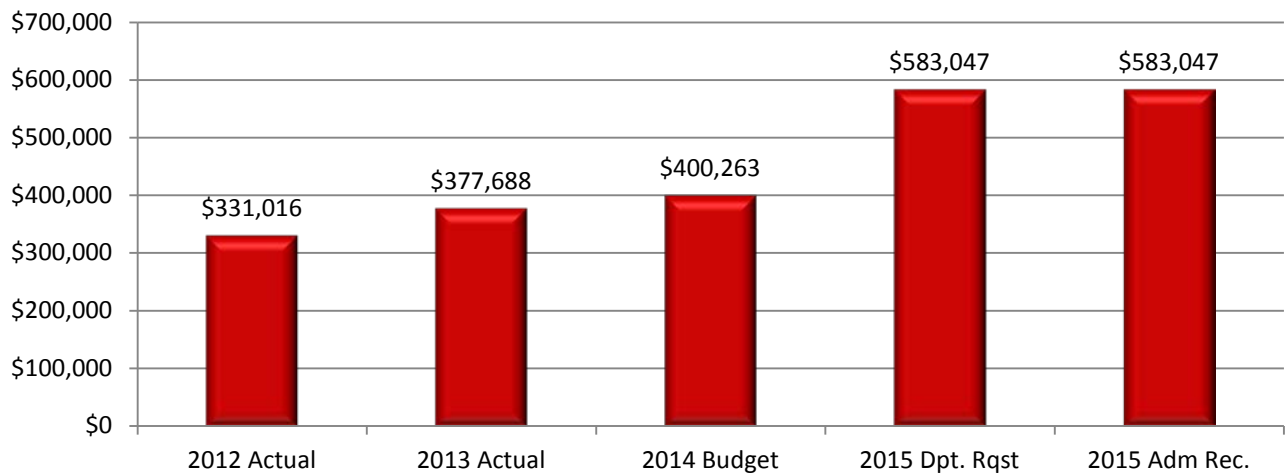
Budget Adjustments

The budget will be increased by .30 full time equivalents in 2015.



Expenditure History					
	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	237,425	251,967	316,378	334,180	334,180
SUPPLIES & MATERIALS	91,657	95,602	81,300	81,800	81,800
CONTRACT SERVICES	-	250	150	150	150
OTHER EXPENSES	1,934	29,869	2,435	166,917	166,917
TOTAL PROGRAM COST	\$331,016	\$377,688	\$400,263	\$583,047	\$583,047

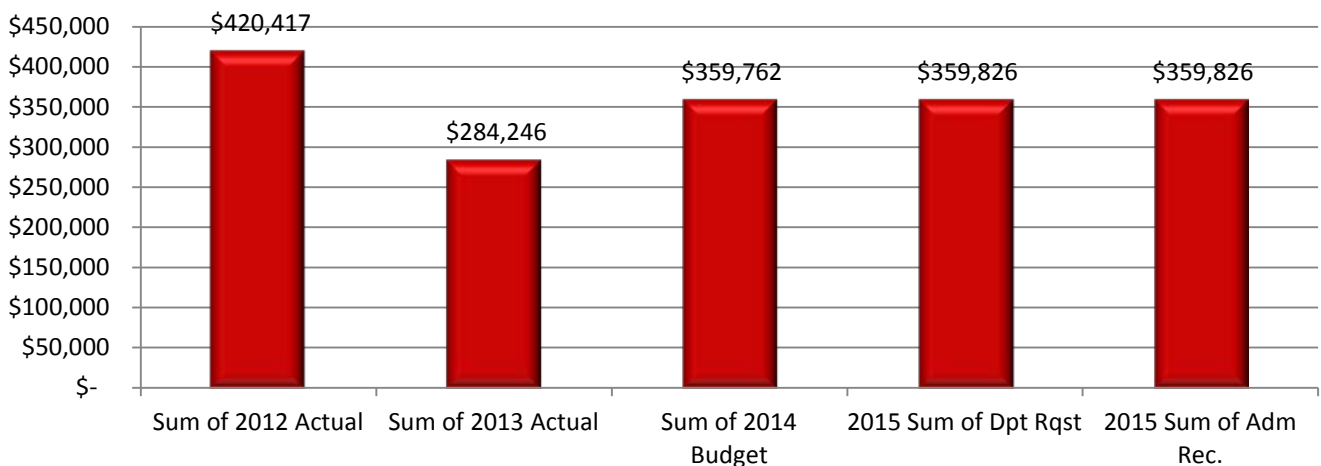
IMMUNIZATIONS EXPENDITURES



Revenue History

	2012 ACTUAL	2013 ACTUAL	2014 BUDGET	2015 DEPT REQUESTED	2015 BUDGET
CHARGES/FEES	161,568	157,260	155,000	155,000	155,000
INTERGOVERNMENTAL	82,163	86,887	89,995	89,995	89,995
OTHER	176,686	40,099	114,767	114,831	114,831
TOTAL PROGRAM COST	\$420,417	\$284,246	\$359,762	\$359,826	\$359,826

IMMUNIZATIONS REVENUE



Health Department

Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Jackson County children ages 19-36 months adequately immunized	74%	77%	77%	79%	80%	82%
Jackson County children ages 13-15 years adequately immunized	56%	65%	73%	75%	77%	80%

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Total Immunizations Given**	6,107	10,052	9,247	7,576	8,000	8,500
<small>**Total immunizations include flu vaccine</small>						
Total Flu Vaccine Given	726	2,028	2,023	1,803	2,000	2,200

Early On

Activities

Early On is an early identification and early intervention system that provides and coordinates health, educational, and social services. Any child from birth to age three with special medical, physical or developmental needs, regardless of income, is eligible. The purpose of Early On is to enhance the child's development, provide family support and to reduce later needs.

Strategic Plan Impact

✓ **Healthy Community**

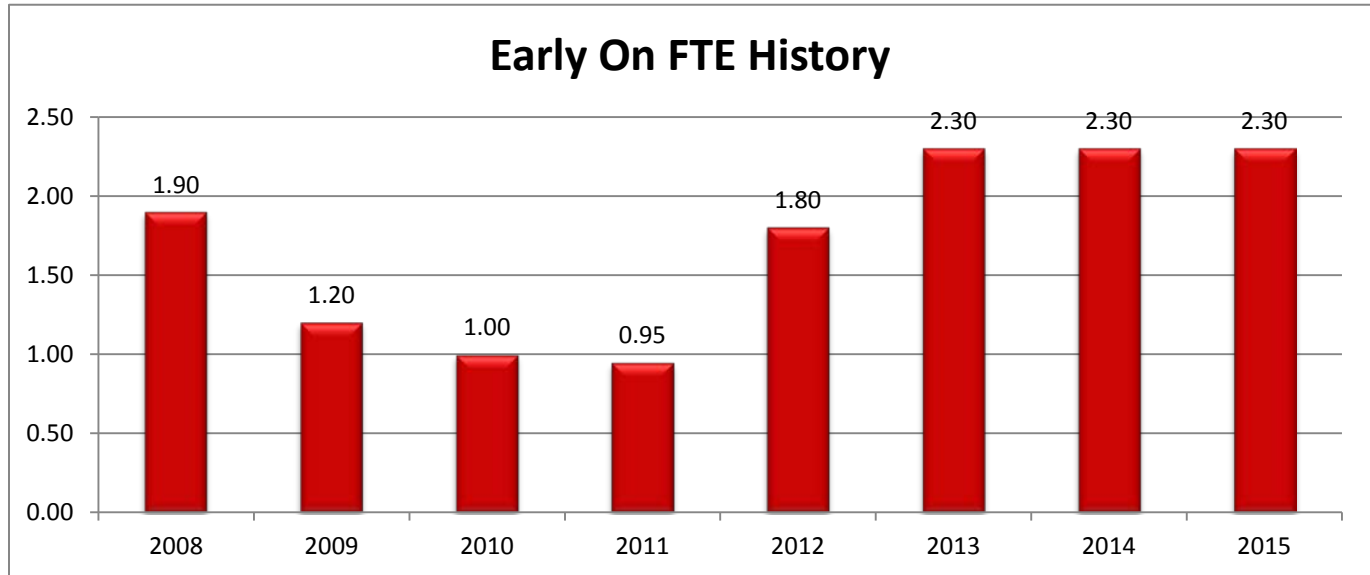
The goal of the program is to identify children ages birth to three with developmental delays or established medical conditions in order to increase capabilities and lessen the need for future services. This is done through inter-agency collaboration and service coordination for families.

Accomplishments

- ✓ The “Toy Talker” Parents as Teachers home visiting program continued to be funded through a Great Start grant. Three independent contractors provided additional family training through monthly home visits and bi-monthly educational playgroups for Early On families.
- ✓ The Early On Program received a grant for \$36,000 from the Jackson County Intermediate School District Great Parents, Great Start Initiative. This grant was used to pay for the Parents As Teachers curriculum and implementation of the research-based model.
- ✓ The Early On Program received a donation of 1,000.00 from the Jeremiah Gift Bowl fundraiser. A new database was created and implemented by the Jackson County Intermediate School District to track Early On participation beginning in the 2013 fiscal year.
- ✓ In 2013, the Michigan Department of Education revised the state performance plan for Early On. Based on this revised plan, children enrolled in Early On who were eligible for Michigan Special Education services transitioned from Early On up to 6 months earlier than in previous years. This resulted in lower enrollment numbers in the snapshot and period counts.

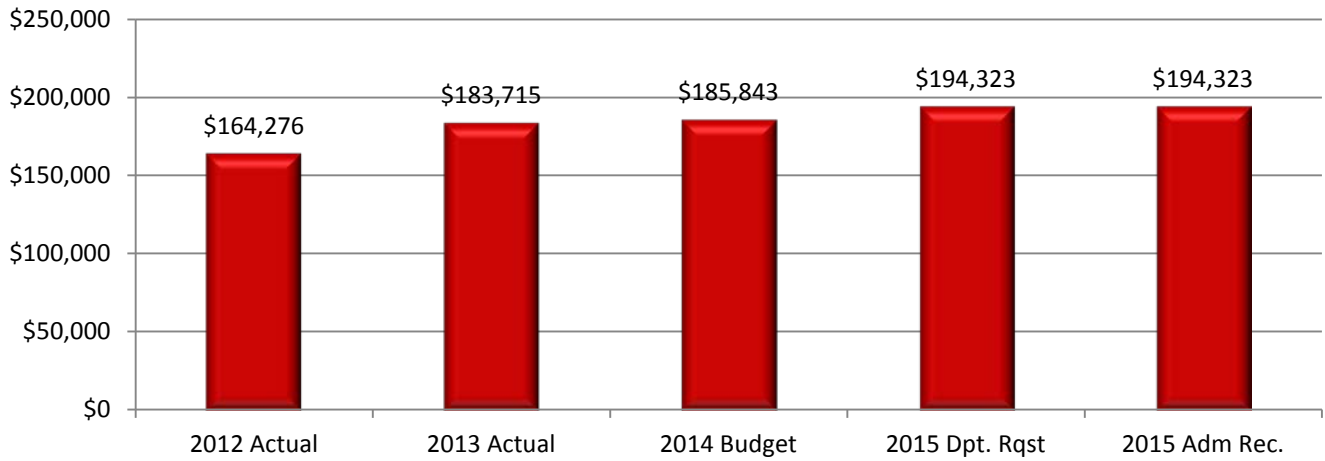
Budget adjustments

The 2014 budget provides funding for 1.95 full-time-equivalent employees and 1.65 FTE independent contractors.



Expenditure History					
	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	124,435	142,280	158,743	162,200	162,200
SUPPLIES & MATERIALS	1,722	3,679	3,950	4,341	4,341
CONTRACT SERVICES	35,381	35,212	23,000	25,414	25,414
OTHER EXPENSES	2,738	2,544	150	2,368	2,368
TOTAL PROGRAM COST	\$164,276	\$183,715	\$185,843	\$194,323	\$194,323

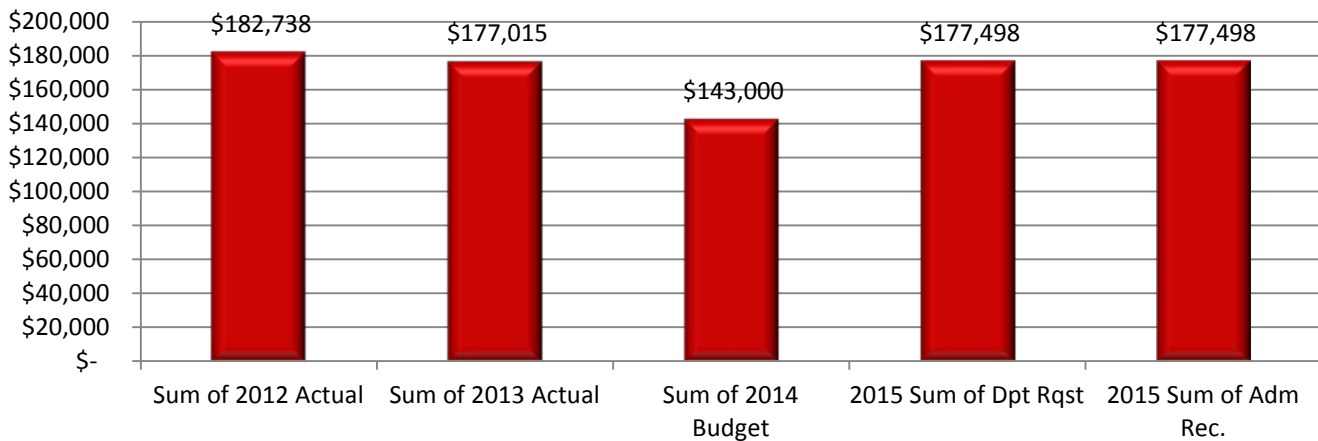
EARLY ON EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	-	-	-	-	-
OTHER	182,738	177,015	143,000	177,498	177,498
TOTAL PROGRAM COST	\$182,738	\$177,015	\$143,000	\$177,498	\$177,498

EARLY ON REVENUE



Health Department

Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Annual Early On Family Survey completed by parents:	45.1%	41.3%	44.1%	30.1%	35%	40%
Parents that reported EO services have helped them know their rights	59%	72%	71%	70.7%	70%	70%
Parents that reported EO services have helped them effectively communicate their child's needs	56%	64%	64%	63.4%	63%	63%
Parents that reported EO services have helped them help their child develop and learn	81%	85%	89%	82.9%	82%	82%

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Children Served	446	416	418	315	280	280

Sexually Transmitted Diseases

Activities

The Sexually Transmitted Disease (STD) Program provides free, confidential, examination, laboratory analysis, and treatment. Clinical services are provided by a clinic nurse utilizing CDC, MDCH, and physician approved treatment protocols. Contact interview, patient education, and follow-up are also performed in the clinic setting. HIV counseling & testing is offered. Jackson County Health Department STD Staff report and follow-up on all cases of Gonorrhea and Chlamydia in the county. These are documented in the Michigan Diseases Surveillance System, MDSS.

Strategic Plan Impact

✓ Healthy Community

The goal of the Sexually Transmitted Disease Program is to decrease the incidence sexually transmitted infections and to decrease the morbidity associated with undetected and untreated STIs through diagnosis, treatment, contact follow-up, and education.

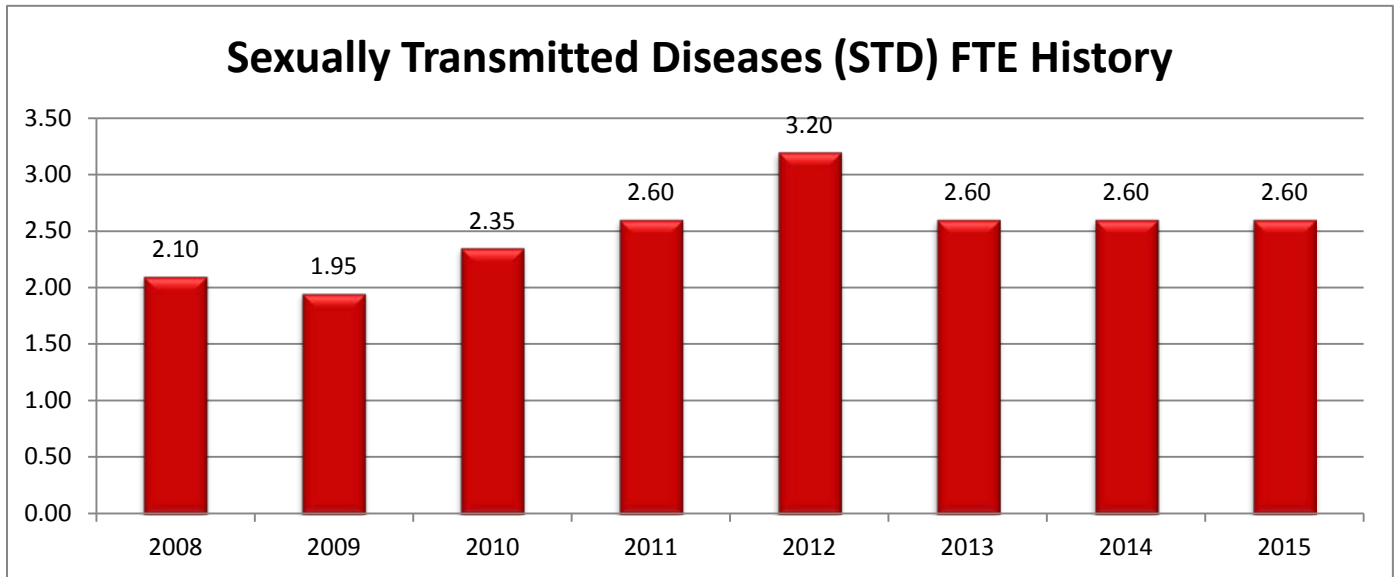
Accomplishments

- ✓ JCHD successfully completed accreditation in 10/2013 with zero deficiencies.
- ✓ Staff is kept up to date through web conferencing and STD/HIV Conferences.
- ✓ Staff concentrated on improving the amount of vaccines administered in the STD Clinic, i.e. Hepatitis A & B, and Gardasil for Human Papillomavirus (HPV), or referred to the Immunization Clinic in order to avoid missed opportunities to vaccinate.
- ✓ STD Clinic staff continues to act as resources for local health providers.
- ✓ Staff tests high risk clients for Syphilis at the time of the visit on an “opt out” basis.
- ✓ Syphilis testing increased 34% in FY 13 from FY 12.
- ✓ Staff completed all required STD investigations and data entry as required by the MDCH.
- ✓
- ✓ A total of 683 cases of Gonorrhea and Chlamydia in Jackson County were reported through MDSS.
- ✓ The Board of Commissioners voted in May 2013 to initiate fees for walk-in STD services. Jackson County residents are charged \$10.00 per visit to the clinic and out of county residents are charged \$40.00. Clients are not refused services for the inability to pay.

Health Department

Budget Adjustments

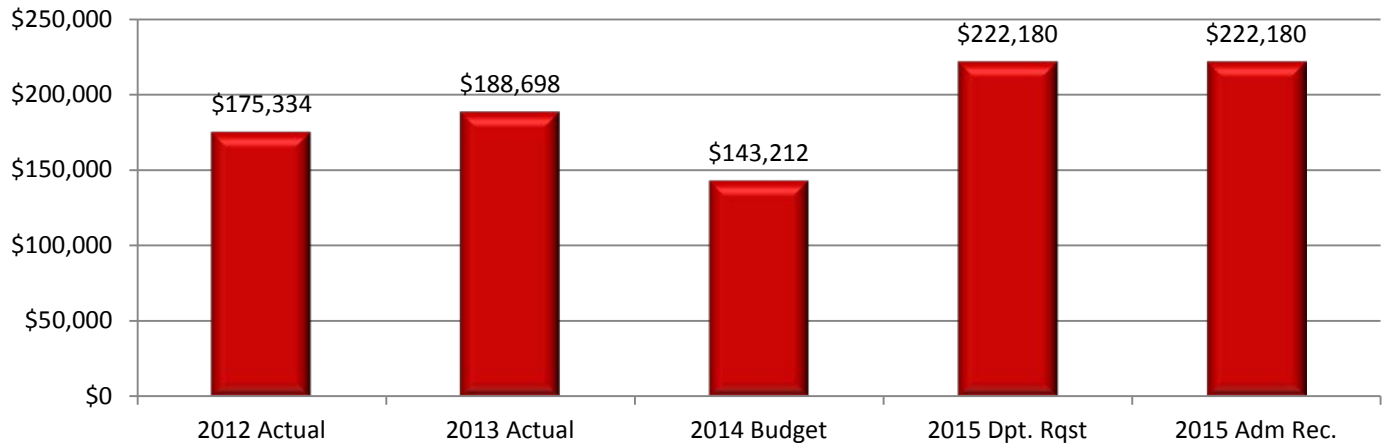
No significant changes occur in the 2015 budget.



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	162,694	155,455	134,400	141,590	141,590
SUPPLIES & MATERIALS	10,726	14,593	6,500	8,100	8,100
CONTRACT SERVICES	881	1301	700	1400	1400
OTHER EXPENSES	1,033	17,349	1,612	71,090	71,090
TOTAL PROGRAM COST	\$175,334	\$188,698	\$143,212	\$222,180	\$222,180

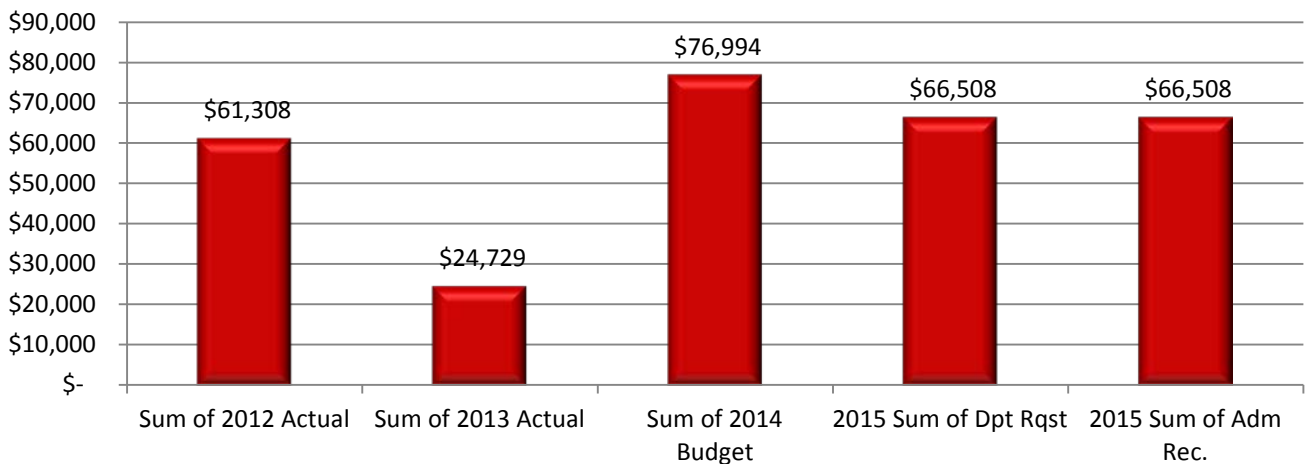
SEXUALLY TRANS. DISEASES EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
CHARGES/FEES	3,112	7,284	2,200	2,200	2,200
INTERGOVERNMENTAL	53,882	15,192	70,794	60,308	60,308
OTHER	4,314	2,253	4,000	4,000	4,000
TOTAL PROGRAM COST	\$61,308	\$24,729	\$76,994	\$66,508	\$66,508

SEXUALLY TRANS. DISEASES REVENUE



Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Gonorrhea case rates per 100,000	47.0	54.0	32.0	29	TBD	TBD
Chlamydia	412.0	411.0	457.0	396	TBD	TBD
Syphilis (Primary)	0	0	0	0	TBD	TBD
**Statistics are reported on a fiscal year basis for 2009 and 2010. Prior to that it was reported on a calendar year basis.						

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Clients examined	2,002	1838	1610	1158	TBD	TBD
Number of positive Gonorrhea cases followed-up via the MDSS	76	86	52	47	TBD	TBD
Number of positive Chlamydia cases entered into MDSS	654	653	733	636	TBD	TBD
Number of Syphilis Test Drawn	101	206	173	232	TBD	TBD
**See above reporting parameters.						

Infant Mortality & Prevention

Activities

The program strives to abstract and review all cases of infant death with the exception of cases under prosecution. An annual report is developed based on the collected data and recommendations for community action are made.

Strategic Plan Impact

✓ **Healthy Community**

The goal of the FIMR Program is to reduce the rate of infant mortality in Jackson County by identifying the social, cultural, economic, health, safety, and system factors contributing to infant death. It is charged with designing and implementing interventions that address these factors to improve community resources and service. It is a continuous cycle of improvement involving data gathering, case review, community action, and changes in community service systems.

Accomplishments

- ✓ The Jackson County FIMR Case Review Team held 10 meetings and reviewed 10 infant deaths occurring in FY 12/13.
- ✓ Six Safe Sleep presentations were provided to the community reaching over 530 individuals.
- ✓ 56 cribs were distributed in conjunction with safe sleep educational materials.
- ✓ More than 355 prenatal resource packets were distributed to pregnant women applying for Medicaid Health Insurance.
- ✓ 1800 infant sleep sacks with safe sleep messaging were distributed to infants born at Allegiance Health.
- ✓ 355 preterm wallet cards educating women on the signs of pre-term labor were distributed in an effort to reduce prematurity, a leading cause of infant mortality.
- ✓ 700 Safe Sleep brochures were distributed.
- ✓ Developed and distributed 200 grandparent brochures
- ✓ Promoted and distributed 40 safe sleep videos
- ✓ Worked with 9 local ob/gyns, MIHP and WIC to promote model policy on smoking cessation & the Michigan Tobacco Quitline.
- ✓ Visited pharmacies and distributed 1300 pharmacy stickers with signs and symptoms of preterm labor.
- ✓ Distributed 600 “pregnant and smoking brochures” & 400 “pregnant and smoking” posters.

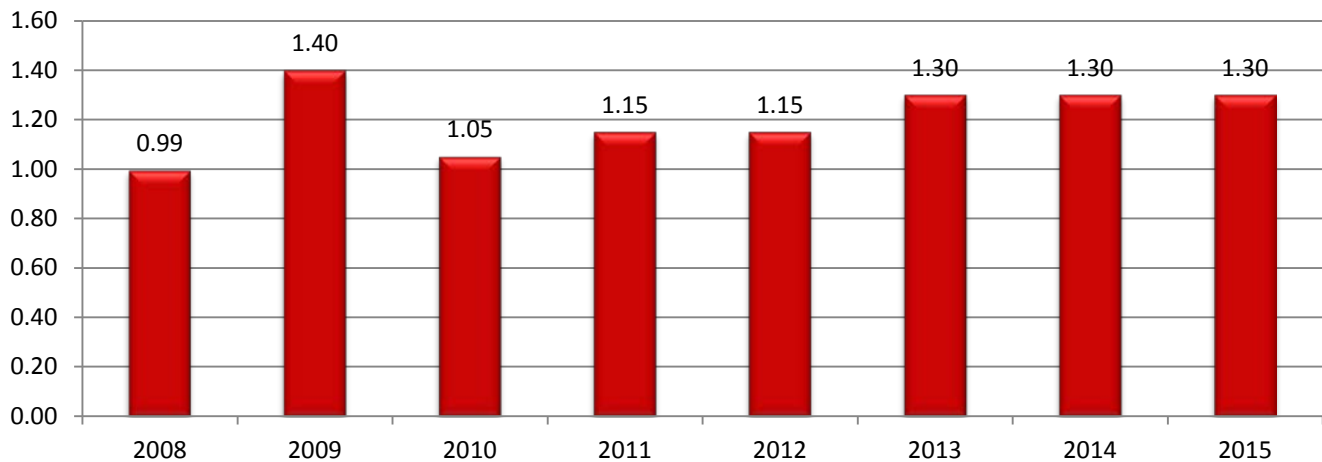
Health Department

- ✓ Staff participated in a two-day Child Death Review Training.

Budget Adjustments

There are no significant budget adjustments to this program.

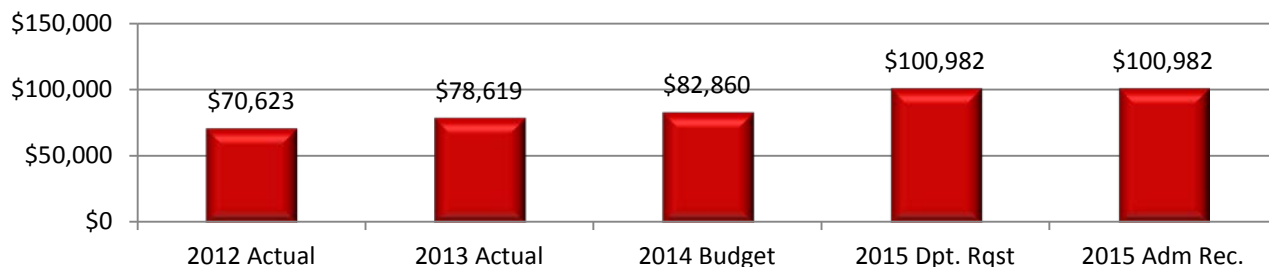
Infant Mortality & Prevention FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	66,988	67,328	78,660	64,790	64,790
SUPPLIES & MATERIALS	3,256	3,034	3,650	3,850	3,850
OTHER EXPENSES	379	8,257	550	32,342	32,342
CONTRACT SERVICES		-	-	-	
TOTAL PROGRAM COST	\$70,623	78,619	\$82,860	\$100,982	\$100,982

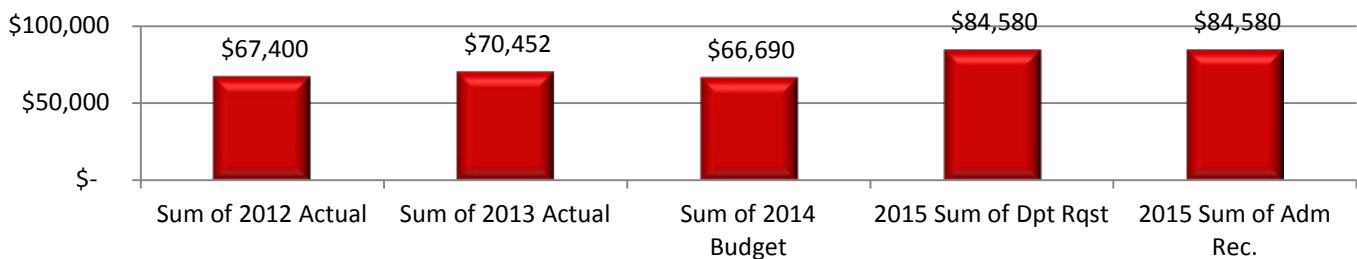
INFANT MORTALITY & PREVENTION EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	67,400	70,452	66,690	84,580	84,580
OTHER		-	-	-	
TOTAL PROGRAM COST	\$67,400	\$70,452	\$66,690	\$84,580	\$84,580

INFANT MORTALITY & PREVENTION REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>	2015 <u>Target</u>
Jackson County Infant Death Rate/1,000 live births	5.8	6.0				
Michigan Infant Death Rate/1,000 live births	7.1	6.5				
Jackson County Infant Mortality Rate/1,000 live births (Three year average)	(08-10) 6.5	(09-11) 6.1				
Michigan Infant Mortality Rate/1,000 live births (three year average)	(08-10) 7.3	(09-11) 7.0				

Other Key Indicators

<u>Indicator</u>	<u>2010/11 Actual</u>	<u>2011/12 Actual</u>	<u>2012/13 Actual</u>	<u>2013/14 Target</u>	<u>2014/15 Target</u>	<u>2015/16 Target</u>
Clients served for Bereavement Support Visits	0	2	4	5	5	5
Nurse Bereavement Visits	0	2	11	10	10	10
Infant Deaths Reviewed	11	11	10	10	10	10

Childrens Special Health Care Services

Activities

The Public Health Nurses in Children's Special Health Care Services work with families with children having certain disabilities or chronic illnesses. Families are assisted in acquiring financial assistance for medical care, as well as providing advocacy and support. Care Coordination is also provided as needed.

Strategic Plan Impact

✓ **Healthy Community**

The purpose of the CSHCS Program is to provide insurance for children with disabilities or chronic illnesses. The program provides advocacy, referrals, support, and care coordination services for the families.

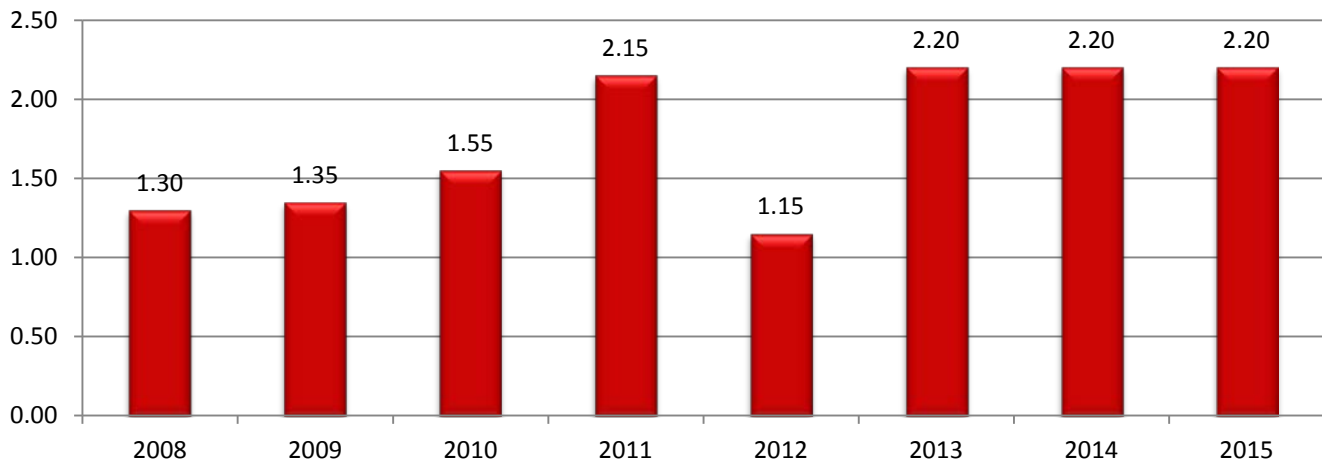
Accomplishments

- ✓ EZ Link, the electronic transfer of records between the LHD and the state, is being used for transfer of records between counties, to obtain reports from U of M Medical Center, and to communicate with the Medicaid Health Plans.
- ✓ Increase in the amount of care plans and care coordination
- ✓ JCHD staff assisted more families with Medicaid/MiChild applications and CSHCS insurance premium payment benefit.
- ✓ JCHD staff participates on the CSHCS Local Advisory Council.
- ✓ LHD can now access the State's Children's Special Health Care data base.
- ✓ Public Health Nurse trained as a Certified Application Counselor for the Health Care Market Place.

Budget Adjustments

There are no significant budget adjustments to this program.

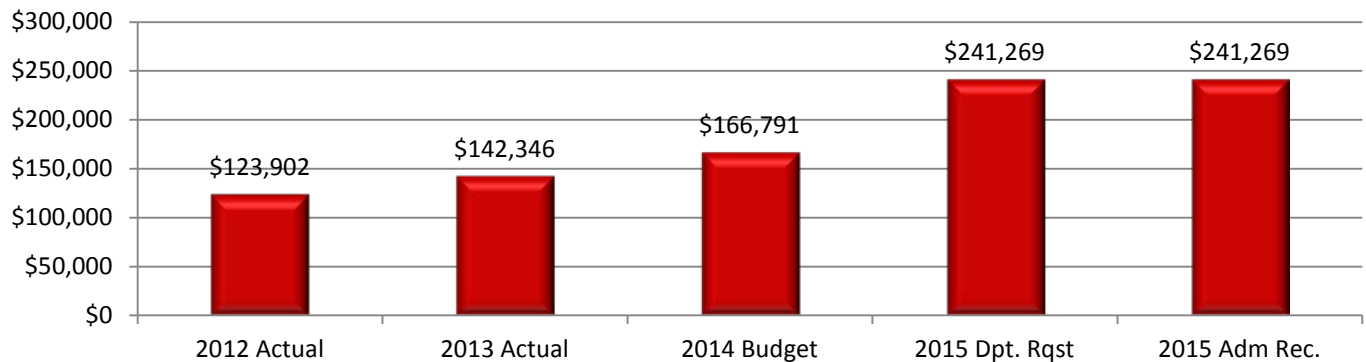
CSHCS Outreach & Advocacy FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	119,895	124,509	164,666	159,770	159,770
SUPPLIES & MATERIALS	3,012	2,641	1,250	1,800	1,800
OTHER EXPENSES	995	15,196	875	79,699	79,699
TOTAL PROGRAM COST	\$123,902	\$142,346	\$166,791	\$241,269	\$241,269

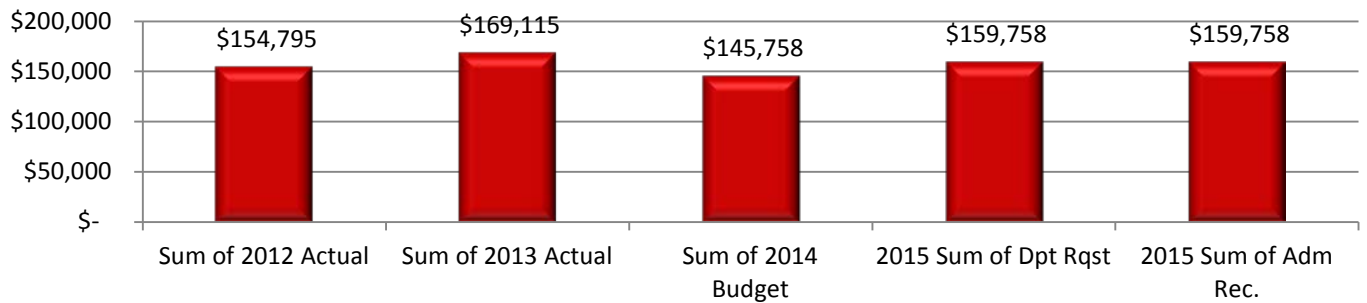
CHILD SP HEALTH CARE SERVICES EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
OTHER	-		16,758	16,758	16758
INTERGOVERNMENTAL	154,795	169,115	129,000	143,000	143,000
TOTAL PROGRAM COST	\$154,795	\$169,115	\$145,758	\$159,758	\$159,758

CHILD SP HEALTH CARE SERVICES REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Number of individuals enrolled in CSHCS.	681	710	732	764	760	760



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Hearing and Vision

Activities

Certified Vision Technicians screen preschool and children in grades 1, 3, 5, 7, 9 and Drivers Education classes. Certified Hearing Technicians screen preschool and Kindergarten and grades 2 and 4 Children not passing the first screening are retested. Medical referrals are made on those children who still exhibit problems on the second screening. Jackson County Health Department provides a free walk-in Hearing and Vision Clinic twice a month throughout the school year.

Strategic Plan Impact

✓ **Healthy Community**

The purpose of this program is to screen, identify and address hearing and vision problems early in a child's life before they can negatively impact school performance. The Public Health Code Act 368 of 1978 mandates annual hearing screening for grades preschool, kindergarten, 2nd and 4th and vision screening for grades preschool, 1st, 3rd, 5th, 7th and 9th.

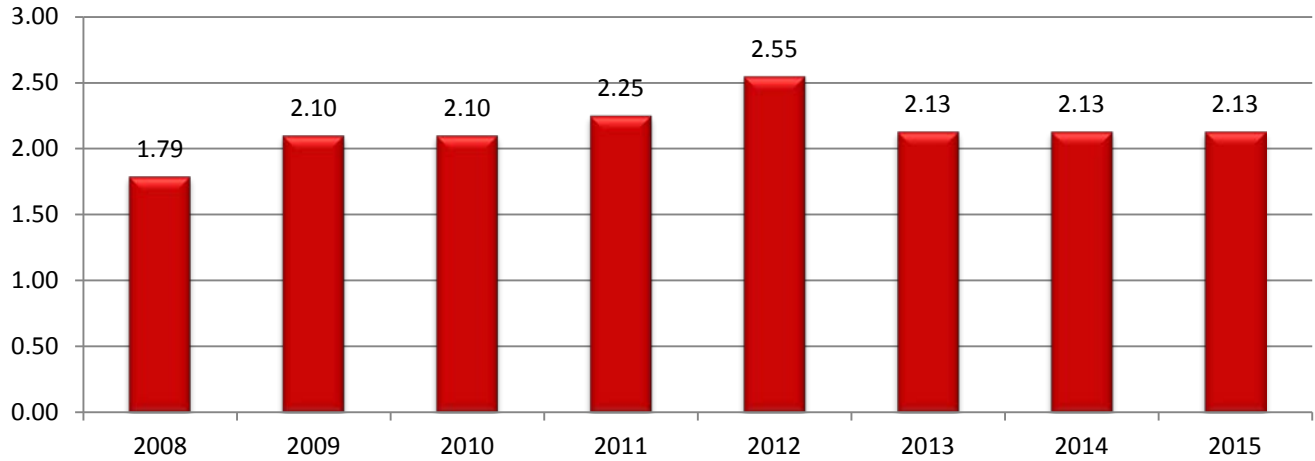
Accomplishments

- ✓ Completed State Accreditation in October 2013, passing successfully with 11 "met" indicators each, for the hearing and vision screening programs.
- ✓ Medicaid billing for 2013 eligible hearing and vision screens increased program revenue by \$32,000.
- ✓ Increased hearing screening referrals to physicians by 33% from SY 11/12 to SY 12/13 .
- ✓ Increased vision screening referrals to physicians by 47% from SY 11/12 to SY 12/13.
- ✓ Continue to Increase preschool hearing and vision screenings conducted through on-site screening of all Head Start students.
- ✓ Four part time technicians passed the Technician Observation Program (TOP) assessment for hearing screening and four part time technicians passed the Technician Assessment Program (TAP) for vision screening.
- ✓ Increased hearing referrals seen by a physician by 37% from SY 11/12 to SY 12/13.
- ✓ Increased vision referrals seen by a physician by 74% from SY 11/12 to SY 12/13.

Budget Adjustments

There are no significant budget adjustments to this program.

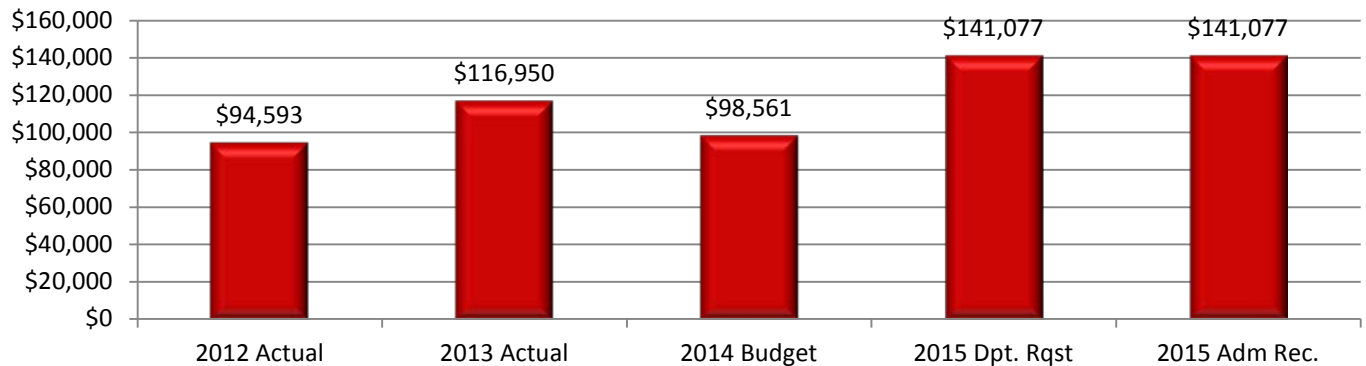
Hearing & Vision FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	86,123	89,519	93,586	88,821	88,821
SUPPLIES & MATERIALS	1,890	2,269	1,000	1,900	1,900
OTHER EXPENSES	6,580	25,162	3,975	50,356	50,356
TOTAL PROGRAM COST	\$94,593	\$116,950	\$98,561	\$141,077	\$141,077

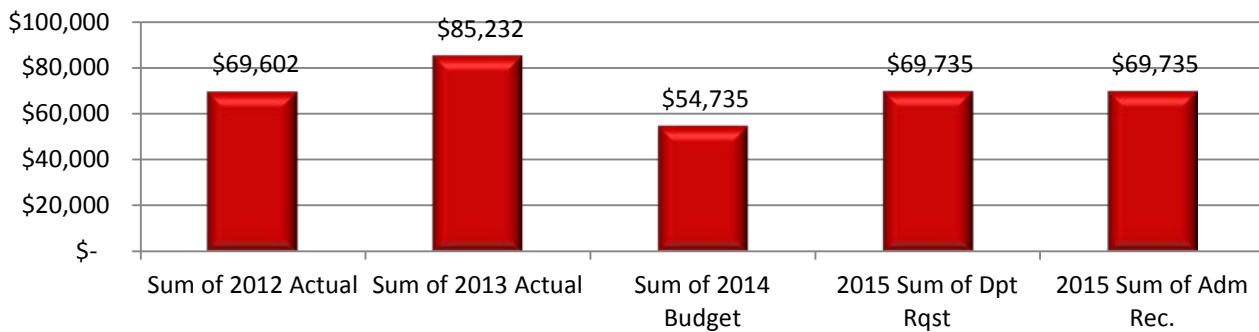
HEARING AND VISION EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	54,735	54,736	54,735	54,735	54,735
CHARGES/FEES	14,867	30,496	-	15,000	15,000
TOTAL PROGRAM COST	\$69,602	85,232	54,735	69,735	69,735

HEARING AND VISION REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
SCHOOL YEAR*	09/10	10/11	11/12	12/13	13/14	14/15
Hearing Referrals	177	171	149	198	200	200
Hearing Referrals Seen by Physician	67	68	48	66	70	80
Vision Referrals	1,315	1,503	1,257	1,843	1,500	1,500
Vision Referrals Seen by Physician	151	249	352	613	500	600

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
SCHOOL YEAR*	09/10	10/11	11/12	12/13	13/14	14/15
Hearing Screens Conducted	7,055	7,218	7,683	7,556	7,600	7,600
Vision Screens Conducted	9,337	10,379	16,988	10,774	10,800	10,800

*Data based upon the school year instead of the calendar year.



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Medicaid Outreach and Advocacy

Activities

The Medicaid Outreach & Advocacy position provides a variety of outreach activities to individuals, schools, doctor offices, groups, and organizations in the community providing presentations, displays, educational materials and marketing incentives to increase awareness of Medicaid and Health Department services.

Strategic Plan Impact

- ✓ **Healthy Community**
- ✓ The purpose and goal of Medicaid Outreach is to provide education about, bring awareness to, and increase involvement in, Medicaid/Health Insurance and Health Department programs and services. This goal is achieved by providing a variety of outreach activities such as presentations, face to face education, application assistance, marketing efforts, distribution of resources, and referrals to pertinent programs and services.

Accomplishments

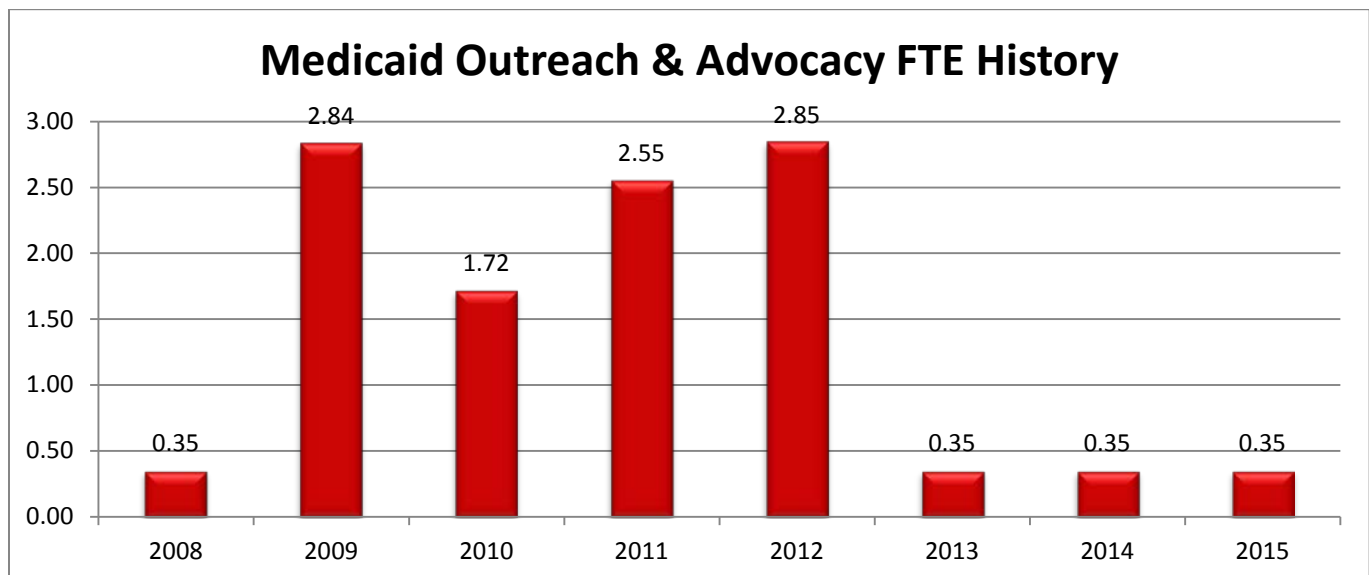
- ✓ Continue marketing of JCHD services through updated and consistent use of “Creating Healthy Communities” messaging template on pamphlets and flyers to promote branding image in Jackson community.
- ✓ Efforts are being made to coordinate appointments for clients needing assistance with Health Insurance applications with their WIC or MIHP appointments in order to provide more efficient service.
- ✓ The Jackson County Health Department was approved as a Certified Application Counselor – Designated Organization which required the creation of policies and procedures regarding the protection of personal identifiable information, training, storage of forms, and personnel procedures.
- ✓ Five staff were trained as Certified Application Counselors to provide assistance to Jackson County residents needing assistance in registering for health care under the Affordable Care Act.
- ✓ Collaboration with the Center for Family Health to promote locations where healthcare.gov application assistance is available.
- ✓ Weekly or bi-weekly meetings are conducted to ensure the needs of the clients are being addressed and to share educational and resource materials between staff members.

Health Department

- ✓ Connecting people with needed programs and services in a timely and efficient manner is an important component of the outreach services provided.
- ✓ Continued tracking of Medicaid Outreach services and activities that are currently provided in all JCHD programs. This allows the health department to receive compensation from Medicaid. 2009 - \$110,496; 2010 – 129,561; 2011 - \$ 114.421; 2012 - \$ 131.671; 2013 – \$112,403.

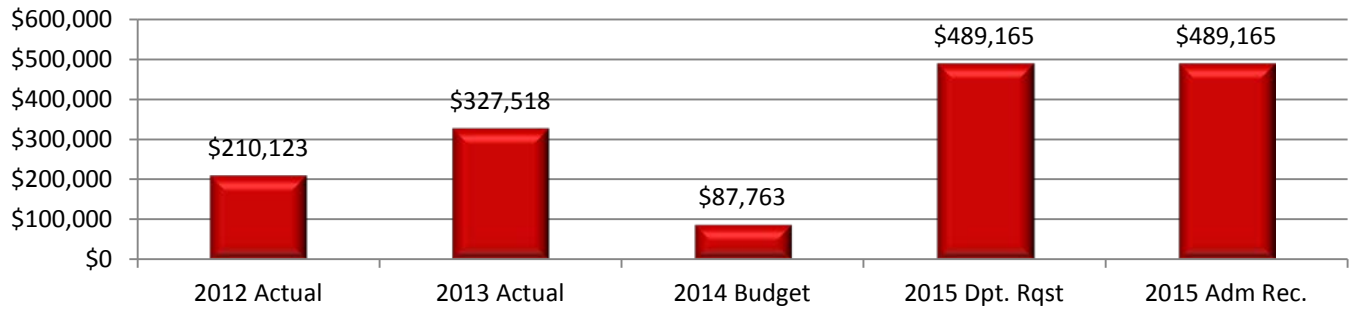
Budget Adjustments

The 2015 budget will be developed to reflect the higher expense, revenue and increased full-time-equivalent employees for this program.



Expenditure History					
	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	207,723	290,921	79,963	325,260	325,260
SUPPLIES & MATERIALS	2,119	1,680	4,600	1,100	1,100
CONTRACT SERVICES	55	1,919	2,500	2,500	2,500
OTHER EXPENSES	226	32,998	700	160,305	160,305
TOTAL PROGRAM COST	\$210,123	\$327,518	\$87,763	\$489,165	\$489,165

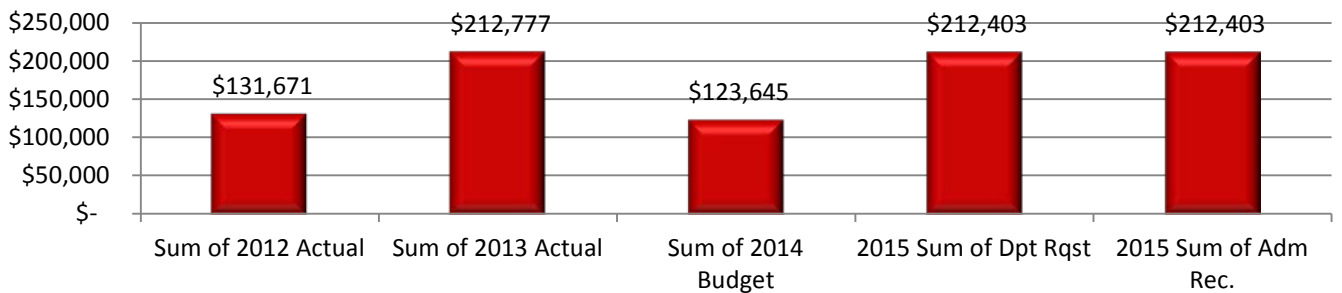
MEDICAID OUTREACH & ADVOCACY EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
OTHER	131,671	212,777	123,645		
Intergovernmenta;				212,403	212403
TOTAL PROGRAM COST	\$131,671	\$212,777	\$123,645	\$212,403	\$212,403

MEDICAID OUTREACH & ADVOCACY REVENUE



Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Percent of respondents rating the availability of affordable quality health care in Jackson County excellent or good. Source - 2009 National Citizen Survey to be redone in 2012	N/A	40%	NA	TBD	TBD	TBD

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
*Families and individuals informed about programs and services.	15,595	18,748	18,761	18,968	19,000	19,000
*Clients assisted with applications for service.	1,020	824	624	597	700	700
*Clients referred to various programs and services.	8,895	7,631	6540	7909	7950	7950
Total Medicaid Health Plan enrollees			20,618	20,478	NA	NA

*Based on service data provided by staff and reported on timesheets

**Based on Michigan Department of Community Health Department Medicaid Health Plan Enrollees for County Total (12/12, 12/13)

Women, Infants, & Children (WIC)

Activities

Participants must meet income and residential (State of MI) requirements to qualify for the program. Nutrition education provided quarterly; individual counseling provided by Registered Dietitian for high-risk participants. Referrals made to MIHP, Early On, Head Start, Immunization Clinic, Physicians, Protective Services, and other resources as needed. WIC food benefits are issued on EBT (Electronic Benefits Transfer) cards. Breastfeeding education, promotion, and support provided to pregnant and postpartum women.

Strategic Plan Impact

- ✓ **Healthy Community**
WIC provides low-income women, infants and children (up to age 5) with nutrition education and supplemental foods to improve a family's overall health status. WIC also strives to reduce infant morbidity and mortality rates by encouraging early and optimal prenatal care, promoting and supporting breastfeeding, and making referrals to appropriate community agencies/resources.

Accomplishments

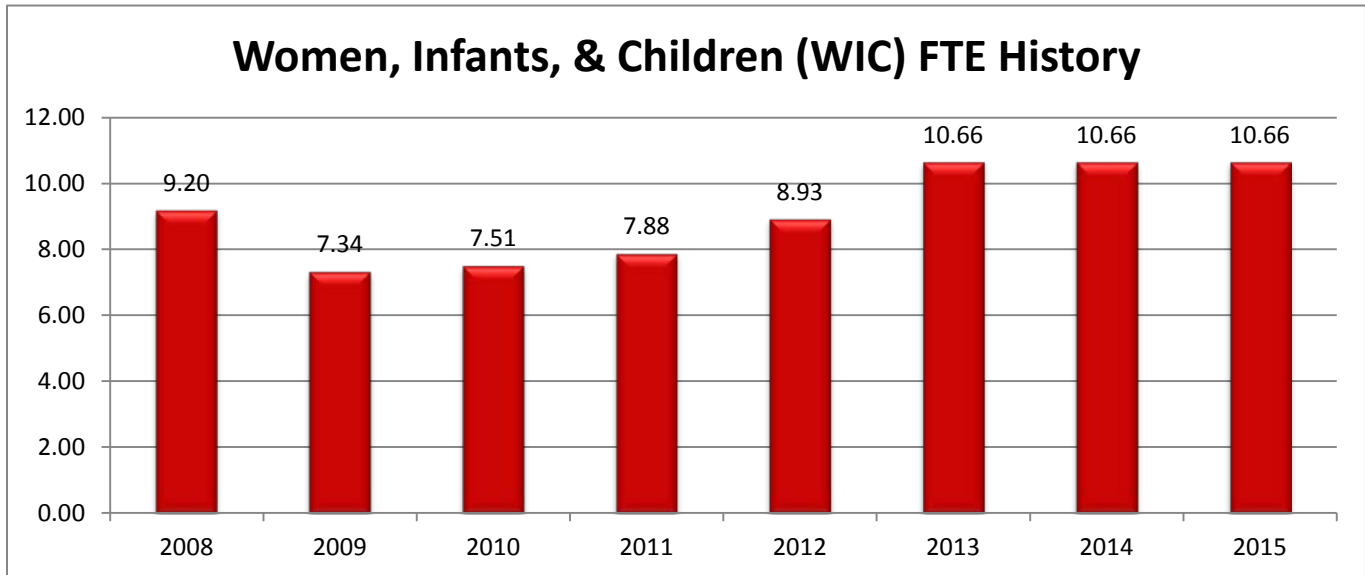
- ✓ In 2013, an additional full time Registered Dietitian was added to the WIC staff to better serve our nutritionally high-risk clientele.
- ✓ For World Breastfeeding Week 2013 (August 1-7), the Jackson County WIC program held an ice cream social and celebrated breastfeeding families of Jackson County. August has repeatedly been declared Michigan's Breastfeeding Awareness Month by current and past Governors, supporting and encouraging annual local celebrations.
- ✓ Collaboration between the local WIC program and the Fitness Council of Jackson continued through September 2013 in an effort to increase physical activity in WIC families.
- ✓ During FY 2013, the Jackson County WIC program's base caseload of 5,310 was often exceeded, with a record enrollment of 5,454 in January 2013.
- ✓ As of 2009, the WIC program has successfully transitioned to a paperless, internet-based data system, "MI-WIC". System improvements continued throughout 2013.
- ✓ In the fall of 2009, the WIC program revised food packages to include fresh fruits and vegetables, low-fat dairy choices, whole grains, and high fiber foods. Jarred baby food is now issued to infants 6-11 months of age to help improve nutrition status and to encourage appropriate introduction of solids. Soy milk is now an option for those with nutritional or medical need.
- ✓ The local WIC program has continued to incorporate child lead screenings into daily clinic services in attempt to increase the number of lead-screened children in Jackson County. Children with elevated lead levels are referred to the Children's Special Health Care program

Health Department

nurse for follow-up. For FY 2013, a record 1,013 children were lead screened in the WIC clinic.

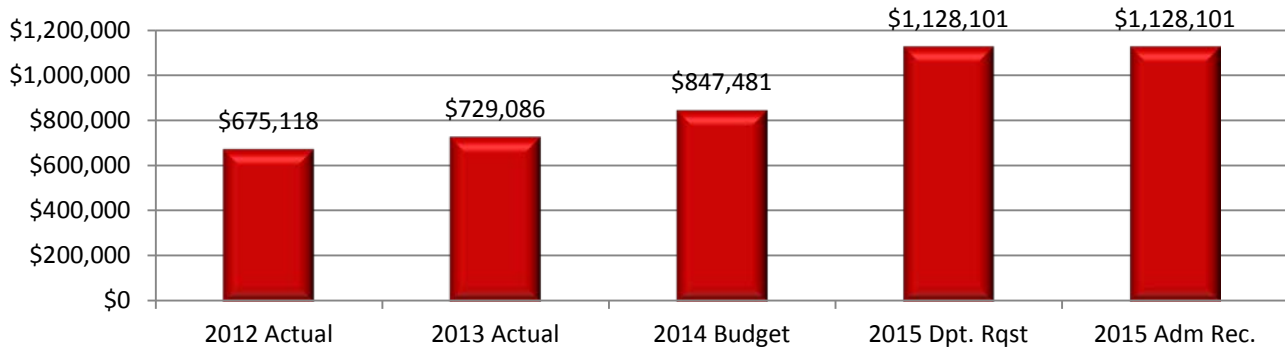
Budget Adjustments

There are no significant budget adjustments to this program. . Additional federal funding is available to support the WIC program for 2015.



Expenditure History					
	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	632,713	617,292	807,483	735,340	735,340
SUPPLIES & MATERIALS	35,799	31,639	34,458	21,100	21,100
CONTRACT SERVICES	616	1,742	1,300	1,800	1,800
OTHER EXPENSES	5,990	78,413	4,240	369,861	369,861
TOTAL PROGRAM COST	\$675,118	\$729,086	\$847,481	\$1,128,101	\$1,128,101

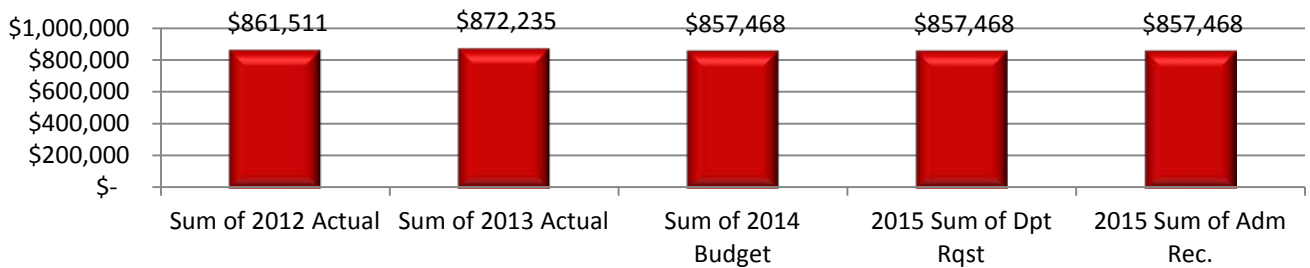
WIC EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
OTHER	255	1,335	-	-	
INTERGOVERNMENTAL	857,468	857,469	857,468	857,468	857,468
CHARGES/FEES	3,788	13,431	-	-	
TOTAL PROGRAM COST	861,511	872,235	\$857,468	\$857,468	\$857,468

WIC REVENUE



Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
WIC impacts the community's health status by reducing chronic disease rates and other negative health indicators, as well as increasing positive health indicators.						
Breastfeeding Initiation (Ever Breastfed)	57.3%	63.0%	63.8%	63.0%	65.0%	67.0%
Childhood Anemia	10.9%	13.7%	TBD	TBD	11.0%	10.0%
Childhood Obesity (\geq 2yrs; \geq 95 th %)	14.3%	12.9%	TBD	TBD	12.0%	11.0%
Lead Screened Children (ages 1-3)	26.6%	23.8%	TBD	TBD	21.0%	20.0%
Prenatal Care - First Trimester Enrollment	84.3%	84.7%	TBD	TBD	86.0%	88.0%
Prenatal Care - No Prenatal Care	8.2%	7.9%	TBD	TBD	7.0%	6.0%

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Client Enrollment	5809	5358	5401	5343	5350	5400
Client Participation	5275	5009	5062	4932	5150	5200

Soil Erosion & Sediment Control

Activities

Soil erosion & sediment control is a state and federal mandated program. The Jackson County Health Department Issues Soil Erosion and Sedimentation Control Permits and conducts inspections in accordance with Part 91 of the Natural Resources & Environmental Protection Act.

Strategic Plan Impact

- ✓ **Healthy Community**
- ✓ By operating the Soil Erosion and Sedimentation Control program in accordance with Part 91 of the Natural Resources and Environmental Protection Act, this program helps ensure that our lakes, rivers and streams are protected from sediment runoff; thus, allowing our citizens to enjoy our natural resources. In addition to the protection of our water resources, this program also minimizes the transport of valuable fertile topsoil by both natural and man-made activities to the landscape.

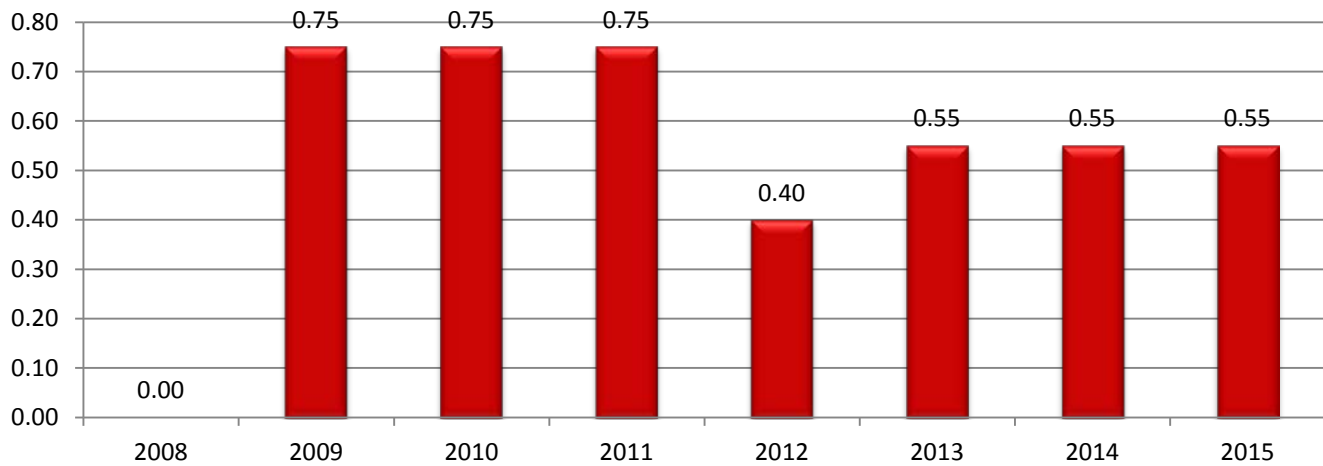
Accomplishments

- ✓ The Jackson County Health Department has operated the Soil Erosion and Sedimentation Control program since 2008. The program has been able to protect the natural environment and keep costs from erosion and sedimentation effects down in Jackson County. Nationwide, it is estimated that tens of billions of dollars are spent every year correcting the effects of erosion and sedimentation. The continued implementation of the Soil Erosion and Sedimentation Control program in Jackson County will benefit every citizen and have a positive effect upon businesses that rely upon a healthy environment.

Budget Adjustments

There are no significant budget adjustments to this program.

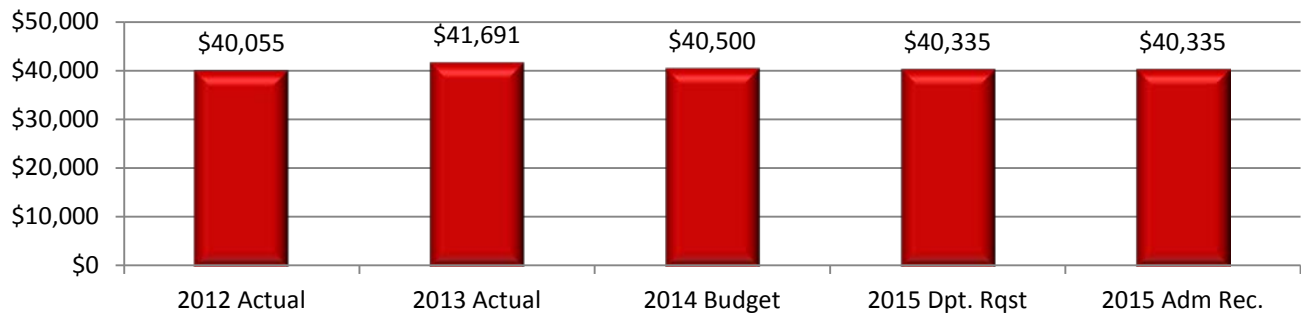
Soil Erosion FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	40,055	41,691	39,675	39,510	39,510
OTHER EXPENSES	-		825	825	825
TOTAL PROGRAM COST	\$40,055	\$41,691	\$40,500	\$40,335	\$40,335

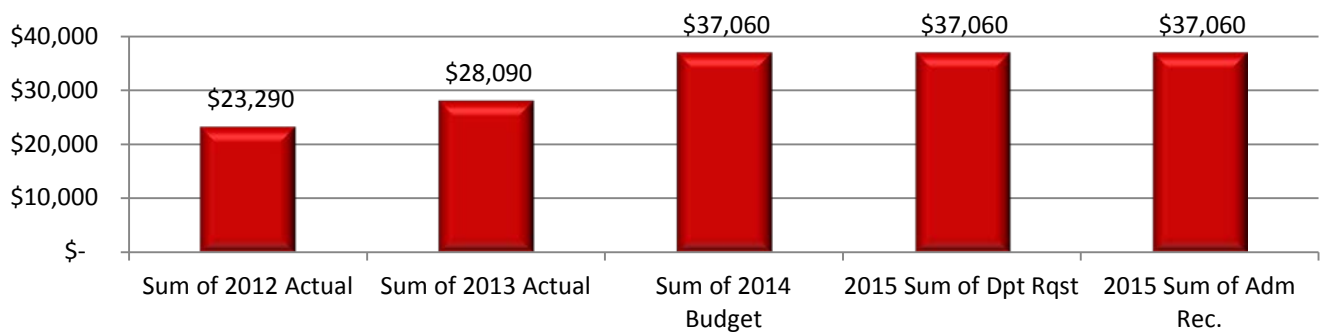
SOIL EROSION EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
CHARGES/FEES	23,290	28,090	35,370	35,370	35,370
INTERST/RENTS	-		315	315	315
OTHER	-		1,375	1,375	1375
TOTAL PROGRAM COST	\$23,290	\$28,090	\$37,060	\$37,060	\$37,060

SOIL EROSION REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Soil Erosion Permits Issued	85	74	75	68	75	80



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AIDS Counseling

Activities

Confidential and/or anonymous counseling and testing is provided in a clinic setting. Personal risk assessments for HIV are also done in the TB and STD Clinics. Counseling includes education intended to reduce or eliminate high risk behaviors. The goal is that all clients tested for HIV receive post-test counseling. The certified nurse counselor assists HIV positive clients with partner counseling and referral services (PCRS) and medical and/or psychological referrals as needed.

Strategic Plan Impact

✓ **Healthy Community**

The goal of the HIV/AIDS Program is to provide professional, confidential and/or anonymous counseling and testing of clients in an effort to decrease the morbidity associated with undiagnosed HIV disease. Counseling is also done to educate clients in risk reduction measures to prevent the potential exposure to HIV and therefore the transmission of the disease.

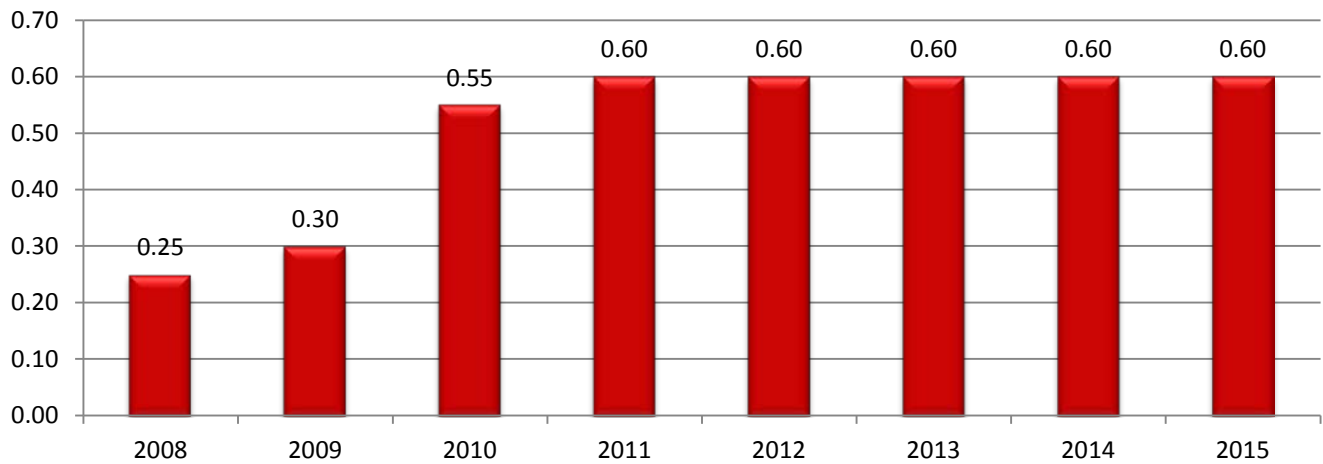
Accomplishments

- ✓ HIV/AIDS Counseling and Testing Staff participated in National HIV Test Day in 2012 and 2013. Public services announcements were sent out and walk-in HIV testing was offered.
- ✓ JCHD successfully completed the accreditation process in 10/2013 without deficiencies and received numerous “special recognitions.”
- ✓ Staff offered and provided Partner Counseling and Referral Services (PCRS) to any client diagnosed with HIV in the county (excluding prisoners at MDOC).
- ✓
- ✓ Local physicians and community partners have been updated on pertinent Public Health issues, including HIV/AIDS, through community presentations as requested.

Budget Adjustments

There are no significant budget adjustments to this program.

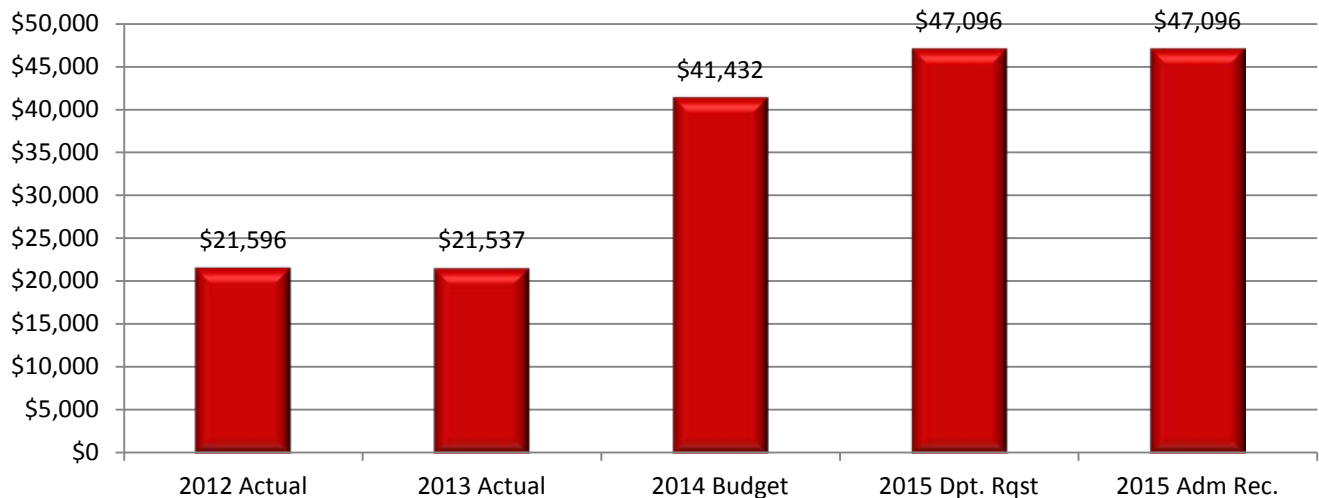
AIDS Counseling & Testing FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	21,377	18,483	38,632	29,715	29,715
SUPPLIES & MATERIALS	2	492	1,800	1,800	1,800
CONTRACT SERVICES			200	200	200
OTHER EXPENSES	217	2,562	800	15,381	15,381
TOTAL PROGRAM COST	\$21,596	\$21,537	\$41,432	\$47,096	\$47,096

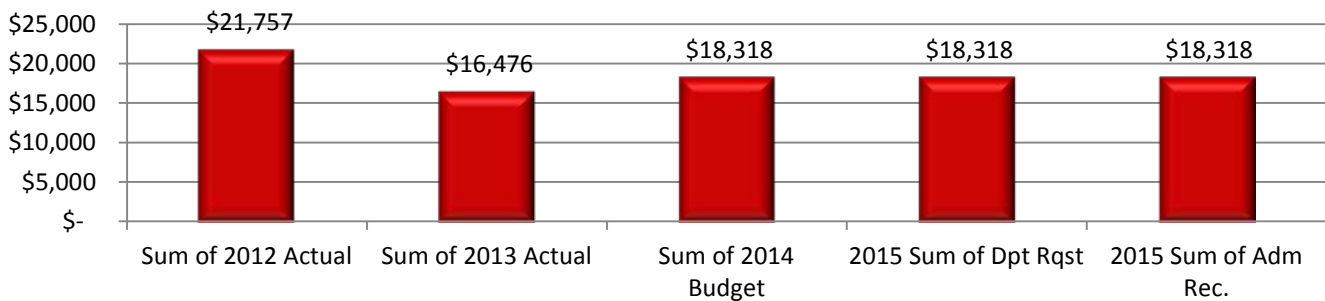
AIDS COUNSELING & TESTING EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
OTHER		-	-	-	
INTERGOVERNMENTAL	21,757	16,476	18,318	18,318	18,318
TOTAL PROGRAM COST	\$21,757	\$16,476	\$18,318	\$18,318	\$18,318

AIDS COUNSELING & TESTING REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
HIV Prevalence Rates for Jackson County. **	82	90	91	92	TBD	TBD
** Numbers do not reflect statistics from the prison.						
(Fiscal Year Statistics)						

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Clients Counseled and Tested for HIV	627**	597	523	467	TBD	TBD
HIV New Cases	9	7	0	12	TBD	TBD
(Fiscal Year Statistics) ** Rapid HIV Testing” began 1/11/2010 on a walk-in basis.						



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Tobacco Reduction Program

Activities

Encourage the reduction of tobacco use. Inform and educate the public and specific target groups of the hazards of tobacco use. Develop and promote policies and procedures which will encourage and assist target groups in being tobacco free; Propose local ordinances and encourage enforcement which would restrict the sale of tobacco products, and thus enhance the health of the whole community.

Strategic Plan Impact

✓ **Healthy Community**

The Jackson Tobacco Reduction Coalition serves as a multi-agency collaboration whose focus is on reducing tobacco use through education, prevention, cessation, and advocacy efforts. Improving the overall health of Jackson County citizen is our goal through a reduction in the number of heart attacks, rates of pulmonary disease (asthma, COPD) as well as chronic disease rates (lung and other types of cancers).

Accomplishments

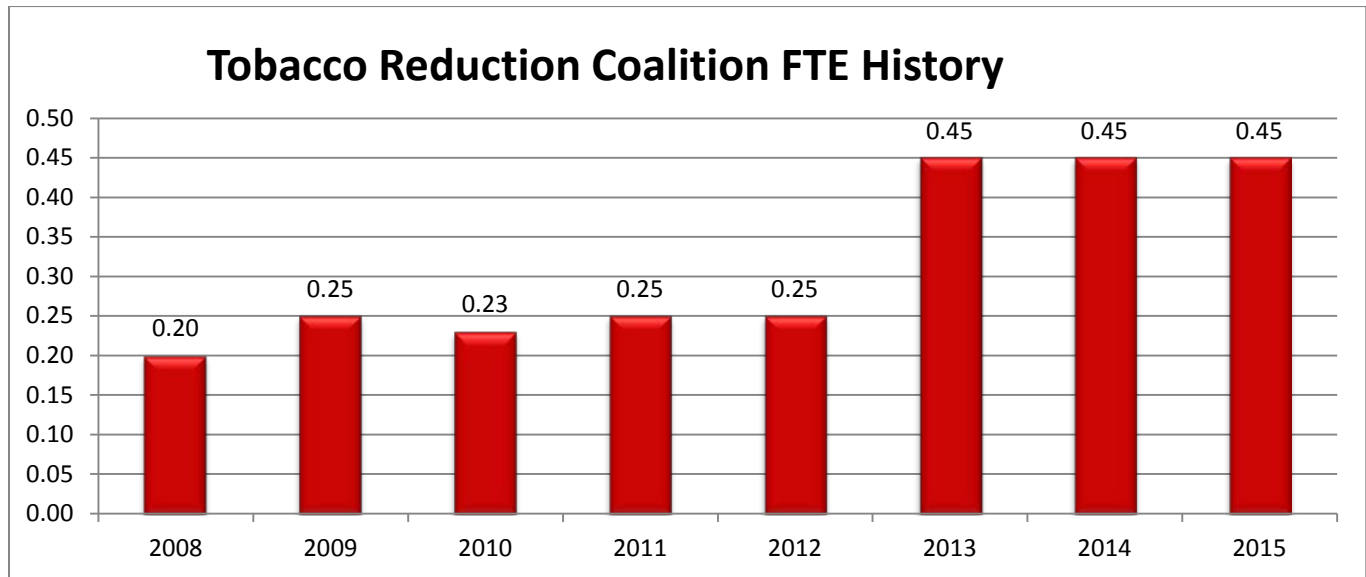
- ✓ 13 Public and 2 Parochial School districts have currently adopted Comprehensive Tobacco Free Policies to protect the health of their students, staff and visitors..
- ✓ Metal Outdoor signs and door signs were distributed to all of the schools who implemented comprehensive tobacco free policies in order to create greater awareness. The Tobacco Reduction Coalition / Smoking Action Team (Health Improvement Organization Action Team) has updated their goals and objectives to reflect the tobacco workplans for the various member organizations.
- ✓ The HIO has determined that reduced smoking and exposure to secondhand smoke and tobacco is one of the main priority areas which will be addressed in their Five Year Community Action Plan 2013-2020, in an effort to improve the health of Jackson County by promoting healthy lifestyles and policy changes that will have a greater overall impact on Jackson County residents.
- ✓ Collaborations with community partners such as Jackson County Substance Abuse Prevention Coalition, Health Improvement Organization, and the Coordinated School Health Council bring separate but closely linked tobacco prevention workplans together to add additional tobacco prevention resources for the Jackson Community.

Health Department

- ✓ The Jackson County Tobacco Reduction Coalition applied for and received Michigan Department of Community Health funding to work with local Ob/Gyn physicians to increase fax referrals to the MDCH Tobacco Quitline and to work towards increasing the number of smoke free multi-unit housing complexes in Jackson County. .
- ✓ The JTRC continues to serve as an expert on tobacco issues and provide education, prevention and cessation resources to the community and media in order to reduce tobacco use in the Jackson Community.

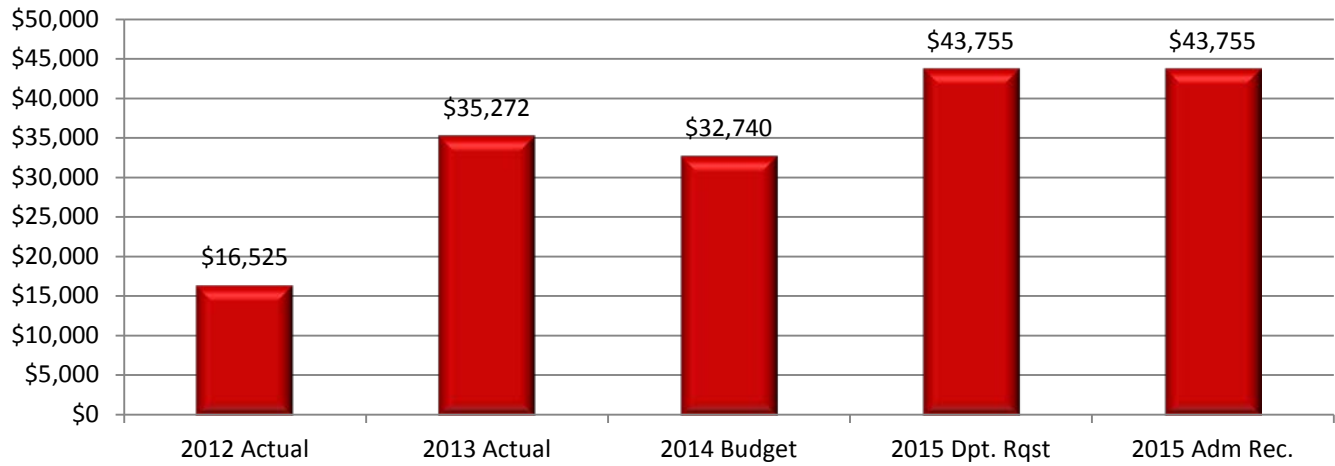
✓ Budget Adjustments

There are no significant budget adjustments to this program.



Expenditure History					
	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	18,315	18,445	29,375	27,020	27,020
SUPPLIES & MATERIALS	-1,233	1,989	1,600	1,476	1,476
CONTRACT SERVICES	-574	12,130	1,200	1,000	1,000
OTHER EXPENSES	17	2,708	565	14,259	14,259
TOTAL PROGRAM COST	\$16,525	\$35,272	\$32,740	\$43,755	\$43,755

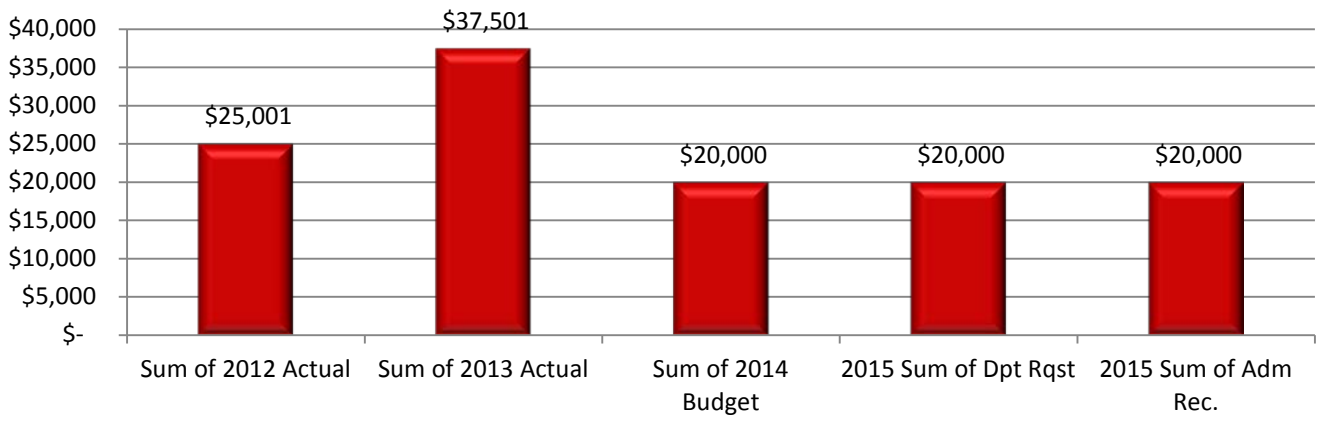
TOBACCO REDUCT. COALITION EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	25,001	37,501	20,000	20,000	20,000
TOTAL PROGRAM COST	\$25,001	\$37,501	\$20,000	\$20,000	\$20,000

TOBACCO REDUCT. COALITION REVENUE



Strategic Outcomes

Indicator	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
Jackson County Smoking Rate by Source						
Smoking Rate of City Residents ¹	TBD	35%	NA	NA	NA	
Smoking Rate of County Residents ²	TBD	22.3%	NA	NA	NA	NA
7 th Gr. Youth Tobacco Use - Past 30 days ³	4%	NA	3%	NA	NA	NA
9 th Gr Youth Tobacco Use – Past 30 days ⁴	18%	NA	12%	NA	NA	NA
11 th Gr Youth Tobacco Use –Past 30 days ⁵	26%	NA	18%	NA	NA	NA
Smoke-Free						
Smoke-Free Worksites as of May 1, 2010 ⁶	ALL*	ALL	ALL	ALL	ALL	ALL
Smoke-Free Restaurants as of May 1, 2010 ⁷	ALL*	ALL	ALL	ALL	ALL	ALL

Other Key Indicators

Indicator	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Target	2015 Target
Quit Line Callers FY	162	84	121	156	135	135
Quit Line Enrollees FY	141	NA*	NA*	NA*	NA*	NA*

*The MDCH Quitline transferred to a new vendor on 10/1/2011, Jewish National Health. The county enrollee breakdown is no longer available.

¹ Community Health Assessment Report 2011

² Ibid

³ MIPHY 2010, 2012

⁴ Ibid

⁵ Ibid

⁶ Implementation of Dr. Ron Davis Smoke Free Law

⁷ Implementation of Dr. Ron Davis Smoke Free Law

Immunization Action Plan

Activities

Coordination of a multitude of activities aimed at increasing early childhood immunizations, i.e. teleconferences, MCIR User Group meetings, and school/daycare/preschool in-services. Participants of these activities are health care professionals, health department immunization staff, provider office staff who treat daycare/ preschool and school age children. The teleconferences referenced above included the following topics; Adult and General Immunization Updates, Influenza, and the Epidemiology and Prevention of Vaccine Preventable Diseases.

Strategic Plan Impact

- ✓ **Healthy Community**
- ✓ The goal of the Immunization Action Plan is to increase the public's knowledge of vaccine-preventable diseases and of the available, respective vaccines. With increased knowledge, it is therefore the goal to increase immunization rates across the lifespan, to help prevent communicable diseases.

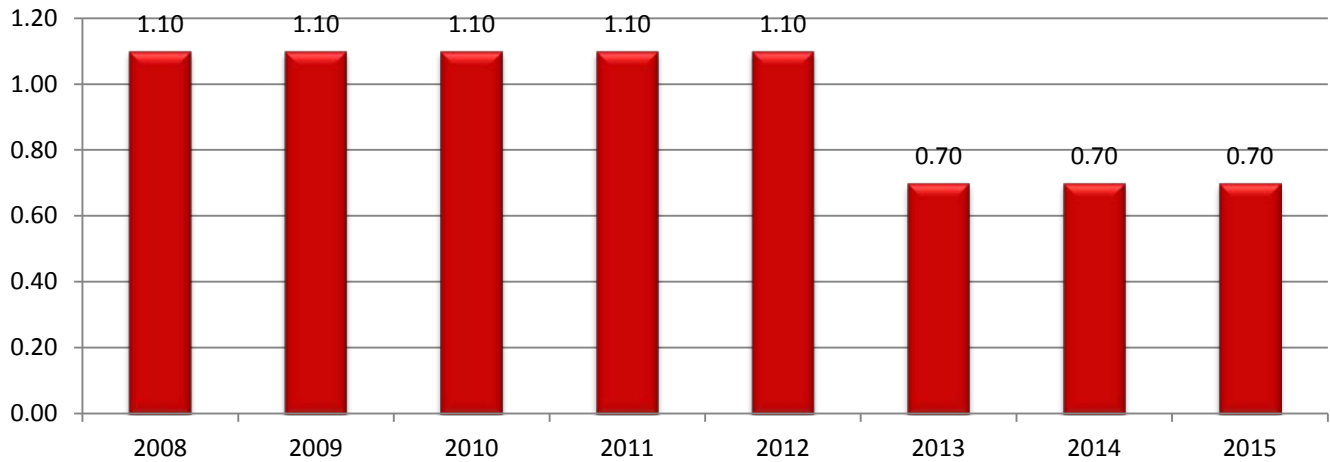
Accomplishments

- ✓ Community immunization education efforts have expanded to include , , service organizations, prenatal classes, middle and high school orientations, kindergarten round-ups, health fairs, immunization reporting staff at schools, immunization reporting staff at licensed childcare facilities, , the Intermediate School District, etc.
- ✓ Worked extensively with school personnel regarding school compliance for immunization of all new school entrants and 6th grade assessment.
- ✓ JCHD continues to be an active participant in the Community Immunization Forum

Budget Adjustments

There are no significant budget adjustments to this program.

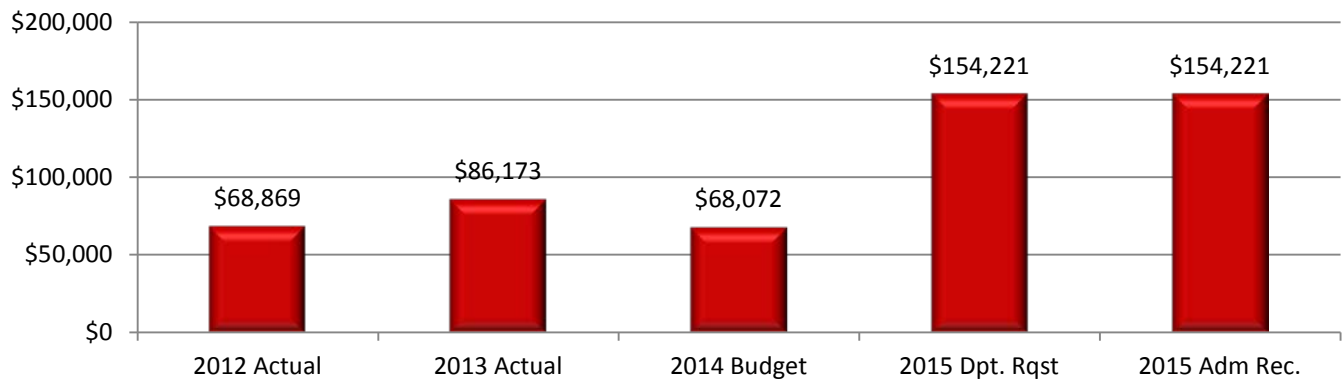
Immunization Action Plan FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	68,357	77,427	65,485	101,720	101,720
SUPPLIES & MATERIALS	209	4	1,050	1,050	1,050
CONTRACT SERVICES	-	9	300	300	300
OTHER EXPENSES	303	8,733	1,237	51,151	51,151
TOTAL PROGRAM COST	\$68,869	\$86,173	\$68,072	\$68,072	\$154,221

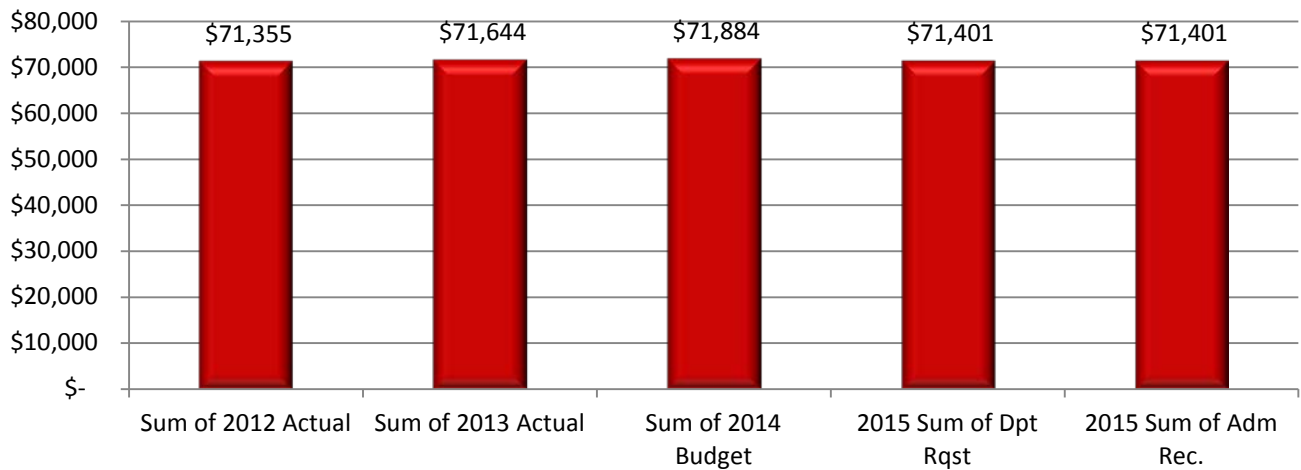
IMMUNIZATION ACTION PLAN EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	71,355	71,644	71,884	71,401	71,401
TOTAL PROGRAM COST	\$71,355	\$71,644	\$71,884	\$71,401	\$71,401

IMMUNIZATION ACTION PLAN REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Jackson County children ages 19-36 months adequately immunized.	74%	77%	77%	79%	80%	82%
Jackson County children ages 13-15 years adequately immunized.	56%	65%	73%	75%	77%	80%

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Immunization Education Sessions	43	27	34	36	35	35
Immunization Education Participants	1,004	740	752	735	740	740



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Car Seat Safety Program

Activities

The Car Seat Safety Program provides low cost, safe, affordable child safety seats, education, and public awareness efforts aimed at decreasing the number of traffic fatalities and injuries for children ages 0-8 years.

Strategic Plan Impact

✓ Healthy Community

The purpose of the Car Seat Safety Program is to ensure that all families in Jackson County have access to safe, affordable car seats. In addition to providing car seats, the Car Seat Safety Program educates parents/caregivers on how to correctly secure their child in the car seat and how to properly install the car seat in the vehicle. The goal of the program is car seat safety program is to reduce the risk of injury to children age 0-8 in Jackson County, due to not being properly restrained in a car seat or buckled incorrectly in a vehicle.

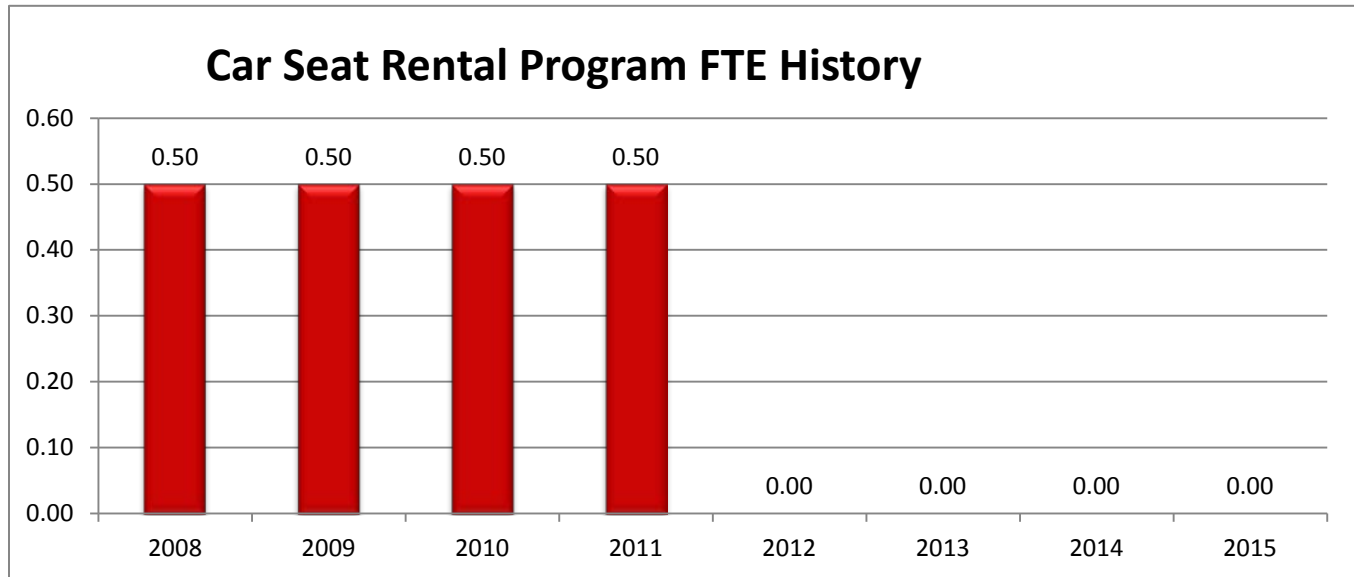
Accomplishments

- ✓ Two certified Child Passenger Safety Technicians successfully recertify every 2 years.
- ✓ Assist with approximately two free Car Seat Safety Check Events which are held at various locations throughout the year.
- ✓ Provide two presentations per month on infant car seat safety for parents attending the Stork Club at Allegiance Health System. Provide approximately three car seat safety presentations per year for various Jackson County Agencies and organizations.
- ✓ Provide car seat safety checks, low cost car seats, car seat safety education and short-term rental car seats during program hours.
- ✓ Since 2012, through a grant from the Office of Highway Safety Planning (OHSP), receive free convertible car seats, high back with harness car seats and booster seats. Distribute approximately 325 per year. Secured \$10,000 in funding from the Jackson Traffic Safety Planning Commission to provide car seat safety education and infant carrier car seats. Continuing our collaboration with Allegiance Health to incorporate car seat safety education into various areas of the Allegiance Health System.
- ✓ Sole source in Jackson County for safe, affordable car seats and car seat safety education.

Health Department

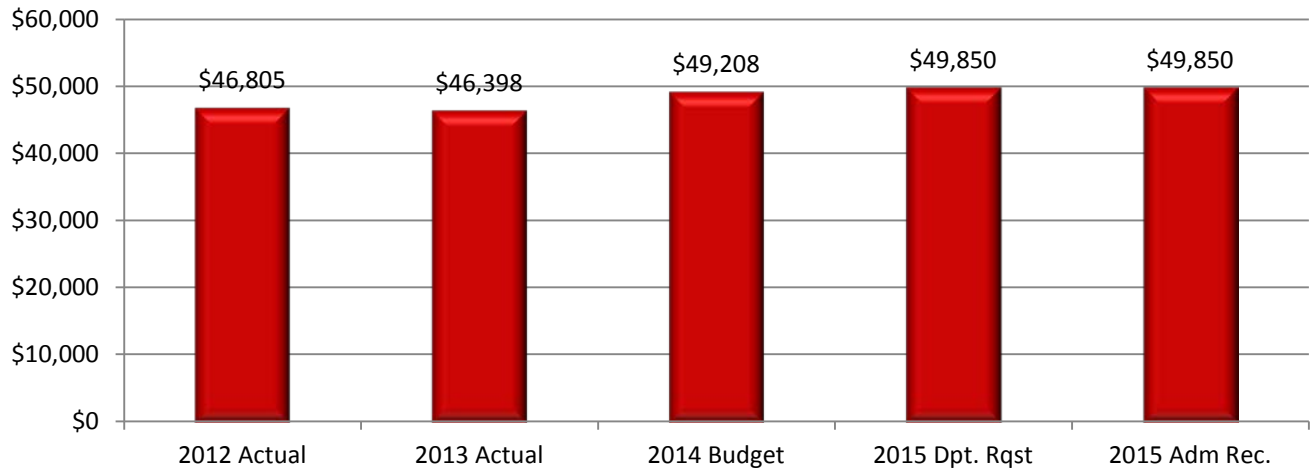
Budget Adjustments

There are no significant budget cuts to the 2015 budget.



Expenditure History					
	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	41,459	44,282	42,408	43,050	43,050
SUPPLIES & MATERIALS	5,127	1,755	6,100	6,100	6,100
CONTRACT SERVICES		-	-	-	
OTHER EXPENSES	219	361	700	700	700
TOTAL PROGRAM COST	\$46,805	\$46,398	\$49,208	\$49,850	\$49,850

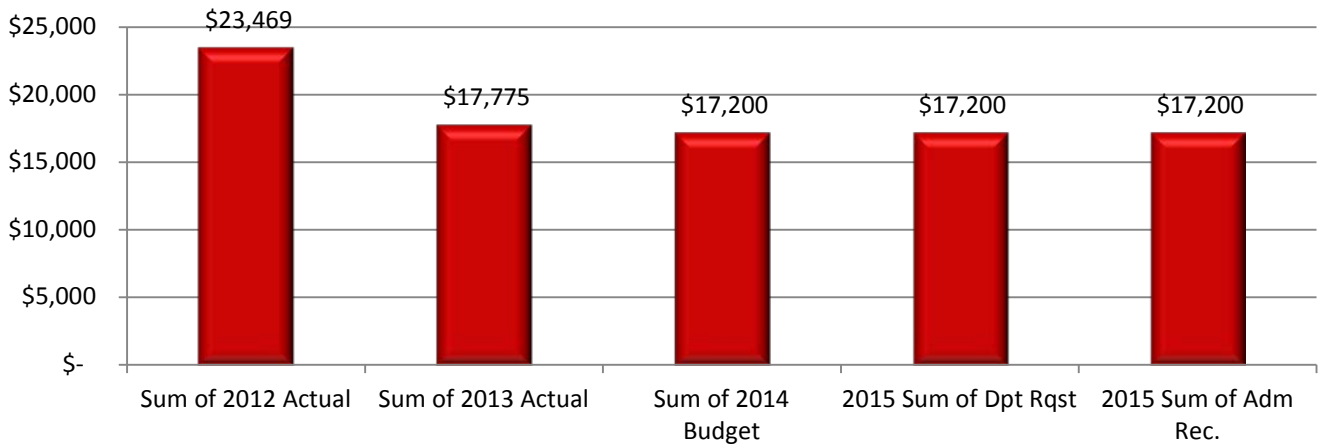
CAR SEAT SAFETY PROGRAM EXPENDITURES



Revenue History

	2012 ACTUAL	2013 ACTUAL	2014 BUDGET	2015 DEPT REQUESTED	2015 BUDGET
OTHER	8,304	7,775	7,200	7,200	7,200
INTERGOVERNMENTAL	15,165	10,000	10,000	10,000	10,000
TOTAL PROGRAM COST	\$23,469	\$17,775	\$17,200	\$17,200	\$17,200

CAR SEAT SAFETY PROGRAM REVENUE



Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Number of children served (at reduced risk of injury because riding in safe car seat).	675	656	466	461	425	425
Number of adults served (increased knowledge of car seat safety).	736	821	549	549	475	475
Number of children age 0-8 involved in crash in Jackson County.	69*	189*	102*	84*	N/A	N/A
Number of children age 0-8 involved in crash in Jackson County that were restrained in a child safety seat.	48*	139*	68*	65*	N/A	N/A

* Oct 1, 2011 – June 30, 2012

* Oct 1, 2010 - Sept 30, 2011

* Oct 1, 2012 – June 30, 2013

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Car Seats Provided	582	599	400	428	375	375
Education Sessions Provided	715	773	456	477	400	400
Car Seat Checks Provided	131	92	68	54	40	40
FTE's	.5	.6	.6	.7	.7	.7

Abstinence Program

Activities

The JCHD Abstinence Program will provide school based intervention and after school /summer interventions to 10-15 year old City of Jackson youth. These interventions will educate youth and parents about the health risks with early initiation of sexual activity, use of refusal and resistance skills, abstinence as a healthy choice, and increase parent/child communication about risky behaviors. The JCHD Abstinence Program will create an advisory sub-committee of the Jackson Teen Pregnancy Prevention Initiative (TPPI) to focus on abstinence programming and related issues in our community. Lastly, the Program will provide resources and information on teen pregnancy, abstinence, STD's, and related topics to the community at large.

Strategic Plan Impact

✓ Healthy Community

The goal of the JCHD Abstinence Program is ultimately to reduce the rate of teen pregnancy and sexually transmitted diseases among youth of Jackson County. This goal will be achieved by providing intense intervention through school based and after school/summer program opportunities.

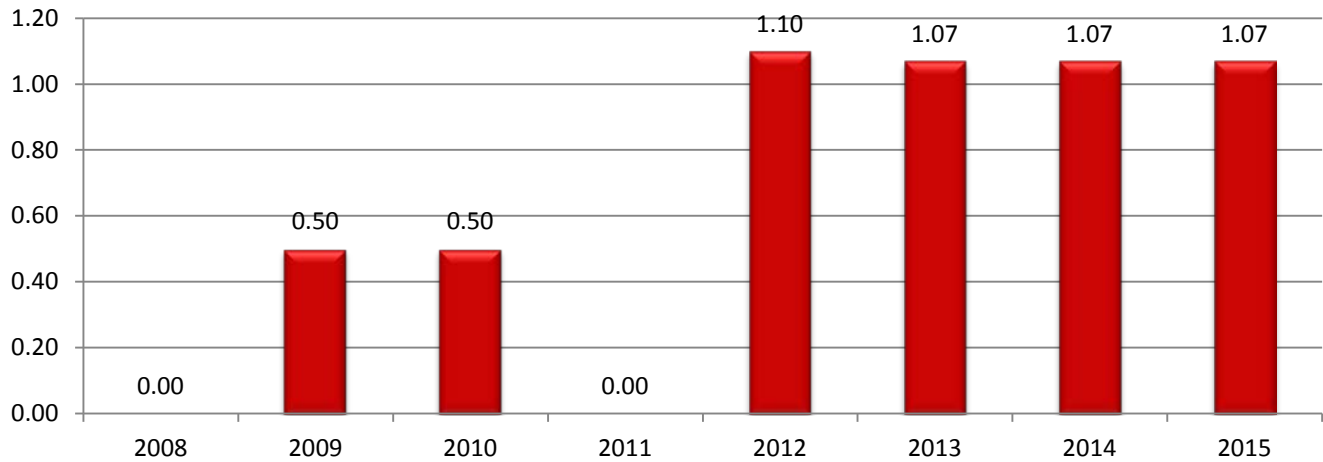
Accomplishments

- Provided fifteen hours of classroom intervention to 319 sixth graders in Jackson Public Schools
- Forty youth, aged 10-15, participated in the Get REAL Summer Program
- Ten teen mentors worked in the Get REAL Summer Program providing positive role modeling and skill development to all our participants
- Received additional funding from the Michigan Abstinence Program to implement the Be You Project After School Program for sixteen youth, aged 11-13
- Collaborated on a Talk Early Talk Often Parent Workshop for parents in our community
- Created and implemented a television media campaign targeting teens and parents

Budget Adjustments

There are no significant budget adjustments to this program.

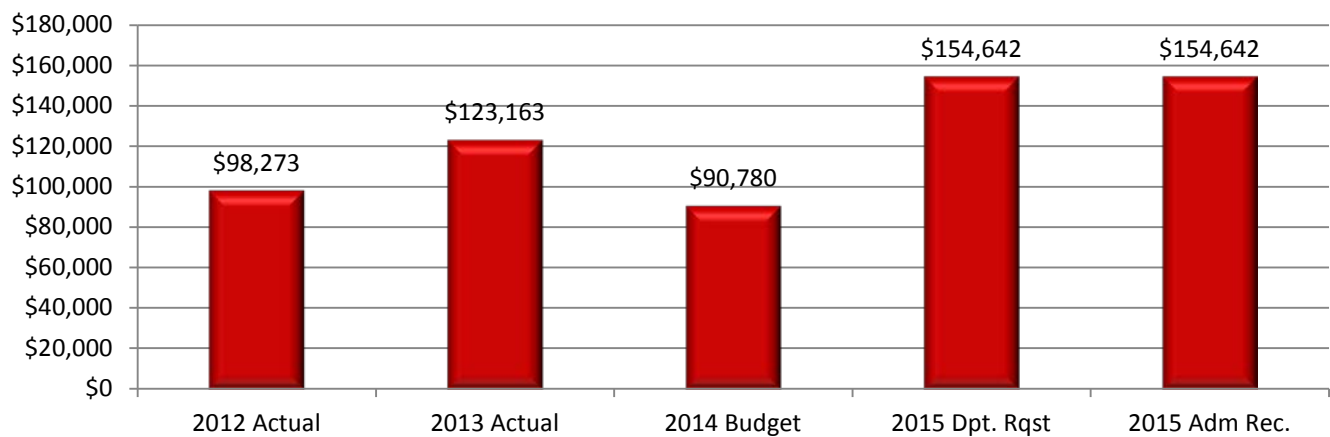
Abstinence Program FTE History



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	75,280	80,890	86,495	88,875	88,875
SUPPLIES & MATERIALS	8,176	5,721	1,400	2,300	2,300
CONTRACT SERVICES	12,029	26,616	1,200	17,900	17,900
OTHER EXPENSES	2,788	9,936	1,685	45,567	45,567
TOTAL PROGRAM COST	\$98,273	\$123,163	\$90,780	\$154,642	\$154,642

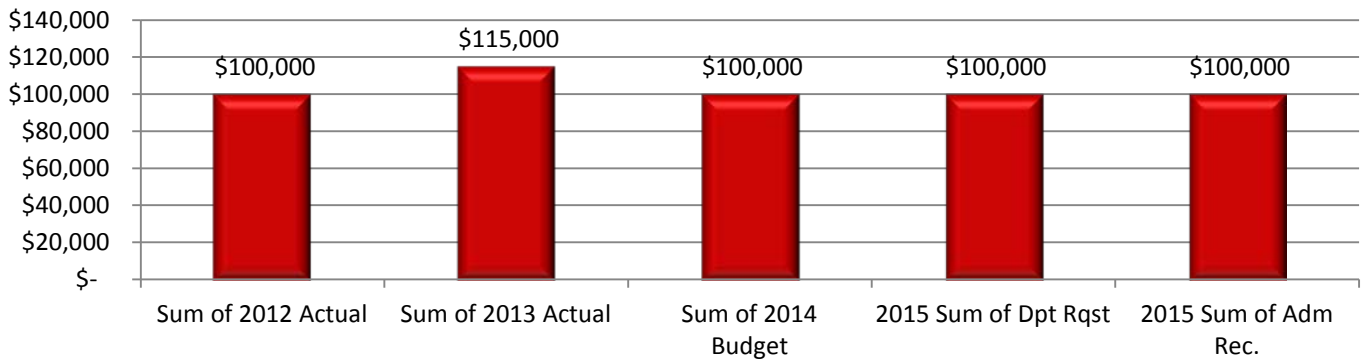
JACKSON COUNTY ABSTINENCE PRNT EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	100,000	115,000	100,000	100,000	100,000
TOTAL PROGRAM COST	\$100,000	\$115,000	\$100,000	\$100,000	\$100,000

JACKSON COUNTY ABSTINENCE PRNT REVENUE



Strategic Outcomes

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Teenage pregnancy rate (per 1,000)	60.3	46.0	N/A	44.0	43.0	42.0

Other Key Indicators

<u>Indicator</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Actual</u>	2014 <u>Target</u>	2015 <u>Target</u>
Number of 10-15 year old youth reached	N/A	N/A	404	350	319	325
Number of parents reached	N/A	N/A	150	53	50	50



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Teen Pregnancy Reduction

Activities

The Teen Pregnancy Prevention Initiative (TPPI) is a community-wide effort led by the United Way of Jackson County and the Jackson County Health Department. The TPPI includes a diverse membership representing various sectors of the community, including parents, teens, community leaders, faith based groups, health care professionals, and individuals who are concerned about the issue of teen pregnancy in Jackson County. The TPPI has four goals as part of a strategic plan for teen pregnancy prevention in Jackson County which include: Maintain the TPPI as an active, sustainable collaborative that works to improve the sexual health in Jackson County; improve the adolescent sexual health in Jackson County; improve parent-child communication regarding adolescent sexual health; and improve community awareness regarding adolescent sexual health.

Strategic Plan Impact

- ✓ The purpose and goal of the Teen Pregnancy Prevention Initiative (TPPI) is to reduce the teen pregnancy rate and address contributing factors for Jackson County's young people. This goal is achieved by providing education to Jackson County's young people, parents, local school districts, and the general public through evidence-based programming and special projects. Teen Pregnancy is closely linked to other critical social issues including: poverty and income disparity, overall child well-being, infant mortality, out-of-wedlock births and marriage, responsible fatherhood, workforce development, education levels/school failure, child abuse and neglect, child welfare, and juvenile delinquency/incarceration.

Accomplishments

- ✓ From 2006 to 2011, the Jackson County teen pregnancy rate decreased by **42%**. **The TPPI began in 2006. Jackson County has consistently ranked in top 10 in the state for highest rate of teen pregnancy, but with 2011 rate, Jackson County now ranks 32nd highest.**
- ✓
- ✓ A local teen pregnancy prevention video titled 'I WISH' was produced in the fall of 2008. The video featured eight local teen parents discussing their experiences and challenges as teen parents. Over 70 copies have been distributed to local school districts and agencies in Jackson County. In the fall of 2009, a statewide version of the 'I WISH' video was created and to date over 80 copies have been purchased across the state of Michigan
- ✓ 'I WISH' in-school assemblies took place beginning in the spring of 2009. Nearly 7,000 students have seen the video along with drama performances and/or testimonies of teen parents through 'I WISH' Assemblies at high need Jackson County schools in the past

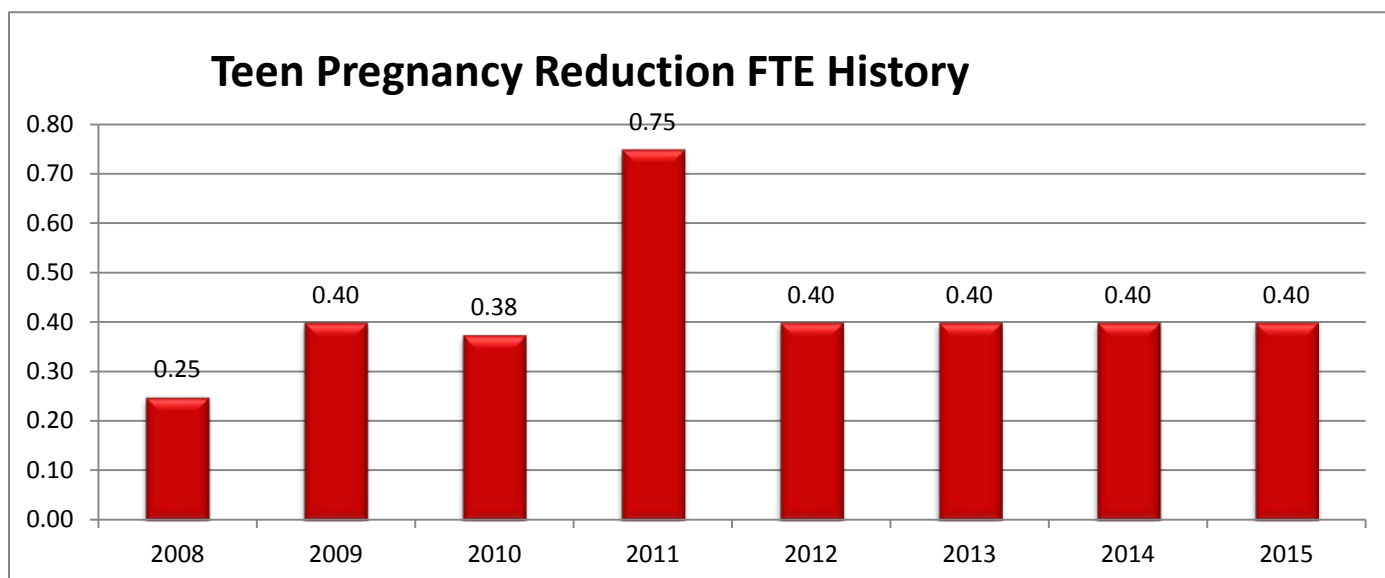
Health Department

4years, including Michigan Center, Jackson High School, Middle School at Parkside, Northwest, Columbia, and Springport.

- ✓ Teens from Jackson High School came up with the ‘Pregnancy is Not OUR Legacy’ slogan in the fall of 2008. This slogan has been used in successful media campaigns and in schools across Jackson County. The message has become very popular with teens to wear on t-shirts and bracelets.
- ✓ An active Teen Advisory Council was created in April of 2010 which includes 15 Jackson County high school students. The Teen Advisory Council provides feedback on TPPI programs and plans positive activities for teens to promote the message of the initiative. As a result the TPPI has a strong presence in many county districts.
- ✓ The TPPI Coordinator has established a relationship with many county school districts to provide resources and technical assistance to Sex Education Advisory Committees in the areas of evidence-based sex education strategies
- ✓ In October of 2012, the TPPI received funding from the Taking Pride in Prevention Program for a 3- year period through the Michigan Dept. of Community Health. This funding is for the Teen Outreach Program, which targets 150 youth in the City of Jackson ages 12-19. We operate 10 TOP Clubs at : da Vinci High School, T.A. Wilson , Western Options, Middle School at Parkside.
- ✓ A Talk Early Talk Often parent workshop is held each year for parents on how to communicate with their child about sex.

Budget Adjustments

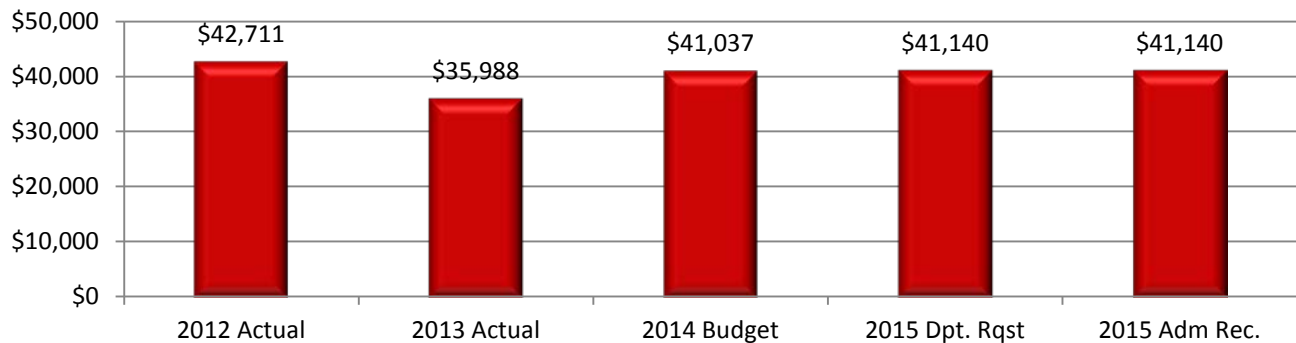
There are no significant budget adjustments to this program.



Expenditure History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
PERSONNEL SERVICES	36,028	34,435	40,637	40,740	40,740
SUPPLIES & MATERIALS	6,256	840	-	-	
CONTRACT SERVICES	75	225	-	-	
OTHER EXPENSES	352	488	400	400	400
TOTAL PROGRAM COST	\$42,711	\$35,988	\$41,037	\$41,140	\$41,140

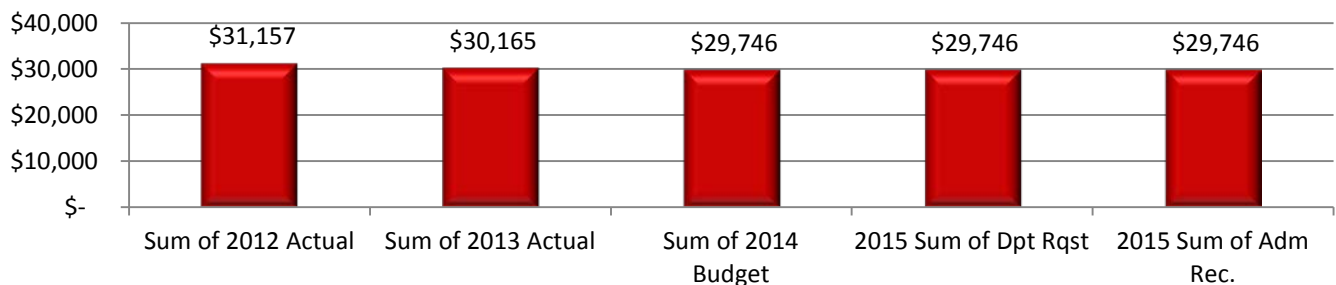
TEEN PREGNANCY REDUCTION PROJ EXPENDITURES



Revenue History

	2012 <u>ACTUAL</u>	2013 <u>ACTUAL</u>	2014 <u>BUDGET</u>	2015 DEPT <u>REQUESTED</u>	2015 <u>BUDGET</u>
INTERGOVERNMENTAL	30,209	29,621	29,746	29,746	29,746
OTHER	948	544	-	-	
TOTAL PROGRAM COST	31,157	30,165	\$29,746	\$29,746	\$29,746

TEEN PREGNANCY REDUCTION PROJ REVENUE



Strategic Outcomes

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Teenage pregnancy rate (per 1,000 live births among 15-19 years olds)	60.3	46.0	45.0	45.0	44.0	43.0

Other Key Indicators

<u>Indicator</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Actual</u>	<u>2014 Target</u>	<u>2015 Target</u>
Number of school districts collaborating with TPPI on programming	5	8	8	8	10	10
Number of young people/parents reached through TPPI programming	2,500	3,000	3,000	3,000	3,000	3,000
Number of youth who successfully completed the Teen Outreach Program	NA	NA	111	75	75	75
Number of parents who attended the Talk Early Talk Often workshop	NA	NA	30	21	25	25