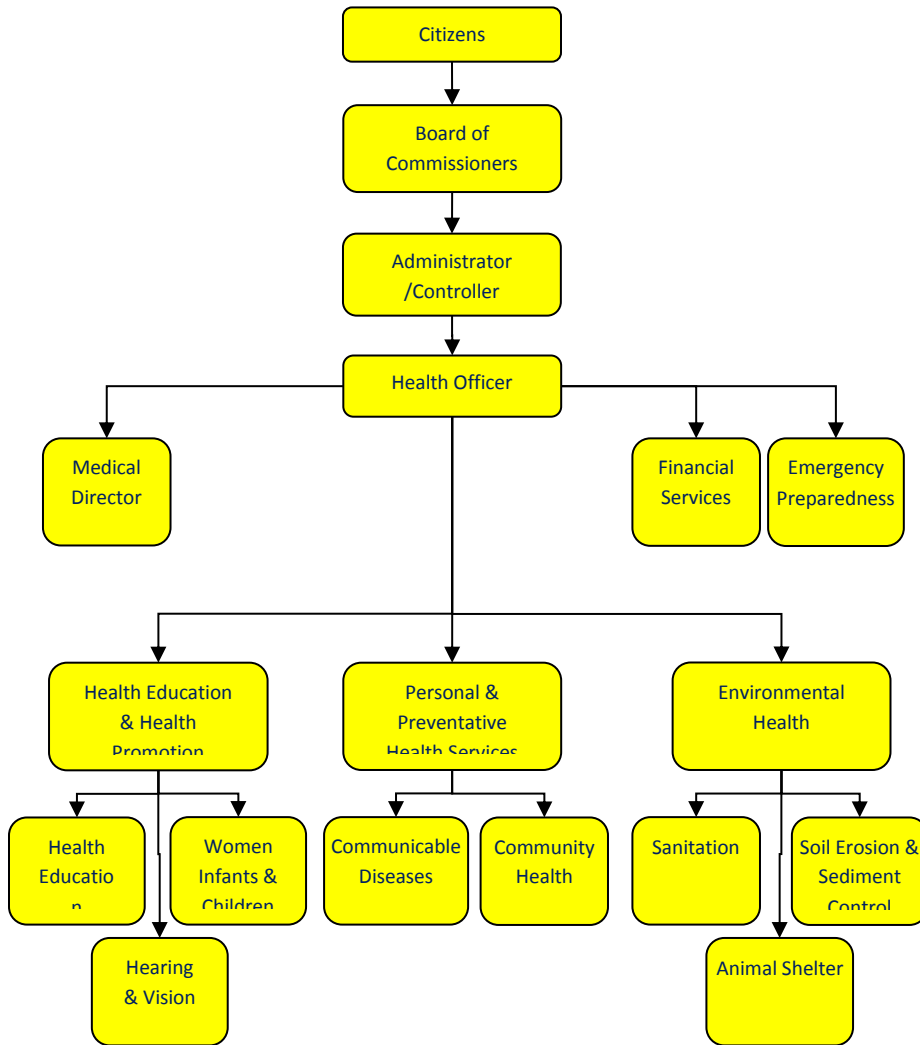


# Health Department



## Programs

The Health Department is responsible for:

- 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 Rental Program
- Abstinence Program
- Teen Pregnancy Reduction

## Mission Statement

The Jackson County Health Department continually endeavors to prevent disease, prolong life, and promote public health.

# Health Administration

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## Activities

The Health Administration program is responsible for administering all Health Department Programs, which includes program functions, personnel, and financial responsibilities. Health Department programs endeavor to prevent disease, prolong life, and promote public health.

## 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.

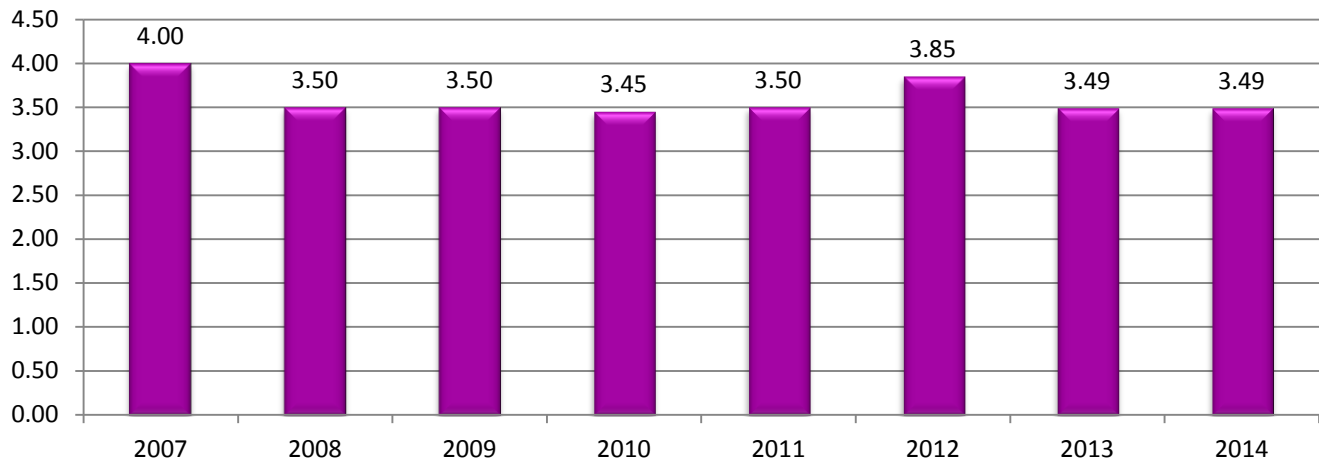
## Accomplishments

- ✓ Third round Accreditation Review by State of Michigan indicated only 3 minor deficiencies during the initial visit, the need for an additional four hours of medical direction per week.
- ✓ Even though there is increased demand for a majority of our programs, we continue to operate within budget and within our FTE allowance.
- ✓ Working closely with the Health Improvement Organization to implement the Community Action Plan.

## Budget Adjustments

Health reserve fund will be used to cover indirect costs for 2012.

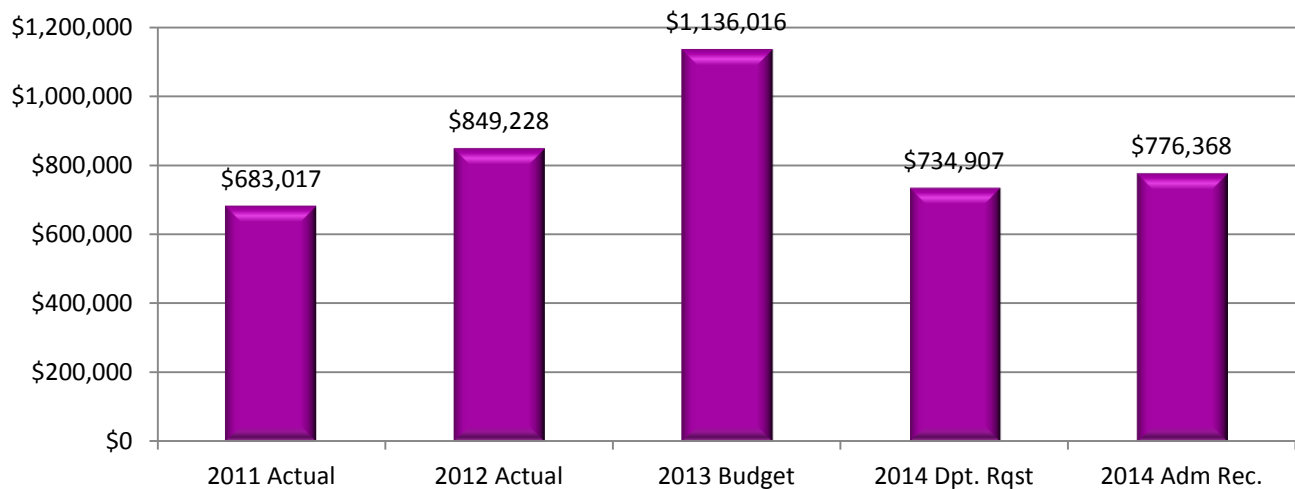
### Health Administration FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	282,718	271,981	269,024	274,515	399,562
SUPPLIES & MATERIALS	20,392	20,756	32,675	32,675	21,500
CONTRACT SERVICES	357,966	442,413	356,586	356,586	294,075
OTHER EXPENSES	21,941	114,078	248,131	71,131	61,231
TRANSFER OUT	-	-	229,600	-	-
<b>TOTAL PROGRAM COST</b>	\$683,017	\$849,228	\$1,136,016	\$734,907	\$776,368

### HEALTH ADMINISTRATION EXPENDITURES

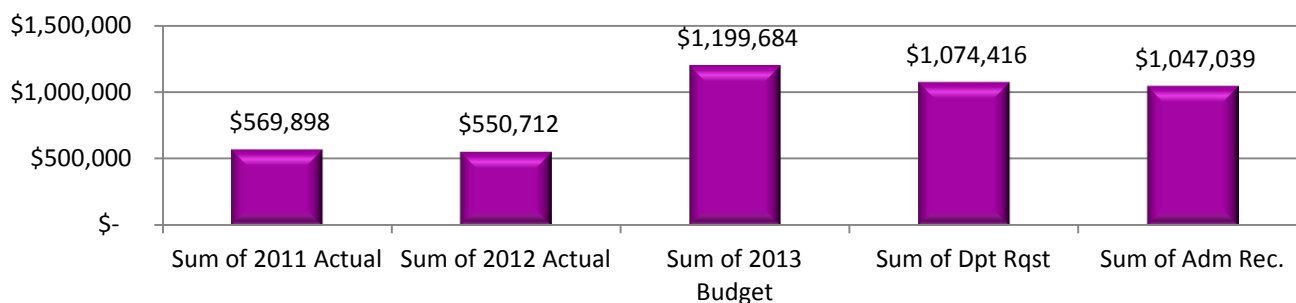


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
TRANSFER IN	550,000	550,000	1,199,644	1,074,376	983,249
LICENSES/PERMITS	30	40	40	40	40
INTERGOVERNMENTAL	15,000	-	-	-	-
OTHER	4,868	672	-	-	63,750
<b>TOTAL PROGRAM COST</b>	\$569,898	\$550,712	\$1,199,684	\$1,074,416	\$1,047,039

## HEALTH ADMINISTRATION REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Percent of respondents rating the availability of affordable quality health care in Jackson County excellent or good.	30%	30%		28%		
Percent of respondents with positive perception of opportunities for healthy lifestyle with regard to physical activity in Jackson County.	84%	84%		86%		
Percent of respondents with positive perception of opportunities for healthy lifestyle with regard to fruits and vegetables in Jackson County.	82%	82%		86%		
Smoking levels	27%	27%		25%		
Percent of respondents who are overweight or obese.	70%	70%		65%		
Teenage pregnancy rate (per 1,000)	69.0	N/D		58		
Percent of Jackson County 7 <sup>th</sup> graders at or above the 85 <sup>th</sup> percentile in BMI.	33.8%	33.8%		32%		

Other Key Indicators

<u>Indicator</u>	<u>2009 Actual</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Target</u>	<u>2014 Target</u>
Admin & Oversight Meetings	150	130		150		
Community Outreach with Partner Organizations	100	125		100		
Financial Reporting Activities (FSR)	12	12		12		
FTE's	3.5	3.5		3.5		

# Health Education

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## Activities

The Health Education Division provides a variety of preventive services/programs to enable individuals, groups, organizations and communities to play active roles in achieving, protecting and sustaining healthy lifestyles and to improve the health status of Jackson County.

## Strategic Plan Impact

- ✓ **Healthy Community**  
Promote JCHD services and healthy lifestyle choices to decrease chronic and communicable disease and negative health indicators (i.e., teen pregnancy and infant mortality).

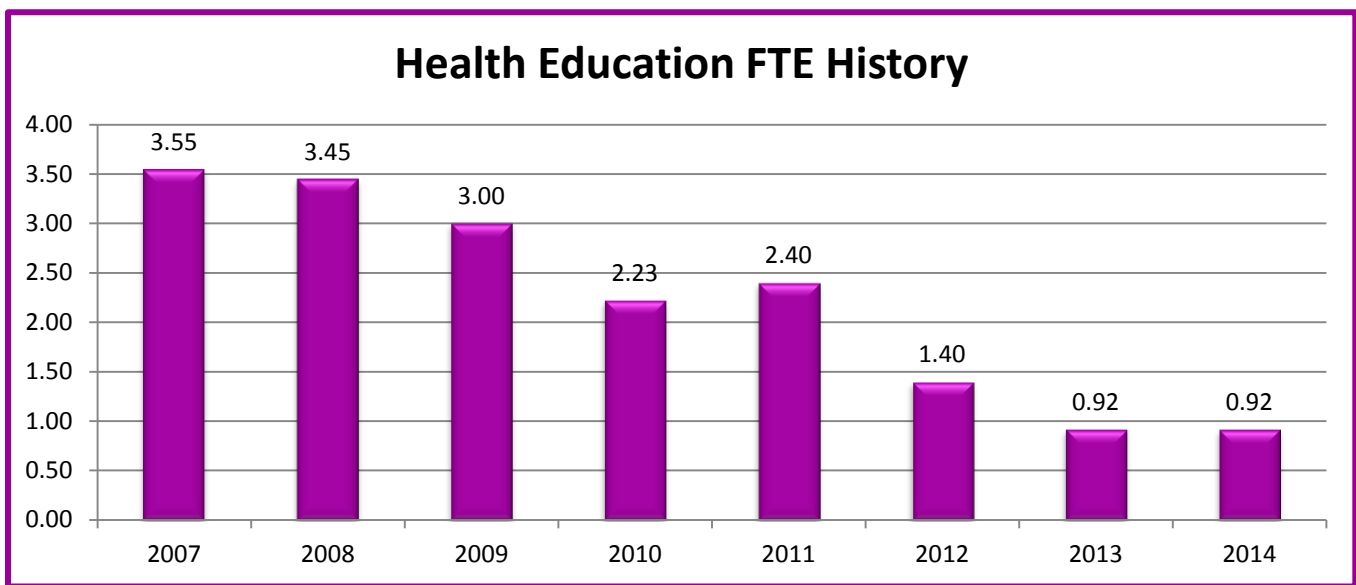
## Accomplishments

- ✓ Member of the County Strategic Implementation Team for the Healthy Community Strategy.
- ✓ Member of the Health Improvement Organization (HIO) Coordinating Council, the HIO Media Group, and the HIO Evaluation/Assessment Committee
- ✓ Applied/received grant/contract funding for the Jackson County Abstinence Partnership, Teen Pregnancy Prevention, Senior Health Promotion, Complete Streets, Lead Hazard Remediation, Michigan Purchaser's Health Alliance (JBL4H), and chronic disease initiatives.
- ✓ Created a part time Community Health Promotion Coordinator position to achieve specific HIO Community Action Plan (CAP) objectives.
- ✓ Collaborated with the development and release of the CAP, the myhio.org website and "Step by Step" social marketing campaign
- ✓ Developed and implemented the 2007/2008 and 2011 Community Health Assessment (CHA)
- ✓ Coordination of JCHD Marketing Team and implementation of the annual Marketing Plan
- ✓ Develop JCHD Annual Report and monthly Public Health Update
- ✓ JCHD Website coordination
- ✓ Certification of the Senior Health Promotion Specialist and two health educators in the Diabetes Personal Actions Toward Health evidence-based program.
- ✓ Participants of the physical activity programs state that they have reduced their weight, adopted healthier nutrition habits, lowered their medication intake, managed and/or lowered risk to Diabetes, held off from surgery, improved their cardio-respiratory endurance, and showed increased self motivation and utilization of the "buddy system" in keeping physically active.
- ✓ Almost doubled the Region II AAA requirement for fitness class participation from 142 to 260 in 2009.

- ✓ Increase physical activity class offerings by five, to include Zumba, Drums Alive, Strengthening , the Arthritis Foundation Exercise Program, and Social Ballroom Dancing,
- ✓ Through funding from the National Business Coalition on Health (NBCH) developed a tool kit for small businesses in Jackson County which will provide a road map of strategies and resources to assess and improve the health of their workforce in regard to physical activity, nutrition, tobacco use, and emotional wellness.
- ✓ As a part of the NBCH grant, held a community workshop targeted at small business leaders titles: Environment and Health Behavior.

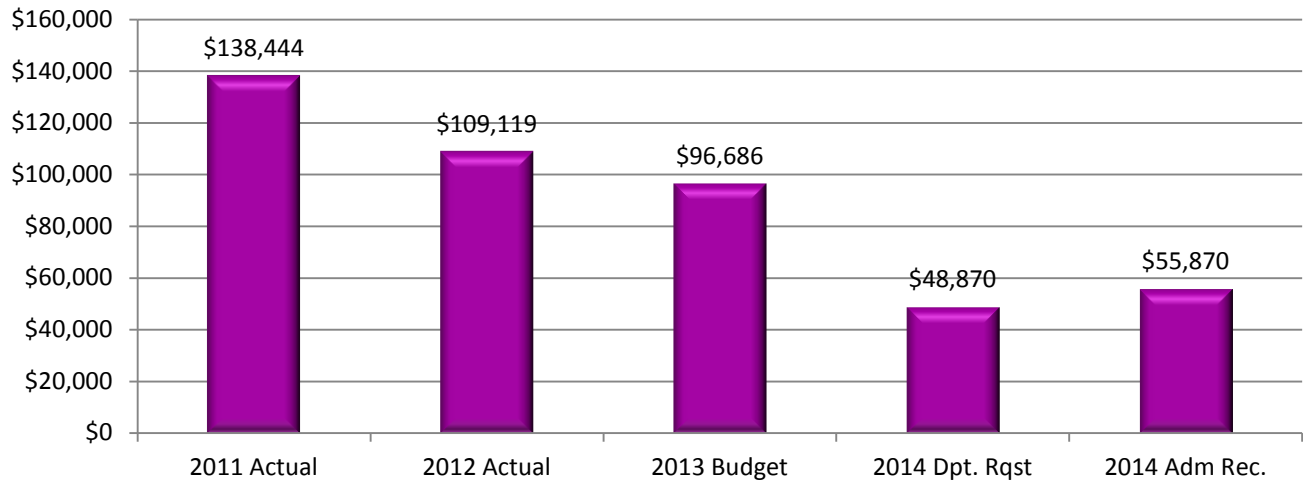
## Budget Adjustments

The 2012 budget includes one less full-time-equivalent employee than the 2011 budget.



Expenditure History					
	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	117,010	98,624	86,826	39,010	39,010
SUPPLIES & MATERIALS	8,934	9,566	6,020	6,020	13,020
CONTRACT SERVICES	8,094	-	-	-	-
OTHER EXPENSES	4,406	929	3,840	3,840	3,840
<b>TOTAL PROGRAM COST</b>	<b>\$138,444</b>	<b>\$109,119</b>	<b>\$96,686</b>	<b>\$48,870</b>	<b>\$55,870</b>

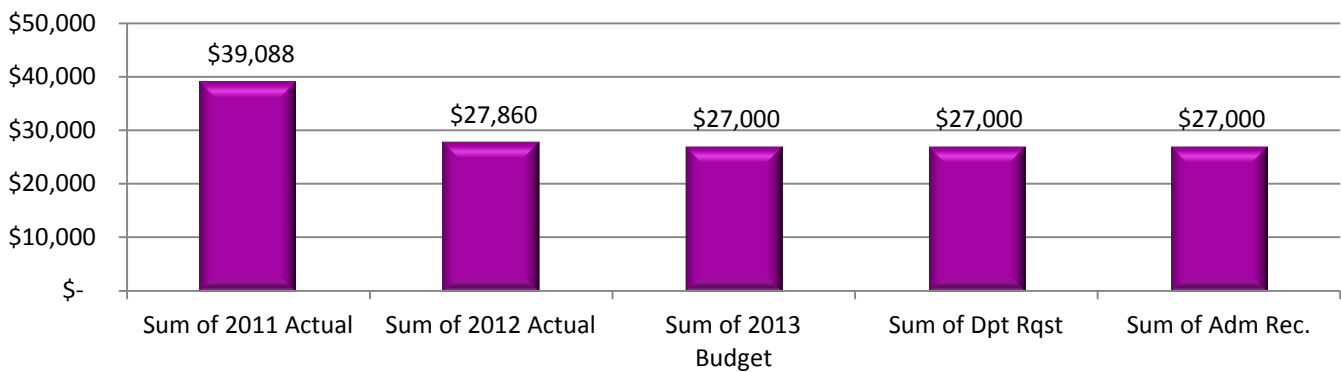
## HEALTH EDUCATION EXPENDITURES



### Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
CHARGES/FEES	27,635	21,876	-	-	-
INTERGOVERNMENTAL	11,453	5,984	27,000	27,000	27,000
<b>TOTAL PROGRAM COST</b>	\$39,088	\$27,860	\$27,000	\$27,000	\$27,000

## HEALTH EDUCATION REVENUE



### Strategic Outcomes

Indicator	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Target	2014 Target
<b>By participating in JCHD services/programs, participants may better manage their personal health and ultimately reduce chronic and communicable disease as well as negative health indicators.</b>						
Death Rate /Diseases of the Heart	255.9	N/A		235.0		
Death Rate/Diabetes Related	26.9	N/A		27.0		
Death Rate/Cerebrovascular Diseases	47.6	N/A		48.0		
Death Rate/Cancer	223.4	N/A		222.0		
Death Rate/Chronic Lower Respiratory Disease	68.8	N/A		63.0		
Death Rate/Influenza and Pneumonia	17.5	N/A		18.0		
Death Rate/Intentional Self Harm	18.1	N/A		13.0		
Percent of CHA participants who are overweight	N/A	N/A		N/A		
Percent of CHA participants who are obese	N/A	N/A		N/A		

### Other Key Indicators

Indicator	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Target	2014 Target
Physical Activity classes offered (Senior Health Promotion)	446		645			
Participants in Senior Health Promotion Programs	5973		7500			
Website/Recent News Updates	12		12			
Public Health Updates Developed	6		6			

# Emergency Preparedness

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## 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

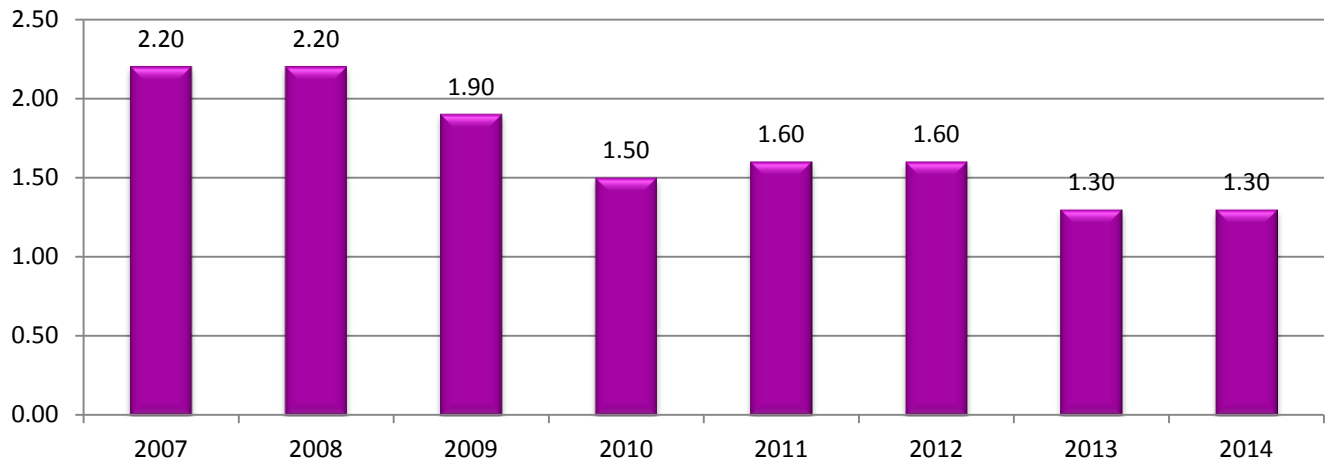
The purpose of Emergency Preparedness is to protect Jackson County residents through mitigation of public health consequences of both natural and intentional emergencies. This mitigation process involves threat assessment, planning, improved operational readiness, timely response, and community/county /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.

## Budget Adjustments

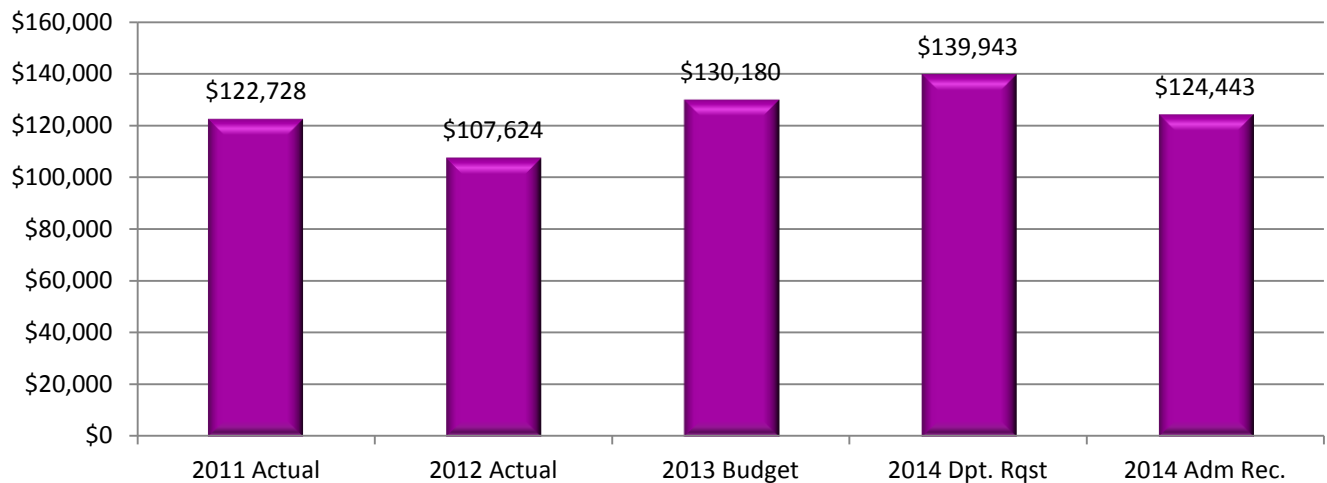
### Emergency Preparedness FTE History



### Expenditure History

	2011 BUDGET	2012 BUDGET	2013 BUDGET	2014 BUDGET	2014 BUDGET
PERSONNEL SERVICES	104,665	103,074	94,335	106,098	106,098
SUPPLIES & MATERIALS	1,446	1200	1,200	1,200	1,200
CONTRACT SERVICES	13,019	2,820	31,100	29,100	13,600
OTHER EXPENSES	3,598	1,716	3,545	3,545	3,545
<b>TOTAL PROGRAM COST</b>	<b>\$122,728</b>	<b>\$108,810</b>	<b>\$130,180</b>	<b>\$139,943</b>	<b>\$124,443</b>

### EMERGENCY PREPAREDNESS EXPENDITURES

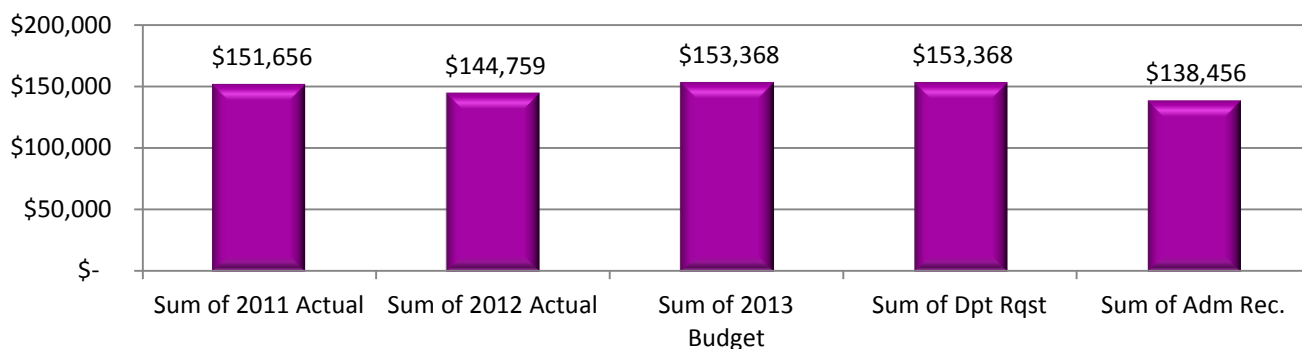


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	152,253	144,759	153,368	153,368	138,456
OTHER	(597)	-	-	-	-
<b>TOTAL PROGRAM COST</b>	\$151,656	\$144,759	\$153,368	\$153,368	\$138,456

## EMERGENCY PREPAREDNESS REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>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		
a. All Hazards Plan - 100%	100%	100%		100%		
b. Pandemic Influenza Plan - 100%	100%	100%		100%		
c. Continuity of Operations Plan (COOP) - 100%	100%	100%		100%		
d. Strategic National Stockpile Plan - 94%	100%	94%		100%		
e. Mass Vaccination Plan		N/A		100%		
f. Special Population/Long Term Care Plan		N/A		N/A		
g. Regional Mass Media Plan		N/A		N/A		
h. Public Health Volunteer Recruitment		N/A		N/A		

## Other Key Indicators

<u>Indicator</u>	<u>2009 Actual</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Target</u>	<u>2014 Target</u>
Emergency Preparedness has produced the following outputs since March 2006:						
a. Four major state compliant plans	4	4		5		
b. Twelve Table Top Exercises	12	2		4		
c. Seven Exercises	7	7		7		

# Environmental Health

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## 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 that the relationship between the public and the environment remains a positive and healthy one and not one that leads to disease or chronic illness. We protect the public's health through activities like licensing and inspecting restaurants and permitting and inspecting wells and on-site sewage disposal systems.

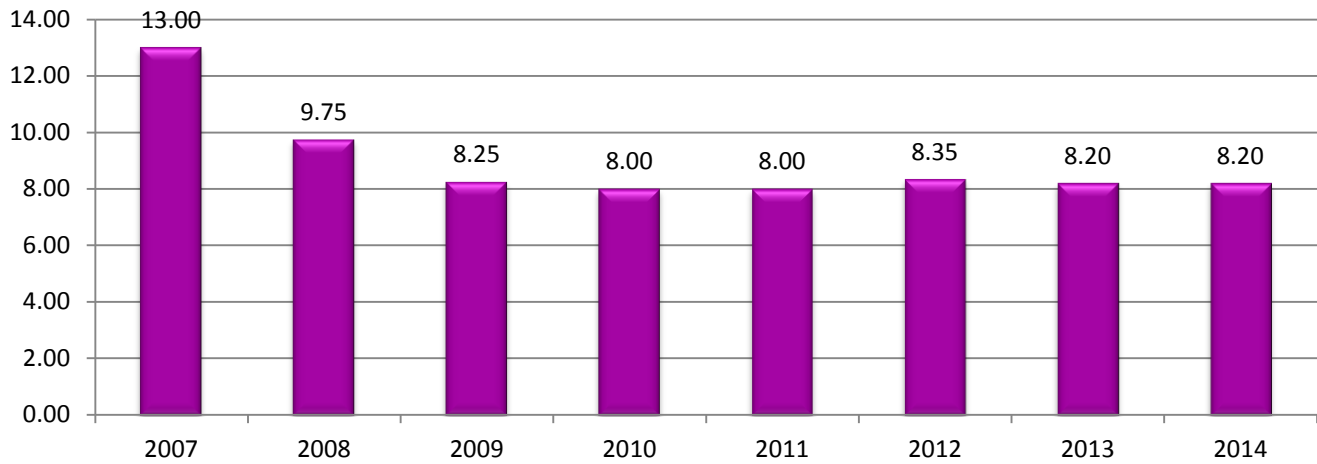
## Accomplishments

- ✓ The Environmental Health Division met all standards in the programs evaluated during the accreditation review. 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.
- ✓ The Environmental Health Division continues to adapt to revenue loss through staff reductions and administering non-traditional programs such as the Animal Shelter and Soil Erosion.

## Budget Adjustments

There are no significant budget adjustments to this program.

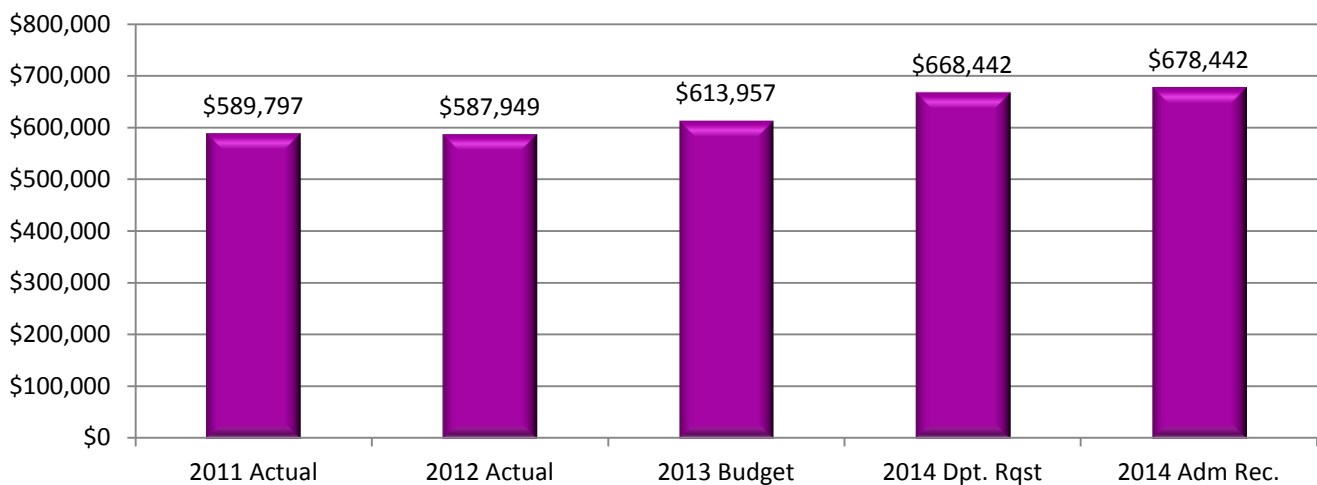
## Environmental Health FTE History



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	545,111	546,657	582,687	637,172	637,172
SUPPLIES & MATERIALS	7,816	7,395	7,375	7,375	7,375
CONTRACT SERVICES	14,747	18,000	5,225	5,225	15,225
OTHER EXPENSES	22,123	15,897	18,670	18,670	18,670
<b>TOTAL PROGRAM COST</b>	\$589,797	\$587,949	\$613,957	\$668,442	\$678,442

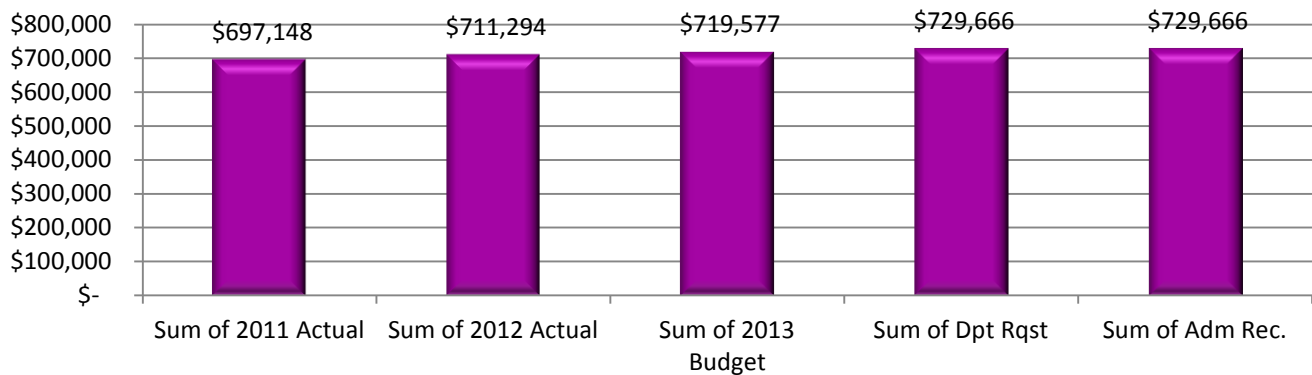
## ENVIRONMENTAL HEALTH EXPENDITURES



## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
CHARGES/FEES	45,105	35,669	26,640	26,640	26,640
LICENSES/PERMITS	333,594	360,115	353,428	363,517	363,517
FINES	425	200	-	-	-
INTERGOVERNMENTAL	316,705	314,232	335,505	335,509	335,509
OTHER	1,319	1,078	4,000	4,000	4,000
<b>TOTAL PROGRAM COST</b>	<b>\$697,148</b>	<b>\$711,294</b>	<b>\$719,573</b>	<b>\$729,666</b>	<b>\$729,666</b>

## ENVIROMENTAL HEALTH REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Food borne Illness Complaints Investigated	15	15		15		

## Other Key Indicators

<u>Indicator</u>	2008 <u>Actual</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Target</u>	2013 <u>Target</u>
Restaurant Licenses Issued	562	523	606		550	
Sewage Disposal Permits Issued	187	126	149		175	
Water Well Permits Issued	240	195	201		225	
Non-Community Public Water Supplies	244	238	234		234	

# Communicable Disease Control

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## 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.

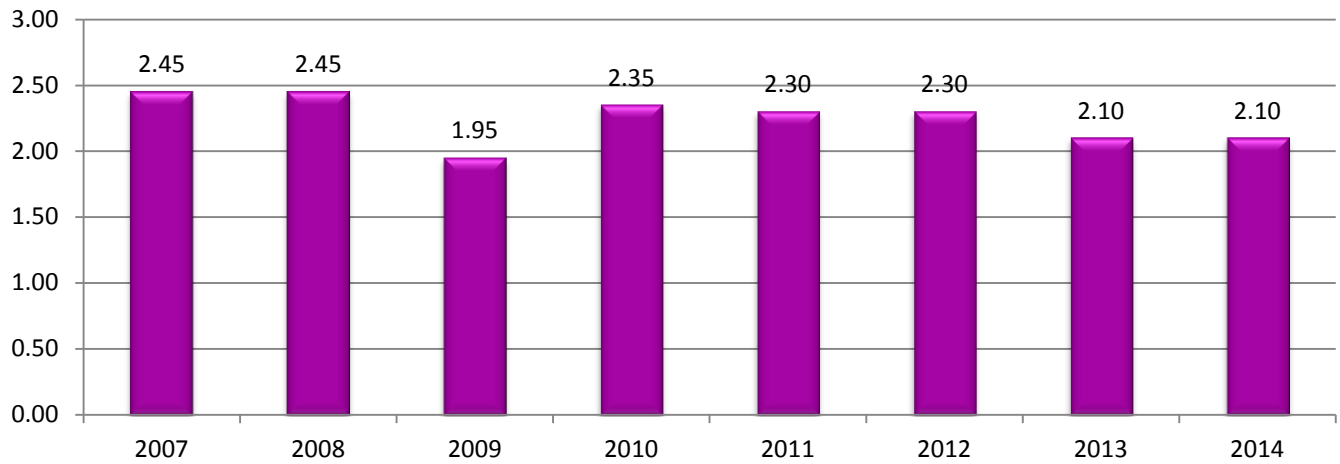
## Accomplishments

- ✓ CD staff continues to manage the TB outbreak that occurred in 2008/09. One client continues to be treated for active disease as a direct result of the index case in 2008.
- ✓ All reportable communicable diseases, totaling 388, reported to JCHD 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.
- ✓ Local physicians and community partners have been updated on pertinent CD issues through the monthly Public Health Update.
- ✓ The accreditation process was successfully completed in 2010 with no deficiencies found.

## Budget Adjustments

There are no significant budget adjustments to this program.

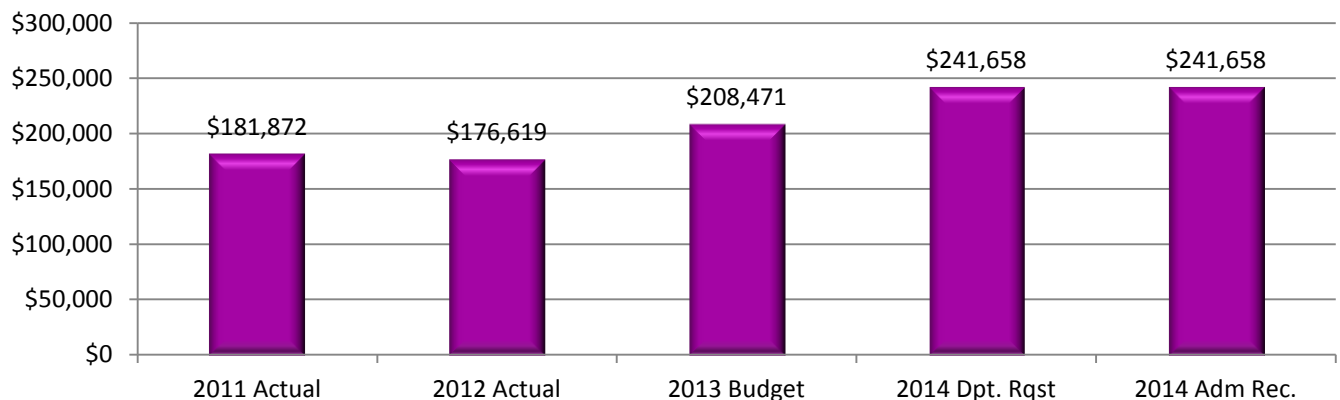
### Communicable Disease Control FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	163,860	167,920	184,146	217,333	217,333
SUPPLIES & MATERIALS	7,049	4,974	8,750	8,750	8,750
CONTRACT SERVICES	4,109	1,695	8,750	8,750	8,750
OTHER EXPENSES	6,854	2,030	6,825	6,825	6,825
<b>TOTAL PROGRAM COST</b>	<b>\$181,872</b>	<b>\$176,619</b>	<b>\$208,471</b>	<b>\$241,658</b>	<b>\$241,658</b>

### COMMUNICABLE DISEASE PREVENTION EXPENDITURES

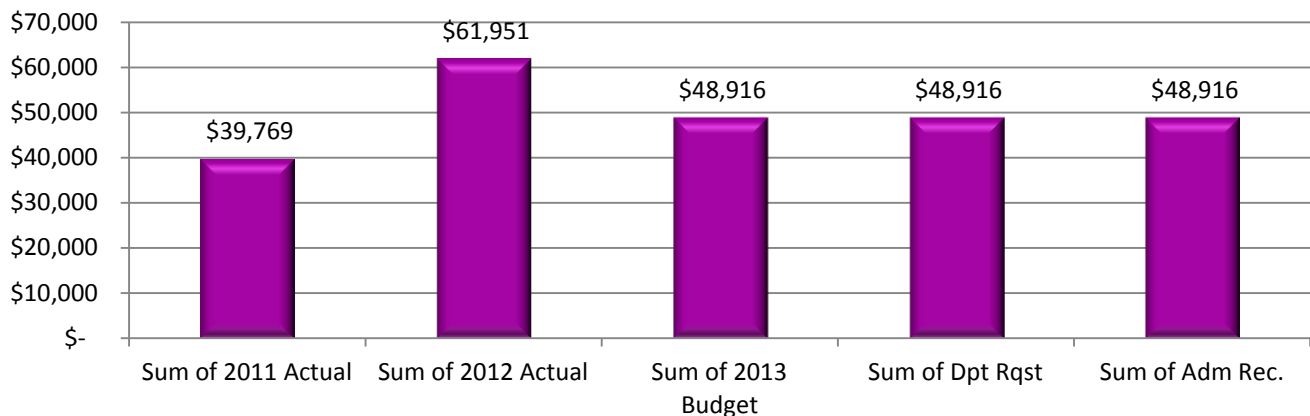


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	39,769	61,951	48,916	48,916	48,916
<b>TOTAL PROGRAM COST</b>	\$39,769	\$61,951	\$48,916	\$48,916	\$48,916

## COMMUNICABLE DISEASE PREVENTIN REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Number of Communicable Disease Cases Investigated and entered into Michigan Disease Surveillance System (MDSS)	291	388				

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Number of active TB cases (All Stats by Fiscal Year)	4	3				
Number of clients seen in TB clinic	75	43				
Number of TB skin tests administered	968	934				
Number of animals tested for Rabies	52	65				
Number of animals testing positive for Rabies	3	5				

# Maternal Infant Health Program

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## 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.

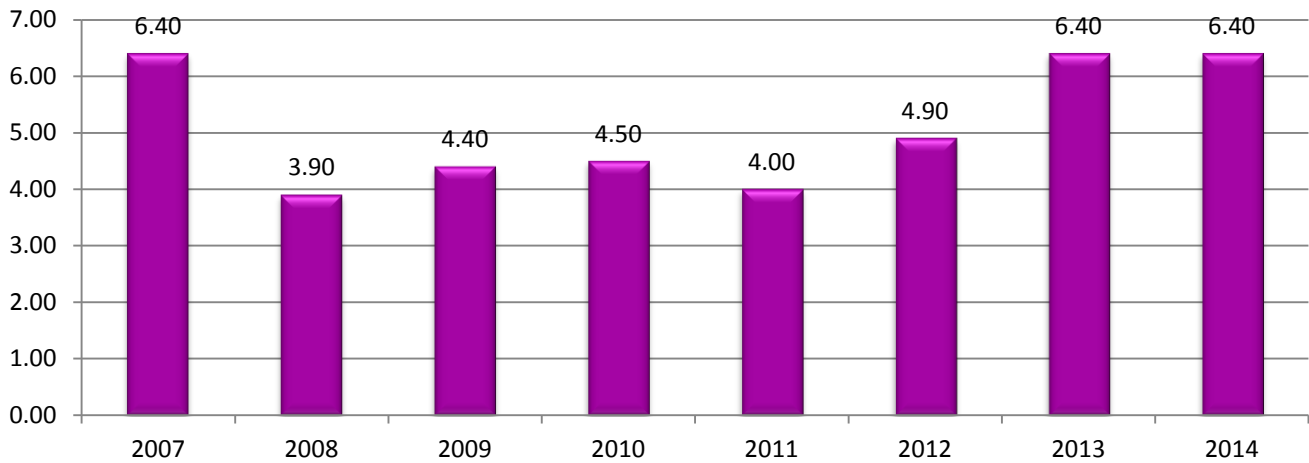
## Accomplishments

- ✓ JCHD completed the 2010 MIHP State review.
- ✓ The on-line “Maternal Risk Assessment Identifier Tool” is completed on all pregnant women entering into the MIHP. 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
- ✓ 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.
- ✓ 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.

### Budget Adjustments

There are no significant budget adjustments to this program.

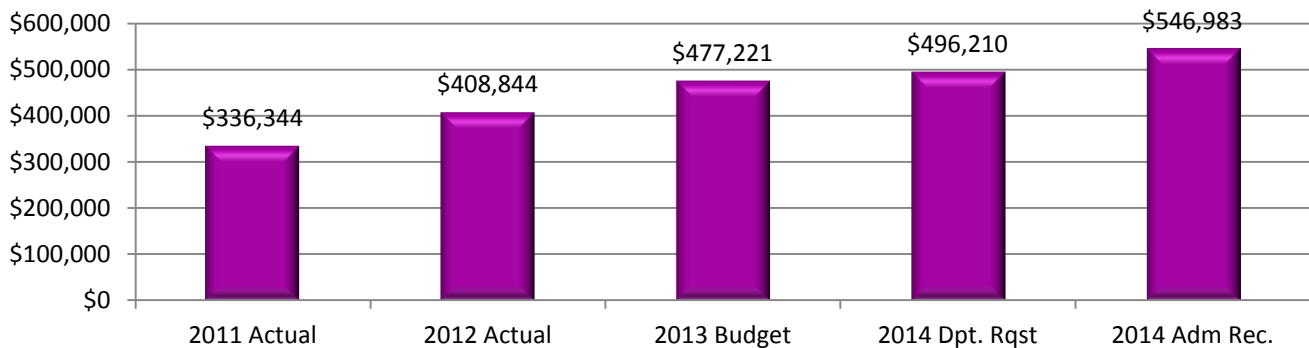
### MSS/ISS Program FTE History



### Expenditure History

	2011 ACTUAL	2012 ACTUAL	2013 BUDGET	2014 DEPT REQUESTED	2014 BUDGET
PERSONNEL SERVICES	301,812	367,430	453,055	472,044	512,817
SUPPLIES & MATERIALS	4,513	7,874	6,136	6,136	6,136
CONTRACT SERVICES	900	1,175	-	-	-
OTHER EXPENSES	29,119	32,365	18,030	18,030	28,030
<b>TOTAL PROGRAM COST</b>	<b>\$336,344</b>	<b>\$408,844</b>	<b>\$477,221</b>	<b>\$496,210</b>	<b>\$546,983</b>

### MATERNAL INFANT HEALTH PRGRM EXPENDITURES

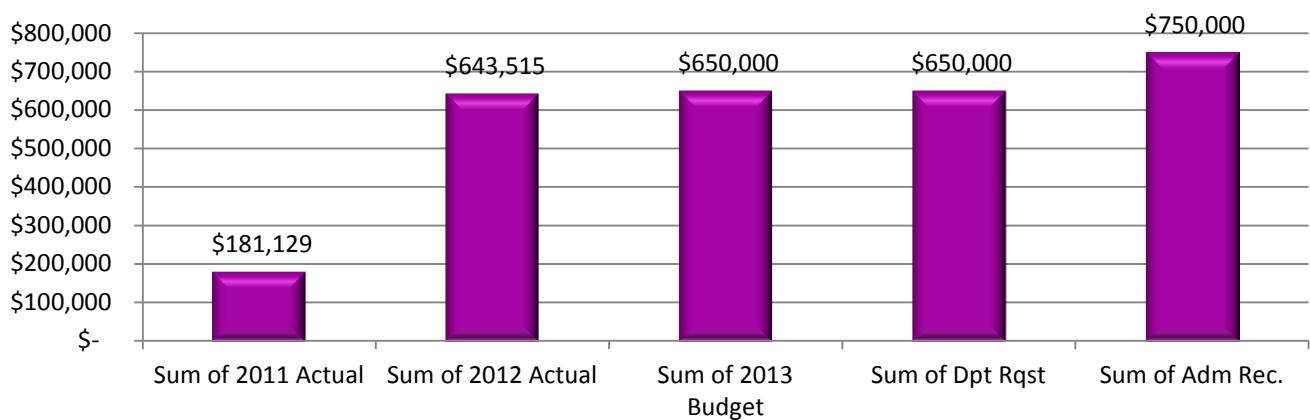


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
CHARGES/FEES	139,670	242,316	275,000	275,000	300,000
OTHER	3,901	401,199	375,000	375,000	450,000
<b>TOTAL PROGRAM COST</b>	\$143,571	\$643,515	\$650,000	\$650,000	\$750,000

## MATERNAL INFANT HEALTH PRGRM REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Maternal Clients Served	226	233				
Infant Clients Served	191	163				

# Immunizations

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## 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).

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

Annual Flu Clinics are held at the health department beginning in November.

## 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

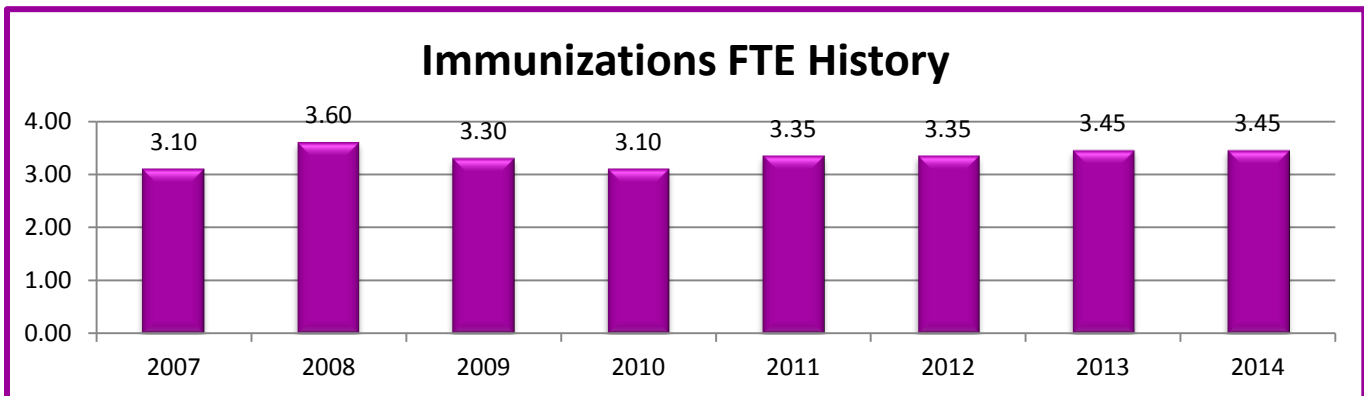
## Accomplishments

- ✓ Immunization site visits were completed for 100% of the 19 VFC provider offices in Jackson County in 2009-2010.
- ✓ Preparation for the October 2010 accreditation was completed.
- ✓ Nurse educator trainings were provided to VFC providers upon request.
- ✓ JCHD assisted MDCH with the conversion of all Jackson County VFC providers to e-ordering of vaccine and the new Vaccine Inventory Module (VIM) for tracking of all vaccine. JCHD assisted and provided 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, the Public Health Update, Nurse Education visits, site visits, press releases, and faxes.
- ✓ Immunization staff provided 6,624 H1N1 vaccinations to Jackson County residents. The health department's immunization rates for children 19-36 months have routinely been above the state average for those adequately immunized.
- ✓ Recent focus on teen immunization rates (13-15 years) has demonstrated an improvement of 36% over a 12 month period. This has been accomplished through intensive monitoring of profiles, recall efforts, collaboration with schools, and educational messaging.

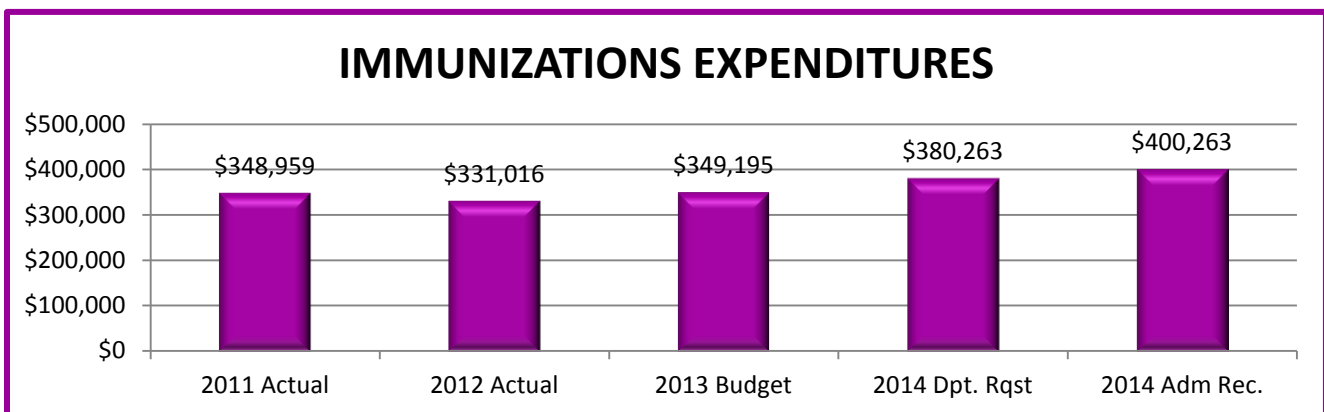
- ✓ Provided ten county-wide recall efforts over 12 months in an effort to improve county immunization rates.
- ✓ Provided on a bi-monthly to quarterly basis on-site immunization clinics to Jackson County's homeless shelter and Youth Home.

## Budget Adjustments

There are no significant budget adjustments to this program.



Expenditure History					
	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	245,657	237,425	285,310	316,378	316,378
SUPPLIES & MATERIALS	100,774	91,657	61,300	61,300	81,300
CONTRACT SERVICES	115	-	150	150	150
OTHER EXPENSES	2,413	1,934	2,435	2,435	2,435
<b>TOTAL PROGRAM COST</b>	\$348,959	\$331,016	\$349,195	\$380,263	\$400,263

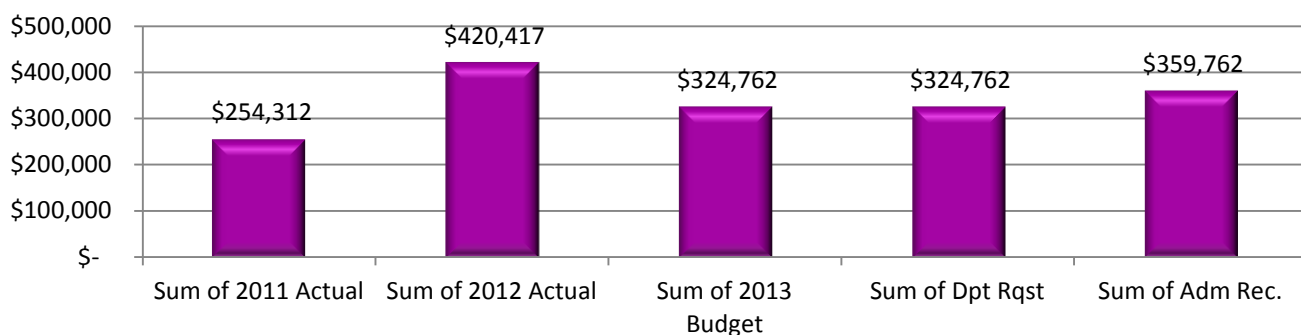


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
CHARGES/FEES	139,670	161,568	150,000	150,000	155,000
INTERGOVERNMENTAL	72,344	82	82,163	89,995	89,995
OTHER	42,498	176,686	84,767	84,767	114,767
<b>TOTAL PROGRAM COST</b>	\$254,512	\$338,336	\$316,930	\$324,762	\$359,762

## IMMUNIZATIONS REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Jackson County children ages 19-36 months adequately immunized	74%	74%				
Jackson County children ages 13-15 years adequately immunized	40%	56%				

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Total Immunizations Given**	7,129	6,107				
**Total immunizations include flu vaccine						
Total Flu Vaccine Given	1,912	726				

# Early On

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## 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.

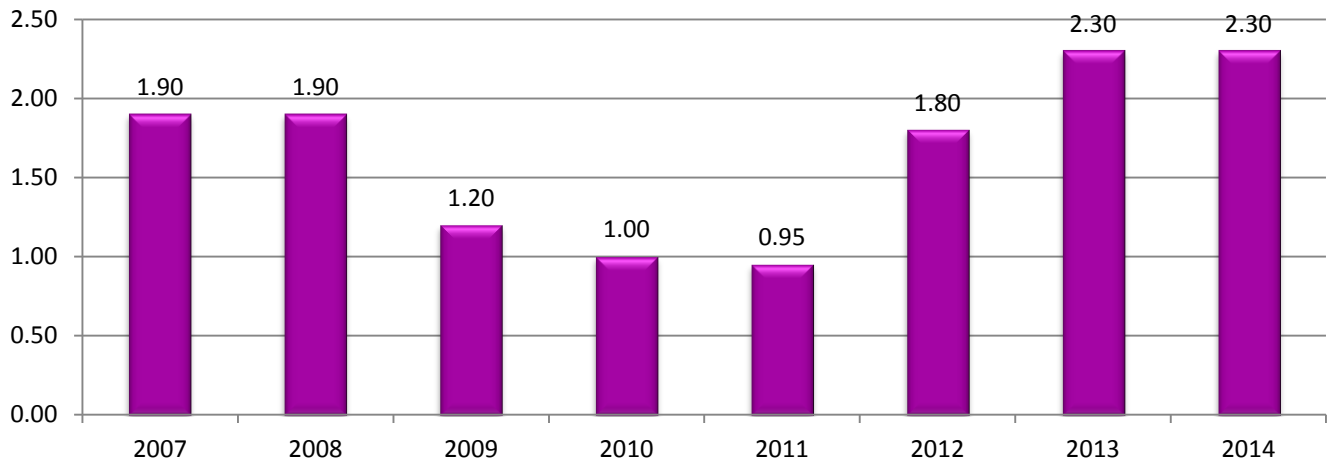
## Accomplishments

- ✓ The “Toy Talker” home visiting program was developed and 3 independent contractor positions were created with ARRA funds to provide additional family training through monthly home visits for Early On families.
- ✓ The Early On Program received a grant for \$9,323 from the Jackson County Intermediate School District Great Parents, Great Start Initiative. This grant was used to pay for Parents As Teachers curriculum training for the new “Toy Talker” Independent Contractors.
- ✓ The target set by the funding entity, the Michigan Department of Education Office of Special Education and Early Intervention, for children under age 12 months was exceeded.
- ✓ Jackson County Early On exceeded the target number and % of Jackson County children enrolled in the program by 57%.
- ✓ The Early On Program received a grant for \$1,000.00 from the Jackson Junior Welfare League to teach the “Happiest Babies on the Block Program.” This is a program developed to teach parents to calm their crying infants, thus preventing potential incidents of Shaken Baby Syndrome.

## Budget adjustments

The 2012 budget includes an increase of .85 full-time-equivalent employees.

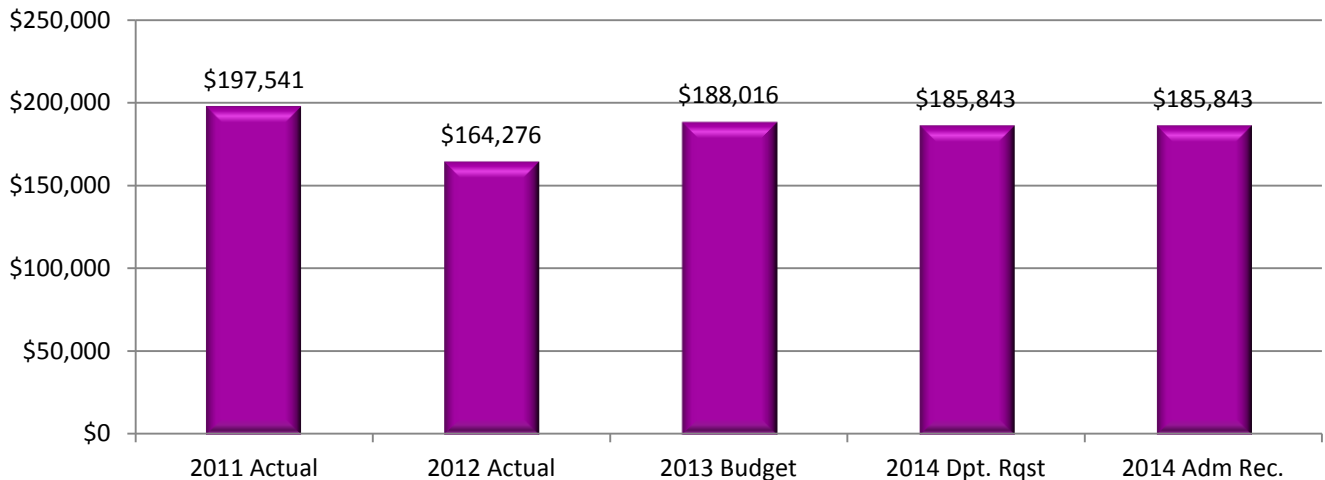
### Early On FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	142,634	124,435	160,916	158,743	158,743
SUPPLIES & MATERIALS	6,704	1,722	3,950	3,950	3,950
CONTRACT SERVICES	41,309	35,381	23,000	23,000	23,000
OTHER EXPENSES	6,894	2,738	150	150	150
<b>TOTAL PROGRAM COST</b>	\$197,541	\$164,276	\$188,016	\$185,843	\$185,843

### EARLY ON EXPENDITURES

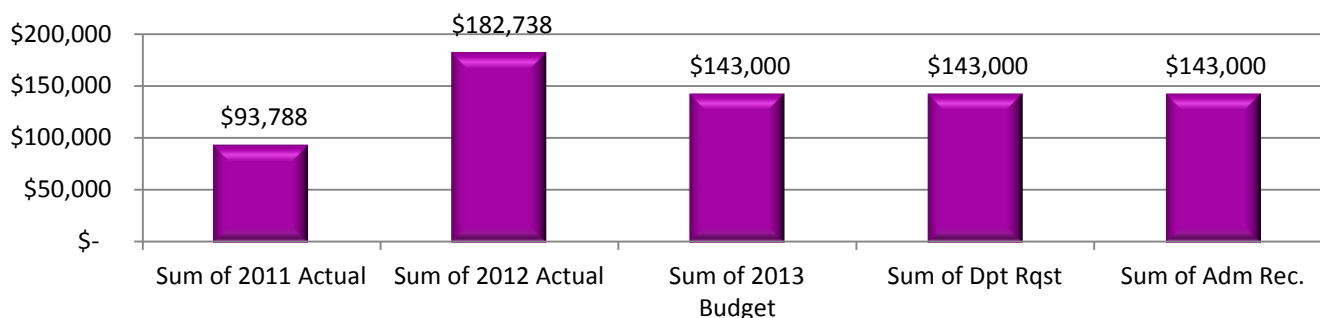


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	26,398	-	-	-	-
OTHER	67,390	182,738	143,000	143,000	143,000
<b>TOTAL PROGRAM COST</b>	\$93,788	\$182,738	\$143,000	\$143,000	\$143,000

## EARLY ON REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Annual Early On Family Survey completed by parents:						
Parents that reported EO services have helped them know their rights	54%	59%				
Parents that reported EO services have helped them effectively communicate their child's needs	53%	56%				
Parents that reported EO services have helped them help their child develop and learn	75%	81%				

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Children Served	364	446				

# Sexually Transmitted Diseases

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## 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.

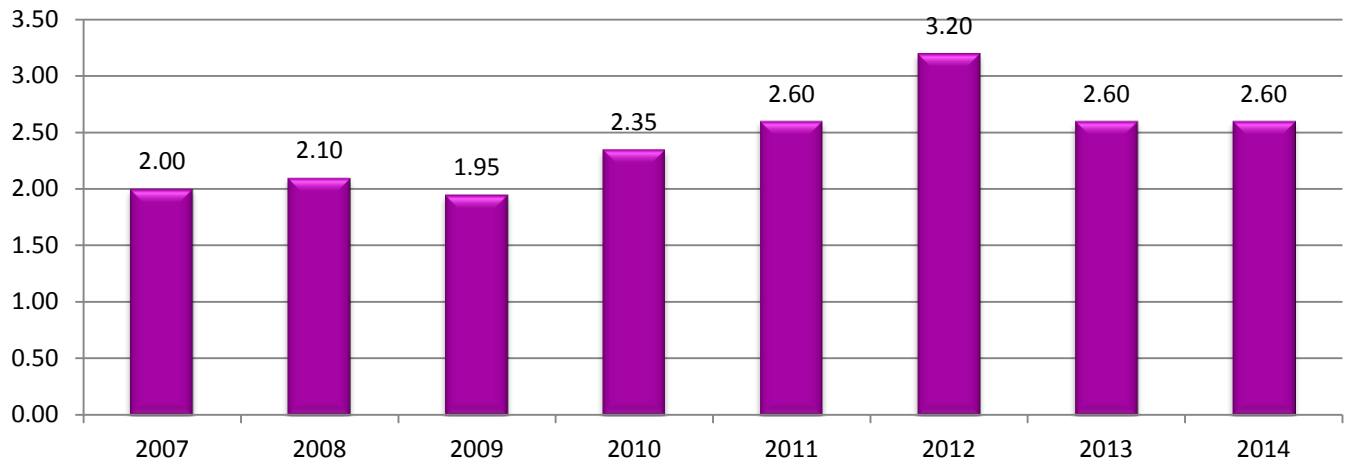
## Accomplishments

- ✓ JCHD successfully completed accreditation in 10/2010 without deficiencies.
- ✓ Staff is kept up to date through web conferencing and the annual STD/HIV Conference.
- ✓ 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.
- ✓ Staff completed all required STD investigations and data entry as required by the MDCH.
- ✓ Staff were trained in “Rapid HIV Testing” in December 2009 and began testing all STD clients on an “opt out” basis in January 2010 as a routine standard of care.
- ✓ A total of 730 cases of GC and CT in Jackson County were reported through MDSS.

## Budget Adjustments

The 2012 budget includes an increase of .6 full-time-equivalent employees.

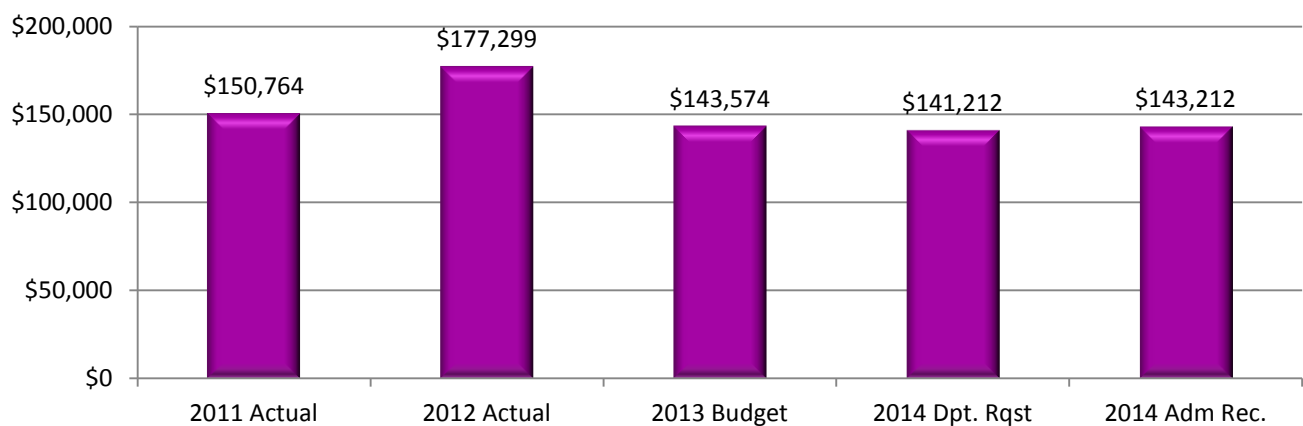
### Sexually Transmitted Diseases (STD) FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	140,075	164,659	136,762	134,400	134,400
SUPPLIES & MATERIALS	8,540	10,726	4,500	4,500	6,500
CONTRACT SERVICES	835	881	700	700	700
OTHER EXPENSES	1,314	1,033	1,612	1,612	1,612
<b>TOTAL PROGRAM COST</b>	<b>\$150,764</b>	<b>\$177,299</b>	<b>\$143,574</b>	<b>\$141,212</b>	<b>\$143,212</b>

### SEXUALLY TRANS. DISEASES EXPENDITURES

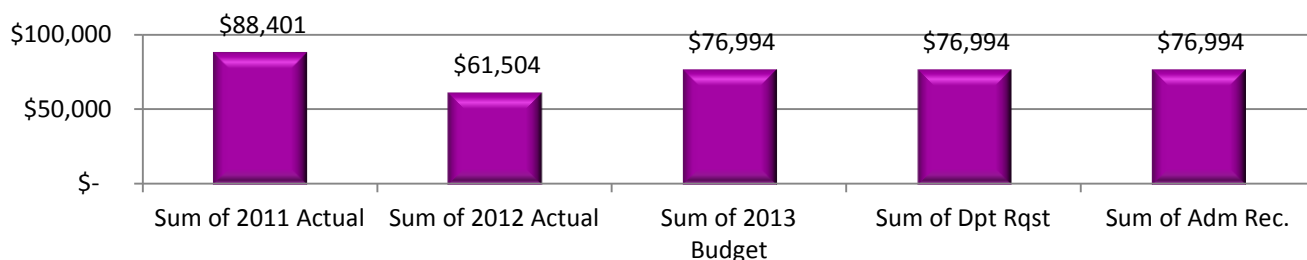


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
CHARGES/FEES	864	3308	2,200	2,200	2,200
INTERGOVERNMENTAL	83,511	53,882	70,794	70,794	70,794
OTHER	4,026	4,314	4,000	4,000	4,000
<b>TOTAL PROGRAM COST</b>	\$88,401	\$61,504	\$76,994	\$76,994	\$76,994

## SEXUALLY TRANS. DISEASES REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Gonorrhea case rates per 100,000	89.0	47.0				
Chlamydia	407.0	412.0				
Syphilis (Primary)	0	0				
**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>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Clients examined	1,821	2,002				
Number of positive Gonorrhea cases followed-up via the MDSS	176	76				
Number of positive Chlamydia cases entered into MDSS	688	654				
**See above reporting parameters.						

# Infant Mortality & Prevention

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## 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

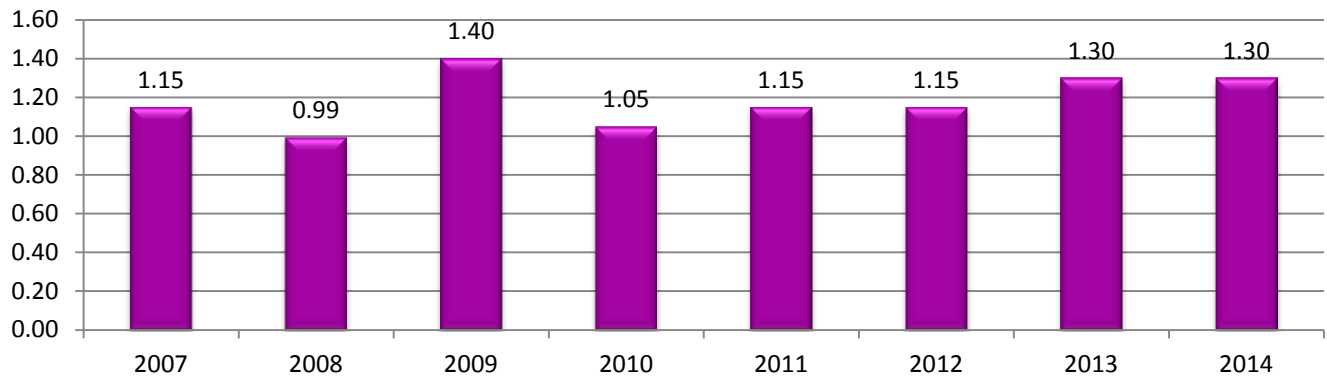
- ✓ The Jackson County FIMR Case Review Team held 9 meetings and reviewed 14 infant deaths occurring in 2008. 11 infant deaths were reviewed in 2009.
- ✓ Three Safe Sleep presentations were provided to the community reaching over 600 individuals.
- ✓ 49 cribs were distributed in conjunction with safe sleep educational materials.
- ✓ More than 285 prenatal resource packets were distributed to pregnant women applying for Medicaid Health Insurance.
- ✓ 475 infant t-shirts and 1445 infant sleep sacks with safe sleep messaging were distributed to infants born at Allegiance Health.
- ✓ 200 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.
- ✓ 450 Safe Sleep brochures
- ✓ Two Public Health Nurses and three social workers from the Maternal Infant Health Program completed bereavement training.
- ✓ JCHD Staff assisted in the coordination and collaboration of the House to House Program reaching women of child bearing ages including teens in a targeted community.

- ✓ 92 educational sessions in the House to House Program included women’s health, pregnancy education, family planning, and prenatal care reaching 900 women.

## Budget Adjustments

There are no significant budget adjustments to this program.

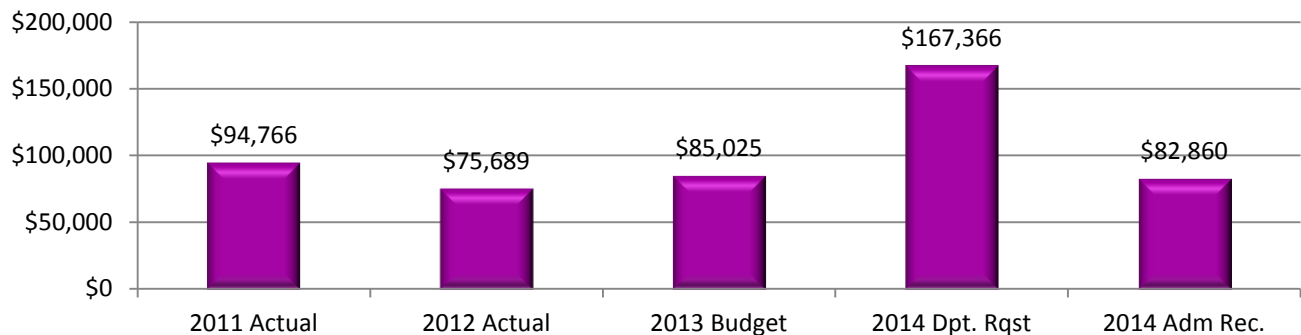
### Infant Mortality & Prevention FTE History



### Expenditure History

	2011 ACTUAL	2012 ACTUAL	2013 BUDGET	2014 DEPT REQUESTED	2014 BUDGET
PERSONNEL SERVICES	69,302	67,104	82,325	164,666	78,660
SUPPLIES & MATERIALS	2,944	3,256	2,150	2,150	3,650
OTHER EXPENSES	845	379	550	550	550
CONTRACT SERVICES	21,675	4,950	-	-	-
<b>TOTAL PROGRAM COST</b>	<b>\$94,766</b>	<b>\$75,689</b>	<b>85,025</b>	<b>\$167,366</b>	<b>\$82,860</b>

### INFANT MORTALITY & PREVENTION EXPENDITURES

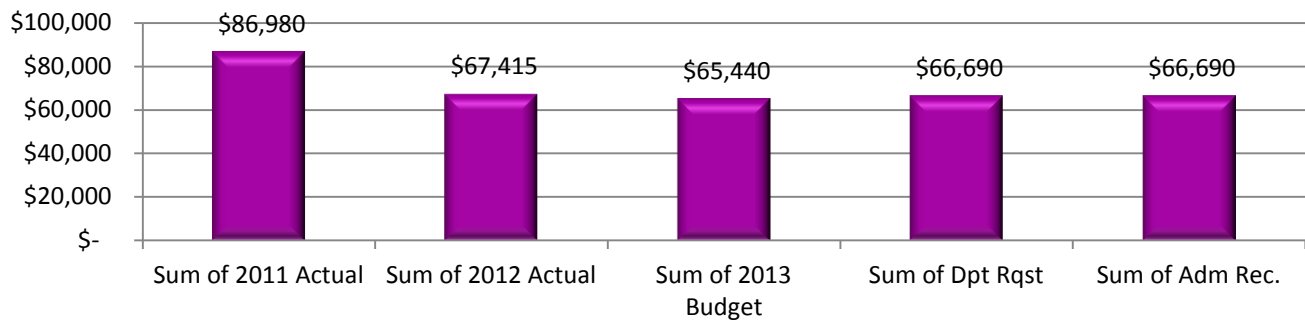


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	86,980	67,400	65,440	66,690	66,690
OTHER	-	15	-	-	-
<b>TOTAL PROGRAM COST</b>	<b>\$86,980</b>	<b>\$67,415</b>	<b>\$65,440</b>	<b>\$66,690</b>	<b>\$66,690</b>

## INFANT MORTALITY & PREVENTION REVENUE



## Strategic Outcomes

Indicator	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Jackson County Infant Deaths/Year (5 year period)						
Average Infant Mortality Rate in Michigan (5 year period)						
Jackson County experienced a drop in number of infant deaths for 2 years in a row, 2006 & 2007.						

## Other Key Indicators

Indicator	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Clients served for Bereavement Support Visits	1	0				
Nurse Bereavement Visits	1	0				
Infant Deaths Reviewed	14	11				

# Childrens Special Health Care Services

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## 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.

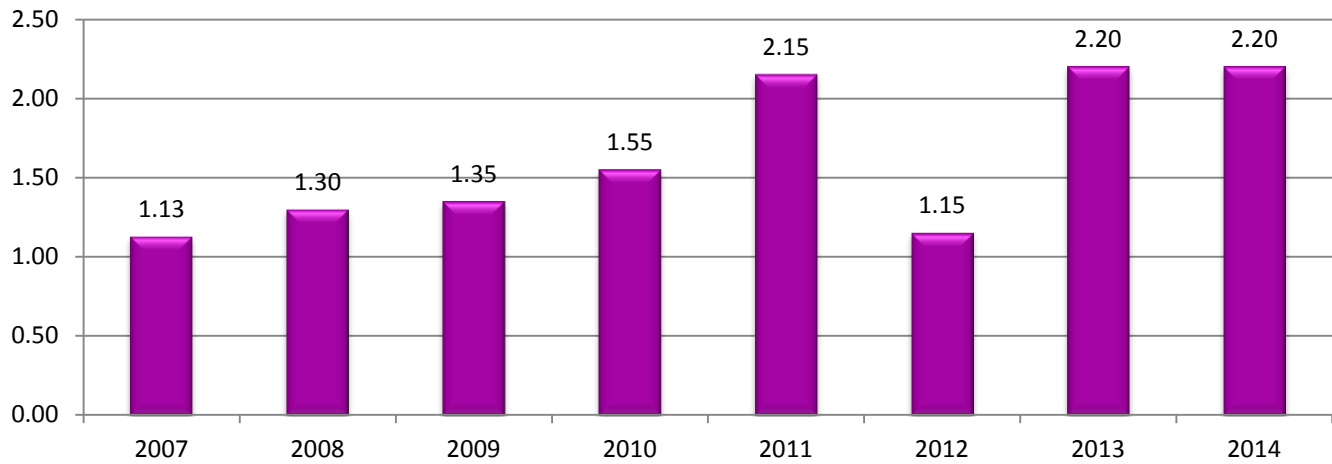
## Accomplishments

- ✓ EZ Link, the electronic transfer of records between the LHD and the state, was piloted by the JCHD before it was released statewide. LHD started using ezlink for transfer of records between counties and to obtain reports from U of M Medical Center.
- ✓ 50% increase in the amount of care plans and care coordination in 2009.
- ✓ JCHD staff assisted more families with Medicaid/MiChild applications and CSHCS insurance premium payment benefit.
- ✓ JCHD staff participates on the CSHCS Local Advisory Council.
- ✓ JCHD hired and trained a part-time Public Health Nurse and increased clerical hours by 4 hours per week.
- ✓ LHD can now access the State's Children's Special Health Care data base.

## Budget Adjustments

The 2012 budget includes one less full-time-equivalent employee.

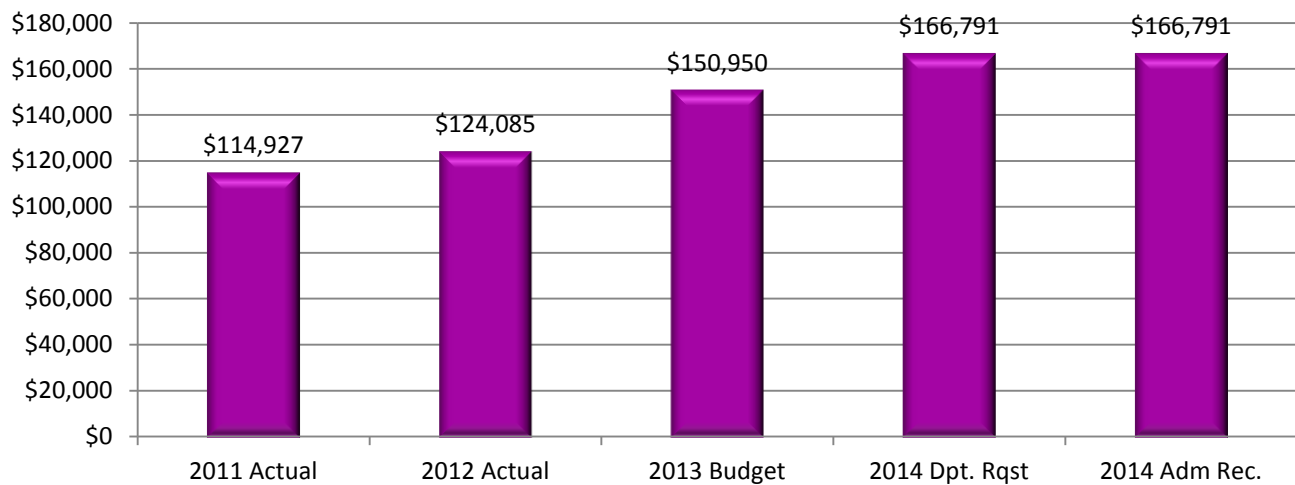
### CSHCS Outreach & Advocacy FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	110,134	120,078	148,825	164,666	164,666
SUPPLIES & MATERIALS	3,414	3,012	1,250	1,250	1,250
OTHER EXPENSES	1,379	995	875	875	875
<b>TOTAL PROGRAM COST</b>	<b>\$114,927</b>	<b>\$124,085</b>	<b>\$150,950</b>	<b>\$166,791</b>	<b>\$166,791</b>

### CHILD SP HEALTH CARE SERVICES EXPENDITURES

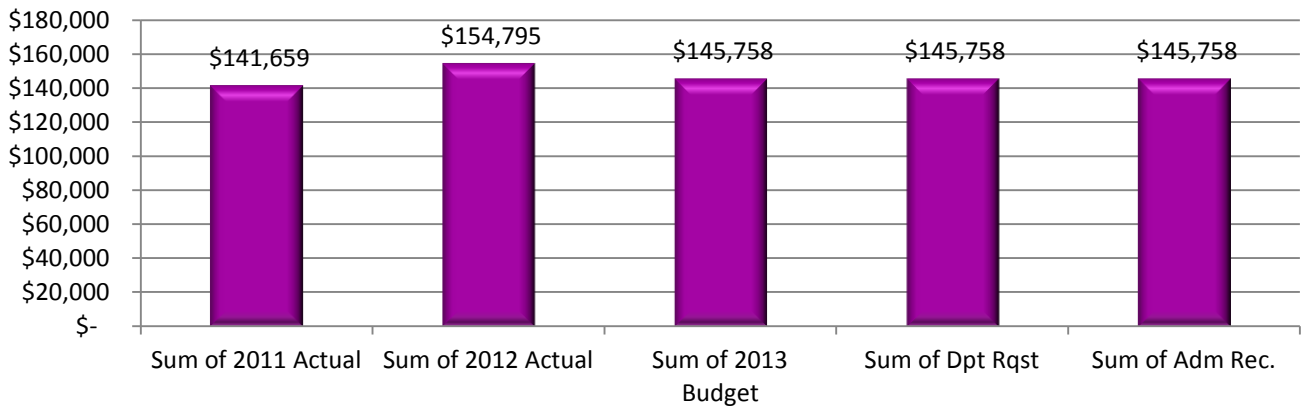


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
OTHER	8,870	-	16,758	16,758	16,758
INTERGOVERNMENTAL	132,789	154,795	129,000	129,000	129,000
<b>TOTAL PROGRAM COST</b>	\$141,659	\$154,795	\$145,758	\$145,758	\$145,758

## CHILD SP HEALTH CARE SERVICES REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Number of individuals enrolled in CSHCS.	688	681				

# Hearing and Vision

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## 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.

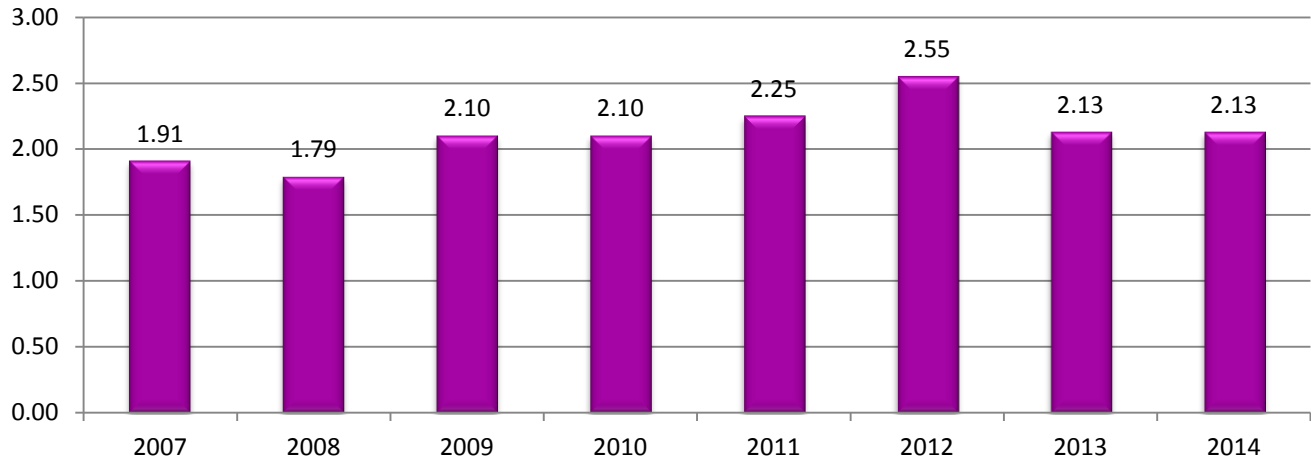
## Accomplishments

- ✓ Completed State Accreditation passing successfully with 11 "met" indicators each, for the hearing and vision screening programs.
- ✓ Continue Medicaid billing for eligible hearing and vision screens increasing program revenue.
- ✓ Improved school scheduling process and follow up documentation process to increase program efficiency and enhance overall service delivery.
- ✓ Increased hearing screenings conducted by 36% from SY 08/09 to SY 09/10.
- ✓ Increased vision screenings conducted by 77% from SY 08/09 to SY 09/10.
- ✓ Increased preschool hearing and vision screenings conducted through on-site screening.
- ✓ Collaborated with Community Action Agency to ensure all Head Start students are screened.
- ✓ Three part time technicians passed the Technician Observation Program (TOP) assessment for hearing screening and the Technician Assessment Program (TAP) for vision screening.
- ✓ Hired and MDCH trained two part time technicians for both the vision and hearing screenings..

## Budget Adjustments

The 2012 budget includes an increase of .3 full-time-equivalent employees.

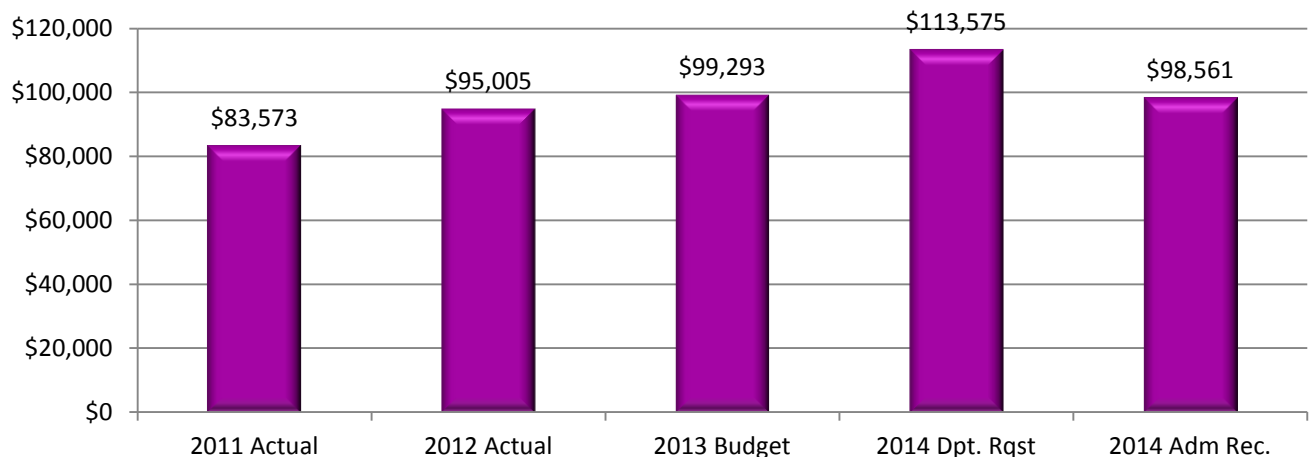
### Hearing & Vision FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	75,082	86,535	94,318	108,600	93,586
SUPPLIES & MATERIALS	3,878	1,890	1,000	1,000	1,000
OTHER EXPENSES	4,613	6,580	3,975	3,975	3,975
<b>TOTAL PROGRAM COST</b>	\$83,573	\$95,005	\$99,293	\$113,575	\$98,561

### HEARING AND VISION EXPENDITURES

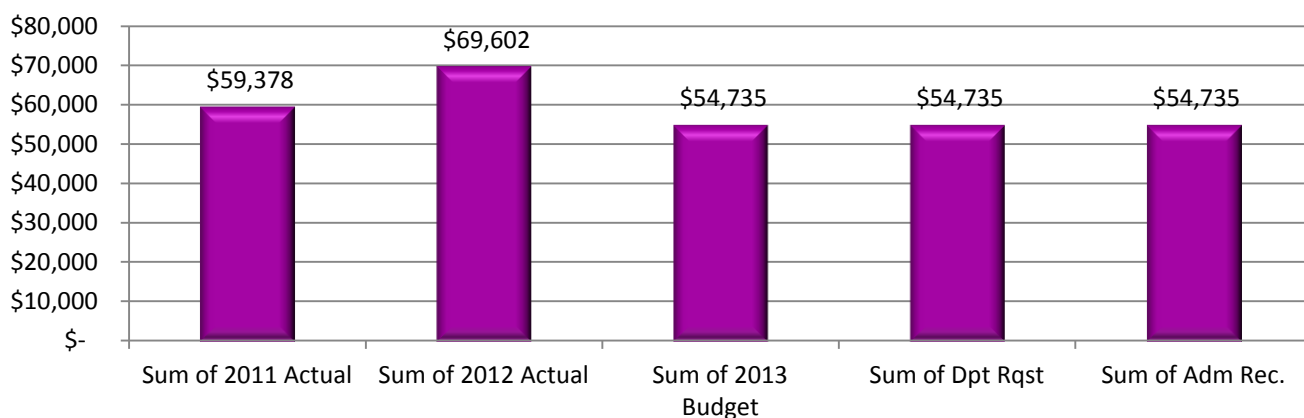


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	54,729	54,735	54,735	54,735	54,735
CHARGES/FEES	4,649	14,867	-	-	-
<b>TOTAL PROGRAM COST</b>	\$54,729	\$69,602	\$54,735	\$54,735	\$54,735

## HEARING AND VISION REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
<b>SCHOOL YEAR*</b>	<b>09/10</b>	<b>10/11</b>				
Hearing Referrals	209	177				
Hearing Referrals Seen by Physician	46	67				
Vision Referrals	482	1,315				
Vision Referrals Seen by Physician	109	151				

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
<b>SCHOOL YEAR*</b>	<b>09/10</b>	<b>10/11</b>				
Hearing Screens Conducted	5,204	7,055				
Vision Screens Conducted	5,268	9,337				

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



# Medicaid Outreach and Advocacy

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## 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 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.

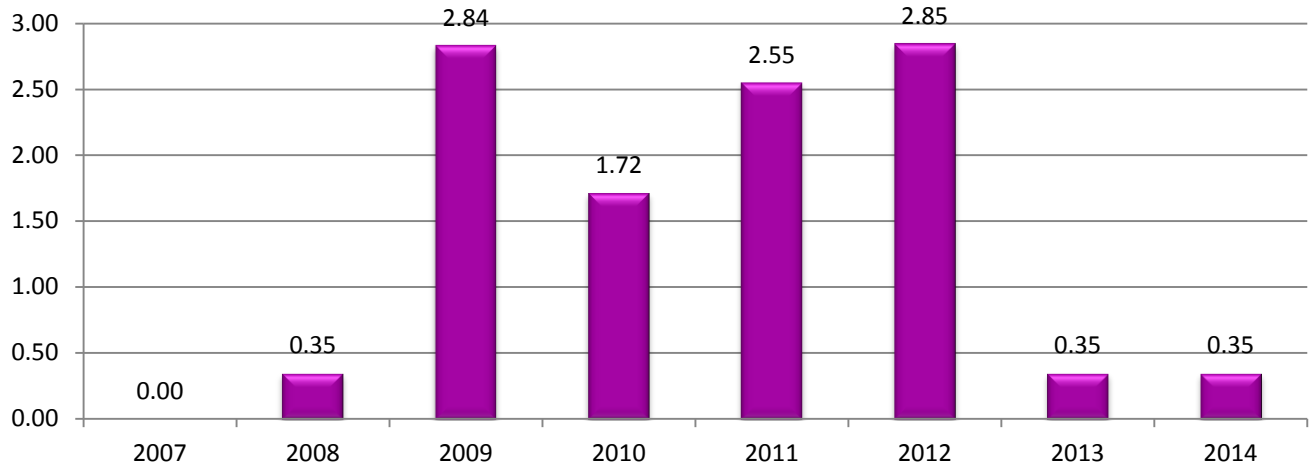
## Accomplishments

- ✓ Educating our community on programs and services that exist in Jackson County.
- ✓ Assisting large numbers of clients in applying for Medicaid.
- ✓ Connecting people with needed programs and services in a timely and efficient manner.
- ✓ Improvement in the overall image of JCHD as a welcoming and helpful resource in our community.
- ✓ Improved documentation of Medicaid Outreach services and activities that are currently provided in all JCHD programs. This allows the health department to receive compensation from Medicaid. 2007- \$23,522; 2008 - \$94,887; 2009 - \$110,496, 2010 – 129,561

## Budget Adjustments

The 2012 budget includes an increase of .3 full-time-equivalent employees for this program.

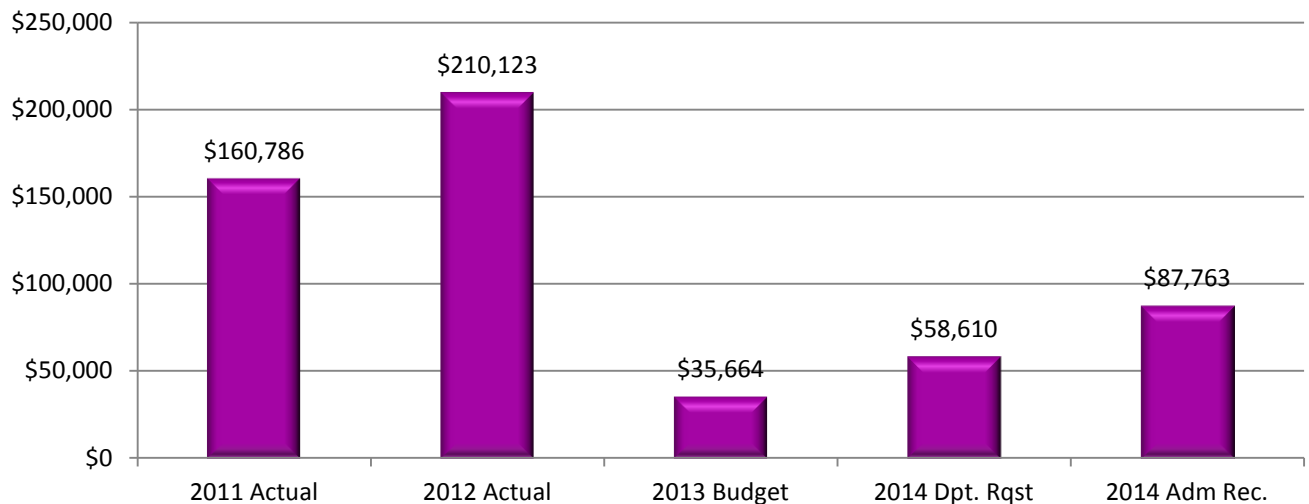
## Medicaid Outreach & Advocacy FTE History



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	158,687	207,723	27,864	50,810	79,963
SUPPLIES & MATERIALS	135	2,119	4,600	4,600	4,600
CONTRACT SERVICES	1300	55	2,500	2,500	2,500
OTHER EXPENSES	664	226	700	700	700
<b>TOTAL PROGRAM COST</b>	<b>\$160,786</b>	<b>\$210,123</b>	<b>\$35,664</b>	<b>\$58,610</b>	<b>\$87,763</b>

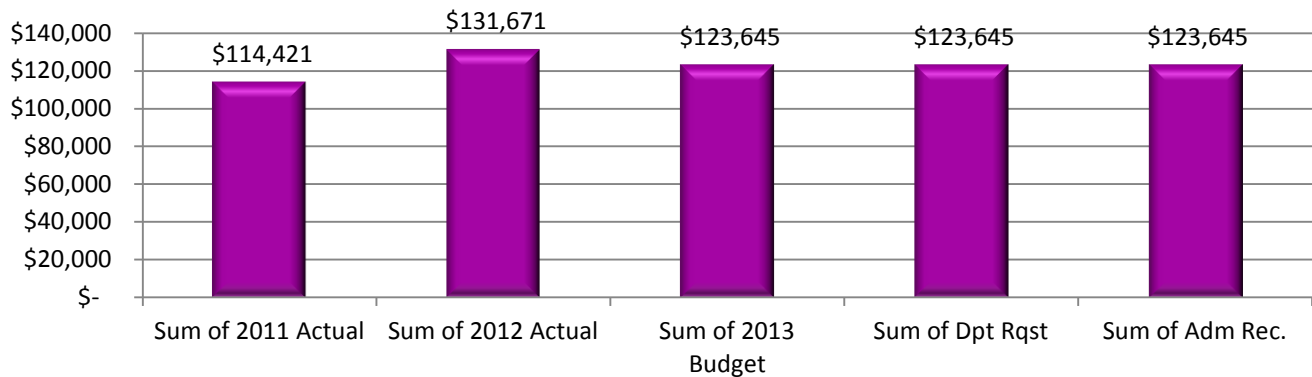
## MEDICAID OUTREACH & ADVOCACY EXPENDITURES



## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
OTHER	114,421	131,671	123,645	123,645	123,645
<b>TOTAL PROGRAM COST</b>	\$114,421	\$131,671	\$123,645	\$123,645	\$123,645

## MEDICAID OUTREACH & ADVOCACY REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>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	26%	N/A				

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Families and individuals informed about programs and services.	14,777	15,595				
Clients assisted with applications for service.	1,040	1,020				
Clients referred to various programs and services.	8,154	8,895				



# Women, Infants, & Children (WIC)

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## 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 and Protective Services as needed. WIC food benefits are issued on EBT (Electronic Benefits Transfer) cards. Breastfeeding 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

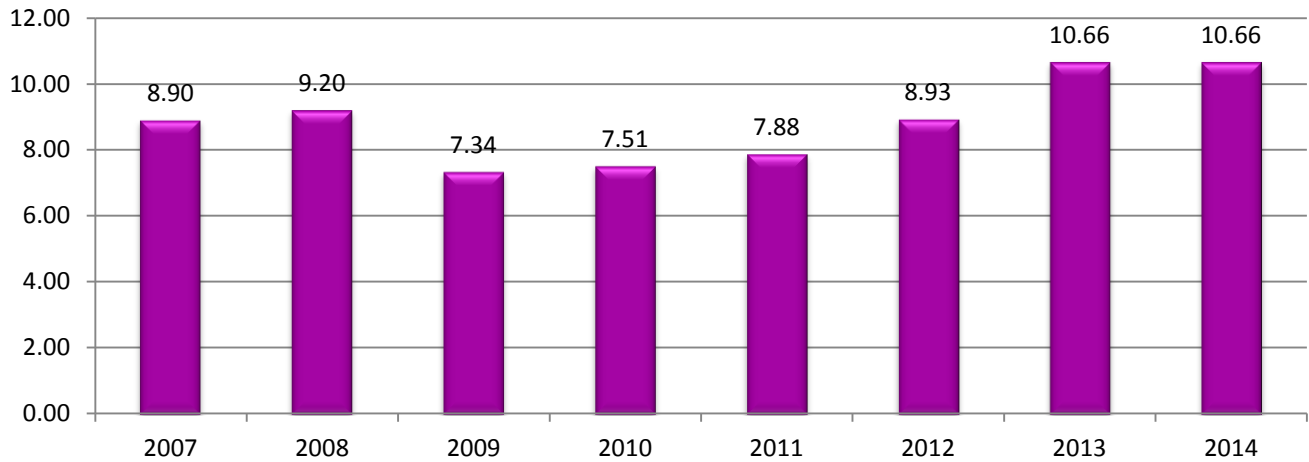
- ✓ For World Breastfeeding Week 2010 (August 1-7), the Jackson County WIC program held an ice cream social and celebrated breastfeeding families of Jackson County. August has repeatedly been declared Michigan's Breastfeeding Awareness Month by current and past Governors, supporting and encouraging annual local celebrations.
- ✓ Collaboration between the local WIC program and the Fitness Council of Jackson continued through 2010 in an effort to increase physical activity in WIC families.
- ✓ During FY 2010, the Jackson County WIC program's base caseload of 5,310 was regularly exceeded each month, with a record enrollment of 5,905 in October 2009.
- ✓ As of 2009, the WIC program has successfully transitioned to a paperless, internet-based data system, "MI-WIC". System improvements continued throughout 2010.
- ✓ 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.
- ✓ 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 nurse for follow-up. For FY 2010, a record 324 children were lead screened in the WIC clinic.

## Budget Adjustments

# Health Department

The 2012 budget includes an increase of 1.05 full-time-equivalent employees. Additional federal funding is available to support the WIC program for 2012

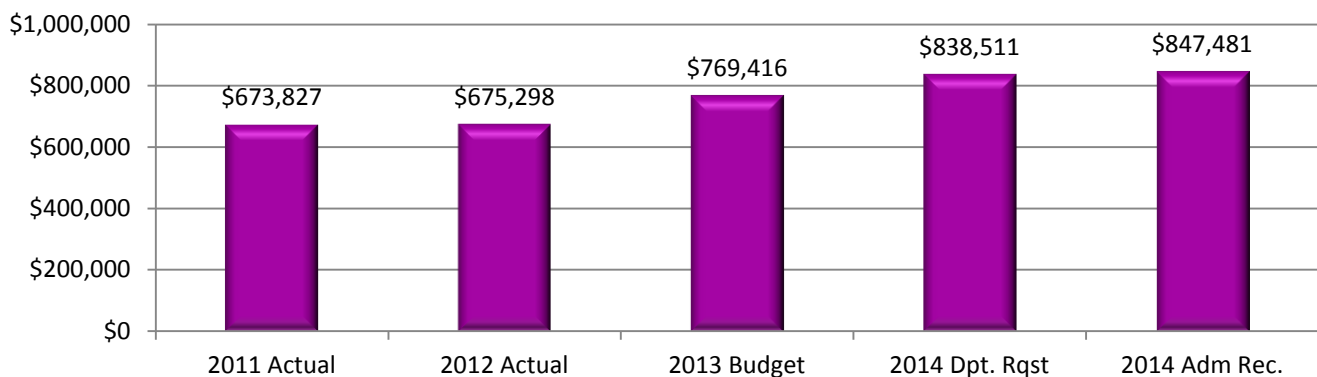
## Women, Infants, & Children (WIC) FTE History



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	586,953	632,893	731,668	801,763	807,483
SUPPLIES & MATERIALS	33,068	35,799	31,208	31,208	34,458
CONTRACT SERVICES	47,475	616	1,300	1,300	1,300
OTHER EXPENSES	6,331	5,990	4,240	4,240	4,240
<b>TOTAL PROGRAM COST</b>	<b>\$673,827</b>	<b>\$675,298</b>	<b>\$768,416</b>	<b>\$838,511</b>	<b>\$847,481</b>

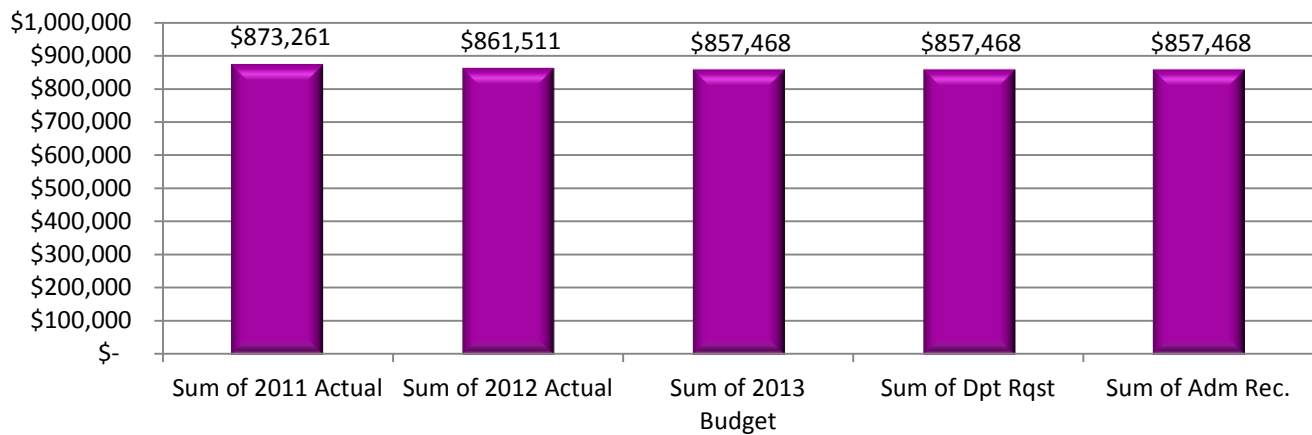
## WIC EXPENDITURES



## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
OTHER	853	255	-	-	-
INTERGOVERNMENTAL	872,408	857,468	857,468	857,468	857,468
CHARGES/FEES	-	3,788	-	-	-
<b>TOTAL PROGRAM COST</b>	<b>\$873,261</b>	<b>\$857,723</b>	<b>\$857,468</b>	<b>\$857,468</b>	<b>\$857,468</b>

## WIC REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
<b>WIC impacts the community's health status by reducing chronic disease rates and other negative health indicators, as well as increasing positive health indicators.</b>						
Breastfeeding Initiation (Ever Breastfed)	59%	57.3%				
Childhood Anemia	10.4%	10.9%				
Childhood Obesity (≥ 2yrs; ≥ 95 <sup>th</sup> %)	13.2%	14.3%				
Lead Screened Children (ages 1-3)	2.2%	11.8%				
Prenatal Care - First Trimester Enrollment	89.7%	TBD				
Prenatal Care - No Prenatal Care	0.8%	TBD				

## Other Key Indicators

<u>Indicator</u>	<u>2009 Actual</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Target</u>	<u>2014 Target</u>
Client Enrollment	5,726	5809				
Client Participation	5,263	5275				

# Soil Erosion & Sediment Control

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## Activities

Soil erosion & sediment control is a state and federal mandated program. Issue Soil Erosion Permits in accordance with Part 91 of the Natural Resources & Environmental Protection Act.

## Strategic Plan Impact

- ✓ **Healthy Community**

To operate the soil erosion 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.

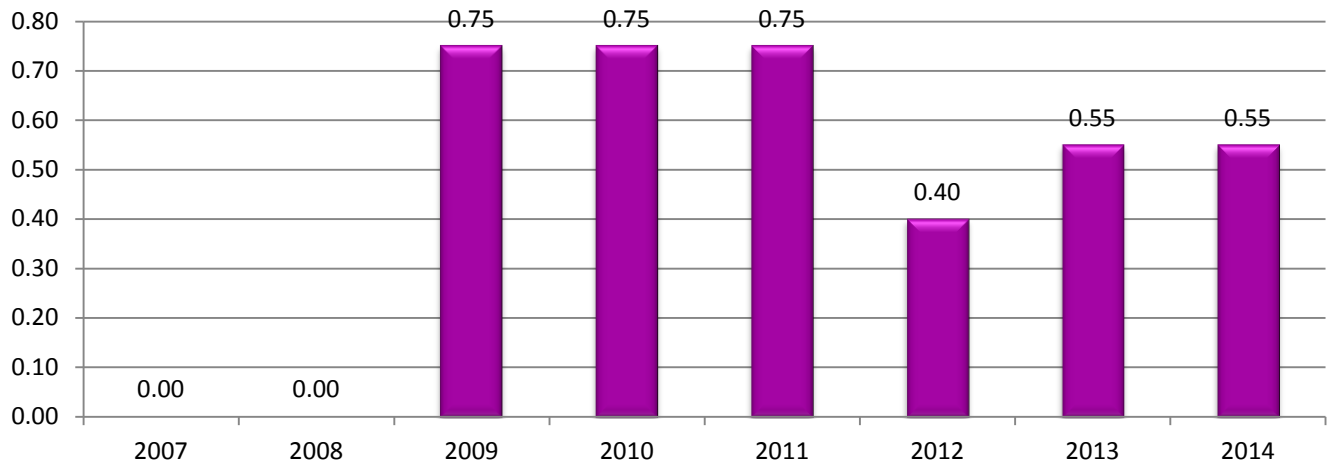
## Accomplishments

- ✓ We fully integrated the program into Environmental Health in 2008. We are operating the program in accordance with Part 91 of the Natural Resources and Environmental Protection Act, 1994, PA 451, as amended.

## Budget Adjustments

The 2012 budget contains .35 less full-time-equivalent employees in this program.

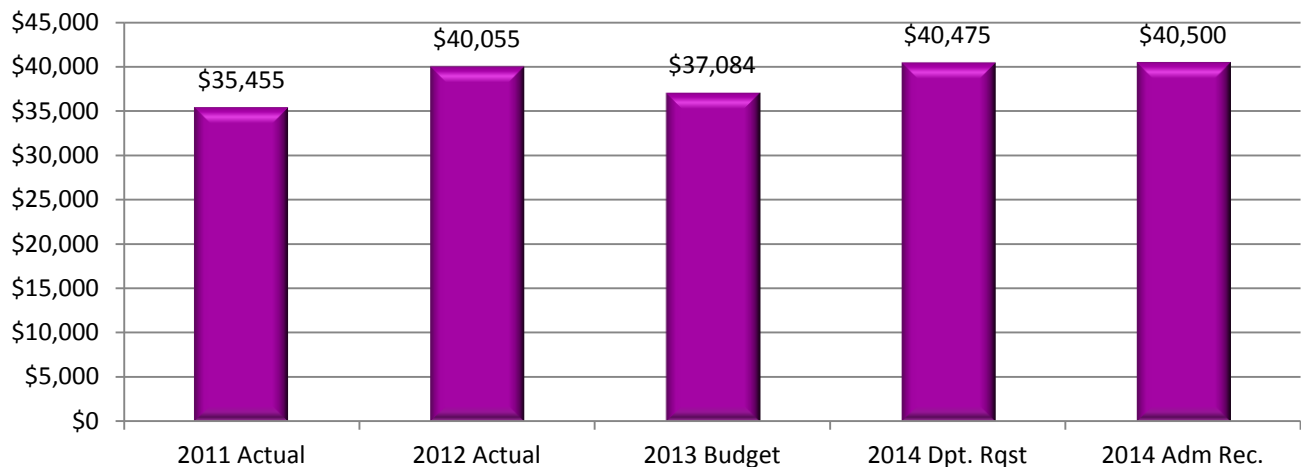
## Soil Erosion FTE History



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2143 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	35,455	40,055	36,259	39,650	39,675
OTHER EXPENSES	-	-	825	825	825
<b>TOTAL PROGRAM COST</b>	\$35,455	\$40,055	\$37,084	\$40,475	\$40,500

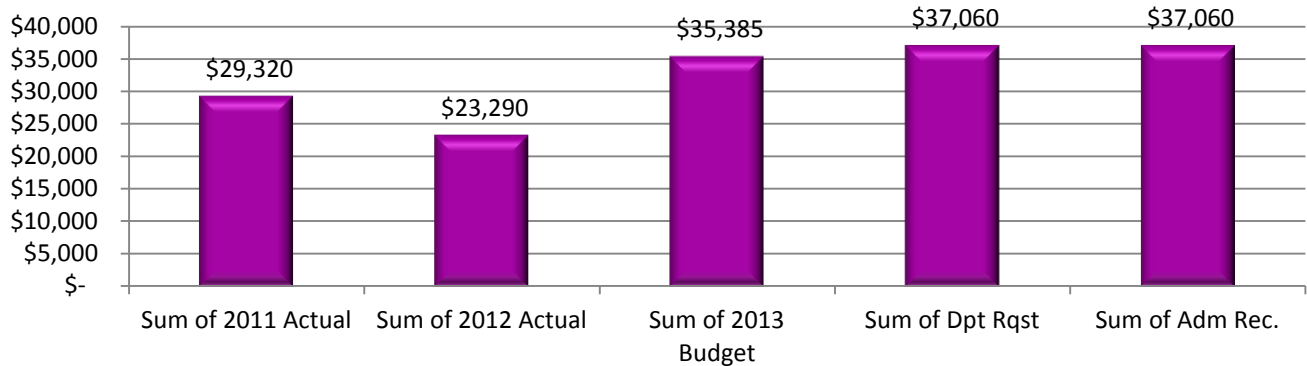
## SOIL EROSION EXPENDITURES



## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
CHARGES/FEES	28,630	23,290	33,695	35,370	35,370
INTERST/RENTS	-	-	315	315	315
OTHER	690	-	1,375	1,375	1,375
<b>TOTAL PROGRAM COST</b>	\$29,320	\$23,290	\$35,385	\$37,060	\$37,060

## SOIL EROSION REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Soil Erosion Permits Issued	100	85				

# AIDS Counseling

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## 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.

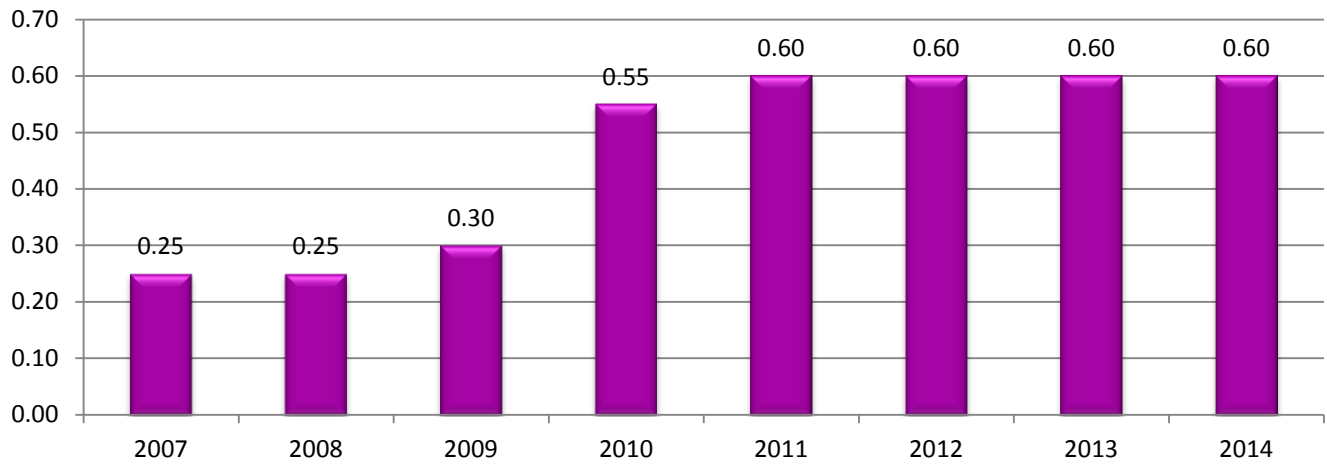
## Accomplishments

- ✓ HIV/AIDS Counseling and Testing Staff participated in National HIV Test Day in 2009 and 2010. Public services announcements were sent out and walk-in HIV testing was offered.
- ✓ JCHD successfully completed the accreditation process in 10/2010 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).
- ✓ Staff were trained in “Rapid HIV Testing” in 12/2009 and began testing all STD clients on an “opt out” basis as a routine standard of care in 1/2010. This has greatly increased the number of clients being tested for HIV.
- ✓ Local physicians and community partners have been updated on pertinent Public Health issues, including HIV/AIDS, in the monthly Public Health Update.

## Budget Adjustments

There are no significant budget adjustments to this program.

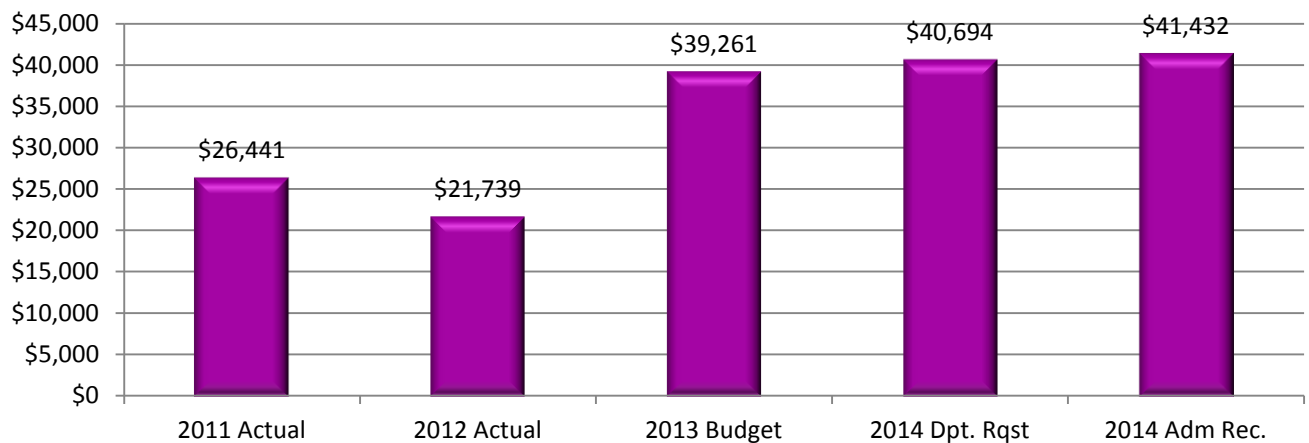
### AIDS Counseling & Testing FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	25,730	21,382	36,461	37,894	38,632
SUPPLIES & MATERIALS	45	2	1,800	1,800	1,800
CONTRACT SERVICES	-	138	200	200	200
OTHER EXPENSES	666	7	800	800	800
<b>TOTAL PROGRAM COST</b>	\$26,441	\$21,529	\$39,261	\$40,694	\$41,432

### AIDS COUNSELING & TESTING EXPENDITURES

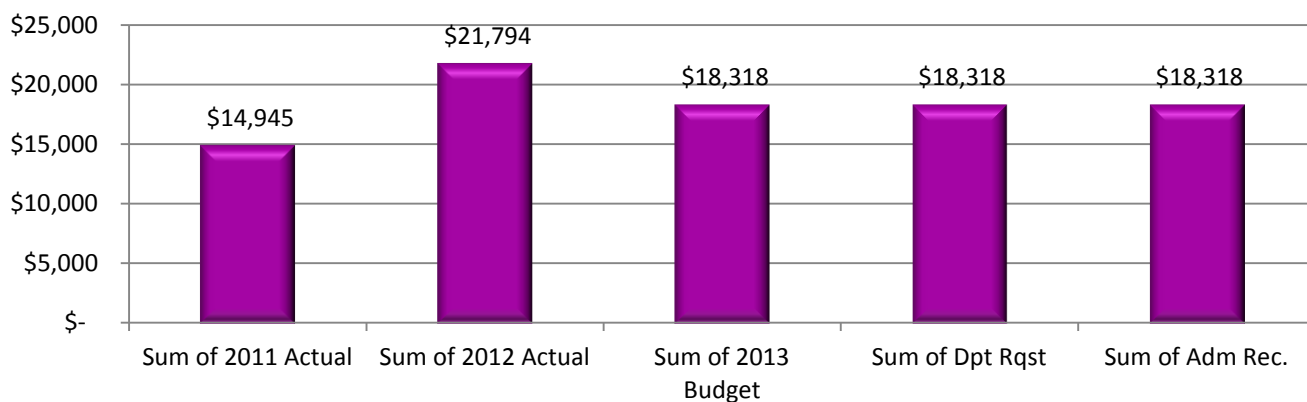


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
OTHER	35	37	-	-	-
INTERGOVERNMENTAL	14,880	21,757	18,318	18,318	18,318
<b>TOTAL PROGRAM COST</b>	\$14,915	\$21,794	\$18,318	\$18,318	\$18,318

## AIDS COUNSELING & TESTING REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
HIV Prevalence Rates for Jackson County. **	77	82				
** Numbers do not reflect statistics from the prison. (Fiscal Year Statistics)						

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Clients Counseled and Tested for HIV	191	625 **		500		
HIV New Cases	0	9		0		
(Fiscal Year Statistics) ** Rapid HIV Testing” began 1/11/2010 on a walk-in basis.						

# Tobacco Reduction Program

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## 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).

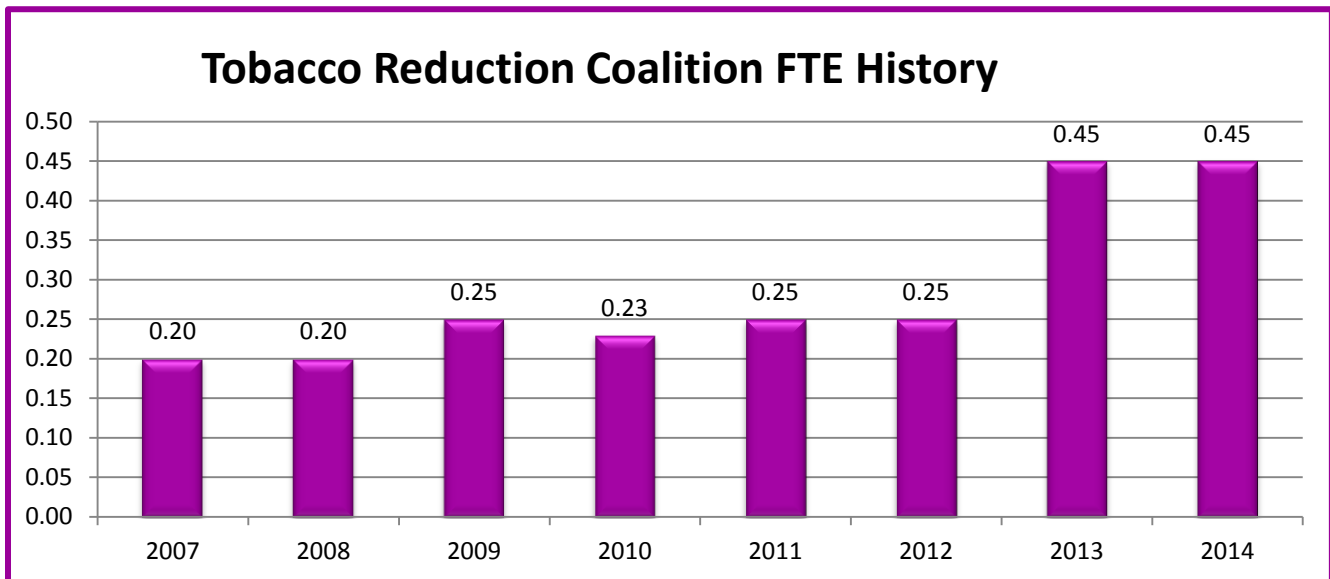
## Accomplishments

- ✓ Implementation of the statewide smoke free law for all worksites, including restaurants including the provision of educational presentations to businesses and the general public to increase their knowledge of the details of the law regarding compliance issues .
- ✓ Continued collaboration with the HIO regarding issues surrounding tobacco and encouraging local businesses to implement policies which will address issues not covered by the statewide law such as provision of cessation services for employees and smoke free campuses.
- ✓ The HIO has determined that reduced smoking and exposure to secondhand smoke tobacco is one of the four main priority areas which will be addressed in their Five Year Community Health Plan in an effort to promote healthy lifestyles and reduce chronic disease for Jackson County residents.
- ✓ Collaboration with Allegiance Health to provide monthly Quit Tobacco Workshops to the general public.
- ✓ Strong collaboration with the Jackson County Substance Abuse Prevention Coalition adds additional tobacco prevention resources for the Jackson Community.

- ✓ The Jackson County Substance Abuse Prevention Coalition applied for and received a Federal Drug Free Communities grant to address issues of social norming surrounding lower youth tobacco use rates, tobacco access and 24 / 7 tobacco free school policies.
- ✓ The JTRC maintains a strong tie with the local media in terms of expert opinions for tobacco related issues.
- ✓ Recipient of continued funding to provide tobacco education, cessation and policy development assistance in the community as well as providing ongoing assistance and monitoring of the smoke-free law implementation.

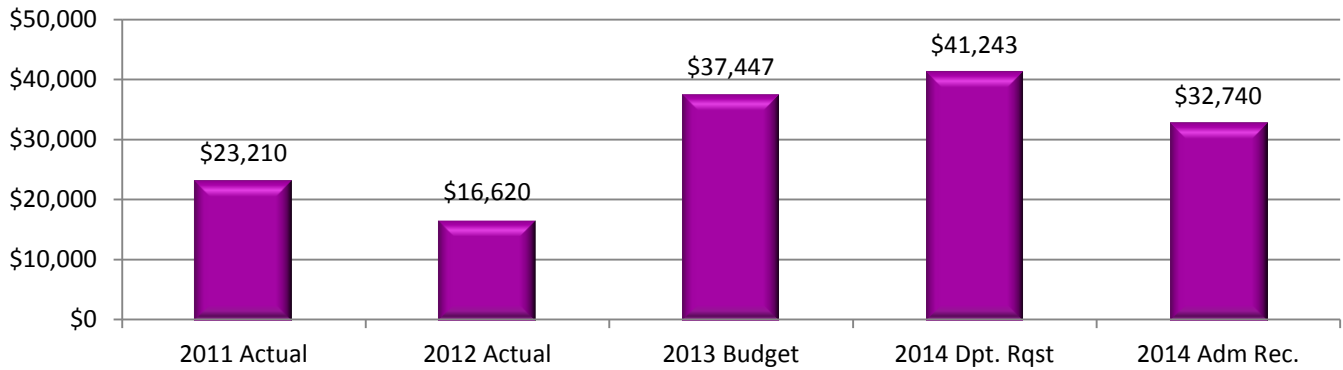
### Budget Adjustments

There are no significant budget adjustments to this program.



Expenditure History					
	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	17,209	18,410	34,082	34,082	29,375
SUPPLIES & MATERIALS	2,922	-1,233	1,600	1,600	1,600
CONTRACT SERVICES	2,259	-574	1,200	1,200	1,200
OTHER EXPENSES	750	17	565	565	565
<b>TOTAL PROGRAM COST</b>	\$23,140	\$16,620	\$37,447	\$37,447	\$32,740

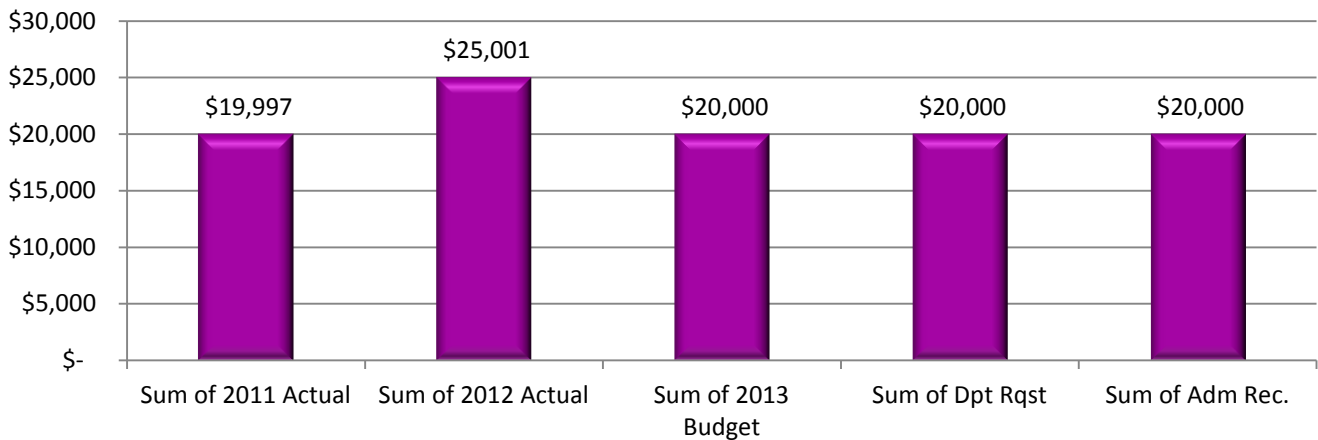
## TOBACCO REDUCT. COALITION EXPENDITURES



### Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	19,997	25,001	20,000	20,000	20,000
<b>TOTAL PROGRAM COST</b>	\$19,997	\$25,001	\$20,000	\$20,000	\$20,000

## TOBACCO REDUCT. COALITION REVENUE



## Strategic Outcomes

<u>Indicator</u>	<u>2009 Actual</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Target</u>	<u>2014 Target</u>
#1 Cause of death - Heart Disease/Attacks	255.9	TBD		240		
#2 Cause of death - Cancers	223.4	TBD		218		
#3 Cause of death - Stroke	47.6	TBD		44		
#4 Cause of death - Chronic Lower Respiratory Disease	68.8	TBD		60		
<b>Ambulatory Care Sensitive Hospitalization Rates for Jackson County.</b>						
Congestive Heart Failure	12.3	TBD		10%		
Chronic Obstructive Pulmonary	10.5	TBD		8.5%		
Asthma	5.5	TBD		4.5%		
<b>Jackson County Smoking Rate by Source</b>						
Smoking Rate of City Residents per Community Health Assessment Report	NA	TBD		23.5%		
**Smoking Rate of County Residents per Community Health Assessment Report	NA	TBD		23.5%		
<b>Smoke-Free</b>						
Smoke-Free Worksites *as of May 1, 2010	238	ALL*		ALL		
Smoke-Free Restaurants*as of May 1, 2010	133	ALL*		ALL		

\*Behavioral Risk Factor Survey Data –based on 3 year average Per 100,000

## Other Key Indicators

<u>Indicator</u>	<u>2009 Actual</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Target</u>	<u>2014 Target</u>
Quit Line Callers FY	237	162				
Quit Line Enrollees FY	178	141				

# Immunization Action Plan

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## Activities

Coordination of a multitude of activities aimed at increasing early childhood immunizations, i.e. satellite conferences, 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 satellite and teleconferences referenced below 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 such communicable diseases.

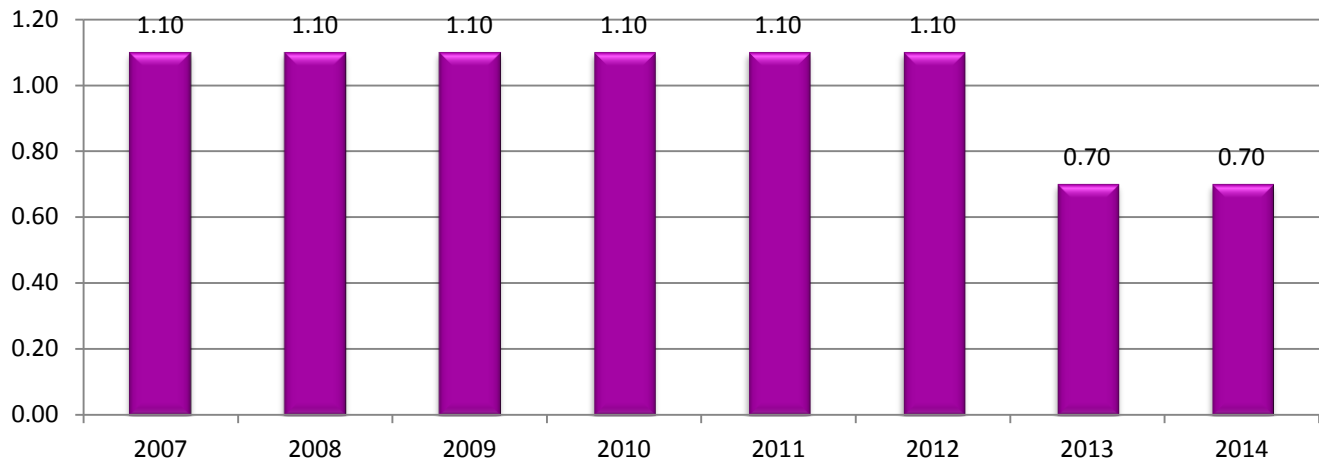
## Accomplishments

- ✓ Community immunization education efforts have expanded to include senior nutrition sites, church administration, special groups and/or congregations, service organizations, mothers of preschoolers groups, middle school orientations, kindergarten round-ups, health fairs, immunization reporting staff at schools, immunization reporting staff at licensed childcare facilities, childcare network groups, the Intermediate School District, etc.
- ✓ Worked extensively with school personnel regarding school compliance for immunization of all new school entrants and 6<sup>th</sup> 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.

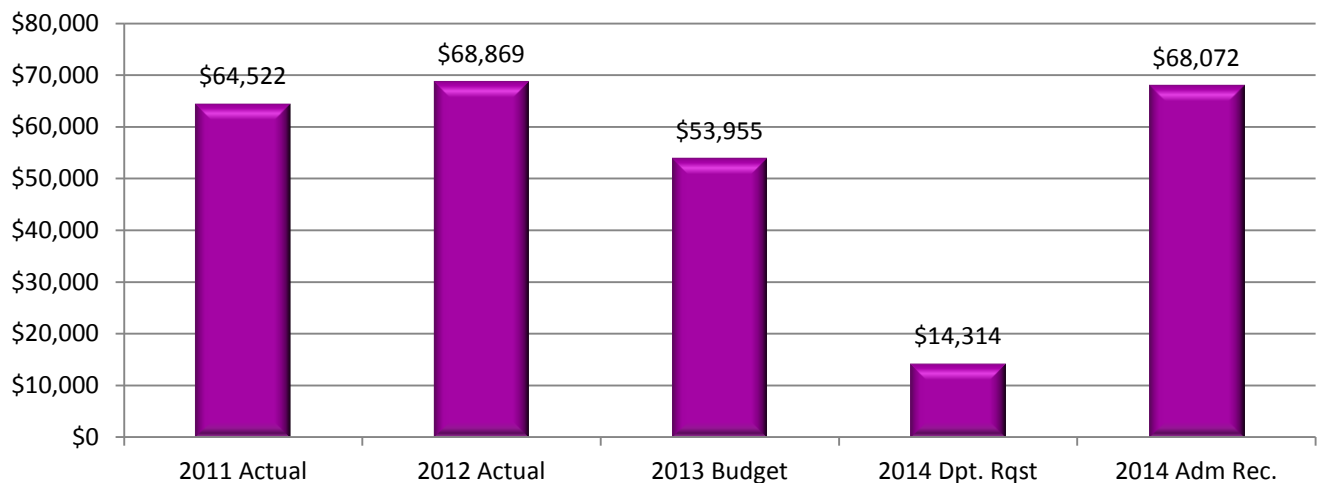
## Immunization Action Plan FTE History



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	63,690	68,357	51,368	11,727	65,485
SUPPLIES & MATERIALS	-	209	1,050	1,050	1,050
CONTRACT SERVICES	131	-	300	300	300
OTHER EXPENSES	701	303	1,237	1,237	1,237
<b>TOTAL PROGRAM COST</b>	<b>\$64,522</b>	<b>\$68,869</b>	<b>\$53,955</b>	<b>\$14,314</b>	<b>\$68,072</b>

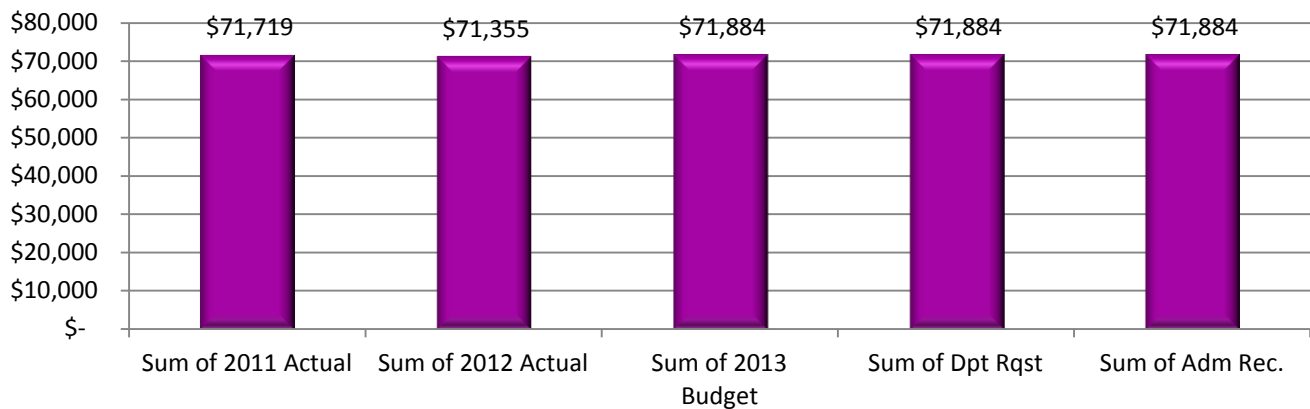
## IMMUNIZATION ACTION PLAN EXPENDITURES



## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	71,719	71,355	71,884	71,884	71,884
<b>TOTAL PROGRAM COST</b>	<b>\$71,719</b>	<b>\$71,355</b>	<b>\$71,884</b>	<b>\$71,884</b>	<b>\$71,884</b>

## IMMUNIZATION ACTION PLAN REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Jackson County children ages 19-36 months adequately immunized.	74%	74%				
Jackson County children ages 13-15 years adequately immunized.	40%	56%				

## Other Key Indicators

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Immunization Education Sessions	27	43				
Immunization Education Participants	1,087	1,004				

# Car Seat Rental Program

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## Activities

The Car Seat 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 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 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. Through car seat safety education, it is the goal of the Car Seat Program to reduce the risk of injury to children age 0-8 in Jackson County, due to being incorrectly buckled in a vehicle.

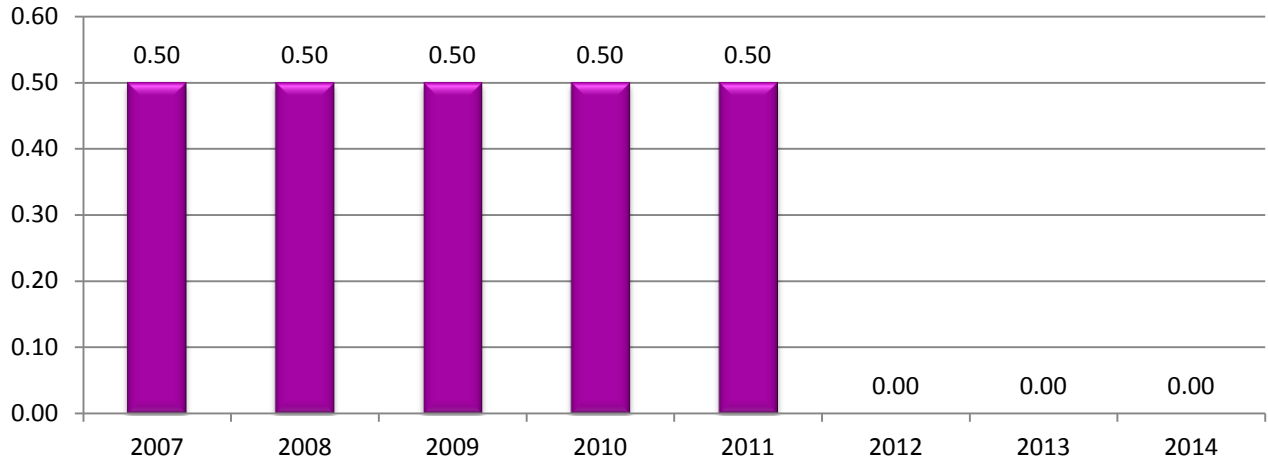
## Accomplishments

- ✓ Six certified Child Passenger Safety Technicians successfully recertify every 2 years.
- ✓ Each year, one Free Car Seat Check Event is held on a Saturday in the JCHD parking lot.
- ✓ Provide 24 presentations on infant car seat safety for parents attending the Stork Club at Allegiance Health System.
- ✓ Available to provide free car seat checks, low cost or free car seats, and car seat education M-F, for Jackson County residents.
- ✓ Secured \$12,000 in car seat funding from the Office of Highway Safety Planning.
- ✓ Secured \$10,000 in funding from the Jackson Traffic Safety Program.
- ✓ Sole source in Jackson County for safe, affordable car seats and car seat education.

## Budget Adjustments

There are no significant budget cuts to the 2012 budget.

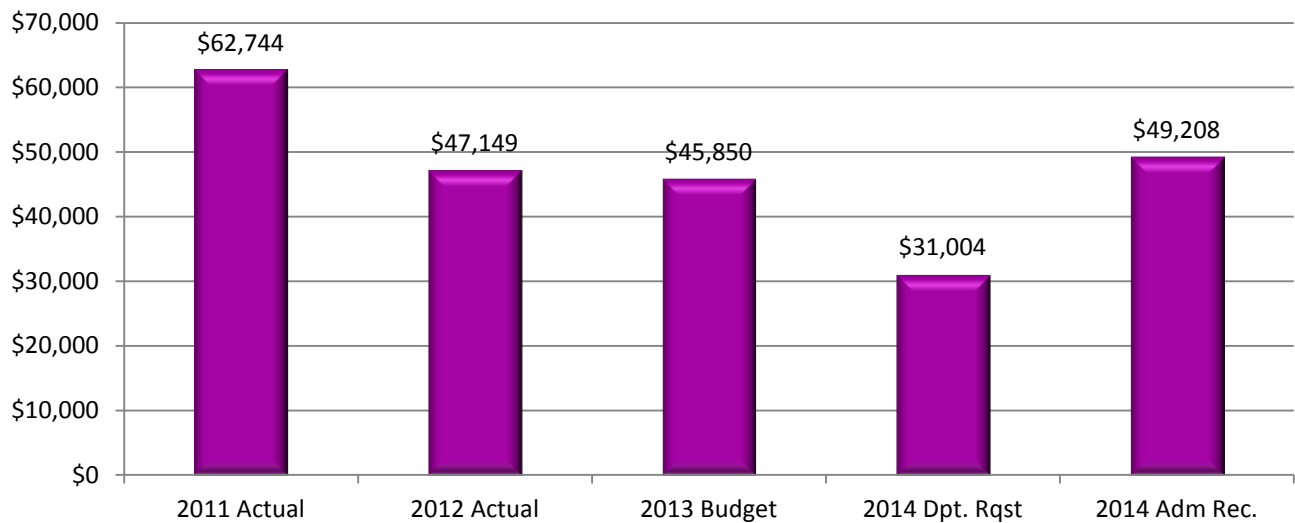
### Car Seat Rental Program FTE History



### Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	40,902	41,459	39,050	24,204	42,408
SUPPLIES & MATERIALS	20,605	5,127	6,100	6,100	6,100
CONTRACT SERVICES	469	344	-	-	-
OTHER EXPENSES	768	219	700	700	700
<b>TOTAL PROGRAM COST</b>	\$62,744	\$47,149	\$45,850	\$31,004	\$49,208

### CAR SEAT SAFETY PROGRAM EXPENDITURES

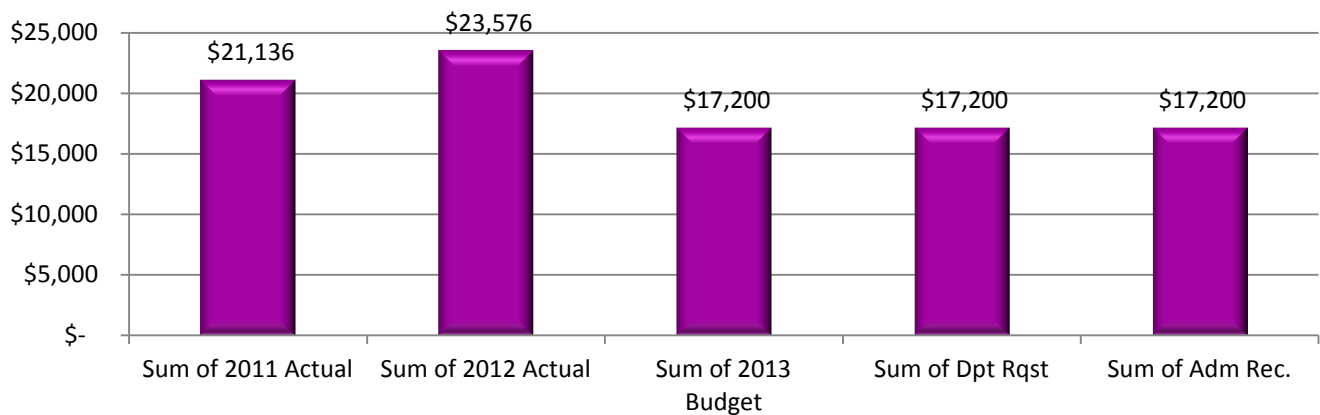


# Health Department

## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
OTHER	10,630	8,400	7,200	7,200	7,200
INTERGOVERNMENTAL	10,506	15,165	10,000	10,000	10,000
<b>TOTAL PROGRAM COST</b>	\$21,136	\$23,565	\$17,200	\$17,200	\$17,200

## CAR SEAT SAFETY PROGRAM REVENUE



## Strategic Outcomes

<u>Indicator</u>	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Number of children served (at reduced risk of injury because riding in safe car seat).	620	675				
Number of adults served (increased knowledge of car seat safety).	578	736				
Number of children age 0-8 involved in crash in Jackson County.	21	69*				
Number of children age 0-8 involved in crash in Jackson County that were restrained in a child safety seat.	11	48*				

- Oct 1, 2009 – June 30, 2010

## Other Key Indicators

<u>Indicator</u>	<u>2009 Actual</u>	<u>2010 Actual</u>	<u>2011 Actual</u>	<u>2012 Actual</u>	<u>2013 Target</u>	<u>2014 Target</u>
Car Seats Provided	539	582				
Education Sessions Provided	622	715				
Car Seat Checks Provided	134	131				
FTE's	0.5	.5				

# Abstinence Program

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## 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.

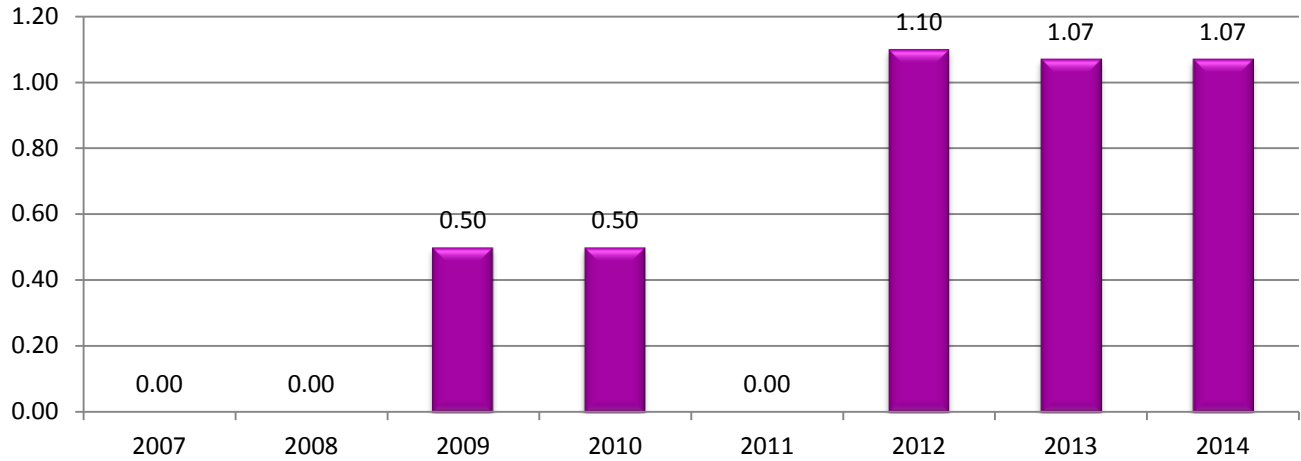
## Accomplishments

- Wrote a proposal for funding to begin in March of 2011
- This program was not funded in 2010 due to lack of federal financing.

## Budget Adjustments

This plan is to be funded in 2012.

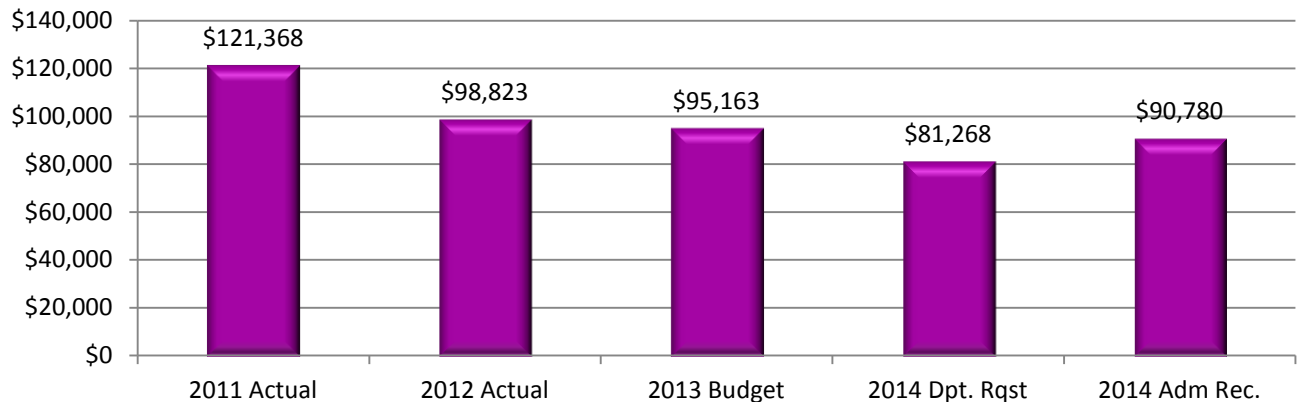
## Abstinence Program FTE History



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	68,077	75,280	90,878	76,983	86,495
SUPPLIES & MATERIALS	9,542	8,176	1,400	1,400	1,400
CONTRACT SERVICES	42,711	12,579	1,200	1,200	1,200
OTHER EXPENSES	1,038	2,788	1,685	1,685	1,685
<b>TOTAL PROGRAM COST</b>	\$121,368	\$98,823	\$95,163	\$81,268	\$90,780

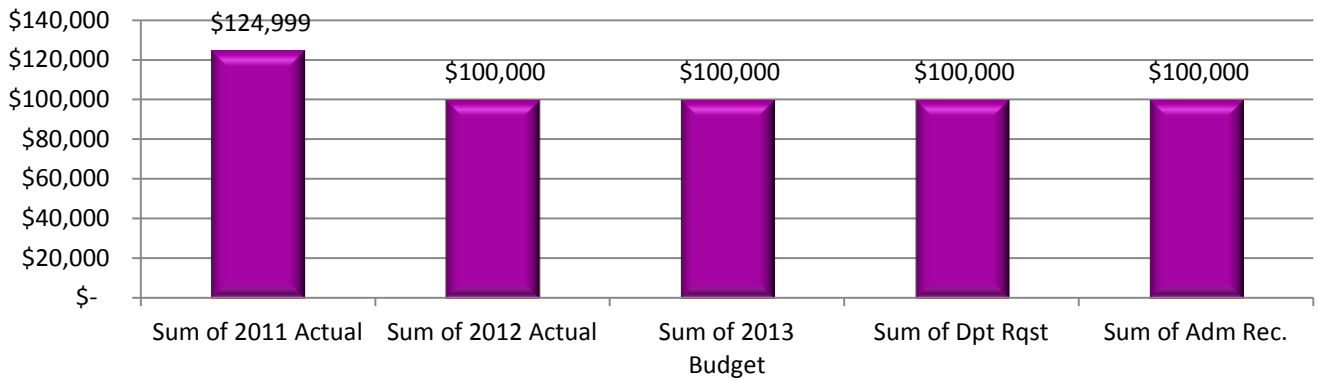
## JACKSON COUNTY ABSTINENCE PRNT EXPENDITURES



Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	124,999	100,000	100,000	100,000	100,000
<b>TOTAL PROGRAM COST</b>	\$124,999	\$100,000	\$100,000	\$100,000	\$100,000

**JACKSON COUNTY ABSTINENCE PRNT REVENUE**



Strategic Outcomes

Indicator	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>
Teenage pregnancy rate (per 1,000)	TBD	TBD				

Other Key Indicators

Indicator	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 <u>Actual</u>	2012 <u>Actual</u>	2013 <u>Target</u>	2014 <u>Target</u>

# Teen Pregnancy Reduction

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## Activities

Community Coalition whose goal is to advocate for teen pregnancy prevention education for parents and youth of Jackson County.

## 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.

## Accomplishments

- ✓ From 1990 to 2008, the Jackson County teen pregnancy rate decreased by **41%** with a drop from 113.9 to 66.7 per 1,000 women ages 15-19. Specifically since 2005, the teen pregnancy rate has decreased by **9%** which may be as a result of the extensive work the Teen Pregnancy Prevention Initiative has done as a collaborative effort.
- ✓ A Community Call to Action event took place in March 2008 for 140 community leaders and 200 copies of the strategic planning document titled "Pursuing Hope for Our Youth" were distributed throughout 2008.
- ✓ 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 sixty copies have been purchased across the state of Michigan
- ✓ 'I WISH' in-school assemblies took place beginning in the spring of 2009. Nearly 4,200 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 two years, including Michigan Center, Jackson High School, Middle School at Parkside, Northwest, and Springport.
- ✓ Funding for the TPPI has continued to be secured from the United Way of Jackson County for the past four years and from the James A. and Faith Knight Foundation for 2010. In addition, the Michigan Department of Education received a grant to the Centers for Disease Control (CDC) bringing in \$11,000 each year for the next 4.5 years for the House to House

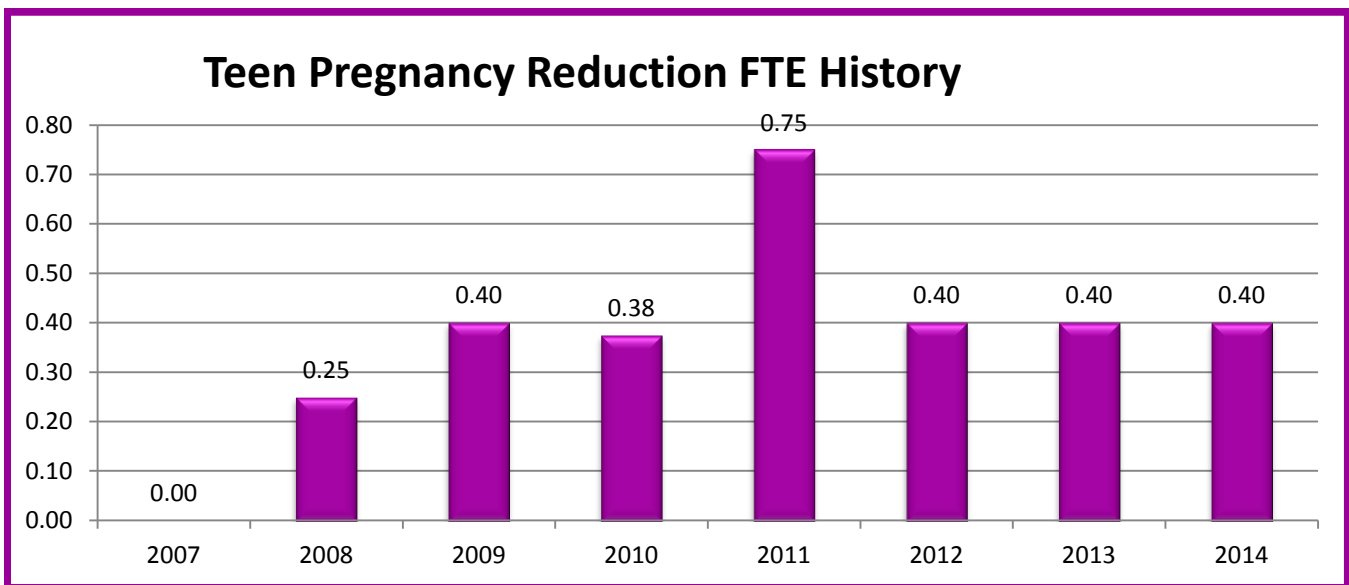
## Health Department

program. As a result of receiving the additional funding for the House to House program through the CDC, a third gathering focusing on parent teen communication around sexuality was created.

- ✓ 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

### Budget Adjustments

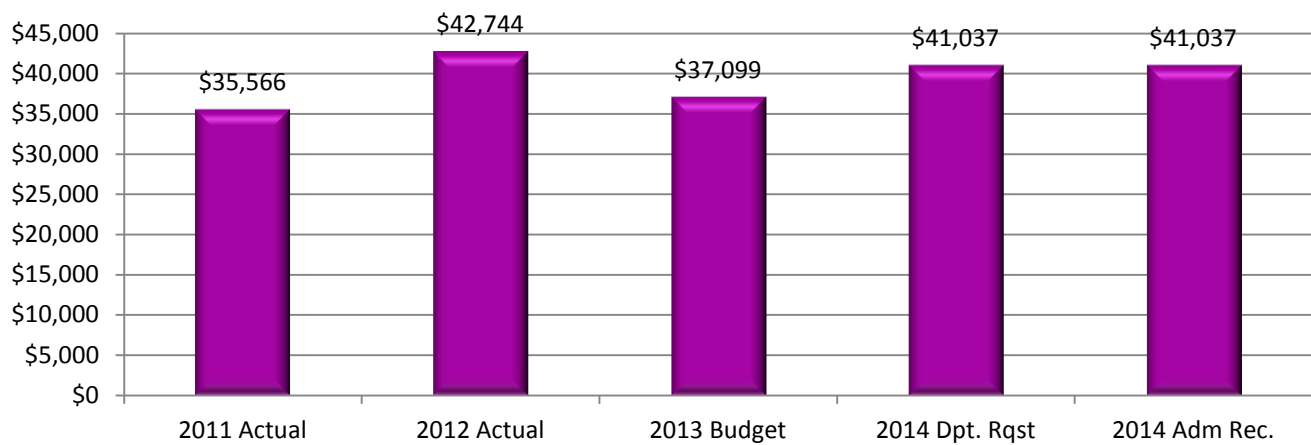
Additional funding obtained.



## Expenditure History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
PERSONNEL SERVICES	31,989	36,061	36,699	40,637	40,637
SUPPLIES & MATERIALS	217	6,256	-	-	-
CONTRACT SERVICES	2,928	75	-	-	-
OTHER EXPENSES	432	352	400	400	400
<b>TOTAL PROGRAM COST</b>	<b>\$35,566</b>	<b>\$42,744</b>	<b>\$37,099</b>	<b>\$41,037</b>	<b>\$41,037</b>

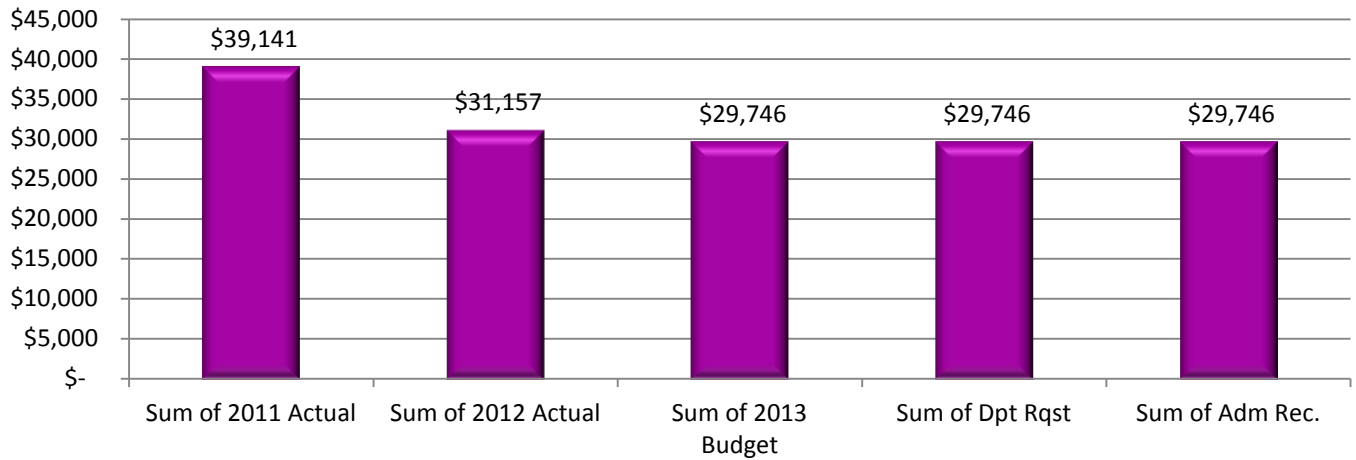
## TEEN PREGNANCY REDUCTION PROJ EXPENDITURES



## Revenue History

	2011 <u>ACTUAL</u>	2012 <u>ACTUAL</u>	2013 <u>BUDGET</u>	2014 DEPT <u>REQUESTED</u>	2014 <u>BUDGET</u>
INTERGOVERNMENTAL	37,571	30,209	29,746	29,746	29,746
OTHER	1,570	948	-	-	-
<b>TOTAL PROGRAM COST</b>	<b>\$37,571</b>	<b>\$30,209</b>	<b>\$29,746</b>	<b>\$29,746</b>	<b>\$29,746</b>

## TEEN PREGNANCY REDUCTION PROJ REVENUE



## Strategic Outcomes

Indicator	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Target	2014 Target
Teenage pregnancy rate (per 1,000)						

## Other Key Indicators

Indicator	2009 Actual	2010 Actual	2011 Actual	2012 Actual	2013 Target	2014 Target
Number of school districts collaborating with TPPI on programming	3	5		8		
Number of young people/parents reached through TPPI programming	4,019	2,500		3,000		