



MONROE COUNTY HEALTH DEPARTMENT

# ANNUAL REPORT

# 2017

A YEAR OF ACCOMPLISHMENTS

## MISSION

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To protect, promote, and improve the health of all people in Monroe County.

## VISION

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Leading and partnering to create a healthier and safer Monroe County community.

## VALUES

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***Accountability*** – We value reliability (trustworthiness) and willingness to accept responsibility, both individually and in teams.

***Empowerment*** – We value the sharing of information and tools to allow individuals and organizations the ability to act on issues they define as important.

***Excellence*** – We value dedication, continuous learning and use of best practices in providing public health services.

***Professionalism*** – We value skill, good judgment, self-regulation, education and high standards in service to the public.

***Respect*** – We value politeness, punctuality and reliability as a means of being courteous, recognizing diversity and acknowledging differences.

2017

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## COMMISSIONERS

Julie Thomas  
(President)

Patrick Stoffers

Amanda Barge  
(Vice President)

## COUNCIL

Ryan Cobine, President  
Shelli Yoder, President Pro-Tempore  
Eric Spoonmore  
Cheryl Munson

Geoff McKim  
Elizabeth Lee Jones  
Marty Hawk

## BOARD OF HEALTH

Mark Norrell, FACHE, HFA, Chairperson  
Ashley Cranor, M.P.H., Vice Chairperson  
Kay Leach, R.N.  
Stephen Pritchard, D.D.S.

George Hegeman, Ph.D.  
Carol Litten Touloukian, M.D.  
Robert Wrenn, M.D.

## MONROE COUNTY HEALTH OFFICER

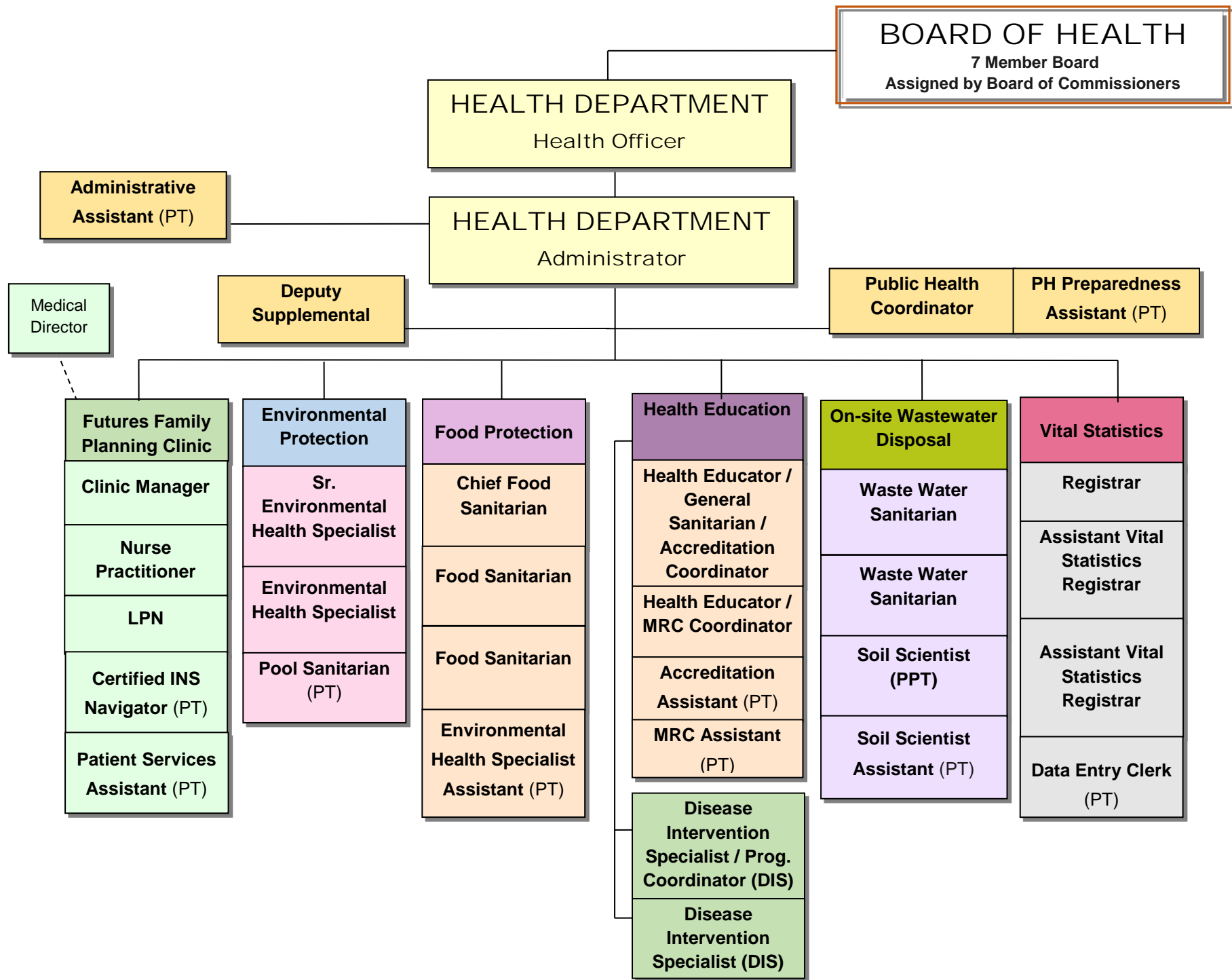
Thomas W. Sharp, MD

## HEALTH DEPARTMENT STAFF

Penny Caudill	Administrator
Sylvia Garrison, REHS, CFSP	Chief Food Sanitarian / Deputy Administrator
Ashlie Bormann	Administrative Assistant (PT)
Julie Hartley Stutler	Disease Intervention Specialist
Miranda Ettinger	Disease Intervention Specialist
Simeon Baker	Sr. Environmental Health Specialist
Sydney Evans	Environmental Health Specialist
Matthew Zampariello	Environmental Health Assistant (PT)
Nicole Wagner	Food Sanitarian
Jessica Brown	Food Sanitarian
Sandy Wallace	Food Sanitarian (partial year)
Kathy Hewett	Health Educator / General Sanitarian / Accreditation Coordinator
Christina Kempf	Health Educator / MRC Coordinator
Melanie Vehslage	Accreditation Assistant (PT)
Madi Taylor	MRC Assistant (PT)
Dylan Cook	Public Health Coordinator
Aissata Toure	Public Health Preparedness Assistant (PT)
Teresa Benassi	Vital Statistics Registrar
Jamie Hartnett-Russell	Vital Statistics Assistant Registrar
Shanna Wooten	Vital Statistics Assistant Registrar
Barbara Kuruzovich	Data Entry Clerk (PT)
Randy Raines	Wastewater Sanitarian
Ryan Kasper-Cushman	Wastewater Sanitarian
Jim Brown	Soil Scientist (PT)
Ryan Clemens	Soil Scientist Assistant (PT)
Megan Harris	Soil Scientist Assistant (PT) (partial year)
Rene Lloyd	SPEA Fellow

## FUTURES FAMILY PLANNING CLINIC STAFF

Liz McGlothlin	Family Nurse Practitioner
Lauretta Ionoff	Licensed Practical Nurse
Chris Husted	Clinic Manager
Scott Stowers	Certified IN Navigator (PT)
Diana Cannon	Patient Services Assistant (PT)



## FORWARD

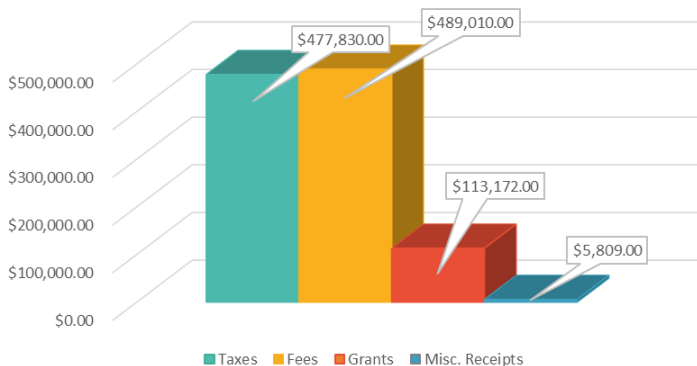
This report details the administrative and field activities of the Monroe County Health Department (MCHD) for 2017 pursuant to Indiana Code (I.C.) 16-20-1-7.

The department is organized into seven basic divisions, operates a federally funded family planning clinic, and contracts with Indiana University Health Bloomington Community Health Services to provide nursing services to the public. In 2017, the MCHD oversaw a health fund budget that exceeded \$1,000,000 and was awarded twelve grants totaling approximately \$482,993 (some grant funds will carry over into 2018). There are 14 full-time, five part-time and one work study employee supported through the county health fund, as well as five full-time and six part-time employees supported through grants. This totals 22 FTE positions serving approximately 140,000 people in Monroe County. This is less than half the national FTE average of 48 per 100,000 people, proving there is a growing need for more public health employees here in Monroe County.

## FEES

The MCHD charges a fee for services to those that the department regulates and inspects. In 2017, health fund fees amounted to over \$489,000. Fees related to grants accounted for over \$64,800. Approximately 55% of the revenue earned was generated from fees and grants.

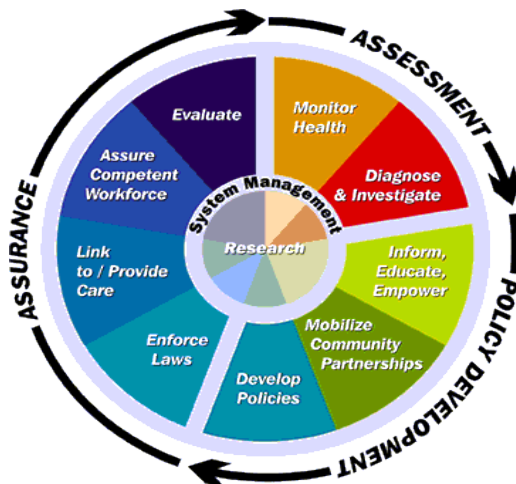
Health Department Revenue Sources for 2017



## HEALTH BOARD

Per IC 16-20-2-4 the local Board of Health is composed of seven members, not more than four of whom may be from the same political party. Members are appointed by the County Commissioners. The varied backgrounds of our Board members help to lend a balanced outlook to our community-based health programs and needs. The Board met five times in 2017. These meetings are open to the public and input is welcomed and encouraged.

## THE 10 ESSENTIAL SERVICES AND QUALITY IMPROVEMENT ACTIVITIES



The 10 Essential Services are the framework used in the public health system to assess how well our department is performing and providing to our community. The MCHD's focus is centered on three core functions: to assess the health of the community and investigate health problems, to develop policies and plans that mobilize community partnerships to inform and educate the citizens, and to provide assurances to the public that we will enforce the laws and regulations necessary to protect the public and link people to needed personal health services.

The following link provides more details [www.cdc.gov/nphsp/essentialServices.html](http://www.cdc.gov/nphsp/essentialServices.html).

The department continued quality improvement activities in 2017 that included a customer service survey, a process for third party adults to obtain birth certificates, and a meth lab follow-up report process.

## **2017 DEPARTMENT HIGHLIGHTS**

- ❖ Completed the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) Report.
- ❖ Participated in the first Opioid Summit in Monroe County.
- ❖ Launched an electronic Customer Service Survey.
- ❖ Renewed the Syringe Services Program (SSP) for another two years.
- ❖ Received the Sophia Travis grant.
- ❖ Radon grant was renewed for one year.
- ❖ The Monroe County Public Health Clinic (MCPHC) was awarded the Nurse Family Partnership grant.
- ❖ Five babies were delivered to smoke free moms through the Baby & Me Tobacco Free Program.
- ❖ Took over syringe collections within the community with a response rate of a few hours.
- ❖ Updated policies and procedures for handling meth labs and created a database for tracking.
- ❖ Implemented a new policy to inspect restaurants within 30 days of their opening.
- ❖ Updated the MRC Program to recruit more volunteers.
- ❖ Eight week tobacco cessation sessions were implemented through the Tobacco Coalition.
- ❖ Increased food inspections by 10%.
- ❖ ISDH assisted in Hepatitis C investigations, reducing local staff time.
- ❖ Conducted the highest amount of radon tests to date.
- ❖ MCPHC met all immunization grant requirements.

- ❖ A SPEA fellow started the two-year well water testing program through the MCHD.
- ❖ One full-time and four part-time employees were hired.
- ❖ ISDH hired a Disease Intervention Specialist to work out of the MCHD.

## **2017 DEPARTMENT GOALS**

- ❖ **Have an established performance management system in place by December 2017.**
  - Unmet due to time/staff constraints.
- ❖ **Have data from initial customer service survey by September 2017.**
  - Met. The survey was launched in early September and feedback began coming in.

## **DEPARTMENT GOALS FOR 2018**

- ❖ **Goal:** *By August 2018, develop an indexed directory of internal and external services.*
- ❖ **Goal:** *Ensure the list of services is available on the MCHD website by December 2018.*

***MCHD appreciates the public health contribution of all who gave their time, expertise or other help in our pursuit of a healthier community and would like to especially thank the following for donating to or sponsoring our department during 2017:***

- ❖ *Comprehensive Financial Consultants*
- ❖ *Dagwood's Deli*
- ❖ *Downtown Bloomington*
- ❖ *Dr. Chitra Natalie, FAACAAI*
- ❖ *Hoosier Heights*
- ❖ *inBloom Juicery*
- ❖ *Indiana Public Employees Plan*
- ❖ *Sergeant Lovan, Bloomington Police Department*
- ❖ *Red Cross*

## 2017 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
Births	\$7,152.00	\$7,664.00	\$7,312.00	\$5,856.00	\$7,104.00	\$6,800.00	\$7,168.00	\$6,928.00	\$5,488.00	\$5,632.00	\$5,120.00	\$4,752.00	\$76,976.00
Deaths	\$11,116.00	\$6,468.00	\$10,206.00	\$9,884.00	\$8,456.00	\$7,322.00	\$8,358.00	\$7,476.00	\$7,896.00	\$6,888.00	\$9,002.00	\$8,092.00	\$101,164.00
Genealogical Research	\$15.00	\$30.00	\$0.00	\$90.00	\$0.00	\$0.00	\$30.00	\$15.00	\$0.00	\$15.00	\$0.00	\$30.00	\$225.00
Real Estate/On-Site Inspection	\$200.00	\$600.00	\$1,100.00	\$400.00	\$900.00	\$700.00	\$600.00	\$500.00	\$300.00	\$300.00	\$200.00	\$500.00	\$6,300.00
Septic Permit Application	\$3,700.00	\$6,550.00	\$3,550.00	\$5,700.00	\$9,175.00	\$4,125.00	\$4,000.00	\$4,775.00	\$4,150.00	\$1,900.00	\$2,300.00	\$1,200.00	\$51,125.00
Septic Installer Certification	\$100.00	\$2,400.00	\$400.00	\$300.00	\$200.00	\$300.00	\$100.00	\$100.00	\$300.00	\$0.00	\$450.00	\$0.00	\$4,650.00
Well Pump Survey Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Food Service License	\$46,780.00	\$91,545.00	\$27,382.50	\$5,159.00	\$7,537.50	\$6,284.50	\$2,497.50	\$4,629.00	\$2,930.00	\$3,170.00	\$1,875.00	\$665.00	\$200,455.00
Food Class Registration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Swimming Pools/Spas/Beach Permit	\$13,250.00	\$3,820.00	\$4,500.00	\$8,150.00	\$2,525.00	\$0.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$32,495.00
Campground Permit	\$0.00	\$420.00	\$895.00	\$3,150.00	\$1,010.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,475.00
Trash Hauler Permit	\$350.00	\$3,500.00	\$775.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	\$0.00	\$700.00	\$5,625.00
Miscellaneous	\$72.00	\$58.00	\$44.00	\$39.00	\$47.00	\$40.00	\$44.00	\$57.00	\$28.00	\$60.00	\$39.00	\$30.00	\$558.00
Notary Fee	\$8.00	\$18.00	\$14.00	\$6.00	\$14.00	\$2.00	\$6.00	\$4.00	\$4.00	\$18.00	\$18.00	\$6.00	\$118.00
Paternity Affidavit	\$183.00	\$484.00	\$336.00	\$200.00	\$262.00	\$173.00	\$167.00	\$113.00	\$143.00	\$303.00	\$183.00	\$130.00	\$2,677.00
Photocopying Fees	\$0.00	\$0.00	\$0.00	\$11.20	\$3.80	\$0.10	\$4.00	\$0.00	\$0.00	\$6.00	\$0.00	\$0.00	\$25.10
Home Births	\$81.00	\$54.00	\$54.00	\$27.00	\$108.00	\$54.00	\$81.00	\$81.00	\$27.00	\$108.00	\$135.00	\$108.00	\$918.00
Amendment Affidavit	\$37.00	\$37.00	\$50.00	\$47.00	\$0.00	\$30.00	\$10.00	\$27.00	\$47.00	\$74.00	\$64.00	\$57.00	\$480.00
Bank Fees	\$0.00	\$0.00	\$0.00	-\$36.00	-\$70.00	-\$80.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$186.79
NSF Checks	\$68.00	\$0.00	\$0.00	\$308.00	\$0.00	-\$539.00	\$64.00	\$0.00	\$0.00	\$30.00	\$0.00	\$0.00	-\$69.00
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUB-TOTAL	\$83,112.00	\$123,648.00	\$56,618.50	\$39,541.20	\$37,272.30	\$25,210.81	\$23,129.50	\$24,705.00	\$21,563.00	\$18,554.00	\$19,386.00	\$16,270.00	\$489,010.31
CORONER FEES	\$1,588.00	\$924.00	\$1,458.00	\$1,412.00	\$1,208.00	\$1,046.00	\$1,194.00	\$1,068.00	\$1,128.00	\$984.00	\$1,286.00	\$1,156.00	\$14,452.00
FAMILY PLANNING CLINIC	\$6,924.44	\$4,300.27	\$7,882.10	\$4,977.69	\$6,900.55	\$7,527.32	\$3,943.41	\$4,769.06	\$8,512.81	\$3,058.30	\$3,262.65	\$2,766.82	\$64,825.42
TOTAL	\$91,624.44	\$128,872.27	\$65,958.60	\$45,930.89	\$45,380.85	\$33,784.13	\$28,266.91	\$30,542.06	\$31,203.81	\$22,596.30	\$23,934.65	\$20,192.82	\$568,287.73

### HEALTH FUND

INCOME		DISBURSEMENTS	
TAX DRAWS	\$477,829.72	TOTAL 2017 DISBURSEMENTS	\$1,076,571.92
GRANTS	\$113,171.79		
FEES	\$489,010.31		
MISCELLANEOUS RECEIPTS	\$5,808.99	CASH BALANCE	
TOTAL 2017 INCOME		December 31, 2017	\$777,461.22





# Disease Intervention

In 2017, the Monroe County Health Department (MCHD) continued to receive a grant for sexually transmitted disease prevention from the Indiana State Department of Health (ISDH). The grant covers disease intervention services for a 12 county area that consists of Monroe, Brown, Bartholomew, Lawrence, Owen, Greene, Clay, Putnam, Parke, Vermillion, Vigo and Sullivan counties. The primary goal of the grant is to provide disease intervention services, in order to prevent the spread of disease and development of complications in infected individuals, contacts and associates.

During the 2017 calendar year, Monroe County employed two full-time Disease Intervention Specialists (DIS). In 2016, ISDH created a new full-time DIS position to allow an additional, state-employed DIS to be assigned to District 7, and that position was filled in August 2017.

## CASE DETECTION THROUGH SCREENING

The DIS provides chlamydia, gonorrhea, syphilis and HIV testing to those persons deemed at high risk of disease, such as partners to cases and high-risk populations. The department also works closely with Positive Link, another ISDH funded program, to ensure that testing is available to individuals within the community. During 2017, the DIS continued to partner with Positive Link to offer monthly STD testing at a local bar.

## CASE FOLLOW UP

The DIS track sexually transmitted diseases through case investigation, outreach, and use of epidemiology.

Cases are prioritized by risk to the public's health. In general, cases involving syphilis and HIV are investigated first, followed by cases of gonorrhea and chlamydia. Case follow-up includes one or more of the following: interviewing persons diagnosed with an STD, locating and referring clients/partners for examination and treatment, educating patients about disease symptoms and transmission, and contacting providers to ensure treatment of cases.

## SURVEILLANCE

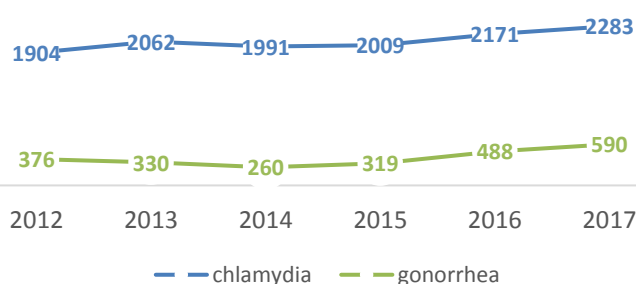
The STD Program monitors disease morbidity as reported from hospitals, physicians, and laboratories.

68%

of total  
chlamydia  
morbidity in  
2017 were  
women

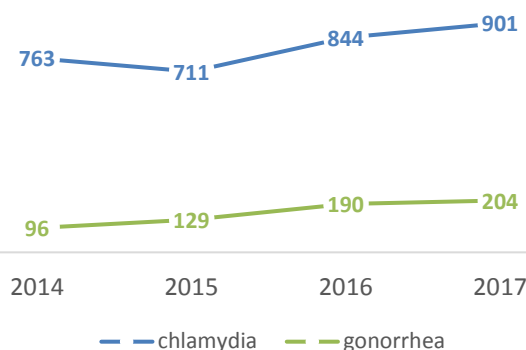
The ISDH 2017 preliminary data for district 7 shows that chlamydia cases have increased when compared to previous years, as can be seen in the “District 7 Chlamydia and Gonorrhea Rates” graph below. Chlamydia accounted for approximately 79% of the total morbidity of STDs investigated, and women made up approximately 68% of the total chlamydia morbidity.

### DISTRICT 7 CHLAMYDIA AND GONORRHEA RATES



Gonorrhea cases continued to increase compared to past years, with 108 more cases than 2016. Gonorrhea cases made up approximately 20% of the total morbidity of STDs reported.

### MONROE COUNTY CHLAMYDIA AND GONORRHEA RATES



Early syphilis cases increased substantially from 2016 to 2017, from 15 cases in 2016 to 31 cases in 2017. Early syphilis is classified as syphilis that is less than a year in duration, and is a good indicator of incident infection. Of the 31 reported cases of early syphilis in 2017, 16 cases were determined to be primary or secondary syphilis, which is a reflection of symptomatic disease.

Monroe County is the highest morbidity county in District 7. In 2017 Monroe County had 901 cases of chlamydia, 204 cases of gonorrhea, and 11 cases of early syphilis.

### 2017 SURVEILLANCE DATA OVERVIEW FOR INDIANA STD DISTRICT 7

DIAGNOSIS	FEMALE	MALE	TOTAL
CHLAMYDIA	1,548	735	2,283
GONORRHEA	292	298	590
EARLY SYPHILIS	>5	27	31**

**\*\*Cases include 16 cases of primary and secondary syphilis**

**Note: All data in chart is preliminary data for 2017 and is subject to change**

## 2017 GOALS

- ❖ **The DIS will continue making syphilis retesting a priority, and will verify that at least 80% of 2016 syphilis cases have received a retest.**
  - Met – The DIS were able to confirm or provide retests on 12 of the 15 cases of early syphilis during 2017.
- ❖ **The DIS will visit ten provider offices during 2017 in order to meet staff, make connections, and educate the staff on recommended treatment guidelines and reporting.**
  - Met – The DIS performed 16 provider visits in 2017.
- ❖ **The DIS will interview 25% more gonorrhea cases in 2017 than were interviewed in 2016 in hopes of providing education and partner services to combat the increasing gonorrhea rates within the district.**
  - Met – the DIS interviewed 39% more gonorrhea cases in 2017 than were interviewed in 2016.

## GOALS FOR 2018

- ❖ **Goal:** *The DIS will visit 10 provider offices during 2018 in order to meet staff, make connections, and educate the staff on recommended treatment guidelines and reporting.*
- ❖ **Goal:** *The DIS will prioritize syphilis and HIV screenings among at risk populations, and will increase testing by 20%.*
- ❖ **Goal:** *The DIS will increase outreach testing to populations with limited access to healthcare. The DIS will test at least 50 incarcerated patients for chlamydia, gonorrhea, and HIV.*



# 876

unduplicated  
clients served  
in 2017



## Futures Family Planning Clinic

The Futures Family Planning Clinic (Futures) is a federally-funded program operating under the auspices of the Monroe County Health Department (MCHD). Established in 2006, the funding comes through the Department of Health and Human Services (HHS) to the Indiana Family Health Council (IFHC), who then disperses the money to Title X clinics throughout Indiana. Futures is dedicated to providing professional, compassionate reproductive health care to those who need our services.

The clinic is staffed with one part-time Nurse Practitioner, a full-time LPN, a full-time Clinic Manager, a part-time Patient Services Assistant (PSA), and a part-time Certified Health Insurance Navigator. The Certified Navigator helps patients sign up for health coverage. A Medical Director supervises medical care provided, regularly reviews charting entries, and is available for consultations. Patients who have medical issues beyond the scope of the protocols of the clinic are referred for care and assessment to other providers. Working relationships with others who are equipped to serve low-income, or patients with language barriers, are priority referrals.

Futures offers a sliding fee scale, and patients receive supplies and services regardless of

their ability to pay. The clinic accepts patient donations and fees, as well as state insurance (Medicaid and the Healthy Indiana Plan) and commercial insurance.



### SERVICES PROVIDED

- ❖ Gynecological and breast exams
- ❖ Problem-focused genital examinations for males
- ❖ Reproductive health counseling and education
- ❖ Pap smears (cervical cancer screenings) and HPV testing if appropriate



- ❖ Intimate Partner Violence (IPV) screening and referrals
- ❖ Pregnancy testing and referrals
- ❖ Sexually-transmitted infection (STI) services, including testing and treatment for chlamydia and gonorrhea, as well as treatment for syphilis
- ❖ HIV testing and counseling
- ❖ Herpes Simplex Virus (HSV) culturing and treatment
- ❖ Genital wart treatment
- ❖ Vaginal infection testing and treatment

### SUPPLIES

Futures provides medications to patients at the time of their visit. Contraceptive options include the following:

- ❖ Oral contraceptives
- ❖ Depo Provera (the shot)
- ❖ Intrauterine devices (IUD)
- ❖ Vaginal ring
- ❖ Contraceptive patch
- ❖ Diaphragm
- ❖ Emergency contraceptives
- ❖ Condoms

Additional medications are available to treat infections. We also offer prenatal vitamins for those seeking pregnancy, as well as iron supplements to patients as appropriate.

### POPULATION SERVED

Futures provides confidential services to women, men, and adolescents. Parental consent for minors is not required, but is encouraged, and abstinence is encouraged where applicable.

The number of unduplicated clients served in calendar year (CY) 2017 was 876. This was a

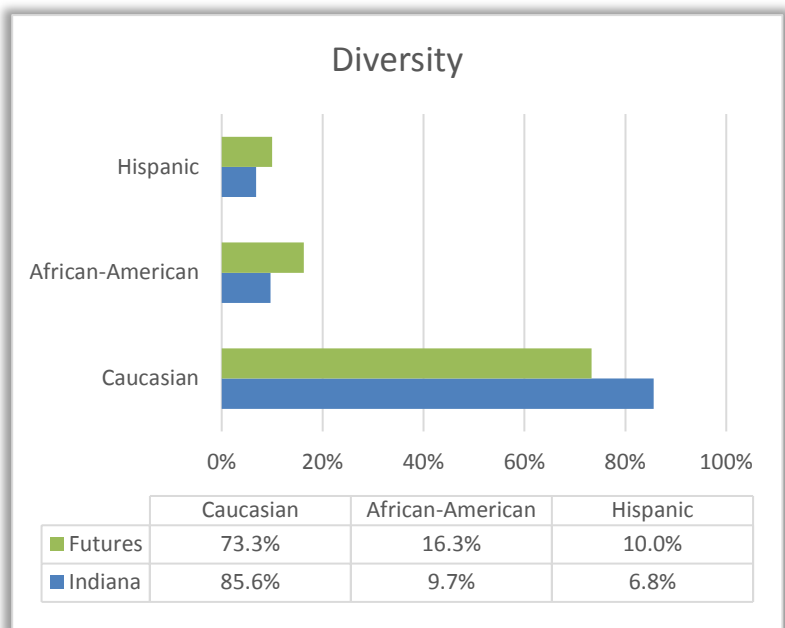
slight decrease from CY 2016, where 879 unduplicated clients were served.

### POVERTY LEVEL

Of the patient population served in 2017, 75.8% fall below 150% of poverty. Approximately 52.2% of patients fall below 100% of poverty, and pay no fees for exams or supplies. We have patients who qualify for partial fees (41.8%) and some who do not qualify for our sliding scale, paying the full fee (6%). As previously mentioned, we bill Medicaid and HIP (27.6% of patients) and private insurance (32% of patients).

### DEMOGRAPHICS

Demographic data from the Census Bureau website shows that the state of Indiana is not as diverse as many states. Futures clinic data shows more diversity than Indiana as a whole. Futures utilizes an interpreter for our Spanish-speaking clients, and makes every effort to locate and provide interpreters for those who speak other languages.



Federal law currently allows adolescents to receive Title X family planning services without the need for parental consent. We adhere to the Indiana statutes that regulate reporting of sexual activity in underage clients. During CY 2017, the clinic saw 40 patients who were under age 18 (4.6% of unduplicated patients).

## HEALTH PROBLEMS

Sexually Transmitted Infection (STI) testing is included as part of the annual exam for women and men under the age of 25, when the patient is a contact to an STI, or when the patient shows symptoms of an STI. During 2017, Futures provided 628 gonorrhea and chlamydia tests. Of those, approximately 12.7% tested positive for chlamydia and 4.6% tested positive for gonorrhea, and were treated.

Cervical cancer screenings, or pap smears, are performed for clients according to the American College of Obstetricians and Gynecologists (ACOG) guidelines. Regular pap testing begins when the patient turns 21 years old. During 2017, Futures provided 313 pap tests. Of those, approximately 14% showed abnormality. According to ACOG guidelines, those patients with mild abnormalities (ASCUS) have the Pap test repeated in one year. Those with more severe abnormalities are referred to either Volunteers in Medicine (VIM) or another provider to assess and provide care.

## HEALTH INSURANCE

Our Certified Health Insurance Navigator directly assisted with insurance enrollment of 51 members of the community in 2017, and provided information about Medicaid, HIP, and Marketplace insurance to countless others throughout the year.

Success Story: Our Navigator worked closely with one couple who overcame serious challenges including literacy and reading comprehension, understanding correspondence from the Family and Social Services Administration (FSSA), organization and submission of required documentation, reauthorization, selecting a physician, obtaining vital information in order to utilize their insurance, and reenrollment. They were able to maintain their health insurance throughout the year!

## 2017 GOALS

- ❖ **Futures clinic will increase unduplicated numbers to at least 900 by the end of CY 2017.**

- This goal was unmet. Title X clinics across the board have seen challenges in increasing their patient numbers, and we were no exception. We are working with IFHC to determine ways we can address this issue while continuing to increase our outreach efforts.

- ❖ **Futures staff will increase community outreach by at least two events in 2017 compared to 2016, and by increasing social media outreach by 10%.**

- The goal to increase events was met. We were represented at a Health Fair in February, our Nurse Practitioner hosted a Sexual Education Panel in April, we hosted Scholars from Egypt for a Q&A session in July, and our PSA represented Futures at Latino Family Night in October.
- The goal for social media was exceeded. Our “likes” increased from 66 to 111 in 2017.

- ❖ **Futures staff will submit at least one local grant application in 2017.**

- This goal was met. We applied and received a partial award for the Sophia Travis Community Services Grant in order to create a mural for our ramp, to increase visibility and awareness in the community.

## GOALS FOR 2018

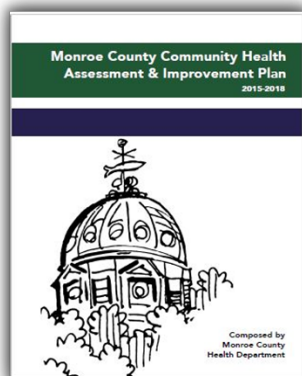
- ❖ **Goal:** *Futures clinic will increase unduplicated numbers to at least 900 by the end of CY 2018.*
- ❖ **Goal:** *Futures clinic will decrease the no-show rate by 2%, from 26.7% in 2017 to 24.7% in 2018, by implementing phone or text reminders.*



# Health Education

## COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

The Monroe County Health Department (MCHD) Health Education (HE) team, along with their public health partners, completed the community health improvement plan (CHIP) based on the priorities identified in the 2016 health assessment: Substance Abuse/Mental Health, Chronic Disease, and Basic Needs.



The three teams met regularly to work on the three priority issues, to share research, and to educate each other on evolving health topics. Highlights from team activities include:

- ❖ Educational events for law enforcement and physicians on medication assisted treatment
- ❖ Working to increase inclusion of health in governmental policy
- ❖ Increasing community resiliency for both children and adults

## ACCREDITATION

The HE division continues to coordinate and help lead departmental efforts to meet the Public Health Accreditation Board (PHAB) standards and be accreditation ready. The accreditation process provides a framework and structure to help the department identify strengths and challenges as we apply quality improvement and performance management principles to our work.

## HARM REDUCTION






The goal of the Monroe County Syringe Services Program (MCSSP) is to prevent and reduce transmission of HIV and Hepatitis C by providing safe materials, harm reduction education, and referrals to treatment. The MCSSP is operated by the Indiana Recovery Alliance (IRA) under department oversight. It is funded by grants and donations, as well as by local and state government dollars.

# 1,201

referrals to  
substance abuse  
& mental health  
treatment/groups  
in 2017

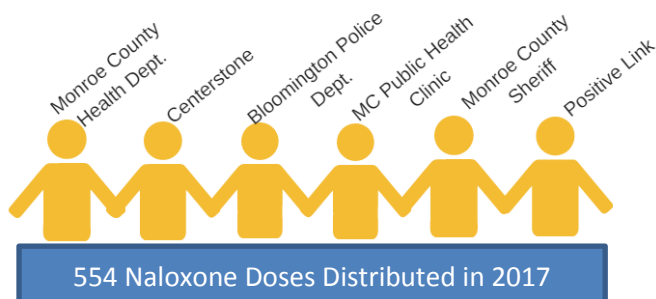
The MCHD sought and received renewal for the MCSSP through 2019.

In 2017, the MCSSP provided the following:

-  Naloxone Training and Kits – 2,015
-  HIV/HCV Tests – 226
-  Education on Harm Reduction – 3,494
-  Referrals to Substance Abuse and Mental Health Treatment / Support Groups – 1,201
-  Referrals for Food, Medical Care, Housing, Insurance – 613

### NALOXONE GRANTS

The HE division received two naloxone grants and partnered with public health partners to distribute naloxone, a medication used to restore breathing in someone who has stopped breathing due to an opioid overdose.



### OVERDOSE RESPONSE GRANT

The Overdose Response grant allowed the department to develop two new harm reduction opportunities in 2017-2018:

- ❖ A Community Overdose Response Plan with Public Health Partners.
- ❖ Monroe County Pathways – A pilot treatment navigator program to help people find substance abuse or mental health treatment.



### OPIOID SUMMIT

The department assisted with planning and implementation of the first annual South Central Opioid Summit entitled “Year of Connections” on September 28, 2017. The summit, which had 595 attendees, was designed to bring people together to learn how our community could impact the opioid epidemic.

### MEDICAL RESERVE CORP (MRC)

The Medical Reserve Corp (MRC) had four educational meetings and three call down drills in 2017 to keep them prepared to assist the health department if activated in a public health emergency.



*Christina Kempf (above) – Our Health Educator takes the lead with the MRC of Monroe County*

### BABY & ME, TOBACCO FREE

The department received funding from the Indiana State Department of Health (ISDH) to provide the Baby & Me, Tobacco Free program for 2017-2019. The goal of the program is to have healthy babies, born on time. The Baby & Me, Tobacco Free program grew from one client in 2016 to 12 clients and four partners in 2017. Staff completed 61 presentations in 2017 to promote the program to area providers.



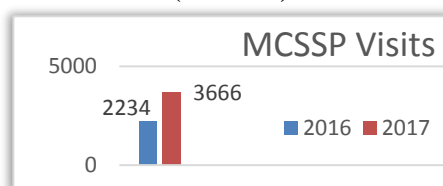




### 2017 GOALS

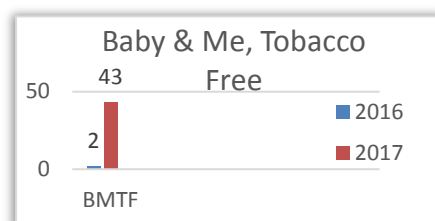
- ❖ **Develop an evaluation metric for key education programs and measure if meeting community need by December 2017.**
  - Met – Key programs were evaluated by measuring participation and use rates.

#### **Monroe County Syringe Service Program (MCSSP)**



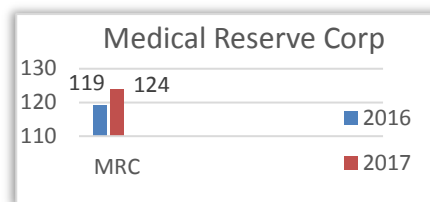
*MCSSP visits increased over 61% from 2016 to 2017.*

#### **Baby & Me, Tobacco Free Program (BMTF)**



*BMTF sessions increased from two in 2016 to 43 in 2017.*

#### **Medical Reserve Corp (MRC)**



*The MRC grew 4-5% in 2017.*

- ❖ **The health education program planning tool will be used in 80% of all program planning by December 2017.**
  - Met – A verbal program planning tool was used when planning all department programs.
- ❖ **The number of MRC volunteers who complete “Basics of Incident Command” and “Working in a POD” online training modules will increase by 10% by December 2017.**
  - In 2017, the Medical Reserve Corp (MRC) was able to offer trainings in-person instead of online exercises. Members were able to participate in a family assistance center tabletop exercise and a Mass Casualty Interview Training.

### GOALS FOR 2018

- ❖ **Goal:** *HE staff will conduct a minimum of four harm reduction and/or naloxone trainings from January 1, 2018 to December 31, 2018.*
- ❖ **Goal:** *Working with community partners, HE staff will help create and facilitate a community overdose response plan by September 31, 2018.*
- ❖ **Goal:** *HE staff will do at least ten provider contacts a quarter for the Baby & Me, Tobacco Free program from January 1, 2018 to December 31, 2018.*

# 750

flu vaccinations  
given at schools  
in 2017



## Monroe County Public Health Clinic

The core function of the Monroe County Public Health Clinic (MCPHC) is to preserve, promote, and protect the health of Monroe County residents. A strong infrastructure is essential for preventing, preparing for, and responding to health threats on a community wide basis. The MCPHC provides the infrastructure for the clinical division of the Monroe County Health Department (MCHD), through a continuing partnership with Indiana University Health Bloomington Hospital. This infrastructure provides systems for identifying health risks in the community, preventing and controlling communicable disease outbreaks, educating the public and health professionals about health risks and prevention practices, and ensuring access to needed health services.

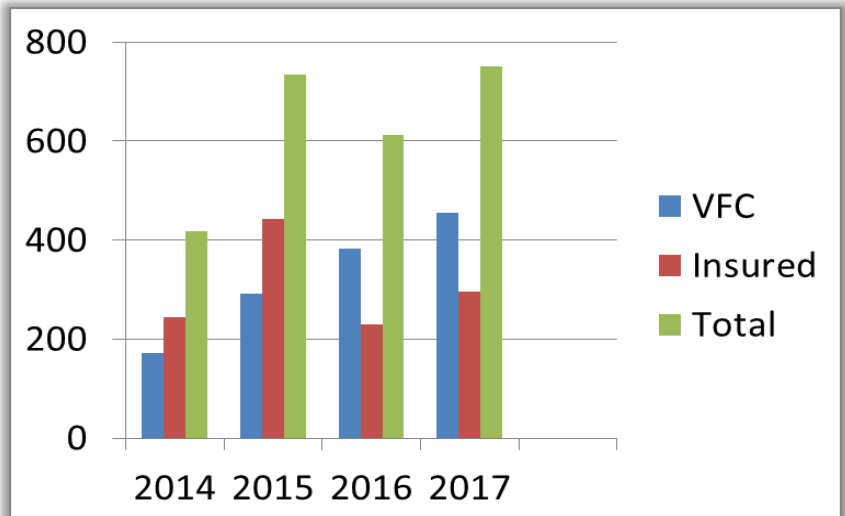
### **Our Mission –**

To promote wellness, provide access to healthcare, and prevent suffering and death from communicable and vaccine preventable disease through vaccination, education, case management, and community involvement for Monroe and surrounding counties.

### **Our Vision –**

Our vision is to provide high quality services with care and compassion while partnering with community resources to continually improve the health of our community.

### INFLUENZA VACCINATIONS IN THE MONROE COUNTY COMMUNITY SCHOOL CORPORATION



### PARTIAL SUMMARY OF 2017 PERFORMANCE INDICATORS

Total Encounters	3,270
TB	
TB Mantoux Test Given	351
Direct Observed Therapy Visits	232
Immunizations	
Total Patients	1,856
Total Immunizations	2,942
Communicable Disease Case Investigations	295

## COMMUNICABLE DISEASE REPORT

Condition	Cases Started	Cases Submitted	Not a Case	Suspect Cases	Probable Cases	Confirmed Cases	Open Cases	Closed Cases
Campylobacteriosis	11	10	<5	<5	6	3	<5	10
Carbapenemase-producing Carbapenim-resistant Enterobacteriaceas (CP-CRE)	<5	<5	0	0	0	<5	0	<5
Coccidioidomycosis	<5	<5	0	0	0	<5	0	<5
Ehrlichiosis	<5	<5	<5	0	<5	0	0	<5
Giardiasis	<5	<5	<5	0	0	<5	0	<5
Hepatitis A	<5	<5	<5	0	0	<5	0	<5
Hepatitis B	41	40	<5	<5	12	25	<5	39
Hepatitis C	188	181	<5	8	71	91	8	180
Histoplasmosis	<5	<5	<5	0	0	<5	0	<5
Legionellosis	<5	<5	0	0	0	<5	0	<5
Lyme Disease	12	12	7	<5	<5	<5	0	12
Mumps	11	11	0	0	3	8	0	11
Pertussis	6	6	0	0	<5	5	0	6
Rocky Mountain Spotted Fever	12	12	6	<5	<53	0	0	12
Salmonellosis	7	7	0	<5	0	6	0	7
Shiga-toxin producing E. Coli	<5	<5	0	0	0	<5	0	<5
Streptococcus Group A	<5	<5	0	0	0	<5	0	<5
Streptococcus Pneumonia	8	8	0	0	0	8	0	8
Streptococcus Pneumoniae Invasive, Drug Resistant	<5	<5	0	0	0	<5	0	<5
Varicella	8	8	7	0	<5	0	0	8
Yersiniosis	<5	<5	<5	0	0	0	0	<5

The MCPHC continues to be a Crib for Kids provider with the support of the Bloomington Hospital Foundation. Anyone caring for an infant 12 months of age or younger without a safe bed for the baby may receive a free pack-n-play at the clinic. Safe sleep is the number one preventable cause of infant deaths in Indiana.



The MCPHC was honored by the Indiana Immunization Coalition with the 2017 High-Flyers Adult Immunization Award for the clinic's efforts to increase immunization rates in adults who are uninsured or underinsured.



MCPHC Staff (from left to right): Lorie Conolty, LPN, Mary Beth Lucas, Carrie Shahbahrani, RN, Jaema Kelly, RN, Amy Meek, RN, and Julie May.

### 2017 GOALS

- ❖ **Increase the number of 13-18 year old clients who have completed the HPV vaccination series from 39% to 41% by December 2017.**
  - ❖ Met
- ❖ **Offer influenza vaccinations by MCPHC staff to all elementary and middle school students in the RBBCSC and MCCSC districts at school-based clinics during the 2017-2018 flu season.**
  - ❖ Met – 21 school flu clinics were completed.
- ❖ **Conduct a preparedness exercise with MRC members during the 2017-2018 flu season.**
  - ❖ Met – MRC staff assisted with flu clinics.
- ❖ **Give access to MyVaxIndiana to at least 150 individuals by December 2017.**
  - ❖ Met
- ❖ **Hold three staff meetings each quarter in 2017.**
  - ❖ Met
- ❖ **Hold monthly educational staff in-services during regular staff meetings**

**that will take place with rotating staff responsibilities to include at least ten topics in 2017.**

- ❖ Met
- ❖ **Maintain expenses within 2% of the 2017 budget.**
  - ❖ Met
- ❖ **Conduct two infant mortality prevention events outside of the clinic, educating the public and offering immunizations or immunization information at each event by December 2017.**
  - Met

### GOALS FOR 2018

- ❖ **Goal:** *Hand hygiene will be continually surveyed with a result of >95% observation of hand hygiene observed.*
- ❖ **Goal:** *Increase the number of 13-17 year old clients who have completed the HPV vaccination series from 42% to 48% by December 2018.*
- ❖ **Goal:** *Give access to MyVaxIndiana to at least 150 individuals by December 2018.*
- ❖ **Goal:** *Conduct at least two outreaches in 2018 that target infant mortality with safe sleep education being offered outside of the clinic.*
- ❖ **Goal:** *Customer surveys will be handed out at every appointment and results that indicate a percent of excellent (5) will be 90% and will be averaged quarterly.*
- ❖ **Goal:** *Hold monthly educational staff in-services during regular staff meetings that will take place with rotating staff responsibilities to include at least ten topics in 2018.*
- ❖ **Goal:** *Maintain expenses within 2% of the 2018 budget.*





# Food Protection

The Monroe County Health Department (MCHD) manages the Food Protection Program in order to protect the public health of patrons who dine or shop at food establishments in Monroe County. The program is designed to promote healthy, safe and sanitary conditions in food service establishments and educate the food handlers that are employed in these licensed facilities. In 2017, there were 710 permitted retail food establishments (restaurants, grocery stores, schools, seasonal, temporary, vending, and mobile units); a number that increased by 31 from the previous year. Included in this total were 89 temporary food permits (an increase of 35) that were issued in 2017 in conjunction with special events such as, the Taste of Bloomington, Monroe County Fall Festival, Kiwanis' Balloon Fest, Convention Center events, and the County Fair.

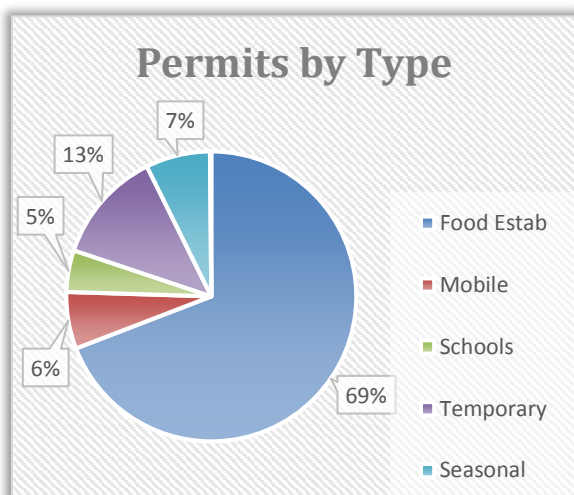
## FOOD ESTABLISHMENT PLANS / PLAN REVIEWS

Since 1997, the department has performed plan reviews for new establishments and establishments that are undergoing extensive remodeling or who have changed owners. In 2017, 72 design reviews were conducted by staff, representing a decrease of 30 from the previous year.

Beginning in 2013, plan reviews were also required for mobile food vendors applying for first-time permits. There were 15 new mobile vendors in 2017 (a decrease of four since 2016) that required additional staff time for plan reviews.

## EDUCATION

Consultations provided by food staff increased by 239, from 1,544 to 1,783. The increase was due largely in part to a new reporting system and the redefining of the term "consultation" to include



# 710

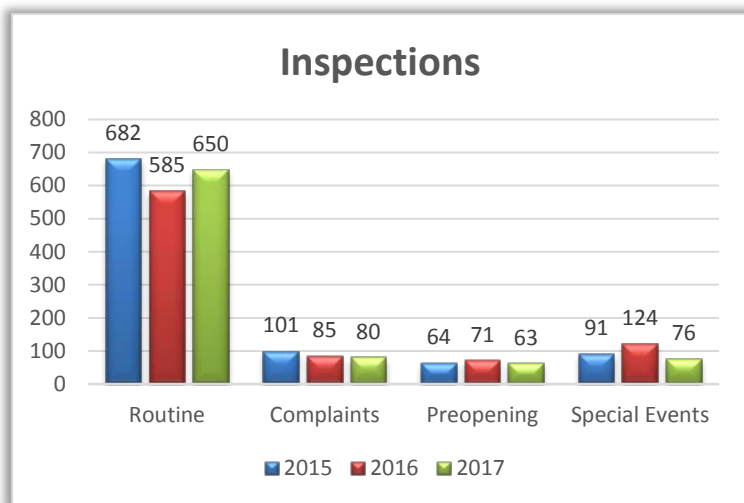
retail food  
establishments  
permitted in  
2017

“any interaction with individuals (not associated with an inspection) via phone, front counter walk-in, or social media”.

Consultations with the public normally occur during morning or afternoon office hours and consist of providing information about opening a retail food establishment, manager certification classes, food safety and sanitation questions from the public and operators, and complaints. During office hours, we routinely provide assistance to the public via phone conversations or to those who walk in to the MCHD’s front counter.

### INSPECTIONS

To ensure compliance with state and local laws, the food protection staff inspects each facility with a frequency based on a risk analysis of the establishment, the type of food offered for sale, and the type of population served. In 2017, the food protection staff conducted 991 inspections (routine, follow up, special event, complaints, construction site visits, and preopening inspections). Although the total number decreased slightly from 999 total inspections in 2016, routine inspections were increased by 11% from 585 to 650; an increase of 65 inspections.

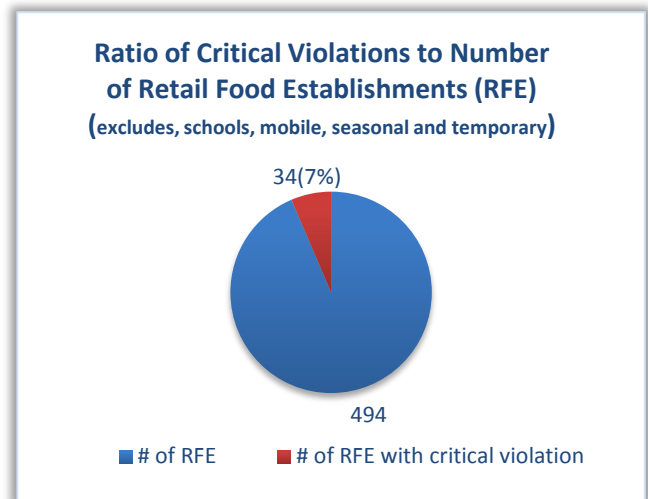


### COMPLAINTS / FOODBORNE ILLNESS INVESTIGATIONS

Eighty complaints were received and investigated in 2017; a decrease of five from 2016. There were no confirmed foodborne illness investigations during 2017, although several investigations were performed as part of the complaint process.

### Critical Violations:

Below is a graph in regards to critical violations that were found during routine inspections in 2017. Out of 494 retail food establishments, only 34 (7 %) had critical violations.



### 2017 GOALS

- ❖ **Food division staff will increase the number of routine inspections by 10% in 2017 compared to 2016.**
  - Met – Routine inspections increased by 65; an 11% increase.

### GOALS FOR 2018

- ❖ **Goal:** *Improve informational pamphlet for mobile food establishments, and streamline plan review forms for mobile food establishments and retail food establishments to incorporate ISDH guidelines by December 1, 2018 (prior to the 2019 permitting year).*
- ❖ **Goal:** *Develop relationship with IU student groups, as well as local community members, in order to reduce the risk of food borne illness from unapproved home based food establishments. An informational pamphlet regarding departmental and state regulations is to be developed by June 1, 2018 and be distributed using the “We Chat” app.*

# 225

permits issued  
in 2017



## Environmental Health

Environmental Health (EH) staff are responsible for the enforcement of and compliance with environmental health laws, rules, and regulations in Monroe County. EH staff inspect and investigate environmental health concerns including reviewing and issuing permits, investigating facilities, collecting and testing environmental samples, and referring cases to law enforcement agencies as required. Educational programs are available for the various program areas.

### COMPLAINTS AND CONSULTATIONS

The EH division handles a variety of complaints and concerns within the community. They receive the most complaints or questions in the areas of solid waste, followed closely by bedbugs and pest/vector control. Twenty-two percent (22%), or 20 complaints out of 92 total complaints received by EH, involved solid waste. Bed bugs and mold had 19 complaints, followed by vector complaints with 16, and housing with 12.

### PERMITS AND INSPECTIONS

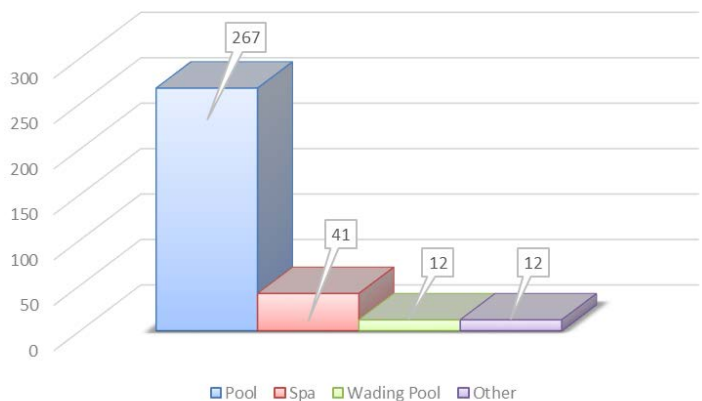
The EH division is responsible for permitting and inspecting public and semi-public recreational water facilities (including pools, spas, wading pools, therapy pools, water parks, and beaches), solid waste and recycling facilities, and refuse haulers in Monroe County.

**RECREATIONAL WATER FACILITY CLOSURES VS. NON-CLOSURES, 2017**



In 2017, permits were issued for 112 pools at 85 different facilities, six solid waste facilities, and 107 refuse haulers.

**Inspections by Pool Type, 2017**



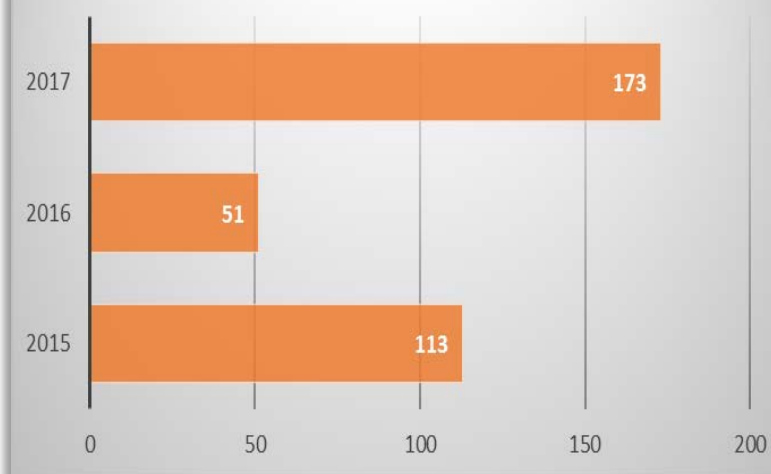
## MONITORING AND SURVEILLANCE

The EH division revised and increased activity for contaminated dwelling (318 IAC) surveillance and mosquito surveillance.

When an improved meth surveillance program was initiated in August 2017, occurrence reports from the Indiana State Police identified 58 individual dwellings that had been contaminated by methamphetamine production in the past. Of these 58, only two had been decontaminated and/or delisted. As a result of increased surveillance and communication with owners by Health Department staff, an additional 14 dwellings were decontaminated and/or delisted by the end of 2017. Another six are listed as “decontamination in progress” and another three have initiated the investigation process. The owners of all of the properties were contacted by the Health Department and made aware of the health risks and their legal obligations.

Additionally, a surveillance program for mosquitoes was re-initiated due to the availability of grant funds. Six sites were investigated and/or monitored for adult or larval mosquitoes. Three were treated with larvicide.

### Radon Tests over the Years



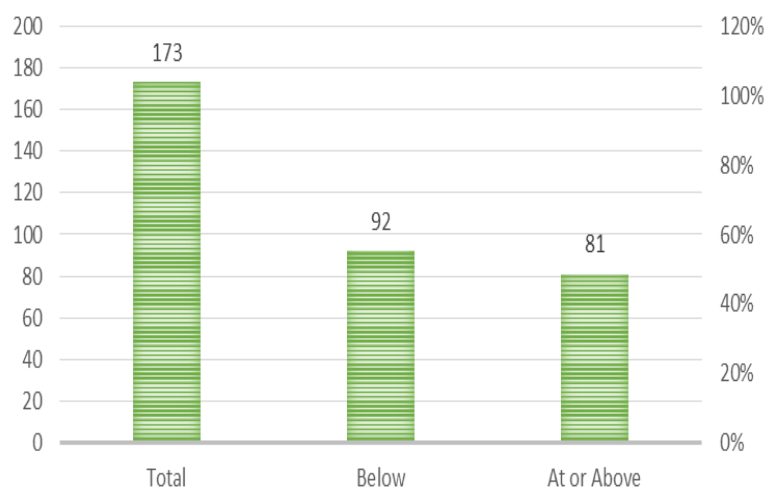
## REPORTS AND SERVICES

**PCBs** - The PCB status in Monroe County continues to be monitored. Further information can be found in the “Update on Activities for Lemon Lane, Neal’s Landfill, and Bennett’s Dump” on the Environmental Protection Agency’s (EPA) website. Archives can be viewed at the Ruth Lilly Auxiliary Library Facility in Bloomington, Indiana.

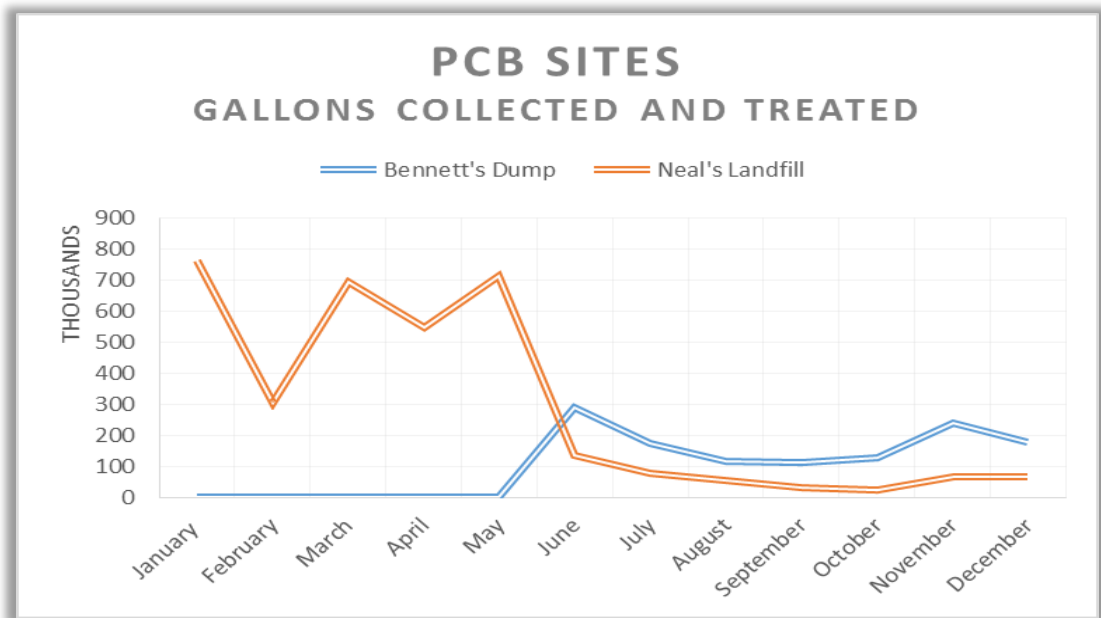
The EPA continues overseeing work at three Superfund sites in Bloomington, Indiana known as Lemon Lane Landfill, Neal’s Landfill, and Bennett’s Dump. These sites are part of a group of sites contaminated by PCB waste from the former Westinghouse Electric Corp. plant. Westinghouse is now CBS Corp., and is responsible for the cleanup of the sites. Bennett’s Dump water treatment plant became operational in 2017.

**Environmental Site Assessments** – EH staff can provide reports of Health Department environmental health records for properties within Monroe County. These reports include spills, complaints, storage tanks, health and safety violations, and other information on properties in the County. In 2017, 60 ESA Phase I reports were requested and completed.

### 2017 TESTS BY EPA ACTION LEVEL (4.0PIC/L)







### 2017 GOALS

❖ **EH staff will complete, review, and revise Environmental Health SOGs by December 1, 2017.**

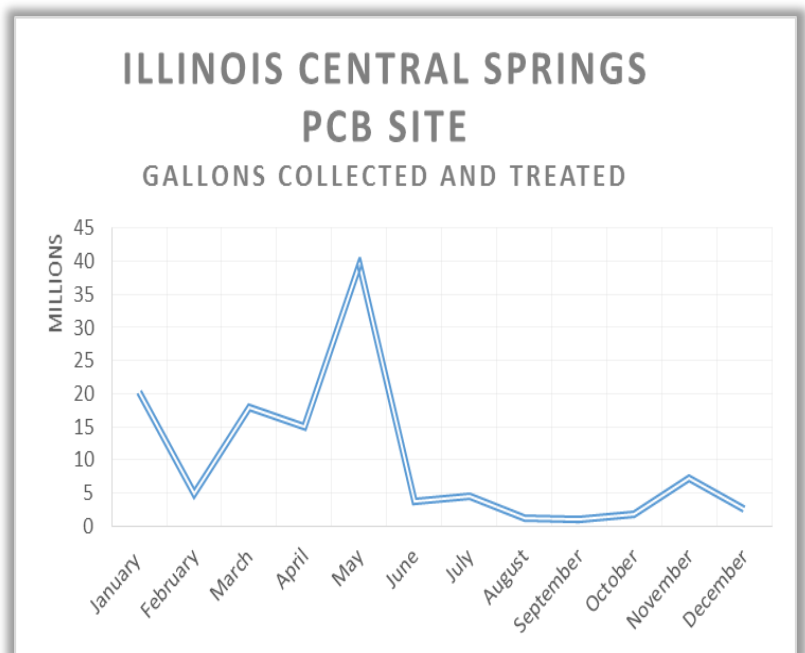
- SOGs covering solid waste permits, complaint management, phase I information requests, pool permits, radon testing, meth response, mold complaints, and asbestos sampling were created.
- Five were completed by December 1, 2017.
- Three were completed by December 27, 2017.

❖ **Obtain a signed MOU with at least one mitigation company to establish an assistance program for radon mitigation for qualified homeowners.**

- Two MOUs were established with SWAT and Affordable Radon Solutions by February 28, 2017.

❖ **Offer financial assistance for radon mitigation through the grant-funded assistance program to at least two homeowners who have confirmed radon levels above 10.0 pCi/L. Record information in radon database by October 1, 2017.**

- Three mitigation systems were installed with financial assistance from the grant-funded program by August 2017.



### GOALS FOR 2018

❖ **Goal:** EH staff will write one news article and/or social media post regarding tips and reminders for seasonal vector control for ticks and mosquitoes by April 13, 2018.

❖ **Goal:** EH staff will write a Standard Operating Guideline for tick-borne disease surveillance and communication by April 27, 2018.

❖ **Goal:** EH staff will increase adult mosquito trapping 100% vs 2017 numbers (3) by October 1, 2018. Utilizing media sources to request sites for trapping will allow us to reach our target goal.



# Wastewater Sanitation

The Monroe County Health Department (MCHD) Wastewater division inspected 158 Presby Advanced Sand Lined Septic Systems in 2017. Of the 158 installations, about 105 were for repairs of old, existing septic systems. A repair of a septic system would be required if there is a noticeable failure with effluent on the ground surface either at the fingers or around the tank. In some cases, a replacement of an old septic system would be required due to a transfer of ownership, if a mortgage company or the new owners want a replacement. In many cases, if an older home is being remodeled resulting in an increase of the bedroom count, the water consumption would increase as well, requiring an upgrade of the septic system.

Monroe County has inspected and approved over 400 mound septic systems, 20 Handcore septic systems and 1,600 Presby septic systems (either the original Environmental or the Advance) within the County. All classified as sand lined septic systems. Over 250 of those systems are older than ten years and are showing no signs of difficulties.

Lake Lemon is one of the many areas that the Presby septic system has been quite beneficial within the County. Lake Lemon was constructed in 1953 as a possible water source for the city of Bloomington. This was followed by homes and neighborhoods dotting most of the shoreline. A majority of the homes were constructed in the late 1960s and 1970s with various types of septic systems serving their needs. Most were considered summer homes only being partially utilized. Now, many of the summer homes have changed to permanent residences year-round. This has added additional water to the septic field with no time for the ground to dry.



*Sand Applied to a New Presby Septic System*

# 281

septic permits  
issued in 2017

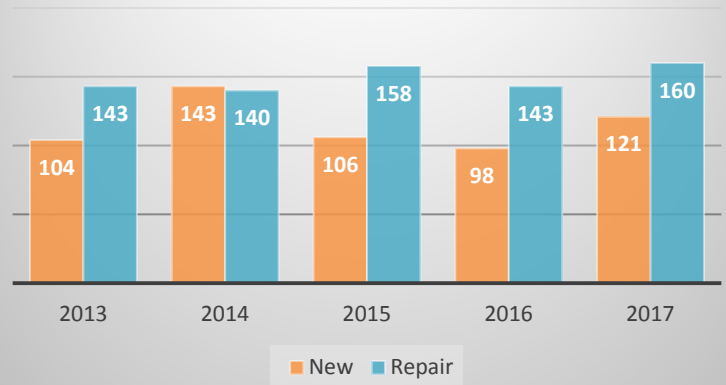
Additional water can add stress, if not complete failure, on undersized, aging septic systems surrounding the lake. In the past, a failing septic system was either given a ‘band aid’ type fix due to limited room, or the home would be placed on a holding tank requiring routine pumping. The Presby septic system met many of the challenges facing these older, smaller lots. Since the appearance of Presby, over 50 older conventional septic systems have been replaced by newer, complete Presby septic systems within the Lake Lemon watershed. This has been the fix for many septic system failures for Lake Griffey and Lake Monroe watersheds as well.

A Presby Advance septic bed may average 60 to 80 feet in length and about 18 to 24 feet wide. The bed is covered with six to 12 inches of sand and contains three to four lengths of specially designed pipe. An additional four inches of sand and one foot of soil is placed on top of the pipes. In many situations, each pipe denotes the number of bedrooms the home may contain (e.g. a three bedroom home would have three pipes). This may not always be the case, due to complexities in the site such as the soil makeup or available space. A long narrow bed, such as 70 or 80 feet, is considered the most optimum situation in dispersal of effluent in the surface soils. In dealing with repairs with limited space for a septic site, by reducing the length and increasing the width maintaining approximately the same amount of total area and pipe length, the result appears to work as well. Unlike the old type of septic installations, one major improvement with the Presby septic systems is that they are vented so the bed continues to maintain an aerobic environment, creating a working, living setting. All Presby septic systems have either a curtain or perimeter drain surrounding the bed, which removes additional ground and surface water from the immediate area.

### SEPTIC PERMITS

The MCHD issued 281 septic permits in 2017. Of those, 121 were for new homes on sites which had never had any type of dwelling. The remaining 160 were repair permits. These could have been permits for actual repairs of a failing septic system, or repairs due to major remodeling within the structure.

### **New vs. Repair Permits Issued**



### SOIL ANALYSIS

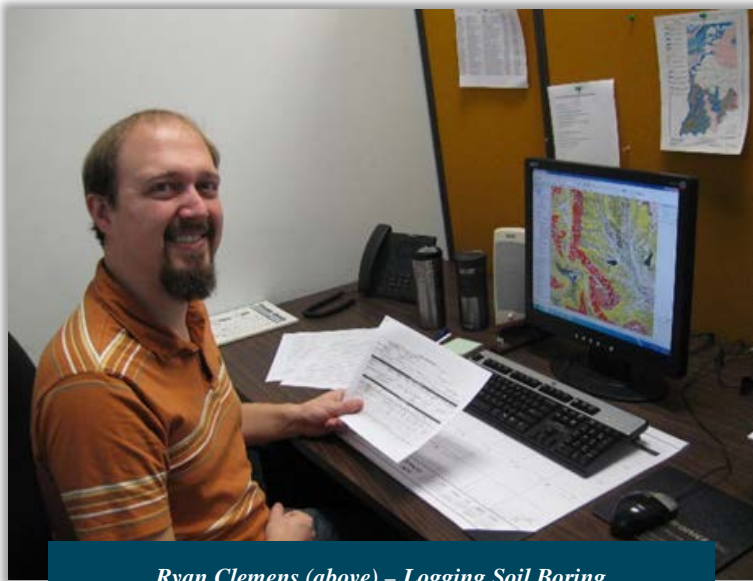
A soil analysis is required by the Indiana State Department of Health (ISDH) and the MCHD prior to issuing a septic permit. This analysis, known as an “on-site survey” or “on-site investigation”, must be performed by a Soil Scientist that is registered with the American Registry of Certified Professionals in Agronomy, Crops and Soils (ARCPACS) or with the Indiana Registry of Soil Scientists (IRSS).

Up until the end of 2017, MCHD has had a Registered Soil Scientist on staff since the 1980’s. Additional soil investigations were accepted from several registered, ISDH approved Soil Scientists within the area. In 2017, the MCHD Soil Scientist conducted 152 soil reports which were applied to septic applications. Eighteen additional soil analyses from other Soil Scientists within the area were also received.

While conducting the on-site investigation, the Soil Scientist first evaluates the physical characteristics of the terrain or landscape. Secondly, the physical properties are determined for each horizon of the soil to a depth of 60”, or to a natural limiting horizon. The investigation is made, and the location is chosen on the property that will offer an adequate footprint to install a septic leach field that is compatible with the planned construction and use on the septic application. Interested parties are encouraged to be present while the on-site investigation and soil analysis are completed by the Registered Soil Scientist. It is the intent of the Soil Scientist to determine the best location with the knowledge of plans for everyone involved.



The on-site investigation is to be specific to a site and location on the property. Multiple boring sites, soil probes, or backhoe pits evaluated by the Soil Scientist are documented with global positioning system coordinates (GPS). This allows staff to accurately locate the investigated area for future reference and placement of the septic system. Our staff Soil Scientist uploads these field captured GPS waypoints and saves them on aerial mapping in the MCHD. An aerial map is generated for a specific location and is attached to the on-site investigation report as part of the permitting process and permanent record of the site.



*Ryan Clemens (above) – Logging Soil Boring Information into GIS*

During the on-site investigation, the Soil Scientist will note and report site characteristics and soil properties that will assist the MCHD in designing a functional septic leach field for the permit application. Several limiting physical site characteristics found in Monroe County that staff often encounter are: complexity of slope, percentage of slope, property boundary location, underground utilities on the property, utility right-of-way, sinkholes, drainage-ways, floodplains, ponds, lakes, wells, and set-backs related to each. In addition, a host of limiting physical properties of the soil profile are: depth to bedrock, fragipan or fragic properties, high shrink-swell clay, soil compaction, soil disturbance by cut and fill, and/or perched seasonal water table.

## REGISTERED SEPTIC INSTALLERS

On February 23, 2017, the MCHD held a class for the registration of septic installers in Monroe County. Information concerning septic systems was rehashed and new ideas, regulations, and other important information was presented. At the end of the class, the installers were tested on County and State regulations concerning septic systems.

In Monroe County, in addition to the County registration, an installer must carry a Presby or ATL certification. These can be obtained online from their company webpages or in classes held periodically at different locations across the state. With the certification, there's a required fee of \$100 and installers must present proof of a minimum of \$600,000 liability insurance. For a homeowner to install their own septic system, they must first obtain a certification from Presby or ATL (which is an online course). Then, they are required to take a test concerning that particular site. Finally, a remittance of a registration fee of \$250 is required. The additional fee will reimburse the MCHD for the additional site visits required on most installations with a novice installer.

## WASTEWATER DISPOSAL COMPLAINT PROGRAM

The Wastewater Disposal Complaint Program follows the general sewage disposal requirements set in Monroe County Code 365-8 (A), and Indiana State Board of Health Rule 410 IAC 6-8.3-52 (a) as follows:

**365-8 (A)** *It shall be unlawful for any person to place, deposit, or permit any human excrement, or sewage, to be deposited in an unsanitary manner upon public or private property within Monroe County. Failure to discharge human excrement or sewage into a public sewer, to have it removed by a licensed waste hauler or to treat it through a Health Department approved and properly functioning private sewage disposal system shall be considered as an unsanitary manner of deposit or disposal.*

**410 IAC 6-8.3-52 (a) Sec. 52. (a)** *No person shall throw, run, drain, seep, or otherwise dispose into any of the surface waters or*

*ground waters of this state, or cause, permit, or suffer to be thrown, run, drained, allowed to seep, or otherwise disposed into such waters, any organic or inorganic matter from a dwelling or residential on-site sewage system that would cause or contribute to a health hazard or water pollution.*



*Sewage Discharge into a Stream*

The Wastewater Disposal Complaint Program is activated most commonly by a phone call, but occasionally by email or walk in. In 2017, there were 83 new complaints filed, 35 of which were substantiated. Of the 35 substantiated complaints, 18 of them have been satisfactorily repaired, and 17 are pending repairs to be resolved in 2018. Upon receiving the complaint, fact finding documents are compiled, and the department will conduct an initial field investigation within three business days. The investigation process can include walking the site to verify a direct point source discharge from a specific location such as a septic tank riser or broken sewer pipe, collecting wastewater samples for laboratory analysis, and utilizing colored tracing dye to determine the source. Once evidence is collected substantiating a complaint, the property owner is notified in writing with a Health Officer Order via U.S. Postal mail outlining the nature of the violation, remedial action necessary for compliance, and set time frames to correct the

violation. MCHD conducts follow-up investigations to monitor compliance with the Order. Remedial action can range from repairing a broken or clogged sewer lateral or re-routing plumbing, to replacing existing septic tanks and drainage field systems. Failure to respond to the Health Officer Order will result in the Monroe County Attorney's Office taking necessary steps to file a complaint in the Monroe Circuit Court.

### **REAL ESTATE / LOT IMPROVEMENT INSPECTION PROGRAM**

The Real Estate/Lot Improvement Inspection Program is a service oriented program provided by the MCHD. Staff collect fact finding documents and physically inspect on-site sewage disposal systems for the purpose of real estate transactions, title changes, refinances, and lot improvements. This service is provided after the property owner, buyer, or agent submits an inspection application and pays the required \$100 fee. Once the application is processed, the inspection begins with an in-house file and record search regarding the site. Any documentation is then copied and becomes a part of the report. Next, a Wastewater Sanitarian from MCHD conducts a visual evaluation of the site. This begins by walking the premises and establishing a perimeter for the inspection. The tank and field area are visually surveyed with the inspector examining the system for signs of seepage, system overload, or illegal discharge conditions. Any details of the system are described on the inspection report. The inspection report is then completed with the inspector noting "No visible failure was observed" or, a "Visible failure was observed". Tank maintenance is recommended when there is no record of it being serviced within the previous three years. This service is generally provided within three to seven working days, weather permitting.

When a failure is discovered during a Real Estate/Lot Improvement Inspection, the applicant is directed to begin the process of septic repair. Unlike other counties in Indiana, the MCHD does not do "dye testing" that involves flooding of a septic system in order to test the system. It is the general belief of the MCHD that this type of testing can be damaging to the system. In most cases, signs



of failure will be present without the use of dye coloring. In cases where on-site septic systems have gone unused for an extended period, MCHD recommends the applicant apply for a septic repair permit. The MCHD will “dye trace” when it is necessary to track a direct or indirect point source. Staff conducted 62 real estate septic inspections in 2017.



*Ryan Kasper-Cushman (above) – Locating Features of a Septic System*

A Graduate Fellow from SPEA tested wells in the County for a variety of contaminants, located undocumented wells, and updated the well database with GPS coordinates and lab test results to develop a picture of private well water health in the County. Private well water owners will be advised of the findings. This program will run through the spring of 2019.



*SPEA Graduate Fellow, Rene Lloyd (above) – Collecting Well Water Samples in Monroe County*

## 2017 GOALS

- ❖ **Complete a survey of wells located within Monroe County by October 31, 2017. This will be achieved by: students from IU Biology 300 class will prepare a list of existing wells in Monroe County using data from the Indiana Department of Natural Resource (IDNR) water section, use the list to identify property owners to send out questionnaires to by March 24, 2017, offer up to 25 respondents free testing of their well to determine possible contaminants by April 30, 2017, and provide a final report of findings to the public and the Monroe County Board of Health by October 2017.**
  - A list of existing wells was prepared and questionnaires were mailed to well owners by undergraduate students. MCHD staff did conduct 19 well water tests for coliform bacteria, however the undergraduate students did not use the data in their report, relying on one sample result to come to their end of semester conclusions.

## GOALS FOR 2018

- ❖ **Goal:** *In May, Wastewater staff will begin to review unresolved septic discharge complaints, and set timelines for resolution by August 30, 2018.*
- ❖ **Goal:** *Wastewater staff develop a survey by August 31, 2018 that will be sent to at least 100, randomly selected, property owners where a Presby septic system has been installed.*



# Public Health Preparedness

The Monroe County Health Department (MCHD) hired a new Public Health Coordinator (PHC) in 2017 whom began duties in February. The year was filled with trainings which ranged from National Incident Management System (NIMS), to grant management, to Point of Distribution (POD) planning. These trainings did slow progress on fulfilling some of the previously planned goals for 2017. However, some progress was made on each goal. The PHC participated in over 25 trainings, conducted four trainings, and participated in seven exercises.

## SYRINGE SERVICES PROGRAM (SSP)

In late summer, the PHC began coordinating the department response to calls regarding improperly discarded syringes.

Please see “Harm Reduction” under the “Health Education” section for more information regarding the Syringe Services Program (SSP).

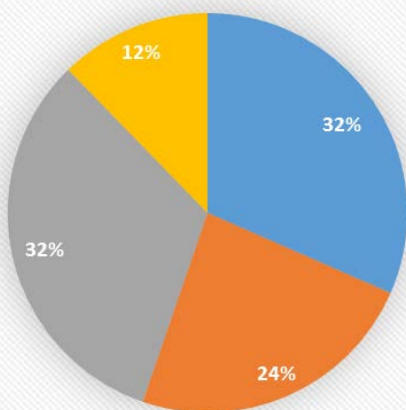
## PREPAREDNESS EDUCATION

In 2017, the PHC identified FEMA EMI independent study programs that would be pertinent to preparedness staff, particularly in the health department.

## EVENTS

- ❖ Assisted with the Monroe County Public Health Clinic’s (MCPHC) area school Influenza Vaccine Clinics
- ❖ Participated in Local Emergency Planning Committee’s (LEPC) functional exercise
- ❖ Participated in Brown County’s POD Exercise

REPORTS BY ZIP CODE



■ 47401 ■ 47403 ■ 40404 ■ 40408

10/10

grant  
deliverables  
met in 2017



- ❖ Participated in Indiana University Health Mass casualty Exercise

### 2017 GOALS

- ❖ **The PHC and staff will complete 100% of grant deliverables on time, reported quarterly in 2017.**
  - Met
- ❖ **The PHC will review and revise the staff-preparedness training and present to staff who need the training by November 20, 2017.**
  - The review was completed, but no revisions have been made at this time.
  - A training power point was completed and binders prepared for staff trainings.
- ❖ **The PHC and staff will review the all hazards plan and make revisions, or develop timelines for revisions, by December 2017. Plans will be distributed to staff by December 31, 2017.**
  - This is in process, some revision needs were identified and are pending as of December 2017.



### GOALS FOR 2018

- ❖ **Goal:** *The PHC will develop a NIMS review system by August 2018 to ensure staff maintain understanding of the NIMS structure.*
- ❖ **Goal:** *The PHC will revise and implement an exercise plan for the departmental emergency notification system by September 2018.*
- ❖ **Goal:** *The PHC will plan a staff emergency tabletop exercise to be completed by November 2018.*

S

SPECIFIC

M

MEASURABLE

A

ACHIEVABLE

R

RELEVANT

T

TIMELY



# 1,974

births registered  
in 2017



## Vital Statistics

Staff in the Vital Statistics division provide birth certificates, death certificates, paternity affidavits, process home births, food licenses, septic permits, and assist the internal divisions and the general public.

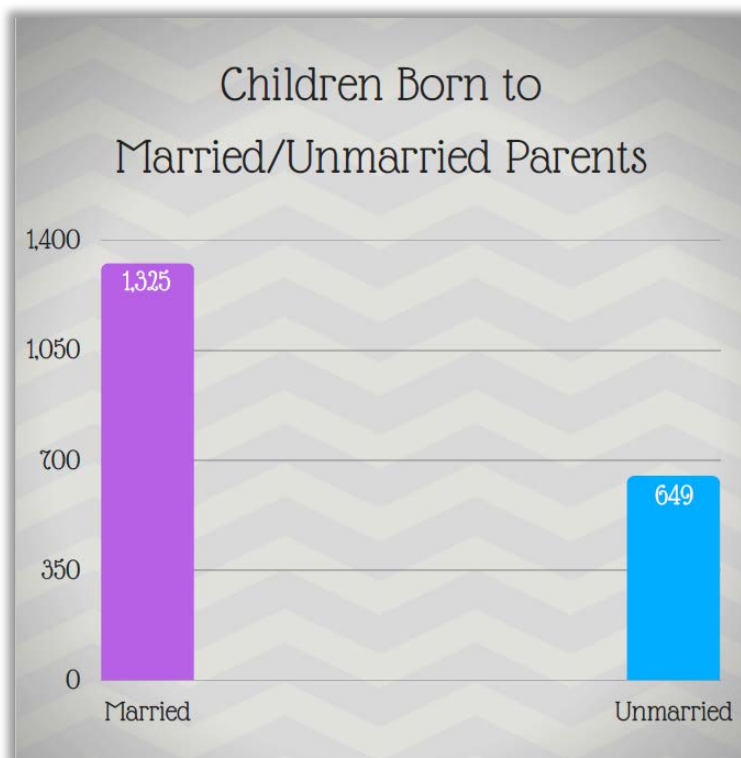
### BIRTHS

The following are a few 2017 birth statistics:

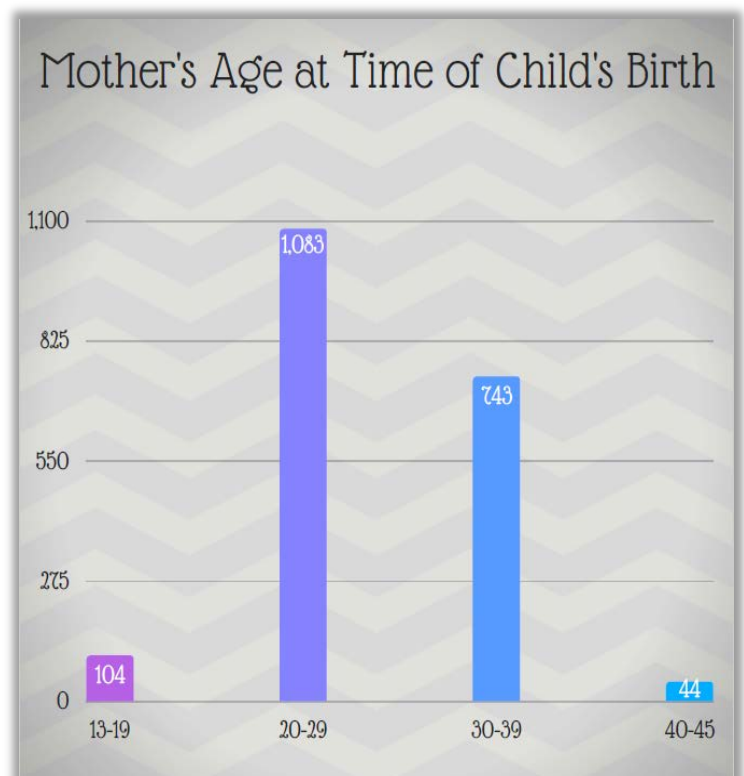
*This graph depicts how old each mother was when she gave birth to her child in 2017. Below are the changes in percentages within each age range from 2016 to 2017, respectively:*

*Ages 13-19 increased from 4.6% to 5.3%  
Ages 20-29 decreased from 56.2% to 54.9%  
Ages 30-39 increased from 37.4% to 37.6%  
Ages 40-45 increased from 1.8% to 2.2%*

*About 93% of mothers who gave birth in 2017 were between the ages of 20 and 39.*



*“Unmarried parents” include birth records in which the parents are not married, but the father is listed on the record, as well as birth records in which the father is not listed on the birth record.*





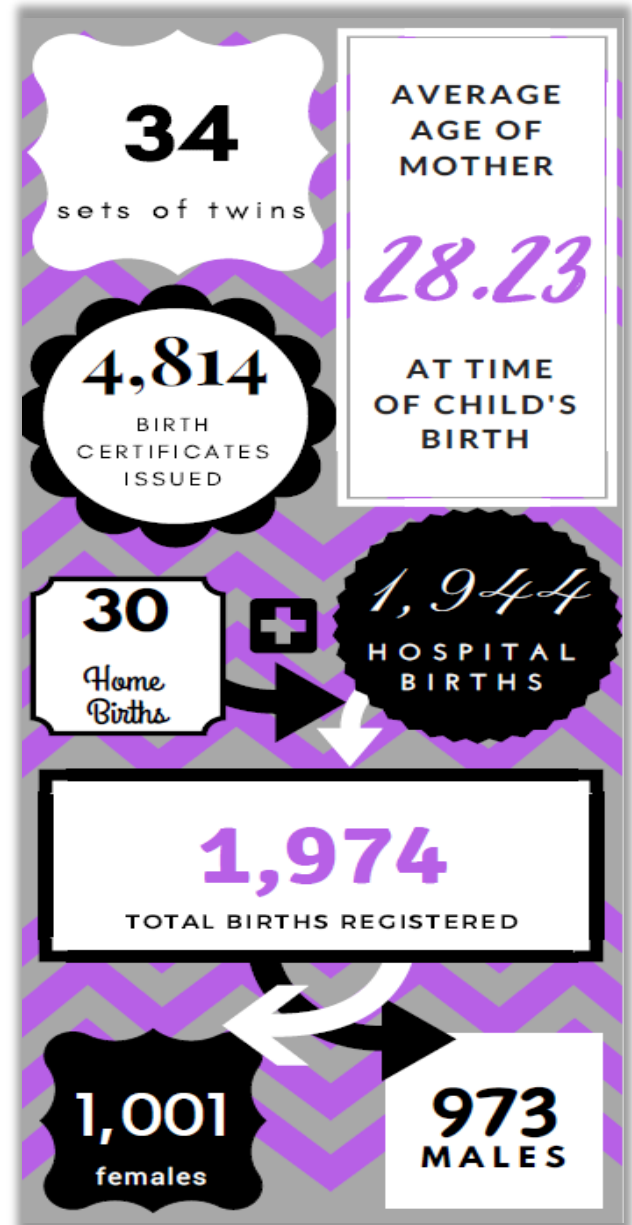
*Shanna Wooten (above) - Vital Statistics staff also assist walk-in customers and answer the phones.*

The amount of birth certificates issued is the number of birth certificates that were processed and paid for in 2017, regardless of the year the individual was born. Births registered is the number of births that occurred in 2017 *and were filed* with the Monroe County Health Department (MCHD) by the time of this report. This number does not include births that occurred in 2016 but were registered in 2017.

## DEATHS

### Annual Report Death Info

Location of Death	2017	2016	2015
Decedent's Home	268	265	274
Hospice Facility	312	269	268
Hospital - Dead on Arrival	3	2	4
Hospital/Emergency Room/Outpatient	50	54	54
Hospital - Inpatient	356	351	367
Nursing Home/Long Term Care Facility	232	318	236
Other	47	36	27
<b>Total</b>	<b>1268</b>	<b>1295</b>	<b>1230</b>
<b>Veteran Deaths</b>	<b>269</b>	<b>280</b>	<b>277</b>
<b>Fetal Deaths -</b> (Fetus delivered as a "stillbirth"; did not take a breath after delivery)	<b>18</b>	<b>22</b>	<b>15</b>
Age	2017	2016	2015
Under 1 Year	3	13	5
1 Year to 19 Years	6	5	8
20 Years to 30 Years	22	29	29
31 Years to 50 Years	67	93	71
51 Years to 70 Years	356	338	336
71 Years to 99 Years	800	804	767
100 Years to 105 Years	14	13	13
106 Years to 110 Years		0	1
<b>Total</b>	<b>1268</b>	<b>1295</b>	<b>1230</b>



Cause of Death Per Category	2017	2016	2015
Alzheimers/Dementia	64	91	78
Cancer	240	243	253
Cirrhosis	16	16	14
COPD	40	36	27
Diabetes	3	8	7
Drug Related*	31	23	23
Heart Disease	304	320	274
Pneumonia	50	39	74
Renal	43	66	36
Sepsis	63	22	62
Other	414	431	382
<b>Total</b>	<b>1268</b>	<b>1295</b>	<b>1230</b>
Coroner Report - Manner of Death	2017	2016	2015
Accident	60	42	41
Homicide	3	4	2
Natural	95	98	98
Suicide	22	30	19
Undetermined	1	8	2
<b>Total</b>	<b>181</b>	<b>182</b>	<b>162</b>
<b>Death Certificates Filed</b>	<b>1268</b>	<b>1295</b>	<b>1230</b>
<b>Death Certificates Issued</b>	<b>7225</b>	<b>7225</b>	<b>7376</b>

\*Primary cause of death linked to prescription or non-prescription drug(s).



#### 2017 GOALS

- ❖ **By July 2017, Vital Statistics staff will have a brochure available to patrons which outlines the process for obtaining a birth certificate.**
  - Met - On February 1, 2017 a brochure was completed that outlined the process for obtaining a birth certificate.
- ❖ **Vital Statistics staff will update and preserve a minimum of 25% of death indexes that are becoming illegible by December 31, 2017.**
  - Met - As of December 31, 2017 Vital Statistics staff completed updating 25% of the death indexes.

#### GOALS FOR 2018

- ❖ **Goal:** *Vital Statistics staff will complete 50% of the final phase of updating and preserving the death indexes that are becoming illegible by December 31, 2018.*
- ❖ **Goal:** *Complete training for part-time staff to ensure continuity of training for division. Initial training to be completed by June 1, 2018.*



# Social Media



## FACEBOOK

Over the course of 2017, we exceeded our Facebook goal, receiving 53 new page likes (a 26% increase from 2016) on our main Facebook page and reaching 17,009 people with posts. MCHD posts were liked, commented on or shared 400 times.

MCHD strives to post a variety of information ranging from physical, mental, and emotional health, to well water owner tips, to health reports immediately relevant to the community. A few examples of the kind of information you can expect to see on the MCHD's Facebook page are illustrated on the next page. For 2018, the MCHD will strive to continue to post items of interest to the community with a wider variety from each division of the health department.

MCHD is seeing an increase in grants with requirements to establish Facebook pages for various programs, such as the Baby & Me Tobacco Free Program and the Medical Reserve Corps (MRC).

The Futures Family Planning Clinic has also created a Facebook page specifically for their services. As a result, the MCHD anticipates the need to create a plan in 2018 to more efficiently manage these growing Facebook pages.



## TWITTER

We received 15.9 thousand impressions during 2017. Our follower count increased to 814.

Our most viewed tweets:

- ❖ "I'm going to "Monroe County Government Annual Opioid Summit". See you there?"

# 814

Twitter  
followers in  
2017



- ❖ “Are you worried about someone overdosing on opiates? Free naloxone and training available at the Health Department & IRA. Call 812-349-2722.”
- ❖ “Friday is DIS Day 2017 - [#DIS](#) are the backbone of STD prevention. Thank you for all you do!”

### 2017 GOALS

- ❖ **Increase Facebook fans by 15% for a total of 234 by December 31, 2017.**
  - Met – By December 31, 2017, MCHD had 257 page likes.
- ❖ **Increase Twitter views by 10% for a total of 38,515 by December 31, 2017.**
  - Unable to determine if goal was met. Twitter no longer provides “view” numbers.
- ❖ **Increase Kids Choice 2016 blog views by 15% for a total of 1,114 by December 31, 2017.**
  - Not met. Due to review of staffing levels and community need, the Kids Choice program is no longer provided by the MCHD.

### GOALS FOR 2018

- ❖ **Goal:** *Establish Facebook Business Manager to more efficiently manage and organize all of the Facebook pages associated with the MCHD by May 1, 2018.*
- ❖ **Goal:** *Increase MCHD Twitter impressions by 10% to a total of 17.5 thousand impressions by December 31, 2018.*
- ❖ **Goal:** *Create a Monroe County Baby & Me Tobacco Free Facebook page by June 30, 2018.*
- ❖ **Goal:** *Increase social media outreach by creating Twitter and Instagram accounts for the Futures Clinic by December 31, 2018.*
- ❖ **Goal:** *Generate at least one post per week on all of the social media platforms for the Futures Clinic, to increase visibility and better connect with the community.*
- ❖ **Goal:** *Increase Futures Clinic Facebook “likes” by 10% by December 31, 2018.*



*The figures above and to the left are just a few of the most popular Facebook posts that were posted on our main MCHD Facebook page in 2017.*



## **Prenatal Care Grant Final Report 2017**

Grant Amount: \$10,000

The purpose of the Monroe County Health Department Prenatal Care Grant is to provide prenatal care for low income, uninsured women who do not qualify for state Medicaid prenatal care or other insurance options. Through this grant, eligible patients are referred to Dr. John Labban, a licensed obstetrics specialist who partners with VIM to provide discounted services in conjunction with this grant.

In the course of 2017 nine women were referred by VIM to Dr. Laban for prenatal care through their full-term deliveries. Full prenatal care includes, as appropriate, prenatal office visits, health assessment, prenatal vitamins, nutrition consultation, social work services, routine prenatal lab tests, and post-partum office visits as needed. In addition, nine women had ultrasounds during their pregnancies, also provided by Dr. Labban. With the discontinuation of charity care for non-emergent services at IUHB, prenatal ultrasounds are now also paid for by this grant and provided at a discounted price by Dr. Labban. Thus, the cost for prenatal care is now a minimum of \$1,100 (at least one initial ultrasound, unless there is medical need for more than one) rather than the \$1,000 cost prior to 2016. The 10<sup>th</sup> pregnant woman in 2017 had her baby at the tail end of December and the invoice was received in 2018.

Volunteers in Medicine is very grateful for this grant and is pleased to collaborate with the Monroe County Health Department and Dr. Labban. This collaboration offers women, who otherwise would not be able to access prenatal care, the vital services that bring about improved outcomes for mother and child, as well as providing a much-needed safety net for a vulnerable segment of our community's members.

Thank you!

Respectfully submitted,

A handwritten signature in black ink that reads "Nancy E. Richman". The signature is written in a cursive, flowing style.

Nancy E. Richman, Ph.D., M.P.A.,  
Executive Director  
January 9, 2017





 **812-349-2543**

 **119 West 7th Street,  
Bloomington, IN 47404**

 **[http://www.co.monroe.in.  
us/tsd/Community/Health  
Department.aspx](http://www.co.monroe.in.us/tsd/Community/HealthDepartment.aspx)**

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