



## MONROE COUNTY HEALTH DEPARTMENT

# 2016 Annual Report



# MISSION

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

# VALUES

- Accountability
- Empowerment
- Excellence
- Professionalism
- Respect

# VISION

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



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## COMMISSIONERS

Patrick Stoffers  
(President)

Iris Kiesling

Julie Thomas  
(Vice President)

## COUNCIL

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

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

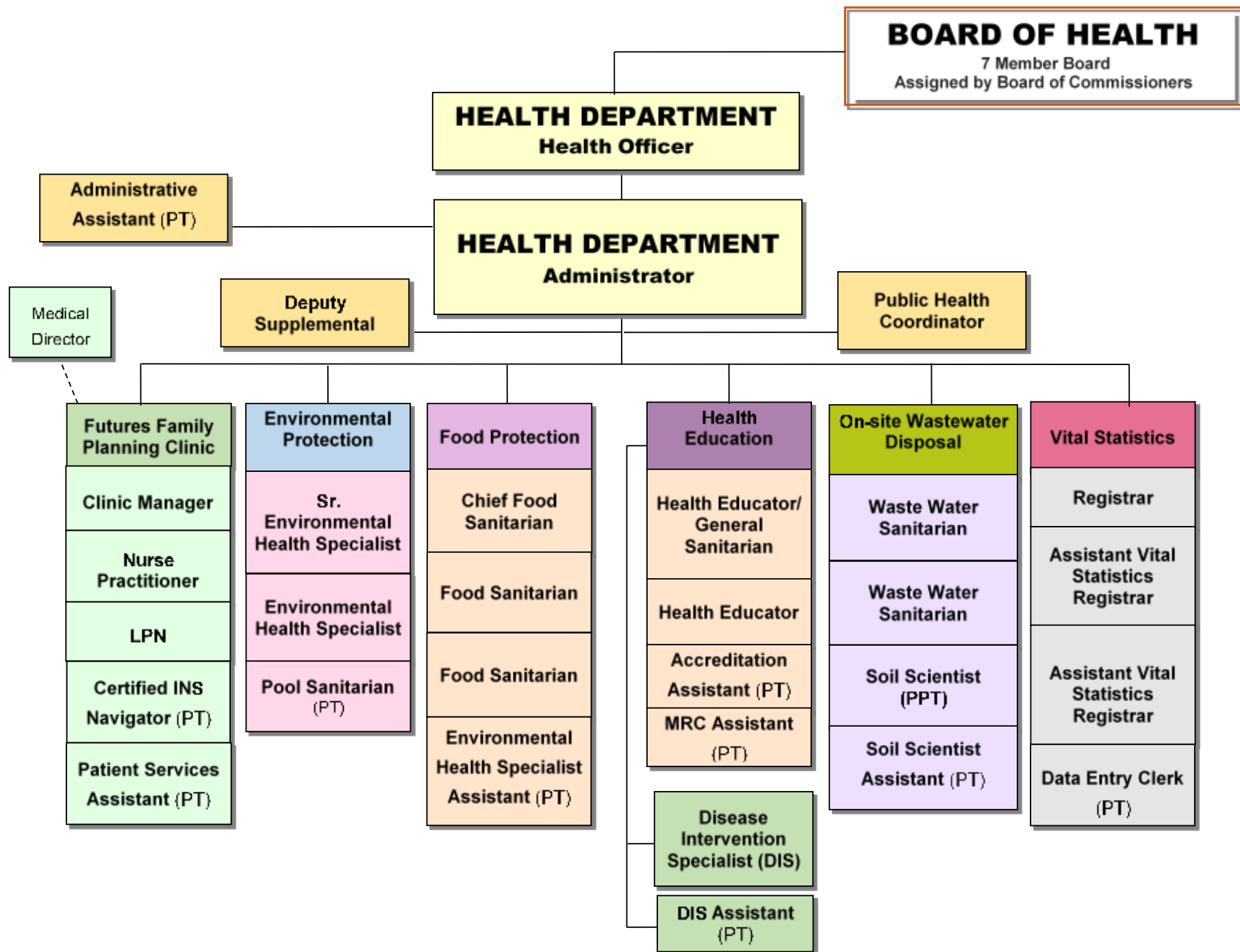
Penny Caudill  
Sylvia Garrison, REHS, CFSP  
Ashlie Bormann  
Julie Hartley  
Miranda Ettinger  
Simeon Baker  
Sydney Evans  
Sandy Wallace  
Nicole Wagner  
Kathy Hewett  
Grace Adams  
Christina Kempf  
Madi Taylor  
Lyndsey Donnar  
Barbara Sturbaum  
Gary Cain  
Teresa Benassi  
Jamie Russell  
Shanna Wooten  
Barbara Kuruzovich  
Randy Raines  
Ryan Kasper-Cushman  
Jim Brown  
Megan Harris

Administrator  
Chief Food Sanitarian / Deputy Administrator  
Administrative Assistant (PT)  
Disease Intervention Specialist  
Disease Intervention Specialist Assistant (PT)  
Sr. Environmental Health Specialist  
Environmental Health Specialist  
Food Sanitarian  
Food Sanitarian  
Health Educator / Accreditation Coordinator  
Health Educator (partial year)  
Health Educator / MRC Coordinator  
MRC Assistant (PT)  
MRC Assistant (PT) (partial year)  
Accreditation Assistant (PT) (partial year)  
Public Health Coordinator  
Vital Statistics Registrar  
Vital Statistics Assistant Registrar  
Vital Statistics Assistant Registrar  
Data Entry Clerk (PT)  
Wastewater Sanitarian  
Wastewater Sanitarian  
Soil Scientist (PT)  
Soil Scientist Assistant (PT)

## FUTURES FAMILY PLANNING CLINIC STAFF

Liz McGlothlin  
Lauretta Ionoff  
Chris Husted  
Scott Stowers  
Pamela Sojka

Family Nurse Practitioner  
Licensed Practical Nurse  
Clinic Manager  
Certified IN Navigator (PT)  
Patient Services Assistant (PT) (partial year)



## FORWARD

This report details the administrative and field activities of the Monroe County Health Department (MCHD) for 2016 pursuant to Indiana Code (I.C.) 16-20-1-7.

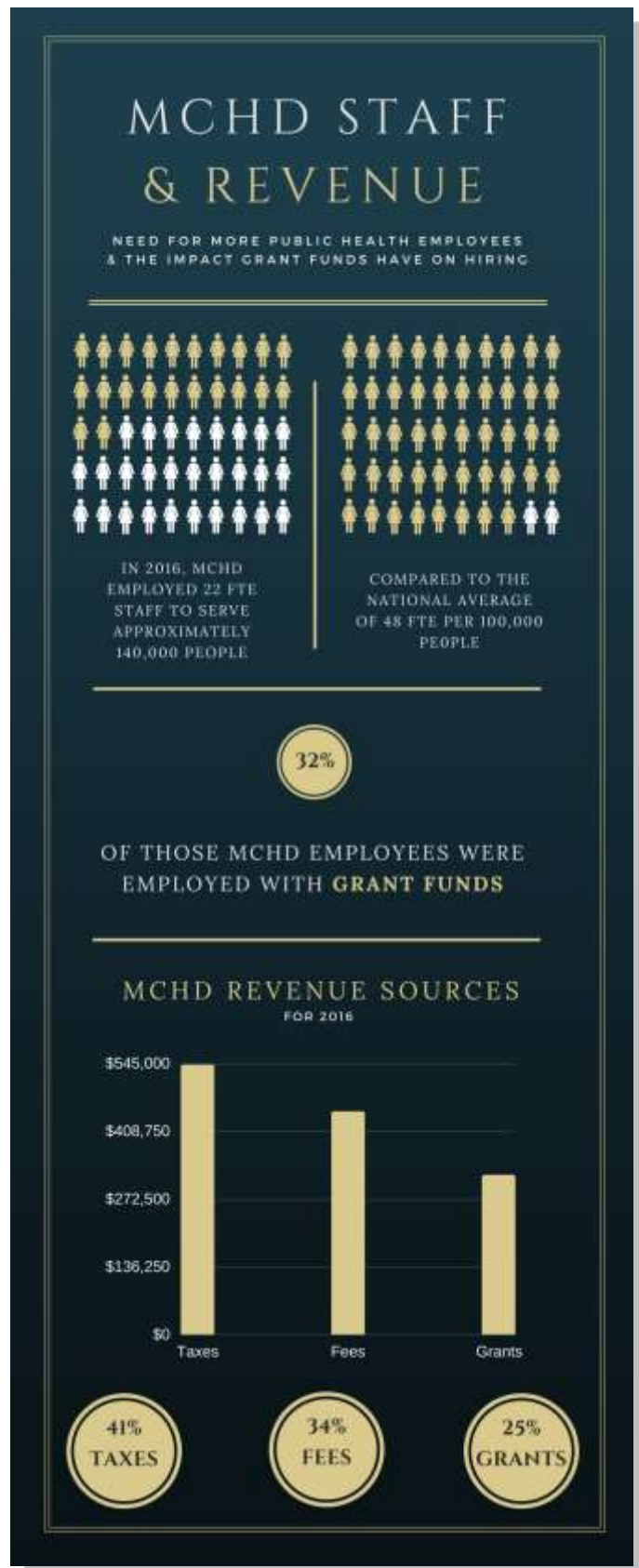
The department is organized into seven basic divisions, operates a federally funded family planning clinic, and contracts with Indiana University Health Bloomington Community Health Services to provide nursing services to the public. In 2016, the MCHD oversaw a health fund budget that exceeded \$1,000,000 along with eleven grants totaling approximately \$336,064. There are 14 full-time and three part-time employees supported through the county health fund, as well as four full-time and eight 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 2016, health fund fees amounted to over \$448,700. Fees related to grants accounted for over \$71,400. Grant awards for 2016 totaled approximately \$336,064. Approximately 59% of the revenue earned was generated from fees and grants.

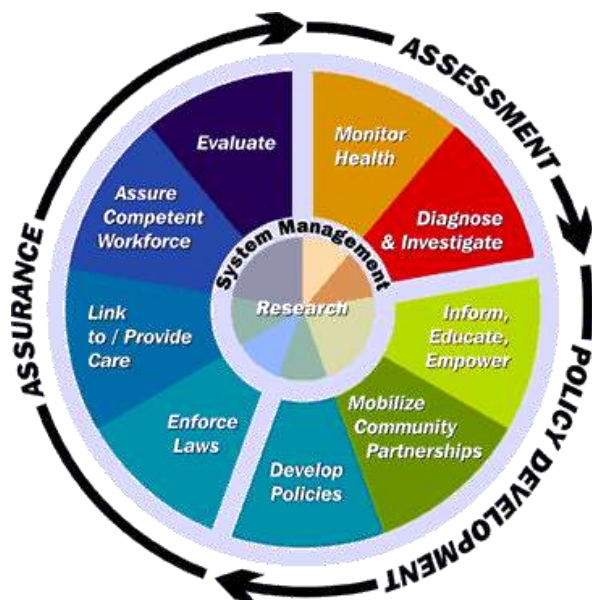
## HEALTH BOARD

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 four times for regularly scheduled meetings in 2016. 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. First is to assess the health of the community and investigate health problems. Secondly, develop policies and plans that mobilize community partnerships to inform and educate the citizens. Thirdly, 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).

- ❖ Workforce Development - Department staff attended over 40 trainings plus various webinars. Continuous learning is valued as a means of maintaining a competent and fulfilled workforce.
- ❖ The department continued quality improvement activities in 2016 that included review and redesign of retail food establishment licensing process. This resulted in fewer late fees being assessed and more establishments being permitted on time.

## 2016 DEPARTMENT HIGHLIGHTS

- ❖ The MCHD is part of the IEHA Southern Chapter which won "Chapter of the Year".
- ❖ Sydney Strader Evans won "Rookie of the Year" at IEHA Fall conference.
- ❖ MRC of Monroe County received Chick-fil-A's Community Partner Award.
- ❖ Teresa Benassi was elected Auditor for IVRA.
- ❖ The NERV system was implemented to keep track of electronic receipts, invoicing and recording complaints.
- ❖ The food licensing/permitting process was streamlined.
- ❖ Vital Statistics partnered with schools to include birth applications in their enrollment packets.
- ❖ Provided HIV/STD testing at a local bar for all 12 months.
- ❖ Received Radon and Zika grants.
- ❖ The Syringe Services Program and the Baby & Me Tobacco Free Program were implemented.
- ❖ Completed successful MUMPS PODs and a successful drive-through flu shot POD.
- ❖ Started CHIP groups for Accreditation.
- ❖ Created a Futures Facebook page.
- ❖ HPV rates for fully vaccinated adolescents jumped from 21% to 39%.
- ❖ The Monroe County Public Health Clinic (MCPHC) received Chapter of the Year, Kristen Forbes, and High Flyers Awards.
- ❖ Completed a successful staff retreat.
- ❖ Initiated HPV IU campus outreach.

## 2016 DEPARTMENT GOALS

- ❖ **The Department will revise the continuity of operations plans for each section by September 2016.**
  - Met – The MCHD COOP plan was completed fall of 2016 and submitted to Emergency Management in December 2016.
- ❖ **Interdepartmental guidelines will be set and reviewed identifying how to manage shared electronic files for the department by December 2016.**
  - Unmet – While sections did begin to review and organize shared electronic folders this was not completed as planned.

## DEPARTMENT GOALS FOR 2017

- ❖ **Goal:** By December 2017 the health department will have an established performance management system in place.
- ❖ **Goal:** The MCHD will have data from initial customer service survey by September 2017.

*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 2016:*

- ❖ *Amy Wardlow, Office of the Indiana Attorney General*
- ❖ *Bloomington Bagel*
- ❖ *Chick-fil-A*
- ❖ *Dagwood's Deli and Sub Shop*
- ❖ *Downtown Bloomington*
- ❖ *Dr. Chitra R. Natalie, FAAAAI*

- ❖ *Dr. Deborah Getz, IU Money Smarts Program*
- ❖ *Dr. Gregory Zimet, Professor of Pediatrics and Clinical Psychology at the IU School of Medicine*
- ❖ *Fazoli's*
- ❖ *Hoosier Heights*
- ❖ *Jim Butler, PHQIX Expert Panel Member*
- ❖ *Kirk and Brenda Forbes*
- ❖ *Martina Samm, IU Health Bloomington Hospital*
- ❖ *Nick Farid, IU Money Smarts Program*
- ❖ *Sonic Drive-In of Evansville*
- ❖ *Stefano's Café*
- ❖ *The Book Corner*
- ❖ *The Chocolate Moose*
- ❖ *The Game Preserve*
- ❖ *The Pourhouse Café*

{special}  
**THANKS**  
to our sponsors

## 2016 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
Births	\$6,340.00	\$7,168.00	\$7,664.00	\$6,288.00	\$5,952.00	\$5,776.00	\$6,624.00	\$7,520.00	\$6,592.00	\$5,744.00	\$4,608.00	\$4,960.00	\$75,236.00
Deaths	\$8,330.00	\$11,088.00	\$7,686.00	\$7,084.00	\$8,638.00	\$9,478.00	\$7,266.00	\$9,590.00	\$6,790.00	\$9,058.00	\$8,722.00	\$7,924.00	\$101,654.00
Genealogical Research	\$45.00	\$30.00	\$30.00	\$60.00	\$45.00	\$135.00	\$60.00	\$45.00	\$0.00	\$75.00	\$15.00	\$0.00	\$540.00
Real Estate/On-Site Inspection	\$100.00	\$300.00	\$700.00	\$1,100.00	\$1,100.00	\$700.00	\$100.00	\$100.00	\$400.00	\$400.00	\$300.00	\$700.00	\$6,000.00
Septic Permit Application	\$4,425.00	\$2,750.00	\$4,175.00	\$5,075.00	\$3,625.00	\$4,725.00	\$2,950.00	\$3,550.00	\$3,025.00	\$3,775.00	\$3,000.00	\$800.00	\$41,875.00
Septic Installer Certification	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$250.00	\$300.00	\$100.00	\$0.00	\$0.00	\$950.00
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	\$69,800.00	\$68,045.00	\$9,680.00	\$2,275.00	\$3,875.00	\$3,750.00	\$5,850.00	\$3,425.00	\$3,925.00	\$3,800.00	\$700.00	\$1,650.00	\$176,775.00
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	\$14,650.00	\$2,325.00	\$5,250.00	\$8,000.00	\$2,150.00	\$0.00	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$32,625.00
Campground Permit	\$0.00	\$0.00	\$1,560.00	\$2,445.00	\$1,275.00	\$0.00	\$0.00	\$165.00	\$0.00	\$0.00	\$0.00	\$120.00	\$5,565.00
Trash Hauler Permit	\$0.00	\$2,550.00	\$125.00	\$50.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,325.00
Miscellaneous	\$50.00	\$59.00	\$65.00	\$45.00	\$34.00	\$47.00	\$59.00	\$42.00	\$35.00	\$57.00	\$46.00	\$32.00	\$571.00
Notary Fee	\$14.00	\$14.00	\$4.00	\$8.00	\$4.00	\$8.00	\$4.00	\$4.00	\$12.00	\$12.00	\$12.00	\$4.00	\$100.00
Paternity Affidavit	\$433.00	\$383.00	\$176.00	\$382.00	\$113.00	\$57.00	\$160.00	\$113.00	\$170.00	\$232.00	\$415.00	\$203.00	\$2,837.00
Photocopying Fees	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6.40	\$0.00	\$10.90	\$0.50	\$0.00	\$5.10	\$0.00	\$27.90
Home Births	\$135.00	\$54.00	\$189.00	\$135.00	\$108.00	\$27.00	\$27.00	\$27.00	\$27.00	\$27.00	\$108.00	\$54.00	\$918.00
Amendment Affidavit	\$30.00	\$0.00	\$10.00	\$0.00	\$37.00	\$20.00	\$84.00	\$47.00	\$84.00	\$57.00	\$50.00	\$30.00	\$449.00
Bank Fees	-\$371.15	-\$71.05	-\$40.25	-\$10.15	-\$14.00	-\$3.50	\$0.00	-\$9.10	\$0.00	\$0.00	\$0.00	-\$38.00	-\$557.20
NSF Checks	\$26.00	\$22.00	\$26.00	\$0.00	\$0.00	\$0.00	\$26.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$288.00	-\$188.00
Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
SUB-TOTAL	\$104,111.85	\$94,716.95	\$37,399.75	\$33,036.85	\$26,942.00	\$25,325.90	\$23,210.00	\$24,879.80	\$21,620.50	\$23,337.00	\$17,981.10	\$16,151.00	\$448,712.70
CORONER FEES	\$1,190.00	\$1,584.00	\$1,098.00	\$1,012.00	\$1,234.00	\$1,354.00	\$1,038.00	\$1,370.00	\$970.00	\$1,294.00	\$1,246.00	\$1,132.00	\$14,522.00
FAMILY PLANNING CLINIC	\$5,333.40	\$5,690.15	\$6,116.39	\$4,887.25	\$7,025.41	\$6,809.54	\$4,567.33	\$5,740.62	\$6,310.22	\$3,728.05	\$7,119.83	\$8,117.47	\$71,445.66
TOTAL	\$110,635.25	\$101,991.10	\$44,614.14	\$38,936.10	\$35,201.41	\$33,489.44	\$28,815.33	\$31,990.42	\$28,900.72	\$28,359.05	\$26,346.93	\$25,400.47	\$534,680.36
HEALTH FUND													
INCOME				DISBURSEMENTS									
TAX DRAWS				\$542,378.15	TOTAL 2016 DISBURSEMENTS				\$954,869.31				
GRANTS				\$64,372.84									
FEES				\$448,712.70									
MISCELLANEOUS RECEIPTS				\$1,442.71	CASH BALANCE								
TOTAL 2016 INCOME				\$1,056,906.40			December 31, 2016			\$769,205.09			



## DISEASE INTERVENTION

In 2016 the Monroe County Health Department 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 2016 calendar year, Monroe County employed one full-time Disease Intervention Specialist (DIS) and one part-time DIS Assistant. In late 2016 a new full-time position was created to allow the part-time DIS Assistant to transition to a full-time employee in 2017. In 2016, ISDH created a new full-time DIS position to allow an additional, state-employed DIS to be assigned to district 7. Going into 2017 there will be two full-time Monroe County DIS positions and one full-time ISDH employed DIS position.

### 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 2016, the DIS continued to partner with Positive Link to offer monthly STD testing at a local bar.

### CASE FOLLOW UP

The DIS tracks 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 activities: 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. The ISDH 2016 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. Chlamydia accounted for approximately 81% of the total morbidity of STDs investigated, and women made up approximately 69% of the total chlamydia morbidity. Gonorrhea cases increased significantly from 2015, with 169 more cases than 2015. Gonorrhea cases made up about 18% of the total morbidity of STDs reported. Syphilis cases decreased when compared to 2015, but are still up from previous years. Of the 22 reported cases of syphilis in 2016, 15 cases were determined to be early syphilis classified as less than a year in duration.

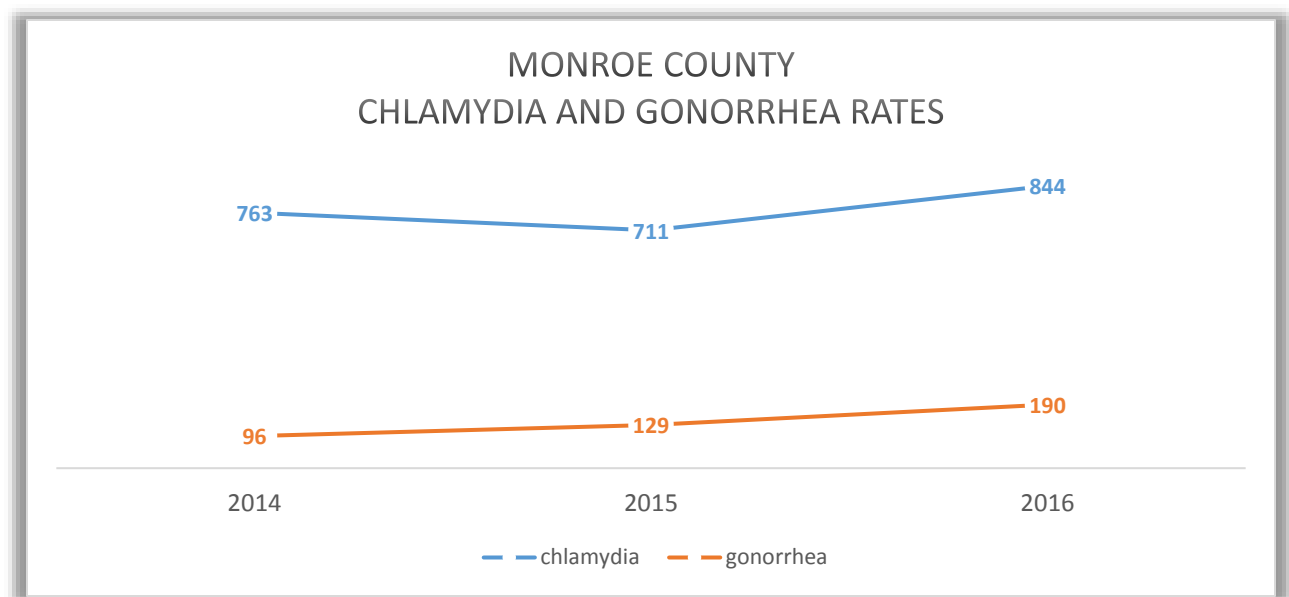
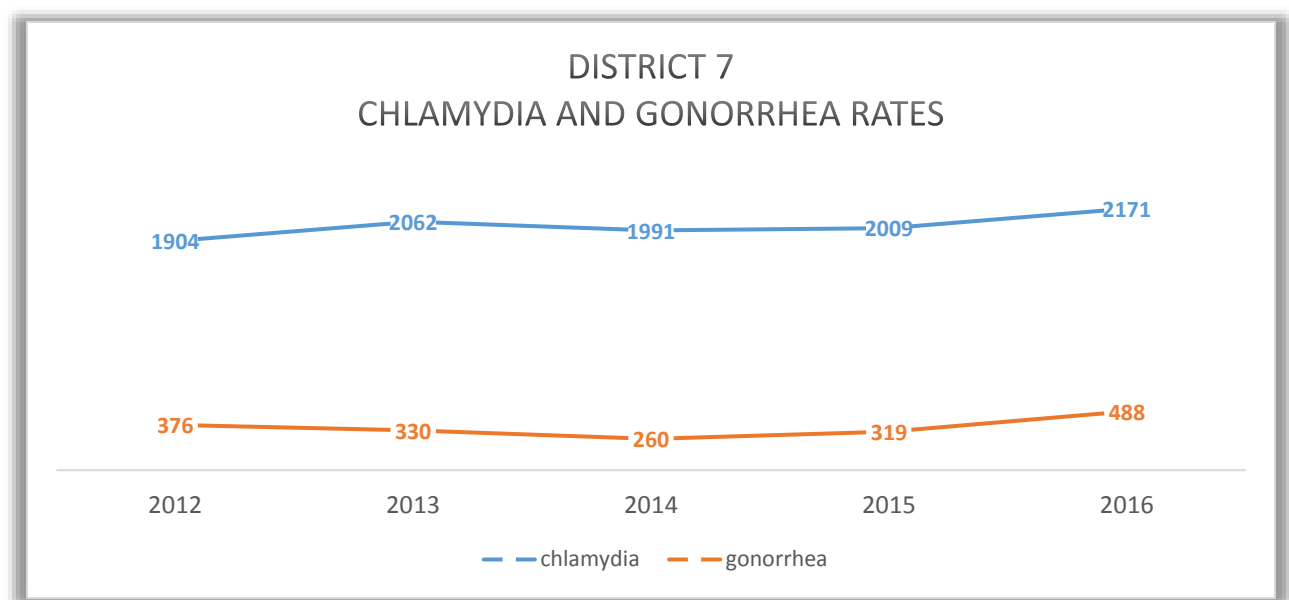
Monroe County is the highest morbidity county in district 7. In 2016 Monroe County had 844 cases of chlamydia, 190 cases of gonorrhea, and 6 cases of early syphilis.

### 2016 Surveillance Data Overview for Indiana STD District 7

Diagnosis	Female	Male	Total
Chlamydia	1499	672	2171
Gonorrhea	224	264	488
Syphilis	5	17	22**

**\*\*Cases include 15 cases of early syphilis**

**Note: All data in chart is preliminary data for 2016 and is subject to change**



## 2016 GOALS

- ❖ **The DIS will develop an organizational system for documents and patient records in order to streamline DIS record keeping by December 31, 2016.**
  - MET – DIS came up with an organizational system to help with record keeping.
- ❖ **The DIS will increase syphilis retesting efforts by contacting at least 75% of 2015 syphilis cases without follow-up testing on file to offer them a retest.**
  - MET – The DIS was able to verify retests on 22 of the 29 syphilis cases from 2015. The DIS performed retests for 7 of those 22 patients. Many of those that remain untested have since moved or were unable to be reached by the DIS.
- ❖ **The DIS will perform at least 300 chlamydia and gonorrhea tests on high-risk populations by December 31, 2016.**
  - MET - DIS performed over 300 tests on high-risk populations during the year.

## GOALS FOR 2017

- ❖ **Goal:** The DIS will continue making syphilis retesting a priority, and will verify that at least 80% of 2016 syphilis cases have received a retest.
- ❖ **Goal:** The DIS will visit 10 provider offices during 2017 in order to meet staff, make connections, and educate the staff on recommended treatment guidelines and reporting.
- ❖ **Goal:** 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.



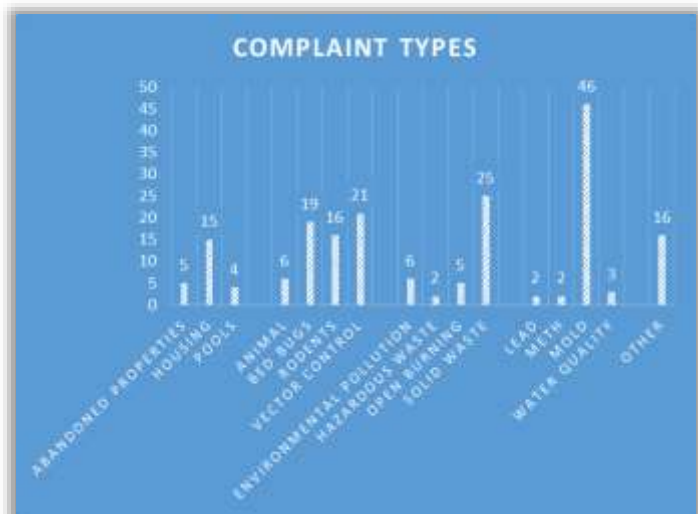


# ENVIRONMENTAL HEALTH

Environmental Health staff are responsible for the enforcement and compliance with environmental health laws, rules, and regulations in Monroe County. The professional staff inspects and investigates 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 Environmental Health (EH) division handles a variety of complaints and concerns within the community. In 2016, NERV became the main system for tracking and handling Environmental Health complaints.



**Figure 1 (bottom left).** Complaints by general category from January to December 2016.  
**Figure 2 (above).** Complaints recorded in all categories by month in 2016.

As demonstrated in Figure 1, the EH division receives the most complaints or questions in the areas of indoor air quality and pest/vector control. Twenty-five percent (25%) of all complaints that the EH division receives are regarding mold, making it apparent that it is easily one of the biggest concerns. Most of these are in rental housing. Solid waste, vector control (e.g. mosquitoes), and bed bugs were next with 25, 21, and 19 complaints respectively. See *Training, Education, and Referrals* for information on how these problems are being addressed.

## 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. In 2016, permits were issued for 114 pools at 90 different facilities, 6 solid waste facilities, and 102 refuse haulers.





**Figure 4 (above).** The average number of total inspections per season for seasonal pools (left) or year for year round pools (right), as well as the number of failed inspections that resulted in pool closures.



**Figure 5 (above).** The total number of inspections per season for seasonal pools (left) or year for year round pools (right), and the percentages of passed and failed inspections where a failure resulted in an immediate closure.

## REPORTS AND SERVICES

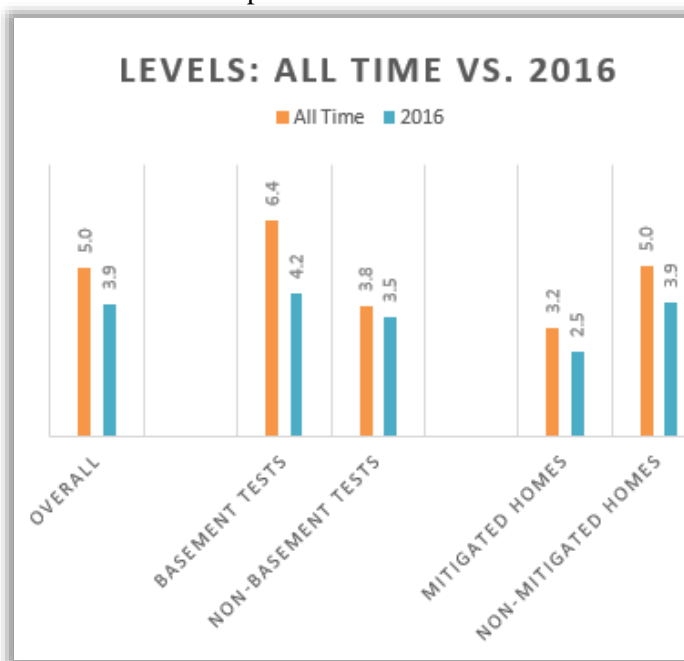
The EH division monitors, reports on, and provides services for a wide variety of environmental health concerns.

**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 2016, 65 ESA Phase I reports were requested and completed.

**Healthy Homes** - Staff provide services for lead risk assessment, lead sampling, asbestos sampling and radon testing. In 2016, four lead

sampling investigations/risk assessments were completed, no samples were sent in for asbestos testing, and 51 radon tests and/or follow ups were completed. For more information on radon in Monroe County, see the following section.

**Radon** - In 2016, 51 radon tests and/or follow up visits were completed. The action level for radon is 4 pCi/L. If a home tests between 4 and 10 pCi/L, it is recommended to do a follow up test to determine whether mitigation is needed. If even one test is above 10 pCi/L, it is highly recommended to put in a radon mitigation system. Twenty tests done in Monroe County were above the 4 pCi/L action level.



**Figure 6 (above).** Average detected radon levels of tests done in 2016 versus the average of all tests completed by MCHD

Monroe County was a recipient of the State Indoor Radon Grant for the 2016 - 2017 grant period. This grant will allow the EH division to offer more short term radon tests and possibly a new mitigation assistance program in 2017.

## TRAINING, EDUCATION, AND REFERRALS

For many areas, the EH staff act as a conduit for educational and informational resources as well

as a source for references and referrals to other city and county departments and other resources.

**Pest Control and Indoor Air Quality** – Mold, bed bugs, and other pests such as rodents and cockroaches will always be present in any community. The EH staff are able to offer educational materials and community resources for Monroe County citizens. Staff are able to provide contact information and reliable sources for professional companies and refer complainants who are tenants of City rental housing to HAND.

**Outdoor Air Quality** - The EH staff are able to offer educational materials and community resources for Monroe County citizens. Staff work closely with ISDH and IDEM to refer applicable cases (e.g. open burning) to appropriate agencies for follow up.

**Water Quality** - EH staff work closely with City of Bloomington Utilities and Dillman Wastewater Treatment Plant to answer questions from the community on Monroe County water quality. This division also provides information and procedures for water sample testing through Dillman.

**Solid Waste** - The EH division works closely with Monroe County Solid Waste Management District to take care of solid waste problems in Monroe County. This partnership allows staff to cover all problems associated with solid waste management rather than health hazards alone.

**Housing** - Partnerships with HAND, the Building Department, and the Planning Department are crucial in resolving cases. As with solid waste cases, partnerships with multiple departments and agencies are crucial in maintaining the complete well-being of Monroe County housing and its occupants. Partnership ensures the timely resolution of all housing issues within the county, including but not limited to, health issues.

### 2016 GOALS

- ❖ **Start an annual newsletter for pools with previous year's information,**

**including closure data by May 1, 2016.**

- Met – Newsletter was emailed April 29, 2016.
- ❖ **Log all paper and electronic 2015 complaints into the NERV system by the end of 2016.**
  - Met – Completed December 1, 2016.
- ❖ **Evaluate the process of investigating solid waste complaints by June 1, 2016. Develop a SOP for solid waste complaints based on multi-agency involvement by December 1, 2016.**
  - The evaluation was completed June 1, 2016. SOP development is in progress.
- ❖ **Evaluate the process of investigating rental housing complaints by June 1, 2016. Develop a SOP for these complaints based on multi-agency involvement, including HAND, by December 1, 2016.**
  - The housing SOP was completed August 26, 2016.

### GOALS FOR 2017

- ❖ **Goal:** EH staff will complete, review, and revise Environmental Health SOGs by December 1, 2017.
- ❖ **Goal:** Obtain a signed MOU with at least one mitigation company to establish an assistance program for radon mitigation for qualified homeowners.
- ❖ **Goal:** 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.



## FOOD PROTECTION

The Monroe County Health Department 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 2016, there were 679 permitted retail food establishments (restaurants, grocery stores, schools, seasonal, temporary, vending and mobile units); a number that decreased by 12 from the previous year. Included in this total were 54 temporary food permits that were issued in 2016 (a decrease of 11) in conjunction with special events such as: The Taste of Bloomington, Monroe County Fall Festival, Kiwanis's Balloon Fest, Convention center events and the county fair.

The Food Protection Program consists of five major components:

- ❖ Plan/design review for new/converted food establishments and change in ownership
- ❖ Education of food handlers
- ❖ Risk-based inspections of licensed facilities
- ❖ Complaint response
- ❖ Foodborne illness investigation

None of these activities can stand by themselves, for each phase is necessary to ensure a safe food supply to the public. The staff consists of the Chief Sanitarian who administers the Food Protection Program and two full-time Food Sanitarians.

### FOOD ESTABLISHMENT PLANS / DESIGN REVIEWS

Since 1997, the department has done plan reviews for new establishments and establishments that are undergoing extensive remodeling or who have changed owners. In 2016, 102 design reviews were conducted by staff representing an increase of six from the previous year.

Beginning in 2013, plan reviews were also required for mobile food vendors applying for first-time permits. There were 19 new mobile vendors in 2016 (an increase of four since 2015) that required additional staff time for plan reviews.

### EDUCATION

Consultations provided by food staff increased by 571, from 973 to 1544. The increase was due largely in part to a new reporting system and the redefining of the term "consultation" to include "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 Health Department's front counter.

## INSPECTIONS

To ensure compliance with state and local laws, the food protection staff inspects each facility on a frequency based on a risk analysis of the establishment, the type of menu offered for sale and the type of population served. In 2016, the food protection staff conducted 999 inspections (routine, follow up, pre-opening, complaint, construction and special events), a decrease of 52 from the previous year. Of the 999 inspections performed, approximately 124 were special event inspections performed after hours and on week-ends. This was an increase of 33 inspections.

## COMPLAINTS

There were 85 complaints received and responded to in 2016, a decrease of 16 complaints. **Food staff is now entering and tracking complaints electronically using the NERV system.** The food protection staff tries to respond to complaints within one business day after receiving a complaint.

## FOODBORNE ILLNESS INVESTIGATIONS / RECALL INVESTIGATIONS

There were no confirmed foodborne outbreaks during 2016 although several investigations were performed as part of the complaint process.

<b>Consultations</b>	1544 (973)	<b>Plan Reviews conducted</b>	102 (96)
<b>Routine/Follow up/ Pre-Opening /special event Inspections</b>	803 (871)	<b>Court Appearance</b>	0
<b>Complaint inspections</b>	85 (101 )	<b>Meetings, Special Projects</b>	191 (235)
<b>Construction/site inspections</b>	111 (79)		

(2015 numbers in parenthesis)

## 2016 GOALS

- ❖ **Within 60 days of obtaining their permit, a newly licensed food establishment will receive a routine inspection. After a license is issued, the foods database will be used to track the first inspection.**
  - 91% of new/change in owner establishments were inspected within the first 60 days. New

licenses were issued for 53 establishments in 2016. Forty-eight routine inspections were performed within the first 60 days.

## GOALS FOR 2017

- ❖ **Goal: Food division staff will increase the number of routine inspections by 10% in 2017 compared to 2016.**



## 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. Established in 2006, the funding comes through the Department of Health and Human Services (HHS) to the Indiana Family Health Counsel (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 manager, a part-time Patient Services Assistant (PSA), and a part-time Certified Navigator. The Certified Health Insurance 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
- ❖ Reproductive health counseling and education
- ❖ Pap smears (cervical cancer screenings) and HPV testing if appropriate
- ❖ Pregnancy testing and referrals
- ❖ Sexually transmitted infection (STI) testing and treatment, including HIV testing, chlamydia, and gonorrhea
- ❖ Vaginal infection testing and treatment

### SUPPLIES

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

- ❖ Oral contraceptives (both combination and progestin only)
- ❖ Depo Provera (the shot)
- ❖ Intrauterine devices (IUD)
- ❖ Emergency contraception
- ❖ Condoms
- ❖ Vaginal ring (new for 2016)
- ❖ Contraceptive patch (reintroduced in 2016 after being briefly discontinued by manufacturer in 2015)

Additional medications are available to treat vaginal infections and sexually transmitted infections. We also offer prenatal vitamins as well as ferrous sulfate to clients 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) 2016 was 879. This was a slight increase from CY 2015, where 865 unduplicated clients were served. We were not able to increase our numbers as much as we would have hoped due to understaffing. We were without a PSA for nearly 1/3 of the year. After hiring a new PSA, we plan to focus on increasing community outreach efforts in order to better serve those who need our services.

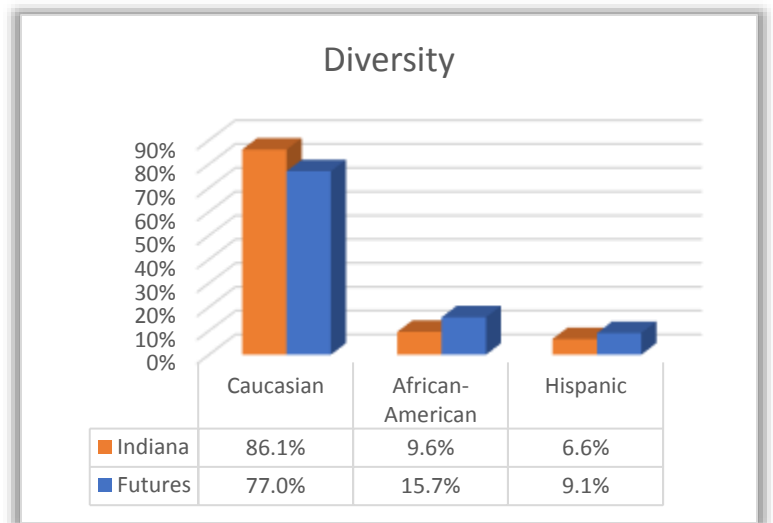
### POVERTY LEVEL

Of the patient population served in 2016, 78.5% fall below 150% of poverty. Approximately 56% of patients fall below 100% of poverty, and pay no fees for exams or supplies. We have patients who qualify for partial fees (44%) and some who do not qualify for our sliding scale, paying full fee (6.3%).

As previously mentioned, we bill Medicaid and HIP (26.4% of patients) and private insurance (30% of patients).

### DEMOGRAPHICS

Demographic data from the Indiana State Department of Health (ISDH) 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 allows adolescents to receive services through this clinic without the need for parental consent. We adhere to the Indiana statutes that regulate reporting of sexual activity in underage clients. During CY 2016, the clinic saw 32 patients who were under age 18 (3.6% 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 has symptoms of an STI. This is a change from the previous year, in which the guidelines were for those under 27. During 2016, Futures did 669 gonorrhea and chlamydia tests. Of those, approximately 13% were positive and received treatment.

Pap tests are done for clients according to the American College of Obstetricians and Gynecologists (ACOG) guidelines. Testing begins when the patient turns 21 years old. During 2016, Futures provided 310 pap tests. Of those, approximately 12.6% showed abnormality. According to ACOG guidelines, those patients with mild abnormalities (ASC-US) 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.

## 2016 GOALS

- ❖ **Futures will increase unduplicated patient numbers to 1,200 by the end of CY 2016.**
  - This was unmet—as outreach efforts are increased, we expect demand to increase and with stable staffing an increase will follow.
- ❖ **Futures will increase outreach by participating in, or being represented in, at least three Health Fairs or Community Events in 2016.**
  - Partially met – clinic staff participated in 2 community events.
  - Clinic visibility was increased by updating brochures and adding a Facebook page specifically for Futures. The Facebook page currently has 66 “likes” and four 5-star reviews.
- ❖ **Futures will organize chart records according to HIPAA standards to maintain confidentiality standards, as well as increasing storage space for other sections.**
  - This was partially met. We have reduced our paper consumption and retention and are moving toward greater electronic storage and usage.

## GOALS FOR 2017

- ❖ **Goal:** Futures clinic will increase unduplicated numbers to at least 900 by the end of CY 2017.
- ❖ **Goal:** Futures staff will increase community outreach by at least 2 events in 2017 compared to 2016 and by increasing social media outreach by 10%.
- ❖ **Goal:** Futures staff will submit at least 1 local grant application in 2017.





## HEALTH EDUCATION

### COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

The Monroe County Health Department, IU Health Bloomington Hospital, ACHIEVE and the Indiana University School of Public Health hosted a Community Health Think Tank in April to share local health data along with the results of the 2015 Community Health Assessment (CHA) and Community Conversations focus groups. Representatives from 30 organizations and community members assessed the information and selected three priority areas for a Community Health Improvement Plan (CHIP):

- ❖ Substance Abuse/Mental Health
- ❖ Chronic Disease/Obesity
- ❖ Basic Needs

Teams formed around each priority. The teams shared research and ideas as they met throughout the year and into 2017. The teams will share their plans in April of 2017 with the final plan expected in June.

### ACCREDITATION

The Health Education 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.

### SYRINGE SERVICES PROGRAM

The Monroe County Syringe Services Program opened its doors on February 14, 2016 after receiving approval from the Indiana State Health Commissioner in response to rising Hepatitis C cases. The Health Department contracts with the Indiana Recovery Alliance to run the program, which is funded largely through grants, donations and volunteers. The program had a total of 2234 visits in 2016, which included 1604 returning clients. Along with clean syringes, the program offered:



Naloxone training and kits – 1213



HIV/HCV tests – 343



Education on harm reduction – 1954



Referrals to substance abuse and mental health treatment - 289

### TOBACCO CESSATION

Health Educators provided smoking cessation services in the community:

- ❖ Assumed responsibility for the Ellettsville cessation class in November. Provided staff to cover other cessation classes as needed throughout year.
- ❖ Provided one-on-one cessation classes
- ❖ Supported the Monroe County Tobacco Coalition

### SMOKING COMPLAINTS

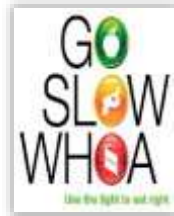
Health Educators followed up on six smoking complaints in 2016 as compared to three complaints in 2015.



## KIDS CHOICE

Kids Choice is an educational program for elementary age children, focusing on MyPlate (nutrition) and Go Activities (physical activity).

- ❖ The fall session was held at the Boys & Girls Club in Bloomington. Target population was Kindergarten – Third grade.
- ❖ Seven one-hour sessions were held. An average of 23 students attended each session.
- ❖ Pre and Post tests were administered with improvements seen in all areas.



## MEDICAL RESERVE CORPS (MRC)

The Medical Reserve Corps (MRC) currently has 140 volunteers with 120 registered on SERV-IN.

- ❖ Assisted with Mumps Vaccination Clinics at Indiana University and with the POD Drive-Thru Flu Clinics.
- ❖ Received the Chick-Fil-A Community Partner Award in December.
- ❖ Held three quarterly meetings plus CPR/First-Aid training (six participants).
- ❖ 12 Newsletters to 140 volunteers.
- ❖ Participated in SERV-IN call-down drills.

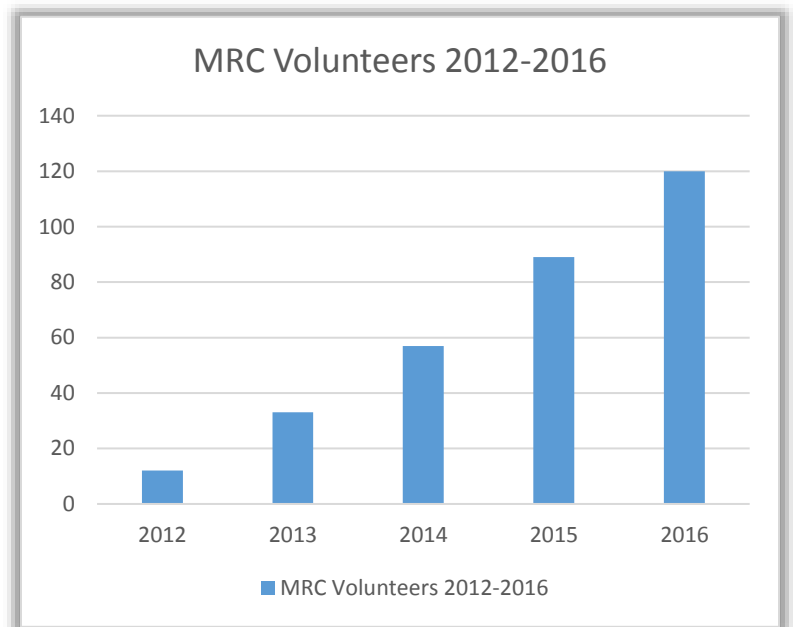
## BABY & ME TOBACCO FREE

The Baby & Me Tobacco Free (BMTF) program, which provides diaper vouchers for pregnant women who quit smoking, was launched in late November. This evidence based program has been proven to reduce the rates of preterm and low birth weight babies.

Sessions are held at the Monroe County Public Health Clinic and are open to any pregnant woman who resides in, or receives prenatal care in, Monroe County.

### **2016:**

- ❖ Twelve informational presentations completed with area agencies and physicians (100 providers attended).
- ❖ Five BMTF referrals received.
- ❖ One BMTF client completed session 1 by the end of 2016.



[illegible]

- ❖ Received a Naloxone grant (an opioid overdose reversal medication) from ISDH to distribute to the community, along with training and education.
- ❖ Participated in 51 community health fairs/events. Two of the largest were Bug Fest (over 1000 attendees) on the IU campus and Education Day in Ellettsville (1300 students).
- ❖ Provided Lunch and Learn and wellness opportunities for county employees and operated the Hope Pays wellness incentive program.



- ❖ **The Health Education Division will have a completed, written Community Health Assessment (CHA) and Improvement Plan (CHIP) by December 2016.**
  - Not met. Due to the large number of community organizations participating, the timeline was extended to June 1, 2017. The CHA was completed, the CHIP is in process and both will be in one report.
- ❖ **Staff will increase number of health education program participants by 10% raising awareness of programs using at least two different methods of promotion including email, posters, and key stakeholder and community events.**
  - Met. Program numbers increased in Kids Choice through key stakeholders. Email, flyers and social media use helped numbers grow in other programs.

- ❖ **Goal:** Develop an evaluation metric for key education programs and measure if meeting community need by December 2017.
- ❖ **Goal:** The health education program planning tool will be used in 80% of all program planning by December 2017.
- ❖ **Goal:** The number of MRC Volunteers who complete the following online training modules will increase by 10% by December 2017:
  - Basics of Incident Command
  - Working in a POD



## SOCIAL MEDIA



### FACEBOOK

Over the course of 2016, we exceeded both of our Facebook goals, receiving 42 new page likes (a 26% increase from 2015) and reaching 16,217 people with posts. MCHD posts were liked, commented on or shared 335 times.

For 2017, MCHD will strive to continue to post items of interest to the community with a wider variety from each division of the health department.



### TWITTER

We received 35,015 tweet views during 2015, an average of 3000 per month. Our follower count increased to 758.

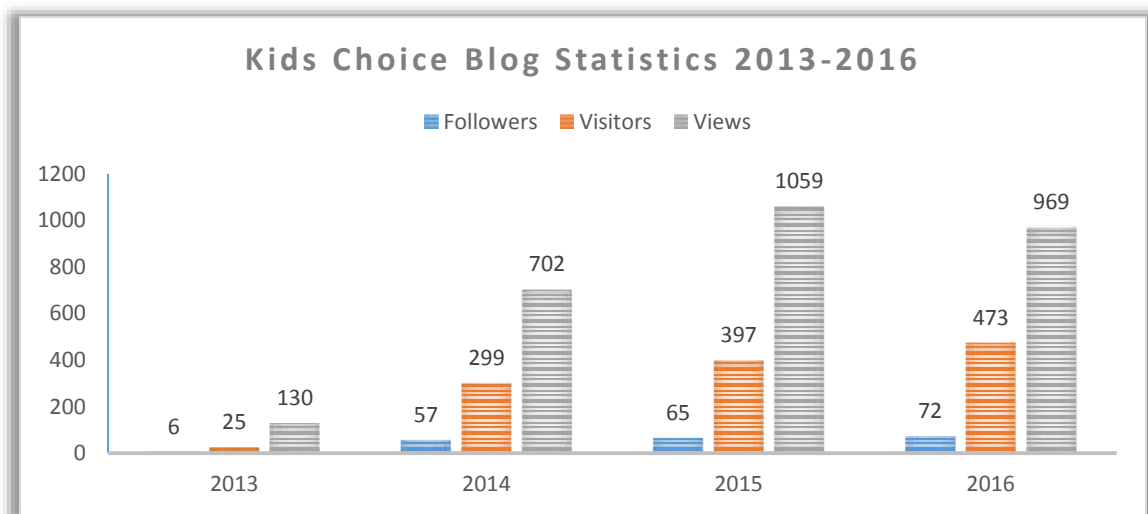
Our most viewed tweets:

- ❖ “70% statewide increase of syphilis from 2014-2015, doctors warned to test, treat and report.”
- ❖ “Indiana State Health Commissioner acting to increase access to opioid overdose reversal drug, naloxone.”



### KIDS CHOICE BLOG

The Kids Choice Blog is utilized to update followers on our Kids Choice Program, while also providing resources on health related topics for students and parents. In 2016, we had an increase of 73 visitors from 2015, giving us 473 visitors and 969 total page views for the year. We increased our publishing to 45 posts as compared to 12 in 2015.



## 2016 GOALS

- ❖ **Increase Facebook fans by 20% for a total of 194 by the end of 2016.**
  - Met – By December 31<sup>st</sup>, 2016, MCHD had 203 page likes.
- ❖ **Reach an average of 1,000 people a month through Facebook posts.**
  - Met – An average of approximately 1,351 people were reached through posts.
- ❖ **Increase total Twitter followers by 25% over 2015 figures by the end of 2016.**
  - Almost met. Our followers increased from 637 to 758 (19%).
- ❖ **Expand the Kids Choice Blog beyond nutrition and physical activity by May 2016 (with at least three new pages featuring new topics).**
  - Not met. Position unfilled for part of the year.
- ❖ **Increase the total number of Kids Choice page views by 25% by the end of 2016.**
  - Not met. Position unfilled for part of the year.



## GOALS FOR 2017

- ❖ **Goal:** Increase Facebook fans by 15% for a total of 234 by December 31, 2017.
- ❖ **Goal:** Increase Twitter views by 10% for a total of 38,515 by December 31, 2017.
- ❖ **Goal:** Increase Kids Choice 2016 blog views by 15% for a total of 1114 by December 31, 2017.



*Figure 1 (left) & Figure 2 (above). A couple of our most popular Facebook posts. This is the kind of information that is available on our Facebook page.*



## PUBLIC HEALTH PREPAREDNESS

In 2016 MCHD set a goal to complete a department Continuity of Operations Plan (COOP) by the end of the year. This Plan was to utilize the Emergency Management Agency's (EMA) COOP Plan template that was designed to develop uniformity for all departments within the County.

Due to the diversity of operations within MCHD, each division within the Health Department was asked to complete the template. This information was then combined into one document to make the formal COOP Plan for MCHD. This document has been submitted to the Monroe County EMA for approval.

### SYRINGE SERVICES PROGRAM

Please see "Syringe Services Program" under the "Health Education" section for more information regarding the Syringe Services Program.

### PREPAREDNESS EDUCATION

- ❖ Identified FEMA EMI independent study programs that would be pertinent to preparedness staff, particularly in the health department.
  - 8 courses required for NIMS compliance
  - 2 introduction to preparedness courses for individuals in emergency management
  - 19 roles and responsibilities in preparedness courses
  - 4 professional skills in preparedness courses
  - 4 organizations and partnerships in preparedness courses
  - 7 courses for preparedness in specific or at risk populations
  - 3 courses for nuclear or radiological incidents
  - 4 courses for HazMat incidents
  - 8 courses for weather and natural disasters
  - 2 courses for biological incidents
  - 1 course for terrorism and threats
  - 7 courses for personal and employee safety and preparedness

## EVENTS

- ❖ Our primary event for the year was to conduct the drive through flu shot clinic in conjunction with the Monroe County Public Health Clinic. The drive through flu shot clinic was held at the Monroe County Fairgrounds and received many positive comments from the public and participants. The POD prep included:
  - Conducting Planning Meetings
  - Conducting successful Mobilization, Operations, Demobilization of POD
- ❖ Other events for the year included conducting multiple MUMPS Immunization PODs with Indiana University. These events were in response to the MUMPS epidemic at Indiana University and the surrounding community. MCHD estimates over 250 staff hours were dedicated to this event, as well as multiple volunteers from local partners.



## 2016 GOALS

- ❖ **Fulfill all PHEPCA grant deliverables during the 2016 grant cycle by the specified deadlines.**
  - Met
- ❖ **Fulfill all Ebola grant deliverables during the 2016 grant cycle by the specified deadlines.**
  - Met
- ❖ **Conduct infectious disease training to staff and complete the training schedule by December 31, 2016.**
  - Met
- ❖ **Manage and complete the Continuity of Operations Plan (COOP) for Monroe County Health Department. Conduct template staff training by April 15, 2016 and complete plan by December 31, 2016.**
  - Met

## GOALS FOR 2017

- ❖ **Goal:** The Public Health Coordinator and staff will complete 100% of grant deliverables on time, reported quarterly in 2017.
- ❖ **Goal:** The Public Health Coordinator will review and revise the staff-preparedness training and present to staff who need the training by November 20, 2017.
- ❖ **Goal:** The Public Health Coordinator 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.



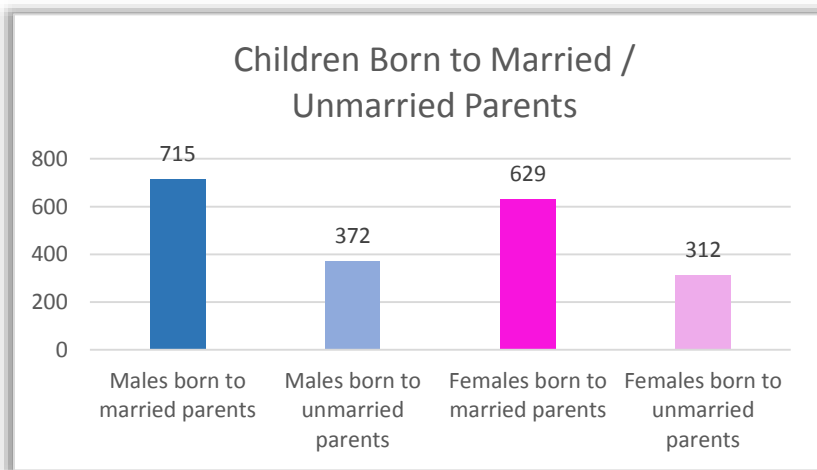
## VITAL STATISTICS

### SERVICES

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 public with as much help as possible.

### BIRTHS

The following are a few 2016 birth statistics.



“Unmarried parents” includes 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 record.

28.09

AVERAGE AGE OF MOTHER  
AT TIME OF CHILD'S BIRTH

4,745

Birth  
Certificates  
Issued

23

SETS OF TWINS

39

HOME BIRTHS

+

1997

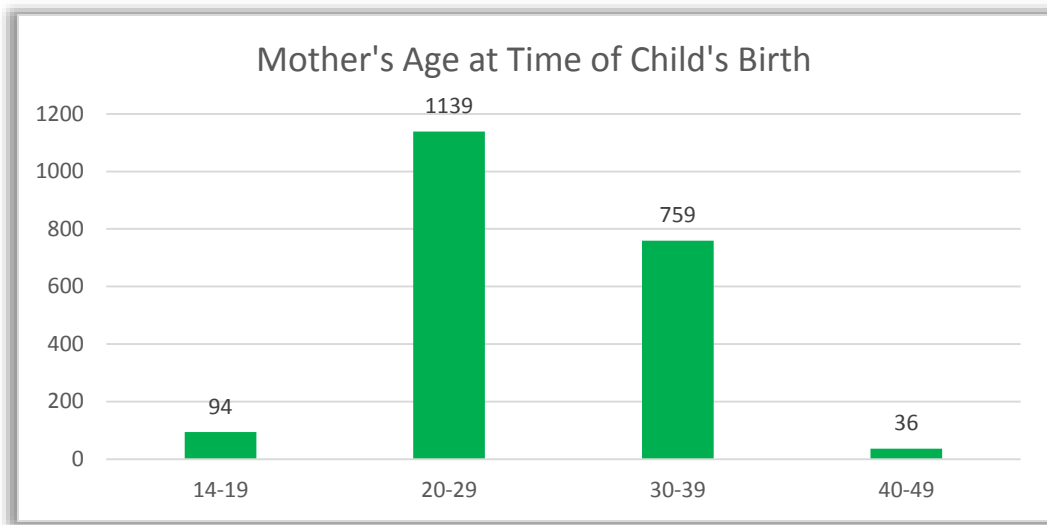
HOSPITAL  
BIRTHS

=

2028

BIRTHS REGISTERED

The amount of birth certificates issued is the number of birth certificates that were processed and paid for in 2016, regardless of the year the individual was born. Births registered is the number of births that occurred in 2016 *and were filed* with the Monroe County Health Department by the time of this report. This number does not include births that occurred in 2015 but were registered in 2016.



## DEATHS

<b>Annual Report Death Info</b>				
<b>Location of Death</b>				
	2016	2015	2014	
Decedent's Home	263	274	232	
Hospice Facility	269	268	278	
Hospital - Dead on Arrival	2	4	6	
Hospital/Emergency Room/Outpatient	53	54	32	
Hospital - Inpatient	348	367	353	
Nursing Home/Long Term Care Facility	318	236	189	
Other	35	27	40	
<b>Total</b>	<b>1288</b>	<b>1230</b>	<b>1130</b>	
<b>Veteran Deaths</b>	<b>280</b>	<b>277</b>	<b>264</b>	
<b>Fetal Deaths -</b>	<b>22</b>	<b>15</b>	<b>18</b>	
(Fetus delivered as a "stillbirth"; did not take a breath after delivery)				
<b>Age</b>	2016	2015	2014	
Under 1 Year	11	5	3	
1 Year to 19 Years	5	8	6	
20 Years to 30 Years	29	29	21	
31 Years to 50 Years	90	71	81	
51 Years to 70 Years	336	336	324	
71 Years to 99 Years	804	767	680	
100 Years to 105 Years	13	13	15	
106 Years to 110 Years	0	1	0	
<b>Total</b>	<b>1288</b>	<b>1230</b>	<b>1130</b>	

<b>Cause of Death Per Category</b>	2016	2015	2014
Alzheimers/Dementia	91	78	68
Cancer	243	253	270
Cirrhosis	16	14	13
COPD	36	27	51
Diabetes	8	7	8
Drug Related*	22	23	Not Documented
Heart Disease	319	274	239
Pneumonia	39	74	137
Renal	66	36	49
Sepsis	21	62	Not Documented
Other	427	382	137
<b>Total</b>	<b>1288</b>	<b>1230</b>	<b>972</b>
<b>Coroner Report - Manner of Death</b>	2016	2015	2014
Accident	42	41	45
Homicide	3	2	2
Natural	96	98	82
Suicide	29	19	22
Undetermined	8	2	7
<b>Total</b>	<b>178</b>	<b>162</b>	<b>158</b>
<b>Death Certificates Filed</b>	<b>1288</b>	<b>1230</b>	<b>1130</b>
<b>Death Certificates Issued</b>	<b>7225</b>	<b>7376</b>	<b>6619</b>

\*Primary cause of death linked to prescription or non-prescription drugs.

## 2016 GOALS

- ❖ **Update, preserve and replace the death indexes that are becoming illegible by December 2016. If it becomes too large of a project, it will be completed by half.**
  - Approximately 50% of this goal was completed in 2016.
- ❖ **Implement new receipt program and fully train staff to use the new program to issue birth and death certificates, food licenses, septic permits, and process reports necessary to make daily financial transactions and the monthly report of collections by April 2016.**
  - Staff completed training to use the new NERV receipt program to the extent that information was available to implement.
- ❖ **Contact school superintendent about partnering with local schools to provide the birth certificate application in their enrollment packet by the summer of 2016.**
  - Completed - Local schools have made our birth application available either in their enrollment packets or online for families to have easy access.



## GOALS FOR 2017

- ❖ **Goal:** By July 2017, Vital Statistics staff will have a brochure available to patrons which outlines the process for obtaining a birth certificate.
- ❖ **Goal:** Vital Statistics staff will update and preserve a minimum of 25% of death indexes that are becoming illegible by December 31, 2017.





## WASTEWATER SANITATION

The Monroe County Health Department (MCHD) Wastewater Division inspected 168 sand lined septic systems in 2016, including an inspection on what may be the last Geo-flo septic system to be installed in Monroe County. Very similar to the Presby septic system, they were approved by the Indiana State Department of Health (ISDH) and a total of nine were installed and inspected by this department. This product was discontinued. One mound septic system was installed on a repair site requiring a system that could be used in an area of shallow soils. The system required placing the bed on the ground surface due to shallow soils and size limitations of the property. Advance Presby Septic Systems consisted of 166 installations. Of the 168 installations, 96 were for repairs. In some cases, a repair could be required due to failure of the older system, but in many cases, the replacement or repair of the home made it necessary to upgrade the septic system. We also inspected the installation of three Presby Advance Septic Systems on sites which had been dependent on holding tanks. A holding tank consists of a concrete tank which needs to be routinely pumped out (every month or so) by a State Certified Septic Pumper. Permits were issued for holding tanks by ISDH and MCHD in the 1960s and 1970s. It became quite expensive to routinely pump out the tanks and many were

allowed to flow onto the ground surface or down the hillside. Over the past ten years this department has issued repair permits on 11 different holding tank replacements. The Presby Septic System was utilized in most cases because these were sites which did not meet the requirements for most of the original septic systems available at the time. Since the Presby Septic System required only about one third of the space as a conventional septic system and could be placed on slopes greater than 6%, unlike the mound septic system, Presby Septic Systems were the ideal solution.



*Installation of a normal three bedroom Presby Septic System*

The above photo documents a Presby bed which may average 60 to 70 feet in length and about 18 to 24 feet wide. The bed is covered with 6 to 12 inches of sand and contains three to four lengths of specially designed pipe. 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. The bed may be longer and narrower or shorter and wider in other situations. The amount of pipe and area of the bed should stay consistent per bedroom. All Presby Septic Systems should be vented so the bed continues to maintain an aerobic environment, creating a working living setting. All Presbys have either a curtain or perimeter drain surrounding the bed which removes additional ground water from the immediate area and water which may be created within the home.

Currently the county has over 1,400 working Presby Septic Systems with little or no difficulties. One of the many areas that the Presby Septic System has been quite beneficial within the county has been the Lake Lemon area. 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 1950s, 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 with no time for the fields to dry. This is on undersized, aging septic systems surrounding the lake. In the past, many failures were given band aid fixes hoping for the best or placed back on only 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, 41 older, conventional septic systems have been replaced by newer, complete Presby Septic Systems with a possible four more scheduled for installation in 2017.

### SEPTIC PERMITS

The MCHD issued 241 septic permits in 2016. Of those, 98 were for new homes on sites which have never had any type of permanent dwelling. The remaining 143 were repair permits. These could have been actual repairs for failing septic systems or replacing septic systems for homes being modified with additional bedrooms. In some situations, if there was no record on the existing system, it would require a replacement.



*As seen in the pictures on the bottom left hand corner and above, small spaces are not a major issue for the Presby Septic System*

### SOIL ANALYSIS

A soil analysis is required by ISDH and 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).

Since the 1980’s, the MCHD has had a registered soil scientist on staff, although we also accept on-site investigations from several registered ISDH approved soil scientists. In 2016, MCHD accepted and utilized 151 soil reports. Five reports were from outside sources while 146 on-site investigations were from the in-house soil scientist.

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.



***This picture shows the on-site investigation of a property for a septic leach field by the soil scientist using backhoe pits to determine soil properties. In addition, on all new construction, the soil scientist observes on-site features such as bodies of water (ponds, lakes or streams). Here, the required 50 feet set-back from the pond is identified prior to conducting the soil investigation with the backhoe pits.***

Property owners, builders, septic installers, real estate agents, etc. 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 of all parties for the property. 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 members of this department to accurately locate the investigated area for future reference. Our staff soil scientist uploads these field captured GPS waypoints and saves them on aerial mapping in the MCHD. An aerial map is generated with specific locations and is attached to the on-site investigation report as a part of the permitting process.

Additionally, in 2016 the soil scientist began using an I-Pad to take a picture of the location where the soil borings were made. This picture becomes part of the site investigation report and further documents the site conditions and location for installing the septic leach field. During the on-site investigation the soil scientist will note and report site characteristics and soil

permit application. Several limiting physical site characteristics found in Monroe County that we 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.



***During the on-site investigation our staff soil scientist commonly uses a 4 inch diameter boring auger to examine the soil properties to a depth of 60". The soil report will identify specific soil horizons and the observed properties at each horizon depth. At this boring location the soil has been placed to show the progression from surface 0 to 60" depth. Notice the bright browns and red colors that indicate a well-drained soil profile.***

## REGISTERED SEPTIC INSTALLERS

Since February 2015, Monroe County has had 49 registered septic installers. This class will be repeated on February 23, 2017, in which old information concerning septic systems will be rehashed and new ideas, regulations and other important information will be presented. At the end of the class, the installers will be tested on county and state regulations.

To become a Monroe County Registered Installer one must also carry a Presby Environmental and/or an ATL certification. Certification classes were held at different times for both Presby and ATL within the County. In addition, Presby offers certification online for those who cannot make it to a class. With the certification, there is also a required fee of \$100 along with presenting proof of liability insurance of a minimum of \$600,000. For homeowners wishing to install their own septic system, they must first show certification from either Presby or ATL. Then, they are required to take a test concerning that particular site. And finally, a remittance of a registration fee of \$250 is required. The additional fee will reimburse the department for the additional site visits required on most installations with a novice installer.

## WASTEWATER DISPOSAL COMPLAINT PROGRAM



*Investigation of sewage discharge into a creek*

The wastewater disposal complaint program follows the general sewage disposal requirements set in Monroe County Code 365-8

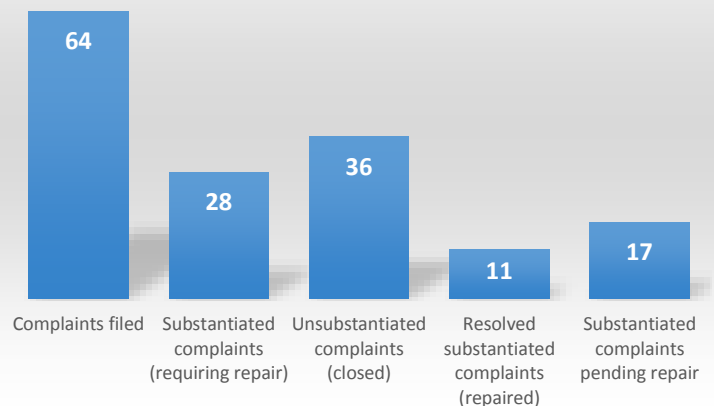
(A), and Indiana State Board of Health Rule 410 IAC 6-8.3-52 (a) as follows:

**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.*

The Wastewater Disposal Complaint Program is activated most commonly by a phone call, but occasionally by email or walk in. In 2016 there were 64 new complaints filed, 28 of which were substantiated. Of the 28 substantiated complaints, 11 of them have been satisfactorily repaired, and 17 are pending repairs into 2017.

### Septic Discharge Complaints 2016



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 United States 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, 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.



*Sewage discharge from tank with yellow-green dye*

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

The Real Estate/Lot Improvement Inspection Program is a service oriented program provided by MCHD. MCHD collects fact finding documents and physically inspects 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.



*Real Estate Transactions initiate many septic inspections*

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 this Department 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. MCHD will “dye trace” when it is necessary to track a direct or indirect point source.

2016 Real Estate Septic Inspections: 61

2016 Real Estate Septic Inspections for Planning: 3

### 2016 GOALS

- ❖ **Complete finalization of all inspection reports for 2016 and enter into the septic database. As part of a quality improvement plan, include any and all soil tests on all permit applications with possible photographs of the installations. This is in addition to the normal inspection sheets with drawings and elevation shots when possible.**
  - This goal was completed.
- ❖ **Complete a survey of wells, springs and caverns (groundwater collectors) located within Monroe County, to determine what homes still utilize a well or spring as their water source. Follow up by mailing surveys to individuals who request to have their water source tested for certain contaminants. Write up a report of the results.**
  - Staff were not able to complete this goal in 2016. The goal was a special project.
- ❖ **Conduct a survey of a proportionate number of Presby Septic System installations which have been installed over the past ten years, followed by a final report.**
  - Staff were unable to meet this goal in 2016. The goal was a special project.

### GOALS FOR 2017

- ❖ **Goal:** Complete a survey of wells located within Monroe County by October 31, 2017.
  - 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. This list will be used to identify property owners so questionnaires may be sent out by March 24, 2017.
  - By April 30, 2017, respondents (up to 25) will be offered free testing of their well to determine if there were any possible contaminants. Information regarding procedures on the proper cleaning of wells will be given to homeowners who may have problems.
  - A final report of our findings will be available for the public and the Monroe County Board of Health By October 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, 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.

## ACCOMPLISHMENTS

- ❖ In April of 2016 the MCPHC was presented the “High Flyer Award” by the Indiana State Department of Health (ISDH) at the Indianapolis Colts training facility for education and innovation in immunization outreach and high rates of Human Papillomavirus vaccinations (HPV) for teenagers seeking services at MCPHC.



- ❖ The MCPHC was also presented the Kristen Forbes Teen Immunization Award in April for high vaccination rates among teenagers receiving services at MCPHC.



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

- ❖ MCPHC worked with the IU Health Center, ISDH, and the Medical Reserve Corp. to provide over 1,600 MMR vaccinations to Indiana University students during a mumps outbreak across many college campuses.

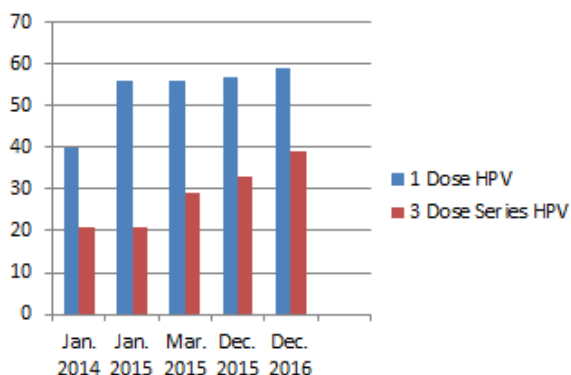
- ❖ MCPHC partnered with the Monroe County Community School Corporation (MCCSC) to provide influenza vaccinations to all high school, middle school and elementary school students, offering the influenza vaccine to 11,000 students in 2016.
- ❖ MCPHC became a Cribs for Kids provider in January of 2016, providing 287 safe sleeping beds for infants under the age of one.



*Safe Sleep educators (from left to right): Mary Beth Lucas and Carrie Shahbahrani, RN*

- ❖ MCPHC partnered with the Richland Bean Blossom (RBB) and MCCSC 5<sup>th</sup> grade classes to offer catch up immunizations during the school day. Immunizations that were offered were Meningococcal, Hepatitis A, Tetanus, Diphtheria and acellular Pertussis, and HVP vaccinations. The clinic received many wonderful comments from parents who were happy that they did not have to miss work to get their child caught up on immunizations.

## HPV age 13-18 yr. olds at MCPHC



- ❖ Seasonal flu clinics were also held at Meadowood Garden Apartments, Twin Lakes Recreational Center, Shalom, Monroe County United Ministry, St. Paul Methodist Church, La Bonita Restaurant and Market, the Monroe County Fairgrounds and at the MCPHC office.
- ❖ MCPHC applied for and has been awarded a grant from ISDH that will be used to further immunization outreach in 2017.
- ❖ MCPHC worked with the Medical Reserve Corp (MRC) and the preparedness team to plan and implement a drive-through flu clinic Point of Dispensing (POD) at the Monroe County Fairgrounds.



## SERVICES PROVIDED BY MCPHC

- ❖ Health Screenings
- ❖ Hemoglobin testing
- ❖ Injections with prescription

- ❖ Titers
- ❖ Adult and childhood immunizations
- ❖ Communicable disease investigations and surveillance
- ❖ TB testing
- ❖ TB case management
- ❖ Health education and information
- ❖ Emergency preparedness participation
- ❖ Lead screenings and case management
- ❖ Lice checks and treatment supplies
- ❖ Chronic disease prevention and education
- ❖ Wellness including blood pressure checks, blood glucose, lipid profiles and hemoglobin A1C for diabetes screening.

### SUMMARY OF 2016 PERFORMANCE INDICATORS

Total Encounters	4,941
TB	
TB Mantoux test given	352
Direct Observed Therapy Visits	219
County Funded Chest X-rays	8
Immunizations	
Total Patients	1,646 (not including MMR at IU)
Total Immunizations	2,706
Total Influenza Vaccine	929
Communicable Disease Investigations	257
Testing/Screening	
Blood Pressure	108
Hemoglobin A1C	166
Cholesterol/Lipid Panel	85

### COMMUNICABLE DISEASE REPORT

Condition	Cases Started	Cases Submitted	Not a Case	Suspect Cases	Probable Cases	Confirmed Cases	Open Cases	Closed Cases
Campylobacteriosis	<5	<5	0	0	0	3	0	<5
Carbapenemase-producing Carbapenim-resistant Enterobacteriaceas (CP-CRE)	5	5	<5	0	<5	<5	0	5
Cryptococcus	<5	<5	0	0	<5	<5	0	<5
Ehrlichiosis	<5	<5	<5	0	0	0	0	<5
Giardiasis	5	7	0	0	0	5	0	5
Hepatitis A	0	0	0	0	0	0	0	0
Hepatitis B	31	31	7	1	16	7	1	30
Hepatitis C	148	156	0	1	54	78	1	147
Histoplasmosis	<5	<5	<5	<5	0	<5	<5	<5
Legionellosis	<5	<5	0	0	0	<5	0	<5
Lyme Disease	8	5	6	2	0	0	0	8

Mumps	113	113	26	0	11	75	0	113
Pertussis	0	0	0	0	0	0	0	0
Rocky Mountain Spotted Fever	<5	<5	<5	0	0	0	0	<5
Salmonellosis	7	8	0	0	0	7	0	7
Shiga-toxin producing E. Coli	5	5	<5	<5	0	<5	0	5
Streptococcus Group A	<5	<5	0	0	0	<5	0	<5
Streptococcus Group B	<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	7	7	<5	0	0	<5	0	7
Vibriosis	0	<5	0	0	0	0	0	0

\*For confidentiality reasons, numbers less than 5 are stated as such and exact numbers are not provided.

### 2016 GOALS

- ❖ **Increase the number of publicly funded doses by 50% of Tdap administered to qualified clients from 20 doses given from July 2014 to June 2015 to 30 doses from January 2016 to December 2016.**
  - Met – 78 given
- ❖ **Increase the number of publicly funded doses of Hepatitis A and Hepatitis B by 25% given to those who qualify from 9 given from July 2014 to June 2015 to 11 from January 2016 to December 2016.**
  - Met – 60 given
- ❖ **Increase the number of publicly funded doses of HPV by 100% given to those who qualify from 6 given from July 2014 to June 2015 to at least 12 from January 2016 to December 2016.**
  - Met – 18 given
- ❖ **Offer influenza vaccinations by MCPHC staff to all elementary and middle school students in the RBB and MCCSC school districts at school-based clinics during the 2016-2017 flu seasons.**
  - Met
- ❖ **Conduct a preparedness exercise with MRC members during the 2016-2017 flu season.**
  - Met
- ❖ **Give access to MyVaxIndiana to at least 150 individuals by December 2016.**
  - Met – 301 added
- ❖ **Develop at least three initiatives around infant mortality by December 2016.**
  - Met

## GOALS FOR 2017

### Quality/Safety -

- ❖ **Goal:** The percent of excellent (5) on patient satisfaction surveys for the MCPHC will be 90% and will be averaged quarterly.

### Service -

- ❖ **Goal:** The MCPHC will increase the number of 13-18 year old clients who have completed the HPV vaccinations series from 39% to 41% by December 2017.
- ❖ **Goal:** The MCPHC will offer influenza vaccinations by MCPHC staff to all elementary and middle school students in the RBB and MCCSC school districts at school-based clinics during the 2017-2018 flu seasons.
- ❖ **Goal:** The MCPHC will conduct a preparedness exercise with MRC members during the 2017-2018 flu season.
- ❖ **Goal:** The MCPHC will give access to MyVaxIndiana to at least 150 individuals by December 2017.

### People -

- ❖ **Goal:** The MCPHC will hold three staff meetings each quarter in 2017.

### Education/Research -

- ❖ **Goal:** MCPHC will hold monthly educational staff in-services during regular staff meetings that will take place with rotating staff responsibilities to include at least 10 topics in 2017.

### Finance/Growth -

- ❖ **Goal:** MCPHC will maintain expenses within 2% of the 2017 budget.
- ❖ **Goal:** The MCPHC will conduct two infant mortality prevention events outside of the clinic, educating the public and offering immunizations or immunization information at each event by December of 2017.





## **Prenatal Care Grant 2016 Contract Report**

Grant Amount: \$10,000 / Disbursed: \$15,400\*

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. Typically, the women that do not qualify for state pregnancy Medicaid are either non-citizens, or undocumented Latino women. 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.

During 2016, \$15,400 from this grant was disbursed to Dr. John Labban. These funds made it possible for 15 women to have essential services for their pregnancy. Fourteen of these women received prenatal care through their full-term deliveries; one woman was referred part of the way through her pregnancy and, thus, received partial prenatal care. Full prenatal care includes, as appropriate, prenatal office visits, health assessment, prenatal vitamins, nutrition consultation, social work services, routine prenatal lab tests, sonogram testing if necessary, and post-partum office visits as needed.

Over the past several years the number of women served has varied, as follows:

2009 - **17**; 2010 - **18**; 2011 - **17**; 2012 - **14**; 2013 - **12**; 2014 - **20** 2015 - **10**; 2016 - **15**

In addition, because IU Health no longer offers free labs or radiology to people ineligible for insurance, VIM paid for an additional 10 ultrasounds that, previously, would have been provided by the hospital. These ultrasounds are being done at Dr. Labban's office at a generously discounted rate of \$100 each. Since we could see that we would exceed the allotted \$10,000 grant during 2016, ultrasounds were funded through a donation received specifically to help offset expenses incurred as a result of the revised IUH Financial Assistance Policy.

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 dark 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  
December 15, 2016

MONROE COUNTY  
HEALTH DEPARTMENT

# 2016 Annual Report

Monroe County  
Health Department



Find us on  
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@Facebook.com/MoCoHealth

119 West Seventh Street  
Bloomington, Indiana 47404

<http://www.co.monroe.in.us/tsd/Community/HealthDepartment.aspx>

Monroe County  
Health Department



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