



MONROE COUNTY HEALTH DEPARTMENT



2015

Annual Report

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

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

Values: Accountability • Empowerment • Excellence • Professionalism • Respect

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(President)

Iris Kiesling
(Vice President)

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Marty Hawk

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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	Disease Intervention Specialist
Miranda Ettinger	Disease Intervention Specialist Assistant (PT)
Simeon Baker	Sr. Environmental Health Specialist
Sydney Strader	Environmental Health Specialist
Steven Barajas	Sanitarian (PT)
Sandy Wallace	Food Sanitarian
Robert Allen	Food Sanitarian (partial year)
Nicole Wagner	Food Sanitarian
Liana Retzner	Environmental Health Assistant (PT)
Kathy Hewett	Health Educator / Accreditation Coordinator
Grace Adams	Health Educator
Barbara Sturbaum	Accreditation Assistant (PT)
Grace Whitehouse Alva	Public Health Coordinator (partial year)
Gary Cain	Public Health Coordinator
Lydia Goodin	Vital Statistics Registrar (partial year)
Teresa Benassi	Vital Statistics Registrar
Marcia Anderson	Vital Statistics Assistant Registrar (partial year)
Jamie 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)
Megan Harris	Soil Scientist Assistant (PT)

FUTURES FAMILY PLANNING CLINIC STAFF

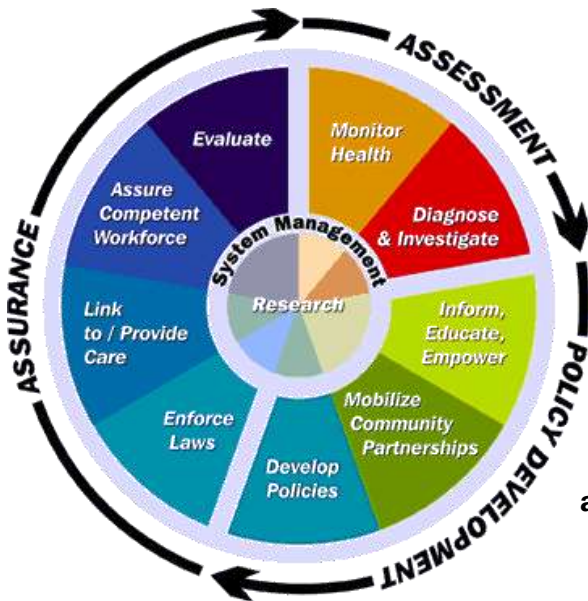
Liz McGlothlin	Family Nurse Practitioner
Lauretta Ionoff	Licensed Practical Nurse
Chris Husted	Clinic Manager
Scott Stowers	Certified IN Navigator (PT)

Health Department			Health Officer					
			↓					
		Deputy *	Administrator	Public Health Clinic				
		Administrative Assistant (PT)						
								Medical Director
Wastewater	Environmental Health	Foods	Vital Records	Education	STD	PHP	Futures	』
Lead Wastewater Sanitarian	Sr Environmental Health Specialist (EHS)	*Lead Food Sanitarian	Registrar	Lead Health Educator	Disease Intervention Specialist (DIS)	Public Health Coordinator	Clinic Manager	』
Wastewater Sanitarian	Environmental Health Specialist (EHS)	Food Sanitarian	Assistant Registrar	Health Educator	Disease Intervention Specialist Assistant (PT)	Public Health Preparedness Assistant (PT)	Nurse Practitioner	
Soil Scientist (PT)	Sanitarian (PT)	Food Sanitarian	Assistant Registrar	Accreditation Assistant (PT)			LPN	
Soil Scientist Assistant (PT)		Environmental Health Assistant (PT)	Data Entry Clerk (PT)				Certified IN Navigator (PT)	
		* Serves as Administrative Deputy						
		yellow = grant funded positions						
		NOTE: PT positions may change based on duties assigned thereby altering direct supervision						
		』 = indirect or partial supervision ie NP supervises medical care in clinic CM supervises schedules and clinic management tasks						

The 10 Essential Public Health Services

What are the 10 Essential Public Health Services?

These 10 Essential Services, as seen in the “public health wheel” on the left and as listed below, are the framework used in the public health system assessment tool. These are the services that we use to assess how well we are performing and providing to our community.



The 10 Essential Services of Public Health provide the benchmarks for how the local health department will meet its mission as listed on the front cover of this annual report. The essential services fall into three basic assurances:

- 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.
- 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 details about the 10 Essential Services:

<http://www.cdc.gov/nphpsp/essentialServices.html>

10 ESSENTIAL PUBLIC HEALTH SERVICES

1. **Monitor health status** to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize community partnerships** to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link people to needed personal health services** and assure the provision of healthcare when otherwise unavailable.
8. **Assure a competent public health and personal health care workforce.**
9. **Evaluate effectiveness, accessibility and quality** of personal and population-based health services.
10. **Research for new insights** and innovative solutions to health problems.

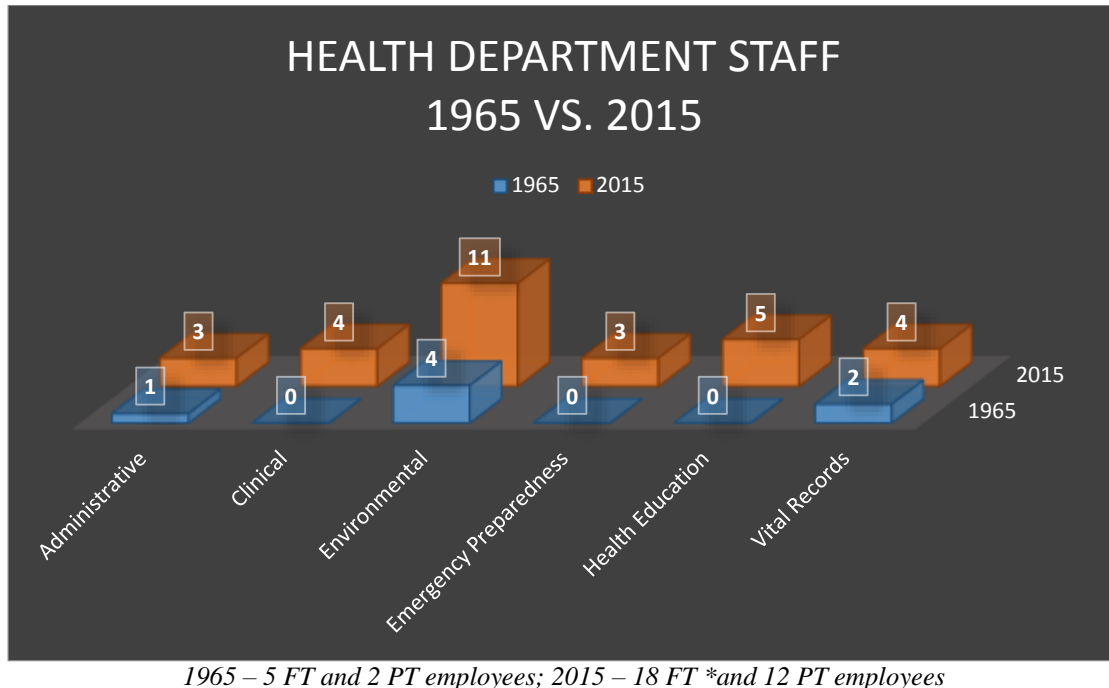
QUALITY IMPROVEMENT ACTIVITIES

- Food Protection licensing procedures
- Credit card processes
- Internal Outlook calendar use to improve communications

FORWARD

The 2015 Monroe County Health Department Annual Report marks the 50th anniversary of this exceptional department.

The concept for this department actually began more than 50 years ago thanks to the efforts of the Monroe County Community Council, an organization that was composed of delegates from several agencies in the community, and James Goodpasture who was Chairman of the Board of Health until 1967. The Monroe County Health Department officially opened January 1st, 1965.

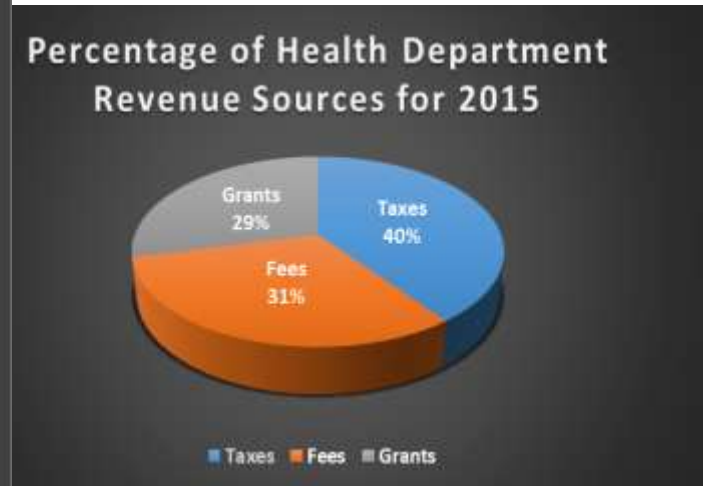


When the Department was first organized, it consisted of five full time and two part time employees. The total budget that first year was \$44,787.20. Today, the health fund budget exceeds \$1,000,000.00 enabling the hiring of 14 full time and four part time employees. Grant funds* such as a Comprehensive HIV Prevention grant from the Indiana State Department of Health (ISDH), the Indiana Trust Account Fund, the Local Health Maintenance Fund, the MRC NACCHO Grant, the Bio-Terrorism Grant, grants funded through the Indiana Family Health Council and local grants have enabled the hiring of four additional full time and eight additional part time employees. This totals 18 full time positions and twelve part-time positions serving the County with a population that exceeds 140,000 people. While the Health Department has certainly grown since 1965, the average number of local health department employees in Indiana is 18.5 FTE per 100,000 people compared to 48.6 FTE nationally, so there is a growing need for more public health employees in Monroe County which has 22 FTE.

Nursing services for the department are currently provided by Indiana University Health, Bloomington - Community Health Services. In 2006, the Indiana Family Health Council (IFHC), which administers Federal Title X funding from the federal office of Population Affairs, approved a grant application from the Department to open and operate a family planning clinic. Futures Family Planning Clinic is located in the lower level of the Health Department and continues to thrive serving 865 unduplicated clients in 2015.

FEES

The Monroe County Health Department charges a fee for services to those that the department regulates and inspects. In 2015, health fund fees amounted to over \$ 461,900. Fees related to grants accounted for over \$ 48,000. Grant revenue was over \$ 425,000. Approximately 60% of the revenue earned was generated from fees and grants.



HEALTH BOARD

A seven member Board of Health appointed by the County Commissioners governs the department. 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 2015. Board meetings are open to the public and input from the staff and public is welcomed and encouraged.

The Monroe County Health Department appreciates the public health contribution of all who gave their time, expertise or other help in our pursuit of a healthier community.

2015 DEPARTMENT GOALS

- **The department will complete a Community Health Assessment (CHA) with community partners by September 2015.**
 - Met - The CHA was started in 2015 with a survey and community conversations and intercept interview. This was completed by September 2015.
However, the final data analysis is to be released in spring 2016.
- **The department will begin gathering documentation by March 2015 that is related to the 10 essential services in preparation for accreditation.**
 - Met – Staff training related to needed documents completed and ongoing; documentation is being collected.

DEPARTMENT GOALS FOR 2016

- **Goal: By September 2016, the department will have revised the continuity of operations plans by section.**
 - Objective: By July 2016 the PHC will present the format for each section to use in developing/revising their COOP during an in-service training. Each section will then develop and present their plans during in-services conducted; to be completed by November 2016.
- **Goal: By December 2016, interdepartmental guidelines will be set and reviewed identifying how to manage shared electronic files for the department.**
 - Objective: Each section will begin to search documents for duplicates and organize their respective folders by July 2016. Section Leads, Administrative staff and TSD will develop basic guidance by September 2016.

2015 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
Births	\$6,090.00	\$6,570.00	\$7,477.00	\$6,220.00	\$6,636.00	\$6,736.00	\$7,888.00	\$6,496.00	\$6,192.00	\$5,740.36	\$4,800.00	\$5,600.00	\$76,445.36
Deaths	\$11,281.40	\$8,282.73	\$11,049.13	\$9,338.00	\$8,613.50	\$5,526.50	\$7,848.75	\$7,561.75	\$7,829.50	\$9,506.00	\$8,806.00	\$8,148.00	\$103,791.26
Genealogical Research	\$15.00	\$15.00	\$15.00	\$122.00	\$30.00	\$15.00	\$30.00	\$60.00	\$0.00	\$0.00	\$15.00	\$120.00	\$437.00
Inspection	\$100.00	\$150.00	\$300.00	\$600.00	\$200.00	\$400.00	\$400.00	\$100.00	\$0.00	\$400.00	\$200.00	\$600.00	\$3,450.00
Septic Permit Application	\$2,925.00	\$4,475.00	\$3,585.00	\$5,575.00	\$6,000.00	\$5,600.00	\$4,050.00	\$3,825.00	\$3,975.00	\$3,525.00	\$1,800.00	\$3,175.00	\$48,510.00
Septic Installer Certification	\$100.00	\$2,200.00	\$800.00	\$200.00	\$300.00	\$300.00	\$350.00	\$100.00	\$300.00	\$300.00	\$350.00	\$0.00	\$5,300.00
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	\$52,160.00	\$44,375.00	\$20,295.00	\$33,090.00	\$6,995.00	\$3,160.00	\$5,025.00	\$3,000.00	\$3,625.00	\$3,900.00	\$2,600.00	\$1,375.00	\$179,600.00
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	\$12,875.00	\$2,950.00	\$3,580.00	\$11,500.00	\$800.00	\$275.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,980.00
Campground Permit	\$0.00	\$0.00	\$460.00	\$2,960.00	\$1,935.00	\$495.00	\$170.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,020.00
Trash Hauler Permit	\$450.00	\$50.00	\$750.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,300.00
Miscellaneous	\$151.40	\$47.00	\$195.00	\$42.00	\$77.00	\$63.00	\$80.00	\$40.00	\$38.00	\$15.00	\$22.00	\$56.00	\$826.40
Notary Fee	\$12.00	\$10.00	\$6.00	\$12.00	\$10.00	\$4.00	\$20.00	\$14.00	\$4.00	\$8.00	\$8.00	\$10.00	\$118.00
Paternity Affidavit	\$201.00	\$272.00	\$364.00	\$241.00	\$196.00	\$160.00	\$256.00	\$322.00	\$183.00	\$239.00	\$183.00	\$331.00	\$2,948.00
Photocopying Fees	\$2.75	\$0.00	\$1.00	\$6.00	\$1.20	\$0.70	\$4.40	\$3.70	\$5.30	\$9.00	\$0.00	\$0.00	\$34.05
Home Births	\$54.00	\$0.00	\$187.00	\$27.00	\$27.00	\$81.00	\$77.00	\$25.00	\$81.00	\$54.00	\$81.00	\$54.00	\$748.00
Amendment Affidavit	\$64.00	\$74.00	\$10.00	\$81.00	\$104.00	\$40.00	\$74.00	\$111.00	\$74.00	\$57.00	\$37.00	\$37.00	\$763.00
Bank Fees	-\$55.50	-\$37.45	-\$25.55	-\$35.70	-\$9.45	-\$3.50	-\$14.70	\$0.00	-\$1.50	\$0.00	\$0.00	\$0.00	-\$183.35
NSF Checks	-\$140.00	\$70.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$84.00	-\$129.00
Adjustments	-\$50.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$50.79
SUB-TOTAL	\$86,235.26	\$69,503.28	\$49,048.58	\$70,028.30	\$31,915.25	\$22,852.70	\$26,283.45	\$21,658.45	\$22,305.30	\$23,753.36	\$18,902.00	\$19,422.00	\$461,907.93
CORONER FEES	\$1,735.60	\$1,274.27	\$1,699.87	\$1,334.00	\$936.15	\$789.50	\$1,121.25	\$1,080.25	\$1,118.50	\$1,358.00	\$1,258.00	\$1,164.00	\$14,869.39
FAMILY PLANNING CLINIC	\$857.89	\$1,943.42	\$2,449.72	\$1,899.28	\$4,530.03	\$5,168.39	\$5,640.40	\$3,927.17	\$5,547.96	\$4,994.37	\$5,710.20	\$5,525.76	\$48,194.59
TOTAL	\$88,828.75	\$72,720.97	\$53,198.17	\$73,261.58	\$37,381.43	\$28,810.59	\$33,045.10	\$26,665.87	\$28,971.76	\$30,105.73	\$25,870.20	\$26,111.76	\$524,971.91

HEALTH FUND

	INCOME	DISBURSEMENTS
TAX DRAWS	\$587,577.93	TOTAL 2015 DISBURSEMENTS
GRANTS	\$69,793.90	\$984,005.86
FEES	\$461,907.93	
MISCELLANEOUS RECEIPTS	\$1,349.97	CASH BALANCE
TOTAL INCOME	\$1,120,629.73	December 31, 2015
		\$730,879.18



Disease Intervention

The Monroe County Health Department continued to receive a Sexually Transmitted Disease Prevention Grant from the Indiana State Department of Health (ISDH) in 2015 that covers disease intervention services for a 12 county area. The ISDH district 7 is made up 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 2015 calendar year, Monroe County employed one full-time Disease Intervention Specialist (DIS) and one part-time DIS assistant. The DIS assistant was hired in late 2014 and was trained during early 2015. In 2015 the Monroe County DIS also assisted with the intervention efforts during the HIV outbreak that occurred in southern Indiana, when the assistance of other statewide DIS was requested to respond to the outbreak.

SURVEILLANCE

The STD Program monitors disease morbidity as reported from hospitals, physicians and laboratories. The ISDH 2015 preliminary data for district 7 shows that chlamydia cases have remained relatively steady when compared to previous years, as can be seen in the “STD Rates by Year” graph. Chlamydia accounted for approximately 85% of the total morbidity of STDs investigated and women made up approximately 71% of the total chlamydia morbidity. Gonorrhea cases increased significantly with 59 more cases than 2014. Gonorrhea cases made up about 14% of the total morbidity of STDs reported. Syphilis cases increased substantially during 2015. While syphilis case totals remained stable during the years 2012-2014, there were 15 more cases of syphilis in 2015 than there were in 2014. Of the 29 reported cases of syphilis in 2015, 21 cases were determined to be early syphilis classified as less than a year in duration. In 2014, 6 of the 14 cases were determined to be less than a year in duration.

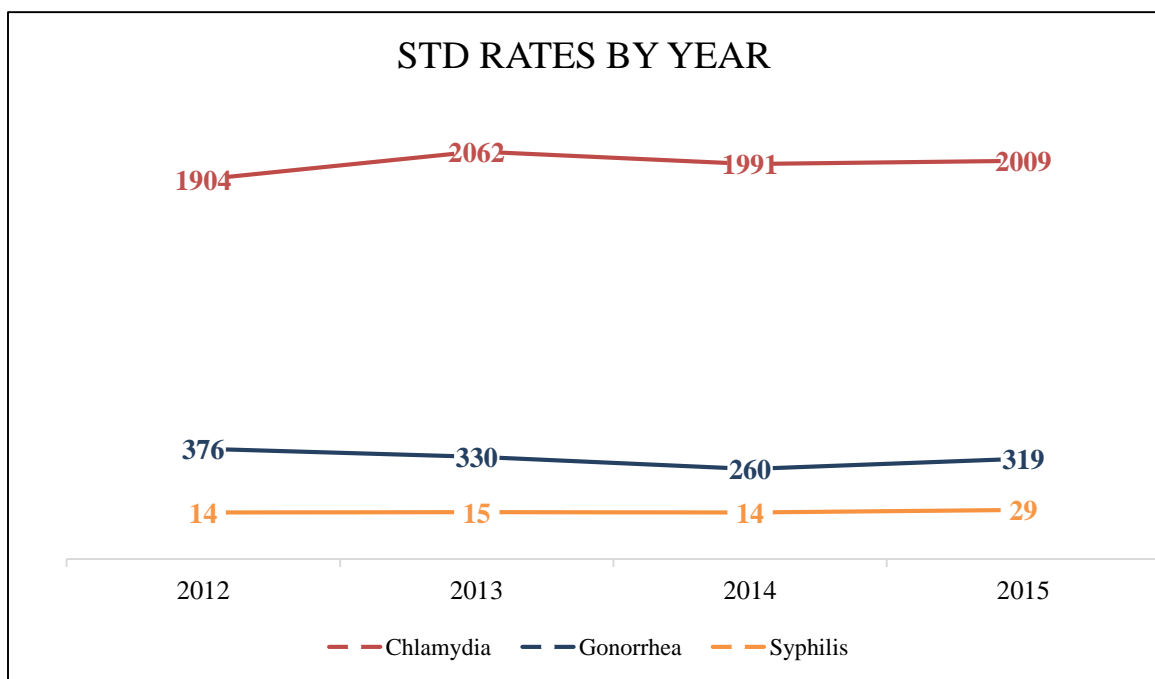
2015 Surveillance Data Overview for Indiana STD District 7**

DIAGNOSIS	FEMALE	MALE	TOTAL
CHLAMYDIA	1436	572	2009
GONORRHEA	133	186	319
SYPHILIS	*	*	29**
TOTAL	1569*	758*	2357

*Preliminary data has numbers obscured for confidentiality purposes

**Cases include 21 cases of early syphilis

Note: All data from this chart is preliminary data for 2015 as of March 2016 and subject to change.



CASE DETECTION THROUGH SCREENING

The Disease Intervention Specialist provides education and chlamydia, gonorrhea, syphilis and HIV testing to those persons deemed at high risk of disease, such as partners or associates to cases. The department also works closely with Positive Link, another ISDH funded program, to ensure that testing is available to individuals within the community. During 2015, the DIS partnered with Positive Link to offer monthly STD testing at a local bar.

CASE FOLLOW-UP

The Disease Intervention Specialist tracks sexually transmitted disease through case investigation, outreach and use of epidemiology. Cases are prioritized by risk to the public's health. In general, cases involving HIV and syphilis 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.

2015 GOALS

- The DIS will develop PowerPoint presentations to use as future resources for the department by December 31, 2015. These presentations will be used to educate the community, leaders, and other programs within District 7. These presentations may also be used for classroom education.
 - Met
- The program will work with ISDH and fellow districts to update district 7 protocols for using social media websites and phone apps, such as Facebook and other messengers, to be completed by December 31, 2015.
 - Met

GOALS FOR 2016

- **Goal:** The DIS will develop an organizational system for documents and patient records in order to streamline DIS record keeping by December 31, 2016.
- **Goal:** The DIS will increase syphilis retesting efforts during the 2016 calendar year by contacting at least 75% of 2015 syphilis cases without follow-up testing on file to offer them a retest. Retesting is important to make sure a patient has not been re-infected, and to help discern between what is an old or new infection.
- **Goal:** In order to test and treat people with chlamydia and gonorrhea who otherwise might not be able to access testing, the DIS will perform at least 300 chlamydia and gonorrhea tests on high-risk populations by December 31, 2016. This is a higher number than the typical allotment given to the district 7 DIS in previous years.

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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 section handles a variety of complaints and concerns within the community. Over the summer, a new protocol was implemented which recommends recording and follow up for all environmental complaints and consultations, even if the situation does not warrant a site inspection. This new procedure allows the Health Department to track the types and volumes of various complaints and consultations that come through the Environmental Health section. This will help the Department to establish a baseline volume of complaints in the community and determine when these levels rise above normal.

As demonstrated in Figure 2, the Environmental Health section receives the most complaints or questions in the areas of indoor air quality and pest and vector control. When broken down by primary complaint, it becomes apparent that mold is easily one of the biggest concerns. Almost a full half of the 50 recorded complaints were calls about mold, especially in rental housing. Solid waste and bed bugs were next with six complaints or consultations each. See *Training, Education, and Referrals* for information on how these problems are being addressed.

Prior to August of 2015, complaints were tracked only when site investigations were necessary. Of this type, there were 10 vector-based complaints, 9 of which were for mosquitos.

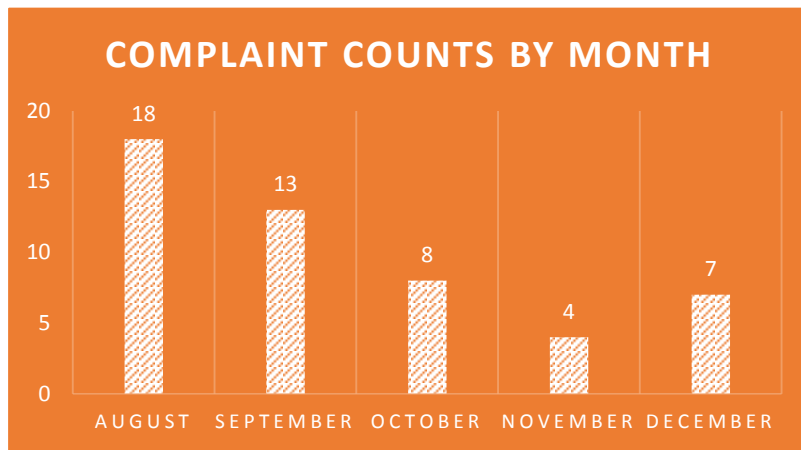


Figure 1. Number of complaints recorded in all categories by month in the Environmental Health section since implementing new reporting and recording procedures.

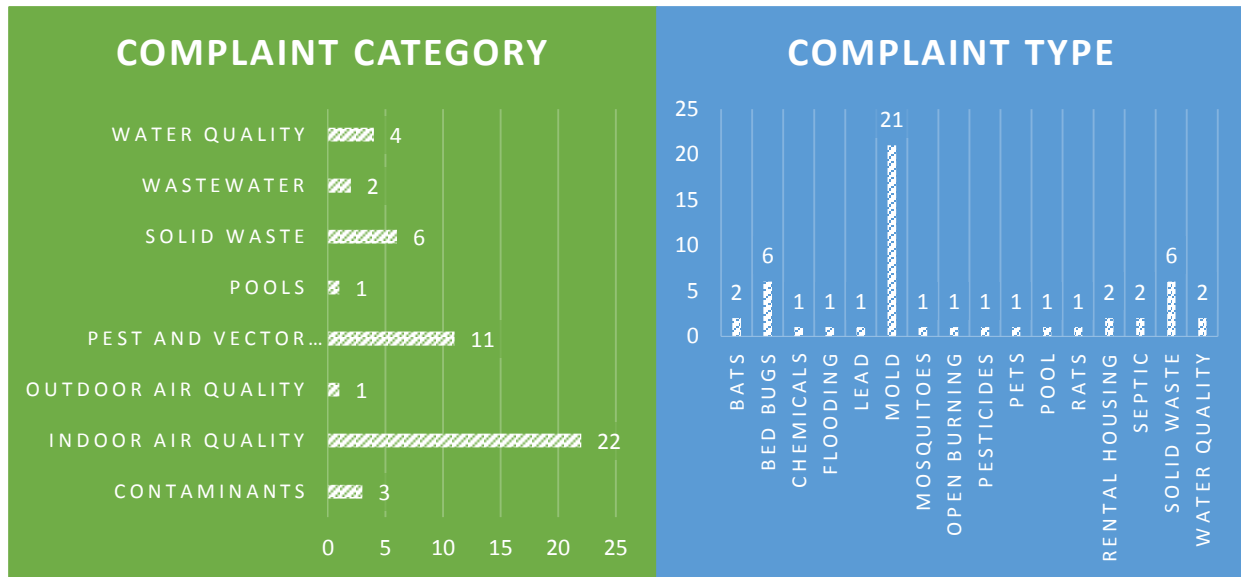


Figure 2. Counts of complaint or consultations by general category (left) and broken down into primary complaint (right) from August to December 2015.

PERMITS AND INSPECTIONS

The Environmental Health section 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 2015, permits were issued for 112 recreational water facilities, 6 solid waste facilities, and 64 refuse haulers. See Figure 3 for more information on inspections, closures and water sample statistics for Monroe County pools.

A number of “high-risk” pool facilities were identified from inspection data. These pool facilities are defined as having 25% or more closures as the result of inspections.

Based on data from 2013-2015, it was found that a pool facility with an increased number of inspections in one year is much more likely to experience a decrease in the number of closures and unsatisfactory water samples the following year. While both high-risk and non-high risk pool facilities appear to benefit from an increased number of inspections, high risk pools do not seem to benefit as much as non-high risk pools.

Increased Inspections	Closures Upon Inspections	Unsatisfactory Water Samples
<i>All Pools</i>	3.87x times less likely	1.5x less likely
<i>High Risk Pools</i>	1.69x less likely	1.13x less likely
<i>Non-High Risk Pools</i>	5.56x less likely	1.59x less likely

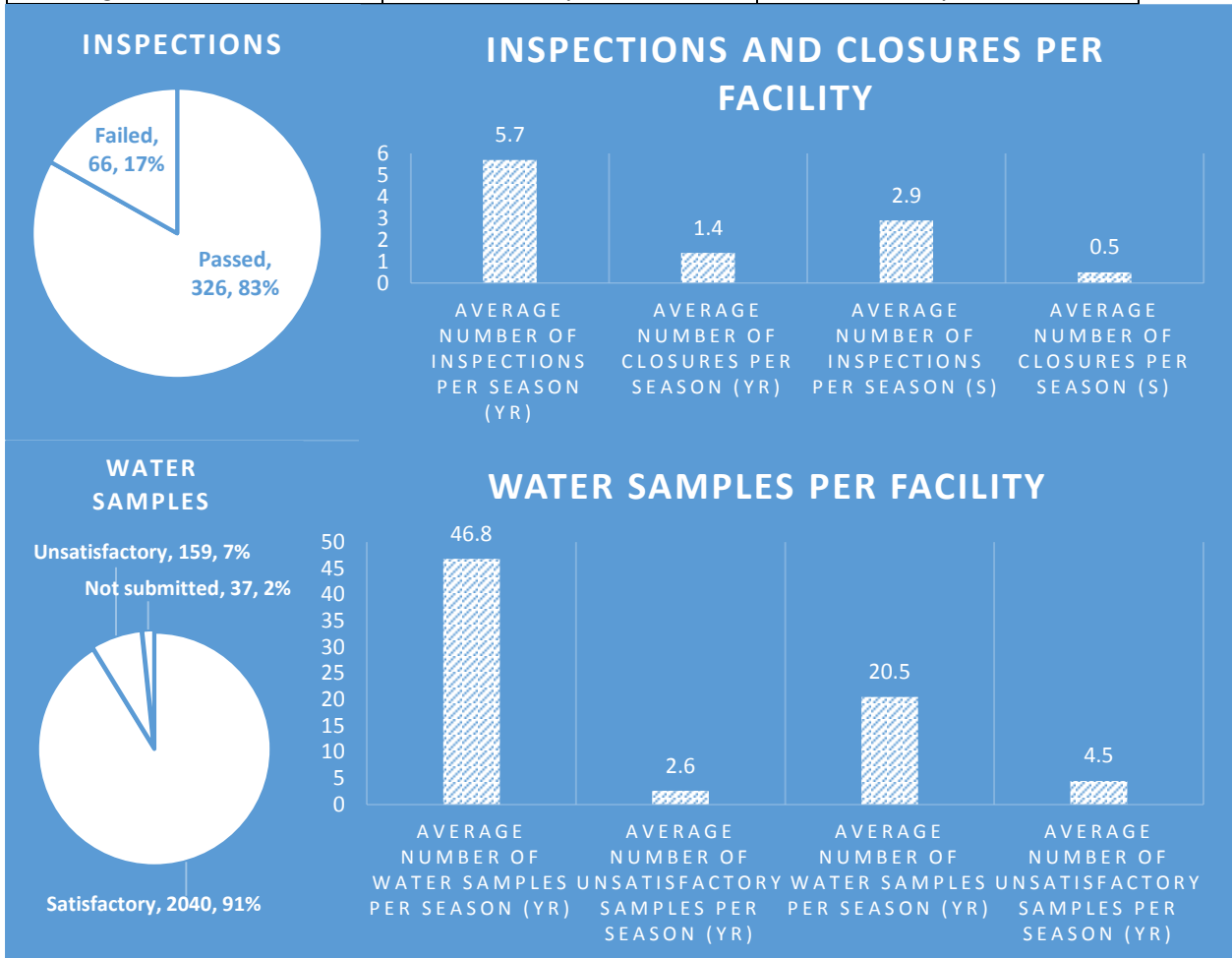


Figure 3. The percentage of inspections passed vs. inspections where the pool was closed (top left), the average number of inspections per season and closures per season per recreational water facility (top right), the percentage of water samples that were satisfactory, unsatisfactory, or not submitted (bottom left), and the average number of water samples submitted and unsatisfactory water samples per facility per season.

REPORTS AND SERVICES

The Environmental Health section monitors, reports on, and provides services for a wide variety of environmental health concerns.

PCBS - The PCB status in Monroe County continues to be monitored. The following information comes from the *Update on Activities for Lemon Lane, Neal's Landfill, and Bennett's Dump* from the EPA.

The United States Environmental Protection Agency continues overseeing work at three Superfund sites in Bloomington, IN, 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.

Lemon Lane Landfill

EPA recently completed a five-year review of the cleanup at the Lemon Lane Landfill Superfund site. The review was required because contamination remains at the site at levels that require use of and exposure to the site to be restricted. The purpose of the review is to determine if the site cleanup will continue to be protective of people and the environment. This is the third five-year review for the site. The results of this review determined that the site is protective now that all of the cleanup components have been completed. The last component, instituting deed restrictions limiting use of the site, was completed in August 2014. Cleanup of this site included:

- Removing PCB-contaminated material and putting a cover over the landfill.
- Building a water treatment plant to treat contaminated spring water from Illinois Central Spring (ICS).
- Removing contaminated sediment and soil from around the landfill and the ICS treatment plant.
- Disposing the contaminated sediment and soil in an approved landfill off-site.
- Installing fencing around the site and ICS treatment plant.
- Long-term monitoring of water including weekly discharge sampling from ICS water treatment plant.

CBS Corp. continues operation and maintenance activities of the landfill and treatment plant. The treated water from the plant, which meets Indiana water discharge standards, is released to Clear Creek downstream of the site. Groundwater and surface water continue to be monitored.

Bennett's Dump

CBS Corp. is currently in the process of designing a groundwater collection and treatment system for the Bennett's Dump site. EPA anticipates that the system design will be submitted in summer 2016 for EPA review. The design may include the installation of a groundwater trench near the on-site surface water springs to collect groundwater for treatment before it emerges from the on-site springs. The proposed system design will likely involve treating the groundwater with carbon filters to remove PCBs to meet Indiana water discharge standards. The treated water will then be released to Stout's Creek next to the site. EPA expects CBS Corp. to complete construction of the system by fall 2016 and begin operation at that time.

Neal's Landfill

At the Neal's Landfill site, CBS Corp. continues to perform routine operation and maintenance activities at the landfill and on-site treatment plant that was built to collect and treat spring water from the landfill. Water from the treatment plant also continues to be sampled. The treated water from the plant, which meets Indiana water discharge standards, is released to Conard's Branch immediately downstream of the site, which then drains to Richland Creek. Groundwater and surface water continue to be monitored.

Fish Sampling

EPA collected fish samples in fall 2014 and 2015 at various locations in Clear Creek near Lemon Lane Landfill, Stout's Creek near Bennett's Dump, and Conard's Branch and Richland Creek near Neal's Landfill. EPA performed a statistical analysis of historical fish sample results obtained over several years, including the 2014 sampling results. The analysis shows an overall decreasing trend in the concentrations of PCBs in fish, with the greatest decrease in fish closest to

the sites. PCB reductions of 90 percent are evident in sport fish in Clear Creek, Stout's Creek and Richland Creek downstream of the sites.

What's next?

EPA is evaluating its most recent October 2015 fish sample results and will perform an additional statistical analysis including these results. Fish sampling will also continue to be collected for the next few years. EPA will continue to monitor all the sites' maintenance activities including operation of the water treatment plants.

Environmental Site Assessments - Environmental Health 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 2015, 95 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 2015, one lead sampling investigation/risk assessment was completed, one sample was sent in for asbestos testing, and 153 radon tests and/or follow ups were completed. For more information on radon in Monroe County, see the following section.

Radon - In 2015, 153 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. More than 40 tests done in Monroe County were above the 4 pCi/L action level (see Figure 4).

In addition, basic statistical analysis was done to determine whether there was a relationship between radon level and other factors of the home, including age, bedrock type (Figure 5), soil type level of the home that was tested (Figure 6), foundation, etc.

The preliminary results reveal:

- **Home Age** - The percentage of radon tests DONE ON ANY FLOOR both above 4 and above 10 decrease as the age of the home decreases when considering only those decades where there were at least 10 tests completed. (May want to try and fit this using BMDS or SPSS).
- **Home Age & Test Level** - The percentage of radon tests DONE IN BASEMENTS both above 4 and above 10 tends to decrease, but increases sharply in homes built between 2000 and 2009. This could be due to increased weatherization/construction trapping the gas in the basement level.
- **Soil** - The percentage of tests with levels above 4 pCi/L is highest (>50%) for tests done in houses on Caneyville soil, with percentages approaching 50% in Berks-Weikert and Crider as well.
- **Bedrock** - M2 Sanders Group bedrock had the highest average indoor radon level, but more than 2/3 of tests have been done in the M2 Sanders Group bedrock type. M4 and P1 had 2% and <1% of all tests so they were not considered here.
- **Soil & Bedrock** - On average, tests done in M2 bedrock type were higher than tests done in the other two bedrock types when comparing with the same soil type. Caneyville soil had the highest average radon levels in M2 and M3, and the second highest average in M1. Berks-Weikert had the highest average in M1. No one soil type had indoor radon levels consistently above the recommended level of 4 pCi/L.

Number of tests in each radon level category

67	Radon levels < 4 pCi/L
37	Radon levels 4 to 10 pCi/L
13	Radon levels >10 pCi/L

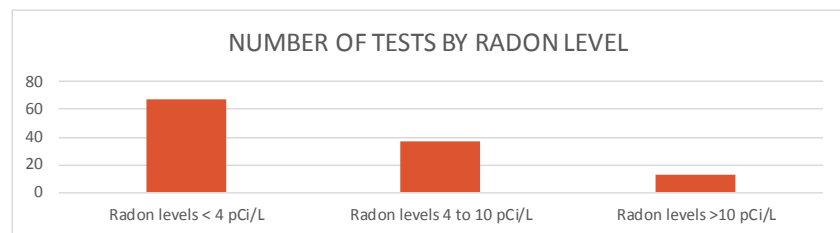


Figure 4. The number of individual tests in each category (<4 pCi/L, 4-10 pCi/L, and >10 pCi/L) in Monroe County in 2015.

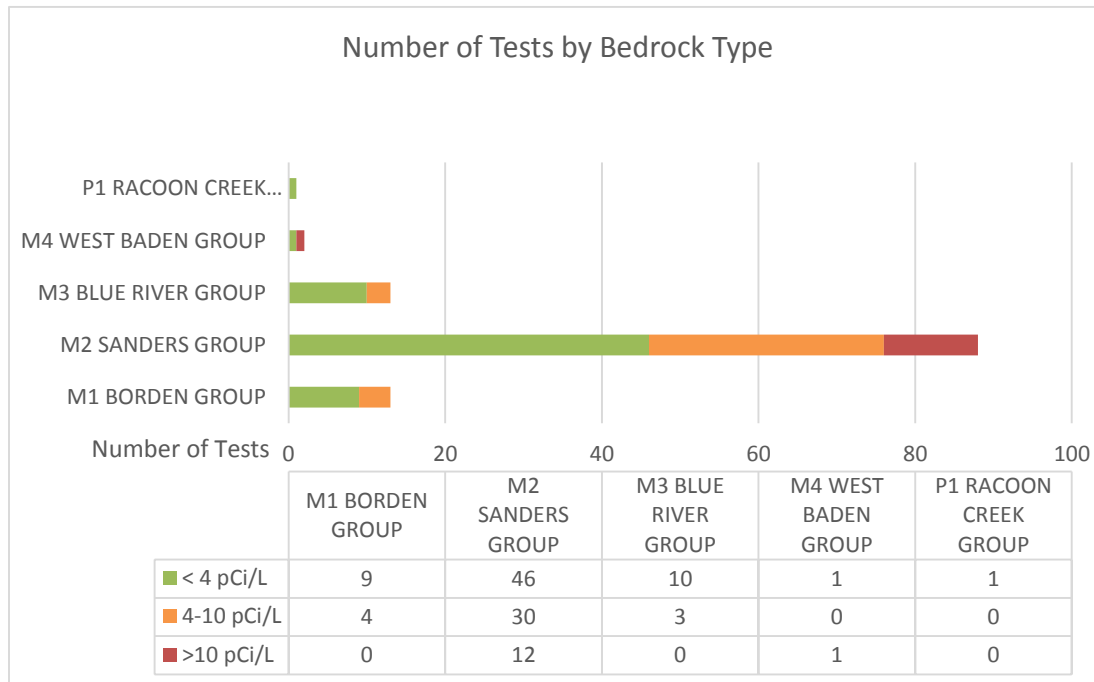


Figure 5. Number of tests in each category (range of pCi/L) broken down by bedrock type associated with the house.

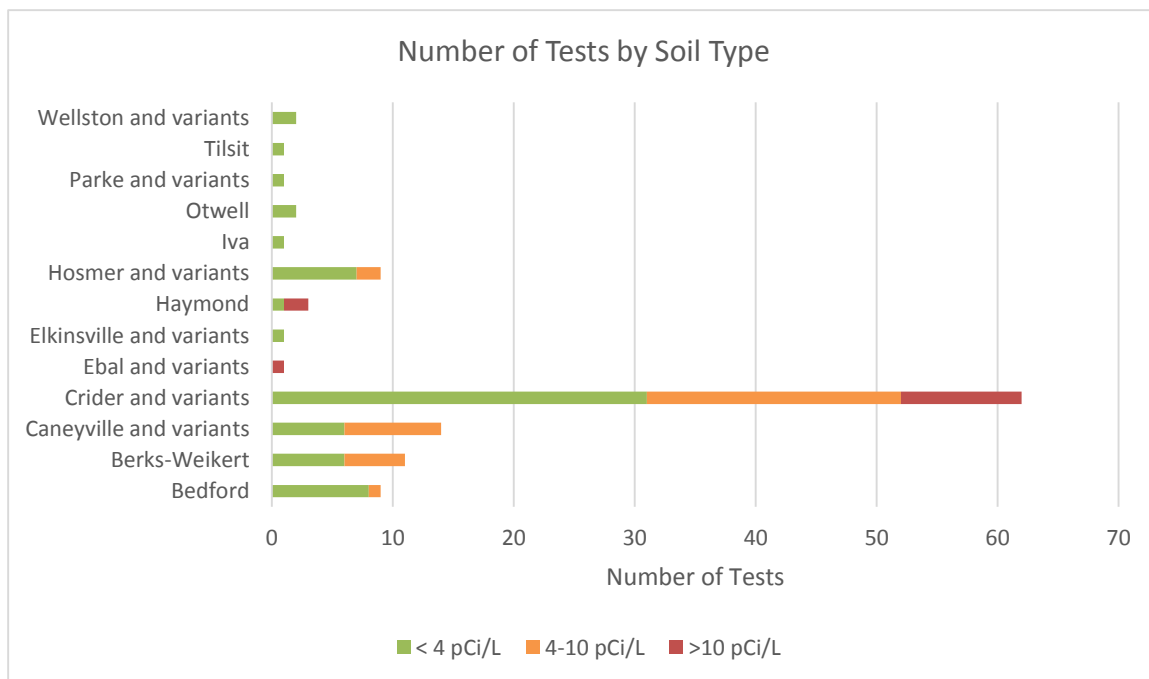


Figure 6. Number of tests in each category (range of pCi/L) broken down by soil type associated with the house. Bedrock type is a potential confounding factor – the soil type may be associated with a particular bedrock in which case the results may be biased.

TRAINING, EDUCATION, AND REFERRALS

For many areas, the Environmental Health 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 and bed bugs and other pests such as rodents and cockroaches will always be present in any community. The Environmental Health 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 Environmental Health 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 - Environmental Health 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 section also provides information and procedures for water sample testing through Dillman.

Solid Waste - The Environmental Health section 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 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.

QUALITY IMPROVEMENT

Mapping - This section has begun basic mapping of complaints, pools, and radon levels. Mapping of radon levels and complaints will allow the Health Department to track the areas in the county that may be higher risk and recognize any “hotspots” as they occur.

Electronic filing and reporting - New electronic fillable forms were developed for complaints, ESA Phase I reports, and inspection documents. This allows for ease of documentation, storage, and searching, and streamlines the processes in which these documents are involved. A Google Drive account was created for the Environmental Health section for mapping and easy sharing and editing of documents.

Permitting procedures - Environmental Health staff have taken responsibility for all permitting procedures for solid waste and pools, including recording of information, creation of permits, and processing of payments. Keeping these processes “in-house” removes burden from Vital Records staff and prevents possible errors due to miscommunication or having other section’s staff undertaking unfamiliar processes.

Documentation - Increased documentation of complaints and consultations in all areas of Environmental Health responsibility will allow for the establishment of baselines, increase recordkeeping for posterity, and improve overall surveillance. Increased documentation of standard operating procedures will allow for quicker training of new staff, reduce reliance on knowledge and experience alone, and increase consistency.

2015 GOALS

- By May 1, 2015, add reasons for closure in a format in database that may show any trends as to why pool facilities are closed.
 - Met: Check boxes for reasons for closures were added to database. These results can now be queried into lists which easily show frequencies and trends.
 - The goal to send out county pool closure information to pool facilities was not met.
- By October 1, 2015, contact 25% of homeowners whose homes were previously tested by the Health Department with radon levels at or above 10.0pCi/L and offer another test conducted by the department.
 - Met: Contacted eight (8) of thirty-two (32) homes that had radon tests above 10 pCi/L to offer a follow up test. One homeowner did proceed with a retest.

GOALS FOR 2016

- **Goal:** Start an annual newsletter for pools with previous year's information, including closure data by May 1, 2016.
- **Goal:** Log all paper and electronic 2015 complaints into the NERV system by the end of 2016.
- **Goal:** 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.
- **Goal:** 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.



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 2015, there were 691 permitted retail food establishments (restaurants, grocery stores, schools, seasonal, temporary, vending and mobile units); a number that increased by 28 from the previous year. Included in this total were 65 temporary food permits that were issued in 2015 (an increase of 19 from 2014) 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.

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 2015, 96 design reviews were conducted by staff representing a decrease of five from 2014.

Beginning in 2013, plan reviews were also required for mobile food vendors applying for first-time permits. There were 15 new mobile vendors in 2015 (an increase of two since 2014) that required additional staff time for plan reviews.

EDUCATION

Consultations provided by food staff decreased by 541 from 1514 to 973. The decrease 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. One highlight to note is we performed an outreach to Hispanic food service workers in the area of basic food sanitation. An intern taught a food handlers class in Spanish to 25 Hispanic restaurant employees in the community.

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 2015, the food protection staff conducted 1051 inspections (routine, follow up, pre-opening, complaint, construction and special events), a decrease of 140 from the previous year. Staffing changes and an increase in special projects, meetings and trainings was a contributing factor to the decrease in total inspections for 2015. Of the 1051 inspections performed, approximately 91 were special event inspections performed after hours and on week-ends. This was a decrease of 57 inspections.

In 2015 we undertook a quality improvement project for plan reviews and the license renewal process for 2016. Added to this was the Accreditation project, Strategic planning, training of interns and training sessions that increased from 85 to 235 (36%) among the food staff..

COMPLAINTS

There were 101 complaints received and responded to in 2015, an increase of 34 complaints. A complaint log book is now being used to track complaints. 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 2015.

FOOD PROTECTION PROGRAM 2015
(2014 numbers in parenthesis)

Consultations	973 (1514)	Plan Reviews conducted	96 (101)
Routine/Follow up/ Pre-Opening /special event Inspections	871 (1052)	Court Appearance	0
Complaint inspections	101 (67)	Meetings, Special Projects, Trainings	235 (85) +150
Construction/site inspections	79(72)		

2015 GOALS

- Food staff will become trained in Building Department System software by June 2015.
 - Met
- A complete file audit will be conducted on licensed food establishments by March 2015.
 - Met
- By the end of 2015, food section staff will utilize electronic inspection reports.
 - We did not meet this goal as this is an ongoing project that is in its early stages of development.

GOALS FOR 2016

- **Goal:** Within 60 days of obtaining their permit, a newly licensed food establishment will receive a routine inspection. *After a license is issued, the foods data base will be used to track the first inspection.*

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Futures Family Planning Clinic

The Futures Family Planning Clinic 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 a full-time manager, LPN, and one part-time Nurse Practitioner. A Medical Director supervises medical care provided, regularly reviews charting entries, and is available for consultations. A Certified Health Insurance Navigator works within the Health Department to help patients sign up for health coverage. 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.

Patients are on a sliding fee scale, and 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 traditional insurance.

SERVICES PROVIDED

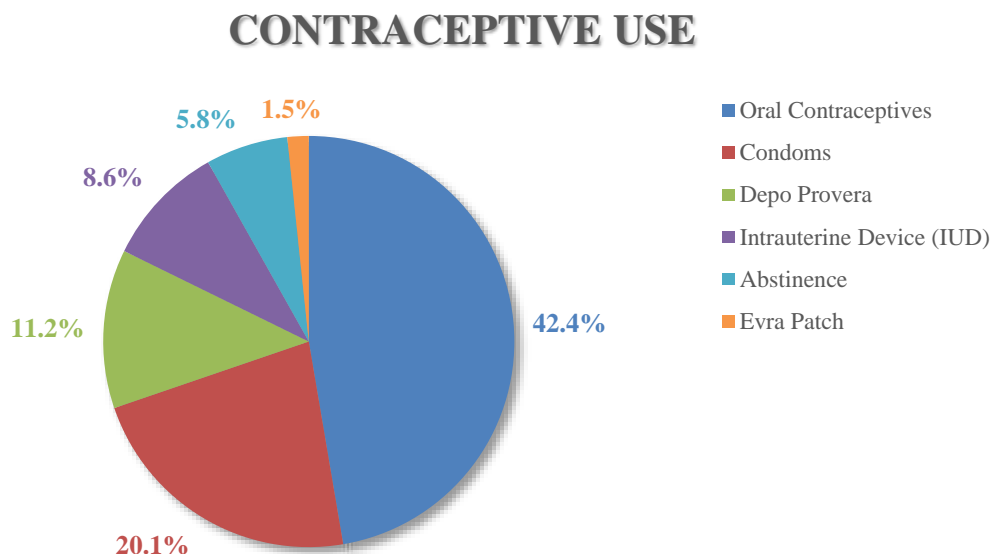
- Gynecological and breast exams
- Reproductive health counseling
- Pap tests and HPV testing if appropriate
- Pregnancy testing and referrals
- Sexually transmitted infection testing and treatment for men and women
- Vaginal infection testing and treatment

SUPPLIES

Futures provides contraceptives to patients at the time of their visit. Contraceptive options include condoms, oral contraceptives (both combination and progestin only), Depo Provera (the shot), intrauterine

devices (IUD), and emergency contraception. The Ortho Evra patch was discontinued by the manufacturer in early 2015, and was provided by the clinic until supplies were extinguished. Abstinence is encouraged where applicable. Medications are available to treat vaginal infections and sexually transmitted infections.

Most patients use oral contraceptives. The following is a breakdown of methods used in 2015:



POPULATION SERVED

The number of unduplicated clients served in calendar year (CY) 2015 was 865. This was a decrease from CY 2014, where 1108 unduplicated clients were served. Challenges in maintaining a Nurse Practitioner job-share with consistent exam time was the primary cause of this reduction. Transitioning to one part-time Nurse Practitioner versus a job-share, in the fall, signifies that client volume is expected to grow in 2016. A Patient Services Assistant (PSA) position was approved in late 2015 which will also provide more consistency in scheduling by offering coverage when a staff member is on vacation or absent. The PSA will assist in the clinic and provide increased community outreach efforts in order to extend our reach to better serve those who need our services.

POVERTY LEVEL

Of the patient population served in 2015, 87.5% fall below 150% of poverty. A full 69% fall below 100% of poverty, and pay no fees for exams or supplies. We have patients who qualify for partial fees (28.1%) and some who do not qualify for our sliding scale, paying full fee (2.9%).

As mentioned, we bill Medicaid and HIP (24.3% of patients) and private insurance (27.7% of patients).

DEMOGRAPHICS

Demographic data from the Indiana State Department of Health 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:

<i>Caucasian patients</i>	<i>African-American patients</i>	<i>Hispanic patients</i>
Indiana – 86.1 %	Indiana – 9.6 %	Indiana – 6.6 %
Futures – 81.2 %	Futures – 15.5 %	Futures – 8.8 %

Futures utilizes interpreters 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 2015, the clinic saw 35 patients who were under age 18 (4% 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 27, when the patient is a contact to an STI, or when the patient has symptoms of an STI. During 2015, Futures did 652 gonorrhea / chlamydia tests. Of those, 16% were positive and received treatment.

Pap tests are done for clients according to the American Congress of Obstetricians and Gynecologists (ACOG) guidelines. Testing begins when the patient turns 21 years old. During 2015, Futures provided 271 pap tests. Of those, approximately 15% 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.

2015 GOALS

- Futures will see 1950 unduplicated patients in 2015.
 - This was unmet (as noted in Population Served).
- Establish full Nurse Practitioner coverage in 2015 to meet unduplicated patient goal.
 - This was unmet, although we did increase NP hours to full coverage in 2015 and expect our unduplicated patient numbers to therefore increase in 2016.
- Futures clinic will increase outreach by participating in, or being represented in, at least four Health Fairs or Community Events in 2015.
 - This was unmet, and challenging due to understaffing.
- Futures will increase the average monthly collection from all sources from \$ 1,700 to \$ 2,100 a month. Sources include patient donations, patient fees, insurance reimbursement and Medicaid reimbursement.
 - This was met and far exceeded. Income for 2015 averaged over \$ 4,000 per month. An increase in billing expertise, as well as having a part-time Certified Health Insurance Navigator on site to help patients sign up for state insurance helped facilitate this.

GOALS FOR 2016

- **Goal:** Futures will increase unduplicated patient numbers to 1200 by the end of CY 2016.
- **Goal:** Clinic will increase outreach by participating in, or being represented in, at least three Health Fairs or Community Events in 2016.
- **Goal:** Futures will organize chart records according to HIPAA standards to maintain confidentiality standards, as well as increasing storage space for other sections.

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Health Education

According to the Society of Professional Health Educators (SOPHE), health educators are a critical component in addressing health issues and inequities in our communities. Health educators work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that promote healthy choices and prevent poor health. Health educators perform many duties such as:

- Conduct research and assess individual and community health needs
- Develop, implement, and evaluate culturally competent education programs
- Build coalitions to mobilize support
- Help create and advocate for policies that improve health
- Educate the community by using a variety of teaching methods and resources
- Develop marketing and media campaigns

The Monroe County Health Educators perform all these and more in their efforts to positively impact health in the community. The educators manage programs such as HOPE Pays, the Medical Reserve Corps, Kids Choice and a tobacco cessation program. They also serve on committees and boards, both to educate and to work toward creating policies that develop long-term shifts toward healthier behaviors.

Some program highlights in 2015 include:

Accreditation: Partnered with Indiana University Bloomington School of Public Health, ACHIEVE, IU Health Bloomington and five health departments to create and send out a survey to collect community input on personal and community health. Received 624 responses out of 2000 mailed in Monroe County. Held four Community Conversation events at area schools to gather residents' perceptions on what impacts local health. Two other Community Conversations were held; one in Spanish and one at the Shalom Community Center.

Syringe Exchange: The Health Education section provides oversight and coordination of the Syringe Exchange Program between the Indiana State Department of Health and the

Monroe County SEP designee, Indiana Recovery Alliance. The department co-wrote the application and provided research and documentation of program need.

Health Education: Held 44 health education/promotional events with 1369+ participants.

Marketing: The department developed a branding policy to be implemented in 2016.

2015 GOALS

- The Education Department will be an integral part of the Community Health Assessment Group completing both the Community Health Assessment and Improvement Plan by December 2015.
 - The Health Department played a large role in the development and implementation of the Community Conversations along with the Community Health Assessment Survey. Delays in the survey launching and in data return from partners pushed back the completion of the final assessment report and Community Health Improvement Plan until 2016.
- Health Educators will teach the Wellness Committee how to implement and manage the “Make a Good Choice” nutrition program for the Monroe County owned vending machines by December 2015.
 - This goal was not met. Review of vending products identified a need for program update before implementation.

KIDS CHOICE



The Kids Choice Program promotes the MyPlate nutrition and Let's Move physical activity initiatives. In 2015, Kids Choice visited Stinesville Elementary, Edgewood Primary School, and the Reserve at Chandler's Glen Apartment Complex a combined total of 30 times. The Kids Choice Blog had a total of 397 website visitors in 2015, up from 299 in 2014.

2015 KIDS CHOICE GOALS

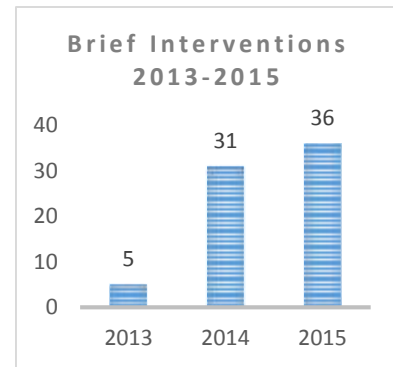
- Promote community knowledge and awareness of Kids Choice programming by using a minimum of three distinct methods of outreach by December 2015.
 - Methods used included Facebook posts, parent/student handouts, Pinterest, and blogging.
- Education staff will work with the Reserve of Chandler's Glen staff to investigate and determine the feasibility of having a weekly summer lesson at the complex by April 30, 2015.
 - Made nine visits in 2015 to the Reserve at Chandler's Glen Apartment Complex during the spring and summer; reached 34 children total.

TOBACCO CESSATION

Monroe County Health Educators are dedicated to providing both individual and group tobacco cessation services to the community. Trained by both the American Lung Association and Indiana University Bloomington Hospital, staff members stay current on information by doing research on new products and by maintaining membership in the Monroe County Tobacco Coalition.

Tobacco Cessation 2015 Highlights:

- Health Educators led the tobacco cessation class at Ellettsville Arby's weekly from August 2015 to December 2015 (16 times total). There was an average attendance of four participants; 18 people attended at least once throughout the duration.
- Tobacco-related brief interventions in 2015, including people engaged during Great American Smokeout event totaled 36.



2015 TOBACCO CESSATION GOALS

- Staff will develop a science based presentation and teaching materials on e-cigarettes for the Monroe County Board of Health by December 2015.
 - Staff did extensive research on electronic nicotine delivery devices (ENDS) and created a “Monroe County Health Department Statement on ENDS” (posted on MCHD website).
 - Staff also held a Lunch and Learn focused on ENDS with guest speaker Brad Wilhelm for all county employees to increase education and awareness.
- Staff will complete an assessment detailing the need of a new community based cessation class, based on community data, conversations with IU Health Bloomington, client input and the Tobacco Coalition members by December 2015.
 - This goal was not met.

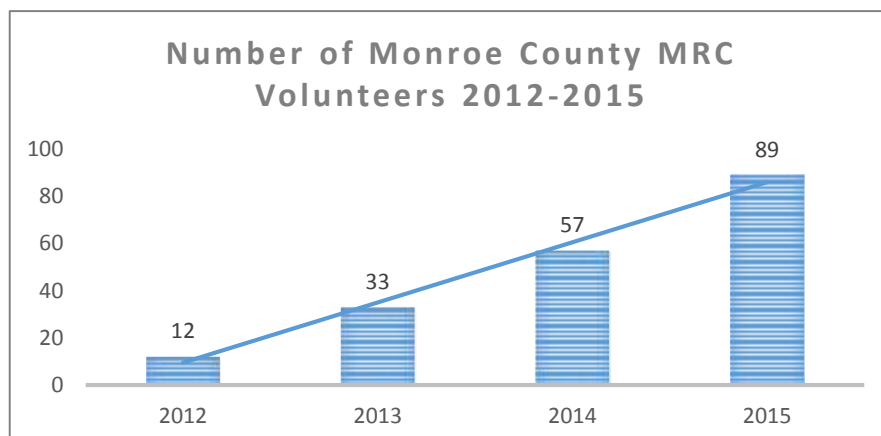
SMOKING COMPLAINTS

On July 1, 2012 the state of Indiana implemented a statewide smoke-free air law. Since its enactment, the Monroe County Health Department has worked diligently to enforce and respond to smoking complaints within the County service area. In 2015, Health Department staff followed up on three smoking complaints.

MEDICAL RESERVE CORPS



The Trust Health Educator is the Monroe County Medical Reserve Corps (MCMRC) Coordinator. The MRC is part of a national network of medical and non-medical volunteers that support health departments by working to improve local emergency response, increase community resiliency, and support public health.



Monroe County Medical Reserve Corps 2015 Highlights:

- Unit was activated during the public health emergency in Scott County and recorded 45 hours of volunteer work.
- Six volunteers assisted during the 2015 Drive Thru Flu Shot POD held by the MCHD.
- Increased number of MRC volunteers on SERV-IN to 89, up from 57 in December 2014.



2015 MONROE COUNTY MRC GOALS

- MRC staff will contact email subscribers not registered on SERV-IN once a quarter to increase SERV-IN registration so they can be contacted in case of emergency.
 - This goal was met.
- MRC staff will actively recruit volunteers by using at least three different methods such as PSA's, health fairs and community events, to increase awareness of program and need for volunteers by end of December 2015.
 - This goal was met. Methods used included health fairs, volunteer events, attending classes at Indiana University, a listing on the Bloomington Volunteer Network website, mailing postcards, and creating a Monroe County Medical Reserve Corps website with information on registering.

Committees and Coalitions Involvement:

- Accreditation Learning Collaborative
- Active Living Coalition (ALC)
- Affordable Care Act Coalition
- AmeriCorps Improving Health Throughout Indiana
- Community Health Assessment/Achieve
- Community Organizations Active in Disasters (COAD)
- District 8 Medical Reserve Corps (MRC)
- District 8 Preparedness Team
- Monroe County Cares
- Monroe County Child Fatality Team
- Monroe County Community School Health Council
- Monroe County Government Wellness Council
- Monroe County Tobacco Coalition
- Richland Bean Blossom School Corporation Coordinated School Health
- Syringe Exchange Stakeholders and Planning Meetings



Speakers / Donations / Sponsors for Education Department Programs during 2015:

- ACHIEVE
- IU Health Bloomington Hospital
- City of Bloomington
- Monroe County YMCA
- Indiana University Bloomington
- Grazie!
- J.L. Waters
- Le Petit Café
- Mother Bear's Pizza
- Samira
- The Chocolate Moose
- Brad Wilhelm
- Alzheimer's Association
- Jace Martinez
- Ellen Peebles
- Matt Myers, Force Fitness
- Darn Good Soup
- Cheddar's
- Bear's Ale House and Eatery
- Bobby's Colorado Steak House
- B-Town Diner
- Butch's Grillacatessen & Eatzeria

GOALS FOR 2016

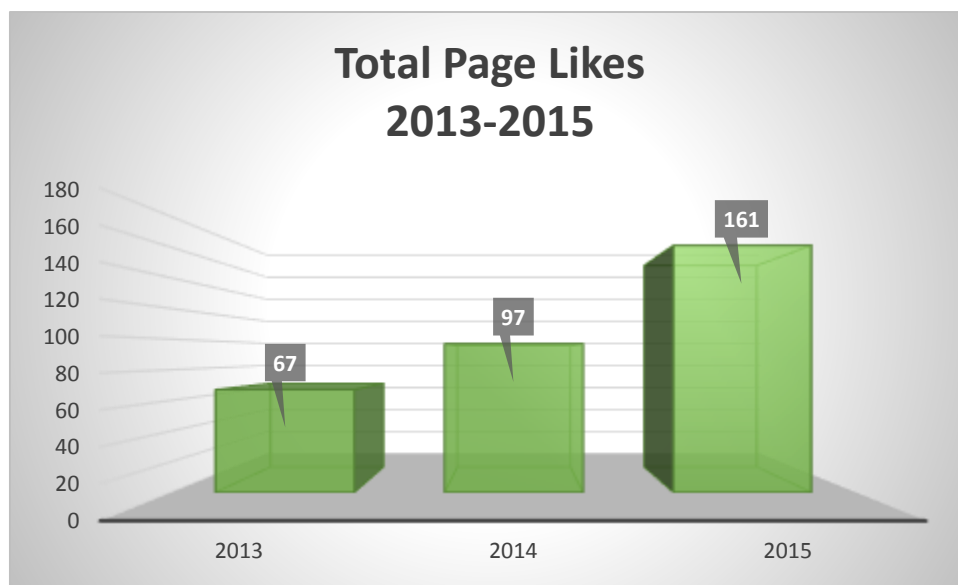
- **Goal:** The Health Education section will have a completed, written Community Health Assessment and Improvement Plan by December 2016.
- **Goal:** Staff will increase number of health education program participants by 10% by raising awareness of programs using at least two different methods of promotion, including email, posters, key stakeholder and community events.

MONROE COUNTY HEALTH DEPARTMENT SOCIAL MEDIA: FACEBOOK, TWITTER, KIDS CHOICE WEBSITE

FACEBOOK

In 2015, we exceeded both of our Facebook goals. The goal to increase Facebook page likes by 20% was met by March 2nd, and by the end of December, had grown to 161 likes (a 66% increase from 2014). The goal to reach an average of 900 people a month was surpassed with an average of 1,336 people reached a month.

Over the course of 2015, Facebook received 64 new page likes, 16,035 people were reached with posts and the Health Department's posts were liked, commented on or shared 552 times.

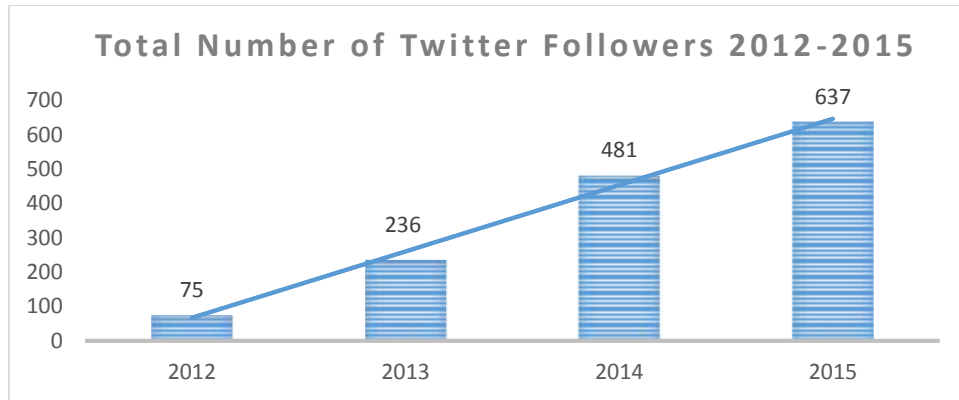


GOALS FOR 2016

- **Goal:** Increase Facebook fans by 20% for a total of 194 by the end of 2016.
- **Goal:** Reach an average of 1,000 people a month.

TWITTER

In 2015, we gained a net total of 156 Twitter followers which exceeded our goal to increase total followers by 25% over 2014 figures. We also successfully created a "Twitter Calendar" with wide departmental input to increase coverage of department activities by April 30, 2015.

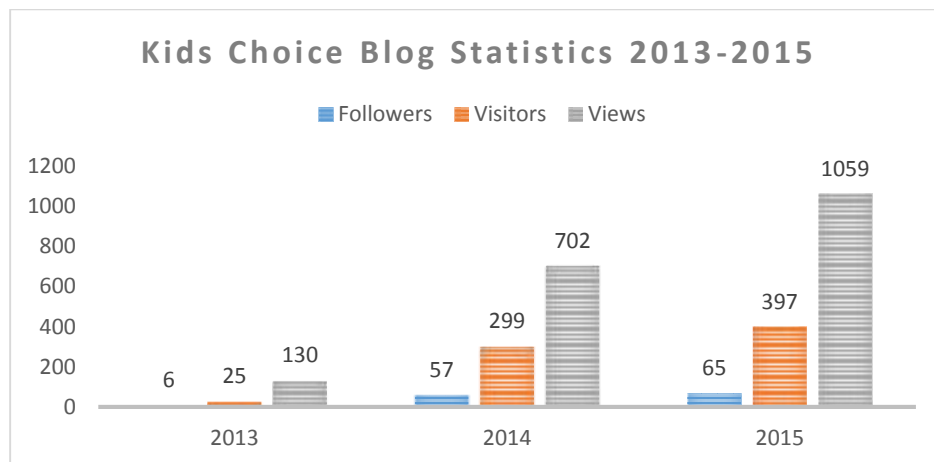


GOALS FOR 2016

- **Goal:** Increase total followers by 25% over 2015 figures by the end of 2016.

KIDS CHOICE BLOG

The Kids Choice Blog was started in 2013 to increase awareness of the Kids Choice Program, to post lesson information and pictures from school visits, and to create a source of compiled wellness resources for students and parents alike. In 2015, we achieved our goal of increasing blog awareness in the community by advertising the blog address by three different methods by August 31, 2015. Our second goal of increasing the total number of blog followers by 25% by the end of 2015 was not met, likely due to the loss of a staff position. However, both the blog visitors and views did increase by over 25%.



GOALS FOR 2016

- **Goal:** Expand the Kids Choice Blog beyond nutrition and physical activity by May 2016 (with at least three new pages featuring new topics).
- **Goal:** Increase the total number of page views by 25% by the end of 2016.

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Public Health Preparedness

Public Health Preparedness Capabilities

- ☒ Community Preparedness
- ★ Community Recovery
- ☒ Emergency Operations Coordination
- ☒ Emergency Public Information and Warning
- ★ Fatality Management
- ☒ Information Sharing
- ★ Mass Care
- ☒ Medical Countermeasure Dispensing
- ☐ Medical Material Management and Distribution
- ☐ Medical Surge
- ★ Non-Pharmaceutical Interventions
- ✕ Public Health Laboratory Testing
- ☐ Public Health Surveillance and Epidemiological Investigation
- ☒ Responder Safety and Health
- ☒ Volunteer Management

Key

- ☐ Planning to complete
- ★ Currently in progress
- ☒ Completed
- ✕ Not applicable

ISOLATION / QUARANTINE AND EBOLA

- Contacted 72 Monroe County schools and daycare programs to confirm receipt of ISDH Ebola toolkit.
- Created and/or updated 24 fact sheets on diseases and health hazards for plan references including:
 - Anthrax
 - Botulism
 - Chickenpox
 - Cholera
 - Cyanide
 - Diphtheria
 - Hepatitis A
 - Hepatitis C
 - HIV
 - Measles
 - MERS
 - MRSA
 - Pandemic influenza
 - Plague
 - Radiation
 - Ricin
 - Sarin
 - SARS
 - Smallpox
 - Tuberculosis
 - Tularemia
 - VHF
 - VX
 - Yellow fever

WORKPLACE SAFETY AND CONTINUITY OF OPERATIONS

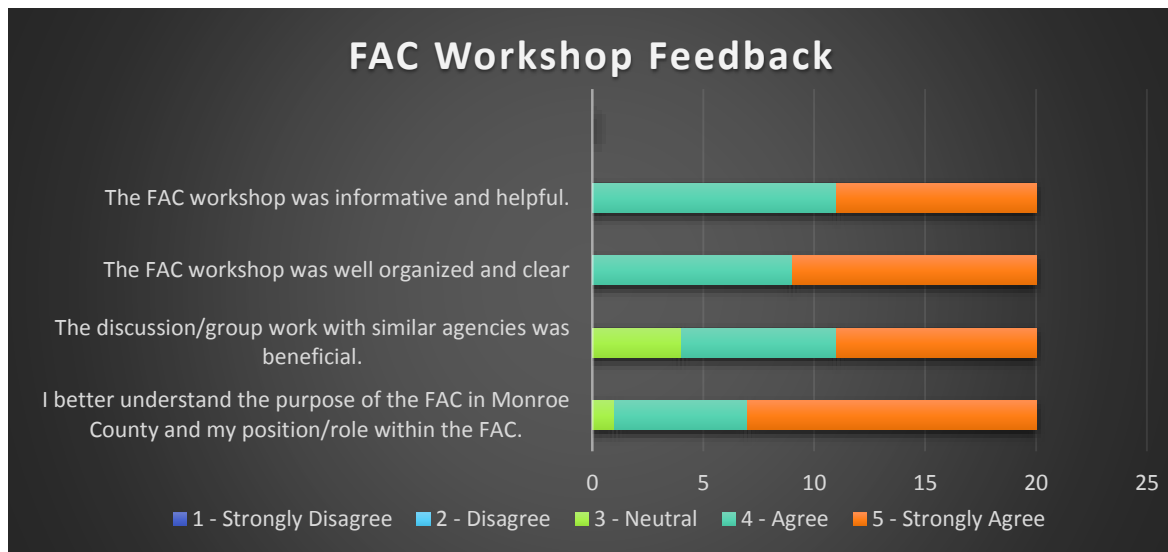
- Created and/or updated eight annexes for the Emergency Action Plan addressing threats in the workplace including:
 - Fire response
 - Building evacuation order
 - Take shelter order
 - Shelter-in-place order
 - Workplace violence
 - Active shooter
 - Bomb threats
 - Suspicious mail or packages

SYRINGE EXCHANGE PROGRAM

- Identified a list of 24 social service programs and potential partners for the Syringe Exchange Program.

FAMILY ASSISTANCE CENTER WORKSHOP

- Documented and defined 23 roles (and their responsibilities) necessary to set up a family assistance center (FAC).
- Conducted workshop with ISDH and other community partners to:
 - Explain what a family assistance center is and why it is needed.
 - Help define which community partners could fulfill which roles.
 - Receive ideas and feedback on what a FAC would look like in Monroe County.



COMMUNITY PARTNERS

- Identified and documented 173 potential community partners for a “mass care” scenario covering the areas of utilities, animal and pets, volunteers, shelter and facilities, clean up, rescue, food, communication, logistics, medicine and medical assistance, psychological services, rebuilding and repairs, personal/basic supplies, large equipment, interpretation and translation, financial assistance, child services and other supplies or services.

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

- Conducted drive thru flu shot clinic in conjunction with the Monroe County Public Health Clinic and Sherwood Oaks Christian Church.
 - Conducted Planning Meetings
 - Conducted successful Mobilization, Operations, De-mobilization of POD

2015 GOALS

- Public Health Coordinator (PHC) will fulfill all PHEPCA grant deliverables during the 2015 grant cycle by deadlines.
 - 1) Community Recovery
 - 2) Mass Care
 - 3) Fatality Management
 - This goal has been met.
- PHC and PHC Assistant will reorganize the WASP Inventory system, containing all Strategic National Stockpile (SNS) materials and materials purchased through PHEPCA grant by July 31, 2015.
 - This goal has been met.
- PHC and PHC Intern will create an emergency preparedness education curriculum for children grades 1-8 and implement this curriculum in at least five classrooms by December 31, 2015.
 - An emergency preparedness education curriculum for children grades 1-8 was created, however, implementation of this curriculum in at least five classrooms has yet to occur.
- PHC will train all MCHD employees (new and current) in employee emergency preparedness by December 31, 2015. Training dates will be documented and updated on a spreadsheet.
 - This goal has been met and training dates have been documented.

GOALS FOR 2016

- **Goal:** The primary goal of the Public Health Coordinator (PHC) in 2016 is to fulfill all PHEPCA grant deliverables during the 2016 grant cycle by the specified deadlines.
- **Goal:** Fulfill all Ebola grant deliverables during the 2016 grant cycle by the specified deadlines.
- **Goal:** PHC will conduct infectious disease training to staff and complete the training schedule by December 31, 2016.
- **Goal:** PHC will 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.



Vital Statistics

The Vital Statistics section is dedicated to filing, preserving, and maintaining accurate birth and death records by thorough examination of all documents received for processing. The local Health officer is the official local Registrar, responsible for decisions regarding the registration and certification of vital events in the county, based upon Indiana law (IC 16-37-2-9). A requirement of the section is to make a permanent record of all births that occur in the jurisdiction.

SERVICES

- Filing and issuance of birth and death certificates; preparation and filing of Paternity Affidavits, Paternity Affidavits Upon Marriage, Affidavits Requesting Amendment, Legal Name changes, Court Ordered Amendments, Recording Adoption Information
- Issuance of licenses/permits for food establishments, public water facilities, septic, refuse haulers, and campgrounds
- Registration of Septic Installers
- Preparation of activity reports; correspondences; process mail; telephone inquiries
- Preparation of payroll and vendor claims
- Support staff for all sections of the department

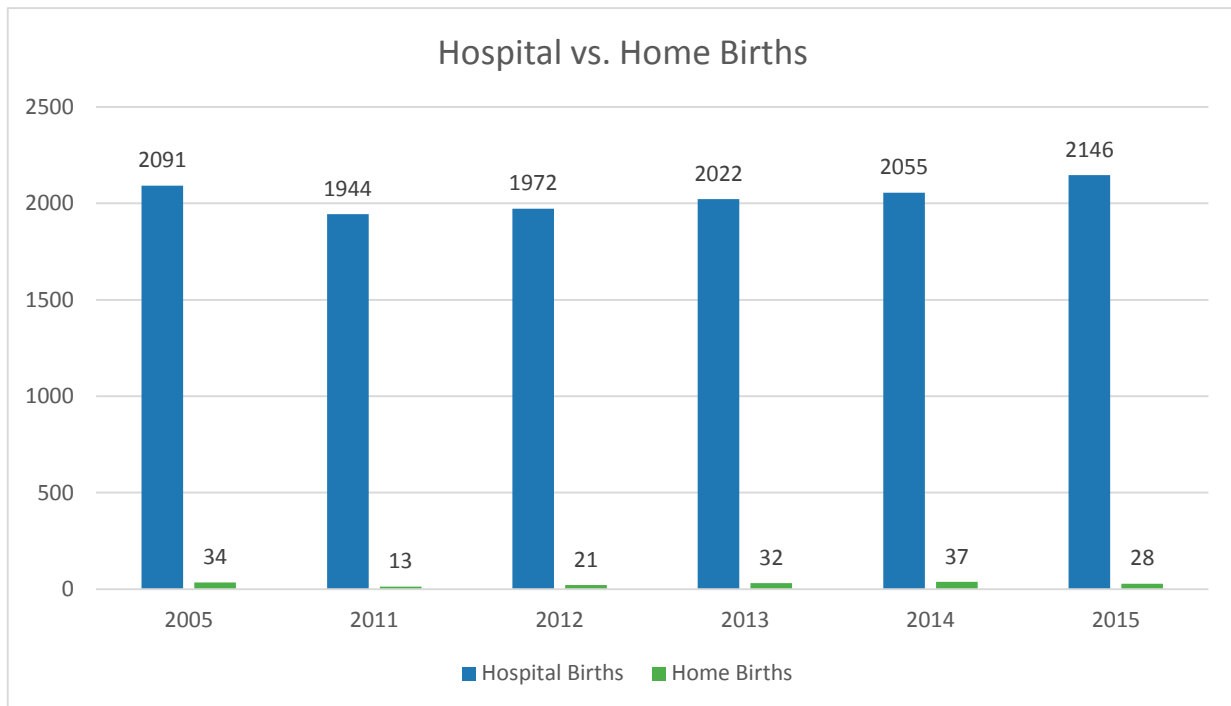
<u>DEATHS</u>		
Location of Death	2015	2014
Decedent's Home	274	232
Hospice Facility	268	278
Hospital - Dead on Arrival	4	6
Hospital/Emergency Room/Outpatient	54	32
Hospital - Inpatient	367	353
Nursing Home/Long Term Care Facility	236	189
Other	27	40
Total	1230	1130
Veteran Deaths	277	264
Fetal Deaths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

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

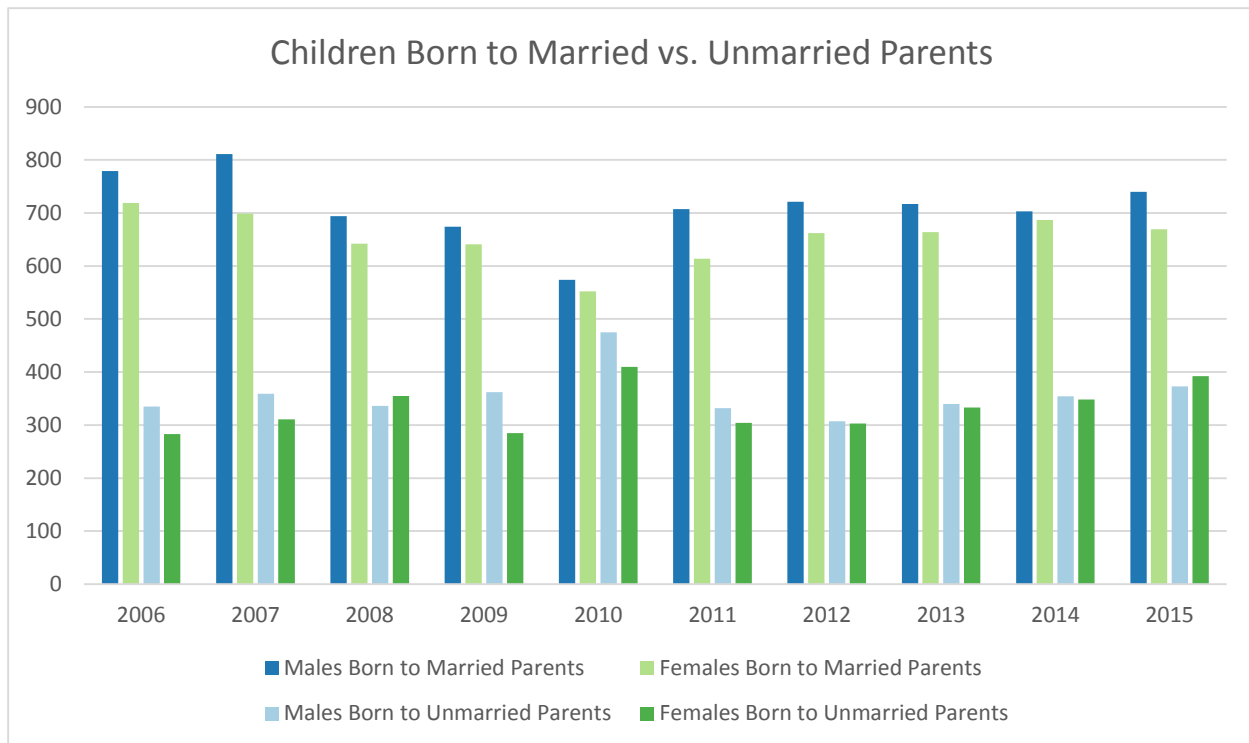
DEATHS (continued)

Cause of Death Per Category	2015	2014
Alzheimer/Dementia	78	68
Cancer	253	270
Cirrhosis	14	13
COPD	27	51
Diabetes	7	8
Drug Related*	23	Not Documented
Heart Disease	274	239
Pneumonia	74	137
Renal	36	49
Sepsis	62	Not Documented
Other	382	137
Total	1230	972
Coroner Report - Manner of Death	2015	2014
Accident	41	45
Homicide	2	2
Natural	98	82
Suicide	19	22
Undetermined	2	7
Total	162	158
Death Certificates Filed	1230	1130
Death Certificates Issued	7376	6619

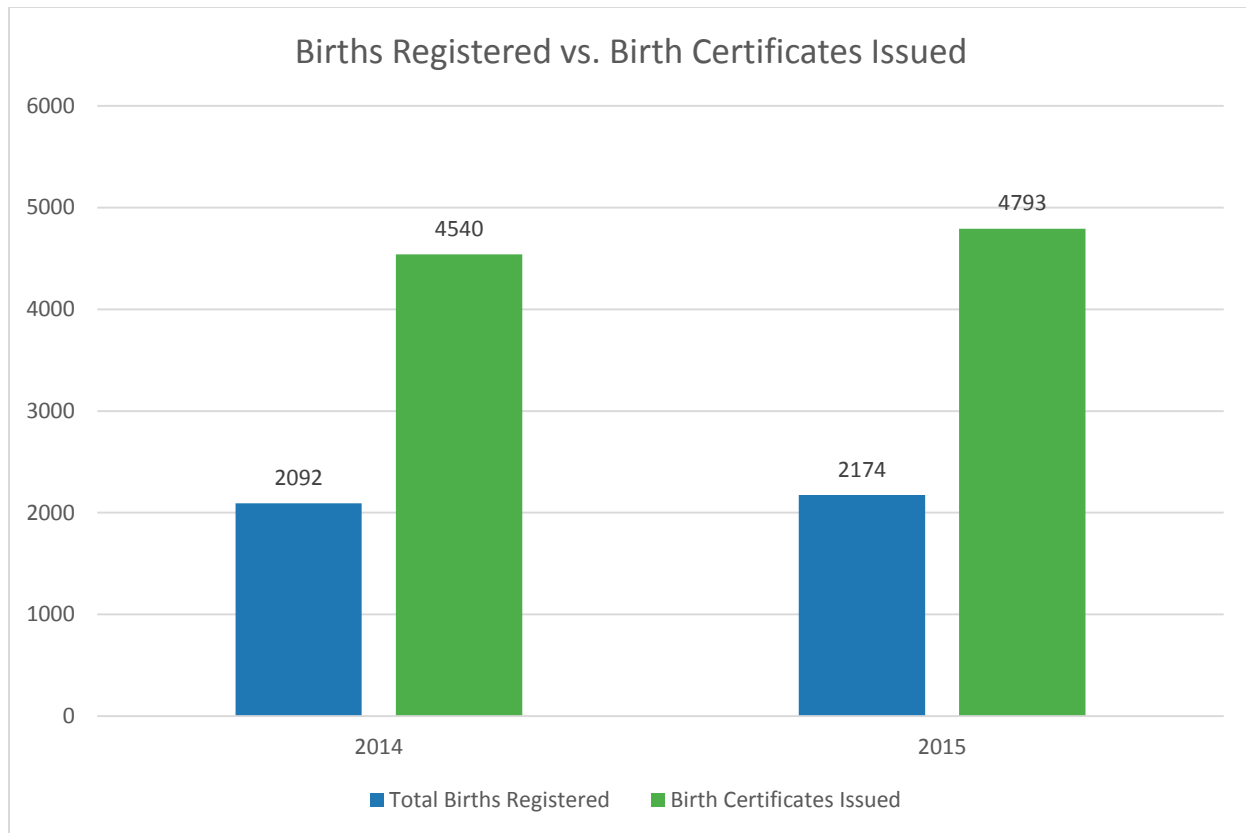
BIRTHS



*This shows the number of births both at Indiana University Health Bloomington Hospital as well as home births from 2005, and 2011-2015. This illustrates trending in both five and ten year changes.



* This shows the number of males and females born to married and unmarried parents in Monroe County. This illustrates a trend in the past five years, as well as the change from ten years ago.



*Total Births Registered is the number of births that occurred in 2015 *and* were filed with the Monroe County Health Department by the time of this report. This number does not include births that occurred in 2014 and were filed in 2015, but does include births that occurred in 2015 and were filed in 2016. Total Birth Certificates Issued is the number of birth certificates that were processed and paid for in 2015 or 2014, regardless of the year the individual was born.

	BORN TO MOTHERS AGE 14-15	BORN TO MOTHERS AGE 16-19	SETS OF TWINS	PATERNITY AFFIDAVITS (IN OFFICE)	PATERNITY AFFIDAVITS (HOSPITAL)	PATERNITY AFFIDAVITS UPON MARRIAGE	AFFIDAVITS REQUESTING AMENDMENT	CORRECTION BY NOTIFICATION
2015	3	126	34	35	565	5	20	23
2014	3	116	28	15	498	6	6	23

2015 GOALS

- Vital Statistics staff had the goal to compile a comprehensive list of local agencies involved in supporting people in homeless situations by July, 2015.
 - Staff researched local agencies available to assist the homeless and successfully compiled a booklet with the information which is now available for distribution.
- Vital Statistics had the goal to complete and integrate full cross-training among all Vital Records staff by May, 2015.
 - This goal was not fully met, although in process.
- In January, Vital Statistics began processing debit and credit card payments and had the goal to expand this service to include telephone payments by July, 2015.
 - This goal was met by March, 2015.

GOALS FOR 2016

- **Goal:** Vital Statistics staff will update, preserve, and replace the death indexes that are in jeopardy of becoming illegible due to fading and blurring of the data recorded in the current death indexes by December, 2016. If it proves to be too large of a project, it will be completed by half.
- **Goal:** A new receipt program, NERV, will be implemented to replace our current receipt program with all Vital Statistics staff being fully trained 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.
- **Goal:** Vital Statistics staff plan to contact the school superintendent about partnering with local schools so that they can have access to our birth applications/website to help facilitate parents in obtaining birth certificates for their children who are either enrolling in school or other school related activities that require a birth certificate. We would like to have the schools provide this information in their enrollment packets by this summer for the coming school year 2016-2017.

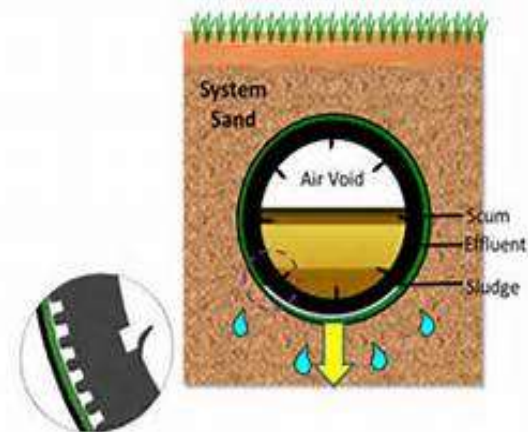


Wastewater Sanitation

In 2015, the Monroe County Health Department (MCHD) Wastewater Division inspected 133 sand lined systems. Sand lined systems, approved by the Indiana State Department of Health (ISDH), consist of a bed excavated at a specific depth. This depth is determined by the first indication of any nonrestrictive layer within the site; either a fragic layer of soil or bedrock. The bed is then sized to a given dimension which is determined by the soil type and number of desired bedrooms. The bed will be lined with 'spec 23' sand, usually six inches deep or more, encompassing the specially designed ten inch Presby Advance pipe (presented in diagram). New for 2015, approved by ISDH was a product from Infiltrator called Advance Treatment Leachfield or ATL. It is a different concept in comparison to Presby Advance, in that Styrofoam peanuts surround a four inch pipe. On both, in Monroe County, the bed will have a final cover of an additional six inches of sand and at least a foot of soil. This will have a final dressing of seed and straw covering the entire area. Mound septic systems are still allowed in the county, but due to cost and the ability to find a site suitable within most properties for other sand lined options, none were inspected in 2015.



Infiltrator ATL



Presby Advance

Inspections of the installation would include an initial visit on-site from one of our Wastewater Sanitarians and a registered installer to lay out the septic bed and answer questions concerning the septic system required. During the initial inspection of the septic tank a complete documentation to the size, make, location, and elevation in comparison to the house and proposed field would be ascertained. After the initial visit we may return a minimum of three additional times to inspect key portions of the system installation itself. The final inspection would consist of the inspection of the final grade of the bed which would be seeded with some type of grass and straw to protect the seeds until germination to ensure that erosion of the system does not occur. During such time we would ensure that either a curtain or perimeter drain (required on all systems) consists of a hard cover and critter guard. This would prevent any ground water infiltration of the septic extending the life of the system. Finally, the presence of both a monitor well and vent pipe would be documented in the report.

SEPTIC PERMITS

Two hundred and sixty four septic permits were issued during the 2015 season. Of those, 106 were for new septic permits for sites which never had a structure on the site, and 158 were repair permits. Repair permits would be issued for septic systems needing to be replaced, alteration or replacement of existing structures such as adding additional bedrooms, or subdivision of a parcel of land. A complete repair installation would be required only if the system was failing or there was a change in ownership, otherwise the permits are considered more of an inspection of an existing septic system.

Out of the 133 sand lined systems inspected in 2015, 60 were considered repair permits. Of those 60, 32 had previous septic systems installed and approved by this department, but were undersized or failing at the time of obtaining a new permit. Twenty eight permits were for homes which had no previous septic systems permitted or approved by this department. Many were homes built before the MCHD was established in 1965, but a few were of septic systems installed after 1965 without a permit or approval from the MCHD.

SOIL ANALYSIS

The “soil analysis” is required by the 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).

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 2015, MCHD accepted and utilized 167 soil reports. Seven reports were from outside sources while 160 on-site investigations were from our 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 a 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.

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.

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 requested permit application. Several limiting physical site characteristics found in Monroe County that we often encounter are: complexity of slope, slope %, property boundary location, utilities on the property, utility right-of-way, sinkholes and floodplains 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.

MONROE COUNTY REGISTERED SEPTIC INSTALLERS

Currently, Monroe County has an available list of 45 registered septic installers. A class was held February 26, 2015, in which old 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.

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

The wastewater disposal complaint program follows the general sewage disposal requirements set in Rule 410 IAC 6-8.3 and Monroe County ordinance 98-35, chapter 365. No person shall throw, run, drain, seep, or otherwise dispose into any of the surface waters or ground waters any organic or inorganic matter from a dwelling or residential sewage disposal 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 or visit to the department by a concerned citizen. One example of the type of complaint our division handles is a lift station for an apartment building. A lift station is usually a concrete tank which collects septic for one or more apartments, mobile homes, homes and businesses and pumps the effluent into the main sewer. The lift station displayed in the picture on the right had been failing for several weeks before our department was called.



Photo by MCHD - Substantiated Lift Station Complaint



Photo by MCHD- Substantiated Septic Failure

Many of our complaints deal with septic from a single home such as the one pictured to the right. These areas of failure are usually confined to a small space such as this one ponding on a neighboring farmer's field. Once the initial complaint is documented and all necessary information is received, the department will respond to the site for a complaint investigation. The complaint investigation will generally occur within three business days, weather permitting. The complaint investigation process can be as simple as walking the site and verifying a direct point source discharge from a specific location such as a septic tank or pipe running from a home or business, or it can be as complex as first having to identify the pollutant from an indirect source by collecting a sample for laboratory analysis, and then dye tracing the area residences to locate the source.

Once evidence is collected and/or tested substantiating the complaint, the property owner is notified in writing with a *Health Officer Order* by certified mail containing a statement of the reasons for the issuance of the notice, remedial action necessary for compliance with the code and set time frames to correct the problem. We then conduct follow-up investigations to monitor the remedial action. Remedial action can range from repairing a broken or clogged sewer lateral, re-routing plumbing, or replacing existing septic tank and drainage field systems.

Each site is unique in that options for repair are dependent upon soil and drainage, age of existing system, or sanitary sewer availability. In the two previous complaints, the first dealing with a lift station was found to be in a heavily populated neighborhood with a hospital within one block. It required immediate action. The owners were contacted by phone to remedy the problem within twenty-four hours. This was not accomplished and sewage was still flowing into a catch basin. The owner was served a citation for not coming into compliance. The problem was eventually resolved resulting in the installation of a new pump. The second situation was a failing septic system in a rural setting, so additional time was given for repair as long as the tank was routinely pumped and no signs of failure remained. In the second situation, the tank is being routinely pumped until a repair can be obtained in late spring.

Any person who violates any provision of Monroe County Ordinance 98-35, chapter 365 commits an ordinance violation, for which the first violation is a Class C Ordinance Violation and for the second and subsequent violations, is a Class B Ordinance Violation.

In 2015, the Health Department investigated 124 reported complaints with 75 substantiated as septic or sewer. Only a few of these, which are septic systems, have not been corrected at this time due to weather. The septic tanks are being pumped routinely until repairs can be made. It has been our policy to work intensely with property owners and contractors to prevent involving the court system. However, when necessary, charges can and will be filed with the Monroe County Attorney's Office. In 2015, we did not contact the court system to resolve any disputes. When charges are filed in a case, generally a minimum of three appearances before the judge are necessary. The first appearance is the initial hearing, where the Defendant will contest the charges of the violation, or admit to the charges of the violation. If the Defendant admits to the charges, the judge will generally allow the Defendant time to correct the violation and reschedule a hearing in 60 days. Once the Defendant follows the remedial action, the charges are dropped to a \$100 fine plus court costs. If the violations are contested, a trial date is set and a Wastewater Sanitarian will appear to testify of findings on the initial investigation, and subsequent follow-up investigations regarding the violations. Remedial action is discussed at the trial and once the

Judge comes back with a decision, remedial action along with a judgment up to \$3,000 is set. A Wastewater Sanitarian will make a final appearance at a later date to inform the judge on the remedial action.

STREAM QUALITY / MISCELLANEOUS DISCHARGES

Much like the Wastewater Disposal Complaint Program, the Stream Quality / Miscellaneous Discharges program operates on a complaint only basis, which is activated most commonly by a phone call or visit to the MCHD by a concerned citizen of Monroe County. This is the initial complaint. Once the initial complaint is documented and all necessary information is received, a Wastewater Sanitarian will respond to the site for a complaint investigation. The complaint investigation will generally occur within the same business day. The complaint investigation process involves surveying the site for scene safety and taking any necessary precautions, identifying point and non-point sources of pollution, looking for discoloration, turbidity, odor, and identifying perhaps any kills (crawfish, fish, and raccoons) that may be involved. After the complaint has been investigated, or when it is determined that it is more than a routine wastewater disposal complaint, the Indiana Department of Environmental Management (IDEM) is immediately contacted. At this point IDEM will handle the case if it is an environmental issue. If the case turns out to be a routine wastewater disposal complaint, then it is handled as such.

REAL ESTATE / LOT IMPROVEMENT INSPECTION PROGRAM

The Real Estate / Lot Improvement Inspection Program is a service oriented program provided by MCHD. MCHD 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 a file and record search here at our office in an attempt to locate any records and information regarding the site. Any documentation is then copied and becomes a part of the report. Next, a Wastewater Sanitarian from this Department 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 3-7 working days, weather permitting. MCHD generally provides over 100 of these inspections per year.

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.

WELL / PUMP INSPECTION PROGRAM

The Well / Pump Inspection Program is a service oriented program provided by the MCHD. MCHD inspects well / pump 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 \$75 fee. Once the application is processed, the inspection begins with a file and records search here at our office in an attempt to locate any records and information regarding the site. Any documentation is then copied and becomes a part of the report. Next, a Wastewater Sanitarian conducts a visual evaluation of the well, checking the separation distance from any nearby on-site sewage disposal systems. A water sample is then collected and submitted to the laboratory for bacteriological testing. Once the results are received from the laboratory, a copy is attached to the file and the results are certified. This service is provided within 7-14 working days, depending on the laboratory availability.

2015 GOALS

- The Wastewater division set a goal for August 28, 2015 to physically locate all sewage lift stations within Monroe County, determine ownership and/or contact information in case of emergency and create a database for such.
 - Met - Over 95% of the lift stations have been located as of February 12, 2016 within the County. A spreadsheet database was created identifying the location, amount of lift stations and contact information on the responsible party for the maintenance of each station. This information will aid in a quicker response time for any complaint or emergency which may arise in the future. All but four lift stations have been located, photographed and GPS coordinates have been recorded. We are currently awaiting guidance from Indiana University (which maintain the other four lift stations) to allow visitation to the site. Due to new construction, two additional lift stations have been added to the list and recorded.
- On February 26, 2015, conduct septic installers meeting in which updates on any new regulations and requirements from this County will be revealed. This will include a new form in which the installer will be required to enter all elevation shots on a provided diagram. In addition, distance from any relevant structure in concern to the septic system would be required to be recorded on the diagram and finalized by their signature (still part of the quality improvement project initiated in 2014).
 - Met
- Complete a survey of all sand lined systems installed within the County from 2006-2013 by December 31, 2015.
 - This goal was not met and will be reassigned for the 2016 season.

GOALS FOR 2016

- **Goal:** Complete a survey of all sand lined systems installed within the county by December 2016.
 - By January 30, 2016, complete finalization of all inspection reports for 2015 and enter into database.
 - By July 31, 2016, send out 250 questionnaires to homeowners who utilize sand based septic systems in Monroe County. The sites will be randomly picked by permit numbers to obtain a true unbiased representation of the total number installed.

- By September 30, 2016, review all questionnaires received to determine results and request for a re-inspection of the systems on-site. The inspection sheet will be submitted into our files and a copy given to the homeowner with any concerns that we may have.
- By April 30, 2017 complete all on-site inspections of the 250 randomly picked sand lined septic systems.
- The final report should be presented to the Health Board and available to the public by December 2017.
- **Goal:** Complete a survey of wells, springs and caverns (ground water collectors) located within Monroe County by December 31, 2016.
 - By March 31, 2016, obtain a list of all existing wells recorded by the Indiana Department of Natural Resource (IDNR) water section so questionnaires may be sent out. The questionnaires will determine how many wells are still in service, at what capacity, and for what purpose they are used for.
 - By March 31, 2016, initiate contact with the local spelunkers club to gain access and possible aid to obtain water samples for testing of most caverns and springs within the County to determine the amount of ground water pollution.
 - By June 31, 2016, a survey will be sent to a specific number of respondents which still utilize their wells for free testing to determine if there is any type of contamination. Advice will be given to homeowners who may have problems.
 - By December 16, 2016, a report of our findings should be available for the public and the Monroe County Board of Health.
 - By December 16, 2016, complete a report of our findings with our well report.

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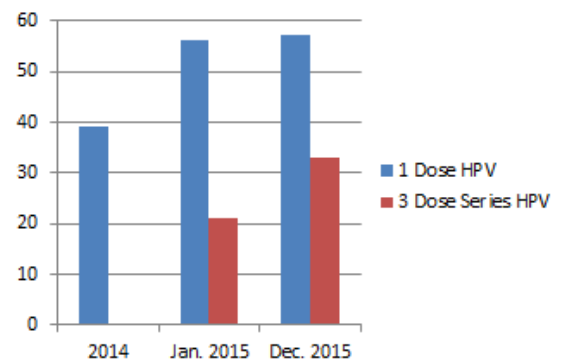
Monroe County Public Health Clinic

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.

ACCOMPLISHMENTS

- MCPHC partnered with the Monroe County Community School Corporation (MCCSC) to provide influenza vaccinations to all elementary and middle school students; a total of 7,800 students in 2015.
- MCPHC partnered with the Richland Bean Blossom (RBB) and MCCSC 5th grade classes to offer catch up immunizations during the school day. Immunizations that were offered were Meningococcal, Hepatitis A, Tetanus, Diphtheria and Pertussis, and Human Papillomavirus vaccinations. The clinic

HPV age 13-18 yr. olds at MCPHC



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.

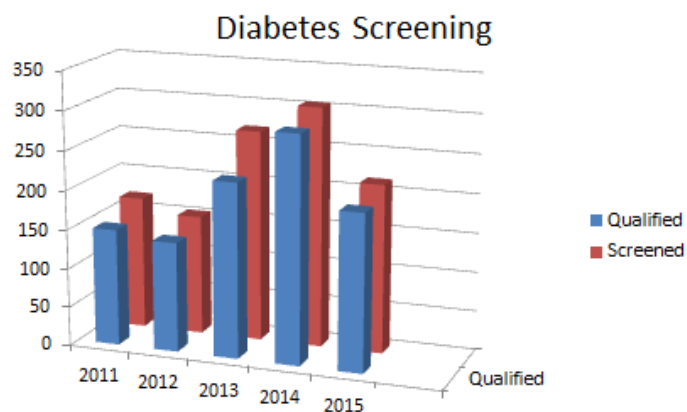


- Seasonal Flu Clinics were also held at Meadowood Garden Apartments, Twin Lakes Recreational Center, Shalom, Monroe County United Ministry, St. Paul Methodist Church and at the Monroe County Public Health Office.
- MCPHC applied for, and has been awarded, a grant from the Indiana State Department of Health (ISDH) that will be used to further immunization outreach in 2016.
- 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 Sherwood Oaks Christian Church. There are plans for another drive-through POD in 2016.



WELLNESS OUTREACH

- Monthly well checks including Blood Pressure checks, Blood Glucose, Lipid profiles and Hemoglobin A1C for diabetes screening were conducted throughout the community. Diabetes risk assessments and screening took place for those who were not already diabetic but had enough risk factors for concern. Those found to have an elevated A1C were referred to resources for diabetes prevention.



Outreach Location	Screened for Diabetes	Qualified for free testing with hemoglobin A1C
Owen County YMCA	21	21
MCPHC	14	14
Twin Lakes Rec. Center	7	7
2 nd Baptist Church	7	3
College Mall	20	19
Latino Mass St. Paul	9	9
Farmer's Market	26	21
Goal/WIC	11	9
Senior Expo	47	45
MCPHC	16	14
Stinesville Mercantile	9	8
Bloomington Hardware	12	11
Twin Lakes Rec. Center	16	16
Endwright Center	8	8
Totals	223	208

SERVICES PROVIDED ON BEHALF OF THE MCHD

- 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

SUMMARY OF 2015 PERFORMANCE INDICATORS

Total Encounters	3,301
TB	
TB Mantoux Test Given	368
Direct Observed Therapy Visits	194
County Funded Chest X-rays	4
Immunizations	
Total Patients	1,804
Total Immunizations	2,842
Total Influenza Vaccine	1,180
Communicable Disease Investigations	300

Testing/Screening	
Blood Pressure	206
Blood Glucose	40
Hemoglobin A1C	234
Cholesterol/Lipid Panel	127

COMMUNICABLE DISEASE REPORT

Condition	Cases Started	Cases Submitted	Not a Case	Suspect Cases	Probable Cases	Confirmed Cases	Open Cases	Closed Cases
Campylobacteriosis	10	11	0	0	<5	6	0	10
Chikungunya	<5	<5	0	0	0	<5	0	<5
Cryptococcus	<5	<5	0	0	0	<5	0	<5
Ehrlichiosis	<5	<5	0	<5	0	0	0	<5
Giardiasis	5	<5	0	<5	0	<5	<5	<5
Hepatitis A	5	5	5	0	0	0	0	5
Hepatitis B	32	31	<5	<5	17	10	<5	30
Hepatitis C*	197	193	<5	9	43	108 chronic 5 acute	8	189
Influenza Associated Death	<5	<5	0	0	0	<5	0	<5
Legionellosis	<5	<5	0	0	0	<5	0	<5
Lyme Disease	<5	<5	<5	<5	0	0	<5	<5
Mumps	<5	<5	0	<5	0	0	0	<5
Pertussis	65	5	0	0	0	58	0	5
Q-Fever	<5	<5	0	<5	0	0	<5	0
Salmonellosis	7	11	0	<5	0	6	<5	6
Shigellosis	<5	<5	0	0	0	<5	0	<5
Shiga-toxin producing E. Coli	5	5	<5	<5	0	<5	0	<5
Streptococcal disease, invasive, Group B newborn	<5	<5	0	0	0	<5	0	<5
Streptococcus Group A	<5	<5	0	<5	0	<5	<5	<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	<5	<5	0	0	<5	0	0	<5
Varicella (hospitalization or death)	<5	<5	0	0	<5	0	0	<5
Vibriosis	<5	0	0	<5	0	0	<5	0

2015 GOALS

- The MCPHC will increase the number of 13-18 year old clients who have completed the HPV vaccinations series from 21% to 25% by December 2015.
 - Met – 33%
- The MCPHC will increase the number of 16-18 year old clients who have a complete series of MCV4 from 50% to 55% by December 2015.
 - Met – 57%
- The MCPHC will increase the safe storage capacity of immunizations at the clinic by purchasing at least one standalone refrigerator unit by December 2015.
 - Met – 2 Helmer refrigerators were purchased
- 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 2015 – 2016 flu seasons.
 - Met – 17 school flu clinics were held in the months of October and November
- The MCPHC will increase the number of community members who have access to MyVaxIndiana from 821 to 1250 by December 2015.
 - Met – 436 were added to MyVaxIndiana since January for a total of 1257
- MCPHC will research best practices and work with community partners to help identify the cause of and decrease infant mortality in Monroe County.
 - Met – Attended Labor of Love conference and Fetal Infant Mortality Review training

GOALS FOR 2016

- **Goal:** The MCPHC will increase the number 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 of 2016.
- **Goal:** The MCPHC will 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 of 2016.
- **Goal:** The MCPHC will increase the number of publicly funded doses of HPV by 100% given to those who qualify from 6 given from July to June 2015 to at least 12 from January to December of 2016.
- **Goal:** The MPCHC 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 2016–2017 flu seasons.
- **Goal:** The MCPHC will conduct a preparedness exercise with MRC members during the 2016–2017 flu season.
- **Goal:** The MCPHC will give access to MyVaxIndiana to at least 150 individuals by December 2016.
- **Goal:** The MCPHC will develop at least three initiatives around infant mortality by December 2016.



Prenatal Care Grant Contract Report

Grant Amount: \$20,000 / Disbursed: \$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. 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 2015, \$9,500 from this grant was disbursed to Dr. John Labban. These funds made it possible for 9 women to have essential services for their pregnancy. Eight 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 serves has varied, as follows:

2009 – 17; 2010 – 18; 2011 – 17; 2012 – 14; 2013 – 12; 2014 – 20 2015 – 10

The variation in number of women needing prenatal care seems to vary without regard to anything VIM does or doesn't do. Interestingly, while clinic volunteers did a great deal of outreach to the Hispanic population beginning in the summer of 2014 and continuing through 2015, this still did not appear to have had any effect on the number of pregnant women seeking services. Further, because the population that uses this grant is typically undocumented Latino women that are not eligible for insurance, the implementation of healthcare reform has had no effect on the utilization of the funds. Still, since the numbers were so low in 2015, VIM applied for and was awarded a 2016 grant for half of the usual amount, i.e. \$10,000.

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 that otherwise would not be able to access prenatal care the vital services that bring about improved outcomes for both 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 fluid and cursive, with the first letters of the first and last names being capitalized.

Nancy E. Richman, Ph.D., M.P.A.,
Executive Director
January 13, 2016

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