

MONROE COUNTY HEALTH DEPARTMENT



ANNUAL REPORT FY 2014

Serving the community since 1965.



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(President)

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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
Lydia Goodin	Vital Statistics Registrar
Marcia Anderson	Vital Statistics Assistant Registrar
Teresa Benassi	Vital Statistics Assistant Registrar
Randy Raines	Wastewater Sanitarian
Gary Cain	Wastewater Sanitarian
Jim Brown	Soil Scientist
Dennis Williamson, REHS	Environmental Sanitarian
Simeon Baker	Environmental Sanitarian
Nicole Purcell	Health Educator (partial year)
Desiree Chenault	Health Educator (partial year)
Kathy Hewett	Health Educator / Sanitarian
Sandy Wallace	Food Sanitarian
Barbara Kuruzovich	Food Sanitarian (partial year)
Robert Allen	Food Sanitarian (partial year)
Caitlin Lehn	Disease Intervention Specialist (partial year)
Jennifer Molica	Disease Intervention Specialist (partial year)
Chelsea Ralston	Disease Intervention Specialist (partial year)
Julie Hartley	Disease Intervention Specialist (partial year)
Lisa Kane	Public Health Coordinator (partial year)
Grace Whitehouse Alva	Public Health Coordinator (partial year)
Ashlie Bormann	Administrative Assistant (PT)
Grace Adams	MRC Assistant (PT)
Derrick Garletts	MRC Assistant (PT)
Sydney Strader	Public Health Preparedness Assistant (PT)
Steven Barajas	Sanitarian (PT)
Christina Stigger	Sodium Reduction Coordinator (PT)

FUTURES FAMILY PLANNING CLINIC STAFF

Liz McGlothlin	Family Nurse Practitioner
Jennifer Owen	Family Nurse Practitioner (partial year)
Rose Seguin	Family Nurse Practitioner (PRN)
Lauretta Ionoff	Licensed Practical Nurse
Barb Sturbaum	Clinic Manager

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)	Pool Sanitarian (PT)	Food Sanitarian	Assistant Registrar	MRC Assistant (PT)			LPN	
			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								

MISSION STATEMENT OF THE MONROE COUNTY HEALTH DEPARTMENT

PREAMBLE

Public Health is the Science and Art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort for the sanitation of environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health.

~ C.E.A. Winslow

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

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

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

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

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

The 10 Essential Services of Public Health provide the benchmarks for how the local health department will meet its mission. 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.

Why is public health important?

Your health is determined not only by your own genetics and personal choices, but also by the environment around you. We all strive to live long, healthy lives and where we live, work and play affects our health. If you care about your health, the length and quality of your life, and the health and lives of your friends and family, then you should care about public health and the one week out of the year dedicated to bettering the lives of you and your surroundings.

How does public health save lives?

Public health combats threats to health by implementing educational programs, developing policies, administering services, and conducting research. Over the last century, public health has led to increased life expectancies, world-wide reduction in infant and child mortality, and the elimination or reduction of many communicable diseases.

How does the world around us affect our health?

The spread of disease or the quality of air and water are some of the more obvious ways in which the world around us affects our health. While your own genetics and personal choices are primary determinants of your health, the environment in which you live is another determinant. The task of public health is to investigate how the ecology of health affects our well-being, from social networks and economic circumstances to our environment, and then minimize health risks and promote better health for all of us.

How does globalization affect our health?

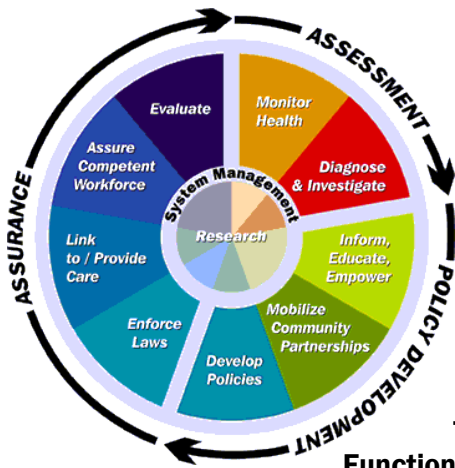
The frenetic movement of food and people across borders permits illnesses to move rapidly from a remote village to far away cities. Poor sanitation and a lack of health resources engender new diseases that can ultimately threaten the health of Americans. The globalization of health links us all more closely than ever before.

Why should government support public health?

Investing in public health helps everyone, and the failure to invest puts us all at risk. The current budget shortfall and lack of well-trained public health professionals exposes America to increased risk from threats such as mutating infectious diseases, potential bioterrorist attacks, natural disasters and preventable diseases. We need to support our public health infrastructure if we want to keep America healthy. More practically, it is an effective way to control soaring health care costs.

The 10 Essential

Public Health Services



What are the 10 Essential Public Health Services?

The 10 Essential Services were developed by the Core Public Health Functions Steering Committee (convened by the Department of Health and Human Services) in 1994 to describe all of the public health activities that should be undertaken in all communities. All public or community health responsibilities (whether conducted by the local public health department or another organization within the community) can be categorized into one of the services.

These 10 Essential Services, as seen in the “public health wheel” above and as listed below, are the framework used in the public health system assessment tool. These are the services that we will discuss in more detail and assess how well we are performing and providing to our community. Please take a minute to review these and think about the questions below.

Building an Understanding of the Essential Services and the Public Health System

There are many different organizations and entities that contribute to a local public health system and delivering the 10 Essential Services. To get a better sense of the public health system and the essential services, think about the following questions:

- **WHICH ESSENTIAL SERVICE DOES YOUR AGENCY OR ORGANIZATION HELP PROVIDE FOR THE COMMUNITY?**
- **WHO ELSE IN THE COMMUNITY HELPS IN PROVIDING OR CONDUCTING THESE SERVICES?**

Your organization, the other entities you identified, and many others, are our health system partners and collectively we deliver the 10 Essential Services to our community. Therefore, it is crucial that we have a broad representation of public health system partners involved in the performance assessment process. Your participation in this unique public health system assessment to determine how well we are delivering these essential services to the residents of our community is invaluable.

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.

FORWARD

Organized in 1965, the Monroe County Health Department is governed by the provisions of Indiana Code (I.C.) 16-20. This report details the administrative and field activities of the Health Department for 2014 pursuant to I.C. 16-20-1-7. When the Department was first organized, it consisted of one part-time Health Officer, two full time Registrars, three full time Sanitarians, and one part-time Sanitarian. The total budget that first year was \$44,787.20.

Today, the department has a full time Administrator who oversees a health fund budget that exceeds \$1,000,000.00 and manages a staff, which has 14 full time employees including the Health Officer, and one part-time employee serving the County with a population that exceeds 140,000 people. Grant funded staff include: Two Disease Intervention Specialists supported through a Sexually Transmitted Disease grant from the Indiana State Department of Health (ISDH); One Educator funded by Indiana Trust Account Fund; One part-time Sodium Reduction Coordinator funded by a Sodium Reduction Grant; One seasonal position and one part-time Administrative Assistant supported by the Local Health Maintenance Fund; Two part-time MRC Assistants funded by MRC NACCHO Grant; One part-time Public Health Preparedness Assistant supported through the Bio-Terrorism Grant; Three full time positions at Futures Family Planning Clinic are grant funded through Indiana Family Health Council and local grants. This totals 20 full time equivalent positions, one permanent part time position, one part time seasonal position and five part-time grant funded positions (in Indiana, the average number of Public Health employees is 46 per 100,000 people). The department also utilizes university student internships as this provides valuable experience for students and helps the department complete projects.

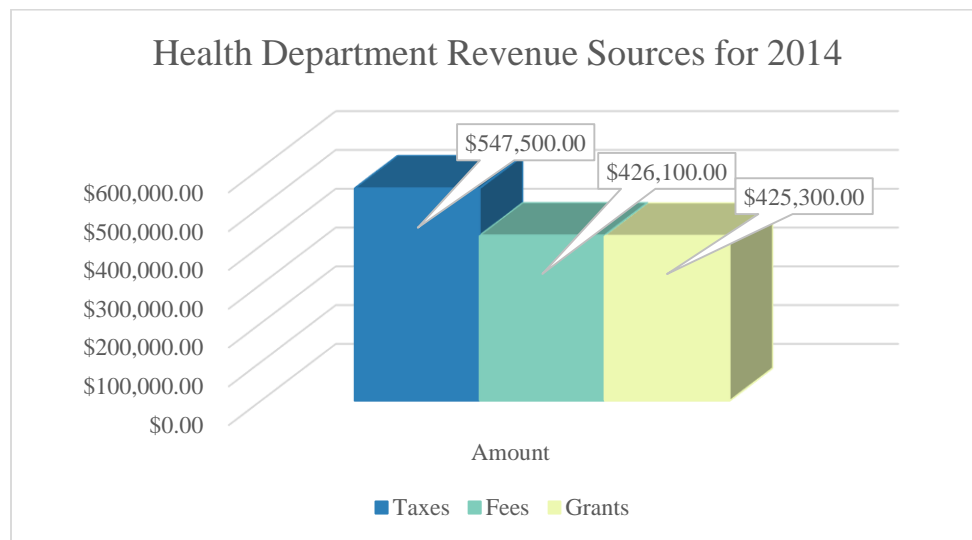
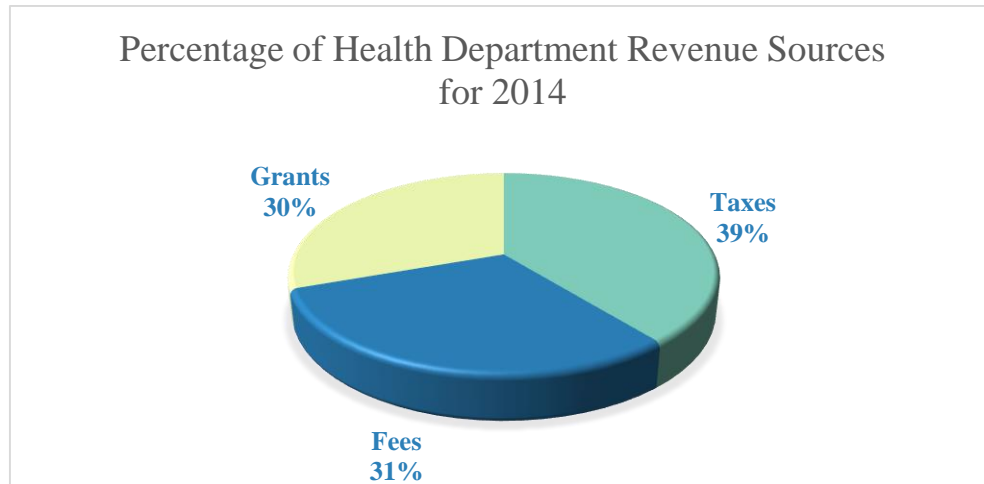
Originally, nursing services for the department were contracted through the Monroe County Public Health Nursing Association, and are currently provided by Indiana University Health, Bloomington - Community Health Services. This arrangement gives the Department and IU Health Bloomington Hospital an exceptionally close working relationship. 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. This grant supports three full time positions. Two part time employees share the Nurse Practitioner position. In September of 2008, two years after the grand opening, the clinic was dedicated to Robert M. Schmidt. The Robert M. Schmidt, Futures Family Health Clinic or “FUTURES” is located in the lower level of the Health Building. In 2009, IFHC recommended a name change for clarity of purpose since some potential clients did not recognize Futures Family Health as an option and others came expecting services not provided such as general family health care. The Health Board voted to change the name to Futures Family Planning Clinic. Futures continues to thrive serving 1,108 unduplicated clients in 2014. Co-located with the clinic are the Department’s Health Education Section, Disease Intervention Staff and the Public Health Coordinator.

In 1965, the Department recorded 1,504 births and 450 deaths. By comparison, in 2014 the department recorded 2,092 births and 1,130 deaths. The Department is organized into seven basic sections, which are aligned by public health activities. In the twenty-first century, the Department’s focus is centered on three core functions. First is to assess the health of the community and investigate health problems. Secondly, develop policies and plans that mobilize community partnerships to inform and educate the citizens. Thirdly, provide assurances to the public that we will enforce the laws and regulations necessary to protect the public and link people to needed personal health services. Within these three assurances is what is referred to as the 10 Essential Services of Public Health. The following link provides details about the 10 Essential Services.

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

REVENUE

The Monroe County Health Department charges a fee for services to those that the department regulates and inspects. In 2014, health fund fees amounted to over \$ 426,000. Fees related to grants accounted for over \$22,000. Grant revenue was over \$ 425,000. Approximately 39% of the revenue earned was generated from taxes, 31% from fees and 30% from grants.



Fees include revenue collected in the main office and Futures clinic and they are rounded.

QUALITY IMPROVEMENT ACTIVITIES

The department continued quality improvement activities in 2014 that included workforce development activities.

All new staff use the state's Education and Training Toolkit to learn more about work performed at the Health Department. This kit was first used in 2011 to document staff development, review skill sets and to document quality improvements. These actions assisted in improved, internal systems and in preparation for national accreditation. Continued review of job descriptions and minor re-organization is also in process using National Incident Command Structure as a model. New hire packets for both full and part time employees were updated to continue a positive and thorough onboarding process for new hires.

Highlights and accomplishments in 2014 include:

<ul style="list-style-type: none">• Completed Strategic Plan	<ul style="list-style-type: none">• Started accepting debit and credit cards
<ul style="list-style-type: none">• School vaccine program was offered	<ul style="list-style-type: none">• Updated Futures' prices, coding, and billing
<ul style="list-style-type: none">• Participated in a successful earthquake drill	<ul style="list-style-type: none">• Started enrolling patients in Medicaid
<ul style="list-style-type: none">• Began offering the HPV vaccine	<ul style="list-style-type: none">• No pool injuries were reported
<ul style="list-style-type: none">• No confirmed foodborne illness outbreaks	<ul style="list-style-type: none">• Completed successful POD
<ul style="list-style-type: none">• Increased access to care	<ul style="list-style-type: none">• No mosquito-borne illnesses reported
<ul style="list-style-type: none">• New positions were created/filled	<ul style="list-style-type: none">• Septic completed a QI project
<ul style="list-style-type: none">• Created a wellness toolkit for congregations	<ul style="list-style-type: none">• Community Health Assessment in the works
<ul style="list-style-type: none">• Started meeting Strategic Plan goals	<ul style="list-style-type: none">• Successful dissemination of Ebola information

DEPARTMENT GOALS FOR 2015

- The department will complete a Community Health Assessment (CHA) with community partners by September 2015.
- The department will begin gathering documentation by March 2015 that is related to the 10 essential services in preparation for accreditation.

Each section has specific goals for 2015 that may be found in the section narrative.

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 2014. In October 2014, the completed Monroe County Health Department Strategic Plan was presented and approved by the Board. 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.

2014 FEE INCOME BY CATEGORY

INCOME	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTALS
Births	\$6,105.00	\$6,135.00	\$7,037.00	\$6,180.00	\$5,627.00	\$5,280.00	\$6,122.00	\$6,495.00	\$4,470.00	\$5,385.00	\$4,320.00	\$4,997.00	\$68,153.00
Deaths	\$6,838.00	\$8,359.00	\$7,696.00	\$7,904.00	\$6,760.00	\$6,864.00	\$6,331.00	\$6,851.00	\$7,254.00	\$6,877.00	\$5,954.00	\$9,295.00	\$86,983.00
Genealogical Research	\$15.00	\$0.00	\$64.00	\$0.00	\$15.00	\$75.00	\$0.00	\$30.00	\$30.00	\$90.00	\$0.00	\$75.00	\$394.00
Inspection	\$225.00	\$225.00	\$150.00	\$0.00	\$300.00	\$375.00	\$600.00	\$450.00	\$75.00	\$825.00	\$450.00	\$600.00	\$4,275.00
Septic Permit Application	\$2,300.00	\$3,275.00	\$3,200.00	\$5,000.00	\$5,675.00	\$4,875.00	\$6,200.00	\$7,100.00	\$4,100.00	\$4,825.00	\$4,400.00	\$5,100.00	\$56,050.00
Septic Installer Certification	\$0.00	\$0.00	\$0.00	\$400.00	\$0.00	\$100.00	\$200.00	\$350.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,050.00
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	\$108,150.00	\$27,655.00	\$13,275.00	\$3,700.00	\$3,225.00	\$3,100.00	\$3,050.00	\$1,925.00	\$2,050.00	\$1,675.00	\$675.00	\$250.00	\$168,730.00
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	\$8,925.00	\$5,200.00	\$4,200.00	\$9,500.00	\$500.00	\$450.00	\$950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,725.00
Campground Permit	\$0.00	\$0.00	\$740.00	\$2,960.00	\$620.00	\$165.00	\$0.00	\$570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,055.00
Trash Hauler Permit	\$1,200.00	\$850.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,050.00
Miscellaneous	\$24.96	\$36.00	\$134.00	\$86.48	\$44.44	\$60.48	\$42.48	\$54.00	\$60.00	\$79.48	\$46.00	\$35.00	\$703.32
Notary Fee	\$2.00	\$10.00	\$4.00	\$4.00	\$2.00	\$6.00	\$10.00	\$12.00	\$6.00	\$8.00	\$10.00	\$10.00	\$84.00
Paternity Affidavit	\$140.00	\$374.00	\$100.00	\$100.00	\$140.00	\$70.00	\$110.00	\$290.00	\$135.00	\$130.00	\$60.00	\$255.00	\$1,904.00
Photocopying Fees	\$0.00	\$0.00	\$0.00	\$4.00	\$2.50	\$2.00	\$0.00	\$1.50	\$1.30	\$6.50	\$3.20	\$0.60	\$21.60
Home Births	\$75.00	\$25.00	\$125.00	\$100.00	\$25.00	\$75.00	\$25.00	\$75.00	\$75.00	\$75.00	\$150.00	\$100.00	\$925.00
Amendment Affidavit	\$45.00	\$20.00	\$10.00	\$50.00	\$10.00	\$75.00	\$20.00	\$45.00	\$10.00	\$55.00	\$55.00	\$40.00	\$435.00
Bank Fees	-\$64.05	-\$37.10	-\$12.60	-\$4.55	\$0.00	-\$12.00	-\$24.00	\$0.00	-\$12.00	\$0.00	\$0.00	\$0.00	-\$166.30
NSF Checks	-\$75.00	-\$10.00	-\$15.00	\$0.00	\$0.00	-\$15.00	-\$115.00	\$0.00	-\$15.00	\$0.00	\$25.00	\$0.00	-\$220.00
Adjustments	-\$12.00	-\$12.00	-\$12.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$36.00
SUB-TOTAL	\$133,893.91	\$52,104.90	\$36,695.40	\$35,983.93	\$22,945.94	\$21,545.48	\$23,521.48	\$24,248.50	\$18,239.30	\$20,030.98	\$16,148.20	\$20,757.60	\$426,115.62
CORONER FEES	\$1,052.00	\$1,286.00	\$1,184.00	\$1,216.00	\$1,040.00	\$1,056.00	\$974.00	\$1,054.00	\$1,116.00	\$1,058.00	\$916.00	\$1,430.00	\$13,382.00
FAMILY PLANNING CLINIC	\$1,309.43	\$1,637.41	\$2,331.29	\$2,090.12	\$1,880.44	\$1,138.14	\$3,494.51	\$2,695.05	\$2,029.98	\$2,107.97	\$1,848.00	\$1,737.06	\$24,299.40
TOTAL	\$136,255.34	\$55,028.31	\$40,210.69	\$39,290.05	\$25,866.38	\$23,739.62	\$27,989.99	\$27,997.55	\$21,385.28	\$23,196.95	\$18,912.20	\$23,924.66	\$463,797.02

HEALTH FUND

	INCOME	DISBURSEMENTS
TAX DRAWS	\$547,491.54	TOTAL 2014 DISBURSEMENTS
GRANTS	\$86,022.81	\$942,653.04
FEES	\$426,115.62	
MISCELLANEOUS RECEIPTS	\$10.00	CASH BALANCE
TOTAL INCOME	\$1,059,639.97	December 31, 2014
		\$591,149.74

DISEASE INTERVENTION

Case Investigation • Partner Services • Surveillance



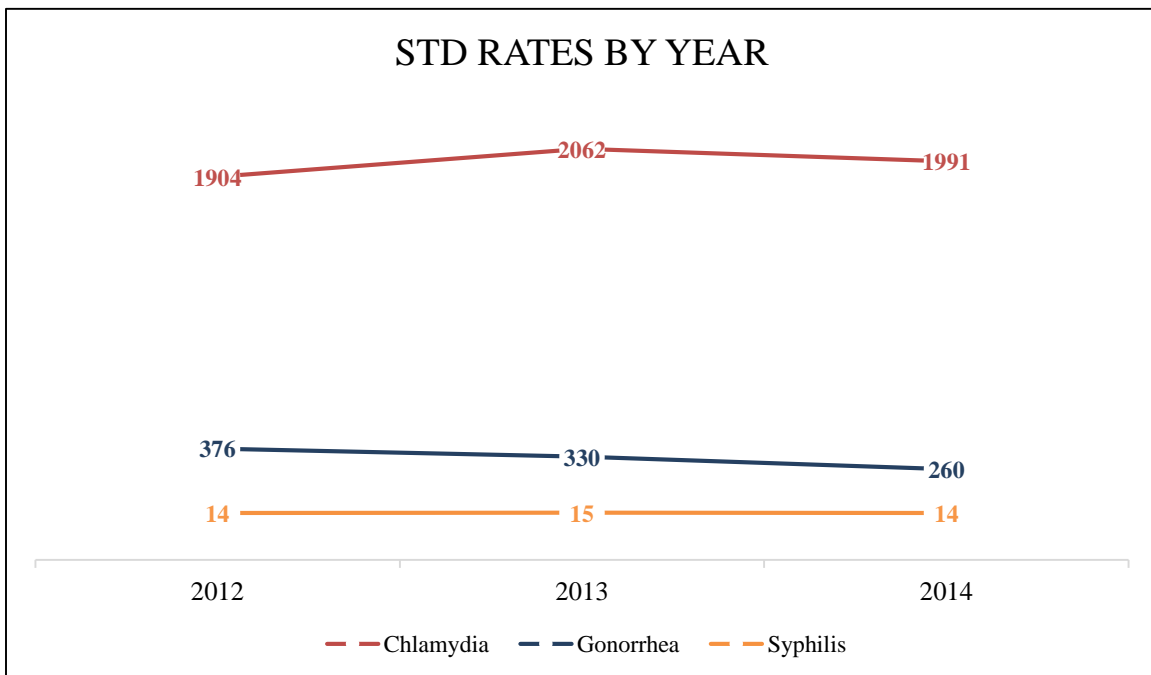
DISEASE INTERVENTION



DISEASE INTERVENTION

The Monroe County Health Department continued to receive a Sexually Transmitted Disease Prevention Grant from the Indiana State Department of Health in 2014 that covers disease intervention services for a 12county 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 2014, there were multiple changes and restructuring of staff to improve upon disease intervention efforts. Instead of continuing with a second Disease Intervention Specialist (DIS) stationed in Vigo County but employed by Monroe County, the positions were restructured to allow for one full-time DIS with a part-time assistant to assist with the workload. The new full-time DIS was hired in September and completed preliminary training in November. The new DIS assistant started in late December, and will be trained by early 2015 to aid in data entry, treatment confirmation, testing, and basic interviewing. The addition of the DIS assistant will make it easier for the DIS to focus their efforts on high-priority cases in the field, while still keeping up with data entry and case pursuit.



SURVEILLANCE

The STD Program monitors disease morbidity and rates as reported from hospitals, physicians and laboratories. The ISDH 2014 preliminary data for district 7 shows that chlamydia cases have remained mostly steady when compared to previous years, as can be seen in the “STD Rates by Year” graph. Chlamydia accounted for approximately 88% of the total morbidity of STDs investigated and women made up approximately 72% of the total chlamydia morbidity. Gonorrhea cases have decreased significantly over the years, with 70 less cases than 2013. Gonorrhea cases made up about 11% of the total morbidity of STD’s that were investigated. Syphilis cases have remained steady within the past few years.

2014 Surveillance Data Overview for Indiana STD District 7**

DIAGNOSIS	FEMALE	MALE	TOTAL
CHLAMYDIA	1433	558	1991
GONORRHEA	124	136	260
SYPHILIS	*	*	14**
TOTAL	1559	706	2265

*Preliminary data has numbers obscured for confidentiality purposes

**Cases include 14 cases of early syphilis (8 late latent, 1 early latent, 4 secondary, 1 primary)

Note: All data from this chart is preliminary data for 2014 and subject to change.

CASE DETECTION THROUGH SCREENING

The Disease Intervention Specialist provides syphilis/HIV testing and education 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.

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 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.

GOALS ACHIEVED IN 2014

- By December 31, 2014, the program created packets of information to distribute to those clients who have recently been diagnosed with HIV. These packets included updated information on partnerships that linked the individual to the continued care that they need for future follow up.
- The DIS staff completed the ISDH recommended online CDC advanced training by December 31, 2014.
- The program compiled a binder of updated referral information to distribute to clients in need. This information included updated materials such as crisis hotlines, mental health referrals, substance abuse centers, homeless shelters, domestic violence referrals and other helpful resources by December, 2014.
- By December 31, 2014, the DIS visited the Public Health Nurses in Vermillion, Parke, Putnam, Clay, and Sullivan County to continue to strengthen these relationships in other areas.

GOALS FOR 2015

- 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.
- 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. These websites are useful resources that are used in other areas, and aid in partner notification when screen names and social media are the only known methods of contact.
- The DIS will set up a meeting with the Monroe County School Corporation Director of Health Services to build a relationship with the school nurses in the community by December 31, 2015.

ENVIRONMENTAL HEALTH

Indoor Air Quality Assessments • Environmental Inspections & Testing • Vector Control



ENVIRONMENTAL HEALTH



ENVIRONMENTAL HEALTH

The definition of environmental health is the science and practice of preventing human injury and illness and promoting well-being by (1) identifying and evaluating environmental sources and hazardous agents and (2) limiting exposures to hazardous physical, chemical and biological agents in air, water, soil, food, and other environmental media or settings that may adversely affect human health.

An environmental health professional or specialist is a practitioner with appropriate education and training and registration or certification to:

- Investigate, sample, measure, and assess hazardous environmental agents in various environmental media and settings;
- Recommend and apply protective interventions that control hazards to health;
- Develop, promote, and enforce guidelines, policies, laws, and regulations;
- Develop and provide health communications and educational materials;
- Manage and lead environmental health units within organizations;
- Perform systems analysis;
- Engage community members to understand, address, and resolve problems;
- Review construction and land use plans and make recommendations;
- Interpret research utilizing science and evidence to understand the relationship between health and the environment; and
- Interpret data and prepare technical summaries and reports.

A professionally educated and trained staff is 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.

INDOOR AIR QUALITY (IAQ)

The Monroe County Health Department consulted with County residents who requested some assistance concerning indoor air quality. Topics of concern included asbestos, biological contaminants, carbon monoxide, formaldehyde, lead, and radon. In 2014 a majority of consultations were concerns regarding mold and general health concerns in their residence. **Three Lead Risk Assessments were conducted at the homes of children with confirmed elevated blood lead levels at or above 10 ug/dl.**

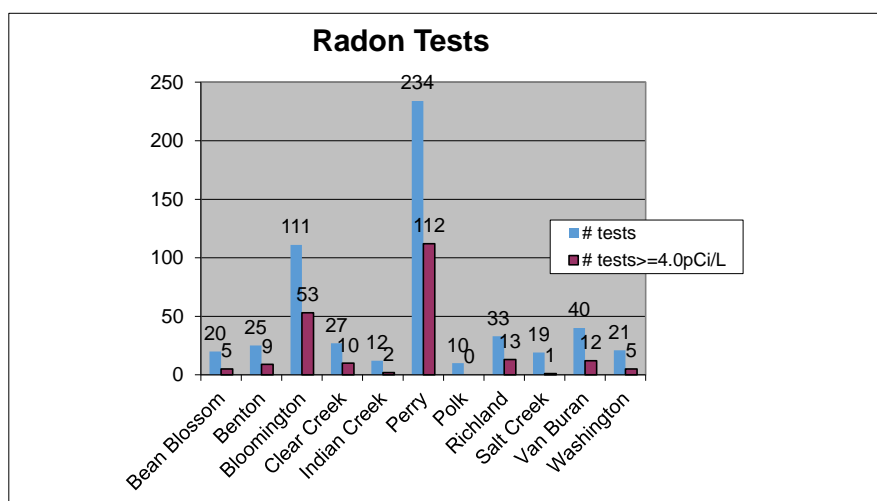
The Health Department maintains an inventory of indoor air publications. These publications cover the most common indoor air concerns and are available upon request. Staff keeps a current list of indoor air companies and laboratories throughout the state if further assistance is required. **The Health Department on occasion will request assistance from the State Indoor Air staff to test a home, school or business. Seven such tests were conducted in 2014. Five were at residences, one each at a school and business.** The buildings were checked for mold, humidity, and carbon dioxide levels. The State then sent a letter with the test results to the necessary parties.

INDOOR RADON PROGRAM

The Monroe County Health Department continued to assist area homeowners in their investigation of indoor radon gas levels throughout the County. The Health Department used both short-term radon detectors and an electronic radon detector for those that requested assistance. **The Health Department conducted 58 initial radon tests and 24 follow-up tests in 2014. Twenty-four out of 58 tests (41%) were at or above the recommended EPA action level of 4.0 pCi/L. These results are included in the chart below.**

**Monroe County Health Department Indoor Radon Results
(1986 through 2014)**

Township	Bean Blossom	Benton	Bloomington	Clear Creek	Indian Creek	Perry	Polk	Richland	Salt Creek	Van Buran	Washington	Total Tests
# tests	20	25	111	27	12	234	10	33	19	40	21	552
# tests ≥ 4.0 pCi/L	5	9	53	10	2	112	0	13	1	12	5	222
% tests ≥ 4.0 pCi/L	25%	36%	48%	37%	17%	48%	0%	39%	5%	30%	24%	40%



Please do not use this information to determine whether to test your home. The only way to determine radon levels in your home is to test.

GOALS ACHIEVED IN 2014

- Provided 58 radon tests for the public, free of charge through 2014.
Staff receives free radon test kits through the American Lung Association.
- By July 1, 2014, a software system was installed to connect GIS mapping and radon testing. Health Department staff increased their understanding of indoor radon through a GIS mapping program by working with staff from the Technical Services department.
- By November 1, 2014, mapped all radon testing conducted in Monroe County and used GIS program to add layers, such as bedrock and soil type, to see if some area homes may be at higher risk than others for radon. This map will be available for viewing with the intention to encourage building contractors and homeowners to install a radon mitigation system during new construction.

GOALS FOR 2015

- By October 1, 2015, contact 25% of homeowners whose homes were previously tested by the Health Department with radon levels at or above 10.0 pCi/L and see if they would like to have another test conducted by the Health Department.
- By December 31, 2015, complete all testing to those homeowners who would like a follow-up test.
 - Offering further testing may encourage more homeowners to install radon mitigation systems that may reduce any current and/or future occupant the risk of developing lung cancer from radon. These systems are able to reduce radon levels below 4.0 pCi/L.

OUTDOOR AIR QUALITY (OAQ)

Outdoor air pollution can be defined as the presence of solids, liquids or gases in outdoor air in amounts that are injurious or detrimental to human health and/or the environment; or that which unreasonably interferes with the comfortable enjoyment of life and/or property. Outdoor air pollution is not a recent phenomenon. It has been recognized as a source of discomfort for centuries as smoke, dust and obnoxious odors. The effects of outdoor air pollution on human health and/or the environment are influenced by the type and quantity of pollutant(s) along with possible synergistic effects the contaminant(s) may have with other outdoor air constituents.

In 2014, the Monroe County Health Department referred to IDEM and the Monroe County Solid Waste District (MCSWD) to enforce open burning complaints. The MCSWD has a local ordinance for illegal dumping and open burning. **The MCHD staff conducted two facility inspections during 2014. The MCHD also issued one small solid waste incinerator registration permit in 2014.**

The Monroe County Health Department coordinates with local area fire departments and law enforcement agencies in monitoring outdoor air quality activities. **One outdoor air violation was corrected by this cooperative effort in 2014.**

GOALS ACHIEVED IN 2014

- On February 26, 2014 the MCHD developed and hosted a partnership discussion meeting on “Open Burning” at the Ellettsville Fire Department.

ANIMAL AND VECTOR CONTROL

The Monroe County Health Department's animal and vector control program handles complaints involving domestic animals, rodents, vector insects and associated proper disposal of all dead animals. The list of approved disposal methods is overseen by the Indiana State Board of Animal Health (BOAH) as a matter of health and safety. Personnel in this program have formal education and meet the certification requirements for Categories 7 and 8, Public Health Pest Control, with the Office of Indiana State Chemist. Staff also participates in the Indiana Vector Control Association (IVCA).

ANIMAL MANAGEMENT AND CONTROL

The Monroe County Health Department works closely with the City of Bloomington Animal Care and Control Office, the Monroe County Animal Management Office and other state and local health departments on most domestic animal bite complaints. The Health Department works with the City and County Animal Control Officers and medical community in facilitating information transfer, reporting and the investigation of problem cases involving dog and cat bite cases. **In 2014, the Monroe County Health Department processed 175 such cases.**

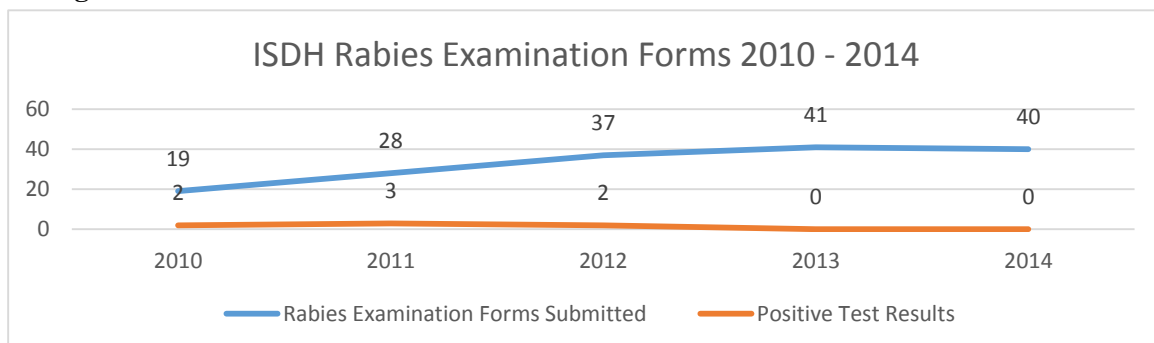
Indiana Code 16-41-2-1 and 410 IAC 1-2.3 provides for all bites of domestic or wild animals to be reported to the Local Health Officer having jurisdiction. **In 2014, the Monroe County Health Department processed 172 animal bite report forms.** Animal bites reported include: dog, cat, bat, rat, squirrel, chipmunk and raccoon.

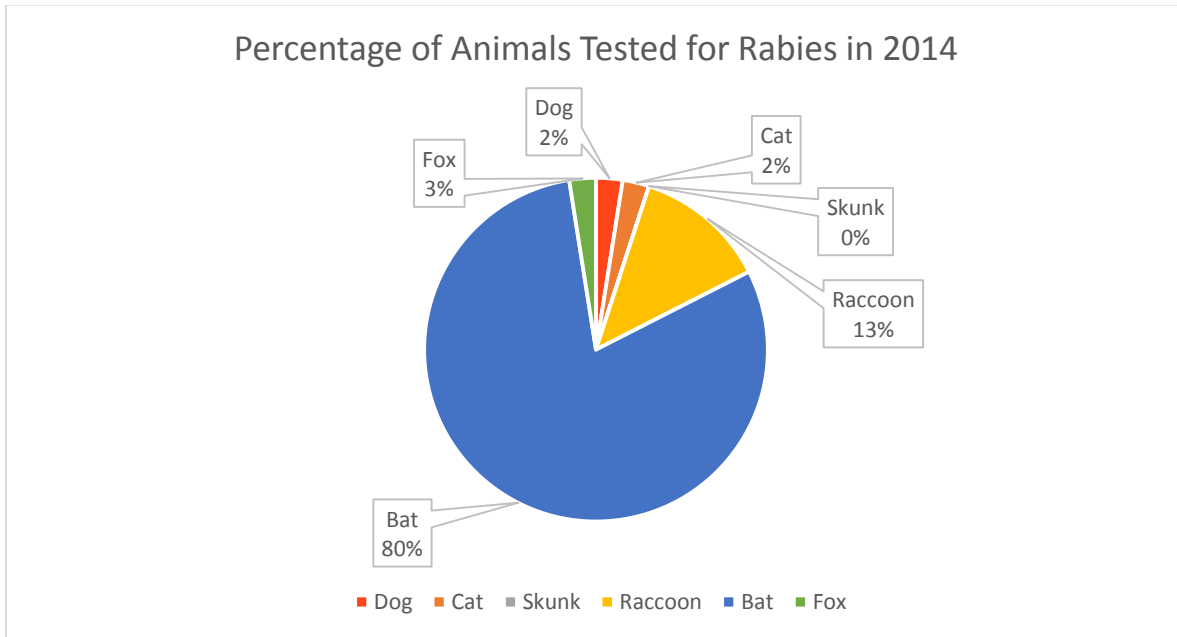
RABIES CONTROL

Rabies is a deadly disease caused by a virus that can infect humans, pets, livestock and wildlife. Preventing the disease in animals provides the best means of protection to humans. To protect Indiana's citizens and animal population from rabies, the Indiana State Board of Animal Health administers the Rabies Immunization/Rabies Control Law. Effective July 1, 1998 the requirements for dogs, cats and ferrets reads as follows:

"All dogs, cats and ferrets three months of age and older must be vaccinated annually against rabies with a licensed and approved product administered by a licensed, accredited veterinarian."

The movement of raccoon rabies from the East, skunk rabies from the West and coyote/fox rabies from Texas had prompted the Animal Board to include cats and ferrets in the annual vaccination program that previously required only dogs to be vaccinated. National data indicates that the cat is now the most frequently diagnosed domestic animal for rabies. **There were no reports of human rabies cases and no reported positive rabies results in bats in Monroe County during 2014.**





VECTOR CONTROL

There were no confirmed human cases of Spotted-Fever and two potential Lyme disease cases reported in Monroe County for 2014.

There were 55 consultations in 2014 with Monroe County citizens concerning cockroaches, lice, fleas, mosquitoes, ticks, bed bugs, rats and mice. Bed bugs continued to be the number one concern that brought in 30 complaints from the community in 2014. Eleven mosquito pools were tested for WNV in 2014. None were positive. No horses tested positive for WNV in 2014. **No human cases of WNV were reported in 2014.**

HIGHLIGHTS FOR 2014

- Continued promoting surveillance and public education activities with the objective to avoid or prevent communicable diseases such as rabies, Lyme disease, Hantavirus and West Nile Virus (WNV), from animals in our environment. Various media outlets were used to educate the public.
- Strengthened communication with other local agencies to locate various potential problem areas, such as abandoned homes, which may contain breeding grounds for mosquitoes or other vectors.
- Updated the County website as necessary.
- Received and processed 175 animal bite report forms.

ANIMAL BITE REPORTS FILED WITH MONROE COUNTY HEALTH DEPARTMENT FOR 2014

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YEAR
DOG	3	13	5	7	10	12	9	14	15	19	11	12	130
CAT	2	0	4	1	4	5	3	2	6	5	7	2	41
FERRET													
BAT								1					1
SKUNK													
RACCOON						1	1						2
FOX													
RAT													
WOOD-CHUCK													
RABBIT													
CHIPMUNK													
SQUIRREL									1				1
TOTAL	5	13	9	8	14	18	13	17	22	24	18	14	175
2013	11	23	10	13	16	17	8	17	13	25	10	12	175
+/- 2014/2013	-6	-10	-1	-5	-2	+1	+5	0	+9	-1	+8	+2	0

BLOOMINGTON PCB CLEANUP PROJECT ACTIVITIES 2014

INTRODUCTION

The Westinghouse Electric Corporation is the responsible party for the Bloomington PCB Cleanup Project under the Federal/USEPA Superfund Program. Westinghouse became CBS in May 1997, CBS became Viacom in May 2000 and Viacom became CBS on January 1, 2006. After several years of negotiations between Westinghouse and the governmental parties (USEPA, State of Indiana, City of Bloomington and Monroe County) a Consent Decree (CD) for this cleanup project was signed.

The Monroe County Board of Health is the designated Monroe County representative for the Consent Decree. A senior staff member of the Monroe County Health Department is appointed as the Monroe County PCB Project Manager by the Monroe County Commissioners. Each party to this agreement has an assigned project manager. The approved 1985 Consent Decree and the 1994 Operating Principles are the legal documents for this remediation project. A Consent Decree Amendment (CDA) was approved by the Federal Court in 2009.

2014 ACTIVITIES

During 2014, additional fish studies were conducted for Clear Creek, Stout's Creek and Richland Creek waterways.



AREA LANDFILL CLEANUP GOALS IN 2010 - 2014

Work is under way on groundwater remediation at the Lemon Lane Landfill, Bennett's Dump and Neal's Landfill. Operation and maintenance inspections were conducted in 2014 at these three sites. The Westinghouse/ABB site is the source of PCB contamination at the Bloomington area landfills.

Lemon Lane Landfill: As of December 1, 2014, the ICSWTP has treated 1,603,058,037 gallons of groundwater since start-up in 2000. Improvements to the Illinois Spring emergent point were

completed with the addition of a French drain system in 2012. The water storage tanks were repainted in 2012.

Bennett's Dump: The design of the passive quarry drain system was completed. The goal of this drain system is to lower the amount of water in quarries surrounding the site, which will help reduce the amount of water flowing from springs contaminated with PCBs. After installation of the passive drain, EPA will study how the drain affects the flow of these springs. The springs flow into Stout's Creek. If EPA finds that PCBs continue to flow into Stout's Creek, the water will be collected and treated in a water treatment plant to be built on site. The study was near completion in late 2012. A review study meeting was conducted in the first quarter of 2013. Preliminary study results are indicating some type of water treatment will be required. In December 2014, a review of all investigation activities was under review. Decision on the type of water treatment, construction and operations of facility will be selected in 2015.

Neal's Landfill: As of December 1, 2014, the NFL spring treatment facility has treated a total of 2,516,501,800 gallons of groundwater since start-up in 1990.

2014 HIGHLIGHTS

- Monitored, quarterly, operations and maintenance site inspection reports received in 2014.
- CBS completed remediation of Fluck Mill Road site via contractor.

**BLOOMINGTON, INDIANA PCB CLEANUP PROJECT
REMOVAL/REMEDIAATION ACTIVITIES SUMMARY TOTALS:**

- **14,422** - NUMBER OF CAPACITORS REMOVED AND INCINERATED AT TSCA INCINERATOR
- **369,582 TONS** OF TSCA WASTE REMOVED AND DISPOSED AT TSCA LANDFILLS
- **8202 TONS** OF NON-TSCA WASTE REMOVED AND DISPOSED AT NON-TSCA LANDFILLS
- **52,242,325 GALLONS** OF WATER TREATED AND DISCHARGED DURING SOURCE CONTROL (below 0.3 ug/m3)
- **600,000 GALLONS OF WATER TREATED DURING PUMP TESTING**
- **2,516,501,800 Gallons of contaminated groundwater treated at the NLFSTF (Thru Dec.1, 2014)**
- **1,603,058,037 Gallons of contaminated groundwater treated at the ICSWTP (Thru Dec.1, 2014)**
- **28,971** - NUMBER OF TIRES PROCESSED
- **4360 feet** of stream sediment hydro-vacuuming during interim removal phase.
- **145,200 TONS** of low level contaminated materials in consolidation areas under RCRA caps (FROM JUNE 1983 TO NOVEMBER 2014)

TOTAL WATER COLLECTED AND TREATED (ALL ACTIVITIES):

4,172,402,162 GALLONS

ENVIRONMENTAL SITE ASSESSMENT (ESA) PROGRAM

The Monroe County Health Department provides a formal "Records Search" and a formal "Records Search with Field Investigation" for individuals and organizations conducting Phase I Environmental Site Assessments (ESA) for commercial properties. The department began providing information for ESAs back in 1989. Informal consultations requests are also conducted, before any formal requests are processed.

The records search involves checking various databases which the department maintains. These include: reviewing the nuisance complaint investigation files, program specific files, NPL/PCB project files, emergency response/spills files, solid and hazardous waste files, UST/LUST files, indoor/outdoor air complaint files, vector/pesticide files and information request database files.

The records search with field investigation includes all the items checked during a records search plus a visit to the site under assessment. The field visit verifies site location and any "visible" public and environmental health concerns. The field investigation does not include any sample collection or analysis of site soil, water or air. Recommendations, copies of record file(s) and a written report are issued for each type of formal request.

The highlights for 2014 to complete a records search within three working days of receiving the ESA Phase I information request form and proper fee(s) was achieved. **In 2014, the department conducted no formal information requests for Phase I ESAs and 40 informal consultation requests. Since 1989, the department has issued a total of 144 formal information reports.**

HAZARDOUS MATERIALS AND WASTE CONTROL PROGRAM

The Monroe County Health Department's (MCHD) hazardous materials and waste control program provides consultations with owners and operators of permitted Resource Conservation and Recovery Act (RCRA) facilities in Monroe County and coordinates with the Indiana Department of Environmental Management (IDEM) Emergency Response Section, complaints relating to hazardous material spills/releases into the environment in Monroe County.

RCRA/HAZARDOUS WASTE

In 2014, the Monroe County Health Department provided four consultations dealing with various hazardous waste issues. Information ranging from proper disposal of small quantity generator waste to requirements for treatment and storage facilities was provided. An additional two referrals were made to the State of Indiana, IDEM, Office of Land Quality for follow-up.

SPILL RESPONSE OPERATIONS

A total of two complaint investigations were conducted in 2014 involving hazardous material spill response staff. MCHD response activities in 2014 included diesel fuel and unleaded gasoline. One remediation activity was completed at one incident location from previous years (prior to 1998).

GOALS ACHIEVED IN 2014

- By August 2014, staff will review, assess and revise documentation process of spill response actions and collaboration with IDEM and related agencies.
 - Not done

SOLID WASTE PROGRAM

RECYCLING AND SOLID WASTE STATIONS

The MCSWMD operates five recycling and solid waste stations (R&SWs.) located at various locations throughout Monroe County. The Monroe County Health Department conducted twelve total inspections in 2014 at the five sites.

There is a commercial transfer station owned and operated by Hoosier Disposal of Indiana. It is located on State Road 37 South just south and west of Dillman Road. This transfer station accepts municipal solid waste for a fee. This station is permitted by IDEM and inspected by IDEM in 2014.

SOLID WASTE COMPLAINT INVESTIGATIONS

During 2014, the MCHD referred any complaints of open dumping or improper handling of solid waste in Monroe County to Solid Waste District and worked with them as appropriate. Typical complaints range from illegal dumping of residential garbage, household appliances and construction/demolition debris on both private premises and public properties. The MCSWMD office is the main governmental agency that conducts the majority of open dumping complaints/referrals in Monroe County.

SOLID WASTE TRANSPORTERS

Chapter 360 of the Monroe County Code requires all individuals, companies and corporations engaged in the removal of solid waste from establishments or residences other than their own and disposing the solid waste in an approved disposal facility (i.e. Monroe County Landfill), be required to obtain an annual vehicle permit from the Monroe County Health Department. Chapter 360 is currently under legal review by the county.

All permitted vehicles must be inspected to ensure that the vehicle is designed to properly contain solid waste material without release or spillage during transport. **There were one hundred waste transporter permits and decals issued in 2014. There was one complaint investigation concerning these vehicles. There were no orders issued or charges filed with the Monroe County Prosecutor's Office for additional legal actions against any permitted transporter in 2014.**

HIGHLIGHTS IN 2014

- Reviewed county website on a quarterly basis, and updated as necessary.
- Reviewed and updated Monroe County Code, Chapter 360, Solid Waste, by July 1, 2014 however it has not been moved forward.

SWIMMING POOLS

The swimming pool program is managed by the Environmental section. **Monroe County has one hundred sixteen (116) public and semi-public pools that are inspected by our department.** The Health Department licenses and inspects all pools, spas, and beaches routinely for maintenance of proper water chemistry, required safety equipment, cleanliness of bath houses, locker rooms and proper filtration systems. **The number of inspections in 2014 was 335.**

The Health Department staff is certified in pool operations. Certifications are good for five years. The Monroe County Swimming Pool, Spa, and Beach ordinance follows the rules and regulations required by the Indiana State Department of Health. The Health Department has the authority to close public and semi-public water recreational facilities that do not follow the State Department of Health regulations. When a facility is closed, it must correct the cited violations before reopening.

GOALS ACHIEVED IN 2014

- To protect the health and safety of citizens enjoying recreational water facilities.
 - By March 15, 2014, send out email to all pool facilities inviting them to pool meeting.
 - E-mails sent out on March 15, 2014.
 - By April 15, 2014, conduct a swimming pool meeting for pool owners, managers and operators in order to better understand the Health Department's inspection process.
 - Meeting held on April 11, 2014 with 20 attendees.
 - By May 1, 2014, make sure all pool facility information is entered and updated in database.
 - All pool information entered and updated on or before April 30, 2014.
 - Inspect year round facilities six times and inspect seasonal facilities three times during the season.
 - All but two year round facilities were inspected six times (not opened all year long) and all seasonal facilities were inspected three times.

GOALS FOR 2015

- 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. *The current database does not allow easy means to collect various reasons for closure.*
- By December 31, 2015, use above closure data and pass this information on to all pool facilities.
 - This will allow the Health Department to better educate facility staff to show real data in the hopes of reducing closures, and thus helping to keep bathers safe.

RENTAL HOUSING

The Monroe County Health Department has no local rental housing code and functions more as a clearinghouse for information. A majority of calls are forwarded to the City Housing and Neighborhood Development Office (HAND) who enforce rental property code within the city of Bloomington limits.

Our department provides information and guidance on tenant complaints. We also provide information regarding the Indiana State rule IC 32-31-7 and IC 32-31-8 Tenant Obligations and Landlord Obligations respectively. Callers may be directed to Legal Aid Services, Mediation, Monroe County Building Department, Animal Control, Solid Waste Management District and the Mobile Homes Compliance Section of the Indiana State Department of Health when appropriate.

GOALS ACHIEVED IN 2014

- Inform and empower tenants and landlords of their rights and obligations to ensure the most habitable residence possible.
 - By May 1, 2014, add a list of rental housing resources on website for tenants who have complaints and/or concerns regarding housing conditions. Information was available in May, but not on website until later in the year.

FOOD PROTECTION

Food Safety Education • Food Establishment Inspections • Facility Review & Investigations



FOOD PROTECTION



FOOD PROTECTION PROGRAM

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 2014, there were 663 retail food establishments (restaurants, grocery stores, schools, seasonal, vending and mobile units);** a number that stayed the same from the previous year. In addition to risk-based routine inspections of these facilities, **46 temporary food permits were issued in 2014 (a decrease of 7 from 2013)** in conjunction with special events such as: The Taste of Bloomington, Monroe County Fall Festival, 4th Street Arts Fair, 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

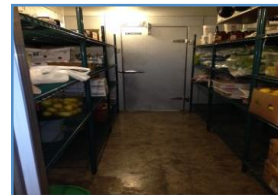
None of these activities can stand by themselves, for each phase is necessary to ensure a safe food supply to the public. The staff consists of the Chief Sanitarian who administers the Food Protection Program and two full-time Food Sanitarians. In May of 2014, a part-time employee was hired to help with seasonal event and low risk establishment inspections. In July, this person transitioned into a full time position as a Food Sanitarian when the position became available.



**Special event
inspections**



Farmer's Market



**Retail Food
Establishment
Inspections**

FOOD ESTABLISHMENT PLANS / DESIGN REVIEWS

Since 1997 the department has done all plan reviews for new establishments and establishments that are undergoing extensive remodeling. Monroe County Ordinances define a new establishment as an establishment that has not been previously licensed, has changed ownership, or has ceased operation for six consecutive months. Establishment operators are required to submit plans and specifications for review and approval, along with a proposed menu to the department prior to construction and opening. The plans are evaluated to determine compliance with the applicable laws and regulations prior to issuance of a food establishment license. Besides providing site plans, operators are required to complete a comprehensive questionnaire about the facility and their food handling procedures. The plans, questionnaire, and menu become part of the establishment's permanent file and are kept by the Health Department for future reference, along with any written comments from the sanitarian conducting the review. **In 2014, 101 design reviews were conducted by staff representing an increase of 53 from 2013.** This increase was due to a new way of reporting on tally sheets and some inconsistencies that were discovered in previous years.

Beginning in 2013, plan reviews were also required for mobile food vendors applying for first-time permits. There were 13 new mobile vendors in 2014 that required additional staff time for plan reviews.

EDUCATION

The Food Protection Program partnered with Ivy Tech, Danger Zone Consulting and Safe Foodhandlers Corporation to offer manager certification in Monroe County. The food manager certification law has been in effect since January 1, 2005 and many people have attended private or employer-sponsored classes in order to obtain their certification.

Consultations provided by food staff decreased by 640 from 2,154 to 1,514. 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.

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 2014, the food protection staff conducted 1,191 inspections (routine, follow up, pre-opening, complaint, construction and special events), a decrease of 91 from the previous year.** Staffing changes was a contributing factor to the decrease in total inspections for 2014. Of the 1,191 inspections performed, approximately 148 were special event inspections performed after hours and on week-ends. A priority of the food protection program is to reduce the number of critical violations that occur in a retail food establishment. Critical violations are defined as those that are more likely to cause a foodborne illness. The most common and dangerous critical violations are various degrees of temperature abuse, poor personal hygiene of food handlers and cross contamination. If critical violations are cited during an inspection they are either corrected immediately or a follow up inspection is conducted to determine compliance. Non-critical violations are those that are contributing factors, but generally are not the primary cause of a food borne illness outbreak, such as soiled non-food contact surfaces, cleanliness of floors, walls, ceilings and improper storage of food.



Proper food storage prevents cross contamination



Retail food establishments are inspected based on risk factors



Proper food temperatures prevent foodborne illnesses

COMPLAINTS

There were 67 complaints received and responded to in 2014, a decrease of nine 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 2014.

GOALS ACHIEVED IN 2014

- Food staff conducted two late night mobile food vendor inspections during 2014 (April 2014 during Little 500 weekend and in September upon return of IU students). Another accomplishment was being able to inspect mobile vendors at “Food Truck Fridays” that were held monthly (beginning in September) in the parking lot of Chocolate Moose.
- In 2014, food staff inspected seasonal markets at least once a month during the operating months of the markets.
- Renewal licensing procedure was reviewed and recommendations for restructuring were submitted to the Health Board by October, 2014, including an amendment to the current licensing year (March 1st through the last day of February). This was approved by the County Commissioners in December, 2014.
- The Five Key Public Health Interventions as identified by the CDC and FDA were addressed during one routine inspection with an establishment that has a risk factor of 2 or 3 (approximately 300-375) using a check list that addressed:
 - FBI prevention training
 - Employee health controls
 - Controlling hands as a vehicle of contamination
 - Time/Temp parameters for controlling pathogens
 - Consumer advisory for undercooked foods of animal origin

GOALS FOR 2015

- By the end of 2015, food section staff will utilize electronic inspection reports.
- Food staff will become trained in Building Department System software by June, 2015 (this will allow us to track the issuance of permits and certificate of occupancies issued by the Building Department resulting in a more efficient use of time by food staff).
- A complete file audit will be conducted on licensed food establishments by March, 2015.

FOOD PROTECTION PROGRAM 2014 (2013 numbers in parenthesis)

Consultations	1514 (2154)	Plan Reviews conducted	101 (48)
Routine/Follow up/ Pre-Opening /special event Inspections	1052 (1144)	Court Appearance	0
Complaint inspections	67 (76)	Meetings, Special Projects, Trainings	85 (87)
Construction/site inspections	72 (62)		

FUTURES FAMILY PLANNING CLINIC

Health Exams for Women • Birth Control Services & Reproductive Health • STI Testing & Treatment



FUTURES FAMILY PLANNING CLINIC



FUTURES FAMILY PLANNING CLINIC

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

The clinic is staffed with a full time manager, LPN, and two part-time Advanced Practice Nurses. A Medical Director supervises medical care provided, regularly reviews charting entries, and is available for consultations. Patients who have medical issues beyond the scope of the protocols of the clinic are referred for care and assessment to other providers. Working relationships with others who are equipped to serve low income or patients with language barriers are priority referrals.

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 Medicaid 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 contraception (both combination and progestin only), Depo-Provera (the shot), intrauterine devices (IUD), Emergency Contraception and the Ortho Evra Patch. 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 2014:

- Oral contraceptives - 44%
- Condoms - 22%
- Depo Provera - 10%
- Intrauterine device – 9.6%
- Abstinence - 3.5%
- Evra Patch - 3%
- Diaphragms are no longer manufactured in the United States.

POPULATION SERVED

The number of unduplicated clients served in calendar year (CY) 2014 was 1,108. This was a decrease from CY 2013 where the clinic saw 1,259 and 2012 where 1,791 unduplicated clients were served. This year saw several challenges:

- Futures closed for drywall repair for the winter “polar vortex”. Pipes burst in the cold necessitating drywall repair throughout the clinic. The clinic was kept open for supplies and exams as much as possible.
- The second part-time Nurse Practitioner left to pursue other interests. The clinic had several weeks of being short of examiner time. The clinic then obtained services from our temporary part-time Nurse Practitioner, who left prior to Thanksgiving.

This lack of examiner time coupled with the weather closings impacted our ability to see patients.

POVERTY LEVEL

Of the patient population served in 2014, 93% fall below 150% of poverty. A full 78% fall below 100% of poverty and pay no fees for exams or supplies. The clinic has patients who pay partial fees (20%) and some that pay the full fee (2.6%). As previously mentioned, the clinic bills Medicaid (1% of patients) and private insurance (0.45% of patients).

More patients are applying for Medicaid and insurance. A grant from Health and Human Services routed through Indiana Family Health Council enabled the hiring of a Certified Navigator (CN) in December, 2014 to assist patients in enrolling in both Medicaid and the Marketplace insurance. The CN is housed at the Health Department, but much of their time is spent on outreach throughout the community. Patients are being referred to the CN for assistance. Prior to their hiring, the **clinic staff provided computer access to seven clients who successfully obtained Medicaid or the Healthy Indiana Plan. In 2013, the clinic received \$6,683.62 of insurance payments and in 2014 the clinic received \$10,977.40 of insurance payments.**

DEMOGRAPHICS

Demographic data from the Indiana State Department of Health shows that the state of Indiana is not as diverse as many states. Futures utilizes interpreters for our Spanish speaking patients.

Futures clinic data shows more diversity than Indiana as a whole:

Caucasian patients	African American patients	Hispanic patients
Indiana – 89%	Indiana – 9%	Indiana – 4.5%
Futures – 80%	Futures – 15%	Futures – 8.4%

Federal law allows adolescents to receive services through this clinic without parental consent. The clinic adheres to the Indiana statutes that regulate reporting of sexual activity in underage clients. **During YTD 2013, the clinic saw 121 patients who were under age 19 (11% of total unduplicated patients).**

HEALTH PROBLEMS

Sexually Transmitted Disease 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 STD and when the patient has symptoms of an STD. **During 2013, Futures did 801 Gonorrhea/Chlamydia tests. Of those, 18% were positive and received treatment. This is an increase of 3% over the prior year.**

Pap tests are done for clients according to ACOG guidelines. Testing begins when the patient turns 21 years old. **In 2014, Futures provided 443 tests to patients. This is a decrease of 358 tests from the prior year. Of these, approximately 14% were abnormal, which is the identical abnormal percent from the prior year.** According to the new ACOG guidelines, those patients with mild abnormalities (ASC-US) have their 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.

GOALS ACHIEVED IN 2014

- To increase our unduplicated patient numbers to 1,950 by the end of CY 2014.
 - Unmet by 842 persons due to reasons above.
- To perform a cost analysis and adjustment of pricing of our exams and supplies.
 - This was done by an intern from Indiana University who was getting her Master's Degree in Public Health. Her cost analysis compared our current charges and codes to Medicaid reimbursement levels. In addition, all staff attended trainings and webinars to learn about new coding changes for Medicaid and insurance.
- By the end of 2014, all pricing should be at Medicaid reimbursement levels.
 - The electronic medical record billing was updated to reflect changes in prices charged and the new coding regulations in December, 2014.
- To assess the possibility of having staff assist patients to enroll in Medicaid or Family Planning Medicaid by September, 2014. If feasible, this could off-set diminished Federal money.
 - As mentioned above, a computer was networked and patients were encouraged to sign up for Medicaid at the time of their visit. The Certified Navigator began working at Futures in December.
- To supplement funding in 2014 by writing at least two grants to supplement diminished federal, state and insurance monies.
 - Two grants were written in 2014. A grant for a Certified Navigator was submitted to Precision. This grant was declined; however, as mentioned above, IFHC obtained a federal grant to hire a CN. A second grant was written to the Sophia Travis fund for \$2,500 for STI tests. This money was awarded, but not spent. The clinic didn't use the number of free tests provided by the Indiana State Department of Health. Monroe County has graciously allowed Futures to move this money to be used in FY 2015.

GOALS FOR 2015

- Futures will see 1,950 unduplicated patients in 2015.
- Establish full Nurse Practitioner coverage in 2015 to meet unduplicated patient goal.
- Futures clinic will increase outreach by participating in, or being represented in, at least four Health Fairs or Community Events in 2015.
- 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.



HEALTH EDUCATION



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 during their work:

- Assess individual and community health needs
- Develop, implement, and evaluate culturally competent education programs
- Manage health programs and personnel
- 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
- Conduct research
- 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 Corp, 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 2014 include:

Accreditation: The Health Education Department Lead acts as the Accreditation Coordinator. As such, the department worked alongside the Administrator to lead the development of the strategic plan and in formation of the Community Health Assessment group.

Sodium grant: Developed program to increase healthier choices in County owned vending machines.

Kids Choice: Created and held first Kids Choice Carnival workshop to introduce the nutrition program to all Stinesville Elementary students' families and friends in an inviting and fun-filled manner.

Medical Reserve Corps: Secured a partnership with Indiana University to create a student led MRC.

Marketing: Created advertising to promote department, including a four month ad on Rural Transit buses. (See ad below)



GOALS ACHIEVED IN 2014

- Staff developed and maintained partnerships with community organizations/companies by:
 - Participating in a minimum of 12 community health fairs or multi-organizational events in 2014.
 - Attending at least ¾ of Active Living Coalition and the Coordinated Health School Committees meetings.
- Improved delivery of current health information to the Monroe County Community by:
 - Providing state-of-the-art written information through press releases, news stories and promotional materials.
- Increased the use of GIS capabilities to track disparities and fulfill Healthy People 2020 goals as it applies to population health:
 - Staff supervised interns' projects in using census and GIS data to update community health disparity information.
- Assisted Activate Wellness Clinic in offering health education programs to Monroe County employees.
 - The Health Education Department coordinated 11 Lunch and Learn wellness programs for Monroe County Employees and managed the HOPE Pays wellness benefit program.

GOALS FOR 2015

- 1) 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.
- 2) 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.



KIDS CHOICE

The Monroe County Health Department and AmeriCorps team up to provide the Kids Choice nutrition program in the Richland Bean Blossom school district. Kids Choice is patterned after the USDA MyPlate and Lets Move programs and teaches children how to choose healthy meal choices and stay physically active. Kids Choice currently sees 4th and 5th graders at Stinesville Elementary School and kids attending the latch-key program at Edgewood.

GOALS ACHIEVED IN 2014

- Increased visits to Edgewood Primary School so that each site had two monthly visits by August, 2014.

- By December, 2014, Edgewood students' scores increased from pre-test to post-test by over 80%. Out of the ten Stinesville students who took both the pre and post-test, 70% either stayed the same or increased their score by at least 10%.
- Increased overall attendance by 15% by December, 2014.
- Implemented evaluation strategies specific to each school/grade level by August, 2014, including "check-point" evaluation methods to ensure attainment of knowledge.
- Implemented strategies to inform parents by August, 2014.
 - Methods used included advertising on school website, blogging, and sending materials home with students.
 - Staff also held a Carnival (workshop) to showcase Kids Choice nutrition education for all Stinesville Elementary students and accompanying parents in May, 2014.

Goals not met:

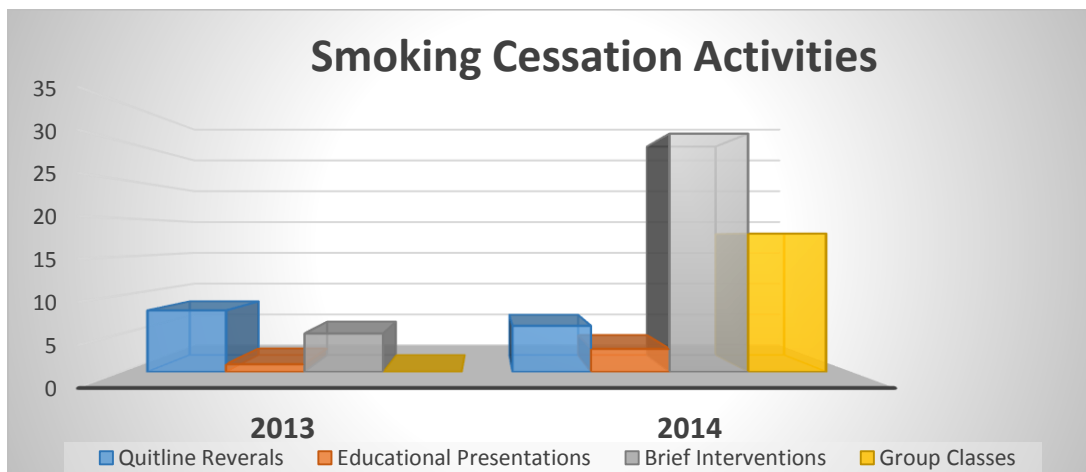
- Physical activity logs were not implemented after determining the difficulty in capturing documentation when having bi-monthly sessions.

GOALS FOR 2015

- 1) Staff will promote community knowledge and awareness of Kids Choice programming by using a minimum of three distinct methods of outreach by December, 2015.
- 2) 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.

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.



GOALS ACHIEVED IN 2014

- Increased participation in one-on-one consultations by over 20%, from four in 2013 to eight in 2014.
- Increased brief interventions from five in 2013 to 31 in 2014 by using an innovative program to capture interest during an Outreach event.
- Created both a six week group cessation program by May, 2014 and a four week one-on-one cessation program by December, 2014, including evaluation methods.
- Increased amount of presentations to high risk smokers from one in 2013 to three in 2014.
- Staff increased promotion of the Indiana Tobacco Quit-line information by offering to all individual and group participants. Referrals, however, declined from eight in 2013 to six in 2014, perhaps due to reduced tobacco screening within Futures due to Title X program changes.

Goals not met:

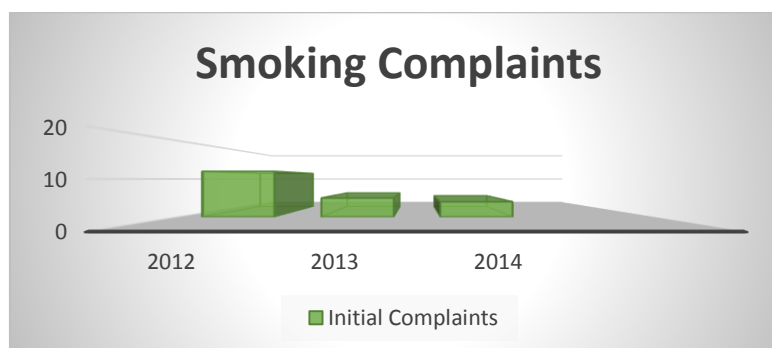
- Staff did not create a community cessation class, partly due to staff turnover. Research concerning the need, resources and programming will continue in 2015.

GOALS FOR 2015

- 1) Staff will develop a science based presentation and teaching materials on e-cigarettes for the Monroe County Board of Health by December, 2015.
- 2) 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.

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.



Graph illustrates the number of initial complaints followed up by the Health Department from 2012 - 2014

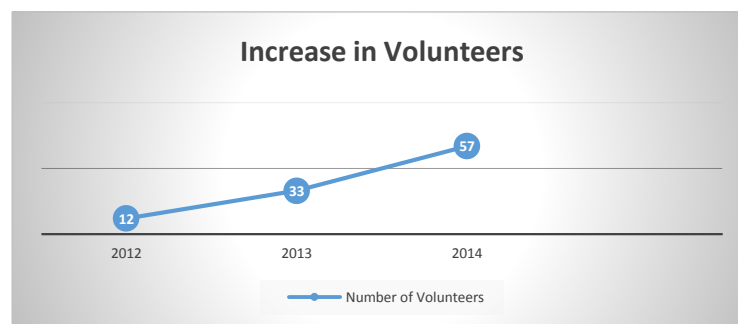


MEDICAL RESERVE CORPS

The Trust Health Educator is the coordinator of the local Medical Reserve Corp (MRC). 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 and increase community resiliency.

GOALS ACHIEVED IN 2014

- Secured a partnership with our local Health Occupation Students of America (HOSA) chapter and participated in the 2014 partnership competition.
- Implemented a volunteer background check policy and an evaluation method for engagement by December, 2014.
- Organized an “end of the year” appreciation ceremony for current volunteers by August, 2014.
- Used SERV-IN to initiate a call-down drill and Point of Dispensing (POD) exercise.
- Increased number of volunteers by 30% from 33 volunteers in 2013 to 57 in December, 2014, actively recruiting volunteers by giving at least three presentations and attending community health/job fairs.
- Increased attendance at monthly meetings by 20% (from 8 in January to 10 by December 2014).



GOALS FOR 2015

- 1) 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.
- 2) 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.

Committees and Coalitions served / meetings regularly attended by Education team:

- Affordable Care Act Coalition
- Active Living Coalition (ALC)
- Community Organizations Active in Disasters (COAD)
- Community Health Assessment/Achieve
- District 8 Preparedness Team
- District 8 Medical Reserve Corps (MRC) State meetings
- 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
- AmeriCorps Improving Health Throughout Indiana

Speakers / Donations / Sponsors for Education Department Programs during 2014:

- | | |
|---|--|
| • Amy Meek, BSN, MCPH Nurse | • Marsh Supermarkets |
| • Bloomingfoods Market and Deli | • Moe's Southwest Grill |
| • Bloomington Bagel Company | • Monroe County Soil and Water Conservation District |
| • Bloomington Sandwich Shop | • Nancy Parker from YMCA |
| • Chocolate Moose | • Olive Garden |
| • Cloverleaf | • Orange Leaf |
| • CVS | • Red Lobster |
| • Dagwood's Deli | • Rural King |
| • Fazoli's | • Scholar's Inn Bakehouse |
| • Honey Baked Ham | • Starbucks |
| • IGA | • Stephanie Solomon from Mother Hubbard's Cupboard |
| • Indiana University Hearing Clinic | • Target |
| • Inga's Popcorn | • Texas Roadhouse |
| • IU Hilltop Gardens | • The Comedy Attic |
| • Ivy Tech | • Vibe Yoga |
| • Kris Heeter | • Walmart |
| • Lara Hodson from Dale Carnegie Training | • YMCA |
| • Lowe's | |

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

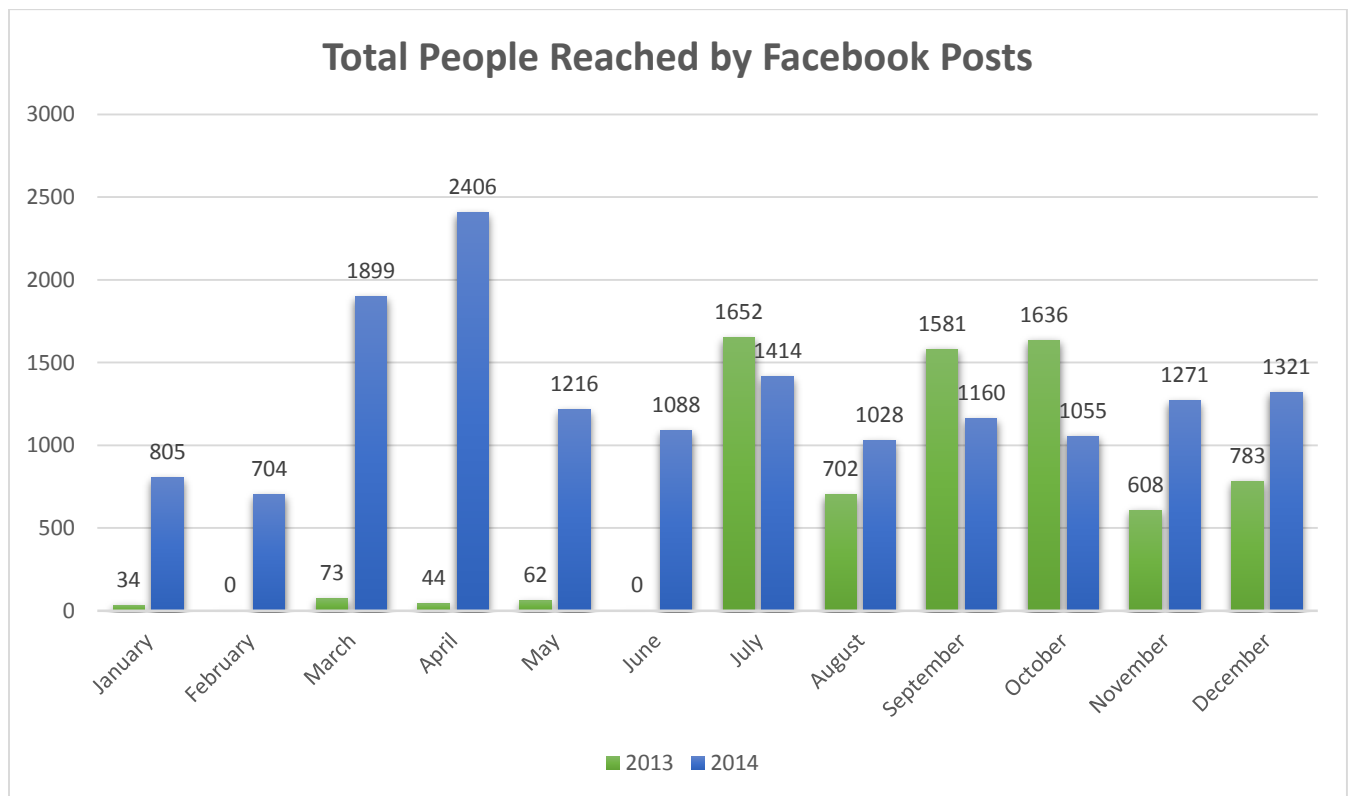
FACEBOOK

In 2014, we exceeded our two Facebook goals. **The goal to increase Facebook page likes by 20% was met in June, and by the end of December, had grown to 97 likes (a 37% increase from 2013). The goal to reach an average of 750 people a month was surpassed with an average of 1,281 people reached.**

Over the course of 2014, Facebook received 26 new page likes, 15,367 people were reached with posts and 614 people liked, commented, or shared the Health Department's posts. We will continue to monitor the increase with each year and are looking forward to continued progress in reaching more people and spreading health awareness to the Monroe County community.

GOALS FOR 2015

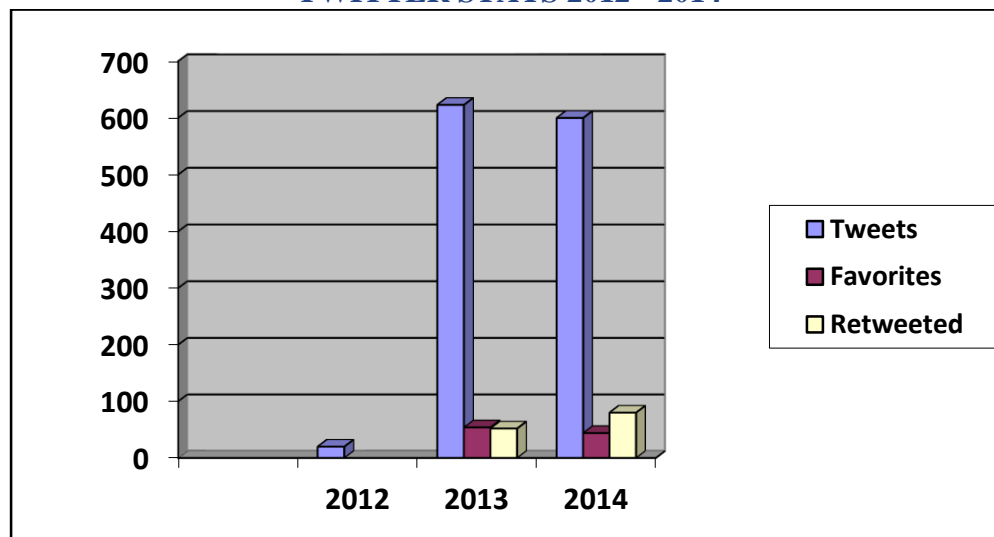
- Increase Facebook fans by approximately 20% for a total of 116.
- Reach an average of 900 people a month - a 20% increase from our 2014 goal.



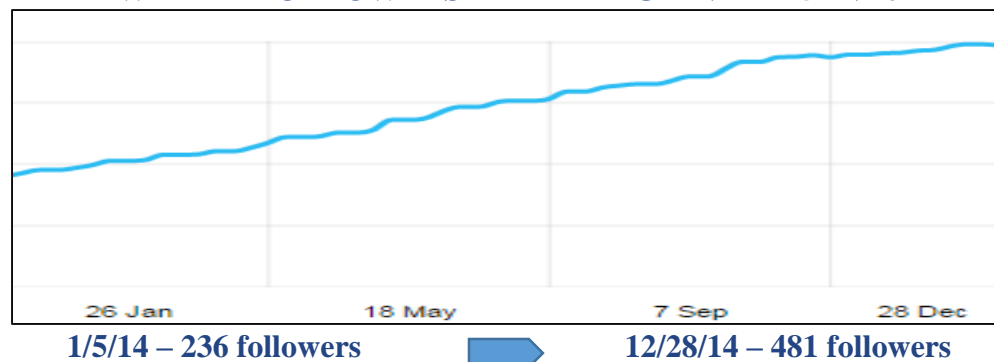
TWITTER

Our Twitter account surpassed two of our 2013 goals; **increasing followers by 20% and increasing retweets by 15%.** **Actual follower counts were increased by 50.9% and retweets were increased by 69%.** The favorites category dropped slightly. Our third goal of increasing daily tweets was reevaluated and determined not to be needed at this time.

TWITTER STATS 2012 - 2014



TWITTER FOLLOWERS - GAINED 245 IN 2014

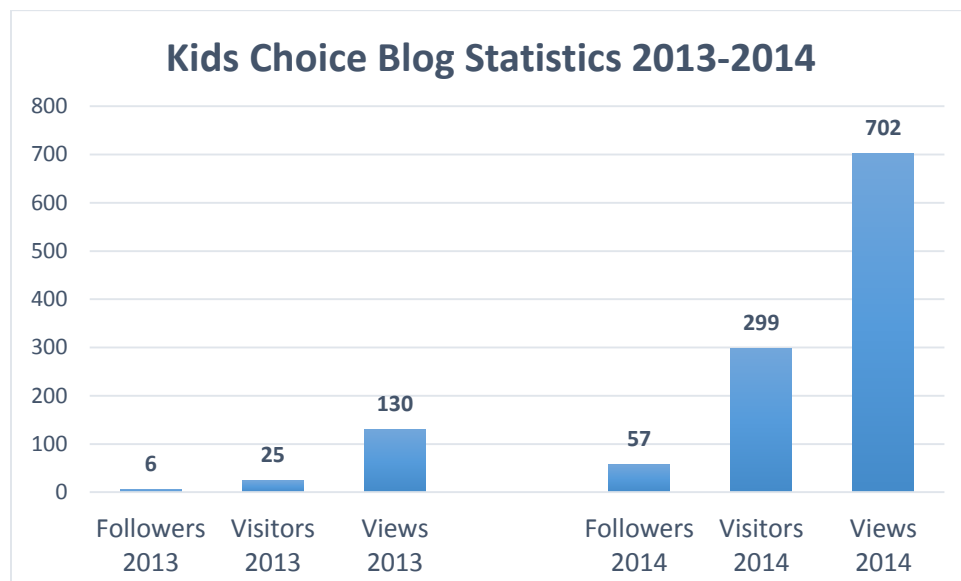


GOALS FOR 2015

- Create a “Twitter Calendar” with input from all department section leads to increase coverage of department activities by April 30, 2015.
- Increase total followers by 25% over 2014 figures by the end of 2015.

KIDS CHOICE BLOG

In 2014, we exceeded our goal of increasing active followers by 25%; **in 2013 we had six followers and we gained 51 followers in 2014 for a total of 57 followers. We also met our goal of posting new healthy recipes at least 12 times throughout the year.** Due to changes in staff, we did not meet the goal of posting at least one blog update per school each month of active programming. The goal was met January through September 2014. **We successfully increased the overall number of blog views by 25%; there were 130 views in 2013 and 702 views in 2014.** We were unable to determine if blog views increased by 10% per person as the blog site does not provide this data.



GOALS FOR 2015

- Increase blog awareness in the community by advertising the blog address by three different methods between January 1, 2015 and August 31, 2015.
- Increase the total number of blog followers by 25% by the end of 2015.



PUBLIC HEALTH PREPAREDNESS



PUBLIC HEALTH PREPAREDNESS

Public Health Preparedness is the assessment and planning which helps to improve the community's ability to be prepared for and respond to a public health emergency. Recent events, such as Hurricane Katrina and the 2009 H1N1 influenza pandemic, have shown us the importance of communities being prepared for potential threats, whether natural or man-made. The Public Health Preparedness division helps protect and prepare Monroe County residents for public health threats. The division is responsible for assessment, preparedness, response, and recovery prior to, during, and after public health threats and emergencies.

The CDC's 15 Public Health Preparedness (PHP) capabilities create national standards for both local and state health departments. These capabilities allow the PHP division to identify gaps in preparedness and also aid in developing appropriate plans for sustaining these capabilities. The capabilities provide guidance for public health preparedness planning while ensuring the appropriate measures are being taken to properly prepare the communities for disasters.

As a recipient of the Public Health Emergency Preparedness Cooperative Agreement (PHEPCA) grant, through the Indiana State Department of Health, we are tasked each year with addressing at least three of the 15 CDC capabilities. Please refer to the chart below to track the division's progress. This year's capabilities include Community Recovery, Mass Care and Fatality Management.

Public Health Preparedness Capabilities	
<input checked="" type="checkbox"/>	Community Preparedness
★	Community Recovery
<input checked="" type="checkbox"/>	Emergency Operations Coordination
<input checked="" type="checkbox"/>	Emergency Public Information and Warning
★	Fatality Management
<input checked="" type="checkbox"/>	Information Sharing
★	Mass Care
<input checked="" type="checkbox"/>	Medical Countermeasure Dispensing
<input type="checkbox"/>	Medical Material Management and Distribution
✕	Medical Surge
★	Non-Pharmaceutical Interventions
✕	Public Health Laboratory Testing
✕	Public Health Surveillance and Epidemiological Investigation
<input checked="" type="checkbox"/>	Responder Safety and Health
<input checked="" type="checkbox"/>	Volunteer Management
Key	
<input type="checkbox"/>	Planning to complete
★	Currently in progress
<input checked="" type="checkbox"/>	Completed
✕	Not applicable

COMMUNITY RECOVERY

Community recovery is the ability to collaborate with community partners to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible. Community recovery involves identifying and monitoring public health system recovery needs, coordinating community public health system recovery operations, and implementing corrective actions to mitigate damages from future incidents.

MASS CARE

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves. The mass care functions include determining public health role in mass care operations, determining mass care needs of the impacted population, coordinating public health, medical, and mental/behavioral health services, and monitoring mass care population health.

FATALITY MANAGEMENT

Fatality management is the ability to coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident. The primary functions of fatality management include determining the role for public health fatality management, activating public health fatality management operations, assisting in the collection and dissemination of ante-mortem data, participating in survivor mental/behavioral health services, and participating in fatality processing and storage operations.

GOALS ACHIEVED IN 2014

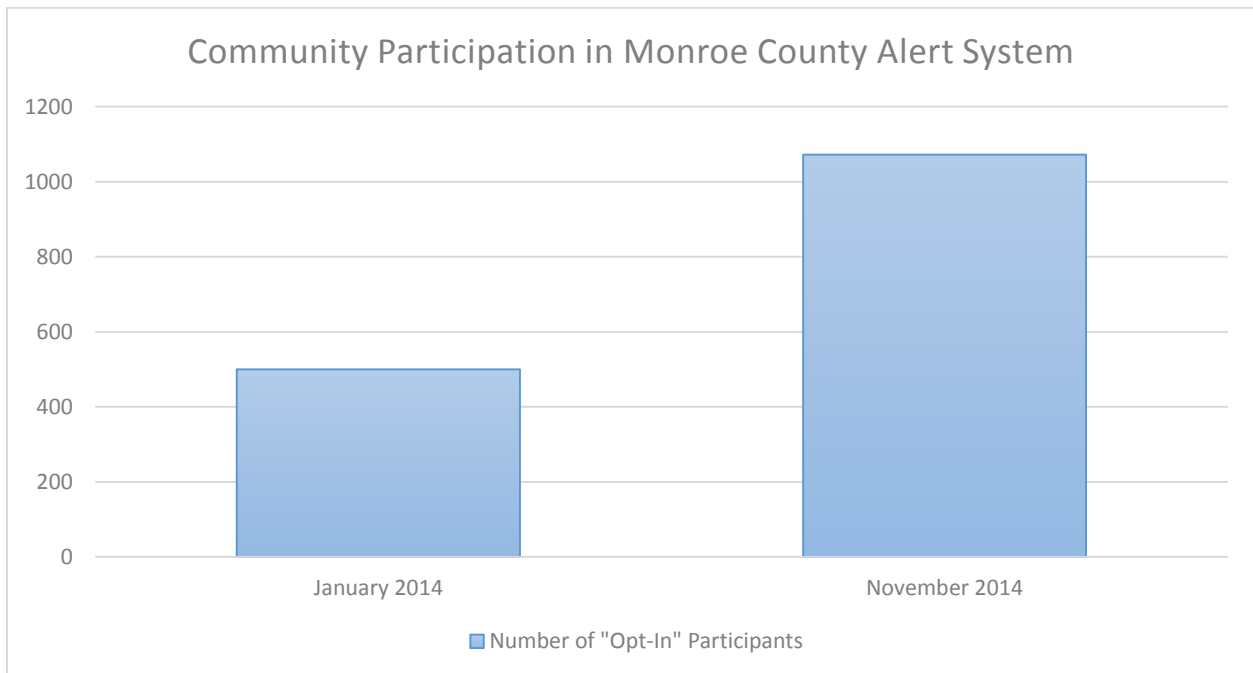
- Fulfilled all PHEPCA grant deliverables during the 2014 grant cycle, meeting all deadlines.
 - 1) Emergency Public Information and Warning, using the Monroe County Alert System:
 - Activated our emergency public information system through our Crisis and Emergency Risk Communication (CERC) plan, determined our need for a joint public information system, which was incorporated into CERC plan, established avenues for public interaction and information exchange and issued public information, alert, warning and notifications.
 - 2) Responder Safety and Health:
 - Identified responder safety and health risks through hazard vulnerability/risk assessment, identified safety and personal protective needs with written plans and coordinated with partners to facilitate risk-specific safety and health training for all MCHD employees.
 - 3) Medical Countermeasure Dispensing:
 - Point of Dispensing (POD) Setup and Throughput Exercise in April.
- All MCHD preparedness plans were reviewed by September 30th (annually).
- Developed strategic marketing plan for Monroe County Alert and increased community participation more than the 10% goal (see chart below).
 - Participation in Monroe County Alert System by community is considered “opt-in” registration in which residents, community members and others can sign up for the alert system. Between January, 2014 and November, 2014, participation doubled, far exceeding our goal of 10%.

MONROE COUNTY ALERT NOTIFICATION SYSTEM

RECEIVE EMERGENCY ALERTS

BY EMAIL, TEXT, PHONE OR TTY/TDD
Sign up at www.co.monroe.in.us
by clicking  

 **Monroe County Alert**
Notification System



POINT OF DISPENSING EXERCISE (POD)



GOALS FOR 2015

- 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
- PHC and PHC Assistant will reorganize WASP Inventory system, containing all Strategic National Stockpile (SNS) materials and materials purchased through PHEPCA grant by July 31, 2015.
- 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.
- 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.

VITAL STATISTICS

Birth & Death Records • Affidavits • License Issuances



VITAL STATISTICS



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.

GOALS ACHIEVED IN 2014

- Vital Records staff completed required training on October 2nd and 3rd, 2014. Two Registrars completed Birth Level 3 testing established by the Indiana Vital Records Association, and one Registrar completed Birth Level 1 testing in August, 2014, and FEMA IS-00100 in April, 2014.
- In July, 2014, new protocols were written for financial management to reflect the acceptance of credit and debit cards and to account for the process changes this requires.

HIGHLIGHTS FOR 2014:

The section achieved all goals for the year by continuing to train the staff, who attended the annual spring and fall conferences sponsored by the Indiana Vital Records Association (IVRA).

Some staff participated in additional training in Bridging Cultures at IU School of Public Health to be more fully equipped to provide excellent service to our multi-ethnic community.

There was also participation by staff in a Point of Dispensing (POD) exercise in Jackson County to help those in Vital Records be prepared to function in case of a true emergency in our county.

Vital Records staff provided high quality customer service in a timely and accurate manner, and maintained an open line of communication with the funeral homes, nursing homes, hospitals, other government agencies and the general public.

GOALS FOR 2015

- Vital Statistics staff will create a comprehensive list of local agencies involved in supporting people in homeless situations by July, 2015.
- Vital Statistics staff will complete and integrate full cross-training among all Vital Statistics staff by August, 2015.
- In January, Vital Statistics began processing debit and credit card payments and is planning to expand this service to include telephone payments by July, 2015.

BIRTHS

Births - Ten Year Totals										
	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Location of Birth										
Hospital	2,055	2,022	1,972	1,944	1,980	1,927	2,003	2,150	2,116	2,092
Home Birth	37	32	21	13	31	35	24	30	21	34
Born to Married Parents										
Male	703	717	721	707	574	674	694	811	779	807
Female	687	664	662	614	552	641	642	699	719	687
Born to Unmarried Parents										
Male	354	340	307	332	475	362	336	359	335	315
Female	348	333	303	304	410	285	355	311	283	283
Total Births Registered	2092						Total Birth Certificates Issued			4540

Miscellaneous				
Born to Mothers Age 14-15	3		Paternity Affidavits (In Office)	15
Born to Mothers Age 16-19	116		Paternity Affidavits (Hospital)	498
Twins (Sets)	28		Paternity Affidavit Upon Marriage	6
			Affidavit Requesting Amendment	6
			Correction by Notification	23

DEATHS

Location of Death		
Decedent's Home	232	
Hospice Facility	278	
Hospital - Dead on Arrival	6	
Hospital/Emergency Room/Outpatient	32	
Hospital - Inpatient	353	
Nursing Home/Long Term Care Facility	189	
Other	40	
Total		1130

Veteran Deaths	264
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Fetal Deaths – (Fetus delivered as a “stillbirth”; did not take a breath after delivery)	18
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Age		
Under 1 Year	3	
1 Yr to 19 Yrs	6	
20 Yrs to 30 Yrs	21	
31 Yrs to 50 Yrs	81	
51 Yrs to 70 Yrs	324	
71 Yrs to 99 Yrs	680	
100 Yrs to 105 Yrs	15	
Total		1130

DEATHS (continued)

Cause of Death Per Category		
Alzheimers/Dementia	68	
Cancer	270	
Cirrhosis	13	
COPD	51	
Diabetes	8	
Heart Disease	239	
Pneumonia	137	
Renal	49	
Coroner's Report (From Previous Page)	158	
Other	137	
Total		1130

Coroner Report - Manner of Death		
Accident	45	
Homicide	2	
Natural	82	
Suicide	22	
Undetermined	7	
Total		158

Death Certificates Filed	1130
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Death Certificates Issued	6619
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WASTEWATER SANITATION

Septic Permitting / Inspections • Soil Analysis • Wastewater Disposal Complaint Response



WASTEWATER SANITATION



ON-SITE SEWAGE DISPOSAL

During the 2014 season, members of the Monroe County Health Department inspected 111 sand lined systems. One hundred three (103) of those were Presby Advance septic systems with eight Geo-flo. Both systems are considered 'sand lined systems' approved by the Indiana State Department of Health. A sand lined system consists of a bed excavated at a specific depth (determined by the depth of nonrestrictive soil within the site) and sized to a given dimension which is determinate by the soil type and number of desired bedrooms. The bed will be lined with sand, usually six inches or more encompassing a specially designed ten inch pipe. The bed will have a final cover of an additional six inches of sand, at least a foot of soil with seed and straw covering the entire area.



Presby bed is cut and plowed



Placement of 6" sand and pipe



Final cover of 6" sand, 1 foot soil, with seed and straw

The inspections of the installation would include an initial visit on site with a registered installer to lay out 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 assure that erosion of the system does not occur. During such time we would also check either a curtain or perimeter drain (required on all systems) outlet to assure it consists of a hard cover and critter guard. The drains would aid in the prevention of the invasion of ground water into the system itself. Finally, both a monitor well and vent pipe should be noticeable and noted on the report. **Our actual number of inspections for 2014 on 111 separate installations was 620, or about five to six visits per site.**

SEPTIC PERMITS

Members of the wastewater division issued 283 permits during the 2014 season. Of those, 143 were for new septic permits for sites that may never have had a septic system or home on the site before. One hundred and forty (140) repair permits were issued during the past year. Repair permits would be issued for septic systems needing to be replaced, replacement or alteration of existing structures such as adding additional bedrooms, or subdivision of a parcel of land. Complete repair installations would be required only if the system was failing or there would be a change in ownership, otherwise the permits were considered more of an inspection of an existing septic system. Over the past five years the number of septic permits issued has basically remained the same.

SOIL ANALYSIS

The “soil analysis” is required by the Indiana State Department of Health and the Monroe County Health Department (MCHD) prior to issuing a septic permit. This analysis known as an “on-site survey” or “on-site investigation” must be performed by a registered 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).

The MCHD accepts on-site investigations from several registered soil scientists. Since the 1980’s, the MCHD has had a registered soil scientist on staff. **In 2014 our staff soil scientist performed over 156 on-site investigations for both new and repair situations not all resulting in septic permit issuances.**

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, realty 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 site specific to a specific 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) and allow for accurately locating the investigated area for future reference. Our staff soil scientist up-loads 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 or pedon 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 43 registered septic installers. A class is held every two years (next class held February 26, 2015) in which old information concerning septic systems is rehashed and new ideas, regulations, and other important information is presented. At the end of class, the installers are tested over county and state regulations.

To become a Monroe County Registered Installer one must also carry a Presby Environmental and/or a Geo-flo certification. Certification classes were held at different times for both Presby and Geo-flo within the county. In addition, Presby offers certification on-line for those whom cannot make it to a class. A fee of \$100 along with presenting proof of liability insurance of a minimum of \$600,000 must be provided.

For those home owners wishing to install their own Presby or Geo-flo, they first must show certification from either Presby or Geo-flo of which they may obtain in a class or on line. Then, they are required to take a test prepared for the homeowner 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.

GOALS ACHIEVED IN 2014

- **Goal:** By June 30, 2014, members of the wastewater staff completed a quality improvement project on all procedures concerning septic systems which consisted of:
 - January 31, 2014, all permits that were issued utilized a revised data sheet in the sizing of all sand lined septic systems for new construction determined by product, number of bedrooms and soil test results.
 - February 28, 2014, all permits that were issued (new or repair) were accompanied by a soil test with at least two valid soil sites on an aerial map and containing the global positioning satellite coordinates (GPS).
 - May 1, 2014, all files concerning the inspections of installations had a more in-depth view of pertinent information, including the inspection report, a detailed sheet of the installation drawing showing sizing, elevation shots and additional structures, the original soil test, and an aerial view of the site with projected septic bed.
- **Goal:** A survey was conducted to locate all sewage lift stations within the County. A spreadsheet database was created identifying the total number, location of, 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.
- **Goal:** The wastewater division's goal of completing a survey of all sand lined systems installed within the county from 2006-2013 was not completed by December 31, 2014 and will be reassigned to be completed by December 31, 2015.

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 of Monroe County.



Photo by MCHD - Substantiated Sewage Complaint

This is the initial complaint. 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 3 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, 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 found 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. The Department then conducts follow-up investigations to monitor the remedial action. Remedial action can range from repairing a broken or clogged sewer lateral, re-routing plumbing, to 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. A 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 2014, the Department investigated 137 reported complaints and corrected 99 sewage related issues. This number is up from the 143 reported complaints of 2013. Furthermore, MCHD issued 158 Septic Repair Permits for Presby Systems/Geo-Flow Systems working to increase the number of high efficiency septic systems within the county.

As a rule, the Department has fewer than 5% of its wastewater disposal complaint cases that require action from the court. It has been Department policy to work intensely with property owners and contractors to prevent the need of the court. However, when necessary, charges can and will be filed with the Monroe County Attorney's Office. In 2014, one case was turned over to the legal department for action. 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 cost. If the violations are contested, a trial date is set and the Department will then appear to testify of findings on the initial investigation, and subsequent follow-up investigations regarding the violations. Often times, 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. The Department will then be required to re-appear at a later date to update the judge on the remedial action.

STREAM QUALITY / MISCELLANEOUS DISCHARGES



Photo by MCHD

The Stream Quality / Miscellaneous Discharge program follows the Indiana State Department of Health requirements set in Rule 410 IAC 6-8.2 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.

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 Department by a concerned citizen of Monroe County. This is the initial complaint. 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 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 Monroe County Health Department. 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 \$75 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 portion 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 is then visually surveyed with the inspector examining the system for signs of seepage, system overload, or illegal discharge conditions. Any details of the system are then 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 Monroe County Health Department. 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 portion of the report. Next, a Wastewater Sanitarian from the Department 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 then certified. This service is provided within 7-14 working days, depending on the laboratory availability.

GOALS FOR 2015

- **Goal:** Complete a survey of all sand lined systems installed within the county from 2006-2013 by December 31, 2015.
 - By January 30, 2015, complete finalization of all inspection reports for 2014 and enter in database. (Completed)
 - By July 31, 2015, send out 250 questionnaires to home owners 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, 2015, review all questionnaires received to determine results and request for a re-inspection of the systems on site. A copy of the inspection sheet will be submitted into our files in addition to a copy given to the homeowner with any concerns that we may have.
 - By December 31, 2015 complete all onsite inspections of the 250 sand lined septic systems which had been randomly picked for the survey.
 - The final report should be presented to the Health Board and available to the public by mid-June 2016.
- **Goal:** 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).
- **Goal:** By August 28, 2015, physically locate, externally inspect and document all sewer lift stations within the county. A file will be created on each site which will contain a current photo, an aerial photo which will aid in locating the site for future inspections, and the survey information obtained which was initially sent out on November 25, 2014. This information will aid in locating individuals who would be responsible for the maintenance of the lift station in the event of problems with the site.

MONROE COUNTY PUBLIC HEALTH CLINIC

Immunizations • Health Screening & Testing • Community Outreach
Partnership Between Monroe County Health Department & IU Health Bloomington Hospital



MONROE COUNTY PUBLIC HEALTH CLINIC



MONROE COUNTY PUBLIC HEALTH CLINIC

PURPOSE

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:

Immunizations

- MCPHC partnered with MCCSC School Corporation to provide influenza vaccinations to all middle school students and participating elementary school students. **Total, influenza shots or nasal mist were offered to 4,800 students.**
- MCPHC partnered with MCCSC 5th grade classes to offer catch up immunizations at school. Immunizations that were offered were Meningococcal, Hepatitis A, Tetanus, Diphtheria and Pertussis, and Human Papillomavirus vaccinations. The clinic received many wonderful comments from parents who were happy that they did not have to miss work to get their child caught up on immunizations. One parent who called the clinic stated,

“My wife and I are extremely grateful for the services that you are offering. Thank you so much for making this convenient for parents. Good job.”

- Seasonal Flu Clinics were also held at Meadowood Garden Apartments, Twin Lakes Recreational Center, Shalom, Monroe County United Ministry, St. Paul Methodist Church, Latino Mass at St. Paul Catholic 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 that will be used to further immunization outreach in 2015.



In-House Services

- MCPHC was able to meet a frequently requested service for the community by providing titers for Hepatitis B, Varicella, Measles, Mumps, and Rubella. This service is frequently requested by college bound students and was successfully implemented in 2014.

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 screenings 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.

“I appreciate you providing this service. It has really helped me in being more proactive with my health. Great service by great people. Thank you.”

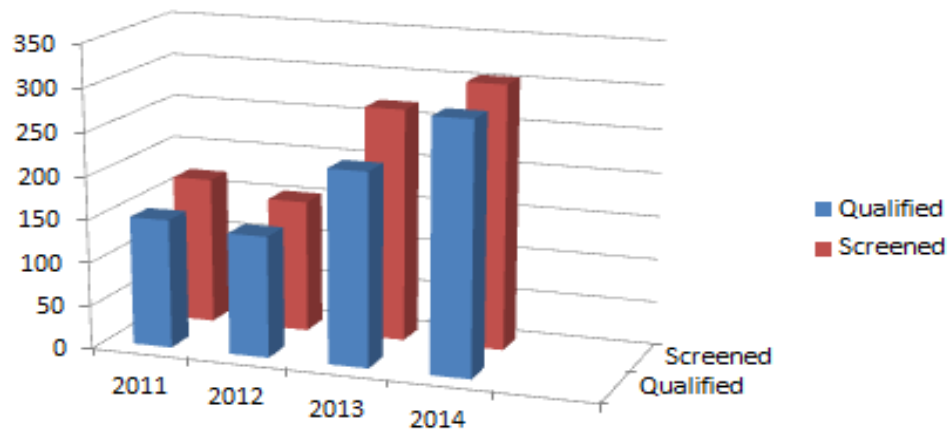
—customer survey

Diabetes Outreach

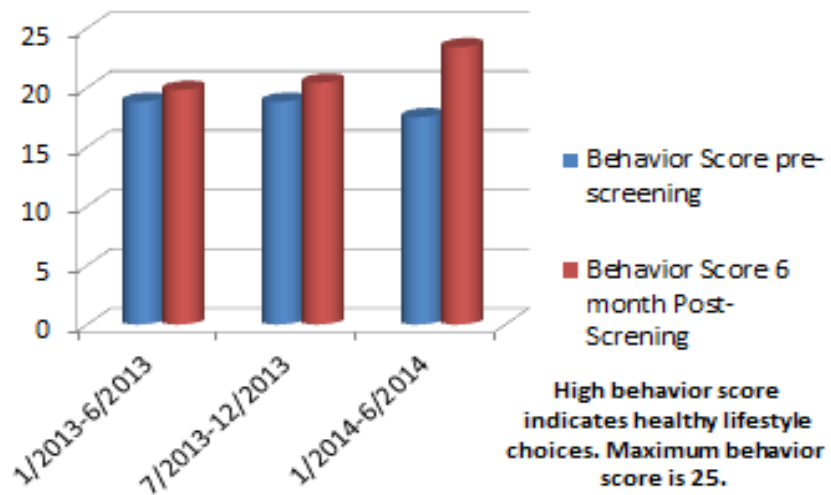
Outreach Location	Screened for Diabetes	Qualified for free testing with hemoglobin A1C
Owen County YMCA	15	14
Stinesville Nazarene Church	7	7
Monroe County YMCA	47	45
MCPHC	4	4
Twin Lakes Rec. Center	18	17
Public Health Fair/Farmer's Market	26	21
College Mall	27	26
50+ Expo	51	51
MCPHC	14	13
Endwright Center	14	14
College Mall	39	37
Twin Lakes Rec. Center	20	20
NAACP Conference	5	5
Monroe County YMCA	11	10
WIC	7	5
Totals	305	289



Diabetes Screening



Outcomes



Partnerships

- Shelters
 - MCPHC provides free TB testing for Martha's House, Agape House, and Backstreet Missions clients.
- ACHIEVE
 - MCPHC partnered with ACHIEVE to create a Health Ministry Toolkit in 2014, targeting Faith Based organizations to promote health in 2015. This toolkit is being promoted by the IU Health Bloomington Health Ministry Network which is also supported by MCPHC, providing health education to nurses in faith-based communities as a resource in their congregates.
- Diabetes Prevention
 - MCPHC partnered with the Diabetes Care Center at IU Health and the YMCA of Monroe County to provide Diabetes Prevention Education to those found to be at risk for diabetes in the community.

Services

The following services are provided on behalf of the Monroe County Health Department by MCPHC:

- Health screenings
- Hemoglobin testing
- Injections with prescription
- Titers
- Adult and childhood immunizations
- Communicable disease investigations and surveillance
- TB testing
- TB case management
- Health education and information
- Emergency preparedness participation
- Lead screenings and case management
- Lice checks and treatment supplies
- Chronic disease prevention and education

Summary of 2014 Performance Indicators

Total Encounters	3,400
TB	
TB Mantoux test given	457
Direct Observed Therapy Visits	76
County Funded Chest X-rays	7
Immunizations	
Total Patients	1,715
Total Immunizations	2,887
Total Influenza Vaccine	1,103
Communicable Disease Investigations	274
Testing/Screening	
Blood Pressure	366
Blood Glucose	86
Hemoglobin A1C	330
Cholesterol/Lipid Panel	202

Communicable Disease Report

Condition	Investigations Completed	Confirmed Cases	Probable Cases	Suspect Cases	Open Cases	Not a Case
Campylobacteriosis	26	0	0	25	0	<5
Cryptococcus	<5	<5	0	0	0	0
Ehrlichiosis	<5	<5	0	0	0	<5
Giardiasis	<5	<5	0	0	<5	0
Hepatitis A	14	0	0	0	0	14
Hepatitis B	36	<5	12	8	8	12
Hepatitis C	134	80	5	38	38	<5
Histoplasmosis	5	<5	0	0	0	<5
Influenza Associated Death	<5	<5	0	0	0	0
Lyme Disease	<5	<5	0	0	0	0
Mumps	<5	<5	0	0	0	0
Pertussis	6	6	0	0	0	0
Rocky Mt. Spotted Fever	<5	0	0	<5	0	<5
Salmonellosis	17	13	0	<5	<5	0
Shigellosis	<5	<5	0	<5	<5	0
Shiga-toxin producing E. Coli	5	<5	0	0	0	<5
Streptococcus Group A	<5	<5	0	0	0	0
Streptococcus Group B	<5	<5	0	0	0	0
Streptococcus Pneumonia	<5	<5	0	0	0	<5
Typhus	<5	0	0	0	0	<5
Varicella	<5	<5	0	0	0	<5

GOALS ACHIEVED IN 2014

- Evaluated data from pre-diabetes screenings biannually in 2014.
- Post evaluation scores from 2014 Diabetes surveys documented an increase from pre-screening scores.
- Conducted an activity to celebrate Public Health Week in April, 2014.
- Conducted reminder recall quarterly in 2014.
- Captured the number of participants at well screenings that are referred to the Diabetes Care Center and the number that actually attend a prevention class in 2014.
- Provided immunizations at MCCSC during school - Spring and Fall 2014.

GOALS FOR 2015

- 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.
- 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.
- The MCPHC will increase the safe storage capacity of immunizations at the clinic by purchasing two standalone refrigerator units by December, 2015.
- The MCPHC will offer influenza vaccinations by MCPHC staff to all elementary and middle school students in the RBBC and MCCSC school districts at school-based clinics during the 2015-2016 flu seasons.
- The MCPHC will increase the number of community members who have access to MyVaxIndiana from 821 to 1250 by December, 2015.
- MCPHC will research best practices and work with community partners to help identify the cause of and decrease infant mortality in Monroe County.

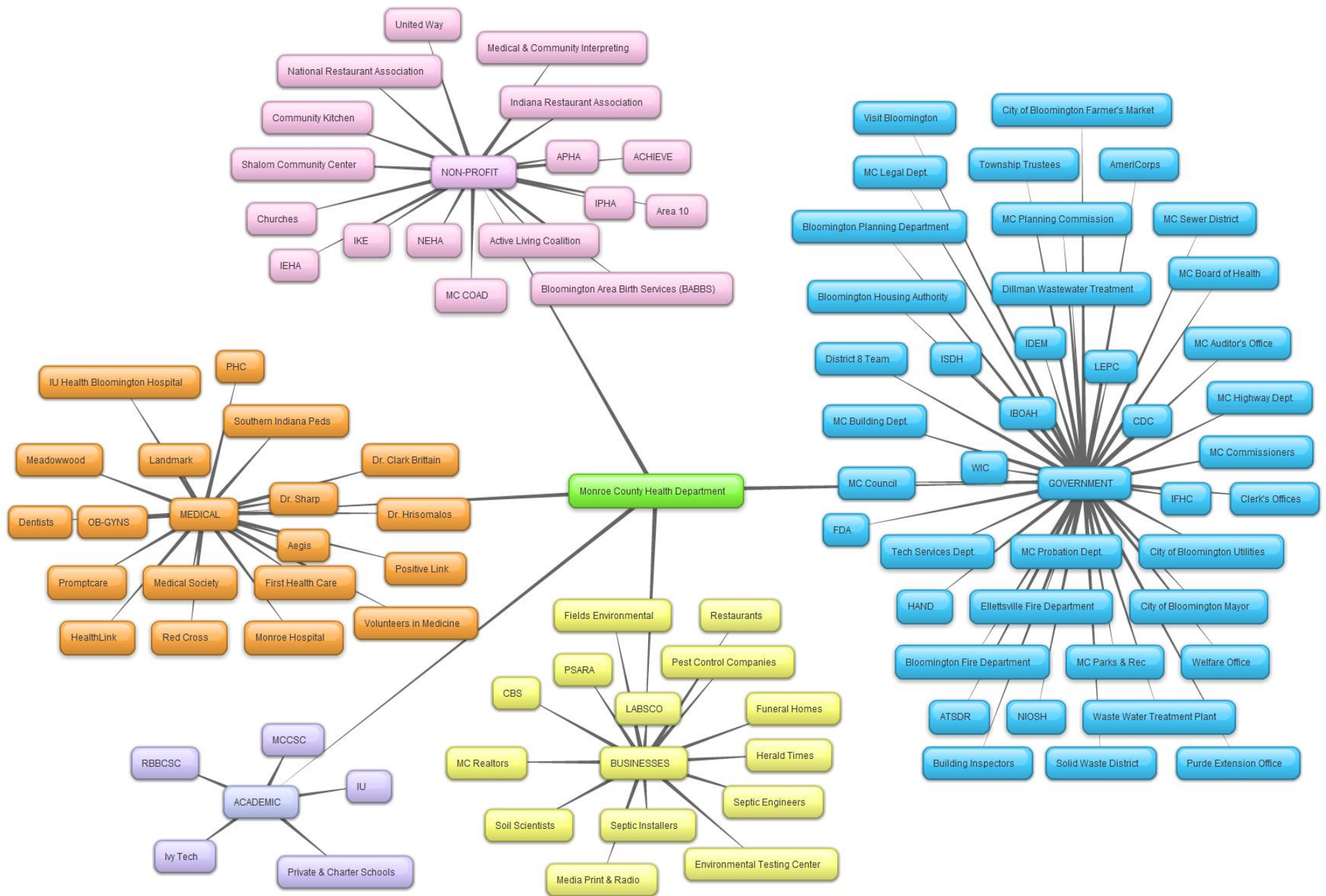
PARTNERSHIPS

Businesses • Governmental Agencies • Non-Profit Agencies



PARTNERSHIPS





LIST OF PARTNERS

NON-PROFIT

United Way

National Restaurant Association

Community Kitchen

Shalom Community Center

Churches

Indiana Environmental Health Association (IEHA)

Improving Kid's Environment (IKE)

National Environmental Health Association (NEHA)

Monroe County Community Organizations Active in Disasters (MCCOAD)

Active Living Coalition

Bloomington Area Birth Services (BABBS)

Indiana Public Health Association (IPHA)

Area 10

American Public Health Association (APHA)

ACHIEVE

Indiana Restaurant Association

Medical & Community Interpreting

BUSINESSES

Fields Environmental

PSARA Technologies

LABSCO

CBS

Monroe County Realtors

Soil Scientists

Media - Print & Radio

Septic Installers

Environmental Testing Center

Septic Engineers

Herald Times

Funeral Homes

Pest Control Companies

Restaurants

ACADEMIC

Monroe County Community School Corporation (MCCSC)

Richland-Bean Blossom Community School Corporation (RBBCSC)

Ivy Tech

Private & Charter Schools

Indiana University (IU)

MEDICAL

Monroe County Public Health Clinic (PHC)

IU Health Bloomington Hospital

Landmark

Meadowwood

Dentists

OB-GYNs

Promptcare

HealthLink

Medical Society

Red Cross

First Health Care

Monroe Hospital

Aegis

Volunteers in Medicine (VIM)

Positive Link

Dr. Hrisomalos

Dr. Sharp

Dr. Clark Brittain

Southern Indiana Pediatrics

LIST OF PARTNERS (continued)

GOVERNMENT

City of Bloomington Farmer's Market

Visit Bloomington

Monroe County Legal Department

Bloomington Planning Department

Township Trustees

Monroe County Planning Commission

Dillman Wastewater

Treatment

Bloomington Housing

Authority

District 8 Team

Indiana State Department of Health (ISDH)

Indiana Department of Environmental Management (IDEM)

Indiana Board of Animal Health
(IBOAH)

Centers for Disease Control and Prevention (CDC)

Local Emergency Planning Committee (LEPC)

Monroe County Building Department

Monroe County Council

Women, Infants, and Children (WIC)

U.S. Food and Drug Administration (FDA)

Monroe County Technical Services Department

Monroe County Probation Department

Ellettsville Fire Department

Bloomington Fire Department

City of Bloomington Housing and Neighborhood
Development (HAND)

Monroe County Parks and Recreation Department
Building

Inspectors

Solid Waste

District

Wastewater Treatment Plant

Purdue Extension Office

U.S. Agency for Toxic Substances and Disease Registry
(ATSDR)

National Institute for Occupational Safety and Health
(NIOSH)

Family & Social Services Administration (Welfare Office)

City of Bloomington Mayor

City of Bloomington Utilities

Clerk's Offices

Indiana Family Health Council (IFHC)

Monroe County

Commissioners

Monroe County Highway Department

Monroe County Auditor's Office

Monroe County Board of Health

Monroe County Sewer District

AmeriCorps



2014 ACHIEVE Annual Report

The Bloomington/Monroe County ACHIEVE is a group of leaders across five sectors; Schools, Worksites, Organization, Healthcare, and Community at Large. In 2014, Bloomington/Monroe County ACHIEVE continued to promote their mission to inspire and promote policies, practices, and collaborations to make the healthy choice the easy choice. In late 2014 Bloomington/Monroe County ACHIEVE, in partnership with Indiana University Health Bloomington, Monroe County Health Department, and Indiana University School of Public Health, began work on a Community Health Assessment. The Community Action Plan (CAP) committees worked on several initiatives in 2014.

The Community Organizations Committee put the final touches on their health and wellness toolkit, which was distributed to faith-based organizations beginning in November 2014. During the pilot program in four Monroe County churches, each organization's parish nurse used the toolkit to promote and sustain positive health behaviors within their community. By the end of January, the Community Organizations CAP committee aims to distribute the toolkit to 50 Monroe County organizations.

The Community-At-Large Committee worked on the Meatless Monday campaign. Maria Heslin wrote an article on the movement which appears in the October 2014 edition of INstride Magazine.

The Healthcare Committee continues to support Southern Indiana Primary Care Clinics in activity and healthy nutrition discussions during the Well Check appointments. IU Health Bloomington was also the recipient of a grant that allows for greater mental health, drug, and alcohol screenings for patients. The healthcare sector has been working with Southern Indiana Physicians' Quality Indicator and Governance Committees. Currently, SIP uses the "social history" section of medical records to report exercise frequency and whether active lifestyles are discussed with patients.

The Worksite Committee piloted a fruit delivery program and announced at the December 2014 meeting that they will begin working alongside the Worksite Wellness Alliance in 2015. The Worksite Committee will work with the Worksite Wellness Alliance to plan speakers, panels, and host locations for all four 2015 meetings.

The Schools Committee works with MCCSC Health Council and RBBSC's CHAMPS. RBBSC was awarded a \$1,000 health schools grant for each school in their district. The high school will create a garden to be maintained by their new agricultural program. MCCSC and RBB worked to encourage active living and smoking cessation amongst staff. Both districts are began the process of focusing on nutrition education, particularly in concessions and during after-school programming. RBBSC and the MCCSC Health Council are worked on delivering information out to the public through social media (Facebook and Twitter). RBBSC worked on an action plan and is exploring the idea of a new website, while MCCSC Health Council is updating their marketing brochure.

If you would like more information about ACHIEVE, please visit our website: www.bmcachieve.org



Volunteers In Medicine

Prenatal Care Grant Contract Report

2014 Grant provided by Monroe County Department of Health

Grant Amount: \$20,000

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 2014, \$16,605 from this grant was disbursed to Dr. John Labban. These funds made it possible for 20 women to have essential services for their pregnancy. Sixteen women received prenatal care through their full-term deliveries. Four women received partial prenatal care. Full prenatal care includes, as appropriate, prenatal office visits, health assessment, prenatal vitamins, nutrition consultation, social work services, routine prenatal lab tests, sonogram testing if necessary, and post-partum office visits as needed.

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

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

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, this still did not appear to have had any effect on the number of pregnant women seeking services. Indeed, 10 women were referred prior to any significant outreach efforts and another 10 were referred after outreach efforts began. We'll continue to monitor this during 2015 as the clinic intends to continue targeted outreach to the Hispanic population.

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,

Nancy E. Richman, Ph.D., M.P.A., Executive Director
January 9, 2015

**Monroe County
Health Department**



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**Monroe County
Health Department**



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